



Board of Directors
Meeting Agenda Packet

July 14, 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*

BOARD OF DIRECTORS

Meeting Agenda

Monday, July 14, 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	15		7:20
	a. Palomar Health Foundation Presentation			
5.	Approval of Minutes (ADD A)	5		7:25
	a. Regular Session Board of Directors Meeting – Monday, June 9, 2025 (Pp 8-15)			
	b. Special Closed Session Board of Directors Meeting – Friday, June 6, 2025 (Pp 16-17)			
	c. Special Session Board of Directors Meeting – Tuesday, June 17, 2025 (Pp 18-20)			
	d. Special Closed Session Board of Directors Meeting – Thursday, June 19, 2025 (Pp 21-22)			
	e. Special Closed Session Board of Directors Meeting – Wednesday, June 25, 2025 (Pp 23-25)			
6.	Approval of Agenda to accept the Consent Items as listed (ADD B)	5		7:30
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 27-29)		5	
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 30-33)		6	

	c. Policy and Procedure Approval (January 2025 – July 2025) (Pp 34-138)			
	d. YTD FY2025 and May 2025 Financials (Pp 139-165)			
7.	Reports – Informational Only			
	a. Medical Staff			
	I. Chief of Staff-Elect, Palomar Medical Center Escondido – Kanchan Koirala, MD	5		7:35
	II. Chief of Staff, Palomar Medical Center Poway – Mark Goldsworthy, MD	5		7:40
	b. Administration			
	I. President and CEO – Diane Hansen	5		7:45
	II. Vice Chair of the Board – Michael Pacheco	5		7:50
8.	Approval of Bylaws, Charters, Resolutions and Other Actions (ADD C)	5		7:55
	Agenda Item	Committee/ Department	Action	
	a. Resolution 07.14.25(01)-09 of the Board of Directors of Palomar Health Ratifying and Approving Affiliated Program Agreement and Lease (Pp 167)	Legal	Review/ Approve	
	b. Resolution 07.14.25(01)-10 of the Board of Directors of Palomar Health Proposing and Approving Loan Agreement with the Regents of the University of California (Pp 168-174)	Legal	Review/ Approve	
9.	Board Committees – Informational Only (ADD D)	5		8:00
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair			
	b. Community Relations Committee – Terry Corrales, Committee Chair			
	c. Finance Committee – Linda Greer, Committee Chair (Pp 176)			
	d. Governance Committee – Jeff Griffith, Committee Chair			
	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 48 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
 - 2198 Palomar Airport Road, Carlsbad, CA. 92008
 - 1464 Kuhio Highway, Kapaa, HI. 96746
- An elected member of the Board of Directors will be attending the meeting virtually from these locations

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: July 14, 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: Approval

Motion: X

Individual Action:

Information:

Required Time:

Palomar Medical Center Poway Medical Staff Credentials Recommendations

TO: Board of Directors

MEETING DATE: Monday, July 14, 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: Approval

Motion: X

Individual Action:

Information:

Required Time:

ADDENDUM A

Board of Directors Meeting Minutes – Monday, June 9, 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 Wednesday, June 4, 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 6:35 p.m. by Chair Jeff Griffith.	
1. Establishment of Quorum	
Quorum comprised of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski*, Pacheco Absences:	
*6:40pm - Director Jahaaski joined the meeting. See motion after agenda item 4.	
2. Opening Ceremony	
The Pledge of Allegiance was recited in unison led by Director John Clark.	

Board of Directors Meeting Minutes – Monday, June 9, 2025	
Agenda Item	
<ul style="list-style-type: none"> Discussion 	Conclusion/Action/Follow Up
3. Public Comments	
<ul style="list-style-type: none"> None 	
4. Presentations – Informational Only	
<ul style="list-style-type: none"> Patient Experience Video was shared with the Board of Directors. <p>Motion by Edwards-Tate, second by Corrales to allow Director Abbi Jahaaski to attend virtually based on emergency circumstances. Roll call vote utilized. Corrales – aye, Greer – aye, Pacheco – aye, Edwards-Tate – aye, Clark – aye, Griffith – aye. Motion approved.</p> <p>Chair Griffith noted Director Jahaaski was accepted to the meeting virtually. Meeting then proceeded.</p>	
5. Approval of Minutes	
<p>a. Regular Session Board of Directors Meeting - Monday, May 12, 2025</p>	<p>MOTION: By Director Edwards-Tate, 2nd by Director Corrales and carried to approve the Monday, May 12, 2025, Regular Session Board of Directors Meeting minutes as written.</p> <p>Roll call voting was utilized.</p> <p>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, June 9, 2025

Agenda Item

<i>• Discussion</i>	<i>Conclusion/Action/Follow Up</i>
<ul style="list-style-type: none">Vice Chair Michael Pacheco sought clarification of the voting status recorded in the May 12, 2025, minutes. Chief Legal Officer, Kevin DeBruin, and Parliamentarian, David Holtzman, both agreed the voting status in question was recorded correctly.	
b. Special Closed Session Board of Directors Meeting – Monday, May 12, 2025	<p>MOTION: By Director Pacheco, 2nd by Director Edwards-Tate and carried to approve the Monday, May 12, 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>
<ul style="list-style-type: none">No discussion	

Board of Directors Meeting Minutes – Monday, June 9, 2025

Agenda Item

<i>• Discussion</i>	<i>Conclusion/Action/Follow Up</i>
<i>c. Special Closed Session Board of Directors Meeting – Thursday, May 8, 2025</i>	MOTION: By Director Pacheco, 2 nd by Director Clark and carried to approve the Thursday, May 8, 2025, Special Closed Session Board of Directors Meeting minutes as written. 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.
<i>• No discussion</i>	
6. Approval of Agenda to accept the Consent Items as listed	

Board of Directors Meeting Minutes – Monday, June 9, 2025

Agenda Item

<i>• Discussion</i>	<i>Conclusion/Action/Follow Up</i>
<i>a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments c. YTD FY2025 and April 2025 Financials</i>	<i>MOTION: By Director Clark, 2nd by Director Greer and carried to approve Consent Agenda items 6, a through c 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.</i>
<i>• Board discussion ensued.</i>	
<i>7. Reports – Informational Only</i>	
<i>a. Medical Staffs</i>	
<i>I. Palomar Medical Center Escondido</i>	
<i>Palomar Medical Center Escondido Chief of Staff, Dr. Kanchan Koirala, was in attendance, no report was given.</i>	
<i>II. Palomar Medical Center Poway</i>	

Board of Directors Meeting Minutes – Monday, June 9, 2025		
Agenda Item		
<ul style="list-style-type: none"> Discussion 		Conclusion/Action/Follow Up
Palomar Medical Center Poway Chief of Staff, Dr. Mark Goldsworthy, was in attendance, no report was given.		
b. Administrative		
I. President and CEO		
Palomar Health President & CEO, Diane Hansen, attended virtually, no report was given		
II. Chair of the Board		
Palomar Health Chair of the Board, Jeff Griffith, provided a verbal report.		
8. Approval of Bylaws, Charters, Resolutions and Other Actions		
a. Recommendation of Qualified Audit Firm to Conduct Annual Audit for FY2026		<p>MOTION: By Director Edwards-Tate, 2nd by Director Clark and carried to approve the Recommendation of Qualified Audit Firm to Conduct Annual Audit for FY2026</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, June 9, 2025

Agenda Item

• Discussion	Conclusion/Action/Follow Up
<ul style="list-style-type: none">Vice Chair Michael Pacheco and Chief Financial Officer, Andrew Tokar, summarized the recommendation from the Board Audit and Compliance Committee.	
9. Board Committees – Informational Only	
a. Audit & Compliance Committee – Michael Pacheco, Committee Chair	
<ul style="list-style-type: none">Director Michael Pacheco reported no other information regarding the committee.	
b. Community Relations Committee – Terry Corrales, Committee Chair	
<ul style="list-style-type: none">Director Terry Corrales reported the committee did not meet.	
c. Finance Committee – Linda Greer, Committee Chair	
<ul style="list-style-type: none">Director Linda Greer provided a verbal update.	
d. Governance Committee – Jeff Griffith, Committee Chair	
<ul style="list-style-type: none">Chair Jeff Griffith reported the committee did not meet.	
e. Human Resources Committee – Terry Corrales, Committee Chair	
<ul style="list-style-type: none">Director Terry Corrales reported the committee did not meet.	
f. Quality Review Committee – Linda Greer, Committee Chair	
<ul style="list-style-type: none">Director Linda Greer provided a verbal update.	
g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair	
<ul style="list-style-type: none">Director Michael Pacheco reported the committee did not meet.	

Board of Directors Meeting Minutes – Monday, June 9, 2025		
Agenda Item		
<ul style="list-style-type: none">Discussion		Conclusion/Action/Follow Up
Final Adjournment		
<ul style="list-style-type: none">There being no further business, Chair Jeff Griffith adjourned the meeting at 7:03 p.m.		
Signatures:	Board Secretary	<div></div> <div>Terry Corrales, R.N.</div>
	Board Clerk	<div></div> <div>Carla Albright</div>

<i>Special Closed Session Board of Directors Minutes – Friday, June 6, 2025</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
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 Wednesday, June 4, 2025, which is consistent with legal requirements.	
I. Call To Order	
The meeting, which was held in the Linda Greer Board Room, Suite 300, 2125 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 2:03 p.m. by Chair Jeff Griffith.	
II. Establishment Of Quorum	
Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco	
Absences:	
Motion by Clark, second by Jahaaski to allow Director Laurie Edwards-Tate to attend virtually based on emergency circumstances. Roll call vote utilized. Clark – aye, Jahaaski – aye, Pacheco – aye, Greer – aye, Corrales – aye, Griffith – aye. Motion approved.	
Chair Griffith noted Director Edwards-Tate was accepted to the meeting virtually. Meeting then proceeded.	
III. Public Comments	
<ul style="list-style-type: none"> No public comments 	

IV. Adjournment To Closed Session

- a. Pursuant to California Government Code § 54962 and California Health & Safety Code § 32106—REPORT INVOLVING TRADE SECRET—Discussion will concern: proposed new service or program. Estimated date of public disclosure: December 1, 2025

V. Re-Adjournment To Open Session

VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

VII. Final Adjournment

There being no further business, Chair Jeff Griffith adjourned the meeting at 3:11 p.m.

Signatures:

Board Secretary

Terry Corrales, RN

Board Assistant

Carla Albright

<i>Special Session Board of Directors Minutes – Tuesday, June 17, 2025</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
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 Monday, June 16, 2025, which is consistent with legal requirements.	
I. Call To Order	
The meeting, which was held in the Linda Greer Board Room, Suite 300, 2125 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 3:00 p.m. by Vice Chair Michael Pacheco.	
II. Establishment Of Quorum	
Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Jahaaski*, Pacheco Absences: Griffith *Director Abbi Jahaaski joined the meeting virtually at 3:12 p.m.	
III. Public Comments	
<ul style="list-style-type: none"> No public comments 	

IV. Approval of Bylaws, Charters, Resolutions and Other Actions

- a. Capital and Operating Budget for Fiscal Year 2026
- i. FY2026 Operating Budget
 - ii. FY2026 to FY2027 Capital Plan
 - iii. Composite Charge Master Rate Change

MOTION: By Director Edwards-Tate, 2nd by Director Greer and carried to approve the Capital and Operating Budget for Fiscal Year 2026, including FY 2026 Operating Budget, FY2026 to FY2027 Capital Plan, and Composite Charge Master Rate Change as presented.

Roll call voting was utilized.

Director Clark – aye

Director Corrales – aye

Director Edwards-Tate – aye

Director Greer – aye

Director Griffith – absent

Director Jahaaski – aye

Director Pacheco – aye

Vice Chair Pacheco announced that six board members were in favor. None opposed. No abstention. One absent.

Motion approved.

- Vice Chair Michael Pacheco turned the meeting over to Director Linda Greer, Board Finance Committee Chair, who addressed the Board Members. Andrew Tokar, Chief Financial Officer, and Melissa Wallace, Vice President of Finance, presented the Capital and Operating Budget for Fiscal Year 2026.
- Board discussion ensued.

V. Final Adjournment

There being no further business, Vice Chair Michael Pacheco adjourned the meeting at 3:37 p.m.

Signatures:	Board Secretary	_____ Terry Corrales, RN
	Board Assistant	_____ Carla Albright

<i>Special Closed Session Board of Directors Minutes – Thursday, June 19, 2025</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
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 Wednesday, June 18, 2025, which is consistent with legal requirements.	
I. Call To Order	
The meeting, which was held in the Linda Greer Board Room, Suite 300, 2125 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 3:08 p.m. by Board Chair Jeff Griffith.	
II. Establishment Of Quorum	
Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate*, Greer, Griffith, Jahaaski, Pacheco Absences: None *Director Laurie Edwards-Tate joined the meeting at 3:15pm.	
III. Public Comments	
<ul style="list-style-type: none"> No public comments. 	

IV. Adjournment To Closed Session

- a. Pursuant to California Government Code § 54956.9(d)(2)—CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION—Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: One (1) potential case.
- b. Pursuant to California Government Code § 54962 and California Health & Safety Code § 32106—REPORT INVOLVING TRADE SECRET—Discussion will concern: proposed new service or program. Estimated date of public disclosure: December 1, 2025.

V. Re-Adjournment To Open Session

VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

VII. Final Adjournment

There being no further business, Chair Jeff Griffith adjourned the meeting at 5:12 p.m.

Signatures:

Board Secretary

Terry Corrales, RN

Board Assistant

Carla Albright

<i>Special Closed Session Board of Directors Minutes – Wednesday, June 25, 2025</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
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 Tuesday, June 24, 2025, which is consistent with legal requirements. An updated meeting location option was posted on Wednesday, June 25, 2025.	
I. Call To Order	
The meeting, which was held in the Linda Greer Board Room, Suite 300, 2125 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 4:00 p.m. by Vice Chair Michael Pacheco, as Board Chair Jeff Griffith attended virtually.	
II. Establishment Of Quorum	
Quorum was established via roll call comprising of Directors Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences: Clark	
III. Public Comments	
<ul style="list-style-type: none"> No public comments. 	

IV. Adjournment To Closed Session

- a. Pursuant to California Government Code § 54962 and California Health & Safety Code § 32106—REPORT INVOLVING TRADE SECRET—Discussion will concern: proposed new service or program. Estimated date of public disclosure: December 1, 2025.

V. Re-Adjournment To Open Session

VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

VII. Approval of Bylaws, Charters, Resolutions and Other Actions

- a. Resolution No. 06.25.25(01)-08 of the Board of Directors of Palomar Health Prescribing Duties and Powers of the Hospital Administrator

MOTION: By Director Corrales, 2nd by Director Greer and carried to approve Resolution No. 06.25.25(01)-08 of the Board of Directors of Palomar Health Prescribing Duties and Powers of the Hospital Administrator

Roll call voting was utilized.

Director Clark – absent

Director Corrales – aye

Director Edwards-Tate – no

Director Greer – aye

Director Griffith – aye

Director Jahaaski – aye

Director Pacheco – aye

Vice Chair Pacheco announced that five board members were in favor. One opposed. No abstention. One absent. Motion approved.

- No discussion.

VIII. Final Adjournment

There being no further business, Vice Chair Michael Pacheco adjourned the meeting at 5:23 p.m.

Signatures:

Board Secretary

Terry Corrales, RN

Board Assistant

Carla Albright

ADDENDUM B

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

July 9, 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: July 14, 2025

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (07/14/2025 to 06/30/2027)

Campbell, Leticia J., M.D. – Obstetrics & Gynecology
Dammert Coronado, Pedro M., M.D. – Pulmonary Disease, Critical Care, & Internal Medicine
Igtiben, Stephanie C., M.D. – Internal Medicine
Kim, Ina, M.D. – Emergency Medicine
Mitsunaga, Myles M., M.D. – Teleradiology
Patel, Tejal N., M.D. – Teleradiology
Subramanian, Rama V., M.D. - Pediatrics

Advance from Provisional to Affiliate Category

Schweikert, Suzanne M., M.D., OB/GYN (eff. 08/01/2025 to 06/30/2026)

Advance from Provisional to Courtesy Category

Birdjandi, Farschad, M.D., Internal Medicine (eff. 08/01/2025 to 10/31/2026)

Advance from Provisional to Active Category

Chen, William C., M.D. - Gastroenterology (eff. 08/01/2025 to 02/28/2027)
Herold, Jessica, D.O. - Emergency Medicine (08/01/2025 to 04/30/2026)
Hur, Jane L., M.D. - Diagnostic Radiology (eff. 08/01/2025 to 07/31/2027)
Keleshian, Vasken L., MD- Cardiovascular Disease (eff. 08/01/2025 to 02/28/2027)
Liu, Jenna I., M.D. - Diagnostic Radiology (eff. 08/01/2025 to 08/31/2026)
Paranay, Gregory L., MD-Diagnostic Radiology (eff. 08/01/2025 to 05/31/2026)

Reinstatement to Affiliate Category

Chang, Angel, M.D. – Orthopaedic/Rehabilitation (eff. 07/14/2025 to 06/30/2027)

Reinstatement from LOA to Affiliate Category

Mutyala, Ravichandra R., M.D. – Internal Medicine (eff. 07/14/2025 to 03/31/2027)

Physician Voluntary Resignation

Allen, Edward C., M.D. – Psychiatry (eff. 07/31/2025)
 Bagrodia, Mona A., M.D. – Pediatrics (eff. 06/04/2025)
 Barron, Kavita, M.D. – Psychiatry (eff. 06/04/2025)
 Das, Tapash K., M.D. – Internal Medicine (eff. 03/27/2025)
 Filiciotto, Sam, M.D. – General Surgery (eff. 06/04/2025)
 Gentile, Cindy S., M.D. – Emergency Medicine (eff. 08/01/2025)
 Jacobs, Karl M., M.D. – Psychiatry (eff. 01/31/2025)
 Myatt, Toby C., M.D. – Emergency Medicine (eff. 06/04/2025)
 Nagel, Erik J., D.O. – Anesthesia (eff. 01/31/2025)
 Pakanati, Krishna C., M.D. – Internal Medicine (eff. 06/11/2025)
 Phan, Ryan H., M.D. – Ophthalmology (eff. 06/11/2025)
 Tomaneng, Neil, M.D. – Emergency Medicine (eff. 06/17/2025)

Request for 2 Year Leave of Absence

Bishay, Emad D., M.D. – Internal Medicine, 2 years (05/20/2025 to 05/19/2027)
 Drohan, Juliette M., D.O. – Emergency Medicine, 2 years (06/11/2025 to 06/10/2027)
 Lee, David M., M.D. – Emergency Medicine, 2 years (04/01/2025 to 03/31/2027)
 Nguyen, Alexandre D., M.D. – Emergency Medicine, 2 years (06/11/2025 to 06/10/2027)
 Rayan, Sunil S., M.D. – Vascular Surgery, 2 years (06/12/2025 to 06/11/2027)
 Rose, Richard S., M.D. – Psychiatry 2 years (05/14/2025 to 05/13/2027)
 Sampath, Neha J., M.D. – Internal Medicine, 2 years (06/04/2025 to 06/03/2027)
 Yalom, Anisa M. M.D. – General Surgery, 2 years (06/01/2025 to 05/31/2027)

Allied Health Professional Appointment (effective 07/14/2025 – 06/30/2027)

Ramos, Grace C., CNM – Certified Nurse Midwife	Dept. of OB/GYN	(Sponsor: Dr. Vicki Duncan)
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Allied Health Professional Resignation

Forbes, Beth A., F.N.P. – Nurse Practitioner (eff. 05/14/2025)
 Laabs, Cristina M., PA-C – Physician Assistant (eff. 06/07/2025)
 White, Joshua A., PA-C – Physician Assistant (eff. 05/12/2025)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointment effective 08/01/2025 to 01/31/2026

Bokhari, Sayed R., M.D.	Surgery, Critical Care, Trauma	Dept. of Surgery/Trauma	Active
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Reappointment effective 08/01/2025 to 01/31/2026

Leonard, Lisa A., M.D.	Obstetrics and Gynecology	Dept. of OBGYN	Active
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Reappointment effective 08/01/2025 to 04/30/2027

Adlouni, Loubaba A., M.D.	Pediatrics	Dept. of Pediatrics	Active
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Reappointments (effective 08/01/2025 to 07/31/2027)

Abouelhosn, Khaldoun R., M.D.	Internal Medicine	Dept. of Medicine	Active
Davidson, Elaine H., M.D.	Family Practice	Dept. of Family Practice	Affiliate
DeLaurier, Geoffrey P., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Eisenberg, Steven G., D.O.	Medical Oncology	Dept. of Medicine	Active
Farraji, Hamoudi S., D.O.	Internal Medicine	Dept. of Medicine	Active
London, Nikolas J., M.D.	Ophthalmology	Dept. of Surgery	Courtesy*

*Category change from Active to Courtesy

Malkhasian, Armen M., M.D.	Internal Medicine	Dept. of Medicine	Active
Mallo, Richard E., M.D.	Internal Medicine	Dept. of Medicine	Active
Mason, Samantha A., D.O.	Family Practice	Dept. of Family Practice	Active
Minazad, Yafa E., D.O.	Clinical Neurophys.	Dept. of Medicine	Courtesy
Mouazzen, Wasim, M.D.	Internal Medicine	Dept. of Medicine	Active
Nagaraddi, Venkatesh N., M.D.	Neurology	Dept. of Medicine	Courtesy
Nguyen, Elizabeth A., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Schultz, Bremen K., D.O.	Anesthesiology	Dept. of Anesthesiology	Active
Steele, John T., M.D.	Surgery. Critical Care	Dept. of Surgery	Active
Wang, Anchi, M.D.	Neurology	Dept. of Medicine	Active

Allied Health Professional Reappointments (effective 08/01/2025 to 07/31/2027)

Liggins, Melissa L., NNP Neonatal Nurse Practitioner	Dept. of Pediatrics	(Sponsor: Dr. Fatayerji)
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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: July 9, 2025
To: Palomar Health Board of Directors – July 14, 2025 Meeting
From: Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – June, 2025

Provisional Appointments: (07/14/2025 – 06/30/2027)

Pedro Dammert Coronado, M.D., Pulmonary/Critical Care (Includes The Villas at Poway)
Stephanie Igtiben, M.D., Internal Medicine
Ina Kim, M.D., Emergency Medicine
Myles Mitsunaga, M.D., Teleradiology
Tejal Patel, M.D., Teleradiology

Biennial Reappointments: (08/01/2025 - 07/31/2027)

Geoffrey DeLaurier, M.D., Emergency Medicine, Active
Steven Eisenberg, D.O., Hematology/Oncology, Active
Hamoudi Farraji, D.O., Internal Medicine, Active
Robert Gramins, DDS, Oral and Maxillofacial Surgery, Active
Holly Hatt, DMD, Oral & Maxillofacial Surgery, Affiliate
Nikolas London, M.D., Ophthalmology, Courtesy
Armen Malkhasian, M.D., Internal Medicine, Active
Richard Mallo, M.D., Internal Medicine, Active (Includes The Villas at Poway)
Samantha Mason, D.O., Family Practice, Active
Wasim Mouazzen, Internal Medicine, Active (Includes The Villas at Poway)
Elizabeth Nguyen, M.D., Emergency Medicine, Active
Bremen Schultz, D.O., Anesthesiology, Active
Anchi Wang, M.D., Neurology, Active

Advancements to Active Category:

William Chen, M.D., Gastroenterology, effective 08/01/2025 – 02/28/2027
Jessica Herold, D.O., Emergency Medicine, effective 08/01/2025 – 04/30/2026
Jane Hur, M.D., Teleradiology, effective 08/01/2025 – 07/31/2027
Vasken Keleshian, M.D., Cardiology, effective 08/01/2025 – 02/28/2027
Jenna Liu, M.D., Diagnostic Radiology, effective 08/01/2025 – 08/31/2026
Gregory Parany, M.D., Teleradiology, effective 08/01/2025 – 05/31/2026

Advancements to Affiliate Category:

Farschad Birdjandi, M.D., Internal Medicine, effective 08/01/2025 – 10/31/2026 (Refer and Follow, Includes The Villas at Poway)

Richard Nguyen, M.D., Internal Medicine, effective 08/01/2025 – 11/30/2026 (Refer and Follow, Includes The Villas at Poway)

Reinstatement from Leave of Absence:

Ravichandra Mutyala, M.D., Internal Medicine, Affiliate (no clinical privileges) (effective 07/14/2025 – 03/31/2027)

Requests for 2 Year Leave of Absence:

Sarah Carroll, M.D., Otolaryngology, effective 06/11/2025 – 06/10/2027

Juliette Drohan, D.O., Emergency Medicine, effective 06/11/2025 – 06/10/2027

Richard Liu, M.D., Otolaryngology, effective 06/11/2025 – 06/10/2027

Alexandre Nguyen, M.D., Emergency Medicine, effective 06/11/2025 – 06/10/2027

Voluntary Resignations:

Kavita Barron, M.D., Psychiatry, effective 06/04/2025

Obiora Chidi, M.D., Emergency Medicine, effective 06/25/2025

Karl Jacobs, M.D., Psychiatry, effective 01/31/2025

Chase Kissling, M.D., Anesthesiology, effective 06/18/2025

Michael Kosmo, M.D., Hematology/Oncology, effective 06/30/2025

Krishna Pakanati, M.D., Internal Medicine, effective 06/04/2025

Ryan Phan, M.D., Ophthalmology, effective 06/11/2025

Neil Tomaneng, M.D., Emergency Medicine, effective 06/17/2025

Aeron Wickes, M.D., Family Practice, effective 06/30/2025

Administrative Resignation:

Sam Filiciotto, M.D., General Surgery, effective 06/04/2025

Allied Health Professional Appointment: (07/14/2025 – 06/30/2027)

Nackoung Yoon, NP, Sponsor Dr. Teja Singh (The Villas at Poway Only)

Allied Health Professional Voluntary Resignations:

Shawn Laird, NP, effective 07/04/2025

Joshua White, PA, effective 05/12/2025

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



Campbell, Leticia J., M.D.
PMC Escondido

Status: Applicant
Specialty: OB/Gynecology
Department: OB/GYN



Dammert Coronado, Pedro M., MD
PMC Escondido and Poway

Status: Temporary
Privileges
Specialty: Pulmonary
Dis/Critical Care
Critical Care
Medicine
Internal Medicine
Department: Medicine



Igtiben, Stephanie C., MD
PMC Escondido and Poway

Status: Temporary
Privileges
Specialty: Internal Medicine
Department: Medicine



Kim, Ina, MD
PMC Escondido and Poway

Status: Applicant
Specialty: Emergency
Medicine
Department: Emergency
Medicine



Mitsunaga, Myles M., MD
PMC Escondido and Poway

Status: Applicant
Specialty: Diagnostic
Radiology
Neuroradiology
Department: Radiology



Patel, Tejal N., MD
PMC Escondido and Poway

Status: Applicant
Specialty: Diagnostic
Radiology
Department: Radiology

Provider Profiles



Ramos, Grace C., CNM, NP
PMC Escondido

Status: Applicant
Specialty: Nurse Midwife

Department: OB/GYN



Subramanian, Rama V., MD
PMC Escondido

Status: Applicant
Specialty: Pediatrics

Department: Pediatrics



Yoon, Nackyoung, NP
PMC Poway

Status: Applicant
Specialty: Nurse Practitioner

Department: Medicine



POLICIES & PROCEDURES FOR BOARD OF DIRECTORS REVIEW & APPROVAL

FOR BOARD REVIEW

Prepared by:

Jami Pearson, BSN, MBA, MSN

Regulatory Director

July 14, 2025

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Passion. People. Purpose.™

Date: July 10, 2025

To: The Board of Directors

From: Jami Pearson, Regulatory Director


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

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

Process for Board of Directors' Approval:

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

Signature:


Director Regulatory

Date: 7/9/2025

Regulatory Compliance

120 Craven Road, Suite 106, San Marcos, CA 92078 | T 442.291.9145 F 442.281.3699 | [PalomarHealth.org](https://www.PalomarHealth.org)

Palomar Health is a California Public Health Care District.

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

TO: Board of Directors President

MEETING DATE: July 14, 2025

FROM: Jami Pierson, Regulatory Compliance Director

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

The policies, procedures, scopes of services, and protocols that have been approved from January 2025 through July of 2025, are being presented as a consent agenda item, as required, to the Board of Directors.

Board Recommendation:

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

Michael Pacheco, Board Vice Chair

Date



DocID: 61492
 Revision: 5
 Status: Official

Source:
 Administrative
 Administrative

Applies to Facilities:
 All Palomar Health Facilities

Applies to Departments:
 All Departments

Procedure : Policy and Procedure Approval Process

I. SUMMARY:

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

II. DEFINITIONS:

- A. **Policy:** A policy covers broad principles or complex standards requiring Board/Administrative approval and may have significant legal, regulatory, or financial implications.
- B. **Procedure:** A formal, approved, written description of how a governance, management, or clinical care process is defined, organized, or carried out.
- C. **Power Plans:** Power Plans sent for medication are predetermined, evidenced based prescribing electronic tools that help healthcare professionals implement best practices. They organize and automate the process of placing an order. Power plans group several orders together to make order entry convenient and efficient. They are designed based on a condition, disease, or procedure.
- D. **The Villas at Poway:** Title 22 (72521 & 72523) dictates the Skilled Nursing Facility (SNF) procedures all be reviewed and approved in writing at the patient care committee and governing body for the SNF.
- E. **IGC:** Interdisciplinary Governance Council
- F. **PMSC:** Patient and Medication Safety Council
- G. **P&T:** Pharmacy and Therapeutics

III. PROCEDURE: COMPLIANCE - KEY STEPS

A. Standards of Practice

1. Documents that may support the policy/procedure; including but not limited to practices, pre-printed orders, and chart forms; are not defined for the purposes of this policy.
2. The electronic policy management system will be the primary source utilized for policies and procedures. Any other third party references (e.g. Dynamic Health) may be utilized as an additional resource as applicable.
3. Palomar Health policies/procedures are: to be reviewed or revised per regulatory requirements, or organizational processes and submitted through the approval process (See policies and procedure review grid J).
 - a. Developed in collaboration with the medical staff if relevant to medical staff activities and/or direct patient care.
 - b. Developed in collaboration with nursing leadership if relevant to direct patient care. Consistent with professional references, applicable regulations, legal requirements, accreditation standards, and the mission and philosophy of the organization.
4. Creating and revising documents:
 - a. The editable version will be stored in the electronic policy management system.
 - b. Revisions to the documents will be tracked as changes while going through the approval process.
 - c. Any changes to content, deletions, and/or combining of policies/procedures will require the full approval process.
5. Creating and revising Power plans
 1. Any provider can request a power plan or change a power plan
 2. If the power plan affects more than one provider group, the power plan will need to go through the Clinical Informatics Council and then to the appropriate Medical Staff Committee structures.
 3. The request for revisions will go to Interdisciplinary Governance Council for their approval after appropriate approval from the medical staff committees as applicable
 4. Refer to attached [Power Plan Approval Process Flow Chart](#)
6. Maintenance of power plans to include, but not limited to:

- a. Order sentence corrections, duplication therapy, removal of medications, adding or removing pre-approved sub phases or edits based on regulatory requirement, or medication shortages will be approved by the Chief Medical Information Officer (CMIO).
- b. Expedited approval based on regulatory need will be done by Chair of the Department, Pharmacy & Therapeutics Committee, and routed to Medical Executive Committee for final approval.
- c. All power plans that do not meet the exceptions noted above require approval beginning with the applicable medical staff committee for approval. Routing of these power plans will follow the medical staff approval process up to include Pharmacy and Therapeutics, and the Medical Executive Committee.
- d. Board of Directors approval will be done twice per year via consent agenda.

B. Steps of Procedure

1. Nursing Service Policies and Procedures

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

2. Medical Service Approval Mechanism

- a. A committee of the medical staff shall be assigned responsibility for:
 - i. Patient care policies and procedures will be routed to the appropriate medical staff committee including the Medical Executive Committee as required.
 - ii. Developing, maintaining and implementing written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

3. Process for Board of Directors' Approval:

a. Responsibility

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

b. Approval/Revision Criteria

- i. Policies, guidelines, scope of service, or procedures shall be approved / revised to ensure that the they:
 - I. Are consistent with the Mission and Values of Palomar Medical Center.
 - II. Meet applicable law, regulation, and related accreditation standards
 - III. Are consistent with prevailing standards of care
 - IV. Are consistent with evidence-based practice

c. Frequency of Review

- i. Unless otherwise noted, policies, guidelines, scope of service, and procedures must be reviewed – and if necessary revised – at least once every three years or more frequently if required to meet regulatory

requirements or any changes in current clinical practice.

d. Board of Directors Oversight

- i. In order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of Policies and Procedures that state all approvals/revisions have been done in accordance with the criteria established within this policy.
 - ii. The Board of Directors reserves the right to further review, approve or revise any policies developed by the organization or the medical staff.
 - iii. The Board of Directors shall have electronic access to the latest policies, guidelines, scopes of services and procedures currently in place.
- e. All Palomar Medical Center Policies promulgated prior to the effective date of this Policy are hereby ratified to the extent they are not inconsistent with this Policy or each other and notwithstanding the manner in which they were promulgated.

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

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

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

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

G. PROCESS FOR ADMINISTRATIVE PROCEDURE APPROVAL

1. Approval Process

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

H. PROCESS FOR NURSING SERVICES APPROVAL:

1. Approval Process

- a. Content Expert
- b. Medical Staff/Department, if relevant to medical staff activities or direct patient care
- c. Nursing Leadership Committee(s) such as IGC and PMSC as applicable
- d. Policies and Procedures Committee
- e. P&T, if contains medication, medication administration or if standardized procedure
- f. Interdisciplinary Practice Committee (IPC), if a standardized procedure
- g. MEC, if relevant to medical staff activities and/or direct patient care
- h. Delegated authority final approval

I. PROCESS FOR DEPARTMENT SPECIFIC MANUAL APPROVAL:

1. Approval Process

- a. Content Expert
- b. Department Manager and/or Director
- c. Medical Director for clinical areas with a Medical Director when appropriate
- d. Medical Staff/Department Division, if relevant to medical staff activities or direct patient care
- e. MEC, if relevant to medical staff activities and/or direct patient care
- f. Delegated authority final approval

2. Each Department is responsible for maintaining their own department specific manual.

- a. Makes revisions in the electronic policy management system to policies/procedures using tracked changes.
- b. Obtain Medical Director's approval if applicable for policies/procedures related to Medical Staff activities or direct patient care.

3. Expedited Process Approval:

- a. If a procedure is required to be immediately revised on a patient care need with regulatory justification it can be approved by the CNE/COO and / or Medical Director and move forward to Policy and Procedure Committee and other approval mechanism as appropriate.
- b. Education will be provided if indicated.

1. Policies and Procedures Review Grid

Category	Policy and Procedure Name	Review Period	Regulation Requirement
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Nursing Policies	All	3 years	Title 22
Standardized Procedures	All	Annual; Annual Competency required for Nursing	California Board Of Registered Nursing
Neonatal Unit	All	2 years	California Children Services (CCS)
Laboratory	All	2 years	College of American Pathologists(CAP)
Interpretation and Discharging Planning for Homeless Population	Nursing Services	Annual	Joint Commission(JC) and CDPH
Utilization	Utilization Plan	Annual	Joint Commission(JC)
Environment of Care Plans	Engineering: Utility Management Plan Environment of Care: Hazardous material and Waste Management and Communication Plan Environment of Care: Life Safety Management Plan Environment of Care: Safety Plan Environment of Care: Security Management Plan	Annual	Joint Commission (JC)
Disaster Plan	Emergency Operations Plan (Disaster Plan)	Annual	Joint Commission (JC)
Pharmacy	Pharmacy: Automatic Therapeutic Interchange Pharmacy: Black Box Warnings, Drugs with Policy Pharmacy: Sterile Products Preparation	Annual	United States Pharmacopeia (USP) < 797>,<800>
Infection Control	Infection Control: Aerosol transmissible Diseases and	Annual	Joint Commission (JC)

	Tuberculosis Control Plan Infection Control: Blood borne Pathogen Exposure Control Plan Infection Control: Risk Assessment and Surveillance Plan		
Administrative	HR, Compliance, Legal, Education & other administrative documents	3 years or with regulatory required updates	Joint Commission (JC), CMS or any other regulated body
Protocol	Clinical Protocols	Annual	CMS
Power Plans/Order Sets	Power Plan Approval Process for Medical Staff	At least every 3 years	CMS
Finance Documents	Finance documents	Every 3 years	Title 22
Emergency Department	Capacity Management - Full Plan	Annual	California AB40
Emergency Department	Patient Transfer Request Processing from Other Facilities	Annual	CMS

J. REFERENCE(S):

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

Document Owner: Pearson, Jami

Approvals

- **Committees:** (04/24/2025) Policies & Procedures

Original Effective Date: 02/12/2020

Revision Date: [04/24/2025 Rev. 5]

Attachments: [Power Plan Approval Process Flow Chart](#)
(REFERENCED BY THIS DOCUMENT)

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

<https://www.lucidoc.com/api/auth/login?org=10343&returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dpphealth%3A61492>.

Consent Agenda for Policy & Procedure Committee January 2025

Agenda Item	Discussion	Approval	Responsible Person
1. Meeting Minute Approval	November meeting minutes reviewed. Motion to approve by Tracy Page. Second by Meghan Jaremczuk.	Approved	Jami Pearson
2. Charter – Annual Review	Reviewed. Small edits made.	Approved.	Jami Pearson
3. Committee Membership List – Annual Review	Reviewed. Edits made.	Approved.	Jami Pearson
4. Additional Agenda Items	None.		
Non- Clinical Document	Discussion	Approval or Denial	Responsible Person
1. Procedure : Abuse - Suspected Adult & Elder Abuse Recognition and Reporting 10050 Rev 10		Approved. Hold Lucidoc approval until education is completed.	Ashley Rowe
2. Procedure : Patients with Admission Orders Waiting for Bed Placement (Inpatient Holds) 11214 Rev 9		Approved. Ensure procedure linked to the Full Capacity Management Plan.	Sally Valle
3. Procedure : Temperature Setting for Clinical Warming Cabinet 51652 Rev 3		Approved	
4. Form : Automatic External Defibrillator (AED) List 58132 Rev 3		Approved	
5. Procedure : FirstNet Downtime Procedure 29512 Rev 4		Approved with edit. Remove “Radiology” from bullet point #20.	Sally Valle
6. Procedure : Personnel Excluded From Participation in Federal Healthcare 17618 Rev 5		Approved	

7. Procedure : Advance Beneficiary Notice for Medicare Beneficiary 10100 Rev 6		Approved	
8. Procedure : Conflicts of Interest, Commitment, and Gifts 19091 Rev 9		Approved. Specifically updated section regarding staff caring for family members – will re-educate staff.	Ashely Rowe
9. Procedure : Government Audit Contractors (RAC, MAC, CERT, and QIO's) 29472 Rev 3		Approved	
10. Procedure : Holiday Party Procedure 41892 Rev 5		Approved	
11. Procedure : Palomar Health Values Hotline 17767 Rev 6		Approved	
12. Procedure : Self Reporting of Errors Related to Federal Healthcare Program Reimbursement 21824 Rev		Approved	
13. Form : Advanced Beneficiary Notice for Medicare Beneficiary – Form 11920 Rev 3		Approved	
14. Form : Affidavit 73632 Rev 1		Approved	
15. Procedure : AMA, Patient Leaving Against Medical Advice 10039 Rev 6		Approved. Will send out education.	Lori Schmollinger
16. Procedure : Witnessing of Wills and Other Personal Documents 11844 Rev 4		Approved	
17. Policy : Capacity to Make Health Care Decisions		Approved	

66472 Rev 0			
18. Procedure : Emergency Dishwashing 10544 Rev 10		Approved	
19. Procedure : Receiving 11391 Rev 8		Approved. Education to be provided at next FANS staff meeting.	Nicole Hite
20. Form : Cooling Log 37836 Rev 5		Approved. Education to be provided at next FANS staff meeting.	Nicole Hite
21. Procedure : Orientation & Training FANS Employees 29552 Rev 5		Approved. Education to be provided at next FANS staff meeting.	Nicole Hite
22. Procedure : Equipment Operation 10591 Rev 7		Approved. Education to be provided at next FANS staff meeting.	Nicole Hite
23. Plan : Medical Equipment Management Plan 10963 Rev 11		Approved	
24. Form : STEMI Transfer from PMC Poway to PMC Escondido Workflow 60452 Rev 1		"Table". Requires further edits.	Thomas McGuire
25. Scope of Service : Vascular Access Team 12371 Rev 7		Approved	
26. Form : Crash Cart Checklist 51472 Rev 8		Approved	
27. Form : Zoll Defibrillator: R Series Daily and Weekly Check 62472 Rev 1		Approved	
28. Policy : Outpatient Scheduling for Interventional Procedures and Cardiology 18514 Rev 5		Approved	
29. Procedure : Patient Privacy- Wound Care		Approved	

Center 12110 Rev 7			
30. Procedure : Therapist Roles and Qualifications for NICU 26294 Rev 6		Approved	
31. Procedure : Orientation Plan - Wound Care Center 12140 Rev 9		Approved	
32. Procedure : Physical Therapist of Record 42072 Rev 5		Approved	
33. Policy : Privacy - Accounting of Health Information Disclosures 11320 Rev 7		Approved	
34. Policy : Privacy - Faxing of Protected Health Information 10631 Rev 17		Approved	
35. Policy : Privacy - Medical Record Corrections or Amendments 11323 Rev 11		Approved	
36. Policy : Privacy - Notice of Privacy Practices to Patients 12425 Rev 11		Approved	
37. Policy : Privacy - Release of Information to Subpoenas 11325 Rev 8		Approved	
38. Policy : Privacy - Preventing Privacy Violations During Area Clean-Outs 51352 Rev 1		Approved. Will send out education/reminder to leadership.	Kimberly Jackson
39. Procedure : Influx of Suspected Infectious Patients 28152 Rev 11		Approved	
40. Procedure : Ventilator Management 11804 Rev		Approved	

10			
41. Procedure : Medical Device Implant Tracking in OR 10961 Rev 7		Approved	
42. Procedure: Fall Prevention and Management 17662 Rev 20		Approved with edits. Remove all references to TUGs. Recommendation to have reviewed by Shontaya Carrico.	Sally Valle Meghan Jaremczuk
43. Procedure : Discharge Planning - Homeless Population 61093 Rev 2		Approved	
44. Procedure: Abuse – Child Recognition and Reporting 10051 Rev 9		Approved. Requires staff education.	Ashley Rowe
Clinical Document	Discussion	Approval or Denial	Responsible Person
45. Procedure : Admission and Level of Care Criteria 28112 Rev 8		Approved	
46. Form : Admission and Level of Care Criteria Grid 49752 Rev 7		Approved with edits. Add reviewed date.	Sally Valle
47. Procedure : Hyperbaric Oxygen Therapy (HBOT) Urgent/Emergency Guidelines 66292 Rev 0		Approved	
48. Procedure : Breastmilk: Use of Heat Processed, Banked Donor Breastmilk 22352 Rev 3		Approved	
49. Procedure : Medical Emergencies- Wound Care 25212 Rev 5		Approved	
50. Form : Maternal Fetal Triage Index (MFTI) 65992 Rev 0		Approved	

51. Form : Bishop Score Table 49552 Rev 1		Approved	
52. Procedure : Wound or Ulcer Packing in Wound Care Centers 57256 Rev 3		Approved	
53. Policy : Blood Administration; All Products 14340 Rev 11		Approved. Transfer ownership to Bruce Grendell.	Sally Valle
54. Procedure : Care of Hyperbaric Oxygen Therapy (HBO) Patients 66332 Rev 0		Approved	
55. Reference Materials : Coping With Labor Algorithm		Approved	
56. Procedure : Standards of Patient Care in ED 11605 Rev 18		Approved. Requires additional staff education.	Tracy Page
57. Procedure : Discharge Planning - Homeless Population 61093 Rev 2	Duplicate	Approved	
58. Procedure : EZ IO 25552 Rev 9		Approved. Requires additional staff education.	Tracy Page
59. Procedure : Respiratory Care Services in the NICU 11442 Rev 8		Approved	
Radiology Protocols – Annual Review			
60. Form : CT Imaging Protocols Matrix 44392 Rev 20 <i>Reviewed/Approved in June, 2024</i>	Requires annual review.	Noted.	
61. Reference Materials : Diagnostic Imaging Matrix 46692 Rev 10 <i>Reviewed/Approved</i>	Requires annual review.	Noted.	

12/9/2024			
62. Reference Materials : MRI Exam Protocol Matrix 62532 Rev 5 <i>Reviewed/Approved in June, 2024</i>	Requires annual review.	Noted.	
63. Reference Materials : Nuclear Medicine Protocol Matrix 60073 Rev 6 <i>Approved by P&P Chair 12/20/2024</i>	Requires annual review.	Noted.	
64. Form : Ultrasound Protocol Matrix 60074 Rev 7 <i>Approved by P&P Chair 12/20/2024</i>	Requires annual review.	Noted.	
Ownership Change			
65. Procedure : Decedent Affairs: Care of Patient and Family 13100 Rev 17 Change ownership from Susan Mitchell-Block to Meghan Jaremczuk		Approved	
66. Laboratory Policies & Procedures, Scopes of Service, and Plans – Ownership changed from Gloria Austria to Tim Barlow, Mariel Teng, Brian Bakerink, Joane Barriteau, Krysti Johnson		Approved	
67. Volunteer Services Policies & Procedures – Ownership Changed from Margaret Mertens to Brian Willey		Approved	
68. Procedure : ICU Liberation		Approved	

26432 Rev 3 Ownership Changed from Holly Porter to Thomas McGuire			
69. Procedure : Calorie Count 14597 Rev 4 Ownership Changed from Jolene Crouse to Carrie Johnsen		Approved	
70. Scope of Service : Medical Acute/Intermediate Care 57872 Rev 7 Ownership Changed from Holly Porter to Thomas McGuire		Approved	
71. Procedure : ICU Liberation 26432 Rev 4 Ownership Changed from Holly Porter to Thomas McGuire		Approved	
72. Procedure : Registered Nurse (RN) e-Review Peer Review Process 33052 Rev 1 Ownership Changed from Diane Hansen to Melvin Russell		Approved	
73. Procedure : RN/LVN Professional Enhancement Program (PEP) 21490 Rev 12 Ownership Changed from Diane Hansen to Meghan Jaremczuk		Approved	
74. Policy : RN/LVN PEP Criteria 35880 Rev 26 Ownership Changed from Diane Hansen to Meghan Jaremczuk		Approved	
75. Procedure : Float Procedure 32492 Rev 5 Ownership Changed from Diane Hansen to Ryan		Approved	

Fearn-Gomez			
76. Procedure : Admission and Level of Care Criteria 28112 Rev 9 Ownership Changed from Melvin Russell to Meghan Jaremczuk		Approved	
77. Form : Admission and Level of Care Criteria Grid 49752 Rev 7 Ownership Changed from Melvin Russell to Meghan Jaremczuk		Approved	
78. Procedure : Discharge Planning and Instructions, Documentation of 17801 Rev 7 Ownership Changed from Susan Mitchell-Block to Meghan Jaremczuk		Approved	
79. Procedure : Abuse - Suspected Adult & Elder Abuse Recognition and Reporting Rev 10050 Ownership Changed from Susan Mitchell-Block to Tracy Page		Approved	
80. Procedure : Discharge Planning - Homeless Population 61093 Rev 2 Ownership changed from Michelle Shores to Tracy Page		Approved	
81. Procedure : Abuse - Child Recognition and Reporting 10051 Rev 9 Ownership changed from Susan		Approved	

Mitchell-Block to Tracy Page			
Document(s)to Archive			
82. Guideline : ABN English 64912 Rev 1		Approved	
83. Procedure : Verification of AP, Blood Bank and Clinical Lab Data Integrity 11809 Rev 19		Approved	
84. Procedure : Preventative Maintenance 11318 Rev 7		Approved	
85. Procedure : Latex Allergy – FANS 24712 Rev 6		Approved	
86. Procedure : Dented Cans 10422 Rev 10		Approved	
87. Procedure : Wound Photography – WCC 47212 Rev 1		Approved	
88. Standardized Procedure : Nurse Practitioner in Trauma 52072 Rev 3	Combined with 25173 – Nurse Practitioner Standardized Procedure	Approved	
Documents for Awareness			
89. Procedure : IV Push Medications, Administration of 10754 Rev 34	Updated exception to usual max dose from 1 unit/kg to 0.1 unit /kg		
90. Procedure : SATB2 75492 Rev 0 <i>Approved by P&P Chair on 1/2/2025</i>			
91. Procedure : Decedent Affairs: Care of Patient and Family 13100 Rev 18 <i>Approved by P&P Chair on 11/26/2024</i>			
92. Form : Atellica IM BRAHMS Procalcitonin			

(PCT) 75632 Rev 0 <i>Approved by P&P Chair on 12/11/2024</i>			
93. Form : Atellica IM Thyroid Stimulating Hormone (TSH3ULII) 71926 Rev 1 <i>Approved by P&P Chair on 12/11/2024</i>			
94. Procedure : SATB2 75492 Rev 0 <i>Approved by P&P Chair on 1/02/2025</i>			
95. Procedure : Admission Procedure for the Crisis Stabilization Unit (CSU) 55953 Rev 4 <i>Approved by P&P Chair on 11/21/2024</i>			
96. Reference Materials : Coroners Case Procedure Job Aide 75593 Rev 0 <i>Approved by P&P Chair on 11/26/2024</i>			
97. Reference Materials : Decedent Procedure Job Aide 75594 Rev 0 <i>Approved by P&P Chair on 11/26/2024</i>			
98. Reference Materials : Perinatal Loss Procedure Job Aide 75595 Rev 0 <i>Approved by P&P Chair on 11/26/2024</i>			
99. Reference Materials : Autopsy Procedure Job Aide 75592 Rev 0 <i>Approved by P&P Chair on 11/26/2024</i>			

100.Reference Materials: MRI Basic Safety Training 65612 Rev 1 <i>Approved by P&P Chair on 12/20/2024</i>			
101. Procedure : Screening, Brief Intervention, and Referral for Treatment (SBIRT) 59332 Rev 3 <i>Approved by P&P Chair on 12/30/2024</i>			
102.Procedure : Care Protocols for the Injured Older Adult 75652 Rev 0 <i>Approved by P&P Chair on 12/30/2024</i>			
103.Policy : Pre-Hospital Quality Improvement Plan/Process 75452 Rev 0 <i>Approved by P&P Chair on 12/30/2024</i>			
104.Procedure : Room Availability, Response Times and Contingency Plans for Trauma Patients in the Operating Room 75712 Rev 0 <i>Approved by P&P Chair on 12/30/2024</i>			
105.Procedure : High Risk Airway Management 75252 Rev 0 <i>Approved by P&P Chair on 12/30/2024</i>			
Laboratory Documents for Awareness			
106. See attached Excel list		Approved	

Next Meeting: **Date:** February 12, 2025
Time: 9:30am – 11:00am
Location: TEAMS

Consent Agenda for Policy & Procedure Committee February 2025

Agenda Item	Discussion	Approval	Responsible Person
1. Meeting Minute Approval	January meeting minutes reviewed. Motion to approve by Sims Kendall. Second by Tracy Page.	Approved	Jami Pearson
Non- Clinical Document	Discussion	Approval or Denial	Owner/Responsible Person
1. Policy : Cancer Registry – Abstracting 18002 Rev 7		Approved	Kimberly Jackson
2. Policy : Privacy - Right to File a Complaint Regarding Privacy Practices 11327 Rev 12		Approved	Kimberly Jackson
3. Policy : Privacy - Release of Information, Minimum Necessary Guidelines 11326 Rev 12		Approved	Kimberly Jackson
4. Policy : Palomar Continuing Care Center: Record Accessibility Post Decommissioning 53272 Rev 5		Approved	Kimberly Jackson
5. Form : Evacuation Packet Cover Sheet 62692 Rev 2		Approved	Kimberly Jackson
6. Procedure : Dictated Report – Blanks 15270 Rev 8		Approved	Kimberly Jackson
7. Procedure : Cancer Registry - Accessioning Cases 17982 Rev 7		Approved	Kimberly Jackson
8. Procedure : Privacy- Patient Directory, ANP, VOV, and Release of Information to the Media	Hold for education. Sally send draft to Ashley.	Approved	Kimberly Jackson

47612 Rev 4			
9. Policy : Reducing Disparity in Health Care 70992 Rev 3		Approved	Jami Pearson
10. Form : Commitment to Health Equity 74612 Rev 2			
11. Procedure : Patient Communication and Disclosure 11757 Rev 6		Approved	Jami Pearson
12. Policy : Gender Identity and the Transgender/Gender Non-Conforming Patient 67692 Rev 1		Approved	Jami Pearson
13. Procedure : Lucidoc Down-Time 22335 Rev 7		Approved	Jami Pearson
14. Procedure : Patients No Longer Needing Acute Care Who Refuse Transfer or Discharge 30552 Rev 3		Approved	Jami Pearson
15. Policy : Conditions of Admission 16621 Rev 5		Approved	Lori Schmollinger
16. Procedure : Health Care Decisions for Unrepresented Patients 28812 Rev 5		Approved	Lori Schmollinger
17. Procedure : Physician Orders for Life-Sustaining Treatment (POLST) 33652 Rev 3	Change "provider" back to "physician" and add "State" in front of "document".	Approved with edit	Lori Schmollinger
18. Procedure : Pediatric Adolescent Services 12116 Rev 8	Jami to verify education frequency. Done.	Approved	Tyler Powell
19. Procedure : Continuing Education 12087 Rev 10		Approved	Tyler Powell
20. Procedure : Daily		Approved	Tyler Powell

Treatment Documentation 10397 Rev 8			
21. Procedure : Employee Competency 12072 Rev 9		Approved	Tyler Powell
22. Procedure : Environmental Cleaning 12073 Rev 9		Approved	Tyler Powell
23. Procedure : Food Purchasing 10671 Rev 8		Approved	Nicole Hite
24. Procedure : Admission Criteria 55952 Rev 3		Approved	Donald Myers
25. Policy : Palomar Health: Standard of Care of Behavioral Health Patient in a Non-LPS Designated Facility 74832 Rev 3		Approved	Darryl for Donald Myers
26. Procedure : Police: Law Enforcement Representatives – Prisoners 11285 Rev 4		Approved	Alex Alcantar for Ryan Fearn-Gomez
27. Procedure : Child Protective Service Holds 14627 Rev 5	Approved with edits. Remove “Peds” from section #6a. Holly will convene with Michelle on correct process for neonates when mother is discharged.	Approved with edits	Alex Alcantar for Ryan Fearn-Gomez
28. Procedure : Police: Patient Interrogation by Law Enforcement 11286 Rev 4		Approved	Alex Alcantar for Ryan Fearn-Gomez
29. Procedure : Police: Police Officer Search of Patient 11287 Rev 4		Approved	Alex Alcantar for Ryan Fearn-Gomez
30. Procedure : Victim of Violence 15189 Rev 5		Approved	Alex Alcantar for Ryan Fearn-Gomez
31. Procedure : Towing Vehicles Obstructing		Approved	Alex Alcantar for Ryan Fearn-Gomez

Emergency Department 15160 Rev 3			
32. Policy : Vehicle Management, Safety and Use Program 66932 Rev 0	Request to “table” by owner for further review/edits.	Not Approved	Marcos Fierro
33. Procedure : Visitation and Wandering 17036 Rev 7	Edit section to actual practice for calls made during quiet time.	Approved with edits	Thomas McGuire
34. Procedure : Patient Informed Refusal of Care 66692 Rev 1		Approved	Thomas McGuire
35. Policy : Board Committee Agenda Creation 63352 Rev 2		Approved	Carla Albright for Kevin DeBruin
36. Procedure : MRI Safety Guidelines 56955 Rev 6		Approved	Sims Kendall
37. Reference Materials : MRI Safety Level 1 Training 57052 Rev 3		Approved	Sims Kendall
38. Procedure : Inpatient Consultation for Wound Care Center Patients 12099 Rev 8		Approved	Holly Porter
39. Procedure : Patient Identification: Two Patient Identifiers 53512 Rev 4		Approved	Holly Porter
40. Policy : History and Physical 68392 Rev 1		Approved	Bruce Grendell
41. Procedure : Disaster Plan for Emergency & Trauma at PMC Escondido 10445 Rev 8		Approved	Tracy Page
Transfer Policies & Procedures Annual Review & Approval			
42. Procedure : EMTALA Medical Screening Policy 10971 Rev 11	Send to Ashley Rowe	Approved	Tracy Page
43. Procedure : Emergency	Send to Ashley Rowe	Approved	Tracy Page

Medical Treatment and Active Labor Act (EMTALA) Reporting Violations 11425 Rev 8			
44. Procedure : Patient Transfer Request Processing from Other Facilities 11200 Rev 9	Send to Ashley Rowe	Approved	Tracy Page
45. Procedure : Pediatric Patient - Transfer to Inpatient or Tertiary Facility 32373 Rev 4	Send to Ashley Rowe	Approved	Tracy Page
46. Procedure : Transfer Policy 11695 Rev 7	Send to Ashley Rowe	Approved	Tracy Page
47. Procedure : Transfer of Trauma Patients 45512 Rev 5	Send to Ashley Rowe	Approved	Tracy Page
48. Form : STEMI Transfer from PMC Poway to PMC Escondido Workflow 60452 Rev 1	Send to Ashley Rowe	Approved	Thomas McGuire
Protocols Annual Review & Approval			
49. Form : Ultrasound Protocol Matrix 60074 Rev 8		Approved	Sims Kendall
50. Protocol: Mammography & Ultrasound Protocol 33473 Rev 3 Approved by P&P Chair 1/31/2025		Approved	Sims Kendall
Scopes of Service Annual Review & Approval			
51. Scope of Service : Tele, Med/Surg/Tele Scope of Service 57732 Rev 6		Approved	Meghan Jaremczuk
52. Scope of Service : Security Department 15087 Rev 7		Approved	Alex Alcantar for Ryan Fearn-Gomez
53. Scope of Service : Critical	Link to Capacity Management	Approved	Thomas McGuire

Care 62212 Rev 3 Approved by P&P Chair 2/05/2025	Full Plan. Completed.		
54. Scope of Service : Jean McLaughlin Women's Center 28132 Rev 9 Approved by P&P Chair 1/31/2025		Approved	Sims Kendall
Management Plans Annual Review & Approval			
55. Procedure : Fire Prevention and Systems 16919 Rev 5		Approved	Marcos Fierro
56. Plan : Utility Systems Management Plan 11782 Rev 7		Approved	Marcos Fierro
57. Plan : Security Management Plan 11526 Rev 7		Approved	Alex Alcantar for Ryan Fearn-Gomez
Clinical Document	Discussion	Approval or Denial	Responsible Person
58. Policy : Brain Death 65012 Rev 1		Approved	Thomas McGuire
59. Procedure : Cardiovascular Surgery (CVS) Patient Care 10255 Rev 12		Approved	Valerie Martinez
60. Procedure : Screening and Diagnostic Spirometry 15112 Rev 12		Approved	Valerie Martinez
61. Procedure : Care of the Patient in Obstetric Triage 55672 Rev 4		Approved	Valerie Martinez
62. Procedure : Therapeutic Phlebotomy 70014 Rev 1		Approved	Bruce Grendell
63. Procedure : Compression Therapy 57172 Rev 4		Approved	Tyler Powell for Holly Porter
64. Form : Psychiatric Patient		Approved	

(SUICIDAL), Guidelines Grid for Care and Safety of 62192 Rev 10			
65. Form : Adult Inpatient Standards 46172 Rev 18	Approve and hold for education	Approved	Meghan Jaremczuk
Ownership Change			
66. Standardized Procedure : Inpatient Emergency Care 12421 Rev 25 Change Ownership Holly Porter to Thomas McGuire		Approved	
67. Biomed Policies & Procedures: Tim Stevens to Marcos Fierro		Approved	
68. Timekeeping 11680 Rev 6 Nicole Cryster to Kristine Roberts		Approved	
69. Scope of Service: Medical Staff Services Scope 12373 Rev 10 Colleen Lauffer to Shamrha Storms		Approved	
70. Procedure: ICU Liberation 26432 Rev 3 Holly Porter to Thomas McGuire		Approved	
71. Scope of Service: Critical Care 62212 Rev 3 Holly Porter to Thomas McGuire		Approved	
72. Inpatient Emergency Care12421 Rev 24 Holly Porter to Thomas McGuire		Approved	
73. Procedure: Visitation and Wanding 17036 Rev 6 Jami Pearson to Thomas McGuire		Approved	
74. Procedure: Abstraction of Data for Coding from		Approved	

Medical Records 15267 Rev 5 Melissa Wallace to Travis Pittman			
75. Procedure: Chargemaster Guidelines 12216 Rev 3 Melissa Wallace to Travis Pittman		Approved	
76. Chargemaster Request and Approval Process 12217 Rev 4 Melissa Wallace to Travis Pittman		Approved	
77. Coding 15263 Rev 4 Melissa Wallace to Travis Pittman		Approved	
78. Coding and CDI 46015 Rev 1 Query Process Melissa Wallace to Travis Pittman		Approved	
79. Commitment to Data Integrity 17384 Rev 1 Melissa Wallace to Travis Pittman		Approved	
80. Interim Codes for Billing 15264 Rev 5 Melissa Wallace to Travis Pittman		Approved	
81. Off-Site Coding/Abstraction 39232 Rev 2 Melissa Wallace to Travis Pittman		Approved	
82. Physician Query 15306 Rev 4 Melissa Wallace to Travis Pittman		Approved	
83. Procedure: Supply Chain Downtime Procedure – Distribution 74138 Rev 0 Melissa Wallace to Heather Woodling		Approved	

84. Procedure: Supply Chain Downtime Procedure – Post Downtime 74136 Rev 0 Melissa Wallace to Heather Woodling		Approved	
85. Procedure: Supply Chain Downtime Procedure – Purchasing 74135 Rev 0 Melissa Wallace to Heather Woodling		Approved	
86. Procedure: Supply Chain Downtime Procedure – Receiving 74137 Rev 0 Melissa Wallace to Heather Woodling		Approved	
87. Procedure: Supply Chain Downtime Procedure – Warehouse 74134 Rev 0 Melissa Wallace to Heather Woodling		Approved	
88. Procedure: Supply Chain Procedure for PAR Carts 74133 Rev 0 Melissa Wallace to Heather Woodling		Approved	
89. Procedure: Supply Chain Procedures for Warehouse Orders 74132 Rev 0 Melissa Wallace to Heather Woodling		Approved	
90. Procedure: Radiation Oncology Receipt and Return of High Dose Rate (HDR) Brachytherapy Sources 67312 Rev 0 Sims Kendall to Todd Renner		Approved	

91. Procedure : Therapeutic Phlebotomy 70014 Rev 1 Holly Porter to Bruce Grendell		Approved	
92. Procedure : Patient Informed Refusal of Care 66692 Rev 1 Jami Pearson to Thomas McGuire		Approved	
Document(s) to Archive			
93. Form : Atellica IM Sars CoV 2 IGG Antibody (SCOVG) 71928 Rev 0		Approved	
94. Procedure : Procalcitonin (PCT) 60092 Rev 3		Approved	
95. Procedure : Disposal of Used Oil & Grease – FANS 10475 Rev 6		Approved	
96. Security Policies and Procedures	Change ownership from Bill Kirby to Ryan Fearn-Gomez with Alex Alcantar as a collaborator to all.	Approved	
Documents for Awareness			
97. Reference Materials: Age Friendly Hospital Measures Definition & Description 75892 Rev 0 Approved by P&P Chair 1/23/2025		Approved	
98. Procedure : Financial Assistance Full and Discount Payment Charity Care 26252 Rev 8 Approved by P&P Chair 1/16/2025		Approved	
99. Procedure : Autopsies 12873 Rev 26 Approved by P&P Chair 1/30/2025		Approved	

100. Procedure : Flow Cytometry Analysis 48672 Rev 9 Approved by P&P Chair 1/30/2025		Approved	
100.Procedure: Abnormal Report Follow Up, Diagnostic and Screening 27412 Rev 7 Approved by P&P Chair 1/31/2025		Approved	
100. Procedure : Administration of Local Anesthetic 27432 Rev 7 Approved by P&P Chair 1/31/2025		Approved	
101. Procedure : Adverse Reaction to Image-Guided Biopsy 40352 Rev 4 Approved by P&P Chair 1/31/2025		Approved	
102. Procedure : Appointment Scheduling 27632 Approved by P&P Chair 1/31/2025		Approved	
103. Procedure : Augmented Breast, Imaging the Asymptomatic 27452 Rev 9 Approved by P&P Chair 1/31/2025		Approved	
104. Procedure : Biopsy or Cyst Aspiration, Scheduling and Pre-Procedure Patient Education 27453 Rev 7 Approved by P&P Chair 1/31/2025		Approved	
105. Procedure : Breast Self-Exam Education 27454 Rev 8 Approved by P&P Chair 1/31/2025		Approved	

106. Procedure : Consumer Complaints 27456 Rev 14 Approved by P&P Chair 1/31/2025		Approved	
107. Procedure : Diagnostic Breast Ultrasound 27480 Rev 9 Approved by P&P Chair 1/31/2025		Approved	
108. Procedure : Diagnostic Mammogram 27457 Rev 9 Approved by P&P Chair 1/31/2025		Approved	
109. Procedure : Fire / Disaster Plan Rev 6 40452 Approved by P&P Chair 1/31/2025		Approved	
110. Procedure : Galactogram (Ductogram) 31172 Rev 8 Approved by P&P Chair & Dept of Radiology Chair 1/31/2025		Approved	
111. Procedure : Image and Record Maintenance and Retention 27552 Rev 9 Approved by P&P Chair 1/31/2025		Approved	
112. Procedure : Imaging - X-ray Discrepancy Communication 13376 Rev 7 Approved by P&P Chair 1/31/2025		Approved	
113. Procedure : Medical Outcomes Audit 27572 Rev 8 Approved by P&P Chair & Dept of Radiology Chair 1/31/2025		Approved	

114. Procedure : Patient Education, Pre-Procedure 27752 Rev 6 Approved by P&P Chair 1/31/2025		Approved	
115. Procedure : Patient History, Obtaining 27455 Rev 6 Approved by P&P Chair 1/31/2025		Approved	
116. Procedure : Patient Identification in Women's Center 28432 Rev 7 Approved by P&P Chair 1/31/2025		Approved	
117. Procedure : Previous Breast Images, Obtaining 27593 Rev 6 Approved by P&P Chair 1/31/2025		Approved	
118. Procedure : Quality Control Program 27535 Rev 7 Approved by P&P Chair 1/31/2025		Approved	
119. Procedure : Radiologist Ordering Additional Exam 27596 Rev 6 Approved by P&P Chair & Dept of Radiology Chair 1/31/2025		Approved	
120. Procedure : Reading Images 27597 Rev 7 Approved by P&P Chair 1/31/2025 & Dept of Radiology Chair		Approved	
121. Procedure : Release of Breast Images and Reports 27613 Rev 9 Approved by P&P Chair 1/31/2025		Approved	
122. Procedure : Screening Mammogram 27672 Rev 5 Approved by P&P Chair 1/31/2025		Approved	

123. Procedure : Stereotactic Guided Biopsy 27734 Rev 6 Approved by P&P Chair 1/31/2025		Approved	
124. Procedure : Tracking Images for Comparison 27735 Rev 5 Approved by P&P Chair 1/31/2025		Approved	
125. Procedure : Ultrasound Guided Biopsy or Cyst Aspiration 27772 Rev 6 Approved by P&P Chair & Dept of Radiology Chair 1/31/2025		Approved	
126. Procedure : Public Radiation Protection 27595 Rev 7 Approved by P&P Chair 1/31/2025		Approved	
127. Procedure : Repeat Images and Re-takes 27612 Rev 6 Approved by P&P Chair 1/31/2025		Approved	
128. Procedure : Report Production 27614 Rev 7 Approved by P&P Chair 1/31/2025		Approved	
129. Policy : Capacity Management- Full Plan 68712 Rev 5 Approved by P&P Chair 2/05/2025		Approved	
130. Procedure : Standards of Patient Care in ED 11605 Rev 20 Approved by P&P Chair 2/05/2025		Approved	
Laboratory Documents for Awareness			
131. See attached Excel list		Approved	

Next Meeting: **Date:** February 12, 2025
Time: 9:30am – 11:00am
Location: TEAMS

Consent Agenda for Policy & Procedure Committee March 2025

Agenda Item	Discussion	Approval	Responsible Person
1. Meeting Minute Approval	February meeting minutes reviewed. Motion to approve by Meghan Jaremczuk. Second by Mel Russell.	Approved	Jami Pearson
2. Announcements/Reminders	<p>Reminder to leaders required to do annual reviews on plans, scopes, and standardized procedures – please get them done. Need to ensure that documents get to the Board in July 2025.</p> <p>Jami gave a shout out to Radiology for getting all of their protocols reviewed and through the approval process. They made it through Radiology Committee yesterday and are on their way for final review & approval for 2025. She also recognized the clinical nursing leaders for all their hard work and noted that standardized procedures are almost complete.</p> <p>For Ashley/Education Manager – All the transfer documents will be complete after this meeting, and will be ready for annual education.</p> <p>Valerie noted the QAPI will be submitted for approval to this committee for approval to go to the Board in July.</p>	<p>Reach out to Jami if you have questions or need assistance completing them.</p> <p>If you are not sure whether you have documents needing annual approval please reach out to Jami.</p>	
Non- Clinical Documents	Discussion	Approval or Denial	Owner/Responsible Person

1. Procedure : Food and Other Waste Disposal (<i>previously known as Trash, Trim Waste, and Recycling</i>) 10474 Rev 9	Removed references to composter. We don't have one anymore.	Approved	Nicole Hite
2. Procedure : Availability of Food After Hours (<i>previously known as Availability of Food When Department Closes</i>) 10172 Rev 13	Revised new hours and who has access to kitchen, after hours.	Approved	Nicole Hite
3. Procedure : Code Gray - Combative Person / Assaultive Behavior or Intruder 17056 Rev 9	<p>Approved with edits.</p> <ul style="list-style-type: none"> • Add Response Team to definitions • Change word "inspect" to "assesses" in section K, 3, g. • In section 3, i, add Lori's language in 3/11/25 e-mail re calling law enforcement. • Remove the word "Protocol" in section K, 3, f, a. • Add "Stop the Line" to definition section • Hold release of policy until education completed. 	Approved with edits	Brian Willey & Alex Alcantar for Ryan Fearn-Gomez
4. Procedure : Time Allowance of Solution in Temperature Controlled Storage 11834 Rev 9	Send to Infection Control Committee	Approved	Bruce Grendell
5. Procedure : Consent or Informed Consent for Surgery or Special Procedures 17201 Rev 11	Added verbiage to be able to utilize provider's office consent.	Approved	Bruce Grendell
6. Procedure : Education in Cardiac and Pulmonary Rehabilitation (<i>previously known as Phase II Education in Cardiac Rehabilitation</i>) 11257 Rev 10		Approved	Tyler Powell for Kathleen MacEssey
7. Procedure : General Safety Guidelines 12077 Rev 7		Approved	Tyler Powell
8. Procedure : Staff Orientation		Approved	Tyler Powell

12139 Rev 10			
9. Procedure : Patient Family Education 12108 Rev 8		Approved	Tyler Powell
10. Policy : Management of Clinical Alarms 62832 Rev 3	Approved with edits. <ul style="list-style-type: none"> Do not remove/delete section III, B, 2 Note: Requires annual review. Change document review cycle to 1 year. 	Approved with edits	Meghan Jaremczuk
11. Procedure : Privacy - Patient requests to restrict disclosure of PHI for encounters paid in full 50952 Rev 1		Approved	Lori Schmollinger
12. Policy : Record Destruction 18165 Rev 7		Approved	Carla Hacker for Andrew Tokar
13. Policy : Safety- Medical Records 15322 Rev 14	Approved with edits <ul style="list-style-type: none"> Change PH to PMC 	Approved with edits	Carla Hacker for Andrew Tokar
14. Policy : Subcontractor Monitoring for CSU 66193 Rev 0	Brand new policy required by County contract.	Approved	Donald Myers
Clinical Documents for Approval			
15. Procedure : Admission Criteria-- NICU Rehab Services Referral 26272 Rev 6		Approved	Tyler Powell
16. Procedure : Transcranial Doppler 44752 Rev 5		Approved	Thomas McGuire
17. Procedure : Breastmilk: Use of Heat Processed, Banked Donor Breastmilk 22352 Rev 5		Approved	Holly Porter
18. Procedure : Management of Insulin Pump and Continuous Glucose Monitor (CGM) 26552 Rev 15	Ashley will provide education	Approved	Holly Porter
19. Procedure : Off-Label Use of Medical Devices 60252 Rev 2	Added language to include that provider will document informed consent in EMR when using a device off label.	Approved	Valerie Martinez
Scopes of Service – Annual Review			

20. Scope of Service : Medical Acute Care (Non-Monitored) Unit 57875 Rev 7	Added the use of 4E and 7E for medical acute care. Reminder that scopes need to be reviewed annually.	Approved	Meghan Jaremczuk
Transfer/EMTALA Documents – Annual Review			
21. Procedure : Maternal Transfer to a Higher Level of Care 10942 Rev 7		Approved	Holly Porter
22. Procedure : Neonatal Transfer to Higher LOC with Consultation Criteria 45532 Rev 8	Ashley will have all the transfer documents for education. Sally send to Ashley and Ilana.	Approved	Holly Porter
23. Procedure : Transfer of Patient to Other Facilities 11702 Rev 6	<ul style="list-style-type: none"> Document reviewed/edit with Donnie Miller. Request to have Harry review and bring back next month for approval. 	Pend	Lisa Roush/Harry Kallipolitis
Standardized Procedures – Annual Review			
24. Standardized Procedure : Standardized Procedure- Obstetric Triage 73993 Rev 0		Approved	Holly Porter
25. Standardized Procedure : Nurse Midwife Standardized Procedure 69152 Rev 3		Approved	Holly Porter
To Archive			
26. Guideline : ABN Spanish 64913 Rev 1		Approved	Helen Waishkey
27. Procedure : Expired and Recalled Nutrition Product Handling 10613 Rev 6		Approved	Nicole Hite
28. Procedure : Safety Management & Illness Prevention Program 11494 Rev 8		Approved	Nicole Hite
29. Procedure : Interior Opening of Walk-in Refrigerators and Walk-		Approved	Nicole Hite

in Freezers 10811 Rev 6			
30. Procedure : Mayo eConsult Request Process for Medical Records 51292 Rev 1		Approved	Carla Hacker
31. Reference Materials : MRI Interfacility Transfers 74552 Rev 0	Make sure remove from policies it is linked to.	Approved	Sims Kendall
32. Standardized Procedure : Prescribing Controlled Medications Standardized Procedure Nurse Practitioner 71272 Rev 0		Approved	Holly Porter
33. Standardized Procedure : Nurse Practitioner Laboratory and Diagnostic Procedures 71274		Approved	Holly Porter
34. Standardized Procedure : Medication Management Standardized Procedure Nurse Practitioner 71252 Rev 0		Approved	Holly Porter
Ownership Change	Discussion	Approval or Denial	Responsible Person
35. Privacy Policies Change Owner from Kim Jackson to Lori Schmollinger		Approved	Sally Valle
36. Electroencephalograms Policies and Procedures owner change from Valerie Martinez to Meghan Jaremczuk		Approved	Sally Valle
37. Medical Records (HIS) Policies and Procedures owner changed from Kimberly Jackson to Andrew Tokar		Approved	Sally Valle
For Awareness/Informational Only (Previously Approved)			
38. Procedure : Room Availability, Response Times and Contingency Plans for Trauma Patients in the		Approved	Bruce Grendell

Operating Room 75712 1 Rev 1 <i>Previously Approved by P&P Chair & Trauma Medical Director 3/5/2025</i>			
39. Form : Atellica IM High Sensitivity Troponin I (TNIH) 71925 Rev 1 <i>Previously Approved by P&P Chair 2/20/2025</i>		Approved	Joane Barriteau
40. Procedure : Patient Protection and Health Care Worker Back and Musculoskeletal Injury Prevention Plan - Safe Patient Handling 24012 Rev 7 <i>Previously Approved by P&P Chair 2/18/2025</i>		Approved	Brian Willey
Laboratory Documents for Awareness			
41. See attached Excel list		Approved	Tim Barlow Joane Barriteau Jessica D'Angelo
Closing Remarks/Announcements			
42. Surveys	<ul style="list-style-type: none"> 2026 will be a survey year. Need to have everything reviewed/compliant for 2025. Anticipate survey any time from January 2026 – December 2026. <ul style="list-style-type: none"> Last TJC survey at both campuses was in March of 2023 GACH November 2023 		

Next Meeting: **Date:** Wednesday, April 9, 2025
Time: 9:30am – 11:00am
Location: TEAMS

Laboratory Policies Procedures for Approval
March 12, 2025

Title	DocId	Revision	DocType	Department
ABL90 New Operator Training Checklist	54414	3	Form	Chemistry
Accumetrics VerifyNow Platelet Function PRUtest (Plavix Inhibition) and Aspirin Assay	34292	19	Procedure	Coagulation, PH Escondido
Atellica CH Ammonia (Amm)	71855	1	Form	Chemistry
Atellica CH Amphetamines, Urine (Amp_1k)	71856	1	Form	Chemistry
Atellica CH Barbituates, Urine (Barb 200)	71859	1	Form	Chemistry
Atellica CH Benzodiazepines, Urine (Benz200)	71860	1	Form	Chemistry
Atellica CH Cannabinoids, Urine (THC50)	71898	1	Form	Chemistry
Atellica CH Carbamazepine (Carb)	71867	1	Form	Chemistry
Atellica CH Hemoglobin A1c	75372	2	Form	Chemistry
Atellica Data Manager PEP to go	71972	1	Form	Chemistry
Atellica IM BRAHMS Procalcitonin (PCT)	75632	1	Form	Chemistry
Aution Eleven 4022 (AE-4022) Urinalysis Analyzer	69132	4	Procedure	Urinalysis
Balance Service	59813	8	Reference Materials	Chemistry
Blood Gas Analysis (Arterial)	12912	26	Procedure	Chemistry
Body Fluids	12918	31	Procedure	Hematology
CellaVision Maintenance and Troubleshooting	61634	3	Procedure	Hematology
CellaVision Operations	61632	3	Procedure	Hematology
Cerner Downtime Laboratory	13132	22	Procedure	General Laboratory
Chemistry Performance Standards and Operating Specifications	52033	5	Form	Chemistry
Differential, Manual	13109	22	Procedure	Hematology
Document Change Control Procedure Review FORM	49993	10	Form	General Laboratory
Elutions	10539	16	Procedure	Blood Bank
Eosinophil Count	13217	23	Procedure	Hematology
Etest	13177	34	Procedure	Microbiology
External Lab Orders for Pathology Review	13233	19	Procedure	Hematology
Gastric Occult Blood	13281	20	Procedure	Hematology
Handling of Gross Only Specimens and Pathology specimen exemptions (Title 22)	26035	7	Procedure	Anatomic Pathology
Injury or Illness of Lab Employees, Quality Improvement Program	13388	20	Procedure	Safety in Laboratory
Malaria (Babesia) - Giemsa Stain for Blood Parasites	13460	27	Procedure	Hematology
Missed Maintenance Form	53232	3	Form	Chemistry
Path Review Entry	13597	21	Procedure	Information System in Lab
POCT Hepcon HMS Hemostasis Management System	14360	20	Procedure	Point-of-Care Testing
QC Missed or Out of Control Action Form	64612	3	Form	General Laboratory
QC Out Of Range Form	49332	11	Form	General Laboratory
Quality Indicator (System Checks) Monitoring Process	13710	19	Procedure	Quality Assurance
Stain, Differential Quik Kit (Modified Giemsa)	66172	2	Procedure	Hematology
Sysmex Hematology Analyzer, Before Use of New Reagent	12837	21	Procedure	Hematology
Sysmex Reagent Unit (RU-20)	61613	3	Procedure	Hematology
Sysmex XN Series Flagging Guide	62452	3	Form	Hematology
Sysmex XN Series Maintenance	61636	3	Procedure	Hematology

Consent Agenda for Policy & Procedure Committee April 2025

Agenda Item	Discussion	Approval	Responsible Person
1. Meeting Minute Approval	<p>March meeting minutes reviewed. Motion to approve by Brian Willey Jaremczuk. Second by Thomas McGuire. Reminder for clinical nurse leaders – to not forget to review Scopes of Services and Plans if you have any.</p> <p>Also, all of your Standardized Procedures will be present IPC this month, for approval.</p>	Approved	Jami Pearson
Non- Clinical Documents	Discussion	Approval or Denial	Owner/Responsible Person
1. Procedure : Hospital Incident Command System (HICS) 17032 Rev 4		Approve	Brian Willey
2. Procedure : Alternate Sources of Energy 62372 Rev 3		Approve	Brian Willey
3. Procedure : Arrangements with Other Hospital Facilities During a Disaster 62392 Rev 2	Change Palomar Health to Palomar Medical Center.	Approve with edits.	Brian Willey
4. Procedure : General Disaster Information for Medical Staff 16951 Rev 3	Change Palomar Health to Palomar Medical Center.	Approve with edits.	Brian Willey
5. Form : Bomb Threat Checklist 50472 Rev 2		Approve	Brian Willey
6. Plan : Burn Surge Plan 51052 Rev 0	Change PH to PMC and “at” to an “an”.	Approve with edits.	Brian Willey
7. Procedure : Code Triage - Disaster/Unplanned Event 14678 Rev 8		Approve	Brian Willey
8. Procedure : Code Yellow - Bomb		Approve	Brian Willey

Threat 16934 Rev 6			
9. Reference Materials : Evacuation Equipment: MedSled Infant Insert Information Sheet 56692 Rev 2	<ul style="list-style-type: none"> • Attach as a reference to Disaster Plan. • Ensure Brian Willey is owner. • Add a date to the bottom of the document. 	Approve with edits.	Brian Willey
10. Procedure : Earthquake Checklist Procedure 17031 Rev 3		Approve	Brian Willey
11. Procedure : Disaster Information for Leaders 17024 Rev 4		Approve	Brian Willey
12. Procedure : Disaster Labor Pool 17006 Rev 5		Approve	Brian Willey
13. Procedure : Disaster Privileges, Volunteer Caregivers 27392 Rev 3		Approve	Brian Willey
14. Procedure : Hazardous Materials- Contaminated Patient in the ED 10717 Rev 5	<ul style="list-style-type: none"> • Send to Ashley, Tracy, and ED Educator • Don't make official until education is done. 	Approve – hold until education has been done.	Brian Willey
15. Procedure : The Role of the Facility in Accordance with Section 1135 Waiver 65654 Rev 1		Approve	Brian Willey
16. Form : Work Comp - Return to Work (Accommodation Form) 46752 Rev 4	Brian to own the form and link to appropriate Lucidoc.	Approve with edits.	Brian Willey
17. Guideline : Exposure to Communicable Disease Appendix B (Work Restrictions) 36942 Rev 6	Link to Lucidoc 34772 Aerosol Transmissible Diseases (ATD) Exposure Control Plan	Approve with edits.	Brian Willey
18. Bylaws : Charter of the Audit and Compliance Committee 72512 Rev 1	Transfer to standard Charter format.	Approve with edit.	Carla Albright for Kevin DeBruin
19. Bylaws : Charter of the Governance Committee of the Palomar Health Board of Directors 71332 Rev 2	Transfer to standard Charter format.	Approve with edit.	Carla Albright for Kevin DeBruin

20. Bylaws : Charter of the Finance Committee of the Palomar Health Board of Directors 71612 Rev 1	Transfer to standard Charter format.	Approve with edit.	Carla Albright for Kevin DeBruin
21. Policy : Nursing and Patient Care 11058 Rev 6	Link to Nursing Provision of Care policy.	Approve with edit.	Carla Albright for Kevin DeBruin
22. Procedure : Special Needs Programs 18022 Rev 3	Change to applies to all facilities & OP departments.	Approve with edit.	Tyler Powell
23. Procedure : Disposition of Pathology Specimens 15109 Rev 7		Approve	Bruce Grendell
24. Procedure : Perioperative Services Staff Call Requirements 15423	Brian Willey will work with Alex to provide Security Department education.	Approve	Bruce Grendell
25. Procedure : EVS Cleaning 15276 Rev 11	<ul style="list-style-type: none"> Remove references to Acute Care Hospital at Home. Change PH to PMC (see e mail from Jami). Jaime will review with Jami to ensure terminal cleaning verbiage for closed ORs is added. <ul style="list-style-type: none"> Val will send verbiage to Jami. Schedule meeting with Jaime, Jami, Sally, & Ryan Fearn-Gomez. Refer to Jami's 4/8 e mail 	Hold; bring back to next month's meeting for review/approval.	Jaime Alvarado
26. Policy : Food Handling Guideline 75392 Rev 0		Approve	Nicole Hite
27. Policy : Responsibility & Authority Assigned to the Dietitian 11443 Rev 13	<ul style="list-style-type: none"> Jarrold to send Jami a blank card board risk assessment to link to this policy. 	Approve with edits.	Nicole Hite
28. Procedure : Food Storage 10672 Rev 13	Add annual cardboard risk assessment verbiage, back to coincide with IC policies.	Approve with edits.	Nicole Hite
29. Procedure : Documentation of Medical Nutrition Therapy 11472 Rev 12		Approve	Nicole Hite

30. Procedure : General Safety Guidelines 10688 Rev 7		Approve	Nicole Hite
31. Procedure : Root Cause Analysis (RCA) 58172 Rev 2	Remove "Joint Commission 2020"	Approve with edit.	Valerie Martinez
32. Procedure : Nursing Peer Review Council 51512 Rev 3		Approve	Valerie Martinez
33. Procedure : Quality Review and Tracking 11367 Rev 8	Link to Adverse Event Reporting procedure.	Approve	Valerie Martinez
34. Procedure : Non-Beneficial Treatment and Conflict Resolution 34092 Rev 3		Approve	Valerie Martinez
35. Procedure : Patient Access to Hospital Balconies 69652 Rev 1	Change PH to PMC Escondido	Approve with edit.	Jami Pearson
36. Procedure : Biomedical Ethics Consultations 10597 Rev 6		Approve	Lori Schmollinger
37. Reference Materials : Authorization To Use Photographs And Other Recordings Of Patient (Spanish) 63133	<ul style="list-style-type: none"> • Link to appropriate policy - Photographing. • Ensure Lori is owner. 	Approve	Lori Schmollinger
38. Policy : Privacy - Disclosing PHI for Worker's Compensation 17126 Rev 4	<ul style="list-style-type: none"> • Remove references to Corp Health. We no longer have one. 	Approve	Sims Kendall
Clinical Documents for Approval			
39. Procedure : HDR Brachytherapy Personnel Monitoring, Training, and Competency 76037 Rev 0	Table. Will combine with policy 76036		Todd Renner
40. Procedure : HDR Brachytherapy Preceptorship and Onboarding 76036 Rev 0	Table. Will combine with policy 76037		Todd Renner
41. Procedure : HDR Brachytherapy Program Regulatory Required Radiation Oncology Physics Supervision 76032 Rev 0		Approve	Todd Renner
42. Procedure : HDR Brachytherapy Provider and Staff Roles and		Approve	Todd Renner

Responsibilities 76038 Rev 0			
43. Procedure : HDR Brachytherapy: Receipt and Return of HDR Brachytherapy Sources 76039 Rev 0		Approve	Todd Renner
44. Procedure : Cardiac Rehabilitation Standards for Patient Care 10250 Rev 12		Approve	Kathleen Mackessy
Transfer/EMTALA Documents – Annual Review			
45. Procedure : Transfer of Patient to Other Facilities 11702 Rev 6	Forward to Ashley for education.	Approve	
Management Plans & Documents Requiring Annual Review			
46. Plan : Safety Management Plan 11495 Rev 9	Link to MRI Screening process policy that belongs to Sims Kendall	Approve with edit.	Brian Willey
47. Reference Materials : Security & Workplace Violence Annual Evaluation only 76173 Rev 0	Ensure these (#47& 48) are listed separately when sending to BOD. (Note: Workplace Violence Prevention Plan below – agenda item #76)	Approve	Brian Willey
48. Workplace Violence Prevention Program Annual Assessment	Combined with 76173 (above - #47)	Approve	Brian Willey
49. Procedure : Tuberculosis (TB) Exposure Control Plan 15329 Rev 18		Approve	Jarrod Becasen for Val Martinez
50. Procedure : Aerosol Transmissible Diseases (ATD) Exposure Control Plan 34772 Rev 17	<ul style="list-style-type: none"> • Link to Appendix B Lucidoc 36942 • Ensure that the Annual Infection Prevention Risk Assessment and Surveillance Plan 15412) is presented at P&P next month. • Sally, work with Jarrod and Valerie to ensure all their plans make it on the consent agenda to the Board. 	Approve with edit.	Jarrod Becasen for Val Martinez
51. Policy : Antimicrobial Stewardship Program 49972 Rev 7		Approve	Nada Ghobrial
To Archive			

52. Scope of Service : Perioperative Services Poway 12416 Rev 9		Approve	
53. Procedure : Cardiac Rehab Phase II Program Operation 11258 Rev 8		Approve	
54. Procedure : Early Intervention Cardiac Rehabilitation 11256 Rev 9		Approve	
55. Procedure : Education in Cardiac and Pulmonary Rehabilitation 11257 Rev 10		Approve	
56. Procedure : Home Exercise Program 17403 Rev 5		Approve	
57. Procedure : Patients Re-Entering Exercise Program After An Absence 11210 Rev 9		Approve	
58. Policy : Physician Communication 44592 Rev 4		Approve	
59. Procedure : Risk Stratification for Cardiac Rehabilitation 11460 Rev 9		Approve	
60. Procedure : Safety in the Cardiac and Pulmonary Rehabilitation Department 11500 Rev 10		Approve	
61. Form : Micro Individualized Quality Control Plan (IQCP) BD Max BD SARS-CoV-2 Escondido 67052 Rev 1		Approve	
62. Procedure : Acute Hospital Care at Home New Medication Order Availability and Medication Delivery 69512 Rev 0		Approve	
63. Form : Acute Hospital Care at Home Medication Kit 69613 Rev 0		Approve	
64. Procedure : Beckman Arkray		Archived 4/4/2025	

Aution Max 4030 Preventive Maintenance 75994 Rev 0 <i>Archived 4/4/2025 Approval per P&P Chair</i>		<i>Approval per P&P Chair</i>	
65. Form : Beckman Arkray Aution Max 4030 Preventive Maintenance IFU 75992 Rev 0 <i>Archived 4/4/2025 Approval per P&P Chair</i>		<i>Archived 4/4/2025 Approval per P&P Chair</i>	
66. Procedure : Beckman Arkray Aution Max 4030 Urine Chemistry Analyzer 75812 Rev 0 <i>Archived 4/4/2025 Approval per P&P Chair</i>		<i>Archived 4/4/2025 Approval per P&P Chair</i>	
67. Procedure : Beckman IRIS DXU 840m Urine Microscopy Analyzer 75952 Rev 0 <i>Archived 4/4/2025 Approval per P&P Chair</i>		<i>Archived 4/4/2025 Approval per P&P Chair</i>	
68. Procedure : Beckman IRIS DxU 840m Preventive Maintenance 75995 Rev 0 <i>Archived 4/4/2025 Approval per P&P Chair</i>		<i>Archived 4/4/2025 Approval per P&P Chair</i>	
69. Form : Beckman IRIS DxU 840m Preventive Maintenance IFU 75993 Rev 0 <i>Archived 4/4/2025 Approval per P&P Chair</i>		<i>Archived 4/4/2025 Approval per P&P Chair</i>	
70. Procedure : Clozapine Medication Use Process 27872 Rev 7 <i>Archived 4/4/2025 Approval per P&P Chair</i>		<i>Archived 4/4/2025 Approval per P&P Chair</i>	
71. Procedure : Brainstem Auditory Evoked Response (BAER) 12210 Rev 5		Approve	
72. Procedure : Outpatient Sleep-Deprived EEG 12259 Rev 7		Approve	
73. Procedure : Pediatric EEG 12265 Rev 7		Approve	

Ownership Change	Discussion	Approval or Denial	Responsible Person
74. Procedure : Suicide Prevention in the Outpatient Setting 72012 Rev 0 Ownership Change from Sims Kendall to Todd Renner		Approve	
75. Scope of Service : Radiation Oncology 60992 Rev 2 Ownership Change from Sims Kendall to Todd Renner		Approve	
For Awareness/Informational Only (Previously Approved)			
76. Plan : Workplace Violence Prevention Plan 59592 Rev 4 <i>Approved by P&P Chair on 3/18/2025</i>			
Laboratory Documents for Awareness			
77. See attached Excel list			

Next Meeting: **Date:** Wednesday, May 14, 2025
Time: 9:30am – 11:00am
Location: TEAMS

Title	DocId	Revision	DocType	Type	Department
Atellica CH Uric Acid (UA)	72492	1	Form	officialize	Chemistry
Atellica Chemistry Manual Dilution Worksheet	74032	1	Form	officialize	Chemistry
Atellica IM Prolactin (PRL)	76093	0	Form	officialize	Chemistry
Authorization and Waiver of Liability for the Release of Fetal Tissue	39496	6	Form	review	Anatomic Pathology
Automated Blood Bank Testing	40934	10	Procedure	officialize	Blood Bank
BD MAX Enteric Bacterial Panel	70141	3	Procedure	officialize	Microbiology
BD MAX Vaginal Panel by PCR	66873	3	Procedure	officialize	Microbiology
Blood Culture Nucleic Acid Test ePlex by GenMark	70432	4	Procedure	officialize	Microbiology
Centaur Assay Range and Dilution Chart	53752	7	Reference Materials	officialize	Chemistry
Chromogenic Interference of Hydroxocobalamin (Cyanokit)	34892	15	Procedure	officialize	General Laboratory
ETest	13177	35	Procedure	officialize	Microbiology
Flow Cytometry (NeoGenomics)	46352	13	Procedure	officialize	General Laboratory
Hazardous Chemical Evaluation and Inventory	41112	16	Form	review	General Laboratory
Infection Control Plan/ATD Exposure Plan- Clinical Lab	20850	21	Procedure	review	Safety in Laboratory
Media QC Plate Media Form	33513	18	Form	officialize	Microbiology
Media Quality Control	13473	25	Procedure	officialize	Microbiology
Micro Individualized Quality Control Panel (IQCP) BD MAX SARS-CoV-2 Enterprise	68273	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD Max BD SARS-CoV-2 Escondido	67052	1	Form	archive	Microbiology
Micro Individualized Quality Control Plan (IQCP) BD Max CT/GC/TV2 Panel Enterprise	72972	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD MAX Enteric Bacterial Panel Enterprise	70139	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD MAX Enteric Parasite Panel Enterprise	70140	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD MAX Vaginal Panel Enterprise	68274	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD Phoenix M50 Antimicrobial Susceptibility Testing (AST)	65532	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD Phoenix M50 Identification Testing	65712	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BinaxNow Legionella Urinary Antigen	74333	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BinaxNOW®, Streptococcus pneumoniae Antigen	74332	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) C.Diff Quick Chek Complete(EIA)by Alere Escondido	72992	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) C.Diff Quick Chek Complete(EIA)by Alere Poway	54432	11	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Carba-R (PCR)	61872	7	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Clostridium Difficile(PCR)	54552	11	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Group B Streptococcus(PCR)	54592	12	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert MRSA Nasal Screen (PCR)	54632	10	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert MTB/RIF (PCR)	64552	5	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert SARS-CoV-2/Flu/RSV (PCR) Escondido	67832	6	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert SARS-CoV-2/Flu/RSV (PCR) Poway	69593	3	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Xpress Strep A (PCR) Poway	69592	3	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Xpress Strep A PMC Escondido	67112	3	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert XpressMRSA NxG Nasal (PCR)	67572	3	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Commercially Prepared Media Exempt	54532	9	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) ETest Antimicrobial Susceptibility Test	54472	9	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) GenMark ePlex Fungal Pathogen Blood Culture (BCID-FP) Nucleic Acid Test	71354	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) GenMark ePlex Gram Negative Blood Culture (BCID-GN) Nucleic Acid Test	71352	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) GenMark ePlex Gram Positive Blood Culture (BCID-GP) Nucleic Acid Test	71353	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Kirby Bauer Antimicrobial Susceptibility	54492	9	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Leuko EZ Vue TechLab (EIA) Escondido	54672	10	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Leuko EZ Vue TechLab (EIA) Poway	73092	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Meningitis/Encephalitis (ME) FilmArray Panel by BioFire	66372	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) PBP2a Staph Aureus Culture Colony Test	57512	8	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Respiratory Panel 2.1 FilmArray by BioFire	63372	6	Form	officialize	IQCP
MRSA Screening by BBL CHROMagar MRSA II	52412	9	Procedure	officialize	Microbiology
Ortho Vision -Automated Blood Bank	72712	0	Procedure	officialize	Blood Bank
Procedures- New, Revision & Review	13658	24	Procedure	officialize	General Laboratory
PTO Guidelines	55592	6	Procedure	officialize	General Laboratory

Lab Policies Procedures

Quality Assurance Plan in Surgical Pathology	13690	27	Procedure	review	Anatomic Pathology
Quality Plan, Hematology	53252	7	Procedure	officialize	Hematology
Reflex Orders	13756	25	Procedure	officialize	Compliance in Lab
Result Entry, Verification, and Review	13777	17	Procedure	officialize	Chemistry
Sputum Culture Workup Guidelines	13848	29	Procedure	officialize	Microbiology
STAT Testing List	13793	21	Procedure	review	General Laboratory
Strep A Xpert PCR	66012	2	Procedure	officialize	Microbiology
Summary of Chemistry Tests by Lab Site	52092	15	Form	officialize	Chemistry
Sysmex XN Series Quality Control	61572	5	Procedure	officialize	Hematology
Sysmex XN Series Slide Maker and Stainer (SP-50) and CF-70	61635	3	Procedure	officialize	Hematology
Sysmex XN Series Work Area Manager (WAM)	61732	4	Procedure	officialize	Hematology
Urine Culture Workup Guidelines	13981	29	Procedure	officialize	Microbiology
Validation of Instrument Set-Up and Performance Post-PM or Servicing	14002	21	Procedure	officialize	General Laboratory
Water Quality	14033	21	Procedure	officialize	Chemistry

Consent Agenda for Policy & Procedure Committee May 2025

Agenda Item	Discussion	Approval	Responsible Person
1. Meeting Minute Approval	Motion by Donald Myers. Second by Brian Willey.	Approved	Jami Pearson
Non- Clinical Documents	Discussion	Approval or Denial	Owner/Responsible Person
1. Procedure : Meal and Rest Periods 10947 Rev 6	Reviewed and edited by Legal Counsel and HR Director	Approved	Jami Pierson for Diane Hansen
2. Procedure : Catering Guidelines 71092 Rev 1	Memo will be sent out to Leadership	Approved	Nicole Hite
3. Procedure : EVS Cleaning 15276 Rev 11	<ul style="list-style-type: none"> Did add language regarding cleaning of the OR. Be sure routed to ICC 	Approved	Calvin Harris for Ryan Fearn-Gomez
4. Procedure : Soiled Linen Removal 15108 Rev 5	<ul style="list-style-type: none"> Be sure routed to ICC 	Approved	Calvin Harris for Ryan Fearn-Gomez
5. Procedure : Direct Admits to Palomar Medical Center 17904 Rev 2		Approved	Michael Thomas
6. Procedure : Registration The Villas at Poway Patients in the Emergency Department 11413 Rev 3		Approved	Michael Thomas
7. Procedure : Downtime Registration for Inpatients & Observation Patients 16772 Rev 5		Approved	Michael Thomas
8. Procedure : Registration of Newborn Pre-Admits 16768 Rev 2		Approved	Michael Thomas
9. Procedure : Entering of Insurance Verification Information 16767 Rev 3		Approved	Michael Thomas
10. Procedure : Downtime Registration of Newborns 16764		Approved	Michael Thomas

Rev 3			
11. Procedure : Replenishing of Cash Drawer Shortages 17841 Rev 1		Approved	Michael Thomas
12. Procedure : Identity Theft/Patient Misidentification 37332 Rev 2		Approved	Michael Thomas
13. Procedure : Financial Clearing of Pre-Scheduled Patients 38312 Rev 2		Approved	Michael Thomas
14. Procedure : Crisis Stabilization Unit Administrative Staff Event Notification / Unit Monitoring 64632 Rev 2		Approved	Donald Myers
15. Procedure : Trauma Response for PBX at PMC 15171 Rev 7		Approved	Brian Willey
16. Procedure : Disaster Emergency Paging 17033 Rev 4		Approved	Brian Willey
17. Form : COVID-19 APPENDIX A Epidemiologic Risk Classification ¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) 63492 Rev 1		Approved	Brian Willey
18. Procedure : Disaster Privileges, Licensed Practitioner 27012 Rev 2		Approved	Brian Willey
19. Procedure : Alarm - Medical Gas 14522 Rev 4		Approved	Brian Willey
20. Procedure : Calls – Incoming 14594 Rev 6		Approved	Brian Willey
21. Procedure : Hazard Vulnerability Analysis 65653 Rev 0	Pull policy and place in GACH and TJC binders.	Approved	Brian Willey
22. Procedure : Medical Emergencies- Wound Care 25212 Rev 7		Approved	Tyler Powell for Holly Porter
23. Procedure : Safety/Quality		Approved	Tyler Powell for Holly

Committee - Hyperbaric Oxygen Therapy 19220 Rev 7			Porter
24. Form : OB Hemorrhage Cart Checklist 59372 Rev 2	Ensure linked to appropriate procedure.	Approved	Holly Porter
25. Procedure : Staffing Plan in WCC 12142 Rev 12		Approved	Tyler Powell
26. Procedure : Discharge Planning 12068 Rev 10		Approved	Tyler Powell
27. Procedure : Downtime Therapy Staffing 25652 Rev 11	Brian to include in his Joint Commission binder.	Approved	Tyler Powell
28. Procedure : Expired Supplies, Handling of in the Wound Care Center 35292 Rev 4		Approved	Tyler Powell
29. Procedure : Storing Major Movable Equipment 36632 Rev 3		Approved	Tyler Powell
30. Form : Telemonitoring Job Aid 64532 Rev 3		Approved	Holly Porter for Meghan Jaremczuk
31. Procedure : Patient Meal Service-Bedside Service 44933 Rev 19		Approved	Nicole Hite
32. Reference Materials : FOREIGN BODY TRACKING FORM 67634 Rev 0	If you keep logs, only keep one month at a time in the binder – the rest, file.	Approved	Jami Pearson for Alex Alcantar
33. Procedure : HDR Brachytherapy Personnel Monitoring, Training, and Competency 76037 Rev 0		Approved	Todd Renner
34. Procedure : HDR Brachytherapy Preceptorship and Onboarding 76036 Rev 0		Approved	Todd Renner
35. Procedure : Medical Equipment Management/Equipment Location 18393 Rev 2		Approved	Marcos Fierro
Clinical Documents for Approval			
36. Procedure : Medication Storage and Safety 13174 Rev 23		Approved	Nada Ghobrial
37. Procedure : Occupational Therapy Assessment 11085 Rev 9		Approved	Tyler Powell

38. Procedure : Physical Therapy Assessment 11270 Rev 9		Approved	Tyler Powell
39. Procedure : Occupational Therapy Services 11086 Rev 10		Approved	Tyler Powell
40. Procedure : Adverse Reactions to Therapy 12045 Rev 12		Approved	Tyler Powell for Holly Porter
41. Procedure : Oxygen Management for the Adult 14140 Rev 6	Transfer ownership to Tom McGuire	Approved	Holly Porter
42. Procedure : Outpatient: Perinatal Sonography Testing 64792		Approved	Holly Porter
43. Policy : Patient Observation: Patient Safety Companion (PSC) Use Process 61692 Rev 3	<ul style="list-style-type: none"> Ashley to develop education. Brian will work with Ashley. D, #2, a – Enhanced droplet is gown and gloves – <i>remove</i>, “At the discretion of employee, gown and gloves may also be donned.” 	Approved with edits. Hold until education is completed. Brian will let Sally know.	Brian Willey
Scopes of Service – Annual Review			
44. Scope of Service : Perinatal Services 31872 Rev 8		Approved	Holly Porter
45. Scope of Service : Birth Center 12362 Rev 12		Approved	Holly Porter
46. Scope of Service : Environmental Services (EVS) 17623 Rev 5	<ul style="list-style-type: none"> Ensure routed to ICC. 	Approved	Calvin Harris for Ryan Fearn-Gomez
47. Scope of Service : Crisis Stabilization Unit (CSU) 55792 Rev 6		Approved	Donald Myers
Standardized Procedures – Annual Review			
48. Standardized Procedure : Skin Care Products and Dressings 74252 Rev 1		Approved	Holly Porter for Melvin Russell
49. Standardized Procedure : EMTALA Medical Screening Exam for OB Patients 11050 Rev 15		Approved	Holly Porter
50. Standardized Procedure : Psychiatric Nurse Practitioners 46192 Rev 6		Approved	Donald Myers

51. Standardized Procedure : Registered Nurse (RN) First Assistants 52452 Rev 2		Approved	Jami Pearson for Bruce Grendell
Plans – Annual Review			
52. Plan : Infection Prevention and Control Risk Assessment and Surveillance Plan 15412 Rev 28		Approved	Valerie Martinez
53. Procedure : ATD Respiratory Protection Plan - N95/PAPR 36752 Rev 6	<ul style="list-style-type: none"> Ensure the plan is routed to ICC. 	Approved	Brian Willey
Protocols – Annual Review			
54. Protocols : MRI Exam Protocol Matrix 62532 Rev 6		Approved	Sims Kendall
55. Protocols : Mammography & Ultrasound Protocols 33473 Rev 4		Approved	Sims Kendall
56. Protocols : CT Imaging Protocols Matrix 44392 Rev 21		Approved	Sims Kendall
57. Protocols : Nuclear Medicine Protocol Matrix 60073 Rev 7		Approved	Sims Kendall
Documents to Archive	Discussion	Approval or Denial	Responsible Person
58. Procedure : Code Blue Wound Care Centers 12089 Rev 7		Approved	
59. Procedure : Drugs Returned to Pharmacy 13175 Rev 8		Approved	
60. Procedure : Fecal Microbiota Transplant 55252 Rev 5		Approved	
61. Procedure : Palomar Health Employee Admissions Work Related Injuries 19911 Rev 1		Approved	
62. Procedure : Power Plan Approval Process for Medical Staff 70732		Approved	
63. Procedure : Specimen Processing and Culture Set-Up for Microbiology 13500 Rev 41		Approved	

64. Procedure : iQ200 Urine Microscopy Analyzer 19810 Rev 21		Approved	
65. Procedure : iQ200 Urine Microscopy Analyzer Preventive Maintenance 19991 Rev 18		Approved	
66. Procedure : Business Continuity- Call Center-Paging System 34032 Rev 1		Approved	
Documents Approved by P&P Chair and/or Department Chair			
67. Procedure : Policy and Procedure Approval Process 61492 Rev 5 <i>Approved by P&P Chair on 4/24/2025</i>			
68. Policy : Patient Safety Event Response, Investigation and Follow-Up 28172 Rev 11 <i>Approved by P&P Chair on 4/29/2025</i>			
69. Procedure : Antimicrobial Culture Results Follow Up 10873 Rev 11 <i>Approved by P&P Chair on 5/05/2025</i>			
Transfer of Ownership			
70. Form : Fax Cover Sheet (Clinical) 34192 Rev 9 Transfer ownership from Andrew Tokar to Lori Schmollinger		Approved	
71. Form : Fax Cover Sheet (General) 34852 Rev 7 Transfer ownership from Andrew Tokar to Lori Schmollinger		Approved	
72. All Medical Records/HIM Policies & Procedures Transfer ownership from Kimberly Jackson to Andrew Tokar		Approved	

73. All EVS Policies & Procedures Transfer ownership from Jaime Alvarado to Ryan Fearn-Gomez		Approved	
74. All FANS/Catering Policies & Procedures Transfer ownership from Ed Quiroz to Nicole Hite		Approved	
Laboratory Documents for Awareness			
75. Form : Atellica CH Prealbumin (PALB) 71893 Rev 1		Approved	
76. Procedure : Autopsies - Special & Safety Considerations 12874 Rev 14		Approved	
77. Procedure : Blood Orders and Supply Agreement 20412 Rev 15		Approved	
78. Procedure : Blood Specimen from Patient Receiving Transfusion 12915 Rev 15		Approved	
79. Procedure : Needle Disposal 13526 Rev 14		Approved	
80. Procedure : Outreach Skilled Nursing Facility Specimen Processing 49572 Rev 7		Approved	
81. Procedure : Phlebotomy Procedure 11264 Rev 27		Approved	
82. Procedure : Pipet Accuracy and Precision Checks 13646 Rev 23		Approved	
83. Form : Pipet Accuracy and Precision Checks FORM 76512 Rev 0		Approved	
84. Form : Report of Patient Health Information Violation Form 56452 Rev 3		Approved	
85. Procedure : Shared Microbiology Specimen, Handling 38952 Rev 38952		Approved	
86. Procedure : Urinalysis Quality		Approved	

Control Program 13975 Rev 25			
87. Procedure : Urinalysis Quality Control for the DxU 840 and AX4030 19992 Rev 23		Approved	
88. Procedure : Glossary for Laboratory 13290 Rev 16		Approved	
89. Procedure : Courier Delivery Service to Outreach Clients 13074 Rev 14		Approved	
90. Form : Cerner HUB Helpdesk Useform 53652 Rev 53652		Approved	

Next Meeting: **Date:** Wednesday, June 11, 2025
Time: 9:30am – 11:00am
Location: TEAMS

Title	DocId	Revision	DocType	Type	Department
Atellica CH Uric Acid (UA)	72492	1	Form	officialize	Chemistry
Atellica Chemistry Manual Dilution Worksheet	74032	1	Form	officialize	Chemistry
Atellica IM Prolactin (PRL)	76093	0	Form	officialize	Chemistry
Authorization and Waiver of Liability for the Release of Fetal Tissue	39496	6	Form	review	Anatomic Pathology
Automated Blood Bank Testing	40934	10	Procedure	officialize	Blood Bank
BD MAX Enteric Bacterial Panel	70141	3	Procedure	officialize	Microbiology
BD MAX Vaginal Panel by PCR	66873	3	Procedure	officialize	Microbiology
Blood Culture Nucleic Acid Test ePlex by GenMark	70432	4	Procedure	officialize	Microbiology
Centaur Assay Range and Dilution Chart	53752	7	Reference Materials	officialize	Chemistry
Chromogenic Interference of Hydroxocobalamin (Cyanokit)	34892	15	Procedure	officialize	General Laboratory
ETest	13177	35	Procedure	officialize	Microbiology
Flow Cytometry (NeoGenomics)	46352	13	Procedure	officialize	General Laboratory
Hazardous Chemical Evaluation and Inventory	41112	16	Form	review	General Laboratory
Infection Control Plan/ATD Exposure Plan- Clinical Lab	20850	21	Procedure	review	Safety in Laboratory
Media QC Plate Media Form	33513	18	Form	officialize	Microbiology
Media Quality Control	13473	25	Procedure	officialize	Microbiology
Micro Individualized Quality Control Panel (IQCP) BD MAX SARS-CoV-2 Enterprise	68273	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD Max BD SARS-CoV-2 Escondido	67052	1	Form	archive	Microbiology
Micro Individualized Quality Control Plan (IQCP) BD Max CT/GC/TV2 Panel Enterprise	72972	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD MAX Enteric Bacterial Panel Enterprise	70139	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD MAX Enteric Parasite Panel Enterprise	70140	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD MAX Vaginal Panel Enterprise	68274	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD Phoenix M50 Antimicrobial Susceptibility Testing (AST)	65532	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BD Phoenix M50 Identification Testing	65712	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BinaxNow Legionella Urinary Antigen	74333	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) BinaxNOW®, Streptococcus pneumoniae Antigen	74332	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) C.Diff Quick Chek Complete(EIA)by Alere Escondido	72992	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) C.Diff Quick Chek Complete(EIA)by Alere Poway	54432	11	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Carba-R (PCR)	61872	7	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Clostridium Difficile(PCR)	54552	11	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Group B Streptococcus(PCR)	54592	12	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert MRSA Nasal Screen (PCR)	54632	10	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert MTB/RIF (PCR)	64552	5	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert SARS-CoV-2/Flu/RSV (PCR) Escondido	67832	6	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert SARS-CoV-2/Flu/RSV (PCR) Poway	69593	3	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Xpress Strep A (PCR) Poway	69592	3	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert Xpress Strep A PMC Escondido	67112	3	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert XpressMRSA NxG Nasal (PCR)	67572	3	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Commercially Prepared Media Exempt	54532	9	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) ETest Antimicrobial Susceptibility Test	54472	9	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) GenMark ePlex Fungal Pathogen Blood Culture (BCID-FP) Nucleic Acid Test	71354	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) GenMark ePlex Gram Negative Blood Culture (BCID-GN) Nucleic Acid Test	71352	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) GenMark ePlex Gram Positive Blood Culture (BCID-GP) Nucleic Acid Test	71353	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Kirby Bauer Antimicrobial Susceptibility	54492	9	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Leuko EZ Vue TechLab (EIA) Escondido	54672	10	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Leuko EZ Vue TechLab (EIA) Poway	73092	1	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Meningitis/Encephalitis (ME) FilmArray Panel by BioFire	66372	2	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) PBP2a Staph Aureus Culture Colony Test	57512	8	Form	officialize	IQCP
Micro Individualized Quality Control Plan (IQCP) Respiratory Panel 2.1 FilmArray by BioFire	63372	6	Form	officialize	IQCP
MRSA Screening by BBL CHROMagar MRSA II	52412	9	Procedure	officialize	Microbiology
Ortho Vision -Automated Blood Bank	72712	0	Procedure	officialize	Blood Bank
Procedures- New, Revision & Review	13658	24	Procedure	officialize	General Laboratory
PTO Guidelines	55592	6	Procedure	officialize	General Laboratory

Lab Policies Procedures

Quality Assurance Plan in Surgical Pathology	13690	27	Procedure	review	Anatomic Pathology
Quality Plan, Hematology	53252	7	Procedure	officialize	Hematology
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Sputum Culture Workup Guidelines	13848	29	Procedure	officialize	Microbiology
STAT Testing List	13793	21	Procedure	review	General Laboratory
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Sysmex XN Series Quality Control	61572	5	Procedure	officialize	Hematology
Sysmex XN Series Slide Maker and Stainer (SP-50) and CF-70	61635	3	Procedure	officialize	Hematology
Sysmex XN Series Work Area Manager (WAM)	61732	4	Procedure	officialize	Hematology
Urine Culture Workup Guidelines	13981	29	Procedure	officialize	Microbiology
Validation of Instrument Set-Up and Performance Post-PM or Servicing	14002	21	Procedure	officialize	General Laboratory
Water Quality	14033	21	Procedure	officialize	Chemistry

Consent Agenda for Policy & Procedure Committee June 2025

Agenda Item	Discussion	Approval	Responsible Person
1. Meeting Minute Approval May 14, 2025		Approved	Jami Pearson
Non- Clinical Documents	Discussion	Approval or Denial	Owner/Responsible Person
1. Procedure : Above Ceiling Work Permit 12816 Rev 5		Approved	Marcos Fierro
2. Procedure : BioMed Initial Inspection 15240 Rev 9		Approved	Marcos Fierro
3. Procedure : CMMS Preventative Maintenance 13456 Rev 4		Approved	Marcos Fierro
4. Procedure : Construction Process 10357 Rev 4		Approved	Marcos Fierro
5. Procedure : Control Air System 13065 Rev 3		Approved	Marcos Fierro
6. Procedure : Domestic Cold Water System 13123 Rev 4		Approved	Marcos Fierro
7. Procedure : Admission Criteria Outpatient 10074 Rev 11		Approved	Tyler Powell
8. Procedure : Balancing The Cash Drawer 17783 Rev 5		Approved	Michael Thomas
9. Procedure : Bed Assignment for Inpatient Overflow Area/Bed 17921 Rev 1		Approved	Michael Thomas
10. Procedure : Cancelled Pre-Admissions 17784 Rev 3		Approved	Michael Thomas
11. Procedure : Cash Drawer Audits 17785 Rev 3		Approved	Michael Thomas
12. Procedure : Cashier Procedure for Patient Unclaimed Valuables 18966 Rev 5		Approved	Michael Thomas
13. Procedure : Check Payments		Approved	Michael Thomas

Process 17786 Rev 2			
14. Policy : Collection of Patient Email Addresses 51032 Rev 2		Approved	Michael Thomas
15. Procedure : Converting Pre-Admitted Newborns to Active Inpatients 16700 Rev 4		Approved	Michael Thomas
16. Procedure : Credit Card Payment 17787 Rev 5		Approved	Michael Thomas
17. Procedure : Downtime Receipting 17827 Rev 3		Approved	Michael Thomas
18. Procedure : Downtime Registration for OB Outpatients 17790 Rev 5		Approved	Michael Thomas
19. Procedure : Downtime Registration for Outpatients 17789 Rev 5		Approved	Michael Thomas
20. Procedure : Downtime Registration of Emergency Patients 16770 Rev 5		Approved	Michael Thomas
21. Procedure : Downtime Registration of OB Inpatients 16769 Rev 5		Approved	Michael Thomas
22. Procedure : ED Quick Registration 17220 Rev 4		Approved	Michael Thomas
23. Procedure : Homeless Address 16765 Rev 3		Approved	Michael Thomas
24. Procedure : Obstetrics Package Program 11083 Rev 7		Approved	Michael Thomas
25. Procedure : Posting Patient Payments 17820 Rev 3		Approved	Michael Thomas
26. Procedure : Registration of Inpatients and Observation Patients 16680 Rev 4		Approved	Michael Thomas
27. Procedure : Registration of OB Pre Admits 17221 Rev 5		Approved	Michael Thomas
28. Procedure : Registration of		Approved	Michael Thomas

Outpatients 16763 Rev 4			
29. Procedure : Registration of Surgery Patients 11408 Rev 5		Approved	Michael Thomas
30. Procedure : Scanning of Photo ID and Insurance Card in Cerner 37692 Rev 1		Approved	Michael Thomas
31. Procedure : Vault Hours and Release of Patient Valuables 17782 Rev 4		Approved	Michael Thomas
32. Procedure : Emergency Patient Full Registration 16664 Rev 4		Approved	Michael Thomas
33. Procedure : Blood and Bodily Spill Cleanup/Carpet 15261 Rev 5		Approved	Ryan Fearn-Gomez
34. Procedure : Key, Pager and Phone Control 14890 Rev 4		Approved	Ryan Fearn-Gomez
35. Procedure : Pest Elimination Contracted Services 15012 Rev 5		Approved	Ryan Fearn-Gomez
36. Procedure : Clean Linen Distribution 14629 Rev 5		Approved	Ryan Fearn-Gomez
37. Procedure : Clean Linen Procurement Emergency 14631 Rev 5		Approved	Ryan Fearn-Gomez
38. Procedure : Code Silver - Person with a Weapon/Hostage Situation		Approved	Ryan Fearn-Gomez
39. Policy : Board of Directors Code of Conduct 68552 Rev 1		Approved	Kevin DeBruin
40. Procedure : Direct Admissions to the Hospital 10438 Rev 7		Approved	Melvin Russell
41. Procedure : Downtime Process 15119 Rev 8		Approved	Brian Willey
42. Procedure : General Guidelines - PBX Communications 14815 Rev 8		Approved	Brian Willey
43. Procedure : Overhead Paging Guidelines 14971 Rev 9		Approved	Brian Willey

44. Procedure : Physician Release to Return to Work 11275 Rev 11		Approved	Brian Willey
45. Procedure : Reaching Palomar Medical Center Media-on-Call Staff 14595 Rev 7		Approved	Brian Willey
46. Procedure : Shift Responsibilities 15095 Rev 4		Approved	
47. Procedure : Emergency Equipment-Supplies-Meds Storage & Location 10545		Approved	Holly Porter
48. Procedure : NICU Onboarding 75032 Rev 0		Approved	Holly Porter
49. Procedure : Medical (Compressed) Gases 10960 Rev 10		Approved	Valerie Martinez
50. Procedure : Patient Scheduling 13617 Rev 7		Approved	Sims Kendall
51. Procedure : After Hours Emergency Nuclear Medicine Coverage 10104 Rev 8		Approved	Sims Kendall
52. Procedure : Patient Valuables and Belongings 14003	Hold for education; send draft to Ashley Rowe	Approve	Meghan Jaremczuk
53. Procedure : Newborn Screening Program (PKU Processing) 15299 Rev 12		Approved	Andrew Tokar
54. Procedure : Radioactive Material Training 13731 Rev 6		Approved	Sims Kendall
Clinical Documents for Approval			
55. Procedure : Assessment Reassessment of Patients 10152 Rev 11		Approved	Tyler Powell
56. Procedure : Discharge Criteria-- NICU Rehab Services 26292 Rev 8		Approved	Tyler Powell
57. Procedure : Inpatient Education 10795 Rev 10		Approved	Tyler Powell
58. Policy : Breastmilk: Collection,		Approved	Holly Porter

Storage, Handling, and Administration for Hospitalized Patients 69472 Rev 3			
59. Procedure : IV Insertion and Management for Neonatal Patients 12243 Rev 14		Approved	Holly Porter
60. Procedure : Negative Pressure Wound Therapy (NPWT) 57237 Rev 5		Approved	Holly Porter
61. Procedure : Infusion Services: Therapeutic Phlebotomy 68372 Rev 1		Approved	Melvin Russell
62. Procedure : Provider Orders - Who Can Place 13569 Rev 20		Approved	Melvin Russell
63. Procedure : Needle Localization - Guided by Mammography or Ultrasound 27732 Rev 9		Approved	Sims Kendall
64. Procedure : Fluoroscopic Radiation Exposure Amounts to Patients 10909 Rev 10		Approved	Sims Kendall
65. Procedure : Fluoroscopy Use by the Medical Staff 10221 Rev 7		Approved	Sims Kendall
Scopes of Service – Annual Review			
66. Scope of Service : Rehabilitation Services 12338 Rev 19		Approved	Tyler Powell
67. Scope of Service : Transportation and Lift Services 35252 Rev 5		Approved	Melvin Russell
68. Scope of Service : Central Staffing 12322 Rev 8		Approved	Melvin Russell
69. Scope of Service : Medical Acute/Intermediate Care 57872 Rev 8	Include Poway Medical Acute	Approve with Edits	Tom McGuire
70. Scope of Service : Patient Safety Representative 61672 Rev 1		Approved	Brian Willey
71. Scope of Service : Employee Health Services 12326 Rev 11		Approved	Brian Willey

Plans – Annual Review			
72. Plan : Water Management Program and Water Safety Plan, PMCE 71992 Rev 2		Approved	Valerie Martinez
73. Plan : Water Management Program and Water Safety Plan, PMCP 71993 Rev 2		Approved	Valerie Martinez
74. Plan : Emergency Operations Plan (Disaster Plan) and Emergency Management Program 10549 Rev 15		Approved	Brian Willey
75. Plan : Emergency Operations Plan - Disaster Plan and Emergency Management Program (The Villas at Poway) 66133 Rev 2		Approved	Brian Willey
76. Plan : Mass Fatality Incident Response (Morgue Surge) Plan 63652 Rev 2		Approved	Brian Willey
Documents to Archive			
77. Procedure : Admissions Guidelines for Adults/Pediatrics PMC 17811 Rev 4		Approved	Michael Thomas
78. Procedure : Bed Tracking 14556 Rev 2		Approved	Ryan Fearn-Gomez
79. Procedure : Calorie Count 14597 Rev 4		Approved	Carrie Johnsen
80. Procedure : Clean Linen Storage 14632 Rev 3		Approved	Ryan Fearn-Gomez
81. Procedure : Drapery Cleaning Contracted Services 14734 Rev 3		Approved	Ryan Fearn-Gomez
82. Procedure : Hazard Vulnerability Analysis 70652 Rev 0		Approved	Ryan Fearn-Gomez
83. Procedure : Leaving Work Area 14894 Rev 2		Approved	Ryan Fearn-Gomez
84. Procedure : Linen Processing Contracted Services 14897 Rev 3		Approved	Ryan Fearn-Gomez

85. Procedure : Meeting Setups 14930 Rev 2		Approved	Ryan Fearn-Gomez
86. Procedure : Monthly Staff Meeting 14931 Rev 3		Approved	Ryan Fearn-Gomez
87. Procedure : Pillow Supply and Replacement 15023 Rev 2			Ryan Fearn-Gomez
88. Procedure : PowerChart ERM Tasks 16662 Rev 3		Approved	Michael Thomas
89. Procedure : Quality Assurance Rounds 15053 Rev 3		Approved	Ryan Fearn-Gomez
90. Procedure : Reject Linens 15066 Rev 4		Approved	Ryan Fearn-Gomez
91. Procedure : Research 12131 Rev 5		Approved	Tyler Powell
Documents Approved by P&P Chair and/or Department Chair			
92. Plan : Radiation Protection and Safety 56232 Rev 3 <i>Approved by P&P Chair 5/16/20215</i>			Sims Kendall
93. Procedure : Abuse - Suspected Adult & Elder Abuse Recognition and Reporting 10050 Rev 11 <i>Approved by P&P Chair 5/19/20215</i>			Tracy Page
94. Reference Materials : Human Trafficking Response Guide 76712 Rev 0 <i>Approved by P&P Chair 5/19/20215</i>			Tracy Page
95. Procedure : Code Red – Fire 16921 Rev 6 <i>Approved by P&P Chair 5/28/20215</i>			Marcos Fierro
96. Procedure : Medication Administration 18246 Rev 21 <i>Approved by P&P Chair 6/04/20215</i>			Nada Ghobrial
Transfer of Ownership	Discussion	Approval or Denial	Responsible Person

97. Patient Tansfers from Other Facilities Transferred from Michael Thomas to Ryan Fearn-Gomez		Approved	
98. Paramedics Face Sheet Transferred from Melissa Wallace to Michael Thomas		Approved	
99. Armored Transport Preparation Transferred from Melissa Wallace to Michael Thomas		Approved	
100. General Ledger Posting Transferred from Melissa Wallace to Michael Thomas		Approved	
101. Non-Sufficient Funds (NSF) Check Processing Transferred from Melissa Wallace to Michael Thomas		Approved	
102.Sundry Posting Transferred from Melissa Wallace to Michael Thomas		Approved	
103.Booking, Storing and Retrieving Source Documents Transferred from Melissa Wallace to Travis Pittman		Approved	
104.Coding and Abstracting Guidelines Transferred from Melissa Wallace to Travis Pittman		Approved	
105.Medicare Discharge Appeals Process Transferred from Melissa Wallace to Travis Pittman		Approved	
Laboratory Documents for Awareness			
106.Procedure : Carba-R Xpert PCR 61152 Rev 9			
107.Procedure : Gram Stain 13295 Rev 31			
108.Procedure : MRSA NxG Nasal Screening by PCR 66872 Rev 2			
109.Procedure : Reference Lab Send Out Test Directions Microbiology			

55572 Rev 6			
110.Procedure : ETest 13177 Rev 36			
111.Form : Inpatient Specimen Handling FORM 58532 Rev 1			
112.Procedure : Facsimile (FAX) and Reportable Disclosures Accounting in Laboratory 10628 Rev 20			

Next Meeting: **Date:** Wednesday, July 9, 2025
Time: 9:30am – 11:00am
Location: TEAMS

Consent Agenda for Policies & Procedures Committee July 2025

Agenda Item	Discussion	Approval	Responsible Person
1. Meeting Minute Approval June 11, 2025		Approved	Jami Pearson
Non- Clinical Documents	Discussion	Approval or Denial	Owner/Responsible Person
1. Procedure : Media Disposal 52312 Rev 3			Marcos Fierro
2. Procedure : Elevator 13192 Rev 5			Marcos Fierro
3. Procedure : Medical Device Reporting 18392 Rev 4	<ul style="list-style-type: none"> ✓ Meeting set up to review process - may require further revision. ✓ Attach draft (rev 4) to meeting invite. ✓ Invite Sally to meeting. ✓ Education will be required. 	Approved	Marcos Fierro
4. Procedure : Disaster Plan Wound Care Center and Hyperbarics 19217 Rev 8		Approved	Holly Porter
5. Procedure : Patient and Family Education-Wound Care 12114 Rev 12		Approved	Holly Porter
6. Procedure : Outpatient Tests and Reports Wound Care Center 12103 Rev 8		Approved	Holly Porter
7. Procedure : Code White - Neonatal/Pediatric Medical Emergency 10318 Rev 19		Approved	Holly Porter
8. Procedure : Downtime Procedure - Inpatient, Skilled Nursing and Subacute Facility Therapy 25655 Rev 10		Approved	Tyler Powell
9. Procedure : Disaster Procedure - Rehab Services 12062 Rev 18		Approved	Tyler Powell

10. Procedure : Referral Process for Ineligible Patients 11402 Rev 10		Approved	Tyler Powell
11. Procedure : Outpatient Scheduling 11116		Approved	Tyler Powell
12. Form : Patient Supplied Equipment Waiver 41232 Rev 3	<ul style="list-style-type: none"> ✓ Ensure this is linked to 40292 ✓ Sally reach out to Jeff to get most current copy with newer date. 	Approved	Valerie Martinez
13. Procedure : Respiratory Care Professional Enhancement Program (PEP) 33412 Rev 5		Hold/Table for further review.	Valerie Martinez
14. Form : Respiratory Care PEP Community Volunteer Activities Documentation Form 33439 Rev 2		Hold/Table for further review.	Valerie Martinez
15. Form : Respiratory Care PEP Criteria 33432 Rev 4		Hold/Table for further review.	Valerie Martinez
16. Form : Respiratory Care PEP Documentation & Signature Form 33437 Rev 2		Hold/Table for further review.	Valerie Martinez
17. Form : Respiratory Care PEP Manager Summary & Approval Form 33436 Rev 2		Hold/Table for further review.	Valerie Martinez
18. Form : Respiratory Care PEP Planning Form 33434 Rev 2		Hold/Table for further review.	Valerie Martinez
19. Form : Respiratory Care PEP Point Schedule 33433 Rev 2		Hold/Table for further review.	Valerie Martinez
20. Form : Respiratory Care PEP Point Summary & Approval Form 33435 Rev 2		Hold/Table for further review.	Valerie Martinez
21. Form : Respiratory Care PEP Unit Point Summary 33440 Rev 2		Hold/Table for further review.	Valerie Martinez
22. Procedure : Trauma Notification Regarding CT Technologist 11724 Rev 6		Approve	Sims Kendall
23. Procedure : Patient Scheduling and Transportation to Outside		Approve	Sims Kendall

Imaging Center 11703			
24. Reference Materials : CDPH Radiologic Health Branch (RHB) Reporting Letter 50532 Rev 3		Approve	Sims Kendall
25. Procedure : CT Scanner Quality Assurance 12952 Rev 7		Approve. Transfer owner to Todd Renner	Sims Kendall
26. Procedure : Call Back Procedure for Radiologists 10231 Rev 8		Approve	Sims Kendall
27. Reference Materials : Code of Conduct 72334 Rev 1	✓ Ensure this is linked to 19091	Approve	Helen Waishkey
28. Reference Materials : Code of Conduct: Spanish 72892 Rev 1	✓ Ensure this is linked to 19091	Approve	Helen Waishkey
29. Procedure : Codes Activation 14662 Rev 7		Approve	Brian Willey
30. Procedure : Emergency Codes: Red/Blue/White/Pink/Purple/Yellow/Gray/Silver/Orange/Green/Triage 17046 Rev 8		Approve	Brian Willey
31. Form : Exposure to Communicable Disease Appendix A (Vaccine Declination) 36941 Rev 4	✓ Ensure this is linked to 36874	Approve	Brian Willey
32. Form : HDR Patient Survey Form 67313 Rev 1		Approve	Todd Renner
33. Procedure : Refusal of Assignment 12640 Rev 2		Approve	Melvin Russell
34. Procedure : Beauty Shop 22232 Rev 3		Approve	Alicia Lockett
35. Procedure : Abuse - Child Recognition and Reporting 10051 Rev 10	Updated to include internet reporting and routing of reports to Medical Records & 464 SB requirements	Approve	Tracy Page
36. Procedure : Abuse - Suspected Adult & Elder Abuse Recognition and Reporting 10050 Rev 12	Updated to include language for AB 2319	Approve	Tracy Page
Clinical Documents for Approval			
37. Procedure : Advance Directives	Added definition for OP to meet JC	Approve	Melvin Russell

10099 Rev 10	requirements.		
38. Reference Materials : Assessment, Prevention and Treatments HBOT 69332 Rev 1		Approve	Holly Porter
39. Reference Materials : Dynamic Health: Palomar Health Specific Annotations 70512 Rev 2		Approve	Holly Porter
40. Form : Gross Examination of Placenta 51332 Rev 2		Approve	Holly Porter
41. Procedure : Pain Assessment and Management- Wound Care 57178 Rev 5		Approve	Holly Porter
42. Reference Materials : Hyperbaric Oxygen Therapy (HBOT) Guidelines 66312 Rev 1		Approve	Holly Porter
43. Procedure : Peripherally Inserted Central Catheter and Midline Placement 11135 Rev 10		Approve	Thomas McGuire
44. Procedure : Echocardiogram Using Imaging Enhancement Agent 62072 Rev 4		Approve	Thomas McGuire
45. Procedure : ICU Liberation 26432 Rev 4		Approve	Thomas McGuire
46. Procedure : Specimen Handling 27912 Rev 6	Ensure this is linked to 15109/	Approve	Sims Kendall
47. Procedure : Discharge Criteria – Outpatient 12066 Rev 7		Approve	Sims Kendall
48. Procedure : Fall Risk Assessment Outpatient Rehabilitation Services 41212 Rev 9		Approve	Tyler Powell
Standardized Procedures – Annual Review			
49. Standardized Procedure : Anesthesia Preop Orders 44552 Rev 6		Informational only. Approved at all required MS Committees	Bruce Grendell
50. Standardized Procedure : Discharge and Transfer of the		Informational only. Approved at all required	Bruce Grendell

Surgical/Procedural Patient 11300 Rev 10		MS Committees	
51. Standardized Procedure : Immediate Care of the Newborn 24932 Rev 16		Informational only. Approved at all required MS Committees	Holly Porter
52. Standardized Procedure : Neonatal Advanced Life Support (ALS) 69392 Rev 1		Informational only. Approved at all required MS Committees	Holly Porter
53. Standardized Procedure : Nurse Practitioner Management of NICU and Newborn Patients 71275 Rev 2		Informational only. Approved at all required MS Committees	Holly Porter
54. Standardized Procedure : Nurse Practitioner Procedures in the NICU 69412 Rev 2		Informational only. Approved at all required MS Committees	Holly Porter
55. Standardized Procedure : Nurse Practitioner 25173 Rev 8		Informational only. Approved at all required MS Committees	Melvin Russell
Scopes of Service – Review/Approval			
56. Scope of Service : Imaging Services 61912 Rev 6		Hold/Table for further review.	Sims Kendall
57. Scope of Service : Pharmacy Services 12335 Rev 12		Approve	Nada Ghobrial
Nutrition Care Manual – Annual Review			
58. Reference Materials : Nutrient Analysis Statement 76572 Rev 0		Approve	Nicole Hite
59. Procedure : Nutrition Care Manual 10938 Rev 18		Approve	Nicole Hite
60. Reference Materials : Nutrition Formulary 74373 Rev 1		Approve	Nicole Hite
61. Reference Materials : Specific Diet Guidelines 74372 Rev 1		Approve	Nicole Hite
Plans – Annual Review			
62. Procedure : Industrial & Control Air Plan 13067 Rev 6		Approve	Marcos Fierro

Documents to Archive	Discussion	Approval or Denial	Responsible Person
63. Procedure : Inclement Weather Provisions 20831 Rev 5		Approve	Sims Kendall
64. Form : Newborn/NICU/Peds Nurse to Provider-ISBARR Report Tool 47153		Approve	Holly Porter
65. Procedure : Wound Debridement Note 12162 Rev 14		Approve	Holly Porter
66. Procedure : Personal Time Off (PTO) Request 12118 Rev 10		Approve	Holly Porter
67. Procedure : Pulmonary Rehabilitation Orientation 22912 Rev 1		Approve	Kathleen MacKessy
Transfer Ownership			
68. Form : HDR Patient Survey Form 67313 Rev 1 Ownership transferred from Sims Kendall to Todd Renner		Approve	
69. Reference Materials : Dynamic Health: Palomar Health Specific Annotations 70512 Rev 2 Ownership transferred from Meghan Jaremczuk to Holly Porter		Approve	
70. Procedure : Palliative Care Referral Process 58032 Rev 0 Ownership transferred from Meghan Jaremczuk to Harry Kallipolitis		Approve	
71. Procedure : Beauty Shop 22232 Rev 3 Ownership transferred from Ryan Fearn-Gomez to Alicia Lockett		Approve	
Laboratory Documents for Awareness			
72. See Attached Excel Log		Approve	

Next Meeting: **Date:** Wednesday, August 13, 2025
Time: 9:30am – 11:00am
Location: TEAMS

PALOMAR MEDICAL CENTER POLICIES AND PROCEDURES APPROVAL

JANUARY - JULY 2025

ID	Title	Official Date	Status	Type	Source
10672	Food Storage	4/10/2025	Official	Procedure	Food Handling/Food Safety/Infection Control/Sanitation
10729	High-Level Disinfection with OPA	4/29/2025	Official	Procedure	Infection Control
10938	Nutrition Care Manual	7/10/2025	Official	Procedure	Clinical Management
10979	Medication Error Reduction Plan (MERP)	7/1/2025	Official	Plan	Plans
11234	Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan	7/1/2025	Official	Plan	Plans
11528	Sedation Outside of the Operating Room	7/1/2025	Official	Procedure	Clinical Practice (Multidisciplinary)
11834	Time Allowance of Solution in Temperature Controlled Storage	5/27/2025	Official	Procedure	Surgery
12056	Compounded Medication Use from Outside Sources	4/29/2025	Official	Procedure	Pharmacy
12119	Pharmacist Review of Medication Orders	2/26/2025	Official	Procedure	Pharmacy
12126	Look-Alike Sound-Alike Medications- Reduction of Adverse Events	4/29/2025	Official	Procedure	Pharmacy
12845	Aminoglycoside Dosing Service	4/29/2025	Official	Procedure	Pharmacy
13174	Medication Storage and Safety	7/1/2025	Official	Procedure	Pharmacy
13272	Formulary of Medications	7/1/2025	Official	Procedure	Pharmacy
13670	Outpatient Pharmacy Prescription Requirements and Processing	7/1/2025	Official	Procedure	Pharmacy
14440	Therapeutic Substitutions (Procedure)	2/26/2025	Official	Procedure	Pharmacy
14678	Code Triage - Disaster/Unplanned Event	7/1/2025	Official	Procedure	Emergency Management (EM)
14711	Decontamination and Cleaning of Reusable Instruments and Medical Devices	5/27/2025	Official	Procedure	Sterile Processing Department
15246	Bloodborne Pathogens Exposure Control Plan	1/31/2025	Official	Procedure	Infection Control
15303	Outbreak Investigation	4/29/2025	Official	Procedure	Infection Control
15329	Tuberculosis (TB) Exposure Control Plan	4/29/2025	Official	Procedure	Infection Control
15412	Infection Prevention and Control Risk Assessment and Surveillance Plan	5/27/2025	Official	Plan	Plans
17520	Hypertonic Saline	2/26/2025	Official	Procedure	Clinical Practice (Multidisciplinary)
17943	Pharmacologic Cardiac Stress Test	4/29/2025	Official	Procedure	Cardiology
19079	Vancomycin Dosing Guidelines	4/29/2025	Official	Procedure	Pharmacy
19371	Medication Administration and Ordering for SANE	2/26/2025	Official	Standardized Pr	Sexual Assault Response Team (SART)
23532	Downtime Procedures for Pharmacy Systems Failure	2/26/2025	Official	Policy	Pharmacy
24892	Relative Humidity & Temperature Monitoring in Procedural Rooms	2/7/2025	Official	Procedure	Surgery
24972	MRI Contrast Gadolinium Administration	2/26/2025	Official	Procedure	MRI
25173	Nurse Practitioner	7/10/2025	Official	Standardized Pr	Clinical Practice (Multidisciplinary)
25552	EZ IO (Intraosseous Infusion System)	1/31/2025	Official	Policy	Clinical Practice (Multidisciplinary)
27012	Disaster Privileges, Licensed Practitioner	7/1/2025	Official	Procedure	Emergency Management (EM)
28152	Influx of Suspected Infectious Patients	1/31/2025	Official	Procedure	Infection Control
30674	CK Monitoring During Daptomycin Therapy	7/1/2025	Official	Procedure	Pharmacy
33473	Mammography & Ultrasound Protocols	5/15/2025	Official	Protocols	Women's Center
34472	Drug Dosing by Indication - Weight - Renal Function (Procedure)	4/29/2025	Official	Procedure	Pharmacy
34772	Aerosol Transmissible Diseases (ATD) Exposure Control Plan	4/29/2025	Official	Plan	Infection Control
35272	Outdated, Unusable Medications	7/1/2025	Official	Procedure	Wound Care and HBOT
36812	Continuous Analgesia Infusion for End-of-Life Care	2/26/2025	Official	Procedure	Clinical Practice (Multidisciplinary)
39972	Standards of Care for Respiratory Care Practitioner	2/26/2025	Official	Procedure	Respiratory Services
44392	CT Imaging Protocols Matrix	5/15/2025	Official	Protocols	Protocols - Imaging
44552	Anesthesia Preop Orders	7/10/2025	Official	Standardized Pr	Surgery & Procedures
44912	Drug Dosing by Indication - Weight - Renal Function (List)	4/29/2025	Official	Form	Pharmacy
45392	Adult Crash Cart Contents	4/29/2025	Official	Form	Clinical Practice (Multidisciplinary)
46132	Pyxis Override List by Category	2/26/2025	Official	Form	Pharmacy
46672	Pharmacy Clinical Services	4/29/2025	Official	Procedure	Pharmacy
48112	Restricted Antimicrobials Table	7/1/2025	Official	Form	Pharmacy
49972	Antimicrobial Stewardship Program	4/29/2025	Official	Policy	Pharmacy
52732	Outpatient Pharmacy Security	7/1/2025	Official	Procedure	Pharmacy
58152	Pediatric Broselow Crash Cart Contents	2/26/2025	Official	Form	Emergency Department
61012	Infection Control and Prevention Program Annual Summary	4/29/2025	Official	Reference Mate	Infection Control
61772	Negative Pressure Room, Daily Checklist for Airborne Precaution Use	2/26/2025	Official	Reference Mate	Infection Control
62532	MRI Exam Protocol Matrix	5/15/2025	Official	Protocols	Protocols - Imaging
62832	Management of Clinical Alarms	4/29/2025	Official	Policy	Administrative Nursing
65419	INF Benralizumab (FASENRA) Orders	5/27/2025	Official	Form	Pharmacy

65422	INF Denosumab (PROLIA) Orders	5/27/2025	Official	Form	Pharmacy
65442	INF Thyrotropin alfa (THYROGEN) Orders	5/27/2025	Official	Form	Pharmacy
65444	INF Ustekinumab (STELARA) Orders	5/27/2025	Official	Form	Pharmacy
65445	INF Vedolizumab (ENTYVIO) Orders	5/27/2025	Official	Form	Pharmacy
69152	Nurse Midwife Standardized Procedure	7/1/2025	Official	Standardized Pr	Birth Center
69392	Neonatal Advanced Life Support (ALS)	7/10/2025	Official	Standardized Pr	Neonatal Intensive Care Unit (NICU)
69913	INF Denosumab (XGEVA) Orders	5/27/2025	Official	Form	Pharmacy
70832	INF Dupilumab (DUPIXENT) Orders	5/27/2025	Official	Form	Pharmacy
70833	INF Efgartigimod alfa-fcab (VYVGART) Orders	5/27/2025	Official	Form	Pharmacy
70972	INF Infliximab-axxq (AVSOLA) Orders	5/27/2025	Official	Form	Pharmacy
71992	Water Management Program and Water Safety Plan, PMCE	6/16/2025	Official	Plan	Infection Control
71993	Water Management Program and Water Safety Plan, PMCP	6/16/2025	Official	Plan	Infection Control
73592	Pharmacy Contact Media Cultures	2/26/2025	Official	Procedure	Microbiology
73992	Labor and Delivery Admit	4/28/2025	Official	Standardized Pr	Birth Center
74795	Hyperosmolar Hyperglycemic Syndrome Admit	2/26/2025	Official	Power Plan	Clinical Practice (Multidisciplinary)
74932	ONC HSP8 mXELIRI	2/26/2025	Official	Form	Infusion Pharmacy
75112	INF Efgartigimod alfa - hyaluronidase-qvfc (VYVGART Hytrulo) Orders	1/27/2025	Official	Form	Pharmacy
75352	INF Secukinumab (COSENTYX)	5/27/2025	Official	Form	Pharmacy
75553	INF Lecanemab-irmb (LEQEMBI) Orders	7/1/2025	Official	Form	Pharmacy
75872	Rasburicase Fixed Dose	2/26/2025	Official	Procedure	Pharmacy
76072	Olympus OER-ELITE Validation Log	4/29/2025	Official	Form	Infection Control
76252	Hypercalcemia Power Plan	7/1/2025	Official	Power Plan	Clinical Practice (Multidisciplinary)
76253	Hyperkalemia Power Plan	7/1/2025	Official	Power Plan	Clinical Practice (Multidisciplinary)
76254	Insulin SubQ Eating (Lispro) Power Plan	7/1/2025	Official	Power Plan	Clinical Practice (Multidisciplinary)
76255	Insulin SubQ Eating (Regular) Power Plan	7/1/2025	Official	Power Plan	Clinical Practice (Multidisciplinary)
76256	Insulin SubQ NPO Power Plan	7/1/2025	Official	Power Plan	Clinical Practice (Multidisciplinary)
76257	Insulin SubQ Tube Feeding Power Plan	7/1/2025	Official	Power Plan	Clinical Practice (Multidisciplinary)
76272	Shoulder Upper Extremity Post Op Power Plan	7/1/2025	Official	Power Plan	Surgery & Procedures
76292	Venous Thromboembolism (VTE) Prophylaxis Surgery (Orthopedic Hip-Knee) Power Plan	7/1/2025	Official	Power Plan	Surgery & Procedures
76332	Med Surg Admit Power Plan	7/1/2025	Official	Power Plan	Med/Surg
76392	IR Pre Abscess Drainage Catheter Placement Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76393	IR Pre Angiography Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76394	IR AV Fistulogram Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76395	IR Pre Biliary Intervention Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76396	IR Pre Biopsy Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76397	IR Pre Bone Marrow Biopsy Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76398	IR Pre Centesis Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76399	IR Pre Chemoembolization Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76400	IR Pre Chest Port Insertion	7/1/2025	Official	Power Plan	Interventional Radiology
76401	IR Pre Chest Tube Placement	7/1/2025	Official	Power Plan	Interventional Radiology
76402	IR Pre CVL Insertion Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76403	IR Pre Genitourinary Intervention Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76404	IR Pre G-GJ Tube Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76405	IR Pre Procedure Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76406	IR Pre Thrombolysis Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76407	IR Pre Tunneled Central Venous Catheter Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76408	IR Pre Uterine Artery Embolization Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76409	IR Pre Vascular Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76410	Nuclear Medicine Renal Scan Power Plan	7/1/2025	Official	Power Plan	Interventional Radiology
76432	Continuous Nerve Block Analgesia OnQ Pump Power Plan	7/1/2025	Official	Power Plan	Surgery
76433	Nerve Block Power Plan	7/1/2025	Official	Power Plan	Surgery



DocID: 70992
Revision: 4
Status: Official

Source:
Administrative

Applies to Facilities:
All Palomar Health Facilities

Applies to Departments:
All Departments

Policy : Reducing Disparity in Health Care

I. SUMMARY/INTENT

Palomar Health recognizes that health disparities have preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and population groups, and communities. Health disparities exist in all age groups, including older adults. Palomar Health will use available data sources to help identify health care disparities in its patient population and prioritize which population(s) on which to focus. Palomar Health will conduct a stratification analysis using sociodemographic characteristics such as age, gender, preferred language, or race and ethnicity to better understand the specific disparities that may exist for the patient population.

II. DEFINITIONS

- A. **Disparity:** *Disparity* contains the Latin *dis*, meaning "apart" or "non-", so a disparity is a kind of "non-equality". The word is often used to describe a social or economic condition that's considered unfairly unequal: a racial disparity in hiring, a health disparity between the rich and the poor, an income disparity between men and women, and so on.
- B. **HRSNs:** Health-Related Social Needs - Root causes of disparities in health outcomes
- C. **Social Determinants of Health:** The Center for Disease Control definition is the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, love, and age, and the wider set forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change and political systems.
- D. **Prapare Screening Tool:** Is a national standardized patient risk assessment tool designed to engage patients in assessing and addressing social drivers of health.
- E. **Age Friendly Measure:** These are programmatic measures that assess the hospital's commitment to improving care for patients ≥ 65 years of age receiving services in the hospital, operating room, or emergency department. The clinical measure consists of 5 domains that each address an essential aspect of clinical care for the older patient.
- F. **Social Determinants of Health in the Outpatient Setting:** Definition of "Outpatient" OPPS payment covers any outpatient department/clinic of the hospital. That includes POS codes 19, 22, 23, which are off-campus outpatient, on campus outpatient, and emergency room, respectively. The off campus and on campus locations of the hospital can include outpatient clinics, including hospital owned provider-based clinics for primary care or specialty care.
- G. **HCAI:** Department of Health Care Access and Information.

III. POLICY: COMPLIANCE - KEY ELEMENTS

- A. Despite efforts to improve healthcare access and quality, hospitals continue to face challenges in achieving health equity. Disparities based on socioeconomic status, race, ethnicity, language, and other social determinants persist, leading to differential healthcare outcomes among patient populations. Factors such as structural racism, implicit bias, inadequate cultural competency, and limited resources contribute to these disparities, posing significant challenges to equitable healthcare delivery within Palomar Health. Palomar Health will play a crucial role in providing healthcare services to diverse populations. Achieving health equity within Palomar Health will require identifying and addressing the systemic barriers that contribute to these disparities. Therefore, Palomar Health will document any patient's (HRSN) which may include, but not limited to, access to transportation, difficulty paying for prescriptions or medical bills, education and literacy, food insecurity, and housing insecurity will be assessed on inpatients. Palomar Health will include, but not be limited to, high-risk population of patients with diabetes, pregnant women, or homeless. If HRSN are identified, the patient will be provided information about community resources and support activities. Patients that have been screened for these social needs may have obstacles to high quality care which could contribute to poor health. Screening for these social determinants of health will be performed by nursing staff for inpatient admissions which will include the Obstetrical Unit. Palomar Health will use available data from the Prapare Screening Tool to help identify health care disparities in its patient population and prioritize which population(s) on which to focus. Palomar Health will conduct a stratification analysis using social demographic characteristics such as age, gender, preferred language, or race and ethnicity to better understand the specific disparities that may exist for the patient population.

Excluded: The Behavioral Health Unit and Outpatients are excluded from using this screening process.

- B. Social Determinants PRAPARE section is addressed on the OB Admission History and Adult Inpatient History form
1. The RN should fill out all the required fields within the form.
 2. If a patient screens for any listed social determinants of health, a Case Resource Management consult order will automatically be placed:
 - a. "In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?"
 - Food Insecurity
 - Housing Instability
 - Transportation Needs
 - Utility Difficulties
 - Interpersonal safety
 - b. "Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?"
 - Yes, kept from getting to medical appointments/getting medications
 - Yes, kept from non-medical meetings, work, or necessities
- C. If the stratified analyses show differences across groups, Palomar Health will work to understand the root cause of the differences. Please see linked action ([Lucidoc 74612 Commitment to Health Equity](#)) plan that will address at least one of the health care disparities identified in its patient population. The following are the goals related to health inequities:
1. Equitable Access to Healthcare Services: Ensuring that all individuals have equitable access to healthcare services.
 2. Cultural Competence and Linguistic Access: Promoting cultural competence and linguistic access within healthcare settings to ensure that healthcare providers can effectively communicate.
 3. Community Engagement and Partnership: Engaging communities and partnering with community organizations, stakeholders, and policymakers to develop and implement strategies for promoting health equity.
 4. Data Collection and Monitoring: Improving data collection and monitoring systems to track health disparities
- D. Palomar Health will evaluate and revise their action plan as necessary. Leaders, providers, and staff will be informed at least annually on the progress to reduce identified health disparities.
- E. Social Determinants PRAPARE section was added to the following outpatient areas for any patient over the age of 18:
1. Emergency Department
 2. Infusion Therapy
 3. Radiation Oncology
 4. Wound Care and Hyperbarics therapy
 5. Cardiac Rehab
 6. Perinatal Services
 7. Physical Therapy, Occupational Therapy, and Speech/OP
 8. Interventional Radiology
 9. Cardiac Cath lab
 10. OP OB Triage
- F. Department of Health care Access and Information: Palomar Medical Center Escondido and Palomar Medical Center Poway will collect hospital screening data for all patients that are 18 years or older for all five-health related social needs.
1. The number of patients admitted to the hospital who are 18 years or older at time of admission and who screened for all five HRSNs
 2. The total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted
 3. The percent of patients screened for all five HRSNs
 4. Palomar Medical Center, Escondido and Poway will provide required data
- G. Age Friendly Measures:
1. Domain 1: Eliciting Patient Healthcare Goals
 1. This domain focuses on obtaining patients' health-related goals and treatment preferences which will inform shared decision making goal concordant care
 2. Domain 2: Responsible Medication Management
 1. This domain aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased harm
 3. Domain 3 Frailty Screening and Interventions (i.e. Mobility, Mentation, and Malnutrition)

1. This domain aims to screen patients for geriatric issues related to frailty including cognitive impairment/delirium, physical function/mobility, and malnutrition for the purpose of early detection and intervention where appropriate
4. Domain 4 Social Vulnerability (social isolation, economic insecurity, ageism, limited access to healthcare, caregiver stress, elder abuse)
 1. This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan
5. Domain 5 Age-Friendly Leadership
 1. This domain seeks to ensure consistent quality of care for older adults through the identification of an age friendly champion and/or inter-professional committee tasked with ensuring compliance with all components of this measure
6. Palomar Health integrated the age friendly measures into existing documentation and will evaluate these strategies within the Health Care Equity Committee.
 1. Palomar has set goals to create health processes that ensure every older adult receives the best care possible and:
 1. is not harmed by care
 2. is satisfied with the care they receive
 3. Palomar will screen patients ≥ 65 years of age for
 1. Medication, Mentation, Nutrition, and Mobility &
 2. Provide resource when patients meet screening criteria

H. References:

1. Joint Commission Leadership Standards
2. Joint Commission Sentinel Event Alert
3. CDC on Health Disparities
4. CMS Age Friendly measures
5. HCAI
6. CMS IQR for SDOH inpatient and outpatient

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Approvals	
- Committees:	
- Signers:	<i>Jami Pearson</i>
	Jami Pearson, Director Regulatory (04/14/2025 03:18PM PST)
Original Effective Date:	10/25/2022
Revision Date:	[04/14/2025 Rev. 4]
Attachments:	Commitment to Health Equity Plan
(REFERENCED BY THIS DOCUMENT)	

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<https://www.lucidoc.com/api/auth/login?org=10343&returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dpphealth%3A70992>.

Palomar Health Care Commitment to Health Equity Annual Summary 2024

Domain 1: Strategic Priority

Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. CMS has defined a strategic plan as a written plan to address healthcare equity that is shared across the hospital.

Elements	Recommendations	Action	Status
A. Identify priority populations who currently experience health disparities	<ol style="list-style-type: none">1. Revise governance structure to support data analysis2. Review current quality initiatives that health equity may impact utilizing a focused report tool3. Use current initiatives to further identify health disparities	<ol style="list-style-type: none">1. Revised governance structure Review data analytics for health equity2. Deploy new governance structure to review Prapare data3. Review selected 2024 population of patients selected	Achieved Achieved Achieved
B. Identify healthcare equity goals and discrete action steps to achieving these goals	<ol style="list-style-type: none">1. Provide templates to help guide how health disparities are identified	<ol style="list-style-type: none">1. Analysis completed to prioritize initiative focus.	Achieved
C. Outline specific resources which have been dedicated to achieving our equity goals	<ol style="list-style-type: none">1. Revise governance structure2. Utilize a communication plan3. Refine how identified resource are aligned to help support health equity initiatives	<ol style="list-style-type: none">1. Governance structure defined and revised2. Data developed and provided	Achieved Achieved
D. Describes our approach for engaging key stakeholders, such as community-based organizations	<ol style="list-style-type: none">1. Utilize a standardized communication plan/templates to convey health equity initiatives/status to key stakeholders. Identify messaging, consistent story, etc.	<ol style="list-style-type: none">1. A communication plan with data was provided	Achieved

Domain 2: Data Collection

Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities.

Elements	Recommendations	Action	Status
A. Collects demographic information, including self-reported race and ethnicity and/or social determinant of health information on the majority of our patients	<ol style="list-style-type: none"> 1. Use registration data to collect information 2. Ensure data is being collected in a systematic way 3. Track and monitor compliance 	<ol style="list-style-type: none"> 1. Data is being collected at registration 2. Create process to ensure data integrity (reduce the number of "other") 3. Monitor data and track for accuracy 	<p>Achieved</p> <p>Achieved</p>
B. Has training for staff in culturally sensitive collection of demographic and/or social determinant of health information	<ol style="list-style-type: none"> 1. Ensure data integrity for collection of demographic and/or social determinant of health information 2. Evaluate current training tools 3. Consider assessing current training plan against the CDC Foundations of Health Equity Training Plan - Foundations of Health Equity Self-Guided Training Plan Health Equity CDC 	<ol style="list-style-type: none"> 1. Review at executive committee level to determine current state and additional needs <p>* Training material reviewed</p>	<p>Achieved</p>
C. Inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology	<ol style="list-style-type: none"> 1. Implement PRAPARE form 2. Set PRAPARE form compliance goals 	<ol style="list-style-type: none"> 1. Continue to monitor for adoption of form to increase utilization 2. Identify percentage goal for form utilization 	<p>Achieved</p> <p>Achieved</p>

Domain 3: Data Analysis

Effective data analysis can provide insights into which factors contribute to health disparities and how to respond.

Elements	Recommendations	Action	Status
A. Stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards	<div><div>1. Continue to utilize governance structure to analyze data from your newly implemented PRAPARE form along with current Social Determinants of Health (SDOH) data collected</div><div>2. Further refine prioritized health equity initiatives to focus efforts in reducing disparities</div></div>	<div><div>1. Provided SDOH data into quality improvement initiatives as required</div></div>	Achieved

Domain 4: Quality Improvement

Health disparities are evidence that high quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve quality of care for all patients.

Elements	Recommendations	Action	Status
A. Participates in local, regional, or national quality improvement activities focused on reducing health disparities	1. Ensure the Social Determinants of health (SDOH) data is used in conjunction with equitable care for Total Hip and Total Knee patients and others	1. Define quality initiatives for improvement of equitable care for stroke patients and others	Achieved
	2. Use PRAPARE and Social Determinants of Health (SDOH) data to stratify patient populations in other quality initiatives	2. Validating data in preparation to identify other quality initiatives	Achieved
	3. Broaden/Refine use of data	3. Build awareness of local and national health equity activities	Achieved

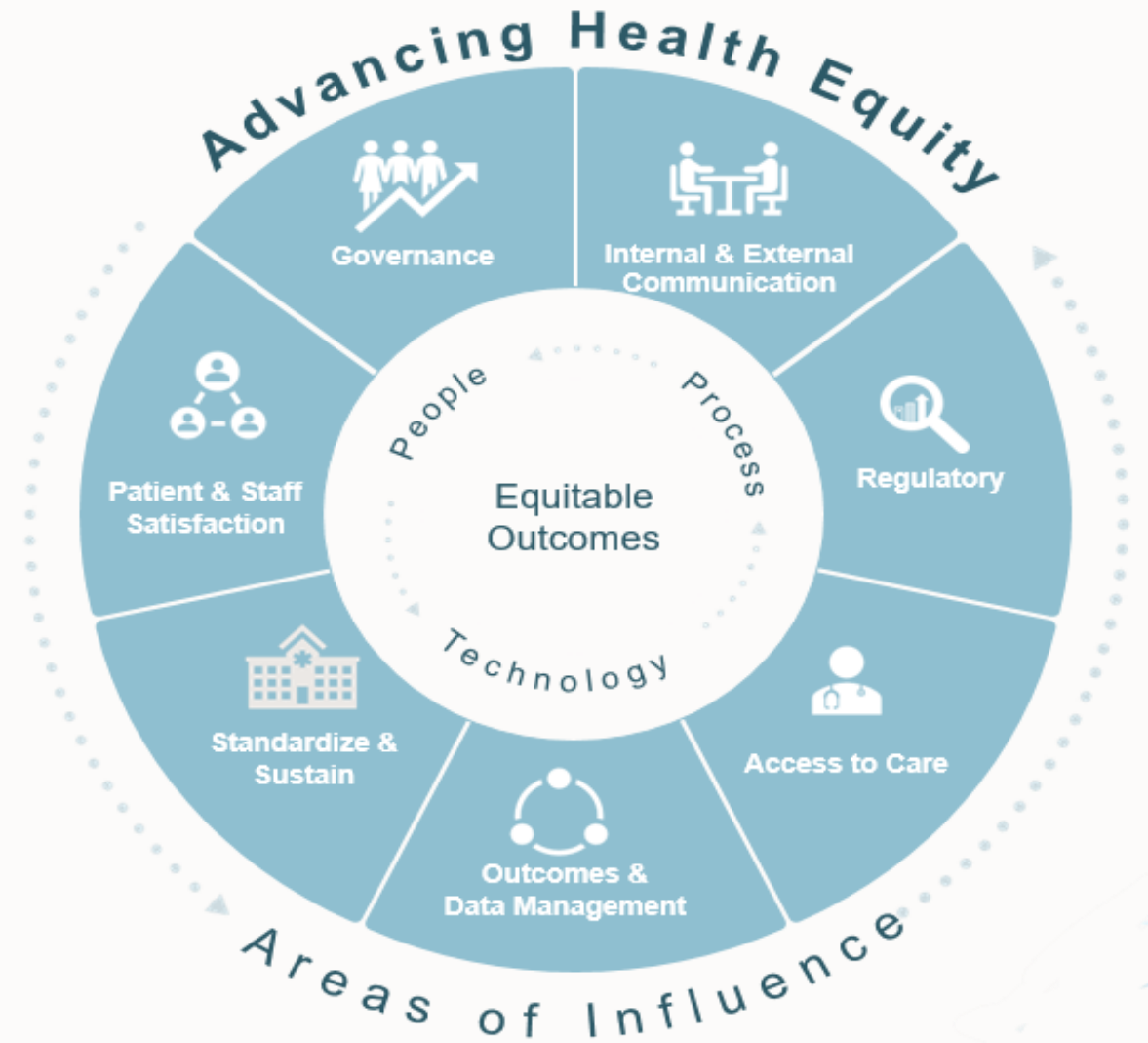
Domain 5: Leadership Engagement

Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity.

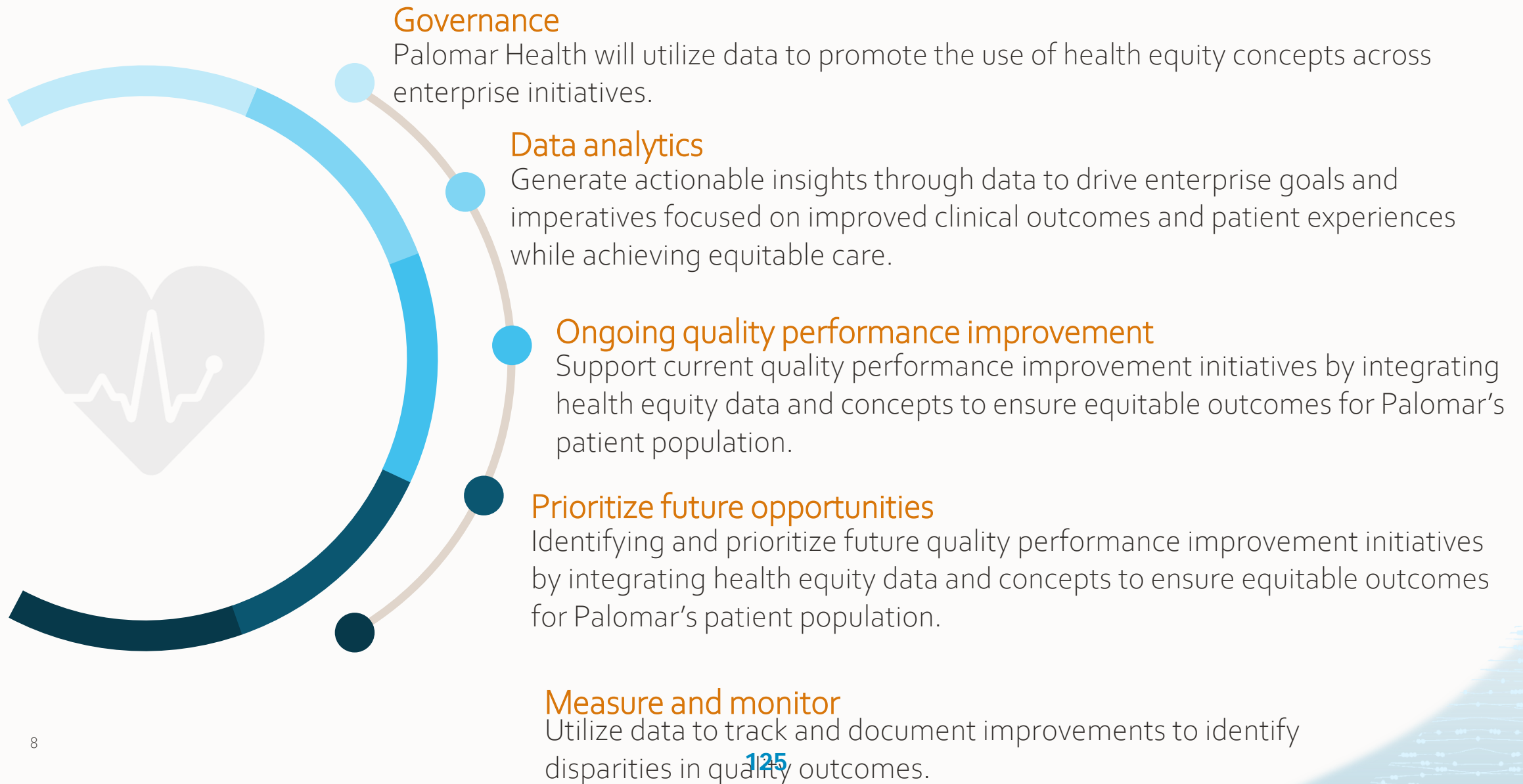
Elements	Recommendations	Action	Status
A. Annually reviews our strategic plan for achieving health equity.	<div><div>1. Utilize governance structure to review strategic plan annually</div><div>2. Utilize communication plan to deliver information effectively</div></div>	<div><div>1. Create a health equity strategic plan</div></div>	Achieved
B. Annually reviews key performance indicators stratified by demographic and/or social factors	<div><div>1. Identify opportunities through data analysis</div><div>2. Utilize governance to review and focus priorities</div><div>3. Utilize communication plan to deliver information effectively</div></div>	<div><div>1. Complete data validation and analysis</div><div>2. For upcoming year (2025) identify future health equity initiatives</div></div>	<div>Achieved</div> <div>Achieved</div>

Goals and Measurable Outcomes:

- ✓ Health disparities reduction
- ✓ Healthcare utilization
- ✓ Health outcomes
- ✓ Preventative care rates
- ✓ Chronic disease management
- ✓ Outpatient Inclusion

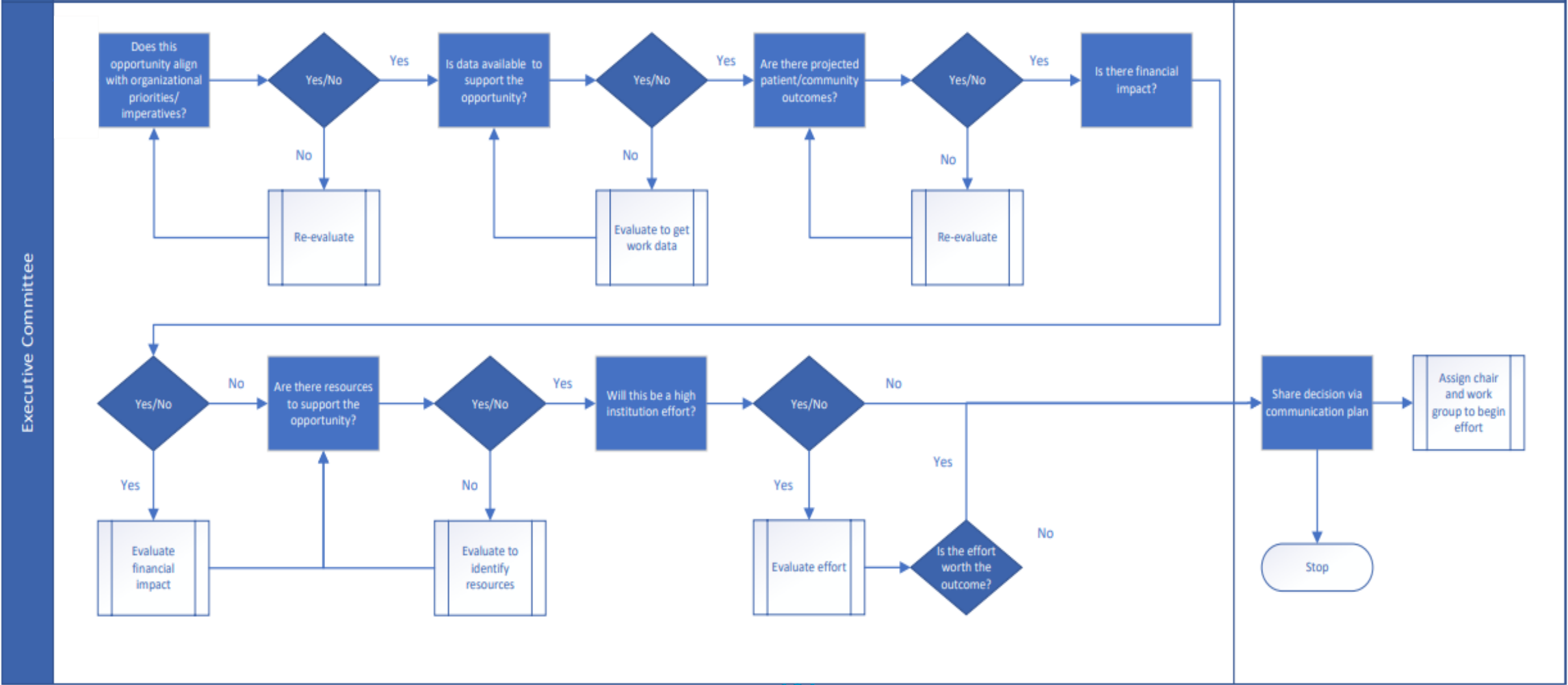


Executive Summary: Health Equity Strategy



Health Care Equity Review Process

During the Health Equity Executive Committee monthly meetings, a patient population will be identified. The following process flow will then be followed to assist the committee to select populations that align with organizational priorities, review data, identify patient/community outcomes, determine financial impact communicate efforts and assign resources.



Assuring Equitable Care: Data Outcomes

Outcome Metric	Goal	Monitoring Period	Status
1. Are there opportunities identified within the <u>total joint program</u> related to inequity in the patient population?	Evaluate data to determine if inequity exists for the total joint program	March 1, 2024 –July 31, 2024	Done
2. Are there opportunities identified within the <u>stroke program</u> related to inequity in the patient population?	Evaluate data to determine if inequity exists for the stroke program	12/18/2024	initiated
3. Are there opportunities identified within the <u>homeless patients</u> related to inequity in the in healthcare?	Evaluate data for the patients admitted who are homeless to identify opportunities related to care to post acute care within the community	TBD	
4. Are there opportunities identified within the <u>maternal health patients</u> related to inequity in the in healthcare?	Evaluate data for the patients admitted for maternal health to identify opportunities related to care to post acute care within the community	TBD	
5. Add Prapare Form to the Outpatient areas	Add Prapare form to the registration process for those outpatient areas that do not use CERNER	Initial data within 6 months	initiated
6. Use the Prapare form to collect HRSNs data for HCAI	Collect data for the 5 required HRSNs for all patient admitted over the age of 18	Now through September 30, 2025	Initiated

Social Determinants of Health Documentation (SDOH)

Total Hip Arthroplasty and Total Knee
Arthroplasty Patients
Final Data for 2024

Total Hip/Knee Arthroplasty (TKA/THA) Patients

Review of Data

Population:

- Hip/Knee Arthroplasty American Joint Replacement Registry (AJRR) qualified patients

SDOH Inclusion Criteria:

- Encounter type of Inpatient
- Over the age of 18
- Discharged within the date range

Documentation:

- PRAPARE Screening Tool

Demographics of TKA/THA Population

Palomar Health Data: April 1, 2024 – November 30, 2024

Sex	Age Range	% of Patients	Age Range	% of Patients
Female	Total	62.9%	40 - 49	3.81%
	40 - 49	2.9%	50 - 59	16.19%
	50 - 59	13.3%	60 - 64	6.67%
	60 - 64	1.9%	65 - 69	19.05%
	65 - 69	10.5%	70 - 74	17.14%
	70 - 74	12.4%	75+	37.14%
	75+	21.9%		
Male	Total	37.1%		
	40 - 49	1.0%		
	50 - 59	2.9%		
	60 - 64	4.8%		
	65 - 69	8.6%		
	70 - 74	4.8%		
	75+	15.2%		
Ethnicity	Race	% of Patients	Financial Class	% of Patients
Hispanic or Latino	Black or African American	1.0%	Commercial	2.86%
	White	20.0%	Managed Care - HMO	5.71%
	Other	6.7%	Medi-Cal	0.95%
Non-Hispanic or Latino	American Indian or Alaska Native	1.0%	Medi-Cal HMO	26.67%
	Asian	3.8%	Medicare	35.24%
	Black or African American	2.9%	Medicare Capitation	9.52%
	White	59.0%	Medicare HMO	10.48%
	Other	5.7%	PPO	6.67%
			Work Comp	1.90%

Positive Response Demographics

Palomar Health Data: April 1, 2024 - November 30, 2024

Housing Instability

Total positive responses: 9 (8.6%)

Sex	Age Range	% of Patients	Age Range	% of Patients
Female	Total	66.7%	50 - 59	11.1%
	50 - 59	11.1%	65 - 69	22.2%
	70 - 74	22.2%	70 - 74	22.2%
	75+	33.3%	75+	44.4%
Male	Total	33.3%		
	65 - 69	22.2%		
	75+	11.1%		
Ethnicity	Race	% of Patients	Financial Class	% of Patients
Hispanic or Latino	Black or African American	11.1%	Medi-Cal HMO	22.2%
	White	11.1%	Medicare	44.4%
Non-Hispanic or Latino	White	77.8%	Medicare Capitation	22.2%
			PPO	11.1%

Transportation Needs

Total positive responses: 2 (1.9%)

Sex	Age Range	% of Patients	Age Range	% of Patients
Female	Total	100.0%	50 - 59	50.0%
			75+	50.0%
	50 - 59	50.0%		
	75+	50.0%		
Ethnicity	Race	% of Patients	Financial Class	% of Patients
Hispanic or Latino	White	50.0%	Medi-Cal HMO	50.0%
Non-Hispanic or Latino	White	50.0%	Medicare	50.0%

SDOH Results

Palomar Health Data: April 1, 2024 – November 30, 2024

TKA/THA Patient Population: 105

SDOH Domain	Positive	Negative	Opt-Out / Unable	Not Screened
Housing Instability	8.6%	84.8%	1.0%	5.7%
Food Insecurity	0.0%	41.0%	2.9%	56.2%
Transportation Needs	1.9%	89.5%	2.9%	5.7%
Utility Difficulties	0.0%	41.0%	2.9%	56.2%
Interpersonal Safety	0.0%	92.4%	1.9%	5.7%

- On 11/21/24 IT added clarification wording to the PRAPARE Form to help to clarify the question.
- Continue to track
- Nursing education if identified

In the past year, have you been afraid of your partner or ex-partner?

☐ Yes

☐ No

☐ Unsure

☐ I have not had a partner in the past year

☒ I choose not to answer this question

Select "Unsure" if patient is uncertain.
Select "I choose not to answer this question" if they decline to answer.

Next Steps

Stroke Population for 2025

Initial data

Stroke Population Data April 1, 2024-December 31, 2024 Screenshot Compliance for all 5 Domains

Housing Instability	SDOH Count	% of Patients	Food Insecurity	SDOH Count	% of Patients	Transportation Needs	SDOH Count	% of Patients	Utility Difficulties	SDOH Count	% of Patients	Interpersonal Safety	SDOH Count	% of Patients
Positive	15	5.3%	Positive	2	0.7%	Positive	11	3.9%	Positive	0	0.0%	Positive	27	9.5%
Negative	225	79.2%	Negative	111	39.1%	Negative	213	75.0%	Negative	113	39.8%	Negative	224	78.9%
Opt-out/Unable	36	12.7%	Opt-out/Unable	26	9.2%	Opt-out/Unable	52	18.3%	Opt-out/Unable	26	9.2%	Opt-out/Unable	25	8.8%
Not Screened	8	2.8%	Not Screened	145	51.1%	Not Screened	8	2.8%	Not Screened	145	51.1%	Not Screened	8	2.8%



Positive Response Demographics

Palomar Health Data: April 1, 2024 – December 31, 2024

Food Insecurity

Total positive responses: 2 (0.8%)

Sex	% of Patients	Age Range	% of Patients	Financial Class	% of Patients
Female	50.0%	56 - 65	50.0%	Medi-Cal	50.0%
Male	50.0%	76 - 85	50.0%	Medi-Cal HMO	50.0%
Ethnicity		Race			
Hispanic or Latino	100.0%	Two or more races	50.0%		
		Other	50.0%		

Interpersonal Safety

Total positive responses: 24 (10.4%)

Sex	% of Patients	Age Range	% of Patients	Financial Class	% of Patients
Female	40.7%	18 - 25	3.7%	Managed Care - HMO	11.1%
		46 - 55	18.5%	Medi-Cal	22.2%
Male	59.3%	56 - 65	18.5%	Medi-Cal HMO	18.5%
		66 - 75	18.5%	Medicare	18.5%
		76 - 85	18.5%	Medicare Capitation	7.4%
		86+	22.2%	Medicare HMO	22.2%
Ethnicity		% of Patients		Race	% of Patients
Hispanic or Latino		22.2%		Asian	22.2%
Non-Hispanic or Latino		74.1%		Black or African American	3.7%
Unknown		3.7%		White	55.6%
				Two or more races	3.7%
				Other	11.1%
				Unknown	3.7%

Demographics Of Stroke Population

Palomar Health Data: April 1, 2024 – December 31, 2024

Sex	% of Patients	Age Range	% of Patients	Financial Class	% of Patients
Female	44.0%	18 - 25	1.1%	Commercial	2.1%
		26 - 35	1.4%	Managed Care - HMO	9.5%
		36 - 45	3.9%	Medi-Cal	6.0%
Male	56.0%	46 - 55	8.8%	Medi-Cal HMO	13.0%
		56 - 65	15.8%	Medicare	32.0%
		66 - 75	24.6%	Medicare Capitation	9.5%
		76 - 85	25.0%	Medicare HMO	22.2%
		86+	19.4%	Military	0.4%
				PPO	3.9%
				Self Pay	1.4%
Ethnicity	% of Patients	Race	% of Patients		
Hispanic or Latino	27.5%	American Indian or Alaska Native	0.7%		
Non-Hispanic or Latino	71.5%	Asian	10.2%		
		Black or African American	1.4%		
Patient Declined	0.4%	Native Hawaiian or Other Pacific Islande	0.4%		
		White	68.7%		
Unknown	0.7%	Two or more races	1.4%		
		Other	15.8%		
		Unknown	1.1%		
		Patient Declined	0.4%		

SDOH Results

Palomar Health Data: April 1, 2024 – December 31, 2024

Stroke Patient Population: 284

SDOH Domain	Positive	Negative	Opt-Out / Unable	Not Screened
Housing Instability	5.3%	79.2%	12.7%	2.8%
Food Insecurity	0.7%	39.1%	9.2%	51.1%
Transportation Needs	3.9%	75.0%	18.3%	2.8%
Utility Difficulties	0.0%	39.8%	9.2%	51.1%
Interpersonal Safety	9.5%	78.9%	8.8%	2.8%

Goals 2025:

- Housing instability question clarified 11/21/2024
- Further review of why transpiration needs, and interpersonal safety screened high/ Palomar Health added “Helper text” to the form in CERNER. If screen remains high education will be initiated
- Nursing education as indicated

Next Steps

Action Items

Within 2 Months (January 2025)

- Present initial stroke population selected and SDOH data to the full Health Care Equity Committee
- Continue to collect and validate data through December '25 for Stroke Population
- Create data visualizations and present to full Health Care Equity to determine if any opportunities exist
- Review nursing documentation across both organizations; if completion rates are low, determine if education is required to promote documentation adherence

Within 5 Months

- Continue with data collection
- Determine next patient population (Ex: maternal health, Homeless) once any Health Inequities are reviewed and addressed for the current population

Within 12 Months

- Continue with data collection
- Determine next patient population (Ex: maternal health, Homeless) once any Health Inequities are reviewed and addressed for the current population
- Implement SDOH to the Outpatient settings and gather the 5 HRSNs data for patients who are over the age of 18
- Use the Prapare Form and gather data on the 5 HRSNs for all patients admitted over the age of 18.
- Submit the required annual summary to HCAI by September 30, 2025

Margin Improvement / Turnaround Project Financial Update

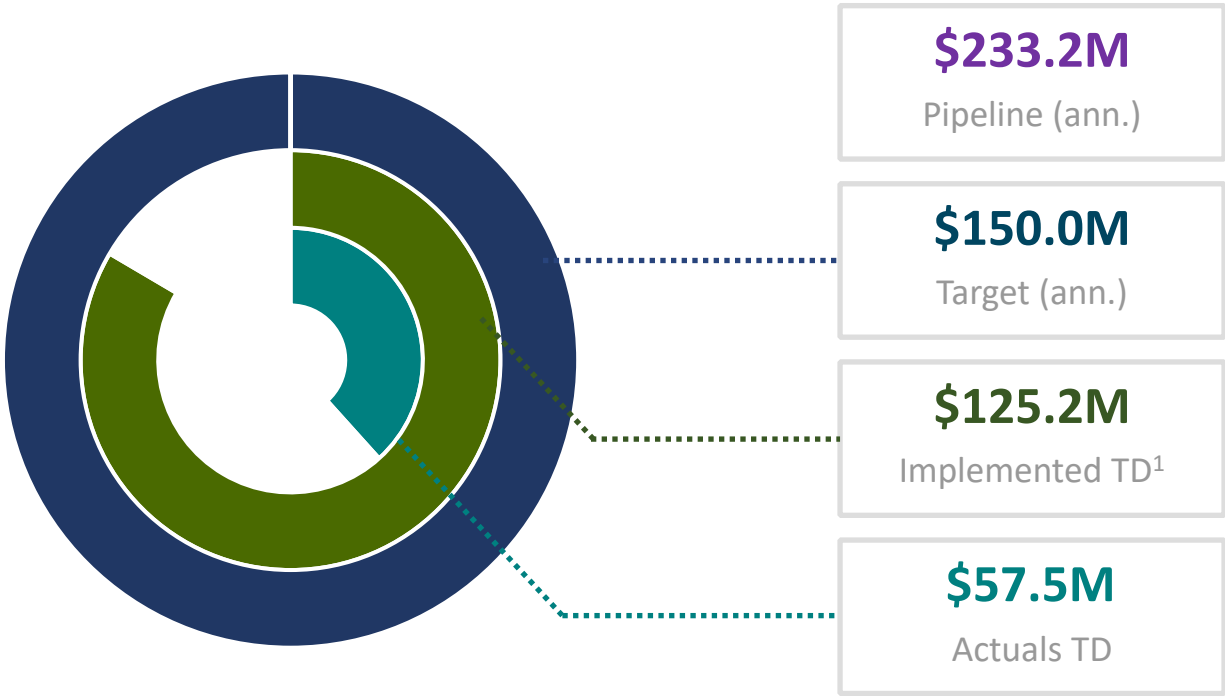
Reporting Month: May-25

June 25, 2025

Palomar Health has implemented a projected \$125.2M of initiatives and realized \$57.5M in improvement through May

Key upcoming high value initiatives include:

- ❑ **\$10.0M** **Denials Reduction** | Initial and fatal denials reduction
- ❑ **\$10.0M** **PHMG** | OP and downstream revenue due to improved patient access
- ❑ **\$5.0M** **Corporate Services** | Departmental reductions and restructuring
- ❑ **\$5.5M** **Workforce** | Departmental productivity and premium pay management
- ❑ **\$4.7M** **Villas at Poway** | SNF volume and net income improvement
- ❑ **\$3.8M** **NICU** | Program adjustments

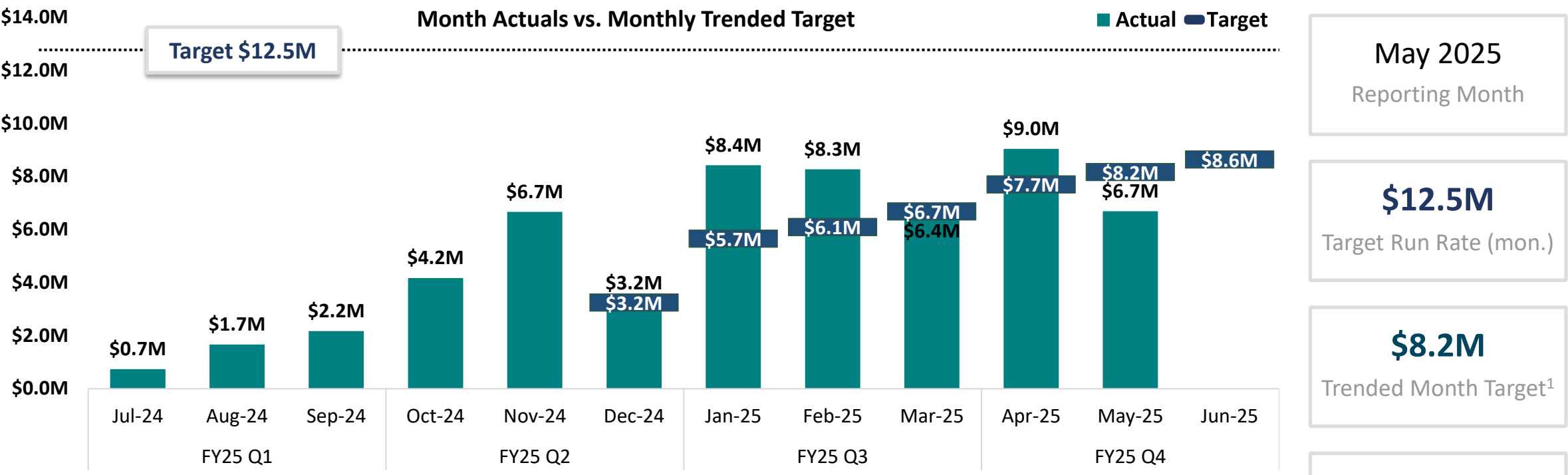


Implemented to date value has increased **\$6.6M** from **\$118.6M** presented on 5/28/25. Increase driven by Workforce departmental deep dives and reduction in Purchased Services within support services and facilities.

Decrease in pipeline from previously reported \$244.6M due to anticipated reduction in DHDP payments, restatement of RN Incentive Bonus as an annual average rather than multi-year savings and modification to payment schedule, and overall refinement of opportunities upon further assessment.

¹Implemented to date (TD) reflects pipeline initiatives actively implemented with and projected impact.

Initiative performance in May 2025 resulted in \$6.7M in realization, coming under the monthly target of \$8.2M



May performance below monthly target, primarily driven by Workforce and Corporate Services.

- Workforce labor expenses were slightly higher when compared to May-24, though volumes and revenues were substantially higher. Despite increased workload, 90% of departments in May were running at >= 90% productivity
- Corporate Services calculates a negative performance when compared to abnormally low baseline (e.g. FY24 IT spend ~\$10M lower than other years) – vendor specific spend vs. targets including the ongoing IT contract consolidation/renegotiation work is underway

¹Workstream targets were established and communicated to board 1/27/25; actuals will be tracked against month targets moving forward. Monthly realization targets are trended to reflect initiative implementation timelines, building to a \$12.5M improvement to monthly run rate, annualized to \$150M

Expense management, revenue yield/collections and growth initiatives will continue to be important to meet monthly forecast and FY26 budget

Workstream	Apr		May (Current Month)		Jun	Status
	Target	Actual	Target	Actual	Target	
Revenue Cycle	\$2.7M	\$4.1M	\$2.7M	\$4.1M	\$2.7M	
PHMG	\$0.9M	\$0.2M	\$1.0M	\$0.6M	\$1.1M	
Workforce & Periop	\$1.0M	\$0.4M	\$1.1M	(\$1.0M)	\$1.2M	
Corporate Services	\$0.9M	\$0.4M	\$1.0M	(\$0.6M)	\$1.1M	
Hospital Strategy	\$0.8M	\$0.7M	\$0.9M	\$0.5M	\$1.0M	
Care Transitions & PSA	\$1.0M	\$2.2M	\$1.0M	\$2.6M	\$1.0M	
Supply Chain & PS	\$0.4M	\$0.4M	\$0.4M	\$0.4M	\$0.4M	
Facilities & Real Estate	\$0.0M	\$0.0M	\$0.1M	\$0.0M	\$0.1M	
Total:	\$7.7M	\$8.5M	\$8.2M	\$6.7M	\$8.6M	

¹Labor expenses as % of NPSR includes only Salaries, Wages, and Contract Labor; Benefits excluded.

Key Updates

- Salaries and Contract Labor were only up by 3% while NPSR was up 31% from May of prior FY; indicating that labor expenses¹ continue to be managed more tightly and productivity is improving (45.4% of May-25 NPSR vs 57.9% May-24)
- Labor targets established for FY26; monthly management to budget will be necessary to offset upcoming inflationary pressures and retention bonus payments
- Budgeted growth initiatives and launch of denials management and CDI improvement initiatives will target revenue growth
- PHMG growth and access initiatives will be extremely important in driving PB revenue and downstream HB revenue in FY26
- Recent implementation of Purchased Services utilization controls and contract savings
- Movement within Real Estate; fielding initial inquiries on subleases

May 2025

Reporting Month

\$8.2M

Trended Month Target

\$6.7M

Current Month Actuals

Status

On Track Caution At Risk

Fiscal Year 2025 Financial Performance

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

May 2025

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23	<i>Bond Covenants</i>

Highlights for May 2025Revenue

- Gross Revenue rebounded and was \$21.7M more than prior month and 4.7% above budget in the current month
- Net Patient Revenue was below budget by \$2.9M on a much improved month
- No need for additional reserves related to the repricing issue in the prior month
- Uncompensated care was \$108.5M in May YTD in comparison to PYTD of \$85.4M, or a 27.0% increase year-over-year

Volumes

- April continued to be a strong month for inpatient volumes, increasing the positive variance to budget and prior year for inpatient days and discharges
 - Acute Inpatient days are 15.3% higher than budget and acute discharges were 26.7%
- Adjusted discharges are still favorable to PY (5.4% up) but less favorable than inpatient discharges, reflecting lower outpatient utilization
- For both surgery and emergency room, the trend remains where IP is growing compared to last year and OP is down
 - OP Surgery is down 11.9% from PYTD
 - IP ED visits are up 20.8% from PYTD
 - Emergency Visits in total dropped and YTD we are experiencing 0.3% growth year-over-year
- Infusion Therapy was above budget by 24.9% on the month and continued with strong growth
- Length of Service remained steady at 4.03 days in a nod to the Care Transitions work, which lead to fewer days and lower overall expenses

Expenses

- Total expenses were 8.8% favorable to budget and were significantly reduced over the prior quarter due to the turnaround plan
- Salaries were 9.7% favorable to budget
- Group Health Benefits were \$2.6M unfavorable to budget in May-25 and is due to continued payments on claims run-out for the self-insured plan that was terminated fully in Dec-24

Other Highlights

- EBIDA* for May improved to 8.3%, and increased to 5.6% YTD
- Days Cash on Hand Consolidated for May was 20.6 days and represents an increase of 4.0 days
- Accounts Payable Current Liability was reduced by \$12.3M from the previous month (some of this is due to timing on payables)
- Debt Service Coverage declined to (0.30) primarily due to PHMG results missing budget
- The 2026 Budget was approved during a Special Board session on June 17th, 2025
- Adjusted the nurse bonus payment structure and will need to adjust the payroll accrual for this change in June 2025

*Excludes PHMG; YTD is Year-to-Date; PY is Prior year; PYTD is Prior Year-to-Date;

Net loss from operations for the month was \$396 thousand, unfavorable to budget by \$2.5 million. The year-to-date loss from operations was \$50.3 million with a \$51.2 million unfavorable variance. Net loss for the month was \$4.9 million, unfavorable to budget by \$5.4 million. Net loss year-to-date was \$79.0 million and unfavorable variance of \$65.3 million.

EBIDA margin for the month of May was unfavorable to budget by 5.8% and year-to-date EBIDA margin was unfavorable to budget by 6.2%. Additional comments and further analyses are presented in the following sections.

Patient Utilization

Inpatient (IP) Services

For May YTD, Acute Discharges for the District were 13.9% favorable to budget, and increased 11.5% YOY. Acute Average Daily Census was 9.6% favorable to budget, and increased 6.4% YOY. Total Average Daily Census was 1.4% favorable to budget, and is impacted by Villas patient days (26.0%) unfavorable to budget. Acute Adjusted Discharges were 7.4% favorable to budget, and increased 5.4% YOY. Acute Adjusted Patient Days were 3.4% favorable to budget, with no change YOY.

IP surgeries for PMC Escondido and PMC Poway were 5,630 cases (3.6% favorable to budget and 3.9% increase YOY). Emergent cases increased YOY due to a 19.8% increase to Inpatient ER Admits.

Deliveries for PMC Escondido were 3,119 which was (3.4%) unfavorable to budget and (5.5%) decrease YOY.

Trauma inpatient admissions were 1,859, which was 22.2% favorable to budget and 15.7% increase YOY.

Outpatient (OP) and Ancillary Services

OP surgeries for PMC Escondido and PMC Poway were 4,526 cases, which was (9.4%) unfavorable to budget and a (11.9%) decrease YOY. Outpatient ER visits were 93,825 (includes trauma), which was (6.7%) unfavorable to budget and a (3.1%) decrease YOY. OP registrations were (12.8%) unfavorable to budget and (17.9%) decrease YOY.

Financial Performance**Operating Revenue**

Net Patient Revenue for the month was \$70.6 million, which was \$2.8 million (4.0%) unfavorable to budget.

Other Operating Revenue

Other Operating Revenue for the month was \$1.3 million which was \$43 thousand (3.4%) unfavorable to budget.

Operating Expenses

Total Operating Expenses for the month were \$72.3 million, which was \$370 thousand (0.5%) favorable to budget.

Salaries, Wages & Contract Labor for the month were \$32.1 million, which was \$1.6 million (4.9%) favorable to budget.

Benefits for the month were \$8.6 million, which was \$2.6 million (29.7%) favorable to budget.

Supplies for the month were \$10.9 million, which was \$719 thousand (6.6%) unfavorable to budget.

Professional Fees and Purchased Services for the month were \$13.0 million, which was \$1.1 million (8.4%) favorable to budget.

Depreciation & Amortization for the month was \$5.0 million, which was \$194 thousand (3.9%) favorable to budget.

Other Direct Expenses for the month were \$2.6 million, which was \$855 thousand (33.0%) favorable to budget.

Net Non-Operating Income/Expense

Net Non-Operating Loss for the month was \$4.5 million, which was \$2.9 million unfavorable 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

Cash postings were \$63.6 million. Days in Net A/R are 68.8, an increase of 0.5 days from the prior month.

Revenue Cycle – Key Performance Indicators (KPIs)

Avoidable Denial Write-offs have improved considerably with a number of projects that went live to address this and would expect some regression over the next few months. A/R greater than 90 days has been slowly creeping up and is a priority.

Key Performance Indicators (KPI)	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025
Total Net A/R (\$) ¹	153,128,078	157,290,461	156,624,969	161,106,820	150,972,595	\$ 151,642,060
Net Days in A/R (Days) ²	68.9	71.1	68.3	69.9	68.3	68.8
% AR > 90 Days	40.4%	40.2%	37.9%	39.5%	40.7%	41.8%
% of Avoidable Denial Write-Offs	11.0%	10.1%	8.4%	6.1%	4.4%	2.2%
Net Revenue Yield	100.4%	99.3%	98.8%	96.9%	103.4%	103.8%

Balance Sheet

Cash, Cash Equivalents and Investments increased in May by \$12.3 million primarily due to receipts of supplemental program funding and increased efforts in cash collections.

The Days Cash On Hand increased by 4.0 days from the prior month to 20.6 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 May-25	Budget May-25	Budget Variance	Prior Year May-24	Prior Year Variance	Actual May-25	Budget May-25	Budget Variance	Prior Year May-24	Prior Year Variance
Key Volumes										
Discharges - Total	2,469	1,962	25.8%	2,125	16.2%	24,382	21,621	12.8%	21,959	11.0%
Acute - General	2,416	1,907	26.7%	2,043	18.3%	23,941	21,025	13.9%	20,984	14.1%
Acute - Behavioral Health	-	-	0.0%	43	(100.0%)	-	-	0.0%	487	(100.0%)
Total Acute Discharges	2,416	1,907	26.7%	2,086	15.8%	23,941	21,025	13.9%	21,471	11.5%
The Villas at Poway	53	55	(3.6%)	39	35.9%	441	596	(26.0%)	488	(9.6%)
Patient Days - Total	12,411	11,820	5.0%	11,557	7.4%	132,470	130,636	1.4%	130,311	1.7%
Acute - General	9,735	8,441	15.3%	8,527	14.2%	103,141	94,110	9.6%	93,589	10.2%
Acute - Behavioral Health	-	-	0.0%	278	(100.0%)	-	-	0.0%	3,648	(100.0%)
Total Acute Patient Days	9,735	8,441	15.3%	8,805	10.6%	103,141	94,110	9.6%	97,237	6.1%
The Villas at Poway	2,676	3,379	(20.8%)	2,752	(2.8%)	29,329	36,526	(19.7%)	33,074	(11.3%)
Acute Adjusted Discharges	3,784	3,198	18.3%	3,519	7.5%	37,889	35,264	7.4%	35,947	5.4%
Total Adjusted Discharges*	3,850	3,253	18.4%	3,557	8.2%	38,411	35,860	7.1%	36,446	5.4%
Acute Adjusted Patient Days	15,247	14,148	7.8%	14,852	2.7%	163,134	157,728	3.4%	162,699	0.3%
Total Adjusted Patient Days*	17,923	17,527	2.3%	17,604	1.8%	192,463	194,254	(0.9%)	195,773	(1.7%)
Acute Average Daily Census	314	272	15.3%	284	10.6%	308	281	9.6%	289	6.4%
Total Average Daily Census*	400	381	5.0%	373	7.4%	395	390	1.4%	388	2.0%
Surgeries - Total	906	995	(8.9%)	949	(4.5%)	10,156	10,427	(2.6%)	10,557	(3.8%)
Inpatient	532	507	4.9%	506	5.1%	5,630	5,433	3.6%	5,418	3.9%
Outpatient	374	488	(23.3%)	443	(15.6%)	4,526	4,994	(9.4%)	5,139	(11.9%)
Deliveries	231	321	(28.0%)	283	(18.4%)	3,119	3,228	(3.4%)	3,301	(5.5%)
ER Visits (Includes Trauma) - Total	9,953	11,077	(10.2%)	11,203	(11.2%)	112,766	116,351	(3.1%)	112,461	0.3%
Inpatient	1,873	1,434	30.6%	1,289	45.3%	18,941	15,813	19.8%	15,674	20.8%
Outpatient	8,080	9,643	(16.2%)	9,914	(18.5%)	93,825	100,538	(6.7%)	96,787	(3.1%)

	Month					Year to Date				
	Actual May-25	Budget May-25	Budget Variance	Prior Year May-24	Prior Year Variance	Actual May-25	Budget May-25	Budget Variance	Prior Year May-24	Prior Year Variance
Cardiac Cath RVUs	1,195	1,516	(21.2%)	1,243	(3.9%)	11,635	14,633	(20.5%)	13,968	(16.7%)
Escondido Interv. Radiology RVUs	882	995	(11.4%)	987	(10.6%)	10,279	10,260	0.2%	10,263	0.2%
Poway Interv. Radiology RVUs	320	266	20.5%	241	32.8%	2,948	2,843	3.7%	2,749	7.2%
Radiation Oncology RVUs	3,106	3,838	(19.1%)	3,887	(20.1%)	33,984	45,084	(24.6%)	35,674	(4.7%)
Infusion Therapy Hours	1,104	883	24.9%	985	12.0%	10,784	9,545	13.0%	8,548	26.2%
Imaging										
Escondido CAT Procedures	9,936	8,597	15.6%	8,542	16.3%	100,143	88,050	13.7%	88,495	13.2%
Poway CAT Procedures	2,958	2,403	23.1%	2,492	18.7%	29,394	27,187	8.1%	25,430	15.6%
Escondido MRI Procedures	544	398	36.7%	389	39.9%	5,290	4,142	27.7%	4,219	25.4%
Poway MRI Procedures	132	152	(12.9%)	158	(16.5%)	1,430	1,458	(2.0%)	1,549	(7.7%)
Escondido Diagnostic Rad. Procedures	7,251	7,301	(0.7%)	7,280	(0.4%)	77,382	77,176	0.3%	76,915	0.6%
Poway Diagnostic Rad. Procedures	2,260	2,467	(8.4%)	2,272	(0.5%)	24,625	25,524	(3.5%)	23,678	4.0%

*Includes The Villas at Poway

	Month					Year to Date				
	Actual May-25	Budget May-25	Budget Variance	Prior Year May-24	Prior Year Variance	Actual May-25	Budget May-25	Budget Variance	Prior Year May-24	Prior Year Variance
Key Statistics										
Acute Average LOS - Days	4.03	4.43	9.0%	4.22	(4.5%)	4.31	4.48	3.8%	4.53	(4.9%)
Acute - General	4.03	4.43	9.0%	4.17	(3.5%)	4.31	4.48	3.8%	4.46	(3.4%)
Acute Behavioral Health	0.00	0.00	0.0%	6.47	(100.0%)	0.00	0.00	0.0%	7.49	(100.0%)
Average Observation Hours	24	30	19.6%	30	(19.6%)	26	36	27.1%	36	(27.1%)
Acute Case Mix - Excludes Deliveries	1.67	1.75	4.6%	1.75	(4.6%)	1.71	1.77	3.4%	1.77	(3.4%)
Acute Case Mix -Medicare Only	1.72	1.69	(1.8%)	1.69	1.8%	1.69	1.77	4.5%	1.77	(4.5%)
Labor Productivity by Hrs						99.7%	100%	0.3%		
Days Cash on Hand						20.3				
Financial Performance										
Operating Income	(302,455)	2,091,581	(2,394,035)	(17,806,071)	17,503,617	(50,208,311)	909,915	(51,118,225)	(68,575,584)	18,367,274
Net Income	(302,455)	475,876	(778,331)	(22,101,142)	21,798,688	(74,350,041)	(13,187,218)	(61,162,823)	(85,860,818)	11,510,777
Oper. Expenses/Adj. Patient Days	4,032	3,847	4.8%	4,330	(6.9%)	4,171	3,906	6.8%	4,496	(7.2%)
EBIDA Margin-Excludes PHMG	5,940,140	10,514,057	(4,573,917)	21,968,782	(16,028,642)	42,224,855	96,372,931	(54,148,076)	21,968,782	20,256,073
EBIDA-Excludes PHMG	8.3%	14.1%	(41.1%)	(22.0%)	(137.7%)	5.6%	11.8%	(52.5%)	3.0%	87%

Note: Financial Performance excludes GO Bonds

	<u>Actual</u> <u>May 25</u>	<u>Budget</u> <u>May 25</u>	<u>Variance</u> <u>May 25</u>	<u>Variance</u>		<u>Dollars/Adjusted Patient Day</u>		
				<u>Volume</u>	<u>Rate/Eff</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Adjusted Patient Days	17,923	17,527	396					
Adjusted Discharges	3,850	3,253	597					
Operating Revenue								
Gross revenue	498,663,256	475,979,771	22,683,485	10,754,150	11,929,335	27,822.53	27,156.94	665.59
Deductions from revenue	(428,079,489)	(402,581,276)	(25,498,213)	(9,095,806)	(16,402,407)	(23,884.37)	(22,969.21)	(915.16)
Net patient revenue	70,583,767	73,398,495	(2,814,728)	1,658,344	(4,473,072)	3,938.17	4,187.74	(249.57)
Other operating revenue	1,284,758	1,328,165	(43,407)	30,008	(73,415)	71.68	75.78	(4.10)
Total net revenue	71,868,525	74,726,660	(2,858,135)	1,688,353	(4,546,488)	4,009.85	4,263.52	(253.67)
Operating Expenses								
Salaries, wages & contract labor	32,070,490	33,626,375	1,555,885	(759,745)	2,315,630	1,789.35	1,918.55	129.20
Benefits	8,752,744	6,151,362	(2,601,382)	(138,982)	(2,462,400)	488.35	350.96	(137.39)
Supplies	10,852,495	10,133,708	(718,787)	(228,958)	(489,829)	605.51	578.18	(27.33)
Prof fees & purch svcs	12,981,682	14,067,876	1,086,194	(317,846)	1,404,040	724.30	802.64	78.34
Depreciation & amortization	5,014,947	5,208,492	193,545	(117,679)	311,224	279.81	297.17	17.36
Other	2,592,523	3,447,260	854,737	(77,886)	932,623	144.65	196.68	52.04
Total expenses	72,264,881	72,635,073	370,192	(1,641,096)	2,011,288	4,031.96	4,144.18	112.22
Income from operations	(396,356)	2,091,587	(2,487,943)	47,257	(2,535,200)	(22.11)	119.34	(365.89)
Non-operating revenue (expense)								
Property tax revenues ¹	2,298,731	2,125,000	173,731					
Investment Income	1,330,040	881,113	448,927					
Interest Expense	(4,375,965)	(4,130,682)	(245,283)					
Non-operating depreciation & amortization	(1,474,055)	(722,370)	(751,685)					
Other non-operating revenue(expense)	(2,307,224)	207,865	(2,515,089)					
Net income(loss) ²	(4,924,829)	452,513	(5,377,342)					

EBIDA Margin 8.3% 14.1% (5.8%)

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

2= Excludes G.O. Bonds income / expense

	<u>Actual</u> <u>May 25</u>	<u>Budget</u> <u>May 25</u>	<u>Variance</u> <u>May 25</u>	<u>Variance</u>		<u>Dollars/Adjusted Patient Day</u>		
				<u>Volume</u>	<u>Rate/Eff</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Adjusted Patient Days	192,463	194,254	(1,791)					
Adjusted Discharges	38,411	35,861	2,550					
Operating Revenue								
Gross revenue	5,326,019,146	5,149,057,560	176,961,586	(47,473,731)	224,435,317	27,672.95	26,506.83	1,166.12
Deductions from revenue	(4,584,169,964)	(4,347,463,149)	(236,706,817)	40,083,121	(276,789,936)	(23,818.45)	(22,380.30)	(1,438.15)
Net patient revenue	741,849,182	801,594,411	(59,745,231)	(7,390,610)	(52,354,619)	3,854.50	4,126.53	(272.02)
Other operating revenue	10,584,924	14,696,820	(4,111,896)	(135,503)	(3,976,393)	55.00	75.66	(20.66)
Total net revenue	752,434,106	816,291,231	(63,857,127)	(7,526,113)	(56,331,012)	3,909.50	4,202.18	(292.68)
Operating Expenses								
Salaries, wages & contract labor	347,357,955	361,292,648	13,934,691	3,331,078	10,603,615	1,804.80	1,859.90	55.09
Benefits	89,455,908	93,169,169	3,713,261	859,009	2,854,252	464.80	479.63	14.83
Supplies	114,637,960	110,570,961	(4,066,999)	1,019,452	(5,086,451)	595.64	569.21	(26.43)
Prof fees & purch svcs	162,727,569	155,847,029	(6,880,539)	1,436,892	(8,317,432)	845.50	802.28	(43.22)
Depreciation & amortization	56,384,214	56,580,831	196,617	521,669	(325,052)	292.96	291.27	(1.69)
Other	32,172,711	37,920,610	5,747,899	349,624	5,398,275	167.16	195.21	28.05
Total expenses	802,736,317	815,381,248	12,644,930	7,517,723	5,127,208	4,170.86	4,197.50	26.64
Income from operations	(50,302,211)	909,983	(51,212,194)	(8,390)	(51,203,804)	(261.36)	4.68	(319.32)
Non-operating revenue (expense)								
Property tax revenues ¹	22,402,470	23,375,000	(972,530)					
Investment Income	14,759,025	11,469,239	3,289,786					
Interest Expense	(48,571,901)	(45,437,501)	(3,134,400)					
Non-operating depreciation & amortization	(16,241,155)	(7,946,073)	(8,295,082)					
Other non-operating revenue(expense)	(1,018,642)	4,037,876	(5,056,518)					
Net income(loss) ²	(78,972,414)	(13,591,476)	(65,380,938)					

EBIDA Margin 5.6% 11.8% (6.2%)

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

2= Excludes G.O. Bonds income / expense

EBIDA Margin	5.6%	3.1%	2.5%
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Income Statement for the Current Fiscal Year Trend

Excludes PHMG

	<u>Jul 24</u>	<u>Aug 24</u>	<u>Sep 24</u>	<u>Oct 24</u>	<u>Nov 24</u>	<u>Dec 24</u>	<u>Jan 25</u>	<u>Feb 25</u>	<u>Mar 25</u>	<u>Apr 25</u>	<u>May 25</u>	Fiscal Year <u>2025</u>
Adjusted Patient Days	16,533	17,241	17,034	17,052	16,530	17,801	19,261	18,126	18,196	16,766	17,923	192,463
Adjusted Discharges	3,374	3,358	3,348	3,424	3,237	3,575	3,507	3,403	3,706	3,629	3,850	38,411
Operating Revenue												
Gross revenue	485,400,623	481,303,719	467,378,630	474,558,980	460,334,838	489,498,380	503,514,870	483,903,146	504,496,732	476,965,973	498,663,256	5,326,019,146
Deductions from revenue	(415,757,901)	(415,886,086)	(403,359,082)	(402,798,738)	(398,689,552)	(418,393,206)	(432,589,279)	(419,483,463)	(432,350,529)	(416,782,642)	(428,079,489)	(4,584,169,966)
Net patient revenue	69,642,722	65,417,634	64,019,548	71,760,241	61,645,286	71,105,174	70,925,591	64,419,683	72,146,203	60,183,331	70,583,767	741,849,182
Other operating revenue	920,937	782,991	1,167,339	1,079,195	1,127,177	717,219	930,518	1,003,357	743,928	827,507	1,284,758	10,584,924
Total net revenue	70,563,659	66,200,624	65,186,887	72,839,436	62,772,463	71,822,393	71,856,109	65,423,041	72,890,131	61,010,838	71,868,525	752,434,106
Operating Expenses												
Salaries, wages & contract labor	32,166,595	32,697,012	31,039,334	31,126,296	30,170,078	32,586,392	31,767,111	29,764,112	34,399,859	29,570,678	32,070,490	347,357,955
Benefits	7,845,288	9,667,894	8,249,929	7,595,482	7,835,218	9,168,549	9,282,958	6,425,530	7,631,965	7,000,351	8,752,744	89,455,908
Supplies	9,937,683	10,435,128	10,495,794	10,460,309	9,232,381	11,450,897	10,114,268	9,574,746	10,808,102	11,276,157	10,852,495	114,637,960
Prof fees & purch svcs	15,022,459	14,994,548	15,811,542	17,142,092	16,662,021	15,745,770	14,003,981	14,131,948	13,165,769	13,065,756	12,981,682	162,727,569
Depreciation & amortization	4,970,802	4,965,343	4,988,370	5,439,793	4,899,938	6,007,449	5,109,442	5,078,764	4,966,151	4,943,215	5,014,947	56,384,214
Other	2,622,147	2,630,102	2,712,652	4,403,218	2,425,595	2,503,764	3,901,254	2,288,403	4,044,068	2,048,983	2,592,523	32,172,711
Total expenses	72,564,973	75,390,027	73,297,622	76,167,190	71,225,231	77,462,822	74,179,014	67,263,503	75,015,913	67,905,140	72,264,881	802,736,317
Income from operations	(2,001,314)	(9,189,403)	(8,110,735)	(3,327,754)	(8,452,768)	(5,640,429)	(2,322,905)	(1,840,462)	(2,125,782)	(6,894,302)	(396,356)	(50,302,211)
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	1,739,604	1,739,604	1,749,531	2,298,731	22,402,470
Investment Income	1,264,997	1,347,561	1,207,216	1,237,202	990,738	1,332,953	1,484,615	1,112,481	1,636,411	1,814,809	1,330,040	14,759,025
Interest Expense	(4,431,369)	(4,424,943)	(4,426,719)	(4,449,375)	(4,418,116)	(4,515,644)	(4,393,833)	(4,380,540)	(4,387,724)	(4,367,672)	(4,375,965)	(48,571,901)
Non-operating depreciation & amortization	(1,477,130)	(1,478,750)	(1,478,750)	(1,478,750)	(1,478,046)	(1,479,454)	(1,478,750)	(1,478,750)	(1,478,750)	(1,459,970)	(1,474,055)	(16,241,155)
Other non-operating revenue(expense)	595,819	582,346	639,696	(581,209)	673,917	(52,280)	2,225,696	560,363	252,845	(3,608,614)	(2,307,224)	(1,018,642)
Net income(loss) ²	(3,923,996)	(11,038,188)	(10,044,292)	(6,474,886)	(10,559,275)	(8,229,853)	(2,360,176)	(4,287,305)	(4,363,396)	(12,766,218)	(4,924,829)	(78,972,414)
EBIDA Margin	9.9%	(0.3%)	1.3%	6.7%	0.4%	5.3%	12.0%	10.2%	8.9%	(3.3%)	8.3%	5.6%

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
	Feb-25	Mar-25	Apr-25	May-25	Jun-24	
Current Assets						
Cash and cash equivalents	3,778,125	6,004,778	6,593,276	14,810,682	17,359,239	
Investments	32,106,194	21,158,125	26,354,278	30,408,253	54,298,096	
Board Designated	-	-	-	-	7,082,739	
Total cash, cash equivalents & investments	35,884,319	27,162,903	32,947,553	45,218,935	78,740,073	
Patient Accounts Receivable	530,520,957	545,172,225	525,879,658	479,029,989	475,079,653	
Allowance on accounts	(373,895,989)	(384,065,405)	(374,907,063)	(327,387,929)	(327,700,367)	
Net accounts receivable	156,624,969	161,106,820	150,972,595	151,642,060	147,379,287	
Inventories	12,909,464	12,797,227	12,801,659	12,804,193	12,512,288	
Prepaid expenses	17,240,243	15,904,150	13,831,848	10,322,531	9,872,204	
Est. third party settlements	97,335,093	104,370,756	107,704,649	91,642,530	87,806,947	
Other	74,352,101	77,782,246	72,785,125	71,148,019	71,689,100	
Total current assets	394,346,189	399,124,103	391,043,429	382,778,268	407,999,899	
Non-Current Assets						
Restricted assets	92,929,848	93,215,845	105,938,702	87,051,017	106,528,977	
Restricted other	357,317	357,396	357,554	357,623	356,833	
Total restricted assets	93,287,165	93,573,240	106,296,256	87,408,640	106,885,809	
Property, plant & equipment	1,555,435,345	1,555,425,207	1,555,505,599	1,555,434,423	1,556,364,751	
Accumulated depreciation	(672,797,656)	(676,321,198)	(679,826,761)	(682,748,720)	(644,358,038)	
Construction in process	69,395,353	70,379,627	71,352,821	74,049,539	57,513,297	
Net property, plant & equipment	952,033,041	949,483,636	947,031,659	946,735,242	969,520,010	
Right of Use Assets	322,316,604	319,395,245	316,497,623	313,922,957	334,609,278	
Investment related companies	2,911,516	3,768,054	3,455,870	3,059,666	6,754,766	
Prepaid debt insurance costs	7,090,192	7,064,218	7,038,244	7,012,271	7,298,149	
Other non-current assets	67,980,619	67,462,779	66,985,161	66,476,790	78,831,767	
Total non-current assets	1,445,619,136	1,440,747,173	1,447,304,813	1,424,615,565	1,503,899,779	
Total assets	1,839,965,325	1,839,871,276	1,838,348,242	1,807,393,833	1,911,899,678	
Deferred outflow of resources-loss on refunding of debt	42,774,400	42,556,485	42,338,570	42,120,656	44,517,717	
Total assets and deferred outflow of resources	1,882,739,725	1,882,427,761	1,880,686,812	1,849,514,488	1,956,417,396	

Liabilities	Current Fiscal Year					Prior Fiscal Year
	Feb-25	Mar-25	Apr-25	May-25	Jun-24	
Current Liabilities						
Accounts payable	111,781,823	113,762,981	106,731,078	94,435,320	67,475,287	
Accrued payroll	29,561,067	30,985,657	31,805,190	35,980,888	38,178,331	
Accrued PTO	22,651,682	22,880,548	23,052,607	23,414,051	24,267,836	
Accrued interest payable	14,680,683	16,289,392	18,635,765	4,036,001	8,905,068	
Current portion of bonds	8,925,000	8,925,000	8,925,000	8,925,000	8,530,000	
Current portion of lease liab	21,287,484	21,293,255	21,395,699	21,542,184	20,245,743	
Est. third party settlements	16,238,521	15,227,643	15,227,642	12,664,800	16,933,480	
Other current liabilities	122,100,347	126,694,795	146,334,378	149,066,305	128,832,172	
Total current liabilities	347,226,607	356,059,270	372,107,358	350,064,548	313,367,918	
Long Term Liabilities						
Other LT liabilities	27,532,265	27,510,361	27,488,455	27,466,551	27,708,572	
Bonds & contracts payable	714,090,625	713,867,919	713,645,212	713,422,506	724,797,898	
Lease liabilities	334,424,640	332,771,496	330,751,934	329,391,671	342,095,335	
Total long term liabilities	1,076,047,531	1,074,149,775	1,071,885,601	1,070,280,728	1,094,601,805	
Total liabilities	1,423,274,138	1,430,209,045	1,443,992,959	1,420,345,276	1,407,969,723	
Deferred inflow of resources-unearned revenue	6,749,541	6,699,024	6,648,506	6,597,988	6,653,683	
Total liabilities and deferred inflow of resources	1,430,023,679	1,436,908,069	1,450,641,465	1,426,943,264	1,414,623,405	
Net Position						
Unrestricted	452,358,728	445,162,297	429,687,793	422,213,601	541,437,159	
Restricted for other purpose	357,317	357,396	357,554	357,623	356,833	
Total net position	452,716,045	445,519,692	430,045,347	422,571,224	541,793,991	
Total liabilities, deferred inflow of resources and net position	1,882,739,724	1,882,427,761	1,880,686,812	1,849,514,488	1,956,417,396	

Statement of Net Position including G.O. Bonds

Excludes PHMG

	Current Fiscal Year				Prior Fiscal Year
Assets	Feb-25	Mar-25	Apr-25	May-25	Jun-24
Current Assets					
Cash and cash equivalents	3,778,125	6,004,778	6,593,276	14,810,682	17,359,239
Investments	32,106,194	21,158,125	26,354,278	30,408,253	54,298,096
Board Designated	-	-	-	-	7,082,739
Total cash, cash equivalents & investments	35,884,319	27,162,903	32,947,553	45,218,935	78,740,073
Patient Accounts Receivable	530,520,957	545,172,225	525,879,658	479,029,989	475,079,653
Allowance on accounts	(373,895,989)	(384,065,405)	(374,907,063)	(327,387,929)	(327,700,367)
Net accounts receivable	156,624,969	161,106,820	150,972,595	151,642,060	147,379,287
Inventories	12,909,464	12,797,227	12,801,659	12,804,193	12,512,288
Prepaid expenses	17,240,243	15,904,150	13,831,848	10,322,531	9,872,204
Est. third party settlements	97,335,093	104,370,756	107,704,649	91,642,530	87,806,947
Other	82,132,530	87,425,434	68,361,015	68,432,002	71,978,298
Total current assets	402,126,618	408,767,290	386,619,319	380,062,251	408,289,097
Non-Current Assets					
Restricted assets	148,149,953	149,669,316	179,634,387	162,834,305	176,672,759
Restricted other	357,317	357,396	357,554	357,623	356,833
Total restricted assets	148,507,271	150,026,711	179,991,941	163,191,928	177,029,591
Property, plant & equipment	1,555,435,345	1,555,425,207	1,555,505,599	1,555,434,423	1,556,364,751
Accumulated depreciation	(672,797,656)	(676,321,198)	(679,826,761)	(682,748,720)	(644,358,038)
Construction in process	69,395,353	70,379,627	71,352,821	74,049,539	57,513,297
Net property, plant & equipment	952,033,041	949,483,636	947,031,659	946,735,242	969,520,010
Right of Use Assets	322,316,604	319,395,245	316,497,623	313,922,957	334,609,278
Investment related companies	2,911,516	3,768,054	3,455,870	3,059,666	6,754,766
Prepaid debt insurance and other costs	8,291,916	8,253,030	8,214,144	8,175,258	8,603,170
Other non-current assets	67,980,619	67,462,779	66,985,161	66,476,790	78,831,767
Total non-current assets	1,502,040,967	1,498,389,456	1,522,176,398	1,501,561,841	1,575,348,583
Total assets	1,904,167,584	1,907,156,746	1,908,795,717	1,881,624,092	1,983,637,680
Deferred outflow of resources-loss on refunding of debt	45,221,281	44,985,506	44,749,731	44,513,956	47,107,482
Total assets and deferred outflow of resources	1,949,388,867	1,952,142,253	1,953,545,449	1,926,138,049	2,030,745,163

	Current Fiscal Year				Prior Fiscal Year
Liabilities	Feb-25	Mar-25	Apr-25	May-25	Jun-24
Current Liabilities					
Accounts payable	111,781,823	113,763,481	106,731,078	94,435,320	67,477,787
Accrued payroll	29,561,067	30,985,657	31,805,190	35,980,888	38,178,331
Accrued PTO	22,651,682	22,880,548	23,052,607	23,414,051	24,267,836
Accrued interest payable	23,182,940	29,144,315	34,557,338	23,024,224	28,882,187
Current portion of bonds	19,081,756	19,081,756	19,081,756	19,081,756	18,010,103
Current portion of lease liab	21,287,484	21,293,255	21,395,699	21,542,184	20,245,743
Est. third party settlements	16,238,521	15,227,643	15,227,642	12,664,800	16,933,480
Other current liabilities	53,603,989	58,803,123	78,992,898	82,305,689	55,689,956
Total current liabilities	297,389,263	311,179,776	330,844,207	312,448,912	269,685,423
Long Term Liabilities					
Other LT liabilities	27,532,265	27,510,361	27,488,456	27,466,551	27,708,572
Bonds & contracts payable	1,342,786,254	1,341,104,673	1,340,775,462	1,340,446,250	1,362,956,758
Lease liabilities	334,424,640	332,771,496	330,751,934	329,391,671	342,095,335
Total long term liabilities	1,704,743,159	1,701,386,530	1,699,015,852	1,697,304,473	1,732,760,665
Total liabilities	2,002,132,422	2,012,566,306	2,029,860,059	2,009,753,385	2,002,446,088
Deferred inflow of resources- unearned revenue	75,245,901	74,590,697	73,989,987	73,358,605	79,795,899
Total liabilities and deferred inflow of resources	2,077,378,324	2,087,157,003	2,103,850,046	2,083,111,990	2,082,241,987
Net Position					
Unrestricted	(128,346,774)	(135,372,146)	(150,662,151)	(157,331,564)	(51,853,656)
Restricted for other purpose	357,317	357,396	357,554	357,623	356,833
Total net position	(127,989,457)	(135,014,750)	(150,304,597)	(156,973,941)	(51,496,824)
Total liabilities, deferred inflow of resources and net position	1,949,388,867	1,952,142,253	1,953,545,449	1,926,138,049	2,030,745,163

	May-25	YTD
CASH FLOWS FROM OPERATING ACTIVITIES:		
Income (Loss) from operations	(396,356)	(50,302,211)
Adjustments to reconcile change in net assets to net cash provided from operating activities:		
Depreciation Expense	5,014,947	56,384,214
Provision for bad debts	4,001,680	80,848,039
Changes in operating assets and liabilities:		
Patient accounts receivable	(4,671,145)	(85,110,813)
Property Tax and other receivables	3,475,145	5,584,975
Inventories	(2,534)	(291,905)
Prepaid expenses and other current assets	1,498,129	1,381,444
Accounts payable	(12,295,758)	32,979,363
Accrued compensation	4,537,144	(3,051,227)
Estimated settlement amounts due third-party payors	13,499,277	(12,112,605)
Other liabilities	3,384,903	28,530,123
Net cash provided from (used by) operating activities	18,045,432	54,839,397
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net (purchases) sales of investments	12,746,038	44,810,246
Income (Loss) on investments	1,530,161	16,885,351
Investment in affiliates	(2,735,564)	(36,144,673)
Net cash provided from (used by) investing activities	11,540,635	25,550,924
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:		
Receipt of G.O. Bond Taxes	1,887,483	47,531,621
Receipt of District Taxes	1,274,719	24,221,363
Net cash provided from non-capital financing activities	3,162,201	71,752,984
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Proceeds on asset sale	0	0
Proceeds from the issuance of long-term debt	0	0
Cost of Issuance payments	0	0
Acquisition of property plant and equipment	(2,625,542)	(25,139,261)
Redevelopment Trust Fund Distributions	0	1,454,676
G.O. Bond Interest paid	0	(34,538,335)
Revenue Bond Interest paid	(17,581,585)	(35,376,420)
ROU Interest paid	(1,320,351)	(15,237,686)
Proceeds (Payments) of Long Term Debt	0	(18,011,171)
Payments of Long Term Lease Liabilities	(3,003,384)	(27,843,669)
Net cash provided from (used by) capital and related financing activities	(24,530,861)	(154,691,867)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	8,217,407	(2,548,562)
CASH AND CASH EQUIVALENTS - Beginning of period	6,593,276	17,359,239
CASH AND CASH EQUIVALENTS - End of period	14,810,682	14,810,682

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 May 31, 2025

	Palomar Health	PHMG	PAC	NCRE	Eliminations	Total
ASSETS						
Current assets	455,900,806	56,553,401	4,049,864	265,008	(57,558,242)	459,210,837
Capital assets - net	946,735,242	7,794,471	-	868,948	-	955,398,661
Right of use assets - net	313,922,957	29,212,340	-	-	(19,588,361)	323,546,936
Non-current assets	165,065,087	2,228,675	-	-	-	167,293,761
Total assets	1,881,624,092	95,788,887	4,049,864	1,133,956	(77,146,603)	1,905,450,195
Deferred outflow of resources	44,513,956	-	-	-	-	44,513,956
TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES	1,926,138,048	95,788,887	4,049,864	1,133,956	(77,146,603)	1,949,964,151
LIABILITIES AND NET POSITION						
Current liabilities	282,400,444	102,741,203	74,271	1,458,747	(61,818,154.31)	324,856,509
Long-term liabilities	1,376,232,686	(0)	-	-	-	1,376,232,686
Right of use lease liabilities	329,391,671	23,359,713	-	-	(16,387,152)	336,364,233
Total liabilities	1,988,024,801	126,100,917	74,271	1,458,747	(78,205,306)	2,037,453,427
Deferred inflow of resources - deferred revenue	95,087,190	-	-	-	-	95,087,190
Total liabilities and deferred inflow of resources	2,083,111,991	126,100,917	74,271	1,458,747	(78,205,306)	2,132,540,617
Invested in capital assets - net of related debt	(318,288,764)	6,577,658	-	1,660,879	1,058,703	(308,991,523)
Restricted	54,404,767	-	-	-	-	54,404,767
Unrestricted	106,910,058	(36,889,687)	3,975,593	(1,985,669)	-	72,010,295
Total net position	(156,973,939)	(30,312,028)	3,975,593	(324,790)	1,058,703	(182,576,461)
TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION	1,926,138,048	95,788,887	4,049,864	1,133,956	(77,146,603)	1,949,964,151

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

	<u>Palomar Health</u>	<u>PHMG</u>	<u>PAC</u>	<u>NCRE</u>	<u>Elimination</u>	<u>Consolidated</u>
OPERATING REVENUE:						
Net patient service revenue	674,802,139	62,791,537	-	-	-	737,593,676
Shared risk revenue	67,047,039	28,707,452	-	-	(1,560,543)	94,193,948
Other revenue	10,584,928	6,646,763	223,089	1,338,849	(536,606)	18,257,024
PH Program revenue	-	28,095,087	-	-	(28,095,087)	-
Total operating revenue	752,434,106	126,240,839	223,089	1,338,849	(30,192,236)	850,044,647
OPERATING EXPENSES						
DEPRECIATION AND AMORTIZATION	746,352,097	184,842,394	934,090	1,634,914	(36,512,643)	897,250,852
	56,384,216	4,485,112	-	-	-	60,869,328
Total operating expenses	802,736,313	189,327,507	934,090	1,634,914	(36,512,643)	958,120,180
INCOME (LOSS) FROM OPERATIONS	(50,302,207)	(63,086,668)	(711,001)	(296,065)	6,320,407	(108,075,533)
NON-OPERATING INCOME (EXPENSE):						
Investment income	16,885,347	(285,053)	-	-	-	16,600,294
Interest expense	(81,481,478)	(192,090)	-	-	141,357	(81,532,211)
Property tax revenue	66,928,875	-	-	-	-	66,928,875
Other - net	(16,608,421)	487,165	-	-	(5,101,531)	(21,222,787)
Total non-operating expense - net	(14,275,677)	10,022	-	-	(4,960,175)	(19,225,830)
CHANGE IN NET POSITION	(64,577,884)	(63,076,645)	(711,001)	(296,065)	1,360,232	(127,301,363)
Interfund - PHMG	(40,899,229)	41,864,322	-	-	-	965,093
NET POSITION - Beginning of year	(51,496,823)	(9,099,710)	4,686,594	(28,725)	(301,529)	(56,240,193)
NET POSITION - Year to date	(156,973,939)	(30,312,028)	3,975,593	(324,790)	1,058,703	(182,576,461)

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

Assets

Current Assets

Cash and cash equivalents	\$ 24,930,494
Investments	30,408,253
Patient accounts receivable - net of allowances for uncollectible accounts of \$121,482	179,778,578
Other receivables	30,213,669
Supplies and inventories	13,480,399
Prepaid expenses and other	12,918,359
Estimated third-party payor settlements receivable	91,642,530
Assets whose use is limited - current portion	55,266
Restricted cash and investments, current	<u>75,783,288</u>

Total current assets 459,210,836

Restricted Noncurrent Cash and Investments

Held by trustee under indenture agreements	86,339,615
Held by trustee under general obligation bonds indenture	75,783,288
Held in escrow for street improvements	711,402
Restricted by donor and other	<u>357,623</u>

Total restricted cash and investments 163,191,928

Less amounts required to meet current obligations 75,838,554

Total restricted noncurrent cash and investments 87,353,374

Capital Assets - net

955,398,661

Right of Use Assets - Net

323,546,936

Estimated third-party payor settlements receivable

-

Other Assets

Prepaid debt insurance costs	8,175,258
Investment in and amounts due from affiliated entities	3,718,112
Other	<u>68,047,018</u>

Total other assets 79,940,388

Total assets 1,905,450,195

Deferred outflow of resources - loss on refunding of debt

44,513,956

Total Assets and Deferred Outflow of Resources

\$ 1,949,964,151

Liabilities

Current Liabilities

Accounts payable	98,809,835
Accrued compensation and related liabilities	54,152,426
Current portion of general obligation bonds	10,156,756
Current portion of long-term debt	9,165,945
Current portion of lease liabilities	24,351,711
Estimated third-party payor settlements	12,664,800
Other accrued liabilities	92,512,974
Accrued interest payable	21,607,724
Accrued interest payable-ROU's	<u>1,434,335</u>

Total current liabilities 324,856,506

Long-term debt - general obligation bonds - net of current portion 627,023,745

Long-term debt - net of current portion 749,208,945

Long-term debt - Lease liability - net of current portion 336,364,233

Total liabilities 2,037,453,429

Deferred inflow of resources - unearned revenue

95,087,190

Total liabilities and deferred inflow of resources 2,132,540,619

Net Position

Net investment in capital assets (308,991,523)

Restricted, expendable for:

Repayment of debt	53,335,742
Capital acquisitions	711,402
Other purposes	357,623
Unrestricted	<u>72,010,294</u>

Total net position (182,576,461)

Total Liabilities, Deferred Inflow of Resources, and Net Position

\$ 1,949,964,151

Operating Revenue	
Patient service revenue, net of provision for uncollectible accounts of \$82,693	\$ 737,593,676
Premium revenue	
Shared risk revenue	94,193,948
Other revenue	<u>18,257,022</u>
Total operating revenue	<u>850,044,645</u>
Operating Expenses	
Salaries, wages, and benefits	583,568,268
Professional fees	42,116,504
Supplies	120,333,860
Purchased services	105,595,623
Depreciation and amortization	60,869,329
Rent expense	16,601,839
Utilities	5,164,153
Other	<u>23,870,610</u>
Total operating expenses	<u>958,120,184</u>
Income (Loss) From Operations	<u>(108,075,539)</u>
Non-Operating Income (Expenses)	
Investment income	16,600,294
Interest expense	(81,532,210)
Property tax revenue - unrestricted	22,402,470
Property tax revenue - restricted	44,526,405
Amortization expense	(16,241,154)
Other - net	<u>(4,016,538)</u>
Total non-operating expenses - net	<u>(18,260,733)</u>
Change in net position	(126,336,272)
Net Position - Beginning of year	<u>(56,321,285)</u>
Net Position - May 31, 2025	<u>\$ (182,576,461)</u>

	May 31, 2025
CASH FROM OPERATING ACTIVITIES	
Receipts from:	
Patients, insurers, and other third-party payers	846,896,315
Other sources	12,128,062
Payments to:	
Employees	(587,941,460)
Suppliers	<u>(241,603,326)</u>
Net cash provided by operating activities	<u>29,479,592</u>
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES	
Receipt of district taxes	<u>22,402,470</u>
Net cash provided by noncapital financing activities	<u>22,402,470</u>
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES	
Acquisition and construction of capital assets	(21,051,294)
Interest payments on long-term debt	(71,931,497)
Interest payments on lease liabilities	(16,007,346)
Principal repayment on long-term debt	(18,195,196)
Principal repayment on lease obligations	(20,860,849)
Proceeds on sale of capital assets	(47,766)
Receipt of property taxes restricted for debt service on general obligation bonds	44,526,405
Other	<u>(10,169,978)</u>
Net cash used in capital and related financing activities	<u>(113,737,521)</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of investments	(114,951,399)
Proceeds from sale of investments	167,605,336
Interest received on investments and notes receivable	9,542,524
Net cash provided by (used in) investing activities	<u>62,196,461</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	341,002
CASH AND CASH EQUIVALENTS - beginning of year	<u>24,589,503</u>
CASH AND CASH EQUIVALENTS - end of year	<u>\$ 24,930,494</u>

Days Cash on Hand Ratio Covenant	May 31, 2025 Consolidated
Cash and Cash Equivalents	55,113,555
Total	55,113,555
Divide Total by Average Adjusted Expenses per Day	
Total Expenses	958,120,184
Less: Depreciation	60,869,329
Adjusted Expenses	897,250,856
Number of days in period	335
Average Adjusted Expenses per Day	2,678,361
Days Cash on Hand	20.6
REQUIREMENT	65
	NOT ACHIEVED

Debt Service Coverage Ratio Covenant	May 31, 2025 Consolidated
Excess of revenues over expenses	(141,399,820)
REVERSE:	
Depreciation and Amortization	60,869,329
Depreciation and Amortization-NonOp	16,241,154
Interest Expense	48,622,632
Income Available for Debt Service	(15,666,706)
Divided by:	
Maximum Annual Debt Service (excludes GO Bonds)	51,599,496
Debt Service Coverage Ratio	(0.30)

NOTE: Pre-audit results shown

ADDENDUM C

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
RATIFYING AND APPROVING AFFILIATED PROGRAM AGREEMENT AND
LEASE**

RESOLUTION NO. 07.14.25(01)-10

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
PROPOSING AND APPROVING LOAN AGREEMENT WITH THE REGENTS OF
THE UNIVERSITY OF CALIFORNIA**

WHEREAS, the Board of Directors of Palomar Health is dedicated and resolved to strengthen and expand Palomar Health as a public health institution and provider of essential health services for all;

WHEREAS, the Regents of the University of California, through UC San Diego Health ("UCSD"), have as part of their mission supporting the other public health safety nets in California;

WHEREAS, as a result of certain national economic trends in health care, it would be valuable to and further the mission of Palomar Health to borrow funds from UCSD;

WHEREAS, the Chief Executive Officer has brought before the Board of Directors of Palomar Health a proposed (a) Loan Agreement, in the form attached hereto as **Exhibit A** (the "Loan Agreement"), with UCSD; (b) Promissory Note, in the form attached hereto as **Exhibit B** (the "Promissory Note"), in the face amount of \$10,000,000, made by Palomar Health and its affiliate, Arch Health Partners, Inc., a California nonprofit public benefit corporation d/b/a Palomar Health Medical Group, to the order of UCSD; (c) The Palomar Health Master Indenture Obligation No. 16, in the form attached hereto as **Exhibit C** ("Obligation No. 16"), executed by Palomar Health and authenticated by U.S. Bank Trust Company, National Association, as successor to U.S. Bank National Association, as master trustee (the "Master Trustee"); (d) Supplemental Master Indenture for Master Indenture Obligation No. 16, in the form attached hereto as **Exhibit D** ("Supplemental MTI No. 16"), between Palomar Health and the Master Trustee; (e) Supplemental Master Trust Indenture Amending Sections 2.05(b)(i) and (ii), in the form attached hereto as **Exhibit E** (the "Amending Supplement", and together with the Loan Agreement, the Promissory Note, Obligation No. 16, Supplemental MTI No. 16 and any other agreement, supplement, certificate or other document as may be deemed necessary, desirable, advisable or appropriate to authorize, consummate, effectuate, carry out or further the agreements and transactions contemplated by, and the intent and purposes of, any of the foregoing resolutions, collectively, the "Loan Documents"), between Palomar Health and the Master Trustee, to which, in each case, Palomar's Turnaround Officer consented;

Exhibit A

Loan Agreement

[Attached]

Exhibit B

Promissory Note

[Attached]

Exhibit C

Obligation No. 16

[Attached]

Exhibit D

Supplemental MTI No. 16

[Attached]

Exhibit E

Amending Supplement

[Attached]

ADDENDUM D

To: Board of Directors
From: Linda Greer, RN - Chair, Board Finance Committee
Date: Monday, July 14, 2025
Re: Finance Committee Meeting, June 25, 2025

Board Member Attendance: Directors Linda Greer, Michael Pacheco and Jeff Griffith

Action Items:

- **Finance Committee Minutes, May 28, 2025:** The voting members reviewed and approved Finance Committee minutes from May 28, 2025
- **Guidehouse Turnaround Project Update:** A presentation was reviewed by the voting members
- **YTD FY2025 and May 2025 Financials:** The voting members reviewed and approved YTD FY2025 and May 2025 Financials and moved item to full Board for ratification