PALOMAR HEALTH
Reimagining Healthcare®

Board of Directors

Meeting Agenda Packet

November 10, 2025

PALOMAR HEALTH
Reimagining Healthcare®

Board of Directors

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

Diane Hansen, President and CEO

Regular meetings of the Board of Directors are held on the second Monday of each month at 6:30 p.m., unless indicated otherwise.
For an agenda, locations or further information please visit our website at www.palomarhealth.org, or call (760) 740-6375

Our Mission

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

Our Vision

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

Our Values

Compassion - Providing comfort and care
Integrity - Doing the right thing for the right reason
Teamwork - Working together toward shared goals
Excellence - Aspiring to be the best
Service - Serving others and our community
Trust - Delivering on promises

Posted
Friday,
November 7, 2025

PALOMAR HEALTH
Reimagining Healthcare®

BOARD OF DIRECTORS

Meeting Agenda

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

Please see page 3 of agenda for meeting location

	The Board may take action on any of the items listed below, including items specifically labeled "Informational Only"	Time	Target
Call To Order			**6:30**
1.	**Establishment of Quorum**	1	6:31
2.	**Opening Ceremony**	4	6:35
	a. Pledge of Allegiance to the Flag		
3.	**Public Comments**[1]	30	7:05
4.	**Presentations – *Informational Only***	10	7:15
	a. Physician Recognition Video		
5.	**Approval of Minutes** *(ADD A)*	5	7:20
	a. Regular Session Board of Directors Meeting – Monday, October 13, 2025 *(Pp 6-14)*		
	b. Special Closed Session Board of Directors Meeting – Tuesday, October 7, 2025 *(Pp 15-16)*		
	c. Special Closed Session Board of Directors Meeting – Monday, October 13, 2025 *(Pp 17-18)*		
	d. Special Session Board of Directors Meeting – Tuesday, October 14, 2025 *(Pp 19-21)*		
	e. Special Closed Session Board of Directors Meeting – Tuesday, October 21, 2025 *(Pp 22-23)*		
	f. Special Session Board of Directors Meeting – Tuesday, October 21, 2025 *(Pp 24-27)*		
6.	**Approval of Agenda** to accept the Consent Items as listed *(ADD B)*	5	7:25
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments *(Pp 29-31)*		

	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments *(Pp 32-35)*		
	c. Internal Medicine Privilege Checklist – Joint *(Redline Pp 36-41, Clean Pp 42-47)*		
	d. Family Medicine Privilege Checklist – Joint *(Redline Pp 48-59, Clean Pp 60-70)*		
	e. Certified Nurse Practitioner – Palomar Medical Center Escondido *(Redline Pp 71-76, Clean Pp 77-81)*		
	f. YTD FY2025 and September Financials *(Pp 82-106)*		
7.	**Reports – *Informational Only***		
	a. Medical Staff		
	I. Chief of Staff, Palomar Medical Center Escondido – *Kanchan Koirala, MD*	5	7:30
	II. Chief of Staff, Palomar Medical Center Poway – *Mark Goldsworthy, MD*	5	7:35
	b. Administration		
	I. President and CEO – *Diane Hansen*	5	7:40
	II. Chair of the Board – *Jeff Griffith*	5	7:45
8.	**Approval of Bylaws, Charters, Resolutions and Other Actions** *(ADD C)*	10	7:55

	Agenda Item	Committee/ Department	Action		
	a. Resolution No. 11.10.25(01)-21 of Board of Directors of Palomar Health Authorizing Execution and Delivery of an Amended and Restated Promissory Note, the First Amendment to Loan and Security Agreement, and Certain Actions in Connection therewith, Related to the Loan and Security Agreement By and Between Palomar Health and the California Health Facilities Financing Authority Pursuant to the Nondesignated Public Hospital Bridge Loan Program II *(Pp 108-118)*		Review/ Approve		

9.	**Board Committees – *Informational Only*** *(ADD D)*	5	8:00
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair		
	b. Community Relations Committee – Terry Corrales, Committee Chair		
	c. Finance Committee – Linda Greer, Committee Chair *(Pp 120)*		
	d. Governance Committee – Jeff Griffith, Committee Chair		
	e. Human Resources Committee – Terry Corrales, Committee Chair		
	f. Quality Review Committee – Linda Greer, Committee Chair *(Pp 121-122)*		
	g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair		
Final Adjournment			**8:00**

NOTE: If you need special assistance to participate in the meeting, please call 760.740.6375 with requests 48 hours prior to the event, so we may provide reasonable accommodations.

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

PALOMAR HEALTH
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Board of Directors

Meeting Location Options

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

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

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

Meeting ID: 277 533 693 824
Passcode: TT2Yh7oC
or
Dial in using your phone at 929.352.2216; Access Code: 444 027 050#[1]

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

- **An elected member of the Board of Directors will be attending the meeting virtually from these locations**

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

PALOMAR HEALTH
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DocID:	21790
Revision:	9
Status:	Official

Source:	Applies to Facilities:	Applies to Departments:
Administrative Board of Directors	All Palomar Health Facilities	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

Regular Session
Board of Directors Meeting

Meeting will begin at 6:30 p.m.

Request for Public Comments

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

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

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

Public Comments Process

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

ADDENDUM A

PALOMAR HEALTH
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Board of Directors Meeting Minutes – Monday, October 13, 2025	
Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
Notice of Meeting	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, October 10, 2025, which is consistent with legal requirements.	
Call To Order	
The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and called to order at 6:30 p.m. by Vice Chair Michael Pacheco.	
1. Establishment of Quorum	
Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Jahaaski, Pacheco Absences: Greer, Griffith	
2. Opening Ceremony	
The Pledge of Allegiance was recited in unison led by Director Theresa Corrales.	

Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
3. Public Comments	
• John Stead-Mendez, California Nurses Association	
4. Presentations – Informational Only	
• Ryan Fearn-Gomez, Vice President of Operations, introduced Nicole Hite, System Director, Food and Nutritional Services, who shared a presentation with the Board of Directors. Vice Chair Pacheco presented a Certificate of Appreciation to the Food and Nutritional Services Department.	
5. Approval of Minutes	
a. Regular Session Board of Directors Meeting - Monday, September 8, 2025	**MOTION:** By Director Edwards-Tate, 2nd by Director Jahaaski and carried to approve the Monday, September 8, 2025, Regular Session Board of Directors Meeting minutes as written. Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – absent Director Griffith – absent Director Jahaaski – aye Director Pacheco – aye Vice Chair Pacheco announced that five board members were in favor. None opposed. No abstention. Two absent. Motion approved.
•	

Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
b. Special Closed Session Board of Directors Meeting – Monday, September 8, 2025	**MOTION:** By Director Edwards-Tate, 2nd by Director Corrales and carried to approve the Monday, September 8, 2025, Special Closed Session Board of Directors Meeting minutes as written. Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – absent Director Griffith – absent Director Jahaaski – aye Director Pacheco – aye Vice Chair Pacheco announced that five board members were in favor. None opposed. No abstention. Two absent. Motion approved.
•	

Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
c. Special Closed Session Board of Directors Meeting – Wednesday, September 24, 2025	**MOTION:** By Director Corrales, 2nd by Director Jahaaski and carried to approve the Wednesday, September 24, 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 – absent Director Griffith – absent Director Jahaaski – aye Director Pacheco – aye Vice Chair Pacheco announced that five board members were in favor. None opposed. No abstention. Two absent. Motion approved.

Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
d. Special Closed Session Board of Directors Meeting – Monday, September 29, 2025	**MOTION:** By Director Edwards-Tate, 2nd by Director Corrales and carried to approve the Monday, September 29, 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 – absent Director Griffith – absent Director Jahaaski – aye Director Pacheco – aye Vice Chair Pacheco announced that five board members were in favor. None opposed. No abstention. Two absent. Motion approved.
6. Approval of Agenda *to accept the Consent Items as listed*	

Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments c. Joint MRI Safety Committee Charter d. Escondido Radiation Oncology Residency Program e. YTD FY2025 and August Financials	**MOTION:** By Director Corrales, 2nd by Director Jahaaski and carried to approve Consent Agenda items 6, a, b, c and e as presented. Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – absent Director Griffith – absent Director Jahaaski – aye Director Pacheco – aye Vice Chair Pacheco announced that five board members were in favor. None opposed. No abstention. Two absent. Motion approved. **MOTION:** By Director Jahaaski, 2nd by Director Corrales and carried to approve Consent Agenda items 6, d as presented. Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – absent Director Griffith – absent Director Jahaaski – aye Director Pacheco – aye Vice Chair Pacheco announced that five board members were in favor. None opposed. No abstention. Two absent. Motion approved.

Agenda Item

• *Discussion*	*Conclusion/Action/Follow Up*

- Director Laurie Edwards-Tate requested agenda item 6, d be pulled from the consent agenda for clarification. Motion for agenda item 6, a, b, c and e proceeded.
- Omar Khawaja, MD, provided a synopsis of agenda item 6, d for the Board Members.

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. Vice Chair of the Board

Palomar Health Vice Chair of the Board Michael Pacheco provided a verbal report.

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Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
8. Board Committees – Informational Only	
a. Audit & Compliance Committee – Michael Pacheco, Committee Chair	
• Vice Chair Michael Pacheco noted the committee did not meet.	
b. Community Relations Committee – Terry Corrales, Committee Chair	
• Director Terry Corrales commented on the importance of Palomar Health in our community.	
c. Finance Committee – Linda Greer, Committee Chair	
• Vice Chair Michael Pacheco provided a verbal update.	
d. Governance Committee – Jeff Griffith, Committee Chair	
• Vice Chair Michael Pacheco noted the committee did not meet.	
e. Human Resources Committee – Terry Corrales, Committee Chair	
• Director Terry Corrales noted the committee did not meet.	
f. Quality Review Committee – Linda Greer, Committee Chair	
• Vice Chair Michael Pacheco noted the committee did not meet.	
g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair	
• Director Michael Pacheco noted the committee did not meet.	
Final Adjournment	
• There being no further business, Vice Chair Michael Pacheco adjourned the meeting at 7:14 p.m.	

Agenda Item		
• *Discussion*		*Conclusion/Action/Follow Up*
Signatures:	**Board Secretary**	Terry Corrales, R.N.
	Board Clerk	Carla Albright

PALOMAR HEALTH
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Special Closed Session Board of Directors Minutes – Monday, October 7, 2025	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Monday, October 6, 2025, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held in the Linda Greer Board Room, Suite 300, 2125 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 3:00 p.m. by Chair Jeff Griffith.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco

Absences: None

III. Public Comments

- No public comments.

IV. Adjournment To Closed Session

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

V. Re-Adjournment To Open Session

VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

VIII. Final Adjournment

There being no further business, Chair Jeff Griffith adjourned the meeting at 4:18 p.m.

Signatures:	**Board Secretary**	_____ Terry Corrales, RN
	Board Clerk	_____ Carla Albright

PALOMAR HEALTH
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Special Closed Session Board of Directors Minutes – Monday, October 13, 2025	
Agenda Item	*Conclusion / Action*
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, October 10, 2025, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 4:02 p.m. by Vice Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Jahaaski, Pacheco

Absences: Greer, Griffith

III. Public Comments

- No public comments.

IV. Adjournment To Closed Session

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

V. Re-Adjournment To Open Session

VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

VIII. Final Adjournment

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

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

Special Session Board of Directors Minutes – Tuesday, October 14, 2025	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Monday, October 13, 2025, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 3:02 p.m. by Vice Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco

Absences: None

III. Public Comments

- No public comments.

IV. Adjournment To Closed Session

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

V. Re-Adjournment To Open Session

VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.
- At 3:18 p.m., Vice Chair Pacheco announced a recess.
- At 3:30 p.m., the meeting reconvened.

VII. Reports – Informational Only

a. President and CEO – Diane Hansen

I. *Status of Negotiations of Joint Powers Authority*

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

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

a. *Resolution No. 10.14.25(01)-16 of the Board of Directors of Palomar Health to Approve and Validate Negotiations and Set Final Board Action*	**MOTION:** By Director Griffith, 2nd by Director Jahaaski and carried to approve Resolution No. 10.14.25(01)-16 of the Board of Directors of Palomar Health to Approve and Validate Negotiations and Set Final Board Action. 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 Vice Chair Pacheco announced that six board members were in favor. None opposed. One abstention. None absent. Motion approved.

IX. Final Adjournment

There being no further business, Vice Chair Michael Pacheco adjourned the meeting at 3:46 p.m.

Signatures:	**Board Secretary**	Terry Corrales, RN
	Board Clerk	Carla Albright

PALOMAR HEALTH
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Special Closed Session Board of Directors Minutes – Tuesday, October 21, 2025	
Agenda Item	*Conclusion / Action*
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Monday, October 20, 2025, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 4:04 p.m. by Chair Jeff Griffith.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco

Absences: None

Motion by Clark, second by Corrales to allow Director Abbi Jahaaski to attend virtually based on emergency circumstances. Roll call vote utilized. Clark – aye, Corrales – aye, Edwards-Tate – aye, Greer – aye, Griffith – aye, Pacheco – aye. All in favor. Motion approved.

Chair Griffith noted Director Jahaaski was accepted to the meeting virtually. Meeting then proceeded.

III. Public Comments

- No public comments.

IV. Adjournment To Closed Session

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

V. Re-Adjournment To Open Session

VI. Action Resulting From Closed Session – if any

- No action was taken in closed session.

VII. Final Adjournment

There being no further business, Chair Jeff Griffith adjourned the meeting at 6:08 p.m.

Signatures:	**Board Secretary**	Terry Corrales, RN
	Board Clerk	Carla Albright

PALOMAR HEALTH
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Special Session Board of Directors Minutes – Tuesday, October 21, 2025	
Agenda Item	*Conclusion / Action*
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Monday, October 20, 2025, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 6:24 p.m. by Chair Jeff Griffith.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco

Absences: None

Motion by Clark, second by Corrales to allow Director Abbi Jahaaski to attend virtually based on emergency circumstances. Roll call vote utilized. Clark – aye, Corrales – aye, Edwards-Tate – aye, Greer – aye, Griffith – aye, Pacheco – aye. All in favor. Motion approved.

Chair Griffith noted Director Jahaaski was accepted to the meeting virtually. Meeting then proceeded.

III. Public Comments

- No public comments.

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

a. *Resolution No. 10.21.25(01)-17 of the Board of Directors of Palomar Health Authorizing Application To and Participation in the Behavioral Health Continuum Infrastructure Program ("BHCIP")*	**MOTION:** By Director Edwards-Tate, 2nd by Director Corrales and carried to approve Resolution No. 10.21.25(01)-17 of the Board of Directors of Palomar Health Authorizing Application To and Participation in the Behavioral Health Continuum Infrastructure Program ("BHCIP") Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent. Motion approved.

- Board discussion ensued.

b. *Resolution No. 10.21.25(02)-18 of the Board of Directors of Palomar Health to Approve Creation of Joint Powers Authority; to Approve Associated Agreements; to Transfer Assets to Joint Powers Authority; to Draw on Line of Credit; and to Determine that Palomar Health is Not Transferring, in Sum or by Increment, 50% or More of District's Assets*	**MOTION:** By Director Greer, 2nd by Director Edwards-Tate and carried to approve Resolution No. 10.21.25(02)-18 of the Board of Directors of Palomar Health to Approve Creation of Joint Powers Authority; to Approve Associated Agreements; to Transfer Assets to Joint Powers Authority; to Draw on Line of Credit; and to Determine that Palomar Health is Not Transferring, in Sum or by Increment, 50% or More of District's Assets 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 that six board members were in favor. None opposed. One abstention. None absent. Motion approved.

- Board Members were allotted time to comment on the agenda item.
- Board Members who spoke are listed in order below:
  - Director John Clark
  - Director Terry Corrales, Secretary
  - Director Linda Greer, Treasurer
  - Vice Chair Michal Pacheco
  - Director Laurie Edwards-Tate
  - Chair Jeff Griffith

VI. Final Adjournment

There being no further business, Chair Jeff Griffith adjourned the meeting at 6:56 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

November 5, 2025

To: Palomar Health Board of Directors

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

Board Meeting Date: November 10, 2025

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (11/10/2025 to 10/31/2027)
Gujrathi, Sunil K., M.D. – Teleradiology
Kadry-Hassanein, Mohamed M., M.D. – Internal Medicine
Nazemi, Nicole L., D.O. – Internal Medicine
Olsen, Erik M.D. – Teleradiology
Palencia, Don D., D.O. – Family Medicine
Ramirez Haro, Christian J., M.D. – Family Medicine
Rose, Santelia S., M.D. – Obstetrics and Gynecology
Schoellerman, Manal M., M.D. – Teleradiology
Shah, Mita M., M.D. – Nephrology
Yan, Arthur Z., D.O. – Physical Medicine & Rehab

Early Advancement from Provisional to Active Category
Borjon Jr, Agustin, MD- Vascular Surgery - Dept. of Surgery (12/01/2025 to 08/31/2026)
Hatefi, Dustin, M.D. - Surgery, Neurological - Dept. of Surgery (12/01/2025 to 01/31/2027)

Advance from Provisional to Active Category
Kopec, Marcin A., M.D.-Diagnostic Radiology - Dept. of Radiology (12/01/2025 to 05/31/2027)
Mohabir, Anthony D., M.D. - Diagnostic Radiology - Dept. of Radiology (12/01/2025 to 01/31/2027)
Patel, Punit M., D.O. – Physical Medicine/Rehab – Dept. of Orthopaedic/Rehab (12/01/2025 to 07/31/2026)
Suntay, Berk T., M.D. - Obstetrics and Gynecology - Dept. of OB/GYN (12/01/2025 to 06/30/2026)
Velasco, Omar, M.D. - Internal Medicine - Dept. of Medicine (12/01/2025 to 03/31/2026)
Venkatesh, Vijay B., MD- Diagnostic Radiology - Dept. of Radiology (12/01/2025 to 02/28/2026)
Zuleta, Andres G., M.D. - Family Practice - Dept. of Family Practice (12/01/2025 to 01/31/2027)

Advance from Provisional to Consulting Category
Bansal, Preeti, M.D. - Ophthalmology - Dept. of Surgery (12/01/2025 to 11/30/2026)
Bhatia, Shagun K., MD.- Ophthalmology - Dept. of Surgery (12/01/2025 to 07/31/2027)

Advance from Provisional to Courtesy Category
Casillas Berumen, Sergio G., M.D. - Vascular Surgery - Dept. of Surgery (12/01/2025 to 05/31/2027)
Qazi, Hamid, M.D. - Family Practice - Dept. of Family Practice (12/01/2025 to 08/31/2026)

Request for Additional Privileges
Keleshian L. Vasken, M.D. - Cardiology

- ECMO Cannulation (eff. 11/10/2025 – 02/28/2027)

Lee, Young E., M.D. – Cardiology

- ECMO Cannulation (eff. 11/10/2025 – 12/31/2025)

Physician Voluntary Resignation
Jimenez-Grillo, Carlos E., M.D. – Internal Medicine (eff. 10/03/2025)
Lim, Albert Y., D. O. – Anesthesiology (eff. 09/23/2025)
Penick, Cimberly L., D.O. – Obstetrics & Gynecology (eff. 06/04/2025)

Request for 2 Year Leave of Absence
Austin, Katherine C., M.D., 2 years (eff. 10/16/2025 – 10/15/2027)

Allied Health Professional Reinstatement
Green, Kyle P., PA – Physician Assistant (eff. 11/10/2025 – 10/31/2027)

Allied Health Professional Voluntary Resignation
Lindsey, Sabrina E., NNP – Neonatal Nurse Practitioner (eff. 07/01/2025)
Nesbitt, Rosel B., PA-C – Physician Assistant (eff. 06/25/2025)
Schmitt, Corrie F., FNP – Family Nurse Practitioner (eff. 10/14/2025)
Stirling, Aaron J., NP – Nurse Practitioner (eff. 06/08/2025)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 12/01/2025 to 11/30/2027)

Cloyd, David W., M.D.	Surgery, General	Dept. of Surgery	Active
Cote, Matthew T., M.D	Emergency Medicine	Dept. of Emergency Medicine	Active
Epner, Steven L., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Foraci, Anna Rita, D.O.	Family Practice	Dept. of Family Practice	Affiliate
Friedberg, Bruce H., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Hamdard, Farah, M.D.	Family Practice	Dept. of Family Practice	Active
Hidy, Benjamin J., M.D.	Psychiatry	Dept. of Psychiatry	Active
Hinshaw, Paul W., D.O.	Obstetrics & Gyn	Dept. OB/GYN	Active
Kim, Choll W., M.D.	Orthopaedic Surgery	Dept. of Ortho Surgery/Rehab	Courtesy
Kim, Paul D., M.D.	Orthopaedic Surgery	Dept. of Ortho Surgery/Rehab	Active
Laverson, Steve, MD	Plastic Surgery	Dept. of Surgery	Active
Levin, Ronald M., M.D	Anesthesia	Dept. of Anesthesia	*Courtesy
*Category change from Active to Courtesy			
Lopez, Sandra, M.D.	Obstetrics & Gyn.	Dept. of OB/GYN	Courtesy
Lym, Ryan L., M.D.	Pediatrics	Dept. of Pediatrics	Active
Moreira, Lucila K., D.O.	Pediatrics	Dept. of Pediatrics	Active
Onaitis, Mark W., M.D.	Surgery, Thoracic &Cardiac	Dept. of Surgery	Courtesy
Paduga, Remia S., M.D.	Neurology	Dept. of Medicine	Active
Pountney, Marlene E., M.D	Obstetrics & Gyn.	Dept. of OB/GYN	Active
Pruitt, Crystal N., M.D.	Obstetrics & Gyn	Dept. of OB/GYN	Active
Rastle, Thomas E., M.D.	Family Practice	Dept. of Family Practice	Affiliate
Shieh, Alvin K., M.D.	Orthopaedic Surgery	Dept. of Ortho Surgery/ Rehab	Active
Volpp, P. Brian, M.D	Radiation Oncology	Dept. of Radiology	Active
Zahid, Adnan M., M.D.	Internal Medicine	Dept. of Medicine	Active

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

Hartman, Elizabeth M., PA-C	Physician Asst.	Dept. of Emerg Med.	(Sponsor: Dr. Friedberg)
McElhose, Jessica J., NNP	Neonatal Nurse Pract.	Dept. of Pediatrics	(Sponsor: Dr. Song)
Reece, Charla C., N.P.	Nurse Practitioner	Dept. of Medicine	(Sponsor: Dr. Zuleta)

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

Provisional Appointments: (11/10/2025 – 10/31/2027)
Sunil Gujrathi, M.D., Teleradiology
Mohamed Kadry-Hassanein, M.D., Internal Medicine (Includes The Villas at Poway)
Nicole Nazemi, D.O., Internal Medicine
Erik Olsen, M.D., Teleradiology
Christian Ramirez Haro, M.D., Family Practice (Includes The Villas at Poway)
Manal Schoellerman, M.D., Teleradiology
Mita Shah, M.D., Internal Medicine (No Clinical Privileges – Lifesharing Physician)
Arthur Yan, D.O., Physical Medicine & Rehab

Biennial Reappointments: (12/01/2025 - 11/30/2027)
Christopher Chisholm, M.D., Pain Medicine, Active
Matthew Cote, M.D., Emergency Medicine, Active
Steven Epner, M.D., Diagnostic Radiology, Active
Bruce Friedberg, M.D., Emergency Medicine, Active
Benjamin Hidy, M.D., Psychiatry, Active (Includes The Villas at Poway)
Steve Laverson, M.D., Plastic Surgery, Active
Ronald Levin, M.D., Anesthesiology, Active
Remia Paduga, M.D., Neurology, Active
Alvin Shieh, M.D., Orthopedic Surgery, Active
P. Brian Volpp, M.D., Radiation Oncology, Consulting

Advancements to Active Category:
Agustin Borjon, M.D., Vascular Surgery, effective 12/01/2025 – 08/31/2026
Marcin Kopec, M.D., Teleradiology, effective 12/01/2025 – 05/31/2027
Anthony Mohabir, M.D., Teleradiology, effective 12/01/2025 – 01/31/2027
Punit Patel, D.O., Physical Medicine & Rehab, effective 12/01/2025 – 07/31/2026
Vijay Venkatesh, M.D., Diagnostic Radiology, effective 12/01/2025 – 02/28/2026
Andres Zuleta, M.D., Family Practice, effective 12/01/2025 – 01/31/2027

Advancement to Courtesy Category:
Sergio Casillas Berumen, M.D., Vascular Surgery, effective 12/01/2025 – 05/31/2027

Request for Reinstatement from Leave of Absence to Active:
Kyoung-Min Han, DPM, Podiatry, effective 11/10/2025 – 02/28/2027

Request for 2 Year Leave of Absence:
Ravichandra Mutyala, M.D., Internal Medicine, effective 10/06/2025 – 10/05/2027

Voluntary Resignations:
Sadaf Farasat, M.D., Endocrinology, effective 11/02/2025
Carlos Jimenez-Grillo, M.D., effective 10/03/2025
Sirpa Tavakoli, M.D., Psychiatry, effective 10/31/2025

Allied Health Professional Biennial Reappointment effective 12/01/2025 – 11/30/2027:
Elizabeth Hartman, PA, Sponsor Dr. Friedberg
Charla Reece, NP, Sponsor Dr. Zuleta

Allied Health Professional Voluntary Resignations:
Leslie Cusi Jr., FNP, effective 10/30/2025
Vincent Lam, PA, effective 08/27/2025
Rosel Nesbitt, PA, effective 06/05/2025

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.

Gujrathi, Sunil K., M.D.

Status: Applicant
Specialty: Radiology, Interventional & Diagnostic

Kadry-Hassanein, Mohamed M., MD

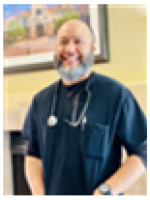
Status: Applicant
Specialty: Internal Medicine

Nazemi, Nicole L., DO

Status: Applicant
Specialty: Internal Medicine

Olsen, Erik, MD

Status: Applicant
Specialty: Diagnostic Radiology



Palencia, Don D., DO

Status: Applicant
Specialty: Family/General Practice

Ramirez Haro, Christian J., MD

Status: Applicant
Specialty: Family Practice

Rose, Santelia S., MD

Status: Temporary Privileges
Specialty: Obstetrics and Gynecology

Schoellerman, Manal M., M.D.

Status: Applicant
Specialty: Diagnostic Radiology

Shah, Mita M., MD

Status: Applicant
Specialty: Internal Medicine

Yan, Arthur Z., DO

Status: Applicant
Specialty: Physical Medicine & Rehab

PALOMAR HEALTH

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 1

Effective From: _____ To: _____

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR INTERNAL MEDICINE

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in internal medicine by the American Board of Internal Medicine in Internal Medicine or Subspecialty or the American Osteopathic Board of Internal Medicine, or another board with equivalent requirements.

Required Previous Experience: Applicants must be able to demonstrate provision of care to at least 30 internal medicine inpatients, reflective of scope of privileges requested, in the last 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
PMCP Dept of Medicine on 10/20/2025
PMCE Dept of Medicine on 10/07/2025
Adding "neurological" per JC 09.2025
Approved:
Board of Directors 09/10/2018

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

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

Current demonstrated competence and an adequate volume of experience (60 inpatients) with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Volumes acquired in internal medicine subspecialty areas may count towards this volume requirement. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

INTERNAL MEDICINE CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, neurological, and genitourinary systems. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

Criteria: Education and training as for internal medicine core. ***Required previous experience:*** Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months. ***Maintenance of privileges:*** Demonstrated current competence.

☐ **Requested** Perform outpatient pre-admission, history and physical, order non-invasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM

☐ **Requested The Villas at Poway**

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
PMCP Dept of Medicine on 10/20/2025
PMCE Dept of Medicine on 10/07/2025
Adding “neurological” per JC 09.2025
Approved:
Board of Directors 09/10/2018

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

LUMBAR PUNCTURE

Criteria: Successful completion of an accredited ACGME or AOA post graduate training program which included training in lumbar puncture, or the applicant must have completed hands-on training in lumbar puncture under the supervision of a qualified physician preceptor. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 3 lumbar punctures in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 6 lumbar punctures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

ENDOTRACHEAL INTUBATION

Criteria: Demonstrated current competence. In addition applicants at the time of initial and renewal of privileges must meet one of the following criteria: 1) Evidence of at least five (5) intubations per year, 2) current ACLS certification, or 3) attendance at an approved Airway Management Class within the past two (2) years.

☐ **Requested**

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
PMCP Dept of Medicine on 10/20/2025
PMCE Dept of Medicine on 10/07/2025
Adding "neurological" per JC 09.2025
Approved:
Board of Directors 09/10/2018

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

VENTILATOR MANAGEMENT

Criteria: For ventilator cases not categorized as complex (up to 36 hours), successful completion of an ACGME or AOA accredited post graduate training program that provided the necessary cognitive and technical skills for ventilator management not categorized as complex. For complex ventilation cases, the applicant must demonstrate successful completion of an accredited fellowship that provided the necessary cognitive and technical skills for complex ventilator management. ***Required Previous Experience***: Demonstrated current competence and evidence of the management of at least 12 mechanical ventilator cases in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the management of at least 24 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested** Ventilator Management (up to 36 hours)

☐ **Requested** Complex *More than 36-48 hours, or for patients defined as those having any of the following ongoing characteristics or any other of a like or similar complexity: PEEP requirement ≥ 10 cm of water; $FI0_2$ requirement ≥ 0.6; static plateau pressure ≥ 30 cm of water; presence of significant pre-existing pulmonary disease; multi-system organ failure; chronic ventilator dependence; patient not meeting previous criteria, but clinical condition deteriorating.

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program; and performance of at least 50 PACs during this formal training, as the primary operator; or successful completion of an accredited residency in another field; participation in a significant Category 1 accredited continuing medical education training program in pulmonary artery catheter insertion and management. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance (as primary operator) of at least 6 PACs during the past 12 months. ***FPPE:*** No less than 1 procedure will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 12 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes, as the primary operator.

☐ **Requested**

INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND/OR ARTERIAL LINES

Criteria: Successful completion of an ACGME or AOA accredited residency in internal medicine which included training in insertion and management of central venous catheters and arterial lines OR completion of a hands on CME. ***Required Previous Experience***: Demonstrated current competence and evidence of the insertion and management of at least 5 central venous catheters or arterial lines in the past 12 months. ***FPPE:*** No less than 1 procedure will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the insertion and management of at least 10 central venous catheters or arterial lines in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
PMCP Dept of Medicine on 10/20/2025
PMCE Dept of Medicine on 10/07/2025
Adding “neurological” per JC 09.2025
Approved:
Board of Directors 09/10/2018

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

CORE PROCEDURE LIST

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

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

Internal Medicine

- Arthrocentesis and joint injections
- BiPAP, CPAP
- Excision of skin and subcutaneous tumors, nodules, and lesions
- Exercise Testing – Treadmill
- Holter Monitor Interpretation
- I & D abscess
- Interpretation of electrocardiograms
- Local anesthetic techniques
- Paracentesis
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Placement of anterior and posterior nasal hemostatic packing
- Remove non-penetrating corneal foreign body, nasal foreign body
- Thoracentesis

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
PMCP Dept of Medicine on 10/20/2025
PMCE Dept of Medicine on 10/07/2025
Adding “neurological” per JC 09.2025
Approved:
Board of Directors 09/10/2018

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed_____ ***Date***_____

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
PMCP Dept of Medicine on 10/20/2025
PMCE Dept of Medicine on 10/07/2025
Adding “neurological” per JC 09.2025
Approved:
Board of Directors 09/10/2018

PALOMAR HEALTH

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

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

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INTERNAL MEDICINE CORE PRIVILEGES

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☐ **Requested** Perform outpatient pre-admission, history and physical, order non-invasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM

☐ **Requested The Villas at Poway**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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☐ **Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

ENDOTRACHEAL INTUBATION

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☐ **Requested**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

VENTILATOR MANAGEMENT

Criteria: For ventilator cases not categorized as complex (up to 36 hours), successful completion of an ACGME or AOA accredited post graduate training program that provided the necessary cognitive and technical skills for ventilator management not categorized as complex. For complex ventilation cases, the applicant must demonstrate successful completion of an accredited fellowship that provided the necessary cognitive and technical skills for complex ventilator management. ***Required Previous Experience***: Demonstrated current competence and evidence of the management of at least 12 mechanical ventilator cases in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the management of at least 24 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested** Ventilator Management (up to 36 hours)

☐ **Requested** Complex *More than 36-48 hours, or for patients defined as those having any of the following ongoing characteristics or any other of a like or similar complexity: PEEP requirement ≥ 10 cm of water; $FI0_2$ requirement ≥ 0.6; static plateau pressure ≥ 30 cm of water; presence of significant pre-existing pulmonary disease; multi-system organ failure; chronic ventilator dependence; patient not meeting previous criteria, but clinical condition deteriorating.

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program; and performance of at least 50 PACs during this formal training, as the primary operator; or successful completion of an accredited residency in another field; participation in a significant Category 1 accredited continuing medical education training program in pulmonary artery catheter insertion and management. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance (as primary operator) of at least 6 PACs during the past 12 months. ***FPPE:*** No less than 1 procedure will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 12 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes, as the primary operator.

☐ **Requested**

INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND/OR ARTERIAL LINES

Criteria: Successful completion of an ACGME or AOA accredited residency in internal medicine which included training in insertion and management of central venous catheters and arterial lines OR completion of a hands on CME. ***Required Previous Experience***: Demonstrated current competence and evidence of the insertion and management of at least 5 central venous catheters or arterial lines in the past 12 months. ***FPPE:*** No less than 1 procedure will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the insertion and management of at least 10 central venous catheters or arterial lines in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 5

Effective From: _____ To: _____

CORE PROCEDURE LIST

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

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

Internal Medicine

- Arthrocentesis and joint injections
- BiPAP, CPAP
- Excision of skin and subcutaneous tumors, nodules, and lesions
- Exercise Testing – Treadmill
- Holter Monitor Interpretation
- I & D abscess
- Interpretation of electrocardiograms
- Local anesthetic techniques
- Paracentesis
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Placement of anterior and posterior nasal hemostatic packing
- Remove non-penetrating corneal foreign body, nasal foreign body
- Thoracentesis

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed_____ ***Date***_____

PALOMAR HEALTH

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 1

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

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR FAMILY MEDICINE

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment in family medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 inpatients as the attending physician during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
Approved by Dr. Paz for Dept of Family Med on 09/30/2025
Adding "neurological" per JC 09.2025
Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring (retrospective or concurrent) is to include all phases of a patient's hospitalization (admission, management, discharge, etc.) for six inpatient admissions. For initial applicants with obstetrical privileges, five deliveries will be concurrently monitored.

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

Current demonstrated competence and an adequate volume of experience (48 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES (CHECK EITHER FAMILY MEDICINE CORE PRIVILEGES OR REFER AND FOLLOW PRIVILEGES)

FAMILY MEDICINE CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, neurological, and genitourinary systems. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

Criteria: Education and training as for family medicine core privileges. ***Required previous experience:*** Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

☐ **Requested** Perform outpatient pre-admission, history and physical, order non-invasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ **Requested: The Villas at Poway**

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
Approved by Dr. Paz for Dept of Family Med on 09/30/2025
Adding "neurological" per JC 09.2025
Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

PEDIATRIC CORE PRIVILEGES

Criteria: As for family medicine core plus: ***Required previous experience:*** Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 pediatric inpatients in the past 12 months. ***Maintenance of privilege:*** Demonstrated current competence and evidence of the provision of care to at least 10 pediatric inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested** Admit, evaluate, diagnose and treat pediatric patients up to the age of 18, with common illnesses, injuries or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

NEWBORN CORE PRIVILEGES (THESE PRIVILEGES ARE ALSO INCLUDED IN PEDIATRIC CORE. THIS CORE WOULD BE FOR THOSE FAMILY MEDICINE PHYSICIANS WANTING CARE OF NEWBORNS ONLY)

Criteria: As for family medicine core plus: ***Required previous experience:*** Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 newborns in the past 12 months. ***Maintenance of privilege:*** Demonstrated current competence and evidence of the provision of care to at least 10 newborns in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested** Admit, evaluate, diagnose and treat and care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Approvals:
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PMCP MEC: 10/28/2025
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Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POWAY)

Criteria: Must qualify for and be granted core privileges in family medicine. Plus, applicant must provide documentation of 3-4 months obstetrical rotation during family medicine residency with 10 patients delivered. Current Neonatal Resuscitation Provider (NRP) certification required. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.

☐ **Requested** Admit, evaluate and manage female patients with normal term pregnancy, with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery including medical diseases that are complicating factors in pregnancy (with consultation). May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POWAY) (CONTINUED)

NOTE: The following conditions must be evaluated by and transferred to the direct care of an OB/GYN with whom a previous, documented arrangement has been made. This will require that the Family Practitioner have an arrangement with an Obstetrician with full OB privileges at PMCE to be available to assume care of the patient*:

- Any situation requiring operative delivery
- Cardiac disease
- Fetal demise <20 weeks
- Gestation under 35 weeks
- History renal disease
- Insulin dependent diabetic
- Major obstetrical lacerations
- Multiple gestations
- Multiple medical problems
- Non reactive NST
- Persistent drug use
- Persistent late decelerations
- Placenta previa
- Severe asthma
- Severe pregnancy induced hypertension (PIH) and/or patients requiring magnesium sulfate(MGS04)
- Suspected uterine rupture

*Reference should be made to the following documents from the American College of Obstetrics and Gynecology:
1) ACOG Statement of Policy AAFP – ACOG Joint Statement on Cooperative Practice and Hospital Privileges. (March, 1998)
2) Quality Improvement in Women's Health Care
3) Ethics in Obstetrics and Gynecology

Approvals:
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Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 5

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

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege	***Condition/Modification/Explanation***
1. _____	_____
2. _____	_____

_____

Chair, Department of OB/GYN

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
Approved by Dr. Paz for Dept of Family Med on 09/30/2025
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Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

EXERCISE TESTING - TREADMILL

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine that included a minimum of 4 weeks or the equivalent of training in the supervision and interpretation of exercise testing and evidence that the training included participation in at least 50 exercise procedures. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 5 exercise tests in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 10 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

CIRCUMCISION – NEWBORNS (< 30 DAYS)

Criteria*:* Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed 5 proctored procedures during training. Practitioner agrees to limit practice to only the specific techniques for which they have provided documentation of training and experience utilizing equipment available at PPH. ***Required Previous Experience****:* Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. ***FPPE:*** No less than 3 procedures will be concurrently monitored. ***Maintenance of Privilege****:* Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

☐ **Requested**

LUMBAR PUNCTURE

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in lumbar puncture, or evidence of active clinical practice in the procedure. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 3 lumbar punctures in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 6 lumbar punctures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
Approved by Dr. Paz for Dept of Family Med on 09/30/2025
Adding “neurological” per JC 09.2025
Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

FLEXIBLE NASAL PHARYNGOSCOPY

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in flexible nasal pharyngoscopy, OR completion of a hands on CME OR documentation of a successful preceptorship by a physician with privileges in flexible nasal pharyngoscopy. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND ARTERIAL LINES

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in insertion and management of central venous catheters and arterial lines OR completion of a hands on CME. ***Required Previous Experience***: Demonstrated current competence and evidence of the insertion and management of at least 5 central venous catheters or arterial lines in the past 12 months. ***FPPE:*** No less than 3 procedures will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the insertion and management of at least 10 central venous catheters or arterial lines in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

Approvals:
PMCE MEC: 10/27/2025
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Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program; and performance of at least 50 PACs during this formal training, as the primary operator; or successful completion of an accredited residency in another field; participation in a significant Category 1 accredited continuing medical education training program in pulmonary artery catheter insertion and management. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance (as primary operator) or at least 3 PACs during the past 12 months. ***FPPE:*** No less than 3 procedures will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 6 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes, as the primary operator.

☐ **Requested**

THORACENTESIS

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in thoracentesis OR completion of a hands on CME. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 3 thoracentesis in the past 12 months. ***FPPE:*** No less than 3 procedures will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the insertion and management of at least 6 thoracentesis in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

SURGICAL ASSIST

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training as a surgical assist. ***Required Previous Experience***: Demonstrated current competence and evidence of assisting for at least five (5) surgical procedures in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of assisting for at least 10 surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

ENDOTRACHEAL INTUBATION

Criteria: Demonstrated current competence. In addition applicants at the time of initial and renewal of privileges must meet one of the following criteria: 1) Evidence of at least five (5) intubations per year, 2) current ACLS certification, or 3) attendance at an approved Airway Management Class within the past two (2) years.

☐ **Requested**

VENTILATOR MANAGEMENT

Criteria: For ventilator cases not categorized as complex (up to 36 hours), successful completion of an ACGME or AOA accredited post graduate training program that provided the necessary cognitive and technical skills for ventilator management not categorized as complex.

Approvals:
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Approved by Dr. Paz for Dept of Family Med on 09/30/2025
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Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

VENTILATOR MANAGEMENT (CONTINUED):

For complex ventilation cases, the applicant must demonstrate successful completion of an accredited fellowship that provided the necessary cognitive and technical skills for complex ventilator management. ***Required Previous Experience***: Demonstrated current competence and evidence of the management of at least 12 mechanical ventilator cases in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the management of at least 24 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested** Ventilator Management (not complex including CPAP – up to 36 hours)
☐ **Requested** Complex including BiPAP *More than 36-48 hours, or for patients defined as those having any of the following ongoing characteristics or any other of a like or similar complexity: PEEP requirement ≥ 10 cm of water; $FI0_2$ requirement ≥ 0.6; static plateau pressure ≥ 30 cm of water; presence of significant pre-existing pulmonary disease; multi-system organ failure; chronic ventilator dependence; patient not meeting previous criteria, but clinical condition deteriorating.

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
Approved by Dr. Paz for Dept of Family Med on 09/30/2025
Adding "neurological" per JC 09.2025
Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 10

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

CORE PROCEDURE LIST

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

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

General

- Arterial blood gases
- Arthrocentesis and joint injection
- Breast cyst aspiration
- Burns, superficial and partial thickness
- Digital nerve blocks
- Incision and drainage of abscess
- Incision and drainage of Bartholin Duct cyst or marsupialization
- Insertion of NG tube
- Insertion of urinary catheter
- Interpretation of EKG (own patients)
- Local anesthetic techniques
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- Paracentesis
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Placement of anterior nasal hemostatic packing
- Punch shave and excisional skin biopsy
- Removal of ingrown toenail – partial/complete
- Remove non-penetrating foreign body from the eye, nose, or ear
- Suture uncomplicated lacerations

Pediatrics

- Incision and drainage abscess
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Punch shave and excisional skin biopsy
- Remove non-penetrating corneal foreign body
- Suture uncomplicated lacerations

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
Approved by Dr. Paz for Dept of Family Med on 09/30/2025
Adding “neurological” per JC 09.2025
Approved by Board of Directors: 04/11/2022

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST (CONTINUED)

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

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

Obstetrics

- Admit and discharge patients from hospital
- Apply internal and external fetal and pressure monitors
- Assess, document and manage outpatients with obstetrical related conditions
- Assess, document and manage patients in uncomplicated labor.
- Do discharge teaching and exams, write discharge orders
- Document all exams and delivery notes
- Document and evaluate the status of membranes.
- Initiate non-stress tests and interpret fetal monitoring strips
- Manage single spontaneous vertex vaginal deliveries
- Manage third stage of labor (not including manual extraction)
- Perform amniotomy
- Perform and repair episiotomies
- Perform cervical and vaginal inspection
- Perform local anesthesia infiltration
- Provide pain management
- Repair first, second, and third degree obstetrical lacerations
- Sign birth certificate
- Stabilize and initiate fetal or maternal resuscitation and call for back up and resuscitation team as needed
- Write postpartum orders

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 12

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed_____ ***Date***_____

Approvals:
PMCE MEC: 10/27/2025
PMCP MEC: 10/28/2025
Approved by Dr. Paz for Dept of Family Med on 09/30/2025
Adding "neurological" per JC 09.2025
Approved by Board of Directors: 04/11/2022

PALOMAR HEALTH

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR FAMILY MEDICINE

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment in family medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 inpatients as the attending physician during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring (retrospective or concurrent) is to include all phases of a patient's hospitalization (admission, management, discharge, etc.) for six inpatient admissions. For initial applicants with obstetrical privileges, five deliveries will be concurrently monitored.

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

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

Current demonstrated competence and an adequate volume of experience (48 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES (CHECK EITHER FAMILY MEDICINE CORE PRIVILEGES OR REFER AND FOLLOW PRIVILEGES)

FAMILY MEDICINE CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, neurological, and genitourinary systems. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

Criteria: Education and training as for family medicine core privileges. ***Required previous experience:*** Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

☐ **Requested** Perform outpatient pre-admission, history and physical, order non-invasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ **Requested: The Villas at Poway**

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

PEDIATRIC CORE PRIVILEGES

Criteria: As for family medicine core plus: ***Required previous experience:*** Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 pediatric inpatients in the past 12 months. ***Maintenance of privilege:*** Demonstrated current competence and evidence of the provision of care to at least 10 pediatric inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested** Admit, evaluate, diagnose and treat pediatric patients up to the age of 18, with common illnesses, injuries or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

NEWBORN CORE PRIVILEGES (THESE PRIVILEGES ARE ALSO INCLUDED IN PEDIATRIC CORE. THIS CORE WOULD BE FOR THOSE FAMILY MEDICINE PHYSICIANS WANTING CARE OF NEWBORNS ONLY)

Criteria: As for family medicine core plus: ***Required previous experience:*** Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 newborns in the past 12 months. ***Maintenance of privilege:*** Demonstrated current competence and evidence of the provision of care to at least 10 newborns in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested** Admit, evaluate, diagnose and treat and care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POWAY)

Criteria: Must qualify for and be granted core privileges in family medicine. Plus, applicant must provide documentation of 3-4 months obstetrical rotation during family medicine residency with 10 patients delivered. Current Neonatal Resuscitation Provider (NRP) certification required. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.

☐ **Requested** Admit, evaluate and manage female patients with normal term pregnancy, with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery including medical diseases that are complicating factors in pregnancy (with consultation). May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POWAY) (CONTINUED)

NOTE: The following conditions must be evaluated by and transferred to the direct care of an OB/GYN with whom a previous, documented arrangement has been made. This will require that the Family Practitioner have an arrangement with an Obstetrician with full OB privileges at PMCE to be available to assume care of the patient*:

- Any situation requiring operative delivery
- Cardiac disease
- Fetal demise <20 weeks
- Gestation under 35 weeks
- History renal disease
- Insulin dependent diabetic
- Major obstetrical lacerations
- Multiple gestations
- Multiple medical problems
- Non reactive NST
- Persistent drug use
- Persistent late decelerations
- Placenta previa
- Severe asthma
- Severe pregnancy induced hypertension (PIH) and/or patients requiring magnesium sulfate(MGS04)
- Suspected uterine rupture

*Reference should be made to the following documents from the American College of Obstetrics and Gynecology:
1) ACOG Statement of Policy AAFP – ACOG Joint Statement on Cooperative Practice and Hospital Privileges. (March, 1998)
2) Quality Improvement in Women's Health Care
3) Ethics in Obstetrics and Gynecology

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege	***Condition/Modification/Explanation***
1. _____	_____
2. _____	_____

_____

Chair, Department of OB/GYN

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

EXERCISE TESTING - TREADMILL

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine that included a minimum of 4 weeks or the equivalent of training in the supervision and interpretation of exercise testing and evidence that the training included participation in at least 50 exercise procedures. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 5 exercise tests in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 10 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

CIRCUMCISION – NEWBORNS (< 30 DAYS)

Criteria*:* Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed 5 proctored procedures during training. Practitioner agrees to limit practice to only the specific techniques for which they have provided documentation of training and experience utilizing equipment available at PPH. ***Required Previous Experience****:* Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. ***FPPE:*** No less than 3 procedures will be concurrently monitored. ***Maintenance of Privilege****:* Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

☐ **Requested**

LUMBAR PUNCTURE

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in lumbar puncture, or evidence of active clinical practice in the procedure. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 3 lumbar punctures in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 6 lumbar punctures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

FLEXIBLE NASAL PHARYNGOSCOPY

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in flexible nasal pharyngoscopy, OR completion of a hands on CME OR documentation of a successful preceptorship by a physician with privileges in flexible nasal pharyngoscopy. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND ARTERIAL LINES

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in insertion and management of central venous catheters and arterial lines OR completion of a hands on CME. ***Required Previous Experience***: Demonstrated current competence and evidence of the insertion and management of at least 5 central venous catheters or arterial lines in the past 12 months. ***FPPE:*** No less than 3 procedures will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the insertion and management of at least 10 central venous catheters or arterial lines in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program; and performance of at least 50 PACs during this formal training, as the primary operator; or successful completion of an accredited residency in another field; participation in a significant Category 1 accredited continuing medical education training program in pulmonary artery catheter insertion and management. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance (as primary operator) or at least 3 PACs during the past 12 months. ***FPPE:*** No less than 3 procedures will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 6 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes, as the primary operator.

☐ **Requested**

THORACENTESIS

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in thoracentesis OR completion of a hands on CME. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 3 thoracentesis in the past 12 months. ***FPPE:*** No less than 3 procedures will be concurrently monitored. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the insertion and management of at least 6 thoracentesis in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

SURGICAL ASSIST

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training as a surgical assist. ***Required Previous Experience***: Demonstrated current competence and evidence of assisting for at least five (5) surgical procedures in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of assisting for at least 10 surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

ENDOTRACHEAL INTUBATION

Criteria: Demonstrated current competence. In addition applicants at the time of initial and renewal of privileges must meet one of the following criteria: 1) Evidence of at least five (5) intubations per year, 2) current ACLS certification, or 3) attendance at an approved Airway Management Class within the past two (2) years.

☐ **Requested**

VENTILATOR MANAGEMENT

Criteria: For ventilator cases not categorized as complex (up to 36 hours), successful completion of an ACGME or AOA accredited post graduate training program that provided the necessary cognitive and technical skills for ventilator management not categorized as complex.

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

VENTILATOR MANAGEMENT (CONTINUED):

For complex ventilation cases, the applicant must demonstrate successful completion of an accredited fellowship that provided the necessary cognitive and technical skills for complex ventilator management. ***Required Previous Experience***: Demonstrated current competence and evidence of the management of at least 12 mechanical ventilator cases in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the management of at least 24 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested** Ventilator Management (not complex including CPAP – up to 36 hours)
☐ **Requested** Complex including BiPAP *More than 36-48 hours, or for patients defined as those having any of the following ongoing characteristics or any other of a like or similar complexity: PEEP requirement ≥ 10 cm of water; $FI0_2$ requirement ≥ 0.6; static plateau pressure ≥ 30 cm of water; presence of significant pre-existing pulmonary disease; multi-system organ failure; chronic ventilator dependence; patient not meeting previous criteria, but clinical condition deteriorating.

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

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

General

- Arterial blood gases
- Arthrocentesis and joint injection
- Breast cyst aspiration
- Burns, superficial and partial thickness
- Digital nerve blocks
- Incision and drainage of abscess
- Incision and drainage of Bartholin Duct cyst or marsupialization
- Insertion of NG tube
- Insertion of urinary catheter
- Interpretation of EKG (own patients)
- Local anesthetic techniques
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- Paracentesis
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Placement of anterior nasal hemostatic packing
- Punch shave and excisional skin biopsy
- Removal of ingrown toenail – partial/complete
- Remove non-penetrating foreign body from the eye, nose, or ear
- Suture uncomplicated lacerations

Pediatrics

- Incision and drainage abscess
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Punch shave and excisional skin biopsy
- Remove non-penetrating corneal foreign body
- Suture uncomplicated lacerations

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST (CONTINUED)

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

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

Obstetrics

- Admit and discharge patients from hospital
- Apply internal and external fetal and pressure monitors
- Assess, document and manage outpatients with obstetrical related conditions
- Assess, document and manage patients in uncomplicated labor.
- Do discharge teaching and exams, write discharge orders
- Document all exams and delivery notes
- Document and evaluate the status of membranes.
- Initiate non-stress tests and interpret fetal monitoring strips
- Manage single spontaneous vertex vaginal deliveries
- Manage third stage of labor (not including manual extraction)
- Perform amniotomy
- Perform and repair episiotomies
- Perform cervical and vaginal inspection
- Perform local anesthesia infiltration
- Provide pain management
- Repair first, second, and third degree obstetrical lacerations
- Sign birth certificate
- Stabilize and initiate fetal or maternal resuscitation and call for back up and resuscitation team as needed
- Write postpartum orders

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed_____ ***Date***_____

PALOMAR HEALTH

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____ Page 1

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

☐ Palomar Medical Center Escondido
~~☐ Palomar Medical Center Poway~~

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR CERTIFIED NURSE MIDWIFE

To be eligible to apply for clinical privileges as a Certified Nurse Midwife (CNM) in OB/Gyn, the applicant must meet the following criteria:

- Successful completion of a nurse-midwifery education program accredited by the American Commission of Midwifery Education (ACME) Division of Accreditation (DOA).
- Successful completion of an approved CNM Cesarean Section First Assistant training program to request First Assist Cesarean Section, Tubal Ligation, and Laceration Repair privileges under Core Privileges.
- Possession of a valid California Nursing license as a Registered Nurse
- Certification by the state of California, Board of Registered Nursing, as a Certified Nurse Midwife
- Possession of a valid Furnishing Number from the State of California (Note: if the nurse midwife is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible.)
- Certification as a Nurse Midwife, or active participation in the examination process with achievement of board certification from the American Midwifery Certification Board (AMCB), formerly ACNM Certification Council, within 12 months of appointment.
- BLS and NRP Certification
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million).
- Completion of an AWHONN/ACOG approved fetal monitoring course that includes National Institute of Child Health and Human Development (NICHD) nomenclature on the interpretation of fetal monitoring.

Approved by:
PMCE MEC: 10/27/2025
IPC: 04/14/2025
Dept of OB/GYN: 12/17/2024 Removal of fetal monitoring at reappointment 12.2024
(Previous Board Approval) Board of Directors approved May 8, 2023

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment of services, as a Nurse Midwife for at least 20 successful deliveries in the past 12 months, or completion of an approved nurse-midwifery education program in the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: No less than ten (10) cases required for intra-partum management and vaginal deliveries, as well as performing ultrasounds representative of the scope of practice will be monitored concurrently by the sponsoring physician.

Reappointment Requirements: To be eligible to renew core privileges as a nurse midwife in ob/gyn, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (40 patients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. ~~Completion of an AWHONN/ACOG approved fetal monitoring course that includes National Institute of Child Health and Human Development (NICHD) nomenclature on the interpretation of fetal monitoring (every 2 years).~~ Maintenance of BLS and NRP certification is required.

CERTIFIED NURSE MIDWIFE (CNM) CORE PRIVILEGES — OB/GYN

☐ **Requested** Core Privileges for Certified Nurse Midwives includes the admission, diagnostic evaluation, consultation as indicated and treatment of patients as delegated by an attending physician. This will include managing patients with complex, acute, and chronic health conditions and may be in a variety of clinical settings. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

ADVANCED CERTIFIED NURSE MIDWIFE (CNM) CORE PRIVILEGES — OB/GYN

☐ **Requested** Additional privileges not included in the general core privileges for Certified Nurse Midwives will include the performance of diagnostic and therapeutic procedures as appropriate to current role for which privileges are being requested. The core privileges in this specialty include the procedures on the attached advanced procedure list and such other procedures that are extensions of the same techniques and skills.

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

As per Certified Nurse Midwife Core criteria

AND

Documentation obtained of training by one of the following methods: 1) Letter from education program director stating that the applicant received training in the advanced procedures during midwifery training program if within 12 months of training; 2) Certificate of completion for specialized training program; 3)

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

Letter from previous employer stating applicant successfully completed training and monitoring during employment; or 4) Letter from current nurse midwifery service director/faculty physician stating that training has been completed as part of current employment.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring of ten (10) Advanced procedures monitored concurrently by the sponsoring physician.

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

Current demonstrated competence and an adequate volume of experience 12 advanced procedure cases with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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

☐ **Requested** The delegation to the CNM to administer or dispense drugs shall include schedules II - V. The certified nurse midwife dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

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

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____ Page 4

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

Medical Record Charting Responsibilities

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

Approved by:
PMCE MEC: 10/27/2025
IPC: 04/14/2025
Dept of OB/GYN: 12/17/2024 Removal of fetal monitoring at reappointment 12.2024
(Previous Board Approval) Board of Directors approved May 8, 2023

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

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

- As ordered by the supervising physician, perform admission functions of the low risk obstetrical patient, including performing the admission history and physical examination
- Admitting routine induction of labor patients (elective inductions or late term induction of labor)
- Amniotomy
- Amnioinfusion
- Diagnostic testing and screening
- Emergency management related to labor and delivery
- External fetal and uterine monitor application
- Family planning counsel, including but not limited to: barrier, chemical, hormonal, mechanical, physiologic, surgical counseling (for postpartum rounding)
- First-Assist cesarean section, tubal ligation, and laceration repair
- Induction or augmentation of uncomplicated labor patients after consultation with the sponsoring physician
- Internal fetal scalp electrode application
- Internal uterine pressure catheterization
- Intrapartum care of the low risk obstetrical patient that includes, but is not limited to: order/administer necessary anesthesia and analgesia; episiotomy performance; labor diagnosis assessment, and progress; laceration repair (cervical, vaginal, perineal: 3rd degree and 4th degree lacerations need to be repaired or supervised by MD/DO); manage labor; maternal and fetal status assessment during labor; psychosocial support during labor and delivery; spontaneous vaginal delivery; third-stage management.
- IUD insertion
- Local perineal infiltration
- Order cervical ripening agents
- Ordering Rh immune globulin
- Order tocolytic agents for uterine relaxation for hyperstimulation or prevention of labor after consultation with sponsoring physician.
- Perform any procedure normally done by labor and delivery staff nurses
- Postpartum care of the low risk obstetrical patient that includes, but is not limited to: complication management; counsel patient on lactation and newborn care and feeding; puerperium discomfort management; self-care.
- Prescriptive privileges as defined by the state of California
- Provision of primary health care services for all women of different ages, particularly during pregnancy, childbirth, and care of the newborn. This includes medical consultation, collaboration and referral when appropriate.
- Sexually transmitted disease screening and treatment
- Subcutaneous contraceptive implant insertion and removal
- Vaginal examinations

Approved by:
PMCE MEC: 10/27/2025
IPC: 04/14/2025
Dept of OB/GYN: 12/17/2024 Removal of fetal monitoring at reappointment 12.2024
(Previous Board Approval) Board of Directors approved May 8, 2023

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

ADVANCED CORE PROCEDURE LIST

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

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

- Biophysical profile
- Colposcopy
- Endometrial biopsy
- First trimester ultrasound
- Insertion of laminaria
- Resuscitation, newborn
- Skin lesion biopsy
- Ultrasound amniotic fluid index assessment
- Ultrasound for biometry, fetal position and/or placenta localization
- Word catheter placement

ACKNOWLEDGEMENT OF PRACTITIONER

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

a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed_____ ***Date***_____

ENDORSEMENT OF PHYSICAN EMPLOYER(S)/SUPERVISOR(S)

Signed_____ ***Date***_____

Signed_____ ***Date***_____

Approved by:
PMCE MEC: 10/27/2025
IPC: 04/14/2025
Dept of OB/GYN: 12/17/2024 Removal of fetal monitoring at reappointment 12.2024
(Previous Board Approval) Board of Directors approved May 8, 2023

PALOMAR HEALTH

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

☐ Palomar Medical Center Escondido

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR CERTIFIED NURSE MIDWIFE

To be eligible to apply for clinical privileges as a Certified Nurse Midwife (CNM) in OB/Gyn, the applicant must meet the following criteria:

- Successful completion of a nurse-midwifery education program accredited by the American Commission of Midwifery Education (ACME) Division of Accreditation (DOA).
- Successful completion of an approved CNM Cesarean Section First Assistant training program to request First Assist Cesarean Section, Tubal Ligation, and Laceration Repair privileges under Core Privileges.
- Possession of a valid California Nursing license as a Registered Nurse
- Certification by the state of California, Board of Registered Nursing, as a Certified Nurse Midwife
- Possession of a valid Furnishing Number from the State of California (Note: if the nurse midwife is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible.)
- Certification as a Nurse Midwife, or active participation in the examination process with achievement of board certification from the American Midwifery Certification Board (AMCB), formerly ACNM Certification Council, within 12 months of appointment.
- BLS and NRP Certification
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million).
- Completion of an AWHONN/ACOG approved fetal monitoring course that includes National Institute of Child Health and Human Development (NICHD) nomenclature on the interpretation of fetal monitoring.

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment of services, as a Nurse Midwife for at least 20 successful deliveries in the past 12 months, or completion of an approved nurse-midwifery education program in the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: No less than ten (10) cases required for intra-partum management and vaginal deliveries, as well as performing ultrasounds representative of the scope of practice will be monitored concurrently by the sponsoring physician.

Reappointment Requirements: To be eligible to renew core privileges as a nurse midwife in ob/gyn, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (40 patients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of BLS and NRP certification is required.

CERTIFIED NURSE MIDWIFE (CNM) CORE PRIVILEGES — OB/GYN

☐ **Requested** Core Privileges for Certified Nurse Midwives includes the admission, diagnostic evaluation, consultation as indicated and treatment of patients as delegated by an attending physician. This will include managing patients with complex, acute, and chronic health conditions and may be in a variety of clinical settings. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

ADVANCED CERTIFIED NURSE MIDWIFE (CNM) CORE PRIVILEGES — OB/GYN

☐ **Requested** Additional privileges not included in the general core privileges for Certified Nurse Midwives will include the performance of diagnostic and therapeutic procedures as appropriate to current role for which privileges are being requested. The core privileges in this specialty include the procedures on the attached advanced procedure list and such other procedures that are extensions of the same techniques and skills.

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

As per Certified Nurse Midwife Core criteria

AND

Documentation obtained of training by one of the following methods: 1) Letter from education program director stating that the applicant received training in the advanced procedures during midwifery training program if within 12 months of training; 2) Certificate of completion for specialized training program; 3) Letter from previous employer stating applicant successfully completed training and monitoring during employment; or 4) Letter from current nurse midwifery service director/faculty physician stating that training has been completed as part of current employment.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring of ten (10) Advanced procedures monitored concurrently by the sponsoring physician.

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

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

Current demonstrated competence and an adequate volume of experience 12 advanced procedure cases with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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

☐ **Requested** The delegation to the CNM to administer or dispense drugs shall include schedules II - V. The certified nurse midwife dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

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

Medical Record Charting Responsibilities

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

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

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

- As ordered by the supervising physician, perform admission functions of the low risk obstetrical patient, including performing the admission history and physical examination
- Admitting routine induction of labor patients (elective inductions or late term induction of labor)
- Amniotomy
- Amnioinfusion
- Diagnostic testing and screening
- Emergency management related to labor and delivery
- External fetal and uterine monitor application
- Family planning counsel, including but not limited to: barrier, chemical, hormonal, mechanical, physiologic, surgical counseling (for postpartum rounding)
- First-Assist cesarean section, tubal ligation, and laceration repair
- Induction or augmentation of uncomplicated labor patients after consultation with the sponsoring physician
- Internal fetal scalp electrode application
- Internal uterine pressure catheterization
- Intrapartum care of the low risk obstetrical patient that includes, but is not limited to: order/administer necessary anesthesia and analgesia; episiotomy performance; labor diagnosis assessment, and progress; laceration repair (cervical, vaginal, perineal: 3rd degree and 4th degree lacerations need to be repaired or supervised by MD/DO); manage labor; maternal and fetal status assessment during labor; psychosocial support during labor and delivery; spontaneous vaginal delivery; third-stage management.
- IUD insertion
- Local perineal infiltration
- Order cervical ripening agents
- Ordering Rh immune globulin
- Order tocolytic agents for uterine relaxation for hyperstimulation or prevention of labor after consultation with sponsoring physician.
- Perform any procedure normally done by labor and delivery staff nurses
- Postpartum care of the low risk obstetrical patient that includes, but is not limited to: complication management; counsel patient on lactation and newborn care and feeding; puerperium discomfort management; self-care.
- Prescriptive privileges as defined by the state of California
- Provision of primary health care services for all women of different ages, particularly during pregnancy, childbirth, and care of the newborn. This includes medical consultation, collaboration and referral when appropriate.
- Sexually transmitted disease screening and treatment
- Subcutaneous contraceptive implant insertion and removal
- Vaginal examinations

CERTIFIED NURSE MIDWIFE (CNM) CLINICAL PRIVILEGES

Name: _____

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

ADVANCED CORE PROCEDURE LIST

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

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

- Biophysical profile
- Colposcopy
- Endometrial biopsy
- First trimester ultrasound
- Insertion of laminaria
- Resuscitation, newborn
- Skin lesion biopsy
- Ultrasound amniotic fluid index assessment
- Ultrasound for biometry, fetal position and/or placenta localization
- Word catheter placement

ACKNOWLEDGEMENT OF PRACTITIONER

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

a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed_____ ***Date***_____

ENDORSEMENT OF PHYSICAN EMPLOYER(S)/SUPERVISOR(S)

Signed_____ ***Date***_____

Signed_____ ***Date***_____

PALOMAR HEALTH
Reimagining Healthcare®

Margin Improvement / Turnaround Project Financial Update

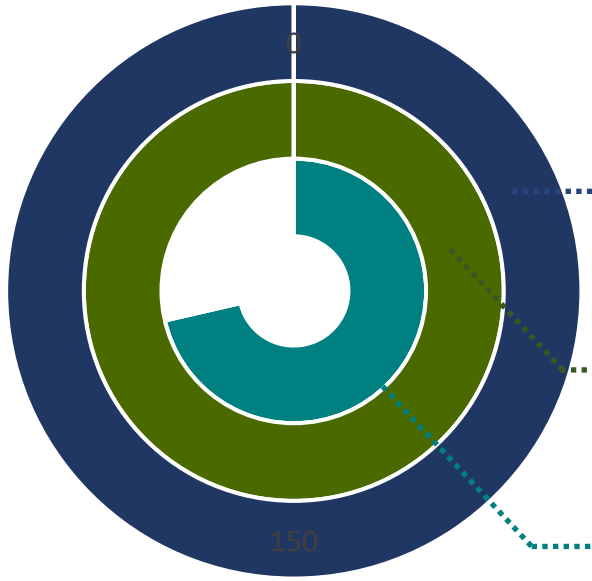
Reporting Month: Sep-25

October 29, 2025

Palomar Health has implemented $151.6M of initiatives, achieving annual improvement target; $107.1M 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; PCP playbook being developed
- ❑ **$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 / strategy
- ❑ **$2.0M** — **OR Capacity** | Optimize perioperative scheduling and DOS workflows to minimize cancellations and maximize operating room capacity



$236.8M
Pipeline (ann.)

$150.0M
Target (ann.)

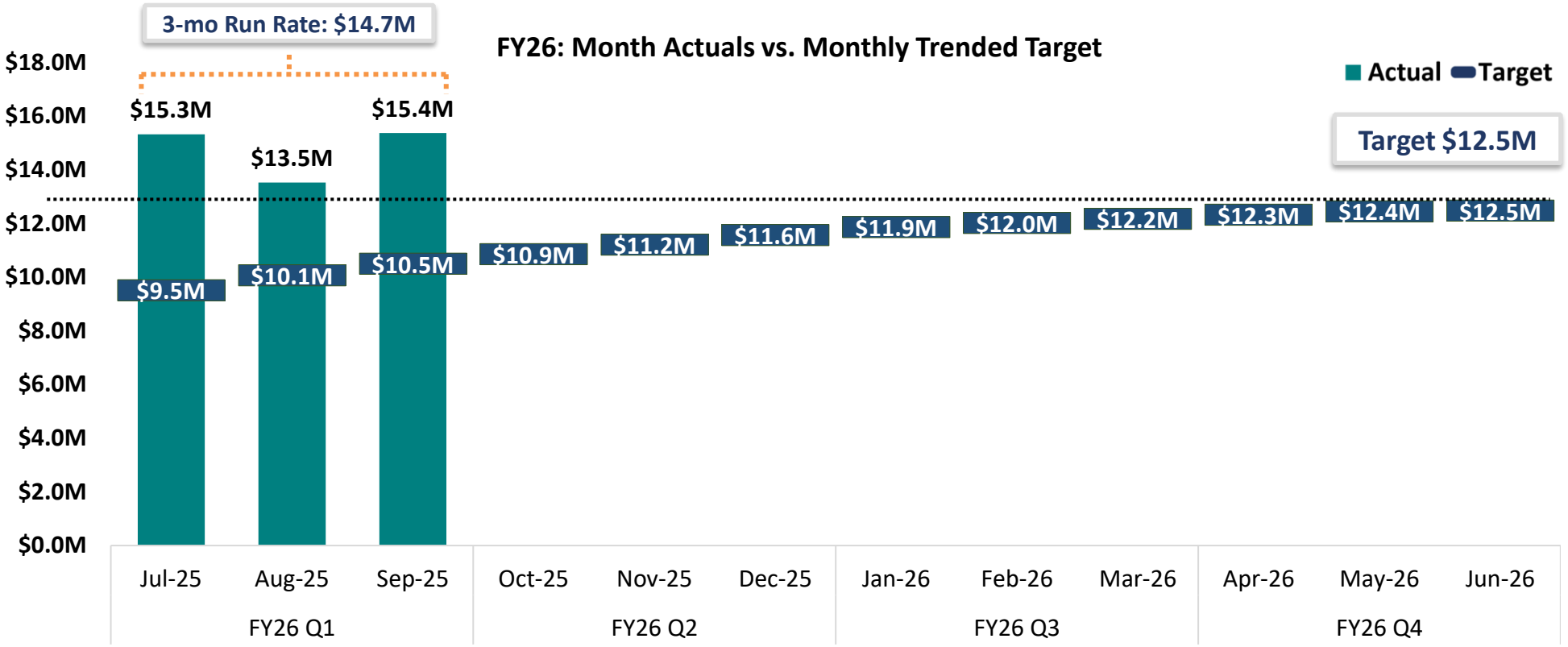
$151.6M
Implemented TD (ann.)[1]

$107.1M
Rolling 12-mo Actuals

Pipeline value has decreased **$0.5K** from **$237.3M** reported at 10/3 Finance Committee; decrease driven by refreshed topography opportunity using current enrolled patients. Implemented value has remained the same as previously reported.

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

Initiative performance in September 2025 resulted in $15.4M in realization, exceeding monthly target of $10.5M



Sep 2025
Reporting Month

$12.5M
Target Run Rate (mon.)

$10.5M
Trended Month Target[1]

$15.4M
Current Month Actuals

The first quarter run rate exceeded the monthly goal of $12.5M, achieving $14.7M. September results were particularly strong, surpassing both the forecast of $10.5M and the target run rate. This performance reflects sustained improvements in revenue cycle management, disciplined control of labor costs, and continued progress in reducing inpatient length of stay. September's results also benefited from the absence of non-recurring corporate expenses that impacted August.

*[1]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, improved revenue growth, and acceleration of new initiatives have helped sustain improvements

Workstream	Aug		Sep *(Current Month)*		Oct	Status
	Target	Actual	Target	Actual	Target	
Revenue Cycle	$3.0M	$7.6M	$3.1M	$7.6M	$3.1M	
PHMG	$1.3M	$0.2M	$1.4M	$0.4M	$1.4M	
Workforce & Periop	$1.5M	$3.2M	$1.6M	$3.1M	$1.7M	
Corporate Services	$1.2M	($0.9M)	$1.3M	$0.0M	$1.4M	
Hospital Strategy	$1.2M	$0.3M	$1.3M	$0.9M	$1.3M	
Care Transitions & PSA	$1.0M	$2.3M	$1.0M	$2.6M	$1.0M	
Supply Chain & PS	$0.7M	$0.8M	$0.8M	$0.8M	$0.8M	
Facilities & Real Estate	$0.1M	$0.0M	$0.2M	$0.0M	$0.2M	
Total:	**$10.1M**	**$13.5M**	**$10.5M**	**$15.4M**	**$10.9M**	

Key Updates

- **Revenue Cycle:** Avoidable write-offs as a % of NPR have stayed below 3% for four months; HB cash collections hit record levels; implementing UM KPI dashboard to reduce denials
- **PHMG:** Advancing targeted productivity strategies to improve cost efficiency; developing PCP playbook and leveraging KPI dashboards (PCP, Specialty)
- **Workforce:** Maintaining strong labor productivity management; pursuing strategies to reduce agency and premium pay along with other expenses
- **Corporate Services:** Non-recurring expenses driving HR and Legal spend; overall corporate expense expected to decline in coming months (Mar/Apr 2026)
- **Hospital Strategy:** Anticipating Rad Onc growth below projections but HDR implementation expected to boost volumes; Cath Lab growth continues to trail budget expectations
- **Care Transitions & PSA:** LOS improving versus baseline; however, opportunities remain to accelerate discharge times to earlier, reduce backlog, and refine post-acute strategy
- **Facilities & Real Estate:** Fielding inquiries into posted properties; sublease agreements underway

Sep 2025
Reporting Month

$10.5M
Trended Month Target

$15.4M
Current Month Actuals

Status		
On Track	*Caution*	*At Risk*

PALOMAR HEALTH®
Reimagining Healthcare®

Fiscal Year 2026 Financial Performance

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

September 2025 Unaudited

Highlights for September 2025

Revenue
- Gross Revenue was $28.6M above budget, or 5.9%
- Net Patient Revenue was above budget by $4.0M, or 5.9%

Volumes
- August continued to be a strong month for acute inpatient volumes
  - Acute discharges were 14.8% higher than budget, while acute patient days are below budget by 2.3%, indicating positive progress on LOS management
- For both surgery and emergency room, the trend has been reset for the current year
  - For the month, surgeries cases met the budget target, with more OP cases and fewer inpatient cases (7.1% higher than budget and 4.2% lower, respectively)
  - IP ED visits continue to be very high, at 14.4% above the PYTD
  - Emergency overall had a busy month, with total visits 7.4% above budget and 7.7% above prior year
- Infusion Therapy and Radiation Oncology are both higher than PY but are missing budget by 5.5% and 9.1% YTD, respectively
- Length of Stay dropped another month in a row to 3.88 days in a nod to the Care Transitions work and YTD is 3.96 days

Expenses
- Total expenses were 2.3% over budget, or $1.6M
- The largest budget overages were in salaries and wage and professional fees/purchased services, driven by higher volumes

Other Highlights
- EBIDA* for September remains strong at 12.6%
- Days Cash on Hand Consolidated for September increased to 11.3 days, representing an increase of 1.1 days
- Cash receipts (Accounts Receivable) for Palomar Health at $75.9M for August, in the highest month seen this year
- Accounts Payable Current Liability increased as cash was preserved during a period of IGT outflow
- Days in Accounts Receivable (A/R) decreased by 4.5 days to 62.1, representing a decrease of 11.2 days over 4 months (not that methodology has been adjusted to remove supplemental programs)
- Debt Service Coverage improved to 1.03, 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 mid 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 $75.9 million. Days in Net A/R are 62.1, a decrease of 4.4 days from the prior month. Uncompensated Care increased by $9.4 million to $13.3 million for the month.

Revenue Cycle – Key Performance Indicators (KPIs)

Key Performance Indicators (KPI)	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	Target
Total Net A/R ($) [1]	150,972,595	$ 151,642,060	$ 143,433,565	$ 138,245,508	$ 135,609,856	$ 135,609,856	
Net Days in A/R (Days) [2]	77.6	77.8	75.0	67.7	66.6	62.1	55.0
% AR > 90 Days	40.7%	41.8%	40.5%	38.8%	39.4%	38.5%	22.5%
% of Avoidable Denial Write-Offs	4.4%	2.2%	1.4%	1.3%	1.6%	2.1%	2.1%
Net Revenue Yield	103.4%	103.8%	106.6%	104.3%	106.1%	111.8%	98.0%

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

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

	Month					Year to Date				
	Actual Sep-25	Budget Sep-25	Budget Variance	Prior Year Sep-24	Prior Year Variance	Actual Sep-25	Budget Sep-25	Budget Variance	Prior Year Sep-24	Prior Year Variance
Key Volumes										
Discharges - Total	**2,328**	**2,048**	**13.7%**	**2,116**	**10.0%**	**7,114**	**6,326**	**12.5%**	**6,351**	**12.0%**
Acute - General	2,300	2,004	14.8%	2,086	10.3%	7,001	6,195	13.0%	6,244	12.1%
Total Acute Discharges	2,300	2,004	14.8%	2,086	10.3%	7,001	6,195	13.0%	6,244	12.1%
The Villas at Poway	28	45	(37.5%)	30	(6.7%)	113	131	(14.0%)	107	5.6%
Patient Days - Total	**11,286**	**11,661**	**(3.2%)**	**11,648**	**(3.1%)**	**35,432**	**35,224**	**0.6%**	**34,849**	**1.7%**
Acute - General	8,935	8,630	3.5%	9,141	(2.3%)	27,692	26,155	5.9%	26,859	3.1%
Total Acute Patient Days	8,935	8,630	3.5%	9,141	(2.3%)	27,692	26,155	5.9%	26,859	3.1%
The Villas at Poway	2,351	3,031	(22.4%)	2,507	(6.2%)	7,740	9,069	(14.7%)	7,990	(3.1%)
Acute Adjusted Discharges	3,755	3,363	11.7%	3,315	13.3%	11,377	10,100	12.6%	9,956	14.3%
Total Adjusted Discharges*	3,785	3,251	16.4%	3,348	13.1%	11,507	10,046	14.6%	10,080	14.2%
Acute Adjusted Patient Days	14,589	13,808	5.7%	14,527	0.4%	44,999	41,847	7.5%	42,818	5.1%
Total Adjusted Patient Days*	16,940	16,839	0.6%	17,034	(0.6%)	52,739	50,916	3.6%	50,808	3.8%
Acute Average Daily Census	298	288	3.5%	305	(2.3%)	301	284	5.9%	292	3.1%
Total Average Daily Census*	376	389	(3.2%)	388	(3.1%)	385	383	0.6%	379	1.7%
Surgeries - Total	**910**	**904**	**0.7%**	**920**	**(1.1%)**	**2,748**	**2,755**	**(0.3%)**	**2,804**	**(2.0%)**
Inpatient	491	513	(4.2%)	510	(3.7%)	1,512	1,563	(3.3%)	1,554	(2.7%)
Outpatient	419	391	7.1%	410	2.2%	1,236	1,192	3.7%	1,250	(1.1%)
Deliveries	288	305	(5.6%)	298	(3.4%)	827	932	(11.3%)	910	(9.1%)
ER Visits (Includes Trauma) - Total	**10,726**	**9,986**	**7.4%**	**9,958**	**7.7%**	**30,705**	**31,492**	**(2.5%)**	**31,412**	**(2.3%)**
Inpatient	1,954	1,689	15.7%	1,596	22.4%	5,615	5,195	8.1%	4,908	14.4%
Outpatient	8,772	8,297	5.7%	8,362	4.9%	25,090	26,297	(4.6%)	26,504	(5.3%)

	Month					Year to Date				
	Actual Sep-25	Budget Sep-25	Budget Variance	Prior Year Sep-24	Prior Year Variance	Actual Sep-25	Budget Sep-25	Budget Variance	Prior Year Sep-24	Prior Year Variance
Cardiac Cath RVUs	1,235	1,013	21.9%	1,037	19.1%	3,535	3,262	8.4%	3,336	6.0%
Escondido Interv. Radiology RVUs	868	924	(6.0%)	924	(6.1%)	2,498	2,904	(14.0%)	2,907	(14.1%)
Poway Interv. Radiology RVUs	275	256	7.5%	240	14.8%	886	777	14.0%	720	23.0%
Radiation Oncology RVUs	2,988	3,370	(11.3%)	3,116	(4.1%)	9,765	10,334	(5.5%)	9,358	4.4%
Infusion Therapy Hours	967	1,077	(10.2%)	889	8.8%	3,005	3,304	(9.1%)	2,841	5.8%
Imaging										
Escondido CAT Procedures	10,357	9,239	12.1%	8,900	16.4%	30,237	27,390	10.4%	26,380	14.6%
Poway CAT Procedures	2,833	2,609	8.6%	2,539	11.6%	8,636	7,735	11.7%	7,529	14.7%
Escondido MRI Procedures	500	456	9.7%	431	16.0%	1,556	1,416	9.9%	1,340	16.1%
Poway MRI Procedures	159	147	8.3%	148	7.4%	434	409	6.0%	415	4.6%
Escondido Diagnositic Rad. Procedures	7,212	6,882	4.8%	6,941	3.9%	21,007	21,059	(0.3%)	21,239	(1.1%)
Poway Diagnositic Rad. Procedures	2,204	2,167	1.7%	2,171	1.5%	6,589	6,472	1.8%	6,485	1.6%

*Includes The Villas at Poway

	Month					Year to Date				
	Actual Sep-25	Budget Sep-25	Budget Variance	Prior Year Sep-24	Prior Year Variance	Actual Sep-25	Budget Sep-25	Budget Variance	Prior Year Sep-24	Prior Year Variance
Key Statistics										
Acute Average LOS - Days	3.88	4.31	9.8%	4.38	(11.4%)	3.96	4.22	6.3%	4.30	(8.1%)
Average Observation Hours	27	27	(0.0%)	27	0.0%	26	29	11.3%	29	11.3%
Acute Case Mix - Excludes Deliveries	1.63	1.71	4.7%	1.71	4.7%	1.64	1.75	6.3%	1.75	6.3%
Acute Case Mix -Medicare Only	1.57	1.66	5.4%	1.66	5.4%	1.62	1.72	5.8%	1.72	5.8%
Labor Productivity by Hrs						99.9%	100%	0.1%	103.3%	3.3%
Days Cash on Hand						11.7				
Financial Performance										
Operating Income	757,857	(1,500,000)	2,257,857	(8,110,735)	8,868,592	4,253,091	(5,000,002)	9,253,093	(19,301,451)	28,554,544
Net Income	(1,521,233)	(3,925,848)	2,404,615	(10,044,292)	8,523,059	(1,911,897)	(12,319,306)	10,407,409	(25,006,476)	35,413,885
Oper. Expenses/Adj. Patient Days	4,004	3,940	1.6%	4,061	(1.4%)	3,822	3,958	(3.4%)	4,061	(5.9%)
EBIDA Margin-Excludes PHMG	9,283,007	6,592,490	40.8%	849,547	992.7%	30,371,039	19,235,711	57.9%	7,635,699	297.8%
EBIDA-Excludes PHMG	12.6%	9.5%	3.1%	1.3%	11.3%	13.8%	9.1%	4.7%	3.8%	0.9%

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Sep 25	Sep 25	Sep 25	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	16,940	16,839	101					
Adjusted Discharges	3,785	3,251	534					
Operating Revenue								
Gross revenue	512,535,349	483,885,749	28,649,600	2,912,727	25,736,873	30,255.92	28,736.63	1,519.30
Deductions from revenue	(440,133,502)	(415,503,497)	(24,630,005)	(2,501,103)	(22,128,902)	(25,981.91)	(24,675.60)	(1,306.31)
Net patient revenue	72,401,847	68,382,252	4,019,595	411,624	3,607,971	4,274.02	4,061.03	212.99
Other operating revenue	1,049,479	1,159,790	(110,311)	6,981	(117,292)	61.95	68.88	(6.92)
Total net revenue	73,451,326	69,542,042	3,909,284	418,605	3,490,679	4,335.97	4,129.91	206.06
Operating Expenses								
Salaries, wages & contract labor	30,920,004	29,930,585	(989,419)	(180,166)	(809,253)	1,825.27	1,777.49	(47.77)
Benefits	7,513,675	7,913,339	399,664	(47,634)	447,298	443.55	469.95	26.40
Supplies	10,734,391	10,561,599	(172,792)	(63,575)	(109,217)	633.67	627.22	(6.45)
Prof fees & purch svcs	15,262,239	14,402,097	(860,142)	(86,693)	(773,449)	900.96	855.30	(45.66)
Depreciation & amortization	4,866,590	4,703,548	(163,042)	(28,313)	(134,729)	287.28	279.33	(7.95)
Other	3,396,570	3,530,874	134,304	(21,254)	155,558	200.51	209.69	9.18
Total expenses	72,693,469	71,042,042	(1,651,427)	(427,634)	(1,223,793)	4,291.23	4,218.99	(72.24)
Income from operations	757,857	(1,500,000)	2,257,857	(9,029)	2,266,886	44.74	(89.08)	278.30
Non-operating revenue (expense)								
Property tax revenues [1]	2,141,666	2,141,667	(1)					
Investment Income	1,174,237	1,176,843	(2,606)					
Interest Expense	(4,458,852)	(4,335,990)	(122,862)					
Non-operating depreciation & amortization	(1,478,800)	(1,478,800)	-					
Other non-operating revenue(expense)	342,659	70,432	272,227					
Net income(loss) [2]	(1,521,233)	(3,925,848)	2,404,615					
EBIDA Margin	12.6%	9.5%	3.2%					

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

2= Excludes G.O. Bonds income / expense

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Sep 25	Sep 25	Sep 25	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	52,739	50,916	1,823					
Adjusted Discharges	11,507	10,046	1,461					
Operating Revenue								
Gross revenue	1,527,060,814	1,469,428,615	57,632,199	52,611,082	5,021,117	28,955.06	28,859.85	95.21
Deductions from revenue	(1,309,638,894)	(1,262,283,238)	(47,355,655)	(45,194,497)	(2,161,159)	(24,832.46)	(24,791.48)	(40.98)
Net patient revenue	217,421,920	207,145,377	10,276,544	7,416,585	2,859,958	4,122.60	4,068.37	54.23
Other operating revenue	2,859,944	3,479,370	(619,426)	124,575	(744,001)	54.23	68.34	(14.11)
Total net revenue	220,281,864	210,624,747	9,657,118	7,541,160	2,115,957	4,176.83	4,136.71	40.12
Operating Expenses								
Salaries, wages & contract labor	93,889,254	91,417,286	(2,471,969)	(3,273,083)	801,115	1,780.26	1,795.45	15.19
Benefits	21,186,774	24,009,098	2,822,324	(859,616)	3,681,940	401.73	471.54	69.81
Supplies	32,529,947	32,247,221	(282,726)	(1,154,572)	871,846	616.81	633.34	16.53
Prof fees & purch svcs	43,571,511	43,253,497	(318,014)	(1,548,638)	1,230,624	826.17	849.51	23.33
Depreciation & amortization	14,486,656	14,110,645	(376,011)	(505,214)	129,203	274.69	277.14	2.45
Other	10,364,631	10,587,002	222,371	(379,055)	601,426	196.53	207.93	11.40
Total expenses	216,028,773	215,624,749	(404,025)	(7,720,179)	7,316,155	4,096.19	4,234.91	138.72
Income from operations	4,253,091	(5,000,002)	9,253,093	(179,019)	9,432,112	80.64	(98.20)	(98.60)
Non-operating revenue (expense)								
operty tax revenues [1]	6,424,998	6,425,000	(2)					
Investment Income	3,562,505	3,530,531	31,974					
Interest Expense	(13,359,881)	(13,007,970)	(351,911)					
Non-operating depreciation & amortization	(4,436,400)	(4,436,400)	-					
Other non-operating revenue(expense)	1,643,790	169,535	1,474,255					
et income(loss) [2]	(1,911,897)	(12,319,306)	10,407,409					
EBIDA Margin	13.8%	9.1%	4.7%					

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

2= Excludes G.O. Bonds income / expense

	Actual	Prior Year	Variance	Variance		Dollars/Adjusted Patient Day		
	Sep 25	Sep 24	Sep 25	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	52,739	50,808	1,931					
Adjusted Discharges	11,507	10,080	1,427					
Operating Revenue								
Gross revenue	1,527,060,814	1,434,082,972	92,977,842	54,503,508	38,474,334	28,955.06	28,225.53	729.52
Deductions from revenue	(1,309,638,894)	(1,235,003,068)	(74,635,825)	(46,937,312)	(27,698,514)	(24,832.46)	(24,307.26)	(525.20)
Net patient revenue	217,421,920	199,079,904	18,342,017	7,566,196	10,775,820	4,122.60	3,918.28	204.32
Other operating revenue	2,859,944	2,871,267	(11,321)	109,125	(120,448)	54.23	56.51	(2.28)
Total net revenue	220,281,864	201,951,171	18,330,696	7,675,321	10,655,372	4,176.83	3,974.79	202.04
Operating Expenses								
Salaries, wages & contract labor	93,889,254	95,902,941	2,013,686	(3,644,870)	5,658,557	1,780.26	1,887.56	107.29
Benefits	21,186,774	25,763,110	4,576,336	(979,148)	5,555,484	401.73	507.07	105.34
Supplies	32,529,947	30,868,605	(1,661,342)	(1,173,187)	(488,155)	616.81	607.55	(9.26)
Prof fees & purch svcs	43,571,511	45,828,549	2,257,038	(1,741,752)	3,998,790	826.17	901.99	75.82
Depreciation & amortization	14,486,656	14,924,515	437,859	(567,219)	1,005,078	274.69	293.74	19.06
Other	10,364,631	7,964,902	(2,399,728)	(302,713)	(2,097,016)	196.53	156.76	(39.76)
Total expenses	216,028,773	221,252,622	5,223,849	(8,408,889)	13,632,738	4,096.19	4,354.68	258.49
Income from operations	4,253,091	(19,301,451)	23,554,542	(733,568)	24,288,110	80.64	(379.89)	(56.45)
Non-operating revenue (expense)								
Property tax revenues [1]	6,424,998	6,375,000	49,998					
Investment Income	3,562,505	3,819,775	(257,270)					
Interest Expense	(13,359,881)	(13,283,031)	(76,850)					
Non-operating depreciation & amortization	(4,436,400)	(4,434,629)	(1,771)					
Other non-operating revenue(expense)	1,643,790	1,817,860	(174,070)					
Net income(loss) [2]	(1,911,897)	(25,006,476)	23,094,579					
EBIDA Margin	13.8%	3.8%	10.0%					

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

2= Excludes G.O. Bonds income / expense

	Jul 25	Aug 25	Sep 25	Fiscal Year 2026
Adjusted Patient Days	17,851	17,948	16,940	52,739
Adjusted Discharges	3,734	3,988	3,785	11,507
Operating Revenue				
Gross revenue	514,243,464	500,282,001	512,535,349	1,527,060,814
Deductions from revenue	(441,255,169)	(428,250,221)	(440,133,502)	(1,309,638,892)
Net patient revenue	72,988,295	72,031,780	72,401,847	217,421,922
Other operating revenue	864,100	946,365	1,049,479	2,859,944
Total net revenue	73,852,396	72,978,145	73,451,326	220,281,865
Operating Expenses				
Salaries, wages & contract labor	31,865,141	31,104,110	30,920,004	93,889,255
Benefits	7,366,292	6,306,806	7,513,675	21,186,774
Supplies	11,103,543	10,692,013	10,734,391	32,529,947
Prof fees & purch svcs	13,799,753	14,509,520	15,262,239	43,571,511
Depreciation & amortization	4,843,923	4,776,143	4,866,590	14,486,656
Other	2,794,212	4,173,848	3,396,570	10,364,631
Total expenses	71,772,864	71,562,440	72,693,470	216,028,773
Income from operations	2,079,532	1,415,705	757,856	4,253,092
Non-operating revenue (expense)				
Property tax revenues [1]	2,141,666	2,141,666	2,141,666	6,424,998
Investment Income	1,263,898	1,124,368	1,174,237	3,562,504
Interest Expense	(4,435,614)	(4,465,415)	(4,458,852)	(13,359,881)
Non-operating depreciation & amortization	(1,478,800)	(1,478,800)	(1,478,800)	(4,436,400)
Other non-operating revenue(expense)	759,733	541,399	342,659	1,643,790
Net income(loss) [2]	330,414	(721,077)	(1,521,235)	(1,911,898)
EBIDA Margin	15.0%	13.7%	12.6%	13.8%

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

2= Excludes G.O. Bonds income / expense

Statement of Net Position excluding G.O. Bonds

Excludes PHMG

PALOMAR HEALTH
Reimagining Healthcare

Assets	Current Fiscal Year Jul-25	Aug-25	Sep-25	Prior Fiscal Year Jun-25
Current Assets				
Cash and cash equivalents	7,715,174	5,915,164	8,555,786	15,000,751
Investments	26,645,793	11,942,190	16,999,733	28,463,741
Board Designated	-	-	-	-
Total cash,cash equivalents & investments	34,360,967	17,857,354	25,555,520	43,464,492
Patient Accounts Receivable	501,661,125	495,184,265	515,473,592	504,133,063
Allowance on accounts	(363,415,617)	(359,574,409)	(386,434,472)	(360,699,498)
Net accounts receivable	138,245,508	135,609,856	129,039,121	143,433,565
Inventories	12,192,020	12,193,745	12,191,916	12,194,024
Prepaid expenses	8,414,841	9,163,504	7,967,855	8,309,163
Est. third party settlements	102,799,692	118,658,419	121,734,538	95,529,680
Other	74,667,886	76,480,905	78,978,057	71,655,917
Total current assets	370,680,916	369,963,782	375,467,006	374,586,840
Non-Current Assets				
Restricted assets	87,649,251	86,679,118	86,969,493	87,348,717
Restricted other	357,763	357,836	357,905	357,688
Total restricted assets	88,007,014	87,036,954	87,327,398	87,706,405
Property, plant & equipment	1,593,095,057	1,593,370,018	1,594,521,102	1,593,114,786
Accumulated depreciation	(689,971,427)	(693,613,872)	(697,255,551)	(686,328,663)
Construction in process	39,225,291	39,757,446	40,374,705	39,167,673
Net property, plant & equipment	942,348,921	939,513,592	937,640,256	945,953,795
Right of Use Assets				
Building leases	275,493,237	274,153,716	272,814,196	276,832,758
Sub-leases	224,796	214,643	207,285	234,948
Equipment leases	17,510,542	16,936,144	17,034,113	18,084,940
SBITA	15,250,219	14,561,793	14,051,161	16,006,107
Net right of use assets	308,478,794	305,866,296	304,106,755	311,158,754
Investment related companies	5,861,473	6,341,720	5,958,932	5,718,913
Prepaid debt insurance costs	6,960,323	6,934,349	6,908,375	6,986,297
Other non-current assets	65,898,846	65,607,632	65,320,388	66,188,501
Total non-current assets	1,417,555,370	1,411,300,543	1,407,262,104	1,423,712,664
Total assets	**1,788,236,286**	**1,781,264,326**	**1,782,729,110**	**1,798,299,504**
Deferred outflow of resources-loss on refunding of debt	41,684,826	41,466,911	41,248,997	41,902,741
Total assets and deferred outflow of resources	**1,829,921,112**	**1,822,731,237**	**1,823,978,107**	**1,840,202,245**

Liabilities	Current Fiscal Year Jul-25	Aug-25	Sep-25	Prior Fiscal Year Jun-25
Current Liabilities				
Accounts payable	88,471,281	86,828,127	99,672,474	94,240,154
Accrued payroll	39,035,660	38,101,618	35,839,681	49,881,621
Accrued PTO	24,100,886	24,439,919	24,366,560	23,828,506
Accrued interest payable	10,889,126	14,056,227	16,591,544	7,842,158
Current portion of bonds	8,925,000	8,925,000	8,925,000	8,925,000
Current portion of lease liab	21,307,427	21,233,917	21,278,235	21,510,594
Est. third party settlements	8,593,099	8,593,099	8,593,089	8,593,099
Other current liabilities	156,580,782	154,318,697	151,063,420	147,853,726
Total current liabilities	357,903,261	356,496,604	366,330,003	362,674,858
Long Term Liabilities				
Other LT liabilities	27,422,742	27,400,837	24,878,932	27,444,646
Bonds & contracts payable	712,977,093	712,754,386	712,531,680	713,199,799
Lease liabilities	325,881,387	324,357,809	323,356,786	327,879,779
Total long term liabilities	1,066,281,221	1,064,513,032	1,060,767,398	1,068,524,225
Total liabilities	**1,424,184,482**	**1,421,009,636**	**1,427,097,401**	**1,431,199,083**
Deferred inflow of resources-unearned revenue	6,538,620	6,738,102	7,058,812	6,547,471
Total liabilities and deferred inflow of resources	**1,430,723,102**	**1,427,747,738**	**1,434,156,213**	**1,437,746,554**
Net Position				
Unrestricted	398,840,247	394,625,662	389,463,989	402,098,003
Restricted for other purpose	357,763	357,836	357,905	357,688
Total net position	399,198,010	394,983,498	389,821,894	402,455,691
Total liabilities, deferred inflow of resources and net position	**1,829,921,112**	**1,822,731,237**	**1,823,978,107**	**1,840,202,245**

Statement of Net Position including G.O. Bonds
Excludes PHMG

PALOMAR HEALTH
Reimagining Healthcare®

	Current Fiscal Year			Prior Fiscal Year
Assets	Jul-25	Aug-25	Sep-25	Jun-25
Current Assets				
Cash and cash equivalents	7,715,174	5,915,164	8,555,786	15,000,751
Investments	26,645,793	11,942,190	16,999,733	28,463,741
Board Designated	-	-	-	-
Total cash,cash equivalents & investments	34,360,967	17,857,354	25,555,520	43,464,492
Patient Accounts Receivable	501,661,125	495,184,265	515,473,592	504,133,063
Allowance on accounts	(363,415,617)	(359,574,409)	(386,434,472)	(360,699,498)
Net accounts receivable	138,245,508	135,609,856	129,039,121	143,433,565
Inventories	12,192,020	12,193,745	12,191,916	12,194,024
Prepaid expenses	8,414,841	9,163,504	7,967,855	8,309,163
Est. third party settlements	102,799,692	118,658,419	121,734,538	95,529,680
Other	78,800,647	84,244,513	90,348,947	71,973,475
Total current assets	374,813,677	377,727,391	386,837,896	374,904,398
Non-Current Assets				
Restricted assets	164,462,664	128,969,562	129,924,368	163,601,420
Restricted other	357,763	357,836	357,905	357,688
Total restricted assets	164,820,427	129,327,398	130,282,273	163,959,108
Property, plant & equipment	1,593,095,057	1,593,370,018	1,594,521,102	1,593,114,786
Accumulated depreciation	(689,971,427)	(693,613,872)	(697,255,551)	(686,328,663)
Construction in process	39,225,291	39,757,446	40,374,705	39,167,673
Net property, plant & equipment	942,348,921	939,513,592	937,640,256	945,953,795
Right of Use Assets				
Building leases	275,493,237	274,153,716	272,814,196	276,832,758
Sub-leases	224,796	214,643	207,285	234,948
Equipment leases	17,510,542	16,936,144	17,034,113	18,084,940
SBITA	15,250,219	14,561,793	14,051,161	16,006,107
Net right of use assets	308,478,794	305,866,296	304,106,755	311,158,754
Investment related companies	5,861,473	6,341,720	5,958,932	5,718,913
Prepaid debt insurance and other costs	8,098,093	8,060,467	8,022,840	8,136,372
Other non-current assets	65,898,846	65,607,632	65,320,388	66,188,501
Total non-current assets	1,495,506,553	1,454,717,105	1,451,331,444	1,501,115,443
Total assets	**1,870,320,231**	**1,832,444,495**	**1,838,169,340**	**1,876,019,841**
Deferred outflow of resources-loss on refunding of debt	44,042,405	43,806,630	43,570,855	44,278,181
Total assets and deferred outflow of resources	**1,914,362,636**	**1,876,251,126**	**1,881,740,196**	**1,920,298,022**

	Current Fiscal Year			Prior Fiscal Year
Liabilities	Jul-25	Aug-25	Sep-25	Jun-25
Current Liabilities				
Accounts payable	88,471,281	86,828,127	99,672,474	94,240,154
Accrued payroll	39,035,660	38,101,618	35,839,681	49,881,621
Accrued PTO	24,100,886	24,439,919	24,366,560	23,828,506
Accrued interest payable	36,010,651	17,327,756	23,134,602	29,897,032
Current portion of bonds	19,081,756	19,731,216	19,731,216	19,081,756
Current portion of lease liab	21,307,427	21,233,917	21,278,235	21,510,594
Est. third party settlements	8,593,099	8,593,099	8,593,089	8,593,099
Other current liabilities	91,031,369	89,374,885	86,736,837	81,698,710
Total current liabilities	327,632,129	305,630,537	319,352,694	328,731,473
Long Term Liabilities				
Other LT liabilities	27,422,742	27,400,837	24,878,932	27,444,646
Bonds & contracts payable	1,339,761,558	1,328,386,445	1,327,817,548	1,340,117,039
Lease liabilities	325,881,387	324,357,809	323,356,786	327,879,779
Total long term liabilities	1,693,065,686	1,680,145,091	1,676,053,266	1,695,441,465
Total liabilities	2,020,697,815	1,985,775,629	1,995,405,960	2,024,172,938
Deferred inflow of resources-unearned revenue	72,088,033	71,681,913	71,385,395	72,702,486
Total liabilities and deferred inflow of resources	**2,092,785,848**	**2,057,457,542**	**2,066,791,355**	**2,096,875,424**
Net Position				
Unrestricted	(178,780,975)	(181,564,253)	(185,409,064)	(176,935,090)
Restricted for other purpose	357,763	357,836	357,905	357,688
Total net position	(178,423,212)	(181,206,416)	(185,051,159)	(176,577,402)
Total liabilities, deferred inflow of resources and net position	**1,914,362,636**	**1,876,251,126**	**1,881,740,196**	**1,920,298,022**

	Sep-25	YTD
CASH FLOWS FROM OPERATING ACTIVITIES:		
Income (Loss) from operations	757,857	4,253,094
Adjustments to reconcile change in net assets to net cash provided from operating activities:		
Depreciation Expense	4,866,590	14,486,656
Provision for bad debts	6,731,902	21,383,131
Changes in operating assets and liabilities:		
Patient accounts receivable	(161,166)	(6,988,686)
Property Tax and other receivables	(585,221)	(1,508,891)
Inventories	1,829	2,108
Prepaid expenses and other current assets	1,780,280	1,192,334
Accounts payable	12,844,347	5,432,320
Accrued compensation	(2,335,297)	(13,503,887)
Estimated settlement amounts due third-party payors	(3,076,129)	(26,204,868)
Other liabilities	(2,209,312)	5,909,933
Net cash provided from (used by) operating activities	18,615,679	4,453,243
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net (purchases) sales of investments	(6,012,418)	45,140,843
Income (Loss) on investments	1,312,617	4,196,289
Investment in affiliates	(3,929,160)	(11,873,260)
Net cash provided from (used by) investing activities	(8,628,961)	37,463,872
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:		
Receipt of G.O. Bond Taxes	526,052	1,346,668
Receipt of District Taxes	340,537	944,155
Net cash provided from non-capital financing activities	866,589	2,290,823
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Proceeds on asset sale	143	546
Proceeds from the issuance of long-term debt		0
Cost of Issuance payments		0
Acquisition of property plant and equipment	(1,768,343)	(2,613,348)
Redevelopment Trust Fund Distributions	0	0
G.O. Bond Interest paid	0	(25,121,525)
Revenue Bond Interest paid	0	0
ROU Interest paid	(1,288,656)	(3,864,578)
Proceeds (Payments) of Long Term Debt	(2,500,000)	(12,656,756)
Payments of Long Term Lease Liabilities	(2,655,829)	(6,397,243)
Net cash provided from (used by) capital and related financing activities	(8,212,685)	(50,652,904)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	2,640,622	(6,444,965)
CASH AND CASH EQUIVALENTS - Beginning of period	5,915,164	15,000,751
CASH AND CASH EQUIVALENTS - End of period	8,555,786	8,555,786

PALOMAR HEALTH®
Reimagining Healthcare®

Supplemental Information

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

	Palomar Health	PHMG	PAC	NCRE	SANDEMA	Eliminations	Total
ASSETS							
Current assets	429,848,774	41,266,998	3,828,577	168,877	2,026,122	(64,000,123)	413,139,224
Capital assets - net	937,640,256	6,751,716	-	868,948	-	-	945,260,920
Right of use assets - net	304,106,754	26,718,819		-	-	(18,171,350)	312,654,223
Non-current assets	166,573,557	2,225,826	-	-	-	-	168,799,382
Total assets	1,838,169,341	76,963,359	3,828,577	1,037,825	2,026,122	(82,171,473)	1,839,853,750
Deferred outflow of resources	43,570,855	-	-			-	43,570,855
TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES	**1,881,740,196**	**76,963,359**	**3,828,577**	**1,037,825**	**2,026,122**	**(82,171,473)**	**1,883,424,605**
LIABILITIES AND NET POSITION							
Current liabilities	280,795,543	101,089,999	3,582,843	1,465,528	347,235	(67,372,719.67)	319,908,423
Long-term liabilities	1,369,968,255	(0)	-	-	-	-	1,369,968,255
Right of use lease liabilities	323,356,786	22,379,915	-	-	-	(15,883,145)	329,853,556
Total liabilities	1,974,120,584	123,469,914	3,582,843	1,465,528	347,235	(83,255,865)	2,019,730,234
Deferred inflow of resources - deferred revenue	92,670,771	-	-	-	-	-	92,670,771
Total liabilities and deferred inflow of resources	2,066,791,355	123,469,914	3,582,843	1,465,528	347,235	(83,255,865)	2,112,401,005
Invested in capital assets - net of related debt	(320,122,840)	5,190,463	-	1,660,879	-	1,084,392	(312,187,106)
Restricted	21,490,181	-	-	-	-	-	21,490,181
Unrestricted	113,581,500	(51,697,017)	245,734	(2,088,582)	1,678,888	-	61,720,525
Total net position	(185,051,159)	(46,506,555)	245,734	(427,703)	1,678,888	1,084,392	(228,976,399)
TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION	**1,881,740,196**	**76,963,359**	**3,828,577**	**1,037,825**	**2,026,122**	**(82,171,473)**	**1,883,424,605**

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

	Palomar Health	PHMG	PAC	NCRE	SANDEMA	Elimination	YTD Consolidated
OPERATING REVENUE:							
Net patient service revenue	194,715,497	17,090,295	-	-	-	-	211,805,792
Shared risk revenue	22,706,425	4,564,682	-	-	-	-	27,271,107
Other revenue	2,859,942	981,572	-	2,123,635	7,416,331	(126,850)	13,254,630
PH Program revenue	-	7,311,861	-	-	-	(7,311,861)	-
Total operating revenue	220,281,864	29,948,410	-	2,123,635	7,416,331	(7,438,711)	252,331,529
OPERATING EXPENSES	201,542,117	46,972,313	3,689,801	2,522,613	6,332,445	(7,438,711)	253,620,578
DEPRECIATION AND AMORTIZATION	14,486,656	1,013,399	-	-	-	-	15,500,055
Total operating expenses	216,028,773	47,985,712	3,689,801	2,522,613	6,332,445	(7,438,711)	269,120,633
INCOME (LOSS) FROM OPERATIONS	**4,253,091**	**(18,037,302)**	**(3,689,801)**	**(398,978)**	**1,083,886**	**-**	**(16,789,104)**
NON-OPERATING INCOME (EXPENSE):							
Investment income	4,196,288	3,449,287	-	-	-	-	7,645,575
Interest expense	(22,233,626)	(22,063)	-	-	-	-	(22,255,689)
Property tax revenue	18,824,998	-	-	-	-	-	18,824,998
Other - net	(2,781,979)	(19,122)	-	-	-	1,385,921	(1,415,180)
Total non-operating expense - net	(1,994,319)	3,408,102	-	-	-	1,385,921	2,799,704
CHANGE IN NET POSITION	**2,258,772**	**(14,629,200)**	**(3,689,801)**	**(398,978)**	**1,083,886**	**1,385,921**	**(13,989,400)**
Interfund - PHMG	(10,592,161)	10,595,340	-	-	-	-	3,179
							-
Net Position - Beginning of year	(176,717,770)	(42,472,695)	3,935,535	(324,790)	1,334,334	(301,529)	(214,546,915)
Prior Period Adj-Assets				296,065	(739,332)		
Effect of adopting GASB 87		-	-			-	-
NET POSITION - Beginning of year	(176,717,770)	(42,472,695)	3,935,535	(28,725)	595,002	(301,529)	(214,990,182)
NET POSITION - Year to date	**(185,051,158)**	**(46,506,558)**	**245,733**	**(427,703)**	**1,678,888**	**1,084,392**	**(228,976,399)**
EBIDA							28,202,745
EBIDA Margin							11.2%

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

Assets	
Current Assets	
Cash and cash equivalents	$ 14,530,341
Investments	16,999,737
Patient accounts receivable - net of allowances for uncollectible accounts of $121,050	143,092,799
Other receivables	50,519,880
Supplies and inventories	12,868,122
Prepaid expenses and other	10,382,934
Estimated third-party payor settlements receivable	121,734,538
Assets whose use is limited - current portion	55,999
Restricted cash and investments, current	42,954,875
Total current assets	413,139,225
Restricted Noncurrent Cash and Investments	
Held by trustee under indenture agreements	86,241,870
Held by trustee under general obligation bonds indenture	42,954,875
Held in escrow for street improvements	727,623
Restricted by donor and other	357,905
Total restricted cash and investments	130,282,273
Less amounts required to meet current obligations	43,010,874
Total restricted noncurrent cash and investments	87,271,399
Capital Assets - net	945,260,920
Right of Use Assets - Net	312,654,223
Other Assets	
Prepaid debt insurance costs	8,022,840
Investment in and amounts due from affiliated entities	6,559,325
Other	66,945,815
Total other assets	81,527,983
Total assets	1,839,853,750
Deferred outflow of resources - loss on refunding of debt	43,570,855
Total Assets and Deferred Outflow of Resources	$ 1,883,424,605

Liabilities	
Current Liabilities	
Accounts payable	103,087,020
Accrued compensation and related liabilities	54,197,787
Current portion of general obligation bonds	10,806,216
Current portion of long-term debt	9,028,144
Current portion of lease liabilities	23,805,796
Estimated third-party payor settlements	(10)
Other accrued liabilities	95,816,280
Accrued interest payable	21,772,155
Accrued interest payable-ROU's	1,395,035
Total current liabilities	319,908,422
Long-term debt - general obligation bonds - net of current portion	615,285,868
Long-term debt - net of current portion	754,682,387
Long-term debt - Lease liability - net of current portion	329,853,556
Total liabilities	2,019,730,233
Deferred inflow of resources - unearned revenue	92,670,771
Total liabilities and deferred inflow of resources	2,112,401,004
Net Position	
Net investment in capital assets	(312,187,106)
Restricted, expendable for:	
Repayment of debt	20,404,653
Capital acquisitions	727,623
Other purposes	357,905
Unrestricted	61,720,526
Total net position	(228,976,399)
Total Liabilities, Deferred Inflow of Resources, and Net Position	$ 1,883,424,605

Operating Revenue		
Patient service revenue, net of provision for uncollectible accounts of $20,335	$	211,805,792
Premium revenue		
Shared risk revenue		27,271,107
Other revenue		13,254,632
Total operating revenue		252,331,531
Operating Expenses		
Salaries, wages, and benefits		152,455,450
Professional fees		18,836,671
Supplies		34,695,490
Purchased services		27,515,578
Depreciation and amortization		15,500,055
Rent expense		5,191,682
Utilities		2,562,875
Other		12,362,316
Total operating expenses		269,120,116
Income (Loss) From Operations		(16,788,585)
Non-Operating Income (Expenses)		
Investment income		7,645,575
Interest expense		(22,255,689)
Property tax revenue - unrestricted		6,424,998
Property tax revenue - restricted		12,400,000
Amortization expense		(4,436,400)
Other - net		3,024,402
Total non-operating expenses - net		2,802,886
Change in net position		(13,985,699)
Net Position - Beginning of year		(214,546,915)
Net Position - Adjustment to begin Bal		(443,784.00)
Net Position - Beginning of year (as restated)		(214,990,699)
Net Position - September 30, 2025	$	(228,976,398)

CASH FROM OPERATING ACTIVITIES	
Receipts from:	
Patients, insurers, and other third-party payers	245,453,628
Other sources	(21,170,663)
Payments to:	
Employees	(166,495,936)
Suppliers	(76,134,836)
Net cash provided by operating activities	(18,347,807)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES	
Receipt of district taxes	6,424,998
Net cash provided by noncapital financing activities	6,424,998
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES	
Acquisition and construction of capital assets	(9,285,720)
Interest payments on long-term debt	(26,097,060)
Interest payments on lease liabilities	(3,602,156)
Principal repayment on long-term debt	(12,760,683)
Principal repayment on lease obligations	(5,714,974)
Proceeds on sale of capital assets	745
Receipt of property taxes restricted for debt service on general obligation bonds	12,400,000
Other	(3,918,569)
Net cash used in capital and related financing activities	(48,978,417)
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of investments	(6,346,668)
Proceeds from sale of investments	53,304,659
Interest received on investments and notes receivable	5,828,425
Net cash provided by (used in) investing activities	52,786,416
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(8,114,809)
CASH AND CASH EQUIVALENTS - beginning of year	22,645,150
CASH AND CASH EQUIVALENTS - end of year	$ 14,530,341

Days Cash on Hand Ratio Covenant	September 30, 2025 Consolidated
Cash and Cash Equivalents	31,024,099
Total	31,024,099
Divide Total by Average Adjusted Expenses per Day	
Total Expenses	269,120,114
Less: Depreciation	15,500,055
Adjusted Expenses	253,620,060
Number of days in period	92
Average Adjusted Expenses per Day	2,756,740
Days Cash on Hand	**11.3**
REQUIREMENT	**65**

Debt Service Coverage Ratio Covenant	September 30, 2025 Consolidated
Excess of revenues over expenses	(18,844,455)
REVERSE:	
Depreciation and Amortization	15,500,055
Depreciation and Amortization-NonOp	4,436,400
Interest Expense	13,381,944
Income Available for Debt Service	14,473,944
Divided by:	
Maximum Annual Debt Service (excludes GO Bonds)	14,072,589
Debt Service Coverage Ratio	**1.03**
REQUIREMENT	**1.15**
	NOT ACHIEVED

NOTE: Pre-audit results shown

ADDENDUM C

RESOLUTION NO. 11.10.25(01)- 21

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH AUTHORIZING EXECUTION AND DELIVERY OF AN AMENDED AND RESTATED PROMISSORY NOTE, THE FIRST AMENDMENT TO LOAN AND SECURITY AGREEMENT, AND CERTAIN ACTIONS IN CONNECTION THEREWITH RELATED TO THE LOAN AND SECURITY AGREEMENT BY AND BETWEEN PALOMAR HEALTH AND THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY PURSUANT TO THE NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM II

WHEREAS, Palomar Health (the "Borrower") is a nondesignated public hospital, as defined in Welfare and Institutions Code Section 14165.55, subdivision (1), excluding those affiliated with county health systems pursuant to Section 2.0, Chapter 43. Statutes of 2022;

WHEREAS, the California Legislature enacted Assembly Bill 102 (Chapter 38, Statutes of 2023) and Assembly Bill 104 (Chapter 52, Statutes of 2023), which extended the repayment period of the Nondesignated Public Hospital Bridge Loan Program II (the "Loan Program") from 24 months to 60 months, and adjusted the repayment structure and discharge accordingly;

WHEREAS, Borrower and the California Health Facilities Financing Authority (the "Lender") are parties to that certain Loan Security Agreement, dated as of December 20, 2022 (as amended, supplemented or otherwise modified from time to time, the "Loan Agreement");

WHEREAS, the Board of Directors has determined that it is advisable and in the best interests of Borrower to enter into the First Amendment to Loan and Security Agreement in substantially the form attached hereto as Exhibit A (the "First Amendment") and the Amended and Restated Promissory Note in substantially the form attached hereto as Exhibit B (the "Amended and Restated Note"), together with any other documents necessary, convenient, or desirable, in the reasonable discretion of Lender, in connection therewith.

NOW THEREFORE, BE IT RESOLVED by the Board of Directors of Palomar Health as Board of the Borrower as follows:

Section 1. The proposed form of the First Amendment is hereby approved. Diane L. Hansen, President and Chief Executive Officer (the "Authorized Officer(s)") is hereby authorized and directed, for and on behalf of Borrower, to execute the First Amendment in substantially the form attached hereto as Exhibit A , with those changes therein as the Authorized Officer(s) may require or approve, that approval to be conclusively evidenced by the execution and delivery thereof.

Section 2. The proposed form of the Amended and Restated Note is hereby approved. The Authorized Officer(s) is hereby authorized and directed, for and on behalf of Borrower, to execute the Amended and Restated Note in substantially the form attached hereto as Exhibit B, with those changes therein as the Authorized Officer(s) may require or approve, that approval to be conclusively evidenced by the execution and delivery thereof.

Section 3. The Authorized Officer(s) is hereby authorized and directed, for and on behalf of Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer(s) deem(s) necessary or advisable to enter into the First Amendment and the Amended and Restated Note and otherwise to effectuate the purposes of this Resolution and transactions contemplated hereby.

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

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: November 10, 2025

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

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Nondesignated Public Hospital Bridge Loan Program II

FIRST AMENDMENT TO LOAN AND SECURITY AGREEMENT

This First Amendment to Loan and Security Agreement ("First Amendment"), is entered into by and between the CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, a public instrumentality of the State of California, having its principal place of business at 901 P Street, Suite 313, Sacramento, California 95814 (together with its successors and assigns, the "Authority" or the "Lender") and **Palomar Health**, a California Local Healthcare District, DBA Palomar Medical Center Escondido and Palomar Medical Center Poway, both of which are nondesignated public hospitals as defined in the Nondesignated Public Hospital Bridge Loan Program II Guidelines, having its principal place of business at **120 Craven Road, Suite 200, San Marcos, California 92078** ("Borrower"). This First Amendment is effective and dated as of the date last executed by the parties hereto (the "First Amendment Effective Date").

RECITALS

A. Borrower and the Lender are parties to that certain Loan and Security Agreement, dated as of **December 20, 2022** (as amended, supplemented or otherwise modified and in effect immediately prior to the First Amendment Effective Date, the "Original Loan Agreement" and, the Original Loan Agreement as modified by this First Amendment, the "Loan Agreement");

B. Pursuant to certain statutory changes in **Assembly Bill 102**, chaptered on **June 27, 2025**, Borrower was granted an extension of the loan repayment period and must provide the Lender with any financial documentation or records deemed necessary to monitor compliance with the terms of the loan.

C. Borrower and the Lender wish to amend the Original Loan Agreement in certain respects as set forth herein;

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

1. **Certain Defined Terms**. Except as otherwise defined in this First Amendment, terms defined in the Original Loan Agreement are used herein as defined therein.

2. **Amendment**. Subject to the satisfaction of the conditions precedent set forth in Section 5 of this First Amendment:

(a) Section 1.8 of the Original Loan Agreement is hereby amended to read as follows (additions shown in **double underline bold** and deletions in ~~strikethrough~~):

"Section 1.8 DUE DATE means no later than **sixty (60)** ~~twenty four (24)~~ months from the date of this Agreement."

(b) Section 2(b) of the Original Loan Agreement is hereby amended to read as follows (additions shown in **double underline bold** and deletions in ~~strikethrough~~):

"Section 2(b) The Loan Repayment. Borrower's obligation to repay the Loan shall be evidenced by the "Note" payable to the order of the Lender, in which Borrower agrees to repay the principal sum of the Loan **in equal monthly installments, commencing thirty-six (36) months from the Effective Date of this Agreement until the principal sum of the Loan is paid in full, which shall occur no later than sixty (60)** ~~no later than twenty-four (24)~~ months from the date of this Agreement, or the Due Date. Borrower shall have the right at any time to repay the Note in whole or in part without premium or penalty."

(c) Section 3 of the Original Loan Agreement is hereby amended to read as follows (additions shown in **double underline bold** and deletions in ~~strikethrough~~):

"Section 3 Security Agreement. To induce Lender to make the Loan, to secure Borrower's performance under this Agreement, and to ensure the punctual payment of the amount due under this Agreement and the Note, the Borrower hereby grants a security interest to Lender and to its successors, and assigns, for so long as Borrower has any obligations to Lender under this Agreement, and for the security and benefit of the Lender, in twenty percent (20%) of the Borrower's respective checkwrite payments (all those rights being the Collateral).

Borrower agrees to execute a written agreement, substantially in the form set forth in Exhibit A attached hereto and incorporated herein by reference, that authorizes DHCS to redirect Borrower's checkwrite payments to the Lender if the Loan amount is not repaid **as required in this Agreement.** ~~in full within the Due Date, twenty-four (24) months of the date of this Agreement,~~ until that time as the Loan to the Borrower made by Lender, including any fees and other loan related costs as may arise, is paid in full, By the execution of the attached agreement, Borrower agrees to assign the Collateral, 20% of its respective checkwrite payments, to the Lender until the Lender notifies DHCS that the loan has been satisfied."

(d) Section 7(e) of the Original Loan Agreement is hereby amended to read as follows (additions shown in **double underline bold** and deletions in ~~strikethrough~~):

"Section 7(e) Events of Default. if the Loan amount due under this Agreement is not **repaid in equal monthly installments beginning thirty-six (36) months after the date of this Agreement until the Loan is** paid in full by the Due Date, which is within **sixty (60)** ~~twenty-four (24)~~ months from the date of this Agreement, then, at the option and upon the declaration of Lender, all amounts owed to Lender under this Agreement and the Note, without presentment, demand, protest, or notice of any kind, all of which are hereby expressly waived, shall become immediately due and payable, and Lender may immediately, and without expiration of any period of grace, enforce payment of all

amounts owed to Lender under this Agreement and the Note and exercise any and all other remedies granted to it at law, in equity or otherwise, for the enforcement of realization of the security interests provided in this Agreement. In addition, Lender shall be entitled to recover from Borrower all costs and expenses, including, without limitation, reasonable attorneys' fees, incurred by Lender in exercising any remedies under this Agreement.

No delay in accelerating the maturity of any obligation contained in this Agreement or in taking any other action with respect to any Event of Default shall affect the rights of Lender later to take that action with respect thereto, and no waiver as to a prior occasion shall affect rights as to any other Event of Default. A waiver or release with reference to any one event shall not be construed as continuing, as a bar to, or as a waiver or release of, any subsequent right, remedy, or recourse as to a subsequent event.

Borrower waives presentment and demand for payment, notice of intent to accelerate maturity, notice of acceleration and maturity, protest or notice of protest and nonpayment, bringing of suit, and diligence in taking any action to collect any sums owing under this Agreement, and agrees that its liability on this Agreement shall not be affected by any release of or change in any security for the payment of sums due under this Agreement.

If Borrower fails to **repay the Loan as required in this Agreement and Note, and the failure remains uncured for a period of thirty (30) calendar days** ~~pay its one-time installment of principial due under this Agreement by the Due Date of the one-time installment~~, Borrower shall pay Lender the Collateral, twenty percent (20%) of its respective checkwrite payments, due for the purpose of the handling of a delinquent payment. Borrower and Lender agree that the method of repayment represents a reasonable means of collection considering all of the circumstances existing on the date of this Agreement.

Acceptance by the Lender or holder of the Note of any installment after any default under this Agreement shall not operate to extend the time of payment of any amount then remaining unpaid or constitute a waiver of any other rights of the Lender or holder under the Note or this Agreement."

3. **Reaffirmation**. Borrower (a) acknowledges and consents to all of the terms and conditions of this First Amendment, (b) agrees that this First Amendment and any documents executed in connection herewith do not operate to reduce or discharge Borrower's obligations under the Loan Documents, and (c) agrees that this First Amendment and any documents executed in connection herewith shall not impair or otherwise adversely affect any of the guarantees or liens provided or granted pursuant to the Loan Documents. Each other Loan Document and all guarantees, pledges, grants, security interests and other agreements thereunder shall continue to be in full force and effect and Borrower reaffirms the Loan Document and all guarantees, pledges, grants, security interests and other agreements thereunder.

4. **Representations and Warranties**.

To induce the Lender to enter into this First Amendment, Borrower hereby represents and warrants to the Lender that as of the First Amendment Effective Date and, until the Amended and Restated Note is paid in full and all obligations under the Loan Agreement are performed in full, that:

(a) Borrower has the requisite right, power and authority to execute and deliver this First Amendment and to perform the obligations of the Loan Agreement.

(b) Borrower has duly authorized, executed and delivered this First Amendment.

(c) This First Amendment and the other Loan Documents constitute the legal, valid and binding obligations of Borrower, enforceable in accordance with the terms thereof, subject to bankruptcy, insolvency, reorganization, arrangement, fraudulent conveyance, moratorium and other laws relating to or affecting the enforcement of creditors' rights, to the application of equitable principles, regardless of whether enforcement is sought in a proceeding at law or in equity, to public policy and to the exercise of judicial discretion in appropriate cases.

(d) The execution and delivery by Borrower of this First Amendment and the performance by Borrower of this First Amendment and the performance by Borrower of the other Loan Documents will not: conflict with or constitute a breach of, violation or default (with due notice or the passage of time or both) under the articles of incorporation or bylaws of Borrower, any applicable law or administrative rule or regulation or any applicable court or administrative decree or order, or any indenture, mortgage, deed of trust, loan agreement, lease, contract or other agreement, evidence of indebtedness or instrument to which Borrower is a party or to which or by which it or its properties are otherwise subject or bound, or result in the creation or imposition of any prohibited lien, charge or encumbrance of any nature whatsoever upon any of the property or assets of Borrower, which conflict, violation, breach, default, lien, charge or encumbrance might have consequences that would materially and adversely affect the performance of Borrower of this First Amendment or any of the Loan Documents.

(e) The representations and warranties set forth in Section 4 of the Original Loan Agreement, and in each of the other Loan Documents, are true and complete on the date hereof as if made on and as of the date hereof (or, if any such representation or warranty is expressly stated to have been made as of a specific date, such representation or warranty shall be true and correct as of such specific date), and as if each reference in said Section 4 to "this Agreement" included reference to this First Amendment.

5. **Conditions Precedent**. The amendments set forth in Section 2 shall not become effective until the Lender is satisfied that all of the following conditions have been met:

(a) Borrower shall have delivered to the Lender a duly executed First Amendment and Amended and Restated Promissory Note in the form attached hereto as Exhibit B.

(b) Borrower shall have delivered to the Lender a resolution of Borrower's board of directors or governing body duly authorizing the execution and delivery by it of this

First Amendment and Amended and Restated Promissory Note in the form attached hereto as Exhibit B and the performance of the Loan Agreement and such Amended and Restated Promissory Note.

(c) Borrower shall have delivered to the Lender any other documents (i) reasonably required by the Lender in connection with carrying out the purpose of this First Amendment; and (ii) that the Lender requested in writing on or before the date the Lender executed this First Amendment.

6. **Miscellaneous.**

(a) References in the Loan Agreement to "this Agreement" (and indirect references such as "hereunder", "hereby", "herein" and "hereof") and references to the Loan Agreement in other Loan Documents shall in each case be deemed to be references to the Loan Agreement as amended hereby.

(b) This First Amendment shall constitute a Loan Document for purposes of the Loan Agreement and the other Loan Documents, and except as specifically modified by this First Amendment, the Loan Agreement and the other Loan Documents shall remain unchanged and shall remain in full force and effect and are hereby ratified and confirmed.

(c) The execution, delivery and performance of this First Amendment shall not constitute a forbearance, waiver, consent or amendment of any other provision of, or operate as a forbearance or waiver of any right, power or remedy of the Lender under the Loan Agreement or any of the other Loan Documents, all of which are ratified and reaffirmed in all respects and shall continue in full force and effect. This First Amendment does not constitute a novation of rights, obligations and liabilities of the respective parties existing under the Loan Documents.

(d) This First Amendment may be executed in any number of counterparts, each of which when so executed and delivered shall be an original, but all counterparts shall together constitute one and the same instrument.

(e) Any reference to the "Promissory Note" or to the "Note" in the Original Loan Agreement shall on and after the First Amendment Effective Date constitute a reference to the Amended and Restated Promissory Note executed by the Borrower contemporaneously herewith and substantially in the form attached hereto as Exhibit B.

[Signature Pages Follow]

IN WITNESS WHEREOF, the parties to this First Amendment have caused this First Amendment to be executed and delivered as of the date of execution of this First Amendment by the Authority.

LENDER: **CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**, a public instrumentality of the State of California

By: _____

Name: **Carolyn Aboubechara**

Title: **Executive Director**

Date: _____

BORROWER: **PALOMAR HEALTH,**
a California Local Healthcare District
DBA Palomar Medical Center Escondido,
and Palomar Medical Center Poway,
both of which are nondesignated public hospitals

By: _____
(Authorized Officer)

Name: _____

Title: _____

EXHIBIT A – MEDI-CAL INTERCEPT FORM

AUTHORIZATION TO CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
REDIRECTION OF MEDI-CAL WARRANTS TO
CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

1. NAME OF BORROWER (MEDI-CAL PROVIDER)	2. MEDI-CAL PROVIDER NUMBER
Palomar Health DBA Palomar Medical Center Escondido and Palomar Medical Center Poway	
3. MAIN CONTACT PERSON NAME	**4. TELEPHONE NUMBER**
5. ADDRESS CITY STATE ZIP	
120 Craven Road, Suite 200, San Marcos, California 92078	
6. LOAN AMOUNT NOT TO EXCEED	
Eight Million Five Hundred Seventy-Eight Thousand Eight Hundred One Dollars and No Cents ($8,578,801.00)	

Pursuant to the certain Loan and Security Agreement dated December 20, 2022, by and between Palomar Health DBA Palomar Medical Center Escondido and Palomar Medical Center Poway, as Borrower, and the California Health Facilities Financing Authority ("CHFFA"), as Lender (the "Loan Agreement"),

Borrower has authorized the intercept of twenty percent (20%) of the Medi-Cal Checkwrite payments with respect to reimbursements due to Borrower from the Department of Health Care Services ("DHCS"), by CHFFA in an Event of Default, as defined in the Loan Agreement, until the loan has been paid in full.

This assignment shall be effective until CHFFA, in its sole discretion, has notified DHCS that the loan has been paid in full, whereupon the right to full future reimbursements shall revert to Borrower.

Borrower receives Medi-Cal reimbursement via (check appropriate box):

- ❑ Paper warrants
- ❑ Electronic funds transfer (EFT)

If an EFT recipient, Borrower acknowledges and agrees to the following requirements:

Borrower shall complete an EFT Cancellation Form, which shall be submitted to CHFFA along with the Medi-Cal Intercept Form. Please note that the EFT Cancellation Form must be notarized.

Borrower acknowledges that after DHCS receives notice from CHFFA that Borrower's loan is paid in full, the Medi-Cal reimbursement to Borrower will be by paper warrants until such time as Borrower reapplies for EFT and that application is effective.

Borrower assumes the responsibility of updating its address on file with DHCS and CHFFA submitting to DHCS any necessary address correction using the Medi-Cal Supplemental Changes form (Form 6209) and submitting to CHFFA an updated Medi-Cal Intercept Form and an updated and notarized EFT Cancellation Form.

BORROWER: **Palomar Health** a California Local Healthcare District DBA Palomar Medical Center Escondido and Palomar Medical Center Poway, both of which are non-designated public hospitals

By: _____
(Authorized Officer)

Name: _____

Title: _____

EXHIBIT B – AMENDED AND RESTATED PROMISSORY NOTE

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM II

AMENDED AND RESTATED PROMISSORY NOTE

This Promissory Note was originally executed by the hereinafter defined Borrower on **December 20, 2022,** and is being amended and restated as of the First Amendment Effective Date of the Hereinafter Defined Loan Agreement.

PALOMAR HEALTH, a California Local Healthcare District DBA Palomar Medical Center Escondido and Palomar Medical Center Poway, both of which are nondesignated public hospitals having its principal place of business at **120 Craven Road, Suite 200, San Marcos, California 92078** (the "Borrower"), for value received, hereby promises to pay to CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, a public instrumentality of the State of California (the "Lender" or "Holder"), at its office located at 901 P Street, Suite 313, Sacramento, California 95814, or at such other place as the Holder may from time to time designate in writing, in lawful money of the United States of America, the principal sum of **Eight Million Five Hundred Seventy-Eight Thousand Eight Hundred One Dollars and No Cents ($8,578,801.00)** or so much thereof as may be advanced to or for the benefit of the Borrower by the Lender in Lender's sole and absolute discretion, until payment of that principal sum shall be discharged in no event later than 60 months from the date as more particularly provided for in that certain Loan and Security Agreement between Borrower and the Lender, dated as of the date thereof, and as amended by that certain First Amendment to Loan and Security Agreement (the "Agreement"). It is the intent of the Borrower and Lender to create a line of credit agreement between Borrower and Lender whereby Borrower may borrow up to **($8,578,801.00)** from Lender provided, however, that Lender has no obligation to lend Borrower any amounts hereunder and the decision to lend that money lies in the sole discretion of Lender.

All payments on this Note, at the option of Holder, shall be applied first to any fees and costs owing and any remainder shall be applied to a reduction of the principal balance.

The Borrower shall be in default of this Note on the occurrence of any of the events set forth in the Agreement executed simultaneously herewith, including, but not limited to, the following: (i) the Borrower shall fail to meet its obligation to make the required principal payment hereunder; (ii) the Borrower shall be dissolved or liquidated; (iii) the Borrower shall make an assignment for the benefit of creditors or shall be unable to, or shall admit in writing their inability to pay their debts as they become due; (iv) the Borrower shall commence any case, proceeding, or other action under any existing or future law of any jurisdiction relating to bankruptcy, insolvency, reorganization or relief of debtors, or any action that shall be commenced against the undersigned; (v) the Borrower shall suffer a receiver to be appointed for it or for any of its property or shall suffer a garnishment, attachment, levy, or execution.

Upon default of this Note, Lender may declare the entire amount due and owing hereunder to be immediately due and payable. Lender may also use all remedies in law and in

equity to enforce and collect the amount owed under this Note. The remedies of the Holder, as provided in the Agreement shall be cumulative and concurrent and may be pursued singularly, successively or together, at the sole discretion of Holder, and may be exercised as often as occasion therefore shall arise. No act of omission or commission of Holder, including specifically any failure to exercise any right, remedy, or recourse, shall be deemed to be a waiver or release of the same, that waiver or release to be effected only through a written document executed by Holder and then only to the extent specifically recited therein. A waiver or release with reference to any one event shall not be construed as continuing, as a bar to, or as a waiver or release of, any subsequent right, remedy, or recourse as to a subsequent event.

Borrower hereby waives presentment and demand for payment, notice of intent to accelerate maturity, notice of acceleration and maturity, protest or notice of protest and non-payment, bringing of suit, and diligence in taking any action to collect any sums owing hereunder, and agrees that its liability on this Note shall not be affected by any release of or change in any security for the payment of this Note.

Borrower shall have the right to prepay this Note in whole or in part at any time without penalty or premium.

Any provision of this Note or corresponding Agreement that is illegal, invalid, or unenforceable shall be ineffective to the extent of that illegality, invalidity, or unenforceability without rendering illegal, invalid, or unenforceable the remaining provisions of this Note.

Borrower agrees that the laws of the State of California apply to this Note. Any legal action or proceedings brought to enforce or interpret the terms of this Note shall be initiated and maintained in the courts of the State of California or the United States in Sacramento, California, but Lender may waive venue in Sacramento County in its sole discretion.

Palomar Health
a California Local Healthcare District
DBA Palomar Medical Center Escondido and Palomar Medical Center Poway,
both of which are nondesignated public hospitals

By: _____
(Authorized Officer)

Name: _____

Title: _____

ADDENDUM D

To: Board of Directors

From: Linda Greer, RN - Chair, Board Finance Committee

Date: Monday, November 10, 2025

Re: Finance Committee Meeting, October 29, 2025

Board Member Attendance: Directors Linda Greer and Jeff Griffith

Action Items:

- **Finance Committee Minutes, October 3, 2025:** The voting members reviewed and approved Finance Committee minutes from October 3, 2025
- **September Guidehouse Update:** Update was shared as Informational Only by Jared Dougherty from Guidehouse
- **YTD FY2025 and September 2025 Volumes:** The voting members reviewed and approved YTD FY2025 and September 2025 Volumes and moved item to full Board for ratification

To: *Board of Directors*

From: *Linda Greer, RN - Chair, Board Quality Review Committee*

Date: *Monday, November 10, 2025*

Re: *Quality Review Committee Meeting, October 22, 2025*

Board Member Attendance: *Directors Linda Greer, Terry Corrales, Abbi Jahaaski*

Agenda Items:

- ***Quality Review Committee Minutes, July 23, 2025:*** *The voting members reviewed and approved Quality Review Committee minutes from July 23, 2025*

- *Contracted Services*
    - *Access Telecare*
    - *Advantage Ambulance*
    - *Alheiser Comer*
    - *Alians Neuromonitoring, Inc.*
    - *Alliance For Wellness*
    - *Becton Dickinson and Co*
    - *Boston Sci Micropace Essential Care*
    - *Boston Sci Labsystem Pro Recording Equip*
    - *California Transplant Services*
    - *Davita Dialysis*
    - *Equiti Health (FKA Voyce)*
    - *Morrison*
    - *Richard Bravo Intraoperative Monitoring Services*
    - *South Coast Perfusion*
    - *Specialty Care IOM*
    - *UHS Surgical Services Inc.*

- ***Annual Reports***
    - *Annual reports were reviewed.*
        - *Stroke Program*

- *Behavioral Health Services*
- *Continuum Care*
- *Dietary Services [Food and Nutrition Services (FANS)]*
- *Hand Hygiene*
- *Management of the Medical Record*
- *MedStaff: Anesthesia Services*
- *Nursing Services*
- *Patient Discharge Planning (Clinical Resource Management) & Patient Throughput*
- *PeriOperative Services*
- *Service Excellence*
- *Safe Practices for Better Healthcare*
- *Annual BQRC Assessment*

- ***Closed Session***
  - *2024 Quality Assurance and Performance Improvement (QAPI) was reviewed and approved*