



*Board of Directors  
Meeting Agenda Packet*

*August 14, 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)

## *Our Mission*

To heal, comfort, and promote health  
in the communities we serve

## *Our Vision*

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

## *Our 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

**POSTED**  
**Wednesday**  
**August 9, 2023**

# BOARD OF DIRECTORS MEETING

## AGENDA

**Monday, August 14, 2023**  
**6:30 p.m.**

**PLEASE SEE PAGE 3 FOR MEETING LOCATION**

The Board may take action on any of the items listed below, unless the item is specifically labeled "Informational Only"				Time	Form A Page	Target
<b>CALL TO ORDER</b>						<b>6:30</b>
<b>1.</b>	<b>ESTABLISHMENT OF QUORUM</b>			2	-	6:32
<b>2.</b>	<b>OPENING CEREMONY</b>			3		6:35
	a. Pledge of Allegiance to the Flag					
<b>3.</b>	<b>PUBLIC COMMENTS<sup>1</sup></b>			30	-	7:05
<b>4.</b>	<b>PRESENTATIONS – Informational Only</b>					
	a. Patient Experience Moment			5		7:10
	b. Physician Recognition			5		7:15
<b>5.</b>	<b>APPROVAL OF MINUTES (ADD A)</b>			5		7:20
	a. Board of Directors Meeting – Monday, July 10, 2023 (Pp 16-24)				2	
	b. Board of Directors Special Closed Session Meeting – Thursday, July 6, 2023 (Pp 25-26)				3	
<b>6.</b>	<b>APPROVAL OF AGENDA</b> to accept the Consent Items as listed (ADD B)			5		7:25
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 28-31)				4	
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 32-62)				5	
	c. Trauma Surgery Clinical Privileges – Palomar Medical Center Escondido (Pp 63-66)				6	
	d. Pulmonary Medicine Clinical Privileges – Palomar Medical Center Escondido (Pp 67-71)				7	
	e. Medical Staff Peer Review – Palomar Medical Center Escondido (Pp 72-92)				8	
	f. Executed, Budgeted, Routine Physician Agreements (Pp 93-94)				9	
	g. Pre-Audit June 2023 & YTD FY2023 Financial Statistics (Pp 95-124)				10	
<b>7.</b>	<b>REPORTS – Informational Only</b>					
	<b>a. Medical Staff</b>					
	I. Palomar Medical Center Escondido – <i>Kanchan Koirala, MD</i>			5		7:30
	II. Palomar Medical Center Poway – <i>Sam Filiciotto, MD</i>			5		7:35
	<b>b. Administration</b>					
	I. <u>President and CEO</u> – <i>Diane Hansen</i>			5		7:40
	II. <u>Chair of the Board</u> – <i>Linda Greer, RN</i>			5		7:45
<b>8.</b>	<b>APPROVAL of BYLAWS, CHARTERS, RESOLUTIONS, and OTHER ACTIONS (ADD C)</b>			10		7:55
	<b>Agenda Item</b>	<b>Committee or Dept.</b>	<b>Action</b>			
	a. Resolution No. 08.14.23(01)-13 of Palomar Health Concerning the Levy & Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2023-2024 to pay principal & Interest on General Obligation Bonds & Authorizing the Taking of All Actions Necessary in Connection Therewith (Pp 126-129)	Finance	Review/ Approve		11-12	
	b. Resolution No. 08.14.23(02)-14 of Palomar Health Establishing the Appropriations Limit of the District for the	Finance	Review/ Approve		13	

	Fiscal Year July 1, 2023 – June 30, 2024, Pursuant to Article XIII(B) of the California Constitution <i>(Pp 130-133)</i> c. Resolution No. 08.14.23(03)-15 of the Board of Directors of Palomar Health Establishing Signature Authority Limits for the District’s Checking Accounts <i>(Pp 134)</i>	Finance	Review/ Approve		14	
<b>9.</b>	<b>COMMITTEE REPORTS – Informational Only (ADD D)</b>			5		8:00
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair <i>(No meeting in July)</i>					
	b. Community Relations Committee – Terry Corrales, Committee Chair <i>(No meeting in July)</i>					
	c. Finance Committee – Laura Barry, Committee Chair <i>(Pp 136)</i>					
	d. Governance Committee – Jeff Griffith, Committee Chair <i>(No meeting in July)</i>					
	e. Human Resources Committee – Terry Corrales, Committee Chair <i>(No meeting in July)</i>					
	f. Quality Review Committee – Linda Greer, Committee Chair <i>(Pp 137)</i>					
	g. Strategic & Facilities Planning Committee – Michael Pacheco, Committee Chair <i>(No meeting in July)</i>					
<b>FINAL ADJOURNMENT</b>					-	8:00

NOTE: If you have a disability, please notify us by calling 760.740.6375, 72 hours prior to the event so that we may provide reasonable accommodations

<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, or refer to page 4 of agenda.

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

[Public Comments and Attendance at Public Board Meetings](#)



# Board of Directors Meeting Location Options

**Linda Greer Board Room**  
**2185 Citracado Parkway, Suite 300**  
**Escondido, CA 92029**

- Elected Board Members of the Palomar Health Board of Directors will attend at this location, unless otherwise noticed below
- Other non-Board member attendees, and members of the public may also attend at this location

<https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

**Meeting ID: 292 740 851 974**

**or**

**Dial in using your phone at 929.352.2216; Access Code: 896 226 868#<sup>1</sup>**

- Other non-Board member attendees, and members of the public may also attend the meeting virtually utilizing the above link

<sup>1</sup> *New to Microsoft Teams? Get the app now and be ready when your first meeting starts: [Download Teams](#)*

DocID: 21790  
 Revision: 9  
 Status: Official

**Source:**  
 Administrative  
 Board of Directors

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

**Applies to Departments:**  
 Board of Directors

## Policy: Public Comments and Attendance at Public Board Meetings

### **I. PURPOSE:**

A. It is the intention of the Palomar Health Board of Directors to hear public comment about any topic that is under its jurisdiction. This policy is intended to provide guidelines in the interest of conducting orderly, open public meetings while ensuring that the public is afforded ample opportunity to attend and to address the board at any meetings of the whole board or board committees.

### **II. DEFINITIONS:**

A. None defined.

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

- A. There will be one-time period allotted for public comment at the start of the public meeting. Should the chair determine that further public comment is required during a public meeting, the chair can call for such additional public comment immediately prior to the adjournment of the public meeting. Members of the public who wish to address the Board are asked to complete a [Request for Public Comment form](#) and submit to the Board Assistant prior to or during the meeting. The information requested shall be limited to name, address, phone number and subject, however, the requesting public member shall submit the requested information voluntarily. It will not be a condition of speaking.
- B. Should Board action be requested, it is encouraged that the public requestor include the request on the *Request for Public Comment* as well. Any member of the public who is speaking is encouraged to submit written copies of the presentation. C. The subject matter of any speaker must be germane to Palomar Health's jurisdiction.
- D. Based solely on the number of speaking requests, the Board will set the time allowed for each speaker prior to the public sections of the meeting, but usually will not exceed 3 minutes per speaker, with a cumulative total of thirty minutes.
- E. Questions or comments will be entertained during the "Public Comments" section on the agenda. All public comments will be limited to the designated times, including at all board meetings, committee meetings and board workshops.
- F. All voting and non-voting members of a Board committee will be seated at the table. Name placards will be created as placeholders for those seats for Board members, committee members, staff, and scribes. Any other attendees, staff or public, are welcome to sit at seats that do not have name placards, as well as on any other chairs in the room. For Palomar Health Board meetings, members of the public will sit in a seating area designated for the public.
- G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.
- H. The public shall be afforded those rights listed below (Government Code Section 54953 and 54954).
  - 1. To receive appropriate notice of meetings;
  - 2. To attend with no pre-conditions to attendance;
  - 3. To testify within reasonable limits prior to ordering consideration of the subject in question;
  - 4. To know the result of any ballots cast;
  - 5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
  - 6. To review recordings of meetings within thirty days of recording; minutes to be Board approved before release;
  - 7. To publicly criticize Palomar Health or the Board; and
  - 8. To review without delay agendas of all public meetings and any other writings distributed at the meeting. I. This policy will be reviewed and updated as required or at least every three years.

### **IV. ADDENDUM:**

Original Document Date: 2/94  
 Reviewed: 8/95; 1/99; 9/05  
 Revision Number: 1 Dated: 9/20/05

**Source Administrator** Hernandez, Lisa

**Document Owner** DeBruin, Kevin

**Collaborators:** Carla Albright, Deanna Peterson, Deborah Hollick, Douglas Moir, Jami Piearson, Jeffrey Griffith, Julie H Avila, Kelly Wells, Laurie Edwards-Tate, Megan Strole, Nancy Calabria, Nanette Irwin, Richard Engel, Sally Valle, Tanya L Howell, Thomas Kumura

**Reviewers**

**Approvals**

**- Committees:** ( 10/12/2022 ) Policies & Procedures

**- Signers:** Kevin DeBruin

**Original Effective Date** Kevin DeBruin, Chief Legal Officer ( 10/25/2022 09:21AM PST )

**Revised Reviewed** [09/20/2005 Rev. 1], [03/13/2009 Rev. 2], [04/14/2012 Rev. 3], [05/01/2014 Rev. 4], [02/03/2017 Rev. 5], [04/22/2019 Rev. 6], [07/10/2019 Rev. 7], [12/02/2021 Rev. 8], [10/25/2022 Rev. 9]

**Next Review Date** 10/24/2025

**Attachments:**

**(REFERENCED BY** [Public Comment Form](#)

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

# Minutes Board of Directors Meeting July 10, 2023

**TO:** Board of Directors

**MEETING DATE:** Monday, August 14, 2023

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

**Background:** The minutes from the July 10, 2023, Regular Board of Directors meeting are respectfully submitted for approval.

**Budget Impact:** N/A

**Staff Recommendation:** Recommend to approve the July 10, 2023, Regular Board of Directors meeting minutes.

**Committee Questions:** N/A

**COMMITTEE RECOMMENDATION:** N/A

**Motion:**

**Individual Action:**

**Information:**

**Required Time:**

**Minutes  
Special Closed Session  
Board of Directors Meeting  
July 6, 2023**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 14, 2023

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

**Background:** The minutes from the July 6, 2023, Special Closes Session Board of Directors meeting are respectfully submitted for approval.

**Budget Impact:** N/A

**Staff Recommendation:** Recommend to approve the July 6, 2023, Special Closed Session Board of Directors meeting minutes.

**Committee Questions:** N/A

**COMMITTEE RECOMMENDATION:** N/A

**Motion:**

**Individual Action:**

**Information:**

**Required Time:**



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

**TO:** Board of Directors

**MEETING DATE:** August 14, 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  
July, 2023**

**TO:** Board of Directors

**MEETING DATE:** Monday August 14, 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  
Medical Staff Privilege Checklist**

**TO:** Board of Directors

**MEETING DATE:** August 14, 2023

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

**Background:** Trauma Core Privilege Checklist: New Core Privilege Checklist. Has been approved at all applicable Medical Staff Department meetings at PMC Escondido. Final version only as this is brand new.

**Budget Impact:** None.

**Staff Recommendation:** Recommend Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** Approval

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Palomar Medical Center Escondido  
Medical Staff Privilege Checklist**

**TO:** Board of Directors

**MEETING DATE:** August 14, 2023

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

**Background:** Pulmonary Core Privilege Checklist: New Core Privilege Checklist. Has been approved at all applicable Medical Staff Department meetings at PMC Escondido. Final version only as this is brand new. Please note: This is Escondido only at this time in order to get the new Robotic Assisted Bronchoscopy procedure up and running at the Escondido campus. This checklist is still in approval process at PMC Poway.

**Budget Impact:** None.

**Staff Recommendation:** Recommend Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** Approval

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Palomar Medical Center Escondido  
Medical Staff Policy/Procedure**

**TO:** Board of Directors

**MEETING DATE:** August 14, 2023

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

**Background:** PMC Escondido Peer Review Policy: The PMC Escondido Medical Staff Peer Review Committee has updated their policy to current standards/best practices.

**Budget Impact:** None.

**Staff Recommendation:** Recommend Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** Approval

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**EXECUTED, BUDGETED, ROUTINE PHYSICIAN AGREEMENT**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 14, 2023

**FROM:** Board Finance Committee  
Wednesday, July 26, 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>Branislav Cizmar, MD</li></ul>	<ul style="list-style-type: none"><li>Amendment 1 to Medical Director Agreement – OB/GYN Services – PMC Escondido</li></ul>

The standard Form A and Abstract Table are attached as Addendum B, page 93 - 94.

**Staff Recommendation:** Approval

**COMMITTEE RECOMMENDATION:** The Board Finance Committee recommends approval of the Executed Budgeted Routine Physician Agreement as presented. Approval recommended 5 to 0 by the Committee; Board members: 3 to 0; Absent: 1.

**Motion:** X

**Individual Action:**

**Information:**

## Pre-Audit June 2023 & YTD FY2023 Financial Statistics

**TO:** Board of Directors

**MEETING DATE:** Monday, August 14, 2023

**FROM:** Board Finance Committee  
Wednesday, July 26, 2023

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

**Background:** As the June 2023 financial close has been extended to assure all FY2023 business transactions are recorded in the pre-audit financial statements, and consistent with prior year-end closings, full financial statements are not yet available. The statistics for the month of June are attached as Addendum B, page 95 - 124.

**Budget Impact:** N/A

**Staff Recommendation:** Information only

**Committee Questions:**

### COMMITTEE RECOMMENDATION:

**Motion:**

**Individual Action:**

**Information:** X

**Required Time:**

**Resolution No. 08.14.2023(01)-13**  
**General Obligation Bonds – Tax Levy 2023-2024**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 14, 2023

**FROM:** Board Finance Committee  
Wednesday, July 26, 2023

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

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

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

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

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

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

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

The Resolution (*Addendum C, page 126 - 129*) will authorize the County of San Diego to levy and collect the required *ad valorem* taxes for the 2023-2024 tax roll.

**Budget Impact:** N/A

**Staff Recommendation:** Approval of Resolution No. 08.14.23(01)-13 Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2023-2024 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith.

**Committee Questions:**



**Resolution No. 08.14.2023(01)-13**  
**General Obligation Bonds – Tax Levy 2023-2024**

**COMMITTEE RECOMMENDATION:** The Board Finance Committee recommends approval of Resolution No. 08.14.23(01)-13 Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2023-2024 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith. Approval recommended 5 to 0 by the Committee; Board members: 3 to 0; Absent: 1.

**Motion:**

**Individual Action:**     **X**

**Information:**

**Required Time:**

**Resolution No. 08.14.23(02)-14  
Establishment of Appropriations Limit for Fiscal Year 2024**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 14, 2023

**FROM:** Board Finance Committee  
Wednesday, July 26, 2023

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

**BACKGROUND:** The Board of Directors of Palomar Health annually adopts the Appropriations Limit for the district, pursuant to Article XIII B of the California Constitution. This action requests approval of the County’s Appropriations Limit for Fiscal Year 2024. This limit applies only to unrestricted appropriations and is not related to any appropriations that are restricted for the General Obligation Bonds.

The Appropriations Limit is calculated to be \$131,671,317 for Fiscal Year 2024 (*Addendum C, page 130 - 133*). The District is substantially under that limit and is expected to receive approximately \$23,500,000 in unrestricted property tax revenues in Fiscal Year 2024.

**BUDGET IMPACT:** None

**STAFF RECOMMENDATION:** Approval of Resolution No. 08.14.23(02)-14 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2023 – June 30, 2024, Pursuant to Article XIII(B) of the California Constitution.

**COMMITTEE QUESTIONS:**

**COMMITTEE RECOMMENDATION:** The Board Finance Committee recommends approval of Resolution No. 08.14.23(02)-14 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2023 – June 30, 2024, Pursuant to Article XIII(B) of the California Constitution. Approval recommended 5 to 0 by the Committee; Board members: 3 to 0; Absent: 1.

**Motion:**

**Individual Action:** X

**Information:**

**Required Time:**

**RESOLUTION NO. 08.14.23(03)-15**

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH  
ESTABLISHING SIGNATURE AUTHORITY LIMITS FOR THE DISTRICT'S CHECKING ACCOUNTS**

**TO:** Board of Directors  
**MEETING DATE:** Monday, August 14, 2023  
**FROM:** Hubert U. King, Chief Financial Officer

**Background:** Currently, Palomar Health's checking accounts require one (1) manual signature for amounts \$10,000.00 and below and two (2) manual signatures for amounts \$10,000.01 and above. The proposed resolution would increase these limits to one (1) manual signature for amounts \$20,000.00 and below and two (2) manual signatures for amounts \$20,000.01 and above.

**Budget Impact:** N/A

**Staff Recommendation:** Staff recommend the Board approve Resolution No. 08.14.23(03)-15 to provide greater account payable or disbursement efficiency when manual signatures on hard-copy checks are required.

**Committee Questions:** N/A

**COMMITTEE RECOMMENDATION:**

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

# ADDENDUM A



*Board of Directors Meeting Minutes – Monday, July 10, 2023*

*Agenda Item*

- *Discussion*

*Conclusion / Action /Follow Up*

**NOTICE OF MEETING**

Notice of Meeting was posted at the Palomar Health Administrative Office; also posted with full agenda packet to the Palomar Health website on Friday, July 7, 2023, which is consistent with legal requirements.

**CALL TO ORDER**

The meeting, which was held at Palomar Medical Center Escondido, 1<sup>st</sup> Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and called to order at 6:30 p.m. by Board Chair Linda Greer.

**1. ESTABLISHMENT OF QUORUM**

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

**2. OPENING CEREMONY – Pledge of Allegiance to the Flag**

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

**MISSION AND VISION STATEMENTS**

*The Palomar Health mission and vision statements are as follows:*

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

Agenda Item

- Discussion

Conclusion / Action /Follow Up

3. PUBLIC COMMENTS

- No public comments

4. PRESENTATIONS

a. Patient Experience Moment

- A patient experience video was shared with the Board.

b. Employee Recognition

- Director Laura Barry presented Hugh King, Chief Financial Officer, Melissa Wallace, Vice President of Finance, along with the Finance and Financial Planning Departments, with a certificate of appreciation.

c. Human Resources Presentation

- Interim Chief Human Resources Officer, Julie Pursell, shared a presentation highlighting the recent recruitment efforts of the Human Resources Department.

*Board of Directors Meeting Minutes – Monday, July 10, 2023*

*Agenda Item*

- *Discussion*

*Conclusion / Action /Follow Up*

**5. APPROVAL OF MINUTES**

- a. Board of Directors Meeting - Monday, June 12, 2023

**MOTION:** By Director Griffith, 2<sup>nd</sup> by Director Edwards-Tate and carried to approve the Monday, June 12, 2023 Board of Directors Meeting minutes, as presented.

Roll call voting was utilized.  
 Director Corrales – aye      Director Griffith – aye  
 Director Greer – aye      Director Barry – aye  
 Director Clark – aye      Director Pacheco – aye  
 Director Edwards-Tate – aye  
 Chair Greer announced that seven board members were in favor. None opposed. No abstentions. None absent. Motion approved.

- No discussion

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

- a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments
- b. Palomar Health Center Poway Medical Staff Credentialing and Reappointments
- c. Vascular Core Privilege Checklist – Palomar Medical Center Escondido
- d. Cardiothoracic Core Privilege Checklist – Palomar Medical Center Escondido

**MOTION:** By Director Barry, 2<sup>nd</sup> by Director Corrales and carried to approve Consent Agenda items A through D as presented.

Roll call voting was utilized.  
 Director Corrales – aye      Director Griffith – aye  
 Director Greer – aye      Director Barry – aye  
 Director Clark – aye      Director Pacheco – aye  
 Director Edwards-Tate – aye  
 Chair Greer announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.

- No discussion

**Agenda Item**

- **Discussion**

**Conclusion / Action /Follow Up**

**7. REPORTS**

**a. Medical Staffs**

I. Palomar Medical Center Escondido

Palomar Medical Center Escondido Chief of Staff, Dr. Kanchan Koirala, provided a verbal report to the Board of Directors.

II. Palomar Medical Center Poway

Palomar Medical Center Poway Chief of Staff, Dr. Sam Filiciotto, provided a verbal report to the Board of Directors.

**b. Administrative**

I. President and CEO

Palomar Health President & CEO Diane Hansen provided a verbal report to the Board of Directors:

- Thanked Julie Pursell for presentation
- Congratulated Melissa Wallace on being promoted to Vice President, Finance
- Addressed recent media reports

II. Chair of the Board



Agenda Item

• Discussion

Conclusion / Action /Follow Up

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

- ACHD Annual Meeting in Lake Tahoe, September 13-15
- Board self-evaluation is complete
- CEO evaluation will be sent out Tuesday, July 11<sup>th</sup> for completion

**8. APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS**

- a. Resolution No. 07.10.23(01)-10 – Resolution of the Board of Directors of Palomar Health Designating Subordinate Officers of the District

**MOTION:** By Director Edwards-Tate, 2<sup>nd</sup> by Director Pacheco and carried to approve and adopt Resolution No. 07.10.23(01)-10 – Resolution of the Board of Directors of Palomar Health Designating Subordinate Officers of the District as presented.

Roll call voting was utilized.

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

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

- No discussion

*Board of Directors Meeting Minutes – Monday, July 10, 2023*

*Agenda Item*

<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<p><i>Conclusion / Action /Follow Up</i></p>
<p>b. Resolution No. 07.10.23(02)-11 – Resolution of the Board of Directors of Palomar Health: Deposit Account and Treasury Management Services Banking Resolution and Certificate of Incumbency</p>	<p><b>MOTION:</b> By Director Griffith, 2<sup>nd</sup> by Director Clark and carried to approve and adopt Resolution No. 07.10.23(02)-11 – Resolution of the Board of Directors of Palomar Health: Deposit Account and Treasury Management Services Banking Resolution and Certificate of Incumbency as presented.</p> <p>Roll call voting was utilized.                      Director Corrales – aye      Director Griffith – aye                      Director Greer – aye          Director Barry – aye                      Director Clark – aye         Director Pacheco – aye                      Director Edwards-Tate – aye                      Chair Greer announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.</p>
<ul style="list-style-type: none"> <li>No discussion</li> </ul>	
<p>c. Resolution No. 07.10.23(03)-12 – Resolution of the Board of Directors of Palomar Health Authorizing the Investment of Monies in the Local Agency Investment Fund</p>	<p><b>MOTION:</b> By Director Barry, 2<sup>nd</sup> by Director Edwards-Tate and carried to approve and adopt Resolution No. 07.10.23(03)-12 – Resolution of the Board of Directors of Palomar Health Authorizing the Investment of Monies in the Local Agency Investment Fund as presented.</p> <p>Roll call voting was utilized.                      Director Corrales – aye      Director Griffith – aye                      Director Greer – aye          Director Barry – aye                      Director Clark – aye         Director Pacheco – aye                      Director Edwards-Tate – aye                      Chair Greer announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.</p>
<ul style="list-style-type: none"> <li>No discussion</li> </ul>	

Agenda Item

• Discussion

Conclusion / Action /Follow Up

d. Vote of No Confidence in a Director

**MOTION:** By Director Griffith, 2<sup>nd</sup> by Director Corrales and carried to approve a Vote of No Confidence in a Director

During discussion:

**MOTION:** By Director Clark, 2<sup>nd</sup> by Directors Edwards-Tate to remove agenda item and move to next Board meeting for additional consideration

Roll call voting was utilized.

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

Chair Greer announced that three board members were in favor. Four opposed. No abstention. None absent. Motion failed.

During discussion

**MOTION:** By Director Edwards-Tate, 2<sup>nd</sup> by Director Clark to postpone the consideration of the vote of no confidence to the next board meeting and to engage a third-party consultant

Roll call voting was utilized.

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

Chair Greer announced that two board members were in favor. Five opposed. No abstention. None absent. Motion failed.

**Board of Directors Meeting Minutes – Monday, July 10, 2023**

**Agenda Item**

<ul style="list-style-type: none"> <li><b>Discussion</b></li> </ul>	<b>Conclusion / Action /Follow Up</b>
	By the Chair, original Motion reintroduced to the floor. Roll call voting was utilized. Director Corrales – aye      Director Griffith – aye Director Greer – aye          Director Barry – aye Director Clark – nay          Director Pacheco – aye Director Edwards-Tate – nay Chair Greer announced that five board members were in favor. Two opposed. No abstention. None absent. Motion approved.
<ul style="list-style-type: none"> <li>• Before the motion, Chair Linda Greer read a written statement from Ali Fadhil, M.D.</li> <li>• Directors each had the opportunity to speak; Director John Clark was given an unlimited amount of time to respond to any issues raised and to seek clarification from the Parliamentarian on the procedural nature of the vote and was so advised</li> <li>• Voting commenced for the motion brought by Director John Clark</li> <li>• Directors each had the opportunity to speak; Director John Clark was given an unlimited amount of time to respond to any issues raised and to seek clarification from the Parliamentarian on the procedural nature of the vote and was so advised</li> <li>• Voting commenced for the motion brought by Director Laurie Edwards-Tate</li> <li>• Directors each had the opportunity to speak; Director John Clark was given an unlimited amount of time to respond to any issues raised and to seek clarification from the Parliamentarian on the procedural nature of the vote and was so advised</li> <li>• Voting commenced for the original motion on the floor</li> </ul>	
<b>9. COMMITTEE REPORTS</b> <i>(information only unless otherwise noted)</i>	
a. Audit and Compliance Committee	
<ul style="list-style-type: none"> <li>• Committee Chair Michael Pacheco reported the summary was included in the board meeting packet committee.</li> </ul>	
b. Community Relations Committee	
<ul style="list-style-type: none"> <li>• Committee Chair Terry Corrales reported the committee summary was included in the board meeting packet committee.</li> </ul>	
c. Finance Committee	
<ul style="list-style-type: none"> <li>• Committee Chair Laura Barry reported the committee was dark in the month of June.</li> </ul>	
d. Governance Committee	
<ul style="list-style-type: none"> <li>• Committee Chair Jeff Griffith reported the committee was dark in the month of June, but will be working on several policies to present to the Board in the future.</li> </ul>	
e. Human Resources Committee	

*Board of Directors Meeting Minutes – Monday, July 10, 2023*

*Agenda Item*

• *Discussion*

*Conclusion / Action /Follow Up*

- Committee Chair Terry Corrales reported the committee was dark in the month of June.

f. Quality Review Committee

- Committee Chair Linda Greer reported the committee was dark in the month of June.

g. Strategic & Facilities Planning Committee

- Committee Chair Michael Pacheco reported the committee was dark in the month of June.

**FINAL ADJOURNMENT**

- There being no further business, Chairwoman Linda Greer adjourned the meeting at 8:12 p.m.

**Signatures:**

**Board Secretary**

\_\_\_\_\_  
Terry Corrales, R.N.

**Board Assistant**

\_\_\_\_\_  
Carla Albright

<b>SPECIAL SESSION BOARD OF DIRECTOR’S MEETING MINUTES – THURSDAY, JULY 6, 2023</b>	
<b>AGENDA ITEM</b>	<b>CONCLUSION / ACTION</b>
<ul style="list-style-type: none"> <li><b>DISCUSSION</b></li> </ul>	
<b>I. CALL TO ORDER</b>	
<p>The meeting, which was held in the Linda Greer Board Room at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, and virtually, was called to order at 5:30 p.m. by Board Chair Linda Greer.</p>	
<b>NOTICE OF MEETING</b>	
<p>Notice of Meeting was posted at the Palomar Health Administrative Office, as well as on the Palomar Health website, on Friday, June 30, 2023, which is consistent with legal requirements.</p>	
<b>II. ESTABLISHMENT OF QUORUM</b>	
<p>Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Greer, Griffith, Pacheco Unexcused Absences: None</p>	
<b>III. PUBLIC COMMENTS</b>	
<p>There were no public comments</p>	
<b>IV. ADJOURNMENT TO CLOSED SESSION</b>	
<p><i>a. Pursuant to California Government Code § 54956.9(d)(4) – CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION – Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One (1) potential case</i></p>	
<b>V. RE-ADJOURNMENT TO OPEN SESSION</b>	
<b>VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY</b>	

**SPECIAL SESSION BOARD OF DIRECTOR'S MEETING MINUTES – THURSDAY, JULY 6, 2023**

**AGENDA ITEM**

**CONCLUSION / ACTION**

• **DISCUSSION**

- No action resulted from closed session

**VIII. FINAL ADJOURNMENT**

There being no further business, Chair Greer adjourned the meeting at 6:49 p.m.

**SIGNATURES:**

**BOARD SECRETARY**

\_\_\_\_\_  
Terry Corrales, R.N.

**BOARD ASSISTANT**

\_\_\_\_\_  
Carla Albright

# ADDENDUM B



Palomar Medical Center Escondido  
2185 Citracado Parkway  
Escondido, CA 92029  
(442) 281-1005 (760) 233-7810 fax  
Medical Staff Services

August 7, 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: August 14, 2023  
Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (08/14/2023 – 07/31/2025)

Bareiss, Anna K., M.D. – Otolaryngology  
Barnes Martinez, Clayton A., M.D. – Psychiatry  
Birdjandi, Farschad, M.D. – Internal Medicine  
Chen, William C., M.D. – Gastroenterology  
Deshpande, Rasika R., M.D. – Obstetrics/Gynecology  
Herold, Jessica, D.O. – Emergency Medicine  
Hur, Jane L., M.D. – Teleradiology  
Keleshian, Vasken, M.D. – Cardiovascular Disease  
Liu, Jenna I., M.D. – Diagnostic Radiology  
Paranay, Gregory L., M.D. – Teleradiology  
Raleigh, Todd M., M.D. – Neurology (IONM)  
Schweikert, Suzanne, M.D. – Obstetrics/Gynecology

Advance from Provisional to Active Category

Azam, Arsalan, M.D. – Emergency Medicine (eff. 08/14/2023 – 03/31/2025)  
Bradlaw, Jane, D.O. – Emergency Medicine (eff. 08/14/2023 – 11/30/2024)  
Brewster, Gregory S., M.D. – Emergency Medicine (eff. 08/14/2023 – 09/30/2024)  
Camilon, Marinelle L., M.D. – Family Practice (eff. 08/14/2023 – 02/29/2024)  
Chen, Tony T., M.D. – Surgery, Urology (eff. 08/14/2023 – 12/31/2024)  
Cohen, Jordan Y., M.D. – Emergency Medicine (eff. 08/14/2023 – 05/31/2025)  
Crain, Lindsey R., M.D. – Anesthesiology (eff. 08/14/2023 – 03/31/2024)  
Fazel, Shawn, M.D. – Internal Medicine (eff. 08/14/2023 – 05/31/2024)  
Gentile, Cindy S., M.D. – Emergency Medicine (eff. 09/01/2023 – 08/31/2025)  
Kuo, Frank, M.D. – Diagnostic Radiology (eff. 08/14/2023 – 04/30/2024)  
Lidstone, Erich, M.D., Ph.D. – Emergency Medicine (eff. 08/14/2023 – 03/31/2025)  
Miles, David, D.O. – Emergency Medicine (eff. 08/14/2023 – 01/31/2024)  
Pregerson, David B., M.D. – Emergency Medicine (eff. 08/14/2023 – 09/30/2023)  
Radwan, Rabab M., M.D. – Family Practice (eff. 08/14/2023 – 02/28/2025)  
Salameh, Joseph G., D.O. – Emergency Medicine (eff. 08/14/2023 – 09/30/2023)  
Sbiroli, Emily S., M.D. – Emergency Medicine (eff. 08/14/2023 – 07/31/2024)  
Shah, Suzanne S., M.D. – Emergency Medicine (eff. 08/14/2023 – 09/30/2024)

Advance from Provisional to Active Category with Reinstatement

Anderson, Danielle N., M.D. – OB/Gyn (eff. 08/14/2023 – 11/30/2024)

Uchino, Catherine A., M.D. – OB/Gyn (eff. 08/14/2023 – 02/29/2024)

Advance from Provisional to Courtesy Category

Unterberg, Stephen H., M.D. – Emergency Medicine (eff. 08/14/2023 – 12/31/2024)

Request for Additional Privileges

Nemceff, Dennis, M.D. – Vascular Surgery: Transcarotid Artery Revascularization (TCAR) (eff. 08/14/2023 – 08/31/2024)

Request for Leave of Absence

Aldous, Jeannette L., M.D. – Infectious Disease (eff. 09/01/2023 – 04/30/2025)

Voluntary Resignations

Acheatel, Roger J., M.D. – Cardiovascular disease, eff. 06/05/2023  
 Bailey, Erica L., M.D. - Emergency Medicine, effective 07/31/2023  
 Borghei, Saman, M.D. - Emergency Medicine, effective 07/31/2023  
 Butler, Ian M.D. - Critical Care Medicine, effective 07/31/2023  
 Garrison, David J., M.D. - Emergency Medicine, effective 07/31/2023  
 Golembeski, David J., M.D. – Neonatal-Perinatal Medicine, effective 06/30/2023  
 Hansen, Allan V., M.D. - Emergency Medicine, effective 07/31/2023  
 Johnson, Ebuloluwa, M.D. - Emergency Medicine, effective 07/31/2023  
 Joshi, Raj R., M.D. - Critical Care Medicine, effective 07/31/2023  
 Khan, Ayesha, M.D. - Emergency Medicine, effective 07/31/2023  
 Kinney-Ham, Lisa J., M.D. - Emergency Medicine, effective 07/31/2023  
 Landau, Mark, M.D. – Clinical Neurophysiology, effective 06/30/2023  
 Liboon, John P., M.D. - Emergency Medicine, effective 07/31/2023  
 London, Damon N., M.D. - Emergency Medicine, effective 07/31/2023  
 London, Keri L., M.D. - Emergency Medicine, effective 07/31/2023  
 Machala, Sasa, M.D. - Critical Care Medicine, effective 07/31/2023  
 Marzec, Karl A., M.D. – Emergency Medicine, effective 07/31/2023  
 Miniell, Nicholas J., M.D. - Emergency Medicine, effective 07/31/2023  
 Pao, Bing M.D. - Emergency Medicine, effective 07/31/2023  
 Patel, Anesh M.D. - Family Practice, effective 04/11/2023  
 Quintero, Mario R., M.D. - Emergency Medicine, effective 07/31/2023  
 Reiss-Holt, Amber C., M.D. - Critical Care Medicine, effective 07/31/2023  
 Rivas, Jaime B., M.D. - Emergency Medicine, effective 07/31/2023  
 Schwartz, Martin A., M.D. – Geriatric Medicine, effective 05/15/2023  
 Soltero, Raluan G., M.D. – Plastic Surgery, effective 07/31/2023  
 Stoycheff, Lindsey, D.O. – Obstetrics/Gynecology, effective 07/31/2023  
 Sutton, Jessica J., M.D. - Emergency Medicine, effective 07/31/2023  
 Kyle Vanstone, Kyle R., M.D. - Internal Medicine, effective 07/31/2023  
 Wilson, Jack M., M.D. - Emergency Medicine, effective 07/31/2023  
 Workie, Betre M., M.D. – Internal Medicine, effective 07/31/2023

Allied Health Professional request for Additional Privileges

Kolt, Thomas L., PA-C – Orthopaedic Surgery Physician Assistant Clinical Privileges (eff. 08/14/2023-07/31/2024)

Allied Health Professional Resignations

Buan, Patrick D., PA-C – Physician Assistant, eff. 07/31/2023

Gilbert, Jenna E., PA-C – Physician Assistant, eff. 06/01/2023

Kirui, Cynthia, PA-C – Physician Assistant, eff. 07/18/2023

Morse, Jane S., PA-C – Physician Assistant, eff. 07/31/2023

Rodriguez, Alexandra M., PA-C - Physician Assistant, eff. 06/30/2023

Ross, Jessica L., PA-C - Physician Assistant, eff. 07/18/2023

Ruiz, Natasha M., FNP – Nurse Practitioner, eff. 07/31/2023

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 09/01/2023 – 08/31/2025)

Adebayo, Adedeji J., M.D.	Psychiatry & Neurology	Dept of Psychiatry	Active
Bercovitch, Robert S., M.D.	Critical Care Medicine	Dept of Medicine	Active
Berry, Julie A., M.D.	Otolaryngology	Dept of Surgery	Courtesy
Bertucci, William R., M.D.	Surgery, General	Dept of Surgery	Courtesy
Campbell, Leticia J., M.D.	OB/Gyn	Dept OB/Gyn	Active
Chesler, Bradley H., M.D.	Physical Med. & Reh	Dept of Ortho/Rehab	Active
Chiang, Larry C., M.D.	Internal Medicine	Dept of Medicine	Affiliate

\*Category change from Active to Affiliate

Farrelly, Erin E., M.D.	Orthopaedic Surgery	Dept of Ortho/Rehab	Active
Hallak, Antoine A., M.D.	Plastic Surgery	Dept of Surgery	Active
Hanna, Michael W., M.D.	Internal Medicine	Dept of Medicine	Active
Haripotepornkul, Nora H., M.D.	Obstetrics and Gyn	Dept of OBGYN	Active
Illum, Benjamin E., M.D.	Critical Care Medicine	Dept of Medicine	Active

\*Category change from Courtesy to Active

Kim, Hyun Sil, M.D.	Gastroenterology	Dept of Medicine	Active
Lamon, Joel M., M.D.	Hematology/Oncology	Dept of Medicine	Active
Liebling, Peter D., M.D.	Critical Care Medicine	Dept of Medicine	Active

\*Category Change from Courtesy to Active

Madhav, Sandip J., M.D.	Physical Med. & Rehab	Dept of Ortho /Rehab	Courtesy
Neustein, Paul, M.D.	Surgery, Urology	Dept of Urology	Courtesy
Pannell, Jeffrey S., M.D.	Neurology/Interv Neur	Dept of Radiology	Courtesy
Pasha, Sabiha, M.D.	Internal Medicine	Dept of Medicine	Active
Raz, Ori, M.D.	Anesthesiology	Dept of Anesthesia	Active
Reddy, Malini M., M.D.	Anesthesiology	Dept of Anesthesia	Active
Salada, Elizabeth A., M.D.	Internal Medicine	Dept of Medicine	Affiliate
Schechter, Roger B., M.D.	Wound Care	Dept of Surgery	Active
Sister, Igor V., M.D.	Internal Medicine	Dept of Medicine	Active
Soefje, Sherry A., M.D.	Psychiatry	Dept of Psychiatry	Active
Song, Richard S., M.D.	Neonatal-Peri. Med	Dept of Pediatrics	Courtesy
Thesing, Michael J., M.D.	Obstetrics and Gyn.	Dept of OBGYN	Active
Tomaneng, Neil, M.D.	Emergency Medicine	Dept of Emerg. Med	Active

Allied Health Professional Reappointments (effective 09/01/2023 – 08/31/2025)

Crespo, Christopher N., P.A.-C. Dept. of Surgery (Sponsors: Drs. Fierer, Grove, Hanna, Jamshidi-Nezhad, Sorkhi, Stern, Cizmar, Hinshaw, Leon, Mazarei, Brummel, Dutton, Owsley, Kadesky, Anthony, Chen)  
 Maldonado, George S., N.N.P. Dept. of Pediatrics (Sponsor: Dr. Julie West, for Children’s Specialists of San Diego)

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: August 7, 2023  
To: Palomar Health Board of Directors – August 14, 2023 Meeting  
From: Sam Filiciotto, M.D., Chief of Staff, PMC Poway Medical Staff  
Subject: Medical Staff Credentials Recommendations – July, 2023

Provisional Appointments: (08/14/2023 – 07/31/2025)

Anna Bareiss, M.D., Otorhinolaryngology  
Clayton Barnes Martinez, M.D., Psychiatry (Includes The Villas at Poway)  
Farschad Birdjandi, M.D., Internal Medicine (Refer and Follow Only) (Includes The Villas at Poway)  
William Chen, M.D., Gastroenterology  
Jessica Herold, D.O., Emergency Medicine  
Jane Hur, M.D., Teleradiology  
Vasken Keleshian, M.D., Cardiology  
Jenna Liu, M.D., Diagnostic Radiology  
Richard Nguyen, M.D., Internal Medicine (Refer and Follow Only) (Includes The Villas at Poway)  
Gregory Parany, M.D., Teleradiology

Biennial Reappointments: (09/01/2023 - 08/31/2025)

Julie Berry, M.D., Otolaryngology, Courtesy  
Bradley Chesler, M.D., Physical Medicine & Rehab, Affiliate  
Antoine Hallak, M.D., Plastic Surgery, Active (Includes The Villas at Poway)  
Michael Hanna, M.D., Internal Medicine, Active  
Benjamin Ilum, M.D., Critical Care Medicine, Active  
Hyun Sil Kim, M.D., Gastroenterology, Active  
Joel Lamon, M.D., Hem/Onc, Active  
Sandip Madhav, Physical Medicine & Rehab/Pain Medicine, Courtesy  
Paul Neustein, M.D., Urology, Active  
Ori Raz, M.D., Anesthesiology, Active  
Malini Reddy, M.D., Anesthesiology, Active  
Elizabeth Salada, M.D., Internal Medicine, Affiliate  
Roger Schechter, M.D., Wound Care/Hyperbaric Medicine, Active (Includes The Villas at Poway)  
Igor Sister, M.D., Internal Medicine, Active (Includes The Villas at Poway)  
Neil Tomaneng, M.D., Emergency Medicine, Active

Reappointment Effective 09/01/2023 – 08/31/2024:

Lan Vu, D.O., Anesthesiology, Active

Advancements to Active Category:

Arsalan Azam, M.D., Emergency Medicine, effective 08/14/2023 – 03/31/2025  
 Jane Bradlaw, D.O., Emergency Medicine, effective 08/14/2023 – 11/30/2024  
 Gregory Brewster, M.D., Emergency Medicine, effective 08/14/2023 – 09/30/2024  
 Marinelle Camilon, D.O., Family Practice, effective 08/14/2023 – 02/29/2024  
 Jordan Cohen, M.D., Emergency Medicine, effective 08/14/2023 – 05/31/2025  
 Lindsey Crain, M.D., Anesthesiology, effective 08/14/2023 – 03/31/2024  
 Shawn Fazel, M.D., Internal Medicine, effective 08/14/2023 – 05/31/2024  
 Cindy Gentile, M.D., Emergency Medicine, effective 09/01/2023 – 08/31/2025  
 Frank Kuo, M.D., Diagnostic Radiology, effective 08/14/2023 – 04/30/2024  
 Erich Lidstone, M.D., Emergency Medicine, effective 08/14/2023 – 03/31/2025  
 David Miles, D.O., Emergency Medicine, effective 08/14/2023 – 07/31/2025  
 David Pregerson, M.D., Emergency Medicine, effective 08/14/2023 – 09/30/2023  
 Rabab Radwan, M.D., Family Practice, effective 08/14/2023 – 02/28/2025 (Includes The Villas at Poway)  
 Joseph Salameh, D.O., Emergency Medicine, effective 08/14/2023 – 09/30/2023  
 Emily Sbiroli, Emergency Medicine, effective 08/14/2023 – 07/31/2024  
 Suzanne Shah, M.D., Emergency Medicine, effective 08/14/2023 – 09/30/2024  
 Stephen Unterberg, M.D., Urology, effective 08/14/2023 – 12/31/2024

Voluntary Resignations:

Erica Bailey, M.D., Emergency Medicine, effective 07/31/2023  
 Saman Borghei, M.D., Emergency Medicine, effective 07/31/2023  
 Hilary Bowers, M.D., Pediatrics, effective 07/09/2023  
 Ian Butler, M.D., Critical Care Medicine, effective 07/31/2023  
 David Garrison, M.D., Emergency Medicine, effective 07/31/2023  
 Allan Hansen, M.D., Emergency Medicine, effective 07/31/2023  
 Ebunoluwa Johnson, M.D., Emergency Medicine, effective 07/31/2023  
 Raj Joshi, M.D., Critical Care Medicine, effective 07/31/2023  
 Ayesha Khan, M.D., Emergency Medicine, effective 07/31/2023  
 Lisa Kinney-Ham, M.D., Emergency Medicine, effective 07/31/2023  
 John Liboon, M.D., Emergency Medicine, effective 07/31/2023  
 Damon London, M.D., Emergency Medicine, effective 07/31/2023  
 Keri London, M.D., Emergency Medicine, effective 07/31/2023  
 Sasa Machala, M.D., Critical Care Medicine, effective 07/31/2023  
 Nicholas Miniell, M.D., Emergency Medicine, effective 07/31/2023  
 Bing Pao, M.D., Emergency Medicine, effective 07/31/2023  
 Anesh Patel, M.D., Family Practice, effective 04/11/2023  
 Mario Quintero, M.D., Emergency Medicine, effective 07/31/2023  
 Amber Reiss-Holt, M.D., Critical Care Medicine, effective 07/31/2023  
 Jaime Rivas, M.D., Emergency Medicine, effective 07/31/2023  
 Bindu Singhal, M.D., Internal Medicine, effective 07/31/2023  
 Jessica Sutton, M.D., Emergency Medicine, effective 07/31/2023  
 Kyle Vanstone, M.D., Internal Medicine, effective 07/31/2023  
 Jack Wilson, M.D., Emergency Medicine, effective 07/31/2023

Request for Two Year Leave of Absence:

Obiora Chidi, M.D., effective 06/26/2023 – 06/25/2025

Allied Health Professional Appointment: (08/14/2023 – 07/31/2025)

Kassandra Neuendorff, PA, Sponsors Drs. Burgess and Schultzel

Allied Health Professional Request for Additional Privileges:

Mohamad Ahmadi, FNP (Sponsor Dr. Emmet Lee) – Requesting The Villas at Poway (effective 08/14/2023 – 07/31/2024)

Allied Health Professional Voluntary Resignations:

Patrick Buan, PA, effective 07/31/2023

Cynthia Kirui, PA, effective 07/18/2023

Melissa Liggins, NNP, effective 07/31/2023

Jane Morse, PA, effective 07/31/2023

Alexandra Rodriguez, PA, effective 06/30/2023

Jessica Ross, FNP, effective 7/18/2023

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  
PROVISIONAL APPOINTMENT  
August 2023**

**PERSONAL INFORMATION**

<b>Provider Name &amp; Title</b>	Anna K. Bareiss, M.D.
<b>Palomar Health Facilities</b>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b>Specialties</b>	Otolaryngology - Certified 2023
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**ORGANIZATIONAL NAME**

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

<b>Medical Education Information</b>	Medical School Tulane University School of Medicine, MD From: 08/01/2013 To: 06/01/2017 Doctor of Medicine Degree
<b>Internship Information</b>	Internship Tulane University Medical Center Otolaryngology From: 07/01/2017 To: 06/01/2018
<b>Residency Information</b>	Residency Tulane University Medical Center Otolaryngology From: 07/01/2018 To: 06/20/2022
<b>Fellowship Information</b>	Fellowship University of Arkansas for Medical Sciences Otolaryngology From: 07/01/2022 To: 06/01/2023 Otology
<b>Current Affiliation Information</b>	



**PALOMAR HEALTH  
PROVISIONAL APPOINTMENT  
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**PERSONAL INFORMATION**

<b>Provider Name &amp; Title</b>	Clayton A. Barnes Martinez, M.D.
<b>Palomar Health Facilities</b>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b>Specialties</b>	Psychiatry - Certified 2020
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**ORGANIZATIONAL NAME**

<b>Name</b>	Senior Medical Associates
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**EDUCATION/AFFILIATION INFORMATION**

<b>Medical Education Information</b>	Medical School Tufts University School of Medicine, MD From: 08/01/2012 To: 05/15/2016 Doctor of Medicine Degree
<b>Internship Information</b>	
<b>Residency Information</b>	Residency San Mateo County Behavioral Health and Recovery Se Psychiatry From: 07/01/2016 To: 06/30/2020
<b>Fellowship Information</b>	Fellowship University of California, San Francisco Psychiatry - Public Psychiatry From: 07/01/2019 To: 06/30/2020
<b>Current Affiliation Information</b>	Beverly Hospital (Montebello) Pomona Valley Hospital Medical Center Good Samaritan Hospital, Los Angeles Adventist Health Rideout Memorial Hospital Saint Agnes Medical Center Marian Regional/Arroyo Grande Mercy San Juan Hospital Menifee Global Medical Center Hemet Global Medical Center/kpc Health Downey Regional Medical Center Kaiser Foundation Hospital, Moreno Valley

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**PALOMAR HEALTH  
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April 2022**

**PERSONAL INFORMATION**

<b>Provider Name &amp; Title</b>	Farschad Birdjandi, M.D.
<b>Palomar Health Facilities</b>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b>Specialties</b>	Internal Medicine - Certified 2003
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**ORGANIZATIONAL NAME**

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

<b>Medical Education Information</b>	Medical School Universitat Des Saarlandes, MD From: 01/01/1989 To: 11/18/1996 Doctor of Medicine Degree
<b>Internship Information</b>	
<b>Residency Information</b>	Residency Hospital of Saint Raphael Internal Medicine From: 07/01/2002 To: 06/30/2003  Residency Mount Vernon Hospital Internal Medicine From: 07/01/2000 To: 06/30/2002
<b>Fellowship Information</b>	Fellowship Albert Einstein College of Medicine (Montefiore) Nuclear Medicine From: 07/01/2008 To: 06/30/2010
<b>Current Affiliation Information</b>	Paradise Valley Hospital Kindred Hospital Sharp Chula Vista Medical Center Vibra Hospital of San Diego Alvarado Hospital and Medical Center Sharp Grossmont Hospital

**PALOMAR HEALTH  
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**PALOMAR HEALTH  
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**PERSONAL INFORMATION**

<b><i>Provider Name &amp; Title</i></b>	William C. Chen, M.D.
<b><i>Palomar Health Facilities</i></b>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b><i>Specialties</i></b>	Internal Medicine, Gastroenterology - Certified 2018
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**ORGANIZATIONAL NAME**

<b><i>Name</i></b>	San Diego Digestive Disease Consultants
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**EDUCATION/AFFILIATION INFORMATION**

<b><i>Medical Education Information</i></b>	Medical School Mount Sinai School of Medicine, MD From: 08/15/2011 To: 05/15/2015 Icahn School of Medicine at Mount Sinai
<b><i>Internship Information</i></b>	Internship University of Pennsylvania Resident Physician From: 06/15/2015 To: 06/15/2016
<b><i>Residency Information</i></b>	Residency University of Pennsylvania Resident Physician From: 06/15/2016 To: 06/15/2018
<b><i>Fellowship Information</i></b>	Fellowship Lankenau Medical Center Gastroenterology From: 07/01/2020 To: 06/30/2023
<b><i>Current Affiliation Information</i></b>	

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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Rasika R. Deshpande, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Obstetrics and Gynecology – Not Certified Yet
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**ORGANIZATIONAL NAME**

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

<i>Medical Education Information</i>	Medical School Medical College of Wisconsin, MD From: 08/17/2015 To: 05/17/2019
<i>Internship Information</i>	
<i>Residency Information</i>	Residency LAC + USC Medical Center Resident Department of OBGYN From: 06/10/2019 To: 06/24/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	



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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Jessica Herold, 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 University of New England, DO From: 07/01/2011 To: 06/30/2015 University of New England College of Osteopathic Medicine
<i>Internship Information</i>	Internship Naval Medical Center, San Diego GME Emergency Medicine From: 07/01/2015 To: 06/30/2016
<i>Residency Information</i>	Residency Naval Medical Center, San Diego GME Emergency Medicine From: 07/01/2018 To: 06/30/2021 Naval Medical Center San Diego
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Camp Pendleton Naval Hospital

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**PALOMAR HEALTH  
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**PERSONAL INFORMATION**

<b><i>Provider Name &amp; Title</i></b>	Jane L. Hur, M.D.
<b><i>Palomar Health Facilities</i></b>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b><i>Specialties</i></b>	Diagnostic Radiology - Certified 2019
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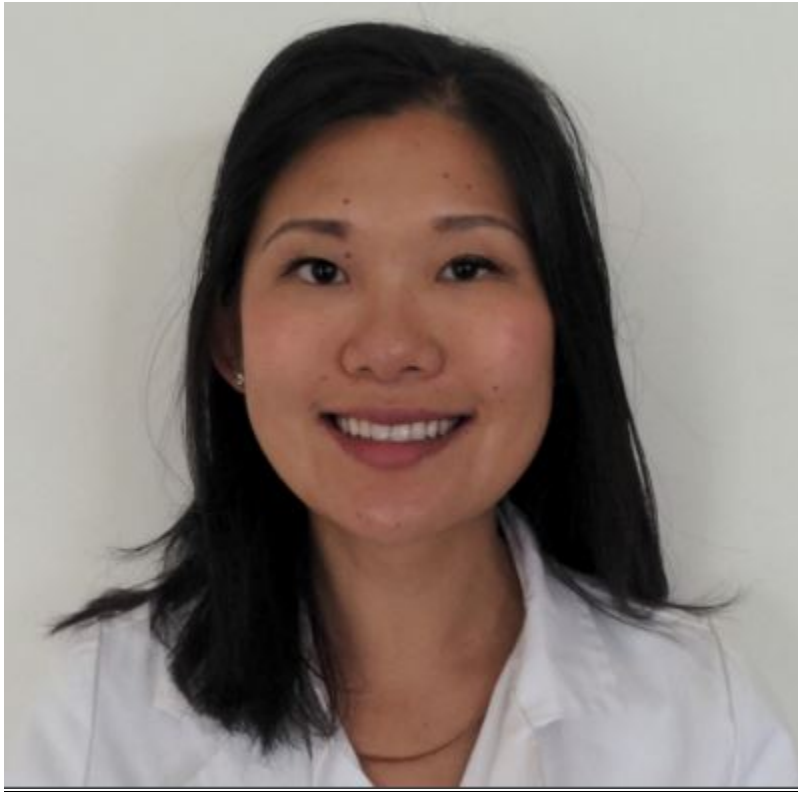
**ORGANIZATIONAL NAME**

<b><i>Name</i></b>	Stat Radiology Group
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**EDUCATION/AFFILIATION INFORMATION**

<b><i>Medical Education Information</i></b>	Medical School Robert Wood Johnson Medical School, MD From: 08/01/2009 To: 05/30/2013
<b><i>Internship Information</i></b>	Internship Crozer-Chester Medical Center Transitional From: 06/01/2013 To: 06/30/2014
<b><i>Residency Information</i></b>	Residency Thomas Jefferson University Hospital Radiology, Diagnostic Imaging From: 07/01/2014 To: 07/30/2018
<b><i>Fellowship Information</i></b>	Fellowship Massachusetts General Hospital Musculoskeletal Radiology From: 07/01/2018 To: 06/30/2019
<b><i>Current Affiliation Information</i></b>	Lompoc Valley Medical Center Encino Hospital Medical Center Sherman Oaks Community Hospital Kingman Regional Medical Center Adventist Castle Medical Center Mt. Graham Regional Medical Center Bayhealth - Sussex Campus Bayhealth - Kent Campus

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**PERSONAL INFORMATION**

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

**SPECIALTIES/BOARD CERTIFICATION**

<b><i>Specialties</i></b>	Cardiovascular Disease, Internal Medicine - Certified 2022
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**ORGANIZATIONAL NAME**

<b><i>Name</i></b>	Palomar Health Medical Group - Graybill
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**EDUCATION/AFFILIATION INFORMATION**

<b><i>Medical Education Information</i></b>	Medical School Virginia Commonwealth University, MD From: 08/06/2012 To: 05/20/2016
<b><i>Internship Information</i></b>	
<b><i>Residency Information</i></b>	Residency Mayo Clinic Internal Medicine From: 07/01/2016 To: 06/28/2019
<b><i>Fellowship Information</i></b>	Fellowship University of California, Irvine Interventional Cardiology From: 07/01/2022 To: 06/30/2023 Interventional Cardiology fellow  Fellowship University of California, Irvine Cardiovascular Disease From: 07/01/2019 To: 06/30/2022 General Cardiology fellow
<b><i>Current Affiliation Information</i></b>	University of California, Irvine

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**PERSONAL INFORMATION**

<b><i>Provider Name &amp; Title</i></b>	Jenna I. Liu, M.D.
<b><i>Palomar Health Facilities</i></b>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b><i>Specialties</i></b>	Diagnostic Radiology - Certified 2008
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**ORGANIZATIONAL NAME**

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

<b><i>Medical Education Information</i></b>	Medical School Case Western Reserve University, MD From: 09/01/1999 To: 05/18/2003
<b><i>Internship Information</i></b>	Internship UCSD Medical Center Internal Medicine From: 06/01/2003 To: 06/30/2004
<b><i>Residency Information</i></b>	Residency UCSD Medical Center Radiology, Diagnostic Imaging From: 07/01/2004 To: 06/30/2008
<b><i>Fellowship Information</i></b>	Fellowship UCSD Medical Center Magnetic Resonance Imaging From: 07/01/2008 To: 06/30/2009
<b><i>Current Affiliation Information</i></b>	Sharp Grossmont Hospital



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**PALOMAR HEALTH  
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**PERSONAL INFORMATION**

<i>Provider Name &amp; Title</i>	Kassandra Neuendorff, PA-C
<i>Palomar Health Facilities</i>	Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Physician Assistant - Certified 2023
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**ORGANIZATIONAL NAME**

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

<i>Education Information</i>	South University – Richmond Master of Science/PA Studies 01/07/2021 – 03/24/2023
<i>Employment</i>	Current Employment United Medical Doctors Physician Assistant From: 05/01/2023 To: Current
<i>Current Affiliation Information</i>	

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**PERSONAL INFORMATION**

<b><i>Provider Name &amp; Title</i></b>	Richard T. Nguyen, M.D.
<b><i>Palomar Health Facilities</i></b>	Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b><i>Specialties</i></b>	Internal Medicine - Certified 2008
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**ORGANIZATIONAL NAME**

<b><i>Name</i></b>	Senior Medical Associates
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**EDUCATION/AFFILIATION INFORMATION**

<b><i>Medical Education Information</i></b>	Medical School University of Vermont - College of Medicine, MD From: 08/15/2001 To: 05/22/2005
<b><i>Internship Information</i></b>	
<b><i>Residency Information</i></b>	Residency Scripps Green Hospital Internal Medicine From: 06/24/2005 To: 06/30/2008
<b><i>Fellowship Information</i></b>	
<b><i>Current Affiliation Information</i></b>	Veterans Affairs Medical Center San Diego El Camino Health - Los Gatos Hospital

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**PERSONAL INFORMATION**

<b>Provider Name &amp; Title</b>	Gregory L. Parany, M.D.
<b>Palomar Health Facilities</b>	Palomar Medical Center Escondido Palomar Medical Center Poway

**SPECIALTIES/BOARD CERTIFICATION**

<b>Specialties</b>	Diagnostic Radiology - Certified 1985
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**ORGANIZATIONAL NAME**

<b>Name</b>	Synthesis Health, Inc.
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**EDUCATION/AFFILIATION INFORMATION**

<b>Medical Education Information</b>	Medical School Baylor College of Medicine, MD From: 06/01/1979 To: 06/08/1981
<b>Internship Information</b>	Internship LAC/University of Southern Calif. Medical Center From: 06/24/1981 To: 06/24/1982
<b>Residency Information</b>	Residency University of California, Los Angeles Radiology, Diagnostic Imaging From: 07/01/1982 To: 06/30/1985 University of California Los Angeles
<b>Fellowship Information</b>	Fellowship University of California, Los Angeles Radiology, Imaging/Interventional From: 07/01/1985 To: 06/30/1986
<b>Current Affiliation Information</b>	College Medical Center Adventist Health Rideout Memorial Hospital Los Robles Regional Medical Center Adventist Health Bakersfield St. Francis Medical Center (CA) Adventist Health Delano Adventist Health Ukiah Valley Adventist Health Howard Memorial Adventist Health Mendocino Coast District Hospital Holy Cross Medical Center

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**PERSONAL INFORMATION**

<b><i>Provider Name &amp; Title</i></b>	Todd M. Raleigh, M.D.
<b><i>Palomar Health Facilities</i></b>	Palomar Medical Center Escondido

**SPECIALTIES/BOARD CERTIFICATION**

<b><i>Specialties</i></b>	Neurology - Certified 2016
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**ORGANIZATIONAL NAME**

<b><i>Name</i></b>	Specialty Care/Remote Neuromonitoring Physicians
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**EDUCATION/AFFILIATION INFORMATION**

<b><i>Medical Education Information</i></b>	Medical School University of Utah, MD From: 08/01/2006 To: 05/22/2010 University of Utah School of Medicine
<b><i>Internship Information</i></b>	Internship University of Utah Internal Medicine From: 06/24/2010 To: 06/30/2011
<b><i>Residency Information</i></b>	Residency University of Vermont Medical Center Neurology From: 07/01/2011 To: 06/30/2014
<b><i>Fellowship Information</i></b>	Fellowship University of Vermont Medical Center Neurophysiology, Clinical From: 07/01/2014 To: 06/30/2015
<b><i>Current Affiliation Information</i></b>	Menifee Global Medical Center Providence Little Company of Mary Medical Center Yakima Valley Memorial Hospital Southwest Healthcare System SCA Health St. Anthony Hospital Centura Health Swedish Medical Center Canyon Vista Medical Center Sky Ridge Medical Center Trios Health Southridge Hospital



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**PERSONAL INFORMATION**

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

**SPECIALTIES/BOARD CERTIFICATION**

<i>Specialties</i>	Obstetrics and Gynecology – Certified 2001
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**ORGANIZATIONAL NAME**

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

<i>Medical Education Information</i>	Medical School UCSD School of Medicine, MD From: 09/01/1991 To: 06/01/1995 Doctor of Medicine Degree
<i>Internship Information</i>	
<i>Residency Information</i>	Residency LAC/University of Southern Calif. Medical Center Obstetrics/Gynecology From: 07/01/1995 To: 07/01/1999
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	

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**TRAUMA SURGERY CLINICAL PRIVILEGES**

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

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

Palomar Medical Center Escondido

- Initial Appointment
- Reappointment

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

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

**Other Requirements**

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

**QUALIFICATIONS FOR TRAUMA SURGERY**

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**To be eligible to apply for core privileges in trauma surgery, newly applying qualified specialist applicants (Trauma and Critical Care Surgeons) to the trauma panel must meet the following criteria:**

Successful completion of an applicable Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency training;

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in a relevant board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), or another board with equivalent requirements.

AND

Trauma surgeon applicants must be trauma fellowship trained, or have current (3) year experience in combat casualty care or at an ACS verified Level 1 or 2 Trauma Center taking call at least weekly.

Trauma Surgeon Applicants must have current Advanced Trauma Life Support (ATLS) certification. Trauma Neurosurgeons will have taken ATLS at least one time.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate management of at least 50 trauma surgeries/surgical critical care cases, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**TRAUMA SURGERY CLINICAL PRIVILEGES**

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

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***Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines:*** Monitoring shall be based on at least eight (8) trauma cases with an ISS score of ten (10) or greater after inclusion in the trauma panel.

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

Current demonstrated competence and an adequate volume of experience (trauma surgery/surgical critical care cases) 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.

**CORE PRIVILEGES**

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**TRAUMA SURGERY CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, and manage patients of all ages as appropriate presenting with trauma-related injuries and disorders including resuscitation, surgical intervention, diagnostic studies and coordination of operative procedures to be performed by other health care professionals, supervise and perform all necessary operative cases, manage the trauma patient throughout the stay in the acute-care facility and coordinate the early institution of rehabilitation and discharge planning. May provide care to patients in the intensive care setting 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.

**TRAUMA SURGERY CLINICAL PRIVILEGES**

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

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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.

- Decortication procedures
- Emergency sternotomy
- Emergency vascular repair, ligation, bypass
- Emergent thoracotomy
- Exploration of neck for traumatic injury
- Exploratory laparotomy for traumatic injury
- Critical care of trauma patient in ICU setting
- Non-anatomic pulmonary resection (traumatic lung injury)
- Performance of image-guided procedures
- Preliminary interpretation of imaging studies relative to diagnosis and/or treatment in the trauma patient
- Surgical treatment of penetrating or crush injuries where soft tissue, musculoskeletal or organ trauma has occurred.

**TRAUMA SURGERY CLINICAL PRIVILEGES**

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

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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** \_\_\_\_\_

**PULMONARY MEDICINE CLINICAL PRIVILEGES**

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

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

Palomar Medical Center Escondido

Initial Appointment

Reappointment

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

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

**Other Requirements**

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

**QUALIFICATIONS FOR PULMONARY MEDICINE**

**To be eligible to apply for core privileges in pulmonary medicine, 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 fellowship training in pulmonary disease.

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in pulmonary medicine by the American Board of Internal Medicine or a certificate of special qualifications in pulmonary diseases by the American Osteopathic Board of Internal Medicine, or another board with equivalent requirements.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 50 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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

Approved by : 6/27/2023 Pulmonary cmttee  
07/17/2023 Medical Advisory cmttee  
07/17/2023 Department of Medicine  
07/31/2023 PMC Escondido MEC



**PULMONARY MEDICINE CLINICAL PRIVILEGES**

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

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

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

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

**CORE PRIVILEGES**

**PULMONARY MEDICINE CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, presenting with conditions, disorders, and diseases of the organs of the thorax or chest; the lungs and airways, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, circulatory system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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

- Requested**

**CHECK HERE TO REQUEST CONTINUING CARE FORM**

- Requested The Villas at Poway (Including Sub Acute)**

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

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

**ADMINISTRATION OF SEDATION AND ANALGESIA**

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

**USE OF FLUOROSCOPY**

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

Approved by : 6/27/2023 Pulmonary cmttee  
07/17/2023 Medical Advisory cmttee  
07/17/2023 Department of Medicine  
07/31/2023 PMC Escondido MEC

**PULMONARY MEDICINE CLINICAL PRIVILEGES**

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

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

**USE OF ION INTUITIVE ROBOTIC ASSISTED BRONCHOSCOPY (RAB) SYSTEM FOR PROCEDURES (LUNG NODULE BIOPSY) PMC ESCONDIDO ONLY**

**Requested**

**Criteria:** Credentialing Requirements

- 1. Current, unrestricted bronchoscopy privileges
- 2. Current, unrestricted fluoroscopy permit
- 3. Documented evidence of successful completion of the 2-day ION System Training course which includes didactic and hands-on lab (or equivalent training course) **OR** fellowship training with robot assisted bronchoscopy (RAB) and documented five minimum cases

Minimum Proctoring Requirements

- 1. Concurrent physician proctoring of two cases with presence of RAB technician
- 2. Presence of RAB-trained technician for concurrent support for minimum five cases

**RADIAL EBUS BRONCHOSCOPY (PMC ESCONDIDO ONLY)**

**Requested**

Criteria: Credentialing Requirements

- 1. Current, unrestricted bronchoscopy privileges
- 2. Current, unrestricted fluoroscopy permits
- 3. Documented evidence of completion of radial EBUS training **course (added)** OR fellowship training with minimum five cases completed

**Requested**

**LINEAR EBUS BRONCHOSCOPY (PMC ESCONDIDO ONLY)**

**Requested**

Criteria: Credentialing Requirements

- 1. Current, unrestricted bronchoscopy privileges
- 2. Documented evidence of completion of Linear EBUS training **course (added)** OR fellowship training with minimum five cases completed

**Requested**

Approved by : 6/27/2023 Pulmonary cmttee  
07/17/2023 Medical Advisory cmttee  
07/17/2023 Department of Medicine  
07/31/2023 PMC Escondido MEC

**PULMONARY MEDICINE CLINICAL PRIVILEGES**

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

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

**CORE PROCEDURE LIST**

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

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

**Pulmonary Medicine**

- Airway management
- Bedside Ultrasound
- Cardiopulmonary resuscitation/Emergency Cardioversion
- Chest Tube Insertion and Management
- Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
- Endobronchial biopsy
- Examination and preliminary interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
- Flexible bronchoscopy procedures to include brushings, BAL
- Image guided procedures
- Initiation, maintenance, weaning, and withdrawal of Mechanical Ventilation
- Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
- Management of anaphylaxis and acute allergic reactions
- Management of life-threatening disorders in intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
- Management of massive transfusions
- Management of pneumothorax (needle insertion and drainage system)
- Management of the immunosuppressed patient
- Monitoring and assessment of metabolism and nutrition
- Navigational Bronchoscopy
- Perform history and physical exam
- Preliminary interpretation of imaging studies
- Pulmonary function tests to assess respiratory mechanics and gas exchange, to include spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, exercise studies, and overnight recording oximetry studies
- Thoracentesis
- Thoracostomy tube insertion and drainage
- Transbronchial biopsy
- Tunneled indwelling pleural catheters
- Use of reservoir masks, nasal prongs/canulas and nebulizers for delivery of supplemental oxygen and inhalants
- Non-invasive pressure support ventilation such as CPAP and BIPAP

Approved by : 6/27/2023 Pulmonary cmttee  
 07/17/2023 Medical Advisory cmttee  
 07/17/2023 Department of Medicine  
 07/31/2023 PMC Escondido MEC

**PULMONARY MEDICINE CLINICAL PRIVILEGES**

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

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

**ACKNOWLEDGEMENT OF PRACTITIONER**

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

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

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

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

Approved by : 6/27/2023 Pulmonary cmttee  
07/17/2023 Medical Advisory cmttee  
07/17/2023 Department of Medicine  
07/31/2023 PMC Escondido MEC

## **Medical Staff Peer Review** **Palomar Medical Center Escondido**

### **Purpose:**

To ensure that the hospital, through the activities of its Medical Staff, performs Ongoing Professional Practice Evaluation of individuals granted clinical privileges and to use the results of such evaluations to improve patient care and identify the potential need for Focused Professional Practice Evaluations.

### **Goals:**

1. Monitor and evaluate the ongoing professional practice of individual practitioners with clinical privileges
2. Create a culture with a positive approach to peer review by recognizing practitioner excellence as well as identifying improvement opportunities
3. Perform focused professional practice evaluations when potential practitioner improvement opportunities are identified
4. Promote efficient use of practitioner and quality staff resources
5. Provide accurate and timely performance data for the purposes of practitioner feedback and reappointment

### **Definitions:**

#### ***Peer review***

“Peer review” is the evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care. Peer review differs from other quality improvement processes in that it evaluates the strengths and weaknesses of an individual practitioner’s performance, rather than appraising the quality of care rendered by a group of professionals or a system.

Peer review is conducted using multiple sources of information including: 1) review of individual cases, 2) review of aggregate data for compliance with general rules of the Medical Staff, and 3) comparison of clinical standards and rates against established benchmarks or norms.

The individual’s evaluation is based on generally recognized standards of care. Through this process, practitioners receive feedback for personal improvement or for confirmation of personal achievement related to the effectiveness of their professional practice, as defined by the six Joint Commission General Competencies described below:

- **Patient Care:** Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and at the end of life.
- **Medical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences and the application of that knowledge to patient care and the education of others.
- **Practice-Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care.
- **Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the health care team.
- **Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society.
- **Systems Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided and the ability to apply this knowledge to improve and optimize healthcare.

These competencies are further elaborated in the Code of Conduct

### ***Peer***

A “peer” is an individual practicing in the same profession who has expertise in the appropriate subject matter. On a case-by-case basis, the level of subject matter expertise required to provide meaningful evaluation of a practitioner’s performance will determine what “practicing in the same profession” means. For example, for quality issues related to general medical care, a physician may review the care of another physician. For specialty-specific clinical issues, such as evaluating the technique of a specialized surgical procedure, a peer is an individual who is well-trained and competent in that surgical specialty.

### ***Peer Review Body***

For all peer reviews performed by or on behalf of the hospital, the peer review body designated to perform the initial review by the Medical Executive Committee or its designee will determine the degree of subject matter expertise required for a provider to be considered a peer. The initial peer review body will be the **Medical Staff Peer Review Committee (MSPRC)** as described in the **MSPRC Charter (Attachment B)** unless otherwise designated for specific circumstances by the Executive Committee.

### ***Review Indicators***

Review indicators are those events which, when identified, will lead to individual case review and rating of individual physician performance by the Medical Staff Peer Review Committee.

### ***Rate Indicators***

Rate indicators are those events, such as known complications, that occur with an expected frequency. In such cases, performance will be measured as an aggregate rate (i.e. known complication of procedure occurrence divided by total number of procedures) to yield a % occurrence.

### ***Rule Indicators***

Rule indicators are those events which represent deviations from Medical Staff general rules, standards, or recognized accepted practices of medicine. Cases in which the deviations do not directly cause adverse patient outcomes will be tallied and tracked. Cases in which the deviations cause adverse patient outcomes will be reviewed as review indicator cases.

### ***Ongoing Professional Practice Evaluation (OPPE)***

OPPE is the routine monitoring and evaluation of current competency for current Medical Staff. These activities comprise the majority of the functions of the ongoing peer review process and the use of data for reappointment.

### ***Focused Professional Practice Evaluation (FPPE)***

FPPE is the establishment of current competency for new Medical Staff members, new privileges, and/or following concerns derived from OPPE. These activities comprise what is typically called proctoring or focused review, depending on the nature of the circumstances.

### ***Conflict of Interest***

A member of the Medical Staff requested to perform peer review may have a conflict of interest such that he/she may not be able to render an unbiased opinion. By definition, an absolute conflict of interest results if the reviewer is a first degree relative or spouse of the practitioner being reviewed. Relative conflicts of interest may stem from a provider’s involvement in the patient’s care not related to the issues under review or due to a relationship with the practitioner involved (e.g. as a direct competitor, partner, or key referral source).

It is the obligation of the individual reviewer to disclose to the **MSPRC** potential conflicts of interest. It is the responsibility of the peer review body to determine on a case-by-case basis whether a relative conflict is substantial enough to prevent the individual from participating in the review. When a potential relative conflict is identified, the **MSPRC** Chair will be informed in advance and make the determination whether a substantial conflict exists. When either an absolute or substantial relative conflict is determined to exist, the individual may not participate or be present during discussions or decisions other than to provide specific information requested as described in the **MSPRC** Case Review Process (Attachment C).

**Policy:**

1. All peer review information is privileged and confidential in accordance with Medical Staff and hospital bylaws, state and federal laws, and regulations pertaining to confidentiality and non-discoverability.
2. Practitioners who are reviewed will receive provider-specific feedback.
3. The Medical Staff may use the provider-specific peer review results in making its recommendations to the hospital regarding credentialing and privileging and, as appropriate, in its performance improvement activities.
4. The hospital will keep provider-specific peer review and other quality information concerning a practitioner in a secure, locked file. Electronic data will be password protected and encrypted. Provider-specific peer review information consists of information related to:
  - performance data for all dimensions of performance measured for that individual practitioner
  - the individual practitioner's role in sentinel events, significant incidents, or near misses
  - correspondences to the practitioner regarding commendations, comments regarding practice performance, or corrective action
5. Only the final determinations of the MSPRC, any subsequent actions or recommendations, and correspondences between the Committee and the practitioner are considered part of an individual provider's quality file.
6. Peer review information in the individual provider quality files is available only to that individual and to authorized individuals who have a legitimate need to know this information based upon their responsibilities as Medical Staff leaders or hospital employees. These authorized individuals shall have access to the information only to the extent necessary to carry out their assigned responsibilities. The **Chief Medical Quality Officer (CMQO)** will assure that only authorized individuals have access to individual provider quality files and that the files are reviewed under the supervision of the Manager of Medical Staff Services or designee. Other than the individual provider, only the following individuals shall have access to provider-specific peer review information and only for purposes of quality improvement:
  - The Chief of Staff for purposes of considering corrective action
  - Medical staff department chairs (for members of their departments only) to conduct OPPE
  - Members of the Executive Committee, Credentials Committee, and Medical Staff Services professionals for purposes of considering reappointment or corrective action
  - The Chief Medical Quality Officer, Associate Chief Medical Quality Officer, Quality Director, and quality staff supporting the peer review process
  - Individuals surveying for accrediting bodies with appropriate jurisdiction, e.g. Joint Commission or state/federal regulatory bodies
  - Individuals with a legitimate purpose for access as determined by the hospital Board of Directors
7. No copies of peer review documents will be created and distributed unless authorized by Medical Staff policy or bylaws, the Executive Committee, the Board, or by mutual agreement between the Chief of Staff and the Chief Medical Quality Officer for purposes of deliberations regarding corrective action on specific cases.

**Circumstances requiring Internal Peer Review (IPR):**

IPR is conducted by the Medical Staff using its own members as the source of evaluation of practitioner performance. It is performed as ongoing professional practice evaluation (OPPE) and reported to the appropriate Committee(s) for review and action. The procedures for conducting IPR for an individual case and for aggregate performance measures are described in Attachments B and C.

In the event a decision is made by the Board of Directors to investigate a practitioner's performance or circumstances warrant the evaluation of one or more providers with privileges, the Medical Executive Committee or its designee shall appoint a panel of appropriate medical professionals to perform the necessary IPR activities as described in the Medical Staff Bylaws.

#### **External Peer Review:**

Either the MSPRC, Executive Committee, or Board of Directors will make determinations regarding the need for EPR. No practitioner can require the hospital to obtain EPR if it is not deemed necessary by the Executive Committee, MSPRC, or Board of Directors.

Circumstances that may benefit from EPR may include but are not necessarily limited to:

- Litigation - when dealing with the potential for a lawsuit
- Ambiguity - when dealing with vague or conflicting recommendations from internal reviewers or Medical Staff Committees and conclusions from this review will directly impact a practitioner's membership or privileges
- Lack of internal expertise – when no one on the Medical Staff has adequate expertise in the specialty under review; or when the only practitioners on the Medical Staff with that expertise are determined to have a conflict of interest regarding the practitioner under review as describe above. External peer review may take place if this potential for conflict of interest cannot be appropriately resolved by the Medical Executive Committee or governing Board
- Miscellaneous issues - when the Medical Staff needs an expert witness for a fair hearing, for evaluation of a credential file, or for assistance in developing a benchmark for quality monitoring. In addition, the Medical Executive Committee or governing Board may require external peer review in other circumstances deemed appropriate by either of these bodies.

Prior to submitting the EPR request, the authorizing body will define whether the results will be considered definitive regarding the quality and appropriateness of care rendered for the individual cases reviewed. This will be based on the nature of the review, the expertise of the reviewer, and the issues under review. If the review rating is to be considered definitive, there may be no appeal of the report ratings unless it results in formal corrective action relative to the provider's membership or privileges.

The authorizing body will also prospectively determine the nature of the involvement for the practitioner under review. The practitioner will be made aware that EPR is being obtained and will receive a copy of the report. The practitioner will be given an opportunity to provide input regarding its findings in the same timeframes as for IPR, prior to the Committee's final determination regarding whether improvement opportunities exist and, if necessary, what improvement approach or corrective action may be required.

Once the results of EPR are obtained, the report will be reviewed by the body that authorized the EPR and any designees as it sees fit within 30 days of receipt in order to determine whether any improvement opportunities exist. If improvement opportunities exist, they will be handled through the same Executive Committee mechanism as IPR unless the issue is already being addressed in a corrective action process.

#### **Participants in the review process:**

Participants in the review process will be selected according to the Medical Staff policies and procedures. The work of all practitioners granted privileges will be reviewed through the peer review process. Clinical support staff may participate in the review process if deemed appropriate. Additional support staff may participate if such participation is included in their job responsibilities. The peer review body will consider the views of the practitioner whose care is under review prior to making a final determination providing that the practitioner responds within the timeframes outlined in Attachment C.

In the event of a conflict of interest or circumstances that would suggest a biased review beyond that described above, the MSPRC or the Executive Committee may replace, appoint, or determine who will participate in the process so that bias does not interfere in the decision-making process.

#### **Individual Case Review**



Peer review will be conducted by the Medical Staff in a timely manner. The goal is for routine cases to be completed within 90 days from the date an MSPRC worksheet is generated by the Quality Management staff and complex cases to be completed within 120 days. Exceptions may occur based on case complexity, reviewer availability and meeting time constraints. The timelines for this process are described in Attachment C. The rating system for determining results of individual case reviews is described in the Case Review Rating Form

### **Rate and Rule Indicator Data Evaluation**

The evaluation of aggregate practitioner performance measures via either rate or rule indicators will be conducted on an ongoing basis by the MSPRC or its designee as described in Attachment B.

### **Selection of Practitioner Performance Measures**

Measures of practitioner performance will be selected to reflect the six General Competencies and will utilize multiple sources of data described in the Medical Staff Indicator List in Attachment E.

### **Thresholds for Focused Professional Practice Evaluation (FPPE):**

If results of Ongoing Professional Practice Evaluation (OPPE) indicate a potential problem with practitioner performance, the MSPRC may initiate a Focused Professional Practice Evaluation (FPPE) to determine whether or not a problem exists with the practitioner's current competency, either for specific privileges or for more global dimensions of performance. Potential triggers for conducting FPPEs may include outlier performance on rule or rate indicators or an outlier number of cases referred to the Committee for review. However, a single egregious case may also initiate a focused review by the MSPRC.

### **Oversight and Reporting**

Direct oversight of the peer review process is delegated by the Executive Committee to the MSPRC. The responsibilities of the MSPRC related to peer review are described in the MSPRC charter (Attachment B).

### **Statutory Authority**

This policy is based on the statutory authority of the Health Care Quality Improvement Act of 1986 42 U.S.C. 11101, et seq. and CA State Law 1157. All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are deemed to be covered by such provisions of federal and state law providing protection to peer review related activities. Documents prepared in connection with this policy, including minutes and case review materials, should be labeled with language consistent with the following:

“Statement of confidentiality:

Data, records, documents, and knowledge, including but not limited to minutes and case review materials, collected for or by individuals or Committees assigned peer review functions are confidential, not public records, shall be used by the Committee and Committee members only in the exercise of proper functions of the Committee, and are not available for court subpoena in accordance with CA State Law 1157 Revised Code Sections and applicable case law.”

### **Attachment List**

**Attachment A: MSPRC Charter**

**Attachment B: Case Review Process**

**Attachment C: Medical Staff Indicator List**

**ATTACHMENT “A”**

**Medical Staff Peer Review Committee (MSPRC) Charter  
Palomar Medical Center Escondido**

**Scope**

The MSPRC will be generally responsible for defining performance measures and targets for the six Core Competencies and evaluating performance data for patterns or trends. Specific exceptions related to these activities considered outside the MSPRC scope are described in the following table:

<b>Function (Competency)</b>	<b>Exception</b>	<b>Exception Responsibility</b>
Managing Physician Behavior (Professionalism)	Physician disruptive behavior incidents and patterns defined by the Medical Staff Code of Conduct policy	Medical Staff Leadership as defined in Code of Conduct
Blood Use (Patient Care)	Blood use generic screening metrics that trigger chart review	Executive Committee
Medication Use (Patient Care)	Formulary and medication policy issues requiring medical staff approval	P & T Committee with Executive Committee approval
Resource Use (System-based Practice)	Routine concurrent aspects of physician resource use for individual events	Case Management Department, Practitioner Resource Utilization
Health Information Management (Communication)	Physician compliance with documentation and record completion requirements	Executive Committee
Infection Control (System-based Practice)	Infection control practices not related to physician compliance	Hospital Infection Control Committee
	Infection Control polices requiring Medical Staff approval	Executive Committee

Although the MSPRC will not be involved in managing physician behavior, the MSPRC may collect data regarding alleged inappropriate behaviors and forward concerns regarding physician behavior to the appropriate Medical Staff Leadership, as defined in our Code of Conduct. Likewise, although the MSPRC will not be involved in ensuring compliance with documentation and record completion requirements, the MSPRC may collect data regarding Health Information Management concerns and forward them to Medical Staff Leadership as appropriate.

While the MSPRC may serve as one source of competency data, credentialing and privileging decisions are the responsibility of the Department Chairs and the Credentials Committee.

## **Responsibilities**

### **1. Evaluation of Individual Cases**

- Perform initial physician review of all cases of sufficient complexity of management or seriousness of outcome based on approved Review indicators and the MSPRC case review procedure
- Obtain reviews and recommendations from specialists on the Medical Staff or from external specialists when required
- Communicate with the physician(s) involved with the case to assure adequate opportunity for the physician(s) to present all relevant information regarding the issue(s) raised
- Make determinations regarding individual physician opportunities for improvement based on individual or multiple case reviews, or make determinations regarding when focused practice evaluation is needed to further define whether an improvement opportunity exists
- Identify potential hospital and nursing practice opportunities for improvement as a result of case reviews

### **2. Evaluation of Rate and Rule Indicators**

*Note: For definitions of the Rate and Rule Indicators, see page 2 of the Medical Staff Peer Review Policy.*

- Perform regular review of adverse outliers from aggregate results of Rule or Rate indicators relevant to all area of physician competency within the MSPRC scope. This function may be delegated to an individual member of the Committee or to a subcommittee or appropriate Department Chair.
- Identify potential individual physician opportunities for improvement and determine whether focused professional performance evaluation or additional analysis or focus studies may be required to further define whether an improvement opportunity exists
- Identify potential Medical Staff, nursing, or hospital system opportunities for improvement as a result of analysis of rate or rule data

### **3. Improvement Opportunities**

The role of the MSPRC is to assure that when opportunities for improvement are identified, the appropriate individuals are notified of the issues and a reasonable improvement plan is developed. This will be accomplished through the following:

- Communicate individual improvement opportunities to the appropriate Department Chair, who develops an improvement plan as necessary. Assistance in developing an appropriate improvement plan may be requested from the Chief Medical Quality Officer (CMQO) or from the MSPRC Chair or designee.
- Communicate systems or nursing practice improvement opportunities to the appropriate hospital Committee(s)
- Track responses and compliance with improvement plans
- Report to the Executive Committee regarding actions taken to improve care
- Report to the Executive Committee cases in which individual action was not taken when requested, or when actions are perceived to be inadequate

### **4. Measurement System Management**

- In collaboration with the Medical Staff Department Chairs, the MSPRC will periodically review the indicators, targets, screening tools, and referral systems for effectiveness and recommend changes, as needed, to the Executive Committee.
- It is the expectation that all departments will participate in the development of specialty-specific indicators. If departments fail to provide recommendations, the MSPRC will have the authority to develop and implement specialty-specific indicators
- It is understood that sub-specialty databases belong to the Medical Staff and not individual departments. All data from these sources shall be shared with the MSPRC upon request.
- In coordination with the Credentials Committee and with input from the Chief Medical Quality Officer (CMQO), the MSPRC will define the appropriate content and format for physician performance feedback reports.

## **5. Oversight of Other Medical Staff Physician Performance Evaluation Committees**

Although the vast majority of initial review of individual cases along with rule and rate indicator data evaluation will be performed by the MSPRC, some Medical Staff departments or Committees may continue to evaluate physician performance as a quality control Executive Committee mechanism or as a multi-disciplinary educational process. Such discussions will be considered part of the Medical Staff quality function and are protected from discovery so long as the appropriate policies and procedures of the MSPRC are followed.

The MSPRC will oversee the processes used to perform these evaluations and the indicators selected by the specialties. Department- or specialty-specific Rule or Rate Indicator data, as determined by the Executive Committee, will be reported to the MSPRC. Cases meeting Review Indicator criteria will be referred to the Quality Office to initiate the MSPRC case review process.

Examples of departments that may perform the function as described above include:

- Image-Based Specialties (Pathology, Radiology, Cardiac Images): Image-Based Specialties will perform routine quality reviews of diagnostic image interpretation by physicians (e.g. surgical pathology or cytology slides, radiological images) and the aggregate findings reported to MSPRC as either Rule or Rate Indicators. Individual cases with misinterpretations or missed findings meeting Review Indicator criteria will be referred to the MSPRC.
- Trauma: The Trauma Committee will continue to perform its peer review functions according to the required American College of Surgeons (ACS) standards. Cases resulting in significant adverse outcomes potentially related to physician care may be referred to the quality office to initiate the MSPRC peer review process.

### **Membership**

The MSPRC will be comprised of active members of the Medical Staff with at least one member from each of the following specialties: General Medicine, Surgery, OB/GYN, Emergency Medicine, Anesthesiology, Cardiology, and Orthopedics. The Chief of Staff Elect will be an ex-officio member with a vote only in the case of a tie. Physicians from other specialties may be invited to the meetings as needed.

The CMQO, Associate CMQO, and Quality Division support staff as determined by the Chair are ex-officio members without vote.

Committee members will be appointed by the Chief of Staff and approved by the Executive Committee.

Members will be appointed to serve for three-year terms and may be re-appointed for additional terms without limit.

The Chair of the MSPRC will be an Active member of the Medical Staff appointed by the Chief of Staff with approval by the Committee based on majority vote. To be eligible for appointment as Chair, the member must have served on the Committee at some point in time for at least one year. The Chair may serve an unlimited number of consecutive terms as long as he/she is eligible to be a Committee member. The Chair will attend Executive Committee meetings for the purpose of reporting Committee activity and findings.

Committee members will be expected to attend at least two thirds of the Committee meetings over a twelve month period in order to maintain membership. Committee members will be expected to participate in appropriate educational programs provided by the hospital or Medical Staff to increase their knowledge and skills in performing the responsibilities associated with being a member of the Committee. Members who attend 75% or more of the Committee meetings in a year shall have their Medical Staff dues waived for the following year.

**Meetings**

The Committee will meet at least 10 times per year. A quorum for purposes of making case determinations will be based on the members present at a regularly scheduled meeting. A majority will consist of a majority of voting members present.

**Reporting**

The Committee will report to Executive Committee at least 10 times per year. No changes can be made to the MSPRC charter and policies without approval of the Executive Committee.

**ATTACHMENT “B”**  
**Case Review Process**  
**Palomar Medical Center Escondido**

<b>Action</b>	<b>Case Review Process</b>
<b>Case Identification</b>	<p><u>Screening Work lists</u>: Patient case review work lists for appropriate review indicators are obtained from the quality database system</p> <p><u>Referrals</u>: Referrals from Incident Reports, Case Management, patient relations, or any requests for review are preliminarily screened to determine whether they qualify for case review based on Medical Staff review indicators.</p> <p><u>HIM coders</u>: HIM coders using Medical Staff review indicators for issues not specifically identified via ICD9 coding will flag cases for review by QM.</p>
<b>Case Screening</b>	<p>QM reviews case to determine whether physician review is required. If yes, QM completes the initial section of the case review form, including a brief case summary of key clinical information and identification of key questions for the physician reviewer.</p> <p>If QM needs clarification regarding whether the case meets the Medical Staff review indicator criteria or not, it will contact the MSPRC Chair to discuss. If the Chair judges the case to warrant physician review, he or she will direct QM to generate a case review form for the case.</p>
<b>Physician Reviewer Assignment</b>	<p>All cases determined by QM to warrant review will be submitted to the MSPRC Chair. The Chair, in turn, will assign cases to Committee members for more thorough review as needed.</p>
<b>Physician Review</b>	<p>Physician reviewer performs case review and completes the Case Rating Form. If unable to perform the review <del>within 2</del> <b>weeks</b>, the reviewer will promptly contact the MSPRC Chair so the case can be reassigned.</p>
<b>Additional Review Needed</b>	<p>If the initial reviewer determines the case involves a technical issue outside of the reviewer’s expertise, that reviewer will inform the MSPRC Chair so that the case can be re-assigned to an appropriate second reviewer. The second reviewer will be a member of the Committee if the Committee has a member with the specific expertise without significant conflict of interest.</p>
<b>Completed Case Review</b>	<p>Only cases with completed Case Rating forms will be placed on the MSPRC agenda. Late or incomplete reviews will be deferred to the next meeting.</p>
<b>Initial Reviews Rated Quality of <u>No Improvement Opportunity</u> or <u>Minor Improvement Opportunity</u></b>	<p>Reviews indicating <u>No Improvement Opportunity</u> or <u>Minor Improvement Opportunity</u> are reported to the MSPRC for summary approval. The MSPRC Chair will review the summary of these cases prior to the Committee meeting. If there are concerns with the recommended case scoring, the chair will discuss the case with the reviewer. If concerns still exist, the case will be presented to the MSPRC for discussion.</p>

Action	Case Review Process
<b>Initial Reviews Rated Significant Improvement Opportunity, or Reviewer Uncertain</b>	If the reviews indicate potential Questionable or Inappropriate care, or if the reviewer is uncertain regarding the appropriateness of care, inquiry letters will be sent to the involved physician(s) asking them specific questions regarding the care they provided. In addition, the involved physician may request to appear in person before the Committee.
<b>Additional Clarification from the Physician</b>	After the initial written response, if the MSPRC determines it requires further clarification it shall allow the physician to provide a second response. In addition, the involved physician may request or be asked to appear in person before the Committee.
<b>Committee Final Disposition for Cases with Inquiry Letters</b>	Following receipt of the physician's response or, if the response timeframe has lapsed, the MSPRC will make a final determination of the overall Physician Care. If the MSPRC rates a case anything other than <u>No Improvement Opportunity</u> , the Committee will identify the Physician Care Issues. The MSPRC will also determine whether communication back to the physician by way of a letter from the MSPRC provides sufficient education for improvement or whether involvement by the Department Chair may be required.
<b>Communicating Findings to Physicians</b>	For cases determined to exhibit <u>No Improvement Opportunity</u> or <u>Minor Improvement Opportunity</u> , the involved physician(s) will be informed of the decision by routine letter. Physicians with cases of <u>Significant Improvement Opportunity</u> are informed of the decision by letter, with a copy sent to the physician's peer review file. The Department Chair may be copied on this letter.
<b>Tracking Review Findings</b>	QM will enter the results of all final review findings into the database for tracking.
<b>Improvement Plan development</b>	If the results of either Case Reviews or analysis of Rate or Rule Indicator trends indicate a need for individual physician performance improvement, the issue will be referred to the appropriate Department Chair for the development of an Improvement Plan. The Chief of Staff may be notified as well.
<b>Referrals to the Hospital PI Committee</b>	For cases determined to reveal opportunities to improve systems or nursing care, the MSPRC Chair will refer those issues to the appropriate hospital Committee(s).
<b>High-risk Cases</b>	For cases meeting the organization's Sentinel Events criteria, timely processing of practitioner-specific information is necessary to ensure patient safety. Sentinel Events requiring peer review will undergo immediate review by the MSPRC Chair or designee. Additional information (such as a literature search results, second opinions, or external peer review) may be necessary before making a determination or action.
<b>Precautionary or Summary Suspensions</b>	The processes in this document do not apply to precautionary suspensions or summary suspensions under the Medical Staff Bylaws and Rules.

**ATTACHMENT “C”**  
**Palomar Medical Center Escondido**

<u>#</u>	<u>Dept</u>	<u>Competency</u>	<u>Indicator</u>	<u>Indicator description</u>	<u>Type</u>	<u>Data Source</u>
1	All Depts	Pt. Care	Unanticipated death	As identified by pre reviewer screening or by use of severity adjusted outcomes to identify unexpected or low probability deaths. <b>Surgical:</b> Peri-procedural mortality w/in 30 days of initial procedure excluding palliative care or severe trauma; <b>Medical:</b> Deaths of medical inpatients excluding inpatients under palliative care, end stage disease, or medical conditions with known expected death rates (e.g. CHF, acute AMI, pneumonia); <b>ED:</b> deaths in the ED of patients presenting in stable condition; <b>OB/Peds:</b> maternal death within 30 days, newborn or intrapartum fetal death with gestational age greater than 25 weeks excluding infants with severe congenital anomalies;	1Rev	Monthly mortality reports for inpatients at time of discharge. 30 days following procedure only if patient is readmitted. QRR and verbal referral.
2	All Depts	Pt. Care	Unanticipated Cardiac or Respiratory arrest	-	1Rev	Monthly reports of all cardiac or respiratory arrests. Identified from ICD codes after discharge and coding complete. Identification from Code Blue reports and RRT data.
3	OB/Gyn	Pt. Care	Elective induction	Inclusion/Exclusion guidelines: Deliveries of <39 weeks without medical indication as per ACOG guidelines	1Rev	QRR, referrals and shift report
4	OB/Gyn	Pt. Care	VBAC deliveries	Inclusion/Exclusion per Beta and ACOG guidelines.	1Rev	QRR and referrals
5	All Depts	Pt. Care	Delay in treatment/consultation resulting in deterioration in patient condition	Delay in consult. Exclusion if M.D. was not called by the physician requesting the consult	1Rev	QRR and physician referrals
6	All Depts.	Pt. Care	Referral for clinical concern not otherwise classified.	Referrals not otherwise covered by specific review indicators	1Rev	QRR, self report, referrals
7	All Surg	Pt. Care	Major perioperative complication of patient undergoing anesthesia	Inclusion: Perioperative cardiac/resp arrest, (defined as induction of anesthesia to 12 hours post-anesthesia); acute MI, and central neurological deficit.	1Rev	QRR, Code Blue data and random chart audits



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8	All Surg	Pt. Care	Unplanned removal of an organ during surgical procedure	Exclusion: Known complication or risk of procedure	1Rev	QRR from OR and verbal referrals
9	All Surg	Pt. Care	Significant complication of surgical procedure resulting in prolonged inpatient stay	Inclusion: Length of stay greater than Medicare LOS guidelines. Exclusions: Staged procedures or patients with known high pre operative morbidity or severe trauma or emergent cases.	1Rev	QRR from Case Managers/ Utilization Reviewers and CDI Reviewers
10	All Surg	Pt. Care	Unanticipated return to surgery for complication.	Inclusion: Evisceration, repair of organ or obstruction Exclusion: Failed dialysis access, unrelated procedures, planned returns or a specific complications monitored by rule and rate indicators. (e.g bleeding or hematoma)	1Rev	Monthly return to OR report, QRR, random case reviews and shift report
11	All Depts	Pt. Care	Significant intra or post procedural complications	Inclusion: Additional procedures required due to medical or surgical complications of the original procedure or as defined by ICD-9 coding. Exclusion: Anesthesia cases	1Rev	QRR's, random case reviews and referrals
12	All Surg	Pt. Care	Removal or expelling of iatrogenic foreign body	-	1Rev	QRR from OR or verbal report
13	GI	Pt. Care	Complications of endoscopy, colonoscopy or ERCP	Exclusion: Perforations without prolonged length of stay or critical care admission less than 48 hours.	1Rev	QRR from outpatient surgery and or admitting unit
14	Invasive Card	Pt. Care	Post procedure complications related to invasive cardiology procedure or Interventional Radiology	Inclusions: Transfusion post-cath, return to cath lab, hematoma or stroke	1Rev	QRR from telemetry/CCU or referrals. Random chart audits
15	OB/Gyn	Pt. Care	Possible permanent or serious infant injury	Inclusions: Shoulder dystocia resulting in asphyxia or Erb's palsy, skull fracture, brachial palsy, paralysis, etc. Any injury which will require significant follow-up beyond a palliative nature.	1Rev	QRR from OB, admits to NICU, discharge record based on ICD 9 codes, transfers to a higher level of care
16	OB/Gyn	Pt. Care	Mother transferred to ICU post-delivery	Exclusion: Patients in ICU pre delivery	1Rev	QRR from OB and/or Critical Care and shift report
17	All Depts	Pt. Care	Alleged incidents of patient not seen and documented every calendar day by a physician	Exclusion - No documentation	2Rule	QRR from RN staff based on review of progress notes. Calls to M.D. hot line, shift report

<u>#</u>	<u>Dept</u>	<u>Competency</u>	<u>Indicator</u>	<u>Indicator description</u>	<u>Type</u>	<u>Data Source</u>
20	All Depts	Inter Pers	Suspensions for delinquent medical records	Inclusion: Any suspension communicated to clinical services (e.g. surgery, admissions)	2Rule	Medical Records generates weekly report.
21	All Depts	Pt. Care	Blood component use not meeting appropriateness criteria excluding autologous units	Based on MS approved criteria for PRBC's, Platelets, FFP, cryoprecipitate	2Rule	Transfusion committee.
22	All Med	Med Know	% AMI patients who are prescribed aspirin at discharge (publicly reported)	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/ Publicly reported
23	All Med	Med Know	% AMI patients receiving a beta blocker within 24 hours of arrival	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/ Publicly reported
24	All Med	Med Know	% AMI patients who are prescribed a beta blocker at discharge	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/ Publicly reported
25	All Med	Med Know	% meeting Time to PTCA for AMI patients	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/ Publicly reported
26	All Med	Med Know	% Heart failure patients prescribed ACE/ARBs inhibitors at discharge	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/ Publicly reported
27	All Med	Med Know	% Heart failure patients with LVEF assessment documented.	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/ Publicly reported
28	All Medical	Med Know	% PN- Initial antibiotic selection for ICU patients	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/ Publicly reported

<u>#</u>	<u>Dept</u>	<u>Competency</u>	<u>Indicator</u>	<u>Indicator description</u>	<u>Type</u>	<u>Data Source</u>
<u>29</u>	<u>All Medical</u>	<u>Med Know</u>	<u>% PN- Initial antibiotic selection for non- ICU patients</u>	<u>Inclusion/Exclusion described in data submission manual</u>	<u>3Rate</u>	<u>Core Measure data/ Publicly reported</u>
<u>30</u>	<u>All Surg</u>	<u>Pt. Care</u>	<u>% Prophylactic antibiotic selection for surgical patients</u>	<u>Inclusion/Exclusion described in data submission manual</u>	<u>3Rate</u>	<u>Core Measure data/ Publicly reported</u>
<u>31</u>	<u>All Surg</u>	<u>Med Know</u>	<u>% Prophylactic antibiotic order discontinued within 24 hrs after surgery end time</u>	<u>Inclusion/Exclusion described in data submission manual</u>	<u>3Rate</u>	<u>Core Measure data/ Publicly reported</u>
<u>32</u>	<u>All Surg</u>	<u>Med Know</u>	<u>% SCIP- Venous thromboembolism prophylaxis administered</u>	<u>Inclusion/Exclusion described in data submission manual</u>	<u>3Rate</u>	<u>Core Measure data/ Publicly reported</u>
<u>33</u>	<u>Anesth</u>	<u>Med Know</u>	<u>% Prophylactic antibiotic received within one hour prior to surgical incision</u>	<u>Inclusion/Exclusion described in data submission manual</u>	<u>3Rate</u>	<u>Core Measure data/ Publicly reported</u>
<u>34</u>	<u>All Med</u>	<u>Pt. Care</u>	<u>% Blood cultures for PN patients going to ICU</u>	<u>Inclusion/Exclusion described in data submission manual</u>	<u>3Rate</u>	<u>National Measure: Option as rule indicator as surgical bundle</u>
<u>35</u>	<u>Cardiol</u>	<u>Pt. Care</u>	<u>Emergent surgery due to Cardiology procedure complication</u>	<u>Inclusion/Exclusion described in data submission manual</u>	<u>1Rev</u>	<u>STS data collection, QRR from CCL and/or CCU, Random chart audits</u>
<u>36</u>	<u>All Surg</u>	<u>Pt. Care</u>	<u>Unplanned readmission within 30 days of procedure for problems related to initial procedure</u>	<u>Exclusion: Complications monitored by rates; e.g. surgical infection, staged procedures</u>	<u>1Rev</u>	<u>Monthly 30 day readmission reports</u>
<u>37</u>	<u>All Surg</u>	<u>Pt. Care</u>	<u>Unscheduled admission following outpatient procedure requiring inpatient admission</u>	<u>Inclusion - any outpatient procedure</u>	<u>1Rev</u>	<u>QRR or shift report</u>

<u>#</u>	<u>Dept</u>	<u>Competency</u>	<u>Indicator</u>	<u>Indicator description</u>	<u>Type</u>	<u>Data Source</u>
38	All Depts	Pt. Care	Transfer to another facility for significant or unanticipated change in clinical condition.	Exclusion: transfers for higher level of services not available or transfers not based on potential physician care issues	1Rev	QRR or shift report
39	All Med	Pt. Care	Unanticipated readmission of patient within 7 days after discharge for problems related to initial condition	Exclusions: Chronic medical conditions e.g. COPD	1Rev	Monthly 30 day readmission reports and QRR
40	OB/Gyn	Pt. Care	Excessive maternal intra or peripartum blood loss	Inclusion: any transfusion and/or ACOG Guidelines regarding blood loss: >500 mL blood loss for Vaginal Delivery; >1000 mls blood loss for C/sections	1Rev	QRR, Random case reviews and shift report
42	All Depts	System	Alleged incidents of physician non-compliance with Presurgical/invasive procedure and safety policies and procedures	Inclusion: Per Policy/procedure. Exclusion- Emergency cases	2Rule	QRR
43	All Depts	Inter Pers	Patient / family complaints for physicians regarding non clinical issues.	Validation as described in Medical Staff Bylaws. Inclusion: Complaints for communication, responsiveness and behavior. Exclusion: complaints regarding specific diagnostic or treatment issues.	2Rule	Grievance Process or Customer Satisfaction Survey
44	All Depts	Inter Pers	Important medical physician documentation not completed in required timeframe	Per Bylaws, Rules and Regulations and policies	2Rule	Medical Records Reports
45	All Surg	System	Procedure room delays for first case starts due to physician	Inclusions: either physician performing procedure or anesthesiologist; Delay defined by policy.	2Rule	QRR and report from the OR
46	Anesth	Pt. Care	Patients having routine procedures under general anesthesia being discharged from PACU beyond 4 hours	Due to patient's clinical issue, not discharge or bed issue.	2Rule	QRR and report from the OR

<u>#</u>	<u>Dept</u>	<u>Competency</u>	<u>Indicator</u>	<u>Indicator description</u>	<u>Type</u>	<u>Data Source</u>
50	All Depts	Prof	Incidents of nonavailability for ED call by physician on call list or covering physician	Validation as described in Medical Staff Bylaws.	2Rule	QRR, shift report, ED MD referrals
51	All Surg	Pt. Care	% Unanticipated return to surgery for hematoma, or hemorrhage	-	3Rate	-
52	Anesth	Pt. Care	Failed epidural rate	-	3Rate	-
53	Emerg	Pt. Care	Significant discrepancy of Radiology overreads of ED physician reading requiring an acute patient intervention.	Inclusion: radiology plain films	3Rate	-
54	Path	Pt. Care	% discrepancies between frozen section and final diagnosis	-	3Rate	-
57	All Surg	Pt. Care	Unscheduled admission following outpatient procedure with >48 hour stay	-	3Rate	-
58	Surg/Anesthesia	Pt. Care	Reintubation within 12 hours of post procedure extubation	Inclusion: Inpatients reintubated within 12 hour of post op extubation. Exclusion: Reintubation for patients being weaned from respirators.	3Rate	-
59	All Depts	Pt. Care	Missed/ misdiagnosis resulting in significant change in patient treatment plan.	Transfer to ICU or invasive procedure interventions	1Rev	Code Blue/RRT reports, QRR and shift report
60	All Depts	Pt. Care	Unplanned return to ICU during same admission	-	1Rev	QRR and shift report
61	Medical	Pt. Care	Patient admitted for a medical condition (non-surgical) with complication resulting in additional interventions	Additional intervention: Unanticipated ICU transfer or need for unanticipated surgical procedures.	1Rev	Random chart audits, QRR and shift report
62	OB/Gyn	Pt. Care	Post delivery maternal readmission within 7	-	1Rev	QRR and shift report

#	Dept	Competency	Indicator	Indicator description	Type	Data Source
			days			
64	All Depts	Inter Pers	Physician documentation lacking essential elements per regulatory guidelines.	As determined by concurrent or retrospective audits of documentation for specific components of the H&P, Op report, Progress notes, Pre-post OP notes, patient consents, etc.	2Rule	QRR, Random chart audits, medical records monthly report
65	OB/Gyn	Pt. Care	Infants undergoing circumcision without pain management provided per guidelines.	All infants undergoing circumcision	2Rule	-
70	All Depts	Prof	Incidents of physician non-availability to nursing or ancillary staff requests for modification of patient treatment	Validation As described in Medical Staff Bylaws	2Rule	-
72	All Depts	Prof	Incidents of inappropriate physician behavior	Validation As described in Medical Staff Bylaws. Inclusion: incidents reported by hospital staff or medical staff. Exclusion: Patient based complaints (see patient specific indicator #43)	2Rule	QRR, MD/RN Hotline, grievance process
73	All Depts	System	Failure to adhere to standard precautions for infection control	-	2Rule	-
74	All Depts	Pt. Care	Patient receiving reversal agent for conscious sedation	-	3Rate	-
75	All Med	Pt. Care	Risk adjusted mortality index for medical DRGs	Index=actual complications divided by expected complications as determined by risk adjusted software. Option: either all medical DRGs combined, or top DRGs, individually or as a group, with some degree of expected frequency of mortality.	3Rate	-
76	All Med	Pt. Care	% CHF Readmissions <31 days within the same DRG Major Disease Category (MDC)	Inclusion: patients with initial DRG of CHF whose principle reason for readmission is for a DRG within the heart major disease category	3Rate	-
77	All Med	Pt. Care	Risk adjusted complications index for medical DRGs	Index=actual complications divided by expected complications as determined by risk adjusted software. Option: either all medical DRGs combined, or top DRGs individually or as a group.	3Rate	-

<u>#</u>	<u>Dept</u>	<u>Competency</u>	<u>Indicator</u>	<u>Indicator description</u>	<u>Type</u>	<u>Data Source</u>
78	All Surg	Pt. Care	<u>Risk adjusted mortality index for surgical DRGs</u>	<u>Index=actual complications divided by expected complications as determined by risk adjusted software. Option: either all surgical DRGs combined, or top DRGs, individually or as a group, with some degree of expected frequency of mortality.</u>	<u>3Rate</u>	-
79	All Surg	Pt. Care	<u>Risk adjusted complications index for surgical DRGs</u>	<u>Index=actual complications divided by expected complications as determined by risk adjusted software. Option: either all surgical DRGs combined, or top DRGs individually or as a group.</u>	<u>3Rate</u>	-
80	All Surg	Pt. Care	<u>% unanticipated repair of an organ during operative procedure including laceration, puncture, tear or perforation</u>	<u>Based on ICD-9 injury codes</u>	<u>3Rate</u>	-
81	All Surg	Pt. Care	<u>% perforations of colonoscopy procedures</u>	-	<u>3Rate</u>	-
82	All Surg	Pt. Care	<u>% of Appendectomies with no pathologic findings</u>	<u>Inclusion: Minimal serosal inflammation should not be considered a pathological finding. Exclusion: appendectomies removed incidentally as part of a principle procedure.</u>	<u>3Rate</u>	-
83	All Surg	Pt. Care	<u>% Surgical site infections by selected surgical procedures</u>	<u>Rate of surgical site infections subcategorized by procedure type</u>	<u>3Rate</u>	-
84	Anesth	Pt. Care	<u>Patient safety related events for patients undergoing anesthesia</u>	<u>Events include: aspiration, broken, chipped tooth, eye trauma, corneal abrasions, spinal/general hypothermia, prolonged muscle paralysis</u>	<u>3Rate</u>	-
85	Path	Pt. Care	<u>% discrepancies in findings between initial pathology report and final diagnosis</u>	-	<u>3Rate</u>	-
86	Rad	Pt. Care	<u>% Random case radiology interpretation correlation</u>	-	<u>3Rate</u>	-
87	Rad	Pt. Care	<u>% Amendment in findings in radiology reports effecting patient care subcategorized by minor and major effect</u>	-	<u>3Rate</u>	-

<u>#</u>	<u>Dept</u>	<u>Competency</u>	<u>Indicator</u>	<u>Indicator description</u>	<u>Type</u>	<u>Data Source</u>
88	Rad Onc	Pt. Care	% Amendment of original radiation treatment plan subcategorized by major and minor effects on patient care	-	3Rate	-
92	Emerg	Pt. Care	Return to ED within 72 hours of discharge from ED requiring hospital admission	Exclusion: Pts called in by ER M.D. after obtaining lab or radiology results.	1Rev	ED referral / monthly report
93	All Depts	Pt. Care	Autopsy with unexpected findings potentially affecting patient care.	Findings of autopsy that were not known prior to death and could have potential impact on clinical course and treatment.	3Rate	Quarterly reporting with primary identification by Pathology
94	All Depts	Pt. Care	Significant tissue discrepancy between pre and post op diagnosis in the absence of treatment prior to surgery	Exclusions: Documented prior treatment by biopsies, excisions, radiation therapy or chemotherapy or procedures monitored by rates (non malignant hysterectomies, appendectomy, percutaneous needle biopsy and gallbladder procedures)	3Rate	As occurs - Referral by Director of Clinical Laboratory. Secondary notification QRR generated from pathology.
97	All Depts	Pt. Care	Hospital Acquired VTE	Exclusion: Pts on mechanical and/or pharmacological DVT prophylaxis prior to diagnosis	1Rev	QRR, Random case reviews and shift report
98	Rad	Pt. Care	Radiology misreadings that result in delayed treatment or misdiagnosis	-	1Rev	QRR or MD referrals
99	Rad	Pt. Care	Failure of Radiologist to report significant abnormal results to the ordering/attending MD in a timely manner, resulting in missed or delay of treatment	-	1 Rev	QRR, MD referral
100	All Surg	Pt. Care	% Failure to appropriately order foley catheter removal by POD2	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/Value Based Purchasing



<u>#</u>	<u>Dept</u>	<u>Competency</u>	<u>Indicator</u>	<u>Indicator description</u>	<u>Type</u>	<u>Data Source</u>
101	All Surg	Pt. Care	% Beta Blocker therapy not ordered on patients admitted on Beta Blocker	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data /Value Based Purchasing
102	All Depts	Pt. Care	% VTE Prophylaxis not ordered	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/Value Based Purchasing
103	All Depts	Pt. Care	Anticoagulation Overlap Therapy not ordered	Inclusion/Exclusion described in data submission manual	3Rate	Core Measure data/Value Based Purchasing

**Medical Director Agreement  
OB/GYN Services  
Branislav Cizmar, M.D. (Amend 1)**

**TO:** Board Finance Committee

**MEETING DATE:** Wednesday, July 26, 2023

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

**Background:** Hospital desires to engage Practitioner as an independent contractor to provide medical and administrative oversight with respect to Palomar Medical Center Escondido Obstetrics and Gynecology Unit. This administrative oversight will enhance procedural standardization, economic efficiencies, professional proficiencies, and quality outcomes, as well as enhance coordination among the Programs' and Units' providers and users.

**Budget Impact:**

**Staff Recommendation:** Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:**

**Required Time:**

## PALOMAR HEALTH – AGREEMENT ABSTRACT

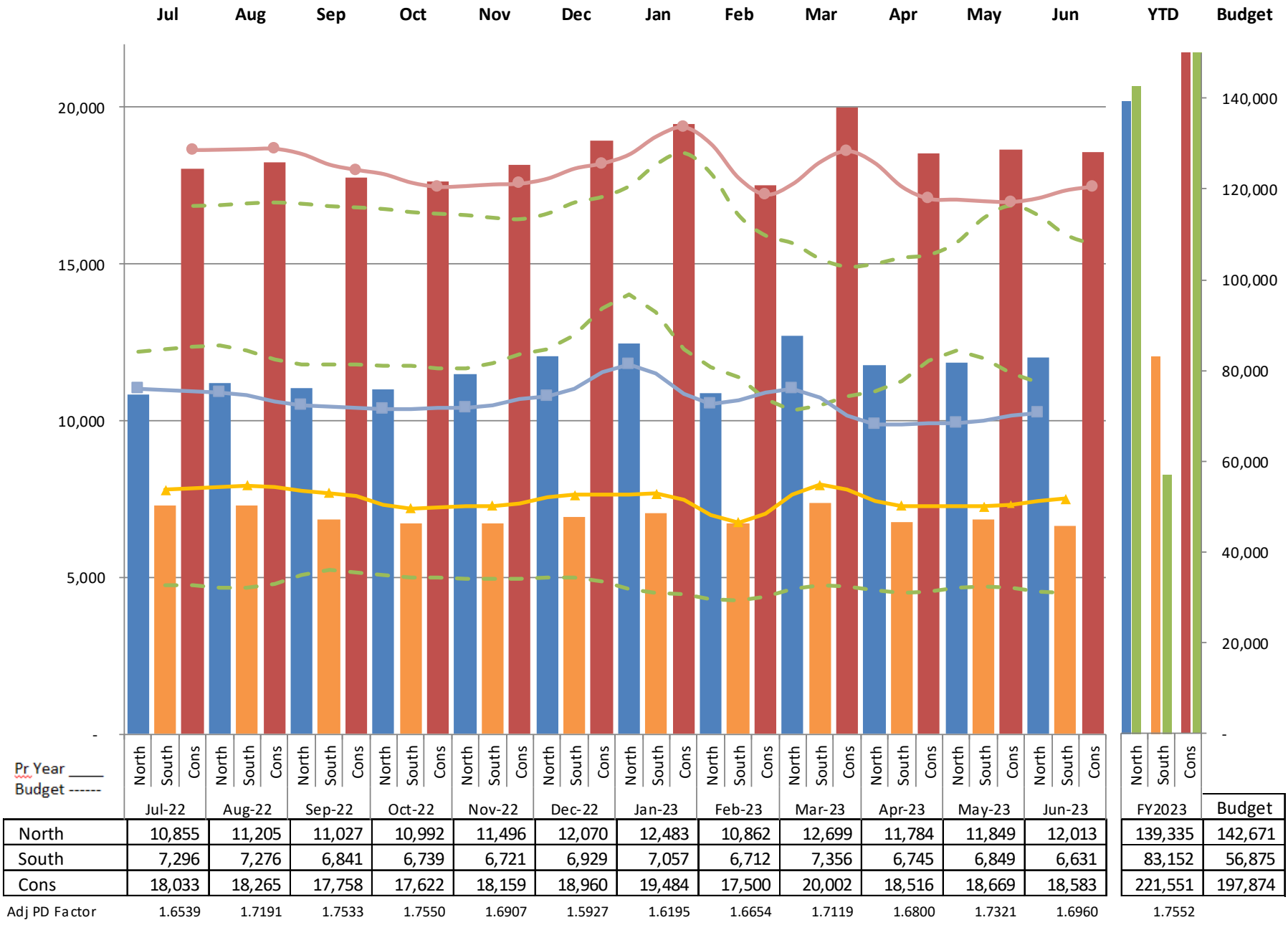
Section Reference	Term/Condition	Term/Condition Criteria
	<b>TITLE</b>	1. Cizmar, Branislav M.D. - OB/GYN Services for PMC E - Medical Director Agreement - 11.1.2021 2. Cizmar, Branislav M.D. - OB/GYN Services for PMC E – Amendment 1 to Medical Director Agreement - 11.1.2022
	<b>AGREEMENT DATE</b>	1. November 1, 2021 2. November 1, 2022
	<b>PARTIES</b>	Palomar Health, a California healthcare district ("PH"), and Cizmar, Branislav M.D. ("Physician").
	<b>PURPOSE</b>	Hospital desires to engage Practitioner as an independent contractor to provide medical and administrative oversight with respect to the Palomar Medical Center Escondido Obstetrics and Gynecology Unit ("Program"). This administrative oversight will enhance procedural standardization, economic efficiencies, professional proficiencies, and quality outcomes, as well as enhance coordination among the Programs' and Units' providers and users.
	<b>SCOPE OF SERVICES</b>	Physician shall serve as medical director of the Program and shall be responsible for the medical direction of the Program and the performance of the other medical administrative services set forth in this agreement, including all of the duties customarily associated therewith, to the reasonable satisfaction of Hospital. Physician's duties as Medical Director shall include the duties listed in the attached Exhibit A. Physician shall abide by all policies and procedures of the Medical Staff.
	<b>PROCUREMENT METHOD</b>	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	<b>TERM</b>	1. November 1, 2021 - October 31, 2022 2. November 1, 2022 – October 31, 2023
	<b>RENEWAL</b>	None
	<b>TERMINATION</b>	Either party may terminate this Agreement without cause, expense or penalty, effective thirty (30) days' prior written notice to the other party.
	<b>FAIR MARKET VALUATION</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – DATE COMPLETED: <b>SEPTEMBER 2, 2021</b>
	<b>COMPENSATION METHODOLOGY</b>	Fair Market Value. The Parties understand and agree that the payments made per this Agreement represent fair market value for legitimate and needed services actually provided without regard to volume or value of referrals or other business generated between 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>	Hospital owns and operates several acute hospitals and other facilities, which require physician leadership and support of the Palomar Medical Center Escondido Obstetrics and Gynecology Unit.
	<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

# Fiscal Year 2023 Performance Indicators

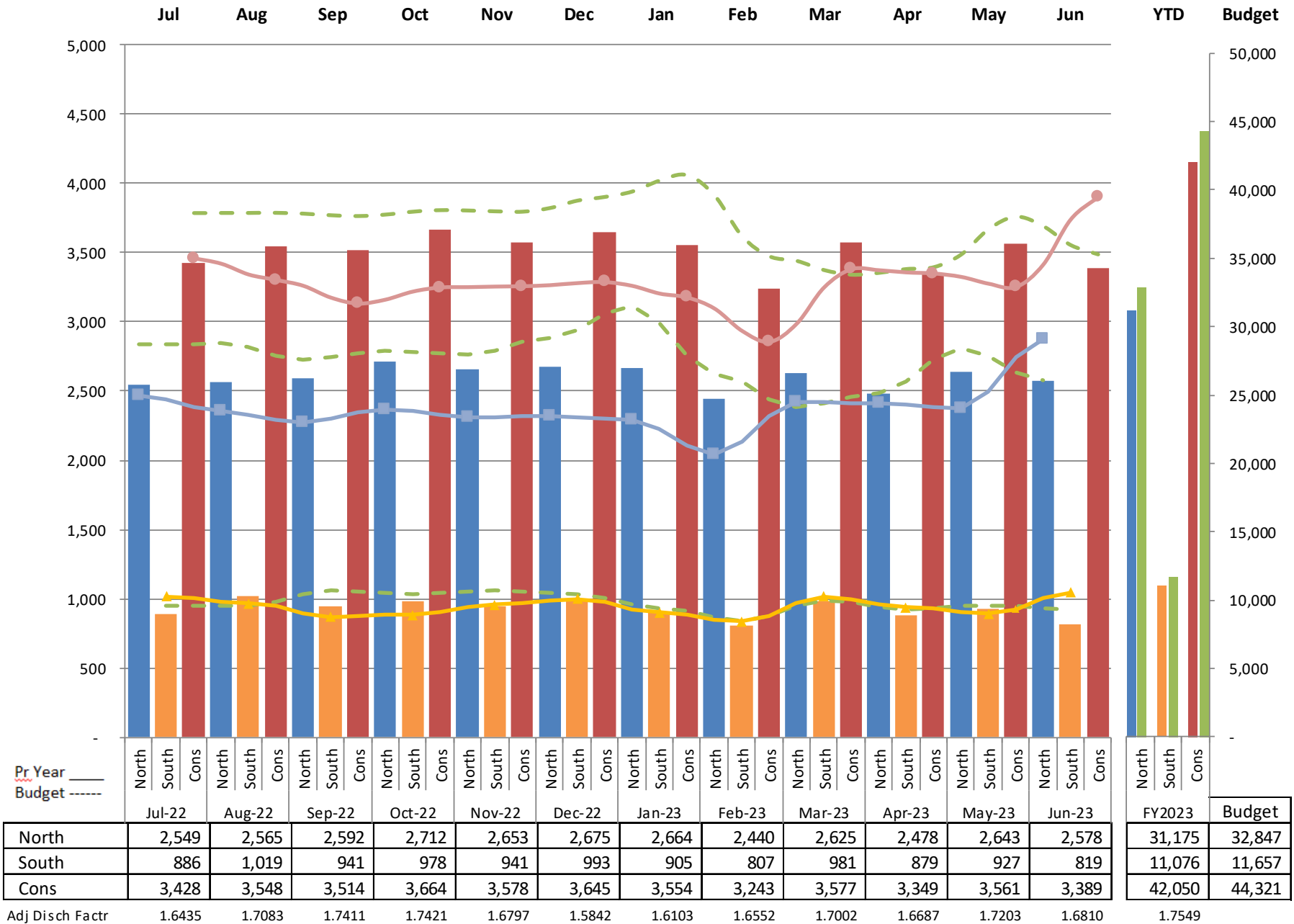
Excludes Palomar Health Medical Group

June 2023

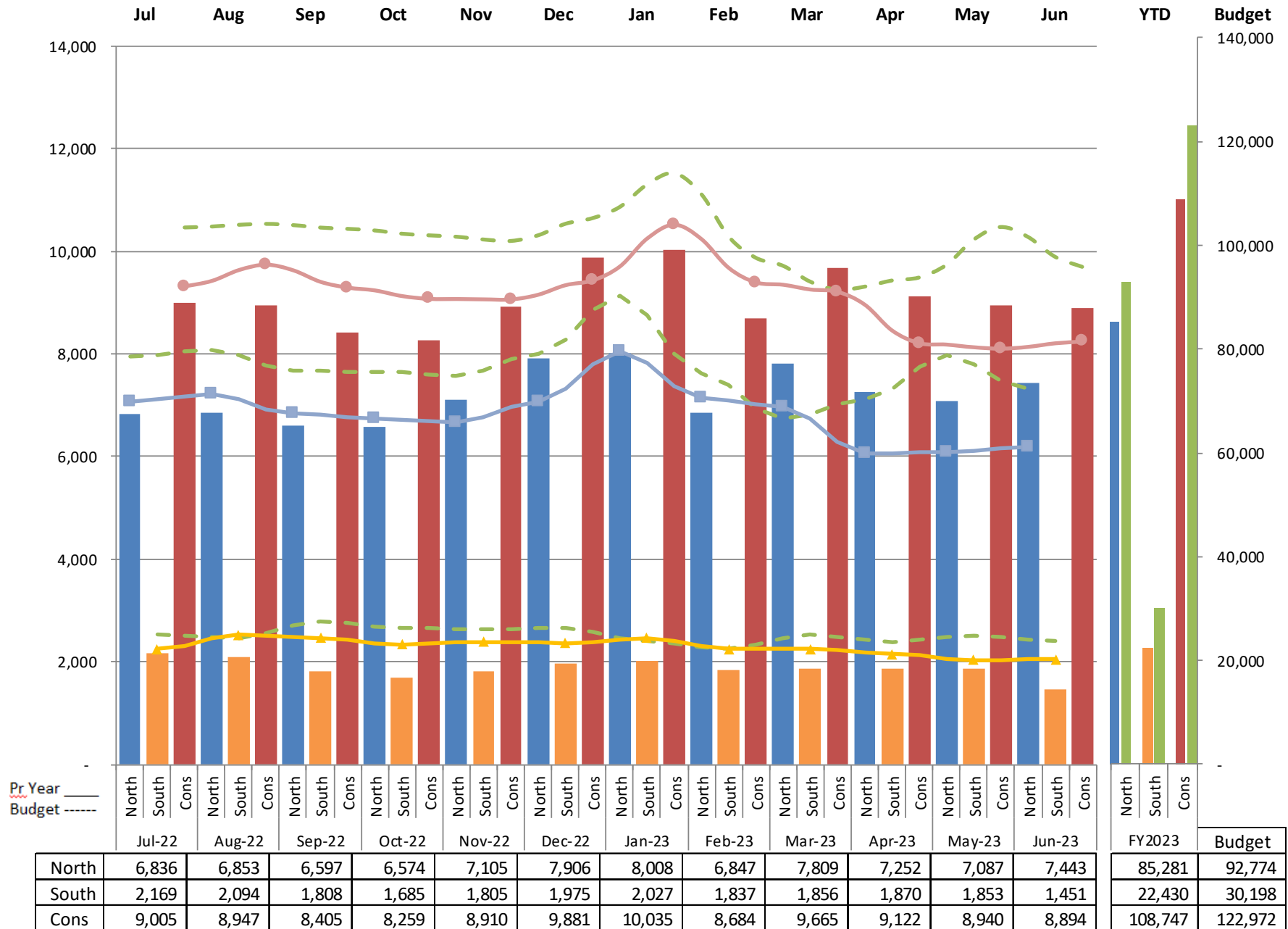
# Adjusted Patient Days



# Adjusted Discharges



# Patient Days - Acute

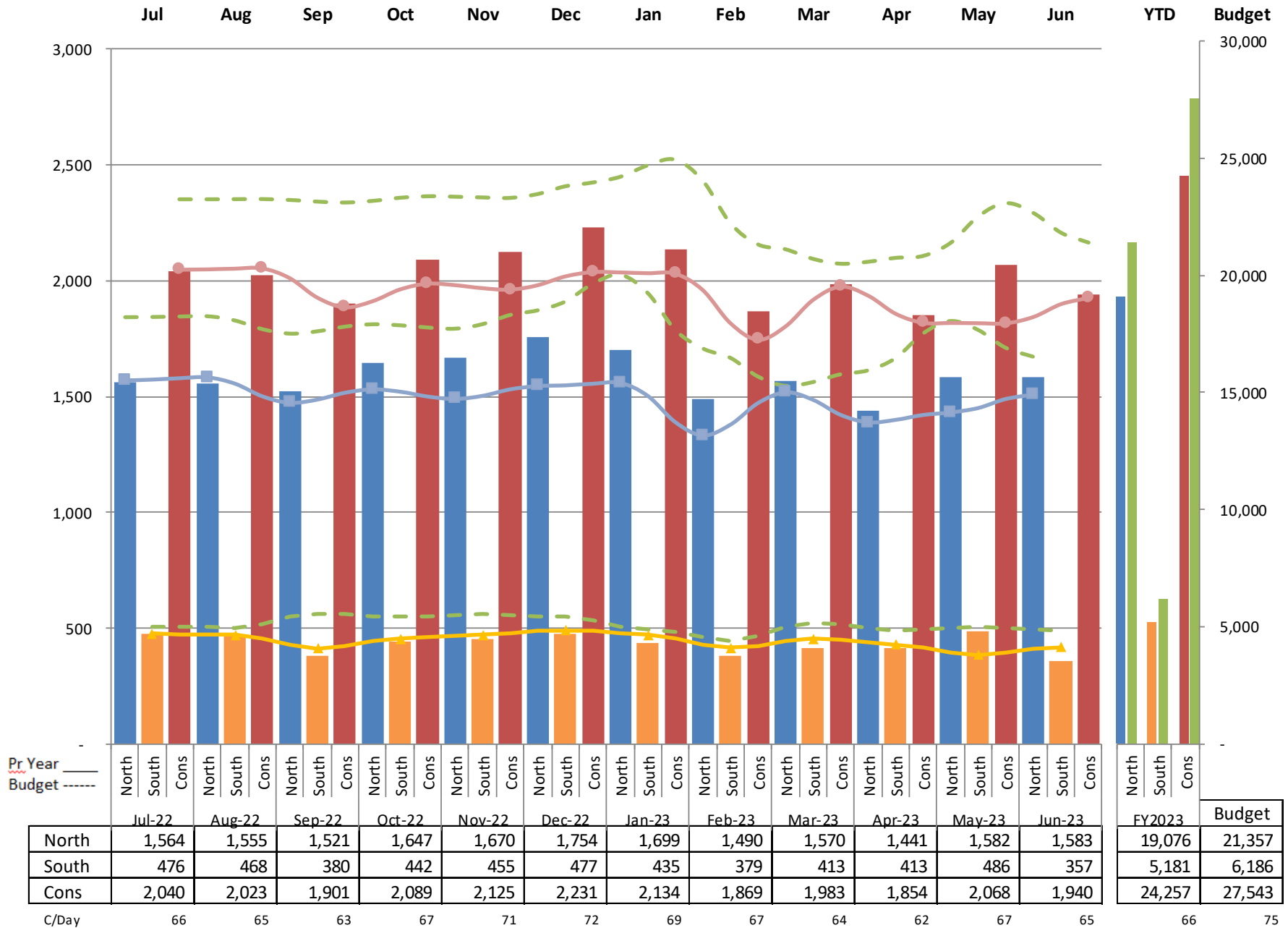


# Adjusted Discharges & Patient Days

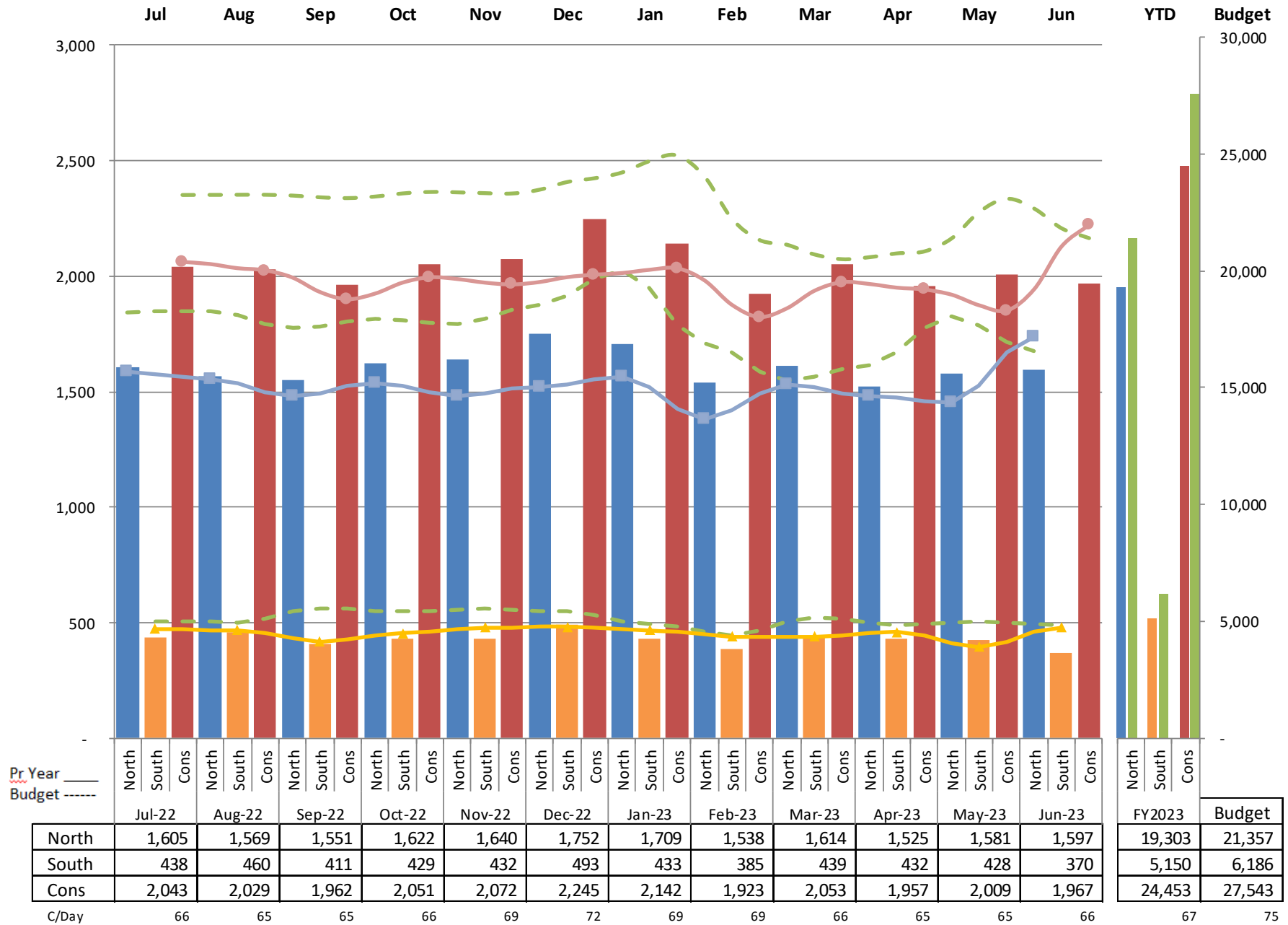
	Consolidated July-22 Results	Consolidated August-22 Actual	Consolidated September-22 Actual	Consolidated October-22 Actual	Consolidated November-22 Actual	Consolidated December-22 Actual	Consolidated January-23 Actual	Consolidated February-23 Actual	Consolidated March-23 Actual	Consolidated April-23 Actual	Consolidated May-23 Actual	Consolidated June-23 Actual	Consolidated Fiscal Year 2023 Actual
<b>GROSS OPERATING REVENUES:</b>													
Inpatient Routine	110,393,831	111,182,843	101,802,067	100,535,043	109,337,963	122,381,628	125,077,543	110,795,225	116,972,065	111,605,184	111,526,877	112,535,695	1,344,145,964
SNF Inpatient	3,741,897	3,637,366	3,722,727	3,895,900	3,885,463	3,888,387	3,965,868	3,741,925	4,254,156	3,977,813	3,958,138	5,292,266	47,961,906
Inpatient Ancillary	121,247,170	127,876,500	124,236,767	124,234,740	131,226,928	146,165,140	139,318,334	128,984,080	139,677,106	124,096,670	131,700,322	130,587,070	1,569,350,826
Total Inpatient	235,382,898	242,696,709	229,761,561	228,665,683	244,450,354	272,435,155	268,361,745	243,521,230	260,903,327	239,679,667	247,185,337	248,415,031	2,961,458,696
Total Outpatient	151,478,935	171,896,414	170,283,902	169,694,585	166,156,757	159,164,803	163,789,241	159,560,364	182,696,715	160,268,442	178,056,265	168,957,640	2,002,004,062
<b>TOTAL GROSS REVENUE</b>	<b>386,861,833</b>	<b>414,593,123</b>	<b>400,045,463</b>	<b>398,360,268</b>	<b>410,607,111</b>	<b>431,599,958</b>	<b>432,150,986</b>	<b>403,081,594</b>	<b>443,600,042</b>	<b>399,948,109</b>	<b>425,241,602</b>	<b>417,372,671</b>	<b>4,963,462,758</b>
IP%	61%	59%	57%	57%	60%	63%	62%	60%	59%	60%	58%	60%	60%
OP% (High OP Ratio, Higher Factor)	39%	41%	43%	43%	40%	37%	38%	40%	41%	40%	42%	40%	40%
Total%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>ADJUSTED DISCHARGE CALCULATION</b>													
<b>FACTOR</b>	<b>1.6435</b>	<b>1.7083</b>	<b>1.7411</b>	<b>1.7421</b>	<b>1.6797</b>	<b>1.5842</b>	<b>1.6103</b>	<b>1.6552</b>	<b>1.7002</b>	<b>1.6687</b>	<b>1.7203</b>	<b>1.6801</b>	<b>1.6760</b>
<b>DISCHARGES:</b>													
PH NORTH - ACUTE	1,605	1,569	1,551	1,622	1,640	1,752	1,709	1,538	1,614	1,525	1,581	1,597	19,303
PH SOUTH - ACUTE	438	460	411	429	432	493	433	385	439	432	428	370	5,150
PH SOUTH - SNF	43	48	56	52	58	56	65	36	51	50	61	50	626
TOTAL	2,086	2,077	2,018	2,103	2,130	2,301	2,207	1,959	2,104	2,007	2,070	2,017	25,079
<b>ADJUSTED DISCHARGES</b>	<b>3,428</b>	<b>3,548</b>	<b>3,514</b>	<b>3,664</b>	<b>3,578</b>	<b>3,645</b>	<b>3,554</b>	<b>3,243</b>	<b>3,577</b>	<b>3,349</b>	<b>3,561</b>	<b>3,389</b>	<b>42,050</b>
<b>ACUTE Adjusted Discharges (Excl SNF)</b>	<b>3,379</b>	<b>3,488</b>	<b>3,440</b>	<b>3,600</b>	<b>3,503</b>	<b>3,576</b>	<b>3,469</b>	<b>3,203</b>	<b>3,515</b>	<b>3,288</b>	<b>3,480</b>	<b>3,334</b>	<b>41,275</b>
<b>ADJUSTED PATIENT DAY CALCULATION</b>													
<b>ACUTE FACTOR (Excl SNF)</b>	<b>1.6539</b>	<b>1.7191</b>	<b>1.7533</b>	<b>1.7550</b>	<b>1.6907</b>	<b>1.5927</b>	<b>1.6195</b>	<b>1.6654</b>	<b>1.7119</b>	<b>1.6800</b>	<b>1.7321</b>	<b>1.6949</b>	<b>1.6871</b>
<b>ACUTE PATIENT DAYS:</b>													
PH NORTH	6,836	6,853	6,597	6,574	7,105	7,906	8,008	6,847	7,809	7,252	7,087	7,443	86,317
PH SOUTH	2,169	2,094	1,808	1,685	1,805	1,975	2,027	1,837	1,856	1,870	1,853	1,751	22,730
TOTAL ACUTE PATIENT DAYS	9,005	8,947	8,405	8,259	8,910	9,881	10,035	8,684	9,665	9,122	8,940	9,194	109,047
ACUTE ADJUSTED PATIENT DAYS	14,893	15,381	14,736	14,495	15,064	15,737	16,252	14,462	16,546	15,325	15,485	15,583	183,959
ADD: SNF PT DAYS - SOUTH	3,140	2,884	3,022	3,127	3,095	3,223	3,232	3,038	3,456	3,191	3,184	3,000	37,592
<b>TOTAL ADJUSTED PATIENT DAYS</b>	<b>18,033</b>	<b>18,265</b>	<b>17,758</b>	<b>17,622</b>	<b>18,159</b>	<b>18,960</b>	<b>19,484</b>	<b>17,500</b>	<b>20,002</b>	<b>18,516</b>	<b>18,669</b>	<b>18,583</b>	<b>221,551</b>



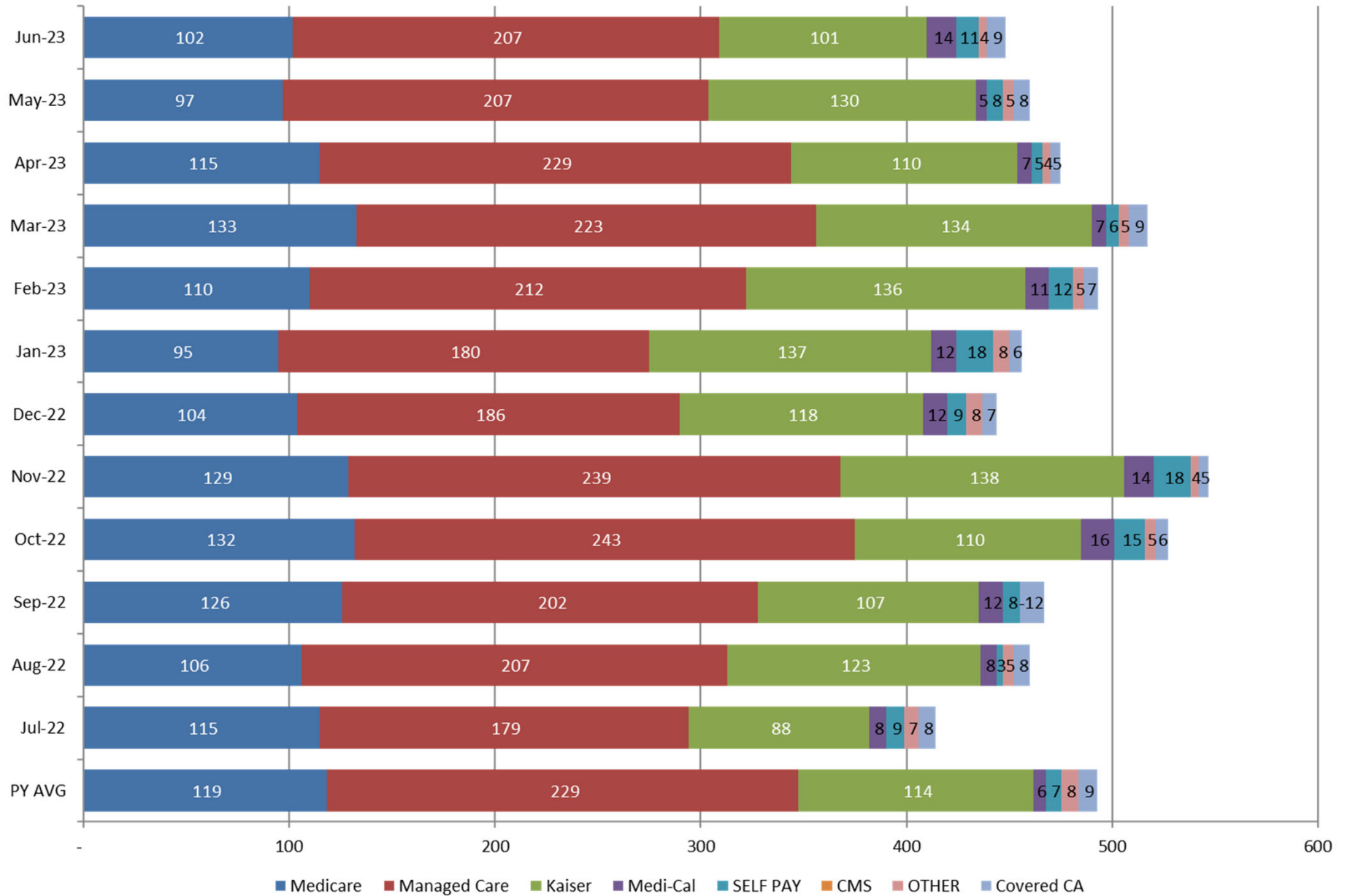
# Admissions - Acute



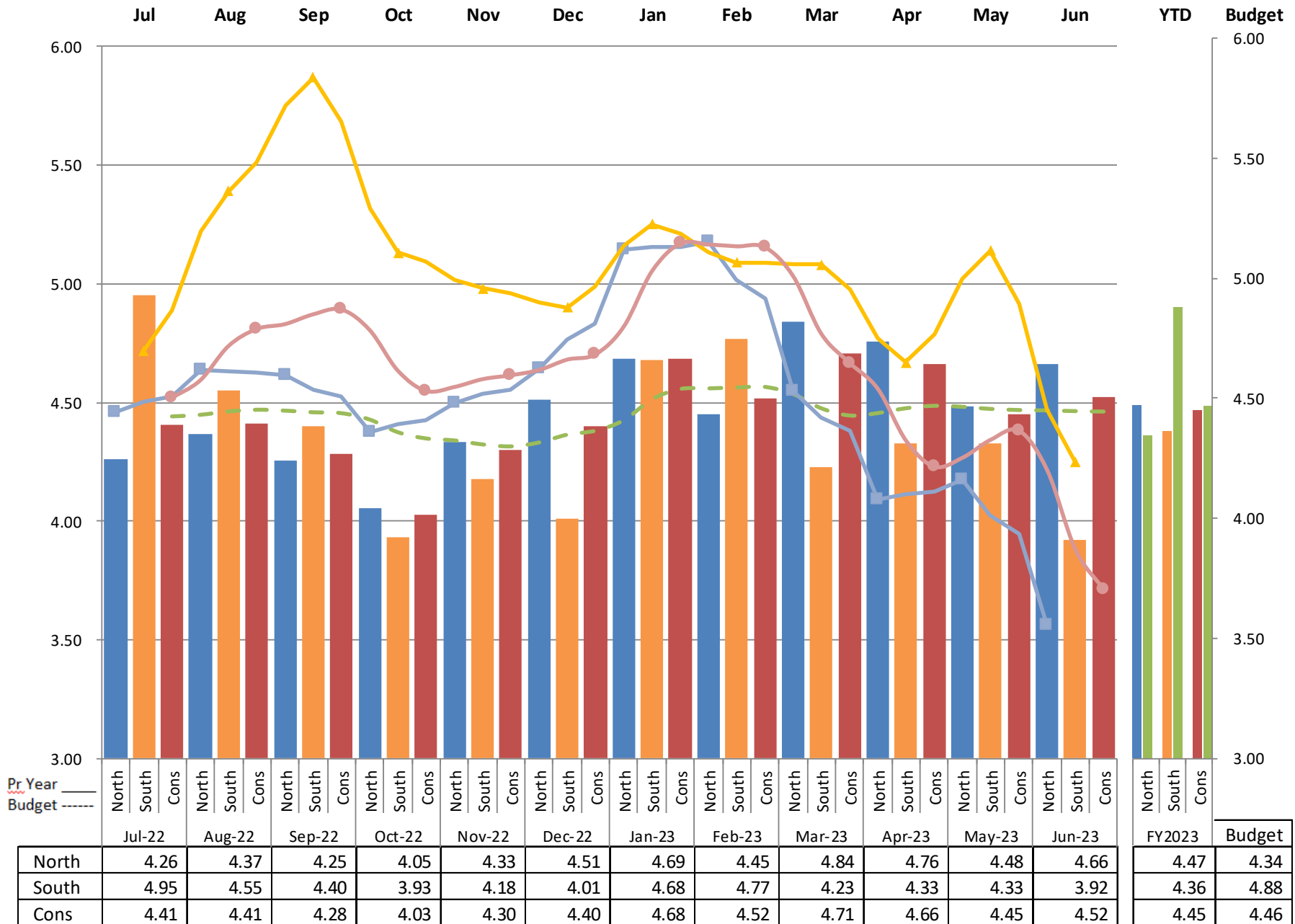
# Discharges - Acute



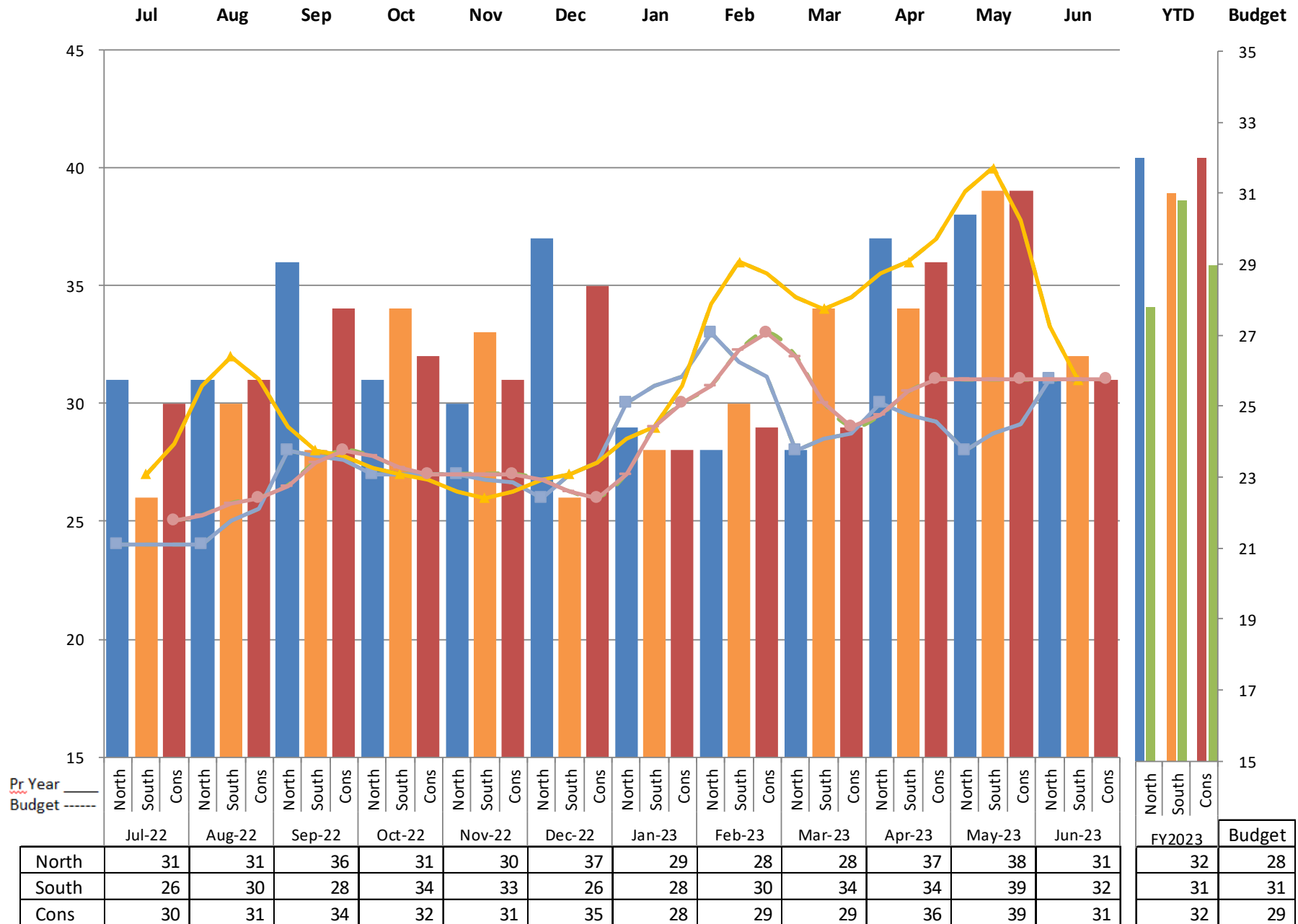
# Observation Discharges



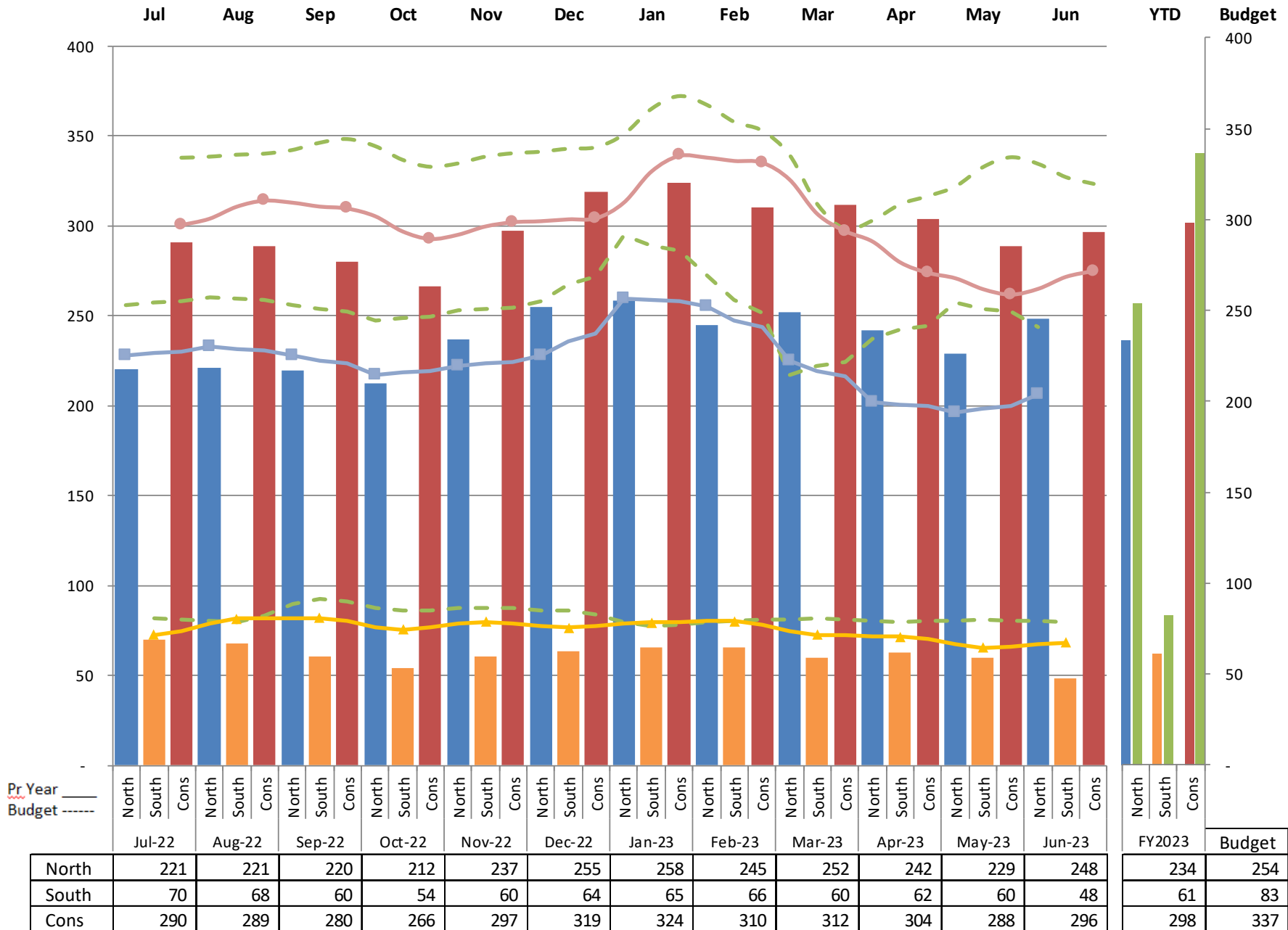
# Average Length Of Stay – Acute By Days



# Average Length Of Stay – Observation By Hours



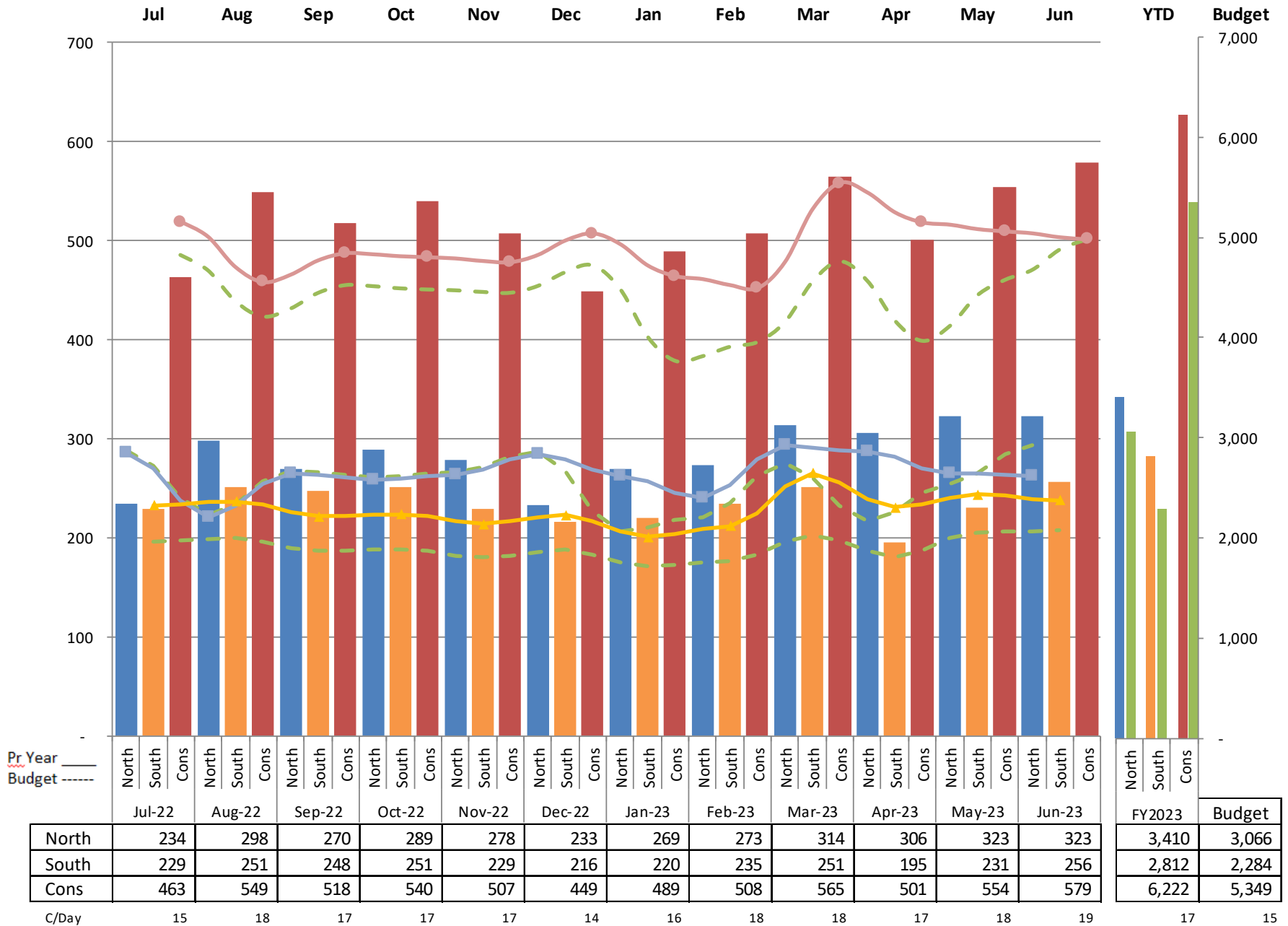
# Average Daily Census - Acute



# Surgeries – Inpatient Only

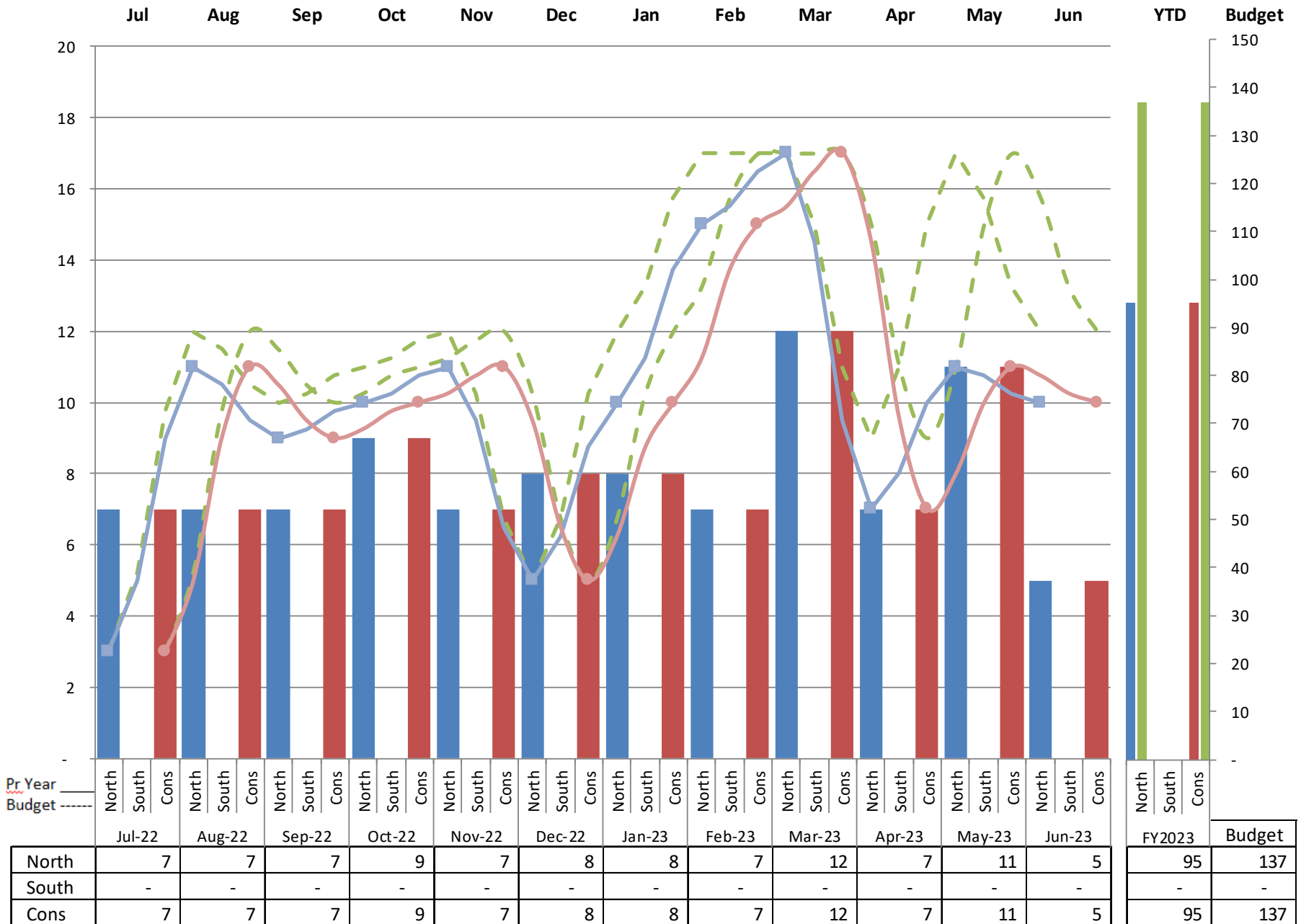


# Surgeries – Outpatient Only

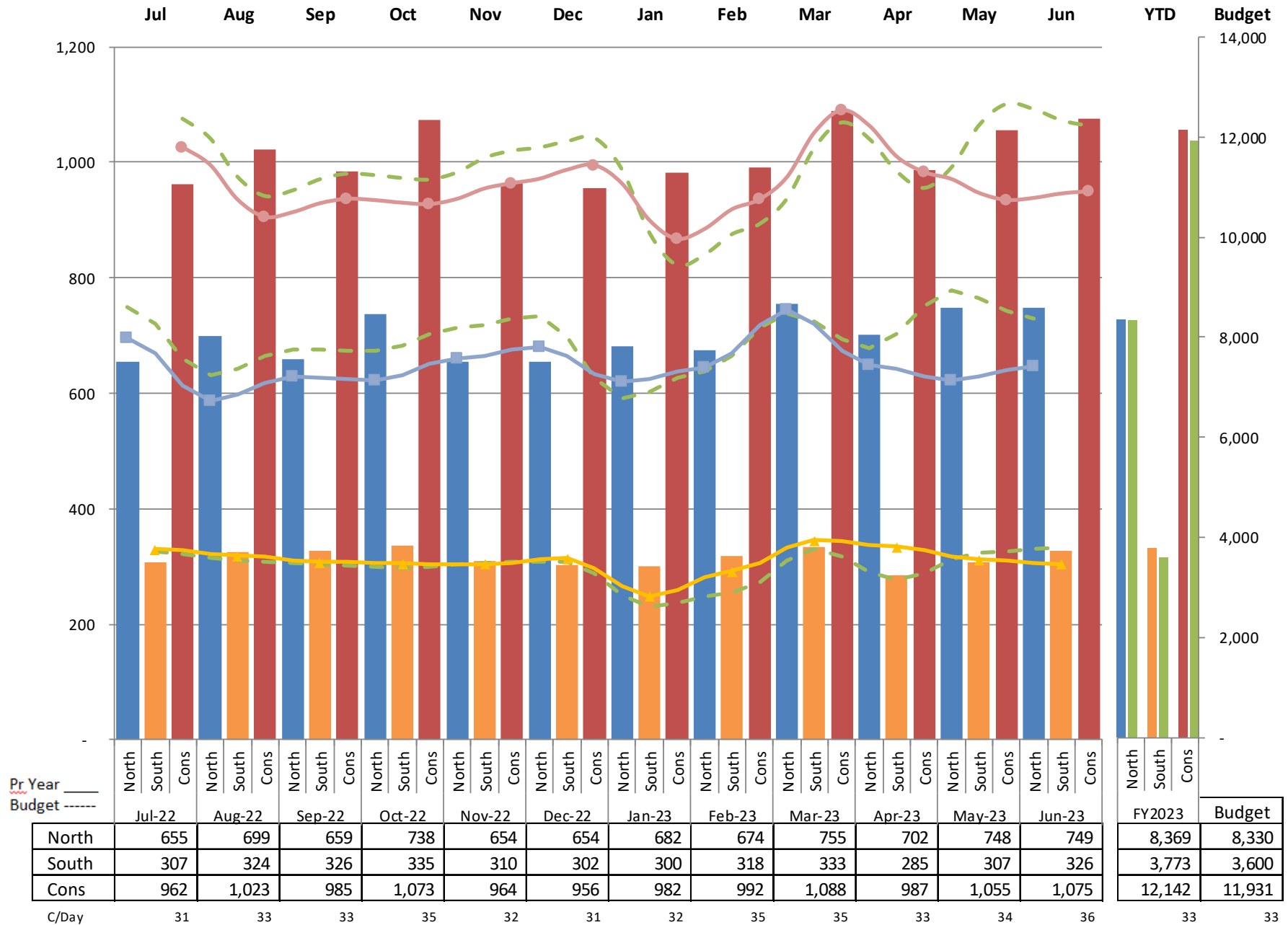




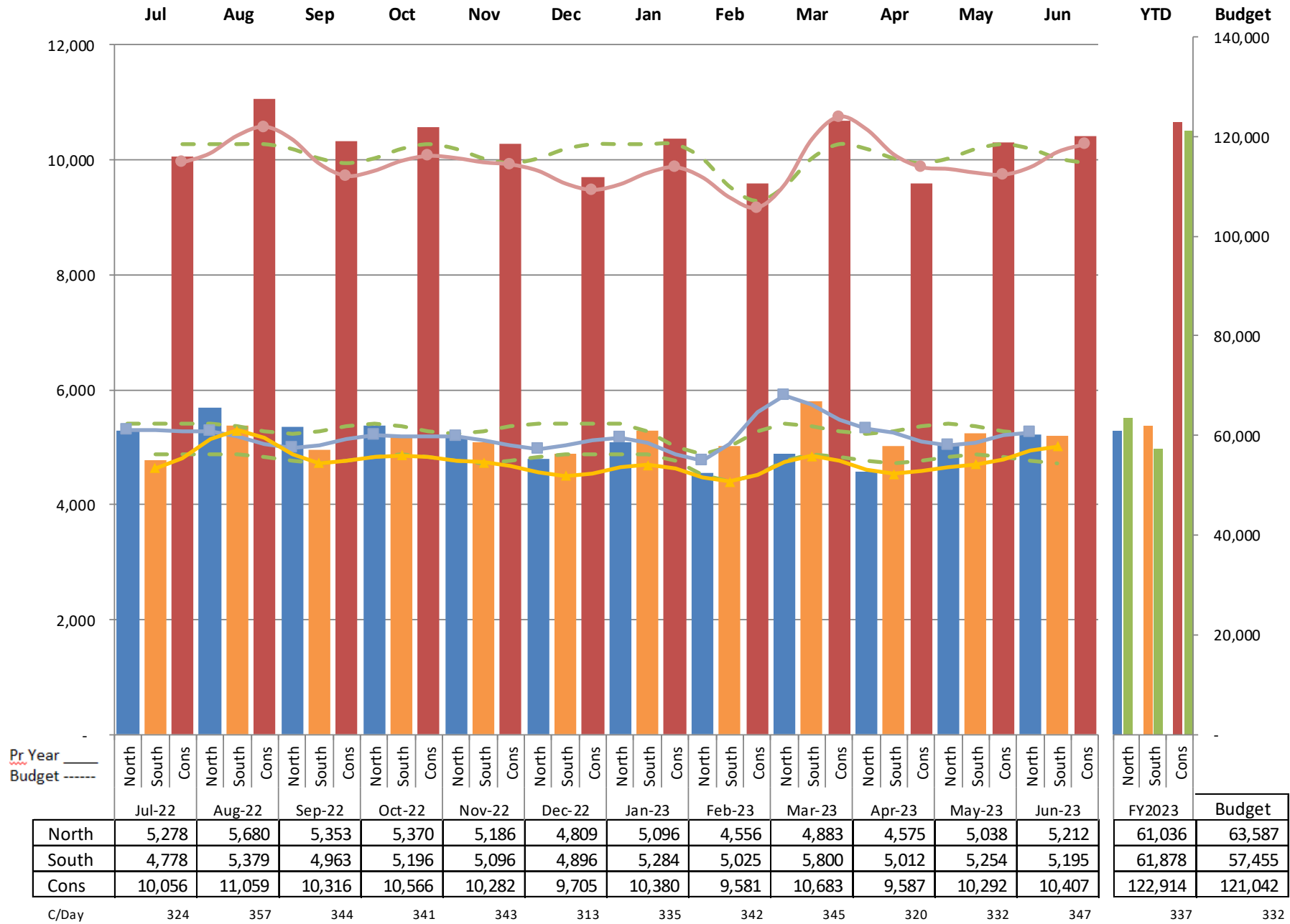
# Surgeries – CVS



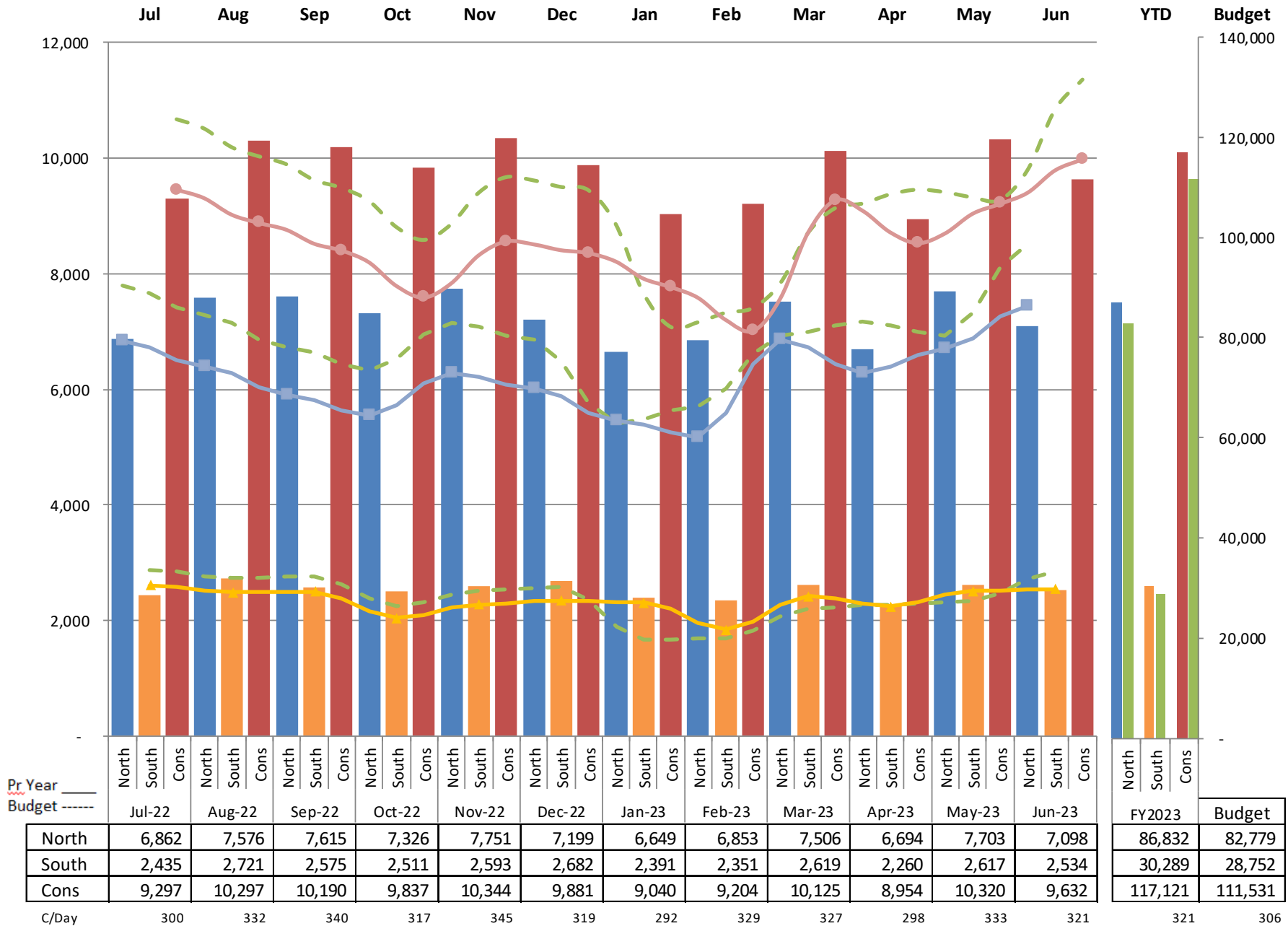
# Total Surgeries



# Outpatient Registrations (Includes Lab)



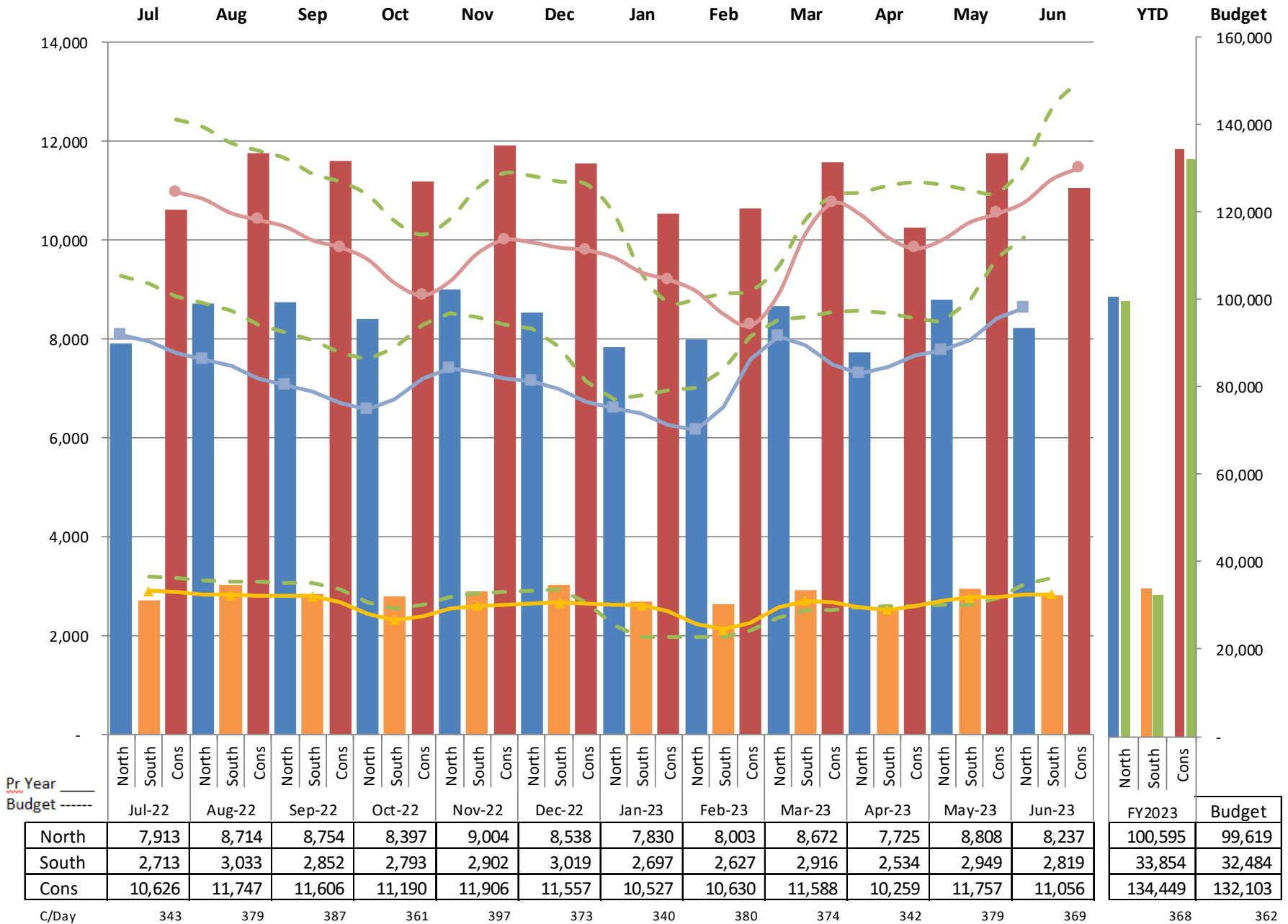
# ER Visits (Includes Trauma) – Outpatient Only



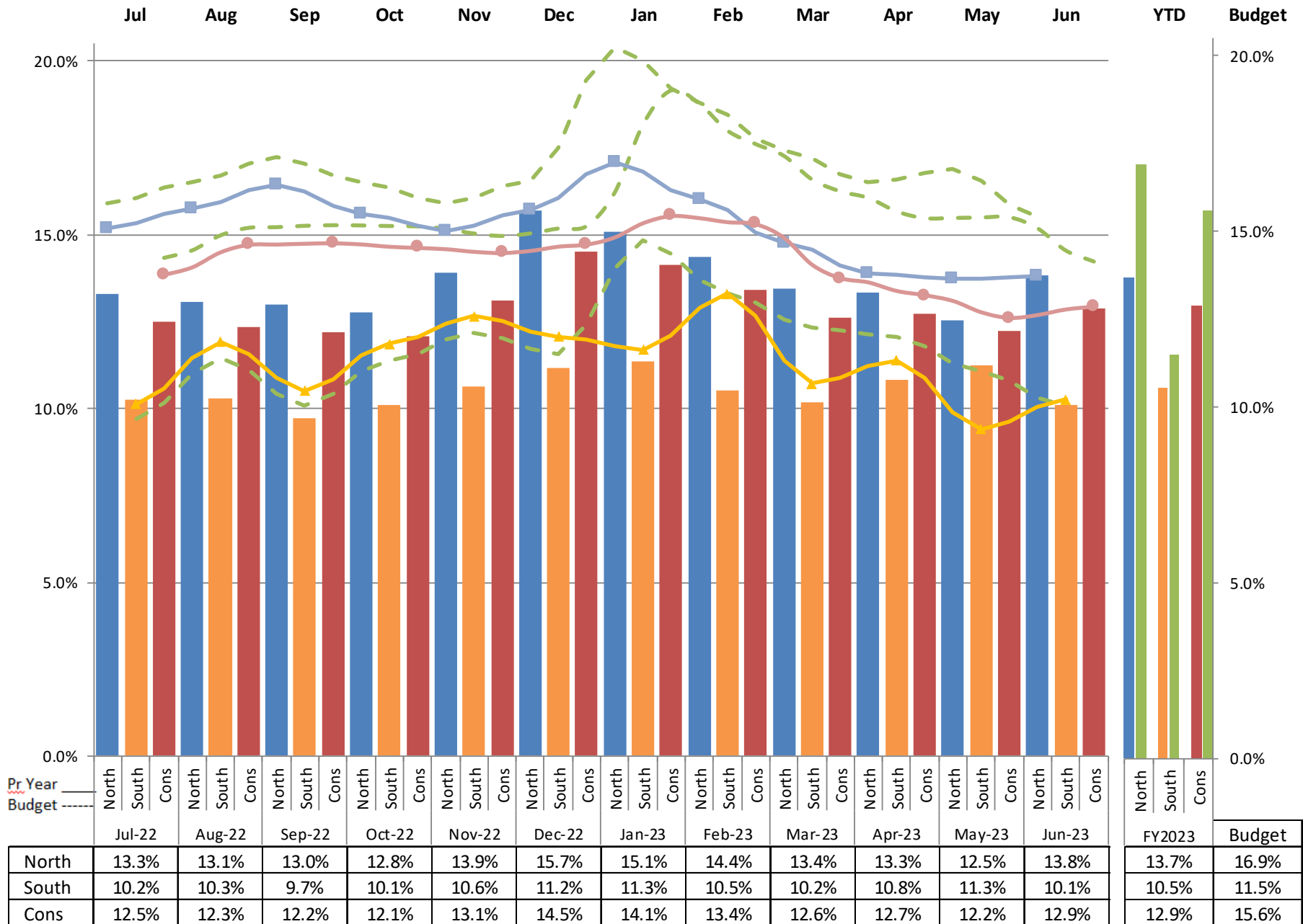
# ER Admissions (Includes Trauma) – Inpatient Only



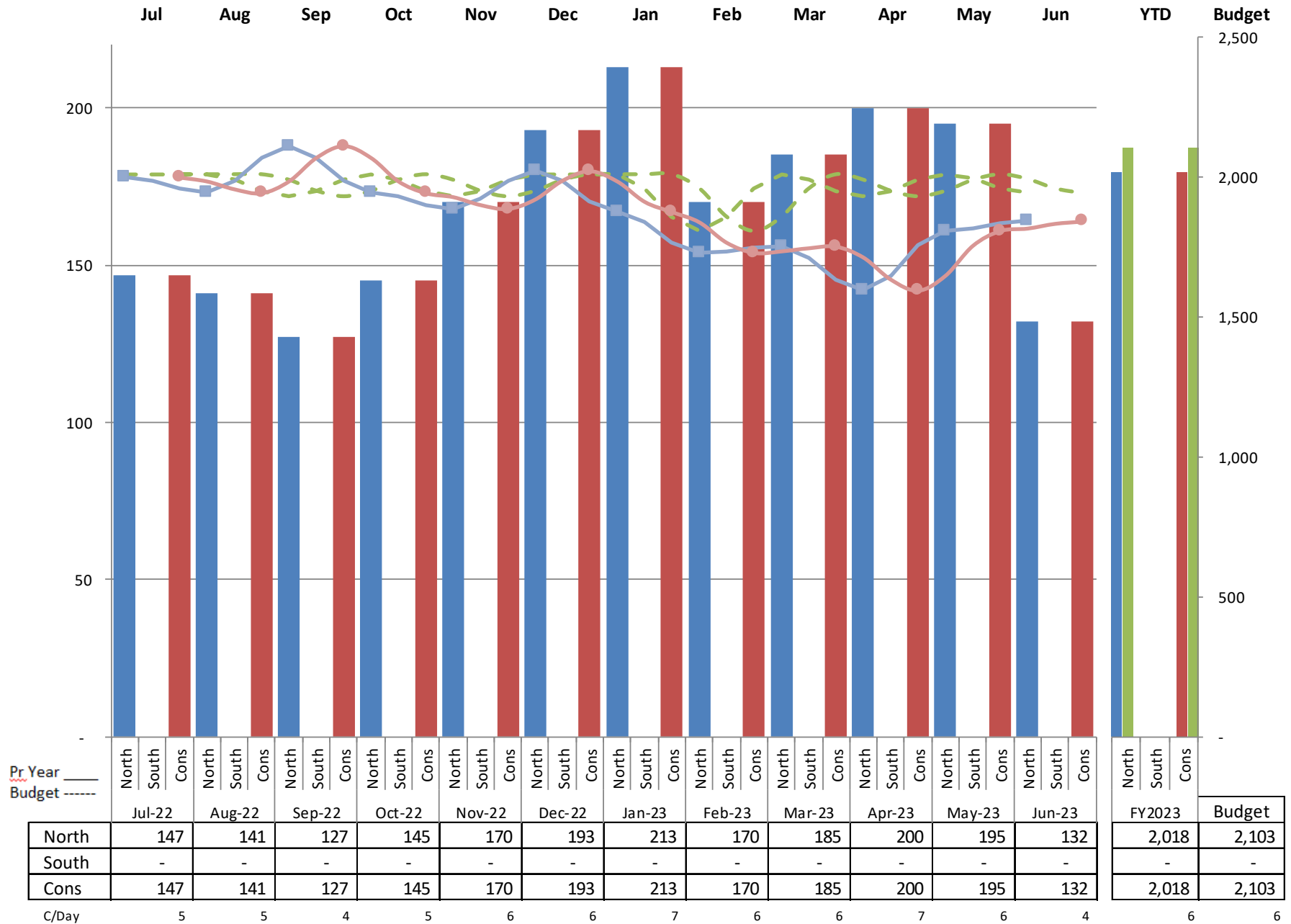
# Total ER Visits (Includes Trauma & Admissions)



# ER Conversion (ER Admissions as %-age of ER Visits)

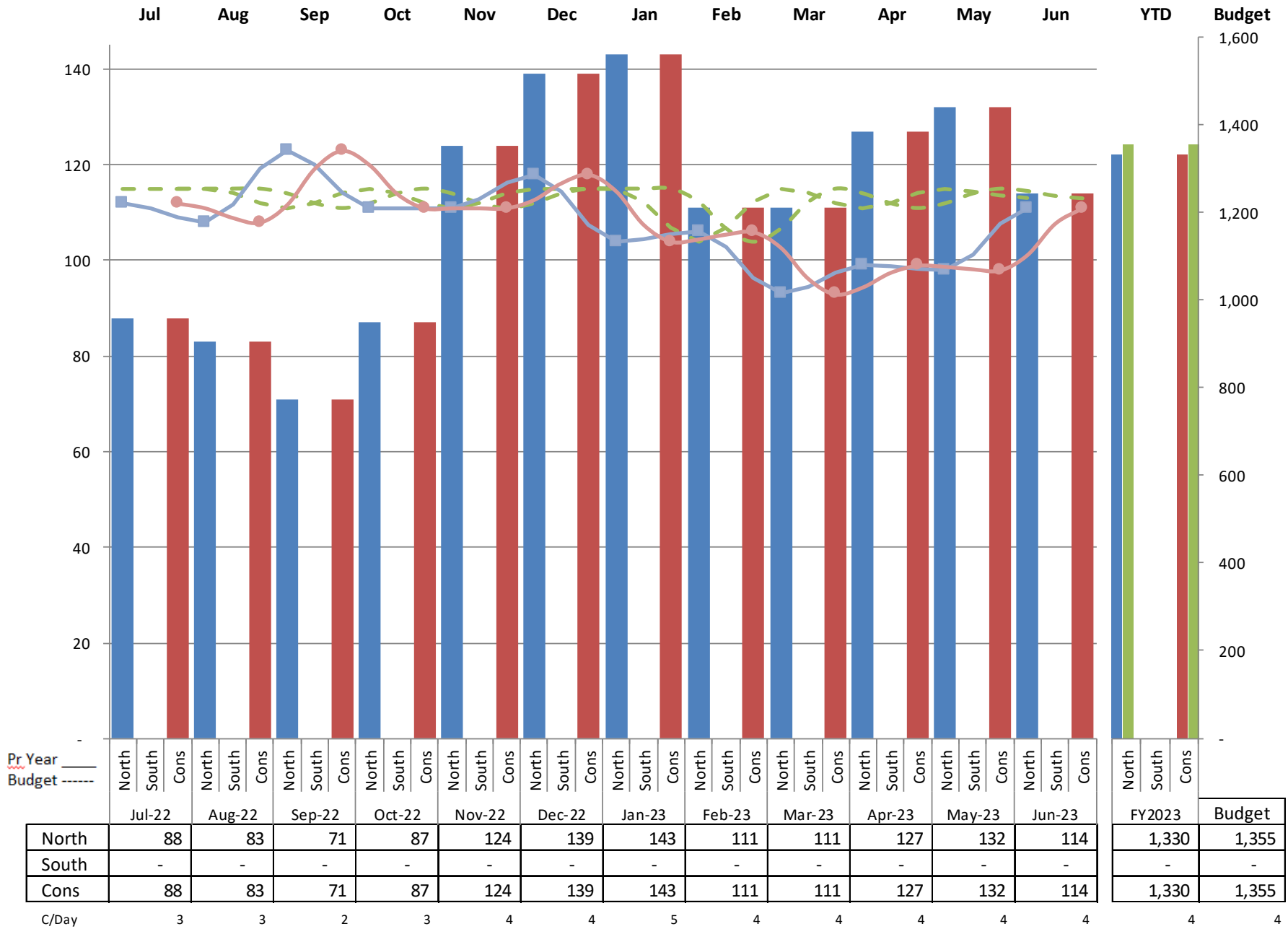


# Trauma Cases

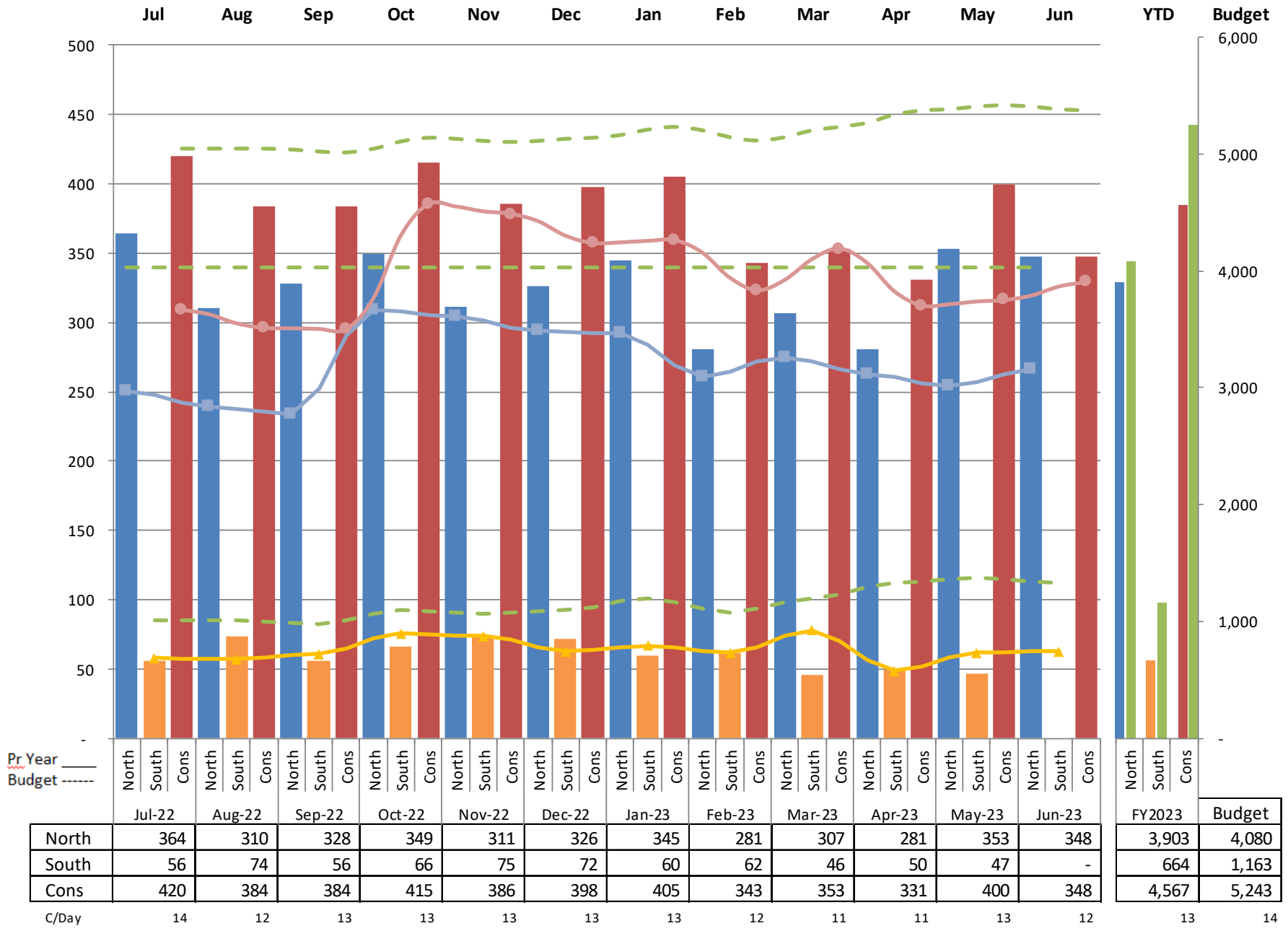




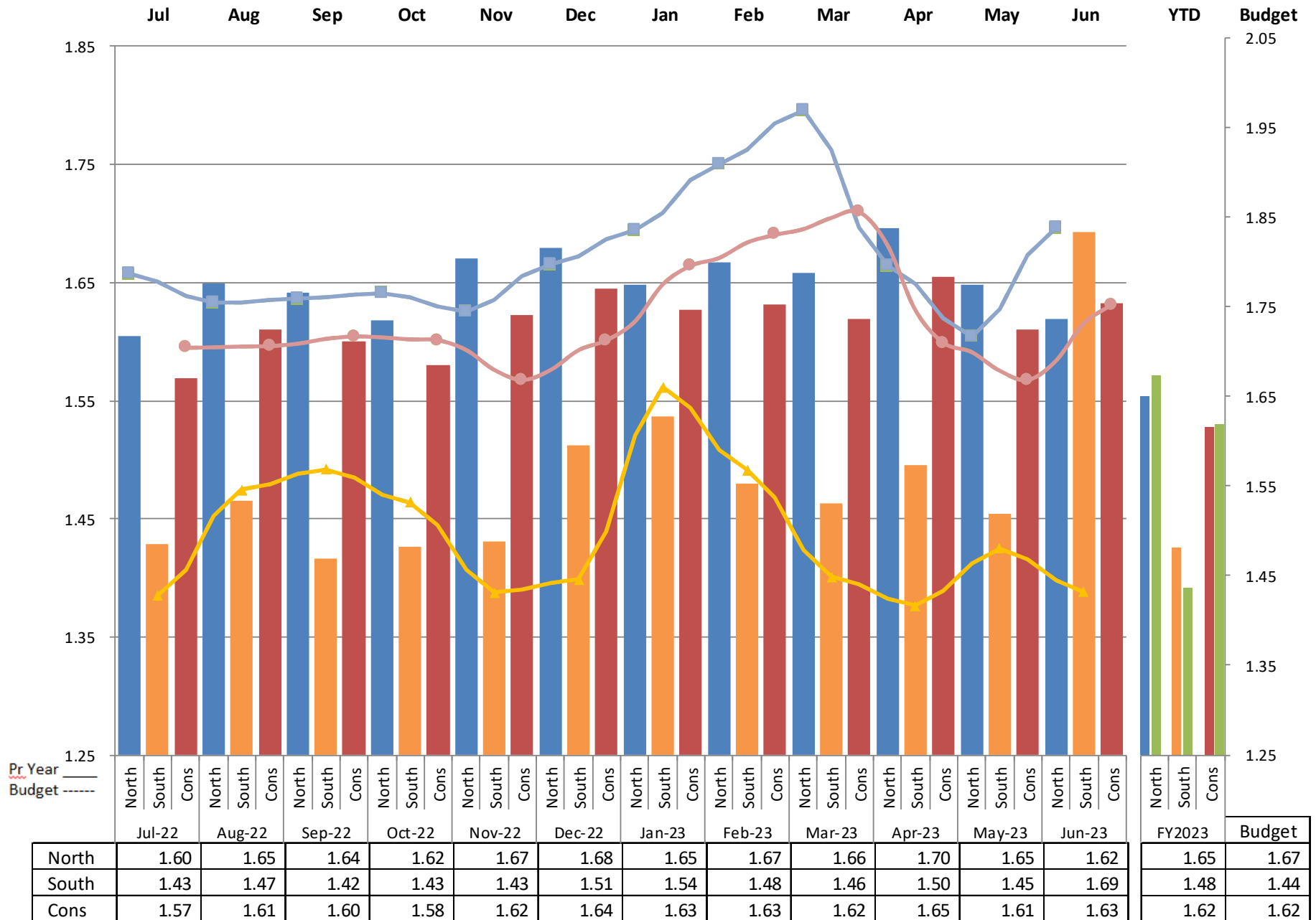
# Trauma Admissions



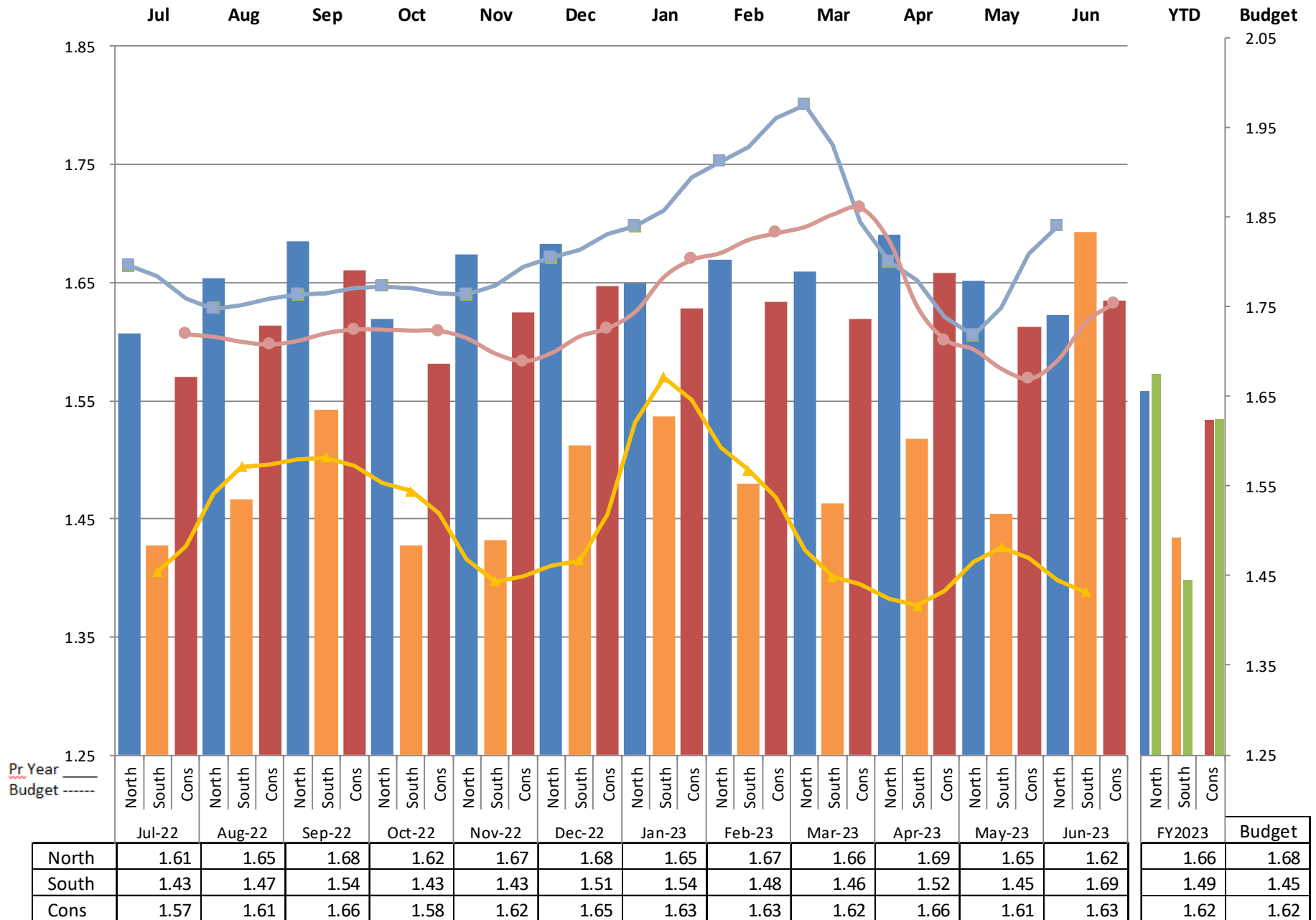
# Deliveries



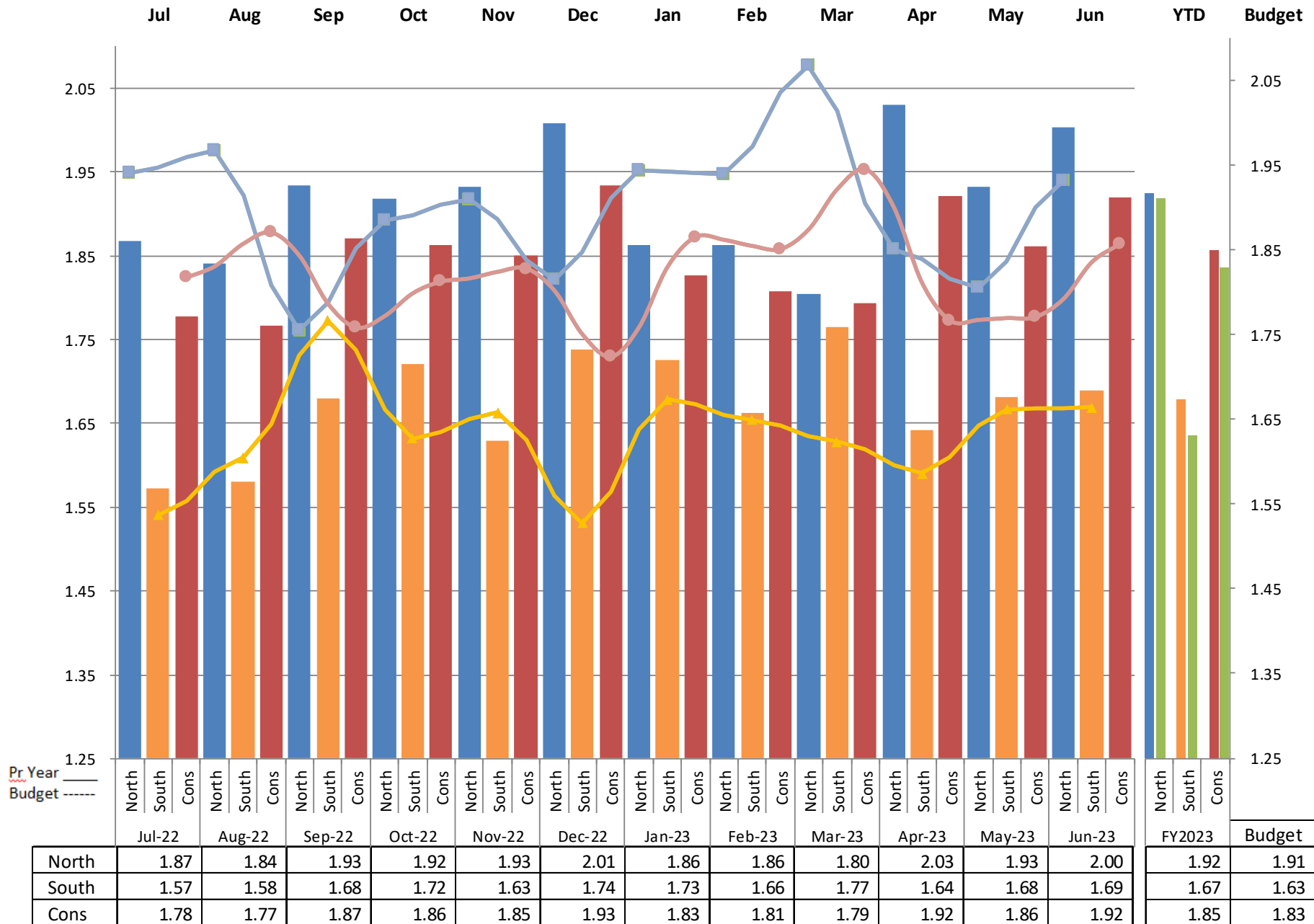
# Case Mix Index



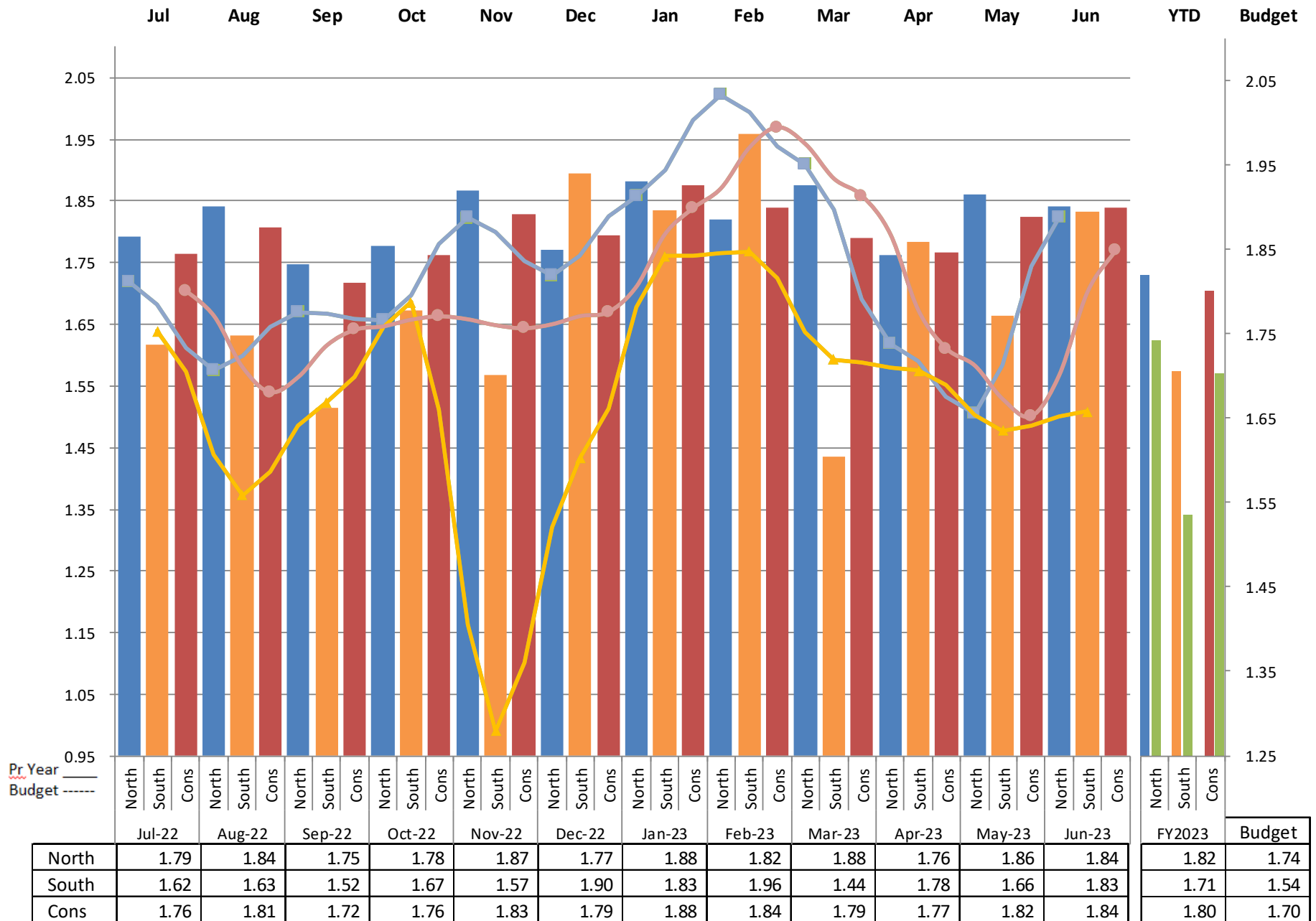
# Case Mix Index (Excludes Deliveries)



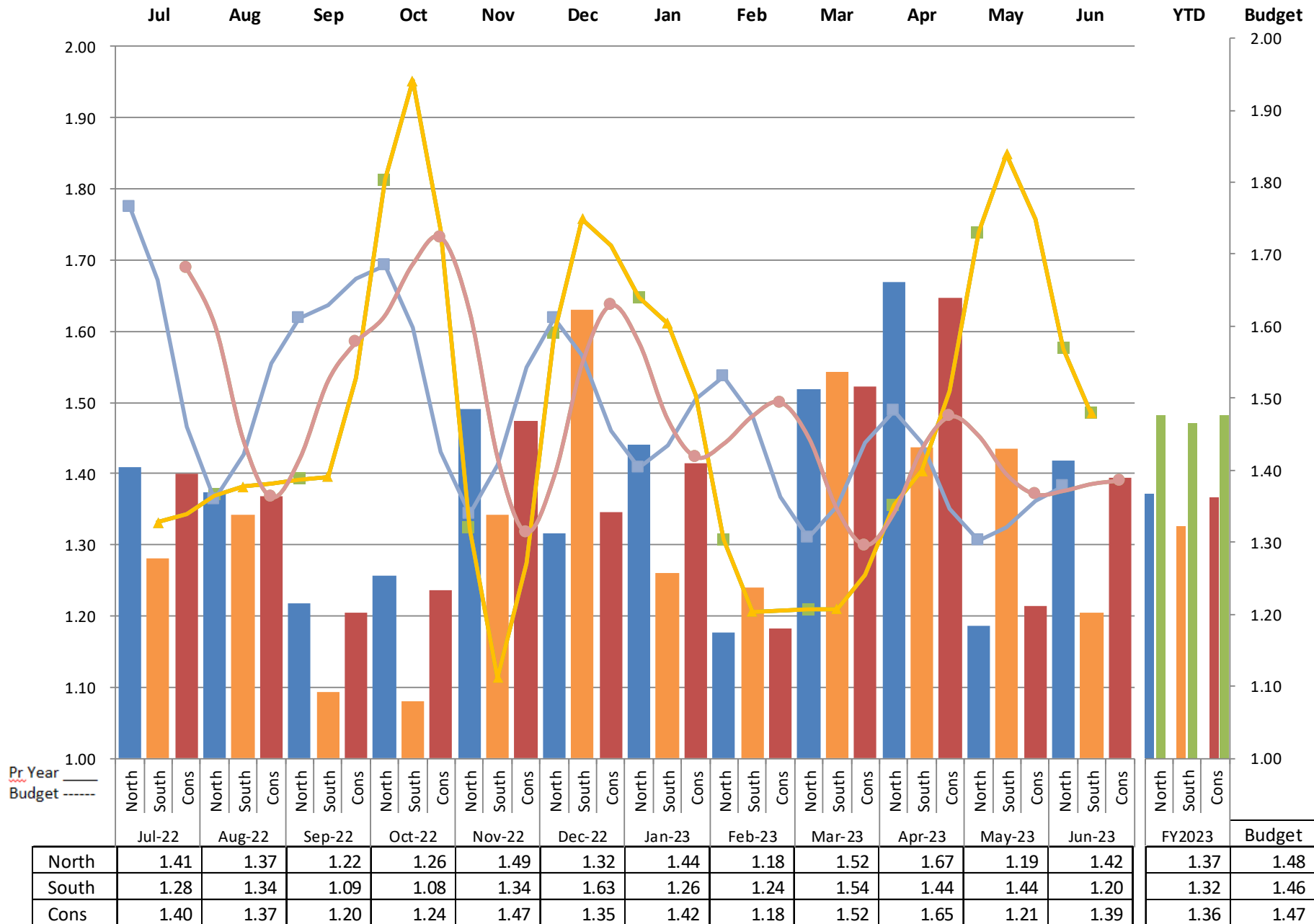
# Case Mix Index - Medicare



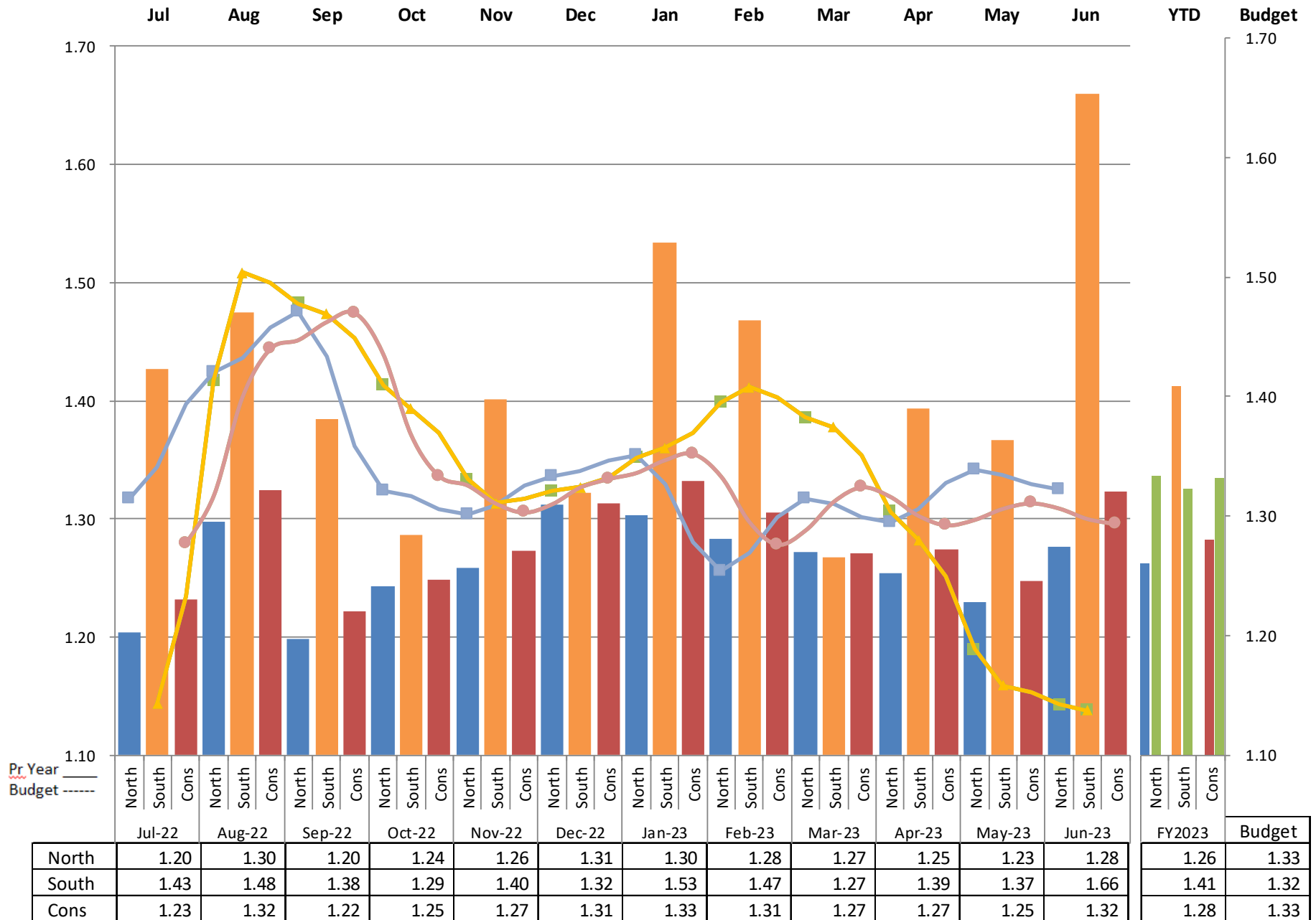
# Case Mix Index – Medicare Managed Care



# Case Mix Index – Medi-Cal

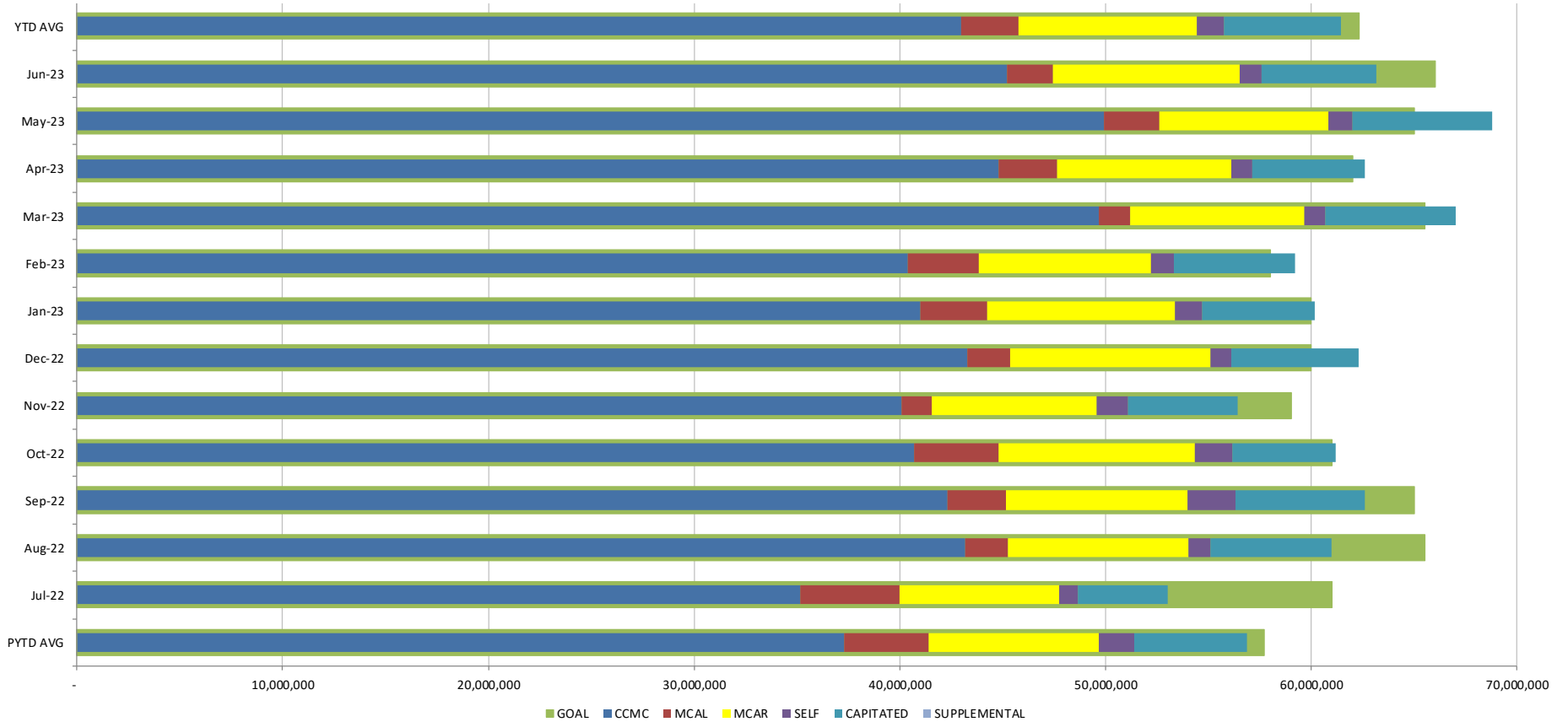


# Case Mix Index – Medi-Cal Managed Care





# Cash



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	YTD	YTD Budget	Var	PY YTD
CCMC	35,160,630 66%	43,179,695 71%	42,293,284 67%	40,698,118 67%	40,086,586 71%	43,287,212 70%	41,011,244 68%	40,395,460 68%	49,684,473 74%	44,791,480 72%	49,930,550 73%	45,210,204 72%	515,728,937 70%	515,127,228 69%	601,708 1%	466,745,173 67%
MCAL	4,832,288 9%	2,091,100 3%	2,877,374 5%	4,088,589 7%	1,468,797 3%	2,062,427 3%	3,236,227 5%	3,441,546 6%	1,477,849 2%	2,833,267 5%	2,655,154 4%	2,229,193 4%	33,293,812 5%	36,029,553 5%	(2,735,742) (0%)	43,074,505 6%
MCAR	7,758,430 15%	8,739,208 14%	8,812,202 14%	9,525,922 16%	7,986,308 14%	9,742,470 16%	9,106,834 15%	8,379,986 14%	8,503,524 13%	8,468,029 14%	8,228,583 12%	9,073,396 14%	104,324,892 14%	107,443,044 14%	(3,118,152) (0%)	100,949,032 14%
SELF	907,500 2%	1,102,935 2%	2,344,103 4%	1,818,944 3%	1,564,610 3%	994,456 2%	1,354,201 2%	1,099,277 2%	1,002,681 2%	1,005,797 2%	1,182,159 2%	1,083,941 2%	15,460,603 2%	18,727,339 3%	(3,266,736) (0%)	21,369,410 3%
CAPITATED	4,372,915 8%	5,837,275 10%	6,266,325 10%	5,065,114 8%	5,298,377 9%	6,226,755 10%	5,459,695 9%	5,861,068 10%	6,343,299 10%	5,484,736 9%	6,791,722 10%	5,549,904 9%	68,557,185 9%	70,672,835 9%	(2,115,650) (0%)	68,410,812 10%
TOTAL CASH	53,031,762	60,950,214	62,593,288	61,196,686	56,404,678	62,313,320	60,168,201	59,177,338	67,011,827	62,583,309	68,788,167	63,146,638	737,365,429	748,000,000	(10,634,571)	700,548,932
Cash/Day	2,651,588	2,650,009	2,980,633	3,059,834	2,820,234	2,967,301	2,865,152	2,958,867	2,913,558	3,129,165	3,126,735	2,870,302	2,914,488			

# ADDENDUM C

**RESOLUTION NO. 08.14.23(01)-13**

**Resolution of the Board of Directors of Palomar Health Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2023-2024 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith**

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

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

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

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

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

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

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

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

(ii) \$164,450,000 aggregate principal amount of general obligation refunding bonds designated as "Palomar Health General Obligation Refunding Bonds, Series 2016B (the "Series 2016B Bonds") to refund the current interest portion of the Series 2007A Bonds;

**WHEREAS**, as provided by the Local Health Care District Law, principal and interest on the outstanding Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds as the same become due are payable from the levy and collection of *ad valorem* taxes within the District;

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

**WHEREAS**, in order to facilitate the levy and collection of such *ad valorem* taxes by the Board of Supervisors of the County as provided in Section 32312 of the Local Health Care District Law, the Board of Directors hereby notifies the Board of Supervisors of the County that principal and interest on the Bonds in the amount of \$34,126,226 will become due and payable during the fiscal year commencing July 1, 2023, and ending June 30, 2024;

**WHEREAS**, the Board of Directors has been advised that the total net secured assessed valuation of the District is now estimated at \$106,434,195,944 full value; and,

**WHEREAS**, also in order to facilitate the levy and collection of such *ad valorem* taxes by the Board of Supervisors of the County as provided in Section 32312 of the Local Health Care District Law, a rate of taxation of \$33.00 for each one hundred thousand dollars' valuation of taxable property (full value) within the District for fiscal year commencing July 1, 2022, and ending June 30, 2023, is hereby established;

**NOW, THEREFORE, BE IT RESOLVED THAT:**

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

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

**Section 3. Effective Date.** This Resolution shall take effect from the date of adoption hereof.

**PASSED AND ADOPTED** by the Board of Directors of Palomar Health on the 14<sup>th</sup> day of August, 2023, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINING:

DATED: August 14, 2023

BY:

---

Linda C. Greer, RN  
Chair, Board of Directors

ATTESTED:

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Terry Corrales, RN  
Secretary, Board of Directors

STATE OF CALIFORNIA       )  
  ) ss  
COUNTY OF SAN DIEGO       )

I, Terry Corrales, RN, the Secretary of the Board of Directors of Palomar Health (the "District"), do hereby certify that the foregoing is a true copy of a resolution adopted by the District on August 14, 2023, at the time and by the vote stated above, which resolution is on file in the offices of the District.

DATED:           August 14, 2023

\_\_\_\_\_  
Terry Corrales, RN  
Secretary, Board of Directors

**NARRATIVE ON THE RECENT HISTORY OF TAXATION**

Palomar Health has two types of property taxes available as follows:

**SPECIAL ASSESSMENT FOR GENERAL OBLIGATION BONDS**

The taxes necessary to pay the interest and principal for the Election of 2004, Series 2007A, 2009A and 2010A Palomar Pomerado Health General Obligation Bonds, and the Series 2016A and 2016B Palomar Health General Obligation Refunding Bonds that were approved by a two-thirds majority of the voters in November 2004. These tax revenues are restricted for the specific purpose of the election campaign of 2004.

**OTHER PROPERTY TAXES**

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

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

Fiscal Year	Total Received Cash Basis	Restricted for Bond Interest & Principal	Unrestricted	From Prior Year (Unrestricted)	
				Increase \$	(Decrease) %
1977/78	\$2,460,384	\$445,211	\$2,015,173	-----	-----
1978/79	1,513,554	518,736	994,818	(1,020,355)	-50.63%
1979/80	1,621,350	428,585	1,192,765	\$197,947	19.90%
1980/81	1,914,882	458,941	1,455,941	263,176	22.06%
1981/82	2,157,298	425,948	1,731,350	275,409	18.92%
1982/83	2,245,799	431,669	1,814,130	82,780	4.78%
1983/84	2,453,236	454,544	1,998,692	184,562	10.17%
1984/85	2,618,899	429,139	2,189,760	191,068	9.56%
1985/86	2,922,025	400,336	2,521,689	331,929	15.16%
1986/87	3,325,080	476,027	2,849,053	327,364	12.98%
1987/88	3,590,335	415,348	3,174,987	325,934	11.44%
1988/89	4,009,992	389,724	3,620,268	445,281	14.02%
1989/90	4,644,106	451,969	4,192,137	571,869	15.80%
1990/91	4,898,609	404,912	4,493,697	301,560	7.19%
1991/92	5,305,810	435,226	4,870,584	376,887	8.39%
1992/93	5,230,679	455,415	4,775,264	(95,320)	-1.96%
1993/94	5,405,901	429,917	4,975,984	200,720	4.20%
1994/95	5,589,446	422,427	5,167,019	191,035	3.84%
1995/96	5,604,306	452,813	5,151,493	(15,526)	-0.30%
1996/97	5,641,183	473,160	5,168,023	16,530	0.32%
1997/98	5,862,721	358,706	5,504,015	335,992	6.50%
1998/99	5,915,399	0	5,915,399	411,384	7.47%
1999/00	6,432,482	0	6,432,482	517,083	8.74%
2000/01	7,061,136	0	7,061,136	628,654	9.77%
2001/02	7,693,200	0	7,693,200	632,064	8.95%
2002/03	8,391,961	0	8,391,961	698,761	9.08%
2003/04	9,077,863	0	9,077,863	685,902	8.17%
2004/05	10,180,831	0	10,180,831	1,102,968	12.15%
2005/06	20,853,221	9,303,843	11,549,378	1,368,547	13.44%
2006/07	23,604,928	11,040,737	12,564,191	1,014,813	8.79%
2007/08	25,130,428	11,730,239	13,400,189	835,998	6.65%
2008/09	25,440,143	11,975,665	13,464,478	64,289	0.48%
2009/10	24,580,410	11,621,467	12,958,943	(505,535)	-3.75%
2010/11	27,616,427	14,995,884	12,620,543	(338,400)	-2.61%
2011/12	28,028,448	15,345,381	12,683,067	62,524	0.50%
2012/13	28,751,534	15,825,390	12,926,144	243,077	1.92%
2013/14	29,849,999	16,404,131	13,445,868	519,724	4.02%
2014/15	32,023,854	17,720,907	14,302,947	857,079	6.37%
2015/16	34,009,986	18,903,673	15,106,313	803,366	5.62%
2016/17	35,957,272	20,058,419	15,898,853	792,540	5.25%
2017/18	35,840,634	19,089,447	16,751,187	852,334	5.36%
2018/19	37,887,855	20,314,644	17,573,211	822,025	4.91%
2019/20	46,866,602	28,616,414	18,250,188	676,977	3.85%
2020/21	59,168,327	39,849,378	19,318,949	1,068,761	5.86%
2021/22	63,821,852	44,001,578	19,820,274	501,325	2.59%
2022/23	69,714,946	47,799,489	21,915,457	2,095,183	10.57%

RESOLUTION NO. 08.14.23(02)-14

Resolution of the Board of Directors of Palomar Health  
Establishing the Appropriations Limit of the District for  
the Fiscal Year July 1, 2023 – June 30, 2024  
Pursuant to Article XIII(B) of the California Constitution

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

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

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

Section 1. The appropriations limit of Palomar Health for fiscal year July 1, 2023 – June 30, 2024, pursuant to Article XIII(B) of the California Constitution is hereby established at \$131,671,317.

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

PASSED AND ADOPTED at the meeting of the Board of Directors of Palomar Health held August 14, 2023, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAINING:

ATTEST:

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Linda C. Greer, RN  
Chair

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Terry Corrales, RN  
Secretary



EXHIBIT "A"  
PALOMAR HEALTH  
APPROPRIATIONS LIMIT  
2023/2024

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**2022/2023 APPROPRIATIONS LIMIT** **\$125,892,811**

PRICE FACTOR 4.44%

-- OR --

CHANGE IN LOCAL ASSESSMENT ROLL DUE  
TO NON-RESIDENTIAL NEW CONSTRUCTION 3.80% = 1.0444

-- AND --

POPULATION FACTOR 0.14% = 1.0014

CALCULATION OF FACTOR FOR FY 2023/2024 1.0444 x 1.0014 = 1.0459

\$125,892,811 x 1.0459 = \$131,671,317

**2023/2024 APPROPRIATIONS LIMIT** **\$131,671,317**

**POSTED  
FRIDAY  
JULY 21, 2023**

**PUBLIC NOTICE**

The Board of Directors of Palomar Health will establish its Appropriations Limit for the 2023/2024 fiscal year at its regularly scheduled meeting, to be held in the 1<sup>st</sup> Floor Conference Center at Palomar Medical Center Escondido, 2185 Citracado Parkway, Escondido, CA 92029, at 6:30 p.m. on Monday, August 14, 2023. This Appropriations Limit is for the unrestricted appropriations and is in no way related to the appropriations for the General Obligation Bonds issued in 2007, 2009 and 2010, or for the General Obligation Refunding Bonds issued in 2016. The documentation used in the determination of the Appropriations Limit is available to the public at the office of the President and Chief Executive Officer, 2125 Citracado Parkway, Suite 300, Escondido, CA 92029.

DATED: July 21, 2023

PALOMAR HEALTH  
A California Local Healthcare District

BY: 

Diane L. Hansen  
President & CEO

**RESOLUTION NO. 08.14.23(03)-15**

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH  
ESTABLISHING SIGNATURE AUTHORITY LIMITS FOR THE DISTRICT'S CHECKING ACCOUNTS**

**WHEREAS**, Palomar Health (the "District") is a local healthcare district duly organized and existing under The Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California (the "District Act"); and,

**WHEREAS**, the Board of Directors (the "Board") Palomar Health desires to set signature authority limits for the District's checking accounts;

**NOW, THEREFORE, BE IT RESOLVED**, that the following signature limits for checks or disbursements from the District's checking accounts are authorized:

- 1) For amounts **equal to \$20,000.00 and below**, only the signature of the President & CEO of Palomar Health is required; and,
- 2) For amounts **equal to \$20,000.01 and above**, the signature of the President & CEO of Palomar Health **and** the signature of any other Subordinate Officer of the District is required.

Upon its adoption, this Resolution supersedes and repeals the provisions of any prior resolutions, motions and other actions of the Board to the extent such other provisions are inconsistent with the provisions of this Resolution.

**PASSED AND ADOPTED** at a meeting of the Board of Directors of Palomar Health held on August 14, 2023, by the following vote:

AYES:

NOES:

ABSTAINING:

ABSENT:

**Dated:** August 14, 2023

BY: \_\_\_\_\_  
Linda Greer, RN  
Chair, Board of Directors

ATTESTED:

\_\_\_\_\_  
Terry Corrales, RN  
Secretary, Board of Directors

# ADDENDUM D

# Memorandum



**To:** Board of Directors  
**From:** Laura Barry, Chair, Board Finance Committee  
**Date:** August 14, 2023  
**Re:** Board Finance Committee, Wednesday, July 26, 2023, Meeting Summary

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

**INFORMATION ITEMS:**

- **Pre-Audit June 2022 & YTD FY2023 Financial Statistics<sup>1</sup>:** As the June 2023 financial close was extended to assure all FY2023 business transactions are recorded in the pre-audit financial statements, and consistent with prior year-end closings, full financial statements were not yet available. Statistical indicators were included in the packet for review. A formal presentation of the full Pre-Audit June 2023 and YTD FY2023 Financial Report will be made at the August meeting.

**ACTION ITEMS:**

- **Minutes, Wednesday, January 25, 2023, Board Finance Committee Meeting:** Reviewed and approved the draft minutes from the Wednesday, January 26, 2023, Board Finance Committee meeting.
- **Debt Policy – Lucidoc #58892**<sup>2</sup>: Reviewed and recommended re-adoption of the policy as written.
- **Executed, Budgeted, Routine Physician Agreement**<sup>1</sup>: Reviewed and recommended approval of the Executed, Budgeted, Routine, Physician Agreement that had been administratively approved, signed and became effective in a prior month.
- **Resolution No. 08.14.23(01)-13 of the Board of Directors of Palomar Health Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2023-2024 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith**<sup>1</sup>: Management—having reviewed the effect of current economic conditions, the resultant assessed values of properties in the District, and the increase in debt service due to interest now being paid on the Series 2009 and 2010 bonds, as well as the impact of those factors on the tax levy—recommended that the rate of taxation be decreased. The Committee agreed and recommended that the Board adopt the above-referenced Resolution, with a stated rate of taxation therein of \$33.00 per \$100,000 of assessed valuation of taxable property.
- **Resolution No. 08.14.23(02)-14 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2023 – June 30, 2024 Pursuant to Article Xiii(B) of the California Constitution**<sup>1</sup>: Reviewed and recommended that the Board adopt the Resolution Establishing the Appropriations Limit for Palomar Health for Fiscal Year 2024.

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

<sup>2</sup> Forwarded to the Board Governance Committee for review and approval

# Memorandum

**To:** Board of Directors  
**From:** Linda Greer, R.N., Chair Board Quality Review Committee  
**Date:** August 14, 2023  
**Re:** Wednesday, July 24, 2023 Board Quality Review Committee – Meeting Summary

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**Board Committee Member Attendance:** Directors: Greer, Corrales and Barry. Medical Staff: Nguyen and Goldsworthy

## **Action Items:**

### **Approval of Board Quality Review Committee May 24, 2023, Meeting Minutes**

- The BQRC meeting minutes from May 24, 2023, were approved.

### **Approval of Annual Review of Quality Assessment Performance Improvement (QAPI) and Patient Safety**

- The annual QAPI and Patient Safety Plan was approved.

### **Approval of Contracted Services; Emerald Textiles, Morrison and DaVita Dialysis**

- The contracted services were approved.

## **STANDING ITEMS:**

### **Medical Executive Committee (MEC)/Quality Management Committee (QMC) Update**

- Andrew Nguyen, MD, and Mark Goldsworthy, MD, shared an update with the committee.

## **NEW BUSINESS:**

### **Environment of Care and Emergency Management Program Annual Report**

- Russ Riehl, Vice President, Operations Support Services, shared an update with the committee.

### **Medication Management (Pharmacy)**

- Donna Gelios, Director, Pharmacy Services, shared an update with the committee.

### **Patient Throughput/Discharge Planning (Clinical Resource Management)**

- Ryan Fearn-Gomez, Director, Clinical Operations Improvement, and Debora Bitzer, Interim Director, Clinical Resource Management, shared an update with the committee.

### **Rehabilitation Services**

- Virginia Barragan, Vice President, Continuum Care, shared an update with the committee.