



Board of Directors

Meeting Agenda Packet

September 8, 2025



Board of Directors

*Jeffrey D. Griffith, EMT-P, Chair
Michael Pacheco, Vice Chair
Linda Greer, RN, Treasurer
Theresa Corrales, RN, Secretary
John Clark, Director
Laurie Edwards-Tate, MS, Director
Abbi Jahaaski, MSN, BSN, RN, Director*

Diane Hansen, President and CEO

*Regular meetings of the Board of Directors are held on the second Monday of each month at 6:30 p.m.,
unless indicated otherwise.*

*For an agenda, locations or further information please
visit our website at www.palomarhealth.org, or call (760) 740-6375*

Our Mission

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

Our Vision

*Palomar Health will be the health system of choice for patients, physicians and employees, recognized
nationally for the highest quality of clinical care and access to comprehensive services*

Our Values

*Compassion - Providing comfort and care
Integrity - Doing the right thing for the right reason
Teamwork - Working together toward shared goals*

*Excellence - Aspiring to be the best
Service - Serving others and our community
Trust - Delivering on promises*

Posted
Friday,
September 5, 2025

BOARD OF DIRECTORS

Meeting Agenda

Monday, September 8, 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 | Target |
|----------------------|--|------|-------------|
| Call To Order | | | 6:30 |
| 1. | Establishment of Quorum | 1 | 6:31 |
| 2. | Opening Ceremony | 4 | 6:35 |
| | a. Pledge of Allegiance to the Flag | | |
| 3. | Public Comments¹ | 30 | 7:05 |
| 4. | Presentations – Informational Only | 10 | 7:15 |
| | a. Trauma Survivors Series – Episode 4 | | |
| 5. | Approval of Minutes (ADD A) | 5 | 7:20 |
| | a. Regular Session Board of Directors Meeting – Monday, August 11, 2025 (Pp 6-16) | | |
| | b. Special Closed Session Board of Directors Meeting – Monday, August 11, 2025 (Pp 17-18) | | |
| 6. | Approval of Agenda to accept the Consent Items as listed (ADD B) | 5 | 7:25 |
| | a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 20-22) | | |
| | b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 23-27) | | |
| | c. Critical Care Clinical Privileges – Palomar Medical Center Escondido (Redline Pp 28-33, Clean Pp 34-38) | | |
| | d. Cardiology Clinical Privileges – Palomar Medical Center Escondido (Redline Pp 39-52, Clean Pp 53-63) | | |
| | e. YTD FY2026 and July 2025 Financials (Pp 64-88) | | |

| | | | | | |
|-------------------|---|--|--------------------------|--------------------|------|
| 7. | Reports – Informational Only | | | | |
| | a. Medical Staff | | | | |
| | I. | Chief of Staff-Elect, Palomar Medical Center Escondido – Kanchan Koirala, MD | | 5 | 7:30 |
| | II. | Chief of Staff, Palomar Medical Center Poway – Mark Goldsworthy, MD | | 5 | 7:35 |
| | b. Administration | | | | |
| | I. | President and CEO – Diane Hansen | | 5 | 7:40 |
| | II. | Chair of the Board – Jeff Griffith, EMT-P | | 5 | 7:45 |
| 8. | Approval of Bylaws, Charters, Resolutions and Other Actions (ADD C) | | | 10 | 7:55 |
| | Agenda Item | | Committee/ Department | Action | |
| | a. Resolution 09.08.25(01)-13 of the Board of Directors of Palomar Health to Delegate Authority to Resolve Patient Grievances for Palomar Health (Pp 90-91) | | Regulatory | Review/ Approve | |
| | b. Resolution 09.08.25(02)-14 of the Board of Directors of Palomar Health to appoint Healthcare Equity Leadership for Palomar Health (Pp 92-93) | | Regulatory | Review/ Approve | |
| | c. Resolution 09.08.25(03)-15 of the Board of Directors of Palomar Health to Identify Annual Emergency Services Readiness Training for Staff of Palomar Health (Pp 94-95) | | Regulatory | Review/ Approve | |
| 9. | Board Committees – Informational Only (ADD D) | | | 5 | 8:00 |
| | a. Audit & Compliance Committee – Michael Pacheco, Committee Chair (Pp 97) | | | | |
| | b. Community Relations Committee – Terry Corrales, Committee Chair | | | | |
| | c. Finance Committee – Linda Greer, Committee Chair (Pp 98) | | | | |
| | 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*

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).

Regular Session 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.

ADDENDUM A

| | |
|---|------------------------------------|
| Board of Directors Meeting Minutes – Monday, August 11, 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, August 6, 2025, which is consistent with legal requirements. | |
| Call To Order | |
| The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and called to order at 6:30 p.m. by Chair Jeff Griffith. | |
| 1. Establishment of Quorum | |
| Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences: | |
| 2. Opening Ceremony | |
| The Pledge of Allegiance was recited in unison led by Director Linda Greer. | |

Board of Directors Meeting Minutes – Monday, August 11, 2025

Agenda Item

- *Discussion*

Conclusion/Action/Follow Up

3. Public Comments

- No public comments

4. Presentations – Informational Only

- EMA Leadership, consisting of G. Scott Brewster, MD, Jordan Cohen, MD, Bruce Friedberg, MD, Nicholle Bromley, MD and James Lee Puckett, MD, shared a presentation with the Board of Directors.

5. Approval of Minutes

- a. Regular Session Board of Directors Meeting - Monday, July 14, 2025

MOTION: By Director Corrales, 2nd by Director Greer and carried to approve the Monday, July 14, 2025, Regular 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.

-

Board of Directors Meeting Minutes – Monday, August 11, 2025

Agenda Item

| • Discussion | Conclusion/Action/Follow Up |
|--|---|
| b. Special Closed Session Board of Directors Meeting – Monday, July 14, 2025 | <p>MOTION: By Director Corrales, 2nd by Director Greer and carried to approve the Monday, July 14, 2025, Special Closed Session Board of Directors Meeting minutes as written.</p> <p>Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.</p> |
| • | |

Board of Directors Meeting Minutes – Monday, August 11, 2025

Agenda Item

| <i>• Discussion</i> | <i>Conclusion/Action/Follow Up</i> |
|---|--|
| <i>c. Special Session Board of Directors Meeting – Tuesday, July 22, 2025</i> | MOTION: By Director Corrales, 2 nd by Director Greer and carried to approve the Tuesday, July 22, 2025, Special 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>•</i> | |
| 6. Approval of Agenda to accept the Consent Items as listed | |

Board of Directors Meeting Minutes – Monday, August 11, 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. Routine Physician Agreements</i> | MOTION: By Director Greer, 2 nd by Director Pacheco 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> | |
| 7. Reports – Informational Only | |
| a. Medical Staffs | |
| <i>I. Palomar Medical Center Escondido</i> | |
| <i>Palomar Medical Center Escondido Chief of Staff, Kanchan Koirala, MD, provided a verbal report.</i> | |
| <i>II. Palomar Medical Center Poway</i> | |
| <i>Palomar Medical Center Poway Chief of Staff-Elect, Paul Ritchie, MD, provided a verbal report, as Palomar Medical Center Poway Chief of Staff, Mark Goldsworthy, MD, was unable to attend.</i> | |

Board of Directors Meeting Minutes – Monday, August 11, 2025

Agenda Item

- *Discussion*

Conclusion/Action/Follow Up

b. Administrative

I. President and CEO

Palomar Health President & CEO Diane Hansen provided a verbal report.

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

Board of Directors Meeting Minutes – Monday, August 11, 2025

Agenda Item

| <i>• Discussion</i> | <i>Conclusion/Action/Follow Up</i> |
|---|---|
| <p>a. Resolution 08.11.25(01)-11 of the Board of Directors of Palomar Health Concerning the Levy & Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2025-2026 to Pay Principal & Interest on General Obligation Bonds & Authorizing the Taking of All Actions Necessary in Connection Therewith</p> | <p>MOTION: By Director Greer, 2nd by Director Pacheco and carried to approve Resolution 08.11.25(01)-11 of the Board of Directors of Palomar Health Concerning the Levy & Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2025-2026 to Pay Principal & Interest on General Obligation Bonds & Authorizing the Taking of All Actions Necessary in Connection Therewith</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> |
| <p>• Board discussion ensued.</p> | |

Board of Directors Meeting Minutes – Monday, August 11, 2025

Agenda Item

| • Discussion | Conclusion/Action/Follow Up |
|---|---|
| <p>b. Resolution 08.11.25(02)-12 of the Board of Directors of Palomar Health Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2025 - June 30, 2026</p> | <p>MOTION: By Director Corrales, 2nd by Director Jahaaski and carried to approve Resolution 08.11.25(02)-12 of the Board of Directors of Palomar Health Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2025 - June 30, 2026</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, August 11, 2025

Agenda Item

| <i>• Discussion</i> | <i>Conclusion/Action/Follow Up</i> |
|---|---|
| <i>c. Policy: Annual Statement of Investment (27092)</i> | MOTION: By Director Corrales, 2 nd by Director Pacheco and carried to approve Annual Statement of Investment Policy 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> | |
| 9. Board Committees – Informational Only | |
| <i>a. Audit & Compliance Committee – Michael Pacheco, Committee Chair</i> | |
| <i>• Director Michael Pacheco provided a verbal report.</i> | |
| <i>b. Community Relations Committee – Terry Corrales, Committee Chair</i> | |
| <i>• Director Terry Corrales noted the committee did not meet.</i> | |

Board of Directors Meeting Minutes – Monday, August 11, 2025

Agenda Item

| Discussion | | Conclusion/Action/Follow Up |
|---|------------------------|------------------------------------|
| 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 noted the committee would pause meetings unless needed. | | |
| e. Human Resources Committee – Terry Corrales, Committee Chair | | |
| <ul style="list-style-type: none">Director Terry Corrales noted 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 noted the committee did not meet | | |
| Final Adjournment | | |
| <ul style="list-style-type: none">There being no further business, Chair Jeff Griffith adjourned the meeting at 7:22 p.m. | | |
| Signatures: | Board Secretary | <hr/> Terry Corrales, R.N. |

Board of Directors Meeting Minutes – Monday, August 11, 2025

Agenda Item

- *Discussion*

Conclusion/Action/Follow Up

Board Clerk

Carla Albright

| <i>Special Closed Session Board of Directors Minutes – Monday, August 11, 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, August 6, 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 5:36 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: None | |
| 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 31, 2025.
- 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 31, 2025.

V. Re-Adjournment To Open Session

VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

VIII. Final Adjournment

There being no further business, Chair Jeff Griffith adjourned the meeting at 6:18 p.m.

Signatures:

Board Secretary

Terry Corrales, RN

Board Clerk

Carla Albright

ADDENDUM B

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

August 27, 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: September 8, 2025

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (09/08/2025 to 08/31/2027)

Babawale, Abiola A., D.O. – Internal Medicine
Hachadorian, Michael E., M.D. – Orthopaedic Surgery
Jin, Tae Gun, D.O. – Physical Medicine/Rehabilitation
Kim, Alexander J., M.D. – Ophthalmology
Malik, Yusria R., M.D. – Obstetrics & Gynecology
Minteer, William B. III, M.D. - Gastroenterology
Montes, Carolyn A., M.D. – Otolaryngology
Wali, Arvin R., M.D. – Neurosurgery
Weber, Matthew G., D.O. – Orthopaedic Surgery
Wilson-Flewelling, Scott A., M.D. – Teleradiology

Advance from Provisional to Active Category

Cleary, Kevin M., M.D. - Family Practice- Dept. Of Family Practice (eff. 10/01/2025 to 08/31/2027)
Green, Douglas A., M.D. – Diagnostic Radiology – Dept. of Radiology (eff.10/01/2025 to 12/31/2026)
Jacquez, Immanuel G., M.D- Anesthesiology- Dept. Of Anesthesiology (eff. 10/01/2025 to 03/31/2027)

Reinstatement to Active Category

Tygart, Melissa K., M.D. - Pediatrics (eff. 08/12/2025 – 07/31/2026)

Request for Additional Privileges

Subedi, Ramesh M.D. – Critical Care

- Pulmonary Medicine privileges (eff. 09/08/2025 – 03/31/2026)

Fanous, Elias J., M.D. – Cardiology

- Sedation-Conscious Sedation (eff. 09/08/2025 – 07/31/2027)

Physician Voluntary Resignation

Cannon, Victoria A., M.D. – Clinical Neurophysiology (eff. 08/07/2025)
 Carter, Emma G., M.D. – Clinical Neurophysiology (eff. 08/07/2025)
 Cohen, Jeffrey, M.D. – Clinical Neurophysiology (eff. 08/07/2025)
 Dumars, Karen, M.D. – Clinical Neurophysiology (eff. 08/07/2025)
 Fatayerji, Aayah N., D.O. – Internal Medicine (eff. 09/30/2025)
 Kelly, Thomas F., M.D. – Maternal Fetal Medicine (eff. 06/30/2025)
 Hariharan, Radhika S., M.D. – Endocrinology (eff. 08/06/2025)
 Hermann, Matthew D., M.D. – Diagnostic Radiology (eff. 07/22/2025)
 Husky, Dana E., M.D. – Obstetrics and Gynecology (eff. 09/30/2025)
 Nagaraddi, Venkatesh N., M.D. – Clinical Neurophysiology (eff. 08/07/2025)
 Park, Monica M., M.D. – Internal Medicine (eff. 08/11/2025)
 Read, Trenton, D.P.M. – Podiatry (eff. 09/30/2025)
 Ross, Mark A., M.D. – Clinical Neurophysiology (eff. 08/07/2025)
 Stern, Alexander T., M.D. – Emergency Medicine (eff. 07/31/2025)
 Tomlin, Jeffrey M. M.D. – Neurosurgery (eff. 09/23/2025)
 Vong, Vinson S., M.D. – Emergency Medicine (eff. 09/30/2025)
 Zakov, Kamen N., M.D. – Internal Medicine (eff. 09/30/2025)

Request for 2 Year Leave of Absence

Aispuro, Ivan O., M.D. – Emergency Medicine (09/30/2025 to 09/29/2027)
 Anderson, John S., M.D. – Teleradiology (08/12/2025 to 08/11/2027)
 Hyler, Bryan R., M.D. – Psychiatry (08/18/2025 to 08/17/2027)
 Masifi, Sheela L., M.D. – Psychiatry (09/30/2025 to 09/29/2027)

Allied Health Professional Appointment (effective 09/08/2025 – 08/31/2027)

| | | |
|--|---------------------|-----------------------------|
| Akey, Shelley A., NNP – Neonatal Nurse Practitioner | Dept. of Pediatrics | (Sponsor: Dr. Julie West) |
| Linwood, Kisha M. NNP – Neonatal Nurse Practitioner | Dept. of Pediatrics | (Sponsor: Dr. Richard Song) |
| Lithgow, Teresa Y., FNP – Family Nurse Practitioner | Dept. of Medicine | (Sponsor: Dr. Anas Kayal) |
| Penicka, Christine M., PA – Physician Assistant | Dept. of Pediatrics | (Sponsor: Dr. Julie West) |
| Whittington, Nanette K., NNP – Neonatal Nurse Pract. | Dept. of Pediatrics | (Sponsor: Dr. Richard Song) |

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 10/01/2025 to 09/30/2027)

| | | | |
|---------------------------------|--------------------------------|-----------------------------|----------|
| Dashtaei, Ayda, D.O. | Surgery, General | Dept. of Surgery | Courtesy |
| Deng, Charles, M.D. | Emergency Medicine | Dept. of Emergency Medicine | Active |
| Dunn, William M., M.D. | Diagnostic Radiology | Dept. of Radiology | Active |
| Gilbert, Christopher R., M.D. | Cardiovascular Disease | Dept. of Medicine | Active |
| Ginzburg, Nadiya, M.D. | Internal Medicine | Dept. of Medicine | Active |
| Goldsworthy, Mark S., M.D. | Anesthesiology | Dept. of Anesthesiology | Active |
| Jamshidi-Nezhad, Mohammad, D.O. | Surgery, General Vascular | Dept. of Surgery | Active |
| Johnson, Roy R., M.D. | Family Practice | Dept. of Family Medicine | Active |
| Khoshini, Reza, M.D. | Gastroenterology | Dept. of Medicine | Active |
| Li, Yan (Peter), M.D. | Anesthesiology | Dept. of Anesthesiology | Active |
| Lotzof, Pierre R., M.D. | Anesthesiology | Dept. of Anesthesiology | Active |
| Madam, Narasa Raju, MD | Internal Medicine | Dept. of Medicine | Active |
| Patel, Amit J., MD | Emergency Medicine | Dept. of Emergency Medicine | Active |
| Petroff, Linda, M.D. | Pathology, Anatomic & Clinical | Dept. of Pathology | Active |
| Polishuk, Paul V., M.D. | Surgery, Urology | Dept. of Urology | Active |
| Salameh, Joseph G., D.O. | Emergency Medicine | Dept. of Emergency Medicine | Active |
| Sasan, Manveen B., M.D. | Internal Medicine | Dept. of Medicine | Active |
| Shabrang, Cyrus, M.D. | Radiology, Interventional | Dept. of Radiology | Active |

Reappointment effective 10/01/2025 to 03/31/2027

| | | | |
|------------------------|-------------------|-------------------|--------|
| Motarjemi, Ramin, M.D. | Internal Medicine | Dept. of Medicine | Active |
|------------------------|-------------------|-------------------|--------|

Allied Health Professional Reappointment effective 10/01/2025 to 09/30/2027

| | | |
|---------------------------|---------------------|---|
| Anselmin, Dominique, PA-C | Physician Assistant | Dept. of Surgery (Sponsor: Dr. Andrew Nguyen) |
|---------------------------|---------------------|---|

Allied Health Professional Reappointment effective 10/01/2025 to 08/31/2027

| | | |
|--------------------------|---------------------|---|
| Colson, Kenesha P., PA-C | Physician Assistant | Dept. of OB/GYN (Sponsors: Dr. Natalia Babkina, Branislav Cizmar, and Dr. Paul Hinshaw) |
|--------------------------|---------------------|---|

Certification by and Recommendation of Chief of Staff

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

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

Date: August 27, 2025
 To: Palomar Health Board of Directors – September 8, 2025 Meeting
 From: Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff
 Subject: Medical Staff Credentials Recommendations – August, 2025

Provisional Appointments: (09/08/2025 – 08/31/2027)

Michael Hachadorian, M.D., Orthopedic Surgery
 Tae Gun Jin, D.O., Physical Medicine and Rehab
 Alexander Kim, M.D., Ophthalmology (Includes The Villas at Poway)
 Hanna Kirby, M.D., Orthopedic Surgery
 William Minter, M.D., Gastroenterology
 Carolyn Montes, M.D., Otolaryngology
 Matthew Weber, D.O., Orthopedic Surgery
 Scott Wilson-Flewelling, M.D., Teleradiology

Biennial Reappointments: (10/01/2025 - 09/30/2027)

James Bried, M.D., Orthopedic Surgery, Active
 Ayda Dashtaei, D.O., General Surgery, Active
 Charles Deng, M.D., Emergency Medicine, Active
 William Dunn, M.D., Teleradiology, Active
 Christopher Gilbert, M.D., Cardiovascular Disease, Active
 Nadiya Ginzburg, M.D., Internal Medicine, Active
 Mark Goldsworthy, M.D., Anesthesiology, Active
 Roy Johnson, M.D., Family Practice, Courtesy (Category Change from Active)
 Reza Khoshini, M.D., Gastroenterology, Active
 Yan Li, M.D., Anesthesiology, Active
 Pierre Lotzoff, M.D., Anesthesiology, Active
 Narasa Madam, M.D., Internal Medicine, Active
 Amit Patel, M.D., Emergency Medicine, Active
 Linda Petroff, M.D., Pathology, Active
 Paul Polishuk, M.D., Urology, Active
 Joseph Salameh, D.O., Emergency Medicine, Active
 Matthew Schultzel, D.O., General Surgery, Active
 Cyrus Shabrang, M.D., Diagnostic Radiology, Active

Reappointment Effective 10/01/2025 – 03/31/2027:

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

Advancements to Active Category:

Douglas Green, M.D., Teleradiology, effective 10/01/2025 – 12/31/2026

Immanuel Jacquez, M.D., Anesthesiology, effective 10/01/2025 – 03/31/2027

Requests for Additional Privileges:

Elias Fanous, M.D., Cardiology

– Moderate and Deep Sedation, effective 09/08/2025 – 07/31/2027

Ramesh Subedi, M.D., Pulmonary/Critical Care

– Pulmonary Medicine, effective 09/08/2025 – 03/31/2026

Requests for 2 Year Leave of Absence:

John Anderson, M.D., Teleradiology, effective 08/12/2025 – 08/11/2027

Brittney Dautremont, D.O., Ophthalmology, effective 08/30/2025 – 08/29/2027

Umer Hayyat, M.D., Internal Medicine, effective 08/12/2025 – 08/11/2027

Sheela Masifi, M.D., Psychiatry, effective 07/30/2025 – 07/29/2027

Voluntary Resignations:

Nicola Bugelli, M.D., Wound Care, effective 08/29/2025

David Chang, M.D., Anesthesia, effective 08/29/2025

Matthew Hermann, M.D., Teleradiology, effective 07/22/2025

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

Glenn Snyders, M.D., Anesthesia, effective 07/30/2025

Alexander Stern, M.D., Emergency Medicine, effective 07/31/2025

Allied Health Professional Appointment: (09/08/2025 – 08/31/2027)

Teresa Lithgow, FNP, Sponsor Dr. Kayal, Nephrology

Emily Sanford, PA, Sponsors Drs. Burgess and Schultzel, Surgery

Allied Health Professional Biennial Reappointment effective 10/01/2025 – 09/30/2027:

Harper Smith, PA, Sponsors Drs. Burgess and Schultzel, Surgery

Allied Health Professional Reappointment effective 10/01/2025 – 08/31/2027

Kenesha Colson, PA, Sponsor Dr. Babkina, GYN

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



Akey, Shelley A., NNP
PMC Escondido

Status: Applicant
Specialty: Neonatal Nurse
Practitioner
Pediatrics



Babawale, Abiola A., DO
PMC Escondido

Status: Applicant
Specialty: Internal Medicine
Medicine



Hachadorian, Michael E., MD
PMC Escondido and Poway

Status: Temporary
Specialty: Privileges
Orthopaedic
Surgery
Orthopaedic
Surgery/Rehabilit
ation



Jin, Tae Gun, DO
PMC Escondido and Poway

Status: Applicant
Specialty: Physical Medicine
& Rehab
Orthopaedic
Surgery/Rehabilit
ation



Kim, Alexander J., MD
PMC Escondido and Poway

Status: Applicant
Specialty: Ophthalmology
Surgery

Provider Profiles



Kirby, Hannah E., M.D.
PMC Poway (already on staff at PMC Escondido)

Status: Active
Specialty: Orthopaedic Surgery
Orthopaedic Surgery/Rehabilitation



Linwood, Kisha M., NNP
PMC Escondido

Status: Applicant
Specialty: Neonatal Nurse Practitioner
Pediatrics



Lithgow, Teresa Y., FNP
PMC Escondido and Poway

Status: Applicant
Specialty: Nurse Practitioner
Medicine



Malik, Yusria R., MD
PMC Escondido

Status: Applicant
Specialty: Obstetrics and Gynecology
OB/GYN



Minter III, William B., MD
PMC Escondido and Poway

Status: Temporary
Specialty: Privileges
Gastroenterology
Internal Medicine
Medicine



Montes, Carolyn A., MD
PMC Escondido and Poway

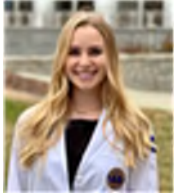
Status: Temporary
Specialty: Privileges
Otolaryngology
Surgery

Provider Profiles



Penicka, Christine M., PA-C
PMC Escondido

Status: Applicant
Specialty: Physician
Assistant
Pediatrics



Sanford, Emily R., PA-C
PMC Poway

Status: Applicant
Specialty: Physician
Assistant
Surgery



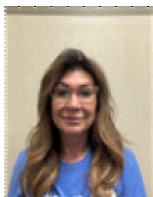
Wali, Arvin R., M.D.
PMC Escondido

Status: Temporary
Specialty: Privileges
Neurosurgery
Surgery



Weber, Matthew G., DO
PMC Escondido and Poway

Status: Temporary
Specialty: Privileges
Orthopaedic
Surgery
Orthopaedic
Surgery/Rehabilit
ation



Whittington, Nanette K., NNP
PMC Escondido

Status: Applicant
Specialty: Neonatal Nurse
Practitioner
Pediatrics



Wilson-Flewelling, Scott A., MD
PMC Escondido and Poway

Status: Applicant
Specialty: Diagnostic
Radiology
Radiology

PALOMAR HEALTH

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 1

Effective From: _____ To: _____

- ☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR CRITICAL CARE

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

Prior board certification in a parent specialty of Internal Medicine, General Surgery, Anesthesiology or Emergency Medicine

AND

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) critical care training program with achievement of Critical Care Board Certification, or active engagement in the Critical Care Board Certification examination process with achievement of certification within 4 years of appointment.

All applicants for Critical Care privileges will be appointed to the Department of Medicine regardless of previous specialty certification.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of inpatient services, reflective of the scope of privileges requested, reflective of adequate case volume to demonstrated competency or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting, within the past 12 months.

Revision to include ECMO cannulation.05.2025

Approved by:

Critical Care Committee 06/04/2025

MAC 07/17/2025

Dept of Medicine 08/05/2025

PMC E MEC 08/25/2025

Previously Approved:

Board of Directors: 11/14/2022

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From: _____ To: _____

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring includes all phases of a patient's hospitalization (admission, management, discharge, etc.) as applicable. At least six (6) inpatient admissions or consults performed in hospital will be reviewed retrospectively.

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

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

CRITICAL CARE CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with complex medical, neurologic, postsurgical, periparturient with multiple organ dysfunction and in need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

- ☐ **Requested The Villas at Poway**

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

PERCUTANEOUS TRACHEOSTOMY/CRICOTHYROTOMY TUBE PLACEMENT

Criteria: As per Critical Care Core privileges. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 10 percutaneous tracheostomy/cricothyrotomy tube placement procedure cases in the past 36 months OR Fellowship training and/or previous practice experience of performing percutaneous tracheostomy along with an appropriate refresher training within the past year. **FPPE:** Monitoring required for at least (3) procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 percutaneous tracheostomy/cricothyrotomy tube placement procedures from within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- ☐ **Requested**

Revision to include ECMO cannulation.05.2025

Approved by:

Critical Care Committee 06/04/2025

MAC 07/17/2025

Dept of Medicine 08/05/2025

PMC E MEC 08/25/2025

Previously Approved:

Board of Directors: 11/14/2022

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From: _____ To: _____

ECMO MANAGEMENT (ONLY OFFERED AT PALOMAR MEDICAL CENTER ESCONDIDO)

Criteria: Fellowship and board certification in Critical Care Medicine, Cardiovascular Disease or Cardiovascular Surgery and documentation of certificate of training from the Extracorporeal Life Support Organization (ELSO) accredited or an equivalently accredited ECMO course. **Required Previous**

Experience: Demonstrated current competence and evidence of the performance of at least (2) ECMO cases from within the past 12 months. If training was completed within the past 24 months, then training certificate satisfies this requirement OR completion of ELSO accredited or an equivalently accredited ECMO training course within the past year. **FPPE:** Monitoring required for at least (2) ECMO cases.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least (2) ECMO cases from within the past 24 months OR repeat didactical training from an ELSO certified or an equivalently accredited course, based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested****ECMO CANNULATION (ONLY OFFERED AT PALOMAR MEDICAL CENTER ESCONDIDO)**

Criteria: Must maintain Critical Care core privileges AND receive certification of training from an accredited/certified ELSO (Extracorporeal Life Support Organization) course or equivalent training course for ECMO cannulation. **Required Previous Experience:** Documentation of performance or assistance at PMC Escondido or outside institution of 5 cases of large caliber catheter placement in large arterial or venous vessels. **FPPE:** Monitoring required for at least (2) ECMO cannulation cases by PMC Esco or outside physician with ECMO cannulation privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least (2) ECMO cannulations within the past 24 months and maintenance of privileges in Critical Care Medicine.

☐ **Requested****ADMINISTRATION OF SEDATION AND ANALGESIA**☐ **Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists**USE OF FLUOROSCOPY**☐ **Requested** Requires maintenance of a valid x-ray supervisor and operator's license.

Revision to include ECMO cannulation.05.2025

Approved by:

Critical Care Committee 06/04/2025

MAC 07/17/2025

Dept of Medicine 08/05/2025

PMC E MEC 08/25/2025

Previously Approved:

Board of Directors: 11/14/2022

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 4

Effective From: _____ To: _____

CORE PROCEDURE LIST

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

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

Critical Care

- Airway maintenance intubation, including therapeutic fiberoptic bronchoscopy and laryngoscopy
- Arterial puncture
- Arthrocentesis
- Cardiopulmonary resuscitation
- Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
- Cardiac output determinations by thermodilution and other techniques
- Cardioversion
- Central cooling
- Echocardiography (bedside evaluation)
- Electrocardiography (preliminary bedside interpretation)
- Evaluation of oliguria
- Fiberoptic bronchoscopy with or without bronchial lavage
- Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
- Insertion of hemodialysis and peritoneal dialysis catheters
- Lumbar puncture
- Management of anaphylaxis and acute allergic reactions
- Management of life-threatening disorders in intensive care units including but not limited to shock, anaphylaxis, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
- Management of massive transfusions
- Management of the immunosuppressed patient
- Monitoring and assessment of metabolism and nutrition
- Needle and tube thoracostomy
- Paracentesis
- Percutaneous needle aspiration of palpable masses
- Perform history and physical exam
- Pericardiocentesis
- Peritoneal lavage
- Preliminary interpretation of imaging studies
- Temporary cardiac pacemaker insertion and application
- Thoracentesis
- Transtracheal aspiration
- Image guided procedures at the bedside (ultrasound and fluoroscopy)

Revision to include ECMO cannulation.05.2025

Approved by:

Critical Care Committee 06/04/2025

MAC 07/17/2025

Dept of Medicine 08/05/2025

PMC E MEC 08/25/2025

Previously Approved:

Board of Directors: 11/14/2022

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 5

Effective From: _____ To: _____

- Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants
- Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP, CPAP, NIPVV)
- Wound care

Revision to include ECMO cannulation.05.2025

Approved by:

Critical Care Committee 06/04/2025

MAC 07/17/2025

Dept of Medicine 08/05/2025

PMC E MEC 08/25/2025

Previously Approved:

Board of Directors: 11/14/2022

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 6

Effective From: _____ To: _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

Revision to include ECMO cannulation.05.2025

Approved by:

Critical Care Committee 06/04/2025

MAC 07/17/2025

Dept of Medicine 08/05/2025

PMC E MEC 08/25/2025

Previously Approved:

Board of Directors: 11/14/2022

PALOMAR HEALTH

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 1

Effective From: _____ To: _____

- ☐ Palomar Medical Center Escondido
- ☐ Palomar Medical Center Poway

- ☐ Initial Appointment
- ☐ Reappointment

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

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

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
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QUALIFICATIONS FOR CRITICAL CARE

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AND

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CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From: _____ To: _____

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring includes all phases of a patient's hospitalization (admission, management, discharge, etc.) as applicable. At least six (6) inpatient admissions or consults performed in hospital will be reviewed retrospectively.

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

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CRITICAL CARE CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with complex medical, neurologic, postsurgical, periparturient with multiple organ dysfunction and in need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

- ☐ **Requested The Villas at Poway**

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

PERCUTANEOUS TRACHEOSTOMY/CRICOTHYROTOMY TUBE PLACEMENT

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- ☐ **Requested**

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From: _____ To: _____

ECMO MANAGEMENT (ONLY OFFERED AT PALOMAR MEDICAL CENTER ESCONDIDO)

Criteria: Fellowship and board certification in Critical Care Medicine, Cardiovascular Disease or Cardiovascular Surgery and documentation of certificate of training from the Extracorporeal Life Support Organization (ELSO) accredited or an equivalently accredited ECMO course. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least (2) ECMO cases from within the past 12 months. If training was completed within the past 24 months, then training certificate satisfies this requirement OR completion of ELSO accredited or an equivalently accredited ECMO training course within the past year. **FPPE:** Monitoring required for at least (2) ECMO cases. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least (2) ECMO cases from within the past 24 months OR repeat didactical training from an ELSO certified or an equivalently accredited course, based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

ECMO CANNULATION (ONLY OFFERED AT PALOMAR MEDICAL CENTER ESCONDIDO)

Criteria: Must maintain Critical Care core privileges AND receive certification of training from an accredited/certified ELSO (Extracorporeal Life Support Organization) course or equivalent training course for ECMO cannulation. **Required Previous Experience:** Documentation of performance or assistance at PMC Escondido or outside institution of 5 cases of large caliber catheter placement in large arterial or venous vessels. **FPPE:** Monitoring required for at least (2) ECMO cannulation cases by PMC Esco or outside physician with ECMO cannulation privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least (2) ECMO cannulations within the past 24 months and maintenance of privileges in Critical Care Medicine.

☐ **Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 4

Effective From: _____ To: _____

CORE PROCEDURE LIST

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

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

Critical Care

- Airway maintenance intubation, including therapeutic fiberoptic bronchoscopy and laryngoscopy
- Arterial puncture
- Arthrocentesis
- Cardiopulmonary resuscitation
- Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
- Cardiac output determinations by thermodilution and other techniques
- Cardioversion
- Central cooling
- Echocardiography (bedside evaluation)
- Electrocardiography (preliminary bedside interpretation)
- Evaluation of oliguria
- Fiberoptic bronchoscopy with or without bronchial lavage
- Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
- Insertion of hemodialysis and peritoneal dialysis catheters
- Lumbar puncture
- Management of anaphylaxis and acute allergic reactions
- Management of life-threatening disorders in intensive care units including but not limited to shock, anaphylaxis, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
- Management of massive transfusions
- Management of the immunosuppressed patient
- Monitoring and assessment of metabolism and nutrition
- Needle and tube thoracostomy
- Paracentesis
- Percutaneous needle aspiration of palpable masses
- Perform history and physical exam
- Pericardiocentesis
- Peritoneal lavage
- Preliminary interpretation of imaging studies
- Temporary cardiac pacemaker insertion and application
- Thoracentesis
- Transtracheal aspiration
- Image guided procedures at the bedside (ultrasound and fluoroscopy)
- Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants
- Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP, CPAP, NIPVV)
- Wound care

CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

Page 5

Effective From: _____ To: _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

PALOMAR HEALTH

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 1 of 14

Effective From _____ To _____

- ☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR CARDIOLOGY

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine followed by a fellowship in cardiovascular disease (cardiology).

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to subspecialty certification in cardiovascular disease (cardiology) by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients (admissions or consultations) in the past 12 months in an accredited hospital or healthcare facility or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring includes all phases of a patient's hospitalization (admission, management, discharge, etc.) as applicable. At least six (6) inpatient admissions or consults performed in hospital or post discharge will be reviewed retrospectively.

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2 of 14

Effective From _____ To _____

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

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

CARDIOLOGY CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients presenting with diseases of the heart, lungs, and blood vessels and manage complex cardiac conditions. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- ☐ **Requested** Cardiology Core Privileges including Cardioversion – Requires maintenance of privileges for Administration of Sedation and Analgesia – Deep.

QUALIFICATIONS FOR INVASIVE DIAGNOSTIC CARDIOLOGY

At Palomar Medical Center Poway only cases that are not likely to require an acute coronary intervention (PCI) are to be performed.

To be eligible to apply for core privileges in invasive cardiology, the initial applicant must be granted core privileges in cardiology and meet the following criteria:

Required Previous Experience: Applicants for initial appointment must have demonstrated successful performance, reflective of the scope of privilege requested, of at least 10 diagnostic right and/or left cardiac catheterizations in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited training program which included training in invasive cardiology within the past 12 months. If privileges include Pulmonary Artery Pressure Monitors (CardioMEMS) applicants must provide evidence of at least 2 implants in the past 12 months or completion of a course in Pulmonary Artery Pressure Monitor implantation. **FPPE:** Monitoring required for at least the first three (3) invasive cardiology procedures.

Reappointment Requirements: To be eligible to renew core privileges in invasive cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 20 diagnostic cardiac catheterizations with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. If Invasive Diagnostic Cardiology Core Privileges including CardioMEMS are held, evidence of 5 implants for the past 24 months is required or repeat completion of the Pulmonary Artery Pressure Monitoring Implantation course. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 3 of 14

Effective From _____ To _____

INVASIVE DIAGNOSTIC CARDIOLOGY CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, consult treat adolescent and adult patients who present with acute or chronic heart disease and who may require invasive diagnostic procedures. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- ☐ **Requested** Invasive Diagnostic Cardiology Core Privileges including CardioMEMS – Requires evidence of successful completion of didactic course in implant and subsequent management of CardioMEMS or equivalent training as part of a Cardiovascular Fellowship.

QUALIFICATIONS FOR INTERVENTIONAL CARDIOLOGY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)

To be eligible to apply for core privileges in interventional cardiology, the initial applicant must be granted core privileges in cardiology and meet the following criteria:

Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology or equivalent practice experience as documented by activity or operative reports from another facility in accordance with the required previous experience listed below.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of at least 20 percutaneous coronary intervention procedures in the past 12 months or demonstrate successful completion of an ACGME or AOA clinical fellowship, or research in a clinical setting within the past 12 months. ***FPPE:*** Monitoring required for at least the first three (3) interventional cardiology procedures. If Percutaneous Device Closure for ASD and/or PFO privileges are included, monitoring is required for the first procedure. If privileges include Pulmonary Artery Pressure Monitors (CardioMEMS) applicants must provide evidence of at least 2 implants in the past 12 months or completion of a course in Pulmonary Artery Pressure Monitor implantation.

Reappointment Requirements: To be eligible to renew core privileges in interventional cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (40 percutaneous coronary intervention procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance for ASD/PFO closure is required to be at least 6 procedures in a 24 month time frame or repeat completion of didactic course provided by the manufacture. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. If Invasive Diagnostic Cardiology Core Privileges including CardioMEMS are held, evidence of 5 implants for the past 24 months is required or repeat completion of the Pulmonary Artery Pressure Monitoring Implantation course.

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 4 of 14

Effective From _____ To _____

INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)

- ☐ **Requested** Admit, evaluate, treat and provide consultation to adolescent and adult patients with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- ☐ **Requested** Interventional Cardiology Core Privileges including Percutaneous Device Closure for ASD and/or PFO – Requires fellowship training in interventional cardiology completed within the past 12 months with documentation from the program director that training included ASD/PFO closure, OR Completion of a didactic program or training provided by the device manufacturer and/or a qualified interventional cardiologist.

Monitoring required for at least the first ASD and or PFO. ***Maintenance of Privilege:*** Demonstrated current competency and evidence of the review and interpretation of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 5 of 14

Effective From _____ To _____

CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM.

☐ **Requested**

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ **Requested The Villas at Poway****SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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

CARDIAC COMPUTED TOMOGRAPHY (CT) AND CARDIAC COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)

Criteria: Physician must be board certified or eligible in cardiovascular disease (cardiology). In addition, practitioner must provide documentation of Level II certification within the past 24 months or documentation of 5 cases in the last 12 months. **FPPE:** Monitoring required for at least the first three (3) CT or CTA procedures. **Maintenance of Privilege:** Demonstrated current competency and evidence of the review and interpretation of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes and current board certification eligibility.

☐ **Requested**

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

Criteria: Successful completion of an accredited fellowship in cardiology that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 20 supervised TEE cases. **Required Previous Experience:** Demonstrated current competency and evidence of the performance of at least 10 TEE procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) TEE procedures. **Maintenance of Privilege:** Demonstrated current competency and evidence of the performance of at least 20 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes and/or repeated successful completion of an accredited course followed by 3 monitored procedures.

☐ **Requested**

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 6 of 14

Effective From _____ To _____

IMPLANTATION OF CARDIAC ELECTRONIC DEVICES (CIED) INCLUDING SINGLE AND DUAL CHAMBER PACEMAKERS

Criteria: Successful completion of an ACGME or AOA accredited fellowship in cardiology with evidence that training included 25 implants. If unable to verify training, the applicant must provide documentation of 25 pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 CIED or ICD procedures in the past 12 months.

FPPE: Monitoring required for at least the first three (3) CIED procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 CIED procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 7 of 14

Effective From _____ To _____

IMPLANTATION OF BI-VENTRICULAR PACEMAKERS

Criteria: Successful completion of an ACGME or AOA accredited fellowship in cardiology with evidence that training included 25 implants. If unable to verify training, the applicant must provide documentation of 25 pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 Bi-Ventricular Pacemakers in the past 12 months.

FPPE: Monitoring required for at least the first three (3) procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 Bi-Ventricular Pacemakers in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**IMPLANTATION OF CARDIAC DEFIBRILATORS (ICD)**

Criteria: All requirements for implantation of single and dual chamber pacemakers and successful completion of an ACGME or AOA accredited fellowship in cardiology followed by completion of an accredited training program in CCEP or successful completion of an endorsed CME program specific to ICD. If unable to verify training, the applicant must provide evidence of the performance of 25 single and dual chamber pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 ICD procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) ICD implantation procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 ICD procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**ELECTROPHYSIOLOGY WITH ABLATION (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY) INCLUDES THE ABILITY TO PERFORM DIAGNOSTIC CARDIAC CATHETERIZATION AS STAND ALONE PROCEDURE WITHOUT HAVING INVASIVE DIAGNOSTIC CORE PRIVILEGES.**

Criteria: All requirements for Core Cardiology privileges and successful completion of an ACGME or AOA accredited fellowship in Clinical Cardiac Electrophysiology and achievement of Subspecialty Certification in Clinical Cardiac Electrophysiology or be actively engaged in the certification process through the American Board of Internal Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of twenty (20) Electrophysiology Studies/Radiofrequency Catheter Ablations in the past 12 months. **FPPE:** Monitoring required for at least the first one (1) EP/RFA procedures. The diagnostic cath portion can be fulfilled by monitoring the first one (1) case of diagnostic catheterization.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 20 EP/RFA procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 8 of 14

Effective From _____ To _____

ELECTROPHYSIOLOGY WITH ATRIAL FIBRILLATION ABLATION (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)

Criteria: All requirements for Core Cardiology privileges and successful completion of an ACGME or AOA accredited fellowship in Clinical Cardiac Electrophysiology that included at least 40 Electrophysiology with Atrial Fibrillation Ablations and achievement of Subspecialty Certification in Clinical Cardiac Electrophysiology or be actively engaged in the certification process through the American Board of Internal Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of twenty (20) left sided and transeptal procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) left-sided/transeptal procedures to include one (1) afib and one (1) other procedure. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 40 left-sided/transeptal procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**NON INVASIVE PERIPHERAL VASCULAR PROCEDURES TO INCLUDE CAROTID ARTERY DUPLEX SCANNING, CEREBRAL VASCULAR STUDIES – OPG, PERIPHERAL ARTERY TESTING WITH AND WITHOUT EXERCISE, PERIPHERAL VENOUS TESTING**

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in non invasive peripheral vascular procedures or completion of a hands-on CME of (duration at least 12 hours). Training must include at least 25 readings with a trained expert.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 50 non invasive peripheral vascular procedures reflective of the scope of privileges requested in the past 12 months or completion of training in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 non invasive peripheral vascular procedures reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Practitioners who do not meet the minimum number of procedures for maintenance of privileges may provide evidence of ten (10) hours of continuing medical education specific to non-invasive vascular testing obtained during the past 24 months.

☐ Requested**CATHETER BASED PERIPHERAL VASCULAR INTERVENTIONS**

Practitioners who perform angioplasty of the peripheral vessels should have a thorough understanding of the clinical manifestations and natural history of peripheral vascular and renovascular occlusive disease. They should be competent interpreting diagnostic peripheral angiographic examinations, performing arteriographic procedures via percutaneous approaches, and recognizing and managing initial complications specific to peripheral angioplasty. They should be knowledgeable in the alternative therapies that are available including their risks and benefits.

The complex nature of angioplasty requires further training beyond that necessary for routine diagnostic angiography. To assure the experience and competence needed to perform successful angioplasty, the physician should meet the following minimal criteria:

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 9 of 14

Effective From _____ To _____

Criteria: Successful completion of an ACGME or AOA accredited-training program in cardiovascular disease and the practitioner needs to document one of the following:

1. Post-residency training in a formal program specifically in catheter-based interventions, which is of at least 12 months in duration and includes participation in at least 50 peripheral interventional cases plus 100 diagnostic cases.

OR

2. Performance of at least 25 diagnostic peripheral angiograms as primary or first assistant and no less than 25 peripheral interventional procedures.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 25 catheter based peripheral vascular intervention cases in the past 12 months and completion of training in the past 24 months. **FPPE:** Monitoring required for at least first three (3) catheter based peripheral vascular interventional procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 catheter based peripheral vascular intervention cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes or a repeat didactic training course within the past 12 months.

☐ Requested

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 10 of 14

Effective From _____ To _____

AORTIC ENDOGRAFT REPAIR (MUST MEET ALL CRITERIA FOR CATHETER BASED PERIPHERAL VASCULAR INTERVENTIONS)

Criteria: The practitioner needs to meet the qualifications for catheter-based peripheral vascular interventions and meet the following criteria:

1. One (1) or Two (2) years post-residency training in a formal, appropriately organized, and supervised training program specifically in catheter-based interventions which includes participation in at least 15 aortic endografting procedures,

OR

2. Completion of didactic training as recommended by a manufacturer, and performance of 15 cases under the direct supervision of a practitioner with aortic endografting privileges.

Required Previous Experience: Demonstrated current competence and documentation of experience in at least 5 aortic endografting procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) aortic endografting procedures by a physician with equivalent privileges.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 5 aortic endografting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes or a repeat didactic training course within the past 12 months.

☐ **Requested**

CAROTID STENTING

Criteria: The practitioner needs to meet the qualifications for catheter based peripheral vascular interventions and meet the following criteria:

1. One (1) or Two (2) years post-residency training in a formal, appropriately organized, and supervised training program specifically in catheter-based interventions, which includes participation in at least 10 carotid stent procedures and 20 diagnostic cervicocerebral angiograms and/or interpretation of carotid 20 CT angiograms.

OR

2. Performance of no less than 10 carotid stent procedures as primary or first assist.

Required Previous Experience: As stated above. **FPPE:** Monitoring required for at least the first two (2) carotid stenting procedures by a physician with equivalent privileges.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 20 carotid artery stenting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes or completion of didactic carotid artery stenting course followed by 2 monitored procedures.

☐ **Requested**

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 11 of 14

Effective From _____ To _____

TRANSCATHETER AORTIC VALVE REPLACEMENT

Criteria: The practitioner needs to meet the qualifications for Interventional Cardiology Core Privileges and the following:

1. Successful completion of a residency or fellowship training program undertaken in a facility with a CMS approved TAVR program, and
2. Successful completion of a didactic, approved Transcatheter Aortic Valve Repair training course, and
3. Having scrubbed at least as a primary assistant on ten (10) TAVR cases in the past two years.

OR

1. Successful completion of a didactic, approved Transcatheter Aortic Valve Repair training course and the required previous experience below.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least ten (10) TAVR procedures as assistant or primary operator in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) TAVR procedures by a physician with equivalent privileges.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least ten (20) TAVR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

☐ **Requested****TRANSCATHETER MITRAL VALVE REPLACEMENT/REPAIR**

Criteria: The practitioner needs to meet the qualifications for Interventional Cardiology Core Privileges and the following:

1. Successful completion of a residency or fellowship training program undertaken in a facility with a CMS approved TMVR program, and
2. Successful completion of a didactic, approved Transcatheter Mitral Valve Repair training course, and
3. Having scrubbed at least as a primary assistant on ten (10) TMVR cases in the past two years.

OR

1. Successful completion of a didactic, approved Transcatheter Mitral Valve Repair training course and the required previous experience below.

Required Previous Experience: Demonstrated current competence and evidence of the performance or first assist of at least five (5) TMVR procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) TMVR procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least five (10) TMVR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

☐ **Requested**

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 12 of 14

Effective From _____ To _____

LEFT ATRIAL APPENDAGE CLOSURE THERAPY

Criteria: The practitioner must be an Interventional Cardiologist, Electrophysiologist, or Cardiovascular Surgeon (they may jointly participate in intra-procedural aspects of the implant or perform the implant procedure individually) and the following:

1. Performance or assist of at least 10 LAAC procedures performed over the past 12 month period.
2. Successful completion of training prescribed by the manufacturer on the safe and effective use of the device(s)

FPPE: Monitoring required for at least the first three (3) LAA procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (20) LAAC procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

☐ **Requested**

ECMO CANNULATION (ONLY OFFERED AT PALOMAR MEDICAL CENTER ESCONDIDO)

Criteria: Must maintain Interventional Cardiology core privileges AND receive certification of training from an accredited/certified ELSO (Extracorporeal Life Support Organization) course or equivalent training course for ECMO cannulation. **Required Previous Experience:** If training was completed within the past 24 months, then training certificate satisfies this requirement. **FPPE:** Monitoring required for at least (2) ECMO cannulation cases. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least (2) ECMO cannulations within the past 24 months and maintenance of privileges in Interventional Cardiology.

☐ **Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

☐ **Requested** Requires maintenance of a valid x-ray supervisor and operator's permit for fluoroscopy.

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 13 of 14

Effective From _____ To _____

CORE PROCEDURE LIST

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

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

Cardiology

- Ambulatory electrocardiology monitor interpretation
- EKG interpretation
- Infusion and management of thrombolytic agents and antithrombolytic agents
- Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
- Loop recorders
- Non-invasive hemodynamic monitoring
- Perform history and physical exam
- Pericardiocentesis
- Placement of temporary transvenous pacemaker
- Stress testing
- Tilt table testing
- Transcutaneous external pacemaker placement
- Transthoracic 2D echocardiography, Doppler, and color flow

Invasive Diagnostic Cardiology

- Coronary arteriography
- Diagnostic right and left heart cardiac catheterization
- Insertion and maintenance of intraortic balloon counter pulsation device
- Insertion and maintenance of Left Ventricular Assist device (Impella)
- Interpretation of coronary arteriograms, ventriculography and hemodynamics
- Intracoronary infusion of pharmacological agents including thrombolytics

Interventional Cardiology (Not offered at Palomar Medical Center Poway)

- Intravascular and intracoronary foreign body retrieval
- Intracoronary mechanical thrombectomy
- Intracoronary stents
- Intravascular Ultrasound (IVUS) of coronaries
- Management of mechanical complications of percutaneous intervention
- Perform diagnostic angiography or percutaneous coronary intervention
- Performance of balloon angioplasty, stents, and other commonly used interventional devices
- Rotational Atherectomy (Rotablator)
- Use of intracoronary Doppler and flow wire

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CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 14 of 14

Effective From _____ To _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

PALOMAR HEALTH

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 1 of 11

Effective From _____ To _____

- ☐ Palomar Medical Center Escondido
- ☐ Palomar Medical Center Poway

- ☐ Initial Appointment
- ☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR CARDIOLOGY

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine followed by a fellowship in cardiovascular disease (cardiology).

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to subspecialty certification in cardiovascular disease (cardiology) by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients (admissions or consultations) in the past 12 months in an accredited hospital or healthcare facility or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring includes all phases of a patient's hospitalization (admission, management, discharge, etc.) as applicable. At least six (6) inpatient admissions or consults performed in hospital or post discharge will be reviewed retrospectively.

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

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

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2 of 11

Effective From _____ To _____

CARDIOLOGY CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients presenting with diseases of the heart, lungs, and blood vessels and manage complex cardiac conditions. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- ☐ **Requested** Cardiology Core Privileges including Cardioversion – Requires maintenance of privileges for Administration of Sedation and Analgesia – Deep.

QUALIFICATIONS FOR INVASIVE DIAGNOSTIC CARDIOLOGY

At Palomar Medical Center Poway only cases that are not likely to require an acute coronary intervention (PCI) are to be performed.

To be eligible to apply for core privileges in invasive cardiology, the initial applicant must be granted core privileges in cardiology and meet the following criteria:

Required Previous Experience: Applicants for initial appointment must have demonstrated successful performance, reflective of the scope of privilege requested, of at least 10 diagnostic right and/or left cardiac catheterizations in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited training program which included training in invasive cardiology within the past 12 months. If privileges include Pulmonary Artery Pressure Monitors (CardioMEMS) applicants must provide evidence of at least 2 implants in the past 12 months or completion of a course in Pulmonary Artery Pressure Monitor implantation. ***FPPE:*** Monitoring required for at least the first three (3) invasive cardiology procedures.

Reappointment Requirements: To be eligible to renew core privileges in invasive cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 20 diagnostic cardiac catheterizations with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. If Invasive Diagnostic Cardiology Core Privileges including CardioMEMS are held, evidence of 5 implants for the past 24 months is required or repeat completion of the Pulmonary Artery Pressure Monitoring Implantation course. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

INVASIVE DIAGNOSTIC CARDIOLOGY CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, consult treat adolescent and adult patients who present with acute or chronic heart disease and who may require invasive diagnostic procedures. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- ☐ **Requested** Invasive Diagnostic Cardiology Core Privileges including CardioMEMS – Requires evidence of successful completion of didactic course in implant and subsequent management of CardioMEMS or equivalent training as part of a Cardiovascular Fellowship.

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 3 of 11

Effective From _____ To _____

QUALIFICATIONS FOR INTERVENTIONAL CARDIOLOGY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)

To be eligible to apply for core privileges in interventional cardiology, the initial applicant must be granted core privileges in cardiology and meet the following criteria:

Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology or equivalent practice experience as documented by activity or operative reports from another facility in accordance with the required previous experience listed below.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of at least 20 percutaneous coronary intervention procedures in the past 12 months or demonstrate successful completion of an ACGME or AOA clinical fellowship, or research in a clinical setting within the past 12 months. ***FPPE:*** Monitoring required for at least the first three (3) interventional cardiology procedures. If Percutaneous Device Closure for ASD and/or PFO privileges are included, monitoring is required for the first procedure. If privileges include Pulmonary Artery Pressure Monitors (CardioMEMS) applicants must provide evidence of at least 2 implants in the past 12 months or completion of a course in Pulmonary Artery Pressure Monitor implantation.

Reappointment Requirements: To be eligible to renew core privileges in interventional cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (40 percutaneous coronary intervention procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance for ASD/PFO closure is required to be at least 6 procedures in a 24 month time frame or repeat completion of didactic course provided by the manufacture. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. If Invasive Diagnostic Cardiology Core Privileges including CardioMEMS are held, evidence of 5 implants for the past 24 months is required or repeat completion of the Pulmonary Artery Pressure Monitoring Implantation course.

INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)

- ☐ **Requested** Admit, evaluate, treat and provide consultation to adolescent and adult patients with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
- ☐ **Requested** Interventional Cardiology Core Privileges including Percutaneous Device Closure for ASD and/or PFO – Requires fellowship training in interventional cardiology completed within the past 12 months with documentation from the program director that training included ASD/PFO closure, OR Completion of a didactic program or training provided by the device manufacturer and/or a qualified interventional cardiologist.

Monitoring required for at least the first ASD and or PFO. ***Maintenance of Privilege:*** Demonstrated current competency and evidence of the review and interpretation of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 4 of 11

Effective From _____ To _____

CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM.☐ **Requested****CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.**☐ **Requested The Villas at Poway****SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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

CARDIAC COMPUTED TOMOGRAPHY (CT) AND CARDIAC COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)

Criteria: Physician must be board certified or eligible in cardiovascular disease (cardiology). In addition, practitioner must provide documentation of Level II certification within the past 24 months or documentation of 5 cases in the last 12 months. **FPPE:** Monitoring required for at least the first three (3) CT or CTA procedures. **Maintenance of Privilege:** Demonstrated current competency and evidence of the review and interpretation of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes and current board certification eligibility.

☐ **Requested****TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)**

Criteria: Successful completion of an accredited fellowship in cardiology that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 20 supervised TEE cases. **Required Previous Experience:** Demonstrated current competency and evidence of the performance of at least 10 TEE procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) TEE procedures. **Maintenance of Privilege:** Demonstrated current competency and evidence of the performance of at least 20 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes and/or repeated successful completion of an accredited course followed by 3 monitored procedures.

☐ **Requested****IMPLANTATION OF CARDIAC ELECTRONIC DEVICES (CIED) INCLUDING SINGLE AND DUAL CHAMBER PACEMAKERS**

Criteria: Successful completion of an ACGME or AOA accredited fellowship in cardiology with evidence that training included 25 implants. If unable to verify training, the applicant must provide documentation of 25 pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competency and evidence of the performance of 5 CIED or ICD procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) CIED procedures. **Maintenance of Privilege:** Demonstrated current competency and evidence of the implantation of at least 10 CIED procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 5 of 11

Effective From _____ To _____

IMPLANTATION OF BI-VENTRICULAR PACEMAKERS

Criteria: Successful completion of an ACGME or AOA accredited fellowship in cardiology with evidence that training included 25 implants. If unable to verify training, the applicant must provide documentation of 25 pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 Bi-Ventricular Pacemakers in the past 12 months.

FPPE: Monitoring required for at least the first three (3) procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 Bi-Ventricular Pacemakers in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**IMPLANTATION OF CARDIAC DEFIBRILATORS (ICD)**

Criteria: All requirements for implantation of single and dual chamber pacemakers and successful completion of an ACGME or AOA accredited fellowship in cardiology followed by completion of an accredited training program in CCEP or successful completion of an endorsed CME program specific to ICD. If unable to verify training, the applicant must provide evidence of the performance of 25 single and dual chamber pacemakers and 10 ICDs in the past 5 years. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of 5 ICD procedures in the past 12 months. **FPPE:** Monitoring required for at least the first three (3) ICD implantation procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the implantation of at least 10 ICD procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**ELECTROPHYSIOLOGY WITH ABLATION (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY) INCLUDES THE ABILITY TO PERFORM DIAGNOSTIC CARDIAC CATHETERIZATION AS STAND ALONE PROCEDURE WITHOUT HAVING INVASIVE DIAGNOSTIC CORE PRIVILEGES.**

Criteria: All requirements for Core Cardiology privileges and successful completion of an ACGME or AOA accredited fellowship in Clinical Cardiac Electrophysiology and achievement of Subspecialty Certification in Clinical Cardiac Electrophysiology or be actively engaged in the certification process through the American Board of Internal Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of twenty (20) Electrophysiology Studies/Radiofrequency Catheter Ablations in the past 12 months. **FPPE:** Monitoring required for at least the first one (1) EP/RFA procedures. The diagnostic cath portion can be fulfilled by monitoring the first one (1) case of diagnostic catheterization.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 20 EP/RFA procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**ELECTROPHYSIOLOGY WITH ATRIAL FIBRILLATION ABLATION (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)**

Criteria: All requirements for Core Cardiology privileges and successful completion of an ACGME or AOA accredited fellowship in Clinical Cardiac Electrophysiology that included at least 40 Electrophysiology with Atrial Fibrillation Ablations and achievement of Subspecialty Certification in Clinical Cardiac Electrophysiology or be actively engaged in the certification process through the American Board of Internal Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of twenty (20) left sided and transeptal procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) left-sided/transeptal procedures to include one (1) afib and one (1) other procedure. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 40 left-sided/transeptal procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 6 of 11

Effective From _____ To _____

NON INVASIVE PERIPHERAL VASCULAR PROCEDURES TO INCLUDE CAROTID ARTERY DUPLEX SCANNING, CEREBRAL VASCULAR STUDIES – OPG, PERIPHERAL ARTERY TESTING WITH AND WITHOUT EXERCISE, PERIPHERAL VENOUS TESTING

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in non invasive peripheral vascular procedures or completion of a hands-on CME of (duration at least 12 hours). Training must include at least 25 readings with a trained expert.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 50 non invasive peripheral vascular procedures reflective of the scope of privileges requested in the past 12 months or completion of training in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 non invasive peripheral vascular procedures reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Practitioners who do not meet the minimum number of procedures for maintenance of privileges may provide evidence of ten (10) hours of continuing medical education specific to non-invasive vascular testing obtained during the past 24 months.

☐ Requested

CATHETER BASED PERIPHERAL VASCULAR INTERVENTIONS

Practitioners who perform angioplasty of the peripheral vessels should have a thorough understanding of the clinical manifestations and natural history of peripheral vascular and renovascular occlusive disease. They should be competent interpreting diagnostic peripheral angiographic examinations, performing arteriographic procedures via percutaneous approaches, and recognizing and managing initial complications specific to peripheral angioplasty. They should be knowledgeable in the alternative therapies that are available including their risks and benefits.

The complex nature of angioplasty requires further training beyond that necessary for routine diagnostic angiography. To assure the experience and competence needed to perform successful angioplasty, the physician should meet the following minimal criteria:

Criteria: Successful completion of an ACGME or AOA accredited-training program in cardiovascular disease and the practitioner needs to document one of the following:

1. Post-residency training in a formal program specifically in catheter-based interventions, which is of at least 12 months in duration and includes participation in at least 50 peripheral interventional cases plus 100 diagnostic cases.

OR

2. Performance of at least 25 diagnostic peripheral angiograms as primary or first assistant and no less than 25 peripheral interventional procedures.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 25 catheter based peripheral vascular intervention cases in the past 12 months and completion of training in the past 24 months. **FPPE:** Monitoring required for at least first three (3) catheter based peripheral vascular interventional procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 catheter based peripheral vascular intervention cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes or a repeat didactic training course within the past 12 months.

☐ Requested

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 7 of 11

Effective From _____ To _____

AORTIC ENDOGRAFT REPAIR (MUST MEET ALL CRITERIA FOR CATHETER BASED PERIPHERAL VASCULAR INTERVENTIONS)

Criteria: The practitioner needs to meet the qualifications for catheter-based peripheral vascular interventions and meet the following criteria:

1. One (1) or Two (2) years post-residency training in a formal, appropriately organized, and supervised training program specifically in catheter-based interventions which includes participation in at least 15 aortic endografting procedures,

OR

2. Completion of didactic training as recommended by a manufacturer, and performance of 15 cases under the direct supervision of a practitioner with aortic endografting privileges.

Required Previous Experience: Demonstrated current competence and documentation of experience in at least 5 aortic endografting procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) aortic endografting procedures by a physician with equivalent privileges.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 5 aortic endografting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes or a repeat didactic training course within the past 12 months.

☐ Requested**CAROTID STENTING**

Criteria: The practitioner needs to meet the qualifications for catheter based peripheral vascular interventions and meet the following criteria:

1. One (1) or Two (2) years post-residency training in a formal, appropriately organized, and supervised training program specifically in catheter-based interventions, which includes participation in at least 10 carotid stent procedures and 20 diagnostic cervicocerebral angiograms and/or interpretation of carotid 20 CT angiograms.

OR

2. Performance of no less than 10 carotid stent procedures as primary or first assist.

Required Previous Experience: As stated above. **FPPE:** Monitoring required for at least the first two (2) carotid stenting procedures by a physician with equivalent privileges.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 20 carotid artery stenting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes or completion of didactic carotid artery stenting course followed by 2 monitored procedures.

☐ Requested

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 8 of 11

Effective From _____ To _____

TRANSCATHETER AORTIC VALVE REPLACEMENT

Criteria: The practitioner needs to meet the qualifications for Interventional Cardiology Core Privileges and the following:

1. Successful completion of a residency or fellowship training program undertaken in a facility with a CMS approved TAVR program, and
2. Successful completion of a didactic, approved Transcatheter Aortic Valve Repair training course, and
3. Having scrubbed at least as a primary assistant on ten (10) TAVR cases in the past two years.

OR

1. Successful completion of a didactic, approved Transcatheter Aortic Valve Repair training course and the required previous experience below.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least ten (10) TAVR procedures as assistant or primary operator in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) TAVR procedures by a physician with equivalent privileges.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least ten (20) TAVR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

☐ **Requested****TRANSCATHETER MITRAL VALVE REPLACEMENT/REPAIR**

Criteria: The practitioner needs to meet the qualifications for Interventional Cardiology Core Privileges and the following:

1. Successful completion of a residency or fellowship training program undertaken in a facility with a CMS approved TMVR program, and
2. Successful completion of a didactic, approved Transcatheter Mitral Valve Repair training course, and
3. Having scrubbed at least as a primary assistant on ten (10) TMVR cases in the past two years.

OR

1. Successful completion of a didactic, approved Transcatheter Mitral Valve Repair training course and the required previous experience below.

Required Previous Experience: Demonstrated current competence and evidence of the performance or first assist of at least five (5) TMVR procedures in the past 12 months. **FPPE:** Monitoring required for at least the first two (2) TMVR procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least five (10) TMVR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

☐ **Requested**

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 9 of 11

Effective From _____ To _____

LEFT ATRIAL APPENDAGE CLOSURE THERAPY

Criteria: The practitioner must be an Interventional Cardiologist, Electrophysiologist, or Cardiovascular Surgeon (they may jointly participate in intra-procedural aspects of the implant or perform the implant procedure individually) and the following:

1. Performance or assist of at least 10 LAAC procedures performed over the past 12 month period.
2. Successful completion of training prescribed by the manufacturer on the safe and effective use of the device(s)

FPPE: Monitoring required for at least the first three (3) LAA procedures by a physician with equivalent privileges. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (20) LAAC procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If minimum numbers are not met, then evidence of a didactic training course within the past 12 months must be submitted and 2 monitored procedures.

☐ **Requested****ECMO CANNULATION (ONLY OFFERED AT PALOMAR MEDICAL CENTER ESCONDIDO)**

Criteria: Must maintain Interventional Cardiology core privileges AND receive certification of training from an accredited/certified ELSO (Extracorporeal Life Support Organization) course or equivalent training course for ECMO cannulation. **Required Previous Experience:** If training was completed within the past 24 months, then training certificate satisfies this requirement. **FPPE:** Monitoring required for at least (2) ECMO cannulation cases. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least (2) ECMO cannulations within the past 24 months and maintenance of privileges in Interventional Cardiology.

☐ **Requested****ADMINISTRATION OF SEDATION AND ANALGESIA**☐ **Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists.**USE OF FLUOROSCOPY**☐ **Requested** Requires maintenance of a valid x-ray supervisor and operator's permit for fluoroscopy.

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 10 of 11

Effective From _____ To _____

CORE PROCEDURE LIST

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

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

Cardiology

- Ambulatory electrocardiology monitor interpretation
- EKG interpretation
- Infusion and management of thrombolytic agents and antithrombolytic agents
- Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
- Loop recorders
- Non-invasive hemodynamic monitoring
- Perform history and physical exam
- Pericardiocentesis
- Placement of temporary transvenous pacemaker
- Stress testing
- Tilt table testing
- Transcutaneous external pacemaker placement
- Transthoracic 2D echocardiography, Doppler, and color flow

Invasive Diagnostic Cardiology

- Coronary arteriography
- Diagnostic right and left heart cardiac catheterization
- Insertion and maintenance of intraortic balloon counter pulsation device
- Insertion and maintenance of Left Ventricular Assist device (Impella)
- Interpretation of coronary arteriograms, ventriculography and hemodynamics
- Intracoronary infusion of pharmacological agents including thrombolytics

Interventional Cardiology (Not offered at Palomar Medical Center Poway)

- Intravascular and intracoronary foreign body retrieval
- Intracoronary mechanical thrombectomy
- Intracoronary stents
- Intravascular Ultrasound (IVUS) of coronaries
- Management of mechanical complications of percutaneous intervention
- Perform diagnostic angiography or percutaneous coronary intervention
- Performance of balloon angioplasty, stents, and other commonly used interventional devices
- Rotational Atherectomy (Rotablator)
- Use of intracoronary Doppler and flow wire

CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 11 of 11

Effective From _____ To _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

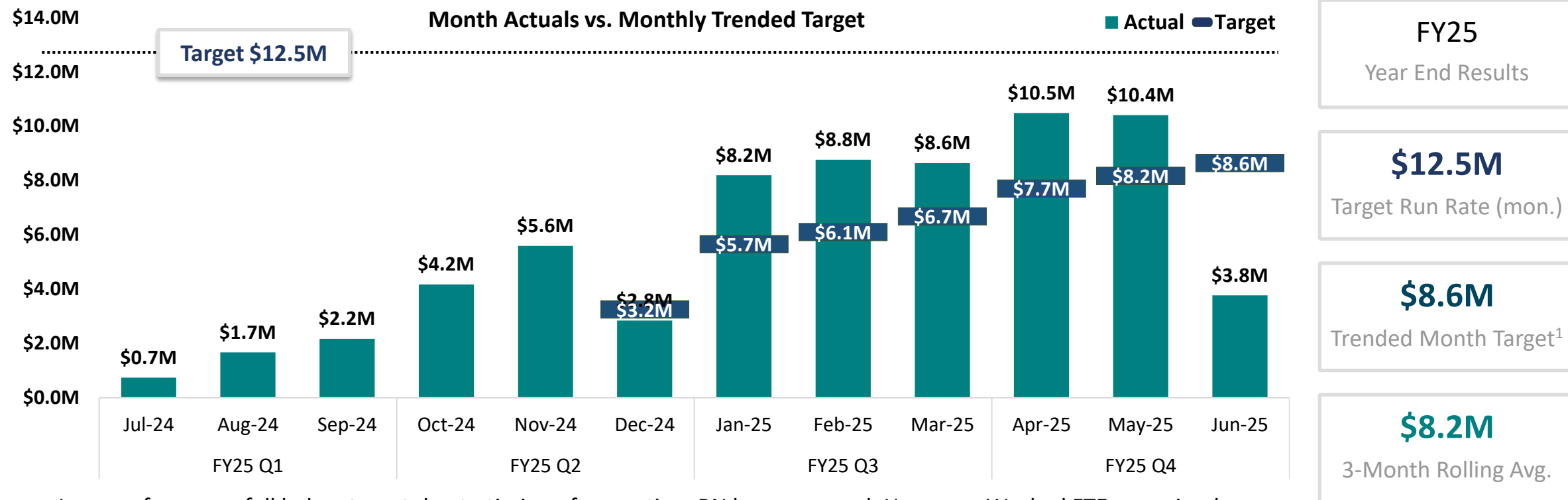
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Margin Improvement / Turnaround Project Financial Update

Reporting Month: Jul-25

September 5, 2025

FY25 resulted in \$67.5M cumulative realization vs. \$46.2M forecast. Rolling 3-mo. run-rate equaled \$8.2M vs. \$8.6M YE goal



- June performance fell below target due to timing of a one-time RN bonus accrual. However, Worked FTEs remained favorable, reflecting staffing efficiency and improved productivity. All other workstreams sustained improvement trends, and **without the one-time accrual, June actuals would be trending toward the \$12.5M run rate.**
- Prior months (Jan–Jun) were retroactively adjusted to reflect gains from denial reductions and payer rate increases.
- One-time, non-operating revenue gains related to Graybill asset purchases/rent were removed from actuals.

In FY25, key initiatives across all workstreams accelerated operational turnaround and improved financial performance

Key FY25 Initiatives Implemented¹:

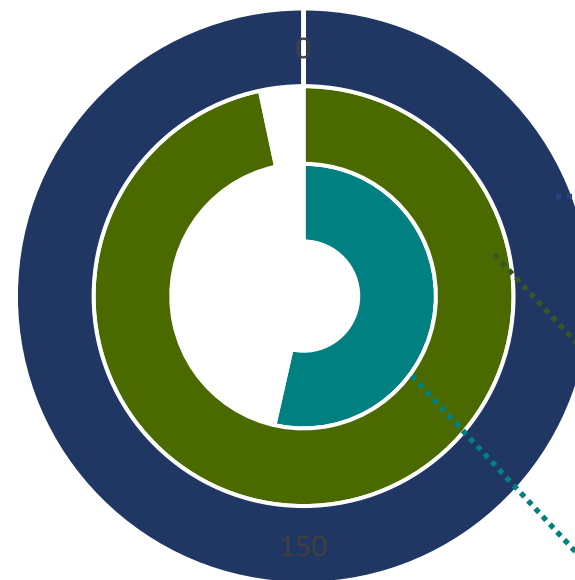
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|------------------|---|------------------|---|
| ✓ \$16.9M | Revenue Cycle Revenue Cycle optimization which created a foundation for revenue yield improvement, denials reductions, and cash acceleration | ✓ \$11.5M | Corporate Services Renegotiated/Eliminated contracts and restructured corporate functions to reduce overall spend |
| ✓ \$10.9M | Supply Chain Renegotiated/Eliminated contracts and managed purchased services utilization to reduce non-labor spend | ✓ \$1.3M | PHMG Restructured/Eliminated directorships to reduce unnecessary expenses. Established foundation to drive productivity improvements in FY26 |
| ✓ \$13.4M | Care Transitions Implemented processes to reduce length of stay which improved capacity and throughput | ✓ \$4.7M | Hospital Strategy Finalized agreement with Rady's. Improved Radiation Oncology capacity and added HDR to drive growth of service line |
| ✓ \$26.5M | Workforce Revamped productivity targets, implemented position control, and monitored productivity biweekly, leading to improved labor efficiencies and lower premium pay utilization | ✓ \$15.0M | Managed Care Renegotiated managed care rates |

¹Implemented to date (TD) reflects pipeline initiatives actively implemented, with a confidence factor applied to projected impact. Implemented dollars on slide reflect key initiatives only.

Palomar Health has implemented a projected \$145.0M of initiatives and realized \$80.3M over the past 12 months

Key upcoming high value initiatives include:

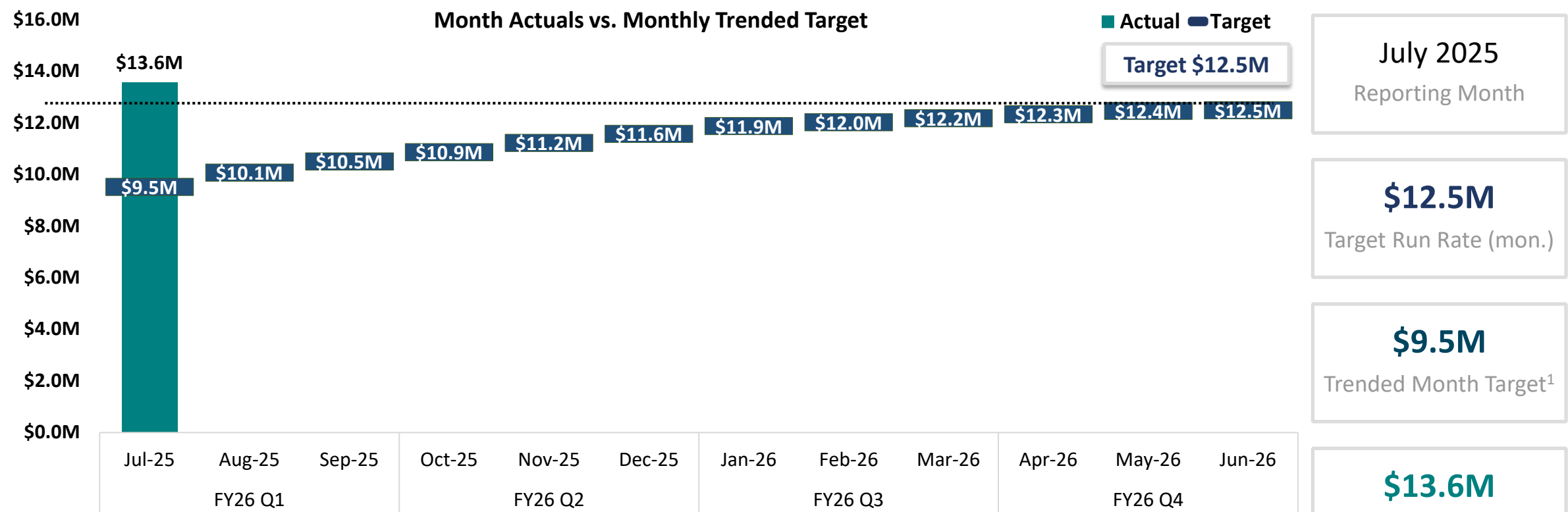
- ❑ **\$15.0M** **Denials Reduction** | Initial and fatal denials reduction, supported by UM improvement
- ❑ **\$10.0M** **PHMG** | Increase PB and HB revenue due to improved patient access & capacity management
- ❑ **\$3.1M** **Corporate Services** | Department restructuring and vendor management
- ❑ **\$5.7M** **Care Transitions** | Reinvigorate efforts to hardwire processes, improve throughput and optimize post-acute care (SNF) integration
- ❑ **\$12.3M** **Workforce** | Continue focus on biweekly productivity and position control. Implement additional premium pay strategies



Pipeline value has increased **\$15.0M** from **\$231.8M** reported at 6/25 Finance Committee; increase driven by denials reduction exceeding initial projections based on Avoidable Write-Offs. Implemented value has increased **\$13.9M** from **\$131.0M** previously reported; increase driven by revenue cycle and implementation of remaining purchased services initiatives.

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

Initiative performance in July 2025 resulted in \$13.6M in realization, exceeding monthly target of \$9.5M



July's performance (\$13.6M) surpassed both the July'25 forecast of \$9.5M and the overall monthly run-rate goal of \$12.5M. Realization was driven by ongoing Revenue Cycle improvements, continued progress in reducing length of stay (LOS) and capacity management, as well as effective control of labor and non-labor expenses.

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

| Workstream | Jun (Current Month) | | Jul (Current Month) | | Aug | Status |
|--------------------------|------------------------|-----------|------------------------|---------|---------|--------|
| | Target | Actual | Target | Actual | Target | |
| Revenue Cycle | \$2.7M | \$8.4M | \$2.9M | \$8.0M | \$3.0M | |
| PHMG | \$1.1M | \$0.2M | \$1.2M | \$0.2M | \$1.3M | |
| Workforce & Periop | \$1.2M | (\$10.0M) | \$1.3M | \$1.1M | \$1.5M | |
| Corporate Services | \$1.1M | \$0.6M | \$1.2M | \$0.7M | \$1.2M | |
| Hospital Strategy | \$1.0M | \$1.9M | \$1.1M | \$1.1M | \$1.2M | |
| Care Transitions & PSA | \$1.0M | \$2.0M | \$1.0M | \$1.6M | \$1.0M | |
| Supply Chain & PS | \$0.4M | \$0.7M | \$0.7M | \$0.7M | \$0.7M | |
| Facilities & Real Estate | \$0.1M | \$0.0M | \$0.1M | \$0.0M | \$0.1M | |
| Total: | \$8.6M | \$3.8M | \$9.5M | \$13.6M | \$10.1M | |

¹Prior months (Jan–June) were retroactively adjusted to reflect gains from denial reductions and payer rate increases.

Key Updates

- **Revenue Cycle:** Avoidable Write-Offs as a % of NPR have declined since Jan-25; Overall denials reduction has outpaced projections/targets, and HB cash collections continue to surpass prior year levels
- **PHMG:** Focus has shifted to strengthening collections and deploying productivity and access strategies essential for driving volume and revenue growth
- **Workforce:** Sustained emphasis on productivity and cost containment to achieve FY26 budget targets; Implementing *additional strategies* aimed at reducing premium pay
- **Corporate Services:** HR function transitioned in-house; projected to lower service delivery costs
- **Hospital Strategy:** NICU program agreement finalized; Expecting Radiation Oncology volume growth through new offering of HDR brachytherapy and increased capacity
- **Supply Chain:** All active initiatives fully implemented and in monitoring phase

July 2025

Reporting Month

\$9.5M

Trended Month Target

\$13.6M

Current Month Actuals

| Status | | |
|----------|---------|---------|
| On Track | Caution | At Risk |

Fiscal Year 2026 Financial Performance

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

| <u>Page</u> | <u>Report</u> |
|-------------|---|
| 3 | Executive Summary |
| 4 | Management Discussion and Analysis |
| 5-7 | Executive Dashboard |
| 8 | Income Statement for Fiscal Period, Excludes PHMG |
| 9 | Income Statement for the Current Year versus Prior Year, Excludes PHMG |
| 10 | Statement of Net Position excluding G.O. Bonds, Excludes PHMG |
| 11 | Statement of Net Position including G.O. Bonds, Excludes PHMG |
| 12 | Statement of Cash Flows, Excludes PHMG |
| 14 | Condensed Combining Statement of Net Position for the Fiscal Year-to-Date Ended July 31, 2025 |
| 15 | Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position for the Fiscal Year-to-Date Ended July 31, 2025 |
| 16 | Condensed Combining Statement of Net Position for Fiscal Year-to-Date Ending July 31, 2025 |
| 17 | Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position |
| 18 | Condensed Combining Statement of Cash Flows for Fiscal Year-to-Date Ending July 31, 2025 |
| 19 | Bond Covenants |

Highlights for July 2025

Revenue

- Gross Revenue was \$15.7M above budget, or 3.1%
- Net Patient Revenue was above budget by \$3.6M on a much improved month over previous months, or 5.1%
- Uncompensated care was \$7.7M in July compared to a budget of \$10.4M. Prior July 2024 was \$7.4M

Volumes

- July continued to be a strong month for inpatient volumes
 - Acute Inpatient days are 4.4% higher than budget and acute discharges were 3.7%
- For both surgery and emergency room, the trend has been reset for the current year
 - OP Surgery is up 2.2% from PY
 - IP ED visits are up 13.2% from PY
 - Emergency Visits in total were 7.7% below budget but we believe this is seasonal and expect this to rebound in the coming months
- Infusion Therapy was flat to prior year and Radiation Oncology was up 4.0% to budget and 10.1% higher than PY
- Length of Service remained in a low band at 4.10 days in a nod to the Care Transitions work, which leads to fewer days and lower overall expenses for the hospital

Expenses

- Total expenses were 1.1% favorable to budget, productivity targets were off by 1.7% leading to this
- Salaries were -2.6% unfavorable to budget, we are accruing for the nurse bonus and it is budgeted
- Benefits were 9.1% favorable to budget

Other Highlights

- EBIDA* for July improved to 15.0%
- Days Cash on Hand Consolidated for July was 15.4 days and represents an decrease of 3.3 days
- Cash receipts (Accounts Receivable) for Palomar Health at \$63.8M for June and \$69.9M for July, for two solid months of receipts
- Accounts Payable Current Liability reduced by \$6.1M from the previous month
- Days in Accounts Receivable (A/R) decreased 5.6 days from 66.0 days in June to 60.4 days in July
- Debt Service Coverage improved to 1.15 and we hit this covenant for the first time in over a year
- Workday project work continues and will be adjusting the go-live to Apr-26
- Due Diligence and work related to UCSD is a priority
- Audit work with Baker Tilly (formerly Moss Adams) continues and is on track for a early November completion

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

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

The percentages of Gross Patient Service Revenue from the Medicare, Managed Care Medicare, Managed Care, Medi-Cal and Managed Care Medi-Cal financial classes for the month were consistent with budget. Cash postings were \$69.9 million. Days in Net A/R are 60.4, a decrease of 5.6 days from the prior month. Uncompensated Care decreased by \$4.1 million to \$7.7 million for the month.

Revenue Cycle – Key Performance Indicators (KPIs)

| Key Performance Indicators (KPI) | February 2025 | March 2025 | April 2025 | May 2025 | June 2025 | July 2025 | Target |
|-------------------------------------|---------------|-------------|-------------|----------------|----------------|----------------|--------|
| Total Net A/R (\$) ¹ | 156,624,969 | 161,106,820 | 150,972,595 | \$ 151,642,060 | \$ 143,433,565 | \$ 138,245,508 | |
| Net Days in A/R (Days) ² | 68.3 | 69.9 | 68.3 | 68.8 | 66.0 | 60.4 | 55.0 |
| % AR > 90 Days | 37.9% | 39.5% | 40.7% | 41.8% | 40.5% | 38.8% | 22.5% |
| % of Avoidable Denial Write-Offs | 8.4% | 6.1% | 4.4% | 2.2% | 1.4% | 1.3% | 2.1% |
| Net Revenue Yield | 98.8% | 96.9% | 103.4% | 102.6% | 106.6% | 104.3% | 98.0% |

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.

Year to Date

| | Actual Jul-25 | Budget Jul-25 | Budget Variance | Prior Year Jul-24 | Prior Year Variance |
|--|------------------|------------------|--------------------|----------------------|------------------------|
| Key Volumes | | | | | |
| Discharges - Total | 2,324 | 2,251 | 3.2% | 2,091 | 11.1% |
| Acute - General | 2,292 | 2,210 | 3.7% | 2,058 | 11.4% |
| Total Acute Discharges | 2,292 | 2,210 | 3.7% | 2,058 | 11.4% |
| The Villas at Poway | 32 | 42 | (23.5%) | 33 | (3.0%) |
| Patient Days - Total | 12,083 | 11,950 | 1.1% | 11,202 | 7.9% |
| Acute - General | 9,388 | 8,995 | 4.4% | 8,581 | 9.4% |
| Total Acute Patient Days | 9,388 | 8,995 | 4.4% | 8,581 | 9.4% |
| The Villas at Poway | 2,695 | 2,955 | (8.8%) | 2,621 | 2.8% |
| Acute Adjusted Discharges | 3,700 | 3,384 | 9.3% | 3,336 | 10.9% |
| Total Adjusted Discharges* | 3,734 | 3,578 | 4.4% | 3,374 | 10.7% |
| Acute Adjusted Patient Days | 15,156 | 14,392 | 5.3% | 13,912 | 8.9% |
| Total Adjusted Patient Days* | 17,851 | 17,347 | 2.9% | 16,533 | 8.0% |
| Calendar Days | 31 | 31 | 0.0% | 31 | 0.0% |
| Acute Average Daily Census | 303 | 290 | 4.4% | 277 | 9.4% |
| Total Average Daily Census* | 390 | 385 | 1.1% | 361 | 7.9% |
| Surgeries - Total | 950 | 909 | 4.5% | 925 | 2.7% |
| Inpatient | 531 | 518 | 2.5% | 515 | 3.1% |
| Outpatient | 419 | 391 | 7.0% | 410 | 2.2% |
| Deliveries | 250 | 314 | (20.5%) | 307 | (18.6%) |
| ER Visits (Includes Trauma) - Total | 10,407 | 11,277 | (7.7%) | 11,253 | (7.5%) |
| Inpatient | 1,904 | 1,781 | 6.9% | 1,683 | 13.1% |
| Outpatient | 8,503 | 9,495 | (10.5%) | 9,570 | (11.2%) |

Year to Date

| | Actual Jul-25 | Budget Jul-25 | Budget Variance | Prior Year Jul-24 | Prior Year Variance |
|--------------------------------------|------------------|------------------|--------------------|----------------------|------------------------|
| Cardiac Cath RVUs | 1,225 | 1,114 | 10.0% | 1,134 | 8.0% |
| Escondido Interv. Radiology RVUs | 839 | 1,036 | (19.0%) | 1,038 | (19.2%) |
| Poway Interv. Radiology RVUs | 319 | 236 | 34.8% | 216 | 47.5% |
| Radiation Oncology RVUs | 3,620 | 3,482 | 4.0% | 3,287 | 10.1% |
| Infusion Therapy Hours | 1,038 | 1,113 | (6.8%) | 1,038 | 0.0% |
| Imaging | | | | | |
| Escondido CAT Procedures | 9,849 | 9,075 | 8.5% | 8,741 | 12.7% |
| Poway CAT Procedures | 2,901 | 2,631 | 10.3% | 2,567 | 13.0% |
| Escondido MRI Procedures | 533 | 460 | 15.8% | 437 | 22.0% |
| Poway MRI Procedures | 156 | 131 | 18.7% | 131 | 19.1% |
| Escondido Diagnostic Rad. Procedures | 7,123 | 6,984 | 2.0% | 7,045 | 1.1% |
| Poway Diagnostic Rad. Procedures | 2,173 | 2,090 | 4.0% | 2,097 | 3.6% |
| *Includes The Villas at Poway | | | | | |

Year to Date

Key Statistics

| Actual Jul-25 | Budget Jul-25 | Budget Variance | Prior Year Jul-24 | Prior Year Variance |
|--------------------------------------|------------------|--------------------|----------------------|------------------------|
| Acute Average LOS - Days | 4.10 | 4.07 (0.6%) | 4.17 | (1.8%) |
| Acute - General | 4.10 | 4.07 (0.6%) | 4.17 | (1.8%) |
| Acute Behavioral Health | 0.00 | 0.00 0.0% | 0.00 | 0.0% |
| Average Observation Hours | 24 | 31 22.9% | 31 | 22.9% |
| Acute Case Mix - Excludes Deliveries | 1.64 | 1.74 5.8% | 1.74 | 5.8% |
| Acute Case Mix -Medicare Only | 1.59 | 1.75 9.1% | 1.75 | 9.1% |
| Labor Productivity by Hrs | 101.7 | 100 (1.7%) | 99.7 | (2.0%) |
| Days Cash on Hand | 15.6 | | 19.2 | |

Financial Performance

| | | | | | |
|----------------------------------|------------|---------------|-----------|-------------|---------|
| Operating Income | 2,079,532 | (2,000,002) | 4,079,534 | (2,001,314) | (2) |
| Net Income | 330,414 | (4,476,158) | 4,806,572 | (3,923,996) | (1) |
| Oper. Expenses/Adj. Patient Days | 3,248 | 3,913 (17.0%) | 4,088 | | (20.6%) |
| EBIDA Margin-Excludes PHMG | 15.0% | 8.6% 75.4% | 9.9% | | 52.3% |
| EBIDA-Excludes PHMG | 11,088,751 | 6,042,183 | 5,046,568 | 6,955,305 | 1 |

Note: Financial Performance excludes GO Bonds

| | <u>Actual</u> <u>Jul 25</u> | <u>Budget</u> <u>Jul 25</u> | <u>Variance</u> <u>Jul 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 | 17,851 | 17,347 | 504 | | | | | |
| Adjusted Discharges | 3,734 | 3,578 | 156 | | | | | |
| Operating Revenue | | | | | | | | |
| Gross revenue | 514,243,464 | 498,491,902 | 15,751,562 | 14,491,863 | 1,259,699 | 28,807.54 | 28,736.98 | 70.57 |
| Deductions from revenue | (441,255,169) | (429,062,758) | (12,192,411) | (12,473,459) | 281,048 | (24,718.79) | (24,734.54) | 15.74 |
| Net patient revenue | 72,988,295 | 69,429,144 | 3,559,151 | 2,018,403 | 1,540,748 | 4,088.75 | 4,002.44 | 86.31 |
| Other operating revenue | 864,100 | 1,159,790 | (295,690) | 33,717 | (329,407) | 48.41 | 66.86 | (18.45) |
| Total net revenue | 73,852,395 | 70,588,934 | 3,263,461 | 2,052,120 | 1,211,341 | 4,137.16 | 4,069.30 | 67.86 |
| Operating Expenses | | | | | | | | |
| Salaries, wages & contract labor | 31,865,141 | 31,051,085 | (814,056) | (902,699) | 88,643 | 1,785.06 | 1,790.03 | 4.97 |
| Benefits | 7,366,292 | 8,107,415 | 741,123 | (235,694) | 976,817 | 412.65 | 467.37 | 54.72 |
| Supplies | 11,103,543 | 10,759,699 | (343,844) | (312,800) | (31,044) | 622.01 | 620.27 | (1.74) |
| Prof fees & purch svcs | 13,799,752 | 14,441,938 | 642,186 | (419,848) | 1,062,034 | 773.05 | 832.55 | 59.49 |
| Depreciation & amortization | 4,843,923 | 4,703,549 | (140,374) | (136,739) | (3,635) | 271.35 | 271.15 | (0.20) |
| Other | 2,794,212 | 3,525,250 | 731,038 | (102,484) | 833,522 | 156.53 | 203.22 | 46.69 |
| Total expenses | 71,772,863 | 72,588,936 | 816,073 | (2,110,263) | 2,926,336 | 4,020.66 | 4,184.59 | 163.93 |
| Income from operations | 2,079,532 | (2,000,002) | 4,079,534 | (58,143) | 4,137,677 | 116.49 | (115.30) | (96.07) |
| Non-operating revenue (expense) | | | | | | | | |
| Property tax revenues ¹ | 2,141,666 | 2,141,667 | (1) | | | | | |
| Investment Income | 1,263,897 | 1,176,843 | 87,054 | | | | | |
| Interest Expense | (4,435,614) | (4,335,990) | (99,624) | | | | | |
| Non-operating depreciation & amortization | (1,478,800) | (1,478,800) | - | | | | | |
| Other non-operating revenue(expense) | 759,733 | 20,124 | 739,609 | | | | | |
| Net income(loss) ² | 330,414 | (4,476,158) | 4,806,572 | | | | | |

EBIDA Margin 15.0% 8.6% 6.5%

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

2= Excludes G.O. Bonds income / expense

| | Actual | Prior Year | Variance | Variance | | Dollars/Adjusted Patient Day | | |
|---|---------------|---------------|--------------|--------------|-------------|------------------------------|-------------|----------|
| | Jul 25 | Jul 24 | Jul 25 | Volume | Rate/Eff | Actual | Budget | Variance |
| Adjusted Patient Days | 17,851 | 16,533 | 1,318 | | | | | |
| Adjusted Discharges | 3,734 | 3,374 | 360 | | | | | |
| Operating Revenue | | | | | | | | |
| Gross revenue | 514,243,464 | 485,400,622 | 28,842,842 | 38,695,822 | (9,852,980) | 28,807.54 | 29,359.50 | (551.96) |
| Deductions from revenue | (441,255,169) | (415,757,901) | (25,497,268) | (33,143,949) | 7,646,681 | (24,718.79) | (25,147.15) | 428.36 |
| Net patient revenue | 72,988,295 | 69,642,721 | 3,345,574 | 5,551,872 | (2,206,298) | 4,088.75 | 4,212.35 | (123.60) |
| Other operating revenue | 864,100 | 920,938 | (56,836) | 73,417 | (130,255) | 48.41 | 55.70 | (7.30) |
| Total net revenue | 73,852,395 | 70,563,659 | 3,288,738 | 5,625,289 | (2,336,553) | 4,137.16 | 4,268.05 | (130.89) |
| Operating Expenses | | | | | | | | |
| Salaries, wages & contract labor | 31,865,141 | 32,166,595 | 301,454 | (2,564,300) | 2,865,754 | 1,785.06 | 1,945.60 | 160.54 |
| Benefits | 7,366,292 | 7,845,288 | 478,996 | (625,421) | 1,104,417 | 412.65 | 474.52 | 61.87 |
| Supplies | 11,103,543 | 9,937,683 | (1,165,860) | (792,226) | (373,634) | 622.01 | 601.08 | (20.93) |
| Prof fees & purch svcs | 13,799,752 | 15,022,459 | 1,222,707 | (1,197,581) | 2,420,288 | 773.05 | 908.63 | 135.58 |
| Depreciation & amortization | 4,843,923 | 4,970,802 | 126,879 | (396,269) | 523,148 | 271.35 | 300.66 | 29.31 |
| Other | 2,794,212 | 2,622,147 | (172,064) | (209,036) | 36,971 | 156.53 | 158.60 | 2.07 |
| Total expenses | 71,772,863 | 72,564,974 | 792,112 | (5,784,833) | 6,576,944 | 4,020.66 | 4,389.10 | 368.44 |
| Income from operations | 2,079,532 | (2,001,315) | 4,080,847 | (159,544) | 4,240,391 | 116.49 | (121.05) | (499.33) |
| Non-operating revenue (expense) | | | | | | | | |
| Property tax revenues ¹ | 2,141,666 | 2,125,000 | 16,666 | | | | | |
| Investment Income | 1,263,897 | 1,264,998 | (1,101) | | | | | |
| Interest Expense | (4,435,614) | (4,431,370) | (4,244) | | | | | |
| Non-operating depreciation & amortization | (1,478,800) | (1,477,130) | (1,670) | | | | | |
| Other non-operating revenue(expense) | 759,733 | 595,818 | 163,915 | | | | | |
| Net income(loss) ² | 330,414 | (3,923,999) | 4,254,413 | | | | | |

EBIDA Margin 15.0% 9.9% 5.2%

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

2= Excludes G.O. Bonds income / expense

Statement of Net Position excluding G.O. Bonds

Excludes PHMG

| | Current Fiscal Year Jul-25 | Prior Fiscal Year Jun-25 |
|--|-------------------------------|-----------------------------|
| Assets | | |
| Current Assets | | |
| Cash and cash equivalents | 7,715,174 | 15,000,751 |
| Investments | 26,645,793 | 28,463,741 |
| Board Designated | - | - |
| Total cash, cash equivalents & investments | 34,360,967 | 43,464,492 |
| Patient Accounts Receivable | 501,661,125 | 504,133,063 |
| Allowance on accounts | (363,415,617) | (360,699,498) |
| Net accounts receivable | 138,245,508 | 143,433,565 |
| Inventories | 12,192,020 | 12,194,024 |
| Prepaid expenses | 8,414,841 | 8,309,163 |
| Est. third party settlements | 102,799,692 | 95,529,680 |
| Other | 74,667,886 | 71,655,917 |
| Total current assets | 370,680,916 | 374,586,840 |
| Non-Current Assets | | |
| Restricted assets | 87,649,251 | 87,348,717 |
| Restricted other | 357,763 | 357,688 |
| Total restricted assets | 88,007,014 | 87,706,405 |
| Property, plant & equipment | 1,593,095,057 | 1,593,114,786 |
| Accumulated depreciation | (689,971,427) | (686,328,663) |
| Construction in process | 39,225,291 | 39,167,673 |
| Net property, plant & equipment | 942,348,921 | 945,953,795 |
| Right of Use Assets | | |
| Building leases | 275,493,237 | 276,832,758 |
| Sub-leases | 224,796 | 234,948 |
| Equipment leases | 17,510,542 | 18,084,940 |
| SBITA | 15,250,219 | 16,006,107 |
| Net right of use assets | 308,478,794 | 311,158,754 |
| Investment related companies | 5,861,473 | 5,718,913 |
| Prepaid debt insurance costs | 6,960,323 | 6,986,297 |
| Other non-current assets | 65,898,846 | 66,188,501 |
| Total non-current assets | 1,417,555,370 | 1,423,712,664 |
| Total assets | 1,788,236,286 | 1,798,299,504 |
| Deferred outflow of resources-loss on refunding of debt | 41,684,826 | 41,902,741 |
| Total assets and deferred outflow of resources | 1,829,921,112 | 1,840,202,245 |

| | Current Fiscal Year Jul-25 | Prior Fiscal Year Jun-25 |
|---|-------------------------------|-----------------------------|
| Liabilities | | |
| Current Liabilities | | |
| Accounts payable | 88,471,281 | 94,240,154 |
| Accrued payroll | 39,035,660 | 49,881,621 |
| Accrued PTO | 24,100,886 | 23,828,506 |
| Accrued interest payable | 10,889,126 | 7,842,158 |
| Current portion of bonds | 8,925,000 | 8,925,000 |
| Current portion of lease liab | 21,307,427 | 21,510,594 |
| Est. third party settlements | 8,593,099 | 8,593,099 |
| Other current liabilities | 156,580,782 | 147,853,726 |
| Total current liabilities | 357,903,261 | 362,674,858 |
| Long Term Liabilities | | |
| Other LT liabilities | 27,422,742 | 27,444,646 |
| Bonds & contracts payable | 712,977,093 | 713,199,799 |
| Lease liabilities | 325,881,387 | 327,879,779 |
| Total long term liabilities | 1,066,281,221 | 1,068,524,225 |
| Total liabilities | 1,424,184,482 | 1,431,199,083 |
| Deferred inflow of resources-unearned revenue | 6,538,620 | 6,547,471 |
| Total liabilities and deferred inflow of resources | 1,430,723,102 | 1,437,746,554 |
| Net Position | | |
| Unrestricted | 398,840,247 | 402,098,003 |
| Restricted for other purpose | 357,763 | 357,688 |
| Total net position | 399,198,010 | 402,455,691 |
| Total liabilities, deferred inflow of resources and net position | 1,829,921,112 | 1,840,202,245 |

| Assets | Current Fiscal Year Jul-25 | Prior Fiscal Year Jun-25 |
|--|-------------------------------|-----------------------------|
| Current Assets | | |
| Cash and cash equivalents | 7,715,174 | 15,000,751 |
| Investments | 26,645,793 | 28,463,741 |
| Board Designated | - | - |
| Total cash, cash equivalents & investments | 34,360,967 | 43,464,492 |
| Patient Accounts Receivable | 501,661,125 | 504,133,063 |
| Allowance on accounts | (363,415,617) | (360,699,498) |
| Net accounts receivable | 138,245,508 | 143,433,565 |
| Inventories | 12,192,020 | 12,194,024 |
| Prepaid expenses | 8,414,841 | 8,309,163 |
| Est. third party settlements | 102,799,692 | 95,529,680 |
| Other | 78,800,647 | 71,973,475 |
| Total current assets | 374,813,677 | 374,904,398 |
| Non-Current Assets | | |
| Restricted assets | 164,462,664 | 163,601,420 |
| Restricted other | 357,763 | 357,688 |
| Total restricted assets | 164,820,427 | 163,959,108 |
| Property, plant & equipment | 1,593,095,057 | 1,593,114,786 |
| Accumulated depreciation | (689,971,427) | (686,328,663) |
| Construction in process | 39,225,291 | 39,167,673 |
| Net property, plant & equipment | 942,348,921 | 945,953,795 |
| Right of Use Assets | | |
| Building leases | 275,493,237 | 276,832,758 |
| Sub-leases | 224,796 | 234,948 |
| Equipment leases | 17,510,542 | 18,084,940 |
| SBITA | 15,250,219 | 16,006,107 |
| Net right of use assets | 308,478,794 | 311,158,754 |
| Investment related companies | 5,861,473 | 5,718,913 |
| Prepaid debt insurance and other costs | 8,098,093 | 8,136,372 |
| Other non-current assets | 65,898,846 | 66,188,501 |
| Total non-current assets | 1,495,506,553 | 1,501,115,443 |
| Total assets | 1,870,320,231 | 1,876,019,841 |
| Deferred outflow of resources-loss on refunding of debt | 44,042,405 | 44,278,181 |
| Total assets and deferred outflow of resources | 1,914,362,636 | 1,920,298,022 |

| Liabilities | Current Fiscal Year Jul-25 | Prior Fiscal Year Jun-25 |
|---|-------------------------------|-----------------------------|
| Current Liabilities | | |
| Accounts payable | 88,471,281 | 94,240,154 |
| Accrued payroll | 39,035,660 | 49,881,621 |
| Accrued PTO | 24,100,886 | 23,828,506 |
| Accrued interest payable | 36,010,651 | 29,897,032 |
| Current portion of bonds | 19,081,756 | 19,081,756 |
| Current portion of lease liab | 21,307,427 | 21,510,594 |
| Est. third party settlements | 8,593,099 | 8,593,099 |
| Other current liabilities | 91,031,369 | 81,698,710 |
| Total current liabilities | 327,632,129 | 328,731,473 |
| Long Term Liabilities | | |
| Other LT liabilities | 27,422,742 | 27,444,646 |
| Bonds & contracts payable | 1,339,761,558 | 1,340,117,039 |
| Lease liabilities | 325,881,387 | 327,879,779 |
| Total long term liabilities | 1,693,065,686 | 1,695,441,465 |
| Total liabilities | 2,020,697,815 | 2,024,172,938 |
| Deferred inflow of resources- unearned revenue | 72,088,033 | 72,702,486 |
| Total liabilities and deferred inflow of resources | 2,092,785,848 | 2,096,875,424 |
| Net Position | | |
| Unrestricted | (178,780,975) | (176,935,090) |
| Restricted for other purpose | 357,763 | 357,688 |
| Total net position | (178,423,212) | (176,577,402) |
| Total liabilities, deferred inflow of resources and net position | 1,914,362,636 | 1,920,298,022 |

| | Jul-25 | YTD |
|--|--------------------|--------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES: | | |
| Income (Loss) from operations | 2,079,532 | 2,079,532 |
| Adjustments to reconcile change in net assets to net cash provided from operating activities: | | |
| Depreciation Expense | 4,843,923 | 4,843,923 |
| Provision for bad debts | 6,844,972 | 6,844,972 |
| Changes in operating assets and liabilities: | | |
| Patient accounts receivable | (1,656,915) | (1,656,915) |
| Property Tax and other receivables | (997,023) | (997,023) |
| Inventories | 2,004 | 2,004 |
| Prepaid expenses and other current assets | 290,683 | 290,683 |
| Accounts payable | (5,768,873) | (5,768,873) |
| Accrued compensation | (10,573,581) | (10,573,581) |
| Estimated settlement amounts due third-party payors | (7,270,012) | (7,270,012) |
| Other liabilities | 9,450,027 | 9,450,027 |
| Net cash provided from (used by) operating activities | (2,755,263) | (2,755,263) |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | |
| Net (purchases) sales of investments | 956,629 | 956,629 |
| Income (Loss) on investments | 1,506,478 | 1,506,478 |
| Investment in affiliates | (4,018,909) | (4,018,909) |
| Net cash provided from (used by) investing activities | (1,555,802) | (1,555,802) |
| CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES: | | |
| Receipt of G.O. Bond Taxes | 318,130 | 318,130 |
| Receipt of District Taxes | 237,522 | 237,522 |
| Net cash provided from non-capital financing activities | 555,653 | 555,653 |
| CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES: | | |
| Proceeds on asset sale | 403 | 403 |
| Acquisition of property plant and equipment | (37,889) | (37,889) |
| ROU Interest paid | (1,291,119) | (1,291,119) |
| Payments of Long Term Lease Liabilities | (2,201,559) | (2,201,559) |
| Net cash provided from (used by) capital and related financing activities | (3,530,164) | (3,530,164) |
| NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS | (7,285,577) | (7,285,577) |
| CASH AND CASH EQUIVALENTS - Beginning of period | 15,000,751 | 15,000,751 |
| CASH AND CASH EQUIVALENTS - End of period | 7,715,174 | 7,715,174 |

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 July 31, 2025

| | Palomar Health | PHMG | PAC | NCRE | Eliminations | Total |
|--|----------------------|-------------------|------------------|------------------|---------------------|----------------------|
| ASSETS | | | | | | |
| Current assets | 451,682,719 | 43,847,737 | 3,968,087 | 237,534 | (59,558,947) | 440,177,130 |
| Capital assets - net | 942,348,921 | 7,236,186 | - | 868,948 | - | 950,454,055 |
| Right of use assets - net | 308,478,793 | 27,947,418 | - | - | (18,882,367) | 317,543,844 |
| Non-current assets | 167,809,798 | 2,333,998 | - | - | - | 170,143,795 |
| Total assets | 1,870,320,231 | 81,365,339 | 3,968,087 | 1,106,482 | (78,441,314) | 1,878,318,824 |
| Deferred outflow of resources | 44,042,405 | - | - | - | - | 44,042,405 |
| TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES | 1,914,362,636 | 81,365,339 | 3,968,087 | 1,106,482 | (78,441,314) | 1,922,361,229 |
| LIABILITIES AND NET POSITION | | | | | | |
| Current liabilities | 288,904,708 | 103,673,092 | 73,137 | 1,489,987 | (63,379,388.41) | 330,761,531 |
| Long-term liabilities | 1,384,404,739 | - | - | - | - | 1,384,404,739 |
| Right of use lease liabilities | 325,881,387 | 22,853,684 | - | - | (16,133,498) | 332,601,572 |
| Total liabilities | 1,999,190,834 | 126,526,776 | 73,137 | 1,489,987 | (79,512,887) | 2,047,767,843 |
| Deferred inflow of resources - deferred revenue | 93,595,014 | - | - | - | - | 93,595,014 |
| Total liabilities and deferred inflow of resources | 2,092,785,848 | 126,526,776 | 73,137 | 1,489,987 | (79,512,887) | 2,141,362,857 |
| Invested in capital assets - net of related debt | (323,660,019) | 5,920,102 | - | 1,660,879 | 1,071,573 | (315,007,465) |
| Restricted | 42,468,630 | - | - | - | - | 42,468,630 |
| Unrestricted | 102,768,177 | (51,081,539) | 3,894,950 | (2,044,384) | - | 53,537,207 |
| Total net position | (178,423,212) | (45,161,437) | 3,894,950 | (383,505) | 1,071,573 | (219,001,627) |
| TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION | 1,914,362,636 | 81,365,339 | 3,968,087 | 1,106,482 | (78,441,314) | 1,922,361,229 |

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

| | Palomar Health | PHMG | PAC | NCRE | Elimination | YTD Consolidated |
|--------------------------------------|----------------------|---------------------|------------------|------------------|------------------|----------------------|
| OPERATING REVENUE: | | | | | | |
| Net patient service revenue | 63,711,892 | 4,584,231 | - | - | - | 68,296,123 |
| Shared risk revenue | 9,276,402 | 1,593,542 | - | - | - | 10,869,944 |
| Other revenue | 864,100 | 45,395 | - | 1,585,511 | (60,023) | 2,434,983 |
| PH Program revenue | - | 2,563,754 | - | - | (2,563,754) | - |
| Total operating revenue | 73,852,394 | 8,786,922 | - | 1,585,511 | (2,623,777) | 81,601,050 |
| OPERATING EXPENSES | 66,928,939 | 15,782,734 | 40,584 | 1,940,291 | (2,623,777) | 82,068,771 |
| DEPRECIATION AND AMORTIZATION | 4,843,923 | 314,884 | - | - | - | 5,158,807 |
| Total operating expenses | 71,772,862 | 16,097,618 | 40,584 | 1,940,291 | (2,623,777) | 87,227,578 |
| INCOME (LOSS) FROM OPERATIONS | 2,079,532 | (7,310,696) | (40,584) | (354,780) | - | (5,626,528) |
| NON-OPERATING INCOME (EXPENSE): | | | | | | |
| Investment income | 1,506,477 | (29,357) | - | - | - | 1,477,120 |
| Interest expense | (7,399,656) | (8,233) | - | - | - | (7,407,889) |
| Property tax revenue | 6,274,999 | - | - | - | - | 6,274,999 |
| Other - net | (715,002) | (3,386) | - | - | 1,373,102 | 654,714 |
| Total non-operating expense - net | (333,182) | (40,976) | - | - | 1,373,102 | 998,944 |
| CHANGE IN NET POSITION | 1,746,350 | (7,351,671) | (40,584) | (354,780) | 1,373,102 | (4,627,584) |
| Interfund - PHMG | (3,592,161) | 3,500,000 | - | - | - | (92,161) |
| NET POSITION - Beginning of year | (176,577,402) | (41,309,762) | 3,935,535 | (28,725) | (301,529) | (214,281,882) |
| NET POSITION - Year to date | (178,423,212) | (45,161,437) | 3,894,950 | (383,505) | 1,071,573 | (219,001,627) |
| EBIDA | | | | | | 9,417,913 |
| EBIDA Margin | | | | | | 11.5% |

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

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

Assets

Current Assets

| | |
|--|---------------|
| Cash and cash equivalents | \$ 14,447,707 |
| Investments | 26,645,797 |
| Patient accounts receivable - net of allowances for uncollectible accounts of \$138,291 | 154,139,683 |
| Other receivables | 41,291,287 |
| Supplies and inventories | 12,868,226 |
| Prepaid expenses and other | 11,115,698 |
| Estimated third-party payor settlements receivable | 102,799,692 |
| Assets whose use is limited - current portion | 55,627 |
| Restricted cash and investments, current | 76,813,413 |

Total current assets 440,177,130

Restricted Noncurrent Cash and Investments

| | |
|--|------------|
| Held by trustee under indenture agreements | 86,921,635 |
| Held by trustee under general obligation bonds indenture | 76,813,413 |
| Held in escrow for street improvements | 727,615 |
| Restricted by donor and other | 357,763 |

Total restricted cash and investments 164,820,426

Less amounts required to meet current obligations 76,869,040

Total restricted noncurrent cash and investments 87,951,386

Capital Assets - net 950,454,055

Right of Use Assets - Net 317,543,844

Other Assets

| | |
|--|------------|
| Prepaid debt insurance costs | 8,098,093 |
| Investment in and amounts due from affiliated entities | 6,483,297 |
| Other | 67,611,016 |

Total other assets 82,192,409

Total assets 1,878,318,824

Deferred outflow of resources - loss on refunding of debt 44,042,405

Total Assets and Deferred Outflow of Resources \$ 1,922,361,229

Liabilities

Current Liabilities

| | |
|--|-------------|
| Accounts payable | 93,598,444 |
| Accrued compensation and related liabilities | 57,636,522 |
| Current portion of general obligation bonds | 10,156,756 |
| Current portion of long-term debt | 9,097,816 |
| Current portion of lease liabilities | 23,896,804 |
| Other accrued liabilities | 100,340,663 |
| Accrued interest payable | 34,656,761 |
| Accrued interest payable-ROU's | 1,377,765 |

Total current liabilities 330,761,531

Long-term debt - general obligation bonds - net of current portion 626,784,465

Long-term debt - net of current portion 757,620,274

Long-term debt - Lease liability - net of current portion 332,601,572

Total liabilities 2,047,767,842

Deferred inflow of resources - unearned revenue 93,595,014

Total liabilities and deferred inflow of resources 2,141,362,856

Net Position

| | |
|----------------------------------|---------------|
| Net investment in capital assets | (315,007,465) |
| Restricted, expendable for: | |
| Repayment of debt | 41,383,252 |
| Capital acquisitions | 727,615 |
| Other purposes | 357,763 |
| Unrestricted | 53,537,208 |

Total net position (219,001,627)

Total Liabilities, Deferred Inflow of Resources, and Net Position \$ 1,922,361,229

| | |
|--|------------------|
| Operating Revenue | |
| Patient service revenue, net of provision for uncollectible accounts of \$6,550 | \$ 68,296,123 |
| Premium revenue | |
| Shared risk revenue | 10,869,944 |
| Other revenue | 2,434,983 |
| | <hr/> |
| Total operating revenue | 81,601,050 |
| | <hr/> |
| Operating Expenses | |
| Salaries, wages, and benefits | 52,499,436 |
| Professional fees | 3,331,854 |
| Supplies | 11,949,212 |
| Purchased services | 9,206,406 |
| Depreciation and amortization | 5,158,807 |
| Rent expense | 1,801,781 |
| Utilities | 807,383 |
| Other | 2,472,185 |
| | <hr/> |
| Total operating expenses | 87,227,065 |
| | <hr/> |
| Income (Loss) From Operations | (5,626,015) |
| | <hr/> |
| Non-Operating Income (Expenses) | |
| Investment income | 1,477,120 |
| Interest expense | (7,407,888) |
| Property tax revenue - unrestricted | 2,141,666 |
| Property tax revenue - restricted | 4,133,333 |
| Amortization expense | (1,478,800) |
| Other - net | 2,041,356 |
| | <hr/> |
| Total non-operating expenses - net | 906,787 |
| | <hr/> |
| Change in net position | (4,719,228) |
| | <hr/> |
| Net Position - Beginning of year | (214,636,662) |
| | <hr/> |
| Net Position - Adjustment to begin Bal | 354,263.00 |
| | <hr/> |
| Net Position - Beginning of year (as restated) | (214,282,399) |
| | <hr/> |
| Net Position - July 31, 2025 | \$ (219,001,627) |
| | <hr/> |

CASH FROM OPERATING ACTIVITIES

Receipts from:

| | |
|--|-------------|
| Patients, insurers, and other third-party payers | 81,288,815 |
| Other sources | (7,228,579) |

Payments to:

| | |
|-----------|--------------|
| Employees | (63,321,335) |
| Suppliers | (23,750,464) |

Net cash provided by operating activities (13,011,563)

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

Receipt of district taxes 2,141,666

Net cash provided by noncapital financing activities 2,141,666

CASH FLOWS FROM CAPITAL AND RELATED
FINANCING ACTIVITIES

| | |
|--|-------------|
| Acquisition and construction of capital assets | 983,035 |
| Interest payments on long-term debt | (98,648) |
| Interest payments on lease liabilities | (1,278,576) |
| Principal repayment on long-term debt | (34,255) |
| Principal repayment on lease obligations | (2,201,560) |
| Proceeds on sale of capital assets | 403 |
| Receipt of property taxes restricted for debt service on general obligation bonds | 4,133,333 |
| Other | (905,765) |

Net cash used in capital and related financing activities 597,968

CASH FLOWS FROM INVESTING ACTIVITIES

| | |
|---|------------------|
| Purchases of investments | (318,130) |
| Proceeds from sale of investments | 2,000,000 |
| Interest received on investments and notes receivable | 751,879 |
| Net cash provided by (used in) investing activities | <u>2,433,749</u> |

NET INCREASE (DECREASE) IN CASH AND
CASH EQUIVALENTS

(7,838,180)

CASH AND CASH EQUIVALENTS - beginning of year

22,285,886

CASH AND CASH EQUIVALENTS - end of year

\$ 14,447,707

| Days Cash on Hand Ratio Covenant | July 31, 2025 Consolidated |
|---|-------------------------------|
| Cash and Cash Equivalents | 40,895,782 |
| Total | 40,895,782 |
| Divide Total by Average Adjusted Expenses per Day | |
| Total Expenses | 87,227,063 |
| Less: Depreciation | 5,158,807 |
| Adjusted Expenses | 82,068,256 |
| Number of days in period | 31 |
| Average Adjusted Expenses per Day | 2,647,363 |
| Days Cash on Hand | 15.4 |
| REQUIREMENT | 65 |

| Debt Service Coverage Ratio Covenant | July 31, 2025 Consolidated |
|---|-------------------------------|
| Excess of revenues over expenses | (5,688,217) |
| REVERSE: | |
| Depreciation and Amortization | 5,158,807 |
| Depreciation and Amortization-NonOp | 1,478,800 |
| Interest Expense | 4,443,846 |
| Income Available for Debt Service | 5,393,237 |
| Divided by: | |
| Maximum Annual Debt Service (excludes GO Bonds) | 4,690,863 |
| Debt Service Coverage Ratio | 1.15 |
| REQUIREMENT | 1.15 |

ADDENDUM C

RESOLUTION NO. 09.08.25(01)-13

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH TO DELEGATE
AUTHORITY TO RESOLVE PATIENT GRIEVANCES FOR PALOMAR HEALTH**

WHEREAS, pursuant to 42 C.F.R. § 482.13(a)(2) (Condition of participation: Patient's rights), a hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance;

WHEREAS, pursuant to 42 C.F.R. § 482.13(a)(2) (Condition of participation: Patient's rights), a hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates such responsibility in writing;

WHEREAS, the Board of Directors of Palomar Health desires to delegate responsibility and authority to review and resolve patient grievances for Palomar Health's hospitals.

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of Palomar Health that the Board of Directors of Palomar Health hereby delegates its responsibility to review, investigate and resolve grievances to meet applicable regulations to:

- Quality and Patient Safety Department, and
- Valerie Martinez, RN, BSN, MHA, CIC, CPPS, CPHQ, Senior Director of Quality/Patient Safety and Infection Control.

Patient grievance(s) will be incorporated into Palomar Health's Quality Assurance and Performance Improvement (QAPI) process and will be reported out via its reporting calendar.

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on September 8, 2025, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: September 8, 2025

| | |
|---|--|
| <p>APPROVED:</p> <hr/> <p><i>Jeff Griffith, Chair</i> <i>Board of Directors</i> <i>Palomar Health</i></p> | <p>ATTESTED:</p> <hr/> <p><i>Terry Corrales, RN, Secretary</i> <i>Board of Directors</i> <i>Palomar Health</i></p> |
|---|--|

RESOLUTION NO. 09.08.25(02)-14

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH TO APPOINT
HEALTHCARE EQUITY LEADERSHIP FOR PALOMAR HEALTH**

WHEREAS, the Joint Commission requires accredited organizations to appoint Healthcare Equity Leadership to ensure compliance with the Hospital National Performance Goals (NPGs);

WHEREAS, as a Joint Commission accredited organization, Palomar Health desires to appoint Healthcare Equity Leadership for Palomar Health ; and

WHEREAS, it is the responsibility of the Board of Directors of Palomar Health to appoint Healthcare Equity Leadership pursuant to Joint Commission standards.

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of Palomar Health, based on the recommendation of the Chief Nurse Executive and Chief Executive Officer, that the Board of Directors of Palomar Health hereby appoints the following qualified individuals to the Healthcare Equity Committee to lead activities to improve healthcare equity for Palomar Health's patients:

- Valerie Martinez, RN, BSN, MHA, CIC, CPPS, CPHQ, Senior Director of Quality/Patient Safety and Infection Control, and
- Jami Pearson, Director of Regulatory Compliance.

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on September 8, 2025, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: September 8, 2025

| | |
|--|---|
| APPROVED: | ATTESTED: |
| <hr/> | <hr/> |
| Jeff Griffith, Chair Board of Directors Palomar Health | Terry Corrales, RN, Secretary Board of Directors Palomar Health |

RESOLUTION NO. 09.08.25(03)-15

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH TO IDENTIFY
ANNUAL EMERGENCY SERVICES READINESS TRAINING FOR STAFF OF
PALOMAR HEALTH**

WHEREAS, Palomar Health desires to identify and document annual emergency services readiness training for staff of Palomar Health.

WHEREAS, pursuant to Joint Commission standards, it is the responsibility of the Board of Directors of Palomar Health to identify which staff of Palomar Health must complete annual emergency services readiness protocols and provisions training.

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of Palomar Health, based on the recommendation of the Chief Nurse Executive, that the Board of Directors of Palomar Health hereby identifies the following staff for annual emergency services readiness protocols and provisions training:

- Disaster Preparedness for all staff
- Emergency Care for Emergency Department Registered Nurses

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on September 8, 2025, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: September 8, 2025

| | |
|--|---|
| APPROVED: | ATTESTED: |
| <hr/> | <hr/> |
| Jeff Griffith, Chair Board of Directors Palomar Health | Terry Corrales, RN, Secretary Board of Directors Palomar Health |

ADDENDUM D

To: Board of Directors
From: Michael Pacheco - Chair, Board Audit & Compliance Committee
Date: Monday, September 8, 2025
Re: Audit & Compliance Committee Meeting, August 19, 2025

Member Attendance: Directors Linda Greer, Laurie Edwards-Tate and Abbi Jahaaski

Action Items:

- **Audit & Compliance Committee Minutes, May 20, 2025:** The voting members reviewed and approved Audit & Compliance Committee minutes from May 20, 2025
- **Audit & Compliance Committee Minutes, July 22, 2025:** The voting members reviewed and approved Audit & Compliance Committee minutes from July 22, 2025
- **Second Quarter Hotline Report:** The voting members reviewed the Second Quarter Hotline Report (Informational only)
- **Government Updates:** The voting members reviewed Government Updates (Informational only)

Closed Session

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

To: Board of Directors
From: Linda Greer, RN - Chair, Board Finance Committee
Date: Monday, September 8, 2025
Re: Finance Committee Meeting, September 5, 2025

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

Action Items:

- **Finance Committee Minutes, July 30, 2025:** The voting members reviewed and approved Finance Committee minutes from July 30, 2025
- **July Guidehouse Update:** The voting members reviewed the July Guidehouse Update. This item was informational only
- **YTD FY2025 and Year End Financials:** The voting members reviewed the pre-audit YTD FY2025 and Year End Financials. The financials will be revisited once audit is completed
- **YTD FY2026 and July 2025 Financials:** The voting members reviewed and approved YTD FY2026 and July 2025 Financials and moved item to full Board for ratification