



*Board of Directors
Meeting Agenda Packet*

September 11, 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

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
September 6, 2023

BOARD OF DIRECTORS MEETING AGENDA

Monday, September 11, 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
CALL TO ORDER				6:30
1.	ESTABLISHMENT OF QUORUM	2	-	6:32
2.	OPENING CEREMONY	3		6:35
	a. Pledge of Allegiance to the Flag			
3.	PUBLIC COMMENTS¹	30	-	7:05
4.	PRESENTATIONS – <i>Informational Only</i>			
	a. September 11 th Reflection	5		7:10
	b. Patient Experience Moment	5		7:15
	c. Physician Introduction	5		7:20
5.	APPROVAL OF MINUTES <i>(ADD A)</i>	5		7:25
	a. Board of Directors Meeting – Monday, August 14, 2023 <i>(Pp 13-20)</i>		2	
	b. Board of Directors Special Session Meeting – Monday, August 14, 2023 <i>(Pp 21-22)</i>		3	
6.	APPROVAL OF AGENDA to accept the Consent Items as listed <i>(ADD B)</i>	5		7:30
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments <i>(Pp 23-26)</i>		4	
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments <i>(Pp 27-56)</i>		5	
	c. Palomar Medical Center Poway Nurse Practitioner (NP) Clinical Privileges – Continuing Care <i>(Pp 57-60 redline, pp 61-64 clean)</i>		6	
	d. Palomar Medical Center Poway Pulmonary Medicine Clinical Privileges <i>(Pp 65-69)</i>		7	
	e. Palomar Medical Center Escondido Nurse Practitioner (NP) Clinical Privileges – Trauma <i>(Pp 70-73 redline, pp 74-77 clean)</i>		8	
	f. Joint Nurse Practitioner (NP) Clinical Privileges – Wound Care <i>(Pp 78-81 redline, pp 82-85 clean)</i>		9	
	g. Joint Medical Records Policy <i>(Pp 86-87 redline, pp 88-89 clean)</i>		10	
	h. Executed Budgeted Routine Physician Agreements <i>(Pp 90-97)</i>		11	
	i. June 2023 & YTD FY2023 Pre-Audit Financial Report <i>(Pp 98-123)</i>		12	
7.	REPORTS – <i>Informational Only</i>			
	a. Medical Staff			
	I. Palomar Medical Center Escondido – <i>Kanchan Koirala, MD</i>	5		7:35
	II. Palomar Medical Center Poway – <i>Sam Filiciotto, MD</i>	5		7:40
	b. Administration			
	I. <u>President and CEO</u> – <i>Diane Hansen</i>	5		7:45
	II. <u>Chair of the Board</u> – <i>Linda Greer, RN</i>	5		7:50
8.	COMMITTEE REPORTS – <i>Informational Only</i> <i>(ADD C)</i>	5		7:55
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair <i>(Pp 124-125)</i>			
	b. Community Relations Committee – Terry Corrales, Committee Chair <i>(No meeting in August)</i>			
	c. Finance Committee – Laura Barry, Committee Chair <i>(Pp 126)</i>			
	d. Governance Committee – Jeff Griffith, Committee Chair <i>(Pp 127)</i>			
	e. Human Resources Committee – Terry Corrales, Committee Chair <i>(Pp 128)</i>			
	f. Quality Review Committee – Linda Greer, Committee Chair <i>(No meeting in August)</i>			

	g. Strategic & Facilities Planning Committee – Michael Pacheco, Committee Chair <i>(No meeting in August)</i>			
FINAL ADJOURNMENT			-	7:55

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

⁺ 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
2125 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
- 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#¹

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

¹ *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 August 14, 2023

TO: Board of Directors

MEETING DATE: Monday, September 11, 2023

FROM: Carla Albright, Assistant to the Board of Directors

Background: The minutes from the August 14, 2023, Regular Board of Directors meeting are respectfully submitted for approval.

Budget Impact: N/A

Staff Recommendation: Recommend to approve the August 14, 2023, Regular Board of Directors meeting minutes.

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:

**Minutes
Special Session
Board of Directors Meeting
August 14, 2023**

TO: Board of Directors

MEETING DATE: Monday, September 11, 2023

FROM: Carla Albright, Assistant to the Board of Directors

Background: The minutes from the August 14, 2023, Special Session Board of Directors meeting are respectfully submitted for approval.

Budget Impact: N/A

Staff Recommendation: Recommend to approve the August 14, 2023, Special Session Board of Directors meeting minutes.

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:

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

TO: Board of Directors

MEETING DATE: September 11, 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
August, 2023**

TO: Board of Directors

MEETING DATE: Monday September 11, 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 Poway Medical Staff Privilege Checklist

TO: Board of Directors

MEETING DATE: September 11, 2023

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

Background: Revised Nurse Practitioner Continuing Care (The Villas at Poway) Core Privilege Checklist: Revised to current standards. Has been approved at all applicable PMC Poway Medical Staff meetings. Includes redlined and final versions.

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 Privilege Checklist**

TO: Board of Directors

MEETING DATE: September 11, 2023

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

Background: Revised Pulmonary Core Privilege Checklist: This checklist was approved previously to facilitate the new ION RAB procedure at Escondido only. It has now been approved at all applicable Medical Staff meetings at PMC Poway. Final version only as the only revision is adding "Palomar Medical Center 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 Privilege Checklist**

TO: Board of Directors

MEETING DATE: September 11, 2023

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

Background: Revised Nurse Practitioner - Trauma Core Privilege Checklist: Has been approved at all applicable Medical Staff meetings at PMC Escondido. Includes redlined and final version.

Budget Impact: None.

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:

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

TO: Board of Directors

MEETING DATE: September 11, 2023

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

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

Background: Revised Nurse Practitioner Wound Care Core Privilege Checklist: Revised to current standards. Has been approved at all applicable Medical Staff Department meetings at PMC Poway and PMC Escondido. Includes redlined and final versions.

Budget Impact: None.

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:

**Palomar Medical Center Escondido/Poway
Medical Staff Policy Recommendation**

TO: Board of Directors

MEETING DATE: September 11, 2023

FROM: Kanchan Koirala, M.D., Chief of Staff, Palomar Medical Center Escondido and
Sam Filiciotto, M.D., Chief of Staff, Palomar Medical Center Poway

Background: The Palomar Medical Center Escondido and Poway Medical Records/Quality of Care Violations Policy/Procedure was revised. Includes redlined and final versions.

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:

EXECUTED, BUDGETED, ROUTINE PHYSICIAN AGREEMENTS

TO: Board of Directors

MEETING DATE: Monday, September 11, 2023

FROM: Board Finance Committee
Wednesday, August 23, 2023

BY: Laura Barry, Chair, Board Finance Committee

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

PHYSICIAN/GROUP	TYPE OF AGREEMENT
May 2023	
<ul style="list-style-type: none"> • Nasiri, Inc. – Services of Arian Nasiri, MD 	<ul style="list-style-type: none"> • Department Chair Agreement – Radiology
June 2023	
<ul style="list-style-type: none"> • Escondido Pulmonary & Sleep Specialists, Inc. – Services of Frank Bender, MD 	<ul style="list-style-type: none"> • Amendment 3 to Medical Director Agreement – Respiratory & Pulmonary Services
<ul style="list-style-type: none"> • Rady Children’s Hospital, San Diego 	<ul style="list-style-type: none"> • Professional Services Agreement – Ophthalmology Services
<ul style="list-style-type: none"> • Stat Radiology Medical Corporation 	<ul style="list-style-type: none"> • Radiology & Teleradiology Services Agreement

The standard Form A’s and Abstract Tables for each are included as Addendum B (pages 90 – 97).

Staff Recommendation: Approval

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

Motion: **X**

Individual Action:

Information:

Required Time:

Pre-Audit June 2023 & YTD FY2023 Financial Report

TO: Board of Directors

MEETING DATE: Monday, September 11, 2023

FROM: Board Finance Committee
Wednesday, August 23, 2023

BY: Laura Barry, Chair, Board Finance Committee

Background: As the June 2023 financial close had been extended to assure all FY2023 business transactions were recorded in the pre-audit financial statements—and consistent with prior year year-end closings—full financial statements were not yet available at the July meeting.

The full Pre-Audit June 2023 and YTD FY2023 Board Financial Report (*per pages 98-123*) is submitted for the Board’s approval.

Budget Impact: N/A

Staff Recommendation: Approval.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the Pre-Audit June 2023 and YTD FY2023 Board Financial Report as presented. Approval recommended 4 to 0 by the Committee; Board members: 2 to 0; Absent: 2.

Motion: X

Individual Action:

Information:

Required Time:

ADDENDUM A



Board of Directors Meeting Minutes – Monday, August 14, 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 Wednesday, August 9, 2023, which is consistent with legal requirements.

CALL TO ORDER

The meeting, which was held at Palomar Health Administrative Office, Linda Greer Board Room at 2125 Citracado Parkway, Suite 300, 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: None

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. Physician Recognition

- Omar Khawaja, MD, Chief Medical Officer presented Benchmark Hospitalist and Intensivists with a certificate of appreciation. Maritsa Scoulos-Hanson, MD, accepted on behalf of Benchmark Hospitalist and Intensivists.

5. APPROVAL OF MINUTES

a. Board of Directors Meeting - Monday, July 10, 2023

MOTION: By Director Barry, 2nd by Director Edwards-Tate and carried to approve the Monday, July 10, 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 – Abstain Director Pacheco – Aye
 Director Edwards-Tate – Aye

Chair Greer announced that six board members were in favor. None opposed. One abstention. None absent. Motion approved.

- No discussion

Board of Directors Meeting Minutes – Monday, August 14, 2023

Agenda Item

<ul style="list-style-type: none"> <i>Discussion</i> 	<p><i>Conclusion / Action /Follow Up</i></p>
<p>b. Board of Directors Special Closed Session Meeting - Thursday, July 6, 2023</p>	<p>MOTION: By Director Griffith, 2nd by Director Corrales and carried to approve the Thursday, July 6, 2023 Board of Directors Special Closed Session Meeting minutes, as presented.</p> <p>Roll call voting was utilized. Director Corrales – Aye Director Griffith – Aye Director Greer – Aye Director Barry – Aye Director Clark – Abstain Director Pacheco – Aye Director Edwards-Tate – Abstain</p> <p>Chair Greer announced that five board members were in favor. None opposed. Two abstentions. None absent. Motion approved.</p>
<ul style="list-style-type: none"> No discussion 	
<p>6. APPROVAL OF AGENDA to accept the Consent Items as listed</p>	
<p>a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments b. Palomar Health Center Poway Medical Staff Credentialing and Reappointments c. Trauma Surgery Clinical Privileges d. Pulmonary Medicine Clinical Privileges e. Medical Staff Peer Review f. Executed, Budgeted, Routine Physician Agreements g. Pre-Audit June 2023 & YTD FY 2023 Financial Statistics</p>	<p>MOTION: By Director Griffith, 2nd by Director Clark and carried to approve Consent Agenda items A through G 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</p> <p>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"> Director John Clark queried when the quarterly financial statements will be presented. Hugh King, Chief Financial Officer, advised that such statements will be presented at the next board meeting. 	
<p>7. REPORTS</p>	
<p>a. Medical Staffs</p>	

Board of Directors Meeting Minutes – Monday, August 14, 2023

Agenda Item

• **Discussion**

Conclusion / Action /Follow Up

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

No report given.

b. Administrative

I. President and CEO

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

- Emergency Department won an ENA Lantern Award

II. Chair of the Board

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

- Self-Evaluation results summary
- New Graduate/New To Specialty Cohort orientation
- Vista Community Clinic Gala will be September 9th
- ACHD Annual Meeting will be September 13th through 15th

8. APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS

Agenda Item

<ul style="list-style-type: none"> Discussion 	Conclusion / Action /Follow Up
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	<p>MOTION: By Barry, 2nd by Director Corrales and carried to approve and adopt 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 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"> No discussion 	
b. 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	<p>MOTION: By Director Barry, 2nd by Director Griffith and carried to approve and adopt 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 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>

Board of Directors Meeting Minutes – Monday, August 14, 2023

Agenda Item

<ul style="list-style-type: none"> Discussion 	Conclusion / Action /Follow Up
<ul style="list-style-type: none"> Director Laurie-Edwards-Tate asked for clarification of the resolution. Hugh King, Chief Financial Officer, gave a brief explanation. 	
<p>c. Resolution No. 08.14.23(03)-15 of the Board of Directors of Palomar Health Setting Signature Authority Limits for Banking Accounts</p>	<p>MOTION: By Director Barry, 2nd by Director Griffith and carried to approve and adopt Resolution No. 08.14.23(03)-15 of the Board of Directors of Palomar Health Setting Signature Authority Limits for Banking Accounts 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</p> <p>Chair Greer announced that seven board members were in favor. No opposed. No abstention. None absent. Motion approved.</p>
<ul style="list-style-type: none"> Director John Clark queried the signature authority limit over twenty thousand.t. Hugh King, Chief Legal Officer, noted only the limit is being changed. Director Laurie Edwards-Tate asked why there is no maximum limit. David Holtzman, outside legal counsel (Holland and Knight), noted appropriations are limited by board policy, this resolution sets the thresholds of signatures needed for a check to be valid. The resolution does not convey authority to appropriate money on behalf of the district. 	
<p>9. COMMITTEE REPORTS <i>(information only unless otherwise noted)</i></p>	
<p>a. Audit and Compliance Committee</p>	
<ul style="list-style-type: none"> Committee Chair Michael Pacheco reported the committee was dark in the month of July. 	
<p>b. Community Relations Committee</p>	
<ul style="list-style-type: none"> Committee Chair Terry Corrales reported the committee was dark in the month of July. 	
<p>c. Finance Committee</p>	

Board of Directors Meeting Minutes – Monday, August 14, 2023

Agenda Item

<ul style="list-style-type: none"> <i>Discussion</i> 	<i>Conclusion / Action /Follow Up</i>	
<ul style="list-style-type: none"> Committee Chair Laura Barry reported the committee summary is included in the board-meeting packet. 		
d. Governance Committee		
<ul style="list-style-type: none"> Committee Chair Jeff Griffith reported the committee was dark in the month of July. 		
e. Human Resources Committee		
<ul style="list-style-type: none"> Committee Chair Terry Corrales reported the committee was dark in the month of July. 		
f. Quality Review Committee		
<ul style="list-style-type: none"> Committee Chair Linda Greer reported the committee summary is included in the board-meeting packet. 		
g. Strategic & Facilities Planning Committee		
<ul style="list-style-type: none"> Committee Chair Michael Pacheco reported the committee was dark in the month of July. 		
FINAL ADJOURNMENT		
<ul style="list-style-type: none"> There being no further business, Chairwoman Linda Greer adjourned the meeting at 7:09 p.m. 		
Signatures:	<p style="text-align: center;">Board Secretary</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Terry Corrales, R.N.</p>
	<p style="text-align: center;">Board Assistant</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Carla Albright</p>

SPECIAL SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, AUGUST 14, 2023	
AGENDA ITEM	CONCLUSION / ACTION
<ul style="list-style-type: none"> DISCUSSION 	
I. CALL TO ORDER	
<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>	
NOTICE OF MEETING	
<p>Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Wednesday, August 9, 2023, which is consistent with legal requirements.</p>	
II. ESTABLISHMENT OF QUORUM	
<p>Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Greer, Griffith, Pacheco Unexcused Absences: None</p>	
III. PUBLIC COMMENTS	
<p>There were no public comments</p>	
IV. PRESENTATIONS	
<p><i>a. Board Self Evaluation Presentation – Rich Roodman</i></p>	

SPECIAL SESSION BOARD OF DIRECTOR'S MEETING MINUTES – MONDAY, AUGUST 14, 2023

AGENDA ITEM

CONCLUSION / ACTION

• **DISCUSSION**

- Rich Roodman presented the 2023 Board Self-Evaluation summary results to the Board Members.
- Board Members were given the opportunity to comment on the results.

V. FINAL ADJOURNMENT

There being no further business, Chair Greer adjourned the meeting at 6:17 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 30, 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: September 11, 2023

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (09/11/2023 – 08/31/2025)

Bhupathiraju, Nina, M.D. – Physical Medicine & Rehab
Ehret, Zachary W., M.D. – Emergency Medicine
Farasat, Sadaf M.D. - Endocrinology
Ginn, Madison M., D.O. – Emergency Medicine
Holdaway, Jessica N., M.D. - Emergency Medicine
Kolnick, Dean L., M.D. – Teleradiology
LeCourt, Amarateedha P., M.D. - Anesthesiology
Naimon, Niels D., M.D. – Emergency Medicine
Piampiano, Peter P., M.D. - Teleradiology
Shechter, Jesse M., M.D. – Emergency Medicine
Sheetz, Tyler J., M.D. - Urology
Shieh, Alvin K., M.D. – Orthopaedic Surgery
Spann, Rachel T., M.D. – Emergency Medicine
Stratton, Andrew, M.D. – Emergency Medicine

Advance from Provisional to Active Category

Bharij, Aashiv, D.O. – Internal Medicine (eff. 09/11/2023 – 12/31/2024)
Brady, Molly S., M.D. – Emergency Medicine (eff. 09/11/2023 – 09/30/2024)
Cote, Matthew T., M.D. – Emergency Medicine (eff. 09/11/2023 – 11/30/2023)
Drohan, Juliette M., D.O. – Emergency Medicine (eff. 09/11/2023 – 05/31/2025)
Duncan, Vicki L., M.D. – OB/Gyn (eff. 09/11/2023 – 02/28/2025)
Ibrahim, Islam, M.D. – Critical Care Medicine (eff. 09/11/2023 – 07/31/2024)
Jabri, Zain, M.D. – Internal Medicine (eff. 09/11/2023 – 02/28/2025)
Mouazzen, Wasim, M.D. – Internal Medicine (eff. 09/11/2023 – 07/31/2025)
Post, Rachel M., M.D. – Emergency Medicine (eff. 09/11/2023 – 07/31/2024)
Rai, Baroon, M.D. – Critical Care Medicine (eff. 09/11/2023 – 08/31/2025)
Watson, Nathan T., M.D. – Emergency Medicine (eff. 10/01/2023 – 10/31/2023)

Reinstatement from LOA to Active Category

Dastagir, Tariq M., M.D. – Internal Medicine (eff. 09/11/2023 – 08/31/2024)

Huskey, Dana E., M.D. – OB/Gyn (eff. 09/11/2023 – 03/31/2025)

Voluntary Resignations

Ahmed, Mohammed M., M.D. - Psychiatry, eff. 05/31/2023

Buitenhuys, Casey W., M.D. – Emergency Medicine, eff. 08/31/2023

Edwards, Montessa L., M.D. – Emergency Medicine, eff. 07/31/2022

Chou, Emily L., M.D. - Internal Medicine- Eff 9/30/2023

De Cogain, Mitra R., M.D. - Surgery Urology, eff 09/30/2023

Godfrey, Scott A., D.O. - Medical Oncology, Eff 9/30/2023

Kansagara, Dipul M., M.D. - Internal Medicine, Eff 9/30/2023

Martinez, Kelly A., M.D. - OBGYN, Eff 09/30/2023

Myaing, Malay, M.D. - Internal Medicine, Eff 9/30/2023

Kido, Maya M., M.D. – Emergency Medicine, eff. 08/02/2023

Meher, John C., M.D. – Emergency Medicine, eff. 08/02/2023

Tomassi, Marco J., M.D. – General Surgery, eff. 08/31/2023

Tong, Dan H., M.D. – Internal Medicine, eff. 09/30/2023

Villar, Pamela G., M.D. – Pediatrics, eff. 09/30/2023

Zhu, Zejin, M.D. – Rheumatology, eff. 09/30/2023

Zwiesler, Daniel J., M.D. – Obstetrics/Gynecology, eff. 05/23/2023

Allied Health Professional Appointment (09/11/2023 – 08/31/2025)

Colson, Kenesha PA-C – Physician Assistant (sponsors – Drs. Babkina, Cizmar, Hinshaw)

Allied Health Professional Resignations

Frisbie, John A., PA-C - Physician Assistant, eff. 02/28/2023

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 10/01/2023 – 09/30/2025)

Deng, Charles, M.D.	Emergency Medicine	Dept. of Emergency Med.	Active
Gilbert, Christopher R., M.D.	Cardiovascular Disease	Dept. of Medicine	Active
Goldsworthy, Mark S., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Hariharan, Radhika S., M.D.	Endocrinology	Dept. of Medicine	Consulting
Hylar, Bryan R., M.D.	Psychiatry	Dept. of Psychiatry	Active
Jamshidi-Nezhad, Mohammad, D.O.	Surgery, Gen/Vas	Dept. of Surgery	Active
*Category change from Courtesy to Active			
Johnson, Roy R., M.D.	Family Practice	Dept. of Family Practice	Active
Khoshini, Reza, M.D.	Gastroenterology	Dept. of Medicine	Active
Li, Yan (Peter), M.D.	Anesthesiology	Dept. of Anesthesia	Active
Lotzof, Pierre R., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Masifi, Sheela L., M.D.	Psychiatry	Dept. of Psychiatry	Active
Nagel, Eric J., D.O.	Anesthesiology	Dept. of Anesthesia	Active
Petroff, Linda, M.D.	Pathology	Dept. of Pathology	Active
Polishuk, Paul V., M.D.	Surgery, Urology	Dept. of Urology	Active
Pregerson, David B., M.D.	Emergency Medicine	Dept. of Emergency Med.	Active
Reuther, Marsha S., M.D.	Otolaryngology	Dept. of Surgery	Active
*Category change from Courtesy to Active			
Salameh, Joseph G., D.O.	Emergency Medicine	Dept. of Emergency Med.	Active
Shabrang, Cyrus, M.D.	Radiology, Int. & Diag	Dept. of Radiology	Active
Vance, Erin J., M.D.	OB/Gyn	Dept. of OB/Gyn	Active
Zakov, Kamen N., M.D.	Cardiovascular Disease	Dept. of Medicine	Active

Allied Health Professional Reappointments (effective 10/01/2023 – 09/30/2025)

Lebowitz, Steven L., P.A.-C Dept. of Pediatrics (Sponsor: Dr. 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 30, 2023
To: Palomar Health Board of Directors – September 11, 2023 Meeting
From: Sam Filiciotto, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – August, 2023

Provisional Appointments: (09/11/2023 – 08/31/2025)

Nina Bhupathiraju, M.D., Physical Medicine & Rehab
Zachary Ehret, M.D., Emergency Medicine
Sadaf Farasat, M.D., Endocrinology
Madison Ginn, D.O., Emergency Medicine
Jessica Holdaway, M.D., Emergency Medicine
Dean Kolnick, M.D., Teleradiology
Amarateedha LeCourt, M.D., Anesthesiology
Niels Naimon, M.D., Emergency Medicine
Peter Piampiano, M.D., Teleradiology
Sadaf Farasat, M.D., Endocrinology
Jesse Shechter, M.D., Emergency Medicine
Alvin Shieh, M.D., Orthopedic Surgery
Rachel Spann, M.D., Emergency Medicine
Andrew Stratton, M.D., Emergency Medicine

Biennial Reappointments: (10/01/2023 - 09/30/2025)

James Bried, M.D., Orthopedic Surgery, Active
Edmond Chan, M.D., General Vascular Surgery, Active
Charles Deng, M.D., Emergency Medicine, Active
Christopher Gilbert, M.D., Cardiology, Active
Mark Gold, M.D., Plastic Surgery, Affiliate
Mark Goldsworthy, M.D., Anesthesiology, Active
Roy Johnson, M.D., Family Practice, Active
Reza Khoshini, M.D., Gastroenterology, Active
Yan Li, M.D., Anesthesiology, Active
Pierre Lotzof, M.D., Anesthesiology, Active
Sheela Masifi, M.D., Psychiatry, Active (Includes The Villas at Poway)
Erik Nagel, D.O., Anesthesiology, Active
Nicole Nguyen, M.D., OB/GYN, Active
Linda Petroff, M.D., Pathology, Active
Paul Polishuk, M.D., Urology, Active
David Pregerson, M.D., Emergency Medicine, Active
Marsha Reuther, M.D., Otolaryngology, Courtesy
Joseph Salameh, D.O., Emergency Medicine, Active

Cyrus Shabrang, M.D., Interventional & Diagnostic Radiology, Active
Kamen Zakov, M.D., Cardiology, Active

Reappointment to Courtesy Category from Leave of Absence:

Tariq Dastagir, M.D., Internal Medicine, effective 09/11/2023 – 08/31/2024

Advancements to Active Category:

Aashiv Bharij, D.O., Internal Medicine, effective 09/11/2023 – 12/31/2024 (Includes The Villas at Poway)

Molly Brady, M.D., Emergency Medicine, effective 09/11/2023 – 09/30/2024

Matthew Cote, M.D., Emergency Medicine, effective 09/11/2023 – 11/30/2023

Juliette Drohan, D.O., Emergency Medicine, effective 09/11/2023 – 05/31/2025

Islam Ibrahim, M.D., Critical Care Medicine, effective 09/11/2023 – 07/31/2024

Zain Jabri, M.D., Internal Medicine, effective 09/11/2023 – 02/28/2025

Wasim Mouazzen, M.D., Internal Medicine, effective 09/11/2023 – 07/31/2025 (Includes The Villas at Poway)

Rachel Post, M.D., Emergency Medicine, effective 09/11/2023 – 07/31/2024

Baroon, Rai, M.D., Critical Care Medicine, effective 09/11/2023 – 08/31/2025

Nathan Watson, M.D., Emergency Medicine, effective 10/01/2023 – 10/31/2023

Voluntary Resignations:

Roger Acheatel, M.D., Cardiology, effective 06/05/2023

Mohammed Ahmed, M.D., Psychiatry, effective 05/31/2023

Casey Buitenhuis, M.D., Emergency Medicine, effective 08/31/2023

David Golembeski, M.D., Neonatology, effective 06/30/2023

Maya Kido, M.D., Emergency Medicine, effective 08/18/2023

Sarah Lindback, M.D., Pediatrics, effective 06/03/2023

John Meher, M.D., Emergency Medicine, effective 8/18/2023

Allied Health Professional Appointment: (09/11/2023 – 08/31/2025)

Kenesha Colson, PA, Sponsors Drs. Babkina and Cizmar

Allied Health Professional Voluntary Resignations:

Dawn Bernardo, NNP, effective 08/23/2023

Sarah Fernandes, PA, effective 08/31/2023

Addison Johnson, PA, effective 08/26/2023

Barbara Lavin, NNP, effective 08/23/2023

George Maldonado, NNP, effective 08/31/2023

Jayne Mccutcheon, NP, effective 07/28/2023

Pamela Vik, NNP, effective 08/23/2023

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
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Nina Bhupathiraju, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Physical Medicine & Rehab, Brain Injury Medicine - Certified 2018, 2020
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ORGANIZATIONAL NAME

<i>Name</i>	Palomar Health Rehab
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Saba University School of Medicine, MD From: 05/06/2008 To: 01/04/2013
<i>Internship Information</i>	Internship Mount Sinai Hospital Medical Center of Chicago Internal Medicine From: 07/01/2013 To: 06/30/2014
<i>Residency Information</i>	Residency Marianjoy Rehabilitation Center Physical Medicine/Rehab From: 07/01/2014 To: 06/30/2017
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Palomar Health Rehabilitation Institute

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Kenesha Colson, PA
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

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

<i>Name</i>	Palomar Health Medical Group - OB/Gyn
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EDUCATION/AFFILIATION INFORMATION

<i>Education Information</i>	University San Diego State University, BS From: 06/01/2006 To: 07/31/2008
<i>Employment</i>	Current Employment Palomar Health Medical Group Physician Assistant From: 08/22/2022 To: Current
<i>Current Affiliation Information</i>	

**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Zachary W. Ehret, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Emergency Medicine – Not Certified Yet
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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 Vermont - College of Medicine, MD From: 07/01/2016 To: 06/30/2020 Doctor of Medicine Degree
<i>Internship Information</i>	
<i>Residency Information</i>	Residency New York Presbyterian Brooklyn Methodist Hospital Emergency Medicine From: 07/01/2020 To: 06/30/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Sadaf Farasat, MD/MPH
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Endocrinology, Internal Medicine, Geriatric Medicine - Certified 2019
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Medical School The Aga Khan Medical University, MD From: 09/30/2001 To: 09/30/2006
<i>Internship Information</i>	Internship Griffin Hospital Internal Medicine From: 07/01/2012 To: 06/30/2013
<i>Residency Information</i>	Residency Griffin Hospital Internal Medicine From: 07/01/2013 To: 06/30/2016
<i>Fellowship Information</i>	Fellowship Scripps Green Hospital Endocrinology From: 07/01/2021 To: 06/30/2023 Fellowship University of California, San Diego From: 07/01/2018 To: 06/30/2019 Endocrinology, Diabetes and Metabolism
<i>Current Affiliation Information</i>	University of California, San Diego

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Madison M. Ginn, D.O.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Emergency Medicine – Not Certified Yet
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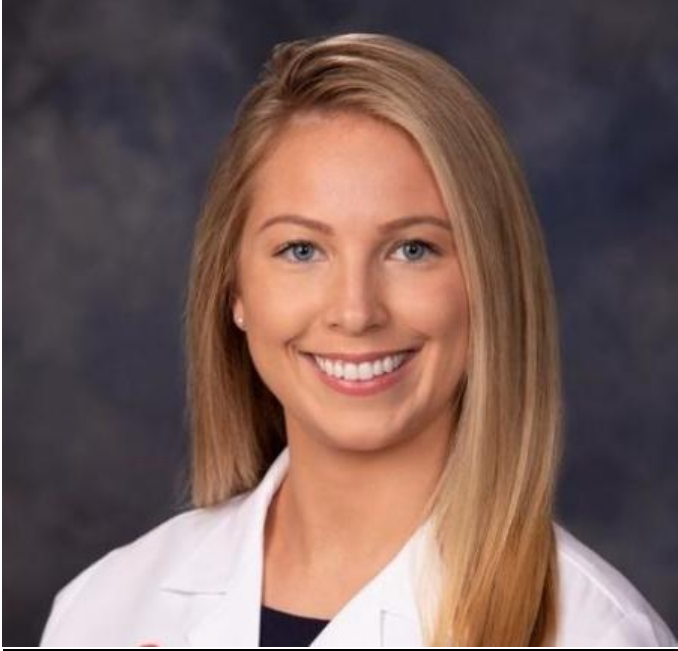
ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Medical School Midwestern University, DO From: 06/01/2016 To: 05/22/2020
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Eisenhower Medical Center Emergency Medicine From: 07/01/2020 To: 06/25/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Jessica N. Holdaway, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Emergency Medicine – Not Certified Yet
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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 Rochester, MD From: 08/03/2015 To: 05/17/2019
<i>Internship Information</i>	
<i>Residency Information</i>	Residency UC San Diego School of Medicine Emergency Medicine From: 06/24/2019 To: 07/10/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Dean L. Kolnick, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Diagnostic Radiology - Certified 2016
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ORGANIZATIONAL NAME

<i>Name</i>	Transparent Imaging
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School State University of New York at Stony Brook, MD From: 09/01/2005 To: 05/30/2009
<i>Internship Information</i>	Internship NYU Long Island School of Medicine Internal Medicine From: 07/01/2009 To: 06/30/2010
<i>Residency Information</i>	Residency State University of New York Downstate Radiology, Diagnostic Imaging From: 07/01/2011 To: 06/30/2014 Residency Bridgeport Hospital Radiology, Diagnostic Imaging From: 07/26/2010 To: 06/30/2011
<i>Fellowship Information</i>	Fellowship University of California, San Francisco Pediatric Radiology From: 07/01/2014 To: 06/01/2015
<i>Current Affiliation Information</i>	Westchester Medical Center

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Amarateedha P. LeCourt, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Anesthesiology - Certified 2023
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ORGANIZATIONAL NAME

<i>Name</i>	Anesthesia Consultants of California Med Group
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Florida State University, MD From: 06/05/2010 To: 05/17/2014
<i>Internship Information</i>	Internship Camp Pendleton Naval Hospital Family Medicine From: 07/01/2014 To: 06/30/2015
<i>Residency Information</i>	Residency Naval Medical Center, San Diego GME Anesthesiology From: 07/01/2019 To: 06/30/2022
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Camp Pendleton Naval Hospital

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Niels D. Naimon, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Emergency Medicine – Not Certified Yet
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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 Eastern Virginia Medical School, MD From: 08/03/2015 To: 05/20/2019
<i>Internship Information</i>	
<i>Residency Information</i>	Residency UCSD Medical Center Resident Physician From: 06/24/2019 To: 06/30/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Peter P. Piampiano, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Diagnostic Radiology - Certified 2002
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ORGANIZATIONAL NAME

<i>Name</i>	The Radiology Group
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Creighton University, MD From: 08/01/1993 To: 05/30/1997
<i>Internship Information</i>	Internship Loma Linda University Medical Center Internal Medicine From: 07/01/1997 To: 06/30/1998
<i>Residency Information</i>	Residency Loma Linda University Medical Center Radiology, Diagnostic Imaging From: 07/01/1998 To: 06/30/2002
<i>Fellowship Information</i>	Fellowship Loma Linda University Medical Center Vasc&Interventional Radiology From: 07/01/2002 To: 06/30/2003

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

<i>Current Affiliation Information</i>	Tri-City Medical Center Los Angeles Community Hospital Coastal Plaza Hospital East Los Angeles Doctors Hospital West Hills Hospital and Medical Center Desert Valley Medical Center FHN Memorial Hospital Alvarado Hospital and Medical Center Alhambra Hospital Medical Center Children’s Hospital at Mission Adventist Health Ukiah Valley AHMC Anaheim Regional Medical Center Adventist Health Hanford Community Medical Center Providence St. Joseph Hospital
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**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Jesse M. Shechter, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Emergency Medicine – Not Certified Yet
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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 Northwestern University - Feinberg School of Medicine, MD From: 06/01/2016 To: 05/31/2020
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Beth Israel Deaconess Medical Center Emergency Medicine From: 06/01/2020 To: 06/30/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Tyler J. Sheetz, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Surgery, Urology – Not Certified Yet
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ORGANIZATIONAL NAME

<i>Name</i>	UCSD Endourology
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Ohio State University College of Medicine, MD From: 05/01/2013 To: 05/06/2018 Included 1 research year
<i>Internship Information</i>	Internship Ohio State University Wexner Medical Center General Surgery From: 07/01/2018 To: 06/30/2019
<i>Residency Information</i>	Residency Ohio State University Wexner Medical Center Urology From: 07/01/2019 To: 06/30/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	University of California, San Diego

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Alvin K. Shieh, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Orthopaedic Surgery – Not Certified Yet
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ORGANIZATIONAL NAME

<i>Name</i>	Palomar Health Medical Group Orthopaedic
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School UCSD School of Medicine, MD From: 08/25/2011 To: 06/06/2015
<i>Internship Information</i>	Internship University of California, Davis Medical Center Orthopaedic Surgery From: 06/26/2015 To: 06/30/2016
<i>Residency Information</i>	Residency University of California, Davis Medical Center Orthopaedic Surgery From: 07/01/2016 To: 06/30/2020
<i>Fellowship Information</i>	Fellowship Harborview Medical Center Orthopaedic Trauma From: 08/01/2020 To: 07/31/2021
<i>Current Affiliation Information</i>	O'Connor Hospital Saint Louise Regional Hospital Santa Clara Valley Medical Center

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Rachel T. Spann, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Emergency Medicine – Not Certified Yet
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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 Tulane University School of Medicine, MD From: 08/14/2015 To: 05/18/2019
<i>Internship Information</i>	
<i>Residency Information</i>	Residency UCSD Medical Center Resident Physician From: 06/30/2019 To: 06/30/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
September 2023**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Andrew G. Stratton, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Emergency Medicine – Not Certified Yet
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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 The University of Toledo, MD From: 07/01/2016 To: 05/15/2020
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Univ. of Texas Southwestern Medical Ctr., Dallas Emergency Medicine From: 07/01/2020 To: 06/30/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	



PALOMAR HEALTH

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CONTINUING CARE

Name: _____

Page 1

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

- The Villas at Poway
- Initial Appointment
- Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — CONTINUING CARE

To be eligible to apply for clinical privileges as a Nurse Practitioner (NP) in continuing care, the applicant must meet the following criteria:

- Possession of a valid California license as a Registered Nurse
- Certification by the State of California, Board of Registered Nursing, as a Nurse Practitioner
- Possession of a valid Furnishing Number from the State of California (Note: if the nurse practitioner is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible).
- Certification as a Nurse Practitioner, ~~or active participation in the examination process with achievement of board certification~~ by ANCC, AANP, or AACN ~~within twelve (12) months of appointment.~~
- ALS Certification
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million)

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services as a nurse practitioner for at least 24 patients (may include acute care, skilled nursing facility, home care, hospice, or office patients) in the past 12 months, or completion of master's /post master's degree program in the past 12 months. ~~If the Nurse Practitioner does not have experience as a Nurse Practitioner they may be granted privileges and must work under the direct supervision of the sponsoring/supervising physician for all patient interactions for three months and complete all applicable monitoring requirements prior to any independent patient contact.~~

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CONTINUING CARE

Name: _____

Page 2

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

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient’s long term care hospitalization as applicable (management, discharge, etc.) for at least six patients.

Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner in continuing care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 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. Maintenance of ALS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a sponsoring/supervising physician with clinical privileges at this facility, in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present on hospital premises, or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she sponsors/supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. supervising agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the facility, and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring/supervising physician in accordance with hospital policy.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — CONTINUING CARE

(Includes as applicable: Allergy/Immunology, Cardiology, Endocrinology, Family Medicine, Neurology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Pulmonary Medicine, and Rheumatology)

- Requested** Manages the health care of acutely ill, chronically ill patients within age group of sponsoring/supervising physician. Nurse practitioners may not admit patients; may write daily progress notes, routine treatment orders, transfer orders, admission orders and discharge orders in accordance with supervision and co-signature requirements; may provide care to patients in the

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CONTINUING CARE

Name: _____

Page 3

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

continuing care setting in conformance with unit policy. 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.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

CHRONIC VENTILATOR MANAGEMENT

Criteria: Those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 12 months or direct supervision is required for the first 10 procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

Requested The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V **must** have a DEA number in addition to a Furnishing Number.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CONTINUING CARE

Name: _____

Page 4

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.

- Apply, remove and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- Debridement, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols (e.g. Nurse Practitioner Standardized Procedures)
- Discharge summary (must be co-signed by a sponsoring/supervising physician in accordance with Medical Records guidelines and hospital policy)
- History and Physical on behalf of sponsoring/supervising physician in accordance with hospital policy (physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
- Insert and remove nasogastric tube
- Make daily rounds on patients with or at the direction of the sponsoring/supervising physician
- Monitor and manage stable acute and chronic illnesses of population served
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical 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 and in carrying out the responsibilities assigned to me, 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 policies governing privileged Allied Health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _____ **Date** _____

Signed _____ **Date** _____

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CONTINUING CARE

Name: _____

Page 1

Effective From ___/___/_____ To ___/___/_____

- The Villas at Poway
- Initial Appointment
- Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — CONTINUING CARE

To be eligible to apply for clinical privileges as a Nurse Practitioner (NP) in continuing care, the applicant must meet the following criteria:

- Possession of a valid California license as a Registered Nurse
- Certification by the State of California, Board of Registered Nursing, as a Nurse Practitioner
- Possession of a valid Furnishing Number from the State of California (Note: if the nurse practitioner is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible).
- Certification as a Nurse Practitioner by ANCC, AANP, or AACN.
- ALS Certification
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million)

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services as a nurse practitioner for at least 24 patients (may include acute care, skilled nursing facility, home care, hospice, or office patients) in the past 12 months, or completion of master's /post master's degree program in the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient's long term care hospitalization as applicable (management, discharge, etc.) for at least six patients.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CONTINUING CARE

Name: _____

Page 2

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

Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner in continuing care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 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. Maintenance of ALS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a sponsoring/supervising physician with clinical privileges at this facility, in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present on hospital premises, or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she sponsors/supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. supervising agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the facility, and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring/supervising physician in accordance with hospital policy.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — CONTINUING CARE

(Includes as applicable: Allergy/Immunology, Cardiology, Endocrinology, Family Medicine, Neurology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Pulmonary Medicine, and Rheumatology)

- Requested** Manages the health care of acutely ill, chronically ill patients within age group of sponsoring/supervising physician. Nurse practitioners may not admit patients; may write daily progress notes, routine treatment orders, transfer orders, admission orders and discharge orders in accordance with supervision and co-signature requirements; may provide care to patients in the continuing care setting in conformance with unit policy. 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.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CONTINUING CARE

Name: _____

Page 3

Effective From ___/___/_____ To ___/___/_____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

CHRONIC VENTILATOR MANAGEMENT

Criteria: Those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 12 months or direct supervision is required for the first 10 procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

Requested The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V **must** have a DEA number in addition to a Furnishing Number.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CONTINUING CARE

Name: _____

Page 4

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.

- Apply, remove and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- Debridement, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols (e.g. Nurse Practitioner Standardized Procedures)
- Discharge summary (must be co-signed by a sponsoring/supervising physician in accordance with Medical Records guidelines and hospital policy)
- History and Physical on behalf of sponsoring/supervising physician in accordance with hospital policy (physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
- Insert and remove nasogastric tube
- Make daily rounds on patients with or at the direction of the sponsoring/supervising physician
- Monitor and manage stable acute and chronic illnesses of population served
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical 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:

- In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally, and any applicable to the particular situation.
- 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 policies governing privileged Allied Health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _____ **Date** _____

Signed _____ **Date** _____

PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 1

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

- Palomar Medical Center Escondido
- Palomar Medical Center Poway

- Initial Appointment
- Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR 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.

PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 2

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.

PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 3

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 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 OR fellowship training with minimum five cases completed

Requested

PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 4

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

PULMONARY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 5

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 _____

PALOMAR HEALTH

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — TRAUMA

Name: _____

Page 1

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 NURSE PRACTITIONER (NP) — TRAUMA

To be eligible to apply for clinical privileges as a Nurse Practitioner (NP) in trauma, the applicant must meet the following criteria:

- Possession of a valid California license as a Registered Nurse
- Certification by the state of California, Board of Registered Nursing, as a Nurse Practitioner
- Possession of a valid Furnishing Number from the State of California (Note: if the nurse practitioner is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible.)
- Certification as a Nurse Practitioner, ~~or active participation in the examination process with achievement of board certification~~ by ANCC, AACN, or AANP within twelve (12) months of appointment.
- Current ACLS
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million)

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, as trauma nurse practitioner for at least 24 patients in the past 12 months, or completion of master's/post master's degree program in the past 12 months. ~~If the Nurse Practitioner does not have experience as a trauma Nurse Practitioner, they may be granted privileges based on their non-trauma experience, but they must work under the direct supervision of the sponsoring physician for all patient interactions for three months and complete all applicable monitoring requirements prior to any independent patient contact.~~

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient's hospitalization as applicable (management, discharge, etc.) for at least six patients.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — TRAUMA

Name: _____

Page 2

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

Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner in trauma, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 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. Maintenance of ACLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. supervising agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring physician in accordance with hospital policy.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — TRAUMA

- Requested** Manages the health care of acutely ill, chronically ill patients within age group of sponsoring physician. Nurse practitioners may not admit patients to the hospital; may write daily progress notes, routine treatment orders, transfer orders, admission orders and discharge orders in accordance with hospital supervision and co-signature requirements; may provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. 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.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — TRAUMA

Name: _____

Page 3

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

- Requested** The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — TRAUMA

Name: _____

Page 4

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.

- Apply, remove and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- Debridement, and general care for superficial wounds
- Direct care as specified by medical staff approved protocols (e.g. Trauma Nurse Practitioner Standardized Procedures)
- Discharge summary (must be co-signed by a sponsoring physician in accordance with Medical Records guidelines and hospital policy)
- History and Physical on behalf of sponsoring physician in accordance with hospital policy (sponsoring physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring physician
- Management of Chest Tubes, including removal
- Monitor and manage stable acute and chronic illnesses of population served
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform incision and drainage of superficial abscesses
- Record progress notes

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical 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 and in carrying out the responsibilities assigned to me, 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 policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _____ **Date** _____

Signed _____ **Date** _____

PALOMAR HEALTH

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — TRAUMA

Name: _____

Page 1

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 NURSE PRACTITIONER (NP) — TRAUMA

To be eligible to apply for clinical privileges as a Nurse Practitioner (NP) in trauma, the applicant must meet the following criteria:

- Possession of a valid California license as a Registered Nurse
- Certification by the state of California, Board of Registered Nursing, as a Nurse Practitioner
- Possession of a valid Furnishing Number from the State of California (Note: if the nurse practitioner is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible.)
- Certification as a Nurse Practitioner by ANCC or AACN.
- Current ACLS
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million)

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, as trauma nurse practitioner for at least 24 patients in the past 12 months, or completion of master's/post master's degree program in the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient's hospitalization as applicable (management, discharge, etc.) for at least six patients.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — TRAUMA

Name: _____

Page 2

Effective From ___/___/_____ To ___/___/_____

Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner in trauma, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 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. Maintenance of ACLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. supervising agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring physician in accordance with hospital policy.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — TRAUMA

- Requested** Manages the health care of acutely ill, chronically ill patients within age group of sponsoring physician. Nurse practitioners may not admit patients to the hospital; may write daily progress notes, routine treatment orders, transfer orders, admission orders and discharge orders in accordance with hospital supervision and co-signature requirements; may provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. 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.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — TRAUMA

Name: _____

Page 3

Effective From ___/___/_____ To ___/___/_____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

- Requested** The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — TRAUMA

Name: _____

Page 4

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.

- Apply, remove and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- Debridement, and general care for superficial wounds
- Direct care as specified by medical staff approved protocols (e.g. Trauma Nurse Practitioner Standardized Procedure)
- Discharge summary (must be co-signed by a sponsoring physician in accordance with Medical Records guidelines and hospital policy)
- History and Physical on behalf of sponsoring physician in accordance with hospital policy (sponsoring physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring physician
- Management of Chest Tubes, including removal
- Monitor and manage stable acute and chronic illnesses of population served
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform incision and drainage of superficial abscesses
- Record progress notes

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical 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 and in carrying out the responsibilities assigned to me, 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 policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _____ **Date** _____

Signed _____ **Date** _____

PALOMAR HEALTH

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — WOUND CARE

Name: _____

Page 1

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

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

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

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

Other Requirements

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — WOUND CARE

To be eligible to apply for clinical privileges as a Nurse Practitioner (NP) in acute care, the applicant must meet the following criteria:

- Possession of a valid California license as a Registered Nurse
- Certification by the state of California, Board of Registered Nursing, as a Nurse Practitioner
- Possession of a valid Furnishing Number from the State of California (Note: if the nurse practitioner is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible.)
- Certification as a Nurse Practitioner, ~~or active participation in the examination process with achievement of board certification~~ by ANCC, AACN, or AANP ~~within twelve (12) months of appointment.~~
- BLS Certification
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million)

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of wound care services, in the privileges requested, for at least 20 patients in the past 12 months, or demonstrate successful completion of wound care educational program within the past twelve (12) months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient's hospitalization as applicable (management, discharge, etc.) for at least six patients.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — WOUND CARE

Name: _____

Page 2

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

Reappointment Requirements: To be eligible to renew core privileges as a wound care nurse practitioner, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (40 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. Maintenance of BLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. supervising agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring physician in accordance with hospital policy.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — WOUND CARE

- Requested** Total wound care and enhancement of healing in selected problem wounds to include but not limited to: management of diabetic ulcers and complicated wound management according to established evidence based pathways as well as the formulary followed by wound care. May provide care to patients in the inpatient or outpatient setting in conformance with wound care clinical policies. 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.

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

Approved Board of Directors: 06/11/2018
 Revised Draft 06/2023 - Approved by IPC 07/10/2023
[Approved PMCE MEC 08/28/2023](#)
[Approved PMCP MEC 08/29/2023](#)

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — WOUND CARE

Name: _____

Page 3

Effective From ___/___/___ To ___/___/___

of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

- Requested** The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — WOUND CARE

Name: _____

Page 4

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.

- Application of artificial skin grafts, bi-laminate skin grafts
- Application of compression wraps and Unna boots for stress ulcers
- Control of hemorrhage
- I & D of abscess and cysts
- Local anesthesia
- Noninvasive vascular test interpretation
- Supervision of topical anesthesia
- Supervision of Cast Application and Removal
- Suture close wound
- Tissue biopsy
- Wound debridement – utilizing scalpel, curette, scissors/forceps
- Wound punch biopsy
- Wound tissue culture

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical 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 and in carrying out the responsibilities assigned to me, 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 policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _____ **Date** _____

Signed _____ **Date** _____

PALOMAR HEALTH

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — WOUND CARE

Name: _____

Page 1

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

- Palomar Medical Center Escondido
- Palomar Medical Center Poway

- Initial Appointment
- Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — WOUND CARE

To be eligible to apply for clinical privileges as a Nurse Practitioner (NP) in acute care, the applicant must meet the following criteria:

- Possession of a valid California license as a Registered Nurse
- Certification by the state of California, Board of Registered Nursing, as a Nurse Practitioner
- Possession of a valid Furnishing Number from the State of California (Note: if the nurse practitioner is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible.)
- Certification as a Nurse Practitioner by ANCC, AACN, or AANP.
- BLS Certification
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million)

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of wound care services, in the privileges requested, for at least 20 patients in the past 12 months, or demonstrate successful completion of wound care educational program within the past twelve (12) months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient's hospitalization as applicable (management, discharge, etc.) for at least six patients.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — WOUND CARE

Name: _____

Page 2

Effective From ___/___/_____ To ___/___/_____

Reappointment Requirements: To be eligible to renew core privileges as a wound care nurse practitioner, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (40 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. Maintenance of BLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. supervising agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring physician in accordance with hospital policy.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — WOUND CARE

- Requested** Total wound care and enhancement of healing in selected problem wounds to include but not limited to: management of diabetic ulcers and complicated wound management according to established evidence based pathways as well as the formulary followed by wound care. May provide care to patients in the inpatient or outpatient setting in conformance with wound care clinical policies. 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.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — WOUND CARE

Name: _____

Page 3

Effective From ___/___/_____ To ___/___/_____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

- Requested** The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — WOUND CARE

Name: _____

Page 4

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.

- Application of artificial skin grafts, bi-laminate skin grafts
- Application of compression wraps and Unna boots for stress ulcers
- Control of hemorrhage
- I & D of abscess and cysts
- Local anesthesia
- Noninvasive vascular test interpretation
- Supervision of topical anesthesia
- Supervision of Cast Application and Removal
- Suture close wound
- Tissue biopsy
- Wound debridement – utilizing scalpel, curette, scissors/forceps
- Wound punch biopsy
- Wound tissue culture

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical 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 and in carrying out the responsibilities assigned to me, 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 policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _____ **Date** _____

Signed _____ **Date** _____

Palomar Medical Center Escondido and Poway
Medical Staff Policy/ Procedure

- Title: Medical Records/ Quality of Care Violations
- Purpose: To establish a uniform policy and procedure as a supplement to Medical Staff Bylaws, Medical Staff Rights Manual Section 4.5 (a) which outlines the procedure for suspension of a Member for medical record deficiencies.
- Basis: The Palomar Medical Center Escondido and Poway Medical Staff Executive Committees stress the importance of compliance with applicable State and Federal Laws pertaining to the timely completion of medical records.
- Procedure:
1. Per Bylaw, Medical Staff Rights Manual Section 4.5 (a):
Medical Record Deficiencies: Temporary suspension of a Member's admitting and clinical privileges.... will be imposed automatically for failure to complete deficient or delinquent medical records within the time period set forth below, unless the Chief of Staff interceded on his/her behalf.
All medical records shall be completed within fourteen (14) days. Failure to comply with this requirement may result in fines and/or suspension as set forth in the Medical Staff Policy, *Medical Records/Quality of Care Violations*.
 2. There shall be no differentiation of a delinquent or deficient medical record whether caused by an operative report, history and physical, discharge summary or signature.
 3. Effective the second Friday after deficiencies are assigned, the Medical Records Department shall create a message to the Member which will appear in their Clarity Inbox, authorized by the Chief of Staff, notifying a Member that the Member's admitting and clinical privileges shall be suspended on the seventh day after the date of notification unless all delinquent medical records are completed. In addition, the Medical Records Department will ~~text email and call~~ the Member's personal cell phone, ~~and their Medical Director, if they have one,~~ informing them that they will be going on suspension in one week and that they should refer to their Clarity Inbox for the specific charts they need to complete to avoid suspension.
 4. Member vacation days that have been provided in advance to the Medical Records Department shall be excluded from the tabulation of notification or delinquency days. When a

Member's vacation starts after the second letter of notification, the date of suspension will begin the first Friday after the Member has returned.

5. Member may request that the Medical Records Department review the delinquency list for errors. When the Medical Records Department determines that a medical record is not delinquent or deficient, the notification days, suspension days, associated with that record shall be removed.
6. Whenever a Member has accumulated sixty (60) consecutive days of suspension for medical records delinquencies, the Member shall be considered as having voluntarily resigned their Medical Staff membership and privileges.
7. In addition to the above, operative reports are required to be completed immediately following a procedure, in accordance with regulatory requirements and Medical Staff Bylaws, Rules and Regulations (R.R. 4.8). Compliance will be monitored retrospectively by the Health Information Services Department and Members who have not completed the required operative report documentation will be prohibited from scheduling any further elective cases (to include operating room, interventional radiology and cardiac catheterization cases) until all delinquent operative reports are completed.

Palomar Medical Center Escondido and Poway
 Medical Staff Policy/ Procedure

- Title: Medical Records/ Quality of Care Violations
- Purpose: To establish a uniform policy and procedure as a supplement to Medical Staff Bylaws, Medical Staff Rights Manual Section 4.5 (a) which outlines the procedure for suspension of a Member for medical record deficiencies.
- Basis: The Palomar Medical Center Escondido and Poway Medical Staff Executive Committees stress the importance of compliance with applicable State and Federal Laws pertaining to the timely completion of medical records.
- Procedure:
1. Per Bylaw, Medical Staff Rights Manual Section 4.5 (a):
 Medical Record Deficiencies: Temporary suspension of a Member's admitting and clinical privileges.... will be imposed automatically for failure to complete deficient or delinquent medical records within the time period set forth below, unless the Chief of Staff interceded on his/her behalf.
 All medical records shall be completed within fourteen (14) days. Failure to comply with this requirement may result in fines and/or suspension as set forth in the Medical Staff Policy, *Medical Records/Quality of Care Violations*.
 2. There shall be no differentiation of a delinquent or deficient medical record whether caused by an operative report, history and physical, discharge summary or signature.
 3. Effective the second Friday after deficiencies are assigned, the Medical Records Department shall create a message to the Member which will appear in their Clarity Inbox, authorized by the Chief of Staff, notifying a Member that the Member's admitting and clinical privileges shall be suspended on the seventh day after the date of notification unless all delinquent medical records are completed. In addition, the Medical Records Department will text the Member's personal cell phone, informing them that they will be going on suspension in one week and that they should refer to their Clarity Inbox for the specific charts they need to complete to avoid suspension.
 4. Member vacation days that have been provided in advance to the Medical Records Department shall be excluded from the tabulation of notification or delinquency days. When a Member's vacation starts after the second letter of notification,

the date of suspension will begin the first Friday after the Member has returned.

5. Member may request that the Medical Records Department review the delinquency list for errors. When the Medical Records Department determines that a medical record is not delinquent or deficient, the notification days, suspension days, associated with that record shall be removed.
6. Whenever a Member has accumulated sixty (60) consecutive days of suspension for medical records delinquencies, the Member shall be considered as having voluntarily resigned their Medical Staff membership and privileges.
7. In addition to the above, operative reports are required to be completed immediately following a procedure, in accordance with regulatory requirements and Medical Staff Bylaws, Rules and Regulations (R.R. 4.8). Compliance will be monitored retrospectively by the Health Information Services Department and Members who have not completed the required operative report documentation will be prohibited from scheduling any further elective cases (to include operating room, interventional radiology and cardiac catheterization cases) until all delinquent operative reports are completed.

**Palomar Medical Center Poway
Administrative Services Agreement
Medical Staff Department Chair**

TO: Board Finance Committee

MEETING DATE: Wednesday, August 23, 2023

FROM: Omar Khawaja, MD, Chief Medical Officer

Background: Palomar Medical Center Poway Medical Staff Department Chairs are provided a stipend for services performed as required by the Medical Staff Bylaws. This agreement serves to document the relationship of the Medical Staff Department Chairs to Palomar Medical Center Poway and the duties to be performed as consideration for the stipend to assure compliance with federal regulations.

Presented is the Contract for the following Department Chair:

Chair, Department of Radiology – Arian Nasiri, M.D.

Budget Impact: None.

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:

PALOMAR HEALTH – AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	Department Chair Agreement
	AGREEMENT DATE	05/01/2023
	PARTIES	Arian Nasiri, M.D. and Palomar Medical Center Poway
	PURPOSE	To provide administrative services on behalf of the Palomar Medical Center Poway Medical Staff in accordance with the Medical Staff Bylaws, Plans, and Policies.
	SCOPE OF SERVICES	As per duties defined in the Palomar Medical Center Poway Medical Staff Bylaws and Policies.
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	TERM	05/01/2023-12/31/2025
	RENEWAL	None
	TERMINATION	As described under Section 5 of the contract.
	FAIR MARKET VALUATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – DATE COMPLETED: 01/19/22
	COMPENSATION METHODOLOGY	Monthly
	BUDGETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	EXCLUSIVITY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	JUSTIFICATION	Department Chair position elected by the Medical Staff in accordance with the Medical Staff Bylaws.
	AGREEMENT NOTICED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Methodology & Response: Elected by the Palomar Medical Center Poway Medical Staff.
	ALTERNATIVES/IMPACT	n/a
	Duties	<input type="checkbox"/> Provision for Staff Education <input type="checkbox"/> Provision for Medical Staff Education <input type="checkbox"/> Provision for participation in Quality Improvement <input type="checkbox"/> Provision for participation in budget process development <input checked="" type="checkbox"/> Defined in the Palomar Medical Center Poway Medical Staff Bylaws
	COMMENTS	
	APPROVALS REQUIRED	<input type="checkbox"/> VP <input type="checkbox"/> CFO <input type="checkbox"/> CEO <input type="checkbox"/> BOD Committee _____ <input type="checkbox"/> BOD

**Medical Director Agreement
Respiratory/Pulmonary Services
Frank Bender, M.D. (Amend 3)**

TO: Board Finance Committee

MEETING DATE: Wednesday, August 23, 2023

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

Background: The Medical Director shall continue to deliver high quality services to eligible patient participants of the outpatient pulmonary rehab program along with other medical administrative responsibilities as outlined in this agreement to the reasonable satisfaction of the Hospital to include but not limited to clinical expertise and oversight to multidisciplinary pulmonary rehab staff as required, assist with program development, communicate with Palomar Health referring physicians regarding pulmonary rehab benefits for patients, provide oversight of the ITP process to ensure regulatory compliance, assist with department education of staff and patients, provide recommendations for department policies/procedures, and monitor outcomes of key program metrics.

Budget Impact: Budgeted

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:

PALOMAR HEALTH – AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	<ol style="list-style-type: none"> 1. Escondido Pulmonary & Sleep Specialists, Inc. (EPSS) Bender, Frank M.D. - Respiratory & Pulmonary Services - Medical Director Agrmt - 9.1.2020 2. Escondido Pulmonary & Sleep Specialists, Inc. (EPSS) Bender, Frank M.D. - Respiratory & Pulmonary Services - Amendment 1 to Medical Director Agrmt 9.1.2020 - 4.22.2022 3. Escondido Pulmonary & Sleep Specialists, Inc. (EPSS) Bender, Frank M.D. - Respiratory & Pulmonary Services - Amendment 2 to Medical Director Agrmt 9.1.2020 - 9.1.2022 4. Escondido Pulmonary & Sleep Specialists, Inc. (EPSS) Bender, Frank M.D. - Respiratory & Pulmonary Services - Amendment 3 to Medical Director Agrmt 9.1.2020 - 6.1.2023
	AGREEMENT DATE	<ol style="list-style-type: none"> 1. September 1, 2020 2. May 4, 2022 3. September 1, 2022 4. June 1, 2023
	PARTIES	Palomar Health and Escondido Pulmonary and Sleep Specialists, Inc. (EPSS) with respect to Frank Bender, M.D.
	PURPOSE	Physician leadership and support of the Respiratory/Pulmonary Program which includes the Outpatient Pulmonary Rehab medical directorship.
	SCOPE OF SERVICES	Physician shall serve as Medical Director of Program and be responsible for the medical direction of Program and performance of all other medical administrative services set forth in this Agreement.
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	TERM	<ol style="list-style-type: none"> 1. September 1, 2020 – August 31, 2022 2. May 4, 2022 – May 31, 2023 3. September 1, 2022 – August 31, 2024 4. June 1, 2023 – May 31, 2025
	RENEWAL	None
	TERMINATION	Either party may terminate this Agreement without cause upon thirty (30) days' prior written notice.
	FAIR MARKET VALUATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – DATE COMPLETED: 09-06-2022
	COMPENSATION METHODOLOGY	Physician prepares and submits complete and accurate time logs, documenting separately all time spent providing Medical Director services for the Program.
	BUDGETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	EXCLUSIVITY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	JUSTIFICATION	Hospital owns and operates several acute hospitals and other facilities which require physician leadership and support of the Respiratory/Pulmonary Services ("Program").
	AGREEMENT NOTICED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
	Duties	<ul style="list-style-type: none"> <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
	COMMENTS	None.
	APPROVALS REQUIRED	<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

PROFESSIONAL SERVICES AGREEMENT
Rady Children's Hospital, San Diego

TO: Board Finance Committee

MEETING DATE: Wednesday, August 23, 2023

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

Background: Palomar Health (PH) desires to secure, and Rady Children’s Specialists of San Diego (RCSSD) desires to provide, the non-exclusive services of Physicians to render ophthalmology services at Palomar Medical Center Escondido and Palomar Medical Center Poway, as set forth in this agreement. RCSSD Physicians will provide retinopathy of prematurity screening services for PH patients on request based on the Parties agreed upon schedule.

Budget Impact: Budgeted.

Staff Recommendation:

Committee Questions:

<p>COMMITTEE RECOMMENDATION:</p> <p>Motion:</p> <p>Individual Action:</p> <p>Information:</p> <p>Required Time:</p>
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PALOMAR HEALTH – AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	Rady Children's Hospital, San Diego - Ophthalmology Services
	AGREEMENT DATE	June 1, 2023
	PARTIES	Palomar Health, a California healthcare district ("PH"), and Rady Children's Hospital – San Diego, a California nonprofit public benefit corporation ("RCHSD") d/b/a Rady Children's Specialists of San Diego, a Medical Foundation ("RCSSD").
	PURPOSE	PH desires to ensure that physicians practicing in the specialty of ophthalmology are available to provide needed medical services at Palomar Medical Center Escondido and Palomar Medical Center Poway by contracting with RCSSD to provide such services per the terms of this Agreement.
	SCOPE OF SERVICES	RCSSD Physicians will provide retinopathy of prematurity screening services for PH patients on request based on the Parties agreed upon schedule.
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	TERM	June 1, 2023 – May 31, 2025
	RENEWAL	None.
	TERMINATION	Either party may terminate this agreement without cause upon thirty (30) days' prior written notice.
	FAIR MARKET VALUATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – DATE COMPLETED: 5/23/2023
	COMPENSATION METHODOLOGY	Fair Market Value.
	BUDGETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	EXCLUSIVITY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	JUSTIFICATION	Desires to secure, and RCSSD desires to provide, the non-exclusive services of the Physicians to render ophthalmology services
	AGREEMENT NOTICED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
	Duties	<input type="checkbox"/> Provision for Staff Education <input type="checkbox"/> Provision for Medical Staff Education <input type="checkbox"/> Provision for participation in Quality Improvement <input type="checkbox"/> Provision for participation in budget process development
	COMMENTS	None.
	APPROVALS REQUIRED	<input checked="" type="checkbox"/> VP <input checked="" type="checkbox"/> X-CFO <input type="checkbox"/> CEO <input checked="" type="checkbox"/> X-BOD-Committee – <input checked="" type="checkbox"/> X-Finance ; <input checked="" type="checkbox"/> X-BOD

RADIOLOGY SERVICES AGREEMENT
STAT RADIOLOGY Medical Corporation

TO: Board Finance Committee

MEETING DATE: Wednesday, August 23, 2023

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

Background: Palomar Health desires to engage STAT RADIOLOGY to provide certain radiology services in accordance with the terms and conditions of this Agreement. Group shall provide diagnostic reading of CTs, MRIs, ultrasounds, nuclear medicine studies, and X-rays services to hospitals, and provide written reports for each reading; along with other requirements as set forth in this Agreement.

Budget Impact: Budgeted.

Staff Recommendation:

Committee Questions:

<p>COMMITTEE RECOMMENDATION:</p> <p>Motion:</p> <p>Individual Action:</p> <p>Information:</p> <p>Required Time:</p>
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PALOMAR HEALTH – AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	STAT RADIOLOGY Medical Corporation - Radiology & Teleradiology Services Agreement - 6.1.2023
	AGREEMENT DATE	June 1, 2023
	PARTIES	Palomar Health, a California healthcare district, and STAT RADIOLOGY Medical Corporation, a California professional corporation.
	PURPOSE	Palomar Health desires to engage STAT RADIOLOGY to provide certain radiology services in accordance with the terms and conditions of this Agreement.
	SCOPE OF SERVICES	Group to provide diagnostic reading of CTs, MRIs, ultrasounds, nuclear medicine studies, and X-rays services to hospitals, and provide written reports for each reading; along with other requirements as set forth in this Agreement.
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	TERM	June 1, 2023 – March 1, 2025
	RENEWAL	None
	TERMINATION	Either Party may terminate this Agreement by providing advance written notice to the other party no less than ninety (90) days prior to any renewal date.
	FAIR MARKET VALUATION	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – DATE COMPLETED: 05/25/2023
	COMPENSATION METHODOLOGY	Fair Market Value
	BUDGETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	EXCLUSIVITY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	JUSTIFICATION	Hospital requires teleradiology services to be provided at Palomar Medical Center Escondido and Palomar Medical Center Poway.
	AGREEMENT NOTICED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
	Duties	<input type="checkbox"/> Provision for Staff Education <input type="checkbox"/> Provision for Medical Staff Education <input type="checkbox"/> Provision for participation in Quality Improvement <input type="checkbox"/> Provision for participation in budget process development
	COMMENTS	None.
	APPROVALS REQUIRED	<input checked="" type="checkbox"/> -VP <input checked="" type="checkbox"/> -CFO <input type="checkbox"/> CEO <input checked="" type="checkbox"/> -BOD-Committee – Finance; <input checked="" type="checkbox"/> -BOD

Fiscal Year 2023 Financial Performance Unaudited

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

June 2023

Management Discussion and Analysis June 2023 & YTD FY2023 Pre-Audit	3
Executive Month-to-Date Financial Performance	8
Executive Quarter-to-Date Financial Performance	10
Income Statements	
Current Month	12
Fourth Quarter.....	13
Year-to-Date	14
Current Month vs. Prior Year Month	15
Current Year vs. Prior Year	16
Monthly Trend	17
13-Month Trend	18
Budget Comparison Statistical Indicators	
ER Payor Mix	19
Gross Revenue Payor Mix	20
Statement of Net Position	
Excludes G.O. Bonds	21
Includes G.O. Bonds	22
Cash Flow Statement	23
Condensed Combining Statement of Revenue, Expenses & Changes in Net Position	24
Condensed Combining Statement of Net Position	25
Investment Fund - Quarter Ended June 30, 2023, Yield Analysis	26

Net loss from operations for the month was \$5.3 million, unfavorable to budget by \$9.5 million. The year-to-date income from operations was \$3.1 million with a \$51.9 million unfavorable variance. Net loss for the month was \$535 thousand, unfavorable to budget by \$3.4 million. Net loss year-to-date was \$2.3 million and unfavorable variance of \$51.0 million.

EBIDA margin for the month of June was unfavorable to budget by 9.9% and year-to-date EBIDA margin was unfavorable to budget by 1.7%. Additional comments and further analyses are presented in the following sections.

Patient Utilization

Inpatient (IP) Services

For the month of June, Acute Discharges for the District were (9.1%) unfavorable to budget. Average Daily Census was (8.3%) unfavorable to budget. Adjusted Discharges were 3,396, which was 157 (4.4%) unfavorable to budget. Adjusted Patient Days were 18,618, which was 593 (3.1%) unfavorable to budget.

IP surgeries for PMC Escondido and PMC Poway for the month were 496 cases (includes CVS), which were 66 cases (11.7%) unfavorable to budget.

Deliveries for PMC Escondido and PMC Poway for the month were 348, which were 105 deliveries (23.1%) unfavorable to budget. For the month, Trauma admissions were 114, which was 0.9% favorable to budget.

Outpatient (OP) and Ancillary Services

OP surgeries for PMC Escondido and PMC Poway for the month were 579 cases, which were 78 cases 15.5% favorable to budget. Outpatient ER visits for the month were 9,632 visits (includes trauma), which were 1,723 visits (15.2%) unfavorable to budget. OP registrations for the month were 10,407, which were (4.6%) favorable to budget. ER admissions for the month were 1,424, which were (24.3%) unfavorable to budget.

Financial Performance

Operating Revenue

Net Patient Revenue for the month was \$65.7 million, which was \$8.4 million (11.3%) unfavorable to budget.

Other Operating Revenue

Other Operating Revenue for the month was \$1.7 million, which was \$892 thousand (109.7%) favorable to budget.

Operating Expenses

Total Operating Expenses for the month were \$72.7 million, which was \$2.0 million (2.9%) unfavorable to budget.

Salaries, Wages & Contract Labor for the month were \$33.6 million, which was \$1.6 million (5.1%) unfavorable to budget.

Benefits for the month were \$7.3 million, which was \$1.9 million (20.1%) favorable to budget.

Supplies for the month were \$10.2 million, which was \$168 thousand (1.7%) unfavorable to budget.

Professional Fees and Purchased Services for the month were \$14.9 million, which was \$2.7 million (22.2%) unfavorable to budget.

Depreciation & Amortization for the month was \$10.3 million, which was \$6.5 million (170.9%) unfavorable to budget.

Other Direct Expenses for the month were -\$3.7 million, which was \$7.1 million (209.8%) favorable to budget.

Net Non-Operating Income/Expense

Net Non-Operating Income for the month was \$4.8 million, which was \$6.2 million favorable to budget due to year-end investments, county redevelopment distribution and lease agreements.

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

The percentages of Gross Patient Service Revenue from the Medicare, Managed Care Medicare, Managed Care, Medi-Cal and Managed Care Medi-Cal financial classes for the month were consistent with budget. Cash postings were \$63.1 million. Days in Net A/R are 82.4, a decrease of .1 days from May.

Revenue Cycle - Key Performance Indicators (KPIs)

Key Performance Indicators (KPI)	January 2021	April 2023	May 2023	June 2023	Target
Total Net A/R (\$) ¹	\$137,851,805	\$191,983,894	\$190,120,452	\$185,075,148	
Net Days in A/R (Days) (3-months)	64.6	80.6	82.5	82.4	61.0-63.0
DNFB (Days)	2.0	1.8	1.7	1.7	3.0
Urgent Insurance Verification (DDC) (%)	98.9%	n/a	n/a	n/a	98.0%
Elective IP Insurance Verification (Average Secure) (%)	93.8%	n/a	n/a	n/a	98.0%
Elective OP Insurance Verification (Average Secure) (%)	97.9%	n/a	n/a	n/a	98.0%
True Cash Denial (%)	5.2%	6.6%	5.4%	6.1%	6.0%

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

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

Balance Sheet

Cash, Cash Equivalents and Investments increased in June by \$63.5 million due to the receipt of real estate transactions, state supplemental program payments and revenue cycle improvements.

The **Days Cash On Hand ratio** increased by 29.6 days from the prior month to 61.9 days.

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

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

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

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

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

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

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

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

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

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

	Month to Date				Year to Date			
	Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
	Jun-23	Jun-23		Jun-22	Jun-23	Jun-23		Jun-22
Key Volumes								
Discharges - Total	2,017	2,235	(9.8%)	2,270	25,079	28,375	(11.6%)	24,473
Acute - General	1,926	2,097	(8.2%)	2,157	23,889	26,700	(10.5%)	22,983
Acute Behavioral Health	41	67	(38.8%)	63	564	843	(33.1%)	801
Total Acute Discharges	1,967	2,164	(9.1%)	2,220	24,453	27,543	(11.2%)	23,784
The Villas at Poway	50	70	(29.0%)	50	626	832	(24.8%)	689
Patient Days - Total	12,194	13,301	(8.3%)	11,130	146,639	165,672	(11.5%)	146,650
Acute - General	8,861	8,886	(0.3%)	7,592	104,551	113,561	(7.9%)	100,402
Acute Behavioral Health	333	815	(59.2%)	651	4,496	9,411	(52.2%)	9,170
Total Acute Patient Days	9,194	9,701	(5.2%)	8,243	109,047	122,972	(11.3%)	109,572
The Villas at Poway	3,000	3,600	(16.7%)	2,887	37,592	42,700	(12.0%)	37,078
Acute Adjusted Discharges	3,341	3,483	(4.1%)	3,839	41,282	44,321	(6.9%)	34,870
Total Adjusted Discharges*	3,396	3,553	(4.4%)	3,900	42,057	45,154	(6.9%)	39,596
Acute Adjusted Patient Days	15,618	15,611	0.0%	14,621	183,994	197,874	(7.0%)	163,567
Total Adjusted Patient Days*	18,618	19,211	(3.1%)	17,471	221,586	240,574	(7.9%)	197,758
Acute Average Daily Census	306	323	(5.2%)	275	299	337	(11.3%)	300
Total Average Daily Census*	406	443	(8.3%)	371	402	454	(11.5%)	402
Surgeries - Total	1,075	1,063	1.1%	950	12,142	11,931	1.8%	11,506
Inpatient	496	562	(11.7%)	449	5,920	6,581	(10.1%)	5,584
Outpatient	579	501	15.5%	501	6,222	5,349	16.3%	5,934
Deliveries	348	453	(23.1%)	329	4,567	5,243	(12.9%)	4,012
ER Visits (Includes Trauma) - Total	11,056	13,237	(16.5%)	11,465	134,449	132,103	1.8%	120,043
Inpatient	1,424	1,882	(24.3%)	1,482	17,328	20,572	(15.8%)	16,998
Outpatient	9,632	11,355	(15.2%)	9,983	117,121	111,531	5.0%	103,045

* Includes The Villas at Poway

	Month to Date				Year to Date			
	Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
	Jun-23	Jun-23		Jun-22	Jun-23	Jun-23		Jun-22
Key Statistics								
Acute Average LOS - Days	4.67	4.46	(4.8%)	3.71	4.46	4.45	(0.2%)	4.61
Acute - General	4.60	4.24	(8.6%)	3.52	4.38	4.25	(2.9%)	4.37
Acute Behavioral Health	8.12	12.17	33.3%	10.33	7.97	11.16	28.6%	11.45
Average Observation Hours	31	31	0.0%	31	32	29	(10.3%)	29
Acute Case Mix-Excludes Deliveries	1.63	1.63	0.00	1.63	1.62	1.62	(0.1%)	1.62
Acute Case Mix-Medicare Only	1.92	1.86	3.0%	1.86	1.85	1.83	1.2%	1.83
Labor Productivity by Hrs					102.7%	100.0%	2.7%	122.9%
Days Cash on Hand					91.5			122.9
Financial Performance								
Operating Income	(5,295,697)	4,244,816	(9,540,513)	4,101,839	3,080,403	54,999,998	(51,919,595)	42,070,594
Net Income	(535,355)	2,837,080	(3,372,435)	11,412,174	(2,381,495)	48,598,446	(50,979,941)	42,792,231
Oper. Expenses/Adj. Patient Days	3,351	3,479	3.7%	2,813	3,563	3,339	(6.7%)	3,579
EBIDA Margin-Excludes PHMG	22.3%	12.0%	10.3%	33.7%	12.0%	13.6%	(1.6%)	16.5%
EBIDA-Excludes PHMG	15,036,291	9,009,854	6,026,437	21,200,068	94,696,402	122,835,935	(28,139,533)	118,520,774

Note: Financial Performance excludes GO Bonds

	Quarter to Date				Year to Date			
	Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
	Jun-23	Jun-23		Jun-22	Jun-23	Jun-23		Jun-22
Key Volumes								
Discharges - Total	6,094	6,820	(10.6%)	6,178	25,079	28,375	(11.6%)	24,473
Acute - General	5,794	6,398	(9.4%)	5,820	23,889	26,700	(10.5%)	22,983
Acute Behavioral Health	139	208	(33.2%)	191	564	843	(33.1%)	801
Total Acute Discharges	5,933	6,606	(10.2%)	6,011	24,453	27,543	(11.2%)	23,784
The Villas at Poway	161	213	(24.5%)	167	626	832	(24.8%)	689
Patient Days - Total	36,631	40,596	(9.8%)	33,755	146,639	165,672	(11.5%)	146,650
Acute - General	26,281	27,248	(3.6%)	22,343	104,551	113,561	(7.9%)	100,402
Acute Behavioral Health	975	2,429	(59.9%)	2,217	4,496	9,411	(52.2%)	9,170
Total Acute Patient Days	27,256	29,676	(8.2%)	24,560	109,047	122,972	(11.3%)	109,572
The Villas at Poway	9,375	10,920	(14.2%)	9,195	37,592	42,700	(12.0%)	37,078
Acute Adjusted Discharges	10,109	10,631	(4.9%)	10,287	41,282	44,321	(6.9%)	38,709
Total Adjusted Discharges*	10,306	10,844	(5.0%)	10,500	42,057	45,154	(6.9%)	39,596
Acute Adjusted Patient Days	46,428	47,753	(2.8%)	42,377	183,994	197,874	(7.0%)	178,188
Total Adjusted Patient Days*	55,803	58,673	(4.9%)	51,535	221,586	240,574	(7.9%)	215,229
Acute Average Daily Census	510	525	(2.8%)	466	299	337	(11.3%)	300
Total Average Daily Census*	403	446	(9.8%)	371	402	454	(11.5%)	402
Surgeries - Total	3,117	3,119	(0.1%)	2,868	12,142	11,931	1.8%	11,518
Inpatient	1,483	1,760	(15.7%)	1,340	5,920	6,581	(10.1%)	5,584
Outpatient	1,634	1,360	20.2%	1,528	6,222	5,349	16.3%	5,934
Deliveries	1,079	1,361	(20.7%)	957	4,567	5,243	(12.9%)	4,012
ER Visits (Includes Trauma) - Total	32,745	28,635	14.4%	28,243	134,449	132,103	1.8%	88,202
Inpatient	4,166	5,312	(21.6%)	4,114	17,328	20,572	(15.8%)	16,998
Outpatient	28,906	30,073	(3.9%)	27,727	117,121	111,531	5.0%	103,045

* Includes The Villas at Poway

	Quarter to Date				Year to Date			
	Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
	Jun-23	Jun-23		Jun-22	Jun-23	Jun-23		Jun-22
Key Statistics								
Acute Average LOS - Days	4.59	4.49	(2.3%)	4.09	4.46	(0.01)	(0.2%)	4.61
Acute - General	4.54	4.26	(6.5%)	3.84	4.38	4.25	(2.9%)	4.37
Acute Behavioral Health	7.01	11.68	39.9%	11.61	7.97	11.16	28.6%	11.45
Average Observation Hours	35	31	(14.2%)	31	32	29	(10.3%)	29
Acute Case Mix-Excludes Deliveries	1.67	1.60	4.2%	1.69	1.62	1.62	(0.1%)	1.62
Acute Case Mix-Medicare Only	1.90	1.81	5.2%	1.89	1.85	1.83	1.2%	1.83
Labor Productivity by Hrs					102.7%	100.0%	2.7%	107.0%
Days Cash on Hand					91.5			122.9
Financial Performance								
Operating Income	(3,792,682)	13,095,410	(16,888,092)	5,872,763	3,080,403	54,999,998	(51,919,595)	42,070,594
Net Income	(1,349,642)	11,833,539	(13,183,181)	2,704,781	(2,381,495)	48,598,446	(50,979,941)	42,792,231
Oper. Expenses/Adj. Patient Days	3,471	3,401	(2.1%)	3,543	3,563	3,339	(6.7%)	3,288
EBIDA Margin-Excludes PHMG	15.2%	13.6%	1.7%	10.4%	12.0%	13.6%	(1.6%)	16.5%
EBIDA-Excludes PHMG	31,735,013	30,432,589	1,302,424	20,838,256	94,696,402	122,835,935	(28,139,533)	118,520,774

Note: Financial Performance excludes GO Bonds

Income Statement: Current Month

Excludes PHMG

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Jun-23	Jun-23	Jun-23	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	18,618	19,211	(593)					
Adjusted Discharges	3,396	3,553	(157)					
Operating Revenue								
Gross revenue	418,042,260	438,205,953	(20,163,693)	(13,526,424)	(6,637,269.16)	22,453.66	22,810.16	(356)
Deductions from revenue	(352,377,727)	(364,139,233)	11,761,506	11,240,152	521,354	(18,926.72)	(18,954.73)	28
Net patient revenue	65,664,533	74,066,720	(8,402,187)	(2,286,272)	(6,115,915)	3,527	3,855	(328)
Other operating revenue	1,706,452	813,734	892,718	(25,118.12)	917,835.87	91.66	42.36	49
Total net revenue	67,370,985	74,880,454	(7,509,469)	(2,311,390)	(5,198,079)	3,619	3,898	(279)
Operating Expenses								
Salaries, wages & contract labor	33,649,709	32,012,778	(1,636,931)	988,162	(2,625,093)	1,807	1,666	(141)
Benefits	7,348,485	9,201,501	1,853,016	284,029	1,568,987	395	479	84
Supplies	10,259,179	10,091,655	(167,524)	311,507	(479,031)	551	525	(26)
Prof fees & purch svcs	14,850,803	12,157,603	(2,693,200)	375,278	(3,068,477)	798	633	(165)
Depreciation	10,269,902	3,790,467	(6,479,435)	117,003	(6,596,438)	552	197	(354)
Other	(3,711,396)	3,381,634	7,093,030	104,383	6,988,647	(199)	176	375
Total expenses	72,666,682	70,635,638	(2,031,044)	2,180,362	(4,211,406)	3,903	3,677	(226)
Income from operations	(5,295,697)	4,244,816	(9,540,513)	(131,028)	(9,409,485)	(284)	221	(505)
Non-operating revenue(expense)								
Property tax revenues ¹	99,190	1,675,000	(1,575,810)					
Interest rate swap	-	-	-					
Investment income	4,579,488	(944,628)	5,524,116					
Revenue bond interest expense	(4,445,867)	(2,382,307)	(2,063,560)					
Other non-operating revenue(expense)	4,527,531	244,199	4,283,332					
Net Income ²	(535,355)	2,837,080	(3,372,435)					
EBIDA Margin	22.3%	12.0%	10.3%					

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

2= Excludes G.O. Bonds income / expense

Income Statement: 4th Quarter

Excludes PHMG

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Jun-23	Jun-23	Jun-23	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	55,803	58,673	(2,870)					
Adjusted Discharges	10,306	10,844	(538)					
Operating Revenue								
Gross revenue	1,243,231,971	1,308,076,784	(64,844,813)	(63,984,803)	(860,010)	22,279	22,294	(15)
Deductions from revenue	(1,038,952,404)	(1,084,865,218)	45,912,814	53,066,371	(7,153,557)	(18,618)	(18,490)	(128)
Net patient revenue	204,279,567	223,211,566	(18,931,999)	(10,918,433)	(8,013,566)	3,661	3,804	(144)
Other operating revenue	4,130,490	2,381,202	1,749,288	(116,477)	1,865,765	74	41	33
Total net revenue	208,410,057	225,592,768	(17,182,711)	(11,034,909)	(6,147,802)	3,735	3,845	(110)
Operating Expenses								
Salaries, wages & contract labor	101,201,966	95,998,636	(5,203,330)	4,695,790	(9,899,120)	1,814	1,636	(177)
Benefits	20,643,531	27,801,488	7,157,957	1,359,915	5,798,042	370	474	104
Supplies	29,099,964	30,525,068	1,425,104	1,493,139	(68,035)	521	520	(1)
Prof fees & purch svcs	40,021,007	36,597,757	(3,423,250)	1,790,186	(5,213,436)	717	624	(93)
Depreciation	18,494,649	11,401,645	(7,093,004)	557,713	(7,650,717)	331	194	(137)
Other	2,741,622	10,144,918	7,403,296	496,240	6,907,056	49	173	124
Total expenses	212,202,739	212,469,512	266,773	10,392,983	(10,126,210)	3,803	3,621	(181)
Income from operations	(3,792,682)	13,123,256	(16,915,938)	(641,926)	(16,274,012)	(68)	224	(292)
Non-operating revenue(expense)								
Property tax revenues ¹	6,907,534	5,025,000	1,882,534					
Interest Rate Swap	-	-	-					
Investment income	6,898,241	(777,884)	7,676,125					
Revenue bond interest expense	(12,569,919)	(7,146,909)	(5,423,010)					
Other non-operating revenue(expense)	1,207,184	672,613	534,571					
Net Income ²	(1,349,642)	10,896,076	(12,245,718)					
EBIDA Margin	15.2%	13.1%	2.2%					

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

2= Excludes G.O. Bonds income / expense

Income Statement: Year-to-Date

Excludes PHMG

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Jun-23	Jun-23	Jun-23	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	221,586	240,576	(18,990)					
Adjusted Discharges	42,057	45,154	(3,097)					
Operating Revenue								
Gross revenue	4,964,132,348	5,232,672,386	(268,540,038)	(413,043,897)	144,503,859	22,403	21,751	652
Deductions from revenue	(4,129,663,654)	(4,338,252,097)	208,588,443	342,442,336	(133,853,893)	(18,637)	(18,033)	(604)
Net patient revenue	834,468,694	894,420,289	(59,951,595)	(70,601,562)	10,649,966	3,766	3,718	48
Other operating revenue	12,229,805	9,524,811	2,704,994	(751,846)	3,456,840	55	40	16
Total net revenue	846,698,499	903,945,100	(57,246,601)	(71,353,408)	14,106,807	3,821	3,757	64
Operating Expenses								
Salaries, wages & contract labor	403,706,616	385,591,162	(18,115,454)	30,436,852	(48,552,307)	1,822	1,603	(219)
Benefits	90,366,928	109,228,028	18,861,100	8,621,975	10,239,125	408	454	46
Supplies	119,389,719	120,324,036	934,317	9,497,845	(8,563,527)	539	500	(39)
Prof fees & purch svcs	144,709,607	147,940,445	3,230,838	11,677,761	(8,446,923)	653	615	(38)
Depreciation	54,028,594	45,649,849	(8,378,745)	3,603,396	(11,982,142)	244	190	(54)
Other	31,416,632	40,211,582	8,794,950	3,174,124	5,620,826	142	167	25
Total expenses	843,618,096	848,945,102	5,327,006	67,011,953	(61,684,947)	3,807	3,529	(278)
Income from operations	3,080,403	54,999,998	(51,919,596)	(4,341,455)	(47,578,140)	14	229	(215)
Non-operating revenue(expense)								
Property tax revenues ¹	21,982,534	20,100,000	1,882,534					
Interest Rate Swap	5,324,960	-	5,324,960					
Investment income	11,576,052	(27,542)	11,603,594					
Revenue bond interest expense	(48,374,263)	(28,587,640)	(19,786,623)					
Other non-operating revenue(expense)	4,028,819	2,113,630	1,915,189					
Net Income ²	(2,381,495)	48,598,446	(50,979,942)					
EBIDA Margin	12.0%	13.6%	(1.6%)					

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

2= Excludes G.O. Bonds income / expense

Income Statement: Current Month vs. Prior Year Month

Excludes PHMG

	Current Month	Prior Year Month	Change	Variance		Dollars/Adjusted Patient Day		
	Jun-23	Jun-22		Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	18,618	17,471	1,147					
Adjusted Discharges	3,396	3,900	(504)					
Operating Revenue								
Gross revenue	418,042,260	375,821,247	42,221,013	24,673,285	17,547,728	22,454	21,511	943
Deductions from revenue	(352,377,727)	(314,241,456)	(38,136,271)	(20,630,470)	(17,505,801)	(18,927)	(17,986)	(940)
Net patient revenue	65,664,533	61,579,791	4,084,742	4,042,815	41,927	3,527	3,525	2
Other operating revenue	1,706,452	1,310,521	395,931	86,038	309,893	92	75	17
Total net revenue	67,370,985	62,890,312	4,480,673	4,128,853	351,820	3,619	3,600	19
Operating Expenses								
Salaries, wages & contract labor	33,649,709	24,928,515	(8,721,194)	(1,636,598)	(7,084,596)	1,807	1,427	(381)
Benefits	7,348,485	8,232,869	884,384	(540,501)	1,424,885	395	471	77
Supplies	10,259,179	9,987,179	(272,000)	(655,675)	383,675	551	572	21
Prof fees & purch svcs	14,850,803	12,623,669	(2,227,134)	(828,765)	(1,398,369)	798	723	(75)
Depreciation	10,269,902	9,639,591	(630,311)	(632,855)	2,544	552	552	0
Other	(3,711,396)	(6,623,350)	(2,911,954)	434,834	(3,346,788)	(199)	(379)	(180)
Total expenses	72,666,682	58,788,473	(13,878,209)	(3,859,560)	(10,018,649)	3,903	3,365	(538)
Income from operations	(5,295,697)	4,101,839	(9,397,536)	269,293	(9,666,829)	(284)	235	(519)
Non-operating revenue(expense)								
Property tax revenues ¹	99,190	2,767,623	(2,668,433)					
Interest rate swap	-	-	-					
Investment income	4,579,488	(173,507)	4,752,995					
Revenue bond interest expense	(4,445,867)	(13,300,418)	8,854,551					
Other non-operating revenue(expense)	4,527,531	4,864,522	(336,991)					
Net Income²	(535,355)	(1,739,941)	1,204,586					
EBIDA Margin	22.3%	33.7%	(11.4%)					

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

2= Excludes G.O. Bonds income / expense

Income Statement: Current Year vs. Prior Year

Excludes PHMG

	Current Year		Prior Year	Variance		Dollars/Adjusted Patient Day		
	Jun-23	Jun-22	Change	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	221,586	215,229	6,357					
Adjusted Discharges	42,057	39,596	2,461					
Operating Revenue								
Gross revenue	4,964,132,348	4,555,802,340	408,330,008	134,560,099	273,769,909	22,403	21,167	1,236
Deductions from revenue	(4,129,663,654)	(3,764,923,097)	(364,740,557)	(111,200,703)	(253,539,854)	(18,637)	(17,493)	(1,144)
Net patient revenue	834,468,694	790,879,243	43,589,451	23,359,396	20,230,055	3,766	3,675	91
Other operating revenue	12,229,805	9,232,228	2,997,577	272,683	2,724,894	55	43	12
Total net revenue	846,698,499	800,111,471	46,587,028	23,632,078	22,954,949	3,821	3,717	104
Operating Expenses								
Salaries, wages & contract labor	403,706,616	345,319,216	(58,387,400)	(10,199,342)	(48,188,058)	1,822	1,604	(217)
Benefits	90,366,928	93,848,156	3,481,228	(2,771,898)	6,253,126	408	436	28
Supplies	119,389,719	110,289,837	(9,099,882)	(3,257,519)	(5,842,363)	539	512	(26)
Prof fees & purch svcs	144,709,607	130,550,997	(14,158,610)	(3,855,952)	(10,302,658)	653	607	(46)
Depreciation	54,028,594	50,267,077	(3,761,517)	(1,484,688)	(2,276,830)	244	234	(10)
Other	31,416,632	27,765,594	(3,651,038)	(820,084)	(2,830,954)	142	129	(13)
Total expenses	843,618,096	758,040,877	(85,577,219)	(22,389,482)	(63,187,737)	3,807	3,522	(285)
Income from operations	3,080,403	42,070,594	(38,990,192)	1,242,596	(40,232,788)	14	195	(182)
Non-operating revenue(expense)								
Property tax revenues ¹	21,982,534	20,184,290	1,798,244					
Interest Rate Swap	5,324,960	13,152,115	(7,827,155)					
Investment income	11,576,052	(5,508,550)	17,084,602					
Revenue bond interest expense	(48,374,263)	(38,613,581)	(9,760,682)					
Other non-operating revenue(expense)	4,028,819	11,507,363	(7,478,544)					
Net Income ²	(2,381,495)	42,792,231	(45,173,727)					
EBIDA Margin	12.0%	14.8%	(2.8%)					

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

2= Excludes G.O. Bonds income / expense

Income Statement: Current Fiscal Year Monthly Trend

Excludes PHMG

Fiscal Year

2023

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Fiscal Year 2023
Adjusted Discharges	3,428	3,548	3,514	3,664	3,578	3,645	3,554	3,243	3,577	3,349	3,561	3,396	42,057
Operating Revenue													
Gross revenue	386,861,833	414,593,123	400,045,463	398,360,268	410,607,111	431,599,958	432,150,986	403,081,594	443,600,042	399,948,109	425,241,602	418,042,260	4,964,132,348
Deductions from revenue	(319,503,944)	(347,149,344)	(333,966,875)	(324,930,831)	(340,408,016)	(361,166,691)	(358,776,424)	(334,505,916)	(370,303,205)	(329,956,915)	(356,617,762)	(352,377,727)	(4,129,663,654)
Net patient revenue	67,357,889	67,443,779	66,078,588	73,429,437	70,199,095	70,433,267	73,374,562	68,575,678	73,296,837	69,991,194	68,623,840	65,664,533	834,468,694
Other operating revenue	652,405	777,663	861,211	724,955	847,263	1,093,524	1,101,428	1,110,469	930,396	919,288	1,504,750	1,706,452	12,229,805
Total net revenue	68,010,294	68,221,442	66,939,799	74,154,392	71,046,358	71,526,791	74,475,990	69,686,147	74,227,233	70,910,482	70,128,590	67,370,985	846,698,499
Operating Expenses													
Salaries, wages & contract labor	32,764,595	32,513,284	32,924,893	33,775,849	34,989,349	33,013,527	35,061,254	31,394,286	36,067,614	34,108,438	33,443,819	33,649,709	403,706,616
Benefits	8,157,659	5,548,530	7,714,185	7,659,670	7,740,593	9,725,899	7,884,855	8,438,285	6,853,720	7,737,750	5,557,296	7,348,485	90,366,928
Supplies	8,187,227	9,771,666	9,540,971	10,911,278	9,664,535	10,502,911	10,644,566	9,956,573	11,110,027	9,181,613	9,659,172	10,259,179	119,389,719
Prof fees & purch svcs	10,021,634	11,295,327	10,136,394	12,681,563	11,523,340	11,459,778	13,010,935	12,541,818	12,017,813	12,609,433	12,560,771	14,850,803	144,709,607
Depreciation	3,466,586	4,918,874	4,081,665	3,872,660	3,871,656	3,791,637	3,823,741	3,835,247	3,871,878	3,841,392	4,383,355	10,269,902	54,028,594
Other	3,618,338	3,442,044	1,603,481	4,226,752	3,156,513	2,588,646	3,032,621	3,400,553	3,606,062	3,309,404	3,143,614	(3,711,396)	31,416,632
Total expenses	66,216,039	67,489,725	66,001,589	73,127,772	70,945,985	71,082,398	73,457,972	69,566,762	73,527,114	70,788,030	68,748,027	72,666,682	843,618,096
Income from operations	1,794,255	731,717	938,210	1,026,619	100,372	444,393	1,018,018	119,385	700,119	122,452	1,380,563	(5,295,697)	3,080,403
Non-operating revenue (expense)													
Property tax revenues ¹	1,583,333	1,583,333	1,583,333	1,583,332	2,041,668	1,675,000	1,675,000	1,675,000	1,675,000	1,675,000	5,133,344	99,190	21,982,534
Investment Income	1,022,171	(732,362)	(906,583)	292,790	722,703	1,282,479	1,152,256	645,695	1,198,662	1,474,276	844,477	4,579,488	11,576,052
Interest Expense	1,914,301	4,562,164	3,214,888	3,075,712	6,786,342	4,059,607	4,038,845	4,033,112	4,119,374	4,010,334	4,113,718	4,445,867	48,374,263
Interest Rate Swap	-	-	-	-	5,324,960	-	-	-	(0)	-	-	-	5,324,960
Other	108,213	346,688	562,613	193,452	236,239	64,895	1,524,892	9,280	(224,633)	(823,928)	(2,496,419)	4,527,531	4,028,819
Net income ²	2,593,671	(2,632,788)	(1,037,315)	20,481	1,639,601	(592,840)	1,331,321	(1,583,752)	(770,227)	(1,562,534)	748,247	(535,355)	(2,381,495)
EBIDA Margin	11.7%	11.7%	10.2%	10.2%	10.6%	11.0%	13.1%	9.9%	10.5%	9.7%	14.0%	22.3%	12.0%

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

2= Excludes G.O. Bonds income / expense

Income Statement: 13-Month Trend

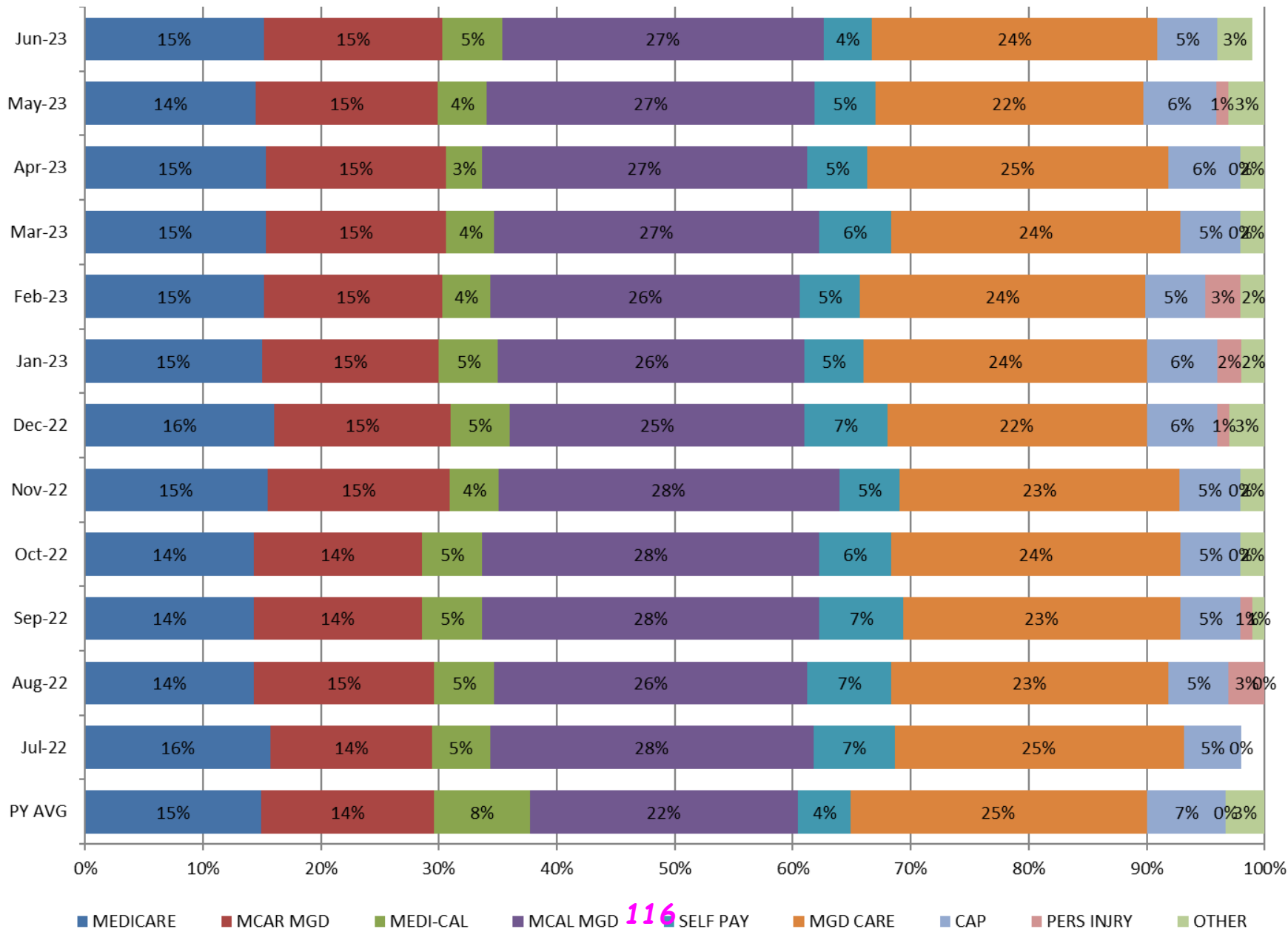
Excludes PHMG

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Adjusted Discharges	3,900	3,428	3,548	3,514	3,664	3,578	3,645	3,554	3,243	3,577	3,349	3,561	3,396
Operating Revenue													
Gross revenue	375,821,247	386,861,833	414,593,123	400,045,463	398,360,268	410,607,111	431,599,958	432,150,986	403,081,594	443,600,042	399,948,109	425,241,602	418,042,260
Deductions from revenue	(314,241,456)	(319,503,944)	(347,149,344)	(333,966,875)	(324,930,831)	(340,408,016)	(361,166,691)	(358,776,424)	(334,505,916)	(370,303,205)	(329,956,915)	(356,617,762)	(352,377,727)
Net patient revenue	61,579,791	67,357,889	67,443,779	66,078,588	73,429,437	70,199,095	70,433,267	73,374,562	68,575,678	73,296,837	69,991,194	68,623,840	65,664,533
Other operating revenue	1,310,521	652,405	777,663	861,211	724,955	847,263	1,093,524	1,101,428	1,110,469	930,396	919,288	1,504,750	1,706,452
Total net revenue	62,890,312	68,010,294	68,221,442	66,939,799	74,154,392	71,046,358	71,526,791	74,475,990	69,686,147	74,227,233	70,910,482	70,128,590	67,370,985
Operating Expenses													
Salaries, wages & contract labor	24,928,515	32,764,595	32,513,284	32,924,892	33,775,849	34,989,349	33,013,527	35,061,254	31,394,286	36,067,614	34,108,438	33,443,819	33,649,709
Benefits	8,232,869	8,157,659	5,548,530	7,714,185	7,659,670	7,740,593	9,725,899	7,884,855	8,438,285	6,853,720	7,737,750	5,557,296	7,348,485
Supplies	9,987,179	8,187,227	9,771,666	9,540,971	10,911,278	9,664,535	10,502,911	10,644,566	9,956,573	11,110,027	9,181,613	9,659,172	10,259,179
Prof fees & purch svcs	12,623,669	10,021,634	11,295,327	10,136,393	12,681,563	11,523,340	11,459,778	13,010,935	12,541,818	12,017,813	12,609,433	12,560,771	14,850,803
Depreciation	9,639,591	3,466,586	4,918,874	4,081,665	3,872,660	3,871,656	3,791,637	3,823,741	3,835,247	3,871,878	3,841,392	4,383,355	10,269,902
Other	(6,623,350)	3,618,338	3,442,044	1,603,481	4,226,752	3,156,513	2,588,646	3,032,621	3,400,553	3,606,062	3,309,404	3,143,614	(3,711,396)
Total expenses	58,788,473	66,216,039	67,489,725	66,001,587	73,127,772	70,945,986	71,082,398	73,457,972	69,566,762	73,527,114	70,788,030	68,748,027	72,666,682
Income from operations	4,101,839	1,794,255	731,717	938,212	1,026,620	100,372	444,393	1,018,018	119,385	700,119	122,452	1,380,563	(5,295,697)
Non-operating revenue (expense)													
Property tax revenues ¹	2,767,623	1,583,333	1,583,333	1,583,333	1,583,333	2,041,667	1,675,000	1,675,000	1,675,000	1,675,000	1,675,000	5,133,344	99,190
Investment income	(173,507)	1,022,171	(732,362)	(906,583)	292,790	722,703	1,282,479	1,152,256	645,695	1,198,662	1,474,276	844,477	4,579,488
Interest Expense	(13,300,418)	(1,914,301)	(4,562,164)	(3,214,888)	(3,075,712)	(6,786,342)	(4,059,607)	(4,038,845)	(4,033,112)	(4,119,374)	(4,010,334)	(4,113,718)	(4,445,867)
Interest Rate Swap	13,152,115	-	-	-	-	5,324,960	-	-	-	-	-	-	-
Other	4,864,522	108,213	346,688	562,609	193,452	236,239	64,895	1,524,892	9,280	(224,633)	(823,928)	(2,496,419)	4,527,531
Net income²	11,412,174	2,593,671	(2,632,788)	(1,037,317)	20,483	1,639,599	(592,840)	1,331,321	(1,583,752)	(770,226)	(1,562,534)	748,247	(535,355)
EBIDA Margin	33.7%	11.7%	10.0%	11.1%	10.2%	10.6%	11.0%	13.1%	9.9%	10.5%	9.7%	14.0%	22.3%

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

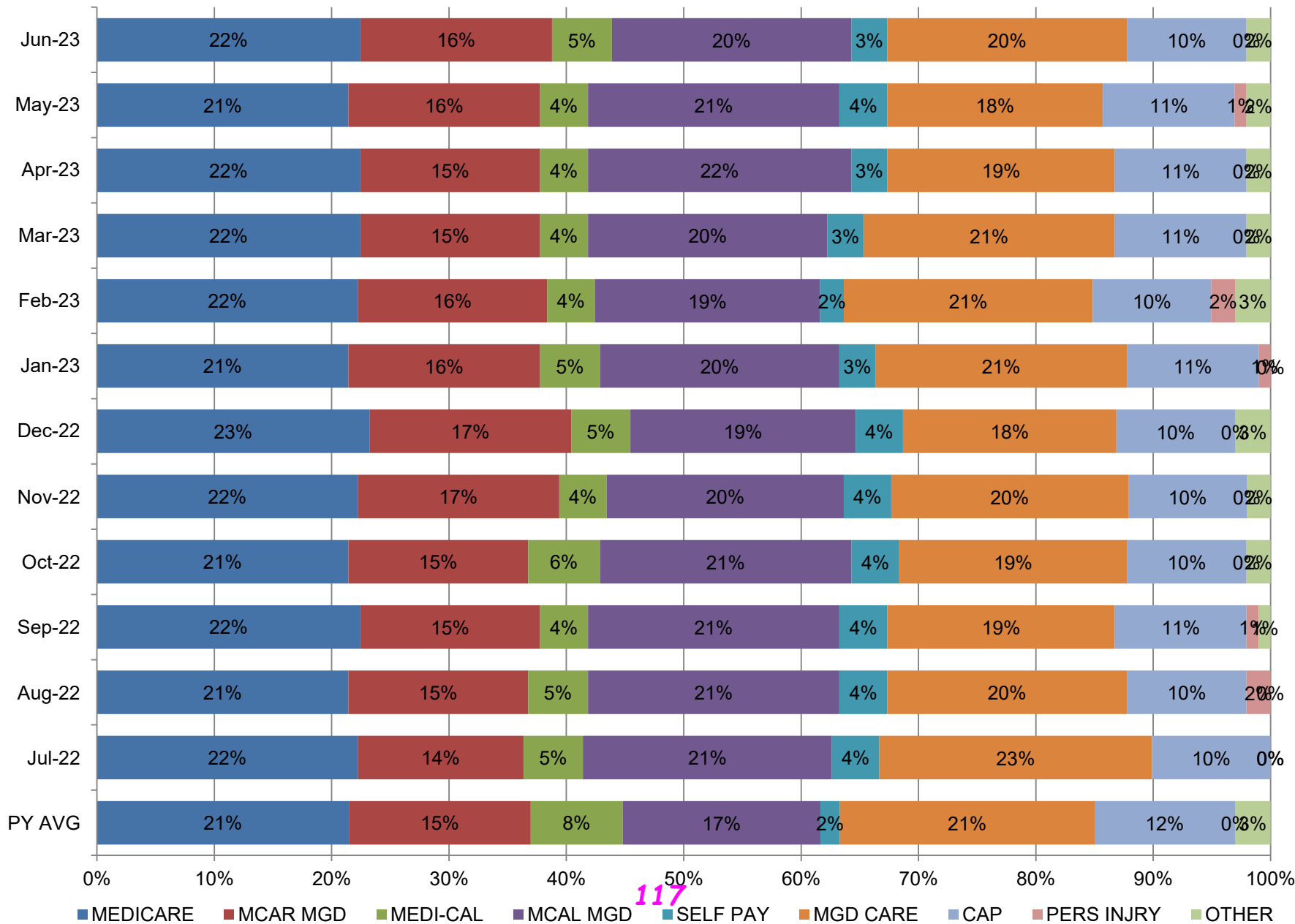
2= Excludes G.O. Bonds income / expense

Payor Mix: Emergency Department



116

Payor Mix: Gross Revenue



Statement of Net Position: Excludes G.O. Bonds

Excludes PHMG

Assets	Jun-23	May-23	Jun-22
Current Assets			
Cash and cash equivalents	64,696,934	17,232,660	30,997,521
Investments	119,515,170	103,447,776	186,291,158
Board Designated	13,678,054	13,678,054	34,785,660
Total cash,cash equivalents & investments	197,890,158	134,358,489	252,074,340
Patient Accounts Receivable	489,931,574	499,936,198	400,381,312
Allowance on accounts	(304,856,426)	(309,815,746)	(251,383,493)
Net accounts receivable	185,075,148	190,120,452	148,997,820
Inventories	12,821,349	12,851,817	12,480,465
Prepaid expenses	12,445,827	11,889,337	8,682,562
Est. third party settlements	71,203,136	73,779,202	58,713,877
Other	58,923,618	49,367,778	37,918,474
Total current assets	538,359,237	472,367,074	518,867,537
Non-Current Assets			
Restricted assets	141,325,098	141,807,086	58,256,063
Restricted other	356,226	356,226	353,100
Total restricted assets	141,681,325	142,163,312	58,609,163
Property, plant & equipment	1,502,491,970	1,516,279,139	1,511,183,821
Accumulated depreciation	(624,985,735)	(637,901,454)	(601,520,327)
Construction in process	94,719,898	106,280,835	64,486,109
Net property, plant & equipment	972,226,133	984,658,520	974,149,602
Right of Use Assets	275,542,766	230,377,721	238,533,505
Investment related companies	5,427,952	3,702,442	6,903,551
Prepaid debt insurance costs	7,610,393	7,636,432	5,868,703
Other non-current assets	47,276,631	38,071,812	39,561,628
Total non-current assets	1,449,765,201	1,406,610,240	1,323,626,151
Total assets	1,988,124,438	1,878,977,314	1,842,493,688
Deferred outflow of resources-loss on refunding of debt	52,390,338	52,623,147	47,781,137
Total assets and deferred outflow of resources	2,040,514,775	1,931,600,461	1,890,274,825

Liabilities	Jun-23	May-23	Jun-22
Current Liabilities			
Accounts payable	71,057,718	54,524,224	67,371,368
Accrued payroll	28,007,606	26,008,182	30,182,511
Accrued PTO	25,380,895	25,691,568	24,932,792
Accrued interest payable	9,200,926	9,210,317	5,057,411
Current portion of bonds	8,110,000	8,110,000	14,425,000
Current portion of lease liab	10,965,390	6,786,807	5,744,577
Est. third party settlements	15,470,193	15,455,895	27,984,699
Other current liabilities	108,925,212	64,585,871	61,780,722
Total current liabilities	277,117,940	210,372,864	237,479,080
Long Term Liabilities			
Other LT liabilities	2,971,429	364,949	1,302,956
Bonds & contracts payable	741,260,101	736,313,068	626,046,242
Lease liabilities	282,271,128	244,848,717	247,242,225
Total long term liabilities	1,026,502,658	981,526,735	874,591,423
Total liabilities	1,303,620,597	1,191,899,599	1,112,070,502
Deferred inflow of resources- unearned revenue	6,763,557	6,780,323	6,877,684
Total liabilities and deferred inflow of resources	1,310,384,155	1,198,679,922	1,118,948,186
Net Position			
Unrestricted	729,774,395	732,564,313	757,295,485
Restricted for other purpose	356,226	356,226	14,031,154
Total net position	730,130,621	732,920,539	771,326,639
Total liabilities, deferred inflow of resources and net position	2,040,514,775	1,931,600,461	1,890,274,825

Statement of Net Position: Includes G.O. Bonds

Excludes PHMG

Assets	Jun-23	May-23	Jun-22	Liabilities	Jun-23	May-23	Jun-22
Current Assets				Current Liabilities			
Cash and cash equivalents	64,696,934	17,232,660	30,997,521	Accounts payable	71,060,218	54,524,224	67,374,118
Investments	119,515,170	103,447,776	186,291,158	Accrued payroll	28,007,605	26,008,182	30,182,511
Board Designated	13,678,054	13,678,054	21,107,606	Accrued PTO	25,380,895	25,691,568	24,932,792
Total cash,cash equivalents & investments	197,890,158	134,358,489	238,396,286	Accrued interest payable	27,289,237	24,582,575	21,425,246
Patient Accounts Receivable	489,931,574	499,936,198	400,381,312	Current portion of bonds	16,903,916	16,903,916	22,485,800
Allowance on accounts	(304,856,426)	(309,815,746)	(251,383,493)	Current portion of lease liab	10,965,390	6,786,807	5,744,577
Net accounts receivable	185,075,148	190,120,452	148,997,820	Est. third party settlements	15,470,193	15,455,895	27,984,699
Inventories	12,821,349	12,851,817	12,480,465	Other current liabilities	41,009,465	30,747,384	24,680,710
Prepaid expenses	12,445,827	11,889,338	8,682,562	Total current liabilities	236,086,920	200,700,551	224,810,452
Est. third party settlements	71,203,136	73,779,202	58,713,877	Long Term Liabilities			
Other	59,335,542	49,867,778	38,118,475	Other LT liabilities	2,971,429	364,950	1,302,956
Total current assets	538,771,160	472,867,075	505,389,483	Bonds & contracts payable	1,387,561,498	1,382,331,719	1,277,787,416
Non-Current Assets				Lease liabilities	282,271,128	244,848,717	247,242,225
Restricted assets	203,456,651	203,311,459	110,141,999	Total long term liabilities	1,672,804,055	1,627,545,386	1,526,332,597
Restricted other	356,226	356,226	14,031,154	Total liabilities	1,908,890,975	1,828,245,936	1,751,143,049
Total restricted assets	203,812,877	203,667,685	124,173,153	Deferred inflow of resources-			
Property, plant & equipment	1,502,491,970	1,516,279,139	1,511,183,821	unearned revenue	74,679,304	40,618,810	43,977,697
Accumulated depreciation	(624,985,735)	(637,901,454)	(601,520,327)	Total liabilities and deferred inflow			
Construction in process	94,719,898	106,280,835	64,486,109	of resources	1,983,570,279	1,868,864,747	1,795,120,746
Net property, plant & equipment	972,226,134	984,658,520	974,149,602	Net Position			
Right of Use Assets	275,542,767	230,377,721	238,533,505	Unrestricted	123,396,362	128,679,809	137,849,948
Investment related companies	5,427,952	3,702,442	6,903,551	Restricted for other purpose	356,226	356,226	14,031,154
Prepaid debt insurance and other costs	9,070,918	9,110,427	7,491,373	Total net position	123,752,588	129,036,035	151,881,102
Other non-current assets	47,276,630	38,071,812	39,561,628	Total liabilities, deferred inflow of			
Total non-current assets	1,513,357,278	1,469,588,608	1,390,812,812	resources and net position	2,107,322,867	1,997,900,782	1,947,001,848
Total assets	2,052,128,439	1,942,455,683	1,896,202,295				
Deferred outflow of resources-loss on							
refunding of debt	55,194,429	55,445,098	50,799,553				
Total assets and deferred outflow of							
resources	2,107,322,867	1,997,900,782	1,947,001,848				

Palomar Health
STATEMENT OF CASH FLOWS
Fiscal Year 2023

	<u>Jun-23</u>	<u>YTD</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Income (Loss) from operations	(5,295,697)	3,080,403
Adjustments to reconcile change in net assets to net cash provided from operating activities:		
Depreciation Expense	10,269,902	55,192,803
Provision for bad debts	5,109,082	79,337,034
Changes in operating assets and liabilities:		
Patient accounts receivable	(63,778)	(115,414,357)
Property Tax and other receivables	(9,606,756)	(20,812,159)
Inventories	30,468	(340,884)
Prepaid expenses and other current assets	10,433,783	11,114,604
Accounts payable	16,535,994	3,686,100
Accrued compensation	1,688,750	(1,726,804)
Estimated settlement amounts due third-party payors	2,590,364	(25,003,765)
Other liabilities	10,238,712	16,315,718
Net cash provided from (used by) operating activities	<u>41,930,824</u>	<u>5,428,693</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net (purchases) sales of investments	(16,212,586)	(5,434,184)
Income (Loss) on investments	4,808,752	12,803,242
Investment in affiliates	(11,455,546)	(46,518,501)
Net cash provided from (used by) investing activities	<u>(22,859,380)</u>	<u>(39,149,443)</u>
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:		
Receipt of G.O. Bond Taxes	397,915	47,799,487
Receipt of District Taxes	150,105	21,789,550
Net cash provided from non-capital financing activities	<u>548,020</u>	<u>69,589,037</u>
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Proceeds on asset sale	34,099,484	35,026,036
Proceeds from the issuance of long-term debt	0	258,696,778
Cost of Issuance payments	0	(18,211,396)
Acquisition of property plant and equipment	(554,624)	(51,079,061)
Redevelopment Trust Fund Distributions	1,730,315	3,178,612
G.O. Bond Interest paid	0	(27,373,589)
Revenue Bond Interest paid	14,086	(26,321,298)
ROU Interest paid	(1,566,178)	(9,999,331)
Payments of Long Term Debt	(5,878,273)	(166,085,626)
Net cash provided from (used by) capital and related financing activities	<u>27,844,810</u>	<u>(2,168,875)</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	47,464,274	33,699,413
CASH AND CASH EQUIVALENTS - Beginning of period	<u>17,232,660</u>	<u>30,997,521</u>
CASH AND CASH EQUIVALENTS - End of period	<u>64,696,934</u>	<u>64,696,934</u>

120

CONDENSED COMBINING STATEMENT OF NET POSITION

JUNE 30, 2023

	PH	PHMG	PAM	PAM-SD	PAC	Eliminations	Total
ASSETS							
Current assets	538,771,161	50,101,692	-	-	4,050,801	(38,169,975)	554,753,678
Capital assets - net	972,226,134	6,099,285	-	-	-	-	978,325,419
Right of use assets - net	275,542,766	34,422,489	-	-	-	(14,477,717)	295,487,538
Non-current assets	265,588,377	4,986,891	-	-	-	(5,485,921)	265,089,347
Total assets	2,052,128,438	95,610,357	-	-	4,050,801	(58,133,613)	2,093,655,982
Deferred outflow of resources	55,194,429	-	-	-	-	-	55,194,429
TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES	2,107,322,867	95,610,357	-	-	4,050,801	(58,133,613)	2,148,850,411
LIABILITIES AND NET POSITION							
Current liabilities	236,086,921	64,959,244	-	-	1,155,068	(40,811,721)	261,389,512
Long-term liabilities	1,390,532,926	4,285,921	-	-	-	(4,285,921)	1,390,532,926
Right of use lease liabilities	282,271,128	29,504,842	-	-	-	(12,254,287)	299,521,683
Total liabilities	1,908,890,975	98,750,007	-	-	1,155,068	(57,351,929)	1,951,444,121
Deferred inflow of resources - deferred revenue	74,679,304	-	-	-	-	-	74,679,304
Total liabilities and deferred inflow of resources	1,983,570,279	98,750,007	-	-	1,155,068	(57,351,929)	2,026,123,425
Invested in capital assets - net of related debt	(265,797,336)	4,837,749	-	-	-	-	(260,959,587)
Restricted	53,958,555	-	-	-	-	-	53,958,555
Unrestricted	335,591,369	(7,977,399)	-	-	2,895,733	(781,684)	329,728,019
Total net position	123,752,588	(3,139,650)	-	-	2,895,733	(781,684)	122,726,987
TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION	2,107,322,867	95,610,357	-	-	4,050,801	(58,133,613)	2,148,850,411

121

Note: Financial Performance includes GO Bonds

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

CONDENSED COMBINING STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION FOR THE TWELVE MONTHS ENDED JUNE 30, 2023

	PH	PHMG	PAM	PAM-SD	PAC	Elimination	YTD Consolidated
OPERATING REVENUE:							
Net patient service revenue	768,374,197	82,840,133	-	-	-	-	851,214,330
Shared risk revenue	66,094,497	48,679,939	-	-	-	(6,072,230)	108,702,206
Other revenue	12,229,805	11,046,569	-	-	3,937,640	(442,443)	26,771,570
PH Program revenue	-	12,229,804	-	-	-	(12,229,804)	-
Total operating revenue	846,698,499	154,796,445	-	-	3,937,640	(18,744,477)	986,688,106
OPERATING EXPENSES							
DEPRECIATION AND AMORTIZATION	54,028,594	3,385,287	-	-	-	-	57,413,881
Total operating expenses	843,618,096	194,716,654	(228,341)	3,064	1,741,678	(23,421,787)	1,016,429,364
INCOME (LOSS) FROM OPERATIONS	3,080,403	(39,920,209)	228,341	(3,064)	2,195,962	4,677,310	(29,741,257)
NON-OPERATING INCOME (EXPENSE):							
Investment income	12,803,242	(554,663)	49	105	-	554,901	12,803,634
Unrealized loss on interest rate swap	5,324,960	-	-	-	-	-	5,324,960
Interest expense	(84,545,611)	(172,903)	-	-	-	169,036	(84,549,478)
Property tax revenue	69,993,946	-	-	-	-	-	69,993,946
Other - net	4,018,048	1,685,290	1,918,786	(1,891,890)	-	(2,346,346)	3,383,887
Total non-operating expense - net	7,594,585	957,724	1,918,835	(1,891,785)	-	(1,622,409)	6,956,949
CHANGE IN NET POSITION	10,674,988	(38,962,485)	2,147,176	(1,894,849)	2,195,962	3,054,901	(22,784,308)
Interfund - PHMG	(38,803,500)	35,252,631	-	-	-	-	(3,550,869)
NET POSITION - Beginning of year	151,881,100	570,204	(2,147,176)	1,894,849	699,771	(3,836,585)	149,062,164
NET POSITION - Year to date	123,752,588	(3,139,650)	-	-	2,895,733	(781,684)	122,726,987

EBIDA 245,617,131
 EBIDA Margin 24.9%

Investment Fund - Quarter Ended June 30, 2023 Yield Analysis

Investment Account:	% of Portfolio at 6/30/2023	Maturity Date	Yield	Benchmark		Actual to Benchmark Variance	Total Yield
Fidelity-Institutional Portfolio Treasury Fund	31.06%	Demand	5.21%	5.32%	(1)	(0.11%)	1.62%
State Treasurer Local Agency Investment Fund	53.63%	Demand	3.15%	3.01%	(2)	0.14%	1.69%
Morgan Stanley	12.83%	Various	(0.31%)	(0.62%) 8.74%	(3) (4)	0.31% (9.05%)	(0.04%)
Chandler Asset Management	1.72%	Various	(0.62%)	(0.62%) 8.74%	(3) (4)	0.00% (9.36%)	(0.01%)
Goldman Sachs Asset Management	0.76%	Various	4.76%	5.32%	(1)	(0.56%)	0.04%
Total:	100.00%						

TOTAL YIELD: 3.29%

PRIOR QUARTER: 2.73%

PRIOR YEAR: (0.17%)

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

ADDENDUM C

Memorandum



To: Board of Directors
From: Michael Pacheco - Director, Board Audit & Compliance Committee
Date: Monday, September 11, 2023
Re: Board Audit & Compliance Committee Meeting, August 15, 2023

BOARD MEMBER ATTENDANCE: Directors Mike Pacheco, Laurie Edwards-Tate, and Linda Greer

INFORMATIONAL ITEMS

- **Status Update of Employee Conflict of Interest (COI) – Informational Only:** The voting members reviewed an update of the Employee Conflict of Interest (COI). No action, informational only.
- **Self-Referral Disclosure Protocol (SRDP) – Informational Only:** The voting members reviewed a the Self-Referral Disclosure Protocol (SRDP). No action, informational only.
- **Department of Justice Quarter 2 FCA Penalties and Organizations – Informational Only:** The voting members reviewed the Department of Justice Quarter 2 FCA Penalties and Organizations. No action, informational only.
- **Moss Adams 2023 Annual Audit Planning for Palomar Health – Informational Only:** The voting members reviewed the 2023 Annual Audit Planning for Palomar Health, presented by Moss Adams. No action, information only.

ACTION ITEMS

- **Approval of Board Audit & Compliance Committee minutes, June 20, 2023:** The voting members reviewed and approved the Board Audit & Compliance Committee minutes from June 20, 2023

Memorandum



To: Board of Directors
From: Laura Barry, Chair, Board Finance Committee
Date: September 11, 2023
Re: Board Finance Committee, Wednesday, August 23, 2023, Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Barry & Pacheco

ACTION ITEMS:

- **Minutes, Wednesday, May 4, 2023, Board Finance Committee Meeting:** Reviewed and approved the draft minutes from the Wednesday, May 4, 2023, Board Finance Committee meeting.
- **Executed, Budgeted, Routine Physician Agreements¹:** Reviewed and recommended approval of the Executed, Budgeted, Routine, Physician Agreements that had been administratively approved, signed and became effective in prior months.
- **Pre-Audit June 2023 & YTD FY2023 Financial Report¹** Reviewed the Financial Reporting Packet and recommended approval of the Pre-Audit June 2023 & YTD FY2023 financial performance, which reflected YTD operating income of \$3.1M, unfavorable to budget by \$51.9M and to June 2022 by \$42.1M; and YTD net income of a negative \$2.3M, unfavorable to budget by \$50.9M, and to June 2022 by \$45.2M.

¹ Backup documentation may be reviewed elsewhere in the agenda packet

Memorandum



To: Board of Directors
From: Jeffrey Griffith, EMT-P, Chair, Board Governance Committee
Date: September 11, 2023
Re: Board Governance Committee, August 3, 2023, Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Jeff Griffith, Laura Barry and Terry Corrales

INFORMATION ITEM

- **Board Dispute Resolution Policy – Lucidoc 70012:** Policy was discussed and reviewed. No action was taken.
- **On Boarding of New Board Members:** Committee members will review current on-boarding materials and submit suggestions to committee assistant. Agenda item will be revisited at the next committee meeting.
- **Improvement Plan for Non-Performance:** Committee members discussed education opportunities related to Governance. No action was taken.
- **Patient Bill of Rights:** Shared current Patient Bill of Rights with committee. No action was taken.

ACTION ITEMS

- **Board Governance Committee Meeting minutes, June 1, 2023:** The Governance Committee reviewed and approved the minutes from June 1, 2023
- **Annual Adoption of Statement of Investment:** The Governance Committee reviewed and approved the Annual Adoption of Statement of Investment

Memorandum

TO: Board of Directors
FROM: Terry Corrales, RN; Chair, Board Human Resources Committee
DATE: September 11, 2023
RE: Board Human Resources Committee, August 9, 2023, Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Corrales, Barry and Pacheco

INFORMATION ITEMS:

Human Resources General Update:

- HRIS:
 - Workday go live planned in October 2024
- Benefits:
 - 2024 Benefits renewal
 - Breakdown of current benefits
- General Update:
 - Recruitment
 - New Hire Orientation returned to in person sessions

ACTION ITEMS:

- **Minutes, May 10, 2023, Regular Committee Meeting:** Reviewed and approved the minutes from Wednesday, May 10, 2023, Board Human Resources Committee meeting.