



*Board of Directors
Meeting Agenda Packet*

April 8, 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
Friday,
April 5, 2024

BOARD OF DIRECTORS

Meeting Agenda

Monday, April 8, 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.	APPROVAL OF MINUTES (ADD A)	5		7:10
	a. Board of Directors Meeting – Monday, March 11, 2024 (Pp 5-12)			
	b. Board of Directors Special Closed Session Meeting – Monday, March 11, 2024 (Pp 13-15)			
5.	APPROVAL OF AGENDA to accept the Consent Items as listed (ADD B)	5		7:15
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 16-19)		2	
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 20-33)		3	
	c. General Surgery Clinical Privileges (Pp 34-44)		4	
	d. Policy and Procedure Approval (Pp 45-83)			
6.	REPORTS – Informational Only			
	a. Medical Staff			
	I. Palomar Medical Center Escondido – <i>Kanchan Koirala, MD</i>	5		7:20
	II. Palomar Medical Center Poway – <i>Sam Filiciotto, MD</i>	5		7:25
	b. Administration			
	I. Chief Medical Officer – <i>Omar Khawaja, M.D.</i>	5		7:30
	II. Chair of the Board – <i>Jeff Griffith, E.M.T.-P.</i>	5		7:35
7.	APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS and OTHER ACTIONS (ADD C)	5		7:40
	a. Resolution 04.08.24(01)-06 Of The Board of Directors Of Palomar Health Finding The Need For Up To Six Compensable Meetings Per Month For The Effective Operation Of The District (Pp 84-87)			
	b. Resolution 04.08.24(02)-07 Ordinance of the Board of Directors of Palomar Health Providing For A Five Percent Increase In Board Member Compensation For Attendance At Board Meetings (Pp 88-90)			

8.	COMMITTEE REPORTS – <i>Informational Only (ADD D)</i>	5		7:45
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair <i>(No meeting in March)</i>			
	b. Community Relations Committee – Terry Corrales, Committee Chair <i>(No meeting in March)</i>			
	c. Finance Committee – Laura Barry, Committee Chair			
	d. Governance Committee – Jeff Griffith, Committee Chair <i>(No meeting in March)</i>			
	e. Human Resources Committee – Terry Corrales, Committee Chair <i>(No meeting in March)</i>			
	f. Quality Review Committee – Linda Greer, Committee Chair <i>(Pp 91-92)</i>			
	g. Strategic & Facilities Planning Committee – Michael Pacheco, Committee Chair <i>(No meeting in March)</i>			
FINAL ADJOURNMENT				7:45

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

¹3 minutes allowed per speaker. For further details, see Request for Public Comment Process and Policy on page 5 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](#)*

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.

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 Medical Center Escondido Medical Staff
Credentialing Recommendations**

TO: Board of Directors

MEETING DATE: April 8, 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
March 2024**

TO: Board of Directors

MEETING DATE: Monday, April 8, 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: April 8, 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 General Surgery 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:

ADDENDUM A

Board of Directors Meeting Minutes – Monday, March 11, 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 March 7, 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 6:32 p.m. by Board Chair Jeff Griffith.

1. ESTABLISHMENT OF QUORUM

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

Absences: None

2. OPENING CEREMONY – Pledge of Allegiance to the Flag

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

Agenda Item

- Discussion

Conclusion / Action /Follow Up

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

3. PUBLIC COMMENTS

- Misty Tienken
- Georgine Tomasi
- Marcelle Rossman

4. PRESENTATIONS

a. Department Highlight - Construction

- Michael Mills, Vice President, Construction and Facilities, shared a presentation with the Board. Chair Jeff Griffith presented the Construction Department with a certificate of appreciation.

5. APPROVAL OF MINUTES

Agenda Item

• Discussion

- a. Board of Directors Meeting - Monday, February 12, 2024
- b. Board of Directors Special Closed Session Meeting - Thursday, February 8, 2024
- c. Board of Directors Special Session Meeting - Wednesday, February 21, 2024
- d. Board of Directors Special Session Meeting - Thursday, February 29, 2024

Conclusion / Action /Follow Up

MOTION: By Director Edwards-Tate, 2nd by Director Corrales and carried to approve the Monday, February 12, 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 – aye

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

Motion approved.

MOTION: By Director Corrales, 2nd by Director Pacheco and carried to approve the Monday, February 8, 2024, Board of Directors Special Closed Session 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 – aye

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

Motion approved.

Agenda Item

- Discussion

Conclusion / Action /Follow Up

MOTION: By Director Pacheco, 2nd by Director Edwards-Tate and carried to approve the Monday, February 21, 2024, Board of Directors Special Session 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 – aye

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

Motion approved.

MOTION: By Director Corrales, 2nd by Director Pacheco and carried to approve the Monday, February 29, 2024, Board of Directors Special Session Meeting minutes, as presented.

Roll call voting was utilized.

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

Chair Griffith announced that five board members were in favor. One opposed. One abstention. None absent.

Motion approved.

- No discussion

Agenda Item

<ul style="list-style-type: none"> Discussion 	Conclusion / Action /Follow Up
6. APPROVAL OF AGENDA to accept the Consent Items as listed	
<ul style="list-style-type: none"> a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments c. Otolaryngology Clinical Privileges d. Palomar Health Corporate Compliance Program 	<p>MOTION: By Director Barry, 2nd by Director Corrales and carried to approve Consent Agenda items a through d as presented.</p> <p>Roll call voting was utilized.</p> <p>Director Barry – aye Director Greer – aye Director Clark – aye Director Griffith – aye Director Corrales – aye Director Pacheco – aye Director Edwards-Tate – aye</p> <p>Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent.</p> <p>Motion approved.</p>
<ul style="list-style-type: none"> 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.	

Board of Directors Meeting Minutes – Monday, March 11, 2024

Agenda Item

• *Discussion*

Conclusion / Action /Follow Up

II. Chair of the Board

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

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

a. Audit and Compliance Committee

- Committee Chair Michael Pacheco provided a verbal report.

b. Community Relations Committee

- Committee Chair Terry Corrales reported the committee was dark in the month of February. Announced the Volunteer Appreciation has been added to Directors calendars for April 25, 2024.

c. Finance Committee

- Committee Chair Laura Barry reported the committee was dark in the month of February.

d. Governance Committee

- Committee Chair Jeff Griffith provided a verbal report. Announced an ad hoc committee consisting of Directors Corrales, Greer and Barry has been formed to consider combining Community Relations and Human Resources Committees.

e. Human Resources Committee

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

f. Quality Review Committee

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

g. Strategic & Facilities Planning Committee

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

Board of Directors Meeting Minutes – Monday, March 11, 2024

Agenda Item

- *Discussion*

Conclusion / Action /Follow Up

FINAL ADJOURNMENT

- There being no further business, Chair Jeff Griffith adjourned the meeting at 7:11 p.m.

Signatures:

Board Secretary

Terry Corrales, R.N.

Board Assistant

Carla Albright

SPECIAL CLOSED SESSION BOARD OF DIRECTORS MINUTES – MONDAY, MARCH 11, 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 Thursday, March 7, 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 5:30 p.m. by Board Chair Jeff Griffith.</p>	
II. ESTABLISHMENT OF QUORUM	
<p>Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Greer, Griffith, Pacheco Absences: None</p>	
III. PUBLIC COMMENTS	
<p>There were no public comments.</p>	

IV. ADJOURNMENT TO CLOSED SESSION

- a. Pursuant to California Government Code § 54956.6 — CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION — Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: One (1) potential case
- b. Pursuant to California Government Code §54956.9(a) and (e); §54954.5—CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION—Case name(s) unspecified, disclosure would jeopardize service of process, existing negotiations, or result in other prejudice to the position of the District.
- c. 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: March 31, 2025

V. RE-ADJOURNMENT TO OPEN SESSION

VI. ACTION RESULTING FROM CLOSED SESSION – IF ANY

No action.

VII. FINAL ADJOURNMENT

There being no further business, Chair Jeff Griffith adjourned the meeting at 6:20 p.m.

SIGNATURES:	BOARD SECRETARY	_____ Terry Corrales, R.N.
	BOARD ASSISTANT	_____ Carla Albright

DRAFT

ADDENDUM B

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

April 2, 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: April 8, 2024

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (04/08/2024 – 03/31/2026)

Austin, Katherine C., M.D. – Obstetrics & Gynecology
Burn, Sean D., M.D. – Diagnostic Radiology
Jalil, Nasreen, M.D. – Internal Medicine
Pham, Kevin G., D.O. – Internal Medicine
Rohrhoff, Nicholas J., M.D. – Critical Care Medicine
Subedi, Ramesh, M.D. – Critical Care/Pulmonary Medicine

Advance from Provisional to Active Category

Bear, Jonathan R., M.D. Dept. of Radiology (05/01/2024 to 02/28/2025)
Kissling, Chase A., M.D. – Dept. of Anesthesia (05/01/2024 to 06/30/2025)
Nguyen, Alexandre D., M.D. – Dept. of Emergency Medicine (05/01/2024 to 10/31/2025)

Additional Privileges

Davis, Graham W., D.O. – Adult Cardiac Bypass Surgery Anesthesiology Core Privileges (eff. 04/08/2024 – 03/31/2025)

Voluntary Resignations

Cho, Aaron A., M.D. – Diagnostic Radiology (eff. 02/01/2024)
Davis, Steven W., M.D. – Radiation Oncology (eff. 04/30/2024)
Ferrante, Kimberly L., M.D. – OB/Gyn (eff. 04/30/2024)
Flinn, Anna M., D.O. – Ob/Gyn, (eff. 04/30/2024)
Gioioso, Valeria, M.D. - Diagnostic Radiology (eff. 01/08/2024)
Horn, Adam R., M.D. – Radiation Oncology (eff 04/30/2024)
Kuo, Frank, M.D. - Diagnostic Radiology (eff. 01/08/2024)
Laufik, Martin, M.D. - Diagnostic Radiology (eff. 02/01/2024)
Myers, Timothy V., M.D. – Diagnostic Radiology (eff. 03/21/2024)
Newman, Michael S., D.O. – Critical Care Medicine (eff. 04/30/2024)
Patel, Kiran R., M.D. - Diagnostic Radiology (eff. 02/01/2024)

Pinnell, Sean P., M.D. - Diagnostic Radiology (eff. 02/01/2024)
 Quenelle, Nicole B., M.D. – Hematology/Oncology (eff. 04/30/2024)
 Samuel, William S., M.D. – Neurology (eff. 02/27/2024)
 Sun, Stephen, D.O. – Internal Medicine (eff. 03/31/2024)
 Tahaei, Seyed A., M.D. – Pain Medicine (eff. 01/01/2024)
 Tolen, Jennifer A., M.D. – OB/Gyn (eff. 04/30/2024)
 Wenger, Scott J., D.O. – General Surgery (eff. 04/30/2024)
 Wilder, Michael L., M.D. – Hospice & Palliative Medicine (eff. 04/30/2024)

Request for Leave of Absence

Mashayekhi, Pegah M., M.D. – Sleep Medicine (eff. 05/01/2024 to 04/30/2026)
 Reuther, Marsha S., M.D. – Otolaryngology (eff. 03/11/2024 to 02/28/2026)
 Singh, Gurpreet, M.D. – Internal Medicine (eff. 01/01/2024 to 12/31/2025)

Allied Health Professional Voluntary Resignation

Geren, Jennifer L., Ph.D. – Psychology (eff. 04/30/2024)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointment effective 04/01/2024 - 05/31/2024

Laurent, Louise C., M.D.	Maternal-Fetal Medicine	Dept. of OB/GYN	Courtesy
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Reappointments (effective 05/01/2024 – 4/30/2026)

Aranha, Neil A., M.D.	Anesthesiology	Dept. of Anesthesiology	Active
Bell, Mark R., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Affiliate
Bonenfant, Jeffrey M., D.O.	Critical Care Medicine	Dept. of Medicine	Active
Brummel, Jared A., D.O.	Orthopaedic Surgery	Dept. of Ortho Surgery/Rehab	Active
Chang, Alexander T., M.D.	General/Vascular Surgery	Dept. of Surgery	Active
Dutton, Pascual H., M.D.	Orthopaedic Surgery	Dept. of Ortho Surgery/Rehab	Active
Edwards, Irv, M.D.	Emergency Medicine	Dept. of Emergency Medicine	Affiliate
Griesinger, Michael G., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Ha, Chi D., M.D.	Surgery, Head & Neck	Dept. of Surgery	Active
Kuo, Frank, M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Latham, Emi M., M.D.	Wound Care/Hyperbaric	Dept. of Surgery	Active
Laurent, Louise C., M.D.	OB/GYN	Dept. of OB/GYN	Courtesy
Lin, Yuan, M.D.	Cardiothoracic Surgery	Dept. of Surgery	Active
Nielsen, Amy C., D.O.	Neurology	Dept. of Medicine	Courtesy
Omuro, Arthur K., D.O.	Neurology	Dept. of Medicine	*Active
*Change to from Courtesy to Active			
Patil, Amol, M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Paz, Alejandro, M.D.	Family Practice	Dept. of Family Practice	Active
Seruelo, Rhyll Ann F., M.D.	Family Practice	Dept. of Family Practice	Affiliate
Thaper, Mohinderpal S., M.D.	Internal Medicine	Dept. of Medicine	Affiliate
Wilke, Lindsey W., D.P.M.	Podiatry	Dept. of Ortho Surgery/ Rehab	Affiliate
Yam, Ving, D.O.	Family Practice	Dept. of Family Practice	Affiliate

Allied Health Professional Reappointments (effective 05/01/2024 – 04/30/2026)

Brownsberger, Richard Nicholas, PA-C Dept. Of Radiology (Sponsors: Dr. McGraw for N. County Radiology)

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: April 2, 2024
To: Palomar Health Board of Directors – April 8, 2024 Meeting
From: Sam Filiciotto, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – March, 2024

Provisional Appointments: (04/08/2024 – 03/31/2026)

Sean Burn, M.D., Diagnostic Radiology
Nasreen Jalil, M.D., Internal Medicine (Includes The Villas at Poway)
Kevin Pham, D.O., Internal Medicine
Nicholas Rohrhoff, M.D., Critical Care
Ramesh Subedi, M.D., Critical Care

Biennial Reappointments: (5/01/2024 - 04/30/2026)

Neil Aranha, M.D., Anesthesiology, Active
Mark Bell, M.D., Emergency Medicine, Affiliate
Jeffrey Bonenfant, D.O., Critical Care Medicine, Active (Includes The Villas at Poway)
Jared Brummel, D.O., Orthopedic Surgery, Active
Alexander Chang, M.D., General/Vascular Surgery, Active
Pascual Dutton, M.D., Orthopedic Surgery, Active
Irv Edwards, M.D., Emergency Medicine, Affiliate
Michael Griesinger, M.D., Emergency Medicine, Active
Chi Ha, M.D., Otolaryngology, Active
Frank Kuo, M.D., Diagnostic Radiology, Active
Emi Latham, M.D., Wound Care/Hyperbaric Medicine, Active (Includes The Villas at Poway)
Amy Nielsen, D.O., Neurology, Courtesy
Arthur Omuro, D.O., Neurology, Active
Amol Patil, M.D., Diagnostic Radiology, Active
Mohinderpal Thaper, M.D., Internal Medicine, Affiliate (Includes The Villas at Poway)
Lindsey Wilke, D.P.M., Podiatry, Affiliate (Includes The Villas at Poway)

Reappointment Effective 05/01/2024 – 09/30/2024:

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

Advancement to Active Category:

Alexandre Nguyen, M.D., Emergency Medicine, effective 04/08/2024 – 10/31/2025

Requests for Two Year Leave of Absence:

George Delgado, M.D., Family Practice, effective 03/12/2024 – 03/11/2026

Marsha Reuther, M.D., Otolaryngology, effective 03/11/2024 – 03/10/2026

Voluntary Resignations:

Loubaba Adlouni, M.D., Pediatrics, effective 03/18/2024

Christian Archambault, M.D., Pediatrics, effective 03/18/2024

Irene Chang, M.D., Pediatrics, effective 03/18/2024

Angela Forbes, D.O., Anesthesiology, effective 03/21/2024

Jaime Friedman, M.D., Pediatrics, effective 03/18/2024

Mark Gold, M.D., Plastic Surgery, effective 01/01/2024

Adrienne Lostetter, M.D., Pediatrics, effective 03/18/2024

Ryan Lym, M.D., Pediatrics, effective 03/18/2024

Dori Mortimer, M.D., Pediatrics, effective 03/18/2024

Timothy Myers, M.D., Teleradiology, effective 03/21/2024

Aileen Ramgren, D.O., Pediatrics, effective 03/18/2024

Allied Health Professional Reappointments: (5/01/2024 - 04/30/2026)

Richard Brownsberger, PA, Sponsor Dr. Gooding

Allied Health Professional Voluntary Resignations:

Jennifer Geren, Ph.D, Psychology, effective 04/30/2024

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
April 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Katherine C. Austin, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Obstetrics and Gynecology - Certified 2007
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ORGANIZATIONAL NAME

<i>Name</i>	Vista Community Clinic
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Uniformed Services University - Health Sciences, MD From: 08/01/1996 To: 05/20/2000
<i>Internship Information</i>	Internship Naval Medical Center, San Diego GME Obstetrics/Gynecology From: 07/01/2000 To: 06/30/2001
<i>Residency Information</i>	Residency Naval Medical Center, San Diego GME Obstetrics/Gynecology From: 07/01/2001 To: 06/18/2004
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Scripps Memorial Hospital, Encinitas

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Sean D. Burn, 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>	Sean Burn, MD PC
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School University of Connecticut School of Medicine, MD From: 08/11/2011 To: 05/11/2015 Doctor of Medicine Degree
<i>Internship Information</i>	Internship Newton-Wellesley Hospital Transitional From: 06/21/2015 To: 06/20/2016
<i>Residency Information</i>	Residency Beth Israel Deaconess Medical Center Radiology, Diagnostic Imaging From: 07/01/2016 To: 06/30/2020
<i>Fellowship Information</i>	Fellowship University of Washington Medical Center Musculoskeletal Radiology From: 07/01/2020 To: 06/30/2021
<i>Current Affiliation Information</i>	Kaiser Permanente San Marcos Kaiser Foundation Hospital - Riverside Kaiser Permanente, San Diego Medical Center Kaiser Foundation Hospital - West Los Angeles Kaiser Foundation Hospital, Fontana Kaiser Permanente - Bellflower (Downey) Kaiser Permanente, Baldwin Park Kaiser, Anaheim

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Internal Medicine - Certified 2010
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Medical School Medical University of the Americas Nevis, MD From: 09/01/2000 To: 06/30/2004 Doctor of Medicine
<i>Internship Information</i>	Internship University of Illinois Resident Physician From: 07/01/2004 To: 06/30/2005
<i>Residency Information</i>	Residency Advocate Christ Medical Center Resident Physician From: 07/01/2005 To: 06/30/2007
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	Kaiser Permanente Kaiser Permanente Medical Center, Vacaville

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Kevin G. Pham, D.O.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Internal Medicine - Certified 2015
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ORGANIZATIONAL NAME

<i>Name</i>	Palomar Hospitalist Medical Group
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Touro University California, DO From: 08/01/2008 To: 06/30/2012
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Valley Hospital Medical Center Internal Medicine From: 07/01/2012 To: 06/30/2015
<i>Fellowship Information</i>	
<i>Current Affiliation Information</i>	PIH Health - Whittier Hospital JFK Memorial Hospital

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Nicholas J. Rohrhoff, M.D.
<i>Palomar Health Facilities</i>	Palomar Medical Center Escondido Palomar Medical Center Poway

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Internal Medicine, Pulmonary Disease, Critical Care Medicine - Certified 2023, 2015, 2022
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ORGANIZATIONAL NAME

<i>Name</i>	Benchmark Intensivists
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School University of Miami Leonard Miller School Of Medicine, MD From: 08/18/2008 To: 05/12/2012 Doctor of Medicine
<i>Internship Information</i>	Internship Duke University Medical Center Internal Medicine From: 06/25/2012 To: 06/30/2013
<i>Residency Information</i>	Residency Duke University Medical Center Internal Medicine From: 07/01/2013 To: 06/30/2015
<i>Fellowship Information</i>	Fellowship Naval Medical Center, San Diego Pulmonary/Critical Care From: 07/01/2020 To: 10/30/2023
<i>Current Affiliation Information</i>	Naval Medical Center, San Diego

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**



**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Pulmonary Dis/Critical Care - Certified 2017
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ORGANIZATIONAL NAME

<i>Name</i>	Palomar Intensivists Medical Group
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Medical School Tribhuvan University, Institute of Medicine, MD From: 11/04/1998 To: 11/22/2005
<i>Internship Information</i>	
<i>Residency Information</i>	Residency Rochester General Hospital Resident Physician From: 06/26/2006 To: 06/23/2009
<i>Fellowship Information</i>	Fellowship Albany Medical Center Hospital Resident Physician From: 07/01/2015 To: 06/30/2018
<i>Current Affiliation Information</i>	Texas Health Fort Worth Hospital Baylor Scott & White

**PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2024**



GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective from ____/____/____ To ____/____/____

- Palomar Medical Center Escondido
- Palomar Medical Center Poway

- Initial Appointment
- Reappointment

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the 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 GENERAL SURGERY

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery.

AND

Current certification or active participation in the examination process, with achievement of certification within 48 months of appointment leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of at least 100 general surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective from ___/___/_____ To ___/___/_____

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than 8 operating room cases of varying complexity and representative of the scope of practice will be monitored. No more than 2 cases may be monitored by the same surgeon. One representative case from each representative section will be required during the monitoring / provisional period.

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

Current demonstrated competence and evidence of the performance of an adequate volume of experience (25 General 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

- Requested:** Admit, evaluate (H&P examination, including telemedicine), diagnose, consult (including telemedicine), and provide pre-, intra- and post-operative care, and perform surgical procedures for patients to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, and endocrine systems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST VASCULAR SURGERY PRIVILEGE REQUEST FORM

- Requested**

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM

- Requested The Villas at Poway**

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective from ____/____/____ To ____/____/____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles and a minimum of 6 hours' observation and hands-on experience with lasers. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months. **Maintenance of Privilege:** Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum five (5) procedures have been performed over the past 24 months in order to main active privileges for laser use. **Source:** American Society for Laser Medicine and Surgery 4/2/06

Requested

ENDOSCOPY (EGD AND COLONOSCOPY)

Criteria: Successful completion of an accredited residency in general surgery that included training in upper endoscopy procedures with a minimum of 50 performed during training or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 10 endoscopy procedures in the past 12 months. **Maintenance of Privileges:** Demonstrated current competence and evidence of the performance of at least 5 endoscopy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

METABOLIC AND BARIATRIC SURGERY AT PMC POWAY

Criteria: **Source:** Palomar Medical Center Poway Privileging Criteria for Bariatric Surgery 05/10/2021. Applicant must currently have privileges in General Surgery and in Advanced Laparoscopic Procedures, plus have state Medical Licensure in good standing. Applicant must agree to comply fully with the MBSAQIP (ASMBS/ACS) Metabolic and Bariatric surgery accreditation requirements including but not limited to: a) Documentation of an integral program for patient selection, preoperative evaluation and education, postoperative follow up and support; b) the use of bariatric surgery clinical pathways; c) active participation in the MBSAQIP and adhere to its Standards by implementing changes in practice in accordance with feedback from the MBSAQIP; and d) agree to make every attempt to attend the Metabolic and Bariatric Surgery Committee meetings. The Annual Comprehensive Review Meeting is mandatory unless a written excuse is submitted to the MBS Director.

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective from ___/___/_____ To ___/___/_____

Provisional Bariatric Privileges: These privileges are conferred to facilitate the pursuit of full bariatric surgery privileges. A surgeon may schedule bariatric cases if the global and provisional criteria are met. Categories of surgeons able to apply for provisional privileges include those that fulfill global criteria and the following:

1. For surgeons with established credentials to perform bariatric surgery cases from another facility or have completed an approved bariatric fellowship or a preceptorship under an experienced bariatric surgeon – documentation of 15 bariatric cases in the last 2 years.
2. For surgeons who have performed 15 bariatric cases in residency under an experienced bariatric surgeon – documentation of 15 bariatric cases in the last 3 years.
3. If none of the above – those surgeons must complete:
 - a. 25 hours of CME in bariatric surgery
 - b. A didactic course with a bariatric surgeon with documentation of standard patient selection criteria, preoperative preparation/instruction, postoperative care and identifying and managing bariatric complications
 - c. First Assist to a bariatric surgeon for 15 cases within a 1-year time frame
 - d. Documentation of 3 proctored cases with bariatric surgeon as First Assist
4. Maintain 25 hours CME in bariatric surgery every 3 years

Full Privileges: Once global and provisional criteria are met, full privileges can be obtained for open and laparoscopic cases once the following is completed:

1. Perform three proctored cases. The proctor or assistant needs to be a bariatric surgeon (if proctored for provisional privileges this can apply).

Requested

METABOLIC AND BARIATRIC SURGERY AT PMC ESCONDIDO

Initial Criteria: Applicant must currently have privileges in General Surgery and in Advanced Laparoscopic Procedures. Also must have: a) Documentation of an integral program for patient selection, preoperative evaluation and education, postoperative follow up and support; b) the use of bariatric surgery clinical pathways.

Required Previous Experience: For surgeons with established credentials to perform bariatric surgery cases from another facility or have completed an approved bariatric fellowship or a preceptorship under an experienced bariatric surgeon – documentation of 15 bariatric cases in the last 2 years.

OR

For surgeons who have performed 15 bariatric cases in residency under an experienced bariatric surgeon – documentation of 15 bariatric cases in the last 3 years.

If none of the above – those surgeons must complete:

- e. 25 hours of CME in bariatric surgery
- f. A didactic course with a bariatric surgeon with documentation of standard patient selection criteria, preoperative preparation/instruction, postoperative care and identifying and managing bariatric complications
- g. First Assist to a bariatric surgeon for 15 cases within a 1-year time frame
- h. Documentation of 3 proctored cases with bariatric surgeon as First Assist

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective from ____/____/____ To ____/____/____

Proctoring/FPPE/Monitoring Guidelines: The first eight (8) cases must be concurrently monitored by a physician who has privileges in the procedure. If no other members of the Palomar Medical Center Escondido Medical Staff have privileges, an outside monitor may be utilized, provided they meet the qualifications for obtaining temporary privileges under the Medical Staff Bylaws. The results of monitoring will be reviewed by the Department Chairman and a determination made regarding lifting of monitoring or the need for additional monitored cases.

Reappointment / Maintenance of Privileges: Demonstrated current competence and evidence of at least fifteen (15) cases during the previous twenty-four (24) months.

Requested

ADVANCED SURGICAL PROCEDURES (ASP)

Initial Criteria: Successful completion of an Accreditation Council for Graduate Medical Education Initial Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery that included advanced training or completion of a certified hands on training CME course for the desired procedures the shows demonstrated current competence.

AND

Current certification or active participation in the examination process, with achievement of certification within 48 months of appointment leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.

Required Previous Experience: Physician must be credentialed for major surgery with GSC (General Surgery Core) and ALP (Advanced Laparoscopic Procedures) in the advanced procedures requested. Three (3) ASP (Advanced General Surgical Procedures) during the previous twenty-four (24) months

Proctoring/FPPE/Monitoring Guidelines: The first two (2) cases must be concurrently monitored by a physician who has privileges in the procedure. If no other members of the Palomar Medical Center Medical Staff have privileges, an outside monitor may be utilized, provided they meet the qualifications for obtaining temporary privileges under the Medical Staff Bylaws. The results of monitoring will be reviewed by the Department Chairman and a determination made regarding lifting of monitoring or the need for additional monitored cases.

Reappointment/Maintenance of Privileges: Demonstrated current competence and evidence of at least two (2) ASP (Advanced General Surgical Procedures) during the previous twenty-four (24) months.

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

- Ileoanal pull through
- Pancreaticoduodenectomy (Whipple)
- Pelvic Exenteration
- Portal hypertension shunts
- VARD (Video-assisted retroperitoneal debridement)

Requested

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective from ___/___/_____ To ___/___/_____

ROBOTIC ASSISTED SYSTEM (RAS) PROCEDURES

Initial Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery that included advanced laparoscopic training or completion of a certified hands on CME course.

AND

Current certification or active participation in the examination process, with achievement of certification within 48 months of appointment leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.

Required Previous Experience: Physician must be credentialed for major surgery with GSC (Core General Surgery) and ALP (Advanced Laparoscopic Procedures) in their area of specialty to be credentialed with the da Vinci Surgical System. Physician must observe three (3) clinical cases (live surgeries) in which the da Vinci Surgical System is used and provide documentation of same. Physician must provide documentation of a hands-on training practicum of at least eight (8) hours and provide certification of successful completion of training from a recognized da Vinci training center.

Proctoring / FPPE / Monitoring Guidelines: The first two (2) cases must be concurrently monitored by a physician who has privileges in the procedure to be performed with the Da Vinci Surgical System. If no other members of the Palomar Medical Center Medical Staff have privileges, an outside monitor may be utilized, provided they meet the qualifications for obtaining temporary privileges under the Medical Staff Bylaws. The results of monitoring will be reviewed by the Department Chairman and a determination made regarding lifting of monitoring or the need for additional monitored cases.

Reappointment / Maintenance of Privileges: Demonstrated current competence and evidence of at least (25) robotic assisted procedures 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.

GENERAL SURGERY 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.

General Surgery

• **Abdominal and Pelvic Procedures**

- Abdominal lavage
- Abdominal perineal resection
- Abdominal wall surgery including Hernias (all forms: femoral, inguinal, incisional, lumbar, Spigelian, ventral), including diaphragmatic; Abdominal wall resection and reconstruction; and Orchiectomy in association with hernia repair
- Adrenalectomy
- Bladder Repair – incidental
- Circumcision
- Cyst drainage and excision
- Cystectomy – partial
- Cystectomy
- Diagnostic / Exploratory Laparoscopy & Laparotomy
- Genitourinary procedures incidental to malignancy or trauma (iatrogenic): Bladder, kidney & ureteral excision and repair, nephrectomy
- Gynecological procedures incidental to malignancy or trauma (iatrogenic) WITH gynecologic Consultation
- Hydrocelectomy - incidental
- Hysterectomy – incidental
- Laparoscopic procedures: Appendectomy, enterolysis, mobilization and catheter positioning
- Lumbar Sympathectomy
- Lymphadenectomy, (biopsy, deep, radical, retroperitoneal, and superficial)
- Management of intestinal obstruction
- Management of intra-abdominal abscess or sepsis: Abscess drainage (superficial, intra-abdominal, pelvic, and deep ischiorectal)
- Management of intra-abdominal emergencies
- Management of intra-abdominal trauma (PMCE only)
- Pancreatic surgery: Drainage (pseudocyst) & reconstruction (cyst-gastrectomy / enterotomy, Frey, Puestow); Distal, sub-total or total pancreatectomy; Enucleation; Necrosectomy; and Sphincteroplasty
- Paracentesis
- Peritoneal Dialysis Access (Intra-Peritoneal Catheter Placement)
- Peritoneovenous drainage procedures for drainage of ascites
- Pilonidal surgery: Excision, I & D; Marsupialization; and Repair – flaps
- Repair of Perforated Viscous (Esophagus, Stomach, Enteric, Cystic): (Cellan-Jones, Graham patch)
- Salpingo-oophorectomy
- Splenectomy (staging, trauma, therapeutic) (esophagus, gastric, enteric, cystic)
- Ureteral repair

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective from ____/____/____ To ____/____/____

- **Esophageal Procedures**
 - Endoscopy, intraoperative with/without sclerotherapy
 - Esophageal bypass procedure
 - Esophageal diverticulectomy
 - Esophageal myotomy
 - Esophageal resection and reconstruction (transhiatal)
 - Esophagogastrectomy
 - Esophagostomy (spit fistula)
 - Sclerotherapy

- **Gastroduodenal (excluding Bariatric) Procedures**
 - Anti-reflux (fundoplication) procedures
 - Gastrectomy (antrectomy, partial, radical, or total for benign or malignant disease)
 - Gastric repair and reconstructions (Billroth I & II, Roux-en-y)
 - Gastrostomy (biopsy, decompression, feeding tube)
 - Pyloromyotomy
 - Pyloroplasty
 - Vagotomy (highly selective, selective, thoracic, truncal)

- **Hepatobiliary Tract**
 - Bile duct resection
 - Biliary-enteric anastomosis
 - Cholecystectomy
 - Cholecystostomy (drainage)
 - Common duct exploration and repair
 - Hepatic abscess / cyst drainage
 - Hepatic cyst fenestration
 - Hepatic biopsy, resection minor: segmental or subsegmental ("wedge
 - Hepatic resection major: right, left, central and extended hepatectomies (PMCE only)

- **Large Intestine**
 - Appendectomy
 - Abdominoperineal resection
 - Biopsy
 - Colectomy (partial, segmental, sub-total, total, resection for benign or malignant disease)
 - Coloanal anastomosis
 - Colon repair
 - Colonoscopy (fiber optic)
 - Colostomy
 - Colotomy
 - Diverticulectomy (Marsupialization)
 - Prolapse repair
 - Proctosigmoidoscopy – rigid and fiber optic (with biopsy, polypectomy, tumor excision)

- **Small Intestine**
 - Adhesiolysis (enterolysis)
 - Biopsy
 - Diverticulectomy
 - Enteric fistula management
 - Enterectomy (resection)

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective from ____/____/____ To ____/____/____

- Enterostomy (feeding tube or decompression)
- Incision (biopsy)
- Ileostomy
- Prolapse repair

- **Rectum and Anus**
 - Anoplasty
 - Anoscopy (with biopsy, polypectomy, tumor excision)
 - Chemical destruction of anal warts
 - Debridement of perianal & perirectal abscesses
 - Excision of rectal lesions
 - Fissure / Fistula Surgery (fisturectomy, fistulectomy, fistulotomy)
 - Hemorrhoidectomy (Stapled, Rubber band ligation internal hemorrhoids)
 - I & D (Incision & drainage) of perianal & perirectal abscesses
 - Repair of Rectal Prolapse
 - Sphincter procedures (Flaps, Sphincteroplasty, Sphincterotomy)

- **Breast**
 - Axillary lymphadenectomy
 - Biopsy (core, excisional, incisional, needle and Sentinel Node)
 - Excision needle localization
 - Incision, debridement & drainage of abscesses
 - Intraoperative ultrasound
 - Gynecomastia operations (excision, mastectomy)
 - Mastectomy (complete, partial (lumpectomy), modified radical, radical, simple, subcutaneous, and total)
 - Mastopexy

- **Chest / Thoracic**
 - Bronchoscopy
 - Chest trauma care (PMCE only)
 - Emergent Thoracotomy
 - Port-a-Cath Placement
 - Pericardiocentesis
 - Pulmonary biopsy, and resection
 - Rib resection
 - Thoracentesis
 - Thoracoabdominal exploration (PMCE only)
 - Thoracoplasty
 - Thorocostomy
 - Thoracotomy, emergent (PMCE only)
 - Thymectomy

- **Head & Neck Procedures**
 - Biopsy (scalene node)
 - Cricothyrotomy
 - Excision of neck masses
 - Neck dissection, Radical WITH ENT Consult
 - Parathyroidectomy
 - Temporal Artery Biopsy

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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Effective from ___/___/_____ To ___/___/_____

- Thyroid, excision of benign, cystic (thyroglossal duct cyst), and malignant lesions
- Thyroidectomy
- Tracheal repair
- Tracheostomy

- **Miscellaneous Procedures**
 - Incidental hysterectomy, salpingo-oophorectomy and abscess drainage of genitalia
 - IV / vascular access procedures: Arterial lines; Central venous catheter; Dialysis access; Peripheral IVs (including Mid lines and PICC); Pumps and ports; Right heart catheterization for monitoring
 - Lymphadenectomy (axillary, cervical, extremity, retroperitoneal, supraclavicular)
 - Sympathectomy

- **Skin / Soft Tissue / Extremity Procedures**
 - Amputations (above-knee, below-knee, forearm, arm, digits, and transmetatarsal; excludes hip disarticulation)
 - Abscess management: Debridement and I&D
 - Basic advancement flaps: rotational and myocutaneous (excluding TRAM and micro-vascular)
 - Biopsy / excision skin & soft tissue lesions
 - Excision of neuroma, neurofibroma, neurilemmoma
 - Fasciotomies
 - Ganglion removal (flexor sheath, palm, wrist)
 - **Management of necrotizing fasciitis including debridement**
 - Minor laceration repair
 - Neurorrhaphy – suture / repair of nerve
 - Panniculectomy
 - Skin grafts (partial thickness, simple)

- **Vascular Procedures**
 - Arterial venous reconstruction or resection for tumor
 - Hemodialysis access procedures
 - Lymphatic excisions (axillary, cervical, extremity, retroperitoneal, supraclavicular)
 - Sclerotherapy
 - Vein ligation and stripping

GENERAL SURGERY 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 _____



POLICIES & PROCEDURES
FOR
BOARD OF DIRECTORS REVIEW & APPROVAL

FOR
BOARD REVIEW

Prepared by:

Jami Pearson, BSN, MBA, MSN

Regulatory Compliance Director

January, 2024

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Date: January 16, 2024
To: The Board of Directors
From: Jami Pearson, Regulatory Director

Regarding: Pursuant to Policy #61492, Policy and Procedure Approval Process § 3a, b, c, and d: Board of Directors Oversight:

I attest that Palomar Health complies with the following requirements for the appropriate delegation approval of their policies, procedures, protocols, and scope of service:

Process for Board of Directors' Approval:

- a. Responsibility
i. The Board of Directors is responsible for ensuring that the organization develops and periodically reviews policies necessary for the safe and effective provision of care, treatment, and service.
ii. By approval of this policy, the Board of Directors – except where reserved – officially delegates its responsibility as follows:
I. The Chief Executive Officer is delegated the responsibility to approve/revise all non-governance organizational policies, procedures, and guidelines.
II. The Medical Executive Committee is delegated responsibility to approve/revise medical staff related policies, procedures, and guidelines.
III. The CNOs are delegated the responsibility to approve/revise nursing and or patient care specific policies, procedures, guidelines, scopes of services and standardized procedures.
IV. Vice Presidents and Directors are delegated the responsibility to approve/revise unit specific policies, guidelines, and procedures, within their respective departments and services. This delegation includes but is not limited to Pharmacy, Dietary, Utilization, and other clinical departments
V. As required, those policies that require Board of Director approval will be sent to the Board as part of the agenda to receive final approval from the Board.

Signature:

Jami Pearson (handwritten signature)

Date: January 16, 2024 (handwritten date)

Regulatory Compliance

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Palomar Health is a California Public Health Care District.

Board of Directors
Consent Agenda for Policies, Procedures, Scopes of Service
& Protocols

TO: Board of Directors President

MEETING DATE:

FROM: Jami Pierson, Regulatory Compliance Director

Background: Pursuant to Policy 61492, Policy and Procedure Approval Process. In order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of the Policies and Procedures Committee, that state all approvals/revisions have been done in accordance with the criteria established within this policy.

The policies, procedures, scopes of services, and protocols that have been approved from June 2023 through December of 2023, are being sent via a consent agenda as required to the Board of Directors President.

Board President Recommendation:

I have reviewed the signed attestation from the Policy and Procedure Committee Chairperson. The Chair has validated that all the documents have been approved following the delegated policy and procedure delegated approval process.

Signature/Title

Date



DocID: 61492
 Revision: 3
 Status: Official

Source:
 Administrative
 Administrative

Applies to Facilities:
 All Palomar Health Facilities

Applies to Departments:
 All Departments

Procedure : Policy and Procedure Approval Process

I. SUMMARY:

To define Palomar Health District's process for the approval of policies and procedures.

II. DEFINITIONS:

- A. **Policy:** A policy covers broad principles or complex standards requiring Board/Administrative approval and may have significant legal, regulatory, or financial implications.
- B. **Procedure:** A formal, approved, written description of how a governance, management, or clinical care process is defined, organized, or carried out.
- C. **Home Health Policies:** Policies shall be established, approved and implemented by the Home Health approval mechanism. The policies and procedures shall be reviewed and revised as necessary. The policies and procedures shall be made available upon request to patients or their representatives and to Department representatives.
- D. **The Villas at Poway:** Title 22 (72521 & 72523) dictates the Skilled Nursing Facility (SNF) procedures all be reviewed and approved in writing at the patient care committee and governing body for the SNF.

III. PROCEDURE

A. Standards of Practice

1. Documents that may support the policy/procedure; including but not limited to practices, pre-printed orders, and chart forms; are not defined for the purposes of this policy.
2. The electronic policy management system will be the primary source utilized for policies and procedures. Any other third party references (e.g. Dynamic Health) may be utilized as an additional resource as applicable.
3. Palomar Health policies/procedures are: to be reviewed or revised per regulatory requirements, or organizational processes and submitted through the approval process (See policies and procedure review grid J).
 - a. Developed in collaboration with the medical staff if relevant to medical staff activities and/or direct patient care.
 - b. Developed in collaboration with nursing leadership if relevant to direct patient care. Consistent with professional references, applicable regulations, legal requirements, accreditation standards, and the mission and philosophy of the organization.
4. Creating and revising documents:
 - a. The editable version will be stored in the electronic policy management system.
 - b. Revisions to the documents will be tracked as changes while going through the approval process.
 - c. Any changes to content, deletions, and/or combining of policies/procedures will require the full approval process.

B. Steps of Procedure

1. Nursing Service Policies and Procedures
 - a. Palomar Health written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.
 1. Policies and procedures which involve the medical staff shall be reviewed and approved by the medical staff prior to implementation.
 2. Policies and procedures of other departments which contain requirements for the nursing service shall be reviewed and approved by the nursing service prior to implementation.
 3. The nursing service shall review and revise policies and procedures every three years, or more often if necessary. (See policies and procedure Review grid in section J.).
 4. The hospital administration and the governing body shall review and approve all policies and procedures that relate to the nursing service every three years or more often, if necessary
 - i. Patient care policies and procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes: assessment, nursing diagnosis, planning, intervention, evaluation, and, as circumstances require, patient advocacy.
2. Medical Service Approval Mechanism
 - a. A committee of the medical staff shall be assigned responsibility for:

1. Patient care policies and procedures will be routed to the appropriate medical staff committee including the Medical Executive Committee as required.
2. Developing, maintaining and implementing written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
3. Process for Board of Directors' Approval:
 - a. Responsibility
 - i. The Board of Directors is responsible for ensuring that the organization develops and periodically reviews policies necessary for the safe and effective provision of care, treatment, and service.
 - ii. By approval of this policy, the Board of Directors – except where reserved – officially delegates its responsibility as follows:
 - I. The Chief Executive Officer is delegated the responsibility to approve/revise all non-governance organizational policies, procedures, and guidelines.
 - II. The Medical Executive Committee is delegated responsibility to approve/revise medical staff related policies, procedures, and guidelines.
 - III. The CNOs are delegated the responsibility to approve/revise nursing and or patient care specific policies, procedures, guidelines, scopes of services and standardized procedures.
 - IV. Vice Presidents and Directors are delegated the responsibility to approve/revise unit specific policies, guidelines, and procedures, within their respective departments and services. This delegation includes but is not limited to Pharmacy, Dietary, Utilization, and other clinical departments
 - V. As required, those policies that require Board of Director approval will be sent to the Board as part of the agenda to receive final approval from the Board.
 - b. Approval/Revision Criteria
 - i. Policies, guidelines, scope of service, or procedures shall be approved / revised to ensure that the they:
 - I. Are consistent with the Mission and Values of Palomar Health.
 - II. Meet applicable law, regulation, and related accreditation standards
 - III. Are consistent with prevailing standards of care
 - IV. Are consistent with evidence-based practice
 - c. Frequency of Review
 - i. Unless otherwise noted, policies, guidelines, scope of service, and procedures must be reviewed – and if necessary revised – at least once every three years or more frequently if required to meet regulatory requirements or any changes in current clinical practice.
 - d. Board of Directors Oversight
 - i. In order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of Policies and Procedures that state all approvals/revisions have been done in accordance with the criteria established within this policy.
 - ii. The Board of Directors reserves the right to further review, approve or revise any policies developed by the organization or the medical staff.
 - iii. The Board of Directors shall have electronic access to the latest policies, guidelines, scoped of services and procedures currently in place.
 - e. All Palomar Health Policies promulgated prior to the effective date of this Policy are hereby ratified to the extent they are not inconsistent with this Policy or each other and notwithstanding the manner in which they were promulgated.

C. Issue date should be the final approval date by delegated authority.

D. Revision dates should reflect approval dates each time the policy/procedure is approved by the delegated authority.

E. Staff shall be notified of any new policies/procedures or significant revisions. Education shall be provided as appropriate.

F. A hard copy of all current policies/procedures must be available in the departments for downtime.

G. **PROCESS FOR ADMINISTRATIVE PROCEDURE APPROVAL**

1. Approval Process
 - a. Content Expert
 - b. Policies and Procedures Committee
 - c. Pharmacy and Therapeutics Committee (P&T), if contains medication, medication administration or if standardized procedure
 - d. Medical Executive Committee (MEC), if relevant to medical staff activities and/or direct patient care
 - e. Delegated authority final approval

H. **PROCESS FOR NURSING SERVICES APPROVAL:**

1. Approval Process
 - a. Content Expert
 - b. Medical Staff/Department , if relevant to medical staff activities or direct patient care
 - c. Nursing Leadership Committee(s) such as IGC and PMSC as applicable

- d. Policies and Procedures Committee
- e. P&T, if contains medication, medication administration or if standardized procedure
- f. Interdisciplinary Practice Committee (IPC), if a standardized procedure
- g. MEC, if relevant to medical staff activities and/or direct patient care
- h. Delegated authority final approval

I. PROCESS FOR DEPARTMENT SPECIFIC MANUAL APPROVAL:

1. Approval Process
 - a. Content Expert
 - b. Department Manager and/or Director
 - c. Medical Director for clinical areas with a Medical Director when appropriate
 - d. Medical Staff/Department Division, if relevant to medical staff activities or direct patient care
 - e. MEC, if relevant to medical staff activities and/or direct patient care
 - f. Delegated authority final approval
2. Each Department is responsible for maintaining their own department specific manual.
 - a. Makes revisions in the electronic policy management system to policies/procedures using tracked changes.
 - b. Obtain Medical Director's approval if applicable for policies/procedures related to Medical Staff activities or direct patient care.
3. Expedited Process Approval:
 - a. If a procedure is required to be immediately revised on a patient care need with regulatory justification it can be approved by the CNO/COO and / or Medical Director and move forward to Policy and Procedure Committee and other approval mechanism as appropriate.
 - b. Education will be provided if indicated.
 - c. Policies and Procedures Review Grid

Category	Policy and Procedure Name	Review Period	Regulation Requirement
Nursing Policies	All	3 years	Title 22
Standardized Procedures	All	3 years; Annual Competency required for Nursing	California Board Of Registered Nursing
Neonatal Unit	All	2 years	California Children Services (CCS)
Laboratory	All	2 years	College of American Pathologists(CAP)
Interpretation and Discharging Planning for Homeless Population	Nursing Services	Annual	Joint Commission(JC) and CDPH
Utilization	Utilization Plan	Annual	Joint Commission(JC)
Environment of Care Plans	Engineering: Utility Management Plan Environment of Care: Hazardous material and Waste Management and Communication Plan Environment of Care: Life Safety Management Plan Environment of Care: Safety Plan	Annual	Joint Commission (JC)

	Environment of Care: Security Management Plan		
Disaster Plan	Emergency Operations Plan (Disaster Plan)	Annual	Joint Commission (JC)
Pharmacy	Pharmacy: Automatic Therapeutic Interchange Pharmacy: Black Box Warnings, Drugs with Policy Pharmacy: Sterile Products Preparation	Annual	United States Pharmacopeia (USP) < 797>,<800>
Infection Control	Infection Control: Aerosol transmissible Diseases and Tuberculosis Control Plan Infection Control: Bloodborne Pathogen Exposure Control Plan Infection Control: Risk Assessment and Surveillance Plan	Annual	Joint Commission (JC)
Administrative	HR, Compliance, Legal, Education & other administrative documents	3 years or with regulatory required updates	Joint Commission (JC), CMS or any other regulated body
Protocol	Clinical Protocols	Annual	CMS
Power Plans/Order Sets	Power Plan Approval Process for Medical Staff	Every 3 years	CMS

J. REFERENCE(S):

1. California Department of Public Health, Title 22 California Code of Regulations
2. The Joint Commission Standards
3. California Children’s Services Standards
4. College of American Pathologists
5. Board General Powers: The Board is the governing body of the District. All District powers may be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable the District to fulfill its mission and vision in an effective and ethical manner.
6. CFR 482.12 - CMS Condition of Participation: Governing Body
7. Joint Commission LD.04.01.07 - The hospital has policies and procedures that guide and support patient care, treatment, and services.

Document Owner: Pearson, Jami

Approvals

- **Committees:** (09/13/2023) Policies & Procedures

- **Signers:** *Jami Pearson*
Jami Pearson, Director Regulatory (10/26/2023 01:38PM PST)

Original Effective Date: 02/12/2020

Revision Date: [10/26/2023 Rev. 3]

Attachments:
(REFERENCED BY THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at <https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:61492>.

Consent Agenda for Policy & Procedure Committee June 2023

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Non- Clinical Document			
	Procedure: Dishwashing & Manual Warewashing ID 72452 Rev 0	Approved	Nicole Hite
	Procedure: Requesting API ID 71392 Rev 0	Approved	Kim Jackson
	Procedures: Searches for Weapons and Prohibited Items ID 15203 Rev 6	Approved with edit to remove BHU from list of departments that procedure applies to. Bill to work with Eileen for communication to staff.	Bill Kirby
	Procedure: Advance Directives ID 10099 Rev 7	Approved	Pamela Fox
Clinical Document			
	Standardized Procedure: Immediate Care of the Newborn ID 24932 Rev 15	Approved	Amy Murray
	Procedure: Perinatal Loss ID 11239 Rev 5	Approved	Amy Murray
	Procedure: Hepatitis B Prophylaxis for Newborns ID 10723 Rev 8	Approved. Confirm P&T in routing	Amy Murray
	Procedure: Neonatal Crash Cart ID 12251 Rev 16	Approved	Amy Murray
	Procedure: Nitrous Oxide Analgesia in Labor, Delivery and Immediate Postpartum ID 71752 Rev 0	Approved	Amy Murray
	Procedure: Surfactant (Poractant Alfa) Administration in Neonates ID 11639 Rev 9	Approved	Amy Murray

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Procedure: Patient Identification: Two Patient Identifiers ID 53512 Rev 3	Approved with edits. Add NICU under F. remove instances of 'spells out name'. The spelling of the name is not part of the process. Correct spelling issues.	Holly Kalisek
	Procedure: Fall Risk Assessment WCC ID 28472 Rev 7	Approved	Carolyn Masengale
	Procedure: Patient Identification in the Wound Care Center ID 18005 Rev 7	Approved	Carolyn Masengale
	Procedure: Wound and Patient Imaging ID 57235 Rev 3	Approved	Carolyn Masengale
	Procedure: Oxygen Toxicity Seizures, Management ID 19216 Rev 7	Approved	Carolyn Masengale
	Procedure: Outdated, Unusable Medications ID 35272 Rev 4	Approved	Carolyn Masengale
	Procedure: Allergy Identification Process ID 22652 Rev 6	Approved	Nada Ghobrial
	Policy: Antimicrobial Allergy Management for Inpatients ID 62352 Rev 3	Approved	Nada Ghobrial
	Procedure: IV Push Medications, Administration of ID 10754 Rev 34	Approved. Eileen to review changes to see if education is needed or if already received.	Nada Ghobrial
	Procedure: Discharge Planning and Instructions, Documentation of ID 17801 Rev 7	Approved with edits. Under E.2.a. remove 'paper chart' and replace with 'medical record'.	Sharon McGee
	Procedure: Chemotherapy and Biotherapy Administration, Disposal, and Extravasation Care ID 18786 Rev 6	Approved with edits to add what the infusion reaction symptoms are. Megan to work with Eileen on education.	Meghan Jaremczuk
Ownership Changes			Ownership To
	Documents owned by Brad	Approved	Julie Pursell

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Krietzberg will now be owned by Julie Pursell		
Archived Documents			
	Power Plan: AHCaH Antibiotics Community Acquired Pneumonia ID 68933 Rev 0	Approved	Nada Ghobrial
	Power Plan: AHCaH Antibiotics Skin and Soft Tissue Infection ID 69452 Rev 0	Approved	Nada Ghobrial
	Reference Materials: Acute Hospital Care at Home – Medication Process ID 68996 Rev 0	Approved	Nada Ghobrial
	Power Plan: Admit Acute Hospital Care at Home ID 68932 Rev 0	Approved	Nada Ghobrial
	Scope of Service: Acute Hospital Care at Home (AHCaH) ID 68422 Rev 0	Approved	Vernon Pertelle
	Reference Material: Acute Hospital Care at Home Critical Event Workflow ID 68512 Rev 0	Approved	Meghan Jaremczuk
	Reference Materials: Acute Hospital Care at Home Discharge Workflow ID 69213 Rev 0	Approved	Meghan Jaremczuk
	Reference Materials: Acute Hospital Care at Home Standards of Care ID 68472 Rev 0	Approved	Meghan Jaremczuk
	Reference Materials: Acute Hospital Care at Home – Clinical Workflow ID 68974 Rev 0	Approved	Meghan Jaremczuk
	Reference Materials: Acute Hospital Care at Home – Transfer from Inpatient Workflow ID 62915 Rev 0	Approved	Meghan Jaremczuk

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Reference Materials: Acute Hospital Care at Home Emergency Department Admit Process ID 69212 Rev 0	Approved	Tracy Page
	Reference Materials: Acute Hospital Care at Home FANS Diet and meal Workflow ID 68995 Rev 0	Approved	Nicole Hite
	Guideline: Acute Hospital Care at Home Infection Control Guidelines ID 69432 Rev 0	Approved	Valerie Martinez
	Reference Materials: Acute Hospital Care at Home – Cardiology Workflow ID 68972 Rev 0	Approved	Thomas McGuire
	Reference Materials: Acute Hospital Care at Home – Chaplain Workflow ID 68973 Rev 0	Approved	Margaret Mertens
	Reference Materials: Acute Hospital Care at Home – Laboratory Workflow ID 68992 Rev 0	Approved	Gloria Austria
	Reference Materials: Acute Hospital Care at Home – Respiratory Workflow ID 68993 Rev 0	Approved	Gloria Austria
	Reference Materials: Acute Hospital Care at Home – Social Work Workflow ID 68975 Rev 0	Approved	Sharon McGee
	Reference Materials: Acute Hospital Care at Home – Physical Therapy Workflow ID 68994 Rev 0	Approved	Tyler Powell
	Policy: Telehealth for Acute Hospital Care at Home ID 68774	Approved	Jami Pearson

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Rev 0		
	Procedure: Computer, Database Entry in the Wound Care Center ID 12059 Rev 6	Approved	Carolyn Masengale
	Procedure: Durable Medical Equipment Vendors ID 33872 Rev 1	Approved	Carolyn Masengale
	Procedure: Felt and Foam Padding ID 57255 Rev 4	Approved	Carolyn Masengale
	Procedure: Follow-up Patient Appointments Scheduling in WCC ID 12076 Rev 11	Approved	Carolyn Masengale
	Procedure: Housekeeping and Linens ID 57306 Rev 2	Approved	Carolyn Masengale
	Procedure: Patient Identification in the Wound Care Center ID 18005 Rev 7	Approved	Carolyn Masengale
	Standards of Care and Practice ID 12143 Rev 9	Approved	Carolyn Masengale
	Procedure: Static Compression Paste Bandage ID 57199 Rev 2	Approved	Carolyn Masengale
	Procedure: Wound or Ulcer Etiology and Non-Wound Conditions ID 57236 Rev 2	Approved	Carolyn Masengale
	Procedure: Wound or Ulcer Measurements ID 57212 Rev 2	Approved	Carolyn Masengale
	Procedure: Wound or Ulcer Numbering and Location ID 57233 Rev 2	Approved	Carolyn Masengale
	Procedure: Wound or Ulcer Swab Cultures ID 57174 Rev 2	Approved	Carolyn Masengale
	Reference Materials: Water Management Program Water Safety Plan Poway ID 70853 Rev 0	Approved	Dan Farrow

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Procedure: Operating Room Resuscitation ID 12258 Rev 4	Approved	Melinda Case
	All Recovery Center Documents	Approved	Donald Myers
Documents for Awareness			
	None		

Next Meeting: **Date:** July 12, 2023
Time: 9:30am – 11:00am
Location: GoToMeeting

Consent Agenda for Policy & Procedure Committee July 2023

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Non- Clinical Document			
Administrative Human Resources	Policy: Policies for SMACC Hotel ID 72852 Rev 0	Approved	Rhianna Miller
Clinical Document			
Clinical Imaging	Form: NRC Regulatory Guide 8.13 for Pregnant Workers ID 56132 Rev 2	Approved	Russell Riehl
Clinical Practice (Multidisciplinary)	Reference Material: Palomar Health Suprapubic Catheter Competence Assessment ID 72832 Rev 0	Table. More discussion is needed for the document. Will bring back when ready.	Meghan Jaremczuk
Clinical Rehabilitation	Procedure: Triage Guidelines for Rehabilitation Therapies ID 16982 Rev 9	Approved	Tyler Powell
Clinical Rehabilitation	Procedure: Continuum of Service ID 10369 Rev 15	Approved	Tyler Powell
Clinical Resource Management Utilization Review	Procedure: Utilization Review and Denial Process ID 11785 Rev 10	Approved	Debra Bitzer
Clinical Pharmacy	Procedure: Treatment of Pediculosis and Scabies ID 15328 Rev 6	Approved	Nada Ghobrial
Clinical Practice (Multidisciplinary)	Standardized Procedure: Nurse Practitioner Standardized Procedure ID 25173 Rev 6	Approved	Mel Russell
Clinical Behavioral Health	Standardized Procedure: Psychiatric Nurse Practitioners ID 46192 Rev 4	Approved	Donald Myers
Clinical Practice (Multidisciplinary)	Form: Telemonitoring Aid ID 64532 Rev 2	Approved	Victoria Veronese
Clinical Practice (Multidisciplinary)	Form: Transport Defib Checklist ID 72932 Rev 0	Approved	Victoria Veronese
Ownership Changes			Ownership To

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Documents owned by Sharon McGee will now be owned by Debora Bitzer	Approved	Debora Bitzer
Archived Documents			
	All Home Health, Private Home Care, and Community Outreach policies and procedures	Approved. Nada requested we also archive the pharmacy documents: Home Infusion policy and Home Infusion Formulary policy	
Documents for Awareness			
	None		

Next Meeting: **Date:** August 9, 2023
Time: 9:30am – 11:00am
Location: GoToMeeting

Consent Agenda for Policy & Procedure Committee August 2023

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Non- Clinical Document			
Administrative Privacy	Procedure: Release of PHI to Law Enforcement ID 14240 Rev 7	Approved. Lori to provide education to staff.	Lori Schmollinger
Clinical Document			
Clinical Imaging	Procedure: Afterhours Procedure for Pacemaker Cases ID 73073 Rev 0	Approved. Education to staff needed.	Russell Riehl
Clinical Imaging MRI	Procedure: Emergency Response to Mobile Unit ID 20670 Rev 9	Approved	Russell Riehl
Clinical Imaging MRI	Procedure: MRI Examination Pre-Procedures ID 20791 Rev 12	Approved	Russell Riehl
Clinical Imaging MRI	Procedure: MRI Exams on Outpatients with Cardiac Implantable Electronic Devices (CIEDs) ID 58692 Rev 3	Approved. Education to staff needed.	Russell Riehl
Clinical Imaging MRI	Procedure: MRI Safety Guidelines ID 56955 Rev 4	Approved. Education to staff needed.	Russell Riehl
Clinical Imaging MRI	Procedure: MRI Scheduling for Outpatients ID 20870 Rev 6	Approved	Russell Riehl
Clinical Practice (Multidisciplinary)	Policy: Antimicrobial Allergy Management for Inpatients ID 62352 Rev 4	Approved	Nada Ghobrial
Clinical Practice (Multidisciplinary)	Procedure: Epoprostenol/Treprostinil Infusion for Pulmonary Hypertension (Flolan/Veletri/Remodulin) ID 38473 Rev 6	Approved	Nada Ghobrial
Clinical Practice (Multidisciplinary)	Procedure: Intravenous Drip Standards (Procedure) ID 21773 Rev 9	Approved	Nada Ghobrial

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Birth Center	Procedure: Trial of Labor After Cesarean (TOLAC) ID 11791 Rev 13	Approved	Amy Murray
Clinical Birth Center	Form: Birth Center Interdisciplinary Standards of Care ID 46852 Rev 11	Approved	Amy Murray
Clinical Birth Center	Policy: Fetal Monitoring Outside of Obstetric Units ID 72272 Rev 0	Approved. Meghan Andrews will provide education to staff. Amy will bring policy to the ED Dept committee next week.	Amy Murray
Clinical Birth Center	Form: Management of Second Stage of Labor, AWHONN Quick Guide Algorithm ID 55052 Rev 1	Approved	Amy Murray
Clinical Birth Center	Procedure: Vaginal Packing ID 59472 Rev 2	Approved with edits of changing armband color from gray to aqua.	Amy Murray
Clinical Birth Center NICU	Procedure: Standards of Care NICU ID 11603 Rev 18	Approved	Amy Murray
Clinical Birth Center NICU	Procedure: Visitation in NICU ID 11818 Rev 8	Approved. Education has already been provided.	Amy Murray
Clinical Imaging Interventional Radiology	Procedure: Hepatic Yttrium-90 Transarterial Radioembolization with Therasphere ID 72632 Rev 0	Approved. Education needed and is already planned.	Russ Riehl
Clinical Infection Control	Form: Palomar Health Elective Colon Bundle ID 72872 Rev 0	Approved	Valerie Martinez
Clinical Practice (Multidisciplinary)	Procedure: Patient and Family Education Plan ID 29592 Rev 4	Table. Nursing directors will meet and review the document. Will route when ready.	Jami Pearson
Clinical FANS	Form: Diet Interpretation Guidelines of Commonly Ordered Diets ID 58192 Rev 6	Approved. FANS dept already received education. This document is included in the diet manual located on the intranet. The online information needs to be updated. Carrie to work with IT.	Carrie Johnsen

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Diabetes Health	Policy: Continuous Glucose Monitors Discharge Program ID 73192 Rev 0	Approved. Education to staff is needed. Tamrah determining where the product will be stored. Tamrah wants the produce available to the ED providers as well as nursing staff.	Tamrah Jennings
Clinical Practice (Multidisciplinary)	Policy: Blood Administration; All Products ID 14340 Rev 8	Approved with spell check edits. Tamrah to educate staff on serial transfusions and frequency/timing of vital signs.	Tamrah Jennings
Clinical Respiratory Services	Procedure: Aerosolized Epoprostenol Sodium Administration Guideline for Patients with Acute Respiratory Distress Syndrome ID 72612 Rev 0	Approved. Intense education will be provided to staff by K.P. before enforcing the policy.	Kerwin Pipersburgh
Ownership Changes			Ownership To
	Documents owned by Pamela Fox will now be owned by Debra Bitzer	Approved	Debra Bitzer
	Dynamic Health: Palomar Health Specific Annotations ID 70512 Rev 1 will now be owned by Meghan Jaremczuk in place of Eileen Vido	Approved	Meghan Jaremczuk
	Patient and Family Education Plan ID 29592 Rev 3 will now be owned by Meghan Jaremczuk in place of Eileen Vido	Approved with change of ownership to Holly Kalisek.	Holly Kalisek
Archived Documents			
	None		
Documents for Awareness			
	Education Course Request Form	More discussion needed on this new process. Mel and Jami to set	Jami Pearson

Topic	Discussion (Key Points)	Follow-up Action	Responsible
		up a meeting to discuss the education process of policy changes.	

Next Meeting: **Date:** September 13, 2023
Time: 9:30am – 11:00am
Location: GoToMeeting

Consent Agenda for Policy & Procedure Committee September 2023

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Non- Clinical Document			
Administrative	Procedure: Policy and Procedure Approval Process ID 61492 Rev 3	Approved	Jami Pearson
Administrative Scopes	Scope of Service: Laboratory Services ID 61892 Rev 2	Approved	Gloria Austria
Administrative Scopes	Scope of Service: Critical Care ID 62212 Rev 2	Approved	Victoria Veronese
Administrative Scopes	Scope of Service: Medical Acute/Intermediate Care ID 57872 Rev 7	Approved	Victoria Veronese
Administrative Scopes	Scope of Service: Respiratory Care ID 12339 Rev 11	Approved	Kerwin Pipersburgh
Board of Directors	Policy: Compliance and Ethics Plan ID: 21781 Rev 11	Approved	Helen Waishkey
Administrative Emergency Management	Reference Materials: Mass Fatality Plan Appendix A	Approved	Brian Willey
Administrative Emergency Management	Reference Materials: Mass Fatality Plan Appendix E	Tabled. Brian stated the document needs further review and revisions. Will be put back in the editable folder and routed when ready.	Brian Willey
Administrative Environment of Care	Plan: Medical Equipment Management Plan ID 10963 Rev 11	Approved	Tim Stevens
Administrative Plans	Plan: Provision of Patient Care Plan ID 11349 Rev 14	Approved. Jami will provide education via email to all nursing leaders and the document will be brought to Friday's Regulatory Steering Committee meeting.	Jami Pearson
Clinical Document			
Clinical Practice (Multidisciplinary)	Form: Admission and Level of Care Criteria Grid ID 49752 Rev 6	Approved	Meghan Jaremczuk

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Practice (Multidisciplinary)	Procedure: Patient Valuables and Belongings ID 14003 Rev 11	Approved. Regulatory to send education to nursing leaders and security so they can provide the information to their supervisors who will then huddle with the staff regarding the revised policy (belongings receipt).	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Procedure: Patient and Family Education Plan ID 29592 Rev 4	Approved. Mel will research how the organization can ensure the reading level of patient education resources is at the appropriate grade level.	Holly Kalisek
Clinical Practice (Multidisciplinary)	Form: Crash Cart Checklist ID 51472 Rev 8	Approved. Vicki stated the updated version has already been sent to directors and managers to replace old version in crash cart binders. Vicki stated audits will be performed to ensure the old version has been replaced.	Victoria Veronese
Clinical Rehabilitation	Procedure: NICU Rehab Services Evaluation ID 26412 Rev 8	Approved	Tyler Powell
Clinical Surgery & Procedures	Procedure: Sterility Assurance Verification and Attestation ID 25072 Rev 6	Approved. Per Jami and Val's request, sent to ICC as FYI.	Bruce Grendell
Clinical Surgery & Procedures	Procedure: Checklist, Pre-Operative and Pre-Procedure: Preparing the Patient for Surgery ID 23032 Rev 4	Approved with edits. Change DPOA to Legal Representative. Lori to send Kelly definition of Legal Representative.	Bruce Grendell
Clinical Birth Center	Form: Neonatal Hypoglycemia Algorithm ID 59072 Rev 4	Approved	Amy Murray
Clinical Birth Center	Form: Algorithm for Secondary Prevention of Early Onset of Neonatal Sepsis ID 53152 Rev 5	Approved	Amy Murray
Clinical Birth Center	Procedure: Patient-Controlled Epidural Analgesia (PCEA) in the	Approved	Amy Murray

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Laboring Patient ID 10581 Rev 11		
Clinical Practice (Multidisciplinary)	Policy: Virtual Patient Monitoring ID 72952 Rev 2	Approved	Brian Willey
Clinical Emergency Department	Procedure: Animal Bites at PH Reporting of to Animal Control ID 10125 Rev 7	Approved	Tracy Page
Clinical Emergency Department	Procedure: Pediatric Broselow Crash Cart ID 17340 Rev 13	Approved	Tracy Page
Clinical Practice (Multidisciplinary)	Form: Safety Tray Photos ID 62152 Rev 2	Approved	Tracy Page
Clinical Administrative Nursing	Procedure: Patients with Admission Orders Waiting for Bed Placement (Inpatient Holds) ID 11214 Rev 8	Approved. Rebecca from education will develop a mandatory Ixpanad for ED nurses.	Tracy Page
Clinical Trauma	Procedure: Activation of Trauma Team and Internal Triage Criteria ID 15172 Rev 12	Approved	Melinda Case
Clinical Trauma	Procedure: Trauma Bypass ID 12293 Rev 9	Approved	Melinda Case
Clinical Administrative Nursing	Procedure: Administrator – On – Call ID 16584 Rev 4	Approved with edits. Remove 'capacity alert bypass' from III.D.1. Val and Jami to provide education to the AOCs. Donald requested an algorithm or flow chart.	Valerie Martinez
Clinical Infection Control	Procedure: Standard Precautions ID 15117 Rev 13	Approved. Education will be provided to staff via shift huddles.	Valerie Martinez
Clinical Pharmacy	Form: Food-Drug Interactions ID 48772 Rev 8	Approved with edits. Per Carrie, P&T requested the removal of Ferrous Sulfate from 'Drugs given via feeding tube:'. Kelly to follow up with Nada to confirm.	Nada Ghobrial
Clinical Behavioral Health	Procedure: Activity Levels for Activity Therapy (Behavioral Health) ID 10061 Rev 7	Approved	Donald Myers

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Behavioral Health	Procedure: Bedrail Use Behavioral Health ID 10182 Rev 7	Approved	Donald Myers
Clinical Behavioral Health	Procedure: County of San Diego MediCal Contract Operations ID 35652 Rev 6	Approved	Donald Myers
Clinical Behavioral Health	Policy: Discharge Planning Behavioral Health ID 10458 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Policy: Dress Code for Patients Behavioral Health ID 10495 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Inquiry Calls Behavioral Health ID 10798 Rev 7	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Intake System for Inpatient Behavioral Health ID 11351 Rev 7	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Key Control on the Inpatient Unit BH ID 10866 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: LPS Designation ID 10870 Rev 9	Approved with edits. Change 'LIP' to provider' throughout document.	Donald Myers
Clinical Behavioral Health	Procedure: Laundering of Patient Clothing ID 10884 Rev 10	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Levels of Patient Observation Inpatient Behavioral Health ID 10902 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Pastoral Visitation ID 11149 Rev 7	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Patient Education ID 11168 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Patient Identification on the Inpatient Behavioral Health Unit ID 15360 Rev 6	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Patient Rights and Responsibilities (Behavioral Health) ID 11189 Rev 9	Approved	Donald Myers

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Behavioral Health	Procedure: Patient Safety Checks ID 11466 Rev 12	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Patient Satisfaction Survey ID 11195 Rev 9	Approved	Donald Myers
Clinical Behavioral Health	Patient's Right to Privacy ID 11205 Rev 7	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Post-Discharge Visits to the Inpatient Unit ID 11296 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Program Philosophy Statement ID 11339 Rev 7	Approved with edits. Under 3.C., remove 'Both' from 'Both Units'.	Donald Myers
Clinical Behavioral Health	Form: Psychiatric Patient (SUICIDAL) Guidelines Grid for Care and Safety of ID 62192 Rev 7	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Safety Plan – Behavioral Health Inpatient ID 11496 Rev 10	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Safety and Security/Personal Property Search/Seizure/Transfer of Belongings ID 11499 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Staff/Patient Relationships ID 11593 Rev 7	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Standards of Care and Standards of Practice (Behavioral Health) ID 11602 Rev 6	Approved with edits. Change 'physician' to 'provider' throughout the document and remove 'GPU' from the first line under Summary.	Donald Myers
Clinical Behavioral Health	Procedure: Therapeutic Passes ID 11670 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Time-Out to Regain Personal Control ID 11679 Rev 7	Approved	Donald Myers

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Behavioral Health	Procedure: Utility Failure Plan ID 11779 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Utilization Review and Denial Process ID 11786 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Vital Signs ID 11825 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Charting by Nursing Assistants and Mental Health Workers ID 10279 Rev 6	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Discharge Instructions and Aftercare Plan – Behavioral Health ID 10454 Rev 7	Approved	Donald Myers
Ownership Changes			Ownership To
	Lucidoc Administrator-On-Call ID 16584 owned by Sheila Brown will now be owned by Valerie Martinez	Approved	Valerie Martinez
	Documents owned by Paul Sas will now be owned by Mike Mills	Approved	Mike Mills
	Documents owned by Rose Dunn will now be owned by Nicole Crytser	Approved	Nicole Crytser
	Communication/Call Center documents owned by William Kirby will now be owned by Brian Willey	Approved	Brian Willey
	Documents owned by Jessica Ruh will now be owned by Michael Thomas	Approved	Michael Thomas
	Scope of Service: Employee and Corporate Health Services ID 12326 will be transferred from Russell Riehl to Brian Willey	Approved	Brian Willey

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Procedure: Targeted Temperature Management after Cardiac Arrest ID 26832 Rev 4 will be transferred from Holly Kalisek to Victoria Veronese	Approved	Victoria Veronese
	All Imaging documents that were owned by Russ Riehl will now be owned by Sims Kendall	Approved	Sims Kendall
Archived Documents			
Clinical FANS	Policy: Diet Guidelines in Nutrition Care Manual ID 10434 Rev 19	Approved	Nicole Hite
Clinical FANS	Form: Diet Interpretation Guideline of Commonly Ordered Diets ID 58192 Rev 5	Approved	Nicole Hite
Clinical FANS	Procedure: Leadership Role – Clinical Nutrition Specialist ID 10890 Rev 7	Approved	Nicole Hite
Clinical FANS	Form: Lower Level Food and Waste Removal Diagram ID 49012 Rev 1	Approved	Nicole Hite
Clinical FANS	Form: Nutrition Care Manual Approval ID 69932 Rev 0	Approved	Nicole Hite
Administrative Emergency Management	Reference Material: Mass Fatality Plan – Appendix C ID 63673 Rev 0	Approved	Brian Willey
Administrative Communication/Call Center	Procedure: On Call Change ID 14957 Rev 2	Approved	Brian Willey
Administrative Communication/Call Center	Procedure: Unusual Occurrences/Service Complaint ID 51212 Rev 0	Approved	Brian Willey
Clinical Surgery & Procedures	Procedure: SurgiNet Procedure Addition – Modification ID 27232 Rev 2	Approved	Bruce Grendell

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Behavioral Health	Procedure: GPU Independently Ambulatory Moderate to High Suicide Risk Patient Safety Criteria and Guideline ID 63793 Rev 0	Approved	Donald Myers
Documents for Awareness			
	None		

Next Meeting: **Date:** October 11, 2023
Time: 9:30am – 11:00am
Location: Teams

Consent Agenda for Policy & Procedure Committee October 2023

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Non- Clinical Document			
Administrative Corporate/Employee Health	Policy: Accounting and Finance for Corporate Health ID 12681 Rev 6	Approved	Brian Willey
Administrative Environment of Care	Form: Bomb Threat Checklist ID 50472 Rev 1	Approved	Brian Willey
Administrative Communication/ Call Center	Procedure: Reaching PH Media – on – Call Staff ID 14595 Rev 6	Approved	Brian Willey
Administrative Emergency Management	Procedure: Code Triage – Disaster/Unplanned Event ID 14678 Rev 7	Approved	Brian Willey
Administrative Emergency Management	Procedure: Earthquake Preparedness ID 17027 Rev 3	Approved	Brian Willey
Administrative Emergency Management	Form: Evacuation Equipment: Med Sled Infant Insert Information Sheet ID 56692 Rev 0	Approved with edits. Update PH logo on form. Brian and Brent to educate staff.	Brian Willey
Administrative Emergency Management	Form: Evacuation: Hospital Evacuation and Shelter in Place Decision Tree ID 46372 Rev 3	Approved	Brian Willey
Administrative Environment of Care	Procedure: Arrest Guidelines ID 14535 Rev 4	Approved	Bill Kirby
Administrative Environment of Care	Procedure: Handcuffing Guidelines ID 14828 Rev 4	Approved with edits. Spell check under III.F.2.h. Link escalation policy to this document.	Bill Kirby
Administrative Environment of Care	Procedure: Helicopter Landing ID 14840 Rev 3	Approved	Bill Kirby
Administrative Environment of Care	Procedure: Law Enforcement and Security Guard Education ID 17085 Rev 2	Approved	Bill Kirby
Administrative Environment of Care	Procedure: Lost & Found ID 19552 Rev 4	Approved	Bill Kirby
Administrative	Procedure: Parking Regulations &	Table. Bill to review procedure to	Bill Kirby

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Environment of Care	Obstructions ID 12105 Rev 8	include visitors and employees. Will bring back to committee when ready.	
Administrative Environment of Care	Procedure: Radio Usage ID 41772 Rev 2	Approved	Bill Kirby
Administrative Environment of Care	Procedure: Report Guidelines ID 15070 Rev 4	Approved with edits. Link escalation policy to the document.	Bill Kirby
Administrative Environment of Care	Procedure: Standard Procedures for Security Officers ID 33612 Rev 4	Approved. Hold on approving policy in consent agenda until 11/5/2023 to allow Bill enough time to educate staff before updates become official.	Bill Kirby
Administrative Environment of Care	Procedure: Use of Force ID 14809 Rev 4	Table. Lori and Bill to review N.7 and the reference to 'subject'. Under N.2., include observation and event details. Delete I as that is the same as J. Link escalation policy to the document.	Bill Kirby
Administrative Environment of Care	Procedure: Victim of Violence ID 15189 Rev 4	Approved with edits. Link suspicious injury policy to document. Lori to educate nursing staff and medical staff.	Bill Kirby
Administrative Environment of Care	Procedure: Video System ID 42012 Rev 3	Approved	Bill Kirby
Administrative Environment of Care	Procedure: Child Protective Service Holds ID 14627 Rev 5	Table. Bill to review procedure and include other departments such as the emergency department. Link suspicious injury policy to document.	Bill Kirby
Administrative Environment of Care	Procedure: Code Grey – Combative Person/ Assaultive Behavior or Intruder ID 17056 Rev 8	Approved with edits. 2.a. change Villa Pom to The Villas at Poway. Link Workplace Violence Policy to document.	Bill Kirby
Administrative Environment of Care	Procedure: Code Green – Patient Elopement/Missing High Risk Patient ID 43372 Rev 3	Approved with edits. change F.b. to The Villas at Poway.	Bill Kirby

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Administrative Environment of Care	Procedure: Code Silver – Person with a Weapon/Hostage Situation ID 17028 Rev 7	Approved	Bill Kirby
Administrative Environment of Care	Reference Materials: Foreign Body Tracking Form ID 67634 Rev 0	Table. Lori, Bill, and Bruce to work on document to ensure it aligns with specimen procedure and Lucidoc 67633 Policy Foreign Body Handling in the Security Department.	Bill Kirby
Administrative Environment of Care	Policy: Foreign Body Handling in the Security Department ID 67633 Rev 0	Table. Lori, Bill, and Bruce to work together and review the policy to ensure aligns with specimen procedure. Bill to provide education to staff.	Bill Kirby
Administrative Environment of Care	Procedure: Identification Badges ID 14753 Rev 6	Approved. Bill has already educated staff.	Bill Kirby
Administrative Environment of Care	Towing Vehicles Obstructing Ed Department ID 15160 Rev 3	Table. Lori and Bill to review to include visitors, vendors, and employees.	Bill Kirby
Administrative Scopes	Scope of Service: Food and Nutrition Services (FANS) ID 12329 Rev 14	Approved	Nicole Hite
Administrative FANS	Procedure: Nourishment Program ID 11055 Rev 9	Approved	Nicole Hite
Administrative Imaging – Business/Clerical Imaging	Procedure: Image Storage Location ID 10908 Rev 6	Approved with edits. Tommy to add info regarding what imaging.	Sims Kendall
Administrative	Procedure: Interpreter, Language and Hearing Services ID 10815 Rev 23	Approved	Suzanne Fisher
Administrative Compliance	Policy: Sections 1557, 504, Nondiscrimination and Taglines ID 73352 Rev 0	Approved with edits. Lewann requested edits for typos.	Helen Waishkey
Administrative Scopes	Scope of Service: Medical Acute Care (Non-Monitored) Unit ID 57875 Rev 5	Approved	Meghan Jaremczuk

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Administrative Scopes	Scope of Service: Tele, Med/Surg/Tele Scope of Service ID 57732 Rev 4	Approved	Meghan Jaremczuk
Clinical Document			
Clinical Infection Control	Procedure: Aerosol Transmissible Diseases (ATD) Exposure Control Plan ID 34772 Rev 15	Approved	Valerie Martinez
Clinical Infection Control	Procedure: Multi-Drug Resistant Organism (MDRO) Prevention ID 15330 Rev 12	Approved	Valerie Martinez
Clinical Infection Control	Procedure: Food and Beverages in the Work Place ID 32952 Rev 6	Approved. Leaders already educate staff to this topic so no additional education is needed.	Valerie Martinez
Clinical Behavioral Health	Procedure: Contact Precautions for Behavioral Health Units ID 45295 Rev 4	Approved	Donald Myers
Clinical Behavioral Health	Form: Psychiatric Patient (SUICIDAL), Guidelines Grid for Care and Safety of ID 62192 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Against Medical Advice (AMA) Discharge Behavior Health ID 10107 Rev 6	Approved with edits. Lori and Donald to review forms under K.2 and K.2.a. Lori to review other AMA policy to ensure includes BH patient who is admitted to medical floor.	Donald Myers
Clinical Behavioral Health	Procedure: Elopement Behavioral Health ID 10537 Rev 9	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Multidisciplinary Treatment Team Meeting ID 60912 Rev 2	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Psychiatric Consultation for Admission ID 11350 Rev 7	Approved with edits. C.3. change physician to provider.	Donald Myers

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Behavioral Health	Procedure: Suicide Risk Assessment and Prevention Behavioral Health ID 11631 Rev 10	Approved	Donald Myers
Clinical Emergency Department	Procedure: MICN Obstetric Triage Guidelines ID 47112 Rev 4	Approved	Tracy Page
Clinical Practice (Multidisciplinary)	Form: Adult Inpatient Standards ID 46172 Rev 15	Approved. Rebecca to work with Carol on creating an IXpand which will include the changes made to the document and have an attestation by nursing.	Holly Kalisek
Clinical Surgery and Procedures	Procedure: Distribution of Medication to the Back Table ID 14732 Rev 6	Approved. Confirm routed to P&T per Nada's request.	Bruce Grendell
Ownership Changes			Ownership To
	Form: COVID-19 Appendix A Epidemiologic Risk Classification 1 for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) ID 63492 Rev 0 will be transferred from Russell Riehl to Brian Willey	Approved	Brian Willey
	Procedure: COVID-19 Exposure Follow Up ID 63472 Rev 0 will be transferred from Russell Riehl to Brian Willey	Approved	Brian Willey
	Procedure: Standards of Patient Care for the Adult Inpatient ID 18244 Rev 10 from Valerie Martinez to Holly Kalisek	Approved	Holly Kalisek
	All documents owned by Truong Nguyen will now be owned by Susan Chang	Approved	Susan Chang
Archived Documents			

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Procedure: Baton Use ID 14553 Rev 3	Approved	Bill Kirby
	Procedure: Chemical Agents for Use in Personal Defense ID 17045 Rev 6	Approved	Bill Kirby
	Form: Isolation Room Sign-In Sheet ID 63552 Rev 0	Approved	Valerie Martinez
	Reference Materials: PPE Reuse Protocol ID 63612 Rev 0	Approved	Valerie Martinez
	Plan: Ebola Plan ID 53592 Rev 2	Approved	Valerie Martinez
Documents for Awareness			
	Suicide Screening Requirement Assembly Bill 1394: Ages 12 and Above	Tracy to educate ED staff that screening will be for those ages 12 or older.	Jami Pearson/Don Myers
	Procedure: Cardiac Telemetry Monitoring ID 18787 Rev 8	Go live date is 10/30/2023. Union has been updated by Tracy.	Jami Pearson/Tracy Page
	TELE Room Monitoring Standard Work	IXpand is being completed by staff.	Jami Pearson/Tracy Page
	FAQ Tele Monitoring Room		Jami Pearson/Tracy Page
		Jami requested that any education that is needed for any policies or procedures on the agenda be presented to P&P in the ISBAR format when the document is up for approval at P&P. This process will ensure that education is provided to staff prior to the document becoming official.	

Next Meeting: **Date:** November 8, 2023
Time: 9:30am – 11:00am
Location: Teams

Consent Agenda for Policy & Procedure Committee November 2023

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Non- Clinical Document			
Administrative Emergency Management	Form: Evacuation Equipment: MedSled Information Sheet ID 47432 Rev 1	Approved	Brian Willey
Administrative Emergency Management	Form: Evacuation: Patient and Victim Carry Methods ID 46453 Rev 2	Approved	Brian Willey
Administrative Environment of Care	Procedure: Code Orange – Hazardous Material Spill/Release ID 16903 Rev 5	Approved	Brian Willey
Administrative Scopes	Scope of Service: Respiratory Care ID 12339 Rev 12	Approved	Kerwin Pipersburgh
Administrative Compliance	Procedure: Advance Beneficiary Notice for Medicare Beneficiary ID 10100 Rev 6	Approved	Helen Waishkey
Administrative Compliance	Procedure: Compliance Monitoring and Investigations ID 17770 Rev 9	Approved	Helen Waishkey
Administrative Compliance	Procedure: Conflicts of Interest, Commitment, and Gifts ID 19091 Rev 8	Approved	Helen Waishkey
Administrative Compliance	Procedure: Holiday Party Procedure ID 41892 Rev 5	Approved	Helen Waishkey
Administrative Compliance	Procedure: Palomar Health Values Hotline ID 17767 Rev 6	Approved with edits to spelling of 'establish'.	Helen Waishkey
Administrative Compliance	Procedure: Personnel Excluded from Participation in Federal Healthcare ID 17618 Rev 5	Approved	Helen Waishkey
Administrative	Procedure: Advance Directives ID 10099 Rev 8	Approved	Jami Pearson
Administrative Nursing	Procedure: Visitation and Wanding ID 17036 Rev 6	Approved with edits to spelling of 'scheduled'.	Jami Pearson
Administrative Medical	Procedure: Down-Time Backup	Approved	Kimberly Jackson

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Records	for Aquity Dictation Line ID 35333 Rev 8		
Administrative Medical Records	Procedure: Medical Record – Patient Access ID 15292 Rev 14	Approved with edits to change her/his to “their”.	Kimberly Jackson
Administrative Privacy	Procedure: Photography and Audio Recording ID 53292 Rev 5	Approved with edits to correct sentence III.10.	Kimberly Jackson
Administrative Medical Records	Procedure: Providing Paper Based Records to Surgery ID 45272 Rev 8	Approved	Kimberly Jackson
Administrative Medical Records	Procedure: Transcription – Support Duties ID 15326 Rev 9	Approved	Kimberly Jackson
Clinical Document			
Clinical Rehabilitation	Procedure: Documentation Guidelines ID 10479 Rev 10	Approved	Tyler Powell
Clinical Rehabilitation	Procedure: Pediatric Adolescent Services ID 12116 Rev 7	Approved	Tyler Powell
Clinical Rehabilitation	Procedure: Speech Pathology and Audiology Services ID 12138 Rev 13	Approved	Tyler Powell
Clinical Rehabilitation	Procedure: Physical Therapist of Record ID 42072 Rev 5	Approved	Tyler Powell
Clinical Behavioral Health	Procedure: Emergency and Standards Medical Treatment for Behavioral Health Patients ID 10550 Rev 7	Approved	Donald Myers
Clinical Multidisciplinary	Procedure: Psychiatric Patient, Guidelines for Care and Safety of ID 11352 Rev 10	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Detoxification – Behavioral Health ID 10430 Rev 6	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Medications and Off-Site Passes ID 10987 Rev 8	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Medications: High-Dose and Unusual Purposes ID	Approved	Donald Myers

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	10988 Rev 9		
Clinical Behavioral Health	Procedure: Medications: The Prevention, Identification, and Management of Tardive Dyskinesia ID 19570 Rev 6	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Medications: The Use of Multiple Psychopharmacologic Drugs ID 19550 Rev 5	Approved	Donald Myers
Clinical Behavioral Health	Procedure: Psychotropic Medications ID 11353 Rev 10	Approved	Donald Myers
Clinical Surgery & Procedures	Procedure: Universal Protocol for Surgery and Procedures ID 11643 Rev 17	Approved	Bruce Grendell
Clinical Infection Control	Procedure: Aerosol Transmissible Diseases (ATD) Exposure Control Plan ID 34772 Rev 15	Approved	Valerie Martinez
Clinical Infection Control	Procedure: Influx of Suspected Infectious Patients ID 28152 Rev 10	Approved	Valerie Martinez
Clinical Respiratory Services	Procedure: Disaster Plan for Respiratory Services ID 11780 Rev 8	Approved	Kerwin Pipersburgh
Clinical Respiratory Services	Procedure: Medical (Compressed Gases) ID 10960 Rev 9	Approved	Kerwin Pipersburgh
Clinical Practice (Multidisciplinary)	Procedure: Passy Muir Speaking/Swallowing Valve Guidelines ID 11148 Rev 6	Approved	Kerwin Pipersburgh
Clinical Birth Center	Procedure: Diabetes Management of the Obstetric Patient ID 49893 Rev 5	Approved	Amy Murray
Clinical Birth Center	Form: Neonatal Crash Cart Content List ID 49032 Rev 8	Approved	Amy Murray
Clinical Birth Center	Procedure: Obstetrical Emergency: Postpartum	Approved	Amy Murray

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Hemorrhage ID 45612 Rev 9		
Clinical Birth Center	Form: Newborn Safety Contract English ID 60512 Rev 1	Approved	Amy Murray
Clinical Birth Center	Form: Newborn Safety Contract Spanish ID 60872 Rev 1	Approved	Amy Murray
Clinical Birth Center	Procedure: Code White – Neonatal/Pediatric Medical Emergency ID 10318 Rev 18	Approved	Amy Murray
Clinical Birth Center NICU	Procedure: Standards of Care NICU ID 11603 Rev 19	Approved	Amy Murray
Clinical Pharmacy	Form: Emergency Medication Kit Contents ID 48712 Rev 12	Approved	Nada Ghobrial
Clinical Practice (Multidisciplinary)	Procedure: Pyxis MedStations ID 12123 Rev 11	Approved	Nada Ghobrial
Clinical Practice (Multidisciplinary)	Policy: Self Administration of Meds by Inpatients/Non-Staff Members/Bedside Medication ID 16381	Approved	Nada Ghobrial
Clinical Diabetes Health	Procedure: Adult Management Guidelines for Patients with Diabetes or Glycemic Abnormalities ID 38072 Rev 8	Approved	Meghan Jaremczuk
Clinical Administrative Nursing	Procedure: Physician Orders for Life-Sustaining Treatment (POLST) ID 33652 Rev 3	Approved	Jami Pearson
Ownership Changes			Ownership To
	Procedure: Advance Directives ID 10099 will change ownership from Debra Bitzer to Melvin Russell	Approved	Mel Russell
	Procedure: Leadership Role – Director ID 10889 Rev 5	Approved	Nicole Hite
	All documents owned by Debra	Approved	Mel Russell

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Bitzer will now be owned by Mel Russell		
Archived Documents			
	Procedure: Leadership Role – Director ID 10889 Rev 5	Approved	Nicole Hite
	Policy: FANS Committee Membership ID 10331 Rev 10	Approved	Nicole Hite
	Procedure: FANS Management Development ID 10927 Rev 4	Approved	Nicole Hite
Documents for Awareness			
	Procedure: Admixture Preparation Guidelines Outside of Pharmacy ID 13352 Rev 12	Approved	Nada Ghobrial

Next Meeting: **Date:** January 10, 2024
Time: 9:30am – 11:00am
Location: Teams

ADDENDUM C

RESOLUTION NO. 04.08.24(01)-06

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH FINDING
THE NEED FOR UP TO SIX COMPENSABLE MEETINGS PER MONTH FOR THE
EFFECTIVE OPERATION OF THE DISTRICT**

WHEREAS, Palomar Health is a special health care district duly organized and existing under and pursuant to California Health & Safety Code section 32000 *et seq.*;

WHEREAS, California Health & Safety Code section 32103 sets forth the authority for establishing compensation for members of the Board of Directors of Palomar Health District;

WHEREAS, Board members receive compensation for each attendance at a meeting of the Board, or otherwise as permitted pursuant to California Health & Safety Code 32103(b), for a maximum of 5 compensable meetings per month;

WHEREAS, California Health & Safety Code section 32103(a) provides that Board members may be compensated for up to 6 meetings in a calendar month, provided that the Board makes annual written findings that more than 5 meetings per month are necessary for the effective operation of the District;

WHEREAS, the Board wishes to increase the number of compensable meetings from 5 to 6 meetings per calendar month;

WHEREAS, effective January 1, 2019, California Health & Safety Code section 32103 requires the Board to make initial, and then annual findings, supported by substantial evidence, as to why more than 5 compensable Board meetings per month are necessary for the effective operation of the District;

NOW THEREFORE, the Board of Directors of Palomar Health does resolve as follows:

SECTION ONE.

The Board of Directors finds, based on substantial evidence, that the following is representative of the non-exhaustive scope of responsibilities held by the Board, administered and managed through a process requiring more than 5 and up to six 6 compensable Board meetings per calendar month:

1. The Board is responsible for overseeing the business affairs of the largest public healthcare district in California, which services a community comprised of more than half a million people spanning an area of 850-square miles.
2. Board oversight extends to various facilities, including the District's designated Trauma Center, which serves the needs of over 1,500 patients annually.

3. Fiscal responsibilities include designing and implementing an annual budget responsive to community health needs. Currently, the Board oversees an annual budget of over \$840 million.
4. Recently, the Board secured an affiliation with two of North San Diego County's largest medical groups to create Palomar Health Medical Group, the largest health network in the region.
5. The Board continues to seek opportunities to grow the responsibilities of the District.
6. Given the geographical size of the District, the number of residents served, and the broad range of official duties, each Board member must devote a substantial amount of time to District-related business, which includes the following commitments:
 - Board meetings (monthly): 2-3 hours per month
 - Committee meetings (1-3 meetings per month): 1-3 hours per meeting
 - Social events (1-3 events per month): 1-3 hours per event
 - Meeting preparation: 1-2 hours per meeting
 - Meetings with Executives and/or Vice Presidents (monthly): 1 hour
 - Meetings with the Chief Executive Officer (monthly): 1.5 hours
 - Outside education/readings: 2-4 hours per month
 - Travel outside of local area: 1-2 hours per year
7. The strategic plan for the District has necessitated more informational meetings and education sessions, thereby increasing the amount of time each Board member must dedicate to District-related business.

SECTION TWO. More than 5 compensable meetings per month are necessary for the effective operation of the District. Therefore, Board members may be compensated for up to 6 meetings per month.

SECTION THREE. The Board of Directors of Palomar Health hereby amends and supersedes, to the extent inconsistent with this Resolution, all bylaws, policies, or other documents relating to Board member compensation, to reflect the findings detailed in this Resolution regarding the necessity for more than 5, and up to 6, compensable meetings per month, such findings to be reviewed annually.

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on April 8, 2024, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: April 8, 2024

APPROVED:	ATTESTED:
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Jeff Griffith, Chair Board of Directors Palomar Health	Terry Corrales, RN, Secretary Board of Directors Palomar Health

RESOLUTION NO. 04.08.24(02)-07

**ORDINANCE OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
PROVIDING FOR A FIVE PERCENT INCREASE IN BOARD MEMBER
COMPENSATION FOR ATTENDANCE AT BOARD MEETINGS**

WHEREAS, Palomar Health is a special district duly organized and existing under and pursuant to California Health and Safety Code (“Health & Safety Code”) Section 32000 *et seq.*; and

WHEREAS, Health & Safety Code section 32103 provides that Board of Directors (the “Board”) shall serve without compensation, except that the Board may adopt a resolution authorizing the payment of \$100 as compensation per meeting to each Director for attendance at up to 6 Board meetings per calendar month; and

WHEREAS, in 2018, the California Legislature passed Assembly Bill No. 2329 (Obernolte) (“AB 2329”), which amended section 32103 of the Health & Safety Code; and

WHEREAS, commencing January 1, 2019, if the Board compensates its Directors for more than 5 meetings in a calendar month, section 32103 of the Health & Safety Code, as amended by AB 2329, requires the Board to adopt an annual written policy describing, based on a finding supported by substantial evidence, why more than 5 meetings per month are necessary for the effective operation of the District; and

WHEREAS, section 32103 of the Health & Safety Code, as amended by AB 2329, provides that the Board may, by ordinance adopted pursuant to California Water Code (“Water Code”) Section 20200 *et seq.*, increase the amount of compensation received by Directors for attendance at Board meetings; and

WHEREAS, Water Code section 20202 provides that an increase in compensation may not exceed an amount equal to 5% for each calendar year following the operative date of the last adjustment; and

WHEREAS, the Board increased the amount of compensation received by 5% per meeting for the 2023 calendar year, from \$100 to \$105, pursuant to Resolution No. 05.08.23(02)-07 and in accordance with the sections of the Health & Safety Code, Water Code, and Government Code referenced herein; and

WHEREAS, the Board desires to establish the amount of compensation by way of this Ordinance in accordance with the provisions of the Water Code; and

WHEREAS, the Board has determined that an increase of 5% in the amount of compensation received for each attendance at a Board meeting is appropriate; and

WHEREAS, Water Code section 20203 requires that an ordinance increasing compensation must be considered after a public hearing and a notice of said hearing must be published in a newspaper of general circulation pursuant to California Government Code (“Government Code”) section 6066; and

WHEREAS, in accordance with section 20203 of the Water Code and section 6066 of the Government Code, the Board held a public hearing regarding this Ordinance on April 8, 2024, at 6:30 p.m., at the 1st Floor Conference Center, PMC Escondido, 2185 Citracado Parkway, Escondido, CA. 92029, and a notice of said hearing was duly published in the San Diego Union-Tribune, a newspaper of general circulation; and

NOW THEREFORE, BE IT ORDAINED by the Board of Directors (“Board”) of the Palomar Healthcare District (“District”) as follows:

Section 1. The amount of compensation to be received by the Board for each day’s attendance at meetings of the Board shall be increased by 5% from \$105 to \$110.25 per day.

Section 2. No Director shall receive the compensation set forth in Section 1 of this Ordinance for more than 6 meetings in any calendar month.

Section 3. The Board reserves the right, pursuant to and in accordance with Health & Safety Code section 32103, to increase the number of compensable meetings from 5 to 6 in any calendar month.

Section 4. Pursuant to Water Code section 20204, this Ordinance shall become effective 60 days from the date of its adoption.

Section 5. Voters of the District have the right, pursuant to Water Code Section 20204, to petition for referendum on this Ordinance. Any such petition must be presented to the Board prior to the effective date of the Ordinance pursuant to Section 20205 of the Water Code.

Section 6. Upon its effective date, this Ordinance supersedes and repeals the provisions of any prior ordinances, resolutions, motions and other actions of the Board to the extent such other provisions are inconsistent with the provisions of this Ordinance.

Section 7. If any subdivision, sentence, clause, or phrase of this Ordinance is, for any reason, held to be invalid or unenforceable by a court of competent jurisdiction, such invalidity or unenforceability shall not affect the validity or enforcement of the remaining portions of this Ordinance. It is the District’s express intent that each remaining portion would have been adopted irrespective of the fact that one or more subdivisions, paragraphs, sentences, clauses, or phrases be declared invalid or unenforceable.

* * * * *

APPROVED AND ADOPTED by the Board of Directors of Palomar Health on this 8th day of April, 2024, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

ATTEST:

****Secretary, Board of Directors****

APPROVED:

****President, Board of Directors****

APPROVED AS TO FORM:

****General Counsel****

ADDENDUM D

Memorandum

To: Board of Directors
From: Linda Greer, R.N., Chair Board Quality Review Committee
Date: April 8, 2024
Re: Wednesday, March 27, 2024 Board Quality Review Committee – Meeting Summary

Board Committee Member Attendance:

Directors: Greer, Corrales and Barry. Medical Staff: Goldsworthy & Nguyen

ACTION ITEMS:

Approval of Board Quality Review Committee January 24, 2024, Meeting Minutes

- The BQRC meeting minutes from January 24, 2024, were approved.

Approval of Contracted Services: Premier Laser Services

- The contracted service evaluation(s) were approved.

STANDING ITEMS:

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

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

NEW BUSINESS:

Emergency Medicine Annual Report

- Tracy Page, Emergency Department Director & Dr. Nicholle Bromley, Emergency Department Medical Director presented the Emergency Medicine Annual Report.

Trauma Program Annual Report

- Melinda Case, Trauma Program Director & Dr. John Steele, Trauma Program Medical Director presented the Trauma Program Annual Report.

Respiratory Services Annual Report

- Kerwin Pipersburgh, Respiratory Services Manager & Dr. Frank Bender, Respiratory Services Medical Director presented the Respiratory Services Annual Report.

Stroke Program Annual Report

- Lourdes Januszewicz, Stroke Program Coordinator & Dr. Remia Paduga, Stroke Program Medical Director presented the Stroke Program Annual Report.