



*Board of Directors
Meeting Agenda Packet*

March 11, 2024



Board of Directors

Jeffrey D. Griffith, EMT-P, Chair
Michael Pacheco, Vice Chair
Laura Barry, Treasurer
Theresa Corrales, RN, Secretary
John Clark, Director
Laurie Edwards-Tate, MS, Director
Linda Greer, RN, 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
Thursday,
March 7, 2024

BOARD OF DIRECTORS

Meeting Agenda

Monday, March 11, 2024
6:30 p.m.

PLEASE SEE PAGE 3 FOR MEETING LOCATION

	The Board may take action on any of the items listed below, including items 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 – Informational Only			
	a. Department Highlight – Construction	20		7:25
5.	APPROVAL OF MINUTES (ADD A)	5		7:30
	a. Board of Directors Meeting – Monday, February 12, 2024 (Pp 6-13)			
	b. Board of Directors Special Closed Session Meeting – Thursday, February 8, 2024 (Pp 14-15)			
	c. Board of Directors Special Session Meeting – Wednesday, February 21, 2024 (Pp 16-18)			
	d. Board of Directors Special Session Meeting – Thursday, February 29, 2024 (Pp 19-21)			
6.	APPROVAL OF AGENDA to accept the Consent Items as listed (ADD B)	5		7:35
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 22-25)		2	
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 26-45)		3	
	c. Otolaryngology Clinical Privileges (Pp 46-51)		4	
	d. Palomar Health Corporate Compliance Program (Pp 52-76)		5	
7.	REPORTS – Informational Only			
	a. Medical Staff			
	I. Palomar Medical Center Escondido – Kanchan Koirala, MD	5		7:40
	II. Palomar Medical Center Poway – Sam Filiciotto, MD	5		7:45
	b. Administration			
	I. President and CEO – Diane Hansen	5		7:50
	II. Chair of the Board – Jeff Griffith, E.M.T.-P.	5		7:55
8.	COMMITTEE REPORTS – Informational Only (ADD C)	5		8:00
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair (Pp 77-78)			
	b. Community Relations Committee – Terry Corrales, Committee Chair			

	<i>(No meeting in February)</i>			
	c. Finance Committee – Laura Barry, Committee Chair <i>(No meeting in February)</i>			
	d. Governance Committee – Jeff Griffith, Committee Chair <i>(Pp 79)</i>			
	e. Human Resources Committee – Terry Corrales, Committee Chair <i>(No meeting in February)</i>			
	f. Quality Review Committee – Linda Greer, Committee Chair <i>(No meeting in February)</i>			
	g. Strategic & Facilities Planning Committee – Michael Pacheco, Committee Chair <i>(No meeting in February)</i>			
FINAL ADJOURNMENT				8:00

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

¹ 3 minutes allowed per speaker. For further details, see Request for Public Comment Process and Policy on page 4 of agenda.



Board of Directors Meeting Location Options

Palomar Medical Center Escondido
1st Floor Conference Room
2185 Citracado Parkway, 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: 277 524 122 999

Passcode: mKfVNs

or

Dial in using your phone at 929.352.2216; Access Code: 365 445 192#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.

(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

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790\\$9](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790$9).

Palomar Health Board of Directors Meeting

Meeting will begin at 6:30 p.m.



Request for Public Comments

If you would like to make a public comment, submit your request by doing the following:

- **In Person:** Submit a Public Comment Form, or verbally submit a request, to the Board Clerk
- **Virtual:** Enter your name and “Public Comment” in the chat function

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

Public Comments Process

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

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

TO: Board of Directors

MEETING DATE: March 11, 2024

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
February 2024**

TO: Board of Directors

MEETING DATE: Monday, March 11, 2024

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

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

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:

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

TO: Board of Directors

MEETING DATE: March 11, 2024

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: New Otolaryngology Core Privilege Checklist: New core privilege checklist, has been to all applicable department meetings.

Budget Impact: None.

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:

**Board Audit and Compliance Committee:
2024 Palomar Health
Corporate Compliance Plan**

TO: Board of Directors

MEETING DATE: Monday, March 11, 2024

FROM: Michael Pacheco, Chair,
Board Audit & Compliance Committee

Background: The Office of Inspector General and the Centers for Medicare and Medicaid Services require all Covered Entities to establish a Compliance Program. Currently, what is being utilized as the Compliance Program is a policy which does not meet the requirements set forth by the Office of Inspector General. A Compliance Program shall cover the 7 Elements of a Compliance Program Plan per the Office of Inspector General. The 2024 Palomar Health Corporate Compliance Plan is respectfully submitted for approval.

Budget Impact: N/A

Staff Recommendation: Review/Approve

Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

ADDENDUM A

Board of Directors Meeting Minutes – Monday, February 12, 2024

Agenda Item

- *Discussion*

Conclusion / Action /Follow Up

NOTICE OF MEETING

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 Friday, February 9, 2024, which is consistent with legal requirements.

CALL TO ORDER

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and called to order at 6:38 p.m. by Board Chair Jeff Griffith.

1. ESTABLISHMENT OF QUORUM

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

2. OPENING CEREMONY – Pledge of Allegiance to the Flag

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

MISSION AND VISION STATEMENTS

The Palomar Health mission and vision statements are as follows:

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

Board of Directors Meeting Minutes – Monday, February 12, 2024

Agenda Item

- *Discussion*

Conclusion / Action /Follow Up

3. PUBLIC COMMENTS

- Jordan Cohen, MD
- Rick Engel, MD
- Bruce Friedberg, MD

4. PRESENTATIONS

a. Patient Experience Moment

- A patient experience video was shared with the Board.

5. APPROVAL OF MINUTES

a. Board of Directors Meeting - Monday, January 8, 2024

MOTION: By Director Barry, 2nd by Director Pacheco and carried to approve the Monday, January 8, 2024 Board of Directors Meeting minutes, as presented.

Roll call voting was utilized.

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

Chair Griffith announced that six board members were in favor. None opposed. No abstention. One absent. Motion approved.

- No discussion

Board of Directors Meeting Minutes – Monday, February 12, 2024

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 - Monday, January 8, 2024</p>	<p>MOTION: By Director Corrales, 2nd by Director Barry and carried to approve the Monday, January 8, 2024 Board of Directors Special Closed Session Meeting minutes, as presented.</p> <p>Roll call voting was utilized. Director Barry – aye Director Greer – aye Director Clark – aye Director Griffith – aye Director Corrales – aye Director Pacheco – aye Director Edwards-Tate – absent Chair Griffith announced that six board members were in favor. None opposed. No abstention. One 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 Medical Center Poway Medical Staff Credentialing and Reappointments c. Palomar Medical Centers Escondido and Poway Medical Staff Department Rules and Regulations d. Palomar Medical Center Escondido Radiation Oncology Clinical Privileges e. Executed Budgeted Routine Physician Agreements f. December 2023 and YTD FY2024 Financial Report</p>	<p>MOTION: By Director Barry, 2nd by Director Pacheco and carried to approve Consent Agenda items a through f as presented.</p> <p>Roll call voting was utilized. Director Barry – aye Director Greer – aye Director Clark – aye Director Griffith – aye Director Corrales – aye Director Pacheco – aye Director Edwards-Tate – absent Chair Griffith announced that six board members were in favor. None opposed. No abstention. One absent. Motion approved.</p>
<p>At 6:59 p.m., Director Laurie Edwards-Tate joined the meeting virtually. David Holtzman, outside legal counsel (Holland and Knight), had Director Edwards-Tate, state the emergency circumstance or just cause for participating virtually and if anyone over the age of eighteen were attending virtually at her location.</p>	<p>MOTION: By Director Clark, 2nd by Director Pacheco to approve Director Laurie Edwards-Tate request to participate virtually.</p> <p>Roll call voting was utilized. Director Barry – aye Director Greer – abstain Director Clark – aye Director Griffith – aye Director Corrales – aye Director Pacheco – aye Director Edwards-Tate – subject of vote Chair Griffith announced that five board members were in favor. None opposed. One abstention. None absent. Motion approved.</p>

Board of Directors Meeting Minutes – Monday, February 12, 2024

Agenda Item

• *Discussion*

Conclusion / Action /Follow Up

- No discussion

7. REPORTS

a. Medical Staffs

I. Palomar Medical Center Escondido

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

II. Palomar Medical Center Poway

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

b. Administrative

I. President and CEO

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

II. Chair of the Board

Palomar Health Chair of the Board Jeff Griffith provided a verbal report to the Board of Directors.

9. APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS and OTHER ACTIONS

a. Charter of the Quality Review Committee of the Palomar Health Board of Directors

MOTION: By Director Barry, 2nd by Director Greer and carried to approve the Charter of the Quality Review Committee of the Palomar Health Board of Directors

Roll call voting was utilized.

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

Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent.

Motion approved.

Agenda Item

<ul style="list-style-type: none"> Discussion 	Conclusion / Action /Follow Up
<ul style="list-style-type: none"> No discussion 	
b. Charter of the Strategic and Facilities Committee of the Palomar Health Board of Directors	<p>MOTION: By Director Barry, 2nd by Director Pacheco and carried to approve the Charter of the Strategic and Facilities Committee of the Palomar Health Board of Directors</p> <p>Roll call voting was utilized. Director Barry – aye Director Greer – aye Director Clark – aye Director Griffith – aye Director Corrales – aye Director Pacheco – aye Director Edwards-Tate – aye Chair Griffith 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 	
c. Charter of the Governance Committee of the Palomar Health Board of Directors	<p>MOTION: By Director Corrales, 2nd by Director Pacheco and carried to approve the Charter of the Governance Committee of the Palomar Health Board of Directors</p> <p>Roll call voting was utilized. Director Barry – aye Director Greer – aye Director Clark – aye Director Griffith – aye Director Corrales – aye Director Pacheco – aye Director Edwards-Tate – aye Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.</p>

Board of Directors Meeting Minutes – Monday, February 12, 2024

Agenda Item

<ul style="list-style-type: none"> <i>Discussion</i> 	<i>Conclusion / Action /Follow Up</i>
<ul style="list-style-type: none"> No discussion 	
<p>d. Conflict of Interest Code, Policy 21800</p>	<p>MOTION: By Director Pacheco, 2nd by Director Clark and carried to approve the Conflict of Interest Code, Policy 21800 as presented.</p> <p>Roll call voting was utilized. Director Barry – aye Director Greer – aye Director Clark – aye Director Griffith – aye Director Corrales – aye Director Pacheco – aye Director Edwards-Tate – aye Chair Griffith 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 	
<p>10. 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 January. 	
<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 January. 	
<p>c. Finance Committee</p>	
<ul style="list-style-type: none"> Committee Chair Laura Barry reported the committee summary is included in the board-meeting packet. 	
<p>d. Governance Committee</p>	

Board of Directors Meeting Minutes – Monday, February 12, 2024

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 Jeff Griffith reported the committee summary is included in the board-meeting packet. 	
e. Human Resources Committee	
<ul style="list-style-type: none"> Committee Chair Terry Corrales reported the committee was dark in the month of January. 	
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 summary is included in the board-meeting packet. 	
FINAL ADJOURNMENT	
<ul style="list-style-type: none"> There being no further business, Chair Jeff Griffith adjourned the meeting at 7:26 p.m. 	

Signatures:	<p style="text-align: center;">_____ Board Secretary</p>	<p style="text-align: center;">_____ Terry Corrales, R.N.</p>
	<p style="text-align: center;">_____ Board Assistant</p>	<p style="text-align: center;">_____ Carla Albright</p>

SPECIAL CLOSED SESSION BOARD OF DIRECTORS MINUTES – THURSDAY, FEBRUARY 8, 2024	
AGENDA ITEM	CONCLUSION / ACTION
<ul style="list-style-type: none"> DISCUSSION 	
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, February 8, 2024, which is consistent with legal requirements.</p>	
I. CALL TO ORDER	
<p>The meeting, which was held in the Palomar Medical Center Escondido, First Floor Conference Room, 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 12:05 p.m. by Board Chair Jeff Griffith.</p>	
II. ESTABLISHMENT OF QUORUM	
<p>Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Griffith, Pacheco Absences: Greer</p>	
III. PUBLIC COMMENTS	
<p>There were no public comments.</p>	

IV. ADJOURNMENT TO CLOSED SESSION		
a. Pursuant to California Government Code § 54962 and California Health & Safety Code § 32106 – REPORT INVOLVING TRADE SECRET – Discussion will concern proposed new service or program. Estimated date of public disclosure: December 1, 2024		
V. RE-ADJOURNMENT TO OPEN SESSION		
VI. ACTION RESULTING FROM CLOSED SESSION – IF ANY		
<ul style="list-style-type: none"> No action resulting from closed session. 		
VII. FINAL ADJOURNMENT		
There being no further business, Chair Griffith adjourned the meeting at 2:05 p.m.		
SIGNATURES:	BOARD SECRETARY	_____ Terry Corrales, R.N.
	BOARD ASSISTANT	_____ Carla Albright

SPECIAL SESSION BOARD OF DIRECTORS MINUTES – WEDNESDAY, FEBRUARY 21, 2024	
AGENDA ITEM	CONCLUSION / ACTION
<ul style="list-style-type: none"> DISCUSSION 	
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 Tuesday, February 21, 2024, which is consistent with legal requirements.</p>	
I. CALL TO ORDER	
<p>The meeting, which was held in the Palomar Medical Center Escondido, First Floor Conference Room, 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 12:00 p.m. by Board Chair Jeff Griffith.</p>	
II. ESTABLISHMENT OF QUORUM	
<p>Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Griffith, Pacheco Absences: Greer</p>	
III. PUBLIC COMMENTS	
<p>There were no public comments.</p>	

IV. PRESENTATIONS

a. Review and Consideration of Management Services Agreement with Mesa Rock Healthcare Management

MOTION by Director Clark, 2nd by Director Edwards-Tate to obtain an outside second opinion to advise the board on the management services agreement.

Roll call voting was utilized.

Director Barry – no Director Greer – absent

Director Clark – aye Director Griffith – no

Director Corrales – no Director Pacheco – no

Director Edwards-Tate – aye

Chair Griffith announced that two board members were in favor. Four opposed. No abstention. One absent.

Motion failed.

- David Holtzman, Outside Counsel, Holland and Knight, presented the Management Services Agreement with the Board. Board discussion ensued.
- After the motion, board members commented in support of, or against the motion on the floor.
- Chair Jeff Griffith yielded the floor to Will Kushner, outside counsel, Premier Counsel.

V. FINAL ADJOURNMENT

There being no further business, Chair Griffith adjourned the meeting at 1:58 p.m.

SIGNATURES:

BOARD SECRETARY

Terry Corrales, R.N.

	BOARD ASSISTANT	<hr/> <p>Carla Albright</p>
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DRAFT

SPECIAL SESSION BOARD OF DIRECTORS MINUTES – THURSDAY, FEBRUARY 29, 2024		
AGENDA ITEM	CONCLUSION / ACTION	
<ul style="list-style-type: none"> DISCUSSION 		
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 Tuesday, February 27, 2024, which is consistent with legal requirements.</p>		
I. CALL TO ORDER		
<p>The meeting, which was held in the Palomar Medical Center Escondido, First Floor Conference Room, 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 1:00 p.m. by Board Chair Jeff Griffith.</p>		
II. ESTABLISHMENT OF QUORUM		
<p>Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Griffith, Greer, Pacheco Absences: None</p>		
III. PUBLIC COMMENTS		
Tom Kumura James Schultz, MD Ellen Riley Vanessa Valenzuela Rod Jones Meghan Jaremchuk, RN Joe Muga, MD	Richard Engel, MD Georgine Tomasi Bruce Friedburg, MD Chris Nava Valerie Martinez, RN Bing Pao, MD Gildardo Ariza Millan	Marcelle Rossman Linda Wilkinson

IV. PRESENTATIONS

a. Consideration and Review of Management Services Agreement with Mesa Rock Healthcare Management

MOTION by Director Clark, 2nd by Director Edwards-Tate to delay signing the management services agreement for thirty (30) days.

Roll call voting was utilized.

Director Barry – no Director Greer – no
Director Clark – aye Director Griffith – no
Director Corrales – no Director Pacheco – no
Director Edwards-Tate – aye

Chair Griffith announced that two board members were in favor. Five opposed. No abstention. No absent.

Motion failed.

- Before the motion by Director John Clark, the Board members were given time to ask further questions and make statements in favor/opposed of the management services agreement.
- After the motion, board members were afforded time to express comments.

IV. APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS, AND OTHER ACTIONS

a. Resolution No. 2.29.24(01)-05 of the Board of Directors of Palomar Health Proposing and consenting to Management Services Agreement with Mesa Rock Healthcare Management, Inc.

MOTION by Director Barry, 2nd by Director Corrales to approve Resolution No. 2.29.24(01)-05 of the Board of Directors of Palomar Health Proposing and consenting to Management Services Agreement with Mesa Rock Healthcare Management, Inc.

Roll call voting was utilized.

Director Barry – aye Director Greer – aye
Director Clark – no Director Griffith – aye
Director Corrales – aye Director Pacheco – aye
Director Edwards-Tate – no

Chair Griffith announced that five board members were in favor. Two opposed. No abstention. No absent.

Motion approved.

- Kevin DeBruin, Chief Legal Officer, read resolution number 2.29.24(01)-05.
- Board members were given time to for statements in favor/opposed of the management services agreement.
- Director Michael Pacheco called for a vote.

VI. FINAL ADJOURNMENT

There being no further business, Chair Griffith adjourned the meeting at 3:37 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

February 28, 2024

To: Palomar Health Board of Directors

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

Board Meeting Date: March 11, 2024

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (03/11/2024 – 02/28/2026)

Bergh, Justin, D.O. – Obstetrics & Gynecology
Burton, Elijah M.D. – Teleradiology
Cutts, Shanoë, M.D. – Teleradiology
Dumars, Karen, M.D. – Neurology (IONM)
Fisher, Jason E., M.D. – Teleradiology
Hatefi, Dustin, M.D. - Neurosurgery
Leblang, Spencer A., M.D. - Anesthesiology
Stern, Alexander T., M.D. – Emergency Medicine

Advance from Provisional to Active Category

Alsabbak, Hassan A., M.D. – Internal Medicine (04/01/2024 to 02/28/2026)
Farnsworth, William B., M.D. – Neurology (04/01/2024 to 04/30/2025)
Latham, Emi M., M.D. – Wound Care (04/01/2024 to 04/30/2024)
Shah, Rishi S., M.D. – Physical Medicine & Rehab (04/01/2024 to 08/31/2025)

Advance from Provisional to Courtesy Category

Abboud, Jean-Paul, M.D. – Ophthalmology (04/01/2024 to 03/31/2025)
Prasad, Rupa S., M.D. – Pain Medicine (04/01/2024 to 08/31/2025)

Advance from Provisional to Affiliate Category

Bell, Mark R., M.D. - Emergency Medicine (04/01/2024 to 04/30/2024)
Edwards, Irv, M.D. - Emergency Medicine (04/01/2024 to 04/30/2024)
Redkar, Avanti, D.P.M. - Podiatry (04/01/2024 to 09/30/2024)

Additional Privileges

Azadian, Moosa M., M.D. – Emergency Medicine Clinical Privileges (effective 03/11/2024 – 07/31/2024)
Suntay, Berk T., M.D. – Gynecology Core Clinical Privileges (effective 03/11/2024 – 11/30/2025)

Voluntary Resignations

Busby, Andrew, M.D. – Internal Medicine (eff. 03/31/2024)
 Conry, Shauna, M.D. – Emergency Medicine (effective 01/31/2024)
 Deree, Jessica A., M.D. – General Surgery (eff. 03/31/2024)
 Forbes, Angela S., D.O. – Anesthesiology effective 02/29/2024)
 Gootnick, Susan A., M.D. – Teleradiology (effective 01/18/2024)
 Kelty, Lisa A., M.D. – Wound Care/Hyperbaric (effective 02/29/2024)
 Liu, Paul Y., M.D. – Rheumatology (eff. 03/31/2024)
 Lum Ho, Rachel L., M.D. – Pediatrics (effective 02/29/2024)
 Metsch, Daniel J., M.D. – Pediatrics (eff. 03/31/2024)
 Meyerhoff, Brian W., M.D. – Internal Medicine (eff. 03/31/2024)
 Morneau, Leonard, M.D. – Teleradiology (effective 02/09/2024)
 Piampiano, Peter P., M.D. – Teleradiology (effective 01/18/2024)
 Sanghi, Amit, M.D. – Teleradiology (effective 01/18/2024)
 Smith, Ryan S., D.O. – Emergency Medicine (effective 12/05/2023)
 Stearns, Gregory S., M.D. – Otolaryngology (eff. 03/31/2024)
 Weissman, Jeffery S., M.D. – Gastroenterology (eff. 03/31/2024)
 Yasin, Rabia, M.D. – Neurology (effective 03/31/2024)
 Yee, Jonathan G., M.D. – Internal Medicine (eff. 03/31/2024)

Request for Leave of Absence – 2 years

Al Assaad, Rami Y., M.D. – Internal Medicine (eff. 01/01/2024 to 12/31/2025)
 Goraya, Anam, M.D. – Internal Medicine (eff. 01/01/2024 to 12/31/2025)
 Green, Nella L., M.D. – Infectious Disease (eff. 01/01/2024 to 12/31/2025)
 Hanna, Michael W., M.D. – Internal Medicine (eff. 01/01/2024 – 12/31/2025)
 Singh, Gurpreet, M.D. – Internal Medicine (eff. 01/01/2024 – 12/31/2025)

Allied Health Professional Voluntary Resignation

Merrill-Hall, Martha, CNM – Certified Nurse Midwife (eff. 02/12/2024)
 Wilson, Haylee N., NNP – Neonatal Nurse Practitioner (eff. 02/17/2024)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 04/01/2024 – 3/31/2026)

Bitar, Roger A., M.D.	Infectious Disease	Dept. of Medicine	Active
Choudry, Bilal A., M.D.	Neurology	Dept. of Medicine	Active
Cizmar, Branislav, M.D.	OB/GYN	Dept. of OB/GYN	Active
Crain, Lindsey R., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Cullen, Jennifer, M.D.	Emergency Medicine	Dept. of Emerg. Med.	Active
Delaney, Michael W., M.D.	Neurology	Dept. of Medicine	Active
Fadhil, Ali A., M.D.	Internal Medicine	Dept. of Medicine	Active
Gonsalves, Gary D., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Khaleel, Maseeha S., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Khalessi, Alexander A., M.D.	Neurosurgery	Dept. of Surgery	Courtesy
Lee, Emmet W., M.D.	Internal Medicine	Dept. of Medicine	Affiliate
Raiszadeh, Ramin, M.D.	Orthopaedic Surgery	Dept. of Ortho/Rehab	Courtesy
Rodriguez George J., M.D.	Internal Medicine	Dept. of Medicine	Active
Sawhney, Navinder S., M.D.	Cardiovascular Disease	Dept. of Medicine	Active
Smith, Joel, M.D.	Orthopaedic Surgery	Dept. of Ortho/Rehab	Active
Steiger, Louisa Ruth, M.D. MPH	Psychiatry	Dept. of Psychiatry	Active
Steinberg, Jeffrey A., M.D.	Neurosurgery	Dept. of Surgery	Courtesy
Stern, Mark, M.D.	Neurosurgery	Dept. of Surgery	Active
Vanichsarn, Christopher T., M.D.	Cardiovascular Disease	Dept. of Medicine	Active
Yuh, Theresa M., M.D.	Diagnostic Radiology	Dept. of Radiology	Active

Reappointment effective 04/01/2024 – 09/30/2024:

Bessudo, Alberto, M.D.	Hematology/Oncology	Dept. of Medicine	Consulting
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Reappointment effective 04/01/2024 - 08/31/2024

Hom, Katherine A., M.D.	OB/GYN	Dept. of OB/GYN	Active
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Allied Health Professional Reappointments (effective 04/01/2024 - 03/31/2026)

Forbes, Beth Ann, F.N.P.	Dept. of Surgery (Sponsors: Drs. K. Hanna, Jamshidi-Nezhad, J. Grove, M. Stern)		
Wallace, Stephanie C., PA-C	Dept. of OB/GYN (Sponsor: Dr. Josue Leon, on behalf of VCC)		

Certification by and Recommendation of Chief of Staff

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

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

Date: February 28, 2024
To: Palomar Health Board of Directors – March 11, 2024 Meeting
From: Sam Filiciotto, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – February, 2024

Provisional Appointments: (03/11/2024 – 02/28/2026)

Justin Bergh, D.O., OB/GYN
Elijah Burton, M.D., Teleradiology
Shanoe Cutts, M.D., Diagnostic Radiology
Jason Fisher, M.D., Teleradiology
Alexander Stern, M.D., Emergency Medicine

Biennial Reappointments: (4/01/2024 - 03/31/2026)

Roger Bitar, M.D., Infectious Disease, Active (Includes The Villas at Poway)
Timothy Chong, M.D., Physical Medicine & Rehab, Active (Includes The Villas at Poway)
Bilal Choudry, M.D., Neurology, Active
Branislav Cizmar, M.D., OB/GYN, Active
Gary Cohen, M.D., Allergy and Immunology, Affiliate
Lindsey Crain, M.D., Anesthesiology, Active
Jennifer Cullen, M.D., Emergency Medicine, Active
Michael Delaney, M.D., Neurology, Active
Ali Fadhil, M.D., Internal Medicine, Active
Gary Gonsalves, M.D., Anesthesiology, Active
Maseeha Khaleel, M.D., Anesthesiology, Active
Emmet Lee, M.D., Internal Medicine, Affiliate (Includes The Villas at Poway)
Navinder Sawhney, M.D., Cardiology, Active
Louisa Steiger, M.D., Psychiatry, Active
Christopher Vanichsarn, Cardiology, Active
Theresa Yuh, M.D., Teleradiology, Active

Reappointment Effective 04/01/2024 – 04/30/2024:

Alberto Bessudo, M.D., Hematology/Oncology, Consulting

Advancements to Active Category:

Jean-Paul Abboud, M.D., Ophthalmology, effective 03/11/2024 – 03/31/2025
Hassan Alsabbak, M.D., Internal Medicine, effective 03/11/2024 – 02/28/2026 (Includes The Villas at Poway)

William Farnsworth, M.D., Neurology, effective 03/11/2024 – 04/30/2025
Emi Latham, M.D., Wound Care/Hyperbaric, effective 03/11/2024 – 04/30/2024 (Includes The Villas at Poway)

Advancement to Courtesy Category:

Rupa Prasad, M.D., Pain Medicine, effective 03/11/2024 – 08/31/2025
Rishi Shah, M.D., Physical Medicine & Rehab, effective 03/11/2024 – 08/31/2025

Advancement to Affiliate Category:

Mark Bell, M.D., Emergency Medicine, effective 03/11/2024 – 04/30/2024
Irv Edwards, M.D., Emergency Medicine, effective 03/11/2024 – 04/30/2024
Avanti Redkar, DPM, Podiatry, effective 03/11/2024 – 09/30/2024

Request for Additional Privileges:

Moosa Azadian, M.D., Request for Emergency Medicine Privileges (Board Certified in Emergency Medicine and Critical Care) effective 03/11/2024 – 07/31/2024

Requests for Two Year Leave of Absence:

Rami Al Assaad, M.D., Internal Medicine, effective 01/01/2024 – 12/31/2025
Anam Goraya, M.D., Internal Medicine, effective 02/15/2024 – 02/14/2026
Nella Green, M.D., Infectious Disease, effective 12/31/2023 – 12/30/2025
Michael Hanna, M.D., Internal Medicine, effective 01/01/2024 – 12/31/2025
Gupreet Singh, M.D., Internal Medicine, effective 01/01/2024 – 12/31/2025

Voluntary Resignations:

Susan Gootnick, M.D., Teleradiology, effective 02/12/2024
Leonard Morneau, M.D., Teleradiology, effective 02/09/2024
Peter Piampiano, M.D., Teleradiology, effective 02/12/2024
Amit Sanghi, D.O., Teleradiology, effective 02/12/2024
Ryan Smith, D.O., Emergency Medicine, effective 12/05/2023
Rabia Yasin, M.D., Neurology, effective 03/31/2024

Allied Health Professional Appointments: (03/11/2024 – 02/28/2026)

Cherry Deolaso, NP, Sponsor Dr. Otoshi (The Villas at Poway only)

Allied Health Professional Reappointments: (4/01/2024 - 03/31/2026)

Beth Forbes, FNP, Sponsors Drs. Hanna, Grove

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
March 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Justin Bergh, D.O.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

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

<i>Name</i>	PHMG - OB/Gyn
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Des Moines University - Osteopathic Medical Center, DO From: 06/03/2013 To: 05/25/2018
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Saint Alexius Medical Center Obstetrics/Gynecology From: 07/01/2018 To: 06/30/2022
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Diagnostic Radiology - Certified 2021
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ORGANIZATIONAL NAME

<i>Name</i>	Stat Radiology Medical Group
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Northwestern University - Feinberg School of Medicine, MD From: 08/01/2011 To: 05/31/2015 Doctor of Medicine Degree
<i>Internship Information</i>	Internship Travis Air Force Base/David Grant Medical Center Transitional From: 07/01/2015 To: 06/30/2016
<i>Residency Information</i>	Residency Travis Air Force Base/David Grant Medical Center Radiology, Diagnostic Imaging From: 07/01/2016 To: 06/30/2020
<i>Fellowship Information</i>	

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**

<i>Current Affiliation Information</i>	Palomar Medical Center Escondido Doctors Medical Center, Modesto Christ Hospital and Medical Center Sharp Grossmont Hospital Chino Valley Medical Center Montclair Hospital Medical Center San Dimas Community Hospital Montclair Hospital Medical Center Hollywood Presbyterian Medical Center Natividad Medical Center Cedars-Sinai Marina del Rey Hospital Encino Hospital Medical Center Sherman Oaks Community Hospital Baptist Hospital East Adventist Castle Medical Center El Camino Health - Mountain View Hospital Emanate Health Inter-Comm Campus Providence St. Joseph Hospital St. Jude Medical Center, Fullerton Beverly Hospital (Montebello) Bakersfield Heart Hospital Centinela Hospital Medical Center
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**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Radiology, Neuroradiology - Certified 2005, 2007
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Medical School University of Colorado, MD From: 08/01/1996 To: 05/24/2000
<i>Internship Information</i>	Internship University of Hawaii Transitional From: 06/23/2000 To: 06/22/2001
<i>Residency Information</i>	Residency University of Nebraska Medical Center Radiology From: 07/01/2002 To: 06/30/2005 Residency Cedars-Sinai Medical Center Radiology From: 07/01/2001 To: 07/01/2002
<i>Fellowship Information</i>	Fellowship St. Joseph's Hospital/Medical Center, Phoenix Neuroradiology From: 06/27/2005 To: 06/30/2006
<i>Current Affiliation Information</i>	Sharp Chula Vista Medical Center Sharp Memorial Hospital Sharp Coronado Hospital

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**



**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
March 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Cherry Deolaso, N.P.
<i>Palomar Health Facilities</i>	Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Family Nurse Practitioner - Certified 2017
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ORGANIZATIONAL NAME

<i>Name</i>	PMHG - Escondido Pulmonary & Sleep Specialists
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EDUCATION/AFFILIATION INFORMATION

<i>Education Information</i>	University California State University, San Marcos, MSN From: 08/11/2014 To: 08/12/2017
<i>Employment</i>	Current Employment Escondido Pulmonary Group - PHMG Nurse Practitioner From: 10/01/2022 To: Current
<i>Current Affiliation Information</i>	

**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
March 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Karen Dumars, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Neurology - Certified 2007
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Medical School Tulane University School of Medicine, MD From: 09/01/1997 To: 05/19/2001 Doctor of Medicine Degree
<i>Internship Information</i>	Internship University of California, Irvine Internal Medicine From: 06/19/2001 To: 06/30/2002
<i>Residency Information</i>	Residency University of California, Irvine Neurotology From: 07/01/2002 To: 06/30/2005
<i>Fellowship Information</i>	Fellowship University of California, Irvine Neurophysiology, Clinical From: 07/01/2005 To: 06/30/2006
<i>Current Affiliation Information</i>	Southwest Healthcare System El Camino Health - Mountain View Hospital North Bay Medical Center Providence Saint John's Health Center

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Jason E. Fisher, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Diagnostic Radiology - Certified 2022
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ORGANIZATIONAL NAME

<i>Name</i>	Stat Radiology Medical Group
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Uniformed Services University - Health Sciences, MD From: 08/01/2009 To: 05/18/2013
<i>Internship Information</i>	Internship University of California, Davis Medical Center General Surgery From: 06/25/2013 To: 06/30/2014
<i>Residency Information</i>	Residency Travis Air Force Base/David Grant Medical Center Radiology, Diagnostic Imaging From: 07/01/2017 To: 06/30/2021
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Southwest Healthcare System Temecula Valley Hospital Marin Health (Marin General Hospital) Cedars-Sinai Marina del Rey Hospital Bakersfield Memorial Hospital Lakewood Regional Medical Center Doctors Medical Center, Modesto El Camino Health - Mountain View Hospital San Mateo Medical Center Kaweah Delta Medical Center Emanuel Medical Center Los Robles Regional Medical Center Centinela Hospital Medical Center

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**

PERSONAL INFORMATION

Provider Name & Title	Dustin Hatefi, M.D.
Palomar Health Facilities	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

Specialties	Surgery, Neurological - Certified 2022
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ORGANIZATIONAL NAME

Name	UCSD Neurosurgery Department
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EDUCATION/AFFILIATION INFORMATION

Medical Education Information	Medical School Georgetown University School of Medicine, MD From: 08/01/2006 To: 05/22/2011
Internship Information	
Residency Information	Residency UC San Diego School of Medicine Resident Physician From: 07/01/2011 To: 06/30/2018 Neurosurgery
Fellowship Information	Fellowship University of California, Irvine Skull Base Neurological Surgery From: 07/01/2018 To: 06/30/2019 Fellowship UC San Diego School of Medicine Surgery, Neurological From: 07/01/2012 To: 06/30/2018
Current Affiliation Information	HCA Florida South Tampa Hospital HCA Florida Brandon Regional Hospital HCA Florida Bayonet Point Hospital HCA Florida Trinity Hospital Veterans Administration-Tibor Rubin Medical Center

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Spencer A. Leblang, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Anesthesiology – Not Certified Yet
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Medical School Rush Medical College, Rush University, MD From: 08/01/2013 To: 05/31/2017
<i>Internship Information</i>	Internship Rush University Medical Center General Surgery From: 07/01/2017 To: 06/30/2018
<i>Residency Information</i>	Residency Rush University Medical Center Anesthesiology From: 07/01/2018 To: 06/30/2022
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Rush University Medical Center

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Alexander T. Stern, 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 Southern California, MD From: 08/01/2015 To: 05/12/2019
<i>Internship Information</i>	Internship LAC + USC Medical Center Emergency Medicine From: 06/24/2019 To: 06/24/2020
<i>Residency Information</i>	Residency LAC + USC Medical Center Emergency Medicine From: 06/24/2020 To: 06/24/2023
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Providence Little Company of Mary Medical Center Providence Saint Joseph Medical Center Bakersfield Memorial Hospital

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
March 2024**



OTOLARYNGOLOGY 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 OTOLARYNGOLOGY

To be eligible to apply for core privileges in otolaryngology, 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/fellowship in otolaryngology.

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery, or another board with equivalent requirements. Fellowship trained Head and Neck Surgeons who are board certified in General Surgery may be eligible to apply for otolaryngology privileges as determined on a case by case basis.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of at least 50 otolaryngology surgery procedures, reflective of the scope of privileges requested, during the last 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.

OTOLARYNGOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

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

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored.

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

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

CORE PRIVILEGES

OTOLARYNGOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, provide consultation and comprehensive medical and surgical care to patients of all ages, presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also included. 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.

QUALIFICATIONS FOR OTOLARYNGOLOGY – NON SURGICAL CORE

To be eligible to apply for core privileges in otolaryngology – non surgical, the initial applicant must meet the following criteria:

As for core privileges in Otolaryngology, plus

Required Previous Experience: Applicants for initial appointment must be able to demonstrate active practice and provision of care to at least 200 otolaryngology patients, reflective of the scope of privileges requested, during the last 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than 8 cases will be retrospectively reviewed.

Reappointment Requirements: To be eligible to renew core privileges in otolaryngology – non surgical core - the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (400 otolaryngology patient encounters) 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.

OTOLARYNGOLOGY CLINICAL PRIVILEGES

Name: _____

Page 3

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

OTOLARYNGOLOGY CORE PRIVILEGES – NON SURGICAL

- Requested** Admit, evaluate, diagnose, provide consultation and comprehensive medical care to patients of all ages, presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. Includes the performance of diagnostic laryngoscopies. 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.

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.

EXCISION OF SKULL BASED TUMOR, TUMOR ETHMOID, CRIBRIFORM / REPAIR OF CSF LEAKS WITH SINUS SURGERY

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in the above procedures or completion of a hands on CME. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 1 of this type of procedure (reflective of same skill and technique) in the past 12 months. **Maintenance of privileges:** Demonstrated current competence and evidence of at least 2 of these types of procedures (reflective of same skill and technique) in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

FACIAL PLASTIC SURGERY, INCLUDING COSMETIC SURGERY, CHEMICAL PEEL, RHYTIDECTOMY, MENTOPLASTY AND CORRECTION OF AURAL ATRESIA, LIPOSUCTION, OTOPLASTY

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in the above procedures or completion of a hands on CME. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 cosmetic procedures (reflective of same skill and technique) in the past 12 months. **Maintenance of privileges:** Demonstrated current competence and evidence of at least 10 cosmetic procedures (reflective of same skill and technique) in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

OTOLARYNGOLOGY CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date. If you are requesting a procedure marked “Advanced,” please provide fellowship training information.

Otolaryngology

Ears

- Outer ear – excision of pinna, surgery on the external auditory canal
- Middle ear – tympanoplasty without without mastoidectomy, simple mastoidectomy, middle ear exploration, ossiculoplasty, stapedectomy
- Hearing – osseointegrated implants for bone anchored hearing aid
- Radical Mastoidectomy
- Perilymphatic Fistula Repair
- Advanced – temporal bone resection, excision cerebellopontine angle tumor, cochlear implant, facial nerve decompression/graft/repair, labyrinthectomy, excision glomus tumor, vestibulocochlear nerve resection, endolymphatic sac decompression ***Requires fellowship training**

Head and Neck

- Endocrine – thyroidectomy, parathyroidectomy
- Face – partial maxillectomy, mandibulotomy, mandibulectomy
- Larynx/Trachea/Esophagus – partial laryngectomy, total laryngectomy, tracheoesophageal puncture, repair laryngeal fracture, tracheotomy, cervical esophagostomy
- Lips – lip shave, wedge resection with primary closure or flap reconstruction
- Nasopharynx – adenoidectomy, biopsy or excision nasopharyngeal tumor, eustachian tube dilation
- Neck – I&D Neck abscess, modified neck dissection, cervical node biopsy, sentinel lymph node biopsy, major vessel ligation, congenital cyst excision, Sistrunk procedure, repair chyle leak
- Nose – rhinectomy, lateral rhinotomy, partial maxillectomy
- Oral Cavity/Oropharynx – local resection cancer of the mouth (partial glossectomy, composite resection floor of mouth, alveolus, tongue, buccal region, tonsil, removal of teeth in association with cancer resection), control of oropharyngeal hemorrhage, tonsillectomy with or without adenoidectomy, uvulopalatopharyngoplasty, hypoglossal nerve stimulator, pharyngeal flap, ranula excision
- Salivary glands – parotidectomy (superficial, deep, total) with preservation of facial nerve, with or without nerve repair, nerve graft, or nerve transfer, submandibular gland excision
- Radical Neck Dissection
- Other – Cryosurgery, use of autogenous, homologous, and allograft implants, use of energy sources as an adjunct to privileged procedures, repair of fistulas (oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, trachea-cutaneous, esophagocutaneous)
- Advanced – radical maxillectomy, orbital exenteration, , cleft lip repair, TMJ surgery ***Requires fellowship training**

OTOLARYNGOLOGY CLINICAL PRIVILEGES

Name: _____

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

Laryngology

- (Direct or suspension) Laryngoscopy, bronchoscopy, esophagoscopy with biopsy, excision, foreign body removal, or dilation, laser laryngoscopy, vocal fold injection, thyroplasty, pharyngeal diverticulectomy, tracheoplasty
- Tracheal Resection with Repair
- Advanced – arytenoidpexy, , cricotracheal resection with repair ***Requires fellowship training**

Plastics

- Repair of facial lacerations, reduction of facial fractures (frontal, nasal, maxilla, zygomatic-malar complex, orbital blowout, mandibular), excision of skin lesions, pedicle flap procedures (local, regional, myocutaneous), skin grafts (split thickness or full thickness), fat grafts, bone grafts, rhinoplasty, mentoplasty, rhytidectomy, blepharoplasty, upper eyelid gold weight placement, reconstruction external ear, otoplasty, laryngoplasty, facial sling, scar revision
- Advanced –congenital aural atresia, microsurgical free flap repair *** Requires fellowship training**

Sinus

- Septoplasty, inferior turbinate reduction/submucous resection/excision, vestibular stenosis repair, submucous resection septum, posterior nasal nerve ablation, ablation of nasal tissue, endoscopic sinus surgery (maxillary antrostomy with or without tissue removal, frontal sinusotomy, partial or total ethmoidectomy, sphenoidotomy with or without tissue removal, surgery of the nasal mucosa and turbinates), nasal polypectomy, medial maxillectomy, control of nasal hemorrhage, endoscopic control of nasal/sinus hemorrhage, Caldwell Luc procedure, frontal sinus trephination, Draff II/III procedures, dacryocystorhinostomy (DCR), endoscopic approach for hypophysectomy, simple skull base tumor excision.
- Advanced – frontal sinus ablation, osteoplastic frontal sinusotomy, advanced skull base tumor excision, excision angiofibroma, vidian neurectomy, , choanal atresia repair ***Requires fellowship training**

OTOLARYNGOLOGY CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____



Palomar Health CORPORATE COMPLIANCE PROGRAM

January 2024

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CEO Address

As an organization with the highest standards and quality of patient care, we are very excited to introduce a new compliance program that will help us provide even better care to our patients and the overall community.

Palomar Health and its affiliates (collectively referred to as Palomar Health (PH)) are subject to a myriad of federal, local and state laws and regulations as we carry out our mission as leaders in healthcare. Palomar Health's leaders and Board are committed to compliance and ethical standards while providing extraordinary patient experience and care.

The Compliance Program was developed to further our mission to heal, comfort and promote health in the communities we serve, by removing the fear associated with it in a manner that ensures compliance with the law and with the highest business acumen. In addition, the Palomar Health Board of Directors, Board Audit and Compliance Committee and the Ethics and Compliance Committee provide high-level oversight of the compliance program and support the Compliance Officer.

The Compliance Program is designed to:

- Communicate and educate
- Prevent any accidental or intentional violations of the law
- Detect and report violations freely, anonymously and in confidence
- Correct activities that may lead to future non-compliance

If you have questions about the Compliance Program or believe an event has occurred that violates this Compliance Program, please contact our Corporate Compliance Officer. Alternatively, you can anonymously contact our Compliance Values Hotline by calling 1.800.850.2551 or by utilizing the four other methods of reporting found in your Living Our Values Code of Conduct. You are encouraged to ask questions and to report violations of the Compliance Program. The Compliance Plan can be accessed at any time via Palomar Health's intranet.

Compliance is a shared responsibility and moving forward as a cohesive unit together, we can ensure that we all do the right thing. We appreciate all your cooperation in making Palomar Health extraordinary, offering world-class care to the communities we serve.

Sincerely,

Diane Hansen
President & Chief Executive Officer
Palomar Health

Welcome to Palomar Health



Palomar Health (PH) is committed to compliance with the voluminous and complex laws, regulations, accreditation standards and payer requirements we all must follow on a daily basis. This Compliance Plan is not designed to provide detailed guidance but rather to be a practical guidebook to Palomar Health's Compliance Program and its efforts to support employees, Board members, executives, employed and non-employed healthcare professionals, healthcare professionals with clinical privileges, contract staff, volunteers and students in performing their job functions and organizational responsibilities.

This plan incorporates the recommendations set forth by the Office of Inspector General for hospitals and reflects the elements of an effective compliance plan described in the Federal Sentencing Guidelines. The plan is meant to be a guide and resource to help personnel ensure their behavior is in compliance with all laws and regulations that affect their job functions and business dealings on behalf of Palomar Health. It does not contain every policy that personnel are expected to follow. All hospital policies are located in Lucidoc and are updated regularly. For questions on policies that apply to you and your job function, you should discuss with your supervisor.

This document can be found via Palomar Health's Intranet site in Business Applications > Lucidoc and under Compliance. Any questions about this plan, the Code of Conduct or other related issues can be addressed to the Compliance Department at Compliance.Officer@PalomarHealth.org or the Compliance Values Hotline at 800.850.2551.

The Compliance Program

KEY FUNCTIONS:

COMMUNICATE and EDUCATE > PREVENT > DETECT > CORRECT

Our Compliance Program is a resource to **COMMUNICATE** and **EDUCATE** Palomar Health staff regarding compliance with applicable laws and regulations in order to **PREVENT** compliance violations. The Compliance Program is designed to **DETECT** potential and actual compliance violations and then **CORRECT** those violations. To help with adherence and mitigate violations, we are committed to the Office of Inspector General's Seven Elements of an Effective Compliance Program, which include the following:

-
- Implement written policies, procedures and develop a Code of Conduct
-
- Designate a Compliance Officer and Compliance Committee
-
- Conduct effective training and education
-
- Develop effective lines of communication
-
- Conduct internal and external auditing and monitoring
-
- Enforce standards through well-publicized disciplinary guidelines
-
- Respond promptly to detected offenses through investigations and corrective actions
-

Everyone employed by Palomar Health is required to comply with the Compliance Program. It is only effective if everyone takes it seriously and commits to comply with its contents. Laws and regulations are fluid and changing; the Compliance Program is subject to change when applicable laws change or new laws are enacted. If at any time you are aware of a law or regulation change that would affect the Compliance Program, you are encouraged to let your supervisor, Compliance and HR know.

COMPLIANCE PROGRAM SEVEN ELEMENTS

ELEMENT 1: IMPLEMENT WRITTEN POLICIES, PROCEDURES AND DEVELOP A CODE OF CONDUCT

The Compliance Department utilizes several documents: this Compliance Plan, the Code of Conduct and Compliance policies that cover multiple topics and all can be found within Lucidoc.

Palomar Health's Policies and Procedures Committee and Regulatory Compliance Department are responsible for ensuring Palomar Health has written policies and procedures addressing specific clinical compliance. Staff are not expected to remember or to be experts in all the legal and regulatory requirements, but they are expected to understand that such requirements exist and to seek guidance when necessary. Departments work together to ensure our staff are **EDUCATED** and **COMMUNICATED** with where and how to locate specific policies and address any questions or concerns. All staff help us to **DETECT** and address any possible compliance concerns. The Compliance Plan is a useful tool for identifying areas of risk for heightened awareness. Palomar Health's Risk Management and Compliance Departments work together on common areas of risk within the district. Some of the areas of risk may include:

- Submission of Accurate Claims and Information
- Improper Referrals and Anti-Kickback Prohibitions
- Improper Relationships and Inducements to Healthcare Beneficiaries or Providers
- Emergency Medical Treatment and Labor Act (EMTALA)
- Standards of Care and Medical Necessity
- Conflicts of Interest
- Privacy and Security of Healthcare Information
- Environmental Safety
- Employment and Employee Health and Safety Laws

THE CODE OF CONDUCT

Palomar Health's Code of Conduct is available in Lucidoc and briefly sets forth the principles, policies and standards by which we operate our Clinical Services, Business Operations and Personnel Services to ensure compliance with federal/state laws and regulations. It is every employee's responsibility to read and understand the Code of Conduct and Compliance Plan and to exercise good judgement. These documents are in place to remind each employee about their conduct in order to protect and promote Palomar Health's mission in the work environment and within the communities we serve.

All Palomar Health employees are required to annually review and acknowledge their understanding of the Code of Conduct and associated policies.

Compliance with Laws

It is the policy of Palomar Health that its contractors and employees will comply with all Palomar Health policies and both federal and state laws. When the application of the law is uncertain, guidance from the Legal Department will be sought.

Open Communication

Palomar Health encourages open lines of communication between personnel. If you are aware of an unlawful or unethical situation, there are several ways you can bring this to the hospital's attention. Your supervisor is the best place to start, but you can also contact the hospital's Corporate Compliance Officer, Human Resources (HR) and any leader or call the Compliance Hotline to express your concerns. All reports of unlawful or unethical conduct will be investigated promptly. The hospital does not tolerate threats or acts of retaliation or retribution against employees for using these communication channels.

Personal Conduct

The hospital's reputation for the highest standards of conduct rests not on periodic audits by regulators, but on the high measure of mutual trust and responsibility that exists between personnel and the hospital. It is based on you, as an individual, exercising good judgment and acting in accordance with the Code of Conduct and law. Ethical behavior comes down to honesty and fairness in dealing with other personnel, patients, vendors, competitors, the government and the public. It is no exaggeration to say that the hospital's integrity and reputation are in your hands. The hospital's basic belief in the importance of respect for the individual has led to a strict regard for the privacy and dignity of personnel, patients and any visitor who visits the hospital. When management determines that your personal conduct adversely affects your performance, other personnel or the legitimate interests of the hospital, then the hospital may be required to take action.

Work Environment

The hospital strives to provide personnel with a safe and productive work environment. All personnel must dispose of medical waste, environmentally sensitive materials and any other hazardous materials correctly. You should immediately report to your supervisor any situations that are likely to result in falls, shocks, burns or other harm to patients, visitors or personnel. The work environment also must be free from discrimination and harassment based on race, color, religion, sex, sexual orientation, age, national origin, disability, veteran/military status, gender, gender expression/identity, genetic information or health history, marital status, mental or physical disability, pregnancy/childbirth and religion. The hospital will not tolerate sexual advances, actions, comments or any other conduct in the workplace that creates an intimidating or otherwise offensive environment. Similarly, the use of racial or religious slurs — or any other remarks, jokes or conduct that encourages or permits an offensive work environment — will not be tolerated.

If you believe that you are subject to such conduct, you should bring such activity to the attention of your supervisor, the Corporate Compliance Officer, Human Resources (HR) or call the Compliance Hotline.

The hospital considers all complaints of such conduct to be serious matters, and all complaints will be investigated promptly. Some other activities that are prohibited:

- Threats
- Violent behavior
- The possession of weapons of any type
- The distribution of offensive jokes or other offensive materials via email or any other manner
- The use, distribution, sale or possession of illegal drugs or any other controlled substance, except to the extent permitted by law for approved medical purposes

In addition, personnel may not be on the hospital premises or in the hospital work environment if they are under the influence or affected by illegal drugs, alcohol or controlled substances used other than as prescribed.

Employee Privacy

The hospital collects and maintains personal information that relates to your employment, including medical and benefit information. Access to personal information is restricted solely to people who need to know this information. Personal information is released outside the hospital or to its agents only with employee approval, except in response to appropriate investigatory or legal requirements, or in accordance with other applicable law. Employees who are responsible for maintaining personal information and those who are provided access to such information must ensure that the information is not disclosed in violation of the hospital's personnel policies or practices.

Use of Hospital Property

Hospital equipment, systems, facilities, corporate charge cards and supplies must be used only for conducting hospital business or for purposes authorized by management. Personal items, messages or information that you consider private should not be placed or kept in telephone systems, computer systems, offices, work spaces, desks, credenzas or file cabinets. Employees should have no expectation of privacy with regard to items or information stored or maintained on hospital equipment or premises. Management is permitted to access these areas. Employees should not search for or retrieve articles from another employee's workspace without prior approval from that employee or management. Since supplies of certain everyday items are readily available at hospital work locations, the question of making personal use of them frequently arises. The answer is clear: employees may not use hospital supplies for personal use.

Use of Hospital Computers

The increasing reliance placed on computer systems, internal information and communications in carrying out hospital business makes it absolutely essential to ensure their integrity. Like other hospital assets, these should be used only for conducting hospital business or for purposes authorized by management. Their

unauthorized use, whether or not for personal gain, is a misappropriation of hospital assets. While the hospital conducts audits to help ensure that hospital systems, networks and databases are being used properly, it is your responsibility to make sure that each use you make of any hospital system is authorized and proper. Personnel are not allowed to load or download software or data onto hospital computer systems unless it is for business purposes and is approved in advance by the appropriate persons. Personnel shall not use hospital email systems to deliver or forward inappropriate jokes, unauthorized political materials, or any other potentially offensive materials. Personnel are strictly forbidden from using computers to access the Internet for purposes of gambling, viewing pornography or engaging in any illegal activities. Employees should have no expectation of privacy with regard to items or information stored or maintained on hospital premises or computer, information or communication systems.

Use of Proprietary Information

Proprietary Information

Proprietary information is generally confidential information that is developed by the hospital as part of its business and operations. Such information includes, but is not limited to, the business, financial, marketing and contract arrangements associated with hospital services and products, computer passwords, procedures used in producing computer or data processing records, personnel and medical records and payroll data. Other proprietary information includes management know-how and processes, hospital business and product plans with outside vendors, a variety of internal databases and copyrighted material, such as software. The value of this proprietary information is well-known to many people in the hospital industry. Besides competitors, they include industry and security analysts, members of the press and consultants. The hospital alone is entitled to determine who may possess its proprietary information and what use may be made of it, except for specific legal requirements such as the publication of certain reports. Personnel often has access to information that the hospital considers proprietary. Therefore, it is very important not to use or disclose proprietary information except as authorized by the hospital.

Inadvertent Disclosure

The unintentional disclosure of proprietary information can be just as harmful as intentional disclosure. To avoid unintentional disclosure, never discuss with any unauthorized person proprietary information that has not been made public by the hospital. This information includes unannounced products or services, prices, earnings, procurement plans, business volumes, capital requirements, confidential financial information, marketing and service strategies, business plans and other confidential information. Furthermore, you should not discuss confidential information even with authorized hospital employees if you are in the presence of others who are not authorized — for example, at a conference reception or in a public area such as an airplane. This also applies to discussions with family members or with friends, who might innocently or inadvertently pass the information on to someone else.

Direct Requests for Information

If someone outside the hospital asks you questions about the hospital or its business activities, either

directly or through another person, do not attempt to answer them unless you are certain you are the authorized person to do so. If you are not authorized, then refer the person to the appropriate source within the hospital. Under no circumstances should you contact or speak with any reporter without guidance and authorization. If you receive a request for information or to conduct an interview from an attorney, investigator or any law enforcement officer, and it concerns the hospital's business, you should refer the request to the office of the hospital's Chief Executive Officer.

Disclosure and Use of Hospital Proprietary Information

Besides your obligation not to disclose any hospital proprietary information to anyone outside the hospital, you are also required to use such information, only in connection with your duties as a staff member of the hospital. These obligations apply whether or not you developed the information yourself.

Proprietary and Competitive Information About Others

In the normal course of business, it is not unusual to acquire information about many other organizations, including competitors (other hospitals and health facilities). Doing so is a normal business activity and is not unethical in itself. However, there are limits to the ways that information should be acquired and used. Improper solicitation of confidential data about a competitor from a competitor's employees or from hospital patients is prohibited. The hospital will not tolerate any form of questionable intelligence gathering.

Recording and Reporting Information

You should record and report all information accurately and honestly. Every employee records information of some kind and submits it to the hospital (for example, a time card, an expense account record). To submit a document that contains false information — an expense report for meals not eaten, miles not driven or for any other expense not incurred — is dishonest reporting and is prohibited. Dishonest reporting of information to organizations and people outside the hospital is also strictly prohibited and could lead to civil or even criminal liability for you and the hospital. This includes not only reporting information inaccurately, but also organizing it in a way that is intended to mislead or misinform those who receive it. Personnel must ensure that they do not make false or misleading statements in oral or written communications provided to organizations outside of the hospital.

Exception

Nothing contained herein is to be construed as prohibiting conduct legally protected by the National Labor Relations Act or other applicable state or federal law.

Gifts and Entertainment

The hospital understands that vendors and others doing business with the hospital may wish to provide gifts, promotional items and entertainment to hospital personnel as part of such vendors' own marketing activities.

The hospital also understands that there may be occasions where the hospital may wish to provide reasonable business gifts to promote the hospital's services. However, the giving and receipt of such items can easily be abused and have unintended consequences; giving and receiving gifts, particularly in the healthcare industry, can create substantial legal risks. Personnel are prohibited from accepting any monies/gifts from vendors. If you have questions, please reach out to the Compliance Department for guidance.

General Policy

It is the general policy of the hospital that neither you nor any member of your family may solicit, receive, offer or pay any money or gift that is, or could be reasonably construed to be, an inducement in exchange for influence or assistance in conducting hospital business. It is the intent of the hospital that this policy be construed broadly such that all business transactions with vendors, contractors and other third parties are transacted to avoid even the appearance of improper activity.

Marketing and Promotions in Healthcare

As a provider of healthcare services, the marketing and promotional activities of the hospital may be subject to Anti-Kickback and other laws that specifically apply to the healthcare industry. The hospital has adopted policies elsewhere in this Compliance Program to specifically address the requirements of such laws. It is the policy of the hospital that personnel are not allowed to solicit, offer or receive any payment, compensation or benefit of any kind (regardless of the value) in exchange for referring or recommending the referral of patients or customers to the hospital.

Marketing

The hospital has expended significant efforts and resources in developing its services and reputation for providing high-quality patient care. Part of those efforts involve advertising, marketing and other promotional activities. These activities are potential sources of legal liability as a result of healthcare laws (such as the Anti-Kickback laws) that regulate the marketing of healthcare services. Therefore, it is important that the hospital closely monitor and regulate advertising, marketing and other promotional activities to ensure that all such activities are performed in accordance with hospital objectives and applicable law. It is the general policy of the hospital that no personnel engage in any advertising, marketing or other promotional activities on behalf of the hospital unless such activities are approved in advance by the appropriate hospital representative. Ask your supervisor to determine the appropriate hospital representative to contact. In addition, no advertising, marketing or other promotional activities targeted at healthcare providers or potential patients may be conducted unless approved in advance by the hospital's legal counsel. All content posted on Internet websites maintained by the hospital must be approved in advance by the hospital's Corporate Compliance Officer or Legal Counsel.

Conflicts of Interest

A conflict of interest is any situation in which financial or other personal considerations may compromise or appear to compromise any employee's business judgment, delivery of patient care or ability of any staff

member to do their job or perform their responsibilities. A conflict of interest may arise if you engage in any activities or advance any personal interests at the expense of the hospital's interests. An actual or potential conflict of interest occurs when any staff member is in a position to influence a decision that may result in personal gain for that individual, a relative or a friend as a result of the hospital's business dealings. A "relative" is any person who is related by blood or marriage, or whose relationship with the staff member is similar to that of persons who are related by blood or marriage, including a domestic partner, and any person residing in the staff member's household. You must avoid situations in which your loyalty may become divided. An example would be providing assistance to an organization that provides services and products in competition with the hospital's current or potential services or products. You are required to disclose any current or future arrangements of work for an organization as an employee, independent contractor, a consultant or a member of its Governing Board. Such activities may be prohibited because they divide your loyalty between the hospital and that organization. Failure to disclose such an arrangement to the hospital's Corporate Compliance Officer or legal counsel may be grounds for termination. **See Conflict of Interest Policy.**

Outside Employment and Business Interests

You are not permitted to work on any personal business venture on the hospital premises or while working on hospital time. In addition, you are not permitted to use hospital equipment, telephones, computers, materials, resources or proprietary information for any outside work. You must abstain from any decision or discussion affecting the hospital when serving as a member of an outside organization, board or in public office, except when specific permission to participate has been granted by the hospital's Corporate Compliance Officer or Legal Counsel.

Contracting with the Hospital

You may not contract with the hospital to be a supplier, to represent a supplier to the hospital or to work for a supplier to the hospital while you are an employee of the hospital. In addition, you may not accept money or benefits of any kind for any advice or services you may provide to a supplier in connection with its business with the hospital, unless permission has been granted by the Corporate Compliance Officer or Legal Counsel.

Required Standards

All decisions and transactions undertaken by personnel in the conduct of the hospital's business must be made in a manner that promotes the best interests of the hospital. Personnel have an obligation to address both actual conflicts of interest and the appearance of a conflict of interest. You must always disclose and seek resolution of any actual or potential conflict of interest — whether or not you consider it an actual conflict — before taking a potentially improper action. No set of principles or standards can cover every type of conflict of interest. The following standards address conduct required of all personnel and provide some examples of potential conflict of interest situations:

1. Personnel may not make or influence business decisions, including the execution of purchasing agreements (including but not limited to agreements to purchase or rent equipment, materials, supplies or space) or other types of contracts (including contracts for personal services), from which they, a family member or a friend may benefit.
2. Personnel must disclose their financial interests in any entity that they know to have current or prospective business, directly or indirectly, with the hospital.
3. Personnel must disclose any activity, relationship or interest that may be perceived to be a conflict of interest so that these activities, relationships and interests can be evaluated and managed properly.
4. Personnel must disclose any outside activities that interfere, or may be perceived to interfere, with the individual's capacity to satisfy their job or responsibilities at the hospital.
5. Personnel may not solicit personal gifts or favors from vendors, contractors, or other third parties that have current or prospective business with the hospital. Questions regarding the gift limitations should be directed to the Compliance Officer.
6. Any involvement by personnel in a personal business venture shall be conducted outside the hospital work environment and kept separate from the hospital's business in every respect.
7. Personnel should not accept employment or engage in a business that involves, even nominally, any activity during hours of employment with the hospital. The use of any hospital equipment, supplies or property or any direct relationship with the hospital's business or operation is prohibited.
8. Personnel must guard patient and hospital information against improper access or use by unauthorized individuals.
9. The hospital's materials, products, designs, plans, ideas and data are the property of the hospital and should never be given to an outside firm or individual, unless authorized to do so.
10. Personnel must avoid any appearance of impropriety when dealing with clinicians and referral sources.
11. All vendors and contractors who have or desire business relationships with the hospital must abide by this Compliance Program and our Code of Conduct. Personnel having knowledge of vendors or contractors who violate these standards in their relationship with the hospital must report these to their supervisor or manager.
12. Personnel shall not sell any merchandise on hospital premises and shall not sell any merchandise of a medical nature that is of a type or similar to what is sold or furnished by the hospital, whether on or off hospital premises, unless prior approval is obtained from the hospital's Chief Executive Officer and Legal Counsel.
13. Personnel shall not request donations for any purpose from other personnel, patients, vendors, contractors or other third parties, unless prior approval is obtained from the hospital's Chief Executive Officer or Legal Counsel.

14. Personnel may not endorse any product or service offered by a vendor/supplier or that has a relationship with the hospital without explicit prior approval to do so.

Disclosure of Potential Conflict Situations

You must disclose any activity, relationship or interest that is or may be perceived to be a conflict of interest and complete the Conflict of Interest (COI) Questionnaire within 90 days of known or perceived conflict.

At least annually thereafter, you must review the Code of Conduct and complete the Conflict of Interest Questionnaire (supervisors/managers and above). It is your responsibility to promptly report any actual or potential conflicts. All COI forms must be sent to the Compliance Officer. The Compliance Officer will review all disclosures and determine which disclosures require further action. The Compliance Officer will consult with Legal Counsel if it is unclear whether an actual conflict of interest exists. The outcome of these consultations will result in a written determination, signed by all decision-makers involved, stating whether or not an actual conflict of interest exists. If a conflict of interest is determined to exist, then the written determination shall set forth a plan to manage the conflict of interest which may include that:

1. The conflict of interest is permitted
2. The conflict of interest is permitted with modification or oversight, including such steps as reassignment of responsibilities or establishment of protective arrangements
3. The conflict of interest will require the Personnel to abstain from participating in certain governance, management or purchasing activities related to the conflict of interest
4. The conflict of interest must be eliminated or if it involves a proposed role in another organization or entity, must not be undertaken. The Compliance Officer or Legal Counsel will review any written determination with you, discuss any necessary action you are to take and ask you to sign the written determination. The signed written determination will be kept with your HR file.

Anti-Competitive Activities

No personnel should falsify or provide misleading statements about a competitor (other hospitals or health facilities). This action is inappropriate and may invite disrespect and complaints, as well as may violate the law.

Reporting Violations

The hospital supports and encourages each employee and contractor to maintain individual responsibility for monitoring and reporting any activity that violates or appears to violate any applicable statutes, regulations, policies or this Compliance Program. The hospital has established a reporting mechanism that permits anonymous reporting, if the person making the report desires anonymity. Employees who become aware of a violation must report the improper conduct to the Compliance Officer. The officer, or a designee, will then investigate all reports and ensure that appropriate follow-up actions are taken. Hospital policy prohibits retaliation against an employee who makes such a report in good faith. In addition, it is the

policy of the hospital that no employee will be punished on the basis that he/she reported what he/she reasonably believed to be improper activity or a violation of this program. However, employees are subject to disciplinary action if after an investigation it is determined that the reporting employee knowingly fabricated, or knowingly distorted, exaggerated or minimized the facts to either cause harm to someone else or to protect or benefit themselves.

ELEMENT 2: DESIGNATE A COMPLIANCE OFFICER AND ESTABLISH A COMPLIANCE COMMITTEE

The purpose of this section is to explain the various processes that Palomar Health has established for the purpose of providing structure and support to the Compliance Program.

The Compliance Program structure has four parts, each with certain responsibilities:

-
- The Board Audit and Compliance Committee provides oversight of the Corporate Compliance Program
-
- The Ethics and Compliance Committee advises and assists with the operations of the Corporate Compliance Program and supports the Corporate Compliance Officer
-
- The Corporate Compliance Officer directs the daily operations of the program
-
- The Corporate Compliance Department staff carry out the policies, duties and assignments that make the program effective in its compliance functions
-

Board Audit and Compliance Committee

The Board Audit and Compliance Committee (BACC) consists of Palomar Health Board of Director members, Legal Counsel, Chief Executive Officer, Compliance Officer and any other invited persons. The committee meets quarterly or as often as deemed necessary. The committee's primary function is to assist the Board in fulfilling oversight responsibilities related to:

1. The integrity of the hospital's financial statements
2. The hospital's compliance with legal and regulatory requirements
3. Continued training and education
4. Evaluation of the performance of the hospital's internal and external audit functions

Ethics and Compliance Committee

This is an internal committee which meets quarterly and provides recommendations and support to the Compliance Officer. The committee reviews reports, evaluates any issues, makes recommendations, reviews any Compliance Policy changes and helps develop, monitor, implement and operate the hospital's Compliance Program. The committee is made up of individuals with diverse knowledge and responsibilities within the hospital. The Compliance Officer serves as the chair to this committee.

Corporate Compliance Officer

The Corporate Compliance Officer is designated by the hospital's Board to coordinate the development, implementation, communication and monitoring of the Corporate Compliance Program. They will oversee and coordinate all compliance activities, including education and training and the compliance monitoring activities. This individual reports to the Chief Executive Officer and the Board Audit and Compliance Committee and has access to the committee and committee members with respect to compliance issues at all times. The Compliance Officer will have primary administrative reporting responsibility under the Chief Legal Counsel and various reporting relationships with members of executive management.

Duties may include:

- Ensuring the Compliance Program documents are maintained and updated in lieu of regulatory and organizational changes.
- On an annual basis review the Compliance Program Effectiveness of the basic elements individually, as well as ensure the review by an external audit firm every three years.
- Developing, coordinating and participating in educational and training programs that focus on elements of the Compliance Program. Ensuring that personnel are knowledgeable about, act in accordance with and know how and where to report any issues in conflict with the Compliance Program.
- Ensure that employees, independent contractors, volunteers/students have not been excluded from participating in Medicare, Medi-Cal or any other federal/state program. Checks must be completed within 90 days of hire and monthly thereafter.
- Ensure that independent contractors and vendors are aware of the Compliance Program and that they have appropriate documentation of Compliance and HIPAA training on an annual basis.
- Work with departments to ensure auditing, monitoring and reporting are being shared with appropriate committees.
- Independently investigating and acting on matters related to compliance, including design and coordination of internal investigations and implementation of any corrective action and maintaining these records.
- Maintain liaison with in-house counsel and outside counsel and with regulatory authorities in connection with the administration of the Compliance Program.

The Compliance Officer has the authority to review all documents and other information relevant to compliance activities, including, patient records, billing records, records concerning marketing efforts and all arrangements with third parties, including without limitation employees, independent contractors, suppliers and physicians.

ELEMENT 3: CONDUCT EFFECTIVE TRAINING AND EDUCATION

Palomar Health is committed to providing training opportunities to **COMMUNICATE AND EDUCATE** personnel about applicable laws, regulations and policies, as well as, evaluating and assisting in project planning to help **PREVENT** any non-compliance by being proactive instead of reactive. An informed staff is the link which holds the organization together.

Palomar Health is committed to providing complete, effective and relevant training regarding overall organizational compliance of the Compliance Program, Code of Conduct, HIPAA, Fraud, Waste and Abuse policies to its employees. Records of participation are maintained for formal mandatory compliance training. Failure to complete training requirements may result in disciplinary action.

New Employee Orientation

Every new staff member receives introductory training related to compliance on their first day of employment. This is an in-person and virtual training with presentations from the experts in designated areas. During orientation, the new employee will learn about the below and other topics covered in our Living Our Values – Code of Conduct.

-
- **Excellence** – Providing Safe, High-Quality Care
-
- **Teamwork** – Employee Responsibility, Leadership Promise, Reporting Compliance Issues, Investigations and Resolution, Non-Retaliation, Disciplinary Actions
-
- **Service** – Safety, Health and Environment, Workplace Conduct and Employment Practices
-
- **Compassion** – Patient Rights, Admission, Transfers and Continuity of Care
-
- **Trust** – Quality of Care, Qualified Caregivers, Information Technology, Confidentiality and Privacy
-
- **Integrity** – Conflicts of Interests, Gifts and Entertainment, Medical Record Documentation, Coding and Billing, Organizational Assets, Physician Relations Customer and Business Associate Relations
-

The Palomar New Employee Curriculum

After completing the New Employee Orientation, new staff are required to complete additional on-line compliance training within the first 30 days of employment. These compliance topics include:

- HIPAA
- Anti-Discrimination and Anti-Harassment, including Sexual Harassment
- Workplace Diversity
- Patient Rights
- Advance Directive
- Abuse and Neglect
- Corporate Compliance
- Fraud, Waste and Abuse
- Information Systems Security

Every new employee must sign and acknowledge the Compliance Attestation and Conflict of Interest Form.

Annual Compliance Training

All employees are required to participate in Annual Mandatory Training. This training contains modules on Compliance, Code of Conduct, Privacy and Information Security. Content is provided by HealthStream and includes California-state-specific trainings. Employees must complete the training within a designated timeframe or there may be disciplinary actions.

The Board of Directors receive trainings on varied topics throughout the year and must complete annual Compliance and HIPAA training.

Compliance training is reviewed annually to ensure it stays current with regulations and examples.

Compliance Training/Education and Policies

Palomar Health and the Compliance Officer are committed to ensuring the Compliance team receives the opportunity to attend training and education regarding new or revised regulations. The external training and education knowledge is then shared with other members of the Ethics and Compliance Committee members where it is reviewed for impact on current hospital policies, procedures, compliance and/or any risk. On an annual basis, any vendor or contractor with a BAA is required to sign the Compliance and HIPAA Attestation confirming that they, their employees and any subcontractor have completed Compliance and HIPAA training.

ELEMENT 4: EFFECTIVE LINES OF COMMUNICATION

Palomar Health is committed and recognizes the importance of effective, ongoing communication to **DETECT** compliance concerns and **PREVENT** future non-compliance. Hospital staff have open access to the Compliance Officer and Compliance team to report, seek guidance or clarification with any concerns or compliance issues or in the event of any confusion or question about a statute, regulation or policy discussed in the Compliance Program.

Written Communications

The Compliance team provides updates and regulatory information through written correspondence such as periodic emails, committee meetings, Compliance Newsletter and Intranet webpage content to hospital staff regarding potential risk areas, areas of focus and opportunities for improvement.

Managers and Department/Executive Leader Targeted Communications

Managers and Department leaders, including executive level, are responsible for communicating the importance of the Compliance Program and ensuring all hospital staff have access to the Compliance Program, Code of Conduct and all associated policies and procedures. Managers and department leaders keep staff informed of ongoing compliance efforts and opportunities for improvement.

Department leader's work with regulatory to ensure compliance measures and metrics are communicated and met through mock audits and routine ongoing auditing and monitoring. These results are then shared during the multiple committee and Board meetings routinely.

Reporting Concerns

Palomar Health has five ways anyone can report concerns or possible wrongdoing regarding compliance issues. All hospital employees have a responsibility to report any and all good-faith concerns regarding possible or potential non-compliance with laws, regulations, accreditation standards, policies and procedures, the Code of Conduct or this Compliance Program through any of the following methods:

- Telephone – Anonymously or Identify (two separate numbers)
- Online Submission Form
- Email
- Scan the QR Code

This Compliance Program and the Code of Conduct provide guidance on compliance issues you might face as an employee, additional information can be found in the Compliance Policies and Procedures located in Lucidoc. Common areas of a compliance concern that you may encounter may include, but is not limited to:

- Conflicts of Interest
- Giving and Receiving Gifts or Incentives
- Privacy, Confidentiality and Data Security
- Billing Issues
- Inappropriate Referrals
- Fraud, Waste and Abuse
- Substandard Patient Care and Treatment

Communications received are treated as privileged to the extent permitted by law, however, it is possible that the identity of a person making a report may become known, or that governmental authorities or a court may compel disclosure of the name of the reporting person.

Non-Retaliation for Reporting

Palomar Health is committed to open, safe communications and as such, persons who in good-faith report compliance concerns will not be subject to retaliation. All employees must fully cooperate with any compliance investigation and shall not be subject to retaliation for such cooperation. Any individual who interferes with a compliance investigation or retaliates against someone who reports a potential compliance violation, shall be subject to disciplinary action. False or deceptive reports may be grounds for termination.

Confidentiality & Anonymity

Palomar Health encourages employees to report suspected compliance issues and believes that confidentiality is an integral part for encouraging participation. The Compliance Department maintains reports and any investigations confidential to the extent possible, ensuring only those that need to know of the activities have such knowledge. However, confidentiality does not mean that the report will be anonymous.

The Compliance Department will attempt to maintain the anonymity of the reporting individual – but this is not always possible and is not guaranteed. Occasionally disclosing the identity of the reporting individual is necessary to ensure the health and safety of patients, staff or the general public. Identity may also be required by law or the courts, as stated above.

How to Report

Palomar Health has many modes in which an individual can report compliance concerns or issues, including the following:

Through a Supervisor or Any Leader

This report can be verbal or written. Supervisors or any leader who receives a complaint is responsible for reporting those concerns to the Compliance Department.

Via the Compliance Values Hotline – 800.850.2551

Through the Compliance Hotline individuals can ask questions, obtain information and confidentially report potential violations of the compliance program. This number can be reached 24/7 and an individual will be able to speak with a live person. The individual can report anonymously or may identify themselves. Every call is logged and tracked.

Telephonically – 442.281.3632

Individuals can call this number to report and identify themselves regarding any issue or ask questions. An individual will speak directly with a member of the Compliance team. This number is available during office hours and any call received to this number after hours will be returned the next business day.

Online Submission Form

Any individual can locate the Online Submission Form via Palomar Health's Intranet site: PalomarHealth.org > SpeakUp to report. This also allows for an individual to report anonymously.

Email

Any individual may submit a compliance concern directly to Compliance.Officer@PalomarHealth.org. These emails are tracked and answered within 24 hours. This method is typically not confidential, however an individual always has the right to request anonymity.

Mobile Values Hotline

An employee can scan the QR code to submit a concern. This allows for anonymous reporting or the individual may identify themselves.

All compliance concerns filed are responded to within 24 hours, unless filed on the weekend or a holiday, then it would be the next business day.

Departing Employees

Departing employees, whether departing voluntarily or involuntarily, are provided with the opportunity to address and report any compliance concerns. The Compliance Exit Questions are a part of the HR Exit Interview process. The responses to the Compliance Exit Questions are tracked, reported to leaders and the Board and when applicable, assigned for investigation and resolution.

What Happens After You Report?

All employees are obligated to cooperate with any compliance investigation. Once reported, the Compliance Department will initiate an investigation if the issue falls within a violation of the Compliance Program or policies. Employees cannot avoid disciplinary actions for their own misconduct or noncompliance by reporting the issue to the Compliance team or through any of the methods mentioned above.

Palomar Health will follow the Human Resources Disciplinary Policy for determining how to address the misconduct and/or non-compliance. Any employee who makes a false report or knowingly distorts the truth in a report to injure someone else or protect themselves shall be subject to disciplinary action, up to and including termination.

ELEMENT 5: CONDUCT INTERNAL AUDITING AND MONITORING

The Compliance department works in collaboration with other teams to regularly evaluate areas of compliance risk and to identify opportunities to improve. All personnel are expected to cooperate with any such activities. The purpose of monitoring is constructive as it provides an opportunity to identify and correct any systemic problems or misunderstandings of regulations so that the same incident does not occur in the future. As part of the Compliance Program the audit plan is reviewed and revised annually and throughout the year as part of staying proactive. Reports are maintained in the Compliance Department and shared with both the Ethics and Compliance Committee and the Board and Audit Committee on a regular basis.

Audits are performed by internal and external individuals. Audits may include, but are not limited to: creating and analyzing reports and documents, reviewing random samples of cases, interviews, trend analysis and other techniques. Audits may be unscheduled or address compliance with laws governing Anti-Kickback arrangements, Stark Law (physician referrals), claims development and submissions, reimbursements, questionnaires, medical records and marketing.

In the event that an area discovers or does not meet the Compliance requirements of an audit, a Corrective Action Plan will be initiated for any deficient findings.

ELEMENT 6: WELL-PUBLICIZED DISCIPLINARY GUIDELINES

Palomar Health is committed to ensuring compliance throughout the organization and consistently enforces its policies and procedures and administers disciplinary action for failure to comply with federal or state law, the Code of Conduct, Compliance Program or Palomar's other policies and procedures to **PREVENT** future noncompliance. Any employee involved in actions of verified misconduct or compliance violations will be subject to disciplinary actions, which may include termination of employment.

Together the department lead and a HR representative have primary responsibility for managing employee discipline. Compliance will recommend and be advised on actions taken if the issue involves a compliance violation. To the extent it is not specifically stated otherwise in an applicable collective bargaining agreement, the following procedures apply:

- Verbal Warning
- Written Warning
- Suspension of employment, privileges and/or affiliation
- Termination of employment
- Performance Correction Plan (PCP)

These disciplinary standards can and will be utilized based on the seriousness of the violation, and Palomar Health is not required to institute a less serious disciplinary action prior to a more serious disciplinary action. All actions taken are documented by HR. For more information, please review [HR Policy 10468 Disciplinary Guidelines](#).

ELEMENT 7: DETECTED OFFENSES THROUGH INVESTIGATIONS AND CORRECTIVE ACTIONS

As the Compliance Team is made aware or discovers potential compliance concerns through a variety of modes, as mentioned in Elements 4 & 5 above. All compliance concerns will be investigated and **CORRECTED** by the individual department, Compliance team and, if necessary, from General Counsel, Human Resources and other leaders. We evaluate reports or results from monitoring/auditing activities to determine if a potential compliance violation exists. When a compliance concern is reported, an investigation will occur. Investigations may be conducted by internal and external persons, including legal counsel. All compliance investigations will be conducted in an unbiased manner and in confidence as the law permits and involve only necessary individuals.

Compliance investigations may include, but not be limited to, the below activities:

- 1. Interviews** – This could include a multitude of individuals, for example: the reporter/complainant, departmental individuals, patients/families or any witness to an event or noncompliant activity
- 2. Audits and/or Reports** – This includes the review of records, billing/coding logs, entry logs and many others
- 3. Reviewing Relevant Records and/or Documents** – This includes the review of medical records and information that is relevant to the investigation
- 4. Reviewing Video/Audio** – Any available surveillance video or audio footage may be reviewed

Only upon the conclusion of a compliance investigation will the Compliance team notify the appropriate hospital individuals regarding the outcome. Compliance investigations are performed with the support of legal counsel as needed and will be reported to the Ethics and Compliance Committee, as well as to the Board Audit and Compliance Committee, as appropriate.

Palomar Health does not tolerate illegal conduct or knowingly, intentional or willful noncompliance with federal, local or state laws or regulations, accreditation requirements or of policies and procedures. In the event of noncompliant activity, corrective actions may occur before or after an investigation or without conducting an investigation. We may obtain support from legal counsel and other hospital teams and/or leadership in creating and instituting a corrective action plan.

Corrective action plans take into account the root cause of the noncompliance and are designed to correct existing noncompliance, mitigate current and potential risk and prevent future noncompliance. Corrective actions can include, but are not limited to, the following activities:

- Stopping the noncompliant activity
- Repaying any overpayments
- Creating new processes
- Reporting the activity to the appropriate government or oversight authority
- Education and training
- Disciplinary actions
- Ongoing monitoring

NOTE

Compliance is everyone's responsibility. Employees are our eyes and ears and first line of defense in preventing noncompliance. Everyone should familiarize themselves with the regulations, policies and procedures that apply to their individual departments.

With hospitals being the second most regulated industry, Palomar Health relies on all those associated or affiliated with its systems to follow the laws and regulations which impact the services provided. Please communicate your commitment with others around you. If you have any questions, do not hesitate to reach out to your supervisor, the Compliance team, the human resources team or any leader. We are all here to educate and assist with any concerns and to help you understand the rules and their impact on our organization.

REFERENCES

Code of Conduct

Conflict of Interest Policy

Human Resources Disciplinary Policy



PALOMAR HEALTH®

Reimagining Healthcare®

ADDENDUM C

Memorandum



To: Board of Directors
From: Michael Pacheco - Chair, Board Audit & Compliance Committee
Date: Monday, March 11, 2024
Re: Board Audit & Compliance Committee Meeting, February 20, 2024

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

ACTION ITEMS

- **Board Audit & Compliance Committee minutes, October 17, 2023:** The voting members reviewed and approved the Board Audit & Compliance Committee minutes from October 17, 2023
- **Board Audit & Compliance Committee 2024 Meeting Calendar:** The voting members reviewed and approved the meeting calendar for 2024
- **Board Audit & Compliance Committee 2024 Standing Agenda Items:** The voting members reviewed and approved the standing agenda items for 2024
- **New Compliance Program:** The voting members reviewed and approved the new compliance program and moved to the Board of Directors for ratification
- **2024 Compliance Internal Audit Schedule:** The voting members reviewed the compliance internal audit schedule for 2024
- **Hotline – Year End Report:** The voting members reviewed the hotline year-end report

Memorandum



To: Board of Directors
From: Jeffrey Griffith, EMT-P, Chair, Board Governance Committee
Date: March 11, 2024
Re: Board Governance Committee, February 1, 2024, Meeting Summary

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

ACTION/INFORMATIONAL ITEMS

- **Board Governance Committee Meeting minutes, January 4, 2024:** The Committee reviewed and approved the minutes from January 4, 2024.
- **Board Governance Committee Meeting Schedule for Calendar Year 2024:** The Committee reviewed and approved the meeting schedule.
- **Board Governance Committee Charter:** The Committee reviewed and approved the Committee's updated charter.
- **Gifts and Donations #21776 and Naming Policy #27932 Review:** The Committee reviewed and recommended re-visiting the policies at the April meeting.
- **Conflict of Interest #21800 Review:** The Governance Committee reviewed and approved policy and moved to the Board of Directors February 12, 2024, meeting. Approved by Board of Directors.
- **Bylaws of Palomar Health Review:** The Governance Committee reviewed and recommend re-visiting the subject at the April meeting. Ad hoc group will look at combining Human Resources and Community Relations Committees.
- **Follow-Up Items:** The Committee reviewed and recommend re-visiting the subject at the April meeting.