



# Board of Directors

## Meeting Agenda Packet

April 13, 2026



## Board of Directors

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

Diane Hansen, President and CEO

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

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

## Our Mission

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

## Our Vision

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

## Our Values

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

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

Posted  
Friday  
April 10, 2026

# BOARD OF DIRECTORS

## Meeting Agenda

Monday, April 13, 2026  
6:30 p.m.

*Please see page 3 of agenda for meeting location*

	<i>The Board may take action on any of the items listed below, including items specifically labeled "Informational Only"</i>	Time	Target
<b>Call To Order</b>			<b>6:30</b>
<b>I.</b>	<b>Establishment of Quorum</b>	1	6:31
<b>II.</b>	<b>Opening Ceremony</b>	4	6:35
	A. Pledge of Allegiance to the Flag		
<b>III.</b>	<b>Public Comments<sup>1</sup></b>	30	7:05
<b>IV.</b>	<b>Presentations – Informational Only</b>	10	7:15
	A. Patient/Volunteer Experience		
<b>V.</b>	<b>Approval of Minutes (ADD A)</b>	5	7:20
	A. Regular Session Board of Directors Meeting – Monday, March 9, 2025 (Pp 7-14)		
	B. Special Session Board of Directors Meeting – Monday, March 9, 2025 (Pp 15-16)		
	C. Special Closed Session Board of Directors Meeting – Monday, March 9, 2025 (Pp 17-18)		
	D. Special Session Board of Directors Meeting – Wednesday, March 25, 2025 (Pp 19-21)		
<b>VI.</b>	<b>Approval of Agenda to accept the Consent Items as listed (ADD B)</b>	5	7:25
	A. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 23-25)		
	B. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 26-29)		
	C. YTD FY2025 and February 2026 Financials (Pp 30-46)		

<b>VII.</b>	<b>Educational Session: Brown Act – Informational Only</b>			10	7:35
<b>VIII.</b>	<b>Reports – Informational Only</b>				
	<b>A. Medical Staff</b>				
	1.	Chief of Staff, Palomar Medical Center Escondido – <i>Andrew Nguyen, MD</i>		5	7:40
	2.	Chief of Staff, Palomar Medical Center Poway – <i>Mark Goldsworthy, MD</i>		5	7:45
	<b>B. Administration</b>				
	1.	President and CEO – <i>Diane Hansen</i>		5	7:50
	2.	Chair of the Board – <i>Michael Pacheco</i>		5	7:55
<b>IX.</b>	<b>Approval of Bylaws, Charters, Resolutions and Other Actions (ADD C)</b>			10	8:05
		Agenda Item	Committee/ Department	Action	
	A.	Teleconferencing Disruptions Policy ( <i>Pp 48</i> )	Governance	Review/ Approve	
	B.	Palomar UCSD Health Authority Board of Directors Appointee Process, Re-Appointment, Removal, and Reporting Policy ( <i>Redline Pp 49-51; Clean Pp 52-54</i> )	Governance	Review/ Approve	
	C.	Revision of Policies: 21794 ( <i>Redline Pp 55; Clean Pp 56</i> )	Board of Directors	Review/Approve	
<b>X.</b>	<b>Board Committees – Informational Only (ADD D)</b>			5	8:10
	A.	Audit & Compliance Committee – Michael Pacheco, Committee Chair			
	B.	Community Relations Committee – Terry Corrales, RN, Committee Chair			
	C.	Finance Committee – Linda Greer, RN, Committee Chair ( <i>Pp 58</i> )			
	D.	Governance Committee – Jeff Griffith, Committee Chair ( <i>Pp 59</i> )			
	E.	Human Resources Committee – Terry Corrales, RN, Committee Chair			
	F.	Quality Review Committee – Linda Greer, RN, Committee Chair			
	G.	Strategic & Facilities Planning – Michael Pacheco, Committee Chair			
<b>Final Adjournment</b>					<b>8:30</b>

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

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

# Board of Directors Meeting Location Options

**Palomar Medical Center Escondido  
1<sup>st</sup> Floor Conference Room  
2185 Citracado Parkway, Escondido, CA 92029**

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

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

**Meeting ID: 265 833 941 875 61**

**Passcode: Gn3EG7xv**

**or**

**Dial in using your phone at 929.352.2216; Access Code: 505 548 779#<sup>1</sup>**

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

- **2198 Palomar Airport Road, Carlsbad, CA 92008**

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

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

Source:

**Applies to Facilities:**  
All Palomar Health Facilities**Applies to Departments:**  
Board of Directors

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**Policy : Public Comments and Attendance at Public Board Meetings**

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**I. SUMMARY/INTENT:**

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. POLICY: COMPLIANCE - KEY ELEMENTS:**

- 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.

# Regular Session Board of Directors Meeting

Meeting will begin at 6:30 p.m.

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## Request for Public Comments

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

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

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

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### Public Comments Process

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

# ADDENDUM A

<b>Board of Directors Meeting Minutes – Monday, March 9, 2026</b>	
<b>Agenda Item</b>	
<ul style="list-style-type: none"> <li><b>Discussion</b></li> </ul>	<b>Conclusion/Action/Follow Up</b>
<b>Notice of Meeting</b>	
<p>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, March 6, 2026 and Amended on Monday, March 9, 2026 which is consistent with legal requirements.</p>	
<b>Call To Order</b>	
<p>The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and called to order at 6:31 p.m. by Board Chair Michael Pacheco.</p>	
<b>I. Establishment of Quorum</b>	
<p>Quorum was established via roll call comprising of Directors Clark; Corrales; Edwards-Tate; Greer; Griffith (virtual); Jahaaski (virtual); Pacheco</p> <p>Absences: None</p> <p>Motion by Director Laurie Edwards-Tate, second by Director John Clark 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.</p> <p>Chair Pacheco noted Director Jahaaski was accepted to the meeting virtually. Meeting then proceeded.</p>	
<b>II. Opening Ceremony</b>	
<p>The Pledge of Allegiance was recited in unison led by Director Linda Greer.</p>	

*Board of Directors Meeting Minutes – Monday, March 9, 2026*

*Agenda Item*

- *Discussion*

*Conclusion/Action/Follow Up*

**III. Public Comments**

- John Stead-Mendez

**IV. Presentations – Informational Only**

- Audio presentation was shared.

**V. Approval of Minutes**

- A. Regular Session Board of Directors Meeting - Monday, February 9, 2026
- B. Special Closed Session Board of Directors Meeting – Monday, February 9, 2026
- C. Special Closed Session Board of Directors Meeting – Monday, February 9, 2026

**MOTION:** By Director Laure Edwards-Tate, 2<sup>nd</sup> by Director John Clark and carried to approve all presented minutes that included the February 9, 2026 Regular Session Board of Directors Meeting, February 9, 2026 Special Closed Session Board of Directors Meeting, and the February 9, 2026 Special Closed Session Board of Directors Meeting, minutes as written.

Roll call voting was utilized.  
Director Clark – aye  
Director Corrales – aye  
Director Edwards-Tate – aye  
Director Greer – aye  
Director Griffith – aye  
Director Jahaaski – aye  
Director Pacheco – aye

Board Chair Michael Pacheco announced that seven board members were in favor. None opposed. No abstention(s). None absent.

Motion approved.

Agenda Item

- Discussion

Conclusion/Action/Follow Up

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

- A. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments
- B. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments
- C. YTD FY2025 and January 2026 Financials: Pulled by Director John Clark for further Discussion and Approval

**MOTION:** By Director Laurie Edwards-Tate, 2<sup>nd</sup> by Director Terry Corrales and carried to approve Consent Agenda items Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments, Palomar Medical Center Poway Medical Staff Credentialing as presented.

Roll call voting was utilized.  
Director Clark – aye  
Director Corrales – aye  
Director Edwards-Tate – aye  
Director Greer – aye  
Director Griffith – aye  
Director Jahaaski – aye  
Director Pacheco – aye

Board Chair Michael Pacheco announced that seven board members were in favor. None opposed. No abstention(s). None absent.

Motion approved.

*Board of Directors Meeting Minutes – Monday, March 9, 2026*

*Agenda Item*

<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<i>Conclusion/Action/Follow Up</i>
<ul style="list-style-type: none"> <li>YTD FY2025 and January 2026 Financials</li> </ul>	<p><b>MOTION:</b> By Director John Clark, 2<sup>nd</sup> by Director Terry Corrales and carried to approve Consent Agenda items of the YTD FY 2025 and January 2026 Financials presented.</p> <p>Roll call voting was utilized.                      Director Clark – aye                      Director Corrales – aye                      Director Edwards-Tate – aye                      Director Greer – aye                      Director Griffith – aye                      Director Jahaaski – aye                      Director Pacheco – aye</p> <p>Board Chair Michael Pacheco announced that seven board members were in favor. None opposed. No abstention(s). None absent.</p> <p>Motion approved</p>

- Director John Clark requested agenda item 6, C., be pulled from the consent agenda.
- Andrew Tokar, Chief Financial Officer, fielded questions from Director John Clark.

**VII. Reports – Informational Only**

**A. Medical Staff**

- Palomar Medical Center Escondido

Palomar Medical Center Escondido Chief of Staff, Andrew Nguyen, MD, provided a verbal report.

- Palomar Medical Center Poway

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

**B. Administrative**

- President and CEO

*Board of Directors Meeting Minutes – Monday, March 9, 2026*

*Agenda Item*

- Discussion*

*Conclusion/Action/Follow Up*

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

2. Chair of the Board

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

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

A. Resolution No. 03.09.26(02)-04 of the Board of Palomar Health to Directing the Completion of Training for Obstetric Nursing Staff

**MOTION:** By Director John Clark, 2<sup>nd</sup> by Director Terry Corrales and carried for Resolution No. 03.09.26(02)-04 of the Board of Palomar Health to Directing the Completion of Training for Obstetric Nursing Staff

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

Board Chair Michael Pacheco announced that seven board members were in favor. None opposed. No abstention(s). None absent.

Motion approved

- Board discussion.

*Board of Directors Meeting Minutes – Monday, March 9, 2026*

*Agenda Item*

<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<p><i>Conclusion/Action/Follow Up</i></p>
<ul style="list-style-type: none"> <li>B. Dispute Resolution Policy 70012</li> <li>C. Public Comment Form 62012</li> <li>D. Public Comments and Attendance at Public Board Meetings Policy 21790</li> <li>E. Political Activities on Palomar Health Property Policy 21783</li> </ul>	<p><b>MOTION:</b> By Director John Clark, 2<sup>nd</sup> by Director Terry Corrales and carried to approve all policy updates as a slate (B through E) including Dispute Resolution Policy 70012; Public Comment Form 62012; Public Comments and Attendance at Public Board Meetings Policy 21790; Political Activities on Palomar Health Property Policy 21783</p> <p>Roll call voting was utilized.            Director Clark – aye            Director Corrales – aye            Director Edwards-Tate – aye            Director Greer – aye            Director Griffith – aye            Director Jahaaski – aye            Director Pacheco – aye</p> <p>Board Chair Michael Pacheco announced that seven board members were in favor. None opposed. No abstention(s). None absent.</p> <p>Motion approved</p>
<ul style="list-style-type: none"> <li>No Board discussion</li> </ul>	
<p><b>IX. Board Committees – Informational Only</b></p>	
<p>A. Audit &amp; Compliance Committee – Michael Pacheco, Committee Chair</p>	
<ul style="list-style-type: none"> <li>Vice Chair Michael Pacheco noted the committee did not meet.</li> </ul>	
<p>B. Community Relations Committee – Terry Corrales, Committee Chair</p>	
<ul style="list-style-type: none"> <li>Director Terry Corrales noted the committee did not meet.</li> </ul>	
<p>C. Finance Committee – Linda Greer, Committee Chair</p>	
<ul style="list-style-type: none"> <li>Director Linda Greer provided a verbal update.</li> </ul>	

*Board of Directors Meeting Minutes – Monday, March 9, 2026*

*Agenda Item*

• *Discussion*

*Conclusion/Action/Follow Up*

D. Governance Committee – Jeff Griffith, Committee Chair

- Director Griffith provided a verbal update

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

- Director Linda Greer 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, Board Chair Michael Pacheco adjourned the meeting at 7:05 p.m.

**Signatures:**

**Board Secretary**

\_\_\_\_\_  
Terry Corrales, R.N.

*Board of Directors Meeting Minutes – Monday, March 9, 2026*

*Agenda Item*

- *Discussion*

*Conclusion/Action/Follow Up*

**Board Clerk**

\_\_\_\_\_  
Janet Kren

<i>Special Session Board of Directors Minutes – Monday, March 9, 2026</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
<b>Notice of Meeting</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, March 6, 2026, which is consistent with legal requirements.	
<b>I. Call To Order</b>	
The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 4:00 p.m. by Board Chair Michael Pacheco.	
<b>II. Establishment Of Quorum</b>	
<p>Quorum was established via roll call comprising of Directors Clark; Corrales; Edwards-Tate; Greer; Jahaaski (Virtual); Pacheco</p> <p>Absences: One at time of Quorum establishment.</p> <p>Motion by Director Linda Greer, second by Director John Clark 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, Pacheco – aye. Five in favor. One absent at time of Motion. No abstention(s). Motion approved.</p> <p>Chair Pacheco noted Director Jahaaski was accepted to the meeting virtually. Meeting then proceeded.</p> <p>Director Griffith (Virtual) joined at 4:12 p.m.</p>	
<b>III. Public Comments</b>	
<ul style="list-style-type: none"> <li>No public comments.</li> </ul>	
<b>IV. Approval of Bylaws, Charters, Resolutions and Other Actions</b>	

<p>A. Resolution No. 03.09.26(01)-03 of the Board of Directors of Palomar Health Appointing Director(s) to the Palomar UCSD Health Authority Board of Directors</p>	<p>MOTION by Director Linda Greer; 2<sup>nd</sup> by Director Corrales to approve Resolution No. 03.09.26(01)-03 of the Board of Directors of Palomar Health Appointing Director(s) to the Palomar UCSD Health Authority Board of Directors.</p> <p>Roll call voting was utilized.          Director Clark – abstain          Director Corrales – aye          Director Edwards-Tate – aye          Director Greer – aye          Director Griffith – aye          Director Jahaaski – aye          Director Pacheco – aye</p> <p>Board Chair Michael Pacheco announced that six board members were in favor. None opposed.          One abstention(s).          None absent.</p> <p>Motion approved.</p>
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**VIII. Final Adjournment**

There being no further business, Chair Michael Pacheco adjourned the meeting at 4:19 p.m.

<p><b>Signatures:</b></p>	<p><b>Board Secretary</b></p>	<p>_____</p> <p>Terry Corrales, RN</p>
	<p><b>Board Clerk</b></p>	<p>_____</p> <p>Janet Kren</p>

<i>Special Closed Session Board of Directors Minutes – Monday, March 9, 2026</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<b>Discussion</b>	
<b>Notice of Meeting</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, March 6, 2026, which is consistent with legal requirements.	
<b>I. Call To Order</b>	
The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 5:30 p.m. by Chair Michael Pacheco.	
<b>II. Establishment Of Quorum</b>	
<p>Quorum was established via roll call comprising of Directors Clark; Corrales; Edwards-Tate; Greer; Griffith (Virtual); Jahaaski (virtual); Pacheco</p> <p>Absences: None</p> <p>Motion by Director Laurie Edwards-Tate, second by Director John Clark 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.</p> <p>Chair Pacheco noted Director Jahaaski was accepted to the meeting virtually. Meeting then proceeded.</p>	
<b>III. Public Comments</b>	
<ul style="list-style-type: none"> <li>No public comments.</li> </ul>	
<b>IV. Adjournment to Closed Session</b>	
<b>V. Re-Adjournment to Open Session</b>	

**VI. Action Resulting from Closed Session – if any**

- NO REPORTABLE ACTION

**VIII. Final Adjournment**

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

**Signatures:**

**Board Secretary**

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

**Board Clerk**

\_\_\_\_\_  
Janet Kren

<i>Special Session Board of Directors Minutes – Wednesday, March 25, 2026</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
<b>Notice of Meeting</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Monday, March 23, 2026 and Amended on Tuesday, March 24, 2026 which is consistent with legal requirements.	
<b>I. Call To Order</b>	
The meeting, which was held at the Linda Greer Board Room, 2125 Citracado Parkway, Suite 300, Escondido, CA 92029, and virtually, was called to order at 2:01 p.m. by Board Chair Michael Pacheco.	
<b>II. Establishment Of Quorum</b>	
Quorum was established via roll call comprising of Directors Corrales; Edwards-Tate; Greer; Griffith (virtual); Jahaaski; Pacheco Absences: Directors Clark; Edwards-Tate	
<b>III. Public Comments</b>	
<ul style="list-style-type: none"> <li>No public comments.</li> </ul>	

*Special Session Board of Directors Minutes – Wednesday, March 25, 2026*

*Agenda Item*

*Conclusion / Action*

*Discussion*

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

A. Resolution No. 03.25.26(01)-05 of the Board of Directors of Palomar Health Proposing and Approving Forbearance Agreement and Amendment No. 1 to Loan Agreement with the Regents of the University of California, on Behalf of the University of California, San Diego Health

**MOTION** by Director Greer; 2<sup>nd</sup> by Director Corrales to approve Resolution No. 03.25.26(01)-05 of the Board of Directors of Palomar Health Proposing and Approving Forbearance Agreement and Amendment No. 1 to Loan Agreement with the Regents of the University of California, on Behalf of the University of California, San Diego Health

Roll call voting was utilized.  
Director Clark – absent  
Director Corrales – aye  
Director Edwards-Tate – absent  
Director Greer – aye  
Director Griffith – aye  
Director Jahaaski – aye  
Director Pacheco – aye

Board Chair Michael Pacheco announced that five board members were in favor. None opposed.  
No abstention(s). Two absent.

Motion approved.

- Discussion ensued and questions were answered by Kevin DeBruin and Andrew Tokar.

**VIII. Final Adjournment**

There being no further business, Chair Michael Pacheco adjourned the meeting at 2:09 p.m.

**Signatures:**

**Board Secretary**

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

	<b>Board Clerk</b>	<hr/> <p>Janet Kren</p>
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DRAFT

# ADDENDUM B

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

April 6, 2026

To: Palomar Health Board of Directors

From: Andrew Nguyen, M.D., Ph.D., Chief of Staff  
Palomar Medical Center Escondido Medical Executive Committee

Board Meeting Date: April 13, 2026

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (04/13/2026 to 03/31/2028)

Bender, Matthew T., M.D. – Gastroenterology  
Byrne, Susanna M., D.O. – Anesthesiology  
Casey, Kyla J., M.D. – Emergency Medicine  
Fuertez, Rula R., M.D. – Obstetrics and Gynecology  
Gore, Nikita M.D. – Family Medicine  
Jirjis, Rami A., M.D. – Urology  
Nikravesh, Mastaneh M.D. – Pain Medicine  
Siow, Matthew Y., M.D. – Orthopaedics  
Tran, Frank H., M.D. - Anesthesiology  
Yaqoob, Sinan A., M.D. – Internal Medicine

Advance from Provisional to Active Category

Giudici, Mario C., M.D.- Radiology- Dept. of Radiology (Eff. 05/01/2026 to 12/31/2026)  
Hassanein, Tarek I., M.D.- Gastroenterology- Dept of Medicine (Eff. 05/01/2026 to 07/31/2027)  
Henrichsen, Tod M., M.D.- Anesthesiology- Dept. of Anesthesia- (Eff. 05/01/2026 to 04/30/2027)  
Kallas, Omar N., M.D.-Radiology- Dept. of Radiology (Eff. 05/01/2026 to 05/31/2027)  
Lorents, Evelyn M., M.D-Diagnostic Radiology- Dept. of Radiology (Eff. 05/01/2026 to 09/30/2026)  
Vincent, William K., M.D.-Family Practice- Dept. of Family Practice (Eff. 05/01/2026 to 02/28/2027)

Advance from Provisional to Consulting Category

Movaghar, Mansoor, M.D.- Ophthalmology, Pediatric- Dept. of Surgery (Eff. 05/01/2026 to 04/30/2027)  
O'Halloran, Henry S., M.D.- Ophthalmology, Pediatric- Dept. of Surgery (Eff. 05/01/2026 to 10/30/2026)

Request for Additional Privileges

Ruggle, Adam F., M.D. - Psychiatry

- Psychiatry Core Privileges (eff. 04/13/2026 -01/31/2027)

Physician Voluntary Resignation

Bradlaw, Jane E., D.O. – Emergency Medicine (eff. 02/24/2026)  
 Duncan, Vicki L., M.D. – Obstetrics and Gynecology (eff. 03/13/2026)  
 Dutton, Pascual H, M.D. – Orthopaedic Surgery (eff. 04/30/2026)  
 Eisinger, Philip D.O. – Teleradiology (eff. 03/24/2026)  
 Fitzgerald, Patrick J., M.D. – Otolaryngology (eff. 12/31/2025)  
 Herold, Jessica D.O. – Emergency Medicine (eff. 04/30/2026)  
 Lee, Emmet W., M.D. – Internal Medicine (eff. 03/31/2026)  
 Liang, Erin J., M.D. – Emergency Medicine (eff. 04/30/2026)  
 Lucchesi, Archana C., M.D. – Teleradiology (eff. 03/24/2026)  
 Mallett, Jason A., M.D. – Emergency Medicine (eff. 03/04/2026)  
 Mashayekhi, Pegah M., D.O. – Sleep Medicine (eff. 04/30/2026)  
 Mason, Samantha A., D.O. – Family Practice (eff. 01/20/2026)  
 Montes, Carolyn A., M.D. – Otolaryngology (eff. 03/23/2026)  
 Movahhedian, Hamid R., M.D.O. – Pediatrics (eff. 04/30/2026)  
 Pilson, Catherine H., D.O. – Teleradiology (eff. 03/24/2026)  
 Rohrer, Rebecca J., M.D. – Teleradiology (eff. 03/24/2026)  
 Shafa, Justin S., M.D. – Diagnostic Radiology (eff. 04/30/2026)  
 Smith, Jeffrey M., M.D. – Orthopaedic Surgery (eff. 04/30/2026)

Request for 2 Year Leave of Absence

Atchikova, Elena Y., M.D. – Internal Medicine, 2 years (eff. 03/12/2026 – 03/11/2028)  
 Choll, Kim W., M.D. – Orthopaedic Surgery, 2 years (eff. 04/04/2025 – 04/03/2027)  
 Edwards, Stephen D., D.O. – Anesthesiology, 2 years (eff. 03/23/2026 -03/22/2028)  
 Findakly, Dawood, M.D. – Hematology, 2 years (eff. 02/24/2026 – 02/23/2028)

Allied Health Professional Appointment (effective 04/13/2026 to 03/31/2028)

Walker, Mckenzie L, PA-C – Physician Assistant Dept. of Medicine (Sponsor: Michael Delaney, MD)

Request for Additional Privileges (effective 04/13/2026 to 06/30/2026)

Williamson, Levi B., PA- C – Physician Assistant

- Cardiothoracic Surgery Core Privileges Dept. of Surgery (Sponsor: Yuan Lin, M.D.)

Allied Health Professional Voluntary Resignation

Morfin Valencia, Gustavo NNP – Neonatal Nurse Practitioner (eff. 03/16/2026)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 05/01/2026 to 04/30/2028)

Aranha, Neil A., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Bai-Tong, Shiyu S., M.D.	Neonatal-Perinatal Medicine	Dept. of Pediatrics	Active
Bell, Mark R., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Affiliate
Bonenfant, Jeffrey M., D.O.	Critical Care Medicine	Dept. of Medicine	Active
Brummel, Jared A., D.O.	Orthopaedic Surgery	Dept. of Ortho Surg/Rehab	Active
Chang, Alexander T., M.D.	Surgery, General Vascular	Dept. of Surgery	Active
Edwards, Irv, M.D.	Emergency Medicine	Dept. of Emergency Medicine	Affiliate
Faeldonea-Seruelo, Rhyl Ann F., MD	Family Practice	Dept. of Family Practice	Affiliate
Friedman, Jaime B., M.D.	Pediatrics	Dept. of Pediatrics	Active
Griesinger, Michael G., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Ha, Chi D., M.D.	Surgery, Head and Neck	Dept. of Surgery	Active
Latham, Emi M., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Laurent, Louise C., M.D.	Maternal-Fetal Medicine	Dept. of OB/GYN	Courtesy
Lin, Yuan H., M.D.	Surgery, Cardiothoracic	Dept. of Surgery	Active
Nielsen, Amy C., D.O.	Neurology	Dept. of Medicine	Courtesy
Omuro, Arthur K., D.O.	Neurology	Dept. of Medicine	Active
Patil, Amol A., MD	Diagnostic Radiology	Dept. of Radiology	Active
Paz, Alejandro, M.D.	Family Practice	Dept. of Family Practice	Active
Thaper, Mohinderpal S., M.D.	Internal Medicine	Dept. of Medicine	Affiliate
Wang, Siyuan, D.O.	Emergency Medicine	Dept. of Emergency Medicine	Active
Wilke, Lindsey W., D.P.M.	Podiatry	Dept. of Ortho Surg/Rehab	Affiliate
Yam, Ving, D.O.	Family Practice	Dept. of Family Practice	Affiliate

Allied Health Professional Reappointments (effective 05/01/2026 to 04/30/2028)

Brownsberger, Richard N., PA-C Physician Assistant Dept. of Radiology (Sponsor: Dr. McGraw)

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: April 6, 2026  
To: Palomar Health Board of Directors – April 13, 2026 Meeting  
From: Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff  
Subject: Medical Staff Credentials Recommendations – April, 2026

Provisional Appointments: (04/13/2026 – 03/31/2028)

Matthew Bender, M.D., Gastroenterology  
Susanna Byrne, D.O., Anesthesiology  
Kyla Casey, M.D., Emergency Medicine  
Nikita Gore, M.D., Family Practice  
Rami Jirjis, M.D., Urology  
Mastaneh Nikraves, M.D., Pain Medicine  
Matthew Siow, M.D., Orthopedics  
Frank Tran, M.D., Anesthesiology  
Sinan Yaqoob, M.D., Internal Medicine

Biennial Reappointments: (05/01/2026 - 04/30/2028)

Neil Aranha, M.D., Anesthesiology, Active  
Mark Bell, M.D., Emergency Medicine, Affiliate  
Jeffrey Bonenfant, D.O., Critical Care/Pulmonary Medicine, Active (Includes The Villas at Poway)  
Jared Brummel, D.O., Orthopedic Surgery, Active  
Alexander Chang, M.D., General/Vascular Surgery, Courtesy (Transfer from Active)  
Irv Edwards, M.D., Emergency Medicine, Affiliate  
Michael Griesinger, M.D., Emergency Medicine, Active  
Chi Ha, M.D., Otolaryngology, Active  
Emi Latham, M.D., Wound Care/Hyperbaric Medicine (Includes The Villas at Poway)  
Amy Nielsen, D.O., Neurology, Courtesy  
Arthur Omuro, D.O., Neurology, Active  
Amol Patil, M.D., Diagnostic Radiology, Active  
Mohinder Thaper, M.D., Internal Medicine, Affiliate (Includes The Villas at Poway)  
Siyuan Wang, D.O., Emergency Medicine, Active  
Lindsey Wilke, D.P.M., Podiatry, Affiliate (Includes The Villas at Poway)

Advancements to Active Category:

Mario Giudici, M.D., Teleradiology, effective 05/01/2026 – 12/31/2026  
Omar Kallas, M.D., Teleradiology, effective 05/01/2026 – 05/31/2027  
Evelyn Lorents, M.D., Teleradiology effective 05/01/2026 – 09/30/2026

Advancement to Courtesy Category:

Tod Henrichsen, M.D., Anesthesiology, effective 05/01/2026 – 04/30/2027

Requests for Additional Privileges:

David Oliver, M.D., Psychiatry, Requesting:

- The Villas at Poway Privileges, effective 04/13/2026 – 12/31/2026

Sriram Ramaswamy, M.D., Psychiatry, Requesting:

- The Villas at Poway Privileges, effective 04/13/2026 – 02/28/2027

Adam Ruggle, M.D., Psychiatry, Requesting:

- Psychiatry Core Privileges, effective 04/13/2026 – 01/31/2027
- The Villas at Poway Privileges, effective 04/13/2026 – 01/31/2027

Timothy Veal, M.D., Psychiatry, Requesting:

- The Villa at Poway Privileges, effective 04/13/2026 – 08/31/2026

Requests for 2 Year Leave of Absence:

Elena Atchikova, M.D., Internal Medicine, effective 03/12/2026 – 03/11/2028

Stephen Edwards, D.O., Anesthesiology, effective 03/23/2026 – 03/22/2028

Dawood Findakly, M.D., Hematology/Oncology, effective 02/22/2026 – 02/21/2028

Poh Leng, M.D., Critical Care Medicine, effective 03/23/2026 – 03/22/2028

Request for Extension of 2 Year Leave of Absence:

Branislav Cizmar, M.D., OB/GYN, effective 04/17/2026-04/16/2028

Voluntary Resignations:

Jane Bradlaw, D.O., Emergency Medicine, effective 02/24/2026

Nathaniel Brown, M.D., Psychiatry, effective 04/03/2026

Philip Eisinger, D.O., Teleradiology effective 03/24/2026

Patrick Fitzgerald, M.D., Otolaryngology, effective 12/31/2025

Jessica Herold, D.O., Emergency Medicine, effective 03/08/2026

Archana Lucchesi, M.D., Teleradiology, effective 03/24/2026

Jason Mallett, M.D., Emergency Medicine, effective 03/04/2026

Catherine Pilson, D.O., Teleradiology, effective 03/24/2026

Rebecca Rohrer, M.D., Teleradiology, effective 03/24/2026

Allied Health Professional Appointments: (04/13/2026 – 03/31/2028)

Mckenzie Walker, PA, Sponsor Dr. Delaney for the Neurology Center

Allied Health Professional Biennial Reappointments: (05/01/2026 – 04/30/2028)

Richard Brownsberger, PA, Sponsor Dr. McGraw

Allied Health Professional Voluntary Resignation:

Harper Smith, PA, Surgery, effective 03/30/2026

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

Provider Profiles



**Bender, Matthew T., MD**  
PMC Escondido and Poway

Status: Temporary  
Privileges  
Specialty: Gastroenterology  
Specialty2: Internal Medicine



**Byrne, Susanna M., DO**  
PMC Escondido and Poway

Status: Temporary  
Privileges  
Specialty: Anesthesiology



**Casey, Kyla J., MD**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Emergency  
Medicine



**Fuertez, Rula R., MD**  
PMC Escondido

Status: Applicant  
Specialty: Obstetrics and  
Gynecology



**Gore, Nikita C., MD**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Family Practice

Provider Profiles



**Jirjis, Rami A., MD**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Surgery, Urology



**Nikraves, Mastaneh, MD**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Pain Medicine  
Specialty2: Internal Medicine



**Siow, Matthew Y., MD**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Orthopaedic  
Surgery



**Tran, Frank H., MD, MPH**

Tel:  
Fax:  
Pager:

Status: Applicant  
Specialty: Anesthesiology



**Yaqoob, Sinan A., MD**

Tel:  
Fax:  
Pager:

Status: Applicant  
Specialty: Internal Medicine

# Margin Improvement / Turnaround Project Financial Update

Reporting Month: Feb-26

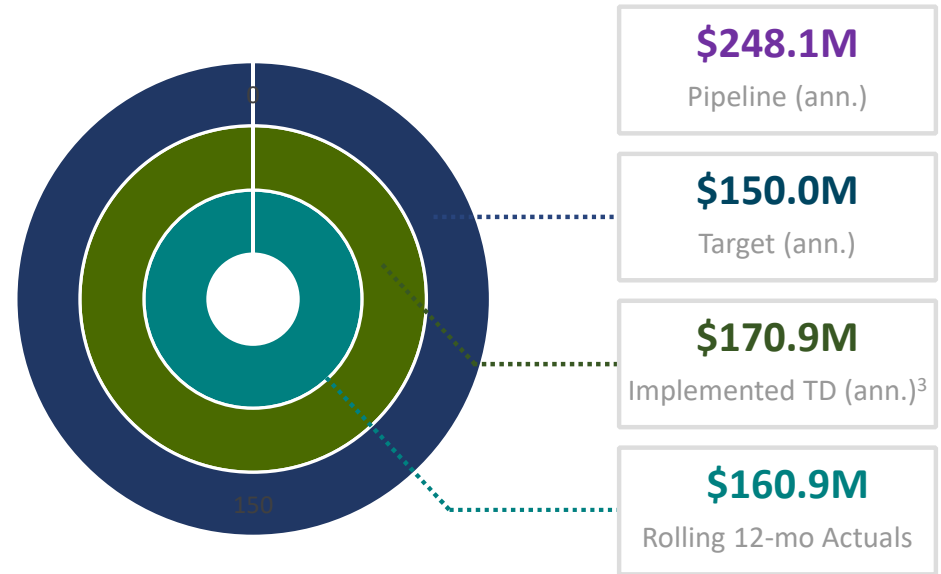
April 2, 2026

*Confidential and Proprietary. Do not distribute or copy*

# Palomar Health implemented \$170.9M (~19% of NOR<sup>1</sup>), surpassing its improvement target with \$160.9M realized in past 12-months

## High Value Initiatives (*in progress*):<sup>2</sup>

- ❑ **\$19.1M** **Denials Reduction** | Initial and fatal denials reduction, supported by UM improvement through operational management tools and payer interaction tactics
- ❑ **\$1.4M** **Care Transitions** | Reinvigorate efforts to hardwire processes, improve throughput and optimize post-acute care (SNF) integration / referral strategy
- ❑ **\$0.5M** **Human Resources & Bonus Programs** | Department spend and restructuring; aligning bonus, recruitment and incentive programs with best practices
- ❑ **\$0.1M** **PHMG** | Increased PB and HB revenue through improved patient access, capacity management, & collections; hardware performance improvement framework
- ❑ **\$0.3M** **Real Estate** | Sublease of satellite building



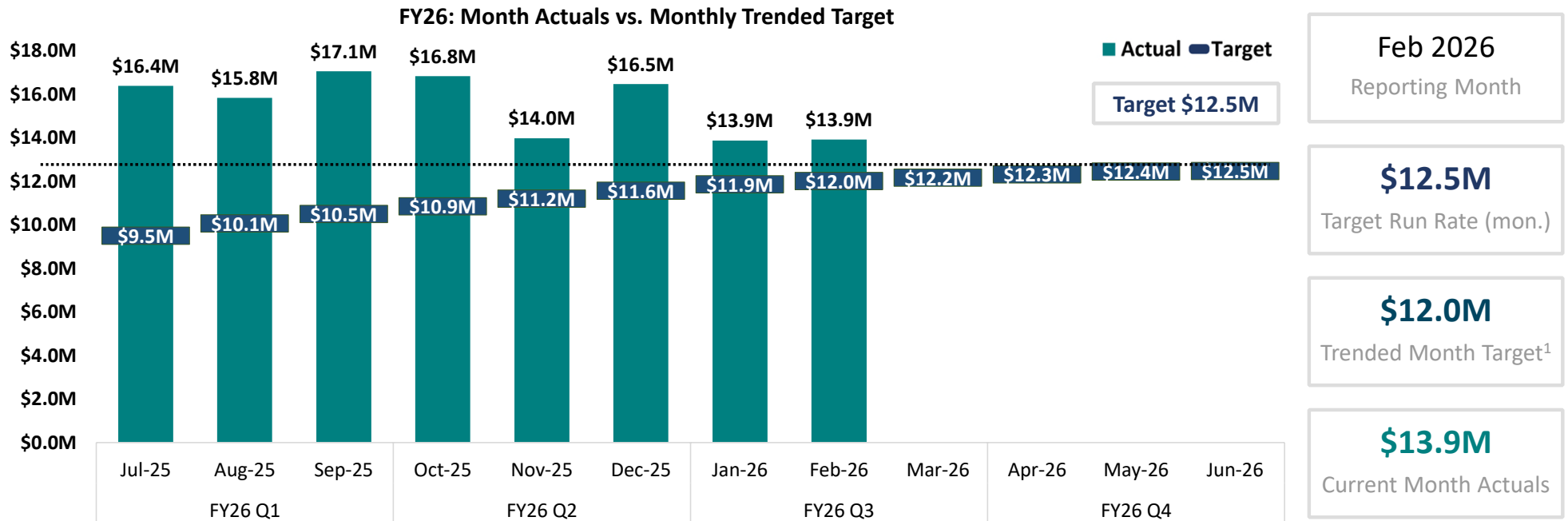
A target of \$150M in margin improvement was initially identified based on assessment of operating gap and FY24 results. Rigorous turnaround efforts over the past 18 – 20 months have resulted in realization of this target; improvement initiatives have achieved a run rate of \$160.9M. Compared to prior reporting month, Pipeline value remains the same, while amount Implemented has increased by \$13.3M as a reflection of FYTD26 actuals exceeding forecast. Primary drivers include denials reduction and IP LOS work, with confidence factors updated to reflect progress. Rolling 12-month annual run-rate has increased each month as implemented initiatives ramp up and achieve full impact.

<sup>1</sup>% of NOR calculated using Implemented Dollars / Consolidated NOR, source: FY25 pre-audited year end financials

<sup>2</sup>Value of high value initiatives reflect remaining projected benefit for FY26 (Mar – Jun 2026)

<sup>3</sup>Implemented to date (TD) reflects pipeline initiatives actively implemented, with a confidence factor applied to projected impact

# Initiative performance in February 2026 resulted in \$13.9M in realization, exceeding monthly target of \$12.0M



February results maintained prior month's run rate, despite lower volumes for the system overall as expected for the shorter month. Initiatives impacting diminished results include Denials Reduction with an increase in Avoidable Write-Offs, volume growth initiatives including the SNF and Cath Lab, and Care Transitions with observed Length of Stay (LOS) higher than expected. Lower performance from these initiatives were offset by demonstrated labor efficiencies, reduced corporate expenses, and retroactive inclusion of impact from payer rate increases. Implementation and acceleration of remaining initiatives will help sustain a run-rate over monthly target of \$12.5M moving into FY27.

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

# Overall turnaround progress exceeds target; however, additional opportunities remain to drive further workstream improvement

Workstream	Jan		Feb (Current Month)		Mar	Status
	Target	Actual	Target	Actual	Target	
Revenue Cycle	\$3.2M	\$7.9M	\$3.2M	\$6.7M	\$3.3M	On Track
PHMG	\$1.7M	\$0.3M	\$1.8M	\$0.1M	\$1.9M	Caution
Workforce & Periop	\$2.1M	\$1.5M	\$2.1M	\$3.7M	\$2.1M	On Track
Corporate Services	\$1.6M	\$0.03M	\$1.6M	\$0.9M	\$1.6M	Caution
Hospital Strategy	\$1.3M	\$1.4M	\$1.3M	(\$0.1M)	\$1.3M	At Risk
Care Transitions & PSA	\$1.0M	\$1.8M	\$1.0M	\$1.8M	\$1.0M	On Track
Supply Chain & PS	\$0.8M	\$0.9M	\$0.8M	\$0.9M	\$0.8M	On Track
Facilities & Real Estate	\$0.3M	\$0.04M	\$0.3M	\$0.04M	\$0.3M	On Track
<b>Total:</b>	<b>\$11.9M</b>	<b>\$13.9M</b>	<b>\$12.0M</b>	<b>\$13.9M</b>	<b>\$12.2M</b>	

### Key Updates

- **Revenue Cycle:** Avoidable Write-Offs as a % of NPR increased to 6% in Feb-26 as older uncollectible AR was written-off; additional UM tactics are underway to help decrease Medical Necessity & Authorization denials; payer rate increases validated and are driving consistent monthly impact
- **PHMG:** Provider-specific & operational performance improvement action plans underway; investigating low wRVU production in Feb and planning for growth in FY27
- **Workforce:** Labor spend lower than baseline despite higher patient volume; Salaries and Contract Labor was only 40% of NPR; results demonstrate rigor of workforce management
- **Corporate Services:** Savings from HR insourcing initiative beginning to demonstrate realization; Marketing spend has been controlled; Legal expenses continue to be higher but expected to taper in FY27
- **Hospital Strategy:** Cath Lab, Radiation Oncology, and SNF volumes were lower in Feb-26; SNF ADC is trending down at YTD ADC of 52, indicating opportunity for targeted tactics to increase admissions and referral strategy
- **Care Transitions & PSA:** Escondido IP Observed to Expected LOS (O/E) was higher than baseline, demonstrating remaining opportunity to hardwire rounding and care management processes

Feb 2026  
Reporting Month

**\$12.0M**  
Trended Month Target

**\$13.9M**  
Current Month Actuals

Status		
On Track	Caution	At Risk

# Fiscal Year 2026 Financial Performance

February 2026 Unaudited

## Highlights for February 2026

### Revenue

- Gross Revenue was \$40.1M above budget, or 8.6%
- Net Patient Revenue was above budget by \$5.2M or 7.4%
- Volumes have been strong and continued to drive revenue, as well as, increased DHDP revenues from the new State program

### Volumes

- February continued to be a strong month for acute inpatient volumes
  - Acute discharges were 13.3% higher than budget
- For both surgery and emergency room, the trend has been reset for the current year
  - For the month, surgeries cases were down 6.5% to budget, and YTD is 2.0% below budget, but is on par with current trends
  - IP ED visits continue to be strong, at 9.1% above PYTD and 26.0% above the monthly budget
  - OP ED was behind prior year, but was 0.3% ahead of the current month budget
- Radiation Oncology missed budget by (9.5%) and had some spill-over due to charging issues, due to an interface issue, that are being corrected
- Similarly, Infusion Therapy exceeded the prior YTD by 10.6%, though in the month was behind budget by (0.4%)
- Length of Stay reduced back to previous trends and was 8.0% below budget, and continues to be 4.0% below budget YTD

### Expenses

- Total expenses were 0.1% under budget
- The largest positive budget variances were benefits and other expenses
- Salaries, wages and contract labor was effectively flat to budget and overall productivity was at 100.8%

### Other Highlights

- Ongoing efforts ensure JPA reporting will be available for the May-26 close
- Budget prep work is ongoing for both the District and the JPA
- Workday efforts continue in earnest as we prepare for a July 1<sup>st</sup> go-live
- EBIDA\* margin remains strong and improved to 14.5% based on FYTD results, improving from prior month
- Days Cash on Hand for February dropped to 18.6 days (PH Only) and was due to outflows for A/P, debt service and IGT's, expect this to recover before year end
- Accounts Payable Current Liability decreased by \$8.4M as we worked to get a number of vendors more caught up
- Days in Accounts Receivable (A/R) decreased to 54.4 and A/R greater than 90 days also held at 38.6%
- Debt Service Coverage will be updated with the March 2026 numbers as we did not have all the PHMG information in time to close
- Completed an investor call to discuss various aspects of the JPA and answered a number of pre-curated questions
- Completed our Joint Commission survey with no major findings

### 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 prior months. It should be noted that Medicare and Medicare HMO are up 13% and 11% respectively in the current year which is impacting overall bottom-line profitability.

Cash postings were \$62.1 million. Days in Net A/R excluding supplemental government programs are 54.4, a decrease of 0.8 days from the prior month. Uncompensated Care increased by \$5.2 million to \$13.9 million for the month.

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

Key Performance Indicators (KPI)	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	Target
Total Net A/R (\$) <sup>1</sup>	\$ 129,039,121	\$ 119,687,568	\$ 121,665,415	\$ 115,367,571	\$ 118,486,363	\$ 118,290,229	
Net Days in A/R (Days) <sup>2</sup>	62.1	59.9	60.3	56.7	55.3	54.4	55.0
% AR > 90 Days	38.5%	38.8%	43.5%	44.4%	37.9%	38.6%	22.5%
% of Avoidable Denial Write-Offs	2.1%	2.1%	2.1%	2.1%	3.0%	4.2%	2.1%
Net Revenue Yield	111.8%	112.9%	111.6%	108.0%	100.9%	101.2%	98.0%

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

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

	Month					Year to Date				
	Actual Feb-26	Budget Feb-26	Budget Variance	Prior Year Feb-25	Prior Year Variance	Actual Feb-26	Budget Feb-26	Budget Variance	Prior Year Feb-25	Prior Year Variance
<b>Key Volumes</b>										
<b>Discharges - Total</b>	<b>2,338</b>	<b>2,066</b>	<b>13.2%</b>	<b>2,201</b>	<b>6.2%</b>	<b>18,822</b>	<b>16,746</b>	<b>12.4%</b>	<b>17,253</b>	<b>9.1%</b>
Acute - General	2,292	2,023	13.3%	2,157	6.3%	18,497	16,382	12.9%	16,947	9.2%
Total Acute Discharges	2,292	2,023	13.3%	2,157	6.3%	18,497	16,382	12.9%	16,947	9.2%
The Villas at Poway	46	43	7.4%	44	4.6%	325	365	(10.9%)	306	6.2%
<b>Patient Days - Total</b>	<b>12,034</b>	<b>12,126</b>	<b>(0.8%)</b>	<b>12,562</b>	<b>(4.2%)</b>	<b>97,447</b>	<b>95,607</b>	<b>1.9%</b>	<b>96,067</b>	<b>1.4%</b>
Acute - General	9,585	9,140	4.9%	10,073	(4.8%)	76,679	70,608	8.6%	74,491	2.9%
Total Acute Patient Days	9,585	9,140	4.9%	10,073	(4.8%)	76,679	70,608	8.6%	74,491	2.9%
The Villas at Poway	2,449	2,986	(18.0%)	2,489	(1.6%)	20,768	24,998	(16.9%)	21,576	(3.7%)
Acute Adjusted Discharges	3,619	3,138	15.3%	3,349	8.1%	29,624	26,544	11.6%	26,868	10.3%
Total Adjusted Discharges*	3,677	3,281	12.1%	3,403	8.1%	30,010	26,581	12.9%	27,226	10.2%
Acute Adjusted Patient Days	15,136	14,624	3.5%	15,637	(3.2%)	122,742	112,970	8.7%	118,002	4.0%
Total Adjusted Patient Days*	17,585	17,609	(0.1%)	18,126	(3.0%)	143,510	137,968	4.0%	139,578	2.8%
Calendar Days	28	28	0.0%	28	0.0%	243	243	0.0%	243	0.0%
Acute Average Daily Census	342	326	4.9%	360	(4.8%)	316	291	8.6%	307	2.9%
Total Average Daily Census*	430	433	(0.8%)	449	(4.2%)	401	393	1.9%	395	1.4%
<b>Surgeries - Total</b>	<b>844</b>	<b>902</b>	<b>(6.5%)</b>	<b>929</b>	<b>(9.2%)</b>	<b>7,227</b>	<b>7,373</b>	<b>(2.0%)</b>	<b>7,434</b>	<b>(2.8%)</b>
Inpatient	470	481	(2.2%)	523	(10.1%)	4,052	4,062	(0.2%)	4,084	(0.8%)
Outpatient	374	422	(11.3%)	406	(7.9%)	3,175	3,311	(4.1%)	3,350	(5.2%)
Deliveries	226	294	(23.1%)	277	(18.4%)	2,125	2,444	(13.1%)	2,349	(9.5%)
<b>ER Visits (Includes Trauma) - Total</b>	<b>9,491</b>	<b>9,092</b>	<b>4.4%</b>	<b>10,326</b>	<b>(8.1%)</b>	<b>80,328</b>	<b>81,897</b>	<b>(1.9%)</b>	<b>82,815</b>	<b>(3.0%)</b>
Inpatient	1,814	1,440	26.0%	1,831	(0.9%)	14,726	13,540	8.8%	13,493	9.1%
Outpatient	7,677	7,653	0.3%	8,495	(9.6%)	65,602	68,357	(4.0%)	69,322	(5.4%)

	Month					Year to Date				
	Actual	Budget	Budget	Prior Year	Prior Year	Actual	Budget	Budget	Prior Year	Prior Year
	Feb-26	Feb-26	Variance	Feb-25	Variance	Feb-26	Feb-26	Variance	Feb-25	Variance
Cardiac Cath RVUs	1,020	1,137	(10.3%)	972	4.9%	8,949	8,597	4.1%	8,299	7.8%
Escondido Interv. Radiology RVUs	882	927	(4.8%)	868	1.6%	7,067	7,806	(9.5%)	7,687	(8.1%)
Poway Interv. Radiology RVUs	284	252	12.8%	266	6.8%	2,383	2,199	8.4%	2,106	13.2%
Radiation Oncology RVUs	2,846	3,145	(9.5%)	2,994	(4.9%)	25,208	27,296	(7.7%)	24,556	2.7%
Infusion Therapy Hours	1,002	1,006	(0.4%)	992	1.0%	8,258	8,727	(5.4%)	7,466	10.6%
<b>Imaging</b>										
Escondido CAT Procedures	9,971	7,225	38.0%	8,505	17.2%	80,219	71,780	11.8%	71,216	12.6%
Poway CAT Procedures	2,678	2,283	17.3%	2,545	5.2%	22,676	20,642	9.9%	20,850	8.8%
Escondido MRI Procedures	593	378	56.9%	461	28.6%	4,522	3,722	21.5%	3,644	24.1%
Poway MRI Procedures	149	136	9.4%	125	19.2%	1,190	1,067	11.5%	1,058	12.5%
Escondido Diagnositic Rad. Procedures	7,072	6,328	11.8%	6,836	3.5%	56,196	55,198	1.8%	56,199	(0.0%)
Poway Diagnositic Rad. Procedures	2,184	2,090	4.5%	2,124	2.8%	17,749	17,670	0.5%	17,876	(0.7%)

\*Includes The Villas at Poway

	Month					Year to Date				
	Actual	Budget	Budget	Prior Year	Prior Year	Actual	Budget	Budget	Prior Year	Prior Year
	Feb-26	Feb-26	Variance	Feb-25	Variance	Feb-26	Feb-26	Variance	Feb-25	Variance
<b>Key Statistics</b>										
Acute Average LOS - Days	4.18	4.52	8.0%	4.67	11.7%	4.15	4.31	4.0%	4.40	6.0%
Acute - General	4.18	4.52	8.0%	4.67	11.7%	4.15	4.31	4.0%	4.40	6.0%
Acute Behavioral Health	0.00	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%	0.00	0.0%
Average Observation Hours	27	22	(24.3%)	22	(19.6%)	27	27	(0.4%)	27	(0.4%)
Acute Case Mix - Excludes Deliveries	1.68	1.68	0.0%	1.68	0.0%	1.70	1.71	0.6%	1.71	0.6%
Acute Case Mix -Medicare Only	1.93	1.61	(19.9%)	1.61	(16.6%)	1.71	1.68	(1.8%)	1.68	(1.8%)
Labor Productivity by Hrs						100.8			98	
Days Cash on Hand						18.6			16	
<b>Financial Performance</b>										
Operating Income	6,498,768	950,000	5,548,768	(1,840,463)	8,339,231	15,839,092	(4,150,000)	19,989,092	(40,885,770)	56,724,862
Net Income	4,898,305	(1,393,795)	6,292,100	(4,287,305)	9,185,610	57,285	(22,121,456)	22,178,741	(56,917,972)	56,975,257
Oper. Expenses/Adj. Patient Days	4,006	3,773	6.2%	3,431	16.8%	3,345	3,909	(14.4%)	3,912	(14.5%)
EBIDA Margin-Excludes PHMG	20.5%	12.7%	7.8%	10.2%	10.3%	14.5%	10.8%	3.6%	5.8%	8.7%
EBIDA-Excludes PHMG	15,774,290	9,124,534	6,649,756	6,650,749	9,123,541	86,868,587	62,025,233	24,843,354	31,810,849	55,057,738



	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Feb 26	Feb 26	Feb 26	Volume	Rate/Eff	Actual	Budget	Variance
<b>Adjusted Patient Days</b>	143,510	137,968	5,542					
<b>Adjusted Discharges</b>	30,010	26,581	3,429					
<b>Operating Revenue</b>								
Gross revenue	4,120,836,776	3,909,316,119	211,520,657	157,035,552	54,485,105	28,714.63	28,334.97	379.66
Deductions from revenue	(3,527,807,598)	(3,345,865,842)	(181,941,758)	(134,401,996)	(47,539,760)	(24,582.31)	(24,251.05)	(331.26)
Net patient revenue	593,029,178	563,450,277	29,578,899	22,633,556	6,945,345	4,132.32	4,083.92	48.40
Other operating revenue	7,171,067	9,278,321	(2,107,254)	372,706	(2,479,960)	49.97	67.25	(17.28)
Total net revenue	600,200,245	572,728,598	27,471,645	23,006,262	4,465,385	4,182.29	4,151.17	31.12
<b>Operating Expenses</b>								
Salaries, wages & contract labor	251,992,567	244,965,679	(7,026,890)	(9,840,166)	2,813,278	1,755.92	1,775.53	19.60
Benefits	58,669,239	64,648,048	5,978,809	(2,596,884)	8,575,693	408.82	468.57	59.76
Supplies	88,863,745	85,982,266	(2,881,479)	(3,453,871)	572,392	619.22	623.20	3.99
Prof fees & purch svcs	117,444,537	115,388,536	(2,056,000)	(4,635,108)	2,579,107	818.37	836.34	17.97
Depreciation & amortization	38,641,879	37,628,369	(1,013,510)	(1,511,515)	498,005	269.26	272.73	3.47
Other	28,749,186	28,265,702	(483,484)	(1,135,421)	651,937	200.33	204.87	4.54
Total expenses	584,361,153	576,878,600	(7,482,554)	(23,172,966)	15,690,413	4,071.92	4,181.25	109.33
Income from operations	15,839,092	(4,150,002)	19,989,094	(166,704)	20,155,798	110.37	(30.08)	(78.22)
<b>Non-operating revenue (expense)</b>								
Property tax revenues <sup>1</sup>	16,959,787	17,133,333	(173,546)					
Investment Income	10,760,246	9,414,750	1,345,496					
Interest Expense	(36,339,025)	(34,687,918)	(1,651,107)					
Non-operating depreciation & amortization	(11,830,402)	(11,830,401)	(1)					
Other non-operating revenue(expense)	4,667,587	1,998,780	2,668,807					
Net income(loss) <sup>2</sup>	57,285	(22,121,458)	22,178,743					

EBIDA Margin 14.5% 10.8% 3.6%

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		
	Feb 26	Feb 25	Feb 26	Volume	Rate/Eff	Actual	Budget	Variance
<b>Adjusted Patient Days</b>	143,510	139,578	3,932					
<b>Adjusted Discharges</b>	30,010	27,226	2,784					
<b>Operating Revenue</b>								
Gross revenue	4,120,836,776	3,845,893,185	274,943,591	108,341,229	166,602,362	28,714.63	27,553.72	1,160.91
Deductions from revenue	(3,527,807,598)	(3,306,957,306)	(220,850,294)	(93,159,066)	(127,691,226)	(24,582.31)	(23,692.54)	(889.77)
Net patient revenue	593,029,178	538,935,879	54,093,297	15,182,162	38,911,137	4,132.32	3,861.18	271.14
Other operating revenue	7,171,067	7,728,733	(557,664)	217,723	(775,389)	49.97	55.37	(5.40)
Total net revenue	600,200,245	546,664,612	53,535,633	15,399,886	38,135,747	4,182.29	3,916.55	265.74
<b>Operating Expenses</b>								
Salaries, wages & contract labor	251,992,567	251,316,930	(675,639)	(7,079,756)	6,404,119	1,755.92	1,800.55	44.62
Benefits	58,669,239	66,070,847	7,401,608	(1,861,257)	9,262,865	408.82	473.36	64.55
Supplies	88,863,745	81,701,206	(7,162,539)	(2,301,574)	(4,860,965)	619.22	585.34	(33.87)
Prof fees & purch svcs	117,444,537	123,514,361	6,069,825	(3,479,477)	9,549,301	818.37	884.91	66.54
Depreciation & amortization	38,641,879	41,459,903	2,818,024	(1,167,952)	3,985,976	269.26	297.04	27.77
Other	28,749,186	23,487,136	(5,262,049)	(661,647)	(4,600,403)	200.33	168.27	(32.06)
Total expenses	584,361,153	587,550,383	3,189,230	(16,551,664)	19,740,894	4,071.92	4,209.48	137.56
Income from operations	15,839,092	(40,885,771)	56,724,863	(1,151,778)	57,876,641	110.37	(292.92)	128.18
<b>Non-operating revenue (expense)</b>								
Property tax revenues <sup>1</sup>	16,959,787	16,614,604	345,183					
Investment Income	10,760,246	9,977,764	782,482					
Interest Expense	(36,339,025)	(35,440,539)	(898,486)					
Non-operating depreciation & amortization	(11,830,402)	(11,828,379)	(2,023)					
Other non-operating revenue(expense)	4,667,587	4,644,347	23,240					
Net income(loss) <sup>2</sup>	57,285	(56,917,974)	56,975,259					

EBIDA Margin 14.5% 5.8% 8.7%

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

2= Excludes G.O. Bonds income / expense

	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Fiscal Year 2026
<b>Adjusted Patient Days</b>	17,851	17,948	16,940	17,962	17,408	18,648	19,168	17,585	143,510
<b>Adjusted Discharges</b>	3,734	3,988	3,785	3,818	3,372	3,794	3,842	3,677	30,010
<b>Operating Revenue</b>									
Gross revenue	514,243,464	500,282,001	512,535,349	526,244,883	492,983,821	533,503,706	538,423,190	502,620,363	4,120,836,776
Deductions from revenue	(441,255,169)	(428,250,221)	(440,133,502)	(456,700,924)	(420,035,285)	(456,296,740)	(458,665,509)	(426,470,249)	(3,527,807,598)
Net patient revenue	72,988,295	72,031,780	72,401,847	69,543,959	72,948,536	77,206,966	79,757,681	76,150,114	593,029,178
Other operating revenue	864,100	946,365	1,049,479	945,491	1,075,318	911,580	590,360	788,374	7,171,067
<b>Total net revenue</b>	<b>73,852,396</b>	<b>72,978,145</b>	<b>73,451,326</b>	<b>70,489,450</b>	<b>74,023,854</b>	<b>78,118,546</b>	<b>80,348,040</b>	<b>76,938,487</b>	<b>600,200,245</b>
<b>Operating Expenses</b>									
Salaries, wages & contract labor	31,865,141	31,104,110	30,920,004	31,790,235	31,212,533	32,145,253	32,609,920	30,345,373	251,992,567
Benefits	7,366,292	6,306,806	7,513,675	7,427,821	7,243,795	7,443,724	8,532,523	6,834,602	58,669,239
Supplies	11,103,543	10,692,013	10,734,391	11,238,958	10,095,256	11,595,507	12,056,713	11,347,364	88,863,745
Prof fees & purch svcs	13,799,753	14,509,520	15,262,239	14,915,537	15,556,548	14,491,529	14,477,903	14,431,509	117,444,537
Depreciation & amortization	4,843,923	4,776,143	4,866,590	4,975,598	4,834,844	4,820,157	4,764,716	4,759,911	38,641,879
Other	2,794,212	4,173,848	3,396,570	3,367,857	4,107,312	4,319,439	3,868,988	2,720,961	28,749,186
<b>Total expenses</b>	<b>71,772,864</b>	<b>71,562,440</b>	<b>72,693,470</b>	<b>73,716,005</b>	<b>73,050,288</b>	<b>74,815,609</b>	<b>76,310,762</b>	<b>70,439,719</b>	<b>584,361,153</b>
<b>Income from operations</b>	<b>2,079,532</b>	<b>1,415,705</b>	<b>757,856</b>	<b>(3,226,555)</b>	<b>973,566</b>	<b>3,302,937</b>	<b>4,037,279</b>	<b>6,498,768</b>	<b>15,839,092</b>
<b>Non-operating revenue (expense)</b>									
Property tax revenues <sup>1</sup>	2,141,666	2,141,666	2,141,666	2,141,666	2,141,666	2,141,666	2,141,666	1,968,125	16,959,787
Investment Income	1,263,898	1,124,368	1,174,237	1,159,725	2,032,287	1,427,360	1,102,628	1,475,744	10,760,246
Interest Expense	(4,435,614)	(4,465,415)	(4,458,852)	(4,462,078)	(4,582,958)	(4,647,935)	(4,648,897)	(4,637,274)	(36,339,025)
Non-operating depreciation & amortization	(1,478,800)	(1,478,800)	(1,478,800)	(1,478,800)	(1,478,800)	(1,478,800)	(1,478,800)	(1,478,800)	(11,830,402)
Other non-operating revenue(expense)	759,733	541,399	342,659	206,005	(62,034)	(382,923)	2,191,006	1,071,742	4,667,587
<b>Net income(loss) <sup>2</sup></b>	<b>330,414</b>	<b>(721,077)</b>	<b>(1,521,235)</b>	<b>(5,660,037)</b>	<b>(976,273)</b>	<b>362,306</b>	<b>3,344,882</b>	<b>4,898,305</b>	<b>57,285</b>
<b>EBIDA Margin</b>	<b>15.0%</b>	<b>13.7%</b>	<b>12.6%</b>	<b>7.5%</b>	<b>13.4%</b>	<b>14.5%</b>	<b>17.7%</b>	<b>20.5%</b>	<b>14.5%</b>

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

2= Excludes G.O. Bonds income / expense

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

Assets	Current Fiscal Year			Prior Fiscal Year
	Dec-25	Jan-26	Feb-26	Jun-25
<b>Current Assets</b>				
Cash and cash equivalents	26,600,919	35,757,388	8,834,367	15,000,751
Investments	18,740,842	33,886,287	32,886,260	28,463,741
Board Designated	-	-	-	-
Total cash, cash equivalents & investments	45,341,761	69,643,675	41,720,626	43,464,492
<b>Patient Accounts Receivable</b>				
Allowance on accounts	446,841,630	485,692,281	484,545,456	504,133,063
	(331,474,059)	(367,205,917)	(366,255,227)	(360,699,498)
Net accounts receivable	115,367,571	118,486,363	118,290,229	143,433,565
<b>Other Current Assets</b>				
Inventories	12,051,424	11,988,040	11,974,669	12,194,024
Prepaid expenses	8,253,751	8,277,381	10,216,184	8,309,163
Est. third party settlements	156,804,676	119,640,673	144,906,343	95,529,680
Other	72,899,000	73,178,970	76,132,113	71,655,917
Total current assets	410,718,183	401,215,102	403,240,165	374,586,840
<b>Non-Current Assets</b>				
Restricted assets	91,062,562	94,298,921	98,243,689	87,348,717
Restricted other	358,104	358,169	358,236	357,688
Total restricted assets	91,420,666	94,657,090	98,601,924	87,706,405
<b>Property, Plant &amp; Equipment</b>				
Property, plant & equipment	1,563,653,584	1,564,014,334	1,563,876,057	1,593,114,786
Accumulated depreciation	(680,919,706)	(684,559,305)	(687,823,286)	(686,328,663)
Construction in process	45,174,684	47,392,071	47,722,092	39,167,673
Net property, plant & equipment	927,908,562	926,847,101	923,774,863	945,953,795
<b>Right of Use Assets</b>				
Building leases	268,795,633	267,456,112	266,116,591	276,832,758
Sub-leases	187,633	182,695	177,757	234,948
Equipment leases	16,379,495	15,738,195	15,096,894	18,084,940
SBITA	11,991,446	11,373,289	10,755,131	16,006,107
Net right of use assets	297,354,208	294,750,291	292,146,374	311,158,754
<b>Other Non-Current Assets</b>				
Investment related companies	6,547,003	6,983,989	6,456,625	5,718,913
Prepaid debt insurance costs	6,830,524	6,804,585	6,778,646	6,986,297
Other non-current assets	64,947,659	64,290,436	63,963,282	66,188,501
Total non-current assets	1,395,008,621	1,394,333,490	1,391,721,714	1,423,712,664
<b>Total assets</b>	<b>1,805,726,804</b>	<b>1,795,548,593</b>	<b>1,794,961,878</b>	<b>1,798,299,504</b>
<b>Deferred outflow of resources-loss on refunding of debt</b>				
	40,595,253	40,377,338	40,159,423	41,902,741
<b>Total assets and deferred outflow of resources</b>	<b>1,846,322,057</b>	<b>1,835,925,931</b>	<b>1,835,121,301</b>	<b>1,840,202,245</b>

Liabilities	Current Fiscal Year			Prior Fiscal Year
	Dec-25	Jan-26	Feb-26	Jun-25
<b>Current Liabilities</b>				
Accounts payable	98,390,028	100,864,653	92,494,289	94,240,154
Accrued payroll	39,238,025	33,229,342	34,242,845	49,881,621
Accrued PTO	24,439,893	24,585,810	24,981,391	23,828,506
Accrued interest payable	8,812,649	12,217,802	15,141,096	7,842,158
Current portion of bonds	9,365,000	9,365,000	9,365,000	8,925,000
Current portion of lease liab	21,706,739	21,596,028	20,313,903	21,510,594
Est. third party settlements	8,235,649	7,887,259	9,360,689	8,593,099
Other current liabilities	208,643,530	207,605,542	207,846,626	147,853,726
Total current liabilities	418,831,514	417,351,436	413,745,839	362,674,858
<b>Long Term Liabilities</b>				
Other LT liabilities	24,813,218	24,791,313	24,769,408	27,444,646
Bonds & contracts payable	702,498,822	702,276,246	702,053,670	713,199,799
Lease liabilities	319,126,038	317,650,695	316,073,960	327,879,779
Total long term liabilities	1,046,438,078	1,044,718,254	1,042,897,039	1,068,524,225
<b>Total liabilities</b>	<b>1,465,269,592</b>	<b>1,462,069,689</b>	<b>1,456,642,878</b>	<b>1,431,199,083</b>
<b>Deferred inflow of resources- unearned revenue</b>				
	6,844,759	6,794,241	6,743,723	6,547,471
<b>Total liabilities and deferred inflow of resources</b>	<b>1,472,114,350</b>	<b>1,468,863,930</b>	<b>1,463,386,601</b>	<b>1,437,746,554</b>
<b>Net Position</b>				
Unrestricted	373,849,603	366,703,832	371,376,464	402,098,003
Restricted for other purpose	358,104	358,169	358,236	357,688
Total net position	374,207,707	367,062,000	371,734,700	402,455,691
<b>Total liabilities, deferred inflow of resources and net position</b>	<b>1,846,322,057</b>	<b>1,835,925,931</b>	<b>1,835,121,301</b>	<b>1,840,202,245</b>

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

Assets	Current Fiscal Year			Prior Fiscal Year
	Dec-25	Jan-26	Feb-26	Jun-25
<b>Current Assets</b>				
Cash and cash equivalents	26,600,919	35,757,388	8,834,367	15,000,751
Investments	18,740,842	33,886,287	32,886,260	28,463,741
Board Designated	-	-	-	-
Total cash,cash equivalents & investments	45,341,761	69,643,675	41,720,626	43,464,492
<b>Patient Accounts Receivable</b>	446,841,630	485,692,281	484,545,456	504,133,063
Allowance on accounts	(331,474,059)	(367,205,917)	(366,255,227)	(360,699,498)
Net accounts receivable	115,367,571	118,486,363	118,290,229	143,433,565
Inventories	12,051,424	11,988,040	11,974,669	12,194,024
Prepaid expenses	8,253,751	8,277,381	10,216,184	8,309,163
Est. third party settlements	156,804,676	119,640,673	144,906,343	95,529,680
Other	77,357,049	75,218,702	80,808,315	71,777,188
Total current assets	415,176,232	403,254,834	407,916,367	374,708,111
<b>Non-Current Assets</b>				
Restricted assets	153,732,056	163,679,297	157,435,310	163,601,420
Restricted other	358,104	358,169	358,236	357,688
Total restricted assets	154,090,160	164,037,466	157,793,546	163,959,108
Property, plant & equipment	1,563,653,584	1,564,014,334	1,563,876,057	1,593,114,786
Accumulated depreciation	(680,919,706)	(684,559,305)	(687,823,286)	(686,328,663)
Construction in process	45,174,684	47,392,071	47,722,092	39,167,673
Net property, plant & equipment	927,908,562	926,847,101	923,774,863	945,953,795
<b>Right of Use Assets</b>				
Building leases	268,795,633	267,456,112	266,116,591	276,832,758
Sub-leases	187,633	182,695	177,757	234,948
Equipment leases	16,379,495	15,738,195	15,096,894	18,809,028
SBITA	11,991,446	11,373,289	10,755,131	16,226,190
Net right of use assets	297,354,208	294,750,291	292,146,374	312,102,924
Investment related companies	6,547,003	6,983,989	6,456,625	5,718,913
Prepaid debt insurance and other costs	7,910,031	7,872,439	7,834,848	8,136,372
Other non-current assets	64,947,659	64,290,436	63,963,282	66,188,501
Total non-current assets	1,458,757,622	1,464,781,721	1,451,969,537	1,502,059,614
<b>Total assets</b>	<b>1,873,933,854</b>	<b>1,868,036,555</b>	<b>1,859,885,904</b>	<b>1,876,767,725</b>
Deferred outflow of resources-loss on refunding of debt	42,863,530	42,627,755	42,391,979	44,278,181
<b>Total assets and deferred outflow of resources</b>	<b>1,916,797,385</b>	<b>1,910,664,309</b>	<b>1,902,277,883</b>	<b>1,921,045,905</b>

Liabilities	Current Fiscal Year			Prior Fiscal Year
	Dec-25	Jan-26	Feb-26	Jun-25
<b>Current Liabilities</b>				
Accounts payable	98,391,053	100,864,653	92,494,289	94,240,154
Accrued payroll	39,238,025	33,229,342	34,242,845	49,712,808
Accrued PTO	24,439,893	24,585,810	24,981,391	23,828,506
Accrued interest payable	25,170,294	31,846,975	26,424,517	29,905,711
Current portion of bonds	20,171,216	20,171,216	20,171,216	19,081,756
Current portion of lease liab	21,706,739	21,596,028	20,313,903	21,878,270
Est. third party settlements	8,235,649	7,887,259	9,360,689	8,593,099
Other current liabilities	145,048,185	144,936,788	145,834,068	81,698,710
Total current liabilities	382,401,054	385,118,071	373,822,917	328,939,015
<b>Long Term Liabilities</b>				
Other LT liabilities	24,813,218	24,791,313	24,769,408	27,444,646
Bonds & contracts payable	1,316,746,118	1,316,177,351	1,315,608,584	1,340,117,039
Lease liabilities	319,126,038	317,650,695	316,073,960	328,471,724
Total long term liabilities	1,660,685,374	1,658,619,359	1,656,451,953	1,696,033,409
<b>Total liabilities</b>	<b>2,043,086,428</b>	<b>2,043,737,430</b>	<b>2,030,274,870</b>	<b>2,024,972,424</b>
Deferred inflow of resources- unearned revenue	70,440,104	69,462,995	68,756,281	72,791,253
<b>Total liabilities and deferred inflow of resources</b>	<b>2,113,526,531</b>	<b>2,113,200,424</b>	<b>2,099,031,152</b>	<b>2,097,763,677</b>
<b>Net Position</b>				
Unrestricted	(197,087,252)	(202,894,284)	(197,111,504)	(177,075,460)
Restricted for other purpose	358,104	358,169	358,236	357,688
Total net position	(196,729,148)	(202,536,115)	(196,753,269)	(176,717,772)
<b>Total liabilities, deferred inflow of resources and net position</b>	<b>1,916,797,385</b>	<b>1,910,664,309</b>	<b>1,902,277,883</b>	<b>1,921,045,905</b>

	<u>Feb-26</u>	<u>YTD</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Income (Loss) from operations	6,498,769	15,839,086
<b>Adjustments to reconcile change in net assets to net cash provided from operating activities:</b>		
Depreciation Expense	4,759,911	38,641,882
Provision for bad debts	7,956,316	48,693,772
<b>Changes in operating assets and liabilities:</b>		
Patient accounts receivable	(7,760,181)	(23,550,436)
Property Tax and other receivables	(1,779,929)	(2,034,181)
Inventories	13,371	219,355
Prepaid expenses and other current assets	(1,331,283)	(4,122,193)
Accounts payable	(8,370,364)	(1,745,865)
Accrued compensation	1,409,084	(14,485,892)
Estimated settlement amounts due third-party payors	(23,792,240)	(48,609,073)
Other liabilities	962,302	65,501,334
Net cash provided from (used by) operating activities	<u>(21,434,244)</u>	<u>74,347,789</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Net (purchases) sales of investments	7,243,947	1,743,043
Income (Loss) on investments	1,658,022	12,137,322
Investment in affiliates	<u>(661,337)</u>	<u>(33,649,533)</u>
Net cash provided from (used by) investing activities	8,240,632	(19,769,168)
<b>CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:</b>		
Receipt of G.O. Bond Taxes	1,246,249	28,457,408
Receipt of District Taxes	<u>756,458</u>	<u>15,254,933</u>
Net cash provided from non-capital financing activities	2,002,707	43,712,341
<b>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:</b>		
Proceeds on asset sale	131	(22,661)
Acquisition of property plant and equipment	(191,744)	(6,423,824)
Redevelopment Trust Fund Distributions	0	1,508,003
G.O. Bond Interest paid	(11,617,281)	(36,738,806)
Revenue Bond Interest paid	0	(17,581,585)
ROU Interest paid	(1,250,174)	(14,182,963)
Proceeds (Payments) of Long Term Debt	0	(21,603,661)
Payments of Long Term Lease Liabilities	<u>(2,673,048)</u>	<u>(9,411,854)</u>
Net cash provided from (used by) capital and related financing activities	<u>(15,732,116)</u>	<u>(104,457,350)</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	(26,923,021)	(6,166,384)
<b>CASH AND CASH EQUIVALENTS - Beginning of period</b>	<u>35,757,388</u>	<u>15,000,751</u>
<b>CASH AND CASH EQUIVALENTS - End of period</b>	<u><u>8,834,367</u></u>	<u><u>8,834,367</u></u>

# ADDENDUM C

Source:  
Board of  
Directors

Applies to Facilities:  
All Palomar Health  
Facilities

Applies to  
Departments:  
Board of Directors

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**Policy: Disruption of Telephonic or Internet Service Occurring During  
Open and Public Meeting of the Palomar Health Board of Directors**

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**I. PURPOSE:**

A. It is the intention of the Palomar Health Board of Directors to comply with the requirements of the Brown Act regarding disruption of telephonic or internet service during open and public meetings of the Palomar Health Board of Directors. This policy is intended to provide procedures for recessing and reconvening an open and public meeting in the event of disruption of telephonic or internet service and the efforts that the Palomar Health Board of Directors shall make to restore the service.

**II. DEFINITIONS:**

- A. "Two-way audiovisual platform" means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic service.
- B. "Two-way telephonic service" means a telephone service that does not require internet access and allows participants to dial a telephone number to listen and verbally participate.

**III. TEXT / STANDARDS OF PRACTICE:**

A. If a disruption of telephonic or internet service that prevents members of the public from attending or observing the meeting via the two-way telephonic service or two-way audiovisual platform occurs during the meeting, the Palomar Health Board of Directors shall recess the open session of the meeting for at least one (1) hour and make a good faith attempt to restore the service. Good faith attempts may include requesting that information technology personnel try to remedy the disruption. The Palomar Health Board of Directors may meet in closed session during this period. The Palomar Health Board of Directors shall not reconvene the open session of the meeting until at least one (1) hour following the disruption, or until telephonic or internet service is restored, whichever is earlier.

B. Upon reconvening the open session, if telephonic or internet service has not been restored, the Palomar Health Board of Directors shall adopt a finding by rollcall vote that good faith efforts to restore the telephonic or internet service have been made in accordance with this Policy and that the public interest in continuing the meeting outweighs the public interest in remote public access.

C. This policy will be reviewed and updated as required or at least every three years.

**IV. ADDENDUM:**

Original Document Date: \_\_\_\_\_  
Reviewed: \_\_\_\_\_  
Revision Number: 1 Dated: \_\_\_\_\_



DocID: \_\_\_\_\_  
 Revision: N/A  
 Status: Official

Source:  
 Board of  
 Directors

Applies to Facilities:  
 All Palomar Health  
 Facilities

Applies to  
 Departments:  
 Board of Directors

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## Policy: Appointment of Representatives to the Palomar UCSD Health Authority

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### **I. PURPOSE:**

A. This policy is intended to provide procedures for appointing Palomar Health's representatives to the Board of Directors of the Palomar UCSD Health Authority (the "Authority").

### **II. DEFINITIONS:**

A.

### **III. TEXT / STANDARDS OF PRACTICE:**

#### **A. Appointment Process when the term of a Palomar Health Representative on the Board of Directors of the Authority expires at the end of such Representative's appointed term of office:**

1. The Chairperson of the Palomar Health Board of Directors (the "Chairperson") will form an Ad Hoc Committee consisting of three (3) members of the Palomar Health Board of Directors (the "Palomar Health Board"), which will meet in accordance with the requirements of the Brown Act, to invite applications to serve as Palomar Health's Representative to the Board of Directors of the Authority ("Representative" or "Representatives").

2. The Ad Hoc Committee may identify candidates to invite to submit applications. Members of the Palomar Health Board ~~of Directors~~, Palomar Health Administration, and Authority Administration may also invite candidates to submit applications. Members of the public may also submit applications.

3. An interested candidate must submit the Application attached to this policy as well as a resumé (or curriculum vitae) and a letter of interest in order (collectively, an "Application Packet") to be considered by the Ad Hoc Committee.

4. The Ad Hoc Committee will review all complete Application Packets and will then select those candidates it wishes to interview. Candidates not meeting the requirements of the Joint Exercise of Powers Agreement dated October 31, 2025, by between Palomar Health and the Regents of the University of California, on behalf of UC San Diego Health (the "JPA Agreement") or the Bylaws of the Authority will not be selected for an interview.

5. After interviewing candidates, the Ad Hoc Committee will recommend a candidate(s) to the Palomar Health Board ~~of Directors~~ to appoint as one of Palomar Health's ~~the~~ Representatives ~~to the Board of Directors of the Authority~~.

6. The Palomar Health Board ~~of Directors~~ will, in accordance with its Bylaws, its policies, its practices and the Brown Act, consider the appointment of the recommended candidate(s) at a meeting of the Palomar Health Board ~~of Directors~~.

7. If the Palomar Health Board ~~of Directors~~ votes to appoint the recommended candidate(s), the appointed candidate(s) will be installed as one of ~~Palomar Health's the~~ Representatives ~~to the Board of Directors of the Authority~~. If the Palomar Health Board ~~of Directors~~ votes to not appoint the recommended candidate(s) or does not call a vote to appoint the recommended candidate(s), the Ad Hoc Committee will perform Numbers 2-5 of this Section III (A) again.

8. If the term of a ~~Palomar Health~~ Representative ~~on the Board of Directors of the Authority~~ expires at the end of such Representative's appointed term of office and such Representative is eligible to serve another term as ~~one of Palomar Health's a~~ Representatives ~~to the Board of Directors of the Authority~~, the Ad Hoc Committee may omit Numbers 2-5 of this Section and recommend such Representative ~~to the Palomar Health Board of Directors~~ to be appointed to serve an additional term.

**B. Appointment Process when the term of a Palomar Health Representative on the Board of Directors of the Authority expires before at the end of such Representative's appointed term of office:**

1. The Chairperson ~~of the Palomar Health Board of Directors~~ will form an Ad Hoc Committee consisting of three (3) members of the Palomar Health Board ~~of Directors~~, which will meet in accordance with the requirements of the Brown Act.

2. The Ad Hoc Committee will identify a candidate(s) to invite to submit an Application Packet.

3. The Ad Hoc Committee will review the candidate(s) complete Application Packet and will then interview the candidate. Candidates not meeting the requirements of the ~~Joint Exercise of Powers Agreement dated October 31, 2025, by between Palomar Health and the Regents of the University of California, on behalf of UC San Diego Health JPA Agreement~~ or the Bylaws of the Authority will not be interviewed.

4. If the Ad Hoc Committee chooses, it will recommend the candidate(s) to the Palomar Health Board ~~of Directors~~ to appoint as ~~one of Palomar Health's a~~ Representatives ~~to the Board of Directors of the Authority~~.

5. The Palomar Health Board ~~of Directors~~ will, in accordance with its Bylaws, its policies, its practices and the Brown Act, consider the appointment of the recommended candidate(s) at a meeting of the Palomar Health Board ~~of Directors~~.

6. If the Palomar Health Board ~~of Directors~~ votes to appoint the recommended candidate(s), the appointed candidate(s) will be installed as ~~one of Palomar Health's a~~ Representatives ~~to the Board of Directors of the Authority~~. If the Palomar Health Board ~~of Directors~~ votes to not appoint the recommended candidate(s) or does not call a vote to appoint the recommended candidate(s), the Ad Hoc Committee will perform Numbers 2-4 of this Section III(B) again.

**C. Removal Process of a Palomar Health Representative on the Board of Directors of the Authority:**

1. Any Member of the Palomar Health Board may request the removal of a Representative ("Subject Representative") by submitting a request in writing to the Chairperson and the General Counsel of Palomar Health (the "General Counsel"). The request must contain specific reasons why removal is warranted, associated with written materials if they are available and applicable, and directly relevant to the reasons for removal.

2. After receiving such a request for removal, the Chairperson will form an Ad Hoc Committee consisting of three (3) members of the Palomar Health Board, which will meet in accordance with the requirements of the Brown Act. The Ad Hoc Committee will evaluate the request for removal and, in

consultation with the General Counsel, determine if further investigation is warranted. The General Counsel must advise and assist the Ad Hoc Committee in conducting an investigation (if any).

3. After evaluating the request for removal and conducting an investigation if the Ad Hoc Committee determined an investigation was warranted, the Ad Hoc Committee will recommend to the Palomar Health Board whether or not to remove the Subject Representative.

4. After receiving a recommendation from the Ad Hoc Committee regarding whether or not to remove the Subject Representative, the Palomar Health Board will, in accordance with its Bylaws, its policies, its practices and the Brown Act, consider the removal of the Subject Representative at the next regular meeting of the Palomar Health Board (or at a special meeting of the Palomar Health Board called for this specific purpose).

5. If the Palomar Health Board votes to remove the Subject Representative by the affirmative vote of a simple majority of four (4) Palomar Health Board Members, the Subject Representative will be removed from the Board of Directors of the Authority in accordance with the JPA Agreement and the Authority Bylaws. If the Palomar Health Board votes to not remove the Subject Representative from the Board of Directors of the Authority by the affirmative vote of a simple majority of four (4) Board Members, the Subject Representative will remain on the Board of Directors of the Authority.

6. Notwithstanding anything to the contrary in this Policy, the Chairperson, in accordance with the Brown Act and the Bylaws, policies and practices of Palomar Health, may agendaize an item at any time regarding the removal of a Representative.

**D. This policy will be reviewed and updated as required or at least every three years.**

**IV. ADDENDUM:**

Original Document Date: \_\_\_\_\_  
Reviewed: \_\_\_\_\_  
Revision Number: 1 Dated: \_\_\_\_\_



DocID: \_\_\_\_\_  
 Revision: N/A  
 Status: Official

Source:  
 Board of  
 Directors

Applies to Facilities:  
 All Palomar Health  
 Facilities

Applies to  
 Departments:  
 Board of Directors

**Policy: Appointment of Representatives to the Palomar UCSD Health Authority**

**I. PURPOSE:**

A. This policy is intended to provide procedures for appointing Palomar Health’s representatives to the Board of Directors of the Palomar UCSD Health Authority (the “Authority”).

**II. DEFINITIONS:**

A.

**III. TEXT / STANDARDS OF PRACTICE:**

**A. Appointment Process when the term of a Palomar Health Representative on the Board of Directors of the Authority expires at the end of such Representative’s appointed term of office:**

1. The Chairperson of the Palomar Health Board of Directors (the “Chairperson”) will form an Ad Hoc Committee consisting of three (3) members of the Palomar Health Board of Directors (the “Palomar Health Board”), which will meet in accordance with the requirements of the Brown Act, to invite applications to serve as Palomar Health’s Representative to the Board of Directors of the Authority (“Representative” or “Representatives”).

2. The Ad Hoc Committee may identify candidates to invite to submit applications. Members of the Palomar Health Board, Palomar Health Administration, and Authority Administration may also invite candidates to submit applications. Members of the public may also submit applications.

3. An interested candidate must submit the Application attached to this policy as well as a resumé (or curriculum vitae) and a letter of interest in order (collectively, an “Application Packet”) to be considered by the Ad Hoc Committee.

4. The Ad Hoc Committee will review all complete Application Packets and will then select those candidates it wishes to interview. Candidates not meeting the requirements of the Joint Exercise of Powers Agreement dated October 31, 2025, by between Palomar Health and the Regents of the University of California, on behalf of UC San Diego Health (the “JPA Agreement”) or the Bylaws of the Authority will not be selected for an interview.

5. After interviewing candidates, the Ad Hoc Committee will recommend a candidate(s) to the Palomar Health Board to appoint as one of the Representatives.

6. The Palomar Health Board will, in accordance with its Bylaws, its policies, its practices and the Brown Act, consider the appointment of the recommended candidate(s) at a meeting of the Palomar Health Board.

7. If the Palomar Health Board votes to appoint the recommended candidate(s), the appointed candidate(s) will be installed as one of the Representatives. If the Palomar Health Board votes to not appoint the recommended candidate(s) or does not call a vote to appoint the recommended candidate(s), the Ad Hoc Committee will perform Numbers 2-5 of this Section III (A) again.

8. If the term of a Representative expires at the end of such Representative's appointed term of office and such Representative is eligible to serve another term as a Representative, the Ad Hoc Committee may omit Numbers 2-5 of this Section and recommend such Representative to be appointed to serve an additional term.

**B. Appointment Process when the term of a Palomar Health Representative on the Board of Directors of the Authority expires before the end of such Representative's appointed term of office:**

1. The Chairperson will form an Ad Hoc Committee consisting of three (3) members of the Palomar Health Board, which will meet in accordance with the requirements of the Brown Act.

2. The Ad Hoc Committee will identify a candidate(s) to invite to submit an Application Packet.

3. The Ad Hoc Committee will review the candidate(s) complete Application Packet and will then interview the candidate. Candidates not meeting the requirements of the JPA Agreement or the Bylaws of the Authority will not be interviewed.

4. If the Ad Hoc Committee chooses, it will recommend the candidate(s) to the Palomar Health Board to appoint as a Representative.

5. The Palomar Health Board will, in accordance with its Bylaws, its policies, its practices and the Brown Act, consider the appointment of the recommended candidate(s) at a meeting of the Palomar Health Board.

6. If the Palomar Health Board votes to appoint the recommended candidate(s), the appointed candidate(s) will be installed as a Representative. If the Palomar Health Board votes to not appoint the recommended candidate(s) or does not call a vote to appoint the recommended candidate(s), the Ad Hoc Committee will perform Numbers 2-4 of this Section III(B) again.

**C. Removal Process of a Palomar Health Representative on the Board of Directors of the Authority:**

1. Any Member of the Palomar Health Board may request the removal of a Representative ("Subject Representative") by submitting a request in writing to the Chairperson and the General Counsel of Palomar Health (the "General Counsel"). The request must contain specific reasons why removal is warranted, associated with written materials if they are available and applicable, and directly relevant to the reasons for removal.

2. After receiving such a request for removal, the Chairperson will form an Ad Hoc Committee consisting of three (3) members of the Palomar Health Board, which will meet in accordance with the requirements of the Brown Act. The Ad Hoc Committee will evaluate the request for removal and, in consultation with the General Counsel, determine if further investigation is warranted. The General Counsel must advise and assist the Ad Hoc Committee in conducting an investigation (if any).

3. After evaluating the request for removal and conducting an investigation if the Ad Hoc Committee determined an investigation was warranted, the Ad Hoc Committee will recommend to the Palomar Health Board whether or not to remove the Subject Representative.

4. After receiving a recommendation from the Ad Hoc Committee regarding whether or not to remove the Subject Representative, the Palomar Health Board will, in accordance with its Bylaws, its policies, its practices and the Brown Act, consider the removal of the Subject Representative at the next regular meeting of the Palomar Health Board (or at a special meeting of the Palomar Health Board called for this specific purpose).

5. If the Palomar Health Board votes to remove the Subject Representative by the affirmative vote of a simple majority of four (4) Palomar Health Board Members, the Subject Representative will be removed from the Board of Directors of the Authority in accordance with the JPA Agreement and the Authority Bylaws. If the Palomar Health Board votes to not remove the Subject Representative from the Board of Directors of the Authority by the affirmative vote of a simple majority of four (4) Board Members, the Subject Representative will remain on the Board of Directors of the Authority.

6. Notwithstanding anything to the contrary in this Policy, the Chairperson, in accordance with the Brown Act and the Bylaws, policies and practices of Palomar Health, may agendaize an item at any time regarding the removal of a Representative.

**D. This policy will be reviewed and updated as required or at least every three years.**

**IV. ADDENDUM:**

Original Document Date: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Revision Number: 1 Dated: \_\_\_\_\_

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

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**Policy : Revision of Policies**

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**I. PURPOSE:**

To ensure that current practice is consistent with written policies, and in recognition of the standards of The Joint Commission, timely and appropriate review of all Palomar Health ("PH") policies shall be accomplished regularly, systematically and in accordance with the following guidelines.

**II. DEFINITIONS:**

- A. "Policy" means a Board-approved document that provides broad strategic direction, delegates authority, fulfills a non-delegable duty of the Board or sets out rules for the organizations operations.
- B. "Procedure means a document describing an established way of performing an agreed upon course of action".

**III. TEXT / STANDARDS OF PRACTICE:****A. Governing Board**

1. Each Board committee shall create, review, and submit for Board approval the applicable policies .
2. A packet will be provided to the Assistant to the Board for Governance Committee review. This packet will include:
  - a. A written summary of all changes;
  - b. Copy of the old policy;
  - c. Copy showing redline changes;
  - d. Copy of new policy in Lucidoc format.
3. To assure that policies are kept current, the Executive Liaison shall, on a monthly basis, peruse all Board committee minutes, extracting information as appropriate either to formulate policy statements that may be directed by the committee or to provide the information to the appropriate personnel for completion of the policy statement. The completed policy statement is to be submitted to the full Board for approval and appropriately posted and communicated following approval.

**B. Central Office, Hospitals, Related Entities, Volunteer Organizations**

1. The policies of PH shall be reviewed, evaluated and revised as necessary at least once in a three-year period beginning with the effective date of this policy and at least once in each subsequent three-year period. Evidence of that review is to be made a permanent part of the policy.
2. In the interim, any policy requiring changes warranting a course of action, changes in the law, state of the art, current knowledge or technology or other factors, may be approved by the PH compliance officer on an interim basis after providing a redline copy of the revised policy reflecting those proposed interim changes and any related procedure linked to the policy to each member of the Governance Committee with an explanation as to why an interim change was required. The policy with the interim changes will be approved at the next scheduled meeting of the Full Board.
3. For purposes of this policy, PH shall include the central office, hospitals, skilled nursing facilities, medical staffs and all related legal entities
4. The Board Governance Committee will receive an ongoing brief report from PH Compliance Officer confirming compliance with this Policy.
5. This policy will be reviewed and updated as required or at least every three years.

**IV. DOCUMENT / PUBLICATION HISTORY:**

Original Document Date: 1/93  
Reviewed: 3/95; 1/99; 7/06; 3/07  
Revision Number: 1 Dated: 1/20/05  
Document Owner: Michael Covert  
Authorized Promulgating Officers: Marcelo R. Rivera, Chairman

Prior to 2005, this policy was Board Policy 10-207

**Source:**

**Applies to Facilities:**  
 All Palomar Health Facilities

**Applies to Departments:**  
 Board of Directors

**Policy : Revision of Policies**

**I. PURPOSE:**

To ensure that current practice is consistent with written policies, and in recognition of the standards of The Joint Commission, timely and appropriate review of all Palomar Health ("PH") policies shall be accomplished regularly, systematically and in accordance with the following guidelines.

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**A. Governing Board**

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- 3. To assure that policies are kept current, the Executive Liaison shall, on a monthly basis, peruse all Board committee minutes, extracting information as appropriate either to formulate policy statements that may be directed by the committee or to provide the information to the appropriate personnel for completion of the policy statement. The completed policy statement is to be submitted to the full Board for approval and appropriately posted and communicated following approval.

**B. Central Office, Hospitals, Related Entities, Volunteer Organizations**

- 1. The policies of PH shall be reviewed, evaluated and revised as necessary at least once in a three-year period beginning with the effective date of this policy and at least once in each subsequent three-year period. Evidence of that review is to be made a permanent part of the policy.
- 2. In the interim, any policy requiring changes warranting a course of action, changes in the law, state of the art, current knowledge or technology or other factors, may be approved by the PH compliance officer on an interim basis after providing a redline copy of the revised policy reflecting those proposed interim changes and any related procedure linked to the policy to each member of the Governance Committee with an explanation as to why an interim change was required. The policy with the interim changes will be approved at the next scheduled meeting of the Full Board.
- 3. For purposes of this policy, PH shall include the central office, hospitals, skilled nursing facilities, medical staffs and all related legal entities
- 4. The Board Governance Committee will receive an ongoing brief report from PH Compliance Officer confirming compliance with this Policy.
- 5. This policy will be reviewed and updated as required or at least every three years.

**IV. DOCUMENT / PUBLICATION HISTORY:**

Original Document Date: 1/93  
 Reviewed: 3/95; 1/99; 7/06; 3/07  
 Revision Number: 1 Dated: 1/20/05  
 Document Owner: Michael Covert  
 Authorized Promulgating Officers: Marcelo R. Rivera, Chairman

Prior to 2005, this policy was Board Policy 10-207

# ADDENDUM D

**To:** Board of Directors  
**From:** Linda Greer, RN - Chair, Board Finance Committee  
**Date:** Monday, April 13, 2026  
**Re:** Finance Committee Meeting, April 2, 2026

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**Board Member Attendance:** Directors Greer and Griffith

**Absent:** Director Pacheco

**Action Items:**

- **Finance Committee Minutes, March 3, 2026:** The voting members reviewed and approved Finance Committee minutes from March 3, 2026
- **YTD FY2025 and February 2026 Volumes:** The voting members reviewed and approved YTD FY2025 and February 2026 Volumes and moved item to full Board of Directors for ratification.

**To:** Board of Directors  
**From:** Jeff Griffith - Chair, Board Governance Committee  
**Date:** Monday, April 13, 2026  
**Re:** Governance Committee Meeting, March 23, 2026

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

**Action Items:**

- **Governance Committee minutes, February 23, 2026:** The voting members reviewed and approved Governance Committee minutes from February 23, 2026
- **Teleconference Disruptions Policy:** The voting members reviewed and approved this policy to go to the full Board of Directors for ratification changes.
- **Palomar UCSD Health Authority Board of Directors Appointments Policy:** The voting members reviewed and approved this policy to go to the full Board of Directors for ratification with changes.
- **Palomar UCSD Health Authority Board of Directors Appointee Evaluation Policy:** This item was tabled.
- **Board of Directors Per Diem and Reimbursement:** The voting members approved for a policy to be developed.

**Standing Items:**

- **Retirement of Policies**
- **Legislative Update(s): Brown Act and ACHD Advocate**