

BOARD OF DIRECTOR'S MEETING AGENDA PACKET

December 12, 2022



BOARD OF DIRECTORS

Linda Greer, RN, Chair
Jeffrey D. Griffith, EMT-P, Vice Chair
Laura Barry, Treasurer
Theresa Corrales, RN, Secretary
John Clark, Director
Laurie Edwards-Tate, MS, Director
Michael Pacheco, Director

Diane Hansen, President and CEO

Regular meetings of the Board of Directors are held on the second Monday of each month at 6:30 p.m., unless indicated otherwise.

For an agenda, locations or further information please call (760) 740-6375 or visit our website at www.palomarhealth.org

MISSION STATEMENT

The Mission of Palomar Health is to: Heal, comfort, and promote health in the communities we serve

VISION STATEMENT

Palomar Health will be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services

VALUES

Compassion - Providing comfort and care Integrity - Doing the right thing for the right reason Teamwork - Working together toward shared goals Excellence - Aspiring to be the best Service - Serving others and our community Trust - Delivering on promises

Board of Directors Meeting

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 <u>PublicComments@palomarhealth.org</u>
- 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
THURSDAY,
DECEMBER 8, 2022



BOARD OF DIRECTORS MEETING AGENDA

Monday, December 12, 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 -

			Form A			
			<u>Time</u>	<u>Page</u>	<u>Target</u>	
I.	CALL TO ORDER				6:30	
II.	ESTABLISHMENT OF QUORUM		2		6:32	
III.	OPENING CEREMONY		3		6:35	
••••	A. Pledge of Allegiance to the Flag		3		0.55	
IV.	OATH OF OFFICE - Administered by Board Vice-Chair Jeff Griffith (ADD A Page	(1)	10		6: 4 5	
	A. John Clark	3)			0.70	
	B. Laurie Edwards-Tate					
	C. Linda Greer					
	D. Michael Pacheco					
٧.	PUBLIC COMMENTS ¹		30		7:15	
VI.	PRESENTATIONS					
	A. 2022 "Hear for the Holidays" Winner Presentation		10		7:25	
	B. Patient Experience Moment		5		7:30	
	C. Employee Recognition		10		7:40	
	D. * Financial Presentation (ADD B Page 11)		15	1	7:55	
VII.	* APPROVAL OF MINUTES (ADD C)		5	2	8:00	
	A. Special Closed Session Board of Directors Meeting - Monday, November 14, 2022 (P	age 32)				
1/111	B. Board of Directors Meeting - Monday, November 14, 2022 (Page 34)		_			
VIII.	* APPROVAL OF AGENDA to accept the Consent Items as listed (ADD D)		5	0	8:05	
	A. Executed Budgeted Routine Physician Agreements (Page 52)	logo 74)		3		
	B. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments (PC. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments (Page	-		4 5		
	D. Antibiotic Stewardship Program	33)		6		
IX.	REPORTS			Ū		
17.	A. <u>Medical Staffs</u>					
	1. Palomar Medical Center Escondido - Sabiha Pasha, M.D.		5		8:10	
	2. Palomar Medical Center Poway - Edward Gurrola II, M.D.		5		8:15	
	B. Administrative					
	1. Chair of the Palomar Health Foundation - Kirk Effinger		5		8:20	
	2. President and CEO - Diane Hansen		5		8:25	
	3. Chair of the Board - Linda Greer, R.N.		5		8:30	
	i. Calendar Year 2023 Board Standing Committee Assignments		5		8:35	
	ii.* Election of Board Officers for Calendar Year 2023		10		8: 4 5	
Χ.	* APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS (ADD	E)	5		8:50	
	Agenda item	<u>mittee</u>	<u>Action</u>			
	or D	ept.				
	A. Resolution No. 12.12.22(01)-27 of the Board of Directors of Palomar Health Establishing Regular Board Meetings for Calendar Year 2023 Bo.	ard Revi	ew / Approve			
	(Page 102)	aiu itevi	CW / Applove			
		ance Revi	ew / Approve	7		
			• •			

		Time	Page	Target
XI.	COMMITTEE REPORTS (ADD F)	5		8:55
	A. Audit & Compliance Committee - Linda Greer, Committee Chair (no meeting in November)			
	B. Community Relations Committee - Terry Corrales, Committee Chair (no meeting in November)			
	C. Finance Committee - Laura Barry, Committee Chair (Page 107)			
	D. Governance Committee - Jeff Griffith, Committee Chair (no meeting in November)			
	E. Human Resources Committee - Terry Corrales, Committee Chair (Page 108)			
	F. Quality Review Committee - Linda Greer, Committee Chair (no meeting in November)			
	G. Strategic & Facilities Planning Committee - Mike Pacheco, Committee Chair (Page 109)			
ΧII	FINAL ADJOURNMENT	1		8:56

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

You can also dial in using your phone. United States: +1-415-655-0001

Access Code: 2597 211 7841

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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.

hhttps://www.palomarhealth.org/media/file/Lucidoc%20Policy%2021790%20-

Public Comments and Attendance at Public Board Meetings

%20Public%20Comments%20and%20Attendance%20at%20Public%20Board%20Meetings.pdf



October 2022 and YTD FY2023 Financial Report

10:	Board of Directors							
MEETING DATE:	Monday, December 12, 2022							
FROM:	Special Board Finance Committee Wednesday, November 30, 2022							
BY:	Laura Barry, Chair, Board Finance Committee							
Background: The Bo is submitted for the B	ard Financial Report (unaudited) for October 2022 and YTD FY2023 oard's approval.							
Budget Impact:	N/A							
Staff Recommendation	Staff Recommendation: Approval							
Committee Questions:								
of the Board Financia	MENDATION: The Board Finance Committee recommends approval al Report (unaudited) for October 2022 and YTD FY2023. Approval by the Committee; Board members: 2 to 0; Absent: 2.							
Motion:								
Individual Action:								
Information:								
Required Time:								

Minutes Board of Directors Meetings November, 2022

Board of Directors

TO:

MEETING DATE: Monday, December 12, 2022 FROM: Debbie Hollick, Assistant to the Board of Directors Background: The minutes from the November, 2022 Regular and Special Session Board of Directors meetings are respectfully submitted for approval. **Budget Impact:** N/A Staff Recommendation: Recommendation to approve the November, 2022 Regular and Special Session Board of Directors meeting minutes. Committee Questions: N/A **COMMITTEE RECOMMENDATION: N/A** Motion: Individual Action: Information: **Required Time:**

EXECUTED, BUDGETED, ROUTINE PHYSICIAN AGREEMENTS

TO: Board of Directors

MEETING DATE: Monday, December 12, 2022

FROM: Special Board Finance Committee

Wednesday, November 30, 2022

BY: Laura Barry, Chair, Board Finance Committee

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

PHYSICIAN/GROUP	TYPE OF AGREEMENT						
June 2022							
OB Hospitalist Group aka OBHG California, PC	 First Quality Metric Addendum to Professional Services Agreement – OB/GYN Physician Coverage 						
Bret Ginther, MD	Amendment 3 to Medical Director Agreement – Medical Informatics						
July	2022						
Angel Chang, MD, Inc.	 Professional Services Agreement – Physiatry Services – Trauma Recovery Program 						
Augu	ıst 2022						
Michael Noud, MD	 Medical Director Agreement – Interventional Radiology – PMC Poway 						
Ariel Palanca, MD	Department of Surgery Chair Agreement – PMC Poway						
University of California San Diego Health (UCSDH)	 Amendment 2 to Neurosurgery Call Coverage Services Agreement 						
 Palomar Hospital Partners, Inc., aka Emergent Medical Associates (EMA) 	Amendment 1 to Emergency Department & Urgent Care Services Agreement						
 Palomar Hospital Partners, Inc., aka Emergent Medical Associates (EMA) 	Amendment 1 to Hospitalist & Medical Director Services Agreement						
 Palomar Hospital Partners, Inc., aka Emergent Medical Associates (EMA) 	Amendment 1 to Intensivist & Medical Director Services Agreement						
Septem	nber 2022						
Palomar Health Medical Group (PHMG) aka Arch Health Partners, Inc.	Amendment 1 to Emergency Psychiatric Services Agreement						
San Diego Digestive Diseases Consultants, Inc.	Amendment 1 to Emergency On-Call Services Agreement – Gastroenterology ERCP						

The standard Form A and Abstract Table are attached.

Staff Recommendation: Approval

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the Executed Budgeted
Routine Physician Agreements as presented. Approval recommended 6 to 0 by the Committee; Board members: 3 to
0: Absent: 1.

Motion:

Individual Action: Information: Required Time:

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 Recommen	dation: Recommend Approval						
Committee Ques	tions:						
COMMITTEE RECO	MMENDATION: Approval						
Motion: X							
Individual Action:							
Information:							
Required Time:							

TO:

Board of Directors

MEETING DATE: December 12, 2022

Palomar Medical Center Poway Medical Staff Credentials Recommendations November, 2022

то:	Board of Directors					
MEETING DATE:	Monday December 12, 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 Recommendat	tion:					
Committee Questions:						
COMMITTEE RECO	MMENDATION: Approval					
Motion: X						
ndividual Action:						
nformation:						
Required Time:						

Palomar Health Appoints leaders for the Antibiotic Stewardship Program

Board of Directors

TO:

MEETING DATE:	December 12, 2022
FROM:	Jami Piearson, Director Regulatory Compliance
Background:	MM. 09.01.01The Governing Body appoints a
	physician and/or pharmacist who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship as the leader(s) of the antibiotic stewardship program
Budget Impact:	N/A
Director for Infection Cor the Board of Director	dation: Recommendation that Dr. Sandeep Soni, Medical ntrol and Travis Lau, Infection Control Pharmacist are appointed by rs as co-leaders for Palomar Health's Antibiotic Stewardship equirements for The Joint Commission. Ons: N/A
COMMITTEE RECO	DMMENDATION: N/A
Motion:	
Individual Action:	
Information:	
Required Time:	

Charter of the Finance Committee of the Palomar Health Board of Directors

Board of Directors

TO:

MEETING DATE: Monday, December 12, 2022
FROM: Special Board Finance Committee Wednesday, November 30, 2022
BY: Laura Barry, Chair, Board Finance Committee
Background: The Palomar Health Board of Directors has directed all Board Committees to create Charters that define the purpose, authority, responsibility and limitations of the Committee and its membership.
The draft Charter of the Finance Committee is being presented for the Board's approval.
Budget Impact: N/A
Staff Recommendation: Adoption of the proposed Charter of the Finance Committee with a recommendation to the Board of Directors for formal ratification.
Committee Questions:
COMMITTEE RECOMMENDATION: The Board Finance Committee recommends that the Board formally ratify the Charter of the Finance Committee. Approval recommended 6 to 0 by the Committee; Board members: 3 to 0; Absent: 1.
Motion:
Individual Action:
Information:
Required Time:

ADDENDUM A



OATH OF OFFICE

(Chapter 8, Division 4, Title I, Government Code and Section 3, Article XX, California Constitution)

For the office of **Director**, **Palomar Health Board**

Ι,	do solemnly swear (or affirm) that I will support and defend the
Constitution of the United States	and of the Constitution of the State of California against all
enemies, foreign and domestic; t	hat I will bear true faith and allegiance to the Constitution of the
United States and the Constitution	on of the State of California; that I take this obligation freely,
without any mental reservation of	or purpose of evasion; and that I will well and faithfully discharge
the duties upon which I am abou	t to enter.
Signature	
Duie	

ADDENDUM B



Fiscal Year 2023 Financial Performance

*Supplemental Section includes Palomar Health Medical Group (PHMG) and Consolidating Schedules

October 2022

Passion. People. Purpose."

Monthly Management Discussion and Analysis Summary Results of Operations for the Period Ended October 31, 2022



Income from operations for the month was \$1.0 million, unfavorable to budget by \$3.5 million. The year-to-date income from operations was \$4.5 million and has a \$15.3 million unfavorable variance. Net income for the month was \$20 thousand, unfavorable to budget by \$4.0 million. Net income year-to-date was \$1.1 million and unfavorable variance of \$18.9 million.

EBIDA margin for the month of October was unfavorable to budget by 4.3% and year-to-date EBIDA margin was unfavorable to budget by 3.9%. Additional comments and further analyses are presented in the following sections.

Patient Utilization

Inpatient (IP) Services

For the month of October, Acute Discharges for the District were (13.2%) unfavorable to budget. Average Daily Census was (18.2%) unfavorable to budget. Adjusted Discharges were 3,664, which was 188 (4.9%) unfavorable to budget. Adjusted Patient Days were 17,622, which was 2,824 (13.8%) unfavorable to budget. Case Mix Index for both campuses, excluding deliveries, was 1.58, which was (1.7%) unfavorable to budget.

IP surgeries for PMC Escondido and PMC Poway for the month were 533 cases (includes CVS), which were 13 cases (2.6%) favorable to budget.

Deliveries for PMC Escondido and PMC Poway for the month were 416, which were 17 deliveries (3.9%) unfavorable to budget. For the month, Trauma admissions were 87, which was 24.4% unfavorable to budget.

Outpatient (OP) and Ancillary Services

OP surgeries for PMC Escondido and PMC Poway for the month were 540 cases, which were 90 cases (19.9%) favorable to budget. Outpatient ER visits for the month were 9,837 visits (includes trauma), which were 1,259 visits (14.7%) favorable to budget. OP registrations for the month were 10,316, which were (3.7%) favorable to budget. ER admissions for the month were 1,353, which were (12.3%) unfavorable to budget.

Monthly Management Discussion and Analysis Summary Results of Operations for the Period Ended October 31, 2022



Financial Performance

Operating Revenue

Net Patient Revenue for the month was \$73.4 million, which was \$319 thousand (0.4%) unfavorable to budget.

Other Operating Revenue

Other Operating Revenue for the month was \$725 thousand, which was \$58 thousand (7.5%) unfavorable to budget.

Operating Expenses

Total Operating Expenses for the month were \$73.1 million, which was \$3.1 million (4.4%) unfavorable to budget.

Salaries, Wages & Contract Labor for the month were \$33.8 million, which was \$2.0 million (6.3%) unfavorable to budget.

Benefits for the month were \$7.7 million, which was \$1.3 million (14.3%) favorable to budget.

Supplies for the month were \$10.9 million, which was \$1.0 million (10.3%) unfavorable to budget.

Professional Fees and Purchased Services for the month were \$12.7 million, which was \$385 thousand (3.1%) unfavorable to budget.

Depreciation & Amortization for the month was \$3.9 million, which was \$40 thousand (1.1%) unfavorable to budget.

Other Direct Expenses for the month were \$4.2 million, which was \$918 thousand (27.7%) unfavorable to budget.

Page 13 of 150

Monthly Management Discussion and Analysis Summary Results of Operations for the Period Ended October 31, 2022



Net Non-Operating Income/Expense

Net Non-Operating Income for the month was \$1.0 million, which was \$518 thousand unfavorable to budget due to interest expense related to leases as part of the adoption of GASB 87.

Payor Mix, Net Days in Accounts Receivable (A/R) and Cash Collections

The percentages of Gross Patient Service Revenue from the Medicare, Managed Care Medicare, Managed Care, Medi-Cal and Managed Care Medi-Cal financial classes for the month were consistent with budget. Cash postings were \$62.6 million. Days in Net A/R are 74.7, a decrease of 0.4 days from September.

Key Performance Indicators (KPI)	January 2021	Aug	Sep	Oct	Target
Total Net A/R (\$) 1	\$137,851,805	\$162,665,219	\$162,216,411	\$161,047,265	
Net Days in A/R (Days) (3-months)	64.6	76.2	74.3	74.7	61.0-63.0
DNFB (Days)	2.0	3.4	1.4	0.8	3.0
Urgent Insurance Verification (DDC) (%)	98.9%	98.4%	86.6%	88.2%	98.0%
Elective IP Insurance Verification (Average Secure) (%)	93.8%	90.9%	87.3%	89.6%	98.0%
Elective OP Insurance Verification (Average Secure) (%)	97.9%	98.4%	98.6%	97.6%	98.0%
True Cash Denial (%)	5.2%	5.8%	5.7%	4.7%	6.0%

¹ Total Net A/R (\$) does not have a FY2022 Target as \$ is dependent on Gross Revenue

Please see Appendix A, which contains a glossary of the Key Performance Indicators presented above.

Balance Sheet

Cash, Cash Equivalents and Investments decreased in October by \$18.6 million from the previous month due to continued recoupment of the Medicare Accelerated Advance and delays in funding of Medi-Cal Supplemental programs.

The Days Cash On Hand ratio, which includes Medicare Advance Payments, decreased by 13.7 days from the prior month to 63.8 days. When the Medicare Advance Payments are excluded, Days Cash on Hand is 62.6 days.

Monthly Management Discussion and Analysis - APPENDIX A Glossary of PALOMAR Terms: Revenue Cycle Key Performance Indicators

<u>Total Net A/R:</u> This is the total amount of accounts receivable which management expects to collect from patients, insurance companies, Medicare and Medi-Cal, in future months, for services to patients through the end of the current accounting period. This number is computed by subtracting estimated contractual adjustments, bad debts and charity write-offs from gross accounts receivable.

Net Days in A/R (Days): The full name for this performance indicator is "Net Days of Revenue in Net Accounts Receivable." This statistic is a measure of the effectiveness of the organization's collections of revenue. For example, if the organization has average daily net revenues of \$2 million and \$140 million in Net A/R, then the organization has 70 days of net revenue/potential cash (\$140M divided by \$2M) tied up in its Accounts Receivable.

<u>DNFB (Days)</u>: The full name for this performance indicator is <u>D</u>ischarged <u>Not Final Billed</u> Revenue. Before a hospital bill can be completed and sent to an insurance company, patient, Medicare or Medi-Cal certain information must be completed and entered in the system and submitted as components of the bill. This information includes specific codes for the services performed using the <u>C</u>urrent <u>P</u>rocedural <u>T</u>erminology codes (CPT-4) as defined by the American Medical Association or the <u>H</u>ealthcare <u>C</u>ommon <u>P</u>rocedure <u>C</u>oding <u>S</u>ystem (HCPCS) as defined by the Medicare Program. Additionally, the <u>I</u>nternational <u>C</u>lassification of <u>D</u>isease codes (ICD-10) which define a patient's various illnesses must be included in the billing information. This information is inserted in the patient billing information by employees certified in these coding methodologies based on information in the patient's medical record. Certified coding specialists rely heavily on clinical information supplied by the patient and physicians including History and Physical Reports, Operative Reports and Discharge Summaries. This performance indicator measures the effectiveness of the billing process. Bills cannot be collected if they are not submitted and this indicator shows the average time required between the time a patient is discharged and the time the bill is submitted. The lower the number the better the performance. A number below 3.0 is considered best practice.

<u>Urgent Insurance Verification (DDC) (%):</u> In order to ensure the organization is properly paid for its services it needs to confirm the patient is insured and whether the patient's insurance covers the services to be rendered. Additionally, some insurers and HMOs require a pre-authorization or pre-certification before they will authorize payment for the services. This verification must be performed very quickly for certain patients. Failure to verify insurance and obtain pre-authorizations, if necessary, significantly reduces the probability of collecting for the services rendered. This performance metric measures the percentage of time insurance verification is obtained for urgent cases prior to the service being rendered. A higher percentage is better. A percentage in excess of 98% is considered best practice.

Monthly Management Discussion and Analysis - APPENDIX A Glossary of Terms: Revenue Cycle Key Performance Indicators (Cont'd)



Elective IP Insurance Verification (Average Secure) (%): In order to ensure the organization is properly paid for its services it needs to confirm the patient is insured and whether the patient's insurance covers the services to be rendered. Additionally, some insurers and HMOs require a pre-authorization or precertification before they will authorize payment for services. For inpatient elective procedures/cases, this verification process is critical for payment. Failure to verify insurance and obtain pre-authorizations, if necessary, significantly reduces the probability of collecting for the services rendered. This performance metric measures the percentage of time insurance verification is obtained for elective inpatient cases prior the service billing rendered. A higher percentage is better. A percentage of 95% is considered best practice.

Elective OP Insurance Verification (Average Secure) (%): In order to ensure the organization is properly paid for its services it needs to confirm the patient is insured and whether the patient's insurance covers the services to be rendered. Additionally, some insurers and HMOs require a pre-authorization or precertification before they will authorize payment for services. For outpatient elective procedures/cases, this verification process is critical for payment. Failure to verify insurance and obtain pre-authorizations, if necessary, significantly reduces the probability of collecting for the services rendered. This performance metric measures the percentage of time insurance verification is obtained for elective outpatient cases prior the service billing rendered. A higher percentage is better. A percentage of 95% is considered best practice.

True Cash Denial Rate (%): Once claims (bills) are submitted, insurance companies, Medicare and Medi-Cal may deny those claims. Denials may occur for several reasons including:

- Insurance was not valid for the name patient
- The procedure performed was not covered by the patient's insurance
- The provider did not obtain pre-authorization to perform the procedure
- The procedure was not medically necessary
- The bill was received outside the contractually agreed upon timetable

This performance indicator measures whether the organization's processes for insurance verification, obtaining pre-authorization, medical necessity verification and timely billing are working effectively. The measurement is computed by dividing the dollar value of the denials for a twelve-month period by the total annual billings for that same period. A lower percentage indicates better performance with a percentage below 10% is considered best practice.

Prior to Fiscal Year 2021, gross charges were reflected instead of the true cash/AR balance at risk.

Executive Dashboard



	Month to Date			Year to Date				
	Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
	Oct-22	Oct-22		Oct-21	Oct-22	Oct-22		Oct-21
Key Volumes								
Discharges - Total	2,103	2,434	(13.6%)	2,053	8,284	9,679	(14.4%)	8,218
Acute - General	1,999	2,292	(12.8%)	1,923	7,867	9,119	(13.7%)	7,699
Acute Behavioral Health	52	72	(27.8%)	71	218	285	(23.5%)	278
Total Acute Discharges	2,051	2,364	(13.2%)	1,994	8,085	9,404	(14.0%)	7,977
The Villas at Poway	52	70	(25.7%)	59	199	275	(27.6%)	241
Patient Days - Total	11,386	13,912	(18.2%)	12,102	46,789	55,856	(16.2%)	50,018
Acute - General	7,912	9,489	(16.6%)	8,268	32,719	38,452	(14.9%)	34,186
Acute Behavioral Health	347	827	(58.0%)	803	1,897	3,320	(42.9%)	3,225
Total Acute Patient Days	8,259	10,316	(19.9%)	9,071	34,616	41,772	(17.1%)	37,411
The Villas at Poway	3,127	3,596	(13.0%)	3,031	12,173	14,084	(13.6%)	12,607
Acute Adjusted Discharges	3,600	3,783	(4.8%)	3,172	13,907	15,133	(8.1%)	12,827
Total Adjusted Discharges [*]	3,664	3,852	(4.9%)	3,248	14,154	15,408	(8.1%)	13,140
Acute Adjusted Patient Days	14,495	16,850	(14.0%)	14,432	59,505	67,214	(11.5%)	60,153
Total Adjusted Patient Days [*]	17,622	20,446	(13.8%)	17,463	71,678	81,298	(11.8%)	72,760
Acute Average Daily Census	266	333	(19.9%)	293	281	340	(17.1%)	304
Total Average Daily Census [*]	367	449	(18.2%)	390	380	454	(16.2%)	407
Surgeries - Total	1,073	970	10.6%	928	4,043	3,966	1.9%	3,797
Inpatient	533	520	2.6%	445	1,973	2,153	(8.4%)	1,850
Outpatient	540	450	19.9%	483	2,070	1,813	14.2%	1,947
Deliveries	416	433	(3.9%)	385	1,603	1,706	(6.0%)	1,285
ER Visits (Includes Trauma) - Total	11,190	10,120	10.6%	8,892	45,169	45,581	(0.9%)	40,143
Inpatient	1,353	1,542	(12.3%)	1,301	5,548	6,830	(18.8%)	5,810
Outpatient	9,837	8,578	14.7%	7,591	39,621	38,751	2.3%	34,333
* Includes The Villas at Poway								

Executive Dashboard



	Month to Date				Year to Date				
	Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year	
<u>-</u>	Oct-22	Oct-22		Oct-21	Oct-22	Oct-22		Oct-21	
Key Statistics									
Acute Average LOS - Days	4.03	4.35	7.4%	4.55	4.28	4.43	3.3%	4.69	
Acute - General	3.96	4.14	4.4%	4.30	4.16	4.22	1.4%	4.44	
Acute Behavioral Health	6.67	11.49	41.9%	11.31	8.70	11.65	25.3%	11.60	
Average Observation Hours	32	27	(18.5%)	27	32	26	(23.1%)	26	
Acute Case Mix-Excludes Deliveries	1.58	1.61	(1.7%)	1.61	1.61	1.61	0.0%	1.61	
Acute Case Mix-Medicare Only	1.86	1.82	2.4%	1.82	1.82	1.82	(0.2%)	1.82	
Labor Productivity by Hrs					100.9%	100.0%	0.9%	106.3%	
Days Cash on Hand					63.8			110.5	
Fire dall perferences									
Financial Performance									
Operating Income	1,026,620	4,493,344	(3,466,724)	3,285,888	4,490,807	19,827,483	(15,336,676)	15,542,034	
Net Income	20,484	4,005,012	(3,984,528)	2,864,365	(1,055,946)	17,867,155	(18,923,101)	14,260,953	
Oper. Expenses/Adj. Patient Days	3,930	3,238	(21.4%)	3,489	3,578	3,304	(8.3%)	3,307	
EBIDA Margin-Excludes PHMG	9.4%	13.7%	(4.3%)	13.2%	10.1%	14.0%	(3.9%)	14.1%	
EBIDA-Excludes PHMG	6,968,855	10,219,704	(3,250,849)	9,005,530	28,050,903	42,548,391	(14,497,488)	38,035,773	

Note: Financial Performance excludes GO Bonds

Income Statement: Current Month Excludes PHMG



	Actual	Budget	Variance	Variance		Dollars/	Adjusted Patie	ent Day
	Oct-22	Oct-22	Oct-22	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	17,622	20,196	(2,574)					
Adjusted Discharges	3,664	3,874	(210)					
Operating Revenue								
Gross revenue	398,360,269	428,634,133	(30,273,864)	(54,629,840)	24,355,976.17	22,605.85	21,223.71	1,382
Deductions from revenue	(324,930,833)	(354,885,827)	29,954,994	45,230,547	(15,275,552)	(18,438.93)	(17,572.08)	(867)
Net patient revenue	73,429,436	73,748,306	(318,870)	(9,399,294)	9,080,424	4,167	3,652	515
Property Tax Revenue			-	-	-	-	-	-
Other operating revenue	724,955	783,734	(58,779)	(99,887.67)	41,108.84	41.14	38.81	2
Total net revenue	74,154,391	74,532,040	(377,649)	(9,499,182)	9,121,533	4,208	3,690	518
Operating Expenses								
Salaries, wages & contract labor	33,775,848	31,767,501	(2,008,347)	4,048,799	(6,057,146)	1,917	1,573	(344)
Benefits	7,659,670	8,936,498	1.276.828	1,138,965	137,863	435	442	8
Supplies	10,911,278	9,896,261	(1,015,017)	1,261,288	(2,276,305)	619	490	(129)
Prof fees & purch svcs	12,681,563	12,297,010	(384,553)	1,567,266	(1,951,819)	720	609	(111)
Depreciation	3,872,660	3,832,389	(40,271)	488,442	(528,713)	220	190	(30)
Other	4,226,752	3,309,037	(917,715)	421,740	(1,339,455)	240	164	(76)
Total expenses	73,127,771	70,038,696	(3,089,075)	8,926,500	(12,015,575)	4,150	3,468	(682)
Income from operations	1,026,621	4,493,344	(3,466,723)	(572,681)	(2,894,042)	58	222	(164)
Non-operating revenue(expense)								
Property tax revenues 1	1,583,333	1,675,000	(91,667)					
Investment income	292,790	83,372	209,418					
Revenue bond interest expense	(3,075,712)	(2,382,303)	(693,409)					
Other non-operating revenue(expense)	193,452	135,599	57,853					
Net Income ²	20,484	4,005,012	(3,984,528)					
EBIDA Margin	9.4%	13.7%	(4.3%)					

¹⁼ Property Tax Revenue excludes G.O. Bonds Levy

²⁼ Excludes G.O. Bonds income / expense

Income Statement: Year-to-Date Excludes PHMG



	Actual	Budget	Variance	Variance		Dollars/A	Adjusted Patie	nt Day
	Oct-22	Oct-22	Oct-22	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	71,678	81,299	(9,621)					
Adjusted Discharges	14,154	15,408	(1,254)					
Operating Revenue								
Gross revenue	1,599,860,688	1,760,624,789	(160,764,101)	(208, 353, 991)	47,589,890	22,320	21,656	664
Deductions from revenue	(1,325,550,995)	(1,460,198,267)	134,647,272	172,801,234	(38, 153, 962)	(18,493)	(17,961)	(532)
Net patient revenue	274,309,693	300,426,522	(26,116,829)	(35,552,757)	9,435,928	3,827	3,695	132
Other operating revenue	3,016,234	3,164,937	(148,703)	(374,542)	225,839	42	39	3
Total net revenue	277,325,927	303,591,459	(26, 265, 532)	(35,927,298)	9,661,766	3,869	3,734	135
Operating Expenses								
Salaries, wages & contract labor	131,978,620	128,839,358	(3,139,262)	15,246,971	(18,386,232)	1,841	1,585	(257)
Benefits	29,080,044	36,001,384	6,921,340	4,260,438	2,660,902	406	443	37
Supplies	38,411,141	40,151,994	1,740,853	4,751,625	(3,010,772)	536	494	(42)
Prof fees & purch svcs	44,134,916	50,380,999	6,246,083	5,962,135	283,948	616	620	4
Depreciation	16,339,784	15,152,024	(1,187,760)	1,793,105	(2,980,865)	228	186	(42)
Other	12,890,614	13,238,217	347,603	1,566,623	(1,219,020)	180	163	(17)
Total expenses	272,835,120	283,763,976	10,928,856	33,580,895	(22,652,040)	3,806	3,490	(316)
Income from operations	4,490,807	19,827,483	(15,336,676)	(2,346,403)	(12,990,273)	63	244	(181)
Non-operating revenue(expense) Property tax revenues ¹	6,333,333	6,700,000	(366,667)					
Interest Rate Swap	-	-	-					
Investment income	(323,983)	333,486	(657,469)					
Revenue bond interest expense	(12,767,065)	(9,529,212)	(3,237,853)					
Other non-operating revenue(expense)	1,210,962	535,398	675,564					
Net Income ²	(1,055,946)	17,867,155	(18,923,102)					

EBIDA Margin

(3.9%)

14.0%

10.1%

¹⁼ Property Tax Revenue excludes G.O. Bonds Levy

²⁼ Excludes G.O. Bonds income / expense

Income Statement: Current vs. Prior Year-to-Date Excludes PHMG



	Current Year	Prior Year		Variance		Dollars/	Adjusted Patient	Day
	Oct-22	Oct-21	Change	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	71,678	72,760	(1,082)					
Adjusted Discharges	14,154	13,140	1,014					
Operating Revenue								
Gross revenue	1,599,860,688	1,508,453,405	91,407,283	(22,431,921)	113,839,204	22,320	20,732	1,588
Deductions from revenue	(1,325,550,995)	(1,240,643,850)	(84,907,145)	18,449,377	(103,356,521)	(18,493)	(17,051)	(1,442)
Net patient revenue	274,309,693	267,809,555	6,500,138	(3,982,545)	10,482,683	3,827	3,681	146
Other operating revenue	3,016,234	2,768,898	247,336	(41,176)	288,512	42	38	4
Total net revenue	277,325,927	270,578,453	6,747,474	(4,023,720)	10,771,194	3,869	3,719	150
Operating Expenses								
Salaries, wages & contract labor	131,978,620	112,233,345	(19,745,275)	1,669,001	(21,414,275)	1,841	1,543	(299)
Benefits	29,080,044	31,058,770	1,978,726	461,869	1,516,857	406	427	21
Supplies	38,411,141	37,786,169	(624,972)	561,911	(1,186,883)	536	519	(17)
Prof fees & purch svcs	44,134,916	42,176,418	(1,958,498)	627,197	(2,585,696)	616	580	(36)
Depreciation	16,339,784	14,426,606	(1,913,178)	214,535	(2,127,714)	228	198	(30)
Other	12,890,614	17,355,111	4,464,497	258,085	4,206,412	180	239	59
Total expenses	272,835,120	255,036,419	(17,798,701)	3,792,598	(21,591,299)	3,806	3,505	(301)
Income from operations	4,490,807	15,542,034	(11,051,227)	(231,123)	(10,820,105)	63	214	(151)
Non-operating revenue(expense)								
Property tax revenues 1	6,333,333	6,333,333	0					
Interest Rate Swap	-	-	-					
Investment income	(323,983)	(696,828)	372,845					
Revenue bond interest expense	(12,767,065)	(9,348,214)	(3,418,851)					
Other non-operating revenue(expense)	1,210,962	2,430,628	(1,219,666)					
Net Income ²	(1,055,946)	14,260,953	(15,316,900)					

¹⁼ Property Tax Revenue excludes G.O. Bonds Levy

EBIDA Margin

(4.0%)

14.1%

10.1%

²⁼ Excludes G.O. Bonds income / expense

Income Statement: Current Fiscal Year Monthly Trend Excludes PHMG



													Fiscal Year
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	2023
Adjusted Discharges	3,428	3,548	3,514	3,664	-	-	-	-	-	-	-		14,154
Operating Revenue													
Gross revenue	386,861,833	414,593,123	400,045,463	398,360,269	-	-	-	-	-	-	-	-	1,599,860,688
Deductions from revenue	(319,503,944)	(347, 149, 344)	(333,966,875)	(324,930,831)	-	-	-	-	-	-	-	-	(1,325,550,995)
Net patient revenue	67,357,889	67,443,779	66,078,588	73,429,438	-	-	-	-	-	-	-	-	274,309,693
Other operating revenue	652,405	777,663	861,211	724,955	-	-	-	-	-	-	-	-	3,016,234
Total net revenue	68,010,294	68,221,442	66,939,799	74,154,393	=	-	-	-	-	-	=	-	277,325,927
Operating Expenses													
Salaries, wages & contract labor	32,764,595	32,513,284	32,924,893	33,775,849	-	-	-	-	-	-	-	-	131,978,620
Benefits	8,157,659	5,548,530	7,714,185	7,659,670	-	-	-	-	-	-	-	-	29,080,044
Supplies	8,187,227	9,771,666	9,540,971	10,911,278	-	-	-	-	-	-	-	-	38,411,141
Prof fees & purch svcs	10,021,634	11,295,327	10,136,394	12,681,563	-	-	-	-	-	-	-	-	44,134,916
Depreciation	3,466,586	4,918,874	4,081,665	3,872,660	-	-	-	-	-	-	-	-	16,339,785
Other	3,618,338	3,442,044	1,603,481	4,226,752	-	-	-	-	-	-	-	-	12,890,615
Total expenses	66,216,039	67,489,725	66,001,589	73,127,772	-	-	-	-	-	-	-	-	272,835,121
Income from operations	1,794,255	731,717	938,210	1,026,620	-	-	-	-	-	-	-	-	4,490,806
Non-operating revenue (expense)													
Property tax revenues 1	1,583,333	1,583,333	1,583,333	1,583,333	-	-	-	-	-	-	-	-	6,333,333
Investment Income	1,022,171	(732,362)	(906,583)	292,790	-	-	-	-	-	-	-	-	(323,984)
Interest Expense	1,914,301	4,562,164	3,214,888	3,075,712	-	-	-	-	-	-	-	-	12,767,065
Interest Rate Swap	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	108,213	346,688	562,613	193,452	-	-	-	-	-	-	-	-	1,210,962
Net income ²	2,593,671	(2,632,788)	(1,037,315)	20,484	-	-	-	-	-	-	-	-	(1,055,946)
EBIDA Margin	11.7%	10.0%	9.4%	9.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.1%

¹⁼ Property Tax Revenue excludes G.O. Bonds Levy

²⁼ Excludes G.O. Bonds income / expense

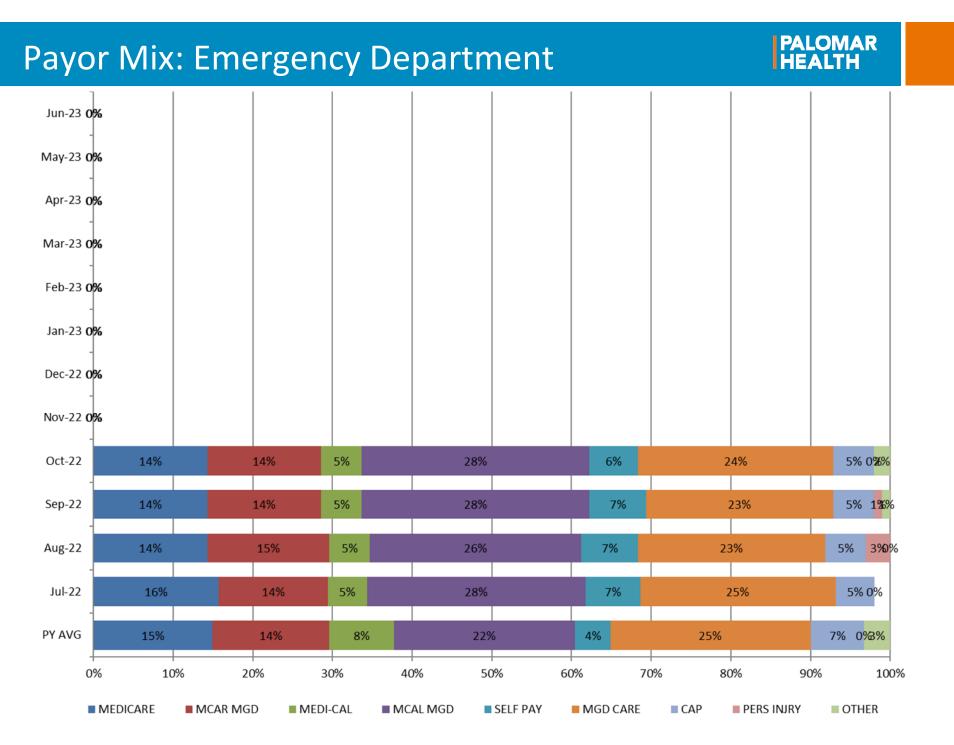
Income Statement: 13 Month Trend Excludes PHMG



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Adjusted Discharges	3,248	3,257	3,287	3,176	2,856	3,380	3,349	3,251	3,900	3,428	3,548	3,514	3,664
Operating Revenue													
Gross revenue	365,320,647	375,301,374	389,769,097	390,661,499	376,438,022	409,850,606	367,578,896	361,928,194	375,821,247	386,861,833	414,593,123	400,045,463	398,360,269
Deductions from revenue	(298, 115, 608)	(309,766,640)	(321,767,753)	(323,720,363)	(312,843,977)	(342,686,440)	(301,312,242)	(297,940,380)	(314,241,456)	(319,503,944)	(347,149,344)	(333,966,875)	(324,930,833)
Net patient revenue	67,205,039	65,534,734	68,001,344	66,941,136	63,594,045	67,164,166	66,266,654	63,987,814	61,579,791	67,357,889	67,443,779	66,078,588	73,429,436
Other operating revenue	799,323	577,425	906,377	623,210	767,618	784,547	852,459	641,173	1,310,521	652,405	777,663	861,211	724,955
Total net revenue	68,004,362	66,112,159	68,907,721	67,564,346	64,361,663	67,948,713	67,119,113	64,628,987	62,890,312	68,010,294	68,221,442	66,939,799	74,154,391
Operating Expenses													
Salaries, wages & contract labor	28,243,127	28,279,904	31,492,542	28,467,482	27,893,018	33,220,635	29,807,910	28,995,864	24,928,515	32,764,595	32,513,284	32,924,892	33,775,848
Benefits	7,955,702	7,825,197	8,894,153	8,652,948	9,556,671	5,430,822	6,823,078	7,373,649	8,232,869	8,157,659	5,548,530	7,714,185	7,659,670
Supplies	9,513,065	8,400,213	9,151,664	9,339,040	8,429,693	9,585,924	8,834,196	8,775,759	9,987,179	8,187,227	9,771,666	9,540,971	10,911,278
Prof fees & purch svcs	10,836,813	10,800,478	11,026,686	11,193,006	10,118,330	11,861,620	10,756,291	9,994,501	12,623,669	10,021,634	11,295,327	10,136,393	12,681,563
Depreciation	3,784,359	3,997,622	3,990,611	3,490,754	3,486,250	3,701,760	3,767,782	3,766,102	9,639,591	3,466,586	4,918,874	4,081,665	3,872,660
Other	4,385,408	3,389,195	(571,743)	1,605,162	1,483,063	3,899,706	3,601,095	3,627,356	(6,623,350)	3,618,338	3,442,044	1,603,481	4,226,752
Total expenses	64,718,474	62,692,609	63,983,913	62,748,392	60,967,025	67,700,467	63,590,352	62,533,231	58,788,473	66,216,039	67,489,725	66,001,587	73,127,771
Income from operations	3,285,888	3,419,550	4,923,808	4,815,954	3,394,638	248,246	3,528,761	2,095,756	4,101,839	1,794,255	731,717	938,212	1,026,620
Non-operating revenue (expense)													
Property tax revenues 1	1,583,333	1,583,333	1,583,333	1,583,333	1,583,333	1,583,333	1,583,333	1,583,333	2,767,623	1,583,333	1,583,333	1,583,333	1,583,333
Investment Income	(702,331)	(56,188)	(237,337)	(1,292,932)	(683,825)	(2,146,500)	(1,089,763)	868,329	(173,507)	1,022,171	(732,362)	(906,583)	292,790
Interest Expense	(2,356,806)	(2,255,950)	(2,279,111)	(2,289,448)	(2,242,609)	(2,328,900)	(2,269,055)	(2,299,876)	(13,300,418)	(1,914,301)	(4,562,164)	(3,214,888)	(3,075,712)
Interest Rate Swap	-	-	-	-	-	-	-	-	13,152,115	-	-	-	
Other	1,054,281	4,200,772	(705,521)	(850,110)	219,288	(580,961)	797,213	1,131,532	4,864,522	108,213	346,688	562,609	193,452
Net income ²	2,864,365	6,891,517	3,285,172	1,966,797	2,270,825	(3,224,782)	2,550,489	3,379,074	11,412,174	2,593,671	(2,632,788)	(1,037,317)	20,484
EBIDA Margin	13.2%	19.9%	13.9%	11.5%	12.4%	4.1%	12.8%	14.6%	33.7%	11.7%	10.0%	9.4%	9.4%

¹⁼ Property Tax Revenue excludes G.O. Bonds Levy

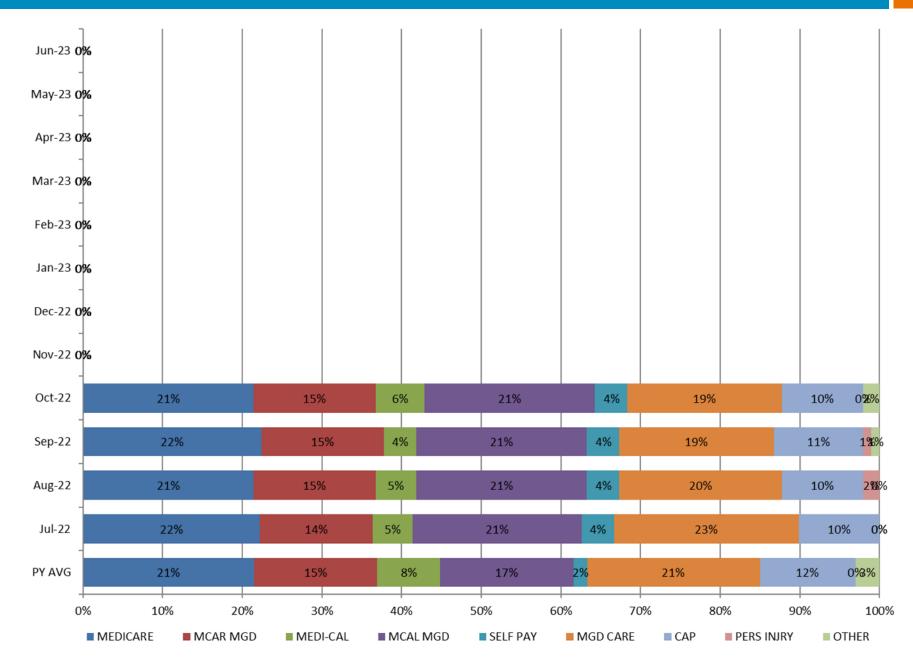
²⁼ Excludes G.O. Bonds income / expense



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Payor Mix: Gross Revenue





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Statement of Net Position: Excludes G.O. Bonds

Excludes PHMG

PA	LC	M	A	R
HE	A	LT	Н	

Assets	Oct-22	Sep-22	Jun-22
Current Assets			
Cash and cash equivalents	21,770,099	31,526,792	30,997,521
Investments	108,875,189	117,713,583	186,291,158
Board Designated	2,418,064	8,433,345	21,107,606
Total cash, cash equivalents & investments	133,063,352	157,673,719	238,396,286
Patient Accounts Receivable	430,416,274	431,048,884	400,381,312
Allowance on accounts	(269,369,009)	(268,832,473)	(251,383,493)
Net accounts receivable	161,047,265	162,216,411	148,997,820
Inventories	12,350,223	12,397,068	12,480,465
Prepaid expenses	15,533,229	15,219,771	8,682,562
Est. third party settlements	81,907,535	72,737,285	58,713,877
Other	45,257,498	41,627,574	37,918,474
Total current assets	449,159,102	461,871,828	505,189,483
Non-Current Assets			
Restricted assets	79,448,785	53,900,738	58,256,063
Restricted other	14,031,581	14,031,491	14,031,154
Total restricted assets	93,480,367	67,932,230	72,287,217
Property, plant & equipment	1,511,864,933	1,510,693,499	1,511,183,821
Accumulated depreciation	(614,796,040)	(611,470,452)	(601,520,327)
Construction in process	89,675,521	86,009,071	64,486,109
Net property, plant & equipment	986,744,415	985,232,118	974,149,602
Right of Use Assets	234,419,179	235,548,357	238,533,505
Investment related companies	6,017,232	6,862,229	6,903,551
Prepaid debt insurance costs	5,723,359	5,759,695	5,868,703
Other non-current assets	38,639,986	38,871,741	39,561,628
Total non-current assets	1,365,024,538	1,340,206,370	1,337,304,205
Total assets	1,814,183,640	1,802,078,198	1,842,493,688
Deferred outflow of resources-loss on			
refunding of debt	46,931,029	47,143,556	47,781,137
Total assets and deferred outflow of			
resources	1,861,114,669	1,849,221,754	1,890,274,825

Liabilities	Oct-22	Sep-22	Jun-22
Current Liabilities			
Accounts payable	65,855,110	49,410,391	67,371,368
Accrued payroll	29,887,628	26,237,485	30,182,511
Accrued PTO	24,609,790	24,433,989	24,932,792
Accrued interest payable	12,023,186	10,365,257	5,057,411
Current portion of bonds	14,425,000	14,425,000	14,425,000
Current portion of lease liab	6,308,546	6,294,208	5,744,577
Est. third party settlements	9,759,316	15,310,437	27,984,699
Other current liabilities	62,950,015	63,328,588	61,780,722
Total current liabilities	225,818,590	209,805,356	237,479,080
Long Term Liabilities			
Other LT liabilities	653,322	699,890	1,302,956
Bonds & contracts payable	625,098,886	625,335,817	626,046,242
Lease liabilities	245,187,574	245,692,027	247,242,225
Total long term liabilities	870,939,781	871,727,734	874,591,423
Total liabilities	1,096,758,371	1,081,533,090	1,112,070,502
Deferred inflow of resources-			
unearned revenue	7,029,780	7,038,631	6,877,684
Total liabilities and deferred inflo		, ,	, ,
of resources	1,103,788,151	1,088,571,721	1,118,948,186
Net Position			
Unrestricted	743,294,937	746,618,542	757,295,485
Restricted for other purpose	14,031,581	14,031,491	14,031,154
Total net position	757,326,518	760,650,033	771,326,639
Total liabilities, deferred inflow of	f		
resources and net position	1,861,114,669	1,849,221,754	1,890,274,825

Statement of Net Position: Includes G.O. Bonds

Excludes PHMG

PA	LC	M	A	R
HE	A	LT	Н	

Assets	Oct-22	Sep-22	Jun-22
Current Assets			
Cash and cash equivalents	21,770,099	31,526,792	30,997,521
Investments	108,875,189	117,713,583	186,291,158
Board Designated	2,418,064	8,433,345	21,107,606
Total cash, cash equivalents & investments	133,063,352	157,673,719	238,396,286
Patient Accounts Receivable	430,416,274	431,048,884	400,381,312
Allowance on accounts	(269,369,009)	(268,832,473)	(251,383,493)
Net accounts receivable	161,047,265	162,216,411	148,997,820
Inventories	12,350,223	12,397,068	12,480,465
Prepaid expenses	15,533,229	15,219,771	8,682,562
Est. third party settlements	81,907,535	72,737,285	58,713,877
Other	56,081,507	50,261,555	38,118,475
Total current assets	459,983,111	470,505,810	505,389,483
Non-Current Assets			
Restricted assets	106,426,786	79,888,792	110,141,999
Restricted other	14,031,581	14,031,491	14,031,154
Total restricted assets	120,458,368	93,920,283	124,173,153
Total restricted assets	120,430,300	33,320,203	124,173,133
Property, plant & equipment	1,511,864,933	1,510,693,499	1,511,183,821
Accumulated depreciation	(614,796,040)	(611,470,452)	(601,520,327)
Construction in process	89,675,521	86,009,071	64,486,109
Net property, plant & equipment	986,744,415	985,232,118	974,149,602
Right of Use Assets	234,419,179	235,548,357	238,533,505
Investment related companies	6,017,232	6,862,229	6,903,551
Prepaid debt insurance and other costs	7,291,644	7,341,450	7,491,373
Other non-current assets	38,639,988	38,871,743	39,561,628
Total non-current assets	1,393,570,826	1,367,776,181	1,390,812,812
Total assets	1,853,553,937	1,838,281,990	1,896,202,295
Deferred outflow of resources-loss on			
refunding of debt	49,878,003	50,108,391	50,799,553
Total assets and deferred outflow of			
resources	1,903,431,940	1,888,390,381	1,947,001,848

Liabilities	Oct-22	Sep-22	Jun-22
Current Liabilities		•	
Accounts payable	65,856,110	49,410,391	67,374,118
Accrued payroll	29,887,628	26,237,485	30,182,511
Accrued PTO	24,609,790	24,433,989	24,932,792
Accrued interest payable	20,178,993	15,805,011	21,425,246
Current portion of bonds	23,218,916	23,218,916	22,485,800
Current portion of lease liab	6,308,546	6,294,208	5,744,577
Est. third party settlements	9,759,316	15,310,437	27,984,699
Other current liabilities	27,085,308	27,155,055	24,680,710
Total current liabilities	206,904,606	187,865,492	224,810,452
Long Term Liabilities			
Other LT liabilities	653,322	699,890	1,302,956
Bonds & contracts payable	1,269,238,723	1,269,209,380	1,277,787,416
Lease liabilities	245,187,574	245,692,027	247,242,225
Total long term liabilities	1,515,079,618	1,515,601,297	1,526,332,597
Total liabilities	1,721,984,224	1,703,466,789	1,751,143,049
Deferred inflow of resources-			
unearned revenue	42,894,488	43,212,165	43,977,697
Total liabilities and deferred inflow			
of resources	1,764,878,712	1,746,678,954	1,795,120,746
Net Position			
Unrestricted	124,521,647	127,679,935	137,849,948
Restricted for other purpose	14,031,581	14,031,491	14,031,154
Total net position	138,553,228	141,711,427	151,881,102
Total liabilities, deferred inflow of			
resources and net position	1,903,431,940	1,888,390,381	1,947,001,848

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Cash Flow Statement





	Oct-22	YTD
CASH FLOWS FROM OPERATING ACTIVITIES:		
Income (Loss) from operations	1,026,620	4,490,807
Adjustments to reconcile change in net assets to net cash		
provided from operating activities:		
Depreciation Expense	4,454,766	17,503,995
Provision for bad debts	7,188,015	19,850,254
Changes in operating assets and liabilities:		
Patient accounts receivable	(6,018,869)	(31,899,703)
Property Tax and other receivables	(2,419,295)	(1,944,052)
Inventories	46,845	130,242
Prepaid expenses and other current assets	976,515	(4,221,917)
Accounts payable	16,445,719	(1,518,008)
Accrued compensation	3,825,944	(617,886)
Estimated settlement amounts due third-party payors	(14,721,371)	(41,419,041)
Other liabilities	40,866	2,689,966
Net cash provided from (used by) operating activities	10,845,755	(36,955,342)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net (purchases) sales of investments	(11,684,409)	99,820,297
Income (Loss) on investments	335,264	(165,130)
Investment in affiliates	(3,222,855)	(12,115,149)
Net cash provided from (used by) investing activities	(14,572,000)	87,540,018
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:		
Receipt of District Taxes	372,703	938,359
Net cash provided from non-capital financing activities	1,320,176	2,864,351
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIE	S:	
Proceeds on asset sale	0	37,391
Acquisition of property plant and equipment	(5,268,422)	(28,547,515)
Redevelopment Trust Fund Distributions	0	200,000
G.O. Bond Interest paid	0	(15,585,307)
Revenue Bond Interest paid	(1,557,424)	(3,883,560)
ROU Interest paid		(1,063,270)
Payments of Long Term Debt	(524,778)	(13,834,188)
Net cash used in capital and related financing activities	(7,350,624)	(62,676,449)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(9,756,693)	(9,227,422)
CASH AND CASH EQUIVALENTS - Beginning of period	31,526,792	30,997,521
CASH AND CASH EQUIVALENTS - End of period	21,770,099	21,770,099

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CONDENSED COMBINING STATEMENT OF NET POSITION OCTOBER 31, 2022

_	PH	PHMG	PAM	PAM-SD	PAC	Elim inations	Total
ASSETS							_
Current assets	519,678,834	38,115,410	393,897	1,894,849	3,340,335	(28,566,174)	534,857,150
Capital assets - net	986,744,415	5,153,330	-	-	-	-	991,897,745
Right of use assets - net	234,419,179	21,357,584				(14,477,717)	241,299,046
Non-current assets	112,711,503	6,917,965	-	-	-	(11,786,949)	107,842,519
Total assets	1,853,553,931	71,544,289	393,897	1,894,849	3,340,335	(54,830,840)	1,875,896,460
Deferred outflow of resources	49,878,003	-	-	-	-	-	49,878,003
TOTAL ASSETS AND DEFERRED OUTFLOW							
OF RESOURCES	1,903,431,934	71,544,289	393,897	1,894,849	3,340,335	(54,830,840)	1,925,774,463
LIABILITIES AND NET POSITION							
Current liabilities	203,604,660	51,757,306	2,307,848	-	2,149,584	(35,239,968)	224,579,429
Long-term liabilities	1,273,379,490	3,569,014	-	-	-	(3,500,000)	1,273,448,504
Right of use lease liabilities	245,187,574	15,781,571	-	-	-	(12,254,287)	248,714,858
Total liabilities	1,722,171,724	71,107,891	2,307,848	-	2,149,584	(50,994,255)	1,746,742,791
Deferred inflow of resources - deferred revenue	42,706,988	-	-	-	-	-	42,706,988
Total liabilities and deferred inflow of resources	1,764,878,712	71,107,891	2,307,848	-	2,149,584	(50,994,255)	1,789,449,779
Invested in capital assets - net of related debt	(212,591,363)	4,220,151	_	_	-	-	(208,371,212)
Restricted	53,910,549	-	-	-	-	-	53,910,549
Unrestricted	297,234,036	(3,783,753)	(1,913,951)	1,894,849	1,190,751	(3,836,585)	290,785,348
Total net position	138,553,222	436,398	(1,913,951)	1,894,849	1,190,751	(3,836,585)	136,324,685
TOTAL LIABILITIES, DEFERRED INFLOW OF							
RESOURCES, AND NET POSITION	1,903,431,934	71,544,289	393,897	1,894,849	3,340,335	(54,830,840)	1,925,774,464

Note: Financial Performance includes GO Bonds



CONDENSED COMBINING STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION FOR THE FOUR MONTHS ENDED OCTOBER 31, 2022

							YTD
<u> </u>	PH	PHMG	PAM	PAM-SD	PAC	Elimination	Consolidated
OPERATING REVENUE:							
Net patient service revenue	254,626,396	25,469,503	-	_	-	_	280,095,899
Shared risk revenue	19,683,297	14,279,898	-	-	-	(1,552,610)	32,410,585
Other revenue	3,016,234	3,529,554	-	-	937,640	(126,533)	7,356,895
PH Program revenue	-	3,865,837	-	-	-	(3,865,837)	-
Total operating revenue	277,325,927	47,144,792	-	-	937,640	(5,544,980)	319,863,379
OPERATING EXPENSES	256,495,336	58,923,858	(228,390)	(3,491)	446,660	(6,814,407)	308,819,566
DEPRECIATION AND AMORTIZATION	16,339,784	1,035,576	-	-	-	-	17,375,360
Total operating expenses	272,835,120	59,959,435	(228,390)	(3,491)	446,660	(6,814,407)	326,194,926
INCOME (LOSS) FROM OPERATIONS	4,490,807	(12,814,643)	228,390	3,491	490,980	1,269,427	(6,331,548)
NON-OPERATING INCOME (EXPENSE):							
Investment income	(165,129)	12	-	-	-	-	(165,117)
Unrealized loss on interest rate swap	-	-	-	-	-	-	-
Interest expense	(24,805,424)	(52,734)	-	-	-	1,281,969	(23,576,190)
Property tax revenue	18,883,333	-	-	-	-	-	18,883,333
Other - net	1,305,329	1,028,948	4,835	(3,491)	-	(1,281,969)	1,053,653
Total non-operating expense - net	(4,781,891)	976,226	4,835	(3,491)	-	-	(3,804,321)
Net income (loss) before capital contrib	(291,084)	(11,838,416)	233,225	-	490,980	-	(11,405,295)
CAPITAL CONTRIBUTIONS							-
CHANGE IN NET POSITION	(291,084)	(11,838,416)	233,225	-	490,980	-	(11,405,295)
Interfund Operating Support - PHMG Interfund Support - Graybill	(13,036,796)	11,704,610 -	-	-	-	-	(1,332,186)
Interfund - PHMG	(13,036,796)	11,704,610	-	-		-	(1,332,186)
NET POSITION - Beginning of year	151,881,102	570,204	(2,147,176)	1,894,849	699,771	(3,836,584)	149,062,166
NET POSITION - Year to date	138,553,222	436,398	(1,913,951)	1,894,849	1,190,751	(3,836,584)	136,324,685

EBIDA EBIDA Margin 29,546,255 9.2%

Note: Financial Performance includes GO Bonds

ADDENDUM C



SPECIAL CLOSED SESSION BOARD OF DIRECTOR'S MEETING MINUTES - MONDAY, NOVEMBER 14, 2022

AGENDA ITEM CONCLUSION / ACTION

DISCUSSION

I. CALL TO ORDER

Pursuant to Health Board Resolution No. 01.10.22(03)-03 the meeting was held virtually and called to order at 6:13 p.m. by Board Chairwoman Linda Greer.

NOTICE OF MEETING

Notice of Meeting was posted at Palomar Health's Administrative office as well as on the Palomar Health website on Friday, November 4, 2022, which is consistent with legal requirements.

II. ESTABLISHMENT OF QUORUM

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

Excused Absences: Directors Edwards-Tate, Griffith

III. PUBLIC COMMENTS

There were no public comments.

IV. ADJOURNMENT TO CLOSED SESSION

A. Pursuant to California Government Code § 54962 and California Health & Safety Code § 32155—HEARINGS—Subject matter: report of quality assurance committee

V. RE-ADJOURNMENT TO OPEN SESSION

VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY

There was no action resulting from closed session.

VII. FINAL ADJOURNMENT

SPECIAL CLOSED SESSION BOARD OF DIRECTOR'S MEETING MINUTES — MONDAY, NOVEMBER 14, 2022					
AGENDA İTEM		CONCLUSION / ACTION			
• DISCUSSION					
There being no further business, Chairwoman Greer adjourned the meeting at 6:36 p.m.					
Signatures:	BOARD SECRETARY	Terry Corrales, R.N.			
	BOARD ASSISTANT	Debbie Hollick			



Board of Directors Meeting Minutes - Monday, November 14, 2022

Agenda Item

Discussion

Conclusion / Action / Follow Up

NOTICE OF MEETING

Notice of Meeting was posted at the Palomar Health Administrative Office; also posted with full agenda packet to the Palomar Health website on Wednesday, November 9, 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 6:36 p.m. by Board Chairwoman Linda Greer.

II. ESTABLISHMENT OF QUORUM

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

Absences: Directors Edwards-Tate, Griffith

III. OPENING CEREMONY - Pledge of Allegiance to the Flag

The Pledge of Allegiance to the Flag was recited in unison.

MISSION AND VISION STATEMENTS

The Palomar Health mission and vision statements are as follows:

- The mission of Palomar Health is to heal, comfort and promote health in the communities we serve
- The vision of Palomar Health is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services

Board of Directors Meeting Minutes – Monday, November 14, 2022	
Agenda Item	
Discussion	Conclusion / Action /Follow Up
IV. PUBLIC COMMENTS	
There were no public comments.	
V. PRESENTATIONS	
A. Patient Experience Moment	

- Chief Administrative Officer Ryan Olsen introduced Betty Crewe, the wife of former patient Carter, who was admitted through the emergency department. Mr. and Mrs. Crew commended every Palomar Health employee they came into contact with, including nurse Dusty, who was a breath of fresh air and ensured that their house was in proper order for Carter's recuperation process. Special kudos to therapist Denise, who was like sunshine coming into their home. She explained everything she was doing with Carter and took the time to teach them how strokes affect the patient's body. Along with occupational therapist Seely, Denise took the time to teach them what to do in certain situations that could occur in the home, and provided the highest levels of love, care and empathy. Speech therapist Shawn was also exceptional; she allowed Carter to just speak and asked questions, which kept him in the limelight of responding. Social worker Sara provided an extensive list of resources Carter and Betty could reach out to for assistance. They loved every time the PH therapists came to their home. A special mention also for emergency room nurse Jordan, who showed her dedication to caring for patients. She, too, is a winner
- On behalf of the full board, Chairwoman Greer shared appreciation for Betty sharing the story of Carter's amazing recovery, thanking them both for coming to Palomar Health, and reminding them that Palomar will always be there for them

B. Employee Recognition

Chairwoman Greer welcomed the executive team assistants to the meeting, noting that these are the people who keep administration and the Board of Directors well informed and able to do their duties. The following staff members were honored for their service, and received appreciation certificates, flowers and special tributes by their supervisors:

- Carla Albright, Executive Assistant to Chief Human Resources Officer Geoffrey Washburn 5 years of service
- Dawna Barnes, Executive Assistant to Chief Security Officer Anis Trabelsi 9 months of service
- Nancy Calabria, Executive Assistant to Chief Operations Officer Stephanie Baker 6 years of service
- Gen Dieu, Executive Assistant to Chief Medical Officer Omar Khawaja 3 months of service
- Debbie Hollick, Executive Assistant to the Board of Directors 10 years of service
- Tanya Howell, Executive Assistant to Chief Financial Officer Hugh King 19 years of service
- Nanette Irwin, Executive Assistant to Chief Legal Officer Kevin DeBruin 1 year of service
- Lynda Ruiz, Executive Assistant to Chief Executive Officer Diane Hansen 1 year of service

C. Overview of the Final Bond Financing

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Board of Directors Meeting Minutes – Monday, November 14, 2022	
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- Utilizing the attached presentation, Chief Financial Officer Hugh King presented a recap of the status of the bond issue, which closes tomorrow. Palomar management and the financing team worked diligently to come to market as quickly as possible and mitigate risks to the system while funding vital capital needs. The presentation included the list of myriad benefits the organization would realize with this bond offering. The financing restructured existing net debt service, providing Palomar with upfront debt service reduction of approximately \$9.9 million through 2027, while allowing it to finance \$114 million in new money needs
- Mr. King was gratified to learn that investors were extremely supportive of Palomar's bond offering; 57 investors placing over \$3.27BN of aggregate (series 2022A+2022B) orders (13.24x subscription) including 28 new investors to Palomar. Investors who participated in 1x1 calls with Palomar Management accounted for \$1.05BN of orders
- Mr. Clark asked for clarification of the dollar amount of the bonds and what the total interest cost would be over the next 30 years. Also asked why the bonds were not refunded when the interest rate was much lower. President and CEO Diane Hansen responded that there are only certain timeframes when bonds can be refunded. If the organization would have done so at that time, due to the swap it would have cost the organization approximately \$40 million, which it did not have, to refund those bonds and reissue new debt. Palomar also did not have the debt capacity at that time. Mr. King added that Palomar is coming off the two best years financially in the history of the organization by growing its margin and volume
- Ms. Hansen gave kudos to Mr. King and the entire finance team for their monumental efforts to make this happen in such a short timeframe in order to take this to the
 market. She noted that Citi leadership called PH arguably the best financially performing hospital in the nation. We can now finish the build out of the Escondido campus
 as well as the much needed refurbishment of PMC Poway. The strength and resilience of the organization and this team in driving performance; along with the board
 support and trust, is the reason we have such a successful offering
- Chairwoman Greer lauded the team, noting that these efforts will undo what the previous CEO's have done by utilizing the swap, which will be an extremely good thing for the organization. The board is proud that they can rely on their CEO to do what needs to be done for the betterment of the organization

VI. APPROVAL OF MINUTES

Board of Directors Meeting Minutes - Monday, November 14, 2022 Agenda Item Conclusion / Action / Follow Up Discussion A. Board of Directors Meeting - Monday, October 10, 2022 A. **MOTION:** By Director Pacheco, 2nd by Director Corrales B. Special Full Board Audit & Compliance Committee Meeting - Tuesday, October 18, 2022 and carried to approve agenda item VI.A. Board of Directors Meeting - Monday, October 10, 2022 with edit as discussed below. Roll call voting was utilized. Director Corrales – ave Director Griffith – absent Director Greer - aye Director Barry – aye Director Clark – ave Director Pacheco - ave Director Edwards-Tate - absent Chairwoman Greer announced that five board members were in favor. None opposed. No abstentions. Two absences. Motion approved. B MOTION: By Director Corrales, 2nd by Director Barry and carried to approve agenda item VI.B. Special Full Board Audit & Compliance Committee Meeting - Tuesday, October 18, 2022 as presented. Roll call voting was utilized. Director Corrales – ave Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark - ave Director Pacheco - ave

- A. Director Pacheco noted a needed revision re: his attendance
- B. There was no discussion

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

- 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

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

Chairwoman Greer announced that five board members were in favor. None opposed. No abstentions. Two

Director Corrales – aye
Director Greer – aye
Director Greer – aye
Director Clark – aye
Director Pacheco – aye

Director Edwards-Tate – absent

Director Edwards-Tate - absent

absences. Motion approved.

Chairwoman Greer announced that five board members were in favor. None opposed. No abstentions. Two absences. Motion approved.

Board of Directors Meeting Minutes – Monday, November 14, 2022

Agenda Item

• Discussion

Conclusion / Action /Follow Up

There was no discussion

VIII. REPORTS

A. Medical Staffs

1. Palomar Medical Center Escondido

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

• Thanked Palomar Health Medical Group Chief Executive Officer Ryan Olsen for his efforts to resolve the recent OB staffing issues

• The physician engagement survey has been completed; currently awaiting results, which will be shared with the Medical Executive Committee and the board

• At present there is a significant increase in RSV (respiratory syncytial virus) patients and a minimal amount of flu patients

• Current COVID census - 16 patients in house; 1 on a ventilator

• Chairwoman Greer thanked Dr. Pasha for her report

2. Palomar Medical Center Poway

Board of Directors Meeting Minutes - Monday, November 14, 2022

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Discussion

Conclusion / Action / Follow Up

In Palomar Medical Center Poway Chief of Staff Dr. Edward Gurrola's absence, Palomar Medical Center Poway Chief of Staff-elect Dr. Sam Filiciotto provided the following report:

Care:

- Looking forward to the results of the Physician Engagement survey, which should be presented at the next Medical Executive Committee meeting
- Necrotizing Fasciitis Policy for Poway hinges on NCEMA contract which was still in negotiations as of 10/25

Communication:

Discussed possible group meetings of board members in small groups with staff physicians on a regular basis

Equipment & Facilities:

- Surgery Center in the Poway Outpatient Pavilion opened and overcame their first major opportunity for improvement Bruce Grendell, Director of Perioperative Services with help from Mel Russell, Jen Rogers of SPD (Sterile Processing Department) and administrator Hadeel Besser of ASC (Ambulatory Surgery Center) quickly made a contract with the parent company to sterilize equipment due to a broken compressor, allowing patients to keep their scheduled opening day surgeries by Drs. Palanca and Patel without delays
- Dragon One transcription system due to start on 12/15/22
- Former 3rd floor Psych beds are being made ready for MedSurg patients-to be completed in the coming weeks
- Still only running 3 operating rooms no date for 4th room opening due to staffing & anesthesia availability
- New physician sleep room now open

Honors:

• Stephanie Baker and Dr. Ginther got a shout out for their quick work putting in a much-needed new computer workstation in the physician lounge

Needs:

Still concerns with staffing throughout the district

Staff:

We have new officers in place for 2023 – Dr. Filiciotto, Chief of Staff, Dr. Goldsworthy, Chief of Staff-elect, Dr. Bromley, Secretary. Will be installed at December 6th PMC Poway Medical Staff meeting

Future Directions:

- New Breast Surgeon and colorectal surgeon/s possibly joining PHMG (Palomar Health Medical Group) in near future
- 1. President and CEO
- Palomar Health President and CEO Diane Hansen reported that San Diego Magazine has honored several Palomar Health physicians with its Top Doctor award for 2022. The organization has taken out full page ad space in the magazine to celebrate them and the great work they do every day. Award recipients are Dr. Sawhney, Dr. Yphantides, Dr. Zakko, Dr. Haberman, Dr. Bried, Dr. Cohen, Dr. Patel, Dr. Owsley, Dr. Peters, Dr. Prabhakar, Dr. Meyerhoff and Dr. Malek. Congratulations to all!
- 2. Chairwoman of the Board

Board of Directors Meeting Minutes - Monday, November 14, 2022 Agenda Item Conclusion / Action / Follow Up **Discussion** Chairwoman Greer awarded Ms. Hansen with her 10-year pin, noting that it gives her great pleasure to present this award on behalf of the board and to recognize her service and accomplishments. Noted that Mrs. Hansen is very personable; people are at the core of this organization. She is extremely talented, compassionate and hard-working, and her dedication to serving our patients is what allows us to continue our purpose, which is to provide high quality healthcare to the communities we serve. Together we strive for excellence, and we are achieving it IX. *APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS A. California Health Facilities Financing Authority (CHFFA) Nondesignated Public Hospital Bridge Loan A. For presentation and information only; no vote needed. Program II B. **MOTION:** By Director Clark, 2nd by Director Pacheco B. Resolution No. 11.14.22(01)-25 of Palomar Health, Authorizing Execution and Delivery of a Loan and and carried to approve Resolution No. 11.14.22(01)-25 of Security Agreement, Promissory Note, and Certain Actions in Connection Therewith for the California Palomar Health, Authorizing Execution and Delivery of a Health Facilities Financing Authority Nondesignated Public Health Bridge Loan Program II 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 as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark - ave Director Pacheco - ave Director Edwards-Tate – absent Chairwoman Greer announced that five board members

Α.

• Utilizing the presentation distributed in the meeting packet, Mr. King provided a high level summary of the (CHFFA) program, noting that the mission of CHFFA 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

were in favor. None opposed. No abstentions. Two

absences. Motion approved.

B. There was no discussion

gend	la Item	
•	Discussion	Conclusion / Action /Follow Up
C. D.	Board Governance Committee Charter Extraordinary Event Management - Lucidoc Policy #58872	C. MOTION: By Director Barry, 2 nd by Director Corrales and carried to approve the Board Governance Committee Charter as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – absent Chairwoman Greer announced that five board members were in favor. None opposed. No abstentions. Two absences. Motion approved.
		D. MOTION: By Director Corrales, 2 nd by Director Pacheco and carried to approve Extraordinary Event Management - Lucidoc Policy #58872 as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – absent Chairwoman Greer announced that five board members were in favor. None opposed. No abstentions. Two absences. Motion approved.
C. D.	There was no discussion Chairwoman Greer noted there were many edits to the document. Chief Legal Officer Kevin DeBruin explainature, with additional clarifying language being added as well	ned that most of them are housekeeping and grammatical in
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	E. MOTION: By Director Corrales, 2 nd by Director Barry and carried to approve Extraordinary Event Managemen - Lucidoc Policy #58872 as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – no Director Pacheco – aye Director Edwards-Tate – absent Chairwoman Greer announced that four board members were in favor. One opposed. No abstentions. Two absences. Motion approved.

Board of Directors Meeting Minutes - Monday, November 14, 2022 Agenda Item Conclusion / Action /Follow Up Discussion Mr. DeBruin read the resolution aloud Chairwoman Greer stated for the record that two board ad hoc committees met in this regard, receiving guidance from the Chief Human Resources Officer. Also added that this process should have been completed earlier in the year, however the board wanted to perform the appropriate due diligence in accordance with this process Director Clark asked if the validation for the CEO hitting the target and goals needed to trigger the bonus was done by an outside firm. Chairwoman Greer reminded Mr. Clark that all of the board members met to review the CEO evaluation that was conducted by the Association of California Healthcare Districts (ACHD), an external entity that's main and only focus is foster the success of healthcare districts in the state of California. The goals were also verified via an external third party X. COMMITTEE REPORTS (information only unless otherwise noted) A. Audit and Compliance Committee Committee Chairwoman Greer reported that the Special Full Board Audit & Compliance Committee meeting held in lieu of committee meeting B. Community Relations Committee Committee Chair Corrales shared highlights from the meeting summary, which was included in the agenda packet C. Finance Committee Committee Chair Barry reported that the committee was dark in October Director Clark asked why the most recent monthly financial data is not available. Mr. King noted that the September data has been posted on Electronic Municipal Market Access (EMMA) website, however it not been posted to the PH website as it generally goes through the Board Finance Committee first. He added that, now that the bond and audit issues are completed, the process should resume whereby sharing of the data prior to the bi-monthly committee meetings can continue Outside Counsel Jessica Brown raised a point of order to request that discussion be moved back to Chairwoman Greer to continue moving through the meeting agenda to the Governance Committee Report D. Governance Committee The October committee meeting summary was included in the agenda packet. E. Human Resources Committee Committee Chair Corrales reported that the committee was dark in October. F. Quality Review Committee Committee Chairwoman Greer reported that the Special Full Board Audit & Compliance Committee meeting was held in lieu of committee meeting on October 18, 2022; the minutes for which can be found on the Palomar Health website

Board of Directors Meeting Minutes – Monday, November 14, 2022				
Agenda Item				
• Discussion		Conclusion / Action /Follow Up		
G. Strategic & Facilities Planning Committee				
 committee summary, and requested to do so The committee reviewed a comprehensive pro 	at this time esentation that provided an overview of the Orthopedics se anding service to our orthopedic patients. The program has s	st meeting he was unable to share highlights from the previous rvice line with a focus on spine surgery, noting that it had been swon many prestigious awards. Committee to review the		
Signatures:	Board Secretary Board Assistant	Terry Corrales, R.N. Debbie Hollick		

November 14th, 2022

Series 2022 Overview

PALOMAR HEALTH



Palomar Acted Swiftly to Achieve Several Goals and Objectives

Palomar Management and the financing team worked diligently to come to market as quickly as possible and mitigate risks to the System while funding vital capital needs.

Fund New Money Needs



- New money borrowing of \$114.25 million to finance vital projects for Palomar that will be revenue-accretive once completed, including:
 - Building the 10th and 11th floors of Palomar Medical Center Escondido,
 - Replacement of the cardiac catherization laboratories at Palomar Medical Center Escondido,
 - Remodeling of the Palomar Medical Center Poway emergency room
- The taxable portion of new money (\$14.25 million) can be used to replenish cash on the Balance Sheet

Capture Savings and/or Free up Cashflow



- Financing new money needs with public debt blended with a refunding of Palomar's 2006 auction rate bonds confers multiple benefits to the System, including:
 - Carved a "window" of cash flow relief by pushing out principal and freeing up ~\$9.9 million in debt service payments over the next 5 years compared to pre series 2022 debt service
 - Wrapping debt service in later years sets the foundation for the creation of an aggregate level debt profile in future issuances

Eliminate the Swap



- Eliminating the swap eliminates the mark to market exposure, ongoing basis risk¹ and counterparty exposure to collateral posting
 - The swap was terminated at a value of -\$7.262 Million
 - Basis risk¹ has averaged -99 basis points since inception
 - Basis risk¹ was approximately -75bps at the time of termination (contrasted against the worst point, of -1,390 bps)
- Palomar's swap is integrated with the 2006 Bonds; therefore, we were able to finance the swap termination payment with tax-exempt bond proceeds



Basis Risk is the risk that the floating rate received under the swap is less than the swap rate paid on the risk that the floating rate received under the swap is less than the saving

The Bond Offering Provides Multiple Benefits to Palomar

DSRF Release

Insurance enabled a release of \$12.7 million of prior DSRF moneys to pay off existing debt

Swap Termination

The swap was terminated at a value of \$7.262 Million, near the lowest level since 2008.

Restructured Debt Profile

Wrapping debt service in later years sets the foundation for the creation of an aggregate level debt profile in future issuances

Capitalized Interest

Capitalized interest on the new money bonds through 11/1/2025 provides additional cashflow relief of ~\$16.5 million



5 - Year Cashflow Window

Provided cash flow relief of ~\$9.9 million in debt service payments through FY 2027 compared to the pre-Series 2022 debt service

Excellent Investor Interest: 57 Total Investors Including 28 New Investors

28 new investors received \$63.7 million in allotments, making up 24% of the offering

Elimination of Basis Risk

Eliminated the mark to market exposure, ongoing basis risk¹ and counterparty exposure to collateral posting by terminating the swap

Upsize of New Money

Increased the taxable Series 2022B par by \$14.25 million to capture more of the excess investor demand and provide additional unencumbered funds to Palomar



¹ Basis Risk is the risk that the floating rate received under the swap is less than the straightful rate paid on the swap is less than the straightful rate paid on the swap is less than the swap is

Funded Capital Needs, Enhanced Cash Flow and Reduced Risks to Palomar

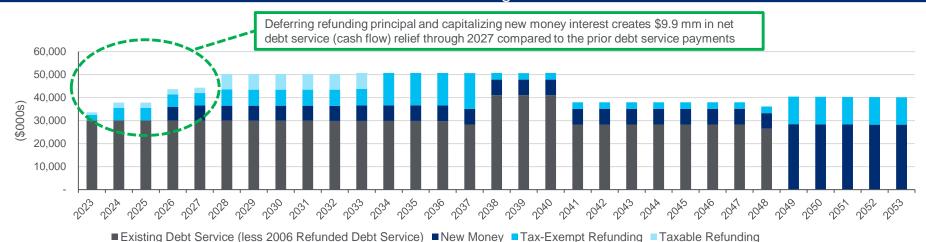
The financing restructured existing net debt service, providing Palomar with upfront debt service reduction of approximately \$9.9 million through 2027, while allowing Palomar to finance \$114 million in new money needs.

(\$ in thousands)

(\$ managamag)	Sources and Use	s	
	Series 2022A Tax- Exempt	Series 2022B Taxable	Total
Sources			
Par Amount	\$229,165	\$33,790	\$262,955
Premium (Discount)	(\$5,362)	\$ -	(\$5,362)
DSRF Release	\$9,629	\$3,118	\$12,747
Total Sources	\$233,432	\$36,908	\$270,340
Uses			
Project Fund	\$100,000	\$14,250	\$114,250
Escrow Deposit	\$104,730	\$20,558	\$125,288
Capitalized Interest	\$15,652	\$ -	\$15,652
Cost of Issuance	\$3,314	\$489	\$3,803
Insurance	\$3,672	\$412	\$4,084
SWAP Termination Payment	\$6,064	\$1,198	\$7,262
Total Uses	\$233,432	\$36,908	\$270,340

Financing Statistics				
	Total			
Financing Statistics				
True Interest Cost (TIC)	5.83%			
All-In TIC	6.11%			
Arbitrage Yield	5.55%			
Average Coupon	5.31%			
Average Life (years)	22.1			
Total Net Debt Service	\$562,117			
Post Financing Debt Profile				
Aggregate MADS (Current: \$41,845)	\$50,326			
Avg Aggregate Annual Debt Service	\$44,127			
2023 - 2027 Net Debt Service (Cash Flow) Relief	\$9,908			

Post Insured 2022 Financing Net Debt Profile



Palomar Terminated its 2006 Swap at Near the Lowest Cost Since 2008

Swap valuation is driven by changes in the level of swap rates: as rates go down, the swap valuation becomes more of a liability to Palomar and vice versa. Palomar locked-in a termination payment of \$7.262 on 10/27/2022.







Investors Were Extremely Supportive of Palomar's Bond Offering

Investors demonstrated extremely strong interest in Palomar, with 57 investors placing over \$3.27BN of aggregate (series 2022A+2022B) orders (13.24x subscription) including 28 new investors to Palomar. Investors who participated in 1x1 calls with Palomar Management accounted for \$1.05BN of orders.

Series 2022 A & B Investors

	Investor	Investor Type	Reporting Status	Total Pre-Drop Orders	Total Post-Drop Orders	Total Allotments
1	Belle Haven Investments	SMA	Reporting	231,780	231,780	11,130
2	PIMCO	MF / SMA	Reporting	226,780	226,780	17,755
3	Franklin Advisers	MF / SMA	Reporting	226,780	226,780	18,195
4	MacKay Shields / NY Life	Insurance	Reporting	226,780	226,780	18,185
5	Invesco	Mutual Fund	Reporting	214,725	214,725	16,950
6	MFS Investment Mgmt	Mutual Fund	Reporting	214,465	214,465	16,265
7	Nuveen Asset Mgmt	MF / SMA	Reporting	180,920	180,920	19,500
8	The Vanguard Group	Mutual Fund	Reporting	165,975	165,975	15,930
9	Capital Research & Mgmt	Mutual Fund	Reporting	161,340	161,340	13,950
10	Whitehaven Asset Mgmt	Alternative	Non-Reporting	160,805	160,805	9,000
11	Putnam Investment Mgmt	Mutual Fund	Reporting	96,390	116,390	7,840
12	Old Orchard Capital Mgmt	Alternative	Non-Reporting	87,000	87,000	9,500
13	T. Row e Price	Mutual Fund	Reporting	81,390	81,390	6,350
14	American Century Investment Mgmt	Mutual Fund	Reporting	80,000	80,000	6,500
15	Mizuho Securities	Alternative	Non-Reporting	75,000	75,000	4,250
16	Morgan Stanley	Other	Non-Reporting	60,000	60,000	4,000
17	One Oak	SMA	Non-Reporting	42,000	42,000	3,000
18	Charles Schw ab Inv Mgmt	MF / SMA	Reporting	40,585	40,585	2,440
19	Allspring Global	MF / SMA	Reporting	40,000	40,000	3,500
20	First Trust Advisors	Mutual Fund	Reporting	35,795	35,795	2,100
21	Baird & Co	MF / SMA	Reporting	35,585	20,000	5,500
22	Good Hill Partners	Alternative	Non-Reporting	35,000	35,000	3,000
23	16th Amendment Advisors	Alternative	Non-Reporting	32,315	32,315	1,500
24	Fidelity Investment Mgmt	MF / SMA	Reporting	32,055	32,055	2,810
25	Delphi Capital Mgmt	Insurance	Reporting	30,115	30,115	6,250
26	Susquehanna Intl	Alternative	Non-Reporting	30,000	30,000	3,500
27	Whitebox Advisors	Alternative	Non-Reporting	30,000	30,000	2,000
28	Millennium Partners	Alternative	Non-Reporting	30,000	30,000	2,500
29	Sentry Insurance	Insurance	Reporting	29,750	29,750	4,200

Investor	Investor Type	Reporting Status	Total Pre-Drop Orders	Total Post-Drop	Total Allotments
20 LD Margas ClO (Deals)	Donle	Non Departing	20.040	Orders	2 000
30 J.P. Morgan ClO (Bank)	Bank Alternative	Non-Reporting	28,610	28,610	2,600
31 Bluefin Trading		Non-Reporting	28,000	28,000	3,000
32 GenTrust Wealth Mgmt	SMA	Non-Reporting	27,405	27,405	250
33 Thornburg Inv Mgmt	Mutual Fund	Reporting	24,630	24,630	825
34 Manulife Asset Mgmt	Insurance	Reporting	21,390	21,390	1,065
35 Verition	Alternative	Non-Reporting	20,000	20,000	1,000
36 Hexagon Asset Mgmt	SMA	Non-Reporting	20,000	20,000	1,000
37 Pioneer Investment Mgmt	Mutual Fund	Reporting	20,000	0	0
38 Victory Capital Mgmt	MF/SMA	Reporting	16,315	16,315	1,500
39 Blue Mountain Capital	Alternative	Non-Reporting	15,000	15,000	1,000
40 Spring Lake Asset Mgmt	Alternative	Non-Reporting	15,000	15,000	1,750
41 Cincinnati Financial Corp	Insurance	Reporting	11,500	11,500	1,540
42 Deutsche Inv Mgmt	MF / SMA	Reporting	10,000	10,000	1,000
43 Gulfstream Capital	Alternative	Non-Reporting	10,000	10,000	250
44 Lord Abbett	MF / SMA	Reporting	9,655	9,655	855
45 Multi-Bank Securities	Other	Non-Reporting	9,000	9,000	600
46 Foundation Capital (FCO)	Alternative	Non-Reporting	8,000	8,000	500
47 Sit Investment Associates	MF / SMA	Reporting	7.700	7.700	2.700
48 City National Rochdale	MF / SMA	Reporting	7.000	7.000	1,520
49 Valley National Bancorp	Bank	Non-Reporting	5,000	5,000	250
50 Maritime Capital	Alternative	Non-Reporting	5,000	5,000	500
51 Raymond James & Associates	SMA	Non-Reporting	5,000	5,000	250
52 Macquarie (Delaw are) Inv Mgmt	Mutual Fund	Reporting	5,000	5,000	500
53 Lancer Global Investment	Alternative	Non-Reporting	4,850	4,850	250
54 Ameriprise Financial Advisors	SMA	Non-Reporting	2,000	2,000	200
55 Alagna Advisors	Alternative	Non-Reporting	1,500	1,500	100
56 Kore Private Wealth LLC	SMA	Non-Reporting	1,500	1,500	250
57 Mainline West	Alternative	Non-Reporting	1,000	1,000	100
Total			3,273,385	3,257,800	262,955

Represents new investor to Palomar

Absolute Transaction Participation	# of Investor Participants (Pre-Drop Orders)	# of Investor Participants (Post-Drop Orders)	# of Investors Allocated	Pre-Drop Orders (\$000s)	Post-Drop Orders (\$000s)	Allotments (\$000s)	Allotments (%)
New Overall Investor (to Palomar)	29	28	28	733,225	717,640	63,690	24%
New Primary Investor	33	32	32	1,098,505	1,082,920	84,770	32%
New COP / Revenue Investor	14	13	13	432,350	416,765	42,730	16%
New Reporting Investor	10	9	9	284,060	268,475	31,440	12%
New Non-Reporting Investor	19	19	19	449,165	449,165	32,250	12%
Existing Reporting Investor	16	16	16	1,922,975	1,922,975	154,220	59%
Reporting Past Investor	3	3	3	277,365	277,365	21,195	8%
Non-Reporting Past Investor	9	9	9	339,820	339,820	23,850	9%
Total	57	56	56	3,273,385	3,257,800	262,955	100%
			Subscription	13.24x	12.39x	1.00x	

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ADDENDUM D

OBHG California, PC

First Quality Metric Addendum to Professional Services Agreement Obstetrics and Gynecologic Physician Coverage

то:	Board Finance Committee					
MEETING DATE:	Wednesday, November 30, 2022					
FROM:	Sheila Brown, RN, MBA, FACHE, Former Chief Operations Officer					
North County, includ Obstetrician and Gynec	Background: Palomar Medical Center Escondido provides services for women in the North County, including OB/GYN. These women's health programs require an Obstetrician and Gynecologist to be in-house on a 24-hour, 7 days per week, basis. OBHG will additionally assist with the development of an obstetrics emergency department at the Hospital's facility.					
	a Bonus Metric related to quarterly multidisciplinary formal nformal staff education.					
Budget Impact: B	Budgeted					
Staff Recommendation	n: Approval					
Committee Questions:						
COMMITTEE RECOMM	ENDATION:					
Motion:						
Individual Action:						
Information:						
Required Time:						

Section	_	
Reference	Term/Condition	Term/Condition Criteria
	TITLE	First Quality Metric Addendum to Professional Services Agreement
	AGREEMENT DATE	Original: April 30, 2021
		1st Quality Metric Amendment: June 1, 2022
	PARTIES	Palomar Health and OBHG California
	PURPOSE	Original: To provide in-house obstetrical and gynecological coverage on a 24-hour, 7 days per week basis, as well as development of an obstetrics emergency department with 2 OB/GYNs and 1 CNM in-house 24/7 1st Quality Metric Amendment: Addition of a Bonus Metric related to quarterly multidisciplinary formal education and weekly informal staff education
	SCOPE OF SERVICES	Provide in-house physician coverage for unassigned or emergent obstetric patients, provide consultative services and possible surgical services for unassigned emergent gynecologic patients; respond to all unassigned walk-in obstetrical and gynecologic calls/consults in ED or elsewhere in hospital; assist with discharge planning, including assistance with arranging for follow-up consultation
	PROCUREMENT METHOD	☐ Request For Proposal ☑ Discretionary
	TERM	April 30, 2021 – May 1, 2024
	RENEWAL	None
§§Sections 3.4, 3.5, 3.6	TERMINATION	30 days if breached; termination upon bankruptcy; termination due to violation of patient health, safety.
	FAIR MARKET VALUATION	☑ YES □ NO – DATE COMPLETED: 4/28/21
	COMPENSATION	Monthly
	METHODOLOGY	
	BUDGETED	☑ YES □ NO – IMPACT:
	EXCLUSIVITY	☑ No ☐ YES – EXPLAIN:
	JUSTIFICATION	
	AGREEMENT NOTICED	☐ YES ☐ No Methodology & Response:
	ALTERNATIVES/IMPACT	
	Duties	 ☑ Provision for Staff Education ☑ Provision for Medical Staff Education ☑ Provision for participation in Quality Improvement □ Provision for participation in budget process development
	COMMENTS	
	APPROVALS REQUIRED	□ VP □ CFO □ CEO □ BOD Committee □ BOD

Palomar Health Director, Medical Informatics Bret Ginther, M.D.

Board Finance Committee

TO:

MEETING DATE:	Wednesday, November 30, 2022	
FROM:	Brian Cohen, Sr. Director District Service Lines	
effective selection, imp systems. The Medical D	ctive selection, implementation, use, and benefits realization of clinical information ems. The Medical Director of Informatics operates at a critical nexus, bridging the gap ween practicing clinicians and the IT departments. Dr. Ginther has served in this	
Budget Impact: Budget	:ed	
Staff Recommendation	: Approval	
Committee Questions:		
COMMITTEE RECOMMI	ENDATION:	
Motion:		
Individual Action:		
Information:		
Required Time:		

Section	1 AEOMAI	R HEALIH - AGREEMENT ABSTRACT
Reference	Term/Condition	Term/Condition Criteria
I/GIGIGIICE	TITLE	Original: Medical Director Agreement
	IIILE	<u>Current</u> : Third Amendment to Medical Director Agreement
	AGREEMENT DATE	Original: May 18, 2017
	AGREEMENT DATE	<u>Current</u> : June 15, 2022
	PARTIES	Palomar Health and Bret Ginther, M.D.
	PURPOSE	Original: Physician leadership and support of the Medical Informatics
	I OKFOSE	Program.
		Current: Reinstate and amend term and compensation
	SCOPE OF SERVICES	Physician will manage, generally supervise, and direct the Medical
		Informatics Program.
	PROCUREMENT	☐ Request For Proposal X Discretionary
	METHOD	A Biodictionary
	TERM	<u>Original</u> : May 18, 2017 – May 17, 2018
	1 =1 1	First Amendment: May 18, 2018 – May 17, 2019
		Second Amendment: May 18, 2019 – May 17, 2020
		Third Amendment: June 15, 2022 – June 30, 2023
	RENEWAL	None.
	TERMINATION	Either party may terminate this Agreement without cause upon thirty
		(30) days' prior written notice.
	FAIR MARKET	X YES □ NO – DATE COMPLETED: 8/13/2021
	VALUATION	
	COMPENSATION	The Parties hereby acknowledge and agree that the compensation
	METHODOLOGY	hereunder is the product of bona fide arms-length negotiations and
		represents a commercially reasonable and fair market value payment
		for the Services to be furnished hereunder without regard to the
		volume or value of federal health care program or any other business
		generated by and among the Parties.
	BUDGETED	X YES □ NO - IMPACT:
	EXCLUSIVITY	X NO ☐ YES – EXPLAIN:
	JUSTIFICATION	Hospital owns and operates several acute hospitals and other
		facilities which require physician leadership and support of the
		Medical Informatics Program.
	AGREEMENT NOTICED	☐ YES X NO Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
	Duties	☐ Provision for Staff Education
		☐ Provision for Medical Staff Education
		☐ Provision for participation in Quality Improvement
	0	☐ Provision for participation in budget process development
	COMMENTS	None.
	APPROVALS REQUIRED	X VP X-CFO □ CEO X-BOD-Committee – Finance; X-BOD

Palomar Health Trauma Recovery Center Physiatrist Agreement

TO:	Board Finance Committee
MEETING DATE: Wednesday, November 30, 2022	
Michelle Sho	arragan, FACHE, PT, MOMT, DPT Vice President Continuum Care ores, RN, MSN, MBA-HC, CEN, Director Forensic Health Services Recovery Services
The new department provides no cost mer Traumatic and Anoxi qualifying event. This contract with Angel Cl brain injury and physexperience with the partnership with TRC Services the incumb treatment to TRC clie and chronic qualify	Palomar Health operates the grant-funded Trauma Recovery Center. It is funded by California Victims of Crime Board (CalVCB) and a health services for victims of crime. The services will include a fic Brain Injury Clinic for those that have suffered an assault or a sagreement will allow Palomar Health Trauma Recovery Center to hang, MD., ("Physician" Group) for a Physiatrist. Dual board-certified ical medicine & rehabilitation physician (physiatrist) with extensive post-acute population at the Palomar Health TRC. Working in C Manager and clinical director and Director of Trauma Recovery cent will provide consultation and direct assessment and brief tents suspected of anoxic and traumatic braining injury from acute and trauma, medical illnesses and complex psychiatric and the TRC and participate weekly in TRC treatment planning
Budget Impact: E	Budgeted
Staff Recommendat	ion: Approval
Committee Question	ns:
COMMITTEE RECO	MMENDATION:
Motion:	
Individual Action:	
Information:	
Required Time:	

Section	PALUWAR	
Reference	Term/Condition	Term/Condition Criteria
	TITLE	Professional Services for Physiatrist for the Trauma Recovery
		Center
	AGREEMENT DATE	Effective date is July 1, 2022
	PARTIES	Angel Chang, MD., ("Physician" Group) and Palomar Health
_		("Hospital")
	PURPOSE	Palomar Health desires to retain Physician Group to Provide board certified physiatrist at the Palomar Health TRC
	SCOPE OF SERVICES	Professional Services: This position is for a board certified physiatrist at the Palomar Health TRC. Working in partnership with TRC Manager and clinical director and Director of Trauma Recovery Services the incumbent will provide consultation and direct assessment and brief treatment to TRC clients suspected of having anoxic and traumatic brain injury from acute and chronic trauma, medical illnesses and complex psychiatric and psychosocial problems at the TRC and participate weekly in TRC treatment planning meetings. Physiatrist will develop and participate with client treatment plan and submit referrals for qualifying TRC clients.
	PROCUREMENT	□ Request For Proposal ☑ Discretionary
	METHOD	F# # 11 4 0000
	TERM	Effective July 1, 2022, expires June 30, 2023.
	RENEWAL	None
	TERMINATION	This Agreement shall terminate on June 30, 2023 unless earlier terminated in accordance with the terms of this Agreement.
	FAIR MARKET VALUATION	✓ YES □ NO – DATE COMPLETED: 09/13/2021
	COMPENSATION METHODOLOGY	Professional will be paid by hospital on a monthly basis
	BUDGETED	☑ YES □ No – IMPACT: \$125 an hour for a max \$51,000
	EXCLUSIVITY	□ No □ YES – EXPLAIN:
	JUSTIFICATION	Required position for grant compliance and penal code compliance.
	AGREEMENT NOTICED	☐ YES ☐ NO Methodology & Response:
	ALTERNATIVES/IMPACT	Will not be in compliance for funding without this position. Needs to be contracted by July 2022 for grant compliance. Risk of losing funding for service in upcoming grant application.
	Duties	X Provision for Staff Education X Provision for Medical Staff Education X Provision for participation in Quality Improvement X Provision for participation in budget process development
	COMMENTS	· · · · · · · · · · · · · · · · · · ·
	APPROVALS REQUIRED	□ VP □ CFO □ CEO □ BOD Committee □ BOD

MEDICAL DIRECTOR AGREEMENT INTERVENTIONAL RADIOLOGY DEPARTMENT MICHAEL NOUD, MD

Board Finance Committee

TO:

MEETING DATE: Wednesday, November 30, 2022
ROM: Omar Khawaja, MD, MBA, Chief Medical Officer
Background: This contract represents the Medical Director Agreement for the interventional Radiology Department at Palomar Medical Center Escondido in accordance with the Medical Staff by-laws, rules and regulations, policies, and procedures of Palomar Health. The Medical Director will manage, generally supervise, and direct the medical administrative operations of the Program.
Budget Impact: Budgeted
staff Recommendation:
Committee Questions:
COMMITTEE RECOMMENDATION:
Motion:
ndividual Action:
nformation:
Required Time:

Section	1 7 12 0 11 11 11	HEALTH - AGREEMENT ADSTRACT
Reference	Term/Condition	Term/Condition Criteria
T C T C T C T C T C T C T C T C T C T C	TITLE	Medical Director Agreement
	AGREEMENT DATE	July 15, 2022
	PARTIES	Palomar Health, a California healthcare district, and Michael Noud, M.D.
Recitals A	PURPOSE	Hospital owns and operates several acute hospitals and other facilities which require physician leadership and support of the Interventional Radiology unit/department at Palomar Medical Center Escondido.
Recital C	SCOPE OF SERVICES	Hospital and physician have agreed that Physician will manage, generally supervise, and direct the medical administrative operations of the Interventional Radiology unit/department in accordance with this Agreement.
	PROCUREMENT METHOD	☐ Request For Proposal X Discretionary
	TERM	July 15, 2022 – July 14, 2024
	RENEWAL	None.
13.a) – c)	TERMINATION	Either party may terminate this Agreement without cause upon sixty (60) days' prior written notice.
	FAIR MARKET VALUATION	X YES □ NO - DATE COMPLETED: 09/23/2020
2.2	COMPENSATION METHODOLOGY	Fair Market Value. The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide armslength negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of a federal health care program or any other business generated by and among the Parties.
	BUDGETED	X YES □ NO – IMPACT:
	EXCLUSIVITY	X No ☐ YES – EXPLAIN:
	JUSTIFICATION	Need for medical directorship of the Interventional Radiology department at Palomar Medical Center Escondido.
	AGREEMENT NOTICED	☐ YES X NO Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
	Duties	X Provision for Staff Education X Provision for Medical Staff Education X Provision for participation in Quality Improvement X Provision for participation in budget process development
	COMMENTS	None.
	APPROVALS REQUIRED	X VP X-CFO □ CEO X-BOD-Committee – Finance; X-BOD

Palomar Medical Center Poway Administrative Services Agreement Medical Staff Department Chair

Board Finance Committee

TO:

MEETING DATE:	Wednesday, November 30, 2022
FROM:	Omar Khawaja, MD, Chief Medical Officer
Chairs are provided a Staff Bylaws. This ag Staff Department Ch performed as consideregulations.	Palomar Medical Center Poway Medical Staff Department a stipend for services performed as required by the Medical greement serves to document the relationship of the Medical airs to Palomar Medical Center Poway and the duties to be deration for the stipend to assure compliance with federal tract for the following Department Chair:
Chair F	Department of Surgery – Ariel Palanca, M.D.
	None.
COMMITTEE RECO	MMENDATION:
Motion: X	
Individual Action:	
Information:	
Required Time:	

Section	T ALOMAN TILALITI — AGNELMENT ABSTRACT		
Reference	Term/Condition	Term/Condition Criteria	
	TITLE	Department Chair Agreement	
	A 0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00/04/0000	
	AGREEMENT DATE	08/01/2022	
	PARTIES	Ariel Palanca, M.D. and Palomar Medical Center Poway	
	PURPOSE	To provide administrative services on behalf of the Palomar Medical Center Poway Medical Staff in accordance with the Medical Staff Bylaws, Plans, and Policies.	
	SCOPE OF SERVICES	As per duties defined in the Palomar Medical Center Poway Medical Staff Bylaws and Policies.	
	PROCUREMENT	☐ Request For Proposal ■ Discretionary	
	METHOD	09/04/2022 12/24/2024	
	TERM	08/01/2022-12/31/2024	
	RENEWAL	None	
	TERMINATION	As described under Section 5 of the contract.	
	FAIR MARKET	■ YES □ NO – DATE COMPLETED: 8/9/2022	
	VALUATION		
	COMPENSATION	Monthly	
	METHODOLOGY		
	BUDGETED	■ YES □ NO - IMPACT:	
	EXCLUSIVITY	■ No □ YES - EXPLAIN:	
	JUSTIFICATION	Department Chair position elected by the Medical Staff in accordance with the Medical Staff Bylaws.	
	AGREEMENT NOTICED	☐ YES ■ No Methodology & Response: Elected by the Palomar Medical Center Poway Medical Staff.	
	ALTERNATIVES/IMPACT	n/a	
	Duties	 □ Provision for Staff Education □ Provision for Medical Staff Education □ Provision for participation in Quality Improvement □ Provision for participation in budget process development ■ Defined in the Palomar Medical Center Poway Medical Staff Bylaws 	
	COMMENTS		
	APPROVALS REQUIRED		
	AFPROVALS REQUIRED	□ VP □ CFO □ CEO □ BOD Committee □ □ BOD	

University of California San Diego Health (UCSDH) Neurosurgery Call Coverage Services Agreement – Amend 2

Board Finance Committee

TO:

MEETING DATE:	Wednesday, November 30, 2022
FROM:	Omar Khawaja, MD, MBA, Chief Medical Officer
have entered into a whereby UCSDH would	Health and the University of California San Diego Health (UCSDH) Neurosurgery Inpatient and Consultative Services Agreement, provide continuous and uninterrupted Trauma, ED, and Inpatient erage and Professional Services for Neurosurgery Call Coverage.
the available coverage	the parties agree to extend the term of the agreement, increase provided by Advanced Practice Providers, and document other on agreed upon by the Parties.
Budget Impact: Budge	ted
Staff Recommendation	1:
Committee Questions:	
COMMITTEE RECOMM	ENDATION:
Motion:	
Individual Action:	
Information:	
Required Time:	

Continu	I ALOIV	IAR MEALTH — AGREEMENT ABSTRACT
Section	Torm/Condition	Term/Condition Criteria
Reference	Term/Condition	•
	TITLE	 The Regents of the University of California on behalf of University of CA San Diego Health (UCSDH) - Neurosurgery - Call Coverage Services Agreement - 8.1.2019 The Regents of the University of California on behalf of University of CA San Diego Health (UCSDH). Neurosurgery Agreed to 2011 14.5 Call
		San Diego Health (UCSDH) - Neurosurgery - Amendment 1 to Call Coverage Services Agreement 8.1.2019 - 12.29.2020
		3. University of California San Diego Health (UCSDH) - Amendment 2 to Neurosurgery Call Coverage Svcs Agmnt - 8.1.2019 - 8.1.2022
	AGREEMENT DATE	August 1, 2019 – July 31, 2022 April 1, 2020 – July 31, 2022
		3. August 1, 2022 – August 1, 2027
	PARTIES	Palomar Health and
		The Regents of the University of California on behalf of the University of California San Diego Health
	PURPOSE	To extend term, increase available coverage by Advanced Practice
		Providers, and document other operational specification agreed upon.
	SCOPE OF SERVICES	Neurosurgery Inpatient and Consultative Services Agreement, whereby UCSDH would provide continuous and uninterrupted Trauma, ED, and Inpatient Consultative Panel Coverage and Professional Services for Neurosurgery Call Coverage.
	PROCUREMENT METHOD	☐ Request For Proposal X Discretionary
	TERM	 August 1, 2019 – July 31, 2022 April 1, 2020 – July 31, 2022 August 1, 2022 – August 1, 2027
	RENEWAL	This agreement may be renewed upon the mutual written agreement of both parties.
	TERMINATION	This agreement may be terminated without cause, for any reason, at any time, by Hospital or UCSDH upon 120 days' prior written notice to the other party.
	FAIR MARKET VALUATION	X YES
	COMPENSATION	Fair Market Value. The parties agree that the terms and provisions of the
	METHODOLOGY	Agreement are commercially reasonable, and to the best of the Parties'
		knowledge, the compensation is consistent with fair market value.
	BUDGETED	X YES NO – IMPACT:
	EXCLUSIVITY	X NO YES – EXPLAIN:
	JUSTIFICATION	Hospital owns and operates several acute care facilities in the northern San Diego community, including Palomar Medical Center Escondido and has the need for physicians to provide on-site and on-call medical services in the specialty of neurosurgery in order better to serve its geographic service area.
	AGREEMENT NOTICED	☐ YES X NO Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
	Duties	X Provision for Staff Education X Provision for Medical Staff Education
		X Provision for participation in Quality Improvement
		X Provision for participation in budget process development
	COMMENTS	None.
	APPROVALS REQUIRED	X VP X-CFO ☐ CEO X-BOD-Committee – Finance; X-BOD

PALOMAR HOSPITAL PARTNERS, INC. EMERGENCY DEPARTMENT AND URGENT CARE SERVICES AGREEMENT (Amend 1)

Board Finance Committee

TO:

MEETING DATE: Wednesday, November 30, 2022 FROM: Omar Khawaja, MD, CMO Background: Palomar Hospital Partners, Inc., shall supply Providers to provide all emergency services at Hospital to include responding to requests for emergency consultation with inpatients for emergency airway, intubation, vascular emergencies and codes, and to supervise the operation of the Department in accordance with Group's obligations. **Budget Impact:** Budgeted **Staff Recommendation: Committee Questions: COMMITTEE RECOMMENDATION:** Motion: **Individual Action:** Information: **Required Time:**

Section	I ALOMA	R HEALTH - AGREEMENT ABSTRACT
Reference	Term/Condition	Term/Condition Criteria
	TITLE	 Palomar Hospital Partners, Inc. aka EMA - Emergency Department & Urgent Care Services Agreement - 8.10.2021 Palomar Hospital Partners, Inc. aka Emergent Medical Associates (EMA) - Amendment 1 to Emergency Department & Urgent Care Services Agreement 8.10.2021 - 8.2.2022
	AGREEMENT DATE	 June 24, 2021 August 2, 2022
	PARTIES	Palomar Health and Palomar Hospital Partners, Inc. aka Emergent Medical Associates (EMA)
	PURPOSE	To provide quality patient care in a cost-effective and efficient manner and for Hospital to contract with Group to be the exclusive provider of physician coverage for full-time emergency and urgent care services in the Department.
	SCOPE OF SERVICES	Full-time emergency services physician coverage for urgent care services and for the Emergency Department. Palomar Hospital Partners, Inc., shall supply Providers to provide all emergency services at Hospital, including responding to requests for emergency consultation with inpatients for emergency airway, intubation, vascular emergencies and codes, and to supervise the operation of the Department in accordance with Group's obligations.
	PROCUREMENT METHOD	X Request For Proposal Discretionary
	TERM	 August 10, 2021 – August 9, 2024 August 2, 2022 – August 9, 2026
	RENEWAL	Yes
	TERMINATION	Either party may, in its sole discretion, upon the completion of the Initial Term only, terminate this Agreement without cause by giving the other party at least 180 days' prior written notice.
	FAIR MARKET VALUATION	X YES ☐ NO – DATE COMPLETED: JULY 26, 2021
	COMPENSATION METHODOLOGY	Hospital shall establish a schedule of technical charges for the use of all services, items and personnel provided to patients in the Department. Group shall establish a schedule of fees for all professional medical services rendered by Group and Physicians in the Department, which fees shall at all times be comparable to the fees customarily charged in the marketplace for comparable services.
	BUDGETED	X YES D NO - IMPACT:
	EXCLUSIVITY	NO X YES – EXPLAIN: Hospital agrees that throughout the term hereof all Services rendered, the Hospital shall be provided only Group and ED Group. All references to Group herein shall include ED Group as applicable.
	JUSTIFICATION	Hospital owns and operates 2 acute care hospitals which each maintain an emergency department on the hospital's premises which provide emergency services, and Hospital desires to assure physician coverage for the Department.
	AGREEMENT NOTICED	☐ YES X NO Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
	Duties	X Provision for Staff Education X Provision for Medical Staff Education X Provision for participation in Quality Improvement X Provision for participation in budget process development
	COMMENTS	None.
	APPROVALS REQUIRED	X-VP X-CFO ☐ CEO X-BOD-Committee – Finance; X-BOD

PALOMAR HOSPITAL PARTNERS, INC. HOSPITALIST SERVICES AGREEMENT (Amend 1)

TO:	Board Finance Committee		
MEETING DATE:	Wednesday, November 30, 2022		
FROM:	Omar Khawaja, MD, CMO		
comprehensive hospita	Palomar Hospital Partners, Inc., has developed and is making pitalist services available as an aid and assistance to medical centers specializing in care and treatment of patients admitted to hospitals		
Hospitalist Services, m treatment, developmen	ners will assure Hospital the necessary teamwork to provide maintenance of quality physician skills in inpatient care and of clinical protocols, supervision and consultations for improved various Hospital departments, and the attainment of specific goals.		
Budget Impact: Budget	ted		
Staff Recommendation	1:		
Committee Questions:			
COMMITTEE RECOMM	ENDATION:		
Motion:			
Individual Action:			
Information:	Information:		
Required Time:			

PALOMAR HEALTH - AGREEMENT ABSTRACT

Section	PALOMAR MEALIH — AGREEMENT ABSTRACT		
Reference	Term/Condition	Term/Condition Criteria	
TO GO TO	TITLE	 Palomar Hospital Partners, Inc. aka EMA - Hospitalist & Medical Director Services Agreement - 8.8.2021 Palomar Hospital Partners, Inc. aka Emergent Medical Associates (EMA) - Amendment 1 to Hospitalist & Medical Director Services Agreement 8.8.2021 - 8.2.2022 	
	AGREEMENT DATE	1. July 1, 2021 2. August 2 ,2022	
	PARTIES	Palomar Health and Palomar Hospital Partners, Inc. aka Emergent Medical Associates (EMA)	
	PURPOSE	Hospital desires to make available to its inpatients complete and integrated Hospitalist services provided by a cohesive group of physicians and professionals who strive for excellence in the provision of quality inpatient services.	
	SCOPE OF SERVICES	To provide continuous 24-hour inpatient services to the members of the community who require medical and hospital service through the Hospital's medical staff including internal medicine and family medicine departments.	
	PROCUREMENT METHOD	X Request For Proposal Discretionary	
	TERM	 August 8, 2021 – August 7, 2024 August 2 ,2022 – August 9, 2026 	
	RENEWAL	Yes	
	TERMINATION	Either party may, in its sole discretion, upon the completion of the Initial Term only, terminate this Agreement without cause by giving the other party at least 180 days' prior written notice.	
	FAIR MARKET VALUATION	X YES NO – DATE COMPLETED: JULY 1, 2021	
	COMPENSATION METHODOLOGY	Upon expiration of the initial 12 months and every twelve month period thereafter, the Parties may negotiate in good faith the fees, incentives, or stipends, a formula as necessary to maintain compensation under this Agreement at fair market value.	
	BUDGETED	X YES □ NO - IMPACT:	
	EXCLUSIVITY	NO X YES – EXPLAIN: Group has developed and is making comprehensive hospitalist services available as an aid and assistance to medical centers and to communities specializing in care and treatment of patients admitted to hospitals and medical centers.	
	JUSTIFICATION	Entering into an agreement with Group will assure Hospital the necessary teamwork to provide Hospitalist Services, maintenance of quality physician skills in inpatient care and treatment, development of clinical protocols, supervision and consultations for improved care and treatment in various Hospital departments, and the attainment of the specific goals.	
	AGREEMENT NOTICED	☐ YES X NO Methodology & Response:	
	ALTERNATIVES/IMPACT	N/A	
	Duties	X Provision for Staff Education X Provision for Medical Staff Education X Provision for participation in Quality Improvement X Provision for participation in budget process development	
	COMMENTS	None.	
	APPROVALS REQUIRED	X -VP X-CFO □ CEO X-BOD-Committee - Finance; X-BOD	

PALOMAR HOSPITAL PARTNERS, INC. INTENSIVIST SERVICES AGREEMENT (Amend 1)

TO:	Board Finance Committee			
MEETING DATE:	November 30, 2022			
FROM:	Omar Khawaja, MD, CMO			
•	Palomar Hospital Partners, Inc., has developed and is making vist services available as an aid and assistance to medical centers ecializing in care and treatment of patients admitted to hospitals			
Hospital the necessary physician skills in inp supervision and consu	sive agreement with Palomar Hospital Partners, Inc., will assure teamwork to provide intensivist services, maintenance of quality atient care and treatment, development of clinical protocols, ultations for improved care and treatment in various Hospital attainment of specific goals.			
Budget Impact: Budge	ted			
Staff Recommendation	Staff Recommendation:			
Committee Questions:				
COMMITTEE RECOMM	ENDATION:			
Motion:				
Individual Action:				
Information:				
Required Time:				

PALOMAR HEALTH - AGREEMENT ABSTRACT

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Amendment 1 - Emergency Department Psychiatric Services Agreement

Board Finance Committee

TO:

MEETING DATE:	TE: Wednesday, November 30, 2022				
FROM:	Don Myers, District Director, Center for Behavioral Health				
increased the behavior impact negatively imp partnered with San Department Psychiatri Partners, Inc., dba PHN MD, and Ravindra Cha Health contracted wit following physician: H	s 2018 suspension of behavioral health services significantly ral health volume and impact in our Emergency Departments. This facted the Emergency Department throughput. Palomar Health Diego County Behavioral Health to develop an Emergency c service to address that impact and contracted with Arch Health MG, for the services of the following physicians: Adedeji Adebayo, and, MD, to provide these services. In September 2022, Palomar h Arch Health Partners, Inc., dba PHMG, for the services of the H. Scott Kane, MD, to provide Medical Director services to all as as well as provide clinical hours to those service lines.				
decreased to absorb t	Budget Impact: Negligible- Contracted Medical Director and clinical hours with SMA were decreased to absorb the cost of amended Palomar Health Medical Group contract for Emergency Psychiatric Services.				
Staff Recommendation Committee Questions	n: Recommend Approval				
COMMITTEE RECOMM	IENDATION:				
Motion:					
Individual Action:					
Information:					
Required Time:					

PALOMAR HEALTH - AGREEMENT ABSTRACT

Section	TALOMAR TILALITI — AGRELMENT ABSTRACT		
Reference	Term/Condition	Term/Condition Criteria	
	TITLE		
		Amendment 1 – Emergency Psychiatric Services	
	AGREEMENT DATE		
		9/1/2022	
	PARTIES	Arch Health Partners, Inc., dba PHMG, for the services of the	
		following physicians:	
		1) Adedeji Adebayo, MD	
		Ravindra Chand, MD H. Scott Kane, MD	
	PURPOSE	Provide day on-site psychiatric services for 24 hours a week and	
	FURFUSE	overnight on-site psychiatric services at PMCE from 5pm-7am	
		daily; Amendment to add Dr. Kane as one of the providers	
	SCOPE OF SERVICES	Provide psychiatric evaluations, care and management of;	
		consultation, admission of behavioral health patients presenting	
		to the PMCE Emergency Department	
	PROCUREMENT	☐ Request For Proposal ☑ Discretionary	
	METHOD		
	TERM	Master Agreement – 3-year	
		Amendment – 15 months	
	RENEWAL	No	
	Tenance	Markov A 200 200 200 4 4/0000	
	TERMINATION	Master Agreement – 12/14/2023 Amendment – 12/14/2023	
		Amendment – 12/14/2023	
	FAIR MARKET	☑ YES □ NO – DATE COMPLETED: 10/31/2019	
	VALUATION	2 123 2 110 BATE COMM ELTED. 10/01/2010	
	COMPENSATION	Hourly Rate	
	METHODOLOGY		
	BUDGETED	☑ YES ☐ NO – IMPACT: N/A	
	EXCLUSIVITY	☑ No ☐ Yes – Explain:	
	JUSTIFICATION	To improve quality of behavioral health patient care in PMCE	
		Emergency Department and throughput of behavioral health	
		patients in the PMCE ED	
	AGREEMENT NOTICED	☐ YES ☒ NO Methodology & Response:	
	AGREEMENT NOTICED	☐ YES ☒ NO Methodology & Response:	
	ALTERNATIVES/IMPACT	None	
	, LILIMATIVEO/IIII AOT	1.55	
	Duties	☐ Provision for Staff Education	
		☐ Provision for Medical Staff Education	
		☐ Provision for participation in Quality Improvement	
		☐ Provision for participation in budget process development	
	COMMENTS		
	APPROVALS REQUIRED	□ VP □ CFO □ CEO □ BOD Committee □ □ BOD	

CALL COVERAGE AGREEMENT GASTROENTEROLOGY SAN DIEGO DIGESTIVE DISEASES CONSULTANTS (Amend 1)

Board Finance Committee

TO:

MEETING DATE: Wednesday, November 30, 2022 FROM: Omar Khawaja, MD, MBA, Chief Medical Officer Background: This amended contract represents the Call Coverage Agreement with San Diego Digestive Diseases Consultants which shall serve as a member of the On-Call Panel at Palomar Medical Center Escondido and Palomar Medical Center Poway on a rotating basis and provide On-Call Coverage for the specialty of Gastroenterology in accordance with the Medical Staff by-laws, rules and regulations, policies and procedures of Palomar Health. Gastroenterologists on the on-call panel will provide on-call coverage 24 hours per day, 7 days a week to Palomar Health patients, regardless of payer class, to patients not currently assigned to a particular physician, patients who present to the ED, and to hospital patients, including inpatients who may be assigned to a particular physician but who require consultation or other physician services from an on-call panel physician gastroenterology specialist. **Budget Impact:** Budgeted Staff Recommendation: **Committee Questions:** COMMITTEE RECOMMENDATION: Motion: Individual Action: Information: **Required Time:**

PALOMAR HEALTH - AGREEMENT ABSTRACT

PALOMAR MEALTH — AGREEMENT ABSTRACT			
Section Reference	Torm/Condition	Town/Condition Critoria	
Reference	Term/Condition TITLE	Term/Condition Criteria 1. San Diego Digestive Diseases Consultants - Gastroenterology (GI)	
	IIILE	ERCP Emergency On Call Services Agreement - 9.1.2020	
		San Diego Digestive Diseases Consultants, Inc Amend 1 to	
		Gastroenterology (GI) ERCP Emergency On Call Services Agreement	
		9.1.2020 - 9.1.2022	
	AGREEMENT DATE	1. September 1, 2020	
		2. September 1, 2022	
	PARTIES	Palomar Health, a California healthcare district ("PH"), and San Diego	
		Digestive Diseases Consultants ("Physician Group").	
	PURPOSE	PH desires to ensure that physicians practicing in the specialty of	
		gastroenterology are available and on call to provide needed medical	
		services at the Emergency Department of Palomar Medical Center	
		Escondido and Palomar Medical Center Poway by contracting with	
		Physician Group to provide such services per the terms of this Agreement.	
	SCOPE OF SERVICES	Participate in PH's on-call program and render on-call	
		gastroenterology services to PH's patients. Unless otherwise	
		agreed in advance by PH, Group shall provide on-call coverage 24	
		hours per day, 7 days a week to PH patients, regardless of payer	
		class, to patients not currently assigned to a particular physician,	
		patients who present to the ED, and to hospital patients, including	
		inpatients who may be assigned to a particular physician but who	
		require consultation or other physician services from an on-call	
		panel physician gastroenterology specialist.	
	PROCUREMENT	□ Request For Proposal X Discretionary	
	METHOD	4 0 4 4 0000 4 404 0000	
	TERM	1. September 1, 2020 – August 31, 2022	
	RENEWAL	2. September 1, 2022 – August 31, 2027 None.	
	TERMINATION	Termination without Cause: Either party may terminate this agreement	
	IERMINATION	without cause upon ninety (90) days' prior written notice to the other party.	
	FAIR MARKET	X YES □ NO – DATE COMPLETED: 05/31/2022	
	VALUATION	A 120 E NO BAIL COM LETEB. COO 1/2022	
	COMPENSATION	Fair Market Value. The parties hereby acknowledge and agree that the	
	METHODOLOGY	compensation hereunder is the product of bona fide arms-length	
		negotiations and represents a commercially reasonable and fair market	
		value payment for the services to be furnished hereunder without regard	
		to the volume or value of federal health care program or any other	
		business generated by and among the parties.	
	BUDGETED	X YES □ NO – IMPACT:	
	EXCLUSIVITY	X No ☐ YES – EXPLAIN:	
	JUSTIFICATION	Need for continued Gastroenterology consultation call coverage for the	
	A	Emergency Department at PMC Escondido and Poway.	
	AGREEMENT NOTICED	☐ YES X NO Methodology & Response:	
	ALTERNATIVES/IMPACT	N/A	
	Duties	☐ Provision for Staff Education	
		☐ Provision for Medical Staff Education	
		☐ Provision for participation in Quality Improvement	
	COMMENTS	☐ Provision for participation in budget process development None.	
	APPROVALS REQUIRED	X-VP X-CFO □ CEO X-BOD-Committee – Finance; X-BOD	
	APPROVALS REQUIRED	A-VF A-GFO III GEO A-DOD-GOIIIIIIIIIIIII - FIIIANCE; A-DOD	

Palomar Medical Center Escondido

2185 Citracado Parkway Escondido, CA 92029 (442) 281-1005 (760) 233-7810 fax

Medical Staff Services

November 30, 2022

To: Palomar Health Board of Directors

From: Sabiha Pasha, M.D., Chief of Staff

Palomar Medical Center Escondido Medical Executive Committee

Board Meeting Date: December 12, 2022

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (12/12/2022 – 11/30/2024)

Al-Dahhan, Zaid, M.D. - Nephrology Ayouby, Qais, M.D. - Internal Medicine

Bai-Tong, Shiyu S., M.D., - Neonatal-Perinatal Medicine

Edwards, Tina F., M.D. – Emergency Medicine

Chandra, Vinodh, M.D. - Emergency Medicine

Gutierrez, Andres B., M.D. – Obstetrics/Gynecology

Kaminski, Arthur D., M.D. – Emergency Medicine

Murthy, Nikhil K., M.D. - Neurosurgery

Yen, Jessica, M.D. - Clinical Neurophysiology

Zaidi, Saiyid-Naufal, M.D. – Family Practice

Advance from Provisional to Active Category

Hom, Katherine A., M.D. – Ob/Gyn (eff. 01/01/2023 – 03/31/2024 Ritchie, Paul H., M.D. – Anesthesiology (eff. 01/01/2023 – 12/31/2024) Steiger, Louisa R., M.D., M.P.H – Psychiatry (eff. 01/01/2023 – 03/31/2024)

Reinstatement to Active Category

Granger, Shannon L., D.O. – Anesthesiology (eff. 01/01/2023 – 12/31/2024)

2 Year Leave of Absence

Magesh, Jayanthi, M.D. – Internal Medicine (eff. 11/17/2022-10/31/2024)

Voluntary Resignations

Addicott, Benjamin, MD – Diagnostic Radiology; eff. 06/09/2022 Bayati, Nassar MD – Internal Medicine; eff. 11/30/2022

Bender, Nicole M., MD – OB/Gyn; eff. 11/20/2022

Garg, Rajan MD – Critical Care Medicine, eff. 02/03/2022

Greer, Danielle M., D.O. – Internal Medicine; eff. 12/31/2022

Gurudevan, Swaminatha V., MD – Cardiovascular Disease; eff. 11/30/2022

Lawler, Abigail C., MD – Neurology; eff. 10/21/2022

Orr, Norman, D.O. – Internal Medicine; eff. 11/09/2022)

Otarodifard, Karimdad A., MD – Orthopaedic Surgery; eff. 12/31/2022

Patel, Cecil A., MD - Diagnostic Radiology; eff. 10/27/2022

Sargi, Jad MD – Critical Care Medicine; eff. 11/09/2022

Sidransky, Shon M., MD – Emergency Medicine; eff. 11/29/2022

Welford, Elliott M., MD – Infectious Disease; eff. 11/02/2022

Allied Health Professional Appointment (12/12/2022 – 11/30/2024)

Beedles, Molly J., PA-C – Emergency Medicine (Sponsor: Dr. Friedberg, for EMA)

Fazzino, Dolores L., FNP – Surgery (Sponsors – Drs. J. Anthony, R. Sorkhi, Y. Kadesky, M. Stern)

Allied Health Professional Reinstatement

Schmitt, Corrie F., F.N.P. – Orthopaedic Surgery/Rehabilitation (eff. 12/12/2022)

Allied Health Professional Resignations

Brock, Whitney W., NNP (eff. 12/31/2022)

Houston, Peter D., PA-C (eff. 12/31/2022)

Periharos, Zachary PA-C (eff. 11/30/2022)

Spydell, Lauren E., NNP (eff. 12/31/2022)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointment Effective 01/01/2023 – 05/31/2024

Moldovan, Stefan Surgery, General Vascular Dept of Surgery Active

Reappointment Effective 01/01/2023 - 06/30/2024

Pham, Martin H., M.D. Neurosurgery Dept of Surgery Active Repishti, Maltin, M.D. Internal Medicine Dept of Medicine Active

Reappointments Effective 01/01/2023 -12/31/2024

Adiarte, Eric G., M.D.	Ob/Gyn	Dept of Ob/Gyn	Active
Amin, Vishar H., M.D.	Hospice & Palliative Medicine	Dept of Medicine	Courtesy
Berman, Blake W., D.O.	Neurosurgery	Dept of Surgery	Active
Bernstein, Alethea A., M.D.	Ob/Gyn	Dept of Ob/Gyn	Courtesy
Cepero, Oscar A., M.D.	Anesthesiology	Dept of Anesthesia	Active
Cohen, Jeffrey, M.D.	Neurology	Dept of Medicine	Courtesy
Duwe, Beau V., M.D.	Critical Care Medicine	Dept of Medicine	Active
Harward, Bradley J., M.D.	Pathology	Dept of Pathology	Active
Helton, Derek A., M.D.	Oncology	Dept of Medicine	Affiliate
Huang, Mark W., M.D.	Surgery, Cardiothoracic	Dept of Surgery	Courtesy
Huang, Robert C., M.D.	Infectious Disease	Dept of Medicine	Consulting
Jindal, Rishi, M.D.	Plastic Surgery	Dept of Surgery	Courtesy
Jones, Teresa J., D.O.	Internal Medicine	Dept of Medicine	Active
Keri, Jason S., M.D.	Psychiatry	Dept of Psychiatry	Active

AHP

Khalid, Shafi M., M.D.	Internal Medicine	Dept of Medicine	Affiliate
Koski, Michelle E., M.D.	Surgery, Urology	Dept of Urology	Courtesy
Lamale-Smith, Leah M., M.D.	Maternal-Fetal Medicine	Dept of Ob/Gyn	Active
Lane, Richard A., M.D.	Neurology	Dept of Medicine	Active
Laufik, Martin, M.D.	Diagnostic Radiology	Dept of Radiology	Active
Martin, Joseph J., M.D.	Rheumatology	Dept of Medicine	Consulting
McAuley, Robert A., M.D.	Psychiatry	Dept of Psychiatry	Active
Menefee, Shawn A., M.D.	FPMRS	Dept of Ob/Gyn	Courtesy
Miller, Jeffrey S., M.D.	Diagnostic radiology	Dept of Radiology	Active
Nanavati, Rupa L., M.D.	Neurology	Dept of Medicine	Active
Oliver, David M., M.D.	Psychiatry	Dept of Psychiatry	Active
Olson, Scott E., M.D.	Neurology/Interven Neuorad	Dept of Medicine	Courtesy
*Category change from	Active to Courtesy		
Pfeiffer, William F., M.D.	Pediatrics	Dept of Pediatrics	Active
Reincsh, Caryl S., M.D.	Ob/Gyn	Dept of Ob/Gyn	Active
Ro, Thomas K., M.D.	Cardiovascular Disease	Dept of Medicine	Active
Serry, Rod D., M.D.	Cardiovascular Disease	Dept of Medicine	Active
Simon, Scott D., M.D.	Surgery, Urology	Dept of Urology	Courtesy
Soni, Sandeep A., M.D.	Infectious Disease	Dept of Medicine	Active
Yang, Hong, M.D.	Rheumatology	Dept of Medicine	Consulting
*Category change from	n Courtesy to Consulting		
Ziering, Robert W., M.D.	Allergy/Pediatrics	Dept of Medicine	Affiliate

Allied Health Professional Reappointments Effective 01/01/2023 – 12/31/2024

Marin, Sarah, N.P. Nurse Practitioner Dept of Pediatrics

(Sponsor: Dr. Ayson on behalf of Palomar Health Forensic Health)

Certification by and Recommendation of Chief of Staff

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

PERSONAL INFORMATION

Provider Name & Title	Zaid Al-Dahhan, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido
	Palomar Medical Center Poway

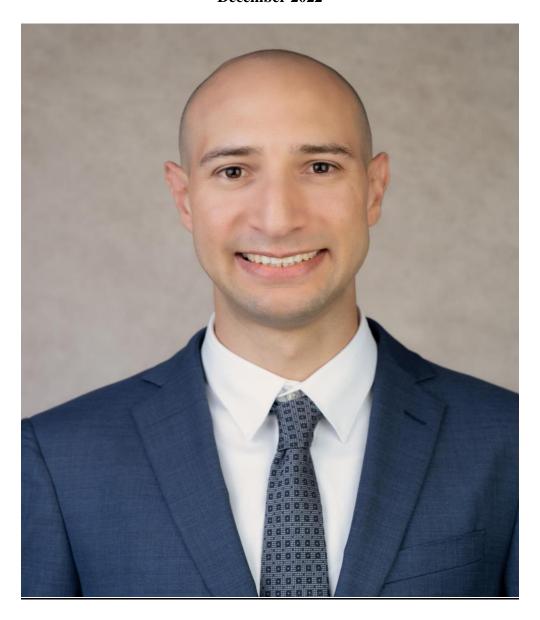
SPECIALTIES/BOARD CERTIFICATION

Specialties	Nephrology, Internal Medicine – Not Certified Yet

ORGANIZATIONAL NAME

Name	Balboa Nephrolog	Medical Group
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Medical Education Information	Medical School Ross University School of Medicine, MD From: 05/01/2013 To: 03/31/2017
Internship Information	Internship University of Nevada, Las Vegas Internal Medicine From: 07/01/2017 To: 06/30/2018
Residency Information	Residency University of Nevada, Las Vegas Internal Medicine From: 07/01/2018 To: 06/30/2020
Fellowship Information	Fellowship UCSD Medical Center Nephrology From: 07/01/2020 To: 06/30/2022
Current Affiliation Information	



PERSONAL INFORMATION

Provider Name & Title	Shiyu S. Bai-Tong, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido
	Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

Specialties	Neonatal-Perinatal Medicine – Not Certified Yet	Pediatrics - Certified 2018

ORGANIZATIONAL NAME

Name	UC San Diego Dept. of Pediatrics
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Medical Education Information	Medical School Case Western Reserve University, MD From: 06/01/2011 To: 05/17/2015 Doctor of Medicine Degree
Internship Information	Internship Case Western Reserve University Pediatrics From: 06/24/2015 To: 06/30/2016
Residency Information	Residency Rainbow Babies and Children's Hospital Pediatrics From: 07/01/2016 To: 06/30/2018 Rainbow Babies and Children's Hospital
Fellowship Information	Fellowship University of California, San Diego Neonatology From: 07/04/2018 To: 07/05/2021
Current Affiliation Information	Scripps Encinitas Surgery Center Scripps Mercy Hospital, Chula Vista University of California, San Diego Rady Children's Hospital, San Diego



PERSONAL INFORMATION

Provider Name & Title	Qais Ayouby, M.D.
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
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EDUCATION/AFFILIATION INFORMATION

Medical Education Information	Medical School Ross University School of Medicine, MD From: 08/01/2012 To: 11/13/2016
Internship Information	
Residency Information	Residency UHS Southern California Medical Education Cons Resident Physician From: 06/17/2019 To: 06/30/2022 Internal Medicine
Fellowship Information	
Current Affiliation Information	Temecula Valley Hospital Corona Regional Medical Center



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PERSONAL INFORMATION

Provider Name & Title	Vinodh Chandra, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido
	Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

Specialties	Emergency Medicine – Not Certified Yet

ORGANIZATIONAL NAME

Name	Palomar Emergency Physicians
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Medical Education Information	Medical School University of South Florida, MD From: 08/01/2014 To: 05/11/2018
Internship Information	
Residency Information	Residency Georgetown University Medical Center Emergency Medicine From: 06/14/2018 To: 06/30/2021
Fellowship Information	
Current Affiliation Information	



PERSONAL INFORMATION

Provider Name & Title	Tina F. Edwards, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido
	Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

ı	Specialties	Emergency Medicine - Certified
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ORGANIZATIONAL NAME

Name	Palomar Emergency Physicians
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Medical Education Information	Medical School Uniformed Services University - Health Sciences, MD From: 08/15/2000 To: 05/15/2004 Doctor of Medicine Degree
Internship Information	Internship Naval Medical Center, San Diego General Surgery From: 07/01/2004 To: 06/30/2005
Residency Information	Residency Naval Medical Center, San Diego Emergency Medicine From: 08/15/2007 To: 08/14/2010
Fellowship Information	
Current Affiliation Information	Mercy Hospital, Bakersfield



PERSONAL INFORMATION

Provider Name & Title	Andres B. Gutierrez, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

Specialties	Obstetrics and Gynecology – Not Certified Yet	
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ORGANIZATIONAL NAME

Name	Kaiser Permanente
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Medical Education Information Internship Information	Medical School Tulane University School of Medicine, MD From: 08/01/2014 To: 05/31/2018 Doctor of Medicine
Residency Information	Residency University of California, San Francisco (Fresno) Obstetrics/Gynecology From: 01/10/2020 To: 07/04/2022 Residency St. Francis Hospital, Evanston Obstetrics/Gynecology From: 07/01/2018 To: 01/05/2020 Residency not complete; no certificate issued
Fellowship Information	
Current Affiliation Information	Kaiser Permanente, San Diego Medical Center



PERSONAL INFORMATION

Provider Name & Title	Arthur D. Kaminski, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido
	Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

Specialties	Emergency Medicine - Certified
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ORGANIZATIONAL NAME

Name	Palomar Emergency Physicians
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EDUCATION/AFFILIATION INFORMATION

Medical Education Information	Medical School Wayne State University, MD From: 06/01/1996 To: 06/01/2000 Doctor of Medicine Degree
Internship Information	
Residency Information	Residency University of Chicago Emergency Medicine From: 06/24/2000 To: 06/30/2003
Fellowship Information	
Current Affiliation Information	CHI St. Alexius Health Williston Medical Center



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PERSONAL INFORMATION

Provider Name & Title	Nikhil K. Murthy, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

Specialties Neurosurgery – Not Certified Yet	
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ORGANIZATIONAL NAME

Name	UCSD Division of Neurosurgery
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Medical Education Information	Medical School Georgetown University School of Medicine, MD From: 06/01/2011 To: 05/31/2015
Internship Information	
Residency Information	Residency Northwestern Memorial Hospital Surgery, Neurological From: 06/23/2015 To: 06/29/2022 Includes PGY 1 (intern year) through PGY 7
Fellowship Information	
Current Affiliation Information	University of California, San Diego



PERSONAL INFORMATION

Provider Name & Title	Jessica Yen, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

Specialties	Neurology, Clinical Neurophysiology - Certified
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ORGANIZATIONAL NAME

Name Specialty Care, Inc.

EDUCATION/AFFILIATION INFORMATION

Medical Education Information	Medical School Indiana University School of Medicine, MD From: 08/01/2012 To: 05/08/2016
Internship Information	
Residency Information	Residency Jackson Memorial Hospital Neurology From: 07/01/2017 To: 06/30/2020 Resident in Neurology Residency Jackson Memorial Hospital Internal Medicine From: 06/24/2016 To: 06/23/2017
Fellowship Information	Fellowship Keck Hospital of USC Medicine From: 07/01/2021 To: 06/30/2022 Intraoperative Monitoring Fellowship - non ACGME Fellowship The Mount Sinai Hospital Neurophysiology, Clinical From: 07/01/2020 To: 06/30/2021

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Current Affiliation Information	Providence Saint John's Health Center
	Citrus Valley Medical Center- Queen of the Valley
	Providence St. Joseph Medical Center
	Santa Clara Valley Medical Center
	El Camino Health - Mountain View Hospital
	Providence Tarzana Regional Medical Center
	Bakersfield Heart Hospital
	Hemet Global Medical Center/kpc Health
	Providence Little Company of Mary Medical Center
	Santa Rosa Memorial Hospital
	Southwest Healthcare System
	Verdugo Hills Hospital



PERSONAL INFORMATION

Provider Name & Title	Saiyid-Naufal Zaidi, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido
	Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

Specialties	Family Practice - Certified

ORGANIZATIONAL NAME

Name	Benchmark Hospitalists	
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Medical Education Information	Medical School Ross University School of Medicine, MD From: 01/15/2007 To: 03/31/2012 Doctor in Medicine Degree
Internship Information	
Residency Information	Residency University of Arkansas for Medical Sciences Family Medicine From: 07/01/2013 To: 06/30/2016
Fellowship Information	
Current Affiliation Information	Kettering Health Dayton/Washington Kettering Medical Center The Jewish Hospital Mercy Health Fairfield Hospital Mercy West Hospital



PERSONAL INFORMATION

Provider Name & Title	Molly J. Beedles, PA-C
Palomar Health Facilities	Palomar Medical Center Escondido
	Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

Specialties	Physician Assistant - Certified

ORGANIZATIONAL NAME

Name	Palomar Emergency Physicians
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Education Information	University University of Kansas, BS From: 08/01/2005 To: 05/17/2009 Bachelor of Science in Exercise Science Graduate Program – Pacific University, Master of Science, PA Studies
Employment Current Affiliation Information	Current Employment Emergent Medical Associates Physician Assistant From: 11/01/2022 To: Current



PERSONAL INFORMATION

Provider Name & Title	Dolores L. Fazzino, F.N.P.
Palomar Health Facilities	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

Specialties Family Nurse Practitioner - Certified

ORGANIZATIONAL NAME

Name	Physician Assistant Specialists - California, Inc.
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Education Information	University UCLA Extension Course RNFA, RNFA From: 04/16/1994 To: 06/05/1994 RN First Assistant Training Program University Widener University, BSN From: 09/01/1977 To: 05/16/1981 R.N. and B.S.N. Degrees Graduate Program – Case Western Reserve, Doctor of Nursing Practice Graduate Program – CSU Dominquez Hills, Master of Science/Nursing
Employment	Current Employment Dolores L. Fazzino, RN, A Professional Nursing Corporation DBA Private Practice From: 05/01/2014 To: Current Current Employment Physician Assistant Specialists - California, Inc. Family Nurse Practitioner From: 11/16/2020 To: Current
Current Affiliation Information	Providence St. Joseph Hospital Tri-City Medical Center





Palomar Medical Center Poway Medical Staff Services 15615 Pomerado Road Poway, CA 92064 (858) 613-4538 (858) 613-4217 fax

Date:

November 30, 2022

To:

Palomar Health Board of Directors – December 12, 2022 Meeting

From:

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

Subject:

Medical Staff Credential Recommendations – November, 2022

<u>Provisional Appointments:</u> (12/12/2022 – 11/30/2024)

Zaid Al-Dahhan, M.D., Nephrology

Qais Ayouby, M.D., Internal Medicine

Shiyu Bai-Tong, M.D., Neonatal-Perinatal Medicine

Vinodh Chandra, M.D., Emergency Medicine

Tina Edwards, M.D., Emergency Medicine

Arthur Kaminski, M.D., Emergency Medicine

Saiyid-Naufal Zaidi, M.D., Family Medicine

Biennial Reappointments: (01/01/2023 - 12/31/2024)

Oscar Cepero, M.D., Anesthesiology, Courtesy

Bradley Harward, M.D., Pathology, Active

Rishi Jindal, M.D., Plastic Surgery, Courtesy

Jason Keri, M.D., Psychiatry, Active (Includes The Villas at Poway)

Shafi Khalid, M.D., Internal Medicine, Affiliate with Refer and Follow Privileges

Michelle Koski, M.D., Urology, Courtesy

Richard Lane, M.D., Neurology, Active

Martin Laufik, M.D., Diagnostic Radiology, Active

Robert McAuley, M.D., Psychiatry, Active (Includes The Villas at Poway)

Jeffrey Miller, M.D., Diagnostic Radiology, Active

David Oliver, M.D., Psychiatry, Active

Scott Olson, M.D., Neurology, Courtesy

Rod Serry, M.D., Cardiovascular Disease, Active

Scott Simon, M.D., Urology, Courtesy

Sandeep Soni, M.D., Infectious Disease, Active (Includes The Villas at Poway)

Aeron Wickes, M.D., Family Practice, Affiliate No Clinical Privileges

Advancements to Active Category:

Paul Ritchie, M.D., Anesthesiology, effective 01/01/2023 – 12/31/2024

Louisa Steiger, M.D., Psychiatry, effective 12/12/2022 – 03/31/2024 (Includes The Villas at

Poway)



Reinstatement to Active Category:

Shannon Granger, D.O., Anesthesiology, effective 01/01/2023 – 12/31/2024 (returning from LOA)

Request for 2 Year Leave of Absence:

Jayanthi Magesh, M.D., Internal Medicine, effective 11/17/2022 – 11/16/2024

Voluntary Resignations:

Laura Desadier, D.O., Neurology, effective 09/30/2022
Rajan Garg, M.D., Critical Care Medicine, effective 02/03/2022
Abigail Lawler, M.D., Neurology, effective 10/21/2022
Devon McGee, M.D., Internal Medicine, effective 11/09/2022
Cecil Patel, M.D., Radiology, effective 10/27/2022
Jad Sargi, M.D., Critical Care Medicine, effective 11/09/2022
Shon Sidransky, M.D., Emergency Medicine, effective 11/29/2022
Elliott Welford, M.D., Infectious Disease, effective 11/02/2022

<u>Allied Health Professional Appointment:</u> (12/12/2022 – 11/30/2024) Molly Beedles, PA, Sponsor Dr. Friedberg

Allied Health Profession Resignations:

Marta Bodnaruk, FNP, effective 11/11/2022 Whitney Brock, NNP, effective 12/31/2022 Zachary Periharos, PA, effective 11/30/2022 Lauren Spydell, NNP, effective 12/31/2022

PALOMAR MEDICAL CENTER POWAY: <u>Certification by and Recommendation of Chief of Staff:</u> 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.

ADDENDUM E



RESOLUTION NO. 12.12.22(01)-27

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH ESTABLISHING REGULAR BOARD MEETINGS FOR CALENDAR YEAR 2023

WHEREAS, Palomar Health is required, pursuant to Section 54954 of the California Government Code and Section 5.2.2 of the Palomar Health Bylaws, to pass a resolution adopting the time, place and location of the regular board meetings:

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Palomar Health that the following schedule of regular meetings will apply for Calendar Year 2023:

2023 BOARD MEETING SCHEDULE

January 9
February 13
March 13
April 10
May 8
July 10
August 14
September 11
October 9
November 13
June 12
December 11

Due to the ongoing COVID-19 pandemic, all monthly Board of Directors meetings will be held virtually until further notice.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Palomar Health held on December 12, 2022 by the following vote:

Linda Greer, R.N. Chair, Palomar Health Board of Directors	Terry Corrales Secretary, Palomar Health Board of Directors
APPROVED:	ATTESTED:
DATED: December 12, 2022	
ABSTAINING:	
ABSENT:	
NO'S:	
AYES:	

CHARTER

of the

FINANCE COMMITTEE

of the

PALOMAR HEALTH BOARD OF DIRECTORS

I. **Purpose.** The Finance Committee ("Committee") of the Palomar Health Board of Directors ("Board") aims to provide oversight to determine and facilitate the financial viability of the organization through the effective establishment of sound policies and development of a system of controls to safeguard the preservation and use of assets and resources.

II. Membership.

- A. <u>Voting Membership</u>. 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. <u>Alternate(s)</u>. 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. <u>Non-Voting Membership</u>. The non-voting members ("Non-Voting Members") may consist of the following individuals:
 - Chief Financial Officer of Palomar Health
 - Chief Operations Officer of Palomar Health
 - Chief Medical Officer of Palomar Health
 - Chief Nurse Executive of Palomar Health
 - Vice President of Finance 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. Review and approve annual and long-range operating cash, operational and capital budgets for Palomar Health and its system affiliates.
- B. Develop and maintain sound understanding of the services of Palomar Health's revenues and expenses and its economic environment.
- C. Approve methods of financing major capital asset renovations, replacements and additions.
- D. Review financial reports and operating statistics on a regular basis to provide organizational oversight regarding the appropriateness of actions in response to operating trends in achievement of financial goals.
- E. Evaluate and approve financial plans for new business ventures, programs, and services and establish criteria to measure their ongoing viability.
- F. Develop communications in order to enhance the understanding of other members in regard to financial matters of the system.
- G. Review the preliminary, annual operating budgets for Palomar Health and its system affiliates.
- H. Review and recommend to the Board the final, annual, operating budgets.
- I. Review annually those policies and procedures within its purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing or creation of new policies and procedures.
- J. 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 Financial Officer may serve as the Palomar Health Administration's liaison ("Administrative Liaison") to the Committee.
- C. The Executive Assistant to the Chief Financial Officer may serve as 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.

ADDENDUM F

Memorandum



To: Board of Directors

From: Laura Barry, Chair, Board Finance Committee

Date: December 12, 2022

Re: Special Board Finance Committee, Wednesday, November 30, 2022, Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Barry, Griffith and Pacheco

ACTION ITEMS:

- Charter of the Finance Committee of the Palomar Health Board of Directors¹: Reviewed and recommended approval to increase the FY2023 capital budget in the amount of \$10.3 million to enable the purchase of specific items of equipment.
- Debt Policy Lucidoc #58892²: Reviewed and recommended re-adoption of the policy as written.
- Annual Adoption of Statement of Investment Policy Lucidoc #27092²: Reviewed and recommended readoption of the policy as written.
- Executed Budgeted Routine Physician Agreements¹: Reviewed and recommended approval of the Executed, Budgeted, Routine, Physician Agreements that had been administratively approved, signed and became effective in prior months.
- October 2022 & YTD FY2023 Financial Report¹: Reviewed the Financial Reporting Packet and recommended approval of the October 2022 & YTD FY2023 financial performance, which reflected operating income of \$1.03M, unfavorable to budget by \$3.5M and to October 2021 by \$2.3M; and net income of \$20.5K, unfavorable to budget by \$4.0M, and October 2021 by \$2.8M.

¹ Backup documentation may be reviewed elsewhere in the agenda packet

² Forwarded to the Board Governance Committee for review and approval



Memorandum

TO: Board of Directors

FROM: Terry Corrales, RN; Chair, Board Human Resources Committee

DATE: December 12, 2022

RE: Board Human Resources Committee, November 9, 2022, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Corrales, Barry and Pacheco

INFORMATION ITEMS:

- Human Resources Department Staff Feature: Reviewed engagement update including an overview of the Glint platform, the third party vendor used to administer the survey, and an overview of the response rate results and what happens next. Quarterly pulse checks will be used throughout the year which will provide a fresh baseline for future survey comparisons. Next steps; leaders share results with staff, acknowledge the key areas important to their team, and then take action in terms of what we want to do to influence scores in a positive direction.
- **Human Resources General Update:** Reviewed a presentation providing employee demographic highlights, turnover trends, contract labor, PTO usage, and vacancy trends. In addition to recruitment efforts and possible new programs for healthcare recruitment, benefits benchmarking and domestic performance, plus participation in the organizations medical insurance options.

ACTION ITEMS:

- Minutes, August 31, 2022, Regular Committee Meeting: Reviewed and approved the minutes from Wednesday, August 31, 2022, Board Human Resources Committee meeting.
- Board Human Resources Committee Meeting Schedule for Calendar Year 2023: Reviewed and approved meeting schedule for 2023

Memorandum



To: Board of Directors

From: Mike Pacheco, Chair, Board Strategic and Facilities Planning Committee

Date: December 12, 2022

Board Strategic and Facilities Planning Committee

Re: November 29, 2022, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Pacheco, Barry & Griffith

INFORMATION ITEM

Service Line Update -Spine Center of Excellence¹: Following a request by the Committee that the practice of
reviewing various service lines throughout the year be reinstated, a presentation was made to the Committee that
provided an overview of the Spine Center of Excellence. A decision regarding the next service line to be presented
was not made during the meeting.

• **Construction Project Update**¹: Reviewed a presentation providing updates on the status of projects across the District.

ACTION ITEM

• Minutes of the Board Strategic & Facilities Planning Committee, Tuesday, July 26, 2022: Reviewed and approved the draft minutes from the Tuesday, July 26, 2022, Board Strategic & Facilities Planning Committee meeting.

¹ Attached



Palomar Health's Spine Center of Excellence

Presented to Strategic and Facilities Subcommittee on November 29, 2022

Brian Cohen, MHA, Senior Director, Service Lines





Ortho/Spine Awards







Palomar Medical Center Escondido is the Top/Highest Ranked Hospital in the San Diego Area* (or San Diego County) for Spine Surgery in 2022 (* San Diego-Carlsbad-San Marcos, CA CBSA)



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Using Awards to Drive Decision Making



New Patients

87% of patients noted specialty expertise as an important factor in hospital selection*



Transparency

Since COVID, consumers are 65% more likely to choose a hospital based on quality of care*



Referrals

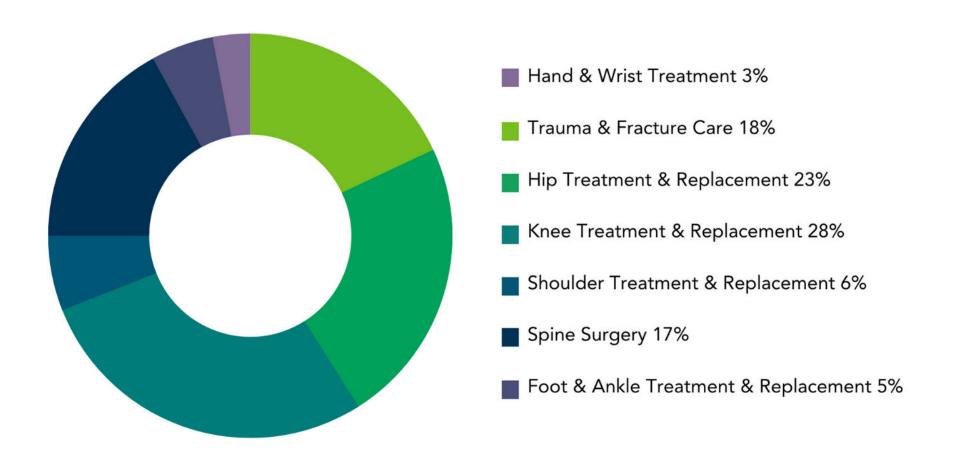
55% of Physicians consider quality rating measures important when referring patients***



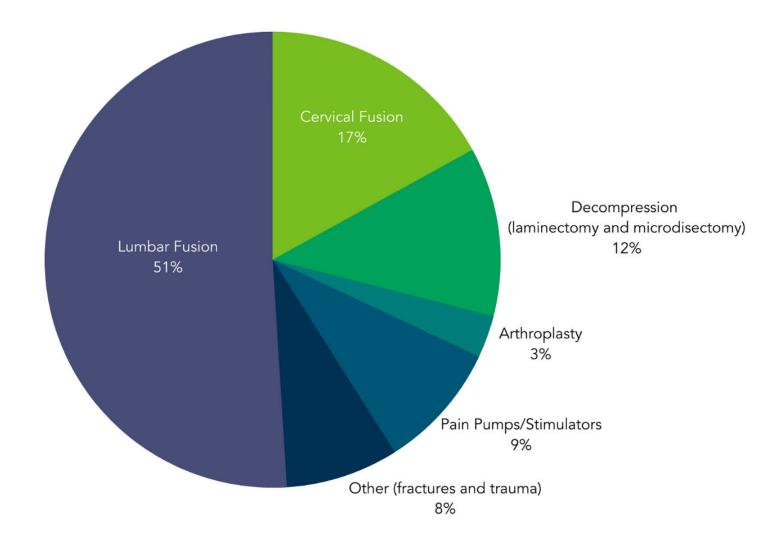
Trusted by Patients



Surgical Volume Ortho and Spine Surgery by Type in 2021

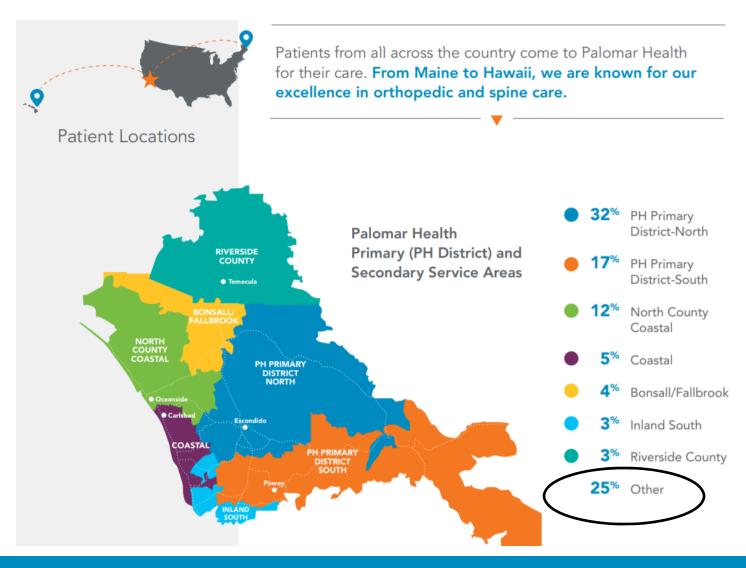


Surgical Volume | Spine Surgery by Type in 2021





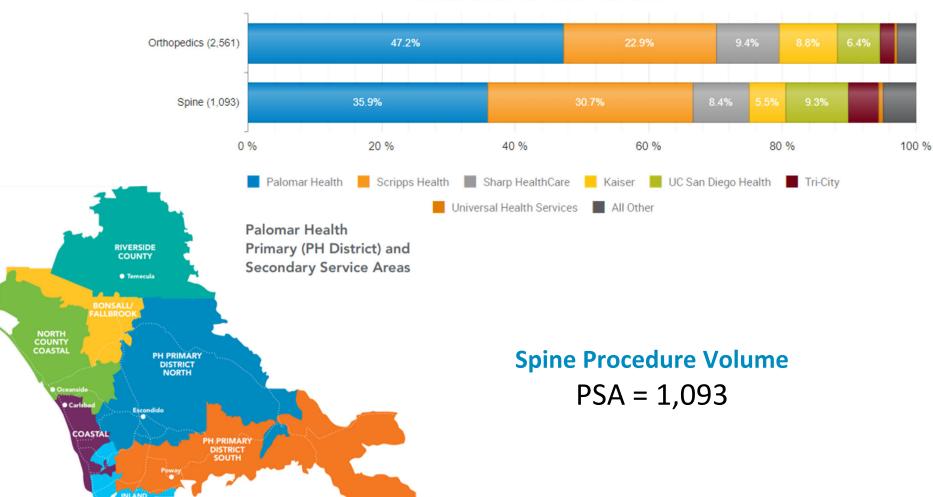
Geographical Reach 4,400+ Ortho/Spine Surgeries per Year





Market Share | Inpatient Market Share – PSA/District

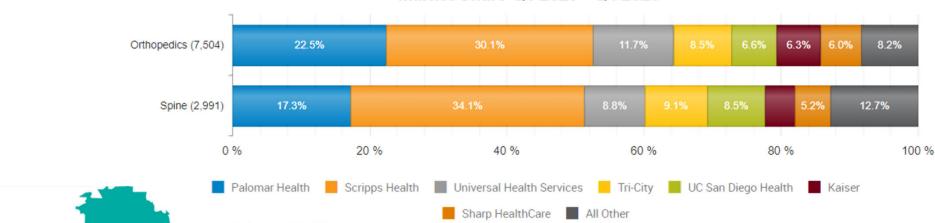


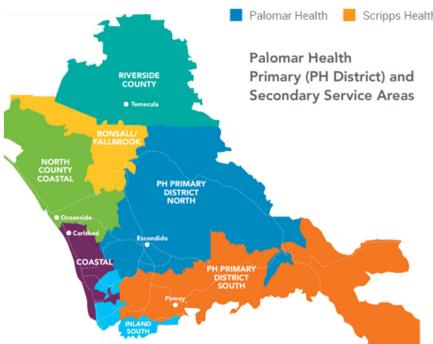




Market Share | Inpatient Market Share - PSA+SSA







Spine Procedure Volume

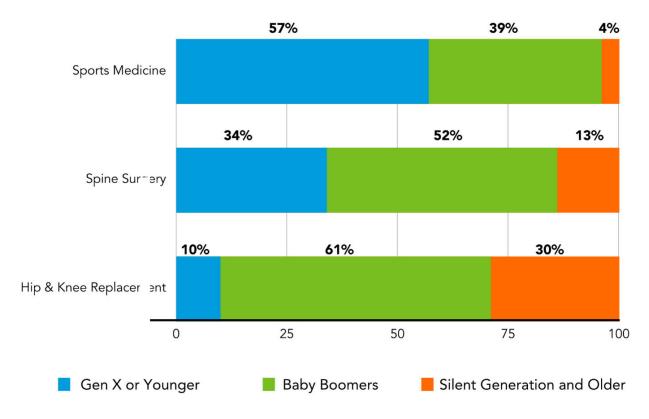
PSA = 1,093

SSA = 1,898

2,991



Clinical Advances | Driving Demand Across Multiple Generations



Ages 21 – 93

Age Range of Palomar's Spine Surgery patients in 2021

Gen X or Younger (42-57)

The highest growth generation in need surgical repair of a spine disorder. Minimally invasive surgical techniques have opened the door for this generation to have more complex spine surgery without a lot of downtime.



Spine Center of Excellence (COE) Structure

- Spine Medical Director
- Service Line Director
- Ortho & Spine Clinical Leadership Workgroup:
 - Nursing Unit, Pre-Op, OR and PACU, Rehab / PT / OT, Pharmacy, Quality / Infection Control, Home Health, Clinical Resource Management
- Spine Center of Excellence Committee:
 - Everyone above, plus:
 - Surgeons, Anesthesiologists, Pain Management
 - Executive leaders
 - Supply Chain
 - Physician practice administrators
 - Invited Guests (other medical directors)

Clinical Leadership Workgroup

Chaired by: RN Clinical Coordinator



Spine Center of Excellence Committee

Co-Chaired by: Medical Director and Service Line Director

What are our True Differentiators?

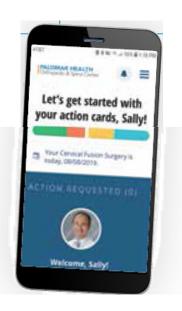
- Specialized physicians and staff members
- High quality patient outcomes leading to faster recovery and less pain
- Personalized care across
 Palomar Health services
- Patient readiness
- Staff education

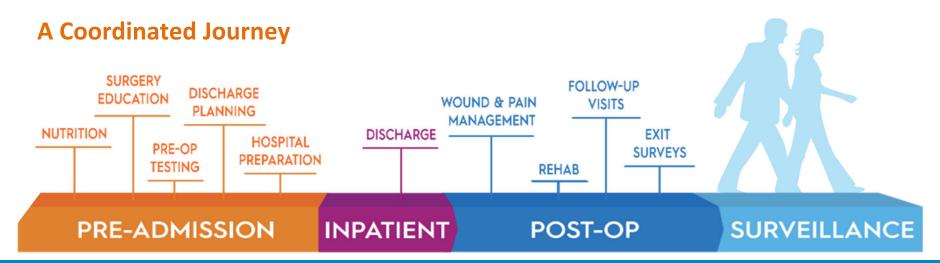


Engaging Patients in their Outcome

Online CarePath

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





Engaging Patients During Global Pandemic

1,205

patient participants registered (pre-pandemic)

82% patients actively engaged with the online platform

patients felt **prepared** for surgery

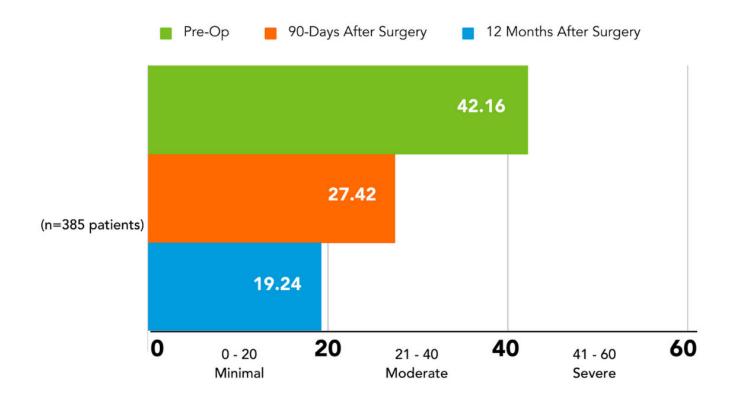
1,427

patient participants
registered
(post-pandemic)

patients actively engaged with the online platform

98% patients felt **prepared** for surgery

Quality Metrics Patient's Reduction in Disability



Why is this important?

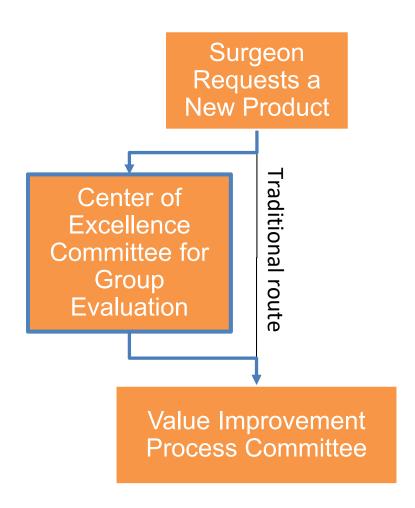
Palomar Health wants to know how much surgery has improved our patients' daily lives. Patients report on their function & pain before and after surgery. We use a standardized survey called Oswestry Disability Index (lower score the better).



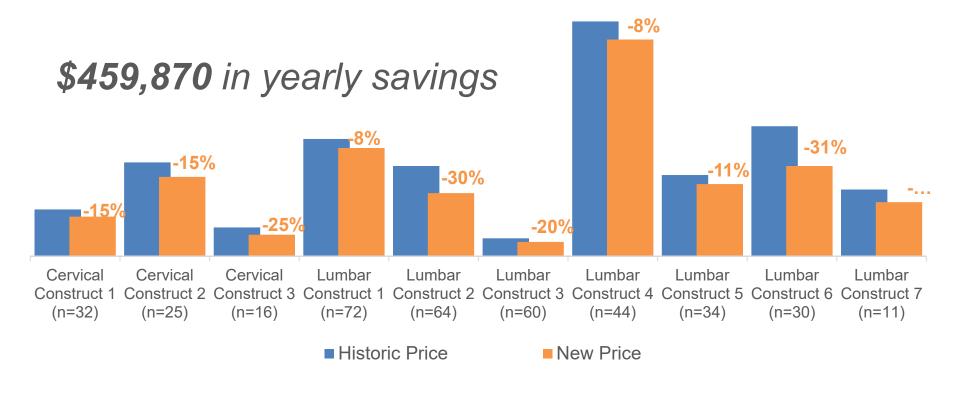
Approval Process for New Products

Value Improvement Process

- Spinal Implants
- Disposables
- New technologies
- Balancing the surgeon as an individual with the benefit of consensus



Premium Spine Implants at Best in Class Prices



"Current pricing is best in class, top 5% in VIE Healthcare's benchmark pricing....has not limited Palomar's ability to purchase and utilize new technologies"

Audit by VIE Healthcare Consulting



The Role of Robotics

Patient Outcomes

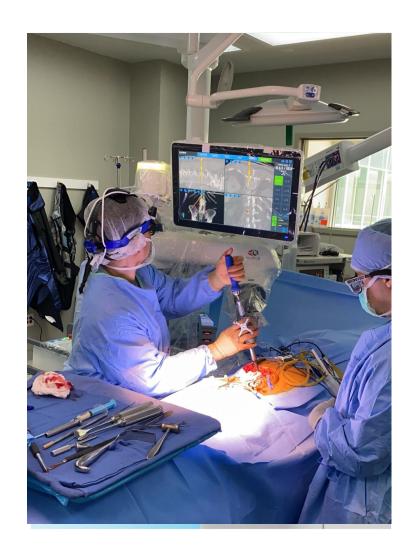
- Reduced radiation exposure
- Optimal pedicle screw placement
- Patient demand for advanced technology

Surgeon and Staff Safety

Reduced radiation exposure

Operational Efficiencies

- Shorter case times (~20 minutes per level)
- Consolidation of implant market share
- Savings per case on cost of disposables



The Role of Robotics

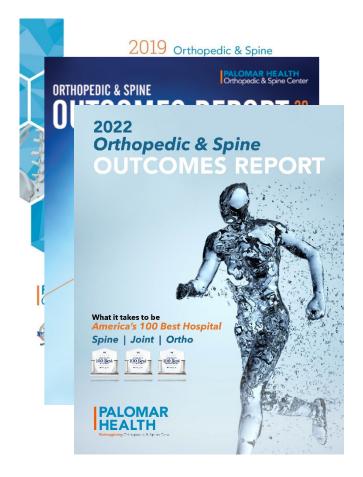
17

The average number of minutes saved per fusion since 2019



PMC-Escondido performed their 100th Spine Robot Case on October 29, 2022!

Telling Our Story











The 5th Annual
ORTHOPEDIC & SPINE SYMPOSIUM READY







What's Next?

- Focus on maintaining quality outcomes (complications, return-to-ED, readmissions, and infections)
- Achieve full compliance with evidence-based guidelines around surgical management, and patient safety (e.g., infection prevention, rehab protocols)
- Participation in the American Spine Registry
- Maximize participation in narrow networks, and Centers of Excellence
- Tell our story to the community



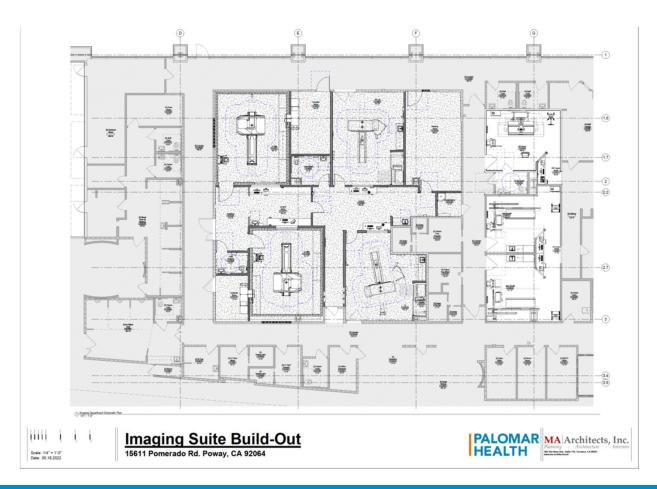




- OR/HVAC replacement
 - OSHPD Approved Evaluating bids
- Palomar Outpatient Pavilion Outpatient Imaging Center
 - Evaluating joint venture options



POP Imaging Suite



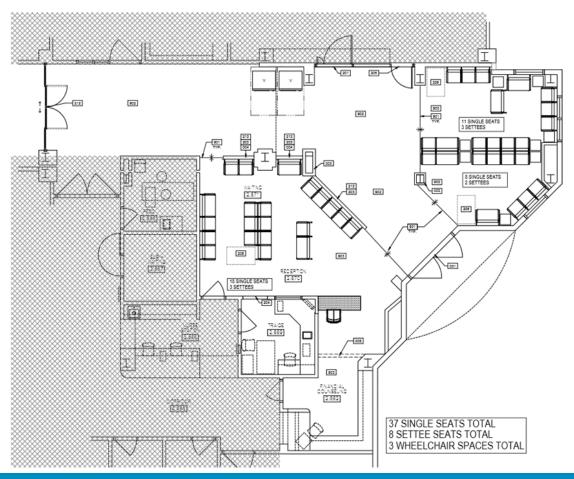


- OB Renovation 5th floor
 - Approved by OSHPD
 - Pending space planning options





ED Lobby Expansion
 General Contractor secured. Start date 3/01/2023





POP Elevator Expansion





- UPS Building
 Future site to support new imaging equipment
- Completion 4/01/2023





- Poway Main Lobby expansion
 - General Contractor secured
 - Finalizing finishes with HCAI

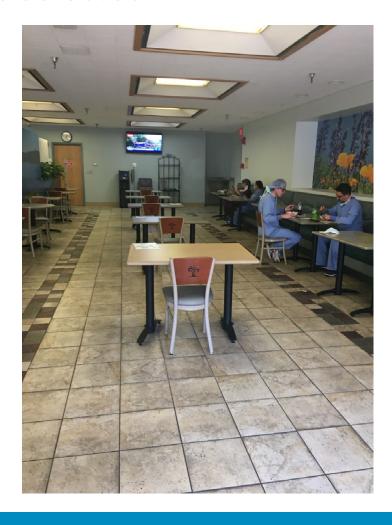




Poway – Projects in Progress

Cafeteria refresh – Finishes selected











- Palomar Health Outpatient Center III
 - 1st floor Ambulatory Surgery Center, Wound
 Care, Cardiac Rehab 65% complete
 - 2nd floor Orthopedics, Cardiology Completed
 - 3rd floor SD Vascular, Outpatient Rehab &
 Physician offices 75% complete





- Palomar Health Outpatient Center III
 - 2nd flr Cardiology GE NucMed Imaging Equipment





Palomar Health Outpatient Center II

Currently in design





PMCE NICU Expansion 8th floor

- Expansion from 4 to 11 bassinets
- Construction is complete
- Currently in CDPH for licensing

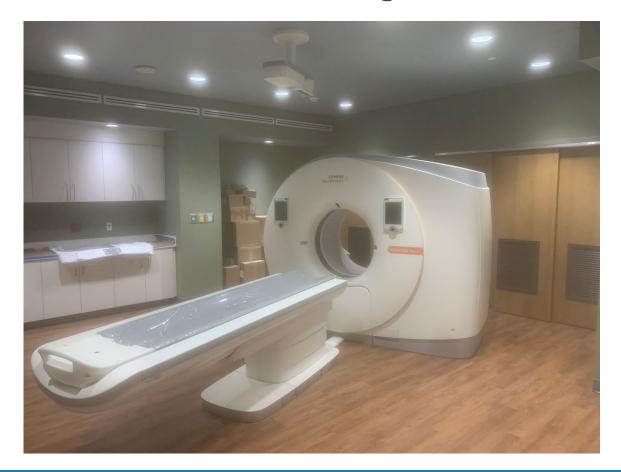
OB Emergency Department

- Will occupy the current NICU space
- In design to accommodate 6 OB ED rooms when NICU relocates





Escondido Shelled CT Replacement
 Equipment delivered – finalizing construction





• Lab Automated Line – Completion December 2022



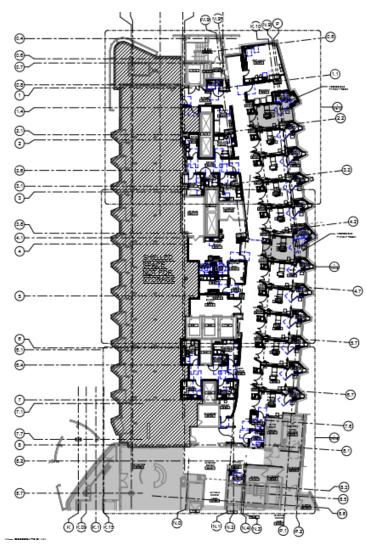


Conference Center/Physician Sleep Quarters





- PMCE 9th floor Peds buildout
- Project scope was reduced from 24 to 12 pediatric beds
- General Contractor selected
- Start in January 2023





Parking Structure Parking Guidance System

- License plate recognition cameras
- Identify real-time space availability







Escondido – RFPs in Progress

Escondido

• 10th & 11th floors

Poway

- Entry drive
- ED/ICU at PMCP

