



*Board of Directors*  
*Meeting Agenda Packet*

*October 13, 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](http://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,  
October 10, 2025

# BOARD OF DIRECTORS

## Meeting Agenda

Monday, October 13, 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
<b>Call To Order</b>			<b>6:30</b>
1.	<b>Establishment of Quorum</b>	1	6:31
2.	<b>Opening Ceremony</b>	4	6:35
	a. Pledge of Allegiance to the Flag		
3.	<b>Public Comments<sup>1</sup></b>	30	7:05
4.	<b>Presentations – Informational Only</b>	10	7:15
	a. Department Highlight – Food and Nutritional Services (FANS)		
5.	<b>Approval of Minutes (ADD A)</b>	5	7:20
	a. Regular Session Board of Directors Meeting – Monday, September 8, 2025 (Pp 6-15)		
	b. Special Closed Session Board of Directors Meeting – Monday, September 8, 2025 (Pp 16-18)		
	c. Special Closed Session Board of Directors Meeting – Wednesday, September 24, 2025 (Pp 19-20)		
	d. Special Closed Session Board of Directors Meeting – Monday, September 29, 2025 (Pp 21-22)		
6.	<b>Approval of Agenda</b> to accept the Consent Items as listed (ADD B)	5	7:25
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 24-26)		
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 27-29)		
	c. Joint MRI Safety Committee Charter (Pp 30-31)		

	d. Escondido Radiation Oncology Residency Program (Pp 32-47)		
	e. YTD FY2025 and August Financials (Pp 48-72)		
<b>7.</b>	<b>Reports – Informational Only</b>		
	<b>a. Medical Staff</b>		
	I. Chief of Staff, Palomar Medical Center Escondido – Kanchan Koirala, MD	5	7:30
	II. Chief of Staff, Palomar Medical Center Poway – Mark Goldsworthy, MD	5	7:35
	<b>b. Administration</b>		
	I. President and CEO – Diane Hansen	5	7:40
	II. Vice Chair of the Board – Michael Pacheco	5	7:45
<b>8.</b>	<b>Board Committees – Informational Only (ADD C)</b>	5	7:50
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair		
	b. Community Relations Committee – Terry Corrales, Committee Chair		
	c. Finance Committee – Linda Greer, Committee Chair (Pp 74)		
	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		
<b>Final Adjournment</b>			<b>7:50</b>

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.

<sup>1</sup> 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  
1<sup>st</sup> 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#<sup>1</sup>

- Non-Board member attendees, and members of the public may also attend the meeting virtually utilizing the above link
  - 1951 E. Valley Pkwy., Escondido, CA. 92027
  - 15611 Pomerado Road, Poway, CA. 92064
  - 1260 S. Figueroa, Los Angeles, CA. 90015
- An elected member of the Board of Directors will be attending the meeting virtually from these locations

<sup>1</sup> 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.

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## 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.*

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### **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**



<b>Board of Directors Meeting Minutes – Monday, September 8, 2025</b>	
<b>Agenda Item</b>	
<ul style="list-style-type: none"> <li><b>Discussion</b></li> </ul>	<b>Conclusion/Action/Follow Up</b>
<b>Notice of Meeting</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, September 5, 2025, which is consistent with legal requirements.	
<b>Call To Order</b>	
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 6:45 p.m. by Chair Jeff Griffith.	
<b>1. Establishment of Quorum</b>	
Quorum was established, comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences: None	
<b>2. Opening Ceremony</b>	
The Pledge of Allegiance was recited in unison led by Director Abbi Jahaaski.	

<i>Board of Directors Meeting Minutes – Monday, September 8, 2025</i>	
<i>Agenda Item</i>	
<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<i>Conclusion/Action/Follow Up</i>
<b>3. Public Comments</b>	
<ul style="list-style-type: none"> <li>Director Terry Corrales</li> </ul>	
<b>4. Presentations – Informational Only</b>	
<ul style="list-style-type: none"> <li>Elizabeth Garrett shared a presentation with the Board Members.</li> </ul>	
<b>5. Approval of Minutes</b>	
a. Regular Session Board of Directors Meeting - Monday, August 11, 2025	<p><b>MOTION:</b> By Director Pacheco, 2<sup>nd</sup> by Director Jahaaski and carried to approve the Monday, August 11, 2025, Regular Session Board of Directors Meeting minutes as written.</p> <p>Roll call voting was utilized.            Director Clark – aye            Director Corrales – aye            Director Edwards-Tate – aye            Director Greer – aye            Director Griffith – aye            Director Jahaaski – aye            Director Pacheco – aye            Chair Griffith announced motion approved.            Seven board members were in favor. None opposed.            No abstention. None absent.</p>

*Board of Directors Meeting Minutes – Monday, September 8, 2025*

*Agenda Item*

- *Discussion*

*Conclusion/Action/Follow Up*

- 

b. *Special Closed Session Board of Directors Meeting – Monday, August 11, 2025*

**MOTION:** By Director Corrales, 2<sup>nd</sup> by Director Jahaaski and carried to approve the Monday, August 11, 2025, Special Closed Session Board of Directors Meeting minutes as written.

*Roll call voting was utilized.*

*Director Clark – aye*

*Director Corrales – aye*

*Director Edwards-Tate – aye*

*Director Greer – aye*

*Director Griffith – aye*

*Director Jahaaski – aye*

*Director Pacheco – aye*

*Chair Griffith announced motion approved.*

*Seven board members were in favor. None opposed.*

*No abstention. None absent.*

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

Agenda Item

• Discussion	Conclusion/Action/Follow Up
<ul style="list-style-type: none"><li>a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments</li><li>b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments</li><li>c. Critical Care Clinical Privileges – Palomar Medical Center Escondido</li><li>d. Cardiology Clinical Privileges – Palomar Medical Center Escondido</li><li>e. YTD FY2026 and July 2025 Financials</li></ul>	<p><b>MOTION:</b> By Director Edwards-Tate, 2<sup>nd</sup> by Director Corrales and carried to approve Consent Agenda items 6, a through d as presented.</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 motion approved. Seven board members were in favor. None opposed. No abstention. None absent.</p> <p><b>MOTION:</b> By Director Greer, 2<sup>nd</sup> by Director Corrales and carried to approve Consent Agenda item 6, e as presented.</p> <p>Roll call voting was utilized. Director Clark – abstain Director Corrales – aye Director Edwards-Tate – aye Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye Chair Griffith announced motion approved. Six board members were in favor. None opposed. One abstention. None absent.</p>
<ul style="list-style-type: none"><li>• Director John Clark asked agenda item 6, e, be pulled from the consent agenda. Board discussion ensued regarding agenda item 6, e.</li></ul>	

*Board of Directors Meeting Minutes – Monday, September 8, 2025*

*Agenda Item*

- *Discussion*

*Conclusion/Action/Follow Up*

**7. Reports – Informational Only**

**a. Medical Staffs**

*I. Palomar Medical Center Escondido*

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

*II. Palomar Medical Center Poway*

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

**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, September 8, 2025*

*Agenda Item*

<i>• Discussion</i>	<i>Conclusion/Action/Follow Up</i>
<i>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</i>	<b><i>MOTION:</i></b> By Director Corrales, 2 <sup>nd</sup> by Director Jahaaski and carried to approve Resolution 09.08.25(01)-13 of the Board of Directors of Palomar Health to Delegate Authority to Resolve Patient Grievances for Palomar Health .  <i>Roll call voting was utilized.</i> <i>Director Clark – aye</i> <i>Director Corrales – aye</i> <i>Director Edwards-Tate – aye</i> <i>Director Greer – aye</i> <i>Director Griffith – aye</i> <i>Director Jahaaski – aye</i> <i>Director Pacheco – aye</i> <i>Chair Griffith announced motion approved.</i> <i>Seven board members were in favor. None opposed.</i> <i>No abstention. None absent.</i>
<i>•</i>	

Board of Directors Meeting Minutes – Monday, September 8, 2025

Agenda Item

• Discussion	Conclusion/Action/Follow Up
b. Resolution 09.08.25(02)-14 of the Board of Directors of Palomar Health to appoint Healthcare Equity Leadership for Palomar Health	<p><b>MOTION:</b> By Director Corrales, 2<sup>nd</sup> by Director Pacheco and carried to approve Resolution 09.08.25(02)-14 of the Board of Directors of Palomar Health to appoint Healthcare Equity Leadership for Palomar Health.</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 motion approved. Seven board members were in favor. None opposed. No abstention. None absent.</p>
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*Board of Directors Meeting Minutes – Monday, September 8, 2025*

*Agenda Item*

<i>• Discussion</i>	<i>Conclusion/Action/Follow Up</i>
<i>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</i>	<b>MOTION:</b> By Director Corrales, 2 <sup>nd</sup> by Director Pacheco and carried to approve 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.  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 motion approved. Seven board members were in favor. None opposed. No abstention. None absent.
<i>•</i>	
<b>9. Board Committees – Informational Only</b>	
<i>a. Audit &amp; Compliance Committee – Michael Pacheco, Committee Chair</i>	
<i>• Vice Chair Michael Pacheco asked Director Linda Greer to provide a verbal update.</i>	
<i>b. Community Relations Committee – Terry Corrales, Committee Chair</i>	
<i>• Director Terry Corrales noted the committee did not meet, but attended the SART Conference in San Diego.</i>	
<i>c. Finance Committee – Linda Greer, Committee Chair</i>	



**Board of Directors Meeting Minutes – Monday, September 8, 2025**

**Agenda Item**

<b>Discussion</b>		<b>Conclusion/Action/Follow Up</b>
<ul style="list-style-type: none"><li>Director Linda Greer gave the floor to Andrew Tokar, Chief Financial Officer to share financial highlights for July 2025.</li></ul>		
d. Governance Committee – Jeff Griffith, Committee Chair		
<ul style="list-style-type: none"><li>Chair Jeff Griffith noted the committee did not meet.</li></ul>		
e. Human Resources Committee – Terry Corrales, Committee Chair		
<ul style="list-style-type: none"><li>Director Terry Corrales noted the committee did not meet.</li></ul>		
f. Quality Review Committee – Linda Greer, Committee Chair		
<ul style="list-style-type: none"><li>Director Linda Greer noted the September committee meeting was cancelled, with the next meeting being held in October.</li></ul>		
g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair		
<ul style="list-style-type: none"><li>Director Michael Pacheco noted the committee did not meet.</li></ul>		
<b>Final Adjournment</b>		
<ul style="list-style-type: none"><li>There being no further business, Chair Jeff Griffith adjourned the meeting at 7:29 p.m.</li></ul>		
<b>Signatures:</b>	<b>Board Secretary</b>	<hr/> Terry Corrales, R.N.

*Board of Directors Meeting Minutes – Monday, September 8, 2025*

*Agenda Item*

- *Discussion*

*Conclusion/Action/Follow Up*

*Board Clerk*

*Carla Albright*

<i>Special Closed Session Board of Directors Minutes – Monday, September 8, 2025</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
<b>Notice of Meeting</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, September 5, 2025, which is consistent with legal requirements.	
<b>I. Call To Order</b>	
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 5:07 p.m. by Chair Jeff Griffith.	
<b>II. Establishment Of Quorum</b>	
Quorum was established, comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences: None	
<b>III. Public Comments</b>	
<ul style="list-style-type: none"> <li>No public comments.</li> </ul>	

#### 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.
- c. Pursuant to California Government Code § 54956.9(d)(2)—CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION—Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: One (1) potential case
- d. 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 6:36 p.m.

**Signatures:**

**Board Secretary**

\_\_\_\_\_  
Terry Corrales, RN

	<i>Board Clerk</i>	<hr/> <i>Carla Albright</i>
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DRAFT

<i>Special Closed Session Board of Directors Minutes – Wednesday, September 24, 2025</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
<b>Notice of Meeting</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Tuesday, September 23, 2025, which is consistent with legal requirements.	
<b>I. Call To Order</b>	
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 8:34 a.m. by Chair Jeff Griffith.	
<b>II. Establishment Of Quorum</b>	
Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences: None	
<b>III. Public Comments</b>	
<ul style="list-style-type: none"> <li>No public comments.</li> </ul>	

#### IV. Adjournment To Closed Session

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

#### V. Re-Adjournment To Open Session

#### VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

#### VIII. Final Adjournment

There being no further business, Chair Jeff Griffith adjourned the meeting at 10:43 a.m.

#### Signatures:

Board Secretary

\_\_\_\_\_  
Terry Corrales, RN

Board Clerk

\_\_\_\_\_  
Carla Albright

<i>Special Closed Session Board of Directors Minutes – Monday, September 29, 2025</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
<b>Notice of Meeting</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, September 26, 2025, which is consistent with legal requirements.	
<b>I. Call To Order</b>	
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 11:02 a.m. by Vice Chair Michael Pacheco, as Chair Jeff Griffith attended virtually.	
<b>II. Establishment Of Quorum</b>	
Quorum was established via roll call comprising of Directors Clark, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences: Corrales	
<b>III. Public Comments</b>	
<ul style="list-style-type: none"> <li>No public comments.</li> </ul>	



#### IV. Adjournment To Closed Session

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

#### V. Re-Adjournment To Open Session

#### VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

#### VIII. Final Adjournment

There being no further business, Vice Chair Michael Pacheco adjourned the meeting at 12:53 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

October 8, 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: October 13, 2025

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (10/13/2025 to 09/30/2027)

Aribindi, Vamsi K., M.D. – Cardiothoracic Surgery  
Lofrese, John J., M.D. – Internal Medicine

Advance from Provisional to Active Category

Choudry, Qasim M., M.D. – Nephrology - Dept. of Medicine (11/01/2025 to 09/30/2026)  
Eisinger, Philip A., D.O. - Diagnostic Radiology - Dept. of Radiology (11/01/2025 to 06/30/2027)  
Healey, Mark A., M.D. - Surgery, General/Trauma - Dept. of Surgery (11/01/2025 to 10/31/2027)  
Jean-Baptiste, Ryan S., M.D. - Diagnostic Radiology - Dept. of Radiology (11/01/2025 to 10/31/2026)  
McCarty Jr., Troy S., D.O. - Emergency Med - Dept. of Emergency Med (11/01/2025 to 07/31/2027)  
Suhail, Mohammed S., M.D. - Diagnostic Radiology - Dept. of Radiology (11/01/2025 to 09/30/2026)  
Teal, Elizabeth N., M.D. – Obstetrics and Gynecology – Dept. of OB/GYN (11/01/2025 to 01/31/2026)

Advance from Provisional to Consulting Category

Hennein, Lauren M., M.D. - Ophthalmology, Pediatric - Dept. of Surgery (11/01/2025 to 08/31/2026)

Advance from Provisional to Affiliate Category

Savani, Aman A., M.D. – Neurology – Dept. of Medicine (11/01/2025 to 02/28/2027)

Request to Transfer from Affiliate to Administrative Category

Singh Jr., Teja M.D. – Internal Medicine, effective 10/13/2025 – 10/31/2026

Request for Additional Privileges

Davis, John P., M.D. – Trauma/General Surgery

- Fluoroscopy (eff. 10/13/2025 – 10/31/2027)

Kim, Alexander J., M.D., Ophthalmology

- Requesting Oculoplastic Surgery (effective 10/13/2025 – 08/31/2027)

McGraw, Charles J., M.D. – Diagnostic Radiology

- Deep Sedation/Analgesia (eff. 10/13/2025 – 01/31/2027)

Physician Voluntary Resignation

Dunn, William M., M.D. – Diagnostic Radiology (eff. 09/30/2025)

Raunig, Jefferey M., M.D. – Family Practice (eff. 03/19/2025)

Smith, Joel J., M.D. – Orthopaedic Surgery (eff 01/01/2025)

Sweeney, Nathaly M., M.D. – Pediatrics (eff. 07/22/2025)

Tavakoli, Sirpa A., M.D. – Psychiatry (eff 11/01/2025)

Request for 2 Year Leave of Absence

Dautremont, Brittney A., D.O. – Ophthalmology (08/30/2025 to 08/29/2027)

Helton, Derek A., M.D. – Internal Medicine (07/01/2025 to 06/30/2027)

Allied Health Professional Voluntary Resignation

Brett, Austin M., PA-C – Physician Assistant (eff. 07/22/2025)

Cusi, Leslie B., F.N.P – Family Nurse Practitioner (eff. 11/01/2025)

Glivar, Meredith A., N.P. – Nurse Practitioner (eff. 08/12/2025)

Lam, Vincent H., PA-C – Physician Assistant (eff. 08/27/2025)

McConnell, Colleen C., PA-C (eff. 11/01/2025)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 11/01/2025 to 10/31/2027)

Bhalla-Regev, Sandhya K., M.D.	Hospice & Palliative Med	Dept. of Medicine	Active
Bromley, Nicholle D., M.D.	Emergency Medicine	Dept. of Emergency Med	Active
Chen, Andrew K., M.D.	Cardiovascular Disease	Dept. of Medicine	Active
Ginther, Bret E., M.D.	Emergency Medicine	Dept. of Emergency Med	Active
Kim, Paul E., M.D.	Pain Management	Dept. of Anesthesia	Affiliate
Le, Lara L., M.D.	Internal Medicine	Dept. of Medicine	Active
Lee, Daniel Y., M.D.	Gastroenterology	Dept. of Medicine	Active
MacEwan, Jennifer H., M.D.	Otolaryngology	Dept. of Surgery	Courtesy
Nahavandi, Afshin A., M.D.	Internal Medicine	Dept. of Medicine	Active
Nassery, Kristen M., M.D.	Surgery, General	Dept. of Surgery	Courtesy
Peters, Vanessa M., M.D.	Family Practice	Dept. of Family Practice	Affiliate
Phillips, Jason M., M.D.	Surgery, Urology	Dept. of Urology	Active
Quan, Maria C., M.D.	Obstetrics and Gynecology	Dept. of OB/GYN	Active
Quan, Michele G., M.D., MPH	Pulmonary Disease	Dept. of Medicine	Active
Wilensky, Jonathan S., M.D.	Plastic Surgery	Dept. of Surgery	*Courtesy
*Category change from Active to Courtesy			
Wright, Brenton A., M.D.	Neurology	Dept. of Medicine	Active

Allied Health Professional Reappointments (effective 11/01/2025 to 10/31/2027)

Nyagaya, Linda M., F.N.P.	Family Nurse Practitioner	Dept. of Medicine	(Sponsor: Dr. Zuleta)
Rice Jr., William M., PA-C	Physician Assistant	Dept. of Emerg Med	(Sponsor: Dr. Friedberg)

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: October 8, 2025  
 To: Palomar Health Board of Directors – October 13, 2025 Meeting  
 From: Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff  
 Subject: Medical Staff Credentials Recommendations – September, 2025

Provisional Appointments: (10/13/2025 – 09/30/2027)

John Lofrese, M.D., Internal Medicine

Biennial Reappointments: (11/01/2025 - 10/31/2027)

Sandhya Bhalla, M.D., Hospice & Palliative Medicine (Includes The Villas at Poway)  
 Nicholle Bromley, M.D., Emergency Medicine, Active  
 Andrew Chen, M.D., Cardiovascular Disease, Active  
 Bret Ginther, M.D., Emergency Medicine, Active  
 Daniel Lee, M.D., Gastroenterology, Active  
 Jennifer MacEwan, M.D., Otolaryngology, Active  
 Afshin Nahavandi, M.D., Internal Medicine, Active  
 Jason Phillips, M.D., Urology, Active  
 Michele Quan, M.D., Pulmonary Disease, Critical Care, Active (Includes The Villas at Poway)  
 Todd Wells, M.D., Family Practice, Affiliate (no clinical privileges)  
 Brenton Wright, M.D., Neurology, Active

Advancements to Active Category:

Qasim Choudry, M.D., Nephrology, effective 11/01/2025 – 09/30/2026  
 Philip Eisinger, D.O., Teleradiology, effective 11/01/2025 – 06/30/2027  
 Ryan Jean-Baptiste, M.D., Teleradiology, effective 11/01/2025 – 10/31/2026  
 Troy McCarty, D.O., Emergency Medicine, effective 11/01/2025 – 07/31/2027  
 Mohammed Suhail, M.D., Teleradiology, effective 11/01/2025 – 09/30/2026

Advancement to Consulting Category:

P. Brian Volpp, M.D., Radiation Oncology, effective 11/01/2025 – 11/30/2025

Advancement to Affiliate Category:

Aman Savani, M.D., Neurology, effective 11/01/2025 – 02/28/2027 (no clinical privileges)

Requests for Additional Privileges:

Alexander Kim, M.D., Ophthalmology – Requesting Oculoplastics, effective 10/13/2025 – 08/31/2027

Joseph Hebreo, M.D., Nephrology – Requesting Continuing Care (The Villas at Poway) effective 10/13/2025 – 12/31/2025

Charles McGraw, M.D., Diagnostic Radiology – Requesting Deep Sedation, effective 10/13/2025 – 01/31/2027

Request to Transfer from Affiliate to Administrative Category (no clinical privileges):

Teja Singh, M.D., Internal Medicine, effective 10/13/2025 – 10/31/2026

Requests for 2 Year Leave of Absence:

Ivan Aispuro M.D., Emergency Medicine, effective 09/30/2025 – 09/29/2027

Voluntary Resignations:

Gary Cohen, M.D., Allergy and Immunology, effective 09/26/2025

William Dunn, M.D., Teleradiology, effective 09/30/2025

Aayah Fatayerji, D.O., Internal Medicine, effective 09/27/2025

Vinson Vong, M.D., Emergency Medicine, effective 09/30/2025

Kamen Zakov, M.D., Cardiology, effective 09/30/2025

Allied Health Professional Biennial Reappointments effective 11/01/2025 – 10/31/2027:

Linda Nyagaya, FNP, Sponsor Dr. Zuleta for the Benchmark Hospitalists

William Rice, PA, Sponsor Dr. Friedberg for EMA

Allied Health Professional Voluntary Resignations:

Austin Brett, PA, Emergency Medicine, effective 07/22/2025

Merideth Glivar, NP, Acute Care, effective 08/12/2025

Colleen McConnell, PA, Emergency Medicine, effective 08/01/2025

Aaron Stirling, NP, Emergency Medicine, effective 06/08/2025

PALOMAR MEDICAL CENTER POWAY: Certification by and Recommendation of Chief of Staff:

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

## New Provider Profiles



**Aribindi, Vamsi K., MD**  
PMC Escondido

Status: Temporary  
Privileges  
Specialty: Surgery,  
Cardiothoracic



**Lofrese, John J., MD, MPH**  
PMC Escondido and Poway

Status: Temporary  
Privileges  
Specialty: Internal  
Medicine



# MRI Safety Committee Charter 2025

## Purpose

The Magnetic Resonance Imaging Safety Committee (MRSC) is responsible for establishing and maintaining safety policies and procedures to mitigate risks associated with Magnetic Resonance Imaging (MRI) environments, ensuring the safety of patients, staff, and visitors.

## Scope

The focus of the committee is to provide leadership and oversight of policies, procedures, guidelines, education, and MRI safety events.

## Committee Membership

- Dr. Philip Eaton. Chair: Conducts the committee meetings. Approves committee correspondence and reports.
- Dr. Charles McGraw, Co-Chair: In the absence of the Chair, assumes the duties of the Chair.
- Dennis Seely, Radiation Safety Office (RSO)
- Magnetic Resonance Safety Expert (MRSE) – To be provided by West Physics
- Sims Kendall, District Senior Director of Diagnostic Imaging Services
- Antonio Sanchez, Diagnostic Imaging Manager
- Andy Huang, Advanced Imaging Supervisor

## Voting Rights

- Members

## General Responsibilities

1. The MRSC will meet quarterly and the Medical Staff Office will maintain minutes.
2. The MRSC will routinely review and make recommendations respective of changes to MRI Safety related policies and procedures content based on locally accepted standards and the internationally accepted recommendations of the American College of Radiology (ACR).
3. The MRSC is responsible for review of the MRI safety training for hospital staff.
4. The MRSC will be involved in the review of any new MRI suite floor plans and/or modifications to existing suites.
5. The MRSC will be available to provide support and guidance in the event of an MRI safety incident as well as review incident for determination of root cause. Procedures should be in place to ensure that all adverse MRI safety events are reported to the MRSC Chair same day. All incidents and adverse effects will be discussed at the quarterly MRSC meeting. Any serious adverse events will result

in an immediate session of the MRSC.

6. The MRSC will provide a report to the Patient and Medication Safety Council on a quarterly basis.
7. The MRSC may review this Charter annually.

## **Governance**

This committee works under the direction and oversight of the Department of Radiology.

## **Authority**

Level of Authority is approval for documents related to MRI Safety and assignment to the delegated designee for signature. Documents approved at MRSC will then follow established approval signature path.

## Palomar Health/UCSD Radiation Oncology Resident Program

Needs approval from:

Dept of Radiology (September 9, 2025)

Medical Executive Committee (September 29, 2025)

Palomar Health Board of Directors (October 13, 2025)

Includes:

Signed Program Letter of Agreement	Pages 1-3
Revised Radiology Rules and Regulations	4-10
Resident Application	11-15

## PROGRAM LETTER of AGREEMENT

This Program Letter of Agreement ("PLA") is an educational agreement that sets forth important points between the radiation oncology training program at the University of California at San Diego ("UCSD") and at the Palomar Health. Current contracts and Institutional Agreements between the two institutions are not affected by this statement of educational purpose. PLA is valid for 10 years from date of signing.

### 1. *Responsible Persons*

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**At UCSD:** Dominique Rash, MD  
Program Director, Radiation Oncology  
Associate Professor of Radiation Medicine & Applied Sciences  
  
Jessica Bazo  
Program Administrator

**At Palomar Health:** Jonathan Bear, MD  
Residency Site Supervisor  
Assistant Professor of Radiation Oncology

As Program Director at UCSD, Dr. Dominique Rash is responsible for the content and conduct of all educational activities at all teaching sites including the Palomar Health.

As Residency Site Supervisor at the Palomar Health, Dr. Jonathan Bear is responsible for the day-to-day supervision and oversight of resident/fellow activities. This includes such activities as trainee performance, scheduling sick leave, etc. The UCSD House Officer Policy and Procedure Document shall apply to residents while at the Palomar Health.

### 2. *Educational Goals and Objectives*

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The Goals and Objectives for the Palomar Health rotation are attached.

The Palomar Health rotation will provide educational opportunities in aspects of prostate brachytherapy training. A particular emphasis exists for providing experience with patients that have prostate cancer and other acute/chronic medical problems including other genitourinary malignancies. The strengths of the Palomar Health experience include:

- Large patient volume in a community healthcare setting
- Specialty-specific referrals for prostate brachytherapy
- Ability to teach the indications for prostate brachytherapy, treatment implications, management considerations and the potential for short and long term toxicity
- Demonstrate and educate the residents regarding the procedural skills to safely and effectively perform HDR and/or LDR prostate brachytherapy treatments.

### **3. Assignments**

---

Residents/Fellows rotating at the Palomar Health will be assigned as follows: Learn the indications for prostate brachytherapy through clinical experience. Develop procedural skills to safely and effectively perform HDR brachytherapy treatments for patients.

Resident/Fellow salary, benefits and professional liability insurance are provided and paid by UCSD with reimbursement from the affiliate pursuant to the institutional affiliation agreement between UCSD and Palomar Health. Residents/Fellows will be under the general direction of the policies outlined in the UCSD House Officer Policy and Procedure Document to include the policies related to benefits and leave time.

### **4. Responsibility for Teaching, Supervision and Evaluation of Residents**

---

While at the Palomar Health, residents/fellows from UCSD will receive supervision and instruction from members of the Department of Radiation Oncology. Residents/Fellows will be supervised in all of their activities commensurate with the complexity of care being given and the resident's / fellow's own abilities. Such activities include, but are not limited to the following:

- Patient care in clinics/inpatient ward/emergency department
- Conferences and lectures
- Procedures such as HDR brachytherapy treatments
- Interactions with administrative staff and nursing personnel

Resident's/Fellows' evaluations will be both formal and informal. Faculty members/Supervising physicians with significant contact with a resident/fellow will complete an evaluation form at the conclusion of the Palomar Health rotation. UCSD residents/fellows shall complete evaluation forms for the Palomar Health rotation and the teaching faculty/supervising physicians after each rotation.

### **5. Policies and Procedures for Education**

---

The Program Director is responsible for the oversight of all resident/fellow activities. While at the Palomar Health, the resident/fellow will take an active role in searching for educational opportunities; but, the responsibility for teaching, supervision and the formal evaluation of the resident's/fellow's performance are the duties of the faculty/supervising physicians. The educational policies and procedures governing resident/fellow activity will conform to the ACGME Essentials of Accredited Residencies including the Program Requirements and Institutional Requirements.

2

Signature Page



Dominique Rash, M.D.  
UCSD Training Program Director  
Radiation Oncology Program

03/25/2025

Date



Jonathan Bear, M.D.  
Palomar Health Residency Site Supervisor  
Department of Radiation Oncology

4/16/25

Date



Yvette LaCoursiere, M.D., M.P.H.,  
Associate Dean for Graduate Medical Education and DIO

5/21/2025

Date

PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF RADIOLOGY RULES AND REGULATIONS

Adopted by the Active Members of the Department on  
July 13, 2021

Adopted by the Executive Committee on  
July 26, 2021

Approved by the Board of Directors on  
August 9, 2021



*Passion. People. Purpose.™*

Palomar Medical Center Escondido  
Department of Radiology  
Rules and Regulations  
Page 1

ARTICLE I  
PURPOSE

The Department of Radiology shall consist of those Members of the Medical Staff whose practice is limited to interventional or diagnostic radiology and/or radiation oncology. The professional activities of the department shall generally be construed to embrace the professional supervisory and performance of the diagnostic imaging and/or interventional and radiation therapy procedures conducted in the Hospital or other satellite imaging facilities governed by the Hospital.

ARTICLE II  
ORGANIZATION

- 2.1 By action of the Board of Directors of Palomar Health, a Department of Radiology is established under Article IX of the Palomar Medical Center Escondido and Palomar Medical Center Poway Medical Staff Bylaws, Section 9.2
- 2.2 The Department is composed of those practitioners who specialize primarily in the practice of Radiology.
- 2.3 The Department of Radiology shall consist of a Chair, Chair Elect, and members who are categorized according to the Medical Staff(s) Bylaws, Article IV.

ARTICLE III  
DEFINITIONS

- 3.1 **DIAGNOSTIC RADIOLOGY**  
Diagnostic radiology is a medical specialty concerned with the use of imaging techniques for the study, diagnosis and facilitation of treatment of disease.
- 3.2 **RADIATION ONCOLOGY**  
Radiation oncology is that branch of radiology which deals with the therapeutic application of ionizing radiation including roentgen and gamma rays as well as particulate radiation from whatever source including artificially produced and naturally occurring radioactive materials as well as x-ray generators and particle accelerators.
- 3.3 **INTERVENTIONAL RADIOLOGY**  
Interventional radiology is a therapeutic and diagnostic specialty that comprises a wide range of invasive image guided therapeutic procedures.

ARTICLE IV  
PURPOSES

The purposes of the department shall be:

- 4.1 To assure that all patients admitted to the Hospital or treated in the outpatient department receive the best possible radiological services.
- 4.2 To provide a chairman who will be responsible for problems of a medical-administrative nature involving the Medical Staff and the Hospital administration.
- 4.3 To initiate and maintain rules and regulations for proper and efficient functioning of the Department of Radiology and oversight of the radiological and nuclear medicine staff.
- 4.4 To promote and maintain educational standards.
- 4.5 To participate in medical care peer review through representation on the Medical Staff Peer Review Committee (MSPRC.)



- 4.6 To conduct annual or as needed review of procedures, utilization, radiation safety and other matters relating to optimal patient care and so document.
- 4.7 To aid in the supervision of the technical and support personnel and to maintain quality control in the Department.

## ARTICLE V MEMBERSHIP

### 5.1 QUALIFICATIONS

- 5.1.1 Compliance with the Medical Staff qualifications in accordance with the Medical Staff Bylaws, Rules and Regulations.
- 5.1.2 Certification by the American Board of Radiology or equivalent certifying body, or have training and experience at least equal to that required in order to apply for board certification.

### 5.2 RESPONSIBILITIES

- 5.2.1 Participation in departmental business, committees and duties assigned by the Department Chairman in accordance with the Medical Staff Bylaws, Rules and Regulations and Department rules and regulations.
- 5.2.2 Minimum attendance by active Members of at least twenty-five percent (25%) of the department meetings. Noncompliance with the 25% attendance requirement is subject to sanctions outlined in the Medical Staff Bylaws.
- 5.2.3 Compliance with the Medical Staff Bylaws, Rules and Regulations and Department of Radiology Rules and Regulations and applicable hospital policies and procedures.
- 5.2.4 Compliance with the Expectations of Physicians Granted privileges at Palomar Health.
- 5.2.5 Participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the Palomar Health Performance Improvement Plan.

## ARTICLE VI PRIVILEGES

### 6.1 PREREQUISITE FOR PRIVILEGES

Privileges in the active or courtesy categories for services that are performed under exclusive contract in the Department, may be granted to radiologists who meet the qualifications for membership specified in the Medical Staff Bylaws; are affiliated with or under a subcontract with a group holding an active service contract with Palomar Health for such services; and who meet the criteria for specific privileges as defined on the Radiology clinical privilege checklist. Teleradiologists and Radiation Oncologists who are not affiliated with or under subcontract with a group holding an active service contract in the Department may be appointed to the Consulting staff provided they meet the qualifications as specified above.

### 6.2 APPLICATION FOR MEMBERSHIP AND PRIVILEGES

- 6.2.1 Privileges in radiology are granted to members of the department only upon recommendation of the Department of Radiology.

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Department of Radiology  
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6.2.2 Each applicant must complete forms designating the privileges requested. Upon receipt of these forms with supporting documentation and a complete application from the Credentials Committee, the Department of Radiology may meet with the applicant.

6.2.3 The department shall examine the evidence of the character, professional competence, qualifications, and ethical standing of the applicant, and shall determine, through information obtained from references, and from other sources available to the department whether the applicant has established and meets all of the necessary qualifications for the clinical privileges requested. The department shall provide the specific, written recommendation for delineating the applicant's clinical privileges, and this recommendation will be made a part of the report that shall be transmitted to the Executive Committee.

6.2.4 Biennial reappointment will be in accordance with the Medical Staff Bylaws.

6.3 MONITORING

6.3.1 A period of focused professional practice evaluation is implemented for all initially requested privileges. The specific mechanism for this evaluation is defined on the applicable specialty-specific privilege checklist. A period of focused review may also be implemented based on the results of ongoing professional practice evaluation as defined in the Medical Staff Peer Review Policy. Each applicant for privileges shall undergo a uniform monitoring process conducted by the Chairman and his appointees, to be completed before advancement from provisional category. No less than ten procedures will be monitored.

6.3.2 A confidential monitoring report shall be completed by the monitoring physician and submitted to the Medical Staff Services Office.

6.3.3 Monitors have the power and responsibility to interdict procedures or therapy, which they deem dangerous or contra-indicated pending evaluation by the Department Chairman or the Chief of Staff.

6.3.4 Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway. The monitor must have privileges and be in good standing at the same site as the physician being monitored, and their monitoring must be complete.

6.3.5 After monitoring reports have been filed with the Medical Staff Services Office, the Chair of the Department of Radiology shall review them and recommend discontinuation or continuation of monitoring.

ARTICLE VII  
OFFICERS AND DUTIES

7.1 CHAIRMAN AND CHAIRMAN-ELECT

7.1.1 The Department Chairman and the Chairman-Elect shall be elected by the voting members of the Department at least thirty (30) days prior to the annual staff meeting. Terms of office shall be for two (2) years.

7.1.2 The Department Chairman and Chairman-Elect shall be certified by the American Board of Radiology.

7.2 DUTIES

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The Chairman-Elect shall assume the duties and have authority of the Chairman in the absence of the Chairman. Both the Chairman and the Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations, as well as the following duties:

- 7.2.1 Assume and discharge responsibility for the professional direction of the Department under the Medical Staff Bylaws, Rules and Regulations, and for the administrative direction in cooperation with the administration.
- 7.2.2 Assist the Medical Staff and administration in every way possible to achieve a high level of patient service with efficiency and economy.
- 7.2.3 Be responsible, in conjunction with the Radiation Safety Officer, for the protection of personnel and patients against radiation hazards and the maintenance of proper safety precautions as required by the Joint Commission, as well as assisting in meeting other requirements for accreditation of the Department as may be required by law.
- 7.2.4 Be actively involved in the future planning of the Department and the Hospital, and assume the responsibility of being adequately informed in the matters of new technology and treatment to advise the intra-hospital bodies of the needs and responsibilities of the medical community which the Hospital serves, commensurate with the financial impact of the community.
- 7.2.5 Foster appropriate cost effective use of radiological services. This may be done through the development of general guidelines for: identification of the more expensive procedures performed in the institutions, algorithmic approaches to clinical problems, list of indications and non-indications for proper sequencing of procedures considered to be bona fide emergencies in order to limit unnecessary use of on-call personnel, and the use of facilities during understaffed period.

7.3 RADIATION SAFETY OFFICER

- 7.3.1 There shall be a Health System Radiation Safety Officer as required by Title 17. The Radiation Safety Officer will be an approved staff member under the guidance of the Materials License Regulations of State and Federal Law.
- 7.3.2 Duties of the Radiation Safety Officer include:
  - a. Develop rules, regulations and directions for radiation control in the hospitals, subject to the approval of the Radiation Safety and Nuclear Medicine Committee.
  - b. Prepare specific manuals and other written documents related to radiation safety.
  - c. Minimize unnecessary human exposure to radiation and control the release of radioactivity into the environment.
  - d. Enforce Radiation Safety and Nuclear Medicine Committee policies and state agency regulations.
  - e. Maintain various records required by the radioactive material license and/or other applicable state and federal regulations and laws.
  - f. Evaluate the results of the program and periodically report to the Radiation Safety and Nuclear Medicine Committee.
  - g. Evaluate the adequacy of shielding of the radiographic linear accelerator and other facilities with radiation producing equipment.
  - h. Evaluate periodic calibration and performance of linear accelerators, diagnostic x-ray machines and other radiation producing equipment.

7.4 RADIATION ONCOLOGY PHYSICIST

7.4.1 Duties of the Oncology Physicist

- a. Evaluate the adequacy of shielding of the radiographic linear accelerator and other facilities with radiation producing equipment.
- b. Evaluate periodic calibration and performance of linear accelerators, diagnostic x-ray machines and other radiation producing equipment.

ARTICLE VIII  
DEPARTMENT COMMITTEES

The Department shall maintain standing committees as it deems necessary. This may include, but is not limited to the following:

8.1 RADIATION SAFETY AND NUCLEAR MEDICINE COMMITTEE

8.1.1 Composition: The Radiation Safety and Nuclear Medicine Committee shall serve as a multidisciplinary joint subcommittee of the Department of Radiology of Palomar Medical Center Escondido and Palomar Medical Center Poway. The committee shall consist of the Radiation Safety Officers of Palomar Health, at least one (1) physician specializing in radiation oncology, and a representative from the administration of each hospital. The chairman will be the Radiation Safety Officer a radiologist or radiation oncologist and will be selected jointly by the Department of Radiology of both hospitals.

8.1.2 Duties: The duties of the Radiation Safety and Nuclear Medicine Committee shall include:

- a. Developing, establishing and enforcing radiation safety rules and policies of the hospitals to include the use, transport, storage and disposal of radioactive materials used in nuclear medicine procedures, and to assure compliance of the hospitals with state and federal law.
- b. Assuring the provision of radiation safety training suitable to the needs of the hospitals, and to evaluate the individuals working with radioactive materials, x-ray machines and other radiation sources.
- c. Maintaining a current file of the federal, state and county radiation safety regulations at each hospital.
- d. Maintaining records of committee action.
- e. Formulating radiation disaster and emergency procedures and administrative controls as necessary to advise the committee with the responsibility for disaster preparedness on matters relating to radiation safety and radiation disaster situations.
- f. Reviewing the training and experience of any individual who uses radioactive material (including physicians, technologists, physicists, and pharmacists, to determine that their qualifications are sufficient to enable them to perform their duties safely and in accordance with the regulations and conditions of the radioactive materials licenses of the hospitals and/or other applicable state and federal regulations and laws.
- g. Reviewing and approving all requests for use of radioactive material within the institutions.
- h. Establishing rules and guide nursing and other individuals who are in contact with patients receiving therapeutic amounts of unsealed radionuclides, rules relating to the discharge of such patients; and rules to protect personnel involved when such patients undergo surgical procedures or autopsy.

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- i. Reviewing the entire radiation safety program at least annually to determine that all activities are being conducted safely and in accordance with the nuclear Regulatory Commission regulations and the conditions of the license. The review shall include an examination of all records, reports from the radiation safety officers, results of Nuclear Regulatory Commission inspections, written procedures and management control system.
  - j. Advising the Safety Committees of the hospitals on matters relating to radiation safety.
  - k. Recommending remedial action to correct any deficiencies identified in the radiation safety program.
- 8.1.3 Meetings: The Radiation Safety and Nuclear Medicine Committee shall meet as often as necessary to conduct its business but not less than once in each calendar quarter. To establish a quorum, at least one half of the committee membership must be present, including the Radiation Safety Officer. The Radiation Safety and Nuclear Medicine Committee reports to the Department of Radiology at Palomar Medical Center Escondido and Palomar Medical Center Poway.

IX  
DEPARTMENT SERVICES

- 9.1 The Department shall provide twenty-four (24) hour coverage for performance of imaging studies. The administration shall be responsible for providing an adequate number of qualified personnel to perform radiological services and to provide adequate equipment and personnel to insure proper functioning of the department as concerns providing adequate diagnostic, interventional and PACS support services.
- 9.2 A radiologist shall be available for consultation at all times, when not in the hospital, under the same guidelines in the Medical Staff Bylaws, Rules and Regulations.

ARTICLE X  
APPROVAL

- 10.1 These rules and regulations will be adopted by two-thirds (2/3) vote of a majority of the active Members of the Department and will be submitted to the Executive Committee and Board of Directors for approval.

ARTICLE XI  
SUPERVISION OF RESIDENTS

11.1 An attending physician of the Radiation Oncology staff will have full responsibility of the patient who is being observed by a resident.

11.2 The supervising attending physician will enter a note in the patient's chart regarding the observation of the surgery stating that the patient was informed and consented.

## Palomar Medical Center Resident Application

Application must be complete 4 weeks prior to onset of rotation. Fill all applicable blanks. If a question is not applicable, write in N/A. Please print legibly.

### I. IDENTIFYING INFORMATION

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship/Visa Status \_\_\_\_\_

Email \_\_\_\_\_

### II. BACKGROUND INFORMATION

Medical School \_\_\_\_\_ Graduation Date (mm/dd/year) \_\_\_\_\_

Type (i.e. allopathic, osteopathic, dental) \_\_\_\_\_

ECFMG# \_\_\_\_\_

Fifth Pathway Program Completed? \_\_\_\_\_

Years of Training in the Program \_\_\_\_\_

Total Years of Residency Training Prior to PMC \_\_\_\_\_

Month/Year you started in this program \_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

### III. PROGRAM INFORMATION

Name of Residency Program \_\_\_\_\_

PMC Department(s)/Service in which you will be rotating \_\_\_\_\_

PMC Staff Physician you will report to: \_\_\_\_\_

Rotation Dates at PMC BEGIN \_\_\_\_\_ END \_\_\_\_\_

(Second Rotation if applicable) BEGIN \_\_\_\_\_ END \_\_\_\_\_

Are you assigned to other hospitals? (YES/NO) \_\_\_\_\_ Dates \_\_\_\_\_

What Hospital(s)? \_\_\_\_\_

For this Academic Year, what type of credit will you receive? \_\_\_\_\_

### IV. LICENSING

CA License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

DEA License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Other State Licenses \_\_\_\_\_

NPI # \_\_\_\_\_

- Please attach a copy of each license to this application



**V. FUTURE PLANS**

After you complete your graduate medical training will you:

- A. Begin other Graduate Medical Training? (Yes/No) \_\_\_\_\_ Date \_\_\_\_\_  
Specialty \_\_\_\_\_ Institution \_\_\_\_\_  
Resident Type \_\_\_\_\_  
If Resident, year in new specialty program \_\_\_\_\_
- B. Enter medical practice? (Yes/No) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**I ACKNOWLEDGE THAT:**

- (1) **ALL RESIDENTS ROTATING THROUGH PALOMAR MEDICAL CENTER MUST HAVE A CURRENT CALIFORNIA LICENSE OR REGISTRATION OF MEDICAL CORPS PERSONNEL THROUGH THE MEDICAL BOARD OF CALIFORNIA AND THAT I AM IN COMPLIANCE WITH THE REQUIREMENT.**
- (2) **ALL DICTATIONS AND PROGRESS NOTES MUST BE COUNTERSIGNED BY MY ATTENDING PHYSICIAN.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please return to:

Medical Staff Services  
Attn: Leticia Zepeda  
Palomar Medical Center Escondido  
2185 Citracado Parkway  
Escondido, CA 92029  
Email: [Leticia.zepeda@palomarhealth.org](mailto:Leticia.zepeda@palomarhealth.org)  
(442) 281-1129 – Phone  
(760) 233-7810 – Fax

Palomar Medical Center  
Clinical Training Placement Application

Name: \_\_\_\_\_

Postgraduate Year \_\_\_\_\_

Part I

**DECLARATIONS**

If the answer to any of the following questions is "yes" (except for "I"), please give full details on a separate sheet of paper.

- a) Has your license to practice medicine in any jurisdiction ever been limited, suspended, revoked, denied, voluntarily or involuntarily relinquished, made subject to probationary conditions, or have proceedings toward any of those ends ever been instituted? Yes \_\_\_\_ No \_\_\_\_
- b) Have your clinical privileges or medical staff status at any health care facility (including surgery centers, training programs, etc.) ever been limited, reduced, suspended, revoked, not renewed whether voluntary or involuntary, made subject to probationary conditions or a concurrent monitoring condition, or have proceedings toward any of those ends ever been instituted? Yes \_\_\_\_ No \_\_\_\_
- c) Have you ever resigned from a hospital medical staff to avoid disciplinary action? Yes \_\_\_\_ No \_\_\_\_
- d) Have you ever voluntarily relinquished a privilege/procedure to avoid disciplinary action? Yes \_\_\_\_ No \_\_\_\_
- e) Have you ever withdrawn an application for membership and privileges at any health care facility (including surgery centers) whether voluntary or involuntary? Yes \_\_\_\_ No \_\_\_\_
- f) Have you ever been charged with or convicted of any criminal offense other than a minor traffic violation? Yes \_\_\_\_ No \_\_\_\_
- g) Have you ever been denied membership or renewal thereof, or been subjected to disciplinary proceedings of any kind by any medical society or other medical organization, or is such action pending? Yes \_\_\_\_ No \_\_\_\_
- h) Have you ever resigned from a medical society or other medical organization to avoid disciplinary action? Yes \_\_\_\_ No \_\_\_\_
- i) Has your DEA certification ever been limited, suspended, revoked, voluntarily relinquished, or is any such action pending? Yes \_\_\_\_ No \_\_\_\_
- j) Have any judgments or settlements been made against you in professional liability cases or are any cases pending? (If yes, please see Attachment C) Yes \_\_\_\_ No \_\_\_\_
- k) Has your malpractice insurance ever lapsed, been cancelled, modified, suspended or terminated in any way whether voluntary or involuntary? Yes \_\_\_\_ No \_\_\_\_
- l) Are you able to safely perform with or without reasonable accommodation(s) all of the essential mental and physical functions related to the specific clinical privileges you are requesting? Yes \_\_\_\_ No \_\_\_\_
- m) Do you currently engage in the unlawful use of drugs, including the improper use of prescription drugs not under the supervision of a licensed health care professional? Yes \_\_\_\_ No \_\_\_\_
- n) Has your participation in the Medicare-Medicaid Program or any federally funded program ever been limited, suspended, revoked, or placed on probation? Yes \_\_\_\_ No \_\_\_\_



Palomar Medical Center  
Clinical Training Placement Application

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Part II

As a condition of consideration for acceptance into the clinical training placement ("Placement") at Palomar Medical Center (the "Hospital"), I agree to abide and be bound by the reasonable rules, regulations and policies of the Hospital which are made known to me.

I authorize other health care facilities, medical and professional schools, training programs, professional societies and other such parties with knowledge regarding my professional competence and qualifications for this Placement to communicate with representatives of the Hospital and its medical staff regarding same. I release from liability such communications, provided they do not represent as true any matter not reasonably believed to be true.

I also release from liability the Hospital, its representatives and its medical staff for their acts performed in connection with evaluating my application and my credentials and qualifications if such acts are taken in good faith and without malice. I further release from liability any and all individuals and organizations that provide information to the Hospital or its medical staff concerning my professional competence, ethics, character and other qualifications, provided they do not represent as true any matter not reasonably believed to be true.

I understand and agree, as an applicant for acceptance into the Placement, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications, and for resolving any doubt about such qualifications. I further understand that I am not entitled to any hearing or appeal rights from the Hospital or its medical staff in the event I am denied acceptance or in the event they require my withdrawal from the placement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Palomar Health  
Agreement to Guard the Privacy of Others

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As an Allied Health Professional, Resident, and/or health care provider via contract at Palomar Medical Center, I acknowledge that while discharging my responsibilities I have access to private and confidential Hospital and Patient information.

I acknowledge that while taking care of Palomar Health patients, I have access to private and confidential information about all patients who have been, are, or will be cared for at Palomar Health facilities. I agree to treat such information as confidential and will not disclose it to ANY other party except as necessary for the performance of my duties.

I understand that Palomar Health is entitled to undertake such action as deemed appropriate to ensure that the confidentiality of Patient Information is preserved. If I am ever in doubt about the confidential status of any item of information, I agree to consult with Palomar Health Administration for clarification and agree to follow their findings. I understand and acknowledge that any breach of this agreement, or threatened breach of the agreement, may subject me to legal action to prevent disclosure as well as corrective action.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# Margin Improvement / Turnaround Project Financial Update

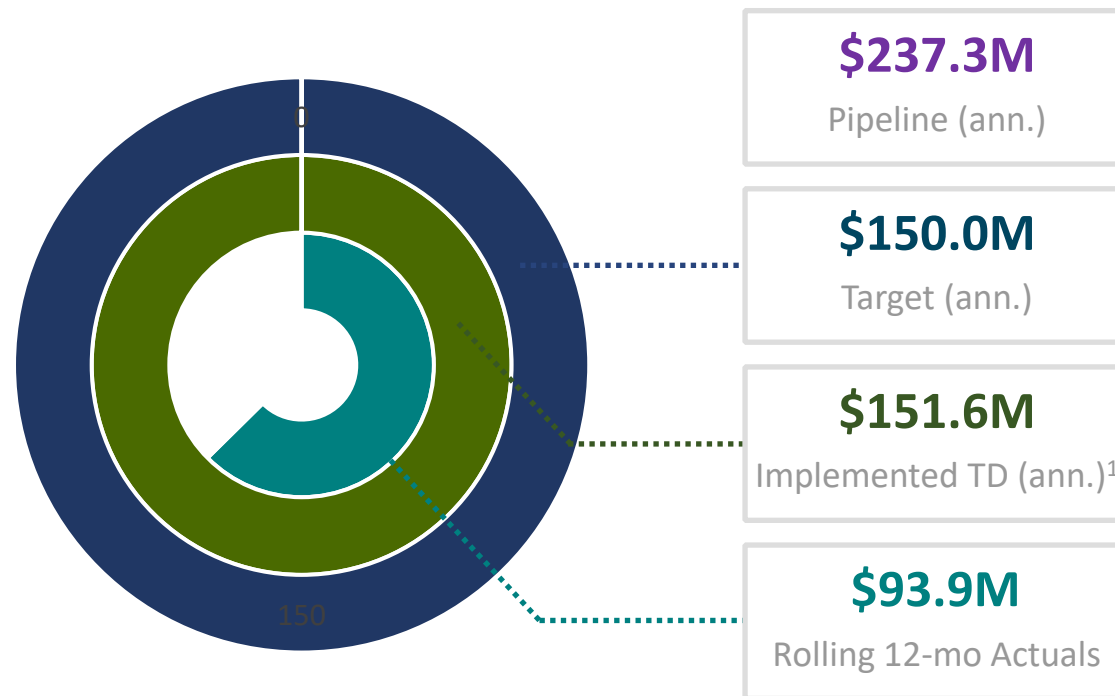
Reporting Month: Aug-25

October 3, 2025

# Palomar Health has implemented \$151.6M of initiatives, achieving annual improvement target; \$93.9M realized over past 12 months

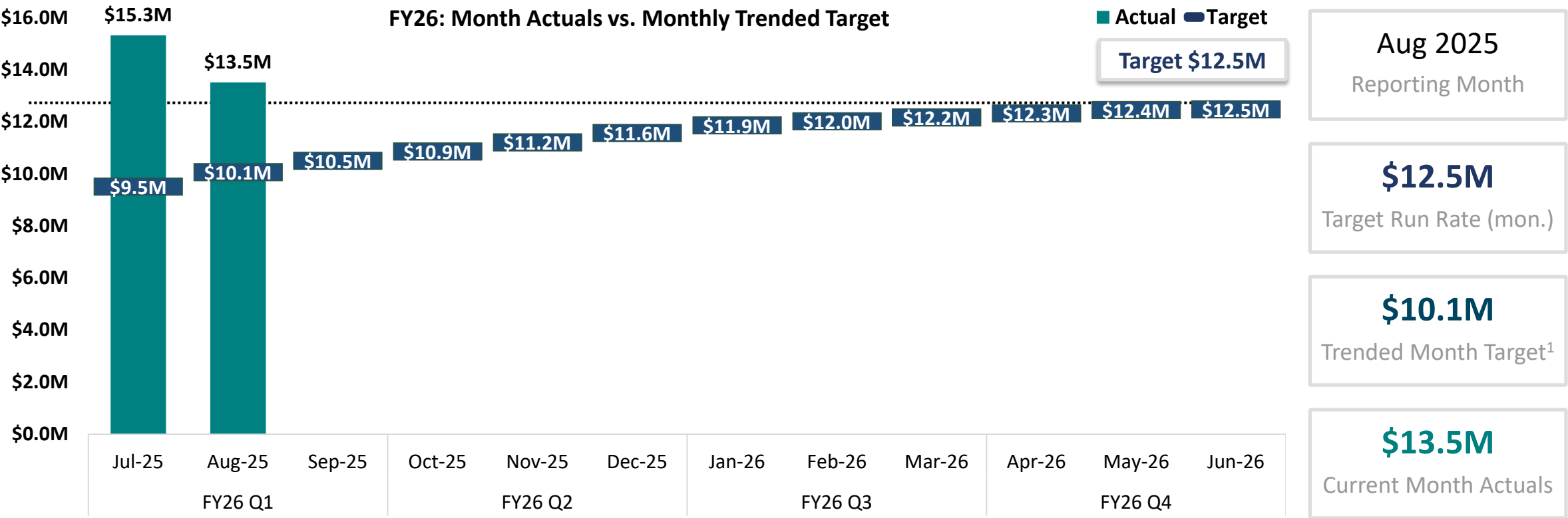
## Key upcoming high value initiatives include:

- ❑ **\$17.0M** **Denials Reduction** | Initial and fatal denials reduction, supported by UM improvement
- ❑ **\$4.5M** **PHMG** | Increased PB and HB revenue through improved patient access & capacity management
- ❑ **\$4.3M** **Premium Pay & Bonus Programs** | Implementing strategies to reduce agency and premium pay; Review of bonus, recruitment and incentive programs to align with best practices
- ❑ **\$5.2M** **Care Transitions** | Reinvigorate efforts to hardwire processes, improve throughput and optimize post-acute care (SNF) integration
- ❑ **\$2.0M** **OR Capacity** | Optimize perioperative scheduling and DOS workflows to minimize cancellations and maximize operating room capacity



Pipeline value has decreased **\$9.5M** from **\$246.8M** reported at 9/5 Finance Committee; decrease driven by refreshed PHMG Provider Productivity opportunity using current provider list, reevaluated Corporate Services expense reduction targets based on realistic targets, and adjusted strategic growth targets based on recent volume trends. Implemented value has increased **\$6.7M** from previously reported **\$145.0M**; increase primarily driven by sustained reduction of Avoidable Write-Offs.

# Initiative performance in August 2025 resulted in \$13.5M in realization, exceeding monthly target of \$10.1M



August performance surpassed both the month’s forecast of \$10.1M and overall monthly run-rate goal of \$12.5M. Realization was driven by ongoing revenue cycle efforts, effective management of labor expenses, and IP length of stay (LOS) reduction. Performance in August declined from previous month due to non-recurring expenses in corporate departments. July actuals reported on 9/5 were retrospectively updated from \$13.6M to \$15.3M; previous workforce actuals did not include adjustment for monthly RN bonus accruals or PHMG provider wRVU improvement.

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

# Hardwired expense management, targeted revenue growth, and acceleration of new initiatives have helped sustain improvements

Workstream	Jul		Aug (Current Month)		Sep	Status
	Target	Actual	Target	Actual	Target	
Revenue Cycle	\$2.9M	\$8.0M	\$3.0M	\$7.6M	\$3.1M	
PHMG	\$1.2M	\$0.5M <sup>1</sup>	\$1.3M	\$0.2M	\$1.4M	
Workforce & Periop	\$1.3M	\$1.9M <sup>1</sup>	\$1.5M	\$3.2M	\$1.6M	
Corporate Services	\$1.2M	\$0.7M	\$1.2M	(\$0.9M)	\$1.3M	
Hospital Strategy	\$1.6M	\$1.1M	\$1.2M	\$0.3M	\$1.3M	
Care Transitions & PSA	\$1.0M	\$1.8M	\$1.0M	\$2.3M	\$1.0M	
Supply Chain & PS	\$0.7M	\$0.7M	\$0.7M	\$0.8M	\$0.8M	
Facilities & Real Estate	\$0.1M	\$0.0M	\$0.1M	\$0.0M	\$0.2M	
<b>Total:</b>	<b>\$9.5M</b>	<b>\$15.3M</b>	<b>\$10.1M</b>	<b>\$13.5M</b>	<b>\$10.5M</b>	

<sup>1</sup>Jul-25 actuals adjusted to include PHMG provider productivity improvement and account for monthly RN Bonus accruals under Workforce.

## Key Updates

- **Revenue Cycle:** Avoidable Write-Offs as a % of NPR has remained under 3% the past 3 months; recent HB cash collections have achieved record levels
- **PHMG:** Developing targeted productivity strategies to drive cost efficiencies, improved access and volume growth
- **Workforce:** Sustained rigor of labor productivity management and agency utilization will keep departments on track to achieve budget targets
- **Corporate Services:** Non-recurring expenses contribute to increases in Marketing, HR, and Legal department spend; decrease expected in future months
- **Hospital Strategy:** Radiation Oncology growth through HDR implementation and volume backlog; Cath Lab growth lagging budget projections
- **Supply Chain:** All active initiatives fully implemented
- **Facilities & Real Estate:** Fielding inquiries into posted properties; sublease agreements underway

Aug 2025

Reporting Month

**\$10.1M**

Trended Month Target

**\$13.5M**

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

**August 2025 Unaudited**

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



**Highlights for August 2025**Revenue

- Gross Revenue was \$13.2M above budget, or 2.7%
- Net Patient Revenue was above budget by \$2.7M, or 3.9%

Volumes

- August continued to be a strong month for inpatient volumes
  - Acute Inpatient days are 9.8% higher than budget and acute discharges were 21.6%
- For both surgery and emergency room, the trend has been reset for the current year
  - OP Surgery is down 2.7% from PYTD
  - IP ED visits are up 10.5% from PYTD
  - Emergency Visits in total were 6.4% below budget but we believe this a seasonal and expect this to rebound in the coming months
- Infusion Therapy and Radiation Oncology are both higher than PY but are missing budget by 8.5% and 2.7% YTD, respectively
- Length of Stay dropped to 3.89 days in a nod to the Care Transitions work and YTD is 3.99 days

Expenses

- Total expenses were 0.5% favorable to budget
- Salaries & Wages were at budget
- Benefits were 21.0% favorable to budget as we trued up a reserve account related to the previous self-funded plan

Other Highlights

- EBIDA\* for August was 13.7%
- Days Cash on Hand Consolidated for August was 10.2 days and represents an decrease of 5.2 days as we needed to make our IGT payments, funds will be returned in October
- Cash receipts (Accounts Receivable) for Palomar Health at \$64.7M for August, another great cash posting month
- Accounts Payable Current Liability reduced by \$1.6M from the previous month
- Days in Accounts Receivable (A/R) decreased 1.6 days to 58.8, the first time below 60.0 days in well over two years
- Debt Service Coverage regressed to 1.00, which is below covenant but not concerning
- 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 \$64.7 million. Days in Net A/R are 58.8, a decrease of 1.6 days from the prior month. Uncompensated Care increased by \$1.7 million to \$9.4 million for the month.

**Revenue Cycle – Key Performance Indicators (KPIs)**

Key Performance Indicators (KPI)	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	Target
Total Net A/R (\$) <sup>1</sup>	161,106,820	150,972,595	\$ 151,642,060	\$ 143,433,565	\$ 138,245,508	\$ 135,609,856	
Net Days in A/R (Days) <sup>2</sup>	69.9	68.3	68.8	66.0	60.4	58.8	55.0
% AR > 90 Days	39.5%	40.7%	41.8%	40.5%	38.8%	39.4%	22.5%
% of Avoidable Denial Write-Offs	6.1%	4.4%	2.2%	1.4%	1.3%	1.6%	2.1%
Net Revenue Yield	96.9%	103.4%	103.8%	106.6%	104.3%	106.1%	98.0%

<sup>1</sup> 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.

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

	Month					Year to Date				
	Actual Aug-25	Budget Aug-25	Budget Variance	Prior Year Aug-24	Prior Year Variance	Actual Aug-25	Budget Aug-25	Budget Variance	Prior Year Aug-24	Prior Year Variance
<b>Key Volumes</b>										
<b>Discharges - Total</b>	<b>2,462</b>	<b>2,027</b>	<b>21.5%</b>	<b>2,144</b>	<b>14.8%</b>	<b>4,786</b>	<b>4,278</b>	<b>11.9%</b>	<b>4,235</b>	<b>13.0%</b>
Acute - General	2,409	1,982	21.6%	2,100	14.7%	4,701	4,191	12.2%	4,158	13.1%
The Villas at Poway	53	45	18.3%	44	20.5%	85	87	(1.9%)	77	10.4%
<b>Patient Days - Total</b>	<b>12,063</b>	<b>11,613</b>	<b>3.9%</b>	<b>11,999</b>	<b>0.5%</b>	<b>24,146</b>	<b>23,563</b>	<b>2.5%</b>	<b>23,201</b>	<b>4.1%</b>
Acute - General	9,369	8,530	9.8%	9,137	2.5%	18,757	17,525	7.0%	17,718	5.9%
The Villas at Poway	2,694	3,084	(12.6%)	2,862	(5.9%)	5,389	6,039	(10.8%)	5,483	(1.7%)
Acute Adjusted Discharges	3,922	3,353	17.0%	3,305	18.7%	7,622	6,737	13.1%	6,641	14.8%
Total Adjusted Discharges*	3,988	3,216	24.0%	3,358	18.8%	7,722	6,794	13.7%	6,732	14.7%
Acute Adjusted Patient Days	15,254	13,647	11.8%	14,379	6.1%	30,410	28,039	8.5%	28,291	7.5%
Total Adjusted Patient Days*	17,948	16,731	7.3%	17,241	4.1%	35,799	34,077	5.1%	33,774	6.0%
Acute Average Daily Census	302	275	9.8%	295	2.5%	303	283	7.0%	286	5.9%
Total Average Daily Census*	389	375	3.9%	387	0.5%	389	380	2.5%	374	4.1%
<b>Surgeries - Total</b>	<b>888</b>	<b>942</b>	<b>(5.7%)</b>	<b>959</b>	<b>(7.4%)</b>	<b>1,838</b>	<b>1,851</b>	<b>(0.7%)</b>	<b>1,884</b>	<b>(2.4%)</b>
Inpatient	490	532	(7.9%)	529	(7.4%)	1,021	1,050	(2.8%)	1,044	(2.2%)
Outpatient	398	409	(2.8%)	430	(7.4%)	817	801	2.0%	840	(2.7%)
Deliveries	289	312	(7.5%)	305	(5.3%)	539	627	(14.0%)	612	(11.9%)
<b>ER Visits (Includes Trauma) - Total</b>	<b>9,572</b>	<b>10,229</b>	<b>(6.4%)</b>	<b>10,201</b>	<b>(6.2%)</b>	<b>19,979</b>	<b>21,506</b>	<b>(7.1%)</b>	<b>21,454</b>	<b>(6.9%)</b>
Inpatient	1,757	1,724	1.9%	1,629	7.9%	3,661	3,506	4.4%	3,312	10.5%
Outpatient	7,815	8,505	(8.1%)	8,572	(8.8%)	16,318	18,000	(9.4%)	18,142	(10.1%)

	Month					Year to Date				
	Actual Aug-25	Budget Aug-25	Budget Variance	Prior Year Aug-24	Prior Year Variance	Actual Aug-25	Budget Aug-25	Budget Variance	Prior Year Aug-24	Prior Year Variance
Cardiac Cath RVUs	1,075	1,135	(5.3%)	1,165	(7.7%)	2,300	2,249	2.3%	2,299	0.0%
Escondido Interv. Radiology RVUs	791	944	(16.2%)	945	(16.3%)	1,630	1,980	(17.7%)	1,983	(17.8%)
Poway Interv. Radiology RVUs	292	285	2.6%	265	10.4%	611	521	17.2%	481	27.1%
Radiation Oncology RVUs	3,157	3,482	(9.3%)	2,955	6.8%	6,777	6,964	(2.7%)	6,242	8.6%
Infusion Therapy Hours	1,000	1,113	(10.2%)	914	9.4%	2,038	2,227	(8.5%)	1,952	4.4%
<b>Imaging</b>										
Escondido CAT Procedures	10,031	9,076	10.5%	8,739	14.8%	19,880	18,151	9.5%	17,480	13.7%
Poway CAT Procedures	2,902	2,495	16.3%	2,423	19.8%	5,803	5,125	13.2%	4,990	16.3%
Escondido MRI Procedures	523	500	4.5%	472	10.8%	1,056	961	9.9%	909	16.2%
Poway MRI Procedures	119	131	(9.3%)	136	(12.5%)	275	263	4.7%	267	3.0%
Escondido Diagnostic Rad. Procedures	6,672	7,193	(7.3%)	7,253	(8.0%)	13,795	14,178	(2.7%)	14,298	(3.5%)
Poway Diagnostic Rad. Procedures	2,212	2,214	(0.1%)	2,217	(0.2%)	4,385	4,305	1.9%	4,314	1.7%

\*Includes The Villas at Poway

	Month					Year to Date				
	Actual Aug-25	Budget Aug-25	Budget Variance	Prior Year Aug-24	Prior Year Variance	Actual Aug-25	Budget Aug-25	Budget Variance	Prior Year Aug-24	Prior Year Variance
<b>Key Statistics</b>										
Acute Average LOS - Days	3.89	4.30	9.6%	4.35	10.6%	3.99	4.18	4.6%	4.26	6.4%
Acute - General	3.89	4.30	9.6%	4.35	10.6%	3.99	4.18	4.6%	4.26	6.4%
Acute Behavioral Health	0.00	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%	0.00	0.0%
Average Observation Hours	26	28	7.8%	28	(7.8%)	25	30	16.0%	30	16.0%
Acute Case Mix - Excludes Deliveries	1.65	1.81	8.8%	1.81	(8.8%)	1.65	1.77	6.8%	1.77	6.8%
Acute Case Mix -Medicare Only	1.69	1.76	4.0%	1.76	(4.0%)	1.64	1.75	6.3%	1.75	6.3%
Labor Productivity by Hrs						99.6%	100.0%	0.4%	103.3%	3.6%
Days Cash on Hand						8.1			22.1	
<b>Financial Performance</b>										
Operating Income	1,415,705	(1,500,000)	2,915,705	(9,189,403)	10,605,108	3,495,236	(3,500,000)	6,995,236	(11,190,715)	14,685,951
Net Income	(721,077)	(3,917,299)	3,196,222	(11,038,188)	10,317,111	(390,663)	(8,393,455)	8,002,792	(14,962,184)	14,571,521
Oper. Expenses/Adj. Patient Days	3,721	4,022	7.5%	4,085	8.9%	3,735	3,967	5.8%	4,087	8.6%
EBIDA Margin-Excludes PHMG	9,999,280	6,601,040	34.0%	(169,152)	101.7%	21,088,031	12,643,222	66.8%	6,786,152	67.8%
EBIDA-Excludes PHMG	13.7%	9.4%	4.3%	(0.3%)	14.0%	14.4%	9.0%	5.4%	5.0%	9.4%

Note: Financial Performance excludes GO Bonds

	<u>Actual</u> <u>Aug 25</u>	<u>Budget</u> <u>Aug 25</u>	<u>Variance</u> <u>Aug 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>
<b>Adjusted Patient Days</b>	17,948	16,731	1,217					
<b>Adjusted Discharges</b>	3,988	3,216	772					
<b>Operating Revenue</b>								
Gross revenue	500,282,001	487,050,965	13,231,036	35,438,097	(22,207,061)	27,873.97	29,111.27	(1,237.30)
Deductions from revenue	(428,250,221)	(417,716,983)	(10,533,238)	(30,393,318)	19,860,080	(23,860.61)	(24,967.14)	1,106.53
Net patient revenue	72,031,780	69,333,982	2,697,798	5,044,779	(2,346,981)	4,013.36	4,144.13	(130.77)
Other operating revenue	946,365	1,159,790	(213,425)	84,387	(297,812)	52.73	69.32	(16.59)
Total net revenue	72,978,145	70,493,772	2,484,373	5,129,166	(2,644,793)	4,066.09	4,213.45	(147.36)
<b>Operating Expenses</b>								
Salaries, wages & contract labor	31,104,110	30,435,617	(668,493)	(2,214,512)	1,546,019	1,733.01	1,819.15	86.14
Benefits	6,306,806	7,988,345	1,681,539	(581,236)	2,262,775	351.39	477.47	126.07
Supplies	10,692,013	10,925,924	233,911	(794,976)	1,028,887	595.72	653.05	57.33
Prof fees & purch svcs	14,509,520	14,409,463	(100,057)	(1,048,440)	948,383	808.42	861.26	52.84
Depreciation & amortization	4,776,143	4,703,549	(72,594)	(342,233)	269,639	266.11	281.13	15.02
Other	4,173,848	3,530,874	(642,974)	(256,908)	(386,066)	232.55	211.04	(21.51)
Total expenses	71,562,440	71,993,772	431,332	(5,238,307)	5,669,639	3,987.21	4,303.10	315.89
Income from operations	1,415,705	(1,500,000)	2,915,705	(109,141)	3,024,846	78.88	(89.66)	(463.25)
<b>Non-operating revenue (expense)</b>								
Property tax revenues <sup>1</sup>	2,141,666	2,141,667	(1)					
Investment Income	1,124,368	1,176,843	(52,475)					
Interest Expense	(4,465,415)	(4,335,990)	(129,425)					
Non-operating depreciation & amortization	(1,478,800)	(1,478,800)	-					
Other non-operating revenue(expense)	541,399	78,981	462,418					
Net income(loss) <sup>2</sup>	(721,077)	(3,917,299)	3,196,222					

EBIDA Margin 13.7% 9.4% 4.3%

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

2= Excludes G.O. Bonds income / expense

	<u>Actual</u> <u>Aug 25</u>	<u>Budget</u> <u>Aug 25</u>	<u>Variance</u> <u>Aug 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>
<b>Adjusted Patient Days</b>	35,799	34,077	1,722					
<b>Adjusted Discharges</b>	7,722	6,794	928					
<b>Operating Revenue</b>								
Gross revenue	1,014,525,465	985,542,867	28,982,598	49,790,692	(20,808,094)	28,339.49	28,920.74	(581.25)
Deductions from revenue	(869,505,391)	(846,779,741)	(22,725,649)	(42,780,229)	20,054,579	(24,288.54)	(24,848.74)	560.20
Net patient revenue	145,020,074	138,763,126	6,256,949	7,010,463	(753,515)	4,050.95	4,072.00	(21.05)
Other operating revenue	1,810,465	2,319,580	(509,115)	117,188	(626,303)	50.57	68.07	(17.49)
Total net revenue	146,830,539	141,082,706	5,747,834	7,127,651	(1,379,818)	4,101.53	4,140.07	(38.54)
<b>Operating Expenses</b>								
Salaries, wages & contract labor	62,969,250	61,486,701	(1,482,550)	(3,106,375)	1,623,826	1,758.97	1,804.33	45.36
Benefits	13,673,099	16,095,759	2,422,660	(813,175)	3,235,835	381.94	472.33	90.39
Supplies	21,795,556	21,685,622	(109,934)	(1,095,581)	985,647	608.83	636.36	27.53
Prof fees & purch svcs	28,309,272	28,851,401	542,129	(1,457,604)	1,999,733	790.78	846.64	55.86
Depreciation & amortization	9,620,066	9,407,097	(212,969)	(475,257)	262,288	268.72	276.05	7.33
Other	6,968,060	7,056,126	88,066	(356,483)	444,549	194.64	207.06	12.42
Total expenses	143,335,303	144,582,706	1,247,402	(7,304,475)	8,551,878	4,003.89	4,242.78	238.89
Income from operations	3,495,236	(3,500,000)	6,995,236	(176,824)	7,172,060	97.64	(102.71)	(277.43)
<b>Non-operating revenue (expense)</b>								
Property tax revenues <sup>1</sup>	4,283,332	4,283,333	(1)					
Investment Income	2,388,267	2,353,688	34,579					
Interest Expense	(8,901,029)	(8,671,980)	(229,049)					
Non-operating depreciation & amortization	(2,957,600)	(2,957,600)	-					
Other non-operating revenue(expense)	1,301,131	99,104	1,202,027					
Net income(loss) <sup>2</sup>	(390,663)	(8,393,455)	8,002,792					

EBIDA Margin 14.4% 9.0% 5.4%

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

2= Excludes G.O. Bonds income / expense





	Jul 25	Aug 25	Fiscal Year 2026
<b>Adjusted Patient Days</b>	17,851	17,948	35,799
<b>Adjusted Discharges</b>	3,734	3,988	7,722
<b>Operating Revenue</b>			
Gross revenue	514,243,464	500,282,001	1,014,525,465
Deductions from revenue	(441,255,169)	(428,250,221)	(869,505,391)
Net patient revenue	72,988,295	72,031,780	145,020,074
Other operating revenue	864,100	946,365	1,810,465
Total net revenue	73,852,396	72,978,145	146,830,539
<b>Operating Expenses</b>			
Salaries, wages & contract labor	31,865,141	31,104,110	62,969,250
Benefits	7,366,292	6,306,806	13,673,099
Supplies	11,103,543	10,692,013	21,795,556
Prof fees & purch svcs	13,799,753	14,509,520	28,309,272
Depreciation & amortization	4,843,923	4,776,143	9,620,066
Other	2,794,212	4,173,848	6,968,060
Total expenses	71,772,864	71,562,440	143,335,303
Income from operations	2,079,532	1,415,705	3,495,236
<b>Non-operating revenue (expense)</b>			
Property tax revenues <sup>1</sup>	2,141,666	2,141,666	4,283,332
Investment Income	1,263,898	1,124,368	2,388,267
Interest Expense	(4,435,614)	(4,465,415)	(8,901,029)
Non-operating depreciation & amortization	(1,478,800)	(1,478,800)	(2,957,600)
Other non-operating revenue(expense)	759,733	541,399	1,301,131
Net income(loss) <sup>2</sup>	330,414	(721,077)	(390,663)
EBIDA Margin	15.0%	13.7%	14.4%

1= Property Tax Revenue excludes G.O. Bonds Levy **62**

2= Excludes G.O. Bonds income / expense

# Statement of Net Position excluding G.O. Bonds

Excludes PHMG

	Current Fiscal Year		Prior Fiscal Year
	Jul-25	Aug-25	Jun-25
<b>Assets</b>			
<b>Current Assets</b>			
Cash and cash equivalents	7,715,174	5,915,164	15,000,751
Investments	26,645,793	11,942,190	28,463,741
Board Designated	-	-	-
Total cash, cash equivalents & investments	34,360,967	17,857,354	43,464,492
<b>Patient Accounts Receivable</b>	501,661,125	495,184,265	504,133,063
Allowance on accounts	(363,415,617)	(359,574,409)	(360,699,498)
Net accounts receivable	138,245,508	135,609,856	143,433,565
Inventories	12,192,020	12,193,745	12,194,024
Prepaid expenses	8,414,841	9,163,504	8,309,163
Est. third party settlements	102,799,692	118,658,419	95,529,680
Other	74,667,886	76,480,905	71,655,917
Total current assets	370,680,916	369,963,782	374,586,840
<b>Non-Current Assets</b>			
Restricted assets	87,649,251	86,679,118	87,348,717
Restricted other	357,763	357,836	357,688
Total restricted assets	88,007,014	87,036,954	87,706,405
Property, plant & equipment	1,593,095,057	1,593,370,018	1,593,114,786
Accumulated depreciation	(689,971,427)	(693,613,872)	(686,328,663)
Construction in process	39,225,291	39,757,446	39,167,673
Net property, plant & equipment	942,348,921	939,513,592	945,953,795
<b>Right of Use Assets</b>			
Building leases	275,493,237	274,153,716	276,832,758
Sub-leases	224,796	214,643	234,948
Equipment leases	17,510,542	16,936,144	18,084,940
SBITA	15,250,219	14,561,793	16,006,107
Net right of use assets	308,478,794	305,866,296	311,158,754
Investment related companies	5,861,473	6,341,720	5,718,913
Prepaid debt insurance costs	6,960,323	6,934,349	6,986,297
Other non-current assets	65,898,846	65,607,632	66,188,501
Total non-current assets	1,417,555,370	1,411,300,543	1,423,712,664
<b>Total assets</b>	<b>1,788,236,286</b>	<b>1,781,264,326</b>	<b>1,798,299,504</b>
Deferred outflow of resources-loss on refunding of debt	41,684,826	41,466,911	41,902,741
<b>Total assets and deferred outflow of resources</b>	<b>1,829,921,112</b>	<b>1,822,731,237</b>	<b>1,840,202,245</b>

	Current Fiscal Year		Prior Fiscal Year
	Jul-25	Aug-25	Jun-25
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Accounts payable	88,471,281	86,828,127	94,240,154
Accrued payroll	39,035,660	38,101,618	49,881,621
Accrued PTO	24,100,886	24,439,919	23,828,506
Accrued interest payable	10,889,126	14,056,227	7,842,158
Current portion of bonds	8,925,000	8,925,000	8,925,000
Current portion of lease liab	21,307,427	21,233,917	21,510,594
Est. third party settlements	8,593,099	8,593,099	8,593,099
Other current liabilities	156,580,782	154,318,697	147,853,726
Total current liabilities	357,903,261	356,496,604	362,674,858
<b>Long Term Liabilities</b>			
Other LT liabilities	27,422,742	27,400,837	27,444,646
Bonds & contracts payable	712,977,093	712,754,386	713,199,799
Lease liabilities	325,881,387	324,357,809	327,879,779
Total long term liabilities	1,066,281,221	1,064,513,032	1,068,524,225
<b>Total liabilities</b>	<b>1,424,184,482</b>	<b>1,421,009,636</b>	<b>1,431,199,083</b>
Deferred inflow of resources-unearned revenue	6,538,620	6,738,102	6,547,471
<b>Total liabilities and deferred inflow of resources</b>	<b>1,430,723,102</b>	<b>1,427,747,738</b>	<b>1,437,746,554</b>
<b>Net Position</b>			
Unrestricted	398,840,247	394,625,662	402,098,003
Restricted for other purpose	357,763	357,836	357,688
Total net position	399,198,010	394,983,498	402,455,691
<b>Total liabilities, deferred inflow of resources and net position</b>	<b>1,829,921,112</b>	<b>1,822,731,237</b>	<b>1,840,202,245</b>

# Statement of Net Position including G.O. Bonds

Excludes PHMG

	Current Fiscal Year		Prior Fiscal Year
	Jul-25	Aug-25	Jun-25
<b>Assets</b>			
<b>Current Assets</b>			
Cash and cash equivalents	7,715,174	5,915,164	15,000,751
Investments	26,645,793	11,942,190	28,463,741
Board Designated	-	-	-
Total cash, cash equivalents & investments	34,360,967	17,857,354	43,464,492
<b>Patient Accounts Receivable</b>	501,661,125	495,184,265	504,133,063
Allowance on accounts	(363,415,617)	(359,574,409)	(360,699,498)
Net accounts receivable	138,245,508	135,609,856	143,433,565
<b>Inventories</b>	12,192,020	12,193,745	12,194,024
Prepaid expenses	8,414,841	9,163,504	8,309,163
Est. third party settlements	102,799,692	118,658,419	95,529,680
Other	78,800,647	84,244,513	71,973,475
Total current assets	374,813,677	377,727,391	374,904,398
<b>Non-Current Assets</b>			
Restricted assets	164,462,664	128,969,562	163,601,420
Restricted other	357,763	357,836	357,688
Total restricted assets	164,820,427	129,327,398	163,959,108
Property, plant & equipment	1,593,095,057	1,593,370,018	1,593,114,786
Accumulated depreciation	(689,971,427)	(693,613,872)	(686,328,663)
Construction in process	39,225,291	39,757,446	39,167,673
Net property, plant & equipment	942,348,921	939,513,592	945,953,795
<b>Right of Use Assets</b>			
Building leases	275,493,237	274,153,716	276,832,758
Sub-leases	224,796	214,643	234,948
Equipment leases	17,510,542	16,936,144	18,084,940
SBITA	15,250,219	14,561,793	16,006,107
Net right of use assets	308,478,794	305,866,296	311,158,754
Investment related companies	5,861,473	6,341,720	5,718,913
Prepaid debt insurance and other costs	8,098,093	8,060,467	8,136,372
Other non-current assets	65,898,846	65,607,632	66,188,501
Total non-current assets	1,495,506,553	1,454,717,105	1,501,115,443
<b>Total assets</b>	<b>1,870,320,231</b>	<b>1,832,444,495</b>	<b>1,876,019,841</b>
Deferred outflow of resources-loss on refunding of debt	44,042,405	43,806,630	44,278,181
<b>Total assets and deferred outflow of resources</b>	<b>1,914,362,636</b>	<b>1,876,251,126</b>	<b>1,920,298,022</b>

	Current Fiscal Year		Prior Fiscal Year
	Jul-25	Aug-25	Jun-25
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Accounts payable	88,471,281	86,828,127	94,240,154
Accrued payroll	39,035,660	38,101,618	49,881,621
Accrued PTO	24,100,886	24,439,919	23,828,506
Accrued interest payable	36,010,651	17,327,756	29,897,032
Current portion of bonds	19,081,756	19,731,216	19,081,756
Current portion of lease liab	21,307,427	21,233,917	21,510,594
Est. third party settlements	8,593,099	8,593,099	8,593,099
Other current liabilities	91,031,369	89,374,885	81,698,710
Total current liabilities	327,632,129	305,630,537	328,731,473
<b>Long Term Liabilities</b>			
Other LT liabilities	27,422,742	27,400,837	27,444,646
Bonds & contracts payable	1,339,761,558	1,328,386,445	1,340,117,039
Lease liabilities	325,881,387	324,357,809	327,879,779
Total long term liabilities	1,693,065,686	1,680,145,091	1,695,441,465
<b>Total liabilities</b>	<b>2,020,697,815</b>	<b>1,985,775,629</b>	<b>2,024,172,938</b>
Deferred inflow of resources- unearned revenue	72,088,033	71,681,913	72,702,486
<b>Total liabilities and deferred inflow of resources</b>	<b>2,092,785,848</b>	<b>2,057,457,542</b>	<b>2,096,875,424</b>
<b>Net Position</b>			
Unrestricted	(178,780,975)	(181,564,253)	(176,935,090)
Restricted for other purpose	357,763	357,836	357,688
Total net position	(178,423,212)	(181,206,416)	(176,577,402)
<b>Total liabilities, deferred inflow of resources and net position</b>	<b>1,914,362,636</b>	<b>1,876,251,126</b>	<b>1,920,298,022</b>

	<b>Aug-25</b>	<b>YTD</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Income (Loss) from operations	1,415,705	3,495,237
<b>Adjustments to reconcile change in net assets to net cash provided from operating activities:</b>		
Depreciation Expense	4,776,143	9,620,066
Provision for bad debts	7,806,257	14,651,229
<b>Changes in operating assets and liabilities:</b>		
Patient accounts receivable	(5,170,605)	(6,827,520)
Property Tax and other receivables	73,353	(923,670)
Inventories	(1,725)	279
Prepaid expenses and other current assets	(878,629)	(587,946)
Accounts payable	(1,643,154)	(7,412,027)
Accrued compensation	(595,009)	(11,168,590)
Estimated settlement amounts due third-party payors	(15,858,727)	(23,128,739)
Other liabilities	(1,330,782)	8,119,245
Net cash provided from (used by) operating activities	(11,407,173)	(14,162,436)
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Net (purchases) sales of investments	50,196,632	51,153,261
Income (Loss) on investments	1,377,194	2,883,672
Investment in affiliates	(3,925,191)	(7,944,100)
Net cash provided from (used by) investing activities	47,648,635	46,092,833
<b>CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:</b>		
Receipt of G.O. Bond Taxes	502,486	820,616
Receipt of District Taxes	366,096	603,618
Net cash provided from non-capital financing activities	868,582	1,424,234
<b>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:</b>		
Proceeds on asset sale	0	403
Proceeds from the issuance of long-term debt		0
Cost of Issuance payments		0
Acquisition of property plant and equipment	(807,116)	(845,005)
Redevelopment Trust Fund Distributions	0	0
G.O. Bond Interest paid	(25,121,525)	(25,121,525)
Revenue Bond Interest paid	0	0
ROU Interest paid	(1,284,802)	(2,575,921)
Proceeds (Payments) of Long Term Debt	(10,156,756)	(10,156,756)
Payments of Long Term Lease Liabilities	(1,539,855)	(3,741,414)
Net cash provided from (used by) capital and related financing activities	(38,910,055)	(42,440,219)
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	(1,800,010)	(9,085,587)
<b>CASH AND CASH EQUIVALENTS - Beginning of period</b>	7,715,174	15,000,751
<b>CASH AND CASH EQUIVALENTS - End of period</b>	5,915,164	5,915,164

# 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 August 31, 2025

	Palomar Health	PHMG	PAC	NCRE	Eliminations	Total
<b>ASSETS</b>						
Current assets	420,073,646	40,298,734	3,928,028	232,659	(59,475,868)	405,057,199
Capital assets - net	939,513,592	6,921,088	-	868,948	-	947,303,628
Right of use assets - net	305,866,296	27,333,119	-	-	(18,527,488)	314,671,926
Non-current assets	166,990,962	2,229,180	-	-	-	169,220,142
Total assets	1,832,444,496	76,782,121	3,928,028	1,101,607	(78,003,356)	1,836,252,896
Deferred outflow of resources	43,806,630	-	-	-	-	43,806,630
<b>TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES</b>	<b>1,876,251,126</b>	<b>76,782,121</b>	<b>3,928,028</b>	<b>1,101,607</b>	<b>(78,003,356)</b>	<b>1,880,059,526</b>
<b>LIABILITIES AND NET POSITION</b>						
Current liabilities	266,966,376	103,329,710	73,716	1,557,954	(63,075,380.85)	308,852,375
Long-term liabilities	1,373,055,264	(0)	-	-	-	1,373,055,264
Right of use lease liabilities	324,357,809	22,614,664	-	-	(16,005,983)	330,966,490
Total liabilities	1,964,379,449	125,944,374	73,716	1,557,954	(79,081,364)	2,012,874,129
Deferred inflow of resources - deferred revenue	93,078,092	-	-	-	-	93,078,092
Total liabilities and deferred inflow of resources	2,057,457,541	125,944,374	73,716	1,557,954	(79,081,364)	2,105,952,221
Invested in capital assets - net of related debt	(318,030,580)	5,482,398	-	1,660,879	1,078,008	(309,809,296)
Restricted	26,630,569	-	-	-	-	26,630,569
Unrestricted	110,193,596	(54,644,651)	3,854,312	(2,117,226)	-	57,286,032
Total net position	(181,206,415)	(49,162,253)	3,854,312	(456,347)	1,078,008	(225,892,695)
<b>TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION</b>	<b>1,876,251,126</b>	<b>76,782,121</b>	<b>3,928,028</b>	<b>1,101,607</b>	<b>(78,003,356)</b>	<b>1,880,059,526</b>

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

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

	Palomar Health	PHMG	PAC	NCRE	Elimination	YTD Consolidated
<b>OPERATING REVENUE:</b>						
Net patient service revenue	128,637,539	9,325,530	-	-	-	137,963,069
Shared risk revenue	16,382,535	2,917,416	-	-	-	19,299,951
Other revenue	1,810,465	940,429	-	1,824,225	(73,934)	4,501,185
PH Program revenue	-	4,893,775	-	-	(4,893,775)	-
Total operating revenue	146,830,539	18,077,150	-	1,824,225	(4,967,709)	161,764,205
<b>OPERATING EXPENSES</b>	133,715,236	31,000,673	81,222	2,251,847	(4,967,709)	162,081,270
<b>DEPRECIATION AND AMORTIZATION</b>	9,620,066	673,724	-	-	-	10,293,790
Total operating expenses	143,335,302	31,674,397	81,222	2,251,847	(4,967,709)	172,375,059
<b>INCOME (LOSS) FROM OPERATIONS</b>	<b>3,495,237</b>	<b>(13,597,247)</b>	<b>(81,222)</b>	<b>(427,622)</b>	<b>-</b>	<b>(10,610,854)</b>
<b>NON-OPERATING INCOME (EXPENSE):</b>						
Investment income	2,883,671	(65,704)	-	-	-	2,817,967
Interest expense	(14,819,923)	(15,381)	-	-	-	(14,835,304)
Property tax revenue	12,549,999	-	-	-	-	12,549,999
Other - net	(1,645,838)	(11,229)	-	-	1,379,537	(277,530)
Total non-operating expense - net	(1,032,091)	(92,314)	-	-	1,379,537	255,132
<b>CHANGE IN NET POSITION</b>	<b>2,463,146</b>	<b>(13,689,561)</b>	<b>(81,222)</b>	<b>(427,622)</b>	<b>1,379,537</b>	<b>(10,355,722)</b>
Interfund - PHMG	(7,092,161)	7,000,000	-	-	-	(92,161)
<b>NET POSITION - Beginning of year</b>	<b>(176,577,402)</b>	<b>(42,472,695)</b>	<b>3,935,535</b>	<b>(28,725)</b>	<b>(301,529)</b>	<b>(215,444,815)</b>
<b>NET POSITION - Year to date</b>	<b>(181,206,415)</b>	<b>(49,162,253)</b>	<b>3,854,312</b>	<b>(456,347)</b>	<b>1,078,008</b>	<b>(225,892,695)</b>

EBIDA	17,730,971
EBIDA Margin	11.0%

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

**Assets**

**Current Assets**

Cash and cash equivalents	\$ 14,709,578
Investments	11,942,190
Patient accounts receivable - net of allowances for uncollectible accounts of \$140,432	149,468,630
Other receivables	43,349,512
Supplies and inventories	12,869,951
Prepaid expenses and other	11,712,663
Estimated third-party payor settlements receivable	118,658,419
Assets whose use is limited - current portion	55,812
Restricted cash and investments, current	42,290,444

Total current assets 405,057,199

**Restricted Noncurrent Cash and Investments**

Held by trustee under indenture agreements	85,951,499
Held by trustee under general obligation bonds indenture	42,290,444
Held in escrow for street improvements	727,619
Restricted by donor and other	357,836

Total restricted cash and investments 129,327,398

Less amounts required to meet current obligations 42,346,256

Total restricted noncurrent cash and investments 86,981,142

Capital Assets - net 947,303,628

Right of Use Assets - Net 314,671,926

**Other Assets**

Prepaid debt insurance costs	8,060,467
Investment in and amounts due from affiliated entities	6,927,122
Other	67,251,412

Total other assets 82,239,001

Total assets 1,836,252,896

Deferred outflow of resources - loss on refunding of debt 43,806,630

Total Assets and Deferred Outflow of Resources \$ 1,880,059,526

**Liabilities**

**Current Liabilities**

Accounts payable	\$ 93,024,442
Accrued compensation and related liabilities	56,264,225
Current portion of general obligation bonds	10,806,216
Current portion of long-term debt	9,063,175
Current portion of lease liabilities	23,791,548
Estimated third-party payor settlements	-
Other accrued liabilities	98,546,794
Accrued interest payable	15,966,195
Accrued interest payable-ROU's	1,389,780

Total current liabilities 308,852,375

Long-term debt - general obligation bonds - net of current portion 615,632,059

Long-term debt - net of current portion 757,423,205

Long-term debt - Lease liability - net of current portion 330,966,490

Total liabilities 2,012,874,129

Deferred inflow of resources - unearned revenue 93,078,092

Total liabilities and deferred inflow of resources 2,105,952,221

**Net Position**

Net investment in capital assets	(309,809,296)
Restricted, expendable for:	
Repayment of debt	25,545,114
Capital acquisitions	727,619
Other purposes	357,836
Unrestricted	57,286,032

Total net position (225,892,695)

Total Liabilities, Deferred Inflow of Resources, and Net Position \$ 1,880,059,526



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

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

Operating Revenue	
Patient service revenue, net of provision for uncollectible accounts of \$13,935	\$ 137,963,073
Premium revenue	
Shared risk revenue	19,299,951
Other revenue	4,501,181
	<hr/>
Total operating revenue	161,764,205
	<hr/>
Operating Expenses	
Salaries, wages, and benefits	101,673,445
Professional fees	7,646,223
Supplies	23,237,914
Purchased services	18,271,345
Depreciation and amortization	10,293,790
Rent expense	3,350,118
Utilities	1,777,264
Other	6,124,445
	<hr/>
Total operating expenses	172,374,544
	<hr/>
Income (Loss) From Operations	(10,610,339)
	<hr/>
Non-Operating Income (Expenses)	
Investment income	2,817,967
Interest expense	(14,835,304)
Property tax revenue - unrestricted	4,283,332
Property tax revenue - restricted	8,266,667
Amortization expense	(2,957,600)
Other - net	2,587,914
	<hr/>
Total non-operating expenses - net	162,976
	<hr/>
Change in net position	(10,447,363)
	<hr/>
Net Position - Beginning of year	(215,444,815)
	<hr/>
Net Position - August 31, 2025	\$ (225,892,695)
	<hr/>

CASH FROM OPERATING ACTIVITIES

Receipts from:

Patients, insurers, and other third-party payers	150,264,296
Other sources	(9,647,550)

Payments to:

Employees	(113,820,103)
Suppliers	(48,706,838)

Net cash provided by operating activities (21,910,195)

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

Receipt of district taxes 4,283,332

Net cash provided by noncapital financing activities 4,283,332

CASH FLOWS FROM CAPITAL AND RELATED  
FINANCING ACTIVITIES

Acquisition and construction of capital assets	(7,512,265)
Interest payments on long-term debt	(25,350,794)
Interest payments on lease liabilities	(2,430,708)
Principal repayment on long-term debt	(10,225,652)
Principal repayment on lease obligations	(3,798,647)
Proceeds on sale of capital assets	601
Receipt of property taxes restricted for debt service on general obligation bonds	8,266,667
Other	(2,869,866)

Net cash used in capital and related financing activities (43,920,665)

CASH FLOWS FROM INVESTING ACTIVITIES

Purchases of investments	(820,616)
Proceeds from sale of investments	53,304,659
Interest received on investments and notes receivable	1,487,185
Net cash provided by (used in) investing activities	<u>53,971,228</u>

NET INCREASE (DECREASE) IN CASH AND  
CASH EQUIVALENTS

(7,576,301)

CASH AND CASH EQUIVALENTS - beginning of year

22,285,886

CASH AND CASH EQUIVALENTS - end of year **71**

\$ 14,709,586

Days Cash on Hand Ratio Covenant	August 31, 2025 Consolidated
Cash and Cash Equivalents	26,651,768
Divide Total by Average Adjusted Expenses per Day	
Total Expenses	172,374,544
Less: Depreciation	10,293,790
Adjusted Expenses	162,080,754
Number of days in period	62
Average Adjusted Expenses per Day	2,614,206
<b>Days Cash on Hand</b>	<b>10.2</b>
<b>REQUIREMENT</b>	<b>65</b>

Debt Service Coverage Ratio Covenant	August 31, 2025 Consolidated
Excess of revenues over expenses	(12,781,386)
REVERSE:	
Depreciation and Amortization	10,293,790
Depreciation and Amortization-NonOp	2,957,600
Interest Expense	8,916,409
Income Available for Debt Service	9,386,412
Divided by:	
Maximum Annual Debt Service (excludes GO Bonds)	9,381,726
<b>Debt Service Coverage Ratio</b>	<b>1.00</b>
<b>REQUIREMENT</b>	<b>1.15</b>
NOT ACHIEVED	

NOTE: Pre-audit results shown

# ADDENDUM C

**To:** Board of Directors  
**From:** Linda Greer, RN - Chair, Board Finance Committee  
**Date:** Monday, October 13, 2025  
**Re:** Finance Committee Meeting, October 3, 2025

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

**Action Items:**

- **Finance Committee Minutes, September 5, 2025:** The voting members reviewed and approved Finance Committee minutes from September 5, 2025
- **August Guidehouse Update:** The voting members reviewed the August Guidehouse Update. This item was informational only
- **YTD FY2026 and August 2025 Financials:** The voting members reviewed and approved YTD FY2026 and August 2025 Financials and moved item to full Board for ratification