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

Meeting will begin at 6:30 p.m.

Request for Public Comments

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

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

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

Public Comments Process

Pursuant to the Brown Act, the Board of Directors can only take action on items listed on the posted agenda. To ensure comments from the public can be made, there is a 30 minute public comments period at the beginning of the meeting. Each speaker who has requested to make a comment is granted three (3) minutes to speak. The public comment period is an opportunity to address the Board of Directors on agenda items or items of general interest within the subject matter jurisdiction of Palomar Health.
REvised Friday, November 11, 2022

BOARD OF DIRECTORS MEETING

AGENDA

Monday, November 14, 2022
To begin immediately following the 6:00 p.m. Special Closed Session Board Meeting
Meeting participation to be virtual pursuant to Palomar Health Board Resolution No. 01.10.22(03)-03
- Please see meeting login information below -

I. CALL TO ORDER

II. ESTABLISHMENT OF QUORUM

III. OPENING CEREMONY

A. Pledge of Allegiance to the Flag

IV. PUBLIC COMMENTS

V. PRESENTATIONS

A. Patient Experience Moment
B. Employee Recognition
C. Overview of the Final Bond Financing

V. * APPROVAL OF MINUTES (ADD A)

A. Board of Directors Meeting - Monday, October 10, 2022
B. Special Full Board Audit & Compliance Committee Meeting - Tuesday, October 18, 2022

VI. * APPROVAL OF AGENDA to accept the Consent Items as listed (ADD B)

A. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments
B. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments
C. Physician Medicine and Rehabilitation Clinical Privileges Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway
D. Modification to the Department of Surgery Rules and Regulations for Palomar Medical Center Poway
E. Modification to the Critical Care Core Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway
F. November 14, 2022 Policy and Procedure Consent Agenda

VII. REPORTS

A. Medical Staffs
   1. Palomar Medical Center Escondido - Sabiha Pasha, M.D.
   2. Palomar Medical Center Poway - Edward Gurrola II, M.D.

B. Administrative
   1. President and CEO - Diane Hansen
   2. Chair of the Board - Linda Greer, R.N.
IX. * APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS (ADD C)  

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<tr>
<th>Agenda Item</th>
<th>Committee or Dept.</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>A. California Health Facilities Financing Authority (CHFFA) Nondesignated Public Hospital Bridge Loan Program II</td>
<td>Finance Dept.</td>
<td>Review / Approve</td>
</tr>
<tr>
<td>B. Resolution No. 11.14.22(01)-25 of Palomar Health, Authorizing Execution and Delivery of a Loan and Security Agreement, Promissory Note, and Certain Actions in Connection Therewith for the California Health Facilities Financing Authority Nondesignated Public Health Bridge Loan Program II</td>
<td>Finance Dept.</td>
<td>Review / Approve</td>
</tr>
<tr>
<td>C. Board Governance Committee Charter</td>
<td>Governance Dept.</td>
<td>Review / Approve</td>
</tr>
<tr>
<td>D. Extraordinary Event Management - Lucidoc Policy #58872 (Redline version)</td>
<td>Governance Dept.</td>
<td>Review / Approve</td>
</tr>
<tr>
<td>E. Resolution No. 11.14.22(02)-26 of the Board of Directors of Palomar Health Concerning Execution of Variable Compensation in the Employment Agreement with Diane L. Hansen as Chief Executive Officer of Palomar Health</td>
<td>Legal Dept.</td>
<td>Review / Approve</td>
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X. COMMITTEE REPORTS (ADD D)  

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<tbody>
<tr>
<td>A. Audit &amp; Compliance Committee - Linda Greer, Committee Chair (Special Full Board Audit &amp; Compliance Committee meeting held in lieu of committee meeting)</td>
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<tr>
<td>B. Community Relations Committee - Terry Corrales, Committee Chair</td>
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<td>C. Finance Committee - Laura Barry, Committee Chair (no meeting in October)</td>
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<td>D. Governance Committee - Jeff Griffith, Committee Chair</td>
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<td>E. Human Resources Committee - Terry Corrales, Committee Chair (no meeting in October)</td>
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<td>F. Quality Review Committee - Linda Greer, Committee Chair (no meeting in October)</td>
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<tr>
<td>G. Strategic &amp; Facilities Planning Committee - Mike Pacheco, Committee Chair (no meeting in October)</td>
<td>148</td>
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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

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

1 3 minutes allowed per speaker with a cumulative total of 9 minutes per group.

For further details, see Request for Public Comment Process and Policy available by clicking on or copying the URL below into your browser.


Public Comments and Attendance at Public Board Meetings
TO: Board of Directors

MEETING DATE: Monday, November 14, 2022

FROM: Debbie Hollick, Assistant to the Board of Directors

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

Budget Impact: N/A

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

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:
TO:  Board of Directors

MEETING DATE:  November 14, 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:

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

MEETING DATE:        Monday November 14, 2022

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

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

Budget Impact:       None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion:              X

Individual Action:

Information:

Required Time:
TO:          Board of Directors

MEETING DATE:  November 14, 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:  Physical Medicine and Rehabilitation Core Privilege
            Checklist:  New checklist for Physical Medicine/Rehab
            physicians. Has been approved at all applicable Medical
            Staff Department meetings at PMC Poway and PMC
            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: November 14, 2022

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

Background: The Palomar Medical Center Poway Department of Surgery Rules and Regulations were revised to include updated monitoring requirements. Includes redlined and final versions.

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: November 14, 2022

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

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

Background: Critical Care Core Privilege Checklist: Updated to include
            Percutaneous Tracheostomy/Cricothyrotomy Tube
            Placement, ECMO Management (Escondido only), and
            updated hospital names. Has been approved at all
            applicable Medical Staff Department meetings at PMC
            Poway and PMC Escondido. Includes redlined and final
            versions.

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, November 14, 2022

FROM: Jami Piearson, Director Regulatory Compliance

Background: Palomar Health Birth Center(s) formally determined that their RN staff with the appropriate training was qualified to perform the initial medical screening examination for pregnant patients being evaluated with contractions. This policy outlines these RNs who have been designated to perform these screening exams and the document details under which circumstances the RN is able to perform this function of EMTALA

Budget Impact: N/A

Staff Recommendation: Recommendation that the Consent Agenda for November 14, 2022 is approved to allow for the RN staff to perform Medical Screening Exams on the Obstetric patient in triage.

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:
Resolution of the Board of Directors of Palomar Health Authorizing the Execution and Delivery of a Loan and Security Agreement, Promissory Note, and Certain Actions in Connection Therewith, for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program II

TO: Board of Directors

MEETING DATE: Monday, November 14, 2022

FROM: Hubert U. King, Chief Financial Officer

Background: In September 2021, Governor Newsom signed into law the Nondesignated Public Hospital (NDPH) Bridge Loan Program and authorized the California Health Facilities Financing Authority (CHFFA) to administer the program, originally providing up to $40,000,000 in General Fund working capital loans to eligible Nondesignated Public Hospitals (NDPHs). The program was provided to offset the delays in implementation of the Quality Improvement Program (QIP), which will replace the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program. On June 27, 2022, the NDPH Bridge Loan Program II (NDPH II), was chaptered into law, again authorizing the CHFFA to provide loans using an appropriation of $40,000,000 in General Fund working capital loans to eligible NDPHs. NDPH II is summarized below (for further details, see attached Addendum IX.A.).

Application deadlines for the first and second rounds of funding were set at October 14, 2022, and—if funds remained after the first round of funding—March 31, 2023, respectively, and the loan terms were set as noted below:

- 0% interest rate
- Loans must be paid back within twenty-four (24) months
- Loans are to be repaid in one balloon payment at the end of twenty-four (24) months
- There is no early payment/prepayment penalty
- Loans will be secured by the borrower’s Medi-Cal reimbursements

The fee structure is set as noted below:

- No application fee
- Closing fee is equal to one-percent (1%) of the loan amount, which will be withheld from the loan proceeds at closing

The maximum loan amount authorized for Palomar Health by the CHFFA in the first round of funding was $3,478,510, with a maximum loan amount for both rounds of funding of $8,815,092. An application in the total amount of funding for both rounds was made on October 14, 2022. After deducting the 1% administration/closing fee of $88,150.92, the amount of the loan proceeds would be $8,726,941.08.

The next step in securing the loan is to obtain the Board’s approval, which must be accomplished utilizing the attached template received from the CHFFA (for further details, see attached Addendum IX.B.).

Budget Impact: N/A

Staff Recommendation: Approval of Resolution No. 11.14.22(01)-25 Authorizing the Execution and Delivery of a Loan and Security Agreement, Promissory Note, and Certain Actions in Connection Therewith, for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program.

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

Motion:

Individual Action: X

Information:

Required Time: 10 minutes
Charter Review:
Board Governance Committee Charter

TO: Board of Directors

MEETING DATE: Monday, November 14, 2022

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

Background: The Board Governance Committee Charter has been approved by the committee and is presented to the full board for review and approval.

Budget Impact: N/A

Staff Recommendation: N/A

Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: Monday, November 14, 2022

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

Background: The policy has been updated by Jessica Brown of Holland & Knight, approved by the committee, and is presented to the full board for review and approval.

Budget Impact: N/A

Staff Recommendation: N/A

Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
ADDENDUM A
Board of Directors Meeting Minutes – Monday, October 10, 2022

Agenda Item

- Discussion

NOTICE OF MEETING

Notice of Meeting was posted at the Palomar Health Administrative Office; also posted with full agenda packet to the Palomar Health website on Thursday, October 6, 2022, which is consistent with legal requirements.

I. CALL TO ORDER

Pursuant to Palomar Health Board Resolution No. 01.10.22(03)-03, the meeting was held virtually, and called to order at 6:30 p.m. by Board Chair Linda Greer.

II. ESTABLISHMENT OF QUORUM

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

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
**Agenda Item**

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<th>Conclusion / Action / Follow Up</th>
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<tr>
<td>There were no public comments.</td>
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**V. PRESENTATIONS**

**A. Patient Experience Moment**

- Chief Operations Officer Stephanie Baker introduced PH Director of Rehabilitation Services Tyler Powell and PMC Poway Outpatient Rehabilitation Services Supervisor Catherine Sandoval, who provided a brief overview of the program, noting that there are two locations; one on the PMC Poway campus and the other in San Marcos. Ms. Sandoval had the pleasure of working with patient Elizabeth “Betty” Wheeler when she had both her knees replaced by PH orthopedic surgeon Dr. James Bried earlier this year. She noted that Ms. Wheeler is a great example of how the organization continuum of care works with patients to achieve their best outcomes.

- Ms. Wheeler shared that she cannot say enough good things about her rehab experience; everyone was amazing, supportive, professional and very welcoming. She has continued with her therapy and feels she can be as independent as she was prior to her surgeries.

- Chair Greer thanked Ms. Wheeler for sharing her story, noting that she is glad to hear that Ms. Wheeler is up and moving again. Director Corrales agreed, adding that she is glad the residents of north county have such great services available close to home now.

**B. Physician Updates**

- Chief Medical Officer Dr. Omar Khawaja introduced two pharmacists who are new to Palomar Health; Jason Nagle, whose focus is on safety, and Angela Luong, whose focus is oncology.

- Mr. Nagle shared that he moved here from the east coast and that his wife was born at the Palomar Health Downtown Campus. He is impressed with the engagement he sees at every level, and the large number of participants involved in medication safety and the Patient Safety committee. Areas he has identified as opportunities for improvement are the medication intake coordinators who ensure that patients are sharing their medication lists, and the potential to leverage technology to ensure all areas have all of the medication they need for safe medication administration.

- Ms. Luong noted that her specialty is oncology therapeutics and regimens. Has extensive work history in the research pharmacy, and at the new Cedars-Sinai infusion center. She appreciates that everyone here is motivated to provide the best care for cancer patients, and are all working together to build the best infusion center. She is proud to be working with everyone in this regard.

- Dr. Khawaja added that Palomar has just received the state license for the new infusion center; expectation is that the center will be up and running very soon.

- Chair Greer welcomed them both to the PH family, noting that it is outstanding that we will be able to bring this new program to our patients.

**VI. APPROVAL OF MINUTES**
## Board of Directors Meeting Minutes – Monday, October 10, 2022

### Agenda Item

- **Discussion**

  A. Special Closed Session Board of Directors Meeting - Monday, September 12, 2022
  B. Board of Directors Meeting - Monday, September 12, 2022

  **Conclusion / Action / Follow Up**

  A. MOTION: By Director Barry, 2nd by Director Corrales and carried to approve agenda item VI.A. September 12, 2022 Special Closed Session Board of Directors Meeting and agenda item VI.B. Monday, September 8, 2022 Board of Directors Meeting minutes as presented. Roll call voting was utilized.

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

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

  There was no discussion.

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

- B. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments
- C. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments
- D. 2021-2022 Annual Resident Rotations in the Emergency Department Report
- E. Naval Hospital Balboa Emergency Medicine Resident Roles and Responsibilities
- F. Modification to the Palomar Medical Center Escondido Medical Staff Palomar Medical Center Poway Medical Staff Department of Emergency Medicine Rules and Regulations
- G. Modification to the Palomar Health/Camp Pendleton Family Medicine Resident Rotation in the ED
- H. Day-to-Day Scopes of Service(s)
  - I. 2022 Imaging Protocol Matrix Review
- J. Annual Board Approval of Documents Approved by the Policy & Procedure Committee and the Medical Executive Committee 02/01/2022 through 09/01/2022
- K. Capital Budget Amendment
- L. Joint Venture Funding Approval

  **MOTION:** By Director Corrales, 2nd by Director Griffith and carried to approve Consent Agenda Items VII.A. – VII.L. as presented. Roll call voting was utilized.

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

  Chair Greer announced that five board members were in favor. None opposed. Two abstentions. No absences. Motion approved.
Board of Directors Meeting Minutes – Monday, October 10, 2022

Agenda Item

- Discussion
  
  Conclusion / Action / Follow Up

There was no discussion.

VIII. REPORTS

A. Medical Staffs

1. Palomar Medical Center Escondido

In the absence of Palomar Medical Center Escondido Chief of Staff Dr. Sabiha Pasha, no report was presented.

2. Palomar Medical Center Poway

In Palomar Medical Center Poway Chief of Staff Dr. Edward Gurrola II absence, Palomar Health orthopedic surgeon Dr. Ariel Palanca provided the following report:

- Still working on the formal policy for pre-op COVID testing for inpatients and outpatients.
- The new necrotizing fasciitis policy is expected to be finalized very soon.
- General surgery ER call at the Poway campus – working to ensure the call is completely covered; is currently fully staffed through the end of the year.
- New interpreter service has been receiving very positive reviews from physicians; it is very quick and includes every language and dialect. Will roll out shortly.
- Working with COO to improve patient satisfaction scores in regard to the physician care component.

  o Director Corrales asked what the process is when there is no on call surgeon to handle a case that would come in through the PMC Poway ER. Dr. Khawaja responded that the patient would be transferred to the Escondido campus.

1. President and CEO

   i. Sheila Brown
### Board of Directors Meeting Minutes – Monday, October 10, 2022

#### Agenda Item

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**Agenda Item**

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

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

- Ms. Hansen is proud to announce that Palomar Health has won the prestigious Association of California Healthcare Districts (ACHD) 2022 District Hospital of the Year award. Shared her appreciation with the entire team for their work and dedication, which has resulted in such an honor.

- A big thank you to President and CEO Palomar Health Foundation Kristin Gaspar for her work on the October 8th and 9th Health Rocks event at the PMC Escondido campus. It was an amazing event for the community and our employees to come together for fitness, fun, music and great food. Is looking towards next year’s event to be even bigger and more spectacular. Feedback thus far has been outstanding, and a great time was had by all. Looking to schedule more of these types of events as they are bringing an incredible energy to the organization as a whole, adding that she is grateful to be able to give back to our employees. Gave special thanks to the mayors of Escondido and San Marcos, the administrative team, board members, Chief Information Officer Anis Trabelsi, the security team, the Facilities team and everyone who participated for their great work at the event. The County Board of Supervisors presented the organization with an official proclamation declaring October 8 and 9 to be known as Palomar Health Rocks Days.
  - Director Greer added her appreciation to the entire Foundation team, board of directors and volunteers, who do an amazing job every day, and especially at this worthwhile event.

- Announced retirement of Chief Operations Officer Sheila Brown after almost 30 years of stellar service to the organization and the patients of the district. An appreciation video for her service was shared with attendees, and a special award was presented by the Board of Directors. Ms. Brown will still be involved with special projects that are near and dear to her heart; we wish her all the best on the next chapter of her life.
  - Ms. Brown shared that it melted her heart to come into a new place like Palomar and from day one feel nothing but love and respect from everyone; she is so grateful for that. In her thirty years with the organization she has been able to meet with many CEO’s, administrators and community leaders, and been fortunate to be a part of this wonderful community; a big thank you to everyone for allowing her to serve them.

2. Chair of the Board

i. ACHD Conference Update
Board of Directors Meeting Minutes – Monday, October 10, 2022

Agenda Item

- Discussion

Palomar Health Board Chairwoman Linda Greer provided the following report:

- A reminder to fellow board members that the Special Full Board Audit &Compliance Committee will be held on Tuesday, October 18 to approve the annual external financial audit. Please do your best to attend.

- Thanked those board members who have been doing their due diligence by participating in the myriad healthcare meetings and events held at the local and state level, and especially for Directors Griffith, Corrales, Barry and Pacheco’s attendance at the recent ACHD annual conference. They were all proud to be present in person when Palomar received the prestigious honor. This honor could only be realized by the hard work and dedication the PH family gives to the district and to one another.

  i. ACHD Conference Update

- Chair Greer noted that, out of the 75 hospital districts in California, only 40 still have operating hospitals. She is thankful that our community continues to show their support of Palomar Health, and give their encouragement to keep our hospitals strong and able to provide our high level of quality of care. Palomar Health has two board members, Directors Griffith and Corrales, who sit on the ACHD board and advocate for the organization and district hospitals as a whole.

- Director Corrales provided a brief history of ACHD, noting that Palomar Health District is the largest in the state. District hospitals provide care for the most needy in our communities; the loss of 35 district hospitals is extremely serious.

- Director Barry was surprised to learn that it is so hard to keep district hospitals going these days, adding that she is so proud of Palomar for their resilience and ability to provide such quality of care to our residents. Noted that there are a number of forces at work to close district hospitals, and that Palomar must be ever watchful in this regard. Is very grateful to the Foundation and the community for their support, which keeps Palomar thriving in these turbulent times. Ms. Barry gleaned much learning and insight from the ACHD conference.

- Director Pacheco voiced his appreciation for the opportunity to attend the conference, noting that he was pleasantly surprised at the quality of presentations and information that was provided. He was profoundly concerned by the demise of the large number of district hospitals within the state and agrees that our district is very fortunate to have two robust hospitals at which our neighbors can access care. He added that we owe it to the people we serve to make sure we are covering their needs; how we message that is very important.

- Chair Greer stated that it was her responsibility as chair to provide at least one education event for board members per year. The ACHD conference more than filled this expectation and provided many tools to bring back to Palomar Health to make it even better. Again thanked those board members who have been supporting the district by attending events such as Health Rocks, the LGBTQ annual gala, CSUSM Annual Report to the Community, etc. These board members give of their time to go out into the community to represent and share the good work the organization is doing. She is very grateful for their advocacy and effort.

- A board ad hoc committee, comprised of Directors Greer, Corrales and Barry, recently met with the Chief Human Resources Officers re: the CEO bonus; will bring the recommendations to the next full board meeting.

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

### Discussion

- **A. Board Strategic and Facilities Planning Committee Charter**
- **B. Resolution No. 10.10.22(01)-03 of the Board of Directors of Palomar Health Authorizing the Application and Accepting of Funds Made Available Through the Governor's Office of Emergency Services**

<table>
<thead>
<tr>
<th>Conclusion / Action /Follow Up</th>
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<tr>
<td><strong>A. MOTION:</strong> By Director Griffith, 2nd by Director Barry and carried to approve the Board Strategic and Facilities Planning Committee Charter as presented. Roll call voting was utilized.</td>
</tr>
<tr>
<td>Director Corrales – aye</td>
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<tr>
<td>Director Greer – aye</td>
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<tr>
<td>Director Clark – aye</td>
</tr>
<tr>
<td>Director Edwards-Tate – aye</td>
</tr>
<tr>
<td>Chair Greer announced that seven board members were in favor. None opposed. No abstention. No absences. Motion approved.</td>
</tr>
</tbody>
</table>

**B. MOTION:** By Director Corrales, 2nd by Director Barry and carried to approve Resolution No. 10.10.22(01)-03 of the Board of Directors of Palomar Health Authorizing the Application and Accepting of Funds Made Available Through the Governor's Office of Emergency Services as presented. Roll call voting was utilized.

| Director Corrales – aye | Director Griffith – aye |
| Director Greer – aye | Director Barry – aye |
| Director Clark – aye | Director Pacheco – aye |
| Director Edwards-Tate – aye |
| Chair Greer announced that seven board members were in favor. None opposed. No abstentions. No absences. Motion approved. |

- **A. Committee Chair Pacheco reviewed the redline edits to the charter with the board.**

- **B. Chief Legal Officer Kevin DeBruin read Resolution No. 10.10.22(01)-03 of the Board of Directors of Palomar Health Authorizing the Application and Accepting of Funds Made Available Through the Governor's Office of Emergency Services aloud to the board members.**
  - Director Clark asked for the dollar amount of the grant, for which Mr. DeBruin responded that he believes the amount is $1.8 million, which will be awarded in one tranche.
### Board of Directors Meeting Minutes – Monday, October 10, 2022

**Agenda Item**

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion / Action / Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Conflict of Interest Code: Lucidoc Policy #21800</td>
<td>C. <strong>MOTION:</strong> By Director Griffith, 2nd by Director Barry and carried to approve the Conflict of Interest Code: Lucidoc Policy #21800 as presented. Roll call voting was utilized. Director Corrales – aye Director Greer – aye Director Clark – abstain Director Barry – aye Director Edwards-Tate – aye Chair Greer announced that six board members were in favor. None opposed. One abstention. No absences. Motion approved.</td>
</tr>
</tbody>
</table>

- Mr. DeBruin explained that, due to the October 17, 2022 county deadline for submission of the annually updated Conflict of Interest Code, the code is being brought directly to the full board since the Board Governance Committee would not be meeting until after the submission deadline.

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

<table>
<thead>
<tr>
<th>Committee</th>
<th>Report</th>
</tr>
</thead>
</table>
| **A. Audit and Compliance Committee** | Committee Chair Greer reported that the committee was dark in September.  
Requested that all board members do their best to attend the October 18, 2022 Special Full Board Audit & Compliance Committee Meeting as the annual external financial audit results will be brought for review and approval at that time. It is every board members’ responsibility in their role as part of the governing body of the organization that they attend these meetings, which are an integral part of organizational function. |
| **B. Community Relations Committee** | Committee Chair Corrales reported that the committee was dark in September. |
| **C. Finance Committee** | Committee Chair Barry shared highlights from the meeting summary, which was included in the agenda packet.  
- Director Clark asked why the August financials were not being presented at tonight’s meeting and if they are done, to which Director Barry responded that the whole focus of the Finance team was on completing the audit and the year end financials. Chief Financial Officer Hugh King added that the basic financials have been completed, however because the auditors are requested to do certain interim procedures related to the bonds issue, we have to go back again and apply the lease entries related to Government Accounting Standards Board (GASB) 87. We just finished those for the year that just ended, so the auditors ask that we restate those financials, which we will do, for all month’s going forward. |
| **D. Governance Committee** | Committee Chair Griffith reported that the committee was dark in September. |
### Agenda Item

- **Discussion**

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

F. Quality Review Committee
  - Committee Chair shared highlights from the meeting summary, which was included in the agenda packet.

G. Strategic & Facilities Planning Committee
  - Committee Chair Pacheco shared highlights from the meeting summary, which was included in the agenda packet.

### XI. FINAL ADJOURNMENT

- There being no further business, Chair Greer adjourned the meeting at 7:40 p.m.

### Signatures:

<table>
<thead>
<tr>
<th></th>
<th>Board Secretary</th>
<th>Board Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Terry Corrales, R.N.</td>
<td>Debbie Hollick</td>
</tr>
</tbody>
</table>
**SPECIAL FULL BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, OCTOBER 18, 2022**

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>CONCLUSION / ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION</strong></td>
<td></td>
</tr>
<tr>
<td>I. CALL TO ORDER</td>
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</tr>
<tr>
<td>• Pursuant to Board Resolution No. 01.10.22(03)-03, the meeting was held virtually and was called to order at 5:00 p.m. by Board Chair Linda Greer.</td>
<td></td>
</tr>
<tr>
<td>II. ESTABLISHMENT OF QUORUM</td>
<td></td>
</tr>
<tr>
<td>• Quorum comprised of Directors Greer, Griffith, Corrales, Barry, Clark, Edwards-Tate</td>
<td></td>
</tr>
<tr>
<td>• Excused Absences: None</td>
<td></td>
</tr>
<tr>
<td>NOTICE OF MEETING</td>
<td></td>
</tr>
<tr>
<td>Notice of Meeting was posted at Palomar Health’s Administrative office as well as on the Palomar Health website on Friday, October 14, 2022, which is consistent with legal requirements.</td>
<td></td>
</tr>
<tr>
<td>III. PUBLIC COMMENTS</td>
<td></td>
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<tr>
<td>There were no public comments</td>
<td></td>
</tr>
<tr>
<td>IV. AGENDA ITEM(S) FOR REVIEW</td>
<td></td>
</tr>
<tr>
<td>1. *Conduct TEFRA Hearing</td>
<td></td>
</tr>
<tr>
<td>A. Public Comments to TEFRA Hearing</td>
<td></td>
</tr>
<tr>
<td>• Palomar Health Chief Financial Officer Hugh King read aloud the attached TEFRA Hearing Script, then opened the floor to any interested individuals to express their views concerning the proposed issuance for the purposes described in the notice of public hearing.</td>
<td></td>
</tr>
<tr>
<td>There were no public comments.</td>
<td></td>
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</tbody>
</table>
SPECIAL FULL BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, OCTOBER 18, 2022

AGENDA ITEM  

<table>
<thead>
<tr>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. *Review/Approval: TEFRA Approval of Certificates of Participation and Authorizations of Issuance of Certificates of Participation</td>
</tr>
<tr>
<td>A. Resolution No. 10.18.22(01)-24</td>
</tr>
<tr>
<td>B. Purchase Agreement</td>
</tr>
<tr>
<td>C. Installment Sale Agreement</td>
</tr>
<tr>
<td>D. Trust Agreement</td>
</tr>
<tr>
<td>E. Supplemental Master Indenture for Obligation No. 12</td>
</tr>
<tr>
<td>F. Certificate Purchase Agreement</td>
</tr>
<tr>
<td>G. Official Statement and Appendix A</td>
</tr>
<tr>
<td>H. Continuing Disclosure Undertaking</td>
</tr>
<tr>
<td>I. Escrow Agreement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONCLUSION / ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. MOTION: By Director Barry, 2nd by Director Edwards-Tate and carried to approve Resolution 10.18.22(01)-24 as presented. Roll call voting was utilized. Director Griffith – aye Director Corrales - aye Director Greer – aye Director Barry – aye Director Clark – no Director Pacheco – aye Director Edwards-Tate – abstain Chair Greer announced that five board members were in favor. One opposed. One abstention. No absences. Motion approved.</td>
</tr>
</tbody>
</table>

- Utilizing the document posted to the Palomar Health Board of Directors Meeting webpage and labeled “Special Full Board Audit & Compliance committee & TEFRA Hearing Information Packet - Addendum A” representatives from Citigroup Global Markets presented the Series 2022 Financing Update, noting that 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. The plan of finance has gone through several modifications since the July Board of Directors meeting to minimize the cost of capital, de-risk the portfolio and optimize the structure all in an extremely volatile market, and is currently on track to meet the November timeline.

- Director Clark asked how much money was being borrowed and what the interest rate would be over how long of a period of time. Mr. Kenan informed him that the amount is $220 million at a 5 ¾% interest rate over 30 years. Palomar would receive the full $220 million upon closing of the transaction.

- Director Edwards-Tate asked where the role of the board trustees come into play to provide essential governance and expertise into that process. Mr. King responded that the approval of this plan by the board provides where the funds are to be used. Palomar Health President & CEO Diane Hansen responded that once this process starts, the expenditures happen; that process is handled by the external third party. The board of Palomar Health does not get involved in reviewing invoices and approval. The board has already approved the construction projects.

- Director Greer stated that she is very happy about eliminating the swap and having a fixed rate on the bonds. She has every confidence in the advisors the organization uses for these processes as they are all top notch.
**AGENDA ITEM** | **CONCLUSION / ACTION**
---|---
- **DISCUSSION**
  - Director Edwards-Tate questioned what would occur if the board approved something today, then cost overruns exceed the amount that was agreed upon; would the board have the ability to analyze everything before a decision was made? Mr. King replied that there is a project budget that cannot be exceeded, and those monies may only be spent at PMC Escondido and PMC Poway. If it looks like a project is going to exceed the cost of funding available, then administration would need to go back to the board to get budgetary approval to spend those dollars over and above the bond issue. He also noted they are a conservative team, and will want to get contracts that are guaranteed not exceed a certain dollar amount. Therefore, to the extent that there could be a cost overrun, the board would definitely be involved in that and would have to approve it.
  - Holland and Knight representative Jessica Brown stated that through the board chair, every board member has three minutes to ask questions of the professionals on this call. To the extent any director has any further questions who has not yet spoken, this is now their opportunity to ask the professionals on this call any clarifying questions they may have.
  - Director Pacheco asked if the sale of real property would be to the trust or if the property is no longer owned by the district. Mr. King explained that this is a methodology used to issue certificates of participation bonds, noting that the verbiage complies with the law where basically the property is title to the authority. Title then sends it back to the organization in exchange for making payments on the bonds. Palomar Health never loses control of the property. He added that every certificate of participation bond issue that has been done at this hospital is set up in exactly the same manner, and is considered the standard process.
  - Director Corrales stated that she has read the entire document and had the opportunity to ask Mr. King questions. Now is the time for the board to go ahead and do this because they know exactly how much will be spent, how much to budget, and what exactly will be done with every penny being spent. This is something that is very important for the board and the district and something that is very necessary; therefore the board must move as quickly as possible. There has been ample discussion of this topic at previous board and board committee meetings; therefore she is in favor of moving forward.
  - Director Clark stated that he did not feel he was given enough time to review the materials prior to the meeting; Director Edwards-Tate concurred.
  - Director Griffith reminded that the board’s main job is to provide oversight and guidance, noting that there is no time to have an ad hoc committee re-examine what has already been reviewed; interest rates are rising and need to be locked in as soon as possible. The board must have trust in the CEO, CFO, and our administration in partnership with our financial advisors. He also added that if particular board members do not have this trust; it is on them. The board has been given all of the information on the bond issuance process, as well as all of the backup documentation relevant to coming to a decision. It is not a slush fund for the administration; the funds are only for projects that will benefit the district. In conclusion, he is supportive of the program, and hopes that the rest of the board understands their business is that of oversight, and will vote for this to be passed.

3. *Moss Adams Audit Presentation: Communication of Results of the June 30, 2022 Audit*
## AGENDA ITEM

**• DISCUSSION**

- Mr. King stated that part of the speed in this bond issue is that interest rates are going up; the financial advisors inform that if the organization can get to market before the federal market committee meets, it should be able to obtain a much lower interest rate than would be possible after that meeting. The finance team and many other teams have been working nights and weekend to try to get this process completed to a tee so that the auditors and attorneys will sign off on the report you are now reviewing. That being said, this and a big change that occurred in the accounting department has delayed our ability to do the job we would normally like to do. He commended the attorneys and auditors for their amazing work in this regard.
  - Director Greer added that the board appreciates everyone’s efforts and hard work to achieve these results in such a tight timeframe, in order to get the lowest interest rates possible.

- Utilizing the document posted to the Palomar Health Board of Directors Meeting webpage and labeled “Special Full Board Audit & Compliance committee & TEFRA Hearing Information Packet - Addendum B” representatives from Moss Adams presented the Palomar Health 2022 Audit Results report to the board, noting that they appreciate the collaboration working with Mr. King and the team to meet these significant goals while having the same people working on two competing paths at the same time; the bond issuance and the audit.

- Director Barry asked why the receivables were 108%, and how the organization collected that amount of money. Ms. Stelzriede responded that the way that hospitals get reimbursed is based on contract rates. Medicare pays a certain rate for a procedure; Medi-Cal pays a different rate for the same procedure, and health plans pay yet another different rate. Therefore, estimating what the receivables are is just that; an estimate. It is not a patient to patient reporting; but rather an estimate based on what the contract rates are for those payors and an organization’s recent historical rates.

- Director Griffith asked whether the increase in some of the weaknesses that were identified was due to the recent change in the CFO position as well as to regulatory changes. Ms. Stelzriede shared her opinion that it is due in part to the significant turnover that has occurred in the accounting department, which can make things challenging insofar as processes running smoothly.

## V. ADJOURNMENT TO CLOSED SESSION


## VI. RE-ADJOURNMENT TO OPEN SESSION

## VII. ACTION RESULTING FROM CLOSED SESSION – IF ANY

There was no action resulting from the closed session

## VIII. BOARD VOTE TO APPROVE ANNUAL AUDIT

- **VIII. MOTION:** By Director Barry, 2nd by Director Griffith and carried to accept the auditor for 2022 with minor adjustments by the auditors. Roll call voting was utilized.
  - Director Griffith – aye
  - Director Corrales - aye
  - Director Greer – aye
  - Director Barry – aye
  - Director Clark – aye
  - Director Pacheco – aye
  - Director Edwards-Tate – abstain
  - Chair Greer announced that six board members were in favor. None opposed. One abstention. No absences.
  - Motion approved.
## SPECIAL FULL BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, OCTOBER 18, 2022

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
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<tbody>
<tr>
<td>• DISCUSSION</td>
<td></td>
</tr>
<tr>
<td>• Chair Greer requested a motion to approve accepting the audit for 2022 with the minor adjustments by the auditors.</td>
<td></td>
</tr>
<tr>
<td>FINAL ADJOURNMENT</td>
<td></td>
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<tr>
<td>• There being no further business, the meeting was adjourned at 6:56 p.m. by Board Chair Greer.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Signatures:</th>
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<td>Board Assistant</td>
<td>Debbie Hollick</td>
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</tbody>
</table>
HEARING OFFICER:

“Ladies and Gentlemen:

Pursuant to Section 147(f) of the Internal Revenue Code, Palomar Health caused a notice of public hearing to be published on its “primary public website,” with respect to the issuance, in one or more series, from time to time, pursuant to a plan of financing, of the execution and delivery of certain tax-exempt certificates of participation (referred as the “Obligations”), each evidencing a proportionate interest in certain installment payments to be made by Palomar Health pursuant to a sale agreement to be entered into between Palomar Health and the California Municipal Finance Authority, in an aggregate principal amount not to exceed $260 million.

Proceeds of the Obligations will be applied (i) to refund and prepay certain certificates of participation executed and delivered in 2006, evidencing an undivided proportionate interest of the holders thereof in certain installment payments to be made by Palomar Health, the proceeds of which were used by Palomar Health to finance and refinance certain costs of acquisition, construction, expansion, improvement, renovation, and equipping of its health care facilities located: (a) in Escondido, California at 2185 Citracado Parkway (in an amount not to exceed $115,000,000), (b) in Poway, California at 15615 Pomerado Road (in an amount not to exceed $25,000,000); and (c) in San Diego, California at 9878 Carmel Mountain Road (in an amount not to exceed $200,000); and (ii) finance or reimburse Palomar Health for
its prior payment of the costs of the acquisition, construction, expansion, improvement, renovation, and equipping of its health care facilities located at 2185 Citracado Parkway, Escondido (in amounts not to exceed $85,000,000), and 15615 Pomerado Road, Poway (in amounts not to exceed $45,000,000).

As announced in the notice of public hearing, we now offer this opportunity for interested individuals to express their views concerning the aforementioned financing.

Oral comments will be limited to 3 minutes per speaker. A person wishing to speak at this hearing will be asked to provide his or her name, address and the persons or entities he or she represents, if any, prior to speaking. Does anyone wish to speak about the financing?”

WAIT TO SEE IF ANY PERSON ON THE CONFERENCE CALL WISHES TO SPEAK AND, IF SO, GIVE EACH OF THEM THE OPPORTUNITY TO DO SO, WITHIN THE 3 MINUTES.

AND, IF SO, ASK FOR AND RECORD HIS OR HER NAME, ADDRESS AND THE PERSON(S) OR ENTITY(IES) HE OR SHE REPRESENTS.

AND GIVE EACH OF THEM THE OPPORTUNITY TO SPEAK WITHIN THE 3 MINUTE TIME LIMIT ALLOWED.

AFTER ALL SPEAKERS HAVE HAD TIME TO SPEAK:

HEARING OFFICER:

“The public hearing is now closed. Thank you.”
ADDENDUM B
To: Palomar Health Board of Directors

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

Board Meeting Date: November 14, 2022

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (11/14/2022 – 10/31/2024)
Berenji, Ramin, M.D. - Nephrology
Goraya, Anam, M.D. – Internal Medicine
Phan, Hoa T., D.O. – Hospice/Palliative Medicine
Saeed, Oday, M.D. - Nephrology
West, Julie E. - Neonatal-Perinatal Medicine
Yoshii-Contreras, June, M.D. - Neurology

Advance from Provisional to Active Category
Levin, Marina V., M.D. – Internal Medicine (eff. 12/01/2022 – 01/31/2024)
Pham, Alise K., D. – Neurology (eff. 12/01/2022 – 06/30/2023)
Singh, T. Tejpal, M.D. – Diagnostic Radiology (eff. 12/01/2022 – 10/31/2024)
Thesing, Michael J., M.D. – Obstetrics & Gynecology (eff. 12/01/2022 – 08/31/2023)

Reinstatement to Active Category
Patel, Bhavesh B., D.O. – Internal Medicine (eff. 11/14/2022 – 10/31/2024)

2 Year Leave of Absence
Bakshi, Ankur, M.D. – Cardiothoracic surgery (eff. 10/03/2022-09/30/2024)
Louis, Matthew D., M.D. – Wound care/Hyperbaric medicine (eff. 10/11/2022-09/30/2024)

Voluntary Resignations
Bair, Ryan J., M.D., - Radiology (eff. 12/31/2021)
Cantu, Diana M., M.D., - OB/Gyn (eff. 10/22/2022)
Elzubeir, Hiba E., M.D., - Medicine (eff. 09/15/2022)
Khayyat, Omar, M.D. – Medicine (eff. 08/30/2022)
Kohatsu, Karen E., M.D. – OB/Gyn (eff. 03/24/2022)
Yazdi, Neda, M.D. – Medicine (eff. 11/30/2022)
Allied Health Appointment (11/14/2022 – 10/31/2024)
Amador, Jodi, N., NNP - Pediatrics (Sponsor: Dr. Golembeski, for Children’s Specialists of San Diego)
Belanger, Tanya, CNM – OB/Gyn (Sponsor: Dr. Carnevale, for OB Hospitalist Group)
Harris, Monika, FNP – Medicine (Sponsor: Dr. Hamad Bayat)
Hunter, Jacob A., PA-C – Emergency Medicine (Sponsor: Dr. Friedberg, for EMA)
Kelly, Katherine M., CNM – OB/GYN (Sponsor: Dr. Carnevale for OB Hospitalist Group)
McQueen, Paula S., CNM – OB/GYN (Sponsor: Dr. Carnevale, for OB Hospitalist Group)
Stirling, Aaron J., NP – Emergency Medicine (Sponsor: Dr. Friedberg, for EMA)

Allied Health Resignations
Bodnaruk, Marta I., FNP – Medicine (eff. 11/11/2022 – no longer with PHMG)
Schmitt, Corrie, FNP- Orthopaedic Surg/Rehab (eff. 11/30/2022 – incomplete reapp. app/possible reinstatement)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT:

Time Limited Reappointment - 6 months Effective 12/01/2022 – 05/31/2023
Ebrahimi Adib, Tannaz, M.D. Obstetrics & Gynecology Dept of OB/GYN Courtesy

Time Limited Reappointment – 1 month Effective 12/01/2022 – 12/31/2022
Pham, Martin H., M.D. Neurosurgery Dept of Surgery Active

Reappointments Effective 12/01/2022 –11/30/2024
Amukele, Samuel A., M.D. Surgery, Urology Dept of Urology Courtesy
*Change from Active to Courtesy
Bailey, Bradley B., M.D. Wound Care Dept of Surgery Active
*Change from Courtesy to Active
Branch, Candice M., M.D. Internal Medicine Dept of Medicine Active
Choi, Joon H., M.D. Anesthesiology Dept of Anesthesia Active
De Silva, Bertrand R., M.D. Critical Care Medicine Dept of Medicine Active
Harris, Mark A., M.D. Physical Medicine & Rehab Dept of Ortho Consulting
Harrison, Daniel C., M.D. Internal Medicine Dept of Medicine Active
Jeswani, Sunil P., M.D. Neurosurgery Dept of Surgery Active
Kaska, Serge C., M.D. Orthopaedic Surgery Dept of Ortho Active
Khosla, Ankaj, M.D. Radiology, Inter. & Diagnostic Dept of Radiology Active
Kim, Hyunsoo, M.D. Internal Medicine Dept of Medicine Active
Kozloff, Matthew S., M.D. Surgery, Critical care Dept of Surgery Active
Kushnaryov, Anton M., M.D. Otolaryngology Dept of Surgery Courtesy
Lee, David M., M.D. Emergency Medicine Dept of Emergency Administrative
Lucas, Peter M., M.D. Anesthesiology Dept of Anesthesia Active
Luo, Ran B., M.D. Surgery, General Dept of Surgery Courtesy
McClung, Christian D., M.D. Emergency Medicine Dept of Emergency Active
Meyer, Joan M., D.P.M. Podiatry Dept of Ortho Active
Mojtahed, Amirkaveh, M.D. Gastroenterology Dept of Medicine Active
Moon, Richard W., M.D. Internal Medicine Dept of Medicine Active
Nguyen, Andrew D., M.D. Neurosurgery Dept of Surgery Active
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Department</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>O'Donnell, Jane D., M.D.</td>
<td>Neonatal-Perinatal Medicine</td>
<td>Dept of Pediatrics</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Patel, Daksha, M.D.</td>
<td>Psychiatry</td>
<td>Dept of Psychiatry</td>
<td>Active</td>
</tr>
<tr>
<td>Patel, Kiran R., M.D.</td>
<td>Diagnostic Radiology</td>
<td>Dept of Radiology</td>
<td>Active</td>
</tr>
<tr>
<td>Saghafi, Omeed, M.D.</td>
<td>Emergency Medicine</td>
<td>Dept of Emergency</td>
<td>Active</td>
</tr>
<tr>
<td>Yang, Chao-Hsiung E., M.D.</td>
<td>Internal Medicine</td>
<td>Dept of Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Zgliniec, Steven W., M.D.</td>
<td>Critical Care Medicine</td>
<td>Dept of Medicine</td>
<td>Active</td>
</tr>
</tbody>
</table>

**Allied Health Professional Reappointments Effective 12/01/2022 – 11/30/2024**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Department</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulger, Jeffrey E., P.A.-C.</td>
<td>Physician Assistant</td>
<td>Dept of Surgery</td>
<td>AHP</td>
</tr>
<tr>
<td>(Sponsor: Dr. Lin)</td>
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<tr>
<td>Caccioppo, Edward J., P.A.-C.</td>
<td>Physician Assistant</td>
<td>Dept of Surgery</td>
<td>AHP</td>
</tr>
<tr>
<td>(Sponsor: Dr. Greenway on behalf of Kaiser General Surgery)</td>
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**Certification by and Recommendation of Chief of Staff**

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

**ALLIED HEALTH PROFESSIONAL APPOINTMENT**

**November 2022**

**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Jodi N. Amador, NNP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Palomar Health Facilities</strong></td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

**SPECIALTIES/BOARD CERTIFICATION**

| Specialties | Neonatal Nurse Practitioner - Certified 2014 |

**ORGANIZATIONAL NAME**

| Name | Children’s Specialists of San Diego |

**EDUCATION/AFFILIATION INFORMATION**

| **Education Information** | University  
| University of Central Florida, BS  
| From: 04/13/2004 To: 12/12/2005  
| University  
| University of Central Florida, BSN  
| From: 05/01/2000 To: 04/13/2004 |

| **Employment** | Current Employment  
| Atrium Health  
| Nurse Practitioner  
| From: 04/07/2014 To: Current  
| Current Employment  
| University of South Alabama  
| Academic Position  
| From: 01/01/2018 To: Current  
| CMT: Position: Temp. faculty  
| Current Employment  
| Rady Children’s Hospital  
| Nurse Practitioner  
| From: 04/15/2017 To: Current  
| Current Employment  
| Catawba Valley Medical Center  
| Nurse Practitioner  
<p>| From: 11/30/2020 To: Current |</p>
<table>
<thead>
<tr>
<th>Current Affiliation Information</th>
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</thead>
<tbody>
<tr>
<td>Atrium Health Cabarrus</td>
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<tr>
<td>Catawba Valley Health System</td>
</tr>
<tr>
<td>Scripps Memorial Hospital, La Jolla</td>
</tr>
<tr>
<td>Scripps Mercy Hospital, Chula Vista</td>
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<tr>
<td>Scripps Mercy Hospital, San Diego</td>
</tr>
<tr>
<td>Rady Children’s Hospital, San Diego</td>
</tr>
<tr>
<td>Atrium Health University City</td>
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<tr>
<td>Atrium Health Carolinas Medical Center</td>
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</table>
## PERSONAL INFORMATION

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<thead>
<tr>
<th><strong>Provider Name &amp; Title</strong></th>
<th>Tanya Belanger, CNM</th>
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<tbody>
<tr>
<td><strong>Palomar Health Facilities</strong></td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

## SPECIALTIES/BOARD CERTIFICATION

| **Specialties** | Nurse Midwife - Certified 2013 |

## ORGANIZATIONAL NAME

| **Name** | OB Hospitalist Group |

## EDUCATION/AFFILIATION INFORMATION

### Education Information

<table>
<thead>
<tr>
<th><strong>University</strong></th>
<th>Marquette University, RN  From: 08/31/2009 To: 05/30/2010</th>
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<tbody>
<tr>
<td><strong>University</strong></td>
<td>University of Wisconsin, BS  From: 12/23/2007 To: 05/17/2009  Psychology BS</td>
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### Employment

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<th><strong>Current Employment</strong></th>
<th>OB Hospitalist Group  Certified Nurse Midwife  From: 12/17/2016 To: Current</th>
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<tr>
<td><strong>Current Employment</strong></td>
<td>TrueCare  Certified Nurse Midwife  From: 09/27/2021 To: Current</td>
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| **Current Affiliation Information** | Rancho Springs Medical Center |
### PERSONAL INFORMATION

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

### SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Nephrology - Certified 1997 |

### ORGANIZATIONAL NAME

| Name                        | Balboa Nephrology Medical Group |

### EDUCATION/AFFILIATION INFORMATION

#### Medical Education Information

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Universitaet Hamburg Medizinische Fakultaet, MD, MD</th>
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<td>From:</td>
<td>09/01/1984 To: 06/01/1989</td>
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#### Internship Information

#### Residency Information

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<td>From:</td>
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#### Current Affiliation Information

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<td>Pioneer Memorial Hospital</td>
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**PERSONAL INFORMATION**

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

**SPECIALTIES/BOARD CERTIFICATION**

| Specialties                | Internal Medicine – Not Certified Yet |

**ORGANIZATIONAL NAME**

| Name                       | Palomar Hospitalist Medical Group |

**EDUCATION/AFFILIATION INFORMATION**

| Medical Education Information | Medical School  
|-------------------------------|----------------------|
|                               | Allama Iqbal Medical College, MD  
|                               | From: 12/01/2009 To: 05/28/2015  
|                               | Doctor of Medicine Degree |

| Internship Information | Residency  
|------------------------|----------------|
|                        | UHS Southern California Medical Education Cons  
|                        | Internal Medicine  
|                        | From: 07/01/2019 To: 06/30/2022 |

| Residency Information  | Residency  
|------------------------|----------------|
|                        | UHS Southern California Medical Education Cons  
|                        | Internal Medicine  
|                        | From: 07/01/2019 To: 06/30/2022 |

| Fellowship Information | |
|------------------------| |

| Current Affiliation Information | Temecula Valley Hospital |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Monika Harris, F.N.P.</th>
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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>Family Nurse Practitioner - Certified 2021</th>
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## ORGANIZATIONAL NAME

<table>
<thead>
<tr>
<th>Name</th>
<th>Arch Health Partners Heart and Vascular</th>
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</thead>
</table>

## EDUCATION/AFFILIATION INFORMATION

| Education Information          | University  
|                                | United States University, BSN  
|                                | From: 09/03/2013 To: 11/22/2014  
|                                | Bachelors of Science/Nursing |
| Employment                     | Current Employment  
|                                | Palomar Health  
|                                | Registered Nurse  
|                                | From: 04/30/2012 To: Current  
|                                | Current Employment  
|                                | Kaiser Permanente San Diego  
|                                | Registered Nurse  
|                                | From: 10/30/2017 To: Current  
|                                | Current Employment  
|                                | Palomar Health Medical Group - Arch  
|                                | Nurse Practitioner  
|                                | From: 10/10/2022 To: Current  

## Current Affiliation Information

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<thead>
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## Page 40 of 152
# PALOMAR HEALTH
## ALLIED HEALTH PROFESSIONAL APPOINTMENT
### November 2022

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Jacob A. Hunter, PA-C</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>Physician Assistant - Certified 2017</th>
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## ORGANIZATIONAL NAME

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

| Education Information | Samuel Merritt University, PA  
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<tbody>
<tr>
<td></td>
<td>09/02/2014 – 12/23/2016</td>
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</table>

| Employment            | Current Employment  
|-----------------------|-------------------|
|                       | UC San Diego Health  
|                       | Physician Assistant  
|                       | From: 05/05/2021  To: Current |

| Employment            | Current Employment  
|-----------------------|-------------------|
|                       | Emergent Medical Associates/Coastline Resources  
|                       | Physician Assistant  
|                       | From: 08/03/2022  To: Current |

| Current Affiliation Information | Alvarado Hospital and Medical Center  
|----------------------------------|----------------------------------|
|                                  | University of California, San Diego  
|                                  | Santa Clara Valley Medical Center |
### PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
November 2022

#### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Katherine M. Kelly, CNM</th>
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<td>Palomar Medical Center Escondido</td>
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#### SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Nurse Midwife - Certified 2012 |

#### ORGANIZATIONAL NAME

| Name                        | OB Hospitalist Group |

#### EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Education Information</th>
<th>University</th>
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<tr>
<td></td>
<td>Columbia University School of Nursing,</td>
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<tr>
<td></td>
<td>From: 05/24/2010 To: 08/10/2012</td>
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<td></td>
<td>Combined BS/MS Program in nursing</td>
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<td>Certified Nurse Midwife</td>
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<td>From: 02/18/2019 To: Current</td>
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| Current Affiliation Information | Tri-City Medical Center |

**PALOMAR HEALTH**  
**ALLIED HEALTH PROFESSIONAL APPOINTMENT**  
**November 2022**

### PERSONAL INFORMATION

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<tr>
<th><strong>Provider Name &amp; Title</strong></th>
<th>Paula S. McQueen, CNM</th>
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<td>Palomar Medical Center Escondido</td>
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### SPECIALTIES/BOARD CERTIFICATION

| **Specialties** | Nurse Midwife - Certified 1998 |

### ORGANIZATIONAL NAME

| **Name** | OB Hospitalist Group |

### EDUCATION/AFFILIATION INFORMATION

**Education Information**

| University | Case Western Reserve University, BSN  
<table>
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<tbody>
<tr>
<td>From: 01/01/1994 To: 01/01/1995</td>
<td>Bachelor of Science in Nursing Degree</td>
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</table>
| University | Huron Hospital School of Nursing, AN  
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<tbody>
<tr>
<td>From: 09/01/1986 To: 06/20/1988</td>
<td>Diploma of Nursing - Huron school Closed no longer there</td>
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**Employment**

| Current Employment | Paula’s Midwifery & Homeopathy  
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<tbody>
<tr>
<td>Certified Nurse Midwife</td>
<td>From: 08/01/2021 To: Current</td>
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</table>
| Current Employment | OB Hospitalist Group  
| Certified Nurse Midwife | From: 10/02/2022 To: Current |

**Current Affiliation Information**

| Chinle Health Care Facility |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Hoa T. Phan, D.O.</th>
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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

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<tr>
<th>Specialties</th>
<th>Hospice &amp; Palliative Medicine, Internal Medicine - Certified 2012, 2008</th>
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## ORGANIZATIONAL NAME

<table>
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<tr>
<th>Name</th>
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## EDUCATION/AFFILIATION INFORMATION

### Medical Education Information

<table>
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<th>Medical School</th>
<th>Touro University California, DO</th>
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<tr>
<td>Doctor of Osteopathy Degree</td>
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<td>- Per Physician unable to locate diploma</td>
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### Internship Information

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<th>Internship</th>
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<td>From: 06/24/2005 To: 06/23/2006</td>
<td>Internal Medicine</td>
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### Residency Information

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<td>Internal Medicine</td>
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### Fellowship Information

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### Current Affiliation Information

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<tbody>
<tr>
<td>St. Joseph Hospital, Orange CA</td>
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<tr>
<td>St. Jude Medical Center, Fullerton</td>
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### PERSONAL INFORMATION

<table>
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<tr>
<th>Provider Name &amp; Title</th>
<th>Christy M. Roberts, M.D.</th>
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<tbody>
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### SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Pediatrics – Not Certified Yet |

### ORGANIZATIONAL NAME

| Name                         | Palomar Health Medical Group - Arch |

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School  
|                              | St. George’s University School of Medicine, MD  
|                              | From: 08/01/2014 To: 05/01/2019 |
| Internship Information       |                                      |
| Residency Information       | Residency  
|                              | Hurley Medical Center  
|                              | Pediatrics  
|                              | From: 07/01/2019 To: 06/30/2022  
|                              | Residency |
| Fellowship Information      |                                      |
| Current Affiliation Information |                                 |
PALOMAR HEALTH
PROVISIONAL APPOINTMENT
November 2022
## PERSONAL INFORMATION

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

## SPECIALTIES/BOARD CERTIFICATION

<table>
<thead>
<tr>
<th>Specialties</th>
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## ORGANIZATIONAL NAME

<table>
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<tr>
<th>Name</th>
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## EDUCATION/AFFILIATION INFORMATION

### Medical Education Information

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<td>From/To</td>
<td>10/01/1998 To 06/30/2004</td>
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### Internship Information

| Internship | Coney Island Hospital  
             | Internal Medicine |
|------------|-----------------------|
| From/To    | 06/23/2012 To 06/22/2013 |

### Residency Information

| Residency | Coney Island Hospital  
            | Internal Medicine |
|-----------|-----------------------|
| From/To   | 06/23/2013 To 06/22/2015 |

### Fellowship Information

| Fellowship | Kaiser Permanente - Bellflower (Downey)  
             | Nephrology |
|------------|------------------------------------------|
| From/To    | 07/01/2015 To 06/30/2017                 |

### Current Affiliation Information

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# PALOMAR HEALTH

## ALLIED HEALTH PROFESSIONAL APPOINTMENT

**November 2022**

## PERSONAL INFORMATION

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<tr>
<th>Provider Name &amp; Title</th>
<th>Aaron J. Stirling, N.P.</th>
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<td>Palomar Medical Center Poway</td>
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</table>

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Emergency Nurse Practitioner - Certified 2021 |

## ORGANIZATIONAL NAME

| Name                        | Palomar Emergency Physicians |

## EDUCATION/AFFILIATION INFORMATION

<table>
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<tr>
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<td>California State University, San Marcos, BSN</td>
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<tr>
<td></td>
<td>Nurse Practitioner</td>
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<td>From: 10/01/2018  To: Current</td>
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<td>Allied Health Practitioner</td>
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| Current Affiliation Information | El Centro Regional Medical Center |
# PERSONAL INFORMATION

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

# SPECIALTIES/BOARD CERTIFICATION

| Specialties                      | Neonatal-Perinatal Medicine - Certified 2016 |

# ORGANIZATIONAL NAME

| Name                           | Children’s Specialists of San Diego |

# EDUCATION/AFFILIATION INFORMATION

## Medical Education Information

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Loma Linda University, MD</th>
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<td>Doctor of Medicine Degree</td>
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## Internship Information

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<td>From: 06/24/2008 To: 07/28/2011</td>
<td>Pediatrics</td>
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## Residency Information

| Fellowship                     | Loma Linda University Childrens Hospital  
                             | Neonatal-Perinatal            |
|---------------------------------|--------------------------------------|
| From: 08/01/2011 To: 07/31/2014 |                                     |

## Fellowship Information

| Current Affiliation Information | Rady Children’s Hospital, San Diego  
                             | Rancho Springs Medical Center |

---

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# Personal Information

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

# Specialties/Board Certification

| Specialties                  | Neurology, Neurology/Epilepsy - Certified 2016, 2017 |

# Organizational Name

| Name                        | The Neurology Center |

# Education/Affiliation Information

## Medical Education Information

<table>
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<tr>
<th>Medical School</th>
<th>University of Iowa College of Medicine, MD</th>
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## Internship Information

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<td>Internal Medicine</td>
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<td>From:</td>
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<tr>
<td>To:</td>
<td>06/30/2012</td>
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## Residency Information

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<tr>
<th>Residency</th>
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<tr>
<td>Neurology</td>
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<tr>
<td>To:</td>
<td>06/30/2015</td>
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<tr>
<td>Current contact:</td>
<td>Britney May Mortenson Senior Program Manager, Neurology</td>
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<td>Residency Program</td>
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## Fellowship Information

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<td>Epilepsy</td>
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<td>To:</td>
<td>06/30/2017</td>
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## Current Affiliation Information

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<tr>
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November 1, 2022

To: Palomar Health Board of Directors – November 14, 2022 Meeting
From: Edward M. Gurrola II, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credential Recommendations – October, 2022

Provisional Appointments: (11/14/2022 – 10/31/2024)
Ramin Berenji, M.D., Nephrology
Anam Goraya, M.D., Internal Medicine
Hoa Phan, D.O., Palliative Medicine (Includes The Villas at Poway)
Christy Roberts, M.D., Pediatrics
Oday Saeed, M.D., Nephrology
Julie West, M.D., Neonatology – Perinatology
June Yoshii-Contreras, M.D., Neurology

Biennial Reappointments: (12/01/2022 - 11/30/2024)
Samuel Amukele, M.D., Urology, Courtesy
Bradley Bailey, M.D., Wound Care, Active (Includes The Villas at Poway)
Joon Choi, M.D., Anesthesiology, Active
Bertrand De Silva, M.D., Critical Care Medicine, Courtesy (Includes The Villas at Poway)
Daniel Harrison, M.D., Internal Medicine, Active
Serge Kaska, M.D., Orthopedic Surgery, Courtesy
Ankaj Khosla, M.D., Interventional & Diagnostic Radiology, Active
Stuart Klein, M.D., Internal Medicine, Affiliate
Dale Kooistra, M.D., Dermatology, Affiliate
Anton Kushnaryov, M.D., Otolaryngology, Courtesy
David Lee, M.D., Emergency Medicine, Administrative
Peter Lucas, M.D., Anesthesiology, Active
Christian McClung, M.D., Emergency Medicine, Active
Jane O’Donnell, M.D., Neonatal-Perinatal Medicine, Courtesy
Daksha Patel, M.D., Psychiatry, Active (Includes The Villas at Poway)
Kiran Patel, M.D., Diagnostic Radiology, Active
Akber Safi, M.D., Internal Medicine, Affiliate
Omeed Saghafi, M.D., Emergency Medicine, Active
Steven Zgliniec, Pulmonary Disease, Active (Includes The Villas at Poway)
Advancements to Active Category:
Haritha Chelimilla, M.D., Gastroenterology, effective 11/14/2022 – 10/31/2024
Marina Levin, M.D., Internal Medicine, effective 11/14/2022 – 01/31/2024

Advancements to Courtesy Category:
Alise Pham, D.O., Neurology, effective 11/14/2022 – 06/30/2023
T. Tejpal Singh, M.D., Teleradiology, effective 11/14/2022 – 10/31/2024

Requests for Two-Year Leave of Absence:
Matthew Louis, M.D., Hyperbaric Medicine/Wound Care, effective 10/11/2022 – 10/10/2024

Voluntary Resignations:
Hiba Elzubeir, M.D., Internal Medicine, effective 09/21/2022
Swaminatha Gurudevan, M.D., Cardiology, effective 10/06/2022

Allied Health Professional Appointment: (11/14/2022 – 10/31/2024)
Monika Harris, FNP, Sponsor Dr. Bayat
Jacob Hunter, PA, Sponsor Dr. Friedberg
Aaron Stirling, NP, Sponsor Dr. Friedberg

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

PHYSICAL MEDICINE AND REHABILITATION CLINICAL PRIVILEGES

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 PHYSICAL MEDICINE AND REHABILITATION

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine or certification in an ABPM&R or AOBRM recognized subspecialty of physical medical and rehabilitation, or another board with equivalent requirements.

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

Focused Professional Practice Evaluation (FPPE)/Monitoring guidelines: Monitoring includes all phases of a patient's hospitalization (admission, management, discharge, etc.) as applicable. At least eight (8) inpatient admissions or consults performed in hospital or post discharge will be reviewed retrospectively.
PHYSICAL MEDICINE AND REHABILITATION CLINICAL PRIVILEGES

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

Reappointment Requirements: To be eligible to renew core privileges in physical medicine and rehabilitation, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 inpatients, outpatients and/or consultations) 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.

PHYSICAL MEDICINE AND REHABILITATION CONSULTATIVE PRIVILEGES (NOT APPLICABLE IF REQUESTING PHYSICAL MEDICINE AND REHABILITATION CORE PRIVILEGES)

☐ Requested Provide consultation to adolescent and adult patients with physical and/or cognitive impairments and/or disabilities involving neuromuscular, neurologic, cardiovascular, rheumatologic, or musculoskeletal disorders. The consulting role shall be purely to evaluate and make recommendations for therapy and precludes any procedural privileges or admission of patients.

CORE PRIVILEGES

PHYSICAL MEDICINE AND REHABILITATION CORE PRIVILEGES

☐ Requested Admit, evaluate, diagnose, and provide consultation and nonsurgical therapeutic treatments to adolescent and adult patients, with physical and/or cognitive impairments and/or disabilities involving neuromuscular, neurologic, cardiovascular, rheumatologic, or musculoskeletal disorders. Physical examination of cognition/pain/weakness/numbness syndromes (both neuromuscular and musculoskeletal) with a diagnostic plan and/or prescription for treatment that may include the use of physical agents and/or other interventions; and evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM

☐ Requested The Villas at Poway
PHYSICAL MEDICINE AND REHABILITATION CLINICAL PRIVILEGES

Name: ___________________________ Page 3
Effective From ___/___/____ To ___/___/____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING (IONM) AND INTERPRETATION VIA TELEMEDICINE (NOT AVAILABLE AT PALOMAR MEDICAL CENTER POWAY)

Provide oversight of appropriately trained technologists providing Interoperative Neurophysiological Monitoring in real time from a remote site; Interpretation and reporting of Intraoperative Neurophysiological monitoring data results. Modalities include but are not limited to: Spinal nerve electromyography (EMG), Pedicle screw testing, Cranial nerve electromyography (EMG), and Somatosensory evoked potentials (SSEP).

Criteria: As for Physical Medicine and Rehabilitation Core Privileges and successful completion of a fellowship in Electrodiagnostic and/or Neuromuscular Medicine. Required Previous Experience: Applicants must demonstrate that they have successfully monitored and interpreted at least 20 IONM cases in the past 12 months or demonstrate successful completion of an ACGME or AOA clinical fellowship or research in a clinical setting within the past 12 months. Focused Professional Practice Evaluation (FPPE)/Monitoring Guidelines: Retrospective review of 5 interpretations. Maintenance of Privileges: Demonstrated current competence and evidence of performance of at least 40 IONM cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

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

CHECK HERE TO REQUEST PAIN MEDICINE PRIVILEGES FORM

☐ Requested

USE OF FLUOROSCOPY

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

Board of Directors: 11/14/2022
PHYSICAL MEDICINE AND REHABILITATION CLINICAL 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 procedures which you do not wish to request, initial, and date.

Physical Medicine and Rehabilitation

- Anesthetic and/or motor blocks
- Arthrocentesis and joint injection
- Disability evaluations
- Ergonomic evaluations
- Fitness for duty evaluations
- Independent medical evaluations
- Initiation, titration, and management of neurostimulants, narcotics, antidepressants, anticonvulsants, skeletal muscle relaxants
- Injections, including joint, ligament, neurolysis, nerve block, soft tissue and trigger point
- Joint manipulation/mobilization
- Perform history and physical exam
- Routine non-procedural medical care
- Titration and management of intrathecal pump devices
- Venipuncture

Performance and interpretation of:

- Electromyography (EMG)/nerve conduction velocity (NCV)
- Ergometric studies
- Gait studies
- Work physiology testing, treadmill, spirometry, radiographs, audiograms, pulmonary function tests (baseline) for respirator only interpretation
PAOMAR HEALTH

PHYSICAL MEDICINE AND REHABILITATION CLINICAL PRIVILEGES

Name: ________________________________

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ________________________________ Date __________________

Board of Directors: 11/14/2022
I. Organization

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

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

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

II. Functions

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

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

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

C. To provide ongoing review of professional performance.

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

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

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

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

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

III. Membership

A. Qualifications

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

B. Responsibilities

1. Participation in Department business by serving on committees and as monitors, as required.
2. Participation on the Emergency Department call panel as outlined in the Palomar Medical Center Poway Medical Staff Rules and Regulations, Section 12.
3. Compliance with the Department of Surgery rules and regulations.

IV. Performance Improvement Review Policy

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

V. Officers

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

VI. Meetings

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

VII. Emergency Department

Patients who require surgical care and who do not have a doctor on the staff of Palomar Medical Center Poway shall be provided care by the surgery specialties of the Department who are eligible to serve on ER Call. The individual practitioner will be determined by reference to a monthly, published schedule maintained in the Emergency Department. Practitioners serving on this schedule will have a response time of thirty (30) minutes or less. Service on the panel shall be in accordance with Medical Staff Rules and Regulations, Section 12.

VIII. Professionalism

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

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

IX. Discipline

Situations in which corrective action may be necessary shall be brought to the attention of the Department Chairperson, and shall be handled in accordance with the Medical Staff Rights Manual. In the event a member’s conduct appears to require that immediate action be taken for the reasons specified in Section 3.1 of the Medical Staff Rights Manual, a summary suspension may be initiated as specified therein. Any member who is subject to corrective action shall be entitled to the rights specified in the Medical Staff Rights Manual.
X. Department-Specific Monitoring Requirements

A. All practitioners who apply for surgical privileges will be required to successfully complete monitoring requirements, in accordance with the Medical Staff Bylaws/Rules and Regulations. Such monitoring shall consist of pre-operative, intra-operative, and postoperative evaluation of the practitioner’s abilities. The Department of Surgery may waive or modify monitoring requirements at its discretion.

B. Guidelines for assigning required monitoring:
1. Board Certified applicants shall be monitored for a minimum of eight seven three major procedures.
2. Board Eligible applicants shall be monitored for a minimum of seven six major procedures.
3. Applicants who have completed their monitoring of like privileges at Palomar Medical Center Escondido shall be monitored for a minimum of three major procedures.
4. As per the Core Privilege checklists.

C. The Department of Surgery will specify the number of cases for which the applicant must be monitored. The first consecutive seven (7) or six (6) major procedures performed by the applicant are subject to monitoring.

D. In unusual cases, the Executive Committee acting as the Credentials Committee of the Medical Staff, in consultation with the Department of Surgery, may also recommend the number of cases for which a practitioner may need to monitored.

E. The monitor must be a Member of the Department of Surgery and must have full privileges for the procedure to be monitored. Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway. The monitor must have privileges and be in good standing at the same site as the physician being monitored, and their monitoring must be complete. Monitoring reports are to be treated in a confidential manner. The practitioner who was monitored will not have access to these reports except under certain, legally specific circumstances, and in accordance with the Medical Staff Bylaws/Rules and Regulations. It is the responsibility of the monitored practitioner for seeing that the monitoring reports are completed within two weeks. The monitor is responsible for completing the required report within two weeks of the date monitoring was performed. Reports shall be forwarded directly to Medical Staff Services. Medical Staff Services shall notify the Department Chairperson of Surgery when the required number of cases has been monitored. Monitoring reports will become a permanent part of the physicians' credentials' file.

F. The Department Chairperson of Surgery will review monitoring reports and recommend whether or not full privileges should be granted, or whether additional monitoring shall be required.

G. The practitioner shall be notified, in writing, of the recommendation.

H. Any practitioner who has completed the monitoring requirements and who is not deemed qualified by the Department of Surgery may appeal in person to the, the Department of Surgery. Thereafter, the practitioner shall be entitled to such rights as may be specified in the Medical Staff Rights Manual. Failure to complete the required number of monitored cases shall not entitle a physician to the hearing rights set forth in the Bylaws.

I. Pre-operative monitoring will include a review of the patient's chart before surgery, with specific emphasis on the completeness and appropriateness of the pre-operative work-up and indications for the specific procedure. The monitor has the option of talking to the patient and examining the patient pre and postoperatively, but he/she is expected to inform the practitioner in advance as a courtesy.

J. Intra-operative monitoring shall be performed with the monitor available in the room during the entire case.

K. Postoperative monitoring will include a review of the chart, the frequency to be at the discretion of the monitor.

L. No more than half of the monitored procedures shall be evaluated by any one monitor. The remainder shall be evaluated by at least two other monitors. In cases where there are
insufficient numbers of qualified monitors to comply with this rule, the Department Chairperson may permit an exception.

M. If the applicant has difficulty with the monitoring physician turning in the required monitoring reports, the applicant would then pursue the issue with the Department Chairperson, and if need be, the Chief of Staff.

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

O. A surgeon who has previously completed monitoring may be asked to have additional cases monitored at the discretion of the Medical Executive Committee as part of a Focused Professional Practice Evaluation.

XI. Consultation

It is the Member's responsibility to obtain consultation whenever the need arises or whenever the Member is faced with a situation that his/her privileges do not permit him/her to treat alone. If the patient's physician disagrees with the consultant's recommendation, he/she may call a second consultant, and if there is still disagreement, the Department Chairperson will be called. When a practitioner with privileges in other Departments has been accorded special privileges in the Department of Surgery, that practitioner's requirements for consultation when exercising the surgical privileges will be the same as for Members of the Department of Surgery.

XII. Rules Regarding Surgery

A. Surgery may be done only by Members of the Palomar Medical Center Poway Medical Staff who have appropriate surgical privileges.

B. All admissions, both in-patient and outpatient, shall be in accordance with current hospital policy.

C. Labs, orders, and H&P will be on the patient's chart by the start of the case. If not, the surgeon and OR RN will be notified.

D. It is recommended that in all cases of major surgery, the surgeon have an anesthesiologist. The surgeon may have an assistant of his choice.

E. Contaminated cases shall always be scheduled following the regularly scheduled cases for that day. This would include Staph infections, active tuberculosis, or any known infected potential. Cultures of any infected or abscessed cases are advisable. The only exception to this scheduling policy would be life-threatening emergencies.

F. All surgical cases must have a history and physical on the chart before surgery. An eligible Member of the Palomar Medical Center Poway medical staff must perform the history and physical. When the history and physical examination is not recorded before an operation, or any potentially hazardous diagnostic procedure, the procedure will be cancelled unless the attending practitioner states, in writing, that such a delay would be detrimental to the patient's health. In such cases the physician will dictate a history and physical and write an appropriate pre-operative and admitting note as soon as possible after surgery. Operative reports shall include a detailed account of the findings at surgery, as well as the details of the surgical technique. Operative reports shall be performed immediately upon completion of the operative or other high risk procedure for outpatients, as well as for inpatients. An operative report (brief) with all the required elements as outlined in the electronic health record (EHR) template must be entered directly into the electronic medical record within 30 minutes after the patient reaches the Recovery Room when the full operative report is dictated via
transcriptionist. If the full operative report is generated electronically and immediately available, no brief operative report is required.

G. per Medical Staff Bylaws/Rules and Regulations, Section 4.8.

1. History and physical exams must be submitted in accordance with the Medical Staff Bylaws Section XIX, History and Physicals Policy. For Inpatient Surgical Procedures: If surgery is to be performed within the first 24 hours of admission, and an H&P was performed prior to admission, then an update note must be entered into the record on the day of surgery prior to the start of surgery. For Outpatient Surgical Procedures: If the H&P was performed within 30 days prior to surgery, an update note must be entered into the record on the day of surgery prior to the start of the procedure.

2. The person responsible for administering anesthesia, or the surgeon if a general anesthetic is not to be administered, shall verify the patient’s identity, the site and side of the body to be operated on, and ascertain that the foregoing medical history and tests, as described below, appear in the patient’s medical record.

H. Appropriate screening tests based on the needs of the patient shall be accomplished and recorded within seventy-two (72) hours prior to surgery. Appropriate screening tests based on the needs of the individual patient will be considered to be acceptable if done within seven (7) days prior to surgery. All routine laboratory work, including hematocrit and urinalysis, whether performed by the hospital or by an outside laboratory, and signed by a certified laboratory technologist, will be performed within a seven (7) day period preceding surgery on all surgical patients. Patients for minor surgery, which who are admitted the morning of surgery, should, if possible, obtain this laboratory work before admission. Surgery may be cancelled or moved back to the end of the operating schedule if pertinent laboratory results are not on the chart before surgery.

I. Informed consent shall be documented in accordance with the Medical Staff Bylaws/Rules and Regulations, Section 7.

J. The written consent of the patient or legal guardian, except in an emergency, must be obtained before surgery and before pre-operative narcotic medication has been administered, and must be specific to include the patient’s name and the proposed surgical procedure, as well as the name of the surgeon. In the case of an emergency, and when written consent of the patient or legal guardian cannot be obtained, one physician may sign the operative permit and should include in their pre-operative note the indications for the emergency procedure.

K. All tissues and other materials removed during an operation will be forwarded to the pathology laboratory except for limited categories approved under program flexibility, Section 70129, California Code of Regulations. (Exceptions are as noted in Lucidoc Procedure #15109, “Specimens, Standards and Care of,” as appended to these Rules and Regulations.)

L. For frozen specimens and breast tissue, see Lucidoc Procedure #15109, “Specimens, Standards and Care of.” Unless the surgeon has unrestricted surgical privileges for doing radical breast surgery, they must have pre-operative consultation by a surgeon with such privileges on any diagnostic breast biopsy requiring frozen section if immediate further surgery may be contemplated.

M. When planned surgery is based on a pathological diagnosis made through a laboratory outside the hospital, the operating surgeon will include in the medical record a copy of the original pathology report.

XIII. Rules Regarding Records

The Department will comply with the requirements outlined in the Medical Staff Bylaws, Rules and Regulations, and Medical Staff Rights Manual.
XIV. **Specified Professional Personnel Staff**

Utilization of Allied Health Professional Staff shall be in accordance with Medical Staff Bylaws, Article VI.

XV. **Amendments**

Proposed amendments to these Rules and Regulations shall be distributed to the active category members of the Department thirty (30) days prior to voting on said amendments. Voting may occur at either a special meeting of the Department or by ballot. Adoption of amendments shall require a two-thirds majority vote of the active category members of the Department. Amendments shall be submitted to the Executive Committee and shall become effective after approval by the Board of Directors.

*Approved by the Palomar Health Board of Directors –*
*Approved by the Palomar Medical Center Poway Executive Committee – 10/25/2022*
*Approved by the Palomar Medical Center Poway Department of Surgery – 10/14/2022*

*Previous:*
*Approved by the Palomar Health Board of Directors – 05/10/2021*
*Approved by the Palomar Medical Center Poway Executive Committee – 04/27/2021*
*Approved by the Palomar Medical Center Poway Department of Surgery – 04/09/2021*

*Previous:*
*Approved by the Palomar Health Board of Directors – 05/11/2015*
*Approved by the Pomerado Hospital Executive Committee – 04/28/2015*
*Approved by the Pomerado Hospital Department of Surgery – 04/17/2015*
Palomar Medical Center Poway Medical Staff

Department of Surgery

Rules and Regulations

I. Organization

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

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

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

II. Functions

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

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

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

C. To provide ongoing review of professional performance.

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

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

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

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

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

III. Membership

A. Qualifications

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

B. Responsibilities

1. Participation in Department business by serving on committees and as monitors, as required.
2. Participation on the Emergency Department call panel as outlined in the Palomar Medical Center Poway Medical Staff Rules and Regulations, Section 12.
3. Compliance with the Department of Surgery rules and regulations.

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

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

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

VII. Emergency Department
Patients who require surgical care and who do not have a doctor on the staff of Palomar Medical Center Poway shall be provided care by the surgery specialties of the Department who are eligible to serve on ER Call. The individual practitioner will be determined by reference to a monthly, published schedule maintained in the Emergency Department. Practitioners serving on this schedule will have a response time of thirty (30) minutes or less. Service on the panel shall be in accordance with Medical Staff Rules and Regulations, Section 12.

VIII. Professionalism
A. Members of the Department of Surgery are expected to behave in an ethical, professional, and collegial manner at all times. Members will adhere to the Palomar Health Code of Conduct. A surgeon is expected to be present in the operating room except when it is necessary for the surgeon to be absent for short periods of time for a bio-break, to speak with the family, or speak with the pathologist, radiologist, or other consultant, or if there is a life threatening emergency that requires the surgeon’s expertise within the hospital.
B. It is expected that each surgeon participate in monitoring new surgical staff members and participate in a Focused Professional Practice Evaluation as requested by the Medical Executive Committee.

IX. Discipline
Situations in which corrective action may be necessary shall be brought to the attention of the Department Chairperson, and shall be handled in accordance with the Medical Staff Rights Manual. In the event a member’s conduct appears to require that immediate action be taken for the reasons specified in Section 3.1 of the Medical Staff Rights Manual, a summary suspension may be initiated as specified therein. Any member who is subject to corrective action shall be entitled to the rights specified in the Medical Staff Rights Manual.
X. Department-Specific Monitoring Requirements

A. All practitioners who apply for surgical privileges will be required to successfully complete monitoring requirements, in accordance with the Medical Staff Bylaws/Rules and Regulations. Such monitoring shall consist of pre-operative, intra-operative, and postoperative evaluation of the practitioner’s abilities. The Department of Surgery may waive or modify monitoring requirements at its discretion.

B. Guidelines for assigning required monitoring:
   1. Board Certified applicants shall be monitored for a minimum of seven major procedures.
   2. Board Eligible applicants shall be monitored for a minimum of seven major procedures.
   3. Applicants who have completed their monitoring of like privileges at Palomar Medical Center Escondido shall be monitored for a minimum of three major procedures.
   4. As per the Core Privilege checklists.

C. The Department of Surgery will specify the number of cases for which the applicant must be monitored. The first consecutive 7 major procedures performed by the applicant are subject to monitoring.

D. In unusual cases, the Executive Committee acting as the Credentials Committee of the Medical Staff, in consultation with the Department of Surgery, may also recommend the number of cases for which a practitioner may need to monitored.

E. The monitor must be a Member of the Department of Surgery and must have full privileges for the procedure to be monitored. Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway. The monitor must have privileges and be in good standing at the same site as the physician being monitored, and their monitoring must be complete. Monitoring reports are to be treated in a confidential manner. The practitioner who was monitored will not have access to these reports except under certain, legally specific circumstances, and in accordance with the Medical Staff Bylaws/Rules and Regulations. It is the responsibility of the monitored practitioner for seeing that the monitoring reports are completed within two weeks. The monitor is responsible for completing the required report within two weeks of the date monitoring was performed. Reports shall be forwarded directly to Medical Staff Services. Medical Staff Services shall notify the Department Chairperson of Surgery when the required number of cases has been monitored. Monitoring reports will become a permanent part of the physician's credentials' file.

F. The Department Chairperson of Surgery will review monitoring reports and recommend whether or not full privileges should be granted, or whether additional monitoring shall be required.

G. The practitioner shall be notified, in writing, of the recommendation.

H. Any practitioner who has completed the monitoring requirements and who is not deemed qualified by the Department of Surgery may appeal in person to the, the Department of Surgery. Thereafter, the practitioner shall be entitled to such rights as may be specified in the Medical Staff Rights Manual. Failure to complete the required number of monitored cases shall not entitle a physician to the hearing rights set forth in the Bylaws.

I. Pre-operative monitoring will include a review of the patient's chart before surgery, with specific emphasis on the completeness and appropriateness of the pre-operative work-up and indications for the specific procedure. The monitor has the option of talking to the patient and examining the patient pre and postoperatively, but he/she is expected to inform the practitioner in advance as a courtesy.

J. Intra-operative monitoring shall be performed with the monitor available in the room during the entire case.

K. Postoperative monitoring will include a review of the chart, the frequency to be at the discretion of the monitor.

L. No more than half of the monitored procedures shall be evaluated by any one monitor. The remainder shall be evaluated by at least two other monitors. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Department Chairperson may permit an exception.
M. If the applicant has difficulty with the monitoring physician turning in the required monitoring reports, the applicant would then pursue the issue with the Department Chairperson, and if need be, the Chief of Staff.

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

O. A surgeon who has previously completed monitoring may be asked to have additional cases monitored at the discretion of the Medical Executive Committee as part of a Focused Professional Practice Evaluation.

XI. Consultation

It is the Member's responsibility to obtain consultation whenever the need arises or whenever the Member is faced with a situation that his/her privileges do not permit him/her to treat alone. If the patient's physician disagrees with the consultant's recommendation, he/she may call a second consultant, and if there is still disagreement, the Department Chairperson will be called. When a practitioner with privileges in other Departments has been accorded special privileges in the Department of Surgery, that practitioner's requirements for consultation when exercising the surgical privileges will be the same as for Members of the Department of Surgery.

XII. Rules Regarding Surgery

A. Surgery may be done only by Members of the Palomar Medical Center Poway Medical Staff who have appropriate surgical privileges.

B. All admissions, both and in-patient and outpatient, shall be in accordance with current hospital policy.

C. Labs, orders, and H&P will be on the patient's chart by the start of the case. If not, the surgeon and OR RN will be notified.

D. It is recommended that in all cases of major surgery, the surgeon have an anesthesiologist. The surgeon may have an assistant of his choice.

E. Contaminated cases shall always be scheduled following the regularly scheduled cases for that day. This would include Staph infections, active tuberculosis, or any known infected potential. Cultures of any infected or abscessed cases are advisable. The only exception to this scheduling policy would be life-threatening emergencies.

F. All surgical cases must have a history and physical on the chart before surgery. An eligible Member of the Palomar Medical Center Poway medical staff must perform the history and physical. When the history and physical examination is not recorded before an operation, or any potentially hazardous diagnostic procedure, the procedure will be cancelled unless the attending practitioner states, in writing, that such a delay would be detrimental to the patient's health. In such cases the physician will dictate a history and physical and write an appropriate pre-operative and admitting note as soon as possible after surgery. Operative reports shall include a detailed account of the findings at surgery, as well as the details of the surgical technique. Operative reports shall be performed immediately upon completion of the operative or other high risk procedure for outpatients, as well as for inpatients. An operative report (brief) with all the required elements as outlined in the electronic health record (EHR) template must be entered directly into the electronic medical record within 30 minutes after the patient reaches the Recovery Room when the full operative report is dictated via transcriptionist. If the full operative report is generated electronically and immediately available, no brief operative report is required.
G. per Medical Staff Bylaws/Rules and Regulations, Section 4.8.
1. History and physical exams must be submitted in accordance with the Medical Staff Bylaws Section XIX, History and Physicals Policy. For Inpatient Surgical Procedures: If surgery is to be performed within the first 24 hours of admission, and an H&P was performed prior to admission, then an update note must be entered into the record on the day of surgery prior to the start of surgery. For Outpatient Surgical Procedures: If the H&P was performed within 30 days prior to surgery, an update note must be entered into the record on the day of surgery prior to the start of the procedure.
2. The person responsible for administering anesthesia, or the surgeon if a general anesthetic is not to be administered, shall verify the patient's identity, the site and side of the body to be operated on, and ascertain that the foregoing medical history and tests, as described below, appear in the patient's medical record.

H. Appropriate screening tests based on the needs of the patient shall be accomplished and recorded within seventy-two (72) hours prior to surgery. Appropriate screening tests based on the needs of the individual patient will be considered to be acceptable if done within seven (7) days prior to surgery. All routine laboratory work, including hematocrit and urinalysis, whether performed by the hospital or by an outside laboratory, and signed by a certified laboratory technologist, will be performed within a seven (7) day period preceding surgery on all surgical patients. Patients for minor surgery, which who are admitted the morning of surgery, should, if possible, obtain this laboratory work before admission. Surgery may be cancelled or moved back to the end of the operating schedule if pertinent laboratory results are not on the chart before surgery.

I. Informed consent shall be documented in accordance with the Medical Staff Bylaws/Rules and Regulations, Section 7.

J. The written consent of the patient or legal guardian, except in an emergency, must be obtained before surgery and before pre-operative narcotic medication has been administered, and must be specific to include the patient's name and the proposed surgical procedure, as well as the name of the surgeon. In the case of an emergency, and when written consent of the patient or legal guardian cannot be obtained, one physician may sign the operative permit and should include in their pre-operative note the indications for the emergency procedure.

K. All tissues and other materials removed during an operation will be forwarded to the pathology laboratory except for limited categories approved under program flexibility, Section 70129, California Code of Regulations. (Exceptions are as noted in Lucidoc Procedure #15109, “Specimens, Standards and Care of,” as appended to these Rules and Regulations.)

L. For frozen specimens and breast tissue, see Lucidoc Procedure #15109, “Specimens, Standards and Care of.” Unless the surgeon has unrestricted surgical privileges for doing radical breast surgery, they must have pre-operative consultation by a surgeon with such privileges on any diagnostic breast biopsy requiring frozen section if immediate further surgery may be contemplated.

M. When planned surgery is based on a pathological diagnosis made through a laboratory outside the hospital, the operating surgeon will include in the medical record a copy of the original pathology report.

XIII. Rules Regarding Records

The Department will comply with the requirements outlined in the Medical Staff Bylaws, Rules and Regulations, and Medical Staff Rights Manual.

XIV. Specified Professional Personnel Staff

Utilization of Allied Health Professional Staff shall be in accordance with Medical Staff Bylaws, Article VI.
XV. Amendments

Proposed amendments to these Rules and Regulations shall be distributed to the active category members of the Department thirty (30) days prior to voting on said amendments. Voting may occur at either a special meeting of the Department or by ballot. Adoption of amendments shall require a two-thirds majority vote of the active category members of the Department. Amendments shall be submitted to the Executive Committee and shall become effective after approval by the Board of Directors.

Approved by the Palomar Health Board of Directors – 11/14/2022
Approved by the Palomar Medical Center Poway Executive Committee – 10/25/2022
Approved by the Palomar Medical Center Poway Department of Surgery – 10/14/2022
**CRITICAL CARE CLINICAL PRIVILEGES**

Name: ________________________________

Effective From __________ To __________

- [ ] Palomar Medical Center Escondido
- [ ] Pomerado Hospital Palomar Medical Center Poway

- [ ] Initial Appointment
- [ ] Reappointment

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

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

**Other Requirements**

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

**QUALIFICATIONS FOR CRITICAL CARE**

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

Prior board certification in a parent specialty of Internal Medicine, General Surgery, Anesthesiology or Emergency Medicine

AND

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) critical care training program with achievement of Critical Care Board Certification, or active engagement in the Critical Care Board Certification examination process with achievement of certification within 4 years of appointment.

All applicants for Critical Care privileges will be appointed to the Department of Medicine regardless of previous specialty certification.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate provision of inpatient services, reflective of the scope of privileges requested, reflective of adequate case volume to demonstrated competency or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting, within the past 12 months.

**Focused Professional Practice Evaluation (FPPE)/Monitoring guidelines:** Monitoring includes all phases of a patient's hospitalization (admission, management, discharge, etc.) as applicable. At least six (6) inpatient admissions or consults performed in hospital will be reviewed retrospectively.

To Critical Care Committee: Approved 09/07/2022
To Medical Advisory Committee: 05/19/2022
To Department of Medicine PACE: 10/04/2022
To Department of Medicine PADC: 10/19/2022
PMC Poway MEC: 10/25/2022
PMC Escondido MEC: 10/31/2022
CRITICAL CARE CLINICAL PRIVILEGES

Name: ___________________________  Page 2

Effective From __________ To __________

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

Current demonstrated competence and an adequate case volume 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.

CRITICAL CARE CORE PRIVILEGES

☐ Requested Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with complex medical, neurologic, postsurgical, perinatal and need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested Villa Pomerado The Villas at Poway

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 maintenance of clinical competence.

PERCUTANEOUS TRACHEOSTOMY/CRICOTHYROMY TUBE PLACEMENT

Criteria: As per Critical Care Core privileges. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 10 percutaneous tracheostomy/cricothyrotomy tube placement procedure cases in the past 36 months OR Fellowship training and/or previous practice experience of performing percutaneous tracheostomy along with an appropriate refresher training within the past year. FPPE: Monitoring required for at least (3) procedures. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 5 percutaneous tracheostomy/cricothyrotomy tube placement procedures from within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested
CRITICAL CARE CLINICAL PRIVILEGES

Name: ___________________________ Page 3
Effective From ___________ To ___________

ECMO MANAGEMENT (ONLY OFFERED AT PALOMAR MEDICAL CENTER ESCONDIDO)

Criteria: Fellowship and board certification in Critical Care Medicine, Cardiovascular Disease or Cardiovascular Surgery and documentation of certificate of training from the Extracorporeal Life Support Organization (ELSO) accredited or an equivalently accredited ECMO course. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least (2) ECMO cases from within the past 12 months. If training was completed within the past 24 months, then training certificate satisfies this requirement OR completion of ELSO accredited or an equivalently accredited ECMO training course within the past year. FPPE: Monitoring required for at least (2) ECMO cases.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least (2) ECMO cases from within the past 24 months OR repeat didactical training from an ELSO certified or an equivalently accredited course, based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

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.

Critical Care
- Airway maintenance intubation, including therapeutic fiberoptic bronchoscopy and laryngoscopy
- Arterial puncture
- Arthrocentesis
- Cardiopulmonary resuscitation
- Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
- Cardiac output determinations by thermodilution and other techniques
- Cardioversion
- Central cooling
- Echocardiography (bedside evaluation)
- Electrocardiography (preliminary bedside interpretation)
- Evaluation of oliguria
- Fiberoptic bronchoscopy with or without bronchial lavage
- Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
- Insertion of hemodialysis and peritoneal dialysis catheters
- Lumbar puncture
- Management of anaphylaxis and acute allergic reactions

To Critical Care Committee: Approved 09/07/2022
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CRITICAL CARE CLINICAL PRIVILEGES

Name: ________________________________

Effective From: __________ To: __________

- Management of life-threatening disorders in intensive care units including but not limited to shock, anaphylaxis, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
- Management of massive transfusions
- Management of the immunosuppressed patient
- Monitoring and assessment of metabolism and nutrition
- Needle and tube thoracostomy
- Paracentesis
- Percutaneous needle aspiration of palpable masses
- Perform history and physical exam
- Pericardiocentesis
- Peritoneal lavage
- Preliminary interpretation of imaging studies
- Temporary cardiac pacemaker insertion and application
- Thoracentesis
- Transtracheal aspiration
- Image guided procedures at the bedside (ultrasound and fluoroscopy)
- Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants
- Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP, CPAP, NIPPV)
- Wound care
ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ______________________________ Date __________________

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☐ Palomar Medical Center Escondido
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☐ Initial Appointment
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CRITICAL CARE CLINICAL PRIVILEGES

Name: ____________________________

Effective From ______ To ________

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

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- [ ] Requested

**ADMINISTRATION OF SEDATION AND ANALGESIA**

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

**USE OF FLUOROSCOPY**

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

**CORE PROCEDURE LIST**

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- Central cooling
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- Electrocardiography (preliminary bedside interpretation)
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- Management of life-threatening disorders in intensive care units including but not limited to shock, anaphylaxis, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure

Board of Directors: 11/14/2022
CRITICAL CARE CLINICAL PRIVILEGES

Name: ____________________________

Effective From __________ To __________

- Management of massive transfusions
- Management of the immunosuppressed patient
- Monitoring and assessment of metabolism and nutrition
- Needle and tube thoracostomy
- Paracentesis
- Percutaneous needle aspiration of palpable masses
- Perform history and physical exam
- Pericardiocentesis
- Peritoneal lavage
- Preliminary interpretation of imaging studies
- Temporary cardiac pacemaker insertion and application
- Thoracentesis
- Transtracheal aspiration
- Image guided procedures at the bedside (ultrasound and fluoroscopy)
- Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants
- Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP, CPAP, NIPVV)
- Wound care
ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _______________________________ Date __________________
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<th>Owner</th>
<th>Document Name</th>
<th>Rev. #</th>
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<th>Approvals</th>
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<td>55672</td>
<td>Palomar Medical Center, Escondido, Palomar Medical Center, Poway, Birth Center</td>
<td>Amy Murray</td>
<td>Care of the Obstetric Triage</td>
<td>2</td>
<td>Palomar Health Birth Center(s) formally determined that their RN staff with the appropriate training was qualified to perform the initial medical screening examination for pregnant patients being evaluated with contractions. This policy outlines these RNs who have been designated to perform these screening exams and the document details under which circumstances the RN is able to perform this function of EMTALA.</td>
<td>Approved by Emergency Department, Chief of staff(s), Obstetrics Committee on November 1, 2022</td>
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<tr>
<td>11050</td>
<td>Palomar Medical Center, Escondido, Palomar Medical Center, Poway, Birth Center</td>
<td>Amy Murray</td>
<td>EMTALA Medical Screening Exam of OB Patients</td>
<td></td>
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<td>Approved by Emergency Department, Chief of staff(s), Obstetrics Committee and the Interdisciplinary Practice Committee on November 1, 2022</td>
</tr>
</tbody>
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ADDENDUM C
Welcome and Introductions

Executive Director
Carolyn Aboubechara

Operations Manager
Rosalind Brewer

Program Manager
Matthew Francis

Loan Officers
Tyler Bui, Chris Healy, Erica Rodriguez

District Hospital Leadership Forum
Sherreta Lane  Nathan Davis
AGENDA FOR TODAY

- OVERVIEW OF CHFFA
- GENERAL INFORMATION
- APPLICATION
- FUNDING ROUNDS
- NEXT STEPS
- QUESTIONS
OVERVIEW OF CHFFA

• Established in 1979

• Originally for the purpose of issuing tax-exempt bonds, now also offer grants and loans

• CHFFA’s mission is to help health facilities reduce their cost of capital, and to promote important health access, healthcare improvement and cost containment objectives by providing cost-effective tax-exempt bonds, low-cost loans, and direct grant programs.
CHFFA Programs

- Bond Financing
- Tax-Exempt Equipment Financing
- HELP II Loan Program
- Children’s Hospital Grant Programs
- Investment in Mental Health Wellness Grant Programs
- Community Services Infrastructure Grant Program
- Nondesignated Public Hospital Bridge Loan Program (II)

More info on specific programs on our website:
https://www.treasurer.ca.gov/chffa/
GENERAL INFORMATION

- OBJECTIVE
- APPLICANT ELIGIBILITY
- LOAN TERMS
- GUARANTEED & MAXIMUM LOAN AMOUNTS
OBJECTIVE

- To offset the delay and assist with the cashflow issues caused by the change from PRIME to QIP, the Legislature authorized CHFFA to provide low-cost working capital loans to eligible nondesignated public hospitals to assist with their operations.

- CHFFA will administer the second allocation of the Loan Program and provide up to a total of $40,000,000 in General Fund working capital loans to eligible nondesigated public hospitals.
An Applicant shall be eligible to apply if:

It is a California Nondesignated Public Hospital as defined in the guidelines.

- “Nondesignated Public Hospital” means a public hospital as defined in Welfare and Institutions Code Section 14105.98, subdivision (a)(25) (excluding designated public hospitals)
LOAN TERMS

• 0% interest rate

• Loans must be paid back within 24 months

• Loans to be repaid in one balloon payment at the end of 24 months

• No early payment/prepayment penalty

• Loans will be secured by borrower’s Medi-Cal reimbursements (If the loan defaults, twenty percent of the borrower’s Medi-Cal checkwrite payments will be intercepted until the program loan amount has been satisfied)
# Loan Amounts

<table>
<thead>
<tr>
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Total: $40,000,000 | $101,366,295
APPLICATION

- Application Formats
- Contact & Loan Information
- Legal Status Questionnaire
- Religious Questionnaire
- Application Agreement
- Online Application
- Application Submission
APPLICATION FORMATS

• Available on CHFFA’s website:
  https://www.treasurer.ca.gov/chffa/programs/ndph.asp

• Download application, fill it out in PDF format, and email it electronically to chffa@treasurer.ca.gov; OR

• Register through our website to apply online.
CONTACT & LOAN INFORMATION

NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM APPLICATION FORM

Summary Information

APPLICANT INFORMATION:

Legal Name
Street Address  Federal Tax I.D. Number
City, State & Zip  Contact Person / Title
County  Telephone Number  Email Address

LOAN INFORMATION:

Amount Requested:
[See maximum amount per borrower in Section 3 of the Program guidelines]

$ [ ]

Provide brief explanation of how loan proceeds will be used for working capital (i.e. payroll and utilities):

Provide the following as attachments:

Attachment A – Management/Organization Information

- Provide the name and title of the person to be designated by your board to sign loan documents if financing is approved.
- Provide a current copy of the applicable State of California operating license
Legal Status Questionnaire

Applicant Name: 

1. Financial Viability

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.
Response: 

2. Fraud, Corruption, or Serious Harm

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.
Response: 

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates; the nature of the allegation(s), charges, complaint or filing; and the outcome.
# RELIGIOUS QUESTIONNAIRE

## RELIGIOUS AFFILIATION DUE DILIGENCE
(Only for Applicant with Religious Affiliation)

**Note:** You may respond directly on this form or attach additional pages as needed. CHFFA may request additional information regarding the responses to these questions.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWER (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the facility admit patients or residents of all religions and faiths?</td>
<td>□ Yes □ No (please explain)</td>
</tr>
<tr>
<td>Are patients/residents ever turned away because of their religious affiliation?</td>
<td>□ Yes (please explain) □ No</td>
</tr>
<tr>
<td>Does the facility grant any preference, priority or special treatment with respect to admission, treatment, payment, etc., based on religion or faith?</td>
<td>□ Yes (please explain) □ No</td>
</tr>
<tr>
<td>Does the facility focus on the needs of, market to, or target, a particular religious population?</td>
<td>□ Yes (please explain) □ No</td>
</tr>
<tr>
<td>Does the facility discourage individuals from seeking admission to the facility on the basis of religion?</td>
<td>□ Yes (please explain) □ No</td>
</tr>
<tr>
<td>Is it the facility’s mission to serve patients/residents of a particular religion?</td>
<td>□ Yes (please explain) □ No</td>
</tr>
<tr>
<td>What percentage of the patients/residents admitted and treated at the facility are of the same religious denomination as the facility’s religious affiliation?</td>
<td>□ No □ Yes (please explain)</td>
</tr>
</tbody>
</table>
APPLICATION AGREEMENT

Please have the individual with the authority to commit the applicant to contract complete the following agreement:

1. I agree that to the best of my knowledge, the information contained in this application and the accompanying supplemental materials are true and accurate. I further understand that misrepresentation may result in the cancellation of the loan and that CHFFA is authorized to take additional actions, if needed.
2. I agree that all legal disclosure information requested has been disclosed to the best of my ability.
3. I agree that loan proceeds shall be used solely for working capital to support operations.
4. I agree that the Applicant is a Nondesignated Public Hospital as defined in the Nondesignated Public Hospital Bridge Loan Program II Guidelines approved by CHFFA.
5. In the event the Applicant does not pay off its loan within 24 months of the loan agreement, I hereby agree to assign all of the Applicant’s rights to 20% of the Medi-Cal checkwrite payments to CHFFA until the loan amount has been satisfied.
6. I acknowledge the Authority Loan Fee is 1% of the loan amount is due at closing and will be deducted from loan proceeds.

By (Print Name)
Signature

Title
Date
ONLINE APPLICATION

• Click the application link located on the Nondesignated Public Hospital Bridge Loan Program webpage:
  - [https://www.treasurer.ca.gov/chffa/programs/ndph.asp](https://www.treasurer.ca.gov/chffa/programs/ndph.asp)
Online accounts are free and simple to create. Sign up using your email address, first and last name, and a password.

Please complete the registration, fill out the form, and submit for review.

We recommend using the following browsers to access and complete the online Application: Chrome, Firefox or Safari.

Incomplete and late applications will not be accepted for review.
When the application is completed, submit the application by selecting “Submit” at the bottom of the application.

If your submission is not accepted, go back and check to ensure that you have answered all of the required questions.

You will receive a confirmation email letting you know that the application was submitted successfully.
• The Application, including supporting documentation, must be received by CHFFA no later than 5:00 p.m. (Pacific Time) on the deadline dates and may be emailed as a PDF attachment to chffaa@treasurer.ca.gov or submitted online through the CHFFA’s website.

• CHFFA is not responsible for transmittal delays or electronic failures of any kind.
FUNDING ROUNDS

• First Funding Round
• Second Funding Round
FIRST FUNDING ROUND

• The deadline for the first funding round is October 14, 2022.

• For the first funding round, the guaranteed and maximum loan amounts for each Nondesignated Public Hospital are listed in Section 3 of the Loan Program guidelines.

• An Applicant may request a loan up to the amount specified in the column titled Maximum Loan Amount. The Applicant shall only be initially entitled to receive up to the Guaranteed Loan Amount in the first Funding Round.
FIRST FUNDING ROUND (cont.)

• If the cumulative sum of the Guaranteed Loan Amounts or any lesser amounts requested from all Applicants that applied in the first Funding Round is less than the $40,000,000 available for Program funding, Authority staff will calculate how much in moneys remain to distribute to first Funding Round Applicants that applied for more than their Guaranteed Loan Amount using the following calculation:
Authority staff will total the first Funding Round amounts requested from Applicants that applied for more than their Guaranteed Loan Amounts. The proportionate share percentage for each Applicant will be calculated by dividing the individual Guaranteed Loan Amount by the total of all Guaranteed Loan Amounts from those Applicants in the first Funding Round that applied for more than their Guaranteed Loan Amount.

The proportionate share percentage is multiplied by the amount of loan proceeds remaining in the Program to determine the additional funding each Applicant may receive in the first Funding Round.
• An Applicant can’t receive more than their Maximum Loan Amount during the first Funding Round
SECOND FUNDING ROUND

• If there is a second Funding Round, the deadline for submitting an application for a second funding round shall be March 31, 2023.

• Remaining funds will be awarded without regard to previous Maximum Loan Amounts and distributed based on the same proportionate share methodology as described in the previous slides.

• A second Funding Round Applicant’s full Guaranteed Amount will also be considered for the proportionate share percentage calculation and not the actual amount received during the first Funding Round.
NEXT STEPS

• Applications are due on the dates listed:
  • First funding round due on October 14, 2022
    • Borrower must meet loan closing requirements by February 15, 2023
  • Second funding round due on March 31, 2023, if applicable
    • Borrower must meet loan closing requirements by June 30, 2023
• Applications will be reviewed and evaluated by CHFFA staff
• CHFFA Executive Director will approve loans
• Borrower’s Resolution & Fi$Cal Form
• Execution of loan and security agreement and promissory note
• Disbursement of funds
Questions?
# CONTACT INFORMATION

| Address          | 915 Capitol Mall, Room 435  
Sacramento, CA 95814 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>(916) 653-2799</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:CHFFA@TREASURER.CA.GOV">CHFFA@TREASURER.CA.GOV</a></td>
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</tbody>
</table>
California Health Facilities Financing Authority
Nondesignated Public Hospital Bridge Loan Program II
(Authority and Reference: Items of Appropriation 0977-101-0001,
Section 2.00, Chapter 43, Statutes of 2022)

GUIDELINES

Section 1. Definitions

The following definitions shall apply wherever the terms are used herein.

(a) “Applicant” means a Nondesignated Public Hospital that meets the eligibility requirements specified in Section 3.

(b) “Application” means an emailed or online request for a loan under the Program and all other supporting documents, as described in Section 4.

(c) “Authority” means the California Health Facilities Financing Authority.

(d) “Executive Director” means the Executive Director of the Authority.

(e) “Funding Round” means the time period during which Applications may be submitted for consideration of a loan, as specified in Section 5.

(f) “Loan and Security Agreement” means the Loan and Security Agreement specified in Section 8.

(g) “Loan Recipient” means a Nondesignated Public Hospital that has been approved to receive a Program loan from the Program.

(h) “Medi-Cal Checkwrite” means a system operated by the State Department of Health Care Services that processes payments to providers of medical care to Medi-Cal certified eligible beneficiaries.

(i) “Nondesignated Public Hospital” means a public hospital as defined in Welfare and Institutions Code section 14105.98, subdivision (a), paragraph (25), excluding designated public hospitals, and as listed in Section 3.

(j) “Program” means the Nondesignated Public Hospital Bridge Loan Program II.

(k) “Working Capital” means working capital as defined in Government Code section 15432, subdivision (h).

Section 2. Eligibility and Eligible Use of Loan Proceeds

(a) An Applicant shall be eligible to apply for a Program loan if both of the following conditions are met:

1) The Applicant is a Nondesignated Public Hospital.

2) The loan proceeds shall be used for the sole purpose of Working Capital to support its operations.
### Section 3. Guaranteed and Maximum Loan Amounts and Funding Rounds

a) For the first Funding Round, the guaranteed and maximum Program loan amounts for each Nondesignated Public Hospital are as follows:

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<tr>
<th>Nondesignated Public Hospital</th>
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<td>Total</td>
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b) Loan amounts for the first Funding Round shall be determined as follows:

(1) An Applicant may request a loan up to the amount specified in the column titled Maximum Loan Amount. The Applicant shall only be initially entitled to receive up to the amount as specified in subdivision (a) in the column titled Guaranteed Loan Amount.

(2) If the cumulative sum of the Guaranteed Loan Amounts or any lesser amounts requested from all Applicants that applied in the first Funding Round is less than the $40,000,000 available for Program funding, Authority staff shall calculate how much in moneys remain to distribute to first Funding Round Applicants that applied for more than their Guaranteed Loan Amount using the following calculation:

(A) Authority staff shall total the first Funding Round amounts requested from Applicants that applied for more than their Guaranteed Loan Amounts. The proportionate share percentage for each Applicant shall be calculated by dividing the individual Guaranteed Loan Amount by the total of all Guaranteed Loan Amounts from those Applicants in the first Funding Round that applied for more than their Guaranteed Loan Amount.

(B) The proportionate share percentage is multiplied by the amount of loan proceeds remaining in the Program to determine the additional funding each Applicant may receive in the first Funding Round.
c) An Applicant shall not receive more than the Maximum Loan Amount listed above in subdivision (a) during the first Funding Round.

d) If moneys remain after the first Funding Round, a second Funding Round shall commence, and moneys shall be awarded without regard to previous Maximum Loan Amounts and distributed based on the same proportionate share methodology as used during the first Funding Round in subdivision (b), paragraph (2).

e) A second Funding Round Applicant’s full Guaranteed Amount shall also be considered for the proportionate share percentage calculation and not the actual amount received during the first Funding Round.

Section 4. Loan Application

(a) The Application, CHFFA Form No. CHFFA 12 NDPH II-01, incorporated herein by reference, shall be made available on the Authority’s website at www.treasurer.ca.gov/chffa.

(b) Each Application shall include all of the following:

(1) Name and title of the person to be designated by the Applicant’s board to sign Program loan documents if financing is approved.

(2) Copy of the current applicable State of California operating license.

(3) A signed Application Agreement that includes all of the following:

(A) Applicant agrees that to the best of its knowledge, the information contained in the Application and the accompanying supplemental materials are true and accurate. The Applicant further understands that misrepresentation may result in the cancellation of the loan and that the Authority is authorized to take additional actions, if needed.

(B) Applicant agrees that all legal disclosure information requested has been disclosed to the best of its ability.

(C) Applicant agrees that loan proceeds shall be used solely for working capital to support operations.

(D) Applicant agrees that it is a Nondesignated Public Hospital as defined in the Program Guidelines approved by the Authority.

(E) If the Applicant does not pay off the loan within 24 months of the executed Loan and Security Agreement, the Applicant agrees to assign all of its rights to 20% of the Medi-Cal Checkwrite payments to the Authority until the full loan amount has been satisfied.

(F) Applicant acknowledges the Authority Loan Fee is 1% of the loan amount is due at closing and will be deducted from loan proceeds.

c) Authority staff shall determine whether the Application is complete. If Authority staff determines that additional information is needed, Authority staff shall notify the Applicant and request that information. If the Applicant fails to provide the information as requested, the Applicant shall be deemed ineligible for a Program loan.
Section 5. Application Period and Submission Deadlines

(a) Announcements of available funding shall be provided to all eligible Nondesignated Public Hospitals.

(1) The application period for the first Funding Round shall open September 1, 2022. The deadline to submit an application for the first Funding Round is October 14, 2022.

(2) Applicants shall meet all Program loan closing requirements, including the signing of the Loan and Security Agreement and the Promissory Note, for the first Funding Round no later than February 15, 2023. If requirements are not met as of this date, the approval shall be forfeited, and loan proceeds made available for the second Funding Round.

(3) If moneys remain after the first Funding Round, the application period for the second Funding Round shall open March 1, 2023. The deadline date to submit an application for the second Funding Round is March 31, 2023.

(A) If a second Funding Round is required, Eligible Applicants will be notified, and a notice shall be posted on the Authority’s website at www.treasurer.ca.gov/chffa.

(4) Applicants shall meet all Program loan closing requirements, including the signing of the Loan and Security Agreement and the Promissory Note, for the second Funding Round no later than June 30, 2023. If requirements are not met as of this date, the approval shall be forfeited.

(A) For the second Funding Round, an Applicant may request an extension of the Program loan closing requirements deadline by submitting a written request to the Executive Director that states the reason(s) that the extension is needed. Each extension request shall be evaluated on a case-by-case basis.

(b) The Application, including supporting documentation, shall be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline dates and may be emailed as a Portable Document Format (PDF) attachment to chffa@treasurer.ca.gov or submitted through the online Application on the Authority’s website. The Authority is not responsible for transmittal delays or failures of any kind.

Section 6. Application Review

(a) Authority staff shall evaluate and determine Program loans based on the Applicants meeting all the eligibility criteria described in Section 2.

(b) Authority staff shall complete Application reviews no later than 30 calendar days after the deadline date for each Funding Round. Additional information from each Applicant may be requested.

Section 7. Loan Amount and Repayment Terms

(a) The Executive Director or their designee shall be delegated the power to approve Program loans pursuant to the Program Guidelines to the extent there are available loan proceeds for the Program.
(b) The Executive Director or their designee shall establish the repayment period for an approved Program loan, which shall be memorialized in the written Loan and Security Agreement.

(1) The Program loan repayment period shall be a maximum of 24 months from the date of the Loan and Security Agreement.

(2) The Program loan amount shall be repaid in total and discharged within 24 months of the execution date of the Loan and Security Agreement.

c) Interest shall not be charged for these loans.

d) Program loans incur a 1% administrative fee, which is due at closing and withheld from the Program loan proceeds.

e) A penalty shall not be assessed for early repayment of a Program loan.

Section 8. Loan and Security Agreement

(a) Prior to the issuance of each Program loan, the Authority shall require each Loan Recipient to agree to the terms and conditions set forth in the written Loan and Security Agreement, which specify the loan amount, repayment period, covenants, and requirements in the event of the inability to make payments or a default.

(b) The Loan and Security Agreement shall require each Loan Recipient to agree to all of the following:

(1) Defend, indemnify, and hold harmless the Authority and the State, and all officers, trustees, agents, and employees of the same, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, whether direct or indirect, arising from or relating to the Program.

(2) If full payment of the Program loan amount is not made within 24 months of the date of the Loan and Security Agreement, 20% of the Nondesignated Public Hospital’s respective Medi-Cal Checkwrite payments shall be intercepted and offset at the state level from the Department of Health Care Services until the Program loan amount has been satisfied.

(3) Such other terms and conditions as agreed upon by the Authority and the Nondesignated Public Hospital.

c) The loan proceeds shall not be released until the Loan and Security Agreement, including the Authority’s Medi-Cal Intercept Agreement, have been executed by the Authority and the person designated by the Applicant’s board executes Program loan documents.
Nondesignated Public Hospital Bridge Loan Program II

Authorizing Statute
(Section 2.00, Chapter 43, Statutes of 2022)

0977-101-0001—For local assistance, California Health Facilities Financing Authority ................................. 65,000,000(1)

Schedule:

(1) 0885-Health Facilities Grants and Loans ...................... 65,000,000(1)

Provisions:

1. (a) The amount appropriated in this item is available for the California Health Facilities Financing Authority to provide cashflow loans not to exceed $40,000,000 to nondesignated public hospitals, as needed, due to the financial impacts of the COVID-19 public health emergency.

(b) Of the funds identified in this subprovision (a), the California Health Facilities Financing Authority may allocate an amount not to exceed one percent of each hospital’s loan. The Department of Finance may transfer up to $400,000 to Item 0977-001-0001 to administer the loans. Any funds transferred shall be available for encumbrance or expenditure until June 30, 2025.

(c) The California Health Facilities Financing Authority shall determine, in consultation with nondesignated public hospitals, the application process, eligibility criteria, and methodology for distribution of the loans pursuant to this provision.

(d) In administering the loan program in this item, the California Health Facilities Financing Authority shall not be subject to the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(e) Notwithstanding Sections 15432 and 15451.5 of the Government Code, nondesignated public hospitals shall be required to repay and discharge the loan within 24 months of the date of the loan.

(f) Security for the cashflow loans in subdivisions (a) and (b) will be Medi-Cal reimbursements due to these nondesignated public hospitals from the State Department of Health Care Services. The California Health Facilities Financing Authority’s recoupment of these cashflow loans may not exceed twenty percent of the nondesignated public hospital’s respective Medi-Cal checkwrite payments until the loan amounts have been satisfied.

(g) For purposes of this provision, the following definitions apply:

1. “Nondesignated public hospital” means a public hospital as that term is defined in subdivision (l) of Section 14165.55 of the Welfare and Institutions Code, excluding those affiliated with county health systems.

(1) Of the amount appropriated in this item, $25,000,000 is available for encumbrance or expenditure until June 30, 2032, for the California Health Facilities Financing Authority to implement the Specialty Dental Clinic Grant Program.
RESOLUTION NO. 11.14.22(01)-25

RESOLUTION OF PALOMAR HEALTH, AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION THEREWITH FOR THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM II

Nondesignated Public Hospital Bridge Loan Program II

WHEREAS, Palomar Health (the “Borrower”) is a nondesignated public hospital as defined in Welfare and Institutions Code section 14165.55, subdivision (l), excluding those affiliated with county health systems pursuant to Section 2.0, Chapter 43, Statutes of 2022; and

WHEREAS, Borrower has determined that it is in its best interest to borrow an aggregate amount not to exceed $8,815,092.00 from the California Health Facilities Financing Authority (the “Lender”), with that loan to be funded with the proceeds of the Lender's Nondesignated Public Hospital Bridge Loan Program II; and

WHEREAS, the Borrower intends to use the proceeds solely to fund its working capital needs to support its operations;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Borrower as follows:

Section 1. The Board of Directors of Borrower hereby ratifies the submission of the application for a loan from the Nondesignated Public Hospital Bridge Loan Program II.

Section 2. Diane L. Hansen, President and Chief Executive Officer (an “Authorized Officer”) is hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer deems necessary or advisable to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of Loan and Security Agreement (the “Agreement”), which contains the terms of the loan, is hereby approved. The loan shall be in a principal amount not to exceed $8,815,092.00, shall not bear interest, and shall mature 24 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially that form, which includes the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default, with those changes therein as the Authorized Officer may require or approve, and the approval to be conclusively evidenced by the execution and delivery thereof.
Section 4. The proposed form of Promissory Note (the “Note”) as evidence of the Borrower's obligation to repay the loan is hereby approved. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially that form, with those changes therein as the Authorized Officer may require or approve and the approval to be conclusively evidenced by the execution and delivery thereof.

Date of Adoption: November 14, 2022
SECRETARY'S CERTIFICATE

I, Terry Corrales, RN, Secretary of the Board of Directors of Palomar Health, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of Palomar Health, duly and regularly held at the regular meeting place thereof on the 14th of November, 2022, of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved the resolution by the following vote at said meeting:

Ayes:

Noes:

Absent:

I further certify that I have carefully compared the same with the original minutes of the meeting on file and of record in my office; that the resolution is a full, true, and correct copy of the original resolution adopted at the meeting and entered in the minutes; and that the resolution has not been amended, modified, or rescinded since the date of its adoption, and is now in full force and effect.

Terry Corrales, RN, Secretary

Date: November 14, 2022
CHARTER
of the
GOVERNANCE COMMITTEE
of the
PALOMAR HEALTH BOARD OF DIRECTORS

I. Purpose. The Governance Committee (“Committee”) of the Palomar Health Board of Directors (“Board”) aims to oversee, establish, and monitor the effective and efficient management of the governmental processes of the Board.

II. Membership.

A. Voting Membership. The voting members (“Voting Members”) of the Committee may consist of those individuals appointed as Voting Members of the Committee by the Chair of the Board (“Board Chair”) in accordance with the Bylaws of Palomar Health (“Bylaws”) and other applicable policies of the Board.

B. Alternate(s). Any alternate voting members (“Alternates”) of the Committee may consist of those individuals appointed as Alternates of the Committee by the Board Chair in accordance with the Bylaws and other applicable policies of the Board. Alternates enjoy voting rights only in the absence of a Voting Member. Unless Alternates enjoy voting rights, they may attend the meetings of the Committee only as an observer.

C. Non-Voting Membership. The non-voting members (“Non-Voting Members”) may consist of the following individuals:

- President and Chief Executive Officer of Palomar Health
- Chief Legal Officer of Palomar Health
- Chief Financial Officer of Palomar Health
- Chief Operations Officer of Palomar Health
- Chief Medical Officer of Palomar Health

III. Authority. The Committee has no expressed or implied power or authority except to make recommendations to the Board related to the Committee’s purpose and duties as described in this Charter.

IV. Duties. The duties of the Committee may include:
A. Make an annual, comprehensive review of the Bylaws, policies and procedures and receive reports regarding same, and elicit recommendations on such issues from management and the Board.

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

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

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

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

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

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

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

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

V. Committee Chairperson, Liaison, and Assistant.

A. The Chairperson of the Committee (“Committee Chairperson”) may be the individual appointed as Committee Chairperson by the Board Chair in accordance with the Bylaws and other applicable policies of the Board.

B. The Chief Legal Officer may serve as the Palomar Health Administration’s liaison (“Administrative Liaison”) to the Committee.

C. The Executive Assistant to the Chief Legal Officer may serve the assistant to the Committee (“Committee Assistant”).

VI. Meetings. The Committee will meet at least quarterly and more often as needed. A majority of the Voting Members will constitute a quorum. The Committee Assistant will record the meeting minutes and forward a copy to the Board Secretary upon
approval of the meeting minutes by the Committee. The Committee Chairperson may coordinate with the Administrative Liaison to invite any officer, staff member, expert or other advisor who is not a member of the Committee to attend a meeting of the Committee to discuss topics germane to the purpose and duties of the Committee.

VII. **Committee Agendas.**

A. The Committee Chairperson holds the primary responsibility for creating Committee Meeting Agendas. The Committee Chairperson will routinely work with the Administrative Liaison and the Committee Assistant in creating agendas. The Committee Chairperson will carefully consider all input regarding Agenda items from the Administrative Liaison. The authority for approval of final agendas for Committee Meetings will reside with the Committee Chairperson. Any disagreement, dispute, or confusion over specific agenda items and/or their appropriateness on the agenda between the Committee Chairperson and the Administrative Liaison that cannot be resolved will be referred to the Board Chair for resolution. The Board Chair, if indicated, may consult with Board or Corporate Counsel, the CEO, and/or other members of the Administration to achieve resolution. If the Board Chair feels the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the Board.

B. Members may request to place items on a Committee Meeting Agenda. The Committee Chairperson will consider each item so requested and determine whether or not it is an appropriate Committee Agenda item. The Committee Chairperson will make every effort to accommodate all reasonable individual Member requests including refining the requested agenda item as indicated. The Committee Chairperson may decline to put the item on a Committee Agenda based upon his or her judgment. Any disagreement, dispute or confusion over specific agenda items and/or their appropriateness on the agenda between the Committee Chairperson and Member that cannot be resolved will be referred to the Board Chair for resolution. The Board Chair may consult with the Board or Corporate Counsel, the CEO and/or other members of the Administration to achieve resolution. If the Board Chair determines the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the Board.

VIII. **Review and Revision.** The Committee may review this Charter annually. Any revisions proposed by the Committee to this Charter must be approved by the Board in accordance with the Bylaws.
I. PURPOSE:
To establish a set of guidelines for notifying the Board of Directors when key events occur that pose a significant risk to Palomar Health.

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

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

List of “Extraordinary Events”

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

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

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

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

d-e. Any other matter that must be reported to a regulatory body within 24 hours of knowledge of occurrence.

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

9. Policy to be reviewed every 3 years.

IV. ADDENDUM:

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Document Owner: DeBruin, Kevin

Approvals
- Committees:

Original Effective Date: 01/04/2018
Revision Date: [07/05/2021 Rev. 2]

Attachments: Patient Safety Event Response, Investigation and Follow-Up

(REFERENCED BY THIS DOCUMENT)

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

Policy: Extraordinary Event Management

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

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

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   c. A recommendation to forego suspension or termination of an employee that materially departs from standard guidelines/practices regarding employee discipline or termination.
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   a. Probable liability exposure of $1 million or greater;
   b. Probable media coverage (negative or positive);
   c. Involves a “systems issue” that exposes multiple patients to risk of serious injury;
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   e. Involves a “never event” or sentinel event
7. Matters Covered by Legal, Risk, Compliance or Departments of Related Functions.
   a. Any pending, threatened, or reasonably likely litigation, claim or assessment, including those arising from noncompliance with laws and regulations regarding the administration of federal or state programs (such as Medicare, Fraud & Abuse, Stark, EMTALA, Securities Laws, etc.) that meets one or more of the following:
      i. Likely to exceed the designated threshold amount of $50,000 in alignment with current health district law; or
ii. Involves currently unassessed risks that appear to potentially involve extraordinary penalties (such as termination of licensure, accreditation or qualification for payment for substantial services/activities).

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

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

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

9. Policy to be reviewed every 3 years.

IV. ADDENDUM:

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<td>DeBruin, Kevin</td>
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<td>Collaborators:</td>
<td>Carla Albright, Cheryl A Kellerman, Deborah Hollick, Douglas Moir, Gregory King, Jami Plearson, Jeffrey Griffith, Julie H Avila, Laurie Edwards-Tate, Lisa Hernandez, Lori Schmollinger, Nancy Calabria, Nanette Irwin, Patricia Kassab, Richard Engel, Tanya L Howell, Thea McKenzie, Thomas Kumura</td>
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<td>[01/04/2018 Rev. 0], [08/19/2019 Rev. 1], [07/05/2021 Rev. 2]</td>
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Document History

Revision 2

Views (Revision) (this version)
Effective 07/05/2021
Document Owner at Publication Kevin DeBruin Chief Legal Officer
Description Tri-annual review, no changes. Reviewed and approved at the Full Board meeting on 6-14-21.

Revision 1

Views (Revision) (Changes)
Effective 08/19/2019
Document Owner at Publication Hala Helm Chief Legal Officer
Description Edit to item 2 a. Change Administrative voting staff to key personnel and added 3-year review cycle.[Owner changed from Helm, Hala to DeBruin, Kevin by Hernandez, Lisa
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<tr>
<td>Document Owner at Publication</td>
<td>Mark Neu Vice Pres Comp Audit and Legal</td>
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<tr>
<td>Description</td>
<td>Created to establish a set of guidelines for notifying the Board of Directors when key events occur that pose a significant risk to the Palomar Health system. The Board of Directors approved this policy during the November 13, 2017 Board of Directors meeting.[Owner changed from Neu, Mark to Helm, Hala by Avila, Julie on 15-JUN-2018]</td>
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RESOLUTION NO. 11.14.22(02)-26

A RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH CONCERNING EXECUTION OF VARIABLE COMPENSATION IN THE EMPLOYMENT AGREEMENT WITH DIANE L. HANSEN AS CHIEF EXECUTIVE OFFICER OF PALOMAR HEALTH.

WHEREAS, the Association of California Healthcare Districts (ACHD) Board of Directors strongly encourages each District Board to complete a CEO Evaluation on an annual basis. Consistent with this recommendation ACHD supports this process with a Healthcare District CEO Evaluation tool. The ACHD CEO Evaluation Tool was used for assessing how each Palomar Health District Director perceived the CEO to be performing; and

WHEREAS, the Board of Directors of Palomar Health (the “Board”) has conducted a CEO Evaluation using the ACHD CEO Evaluation tool Diane L. Hansen’s evaluation results were validated and reported by a third party as follows:

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<th>Leadership Functions</th>
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WHEREAS, the Employment Agreement makes available to Diane L. Hansen the opportunity to earn an annual performance incentive payment of up to twenty-five percent (25%) of her Base Salary with a minimum and maximum to be set annually by the Board.

WHEREAS, the Board, by Resolution 03.14.22(03)-06, set the minimum annual performance incentive payment at ten percent (10%) and maximum at twenty-five percent (25%), the difference to be calculated according to the method in use for all other Palomar employees.

WHEREAS, an Ad Hoc Committee of the Board was assigned by the Board Chair to calculate the CEO performance incentive payment. The Ad Hoc Committee determined based on the CEO Evaluation results that a percentage calculated on those results would be recommended as stated below. Specifically, the following calculation was used:

4.86 Median divided by 5.00 maximum score = 97.2%

15% variable performance incentive times 97.2% = 14.58%
14.58% plus 10% = 24.58%

WHEREAS, the Ad Hoc Committee, pursuant to the terms of that certain Employment Agreement between Palomar Health and Diane L. Hansen, as amended, recommends a final CEO performance incentive payment to Diane L. Hansen of 24.58% of her Base Salary; and
WHEREAS, Palomar Health shall pay Diane L. Hansen the performance incentive payment within sixty (60) days of the adoption of this Resolution.

NOW, THEREFORE, BE IT RESOLVED that Palomar Health is hereby authorized and directed to execute the performance incentive payment to Diane L. Hansen, and take such further action as reasonably necessary to effectuate the terms and intent of this Resolution.

PASSED AND ADOPTED at a meeting of the Board held on November 14, 2022, by the following vote:

AYES:
NOES:
ABSTAINING:
ABSENT:

DATED: November 14, 2022

APPROVED: ________________________  ATTESTED: ________________________

Linda Greer, RN                     Terry Corrales
Chair, Board of Directors           Secretary, Board of Directors
ADDENDUM D
Memorandum

To: Palomar Health Board of Directors

From: Terry Corrales, Chair
       Palomar Health Board of Directors Community Relations Committee

Date: October 5, 2021

Subject: Committee Meeting Summary – October 5, 2022

BOARD MEMBER ATTENDANCE: Directors Corrales, Edwards-Tate, Pacheco and CEO Hansen

INFORMATIONAL ITEMS:

Community Initiative
First Steps North Region provided their annual update. Annual funding of $1.471K has served over 185 families with 1,963 in home visits. First Steps in its 10th year providing no cost education and resources to support families with children from prenatal to age 3 years. North County Home Visiting Collaborative collaborates with over 50 partnering agencies throughout North County offering support of events and charities. 100% First Steps families Would Recommend services to family or friends. Health Development Services, (HSD) Inland North Region received annual funding of $1.526K serving 962 children with over 7K treatment sessions for children birth to age 5 with mild to moderate development and behavioral concerns. 100% HDS Families also report Would Recommend services to family or friends. Post COVID pandemic data show a dramatic increase with significant delay in children with developmental concerns in communication, fine motor and problem solving skills. Next steps include partnering with primary care physicians and community clinics to encourage early referral to get the children in as soon as possible and obtain mental health screenings for parents and caregivers.

Patient Experience Focus Group Update - Deferred

Community Outreach Update
Community outreach works with the San Diego Coalition to meet the health needs identified by the Hospital Association of San Diego and Imperial Counties Community Health Needs Assessment (CHNA) and participates to meets the needs of the community by providing health education for heart health, diabetes and ongoing support for health awareness and prevention such as vaccinations and screenings. Upcoming outreach for fiscal year 23 currently includes 35 planned Fall Flu and Covid vaccination clinics, 20 planned health education and screening events for blood pressure check, cancer screening and additional topics that vary based on time of year and audience.

Foundation Update - Deferred

Marketing Update
The I Want My PHMG campaign designed for physician/medical group open enrollment is experiencing astronomical success through multiple channel marketing by way of print, radio, television, digital transit, buses and billboards in the greater San Diego and Riverside counties. Phase I and II of the 3 part campaign was to introduce Palomar Health Medial Group to the community for better understanding of the merger by introducing PHMG and directing intrigue. Currently in Phase III to reveal the website connecting to Palomar Health which allows the participant to select a PHMG physician, the website has received over 47K visits to the website in just 60 days, 37K of these being unique visitors with 32% completing forms for making a physician selection or requesting a return call. InnoVision negotiated a Palomar Health employee appreciation event at SeaWorld that was well received. The Health Rocks Festival is scheduled October 8 and 9 on the Escondido campus open to the community free of charge with multiple family interactive activities, Palomar Health information booths, food and entertainment.

ACTION ITEMS:

- Board Community Relations Committee Minutes – Wednesday, August 3, 2022: The minutes were approved as presented
To: Board of Directors  
From: Jeffrey Griffith, EMT-P, Chair, Board Governance Committee  
Date: November 14, 2022  
Re: Board Governance Committee October 6, 2022, Virtual Meeting Summary

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BOARD MEMBER ATTENDANCE: Director Barry, Director Corrales, Director Griffith

INFORMATION ITEM

Legislative Update: Reviewed and discussed the Hurst, Brooks, Espinoza newsletter “This Week in Sacramento” for September 27, 2022

Lucidoc Board Policy Listing: The committee reviewed the Board Policies and suggested that policies with Michael Bogart as owner be changed to Hugh King.

ACTION ITEMS

• **Board Policy: Extraordinary Event Management #58873**: The committee reviewed and approved the policy with changes.
• **Minutes, August 4, 2022, Regular Meeting**: The committee reviewed and approved the draft minutes from the Thursday, August 4, 2022, Regular Board Governance Committee meeting
• **Board Policy: Outsourced Labor Policy #58912**: The committee discussed and tabled the policy until the next Board Governance Committee meeting.
• **Board Policy: Board Governance Charter Review**: The committee reviewed and approved the new charter, “Board Governance Committee Charter”.
Gubernatorial Action on Bills of Note ... So Far

Despite signing a few bundles of bills over this past weekend, Governor Newsom, as of yesterday, still had more than 500 bills on his desk that await action. Three plus days remain prior to the Friday, September 30 deadline for all veto and signing decisions on 2022 bills. A seldom-used and rather passive tool also is available to the Governor – should he neither sign nor veto a bill, it will be come law by virtue of inaction.

Next week we will put out a comprehensive list of the Governor’s actions on bills of interest. In the meantime, we have a few actions of note to report in the following policy areas.

- Health and Human Services

**SB 1338 (Umberg) – SIGNED**
The Governor signed the Community Assistance, Recovery, and Empowerment (CARE) Program, which creates an opportunity in a civil court setting for developing an individualized care plan for persons with qualifying mental health conditions. You will all be hearing more about implementation plans on the CARE Act in the weeks and months ahead.

**AB 32 (Aguilar-Curry) – SIGNED**
Governor Newsom signed AB 32, which makes various changes to Medi-Cal telehealth policy, including permitting Department of Health Care Services (DHCS) to allow new patients to be established with providers using audio-only synchronous and other modalities, and permits exceptions from requirements to ensure beneficiary choice of modalities.

**AB 1926 (Choi) – VETOED**
Governor Newsom vetoed AB 1926, which would have allowed a properly executed voluntary declaration of parentage (VDOP) to be completed and submitted electronically. While the Governor stated he agrees that an electronic VDOP option could be beneficial, he signaled that legislation is not necessary and the process could be completed administratively.

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**Worth Noting: Public Charge Final Rule to Take Effect December 23, 2022**

On September 9, the United States Department of Homeland Security (DHS) published the final rule for public charge determinations and the use of public benefits. The final rule takes effect on December 23, 2022; it provides clarity and consistency for noncitizens on how DHS will administer the public charge ground of inadmissibility. The rule restores the historical understanding of a “public charge” that had been in place for decades, until the Trump Administration began to consider supplemental public health benefits, such as Medicaid and nutritional assistance as part of the public charge inadmissibility determination. The changes include the exclusion of Medi-Cal when determining the use of public benefits, with the exception of long-term institutionalized care.

An updated Public Charge Guide has been posted on the California Health and Human Services Agency website to serve as a resource for individuals and families with questions about the current federal public charge policy.
**AB 2306** (Berman) – **VETOED**
The Governor vetoed AB 2306, which would have expanded and modernized the Independent Living Program (ILP) to include current and former foster youth up to 22 years of age, and, subject to an appropriation and federal approval, up to age 23, and expanded the services for which counties can provide stipends to assist youth with specified independent living needs to include former foster youth up to 25 years of age, as specified. In his veto message, the Governor cited lower than expected revenues and the need for fiscal prudence; he suggested that this bill and others like it should be considered as part of the annual budget process.

**SB 929** (Eggman) – **SIGNED**
The Governor signed SB 929, which expands DHCS’ existing responsibility to collect and publish information about involuntary detentions under the Lanterman-Petris-Short (LPS) Act to include additional information, such as clinical outcomes, services provided, and availability of treatment beds, and requires DHCS to convene a stakeholder group with specified membership to make recommendations on the methods to be used for efficiently providing the department with this information.

**SB 1054** (Ochoa Bogh) – **SIGNED**
The Governor signed SB 1054, which specifies that confidentiality provisions relating to applications and records concerning any form of public social services includes protective services provided through public social services agencies. The bill also authorizes employees of a county’s adult protective services agency or a county’s child welfare agency to disclose information with each other for the purpose of multidisciplinary teamwork in the prevention, intervention, management, or treatment of child abuse or neglect or the abuse or neglect of an elder or dependent adult.

**Climate**

Earlier this month, Governor Gavin Newsom signed more than 40 climate-related bills to facilitate his Administration’s California Climate Commitment, a plan to – over the next two decades – create four million new jobs, reduce air pollution by 60 percent, reduce state oil consumption by 91 percent, reduce fossil fuel use in buildings and transportation by 92 percent, and cut refinery pollution by 94 percent.

Recall that the Governor had sought a number of these proposals at the end of the legislative session to address numerous climate concerns, including severe drought, wildfires, and energy supply challenges. Specifically, he sought legislation to achieve carbon neutrality no later than 2045 and 90 percent clean energy by 2035, establish new setback measure to protect communities from oil drilling, and accelerate the state’s transition to clean energy, among others.

**General Government**

**AB 1951** (Grayson) – **VETOED**
Governor Newsom vetoed AB 1951, which would have eliminated the local share of sales tax related to the purchasing of manufacturing equipment. Citing the softening economy and the impact of the loss of sales tax revenues on counties and cities, the Governor urged the Legislature to consider such proposals in the context of the state budget.

**SB 1131** (Newman) – **SIGNED**
The Governor signed SB 1131, which establishes an address confidentiality program for public entity employees and contractors and includes additional protections for election workers and reproductive health care providers. SB 1131 contains an urgency clause, so it takes effect immediately.
Transportation

**SB 1121** (Gonzalez) – SIGNED

Governor Newsom signed SB 1121, which requires the California Transportation Commission (CTC), in consultation with the California State Transportation Agency (CalSTA) and the Department of Transportation (Caltrans), to prepare a needs assessment of the cost to operate, maintain, and provide for the necessary future growth of the state and local transportation system for the next 10 years. The needs assessment would include a forecast of the expected revenue, including federal, state, and local revenues, to pay for the cost identified in the needs assessment, any shortfall in revenue to cover the cost, and recommendations on how any shortfall should be addressed. SB 1121 will require an interim needs assessment on or before January 1, 2024, and a completed needs assessment on or before January 1, 2025, and every five years thereafter.

Governor Creates Racial Equity Commission

On September 13, Governor Newsom signed an [executive order](#) directing state agencies and departments to take additional actions to embed equity analysis and considerations in their mission, policies and practices. The executive order also establishes the state’s first Racial Equity Commission.

The Racial Equity Commission, developed with Senator Dr. Richard Pan and the racial equity organizations that sponsored **SB 17**, will produce a Racial Equity Framework consisting of resources and tools to promote racial equity and address structural racism. (Recall that Dr. Pan’s SB 17 did not make it to the Governor’s desk.) More broadly, the Commission will recommend tools, methodologies, and opportunities to advance racial equity, and will be available to provide direct assistance to state agencies in reviewing and updating policies and practices upon request.

The equity analysis will help expand opportunity by addressing disparities for historically underserved and marginalized communities. Under the order, state agencies and departments are directed to embed policies and practices in their strategic plans in order to further advance equity and opportunity and address disparities in access and outcomes. As part of these efforts, agencies and departments will incorporate more inclusive public engagement and data analysis to better serve all Californians.

News and Updates from the Department of Health Care Services

**Supplemental Payment Program for Non-Hospital 340B Clinics** – On September 15, the Centers for Medicare & Medicaid Services (CMS) approved [SPA 21-0015](#) regarding the 340B Federally Qualified Health Centers, the Rural Health Clinics, and the Tribal Supplemental Payment Program.

**AB 80** (Chapter 12, Statutes of 2020) authorizes DHCS to implement a payment methodology to provide for supplemental payments to qualifying non-hospital 340B community clinics to secure, strengthen, and support the community clinic and health center delivery system for Medi-Cal beneficiaries. The supplemental payments will support clinics who apply and certify that they are providing additional level of engagement to integrate, coordinate health care and manage the array of beneficiary health complexities. The Legislature provided $131 million in total funds for these supplemental payments.

The calculations will be based on a per visit basis. The supplemental payment amounts will be in addition to any other amounts payable to clinic or center providers with respect to those services. The supplemental payments will not impact FQHC or RHC reconciliation of their PPS rate.
CMS approval for the program is effective retroactively from January 1, 2022, through June 30, 2023. This approval does not include non-hospital 340B community clinics; DHCS continues to work with CMS to secure approval for those facilities.

**Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM) Webinar** – On September 30, from 2:30 p.m. to 4:30 p.m., DHCS will host a webinar to introduce stakeholders to the new FQHC APM, targeted for implementation no sooner than January 1, 2024. DHCS will present information about the APM and answer stakeholder questions. Use this link to [join the webinar](#).

**Covered California Board Meets – No Further Actions to Address Affordability Due to Governor’s Veto of SB 944**

The Covered California Board met on September 15. While the agenda included a number of routine items, such as state and federal updates, as well as action items related to internal Board committees and a 10 percent increase to the Navigator Program Contract, what was of most interest to stakeholders is what didn’t happen. Although the agenda included a 2023 cost sharing and affordability contingency item, no action was taken on the item because Governor Newsom had vetoed SB 944 (Pan) two days prior.

SB 944 would have eliminated deductibles and lowered copayments for many Covered California enrollees in 2023 and 2024. The budget passed by the Legislature this summer includes $304 million for this purpose. But in his veto message on SB 944, the Governor cited worries about a downturn in state revenue and his desire to reserve the funds in case they are needed to offset future premiums.

Secretary Ghaly began the discussion of affordability, despite noting that there would be no action to address affordability. He noted the tremendous progress on the last several budgets to expand coverage and access. He also suggested that California’s state-funded subsidies laid the framework for what became possible with COVID and the American Rescue Plan as well as the subsequent Inflation Reduction Act with 36 months of additional support. But he also noted the need to be prudent and have an eye on sustainability. “It is important just as this Governor has done in so many other places to promote policy and direction ... and to put in place a commitment ... and do all we can to protect it moving forward.”

During public comment, speakers noted that there will be higher deductibles and costs in 2023 due to the veto of SB 944. Some of the stakeholders are projecting that silver plan deductibles could increase to $5,000 and primary co-pays to $50. Many noted the missed opportunity to mitigate increases in out-of-pocket costs, especially during a time of inflation. Some noted that the veto is counter to efforts to address health equity. Another speaker stated that half of Californians delayed or avoided care due to costs last year. Commenters mentioned that they expect many new Covered California members once the public health emergency is lifted and Medi-Cal redeterminations resume. Several speakers struck a hopeful tone about finding ways to address rapidly rising costs in 2024, if not 2023.

**LAO Releases Report on Provision of Criminal Indigent Defense Services**

Last week, the Legislative Analyst's Office (LAO) published a [report](#) to assess the provision of criminal indigent defense. The report provides background on the constitutional right to effective assistance of counsel, a description of how defense services are provided in the 58 counties, discussion of the state’s increased involvement in the provision of indigent defense services – both by virtue of recent
state budget investments as well as an expanded role of the Office of the State Public Defender, and an overview of recent litigation.

Much of the LAO’s assessment focuses on the lack of information available statewide to permit a comprehensive assessment of the level and effectiveness of indigent defense services. Accordingly, the LAO offers three principal recommendations to the Legislature:

(1) Statutorily define appropriate metrics to more directly measure the quality of indigent defense;
(2) Require counties collect and report data to the state’s Office of the State Public Defender; and
(3) Use the submitted data to determine future legislative action.

We anticipate that the Legislature may have an interest in continued discussion in this area.

**Committee on the Revision of the Penal Code: October Meeting Focuses on Bail and Pre-Trial Release**

As we have discussed previously, Governor Newsom recommended in the 2019-20 budget and the Legislature subsequently approved the creation of the Penal Code Revision Committee (see Sections 11-18 of [SB 94](#), the 2019-20 public safety budget trailer bill). The committee’s stated objectives are as follows:

- Simplify and rationalize the substance of criminal law.
- Simplify and rationalize criminal procedures.
- Establish alternatives to incarceration that will aid in the rehabilitation of offenders.
- Improve the system of parole and probation.

The Committee has a two-day meeting scheduled for October 10 and 11; participation will be by [videoconference](#) only. The focus of the Day 1 [agenda](#) is bail, pre-trial release, and other related matters. Multiple panels, individual practitioners, academics, and state officials have been invited to share their perspectives on the broad policy area. The second day of activities will focus on administrative matters and ongoing business of the committee.

*Please feel free to contact any one of us at Hurst Brooks Espinosa with questions …*

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To: Board of Directors

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

Date: November 14, 2022

Re: Wednesday, October 26, 2022 Board Quality Review Committee – Meeting Summary

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

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

Dr. Kanchan Koirala provided a brief update from the most recent QMC meeting:

- He began by thanking his fellow QMC members led by Tricia Kassab, Valerie Martinez, Julie Avila (secretary), Dr. Lee and Dr. Khawaja.
- The hospital has rolled out a nurse advice line utilizing an outside agency. An added layer of information for nurses.
- We are currently in our window for our triannual Joint Commission survey. Mock survey teams, composed of hospital leadership, are currently conducting survey rounding across both campuses to ensure regulatory readiness.
  - An area demonstrating need for improvement is hand hygiene. We are a bit below that national standard and are actively working toward improvement.
- Hospital Re-Admission Reduction Report. Trending better than the national average.
- Leapfrog Scores – Poway campus received an A. Escondido campus received a B. Some improvements and changes were made. We hope to see improvement in fall scores.
- Unsigned Verbal and Telephone Orders decreased from 700 to 200 unsigned orders. A lot of work done by Mel Russel, CNE, Dr. Ginther, Chief Informatics Officer, and the Information Technology team, to correct barriers that led to the high number of unsigned orders.
- Throughput times have improved tremendously. We have not seen any spikes due to usual fall and winter respiratory illnesses however the children’s hospitals in the northern part of the country and Canada are overwhelmed with RSV (Respiratory Syncytial Virus). We have not seen it here.
  - Director Greer commented on how she is seeing an uptick in RSV at her place of employment and is hearing anecdotally that wait times at our local children’s hospital are increasing. She noted how this is not specific to any one facility in our area and hence the reason why the Board continues to support the work on expanding the capacity for the PMC Poway Emergency Department.
- Director Greer noted that she realizes and understands there are future plans in where the collaboration with the medical staff will be necessary. She pledges to come back and be have more collaboration with physicians than there has been in recent years. She looks forward with working closer with the medical staff.
- Dr. Filiciotto thanked Director Greer for her comments. He noted that in regards to handwashing he hopes that with the Emergency Department expansion at PMC Poway, there are sinks in the patient rooms versus having to go wash your hands in the bathroom. He feels that due to this practice handwashing statistics maybe be off because observers may not always be able to see handwashing in the bathrooms.
Memorandum

ACTION ITEMS:

REVIEW / APPROVAL: OPEN/CLOSED SESSION MEETING MINUTES / ATTENDANCE ROSTER – September 28, 2022 - The BQRC meeting minutes from September 28, 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.
- California Transplant Services
- Richard Bravo-Introperative Neuromonitoring Services
- Alhiser Comer
- ARUP
- Pharmerica
- PraxAir
- Vital Care
- Advantage Ambulance
- Agility

NEW BUSINESS:

HOSPITAL READMISSION REDUCTION PROGRAM (HRRP)
Dr. David Lee presented the 2023 HRRP. He explained what it is, how it works, how often it results in penalties, how we performed and other strategies we can implement to improve performance.

Highlights were:
- This program is designed to reduce excess readmissions.
- The CMS has a 3-step approach for six specific conditions or procedures to calculate the excess readmission ratio.
- The payment reduction or penalty ranges from 0-3%.
- Over the last ten years at Palomar Health we have had reporting periods with zero penalties at both campuses or negligible penalties while some reporting periods have been hit harder.
- The 2023 performance demonstrates we had excess readmissions in 4 areas at the Escondido campus and in 2 areas at the Poway campus.
  - Our total penalty at Escondido will be 0.34% and at Poway 0.29%. In 2022, the average hospital penalty was 0.64%.
- Strategies to reduce hospital readmissions:
  - Appropriately determine patient’s readiness for discharge.
  - Perform medication reconciliation and educate patients regarding the importance of medication adherence.
  - Coach patients on discharge instructions and self-management.
  - Involve family members.
  - Schedule follow up appointments on behalf of patient/arrange transportation.
  - Determine the optimal post discharge care setting for patients.
  - Provide care coordination and care setting transition planning.
  - Implement discharge follow up program.
Memorandum

- Dr. Filiciotto noted we have a software program - Crimson where admissions and readmissions are tracked by provider.

NURSING ANNUAL REPORT
Mel Russel presented the annual nursing report.

Highlights were:
- There was a CEO directive over a year ago to shift to a one system Chief Nurse Executive with the primary goal of systemness.
- The presentation demonstrates how this has been accomplished over the past year.
- Mel noted that the outcomes are heavily due to the leadership team & their staff.
- At 4 years in a row of best spine and orthopedic programs by US News amongst other awards. Only facility in San Diego County to have this award 4 years in a row.
- Palomar Health Zero Patient Harm rates demonstrated areas above benchmark for PMC Escondido. One department at PMC Escondido is close to 4 years without hospital acquired pressure injuries. This demonstrates the collaboration between unit staff, physician, the Quality and Infection Prevention Departments.
- Fall trends decreased over the past year.
- Mel gave kudos to the entire team that came together to reduce unsigned telephone and verbal orders. The collaboration to obtain such a great reduction was amazing. He noted this was one of the best process improvement project he has been involved with.
- The report provided the great work being done in all nursing departments.
- Mel highlighted the amazing work done by the nursing team, Behavioral Health team, Quality, IT to continue to ensure quality patient care for Behavioral Health patients.
- Director Barry noted that she was delighted to see improvement in throughput in the ED as well as the reduction of complaints and grievances by 50% despite having an increase in patient census.
- Director Corrales noted that it is unfortunate that a readmission constitutes being readmitted for a completely different non related diagnosis.
- Director Corrales reiterated the need for Case Managers and implementing discharge planning upon admission.
- Dr. Koirala inquired whether the Hospital at Home Program admission would impact this program. Dr. Lee explained that since the Hospital at Home Program constitutes an admission as it would to the hospital, than it would qualify as a regular hospital readmission.

ANNUAL BOARD QUALITY REVIEW COMMITTEE ASSESSMENT
Tricia Kassab requested to hear from the Board members, in this committee (BQRC), what has worked well over the past year, what areas can be improved and what can be accomplished over the next coming year.

- Director Greer felt that this committee has done an excellent job in educating the Board and keeping them informed regarding hospital quality and patient safety. She requested that next year, the Board would like to be made more aware regarding regulatory inspections of the facilities.
- Director Corrales was comfortable with the meeting information. She appreciates the openness and collaboration of the members. She would like to be able to receive information with more advance to be able to understand and ask questions if necessary. She appreciates the member's collegial manner/relationship, openness and ability to communicate honestly.
Director Barry expressed appreciation for honoring her request from last year, to break up presented material to make it more manageable. She requested to continue to do this. She complimented the Administration for taking action on issues as they arose over the last year.

**BEHAVIORAL HEALTH SERVICES REPORT**
- Don Myers presented the semiannual report for Behavioral Health Services. This is reflective of the 12-bed adult unit as the Gero Psych Unit at PMC Poway closed over that last few months. Includes Psychiatric Core Measures referred to as HBIPS.
- The team is chaired by Case Management, it includes Nursing, Behavioral Health Clinical Services and a Medical Director who review charts to ensure compliance.
- Doing quite well, outperforming in the top 10%, on many of the measures. Made significant improvements on substance use disorder and tobacco measures. Continue to work on areas requiring improvement.
- Director Greer commented on the Boards interest in Behavioral Health and pointed out that the organization’s strategic plan includes planning for Behavioral Health Services.
- Director Corrales noted that they have recently learned there is funding for Behavioral Health Services that is desperately needed in our area.
- Don thanked the Board for their continued support and noted that they have recently received grant funding to implement the navigator program and work on getting the recovery center open is underway.

**PATIENT SAFETY CULTURE SURVEY REPORT**
Dr. Lee provided a high level overview of the recent Patient Safety Culture Survey that was administered to staff and medical staff.

Highlights were:
- Glint is our new vendor that provides more real time data.
- He noted that this survey is not to measure patient safety outcomes. This is to measure our patient safety culture.
- The survey included 16 short questions with the ability for staff to provide their comments. This allows us to be able to take a “pulse survey” more frequently, and not cause survey fatigue for staff. Two of the 16 questions will be posed in employee engagement surveys.
  - “I would recommend the facility…”
  - “I can speak up about patient safety…..”
- Response rate was lower than we wanted however we discovered that with physicians it was perhaps due to sending the survey to their Palomar Health e-mail.
  - Despite low response rate there were over 2,000 comments provided.
  - Director Greer reiterated the need to develop strategies to encourage physician participation so that the organization has the opportunity to hear them and work on issues important to physicians.
  - Dr. Khawaja noted that 30% of physicians interact with their hospital e-mails which means we had a 50% response rate despite the low physician response. Dr. Khawaja went on to note that he is committed to working with Drs. Filicotto and Koirala to encourage physician engagement.
  - Director Corrales reiterated that physicians need to know that we do act on the information received via surveys.
- Top strengths and Opportunities were also reviewed.
  - Director Greer acknowledged there was room for improvement and the Board is committed to work with stakeholders to improve scores.

**DIETARY SERVICES (FOOD & NUTRITION SERVICES) REPORT**
Russ Riehl provided the Dietary Services bi-annual report.

Highlights were:
- Food and Nutrition Services are broken into two categories:
Memorandum

- Production and food delivery to patients
  - Clinical Registered Dieticians who ensure that correct diet orders are in place to aid in patient healing and provide dietary education
- Random test tray audits are used to monitor the temperature, freshness, and accuracy for the patient food items, portion size, and flavor.
  - PMC E overall score was 91%. Temperature demonstrated a downward trend at 94%.
  - PMC P overall score was 97%. Temperature demonstrated an upward trend at 89%.
  - Processes have been adjusted and monitoring will be performed to shift scores in the right direction.
- Labeling and Dating compliance:
  - PMCE overall score was at 71%. PMC P trended downward at 87%.
  - Continued monitoring and education is being provided to improve compliance.
- Leadership team is now complete. Which will assist in reaching and maintaining compliance.
- Have done very well with Registered Dietitian documentation compliance and will now focus on malnutrition documentation and pressure injury documentation. Those results will be brought back at the next bi-annual report.
- Director Greer requested to also provide patient experience/satisfaction reports with the semi-annual report.