



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

**February 13, 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](http://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 the following:

- Email [PublicComments@PalomarHealth.org](mailto: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.

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### 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.

**POSTED  
WEDNESDAY,  
FEBRUARY 8, 2023**



**BOARD OF DIRECTORS MEETING  
AGENDA**

Monday, February 13, 2023  
6:30 p.m.

PLEASE SEE PAGE 2 FOR MEETING LOCATION OPTIONS

	<b>Time</b>	<b>Form A Page</b>	<b>Target</b>
<b>I. CALL TO ORDER</b>			<b>6:30</b>
<b>II. ESTABLISHMENT OF QUORUM</b>	2		6:32
<b>III. OPENING CEREMONY</b>	3		6:35
A. Pledge of Allegiance to the Flag			
<b>IV. PUBLIC COMMENTS<sup>1</sup></b>	30		7:05
<b>V. PRESENTATIONS (ADD A)</b>			
A. Patient Experience Moment	5		7:10
B. Clinical Updates Presentation (Page 11-18)	5		7:15
C. Employee Recognition	2		7:17
D. Legal Update Regarding Meeting Attendance and Teleconferencing	10		7:27
<b>VI. * APPROVAL OF MINUTES (ADD B)</b>	5		7:32
A. Board of Directors Meeting - Monday, January 9, 2023 (Page 19-29)		2	
<b>VII. * APPROVAL OF AGENDA to accept the Consent Items as listed (ADD C)</b>	5		7:37
A. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments (Page 30-34)		3	
B. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments (Page 35-80)		4	
C. Palomar Medical Center Escondido/Palomar Medical Center Poway Medical Staff Privilege Checklist (Redline copy page 81-93, Clean copy page 94-104)		5	
D. Executed, Budgeted, Routine Physician Agreements (Page 105-110)		6	
E. December 2022 and YTD FY2023 Financial Report (Page 111-131)		7	
<b>VIII. REPORTS</b>			
A. <b><u>Medical Staffs</u></b>			
1. Palomar Medical Center Escondido - <i>Kanchan Koirala, M.D.</i>	5		7:42
2. Palomar Medical Center Poway - <i>Sam Filiciotto, M.D.</i>	5		7:47
B. <b><u>Administrative</u></b>			
1. <u>President and CEO</u> - <i>Diane Hansen</i>	5		7:52
2. <u>Chair of the Board</u> - <i>Linda Greer, R.N.</i>	5		7:57
<b>IX. * APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS (ADD D)</b>	5		8:02
<b><u>Agenda Item</u></b>	<b><u>Committee or Dept.</u></b>	<b><u>Action</u></b>	
A. Resolution No. 02.13.23(01)-03 of the Board of Palomar Health (I) Directing Retirement of Disposition of Surplus Property Policy (No. 21804) (II) Delegating Authority to Chief Financial Officer and His or Her Designees to Dispose of Surplus Property in Accordance With CAL. H&S Code § 32121.2 (Page 132-134)	Legal	Review / Approve	8
B. Annual Adoption of Statement of Investment - Lucidoc #27092 (Page 135-136)	Finance	Review / Approve	9
C. Debt Policy - Lucidoc #58892 (Page 137-141)	Finance	Review / Approve	10

<b>X. COMMITTEE REPORTS (ADD E)</b>	5	8:07
A. Audit & Compliance Committee - <i>Linda Greer, Committee Chair (no meeting in January)</i>		
B. Community Relations Committee - <i>Terry Corrales, Committee Chair (no meeting in January)</i>		
C. Finance Committee - <i>Laura Barry, Committee Chair (Page 142-143)</i>		
D. Governance Committee - <i>Jeff Griffith, Committee Chair (Page 144-145)</i>		
E. Human Resources Committee - <i>Terry Corrales, Committee Chair (no meeting in January)</i>		
F. Quality Review Committee - <i>Linda Greer, Committee Chair (no meeting in January)</i>		
G. Strategic & Facilities Planning Committee - <i>Mike Pacheco, Committee Chair (Page 146-156)</i>		
<b>XI. FINAL ADJOURNMENT</b>	1	<b>8:08</b>

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

<https://palomarhealth.webex.com/palomarhealth/j.php?MTID=m15079c844f9946e0eba382607e05c841>

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

Access Code: 2594 912 7229

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

<sup>1</sup> 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>

# Board of Directors Meeting Location Options

## Palomar Medical Center Escondido, 1<sup>st</sup> Floor Conference Room, 2185 Citracado Parkway, Escondido, CA 92029

- Committee members who are elected members of the Board of Directors will attend at this location, unless otherwise noticed below
- Elected members of the Board of Directors who are not members of the Committee and wish only to observe, non-Board member attendees, and members of the public may also attend at this location
- <https://palomarhealth.webex.com/palomarhealth/j.php?MTID=m15079c844f9946e0eba382607e05c841>  
or Dial in using your phone at 415.655.0001; Access Code: 25949127229<sup>1</sup>
  - Elected members of the Board of Directors who are not members of the Committee and wish only to observe, non-Board member attendees and members of the public may attend the meeting virtually utilizing the above link
- 13127 Avenida Granada, Poway, CA. 92064
  - Elected member of the Board John Clark will be attending the meeting virtually from this location

<sup>1</sup> New to WebEx? Get the app now and be ready when your first meeting starts: <https://www.webex.com/downloads.html>

**Minutes  
Board of Directors Meeting  
January 9, 2023**

**TO:** Board of Directors

**MEETING DATE:** Monday, February 13, 2023

**FROM:** Carla Albright, Assistant to the Board of Directors

**Background:** The minutes from January 9, 2023, Regular Board of Directors meeting are respectfully submitted for approval.

**Budget Impact:** N/A

**Staff Recommendation:** Recommend to approve the January 9, 2023, Regular Board of Directors meeting minutes.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:**

**Required Time:**

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

**TO:** Board of Directors

**MEETING DATE:** February 13, 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  
January, 2023**

**TO:** Board of Directors

**MEETING DATE:** Monday February 13, 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 Medical Center Escondido/Palomar Medical Center  
Poway  
Medical Staff Privilege Checklist**

**TO:** Board of Directors

**MEETING DATE:** February 13, 2023

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

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

**Background:** Cardiology Core Privilege Checklist: Updated to include new procedures, new criteria, new training. Has been approved at all applicable Medical Staff Department meetings at PMC Poway and PMC Escondido. Includes redlined and final versions.

**Budget Impact:** None.

**Staff Recommendation:** Recommend Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** Approval

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

## EXECUTED, BUDGETED, ROUTINE PHYSICIAN AGREEMENTS

**TO:** Board of Directors

**MEETING DATE:** Monday, February 13, 2023

**FROM:** Board Finance Committee  
Wednesday, January 25, 2023

**BY:** Laura Barry, Chair, Board Finance Committee

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

PHYSICIAN/GROUP	TYPE OF AGREEMENT
<b>November 2022</b>	
<ul style="list-style-type: none"> <li>• Jay R. Grove, MD</li> </ul>	<ul style="list-style-type: none"> <li>• Amendment 1 to Medical Director Agreement – Perioperative Services – PMC Poway</li> </ul>
<b>January 2023</b>	
<ul style="list-style-type: none"> <li>• Lorra Sharp, MD</li> </ul>	<ul style="list-style-type: none"> <li>• Amendment 1 to Medical Director Agreement – Orthopedic Services</li> </ul>
<ul style="list-style-type: none"> <li>• Bradley Bailey, MD, Inc., and Roger Schechter, MD, Inc., dba Restorative Healing Group</li> </ul>	<ul style="list-style-type: none"> <li>• Amendment 3 to Wound Care and Cardiac Rehabilitation Backup Agreement</li> </ul>

The standard Form A and Abstract Table for each are attached.

**Staff Recommendation:** Approval

**COMMITTEE RECOMMENDATION:** The Board Finance Committee recommends approval of the Executed Budgeted Routine Physician Agreements as presented. Approval recommended 4 to 0 by the Committee; Board members: 2 to 0; Absent: 1.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

## December 2022 and YTD FY2023 Financial Report

**TO:** Board of Directors

**MEETING DATE:** Monday, February 13, 2023

**FROM:** Board Finance Committee  
Wednesday, January 25, 2023

**BY:** Laura Barry, Chair, Board Finance Committee

**Background:** The Board Financial Report (unaudited) for December 2022 and YTD FY2023 (*per pages xx-xx*) is submitted for the Board's approval.

**Budget Impact:** N/A

**Staff Recommendation:** Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** The Board Finance Committee recommends approval of the Board Financial Report (unaudited) for December 2022 and YTD FY2023. Approval recommended 5 to 0 by the Committee; Board members: 2 to 0; Absent: 1.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

RESOLUTION NO. 02.13.23(01)-03

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH

- (I) DIRECTING RETIREMENT OF DISPOSITION OF SURPLUS PROPERTY POLICY (NO. 21804)
- (II) DELEGATING AUTHORITY TO CHIEF FINANCIAL OFFICER AND HIS OR HER DESIGNEES TO DISPOSE OF SURPLUS PROPERTY IN ACCORDANCE WITH CAL. H&S CODE § 32121.2

**TO:** Board of Directors

**MEETING DATE:** Monday, February 13, 2023

**FROM:** Jeff Griffith, Board Governance Committee Chair

**Background:** The Disposition of Surplus Property policy (Lucidoc 21804) was reviewed in accordance within its scheduled review timeframe. Legal counsel recommended the Board approve a resolution authorizing the delegation of the disposition of surplus property to the Chief Financial Officer or his or her designee. If the Board approves such a resolution, retirement of the Disposition of Surplus Property policy (Lucidoc 21804) is recommended.

**Budget Impact:** N/A

**Staff Recommendation:** Staff recommend the Board approve resolution authorizing delegation of the disposition of surplus property and retirement of Disposition of Surplus Property policy (Lucidoc 21804)

**Committee Questions:** N/A

**COMMITTEE RECOMMENDATION:**

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

# Annual Adoption of Statement of Investment Policy #27092

**TO:** Board of Directors

**MEETING DATE:** Monday, February 13, 2023

**FROM:** Hubert U. King, Chief Financial Officer

**Background:** Board Policy #27092 – Annual Adoption of Statement of Investment has been reviewed and found to be applicable as written and is respectfully presented to the Full Board for annual approval.

**Budget Impact:** N/A

**Staff Recommendation:** Recommend re-adoption of the policy as written, with a recommendation for approval by the Governance Committee of the Board.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** The Board Finance Committee recommends re-adoption of Board Policy #27092. Approval recommended 6 to 0 by the Committee; Board members: 3 to 0; Absent: 1.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

## Review of the District's Debt Policy Policy #58892

**TO:** Board of Directors

**MEETING DATE:** Monday, February 13, 2023

**FROM:** Hubert U. King, Chief Financial Officer

**Background:** Board Policy #58892 – Debt Policy has been reviewed and found to be applicable as written and is respectfully presented to the Full Board for annual approval.

**Budget Impact:** N/A

**Staff Recommendation:** Recommend re-adoption of the policy as written, with a recommendation for approval by the Governance Committee of the Board.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** The Board Finance Committee recommends re-adoption of Board Policy #58892 – Debt Policy. Approval recommended 6 to 0 by the Committee; Board members: 3 to 0; Absent: 1.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

# ADDENDUM A



# PMCP MST 3<sup>rd</sup> Floor Renovation

Jane Andrew, Nurse Manager  
Holly Kalisek, Director of Nursing MST/ICU Poway  
Marcos Fierro, District Director of Facilities

February 13, 2023



# HIGHLIGHTS

- **18 additional Medical-Surgical/Tele beds**
- **Decrease ED holds**
- **Large portion of work was done in-house (reduced outsourcing)**
- **Familiar with flow for future floor renovations**
- **Patient experience impact**
- **Employee engagement increase**

# Improvements

- **Removed old headwalls**
- **Ceiling hatches, paint and new flooring**
- **Addition of hallway plugs**
- **New lighting**
- **New, larger televisions**
- **Removed wallpaper**
- **Clean/slick features**
- **RN workstation in room with drawers for patient belongings and supplies**
- **Sit/stand computer desks in nurse station**

Before



After





Before

After





QUESTIONS?

# ADDENDUM B





<i>Board of Directors Meeting Minutes – Monday, January 9, 2023</i>	
<i>Agenda Item</i>	
<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<i>Conclusion / Action /Follow Up</i>
<b>NOTICE OF MEETING</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office; also posted with full agenda packet to the Palomar Health website on Thursday, January 5, 2023, which is consistent with legal requirements.	
<b>I. CALL TO ORDER</b>	
Pursuant to Palomar Health Board Resolution No. 01.10.22(03)-03, the meeting was held virtually, and called to order at 6:30 p.m. by Board Chairwoman Linda Greer.	
<b>II. ESTABLISHMENT OF QUORUM</b>	
Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Griffith, Greer, Pacheco Absences: None	
<b>III. OPENING CEREMONY – Pledge of Allegiance to the Flag</b>	
The Pledge of Allegiance to the Flag was recited in unison.	
<b>MISSION AND VISION STATEMENTS</b>	
<i>The Palomar Health mission and vision statements are as follows:</i>	
<ul style="list-style-type: none"> <li><i>The mission of Palomar Health is to heal, comfort and promote health in the communities we serve</i></li> <li><i>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</i></li> </ul>	
<b>IV. PUBLIC COMMENTS</b>	

*Board of Directors Meeting Minutes – Monday, January 9, 2023*

*Agenda Item*

• *Discussion*

*Conclusion / Action /Follow Up*

There were no public comments.

**V. PRESENTATIONS**

A. Patient Experience Moment

- Palomar Health Nurse Manager Ashley Row introduced former patient Doug Devlin, who came to the Palomar Medical Center Emergency Department with flu-like symptoms, but was diagnosed with a stroke.
- Mr. Devlin shared that when the ambulance arrived at his home the driver asked him where he wanted to go. Mr. Devlin replied that he had heard Palomar Health is a good place, to which they immediately confirmed that it is, and that they would take him there. From the minute he was brought in the door Mr. Devlin said he was made to feel like he was the only patient in the hospital. He felt that Palomar has definitely figured out how to hire the right people, and to let them do their jobs. There was an immediate plan in place when he was confirmed to have had a stroke, and everyone executed it beautifully. He added that his physical therapist and occupational therapist took his successes as their own personal victories, and were as excited as he was when he reached his goals. He stated that in his opinion it is much easier to heal and recover when you hear laughter in the hallways. He added that he could really feel that everyone at Palomar loves their job, the people they work with and the patients they care for. Mr. Devlin noted that he has been trained in customer service by some of the best companies in the world, therefore his level of expectation for customer service is really high. Palomar exceeded at every single point.
- Chairwoman Greer stated the board is grateful to hear about the outstanding care that Mr. Devlin received, and how far he has come in such a short period of time. She is not surprised that Palomar employees made him feel so special because that is what they strive to do every day; they are the best.

B. Physician Updates Presentation

- Palomar Health Chief Quality Officer Dr. Omar Khawaja introduced Gastroenterologist Dr. Reza Khoshini, whose medical group provides outstanding care to our patients throughout the entire district, including advanced procedures such as endoscopic ultrasounds and biopsies.
  - Dr. Khoshini thanked the board for inviting him to speak before them, noting that the experience has been very positive. Every department they interact with has been wonderful. When asked, he shared that he does feel there is an opportunity for improvement with updating the equipment they use, which he feels would improve quality and allow for him to expand on what he does to bring additional specialized experiences to the system. Also believes that the scheduling process could be improved to bring in a higher level of outpatient procedures; both are good opportunities to build on.
  - Director Corrales asked if the new equipment he spoke of would be needed at one campus or both, for which Dr. Khoshini replied that it would be mainly for PMC Escondido. Director Corrales added that these services could provide great marketing opportunities.
  - Chairwoman Greer thanked Dr. Khoshini for his input and feedback.

C. Employee Recognition

- Chairwoman Greer requested that the board members forward her their nominations; she is currently working on coordinating a recognition event for February.

D. Certificates of Election

*Board of Directors Meeting Minutes – Monday, January 9, 2023*

*Agenda Item*

• *Discussion*

*Conclusion / Action /Follow Up*

- Vice-Chair Jeff Griffith presented board members Greer and Pacheco with their certificates of election from the November 2023 general election. Directors Edwards-Tate and Clark’s certificates to be forwarded to them after the meeting.

**VI. APPROVAL OF MINUTES**

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

**A. MOTION:** By Director Pacheco, 2<sup>nd</sup> by Director Clark and carried to approve to approve the Monday, December 12, 2022 Special Closed Session Board of Directors Meeting minutes with the revision as discussed below. 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. Board of Directors Meeting - Monday, December 12, 2022

**B. MOTION:** By Director Barry, 2<sup>nd</sup> by Director Griffith and carried to approve the Monday, December 12, 2022 Board of Directors Meeting minutes with the revision as discussed below. 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. It was noted that the dates for both sets of minutes listed in the agenda section above need to be revised to December 12, 2022. Board Assistant to make revisions.
- B. Director Corrales stated that the point of order she had made at this meeting was not reflected in the minutes and asked for legal opinion about whether or not it should be added. Counsel advised that the meeting minutes are a reflection of action items taken and the point of orders are not typically recorded in minutes because they are intended to bring the parliamentary assembly back to the agenda; they are purely procedural and that is why they were not reflected in the minutes.

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

*Board of Directors Meeting Minutes – Monday, January 9, 2023*

*Agenda Item*

<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<p><i>Conclusion / Action /Follow Up</i></p>
<p>A. Palomar Medical Center Escondido Medical Staff Credentialing &amp; Reappointments</p> <p>B. Palomar Medical Center Poway Medical Staff Credentialing &amp; Reappointments</p> <p>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</p> <p>D. Palomar Health Approves Policies, Scopes of Service, and Power Plan(s) for the months of September, October, and November 2022</p>	<p><b>MOTION:</b> By Director Barry, 2<sup>nd</sup> by Director Griffith and carried to approve Consent Agenda items A. – D. as presented. Pursuant to the discussion below, motion by Director Edwards-Tate to pull Consent Agenda items C. and D. for further review. There was no 2<sup>nd</sup>; motion failed. Roll call voting was then utilized to take action on the first motion and 2<sup>nd</sup> to approve Consent Agenda A. – D. as presented.</p> <p>Director Corrales – aye            Director Griffith – aye                      Director Greer – aye            Director Barry – aye                      Director Clark – abstain        Director Pacheco – aye                      Director Edwards-Tate – no</p> <p>Chairwoman Greer announced that five board members were in favor. One opposed. One abstention. No absences. Motion approved.</p>
<ul style="list-style-type: none"> <li>Director Clark asked if agenda items VII.C. and VII.D. are new processes. Dr. Khawaja responded that in preparation for the upcoming Joint Commission survey it was decided to bring these policies for Board review in their entirety.</li> <li>Director Edwards-Tate recommended voting for each agenda item individually. Director Edwards-Tate advanced a motion to this effect which did not receive a second, the motion consequently failed.</li> </ul>	
<p><b>VIII. REPORTS</b></p>	
<p><b>A. Medical Staffs</b></p>	
<p>1. Palomar Medical Center Escondido</p>	

*Board of Directors Meeting Minutes – Monday, January 9, 2023*

*Agenda Item*

• *Discussion*

*Conclusion / Action /Follow Up*

Palomar Medical Center Escondido Chief of Staff Dr. Kanchan Koirala provided the following report:

- The Medical Executive Committee was once again able to host their annual holiday celebration since putting it on hold during the pandemic. Wished to thank all of the physicians, board members and leadership in attendance. Gave a fond farewell to outgoing PMCE Chief of Staff Dr. Sabiha Pasha and Dr. Lachlan Macleay, the outgoing Treasurer/Secretary, who will continue in his role as Chair of Pathology. Welcomed new Chief of Staff-Elect Dr. Andrew Ngyuen (who had planned to be there but was called away on a case) and new Secretary/Treasurer Dr. Kal Abouelhosn. Added that these celebrations offer a good time for camaraderie amongst the physicians as well as the opportunity to present the Chief of Staff Physician of the Year Awards. This year's recipients are Dr. Steven Zgliniec, Critical Care Medicine and current Chair of Medicine, and Dr. David Santiago-Dieppa, Neurosurgeon. Congratulations to both of them.
- There are currently 30 COVID positive patients in-house; 3 are in the ICU and 1 is on a ventilator. RSV patient census is 3, none of whom are in the ICU. Noted that RSV appears to be affecting mainly pediatric patients and adults with comorbidities. Also have 2 patients who tested positive for the flu; they are not in the ICU.
- Plans to introduce the board to some of the new department chairs at the February Board of Directors meeting.
- Noted that he had heard from Chairwoman Linda Greer and President & CEO Diane Hansen that they wish to have more engagement with physicians. He is looking forward to this as well and is hopeful they can both attend the upcoming Joint Conference Committee meeting.
- Wished everyone a Happy New Year.
- Chairwoman Greer welcomed Dr. Koirala and thanked him for his report, adding that she looks forward to working with him and Dr. Filiciotto to increase engagement with the medical staff.

2. Palomar Medical Center Poway

*Board of Directors Meeting Minutes – Monday, January 9, 2023*

*Agenda Item*

• *Discussion*

*Conclusion / Action /Follow Up*

Palomar Medical Center Poway Chief of Staff Dr. Sam Filiciotto provided the following report:

- Annual Med Staff Meeting at Stone Brewery was a success – Good to communicate with everyone.

**Honors / Recognition:**

- Leadership Team congratulated for the impressive complex at PMCE (Palomar Medical Center Escondido).

**Care:**

- NCEMA (North County Emergency Medical Associates) contract finalized.
- Now will be working out the details of general surgery ER coverage and the Necrotizing Fasciitis Policy for Poway.
- Nursing care is slowly improving in most areas.

**Communication:**

- Med Staff leaders appreciate being included at last Thursday's strategic planning update.
- Offer extended to all Board Members to call / contact for any questions or concerns. If interested in site visits, feel free to contact Dr. Filiciotto for a tour at Poway.

**Education:**

- Dr. Jason Keri attended Chartis' (old Greeley) recent MEC (Medical Executive Committee) session. He was grateful and believes it will be very helpful both now and in future.

**Equipment & Facilities:**

- 3rd floor BHU (Behavioral Health Unit) still in process.
- Appreciated Dr. Bret Ginther's, Mandie White's, Kurt Brunst's and Sealey Lonnox's hard work on working out the bugs in Dragon One (voice to text) program in the new single sign on environment that went live December 6<sup>th</sup>.

**Needs:**

- Looking at ways to continue to improve and measure quality of care and requested feedback and input in this regard.
- Chairwoman Greer thanked Dr. Filiciotto for his report, adding that the Board Strategic and Facilities Planning Committee in conjunction with administration will be heading down to PMC Poway soon to update and refresh that campus as well.

**B. Administrative**

1. President and CEO

*Board of Directors Meeting Minutes – Monday, January 9, 2023*

*Agenda Item*

• *Discussion*

*Conclusion / Action /Follow Up*

Palomar Health President & CEO Hansen provided the following report:

- Wished everyone a Happy New Year
- Welcomed Drs. Filiciotto and Koirala to their new roles as Chiefs of Staff and PMC Poway and PMC Escondido respectively, noting that the team is very much looking forward to working with them. Added that, as Dr. Filiciotto mentioned earlier, they did have a strategy session with the new medical executive team and are very excited to continue those conversations..
- Reported that there will be many exciting things coming in the new year with regard to patient satisfaction and employee and physician engagement, details of which will be brought to the board for their review and input. Projects include the new ambulatory surgery center in Escondido, which is slated to open this summer, and the new behavioral health hospital. Updates will come through the Board Strategic & Facilities Planning Committee. There are also other programs and potential partnerships that are being discussed; will be sharing these with the board as well.

2. Chairwoman of the Board

Palomar Health Chairwoman of the Board Linda Greer provided the following report:

- The Board Standing Committee Assignments will remain status quo until after the board participates in the education sessions that are currently being scheduled. Sessions will cover such topics as Robert's Rules of Order and the Brown Act, and will commence in February. Would also like to hold a corporate counseling / team building session with the board.
- Is hopeful that the resolution regarding returning to in-person board member meeting attendance will be approved tonight so that the board can come back to meeting with one another face to face.
- Director Edwards-Tate currently sits on the ACHD Education Committee, Director Griffith represents Palomar Health on the ACHD Board of Directors, and Director Corrales is working with ACHD on their Behavioral Health and Advocacy committees. The board will be utilizing ACHD's best practices and tools again this year when it performs the annual CEO evaluation and board self-assessment.
- Wished Director Pacheco a very happy birthday (January 17<sup>th</sup>)
- Director Clark asked if the November financial statements were in the board meeting packet. Chief Financial Officer Hugh King responded that they will be published at the next Board Finance Committee meeting, then published generally after that. Ms. Hansen noted that the next Board Finance Committee meeting will be held on January 25th. The financial statements will be presented at that time; anyone is welcome to attend.
-

Agenda Item

- Discussion

Conclusion / Action /Follow Up

IX. \*APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS

- A. Resolution No. 01.09.23(02)-02 of the Board of Directors of Palomar Health Rescinding Prior Resolution No. 01.10.23(03)-03 And Authorizing Resumption of In-Person Board Meetings
- B. North San Diego County Health Facilities Financing Authority Termination Agreement

A. **MOTION:** By Director Griffith, 2<sup>nd</sup> by Director Corrales and carried to approve 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 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 – no  
 Chairwoman Greer announced that six board members were in favor. One opposed. No abstentions. No absences. Motion approved.

B. No action needed; information only.

- A. Counsel read aloud the resolution in its entirety.
- Discussion ensued re: the merits of requiring board members to attend board meetings in person versus virtually, particularly as pertains to contagions such as COVID, flu etc., with additional discourse on whether this resolution applies to board committee meetings as well. Counsel opined that the statute that deals with this area was amended as of the 1st of January of this year and does permit that, for other contagious illness reasons, up to two meetings per calendar year may be missed by the board member and thereby instead participated in through a teleconference, notwithstanding the fact that it is in person. Further input from counsel noted that, with respect to the board members, in person meetings would be required; however, with respect to other persons such as non-board committee members, teleconferencing would still be permitted. Therefore, it may mean that only the board members attend those meetings in person.
- Additional concerns discussed re: active shooters or other threats were addressed by counsel in that the standard the board is required to apply by law is that, as the result of a proclaimed emergency, meeting in person would present imminent health risks to the health and safety of attendees.
- Chairwoman Greer directed Board Governance Committee Chair Griffith to bring the issue of board member meeting attendance to the Board Governance committee for review and potential Board Meeting Attendance Policy revision.
- B. Chief Financial Officer Hugh King provided the board with an overview of the agreement prior to their voting on the corresponding resolution listed as agenda item I.X.C.



Agenda Item

<ul style="list-style-type: none"> <li>Discussion</li> </ul>	Conclusion / Action /Follow Up
<p>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</p> <p>D. Outsourced Labor Policy - Lucidoc #58921</p>	<p>C. <b>MOTION:</b> By Director Pacheco, 2<sup>nd</sup> by Director Clark and carried to approve 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 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>D. <b>MOTION:</b> By Director Barry, 2<sup>nd</sup> by Director Griffith and carried to approve Outsourced Labor Policy - Lucidoc #58921 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>
<ul style="list-style-type: none"> <li>C. There was no discussion.</li> <li>D. Director Clark asked what changes were made to the policy. Counsel responded that it was just two typographical errors that were on page 96 of the meeting packet.</li> </ul>	
<p><b>X. COMMITTEE REPORTS</b> (information only unless otherwise noted)</p>	
<p>A. Audit and Compliance Committee</p>	
<ul style="list-style-type: none"> <li>Committee Chairwoman Greer reported that the committee was dark in December.</li> </ul>	
<p>B. Community Relations Committee</p>	

*Board of Directors Meeting Minutes – Monday, January 9, 2023*

*Agenda Item*

<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<i>Conclusion / Action /Follow Up</i>	
<ul style="list-style-type: none"> <li>Committee Chair Corrales reported that the committee was dark in December.</li> </ul>		
C. Finance Committee		
<ul style="list-style-type: none"> <li>Committee Chair Barry reported that the committee was dark in December.</li> </ul>		
D. Governance Committee		
<ul style="list-style-type: none"> <li>Committee Chair Griffith noted that the committee meeting summary was included in the board meeting packet.</li> </ul>		
E. Human Resources Committee		
<ul style="list-style-type: none"> <li>Committee Chair Corrales reported that the committee was dark in December.</li> </ul>		
F. Quality Review Committee		
<ul style="list-style-type: none"> <li>Committee Chairwoman Greer reported that the committee was dark in December.</li> </ul>		
G. Strategic & Facilities Planning Committee		
<ul style="list-style-type: none"> <li>Committee Chair Pacheco reported that the committee was dark in December.</li> </ul>		
<b>XI. FINAL ADJOURNMENT</b>		
<ul style="list-style-type: none"> <li>There being no further business, Chairwoman Greer adjourned the meeting at 7:53 p.m.</li> </ul>		
<b>Signatures:</b>	<b>Board Secretary</b>	<hr/> Terry Corrales, R.N.
	<b>Board Assistant</b>	<hr/> Debbie Hollick

# ADDENDUM C

**Palomar Medical Center Escondido**

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

**Medical Staff Services**

February 1, 2023

To: Palomar Health Board of Directors  
From: Kanchan Koirala, M.D., Chief of Staff  
Palomar Medical Center Escondido Medical Executive Committee  
Board Meeting Date: February 13, 2023  
Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (02/13/2023 – 01/31/2025)

Chambers, Edward T., MD – Pediatrics  
Chung, Philip W., MD – Emergency Medicine  
Gell, Jaclyn M., DO – Emergency Medicine  
Hamiduzzaman, Saba, MD – Pulmonary Disease  
Hussain, Shahid, MD – Nephrology  
Le, Charles N., MD - Nephrology  
Lippmann, Quinn K., MD – Fem. Pelvic Medicine & Reconstructive Surgery  
Luhar, Riya B., DO - Neurology

Advance from Provisional to Affiliate Category

Faruque, Tania MD – Pain Medicine (eff. 02/13/2023-12/31/2023)

Advance from Provisional to Active Category

Morris, Jason B., DPM – Podiatry (eff. 02/13/2023-10/31/2024)  
Wu, Darrell, MD – Cardiothoracic Surgery (eff. 02/13/2023-02/29/2024)

Additional Privileges

Azadian, Moosa M., MD – Critical Care Medicine

- Percutaneous Tracheostomy/Cricothyrotomy Tube Placement (eff. 02/13/2023–07/31/2024)

Bonenfant, Jeffrey M., DO – Critical Care Medicine

- Percutaneous Tracheostomy/Cricothyrotomy Tube Placement (eff. 02/13/2023–11/30/2023)
- Endobronchial Ultrasound (eff. 02/13/2023-11/30/2023)

Duwe, Beau V., MD – Critical Care Medicine

- Deep Sedation/Analgesia (eff. 02/13/2023–12/31/2024)

Murthy, Nikhil K., MD - Neurosurgery

- Use of Fluoroscopy (eff. 02/13/2023–11/30/2024)

Olson, Scott E., MD – Interventional Neuroradiology

- Moderate Sedation (eff. 02/13/2023-12/31/2024)

Pham, Martin H., MD – Neurosurgery

- Use of Robotic Assisted System for Spinal & Neurosurgical Procedures (eff. 02/13/2023-06/30/2024)

Quan, Michele G., MD – Pulmonary/Critical Care Medicine

- Percutaneous Tracheostomy/Cricothyrotomy Tube Placement (eff. 02/13/2023–05/31/2023)  
Rai, Baroon, MD – Critical Care Medicine
- Percutaneous Tracheostomy/Cricothyrotomy Tube Placement (eff. 02/13/2023–09/30/2023)  
Salloum, Alexander C., M.D. – Surgery, Vascular
- Peritoneal Dialysis Catheter Placement (eff. 02/13/2023-07/31/2024)

Voluntary Resignations

Al Nahlawi, Basma, MD - Rheumatology (eff. 02/28/2023 – failure to complete reappointment)  
 Alverge, Juan C., MD – Cardiovascular Disease (eff. 12/16/2022 – resigned per Kaiser)  
 Bolander, Ann C., MD – Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Chang, Lloyd C., MD - Cardiovascular Disease (eff. 12/16/2022 – resigned per Kaiser)  
 Cheung, Yeukkei, MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Christakos, Michael K., DO - Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Chung, Victor K., MD – Otolaryngology (eff. 12/16/2022- voluntary resignation)  
 Clifford, John W., MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Elsner, Chad, MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Farrier, Jeffrey M., MD – General Surgery (eff. 02/28/2023 – failure to complete reappointment)  
 Fitzgerald, Brian T., MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Ghatan, Andrew C., MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Harris, Mark A., MD - Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Harvey, Norah M., MD - Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Ibrahim, Mohamad S., MD – Anesthesiology (eff. 01/31/2023 – expiration of LOA)  
 Javidan, Pooya MD - Orthopaedic Surgery (eff.12/16/2022 – resigned per Kaiser)

Voluntary Resignations continued...

McClellan, Brandon M., MD – Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Nguyen, Brian M., MD – General Surgery (eff. 01/19/2023 – voluntary resignation)  
 Ohara, William, MD - Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Pack, Rachel T., DO - Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Powell, Robert S., MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Reddy, Nithin C., MD - Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Ro, Thomas K., MD – Cardiovascular Disease (eff. 12/16/2022 – resigned per Kaiser)  
 Ryan, Michael G., MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Schub, David L., MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Schuler, Sarah L., MD – Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Singh, Anshuman, MD - Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Slavin, Leonid, MD – Cardiovascular Disease (eff. 12/16/2022 – resigned per Kaiser)  
 Steinhoff, Amy K., MD - Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Stephan, Audrey F., MD – Cardiovascular Disease (eff. 12/16/2022 – resigned per Kaiser)  
 Tran, Hai Tien, DO – Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Tsung, Patricia A., MD – Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Yashar, Arnold A., MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)  
 Yee, Stuart T., MD - Physical Medicine/Rehab (eff. 12/16/2022 – resigned per Kaiser)  
 Young, Edmond P., MD – Orthopaedic Surgery (eff. 12/16/2022 – resigned per Kaiser)

Allied Health Professional Appointment (02/13/2023 – 01/31/2025)

Choi, Nathalie L., CNM – OB/Gyn (Sponsor: Dr. Kevin Carnevale, for OB Hospitalist Group)  
 Graydon, Cassie FNP – Radiology (Sponsor: Dr. Donald Ponec, for San Diego Imaging group)  
 Hartwell, Amy E., PA-C – Emergency Medicine (Sponsor: Dr. Bruce Friedberg, for Emergency Medical Associates)  
 Kryslova, Tereza, CNM – OB/Gyn (Sponsor: Dr. Kevin Carnevale, for OB Hospitalist Group)  
 Megali, Nicole F., PA-C – Neurology (Sponsor: Dr. Tara Quesnell, for The Neurocenter group)  
 Medina, Michelle L., CNM – OB/Gyn (Sponsor: Dr. Kevin Carnevale, for OB Hospitalist Group)  
 Schmitt, Ryan J., PA-C – Cardiothoracic surgery (Sponsors: Dr. Yuan Lin and Dr. Darrell Wu)  
 Sojobi, Angela O., CNM – OB/Gyn (Sponsor: Dr. Kevin Carnevale, for OB Hospitalist Group)

Allied Health Reinstatements

Spydell, Lauren E., NNP – Dept. of Pediatrics (eff. 02/13/2023 – 12/31/2024)

Allied Health Professional Resignations

Allerton, Eve S., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Brown, Antonio R., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Brown, Brenda T., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Cobbler, Donald R., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Durfee, Anthony J., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Escudero, Ronnie J., PA-C – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Figueroa, John A., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Fitzgerald, John A., PA-C – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Gessin, Leah G., PA-C – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Gill, Julie L, PA-C – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Kalscheur, Jacob J., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Kreifeldt, Kimberly A., PA-C – Surgery (voluntary resignation, eff. 02/28/2023 due to no response to reappointment)  
 Lazo, Roderick, PA-C – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Lewis, Diane G., FNP – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Lyon, Stephen A., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Murphy, Gary B., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Neal, Billie P., Jr., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Nelson, Brandon J., PA-C – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Pickett, Douglas R., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Rust, Ryan, A., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Sikich, Michael A., PA-C – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Thomson, Kalani K., PA-C - Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)  
 Valdez, Xavier I., PA-C – Orthopaedic Surgery/Rehab (voluntary resignation, eff. 12/16/2022 per Kaiser)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 03/01/2023 – 02/28/2025)

Capon, Stephen M., M.D.	Internal Medicine	Dept. of Medicine	Active
Chuang, Marc S., M.D.	Surgery, Urology	Dept. of Surgery	Active
Engel, Richard C., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Fadul, P. Eva, M.D.	Anesthesiology	Dept. of Anesthesia	Active
Fatayerji, Nabil I., M.D.	Neo-Perinatal Medicine	Dept. of Pediatrics	Active
Hulley, Stacy E., M.D.	OB/Gyn	Dept. of OB/Gyn	Active

\*Category change from Courtesy to Active

Huynh, Dung V., M.D.	Internal Medicine	Dept. of Medicine	Active
Pinnell, Sean P., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Rosenfeld, Gina, M.D.	Pediatrics	Dept. of Pediatrics	Active
Sebiane, Maria G., M.D.	Pediatrics	Dept. of Pediatrics	Affiliate

\*Category change from Active w/ no clinical activity to Affiliate with Refer and Follow

Smith, Jeffrey M., M.D.	Orthopaedic Surgery	Dept. of Ortho Surg/Rehab	Active
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Allied Health Professional Reappointments (effective 03/01/2023 – 02/28/2025)

Haua, Stephanie L, PA-C	Dept. of Ortho Surgery/Rehab	(Sponsors: Drs. R. Raiszadeh and Paul Kim)
Konyn, Catherine L., NP	Dept. of Medicine	(Sponsor: Dr. Ali Fadhil, for Benchmark Hospitalists)
McConnin, Commerina T., NNP	Dept. of Pediatrics	(Sponsor: Dr. David Golembeski, for Children’s Specialists)
Miyagawa, Tammie S., NNP	Dept. of Pediatrics	(Sponsor: Dr. David Golembeski, for Children’s Specialists)

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

Date: February 1, 2023  
To: Palomar Health Board of Directors – February 13, 2023 Meeting  
From: Sam Filiciotto, M.D., Chief of Staff, PMC Poway Medical Staff  
Subject: Medical Staff Credentials Recommendations – January, 2023

Provisional Appointments: (02/13/2023 – 01/31/2025)

Daniel Burgess, D.O., General Surgery  
Philip Chung, M.D., Emergency Medicine  
Jaclyn Gell, D.O., Emergency Medicine  
Saba Hamiduzzaman, M.D., Pulmonology  
Shahid Hussain, M.D., Nephrology  
Charles Le, M.D., Nephrology  
Riya Luhar, D.O., Neurology  
Ryan Lym, M.D., Pediatrics  
Matthew Schultzel, D.O., General Surgery

Biennial Reappointments: (03/01/2023 - 02/28/2025)

Marc Chuang, M.D., Urology, Courtesy  
Richard Engel, M.D., Anesthesiology, Active  
Eva Fadul, M.D., Anesthesiology, Active  
Nabil Fatayerji, M.D., Neonatology/Perinatology, Active  
Kyoung-Min Han, DPM, Podiatry, Courtesy  
Sean Pinnell, Diagnostic Radiology, Active

Advancement to Courtesy Category:

Jason Morris, DPM, Podiatry, effective 02/13/2023 – 10/31/2024 (Includes The Villas at Poway)

Request for Additional Privileges:

Moosa Azadian, M.D., Critical Care Medicine – Request for Percutaneous Tracheostomy/Cricothyrotomy Tube Placement Privileges (effective 02/13/2023 – 07/31/2024)  
Jeffrey Bonenfant, D.O. Critical Care Medicine – Request for Percutaneous Tracheostomy/Cricothyrotomy Tube Placement Privileges (effective 02/13/2023 – 11/30/2023)  
Michele Quan, M.D., Critical Care Medicine – Request for Percutaneous Tracheostomy/Cricothyrotomy Tube Placement Privileges (effective 02/13/2023 – 05/31/2023)  
Baroon Rai, M.D., Critical Care Medicine – Request for Percutaneous Tracheostomy/Cricothyrotomy Tube Placement Privileges (effective 02/13/2023 – 09/30/2023)



Voluntary Resignations:

Charles Callery, M.D., Bariatric Surgery, effective 01/01/2023  
Victor Chung, M.D., ENT, effective 01/16/2023  
Kimberly Davis, M.D., Physical Medicine & Rehab, effective 12/30/2022  
Paul Hinshaw, D.O., OB/GYN, effective 12/30/2022  
Mohamed Ibrahim, M.D., Anesthesiology, effective 01/31/2023  
Dennis Mamaril, M.D., Internal Medicine, effective 02/28/2023  
Philip Wrotslavsky, DPM, Podiatry, effective 12/21/2022

Allied Health Professional Appointments: (02/13/2023 – 01/31/2025)

Megan Baumberger, PA, Sponsors Drs. Burgess and Schultzel  
Christopher Crespo, PA, Sponsor Dr. Hanna  
Amy Hartwell, PA, Sponsor Dr. Friedberg  
Nicole Megali, PA, Sponsor Dr. Quesnell  
Colleen Trimlett, PA, Sponsor Dr. Fan

Allied Health Professional Biennial Reappointment: (03/01/2023 - 02/28/2025)

Catherine Konyn, NP, Sponsor Dr. Dashi  
Commerina McConnin, NNP, Sponsor Dr. Golembeski  
Tammie Miyagawa, NNP, Sponsor Dr. Golembeski

Reinstatement as Allied Health Professional:

Lauren Spydell, NNP, Sponsor Dr. Golembeski, effective 02/13/2024 – 12/31/2024

Allied Health Professional Resignations:

Kimberly Kreifeldt, PA, effective 02/28/2023

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

**PALOMAR HEALTH  
ALLIED HEALTH PROFESSIONAL APPOINTMENT  
February 2023**

**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Megan L. Baumberger, PA-C
<i>Palomar Health Facilities</i>	Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Physician Assistant - Certified 2020
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**ORGANIZATIONAL NAME**

<i>Name</i>	United Medical Doctors
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	University of Missouri - Kansas City Master of Science/PA Studies 01/16/2018 – 05/15/2020
<i>Employment</i>	Current Employment United Medical Doctors Physician Assistant From: 04/20/2022 To: Current
<i>Current Affiliation Information</i>	Sharp Memorial Hospital United Surgery Center - Temecula Bon Secours Maryview Medical Center

**PALOMAR HEALTH  
ALLIED HEALTH PROFESSIONAL APPOINTMENT  
February 2023**



**PALOMAR HEALTH  
PROVISIONAL APPOINTMENT  
February 2023**

**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Daniel J. Burgess, D.O.
<i>Palomar Health Facilities</i>	Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Surgery, General - Certified
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**ORGANIZATIONAL NAME**

<i>Name</i>	United Medical Doctors
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School College of Osteopathic Medicine, Kansas City, DO From: 08/02/2010 To: 05/17/2014 Doctor of Osteopathic Medicine
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Bayonne Hospital (NJ) General Surgery From: 07/01/2015 To: 06/30/2020  Residency Hackensack Meridian Health-Palisades Medical Centr Transitional From: 06/01/2014 To: 06/30/2015 Traditional Rotating Internship
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Scripps Memorial Hospital, La Jolla Sharp Coronado Hospital Sharp Memorial Hospital

**PALOMAR HEALTH  
PROVISIONAL APPOINTMENT  
February 2023**



**PALOMAR HEALTH  
PROVISIONAL APPOINTMENT  
February 2023**

**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Edward T. Chambers, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Pediatrics - Certified 2001
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**ORGANIZATIONAL NAME**

<i>Name</i>	Children's Primary Care Medical Group
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School University of Southern California, MD From: 09/01/1994 To: 06/01/1998 Doctor of Medicine Degree
<i>Internship Information</i>	Internship LAC/University of Southern Calif. Medical Center Pediatrics From: 06/01/1998 To: 06/01/1999 *Does not have copy of certificate
<i>Residency Information</i>	Residency LAC/University of Southern Calif. Medical Center Pediatrics From: 06/01/1999 To: 06/01/2001
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Rady Children's Hospital, San Diego University of California, San Diego

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Nathalie L. Choi, CNM
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Nurse Midwife - Certified 2022
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**ORGANIZATIONAL NAME**

<i>Name</i>	OB Hospitalist Group
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	Georgetown University, MSN 1/14/19-05/21/22, NP/Midwifery Cox College, BSN From: 05/18/2009 To: 05/21/2012
<i>Employment</i>	<p>Current Employment OB Hospitalist Group Certified Nurse Midwife From: 01/27/2023 To: Current</p> <p>Current Employment UC San Diego Medical Center Nurse From: 03/31/2015 To: Current</p> <p>Current Employment CoxHealth Certified Nursing Assistant From: 07/14/2008 To: 08/24/2011</p> <p>Current Employment Tri-City Medical Center Registered Nurse From: 10/19/2020 To: Current CMT: Per Diem</p>
<i>Current Affiliation Information</i>	



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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Philip W. Chung, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Emergency Medicine - Certified 2007
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**ORGANIZATIONAL NAME**

<i>Name</i>	Palomar Emergency Physicians
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School Albert Einstein College of Medicine, MD From: 09/01/1997 To: 06/01/2001
<i>Internship Information</i>	Internship University of Florida Jacksonville Internal Medicine From: 07/01/2001 To: 06/30/2002
<i>Residency Information</i>	Residency Mount Sinai Hospital - New York Emergency Medicine From: 07/01/2002 To: 06/30/2005
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Wahiawa General Hospital Adventist Castle Medical Center

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Christopher N. Crespo, PA-C
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido (already on staff) Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Physician Assistant - Certified 2010
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**ORGANIZATIONAL NAME**

<i>Name</i>	Coastal Surgical Physician Assistant Partners
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	<p>Saint Francis College, MA From: 09/01/2009 To: 05/09/2010 Master of Medical Science Physician Assistant</p> <p>University Stanford University School of Medicine, PA From: 09/01/2008 To: 01/09/2010</p> <p>University San Diego State University, BSN From: 09/01/1999 To: 05/21/2003 Bachelor of Science in Nursing Degree</p>
<i>Employment</i>	
<i>Current Affiliation Information</i>	<p>Center for Surgery of Encinitas Palomar Medical Center Escondido SCA North Coast Surgery Center Scripps Memorial Hospital, Encinitas Tri-City Medical Center</p>

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Jaclyn M. Gell, D.O.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Emergency Medicine - Certified 2022
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**ORGANIZATIONAL NAME**

<i>Name</i>	Palomar Emergency Physicians
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School College of Osteopathic Medicine, Kansas City, DO From: 07/01/2013 To: 05/20/2017
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Kent Hospital Emergency Medicine From: 07/01/2017 To: 07/25/2021
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Kent Hospital

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Cassie Graydon, N.P.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Family Nurse Practitioner - Certified 2020
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**ORGANIZATIONAL NAME**

<i>Name</i>	San Diego Imaging Medical Group
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	<p>University of Alabama, MSN 05/02/2020 Masters in Science and Nursing</p> <p>University of Alabama, BSN 12/16/2017</p>
<i>Employment</i>	<p>Current Employment Westways Staffing From: 04/01/2020 To: 09/30/2021</p> <p>Current Employment San Diego Imaging Medical Group From: 08/01/2022 To: Current</p>
<i>Current Affiliation Information</i>	Tri-City Medical Center



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**PERSONAL INFORMATION**

<b><i>Provider Name &amp; Title</i></b>	Amy E. Hartwell, PA-C
<b><i>Palomar Health Facilities</i></b>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b><i>Specialties</i></b>	Physician Assistant - Certified 2020
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**ORGANIZATIONAL NAME**

<b><i>Name</i></b>	Palomar Emergency Physicians
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**EDUCATION/AFFILIATION INFORMATION**

<b><i>Education Information</i></b>	Southern California University of Health Sciences Master of Science/PA Studies 09/01/2017 – 12/14/2019
<b><i>Employment</i></b>	<p>Current Employment Coastline Resources Physician Assistant From: 08/01/2020 To: Current</p> <p>Current Employment Remedial Medical Group Physician Assistant From: 03/15/2020 To: Current</p> <p>Current Employment Emergency Medical Associates From: 08/04/2020 To: Current</p>
<b><i>Current Affiliation Information</i></b>	Community Hospital of Huntington Park

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Saba Hamiduzzaman, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Pulmonary Disease, Critical Care Medicine, Internal Medicine - Certified 2014, 2015, 2012
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**ORGANIZATIONAL NAME**

<i>Name</i>	Escondido Pulmonary & Sleep Specialist
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School American University of Antigua, MD From: 05/02/2005 To: 05/04/2009 Doctor of Medicine Degree
<i>Internship Information</i>	Internship University of Kentucky Internal Medicine From: 07/01/2009 To: 06/30/2012
<i>Residency Information</i>	Residency University of Kentucky Internal Medicine From: 07/01/2010 To: 06/30/2012
<i>Fellowship Information</i>	Fellowship University of Kentucky Pulmonary/Critical Care From: 07/02/2012 To: 06/30/2015
<i>Current Affiliation Information</i>	Loma Linda University Childrens Hospital Loma Linda University Medical Center SAC Health System

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Shahid Hussain, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Nephrology - Certified 2002
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**ORGANIZATIONAL NAME**

<i>Name</i>	Balboa Nephrology Medical Group
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School Allama Iqbal Medial College, MD From: 06/01/1986 To: 03/31/1990 Doctor of Medicine Degree
<i>Internship Information</i>	
<i>Residency Information</i>	Residency St. Francis Medical Center Internal Medicine From: 06/24/1994 To: 06/23/1997 St. Francis Medical Center, Pittsburgh
<i>Fellowship Information</i>	Fellowship Allegheny University Hospitals (Center City) Nephrology From: 07/01/2000 To: 06/30/2002 Allegheny University Hospitals
<i>Current Affiliation Information</i>	El Centro Regional Medical Center Pioneer Memorial Hospital

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Tereza Kryslova, CNM
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Nurse Midwife - Certified 2016
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**ORGANIZATIONAL NAME**

<i>Name</i>	OB Hospitalist Group
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	San Diego State University Master of Science, 05/20/2016
<i>Employment</i>	Current Employment Ob Hospitalist Group Hospitalist From: 12/07/2022 To: Current  Current Employment Team Health Certified Nurse Midwife From: 09/01/2017 To: Current
<i>Current Affiliation Information</i>	Antelope Valley Hospital Medical Center



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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Charles N. Le, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Nephrology, Internal Medicine - Certified 2013, 2012
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**ORGANIZATIONAL NAME**

<i>Name</i>	
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School Saint Louis University School of Medicine, MD From: 11/01/2002 To: 05/30/2006
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Baylor College of Medicine Internal Medicine From: 06/06/2006 To: 06/19/2009
<i>Fellowship Information</i>	Fellowship University of Colorado From: 01/02/2012 To: 01/03/2013 Transplant Nephrology  Fellowship University of Colorado Nephrology From: 07/01/2010 To: 06/30/2013
<i>Current Affiliation Information</i>	Tri-City Medical Center El Centro Regional Medical Center Sharp Grossmont Hospital Sharp Chula Vista Medical Center Paradise Valley Hospital Vibra Hospital of San Diego Alvarado Hospital and Medical Center

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Quinn K. Lippmann, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Obstetrics and Gynecology, Female Pelvic Medicine and Reconstructive Surgery - Certified 2018, 2014
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**ORGANIZATIONAL NAME**

<i>Name</i>	Kaiser Permanente OB/GYN
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School University of North Carolina (Chapel Hill), MD From: 08/16/2004 To: 05/10/2009 MD and MPH degrees earned during this time.
<i>Internship Information</i>	
<i>Residency Information</i>	Residency University of North Carolina Hospitals Obstetrics/Gynecology From: 07/01/2009 To: 06/30/2013
<i>Fellowship Information</i>	Fellowship University of California, San Diego Urology From: 07/01/2013 To: 06/30/2016 Urogynecology/Female Pelvic Medicine and Reconstructive Surgery
<i>Current Affiliation Information</i>	Kaiser Permanente, San Diego Medical Center CJW Medical Center Bon Secours St. Mary's Hospital Bon Secours Memorial Regional Medical Center Herico Doctor's Hospital Retreat Doctors Hospital Chippenham Hospital

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Riya B. Luhar, D.O.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Neurology - Certified 2021
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**ORGANIZATIONAL NAME**

<i>Name</i>	The Neurology Center
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School Western University of Health Sciences, DO From: 08/01/2013 To: 05/19/2017
<i>Internship Information</i>	
<i>Residency Information</i>	Residency University of Connecticut Health Center Neurology From: 06/28/2017 To: 06/27/2021 AMA verified
<i>Fellowship Information</i>	Fellowship Hartford Hospital Pain Management From: 07/01/2021 To: 08/12/2022
<i>Current Affiliation Information</i>	Tri-City Medical Center Scripps Memorial Hospital, Encinitas Scripps Mercy Hospital, Chula Vista

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Ryan L. Lym, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Pediatrics - Certified 2019
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**ORGANIZATIONAL NAME**

<i>Name</i>	Children's Primary Care Medical Group
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School Case Western Reserve University, MD From: 06/01/2012 To: 05/31/2016 Doctor of Medicine Degree
<i>Internship Information</i>	
<i>Residency Information</i>	Residency University of California, Los Angeles Pediatrics From: 06/24/2016 To: 06/30/2019
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Rady Children's Hospital, San Diego Scripps Memorial Hospital, La Jolla



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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Michelle L. Medina, CNM
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Nurse Midwife - Certified 2017
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**ORGANIZATIONAL NAME**

<i>Name</i>	OB Hospitalist Group
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	San Diego State University, BSN From: 01/25/1999 To: 05/30/2003
<i>Employment</i>	<p>Current Employment San Diego Community College District From: 01/29/2018 To: Current CMT: Nursing Adjunct</p> <p>Current Employment OB Hospitalist Group From: 12/20/2022 To: Current</p> <p>Current Employment Grossmont-Cuyamaca Community College District From: 06/04/2018 To: Current CMT: Adjunct</p> <p>Current Employment Regional Perinatal System From: 01/01/2017 To: 01/30/2019 CMT: Instructor</p>
<i>Current Affiliation Information</i>	Scripps Memorial Hospital, Encinitas

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Nicole F. Megali, PA-C
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Physician Assistant - Certified 2022
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**ORGANIZATIONAL NAME**

<i>Name</i>	The Neurology Center
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	State University of New York at Binghamton, BS From: 08/01/2015 To: 12/23/2018
<i>Employment</i>	Current Employment North County Neurology Associates dba The Neurology Center Physician Assistant From: 11/01/2022 To: Current
<i>Current Affiliation Information</i>	Tri-City Medical Center Scripps Memorial Hospital, Encinitas Scripps Memorial Hospital, La Jolla

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Ryan J. Schmitt, PA-C
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Physician Assistant - Certified 2015
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**ORGANIZATIONAL NAME**

<i>Name</i>	Physician Assistant Specialists - California, Inc.
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	Samuel Merritt University, PA 09/04/2012 – 12/19/2014
<i>Employment</i>	<p>Current Employment Naval Medical Center San Diego/Balboa Hospital Physician Assistant From: 01/04/2021 To: Current</p> <p>Current Employment SCTC Lead Support Services Physician Assistant From: 11/08/2021 To: Current</p> <p>Current Employment Physician Assistant Specialists of California, Inc. Physician Assistant From: 02/01/2023 To: Current</p>
<i>Current Affiliation Information</i>	Sharp Memorial Hospital Naval Medical Center, San Diego

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Matthew M. Schultzel, D.O.
<i>Palomar Health Facilities</i>	Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Surgery, Colon & Rectal, Surgery, General - Certified 2016
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**ORGANIZATIONAL NAME**

<i>Name</i>	United Medical Doctors
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**EDUCATION/AFFILIATION INFORMATION**

<i>Medical Education Information</i>	Medical School Touro University College of Osteopathic Medicine, DO From: 08/01/2006 To: 06/22/2010 Doctor of Osteopathic Medicine
<i>Internship Information</i>	Internship UC San Diego School of Medicine General Surgery From: 06/23/2010 To: 06/30/2011
<i>Residency Information</i>	Residency Hackensack Meridian Health-Palisades Medical Centr General Surgery From: 07/01/2012 To: 06/30/2015  Residency UC San Diego School of Medicine Surgery, Gastrointestinal From: 07/01/2011 To: 06/30/2012 Did not receive a certificate for this
<i>Fellowship Information</i>	Fellowship University of Texas Health Science Center at Houst Min Invasive Colon/Rectal Surg From: 07/01/2015 To: 06/30/2016
<i>Current Affiliation Information</i>	Sharp Coronado Hospital Sharp Memorial Hospital Scripps Memorial Hospital, La Jolla



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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Angela O. Sojobi, CNM
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Nurse Midwife - Certified 1994
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**ORGANIZATIONAL NAME**

<i>Name</i>	OB Hospitalist Group
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	<p>University University of Phoenix, BSN From: 02/24/1997 To: 04/22/2013</p> <p>University San Jose State University, CNM From: 01/04/1993 To: 09/01/1994</p>
<i>Employment</i>	<p>Current Employment Eisner Health - Martin Luther King Community Hospital Certified Nurse Midwife From: 08/24/2015 To: Current</p> <p>Current Employment Prime Healthcare - Desert Valley Medical Center Certified Nurse Midwife From: 03/31/2014 To: Current</p> <p>Current Employment California State University Assistant Professor From: 01/18/2018 To: Current</p> <p>Current Employment OB Hospitalist Group From: 01/06/2023 To: Current</p>
<i>Current Affiliation Information</i>	<p>Martin Luther King Jr. Community Hospital Desert Valley Medical Center</p>

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Colleen L. Trimlett, PA-C
<i>Palomar Health Facilities</i>	Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Physician Assistant - Certified 2013
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**ORGANIZATIONAL NAME**

<i>Name</i>	Gateway Obstetrics & Gynecology/Dr. Li Fan
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**EDUCATION/AFFILIATION INFORMATION**

<i>Education Information</i>	University of California, Davis, PA 06/27/2011 – 06/18/2013
<i>Employment</i>	<p>Current Employment Office of Ryan Dominguez Physician Assistant From: 08/05/2013 To: Current</p> <p>Current Employment Perlman Clinic Physician Assistant From: 05/02/2020 To: Current</p> <p>Current Employment Gateway Women's Health Physician Assistant From: 05/07/2018 To: Current</p>
<i>Current Affiliation Information</i>	

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**CARDIOLOGY CLINICAL PRIVILEGES**

**REDLINE**

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

- Palomar Medical Center Escondido
- Palomar Medical Center Poway
  
- Initial Appointment
- Reappointment

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

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

**Other Requirements**

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

**QUALIFICATIONS FOR CARDIOLOGY**

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine followed by a fellowship in cardiovascular disease (cardiology).

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to subspecialty certification in cardiovascular disease (cardiology) by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology or another board with equivalent requirements.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients (admissions or consultations) in the past 12 months in an accredited hospital or healthcare facility or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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

Approved:  
 PMC Poway MEC 1/31/23  
 PMC Escondido MEC 1/30/23  
 Dept. of Medicine PMCP 01/18/2023  
 Dept. of Medicine PMCE 12/06/2022  
 MAC 11/21/2022 with revisions per Dr. Bayat and Mary Russell completed on 11/18/2022.  
 Board of Directors 03/13/2017  
 Revised 07/17/2017  
 Deferred Revisions approved Cardiology Committee 04/16/2019  
 Include Loop Recorder 5/6/2019, per Dr. Zahid

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

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

Current demonstrated competence and an adequate volume of experience (100 patients – admissions or consultations) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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**CARDIOLOGY CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients presenting with diseases of the heart, lungs, and blood vessels and manage complex cardiac conditions. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- Requested** Cardiology Core Privileges including Cardioversion – Requires maintenance of privileges for Administration of Sedation and Analgesia – Deep.

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**QUALIFICATIONS FOR INVASIVE DIAGNOSTIC CARDIOLOGY**

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***At Palomar Medical Center Poway only cases that are not likely to require an acute coronary intervention (PCI) are to be performed.***

***To be eligible to apply for core privileges in invasive cardiology, the initial applicant must be granted core privileges in cardiology and meet the following criteria:***

**Required Previous Experience:** Applicants for initial appointment must have demonstrated successful performance, reflective of the scope of privilege requested, of at least 10 diagnostic right and/or left cardiac catheterizations in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited training program which included training in invasive cardiology within the past 12 months. If privileges include Pulmonary Artery Pressure Monitors (CardioMEMS) applicants must provide evidence of at least **2 implants in the past 12 months** or completion of a course in Pulmonary Artery Pressure Monitor implantation. **FPPE:** Monitoring required for at least the first three (3) invasive cardiology procedures. **If privileges include CardioMEMS, monitoring is also required for the first two (2) CardioMEMS procedures.** **Reappointment Requirements:** To be eligible to renew core privileges in invasive cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (20 diagnostic cardiac catheterizations) with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. **If Invasive Diagnostic Cardiology Core Privileges including CardioMEMS are held, evidence of 5 implants for the past 24 months is required or repeat completion of the Pulmonary Artery Pressure Monitoring Implantation course.** Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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**INVASIVE DIAGNOSTIC CARDIOLOGY CORE PRIVILEGES**

- Requested** Admit, evaluate, consult treat adolescent and adult patients who present with acute or chronic heart disease and who may require invasive diagnostic procedures. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- Requested** Invasive Diagnostic Cardiology Core Privileges including CardioMEMS – Requires evidence of successful completion of didactic course in implant and subsequent management of CardioMEMS or equivalent training as part of a Cardiovascular Fellowship.

**QUALIFICATIONS FOR INTERVENTIONAL CARDIOLOGY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)**

***To be eligible to apply for core privileges in interventional cardiology, the initial applicant must be granted core privileges in cardiology and meet the following criteria:***

Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology or equivalent practice experience as documented by activity or operative reports from another facility in accordance with the required previous experience listed below.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of at least 20 percutaneous coronary intervention procedures in the past 12 months or demonstrate successful completion of an ACGME or AOA clinical fellowship, or research in a clinical setting within the past 12 months. ***FPPE:*** Monitoring required for at least the first three (3) interventional cardiology procedures. If Percutaneous Device Closure for ASD and/or PFO privileges are included, monitoring is required for the first procedure. ***If privileges include Pulmonary Artery Pressure Monitors (CardioMEMS) applicants must provide evidence of at least 2 implants in the past 12 months or completion of a course in Pulmonary Artery Pressure Monitor implantation. Reappointment Requirements:*** To be eligible to renew core privileges in interventional cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (40 percutaneous coronary intervention procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance for ASD/PFO closure is required to be at least 6 procedures in a 24 month time frame or repeat completion of didactic course provided by the manufacture. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. ***If Invasive Diagnostic Cardiology Core Privileges including CardioMEMS are held, evidence of 5 implants for the past 24 months is required or repeat completion of the Pulmonary Artery Pressure Monitoring Implantation course.***

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**INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)**

**Requested** Admit, evaluate, treat and provide consultation to adolescent and adult patients with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested** Interventional Cardiology Core Privileges including Percutaneous Device Closure for ASD and/or PFO – Requires fellowship training in interventional cardiology completed within the past 12 months with documentation from the program director that training included ASD/PFO closure, OR Completion of a didactic program or training provided by the device manufacturer and/or a qualified interventional cardiologist.

Monitoring required for at least the first ASD and or PFO. **Maintenance of Privilege:** Demonstrated current competency and evidence of the review and interpretation of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM.**

**Requested**

**CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.**

**The Villas at Poway**

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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

**CARDIAC COMPUTED TOMOGRAPHY (CT) AND CARDIAC COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)**

**Criteria:** Physician must be board certified or eligible in cardiovascular disease (cardiology). In addition, practitioner must provide documentation of Level II certification within the past 24 months or documentation of 5 cases in the last 12 months. **FPPE:** Monitoring required for at least the first three (3) CT or CTA procedures. **Maintenance of Privilege:** Demonstrated current competency and evidence of the review and interpretation of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes **and current board certification eligibility.**

Requested

**TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)**

**Criteria:** Successful completion of an accredited fellowship in cardiology that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 20 supervised TEE cases. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 10 TEE procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) TEE procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes **and/or repeated successful completion of an accredited course followed by 3 monitored procedures.**

Requested

**IMPLANTATION OF CARDIAC ELECTRONIC DEVICES (CIED) INCLUDING SINGLE AND DUAL CHAMBER PACEMAKERS**

**Criteria:** Successful completion of an ACGME or AOA accredited fellowship in cardiology with evidence that training included 25 implants. If unable to verify training, the applicant must provide documentation of 25 pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 CIED or ICD procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) CIED procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 CIED procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**IMPLANTATION OF BI-VENTRICULAR PACEMAKERS**

**Criteria:** Successful completion of an ACGME or AOA accredited fellowship in cardiology with evidence that training included 25 implants. If unable to verify training, the applicant must provide documentation of 25 pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 Bi-Ventricular Pacemakers in the past 12

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months. **FPPE:** Monitoring required for at least the first three (3) procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 Bi-Ventricular Pacemakers in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**IMPLANTATION OF CARDIAC DEFIBRILATORS (ICD)**

**Criteria:** All requirements for implantation of single and dual chamber pacemakers and successful completion of an ACGME or AOA accredited fellowship in cardiology followed by completion of an accredited training program in CCEP or Successful completion of an endorsed CME program specific to implantation of If unable to verify training, the applicant must provide evidence of the performance of 25 single and dual chamber pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 ICD procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) ICD implantation procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 ICD procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**ELECTROPHYSIOLOGY WITH ABLATION (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY) WITH OR WITHOUT CARDIAC CATH-INCLUDES THE ABILITY TO PERFORM DIAGNOSTIC CARDIAC CATHETERIZATION AS STAND ALONE PROCEDURE WITHOUT HAVING INVASIVE DIAGNOSTIC CORE PRIVILEGES.**

**Criteria:** All requirements for Core Cardiology privileges and successful completion of an ACGME or AOA accredited fellowship in Clinical Cardiac Electrophysiology and achievement of Subspecialty Certification in Clinical Cardiac Electrophysiology or be actively engaged in the certification process through the American Board of Internal Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of twenty (20) Electrophysiology Studies/Radiofrequency Catheter Ablations in the past 12 months. **FPPE:** Monitoring required for at least the first one (1) ~~three~~ (3) EP/RFA procedures. The diagnostic cath portion can be fulfilled by monitoring the first one (1) ~~three~~ (3) cases of diagnostic catheterization. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 EP/RFA procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**ELECTROPHYSIOLOGY WITH ATRIAL FIBRILLATION ABLATION (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)**

**Criteria:** All requirements for Core Cardiology privileges and successful completion of an ACGME or AOA accredited fellowship in Clinical Cardiac Electrophysiology that included at least 40 Electrophysiology with Atrial Fibrillation Ablations and achievement of Subspecialty Certification in Clinical Cardiac Electrophysiology or be actively engaged in the certification process through the American Board of

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Internal Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of twenty (20) left sided and transeptal procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) ~~three (3)~~ left-sided/transeptal procedures to include one (1) afib and one (1) other procedure. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 40 left-sided/transeptal procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**NON INVASIVE PERIPHERAL VASCULAR PROCEDURES TO INCLUDE CAROTID ARTERY DUPLEX SCANNING, CEREBRAL VASCULAR STUDIES – OPG, PERIPHERAL ARTERY TESTING WITH AND WITHOUT EXERCISE, PERIPHERAL VENOUS TESTING**

**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in non invasive peripheral vascular procedures or completion of a hands-on CME of (duration at least 12 hours). Training must include at least 25 readings with a trained expert. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 50 non invasive peripheral vascular procedures reflective of the scope of privileges requested in the past 12 months or completion of training in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 non invasive peripheral vascular procedures reflective of the scope of privileges requested in the past 24 Months based on results of ongoing professional practice evaluation and outcomes. Practitioners who do not meet the minimum number of procedures for maintenance of privileges may provide evidence of ten (10) hours of continuing medical education specific to non-invasive vascular testing obtained during the past 24 months.

Requested

**CATHETER BASED PERIPHERAL VASCULAR INTERVENTIONS**

Practitioners who perform angioplasty of the peripheral vessels should have a thorough understanding of the clinical manifestations and natural history of peripheral vascular and renovascular occlusive disease. They should be competent interpreting diagnostic peripheral angiographic examinations, performing arteriographic procedures via percutaneous approaches, and recognizing and managing initial complications specific to peripheral angioplasty. They should be knowledgeable in the alternative therapies that are available including their risks and benefits.

The complex nature of angioplasty requires further training beyond that necessary for routine diagnostic angiography. To assure the experience and competence needed to perform successful angioplasty, the physician should meet the following minimal criteria:

**Criteria:** Successful completion of an ACGME or AOA accredited-training program in cardiovascular disease and the practitioner needs to document one of the following:

1. Post-residency training in a formal program specifically in catheter-based interventions, which is of at least 12 months in duration and includes participation in at least 50 peripheral interventional cases plus 100 diagnostic cases.

OR

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2. Performance of at least 25 diagnostic peripheral angiograms as primary or first assistant and no less than 25 peripheral interventional procedures.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 25 catheter based peripheral vascular intervention cases in the past 12 months and completion of training in the past 24 months. **FPPE:** Monitoring required for at least first three (3) catheter based peripheral vascular interventional procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 catheter based peripheral vascular intervention cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes or a repeat didactic training course within the past 12 months.

Requested

**AORTIC ENDOGRAFT REPAIR (MUST MEET ALL CRITERIA FOR CATHETER BASED PERIPHERAL VASCULAR INTERVENTIONS)**

**Criteria:** The practitioner needs to meet the qualifications for catheter-based peripheral vascular interventions and meet the following criteria:

1. One (1) or Two (2) years post-residency training in a formal, appropriately organized, and supervised training program specifically in catheter-based interventions which includes participation in at least 15 aortic endografting procedures,

OR

2. Completion of didactic training as recommended by a manufacturer, and performance of 15 cases under the direct supervision of a practitioner with aortic endografting privileges.

**Required Previous Experience:** Demonstrated current competence and documentation of experience in at least 5 aortic endografting procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) aortic endografting procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 aortic endografting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes or a repeat didactic training course within the past 12 months.

Requested

**CAROTID STENTING**

**Criteria:** The practitioner needs to meet the qualifications for catheter based peripheral vascular interventions and meet the following criteria:

1. One (1) or Two (2) years post-residency training in a formal, appropriately organized, and supervised training program specifically in catheter-based interventions, which includes participation in at least ~~50~~ 10 carotid stent procedures and ~~75~~ 20 diagnostic cervicocerebral angiograms and/or interpretation of carotid 20 CT angiograms.

OR

2. Performance of no less than ~~25~~ 10 carotid stent procedures as primary or first assist.

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**Required Previous Experience:** As stated above. **FPPE:** Monitoring required for at least the first two (2) carotid stenting procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 carotid artery stenting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes **or completion of didactic carotid artery stenting course followed by 2 monitored procedures.**

Requested

**TRANSCATHETER AORTIC VALVE REPLACEMENT**

**Criteria:** The practitioner needs to meet the qualifications for Interventional Cardiology Core Privileges and the following:

1. Successful completion of a residency or fellowship training program undertaken in a facility with a CMS approved TAVR program, and
2. Successful completion of a didactic, approved Transcatheter Aortic Valve Repair training course, and
3. Having scrubbed at least as a primary assistant on ten (10) TAVR cases in the past two years.

OR

1. Successful completion of a didactic, approved Transcatheter Aortic Valve Repair training course and the required previous experience below.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least ten (10) TAVR procedures as assistant or primary operator in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) TAVR procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (10-20) TAVR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted **and 2 monitored procedures.**

Requested

**TRANSCATHETER MITRAL VALVE REPLACEMENT/REPAIR**

**Criteria:** The practitioner needs to meet the qualifications for Interventional Cardiology Core Privileges and the following:

1. Successful completion of a residency or fellowship training program undertaken in a facility with a CMS approved TMVR program, and
2. Successful completion of a didactic, approved Transcatheter Mitral Valve Repair training course, and
3. Having scrubbed at least as a primary assistant on ten (10) TMVR cases in the past two years.

OR

1. Successful completion of a didactic, approved Transcatheter Mitral Valve Repair training course and the required previous experience below.

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**Required Previous Experience:** Demonstrated current competence and evidence of the performance or first assist of at least five (5) TMVR procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) TMVR procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least five (5-10) TMVR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted **and 2 monitored procedures.**

**Requested**

**LEFT ATRIAL APPENDAGE CLOSURE THERAPY**

**Criteria:** The practitioner must be an Interventional Cardiologist, Electrophysiologist, or Cardiovascular Surgeon (they may jointly participate in intra-procedural aspects of the implant or perform the implant procedure individually) and the following:

1. Performance or assist of at least 10 LAAC procedures performed over the past 12 month period.
2. Successful completion of training prescribed by the manufacturer on the safe and effective use of the device(s)

**FPPE:** Monitoring required for at least the first three (3) LAA procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (10-20) LAAC procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted **and 2 monitored procedures.**

**Requested**

**ADMINISTRATION OF SEDATION AND ANALGESIA**

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

**USE OF FLUOROSCOPY**

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

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**CORE PROCEDURE LIST**

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

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

**Cardiology**

- Ambulatory electrocardiology monitor interpretation
- EKG interpretation
- Infusion and management of thrombolytic agents and antithrombolytic agents
- Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
- Loop recorders
- Non-invasive hemodynamic monitoring
- Perform history and physical exam
- Pericardiocentesis
- Placement of temporary transvenous pacemaker
- Stress testing
- Tilt table testing
- Transcutaneous external pacemaker placement
- Transthoracic 2D echocardiography, Doppler, and color flow

**Invasive Diagnostic Cardiology**

- Coronary arteriography
- Diagnostic right and left heart cardiac catheterization
- Insertion **and maintenance** of intraortic balloon counter pulsation device
- **Insertion and maintenance of Left Ventricular Assist device (Impella)**
- Interpretation of coronary arteriograms, ventriculography and hemodynamics
- Intracoronary infusion of pharmacological agents including thrombolytics
- ~~Ventilator management less than twenty four (24) hours~~ **remove**

**Interventional Cardiology (Not offered at Palomar Medical Center Poway)**

- Intravascular and intracoronary foreign body retrieval
- Intracoronary mechanical thrombectomy
- Intracoronary stents
- ~~Intravascular foreign body retrieval~~ **repeated above**
- Intravascular Ultrasound (IVUS) of coronaries
- Management of mechanical complications of percutaneous intervention
- Perform diagnostic angiography or percutaneous coronary intervention
- Performance of balloon angioplasty, stents, and other commonly used interventional devices
- Rotational Atherectomy (Rotablator)
- Use of intracoronary Doppler and flow wire

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- ~~Ventilator management less than twenty four (24) hours~~ remove

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

DRAFT

Approved:  
 PMC Poway MEC 1/31/23  
 PMC Escondido MEC 1/30/23  
 Dept. of Medicine PMCP 01/18/2023  
 Dept. of Medicine PMCE 12/06/2022  
 MAC 11/21/2022 with revisions per Dr. Bayat and Mary Russell completed on 11/18/2022.  
 Board of Directors 03/13/2017  
 Revised 07/17/2017  
 Deferred Revisions approved Cardiology Committee 04/16/2019  
 Include Loop Recorder 5/6/2019, per Dr. Zahid

**CARDIOLOGY CLINICAL PRIVILEGES**

CLEAN

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

- Palomar Medical Center Escondido
- Palomar Medical Center Poway

- Initial Appointment
- Reappointment

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

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

**Other Requirements**

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

**QUALIFICATIONS FOR CARDIOLOGY**

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine followed by a fellowship in cardiovascular disease (cardiology).

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to subspecialty certification in cardiovascular disease (cardiology) by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology or another board with equivalent requirements.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients (admissions or consultations) in the past 12 months in an accredited hospital or healthcare facility or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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

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

Current demonstrated competence and an adequate volume of experience (100 patients – admissions or consultations) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

**CARDIOLOGY CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients presenting with diseases of the heart, lungs, and blood vessels and manage complex cardiac conditions. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- Requested** Cardiology Core Privileges including Cardioversion – Requires maintenance of privileges for Administration of Sedation and Analgesia – Deep.

**QUALIFICATIONS FOR INVASIVE DIAGNOSTIC CARDIOLOGY**

***At Palomar Medical Center Poway only cases that are not likely to require an acute coronary intervention (PCI) are to be performed.***

***To be eligible to apply for core privileges in invasive cardiology, the initial applicant must be granted core privileges in cardiology and meet the following criteria:***

***Required Previous Experience:*** Applicants for initial appointment must have demonstrated successful performance, reflective of the scope of privilege requested, of at least 10 diagnostic right and/or left cardiac catheterizations in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited training program which included training in invasive cardiology within the past 12 months. If privileges include Pulmonary Artery Pressure Monitors (CardioMEMS) applicants must provide evidence of at least 2 implants in the past 12 months or completion of a course in Pulmonary Artery Pressure Monitor implantation. ***FPPE:*** Monitoring required for at least the first three (3) invasive cardiology procedures. If privileges include CardioMEMS, monitoring is also required for the first two (2) CardioMEMS procedures.

***Reappointment Requirements:*** To be eligible to renew core privileges in invasive cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 20 diagnostic cardiac catheterizations with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. If Invasive Diagnostic Cardiology Core Privileges including CardioMEMS are held, evidence of 5 implants for the past 24 months is required or repeat completion of the Pulmonary Artery Pressure Monitoring Implantation course. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**INVASIVE DIAGNOSTIC CARDIOLOGY CORE PRIVILEGES**

- Requested** Admit, evaluate, consult treat adolescent and adult patients who present with acute or chronic heart disease and who may require invasive diagnostic procedures. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- Requested** Invasive Diagnostic Cardiology Core Privileges including CardioMEMS – Requires evidence of successful completion of didactic course in implant and subsequent management of CardioMEMS or equivalent training as part of a Cardiovascular Fellowship.

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

**QUALIFICATIONS FOR INTERVENTIONAL CARDIOLOGY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)**

***To be eligible to apply for core privileges in interventional cardiology, the initial applicant must be granted core privileges in cardiology and meet the following criteria:***

Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology or equivalent practice experience as documented by activity or operative reports from another facility in accordance with the required previous experience listed below.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of at least 20 percutaneous coronary intervention procedures in the past 12 months or demonstrate successful completion of an ACGME or AOA clinical fellowship, or research in a clinical setting within the past 12 months. ***FPPE:*** Monitoring required for at least the first three (3) interventional cardiology procedures. If Percutaneous Device Closure for ASD and/or PFO privileges are included, monitoring is required for the first procedure. If privileges include Pulmonary Artery Pressure Monitors (CardioMEMS) applicants must provide evidence of at least 2 implants in the past 12 months or completion of a course in Pulmonary Artery Pressure Monitor implantation.

***Reappointment Requirements:*** To be eligible to renew core privileges in interventional cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (40 percutaneous coronary intervention procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance for ASD/PFO closure is required to be at least 6 procedures in a 24 month time frame or repeat completion of didactic course provided by the manufacture. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. If Invasive Diagnostic Cardiology Core Privileges including CardioMEMS are held, evidence of 5 implants for the past 24 months is required or repeat completion of the Pulmonary Artery Pressure Monitoring Implantation course.

**INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)**

**Requested** Admit, evaluate, treat and provide consultation to adolescent and adult patients with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested** Interventional Cardiology Core Privileges including Percutaneous Device Closure for ASD and/or PFO – Requires fellowship training in interventional cardiology completed within the past 12 months with documentation from the program director that training included ASD/PFO closure, OR Completion of a didactic program or training provided by the device manufacturer and/or a qualified interventional cardiologist.

Monitoring required for at least the first ASD and or PFO. ***Maintenance of Privilege:*** Demonstrated current competency and evidence of the review and interpretation of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

**CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM.**

Requested

**CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.**

Requested The Villas at Poway

**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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

**CARDIAC COMPUTED TOMOGRAPHY (CT) AND CARDIAC COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)**

**Criteria:** Physician must be board certified or eligible in cardiovascular disease (cardiology). In addition, practitioner must provide documentation of Level II certification within the past 24 months or documentation of 5 cases in the last 12 months. **FPPE:** Monitoring required for at least the first three (3) CT or CTA procedures. **Maintenance of Privilege:** Demonstrated current competency and evidence of the review and interpretation of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes and current board certification eligibility.

Requested

**TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)**

**Criteria:** Successful completion of an accredited fellowship in cardiology that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 20 supervised TEE cases. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 10 TEE procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) TEE procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes and/or repeated successful completion of an accredited course followed by 3 monitored procedures.

Requested

**IMPLANTATION OF CARDIAC ELECTRONIC DEVICES (CIED) INCLUDING SINGLE AND DUAL CHAMBER PACEMAKERS**

**Criteria:** Successful completion of an ACGME or AOA accredited fellowship in cardiology with evidence that training included 25 implants. If unable to verify training, the applicant must provide documentation of 25 pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 CIED or ICD procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) CIED procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 CIED procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

**IMPLANTATION OF BI-VENTRICULAR PACEMAKERS**

**Criteria:** Successful completion of an ACGME or AOA accredited fellowship in cardiology with evidence that training included 25 implants. If unable to verify training, the applicant must provide documentation of 25 pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 Bi-Ventricular Pacemakers in the past 12 months.

**FPPE:** Monitoring required for at least the first three (3) procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 Bi-Ventricular Pacemakers in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**IMPLANTATION OF CARDIAC DEFIBRILATORS (ICD)**

**Criteria:** All requirements for implantation of single and dual chamber pacemakers and successful completion of an ACGME or AOA accredited fellowship in cardiology followed by completion of an accredited training program in CCEP or successful completion of an endorsed CME program specific to ICD. If unable to verify training, the applicant must provide evidence of the performance of 25 single and dual chamber pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 ICD procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) ICD implantation procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 ICD procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**ELECTROPHYSIOLOGY WITH ABLATION (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY) INCLUDES THE ABILITY TO PERFORM DIAGNOSTIC CARDIAC CATHETERIZATION AS STAND ALONE PROCEDURE WITHOUT HAVING INVASIVE DIAGNOSTIC CORE PRIVILEGES.**

**Criteria:** All requirements for Core Cardiology privileges and successful completion of an ACGME or AOA accredited fellowship in Clinical Cardiac Electrophysiology and achievement of Subspecialty Certification in Clinical Cardiac Electrophysiology or be actively engaged in the certification process through the American Board of Internal Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of twenty (20) Electrophysiology Studies/Radiofrequency Catheter Ablations in the past 12 months. **FPPE:** Monitoring required for at least the first one (1) EP/RFA procedures. The diagnostic cath portion can be fulfilled by monitoring the first one (1) case of diagnostic catheterization.

**Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 EP/RFA procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**ELECTROPHYSIOLOGY WITH ATRIAL FIBRILLATION ABLATION (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)**

**Criteria:** All requirements for Core Cardiology privileges and successful completion of an ACGME or AOA accredited fellowship in Clinical Cardiac Electrophysiology that included at least 40 Electrophysiology with Atrial Fibrillation Ablations and achievement of Subspecialty Certification in Clinical Cardiac Electrophysiology or be actively engaged in the certification process through the American Board of Internal Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of twenty (20) left sided and transeptal procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) left-sided/transeptal procedures to include one (1) afib and one (1) other procedure. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 40 left-sided/transeptal procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested



**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

**NON INVASIVE PERIPHERAL VASCULAR PROCEDURES TO INCLUDE CAROTID ARTERY DUPLEX SCANNING, CEREBRAL VASCULAR STUDIES – OPG, PERIPHERAL ARTERY TESTING WITH AND WITHOUT EXERCISE, PERIPHERAL VENOUS TESTING**

**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in non invasive peripheral vascular procedures or completion of a hands-on CME of (duration at least 12 hours). Training must include at least 25 readings with a trained expert.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 50 non invasive peripheral vascular procedures reflective of the scope of privileges requested in the past 12 months or completion of training in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 non invasive peripheral vascular procedures reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Practitioners who do not meet the minimum number of procedures for maintenance of privileges may provide evidence of ten (10) hours of continuing medical education specific to non-invasive vascular testing obtained during the past 24 months.

Requested

**CATHETER BASED PERIPHERAL VASCULAR INTERVENTIONS**

Practitioners who perform angioplasty of the peripheral vessels should have a thorough understanding of the clinical manifestations and natural history of peripheral vascular and renovascular occlusive disease. They should be competent interpreting diagnostic peripheral angiographic examinations, performing arteriographic procedures via percutaneous approaches, and recognizing and managing initial complications specific to peripheral angioplasty. They should be knowledgeable in the alternative therapies that are available including their risks and benefits.

The complex nature of angioplasty requires further training beyond that necessary for routine diagnostic angiography. To assure the experience and competence needed to perform successful angioplasty, the physician should meet the following minimal criteria:

**Criteria:** Successful completion of an ACGME or AOA accredited-training program in cardiovascular disease and the practitioner needs to document one of the following:

- 1. Post-residency training in a formal program specifically in catheter-based interventions, which is of at least 12 months in duration and includes participation in at least 50 peripheral interventional cases plus 100 diagnostic cases.

OR

- 2. Performance of at least 25 diagnostic peripheral angiograms as primary or first assistant and no less than 25 peripheral interventional procedures.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 25 catheter based peripheral vascular intervention cases in the past 12 months and completion of training in the past 24 months. **FPPE:** Monitoring required for at least first three (3) catheter based peripheral vascular interventional procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 catheter based peripheral vascular intervention cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes or a repeat didactic training course within the past 12 months.

Requested



**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

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**AORTIC ENDOGRAFT REPAIR (MUST MEET ALL CRITERIA FOR CATHETER BASED PERIPHERAL VASCULAR INTERVENTIONS)**

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**Criteria:** The practitioner needs to meet the qualifications for catheter-based peripheral vascular interventions and meet the following criteria:

1. One (1) or Two (2) years post-residency training in a formal, appropriately organized, and supervised training program specifically in catheter-based interventions which includes participation in at least 15 aortic endografting procedures,

OR

2. Completion of didactic training as recommended by a manufacturer, and performance of 15 cases under the direct supervision of a practitioner with aortic endografting privileges.

**Required Previous Experience:** Demonstrated current competence and documentation of experience in at least 5 aortic endografting procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) aortic endografting procedures by a physician with equivalent privileges.

**Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 aortic endografting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes or a repeat didactic training course within the past 12 months.

Requested

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**CAROTID STENTING**

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**Criteria:** The practitioner needs to meet the qualifications for catheter based peripheral vascular interventions and meet the following criteria:

1. One (1) or Two (2) years post-residency training in a formal, appropriately organized, and supervised training program specifically in catheter-based interventions, which includes participation in at least 10 carotid stent procedures and 20 diagnostic cervicocerebral angiograms and/or interpretation of carotid 20 CT angiograms.

OR

2. Performance of no less than 10 carotid stent procedures as primary or first assist.

**Required Previous Experience:** As stated above. **FPPE:** Monitoring required for at least the first two (2) carotid stenting procedures by a physician with equivalent privileges.

**Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 carotid artery stenting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes or completion of didactic carotid artery stenting course followed by 2 monitored procedures.

Requested

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

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**TRANSCATHETER AORTIC VALVE REPLACEMENT**

**Criteria:** The practitioner needs to meet the qualifications for Interventional Cardiology Core Privileges and the following:

1. Successful completion of a residency or fellowship training program undertaken in a facility with a CMS approved TAVR program, and
2. Successful completion of a didactic, approved Transcatheter Aortic Valve Repair training course, and
3. Having scrubbed at least as a primary assistant on ten (10) TAVR cases in the past two years.

OR

1. Successful completion of a didactic, approved Transcatheter Aortic Valve Repair training course and the required previous experience below.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least ten (10) TAVR procedures as assistant or primary operator in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) TAVR procedures by a physician with equivalent privileges.

**Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (20) TAVR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

**Requested**

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**TRANSCATHETER MITRAL VALVE REPLACEMENT/REPAIR**

**Criteria:** The practitioner needs to meet the qualifications for Interventional Cardiology Core Privileges and the following:

1. Successful completion of a residency or fellowship training program undertaken in a facility with a CMS approved TMVR program, and
2. Successful completion of a didactic, approved Transcatheter Mitral Valve Repair training course, and
3. Having scrubbed at least as a primary assistant on ten (10) TMVR cases in the past two years.

OR

1. Successful completion of a didactic, approved Transcatheter Mitral Valve Repair training course and the required previous experience below.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance or first assist of at least five (5) TMVR procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) TMVR procedures by a physician with equivalent privileges. **Maintenance of Privilege:**

Demonstrated current competence and evidence of the performance of at least five (10) TMVR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

**Requested**

**CARDIOLOGY CLINICAL PRIVILEGES**

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**LEFT ATRIAL APPENDAGE CLOSURE THERAPY**

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**Criteria:** The practitioner must be an Interventional Cardiologist, Electrophysiologist, or Cardiovascular Surgeon (they may jointly participate in intra-procedural aspects of the implant or perform the implant procedure individually) and the following:

1. Performance or assist of at least 10 LAAC procedures performed over the past 12 month period.
2. Successful completion of training prescribed by the manufacturer on the safe and effective use of the device(s)

**FPPE:** Monitoring required for at least the first three (3) LAA procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (20) LAAC procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

**Requested**

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**ADMINISTRATION OF SEDATION AND ANALGESIA**

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

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**USE OF FLUOROSCOPY**

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**Requested** Requires maintenance of a valid x-ray supervisor and operator's permit for fluoroscopy.

**CARDIOLOGY CLINICAL PRIVILEGES**

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**CORE PROCEDURE LIST**

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

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

**Cardiology**

- Ambulatory electrocardiology monitor interpretation
- EKG interpretation
- Infusion and management of thrombolytic agents and antithrombolytic agents
- Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
- Loop recorders
- Non-invasive hemodynamic monitoring
- Perform history and physical exam
- Pericardiocentesis
- Placement of temporary transvenous pacemaker
- Stress testing
- Tilt table testing
- Transcutaneous external pacemaker placement
- Transthoracic 2D echocardiography, Doppler, and color flow

**Invasive Diagnostic Cardiology**

- Coronary arteriography
- Diagnostic right and left heart cardiac catheterization
- Insertion and maintenance of intraortic balloon counter pulsation device
- Insertion and maintenance of Left Ventricular Assist device (Impella)
- Interpretation of coronary arteriograms, ventriculography and hemodynamics
- Intracoronary infusion of pharmacological agents including thrombolytics

**Interventional Cardiology (Not offered at Palomar Medical Center Poway)**

- Intravascular and intracoronary foreign body retrieval
- Intracoronary mechanical thrombectomy
- Intracoronary stents
- Intravascular Ultrasound (IVUS) of coronaries
- Management of mechanical complications of percutaneous intervention
- Perform diagnostic angiography or percutaneous coronary intervention
- Performance of balloon angioplasty, stents, and other commonly used interventional devices
- Rotational Atherectomy (Rotablator)
- Use of intracoronary Doppler and flow wire

**CARDIOLOGY CLINICAL PRIVILEGES**

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Medical Director Agreement  
Perioperative Svcs PMC Poway  
Jay Grove, M.D. (Amend 1)**

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**TO:** Board Finance Committee

**MEETING DATE:** Wednesday, January 25, 2023

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

**BACKGROUND:** This amended agreement addresses the need for a medical director specifically for perioperative services at Palomar Medical Center Poway. The Medical Director shall be responsible for the performance of perioperative services along with other medical administrative services in support of the Perioperative Services Unit as set forth in the Agreement.

**Budget Impact:** Budgeted

**Staff Recommendation:** Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:**

**Required Time:**

## PALOMAR HEALTH - AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	<b>TITLE</b>	<ol style="list-style-type: none"> <li>Grove, Jay R. M.D. - Perioperative Svcs PMC Poway - Medical Director Agreement - 11.1.2020</li> <li>Grove, Jay R. M.D. - Perioperative Svcs PMC Poway - Amend 1 Medical Director Agreement - 11.1.2022</li> </ol>
	<b>AGREEMENT DATE</b>	<ol style="list-style-type: none"> <li>November 1, 2020</li> <li>November 1, 2022</li> </ol>
	<b>PARTIES</b>	Palomar Health, a California healthcare district and Jay Grove, M.D.
	<b>PURPOSE</b>	To provide medical and administrative leadership and support of the Perioperative Services Unit.
	<b>SCOPE OF SERVICES</b>	The Medical Director shall be responsible for the performance of perioperative services along with other medical administrative services in support of the Perioperative Services Unit as set forth in the Agreement.
	<b>PROCUREMENT METHOD</b>	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	<b>TERM</b>	<ol style="list-style-type: none"> <li>November 1, 2020 – October 31, 2022</li> <li>November 1, 2022 – October 21, 2024</li> </ol>
	<b>RENEWAL</b>	None
	<b>TERMINATION</b>	Either party may terminate this agreement without cause upon thirty (30) days' prior written notice.
	<b>FAIR MARKET VALUATION</b>	X YES <input type="checkbox"/> NO – DATE COMPLETED: 11/12/2022
	<b>COMPENSATION METHODOLOGY</b>	The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of federal health care program or any other business generated by and among the Parties.
	<b>BUDGETED</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT: None
	<b>EXCLUSIVITY</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	<b>JUSTIFICATION</b>	Hospital needs the services of a qualified physician to provide perioperative surgery medical director services.
	<b>AGREEMENT NOTICED</b>	YES   x NO   Methodology & Response:
	<b>ALTERNATIVES/IMPACT</b>	None.
	<b>Duties</b>	<input checked="" type="checkbox"/> Provision for Staff Education <input checked="" type="checkbox"/> Provision for Medical Staff Education <input checked="" type="checkbox"/> Provision for participation in Quality Improvement <input checked="" type="checkbox"/> Provision for participation in budget process development
	<b>COMMENTS</b>	None.
	<b>APPROVALS REQUIRED</b>	X VP X-CFO <input type="checkbox"/> CEO X-BOD-Committee – Finance; X-BOD

**MEDICAL DIRECTOR AGREEMENT – LORRA SHARP, M.D. (Amend 1)  
ORTHOPEDIC TRAUMA PROGRAM**

**TO:** Board Finance Committee

**MEETING DATE:** Wednesday, January 25, 2023

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

**Background:** This amendment represents the renewal of the Medical Director Agreement for the Orthopedic Trauma Unit at Palomar Medical Center Escondido in accordance with the Medical Staff by-laws, rules and regulations, policies, and procedures of Palomar Health. The Medical Director will manage, generally supervise, and direct the medical administrative operations of the Program.

**Budget Impact:** Budgeted

**Staff Recommendation:**

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:**

**Required Time:**



## PALOMAR HEALTH – AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	<b>TITLE</b>	1. Sharp, Lorra M.D. - Orthopedic Services - Medical Director Agreement - 1.1.2021  2. Sharp, Lorra M.D. - Orthopedic Services - Amend 1 to Medical Director Agreement 1.1.2021 - 1.1.2023
	<b>AGREEMENT DATE</b>	1. January 1, 2021  2. January 1, 2023
	<b>PARTIES</b>	Palomar Health, a California healthcare district, and Lorra Sharp, M.D.
Recitals A	<b>PURPOSE</b>	Hospital owns and operates several acute hospitals and other facilities which require physician leadership and support of the Orthopedic Trauma Unit/Program at Palomar Medical Center Escondido.
Recital C	<b>SCOPE OF SERVICES</b>	Hospital and physician have agreed that Physician will manage, generally supervise, and direct the medical administrative operations of the Program in accordance with this Agreement.
	<b>PROCUREMENT METHOD</b>	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	<b>TERM</b>	1. January 1, 2021 – December 31, 2022  2. January 1, 2023 – December 31, 2024
	<b>RENEWAL</b>	None.
13.a) – c)	<b>TERMINATION</b>	Either party may terminate this Agreement without cause upon thirty (30) days' prior written notice.
	<b>FAIR MARKET VALUATION</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – DATE COMPLETED: 11/10/2020
2.2	<b>COMPENSATION METHODOLOGY</b>	Fair Market Value. The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of a federal health care program or any other business generated by and among the Parties.
	<b>BUDGETED</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	<b>EXCLUSIVITY</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	<b>JUSTIFICATION</b>	Need for medical directorship for the Orthopedic Trauma Program at Palomar Medical Center Escondido.
	<b>AGREEMENT NOTICED</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>Methodology &amp; Response:</b>
	<b>ALTERNATIVES/IMPACT</b>	N/A
	<b>Duties</b>	<input checked="" type="checkbox"/> Provision for Staff Education <input checked="" type="checkbox"/> Provision for Medical Staff Education <input checked="" type="checkbox"/> Provision for participation in Quality Improvement <input checked="" type="checkbox"/> Provision for participation in budget process development
	<b>COMMENTS</b>	None.
	<b>APPROVALS REQUIRED</b>	<input checked="" type="checkbox"/> VP <input checked="" type="checkbox"/> CFO <input type="checkbox"/> CEO <input checked="" type="checkbox"/> BOD-Committee – Finance; <input checked="" type="checkbox"/> BOD

**PHYSICIAN BACKUP SERVICES  
OUTPATIENT CARDIAC, PULMONARY AND WOUND HEALING  
CENTERS  
RESTORATIVE HEALING GOURP, INC.**

**TO:** Board Finance Committee

**MEETING DATE:** Wednesday, January 25, 2023

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

**Background:** This agreement addresses the need for a medical backup specifically for Palomar Health's Outpatient Cardiac Rehabilitation, Pulmonary Rehabilitation and Wound Healing Center's. Physicians shall provide medical backup coverage as set forth in the Agreement. Physicians shall abide by all policies and procedures of the Medical Staff, provided that patient safety is not compromised and no federal, state or local laws are violated by following such policies.

**Budget Impact:** Budgeted

**Staff Recommendation:**

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:**

**Required Time:**

**PALOMAR HEALTH – AGREEMENT ABSTRACT**

<b>Section Reference</b>	<b>Term/Condition</b>	<b>Term/Condition Criteria</b>
	<b>TITLE</b>	Bradley Bailey, MD & Roger Schechter, MD d/b/a <u>Restorative Healing Group, Inc - Amendment 3</u>
	<b>AGREEMENT DATE</b>	09/01/22
	<b>PARTIES</b>	Palomar Health Bradley Bailey, MD Roger Schechter, MD
	<b>PURPOSE</b>	To provide professional oversight services for Cardiac and Pulmonary and Wound Care Centers as required by regulation
	<b>SCOPE OF SERVICES</b>	To provide specific hours of professional coverage as outlined in the contract
	<b>PROCUREMENT METHOD</b>	<input type="checkbox"/> <b>Request For Proposal</b> <input checked="" type="checkbox"/> <b>Discretionary</b>
	<b>TERM</b>	09/01/2022 – 08/31/2024
	<b>RENEWAL</b>	Option available if negotiated and agreeable to all parties
	<b>TERMINATION</b>	Either party may terminate this Agreement without cause upon thirty (30) days' prior written notice.
	<b>FAIR MARKET VALUATION</b>	<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> – <b>DATE COMPLETED: 08/12/2022</b>
	<b>COMPENSATION METHODOLOGY</b>	Compensation monthly per predetermined hourly rate.
	<b>BUDGETED</b>	<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> – <b>IMPACT:</b>
	<b>EXCLUSIVITY</b>	<input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> – <b>EXPLAIN:</b>
	<b>JUSTIFICATION</b>	To provide professional backup oversight services for the outpatient Cardiac, Pulmonary and Wound Care Centers as required by regulation
	<b>AGREEMENT NOTICED</b>	<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <b>Methodology &amp; Response:</b>
	<b>ALTERNATIVES/IMPACT</b>	N/A
	<b>Duties</b>	<input checked="" type="checkbox"/> <b>Provision for Staff Education</b> <input type="checkbox"/> <b>Provision for Medical Staff Education</b> <input type="checkbox"/> <b>Provision for participation in Quality Improvement</b> <input type="checkbox"/> <b>Provision for participation in budget process development</b>
	<b>COMMENTS</b>	None.
	<b>APPROVALS REQUIRED</b>	<input checked="" type="checkbox"/> VP <input checked="" type="checkbox"/> CFO <input type="checkbox"/> CEO <input checked="" type="checkbox"/> BOD-Committee – Finance; <input checked="" type="checkbox"/> BOD

# Fiscal Year 2023 Financial Performance

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

December 2022

Passion. People. Purpose.™

Income from operations for the month was \$444 thousand, unfavorable to budget by \$4.3 million. The year-to-date income from operations was \$5.0 million and has a \$23.7 million unfavorable variance. Net loss for the month was \$593 thousand, unfavorable to budget by \$4.9 million. Net loss year-to-date was \$9 thousand and unfavorable variance of \$25.8 million.

EBIDA margin for the month of December was unfavorable to budget by 3.6% and year-to-date EBIDA margin was unfavorable to budget by 3.8%. Additional comments and further analyses are presented in the following sections.

### **Patient Utilization**

#### Inpatient (IP) Services

For the month of December, Acute Discharges for the District were (7.4%) unfavorable to budget. Average Daily Census was (8.0%) unfavorable to budget. Adjusted Discharges were 3,645, which was 325 (10.4%) unfavorable to budget. Adjusted Patient Days were 18,960, which was 1,778 (8.6%) unfavorable to budget. Case Mix Index for both campuses, excluding deliveries, was 1.65, which was (2.2%) favorable to budget.

IP surgeries for PMC Escondido and PMC Poway for the month were 507 cases (includes CVS), which were 60 cases (10.6%) unfavorable to budget.

Deliveries for PMC Escondido and PMC Poway for the month were 398, which were 35 deliveries (8.1%) unfavorable to budget. For the month, Trauma admissions were 139, which was 20.9% favorable to budget.

#### Outpatient (OP) and Ancillary Services

OP surgeries for PMC Escondido and PMC Poway for the month were 449 cases, which were 26 cases (5.4%) unfavorable to budget. Outpatient ER visits for the month were 9,881 visits (includes trauma), which were 443 visits (4.7%) favorable to budget. OP registrations for the month were 9,705, which were (5.6%) favorable to budget. ER admissions for the month were 1,676, which were (1.3%) unfavorable to budget.

### **Financial Performance**

#### Operating Revenue

Net Patient Revenue for the month was \$70.4 million, which was \$5.1 million (6.7%) unfavorable to budget.

#### Other Operating Revenue

Other Operating Revenue for the month was \$1.1 million, which was \$280 thousand (34.4%) favorable to budget.

#### Operating Expenses

Total Operating Expenses for the month were \$71.1 million, which was \$485 thousand (0.7%) favorable to budget.

Salaries, Wages & Contract Labor for the month were \$33.0 million, which was \$5 thousand (0.1%) favorable to budget.

Benefits for the month were \$9.7 million, which was \$782 thousand (8.7%) unfavorable to budget.

Supplies for the month were \$10.5 million, which was \$266 thousand (2.6%) unfavorable to budget.

Professional Fees and Purchased Services for the month were \$11.5 million, which was \$744 thousand (6.1%) favorable to budget.

Depreciation & Amortization for the month was \$3.8 million, which was \$30 thousand (0.8%) favorable to budget.

Other Direct Expenses for the month were \$2.6 million, which was \$754 thousand (22.6%) favorable to budget.

|

# Monthly Management Discussion and Analysis

## Summary Results of Operations for the Period Ended November 30, 2022

### Net Non-Operating Income/Expense

Net Non-Operating Expense for the month was \$1.0 million, which was \$577 thousand unfavorable to budget due to interest expense.

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

The percentages of Gross Patient Service Revenue from the Medicare, Managed Care Medicare, Managed Care, Medi-Cal and Managed Care Medi-Cal financial classes for the month were consistent with budget. Cash postings were \$62.3 million. Days in Net A/R are 73.0, a decrease of 0.3 days from November.

### **Revenue Cycle - Key Performance Indicators (KPIs)**

Key Performance Indicators (KPI)	January 2021	October 2022	November 2022	December 2022	Target
Total Net A/R (\$) <sup>1</sup>	\$137,851,805	\$161,047,265	\$168,930,445	\$169,778,014	
Net Days in A/R (Days) (3-months)	64.6	71.6	73.3	73.0	61.0-63.0
DNFB (Days)	2.0	0.8	1.7	1.4	3.0
Urgent Insurance Verification (DDC) (%)	98.9%	88.2%	n/a	n/a	98.0%
Elective IP Insurance Verification (Average Secure) (%)	93.8%	89.6%	n/a	n/a	98.0%
Elective OP Insurance Verification (Average Secure) (%)	97.9%	97.6%	n/a	n/a	98.0%
True Cash Denial (%)	5.2%	4.7%	5.4%	5.7%	6.0%

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

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

### **Balance Sheet**

**Cash, Cash Equivalents and Investments increased in December by \$20.2 million from the previous month** due to increased collection efforts.

**The Days Cash On Hand ratio** increased by 9.3 days from the prior month to 63.2 days.

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

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

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

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

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



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

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

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

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

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

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

# Executive Dashboard

	Month to Date				Year to Date			
	Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
	Dec-22	Dec-22		Dec-21	Dec-22	Dec-22		Dec-21
<b>Key Volumes</b>								
<b>Discharges - Total</b>	<b>2,301</b>	<b>2,493</b>	<b>(7.7%)</b>	<b>2,063</b>	<b>12,715</b>	<b>14,598</b>	<b>(12.9%)</b>	<b>12,301</b>
Acute - General	2,196	2,351	(6.6%)	1,937	12,094	13,759	(12.1%)	11,520
Acute Behavioral Health	49	72	(31.9%)	68	308	426	(27.7%)	425
Total Acute Discharges	2,245	2,423	(7.4%)	2,005	12,402	14,185	(12.6%)	11,945
The Villas at Poway	56	70	(20.0%)	58	313	413	(24.2%)	356
<b>Patient Days - Total</b>	<b>13,104</b>	<b>14,249</b>	<b>(8.0%)</b>	<b>12,526</b>	<b>71,898</b>	<b>83,794</b>	<b>(14.2%)</b>	<b>74,479</b>
Acute - General	9,572	9,856	(2.9%)	8,648	50,891	57,762	(11.9%)	51,157
Acute Behavioral Health	309	798	(61.3%)	782	2,516	4,871	(48.4%)	4,744
Total Acute Patient Days	9,881	10,653	(7.3%)	9,430	53,407	62,634	(14.7%)	55,901
The Villas at Poway	3,223	3,596	(10.4%)	3,096	18,491	21,160	(12.6%)	18,578
Acute Adjusted Discharges	3,575	3,900	(8.3%)	3,212	20,985	22,826	(8.1%)	19,222
Total Adjusted Discharges*	3,645	3,970	(8.2%)	3,287	21,377	23,239	(8.0%)	19,684
Acute Adjusted Patient Days	15,736	17,142	(8.2%)	15,108	90,305	100,783	(10.4%)	89,950
Total Adjusted Patient Days*	18,960	20,738	(8.6%)	18,204	108,797	121,943	(10.8%)	108,528
Acute Average Daily Census	319	344	(7.3%)	304	290	340	(14.7%)	304
Total Average Daily Census*	423	460	(8.0%)	404	391	455	(14.2%)	405
<b>Surgeries - Total</b>	<b>956</b>	<b>1,042</b>	<b>(8.2%)</b>	<b>995</b>	<b>5,963</b>	<b>6,028</b>	<b>(1.1%)</b>	<b>5,756</b>
Inpatient	507	567	(10.6%)	488	2,937	3,293	(10.8%)	2,824
Outpatient	449	475	(5.4%)	507	3,026	2,735	10.6%	2,932
Deliveries	398	433	(8.1%)	357	2,387	2,569	(7.1%)	2,020
<b>ER Visits (Includes Trauma) - Total</b>	<b>11,557</b>	<b>11,136</b>	<b>3.8%</b>	<b>9,804</b>	<b>68,632</b>	<b>68,082</b>	<b>0.8%</b>	<b>59,959</b>
Inpatient	1,676	1,698	(1.3%)	1,444	8,786	10,228	(14.1%)	8,704
Outpatient	9,881	9,438	4.7%	8,360	59,846	57,854	3.4%	51,255

\* Includes The Villas at Poway

# Executive Dashboard

	Month to Date				Year to Date			
	Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
	Dec-22	Dec-22		Dec-21	Dec-22	Dec-22		Dec-21
<b>Key Statistics</b>								
Acute Average LOS - Days	4.40	4.38	(0.5%)	4.70	4.31	4.41	2.2%	4.68
Acute - General	4.36	4.19	(4.0%)	4.46	4.21	4.20	(0.2%)	4.44
Acute Behavioral Health	6.31	11.08	43.1%	11.50	8.17	11.44	28.6%	11.16
Average Observation Hours	35	26	(34.6%)	26	32	26	(23.1%)	26
Acute Case Mix-Excludes Deliveries	1.65	1.61	2.2%	1.61	1.62	1.60	0.8%	1.60
Acute Case Mix-Medicare Only	1.93	1.73	11.9%	1.73	1.85	1.81	2.2%	1.81
Labor Productivity by Hrs					102.6%	100.0%	2.6%	106.0%
Days Cash on Hand					63.2			112.5
<b>Financial Performance</b>								
Operating Income	444,393	4,757,508	(4,313,115)	4,923,808	5,035,572	28,781,330	(23,745,758)	23,885,392
Net Income	(592,840)	4,297,676	(4,890,516)	3,285,172	(9,187)	25,868,837	(25,878,024)	24,437,644
Oper. Expenses/Adj. Patient Days	3,549	3,267	(8.7%)	3,296	3,593	3,302	(8.8%)	3,311
EBIDA Margin-Excludes PHMG	10.2%	13.8%	(3.6%)	13.9%	10.1%	13.9%	(3.8%)	15.0%
EBIDA-Excludes PHMG	7,258,404	10,501,625	(3,243,221)	9,554,894	42,281,945	62,958,718	(20,676,773)	60,735,757

Note: Financial Performance excludes GO Bonds

# Income Statement: Current Month

## Excludes PHMG

	Actual Dec-22	Budget Dec-22	Variance Dec-22	Variance		Dollars/Adjusted Patient Day		
				Volume	Rate/Eff	Actual	Budget	Variance
<b>Adjusted Patient Days</b>	18,959	20,738	(1,779)					
<b>Adjusted Discharges</b>	3,645	3,970	(325)					
<b>Operating Revenue</b>								
Gross revenue	431,599,958	444,785,842	(13,185,884)	(38,155,753)	24,969,869.25	22,764.91	21,447.87	1,317
Deductions from revenue	(361,166,690)	(369,274,965)	8,108,275	31,678,087	(23,569,811)	(19,049.88)	(17,806.68)	(1,243)
Net patient revenue	70,433,267	75,510,877	(5,077,609)	(6,477,667)	1,400,058	3,715	3,641	74
Other operating revenue	1,093,524	813,734	279,790	(69,805.81)	349,596.19	57.68	39.24	18
<b>Total net revenue</b>	<b>71,526,791</b>	<b>76,324,611</b>	<b>(4,797,818)</b>	<b>(6,547,472)</b>	<b>1,749,654</b>	<b>3,773</b>	<b>3,680</b>	<b>92</b>
<b>Operating Expenses</b>								
Salaries, wages & contract labor	33,013,527	33,018,268	4,741	2,832,457	(2,827,716)	1,741	1,592	(149)
Benefits	9,725,899	8,943,569	(782,330)	767,220	(1,549,550)	513	431	(82)
Supplies	10,502,911	10,236,781	(266,130)	878,158	(1,144,288)	554	494	(60)
Prof fees & purch svcs	11,459,778	12,203,747	743,969	1,046,893	(302,923)	604	588	(16)
Depreciation	3,791,637	3,821,646	30,009	327,838	(297,830)	200	184	(16)
Other	2,588,646	3,343,092	754,446	286,786	467,660	137	161	25
<b>Total expenses</b>	<b>71,082,398</b>	<b>71,567,103</b>	<b>484,705</b>	<b>6,139,352</b>	<b>(5,654,647)</b>	<b>3,749</b>	<b>3,451</b>	<b>(298)</b>
Income from operations	444,393	4,757,508	(4,313,113)	(408,121)	(3,904,993)	23	229	(206)
<b>Non-operating revenue(expense)</b>								
Property tax revenues	1,675,000	1,675,000	-					
Interest rate swap	-	-	-					
Investment income	1,282,479	83,372	1,199,107					
Revenue bond interest expense	(4,059,607)	(2,382,303)	(1,677,304)					
Other non-operating revenue(expense)	64,895	164,099	(99,204)					
<b>Net Income<sup>2</sup></b>	<b>(592,840)</b>	<b>4,297,676</b>	<b>(4,890,513)</b>					

EBIDA Margin 10.2% 13.8% (3.6%)

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

2= Excludes G.O. Bonds income / expense

# Income Statement: Year-to-Date

## Excludes PHMG

**PALOMAR  
HEALTH**

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Dec-22	Dec-22	Dec-22	Volume	Rate/Eff	Actual	Budget	Variance
<b>Adjusted Patient Days</b>	108,796	121,944	(13,148)					
<b>Adjusted Discharges</b>	21,377	23,239	(1,862)					
<b>Operating Revenue</b>								
Gross revenue	2,442,067,756	2,638,934,817	(196,867,061)	(284,529,907)	87,662,846	22,446	21,641	806
Deductions from revenue	(2,027,125,701)	(2,189,418,552)	162,292,851	236,063,071	(73,770,220)	(18,632)	(17,954)	(678)
Net patient revenue	414,942,055	449,516,265	(34,574,210)	(48,466,836)	13,892,626	3,814	3,686	128
Other operating revenue	4,957,021	4,762,405	194,616	(513,482)	708,099	46	39	7
<b>Total net revenue</b>	<b>419,899,076</b>	<b>454,278,670</b>	<b>(34,379,594)</b>	<b>(48,980,318)</b>	<b>14,600,725</b>	<b>3,860</b>	<b>3,725</b>	<b>134</b>
<b>Operating Expenses</b>								
Salaries, wages & contract labor	199,981,495	193,911,949	(6,069,546)	20,907,583	(26,977,129)	1,838	1,590	(248)
Benefits	46,546,536	53,741,473	7,194,937	5,794,405	1,400,533	428	441	13
Supplies	58,578,588	60,346,004	1,767,416	6,506,505	(4,739,089)	538	495	(44)
Prof fees & purch svcs	67,118,034	74,777,449	7,659,415	8,062,503	(403,088)	617	613	(4)
Depreciation	24,003,078	22,796,063	(1,207,015)	2,457,871	(3,664,886)	221	187	(34)
Other	18,635,774	19,924,402	1,288,628	2,148,249	(859,621)	171	163	(8)
<b>Total expenses</b>	<b>414,863,504</b>	<b>425,497,340</b>	<b>10,633,836</b>	<b>45,877,116</b>	<b>(35,243,280)</b>	<b>3,813</b>	<b>3,489</b>	<b>(324)</b>
Income from operations	5,035,572	28,781,330	(23,745,758)	(3,103,203)	(20,642,556)	46	236	(190)
<b>Non-operating revenue(expense)</b>								
Property tax revenues <sup>1</sup>	10,050,000	10,050,000	0					
Interest Rate Swap	5,324,960	-	5,324,960					
Investment income	1,681,199	500,229	1,180,970					
Revenue bond interest expense	(23,613,014)	(14,293,818)	(9,319,196)					
Other non-operating revenue(expense)	1,512,094	831,096	680,998					
<b>Net Income <sup>2</sup></b>	<b>(9,187)</b>	<b>25,868,837</b>	<b>(25,878,026)</b>					
<b>EBIDA Margin</b>	<b>10.1%</b>	<b>13.9%</b>	<b>(3.8%)</b>					

<sup>1</sup>= Property Tax Revenue excludes G.O. Bonds Levy

<sup>2</sup>= Excludes G.O. Bonds income / expense

# Income Statement: Current Month vs Prior Year Month

## Excludes PHMG

**PALOMAR  
HEALTH**

	Current Month	Prior Year Month	Change	Variance		Dollars/Adjusted Patient Day		
	Dec-22	Dec-21		Volume	Rate/Eff	Actual	Budget	Variance
<b>Adjusted Patient Days</b>	18,959	18,204	755					
<b>Adjusted Discharges</b>	3,645	3,287	358					
<b>Operating Revenue</b>								
Gross revenue	431,599,958	389,769,097	41,830,861	16,165,440	25,665,421	22,765	21,411	1,354
Deductions from revenue	(361,166,691)	(321,767,753)	(39,398,938)	(13,345,125)	(26,053,813)	(19,050)	(17,676)	(1,374)
Net patient revenue	70,433,267	68,001,344	2,431,923	2,820,315	(388,392)	3,715	3,736	(20)
Other operating revenue	1,093,524	906,377	187,147	37,591	149,556	58	50	8
<b>Total net revenue</b>	<b>71,526,791</b>	<b>68,907,721</b>	<b>2,619,070</b>	<b>2,857,906</b>	<b>(238,836)</b>	<b>3,773</b>	<b>3,785</b>	<b>(13)</b>
<b>Operating Expenses</b>								
Salaries, wages & contract labor	33,013,527	31,492,542	(1,520,985)	(1,306,134)	(214,851)	1,741	1,730	(11)
Benefits	9,725,899	8,894,153	(831,746)	(368,880)	(462,866)	513	489	(24)
Supplies	10,502,911	9,151,664	(1,351,247)	(379,560)	(971,687)	554	503	(51)
Prof fees & purch svcs	11,459,778	11,026,686	(433,092)	(457,325)	24,233	604	606	1
Depreciation	3,791,637	3,990,611	198,974	(165,508)	364,482	200	219	19
Other	2,588,646	(571,743)	(3,160,389)	23,713	(3,184,102)	137	(31)	(168)
<b>Total expenses</b>	<b>71,082,398</b>	<b>63,983,913</b>	<b>(7,098,485)</b>	<b>(2,653,694)</b>	<b>(4,444,791)</b>	<b>3,749</b>	<b>3,515</b>	<b>(234)</b>
<b>Income from operations</b>	<b>444,393</b>	<b>4,923,808</b>	<b>(4,479,415)</b>	<b>204,212</b>	<b>(4,683,627)</b>	<b>23</b>	<b>270</b>	<b>(247)</b>
<b>Non-operating revenue(expense)</b>								
Property tax revenues <sup>1</sup>	1,675,000	1,583,333	91,667					
Interest rate swap	-	-	-					
Investment income	1,282,479	(237,337)	1,519,816					
Revenue bond interest expense	(4,059,607)	(2,279,111)	(1,780,496)					
Other non-operating revenue(expense)	64,895	(705,521)	770,416					
<b>Net Income<sup>2</sup></b>	<b>(592,840)</b>	<b>3,285,172</b>	<b>(3,878,011)</b>					
<b>EBIDA Margin</b>	<b>10.2%</b>	<b>13.9%</b>	<b>(3.7%)</b>					

<sup>1</sup>= Property Tax Revenue excludes G.O. Bonds Levy

<sup>2</sup>= Excludes G.O. Bonds income / expense



# Income Statement: Current Fiscal Year Monthly Trend

## Excludes PHMG

**PALOMAR  
HEALTH**

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Run Date: 07/25/2022  
Run Time: 2:31 PM

PALOMAR HEALTH

Trended Income Statement  
As of December 31, 2023

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Fiscal Year 2023
<b>Adjusted Discharges</b>	3,428	3,548	3,514	3,664	3,578	3,645	-	-	-	-	-	-	21,377
<b>Operating Revenue</b>													
Gross revenue	386,861,833	414,593,123	400,045,463	398,360,268	410,607,111	431,599,958	-	-	-	-	-	-	2,442,067,756
Deductions from revenue	(319,503,944)	(347,149,344)	(333,966,875)	(324,930,831)	(340,408,016)	(361,166,691)	-	-	-	-	-	-	(2,027,125,701)
Net patient revenue	67,357,889	67,443,779	66,078,588	73,429,437	70,199,095	70,433,267	-	-	-	-	-	-	414,942,055
Other operating revenue	652,405	777,663	861,211	724,955	847,263	1,093,524	-	-	-	-	-	-	4,957,021
<b>Total net revenue</b>	<b>68,010,294</b>	<b>68,221,442</b>	<b>66,939,799</b>	<b>74,154,392</b>	<b>71,046,358</b>	<b>71,526,791</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>419,899,076</b>
<b>Operating Expenses</b>													
Salaries, wages & contract labor	32,764,595	32,513,284	32,924,893	33,775,849	34,989,349	33,013,527	-	-	-	-	-	-	199,981,495
Benefits	8,157,659	5,548,530	7,714,185	7,659,670	7,740,593	9,725,899	-	-	-	-	-	-	46,546,536
Supplies	8,187,227	9,771,666	9,540,971	10,911,278	9,664,535	10,502,911	-	-	-	-	-	-	58,578,588
Prof fees & purch svcs	10,021,634	11,295,327	10,136,394	12,681,563	11,523,340	11,459,778	-	-	-	-	-	-	67,118,034
Depreciation	3,466,586	4,918,874	4,081,665	3,872,660	3,871,656	3,791,637	-	-	-	-	-	-	24,003,078
Other	3,618,338	3,442,044	1,603,481	4,226,752	3,156,513	2,588,646	-	-	-	-	-	-	18,635,774
<b>Total expenses</b>	<b>66,216,039</b>	<b>67,489,725</b>	<b>66,001,589</b>	<b>73,127,772</b>	<b>70,945,985</b>	<b>71,082,398</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>414,863,504</b>
<b>Income from operations</b>	<b>1,794,255</b>	<b>731,717</b>	<b>938,210</b>	<b>1,026,619</b>	<b>100,372</b>	<b>444,393</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,035,572</b>
<b>Non-operating revenue (expense)</b>													
Property tax revenues <sup>1</sup>	1,583,333	1,583,333	1,583,333	1,583,332	2,041,668	1,675,000	-	-	-	-	-	-	10,050,000
Investment Income	1,022,171	(732,362)	(906,583)	292,790	722,703	1,282,479	-	-	-	-	-	-	1,681,199
Interest Expense	1,914,301	4,562,164	3,214,888	3,075,712	6,786,342	4,059,607	-	-	-	-	-	-	23,613,014
Interest Rate Swap	-	-	-	-	5,324,960	-	-	-	-	-	-	-	5,324,960
Other	108,213	346,688	562,613	193,452	236,239	64,895	-	-	-	-	-	-	1,512,094
<b>Net income <sup>2</sup></b>	<b>2,593,671</b>	<b>(2,632,788)</b>	<b>(1,037,315)</b>	<b>20,481</b>	<b>1,639,601</b>	<b>(592,840)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(9,187)</b>
EBIDA Margin	11.7%	10.0%	9.4%	9.4%	9.8%	10.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.1%

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

2- Excludes G.O. Bonds income / expense

# Income Statement: 13 Month Trend

## Excludes PHMG

**PALOMAR  
HEALTH**

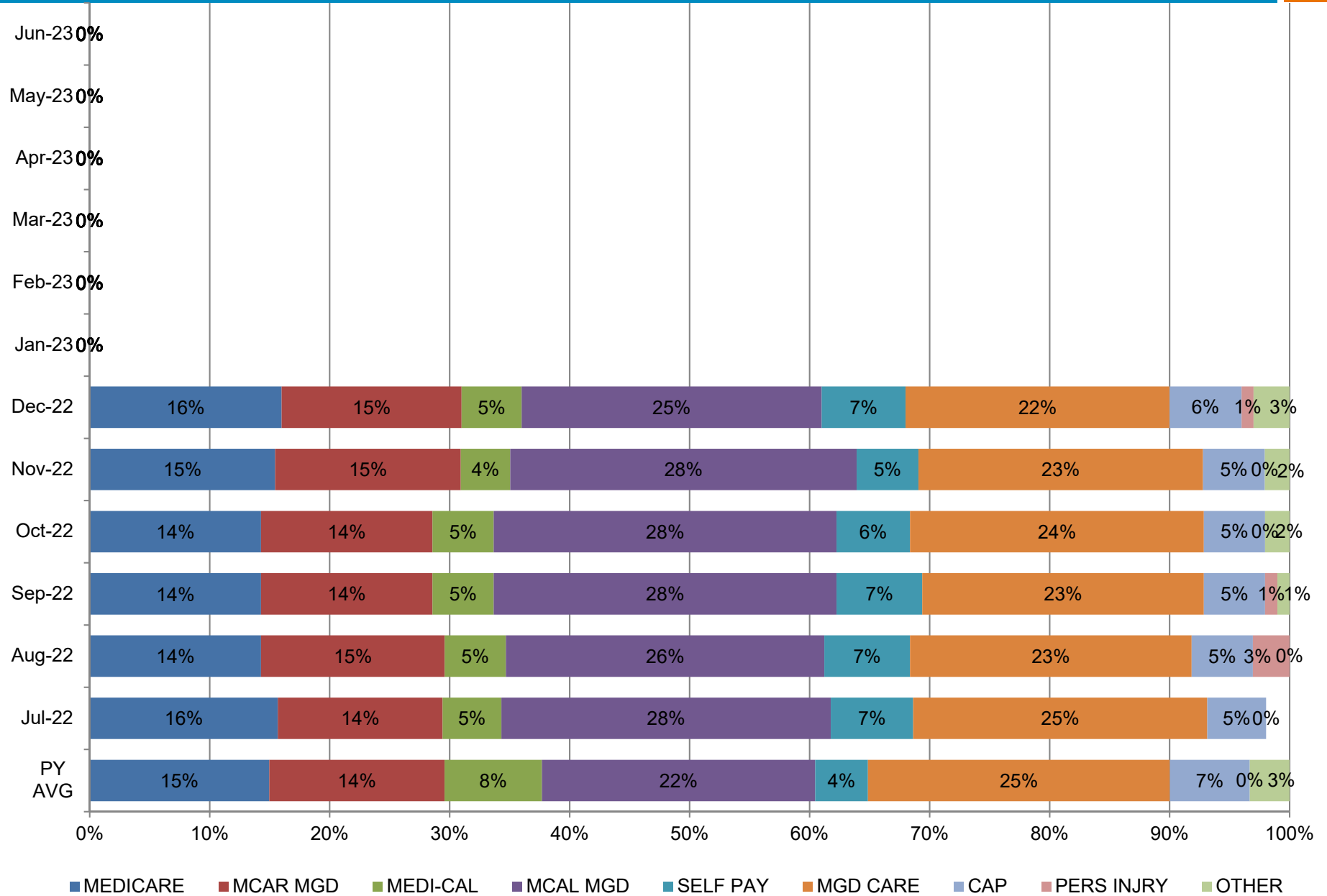
	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
<b>Adjusted Discharges</b>	3,287	3,176	2,856	3,380	3,349	3,251	3,900	3,428	3,548	3,514	3,664	3,578	3,645
<b>Operating Revenue</b>													
Gross revenue	389,769,097	390,661,499	376,438,022	409,850,606	367,578,896	361,928,194	375,821,247	386,861,833	414,593,123	400,045,463	398,360,268	410,607,111	431,599,958
Deductions from revenue	(321,767,753)	(323,720,363)	(312,843,977)	(342,686,440)	(301,312,242)	(297,940,380)	(314,241,456)	(319,503,944)	(347,149,344)	(333,966,875)	(324,930,831)	(340,408,016)	(361,166,690)
Net patient revenue	68,001,344	66,941,136	63,594,045	67,164,166	66,266,654	63,987,814	61,579,791	67,357,889	67,443,779	66,078,588	73,429,437	70,199,095	70,433,267
Other operating revenue	906,377	623,210	767,618	784,547	852,459	641,173	1,310,521	652,405	777,663	861,211	724,955	847,263	1,093,524
<b>Total net revenue</b>	<b>68,907,721</b>	<b>67,564,346</b>	<b>64,361,663</b>	<b>67,948,713</b>	<b>67,119,113</b>	<b>64,628,987</b>	<b>62,890,312</b>	<b>68,010,294</b>	<b>68,221,442</b>	<b>66,939,799</b>	<b>74,154,392</b>	<b>71,046,358</b>	<b>71,526,791</b>
<b>Operating Expenses</b>													
Salaries, wages & contract labor	31,492,542	28,467,482	27,893,018	33,220,635	29,807,910	28,995,864	24,928,515	32,764,595	32,513,284	32,924,892	33,775,849	34,989,349	33,013,527
Benefits	8,894,153	8,652,948	9,556,671	5,430,822	6,823,078	7,373,649	8,232,869	8,157,659	5,548,530	7,714,185	7,659,670	7,740,593	9,725,899
Supplies	9,151,664	9,339,040	8,429,693	9,585,924	8,834,196	8,775,759	9,987,179	8,187,227	9,771,666	9,540,971	10,911,278	9,664,535	10,502,911
Prof fees & purch svcs	11,026,686	11,193,006	10,118,330	11,861,620	10,756,291	9,994,501	12,623,669	10,021,634	11,295,327	10,136,393	12,681,563	11,523,340	11,459,778
Depreciation	3,990,611	3,490,754	3,486,250	3,701,760	3,767,782	3,766,102	9,639,591	3,466,586	4,918,874	4,081,665	3,872,660	3,871,656	3,791,637
Other	(571,743)	1,605,162	1,483,063	3,899,706	3,601,095	3,627,356	(6,623,350)	3,618,338	3,442,044	1,603,481	4,226,752	3,156,513	2,588,646
<b>Total expenses</b>	<b>63,983,913</b>	<b>62,748,392</b>	<b>60,967,025</b>	<b>67,700,467</b>	<b>63,590,352</b>	<b>62,533,231</b>	<b>58,788,473</b>	<b>66,216,039</b>	<b>67,489,725</b>	<b>66,001,587</b>	<b>73,127,772</b>	<b>70,945,986</b>	<b>71,082,398</b>
<b>Income from operations</b>	<b>4,923,808</b>	<b>4,815,954</b>	<b>3,394,638</b>	<b>248,246</b>	<b>3,528,761</b>	<b>2,095,756</b>	<b>4,101,839</b>	<b>1,794,255</b>	<b>731,717</b>	<b>938,212</b>	<b>1,026,620</b>	<b>100,372</b>	<b>444,393</b>
<b>Non-operating revenue (expense)</b>													
Property tax revenues <sup>1</sup>	1,583,333	1,583,333	1,583,333	1,583,333	1,583,333	1,583,333	2,767,623	1,583,333	1,583,333	1,583,333	1,583,333	2,041,667	1,675,000
Investment Income	(237,337)	(1,292,932)	(683,825)	(2,146,500)	(1,089,763)	868,329	(173,507)	1,022,171	(732,362)	(906,583)	292,790	722,703	1,282,479
Interest Expense	(2,279,111)	(2,289,448)	(2,242,609)	(2,328,900)	(2,269,055)	(2,299,876)	(13,300,418)	(1,914,301)	(4,562,164)	(3,214,888)	(3,075,712)	(6,786,342)	(4,059,607)
Interest Rate Swap	-	-	-	-	-	-	13,152,115	-	-	-	-	5,324,960	-
Other	(705,521)	(850,110)	219,288	(580,961)	797,213	1,131,532	4,864,522	108,213	346,688	562,609	193,452	236,239	64,895
<b>Net income <sup>2</sup></b>	<b>3,285,172</b>	<b>1,966,797</b>	<b>2,270,825</b>	<b>(3,224,782)</b>	<b>2,550,489</b>	<b>3,379,074</b>	<b>11,412,174</b>	<b>2,593,671</b>	<b>(2,632,788)</b>	<b>(1,037,317)</b>	<b>20,483</b>	<b>1,639,599</b>	<b>(592,840)</b>
<b>EBIDA Margin</b>	<b>13.9%</b>	<b>11.5%</b>	<b>12.4%</b>	<b>4.1%</b>	<b>12.8%</b>	<b>14.6%</b>	<b>33.7%</b>	<b>11.7%</b>	<b>10.0%</b>	<b>9.4%</b>	<b>9.4%</b>	<b>9.8%</b>	<b>10.2%</b>

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

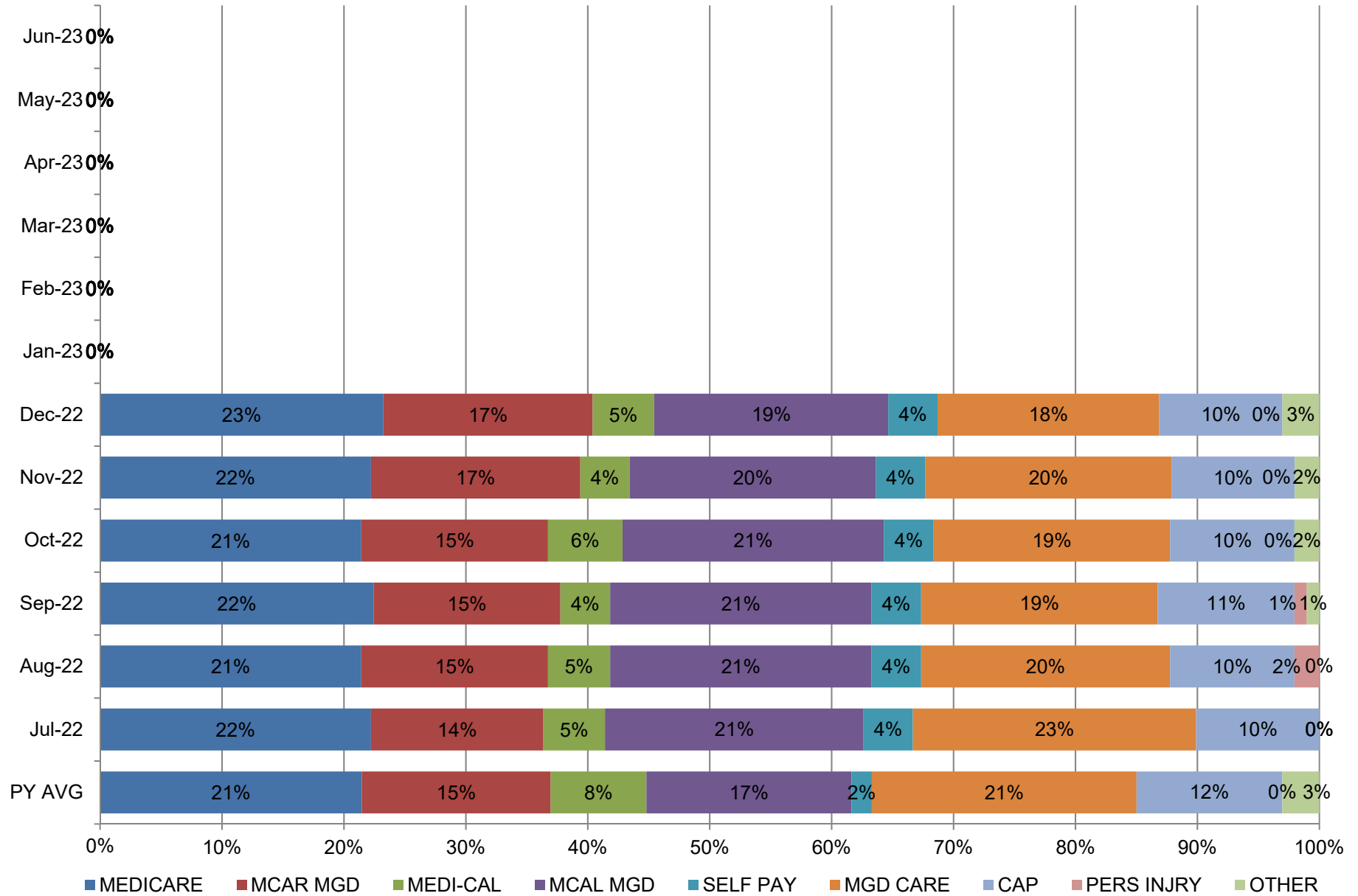
2= Excludes G.O. Bonds income / expense



# Payor Mix: Emergency Department



# Payor Mix: Gross Revenue



# Statement of Net Position: Excludes G.O. Bonds

Excludes PHMG

**PALOMAR  
HEALTH**

<b>Assets</b>	Dec-22	Nov-22	Jun-22	<b>Liabilities</b>	Dec-22	Nov-22	Jun-22
<b>Current Assets</b>				<b>Current Liabilities</b>			
Cash and cash equivalents	25,520,677	17,393,936	30,997,521	Accounts payable	53,004,284	51,158,345	67,371,368
Investments	108,666,329	96,637,745	186,291,158	Accrued payroll	35,302,669	31,076,881	30,182,511
Board Designated	-	-	21,107,606	Accrued PTO	24,134,751	25,136,287	24,932,792
Total cash, cash equivalents & investments	134,187,007	114,031,681	238,396,286	Accrued interest payable	5,870,255	2,745,539	5,057,411
<b>Patient Accounts Receivable</b>	481,501,175	460,141,414	400,381,312	Current portion of bonds	8,110,000	8,110,000	14,425,000
Allowance on accounts	(311,723,161)	(291,210,969)	(251,383,493)	Current portion of lease liab	6,291,928	6,291,421	5,744,577
Net accounts receivable	169,778,015	168,930,445	148,997,820	Est. third party settlements	5,307,629	4,810,238	27,984,699
Inventories	12,504,691	12,525,908	12,480,465	Other current liabilities	65,139,049	66,102,099	61,780,722
Prepaid expenses	15,909,601	13,336,464	8,682,562	<b>Total current liabilities</b>	<b>203,160,564</b>	<b>195,430,810</b>	<b>237,479,080</b>
Est. third party settlements	82,708,857	85,577,785	58,713,877	<b>Long Term Liabilities</b>			
Other	45,179,201	48,721,004	37,918,474	Other LT liabilities	594,048	612,515	1,302,956
<b>Total current assets</b>	<b>460,267,371</b>	<b>443,123,288</b>	<b>505,189,483</b>	Bonds & contracts payable	744,022,783	744,268,624	626,046,242
<b>Non-Current Assets</b>				Lease liabilities	244,174,435	244,681,308	247,242,225
Restricted assets	151,177,615	164,033,432	58,256,063	<b>Total long term liabilities</b>	<b>988,791,266</b>	<b>989,562,447</b>	<b>874,591,423</b>
Restricted other	14,031,676	14,031,581	14,031,154	<b>Total liabilities</b>	<b>1,191,951,830</b>	<b>1,184,993,257</b>	<b>1,112,070,502</b>
Total restricted assets	165,209,291	178,065,013	72,287,217	Deferred inflow of resources-			
Property, plant & equipment	1,515,574,155	1,512,909,078	1,511,183,821	unearned revenue	6,824,578	6,833,429	6,877,684
Accumulated depreciation	(621,385,701)	(618,120,624)	(601,520,327)	<b>Total liabilities and deferred inflow</b>			
Construction in process	92,523,091	90,209,333	64,486,109	<b>of resources</b>	<b>1,198,776,408</b>	<b>1,191,826,686</b>	<b>1,118,948,186</b>
Net property, plant & equipment	986,711,546	984,997,788	974,149,602	<b>Net Position</b>			
Right of Use Assets	232,181,337	233,290,002	238,533,505	Unrestricted	738,789,397	742,114,642	757,295,485
Investment related companies	6,144,710	5,829,349	6,903,551	Restricted for other purpose	14,031,676	14,031,581	14,031,154
Prepaid debt insurance costs	7,766,626	7,792,664	5,868,703	<b>Total net position</b>	<b>752,821,072</b>	<b>756,146,224</b>	<b>771,326,639</b>
Other non-current assets	38,173,909	38,407,394	39,561,628	<b>Total liabilities, deferred inflow of</b>			
<b>Total non-current assets</b>	<b>1,436,187,419</b>	<b>1,448,382,210</b>	<b>1,337,304,205</b>	<b>resources and net position</b>	<b>1,951,597,480</b>	<b>1,947,972,910</b>	<b>1,890,274,825</b>
<b>Total assets</b>	<b>1,896,454,789</b>	<b>1,891,505,498</b>	<b>1,842,493,688</b>				
Deferred outflow of resources-loss							
on refunding of debt	55,142,691	56,467,412	47,781,137				
<b>Total assets and deferred outflow of</b>							
<b>resources</b>	<b>1,951,597,480</b>	<b>1,947,972,910</b>	<b>1,890,274,825</b>				

# Statement of Net Position: Includes G.O. Bonds

Excludes PHMG

**PALOMAR  
HEALTH**

<b>Assets</b>	Dec-22	Nov-22	Jun-22	<b>Liabilities</b>	Dec-22	Nov-22	Jun-22
<b>Current Assets</b>				<b>Current Liabilities</b>			
Cash and cash equivalents	25,520,677	17,393,936	30,997,521	Accounts payable	53,004,284	51,158,870	67,374,118
Investments	108,666,329	96,637,745	186,291,158	Accrued payroll	35,302,669	31,076,881	30,182,511
Board Designated	-	-	21,107,606	Accrued PTO	24,134,751	25,136,287	24,932,792
Total cash,cash equivalents & investments	134,187,007	114,031,681	238,396,286	Accrued interest payable	19,458,170	13,617,401	21,425,246
<b>Patient Accounts Receivable</b>	481,501,175	460,141,414	400,381,312	Current portion of bonds	16,903,916	16,903,916	22,485,800
Allowance on accounts	(311,723,161)	(291,210,969)	(251,383,493)	Current portion of lease liab	6,291,928	6,291,421	5,744,577
Net accounts receivable	169,778,015	168,930,445	148,997,820	Est. third party settlements	5,307,629	4,810,238	27,984,699
Inventories	12,504,691	12,525,908	12,480,465	Other current liabilities	29,746,161	30,546,218	24,680,710
Prepaid expenses	15,909,601	13,336,464	8,682,562	Total current liabilities	190,149,507	179,541,231	224,810,452
Est. third party settlements	82,708,857	85,577,785	58,713,877	<b>Long Term Liabilities</b>			
Other	50,127,078	63,503,397	38,118,475	Other LT liabilities	594,048	612,515	1,302,956
Total current assets	465,215,248	457,905,681	505,389,483	Bonds & contracts payable	1,388,695,167	1,388,674,734	1,277,787,416
<b>Non-Current Assets</b>				Lease liabilities	244,174,435	244,681,308	247,242,225
Restricted assets	193,362,337	192,685,381	110,141,999	Total long term liabilities	1,633,463,650	1,633,968,558	1,526,332,597
Restricted other	14,031,676	14,031,581	14,031,154	<b>Total liabilities</b>	1,823,613,157	1,813,509,788	1,751,143,049
Total restricted assets	207,394,012	206,716,962	124,173,153	Deferred inflow of unearned revenue	42,217,466	42,389,310	43,977,697
Property, plant & equipment	1,515,574,155	1,512,909,078	1,511,183,821	<b>Total liabilities and deferred inflow of resources</b>	1,865,830,623	1,855,899,099	1,795,120,746
Accumulated depreciation	(621,385,701)	(618,120,624)	(601,520,327)	<b>Net Position</b>			
Construction in process	92,523,091	90,209,333	64,486,109	Unrestricted	123,320,378	125,960,501	137,849,948
Net property, plant & equipment	986,711,546	984,997,788	974,149,602	Restricted for other purpose	14,031,676	14,031,581	14,031,154
Right of Use Assets	232,181,337	233,290,002	238,533,505	Total net position	137,352,054	139,992,082	151,881,102
Investment related companies	6,144,710	5,829,349	6,903,551	<b>Total liabilities, deferred inflow of resources and net position</b>	2,003,182,677	1,995,891,181	1,947,001,848
Prepaid debt insurance and other costs	9,307,971	9,347,480	7,491,373				
Other non-current assets	38,173,909	38,407,394	39,561,628				
Total non-current assets	1,479,913,485	1,478,588,974	1,390,812,812				
<b>Total assets</b>	1,945,128,733	1,936,494,655	1,896,202,295				
Deferred outflow of resources-loss on refunding of debt	58,053,944	59,396,526	50,799,553				
<b>Total assets and deferred outflow of resources</b>	2,003,182,677	1,995,891,181	1,947,001,848				

# Cash Flow Statement

Excludes PHMG

**PALOMAR  
HEALTH**

	<u>Dec-22</u>	<u>YTD</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Income (Loss) from operations	444,393	5,035,572
<b>Adjustments to reconcile change in net assets to net cash provided from operating activities:</b>		
Depreciation Expense	3,791,637	25,167,288
Provision for bad debts	13,033,885	38,792,873
<b>Changes in operating assets and liabilities:</b>		
Patient accounts receivable	(13,881,454)	(59,573,070)
Property Tax and other receivables	(1,882,511)	(6,215,272)
Inventories	21,217	(24,226)
Prepaid expenses and other current assets	(2,492,612)	(3,844,394)
Accounts payable	1,845,414	(14,369,834)
Accrued compensation	3,224,252	4,322,116
Estimated settlement amounts due third-party payors	3,366,319	(46,672,050)
Other liabilities	(635,436)	5,260,491
Net cash provided from (used by) operating activities	<u>6,835,104</u>	<u>(52,120,506)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Net (purchases) sales of investments	(12,705,635)	15,511,575
Income (Loss) on investments	1,355,735	1,970,641
Investment in affiliates	(2,517,090)	(17,148,341)
Net cash provided from (used by) investing activities	<u>(13,866,990)</u>	<u>333,875</u>
<b>CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:</b>		
Receipt of G.O. Bond Taxes	13,459,516	17,002,123
Receipt of District Taxes	7,099,314	9,004,545
Net cash provided from non-capital financing activities	<u>20,558,830</u>	<u>26,006,668</u>
<b>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:</b>		
Proceeds on asset sale	0	37,391
Proceeds from the issuance of long-term debt	1,103,682	258,696,778
Cost of Issuance payments	0	(18,211,396)
Acquisition of property plant and equipment	(5,057,302)	(35,182,776)
Redevelopment Trust Fund Distributions	0	200,000
G.O. Bond Interest paid	0	(15,585,307)
Revenue Bond Interest paid	(26,093)	(8,903,858)
ROU Interest paid	(907,562)	(3,829,379)
Payments of Long Term Debt	(512,928)	(156,918,334)
Net cash provided from capital and related financing activities	<u>(5,400,203)</u>	<u>20,303,119</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>8,126,741</b>	<b>(5,476,844)</b>
<b>CASH AND CASH EQUIVALENTS - Beginning of period</b>	<b><u>17,393,936</u></b>	<b><u>30,997,521</u></b>
<b>CASH AND CASH EQUIVALENTS - End of period</b>	<b><u>25,520,677</u></b>	<b><u>25,520,677</u></b>

## Investment Fund - Quarter Ended December 31, 2022 Yield Analysis

Investment Account:	% of Portfolio at 12/31/2022	Maturity Date	Yield	Benchmark		Actual to Benchmark Variance	Total Yield
Fidelity-Institutional Portfolio Treasury Fund	9.82%	Demand	2.19%	4.34%	(1)	(2.15%)	0.22%
State Treasurer Local Agency Investment Fund	60.10%	Demand	2.07%	1.98%	(2)	0.09%	1.24%
Morgan Stanley	18.60%	Various	0.84%	1.20%	(3)	(0.36%)	0.16%
				7.56%	(4)	(6.72%)	
Chandler Asset Management	11.48%	Various	1.31%	1.20%	(3)	0.11%	0.15%
				7.56%	(4)	(6.25%)	
Total:	100.00%					TOTAL YIELD:	1.77%

PRIOR QUARTER: (0.24%)

PRIOR YEAR: (0.36%)

- (1) Approximate average of 90 day T-Bills
- (2) LAIF annual average return based upon monthly yields
- (3) BC Intermediate Government Credits
- (4) S&P 500

# Condensed Combining Statement Net Position

**PALOMAR  
HEALTH**

## CONDENSED COMBINING STATEMENT OF NET POSITION

DECEMBER 31, 2022

	PH	PHMG	PAM	PAM-SD	PAC	Eliminations	Total
<b>ASSETS</b>							
Current assets	465,215,247	37,270,681	2,937	-	2,933,988	(31,513,276)	473,909,577
Capital assets - net	986,711,546	5,087,982	-	-	-	-	991,799,528
Right of use assets - net	232,181,337	20,411,985	-	-	-	(14,477,717)	238,115,605
Non-current assets	261,020,602	6,440,862	-	-	-	(7,754,901)	259,706,563
<b>Total assets</b>	<b>1,945,128,732</b>	<b>69,211,510</b>	<b>2,937</b>	<b>-</b>	<b>2,933,988</b>	<b>(53,745,893)</b>	<b>1,963,531,274</b>
Deferred outflow of resources	58,053,944	-	-	-	-	-	58,053,944
<b>TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES</b>	<b>2,003,182,676</b>	<b>69,211,510</b>	<b>2,937</b>	<b>-</b>	<b>2,933,988</b>	<b>(53,745,893)</b>	<b>2,021,585,218</b>
<b>LIABILITIES AND NET POSITION</b>							
Current liabilities	190,295,339	51,259,220	-	-	1,809,951	(34,155,022)	209,209,489
Long-term liabilities	1,389,289,215	3,562,562	-	-	-	(3,500,000)	1,389,351,777
Right of use lease liabilities	244,174,435	14,994,290	-	-	-	(12,254,287)	246,914,438
<b>Total liabilities</b>	<b>1,823,758,989</b>	<b>69,816,072</b>	<b>-</b>	<b>-</b>	<b>1,809,951</b>	<b>(49,909,309)</b>	<b>1,845,475,704</b>
Deferred inflow of resources - deferred revenue	42,071,633	-	-	-	-	-	42,071,633
<b>Total liabilities and deferred inflow of resources</b>	<b>1,865,830,622</b>	<b>69,816,072</b>	<b>-</b>	<b>-</b>	<b>1,809,951</b>	<b>(49,909,309)</b>	<b>1,887,547,336</b>
Invested in capital assets - net of related debt	(357,827,380)	4,113,122	-	-	-	-	(353,714,258)
Restricted	161,385,752	-	-	-	-	-	161,385,752
Unrestricted	333,793,682	(4,717,684)	2,937	(0)	1,124,037	(3,836,584)	326,366,388
<b>Total net position</b>	<b>137,352,054</b>	<b>(604,562)</b>	<b>2,937</b>	<b>(0)</b>	<b>1,124,037</b>	<b>(3,836,584)</b>	<b>134,037,882</b>
<b>TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION</b>	<b>2,003,182,677</b>	<b>69,211,510</b>	<b>2,937</b>	<b>(0)</b>	<b>2,933,988</b>	<b>(53,745,893)</b>	<b>2,021,585,218</b>

Note: Financial Performance includes GO Bonds



# Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position

**PALOMAR  
HEALTH**

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

	PH	PHMG	PAM	PAM-SD	PAC	Elimination	YTD Consolidated
<b>OPERATING REVENUE:</b>							
Net patient service revenue	384,434,948	38,308,815	-	-	-	-	422,743,763
Shared risk revenue	30,507,107	23,474,185	-	-	-	(3,126,810)	50,854,482
Other revenue	4,957,021	5,460,125	-	-	937,640	(197,477)	11,157,308
PH Program revenue	-	5,786,627	-	-	-	(5,786,627)	-
Total operating revenue	419,899,076	73,029,752	-	-	937,640	(9,110,914)	484,755,553
<b>OPERATING EXPENSES</b>							
DEPRECIATION AND AMORTIZATION	390,860,426	91,149,821	(228,341)	(1,736)	513,373	(11,433,800)	470,859,743
	24,003,078	1,538,516	-	-	-	-	25,541,594
Total operating expenses	414,863,504	92,688,336	(228,341)	(1,736)	513,373	(11,433,800)	496,401,337
<b>INCOME (LOSS) FROM OPERATIONS</b>	<b>5,035,572</b>	<b>(19,658,584)</b>	<b>228,341</b>	<b>1,736</b>	<b>424,266</b>	<b>2,322,886</b>	<b>(11,645,783)</b>
<b>NON-OPERATING INCOME (EXPENSE):</b>							
Investment income	1,970,641	88	49	105	-	-	1,970,884
Unrealized loss on interest rate swap	5,324,960	-	-	-	-	-	5,324,960
Interest expense	(41,678,688)	(77,818)	-	-	-	75,250	(41,681,256)
Property tax revenue	31,800,000	-	-	-	-	-	31,800,000
Other - net	1,554,529	972,331	1,921,723	(1,896,690)	-	(2,398,136)	153,756
Total non-operating expense - net	(1,028,558)	894,601	1,921,772	(1,896,585)	-	(2,322,886)	(2,431,656)
<b>CHANGE IN NET POSITION</b>	<b>4,007,014</b>	<b>(18,763,983)</b>	<b>2,150,113</b>	<b>(1,894,849)</b>	<b>424,266</b>	<b>-</b>	<b>(14,077,439)</b>
Interfund - PHMG	(18,536,060)	17,589,217	-	-	-	-	(946,843)
NET POSITION - Beginning of year	151,881,100	570,204	(2,147,176)	1,894,849	699,771	(3,836,585)	149,062,164
<b>NET POSITION - Year to date</b>	<b>137,352,054</b>	<b>(604,562)</b>	<b>2,937</b>	<b>(0)</b>	<b>1,124,037</b>	<b>(3,836,585)</b>	<b>134,037,882</b>
EBIDA							53,145,411
EBIDA Margin							11.0%

Note: Financial Performance includes GO Bonds



# ADDENDUM D

**RESOLUTION NO. 02.13.23(01)-03**

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH**

- (I) **DIRECTING RETIREMENT OF DISPOSITION OF SURPLUS PROPERTY POLICY (NO. 21804)**
- (II) **DELEGATING AUTHORITY TO CHIEF FINANCIAL OFFICER AND HIS OR HER DESIGNEES TO DISPOSE OF SURPLUS PROPERTY IN ACCORDANCE WITH CAL. H&S CODE § 32121.2**

**WHEREAS**, Cal. Health & Safety Code § 32121.2 provides, in relevant part, that “the board of directors of a local hospital district may authorize the disposition of any surplus property of the district at fair market value by any method determined appropriate by the board”; and

**WHEREAS**, the current Palomar Health (hereafter the “District”) Surplus Property Policy (No. 21804) provides for standards of practice that exceed any legal requirements that may otherwise encumber the District’s actions as it pertains to the disposition of surplus property;

**WHEREAS**, the Board determines that the requirements of Cal. Health & Safety Code § 32121.2 may be delegated to the District’s Chief Financial Officer (“CFO”) in accordance with the District’s Bylaws Article VI.B., as well as Cal. Health & Safety Code § 32121(g)-(h), (k), which imbues the District with broad authority to “employ any officers and employees” “necessary to carry on properly the business of the district,” and “prescribe the duties and powers” of such officers and employees as necessary “[t]o do any and all such other acts and things necessary to carry out [Division 23 of the Health & Safety Code concerning hospital districts]”;

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

1. Retires District Surplus Property Policy (No. 21804);
2. Delegates to the District’s CFO and his or her designees the authority to dispose of any surplus property in conformance with the requirements of Cal. Health & Safety Code § 32121.2;
3. Directs the CFO and his or her designees to account for valuation of district surplus property and to keep records in conformance with applicable governmental and industry standards for appraisal and valuation.

**PASSED AND ADOPTED** by the Board of Directors of Palomar Health held on February 13, 2023, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED:

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

**Source:**  
Administrative  
Board of Directors

**Applies to Facilities:**  
All Palomar Health Facilities

**Applies to Departments:**  
Financial Services  
Financial Planning

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## Policy : Annual Adoption of Statement of Investment

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### **I. PURPOSE:**

- A. This Statement of Investment Policy sets forth the investment guidelines for all of Palomar Health's ("the District's") investments purchased after March 1, 1996. The purpose of this policy is to ensure that the District's funds are prudently invested according to the Board of Director's objectives to preserve capital, provide necessary liquidity and to achieve a market-average rate of return through economic cycles.
- B. The District may invest any portion of its Investable Funds, subject to the requirements of the California Government Code and this policy. If the provisions of the Government Code are or become more restrictive than those contained herein, such provisions shall govern, and are deemed incorporated into this policy upon taking effect.
- C. Government Code Section 53600 et seq., authorizes local agencies to make investments in specified vehicles with money in a sinking fund of, or surplus money in, its treasury not required for the immediate needs of the agency.
- D. The District is a "local agency" subject to the provision of Government Code Section 53600 et seq., which recommends that the District's Board of Directors annually adopt a statement of its investment policy, and to consider any delegation of authority to make investments on its behalf by the Chief Financial Officer.
- E. The Board of Directors of the District now desires to formally adopt this statement of investment policy, and to re-delegate to the Chief Financial Officer responsibility for all decisions regarding the sale or purchase of individual investments on behalf of the District.

### **II. DEFINITIONS:**

- A. **Safety of Principal.** Safety of principal is the foremost objective of the District. The safety and risk associated with an investment refers to the potential loss of principal, interest or a combination of these amounts. Each investment transaction shall seek to ensure that capital losses are avoided, whether from institutional default, broker-dealer default, or erosion of market value of securities. To attain this objective, diversification is required in order that potential losses on individual securities do not exceed the income generated from the remainder of the portfolio.
- B. **Liquidity.** Liquidity is the second most important objective of the District. Liquidity refers to the ability to "cash in" at any moment in time with a minimal chance of losing some portion of principal or interest. Liquidity is an important investment quality especially when the need for unexpected funds occasionally occurs. The investment portfolio shall remain sufficiently liquid to enable the District to meet all operating requirements that might be reasonably anticipated.
- C. **Yield.** Yield is the potential dollar earnings an investment can provide, and it is sometimes described as the rate of return. Within the limits of safety and liquidity, the District shall strive toward portfolio growth that exceeds the rate of inflation in order to preserve capital.
- D. **Investable Funds.** Moneys in a sinking fund or moneys in its treasury not required for the immediate needs of the District.

### **III. TEXT / STANDARDS OF PRACTICE:**

- A. Delegation of Authority to Chief Financial Officer; Procedures to Implement Investment Policy
  - 1. Delegation of authority to Chief Financial Officer: The District's Chief Financial Officer is delegated responsibility for all decisions regarding the sale or purchase of individual investments on behalf of the District. This delegation shall be reviewed annually by the Board through the Finance Committee. Any re-delegation shall be recorded in the minutes of those meetings. No person may engage in an investment transaction except as provided under the terms of this policy and any other procedures established by the Chief Financial Officer. The Chief Financial Officer shall be responsible for all actions undertaken and shall establish a system of controls to regulate the activities of subordinate officials.
- B. This policy will be reviewed and updated as required or at least every year.
- C. Document History:
  - 1. Original Document Date: 7/14/95; Revision Number: 1 Dated: 6/06
  - 2. Prior to 2006, this Policy was Board Policy 10-513

**Source Administrator** Hernandez, Lisa  
**Document Owner** Bogert, Michael  
**Collaborators:** Carla Albright, Deborah Hollick, Douglas Moir, Gregory King, Jami Pearson, Jeffrey Griffith, Julie H Avila, Laurie Edwards-Tate, Lisa Hernandez, Nancy Calabria, Nanette Irwin, Richard Engel, Tanya L Howell, Thea McKenzie, Thomas Kumura  
**Reviewers**  
**Approvals**  
**- Committees:**  
**- Signers:** Michael Bogert Kevin DeBruin  
Michael Bogert, Chief Financial Officer ( 11/05/2021 09:33AM PST ) Kevin DeBruin, Chief Legal Officer ( 11/18/2021 08:04AM PST )  
**Original Effective Date** 11/14/2007  
**Revised** [11/14/2007 Rev. 0], [02/11/2008 Rev. 1], [07/13/2011 Rev. 2], [09/12/2011 Rev. 3], [09/10/2012 Rev. 4], [05/07/2014 Rev. 5], [09/18/2014 Rev. 6], [06/11/2016 Rev. 7], [08/12/2016 Rev. 8], [09/01/2017 Rev. 9], [09/25/2018 Rev. 10], [04/23/2020 Rev. 11], [08/19/2020 Rev. 12], [11/18/2021 Rev. 13]  
**Reviewed** [09/01/2009 Rev. 1], [05/24/2013 Rev. 4]  
**Next Review Date** 11/18/2022  
**Attachments:**  
**(REFERENCED BY THIS DOCUMENT)**  
**Other Documents:**  
**(WHICH REFERENCE THIS DOCUMENT)**

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:27092\\$13](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:27092$13).

**Source:**  
Administrative  
Board of Directors**Applies to Facilities:**  
Business Offices**Applies to Departments:**  
Board of Directors

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**Policy : Debt Policy**

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**I. Purpose**

The purpose of this Debt Policy (the "Debt Policy") is to establish comprehensive guidelines for the issuance and management of debt issuances (herein referred as "Debt") by Palomar Health (the "District"). This Debt Policy is intended to help ensure that: (i) the District, the Board of Directors of the District (the "Board of Directors" or the "Board"), and District management and staff adhere to sound debt issuance and management practices; (ii) the District achieves the most advantageous cost of borrowing commensurate with prudent levels of risk; and (iii) the District preserves and enhances the credit ratings assigned to its debt.

**II. Scope of Debt Policy**

This Debt Policy shall provide guidance for the issuance and management of debt issuances of the District, together with credit, liquidity and other ancillary instruments and agreements secured or executed in connection with such transactions. While adherence to this Debt Policy is recommended in applicable circumstances, the District recognizes that changes in the capital markets, District programs and other unforeseen circumstances may produce situations that are not covered by the Debt Policy or require modifications or exceptions to achieve Debt Policy goals. In these cases, management flexibility is appropriate, provided specific authorization from the Board of Directors is obtained. The District may approve Debt and other related agreements the terms or provisions of which deviate from this Debt Policy, upon the recommendation and approval of the Chief Financial Officer of the District (the "Chief Financial Officer") as circumstances warrant. The failure by the District to comply with any provision of this Debt Policy shall not affect the validity of any Debt that is otherwise duly authorized and executed.

The Chief Financial Officer is the designated administrator of the Debt Policy. The Chief Financial Officer shall have the day-to-day responsibility and authority for structuring, implementing and managing the District's debt and financing program. The Debt Policy requires that each debt issuance be specifically authorized by the Board of Directors.

**III. Legal Authority; Compliance with Laws, Resolutions, Debt Documents and Contracts****A. Legal Authority**

The District has exclusive authority to plan and issue Debt for District related purposes, subject to approval by the Board of Directors.

**B. Compliance with Law**

All Debt of the District shall be issued in accordance with applicable Federal and State laws, rules and regulations, including without limitation the Internal Revenue Code of 1986 (the "Code") with respect to the issuance of tax-exempt Debt, the Securities Act of 1934 and the Securities Exchange Act of 1933, in each case as supplemented and amended, and regulations promulgated pursuant to such laws.

**C. Compliance with District Resolutions and Debt Documents**

Debt of the District shall be issued in accordance with applicable resolutions and debt documents of the District, in each case as supplemented and amended.

**D. Compliance with Other Agreements**

Debt of the District shall be issued in compliance with any other agreements of the District with credit or liquidity providers, bond insurers or other third parties.

**E. Compliance with SB 1029**

This Debt Policy complies with California Senate Bill 1029 (2016). The following paragraph cross references the debt policy requirements of SB 1029 with the relevant sections of this policy.

1. Cal. Gov. Code Section 8855(i)(1)(A): The purposes for which the debt may be used. See Section V: [Purposes for Debt](#).
2. Cal. Gov. Code Section 8855(i)(1)(B): The types of debt that may be issued. See Section VI: [Types of and Limitations on Debt](#).
3. Cal. Gov. Code Section 8855(i)(1)(C): The relationship of the debt to, and integration with, the issuer's capital improvement program or budget. See Section XV: [Budgeting and Capital Planning](#).
4. Cal. Gov. Code Section 8855(i)(1)(D): Policy goals related to the issuer's planning goals and objectives. See Section I: [Purpose](#).
5. Cal. Gov. Code Section 8855(i)(1)(E): The internal control procedures that the issuer has implemented, or will implement, to ensure that the proceeds of the proposed debt issuance will be directed to the intended use. See Section IV: [Administration of Debt Policy](#).

**IV. Administration of Debt Policy****A. District**

The District shall be responsible for:

1. Approval of the issuance of all Debt and the terms and provisions thereof;
2. Appointment of financial advisors, bond counsel, disclosure counsel, District consultants, underwriters, feasibility consultants, trustee and other professionals retained in connection with the issuance of Debt;
3. Approval of this Debt Policy and any supplements or amendments;
4. Periodic approval of the District's capital improvement plans; and
5. Periodic approval of proposed District annual and supplemental budgets for submission to the Board of Directors, including without limitation provisions for the timely payment of principal of and interest on all Debt.
6. Maintaining internal control procedures with respect to Debt proceeds.

**B. Chief Financial Officer**

The Chief Financial Officer shall have responsibility and authority for structuring, issuing and managing the District's Debt and financing programs. This shall include, but not be limited to, the following:

1. Determining the appropriate structure and terms for all proposed debt transactions;
2. Undertaking to issue Debt at the most advantageous interest and other costs consistent with prudent levels of risk;
3. Insuring compliance of any proposed Debt with any applicable additional debt limitations under State law, or the District's Debt Policy, resolutions and debt documents;
4. Seeking approval from the Board of Directors for the issuance of Debt or other debt obligations;
5. Recommending to the Board of Directors the manner of sale of any Debt or other debt transactions;
6. Monitoring opportunities to refund outstanding Debt to achieve debt service savings, and recommending such refunding to the Board, as appropriate;
7. Providing for and participating in the preparation and review of all legal and disclosure documents in connection with the issuance of any Debt by the District;

8. Recommending the appointment of financial advisors, bond counsel, disclosure counsel, District consultants, underwriters, feasibility consultants and other professionals retained in connection with the District's debt issuance as necessary or appropriate;
  9. Distributing information regarding the business operations and financial condition of the District to appropriate bodies on a timely basis in compliance with any applicable continuing disclosure requirements;
  10. Communicating regularly with the rating agencies, bond insurers, investment providers, institutional investors and other market participants related to the District's Debt; and
  11. Maintaining a database with summary information regarding all of the District's outstanding Debt and other debt obligations.
- C. Procedures for Approval of Debt  
The proposed issuance of Debt by the District shall be submitted to and subject to approval by the District Board of Directors for authorization and approval.
- D. Considerations in Approving Issuance of Debt  
The District may take into consideration any or all of the following factors, as appropriate, prior to approving the proposed issuance of Debt:
1. Whether the proposed issuance complies with this Debt Policy;
  2. Source(s) of payment and security for the Debt;
  3. Projected revenues and other benefits from the projects proposed to be funded;
  4. Projecting operating, other costs and potential revenues with respect to the proposed projects;
  5. Impacts, if any, on tax rates, debt service coverage and funds required for operations;
  6. Impacts, if any, on District credit ratings;
  7. Period, if any, over which interest on the Debt should be capitalized;
  8. Extent to which debt service on the Debt should be level or structured;
  9. Appropriate lien priority of the Debt;
  10. Adequacy of the proposed disclosure document.
- V. Purposes for Debt
- A. Permissible Purposes  
The District may issue Debt for the purposes of financing and refinancing the costs of capital projects undertaken by the District. The District may also issue Debt to pay extraordinary unfunded costs, including, but not limited to, termination or other similar payments due in connection with interest rate swaps and investment agreements entered into in connection with Debt.
- B. Prohibited Purposes  
The District shall not issue Debt for the purpose of funding operating costs except under extraordinary circumstances or at minimal cost for cash flow management purposes where statutorily permitted.
- VI. Types of and Limitations on Debt
- A. General Obligation Debt  
General Obligation Debt represent general obligations of the District and will be payable solely from a levy of ad valorem taxes without limitation as to rate or amount upon all property subject to taxation within the District (except certain property which is taxable at limited rates) for the payment of principal of and interest on the Debt.
- B. Installment Payment Obligations  
The District may issue installment payment certificates of participation or Debt payable in whole or in part from underlying installment payment revenues.
- C. New Money Debt  
New money issues are those financings that generate additional funding to be available for expenditure on capital projects. These funds will be used for acquisition, construction and major rehabilitation of capital assets. New money proceeds may not be used to fund operational activities.
- D. Refunding Debt  
The District may issue Debt to refund the principal of and interest on outstanding Debt of the District in order to (i) achieve debt service savings; (ii) restructure scheduled debt service; (iii) convert from or to a variable or fixed interest rate structure; (iv) change or modify the source or sources of payment and security for the refunded Debt; or (v) modify covenants otherwise binding upon the District. Refunding Debt may be issued either on a current or advance basis, as permitted by applicable Federal tax laws. The District may also utilize a tender offer process to refund Debt that are not otherwise subject to optional call by the District.  
Refunding Debt should be issued to achieve debt service savings in most cases. Refundings which do not produce savings are permitted if justified based on the need for legal restructuring to correct major discrepancies or deficiencies in supporting debt documents that would benefit the current, short-term, or long term capital cost of the District.
- E. Long-Term Debt  
The District may issue Debt with longer-term maturities to amortize District capital or other costs over a period commensurate with the expected life, use or benefit provided by the project, program or facilities financed from such Debt. Long-term Debt shall consist of Debt of an issue with a final maturity of five (5) years or more.
- F. Short-Term Debt  
The District may issue Debt with shorter-term maturities to provide interim financing for capital projects in anticipation of the issuance of longer-term Debt and/or for cash flow management. Short-term Debt shall consist of Debt of an issue with a final maturity of less than five (5) years.
- G. Fixed-Rate Debt  
Fixed-rate Debt, on either an actual basis or a synthetic basis using interest rate swaps, may be issued by the District.
- H. Variable Rate Debt  
Variable rate Debt may also be issued by the District.
- VII. Terms and Provisions of Debt
- A. Debt Service Structure  
The District shall design the financing schedule and repayment of debt so as to take best advantage of market conditions, provide flexibility and, as practical, to recapture or maximize its debt capacity for future use. Annual debt service payments will generally be structured on a level basis per component financed; however, principal amortization may occur more quickly or slowly where permissible, to meet debt repayment, tax rate and flexibility goals.
- B. Amortization of Principal  
Long-term Debt of the District shall be issued with maturities that amortize the principal of such Debt over a period commensurate with the expected life, use or benefit (measured in years) provided by the projects, programs and/or facilities financed from the proceeds of such Debt. The weighted average maturity of such Debt should not exceed one hundred and twenty percent (120%) of the reasonably estimated weighted average life, use or benefit (measured in years) of the projects, programs and/or facilities financed from the proceeds of such Debt.  
Amortization of principal may be achieved either through serial maturities or through term Debt subject to prior mandatory sinking fund payments and/or redemptions.
- C. Capitalization of Interest  
The District may pay or reimburse interest on Debt from proceeds of Debt for legal, budgeting or structuring purposes.

- D. Call Provisions for Debt
1. Optional Call Provisions. The District shall seek to include the shortest practicable optional call rights, with and/or without a call premium, on Debt with a final maturity of more than ten (10) years, consistent with optimal pricing of such Debt. Call premiums, if any, should not be in excess of then prevailing market standards and to the extent consistent with the most advantageous borrowing cost for the District. Non-callable maturities may be considered and used to accommodate market requirements or other advantageous benefits to the District. Capital appreciation Debt and taxable Debt are examples of potential non-callable candidates.
  2. Extraordinary Call Provisions. The District, at its option, may include extraordinary call provisions, including for example with respect to unspent proceeds, damage to or destruction of the project or facilities financed, credit-related events of the District or the user of the project or facilities financed, or other matters, as the District may determine is necessary or desirable.
- E. Payment of Interest
1. Current Interest Debt may be issued.
  2. Deferred Interest Debt. Debt of the District may be issued with the payment of actual or effective interest deferred in whole or in part to the maturity or redemption date of each debt instrument, or the conversion of such debt instrument to a current interest-paying debt instrument (known, respectively, as capital appreciation bonds, zero coupon bonds and convertible capital appreciation bonds). This may be done to achieve optimal sizing, debt service structuring, pricing or other purposes.
- F. Determination of Variable Interest Rates on Debt
- The interest rate from time to time on Debt the interest of which is not fixed to maturity may be determined in such manner that the District determines, including without limitation on a daily, weekly, monthly or other periodic basis, by reference to an index, prevailing market rates or other measures, and by or through an auction or other method.
- G. Tender Options on Debt
- The District may issue Debt subject to the right or obligation of the holder to tender the Debt back to the District for purchase, including, for example, to enable the holder to liquidate their position, or upon the occurrence of specified credit events, interest rate mode changes or other circumstances. The obligation of the District to make payments to the holder upon any such tender may be secured by (i) a credit or liquidity facility from a financial institution in an amount at least equal to the principal amount of the Debt subject to tender, (ii) a liquidity or similar account into which the District shall deposit and maintain an amount at least equal to the principal amount of the Debt subject to tender, or (iii) other means of self-liquidity that the District deems prudent.
- H. Multi-Modal Debt
- The District may issue Debt that may be converted between two or more interest rate modes without the necessity of a refunding. Such interest rate modes may include, without limitation: daily interest rates, weekly interest rates, other periodically variable interest rates, commercial paper rates, auction rates, fixed rates for a term and fixed rates to maturity (in each case with or without tender options).
- I. Debt Service Reserve Funds
- The District may issue Debt that is secured by amounts on deposit in or credited to a debt service reserve fund or account in order to minimize the net cost of borrowing and/or to provide additional reserves for debt service or other purposes. Debt service reserve funds may secure one or more issues of Debt, and may be funded by proceeds of Debt, other available moneys of the District, and/or by surety policies, letters or lines of credit or other similar instruments. Surety policies, letters or lines of credit or other similar instruments may be substituted for amounts on deposit in a debt service reserve fund if such amounts are needed for capital projects or other purposes.
- Amounts in the debt service reserve funds shall be invested in accordance with the requirements of the applicable Debt documents in order to (i) maximize the rate of return on such amounts; (ii) minimize the risk of loss; (iii) minimize volatility in the value of such investments; and (iv) maximize liquidity so that such amounts will be available if it is necessary to draw upon them.
- VIII. Maintenance of Liquidity; Reserves
- The District shall maintain unencumbered reserve amounts sufficient in the determination of the District to cover unexpected revenue losses, operating and maintenance costs, extraordinary payments and other contingencies, and to provide liquidity in connection with the District's outstanding Debt.
- IX. Investment of Debt Proceeds and Related Moneys
- Proceeds of Debt and amounts in the District's debt service, project fund and debt service reserve funds with respect to outstanding Debt shall be invested in accordance with the terms of the applicable Debt documents and other applicable agreements of the District.
- X. Third Party Credit Enhancement
- The District may secure credit enhancement for its Debt from third-party credit providers to the extent such credit enhancement is available upon reasonable, competitive and cost-effective terms. Such credit enhancement may include municipal bond insurance ("Bond Insurance"), letters of credit and lines of credit (collectively and individually, "Credit Facilities"), as well as other similar instruments.
- A. Bond Insurance
- All or any portion of an issue of Debt may be secured by Bond Insurance provided by municipal bond insurers ("Bond Insurers") if it is economically advantageous to do so, or if it is otherwise deemed necessary or desirable in connection with a particular issue of Debt. The relative cost or benefit of Bond Insurance may be determined by comparing the amount of the Bond Insurance premium to the present value of the estimated interest savings to be derived as a result of the insurance.
- B. Credit Facilities
- The issuance of certain types of Debt requires a letter of credit or line of credit (a "Credit Facility") from a commercial bank or other qualified financial institution to provide liquidity and/or credit support. The types of Debt where a Credit Facility may be necessary include commercial paper, variable rate Debt with a tender option and Debt that could not receive an investment grade credit rating in the absence of such a facility.
- The criteria for selection of a Credit Facility provider shall include the following:
1. Long-term ratings from at least two nationally recognized credit rating agencies ("Rating Agencies") preferably to be equal to or better than those of the District;
  2. Short-term ratings from at least two Rating Agencies of at least P-/A-1+ or equivalent;
  3. Experience providing such facilities to state and local government issuers;
  4. Fees, including without limitation initial and ongoing costs of the Credit Facility; draw, transfer and related fees; counsel fees; termination fees and any trading differential; and
  5. Willingness to agree to the terms and conditions proposed or required by the District.
- XI. Use of Derivatives
- Derivative products will be considered where appropriate in the issuance or management of debt only in instances where it has been demonstrated that the derivative product will either provide a hedge that reduces risk of fluctuations in expense or revenue, or alternatively, where it will reduce total project cost. An analysis of early termination costs and other conditional terms will also be performed given certain financing and marketing assumptions. Such analysis will document the risks and benefits associated with the use of the particular derivative product. Derivative products will only be utilized with prior Board approval.
- XII. Methods of Sale and Pricing of Debt
- There are three principal methods for the initial sale of Debt: (i) competitive; (ii) negotiated and (iii) private placement. The District shall utilize that method of sale that (a) is reasonably expected to produce the most advantageous interest cost with respect to the Debt and (b) provides the District with the flexibility necessary or desirable in connection with the structuring, timing or terms of such Debt. The District shall utilize such method that is likely to provide the most advantageous borrowing costs and execution on behalf of the District.



Debt may be sold at such prices, including at par, a premium or a discount, as the District may determine is likely to produce the most advantageous interest cost under then prevailing market conditions, subject to compliance with applicable State law.

### XIII. Debt Redemption Programs

The District may establish from time-to-time a plan or program for the payment and/or redemption of outstanding Debt and/or interest thereon from revenues and/or other available funds pursuant to a recommendation from the Chief Financial Officer. Such plan or program may be for the purposes of reducing outstanding Debt, managing the amount of debt service payable in any year, or other suitable purposes, as determined by the District.

### XIV. Professional Services

The District may retain professional services providers as necessary or desirable in connection with (i) the structuring, issuance and sale of its Debt; (ii) monitoring of and advice regarding its outstanding Debt; and (iii) the negotiation, execution and monitoring of related agreements, including without limitation Bond Insurance, Credit Facilities, Derivatives and investment agreements; and (iv) other similar or related matters. Professional service providers may include financial advisors, bond counsel, disclosure counsel, District consultants, bond trustees and Federal arbitrage rebate services providers, and may include, as appropriate, underwriters, feasibility consultants, remarketing agents, auction agents, broker-dealers, escrow agents, verification agents and other similar parties.

The District shall require that its Financial Advisors, bond and disclosure counsel and other District consultants be free of any conflicts of interest, or that any necessary or appropriate waivers or consents are obtained.

#### A. Financial Advisors

The District may utilize one or more Financial Advisors to provide ongoing advisory services with respect to the District's outstanding and proposed Debt and related agreements, including without limitation Credit Facilities, Derivatives, investment agreements and other similar matters.

#### B. Bond Counsel, Disclosure Counsel and Other Legal Counsel

1. Bond Counsel. The District may utilize one or more bond counsel firms to provide ongoing legal advisory services with respect to the District's outstanding and proposed Debt and related agreements, including without limitation Credit Facilities, Derivatives, investment agreements and other similar matters. All Debt issued by the District shall require a written opinion from the District's bond counsel, as appropriate, regarding (i) the validity and binding effect of the Debt, and (ii) the exemption of interest from Federal and State income taxes.
2. Disclosure Counsel. The District may utilize a disclosure counsel firm to provide ongoing legal advisory services with respect to initial and continuing disclosure in connection with the District's outstanding and proposed Debt. Such firm may be one of the District's bond counsel firms. The issuance of Debt by the District shall require a written opinion from the District's disclosure counsel, as appropriate, regarding (i) the exemption of the Debt from registration requirements under Federal securities laws, and (ii) their absence of knowledge, after due review, regarding any material misstatement in or omission from the official statement or other public offering document with respect to the Debt.
3. Other Legal Counsel. The District may encourage or require, as appropriate, the retention and use of legal counsel by other parties involved in the issuance of Debt and the execution of related agreements who are approved by the District.

#### C. District Consultant

The District may utilize one or more outside District consultants to provide ongoing advisory services with respect to the District's outstanding and proposed Debt, District tax rates, fares, strategic business and financial decisions and such other matters as the District requires.

#### D. Trustees and Fiscal Agents

The District may engage bond trustees and/or fiscal agents, paying agents and tender agents, as necessary or appropriate, in connection with the issuance of its Debt.

#### E. Underwriters

The District may engage a team of underwriters, including a senior managing underwriter, in connection with the negotiated sale of its Debt. The District also may engage one or more underwriters, as necessary or appropriate, to serve as remarketing agents, broker-dealers or in other similar capacities with respect to variable rate, auction, tender option, commercial paper and other similar types of Debt issued by the District.

#### F. Feasibility Consultants

The District may retain feasibility consultants in connection with proposed project, programs, facilities or activities to be financed in whole or in part from proceeds of Debt. The criteria for the selection of such feasibility consultants, in addition to those set forth above, shall include their expertise and experience with projects, programs, facilities or activities similar to those proposed to be undertaken by the District.

#### G. Arbitrage Rebate Services Providers

Because of the complexity of the Federal arbitrage rebate statutes and regulations, and the severity of potential penalties for non-compliance, the District may retain an arbitrage rebate services provider in connection with its outstanding and proposed Debt, and may also solicit related legal and tax advice from its bond counsel or separate tax counsel. The responsibilities of the arbitrage rebate services provider shall include: (i) the periodic calculation of any accrued arbitrage rebate liability and of any rebate payments due under and in accordance with the Code and the related rebate regulations; (ii) advice regarding strategies for minimizing arbitrage rebate liability; (iii) the preparation and filing of periodic forms and information required to be submitted to the Internal Revenue Service; (iv) the preparation and filing of requests for reimbursement of any prior overpayments; and (v) other related matters as requested by the District.

The District shall maintain necessary and appropriate records regarding (i) the expenditure of proceeds of Debt, including the individual projects and facilities financed and the amounts expended thereon, and (ii) investment earnings on such Debt proceeds. The District shall maintain such records for such period of time as shall be required by the Code.

#### H. Other Professional Services

The District may retain such other professional services providers, including without limitation verification agents, escrow agents, auction agents, as may be necessary or appropriate in connection with its Debt.

### XV. Budgeting and Capital Planning

The District's budgeting process, including its budgeting process for capital expenditures, shall provide a framework for evaluating proposed debt issuances.

### XVI. Credit Rating Objectives

The District shall seek to preserve and enhance the credit ratings with respect to its outstanding Debt to the extent consistent, with the District's current and anticipated business operations and financial condition, strategic plans and goals and other objectives, and in accordance with any developed credit strategies.

### XVII. Debt Affordability

Consistent with its credit rating objectives, the District shall periodically review its debt affordability levels and capacity for the undertaking of new financing obligations to fund its capital improvement plans. Debt affordability measures shall be based upon the credit objectives of the District, criteria identified by rating agencies for high-grade credits, comparison of industry peers and other internal factors of the District.

### XVIII. Relationships with Market Participants

The District shall seek to preserve and enhance its relationships with the various participants in the municipal bond market, including without limitation, the Rating Agencies, Bond Insurers, credit/liquidity providers and current and prospective investors, including through periodic communication with such participants.

The District shall prepare or cause to be prepared appropriate disclosures as required by Securities and Exchange Commission Rule 15c2-12, the federal government, the State of California, rating agencies and other persons or entities entitled to disclosure to ensure compliance with applicable laws and regulations and agreements to provide ongoing disclosure.

### XIX. Periodic Review

The Chief Financial Officer shall review this Debt Policy on a periodic basis, and recommend any changes to the Board for consideration. This Debt Policy, including any proposed changes or additions hereto, shall be presented to the Board at least once every three (3) years for re-approval.

**Source Administrator** Hernandez, Lisa  
**Document Owner** Bogert, Michael  
**Collaborators:** Dara Czerwonka, Elvira Simmons, Jerry Kaufman, Deborah Hollick, Joy Gorzeman, Mark Neu, Julie Avila  
**Reviewers**  
**Approvals**  
**- Committees:**  
**Original Effective Date** 03/28/2018  
**Revised** [03/28/2018 Rev. 0]  
**Reviewed**  
**Next Review Date** 03/27/2021

**Attachments:**  
**(REFERENCED BY THIS DOCUMENT)**

**Other Documents:**  
**(WHICH REFERENCE THIS DOCUMENT)**

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:58892\\$0](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:58892$0).

# ADDENDUM E

# Memorandum



To: Board of Directors  
From: Laura Barry, Chair, Board Finance Committee  
Date: February 13, 2023  
Re: Board Finance Committee, Wednesday, January 25, 2023, Meeting Summary

**BOARD MEMBER ATTENDANCE:** Directors Barry & Pacheco

**INFORMATION ITEMS – None**

### ACTION ITEMS

- **Minutes, Wednesday, November 30, 2022, Board Finance Committee Meeting:** Reviewed and approved the draft minutes from the Wednesday, November 30, 2022, Board Finance Committee meeting.
- **Executed, Budgeted, Routine Physician Agreements<sup>1</sup>:** Reviewed and recommended approval of the Executed, Budgeted, Routine, Physician Agreements that had been administratively approved, signed and became effective in prior months.
- **Finance Committee Meeting Dates, Times & Locations:** Reviewed and established the dates, time and location for the Finance Committee meetings for the remainder of Calendar Year 2023 and for January 2024.
  - *The meetings will be held at 1:30 p.m. on the fourth Wednesday of each month that follows the end of a quarter with two additional meetings in May and August – the dates are listed below:*

<b><u>2023 &amp; JANUARY 2024 BOARD FINANCE COMMITTEE MEETING SCHEDULE</u></b>					
WED	WED	WED	WED	WED	WED
April 26, 2023	May 24, 2023	July 26, 2023	August 23, 2023	October 25, 2023	January 24, 2024

- **Locations are:**
  - *In the Linda Greer Conference Room at Palomar Health’s Administrative Offices, located at 2125 Citracado Parkway, Suite 300, Escondido, CA. Members of the Committee who are elected members of the Board of Directors shall attend at that location*
  - *A virtual option will be provided for elected members of the-Board who are not members of the Committee and wish to only observe, for non-Board member attendees, and for members of the public. Members of the public may attend either in person or virtually.*
- **December 2022 and YTD FY2023 Financial Report<sup>1</sup>:** Reviewed the Financial Reporting Packet and recommended approval of the December 2022 and YTD FY2023 financial performance, which reflected operating income of \$444.4K, unfavorable to budget by \$4.3M and to December 2021 by \$4.5M. On a YTD basis—FY2023 through 6 months—operating income was \$5.03M, unfavorable to budget by \$23.8M. YTD net income was -\$9K, unfavorable to budget by \$25.9M.

<sup>1</sup> Backup documentation may be reviewed elsewhere in the agenda packet

# Memorandum



**To:** Board of Directors  
**From:** Jeffrey Griffith, EMT-P, Chair, Board Governance Committee  
**Date:** February 13, 2023  
**Re:** Board Governance Committee, February 2, 2023, Meeting Summary

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**BOARD MEMBER ATTENDANCE:** Directors Griffith, Barry and Corrales

## **INFORMATION ITEM**

- **Lucidoc Board Policy Listing, February 2, 2023:** The committee reviewed the Lucidoc Board Policy Listings.

## **ACTION ITEMS**

- **Board Governance Committee meeting Minutes, December 1, 2022:** The committee reviewed and approved the draft minutes from the Thursday, December 1, 2022, regular Board Governance Committee meeting.
- **Adopt Board Governance Committee meeting schedule for calendar year 2023 and February 2024:** The committee reviewed and approved. Scheduled meetings will be at 12:00 pm on:

<b>Thursday April 6, 2023</b>	<b>Thursday August 3, 2023</b>	<b>Thursday December 7, 2023</b>
<b>Thursday June 12, 2023</b>	<b>Thursday October 5, 2023</b>	<b>Thursday February 1, 2024</b>

- **Policy Review – Disposition of Surplus Property #21804:** The committee reviewed and motioned to recommend Board approve a resolution authorizing general disposition of surplus property. If Board approves such resolution, committee recommends retirement of policy.
- **Policy Review – Debt Policy #58892:** The committee reviewed and recommends re-adoption of policy as written
- **Policy Review – Statement of Investment #27092:** The committee reviewed and recommends re-adoption of policy as written
- **Policy Development – Policy Review, Approval and Recommendation by Standing Committees:** Recommend allowing standing committees, other than the Board Government Committee, to recommend policies to the Full Board as appropriate. The individual charters of the standing committees in conjunction with the Bylaws provides for this, so no further policy is needed.
- **Policy Development – Board Member Meeting Attendance:** Legal update regarding meeting attendance has been added to Board of Directors meeting, February 13, 2023. The Governance Committee will convene on February 23, 2023, to develop and recommend a policy to the full Board.

- **Policy Development – Board Member Teleconferencing:** Legal update regarding member teleconferencing has been added to Board of Directors meeting, February 13, 2023. The Governance Committee will convene on February 23, 2023, to develop and recommend a policy to the full Board.

# Memorandum



**To:** Board of Directors  
**From:** Mike Pacheco, Chair, Board Strategic and Facilities Planning Committee  
**Date:** February 13, 2023  
Board Strategic and Facilities Planning Committee  
**Re:** January 31, 2023, Meeting Summary

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**BOARD MEMBER ATTENDANCE:** Directors Pacheco, Barry & Griffith

**INFORMATION ITEM**

- **Service Line Update –Women’s & Children’s Services<sup>1</sup>:** Following a request by the Committee that the practice of reviewing various service lines throughout the year be reinstated, a presentation was made to the Committee that provided an overview of the Women’s & Children’s Services program. A decision regarding the next service line to be presented was not made during the meeting.

**ACTION ITEM**

- **Strategic & Facilities Planning Committee Meeting Dates, Times & Locations:** Reviewed and established the dates, time and location for the Strategic & Facilities Planning Committee meetings for the remainder of Calendar Year 2023 and for January 2024.
  - *The meetings will be held at 3:00 p.m. on the last Tuesday of odd months – the dates are listed below:*

<b><u>2023 &amp; JANUARY 2024 STRATEGIC &amp; FACILITIES PLANNING COMMITTEE MEETING SCHEDULE</u></b>		
<b>Tuesday March 28, 2023</b>	<b>Tuesday May 30, 2023</b>	<b>Tuesday July 25, 2023</b>
<b>Tuesday September 26, 2023</b>	<b>Tuesday November 28, 2023</b>	<b>Tuesday January 30, 2024</b>

- **Locations are:**
  - *In the Linda Greer Conference Room at Palomar Health’s Administrative Offices, located at 2125 Citracado Parkway, Suite 300, Escondido, CA. Members of the Committee who are elected members of the Board of Directors shall attend at that location*
  - *A virtual option will be provided for elected members of the-Board who are not members of the Committee and wish to only observe, for non-Board member attendees, and for members of the public. Members of the public may attend either in person or virtually.*

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<sup>1</sup> Attached

# Women & Children's Service Line

Presented to the Board Strategic & Facilities Planning Committee

Amy Murray, District Director | January 31, 2023

Passion. People. Purpose.™



# 8 East Palomar Health NICU

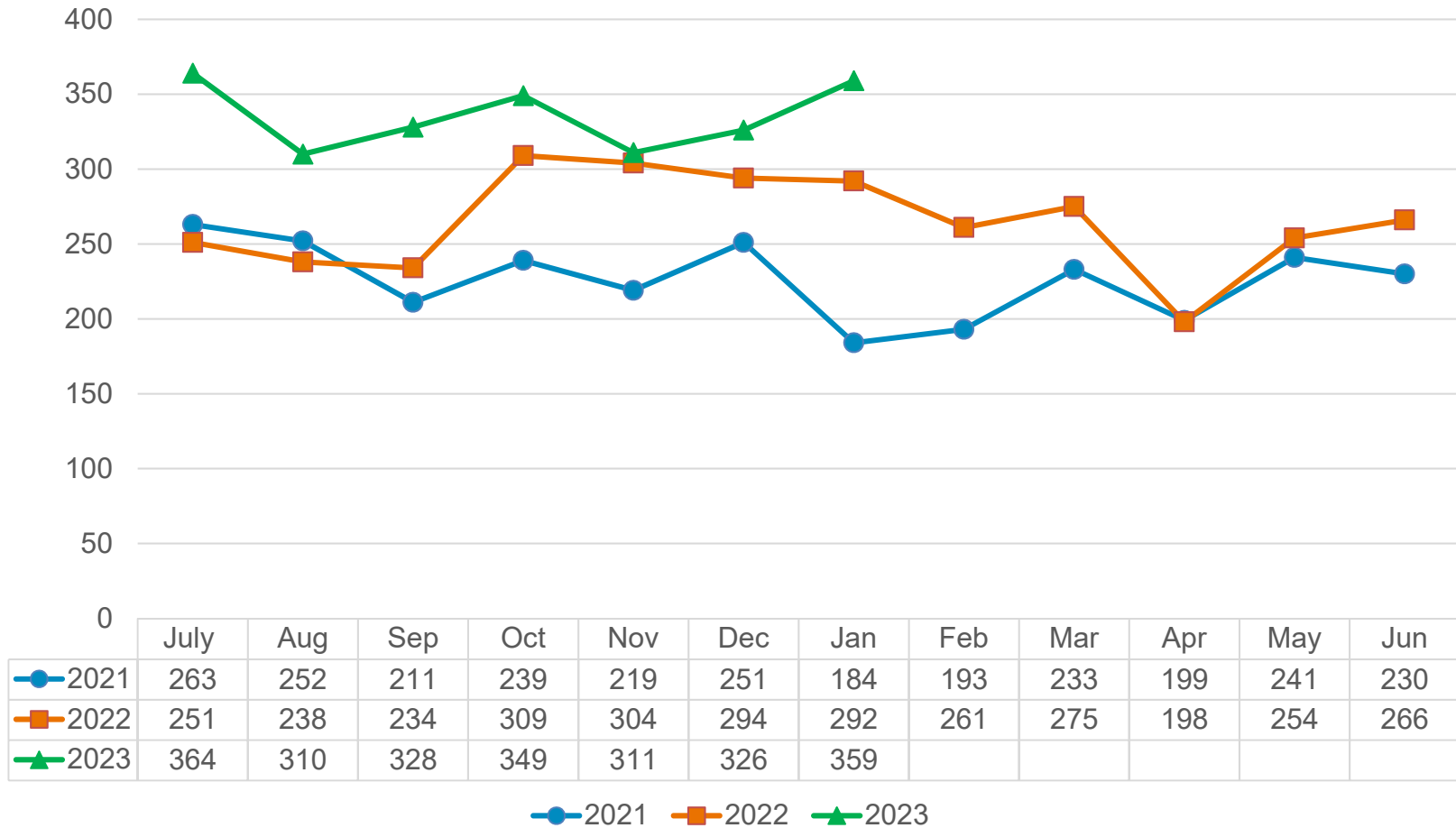
## Project Snapshot:

- Expansion from 4 to 12 beds
- A new kind of partnership
- Capital Equipment
- Supplies
- IT – A new EMR for this team!
- Pharmacy
- Education
- Finance
- Patient Access
- Patient Experience
- Quality Databases
- Ancillary Services
- Celebration
- Gratefulness



# Delivery Volume

Escondido Delivery Trend



## Escondido 2022 Quality Measures

- Overall Cesarean Rate 24.1% (868/3599)
- Low Risk Cesarean Rate 19.9% (234/1175)
- VBAC 81.7% (143/175)
- Timely treatment of Severe HTN 97.2% (174/179)
- Exclusive Breastfeeding 51.1% (1844/3606)

# Award Winning Care



BlueDistinction®  
Specialty Care

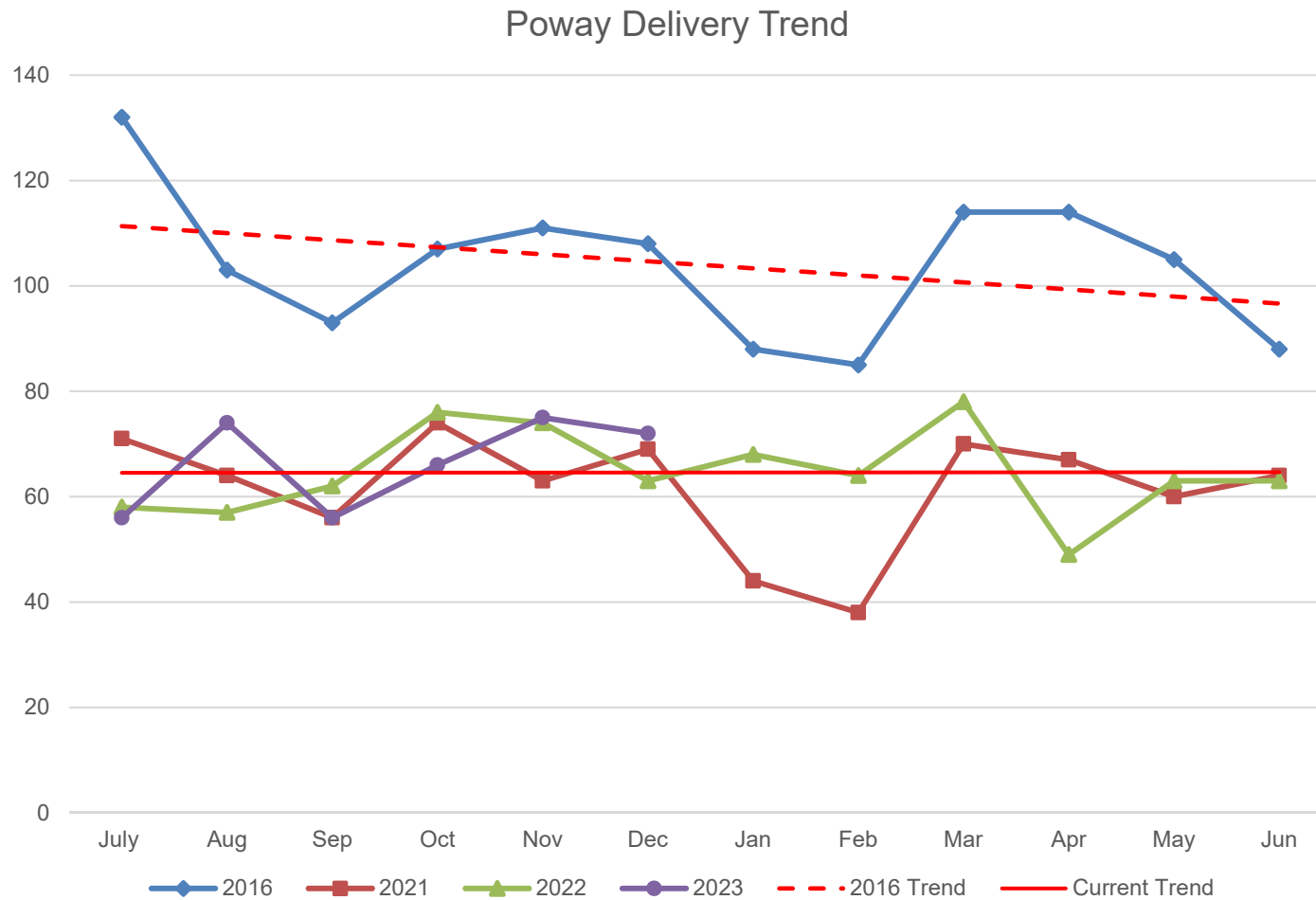
## Facility Maternal Quality Measures:

- NQF #0469: PC-01 Elective Delivery
- NQF #0471: PC-02 Cesarean Section
- NQF #0470: Incidence of Episiotomy
- PSI 18: Obstetric Trauma Rate – Vaginal Delivery with Instrument
- PSI 19: Obstetric Trauma Rate – Vaginal Delivery without Instrument
- Quality Measures Related to Maternal Safety Bundles
- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction of Primary Cesarean Birth
- Care for Pregnant and Postpartum People with Substance Use Disorder
- Maternal Discharge Transition
- Maternal Sepsis
- Cardiac Conditions in Obstetrical Car

# Poway 2022 Quality Measures

- Overall Cesarean Rate 24.8% (194/781)
- Low Risk Cesarean Rate 18.0% (50/278)
- VBAC 75% (12/16)
- Timely Treatment of Severe HTN 100% (29/29)
- Exclusive Breastfeeding 82.5% (644/781)

# Poway Delivery Trend



# Physician Coverage

## Escondido

- OBHG (Obstetric Hospitalists Group)
  - TrueCare
  - Vista Community Clinic
  - Neighborhood Health Care
  - Palomar Health Medical Group (PHMG) physicians as needed
- PHMG- Drs. Cizmar, Hinshaw & Babkina

## Poway

- PHMG physician Dr. Cobb
- Independent physician- Dr. Fan
- Laborist/gyn panel only- Drs. Castillo and Kohatsu

# Patients by Zip Code

PMC-Poway

Critical Care & Medical Surgical Patients

Encounters by Dept

Patient City	Critical Care	Medical Surgical	Total Encounters	% of Total Encounters
SAN DIEGO	271	1,084	1,355	31.0%
POWAY	138	660	798	18.3%
RAMONA	146	603	749	17.1%
ESCONDIDO	95	501	596	13.6%
SAN MARCOS	18	88	106	2.4%
VALLEY CENTER	15	75	90	2.1%
VISTA	17	56	73	1.7%
OCEANSIDE	7	51	58	1.3%
JULIAN	11	51	62	1.4%



# Patients by Zip Code

## PMC-Poway

### Critical Care & Medical Surgical Patients + Obstetrics

Encounters by Dept

Patient City	Critical Care	Medical Surgical	Total Encounters	% of Total Encounters
SAN DIEGO	271	1,084	1,355	31.0%
POWAY	138	660	798	18.3%
RAMONA	146	603	749	17.1%
ESCONDIDO	95	501	596	13.6%
SAN MARCOS	18	88	106	2.4%
VALLEY CENTER	15	75	90	2.1%
VISTA	17	56	73	1.7%
OCEANSIDE	7	51	58	1.3%
JULIAN	11	51	62	1.4%

Patient City	Deliveries	% of Total Deliveries
SAN DIEGO	228	29.7%
ESCONDIDO	144	18.8%
RAMONA	95	12.4%
SAN MARCOS	55	7.2%
POWAY	53	6.9%
FALLBROOK	19	2.5%
TEMECULA	17	2.2%
VISTA	16	2.1%
VALLEY CENTER	12	1.6%