PALOMAR HEALTH
Reimagining Healthcare®

Board of Directors

Meeting Agenda Packet

May 11, 2026

PALOMAR HEALTH
Reimagining Healthcare®

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, 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,
May 8, 2026

PALOMAR HEALTH
Reimagining Healthcare®

BOARD OF DIRECTORS

Meeting Agenda

Monday, May 11, 2026
6:30 p.m.

Please see page 3 of agenda for meeting location

	The Board may take action on any of the items listed below, including items specifically labeled "Informational Only"	Time	Target
Call To Order			**6:30**
I.	**Establishment of Quorum**	1	6:31
II.	**Opening Ceremony**	4	6:35
	A. Pledge of Allegiance to the Flag		
III.	**Public Comments**[1]	30	7:05
IV.	**Presentations – *Informational Only***	10	7:15
	A. Presentation		
V.	**Approval of Minutes** *(ADD A)*	5	7:20
	A. Regular Session Board of Directors Meeting – Monday, April 13, 2026 *(Pp 7-15)*		
	B. Special Closed Session Board of Directors Meeting – Monday, April 13, 2026 *(Pp 16-17)*		
	C. Special Closed Session Board of Directors Meeting – Monday, April 13, 2026 *(Pp 18-19)*		
	D. Special Closed Session Board of Directors Meeting – Monday, April 13, 2026 *(Pp 20-21)*		
	E. Special Closed Session Board of Directors Meeting – Wednesday, April 15, 2026 *(Pp 22-23)*		
	F. Special Closed Session Board of Directors Meeting – Wednesday, April 15, 2026 *(Pp 24-25)*		
	G. Special Closed Session Board of Directors Meeting – Friday, April 17, 2026 *(Pp 26-27)*		
	H. Special Session Board of Directors Meeting – Saturday, April 25, 2026 *(Pp 28-29)*		

VI.	**Approval of Agenda** to accept the Consent Items as listed *(ADD B)*			5	7:25
	A. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments *(Pp 31-33)*				
	B. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments *(Pp 34-37)*				
	C. Revised Family Medicine Core Privilege Checklist *(Redline Pp 38-49; Clean Pp 50-60)*				
	D. Revised Internal Medicine Core Privilege Checklist *(Redline Pp 61-66; Clean Pp 67-72)*				
	E. Revised Ophthalmology Core Privilege Checklist *(Redline Pp 73-79; Clean Pp 80-85)*				
	F. Revised Department of Anesthesia Rules and Regulations *(Redline Pp 86-95; Clean Pp 96-104)*				
	G. Revised Department of Medicine Rules and Regulations for Escondido *(Redline Pp 105-116; Clean Pp 117-128)*				
	H. Amended YTD FY2025 and February 2026 Financials *(Pp 129-148)*				
	I. YTD FY2025 and March 2026 Financials *(Pp 149-173)*				
VII.	**Reports – *Informational Only***				
	A. **Medical Staff**				
	1. Chief of Staff, Palomar Medical Center Escondido – *Andrew Nguyen, MD*			5	7:40
	2. Chief of Staff, Palomar Medical Center Poway – *Mark Goldsworthy, MD*			5	7:45
	B. **Administration**				
	1. President and CEO – *Diane Hansen*			5	7:50
	2. Chair of the Board – *Michael Pacheco*			5	7:55
VIII.	**Approval of Bylaws, Charters, Resolutions and Other Actions** *(ADD C)*			10	8:05
	Agenda Item	Committee/ Department	Action		
	A. Policy 58873: Extraordinary Event Management *(Redline Pp 175-176; Clean Pp 177-178)*	Governance	Review/ Approve		
	B. Resolution No. 05.11.26(01)-06 of the Board of Directors of Palomar Health Delegating and Consenting to Amendment to CEO Employment Agreement *(Pp 179-180)*	Board of Directors	Review/ Approve		
IX.	**Board Committees – *Informational Only*** *(ADD D)*			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 *(Pp 182)*				
	D. Governance Committee – Jeff Griffith, Committee Chair *(Pp 183)*				
	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				
X.	**Request for Agenda Items for Consideration**			5	8:15
Final Adjournment					**8:30**

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.

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

PALOMAR HEALTH
Reimagining Healthcare

Board of Directors

Meeting Location Options

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

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

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

Meeting ID: 265 833 941 875 61
Passcode: Gn3EG7xv
or
Dial in using your phone at 929.352.2216; Access Code: 505 548 779#[1]

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

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

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

PALOMAR HEALTH

DocID: 21790
Revision: 10
Status: Official

Source:

Applies to Facilities:
All Palomar Health Facilities

Applies to Departments:
Board of Directors

Policy : Public Comments and Attendance at Public Board Meetings

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 additonal 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.

Request for Public Comments

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

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

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

Public Comments Process

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

ADDENDUM A

Board of Directors Meeting Minutes – Monday, April 13, 2026	
Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
Notice of Meeting	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, April 10, 2026, which is consistent with legal requirements.	
Call To Order	
The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and called to order at 6:56 p.m. by Board Chair Michael Pacheco.	
I. Establishment of Quorum	
Quorum was established via roll call comprising of Directors Clark; Corrales; Greer; Griffith (virtual); Jahaaski; Pacheco Absences: Director Edwards-Tate	
II. Opening Ceremony	
The Pledge of Allegiance was recited in unison led by Director Clark.	

Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
III. Public Comments	
• Vikki Radcliff	
IV. Presentations – Informational Only	
• Audio and in-person presentation was shared.	
V. Approval of Minutes	
A. Regular Session Board of Directors Meeting - Monday, March 9, 2026 B. Special Closed Session Board of Directors Meeting – Monday, March 9, 2026 C. Special Closed Session Board of Directors Meeting – Monday, March 9, 2026 D. Special Session Board of Directors Meeting – Wednesday, March 25, 2026	**MOTION:** By Director Corrales, 2nd by Director Clark and carried to approve all presented minutes that included the March 9, 2026 Regular Session Board of Directors Meeting, March 9, 2026 Special Closed Session Board of Directors Meeting, March 9, 2026 Special Closed Session Board of Directors Meeting, and the March 25, 2026 Special Session Board of Directors Meeting minutes as written. Roll call voting was utilized. Director Clark – aye 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 six(6) board members were in favor. None(0) opposed. No(0) abstention(s). One(1) 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 February 2026 Financials: Pulled by Director Corrales for further Discussion and Approval	**MOTION:** By Corrales, 2nd by Director Clark and carried to approve Consent Agenda items A and P that includes the Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments and the Palomar Medical Center Poway Medical Staff Credentialing as presented. Roll call voting was utilized. Director Clark – aye 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 six(6) board members were in favor. None(0) opposed. No(0) abstention(s). One(1) absent. Motion approved.

Agenda Item

• *Discussion*	*Conclusion/Action/Follow Up*
• YTD FY2025 and February 2026 Financials	**MOTION:** By Clark, 2nd by Director Jahaaski and carried to approve the YTD FY 2025 and February 2026 Financials as presented. Roll call voting was utilized. Director Clark – aye 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 six(6) board members were in favor. None(0) opposed. No(0) abstention(s). One(1) absent. Motion approved.

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

VII. Reports – Informational Only

A. Medical Staff

1. Palomar Medical Center Poway

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

2. Palomar Medical Center Escondido

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

Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
B. Administrative	
1. President and CEO	
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. Teleconferencing Disruptions Policy	**MOTION:** By Director Clark, 2nd by Director Jahaaski and carried to approve the Teleconferencing Disruptions Policy as presented. Roll call voting was utilized. Director Clark – aye 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 six(6) board members were in favor. None(0) opposed. No(0) abstention(s). One(1) absent. Motion approved.
• Kevin DeBruin, Chief Legal Officer reviewed the new policy and the 2026 Brown Act changes. • 2026 Brown Act changes have previously been shared with the Palomar Health Board of Directors with the new sections highlighted.	

Agenda Item	
• ***Discussion***	***Conclusion/Action/Follow Up***
B. Palomar UCSD Health Authority Board of Directors Appointee Process, Re-Appointment, Removal, and Reporting Policy	**MOTION:** By Director Griffith, 2nd by Director Clark and carried to approve the Palomar UCSD Health Authority Board of Directors Appointee Process, Re-Appointment, Removal, and Reporting Policy as presented. **AMENDED MOTION:** By Director Griffith, 2nd by Director Clark and carried to approve the Palomar UCSD Health Authority Board of Directors Appointee Process, Re-Appointment, Removal, and Reporting Policy with the change to spell out Board of Directors and remove the definition section of the policy. Roll call voting was utilized. Director Clark – aye 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 six(6) board members were in favor. None(0) opposed. No(0) abstention(s). One(1) absent. Motion approved.
• Discussion	

Agenda Item

• ***Discussion***	***Conclusion/Action/Follow Up***
C. Revision of Policies: 21794	**MOTION:** By Director Corrales, 2nd by Director Jahaaski and carried to approve the Revision of Policies: 21794 as presented. Roll call voting was utilized. Director Clark – aye 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 six(6) board members were in favor. None(0) opposed. No(0) abstention(s). One(1) absent. Motion approved.

- There were no changes to the policy other than the revision number.

Agenda Item	
• *Discussion*	*Conclusion/Action/Follow Up*
IX. Board Committees – Informational Only	
A. Audit & Compliance Committee – Michael Pacheco, Committee Chair	
• Vice Chair Michael Pacheco noted the committee did not meet.	
B. Community Relations Committee – Terry Corrales, RN Committee Chair	
• Director Terry Corrales noted the committee did not meet.	
C. Finance Committee – Linda Greer, RN Committee Chair	
• Director Linda Greer provided a verbal update.	
D. Governance Committee – Jeff Griffith, Committee Chair	
• Director Griffith provided a verbal update	
E. Human Resources Committee – Terry Corrales, RN Committee Chair	
• Director Terry Corrales noted the committee did not meet.	
F. Quality Review Committee – Linda Greer, RN Committee Chair	
• Director Linda Greer noted the committee did not meet as the meeting was cancelled	
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 7:52 p.m.	

<table>
<tr><td colspan="3">Board of Directors Meeting Minutes – Monday, April 13, 2026</td></tr>
<tr><td colspan="3">Agenda Item</td></tr>
<tr><td colspan="2">• Discussion</td><td>Conclusion/Action/Follow Up</td></tr>
<tr><td rowspan="2">Signatures:</td><td>Board Secretary</td><td>_____
Terry Corrales, R.N.</td></tr>
<tr><td>Board Clerk</td><td>_____
Janet Kren</td></tr>
</table>

Special Closed Session Board of Directors Minutes – Monday, April 13, 2026	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, April 10, 2026, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 4:00 p.m. by Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark; Corrales; Greer; Griffith (Virtual); Jahaaski; Pacheco

Absences: Director Edwards-Tate

III. Public Comments

- No public comments.

IV. Adjournment to Closed Session

V. Re-Adjournment to Open Session

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 4:57 p.m.

Signatures:	**Board Secretary**	_____ Terry Corrales, RN
	Board Clerk	_____ Janet Kren

Special Closed Session Board of Directors Minutes – Monday, April 13, 2026	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, April 10, 2026, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 4:58 p.m. by Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark; Corrales; Greer; Griffith (Virtual); Jahaaski; Pacheco

Absences: Director Edwards-Tate

III. Public Comments

- No public comments.

IV. Adjournment to Closed Session

V. Re-Adjournment to Open Session

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 5:22 p.m.

Signatures:	**Board Secretary**	_____ Terry Corrales, RN
	Board Clerk	_____ Janet Kren

Special Closed Session Board of Directors Minutes – Monday, April 13, 2026	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, April 10, 2026, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 5:30 p.m. by Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark; Corrales; Greer; Griffith (Virtual); Jahaaski; Pacheco

Absences: Director Edwards-Tate

III. Public Comments

- No public comments.

IV. Adjournment to Closed Session

V. Re-Adjournment to Open Session

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 6:47 p.m.

Signatures:	**Board Secretary**	_____ Terry Corrales, RN
	Board Clerk	_____ Janet Kren

Special Closed Session Board of Directors Minutes – Wednesday, April 15, 2026	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Tuesday, April 14, 2026, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 3:30 p.m. by Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark; Corrales; Edwards-Tate; Greer; Griffith (Virtual); Pacheco with Director Jahaaski arriving at 3:41 p.m. after quorum was established.

Absences: None

III. Public Comments

- No public comments.

IV. Adjournment to Closed Session

V. Re-Adjournment to Open Session

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 5:01 p.m.

Signatures:	**Board Secretary**	_____ Terry Corrales, RN
	Board Clerk	_____ Janet Kren

Special Closed Session Board of Directors Minutes – Wednesday, April 15, 2026	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Tuesday, April 14, 2026, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 5:09 p.m. by Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Edwards-Tate; Greer; Griffith (Virtual); Jahaaski; Pacheco with Directors Clark and Corrales arriving after quorum was established at 5:11 p.m.

Absences: None

III. Public Comments

- No public comments.

IV. Adjournment to Closed Session

V. Re-Adjournment to Open Session

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 6:38 p.m.

Signatures:	**Board Secretary**	_____ Terry Corrales, RN
	Board Clerk	_____ Janet Kren

PALOMAR HEALTH
Reimagining Healthcare

Special Closed Session Board of Directors Minutes – Friday, April 17, 2026	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Thursday, April 16, 2026, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 1:02p.m. by Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Clark; Corrales; Edwards-Tate; Greer; Griffith (Virtual); Jahaaski; Pacheco

Absences: None

III. Public Comments

- No public comments.

IV. Adjournment to Closed Session

V. Re-Adjournment to Open Session

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 2:19 p.m.		
Signatures:	**Board Secretary**	Terry Corrales, RN
	Board Clerk	Janet Kren

PALOMAR HEALTH
Reimagining Healthcare

Special Closed Session Board of Directors Minutes – Saturday, April 25, 2026	
Agenda Item	***Conclusion / Action***
Discussion	

Notice of Meeting

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Thursday, April 23, 2026, which is consistent with legal requirements.

I. Call To Order

The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 9:08 a.m. by Chair Michael Pacheco.

II. Establishment Of Quorum

Quorum was established via roll call comprising of Directors Corrales; Edwards-Tate; Greer; Pacheco

Absences: Directors Clark, Griffith, and Jahaaski

III. Public Comments

- No public comments.

IV. District Board Goal Setting Workshop (morning session)

- Introductions were done.
- Board Chair Pacheco and Chief Executive Officer Diane Hansen did an overview of the meeting purpose.
- Jacob Green and Associates presented the goal setting workshop plan and expectations, shared industry data, reviewed what good board Governance is, and facilitated discussion around drafting vision, mission, and values.

IV. Lunch

IV. District Board Goal Setting Workshop (afternoon session)

- Jacob Green and Associates continued discussed around drafting board vision, mission, and values.

VIII. Final Adjournment

There being no further business, Chair Michael Pacheco adjourned the meeting at 2:18 p.m.

Signatures:	**Board Secretary**	_____ Terry Corrales, RN
	Board Clerk	_____ Janet Kren

ADDENDUM B

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

May 5, 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: May 11, 2026

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (05/11/2026 to 04/30/2028)
Carl, Justin J., D.D.S. – Surgery, Oral & Maxillofacial
Horn, Adam R., M.D. – Radiation Oncology
Malik, Faiqa H., M.D. – Internal Medicine
Pierce, Trenton L., M.D. – Anesthesiology
Sherev, Dimitri A., M.D. – Cardiovascular Disease
Shivarajpur, Ambika D.O. – Emergency Medicine
Wise, Kenneth C., M.D. – Anesthesiology
Wu, Hall M.D. – Pain Medicine

Advance from Provisional to Active Category
Beydoun, Alaa., M.D. – Radiology - Dept. of Radiology (Eff. 06/01/2026 to 05/31/2028)

Reinstatement from Leave of Absence
Esfahani, Fatemeh B., M.D.-Internal Med. - Dept. of Medicine (Eff. 06/01/2026-03/31/2027) Active
Orr, Robert W., M.D.- Cardiology - Dept. of Medicine (Eff. 06/01/2026 - 05/31/2027) Active

Physician Voluntary Resignation
Brown, Nathaniel A., M.D. – Psychiatry (eff. 06/01/2026)
Nussbaum, Michael M.D. – Anesthesia (eff. 06/01/2026)
Paley, Matthew, D.O. – Psychiatry (eff. 04/01/2026)
Raiszadeh, Ramin M.D. – Orthopaedic Surgery/Rehab (eff. 04/01/2026)

Request for 2 Year Leave of Absence
Allen, Thomas M., M.D. – Emergency Medicine, 2 years (eff. 04/06/2026 -04/07/2028)
Suntay, Berk T., M.D. – Obstetrics and Gynecology, 2 years (eff. 03/24/2026 – 03/23/2028)

Allied Health Professional Appointment (effective 05/11/2026 to 04/30/2028)
Crawford, Alexis B., PA-C – Physician Assistant Dept. of Orthopedics (Sponsor: Lorra Sharp, M.D)

Allied Health Professional Voluntary Resignation
Kim, Unja, CNM – Certified Nurse Midwife (eff. 09/24/2025)
Wallace, Stephanie C., PA-C – Physician Assistant (eff. 04/01/2026)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 06/01/2026 to 05/31/2028)

Alkhider, Saad K., M.D.	Internal Medicine	Dept. of Medicine	Active
Babkina, Natalia, MD, PhD	Obstetrics and Gynecology	Dept. of OB/GYN	Active
Campbell, Gregory S., M.D.	Surgery, Critical Care	Dept. of Surgery	Active
Cho, Aaron A., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Fazel, Shawn., M.D.	Internal Medicine	Dept. of Medicine	Active
Gomez, Denise Y., M.D.	Internal Medicine	Dept. of Medicine	Affiliate
Jacobs, Shari R., M.D.	Pediatrics	Dept. of pediatrics	Affiliate
Moldovan, Stefan., M.D.	Surgery /Vascular	Dept. of Surgery	Active
Owsley, Kevin C., M.D.	Orthopaedic Surgery/Rehab	Dept. of Surgery	Active
Paranay, Gregory L., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Penry, Jackson W., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Prasad, Ganesh B., M.D.	Anesthesiology	Dept. of Anesthesiology	Active

Reappointment Effective 06/01/2026 to 11/30/2026

Khawaja, Omar M., M.D.	Anesthesiology	Dept. of Anesthesiology	Active

Allied Health Professional Reappointments (effective 06/01/2026 to 05/31/2028)

Elamparo, Kaye L., N.P.	Nurse Practitioner	Dept. of Surgery	(Sponsor: Dr. Yoo)
Lane, Linda K., NNP	Neonatal Nurse Practitioner	Dept. of Pediatrics	(Sponsor: Dr. Fatayerji)
McDonald, April., NNP	Neonatal Nurse Practitioner	Dept. of Pediatrics	(Sponsor: Dr. Fatayerji)

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: May 5, 2026
To: Palomar Health Board of Directors – May 11, 2026 Meeting
From: Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – May, 2026

Provisional Appointments: (05/11/2026 – 04/30/2028)
Trenton Pierce, M.D., Anesthesiology
Dimitri Sherev, M.D., Cardiology
Ambika Shivarajpur, D.O., Emergency Medicine
Kenneth Wise, M.D., Anesthesiology
Hall Wu, M.D., Pain Medicine

Biennial Reappointments: (06/01/2026 - 05/31/2028)
Saad Alkhider, M.D., Internal Medicine, Active
Natalia Babkina, M.D., OB/GYN, Active
Aaron Cho, M.D., Teleradiology, Active
Shawn Fazel, M.D., Internal Medicine, Active
Stefan Moldovan, M.D., General/Vascular Surgery, Active
Kevin Owsley, M.D., Orthopedic Surgery, Active
Gregory Paranay, M.D., Teleradiology, Active
Jackson Penry, M.D., Diagnostic Radiology, Active
Ganesh Prasad, M.D., Anesthesiology, Courtesy

Reappointment Effective 06/01/2026 – 11/30/2026:
Omar Khawaja, M.D., Anesthesiology, Active

Advancements to Active Category:
Alaa Beydoun, M.D., Teleradiology, effective 06/01/2026 – 05/31/2028

Reinstatement to Courtesy Category:
Robert Orr, M.D., Cardiology, effective 05/11/2026 – 05/31/2027

Requests for 2 Year Leave of Absence:
Thomas Allen, M.D., Emergency Medicine, effective 04/09/2026 – 04/08/2028

Voluntary Resignations:
Pascual Dutton, M.D., Orthopedic Surgery, effective 05/07/2026
Erin Liang, M.D., Emergency Medicine, effective 04/29/2026
Michael Nussbaum, M.D., Anesthesiology, effective 05/07/2026
Matthew Paley, D.O., Psychiatry, effective 04/02/2026
Justin Shafa, M.D., Teleradiay, effective 05/07/2026
Boris Shapiro, D.O., Teleradiology, effective 04/20/2026
Elie Touma, D.P.M., Podiatry, effective 05/06/2026

Allied Health Professional Appointments: (05/11/2026 – 04/30/2028)
Alexis Crawford, PA, Sponsor Dr. Shieh, Orthopedic Surgery

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

Carl, Justin J., DDS
PMC Escondido

Status: Applicant
Specialty: Surgery, Oral & Maxillofacial

Surgery

Crawford, Alexis B., PA-C
PMC Escondido and Poway

Status: Applicant
Specialty: Physician Assistant

Orthopaedic Surgery/Rehabilitation

Horn, Adam R., M.D.
PMC Escondido

Status: Temporary Privileges
Specialty: Radiation Oncology

Radiology

Malik, Faiqa H., MD
PMC Escondido

Status: Applicant
Specialty: Internal Medicine

Medicine

Pierce, Trenton L., MD
PMC Escondido and Poway

Status: Temporary Privileges
Specialty: Adult Cardiac Anesthesiology

Anesthesia

Sherev, Dimitri A., MD
PMC Escondido and Poway

Status: Applicant
Specialty: Cardiovascular Disease

Medicine

Shivarajpur, Ambika, DO
PMC Escondido and Poway

Status: Applicant
Specialty: Emergency Medicine

Emergency Medicine

Provider Profiles

Wise, Kenneth C., MD
PMC Escondido and Poway

Status: Applicant
Specialty: Anesthesiology

Anesthesia

Wu, Hall, MD
PMC Escondido and Poway

Status: Applicant
Specialty: Pain Medicine

Anesthesia

PALOMAR HEALTH

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 1

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

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR FAMILY MEDICINE

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

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

AND

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

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

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

Adding GIP 02.2026
Approved by: PMCE Dept of Family Medicine – 02/10/2026
PMCP Dept of Medicine 04/15/2026
PMCE MEC 04/27/2026
PMCP MEC 04/28/2026
Approved by Board of Directors: 11/10/2025

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

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

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

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

FAMILY MEDICINE CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, neurological, and genitourinary systems. May admit patients who have been certified as terminally ill and require general inpatient hospice care when care can not be managed at home. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

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

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

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ **Requested: The Villas at Poway**

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

PEDIATRIC CORE PRIVILEGES

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

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

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

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

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

Adding GIP 02.2026
Approved by: PMCE Dept of Family Medicine – 02/10/2026
PMCP Dept of Medicine 04/15/2026
PMCE MEC 04/27/2026
PMCP MEC 04/28/2026
Approved by Board of Directors: 11/10/2025

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POWAY)

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

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

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

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

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

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

Adding GIP 02.2026
Approved by: PMCE Dept of Family Medicine – 02/10/2026
PMCP Dept of Medicine 04/15/2026
PMCE MEC 04/27/2026
PMCP MEC 04/28/2026
Approved by Board of Directors: 11/10/2025

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

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

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

_____

Chair, Department of OB/GYN

Adding GIP 02.2026
Approved by: PMCE Dept of Family Medicine – 02/10/2026
PMCP Dept of Medicine 04/15/2026
PMCE MEC 04/27/2026
PMCP MEC 04/28/2026
Approved by Board of Directors: 11/10/2025

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

EXERCISE TESTING - TREADMILL

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

☐ **Requested**

CIRCUMCISION – NEWBORNS (< 30 DAYS)

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

☐ **Requested**

LUMBAR PUNCTURE

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

☐ **Requested**

Adding GIP 02.2026
Approved by: PMCE Dept of Family Medicine – 02/10/2026
PMCP Dept of Medicine 04/15/2026
PMCE MEC 04/27/2026
PMCP MEC 04/28/2026
Approved by Board of Directors: 11/10/2025

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 7

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

FLEXIBLE NASAL PHARYNGOSCOPY

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

☐ **Requested**

INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND ARTERIAL LINES

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

☐ **Requested**

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

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

☐ **Requested**

THORACENTESIS

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

☐ **Requested**

SURGICAL ASSIST

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

☐ **Requested**

ENDOTRACHEAL INTUBATION

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

☐ **Requested**

VENTILATOR MANAGEMENT

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

VENTILATOR MANAGEMENT (CONTINUED):

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

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

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

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

General

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

Pediatrics

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

Adding GIP 02.2026
Approved by: PMCE Dept of Family Medicine – 02/10/2026
PMCP Dept of Medicine 04/15/2026
PMCE MEC 04/27/2026
PMCP MEC 04/28/2026
Approved by Board of Directors: 11/10/2025

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST (CONTINUED)

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

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

Obstetrics

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed_____ ***Date***_____

Adding GIP 02.2026
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PALOMAR HEALTH

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR FAMILY MEDICINE

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

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

AND

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

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

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

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

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

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

FAMILY MEDICINE CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, neurological, and genitourinary systems. May admit patients who have been certified as terminally ill and require general inpatient hospice care when care cannot be managed at home. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

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

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

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ **Requested: The Villas at Poway**

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

PEDIATRIC CORE PRIVILEGES

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

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

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

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

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

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POWAY)

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

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

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

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

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

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

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

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

_____

Chair, Department of OB/GYN

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

EXERCISE TESTING - TREADMILL

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

☐ **Requested**

CIRCUMCISION – NEWBORNS (< 30 DAYS)

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

☐ **Requested**

LUMBAR PUNCTURE

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

☐ **Requested**

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

FLEXIBLE NASAL PHARYNGOSCOPY

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

☐ **Requested**

INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND ARTERIAL LINES

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

☐ **Requested**

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

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

☐ **Requested**

THORACENTESIS

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

☐ **Requested**

SURGICAL ASSIST

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

☐ **Requested**

ENDOTRACHEAL INTUBATION

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

☐ **Requested**

VENTILATOR MANAGEMENT

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

VENTILATOR MANAGEMENT (CONTINUED):

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

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

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

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

General

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

Pediatrics

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST (CONTINUED)

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

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

Obstetrics

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

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed_____ ***Date***_____

PALOMAR HEALTH

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 1

Effective From: _____ To: _____

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR INTERNAL MEDICINE

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

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

AND

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

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

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

Removal of Exercise Testing – Treadmill and Holter Monitor Interpretation per Dr. Markov 02/20/2026
Adding GIP 02.2026
Approved: Poway Dept of Med - 04/15/26
Esco MAC – 03/16/2026
Esco Dept of Med – 04/07/2026
PMCE MEC 04/27/2026
PMCP MEC 04/28/2026
Board of Directors 11/10/2025

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

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

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

CORE PRIVILEGES

INTERNAL MEDICINE CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, neurological, and genitourinary systems. May admit patients who have been certified as terminally ill and require general inpatient hospice care when care can not be managed at home. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

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

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

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM

☐ **Requested The Villas at Poway**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

LUMBAR PUNCTURE

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

☐ **Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

ENDOTRACHEAL INTUBATION

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

☐ **Requested**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

VENTILATOR MANAGEMENT

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

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

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

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

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

☐ **Requested**

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

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

☐ **Requested**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 5

Effective From: _____ To: _____

CORE PROCEDURE LIST

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

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

Internal Medicine

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

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 6

Effective From: _____ To: _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed_____ ***Date***_____

PALOMAR HEALTH

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____ Page 1

Effective From: _____ To: _____

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR INTERNAL MEDICINE

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

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

AND

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

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

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

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

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

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

CORE PRIVILEGES

INTERNAL MEDICINE CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, neurological, and genitourinary systems. May admit patients who have been certified as terminally ill and require general inpatient hospice care when care cannot be managed at home. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

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

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

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM

☐ **Requested The Villas at Poway**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

LUMBAR PUNCTURE

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

☐ **Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

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

ENDOTRACHEAL INTUBATION

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

☐ **Requested**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

VENTILATOR MANAGEMENT

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

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

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

INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

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

☐ **Requested**

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

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

☐ **Requested**

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

CORE PROCEDURE LIST

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

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

Internal Medicine

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

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From: _____ To: _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed_____ ***Date***_____

PALOMAR HEALTH

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____ Page 1

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

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR OPHTHALMOLOGY

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment, leading to certification in ophthalmology by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of at least 20 ophthalmic procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

Focused Professional Practice Evaluation (FPPE Monitoring (Proctoring) guidelines: For core ophthalmology procedures, no less than six (6) Operating Room cases of varying complexity and representative of the scope of practice will be monitored/proctored by direct observation. Appropriateness of the indications for surgery and outcomes of surgery will be assessed. If applicable, cases within each subspecialty grouping (special – non core bundles) will be concurrently monitored/proctored as defined within the specific grouping and these cases will be in addition to the six (6) "Core" cases.

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

Current demonstrated competence and an adequate volume of experience (40 ophthalmic procedures) in the Operating Room or Laser Suite with appropriate indications and acceptable results for the past 24 months based on results of ongoing professional practice evaluation and outcomes. These procedures must be reflective of the scope of privileges requested. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING OPHTHALMOLOGY CORE PRIVILEGES)

Criteria: Successful completion of an ACGME or AOA accredited residency in Ophthalmology which included training as a surgical assist. ***Required Previous Experience:*** Demonstrated current competence and evidence of assisting for an adequate volume of surgical procedures in the past 12 months. ***Maintenance of Privilege:*** Demonstrated current competence and evidence of assisting for an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

OPHTHALMOLOGY CONSULTATIVE PRIVILEGES (NOT APPLICABLE IF REQUESTING OPHTHALMOLOGY CORE PRIVILEGES)

Provide consultation to adolescent and adult patients with ocular and visual disorders including the eyelid and orbit affecting the eye and the visual pathways. The consulting role shall be purely to evaluate and make recommendations for therapy and precludes any procedural privileges or admission of patients.

☐ **Requested**

CORE PRIVILEGES

OPHTHALMOLOGY CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation, order diagnostic studies and procedures, and perform surgical procedures on adolescent and adult patients, with disorders of the eye, eyelid, orbit, or visual pathways. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Revisions approved – SAC: 11/04/2025 (changes made before Surg)
PMCE Dept of Surgery: 03/10/2026
PMCP Dept of Surgery: 04/10/2026
PMCE MEC: 04/27/2026
PMCP MEC: 04/28/2026
Approved: Board of Directors 05/08/2023

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM

☐ **Requested The Villas at Poway**

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

SETON TUBE SURGERY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY~~ESCONDIDO~~)

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of a fellowship in glaucoma surgery that included training in seton tube surgery or documented equivalent experience or training course. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least two (2) seton tube surgeries in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of performance of at least 4 seton tube surgeries in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

CORNEAL SURGERY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY~~ESCONDIDO~~)

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of a fellowship in corneal surgery or documented equivalent experience or training course. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least four (4) corneal procedures reflective of the scope of privileges requested (listed below), in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of eight (8) corneal procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. ***FPPE:*** No less than two (2) procedures reflective of the scope of privileges requested will be concurrently monitored.

☐ **Requested** Penetrating keratoplasty / lamellar keratoplasty

☐ **Requested** Wedge resections / compression sutures

☐ **Requested** Keratoprosthesis

☐ **Requested** Endothelial keratoplasty (Including DSEK, DSAEK, and DMEK)

ADVANCED STRABISMUS SURGERY

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by an approved fellowship in advanced strabismus surgery or documented equivalent experience or training course. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 4 advanced strabismus surgery procedures, reflective of the scope of privileges requested, in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 8 advanced strabismus surgery procedures reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

evaluation and outcomes. ***FPPE:*** No less than two (2) procedures reflective of the scope of privileges requested will be concurrently monitored.

☐ **Requested** Reoperations on Horizontal Muscles

☐ **Requested** Vertical Muscle Surgery

☐ **Requested** Muscle Transpositions

ADVANCED RETINAL SURGERY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY~~ESCONDIDO~~) ESCONDIDO ~~POWAY~~ ONLY

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of an approved fellowship in vitreoretinal surgery. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 40 retinal procedures reflective of the scope of privileges requested in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 40 advanced retinal procedures, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes. ***FPPE:*** No less than two (2) procedures will be concurrently monitored.

☐ **Requested** Scleral buckle with/without drainage of subretinal fluid

☐ **Requested** Pars plana vitrectomy, peeling epiretinal membranes, removal of posterior chamber foreign body with magnet

☐ **Requested** Endolaser photocoagulation

☐ **Requested** Use of intravitreal or intraocular gases or liquids

☐ **Requested** Placement of external radiotherapeutic source

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

OCULOPLASTIC SURGERY

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of a fellowship in oculoplastic surgery. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least four (4) of the specific type of oculoplastic surgery procedure, reflective of the scope of privileges requested, in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least eight (8) of the specific type of oculoplastic surgery procedure, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes. ***FPPE:*** No less than two (2) procedures reflective of the scope of privileges requested will be concurrently monitored.

- ☐ **Requested** Dacryocystorhinostomy
- ☐ **Requested** Exenteration of orbit
- ☐ **Requested** Excision and repair of lid lesions > 1/4 of eyelid, eyelid grafting procedures, full thickness lid splitting procedures
- ☐ **Requested** Excision of large orbital tumors
- ☐ **Requested** Lacrimal gland surgery
- ☐ **Requested** Optic nerve sheath decompression
- ☐ **Requested** Orbital decompression
- ☐ **Requested** Orbital fracture repair
- ☐ **Requested** Tarsoconjunctival flap dehiscence (Hughes procedure)

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

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

- Anterior limbal approach or pars plana automated vitrectomy *~~Poway~~ Escondido
- Astigmatic keratotomy / relaxing incision *~~Poway~~ Escondido
- Conjunctiva surgery, including grafts, flaps, tumors, pterygium, pinguecula, amniotic membrane transplant
- Corneal surgery, including traumatic repair but excluding keratoplasty, keratotomy and refractive surgery
- Corneal/Scleral laceration repair
- Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery *~~Poway~~ Escondido
- Glaucoma, reoperation *~~Poway~~ Escondido
- Injection of intravitreal medications
- Intra and extracapsular cataract extraction with or without lens implant, or phacoemulsification *~~Poway~~ Escondido
- Intraocular lens removal or exchange *~~Poway~~ Escondido
- Laser peripheral iridotomy, trabeculoplasty, pupilloplasty/gonioplasty, suture lysis, panretinal photocoagulation with contact lens or indirect ophthalmoscope, macular photocoagulation, retinopexy for repair of retinal tears, capsulotomy, cyclophotocoagulation *~~Poway~~ Escondido
- Lid and ocular adnexal surgery, chalazion, ptosis, repair of malposition, repair of laceration, entropion and ectropion surgery, blepharospasm repair, flaps, enucleation, evisceration, small tumors of eyelid and anterior orbit, repair of canalicular lacerations, anterior orbitotomy
- Nasolacrimal surgery including dacryocystectomy, excision of lacrimal sac mass, probing and irrigation, balloon dacryoplasty
- Orbit surgery, including exploration by lateral orbitotomy, tumor and foreign body removal
- Perform history and physical exam
- Placement of orbital prosthesis
- Removal of anterior and/or posterior segment foreign body * ~~Poway~~ Escondido
- Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control
- Strabismus surgery; horizontal muscle recessions and resections including adjustable sutures and inferior oblique muscle surgery
- Use of local anesthetics and parenteral sedation for ophthalmic conditions

*~~Poway~~ Escondido – Not offered at Palomar Medical Center ~~Escondido~~ Poway

Revisions approved – SAC: 11/04/2025 (changes made before Surg)
PMCE Dept of Surgery: 03/10/2026
PMCP Dept of Surgery: 04/10/2026
PMCE MEC: 04/27/2026
PMCP MEC: 04/28/2026
Approved: Board of Directors 05/08/2023

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed_____ ***Date***_____

PALOMAR HEALTH

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR OPHTHALMOLOGY

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment, leading to certification in ophthalmology by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of at least 20 ophthalmic procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE Monitoring (Proctoring) guidelines: For core ophthalmology procedures, no less than six (6) Operating Room cases of varying complexity and representative of the scope of practice will be monitored/proctored by direct observation. Appropriateness of the indications for surgery and outcomes of surgery will be assessed. If applicable, cases within each subspecialty grouping (special – non core bundles) will be concurrently monitored/proctored as defined within the specific grouping and these cases will be in addition to the six (6) "Core" cases.

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

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

Current demonstrated competence and an adequate volume of experience (40 ophthalmic procedures) in the Operating Room or Laser Suite with appropriate indications and acceptable results for the past 24 months based on results of ongoing professional practice evaluation and outcomes. These procedures must be reflective of the scope of privileges requested. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING OPHTHALMOLOGY CORE PRIVILEGES)

Criteria: Successful completion of an ACGME or AOA accredited residency in Ophthalmology which included training as a surgical assist. ***Required Previous Experience:*** Demonstrated current competence and evidence of assisting for an adequate volume of surgical procedures in the past 12 months. ***Maintenance of Privilege:*** Demonstrated current competence and evidence of assisting for an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

OPHTHALMOLOGY CONSULTATIVE PRIVILEGES (NOT APPLICABLE IF REQUESTING OPHTHALMOLOGY CORE PRIVILEGES)

Provide consultation to adolescent and adult patients with ocular and visual disorders including the eyelid and orbit affecting the eye and the visual pathways. The consulting role shall be purely to evaluate and make recommendations for therapy and precludes any procedural privileges or admission of patients.

☐ **Requested**

CORE PRIVILEGES

OPHTHALMOLOGY CORE PRIVILEGES

☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation, order diagnostic studies and procedures, and perform surgical procedures on adolescent and adult patients, with disorders of the eye, eyelid, orbit, or visual pathways. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM

☐ **Requested The Villas at Poway**

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

SETON TUBE SURGERY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of a fellowship in glaucoma surgery that included training in seton tube surgery or documented equivalent experience or training course. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least two (2) seton tube surgeries in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of performance of at least 4 seton tube surgeries in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

CORNEAL SURGERY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY)

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of a fellowship in corneal surgery or documented equivalent experience or training course. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least four (4) corneal procedures reflective of the scope of privileges requested (listed below), in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of eight (8) corneal procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. ***FPPE:*** No less than two (2) procedures reflective of the scope of privileges requested will be concurrently monitored.

☐ **Requested** Penetrating keratoplasty / lamellar keratoplasty

☐ **Requested** Wedge resections / compression sutures

☐ **Requested** Keratoprosthesis

☐ **Requested** Endothelial keratoplasty (Including DSEK, DSAEK, and DMEK)

ADVANCED STRABISMUS SURGERY

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by an approved fellowship in advanced strabismus surgery or documented equivalent experience or training course. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 4 advanced strabismus surgery procedures, reflective of the scope of privileges requested, in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 8 advanced strabismus surgery procedures reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes. ***FPPE:*** No less than two (2) procedures reflective of the scope of privileges requested will be concurrently monitored.

☐ **Requested** Reoperations on Horizontal Muscles

☐ **Requested** Vertical Muscle Surgery

☐ **Requested** Muscle Transpositions

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____ Page 4

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

ADVANCED RETINAL SURGERY (NOT OFFERED AT PALOMAR MEDICAL CENTER POWAY) ESCONDIDO ONLY

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of an approved fellowship in vitreoretinal surgery. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least 40 retinal procedures reflective of the scope of privileges requested in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least 40 advanced retinal procedures, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes. ***FPPE:*** No less than two (2) procedures will be concurrently monitored.

- ☐ **Requested** Scleral buckle with/without drainage of subretinal fluid
- ☐ **Requested** Pars plana vitrectomy, peeling epiretinal membranes, removal of posterior chamber foreign body with magnet
- ☐ **Requested** Endolaser photocoagulation
- ☐ **Requested** Use of intravitreal or intraocular gases or liquids
- ☐ **Requested** Placement of external radiotherapeutic source

OCULOPLASTIC SURGERY

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of a fellowship in oculoplastic surgery. ***Required Previous Experience***: Demonstrated current competence and evidence of the performance of at least four (4) of the specific type of oculoplastic surgery procedure, reflective of the scope of privileges requested, in the past 12 months. ***Maintenance of Privilege***: Demonstrated current competence and evidence of the performance of at least eight (8) of the specific type of oculoplastic surgery procedure, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes. ***FPPE:*** No less than two (2) procedures reflective of the scope of privileges requested will be concurrently monitored.

- ☐ **Requested** Dacryocystorhinostomy
- ☐ **Requested** Exenteration of orbit
- ☐ **Requested** Excision and repair of lid lesions > 1/4 of eyelid, eyelid grafting procedures, full thickness lid splitting procedures
- ☐ **Requested** Excision of large orbital tumors
- ☐ **Requested** Lacrimal gland surgery
- ☐ **Requested** Optic nerve sheath decompression
- ☐ **Requested** Orbital decompression
- ☐ **Requested** Orbital fracture repair
- ☐ **Requested** Tarsoconjunctival flap dehiscence (Hughes procedure)

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

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

- Anterior limbal approach or pars plana automated vitrectomy Escondido
- Astigmatic keratotomy / relaxing incision *Escondido
- Conjunctiva surgery, including grafts, flaps, tumors, pterygium, pinguecula, amniotic membrane transplant
- Corneal surgery, including traumatic repair but excluding keratoplasty, keratotomy and refractive surgery
- Corneal/Scleral laceration repair
- Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery *Escondido
- Glaucoma, reoperation *Escondido
- Injection of intravitreal medications
- Intra and extracapsular cataract extraction with or without lens implant, or phacoemulsification *Escondido
- Intraocular lens removal or exchange *Escondido
- Laser peripheral iridotomy, trabeculoplasty, pupilloplasty/gonioplasty, suture lysis, panretinal photocoagulation with contact lens or indirect ophthalmoscope, macular photocoagulation, retinopexy for repair of retinal tears, capsulotomy, cyclophotocoagulation *Escondido
- Lid and ocular adnexal surgery, chalazion, ptosis, repair of malposition, repair of laceration, entropion and ectropion surgery, blepharospasm repair, flaps, enucleation, evisceration, small tumors of eyelid and anterior orbit, repair of canalicular lacerations, anterior orbitotomy
- Nasolacrimal surgery including dacryocystectomy, excision of lacrimal sac mass, probing and irrigation, balloon dacryoplasty
- Orbit surgery, including exploration by lateral orbitotomy, tumor and foreign body removal
- Perform history and physical exam
- Placement of orbital prosthesis
- Removal of anterior and/or posterior segment foreign body *Escondido
- Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control
- Strabismus surgery; horizontal muscle recessions and resections including adjustable sutures and inferior oblique muscle surgery
- Use of local anesthetics and parenteral sedation for ophthalmic conditions

*Escondido Only – Not offered at Palomar Medical Center Poway

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed_____ ***Date***_____

REDLINE

PALOMAR MEDICAL CENTER ESCONDIDO/POWAY
DEPARTMENT OF ANESTHESIA
RULES AND REGULATIONS

Adopted by the Active Members of the Department of Anesthesia on

~~December 3, 2024~~ April 7, 2026

Adopted by the Executive Committees on

PMC Escondido ~~01/27/2025~~ April 27, 2026
PMC Poway ~~01/28/2025~~ April 28, 2026

Adopted by the Board of Directors on

~~February 10, 2025~~ May 11, 2026

ARTICLE I
PURPOSE

The purpose of the Department of Anesthesia shall be:

1. To ensure that all patients admitted to the Hospital or treated in the outpatient department receive the highest quality of anesthesia services.
2. To provide a Department Chair who will be responsible for the problems of a medical/administrative nature involving the Medical Staffs and the Hospital administration.
3. To initiate and maintain rules and regulations for proper and efficient functioning of the Department of Anesthesia.
4. To provide representatives to the Palomar Medical Center Escondido Operating Room Committee and the Palomar Medical Center Poway Operating Room Committee. These representatives will be selected by the Department Chair.
5. To provide representatives to the Palomar Medical Center Escondido Medical Staff Peer Review Committee (MSPRC) and the Palomar Medical Center Poway Medical Staff Peer Review Committee.
6. To provide representatives to Palomar Medical Center ~~Escondido~~ Joint Medical Staff Quality Management Committee (QMC)
7. To provide representatives to Palomar Medical Center Escondido Medical Executive Committee (MEC) and the Palomar Medical Center Poway Medical Executive Committee (MEC)

ARTICLE II
MEMBERSHIP

1. Qualifications
   Qualifications for membership within the department of Anesthesia shall include those requirements specified in the Medical Staff bylaws, rules and regulations.
   a) Anesthesiology care shall be provided by physicians who have completed an approved residency program in Anesthesiology accredited by the Accreditation Council for Graduate Medical Education, or equivalent accreditation as determined by the Department of Anesthesiology, and who are Board Certified in Anesthesiology.
   b) If not Board certified in Anesthesiology, the applicant shall sign an affidavit as described in the Medical Staff Bylaws, attesting to their ability to achieve Board certification within a period not to exceed four (4) years from the date of the application to the Department
2. Responsibilities
   The responsibilities of membership shall constitute:
   a) Participation in department business and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.

b) Fulfill Department meeting attendance requirements as outlined by the Attendance Policy. Non-compliance with attendance requirement is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

c) Provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Anesthesia Emergency Department Consultation."

d) Compliance with the Expectations of Physicians Granted Privileges at Palomar Health.

e) Compliance with the Medical Staff bylaws, rules and regulations, Department of Anesthesia rules and regulations, Department of Anesthesia policies, the Operating Room Protocol, and applicable Hospital policies and procedures.

f) Participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the PH Performance Improvement Plan.

ARTICLE III
ORGANIZATION

1. Officers

~~a)~~ ~~Officers of the Department of Anesthesia will be the Department Chair (who serves in the role of Department Chair of Palomar Medical Center Escondido), the Department Chair Elect (who serves in the role of Department Chair of Palomar Medical Center Poway), and the Department Vice Chair. The Department Vice Chair serves to fill the role of Department Chair or Department Chair Elect in their absence and/or at the discretion of the Department Chair. The Department Vice Chair also serves to fill any other department role as directed and authorized by the Department Chair.~~ ~~[YP1]~~

~~a)~~ a) Officers of the Department of Anesthesia will be the Department Chair, and Department Chairman Elect, for Palomar Medical Center Escondido, and the Department Chair, and Department Chairman Elect for Palomar Medical Center Poway, with each Chairman Elect, serving in the role of Department Chair following the exiting Chair's term. Subject specifically to the same qualifications as are required of the Department Chair and generally to the same qualifications as are required of all Medical Staff Officers. The Chairman shall fulfill the duties as outlined in the Medical Staff Bylaws, rules and regulations. The Chairman may, at his/her discretion, designate individuals within the department to organize, direct and integrate anesthesia related activities with other services, committees or departments of the Hospital. The Chairman may call a special meeting of the department of Anesthesia to pursue urgent and relevant department business that requires action prior to the regular monthly meeting of the department. The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman's absence. The Chairman-Elects will serve as a member of the Joint Medical Staff Quality Management Committee and shall serve on the Palomar Medical Center Poway and Palomar Medical Center Escondido, Medical Staff Peer Review Committees (MSPRC) respectively.

b) The Department Chair, and the Department Chair Elect ~~and the Department Vice Chair~~ shall be elected by the voting members of the Department at least thirty (30) days prior to the end of the year. Terms of office shall be for ~~three (3) years~~ two (2) years, with

option of existing officers extending their Chair term, upon Department approval. All Department Officers may be re-elected.

c) All officers of the Department shall be board certified or board admissible by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

~~d) The Department Chair shall fulfill the duties of Department Chair of Palomar Medical Center Escondido as outlined in the Medical Staff Bylaws, Rules and Regulations of Palomar Medical Center Escondido. The Department Chair, or his/her designee shall serve on the Palomar Medical Center Escondido Medical Staff Peer Review Committee (MSPRC). The Department Chair, at his/her discretion, may designate individuals within the department to organize, direct and integrate anesthesia related activities with other services, committees or departments of the Hospitals. The Department Chair may call a special meeting of the department of Anesthesia to pursue urgent and relevant department business that requires action prior to the regular monthly meeting of the department.~~

~~e) The Department Chair Elect shall fulfill the duties of Department Chair of Palomar Medical Center Poway as outlined in the Medical Staff Bylaws, Rules and Regulations of Palomar Medical Center Poway. The Department Chair Elect, or his/her designee shall serve on the Palomar Medical Center Poway Medical Staff Peer Review Committee (MSPRC). The Department Chair Elect will assume the role and have the authority of the Department Chair in his/her absence. The Department Chair Elect, will assume the role of Department Chair at the end of their *three (3)* year term, subject specifically to the same qualifications as are required of the Department Chair and generally to the same qualifications as are required of all Medical Staff Officers.~~

~~f) The Department Vice Chair shall be included in all Departmental matters, including but not limited to Medical Staff meetings and communications involving the Medical Staff and the Hospital administration, department credentialing issues and adjudication of physician clinical or behavior issues. The Department Vice Chair will assume the role of Department Chair and/or the Department Chair Elect in the event that either are absent or otherwise unable to meet their obligations.~~

~~g) The Department will provide two (2) Officers to attend the Medical Staffs Quality Management Committee (QMC) at each QMC Meeting, one of which will always be the Department Vice Chair.~~

2. Duties of the officers shall include but not be limited to:
   a) Reviewing, investigating and making recommendations concerning the qualification of applicants for privileges in anesthesia based upon established guidelines of the Department of Anesthesia as defined on the Department of Anesthesia Clinical Privilege Checklist.
   b) Establishing guidelines for the quality of anesthesia care rendered throughout Palomar Medical Center and for the conduct of a retrospective evaluation of the quality of anesthesia care rendered.

c) Recommending to the Medical Staff and administration the equipment necessary to provide safe and proper anesthesia care.

d) Establishing department regulations and policies for the safe conduct of local, regional, spinal, and general anesthesia as carried out anywhere in the hospital. When such anesthesia care is performed by practitioners in services or in departments other than the Department of Anesthesia, such practitioners are to be bound by safety standards and guidelines that are established by the Department of Anesthesia.

e) Providing relevant consultation and review services in the management of acute and chronic care patients for both diagnosis and therapy when requested by services or committees of other departments.

f) Overseeing and ensuring efficient and timely anesthesia coverage in the hospital. Overseeing the efficient operation of the recovery room.

3. Meetings

a) Department meetings will be open to all members of the Department of Anesthesia.

b) Recommendations, motions and amendments of rules and regulations of the department, or requests for action by the department can be made from the floor and will be accepted for consideration at any department meeting.

c) Committees

The following committee functions will be handled by the Department as a whole unless it is determined by the Chairman that the function can best be accomplished by appointment of a separate committee comprised of one or more members of the Department:

i. Update as needed, the checklist for anesthesia privileges.

ii. Develop the educational programs of the department utilizing information obtained in quality improvement activities.

iii. Consult regularly with the director of perioperative services regarding budget expenditure recommendations that would serve to enhance the safety of anesthesia care in the hospital.

The following committee functions will be handled by the Department Chairman or his/her designee:

i. Perform biennial review of anesthesia privileges of members and non-members of the Department.

ii. Provide monitors for applicants for privileges and review their confidential reports.

iii. Make recommendations regarding evaluation of requests for privileges.

Ad hoc committees may be formed at the request of the chair of the department and charged with issuing reports and/or recommendations for action by the department on specific questions or issues that may arise relevant to anesthesia, which the chair feels will best be resolved or investigated in this manner.

ARTICLE IV
AMENDMENTS

A motion for amendment of these rules and regulations or amendments to the policies may be introduced during Department of Anesthesia meetings.

Adoption of rules and regulations amendments shall require a two-thirds (2/3) vote of the Active Members present after distribution of the proposed changes 30 days prior to a scheduled department meeting.

Amendments to the rules and regulations shall become effective after approval by the Executive Committee and Board of Directors.

Adoption of policy amendments to Department of Anesthesia policies shall require a simple majority of the Active members present at a Department meeting at which a quorum (as defined in the bylaws) is present. Amendments to Department of Anesthesia policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review any policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.

DEPARTMENT MEETING ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Anesthesia, three (3) department meetings must be attended either virtually or in-person during a calendar year (Jan-Dec.) In lieu of attendance at 3 of the department meetings, members may review the minutes in the Medical Staff Services office of ~~all the~~ 3 department meetings for the that calendar year. This review of minutes must be accomplished prior to the date of the dues payment for the next calendar year to avoid being delinquent.

~~Members of the Department of Anesthesia may, at the discretion of the Department Chair, be designated as either a non-full-time member or a part-time or per-diem physician. These physicians shall be required to review the minutes in the Medical Staff Services office of 3 meetings for a given calendar year to meet the minimal meeting attendance criteria. To avoid delinquency, this review of minutes must be accomplished prior to the date the dues payment for the next calendar year.~~

~~The physician's status designation is solely determined by the Department Chair, except that the Department Chair, at his/her discretion, may consult with the department members to determine physician status.~~

Department members who fail to meet these meeting attendance requirements may request of the Department a waiver from the requirement. The Department Chair will refer their recommendations to the MEC for approval.

Department members who fail to meet these meeting attendance requirements and who are not granted a waiver by the Department Chair will be subject to all sanctions or penalties that may be imposed consistent with the Medical Staff Policies and Bylaws, including but not limited to – a doubling of the Medical Staff Dues for the next calendar year.

The Department of Anesthesia meetings are usually held monthly.

EMERGENCY DEPARTMENT CONSULTATION POLICY

Provisional
A Provisional (category) Member is required to provide emergency department consultation.

Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

Active
An Active (category) Member is required to provide emergency department consultation unless excused by the Department of Anesthesia. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia).

Courtesy
A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve. A Courtesy Member may volunteer to serve.

Consulting
A Consulting (category) Member is not required to provide emergency department consultation.

Affiliate
An Affiliate (category) Member is not required to provide emergency department consultation.

Age 60
Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

Trauma
Involvement in the provision of care for the trauma program is voluntary.

MONITORING POLICY [YP2]

A period of focused professional practice evaluation is implemented for all initially requested privileges. The specific mechanism for this evaluation is defined on the applicable specialty-specific privilege checklist. A period of focused review may also be implemented based on the results of ongoing professional practice evaluation as defined in the Medical Staff Peer Review Policy.

a. As specified by the specialty specific checklist, the minimum number of anesthetics an applicant is required to be monitored for is a total of five (5) cases. Cases to include a combination of general, sedation, regional, and obstetrical anesthesia. If requesting cardiac anesthesia privileges an additional five (5) cases specific to cardiac anesthesia are to be monitored to fulfill requirement.

b. The Department of Anesthesia reserves the right to extend monitoring beyond the minimum monitoring requirements at the discretion of the Department Chairperson~~, Vice Chairpersons~~.

c. Monitored cases can be accepted from either Palomar Medical Center Escondido or Palomar Medical Center Poway

d. Monitors must have active privileges and hold good standing within the Medical Staff at same site as physician being monitored

Provisional (Category) Member's Responsibility
It is the responsibility of the Provisional Member and other members seeking additional privileges.

a. To arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases. In the event a provisional member has made reasonable efforts to arrange for a qualified monitor, but has been unable to do so as a result of circumstances beyond his control, the Department Chairman may appoint a specific monitor.

b. To notify the monitor within 48 hours of the proposed anesthetic. Exceptions may be made under emergency circumstances.

Advancement to Active
Monitoring requirements for anesthesiology core privileges must be satisfied prior to advancement from Provisional to Active category.

Advancement to Courtesy
Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement. However, advancement to a Courtesy category does not negate the need to complete monitoring.

Responsibility of the Monitor

a. All anesthesiologists who are members of the Active Staff must act as monitors.

b. The monitor should review with the applicant the patient's history, physical findings, laboratory results, and proposed anesthetic management prior to the onset of anesthesia. The monitor will not write in the patient's chart. If the monitor does not concur with the proposed anesthetic management, he may refuse the monitoring assignment and shall immediately notify the surgeon and chair of the department of Anesthesia or in his absence the chief of staff. The case shall either be postponed or canceled, or may proceed either with a new monitor or with another member of the department attending, as deemed appropriate by the department chairman or chief of staff.

c. The monitor must be present in the operating room for the major portion of the anesthetic and should include an evaluation of the post anesthetic management. During the anesthetic, the monitor may take any action necessary to protect the patient's life and welfare.

d. The monitor must file a confidential report with the Medical Staff Services Office upon completion of the monitoring form.

e. An applicant may not be monitored more than twice by the same monitor.

f. An applicant may not do emergency cases without a monitor present until monitoring has been lifted.

Responsibility of the Scheduling Operating Room Personnel
The scheduling operating room personnel have the authority to postpone scheduling of a case if the Provisional Member does not advise them of monitoring arrangements. (Exception: emergency cases which should be cleared with the Department Chair if possible.)

Monitoring Form
Monitoring forms may be obtained either from the Medical Staff Services office or within the operating room itself. Once the form is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Forms by the Department of Anesthesia
Once the Provisional Member's file contains the required number of forms, the Medical Staff Services personnel will forward the monitoring forms to the Chair of the Department of Anesthesia for review.

Additional Monitoring
It is the prerogative of the Chair of the Department of Anesthesia to request additional monitoring if it is

felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the decision.

Access to Monitoring Forms
The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

Emergency Department Consultation Rotation
Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless the Department makes an exception. An exception requires that an Active Member remain available to supervise and/or assist the Provisional Member until monitoring is complete. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

Temporary Privileges
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

POLICY FOR ANESTHESIA PRIVILEGES

1. Privileges may be granted to anesthesiologists who meet the requirement specified in the Medical Staff Bylaws, are affiliated with the group holding an active service contract with Palomar Health, and who meet the criteria for specific privileges as defined on the Anesthesiology clinical privilege checklist. However, for chronic pain services, which are currently not part of the exclusive active service contract held by the anesthesia providing group, other anesthesiologists qualified to provide chronic pain services may obtain chronic pain privileges, provided that they meet specific additional criteria for privileges as defined on the Pain Management privilege checklist.
2. An anesthesiologist shall be available to provide anesthesia care for patients whenever and wherever it is required in the hospital. Except for specific emergency situations, the administration of anesthesia shall be limited to areas where it can be given safely, in accordance with the policies and procedures of the anesthesia, surgical, obstetrical, emergency, outpatient, and other concerned departments or services. The same competence of anesthesia personnel shall be available for all procedures requiring anesthesia services, whether elective or emergency.

3. Anesthesiologists must be able to perform all of the independent services usually required in the practice of anesthesiology, including the ability to:
   a) perform accepted procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical and other pain-producing clinical maneuvers, and to relieve pain-associated medical syndromes;
   b) support life functions during the period in which anesthesia is administered, including induction and intubation procedures;
   c) provide appropriate preanesthesia and postanesthesia management of the patient; and
   d) provide consultation relating to various other forms of patient care, such as respiratory therapy and emergency cardiopulmonary resuscitation, and special problems in pain relief.
4. Criteria for requesting and maintaining privileges in Anesthesiology or Pain Management is defined on the specialty-specific delineation of privileges.
5. A personal interview may be requested by the Department of Anesthesia.

Responsibilities of the Credentials Committee of the Medical Staff
To determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar Medical Center.

Responsibility of the Department of Anesthesia
To determine documented and demonstrable skill, experience and education as noted above.

CLEAN

PALOMAR MEDICAL CENTER ESCONDIDO/POWAY
DEPARTMENT OF ANESTHESIA
RULES AND REGULATIONS

Adopted by the Active Members of the Department of Anesthesia on

April 7, 2026

Adopted by the Executive Committees on

PMC Escondido April 27, 2026
PMC Poway April 28, 2026

Adopted by the Board of Directors on

May 11, 2026

ARTICLE I
PURPOSE

The purpose of the Department of Anesthesia shall be:

1. To ensure that all patients admitted to the Hospital or treated in the outpatient department receive the highest quality of anesthesia services.
2. To provide a Department Chair who will be responsible for the problems of a medical/administrative nature involving the Medical Staffs and the Hospital administration.
3. To initiate and maintain rules and regulations for proper and efficient functioning of the Department of Anesthesia.
4. To provide representatives to the Palomar Medical Center Escondido Operating Room Committee and the Palomar Medical Center Poway Operating Room Committee. These representatives will be selected by the Department Chair.
5. To provide representatives to the Palomar Medical Center Escondido Medical Staff Peer Review Committee (MSPRC) and the Palomar Medical Center Poway Medical Staff Peer Review Committee.
6. To provide representatives to Palomar Medical Center Joint Medical Staff Quality Management Committee (QMC)
7. To provide representatives to Palomar Medical Center Escondido Medical Executive Committee (MEC) and the Palomar Medical Center Poway Medical Executive Committee (MEC)

ARTICLE II
MEMBERSHIP

1. Qualifications
   Qualifications for membership within the department of Anesthesia shall include those requirements specified in the Medical Staff bylaws, rules and regulations.
   a) Anesthesiology care shall be provided by physicians who have completed an approved residency program in Anesthesiology accredited by the Accreditation Council for Graduate Medical Education, or equivalent accreditation as determined by the Department of Anesthesiology, and who are Board Certified in Anesthesiology.
   b) If not Board certified in Anesthesiology, the applicant shall sign an affidavit as described in the Medical Staff Bylaws, attesting to their ability to achieve Board certification within a period not to exceed four (4) years from the date of the application to the Department
2. Responsibilities
   The responsibilities of membership shall constitute:
   a) Participation in department business and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.

b) Fulfill Department meeting attendance requirements as outlined by the Attendance Policy. Non-compliance with attendance requirement is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

c) Provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Anesthesia Emergency Department Consultation."

d) Compliance with the Expectations of Physicians Granted Privileges at Palomar Health.

e) Compliance with the Medical Staff bylaws, rules and regulations, Department of Anesthesia rules and regulations, Department of Anesthesia policies, the Operating Room Protocol, and applicable Hospital policies and procedures.

f) Participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the PH Performance Improvement Plan.

ARTICLE III
ORGANIZATION

1. Officers

a) Officers of the Department of Anesthesia will be the Department Chair, and Department Chairman Elect, for Palomar Medical Center Escondido, and the Department Chair, and Department Chairman Elect for Palomar Medical Center Poway, with each Chairman Elect, serving in the role of Department Chair following the exiting Chair's term. Subject specifically to the same qualifications as are required of the Department Chair and generally to the same qualifications as are required of all Medical Staff Officers. The Chairman shall fulfill the duties as outlined in the Medical Staff Bylaws, rules and regulations. The Chairman may, at his/her discretion, designate individuals within the department to organize, direct and integrate anesthesia related activities with other services, committees or departments of the Hospital. The Chairman may call a special meeting of the department of Anesthesia to pursue urgent and relevant department business that requires action prior to the regular monthly meeting of the department. The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman's absence. The Chairman-Elects will serve as a member of the Joint Medical Staff Quality Management Committee and shall serve on the Palomar Medical Center Poway and Palomar Medical Center Escondido, Medical Staff Peer Review Committees (MSPRC) respectively.

b) The Department Chair, and the Department Chair Elect shall be elected by the voting members of the Department at least thirty (30) days prior to the end of the year. Terms of office shall be for two (2) years, with option of existing officers extending their Chair term, upon Department approval. All Department Officers may be re-elected.

c) All officers of the Department shall be board certified or board admissible by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

2. Duties of the officers shall include but not be limited to:
   a) Reviewing, investigating and making recommendations concerning the qualification of applicants for privileges in anesthesia based upon established guidelines of the Department of Anesthesia as defined on the Department of Anesthesia Clinical Privilege Checklist.
   b) Establishing guidelines for the quality of anesthesia care rendered throughout Palomar Medical Center and for the conduct of a retrospective evaluation of the quality of anesthesia care rendered.
   c) Recommending to the Medical Staff and administration the equipment necessary to provide safe and proper anesthesia care.
   d) Establishing department regulations and policies for the safe conduct of local, regional, spinal, and general anesthesia as carried out anywhere in the hospital. When such anesthesia care is performed by practitioners in services or in departments other than the Department of Anesthesia, such practitioners are to be bound by safety standards and guidelines that are established by the Department of Anesthesia.
   e) Providing relevant consultation and review services in the management of acute and chronic care patients for both diagnosis and therapy when requested by services or committees of other departments.
   f) Overseeing and ensuring efficient and timely anesthesia coverage in the hospital. Overseeing the efficient operation of the recovery room.

3. Meetings
   a) Department meetings will be open to all members of the Department of Anesthesia.
   b) Recommendations, motions and amendments of rules and regulations of the department, or requests for action by the department can be made from the floor and will be accepted for consideration at any department meeting.
   c) Committees
      The following committee functions will be handled by the Department as a whole unless it is determined by the Chairman that the function can best be accomplished by appointment of a separate committee comprised of one or more members of the Department:
      i. Update as needed, the checklist for anesthesia privileges.
      ii. Develop the educational programs of the department utilizing information obtained in quality improvement activities.
      iii. Consult regularly with the director of perioperative services regarding budget expenditure recommendations that would serve to enhance the safety of anesthesia care in the hospital.

      The following committee functions will be handled by the Department Chairman or his/her designee:
      i. Perform biennial review of anesthesia privileges of members and non-members of the Department.

ii. Provide monitors for applicants for privileges and review their confidential reports.

iii. Make recommendations regarding evaluation of requests for privileges.

Ad hoc committees may be formed at the request of the chair of the department and charged with issuing reports and/or recommendations for action by the department on specific questions or issues that may arise relevant to anesthesia, which the chair feels will best be resolved or investigated in this manner.

ARTICLE IV
AMENDMENTS

A motion for amendment of these rules and regulations or amendments to the policies may be introduced during Department of Anesthesia meetings.

Adoption of rules and regulations amendments shall require a two-thirds (2/3) vote of the Active Members present after distribution of the proposed changes 30 days prior to a scheduled department meeting.

Amendments to the rules and regulations shall become effective after approval by the Executive Committee and Board of Directors.

Adoption of policy amendments to Department of Anesthesia policies shall require a simple majority of the Active members present at a Department meeting at which a quorum (as defined in the bylaws) is present. Amendments to Department of Anesthesia policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review any policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.

DEPARTMENT MEETING ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Anesthesia, three (3) department meetings must be attended either virtually or in-person during a calendar year (Jan-Dec.) In lieu of attendance at 3 of the department meetings, members may review the minutes in the Medical Staff Services office of 3 department meetings for the that calendar year. This review of minutes must be accomplished prior to the date of the dues payment for the next calendar year to avoid being delinquent.

Department members who fail to meet these meeting attendance requirements may request of the Department a waiver from the requirement. The Department Chair will refer their recommendations to the MEC for approval.

Department members who fail to meet these meeting attendance requirements and who are not granted a waiver by the Department Chair will be subject to all sanctions or penalties that may be imposed consistent with the Medical Staff Policies and Bylaws, including but not limited to – a doubling of the Medical Staff Dues for the next calendar year.

The Department of Anesthesia meetings are usually held monthly.

EMERGENCY DEPARTMENT CONSULTATION POLICY

Provisional
A Provisional (category) Member is required to provide emergency department consultation.

Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

Active
An Active (category) Member is required to provide emergency department consultation unless excused by the Department of Anesthesia. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia).

Courtesy
A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve. A Courtesy Member may volunteer to serve.

Consulting
A Consulting (category) Member is not required to provide emergency department consultation.

Affiliate
An Affiliate (category) Member is not required to provide emergency department consultation.

Age 60
Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

Trauma
Involvement in the provision of care for the trauma program is voluntary.

MONITORING POLICY

A period of focused professional practice evaluation is implemented for all initially requested privileges. The specific mechanism for this evaluation is defined on the applicable specialty-specific privilege checklist. A period of focused review may also be implemented based on the results of ongoing professional practice evaluation as defined in the Medical Staff Peer Review Policy.

a. As specified by the specialty specific checklist, the minimum number of anesthetics an applicant is required to be monitored for is a total of five (5) cases. Cases to include a combination of general, sedation, regional, and obstetrical anesthesia. If requesting cardiac anesthesia privileges an additional five (5) cases specific to cardiac anesthesia are to be monitored to fulfill requirement.

b. The Department of Anesthesia reserves the right to extend monitoring beyond the minimum monitoring requirements at the discretion of the Department Chairperson.

c. Monitored cases can be accepted from either Palomar Medical Center Escondido or Palomar Medical Center Poway

d. Monitors must have active privileges and hold good standing within the Medical Staff at same site as physician being monitored

Provisional (Category) Member's Responsibility
It is the responsibility of the Provisional Member and other members seeking additional privileges.

a. To arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases. In the event a provisional member has made reasonable efforts to arrange for a qualified monitor, but has been unable to do so as a result of circumstances beyond his control, the Department Chairman may appoint a specific monitor.

b. To notify the monitor within 48 hours of the proposed anesthetic. Exceptions may be made under emergency circumstances.

Advancement to Active
Monitoring requirements for anesthesiology core privileges must be satisfied prior to advancement from Provisional to Active category.

Advancement to Courtesy
Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement. However, advancement to a Courtesy category does not negate the need to complete monitoring.

Responsibility of the Monitor

a. All anesthesiologists who are members of the Active Staff must act as monitors.

b. The monitor should review with the applicant the patient's history, physical findings, laboratory results, and proposed anesthetic management prior to the onset of anesthesia. The monitor will not write in the patient's chart. If the monitor does not concur with the proposed anesthetic management, he may refuse the monitoring assignment and shall immediately notify the surgeon and chair of the department of Anesthesia or in his absence the chief of staff. The case shall either be postponed or canceled, or may proceed either with a new monitor or with another member of the department attending, as deemed appropriate by the department chairman or chief of staff.

c. The monitor must be present in the operating room for the major portion of the anesthetic and should include an evaluation of the post anesthetic management. During the anesthetic, the monitor may take any action necessary to protect the patient's life and welfare.

d. The monitor must file a confidential report with the Medical Staff Services Office upon completion of the monitoring form.

e. An applicant may not be monitored more than twice by the same monitor.

f. An applicant may not do emergency cases without a monitor present until monitoring has been lifted.

Responsibility of the Scheduling Operating Room Personnel
The scheduling operating room personnel have the authority to postpone scheduling of a case if the Provisional Member does not advise them of monitoring arrangements. (Exception: emergency cases which should be cleared with the Department Chair if possible.)

Monitoring Form
Monitoring forms may be obtained either from the Medical Staff Services office or within the operating room itself. Once the form is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Forms by the Department of Anesthesia
Once the Provisional Member's file contains the required number of forms, the Medical Staff Services personnel will forward the monitoring forms to the Chair of the Department of Anesthesia for review.

Additional Monitoring
It is the prerogative of the Chair of the Department of Anesthesia to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the decision.

Access to Monitoring Forms
The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

Emergency Department Consultation Rotation
Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless the Department makes an exception. An exception requires that an Active Member remain available to supervise and/or assist the Provisional Member until monitoring is complete. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

Temporary Privileges
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

POLICY FOR ANESTHESIA PRIVILEGES

1. Privileges may be granted to anesthesiologists who meet the requirement specified in the Medical Staff Bylaws, are affiliated with the group holding an active service contract with Palomar Health, and who meet the criteria for specific privileges as defined on the Anesthesiology clinical privilege checklist. However, for chronic pain services, which are currently not part of the exclusive active service contract held by the anesthesia providing group, other anesthesiologists qualified to provide chronic pain services may obtain chronic pain privileges, provided that they meet specific additional criteria for privileges as defined on the Pain Management privilege checklist.
2. An anesthesiologist shall be available to provide anesthesia care for patients whenever and wherever it is required in the hospital. Except for specific emergency situations, the administration of anesthesia shall be limited to areas where it can be given safely, in accordance with the policies and procedures of the anesthesia, surgical, obstetrical, emergency, outpatient,

and other concerned departments or services. The same competence of anesthesia personnel shall be available for all procedures requiring anesthesia services, whether elective or emergency.

3. Anesthesiologists must be able to perform all of the independent services usually required in the practice of anesthesiology, including the ability to:
   a) perform accepted procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical and other pain-producing clinical maneuvers, and to relieve pain-associated medical syndromes;
   b) support life functions during the period in which anesthesia is administered, including induction and intubation procedures;
   c) provide appropriate preanesthesia and postanesthesia management of the patient; and
   d) provide consultation relating to various other forms of patient care, such as respiratory therapy and emergency cardiopulmonary resuscitation, and special problems in pain relief.
4. Criteria for requesting and maintaining privileges in Anesthesiology or Pain Management is defined on the specialty-specific delineation of privileges.
5. A personal interview may be requested by the Department of Anesthesia.

Responsibilities of the Credentials Committee of the Medical Staff
To determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar Medical Center.

Responsibility of the Department of Anesthesia
To determine documented and demonstrable skill, experience and education as noted above.

REDLINE

PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF MEDICINE
RULES AND REGULATIONS

Adopted by the Active members of the Department of Medicine on
~~April 5, 2022~~ February 3, 2026

Adopted by the Executive Committee on
~~May 23, 2022~~ April 27, 2026

Adopted by the Palomar Health Board of Directors on
~~June 13, 2022~~ May 11, 2026

ARTICLE I
PURPOSE

The purpose of the Department of Medicine shall be to oversee the professional, medical and administrative activities within those specialties and subspecialties outlined in the policy entitled "Department of Medicine Components".

ARTICLE II
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the Department of Medicine shall include those requirements specified in the Medical Staff bylaws, rules and regulations. All practitioners who apply for membership shall be board certified or admissible by the American Board of Internal Medicine, the American Osteopathic Board of Internal Medicine or at least one of the components of internal medicine the American Board of Preventive Medicine, The American Board of Psychiatry and Neurology, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

2.2 Responsibilities

The responsibilities of membership shall constitute:

2.2.1 participation in department business, committees and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.

2.2.2 attendance at a minimum of twenty-five percent (25%) of the Department meetings as specified in Medical Staff Bylaws Section 15.7.1. Failure to comply with these requirements shall subject the member to the sanctions specified therein.

2.2.3 performance of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Medicine Emergency Department Consultation".

2.2.4 compliance with the ethical code specified in the Medical Staff bylaws, rules and regulations.

2.2.5 compliance with the Medical Staff bylaws, rules and regulations, Department of Medicine rules and regulations, Department of Medicine policies, and applicable Hospital policies and procedures.

ARTICLE III
PRIVILEGES

3.1 **Application**

3.1.1 Each applicant, member or non-member, must complete forms designating the medical conditions he desires to treat and the medical procedures he desires to perform. Upon receipt of the forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department Chairman will review same and may meet with the applicant.

A non-member with privileges must abide by the Department rules and regulations and policies. He shall have no vote in Department proceedings and no obligation to participate in Department affairs, except that the Chairman may require attendance at a specific meeting if a non-member's privileges or cases are under review, or for the purpose of continuing medical education.

3.1.2 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws.

3.1.3 Additional privileges may be requested at any time by submitting a written request accompanied by qualification documentation. Any additional privileges recommended for approval may be subject to monitoring.

3.2 **Criteria**
The principles governing all medical privileges will be documented and demonstrable skill, experience and education relative to the evaluation and care inherent in the privileges requested.

3.3 Monitoring
Each applicant shall undergo a uniform monitoring process conducted by active members holding privileges equal to or greater than those required within the Department of Medicine. The Department's monitoring requirements are set forth in a policy entitled "Department of Medicine Monitoring Requirements".

ARTICLE IV
OFFICERS

4.1 Officers
Officers of the Department of Medicine will be the Chairman and Chairman-Elect who shall serve in their capacities for a two (2) year period. The Chairman and Chairman-Elect shall be a board certified or board eligible internist (as in accordance with the State of California Code of Regulations Title 22). The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman's absence. The Chairman-elect will serve as a member of the Quality Management Committee of the Medical Staff. Both the Chairman and the Chairman- Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

ARTICLE V
ORGANIZATION

5.1 Medical Advisory Committee

5.1.1 Members of the Medical Advisory Committee shall include the Department Chairman, Chairman-Elect and representatives from the medical subspecialties to include Pulmonary, Cardiology, Gastroenterology, Infectious Disease, Neurology, Nephrology, Oncology, Intensivist and Hospitalist to include one from each of the large groups represented at Palomar Medical Center Escondido. The Chairman shall chair the Medical Advisory Committee.

5.1.2 The duties of the Medical Advisory Committee may include

a) assisting the Chairman in fulfilling his duties in accordance with the Medical Staff bylaws, rules and regulations.

b) receiving reports from the Department's committees in order to evaluate, recommend and/or take action as needed.

c) receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with medical privileges.

d) formulating operational concepts for presentation to members of the department and dissemination of same to Members with medical privileges.

e) making nominations for the Chairman-Elect.

f) proposing rules and regulations and policy amendments to the Department.

5.1.3 The Medical Advisory Committee shall meet every other month in the ~~even~~ odd numbered months. It shall maintain a record of its proceedings and shall report its activity and recommendations either to the Department of Medicine or to the Executive Committee, whichever is applicable.

5.2 Subspecialties (Components)

5.2.1 The members of each subspecialty (component) of internal medicine (see Department of Medicine Internal Medicine Components) may meet in a committee structure to be composed of all the Active and Provisional Members of the subspecialty. The Committee may also include two (2) other Department members appointed by the Chairman if it is so desired by the Chairman. Non-voting administrative representatives may be invited to attend.

5.2.2 The duties of any subspecialty (component) committee are to provide input regarding quality assessment and other matters related to administration of the Department and may include:

a) overseeing professional interpretation, on a rotation basis, of procedures performed in service areas.

b) advising or developing policies and procedures for service areas.

c) assisting or participating in the peer review and quality assessment mechanism.

d) assisting and advising the Medical Director of the service area, if applicable.

5.3.3 A subspecialty (component) committee may meet as often as deemed appropriate. They shall maintain a record of proceedings and shall report activity and recommendations to the Medical Advisory Committee.

ARTICLE VI
AMENDMENTS

A motion for amendment of these rules and regulations or amendment to policies may be introduced during Department of Medicine meetings.

Adoption of rules and regulations and policy amendments to Department of Medicine policies or rules and regulations shall require a simple majority of Active Members present at a Department meeting. Amendments to Department of Medicine rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors. Amendments to departmental policies shall become effective after approval by the Department and Executive Committee. The Board may review any such policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.

MONITORING POLICY

Provisional (Category) Member's Responsibility
It is the responsibility of the Provisional Member

a. to not admit a patient, provide consultation or perform a procedure without a monitor until satisfactory completion of monitoring.

b. to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) or a Provisional (category) Member (with privileges equal to or greater than the privileges held by the physician needing to be monitored and who has completed his/her monitoring) to monitor his cases, be they admissions, consultations or procedures.

   The monitors must be members of the Department of Medicine except in the case of procedures where monitoring may be performed by a member of another department, who has privileges in his department or in the Department of Medicine to do the procedure in question.

c. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.

Time of Monitoring
Monitoring is to start within twenty-four (24) hours of admission and be conducted daily.

Scope of Monitoring
Monitoring is to include concurrent monitoring of all phases of a patient's hospitalization (admission, management, discharge, etc.).

Restrictions
Not more than one-half of the cases done by the Provisional Member shall be monitored by any one individual, and the remainder shall be monitored by at least two other individuals. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department of Medicine may permit an exception. In those cases where a monitor is not available, the physician should contact the Chairman of the Department for assistance. If the Chairman permits the case to proceed without a monitor, the case will be monitored retrospectively. Only half of the required monitoring will be permitted to be completed in a retrospective manner. Monitoring may be accepted from another facility where the applicant is an active member.

Number of Cases to be Monitored
At least the first six admissions. Procedural monitoring guidelines are attached.

Location of Monitoring
Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway as long as the monitor holds privileges and is in good standing on the Medical Staff at Palomar Medical Center Escondido.

Advancement
Admission monitoring must be submitted and reviewed by the Department Chairman on at least the first six (6) admissions during the minimum of a one (1) year period or maximum two (2) year period prior to advancement from Provisional to either Active or Courtesy. Monitoring performed at Pomerado Hospital or Escondido Surgery Center shall be considered.

Responsibility of the Monitor
It is the responsibility of the monitor

a. to review the indications for admission, the content of the history, physical and orders, assessment of problems, use of laboratory, x-ray, etc, use of consultants, rapport with patient and rapport with staff.

b. to be physically present when a procedure is performed as well as reviewing the indication for the procedure, outcome, pre-procedural preparation, handling of specimens, technique, and the appropriateness of the procedure note, progress note, handling of complications, general patient care and suitability of orders.

c. to have the power to interdict procedures or therapy which they deem dangerous or contraindicated pending evaluation by the Chairman or the Chief of Staff.

d. except as indicated in (c) above, to refrain from interacting with the patient or writing in the patient's chart.

e. to share conclusions, recommendations or suggestions with the Provisional Member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

Monitoring Forms
Monitoring forms may be obtained from the Medical Staff Services office. Once it is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Form by the Department Chairman
Once the Provisional Member's file contains the appropriate number of admission or procedural forms, the Medical Staff Services personnel will forward the Provisional Member's file to the Department Chairman for review.

Additional Monitoring
It is the prerogative of the Department Chairman to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the Department Chairman's decision.

Access to Monitoring Forms
The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

Additional Privileges
Requests for additional privileges may result in a monitoring requirement following procedural steps of this policy.

Emergency Department Consultation Rotation
Completion of admission and/or monitoring is not required to participate on the Primary Care emergency consultation rotation.

Temporary Privileges (after successful completion of the application process)
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

EMERGENCY DEPARTMENT CONSULTATION POLICY

Requirement
The Department of Medicine is required to provide an Emergency Department Consultation Panel for Primary Care in conjunction with the Department of Family Practice. The Department of Medicine members will abide by the evaluation and clinical assessment of the Emergency medicine physician with regard to requesting evaluation and management assistance for an Emergency Department patient requiring hospitalization or medical treatment. The Emergency Medicine physician shall select a physician from the Primary Care call panel. When the Emergency Medicine physician determines that a patient requires evaluation and/or treatment by a particular subspecialist, the Emergency Medicine physician may select a physician from the appropriate subspecialist call panel without having to first involve the on call Primary Care Physician.

Primary Care
Palomar Health may provide primary care call by utilizing a particular physician group pursuant to the terms of a contract, subject to review and comment by the Executive Committee and approval by the Board of Directors. To the extent that the contracted panel assumes the responsibility for primary care call, and so long as it is able to fully cover the call schedule, physicians will not be required to serve a separate general internal medicine rotational call. Otherwise, all members of the Department of Medicine (except Dermatologists) will be subject to serving rotationally on the Primary Care Emergency Department Call Panel, along with members of the Department of Family Practice. Internal Medicine subspecialists may be assigned to the Primary Care panel if the appropriate subspecialty call panel does not exist.

Cardiology
Members of this panel are to be board certified in cardiology (or have equivalent training). (Cardiologists may serve on both the Primary Care panel and Cardiology panel at their discretion.

Subspecialty Consultation
The Department of Medicine will create subspecialty call panels including but not necessarily limited to Cardiology, Pulmonology, and Neurology. The physicians on these panels will respond to the Emergency Medicine physician's request to assume evaluation and management services for a patient, to include hospitalization, if indicated.

Provisional
A Provisional (category) Member is required to provide emergency department consultation. Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed.

Active
An Active (category) Member is required to provide emergency department consultation.

Courtesy
A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve if the Courtesy member has met the monitoring requirements outlined above. A Courtesy Member may volunteer to serve.

Consulting
A Consulting (category) Member is not required to provide emergency department consultation.

Affiliate
An Affiliate (category) Member is not required to provide emergency department consultation.

Age 60
Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

Trauma
Involvement in the provision of care for the trauma program is voluntary.

Coverage
It is permissible for a person on the emergency department consultation rotation to give his call to another member of the panel on a voluntary basis. The person giving up call will be responsible for making arrangements and for notifying the Emergency Department and the Medical Staff Services office of this arrangement. If a physician is unable to provide coverage on the day designated, it is his responsibility to arrange coverage via another physician and so notify the Emergency Department and the Medical Staff Services office.

Rotation
Those physicians who are simultaneously on call for primary medicine at another hospital will not be scheduled for primary medicine call on the same day at Palomar.

Sanctions/Exemptions
At the discretion of the Department Chairman, or upon a request by the Department as a whole, a Sanction/Exemptions Committee may be formed. The Sanctions/Exemptions Committee will review and recommend action (on requests from those Members who wish to be excused from providing emergency department consultation) to the Medical Advisory Committee. The Sanctions/Exemptions Committee will also review and recommend action if a Member of the Department of Medicine refuses to serve on the call panel. The refusal could result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Refusal to Provide Emergency Department Consultation
Refusal to provide emergency department consultation may result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Response Time
Response to the Emergency Department for on-call physicians shall be in accordance with the Medical Staff bylaws, rules and regulations.

GUIDELINES FOR PRIVILEGES

Responsibility of the Credentials Committee of the Medical Staff
To interview the applicant and to determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar Medical Center

Responsibility of the Department
To determine documented and demonstrable skill, experience and education relative to the diagnostic and treatment procedures and pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested. The Department Chairman is to review all privileging criteria prior to submission of same to the Medical Advisory Committee.

Acute Care at Home
Acute care at home care, like inpatient care is a team based patient care process. The providers will on a day-to-day basis use telehealth communication and the designated power plans to provide this continuity of care for patients in this setting.

Resources

a. Education/Training
Application process includes submission of a questionnaire to the director of the internship and residency. This questionnaire includes the question, “did the applicant’s training include those procedures being requested”. A copy of the applicant’s checklist is included.

b. Reference Letters

c. Malpractice Coverage Limitations

d. Criteria

(as developed for specific procedures: e.g. pacemakers in cath lab; electrophysiology; cardiac caths; PTCAs)

e. Department of Medicine policy entitled “Department of Medicine Monitoring Policy”.

f. Department of Medicine policy entitled “Department of Medicine Attendance Policy”.

ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Medicine, 25% of the Department meetings must be attended during a Medical Staff Year (January through December). Attendance at subspecialty committees is strongly encouraged but is not subject to sanctions with the exception of the Cardiac Cath Conference which has a fifty-percent (50%) meeting attendance requirement.

Sanctions
Non-compliance with the 25% attendance requirement of the Department of Medicine and the 50% attendance requirement of the Cardiac Cath Conference is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

Department of Medicine
Department of Medicine meetings are typically held on the first Tuesday of the ~~odd~~ even numbered months. ~~(January, March, May, July, September, and November.)~~

Medical Advisory Committee
The Medical Advisory Committee meetings are typically held on the third Monday of every other month (in the ~~even~~ odd numbered months).

Subspecialty Committee meetings may be held:
Cardiology Committee
Gastroenterology Committee
Pulmonary Committee
Neurology Committee
Other subspecialty (components) may meet in a committee format as necessary

Advancement to Active
Compliance with the attendance requirement is necessary for advancement of a Provisional (category) Member to an Active (category) Member.

Advancement to Courtesy
Compliance with the attendance requirement is not necessary for advancement of a Provisional (category) Member to a Courtesy (category) Member. Non-attendance during the provisional period may, however, affect a later request from a Courtesy Member to become an Active Member.

DEPARTMENT OF MEDICINE COMPONENTS

The components of the Department of Medicine as referenced in the Department rules and regulations under membership are:

Allergy
Cardiology
Dermatology
Endocrinology
Gastroenterology
Hematology/Oncology
Infectious Disease
Nephrology
Neurology
Palliative Care
Pulmonology
Rheumatology

Meetings
Components (or subspecialties) may meet in a committee structure as outlined in the Department of Medicine rules and regulations.

ALLIED HEALTH PROFESSIONALS

The role of Allied Health Professionals in the Department of Medicine is outlined in the Medical Staff Allied Health Professional Authorization Procedure and the specialty specific privilege checklists.

PERFORMANCE IMPROVEMENT REVIEW POLICY

Performance Improvement review will be performed primarily by the Department of Medicine in conjunction with the Medical Staff Peer Review Committee as defined in the Palomar Health Peer Review Policy.

PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF MEDICINE
RULES AND REGULATIONS

Adopted by the Active members of the Department of Medicine on
February 3, 2026

Adopted by the Executive Committee on
April 27, 2026

Adopted by the Palomar Health Board of Directors on
May 11, 2026

ARTICLE I
PURPOSE

The purpose of the Department of Medicine shall be to oversee the professional, medical and administrative activities within those specialties and subspecialties outlined in the policy entitled "Department of Medicine Components".

ARTICLE II
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the Department of Medicine shall include those requirements specified in the Medical Staff bylaws, rules and regulations. All practitioners who apply for membership shall be board certified or admissible by the American Board of Internal Medicine, the American Osteopathic Board of Internal Medicine or at least one of the components of internal medicine the American Board of Preventive Medicine, The American Board of Psychiatry and Neurology, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

2.2 Responsibilities

The responsibilities of membership shall constitute:

2.2.1 participation in department business, committees and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.

2.2.2 attendance at a minimum of twenty-five percent (25%) of the Department meetings as specified in Medical Staff Bylaws Section 15.7.1. Failure to comply with these requirements shall subject the member to the sanctions specified therein.

2.2.3 performance of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Medicine Emergency Department Consultation".

2.2.4 compliance with the ethical code specified in the Medical Staff bylaws, rules and regulations.

2.2.5 compliance with the Medical Staff bylaws, rules and regulations, Department of Medicine rules and regulations, Department of Medicine policies, and applicable Hospital policies and procedures.

ARTICLE III
PRIVILEGES

3.1 **Application**

3.1.1 Each applicant, member or non-member, must complete forms designating the medical conditions he desires to treat and the medical procedures he desires to perform. Upon receipt of the forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department Chairman will review same and may meet with the applicant.

A non-member with privileges must abide by the Department rules and regulations and policies. He shall have no vote in Department proceedings and no obligation to participate in Department affairs, except that the Chairman may require attendance at a specific meeting if a non-member's privileges or cases are under review, or for the purpose of continuing medical education.

3.1.2 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws.

3.1.3 Additional privileges may be requested at any time by submitting a written request accompanied by qualification documentation. Any additional privileges recommended for approval may be subject to monitoring.

3.2 **Criteria**
The principles governing all medical privileges will be documented and demonstrable skill, experience and education relative to the evaluation and care inherent in the privileges requested.

3.3 Monitoring
Each applicant shall undergo a uniform monitoring process conducted by active members holding privileges equal to or greater than those required within the Department of Medicine. The Department's monitoring requirements are set forth in a policy entitled "Department of Medicine Monitoring Requirements".

ARTICLE IV
OFFICERS

4.1 Officers
Officers of the Department of Medicine will be the Chairman and Chairman-Elect who shall serve in their capacities for a two (2) year period. The Chairman and Chairman-Elect shall be a board certified or board eligible internist (as in accordance with the State of California Code of Regulations Title 22). The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman's absence. The Chairman-elect will serve as a member of the Quality Management Committee of the Medical Staff. Both the Chairman and the Chairman- Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

ARTICLE V
ORGANIZATION

5.1 Medical Advisory Committee

5.1.1 Members of the Medical Advisory Committee shall include the Department Chairman, Chairman-Elect and representatives from the medical subspecialties to include Pulmonary, Cardiology, Gastroenterology, Infectious Disease, Neurology, Nephrology, Oncology, Intensivist and Hospitalist to include one from each of the large groups represented at Palomar Medical Center Escondido. The Chairman shall chair the Medical Advisory Committee.

5.1.2 The duties of the Medical Advisory Committee may include

a) assisting the Chairman in fulfilling his duties in accordance with the Medical Staff bylaws, rules and regulations.

b) receiving reports from the Department's committees in order to evaluate, recommend and/or take action as needed.

c) receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with medical privileges.

d) formulating operational concepts for presentation to members of the department and dissemination of same to Members with medical privileges.

e) making nominations for the Chairman-Elect.

f) proposing rules and regulations and policy amendments to the Department.

5.1.3 The Medical Advisory Committee shall meet every other month in the odd numbered months. It shall maintain a record of its proceedings and shall report its activity and recommendations either to the Department of Medicine or to the Executive Committee, whichever is applicable.

5.2 Subspecialties (Components)

5.2.1 The members of each subspecialty (component) of internal medicine (see Department of Medicine Internal Medicine Components) may meet in a committee structure to be composed of all the Active and Provisional Members of the subspecialty. The Committee may also include two (2) other Department members appointed by the Chairman if it is so desired by the Chairman. Non-voting administrative representatives may be invited to attend.

5.2.2 The duties of any subspecialty (component) committee are to provide input regarding quality assessment and other matters related to administration of the Department and may include:

a) overseeing professional interpretation, on a rotation basis, of procedures performed in service areas.

b) advising or developing policies and procedures for service areas.

c) assisting or participating in the peer review and quality assessment mechanism.

d) assisting and advising the Medical Director of the service area, if applicable.

5.3.3 A subspecialty (component) committee may meet as often as deemed appropriate. They shall maintain a record of proceedings and shall report activity and recommendations to the Medical Advisory Committee.

ARTICLE VI
AMENDMENTS

A motion for amendment of these rules and regulations or amendment to policies may be introduced during Department of Medicine meetings.

Adoption of rules and regulations and policy amendments to Department of Medicine policies or rules and regulations shall require a simple majority of Active Members present at a Department meeting. Amendments to Department of Medicine rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors. Amendments to departmental policies shall become effective after approval by the Department and Executive Committee. The Board may review any such policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.

MONITORING POLICY

Provisional (Category) Member's Responsibility
It is the responsibility of the Provisional Member

a. to not admit a patient, provide consultation or perform a procedure without a monitor until satisfactory completion of monitoring.

b. to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) or a Provisional (category) Member (with privileges equal to or greater than the privileges held by the physician needing to be monitored and who has completed his/her monitoring) to monitor his cases, be they admissions, consultations or procedures.

   The monitors must be members of the Department of Medicine except in the case of procedures where monitoring may be performed by a member of another department, who has privileges in his department or in the Department of Medicine to do the procedure in question.

c. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.

Time of Monitoring
Monitoring is to start within twenty-four (24) hours of admission and be conducted daily.

Scope of Monitoring
Monitoring is to include concurrent monitoring of all phases of a patient's hospitalization (admission, management, discharge, etc.).

Restrictions
Not more than one-half of the cases done by the Provisional Member shall be monitored by any one individual, and the remainder shall be monitored by at least two other individuals. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department of Medicine may permit an exception. In those cases where a monitor is not available, the physician should contact the Chairman of the Department for assistance. If the Chairman permits the case to proceed without a monitor, the case will be monitored retrospectively. Only half of the required monitoring will be permitted to be completed in a retrospective manner. Monitoring may be accepted from another facility where the applicant is an active member.

Number of Cases to be Monitored
At least the first six admissions. Procedural monitoring guidelines are attached.

Location of Monitoring
Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway as long as the monitor holds privileges and is in good standing on the Medical Staff at Palomar Medical Center Escondido.

Advancement
Admission monitoring must be submitted and reviewed by the Department Chairman on at least the first six (6) admissions during the minimum of a one (1) year period or maximum two (2) year period prior to advancement from Provisional to either Active or Courtesy. Monitoring performed at Pomerado Hospital or Escondido Surgery Center shall be considered.

Responsibility of the Monitor
It is the responsibility of the monitor

a. to review the indications for admission, the content of the history, physical and orders, assessment of problems, use of laboratory, x-ray, etc, use of consultants, rapport with patient and rapport with staff.

b. to be physically present when a procedure is performed as well as reviewing the indication for the procedure, outcome, pre-procedural preparation, handling of specimens, technique, and the appropriateness of the procedure note, progress note, handling of complications, general patient care and suitability of orders.

c. to have the power to interdict procedures or therapy which they deem dangerous or contraindicated pending evaluation by the Chairman or the Chief of Staff.

d. except as indicated in (c) above, to refrain from interacting with the patient or writing in the patient's chart.

e. to share conclusions, recommendations or suggestions with the Provisional Member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

Monitoring Forms
Monitoring forms may be obtained from the Medical Staff Services office. Once it is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Form by the Department Chairman
Once the Provisional Member's file contains the appropriate number of admission or procedural forms, the Medical Staff Services personnel will forward the Provisional Member's file to the Department Chairman for review.

Additional Monitoring
It is the prerogative of the Department Chairman to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the Department Chairman's decision.

Access to Monitoring Forms
The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

Additional Privileges
Requests for additional privileges may result in a monitoring requirement following procedural steps of this policy.

Emergency Department Consultation Rotation
Completion of admission and/or monitoring is not required to participate on the Primary Care emergency consultation rotation.

Temporary Privileges (after successful completion of the application process)
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

EMERGENCY DEPARTMENT CONSULTATION POLICY

Requirement
The Department of Medicine is required to provide an Emergency Department Consultation Panel for Primary Care in conjunction with the Department of Family Practice. The Department of Medicine members will abide by the evaluation and clinical assessment of the Emergency medicine physician with regard to requesting evaluation and management assistance for an Emergency Department patient requiring hospitalization or medical treatment. The Emergency Medicine physician shall select a physician from the Primary Care call panel. When the Emergency Medicine physician determines that a patient requires evaluation and/or treatment by a particular subspecialist, the Emergency Medicine physician may select a physician from the appropriate subspecialist call panel without having to first involve the on call Primary Care Physician.

Primary Care
Palomar Health may provide primary care call by utilizing a particular physician group pursuant to the terms of a contract, subject to review and comment by the Executive Committee and approval by the Board of Directors. To the extent that the contracted panel assumes the responsibility for primary care call, and so long as it is able to fully cover the call schedule, physicians will not be required to serve a separate general internal medicine rotational call. Otherwise, all members of the Department of Medicine (except Dermatologists) will be subject to serving rotationally on the Primary Care Emergency Department Call Panel, along with members of the Department of Family Practice. Internal Medicine subspecialists may be assigned to the Primary Care panel if the appropriate subspecialty call panel does not exist.

Cardiology
Members of this panel are to be board certified in cardiology (or have equivalent training). (Cardiologists may serve on both the Primary Care panel and Cardiology panel at their discretion.

Subspecialty Consultation
The Department of Medicine will create subspecialty call panels including but not necessarily limited to Cardiology, Pulmonology, and Neurology. The physicians on these panels will respond to the Emergency Medicine physician's request to assume evaluation and management services for a patient, to include hospitalization, if indicated.

Provisional
A Provisional (category) Member is required to provide emergency department consultation. Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed.

Active
An Active (category) Member is required to provide emergency department consultation.

Courtesy
A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve if the Courtesy member has met the monitoring requirements outlined above. A Courtesy Member may volunteer to serve.

Consulting
A Consulting (category) Member is not required to provide emergency department consultation.

Affiliate
An Affiliate (category) Member is not required to provide emergency department consultation.

Age 60
Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

Trauma
Involvement in the provision of care for the trauma program is voluntary.

Coverage
It is permissible for a person on the emergency department consultation rotation to give his call to another member of the panel on a voluntary basis. The person giving up call will be responsible for making arrangements and for notifying the Emergency Department and the Medical Staff Services office of this arrangement. If a physician is unable to provide coverage on the day designated, it is his responsibility to arrange coverage via another physician and so notify the Emergency Department and the Medical Staff Services office.

Rotation
Those physicians who are simultaneously on call for primary medicine at another hospital will not be scheduled for primary medicine call on the same day at Palomar.

Sanctions/Exemptions
At the discretion of the Department Chairman, or upon a request by the Department as a whole, a Sanction/Exemptions Committee may be formed. The Sanctions/Exemptions Committee will review and recommend action (on requests from those Members who wish to be excused from providing emergency department consultation) to the Medical Advisory Committee. The Sanctions/Exemptions Committee will also review and recommend action if a Member of the Department of Medicine refuses to serve on the call panel. The refusal could result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Refusal to Provide Emergency Department Consultation
Refusal to provide emergency department consultation may result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Response Time
Response to the Emergency Department for on-call physicians shall be in accordance with the Medical Staff bylaws, rules and regulations.

GUIDELINES FOR PRIVILEGES

Responsibility of the Credentials Committee of the Medical Staff
To interview the applicant and to determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar Medical Center

Responsibility of the Department
To determine documented and demonstrable skill, experience and education relative to the diagnostic and treatment procedures and pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested. The Department Chairman is to review all privileging criteria prior to submission of same to the Medical Advisory Committee.

Acute Care at Home
Acute care at home care, like inpatient care is a team based patient care process. The providers will on a day-to-day basis use telehealth communication and the designated power plans to provide this continuity of care for patients in this setting.

Resources

a. Education/Training
Application process includes submission of a questionnaire to the director of the internship and residency. This questionnaire includes the question, “did the applicant’s training include those procedures being requested”. A copy of the applicant’s checklist is included.

b. Reference Letters

c. Malpractice Coverage Limitations

d. Criteria

(as developed for specific procedures: e.g. pacemakers in cath lab; electrophysiology; cardiac caths; PTCAs)

e. Department of Medicine policy entitled “Department of Medicine Monitoring Policy”.

f. Department of Medicine policy entitled “Department of Medicine Attendance Policy”.

ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Medicine, 25% of the Department meetings must be attended during a Medical Staff Year (January through December). Attendance at subspecialty committees is strongly encouraged but is not subject to sanctions with the exception of the Cardiac Cath Conference which has a fifty-percent (50%) meeting attendance requirement.

Sanctions
Non-compliance with the 25% attendance requirement of the Department of Medicine and the 50% attendance requirement of the Cardiac Cath Conference is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

Department of Medicine
Department of Medicine meetings are typically held on the first Tuesday of the even numbered months.

Medical Advisory Committee
The Medical Advisory Committee meetings are typically held on the third Monday of every other month (in the odd numbered months).

Subspecialty Committee meetings may be held:
Cardiology Committee
Gastroenterology Committee
Pulmonary Committee
Neurology Committee
Other subspecialty (components) may meet in a committee format as necessary

Advancement to Active
Compliance with the attendance requirement is necessary for advancement of a Provisional (category) Member to an Active (category) Member.

Advancement to Courtesy
Compliance with the attendance requirement is not necessary for advancement of a Provisional (category) Member to a Courtesy (category) Member. Non-attendance during the provisional period may, however, affect a later request from a Courtesy Member to become an Active Member.

DEPARTMENT OF MEDICINE COMPONENTS

The components of the Department of Medicine as referenced in the Department rules and regulations under membership are:

Allergy
Cardiology
Dermatology
Endocrinology
Gastroenterology
Hematology/Oncology
Infectious Disease
Nephrology
Neurology
Palliative Care
Pulmonology
Rheumatology

Meetings
Components (or subspecialties) may meet in a committee structure as outlined in the Department of Medicine rules and regulations.

ALLIED HEALTH PROFESSIONALS

The role of Allied Health Professionals in the Department of Medicine is outlined in the Medical Staff Allied Health Professional Authorization Procedure and the specialty specific privilege checklists.

PERFORMANCE IMPROVEMENT REVIEW POLICY

Performance Improvement review will be performed primarily by the Department of Medicine in conjunction with the Medical Staff Peer Review Committee as defined in the Palomar Health Peer Review Policy.

PALOMAR HEALTH®
Reimagining Healthcare®

Fiscal Year 2026 Financial Performance

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

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 1st 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 ($) [1]	$ 129,039,121	$ 119,687,568	$ 121,665,415	$ 115,367,571	$ 118,486,363	$ 118,290,229	
Net Days in A/R (Days) [2]	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%

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

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

	Month					Year to Date				
	Actual 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
Key Volumes										
Discharges - Total	**2,338**	**2,066**	**13.2%**	**2,201**	**6.2%**	**18,822**	**16,746**	**12.4%**	**17,253**	**9.1%**
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%
Patient Days - Total	**12,034**	**12,126**	**(0.8%)**	**12,562**	**(4.2%)**	**97,447**	**95,607**	**1.9%**	**96,067**	**1.4%**
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%
Surgeries - Total	**844**	**902**	**(6.5%)**	**929**	**(9.2%)**	**7,227**	**7,373**	**(2.0%)**	**7,434**	**(2.8%)**
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%)
ER Visits (Includes Trauma) - Total	**9,491**	**9,092**	**4.4%**	**10,326**	**(8.1%)**	**80,328**	**81,897**	**(1.9%)**	**82,815**	**(3.0%)**
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 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
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%
Imaging										
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 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
Key Statistics										
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	
Financial Performance										
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
Adjusted Patient Days	17,585	17,609	(24)					
Adjusted Discharges	3,677	3,281	396					
Operating Revenue								
Gross revenue	502,620,362	462,569,266	40,051,096	(642,729)	40,693,825	28,582.34	26,268.21	2,314.12
Deductions from revenue	(426,470,249)	(391,637,029)	(34,833,220)	544,170	(35,377,390)	(24,251.93)	(22,240.14)	(2,011.79)
Net patient revenue	76,150,113	70,932,237	5,217,876	(98,559)	5,316,435	4,330.40	4,028.07	302.33
Other operating revenue	788,374	1,159,790	(371,416)	(1,612)	(369,804)	44.83	65.86	(21.03)
Total net revenue	76,938,487	72,092,027	4,846,460	(100,170)	4,946,630	4,375.23	4,093.94	281.30
Operating Expenses								
Salaries, wages & contract labor	30,345,372	29,987,461	(357,911)	41,667	(399,578)	1,725.64	1,702.92	(22.72)
Benefits	6,834,602	8,252,370	1,417,768	11,466	1,406,302	388.66	468.63	79.97
Supplies	11,347,364	10,238,762	(1,108,602)	14,227	(1,122,829)	645.29	581.44	(63.85)
Prof fees & purch svcs	14,431,509	14,420,128	(11,381)	20,036	(31,417)	820.67	818.88	(1.79)
Depreciation & amortization	4,759,911	4,703,538	(56,373)	6,535	(62,908)	270.68	267.10	(3.58)
Other	2,720,961	3,539,768	818,807	4,918	813,889	154.73	201.02	46.28
Total expenses	70,439,719	71,142,027	702,308	98,850	603,458	4,005.67	4,039.99	34.32
Income from operations	6,498,768	950,000	5,548,768	(1,320)	5,550,088	369.56	53.95	246.98
Non-operating revenue (expense)								
Property tax revenues [1]	1,968,125	2,141,667	(173,542)					
Investment Income	1,475,744	1,176,843	298,901					
Interest Expense	(4,637,274)	(4,335,990)	(301,284)					
Non-operating depreciation & amortization	(1,478,800)	(1,478,801)	1					
Other non-operating revenue(expense)	1,071,742	152,486	919,256					
Net income(loss) [2]	4,898,305	(1,393,795)	6,292,100					
EBIDA Margin	20.5%	12.7%	7.8%					

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

2= Excludes G.O. Bonds income / expense

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Feb 26	Feb 26	Feb 26	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	143,510	137,968	5,542					
Adjusted Discharges	30,010	26,581	3,429					
Operating Revenue								
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
Operating Expenses								
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)
Non-operating revenue (expense)								
Property tax revenues [1]	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) [2]	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

Income Statement for the Current Year versus Prior Year

Excludes PHMG

	Actual	Prior Year	Variance	Variance		Dollars/Adjusted Patient Day		
	Feb 26	Feb 25	Feb 26	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	143,510	139,578	3,932					
Adjusted Discharges	30,010	27,226	2,784					
Operating Revenue								
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
Operating Expenses								
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
Non-operating revenue (expense)								
Property tax revenues [1]	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) [2]	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
Adjusted Patient Days	17,851	17,948	16,940	17,962	17,408	18,648	19,168	17,585	143,510
Adjusted Discharges	3,734	3,988	3,785	3,818	3,372	3,794	3,842	3,677	30,010
Operating Revenue									
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
Total net revenue	73,852,396	72,978,145	73,451,326	70,489,450	74,023,854	78,118,546	80,348,040	76,938,487	600,200,245
Operating Expenses									
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
Total expenses	71,772,864	71,562,440	72,693,470	73,716,005	73,050,288	74,815,609	76,310,762	70,439,719	584,361,153
Income from operations	2,079,532	1,415,705	757,856	(3,226,555)	973,566	3,302,937	4,037,279	6,498,768	15,839,092
Non-operating revenue (expense)									
Property tax revenues [1]	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
Net income(loss) [2]	330,414	(721,077)	(1,521,235)	(5,660,037)	(976,273)	362,306	3,344,882	4,898,305	57,285
EBIDA Margin	15.0%	13.7%	12.6%	7.5%	13.4%	14.5%	17.7%	20.5%	14.5%

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

2= Excludes G.O. Bonds income / expense

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

PALOMAR HEALTH
Reimagining Healthcare

Assets	Current Fiscal Year Dec-25	Jan-26	Feb-26	Prior Fiscal Year Jun-25
Current Assets				
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
Patient Accounts Receivable	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	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
Non-Current Assets				
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
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
Right of Use Assets				
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
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
Total assets	**1,805,726,804**	**1,795,548,593**	**1,794,961,878**	**1,798,299,504**
Deferred outflow of resources-loss on refunding of debt	40,595,253	40,377,338	40,159,423	41,902,741
Total assets and deferred outflow of resources	**1,846,322,057**	**1,835,925,931**	**1,835,121,301**	**1,840,202,245**

Liabilities	Current Fiscal Year Dec-25	Jan-26	Feb-26	Prior Fiscal Year Jun-25
Current Liabilities				
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
Long Term Liabilities				
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
Total liabilities	**1,465,269,592**	**1,462,069,689**	**1,456,642,878**	**1,431,199,083**
Deferred inflow of resources-unearned revenue	6,844,759	6,794,241	6,743,723	6,547,471
Total liabilities and deferred inflow of resources	**1,472,114,350**	**1,468,863,930**	**1,463,386,601**	**1,437,746,554**
Net Position				
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
Total liabilities, deferred inflow of resources and net position	**1,846,322,057**	**1,835,925,931**	**1,835,121,301**	**1,840,202,245**

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

PALOMAR HEALTH
Reimagining Healthcare

	Current Fiscal Year			Prior Fiscal Year
Assets	Dec-25	Jan-26	Feb-26	Jun-25
Current Assets				
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
Patient Accounts Receivable	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
Non-Current Assets				
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
Right of Use Assets				
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
Total assets	**1,873,933,854**	**1,868,036,555**	**1,859,885,904**	**1,876,767,725**
Deferred outflow of resources-loss on refunding of debt	42,863,530	42,627,755	42,391,979	44,278,181
Total assets and deferred outflow of resources	**1,916,797,385**	**1,910,664,309**	**1,902,277,883**	**1,921,045,905**

	Current Fiscal Year			Prior Fiscal Year
Liabilities	Dec-25	Jan-26	Feb-26	Jun-25
Current Liabilities				
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
Long Term Liabilities				
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
Total liabilities	2,043,086,428	2,043,737,430	2,030,274,870	2,024,972,424
Deferred inflow of resources-unearned revenue	70,440,104	69,462,995	68,756,281	72,791,253
Total liabilities and deferred inflow of resources	**2,113,526,531**	**2,113,200,424**	**2,099,031,152**	**2,097,763,677**
Net Position				
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)
Total liabilities, deferred inflow of resources and net position	**1,916,797,385**	**1,910,664,309**	**1,902,277,883**	**1,921,045,905**

	Feb-26	YTD
CASH FLOWS FROM OPERATING ACTIVITIES:		
Income (Loss) from operations	6,498,768	15,839,092
Adjustments to reconcile change in net assets to net cash provided from operating activities:		
Depreciation Expense	4,759,911	38,641,879
Provision for bad debts	7,956,316	48,693,772
Changes in operating assets and liabilities:		
Patient accounts receivable	(7,760,181)	(23,550,436)
Property Tax and other receivables	(1,741,476)	(1,995,728)
Inventories	13,371	219,355
Prepaid expenses and other current assets	(1,369,736)	(4,160,646)
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	(21,434,245)	74,347,792
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net (purchases) sales of investments	7,243,947	1,743,043
Income (Loss) on investments	1,658,022	12,137,322
Investment in affiliates	(661,337)	(33,649,533)
Net cash provided from (used by) investing activities	8,240,632	(19,769,168)
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:		
Receipt of G.O. Bond Taxes	1,246,249	28,457,408
Receipt of District Taxes	756,458	15,254,933
Net cash provided from non-capital financing activities	2,002,707	43,712,341
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
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	(2,673,048)	(9,411,854)
Net cash provided from (used by) capital and related financing activities	(15,732,116)	(104,457,350)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(26,923,022)	(6,166,385)
CASH AND CASH EQUIVALENTS - Beginning of period	35,757,388	15,000,751
CASH AND CASH EQUIVALENTS - End of period	8,834,367	8,834,367

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Supplemental Information

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

	Palomar Health	PHMG	PAC	NCRE	SANDEMA	Eliminations	Total
ASSETS							
Current assets	477,080,343	29,722,961	-	152,919	2,469,961	(62,294,803)	447,131,381
Capital assets - net	923,774,863	5,798,221	-	749,087	-	-	930,322,171
Right of use assets - net	292,146,374	23,963,339		-	-	(15,905,727)	300,203,986
Non-current assets	166,884,324	1,859,003	-	-	-	-	168,743,325
Total assets	1,859,885,904	61,343,524	-	902,006	2,469,961	(78,200,530)	1,846,400,863
Deferred outflow of resources	42,391,979	-	-			-	42,391,979
TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES	**1,902,277,883**	**61,343,524**	**-**	**902,006**	**2,469,961**	**(78,200,530)**	**1,888,792,842**
LIABILITIES AND NET POSITION							
Current liabilities	336,642,787	96,615,292	-	2,268,683	196,041	(59,402,452.98)	376,320,345
Long-term liabilities	1,356,826,755	(0)	-	-	-	-	1,356,826,755
Right of use lease liabilities	316,073,960	21,361,026	-	-	-	(15,019,696)	322,415,291
Total liabilities	2,009,543,502	117,976,318	-	2,268,683	196,041	(74,422,149)	2,055,562,391
Deferred inflow of resources - deferred revenue	89,487,648	-	-	-	-	-	89,487,648
Total liabilities and deferred inflow of resources	2,099,031,150	117,976,318	-	2,268,683	196,041	(74,422,149)	2,145,050,039
Invested in capital assets - net of related debt	(329,467,755)	4,775,507	-	-	-	12,494,356	(312,197,892)
Restricted	47,879,934	-	-	-	-	-	47,879,934
Unrestricted	84,834,552	(61,408,301)	(0)	(1,366,677)	2,273,921	(16,272,737)	8,060,762
Total net position	(196,753,269)	(56,632,794)	(0)	(1,366,677)	2,273,921	(3,778,381)	(256,257,197)
TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION	**1,902,277,883**	**61,343,524**	**(0)**	**902,006**	**2,469,961**	**(78,200,530)**	**1,888,792,842**

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

	Palomar Health	PHMG	PAC	NCRE	SANDEMA	Elimination	Consolidated
OPERATING REVENUE:							
Net patient service revenue	539,508,007	54,531,497	-	-	-	68,227	594,107,731
Shared risk revenue	53,521,173	9,616,323	-	-	-	-	63,137,496
Other revenue	7,171,067	1,628,147	-	1,982,291	6,229,434	7,036	17,017,975
PH Program revenue	-	19,831,450	-	-	-	(19,831,450)	-
Total operating revenue	600,200,247	85,607,417	-	1,982,291	6,229,434	(19,756,187)	674,263,202
OPERATING EXPENSES	545,719,274	127,582,927	3,935,535	2,817,868	5,289,847	(19,833,418)	665,512,033
DEPRECIATION AND AMORTIZATION	38,641,881	2,857,288	-	-	-	-	41,499,169
Total operating expenses	584,361,155	130,440,215	3,935,535	2,817,868	5,289,847	(19,833,418)	707,011,202
INCOME (LOSS) FROM OPERATIONS	**15,839,092**	**(44,832,798)**	**(3,935,535)**	**(835,577)**	**939,587**	**77,230**	**(32,748,001)**
NON-OPERATING INCOME (EXPENSE):							
Investment income	12,137,319	3,421,087	-	-	-	-	15,558,406
Interest expense	(59,987,023)	(45,436)	-	-	-	-	(60,032,459)
Property tax revenue	49,775,839	-	-	-	-	-	49,775,839
Other - net	(6,943,218)	(1,158,267)	-	(79,395)	-	(3,855,612)	(12,036,492)
Total non-operating expense - net	(5,017,083)	2,217,384	-	(79,395)	-	(3,855,612)	(6,734,705)
Net income (loss) before capital contribut	10,822,009	(42,615,414)	(3,935,535)	(914,975)	939,587	(3,778,381)	(39,482,709)
CAPITAL CONTRIBUTIONS							-
CHANGE IN NET POSITION	**10,822,009**	**(42,615,414)**	**(3,935,535)**	**(914,975)**	**939,587**	**(3,778,381)**	**(39,482,709)**
Interfund - PHMG	(30,857,505)	28,455,315	-	-	-	-	(2,402,190)
NET POSITION - Beginning of year	(176,717,770)	(42,472,695)	3,935,535	(451,702)	1,334,334	-	(214,372,298)
NET POSITION - Year to date	**(196,753,269)**	**(56,632,794)**	**(0)**	**(1,366,677)**	**2,273,921**	**(3,778,381)**	**(256,257,197)**
EBIDA							73,879,319
EBIDA Margin							11.0%

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

Assets		
Current Assets		
Cash and cash equivalents	$	12,643,521
Investments		32,886,260
Patient accounts receivable - net of allowances for uncollectible accounts of $12,485		133,152,657
Other receivables		29,953,679
Supplies and inventories		12,206,430
Prepaid expenses and other		12,218,516
Estimated third-party payor settlements receivable		144,906,343
Assets whose use is limited - current portion		9,972,355
Restricted cash and investments, current		59,191,621
Total current assets		447,131,382
Restricted Noncurrent Cash and Investments		
Held by trustee under indenture agreements		98,235,784
Held by trustee under general obligation bonds indenture		59,191,621
Held in escrow for street improvements		7,905
Restricted by donor and other		358,236
Total restricted cash and investments		157,793,546
Less amounts required to meet current obligations		69,163,976
Total restricted noncurrent cash and investments		88,629,570
Capital Assets - net		930,322,171
Right of Use Assets - Net		300,203,986
Other Assets		
Prepaid debt insurance costs		7,834,848
Investment in and amounts due from affiliated entities		6,781,923
Other		65,496,983
Total other assets		80,113,754
Total assets		1,846,400,863
Deferred outflow of resources - loss on refunding of debt		42,391,979
Total Assets and Deferred Outflow of Resources	$	1,888,792,842

Liabilities	
Current Liabilities	
Accounts payable	105,660,865
Accrued compensation and related liabilities	52,572,029
Current portion of general obligation bonds	10,806,216
Current portion of long-term debt	59,397,291
Current portion of lease liabilities	25,982,083
Estimated third-party payor settlements	1,839,940
Other accrued liabilities	93,636,583
Accrued interest payable	25,110,340
Accrued interest payable-ROU's	1,314,998
Total current liabilities	376,320,345
Workers' compensation - net of current portion	8,928,014
Long-term debt - general obligation bonds - net of current portion	613,554,914
Long-term debt - net of current portion	734,343,827
Long-term debt - Lease liability - net of current portion	322,415,291
Total liabilities	2,055,562,391
Deferred inflow of resources - unearned revenue	89,487,648
Total liabilities and deferred inflow of resources	2,145,050,039
Net Position	
Net investment in capital assets	(323,586,479)
Restricted, expendable for:	
Repayment of debt	47,513,793
Capital acquisitions	7,905
Other purposes	358,236
Unrestricted	19,449,349
Total net position	(256,257,197)
Total Liabilities, Deferred Inflow of Resources, and Net Position	$ 1,888,792,842

Operating Revenue		
Patient service revenue, net of provision for uncollectible accounts of $49,510	$	594,107,731
Premium revenue		
Shared risk revenue		63,137,496
Other revenue		17,017,975
Total operating revenue		674,263,202
Operating Expenses		
Salaries, wages, and benefits		412,384,908
Professional fees		40,031,988
Supplies		92,892,020
Purchased services		73,512,864
Depreciation and amortization		41,499,168
Rent expense		13,699,217
Utilities		5,900,669
Other		27,090,368
Total operating expenses		707,011,202
Income (Loss) From Operations		(32,748,001)
Non-Operating Income (Expenses)		
Investment income		15,558,406
Interest expense		(60,032,459)
Property tax revenue - unrestricted		16,959,787
Property tax revenue - restricted		32,816,052
Amortization expense		(11,830,402)
Other - net		(2,608,283)
Total non-operating expenses - net		(9,136,898)
Change in net position		(41,884,899)
Capital Contributions		-
Interfund - Arch Health Partners		-
Net Position - Beginning of year		(214,372,298)
Net Position - February 28, 2026	$	(256,257,197)

Cash Balance at 2/28/26(+/DEBIT -/CREDIT)	12,643,521
Cash Balance at 6/30/25(+/DEBIT -/CREDIT)	22,645,150
OPERATING ACTIVITIES:	
Income (Loss) from Operations	(32,748,001)
Adjustments to reconcile changes in net assets to net cash provided by operating activities:	-
(Gain)/Loss on write off of PAM-SD	-
Depreciation and amortization	31,017,251
Amortization of lease right-of-use asset	15,879,345
Amortization of SBITA	6,483,451
Provision for bad debts	49,509,638
Equity in Earnings of Affiliates	(411,829)
(Gain)/Loss on disposal of fixed assets	22,461
Changes in Assets and Liabilities	
Patient accounts receivable	(20,163,145)
Other receivables	2,113,445
Inventories	509,158
Prepaid expenses and other current assets	(2,037,682)
Estimated settlement amounts due third-party payors	(48,609,073)
Accounts payable	7,872,845
Accrued Compensation and Other Liabilities	(15,416,910)
Other accrued liabilities	11,547,760
Deferred Revenue	(5,096,626)
Other net	740,946
Net cash provided by (used in) operating activities	1,213,035
INVESTING ACTIVITIES:	
Purchases of investments	(124,542,728)
Proceeds on Sale of Investments	130,588,758
Income received on investments	11,255,419
Receipt of Payment on Loans Receivable	-
Other	-
Net cash provided by (used in) investing activities	17,301,449
FINANCING ACTIVITIES	
Acquistion of Fixed Assets	(13,787,314)
Proceeds on the sale of fixed assets	(22,461)
Other Misc. Receipts	(11,485,587)
Receipt of district taxes - G.O. Bonds	32,816,052
Payments on long-term debt	(21,756,536)
Payment on lease liabilities	(15,355,985)
Deferred Financing Costs	-
Interest Paid	(55,328,268)
Interest Paid Lease Obligations	(10,334,898)
Proceeds on LOC	50,000,000
Financing Activities - Other	(220,903)
Net cash provided by (used in) financing activities	(45,475,900)
C.F.'s from Non-Capital Financing: 147	
Receipt of District Taxes	16,959,787
Other Financing	-

Days Cash on Hand Ratio Covenant	February 28, 2026 Consolidated
Cash and Cash Equivalents	45,529,781
Divide Total by Average Adjusted Expenses per Day	
Total Expenses	707,011,202
Less: Depreciation	41,499,168
Adjusted Expenses	665,512,034
Number of days in period	243
Average Adjusted Expenses per Day	2,738,733
Days Cash on Hand	**16.6**
REQUIREMENT	**65**

Debt Service Coverage Ratio Covenant	February 28, 2026 Consolidated
Excess of revenues over expenses	(50,247,427)
REVERSE:	
Depreciation and Amortization	41,499,168
Depreciation and Amortization-NonOp	11,830,402
Interest Expense	36,384,458
Income Available for Debt Service	39,466,601
Divided by:	
Maximum Annual Debt Service (excludes GO Bonds)	37,526,904
Debt Service Coverage Ratio	**1.05**
REQUIREMENT	**1.15**
	NOT ACHIEVED

NOTE: Pre-audit results shown

PALOMAR HEALTH
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Margin Improvement / Turnaround Project Financial Update

Reporting Month: Mar-26

May 6, 2026

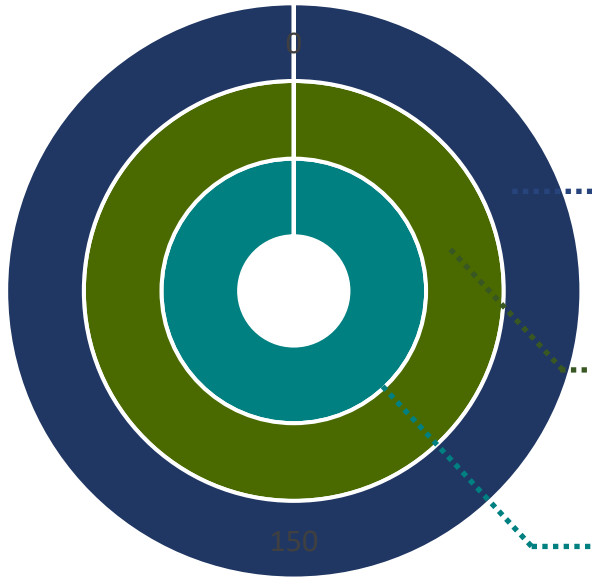
Reporting Basis and Disclaimers

- Alvarez & Marsal was engaged as the Turnaround Advisory Firm for Palomar Health effective April 1, 2026 as required by the Forbearance Agreement dated January 16, 2025, replacing the previous consulting firm.
- This report includes the financial results of eight key workstreams of the Palomar Health turnaround efforts for the month of March 2026 and the previous 12 months.
- The methodology, calculations, KPI definitions, and reporting framework utilized herein are consistent with those previously established for reporting purposes.
- Alvarez & Marsal has not modified or independently validated the underlying approach or results reported herein.
- Results reflect the efforts of the prior firm's work through engagement end; Alvarez & Marsal has agreed to report these results to the Finance Committee as requested by Palomar Health and to support continuity in communications following the transition of Turnaround Officer responsibilities.

Palomar Health implemented $170.9M (~19% of NOR[1]), surpassing its improvement target with $164.4M realized in past 12-months

High Value Initiatives (*in progress*):[2]

- ❑ **$15.5M** — **Denials Reduction** | Initial and fatal denials reduction, supported by UM improvement through operational management tools and payer interaction tactics
- ❑ **$1.1M** — **Care Transitions** | Reinvigorate efforts to hardwire processes, improve throughput and optimize post-acute care (SNF) integration / referral strategy
- ❑ **$0.6M** — **Human Resources & Bonus Programs** | Department spend and restructuring; aligning bonus, recruitment and incentive programs with best practices
- ❑ **$0.1M** — **Real Estate** | Sublease of satellite building



$248.1M
Pipeline (ann.)

$150.0M
Target (ann.)

$170.9M
Implemented TD (ann.)[3]

$164.4M
Rolling 12-mo Actuals[4]

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 $164.4M. Pipeline and Implemented values remain the same compared to the prior reporting month. Rolling 12-month annual run-rate has increased each month as implemented initiatives ramp up and achieve full impact.

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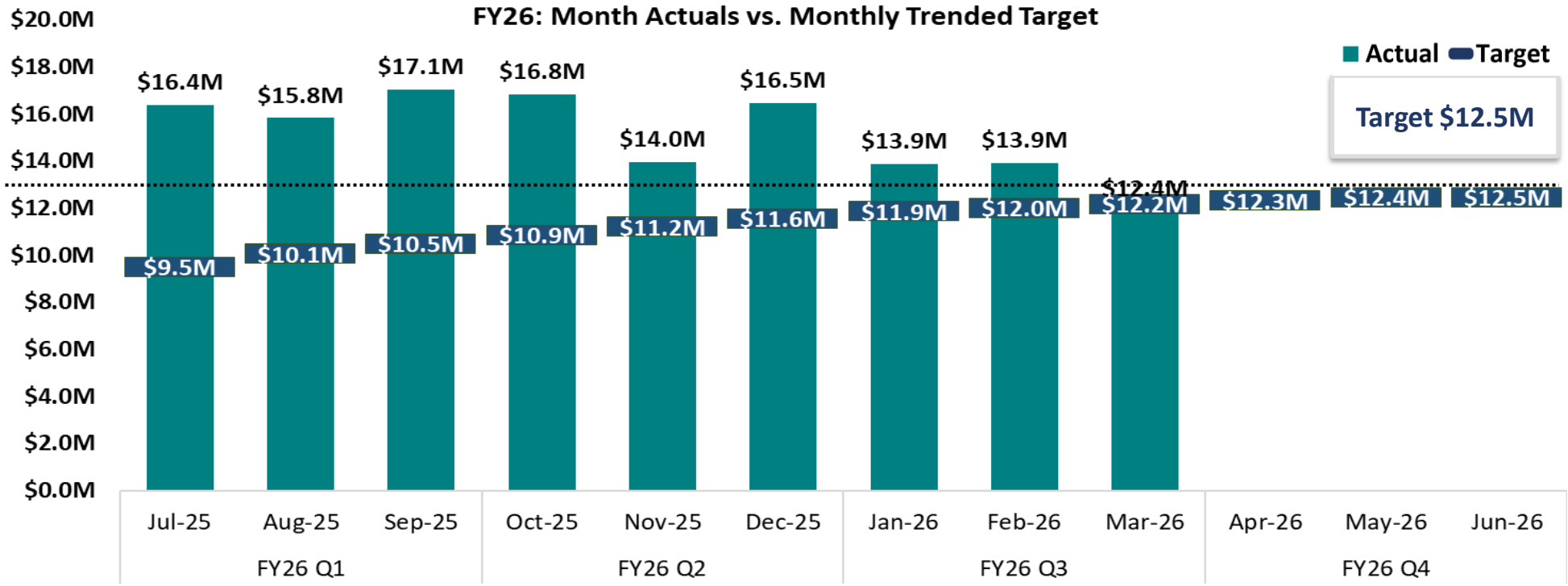
[1]% of NOR calculated using Implemented Dollars / Consolidated NOR, source: FY25 pre-audited year end financials
[2]Value of high value initiatives reflect remaining projected benefit for FY26 (Apr – Jun 2026)
[3]Implemented to date (TD) reflects pipeline initiatives actively implemented, with a confidence factor applied to projected impact
[4]Excluding PHMG Results

Initiative performance in March 2026 resulted in realizations of $12.4M[1], surpassing the $12.2M March target



Mar 2026
Reporting Month

$12.5M
Target Run Rate (mon.)

$12.2M
Trended Month Target[2]

$12.4M
Current Month Actuals

March results declined compared to the prior month. While many initiatives sustained prior realization levels and run rates, several notable exceptions drove the overall decrease. Key contributors to the lower performance included Denials Reduction initiatives that experienced an increase in avoidable write-offs and legal fees which continue to trend above expectations. Additionally, HR expense reduction initiatives have not yet achieved anticipated savings. Lower performance from these initiatives continue to be offset by demonstrated labor efficiencies, reduced corporate expenses, and retroactive inclusion of impact from payer rate increases.

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[1]Excluding PHMG results
*[2]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***

Initiative performance in March 2026[1] resulted in $12.4M in realization, exceeding monthly target of $12.2M

Workstream	Jan		Feb		Mar (Current Month)		Status
	Target	Actual	Target	Actual	Target	Actual	
Revenue Cycle	$3.2M	$7.9M	**$3.2M**	**$6.7M**	$3.3M	$6.3M	
PHMG	$1.7M	$0.3M	**$1.8M**	**$0.1M**	$1.9M	NA	
Workforce & Periop	$2.1M	$1.5M	**$2.1M**	**$3.7M**	$2.1M	$2.4M	
Corporate Services	$1.6M	$0.03M	**$1.6M**	**$0.9M**	$1.6M	$0.3M	
Hospital Strategy	$1.3M	$1.4M	**$1.3M**	**($0.1M)**	$1.3M	$0.6M	
Care Transitions & PSA	$1.0M	$1.8M	**$1.0M**	**$1.8M**	$1.0M	$1.8M	
Supply Chain & PS	$0.8M	$0.9M	**$0.8M**	**$0.9M**	$0.8M	$0.9M	
Facilities & Real Estate	$0.3M	$0.04M	**$0.3M**	**$0.04M**	$0.3M	$0.04M	
Total:	**$11.9M**	**$13.9M**	**$12.0M**	**$13.9M**	**$12.2M**	**$12.4M**	

Key Updates

- **Revenue Cycle:** Avoidable Write-Offs increased for the third straight month to 5.4% in March from the 2.1% rate maintained Sep 25 – Dec 25. This contributed to the Denials Reduction initiative missing the March target by $1.7M. Other Revenue Cycle initiatives kept the workstream above target for the month.
- **Workforce:** Workforce initiatives continue to yield positive results compared to baseline
- **Corporate Services:** Legal Fees came in $650K over target and continue to trend higher; Marketing spend continues to be lower than baseline
- **Care Transitions & PSA:** Escondido IP Observed to Expected LOS (O/E) was lower than baseline and ALOS was at its lowest level since October 2025
- **PHMG:** Awaiting data from PHMG

March 2026
Reporting Month

$12.2M
Trended Month Target

$12.4M
Current Month Actuals

Status		
On Track	*Caution*	*At Risk*

[1]*Excluding PHMG results*

PALOMAR HEALTH®
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Fiscal Year 2026 Financial Performance

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

March 2026 Unaudited

Highlights for March 2026

Revenue
- Gross Revenue was $39.5M above budget, or 8.1%
- Net Patient Revenue was above budget by $4.9M or 6.7%
- Inpatient and Emergency volumes have continued to drive revenue, as well as, increased DHDP revenues from the new State program

Volumes
- March continued to be a strong month for acute inpatient volumes
  - Acute discharges were 9.0% 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 10.9% to budget, and YTD is 3.0% below budget
  - IP ED visits continue to be strong, at 9.7% above PYTD and 25.9% above the monthly budget
  - OP ED was behind prior year, but was 4.3% ahead of the current month budget
- Radiation Oncology YTD is not flat with prior year and 8.6% below budget, we expect this to improve heading in to the last quarter of the fiscal year
- Similarly, Infusion Therapy exceeded the prior YTD by 9.6%, though in the month was ahead of budget by 0.6%
- Length of Stay increased and was 1.0% above budget, at 4.20 days, but continues to be 3.4% below budget YTD, at 4.15 days

Expenses
- Total expenses were 0.5% under budget
- The largest positive budget variances were benefits and professional fees & purchased services
- Salaries, wages and contract labor was effectively flat to budget and overall productivity was at 100.5%

Other Highlights
- Ongoing efforts ensure JPA reporting will be available for the Jun-26 close
- We have replaced Guidehouse with Alvarez & Marsal (A&M) as our turnaround advisor as of Apr-26
- The budget process continues as we prepare the Hospital District and JPA budgets for presentation to their respective Boards
- We have also completed a Rapid Assessment with A&M to understand baseline expenses and revenues and to help us continue to improve on our Performance Improvement metrics
- EBIDA* margin remains strong and improved to 15.0% based on FYTD results, improving from prior month
- Days Cash on Hand for March dropped to 11.1 days (PH Only) and was due to outflows for A/P, debt service escrow, and a smaller IGT outflow that will be returned in April
- Accounts Payable Current Liability decreased by $3.9M as we worked to get a number of vendors more caught up
- Days in Accounts Receivable (A/R) decreased to 53.0 and A/R greater than 90 days increased to 42.1% but is expected to drop in April
- Debt Service Coverage is 1.14 as of March 2026, which is very near our bond covenant of 1.15

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

The percentages of Gross Patient Service Revenue from Medicare and Medicare HMO are up 13% and 11% respectively in the current year which is impacting overall bottom-line profitability. Cash postings were $72.3 million. Days in Net A/R excluding supplemental government programs are 53.0, a decrease of 1.4 days from the prior month. Uncompensated Care decreased by $3.1 million to $9.5 million for the month.

Revenue Cycle – Key Performance Indicators (KPIs)

Key Performance Indicators (KPI)	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	Target
Total Net A/R ($) [1]	$ 119,687,568	$ 121,665,415	$ 115,367,571	$ 118,486,363	$ 118,290,229	$ 113,768,911	
Net Days in A/R (Days) [2]	59.9	60.3	56.7	55.3	54.4	53.0	55.0
% AR > 90 Days	38.8%	43.5%	44.4%	37.9%	38.6%	42.1%	22.5%
% of Avoidable Denial Write-Offs	2.1%	2.1%	2.1%	3.0%	4.2%	5.4%	2.1%
Net Revenue Yield	112.9%	111.6%	108.0%	100.9%	101.2%	100.2%	98.0%

Even with a high collection month, net revenue yield dropped as charges and net revenue exceeded budget. The actual raw net A/R greater than 90 days held flat but total billed A/R declined causing this percentage to increase to 42.1%, we expect this to drop back down in April. Lastly, avoidable write-offs are up as we exhaust collection efforts on older A/R. YTD we are at 3.0% and near top-quartile performance which is a significant improvement over prior years.

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

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

	Month					Year to Date				
	Actual Mar-26	Budget Mar-26	Budget Variance	Prior Year Mar-25	Prior Year Variance	Actual Mar-26	Budget Mar-26	Budget Variance	Prior Year Mar-25	Prior Year Variance
Key Volumes										
Discharges - Total	**2,415**	**2,223**	**8.6%**	**2,387**	**1.2%**	**21,237**	**18,970**	**12.0%**	**19,640**	**8.1%**
Acute - General	2,372	2,176	9.0%	2,344	1.2%	20,869	18,557	12.5%	19,291	8.2%
Total Acute Discharges	2,372	2,176	9.0%	2,344	1.2%	20,869	18,557	12.5%	19,291	8.2%
The Villas at Poway	43	48	(10.1%)	43	0.0%	368	412	(10.8%)	349	5.4%
Patient Days - Total	**12,516**	**12,289**	**1.9%**	**12,604**	**(0.7%)**	**109,963**	**107,896**	**1.9%**	**108,671**	**1.2%**
Acute - General	9,957	9,038	10.2%	10,006	(0.5%)	86,636	79,647	8.8%	84,497	2.5%
Total Acute Patient Days	9,957	9,038	10.2%	10,006	(0.5%)	86,636	79,647	8.8%	84,497	2.5%
The Villas at Poway	2,559	3,251	(21.3%)	2,598	(1.5%)	23,327	28,249	(17.4%)	24,174	(3.5%)
Acute Adjusted Discharges	3,830	3,487	9.9%	3,654	4.8%	33,454	30,031	11.4%	30,522	9.6%
Total Adjusted Discharges*	3,882	3,529	10.0%	3,706	4.8%	33,892	30,110	12.6%	30,932	9.6%
Acute Adjusted Patient Days	16,076	14,461	11.2%	15,598	3.1%	138,818	127,431	8.9%	133,600	3.9%
Total Adjusted Patient Days*	18,635	17,712	5.2%	18,196	2.4%	162,145	155,680	4.2%	157,774	2.8%
Calendar Days	31	31	0.0%	31	0.0%	274	274	0.0%	274	0.0%
Acute Average Daily Census	321	292	10.2%	323	(0.5%)	316	291	8.8%	308	2.5%
Total Average Daily Census*	404	396	1.9%	407	(0.7%)	401	394	1.9%	397	1.2%
Surgeries - Total	**839**	**942**	**(10.9%)**	**917**	**(8.5%)**	**8,066**	**8,315**	**(3.0%)**	**8,351**	**(3.4%)**
Inpatient	445	475	(6.4%)	521	(14.6%)	4,497	4,537	(0.9%)	4,605	(2.4%)
Outpatient	394	467	(15.6%)	396	(0.5%)	3,569	3,778	(5.5%)	3,746	(4.7%)
Deliveries	253	273	(7.5%)	295	(14.2%)	2,378	2,717	(12.5%)	2,644	(10.1%)
ER Visits (Includes Trauma) - Total	**10,585**	**9,825**	**7.7%**	**9,678**	**9.4%**	**90,913**	**91,721**	**(0.9%)**	**92,493**	**(1.7%)**
Inpatient	1,950	1,549	25.9%	1,712	13.9%	16,676	15,089	10.5%	15,205	9.7%
Outpatient	8,635	8,275	4.3%	7,966	8.4%	74,237	76,632	(3.1%)	77,288	(4.0%)

	Month					Year to Date				
	Actual Mar-26	Budget Mar-26	Budget Variance	Prior Year Mar-25	Prior Year Variance	Actual Mar-26	Budget Mar-26	Budget Variance	Prior Year Mar-25	Prior Year Variance
Cardiac Cath RVUs	1,246	1,239	0.6%	1,060	17.6%	10,195	9,836	3.7%	9,359	8.9%
Escondido Interv. Radiology RVUs	953	921	3.4%	836	14.0%	8,020	8,728	(8.1%)	8,523	(5.9%)
Poway Interv. Radiology RVUs	258	228	13.0%	273	(5.5%)	2,641	2,427	8.8%	2,379	11.0%
Radiation Oncology RVUs	2,938	3,482	(15.6%)	3,672	(20.0%)	28,146	30,778	(8.6%)	28,228	(0.3%)
Infusion Therapy Hours	1,120	1,113	0.6%	1,091	2.7%	9,378	9,840	(4.7%)	8,557	9.6%
Imaging										
Escondido CAT Procedures	10,247	8,598	19.2%	9,784	4.7%	90,466	80,378	12.6%	81,000	11.7%
Poway CAT Procedures	2,833	2,536	11.7%	2,850	(0.6%)	25,509	23,178	10.1%	23,700	7.6%
Escondido MRI Procedures	573	447	28.3%	573	0.0%	5,095	4,169	22.2%	4,217	20.8%
Poway MRI Procedures	185	141	31.3%	115	60.9%	1,375	1,208	13.8%	1,173	17.2%
Escondido Diagnositic Rad. Procedures	7,084	6,993	1.3%	7,265	(2.5%)	63,280	62,192	1.8%	63,464	(0.3%)
Poway Diagnositic Rad. Procedures	2,206	2,160	2.1%	2,307	(4.4%)	19,955	19,830	0.6%	20,183	(1.1%)

*Includes The Villas at Poway

	Month					Year to Date				
	Actual Mar-26	Budget Mar-26	Budget Variance	Prior Year Mar-25	Prior Year Variance	Actual Mar-26	Budget Mar-26	Budget Variance	Prior Year Mar-25	Prior Year Variance
Key Statistics										
Acute Average LOS - Days	4.20	4.15	(1.0%)	4.27	1.7%	4.15	4.29	3.4%	4.38	5.5%
Acute - General	4.20	4.15	(1.0%)	4.27	1.7%	4.15	4.29	3.4%	4.38	5.5%
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	28	26	(6.3%)	26	(5.9%)	27	27	(0.9%)	27	(0.9%)
Acute Case Mix - Excludes Deliveries	1.65	1.72	4.1%	1.72	4.2%	1.67	1.71	2.3%	1.71	2.4%
Acute Case Mix -Medicare Only	1.68	1.71	1.8%	1.71	1.8%	1.68	1.69	0.6%	1.69	0.6%
Labor Productivity by Hrs						100.5			98.7	
Days Cash on Hand						11.1			12.1	
Financial Performance										
Operating Income	6,733,843	1,600,002	5,133,841	(2,125,782)	8,859,625	22,572,936	(2,550,000)	25,122,936	(43,011,553)	65,584,489
Net Income	3,659,137	(772,855)	4,431,992	(4,363,396)	8,022,533	3,716,422	(22,894,313)	26,610,735	(61,281,368)	64,997,790
Oper. Expenses/Adj. Patient Days	3,650	3,887	(6.1%)	3,850	(5.2%)	3,785	3,906	(3.1%)	3,905	(3.1%)
EBIDA Margin-Excludes PHMG	18.9%	13.0%	5.9%	8.9%	10.0%	15.0%	11.1%	3.9%	6.2%	8.8%
EBIDA-Excludes PHMG	15,081,647	19,931,632	(4,849,985)	6,469,229	8,612,418	101,950,234	151,749,147	(49,798,913)	38,280,077	63,670,157

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Mar 25	Mar 25	Mar 25	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	18,635	17,712	923					
Adjusted Discharges	3,882	3,529	353					
Operating Revenue								
Gross revenue	529,118,182	489,586,464	39,531,718	25,520,824	14,010,894	28,393.78	27,641.93	751.86
Deductions from revenue	(450,162,204)	(415,593,165)	(34,569,039)	(21,663,752)	(12,905,287)	(24,156.81)	(23,464.28)	(692.53)
Net patient revenue	78,955,978	73,993,299	4,962,679	3,857,071	1,105,608	4,236.97	4,177.64	59.33
Other operating revenue	975,098	1,159,790	(184,692)	60,457	(245,149)	52.33	65.48	(13.16)
Total net revenue	79,931,076	75,153,089	4,777,987	3,917,528	860,459	4,289.30	4,243.12	46.17
Operating Expenses								
Salaries, wages & contract labor	31,980,831	31,405,900	(574,931)	(1,637,105)	1,062,174	1,716.17	1,773.17	57.00
Benefits	6,953,912	8,449,901	1,495,989	(440,471)	1,936,460	373.16	477.08	103.92
Supplies	11,185,617	11,007,868	(177,749)	(573,811)	396,062	600.25	621.50	21.25
Prof fees & purch svcs	13,763,399	14,446,102	682,703	(753,036)	1,435,739	738.58	815.62	77.05
Depreciation & amortization	5,181,899	4,703,547	(478,352)	(245,183)	(233,169)	278.07	265.56	(12.51)
Other	4,131,575	3,539,769	(591,806)	(184,519)	(407,287)	221.71	199.85	(21.86)
Total expenses	73,197,233	73,553,087	355,854	(3,834,124)	4,189,978	3,927.94	4,152.79	224.84
Income from operations	6,733,843	1,600,002	5,133,841	83,404	5,050,437	361.35	90.34	(178.67)
Non-operating revenue (expense)								
Property tax revenues [1]	1,968,125	2,141,667	(173,542)					
Investment Income	587,773	1,176,843	(589,070)					
Interest Expense	(4,761,809)	(4,335,990)	(425,819)					
Non-operating depreciation & amortization	(1,478,800)	(1,478,800)	-					
Other non-operating revenue(expense)	610,005	123,423	486,582					
Net income(loss) [2]	3,659,137	(772,855)	4,431,992					
EBIDA Margin	18.9%	13.0%	5.9%					

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

2= Excludes G.O. Bonds income / expense

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Mar 25	Mar 25	Mar 25	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	157,774	155,680	2,094					
Adjusted Discharges	30,932	30,110	822					
Operating Revenue								
Gross revenue	4,649,954,958	4,398,902,584	251,052,374	59,178,945	191,873,429	29,472.25	28,256.12	1,216.13
Deductions from revenue	(3,977,969,802)	(3,761,459,008)	(216,510,796)	(50,603,343)	(165,907,451)	(25,213.09)	(24,161.54)	(1,051.55)
Net patient revenue	671,985,156	637,443,576	34,541,578	8,575,602	25,965,978	4,259.16	4,094.59	164.58
Other operating revenue	8,146,165	10,438,111	(2,291,946)	140,425	(2,432,371)	51.63	67.05	(15.42)
Total net revenue	680,131,321	647,881,687	32,249,632	8,716,027	23,533,607	4,310.79	4,161.63	149.16
Operating Expenses								
Salaries, wages & contract labor	283,973,398	276,371,579	(7,601,821)	(3,718,059)	(3,883,760)	1,799.87	1,775.26	(24.62)
Benefits	65,623,151	73,097,948	7,474,797	(983,395)	8,458,192	415.93	469.54	53.61
Supplies	100,049,362	96,990,134	(3,059,228)	(1,304,819)	(1,754,409)	634.13	623.01	(11.12)
Prof fees & purch svcs	131,207,936	129,834,638	(1,373,297)	(1,746,680)	373,382	831.62	833.99	2.37
Depreciation & amortization	43,823,778	42,331,916	(1,491,862)	(569,496)	(922,366)	277.76	271.92	(5.85)
Other	32,880,761	31,805,471	(1,075,290)	(427,883)	(647,407)	208.40	204.30	(4.10)
Total expenses	657,558,386	650,431,686	(7,126,701)	(8,750,333)	1,623,633	4,167.72	4,178.01	10.29
Income from operations	22,572,936	(2,550,000)	25,122,936	(34,305)	25,157,239	143.07	(16.38)	138.87
Non-operating revenue (expense)								
Property tax revenues [1]	18,927,912	19,275,000	(347,088)					
Investment Income	11,348,021	10,591,593	756,428					
Interest Expense	(41,100,834)	(39,023,908)	(2,076,926)					
Non-operating depreciation & amortization	(13,309,202)	(13,309,201)	(1)					
Other non-operating revenue(expense)	5,277,591	2,122,203	3,155,388					
Net income(loss) [2]	3,716,422	(22,894,313)	26,610,735					
EBIDA Margin	15.0%	11.1%	3.9%					

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		
	Mar 26	Mar 25	Mar 26	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	162,145	157,774	4,371					
Adjusted Discharges	33,892	30,932	2,960					
Operating Revenue								
Gross revenue	4,649,954,958	4,350,389,917	299,565,041	120,524,005	179,041,036	28,677.76	27,573.55	1,104.20
Deductions from revenue	(3,977,969,802)	(3,739,307,835)	(238,661,969)	(103,594,474)	(135,067,493)	(24,533.41)	(23,700.41)	(833.00)
Net patient revenue	671,985,156	611,082,082	60,903,072	16,929,531	43,973,543	4,144.35	3,873.15	271.20
Other operating revenue	8,146,165	8,472,661	(326,494)	234,728	(561,224)	50.24	53.70	(3.46)
Total net revenue	680,131,321	619,554,743	60,576,578	17,164,259	43,412,319	4,194.59	3,926.85	267.74
Operating Expenses								
Salaries, wages & contract labor	283,973,398	285,716,789	1,743,389	(7,915,551)	9,658,942	1,751.35	1,810.92	59.57
Benefits	65,623,151	73,702,812	8,079,661	(2,041,876)	10,121,537	404.72	467.14	62.42
Supplies	100,049,362	92,509,308	(7,540,054)	(2,562,895)	(4,977,159)	617.04	586.34	(30.70)
Prof fees & purch svcs	131,207,936	136,680,130	5,472,195	(3,786,612)	9,258,806	809.20	866.30	57.10
Depreciation & amortization	43,823,778	46,426,054	2,602,276	(1,286,196)	3,888,472	270.28	294.26	23.98
Other	32,880,761	27,531,203	(5,349,557)	(762,730)	(4,586,828)	202.79	174.50	(28.29)
Total expenses	657,558,386	662,566,296	5,007,910	(18,355,859)	23,363,769	4,055.37	4,199.46	144.09
Income from operations	22,572,936	(43,011,553)	65,584,489	(1,191,600)	66,776,088	139.21	(272.61)	123.65
Non-operating revenue (expense)								
Property tax revenues [1]	18,927,912	18,354,208	573,704					
Investment Income	11,348,021	11,614,174	(266,153)					
Interest Expense	(41,100,834)	(39,828,263)	(1,272,571)					
Non-operating depreciation & amortization	(13,309,202)	(13,307,129)	(2,073)					
Other non-operating revenue(expense)	5,277,591	4,897,192	380,399					
Net income(loss) [2]	3,716,422	(61,281,368)	64,997,790					
EBIDA Margin	15.0%	6.2%	8.8%					

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	Mar 26	Fiscal Year 2026
Adjusted Patient Days	17,851	17,948	16,940	17,962	17,408	18,648	19,168	17,585	18,635	162,145
Adjusted Discharges	3,734	3,988	3,785	3,818	3,372	3,794	3,842	3,677	3,882	33,892
Operating Revenue										
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	529,118,182	4,649,954,958
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)	(450,162,204)	(3,977,969,802)
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	78,955,978	671,985,156
Other operating revenue	864,100	946,365	1,049,479	945,491	1,075,318	911,580	590,360	788,374	975,098	8,146,165
Total net revenue	73,852,396	72,978,145	73,451,326	70,489,450	74,023,854	78,118,546	80,348,040	76,938,487	79,931,076	680,131,321
Operating Expenses										
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	31,980,831	283,973,398
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	6,953,912	65,623,151
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	11,185,617	100,049,362
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	13,763,399	131,207,936
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	5,181,899	43,823,778
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	4,131,575	32,880,761
Total expenses	71,772,864	71,562,440	72,693,470	73,716,005	73,050,288	74,815,609	76,310,762	70,439,719	73,197,233	657,558,386
Income from operations	2,079,532	1,415,705	757,856	(3,226,555)	973,566	3,302,937	4,037,279	6,498,768	6,733,843	22,572,936
Non-operating revenue (expense)										
Property tax revenues [1]	2,141,666	2,141,666	2,141,666	2,141,666	2,141,666	2,141,666	2,141,666	1,968,125	1,968,125	18,927,912
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	587,773	11,348,021
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)	(4,761,809)	(41,100,834)
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)	(1,478,800)	(13,309,202)
Other non-operating revenue(expense)	759,733	541,399	342,659	206,005	(62,034)	(382,923)	2,191,006	1,071,742	610,005	5,277,591
Net income(loss) [2]	330,414	(721,077)	(1,521,235)	(5,660,037)	(976,273)	362,306	3,344,882	4,898,305	3,659,137	3,716,423
EBIDA Margin	15.0%	13.7%	12.6%	7.5%	13.4%	14.5%	17.7%	20.5%	18.9%	15.0%

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

2= Excludes G.O. Bonds income / expense

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

PALOMAR HEALTH
Reimagining Healthcare

Assets	Current Fiscal Year Jan-26	Feb-26	Mar-26	Prior Fiscal Year Jun-25
Current Assets				
Cash and cash equivalents	35,757,388	8,834,367	9,088,942	15,000,751
Investments	33,886,287	32,886,260	15,876,204	28,463,741
Board Designated	-	-	-	-
Total cash,cash equivalents & investments	69,643,675	41,720,626	24,965,146	43,464,492
Patient Accounts Receivable	485,692,281	484,545,456	475,377,812	504,133,063
Allowance on accounts	(367,205,917)	(366,255,227)	(361,608,902)	(360,699,498)
Net accounts receivable	118,486,363	118,290,229	113,768,911	143,433,565
Inventories	11,988,040	11,974,669	11,881,826	12,194,024
Prepaid expenses	8,277,381	10,216,184	11,764,419	8,309,163
Est. third party settlements	119,640,673	144,906,343	159,414,573	95,529,680
Other	73,178,970	76,132,113	82,476,388	71,655,917
Total current assets	401,215,102	403,240,165	404,271,263	374,586,840
Non-Current Assets				
Restricted assets	94,298,921	98,243,689	100,784,706	87,348,717
Restricted other	358,169	358,236	358,307	357,688
Total restricted assets	94,657,090	98,601,924	101,143,012	87,706,405
Property, plant & equipment	1,564,014,334	1,563,876,057	1,563,021,518	1,593,114,786
Accumulated depreciation	(684,559,305)	(687,823,286)	(691,180,754)	(686,328,663)
Construction in process	47,392,071	47,722,092	48,915,905	39,167,673
Net property, plant & equipment	926,847,101	923,774,863	920,756,669	945,953,795
Right of Use Assets				
Building leases	267,456,112	266,116,591	264,777,070	276,832,758
Sub-leases	182,695	177,757	172,820	234,948
Equipment leases	15,738,195	15,096,894	21,627,840	18,084,940
SBITA	11,373,289	10,755,131	10,136,973	16,006,107
Net right of use assets	294,750,291	292,146,374	296,714,703	311,158,754
Investment related companies	6,983,989	6,456,625	5,454,641	5,718,913
Prepaid debt insurance costs	6,804,585	6,778,646	6,752,707	6,986,297
Other non-current assets	64,290,436	63,963,282	63,632,342	66,188,501
Total non-current assets	1,394,333,490	1,391,721,714	1,394,454,074	1,423,712,664
Total assets	**1,795,548,593**	**1,794,961,878**	**1,798,725,337**	**1,798,299,504**
Deferred outflow of resources-loss on refunding of debt	40,377,338	40,159,423	39,941,509	41,902,741
Total assets and deferred outflow of resources	**1,835,925,931**	**1,835,121,301**	**1,838,666,846**	**1,840,202,245**

Liabilities	Current Fiscal Year Jan-26	Feb-26	Mar-26	Prior Fiscal Year Jun-25
Current Liabilities				
Accounts payable	100,864,653	92,494,289	88,579,557	94,240,154
Accrued payroll	33,229,342	34,242,845	34,792,906	49,881,621
Accrued PTO	24,585,810	24,981,391	25,591,852	23,828,506
Accrued interest payable	12,217,802	15,141,096	18,501,032	7,842,158
Current portion of bonds	9,365,000	9,365,000	9,365,000	8,925,000
Current portion of lease liab	21,596,028	20,313,903	20,953,708	21,510,594
Est. third party settlements	7,887,259	9,360,689	9,003,239	8,593,099
Other current liabilities	207,605,542	207,846,626	205,779,805	147,853,726
Total current liabilities	417,351,436	413,745,839	412,567,098	362,674,858
Long Term Liabilities				
Other LT liabilities	24,791,313	24,769,408	24,747,504	27,444,646
Bonds & contracts payable	702,276,246	702,053,670	701,831,094	713,199,799
Lease liabilities	317,650,695	316,073,960	320,900,240	327,879,779
Total long term liabilities	1,044,718,254	1,042,897,039	1,047,478,837	1,068,524,225
Total liabilities	**1,462,069,689**	**1,456,642,878**	**1,460,045,935**	**1,431,199,083**
Deferred inflow of resources-unearned revenue	6,794,241	6,743,723	6,693,206	6,547,471
Total liabilities and deferred inflow of resources	**1,468,863,930**	**1,463,386,601**	**1,466,739,141**	**1,437,746,554**
Net Position				
Unrestricted	366,703,832	371,376,464	371,569,399	402,098,003
Restricted for other purpose	358,169	358,236	358,307	357,688
Total net position	367,062,000	371,734,700	371,927,705	402,455,691
Total liabilities, deferred inflow of resources and net position	**1,835,925,931**	**1,835,121,301**	**1,838,666,846**	**1,840,202,245**

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

PALOMAR HEALTH
Reimagining Healthcare

Assets	Current Fiscal Year Jan-26	Feb-26	Mar-26	Prior Fiscal Year Jun-25
Current Assets				
Cash and cash equivalents	35,757,388	8,834,367	9,088,942	15,000,751
Investments	33,886,287	32,886,260	15,876,204	28,463,741
Board Designated	-	-	-	-
Total cash,cash equivalents & investments	69,643,675	41,720,626	24,965,146	43,464,492
Patient Accounts Receivable	485,692,281	484,545,456	475,377,812	504,133,063
Allowance on accounts	(367,205,917)	(366,255,227)	(361,608,902)	(360,699,498)
Net accounts receivable	118,486,363	118,290,229	113,768,911	143,433,565
Inventories	11,988,040	11,974,669	11,881,826	12,194,024
Prepaid expenses	8,277,381	10,216,184	11,764,419	8,309,163
Est. third party settlements	119,640,673	144,906,343	159,414,573	95,529,680
Other	75,218,702	80,808,315	90,155,316	71,777,188
Total current assets	403,254,834	407,916,367	411,950,191	374,708,111
Non-Current Assets				
Restricted assets	163,679,297	157,435,310	161,003,032	163,601,420
Restricted other	358,169	358,236	358,307	357,688
Total restricted assets	164,037,466	157,793,546	161,361,339	163,959,108
Property, plant & equipment	1,564,014,334	1,563,876,057	1,563,021,518	1,593,114,786
Accumulated depreciation	(684,559,305)	(687,823,286)	(691,180,754)	(686,328,663)
Construction in process	47,392,071	47,722,092	48,915,905	39,167,673
Net property, plant & equipment	926,847,101	923,774,863	920,756,669	945,953,795
Right of Use Assets				
Building leases	267,456,112	266,116,591	264,777,070	276,832,758
Sub-leases	182,695	177,757	172,820	234,948
Equipment leases	15,738,195	15,096,894	21,627,840	18,809,028
SBITA	11,373,289	10,755,131	10,136,973	16,226,190
Net right of use assets	294,750,291	292,146,374	296,714,703	312,102,924
Investment related companies	6,983,989	6,456,625	5,454,641	5,718,913
Prepaid debt insurance and other costs	7,872,439	7,834,848	7,797,256	8,136,372
Other non-current assets	64,290,436	63,963,282	63,632,342	66,188,501
Total non-current assets	1,464,781,721	1,451,969,537	1,455,716,950	1,502,059,614
Total assets	**1,868,036,555**	**1,859,885,904**	**1,867,667,141**	**1,876,767,725**
Deferred outflow of resources-loss on refunding of debt	42,627,755	42,391,979	42,156,204	44,278,181
Total assets and deferred outflow of resources	**1,910,664,309**	**1,902,277,883**	**1,909,823,345**	**1,921,045,905**

Liabilities	Current Fiscal Year Jan-26	Feb-26	Mar-26	Prior Fiscal Year Jun-25
Current Liabilities				
Accounts payable	100,864,653	92,494,289	88,580,057	94,240,154
Accrued payroll	33,229,342	34,242,845	34,792,906	49,712,808
Accrued PTO	24,585,810	24,981,391	25,591,852	23,828,506
Accrued interest payable	31,846,975	26,424,517	33,055,982	29,905,711
Current portion of bonds	20,171,216	20,171,216	20,171,216	19,081,756
Current portion of lease liab	21,596,028	20,313,903	20,953,708	21,878,270
Est. third party settlements	7,887,259	9,360,689	9,003,239	8,593,099
Other current liabilities	144,936,788	145,834,068	144,423,443	81,698,710
Total current liabilities	385,118,071	373,822,917	376,572,401	328,939,015
Long Term Liabilities				
Other LT liabilities	24,791,313	24,769,408	24,747,504	27,444,646
Bonds & contracts payable	1,316,177,351	1,315,608,584	1,315,039,818	1,340,117,039
Lease liabilities	317,650,695	316,073,960	320,900,240	328,471,724
Total long term liabilities	1,658,619,359	1,656,451,953	1,660,687,561	1,696,033,409
Total liabilities	2,043,737,430	2,030,274,870	2,037,259,962	2,024,972,424
Deferred inflow of resources-unearned revenue	69,462,995	68,756,281	68,049,568	72,791,253
Total liabilities and deferred inflow of resources	**2,113,200,424**	**2,099,031,152**	**2,105,309,530**	**2,097,763,677**
Net Position				
Unrestricted	(202,894,284)	(197,111,504)	(195,844,491)	(177,075,460)
Restricted for other purpose	358,169	358,236	358,307	357,688
Total net position	(202,536,115)	(196,753,269)	(195,486,185)	(176,717,772)
Total liabilities, deferred inflow of resources and net position	**1,910,664,309**	**1,902,277,883**	**1,909,823,345**	**1,921,045,905**

Palomar Health
STATEMENT OF CASH FLOWS
Fiscal Year 2026

	Mar-26	YTD
CASH FLOWS FROM OPERATING ACTIVITIES:		
Income (Loss) from operations	6,733,843	22,572,935
Adjustments to reconcile change in net assets to net cash provided from operating activities:		
Depreciation Expense	5,181,899	43,823,778
Provision for bad debts	3,904,422	52,598,194
Changes in operating assets and liabilities:		
Patient accounts receivable	616,897	(22,933,539)
Property Tax and other receivables	(4,869,723)	(6,865,451)
Inventories	92,843	312,198
Prepaid expenses and other current assets	(854,480)	(5,015,126)
Accounts payable	(3,914,232)	(5,660,097)
Accrued compensation	1,160,522	(13,325,370)
Estimated settlement amounts due third-party payors	(14,865,680)	(63,474,753)
Other liabilities	(1,277,384)	64,223,950
Net cash provided from (used by) operating activities	(8,091,073)	66,256,719
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net (purchases) sales of investments	13,442,263	15,185,306
Income (Loss) on investments	734,485	12,871,807
Investment in affiliates	(3,961,297)	(37,610,830)
Net cash provided from (used by) investing activities	10,215,451	(9,553,717)
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:		
Receipt of G.O. Bond Taxes	879,993	29,337,402
Receipt of District Taxes	493,573	15,748,505
Net cash provided from non-capital financing activities	1,373,566	45,085,907
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Proceeds on asset sale	163	(22,498)
Acquisition of property plant and equipment	(339,274)	(6,763,098)
Redevelopment Trust Fund Distributions	0	1,508,003
G.O. Bond Interest paid	0	(36,738,806)
Revenue Bond Interest paid	0	(17,581,585)
ROU Interest paid	(1,405,674)	(15,588,637)
Proceeds (Payments) of Long Term Debt	0	(21,603,661)
Payments of Long Term Lease Liabilities	(1,498,584)	(10,910,438)
Net cash provided from (used by) capital and related financing activities	(3,243,369)	(107,700,720)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	254,575	(5,911,810)
CASH AND CASH EQUIVALENTS - Beginning of period	8,834,367	15,000,751
CASH AND CASH EQUIVALENTS - End of period	9,088,942	9,088,942

PALOMAR HEALTH®
Reimagining Healthcare®

Supplemental Information

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

	Palomar Health	PHMG	PAC	NCRE	SANDEMA	Eliminations	Total
ASSETS							
Current assets	484,647,504	27,118,876	-	311,902	2,201,970	(67,806,740)	446,473,512
Capital assets - net	920,756,669	5,633,506	-	749,087	-	-	927,139,262
Right of use assets - net	296,714,703	23,409,090		-	-	(15,541,880)	304,581,913
Non-current assets	165,548,265	1,680,544	-	-	-	-	167,228,809
Total assets	1,867,667,141	57,842,016	-	1,060,989	2,201,970	(83,348,620)	1,845,423,496
Deferred outflow of resources	42,156,204	-	-			-	42,156,204
TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES	**1,909,823,345**	**57,842,016**	**-**	**1,060,989**	**2,201,970**	**(83,348,620)**	**1,887,579,699**
LIABILITIES AND NET POSITION							
Current liabilities	339,903,145	96,093,869	-	2,181,640	271,200	(64,090,537.20)	374,359,316
Long-term liabilities	1,355,836,012	(0)	-	-	-	-	1,355,836,012
Right of use lease liabilities	320,900,240	21,125,571	-	-	-	(14,891,148)	327,134,663
Total liabilities	2,016,639,397	117,219,440	-	2,181,640	271,200	(78,981,685)	2,057,329,992
Deferred inflow of resources - deferred revenue	88,670,133	-	-	-	-	-	88,670,133
Total liabilities and deferred inflow of resources	2,105,309,530	117,219,440	-	2,181,640	271,200	(78,981,685)	2,146,000,125
Invested in capital assets - net of related debt	(334,253,532)	4,539,917	-	-	-	13,885,356	(315,828,259)
Restricted	45,981,491	-	-	-	-	-	45,981,491
Unrestricted	92,785,856	(63,917,341)	-	(1,120,651)	1,930,771	(18,252,291)	11,426,344
Total net position	(195,486,185)	(59,377,424)	-	(1,120,651)	1,930,771	(4,366,934)	(258,420,423)
TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION	**1,909,823,345**	**57,842,016**	**-**	**1,060,989**	**2,201,970**	**(83,348,620)**	**1,887,579,699**

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

	Palomar Health	PHMG	PAC	NCRE	SANDEMA	Elimination	Consolidated
OPERATING REVENUE:							
Net patient service revenue	612,991,998	58,957,233	-	-	-	68,227	672,017,458
Shared risk revenue	58,993,160	10,684,575	-	-	-	-	69,677,735
Other revenue	8,146,165	3,015,651	-	800,675	6,808,606	7,036	18,778,133
PH Program revenue	-	22,162,316	-	-	-	(22,162,316)	-
Total operating revenue	680,131,323	94,819,775	-	800,675	6,808,606	(22,087,053)	760,473,326
OPERATING EXPENSES	613,734,608	142,611,690	3,935,535	1,128,706	6,212,169	(22,194,392)	745,428,316
DEPRECIATION AND AMORTIZATION	43,823,780	3,122,467	-	-	-	-	46,946,247
Total operating expenses	657,558,388	145,734,158	3,935,535	1,128,706	6,212,169	(22,194,392)	792,374,564
INCOME (LOSS) FROM OPERATIONS	**22,572,935**	**(50,914,383)**	**(3,935,535)**	**(328,031)**	**596,437**	**107,338**	**(31,901,238)**
NON-OPERATING INCOME (EXPENSE):							
Investment income	12,871,805	3,260,975	-	-	-	-	16,132,780
Interest expense	(67,703,683)	(46,229)	-	-	-	-	(67,749,912)
Property tax revenue	55,626,683	-	-	-	-	-	55,626,683
Other - net	(7,753,407)	(1,174,909)	-	(4,948)	-	(4,474,273)	(13,407,537)
Total non-operating expense - net	(6,958,602)	2,039,836	-	(4,948)	-	(4,474,273)	(9,397,986)
Net income (loss) before capital contribut	15,614,333	(48,874,546)	(3,935,535)	(332,982)	596,437	(4,366,934)	(41,299,227)
CAPITAL CONTRIBUTIONS							-
CHANGE IN NET POSITION	**15,614,333**	**(48,874,546)**	**(3,935,535)**	**(332,982)**	**596,437**	**(4,366,934)**	**(41,299,227)**
Interfund - PHMG	(34,382,745)	31,969,818	-	-	-	-	(2,412,927)
NET POSITION - Beginning of year	(176,717,770)	(42,472,695)	3,935,535	(787,672)	1,334,334	-	(214,708,268)
NET POSITION - Year to date	**(195,486,185)**	**(59,377,423)**	**(0)**	**(1,120,654)**	**1,930,771**	**(4,366,934)**	**(258,420,422)**
EBIDA							86,706,133
EBIDA Margin							11.4%

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

Assets		
Current Assets		
Cash and cash equivalents	$	13,753,252
Investments		15,876,204
Patient accounts receivable - net of allowances for uncollectible accounts of $29,356		126,590,245
Other receivables		32,968,496
Supplies and inventories		12,016,986
Prepaid expenses and other		13,156,442
Estimated third-party payor settlements receivable		159,414,573
Assets whose use is limited - current portion		12,478,986
Restricted cash and investments, current		60,218,327
Total current assets		446,473,511
Restricted Noncurrent Cash and Investments		
Held by trustee under indenture agreements		100,776,781
Held by trustee under general obligation bonds indenture		60,218,327
Held in escrow for street improvements		7,924
Restricted by donor and other		358,307
Total restricted cash and investments		161,361,339
Less amounts required to meet current obligations		72,697,313
Total restricted noncurrent cash and investments		88,664,026
Capital Assets - net		927,139,262
Right of Use Assets - Net		304,581,913
Other Assets		
Prepaid debt insurance costs		7,797,256
Investment in and amounts due from affiliated entities		5,619,827
Other		65,147,700
Total other assets		78,564,783
Total assets		1,845,423,495
Deferred outflow of resources - loss on refunding of debt		42,156,204
Total Assets and Deferred Outflow of Resources	$	1,887,579,699

Liabilities	
Current Liabilities	
Accounts payable	98,302,053
Accrued compensation and related liabilities	54,126,141
Current portion of general obligation bonds	10,806,216
Current portion of long-term debt	59,397,291
Current portion of lease liabilities	27,212,500
Estimated third-party payor settlements	1,839,940
Other accrued liabilities	89,618,398
Accrued interest payable	31,716,726
Accrued interest payable-ROU's	1,340,048
Total current liabilities	374,359,313
Workers' compensation - net of current portion	8,885,392
Long-term debt - general obligation bonds - net of current portion	613,208,723
Long-term debt - net of current portion	733,741,897
Long-term debt - Lease liability - net of current portion	327,134,663
Total liabilities	2,057,329,989
Deferred inflow of resources - unearned revenue	88,670,133
Total liabilities and deferred inflow of resources	2,146,000,122
Net Position	
Net investment in capital assets	(328,604,489)
Restricted, expendable for:	
Repayment of debt	45,615,260
Capital acquisitions	7,924
Other purposes	358,307
Unrestricted	24,202,576
Total net position	(258,420,422)
Total Liabilities, Deferred Inflow of Resources, and Net Position	$ 1,887,579,699

Operating Revenue		
Patient service revenue, net of provision for uncollectible accounts of $53,414	$	672,017,458
Premium revenue		
Shared risk revenue		69,677,735
Other revenue		18,778,133
Total operating revenue		760,473,326
Operating Expenses		
Salaries, wages, and benefits		461,099,767
Professional fees		44,711,125
Supplies		104,491,687
Purchased services		83,462,073
Depreciation and amortization		46,946,248
Rent expense		15,581,942
Utilities		5,764,679
Other		30,317,044
Total operating expenses		792,374,565
Income (Loss) From Operations		(31,901,239)
Non-Operating Income (Expenses)		
Investment income		16,132,780
Interest expense		(67,749,913)
Property tax revenue - unrestricted		18,927,912
Property tax revenue - restricted		36,698,771
Amortization expense		(13,309,202)
Other - net		(2,511,263)
Total non-operating expenses - net		(11,810,915)
Change in net position		(43,712,154)
Net Position - Beginning of year		(214,708,268)
Net Position - March 31, 2026	$	(258,420,422)

Cash Balance at 3/31/26(+/DEBIT -/CREDIT)	13,753,252
Cash Balance at 6/30/25(+/DEBIT -/CREDIT)	22,645,150
OPERATING ACTIVITIES:	
Income (Loss) from Operations	(31,901,238)
Adjustments to reconcile changes in net assets to net cash provided by operating activities:	-
(Gain)/Loss on write off of PAM-SD	-
Depreciation and amortization	34,783,084
Amortization of lease right-of-use asset	18,287,923
Amortization of SBITA	7,183,253
Provision for bad debts	53,414,060
Equity in Earnings of Affiliates	750,267
(Gain)/Loss on disposal of fixed assets	22,298
Changes in Assets and Liabilities	
Patient accounts receivable	(17,840,575)
Other receivables	(6,413,308)
Inventories	698,602
Prepaid expenses and other current assets	(2,975,608)
Estimated settlement amounts due third-party payors	(63,474,753)
Accounts payable	683,285
Accrued Compensation and Other Liabilities	(13,905,420)
Other accrued liabilities	13,222,332
Deferred Revenue	(5,936,046)
Other net	725,082
Net cash provided by (used in) operating activities	(12,676,763)
INVESTING ACTIVITIES:	
Purchases of investments	(134,081,775)
Proceeds on Sale of Investments	153,976,984
Income received on investments	11,422,876
Receipt of Payment on Loans Receivable	-
Other	-
Net cash provided by (used in) investing activities	31,318,084
FINANCING ACTIVITIES	
Acquistion of Fixed Assets	(14,835,074)
Proceeds on the sale of fixed assets	(22,298)
Other Misc. Receipts	(12,511,998)
Receipt of district taxes - G.O. Bonds	36,698,771
Payments on long-term debt	(21,756,536)
Payment on lease liabilities	(17,388,893)
Deferred Financing Costs	-
Interest Paid	(55,329,062)
Interest Paid Lease Obligations	(11,715,494)
Proceeds on LOC	50,000,000
Financing Activities - Other	399,456
Net cash provided by (used in) financing activities	(46,461,128)
C.F.'s from Non-Capital Financing:	
Receipt of District Taxes	18,927,912
Other Financing	-

Days Cash on Hand Ratio Covenant	March 31, 2026 Consolidated
Cash and Cash Equivalents	29,629,456
Divide Total by Average Adjusted Expenses per Day	
Total Expenses	792,374,565
Less: Depreciation	46,946,248
Adjusted Expenses	745,428,317
Number of days in period	274
Average Adjusted Expenses per Day	2,720,541
Days Cash on Hand	**10.9**
REQUIREMENT	**65**

Debt Service Coverage Ratio Covenant	March 31, 2026 Consolidated
Excess of revenues over expenses	(53,197,131)
REVERSE:	
Depreciation and Amortization	46,946,248
Depreciation and Amortization-NonOp	13,309,202
Interest Expense	41,147,061
Income Available for Debt Service	48,205,379
Divided by:	
Maximum Annual Debt Service (excludes GO Bonds)	42,217,767
Debt Service Coverage Ratio	**1.14**
REQUIREMENT	**1.15**
	NOT ACHIEVED

NOTE: Pre-audit results shown

ADDENDUM C

REDLINE

DocID: 58873
Revision: ~~4~~ 5
Status: Official

Source:	Applies to Facilities:	Applies to Departments:
	All Palomar Health Facilities	All Departments

Policy : Extraordinary Event Management

I. SUMMARY/INTENT:

To establish a set of guidelines for notifying the Board of Directors when key events occur that pose a significant risk to Palomar Health.

II. DEFINITIONS:

Extraordinary Events: Events that may pose a significant risk to Palomar Health.

III. POLICY: COMPLIANCE - KEY ELEMENTS:

"Extraordinary Events" as outlined below must be reported to the Chair of the Board and the appropriate Board Committee Chair(s) by the Chief Executive Officer (CEO) or designated leadership team member in a timely manner as outlined in the applicable procedures. To the extent that an Extraordinary Event requires confidential treatment, communications should be initiated by an attorney representing Palomar Health in order to be protected by legal privileges.

List of "Extraordinary Events"

1. Publicity. All non-routine matters that are likely to be the subject of media coverage.
2. Employee Terminations and Discipline
    a. Pending termination of any key personnel for any reason.
    b. Pending termination of any non-consultant employee related to fraud, theft, breach of patient confidentiality, or any circumstances that are likely to be the subject of publicity.
    c. A recommendation to forego suspension or termination of an employee that materially departs from standard guidelines/practices regarding employee discipline or termination.
    d. Any deviation from standard limitations on an employee's physical and electronic access during an administrative leave pending completion of an investigation that lasts longer than five (5) days.
3. Major System Failures and Other Threats to Physical Safety or Security of Employees, Patients, or Visitors. Events not involving direct patient care that create a risk of significant physical harm, violence or other harm to employees, patients or visitors. Examples include, but are not limited to, threats of physical violence, significant life/safety threats, and significant failures involving primary electronic systems or physical infrastructure.
4. Significant Patient Privacy or Confidential Data Breach. Any suspected breach of protected health information or confidential Palomar Health data which is of a significant volume or is assessed as likely to result in any public disclosure.
5. Any Suspected Drug Diversion. Any suspected theft or other diversion of drugs which is likely to result in discipline of an employee or has any potential to adversely affect patient care.
6. Patient Care Matters. Any patient care matter involving extraordinary circumstances, such as one or more of the following:
    a. Probable liability exposure of $1 million or greater;
    b. Probable media coverage (negative or positive);
    c. Involves a "systems issue" that exposes multiple patients to risk of serious injury;
    d. Involves significant detrimental impact on involved care providers; and/or
    e. Involves a "never event" or sentinel event.
7. Matters Covered by Legal, Risk, Compliance, or Departments with Related Functions.
    a. Any pending, threatened, or reasonably likely litigation, claim, or assessment, including those arising from noncompliance with laws and regulations regarding the administration of federal or state programs (such as Medicare, Fraud & Abuse, Stark, EMTALA, Securities Laws, etc.) that meets one or more of the following:

i. Likely to exceed the designated threshold amount of $50,000 in alignment with current health district law; or
ii. Involves currently unassessed risks that appear to potentially involve extraordinary penalties (such as, but not limited to, termination of licensure, accreditation, or qualification for payment for substantial services/activities).

b. Any act of fraud, suspected fraud, or breach of ethical standards on the part of any Palomar Health employee in the following categories:
i. Someone in a significant position of leadership;
ii. A person who is directly involved in or is in a position to impact the internal financial accounting/reporting process; or
iii. An event of theft that does or could involve a material financial loss to Palomar Health.

c. All investigations by regulatory bodies involving a reasonable likelihood of a finding of illegality, required correction of process, or other noncompliance with any law or regulation.

d. All internal investigations under "Attorney Client Privilege" involving a reasonable likelihood that the investigation could result in a finding of illegality, required correction of process, or other noncompliance with any law or regulation.

e. Any other matter that must be reported to a regulatory body within 24 hours of knowledge of occurrence.

8. Policy to be reviewed every 3 years.

PALOMAR HEALTH

CLEAN

DocID: 58873
Revision: 5
Status: Official

Source:

Applies to Facilities:
All Palomar Health Facilities

Applies to Departments:
All Departments

Policy : Extraordinary Event Management

I. SUMMARY/INTENT:

To establish a set of guidelines for notifying the Board of Directors when key events occur that pose a significant risk to Palomar Health.

II. DEFINITIONS:

Extraordinary Events: Events that may pose a significant risk to Palomar Health.

III. POLICY: COMPLIANCE - KEY ELEMENTS:

"Extraordinary Events" as outlined below must be reported to the Chair of the Board and the appropriate Board Committee Chair(s) by the Chief Executive Officer (CEO) or designated leadership team member in a timely manner as outlined in the applicable procedures. To the extent that an Extraordinary Event requires confidential treatment, communications should be initiated by an attorney representing Palomar Health in order to be protected by legal privileges.

List of "Extraordinary Events"

1. Publicity. All non-routine matters that are likely to be the subject of media coverage.
2. Employee Terminations and Discipline
    a. Pending termination of any key personnel for any reason.
    b. Pending termination of any non-consultant employee related to fraud, theft, breach of patient confidentiality, or any circumstances that are likely to be the subject of publicity.
    c. A recommendation to forego suspension or termination of an employee that materially departs from standard guidelines/practices regarding employee discipline or termination.
    d. Any deviation from standard limitations on an employee's physical and electronic access during an administrative leave pending completion of an investigation that lasts longer than five (5) days.
3. Major System Failures and Other Threats to Physical Safety or Security of Employees, Patients, or Visitors. Events not involving direct patient care that create a risk of significant physical harm, violence or other harm to employees, patients or visitors. Examples include, but are not limited to, threats of physical violence, significant life/safety threats, and significant failures involving primary electronic systems or physical infrastructure.
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e. Any other matter that must be reported to a regulatory body within 24 hours of knowledge of occurrence.

8. Policy to be reviewed every 3 years.

RESOLUTION NO. 05.11.26(01)-06

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH DELEGATING AND CONSENTING TO AMENDMENT TO CEO EMPLOYMENT AGREEMENT

WHEREAS, the Board of Directors of Palomar Health has reviewed that certain Employment Agreement, made and entered into by and between Diane Hansen and Palomar Health, effective September 10, 2020, and as amended thereafter;

WHEREAS, Palomar Health and the Regents of the University of California, on behalf of the University of California, San Diego Health ("UCSD Health"), have entered into a Joint Powers Agreement dated October 31, 2025;

WHEREAS, that certain Joint Powers Agreement provides that the CEO of Palomar will become the CEO of the Joint Powers Authority;

WHEREAS, the Employment Agreement provides for certain actions that must be taken on the termination of that contract;

WHEREAS, it is necessary to amend the Employment Agreement to reflect that the change of position from the CEO of Palomar to the CEO of the Joint Powers Authority does not constitute a without cause termination within the meaning of the Employment Agreement that would trigger certain termination actions, including but not limited to severance pay;

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board:

(1) Orders the Chief Legal Officer to prepare an amendment to the Employment Agreement to the effect that the termination of the Palomar CEO's Employment Agreement in favor of the Palomar CEO becoming the CEO of the Joint Powers Authority does not constitute a termination of the Employment Agreement that triggers any obligations under Sections 3 or 4 of such agreement;

(2) Authorizes and orders the Chief Legal Officer to take all necessary steps in execution of the above-identified proposed amendment, including to propose any further non-substantive changes to affect the same and to seek all approvals as may be necessary;

(3) Authorizes and orders the Chief Legal Officer to review the Employment Agreement for consistency with the District's commitments to the creation of a Joint Powers Authority and to propose such amendments as may be necessary to conform to said commitments;

(4) Consents to the above-identified proposed amendment to the Employment Agreement, and authorizes its signature be attached to the Amendment to Employment Agreement, through the Chair;

(5) Authorizes that such amendment be offered to Diane Hansen for her approval, such approval to be indicated by a signature on the Amendment to Employment Agreement.

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on May 11, 2026, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: May 11, 2026

APPROVED:	***ATTESTED***:
Michael Pacheco, Chairperson Board of Directors Palomar Health	Terry Corrales, RN, Secretary Board of Directors Palomar Health

ADDENDUM D

To: Board of Directors

From: Jeff Griffith - Chair, Board Governance Committee

Date: Monday, May 11, 2026

Re: Governance Committee Meeting, April 20, 2026

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

Action Items:

- **Governance Committee minutes, March 23, 2026:** The voting members reviewed and approved Governance Committee minutes from March 23, 2026
- **Extraordinary Event Management Policy:** The voting members reviewed and approved this policy to go to the full Board of Directors for ratification.
- **Board of Directors Per Diem and Reimbursement:** Policy is in development.

Standing Items:

- **Retirement of Policies:** No policies were retired.
- **Legislative Update(s):** ACHD updates were shared.

To: Board of Directors

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

Date: Monday, May 11, 2026

Re: Finance Committee Meeting, May 6, 2026

Board Member Attendance: Directors Greer, Griffith, and Pacheco

Action Items:

- **Finance Committee Minutes, April 2, 2026:** The voting members reviewed and approved Finance Committee minutes from February 2, 2026
- **Amended YTD2025 and February Volumes:** The voting members reviewed and approved the amended YTD2025 and February 2026 Volumes and moved item to full Board for ratification.
- **YTD FY2025 and March 2026 Volumes:** The voting members reviewed and approved YTD FY2025 and January 2026 Volumes and moved item to full Board for ratification
- **Workday update was shared**