



**BOARD OF DIRECTOR'S MEETING
AGENDA PACKET**

January 9, 2023



BOARD OF DIRECTORS

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

Diane Hansen, President and CEO

*Regular meetings of the Board of Directors are held on the second Monday of each month at 6:30 p.m., unless indicated otherwise.
For an agenda, locations or further information please call (760) 740-6375 or visit our website at www.palomarhealth.org*

MISSION STATEMENT

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

VISION STATEMENT

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

VALUES

Compassion - Providing comfort and care
Integrity - Doing the right thing for the right reason
Teamwork - Working together toward shared goals

Excellence - Aspiring to be the best
Service - Serving others and our community
Trust - Delivering on promises

Board of Directors Meeting

Meeting will begin at 6:30 p.m.



Request for Public Comments

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

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

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

Public Comments Process

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

REVISED
FRIDAY,
JANUARY 6, 2023



BOARD OF DIRECTORS MEETING
AGENDA

Monday, January 9, 2023
6:30 p.m.

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

| | <u>Time</u> | <u>Form A</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 | | | |
| IV. PUBLIC COMMENTS¹ | 30 | | 7:05 |
| V. PRESENTATIONS | | | |
| A. Patient Experience Moment | 5 | | 7:10 |
| B. Physician Updates Presentation | 5 | | 7:15 |
| C. Employee Recognition | 2 | | 7:17 |
| D. Certificates of Election | 5 | | 7:22 |
| VI. * APPROVAL OF MINUTES (ADD A) | 5 | | 7:27 |
| A. Special Closed Session Board of Directors Meeting - Monday, December 14, 2022 (Page 11) | | | |
| B. Board of Directors Meeting - Monday, December 14, 2022 (Page 13) | | | |
| VII. * APPROVAL OF AGENDA to accept the Consent Items as listed (ADD B) | 5 | | 7:32 |
| A. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments (Page 35) | | 3 | |
| B. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments (Page 48) | | 4 | |
| C. Palomar Health Approves Policies, Scopes of Service, and Power Plan(s) for the months of September, October, and November 2022. This includes all the Pharmacy and Therapeutics Committee and Infection Control (Page 49) | | 5 | |
| D. Palomar Health Approves Policies, Scopes of Service, and Power Plan(s) for the months of September, October, and November 2022 (Page 59) | | 6 | |
| VIII. REPORTS | | | |
| A. <u>Medical Staffs</u> | | | |
| 1. Palomar Medical Center Escondido - <i>Kanchan Koirala, M.D.</i> | 5 | | 7:37 |
| 2. Palomar Medical Center Poway - <i>Sam Filiciotto, M.D.</i> | 5 | | 7:42 |
| B. <u>Administrative</u> | | | |
| 1. <u>President and CEO</u> - <i>Diane Hansen</i> | 5 | | 7:47 |
| 2. <u>Chair of the Board</u> - <i>Linda Greer, R.N.</i> | 5 | | 7:52 |
| IX. * APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS (ADD C) | 5 | | 7:57 |
| <u>Agenda Item</u> | | <u>Committee</u> <u>or Dept.</u> | <u>Action</u> |
| A. Resolution No. 01.09.23(02)-02 of the Board of Directors of Palomar Health Rescinding prior Resolution NO. 01.10.22(03)-03 And Authorizing Resumption of In-Person Board Meetings (Page 86) | | Legal | Review / Approve |
| B. North San Diego County Health Facilities Financing Authority Termination Agreement (Page 87) | | Legal | Review / Approve |

IX. * APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS - cont'd. (ADD C)

| <u>Agenda Item</u> | <u>Committee or Dept.</u> | <u>Action</u> | | |
|--|-------------------------------|------------------|-------|------|
| C. Resolution No. 01.09.23(01)-01 of the Board of Directors of Palomar Health Authorizing Termination of the North San Diego County Health Facilities Financing Authority; Approving the Form of, and Authorizing the Execution and Delivery of, a Termination Agreement; and Authorizing the Taking of Certain Other Actions in Connection Therewith <i>(Page 94)</i> | Legal | Review / Approve | 7 & 8 | |
| D. Outsourced Labor Policy - Lucidoc #58921 <i>(redline version page 96, clean version page 98)</i> | Governance | Review / Approve | 9 | |
| X. COMMITTEE REPORTS (ADD D) | | | 5 | 8:02 |
| A. Audit & Compliance Committee - <i>Linda Greer, Committee Chair (no meeting in December)</i> | | | | |
| B. Community Relations Committee - <i>Terry Corrales, Committee Chair (no meeting in December)</i> | | | | |
| C. Finance Committee - <i>Laura Barry, Committee Chair (no meeting in December)</i> | | | | |
| D. Governance Committee - <i>Jeff Griffith, Committee Chair (Page 101)</i> | | | | |
| E. Human Resources Committee - <i>Terry Corrales, Committee Chair (no meeting in December)</i> | | | | |
| F. Quality Review Committee - <i>Linda Greer, Committee Chair (no meeting in December)</i> | | | | |
| G. Strategic & Facilities Planning Committee - <i>Mike Pacheco, Committee Chair (no meeting in December)</i> | | | | |
| XI. FINAL ADJOURNMENT | | | 1 | 8:03 |

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

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

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

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

**Minutes
Board of Directors Meetings
December, 2022**

TO: Board of Directors

MEETING DATE: Monday, January 9, 2023

FROM: Debbie Hollick, Assistant to the Board of Directors

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

Budget Impact: N/A

Staff

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

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:

**Palomar Medical Center Escondido Medical Staff
Credentialing Recommendations**

TO: Board of Directors

MEETING DATE: January 9, 2023

FROM: Kanchan Koirala, M.D., Chief of Staff, Palomar Medical Center Escondido

Background: Credentialing Recommendations from the Medical Executive Committee of Palomar Medical Center Escondido.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:

**Palomar Medical Center Poway
Medical Staff Credentials Recommendations
December, 2022**

TO: Board of Directors

MEETING DATE: Monday January 9, 2023

FROM: Sam Filiciotto, M.D., Chief of Staff, Palomar Medical Center Poway

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

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:

Palomar Health Approves Policies, and Power Plan(s) for Documents submitted to the Quality Management Committee 2022. This includes all the Pharmacy and Therapeutics Committee and Infection Control

TO: Board of Directors

MEETING DATE: January 9, 2023

FROM: Jami Pearson, Director Regulatory

Background: Joint Commission, CDPH, and CMS require that Policies, Scopes of Service, and Medical Staff Power Plans are approved by the Board of Directors. The attached documents will complete those approvals needed from the Board of Directors for that were approved at the Quality Management Committee for calendar year 2022. These documents have been approved at the appropriate Medical Staff Committees as required.

Budget Impact: N/A

Staff Recommendation: Recommendation that the documents from the Quality Management Committee for the year 2022 are approved by the Board of Directors effective January 9, 2023.

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:

Palomar Health Approves Policies, Scopes of Service, and Power Plan(s) for the months of September, October, and November 2022

TO: Board of Directors

MEETING DATE: January 9, 2023

FROM: Jami Pearson, Director Regulatory

Background: Joint Commission, CDPH, and CMS require that Policies, Scopes of Service, and Medical Staff Power Plans are approved by the Board of Directors. The attached documents will complete those approvals needed from the Board of Directors for Policies, Scopes of Service(s) and Medical Staff Power Plans that were approved at the Policy and Procedure Committee for the month of September, October, and November 2022. These documents have been approved at the appropriate Medical Staff Committees as required.

Budget Impact: N/A

Staff Recommendation: Recommendation that the Policies, Scopes of Service and the Medical Staff Power Plans for September, October, and November of 2022 are approved by the Board of Directors effective January 9, 2023

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:

Resolution No. 01.09.23(01)-01, Authorizing Termination of the North San Diego County Health Facilities Financing Authority; Approving the Form of, and Authorizing the Execution and Delivery of, a Termination Agreement; and Authorizing the Taking of Certain Other Actions in Connection Therewith

TO: Board of Directors

MEETING DATE: Monday, January 9, 2023

FROM: Kevin DeBruin, Chief Legal Officer

BACKGROUND: Bond Counsel at Orrick, Herrington & Sutcliffe (“Bond Counsel”) has confirmed that all of the debt of the Authority is no longer outstanding under the terms of the instrument that provided for its issuance or incurrence, which means the Authority may now be dissolved. Based on Bond Counsel’s records as of February 2018, which was also recently confirmed against the Authority’s records by the Secretary, below is a list of the issuances in which the Authority participated:

1. Palomar Health
 - a. GO Bonds, Series 2005A – no longer outstanding
 - b. 2006 COPs – no longer outstanding as of November 15th, all fully prepaid by December 8th
 - c. GO Bonds, Series 2007A – outstanding, but not an indebtedness of the Authority; Authority’s participation was solely limited to purchasing Bonds by Palomar Health and then immediately reselling to the underwriter
 - d. GO Bonds, Series 2009A – outstanding, but not an indebtedness of the Authority; Authority’s participation was solely limited to purchasing Bonds by Palomar Health and then immediately reselling to the underwriter
 - e. 2009 COPs – no longer outstanding
2. Grossmont Healthcare District
 - a. GO Bonds, Series 2007A – outstanding, but not an indebtedness of the Authority; Authority’s participation was solely limited to purchasing Bonds by Grossmont and then immediately reselling to the underwriter
3. Tri-City Health Care District
 - a. None

At the December 19, 2022, meeting of the Authority Board, Bond Counsel provided a brief explanation regarding why the dissolution could occur, even though the Palomar Health 2007A and 2009A GO Bonds and the Grossmont 2007A GO Bonds were still outstanding, noting that those bonds were not indebtedness of the Authority. The Authority’s role was solely to purchase and simultaneously resell the bonds to the underwriter to comply with the Marks-Roos Act in effect at that time. When the San Diego County Health Facilities Financing Authority (“SDHFFA”) was dissolved in October 2018, the Palomar 2010A GO Bonds and the Grossmont 2011B GO Bonds were outstanding (Palomar’s 2010A GO Bond still are outstanding; Grossmont’s 2011B GO Bonds have since been refunded). However, because SDCHFFA’s participation was solely limited to purchasing and then immediately reselling the bonds to the underwriter, it was not considered an indebtedness of the SDCHFFA and did not prevent the dissolution. The same situation exists in connection with the proposed dissolution of this Authority.

Resolution No. 01.09.23(01)-01, Authorizing Termination of the North San Diego County Health Facilities Financing Authority; Approving the Form of, and Authorizing the Execution and Delivery of, a Termination Agreement; and Authorizing the Taking of Certain Other Actions in Connection Therewith

According to Bond Counsel, the following steps are required to accomplish the dissolution of the Authority:

1. Confirm no resolutions of the Authority from February 2018 to the current date for a financing for Tri-City – **DONE**
2. Draft documentation – **Bond Counsel** (*a. related to Palomar Health and b. are attached; c. are standard forms of the Secretary of State's office*)
 - a. Resolutions to terminate the JPA agreement for the Board of Directors of each of the 3 members to adopt
 - b. Termination Agreement to be signed by each of the 3 members
 - c. Notices to be filed with the Secretary of State and the Controller (*Bond Counsel will file the appropriate notices of dissolution with the State of California following action on Steps 2.a. and 2.b.*)
3. Initial conversations were held at the aforementioned meeting of the Authority Board, specifically for Bond Counsel to explain the dissolution process with the Members
 - a. At that meeting, each Member identified to Bond Counsel the date of the Board meeting at which the resolution would likely be presented for adoption by each of the 3 Boards
 - b. Following passage of the resolutions, Members will need to execute the Termination Agreement

Budget Impact: N/A

Staff Recommendation: Adoption of Resolution No. 01.09.23(01)-01, Authorizing Termination of the North San Diego County Health Facilities Financing Authority; Approving the Form of, and Authorizing the Execution and Delivery of, a Termination Agreement; and Authorizing the Taking of Certain Other Actions in Connection Therewith.

COMMITTEE RECOMMENDATION: In the interests of time, this matter is being presented directly to the Board

Motion:

Individual Action: X

Information:

Required Time: 10 minutes

Outsourced Labor Policy #58921

TO: Board of Directors
MEETING DATE: Monday, January 9, 2023
FROM: Jeff Griffith – Chair, Board Governance Committee

Background: The Outsourced Labor Policy #58921 is respectfully presented to the Full Board for its triennial review and approval.

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

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

ADDENDUM A

| SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, DECEMBER 12, 2022 | |
|--|----------------------------|
| AGENDA ITEM | CONCLUSION / ACTION |
| <ul style="list-style-type: none"> DISCUSSION | |
| 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 6:00 p.m. by Board Chair Linda Greer. | |
| NOTICE OF MEETING | |
| Notice of Meeting was posted at Palomar Health’s Administrative office as well as on the Palomar Health website on Thursday, December 8, 2022 which is consistent with legal requirements. | |
| II. ESTABLISHMENT OF QUORUM | |
| Quorum comprised of Directors Barry, Clark, Corrales, Greer, Griffith, Edwards-Tate, Pacheco Excused Absences: None | |
| III. PUBLIC COMMENTS | |
| There were no public comments | |
| IV. ADJOURNMENT TO CLOSED SESSION | |
| A. Pursuant to California Government Code § 54956.9 — CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION—Case name(s) unspecified because disclosure would jeopardize existing settlement negotiations or result in other prejudice to the position of the District | |
| V. RE-ADJOURNMENT TO OPEN SESSION | |
| VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY | |
| There was no action resulting from closed session. | |

SPECIAL CLOSED SESSION BOARD OF DIRECTOR'S MEETING MINUTES – MONDAY, DECEMBER 12, 2022

AGENDA ITEM

CONCLUSION / ACTION

- **DISCUSSION**

VII. FINAL ADJOURNMENT

There being no further business, Chair Greer adjourned the meeting at 6:24 p.m.

| | | |
|--------------------|------------------------|-------------------------------|
| SIGNATURES: | BOARD SECRETARY | _____ Terry Corrales, R.N. |
| | BOARD ASSISTANT | _____ Debbie Hollick |

DRAFT

Board of Directors Meeting Minutes – Monday, December 12, 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 December 7, 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, Edwards-Tate, Griffith, Greer, Pacheco
Absences: None

III. OPENING CEREMONY – Pledge of Allegiance to the Flag

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

MISSION AND VISION STATEMENTS

The Palomar Health mission and vision statements are as follows:

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

Agenda Item

- Discussion

Conclusion / Action /Follow Up

IV. OATH OF OFFICE - Administered by Board Vice-Chair Jeff Griffith

- A. John Clark
- B. Laurie Edwards-Tate
- C. Linda Greer
- D. Michael Pacheco

The Oath of Office was administered by Board Vice-Chair Jeff Griffith, who congratulated the board members and welcomed them back for another four-year term.

V. PUBLIC COMMENTS

There were no public comments.

VI. PRESENTATIONS

A. 2022 "Hear for the Holidays" Winner Presentation

- David Illich, AuD., FAAA, Chief Audiologist for Palomar Health introduced the winner of the 2022 Hear for the Holidays contest, Ms. Lora King, who received free state-of-the-art hearing aids and lifetime treatment. Ms. King shared the attached letter with the board, noting that her new hearing aids are like a Christmas miracle that has restored not only her hearing, but her joy in life.
 - On behalf of the board, Chairwoman Greer thanked Dr. Illich for bringing this annual good work to the board, and wished Ms. King a full and wonderful life with her new hearing aids.

B. Patient Experience Moment

- Vice President Quality Tricia Kassab introduced former patient Cheryl Zide, who shared her story as a recent emergency room patient. Ms. Zide noted that, especially with her being in the healthcare field, she could really appreciate the quality of service she received. Everyone she came into contact with showed her kindness and caring; everything was thoroughly explained and not rushed through. She stated that the true essence of this incredible experience was that she was made to feel completely comfortable and secure in every way.
 - On behalf of the board chairwoman Greer thanked Ms. Zide for sharing her story, adding that everyone is happy to hear that she is doing so well.

C. Employee Recognition

Agenda Item

| <ul style="list-style-type: none"> Discussion | Conclusion / Action /Follow Up |
|---|---|
| <ul style="list-style-type: none"> Chairwoman Greer welcomed the Palomar Health Foundation team, stating that their performance and accomplishments this year have been outstanding. The innovation and creativity in the events that have been held have been second to none. The team was honored for their service, and received appreciation certificates and flowers. Kirk Effinger, Foundation Board Chair – 6 years of service Kristin Gaspar, Foundation President & CEO – 1 year of service Mellanie Dean, Director Corporate Giving – 1 year of service Christi Knight, Director Philanthropy and Community Engagement – 1 year of service Maria Falsario, Director Event Planning – 11 years of service Kimberly Nailon, Director Employee Giving – 3 years of service | |
| D. * Financial Presentation | <p>D. MOTION: By Director Barry, 2nd by Director Corrales and carried to approve the October 2022 and YTD FY2023 Financial Report as presented. Roll call voting was utilized.</p> <p>Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – aye</p> <p>Chairwoman Greer announced that seven board members were in favor. None opposed. No abstentions. No absences. Motion approved.</p> |
| <p>Utilizing the presentations attached to these minutes and in the board meeting packet, Chief Financial Officer Hugh King presented the October 2022 and YTD FY2023 Financial Report, including supplemental information that provided additional clarity and context for the data. Nationally reported healthcare data shows that hospitals in the United States are on track for their worst financial year in decades. Due to the pandemic, labor shortages and supply-chain disruptions have fueled a dramatic rise in expenses. Additionally, since the start of the pandemic hospitals have lost a total of 105,000 employees, and nursing vacancies have more than doubled.</p> <ul style="list-style-type: none"> Director Clark asked what the annual revenue will be from the 11-bed NICU once it has been brought online. Mr. King responded that it is projected to be approximately \$8.1 million per year. Director Edwards-Tate thanked Mr. King for being so descriptive and forthcoming about the realities of things, adding that an amazing job is being done. She knows that hospitals across the country are having these same troubles, and feels that it would be beneficial for the full board to be able to sit down and collaborate with broad range discussion among our elected officials here, who have a whole lot of different kinds of things to contribute, and expertise beyond the scope of any committee. Director Barry thanked Ms. Hansen and Mr. King for refinancing the bonds; added that she is delighted that the Neonatal Intensive Care Unit (NICU) would be opening soon, and that the staffing issues are being addressed at the Villas at Poway. | |
| <p>VII. APPROVAL OF MINUTES</p> | |

Agenda Item

• Discussion

Conclusion / Action /Follow Up

- A. Special Closed Session Board of Directors Meeting - Monday, November 14, 2022
- B. Board of Directors Meeting - Monday, November 14, 2022

A. **MOTION:** By Director Corrales, 2nd by Director Pacheco and carried to approve to approve the Monday, November 14, 2022 Special Closed Session Board of Directors Meeting minutes as presented. Roll call voting was utilized.
 Director Corrales – aye Director Griffith – aye
 Director Greer – aye Director Barry – aye
 Director Clark – aye Director Pacheco – aye
 Director Edwards-Tate – aye
 Chairwoman Greer announced that seven board members were in favor. None opposed. No abstentions. No absences. Motion approved.

B. **MOTION:** By Director Pacheco, 2nd by Director Griffith and carried to approve the Monday, November 14, 2022 Board of Directors Meeting minutes as presented. Roll call voting was utilized.
 Director Corrales – aye Director Griffith – aye
 Director Greer – aye Director Barry – aye
 Director Clark – aye Director Pacheco – aye
 Director Edwards-Tate – aye
 Chairwoman Greer announced that seven board members were in favor. None opposed. No abstentions. No absences. Motion approved.

A. and B. There was no discussion.

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

Agenda Item

| <ul style="list-style-type: none"> Discussion | Conclusion / Action /Follow Up |
|--|---|
| A. Executed Budgeted Routine Physician Agreements B. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments C. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments D. Antibiotic Stewardship Program | <p>MOTION: By Director Griffith, 2nd by Director Pacheco and carried to approve Consent Agenda items VIII.B. – VIII.D. as presented. Consent Agenda item VIII.A. was pulled for discussion. Roll call voting was utilized. Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – aye Chairwoman Greer announced that seven board members were in favor. None opposed. No abstentions. No absences. Motion approved.</p> <p>MOTION: By Director Griffith, 2nd by Director Barry and carried to approve Consent Agenda Items VII.A. as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – no Director Pacheco – aye Director Edwards-Tate – no Chairwoman Greer announced that five board members were in favor. Two opposed. No abstentions. No absences. Motion approved.</p> |
| A. <ul style="list-style-type: none"> Director Clark requested that agenda item VII.A. be pulled for discussion. He asked whether he was correct in his understanding that the organization is extending the contracts of the emergency room doctors, hospitalists and intensivists (which exists until 2024) to 2026. Chief Medical Officer Dr. Omar Khawaja responded that this is correct, adding that in doing so it would allow for continued monitoring of an extended number of graphics for these physicians. The metrics to-date have shown many improvements already, and EMA Benchmark will be bringing even more resources to bear; thus the extension of the contracts for additional data tracking. Director Edwards-Tate did not recall seeing metrics on which to make a decision in this regard. Chairwoman Greer reminded her that EMA Benchmark made a presentation to the full board with the metrics, and that they will be coming back to the board (as they informed at that time) to provide an update. Per question by Director Pacheco, Dr. Khawaja to provide information on whether the contract has built in automatic extensions. Director Griffith requested that EMA Benchmark provide a savings comparison between their group and the previous at their next presentation to the board. Director Corrales stated that if the system is working so well she does not see any reason why the organization would not want to extend their contract. B. – D. There was no discussion. | |

Agenda Item

- Discussion

Conclusion / Action /Follow Up

IX. REPORTS

A. Medical Staffs

1. Palomar Medical Center Escondido

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

- Dr. Pasha thanked the board members for attending the December 9th Annual Medical Staff meeting.
- The number of COVID cases has increased slightly to 29 with 2 patients in the ICU, however none are on ventilators. There were 4 flu cases and 2 Respiratory Syncytial Virus (RSV) cases also in-house.
- Has not yet seen the results from the recent physician engagement survey. Dr. Khawaja to meet with new MEC members in January to review at that time.
 - Director Clark asked if this was a yearly survey and when it was issued. Dr. Pasha replied that it is typically administered by administration every year around October or November. He thanked Dr. Pasha for her years of work, honesty and forthrightness; Director Edwards-Tate seconded the remarks.

2. Palomar Medical Center Poway

Agenda Item

• 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:

Honors:

- Medical Staff offers its congratulations to the 4 victorious directors
- Thanked outgoing MEC Chiefs of Staff Drs. Ed Gurrola, Sabiha Pasha, and MEC Secretary/Treasurer Dr. Lachlan Macleay for their years of service under exceptional duress

Care:

- Seasonal load has Poway ER physicians seeing patients in waiting room
- Currently there are 13 COVID-positive patients in house with one on a ventilator
- Awaiting NCEMA (North County Emergency Medical Associates) contract finalization

Communication:

- Great to meet and get to know the directors that attended the PMCE's year-end combined meeting / holiday party
- Looking forward to working with the Board and Administration to promote excellent care and help successfully

Education:

- Educating staff via departmental directors to improve handwashing scores
- Just attended Chartis (old Greeley) Clinical Quality Solutions on Highly Reliable Organizations (HROs) defined as High reliability organizations are organizations that operate in complex, high-hazard domains for extended periods **without serious accidents or catastrophic failures**
- Leap frog scores were good compared to some of the other attending hospital systems

Equipment & Facilities:

- New Dragon One system (Voice to text) went live December 6th
- 3rd floor BHU (Behavioral Health Unit) still has the white plastic protectors hanging for ongoing work converting to Med / Surg beds
- Dealing with the usual leaks on the second floor hallway

Needs:

- Still concerns with staffing throughout the district

Staff:

- Concerns were brought up regarding OR staff leaving for higher paying Scripps and Sharp
- Last non-charge RN left leaving travelers only
- Looking forward to the 2 new general surgeons coming to Poway to help with ER call

Future Directions:

- HRO Highly Reliable Organization integration and SUSTAINABILITY
- Improving Communication

Agenda Item

• Discussion

Conclusion / Action /Follow Up

B. Administrative

1. Chair of the Palomar Health Foundation

- Utilizing the video linked below, Palomar Health Foundation Board Chair Kirk Effinger shared the Palomar Health Foundation 2022 Impact Report, commending the Foundation staff and board members for the leadership and amazing work they have done this past year. He added that, while they have a tiny number of staff, they have done a mountain of work and achieved great success thus far. This year's focus has mainly been on employee engagement and community outreach. The video he shared illustrated some of these accomplishments and gave everyone an idea of just how hard the team has been working. He added that it has been a terrific year, and stated that Ms. Gaspar is worth her weight in gold. Also wished to thank the PH board members, Ms. Hansen and Dr. Khawaja for all of their assistance with Foundation projects.
- Chairwoman Greer thanked them all for their dedication to the organization and district, noting that the video reinforces just why they are so deserving of receiving this month's employee recognition award.

Link to the Palomar Health Foundation 2022 Impact Report
<https://vimeo.com/781188358/d884ab6ec9>

2. President and CEO

Palomar Health President & CEO Hansen provided the following report:

- Commended the Foundation team for all they have accomplished this past year.
- Thanked Dr. Illich for his outstanding presentation; these are the kinds of things that show the good work Palomar is doing.
- Congratulated all four board members for being re-elected to the board; is thrilled they are back. Thanked the full board for their support this past year.
- Wanted to acknowledged that the past six months have indeed been a financial challenge, what with all the negative external issues at hand. Gave her word that the organization will continue to hold its head above water and push forward to do the things we know are impactful and important for this organization to be sustainable for the foreseeable future. Will continue to make the hard decisions even though they are at times very difficult.
- Gave special thanks and appreciation to her team for the tremendous amount of work they did this year. Added that there is a lot more on the horizon that will be brought to this board for their approval, thoughts and direction.

3. Chairwoman of the Board

i. Calendar Year 2023 Board Standing Committee Assignments

- Chairwoman Greer reported that the 2023 Board Committee Standing Committee Assignments will be posted once they have been finalized.

Agenda Item

| <ul style="list-style-type: none">Discussion | Conclusion / Action /Follow Up |
|--|---|
| <p>ii. Election of Board Officers for Calendar Year 2023 – Chair, Vice-Chair, Secretary, Treasurer</p> | <p>ii. BOARD CHAIR</p> <p>MOTION: By Director Clark to nominate Director Griffith for the position of Board Chair for Calendar Year 2023. Director Griffith did not accept the nomination. The nomination was withdrawn by Director Clark.</p> <p>MOTION: By Director Edwards-Tate to nominate Director Pacheco for the position of Board Chair for Calendar Year 2023. Director Pacheco did not accept the nomination.</p> <p>MOTION: By Director Griffith to nominate Director Greer for the position of Board Chair for Calendar Year 2023. Director Greer accepted the nomination. Roll call voting was utilized. Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – no Director Pacheco – no Director Edwards-Tate – no Chairwoman Greer announced that four board members were in favor. Three opposed. No abstentions. No absences. Motion approved.</p> |
| <ul style="list-style-type: none">Director Clark stated it would be great to have new blood in the management of the board. He would heartily welcome Mr. Pacheco to serve as Vice-Chair to add some much-needed independence to the board.Director Edwards-Tate stated she believes in diversity and inclusion; she believes in Director Pacheco's heart and leadership. | <p>ii. BOARD VICE-CHAIR</p> <p>MOTION: By Director Barry to nominate Director Griffith for the position of Board Vice-Chair for Calendar Year 2023. Director Griffith accepted the nomination.</p> <p>MOTION: By Director Clark to nominate Director Pacheco for the position of Board Vice-Chair for Calendar Year 2023. Director Pacheco accepted the nomination but recommended the board members vote for Director Griffith.</p> |

Agenda Item

| <ul style="list-style-type: none"> Discussion | Conclusion / Action /Follow Up |
|---|--|
| | <p>ii. BOARD VICE-CHAIR <i>(continued)</i></p> <p>Pursuant to board discussion a roll call vote was taken for the nomination of Director Griffith.</p> <p>Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – no Director Pacheco – aye Director Edwards-Tate – no</p> <p>Chairwoman Greer announced that five board members were in favor. Two opposed. No abstentions. No absences. Motion approved</p> |
| <ul style="list-style-type: none"> Director Edwards-Tate stated that Director Clark has an extraordinary background in this particular area that would dramatically help with the need for vision; and also the level of expertise in a financial context. Chairwoman Greer stated that Director Barry has a background in finance. She has worked very well with the CFO in her current role as chair of the Board Finance Committee, and has learned this last year very quickly. Director Griffith stated that Director Barry has done an excellent job this year as Treasurer. He appreciates her dedication and her abilities coming from the background of business, and feels very confident with her in that position. Director Pacheco stated that Director Barry works very closely with the CFO and gets the answers that the board needs. | <p>ii. BOARD TREASURER</p> <p>MOTION: By Director Edwards-Tate and carried to nominate Director Clark for the position of Board Treasurer for Calendar Year 2023. Director Clark accepted the nomination.</p> <p>MOTION: By Director Corrales and carried to nominate Director Barry for the position of Board Treasurer for Calendar Year 2023. Director Barry accepted the nomination.</p> <p>Pursuant to board discussion a roll call vote was taken for the nomination of Director Barry.</p> <p>Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – no Director Pacheco – aye Director Edwards-Tate – abstain</p> <p>Chairwoman Greer announced that six board members were in favor. One opposed. One abstention. No absences. Motion approved. No voting was needed for the Clark nomination.</p> |

Agenda Item

- Discussion

Conclusion / Action /Follow Up

ii. BOARD SECRETARY

MOTION: By Director Barry and carried to nominate Director Corrales for the position of Board Secretary for Calendar Year 2023. Director Corrales accepted the nomination. Roll call voting was utilized.
 Director Corrales – aye Director Griffith – aye
 Director Greer – aye Director Barry – aye
 Director Clark – aye Director Pacheco – aye
 Director Edwards-Tate – abstain
 Chairwoman Greer announced that six board members were in favor. None opposed. One abstention. No absences. Motion approved.

X. *APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS

- A. Resolution No. 12.12.22(01)-27 of the Board of Directors of Palomar Health Establishing Regular Board Meetings for Calendar Year 2023
- B. Board Finance Committee Charter

A. **MOTION:** By Director Pacheco, 2nd by Director Griffith and carried to approve Resolution No. 12.12.22(01)-27 of the Board of Directors of Palomar Health Establishing Regular Board Meetings for Calendar Year 2023 as presented. Roll call voting was utilized.
 Director Corrales – aye Director Griffith – aye
 Director Greer – aye Director Barry – aye
 Director Clark – aye Director Pacheco – aye
 Director Edwards-Tate – aye
 Chairwoman Greer announced that seven board members were in favor. None opposed. No abstentions. No absences. Motion approved.

B. **MOTION:** By Director Barry, 2nd by Director Pacheco and carried to approve the Board Finance Committee Charter as presented. Roll call voting was utilized.
 Director Corrales – aye Director Griffith – aye
 Director Greer – aye Director Barry – aye
 Director Clark – no Director Pacheco – aye
 Director Edwards-Tate – no
 Chairwoman Greer announced that five board members were in favor. Two opposed. No abstentions. No absences. Motion approved.

Board of Directors Meeting Minutes – Monday, December 12, 2022

Agenda Item

• *Discussion*

Conclusion / Action /Follow Up

- A. Chairwoman Greer noted there has been discussion re: scheduling the open session Board of Director's meetings for earlier in the day, and that the topic may be revisited at some point in the future.
- B. Director Clark requested there be more Board Finance Committee meetings next year than what are stated on the charter.
- B. Director Edwards-Tate concurred with Director Clark and added that she would like to go back more to the old model of the ad hoc gets board permission.

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

A. Audit and Compliance Committee

- Committee Chairwoman Greer reported that the committee was dark in November.

B. Community Relations Committee

- Committee Chair Corrales reported that the committee was dark in November.

C. Finance Committee

- Committee Chair Barry shared highlights from the meeting summary noting that by special request the October 2022 and YTD FY2023 Financial Report, which would generally be reviewed as part of the Board Directors meeting's Consent agenda, was reviewed at tonight's meeting as a stand-alone presentation under agenda item VI.D.

D. Governance Committee

- Committee Chair Griffith reported that the committee was dark in November.

E. Human Resources Committee

- Committee Chair Corrales shared highlights from the meeting summary, noting that the data from the annual open enrollment is currently being collected, and will be shared with the board once finalized.

F. Quality Review Committee

- Committee Chairwoman Greer reported that the committee was dark in November.

G. Strategic & Facilities Planning Committee

- Committee Chair Pacheco shared highlights from the meeting summary, noting that the Spine Center of Excellence program is thoroughly amazing, as is the orthopedic service line as a whole.

Agenda Item

- *Discussion*

Conclusion / Action /Follow Up

XII. FINAL ADJOURNMENT

- There being no further business, Chairwoman Greer adjourned the meeting at 8:30 p.m.

| | | |
|--------------------|------------------------|----------------------------|
| Signatures: | Board Secretary | _____ Terry Corrales, R.N. |
| | Board Assistant | _____ Debbie Hollick |

DRAFT

DATE: November 1, 2022

RE: HEAR FOR THE HOLIDAYS CONTEST

Submitted by: Lora King-Rodriguez

Halloween Day: I checked into the waiting room for my 2:30 pm consultation appointment.

I was feeling so low and nearly hopeless for a myriad of issues. I considered asking the receptionist to reschedule me for a 'better' day. But I knew I could no longer deny, avoid and ignore that I was quickly going deaf. I needed help...professional advice and perhaps even encouragement.

This huge challenge has been impacting all areas of my life....I have begun to isolate myself from friends and social interactions. I stopped going to my writing class, stopped events which I once enjoyed but now too embarrassed to attend...my self-esteem plummeting.

With no funds available, living month to month, I am struggling and anxiety is overtaking my life. I have hit a very unexpected rough patch.

I have had no peace of mind since I lost my husband/best friend not long ago. First, I lost our home in order to pay his medical treatments, as he was diagnosed with a cruel disease called Alzheimers. Our comfortable life vanished instantly.

So now, as a senior retired widow, I have slipped into poverty level, which is cause for even more distress. I would be homeless, save for my few friends, who found room for me to rent with them.

Then Shannon appeared and explained my (unaffordable) options. I was in tears, until this unbelievable opportunity presented itself...What Timing!! I could hardly grasp what she was telling me. It felt like I was being touched by an angel. She had given me what I most needed...a great sense of hope. What a blessing just to be in the running.

I walked in with such despair and hopelessness, but walked out a much lighter person, my spirits have been lifted! This could be my wonderful miracle and it would restore not only my hearing but my joy in life!

Sincerely, *Lora King-Rodriguez*



Operations & Cash Management

December 12, 2021

Hugh King, CFO



**PALOMAR
HEALTH**
Reimagining Healthcare



Income From Operations: July 1, 2022 – October 31, 2022

- YTD Income from Operations positive at \$4.5 million but under budget by \$15.3 million
- YTD Revenues under budget by \$26.3 million
- YTD net revenues of \$277.3 million exceed prior YTD net revenues of \$270.6 by \$6.7 million
- YTD salaries, wages, contract labor and benefits of \$161.1 million exceed prior YTD labor costs of \$143.3 by \$17.8 million



Revenue Issues:

July 1, 2022 – October 31, 2022

- New NICU scheduled to open July 1, 2022, delayed by regulatory and contract issues until January 2023
 - All revenues from 4-bed NICU currently reported on Rady's financial statements
 - All revenues from new 11-bed NICU will be reported on Palomar Health financial statements
- Geropysch Unit at PMCP closed due to regulatory requirements beyond Palomar Health's control
 - Conversion to medical/surgical beds in progress
 - Expected to reopen unit in January 2023
- The Villas' bed capacity – due to increase by 20 beds – has been delayed due to staffing shortages



Healthcare Nationally

- Kaufman Hall October Flash Report for October 2022 (900+ hospital database)
 - YTD operating margin stands at (0.1%)
 - Revenue decreases drive negative margins
 - Expenses slow but not enough
 - Margin performance may force hospitals into difficult decisions



Healthcare Nationally

- Health Affairs Forefront (October 25, 2022)
 - “Hospitals in the United States are on track for their worst financial year in decades.”
 - “Labor shortages and supply-chain disruptions have fueled a dramatic rise in expenses...”
 - “Since the start of the pandemic hospitals have lost a total of 105,000 employees, and nursing vacancies have more than doubled.”

Uses of Cash:

July 1, 2022 – October 31, 2022

| Description | Amount (in millions) |
|--|-------------------------|
| Cash Used in Operations | 37.0 |
| Construction in Progress | 25.2 |
| Payments on Bonds | 21.1 |
| Repayment of Medicare Accelerated Payments | 19.0 |
| Right of Use Liabilities | 2.0 |
| Total | 104.3 |

Sources of Cash:

November 1, 2022 – June 30, 2023

| Description | Amount (in millions) |
|--|-------------------------|
| Cash From Operations | 37.0 |
| Collection of Medi-Cal Supplemental Payments | 32.0 |
| Bond Reimbursement for Capital Assets | 21.0 |
| Other management initiatives | 15.0 |
| Total | 105.0 |
| | Days |
| Targeted June 30, 2023, Days Cash on Hand = | 110.0 |

ADDENDUM B

Palomar Medical Center Escondido

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

Medical Staff Services

December 28, 2022

To: Palomar Health Board of Directors

From: Kanchan Koirala, M.D., Chief of Staff
Palomar Medical Center Escondido Medical Executive Committee

Board Meeting Date: January 9, 2023

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointments (01/09/2023 – 12/31/2024)

Berman, Daniel J., MD – Emergency Medicine
Butterfield, Michael C., MD – Emergency Medicine

Additional Privileges

Popper, Steven T., MD – Internal Medicine/Pulmonary

- Critical Care Medicine (eff. 01/09/2023–03/31/2023)

Bulkin, Anatoly J., MD – Vascular Surgery

- Nd: Yag Laser (eff. 01/09/2023–09/30/2024)

Chang, Alexander T., MD – Vascular Surgery

- Nd: Yag Laser (eff. 01/09/2023–04/30/2024)

Nemceff, Dennis, M.D. – Vascular Surgery

- Nd: Yag Laser (eff. 01/09/2023–08/31/2024)

2 Year Leave of Absence

Dao, Marc K., MD – Internal Medicine (eff. 12/02/2022-11/30/2024)
Desadier, Laura L., DO – Neurology (eff. 1/02/2022-11/30/2024)

Voluntary Resignations

Bianchi, William D., D.O. – Emergency Medicine (eff. 11/22/2022)
Hajosy, Robert C., MD – OB/Gyn (eff. 12/08/2022)
Kwon, Yong, MD – Orthopaedic Surgery (eff. 01/31/2023)
McGee, Devon M., MD – Internal Medicine (eff. 11/09/2022)
Mitchell, Charles H., MD – Diagnostic Radiology (eff. 12/07/2022)
Stenger, Christopher A., MD – Orthopaedic Surgery (eff. 01/31/2023)
Simmons, Todd T., MD – Emergency Medicine (eff. 12/16/2022)

Allied Health Professional Appointment (01/09/2023 – 12/31/2024)

Emerson, Ellen F., NNP – Pediatrics (Sponsor: Dr. David Golembeski, for Children’s Specialists of San Diego)

Merrill-Hall, Martha E., CNM – OB/Gyn (Sponsor: Dr. Kevin Carnevale, for OB Hospitalist Group)

Nguyen, Diana T., CNM – OB/Gyn (Sponsor: Dr. Kevin Carnevale, for OB Hospitalist Group)

Allied Health Professional Additional Privileges:

McQueen, Paula CNM – Nurse Midwife

- Advanced Certified Nurse Midwife (eff. 01/09/2023 – 10/31/2024)

Allied Health Professional Resignations

Bird, Jeremy J., PA-C – Dept. of Surgery (eff. 12/06/2022)

Foust, Diana FNP – Dept. of Medicine (eff. 12/31/2022)

Rohrbaugh, Stacie NNP – Dept. of Pediatrics (eff. 12/31/2022)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointment Effective 02/01/2023 – 07/31/2023

| | | | |
|-------------------------|------------------------|-----------------|--------|
| Bokhari, Sayed R., M.D. | Surgery, Critical Care | Dept of Surgery | Active |
|-------------------------|------------------------|-----------------|--------|

Reappointments Effective 02/01/2023 –01/31/2025

| | | | |
|---------------------------|------------------------|--------------------------|-----------|
| Baban, Kandan, D.O. | Cardiovascular Disease | Dept of Medicine | Active |
| Bender, Frank D., M.D. | Pulmonary Disease | Dept of Medicine | Active |
| Boone, Jacob E., M.D. | Surgery, Urology | Dept of Urology | Courtesy |
| Chammas, Joseph H., M.D. | Surgery, Cardiothor. | Dept of Surgery | Active |
| Chin, Hans, M.D. | Internal Medicine | Dept of Medicine | Active |
| Cobb, Damon C., M.D. | Ob/Gyn | Dept of Ob/Gyn | Courtesy |
| Dao, Loan T., M.D. | Family Practice | Dept of Family Prac. | Affiliate |
| Elswick, Maria H., M.D. | Ob/Gyn | Dept of Ob/Gyn | Active |
| Gougov, Peter D., M.D. | Anesthesiology | Dept of Anesthesia | Active |
| Hawkins, Vidya P., D.O. | Neurology | Dept of Medicine | Active |
| Hu, Chenggang, M.D., PhD | Anesthesiology | Dept of Anesthesia | Active |
| Leong, Curtis W., M.D. | Pediatrics | Dept of Pediatrics | Active |
| McGraw, Charles J., M.D. | Diagnostic Radiology | Dept of Radiology | Active |
| Moats, Thomas R., M.D. | Emergency Medicine | Dept of Emerg. Med | Active |
| Moon, Nah Yong, M.D. | Ob/Gyn | Dept of Ob/Gyn | Active |
| Niguidula, Carlo H., M.D. | Family Practice | Dept of Family Prac. | Active |
| Noud, Michael J., M.D. | Diagnostic Radiology | Dept of Radiology | Active |
| Otoshi, James S., M.D. | Pulmonary Disease | Dept of Medicine | Courtesy |
| Ramos, Tryna M., M.D. | Family Practice | Dept of Family Prac. | Active |
| Saghbini, Alaa, M.D. | Anesthesiology | Dept of Anesthesia | Active |
| Sauer, Charles W., D.O. | Neo-Perinatal Medicine | Dept of Pediatrics | Courtesy |
| Sharp, Lorra M., M.D. | Orthopaedic Surgery | Dept of Ortho Surg/Rehab | Active |
| Smith, Ryan D., D.O. | Emergency Medicine | Dept of Emerg. Med | Active |
| Tao, Amy R., M.D. | Ob/Gyn | Dept of Ob/Gyn | Active |

Allied Health Professional Reappointments Effective 02/01/2023 – 01/31/2025

| | | | |
|--|-------------------------|--------------------|-----|
| Lierman, Angela M., N.N.P. | Neo. Nurse Practitioner | Dept of Pediatrics | AHP |
| (Sponsor: Dr. David Golembeski on behalf of Children’s Specialists of San Diego) | | | |
| Nguyen, Truong H., PharmD | Clinical Pharmacist | Dept of Medicine | AHP |
| (Sponsor: Dr. Teja Singh, Jr.) | | | |
| Rivera, Manuel R., PharmD | Clinical Pharmacist | Dept of Medicine | AHP |
| (Sponsor: Dr. Teja Singh, Jr.) | | | |
| Rotunno, Taylor R., PharmD | Clinical Pharmacist | Dept of Medicine | AHP |
| (Sponsor: Dr. Teja Singh, Jr.) | | | |
| Tran, Victor, PharmD | Clinical Pharmacist | Dept of Medicine | AHP |
| (Sponsor: Dr. Teja Singh, Jr.) | | | |

Certification by and Recommendation of Chief of Staff

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

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
January 2023**

PERSONAL INFORMATION

| | |
|----------------------------------|--|
| <i>Provider Name & Title</i> | Daniel J. Berman, M.D. |
| <i>Palomar Health Facilities</i> | Palomar Medical Center Escondido Palomar Medical Center Poway |

SPECIALTIES/BOARD CERTIFICATION

| | |
|--------------------|-------------------------------------|
| <i>Specialties</i> | Emergency Medicine - Certified 2021 |
|--------------------|-------------------------------------|

ORGANIZATIONAL NAME

| | |
|-------------|------------------------------|
| <i>Name</i> | Palomar Emergency Physicians |
|-------------|------------------------------|

EDUCATION/AFFILIATION INFORMATION

| | |
|--|--|
| <i>Medical Education Information</i> | Medical School George Washington University, MD From: 08/28/2013 To: 05/21/2017 Doctor of Medicine Degree |
| <i>Internship Information</i> | Internship Naval Medical Center, San Diego Emergency Medicine From: 07/01/2017 To: 06/30/2018 |
| <i>Residency Information</i> | Residency Beth Israel Deaconess Medical Center Emergency Medicine From: 07/01/2018 To: 06/30/2020 |
| <i>Fellowship Information</i> | |
| <i>Current Affiliation Information</i> | Naval Medical Center, San Diego |

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
January 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
January 2023**

PERSONAL INFORMATION

| | |
|----------------------------------|--|
| Provider Name & Title | Michael C. Butterfield, M.D. |
| Palomar Health Facilities | Palomar Medical Center Escondido Palomar Medical Center Poway |

SPECIALTIES/BOARD CERTIFICATION

| | |
|--------------------|-------------------------------------|
| Specialties | Emergency Medicine - Certified 2019 |
|--------------------|-------------------------------------|

ORGANIZATIONAL NAME

| | |
|-------------|------------------------------|
| Name | Palomar Emergency Physicians |
|-------------|------------------------------|

EDUCATION/AFFILIATION INFORMATION

| | |
|--|---|
| Medical Education Information | Medical School University of California, San Francisco, MD From: 06/10/2007 To: 05/12/2012 |
| Internship Information | |
| Residency Information | Residency University of South Florida Emergency Medicine From: 07/01/2015 To: 06/30/2018 Residency Tulane University Medical Center Internal Medicine From: 07/01/2013 To: 06/13/2015 I did not complete because I switched to emergency medicine |
| Fellowship Information | |
| Current Affiliation Information | Adventist Health Clear Lake ThedaCare Medical Center - Shawano ThedaCare Medical Center - Waupaca ThedaCare Medical Center - New London SSM Health Ripon Community Hospital SSM Health St. Agnes Hospital SSM Health Waupun Memorial Hospital Edgerton Hospital and Health Services University Medical Center New Orleans Alvarado Hospital and Medical Center |

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
January 2023**



**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
January 2023**

PERSONAL INFORMATION

| | |
|----------------------------------|----------------------------------|
| <i>Provider Name & Title</i> | Ellen F. Emerson, NNP |
| <i>Palomar Health Facilities</i> | Palomar Medical Center Escondido |

SPECIALTIES/BOARD CERTIFICATION

| | |
|--------------------|--|
| <i>Specialties</i> | Neonatal Nurse Practitioner - Certified 2021 |
|--------------------|--|

ORGANIZATIONAL NAME

| | |
|-------------|-------------------------------------|
| <i>Name</i> | Children’s Specialists of San Diego |
|-------------|-------------------------------------|

EDUCATION/AFFILIATION INFORMATION

| | |
|--|---|
| <i>Education Information</i> | University Point Loma Nazarene University, BSN From: 08/27/2007 To: 05/14/2011 |
| <i>Employment</i> | Current Employment Rady Children’s Hospital Neonatal Nurse Practitioner From: 05/31/2022 To: Current |
| <i>Current Affiliation Information</i> | Rady Children’s Hospital, San Diego |

**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
January 2023**



**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
January 2023**

PERSONAL INFORMATION

| | |
|----------------------------------|----------------------------------|
| <i>Provider Name & Title</i> | Martha E. Merrill-Hall, CNM |
| <i>Palomar Health Facilities</i> | Palomar Medical Center Escondido |

SPECIALTIES/BOARD CERTIFICATION

| | |
|--------------------|--------------------------------|
| <i>Specialties</i> | Nurse Midwife - Certified 1984 |
|--------------------|--------------------------------|

ORGANIZATIONAL NAME

| | |
|-------------|----------------------|
| <i>Name</i> | OB Hospitalist Group |
|-------------|----------------------|

EDUCATION/AFFILIATION INFORMATION

| | |
|--|--|
| <i>Education Information</i> | University Regis University Rueckert- Hartmann, BS From: 09/01/1971 To: 05/18/1974 Loretto Heights College became part of Regis in 1988 |
| <i>Employment</i> | Current Employment OB Hospitalist Group Certified Nurse Midwife From: 05/15/2018 To: Current Current Employment Catholic Care Initiative Certified Nurse Midwife From: 04/07/2021 To: Current |
| <i>Current Affiliation Information</i> | Rancho Springs Medical Center Inland Valley Medical Center Creighton University Medical Center, Omaha |

**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
January 2023**



**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
January 2023**

PERSONAL INFORMATION

| | |
|----------------------------------|----------------------------------|
| <i>Provider Name & Title</i> | Diana T. Nguyen, CNM |
| <i>Palomar Health Facilities</i> | Palomar Medical Center Escondido |

SPECIALTIES/BOARD CERTIFICATION

| | |
|--------------------|--------------------------------|
| <i>Specialties</i> | Nurse Midwife - Certified 2016 |
|--------------------|--------------------------------|

ORGANIZATIONAL NAME

| | |
|-------------|----------------------|
| <i>Name</i> | OB Hospitalist Group |
|-------------|----------------------|

EDUCATION/AFFILIATION INFORMATION

| | |
|--|--|
| <i>Education Information</i> | University University of California Merced, BS From: 01/22/2007 To: 12/18/2009 |
| <i>Employment</i> | Current Employment TrueCare Nurse Practitioner From: 01/20/2020 To: Current Current Employment OB Hospitalist Group From: 12/18/2022 To: Current |
| <i>Current Affiliation Information</i> | |

**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
January 2023**



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

Date: December 28, 2022
To: Palomar Health Board of Directors – January 9, 2023 Meeting
From: Sam Filiciotto, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – December, 2022

Provisional Appointments: (01/09/2023 – 12/31/2024)

Daniel Berman, M.D., Emergency Medicine
Michael Butterfield, M.D., Emergency Medicine

Biennial Reappointments: (02/01/2023 - 01/31/2025)

Kandan Baban, D.O., Cardiology, Courtesy
Frank Bender, M.D., Pulmonary Disease, Active (Includes The Villas at Poway)
Jacob Boone, M.D., Urology, Active
Damon Cobb, D.O., OB/GYN, Active
Peter Gougov, M.D., Anesthesiology, Courtesy
Chenggang Hu, M.D., Anesthesiology, Active
Charles McGraw, M.D., Radiology, Active
Thomas Moats, M.D., Emergency Medicine, Active
Michael Noud, M.D., Radiology, Active
James Otoshi, M.D., Pulmonary Disease, Active (Includes The Villas at Poway)
Alaa Saghbini, M.D., Anesthesiology, Active
Charles Sauer, D.O., Neonatology/Perinatology, Courtesy
Lorra Sharp, M.D., Orthopedic Surgery, Active
Ryan Smith, D.O., Emergency Medicine, Active

Request for Additional Privileges:

Steven Popper, M.D., Pulmonary Disease – Request for Critical Care Privileges (effective 01/09/2023 – 03/31/2023)

Voluntary Resignations:

William Bianchi, D.O., Emergency Medicine, effective 11/22/2022
Charles Mitchell, M.D., Radiology, effective 12/07/2022
Todd Simmons, M.D., Emergency Medicine, effective 12/16/2022

Allied Health Professional Biennial Reappointment: (02/01/2023 - 01/31/2025)

Angela Lierman, NNP, Sponsor Dr. Golembeski

Allied Health Professional Resignations:

Diana Foust, FNP, effective 12/31/2022
Stacie Rohrbaugh, NNP, effective 12/31/2022

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

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|---|--|---------------------|---------------|----------------------------|---------------------|
| Administrative | Acute Hospital Care at Home- Medication Process | Ghobrial, Nada | | Pending Committee Approval | Reference Materials |
| Administrative | Biomedical Ethics Consultations | Kassab, Patricia | 6/28/2022 | Official | Procedure |
| Administrative | Centers of Excellence | Cohen, Brian | 6/28/2022 | Official | Scope of Service |
| Administrative | Patient Access to Hospital Balconies | Pearson, Jami | 10/13/2022 | Official | Procedure |
| Administrative | Patient Complaint/Grievance | Martinez, Valerie A | 3/1/2022 | Official | Policy |
| Administrative Nursing | Life Sustaining Treatment | Grendell, Bruce | 11/1/2022 | Official | Policy |
| Birth Center | Algorithm for GBS Screening and Prophylaxis for Preterm Premature Rupture of the Membranes (pPROM) | Murray, Amy | 11/1/2022 | Official | Form |
| Birth Center | Antepartum Fetal Surveillance | Murray, Amy | 11/1/2022 | Official | Procedure |
| Birth Center | Cervical Ripening | Murray, Amy | 5/2/2022 | Official | Procedure |
| Birth Center | GBS, Chorioamnionitis, Risk for Infection and Treatment | Murray, Amy | 11/1/2022 | Official | Procedure |
| Birth Center | Hepatitis B Prophylaxis for Newborns | Murray, Amy | 11/1/2022 | Official | Procedure |
| Birth Center | Neonatal Crash Cart | Murray, Amy | 11/1/2022 | Official | Procedure |
| Birth Center | Neonatal Crash Cart Content List | Murray, Amy | 11/1/2022 | Official | Form |
| Birth Center | Oral Sucrose Administration | Murray, Amy | 11/1/2022 | Official | Procedure |
| Birth Center | Rapid HIV Testing and Management | Murray, Amy | 11/1/2022 | Official | Procedure |
| Cardiac and Pulmonary Rehabilitation | Angina Pectoris- Cardiac and Pulmonary Rehabilitation | Masengale, Carolyn | 6/28/2022 | Official | Procedure |
| Cardiac and Pulmonary Rehabilitation | Hypotension in Cardiac and Pulmonary Rehabilitation | Masengale, Carolyn | 6/28/2022 | Official | Procedure |
| Clinical Nutrition Therapy/Patient Care | Assessing Nutritional Requirements in Acute Care | Pratt, Tabitha | 9/16/2022 | Official | Procedure |
| Clinical Nutrition Therapy/Patient Care | Nutritional Screening - Acute Care | Pratt, Tabitha | 9/16/2022 | Official | Procedure |
| Clinical Practice (Multidisciplinary) | Agent, Antidote and Local Care Table of Vesicants, Irritants, and Flare Reaction | Ghobrial, Nada | 6/28/2022 | Official | Form |
| Clinical Practice (Multidisciplinary) | Bariatric Anesthesia Pathway: Roux-en-Y Gastric Bypass and Sleeve Gastrectomy | Tai, Yuk Lan | 10/26/2022 | Official | Form |
| Clinical Practice (Multidisciplinary) | Cath Lab/IR Mindray Alarm Parameters/Limits/Default Settings | McGuire, Thomas | 11/1/2022 | Official | Reference Materials |
| Clinical Practice (Multidisciplinary) | Emergency Room Mindray Alarm Parameters/Limits/Settings | Siminski, Thomas | 11/1/2022 | Official | Reference Materials |
| Clinical Practice (Multidisciplinary) | Fecal Microbiota Transplant | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Clinical Practice (Multidisciplinary) | HIP Replacement Pathway | Cohen, Brian | 5/5/2022 | Official | Reference Materials |
| Clinical Practice (Multidisciplinary) | INF Cyclophosphamide (CYTOXAN) Order | Deberry, Lynne | | Pending Committee Approval | Form |
| Clinical Practice (Multidisciplinary) | KNEE Replacement Pathway | Cohen, Brian | 5/5/2022 | Official | Reference Materials |
| Clinical Practice (Multidisciplinary) | Medication Administration | Ghobrial, Nada | 6/28/2022 | Official | Procedure |
| Clinical Practice (Multidisciplinary) | Medication Administration | Ghobrial, Nada | | Pending Committee Approval | Procedure |

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|---------------------------------------|---|---------------------|---------------|----------|---------------------|
| Clinical Practice (Multidisciplinary) | NICU Mindray Alarm Parameters/Limits/Default Settings | Murray, Amy | 11/1/2022 | Official | Reference Materials |
| Clinical Practice (Multidisciplinary) | Sedation and Analgesia Dosing Guidelines | Ghobrial, Nada | 6/28/2022 | Official | Form |
| Clinical Practice (Multidisciplinary) | Self Administration of Meds by Inpatients/Non-staff members/ Bedside Medication | Ghobrial, Nada | 5/2/2022 | Official | Policy |
| Corporate/Employee Health | Exposure - BBP & Sharps (Needlestick/Sharp/Splash) | Willey, Brian | 12/15/2022 | Official | Procedure |
| Corporate/Employee Health | Tuberculosis Screening Questionnaire | Willey, Brian | 6/28/2022 | Official | Form |
| Critical Care Unit | Therapeutic Phlebotomy | Veronese, Victoria | 9/14/2022 | Official | Procedure |
| CT | CT Contrast Administration | Stevens, Timothy J | 5/2/2022 | Official | Procedure |
| Emergency Management (EM) | Alternate Sources of Energy | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Code Triage - Disaster/Unplanned Event | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Disaster Information for Leaders | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Disaster Labor Pool | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Disaster Privileges, Licensed Independent Practitioner | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Disaster Privileges, Volunteer Caregivers | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Emergency Operations Plan | Wiese, Lisha | 12/2/2022 | Official | Plan |
| Emergency Management (EM) | Emergency Operations Plan (Disaster Plan) and Emergency Management Program | Wiese, Lisha | 12/2/2022 | Official | Plan |
| Emergency Management (EM) | Emergency/Disaster Privileges For Licensed Independent Practitioners Privilege Form | Wiese, Lisha | 12/2/2022 | Official | Form |
| Emergency Management (EM) | Evacuation and Shelter-in-Place (SIP) | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Hazard Vulnerability Analysis | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Hospital Incident Command System (HICS) | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Emergency Management (EM) | Mass Fatality Incident Response (Morgue Surge) Plan | Wiese, Lisha | 12/2/2022 | Official | Plan |
| Emergency Management (EM) | Temporary Disaster Privileges Form for Volunteer Caregivers | Wiese, Lisha | 12/2/2022 | Official | Form |
| Emergency Management (EM) | The Role of the Facility in Accordance with Section 1135 Waiver | Wiese, Lisha | 12/2/2022 | Official | Procedure |
| Infection Control | Acute Hospital Care at Home Infection Control Guidelines | Martinez, Valerie A | 6/28/2022 | Official | Guideline |
| Infection Control | Aerosol Transmissible Diseases (ATD) Exposure Control Plan | Martinez, Valerie A | 12/2/2022 | Official | Procedure |
| Infection Control | Annual Summary | Martinez, Valerie A | 4/5/2022 | Official | Reference Materials |
| Infection Control | Bloodborne Pathogens Exposure Control Plan | Martinez, Valerie A | 11/1/2022 | Official | Procedure |
| Infection Control | Cleaning and Disinfection of Equipment | Martinez, Valerie A | 12/2/2022 | Official | Procedure |
| Infection Control | COVID-19 Exposure Control Plan | Martinez, Valerie A | 12/2/2022 | Official | Procedure |

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|-------------------------------------|---|---------------------|---------------|----------------------------|------------------------|
| Infection Control | Device Equipment Location and Accountability | Martinez, Valerie A | 9/16/2022 | Official | Form |
| Infection Control | Discontinuing Isolation Precautions for COVID-19 Inpatients | Martinez, Valerie A | 9/16/2022 | Official | Form |
| Infection Control | Donning and Removing Personal Protective Equipment | Martinez, Valerie A | | Pending Committee Approval | Form |
| Infection Control | Ebola Donning Doffing PPE | Martinez, Valerie A | 4/5/2022 | Official | Form |
| Infection Control | Exposure to Infectious Diseases of Emergency Response Personnel | Martinez, Valerie A | 12/2/2022 | Official | Procedure |
| Infection Control | Isolation Room Sign-in Sheet | Martinez, Valerie A | 4/5/2022 | Official | Form |
| Infection Control | Methicillin-Resistant Staphylococcus aureus (MRSA) Screening | Martinez, Valerie A | 12/2/2022 | Official | Procedure |
| Infection Control | Multi-Drug Resistant Organism (MDRO) Prevention | Martinez, Valerie A | 12/2/2022 | Official | Procedure |
| Infection Control | N-95 Reuse | Martinez, Valerie A | 4/5/2022 | Official | Form |
| Infection Control | Olympus OER-PRO Validation Log | Martinez, Valerie A | 4/5/2022 | Official | Form |
| Infection Control | Reprocessing of Select Manufacturer-Labeled Single-Use or Disposable Medical Device | Martinez, Valerie A | 12/2/2022 | Official | Procedure |
| Infection Control | Standard Precautions | Martinez, Valerie A | 4/5/2022 | Official | Procedure |
| Infection Control | Transmission-Based Precautions | Martinez, Valerie A | 12/2/2022 | Official | Procedure |
| Infection Control - EVS | EVS Cleaning | Clark, Sven | 9/16/2022 | Official | Procedure |
| Infection Control - EVS | Regulated Medical Waste | Clark, Sven | 9/16/2022 | Official | Policy |
| IV Services | INF Therapeutic Phlebotomy Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Microbiology | Pharmacy Media Fill Cultures | D'Angelo, Jessica | 11/2/2022 | Official | Procedure |
| MRI | MRI Contrast Gadolinium Administration | Stevens, Timothy J | 2/7/2022 | Official | Procedure |
| Neonatal Intensive Care Unit (NICU) | Medications IV & UAC & UVC for Neonatal Patients | Murray, Amy | 11/1/2022 | Official | Procedure |
| Neonatal Intensive Care Unit (NICU) | Neonatal Advanced Life Support (ALS) | Murray, Amy | 6/28/2022 | Official | Standardized Procedure |
| Neonatal Intensive Care Unit (NICU) | NICU Standard Concentrations | Ghobrial, Nada | 6/28/2022 | Official | Reference Materials |
| Neonatal Intensive Care Unit (NICU) | NRP Guidelines | Murray, Amy | 5/2/2022 | Official | Form |
| Neonatal Intensive Care Unit (NICU) | Nurse Practitioner in the NICU | Murray, Amy | 6/28/2022 | Official | Standardized Procedure |
| Neonatal Intensive Care Unit (NICU) | Revenue Codes for NICU Levels of Care | Murray, Amy | 6/28/2022 | Official | Procedure |
| Neonatal Intensive Care Unit (NICU) | Surfactant (poractant alfa) Administration in Neonates | Murray, Amy | 11/1/2022 | Official | Procedure |
| Nuclear Medicine | Radiopharmaceuticals, Preparation and Administration | Stevens, Timothy J | 5/2/2022 | Official | Procedure |
| Patient Safety & Risk | Patient Communication and Disclosure | Kassab, Patricia | 4/5/2022 | Official | Procedure |
| Pharmacy | Acute Hospital Care at Home (AHCaH) Antibiotics Skin and Soft Tissue Infection | Ghobrial, Nada | 12/2/2022 | Official | Power Plan |

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|----------|---|----------------|---------------|----------------------------|------------|
| Pharmacy | Acute Hospital Care at Home Medication Kit | Ghobrial, Nada | 6/28/2022 | Official | Form |
| Pharmacy | Acute Hospital Care at Home New Medication Order Availability and Medication Delivery | Ghobrial, Nada | 6/28/2022 | Official | Procedure |
| Pharmacy | Admit Acute Hospital Care at Home | Ghobrial, Nada | 6/28/2022 | Official | Power Plan |
| Pharmacy | AHCaH Antibiotics Community Acquired Pneumonia | Ghobrial, Nada | 6/28/2022 | Official | Power Plan |
| Pharmacy | Automatic Stop Orders for Medications | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Chemotherapy Monitoring Parameters - Oral Agents | Ghobrial, Nada | 11/1/2022 | Official | Form |
| Pharmacy | Clinical Documentation by Pharmacists | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Compounded Medication Use from Outside Sources | Ghobrial, Nada | 5/2/2022 | Official | Procedure |
| Pharmacy | Disaster Procedure, Pharmacy | Ghobrial, Nada | 11/1/2022 | Official | Procedure |
| Pharmacy | Drug Prescribers | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Drug Product Selection for Prescriptions | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Drugs Returned to Pharmacy | Ghobrial, Nada | 6/28/2022 | Official | Procedure |
| Pharmacy | Emergency Medication Kit Contents | Ghobrial, Nada | 9/16/2022 | Official | Form |
| Pharmacy | Fentanyl - Restrictions on Use | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Filgrastim - Pharmacist Stopping Upon White Cell Recovery | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Food-Drug Interactions (List) | Ghobrial, Nada | 6/28/2022 | Official | Form |
| Pharmacy | Formulary of Medications | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | High Risk Patient Medication History Collection | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Home Infusion Pharmacy Formulary | Ghobrial, Nada | 5/2/2022 | Official | Form |
| Pharmacy | INF Abatacept (ORENCIA) Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | INF Albumin Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | INF Alpha-1 Proteinase Inhibitor (PROLASTIN-C LIQUID) orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | INF Alteplase (CATHFLO) Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | INF Anifrolumab-fnia (SAPHNELO) Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | INF Antibiotics/Antifungals/Antivirals Outpatient Infusion Administration Orders | Deberry, Lynne | | Pending Committee Approval | Form |

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|----------|---|----------------|---------------|----------------------------|---------------------|
| Pharmacy | INF Belimumab (BENLYSTA) Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | INF Bezlotoxumab (ZINPLAVA) Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | INF Blood and Platelet Transfusion Order | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | INF Cosyntropin (CORTROSYN) Stimulation Test Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | Investigational Drugs | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | IV to PO - Automatic Substitution by a Pharmacist | Ghobrial, Nada | 6/28/2022 | Official | Procedure |
| Pharmacy | Look-Alike Sound-Alike Medications- Reduction of Adverse Events | Ghobrial, Nada | 6/28/2022 | Official | Procedure |
| Pharmacy | Medication Distribution System | Ghobrial, Nada | 5/2/2022 | Official | Procedure |
| Pharmacy | Medication Expiration and Beyond Use Date | Ghobrial, Nada | 5/2/2022 | Official | Procedure |
| Pharmacy | Medication Storage and Safety | Ghobrial, Nada | 5/2/2022 | Official | Procedure |
| Pharmacy | Medication Storage and Safety | Ghobrial, Nada | | Pending Committee Approval | Procedure |
| Pharmacy | NICU IV Medication Administration Guidelines | Ghobrial, Nada | 6/28/2022 | Official | Reference Materials |
| Pharmacy | ONC AML017 Decitabine Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC AML057 Venetoclax/Decitabine Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC AML058 Venetoclax/Azacitidine Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC ANA001 Mitomycin/Fluorouracil Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC ANA005 Paclitaxel/Carboplatin Q21 Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC ANA005 Paclitaxel/Carboplatin Q28 Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC ANA008 Pembrolizumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BLA028 Mitomycin/Fluorouracil Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BLA050 Pembrolizumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|----------|---|----------------|---------------|----------------------------|------|
| Pharmacy | ONC BLA054 Fluorouracil Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS004 AC Q21 Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS008 TAC Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS013a AC Dose Dense Q14 Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS013b AC Dose Dense Paclitaxel Q14 Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS020 TCH Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS062 TC Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS083 Pertuzumab/Trastuzumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS099 TCHP Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC BRS120 Fulvestrant Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC COL002 mFOLFOX6 Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC COL017 CapeOX Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC CRV013 Cisplatin Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC DBL016 Rituximab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC ESO048 FOLFIRI Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC FOL005 Rituximab (Initial) Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC FOL010 Rituximab (Maintenance) Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC GAS080 FOLFOX Orders | Deberry, Lynne | | Pending Committee Approval | Form |

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|----------|---|----------------|---------------|----------------------------|------|
| Pharmacy | ONC HDN044 Paclitaxel/Carboplatin Q7 Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC HDN048 Cisplatin Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC KDN029 Nivolumab/Ipilimumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC KDN030 Pembrolizumab/Axitinib Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC KDN036 Pembrolizumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC MEL020 Pembrolizumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC MEL024 Nivolumab/Ipilimumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC MUM013 Bortezomib/Dexamethasone Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC MUM016 Bortezomib/Lenalidomide/Dexamethasone Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC NSC011 Paclitaxel/Carboplatin Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC NSC076 Pembrolizumab/Pemetrexed/Carboplatin Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC NSC080 Durvalumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC NSC114 Nivolumab/Pemetrexed/Cisplatin Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC PAN001 Gemcitabine Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC PAN007 Gemcitabine/Capecitabine Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC PRO16 Triptorelin Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC REC011 mFOLFOX6 Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC SCC004 Cemiplimab-rwlc Orders | Deberry, Lynne | | Pending Committee Approval | Form |

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|----------|---|----------------|---------------|----------------------------|---------------------|
| Pharmacy | ONC SCL005 Carboplatin/Etoposide Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC SCL027 Carboplatin/Etoposide/Atezolizumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC UTE009 Cisplatin Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | ONC UTE019 Pembrolizumab Orders | Deberry, Lynne | | Pending Committee Approval | Form |
| Pharmacy | Outpatient Pharmacy CURES Reporting | Nguyen, Truong | 9/16/2022 | Official | Procedure |
| Pharmacy | Outpatient Pharmacy Security | Nguyen, Truong | 9/16/2022 | Official | Procedure |
| Pharmacy | Outpatient Prescription Requirements and Processing | Nguyen, Truong | 9/16/2022 | Official | Procedure |
| Pharmacy | Patient's Own Medication | Ghobrial, Nada | 6/28/2022 | Official | Policy |
| Pharmacy | Pharmacy Clinical Services | Ghobrial, Nada | 5/2/2022 | Official | Procedure |
| Pharmacy | Pharmacy Recordkeeping | Ghobrial, Nada | 11/1/2022 | Official | Procedure |
| Pharmacy | Pharmacy Sterile Compounding Service | Ghobrial, Nada | 9/16/2022 | Official | Policy |
| Pharmacy | PICC LINE /PORT-A-CATH/CVAD CARE | Deberry, Lynne | 6/28/2022 | Official | Power Plan |
| Pharmacy | Preceptor Credentialing Program, Pharmacy | Ghobrial, Nada | 6/28/2022 | Official | Procedure |
| Pharmacy | Preoperative Medication Guidelines | Ghobrial, Nada | 6/28/2022 | Official | Form |
| Pharmacy | Protocol for Methicillin Resistant Staph Aureus Screening in Patient Receiving Vancomycin | Ghobrial, Nada | 11/1/2022 | Official | Procedure |
| Pharmacy | Pyxis Override Function: Use and Monitoring | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Pyxis Override List by Category | Ghobrial, Nada | 11/1/2022 | Official | Form |
| Pharmacy | RCRA Medication List | Ghobrial, Nada | 6/28/2022 | Official | Reference Materials |
| Pharmacy | RCRA Pharmaceutical Waste, Pharmacy Procedures | Ghobrial, Nada | 6/28/2022 | Official | Procedure |
| Pharmacy | Restricted Antimicrobials Table | Ghobrial, Nada | 11/1/2022 | Official | Form |
| Pharmacy | Tepezza (teprotumumab-trbw) Outpatient Infusion Administration | Deberry, Lynne | 5/2/2022 | Official | Power Plan |
| Pharmacy | Theft, Diversion, or Impairment | Ghobrial, Nada | 9/16/2022 | Official | Procedure |
| Pharmacy | Therapeutic Substitutions (Procedure) | Ghobrial, Nada | 8/9/2022 | Official | Procedure |
| Pharmacy | Transfer of Costs for Non-Chargeable Pharmaceuticals | Ghobrial, Nada | 6/28/2022 | Official | Procedure |
| Pharmacy | Vaccine Storage and Temperature Monitoring | Ghobrial, Nada | 5/2/2022 | Official | Procedure |
| Pharmacy | Vancomycin Dosing Guidelines | Ghobrial, Nada | 6/28/2022 | Official | Procedure |

Lucidoc Documents Approved by Quality Management Cttee (QMC) in 2022

| Source | Title | Owner | Official Date | Status | Type |
|-----------------------|---|-----------------------|---------------|----------------------------|---------------------|
| Pharmacy | Weight-Based Dosing for Pediatric and Neonatal Patients | Ghobrial, Nada | 5/2/2022 | Official | Procedure |
| Plans | Infection Prevention and Control Risk Assessment and Surveillance Plan | Martinez, Valerie A | 12/2/2022 | Official | Plan |
| Plans | Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan | Martinez, Valerie A | 5/2/2022 | Official | Plan |
| Policies, Home Health | Patient Complaints and Grievance- Home Health | Pertelle, Vernon | 3/4/2022 | Official | Policy |
| Protocols - Imaging | Diagnostic Imaging Matrix | Stevens, Timothy J | 9/16/2022 | Official | Form |
| Protocols - Imaging | MRI Exam Protocol Matrix | Stevens, Timothy J | 6/28/2022 | Official | Reference Materials |
| Protocols - Imaging | Nuclear Medicine Protocol Matrix | Stevens, Timothy J | 2/7/2022 | Official | Reference Materials |
| Protocols - Imaging | Nuclear Medicine Protocol Matrix | Stevens, Timothy J | | Pending Committee Approval | Reference Materials |
| Rehabilitation | Topical Medication Procedure - Rehab Services | Powell, Tyler | 6/28/2022 | Official | Procedure |
| Respiratory Services | High Level Disinfection for Respiratory Care | Pipersburgh, Kerwin H | | Pending Committee Approval | Procedure |
| Surgery | Relative Humidity & Temperature Monitoring in Procedural Rooms | Grendell, Bruce | 9/23/2022 | Official | Procedure |
| Surgery | Sterilization Monitoring Program | Grendell, Bruce | 12/2/2022 | Official | Procedure |
| Surgery & Procedures | Endoscope Reprocessing | Grendell, Bruce | 11/18/2022 | Official | Policy |
| Surgery & Procedures | Endoscope Reprocessing Guidelines | Grendell, Bruce | 12/2/2022 | Official | Guideline |
| Surgery & Procedures | Standards for Surgical Attire | Grendell, Bruce | | Pending Committee Approval | Procedure |
| Trauma | Morbidity and Mortality Committee | Case, Melinda | 6/28/2022 | Official | Procedure |
| Trauma | Screening, Brief Intervention, and Referral (SBIR) for ETOH | Case, Melinda | 6/28/2022 | Official | Procedure |



**Board Approval for Documents submitted to the Quality Management Committee Calendar
Year 2022**

Thank you for your review.

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

Signature: _____ Date: _____

Consent Agenda for Policy and Procedure Committee September 2022

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|-------------------------------|---|--|------------------|
| Non- Clinical Document | | | |
| Administrative Nursing | Procedure: Visitation and Wandering ID 17036 Rev 5 | Approved | Tricia Kassab |
| Birth Center | Procedure: Adoption, Agency or Private ID 10096 Rev 5 | Approved | Amy Murray |
| Compliance | Procedure: Advance Beneficiary Notice for Medicare Beneficiary ID 10100 Rev 5 | Approved | Helen Waishkey |
| Compliance | Form: Advanced Beneficiary Notice for Medicare Beneficiary ID 11920 Rev 2 | Approved | Helen Waishkey |
| Patient Financial Services | Procedure: Financial Assistance Operational Procedure ID 34372 Rev 7 | Approved | Nicole Crytser |
| Privacy | Procedure: Videotaping and Photography ID 53292 Rev 5 | Not approved. Update language in definitions to capture current era. Bring back to P&P next month | Kimberly Jackson |
| Administrative | Procedure: Suspected Adult & Elder Abuse Recognition and Reporting ID 10050 Rev 9 | Approved | Pamela Fox |
| Administrative | Procedure: Advance Directives ID 10099 Rev 6 | Approved with edits to update definitions to include Lori's recommendations for 'Surrogate Decision Maker' and 'Legal Representative'. | Pamela Fox |
| Clinical Document | | | |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|--------------|---|--|-------------|
| Birth Center | Procedure: Abstinence Scoring Guidelines ID 12200 Rev 6 | Approved | Amy Murray |
| Birth Center | Procedure: Bassinet, Individual Technique ID 61932 Rev 1 | Approved | Amy Murray |
| Birth Center | Scope of Service: Birth Center ID 12362 Rev 11 | Approved | Amy Murray |
| Birth Center | Procedure: Car Seat Challenge ID 21231 Rev 6 | Approved | Amy Murray |
| Birth Center | Procedure: Child Passenger Restraint System Education ID 17203 Rev 3 | Approved | Amy Murray |
| Birth Center | Procedure: Cord Blood Workup ID 10382 Rev 5 | Approved | Amy Murray |
| Birth Center | Form: Critical Congenital Heart Defect (CCHD) Pass-Fail Grid ID 50572 Rev 1 | Approved | Amy Murray |
| Birth Center | Form: Critical Congenital Heart Disease (CCHD) Screening Algorithm ID 50432 Rev 2 | Approved | Amy Murray |
| Birth Center | Procedure: External Cephalic Version (ECV) ID 10617 Rev 6 | Approved with edits to delete from A.3.2. 'reassuring' and add 'Category 2 and Category 3 fetal heart tracing' | Amy Murray |
| Birth Center | Procedure: Feeding of the Newborn ID 46572 Rev 2 | Approved | Amy Murray |
| Birth Center | Procedure: Jaundice-Hyperbilirubinemia ID 10860 Rev 7 | Approved | Amy Murray |
| Birth Center | Procedure: Management of Low Birth Weight Neonates ID 11566 Rev 8 | Approved with edits to delete the 'b' in the first statement which is not needed | Amy Murray |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|-------------------------|---|---|-----------------|
| Birth Center NICU | Procedure: Medications IV & UAC & UVC for Neonatal Patients ID 10986 Rev 10 | Approved | Amy Murray |
| Birth Center | Procedure: Neonatal Team Notification for High Risk Delivery ID 10727 Rev 7 | Approved | Amy Murray |
| Birth Center | Procedure: Perinatal Substance Abuse ID 11240 Rev 8 | Approved | Amy Murray |
| Birth Center | Procedure: Phototherapy for Newborns ID 12270 Rev 7 | Approved | Amy Murray |
| Birth Center | Procedure: Standards of Care for Birth Center ID 18468 Rev 6 | Approved | Amy Murray |
| Birth Center | Procedure: Umbilical Cord Care ID 11756 Rev 6 | Approved | Amy Murray |
| Birth Center | Procedure: Admission to the Birth Center ID 10086 Rev 8 | Approved | Amy Murray |
| Emergency Base Hospital | Procedure: Ambulance Diversion ID 16798 Re 6 | Approved | Thomas Siminski |
| Emergency Department | Procedure: Animal Bites at PMC, Reporting of to Animal Control ID 10125 Rev 6 | Approved | Thomas Siminski |
| Emergency Department | Procedure: Antimicrobial Culture Results Follow Up ID 10873 Rev 8 | Approved | Thomas Siminski |
| Emergency Base Hospital | Procedure: Base Station Radio and Emergency Communications ID 15988 Rev 6 | Approved | Thomas Siminski |
| Emergency Department | Procedure: ED Pediatric DNR ID 32412 Rev 2 | Approved | Thomas Siminski |
| Emergency Base Hospital | Procedure: Emergency Room MD Radio Orientation ID 13063 Rev 4 | Approved with edit to change 'MD' in title to 'Physician' | Thomas Siminski |
| Administrative Nursing | Procedure: Notification of DMV ID 11760 Rev 8 | Approved | Thomas Siminski |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|---------------------------------------|--|---|--------------------|
| Clinical Practice (Multidisciplinary) | Form: Safety Tray Photos ID 62152 Rev 1 | Approved | Thomas Siminski |
| Emergency Department | Procedure: Suture and Staple Removal by Registered Nurse ID 11646 Rev 6 | Approved with edit to add a definition of 'ED Tech' | Thomas Siminski |
| Emergency Department | Procedure: Telephone Advice to Patients ID 11655 Rev 7 | Approved | Thomas Siminski |
| Clinical Practice (Multidisciplinary) | Procedure: Temperature Setting for Clinical Warming Cabinet ID 51652 Rev 2 | Approved | Thomas Siminski |
| Emergency Department | Procedure: Lab Draws from IV Starts ID 10871 Rev 8 | Approved | Thomas Siminski |
| Surgery & Procedures | Procedure: Blood, Autotransfusion Procedure, Perioperative ID 10205 Rev 6 | Approved | Bruce Grendell |
| Surgery & Procedures Recovery | Procedure: Hypothermia, Prevention and Management ID 35592 Rev 2 | Approved | Bruce Grendell |
| Surgery & Procedures | Procedure: Skeletal Biopsy ID 15422 Rev 4 | Approved | Bruce Grendell |
| Surgery & Procedures Recovery | Procedure: Standards of Care Pre and Post-Operative Patients ID 35753 Rev 5 | Approved with edits to add References | Bruce Grendell |
| Clinical Practice (Multidisciplinary) | Reference Materials: Dynamic Health Palomar Health Specific Annotations ID 70512 Rev 0 | Approved | Eileen Vido |
| Cardiac Rehabilitation | Procedure: Inpatient Discharge Exercise Prescription ID 10761 Rev 8 | Approved | Tyler Powell |
| Respiratory Services | Procedure: Respiratory Care Services in the NICU ID 11442 Rev 7 | Approved | Kerwin Pipersburgh |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|--|---|------------------|-------------------|
| Clinical Resource Management (CRM) Case Management | Procedure: Social Admissions ID 69972 Rev 0 | Approved | Joseph Parker |
| Cardiac & Pulmonary Rehabilitation | Scope of Service: Cardiac and Pulmonary Rehabilitation ID 23752 Rev 2 | Approved | Carolyn Masengale |
| Scopes | Scope of Service: Wound Care Centers ID 29792 Rev 10 | Approved | Carolyn Masengale |
| Radiation Therapy | Procedure: Patient Scheduling ID 13617 Rev 6 | Approved | Lynne Deberry |
| Clinical Practice (Multidisciplinary) | Procedure: Organ and Tissue Donation ID 11097 Rev 6 | Approved | Victoria Veronese |

Consent Agenda for Policy and Procedure Committee October 2022

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|-------------------------------------|--|--|---------------|
| Non- Clinical Document | | | |
| Administrative Board of Directors | Policy: Board Agenda Creation ID 63352 Rev 0 | Approved | Kevin DeBruin |
| Administrative Board of Directors | Policy: Board Dispute Resolution Policy ID 70012 Rev 0 | Approved | Kevin DeBruin |
| Administrative Board of Directors | Policy: Political Activities on Palomar Health Property ID 21783 Rev 6 | Approved | Kevin DeBruin |
| Administrative Board of Directors | Form: Public Comment Form ID 62012 Rev 2 | Approved | Kevin DeBruin |
| Administrative Board of Directors | Policy: Public Comments and Attendance at Public Board Meetings ID 21790 Rev 9 | Approved | Kevin DeBruin |
| Administrative Engineering | Procedure: Building Management System ID 13960 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: CMMS Preventative Maintenance ID 13456 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Emergency Management | Procedure: Code Red-Fire ID 16921 Rev 5 | Approved To EOC as FYI Eileen to provide education to staff | Marcos Fierro |
| Administrative Engineering | Procedure: Control Air System ID 13065 Rev 2 | Approved To EOC as FYI | Marcos Fierro |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|----------------------------|---|------------------------|---------------|
| Administrative Engineering | Procedure: Domestic Cold Water System ID 13123 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Domestic Hot Water System ID 13119 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Elevator ID 13192 Rev 4 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Medical Air System ID 13475 Rev 2 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Heating Ventilation & Air Conditioning System ID 13328 Rev 4 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Industrial & Control Air Plan ID 13067 Rev 5 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Interim Life Safety Measures ID 18647 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Medical Vacuum System ID 13480 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Natural Gas System ID 13523 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Nitrogen System ID 13540 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Nitrous Oxide System ID 13542 Rev 3 | Approved To EOC as FYI | Marcos Fierro |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|------------------------------------|--|------------------------|---------------|
| Administrative Engineering | Procedure: Nurse Call System ID 13549 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Environment of Care | Procedure: Oxygen System ID 17049 Rev 2 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Environment of Care | Procedure: Restricted Items ID 17050 Rev 4 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Sewer & Other Waste Systems ID 13652 Rev 5 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Special Water Systems-RO, DI, etc. ID 13787 Rev 2 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Steam System ID 12929 Rev 4 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Underground Storage Tank Monitoring ID 13958 Rev 3 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Plans | Plan: Utility Systems Management Plan ID 11782 Rev 6 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Water Softener Maintenance ID 14035 Rev 2 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Engineering | Procedure: Work Order Prioritization ID 18749 Rev 0 | Approved To EOC as FYI | Marcos Fierro |
| Administrative Environment of Care | Procedure: Emergency Codes: Red/Blue/White/Pink/Yellow/Gra y/Silver/Orange/Green/Triage ID 17046 Rev 7 | Approved | Lisha Wiese |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|--|---|---|------------------|
| Administrative Medical Records | Policy: Designated Record Set ID 70232 Rev 0 | Applies to Departments: Medical Records Approved | Kim Jackson |
| Administrative Scopes | Scope of Service: Employee and Corporate Health Services ID 12326 Rev 10 | Approved | Russ Riehl |
| Administrative Corporate/Employee Health | Form: Exposure to Communicable Disease Appendix B (Work Restrictions) ID 36942 Rev 5 | Approved ICC as FYI | Brian Willey |
| Administrative Corporate/Employee Health | Form: Exposure to Communicable Disease Appendix D (Infection Control Measures) ID 36944 Rev 5 | Approved ICC as FYI | Brian Willey |
| Administrative Corporate/Employee Health | Procedure: Exposure to Communicable Disease- Management of Healthcare Personnel ID 36874 Rev 9 | Approved ICC as FYI | Brian Willey |
| Administrative Compliance EMTALA | Procedure: Emergency Medical Treatment and Active Labor Act Reporting Violations ID 11425 Rev 6 | Approved | Tom Siminski |
| Administrative Scopes | Scope of Service: Palomar Medical Center Poway Emergency Department ID 12397 Rev 9 | Approved | Tom Siminski |
| Administrative | Procedure: Policy and Procedure Approval Process ID 61492 Rev 2 | Approved | Jami Pearson |
| Administrative | Procedure: Power Plan Approval Process for Medical Staff ID 70732 Rev 0 | Approved | Jami Pearson |
| Administrative Scopes | Scope of Service: Volunteer Services ID 12393 Rev 12 | Margaret to work with Lori regarding statement about equal opportunity under B. Match the | Margaret Mertens |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|----------------------------|---|--|------------------|
| Administrative | Scope of Services: Nurse Advice Line ID 70792 Rev 0 | statement with the HR policy | Stephanie Baker |
| Administrative Scopes | Scope of Service: Vascular Access Team ID 12371 Rev 7 | Template was attached. Policy to be sent to P&P via email approval | Tommy McGuire |
| Administrative Engineering | Procedure: Television System ID 13910 Rev 2 | Approved | David Pape |
| Facilities | Procedure: Medical Device Reporting ID 18392 Rev 3 | Approved | Tim Stevens |
| Facilities | Plan: Water Management Program Water Safety Plan Escondido ID 70852 Rev 0 | Approved | Dan Farrow |
| Facilities | Plan: Water Management Program Water Safety Plan Poway ID 70853 Rev 0 | Approved | Dan Farrow |
| Informatics | Policy: Access to Palomar Health District Property ID 50132 Rev 4 | Approved | Anis Trabelsi |
| Security | Policy: Smoking Policy in Palomar Health Facilities ID 25912 Rev 6 | Approved | Anis Trabelsi |
| Administrative | Policy: Capacity Management Full Plan ID 68712 Rev 1 | Approved | Ryan Fearn-Gomez |
| Informatics | Procedure: Computer Systems Usage at Palomar Health ID 10341 Rev 17 | Approved | Robin Ford |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|---------------------------------------|--|---|--------------|
| Informatics | Procedure: Remote Use of Palomar Health Hardware and Software ID 20550 Rev 3 | Approved | Robin Ford |
| Administrative | Policy: Nurse Advice Line ID 70932 Rev 0 | Approved | Joe Parker |
| Clinical Document | | | |
| Clinical Administrative Nursing | Procedure: Abandonment of Patient-Refusal of Assignment ID 18160 Rev 4 | Approved | Tom Siminski |
| Clinical Emergency Department | Procedure: Disaster Plan for Emergency & Trauma at PMC ID 10445 Rev 6 | Approved | Tom Siminski |
| Clinical Emergency Department | Procedure: Disaster Plan for PMC Poway Emergency Department ID 18671 Rev 6 | Approved | Tom Siminski |
| Clinical Emergency Base Hospital | Procedure: Equipment Log ID 16003 Rev 5 | Approved | Tom Siminski |
| Clinical Emergency Department | Procedure: Equipment, Medications, and Supply Location ID 10592 Rev 8 | Approved | Tom Siminski |
| Clinical Emergency | Procedure: External Jugular Insertion ID 32512 Rev 5 | Approved | Tom Siminski |
| Clinical Practice (Multidisciplinary) | Form: Geriatric (age 65+) Fall Prevention Pathway for Emergency Department Patients ID 65132 Rev 1 | Approved Link to the Lucidoc Fall Prevention procedure | Tom Siminski |
| Clinical Emergency Department | Procedure: Sexual Assault Victim Management for ED ID 11542 Rev | Approved | Tom Siminski |
| Clinical Emergency Department | Form: HSA Letter Update Sexual Assault Victims in the ED ID | Approved | Tom Siminski |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|----------------------------------|---|--|-----------------|
| | 57932 Rev 1 | | |
| Clinical Emergency Department | Procedure: Methotrexate Administration in ED ID 37492 Rev 4 | Approved with Pharmacy edits. P&T for expedited approval via email | Tom Siminski |
| Clinical Emergency Department | Procedure: MICN Obstetric Triage Guidelines ID 47112 Rev 3 | Approved | Tom Siminski |
| Clinical Emergency Base Hospital | Procedure: Observational Clinical Experience for EMT-1 Training Agencies ID 16006 Rev 3 | Approved with edits to statement B.3. 'Palomar Health as a training facility must obtain a signed... | Tom Siminski |
| Clinical Emergency Department | Procedure: Patient & Chart Flow at Palomar Medical Center, Poway ID 11151 Rev 9 | Approved with edit to remove Poway from the title as policy refers to both facilities. | Thomas Siminski |
| Clinical Administrative Nursing | Procedure: Patient Transfer Request Processing from Other Facilities ID 11200 Rev 7 | Approved | Thomas Siminski |
| Clinical Emergency Department | Procedure: Pediatric Broselow Crash Cart ID 17340 Rev 12 | Approved with edits to change from SPD to Supply Chain for management of the cart. | Thomas Siminski |
| Clinical Emergency Department | Form: Pediatric Broselow Crash Cart Contents ID 58152 Rev 4 | Approved To P&T for expedited approval | Thomas Siminski |
| Clinical Emergency Department | Procedure: Pediatric Patient Transfer to Inpatient or Tertiary Facility ID 32373 Rev 3 | Approved | Thomas Siminski |
| Clinical Emergency Department | Procedure: Pesticide Illness Reporting of in ED ID 11252 Rev 5 | Approved To ICC as FYI | Thomas Siminski |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|---------------------------------------|---|--|-----------------|
| Clinical Emergency Department | Procedure: PleurX Catheter and Drainage System ID 39012 Rev 2 | Approved | Thomas Siminski |
| Clinical Administrative Nursing | Procedure: Refusal of Assignment ID 12640 Rev 1 | Approved with ownership change from Tom to Mel Russell | Thomas Siminski |
| Clinical Emergency Department | Procedure: Transport of Patient to Higher Level of Care ID 11712 Rev 11 | Approved | Thomas Siminski |
| Clinical Women's Center | Procedure: Abnormal Report Follow-Up, Diagnostic and Screening ID 27412 Rev 6 | Approved | Lynn Deberry |
| Clinical Pharmacy | Form: INF Abatacept (ORENCIA) Orders ID 65416 Rev 1 | Approved To P&T for approval | Lynn Deberry |
| Clinical Practice (Multidisciplinary) | Form: Admission and Level of Care Criteria Grid ID 49752 Rev 5 | Approved | Mel Russell |
| Clinical CSU | Procedure: Admission Criteria ID 55952 Rev 3 | Approved | Don Myers |
| Clinical CSU | Procedure: Admission Procedure for the CSU ID 55953 Rev 3 | Approved | Don Myers |
| Clinical CSU | Procedure: CSU Documentation Standards ID 55913 Rev 3 | Approved | Don Myers |
| Clinical CSU | Procedure: CSU Patient Rights and Responsibilities ID 65894 Rev 0 | Approved | Don Myers |
| Clinical CSU | Procedure: Patient Satisfaction Survey for the CSU ID 66572 Rev 0 | Approved | Don Myers |
| Clinical CSU | Policy: Program Integrity CSU ID 70192 Rev 0 | Approved | Don Myers |
| Clinical Laboratory | Procedure: MISC Reflex Test ID 13455 Rev 14 | Approved | Gloria Austria |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|---------------------------------------|--|---|------------------|
| Clinical Birth Center | Procedure: OB STAT and Postpartum STAT ID 44939 Rev 5 | Approved | Amy Murray |
| Clinical Birth Center | Procedure: OB Surgical Patient Care ID 10269 Rev 5 | Approved | Amy Murray |
| Clinical Birth Center | Procedure: Sponge, Sharps, and Instrument Count for Vaginal Delivery ID 46532 Rev 5 | Approved | Amy Murray |
| Clinical Birth Center | Procedure: Unassigned or No Prenatal Care: Pregnant Patient ID 11832 Rev 8 | Approved with edit to remove the date from the Joint Commission reference. | Amy Murray |
| Clinical Birth Center | Procedure: Vaginal Packing ID 59472 Rev 1 | Approved | Amy Murray |
| Clinical Administrative Nursing | Procedure: Transport of Patient to the Cardiac Cath Lab from PMC Poway to PMC Escondido ID 13945 Rev 5 | Approved | Holly Kalisek |
| Clinical Home Health | Procedure: Admission Process and Initial Assessment for Palomar Home Health Services ID 10080 Rev 6 | Approved | Vernon Pertelle |
| Clinical Practice (Multidisciplinary) | Standardized Procedure: Adult Hypoglycemia Management ID 21170 Rev 16 | Approved To P&T for expedited approval | Meghan Jaremczuk |
| Clinical Practice (Multidisciplinary) | Procedure: Fall Prevention and Management ID 17662 Rev 18 | Approved Link Lucidoc Geriatric Fall Prevention 65132 to document under ED. Under Definitions, remove 'y' from Palomar | Meghan Jaremczuk |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|---|--|---|-------------------|
| Clinical Infection Control | Procedure: Aerosol Transmissible Disease Exposure Control Plan ID 34772 Rev 14 | Approved with edit under Monkey Pox to have 'consider' in front of staffing | Val Martinez |
| Patient Safety & Risk | Procedure: Quality Review and Tracking ID 11367 Rev 7 | Approved | Val Martinez |
| Clinical Administrative Nursing | Procedure: Root Cause Analysis ID 58172 Rev 1 | Approved | Val Martinez |
| Clinical Cardiology | Procedure: Cardiac Services Outpatient Preparation ID 18711 Rev 2 | Approved | Tommy McGuire |
| Clinical Cardiology | Procedure: Echo Study Alert ID 61172 Rev 1 | Approved | Tommy McGuire |
| Clinical Imaging Interventional Radiology | Procedure: Peripherally Inserted Central Catheter and Midline Placement ID 11135 Rev 9 | Approved | Tommy McGuire |
| Clinical Cardiology | Procedure: Transcranial Doppler ID 44752 Rev 5 | Approved | Tommy McGuire |
| Clinical Practice (Multidisciplinary) | Procedure: CPR Code Blue Responders ID 16818 Rev 15 | Approved | Victoria Veronese |
| Clinical Practice (Multidisciplinary) | Procedure: Decedent Affairs: Care of Patient and Family ID 13100 Rev 15 | Approved | Victoria Veronese |
| Clinical Critical Care Unit | Procedure: ICU Liberation ID 26432 Rev 3 | Approved | Victoria Veronese |
| Clinical Practice (Multidisciplinary) | Reference: Dynamic Health: Palomar Health Specific Annotations ID 70512 Rev 1 | Approved | Eileen Vido |
| Clinical Practice (Multidisciplinary) | Reference Materials: Decedents Affairs Process (Flow Chart) ID 64992 Rev 1 | Approved | Kim Jackson |
| Clinical Patient Safety & Risk | Procedure: Information Blocking ID 65812 Rev 1 | Approved | Kim Jackson |

| Topic | Discussion (Key Points) | Follow-up Action | Responsible |
|-----------------------|--|--|--------------------|
| Outpatient Wound Care | Procedure: Performance Improvement Standards ID 11236 Rev 6 | Approved | Carolyn Masengale |
| Respiratory | Procedure: Disaster Plan for Respiratory Services ID 11780 Rev 6 | Not approved. KP changed routing from archive status to official. Will be added to P&P's next meeting. | Kerwin Pipersburgh |
| Respiratory | Procedure: General Guidelines for Respiratory Care ID 10689 Rev 8 | Approved | Kerwin Pipersburgh |
| Respiratory | Procedure: Pediatric and Neonatal Transport ID 11220 Rev 4 | Approved | Kerwin Pipersburgh |
| Respiratory | Procedure: Respiratory Care of the Neonatal Intensive Care Patient ID 11441 Rev 8 | Approved | Kerwin Pipersburgh |
| Respiratory | Procedure: Disaster Plan for Respiratory Services ID 11780 Rev 7 | Approved | Kerwin Pipersburgh |
| Respiratory | Procedure: Oxygen Supply Shutdown ID 18184 Rev 4 | Approved | Kerwin Pipersburgh |
| Respiratory | Procedure: Rest and Exercise Oximetry ID 15077 Rev 10 | Approved | Kerwin Pipersburgh |
| Respiratory | Procedure: Epilepsy Monitoring Unit ID 53932 Rev 1 | Approved | Kerwin Pipersburgh |
| Informatics | Procedure: Information Systems Password/Pass Phrase Standards ID 20450 Rev 13 | Approved | Robin Ford |
| Nursing | Procedure: Restraint Use: Violent, Self-Destructive, and Non-Violent ID 11445 Rev 18 | Approved | Jami Pearson |

Consent Agenda for Policies and Procedures November 2022

| Non-Clinical Document | Responsible | Comments | Owner |
|--|--|----------|--------------|
| Administrative Corporate/Employee Health | Procedure: Annual Health Assessment ID 10128 Rev 12 | Approved | Brian Willey |
| Administrative Medical Records | Procedure: Down-Time Backup for Aquity Dictation Line ID 35333 Rev 7 | Approved | Kim Jackson |
| Administrative Medical Records | Procedure: Master Patient Index (MPI) Duplicate Number Combining and Reporting ID 15286 Rev 10 | Approved | Kim Jackson |
| Administrative Medical Records | Procedure: Medical Record-Unit Medical Record System ID 15297 Rev 11 | Approved | Kim Jackson |
| Administrative Privacy | Form: Fax Cover Sheet (Clinical) ID 34192 Rev 9 | Approved | Kim Jackson |
| Administrative Privacy | Form: Fax Cover Sheet (General) ID 34852 Rev 7 | Approved | Kim Jackson |
| Administrative Medical Records | Procedure: Cancer Registry Case Transmittal ID 18008 Rev 6 | Approved | Kim Jackson |
| Administrative Medical Records | Policy: Chart Processing Emergency Department ID 15253 Rev 9 | Approved | Kim Jackson |
| Administrative Medical Records | Policy: EHR Downtime Process ID 25032 Rev 7 | Approved | Kim Jackson |
| Administrative Medical Records | Form: Faxing Time Out ID 55372 Rev 2 | Approved | Kim Jackson |

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| Administrative Medical Records | Legal Health Record, Definition and Disclosure ID 24812 Rev 6 | Approved | Kim Jackson |
| Administrative Medical Records | Physician Suspension for Delinquent Records ID 15309 Rev 11 | Approved Make sure routed to MECs | Kim Jackson |
| Administrative Medical Records | Providing Paper Based Records to Surgery ID 45272 Rev 7 | Approved | Kim Jackson |
| Administrative Medical Records | Form: Report of PHI Disclosure Documentation Form ID 48332 Rev 1 | Approved | Kim Jackson |
| Administrative Medical Records | Confidentiality: Release of Patient Identifiable Information ID 10350 Rev 13 | Approved | Kim Jackson |
| Administrative Medical Records | Medical Record Patient Access ID 15292 Rev 13 | Approved | Kim Jackson |
| Administrative Medical Records | Release of Information Processing Requests ID 15318 Rev 11 | Approved | Kim Jackson |
| Administrative | Procedure: Non-Beneficial Treatment and Conflict Resolution ID 34092 Rev 2 | Approved Bring to Biomedical Ethics Committee as informational | Tricia Kassab |
| Administrative FANS Business Tray Line/Meal Service | Procedure: Café Use by Patients and Residents ID 11772 Rev 10 | Approved | Nicole Hite |
| Radiology | Reference Material: CDPH Radiologic Health Branch Reporting Letter ID 50532 Rev 2 | Approved | Tim Stevens |
| Patient Experience | Procedure: Interpreter, Language, and Hearing Services ID 10815 Rev 21 | Approved | Suzanne Fisher |
| Radiology | Procedure: Outpatient Scheduling ID 11509 Rev 9 | Approved | Tim Stevens |

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| Radiology | Procedure: Scheduling Multiple Exams ID 11508 Rev 5 | Approved | Tim Stevens |
| Radiology | Scope of Service: Imaging Services ID 61912 Rev 5 | Approved | Tim Stevens |
| Administrative | Policy: Reducing Disparity in Health Care ID 70992 Rev 0 | Approved | Tricia Kassab |
| Nursing | Scope of Service: Medical Acute Care (Non-Monitored) Unit ID 57875 Rev 4 | Approved | Meghan Jaremczuk |
| Nursing | Scope of Service: Tele, Med/Surg/Tele ID 57732 Rev 3 | Approved | Meghan Jaremczuk |
| Security | Plan: Security Management Plan ID 11526 Rev 6 | Approved | Bill Kirby |
| Clinical Document | Responsible | Comments | Owner |
| Clinical Respiratory Services | Procedure: Adverse Reactions and Normal Values ID 10102 Rev 7 | Approved | Kerwin Pipersburgh |
| Case Management | Procedure: Discharge Planning and Instructions, Documentation of ID 17801 Rev 6 | Approved | Joseph Parker |
| Case Management | Procedure: Discharge Planning Homeless Population ID 61093 Rev 1 | Approved | Joseph Parker |
| Nursing/Critical Care | Procedure: Emergency Procedure for an Incapacitated Dialysis Provider ID 71032 Rev 1 | Approved | Victoria Veronese |
| Nursing/Critical Care | Procedure: Termination of Peritoneal Dialysis in an Emergency ID 71033 Rev 0 | Approved | Victoria Veronese |
| Nursing/Emergency Department | Procedure: Methotrexate Administration in ED ID 37492 | Approved | Tom Siminski |

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| | Rev 4 | | | | |
| Nursing/Emergency Department | Procedure: Standards of Patient Care in ED ID 11605 Rev 17 | Approved | | Tom Siminski | |
| Behavioral health | Form: Psychiatric Patient (SUICIDAL) Guidelines Grid for Care and Safety of ID 62192 Rev 6 | Approved | | Don Myers | |
| Clinical Respiratory Services | Procedure: Arterial Puncture for Blood Gas Analysis ID 10138 Rev 9 | Approved | | Kerwin Pipersburgh | |
| Clinical Pulmonary | Procedure: Diffusion Study ID 14724 Rev 6 | Approved | | Kerwin Pipersburgh | |
| Clinical Pulmonary | Procedure: Pulmonary Function Laboratory Residual Volume Study ID 15071 Rev 8 | Approved | | Kerwin Pipersburgh | |
| Clinical Respiratory Services | Procedure: Pulse Oximetry Measurement by RCP ID 11356 Rev 8 | Approved | | Kerwin Pipersburgh | |
| Clinical Respiratory Services | Procedure: Respiratory Care High Humidity/High Flow Nasal Cannula ID 37472 Rev 4 | Approved | | Kerwin Pipersburgh | |
| Clinical Pulmonary | Procedure: Screening and Diagnostic Spirometry ID 15112 Rev 11 | Approved | | Kerwin Pipersburgh | |
| Clinical Emergency/Emergency Department | Form: Automatic External Defibrillator (AED) List ID 58132 Rev 2 | Approved | | Amy Murray | |
| Clinical Birth Center | Procedure: Birth in Other Areas of the Hospital ID 45552 Rev 4 | Approved | | Amy Murray | |
| Clinical Birth Center | Procedure: Discharge, Education, | Approved | | Amy Murray | |

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| | and Patient Information ID 34432 Rev 6 | | | |
| Clinical Birth Center | Procedure: Emergency Delivery of Infant by Registered Nurse ID 10541 Rev 5 | Approved | Amy Murray | |
| Clinical Birth Center | Procedure: Epidural Blood Patch for Postpartum Patients ID 35232 Rev 3 | Approved | Amy Murray | |
| Clinical Birth Center | Procedure: Fetal Pillow ID 64432 Rev 1 | Approved | Amy Murray | |
| Clinical Birth Center | Procedure: Nursing Care and Management in the Second Stage ID 51312 Rev 2 | Approved | Amy Murray | |
| Clinical Birth Center | Form: OB Emergency Postpartum Hemorrhage Cart Contents ID 45812 Rev 14 | Approved | Amy Murray | |
| Clinical Birth Center | Procedure: Photography and Videotaping of Labor, Delivery, and Cesarean Sections ID 10240 Rev 8 | Approved | Amy Murray | |
| Clinical Birth Center | Procedure: Rh(D) Immune Globin (Rhogam) ID 11457 Rev 5 | Approved Document Lab Committee approval date in notes | Amy Murray | |
| Clinical Birth Center, Poway | Procedure: Scheduling of Obstetrical Procedures ID 11511 Rev 10 | Approved | Amy Murray | |
| Clinical Birth Center | Procedure: Trial of Labor After Cesarean (TOLAC) ID 11791 Rev 12 | Approved | Amy Murray | |
| Clinical Birth Center | Procedure: Utility Failure ID 10447 Rev 5 | Approved | Amy Murray | |

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| Clinical Wound Care and HBOT | Procedure: Code Blue Wound Care Centers ID 12089 Rev 7 | Approved | Carolyn Masengale |
| Clinical Wound Care and HBOT | Procedure: Informed Consent ID 12060 Rev 10 | Approved with edits Link Lucidoc COA, Informed Consent and Universal Protocol Grid to policy steps 3. And 8. | Carolyn Masengale |
| Clinical Wound Care and HBOT | Procedure: Nursing Plan of Care ID 57240 Rev 2 | Approved with edits Remove Joint Commission Reference #3 | Carolyn Masengale |
| Clinical Practice (Multidisciplinary) | Form: X Series Daily Manual Testing Procedure ID 62473 Rev 2 | Approved | Vicki Veronese |
| Clinical Practice (Multidisciplinary) | Form: Zoll Defibrillator: R Series Daily and Weekly Check ID 62472 Rev 1 | Approved | Vicki Veronese |
| Clinical Practice (Multidisciplinary) | Procedure: Continuous Analgesia Infusion for End-of-Life Care ID 36812 Rev 6 | Approved | Meghan Jaremczuk |
| Clinical Practice (Multidisciplinary) | Procedure: Latex Precautions Management ID 17583 Rev 4 | Approved Confirm routed to P&T Education to be given to nursing, pharmacist and pharmacy tech on new Cerner changes | Meghan Jaremczuk |
| Clinical Surgery & Procedures | Guideline: Endoscope Reprocessing Guidelines ID 66852 Rev 0 | Approved | Bruce Grendell |
| Clinical Surgery & Procedures | Procedure: Medical Device Implant Tracking in OR ID 10961 Rev 7 | Approved | Bruce Grendell |
| Clinical Surgery & Procedures | Procedure: Sponge, Sharps, and Instrument Counts and Accountability ID 11585 Rev 10 | Approved | Bruce Grendell |
| Clinical Surgery & Procedures | Procedure: Sterilization Monitoring Program ID 19310 Rev 2 | Approved | Bruce Grendell |

| | | | |
|------------------------------|--|-----------------|------------------|
| Administrative | Policy: CSU Patient Complaint/Grievance ID 69992 Rev 0 | Approved | Don Myers |
| Clinical Cardiology | Procedure: Echocardiogram Using Imaging Enhancement Agent ID 62072 Rev 3 | Approved | Tom McGuire |
| Clinical Imaging | Procedure: Patient Scheduling and Transportation to Outside Imaging Center ID 11703 Rev 11 | Approved | Tim Stevens |
| Clinical Home Health | Procedure: Do Not Resuscitate (No Code) Orders ID 10477 Rev 4 | Approved | Vernon Pertelle |
| Non-Clinical Document | Responsible | Comments | Owner |
| Infection Control | Procedure: Cleaning and Disinfection of Equipment ID 38812 Rev 8 | | Valerie Martinez |
| Infection Control | Procedure: COVID-19 Exposure Control Plan ID 63453 Rev 7 | | Valerie Martinez |
| Infection Control | Form: Donning and Removing Personal Protective Equipment ID 50752 Rev 5 | | Valerie Martinez |
| Infection Control | Exposure to Infection Diseases of Emergency Response Personnel ID 15277 Rev 6 | | Valerie Martinez |
| Infection Control | Infection Prevention and Control Risk Assessment and Surveillance Plan ID 15412 Rev 23 | | Valerie Martinez |
| Infection Control | Procedure: Methicillin-Resistant Staphylococcus Aureus (MRSA) Screening ID 33032 Rev 10 | | Valerie Martinez |
| Infection Control | Procedure: Multi-Drug Resistant Organism (MDRO) Prevention ID 15330 Rev 10 | | Valerie Martinez |

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|---------------------|---|------------------|
| Infection Control | Procedure: Transmission-Based Precautions ID 15327 Rev 15 | Valerie Martinez |
| Infection Control | Procedure: Reprocessing of Select Manufacturer-Labeled Single-Use or Disposable Medical Device ID 33554 Rev 6 | Valerie Martinez |
| Infection Control | Procedure: Tuberculosis Exposure Control Plan ID 15329 Rev 14 | Valerie Martinez |
| Outpatient Infusion | Form: INF Albumin Orders ID 70772 Rev 0 | Lynne Deberry |
| Outpatient Infusion | Power Plan: Alpha-1 Proteinase Inhibitor (PROLASTIN-C LIQUID) Orders ID 65417 Rev 1 | Lynne Deberry |
| Outpatient Infusion | Form: INF Alteplase (CATHFLO) Orders ID 70773 Rev 0 | Lynne Deberry |
| Outpatient Infusion | Form: INF Anifrolumab-fnia (SAPHNELO) Orders ID 70774 Rev 0 | Lynne Deberry |
| Outpatient Infusion | Form: INF Antibiotics/Antifungals/Antivirals Outpatient Infusion Administration Orders ID 69272 Rev 0 | Lynne Deberry |
| Outpatient Infusion | Power Plan: Belimumab (BENLYSTA) Orders ID 65418 Rev 0 | Lynne Deberry |
| Outpatient Infusion | Form: INF Bezlotoxumab (ZINPLAVA) Orders ID 70813 Rev 0 | Lynne Deberry |
| Outpatient Infusion | Power Plan: Blood and Platelet Transfusion Order ID 65423 Rev 1 | Lynne Deberry |
| Outpatient Infusion | Power Plan: Cortisol (Cotorsyn) Stimulation Test Orders ID 65421 Rev 1 | Lynne Deberry |
| Outpatient Infusion | Form: INF Cyclophosphamide | Lynne Deberry |

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|-----------------------|--|--|-------------------|
| | (CYTOXAN) Orders ID 68632 Rev 0 | | |
| Nursing/Critical Care | Form: Adult Crash Cart Contents ID 45392 Rev 11 | | Victoria Veronese |
| Environmental Health | Procedure: Exposure BBP and Sharps (Needle stick/Sharp/Splash) ID 11227 Rev 12 | | Brian Willey |
| Environmental Health | Reference Materials: Vaccines for Healthcare Personnel Appendix A ID 51772 Rev 6 | | Brian Willey |

Thank you for your review.

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

Signature: _____ Date: _____

ADDENDUM C

RESOLUTION NO. 01.09.23(02)-02

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
RESCINDING PRIOR RESOLUTION 01.10.22(03)-03 AND
AUTHORIZING RESUMPTION OF IN-PERSON BOARD MEETINGS**

WHEREAS, Resolution 01.10.22(03)-03 determined, by majority vote, that meeting in person would present imminent risks to the health or safety of attendees; and

WHEREAS, without limiting any requirements under applicable federal, state, or local pandemic-related rules, orders, or directives, and in compliance with all other applicable laws, the Board of Directors of Palomar Health (“Board”) determines that resumption of in-person Board meetings no longer presents such imminent risks to the health or safety of attendees;

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

(1) Rescinds prior Board Resolution 01.10.22(03)-03 and

(2) Will facilitate the resumption of in-person Board meetings, allowing Board members to participate by video from a separate location for COVID-related health reasons, in compliance with applicable law, and providing members of the public an opportunity to observe and provide public comment either in person or remotely, subject to change in the event of unforeseen future developments affecting the health or safety of attendees; and

(3) Will continue to recommend measures to promote the health of all in-person attendees in conformance with all applicable laws or guidelines, including but not limited to using physical distancing, maximizing ventilation, and promoting the wearing of well-fitted masks, as feasible;

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on January 9, 2023, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: January 9, 2023

| | |
|--|---|
| APPROVED: <hr/> Linda Greer, RN, Chairperson Board of Directors Palomar Health | ATTESTED: <hr/> Terry Corrales, RN, Secretary Board of Directors Palomar Health |
|--|---|

PALOMAR HEALTH,

TRI-CITY HEALTHCARE DISTRICT

and

GROSSMONT HEALTHCARE DISTRICT

TERMINATION AGREEMENT

Dated January [], 2023

TABLE OF CONTENTS

| | Page |
|--|-------------|
| ARTICLE I TERMINATION; RECORDS | 2 |
| Section 1.1. Termination..... | 2 |
| Section 1.2. Records to be Retained | 2 |
| ARTICLE II REPRESENTATIONS OF THE PARTIES | 2 |
| Section 2.1. Representations of PH..... | 2 |
| Section 2.2. Representations of Tri-City..... | 3 |
| Section 2.3. Representations of Grossmont | 3 |
| ARTICLE III MISCELLANEOUS | 4 |
| Section 3.1. Amendments | 4 |
| Section 3.2. Binding Effect; Successors and Assigns..... | 4 |
| Section 3.3. Complete Agreement | 4 |
| Section 3.4. Waiver of Personal Liability..... | 4 |
| Section 3.5. Severability | 4 |
| Section 3.6. Counterparts..... | 4 |
| Section 3.7. Governing Law | 4 |

TERMINATION AGREEMENT

THIS TERMINATION AGREEMENT, dated January [], 2023 (this “Termination Agreement”), is among PALOMAR HEALTH, a local health care district and political subdivision of the State of California, formerly known as Palomar Pomerado Health (“PH”), TRI-CITY HEALTHCARE DISTRICT (“Tri-City”), a local health care district and political subdivision of the State of California, and GROSSMONT HEALTHCARE DISTRICT, a local health care district and political subdivision of the State of California (“Grossmont”).

WITNESSETH:

WHEREAS, pursuant to a Joint Exercise of Powers Agreement, dated May 27, 2005 (the “JPA Agreement”), PH and Tri-City created and established a joint exercise of powers entity known as the “North San Diego County Health Facilities Financing Authority” (the “Authority”) with each of PH and Tri-City as the initial Members of the Authority; and

WHEREAS, capitalized terms used and not defined in this Termination Agreement shall have the meanings assigned to them in the JPA Agreement; and

WHEREAS, the Authority was established to provide for the sale in accordance with the Mark-Roos Act of general obligation bonds or other bonds issued by a Member of the Authority pursuant to the Health Care District Law and for the purpose of facilitating the acquisition, maintenance, construction, altering or equipping of health facilities or other public capital improvements by the Members of the Authority and the financing or refinancing of such health facilities or other public capital improvements through the issuance of Bonds of the Authority; and

WHEREAS, on May 11, 2007, Grossmont became an additional Member of the Authority in accordance with the provisions of the JPA Agreement; and

WHEREAS, the provisions of the JPA Agreement permit the Members to terminate the JPA Agreement in a writing signed by all of the Members provided that the JPA Agreement shall not be terminated while any Bonds or any other obligations of the Authority remain outstanding under the terms of any indenture, trust agreement, contract, agreement, lease, sublease or other instrument pursuant to which such Bonds are issued or executed and delivered or other obligations are incurred; and

WHEREAS, no Bonds or any other obligations of the Authority remain outstanding under the terms of any indenture, trust agreement, contract, agreement, lease, sublease or any other instrument; and

WHEREAS, PH, Tri-City and Grossmont, each of which is a party to this Termination Agreement, are the only Members of the Authority, and each Member has no further need for the Authority and desires to terminate the JPA Agreement; and

WHEREAS, there is no surplus money in possession of the Authority, no funds or accounts has ever been established by the Authority, and the Authority has no property, both real and personal; and

NOW, THEREFORE, in consideration of the foregoing, the parties hereto hereby agree as follows:

ARTICLE I

TERMINATION; RECORDS

Section 1.1. Termination. On the date of this Termination Agreement (hereinafter referred to as the "Termination Date"), PH, Tri-City and Grossmont hereby agree that the JPA Agreement is terminated.

Section 1.2. Records to be Retained. PH, Tri-City and Grossmont agree that all records regarding the formation and existence of the Authority, any Bonds issued by the Authority, any obligations incurred by the Authority and proceedings pertaining to the termination of the Authority shall be retained for at least six (6) years following the Termination Date, such records to be retained by the Executive Assistant to the Chief Financial Officer of PH, who has been designated as Secretary of the Board of Directors of the Authority.

ARTICLE II

REPRESENTATIONS OF THE PARTIES

Section 2.1. Representations of PH. PH makes the following representations as of the Termination Date:

(a) PH is a local health care district and political subdivision of the State of California, has the requisite legal right, power and authority to enter into this Termination Agreement and to carry out and consummate all transactions contemplated with respect to PH hereby and by proper local health care district action has duly authorized the execution, delivery and performance of this Termination Agreement.

(b) The recitals set forth above are true and correct.

(c) PH has duly authorized, executed and delivered this Termination Agreement, and this Termination Agreement constitutes the legal, valid and binding agreement of PH, enforceable against PH in accordance with its terms, subject to bankruptcy, insolvency, reorganization, arrangement, fraudulent conveyance, moratorium and other laws relating to or affecting the enforcement of creditors' rights, to the application of equitable principles, regardless of whether enforcement is sought in a proceeding at law or in equity, to public policy and to the exercise of judicial discretion in appropriate cases.

(d) The representative of PH executing this Termination Agreement is duly authorized to execute this Termination Agreement.

Section 2.2. Representations of Tri-City. Tri-City makes the following representations as of the Termination Date:

(a) Tri-City is a local health care district and political subdivision of the State of California, has the requisite legal right, power and authority to enter into this Termination Agreement and to carry out and consummate all transactions contemplated with respect to Tri-City hereby and by proper local health care district action has duly authorized the execution, delivery and performance of this Termination Agreement.

(b) The recitals set forth above are true and correct.

(c) Tri-City has duly authorized, executed and delivered this Termination Agreement, and this Termination Agreement constitutes the legal, valid and binding agreement of Tri-City enforceable against Tri-City in accordance with its terms, subject to bankruptcy, insolvency, reorganization, arrangement, fraudulent conveyance, moratorium and other laws relating to or affecting the enforcement of creditors' rights, to the application of equitable principles, regardless of whether enforcement is sought in a proceeding at law or in equity, to public policy and to the exercise of judicial discretion in appropriate cases.

(d) The representative of Tri-City executing this Termination Agreement is duly authorized to execute this Termination Agreement.

Section 2.3. Representations of Grossmont. Grossmont makes the following representations as of the Termination Date:

(a) Grossmont is a local health care district and political subdivision of the State of California, has the requisite legal right, power and authority to enter into this Termination Agreement and to carry out and consummate all transactions contemplated with respect to Grossmont hereby and by proper local health care district action has duly authorized the execution, delivery and performance of this Termination Agreement.

(b) The recitals set forth above are true and correct.

(c) Grossmont has duly authorized, executed and delivered this Termination Agreement, and this Termination Agreement constitutes the legal, valid and binding agreement of Grossmont, enforceable against Grossmont in accordance with its terms, subject to bankruptcy, insolvency, reorganization, arrangement, fraudulent conveyance, moratorium and other laws relating to or affecting the enforcement of creditors' rights, to the application of equitable principles, regardless of whether enforcement is sought in a proceeding at law or in equity, to public policy and to the exercise of judicial discretion in appropriate cases.

(d) The representative of Grossmont executing this Termination Agreement is duly authorized to execute this Termination Agreement.

ARTICLE III

MISCELLANEOUS

Section 3.1. Amendments. This Termination Agreement may be amended, changed or modified only by a mutual written agreement executed by PH, Tri-City and Grossmont.

Section 3.2. Binding Effect; Successors and Assigns. This instrument shall inure to the benefit of and shall be binding upon PH, Tri-City and Grossmont and their respective successors and assigns.

Section 3.3. Complete Agreement. This Termination Agreement constitutes the entire agreement among PH, Tri-City and Grossmont with respect to the subject matter of this Termination Agreement and supersedes all prior agreements and understandings, both written and oral, with respect to the subject matter of this Termination Agreement.

Section 3.4. Waiver of Personal Liability. No member of the board of directors of each of PH, Tri-City and Grossmont or any officer, agent or employee of each of PH, Tri-City and Grossmont shall be subject to any personal liability or accountability by reason of the execution and delivery of this Termination Agreement; but nothing herein contained shall relieve any such member, director, officer, official, agent or employee from the performance of any official duty provided by law or by this Termination Agreement.

Section 3.5. Severability. If any provision of this Termination Agreement or any portion of any provision contained in this Termination Agreement, where the application thereof to any person or circumstance is held to be unconstitutional, invalid or unenforceable, the remainder of this Termination Agreement and the application of such provision, or portion thereof, to other persons or circumstances, shall be deemed severable and shall not be affected thereby, and this Termination Agreement shall remain valid.

Section 3.6. Counterparts. This Termination Agreement may be executed in several counterparts, each of which shall be an original and all of which shall constitute one instrument.

Section 3.7. Governing Law. The laws of the State of California govern all matters arising out of or relating to this Termination Agreement, including, without limitation, its validity, interpretation, construction, performance, and enforcement.

IN WITNESS WHEREOF, PH, Tri-City and Grossmont have caused this Termination Agreement to be executed as of the date first written above.

PALOMAR HEALTH

By _____
Diane L. Hansen
President and Chief Executive Officer

TRI-CITY HEALTHCARE DISTRICT

By _____
Steve Dietlin
Chief Executive Officer

GROSSMONT HEALTHCARE DISTRICT

By _____
Christian Wallis
Chief Executive Officer

PALOMAR HEALTH

RESOLUTION NO. 01.09.23(01)-01

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH AUTHORIZING TERMINATION OF THE NORTH SAN DIEGO COUNTY HEALTH FACILITIES FINANCING AUTHORITY; APPROVING THE FORM OF, AND AUTHORIZING THE EXECUTION AND DELIVERY OF, A TERMINATION AGREEMENT; AND AUTHORIZING THE TAKING OF CERTAIN OTHER ACTIONS IN CONNECTION THEREWITH.

WHEREAS, pursuant to a Joint Exercise of Powers Agreement, dated May 27, 2005 (the "JPA Agreement"), Palomar Health ("PH") and Tri-City Healthcare District ("Tri-City") created and established a joint exercise of powers entity known as the "North San Diego County Health Facilities Financing Authority" (the "Authority") with each of PH and Tri-City as the initial members of the Authority; and

WHEREAS, the Authority was established to provide for the sale of general obligation bonds or other bonds issued by a member of the Authority and for the purpose of facilitating the acquisition, maintenance, construction, altering or equipping of health facilities or other public capital improvements by the members of the Authority and the financing or refinancing of such health facilities or other public capital improvements through the issuance of bonds of the Authority; and

WHEREAS, on May 11, 2007, Grossmont Healthcare District ("Grossmont") became an additional member of the Authority in accordance with the provisions of the JPA Agreement; and

WHEREAS, PH, Tri-City and Grossmont are the only members of the Authority, and each member has no further need for the Authority and desires to terminate the JPA Agreement as permitted pursuant to the provisions of the JPA Agreement; and

WHEREAS, there has been prepared and presented to the Board of Directors of PH (the "Board of Directors") a proposed form of termination agreement (the "Termination Agreement");

NOW, THEREFORE, BE IT RESOLVED THAT:

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

Section 2. Termination Agreement. The proposed form of Termination Agreement presented to this meeting is hereby approved. The President and Chief Executive Officer of PH or the Chief Financial Officer of PH (each an "Authorized PH Representative"), is hereby authorized and directed, for and in the name of and on behalf of PH, to execute and

deliver a Termination Agreement, in substantially said form, with such changes therein as the Authorized PH Representative executing the same, with the advice of counsel to PH, may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 3. Further Authorization; Ratification of Actions. Each Authorized PH Representative, or any designee of either thereof, is authorized and directed to do any and all things and to execute and deliver any and all certificates, which such Authorized PH Representative may deem necessary or advisable in order to carry out, give effect to and comply with the terms and intent of this Resolution.

Section 4. Effective Date. This Resolution shall take effect from the date of adoption hereof.

PASSED AND ADOPTED by the Board of Directors of Palomar Health on the 9th day of January, 2023, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINING:

Dated: January 9, 2023

By: _____
Linda Greer, RN
Chair, Board of Directors

Attested:

Terry Corrales, RN
Secretary, Board of Directors



DocID: 58912
Revision: 2
Status: Official

Source:
Administrative
Board of Directors

Applies to Facilities:
All Palomar Health Facilities

Applies to Departments:
All Departments

Procedure : Outsourced Labor Policy

Differences between version 2 and 3 .

I. PURPOSE:

It is the goal of Palomar Health to ensure the maintenance of its own labor force whenever possible. There are circumstances, however, in which it is more prudent to utilize the workforce of a business partner or collaborator. In those circumstances, it is the intention of Palomar Health that the partner business will provide services of the same or better quality and is a reputable employer that meets all legal requirements related to applicable State and Federal laws related to wage and benefits.

II. DEFINITIONS:

- A. Outsourced Labor: Palomar Health’s use of a third party to perform any activity or provide any kind of service to or on behalf of Palomar Health on a continuing basis that is either currently undertaken by Palomar Health or could be when considering a future service or activity. Short-term contract labor positions are excluded from the definition of Outsourced Labor in this policy.
- B. Business Partner: a third party contractor which supplies labor or services on behalf of Palomar Health.

III. STANDARDS OF PRACTICE:

- A. When Palomar Health administration is considering utilizing outsourced non-Palomar Health labor, prior to a final recommendation from the Chief Executive Officer or executive staff, the following processes must be followed:
 1. All contractually-stipulated procedures within the current labor union contract must be followed when considering union positions or job functions.
 2. Initial notification must be made to Human Resources and/or Executive Management Team sixty (60) days before targeted contract signing which includes a full presentation on the intended supplier of the outsourced labor as well as the scope of services to be contracted.
 3. A written comprehensive cost-benefit analysis, which includes the financial opportunity, the costs associated with the transition, and other non-tangible costs and benefits, must be presented to the Executive Management Team a full thirty (30) days prior to the intended contract signing. Every effort should be made to provide information that allows for a similar basis for comparison between insourced and outsourced work product.
- B. This policy and related procedures can be waived in the event of a designated crisis situation, in which case the Chief Executive Officer would be the only obligated notification required. The Executive Management Team must be notified at the next regularly scheduled meeting.
- C. All approved contracts must contain stipulations regarding the regular reporting of process and outcome data that demonstrate a comparable level of quality and service to that which is provided by Palomar Health employees.
- D. Procedure ~~to~~ is to be reviewed every three (3) years.

IV. STEPS OF PROCEDURE:



Document Owner: Huffstutler-Henderson, Kathryn

Approvals

- Committees:

- Signers:

Geoffrey Washburn

Geoffrey Washburn, Vice Pres HR (09/03/2019 11:01AM PST)

Original Effective Date: 01/05/2018
Revision Date: [09/03/2019 Rev. 2]
Attachments:
(REFERENCED BY THIS DOCUMENT)

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DocID: 58912
Revision: 2
Status: Official

Source:
Administrative
Board of Directors

Applies to Facilities:
All Palomar Health Facilities

Applies to Departments:
All Departments

Procedure : Outsourced Labor Policy

I. PURPOSE:

It is the goal of Palomar Health to ensure the maintenance of its own labor force whenever possible. There are circumstances, however, in which it is more prudent to utilize the workforce of a business partner or collaborator. In those circumstances, it is the intention of Palomar Health that the partner business will provide services of the same or better quality and is a reputable employer that meets all legal requirements related to applicable State and Federal laws related to wage and benefits.

II. DEFINITIONS:

- A. Outsourced Labor: Palomar Health’s use of a third party to perform any activity or provide any kind of service to or on behalf of Palomar Health on a continuing basis that is either currently undertaken by Palomar Health or could be when considering a future service or activity. Short-term contract labor positions are excluded from the definition of Outsourced Labor in this policy.
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 2. Initial notification must be made to Human Resources and/or Executive Management Team sixty (60) days before targeted contract signing which includes a full presentation on the intended supplier of the outsourced labor as well as the scope of services to be contracted.
 3. A written comprehensive cost-benefit analysis, which includes the financial opportunity, the costs associated with the transition, and other non-tangible costs and benefits, must be presented to the Executive Management Team a full thirty (30) days prior to the intended contract signing. Every effort should be made to provide information that allows for a similar basis for comparison between insourced and outsourced work product.
- B. This policy and related procedures can be waived in the event of a designated crisis situation, in which case the Chief Executive Officer would be the only obligated notification required. The Executive Management Team must be notified at the next regularly scheduled meeting.
- C. All approved contracts must contain stipulations regarding the regular reporting of process and outcome data that demonstrate a comparable level of quality and service to that which is provided by Palomar Health employees.
- D. Procedure to reviewed every three (3) years.

IV. STEPS OF PROCEDURE:

- A.

Document Owner: Huffstutler-Henderson, Kathryn

Approvals

- Committees:
- Signers:

Geoffrey Washburn

Geoffrey Washburn, Vice Pres HR (09/03/2019 11:01AM PST)

Original Effective Date: 01/05/2018

Revision Date: [09/03/2019 Rev. 2]

Attachments:
(REFERENCED BY THIS DOCUMENT)

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ADDENDUM D

Memorandum



To: Board of Directors
From: Jeffrey Griffith, EMT-P, Chair, Board Governance Committee
Date: December 12, 2022
Re: Board Governance Committee, December 1, 2022, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Director Barry and Director Corrales

INFORMATION ITEM

- **Lucidoc Board Policy Listing, November 22, 2022:** The committee reviewed the Lucidoc Board Policy Listings, discussed the Succession Policy status, and the general approval process.

ACTION ITEMS

- **Board Governance Committee meeting Minutes, October 6, 2022:** The committee reviewed and approved the draft minutes from the Thursday, October 6, 2022, Regular Board Governance Committee meeting.
- **Outsourced Labor Policy:** The committee reviewed and approved the Outsourced Labor Policy #58912 with requested changes and to forward it to the Board of Directors for review and approval. This policy will be presented in the January 9, 2023 Board of Directors meeting