



Board of Directors

Meeting Agenda Packet

March 10, 2025



Board of Directors

*Jeffrey D. Griffith, EMT-P, Chair
Michael Pacheco, Vice Chair
Linda Greer, RN, Treasurer
Theresa Corrales, RN, Secretary
John Clark, Director
Laurie Edwards-Tate, MS, Director
Abbi Jahaaski, MSN, BSN, 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
visit our website at www.palomarhealth.org, or call (760) 740-6375*

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,
March 7, 2025

BOARD OF DIRECTORS

Meeting Agenda

Monday, March 10, 2025
6:30 p.m.

Please see page 3 of agenda 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	1		6:31
2.	Opening Ceremony	4		6:35
	a. Pledge of Allegiance to the Flag			
3.	Public Comments¹	30		7:05
4.	Presentations – Informational Only	10		7:15
	a. Trauma Survivors Series – Episode 2			
5.	Approval of Minutes (ADD A)	5		7:20
	a. Regular Session Board of Directors Meeting – Monday, February 10, 2025 (Pp 12-20)			
6.	Approval of Agenda to accept the Consent Items as listed (ADD B)	5		7:25
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 22-25)		5	
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 26-28)		6	
	c. Nurse Practitioner Clinical Privileges – Psychiatry (Redline Pp 29-34, Clean Pp 35-39)		7	
	d. Psychologist Clinical Privileges (Redline Pp 40-43, Clean Pp 44-46)		8	
	e. Dentistry Clinical Privileges (Redline Pp 47-53, Clean Pp 54-60)		9	
	f. 2025 Employee Code of Conduct (Pp 61-85)			
	g. YTD FY2025 and January 2025 Financials (Pp 86-109)			

7.	Reports – Informational Only					
	a. Medical Staff					
	I.	Chief of Staff, Palomar Medical Center Escondido – Kanchan Koirala, MD	5			7:30
	II.	Chief of Staff, Palomar Medical Center Poway – Mark Goldsworthy, MD	5			7:35
	b. Administration					
	I.	President and CEO – Diane Hansen	5			7:40
	II.	Chair of the Board – Jeff Griffith, E.M.T.-P.	5			7:45
	i.	Code of Conduct				
8.	Approval of Bylaws, Charters, Resolutions and Other Actions (ADD C)			10		7:55
	Agenda Item	Committee/ Department	Action			
	a. Resolution No. 03.10.25(01)-05 of the Board of Directors to Elect and Appoint Leadership for a Unified Antibiotic Stewardship Program for Palomar Health (Pp 111-112)	Regulatory Compliance	Review/Approve		10	
	b. Audit & Compliance Committee Charter (Redline Pp 113-115, Clean Pp 116-118)	Audit & Compliance	Review/Approve			
	c. Recommendation of Qualified Audit Firm to Conduct Annual Audit for FY2025	Audit & Compliance	Review/Approve			
	d. Finance Committee Charter (Redline Pp 119-121, Clean Pp 122-124)	Finance	Review/Approve			
	e. Governance Committee Charter (Redline Pp 125-127, Clean Pp 128-130)	Governance	Review/Approve			
	f. Nursing and Patient Care Policy (11058) (Redline Pp 131-132, Clean Pp 133-134)	Governance	Review/Approve			
9.	Board Committees – Informational Only (ADD D)			5		8:00
	a.	Audit & Compliance Committee – Michael Pacheco, Committee Chair (Pp 136)				
	b.	Community Relations Committee – Terry Corrales, Committee Chair				
	c.	Finance Committee – Linda Greer, Committee Chair (Pp 137)				
	d.	Governance Committee – Jeff Griffith, Committee Chair (Pp 138)				
	e.	Human Resources Committee – Terry Corrales, Committee Chair				
	f.	Quality Review Committee – Linda Greer, Committee Chair				
	g.	Strategic & Facilities Planning – Michael Pacheco, Committee Chair				
Final Adjournment						8:00

NOTE: If you need special assistance to participate in the meeting, please call 760.740.6375 with requests 72 hours prior to the event, so we may provide reasonable accommodations.

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

Board of Directors Meeting Location Options

Palomar Medical Center Escondido
1st Floor Conference Room
2185 Citracado Parkway, Escondido, CA 92029

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

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

Meeting ID: 277 533 693 824

Passcode: TT2Yh7oC

or

Dial in using your phone at 929.352.2216; Access Code: 444 027 050#¹

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

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

DocID: 21790

Revision: 9

Status: Official

Source:

Administrative
Board of Directors

Applies to Facilities:

All Palomar Health Facilities

Applies to Departments:

Board of Directors

Policy: Public Comments and Attendance at Public Board Meetings

I. PURPOSE:

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

II. DEFINITIONS:

A. None defined.

III. TEXT / STANDARDS OF PRACTICE:

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

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

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

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

Palomar Health Board of Directors Meeting

Meeting will begin at 6:30 p.m.



Request for Public Comments

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

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

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

Public Comments Process

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

Palomar Medical Center Escondido Medical Staff Credentialing Recommendations

TO: Board of Directors

MEETING DATE: March 10, 2025

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:

Motion: X

Individual Action:

Information:

Required Time:

**Palomar Medical Center Poway
Medical Staff Credentials Recommendations
February, 2025**

TO: Board of Directors

MEETING DATE: Monday, March 10, 2025

FROM: Mark Goldsworthy, 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: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

Palomar Medical Centers Escondido and Poway Medical Staff Privilege Checklist

TO: Board of Directors

MEETING DATE: March 10, 2025

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

and

Mark Goldsworthy, M.D., Chief of Staff
Palomar Medical Center Poway

Background: Revised Nurse Practitioner (Psychiatry) Core Privilege Checklist: Redlined and final versions attached. Has been to all applicable committees.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

Palomar Medical Centers Escondido and Poway Medical Staff Privilege Checklist

TO: Board of Directors

MEETING DATE: March 10, 2025

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

and

Mark Goldsworthy, M.D., Chief of Staff
Palomar Medical Center Poway

Background: Revised Psychologist Core Privilege Checklist: Redlined and final versions attached. Has been to all applicable committees.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

Palomar Medical Centers Escondido and Poway Medical Staff Privilege Checklist

TO: Board of Directors

MEETING DATE: March 10, 2025

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

Background: Revised Dentistry Core Privilege Checklist: Redlined and final versions attached. Has been to all applicable committees.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**ELECT AND APPOINT LEADERSHIP FOR A UNIFIED
ANTIBIOTIC STEWARDSHIP PROGRAM FOR PALOMAR HEALTH**

To: Palomar Health Board of Directors

Meeting Date: Monday, March 10, 2025

From: Jami Pearson, Director Regulatory Compliance

Background: As of January 2025, there is a new Joint Commission standard that would require an Antibiotic Stewardship Program at both facilities unless the Board of Directors approves a unified program.

Budget Impact: N/A

Staff Recommendation: Elect to have a unified Antibiotic Stewardship Program for Palomar Medical Center Escondido and Palomar Medical Center Poway. Appoint leadership to oversee program.

Committee Questions:

Committee Recommendation:

Motion: X

Individual Action:

Information: Required

Time:

ADDENDUM A

Board of Directors Meeting Minutes – Monday, February 10, 2025	
Agenda Item	
<ul style="list-style-type: none"> 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 Thursday, February 6, 2025, 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 6:31 p.m. by Board Chair Jeff Griffith.	
1. Establishment of Quorum	
Quorum comprised of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences: None	
2. Opening Ceremony	
The Pledge of Allegiance was recited in unison led by Director Laurie Edwards-Tate.	

<i>Board of Directors Meeting Minutes – Monday, February 10, 2025</i>	
<i>Agenda Item</i>	
<ul style="list-style-type: none"> <i>Discussion</i> 	<i>Conclusion/Action/Follow Up</i>
3. Public Comments	
<ul style="list-style-type: none"> None 	
4. Presentations – Informational Only	
<ul style="list-style-type: none"> Trauma Survivors Series episode one was shared with the Board of Directors. 	
5. Approval of Minutes	
a. Special Closed Session Board of Directors Meeting - Tuesday, January 7, 2025	<p>MOTION: By Director Edwards-Tate, 2nd by Director Corrales and carried to approve the Tuesday, January 7, 2025, Special Closed Session Board of Directors Meeting minutes as written.</p> <p>Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.</p>

Board of Directors Meeting Minutes – Monday, February 10, 2025

Agenda Item

<i>• Discussion</i>	<i>Conclusion/Action/Follow Up</i>
<i>b. Regular Session Board of Directors Meeting - Monday, January 13, 2025</i>	<p>MOTION: By Director Edwards-Tate, 2nd by Director Clark and carried to approve the Monday, January 13, 2025, Regular Session Board of Directors Meeting minutes as written.</p> <p>Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.</p>
<i>c. Special Session Board of Directors Meeting - Friday, January 17, 2025</i>	<p>MOTION: By Director Corrales, 2nd by Director Pacheco and carried to approve the Friday, January 17, 2025, Special Session Board of Directors Meeting minutes as written.</p> <p>Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.</p>

Board of Directors Meeting Minutes – Monday, February 10, 2025

Agenda Item

• Discussion	Conclusion/Action/Follow Up
d. Special Session Board of Directors Meeting - Monday, January 27, 2025	<p>MOTION: By Director Pacheco, 2nd by Director Corrales and carried to approve the Monday, January 27, 2025, Special Session Board of Directors Meeting minutes as written.</p> <p>Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.</p>
•	

Board of Directors Meeting Minutes – Monday, February 10, 2025

Agenda Item

• **Discussion**

Conclusion/Action/Follow Up

6. Approval of Agenda to accept the Consent Items as listed

- a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments
- b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments
- c. Obstetrics and Gynecology Clinical Privileges
- d. Palomar Medical Center Escondido/Poway Department of Anesthesia Rules and Regulations
- e. Policy and Procedure Approval (July 2024 – December 2024)

MOTION: By Director Corrales, 2nd by Director Greer and carried to approve Consent Agenda items a through e as presented.

Roll call voting was utilized.

Director Clark – aye

Director Corrales – aye

Director Edwards-Tate – aye

Director Greer – aye

Director Griffith – aye

Director Jahaaski – aye

Director Pacheco – aye

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

Motion approved.

- Director John Clark asked for clarification of consent item 6e. Omar Khawaja, MD, Chief Medical Officer, offered an explanation.

7. Reports – Informational Only

a. Medical Staffs

I. Palomar Medical Center Escondido

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

II. Palomar Medical Center Poway

Palomar Medical Center Poway Chief of Staff, Dr. Mark Goldsworthy, provided a verbal report.

Board of Directors Meeting Minutes – Monday, February 10, 2025	
Agenda Item	
<ul style="list-style-type: none"> Discussion 	Conclusion/Action/Follow Up
b. Administrative	
I. President and CEO	
Palomar Health President & CEO Diane Hansen was not in attendance, Omar Khawaja, MD, Chief Medical Officer, provided a verbal report in her stead.	
II. Chair of the Board	
<p>Palomar Health Chair of the Board Jeff Griffith provided a verbal report.</p> <p>Board committee assignment changes were announced; Governance: Director Michael Pacheco, voting member, Director Abbi Jahaaski, 1st Alternate; Quality Review: Director Abbi Jahaaski, voting member; Human Resources: Director Abbi Jahaaski, voting member; Strategic and Facilities: Director Linda Greer, voting member; Health Development Board: Director Abbi Jahaaski.</p> <p>Chair Griffith requested an ad hoc committee be formed regarding CEO Compensation. Chair Griffith assigned himself, Director Michael Pacheco and Director Terry Corrales.</p>	
8. Approval of Bylaws, Charters, Resolutions and Other Actions	
<p>a. Resolution No. 02.10.25(01)-02 of the Board of Directors of Palomar Health Re-Verification of a Level II Trauma Center</p>	<p>MOTION: By Director Pacheco, 2nd by Director Jahaaski and carried to approve Resolution No. 02.10.25(01)-02 of the Board of Directors of Palomar Health Re-Verification of a Level II Trauma Center</p> <p>Roll call voting was utilized.</p> <p>Director Clark – aye</p> <p>Director Corrales – aye</p> <p>Director Edwards-Tate – aye</p> <p>Director Greer – aye</p> <p>Director Griffith – aye</p> <p>Director Jahaaski – aye</p> <p>Director Pacheco – aye</p> <p>Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent.</p> <p>Motion approved.</p>

Board of Directors Meeting Minutes – Monday, February 10, 2025

Agenda Item

• Discussion	Conclusion/Action/Follow Up
•	
b. Resolution No. 02.10.25(02)-03 of the Board of Directors of Palomar Health Sanctioning the Pledge of Assets in a Deposit Account, Pursuant to a Security Agreement with Bank of America, N.A.	<p>MOTION: By Director Clark, 2nd by Director Corrales and carried to approve Resolution No. 02.10.25(02)-03 of the Board of Directors of Palomar Health Sanctioning the Pledge of Assets in a Deposit Account, Pursuant to a Security Agreement with Bank of America, N.A.</p> <p>Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – abstain Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye Chair Griffith announced that six board members were in favor. None opposed. One abstention. None absent. Motion approved.</p>
• Board discussion ensued.	

Board of Directors Meeting Minutes – Monday, February 10, 2025

Agenda Item

• *Discussion*

Conclusion/Action/Follow Up

9. Board Committees – Informational Only

a. Audit & Compliance Committee – Michael Pacheco, Committee Chair

- *Director Michael Pacheco provided a verbal update*

b. Community Relations Committee – Terry Corrales, Committee Chair

- *Director Terry Corrales provided a verbal update*

c. Finance Committee – Linda Greer, Committee Chair

- *Director Linda Greer provided a verbal update*

d. Governance Committee – Jeff Griffith, Committee Chair

- *Chair Jeff Griffith provided a verbal update*

e. Human Resources Committee – Terry Corrales, Committee Chair

- *Director Terry Corrales provided a verbal update*

f. Quality Review Committee – Linda Greer, Committee Chair

- *Director Linda Greer provided a verbal update*

g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair

- *Director Michael Pacheco provided a verbal update*

Final Adjournment

- *There being no further business, Chair Jeff Griffith adjourned the meeting at 7:25 p.m.*

Board of Directors Meeting Minutes – Monday, February 10, 2025

Agenda Item

- *Discussion*

Conclusion/Action/Follow Up

Signatures:

Board Secretary

Terry Corrales, R.N.

Board Clerk

Carla Albright

ADDENDUM B

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

March 5, 2025

To: Palomar Health Board of Directors

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

Board Meeting Date: March 10, 2025

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointments (03/10/2025 to 02/28/2027)

Nhan-Chang, Chia-Ling, M.D. – Maternal-Fetal Medicine
Ramaswamy, Sriram, M.D. – Psychiatry (Telemedicine)
Wilson, Casey E., D.O. – Emergency Medicine

Advance from Provisional to Courtesy Category, effective 04/01/2025 to 04/30/2025

Onaitis, Mark W., M.D. – Cardiothoracic Surgery – Dept. of Surgery

Advance from Provisional to Active Category

Finnin, Daniel, M.D. – Emergency Medicine (04/01/2025 to 09/30/2026)
Lopez, Jason J., M.D. - Emergency Medicine (04/01/2025 to 08/31/2025)
Saeed, Zahid, M.D. – Critical Care Medicine (04/01/2025 to 02/28/2027)

Transfer of Category

Filiciotto, Sam, M.D. – from Courtesy to Active with No Clinical Activity (effective 01/01/2025-07/31/2026)

Additional Privileges

Davis, John P., M.D. – General Surgery; Trauma requesting Robotic Assisted System (eff. 03/10/2025-12/31/2025)

Physician Voluntary Resignations

Bakshi, Ankur, M.D. – Cardiothoracic Surgery (eff. 09/30/2024)
Crain, Lindsey R., M.D. – Anesthesiology (eff. 12/31/2024)
Haak, Logan M., M.D. – Ophthalmology (eff. 02/20/2025)

Khattar, Ramni, D.O. – Pulmonary Disease (eff. 03/31/2024)
 Promer, Katherine E., M.D. – Infectious Disease (eff. 03/31/2025)
 Sorensen, Eva L., M.D. – Neurology (eff. 02/13/2025)
 Wu, Fang M.D. – Internal Medicine (eff. 03/31/2025)

Requests for Leave of Absence

Bessudo, Alberto, M.D. – Medical Oncology, 2 years (04/01/2025 – 03/31/2027)
 Carnevale, Kevin P., M.D. – OBGYN/GYN, 2 years (02/05/2025 – 02/04/2027)
 Farasat, Sadaf, M.D. – Endocrinology, 2 years (02/07/2025 – 02/06/2027)
 Steiger, Louisa R., M.D. – Psychiatry, 2 years (01/28/2025 – 01/27/2027)

Allied Health Professional Appointment (effective 03/10/2025 to 02/28/2027)

Kneebone, Darshana, NP – Psychiatry (Sponsor: Dr. Hidy)
 White, Ellre R., PA – Emergency Medicine (Sponsor: Dr. Cohen)

Allied Health Professional Resignation

Baker, Catherine, NP- Psychiatry (effective 03/31/2025)

Allied Health Professional Leave of Absence

Deatrick, Veronica, NP – Psychiatric Nurse, 2 years (01/27/2025 - 01/26/2027)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT
Reappointment effective 04/01/2025 to 03/31/2026

Shah, Chirag M, M.D. Ophthalmology	Dept. of Surgery	Courtesy
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Reappointment effective 04/01/2025- 02/28/2027

Arrieta, Iris., M.D. Obstetrics and Gynecology	Dept. of OB/GYN	Active
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Reappointment effective 04/01/2025- 04/30/2025

Abboud, Jean-Paul., M.D. Ophthalmology	Dept. of Surgery	Courtesy
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Reappointment effective 04/01/2025 to 09/30/2025

Motarjemi Ramin, M.D. Internal/Geriatric Medicine	Dept. of Medicine	Active
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Reappointments effective 04/01/2025 to 03/31/2027

Azam, Arsalan, M.D. Emergency Medicine	Dept. of Emerg. Medicine	Active
Bishay, Emad, M.D. Internal Medicine	Dept. of Medicine	Active
Dashi, Arben, M.D. Internal Medicine	Dept. of Medicine	Administrative
Davis, Graham D.O. Anesthesiology	Dept. of Anest.	Active
Dunphy, Stephen, M.D. Emergency Medicine	Dept. of Emerg. Medicine	Active
Foster, James D., M.D. Emergency Medicine	Dept. of Emerg. Medicine	Active
Hong, Karen, D.O. Obstetrics and GYN	Dept. of OB/GYN	Active
Khawar, Osman S., M.D. Nephrology	Dept. of Medicine	Active
Lidstone, Erich M.D. Emergency Medicine	Dept. of Emerg. Medicine	Active
Martin Andrew, M.D. Radiology	Dept. of Radiology	Active
McGrath, Timothy P., M.D. Anesthesiology	Dept. of Anesthesiology	Active
Popper, Steven, M.D. Pulmonary Disease	Dept. of Medicine	Active
Presente, Asaf, M.D. Critical Care Medicine	Dept. of Medicine	Courtesy*

*Category change from Active to Courtesy

Rashcovsky Schiff, Karin, M.D. Family Practice	Dept. of Family Practice	Affiliate
Robin Marco, D.O. Anesthesiology	Dept. of Anesthesiology	Active
Socha, Traci. D.O. Pediatrics	Dept. of Pediatrics	Affiliate
Tang, James Y., MD Family Practice	Dept. of Family Practice	Active
Tomlin, Jeffrey M., M.D. Neurosurgery	Dept. of Surgery	Active*

*Category change from Courtesy to Active

Trifunovic Robert, M.D. Obstetrics and GYN	Dept. of OB/GYN	Affiliate
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Allied Health Professional Reappointment effective 03/01/2025 to 02/28/2027

Adam, Jory J., PA-C Physician Assistant	Dept. of Surgery	(Sponsor: Dr. Wu)
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Allied Health Professional Reappointment effective 03/01/2025 to 03/31/2025

Morfin Valencia, Gustavo, NNP Neonatal Nurse Prac.	Dept. of Pediatrics	(Sponsor: Dr. West)
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Allied Health Professional Reappointments (effective 04/01/2025 to 3/31/2027)

Balderas, Anna C., NNP	Neonatal Nurse Pract.	Dept. of Pediatrics (Sponsor: Dr. Suttner)
Bishop, Leslie A., N.P.	Acute Care Nurse Pract.	Dept. of Medicine (Sponsor: Dr. Choudry)
Gargano-Campa, Nicole E.,	NNP Neonatal Nurse Pract.	Dept. of Pediatrics (Sponsor: Dr. Fatayerji)
Krochmal Rachel, PA-C	Physician Assistant	Dept. of OB/GYN (Sponsor: Dr. Cizmar)
Russell, Mary, FNP	Family Nurse Practitioner	Dept. of Medicine (Sponsor: Dr.Serry)

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: March 5, 2025
To: Palomar Health Board of Directors – March 10, 2025 Meeting
From: Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – February, 2025

Provisional Appointments: (03/10/2025 – 02/28/2027)

Sriram Ramaswamy, M.D., Psychiatry
Casey Wilson, M.D., Emergency Medicine

Biennial Reappointments: (04/01/2025 - 03/31/2027)

Arsalan Azam, M.D., Emergency Medicine, Active
Arben Dashi, M.D., Internal Medicine, Administrative
Graham Davis, D.O., Anesthesiology, Active
Stephen Dunphy, M.D., Emergency Medicine, Active
James Foster, M.D., Emergency Medicine, Active
Osman Khawar, M.D., Nephrology, Active
Erich Lidstone, M.D., Emergency Medicine, Active
Andrew Martin, M.D., Teleradiology, Active
Timothy McGrath, M.D., Anesthesiology, Active
Steven Popper, M.D., Critical Care Medicine/Pulmonology/Internal Medicine, Active (Includes The Villas at Poway)
Asaf Presente, M.D., Critical Care Medicine (with transfer to Courtesy Category) (Includes The Villas at Poway)
Marco Robin, D.O., Anesthesiology, Active
James Tang, M.D., Family Practice, Active

Reappointment Effective 04/01/2025 – 04/30/2025

Jean-Paul Abboud, M.D., Ophthalmology (with transfer to Courtesy Category)

Reappointment Effective 04/01/2025 – 09/30/2025:

Ramin Motarjemi, M.D., Internal Medicine, Active

Reappointment Effective 04/01/2025 – 09/30/2026:

Farhad Farjoudi, M.D., Internal Medicine/Endocrinology, Active (Includes The Villas at Poway)

Reappointment Effective 04/01/2025 – 03/31/2026:

Chirag Shah, M.D., Ophthalmology, Active

Advancements to Active Category:

Daniel Finnin, M.D., Emergency Medicine, effective 04/01/2025 – 09/30/2026

Jason Lopez, M.D., Emergency Medicine, effective 04/01/2025 – 08/31/2025

Zahid Saeed, M.D., Critical Care Medicine, effective 04/01/2025 – 02/28/2027

Advancement to Courtesy Category:

Christopher Urband, M.D., Orthopedic Surgery, effective 04/01/2025 – 08/31/2026

Transfer of Category:

Sam Filiciotto, M.D., From Active with Clinical Activity to Active with No Clinical Activity, effective 01/01/2025 – 07/31/2026

Request for 2 Year Leave of Absence:

Alberto Bessudo, M.D., Hematology/Oncology, effective 04/01/2025 – 03/31/2027

Louisa Steiger, M.D., Psychiatry, effective 01/28/2025 – 01/27/2027

Voluntary Resignations:

Lindsey Crain, M.D., Anesthesiology, effective 12/31/2024

Logan Haak, M.D., Ophthalmology, effective 02/20/2025

Allied Health Professional Appointments: (03/10/2025 – 02/28/2027)

Darshana Kneebone, NP, Sponsor Dr. Hidy (Includes The Villas at Poway)

Ellre White, PA, Sponsor Dr. Jordan Cohen

Allied Health Professional Biennial Reappointments: (04/01/2025 - 03/31/2027)

Rachel Krochmal, PA, Sponsor Dr. Babkina

Leslie Bishop, NP, Sponsor Dr. Choudry

Mary Russell, FNP, Sponsor Dr. Serry

Allied Health Professional Reappointment effective 04/01/2025 – 09/30/2025:

Shawn Laird, NP, Sponsor Dr. Otoshi (Includes The Villas at Poway)

Allied Health Professional Request for 2 Year Leave of Absence:

Veronica Deatrick, NP (Psychiatry) effective 01/27/2025 – 01/26/2027

Allied Health Professional Voluntary Resignations:

Catherine Baker, NP (Psychiatry) effective 03/31/2025

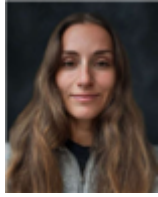
Amanda Carlson, NNP, effective 02/05/2025

Anna Hays, NNP, effective 03/31/2025

Natasha Tanner, NNP, effective 12/13/2024

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.

Provider Profiles



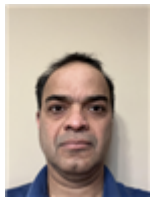
Kneebone, Darshana, NP
PMC Escondido and Poway

Status: Temporary Privileges
Specialty: Psychiatric Nurse Practitioner
Department: Psychiatry



Nhan-Chang, Chia-Ling, M.D.
PMC Escondido

Status: Applicant
Specialty: Maternal-Fetal Medicine
Department: OB/GYN



Ramaswamy, Sriram, MD
PMC Escondido and Poway

Status: Temporary Privileges
Specialty: Psychiatry & Neurology
Department: Psychiatry



White, Ellre R., PA
PMC Escondido and Poway

Status: Applicant
Specialty: Physician Assistant
Department: Emergency Medicine



Wilson, Casey E., MD
PMC Escondido and Poway

Status: Temporary Privileges
Specialty: Emergency Medicine
Department: Emergency Medicine

PALOMAR HEALTH

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

Page 1

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

- ☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway
☐ The Villas at Poway (must be on staff at PMC Poway)

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — PSYCHIATRY

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

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested to at least 30 patients in the past 12 months, or completion of master's /post masters degree program in the past 12 months.

Approved:
 Dept of Psychiatry: 10/03/2024
 IPC: 01/13/2025
 PMCE MEC: 01/27/2025
 PMCP MEC: 01/28/2025
 Previous Board Approval:
 Board of Directors: 11/13/2023

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

Page 2

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

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring shall be performed for at least six (6) cases. Monitoring shall include an ongoing review of the NP's charting and concurrent review of procedures performed, when deemed necessary.

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

Current demonstrated competence and an adequate volume of experience (60 patients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, nursing administration and the governing body. A copy of the [collaborating/sponsoring] agreement signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

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

Medical Record Charting Responsibilities

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

Approved:
 Dept of Psychiatry: 10/03/2024
 IPC: 01/13/2025
 PMCE MEC: 01/27/2025
 PMCP MEC: 01/28/2025
 Previous Board Approval:
 Board of Directors: 11/13/2023

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

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

Nurse Practitioner (NP) Core Privileges — Psychiatry

- ☐ **Requested** Evaluate, diagnose, and provide mental health care using a variety of therapeutic techniques for patients within age group seen by the supervising physician who are at risk for developing or presently have psychiatric disorders. The NP may not admit patients to the hospital. 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.

Approved:
Dept of Psychiatry: 10/03/2024
IPC: 01/13/2025
PMCE MEC: 01/27/2025
PMCP MEC: 01/28/2025
Previous Board Approval:
Board of Directors: 11/13/2023

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

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

NURSE PRACTITIONER (NP) TELEMEDICINE CORE PRIVILEGES — PSYCHIATRY

Requested Evaluate, diagnose, and provide mental health care using a variety of therapeutic techniques via telemedicine for patients within age group seen by the supervising physician who are at risk for developing or presently have psychiatric disorders. The NP may not admit patients to the hospital.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — THE VILLAS AT POWAY CONTINUING CARE – PSYCHIATRY (MUST BE ON STAFF AT PALOMAR MEDICAL CENTER POWAY)

☐ **Requested** Provide mental health care to adolescent and adult patients with common and complex psychiatric illnesses. The psychiatric nurse practitioner continuing care core do not include any procedural privileges.

☐ **Requested** Provide mental health care to adult patients with common and complex psychiatric illnesses via telemedicine. The psychiatric nurse practitioner continuing care core do not include any procedural privileges.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

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

☐ **Requested** A Nurse Practitioner may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a sponsoring physician unless he/she has passed an approved controlled substance education course. (Counter-signed within 24 hours) Requires current DEA certificate and Nurse Practitioner Furnishing Number.

Approved:
Dept of Psychiatry: 10/03/2024
IPC: 01/13/2025
PMCE MEC: 01/27/2025
PMCP MEC: 01/28/2025
Previous Board Approval:
Board of Directors: 11/13/2023

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

Page 5

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.

- Assess and treat individual patients with disease states and non disease-based etiologies, using advanced theoretical and empirical knowledge of physiology, path physiology, and pharmacology
- Clinically manage psychiatric disorders including, but not limited to, severe and persistent neurobiological disorders
- Conduct behavioral health care maintenance of the population served
- Conduct individual, group, and family psychotherapy
- Direct care as specified by medical staff approved protocols
- Evaluate and manage psychobiological interventions
- Initiate referral to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
- Make daily rounds on hospitalized patients performing continued comprehensive assessments, and ordering and implementation of treatments per approved protocols.
- Monitor and manage populations of patients with disease states and non-disease based etiologies to improve and promote health care outcomes
- Obtain admission psychiatric and medical assessment
- Obtain social and psychological admission history
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, etc.
- Utilize advanced practice skills to independently provide (1) case management, including psychiatric rehabilitation and home care; and (2) teaching, promotion, and prevention

Approved:
 Dept of Psychiatry: 10/03/2024
 IPC: 01/13/2025
 PMCE MEC: 01/27/2025
 PMCP MEC: 01/28/2025
 Previous Board Approval:
 Board of Directors: 11/13/2023

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN SPONSOR(S)

Signed _____ **Date** _____

Signed _____ **Date** _____

Approved:
Dept of Psychiatry: 10/03/2024
IPC: 01/13/2025
PMCE MEC: 01/27/2025
PMCP MEC: 01/28/2025
Previous Board Approval:
Board of Directors: 11/13/2023

PALOMAR HEALTH

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

Page 1

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

- ☐ Palomar Medical Center Escondido
- ☐ Palomar Medical Center Poway
- ☐ The Villas at Poway (must be on staff at PMC Poway)

- ☐ Initial Appointment
- ☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — PSYCHIATRY

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

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested to at least 30 patients in the past 12 months, or completion of master's /post masters degree program in the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring shall be performed for at least six (6) cases. Monitoring shall include an ongoing review of the NP's charting and concurrent review of procedures performed, when deemed necessary.

Approved:
Board of Directors: 03/10/2025

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

Page 2

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

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

Current demonstrated competence and an adequate volume of experience (60 patients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, nursing administration and the governing body. A copy of the [collaborating/sponsoring] agreement signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

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

Medical Record Charting Responsibilities

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NURSE PRACTITIONER (NP) CORE PRIVILEGES — PSYCHIATRY

- ☐ **Requested** Evaluate, diagnose, and provide mental health care using a variety of therapeutic techniques for patients within age group seen by the supervising physician who are at risk for developing or presently have psychiatric disorders. The NP may not admit patients to the hospital. 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.

Approved:
Board of Directors: 03/10/2025

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

Page 3

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

NURSE PRACTITIONER (NP) TELEMEDICINE CORE PRIVILEGES — PSYCHIATRY

- ☐ **Requested** Evaluate, diagnose, and provide mental health care using a variety of therapeutic techniques via telemedicine for patients within age group seen by the supervising physician who are at risk for developing or presently have psychiatric disorders. The NP may not admit patients to the hospital.

**NURSE PRACTITIONER (NP) CORE PRIVILEGES — THE VILLAS AT POWAY CONTINUING CARE – PSYCHIATRY
(MUST BE ON STAFF AT PALOMAR MEDICAL CENTER POWAY)**

- ☐ **Requested** Provide mental health care to adolescent and adult patients with common and complex psychiatric illnesses. The psychiatric nurse practitioner continuing care core do not include any procedural privileges.
- ☐ **Requested** Provide mental health care to adult patients with common and complex psychiatric illnesses via telemedicine. The psychiatric nurse practitioner continuing care core do not include any procedural privileges.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

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

- ☐ **Requested** A Nurse Practitioner may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a sponsoring physician unless he/she has passed an approved controlled substance education course. (Counter-signed within 24 hours) Requires current DEA certificate and Nurse Practitioner Furnishing Number.

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

Page 4

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

CORE PROCEDURE LIST

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

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

- Assess and treat individual patients with disease states and non disease-based etiologies, using advanced theoretical and empirical knowledge of physiology, path physiology, and pharmacology
- Clinically manage psychiatric disorders including, but not limited to, severe and persistent neurobiological disorders
- Conduct behavioral health care maintenance of the population served
- Conduct individual, group, and family psychotherapy
- Direct care as specified by medical staff approved protocols
- Evaluate and manage psychobiological interventions
- Initiate referral to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
- Make daily rounds on hospitalized patients performing continued comprehensive assessments, and ordering and implementation of treatments per approved protocols.
- Monitor and manage populations of patients with disease states and non-disease based etiologies to improve and promote health care outcomes
- Obtain admission psychiatric and medical assessment
- Obtain social and psychological admission history
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, etc.
- Utilize advanced practice skills to independently provide (1) case management, including psychiatric rehabilitation and home care; and (2) teaching, promotion, and prevention

NURSE PRACTITIONER CLINICAL PRIVILEGES — PSYCHIATRY

Name: _____

Page 5

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN SPONSOR(S)

Signed _____ **Date** _____

Signed _____ **Date** _____

PALOMAR HEALTH

PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway
☐ The Villas at Poway (must be on staff at Palomar Medical Center Poway)
- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR PSYCHOLOGIST

To be eligible to apply for clinical privileges as a Psychologist, the applicant must meet the following criteria:

Possess an earned doctorate degree (Ph.D. or Psy.D) in psychology from an accredited educational institution and have completed at least two (2) years of clinical experience in an organized health care setting supervised by a licensed psychologist, one year of which must have been post doctoral, and an internship endorsed by the American Psychological Association,

AND

Current license to practice issued by the California Board of Psychology

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body, (1 million / 3 million)

AND

BLS Certification

PMCE MEC: 01/27/2025

PMCP MEC: 01/28/2025

Dept of Psychiatry: 10/03/2024

IPC: 01/13/2025

Previous Board Approval:

Board of Directors 11/13/2017

PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

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

Required Previous Experience: The successful applicant must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges and the setting requested to at least 30 clinical patients during the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring Guidelines: Initial and ongoing monitoring will be retrospective and consist of at least four (4) patient contacts in a two year period.

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

Current demonstrated competence and an adequate volume of experience (60 clinical patients – at least 12 must be hospital based) with acceptable results reflective of the scope of privileges and the settings requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of BLS certification is required.

PSYCHOLOGIST CORE PRIVILEGES

Diagnose, provide treatment and consultation to children, adolescent and adult patients who suffer from mental, behavioral, or emotional disorders. 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.

☐ Requested

PSYCHOLOGIST TELEMEDICINE CORE PRIVILEGES

Diagnose, provide treatment and consultation to children, adolescent and adult patients who suffer from mental, behavioral, or emotional disorders via telemedicine. 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.

☐ Requested

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.

PMCE MEC: 01/27/2025

PMCP MEC: 01/28/2025

Dept of Psychiatry: 10/03/2024

IPC: 01/13/2025

Previous Board Approval:

Board of Directors 11/13/2017

PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

Page 3

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

- Family assessment/therapy
- Group therapy
- Marital or Couples therapy
- Psychological assessment
- Psychotherapy and counseling

PMCE MEC: 01/27/2025
PMCP MEC: 01/28/2025
Dept of Psychiatry: 10/03/2024
IPC: 01/13/2025
Previous Board Approval:
Board of Directors 11/13/2017

PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed _____

Date _____

PALOMAR HEALTH

PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center Escondido
- ☐ Palomar Medical Center Poway
- ☐ The Villas at Poway (must be on staff at Palomar Medical Center Poway)
- ☐ Initial Appointment
- ☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR PSYCHOLOGIST

To be eligible to apply for clinical privileges as a Psychologist, the applicant must meet the following criteria:

Possess an earned doctorate degree (Ph.D. or Psy.D) in psychology from an accredited educational institution and have completed at least two (2) years of clinical experience in an organized health care setting supervised by a licensed psychologist, one year of which must have been post doctoral, and an internship endorsed by the American Psychological Association,

AND

Current license to practice issued by the California Board of Psychology

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body, (1 million / 3 million)

AND

BLS Certification

Required Previous Experience: The successful applicant must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges and the setting requested to at least 30 clinical patients during the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring Guidelines: Initial and ongoing monitoring will be retrospective and consist of at least four (4) patient contacts in a two year period.

PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

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

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

Current demonstrated competence and an adequate volume of experience (60 clinical patients – at least 12 must be hospital based) with acceptable results reflective of the scope of privileges and the settings requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of BLS certification is required.

PSYCHOLOGIST CORE PRIVILEGES

Diagnose, provide treatment and consultation to children, adolescent and adult patients who suffer from mental, behavioral, or emotional disorders. 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.

☐ Requested

PSYCHOLOGIST TELEMEDICINE CORE PRIVILEGES

Diagnose, provide treatment and consultation to children, adolescent and adult patients who suffer from mental, behavioral, or emotional disorders via telemedicine. 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.

☐ Requested

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.

- Family assessment/therapy
- Group therapy
- Marital or Couples therapy
- Psychological assessment
- Psychotherapy and counseling

PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

Page 3

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed _____

Date _____

PALOMAR HEALTH

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR DENTISTRY

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

Successful completion of an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation and a one-year hospital-based residency in general dentistry, a dental specialty residency training program, or has equivalent experience as a dentist member of a hospital medical staff.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 30 dental inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than three (3) cases representative of the scope of practice will be monitored retrospectively.

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

Current demonstrated competence and an adequate volume of experience (60 dental inpatient, outpatient, emergency service, or consultative 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.

Approved: PMC Escondido MEC: 02/24/2025
 Approved: Dept of Surg: 02/11/2025
 Approved: SAC: 02/04/2025
 Additions for Prosthodontics: 01.2025
 Previously Approved: Board of Directors 09/14/2009

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 2

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

CORE PRIVILEGES**DENTISTRY CORE PRIVILEGES**

- ☐ **Requested** Consult, evaluate, and diagnose total oral health care and needs to adolescent and adult patients, to correct or treat various routine conditions of the oral cavity and dentition.

Provide dental care for:

- Pre-cardiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions
- Patients who due to extensive nature of dental problems or severe anxiety cannot be treated safely in the dental clinic setting
- Patients who because of mental or physical disability cannot cooperate with dental treatment in the dental clinic setting
- Adolescents and adults with high risk medical conditions that necessitate having their dental treatment under general anesthesia in the OR

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 SKILLED NURSING FACILITY FORM.

- ☐ **Requested The Villas at Poway**

ADMINISTRATION OF SEDATION AND ANALGESIA

- ☐ **Requested** [Check here to request a sedation privilege form.](#)

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.

- Crown repair/Temporization
- Simple extractions (single or multiple uncomplicated extractions)
- Recementation of crown
- History and Physical

QUALIFICATIONS FOR PROSTHODONTICS

To be eligible to apply for core privileges in prosthodontics, the initial applicant must also request privileges in General Dentistry and meet the following criteria:

Successful completion of an advanced dental education program in prosthodontics recognized and accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC).

Approved: PMC Escondido MEC: 02/24/2025

Approved: Dept of Surg: 02/11/2025

Approved: SAC: 02/04/2025

Additions for Prosthodontics: 01.2025

Previously Approved: Board of Directors 09/14/2009

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 3

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

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in prosthodontics by the American Board of Prosthodontics or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 10 prosthodontic inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than three (3) cases representative of the scope of practice will be monitored.

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

Current demonstrated competence and an adequate volume of experience (10 prosthodontic inpatient, outpatient, emergency service, or consultative 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**PROSTHODONTICS CORE PRIVILEGES (PMC ESCONDIDO ONLY)**

- ☐ **Requested** The scope of privileges in Prosthodontics includes the evaluation, diagnosis, consultation, management, and treatment for adult patients presenting with disabilities incident to loss of teeth and supporting structures. Prosthodontists may assess, stabilize, and determine disposition of these patients and construct corrective prostheses to restore proper mastication, phonetics and facial contour.

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.

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.

- Mandibular movement recording
- Fixed and removable prostheses involving precision attachments
- Full-mouth reconstruction with alteration of vertical dimension
- Implant supported complete arch fixed dental prosthesis
- Implant Restorations - Removable (must also be privileged for precision attachment denture)

Approved: PMC Escondido MEC: 02/24/2025

Approved: Dept of Surg: 02/11/2025

Approved: SAC: 02/04/2025

Additions for Prosthodontics: 01.2025

Previously Approved: Board of Directors 09/14/2009

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 4

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

- Implant supported/implant retained removable partial denture
- Implant supported/implant retained complete denture
- Surgical placement of endosteal implant
- Complete occlusal adjustment
- Full-mouth reconstruction without alteration of vertical dimension
- Restoration of multiple anterior dental implants
- Jaw relations records
- Nonsurgical management of temporomandibular disorders
- Occlusal analysis
- Ceramic labial veneer
- Obstructive sleep apnea appliance
- Inlays, Onlays, Crowns (Ceramic or Metal)--Machined
- Provisional splinting
- Restoration of single anterior implant
- Restoration of single posterior implant
- Restoration of multiple posterior dental implants
- Complete and partial overdentures
- Resin bonded fixed partial dentures
- Immediate dentures
- Repair of dental implant prosthesis
- Implant abutment placement
- History and Physical

QUALIFICATIONS FOR MAXILLOFACIAL PROSTHODONTICS

To be eligible to apply for core privileges in maxillofacial prosthodontics, the initial applicant must also request privileges in General Dentistry, Prosthodontics, and meet the following criteria:

Successful completion of an accredited fellowship-based training in the field of maxillofacial prosthodontics recognized and accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC).

And

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in prosthodontics by the American Board of Prosthodontics or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 10 maxillofacial prosthodontic inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than three (3) cases representative of the scope of practice will be monitored.

Approved: PMC Escondido MEC: 02/24/2025
 Approved: Dept of Surg: 02/11/2025
 Approved: SAC: 02/04/2025
 Additions for Prosthodontics: 01.2025
 Previously Approved: Board of Directors 09/14/2009

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 5

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

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

Current demonstrated competence and an adequate volume of experience (10 maxillofacial prosthodontic inpatient, outpatient, emergency service, or consultative 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

MAXILLOFACIAL PROSTHODONTICS CORE PRIVILEGES (PMC ESCONDIDO ONLY)

- ☐ **Requested** The scope of privileges in maxillofacial prosthodontics includes the ability to evaluate, diagnose, consult, manage, and provide therapy and treatment for adult patients presenting with acquired, congenital and developmental defects of the head and neck and of methods used to maintain the oral health of patients. Practitioners may assess, stabilize, and determine disposition of these patients.

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.

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.

- Ocular Impression
- Facial Prostheses (nasal, auricular, orbital, ocular)
- Cranial prostheses
- Combination prosthesis
- Custom facemask for burn tissue pressure or athletic mask
- Commissure splint
- Other extraoral maxillofacial prosthesis not otherwise defined
- Earmold fabrication, fitting, and modification
- Maxillofacial prostheses (complex)
- Feeding aid obturator
- Speech aid prosthesis
- Naso-alveolar molding prosthesis
- Palatal augmentation prosthesis
- Palatal lift prosthesis
- Radiation prosthesis
- Radiation shield and other devices
- Fluoride carriers
- Surgical (Tissue) stent

Approved: PMC Escondido MEC: 02/24/2025

Approved: Dept of Surg: 02/11/2025

Approved: SAC: 02/04/2025

Additions for Prosthodontics: 01.2025

Previously Approved: Board of Directors 09/14/2009

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 6

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

- Guide flange prosthesis
- Mandibular resection prosthesis
- Implants to provide normal symmetry for patients who have incurred trauma, disease, or congenital defects
- Facial augmentation implant prostheses
- Other intraoral maxillofacial prosthesis not otherwise defined
- Extraoral implants using osseointegrated fixtures
- Facial implant prostheses and surgical guides
- Obturator prosthesis
- History and Physical

Approved: PMC Escondido MEC: 02/24/2025
Approved: Dept of Surg: 02/11/2025
Approved: SAC: 02/04/2025
Additions for Prosthodontics: 01.2025
Previously Approved: Board of Directors 09/14/2009

DENTISTRY CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

PALOMAR HEALTH

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 1

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

☐ Palomar Medical Center Escondido

☐ Palomar Medical Center Poway

☐ Initial Appointment

☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR DENTISTRY

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

Successful completion of an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation and a one-year hospital-based residency in general dentistry, a dental specialty residency training program, or has equivalent experience as a dentist member of a hospital medical staff.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 30 dental inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than three (3) cases representative of the scope of practice will be monitored retrospectively.

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

Current demonstrated competence and an adequate volume of experience (60 dental inpatient, outpatient, emergency service, or consultative 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.

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 2

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

CORE PRIVILEGES

DENTISTRY CORE PRIVILEGES

- ☐ **Requested** Consult, evaluate, and diagnose total oral health care and needs to adolescent and adult patients, to correct or treat various routine conditions of the oral cavity and dentition. Provide dental care for:

- Pre-cardiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions
- Patients who due to extensive nature of dental problems or severe anxiety cannot be treated safely in the dental clinic setting
- Patients who because of mental or physical disability cannot cooperate with dental treatment in the dental clinic setting
- Adolescents and adults with high risk medical conditions that necessitate having their dental treatment under general anesthesia in the OR

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 SKILLED NURSING FACILITY FORM.

- ☐ **Requested The Villas at Poway**

ADMINISTRATION OF SEDATION AND ANALGESIA

- ☐ **Requested** Check here to request a sedation privilege form.

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.

- Crown repair/Temporization
- Simple extractions (single or multiple uncomplicated extractions)
- Recementation of crown
- History and Physical

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 3

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

QUALIFICATIONS FOR PROSTHODONTICS

To be eligible to apply for core privileges in prosthodontics, the initial applicant must also request privileges in General Dentistry and meet the following criteria:

Successful completion of an advanced dental education program in prosthodontics recognized and accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC).

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in prosthodontics by the American Board of Prosthodontics or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 10 prosthodontic inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than three (3) cases representative of the scope of practice will be monitored.

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

Current demonstrated competence and an adequate volume of experience (10 prosthodontic inpatient, outpatient, emergency service, or consultative 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**PROSTHODONTICS CORE PRIVILEGES (PMC ESCONDIDO ONLY)**

- ☐ **Requested** The scope of privileges in Prosthodontics includes the evaluation, diagnosis, consultation, management, and treatment for adult patients presenting with disabilities incident to loss of teeth and supporting structures. Prosthodontists may assess, stabilize, and determine disposition of these patients and construct corrective prostheses to restore proper mastication, phonetics and facial contour.

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.

DENTISTRY 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.

- Mandibular movement recording
- Fixed and removable prostheses involving precision attachments
- Full-mouth reconstruction with alteration of vertical dimension
- Implant supported complete arch fixed dental prosthesis
- Implant Restorations - Removable (must also be privileged for precision attachment denture)
- Implant supported/implant retained removable partial denture
- Implant supported/implant retained complete denture
- Surgical placement of endosteal implant
- Complete occlusal adjustment
- Full-mouth reconstruction without alteration of vertical dimension
- Restoration of multiple anterior dental implants
- Jaw relations records
- Nonsurgical management of temporomandibular disorders
- Occlusal analysis
- Ceramic labial veneer
- Obstructive sleep apnea appliance
- Inlays, Onlays, Crowns (Ceramic or Metal)--Machined
- Provisional splinting
- Restoration of single anterior implant
- Restoration of single posterior implant
- Restoration of multiple posterior dental implants
- Complete and partial overdentures
- Resin bonded fixed partial dentures
- Immediate dentures
- Repair of dental implant prosthesis
- Implant abutment placement
- History and Physical

QUALIFICATIONS FOR MAXILLOFACIAL PROSTHODONTICS

To be eligible to apply for core privileges in maxillofacial prosthodontics, the initial applicant must also request privileges in General Dentistry, Prosthodontics, and meet the following criteria:

Successful completion of an accredited fellowship-based training in the field of maxillofacial prosthodontics recognized and accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC).

And

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in prosthodontics by the American Board of Prosthodontics or another board with equivalent requirements.

DENTISTRY CLINICAL PRIVILEGES

Name: _____

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 10 maxillofacial prosthodontic inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than three (3) cases representative of the scope of practice will be monitored.

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

Current demonstrated competence and an adequate volume of experience (10 maxillofacial prosthodontic inpatient, outpatient, emergency service, or consultative 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**MAXILLOFACIAL PROSTHODONTICS CORE PRIVILEGES (PMC ESCONDIDO ONLY)**

- ☐ **Requested** The scope of privileges in maxillofacial prosthodontics includes the ability to evaluate, diagnose, consult, manage, and provide therapy and treatment for adult patients presenting with acquired, congenital and developmental defects of the head and neck and of methods used to maintain the oral health of patients. Practitioners may assess, stabilize, and determine disposition of these patients.

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.

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.

- Ocular Impression
- Facial Prostheses (nasal, auricular, orbital, ocular)
- Cranial prostheses
- Combination prosthesis
- Custom facemask for burn tissue pressure or athletic mask
- Commissure splint
- Other extraoral maxillofacial prosthesis not otherwise defined
- Earmold fabrication, fitting, and modification
- Maxillofacial prostheses (complex)
- Feeding aid obturator
- Speech aid prosthesis
- Naso-alveolar molding prosthesis
- Palatal augmentation prosthesis

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 6

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

- Palatal lift prosthesis
- Radiation prosthesis
- Radiation shield and other devices
- Fluoride carriers
- Surgical (Tissue) stent
- Guide flange prosthesis
- Mandibular resection prosthesis
- Implants to provide normal symmetry for patients who have incurred trauma, disease, or congenital defects
- Facial augmentation implant prostheses
- Other intraoral maxillofacial prosthesis not otherwise defined
- Extraoral implants using osseointegrated fixtures
- Facial implant prostheses and surgical guides
- Obturator prosthesis
- History and Physical

DENTISTRY 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 _____



LIVING OUR VALUES

CODE OF CONDUCT

Board of Director Approved 3.13.2023



Message from the CEO

Every day at Palomar Health, we ask our patients and their families for their trust – trust in our ability to provide excellent patient care in a safe and compassionate way. To earn this trust, we must behave safely and ethically in everything we do – our Code of Conduct.

Palomar Health's Code of Conduct is the foundation that helps fulfill our commitments to each other, to our partners and to our patients and their families. This also ensures we stay aligned with the law, regulations and Palomar Health policies and procedures. It is important that we understand and agree to uphold the principles outlined in the Code of Conduct each day.

If you have any questions or ethical concerns regarding a situation at Palomar Health, I encourage you to contact your supervisor or the Palomar Health Compliance department. We welcome your comments and enforce a strict non-retaliation policy. If you wish to remain anonymous, you may also call the Values Lines at **1.800.850.2551** or visit **PalomarHealth.org/SpeakUp**

Thank you for your commitment to deliver high-quality, safe patient care to every patient, every time.

Sincerely,

Diane Hansen
President and CEO

Our Mission

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

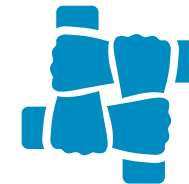
Our Vision

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



Excellence



Teamwork



Service



Compassion



Trust



Integrity

Navigating the Code of Conduct

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What is the Code of Conduct?

Why is it Important to Me?

Our values serve as a guide for the decisions we make.

The Code of Conduct highlights the connection between the work we do every day and our values. It provides examples of what it means to live our values: Excellence, Teamwork, Service, Compassion, Trust and Integrity.

To achieve Palomar Health's mission and vision, each of us must do our part to deliver extraordinary care in line with the law, Palomar Health policies and procedures and our Code of Conduct.

This resource guide is the foundation of our Ethics and Compliance program. It outlines:

- The organization's ethical and professional standards.
- The methods which are available for reporting issues in conflict with our standards.

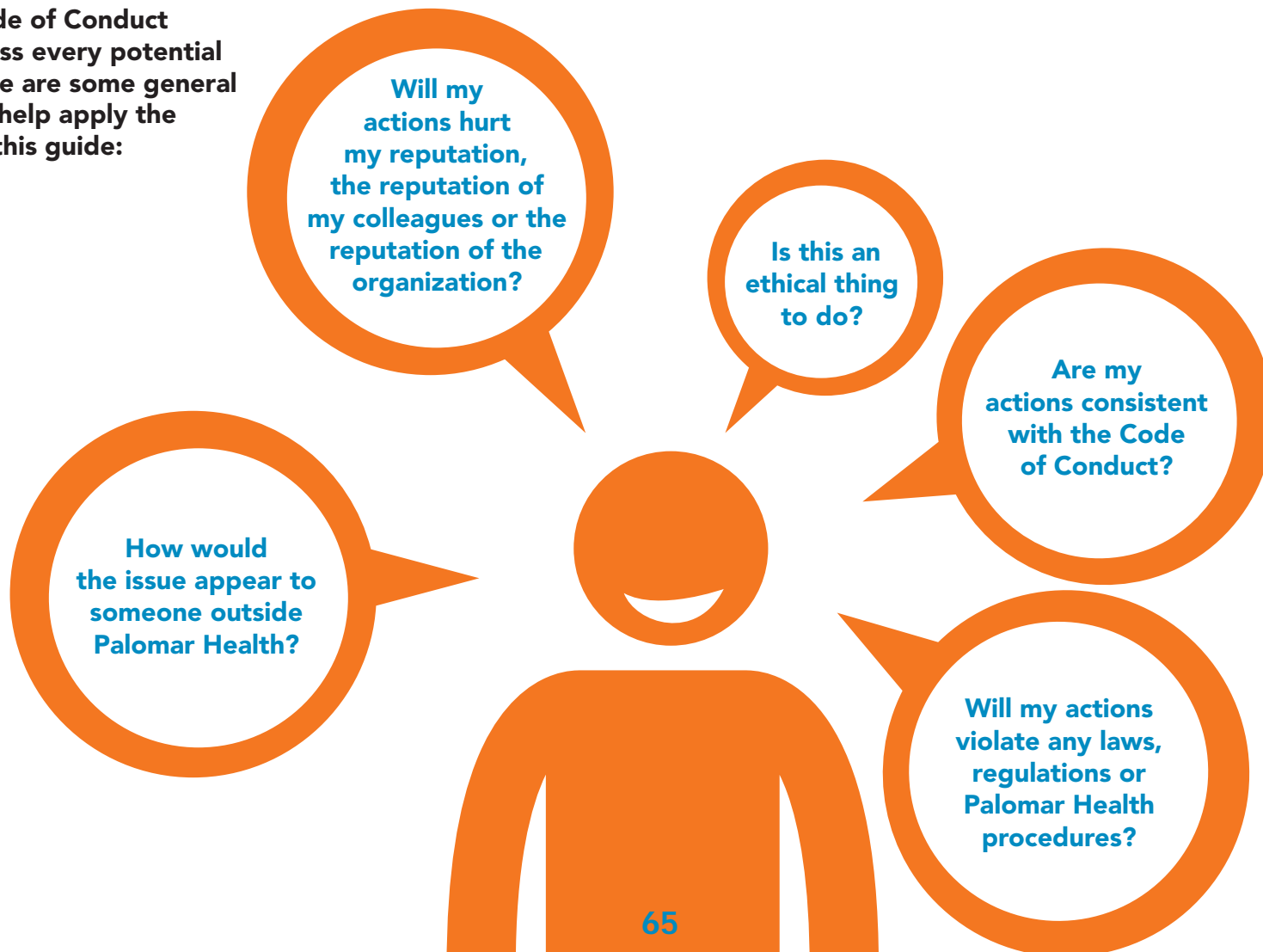
All employees, volunteers and independent contractors are responsible for knowing, understanding and following our Code of Conduct and the policies and procedures it reinforces.

For more information on any topic presented in this guide, refer to Palomar Health's policies and procedures.



Ethical Self-Assessment

Since the Code of Conduct cannot address every potential situation, here are some general questions to help apply the principles in this guide:



EXCELLENCE



Aspiring to be the best

EXCELLENCE BEHAVIOR STANDARDS

- I research the best practices in my area of expertise and proactively seek opportunities for continued growth and improvement.
- I care for myself so I can bring a positive and helpful attitude to my daily work.
- I accept coaching as part of continuous improvement.
- I deliver high-quality outcomes while maintaining integrity.
- I assess my own competence and seek consultations and help from qualified resources when appropriate.
- I commit to being accountable for zero harm.

"Thank you again for all you did to provide the best health care at my most fragile moment. My life has changed forever."

-A grateful Palomar Health patient



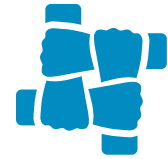
Providing Safe, Extraordinary Care

What You Need to Know

- Create an inclusive, safe environment for patients, visitors, customers and colleagues.
- Always treat others with compassion, respect and dignity.
- Be honest and fair in all actions.
- Make clinical decisions based on each patient's identified needs, not their financial circumstances.
- Look for opportunities to improve the patient experience.
- Speak up about concerns or suspected misconduct.
- Safeguard patient and business information from inappropriate access and/or use.
- Document and bill appropriately and accurately.
- Use Palomar Health resources responsibly.
- Report potential conflicts of interest.
- Do not accept, offer or give anything of value in exchange for the referral of patients or personal gain.



TEAMWORK



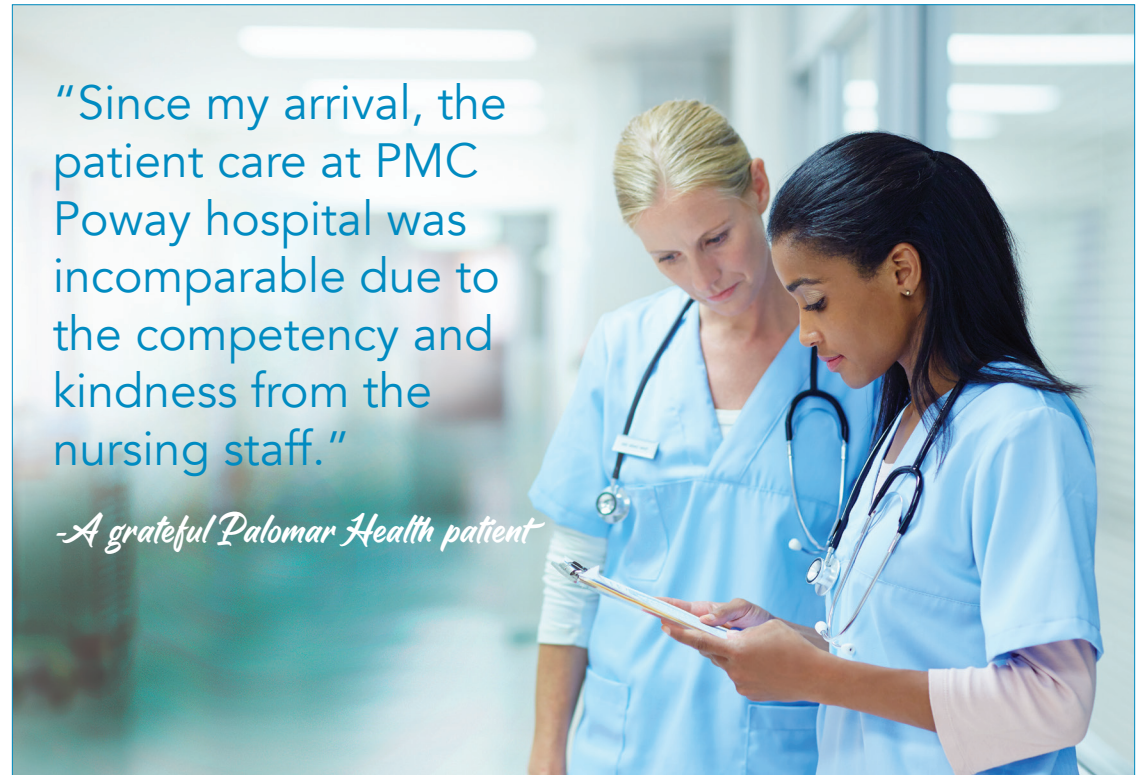
Working together toward shared goals

TEAMWORK BEHAVIOR STANDARDS

- I treat co-workers with courtesy, honesty and respect.
- I am a team player and work collaboratively toward solutions to help others, including those outside of my department.
- I speak highly of others, promoting their strengths rather than talking negatively about their character.
- I provide my team members honest feedback and address disagreements directly in a respectful manner.
- I take the time each shift to read hospital and system communications (flyers, bulletins, policies, electronic boards, etc.) to know what is expected of me.
- I read and respond to emails and calendar requests in a timely manner and attend mandatory staff meetings.

"Since my arrival, the patient care at PMC Poway hospital was incomparable due to the competency and kindness from the nursing staff."

-A grateful Palomar Health patient



Employee Responsibility

At Palomar Health, we maintain the highest professional and ethical standards when conducting business and providing extraordinary care.

All employees are required to:

- Read our Code of Conduct and understand how it applies to you.
- Demonstrate behavior consistent with our Code of Conduct and Palomar Health's procedures in your daily work.
- Ask questions and report issues.

Your adherence to our Code of Conduct will be evaluated as part of your performance reviews.

OUR LEADERSHIP PROMISE

Our leaders are expected to:

- Create a culture that promotes the highest standard of ethics and compliance.
- Encourage employees to raise concerns and propose ideas.
- Ensure that no one is subject to retaliation for reporting a suspected violation of law or Palomar Health procedure.
- Take prompt action when a potential violation arises.

Culture of Safety: Every Patient. Every Time

We all contribute to the patient experience. Our written procedures support a culture of safety for our patients and staff by defining standardized practices. Your co-workers and the communities that we serve are counting on you to live these procedures every day, for every patient, every time. It is everyone's responsibility to speak up – and Stop the Line – in the event of non-compliance with procedures or if there is any potential for patient harm.



Reporting Compliance Issues

At Palomar Health, we report concerns and suspected misconduct that could violate state or federal laws, Palomar Health policies and procedures or the Code of Conduct.

There are several ways to report concerns or suspected violations:



Reporting

Compliance
QR Code



Scan this QR code to conveniently report concerns or suspected violations.

Contact
Your
Supervisor

You are encouraged to talk to your supervisor about concerns or suspected violations.

Contact
Human
Resources

Phone 760.740.6300

If you cannot speak with your supervisor, Human Resources may be an additional resource. Contact Human Resources if the situation involves inappropriate behavior, harassment, fair treatment, payroll or disciplinary issues.

Contact the
Compliance
Office

Phone 442.281.3632

Email Compliance.Officer@PalomarHealth.org

Contact the Compliance department if the situation involves privacy issues, patient care concerns, fraud, billing concerns or conflicts of interest.

Report
Anonymously
by Phone

Values Line 800.850.2551

This line is not intended to replace your normal reporting process, but it is another resource available to you. The Values Line is staffed by an independent company. Calls are not traced or recorded, and anonymity is protected up to the limits of the law and to the extent possible.

Report
Anonymously
Online

Visit PalomarHealth.org/SpeakUp

This website allows you to report your concern confidentially. When submitting a report online, you may remain anonymous or identify yourself to be contacted directly by Palomar Health's Compliance department if additional details are needed.

Contact
Privacy/
Information
Security

Privacy 760.480.7992 or L_PrivacyOffice@PalomarHealth.org

Information Security 760.291.6555 or InfoSec@PalomarHealth.org

Contact the Privacy Office if the situation involves potential unauthorized access, use or disclosure of paper, verbal or non-electronic PHI such as misdirected faxes or documents handed in error. Contact Information Security if the situation involves unauthorized access to electronic systems such as snooping, compromised systems (i.e. viruses or stolen passwords) or lost or stolen equipment.



Investigation and Resolution

At Palomar Health, we review and respond to concerns, inquiries and allegations of misconduct promptly.

If necessary, we take action to:

- Implement changes to prevent a similar violation from happening.
- Correct any billing errors.
- Initiate corrective and/or disciplinary action.
- Notify the appropriate governmental agency.

Non-Retaliation

At Palomar Health, we enforce a strong non-retaliation procedure to protect team members or members of the public who report in good faith.

You must report any actual or suspected behavior that is not consistent with our values.

CONFIDENTIALITY

We make every effort to maintain the anonymity of the reporting individual.

We will keep all reports confidential to the extent allowed by law or policy.

Disciplinary Action

Violations of the Code of Conduct, or a Palomar Health policy or procedure, may result in counseling and/or disciplinary action, up to and including termination.

Just Culture

We align with the principles of “Just Culture” to build an environment of safety. A Just Culture defines three types of errors:

1. Error because of human factors (i.e. fatigue, equipment failure, system failures)
2. At-risk behavior that differs from standards (i.e. work-arounds)
3. Reckless behavior

If an error occurs, these definitions guide the actions of management to respond to the incident fairly.

Good Faith Reporting

Q: I have serious concerns that a co-worker is violating a Palomar Health procedure. Will I get in trouble if I report my concern and I am wrong?

A: No. We prohibit retaliation against individuals who report in good faith. Good faith reporting means that you have a strong belief that a potential violation has occurred and delivering all the facts you know.



SERVICE

Serving others and our community

SERVICE BEHAVIOR STANDARDS

- I treat everyone as the most important person I will see today and strive to exceed their expectations.
- I follow the 10/5 rule: acknowledging someone at 10 feet away with a smile and saying "hello" at 5 feet away.
- I help lost guests and new employees by escorting them to their destination.
- I anticipate patients' needs, respond quickly and always ask, "Is there anything else I can do for you?"
- I value the diversity of our patients and customers and show sensitivity to others' needs.
- I promote a safe and clean environment by removing trash, eliminating clutter and keeping equipment in working order.
- I always use AIDET® (Acknowledge, Introduce, Duration, Explanation and Thank You).

"Everyone my wife and I came in contact with seemed to bend over backward to make sure we were happy and comfortable."

-A grateful Palomar Health patient



Safety, Health and the Environment

At Palomar Health, we are committed to a safe, drug and alcohol free work environment.

You are required to:

- Know how Palomar Health safety procedures apply to your job.
- Immediately notify your supervisor if you identify a situation or safety hazard presenting a danger to yourself or others.
- Smoking is only allowed in designated areas.
- Complete mandatory training.
- Report to work free from the influence of drugs, legal or illegal, that may affect your ability to safely perform your job responsibilities.
- Immediately notify your supervisor if you observe an individual who appears to be impaired.



We make an effort to reduce our impact on the environment by:

- Utilizing resources appropriately and efficiently.
- Recycling when possible.
- Following all requirements for the handling, storage and disposal of hazardous materials.

Workplace Conduct and Employment Practices

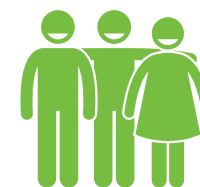
At Palomar Health, we embrace diversity.

A diverse workforce enables us to meet the needs of our diverse patient population and community.

Palomar Health is an equal opportunity employer and does not discriminate based on sex, race, religion, color, gender, national origin, ancestry, physical or mental disability, marital status, age, sexual orientation, veteran status or any other factor protected by federal, state or local law.

At Palomar Health, we are committed to maintaining a work environment that is free from harassment, discrimination and retaliation.

We do not tolerate behavior that is disrespectful, abusive, harassing or coercive towards co-workers, customers, patients, visitors or community members. If you believe you may have observed or experienced discrimination, harassment or violence at Palomar Health, immediately report the incident to your supervisor and/or Security.



Examples of such behavior are:

- Bullying or making degrading jokes, comments or nicknames.
- Unwanted sexual advances, invitations, comments, posts or messages.
- Retaliation for reporting or threatening to report harassment.
- Acts and/or threats of violence.
- Possession of weapons on Palomar Health premises except as authorized.

COMPASSION



Providing comfort and care

COMPASSION BEHAVIOR STANDARDS

- I demonstrate respect, dignity and worth to every person with my positive words, my tone of voice and my body language.
- I care for patients the way I want my family members and friends to be cared for. I treat guests as I want my family treated.
- I strive to make every experience a positive one by listening and communicating to patients, families, customers and one another with care.
- I display kindness and offer help without being asked. I know rudeness is never acceptable.
- I go above and beyond ordinary care to meet the personal needs of those we serve, remembering it is the little things that provide comfort, safety and reassurance.
- I involve patients as active participants in their care, honoring their expertise and knowledge of their personal health.

"The entire Emergency Department staff was impressive and treated ALL patients with courtesy and kindness."

-A grateful Palomar Health patient



Patient Rights

At Palomar Health, we treat our patients with respect and dignity.

This means:

- We help patients exercise their rights, such as the right to privacy, to receive care free from discrimination and to file a grievance.
- We provide patients with the necessary information to make informed health care decisions and respect their right to refuse treatment.
- We help patients understand any financial assistance available to them.
- We honor each patient's right to visitation. Patients are informed of the reason for any restriction or limitation of visitors.

Admissions, Transfers and Continuity of Care

At Palomar Health, the decision to admit, discharge or transfer a patient is based solely on the patient's clinical needs.

This means:

- We continually evaluate that the appropriate standards of care are met.
- We provide care regardless of race, religion, gender, gender identity, national origin, age, disability, sexual orientation, payer source or ability to pay.

Did You Know?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) defines patients' rights related to their own health information. These include the right to:

- Receive a Notice of Privacy Practices.
- Inspect and request a copy of their medical record.
- Request amendments to their medical record.
- Obtain an accounting of disclosures of their protected health information.
- File a privacy complaint.

Did You Know?

EMTALA stands for Emergency Medical Treatment and Labor Act. This means that in an emergency situation or if a patient is in labor, we do not delay medical screening or any necessary stabilizing treatment to ask about the individual's method of payment or insurance status.



TRUST

Delivering on promises

TRUST BEHAVIOR STANDARDS

- I earn respect by keeping promises, fulfilling expectations and holding myself accountable.
- I am honest with others and respond truthfully, with the best interest of the patient at heart.
- I listen to others' input before rushing to judgment.
- I speak up to report errors as well as patient safety and environmental concerns. I focus on improvement rather than blame.
- I safeguard patient confidentiality and never discuss private information in public places.

"You definitely hired the right people. Everyone I met was professional and very polite."

*-A grateful
Palomar Health patient*

Quality of Care

At Palomar Health, we strive to provide the extraordinary care to all of our patients.

To ensure that every patient who receives extraordinary care, we:

- Regularly monitor patient outcomes, quality metrics and patient satisfaction scores.
- Identify ways to improve the quality of care we provide.
- Report any safety or quality of care concerns.
- Take the necessary steps to prevent future incidents.

Qualified Caregivers

At Palomar Health, we employ and contract with qualified individuals and entities.

It is critical that employees, contractors and affiliated physicians maintain the required credentials to perform their job.

We do not hire, contract with or bill for services provided by individuals or entities that:

- Are excluded or ineligible to participate in federal or state healthcare programs.
- Are debarred by the Government Services Administration (GSA).
- Have been convicted of a crime involving government business.

Employees, contractors and affiliated physicians are required to notify management should they become excluded or otherwise ineligible to participate in federal or state healthcare programs.

Information Technology

Much of our business today is created and stored on electronic systems. To safeguard information from unauthorized access, you are required to:

- Protect your passwords from use by another person.
- Log off or "Lock" the computer when you leave it unattended or are finished using it.
- Access the 'minimum necessary' information to perform your assigned job duties.

- Access and use email and the Internet in line with our usage standards.
- Save all information to the appropriate location.

You are responsible for all activity, including Internet activity, performed using your user ID and password. All software used or downloaded to any Palomar Health computer must be approved in advance by Information Security.

Report Lost or Stolen Devices

If a laptop, computer or mobile device is lost or stolen, it must be reported within 24 hours to both Palomar Health Security and the Information Security Office.

Social Media

Employees, contractors, vendors and volunteers are prohibited from posting any proprietary business material, such as business or marketing plans, or confidential patient health information, including photos of patients or patient information, online.

Confidentiality and Privacy

At Palomar Health, we protect confidential patient and business information.

In healthcare, we collect sensitive information. To protect our patients:

- Examinations, consultations and treatment should be carried out discreetly.
- Patient information should never be discussed in public areas or with anyone who is not directly involved in the patient's care.
- Medical records are retained and destroyed in accordance with the law and Palomar Health procedure.

Potential privacy violations may be reported by calling the Privacy Office at **760.480.7992**, emailing the Privacy Department at **L_PrivacyOffice@PalomarHealth.org** or calling the Values Line anonymously at **800.850.2551**.

Did You Know?

It is appropriate to access a patient's record to:

- ✓ Provide care to the patient.
- ✓ Accurately bill the patient's insurance company.
- ✓ Review the quality of care provided to the patient.

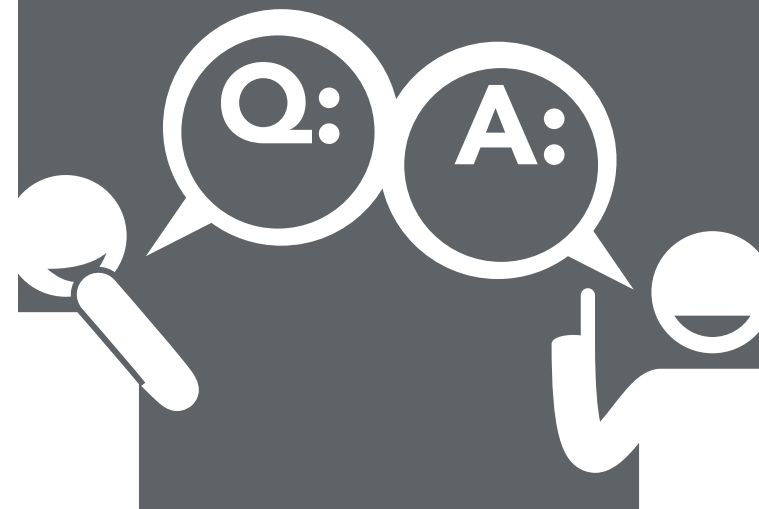
It is not appropriate to access a patient's record to:

- ✗ Satisfy curiosity.
- ✗ Follow the care of a family member or friend.
- ✗ Acquire demographic information, such as telephone numbers or mailing address, of co-workers or other patients for which you are not providing care.

Breach of Protected Health Information

Q. I accidentally faxed a patient's laboratory results to the wrong machine. What should I do?

A. Anytime you accidentally provide a patient's protected health information to an unintended recipient, you need to notify your manager and the Privacy Office immediately. Palomar Health has legal obligations that it must perform in these situations, including a report to the state and to the patient whose information was breached.



INTEGRITY

Doing the right thing for the right reason

INTEGRITY BEHAVIOR STANDARDS

- I do the right thing—whether or not anyone is watching.
- I demonstrate positive values, ethical behavior and moral conduct. I choose acts that show respect.
- If I make a mistake, I admit it and learn from the situation so that I won't make the same mistake again. Then, I move on.
- I am fiscally responsible by not wasting hospital time, resources or equipment. I act like an owner and treat company resources as if they are my own.
- I uphold Palomar Health's Code of Conduct, dress code, policies and procedures; and speak up when I notice others do not.
- I ensure the privacy and validity of all medical records, correspondence and confidential conversations.

"Not only was the lab technician who drew my blood professional, but she made sure all of us in the waiting room had the right paperwork and that we were in the right office. She even went further by helping those who were not."

*-A grateful
Palomar Health patient*




Conflicts of Interest

At Palomar Health, we disclose potential conflicts of interest.

The disclosure of potential conflicts of interest ensures that decisions at Palomar Health are made free from personal gain.

Questions about compliance:
Refer to the Compliance Program document or contact the Compliance Team.



What does
*"conflict of
interest"* mean?
What are some
examples?

"Conflicts of interest" are situations in which financial or other personal considerations may compromise, or appear to compromise, your ability to make objective decisions while performing your job duties. It applies to all employees, contractors and volunteers.

Examples of Potential Conflicts of Interest:

- Employment or financial interest in a company that conducts business, or wishes to do business, with Palomar Health.
- Outside jobs or positions that conflict with or distract from your work at Palomar Health.
- Hiring or contracting with a family member or friend to provide goods and/or services.
- Making business decisions that could benefit family or friends at the expense of Palomar Health.

All potential conflicts of interest must be reported to your supervisor.

Gifts and Entertainment

At Palomar Health, we do not solicit or accept gifts from any person or entity that does business or seeks to do business with Palomar Health.

This applies to employees, volunteers, contractors and their immediate family members. A “gift” is any form of payment or other benefit given to you.

Questions About a Gift ?

Refer to the “Conflicts of Interest, Commitment and Gifts” procedure or refer to the Compliance Program document.



Here is a road map for navigating the most common situations:

Gifts from Grateful Patients

If a patient wishes to send a gift, encourage them to express their gratitude by donating to the Palomar Health Foundation, sending a letter to Administration.



Gift Giving

To avoid the gifting of public funds, Palomar Health must receive equal value whenever its resources are used. This includes time, equipment, materials, supplies and facilities.



No employee, volunteer or contractor is permitted to give a gift on behalf of Palomar Health to induce a referral of any patient to Palomar Health.

Items That Are Not Considered Gifts

- Advertising materials such as a mug or pen where the name, logo or other information about the person or business is permanently marked.
- Personalized plaques, trophies or awards that are routinely given to individuals and organizations outside of Palomar Health.
- A ticket or pass for which the recipient performs a ceremonial role or function on behalf of Palomar Health.
- Meals or other food items provided by a contractor during contractually obligated training that occurs at Palomar Health.



Documentation, Retention and Disposal

At Palomar Health, we maintain accurate and complete medical and business records.

We depend on accurate and reliable information to make responsible business and clinical decisions.

Medical and business documents are retained or destroyed in accordance with the law and Palomar Health's policies and procedures.

In particular, we rely on patient medical records in order to properly bill for the services and care provided.

Anyone who documents in the patient's medical record is responsible for providing accurate and timely documentation of the care provided.

Coding and Billing

At Palomar Health, we follow our coding and billing procedures in order to ensure that our bills are accurate and comply with all applicable local, state and federal laws.

This means:

- We are committed to preparing and submitting accurate and complete claims.
- We bill only for services that are provided and have the supporting documentation.
- We report any behaviors or requests that differ from accepted billing practices.

Organizational Assets

At Palomar Health, we use organizational resources responsibly.

As a public hospital, we have a duty to use resources appropriately.

This means we are responsible for:

- The proper expenditure of Palomar Health's funds.
- Using supplies, equipment and property bought and owned by Palomar Health for business purposes only.

What is the False Claims Act?

The False Claims Act (FCA) prohibits any person or organization from knowingly submitting false claims to the federal government, including Medicare.

Examples of possible violations of the FCA include:

- ✗ Billing for services that were not provided.
- ✗ Recording or processing any information inaccurately (i.e. changing a beneficiary name).
- ✗ Charging for services that were not medically necessary.
- ✗ Coding for services that are more expensive than the services that were actually provided.

Physician Relations

At Palomar Health, we carefully review relationships with physicians and other health care providers for compliance with Physician Self-Referral and Anti-Kickback laws.

All decisions regarding patient care should be made based on what is best for the patient. Any payments or other benefits provided to physicians are not based on the volume or value (either directly or indirectly) of any referrals. Palomar Health prohibits accepting, offering or giving anything of value in exchange for the referral of patients or any patient-related services.

Customer and Business Associate Relations

At Palomar Health, we expect consultants, contractors, vendors and suppliers who work in a Palomar Health facility or on behalf of the organization to honor and abide by the organization's policies, procedures and all applicable portions of the Code of Conduct.

Our relationships with consultants, contractors, vendors and suppliers are managed in a manner that is free from conflicts of interest and consistent with applicable laws and ethical business practices. Anyone negotiating agreements on behalf of Palomar Health has a responsibility to hold the organization's interests above all other entities and report any efforts to inappropriately influence business activities.

Media Communications

Any employee contacted by the media should refer that individual to:

Bianca Kasawdish
Vice President of Public Relations
Bianca@TeamInnoVision.com

Did You Know?

Physician Self-Referral and Anti-Kickback laws were created to prevent inappropriate financial incentives from influencing medical decisions.

Criminal, civil and monetary penalties can be imposed on individuals or organizations that offer kickbacks (money, gifts etc.), as well as those that accept them.



Code of Conduct Glossary of Terms

1. **Abuse** - Billing for unnecessary medical services, charging excessively for services/supplies, misusing codes on a claim (upcoding or unbundling codes).
2. **Allegation(s)** – A claim or assertion that someone has done something illegal or wrong, sometimes made with or without proof. It is what someone may think or believe.
3. **Anonymous** – Not identifying oneself in a claim or report made (no name or number).
4. **Compliance** – Meeting all of the rules and requirements applicable to the organization across an expansive set of criteria. Meeting or exceeding the legal, ethical and professional standards applicable to the organization including establishing a culture of compliance.
5. **Confidentiality** – The keeping of a person's or entity's information private.
6. **Conflict of Interest** – Situations in which financial/other personal considerations may compromise/appear to compromise one's ability to make objective decisions while performing their job duties. It applies to all employees, contractors and volunteers.
7. **Debarred** – An individual who is officially banned, barred or excluded from participating or doing something.
8. **Disclosure** – Making something known that was private before.
9. **Discrimination** – When someone treats an individual less favorably because of their ancestry, race (hair texture and styles), color, age (40 and above), religion, sex/gender (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), sexual orientation, gender expression/identity, national origin, disability (physical, developmental, mental health/psychiatric, HIV and AIDS), genetic information, marital status, medical condition (genetic characteristics, cancer/a record or history of cancer), reproductive health decision-making or status as a protected veteran.
10. **Diversity** – Having differences in race, gender, economic status, culture, ages, education communication styles and values.
11. **EMTALA** – Stands for: Emergency Medical Treatment and Labor Act. It gives every patient that comes to an emergency room rights. The right to a medical screening, treatment until the emergency medical condition is stabilized and/or the right to an appropriate transfer.
12. **Ethics** – Palomar Health has a Code of Conduct which emphasizes standards that each employee needs to follow.
13. **Excluded** - An individual who is officially banned, barred or excluded from participating or doing something.
14. **Fiduciary** – A person or organization that makes financial decisions on behalf of others, or an organization, is legally and ethically bound to put the represented individual or organization's interests ahead of their own and has a duty to preserve good faith and trust.
15. **Fiscal** – Relating to finances, i.e. a fiscal year is a 12-month period.
16. **Fraud** – Knowingly submitting or causing to be submitted false claims, soliciting, receiving, offering or paying remuneration to induce or reward referrals for items/services reimbursed by federal healthcare programs, ordering medically unnecessary items/services for patients.
17. **Grievance** – Is an expression of dissatisfaction about employment; something in which an employee may feel is unjust, unfair or deviates from the company's policies.
18. **Harassment** – When an individual directs negative, inappropriate or unwanted conduct towards another worker based on certain protected characteristics.
19. **HIPAA** – Health Insurance and Portability and Accountability Act – this act protects patient health information and holds covered entities and their business associates responsible for ensuring that health information is protected.
20. **Minimum Necessary** – This is an aspect of HIPAA and requires that covered entities educate staff on only utilizing the minimum information necessary and that only those individuals involved in the care of an individual should have access to that information.
21. **Proprietary** – Palomar Health owns, possesses or holds the exclusive right to its facilities, documents, brand, properties, etc.
22. **Retaliation** – Is when an employer fires or takes any adverse action against an employee for engaging in protected activity. Examples below:
 - Someone's hours are reduced because they exercised their right to FMLA.
 - Someone is sent home for attempting to exercise their FLSA rights.
23. **Solicit** – Asking for or trying to obtain something from someone.
24. **Unauthorized** – Means you do not have permission or authority.
25. **Waste** – Overusing services or other practices that directly or indirectly result in unnecessary costs to any healthcare benefit program.

Contact the Compliance
Department via email at
Compliance.Officer@PalomarHealth.org
or by calling **442.281.3632**.

*Have
Questions?*

**CALL THE
VALUES LINE:**

800.850.2551

REPORT ONLINE:

PalomarHealth.org/SpeakUp

Speak Up!



*Scan to report
concerns or
issues!*

CERTIFICATION

All employees must acknowledge they have received this Code of Conduct and agree to follow its standards and Palomar Health policies and procedures.

Board of Director Approved 3.13.2023

Margin Improvement / Turnaround Project Financial Update

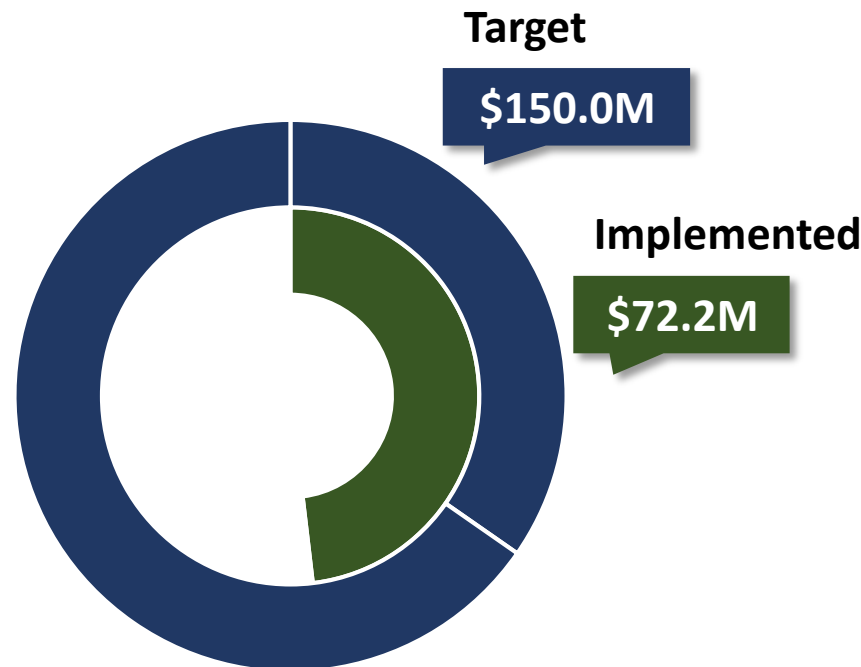
Reporting Month: Dec-24

March 10, 2025

Palomar Health has implemented \$72.2M in improvement to date, with an additional \$77.8M needed to fill the gap to target

Key implemented initiatives include:

- ✓ **\$12.3M** RIFs in October and November; Tightened Targets
- ✓ **\$12.0M** Improvements in Care Transitions
- ✓ **\$3.4M** Supply Chain Contract Savings
- ✓ **\$2.1M** Purchased Services Department & Contract Savings
- ✓ **\$4.7M** Reduction in Corporate Services IT, Legal, Finance Spend
- ✓ **\$2.5M** Early Retirement Savings



\$241.5M
Pipeline (ann.)

\$150.0M
Target (ann.)

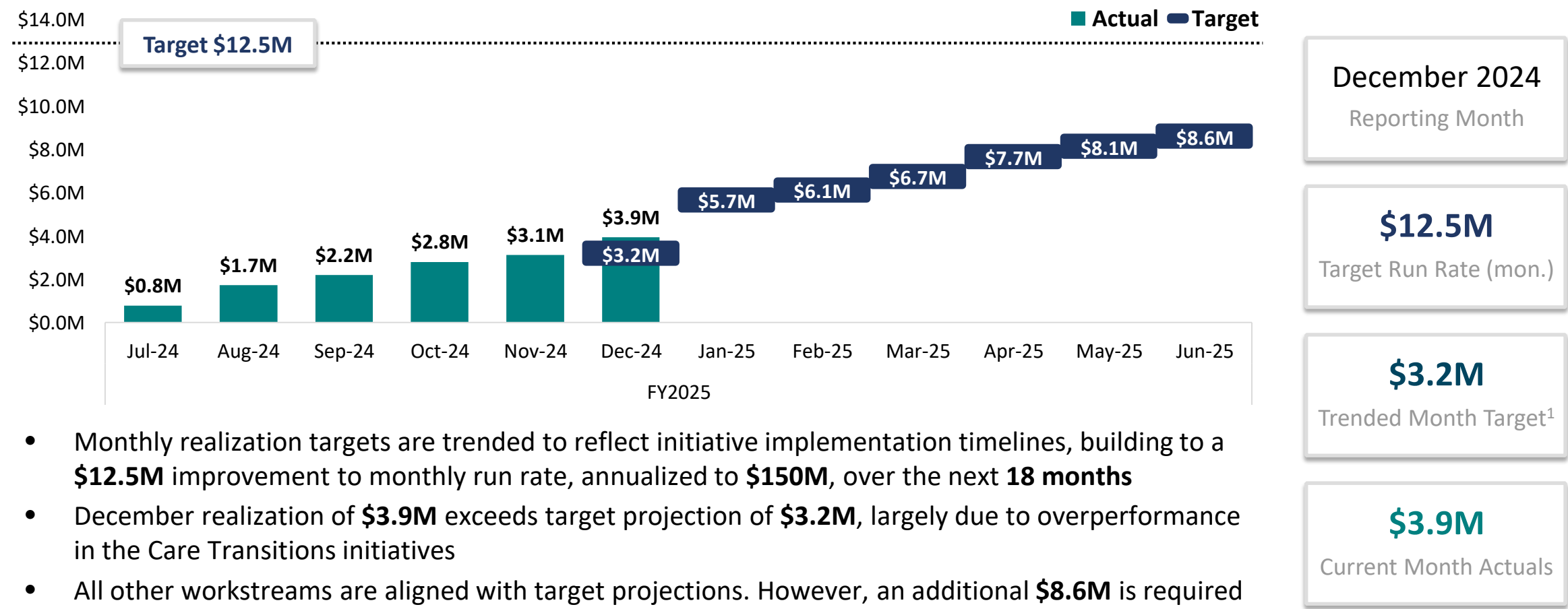
\$72.2M
Implemented TD¹

* Implemented to date value has grown **\$11.4M** from **\$60.8M** presented on 1/27, driven by:

- **Contract savings** from corporate departments, purchased services, and PHMG IT
- Implementation of **Cardiology revenue growth** strategy, expected to begin realization in February

¹Implemented to date (TD) reflects pipeline initiatives actively implemented with a confidence factor applied to projected impact.

Initiative performance in December 2024 resulted in \$3.9M in realization, exceeding trending monthly target of \$3.2M



¹Workstream targets were established and communicated to board 1/27/25; actuals will be tracked against month targets moving forward.

While December performance exceeds target, implementation and sustainment of initiatives in Q3 requires discipline and rigor

Workstream	Month Target	Month Actual	Status
Supply Chain & PS	\$0.4M	\$0.3M	
Care Transitions & PSA	\$0.9M	\$1.8M	
PHMG	\$0.3M	\$0.2M	
Workforce & Periop	\$0.5M	\$0.4M	
Corporate Services	\$0.6M	\$0.7M	
Growth Strategy	\$0.6M	\$0.6M	
Facilities & Real Estate	-	-	
Revenue Cycle	-	-	
Total:	\$3.2M	\$3.9M	

Key Updates

- **\$1.3M** of total Care Transitions realization from correct patient classification and throughput
- **\$680K** in Corporate Services realization driven by marketing and IT department expense reductions
- **\$531K** driven primarily from Infusion Therapy and ED net revenue improvement from prior FY

High Priority Initiatives

- Purchased Services governance structure and additional contract savings
- Perioperative Services staffing & coverage models
- Corporate department spend reductions and P-Card policy / governance
- PHMG: IKS Solution Implementation
- Real Estate MSA, strategic planning with Cushman & Wakefield
- Lab expense reductions

December 2024
Reporting Month

\$3.2M
Trended Month Target¹

\$3.9M
Current Month Actuals

Status		
On Track	Delayed	At Risk

Fiscal Year 2025 Financial Performance – January 2025

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

January 2025

<u>Page</u>	<u>Report</u>
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14	Statement of Net Position excluding G.O. Bonds, Excludes PHMG
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18	Condensed Combining Statement of Net Position
19	Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position
20	Bond Covenants

Highlights for January 2025Revenue

- Gross Revenue is up \$14M from December, and exceeded budget by \$19.0M
- Deductions are also up \$8.2M as we manage to our new payer mix that is more heavily dependent on governmental payers
- The new supplement program for hospitals has improved net revenue by \$2.9M
- Lower capitated revenue driven by extremely high utilization

Volumes

- Outpatient Emergency visits were 4.8% above budget
- Both acute patient days and acute discharges are ahead of budget (8.6% and 14.3%, respectively) and prior year (21.7% and 12.2%, respectively.) We continue to be very busy.
- Oncology improved on the month and while still behind budget the miss (12.6%) was significantly smaller than in previous months (30.0+%)
- Skilled Nursing Facility volumes to continue to lag budget by around 17.0% on average

Expenses

- Salaries are favorable and includes the March nurse bonus accrual
- Benefits continue to run higher than expected for a second month in a row as we transition from self-funded to traditional coverage
- We experienced a high-Overtime month and will expect that to begin to normalize as we hire in to critical roles
- Both professional fees and purchased services are lower (\$1.7M and \$915K, respectively) as we adjust our expense base and review contracts and services
- Medical Supplies decreased by \$1.0M from the prior month and is better aligned with November 2024 totals, with are lower than the fiscal year average

Other Highlights

- EBIDA for Jan-25 was 12.0% versus a budget of 13.9%, and YTD has increased to 5.2%*
- Days Cash on Hand Consolidated for January was 23.6 Days and that is down from 26.1 Days from December
- Cash remains a focus for the team as we gear up for a number of outflows for IGT requests in March and debt service payments in April
- Debt Service Coverage improved month-over-month from (0.18) to (0.08)

Net loss from operations for the month was \$2.3 million, unfavorable to budget by \$3.1 million. The year-to-date loss from operations was \$39.0 million with a \$34.2 million unfavorable variance. Net loss for the month was \$2.4 million, unfavorable to budget by \$2.9 million. Net loss year-to-date was \$52.6 million and unfavorable variance of \$39.8 million.

EBIDA margin for the month of January was unfavorable to budget by 1.9% and year-to-date EBIDA margin was unfavorable to budget by 6.1%. Additional comments and further analyses are presented in the following sections.

Patient Utilization

Inpatient (IP) Services

For January YTD, Acute Discharges for the District were 10.3% favorable to budget, and increased 8.5% YOY. Acute Average Daily Census was 7.4% favorable to budget, and increased 3.6% YOY. Total Average Daily Census was 0.4% favorable to budget, and is impacted by Villas patient days (17.8%) unfavorable to budget. Acute Adjusted Discharges were 4.6% favorable to budget, and increased 2.8% YOY. Acute Adjusted Patient Days were 1.9% favorable to budget, and decreased (1.8%) YOY.

IP surgeries for PMC Escondido and PMC Poway were 3,560 cases (4.1% favorable to budget and 2.9% increase YOY). Emergent cases increased YOY due to a 15.8% increase to Inpatient ER Admits.

Deliveries for PMC Escondido were 2,072, which was (2.2%) unfavorable to budget and (6.0%) decrease YOY.

Trauma inpatient admissions were 1,130, which was 21.8% favorable to budget and 12.1% increase YOY.

Outpatient (OP) and Ancillary Services

OP surgeries for PMC Escondido and PMC Poway were 2,944 cases, which was (5.6%) unfavorable to budget and a (12.1%) decrease YOY. Outpatient ER visits were 60,827 (includes trauma), which was (5.6%) unfavorable to budget and a (2.3%) decrease YOY. OP registrations were (12.8%) unfavorable to budget and (13.6%) decrease YOY. ER inpatient admissions were 14.2% favorable to budget and increased 15.8% YOY.

Financial PerformanceOperating Revenue

Net Patient Revenue for the month was \$70.9 million, which was \$8.0 million (10.7%) unfavorable to budget.

Other Operating Revenue

Other Operating Revenue for the month was \$931 thousand, which was \$398 thousand (42.7%) unfavorable to budget.

Operating Expenses

Total Operating Expenses for the month were \$74.2 million, which was \$4.9 million (6.6%) favorable to budget.

Salaries, Wages & Contract Labor for the month were \$31.8 million, which was \$2.5 million (7.7%) favorable to budget.

Benefits for the month were \$9.3 million, which was \$2.6 million (27.9%) favorable to budget.

Supplies for the month were \$10.1 million, which was \$147 thousand (1.4%) favorable to budget.

Professional Fees and Purchased Services for the month were \$14.0 million, which was \$80 thousand (0.6%) favorable to budget.

Depreciation & Amortization for the month was \$5.1 million, which was \$99 thousand (1.9%) favorable to budget.

Other Direct Expenses for the month were \$3.9 million, which was \$454 thousand (11.6%) unfavorable to budget.

Net Non-Operating Income/Expense

Net Non-Operating Loss for the month was \$37 thousand, which was \$151 thousand favorable to budget due to year-end investments, county redevelopment distribution and lease agreements.

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

The percentages of Gross Patient Service Revenue from the Medicare, Managed Care Medicare, Managed Care, Medi-Cal and Managed Care Medi-Cal financial classes for the month were consistent with budget. Cash postings were \$60.1 million. Days in Net A/R are 71.1, an increase of 2.2 days from the prior month.

Revenue Cycle – Key Performance Indicators (KPIs)

Key Performance Indicators (KPI)	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025
Total Net A/R (\$) ¹	\$ 147,921,747	\$ 154,630,866	\$ 155,574,643	\$ 153,804,994	151,985,346	153,128,078	157,290,461
Net Days in A/R (Days) ²	81.2	79.3	71.9	70.3	70.1	68.9	71.1
% AR > 90 Days	41.8%	38.5%	41.4%	44.3%	46.5%	40.4%	40.2%
% of Avoidable Denial Write-Offs	8.8%	9.2%	10.3%	11.7%	11.7%	11.0%	10.1%
Net Revenue Yield	108.2%	104.4%	95.2%	96.2%	100.9%	100.4%	99.3%

Balance Sheet

Cash, Cash Equivalents and Investments decreased in January by \$13.4 million primarily due to increase in payments on outstanding invoices as we paid vendor balances down.

The Days Cash On Hand ratio was to 21.2 days (PH Only) and 23.6 days (Consolidated)

¹ Total Net A/R: This is the total amount of accounts receivable which management expects to collect from patients, insurance companies, Medicare, Medi-Cal, in future months, for services to patients through the end of the current accounting period. This number is computed by subtracting estimated contractual adjustments, bad debt and charity write-offs from gross accounts receivable.

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

	Month					Year to Date				
	Actual	Budget	Budget	Prior Year	Prior Year	Actual	Budget	Budget	Prior Year	Prior Year
	Jan-25	Jan-25	Variance	Jan-24	Variance	Jan-25	Jan-25	Variance	Jan-24	Variance
Key Volumes										
Discharges - Total	2,295	2,132	7.7%	1,885	21.8%	15,052	13,787	9.2%	13,971	7.7%
Acute - General	2,255	2,076	8.6%	1,817	24.1%	14,790	13,408	10.3%	13,316	11.1%
Acute - Behavioral Health	-	-	0.0%	36	(100.0%)	-	-	0.0%	321	(100.0%)
Total Acute Discharges	2,255	2,076	8.6%	1,853	21.7%	14,790	13,408	10.3%	13,637	8.5%
The Villas at Poway	40	56	(28.6%)	32	25.0%	262	379	(30.9%)	334	(21.6%)
Patient Days - Total	13,542	12,799	5.8%	12,547	7.9%	83,505	83,176	0.4%	83,914	(0.5%)
Acute - General	10,700	9,358	14.3%	9,180	16.6%	64,418	59,959	7.4%	59,836	7.7%
Acute - Behavioral Health	-	-	0.0%	361	(100.0%)	-	-	0.0%	2,339	(100.0%)
Total Acute Patient Days	10,700	9,358	14.3%	9,541	12.2%	64,418	59,959	7.4%	62,175	3.6%
The Villas at Poway	2,842	3,441	(17.4%)	3,006	(5.5%)	19,087	23,217	(17.8%)	21,739	(12.2%)
Acute Adjusted Discharges	3,460	3,482	(0.6%)	3,014	14.8%	23,519	22,490	4.6%	22,871	2.8%
Total Adjusted Discharges*	3,507	3,538	(0.9%)	3,043	15.3%	23,823	22,869	4.2%	23,221	2.6%
Acute Adjusted Patient Days	16,419	15,684	4.7%	15,520	5.8%	102,365	100,492	1.9%	104,205	(1.8%)
Total Adjusted Patient Days*	19,261	19,125	0.7%	18,526	4.0%	121,452	123,709	(1.8%)	125,944	(3.6%)
Acute Average Daily Census	345	302	14.3%	308	12.2%	300	279	7.4%	289	3.6%
Total Average Daily Census*	437	413	5.8%	405	7.9%	388	387	0.4%	390	(0.5%)
Surgeries - Total	879	930	(5.5%)	968	(9.2%)	6,504	6,539	(0.5%)	6,810	(4.5%)
Inpatient	483	497	(2.9%)	484	(0.2%)	3,560	3,421	4.1%	3,460	2.9%
Outpatient	396	433	(8.5%)	484	(18.2%)	2,944	3,118	(5.6%)	3,350	(12.1%)
Deliveries	269	313	(14.1%)	296	(9.1%)	2,072	2,118	(2.2%)	2,204	(6.0%)
ER Visits (Includes Trauma) - Total										
Inpatient	1,824	1,478	23.4%	1,594	14.4%	11,662	10,212	14.2%	10,074	15.8%
Outpatient	8,870	8,468	4.8%	9,226	(3.9%)	60,827	64,458	(5.6%)	62,251	(2.3%)

	Month					Year to Date				
	Actual	Budget	Budget	Prior Year	Prior Year	Actual	Budget	Budget	Prior Year	Prior Year
	Jan-25	Jan-25	Variance	Jan-24	Variance	Jan-25	Jan-25	Variance	Jan-24	Variance
Cardiac Cath RVUs	1,013	1,368	(26.0%)	1,312	(22.8%)	7,327	8,911	(17.8%)	8,940	(18.0%)
Escondido Interv. Radiology RVUs	975	948	2.9%	1,045	(6.7%)	6,819	6,463	5.5%	6,495	5.0%
Poway Interv. Radiology RVUs	274	234	16.9%	244	12.3%	1,840	1,768	4.0%	1,837	0.1%
Radiation Oncology RVUs	3,212	3,673	(12.6%)	3,745	(14.2%)	21,562	30,973	(30.4%)	22,658	(4.8%)
Infusion Therapy Hours	816	883	(7.6%)	728	12.1%	6,474	6,126	5.7%	5,052	28.2%
Imaging										
Escondido CAT Procedures	8,744	8,433	3.7%	8,209	6.5%	62,711	54,691	14.7%	56,472	11.1%
Poway CAT Procedures	2,811	2,587	8.7%	2,379	18.2%	18,305	17,484	4.7%	16,068	13.9%
Escondido MRI Procedures	419	350	19.7%	412	1.7%	3,183	2,627	21.2%	2,627	21.2%
Poway MRI Procedures	117	122	(4.5%)	133	(12.0%)	933	870	7.2%	956	(2.4%)
Escondido Diagnostic Rad. Procedures	7,447	7,309	1.9%	7,376	1.0%	49,363	48,825	1.1%	49,244	0.2%
Poway Diagnostic Rad. Procedures	2,461	2,449	0.5%	2,310	6.5%	15,752	16,106	(2.2%)	15,158	3.9%

*Includes The Villas at Poway

	Month					Year to Date				
	Actual	Budget	Budget	Prior Year	Prior Year	Actual	Budget	Budget	Prior Year	Prior Year
	Jan-25	Jan-25	Variance	Jan-24	Variance	Jan-25	Jan-25	Variance	Jan-24	Variance
Key Statistics										
Acute Average LOS - Days	4.75	4.51	(5.3%)	5.15	(7.9%)	4.36	4.47	2.6%	4.56	(4.5%)
Acute - General	4.75	4.51	(5.3%)	5.05	(6.1%)	4.36	4.47	2.6%	4.49	(3.1%)
Acute Behavioral Health	0.00	0.00	0.0%	10.03	(100.0%)	0.00	0.00	0.0%	7.29	(100.0%)
Average Observation Hours	24	36	32.7%	36	(32.7%)	27	37	26.4%	37	26.4%
Acute Case Mix - Excludes Deliveries	1.69	1.81	6.6%	1.81	6.6%	1.72	1.76	2.3%	1.76	2.3%
Acute Case Mix -Medicare Only	1.67	1.83	8.7%	1.83	8.7%	1.69	1.75	3.4%	1.75	3.4%
Labor Productivity by Hrs						Not Avail.			Not Avail.	
Days Cash on Hand						21.2			31	
Financial Performance										
Operating Income	(2,322,905)	774,681	(3,097,586)	(5,284,012)	2,186,425	(39,049,393)	(4,791,694)	(34,257,699)	(24,170,240)	(14,879,153)
Net Income	(2,360,177)	586,043	(2,946,219)	(6,052,275)	3,106,056	(52,634,750)	(12,793,814)	(39,840,936)	(33,945,386)	(18,689,364)
Oper. Expenses/Adj. Patient Days	3,586	3,863	(7.2%)	3,974	(9.8%)	3,984	3,937	1.2%	3,679	8.3%
EBIDA Margin-Excludes PHMG	8,621,848	11,074,705	(2,452,857)	3,591,105	5,030,743	25,160,097	58,764,781	(33,604,684)	28,641,379	(62,246,063)
EBIDA-Excludes PHMG	12.0%	13.9%	-1.9%	4.9%	(6.8%)	5.2%	11.3%	-6.1%	6.1%	-0.9%

Note: Financial Performance excludes GO Bonds

	Actual Jan-25	Budget Jan-25	Variance Jan-25	Variance		Dollars/Adjusted Patient Day		
				Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	19,261	19,125	136					
Adjusted Discharges	3,507	3,538	(31)					
Operating Revenue								
Gross revenue	503,514,870	484,168,206	19,346,664	3,442,974	15,903,689.91	26,141.68	25,315.98	826
Deductions from revenue	(432,589,279)	(405,626,067)	(26,963,212)	(2,884,452)	(24,078,760)	(22,459.34)	(21,209.21)	(1,250)
Net patient revenue	70,925,591	78,542,139	(7,616,548)	558,522	(8,175,070)	3,682	4,107	(424)
Other operating revenue	930,518	1,328,165	(397,647)	9,444.73	(407,091.99)	48.31	69.45	(21)
Total net revenue	71,856,109	79,870,304	(8,014,195)	567,967	(8,582,162)	3,731	4,176	(446)
Operating Expenses								
Salaries, wages & contract labor	31,767,111	34,222,746	2,455,635	(243,362)	2,698,997	1,649	1,789	140
Benefits	9,282,958	11,872,748	2,589,790	(84,428)	2,674,218	482	621	139
Supplies	10,114,268	10,260,805	146,537	(72,966)	219,503	525	537	11
Prof fees & purch svcs	14,003,981	14,083,569	79,588	(100,150)	179,738	727	736	9
Depreciation	5,109,442	5,208,488	99,046	(37,038)	136,084	265	272	7
Other	3,901,253	3,447,260	(453,993)	(24,514)	(429,479)	203	180	(22)
Total expenses	74,179,014	79,095,616	4,916,602	(562,458)	5,479,060	3,851	4,136	284
Income from operations	(2,322,905)	774,688	(3,097,592)	5,509	(3,103,102)	(121)	41	(161)
Non-operating revenue(expense)								
Property tax revenues ¹	2,125,000	2,125,000	-					
Investment income	1,484,615	881,113	603,502					
Revenue bond interest expense	(4,393,833)	(4,130,682)	(263,151)					
Non-operating depreciation	(1,478,750)	(1,149,492)	(329,258)					
Other non-operating revenue(expense)	2,225,696	2,085,416	140,280					
Net Income ²	(2,360,177)	586,043	(2,946,219)					
EBIDA Margin	12.0%	13.9%	(1.9%)					

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

2= Excludes G.O. Bonds income / expense

	Actual Jan-25	Budget Jan-25	Variance Jan-25	Variance		Dollars/Adjusted Patient Day		
				Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	121,452	123,709	(2,257)					
Adjusted Discharges	23,823	22,869	954					
Operating Revenue								
Gross revenue	3,361,990,040	3,276,160,820	85,829,220	(59,771,682)	145,600,901	27,682	26,483	1,199
Deductions from revenue	(2,887,473,845)	(2,767,477,831)	(119,996,014)	50,491,051	(170,487,065)	(23,775)	(22,371)	(1,404)
Net patient revenue	474,516,195	508,682,989	(34,166,794)	(9,280,630)	(24,886,164)	3,907	4,112	(205)
Other operating revenue	6,725,375	9,355,158	(2,629,783)	(170,680)	(2,459,103)	55	76	(20)
Total net revenue	481,241,570	518,038,147	(36,796,577)	(9,451,310)	(27,345,267)	3,962	4,188	(225)
Operating Expenses								
Salaries, wages & contract labor	221,552,818	229,718,759	8,165,941	4,191,087	3,974,854	1,824	1,857	33
Benefits	59,645,317	62,741,009	3,095,692	1,144,674	1,951,018	491	507	16
Supplies	72,126,460	70,905,790	(1,220,670)	1,293,636	(2,514,305)	594	573	(21)
Prof fees & purch svcs	109,382,414	99,585,839	(9,796,575)	1,816,887	(11,613,461)	901	805	(96)
Depreciation	36,381,138	35,746,874	(634,264)	652,181	(1,286,446)	300	289	(11)
Other	21,198,733	24,131,570	2,932,837	440,267	2,492,570	175	195	21
Total expenses	520,286,880	522,829,841	2,542,961	9,538,732	(6,995,770)	4,284	4,226	(58)
Income from operations	(39,045,310)	(4,791,694)	(34,253,616)	87,422	(34,341,037)	(321)	(39)	(283)
Non-operating revenue(expense)								
Property tax revenues ¹	14,875,000	14,875,000	-					
Investment income	8,865,284	7,944,789	920,495					
Revenue bond interest expense	(31,059,998)	(28,914,773)	(2,145,225)					
Non-operating depreciation	(10,349,629)	(6,896,952)	(3,452,677)					
Other non-operating revenue(expense)	4,083,986	4,989,816	(905,830)					
Net Income ²	(52,630,668)	(12,793,814)	(39,836,853)					
EBIDA Margin	5.2%	11.3%	(6.1%)					

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

2= Excludes G.O. Bonds income / expense

	Current Year	Prior Year	Change	Variance		Dollars/Adjusted Patient Day		
	Jan-25	Jan-24		Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	121,452	125,944	(4,492)					
Adjusted Discharges	23,823	23,221	602					
Operating Revenue								
Gross revenue	3,361,990,040	3,133,516,503	228,473,537	(111,762,022)	340,235,559	27,682	24,880	2,801
Deductions from revenue	(2,887,473,845)	(2,670,812,626)	(216,661,219)	95,258,927	(311,920,146)	(23,775)	(21,206)	(2,568)
Net patient revenue	474,516,195	462,703,877	11,812,318	(16,503,095)	28,315,413	3,907	3,674	233
Other operating revenue	6,725,375	8,259,820	(1,534,445)	(294,600)	(1,239,845)	55	66	(10)
Total net revenue	481,241,570	470,963,697	10,277,873	(16,797,695)	27,075,568	3,962	3,739	223
Operating Expenses								
Salaries, wages & contract labor	221,552,818	229,418,557	7,865,739	8,182,590	(316,851)	1,824	1,822	(3)
Benefits	59,645,317	57,641,499	(2,003,818)	2,055,879	(4,059,697)	491	458	(33)
Supplies	72,126,460	69,558,255	(2,568,205)	2,480,910	(5,049,114)	594	552	(42)
Prof fees & purch svcs	109,382,414	85,730,273	(23,652,141)	3,057,711	(26,709,852)	901	681	(220)
Depreciation	36,381,138	31,765,421	(4,615,717)	1,132,966	(5,748,683)	300	252	(47)
Other	21,198,733	21,019,932	(178,801)	749,710	(928,511)	175	167	(8)
Total expenses	520,286,880	495,133,937	(25,152,943)	17,659,767	(42,812,709)	4,284	3,931	(353)
Income from operations	(39,045,310)	(24,170,240)	(14,875,070)	862,071	(15,737,141)	(321)	(192)	(130)
Non-operating revenue(expense)								
Property tax revenues ¹	14,875,000	13,708,333	1,166,667					
Investment income	8,865,284	14,059,552	(5,194,268)					
Revenue bond interest expense	(31,059,998)	(29,075,029)	(1,984,969)					
Non-operating depreciation	(10,349,629)	(5,238,944)	(5,110,685)					
Other non-operating revenue(expense)	4,083,986	(3,229,058)	7,313,045					
Net Income ²	(52,630,668)	(33,945,386)	(18,685,281)					
EBIDA Margin	5.2%	6.8%	(1.6%)					

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

2= Excludes G.O. Bonds income / expense

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Fiscal Year 2025
Adjusted Patient Days	16,533	17,241	17,034	17,052	16,530	17,801	19,261	121,452
Adjusted Discharges	3,374	3,358	3,348	3,424	3,237	3,575	3,507	23,823
Operating Revenue								
Gross revenue	485,400,622	481,303,719	467,378,630	474,558,980	460,334,839	489,498,381	503,514,870	3,361,990,040
Deductions from revenue	(415,757,901)	(415,886,085)	(403,359,082)	(402,798,738)	(398,689,551)	(418,393,204)	(432,589,279)	(2,887,473,845)
Net patient revenue	69,642,721	65,417,634	64,019,548	71,760,242	61,645,288	71,105,177	70,925,591	474,516,195
Other operating revenue	920,937	782,991	1,167,339	1,079,195	1,127,177	717,219	930,518	6,725,375
Total net revenue	70,563,658	66,200,625	65,186,887	72,839,437	62,772,465	71,822,396	71,856,109	481,241,570
Operating Expenses								
Salaries, wages & contract labor	32,166,595	32,697,011	31,039,334	31,126,296	30,170,077	32,586,392	31,767,111	221,552,816
Benefits	7,845,288	9,667,894	8,249,929	7,595,482	7,835,218	9,168,549	9,282,958	59,645,317
Supplies	9,937,683	10,435,128	10,495,794	10,460,309	9,232,381	11,450,897	10,114,268	72,126,460
Prof fees & purch svcs	15,022,459	14,994,548	15,811,542	17,142,092	16,662,021	15,745,771	14,003,981	109,382,414
Depreciation	4,970,802	4,965,343	4,988,370	5,439,793	4,899,938	6,007,449	5,109,442	36,381,138
Other	2,622,147	2,630,102	2,712,652	4,403,218	2,425,595	2,503,764	3,901,254	21,198,733
Total expenses	72,564,974	75,390,026	73,297,621	76,167,190	71,225,230	77,462,822	74,179,014	520,286,880
Income from operations	(2,001,316)	(9,189,401)	(8,110,734)	(3,327,753)	(8,452,765)	(5,640,426)	(2,322,905)	(39,045,310)
Non-operating revenue (expense)								
Property tax revenues ¹	2,125,000	2,125,000	2,125,000	2,125,000	2,125,000	2,125,000	2,125,000	14,875,000
Investment Income	1,264,997	1,347,561	1,207,216	1,237,202	990,738	1,332,953	1,484,615	8,865,284
Interest Expense	(4,431,369)	(4,424,943)	(4,426,719)	(4,449,375)	(4,418,116)	(4,515,644)	(4,393,833)	(31,059,998)
Non-operating depreciation	(1,477,130)	(1,478,750)	(1,478,750)	(1,478,750)	(1,478,046)	(1,479,454)	(1,478,750)	(10,349,629)
Other non-operating revenue(expense)	595,819	582,346	639,696	(581,209)	673,917	(52,280)	2,225,696	4,083,986
Net income ²	(3,923,999)	(11,038,187)	(10,044,291)	(6,474,885)	(10,559,272)	(8,229,851)	(2,360,177)	(52,630,668)
EBIDA Margin	9.9%	(0.3%)	1.3%	6.7%	0.4%	5.3%	12.0%	5.2%

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

2= Excludes G.O. Bonds income / expense

Statement of Net Position excluding G.O. Bonds

Excludes PHMG

Assets	Current Fiscal Year			Prior Fiscal Year	
	Oct-24	Nov-24	Dec-24	Jan-25	Jun-24
Current Assets					
Cash and cash equivalents	11,981,842	13,000,438	26,360,524	15,642,922	17,359,239
Investments	15,558,884	19,605,493	34,765,900	32,039,319	54,298,096
Board Designated	7,082,739	7,082,739	-	-	7,082,739
Total cash, cash equivalents & investments	34,623,465	39,688,670	61,126,423	47,682,241	78,740,073
Patient Accounts Receivable	479,375,130	498,397,340	552,113,099	537,677,625	475,079,653
Allowance on accounts	(325,570,136)	(346,411,994)	(398,985,021)	(380,387,164)	(327,700,367)
Net accounts receivable	153,804,994	151,985,346	153,128,078	157,290,461	147,379,287
Inventories	12,862,403	12,910,271	12,883,827	12,948,641	12,512,288
Prepaid expenses	20,705,901	18,558,289	20,918,729	18,841,204	9,872,204
Est. third party settlements	87,443,191	102,440,341	100,436,170	91,525,345	87,806,947
Other	73,464,603	74,141,312	73,208,682	72,523,479	71,689,100
Total current assets	382,904,557	399,724,229	421,701,910	400,811,371	407,999,899
Non-Current Assets					
Restricted assets	120,200,383	91,977,105	92,322,093	92,626,084	106,528,977
Restricted other	357,084	357,163	357,237	357,317	356,833
Total restricted assets	120,557,467	92,334,269	92,679,330	92,983,401	106,885,809
Property, plant & equipment	1,555,149,478	1,555,210,075	1,555,311,137	1,555,380,266	1,556,364,751
Accumulated depreciation	(658,689,176)	(662,194,516)	(665,750,415)	(669,270,190)	(644,358,038)
Construction in process	65,489,103	67,488,625	67,460,106	68,788,117	57,513,297
Net property, plant & equipment	961,949,405	960,504,184	957,020,827	954,898,192	969,520,010
Right of Use Assets	326,700,932	324,583,606	328,260,640	325,346,653	334,609,278
Investment related companies	2,085,386	2,021,842	2,574,846	2,907,329	6,754,766
Prepaid debt insurance costs	7,194,120	7,168,113	7,142,139	7,116,165	7,298,149
Other non-current assets	70,130,489	69,627,915	68,744,996	68,238,376	78,831,767
Total non-current assets	1,488,617,799	1,456,239,930	1,456,422,778	1,451,490,117	1,503,899,779
Total assets	1,871,522,356	1,855,964,159	1,878,124,687	1,852,301,488	1,911,899,678
Deferred outflow of resources-loss on refunding of debt	43,646,058	43,428,144	43,210,229	42,992,314	44,517,717
Total assets and deferred outflow of resources	1,915,168,414	1,899,392,302	1,921,334,916	1,895,293,802	1,956,417,396

Liabilities	Current Fiscal Year			Prior Fiscal Year	
	Oct-24	Nov-24	Dec-24	Jan-25	Jun-24
Current Liabilities					
Accounts payable	93,280,490	106,161,799	122,090,155	118,815,268	67,475,287
Accrued payroll	33,962,796	35,889,106	43,390,390	28,565,370	38,178,331
Accrued PTO	23,431,631	23,129,962	22,628,427	22,527,814	24,267,836
Accrued interest payable	20,798,255	6,003,674	8,973,015	11,890,135	8,905,068
Current portion of bonds	8,530,000	8,925,000	8,925,000	8,925,000	8,530,000
Current portion of lease liab	20,057,117	20,065,534	21,398,808	21,316,854	20,245,743
Est. third party settlements	2,812,345	7,256,147	17,512,022	16,998,461	16,933,480
Other current liabilities	130,380,124	131,779,295	126,663,460	123,495,406	128,832,172
Total current liabilities	333,252,757	339,210,517	371,581,276	352,534,308	313,367,918
Long Term Liabilities					
Other LT liabilities	27,620,952	27,597,980	27,576,075	27,554,170	27,708,572
Bonds & contracts payable	723,906,575	714,758,745	714,536,038	714,313,332	724,797,898
Lease liabilities	337,624,025	336,405,630	338,627,542	337,184,037	342,095,335
Total long term liabilities	1,089,151,553	1,078,762,355	1,080,739,655	1,079,051,539	1,094,601,805
Total liabilities	1,422,404,310	1,417,972,872	1,452,320,931	1,431,585,847	1,407,969,723
Deferred inflow of resources- unearned revenue	6,951,612	6,901,094	6,850,577	6,800,059	6,653,683
Total liabilities and deferred inflow of resources	1,429,355,922	1,424,873,966	1,459,171,508	1,438,385,906	1,414,623,405
Net Position					
Unrestricted	485,807,409	474,161,172	461,806,170	456,550,578	541,437,159
Restricted for other purpose	5,083	357,163	357,237	357,317	356,833
Total net position	485,812,492	474,518,335	462,163,407	456,907,896	541,793,991
Total liabilities, deferred inflow of resources and net position	1,915,168,414	1,899,392,301	1,921,334,915	1,895,293,802	1,956,417,396

Statement of Net Position including G.O. Bonds

Excludes PHMG

Assets	Current Fiscal Year				Prior Fiscal Year
	Oct-24	Nov-24	Dec-24	Jan-25	Jun-24
Current Assets					
Cash and cash equivalents	11,981,842	13,000,438	26,360,524	15,642,922	17,359,239
Investments	15,558,884	19,605,493	34,765,900	32,039,319	54,298,096
Board Designated	7,082,739	7,082,739	-	-	7,082,739
Total cash, cash equivalents & investments	34,623,465	39,688,670	61,126,423	47,682,241	78,740,073
Patient Accounts Receivable	479,375,130	498,397,340	552,113,099	537,677,625	475,079,653
Allowance on accounts	(325,570,136)	(346,411,994)	(398,985,021)	(380,387,164)	(327,700,367)
Net accounts receivable	153,804,994	151,985,346	153,128,078	157,290,461	147,379,287
Inventories	12,862,403	12,910,271	12,883,827	12,948,641	12,512,288
Prepaid expenses	20,705,901	18,558,289	20,918,729	18,841,204	9,872,204
Est. third party settlements	87,443,191	102,440,341	100,436,170	91,525,345	87,806,947
Other	90,073,342	92,287,451	83,621,439	78,595,640	71,978,298
Total current assets	399,513,297	417,870,368	432,114,666	406,883,532	408,289,097
Non-Current Assets					
Restricted assets	160,906,948	135,881,907	148,691,141	158,095,958	176,672,759
Restricted other	357,084	357,163	357,237	357,317	356,833
Total restricted assets	161,264,032	136,239,071	149,048,379	158,453,275	177,029,591
Property, plant & equipment	1,555,149,478	1,555,210,075	1,555,311,137	1,555,380,266	1,556,364,751
Accumulated depreciation	(658,689,176)	(662,194,516)	(665,750,415)	(669,270,190)	(644,358,038)
Construction in process	65,489,103	67,488,625	67,460,106	68,788,117	57,513,297
Net property, plant & equipment	961,949,405	960,504,184	957,020,827	954,898,192	969,520,010
Right of Use Assets	326,700,932	324,583,606	328,260,640	325,346,653	334,609,278
Investment related companies	2,085,386	2,021,842	2,574,846	2,907,329	6,754,766
Prepaid debt insurance and other costs	8,447,493	8,408,574	8,369,688	8,330,802	8,603,170
Other non-current assets	70,130,489	69,627,915	68,744,996	68,238,376	78,831,767
Total non-current assets	1,530,577,737	1,501,385,193	1,514,019,375	1,518,174,627	1,575,348,583
Total assets	1,930,091,033	1,919,255,561	1,946,134,041	1,925,058,159	1,983,637,680
Deferred outflow of resources-loss on refunding of debt	46,164,382	45,928,607	45,692,832	45,457,056	47,107,482
Total assets and deferred outflow of resources	1,976,255,416	1,965,184,169	1,991,826,873	1,970,515,216	2,030,745,163

Liabilities	Current Fiscal Year				Prior Fiscal Year
	Oct-24	Nov-24	Dec-24	Jan-25	Jun-24
Current Liabilities					
Accounts payable	93,280,490	106,162,324	122,090,655	118,815,268	67,477,787
Accrued payroll	33,962,796	35,889,106	43,390,390	28,565,370	38,178,331
Accrued PTO	23,431,631	23,129,962	22,628,427	22,527,814	24,267,836
Accrued interest payable	29,447,057	17,535,410	23,387,685	29,187,740	28,882,187
Current portion of bonds	18,686,756	19,081,756	19,081,756	19,081,756	18,010,103
Current portion of lease liab	20,057,117	20,065,534	21,398,808	21,316,854	20,245,743
Est. third party settlements	2,812,345	7,256,147	17,512,022	16,998,461	16,933,480
Other current liabilities	59,447,975	61,449,548	57,265,171	54,696,680	55,689,956
Total current liabilities	281,126,168	290,569,787	326,754,915	311,189,944	269,685,423
Long Term Liabilities					
Other LT liabilities	27,620,952	27,597,980	27,576,075	27,554,170	27,708,572
Bonds & contracts payable	1,352,255,441	1,343,194,301	1,343,058,285	1,342,922,270	1,362,956,758
Lease liabilities	337,624,025	336,405,630	338,627,542	337,184,037	342,095,335
Total long term liabilities	1,717,500,419	1,707,197,911	1,709,261,902	1,707,660,477	1,732,760,665
Total liabilities	1,998,626,586	1,997,767,698	2,036,016,817	2,018,850,420	2,002,446,088
Deferred inflow of resources-unearned revenue	77,883,761	77,230,844	76,248,867	75,598,786	79,795,899
Total liabilities and deferred inflow of resources	2,076,510,347	2,074,998,542	2,112,265,684	2,094,449,207	2,082,241,987
Net Position					
Unrestricted	(100,260,015)	(110,171,537)	(120,796,048)	(124,291,308)	(51,853,656)
Restricted for other purpose	5,083	357,163	357,237	357,317	356,833
Total net position	(100,254,931)	(109,814,373)	(120,438,811)	(123,933,991)	(51,496,824)
Total liabilities, deferred inflow of resources and net position	1,976,255,416	1,965,184,169	1,991,826,873	1,970,515,216	2,030,745,163

	YTD January 31, 2025
CASH FROM OPERATING ACTIVITIES	
Receipts from:	
Patients, insurers, and other third-party payers	467,676,979
Other sources	5,180,753
Payments to:	
Employees	(292,551,117)
Suppliers	(157,062,961)
Net cash provided by operating activities	<u>23,243,654</u>
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES	
Receipt of district taxes	14,875,000
Other	
Net cash provided by noncapital financing activities	<u>14,875,000</u>
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES	
Acquisition and construction of capital assets	(10,729,974)
Interest payments on long-term debt	(40,654,888)
Interest payments on lease liabilities	(10,132,275)
Proceeds from issuance of long-term debt	-
Defeasance of debt	-
Interest rate swap payment	-
Principal repayment on long-term debt	(18,010,102)
Principal repayment on lease obligations	(12,878,008)
Deferred financing costs	-
Proceeds on sale of capital assets	(47,766)
Receipt of property taxes restricted for debt service on general obligation bonds	32,083,331
Other	(38,400,207)
Net cash used in capital and related financing activities	<u>(98,769,889)</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of investments	(72,334,581)
Proceeds from sale of investments	125,747,664
Interest received on investments and notes receivable	5,521,833
Other	-
Net cash provided by (used in) investing activities	<u>58,934,916</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(1,716,319)
CASH AND CASH EQUIVALENTS - beginning of year	<u>17,359,241</u>
CASH AND CASH EQUIVALENTS - end of year	\$ 15,642,922

Supplemental Information

**Financial performance includes Palomar Health Medical Group (PHMG) and Consolidating Schedules*

Condensed Combining Statement of Net Position
For the Fiscal Year-to-Date Ended January 31, 2025

	Palomar Health	PHMG	PAC	Eliminations	Total
ASSETS					
Current assets	461,774,132	77,928,136	4,389,138	(55,194,351)	488,897,055
Capital assets - net	954,898,192	6,995,053	-	-	961,893,245
Right of use assets - net	325,346,653	30,471,227		(20,985,543)	334,832,336
Non-current assets	183,039,183	2,438,636	-	-	185,477,818
Total assets	1,925,058,160	117,833,052	4,389,138	(76,179,894)	1,971,100,454
Deferred outflow of resources	45,457,056	-	-	-	45,457,056
TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES	1,970,515,216	117,833,052	4,389,138	(76,179,894)	2,016,557,510
LIABILITIES AND NET POSITION					
Current liabilities	281,573,987	111,763,724	142,495	(59,351,642.04)	334,128,565
Long-term liabilities	1,377,916,517	(18,442)	-	-	1,377,898,075
Right of use lease liabilities	337,184,037	24,119,826	-	(17,836,459)	343,467,405
Total liabilities	1,996,674,541	135,865,109	142,495	(77,188,101)	2,055,494,044
Deferred inflow of resources - deferred revenue	97,770,579	-	-	-	97,770,579
Total liabilities and deferred inflow of resources	2,094,445,120	135,865,109	142,495	(77,188,101)	2,153,264,623
Invested in capital assets - net of related debt	(308,721,083)	6,220,609	-	1,008,206	(301,492,268)
Restricted	44,577,154	-	-	-	44,577,154
Unrestricted	140,214,025	(24,252,668)	4,246,643	-	120,208,000
Total net position	(123,929,904)	(18,032,059)	4,246,643	1,008,206	(136,707,114)
TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION	1,970,515,216	117,833,050	4,389,138	(76,179,894)	2,016,557,510

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

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

For the Fiscal Year-to-Date Ended January 31, 2025

	Palomar Health	PHMG	PAC	Elimination	YTD Consolidated
OPERATING REVENUE:					
Net patient service revenue	425,545,492	47,601,299	-	-	473,146,791
Shared risk revenue	48,970,703	22,546,474	-	(1,528,867)	69,988,310
Other revenue	6,725,375	5,933,766	223,089	(286,388)	12,595,842
PH Program revenue	-	18,548,439	-	(18,548,439)	-
Total operating revenue	481,241,570	94,629,978	223,089	(20,363,694)	555,730,943
OPERATING EXPENSES	483,905,742	124,771,715	663,040	(24,378,002)	584,962,496
DEPRECIATION AND AMORTIZATION	36,381,138	2,904,242	-	-	39,285,380
Total operating expenses	520,286,880	127,675,957	663,040	(24,378,002)	624,247,876
INCOME (LOSS) FROM OPERATIONS	(39,045,310)	(33,045,979)	(439,951)	4,014,308	(68,516,932)
NON-OPERATING INCOME (EXPENSE):					
Investment income	10,231,162	(840)	-	-	10,230,322
Unrealized loss on interest rate swap	-	-	-	-	-
Interest expense	(52,062,779)	(152,405)	-	141,355	(52,073,828)
Property tax revenue	46,958,331	-	-	-	46,958,331
Other - net	(5,701,017)	(2,062,870)	-	(2,845,928)	(10,609,815)
Total non-operating expense - net	(574,303)	(2,216,115)	-	(2,704,572)	(5,494,991)
Net income (loss) before capital contrib	(39,619,613)	(35,262,095)	(439,951)	1,309,735	(74,011,923)
CAPITAL CONTRIBUTIONS					-
CHANGE IN NET POSITION	(39,619,613)	(35,262,095)	(439,951)	1,309,735	(74,011,923)
Interfund Capital Support - PHMG					-
Interfund Operating Support - PHMG	(32,813,472)	26,329,750	-		(6,483,722)
Interfund Support - Graybill					-
Interfund - PHMG	(32,813,472)	26,329,750	-	-	(6,483,722)
Net Position - Beginning of year	(51,496,823)	(9,099,710)	4,686,594	(301,529)	(56,211,468)
Prior Period Adj-Assets					-
Effect of adopting GASB 87		-	-	-	-
NET POSITION - Beginning of year	(51,496,823)	(9,099,710)	4,686,594	(301,529)	(56,211,468)
NET POSITION - Year to date	(123,929,908)	(18,032,055)	4,246,643	1,008,206	(136,707,113)

Days Cash on Hand Ratio Covenant	January 31, 2025 Consolidated
Cash and Cash Equivalents	64,336,919
Divide Total by Average Adjusted Expenses per Day	
Total Expenses	624,247,874
Less: Depreciation	39,285,380
Adjusted Expenses	584,962,494
Number of days in period	215
Average Adjusted Expenses per Day	2,720,756
Days Cash on Hand	23.6
Debt Service Coverage Ratio Covenant	Consolidated
Excess of revenues over expenses	(87,022,975)
REVERSE:	
Depreciation and Amortization	39,285,380
Depreciation and Amortization-NonOp	10,349,629
Interest Expense	31,071,047
Income Available for Debt Service	(6,316,919)
Divided by:	
Maximum Annual Debt Service (excludes GO Bonds)	79,683,445
Debt Service Coverage Ratio	(0.08)

NOTE: Pre-audit results shown

ADDENDUM C

RESOLUTION NO. 03.10.25(01)-05

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH TO
ELECT AND APPOINT LEADERSHIP FOR A UNIFIED ANTIBIOTIC STEWARDSHIP
PROGRAM FOR PALOMAR HEALTH**

WHEREAS, the Board of Directors of Palomar Health desires to elect to have a unified Antibiotic Stewardship Program for Palomar Medical Center Escondido and Palomar Medical Center Poway.

WHEREAS, it is the responsibility of the Board of Directors of Palomar Health to appoint leadership pursuant to the Joint Commission, to manage and implement a unified Antibiotic Stewardship Program for Palomar Health.

WHEREAS, the Board of Directors of Palomar Health hereby appoints:

- Sandeep Soni, M.D., CIC, Medical Director of Infectious Diseases, Medical Director of Infection Control and Antibiotic Stewardship, Medical Director of Home Infusion Program, Chief of Pharmacy and Therapeutics, and,
- Travis Lau, PharmD, BCIDP, Infectious Diseases Pharmacy Specialist, PGY-2 Infectious Diseases Pharmacy Residency Program Director

to be responsible for the management and implementation of the unified Antibiotic Stewardship Program for Palomar Medical Center Escondido and Palomar Medical Center Poway.

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on March 10, 2025, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: March 10, 2025

APPROVED:

ATTESTED:

Jeff Griffith, EMT-P, Chair
Board of Directors
Palomar Health

Terry Corrales, RN, Secretary
Board of Directors
Palomar Health

CHARTER
of the
AUDIT and COMPLIANCE COMMITTEE
of the
PALOMAR HEALTH BOARD OF DIRECTORS

- I. **Purpose.** The Audit and Compliance Committee (“Committee”) of the Palomar Health Board of Directors (“Board”) aims to determine and establish that appropriate review mechanisms and management assets and resources of the Palomar Health Local Healthcare District (“District”) are in place and that the District complies with all applicable state and federal regulations relative to the audit and financial stewardship of the District.
- II. **Membership.**
- A. Voting Membership. The voting members (“Voting Members”) of the Committee may consist of those individuals appointed as Voting Members of the Committee by the Chair of the Board (“Board Chair”) in accordance with the Bylaws of Palomar Health (“Bylaws”) and other applicable policies of the Board.
- B. Alternate(s). Any alternate voting members (“Alternates”) of the Committee may consist of those individuals appointed as Alternates of the Committee by the Board Chair in accordance with the Bylaws and other applicable policies of the Board. Alternates enjoy voting rights only in the absence of a Voting Member. Unless Alternates enjoy voting rights, they may attend the meetings of the Committee only as an observer.
- C. Non-Voting Membership. The non-voting members (“Non-Voting Members”) may consist of the following individuals:
- President and CEO of Palomar Health
 - Chief Legal Officer of Palomar Health
 - Corporate Compliance Officer of Palomar Health
 - One (1) physician representative, recommended by the Palomar Health Administration and approved and appointed by the Committee Chairperson
- III. **Authority.** The Committee has no expressed or implied power or authority except to make recommendations to the Board related to the Committee’s purpose and duties as described in this Charter.

IV. **Duties.** The duties of the Committee may include:

- A. Routinely reviewing the system of internal controls for the organization.
- B. Recommending a qualified audit firm to complete independent financial audits of the system and reviewing reports, management letters and recommendations from the firm to assure compliance with recognized audit principles and standards.
- C. Keeping up with trends in the field of health care audit and compliance to help educate other Board members on the latest trends in the industry.
- D. Approving and reviewing the effectiveness and overall audit scope including but not limited to financial statements, external/internal audits, compliance, internal controls and reporting responsibilities.
- E. Recommending to the Board the approval of the organization's annual audit reports.
- F. Reviewing annually those policies within its purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing or creation of new policies.
- G. Assessing and monitoring the independent status of the outside independent auditors.
- H. Directing special investigations for the Board that deal with non-compliance activities.
- I. Performing such other duties as may be assigned by the Board.

V. **Committee Chairperson, Liaison, and Assistant.**

- A. The Chairperson of the Committee ("Committee Chairperson") may be the individual appointed as Committee Chairperson by the Board Chair in accordance with the Bylaws and other applicable policies of the Board.
- B. The Corporate Compliance Officer may serve as the Palomar Health Administration's liaison ("Administrative Liaison") to the Committee.
- C. The Executive Assistant to the Chief Legal Officer ~~Compliance Program Analyst~~ may serve the assistant to the Committee ("Committee Assistant").

VI. **Meetings.** The Committee will meet at least quarterly and more often as needed. A majority of the Voting Members will constitute a quorum. The Committee Assistant will record the meeting minutes and forward a copy to the Board Secretary upon

approval of the meeting minutes by the Committee. The Committee Chairperson may coordinate with the Administrative Liaison to invite any officer, staff member, expert or other advisor who is not a member of the Committee to attend a meeting of the Committee to discuss topics germane to the purpose and duties of the Committee.

VII. Committee Agendas.

A. The Committee Chairperson holds the primary responsibility for creating Committee Meeting Agendas. The Committee Chairperson will routinely work with the Administrative Liaison and the Committee Assistant in creating agendas. The Committee Chairperson will carefully consider all input regarding agenda items from the Administrative Liaison. The authority for approval of final agendas for Committee Meetings will reside with the Committee Chairperson. Any disagreement, dispute, or confusion over specific agenda items and/or the appropriateness of specific items on the agenda between the Committee Chairperson and the Administrative Liaison that cannot be resolved will be referred to the Board Chair for resolution. The Board Chair, if indicated, may consult with Board or Corporate Counsel, the CEO, and/or other members of the Administration team to achieve resolution. If the Board Chair feels the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the full Board.

B. Individual Committee Members may request to place items on a Committee Meeting Agenda. Board Members who are not Committee Members may request to have items placed on a Committee Meeting Agenda at regular meetings of the Full Board either through the Board Chair or the Committee Chairperson. The Committee Chairperson will consider each item so requested and determine whether or not it is an appropriate Committee Agenda item. The Committee Chairperson will make every effort to accommodate all reasonable individual Member requests including refining the requested agenda item as indicated. The Committee Chairperson may decline to put the item on a Committee Agenda based upon his or her judgment. Any disagreement, dispute or confusion over specific agenda items and/or the appropriateness of specific items on the agenda between the Committee Chairperson and Member that cannot be resolved will be referred to the Board Chair for resolution. The Board Chair may consult with the Board or Corporate Counsel, the CEO and/or other members of the Administration team to achieve resolution. If the Board Chair determines-feels the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the full Board.

VIII. **Review and Revision.** The Committee may review this Charter annually. Any revisions proposed by the Committee to this Charter must be approved by the Board in accordance with the Bylaws.

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of the
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- A. Review and approve annual and long-range operating cash, operational and capital budgets for Palomar Health and its system affiliates.
- B. Develop and maintain sound understanding of the services of Palomar Health's revenues and expenses and its economic environment.
- C. Approve methods of financing major capital asset renovations, replacements and additions.
- D. Review financial reports and operating statistics on a regular basis to provide organizational oversight regarding the appropriateness of actions in response to operating trends in achievement of financial goals.
- E. Evaluate and approve financial plans for new business ventures, programs, and services and establish criteria to measure their ongoing viability.
- F. Develop communications in order to enhance the understanding of other members in regard to financial matters of the system.
- G. Review the preliminary, annual operating budgets for Palomar Health and its system affiliates.
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 - C. Approve methods of financing major capital asset renovations, replacements and additions.
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VIII. Review and Revision. The Committee may review this Charter annually. Any revisions proposed by the Committee to this Charter must be approved by the Board in accordance with the Bylaws.

CHARTER
of the
GOVERNANCE COMMITTEE
of the
PALOMAR HEALTH BOARD OF DIRECTORS

- I. **Purpose.** The Governance Committee (“Committee”) of the Palomar Health Board of Directors (“Board”) aims to oversee, establish, and monitor the effective and efficient management of the governmental processes of the Board.
- II. **Membership.**
- A. Voting Membership. The voting members (“Voting Members”) of the Committee may consist of those individuals appointed as Voting Members of the Committee by the Chair of the Board (“Board Chair”) in accordance with the Bylaws of Palomar Health (“Bylaws”) and other applicable policies of the Board.
- B. Alternate(s). Any alternate voting members (“Alternates”) of the Committee may consist of those individuals appointed as Alternates of the Committee by the Board Chair in accordance with the Bylaws and other applicable policies of the Board. Alternates enjoy voting rights only in the absence of a Voting Member. Unless Alternates enjoy voting rights, they may attend the meetings of the Committee only as an observer.
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 - Chief Legal Officer of Palomar Health
 - Chief Financial Officer of Palomar Health
 - ~~Chief Operations Officer of Palomar Health~~
 - Chief Medical Officer of Palomar Health
 - Chief Information Officer of Palomar Health
 - Chief ~~Nursing Nurse~~ Executive/Chief Operating Officer of Palomar Health
 - Chief Human Resources Officer of Palomar Health
- III. **Authority.** The Committee has no expressed or implied power or authority except to make recommendations to the Board related to the Committee’s purpose and duties as described in this Charter.
- IV. **Duties.** The duties of the Committee may include:

- A. Make an annual, comprehensive review of the Bylaws, policies and procedures and receive reports regarding same, and elicit recommendations on such issues from management and the Board.
- B. Provide guidance to the CEO in the development of education and orientation programs that enhance member understanding of Board stewardships, health care, issues and management.
- C. Assist in development and completion of an annual Board self-assessment and where appropriate make recommendations to enhance governance of the organization by its members.
- D. Review and where appropriate make recommendations to the Board on pending or existing state and federal legislation that could affect the direction of the District and Board member responsibilities.
- E. Review the boundaries of the District, as needed, to ensure compliance with its charter in the completion of health care stewardship responsibilities.
- F. Review such other issues associated with Palomar Health and/or Board governance and its effectiveness, including but not limited to Board member orientation and continuing education.
- G. Advise the Board on the appropriate structure and operations of all committees of the Board, including committee member qualifications.
- H. Monitor developments, trends, and best practices in corporate governance, and propose such actions to the Board.
- I. Perform such other duties as may be assigned by the Board.

V. Committee Chairperson, Liaison, and Assistant.

- A. The Chairperson of the Committee (“Committee Chairperson”) may be the individual appointed as Committee Chairperson by the Board Chair in accordance with the Bylaws and other applicable policies of the Board.
- B. The Chief Legal Officer may serve as the Palomar Health Administration’s liaison (“Administrative Liaison”) to the Committee.
- C. The Executive Assistant to the Chief Legal Officer may serve the assistant to the Committee (“Committee Assistant”).

VI. Meetings. The Committee will meet at least quarterly and more often as needed. A majority of the Voting Members will constitute a quorum. The Committee Assistant will record the meeting minutes and forward a copy to the Board Secretary upon

approval of the meeting minutes by the Committee. The Committee Chairperson may coordinate with the Administrative Liaison to invite any officer, staff member, expert or other advisor who is not a member of the Committee to attend a meeting of the Committee to discuss topics germane to the purpose and duties of the Committee.

VII. Committee Agendas.

A. The Committee Chairperson holds the primary responsibility for creating Committee Meeting Agendas. The Committee Chairperson will routinely work with the Administrative Liaison and the Committee Assistant in creating agendas. The Committee Chairperson will carefully consider all input regarding Agenda items from the Administrative Liaison. The authority for approval of final agendas for Committee Meetings will reside with the Committee Chairperson. Any disagreement, dispute, or confusion over specific agenda items and/or their appropriateness of specific items on the agenda between the Committee Chairperson and the Administrative Liaison that cannot be resolved will be referred to the Board Chair for resolution. The Board Chair, if indicated, may consult with Board or Corporate Counsel, the CEO, and/or other members of the Administration team to achieve resolution. If the Board Chair feels the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the full Board.

B. Individual Committee Members may request to place items on a Committee Meeting Agenda. Board Members who are not Committee Members may request to have items placed on a Committee Meeting Agenda at regular meetings of the Full Board either through the Board Chair or the Committee Chairperson. The Committee Chairperson will consider each item so requested and determine whether or not it is an appropriate Committee Agenda item. The Committee Chairperson will make every effort to accommodate all reasonable individual Member requests including refining the requested agenda item as indicated. The Committee Chairperson may decline to put the item on a Committee Agenda based upon his or her judgment. Any disagreement, dispute or confusion over specific agenda items and/or their appropriateness of specific items on the agenda between the Committee Chairperson and Member that cannot be resolved will be referred to the Board Chair for resolution. The Board Chair may consult with the Board or Corporate Counsel, the CEO and/or other members of the Administration to achieve resolution. If the Board Chair determines-feels the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the full Board.

VIII. **Review and Revision.** The Committee may review this Charter annually. Any revisions proposed by the Committee to this Charter must be approved by the Board in accordance with the Bylaws.

CHARTER
of the
GOVERNANCE COMMITTEE
of the
PALOMAR HEALTH BOARD OF DIRECTORS

- I. **Purpose.** The Governance Committee (“Committee”) of the Palomar Health Board of Directors (“Board”) aims to oversee, establish, and monitor the effective and efficient management of the governmental processes of the Board.
- II. **Membership.**
- A. Voting Membership. The voting members (“Voting Members”) of the Committee may consist of those individuals appointed as Voting Members of the Committee by the Chair of the Board (“Board Chair”) in accordance with the Bylaws of Palomar Health (“Bylaws”) and other applicable policies of the Board.
- B. Alternate(s). Any alternate voting members (“Alternates”) of the Committee may consist of those individuals appointed as Alternates of the Committee by the Board Chair in accordance with the Bylaws and other applicable policies of the Board. Alternates enjoy voting rights only in the absence of a Voting Member. Unless Alternates enjoy voting rights, they may attend the meetings of the Committee only as an observer.
- C. Non-Voting Membership. The non-voting members (“Non-Voting Members”) may consist of the following individuals:
- President and Chief Executive Officer of Palomar Health
 - Chief Legal Officer of Palomar Health
 - Chief Financial Officer of Palomar Health
 - Chief Medical Officer of Palomar Health
 - Chief Information Officer of Palomar Health
 - Chief Nurse Executive/Chief Operating Officer of Palomar Health
 - Chief Human Resources Officer of Palomar Health
- III. **Authority.** The Committee has no expressed or implied power or authority except to make recommendations to the Board related to the Committee’s purpose and duties as described in this Charter.
- IV. **Duties.** The duties of the Committee may include:

- A. Make an annual, comprehensive review of the Bylaws, policies and procedures and receive reports regarding same, and elicit recommendations on such issues from management and the Board.
 - B. Provide guidance to the CEO in the development of education and orientation programs that enhance member understanding of Board stewardships, health care, issues and management.
 - C. Assist in development and completion of an annual Board self-assessment and where appropriate make recommendations to enhance governance of the organization by its members.
 - D. Review and where appropriate make recommendations to the Board on pending or existing state and federal legislation that could affect the direction of the District and Board member responsibilities.
 - E. Review the boundaries of the District, as needed, to ensure compliance with its charter in the completion of health care stewardship responsibilities.
 - F. Review such other issues associated with Palomar Health and/or Board governance and its effectiveness, including but not limited to Board member orientation and continuing education.
 - G. Advise the Board on the appropriate structure and operations of all committees of the Board, including committee member qualifications.
 - H. Monitor developments, trends, and best practices in corporate governance, and propose such actions to the Board.
 - I. Perform such other duties as may be assigned by the Board.
- V. **Committee Chairperson, Liaison, and Assistant.**
- A. The Chairperson of the Committee (“Committee Chairperson”) may be the individual appointed as Committee Chairperson by the Board Chair in accordance with the Bylaws and other applicable policies of the Board.
 - B. The Chief Legal Officer may serve as the Palomar Health Administration’s liaison (“Administrative Liaison”) to the Committee.
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DocID: 11058
Revision: 56
Status: Official

Source:
Administrative
Board of Directors

Applies to Facilities:
All Palomar Health Facilities

Applies to Departments:
All Clinical Departments

Policy: Nursing and Patient Care

I. PURPOSE:

To provide direction from the Palomar Health Board of Directors relative to the organization's nursing service and to promote consistency in patient care practice across the continuum of care.

II. DEFINITIONS:

III. II. TEXT / STANDARDS OF PRACTICE:

- A. Patient care shall be provided using an interdisciplinary, collaborative model with the highest priority of quality and safety, and should facilitate an excellent patient and family experience.
- B. Patients with comparable needs receive the same standard of care, treatment, and services throughout the Palomar Health system.
- C. The following elements are to be in place in order to support appropriate patient care:
 1. Appropriate Leadership and Oversight of Nursing
 - a. The Chief Executive Officer shall designate a Chief Nurse Executive (CNE) to serve as a voice for nursing services at the senior leadership level and determine the term of such appointment.
 - b. The designated CNE has the authority, responsibility, and accountability for the nursing service as described in a written job description and directs the following organizational functions:
 1. Development and implementation of the organization's plan for providing nursing care, treatment and services to those patients requiring care, and authority over those nursing staff members who are providing the care, treatment and services.
 2. Oversight and approval of procedures involving nursing standards, nursing care, treatment and services at least every three years or more often, if necessary, and ensure that nursing staff have access to all of the nursing procedures and standards of nursing practice.
 3. Implementation of an effective ongoing program to measure, assess and improve the quality of nursing care, treatment and services delivered to patients.
 4. Ensures that standards of patient care and nursing practice are consistent with current research findings, nationally recognized professional standards, the California Nurse Practice Act, the American Nurses Association (ANA) Code of Ethics for Nurses, the ANA Bill of Rights for Registered Nurses, the ANA Scope and Standards for Nurse Administrators, the California Department of Public Health, the Joint Commission, and other regulatory agencies.
 5. Assume an active leadership role with the health system including scheduled representation at the full Board of Directors meeting.
 2. Qualification of Individuals
 - a. All individuals charged with the provision of patient care shall have the appropriate competencies to perform their job duties.
 - b. The CNE shall be licensed professional registered nurses that meet, at minimum, the qualifications as dictated in Title 22 and by the Joint Commission.
- D. This policy will be reviewed and updated as required, or at least every three years.

Document Owner:

DeBruin, Kevin

Approvals

- Committees:

- Signers:

~~Kevin DeBruin~~

Kevin DeBruin, Chief Legal Officer (12/01/2021 08:47AM PST)

Revision Date:

[12/01/2021 Rev. 5]

Attachments:

(REFERENCED BY THIS DOCUMENT)

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Lucidoc at*

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:11058\\$5](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:11058$5).

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Document Owner: DeBruin, Kevin

Approvals

- **Committees:**

- **Signers:**

Kevin DeBruin

Kevin DeBruin, Chief Legal Officer

Revision Date:

Attachments:

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:11058\\$5](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:11058$5).

ADDENDUM D

To: Board of Directors
From: Michael Pacheco - Chair, Board Audit & Compliance Committee
Date: Monday, March 10, 2025
Re: Audit & Compliance Committee Meeting, February 18, 2025

Member Attendance: Directors Mike Pacheco, Laurie Edwards-Tate and Abbi Jahaaski

Action Items:

- **Audit & Compliance Committee minutes, November 19, 2024:** The voting members reviewed and approved Audit & Compliance Committee minutes from November 19, 2024
- **Audit & Compliance Committee Charter Review:** The voting members reviewed and approved updated Audit & Compliance Committee Charter and moved item to full Board for ratification
- **2025 Audit & Compliance Committee Standing Agenda Calendar:** The voting members reviewed and approved Audit & Compliance Committee Standing Agenda Calendar
- **2025 Tentative Compliance Audit Schedule:** The voting members reviewed and approved 2025 Tentative Compliance Audit Schedule
- **2025 Employee Code of Conduct Update:** The voting members reviewed and approved 2025 Employee Code of Conduct Update and moved item to full Board for ratification
- **Review/Recommendation of Qualified Audit Firm to Conduct Annual Audit for FY2025:** The voting members' recommendation of qualified audit firm to conduct the annual audit for FY2025 was approved and moved to full Board for ratification

Closed Session

- **Closed Session:** The committee members adjourned to closed session for the remainder of the meeting.

To: Board of Directors
From: Linda Greer, RN - Chair, Board Finance Committee
Date: Monday, March 10, 2025
Re: Finance Committee Meeting, February 26, 2025

Member Attendance: Directors Linda Greer and Mike Pacheco

Action Items:

- **Finance Committee Minutes, May 1, 2024:** The voting members reviewed and approved Finance Committee minutes from May 1, 2024
- **2025 Finance Committee Meeting Calendar:** The voting members reviewed and approved Finance Committee Meeting Calendar
- **Finance Committee Charter Review:** The voting members reviewed and approved updated Finance Committee Charter and moved item to full Board for ratification
- **Guidehouse Turnaround Project Update:** A presentation was reviewed by the voting members
- **YTD FY2025 and January 2025 Financials:** The voting members reviewed and approved YTD FY2025 and January 2025 Financials and moved item to full Board for ratification

To: Board of Directors
From: Jeff Griffith - Chair, Board Governance Committee
Date: Monday, March 10, 2025
Re: Governance Committee Meeting, March 3, 2025

Member Attendance: Directors Jeff Griffith, Terry Corrales and Michael Pacheco

Action Items:

- **Governance Committee minutes, December 5, 2024:** The voting members reviewed and approved Governance Committee minutes from December 4, 2024
- **2025 Governance Committee Meeting Calendar:** The voting members approved the 2025 Committee meeting calendar
- **Governance Committee Charter Review:** The voting members reviewed and approved updated Governance Committee Charter and moved item to full Board for ratification
- **Nursing and Patient Care Policy (11058):** The voting members reviewed and approved policy 11058 and moved the item to full Board for ratification
- **Standing Committees; Combination/Addition/Dissolution (Community Relations; Human Resources; Strategic and Facilities Planning):** Direction was given by voting members to Counsel. Item will be brought to the full Board in April 2025.

Standing Items:

- **ACHD Advocate:** Legislative update report