



Board of Directors

Meeting Agenda Packet

June 8, 2026



Board of Directors

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

Diane Hansen, President and CEO

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

For an agenda, locations or further information please visit our website at www.palomarhealth.org, 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,
June 5, 2026

BOARD OF DIRECTORS

Meeting Agenda

Monday, June 8, 2026
6:30 p.m.

Please see page 3 of agenda for meeting location

	<i>The Board may take action on any of the items listed below, including items specifically labeled "Informational Only"</i>	Time	Target
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 Comments¹	30	7:05
IV.	Presentations – Informational Only		
	A. Patient Experience Presentation	5	7:10
	B. Behavioral Health Update	10	7:20
V.	Approval of Minutes (ADD A)	5	7:25
	A. Regular Session Board of Directors Meeting – Monday, May 11, 2026 (Pp 7-13)		
	B. Special Closed Session Board of Directors Meeting – Friday, May 22, 2026 (Pp 14-15)		
VI.	Approval of Agenda to accept the Consent Items as listed (ADD B)	5	7:30
	A. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 17-19)		
	B. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 20-23)		
	C. Department of Radiology Revised Rules and Regulations - Escondido (Redline 24-30; Clean 31-37)		
	D. Department of Orthopedic Surgery Revised Rules and Regulations – Escondido (Redline 38-46; Clean 47-55)		
	E. Revised Physician Assistant Core Privileges Checklist (Redline 56-61; Clean 62-66)		
	F. Policy and Procedure Approval (February 2026 – May 2026) (Pp 67-108)		
	G. YTD FY2025 and April 2026 Financials (Pp 109-128)		

VII.	Reports – Informational Only				
	A. Medical Staff				
	1.	Chief of Staff, Palomar Medical Center Escondido – <i>Andrew Nguyen, MD</i>		5	7:35
	2.	Chief of Staff, Palomar Medical Center Poway – <i>Mark Goldsworthy, MD</i>		5	7:40
	B. Administration				
	1.	President and CEO – <i>Diane Hansen</i>		5	7:45
	2.	Chair of the Board – <i>Michael Pacheco</i>		5	7:50
VIII.	Approval of Bylaws, Charters, Resolutions and Other Actions (ADD C)			15	8:05
		Agenda Item	Committee/ Department	Action	
	A.	Palomar Health Board of Directors Compensation and Reimbursement Policy (<i>Redline 130-131; Clean 132-133</i>)	Governance	Review/ Approve	
	B.	Resolution No. 06.08.26(01)-06 of the Board of Directors of Palomar Health Appointing General Counsel (<i>Pp 134</i>)	Board of Directors	Review/ Approve	
IX.	Board Committees – Informational Only (ADD D)			10	8:15
	A.	Audit & Compliance Committee – Michael Pacheco, Committee Chair (<i>Pp 136-141</i>)			
	B.	Community Relations Committee – Terry Corrales, RN, Committee Chair			
	C.	Finance Committee – Linda Greer, RN, Committee Chair (<i>Pp 142-154</i>)			
	D.	Governance Committee – Jeff Griffith, Committee Chair (<i>Pp 155</i>)			
	E.	Human Resources Committee – Terry Corrales, RN, Committee Chair			
	F.	Quality Review Committee – Linda Greer, RN, Committee Chair (<i>Pp 156</i>)			
	G.	Strategic & Facilities Planning – Michael Pacheco, Committee Chair			
X.	Request for Agenda Items for Consideration			5	8:20
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.

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](#)*

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 additional public comment immediately prior to the adjournment of the public meeting. Members of the public who wish to address the Board are asked to complete a [Request for Public Comment form](#) and submit to the Board Assistant prior to or during the meeting. The information requested shall be limited to name, address, phone number and subject, however, the requesting public member shall submit the requested information voluntarily. It will not be a condition of speaking.
- B. Should Board action be requested, it is encouraged that the public requestor include the request on the *Request for Public Comment* as well. Any member of the public who is speaking is encouraged to submit written copies of the presentation.
- C. The subject matter of any speaker must be germane to Palomar Health's jurisdiction.
- D. Based solely on the number of speaking requests, the Board will set the time allowed for each speaker prior to the public sections of the meeting, but usually will not exceed 3 minutes per speaker, with a cumulative total of thirty minutes.
- E. Questions or comments will be entertained during the "Public Comments" section on the agenda. All public comments will be limited to the designated times, including at all board meetings, committee meetings and board workshops.
- F. All voting and non-voting members of a Board committee will be seated at the table. Name placards will be created as placeholders for those seats for Board members, committee members, staff, and scribes. Any other attendees, staff or public, are welcome to sit at seats that do not have name placards, as well as on any other chairs in the room. For Palomar Health Board meetings, members of the public will sit in a seating area designated for the public.
- G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.
- H. The public shall be afforded those rights listed below (Government Code Section 54953 and 54954).
1. To receive appropriate notice of meetings;
 2. To attend with no pre-conditions to attendance;
 3. To testify within reasonable limits prior to ordering consideration of the subject in question;
 4. To know the result of any ballots cast;
 5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
 6. To review recordings of meetings within thirty days of recording; minutes to be Board approved before release,
 7. To publicly criticize Palomar Health or the Board; and
 8. To review without delay agendas of all public meetings and any other writings distributed at the meeting.
- I. This policy will be reviewed and updated as required or at least every three years.

Regular Session Board of Directors Meeting

Meeting will begin at 6:30 p.m.



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, May 11, 2026	
Agenda Item	
<ul style="list-style-type: none"> <i>Discussion</i> 	<i>Conclusion/Action/Follow Up</i>
Notice of Meeting	
<p>Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, May 8, 2026 and Amended on Friday, May 8, 2026, which is consistent with legal requirements.</p>	
Call To Order	
<p>The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029 and virtually called to order at 6:30 p.m. by Director Pacheco.</p>	
I. Establishment of Quorum	
<p>Quorum was established via roll call comprising of Directors Clark; Corrales; Edwards-Tate; Greer; Griffith; Jahaaski; Pacheco Absences: None</p>	
II. Opening Ceremony	
<p>The Pledge of Allegiance was recited in unison led by Director Edwards-Tate.</p>	

Board of Directors Meeting Minutes – Monday, May 11, 2026

Agenda Item

- *Discussion*

Conclusion/Action/Follow Up

III. Public Comments

- No public comments

IV. Presentations – Informational Only

- Presentation and recognition were made to the Palomar Health Board of Directors

V. Approval of Minutes

- A. Regular Session Board of Directors Meeting - Monday, April 13, 2026
- B. Special Closed Session Board of Directors Meeting – Monday, April 13, 2025
- C. Special Closed Session Board of Directors Meeting – Monday, April 13, 2025
- D. Special Closed Session Board of Directors Meeting – Monday, April 13, 2025
- E. Special Closed Session Board of Directors Meeting – Wednesday, April 15, 2026
- F. Special Closed Session Board of Directors Meeting – Wednesday, April 15, 2026
- G. Special Closed Session Board of Directors Meeting – Friday, April 17, 2026
- H. Special Session Board of Directors Meeting – Saturday, April 25, 2026

MOTION: By Director Edwards-Tate, 2nd by Director Clark and carried to approve all presented minutes that included the April 13, 2026 Regular Session; April 13, 2026 Special Closed Session; April 13, 2026 Special Closed Session; April 13, 2026 Special Closed Session; April 15, 2026 Special Closed Session; April 15, 2026 Special Closed Session; April 17, 2026 Special Closed Session as written; and the April 25, 2026 Special Session with the language change from Special Closed Session to Special Session.

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

Board Chair Michael Pacheco announced that seven (7) board members were in favor. None (0) opposed. No abstention(s). None (0) absent.

Motion approved.

- Discussed proposed change to the April 25, 2026 Special Session Minutes.

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. Revised Family Medicine Core Privilege Checklist
- D. Revised Internal Medicine Core Privilege checklist
- E. Revised Ophthalmology Core Privilege Checklist
- F. Revised Department of Anesthesia Rules and Regulations
- G. Revised Department of Medicine Rules and Regulations for Escondido
- H. Amended YTD2025 and February 2026 Financials
- I. YTD FY2025 and March 2026 Financials

MOTION: By Director Griffith, 2nd by Director Edwards-Tate and carried to approve Consent Agenda items VI.A. through G. and VI.I that include the Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments, Palomar Medical Center Poway Medical Staff Credentialing, Revised Family Medicine Core Privilege Checklist, Revised Internal Medicine Core Privilege checklist, Revised Ophthalmology Core Privilege Checklist, Revised Department of Anesthesia Rules and Regulations, and the Revised Department of Medicine Rules Regulations for Escondido as presented.

AMENDED MOTION: By Director Griffith, 2nd by Director Edwards-Tate and carried to approve item VI.G. Revised Department of Medicine Rules and Regulations for Escondido to correct the wording change from Pomerado to Palomar.

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

Board Chair Michael Pacheco announced that seven (7) board members were in favor. None (0) opposed. No abstention(s). None (0) absent.

Motion approved.

- Item VI.H. Amended YTD2025 and February 2026 Financials were pulled by Director Clark

Board of Directors Meeting Minutes – Monday, May 11, 2026

Agenda Item

<ul style="list-style-type: none"><i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
<ul style="list-style-type: none">Amended YTD FY2025 and February Financials	<p>MOTION: By Director Greer, 2nd by Director Edwards-Tate and carried to approve the Consent Agenda item(s) of the Amended YTD FY2025 and February 2026 Financials presented.</p> <p>Roll call voting was utilized. Director Clark – aye Director Corrales – aye Director Edwards-Tate – aye Director Greer – aye Director Griffith – aye Director Jahaaski – aye Director Pacheco – aye</p> <p>Board Chair Michael Pacheco announced that seven (7) board members were in favor. None (0) opposed. No abstention(s). None (0) absent.</p> <p>Motion approved.</p>
<ul style="list-style-type: none">Andrew Tokar, Chief Financial Officer, fielded questions from Director Clark.	

VII. Reports – Informational Only

A. Medical Staff

1. Palomar Medical Center Escondido

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

2. Palomar Medical Center Poway

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

Board of Directors Meeting Minutes – Monday, May 11, 2026

Agenda Item

- *Discussion*

Conclusion/Action/Follow Up

B. Administrative

1. President and CEO

Palomar Health President & CEO Diane Hansen was absent and no report was provided.

2. Chair of the Board

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

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

A. Policy 58873: Extraordinary Event Management

MOTION: By Director Griffith, 2nd by Director Jahaaski and carried to approve Policy 58873 Extraordinary Event Management as presented.

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

Board Chair Michael Pacheco announced that seven (7) board members were in favor. None (0) opposed. No abstention(s). None (0) absent.

Motion approved.

- Director Griffith, Chair of the Palomar Health Board Governance Committee reviewed the policy and answered questions.

Board of Directors Meeting Minutes – Monday, May 11, 2026

Agenda Item

• *Discussion*

Conclusion/Action/Follow Up

IX. Board Committees – Informational Only

A. Audit & Compliance Committee – Michael Pacheco, Committee Chair

- Director Michael Pacheco noted the committee did not meet and is preparing for their May 21, 2026 meeting.

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 Jeff 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.

G. Strategic & Facilities Planning – Michael Pacheco, Committee Chair

- Director Michael Pacheco noted the committee did not meet, but the Palomar Health Board of Directors did have a Special Session workshop on April 25, 2026.

X. Request for Agenda Items for Consideration

- Board Chair Pacheco reminded the Board Directors to send agenda items either directly to him or the Board Clerk if they have any.
- Reminder was also shared to not include other Board Directors in correspondence when requesting agenda items for consideration.

Board of Directors Meeting Minutes – Monday, May 11, 2026

Agenda Item

- *Discussion*

Conclusion/Action/Follow Up

Final Adjournment

- There being no further business, Director Pacheco adjourned the meeting at 7:17 p.m.

Signatures:	Board Secretary	_____ Terry Corrales, R.N.
	Board Clerk	_____ Janet Kren

<i>Special Closed Session Board of Directors Minutes – Friday, May 22, 2026</i>	
<i>Agenda Item</i>	<i>Conclusion / Action</i>
<i>Discussion</i>	
Notice of Meeting	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Wednesday, May 20, 2026, which is consistent with legal requirements.	
I. Call To Order	
The meeting, which was held at 2125 Citracado Parkway, Suite 300 Escondido, CA. 92029, and virtually, was called to order at 3:05 p.m. by Director Pacheco.	
II. Establishment Of Quorum	
Quorum was established via roll call comprising of Directors Corrales; Greer; Griffith (Virtual); Pacheco	
Absences: Directors Clark; Edwards-Tate; Jahaaski	
III. Public Comments	
<ul style="list-style-type: none"> 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

VII. Final Adjournment

There being no further business, Director Pacheco adjourned the meeting at 4:24 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

June 1, 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: June 8, 2026

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (06/08/2026 to 05/31/2028)

Abraham, Mark J., M.D. – Anesthesiology
Allen, Scott R., M.D. – Pathology
Coleman, Joshua B., M.D. – Anesthesiology
Kazemian, Mina D.O. – Anesthesiology
Keehner, Jocelyn E., M.D. – Infectious Disease
Wasmund, Joshua B., M.D. – Emergency Medicine

Advance from Provisional to Active Category

Amin, Amar M., M.D. – Diagnostic Radiology - Dept. of Radiology (eff. 07/01/2026 to 08/31/2027)
Kuk, Raafat J., M.D. - Surgery, Critical Care- Dept. of Surgery (eff. 07/01/2026 to 03/31/2028)
Marjon, Philip L., M.D. – Medical Oncology - Dept. of Medicine (eff. 07/01/2026 to 09/30/2027)
Singh, Manu K. M.D. – Diagnostic Radiology – Dept. of Radiology (eff. 07/01/2026 to 03/31/2028)
Urband, Christopher E., M.D. – Orthopaedic – Dept. of Orthopaedic (eff. 07/01/2026 to 08/31/2026)

Physician Voluntary Resignation

Lucas, Peter M., M.D. – Anesthesiology (eff 04/24/2026)
Nemceff, Dennis M.D. – Vascular Surgery (eff. 04/21/2026)
Pertl, Ursula G., M.D. – Pediatrics (eff. 05/05/2026)

Allied Health Professional Appointment (effective 06/08/2026 to 05/31/2028)

Haven, Mark, PA-C – Physician Assistant Dept. of Surgery (Sponsor: Alexander Khalessi, M.D.)

Ness, Kristy L., NP – Nurse Practitioner Dept. of Surgery (Sponsor: John Steele, M.D.)

Allied Health Professional Voluntary Resignation

Ly, Michelle, PA-C – Physician Assistant (eff. 05/04/2026)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments (effective 07/01/2026 to 06/30/2028)

Baig, Nabil A., D.O.	Internal Medicine	Dept. of Medicine	Active
Ballas, Jerasimos, M.D.	Maternal Fetal Medicine	Dept. of OB/GYN	Active
Bayat, Hamad M.D.	Cardiovascular Disease	Dept. of Medicine	Active
*Ben-Haim, Sharona M.D.	Neurosurgery	Dept. of Surgery	*Courtesy
*Category change from Active to Courtesy			
Caparso, Amanda M., D.O.	Internal Medicine	Dept. of Medicine	Affiliate
Gooding, Justin M., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Grove, Jay R., M.D.	Surgery, General	Dept. of Surgery	Courtesy
Hoffman, David C., D.O.	Emerg. Medicine	Dept. of Emerg. Med.	Active
Karanikkis, Christos A., D.O.	Obstetrics and Gynecology	Dept. of OB/GYN	Active
LeCourt, Amarateedha P., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Malek, Mikhail R., M.D.	Cardiovascular	Dept. of Medicine	Active
Patel, Arush A., M.D.	Orthopaedic/Rehab	Dept. of Ortho.	Active
Pham, Martin H., M.D.	Neurosurgery	Dept. of Surgery	Active
Ponec, Donald J., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
*Quesnell, Tara A., D.O.	Neurology	Dept. of Medicine	*Affiliate
*Category change from Active to Affiliate			
Schweikert, Suzanne M. M.D.	Obstetrics and Gyn.	Dept. of OB/GYN	Affiliate
*Tantuwaya, Vrijesh S., M.D.	Surgery, Neurological	Dept. of Surgery	*Courtesy
*Category change from Active to Courtesy			

Allied Health Professional Reappointments (effective 07/01//2026 to 06/30/2028)

Bennett, Jessica L, N.N.P.	Neonatal Nurse Pract.	Dept. of Pediatrics	(Sponsor: Dr. Fatayerji)
Bush, Ashley E., N.N.P.	Neonatal Nurse Pract.	Dept. of Pediatrics	(Sponsor: Dr. Fatayerji)
D’Elia-Verrocchi, Aurora PA-C	Physician Assistant	Dept. of Medicine	(Sponsor: Dr. Zuleta)
Easton, Sean PA-C	Physician Assistant	Dept. of Surgery	(Sponsor: Dr. Steele)
Frost, Robert D., PA-C	Physician Assistant	Dept. of Surgery	(Sponsors: Drs. Anthony, Brummel, Darrell Wu, Hinshaw, Yuan Lin, Tony Chen, Brad Cohen, and Ramin Sorkhi)
Williamson, Levi B. PA-C	Physician Assistant	Dept. of Surgery	(Sponsor: Drs. Yuan Lin, Tony Chen, Justin Bergh, Jared Brummel)

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: June 1, 2026
To: Palomar Health Board of Directors – June 8, 2026 Meeting
From: Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – June, 2026

Provisional Appointments: (06/08/2026 – 05/31/2028)

Mark Abraham, M.D., Anesthesiology
Scott Allen, M.D., Pathology
Joshua Coleman, M.D., Anesthesiology
Mina Kazemian, D.O., Anesthesiology
Jocelyn Keehner, M.D., Infectious Disease (Includes The Villas at Poway)
Joshua Wasmund, M.D., Emergency Medicine

Biennial Reappointments: (07/01/2026 - 06/30/2028)

Nabil Baig, D.O., Internal Medicine, Active
Hamed Bayat, M.D., Cardiology, Active
Amanda Caparso, D.O., Internal Medicine, Affiliate
Justin Gooding, M.D., Diagnostic Radiology, Active
Jay Grove, M.D., General Surgery, Active
David Hoffman, D.O., Emergency Medicine, Active
Robert Keenan, M.D., General Surgery, Courtesy (Transfer from Active)
Amarateedha LeCourt, M.D., Anesthesiology, Active (Transfer from Courtesy)
Mikhail Malek, M.D., Cardiology, Active
Arush Patel, M.D., Orthopedic Surgery, Active
Donald Ponec, M.D., Diagnostic Radiology, Courtesy (Transfer from Active)
Tara Quesnell, D.O., Neurology, Affiliate (Transfer from Active)

Advancements to Active Category:

Amar Amin, M.D., Teleradiology, effective 07/01/2026 – 08/31/2027
Philip Marjon, M.D., Hematology/Oncology, effective 07/01/2026 – 09/30/2027
Manu Singh, M.D., Teleradiology, effective 07/01/2026 – 03/31/2028

Voluntary Resignations:

Peter Lucas, M.D., Anesthesiology, effective 04/20/2026

Dennis Nemceff, M.D., Vascular Surgery, effective 04/21/2026

Allied Health Professional Reappointments: (07/01/2026 – 06/30/2028)

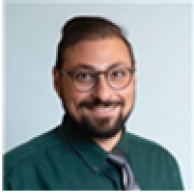
Aurora D’Elia-Verrocchi, PA, Sponsor Dr. Zuleta

Robert Frost, PA, Sponsors Drs. Lin, Anthony, Sorkhi, Cohen, Brummel, Chen

Levi Williamson, PA, Sponsors Drs. Anthony, Brummel, Burgess, Chen

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



Abraham, Mark J., MD
PMC Escondido and PMC Poway

Status: Applicant
Specialty: Anesthesiology



Allen, Scott R., MD
PMC Escondido and PMC Poway

Status: Temporary
Privileges
Specialty: Pathology,
Anatomic &
Clinical



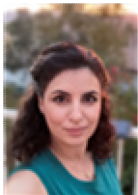
Coleman, Joshua B., MD
PMC Escondido and PMC Poway

Status: Temporary
Privileges
Specialty: Anesthesiology



Haven, Mark, PA-C
PMC Escondido

Status: Applicant
Specialty: Physician
Assistant



Kazemian, Mina, DO
PMC Escondido and PMC Poway

Status: Applicant
Specialty: Anesthesiology



Keehner, Jocelyn E., MD
PMC Escondido and PMC Poway

Status: Applicant
Specialty: Int
Med/Infectious
Disease
Internal Med

Provider Profiles



Ness, Kristy L., NP
PMC Escondido

Status: Applicant
Specialty: Nurse
Practitioner



Wasmund, Joshua B., MD
PMC Escondido and PMC Poway

Status: Applicant
Specialty: Emergency
Medicine

PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF RADIOLOGY RULES AND REGULATIONS

Adopted by the Active Members of the Department on

~~November 19, 2025~~ May 12, 2026

Adopted by the Executive Committee on

~~September 29, 2025~~ May 18, 2026

Approved by the Board of Directors on

~~October 13, 2025~~ June 8, 2026



Palomar Medical Center Escondido
Department of Radiology
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ARTICLE I
PURPOSE

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

ARTICLE II
ORGANIZATION

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

ARTICLE III
DEFINITIONS

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

ARTICLE IV
PURPOSES

The purposes of the department shall be:

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

Palomar Medical Center Escondido
Department of Radiology
Rules and Regulations
Page 2

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

ARTICLE V
MEMBERSHIP

5.1 QUALIFICATIONS

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

5.2 RESPONSIBILITIES

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

ARTICLE VI
PRIVILEGES

6.1 PREREQUISITE FOR PRIVILEGES

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

6.2 APPLICATION FOR MEMBERSHIP AND PRIVILEGES

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

Palomar Medical Center Escondido
Department of Radiology
Rules and Regulations
Page 3

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

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

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

6.3 MONITORING

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

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

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

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

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

ARTICLE VII
OFFICERS AND DUTIES

7.1 CHAIRMAN AND CHAIRMAN-ELECT

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

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

7.2 DUTIES

Palomar Medical Center Escondido
Department of Radiology
Rules and Regulations
Page 4

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

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

7.3 RADIATION SAFETY OFFICER

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

7.4 RADIATION ONCOLOGY PHYSICIST

7.4.1 Duties of the Oncology Physicist

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

ARTICLE VIII
DEPARTMENT COMMITTEES

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

8.1 RADIATION SAFETY AND NUCLEAR MEDICINE COMMITTEE

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

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

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

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

IX
DEPARTMENT SERVICES

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

ARTICLE X
APPROVAL

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

ARTICLE XI
SUPERVISION OF RESIDENTS

- 11.1 An attending physician of the Radiation Oncology staff will have full responsibility of the patient who is being observed by a resident.
- 11.2 The supervising attending physician will enter a note in the patient's chart regarding the observation of the surgery stating that the patient was informed and consented.

PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF RADIOLOGY RULES AND REGULATIONS

Adopted by the Active Members of the Department on
May 12, 2026

Adopted by the Executive Committee on
May 18, 2026

Approved by the Board of Directors on
June 8, 2026



Palomar Medical Center Escondido
Department of Radiology
Rules and Regulations
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ARTICLE I
PURPOSE

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

ARTICLE II
ORGANIZATION

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

ARTICLE III
DEFINITIONS

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

ARTICLE IV
PURPOSES

The purposes of the department shall be:

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

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

ARTICLE V
MEMBERSHIP

5.1 QUALIFICATIONS

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

5.2 RESPONSIBILITIES

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

ARTICLE VI
PRIVILEGES

6.1 PREREQUISITE FOR PRIVILEGES

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

6.2 APPLICATION FOR MEMBERSHIP AND PRIVILEGES

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

Palomar Medical Center Escondido
Department of Radiology
Rules and Regulations
Page 3

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

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

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

6.3 MONITORING

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

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

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

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

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

ARTICLE VII
OFFICERS AND DUTIES

7.1 CHAIRMAN AND CHAIRMAN-ELECT

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

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

7.2 DUTIES

Palomar Medical Center Escondido
Department of Radiology
Rules and Regulations
Page 4

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

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

7.3 RADIATION SAFETY OFFICER

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

7.4 RADIATION ONCOLOGY PHYSICIST

7.4.1 Duties of the Oncology Physicist

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

ARTICLE VIII
DEPARTMENT COMMITTEES

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

8.1 RADIATION SAFETY AND NUCLEAR MEDICINE COMMITTEE

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

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

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

Palomar Medical Center Escondido
Department of Radiology
Rules and Regulations
Page 6

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

IX
DEPARTMENT SERVICES

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

ARTICLE X
APPROVAL

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

ARTICLE XI
SUPERVISION OF RESIDENTS

- 11.1 An attending physician of the Radiation Oncology staff will have full responsibility of the patient who is being observed by a resident.
- 11.2 The supervising attending physician will enter a note in the patient's chart regarding the observation of the surgery stating that the patient was informed and consented.



PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS

Adopted by the Department of Orthopaedic Surgery/Rehabilitation on

~~September 14, 2021~~

May 12, 2026

Adopted by the Executive Committee on

~~October 25, 2021~~ May 18, 2026

Approved by the Board of Directors on

~~November 8, 2021~~ June 8, 2026

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS
ARTICLE I
PURPOSE

The purpose of the Department of Orthopaedic Surgery shall be:

1. to enhance the likelihood that all patients admitted to the Hospital or treated in the outpatient department receive the best possible orthopaedic and musculoskeletal rehabilitation services.
2. to provide a Chairman to represent the interests of the members of the department and the patients they serve.
3. to initiate and maintain rules and regulations for proper and efficient functioning of the Department of Orthopaedic Surgery.
4. to provide a representative to the various medical staff committee meetings who will be selected by the Chairman.

ARTICLE II
MEMBERSHIP

2.1 **Qualifications**

Qualifications for membership within the Department of Orthopaedic Surgery shall include those requirements specified in the Medical Staff bylaws, rules and regulations.

2.2 **Responsibilities**

The responsibilities of membership shall constitute:

1. participation in the 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. attendance at a minimum of twenty-five percent (25%) of the Department meetings as mandated by the Medical Staff Bylaws. Non-compliance with the twenty five percent (25%) requirement of Department meetings is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations
3. compliance with the Expectation of Physicians Granted Privileges at Palomar Health.
4. compliance with the Medical Staff bylaws, rules and regulations, Department of Orthopaedic Surgery and applicable Hospital policies and procedures.
5. participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the Palomar Health Performance Improvement plan.

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS

ARTICLE III
PRIVILEGES

3.1 **Application**

1. Each applicant, member or non-member, must complete forms designating the privileges he desires to perform. Upon receipt of these forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Chairman of the Department of Orthopaedic Surgery will review same and may meet with the applicant.
2. 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. The Chairman may require attendance at a specific meeting if a non-member's privileges are under review.
3. Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws, rules and regulations.
4. Additional privileges may be requested at any time by submitting a written request accompanied by qualifying documentation. Any additional privileges recommended for approval may be subject to monitoring.

3.2 **Criteria**

Criteria for requesting and maintaining privileges in Orthopaedic Surgery, Podiatric Surgery or Physical Medicine and Rehabilitation is defined on the specialty-specific delineation of privileges.

3.3 **Monitoring**

Each Provisional Member or applicant with temporary privileges (collectively referred to as "Provisional Member") shall undergo a uniform monitoring process as set forth in the policy entitled "Department of Orthopaedic Surgery Monitoring Policy".

ARTICLE IV
ORGANIZATION

4.1 **Officers**

Officers of the Department of Orthopaedic Surgery will be the Chairman and the Chairman-Elect who shall serve in their capacities for a three (3) year period. The Chairman and Chairman-elect shall be board certified or board admissible by the American Board of Orthopaedic Surgery. 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 Medical Staff Quality Management Committee. The Chairman shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations as well as those listed below.

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS

1. Duties of the Chairman shall include but not be limited to:
 - a. reviewing, investigating and making recommendations concerning the qualifications of applicants for orthopaedic surgical, podiatric surgery and rehabilitation privileges to include examination of evidence of character, professional competence, qualifications, and ethical standing of the applicant;
 - b. performing provisional review and a biennial review in accordance with the Medical Staff bylaws, rules and regulations of the orthopaedic surgical and rehabilitation privileges of each member and non-member with respect to his physical, intellectual and professional performance;
 - c. evaluating a member's ability to resume privileges following major illness;
 - d. overseeing monitoring;
 - e. reviewing quality assessment mechanisms to ensure that consistency occurs within the Department.
 - f. receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members.

2. Election Process

In accordance with the Medical Staff Bylaws, the Department Chairperson-Elect shall be elected by the voting members of the Department at least thirty (30) days prior to the annual staff meeting. Approximately four months prior to the meeting in which the Chairperson-Elect will be voted upon, Active members of the department will be notified via email that the next Department agenda will include a discussion of nominees for Chairperson-Elect and that the vote will be held at the following meeting. Only Active members who met the 25% Departmental attendance requirements for the previous year will be eligible to vote. Any eligible member who will not be present at the meeting when the vote is to be held may submit their written vote to the Medical Staff Services Office no later than the day prior to the election if they wish to vote.

Only active members who have attended at least 50% of the department meetings for the previous year are eligible for nomination and election to office.

The Chairman and Chair-Elect are required to attend at least 50% of the department meetings each year while in office; failure to do so will be a voluntary resignation from office.

3. The Orthopaedic Advisory Committee

Membership of the Orthopaedic Advisory Committee will consist of the Chairman, Chair-Elect and the Immediate Past Chairman. The Committee will meet every other month, as needed, alternating with the regular Department meetings but as a separate vote. Any active member of the Department may attend and participate in the Orthopaedic Advisory Committee meeting but will be a non-voting member.

4. Department Meetings
Department meeting will occur 6 times per year on an every other month schedule: Jan, Mar, May, July, Sept, Nov.

ARTICLE VI AMENDMENTS

A motion for amendment of these rules and regulations or amendments to policies may be introduced during Department of Orthopaedic Surgery and Rehabilitation 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 the Board of Directors.

Adoption of policy amendments to Department of Orthopaedic Surgery and Rehabilitation policies shall require a simple majority of Active members present at a Department meeting. Amendments to Department of Orthopaedic Surgery policies shall become effective after approval by the Department, the Executive Committee and the Board.

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS

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.

Monitoring may be performed by Active members or Provisional members who have completed their monitoring requirements at Palomar Medical Center Escondido. The monitor shall have clinical privileges for the type of case being monitored.

If a Provisional Member desires to schedule a case before the monitoring process is completed, he shall attempt to make timely arrangements for a monitor. If a monitor is not available, the Chairman has the discretion to allow the case to be scheduled. The Chairman-Elect may decide if the Chairman is not available.

Any Member of the Department may dispute the Chairman's decision(s) regarding the method of monitoring by bringing the issue(s) to the Department of Orthopaedic Surgery for discussion and decision at its next regularly scheduled meeting.

Provisional (Category) Member's Responsibility

It is the responsibility of the Provisional Member

- a. to arrange monitoring in advance if applicable, so as to have the least impact on the schedule of the monitoring physician except in the case of an emergency.
- b. to inform the scheduling operating room personnel of monitoring arrangements.
- c. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.

Restrictions

When applicants are monitored, not more than one-half of the operative work done by the applicant shall be evaluated by any one monitor and the remainder shall be evaluated by at least two (2) other monitors. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department may permit an exception.

Advancement to Active

Monitoring must be completed prior to advancement from Provisional to Active status.

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 Courtesy category does not negate the need to complete monitoring.

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 Chairman 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.

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS
MONITORING POLICY – CONTINUED

Review of Monitoring Forms by the Chairman of the Department of Orthopaedic Surgery and Rehabilitation

Once the Provisional Member's file contains all of the required forms, the Medical Staff Services personnel will forward the Provisional Member's file to the Chairman of the Department of Orthopaedic Surgery and Rehabilitation 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 decision of the Chairman.

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.

Surgery Assist

Those individuals who are granted "assist only" privileges do not have a monitoring requirement.

Additional Privileges

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

Temporary Privileges

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

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
GUIDELINES FOR PRIVILEGES

Responsibility of the Credentials Committee of the Medical Staff

To review the application 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 Escondido.

Responsibility of the Department of Orthopaedic Surgery and Rehabilitation

To determine documented and demonstrable skill, experience and education relative to the pre-operative evaluation, technical performance and postoperative care inherent in the procedures requested.

Activity Requirements for Maintaining Active Status

The Medical Staff bylaws define the categories of membership on the Medical Staff. However, the Department of Orthopaedic Surgery further clarifies that for members to be eligible for Active Category Status, they must be the primary surgeon, perform the admitting history and physical or perform consultation on at least 25 patients during a two-year reassessment-reappointment period.

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Orthopaedic Surgery and Rehabilitation, twenty-five percent (25%) of the Department meetings must be attended during a Medical Staff Year (January through December). In lieu of attendance at 25% of the Department meetings, members may ~~attend in person half of the required meetings and~~ review three of the meetings ~~the~~ minutes in the Medical Staff Services office, ~~for the other half of the required meetings.~~

Sanctions

Non-compliance with the twenty-five percent (25%) attendance requirement of the Department of Orthopaedic Surgery and Rehabilitation is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.



PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS

Adopted by the Department of Orthopaedic Surgery/Rehabilitation on
May 12, 2026

Adopted by the Executive Committee on
May 18, 2026

Approved by the Board of Directors on
June 8, 2026

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS
ARTICLE I
PURPOSE

The purpose of the Department of Orthopaedic Surgery shall be:

1. to enhance the likelihood that all patients admitted to the Hospital or treated in the outpatient department receive the best possible orthopaedic and musculoskeletal rehabilitation services.
2. to provide a Chairman to represent the interests of the members of the department and the patients they serve.
3. to initiate and maintain rules and regulations for proper and efficient functioning of the Department of Orthopaedic Surgery.
4. to provide a representative to the various medical staff committee meetings who will be selected by the Chairman.

ARTICLE II
MEMBERSHIP

2.1 **Qualifications**

Qualifications for membership within the Department of Orthopaedic Surgery shall include those requirements specified in the Medical Staff bylaws, rules and regulations.

2.2 **Responsibilities**

The responsibilities of membership shall constitute:

1. participation in the 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. attendance at a minimum of twenty-five percent (25%) of the Department meetings as mandated by the Medical Staff Bylaws. Non-compliance with the twenty five percent (25%) requirement of Department meetings is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations
3. compliance with the Expectation of Physicians Granted Privileges at Palomar Health.
4. compliance with the Medical Staff bylaws, rules and regulations, Department of Orthopaedic Surgery and applicable Hospital policies and procedures.
5. participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the Palomar Health Performance Improvement plan.

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS

ARTICLE III
PRIVILEGES

3.1 **Application**

1. Each applicant, member or non-member, must complete forms designating the privileges he desires to perform. Upon receipt of these forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Chairman of the Department of Orthopaedic Surgery will review same and may meet with the applicant.
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ARTICLE IV
ORGANIZATION

4.1 **Officers**

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PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS

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PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS

MONITORING POLICY

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PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
RULES AND REGULATIONS
MONITORING POLICY – CONTINUED

Review of Monitoring Forms by the Chairman of the Department of Orthopaedic Surgery and Rehabilitation

Once the Provisional Member's file contains all of the required forms, the Medical Staff Services personnel will forward the Provisional Member's file to the Chairman of the Department of Orthopaedic Surgery and Rehabilitation for review.

Additional Monitoring

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Access to Monitoring Forms

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Surgery Assist

Those individuals who are granted "assist only" privileges do not have a monitoring requirement.

Additional Privileges

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

Temporary Privileges

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

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
GUIDELINES FOR PRIVILEGES

Responsibility of the Credentials Committee of the Medical Staff

To review the application 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 Escondido.

Responsibility of the Department of Orthopaedic Surgery and Rehabilitation

To determine documented and demonstrable skill, experience and education relative to the pre-operative evaluation, technical performance and postoperative care inherent in the procedures requested.

Activity Requirements for Maintaining Active Status

The Medical Staff bylaws define the categories of membership on the Medical Staff. However, the Department of Orthopaedic Surgery further clarifies that for members to be eligible for Active Category Status, they must be the primary surgeon, perform the admitting history and physical or perform consultation on at least 25 patients during a two-year reassessment-reappointment period.

PALOMAR MEDICAL CENTER ESCONDIDO
DEPARTMENT OF ORTHOPAEDIC SURGERY
ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Orthopaedic Surgery and Rehabilitation, twenty-five percent (25%) of the Department meetings must be attended during a Medical Staff Year (January through December). In lieu of attendance at 25% of the Department meetings, members may review three of the meeting's minutes in the Medical Staff Services office.

Sanctions

Non-compliance with the twenty-five percent (25%) attendance requirement of the Department of Orthopaedic Surgery and Rehabilitation is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

PALOMAR HEALTH

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

Name: _____

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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 PHYSICIAN ASSISTANT — SURGERY, OB/GYN AND/OR UROLOGY

To be eligible to apply for clinical privileges as a Physician Assistant in surgery, OB/GYN or Urology, the applicant must meet the following criteria:

- Current licensure to practice as a physician assistant issued by the Physician Assistant Committee of the Medical Board of California.
- Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 – Commission on Accreditation of Allied Health Education Programs).
- Current certification, or active participation in the examination process with achievement of board certification by the National Commission on Certification of Physician Assistants (NCCPA) within nine (9) months of appointment.
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body, (1 million/3million).

[04/2026 – adding Neurosurgery bundle](#)
[Approved:](#)
[IPC: - 04/15/2026](#)
[Neurosurgery Subsection – 04/21/2026](#)
[SAC – 05/05/2026](#)
[Dept of Surgery – 05/12/2026](#)
[PMC E MEC – 05/18/2026](#)

Approved by Board of Directors: 8/8/2022

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

Name: _____

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Effective From: _____ To: _____

- BLS certification

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested for at least 12 patients in the past 12 months or completion of ARC-PA approved program in the past 12 months. If the Physician Assistant does not have the required experience as a surgical, OB/GYN or urology Physician Assistant, they may be granted privileges based on their other experience, but they must work under the direct supervision of the sponsoring physician for all patient interactions for three months and complete all applicable monitoring requirements prior to any independent patient contact.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored concurrently by the sponsoring physician.

Reappointment Requirements: To be eligible to renew core privileges as a physician assistant in Surgery, OB/GYN and/or Urology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (25 patients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of BLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols. A copy of the Delegated Services Agreement (DSA) signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

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

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[PMC E MEC – 05/18/2026](#)

Approved by Board of Directors: 8/8/2022

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

Name: _____

Page 3

Effective From: _____ To: _____

- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

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

04/2026 – adding Neurosurgery bundle
Approved:
IPC: - 04/15/2026
Neurosurgery Subsection – 04/21/2026
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PMC E MEC – 05/18/2026

Approved by Board of Directors: 8/8/2022

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

Name: _____

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Effective From: _____ To: _____

PHYSICIAN ASSISTANT CORE PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

- Requested** Evaluate, diagnose, and provide pre-, intra and post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and assisting in surgery for patients within age group of patients seen by collaborating/sponsoring physician. Physician Assistants may not admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

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

- Requested** A physician assistant may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a sponsoring physician unless he/she has passed an approved controlled substance education course. (Counter-signed within 24 hours) Requires current DEA license.

NEUROSURGERY BUNDLE (ONLY AVAILABLE TO PHYSICIAN ASSISTANTS WITH A NEUROSURGEON AS A SPONSOR) PMC ESCONDIDO ONLY

- Requested** Criteria: Those technical and management skills, which qualify the PA to administer highly specialized care by virtue of training and experience. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for at least the first 5 procedures. **Maintenance of Privilege:** Demonstrated current competence and the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes
 - Intracranial pressure monitor (ICP placement)
 - Instillation of antibiotics via ventriculostomy
 - Perform lumbar puncture
 - Remove cranial and spinal drains
 - Shunt adjustment
 - Shunt tap
 - Ventriculostomy for extraventricular drain placement

04/2026 – adding Neurosurgery bundle
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IPC: - 04/15/2026
Neurosurgery Subsection – 04/21/2026
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PMC E MEC – 05/18/2026

Approved by Board of Directors: 8/8/2022

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

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.

- Anoscopy (N/A for OB/GYN Physician Assistants)
- Assist in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the surgeon under direct supervision
- Counsel and instruct patients and significant others as appropriate
- Debridement, suture, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- Follow the guideline of sponsoring physician regarding referral to appropriate physician or other health care professional of problems that exceed the PA's scope of practice
- Insert and remove nasogastric tube (N/A for OB/GYN Physician Assistants)
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring physician
- Make preoperative and postoperative teaching visits with patients
- Monitor and manage stable acute and chronic illnesses of population served
- Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated

[04/2026 – adding Neurosurgery bundle](#)

[Approved:](#)

[IPC: - 04/15/2026](#)

[Neurosurgery Subsection – 04/21/2026](#)

[SAC – 05/05/2026](#)

[Dept of Surgery – 05/12/2026](#)

[PMC E MEC – 05/18/2026](#)

Approved by Board of Directors: 8/8/2022

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

Name: _____

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Effective From: _____ To: _____

- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Participate in volume replacement or autotransfusion techniques as appropriate
- Perform field infiltrations of anesthetic solutions
- Perform fundal pressure during C-Section (N/A for Surgical Physician Assistants)
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes (co signature in accordance with hospital policy)
- Remove/Place vaginal packing (N/A for Surgical Physician Assistants)
- Select and apply appropriate wound dressings, including liquid or spray occlusive materials, absorbent material affixed with tape or circumferential wrapping, immobilizing dressing (soft or rigid), or medicated dressings
- Write discharge summaries (co signature in accordance with hospital policy)

ACKNOWLEDGEMENT OF PRACTITIONER

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

- In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed _____ **Date** _____

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

Signed _____ **Date** _____

Signed _____ **Date** _____

04/2026 – adding Neurosurgery bundle
 Approved:
 IPC: - 04/15/2026
 Neurosurgery Subsection – 04/21/2026
 SAC – 05/05/2026
 Dept of Surgery – 05/12/2026
 PMC E MEC – 05/18/2026

Approved by Board of Directors: 8/8/2022

PALOMAR HEALTH

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

Name: _____

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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 PHYSICIAN ASSISTANT — SURGERY, OB/GYN AND/OR UROLOGY

To be eligible to apply for clinical privileges as a Physician Assistant in surgery, OB/GYN or Urology, the applicant must meet the following criteria:

- Current licensure to practice as a physician assistant issued by the Physician Assistant Committee of the Medical Board of California.
- Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 – Commission on Accreditation of Allied Health Education Programs).
- Current certification, or active participation in the examination process with achievement of board certification by the National Commission on Certification of Physician Assistants (NCCPA) within nine (9) months of appointment.
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body, (1 million/3million).
- BLS certification

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested for at least 12 patients in the past 12 months or completion of ARC-PA approved program in the past 12 months. If the Physician

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

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Assistant does not have the required experience as a surgical, OB/GYN or urology Physician Assistant, they may be granted privileges based on their other experience, but they must work under the direct supervision of the sponsoring physician for all patient interactions for three months and complete all applicable monitoring requirements prior to any independent patient contact.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored concurrently by the sponsoring physician.

Reappointment Requirements: To be eligible to renew core privileges as a physician assistant in Surgery, OB/GYN and/or Urology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (25 patients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of BLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols. A copy of the Delegated Services Agreement (DSA) signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

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

Medical Record Charting Responsibilities

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

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

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PHYSICIAN ASSISTANT CORE PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

- Requested** Evaluate, diagnose, and provide pre-, intra and post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and assisting in surgery for patients within age group of patients seen by collaborating/sponsoring physician. Physician Assistants may not admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

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

- Requested** A physician assistant may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a sponsoring physician unless he/she has passed an approved controlled substance education course. (Counter-signed within 24 hours) Requires current DEA license.

NEUROSURGERY BUNDLE (ONLY AVAILABLE TO PHYSICIAN ASSISTANTS WITH A NEUROSURGEON AS A SPONSOR) PMC ESCONDIDO ONLY

- Requested** *Criteria:* Those technical and management skills, which qualify the PA to administer highly specialized care by virtue of training and experience. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for at least the first 5 procedures. **Maintenance of Privilege:** Demonstrated current competence and the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes

- Intracranial pressure monitor (ICP placement)
- Instillation of antibiotics via ventriculostomy
- Perform lumbar puncture
- Remove cranial and spinal drains
- Shunt adjustment
- Shunt tap
- Ventriculostomy for extraventricular drain placement

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

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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.

- Anoscopy (N/A for OB/GYN Physician Assistants)
- Assist in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the surgeon under direct supervision
- Counsel and instruct patients and significant others as appropriate
- Debridement, suture, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- Follow the guideline of sponsoring physician regarding referral to appropriate physician or other health care professional of problems that exceed the PA's scope of practice
- Insert and remove nasogastric tube (N/A for OB/GYN Physician Assistants)
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring physician
- Make preoperative and postoperative teaching visits with patients
- Monitor and manage stable acute and chronic illnesses of population served
- Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Participate in volume replacement or autotransfusion techniques as appropriate
- Perform field infiltrations of anesthetic solutions
- Perform fundal pressure during C-Section (N/A for Surgical Physician Assistants)
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes (co signature in accordance with hospital policy)
- Remove/Place vaginal packing (N/A for Surgical Physician Assistants)
- Select and apply appropriate wound dressings, including liquid or spray occlusive materials, absorbent material affixed with tape or circumferential wrapping, immobilizing dressing (soft or rigid), or medicated dressings
- Write discharge summaries (co signature in accordance with hospital policy)

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

Name: _____

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Effective From: _____ To: _____

ACKNOWLEDGEMENT OF PRACTITIONER

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

Signed _____ **Date** _____

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

Signed _____ **Date** _____

Signed _____ **Date** _____



POLICIES & PROCEDURES

(February 2026 – May 2026)

FOR

BOARD OF DIRECTORS REVIEW & APPROVAL

Prepared by:

Jami Pearson, BSN, MBA, MSN

Regulatory Director

June 8, 2026

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Passion. People. Purpose.™

Date: June 8, 2026
To: The Board of Directors
From: Jami Pearson, Regulatory Director


Regarding: Pursuant to Policy #61492, Policy and Procedure Approval Process § 3a, b, c, and d: Board of Directors Oversight:

I attest that Palomar Health complies with the following requirements for the appropriate delegation approval of their policies, procedures, protocols, and scope of service:

Process for Board of Directors' Approval:

- a. Responsibility
 - i. The Board of Directors is responsible for ensuring that the organization develops and periodically reviews policies necessary for the safe and effective provision of care, treatment, and service.
 - ii. By approval of this policy, the Board of Directors – except where reserved – officially delegates its responsibility as follows:
 - I. The Chief Executive Officer is delegated the responsibility to approve/revise all non-governance organizational policies, procedures, and guidelines.
 - II. The Medical Executive Committee is delegated responsibility to approve/revise medical staff related policies, procedures, and guidelines.
 - III. The CNE is delegated the responsibility to approve/revise nursing and or patient care specific policies, procedures, guidelines, scopes of services and standardized procedures.
 - IV. Vice Presidents and Directors are delegated the responsibility to approve/revise unit specific policies, guidelines, and procedures, within their respective departments and services. This delegation includes but is not limited to Pharmacy, Dietary, Utilization, and other clinical departments
 - V. As required, those policies that require Board of Director approval will be sent to the Board as part of the agenda to receive final approval from the Board.

Signature:



Date: May 27, 2026

Regulatory Compliance

120 Craven Road, Suite 106, San Marcos, CA 92078 | T 442.291.9145 F 442.281.3699 | [PalomarHealth.org](https://www.PalomarHealth.org)

Palomar Health is a California Public Health Care District.

Board of Directors
Consent Agenda for Policies, Procedures, Plans, Scopes of Service & Protocols

TO: Board of Directors President

MEETING DATE: June 8, 2026

FROM: Jami Pierson, Regulatory Compliance Director

Background: Pursuant to Policy 61492, Policy and Procedure Approval Process. In order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of the Policies and Procedures Committee, that state all approvals/revisions have been done in accordance with the criteria established within this policy.

The policies, procedures, scopes of services, and protocols that have been approved from February 2026 through May 2026, are being sent via a consent agenda as required to the Board of Directors President.

Board President Recommendation:

I have reviewed the signed attestation from the Policy and Procedure Committee Chairperson. The Chair has validated that all the documents have been approved following the delegated policy and procedure delegated approval process.

Michael Pacheco, Board Chair

Date



DocID: 61492
 Revision: 5
 Status: Official

Source:
 Administrative
 Administrative

Applies to Facilities:
 All Palomar Health Facilities

Applies to Departments:
 All Departments

Procedure : Policy and Procedure Approval Process

I. SUMMARY:

To define Palomar Health District's process for the approval of policies and procedures. All physicians are referred to providers in all policies and procedures with the exception of Standardized Procedures.

II. DEFINITIONS:

- A. **Policy:** A policy covers broad principles or complex standards requiring Board/Administrative approval and may have significant legal, regulatory, or financial implications.
- B. **Procedure:** A formal, approved, written description of how a governance, management, or clinical care process is defined, organized, or carried out.
- C. **Power Plans:** Power Plans sent for medication are predetermined, evidenced based prescribing electronic tools that help healthcare professionals implement best practices. They organize and automate the process of placing an order. Power plans group several orders together to make order entry convenient and efficient. They are designed based on a condition, disease, or procedure.
- D. **The Villas at Poway:** Title 22 (72521 & 72523) dictates the Skilled Nursing Facility (SNF) procedures all be reviewed and approved in writing at the patient care committee and governing body for the SNF.
- E. **IGC:** Interdisciplinary Governance Council
- F. **PMSC:** Patient and Medication Safety Council
- G. **P&T:** Pharmacy and Therapeutics
- H. **Provider:** In the medical field, a provider is a healthcare professional or organization that delivers medical services to patients. This includes:
 - 1. **Physicians:** Doctors, such as general practitioners, specialists, and surgeons.
 - 2. **Advanced practice providers:** Nurse practitioners, physician assistants, and certified midwives.
 - 3. **Nurses:** Registered nurses, licensed practical nurses, and nurse anesthetists.
 - 4. **Other healthcare professionals:** Therapists, pharmaceuticals, laboratory technicians, and social workers. Providers are authorized to practice medicine or provide healthcare services in their respective states. They are responsible for diagnosing and treating patients, providing medical advice, and coordinating care.

III. PROCEDURE: COMPLIANCE - KEY STEPS:

A. Standards of Practice

1. Documents that may support the policy/procedure; including but not limited to practices, pre-printed orders, and chart forms; are not defined for the purposes of this policy.
2. The electronic policy management system will be the primary source utilized for policies and procedures. Any other third party references (e.g. Dynamic Health) may be utilized as an additional resource as applicable.
3. Palomar Health policies/procedures are: to be reviewed or revised per regulatory requirements, or organizational processes and submitted through the approval process (See policies and procedure review grid J).
 - a. Developed in collaboration with the medical staff if relevant to medical staff activities and/or direct patient care.
 - b. Developed in collaboration with nursing leadership if relevant to direct patient care. Consistent with professional references, applicable regulations, legal requirements, accreditation standards, and the mission and philosophy of the organization.
4. Creating and revising documents:
 - a. The editable version will be stored in the electronic policy management system.
 - b. Revisions to the documents will be tracked as changes while going through the approval process.
 - c. Any changes to content, deletions, and/or combining of policies/procedures will require the full approval process.

5. Creating and revising Power plans

1. Any provider can request a power plan or change a power plan
2. If the power plan affects more than one provider group, the power plan will need to go through Clinical Informatics Council and then to the appropriate Medical Staff Committee structures.
3. The request for revisions will go to Interdisciplinary Governance Council for their approval after appropriate approval from the medical staff committees as applicable
4. Refer to attached [Power Plan Approval Process Flow Chart](#)

6. Maintenance of power plans to include, but not limited to:

- a. Order sentence corrections, duplication therapy, removal of medications, adding or removing pre-approved sub phases or edits based on regulatory requirement, or medication shortages will be approved by the Chief Medical Information Officer (CMIO).
- b. Expedited approval based on regulatory need will be done by Chair of the Department, Pharmacy & Therapeutics Committee, and routed to Medical Executive Committee for final approval.
- c. All power plans that do not meet the exceptions noted above require approval beginning with the applicable medical staff committee for approval. Routing of these power plans will follow the medical staff approval process up to include Pharmacy and Therapeutics, and the Medical Executive Committee.
- d. Board of Directors approval will be done twice per year via consent agenda.

B. Steps of Procedure

1. Nursing Service Policies and Procedures

- a. Palomar Medical Center written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.
 - i. Policies and procedures which involve the medical staff shall be reviewed and approved by the medical staff prior to implementation.
 - ii. Policies and procedures of other departments which contain requirements for the nursing service shall be reviewed and approved by the nursing service prior to implementation.
 - iii. The nursing service shall review and revise policies and procedures every three years, or more often if necessary. (See policies and procedure Review grid in section J.).
 - iv. The hospital administration and the governing body shall review and approve all policies and procedures that relate to the nursing service every three years or more often, if necessary
 - I. Patient care policies and procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes: assessment, nursing diagnosis, planning, intervention, evaluation, and, as circumstances require, patient advocacy.

2. Medical Service Approval Mechanism

- a. A committee of the medical staff shall be assigned responsibility for:
 - i. Patient care policies and procedures will be routed to the appropriate medical staff committee including the Medical Executive Committee as required.
 - ii. Developing, maintaining and implementing written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

3. Process for Board of Directors' Approval:

a. Responsibility

- i. The Board of Directors is responsible for ensuring that the organization develops and periodically reviews policies necessary for the safe and effective provision of care, treatment, and service.
- ii. By approval of this policy, the Board of Directors – except where reserved – officially delegates its responsibility as follows:
 - I. The Chief Executive Officer is delegated the responsibility to approve/revise all non-governance organizational policies, procedures, and guidelines.
 - II. The Medical Executive Committee is delegated responsibility to approve/revise medical staff related policies, procedures, and guidelines.
 - III. The CNE/COO is delegated the responsibility to approve/revise nursing and or patient care specific policies, procedures, guidelines, scopes of services and standardized procedures.
 - IV. Vice Presidents and Directors are delegated the responsibility to approve/revise unit specific policies, guidelines, and procedures, within their respective departments and services. This delegation includes but is not limited to Pharmacy, Dietary, Utilization, and other clinical departments
 - V. As required, those policies that require Board of Director approval will be sent to the Board as part of the agenda to receive final approval from the Board.

b. Approval/Revision Criteria

i. Policies, guidelines, scope of service, or procedures shall be approved / revised to ensure that they:

- I. Are consistent with the Mission and Values of Palomar Medical Center.
- II. Meet applicable law, regulation, and related accreditation standards
- III. Are consistent with prevailing standards of care
- IV. Are consistent with evidence-based practice

c. Frequency of Review

i. Unless otherwise noted, policies, guidelines, scope of service, and procedures must be reviewed – and if necessary revised – at least once every three years or more frequently if required to meet regulatory requirements or any changes in current clinical practice.

d. Board of Directors Oversight

- i. In order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of Policies and Procedures that state all approvals/revisions have been done in accordance with the criteria established within this policy.
- ii. The Board of Directors reserves the right to further review, approve or revise any policies developed by the organization or the medical staff.
- iii. The Board of Directors shall have electronic access to the latest policies, guidelines, scopes of services and procedures currently in place.

e. All Palomar Medical Center Policies promulgated prior to the effective date of this Policy are hereby ratified to the extent they are not inconsistent with this Policy or each other and notwithstanding the manner in which they were promulgated.

C. Issue date should be the final approval date by delegated authority.

D. Revision dates should reflect approval dates each time the policy/procedure is approved by the delegated authority.

E. Staff shall be notified of any new policies/procedures or significant revisions. Education shall be provided as appropriate.

F. A hard copy of all current policies/procedures must be available in the departments for downtime.

G. PROCESS FOR ADMINISTRATIVE PROCEDURE APPROVAL

1. Approval Process

- a. Content Expert
- b. Policies and Procedures Committee
- c. Pharmacy and Therapeutics Committee (P&T), if contains medication, medication administration or if standardized procedure
- d. Medical Executive Committee (MEC), if relevant to medical staff activities and/or direct patient care
- e. Delegated authority final approval

H. PROCESS FOR NURSING SERVICES APPROVAL:

1. Approval Process

- a. Content Expert
- b. Medical Staff/Department , if relevant to medical staff activities or direct patient care
- c. Nursing Leadership Committee(s) such as IGC and PMSC as applicable
- d. Policies and Procedures Committee
- e. P&T, if contains medication, medication administration or if standardized procedure
- f. Interdisciplinary Practice Committee (IPC), if a standardized procedure
- g. MEC, if relevant to medical staff activities and/or direct patient care
- h. Delegated authority final approval

I. PROCESS FOR DEPARTMENT SPECIFIC MANUAL APPROVAL:

1. Approval Process

- a. Content Expert
- b. Department Manager and/or Director
- c. Medical Director for clinical areas with a Medical Director when appropriate
- d. Medical Staff/Department Division, if relevant to medical staff activities or direct patient care
- e. MEC, if relevant to medical staff activities and/or direct patient care
- f. Delegated authority final approval

2. Each Department is responsible for maintaining their own department specific manual.

- a. Makes revisions in the electronic policy management system to policies/procedures using tracked changes.

b. Obtain Medical Director's approval if applicable for policies/procedures related to Medical Staff activities or direct patient care.

3. Expedited Process Approval:

a. If a procedure is required to be immediately revised on a patient care need with regulatory justification it can be approved by the CNE/COO and / or Medical Director and move forward to Policy and Procedure Committee and other approval mechanism as appropriate.

b. Education will be provided if indicated.

1. Policies and Procedures Review Grid

Category	Policy and Procedure Name	Review Period	Regulation Requirement
Nursing Policies	All	3 years	Title 22
Standardized Procedures	All	Annual; Annual Competency required for Nursing	California Board Of Registered Nursing
Neonatal Unit	All	2 years	California Children Services (CCS)
Laboratory	All	2 years	College of American Pathologists(CAP)
Interpretation and Discharging Planning for Homeless Population	Nursing Services	Annual	Joint Commission(JC) and CDPH
Utilization	Utilization Plan	Annual	Joint Commission(JC)
Environment of Care Plans	Engineering: Utility Management Plan Environment of Care: Hazardous material and Waste Management and Communication Plan Environment of Care: Life Safety Management Plan Environment of Care: Safety Plan Environment of Care: Security Management Plan	Annual	Joint Commission (JC)
Disaster Plan	Emergency Operations Plan (Disaster Plan)	Annual	Joint Commission (JC)
Pharmacy	Pharmacy: Automatic Therapeutic Interchange Pharmacy: Black Box Warnings, Drugs with Policy Pharmacy: Sterile Products Preparation	Annual	United States Pharmacopeia (USP) < 797>, <800>

Infection Control	Infection Control: Aerosol transmissible Diseases and Tuberculosis Control Plan Infection Control: Blood borne Pathogen Exposure Control Plan Infection Control: Risk Assessment and Surveillance Plan	Annual	Joint Commission (JC)
Administrative	HR, Compliance, Legal, Education & other administrative documents	3 years or with regulatory required updates	Joint Commission (JC), CMS or any other regulated body
Protocol	Clinical Protocols	Annual	CMS
Power Plans/Order Sets	Power Plan Approval Process for Medical Staff	At least every 3 years	CMS
Finance Documents	Finance documents	Every 3 years	Title 22
Emergency Department	Capacity Management - Full Plan	Annual	California AB40
Emergency Department	Patient Transfer Request Processing from Other Facilities	Annual	CMS

J. REFERENCE(S):

1. California Department of Public Health, Title 22 California Code of Regulations
2. The Joint Commission Standards
3. California Children's Services Standards
4. College of American Pathologists
5. Board General Powers: The Board is the governing body of the District. All District powers may be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable the District to fulfill its mission and vision in an effective and ethical manner.
6. CFR 482.12 - CMS Condition of Participation: Governing Body
7. Joint Commission Leadership Standard - The hospital has policies and procedures that guide and support patient care, treatment, and services.

Document Owner: Pearson, Jami

Approvals

- **Committees:** (04/24/2025) Policies & Procedures

Original Effective Date: 02/12/2020

Revision Date: [04/24/2025 Rev. 5]

Attachments: [Power Plan Approval Process Flow Chart](#)
(REFERENCED BY THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<https://www.lucidoc.com/api/auth/login?org=10343&returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dpphealth%3A61492>.

Consent Agenda for the Board – February 2026

Non-Clinical Documents	Discussion	Approval or Denial	Owner/Responsible Person
1. Procedure : Admission Criteria Inpatient, Subacute & SNF 10073 Rev 10		Approved	Tyler Powell
2. Procedure : Therapist Roles and Qualifications for NICU 26294 Rev 8		Approved	Tyler Powell
3. Procedure : Therapist of Record 42072 Rev 7		Approved	Tyler Powell
4. Procedure : Weekend Only Worker (WOW) Rehab Therapist 31072 Rev 10		Approved	Tyler Powell
5. Reference Materials : Adult User Maintenance Mindray Settings 70532 Rev 1	✓ All Mindray setting documents will be combined into one once they are all approved.	Approved	Meghan Jaremczuk
6. Form : Faces Pain Rating Scales, Non-English 31292 Rev 5	✓ Add foot note to reflect review date. ✓ Link to Respiratory Pain Assessment and Adult Inpatient Standards.	Approved with edit	Meghan Jaremczuk
7. Form : Numerical Pain Rating Scales, Non-English 31293 Rev 5	✓ Add foot note to reflect review date. ✓ Link to Respiratory Pain Assessment and Adult Inpatient Standards.	Approved with edit	Meghan Jaremczuk
8. Procedure : Alternate Sources of Energy 62372 Rev 3	✓ Brian will ensure this one is aligned with the Temp and Humidity policy that belongs to Bruce Grendell and the generator and emergency power documents that belong to Marcos Fierro. Will link to those policies.	Table	Brian Willey
9. Form : Bomb Threat Checklist 50472 Rev 2		Approved	Brian Willey
10. Procedure : Code Orange - Hazardous Material Spill/Release 16903 Rev 6		Approved	Brian Willey

11. Procedure : Code Yellow - Bomb Threat 16934 Rev 7		Approved	Brian Willey
12. Procedure : Disaster Emergency Paging 17033 Rev 4		Approved	Brian Willey
13. Procedure : Earthquake Checklist Procedure 17031 Rev 3		Approved	Brian Willey
14. Procedure : Physician Release to Return to Work 11275 Rev 11		Approved	Brian Willey
15. Procedure : Work Comp - Employee Injury & Illness Reporting 10558 Rev 13		Approved	Brian Willey
16. Procedure : Work Comp - Return to Work 20190 Rev 8		Approved	Brian Willey
17. Policy : Antimicrobial Stewardship Program 49972		Approved	Nada Ghobrial
18. Reference Materials : Cath Lab/IR Mindray Alarm Parameters/Limits/Default Settings 70612 Rev 1		Approved	Tom McGuire
19. Form : Donning and Removing Personal Protective Equipment 50752 Rev 7	✓ Ensure linked to Standard Precautions and Transmission Based Precautions	Approved	Jarrod Becasen for Valerie Martinez
20. Form : Emergency Capital Definition 51072 Rev 4		Approved	Heather Woodling
21. Reference Materials : Operating Room- Mindray Parameters/Alarm Limits/Default Settings 72132 Rev 1		Approved	Bruce Grendell
22. Reference Materials : PACU Mindray Alarm Limits Adults 71372 Rev 1		Approved	Bruce Grendell
Clinical Documents for Approval			
23. Form : Characteristics of Malnutrition 53833 Rev 1	✓ Request to archive	Approved	Megan Melendrez
24. Procedure : Menu Substitutions 71472 Rev 0	✓ Remove verbiage after the word "necessary" in section I	Approve with edits	Megan Melendrez

25. Procedure : Medications Requiring a Filter 12092 Rev 21	✓ Send to Ashley to provide reminder education via Nursing News.	Approved	Nada Ghobrial
26. Procedure : NICU Rehab Services Evaluation 26412 Rev 9		Approved	Tyler Powell
27. Procedure : Pediatric Adolescent Services 12116 Rev 9		Approved	Tyler Powell
28. Procedure : Nursing Plan of Care 57240 Rev 3		Approved	Holly Porter
29. Procedure : Wound and Patient Imaging 57235 Rev 5	✓ Request to archive. Separate policy not necessary. Consent for photography included in COA	Approved	Tyler Powell for Holly Porter
30. Form : NRP Guidelines 44672 Rev 5		Approved	Holly Porter
Standardized Procedures – Annual Review			
31. Standardized Procedure : Emergency Department Treatment 16460 Rev 12	✓ Link to ED Triage Standardized Procedure and vice versa.	Approved	Tracy Page
Scopes of Service – Review/Approval			
32. Scope of Service : Medical Staff Services 12373 Rev 11		Approved	Shamrha Storms
33. Scope of Service : Communications/Call Center		Approved	Brian Willey
34. Scope of Service : Volunteer Services 12393 Rev 13		Approved	Brian Willey
Transfer Documents – Annual Review			
35. None			
Management Plan(s) – Annual Review			
36. Plan : Capacity Management- Full Plan 68712 Rev 6	✓ Edits provided by Darrell Opperman via e-mail ✓ Place all plans in a binder for survey	Approve with edits	Donald Miller
37. Plan : Bioterrorism Response Plan	✓ Place all plans in a binder for survey	Approved	Brian Willey
38. Plan : Burn Surge Plan 51052 Rev 0	✓ Place all plans in a binder for survey	Approved	Brian Willey
39. Plan : Injury and Illness	✓ Place all plans in a binder for survey	Approved	Brian Willey

Prevention 15282 Rev 7			
40. Plan : Water Management Program and Water Safety Plan, PMCE 71992 Rev 3	✓ Place in a binder	Approved	Marcos Fierro for Valerie Martinez
41. Plan : Water Management Program and Water Safety Plan, PMCP 71993 Rev 3	✓ Place all plans in a binder for survey	Approved	Marcos Fierro for Valerie Martinez
42. Plan : Patient Safety Plan 78212 Rev 0	✓ New plan to be compliant with AB 3161 ✓ Place all plans in a binder for survey	Approved	Jami Pearson for Valerie Martinez
Documents to Archive	Discussion	Approval or Denial	Responsible Person
43. Policy : Admission of Newborns to NICU 12201 Rev 12		Approved	
44. Procedure : Assessment for the Need and Initiation of Passive Cooling for Hypoxic Ischemic Encephalopathy 60672 Rev 2		Approved	
45. Reference Materials : Attachment A Umbilical Vessel Catherization to Lucidoc 69412 76352 Rev 0		Approved	
46. Procedure : Chest Tubes 12220 Rev 9		Approved	
47. Procedure : Discharging Patients from NICU 12228 Rev 10		Approved	
48. Procedure : Eye Exams for Premature Infants 68192 Rev 1		Approved	
49. Procedure : IV Insertion and Management for Neonatal Patients 12243 Rev 14		Approved	
50. Reference Materials : Inpatient Neonatal Parenteral Nutrition Guidelines 68773 Rev 1		Approved	
51. Procedure : Intravenous Medications for Neonatal Patients 10986 Rev 11		Approved	

52. Procedure : Management of Low Birth Weight Neonates 11566 Rev 9		Approved	
53. Scope of Service : Medical Staff Services 12404 Rev 5		Approved	
54. Power Plan : NICU Blood Product Administration - Transfusion Power Plan 74292 Rev 0		Approved	
55. Procedure : NICU Discharge Planning and Mutlidisciplinary Rounds 68153 Rev 1		Approved	
56. Procedure : NICU Onboarding 75032 Rev 0		Approved	
57. Procedure : NICU PICC Line Placement and Management 70892 Rev 0		Approved	
58. Procedure : Nasal Swab Collection 26872 Rev 16		Approved	
59. Standardized Procedure : Neonatal Advanced Life Support (ALS) 69392 Rev 1		Approved	
60. Procedure : Neonatal Enteral Tube Management - Gavage & Gastrostomy 11744 Rev 9		Approved	
61. Standardized Procedure : Nurse Practitioner Procedures in the NICU 69412 Rev 2		Approved	
62. Policy : Onboarding Rady Staff to Palomar NICU 74692		Approved	
63. Power Plan : PICC LINE /PORT-A-CATH/CVAD CARE 66912 Rev 0		Approved	
64. Procedure : Revenue Codes for NICU Levels of Care 33892 Rev 4		Approved	
65. Procedure : Standards of Care NICU 11603 Rev 19		Approved	

66. Procedure : Suctioning the Neonate 11629 Rev 12		Approved	
67. Procedure : Surfactant (poractant alfa) Administration in Neonates 11639		Approved	
68. Procedure : Sysmex XN Series Work Area Manager (WAM) 61732 Rev 4		Approved	
69. Procedure : Umbilical Cord Care 11756 Rev 7		Approved	
70. Procedure : Urinary Catheterization 11767 Rev 6		Approved	
71. Procedure : Visitation in NICU 11818 Rev 8		Approved	
72. Procedure : Weaning A Premature Infant From An Incubator 11837 Rev 7		Approved	
Transfer Ownership			
73. Laboratory Distribution of Non-Interfaced Patient Test Results Ownership Transferred from Sandra Lajeunesse to Mariel Teng		Approved	
74. Laboratory Distribution of Non-Interfaced Patient Test Results Ownership Transferred from Sandra Lajeunesse to Mariel Teng		Approved	
75. Laboratory Distribution of Non-Interfaced Patient Test Results Ownership Transferred from Sandra Lajeunesse to Mariel Teng		Approved	
76. Add on Test and Phone Requests for Lab Orders (Oral Orders) Ownership Transferred from Tim Barlow to Mariel Teng		Approved	
77. Child Abuse Specimen Processing Ownership Transferred from Tim		Approved	

Barlow to Mariel Teng			
78. Stat Specimen Handling Ownership Transferred from Tim Barlow to Mariel Teng		Approved	
79. Capacity Management- Full Plan Ownership Transferred from Ryan Fearn-Gomez to Donald Miller		Approved	
80. Green Means Go! Ownership Transferred from Ryan Fearn-Gomez to Donald Miller		Approved	
81. Midnight Census Ownership Transferred from Ryan Fearn-Gomez to Donald Miller		Approved	
82. Patient Acuity Classification System Ownership Transferred from Ryan Fearn-Gomez to Donald Miller		Approved	
83. Patient Transfers or Direct Admits Ownership Transferred from Ryan Fearn-Gomez to Donald Miller		Approved	
84. Subacute Physician Services 18423 Ownership Transferred from Erica Cogswell to Alicia Locket		Approved	
85. Activity Assessment 18116 Ownership Transferred from Erica Cogswell to Tyler Powell		Approved	
86. Activity Attendance Records 18119 Ownership Transferred from Erica Cogswell to Tyler Powell		Approved	
87. Music Programs 17979 Ownership Transferred from Erica Cogswell to Tyler Powell		Approved	

Ownership Transferred from Erica Cogswell to Tyler Powell			
88. All Radiation Onc/Infusion document ownership transferred from Lynne DeBerry to Todd Renner		Approved	
89. Fiscal Year End Inventory Ownership Transferred from Kyle Menig to Heather Woodling		Approved	
90. Fiscal Year End Inventory Ownership Transferred from Kyle Menig to Heather Woodling		Approved	
Laboratory Documents for Awareness			
91. See Attached Excel Log		Approved	

Lab Policies 2.11.2026

Document Title	Department
24 Hour Urine Patient Instructions in English & Spanish	Specimen Collection
Accidents Resulting in Property Damage-Lab	Safety in Laboratory
Acid Spill Kit - PH Poway	Safety in Lab, PH Poway
Add on Test Request, Inpatient FORM	General Laboratory
Alphafeto Protein Collection on Pregnant Patients	Specimen Collection
Anaerobic GasPak EZ Gas Generating Pouch/Container System	Microbiology
Anaerobic Organism ID RapID ANA II System	Microbiology
Antibody Titer	Blood Bank
Arterial Anatomy	Specimen Collection
Arterial Puncture	Specimen Collection
Atellica CH Beta Hydroxybutyric (XBHB)	Chemistry
Atellica CH Calcium (CA_2)	Chemistry
Atellica CH Lactic Acid (Lac_3)	Chemistry
Atellica CH Urine/Cerebral Fluid Urine (UCFP)	Chemistry
Atellica IM Herpes Simplex 1 (HSV1)	Chemistry
Atellica IM Herpes Simplex 2 (HSV2)	Chemistry
Aution Eleven 4022 (AE-4022) Urinalysis Analyzer	Urinalysis
Automated Sed Rate	Hematology
Automated Sed Rate Quality Control	Hematology
Balance Service	Chemistry
Beckman Arkray Aution Max 4030 Urine Chemistry Analyzer	Urinalysis
BinaxNOW [®] , [†] Streptococcus pneumoniae Antigen	Microbiology
Biohazards General Guidelines - Lab	Safety in Laboratory
Blood Bank Banding	Specimen Collection
Blood Drawing Volumes	Specimen Collection
Blood Sign-out	Blood Bank
Body Fluid Discrepant Form	Hematology
Body Fluid Worksheet	Hematology
Body Fluids - Procurement, Transport, Handling	General Laboratory
CD20	Histology
CellaVision Quality Control	Hematology
Cerner HUB Outreach Lab Triage Process	General Laboratory
Chem Individualized Quality Control Plan (IQCP) Hologic Fetal Fibronectin	IQCP
Chemical & Biohazardous Spill Report	General Laboratory
Chromogranin	Histology
Coagulation Reagents, Validation for	Coagulation
Corynebacterium RapID CB PLUS	Microbiology
Critical Values Reporting	Clinical Practice (Multidisciplinary)
Cryoprecipitate	Blood Bank
Culture Workup Guidelines: Ear Cultures	Microbiology
D-Xylose Tolerance Absorption Test	Specimen Collection
Deglyced RBC	Blood Bank
Discard of Blood Components	Blood Bank
Donning and Removing Personal Protective Equipment	Infection Control
Downtime Cerner Accession Label Printing	Information System in Lab
Downtime Patient Record Card	Blood Bank
ETest	Microbiology
Embedding	Histology
Equipment Maintenance in LAB	Blood Bank
External Assessment	Quality Assurance
Factor VIII / Von Willebrand Factor	Histology
Fasting Glucose with an Order for Glucola to Follow	Specimen Collection
Foot Phlebotomy	Specimen Collection
GFAP	Histology

Geriatric Phlebotomy	Specimen Collection
Guidelines for Workload Management in the Lab	General Laboratory
HMB45	Histology
Hematology Printing and Resending Results on Instruments (and Downtime)	Hematology
Hemo Individualized Quality Control Plan (IQCP) Accumetrics PRUTest	IQCP
Hemo Individualized Quality Control Plan (IQCP) Cardinal Health HCG Combo Serum	IQCP
Hemo Individualized Quality Control Plan (IQCP) Siemens PFA-100 - PFA_ADP	IQCP
IQCP not needed for ABL90 as per CMS	IQCP
Lab Diagnosis Code(s) Request Form	General Laboratory
Lab Result Calling After Hours	General Laboratory
List of Modified FDA-Cleared Tests - Escondido	Chemistry
List of Modified FDA-Cleared Tests - Poway	Chemistry
MALDI-TOF	Microbiology
Media QC Tube Media Form	Microbiology
Melan-A	Histology
Methenamine Silver	Microbiology
Mycology	Microbiology
NEONATAL - MATERNAL DRUG SCREEN CHAIN OF CUSTODY FORM	Chemistry
Nasal Swab Collection	Microbiology
Numerical Pain Rating Scales, Non-English	Clinical Practice (Multidisciplinary)
Nursing Plan of Care	Wound Care and HBOT
Osmolality, Advanced Instrument User Manual	Chemistry
PAPRS-LAB	Safety in Laboratory
Pediatric Phlebotomy	Specimen Collection
Physiology	Specimen Collection
Priority of Service Designations	General Laboratory
Quality Plan for Microbiology	Microbiology
QuantIFERON TB Gold Plus	Microbiology
RH Immune Globulin	Blood Bank
Remel Rapidâ„¢ NH System	Microbiology
Reporting Infectious Diseases on Atellica	Chemistry
Result Notification and Surveillance	Microbiology
Safety in the Biological Safety Cabinet (BSC)	Safety in Laboratory
Sentinel Events Reporting-Transfusion Services	Blood Bank
Smooth Muscle Actin	Histology
Specimen Storage	Blood Bank
Standing Order Validation	Compliance in Lab
Standing Orders	Compliance in Lab
Stat Specimen Handling	Central Processing
Storage of Red Blood Cell Segments	Blood Bank
Strep Grouping by PathoDx Latex Agglutination	Microbiology
Supplier Contracts	Quality Assurance
Supplies and Suppliers	Blood Bank
Sysmex XN Series Work Area Manager (WAM)	Hematology
Thyroid Transcription Factor (TTF-1)	Histology
Tissue Storage	Blood Bank
Transfer Specimens	Information System in Lab
Transferring Specimens from One Site to Another for Atellica	Chemistry
Transfusion Reaction Culture Workup Guidelines	Microbiology
Type and Screen	Blood Bank
Universal Standards	General Laboratory
Unusual Occurrence Reporting and Analyzing	Quality Assurance
Urine Specimen Collection Clean Catch	Specimen Collection
Vaginal Wet Mount	Microbiology
Validation	Blood Bank
Vista Glucose	Chemistry

Work Comp - Employee Injury & Illness Reporting	Employee Health
Work Comp - Return to Work	Employee Health
Worklist Request	Information System in Lab
Vimentin	Histology

Consent Agenda for the Board – March 2026

Non-Clinical Documents & Clinical Documents for Approval	Discussion	Approval or Denial	Owner/Responsible Person
1. Procedure : Abandonment of Patient - Refusal of Assignment 18160 Rev 5		Approved	
2. Procedure : Animal Bites at Palomar Health, Reporting of to Animal Control 10125 Rev 8		Approved	
3. Procedure : Care of the Obstetric Patient in the Emergency Department 78313 Rev 0	✓ Ensure routing includes P&T	Approved	
4. Procedure : ED: Pediatric DNR 32412 Rev 4	✓ Remove current definition in section, II, Q and add definition from Probate Code Section 4712.	Approved with edits	
5. Procedure : MICN Obstetric Triage Guidelines 47112 Rev 6		Approved	
6. Procedure : Pediatric Broselow Crash Cart 17340 Rev 14	✓ Ensure routing includes P&T	Approved	
7. Procedure : Pesticide Illness, Reporting of in ED 11252 Rev 6	✓ Correct misspelled word in section III, B, 1, d (add “t” to “incident”	Approved with edits	
8. Procedure : PleurX Catheter and Drainage System 39012 Rev 3		Approved	
9. Procedure : Rapid Sequence Induction (RSI) in ED 11385 Rev 13		Approved	
10. Policy : Safety Tray 63032 Rev 2		Approved	
11. Form : Safety Tray Photos 62152 Rev 4		Approved	
12. Procedure : Suspicious Injury Reporting 63572 Rev 2		Approved	
13. Procedure : Abstinence Scoring Guidelines 12200 Rev 7		Approved	
14. Procedure : Bassinet, Individual Technique 61932 Rev 2		Approved	

15. Procedure : Car Seat Challenge 21231 Rev 7		Approved	
16. Procedure : Cardiac Telemetry Monitoring 18787 Rev 9		Approved	
17. Guideline : Cardiac Telemetry Monitoring Mindray Settings 78372 Rev 0		Approved	
18. Procedure : Cord Blood Workup 10382 Rev 6		Approved	
19. Procedure : Feeding of the Newborn 46572 Rev 3		Approved	
20. Procedure : Admission Criteria-- NICU Rehab Services Referral 26272 Rev 7		Approved	
21. Procedure : Speech Pathology and Audiology Services 12138 Rev 14		Approved	
22. Procedure : Alternate Sources of Energy 62372 Rev 3		Approved	
23. Form : Evacuation Equipment: Evacuation Chair Information Sheet 47433 Rev 4		Approved	
24. Form : Evacuation Equipment: MedSled Information Sheet 47432 Rev 2		Approved	
25. Form : Evacuation: Hospital Evacuation and Shelter In Place Decision Tree 46372 Rev 4		Approved	
26. Form : Evacuation: Predesignated Evacuation Assembly Areas 47572 Rev 3	✓ Remove 2140 Enterprise	Approved with edits	
27. Procedure : Exposure - Blood Borne Pathogen (BBP) & Sharps (Needlestick/Sharp/Splash) 11227 Rev 15		Approved	
28. Reference Materials : Mass		Approved	

Fatality Plan - Appendix A 63672 Rev 1			
29. Reference Materials : Mass Fatality Plan - Appendix E 63675 Rev 2		Approved	
30. Policy : Patient Observation: Patient Safety Companion (PSC) Use Process 61692 Rev 4		Approved	
31. Form : JumpSTART Pediatric MCI Triage 50732 Rev 1		Approved	
32. Procedure : Code Red – Fire 16921 Rev 7		Approved	
33. Policy : Fire Prevention Systems/Fire Watch 16919 Rev 6		Approved	
34. Procedure : Interim Life Safety Measures 18647 Rev 4		Approved	
35. Procedure : Oxygen System 17049 Rev 3		Approved	
36. Procedure : Restricted Items 17050 Rev 5		Approved	
37. Procedure : Special Water Systems - RO, DI, etc. 13787 Rev 3		Approved	
38. Procedure : Steam System 12929 Rev 5		Approved	
39. Procedure : Transportation of Hospital Owned Medical Equipment 45212 Rev 4		Approved	
40. Procedure : Underground Storage Tank Monitoring 13958 Rev 4		Approved	
41. Procedure : Water Softener System 14035 Rev 3		Approved	
42. Procedure : Work Order Prioritization 18749 Rev 1		Approved	
43. Procedure : Methicillin-Resistant		Approved	

Staphylococcus aureus (MRSA) Screening 33032 Rev 13			
44. Procedure : New Medication Order Availability and Medication Delivery 13484 Rev 12		Approved	
45. Procedure : Outpatient Pharmacy Security 52732 Rev 6		Approved	
46. Reference Materials : Tele Mindray Alarm Parameters/Limits/Default Settings 70474 Rev 1	✓ Archive after approval. Combined with 18787 and 78372	Approved	
47. Procedure : Bereavement Pay 10187 Rev 7		Approved	
Standardized Procedures – Annual Review			
48. Standardized Procedure : Emergency Department Triage 19851 Rev 15		Approved	
49. Standardized Procedure : Unsigned Orders 67172 Rev 3		Approved	
Scopes of Service – Review/Approval			
50. None		-	
Transfer Documents – Annual Review			
51. None		-	
Management Plan(s) – Annual Review			
52. Plan : Utility Systems Management Plan 11782 Rev 8		Approved	
Documents to Archive	Discussion	Approval or Denial	Responsible Person
53. Procedure : Weaning A Premature Infant From An Incubator 11837 Rev 7		Approved	
54. Procedure : Gun/Weapon Control on Psychiatric Inpatient Units 10702 Rev 9		Approved	
55. Form : Micro Individualized		Approved	

Quality Control Panel (IQCP) BD MAX SARS-CoV-2 Enterprise 68273 Rev 2			
56. Reference Materials: Cath Lab/IR Mindray Alarm Parameters Limits Default Settings 70612 Rev 1		Approved	
57. Reference Materials: Emergency Room Mindray Alarm Parameters Limits Settings (Adult & Pediatrics 70672 Rev 1		Approved	
58. Reference Materials: ICU Mindray Alarm Parameters Limits Default Settings 70473 Rev 0		Approved	
59. Reference Materials: NICU Mindray Alarm Parameters Limits Default Settings and User Maintenance Alarm Settings 70632 Rev 3		Approved	
60. Reference Materials: Operating Room Mindray Parameters Alarm Limits Default Settings 72132 Rev 1		Approved	
61. Reference Materials: PACU Mindray Alarm Settings Adults 71372 Rev 1		Approved	
62. Reference Materials: Tele Mindray Alarm Parameters Limits Default Settings 70474 Rev 0		Approved	
63. Reference Materials: Adult User Maintenance Mindray Settings 70532 Rev 1		Approved	
Transfer Ownership			
64. Procedure: Suspicious Injury Reporting Transferred ownership from Melvin Russell to Tracy Page		Approved	

65. Food and Nutritional Services policies and procedures – Transferred ownership from Nicole Hite to Megan Melendrez		Approved	
Laboratory Documents for Awareness			
66. See Attached Excel Log		Approved	





▼ 7. Laboratory Documents

[Pending official publication] [Owner: Free, Debra] [ID: 13513] [Doctype: Procedure]

7.1. [Cytokeratin 7](#)

Revision notes: Remove refer to procedure.

[Pending official publication] [Owner: D'Angelo, Jessica] [ID: 12808] [Doctype: Procedure]

7.2. [AFB Positive Culture or Smear](#)

Revision notes: update IP notification

[Pending official publication] [Owner: Barriteau, Joane] [ID: 12820] [Doctype: Procedure]

7.3. [Accessioning in Chemistry](#)

Revision notes: biennial review

[Pending official publication] [Owner: Barriteau, Joane] [ID: 71874] [Doctype: Form]

7.4. [Atellica CH High Sensitivity C-reactive Protein \(hCRP2\)](#)

Revision notes: new reagent

[Pending official publication] [Owner: D'Angelo, Jessica] [ID: 39495] [Doctype: Form]

7.5. [Authorization and Waiver of Liability for the Release of Human Tissue](#)

Revision notes: change to PDF format

[Pending official publication] [Owner: D'Angelo, Jessica] [ID: 39494] [Doctype: Form]

7.6. [Authorization to Release Pathology Material](#)

Revision notes: update to PDF

[Pending review] [Owner: D'Angelo, Jessica] [ID: 12880] [Doctype: Procedure]

7.7. [Autopsy, Prosecutor's Responsibilities](#)

Revision notes: Addition of mortuary receipt signature by the pathologist. bcb 11/3/15

[Added at review/expire: Annual review without changes.]

[Reviewed and Updated on 4/10/2017 by Brian Bakerink: Next Review Date is 4/10/2018. Review cycle justification updated.]

[Reviewed and Updated on 4/2/2018 by Brian Bakerink: Next Review Date is 4/1/2020. Review cycle changed to 2 years, which will take effect after the next scheduled review date which is 4/1/2020.]

[Added at review/expire: Annual review. No changes.]

[Reviewed and Updated on 4/8/2020 by Brian C Bakerink: Next Review Date is 4/8/2022. Review cycle justification updated.]

[Added at review/expire: Annual review no changes.]

[Marked as Reviewed on 4/12/2022 by Brian C Bakerink: Next Review Date is 4/12/2024.]

[Added at review/expire: Annual review. No changes.]

[Marked as Reviewed on 4/9/2024 by Brian C Bakerink: Next Review Date is 4/9/2026.][Owner changed from Brian C Bakerink to Timothy J Barlow by Sally Valle on 02-SEP-2025][Owner changed from Timothy J Barlow to Jessica D'Angelo by Sally Valle on 08-JAN-2026]

[Marked as Reviewed on 2/25/2026 by Jessica D'Angelo: Next Review Date is 2/25/2028.]

[Pending official publication] [Owner: D'Angelo, Jessica] [ID: 73493] [Doctype: Procedure]

7.8. [BinaxNOW™ Legionella Urinary Antigen](#)

Revision notes: update notification needed

[Pending official publication] [Owner: D'Angelo, Jessica] [ID: 70432] [Doctype: Procedure]

7.9. [Blood Culture Nucleic Acid Test ePlex by GenMark](#)

Revision notes: update

[Pending official publication] [Owner: Barriteau, Joane] [ID: 54073] [Doctype: Form]

7.10. [Fibronectin New Operator Training Checklist](#)

Revision notes: biennia1 review

[Pending official publication] [Owner: Barriteau, Joane] [ID: 54074] [Doctype: Form]

7.11. [Fibronectin Problem Solving Assessment Quiz](#)

Revision notes: biennial review

[Pending official publication] [Owner: Barriteau, Joane] [ID: 60552] [Doctype: Form]

7.12. [Helpdesk Useform](#)

Revision notes: biennial review

[Pending official publication] [Owner: Barlow, Timothy J] [ID: 21833] [Doctype: Procedure]

7.13. [MDI Troubleshooting Guidelines](#)

Revision notes: This procedure has been modified to reflect a legal name change.

[Pending official publication] [Owner: Barriteau, Joane] [ID: 74192] [Doctype: Form]

7.14. [Manual Dilution FORM, Vista](#)

Revision notes: biennial review

[Pending official publication] [Owner: Barriteau, Joane] [ID: 45092] [Doctype: Procedure]

7.15. [Manual Dilution Guidelines](#)

Revision notes: biennial review

- [Pending official publication] [Owner: D'Angelo, Jessica] [ID: 62252] [Doctype: Procedure]
7.16. [Mycobacterium Tuberculosis Complex Detection and Rifampin Resistance Xpert PCR](#)
Revision notes: update IP notification
- [Pending official publication] [Owner: Barriteau, Joane] [ID: 52872] [Doctype: Form]
7.17. [PTH Orders From Surgery Information](#)
Revision notes: biennial review
- [Pending official publication] [Owner: Teng, Mariel] [ID: 11264] [Doctype: Procedure]
7.18. [Phlebotomy Procedure](#)
Revision notes: This procedure has been modified to reflect a legal name change. Modified procedure to reflect Code 5150 phlebotomy care.
- [Pending official publication] [Owner: Barriteau, Joane] [ID: 73273] [Doctype: Form]
7.19. [Reagent Lot Crossover FORM for Atellica](#)
Revision notes: biennial review
- [Pending official publication] [Owner: D'Angelo, Jessica] [ID: 22152] [Doctype: Procedure]
7.20. [Reportable Conditions, Laboratory Notification](#)
Revision notes: update to add Cary Blair
- [Pending official publication] [Owner: Barlow, Timothy J] [ID: 13781] [Doctype: Procedure]
7.21. [Result Validation](#)
Revision notes: This procedure has been modified to reflect a legal name change and update the assay list.
- [Pending official publication] [Owner: D'Angelo, Jessica] [ID: 13869] [Doctype: Procedure]
7.22. [Stool Culture Reflex](#)
Revision notes: update to add Cary-Blair
- [Pending official publication] [Owner: D'Angelo, Jessica] [ID: 13876] [Doctype: Procedure]
7.23. [Streptococcus Identification](#)
Revision notes: update
- [Pending official publication] [Owner: Free, Debra] [ID: 12857] [Doctype: Procedure]
7.24. [AE1/AE3](#)
Revision notes: Remove refer to another procedure.
- [Pending official publication] [Owner: Free, Debra] [ID: 12843] [Doctype: Procedure]
7.25. [Alpha 1 Fetoprotein](#)
Revision notes: Remove refer to other procedure.
- [Pending official publication] [Owner: Free, Debra] [ID: 12854] [Doctype: Procedure]
7.26. [Anti-Human Carcinembryonic Antigen-Mono \(CEA\)](#)
Revision notes: Remove refer to another procedure.
- [Pending review] [Owner: Free, Debra] [ID: 13502] [Doctype: Procedure]
7.27. [Microtomes](#)
Revision notes: Formatting update.
[Added at review/expire: Annual review. No changes.]
[Marked as Reviewed and Updated on 6/23/2022 by Debra Free: Next Review Date is 6/23/2024. Review cycle changed to 2 years.][Review approval failed]
[Added at review/expire: Removed Mel Russell.]
[Marked as Reviewed on 6/24/2022 by Debra Free: Next Review Date is 6/24/2024.]
[Added at review/expire: Review. No changes.]
[Marked as Reviewed on 5/9/2024 by Debra Free: Next Review Date is 5/9/2026.]

Consent Agenda for the Board – April 2026

Non-Clinical Documents & Clinical Documents for Approval	Discussion	Approval or Denial	Owner/Responsible Person
1. Procedure : Earthquake Preparedness 17027 Rev 4		Approved	
2. Reference Materials : Waste Disposal Guidelines 71672 Rev 0		Approved	
3. Policy : Vehicle Management, Safety and Use Program 66932 Rev 1		Approved	
4. Form : Telemetry Monitoring Standardized Report Form 64533 Rev 2		Approved	
5. Reference Materials : KNEE Replacement Pathway 69353 Rev 1		Approved	
Standardized Procedures – Annual Review			
6. None			
Protocols – Annual Review			
7. Protocols : CT Imaging Protocols Matrix 44392 Rev 23		Approved	
Scopes of Service – Review/Approval			
8. None		-	
Transfer Documents – Annual Review			
9. None		-	
Management Plan(s) – Annual Review			
10. Plan : Infection Prevention and Control Risk Assessment and Surveillance Plan 15412 Rev 29		Approved	
Documents to Archive			
	Discussion	Approval or Denial	Responsible Person
11. Reference Materials : Centaur Assay Range and Dilution Chart		Approved	

53752 Rev 7			
12. Procedure : Centaur BNP, B-Type Natriuretic Peptide 42692 Rev 11		Approved	
13. Form : Centaur Dilution Check 55152 Rev 4		Approved	
14. Form : Centaur HIL Guidelines 55172 Rev 4		Approved	
15. Procedure : Centaur HIV Ag/Ab Combo 54372 Rev 5		Approved	
16. Procedure : Centaur Operating Guidelines 53092 Rev 5		Approved	
17. Procedure : Centaur Shutdown and Startup Procedure 44272 Rev 9		Approved	
18. Procedure : Centaur Vitamin D, Total 44652 Rev 10		Approved	
19. Procedure : Centaur iPTH (Intact PTH) 43452 Rev 10		Approved	
20. Procedure : Centaur Hepatitis B Surface Antigen 21051 Rev 17		Approved	
Transfer Ownership			
21. Diagnostic Imaging documents from Sims Kendal to Ryan Fearn-Gomez		Approved	
Laboratory Documents for Awareness			
22. See Attached Excel Log		Approved	

Title	Document ID	Document Type	Approval Type	Source
2026 PMC Poway Chemistry Activity Menu	60133	Reference Materials	Officialize	Chemistry
ABL90 does not need IQCP	59794	Reference Materials	Officialize	IQCP
Accidents and Spills	12822	Procedure	Review	Safety in Laboratory
Acid Spill Clean Up Kit - PH Escondido and Enterprise Lab	12828	Procedure	Review	Safety in Laboratory
ACL TOP 550 and 350 CTS Coagulation System Maintenance Schedule	39832	Procedure	Officialize	Coagulation
Anti-Human Cytokeratin 8/18	12856	Procedure	Officialize	Histology
Atellica IM N-terminal pro brain natriuretic peptide - NT ProBNP (PBNPII)	78392	Form	Officialize	Chemistry
Atellica Reagent Preparation Quick Reference	78432	Form	Officialize	Chemistry
Automatic Pipetting Systems Carryover Check	12869	Procedure	Officialize	Chemistry
Beckman Arkray Aution Max 4030 Preventive Maintenance	75994	Procedure	Officialize	Urinalysis
Beckman IRIS DxU 840m Preventive Maintenance	75995	Procedure	Officialize	Urinalysis, PH Escondido
Biohazardous Spill Kits	49213	Procedure	Officialize	Safety in Laboratory
Calibration Verification, Linearity and AMR Validation	12955	Procedure	Officialize	Chemistry
Caustic Spill Clean Up Kit-PH Laboratories	12982	Procedure	Officialize	Safety in Laboratory
CD 30	12891	Procedure	Officialize	Histology
CellaVision Maintenance and Troubleshooting	61634	Procedure	Officialize	Hematology
Centaur Assay Range and Dilution Chart	53752	Reference Materials	Archive	Chemistry
Centaur BNP, B-Type Natriuretic Peptide	42692	Procedure	Archive	Chemistry
Centaur Dilution Check	55152	Form	Archive	Chemistry
Centaur Hepatitis B Surface Antigen	21051	Procedure	Archive	Chemistry
Centaur HIL Guidelines	55172	Form	Archive	Chemistry
Centaur HIV Ag/Ab Combo	54372	Procedure	Archive	Chemistry
Centaur iPTH (Intact PTH)	43452	Procedure	Archive	Chemistry
Centaur Operating Guidelines	53092	Procedure	Archive	Chemistry
Centaur Shutdown and Startup Procedure	44272	Procedure	Archive	Chemistry
Centaur Vitamin D, Total	44652	Procedure	Archive	Chemistry
Chandler's Reticulum stain	13294	Procedure	Officialize	Histology
Chemical Hazardous Waste Disposal- Lab	13326	Procedure	Officialize	Safety in Laboratory
Chemistry Laboratory Test Panels	61712	Reference Materials	Officialize	Chemistry
Culture Workup Guidelines: Genital Tract	13285	Procedure	Officialize	Microbiology
FISH Analysis	49232	Procedure	Review	Anatomic Pathology
Slides-Blocks, Protecting & Preserving Integrity of	13826	Procedure	Officialize	Anatomic Pathology
Surgical Pathology Material, Grossing and Processing of	13891	Procedure	Officialize	Anatomic Pathology

Consent Agenda for the Board – May 2026

Non-Clinical Documents & Clinical Documents for Approval	Discussion	Approval or Denial	Owner/Responsible Person
1. Procedure : Compliance Monitoring and Investigations 17770 Rev 1		Approved	
2. Procedure : Discharge Criteria-Inpatient-SNF-Subacute 12067 Rev 8		Approved	
3. Procedure : Documentation Guidelines 10479 Rev 11	✓ Change Palomar Health to Palomar Medical Center	Approved with edits	
4. Procedure: Physician Prescription for Therapy Services 11273 Rev 15		Approved	
5. Procedure : Stroke Code and Patient Care Guidelines 46972 Rev 6	<ul style="list-style-type: none"> ✓ Approve with edits at P&P. ✓ Remove from further routing until Power Plan aligns with edits. ✓ In section II, 13 - correct "Ancludes" to "Includes". ✓ Nada will notify Jami when to place back into routing. 	Approve with edits at P&P only. Remove from further routing.	
6. Procedure : CSU Documentation Standards 55913 Rev 4		Approved	
7. Guideline : Extracorporeal Membrane Oxygenation (ECMO) Patient Selection Guidelines 72352 Rev 0		Approved	
8. Form : STEMI Transfer from PMC Poway to PMC Escondido Workflow 60452 Rev 2	✓ Does not require annual review. Change review frequency to every 3 years	Approved	
9. Form : Transport Defib Checklist 72932 Rev 0		Approved	
10. Form : Vascular Access Devices	✓ Ensure routing includes P&T	Approved	

Care and Maintenance Guidelines - Adults Only 36032 Rev 6	✓ No edits that would include editing order sets.		
11. Procedure : Electrocardiograms Processing 18712 Rev 5		Approved	
12. Procedure : Child Passenger Restraint System Education 17203 Rev 4		Approved	
13. Procedure : Discharge, Education and Patient Information 34432 Rev 7	✓ Run spell check; some words need capitalizing	Approved with edits	
14. Procedure : Emergency Delivery of Infant by Registered Nurse 10541 Rev 6		Approved	
15. Procedure : Nursing Care and Management in the Second Stage 51312 Rev 3		Approved	
16. Procedure : OB Surgical Patient Care 10569 Rev 6	✓ Ensure links are functioning	Approved	
17. Procedure : Perinatal Substance Abuse 11240 Rev 9		Approved	
18. Procedure : Utility Failure in the Birth Center 10447 Rev 6		Approved	
19. Procedure : Photography and Videotaping of Labor, Delivery and Cesarean Sections 10240 Rev 9		Approved	
20. Procedure : Test Results and Reports- Wound Care 67552 Rev 1		Approved	
21. Procedure : Prohibited - Approved Materials HBOT 20273 Rev 7	<ul style="list-style-type: none"> ✓ Add definition(s) "MDS" & "TCOM" ✓ Tyler will send definitions for acronyms to Sally ✓ Change owner to Tyler Powell 	Approved with edits	
22. Procedure: Standards of Patient Care for the Adult Inpatient	✓ Add definitions for fall tools (PHQ2/9).	Approved with edits	

18244 Rev 12	✓ Ashley will send to Sally		
23. Form: Adult Inpatient Standards 46172 Rev 20	<ul style="list-style-type: none"> ✓ Add definitions for fall tools (GUG). ✓ Ashley will send to Sally ✓ Send updated version to Carol Suarez 	Approved with edits	
24. Procedure : Secure Digital Forensic Imaging 28032 Rev 6		Approved	
25. Procedure : Standards of Care for Forensic Health Services 12144 Rev 11	<ul style="list-style-type: none"> ✓ Correct zip code to 92069 ✓ Remove “u” in Section IV, A, 1, e ✓ Ensure that this document aligns with Job Description - Michelle 	Approved with edits	
26. Form: Crash Cart Checklist 51472 Rev		Approved	
Protocols – Annual Review			
27. None		-	
Scopes of Service – Review/Approval			
28. Scope of Service : Forensic Health Services 12330 Rev 11		Approved	
Transfer Documents – Annual Review			
29. Procedure : Transfer of Patient to Other Facilities 11702 Rev 7	✓ Reminder to group that all transfer documents require annual review & education	Approved	
30. Procedure : Maternal Transfer to a Higher Level of Care 10942 Rev 8	✓ Sally ensure links are functioning	Approved	
31. Procedure : Neonatal Transfer to Higher LOC with Consultation Criteria 45532 Rev 9	✓ Sally check with Jami regarding “Applies to Facilities”	Approved	
32. Procedure : Patients No Longer Needing Acute Care Who Refuse Transfer or Discharge 30552 Rev 4		Approved	
Management Plan(s) – Annual Review			
33. None		-	

Documents to Archive	Discussion	Approval or Denial	Responsible Person
34. Procedure : Release of Adult Sexual Assault Record 12128 Rev 7		Approved	
35. Procedure : Release of Child Abuse Program Records 12129 Rev 6		Approved	
36. Procedure : System Director 44932 Rev 5		Approved	
Transfer Ownership			
37. Transport of Patients to the Cardiac Cath Lab from PMC Poway to PMC Escondido Transferred from <i>Holly Porter</i> to <i>Thomas McGuire</i>		Approved	
38. Developmental Services transferred from Cynthia L Linder to Valerie A Martinez		Approved	
39. North Region First Steps transferred from Wendy S Strauss to Valerie A Martinez		Approved	
Laboratory Documents for Awareness			
40. See Attached Excel Log		Approved	

Lab Documents for P&P 5.13.2026

Title	Document ID	Approval Type	Source
2026 PMC Esc Chemistry Activity Menu	60134	Officialize	Chemistry
ABO Typing	10033	Review	Blood Bank
Atellica 1 QC Worksheet - ESC	78473	Officialize	Chemistry
Atellica 2 QC Worksheet - ESC	78574	Officialize	Chemistry
Atellica IM Calibrators Quick Reference	78572	Officialize	Chemistry
BD Phoenix EpiCare Custom Rules	59532	Officialize	Microbiology
Beckman AX 4030 (Arkray Aution Max 4030) Urine Chemistry Analyzer	75812	Officialize	Urinalysis
Beckman AX-430 Solution and UA Strips On Board Stability Form	78573	Officialize	Urinalysis
Bone Lesions	12930	Officialize	Anatomic Pathology
Brain Biopsy for (TSE) Transmissible Spongiform Encephalopathies ANP.24300	12940	Officialize	Anatomic Pathology
Carbapenem MIC Intermediate or Resistant for Enterobacterales, P.aerug or A.baumannii	72212	Officialize	Microbiology
CD-68, Macrophage	12949	Officialize	Histology
Chemical Hygiene Plan	13001	Officialize	General Laboratory
Consent and Release for Material sent for Research Protocols	39493	Officialize	Anatomic Pathology
Critical Values - Confirmation	13086	Review	General Laboratory
Culture Workup Guidelines: Genital Tract	13285	Officialize	Microbiology
Cytokeratin 20	13512	Officialize	Histology
Daily Setup and End of Day Procedure	63852	Review	Histology
Direct Antiglobulin Test Coombs (DAT)	10441	Review	Blood Bank
Document Change Control	13118	Officialize	Quality Assurance
Emergency Issue of Blood	10547	Officialize	Blood Bank
Escondido Chemistry Water Quality Log	78472	Officialize	Chemistry
Escondido Hemo/Coag/UA Maintenance Logs	78412	Officialize	Hematology
Escondido Specimen Storage and Stability Summary	74152	Officialize	Chemistry
ETest Gradient Diffusion Susceptibility Testing	13177	Officialize	Microbiology
Evaluation of New Antibody Lots and Detection Kits- CAP ANP.22760	19870	Review	Histology
Formaldehyde/Xylene Exposure and Monitoring Plan	13268	Officialize	Safety in Laboratory
General Lab Safety Rules and Regulations	13801	Officialize	Safety in Laboratory
Gloves, Lab use of disposable	16380	Review	Safety in Laboratory
Hazardous Chemicals - Handling	13325	Officialize	Safety in Laboratory
Helpdesk Useform	60552	Officialize	General Laboratory
HemaPrompt FG Easy Instructions	77173	Officialize	Point-of-Care Testing
Hematology Parallel Testing Log	78433	Officialize	Hematology

Hemo Individualized Quality Control Plan (IQCP) Siemens PFA 100 - PFA_Epinephrine	54833	Officialize	IQCP
Hemosure One-Step Immunological Fecal Occult Blood Test	49592	Officialize	Hematology
Hepzyme Parallel Testing Log	78435	Officialize	Coagulation
Individualized Quality Control Plan (IQCP) Procedure	54832	Officialize	IQCP
Inspection of Units and Clerical Check	10801	Review	Blood Bank
IQCP List Poway	65192	Officialize	IQCP
Ketostix-Confirmatory Test for Urine Ketones	44452	Officialize	Urinalysis
Lab Marketing Practices	13467	Officialize	Compliance in Lab
MALDI-TOF Matching Hint Table	60152	Review	Microbiology
Mercury Spill Cleanup-PH Escondido/PH Enterprise	13490	Review	Safety in Laboratory
Methenamine Silver	13492	Officialize	Microbiology
Neonatal Transfusion	11024	Review	Blood Bank
Noise Levels- Laboratory	26472	Review	Safety in Laboratory
Pathology Charge Entry	12992	Officialize	Anatomic Pathology
Patient Information During Computer Downtime	22493	Review	Blood Bank
Patient Restore from Cerner Classic	13614	Officialize	Information System in Lab
Patient Specimen Identification Standards	13618	Officialize	General Laboratory
Phoenix M50 and AP(BD) Instrument Instructions	64952	Officialize	Microbiology
Pipet Accuracy and Precision Checks FORM	76512	Officialize	General Laboratory
Placenta Examination and Handling	13647	Officialize	Anatomic Pathology
Placental Alkaline Phosphatase	13648	Officialize	Histology
POCT Gem Hemochron 100 ACT+	73752	Officialize	Point-of-Care Testing
POCT Hemochron Signature Elite ACT test	25012	Officialize	Point-of-Care Testing
Poway Hemo/Coag/UA Maintenance Logs	78434	Officialize	Hematology
Poway Specimen Storage and Stability Summary	53872	Officialize	Chemistry
Problem Specimen Sent to Reference Laboratory Form	37593	Officialize	General Laboratory
PSA	13588	Officialize	Histology
PTH Orders From Surgery Information	52872	Officialize	Chemistry
Quality Assurance Plan-Perioperative Blood Recovery	11362	Officialize	Blood Bank
Quality Control	13693	Review	Serology
Quality Control for Out of Control Actions, Hematology	13705	Officialize	Hematology
Quality Control Guidelines, Chemistry	13697	Officialize	Chemistry
Quality Control Program	13700	Officialize	Quality Assurance
Quarantine of Blood Components	11369	Review	Blood Bank

Reagent Quality Control	11386	Review	Blood Bank
Record Retention for Laboratory	13744	Review	General Laboratory
Records and Reports	13747	Review	Cytology
Reference Laboratories	13752	Officialize	General Laboratory
Repeat Testing and Result Confirmation	23374	Review	General Laboratory
Reporting Infectious Diseases on Atellica	75052	Officialize	Chemistry
Routine and Special Staining	13789	Officialize	Histology
Safety Review - Laboratory	13800	Officialize	General Laboratory
Self-Assessment	11530	Review	Blood Bank
Solvent Spill Kit- Palomar Escondido and Enterprise Lab	13832	Officialize	Safety in Laboratory
Specimen Adequacy - Non-GYN	13835	Review	Cytology
Specimen Collection & Handling- Non-gyn	13836	Officialize	Cytology
Spill-X Chemical Spill Kits	49212	Officialize	Safety in Laboratory
Standby Procedure for Clinical Laboratory Scientists	12282	Officialize	General Laboratory
Summary of Operating Environmental Specifications Chemistry and Automation	52932	Officialize	Chemistry
Susceptibility Select Antibiotic Reporting	13811	Officialize	Microbiology
Switching Blood Types in Emergencies	11647	Review	Blood Bank
Synaptophysin	13897	Officialize	Histology
Sysmex XN Series Analyzer Calibration	61592	Officialize	Hematology
Sysmex XN Series Maintenance	61636	Officialize	Hematology
Sysmex XN Series Moving Averages XM Bar	13706	Officialize	Hematology
Thermometer Calibration Verification Form	56473	Officialize	General Laboratory
Urine Drug Screen Collection-Medical Staff	23912	Officialize	General Laboratory
Urine or Wet Mount Requests for Sperm FORM	18162	Officialize	Urinalysis
Vista Albumin	42432	Officialize	Chemistry
Vista Alkaline Phosphatase	42472	Officialize	Chemistry
Vista Aspartate Aminotransferase, AST	42532	Officialize	Chemistry
Vista Benzodiazepines, Urine	42612	Officialize	Chemistry
Vista Cholesterol	42872	Officialize	Chemistry
Vista CRP and CRP High Sensitivity	43012	Officialize	Chemistry
Vista Ethanol (alcohol)	43093	Officialize	Chemistry
Vista Ethanol Reagent Package Insert	59752	Officialize	Chemistry
Vista Fentanyl, Urine	67392	Officialize	Chemistry
Vista Guidelines for HIL Interference	52035	Officialize	Chemistry

Vista High Sensitivity Troponin	66452	Officialize	Chemistry
Vista Lactate dehydrogenase, LDI	43492	Officialize	Chemistry
Vista Lactic Acid	49852	Officialize	Chemistry
Vista LDL Cholesterol	43532	Officialize	Chemistry
Vista Magnesium	43592	Officialize	Chemistry
Vista N-terminal Pro-Brain Natriuretic Peptide	56432	Officialize	Chemistry
Vista Phenobarb	43692	Officialize	Chemistry
Vista Phenytoin	43712	Officialize	Chemistry
Vista Phosphorus	43752	Officialize	Chemistry
Vista Salicylate	43932	Officialize	Chemistry
Vista Thyroid Stimulating Hormone, TSH	48255	Officialize	Chemistry
Vista Tobramycin	44032	Officialize	Chemistry
Vista Uric Acid	44273	Officialize	Chemistry
Vista Valproic Acid	44292	Officialize	Chemistry
Vista Vancomycin	44312	Officialize	Chemistry
Water Quality	14033	Officialize	Chemistry

ID	Title
10040	Abbreviation List Guidelines
10362	Consultations to ICU Patients, Medical Staff
10479	Documentation Guidelines
10729	High-Level Disinfection with OPA
10804	Point of Use Treatment and Transport of Reusable Medical Equipment
10938	Nutrition Care Manual
10942	Maternal Transfer to a Higher Level of Care
11227	Exposure - Blood Borne Pathogen (BBP) & Sharps (Needlestick/Sharp/Splash)
11240	Perinatal Substance Abuse
11273	Physician Prescription for Therapy Services
11788	Vaccines for Healthcare Personnel
11806	Verbal/Telephone Provider Order Processing
12067	Discharge Criteria-Inpatient-SNF-Subacute
12092	Medications Requiring a Filter
12845	Aminoglycoside Dosing Service
12870	Automatic Stop Orders for Medications
13113	Discharge Prescriptions at Pharmacy
13768	Resale of Pharmaceuticals
15109	Disposition of Pathology Specimens
15243	Bioterrorism Determination and Reporting
15287	Medical Record - Entries, Content and Completeness
15412	Infection Prevention and Control Risk Assessment and Surveillance Plan
16460	Emergency Department Treatment
18712	Electrocardiograms Processing
18787	Cardiac Telemetry Monitoring
19851	Emergency Department Triage
22898	Pulmonary Rehabilitation Standards of Care
26272	Admission Criteria--NICU Rehab Services Referral
26412	NICU Rehab Services Evaluation
33032	Methicillin-Resistant Staphylococcus aureus (MRSA) Screening
33332	Methadone (Dolophine) - Restrictions on Use
44392	CT Imaging Protocols Matrix
45093	Chemotherapy Preparation and Admixture Guidelines (Chemo Prep Table)
45094	Chemotherapy Monitoring Parameters - Parenteral
45532	Neonatal Transfer to Higher LOC with Consultation Criteria
47312	Forensic Health Services
49972	Antimicrobial Stewardship Program
50752	Donning and Removing Personal Protective Equipment
51012	RCRA Medication List
51772	Vaccines for Healthcare Personnel - Appendix A
56712	Roles and Responsibilities for Trauma Team Members
57432	Patient Medication Assistance Program
61012	Infection Control and Prevention Program Annual Summary

63332	Secure Messaging
63572	Suspicious Injury Reporting
63693	The Villas at Poway Infection Control Surveillance Plan
66232	Non-Invasive Ventilation
67172	Unsigned Orders
69572	ARDS Ventilator Management
71992	Water Management Program and Water Safety Plan, PMCE
71993	Water Management Program and Water Safety Plan, PMCP
74792	ED Hyperosmolar Hyperglycemic Syndrome Power Plan
74793	DKA Admit Power Plan
74794	ED Diabetic Ketoacidosis (DKA) Power Plan
74795	Hyperosmolar Hyperglycemic Syndrome Admit Power Plan
76038	HDR Brachytherapy Provider and Staff Roles and Responsibilities
76853	ED General Trauma - Code Power Plan
78172	IR Paracentesis Power Plan
78173	IR Thoracentesis Power Plan
78212	Patient Safety Plan
78213	IR Lumbar Puncture Power Plan
78437	IV Fluconazole Power Plan
78552	Guidelines For the Administration of Parenteral Medications “ Adult
78592	AAOS Clinical Practice Guidelines: Management of Osteoarthritis of the Hip
78594	AAOS Clinical Practice Guidelines: Surgical Management of Osteoarthritis of the Knee
78595	Ortho: Joint Surgery Patient Selection Criteria
78632	Nutritional Diagnostic Provider Query
78633	Procedural Clarification Provider Query
78634	Altered Mental Status Provider Query
78635	Non Pressure Ulcer Specificity Provider Query
78636	POA Provider Query
78637	Sepsis Validity Provider Query
78638	Elevated Troponins Provider Query
78639	Atrial Fibrillation Specificity Provider Query
78640	Underlying Etiology of Symptoms Provider Query
78641	Pressure Ulcer Specificity Provider Query

Fiscal Year 2026 Financial Performance

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

April 2026 Unaudited

Highlights for April 2026

Revenue

- Gross Revenue was \$46.8 above budget, or 8.9%
- Net Patient Revenue was above budget by \$3.6M or 4.7%
- Inpatient and Inpatient Ancillary services, as well as, Infusion Therapy and Outpatient Imaging drove revenue, this past month. We also continue to see increased revenues from the DHDP program that will continue through Jun-26

Volumes

- April continued to be a strong month for acute inpatient volumes
 - Acute discharges were 7.6% higher than budget
- Surgery and emergency room, continue with previous trends
 - For the month, surgeries cases were down 2.6% to budget, and YTD is 3.0% below budget
 - IP ED visits continue to be strong, at 2.6% above PYTD and 21.5% above the monthly budget
- Radiation Oncology YTD exceeded the prior year by 6.1% but was 4.1% below budget
- Infusion Therapy exceeded the monthly budget by 16.0% and closed the budget gap, year-to-date, to 2.7%
- Length of Stay remained flat at 4.14 days, but continues to be 3.1% ahead of budget at 4.15 days

Expenses

- Total expenses were 2.0% under budget
- The largest positive budget variances were benefits and professional fees & purchased services, though these will be escalated in future months
- Salaries, wages and contract labor was effectively flat to budget and overall productivity was at 100.4%

Other Highlights

- Ongoing efforts ensure JPA reporting will be available for a July 1st close date
- Alvarez & Marsal (A&M) will pick up turn around reporting as we prepare to complete our budget and move to new reporting guidance via the Rapid Assessment that was recently completed
- The budget process continues as we prepare the Hospital District and JPA budgets for presentation to their respective Boards
- EBIDA* margin remains strong and improved to 15.3% based on FYTD results, improving from prior month
- Days Cash on Hand for April increased to 16.2 days (PH Only) and was due to slightly better collections activity and A/P management
- Accounts Payable Current Liability increased by \$1.9M, or 2.1%, and represents normal changes to the liability
- Days in Accounts Receivable (A/R) increased to 53.8 and A/R greater than 90 days decreased to 37.4% on a good collection month
- Debt Service Coverage is 1.24 as of April 2026, which is above 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 12% and 10% respectively in the current year which is impacting overall bottom-line profitability. Cash postings were \$65.9 million. Days in Net A/R excluding supplemental government programs are 53.8, an increase of 0.8 days from the prior month. Uncompensated Care increased by \$814 thousand to \$10.3 million for the month.

Revenue Cycle – Key Performance Indicators (KPIs)

Key Performance Indicators (KPI)	December 2025	January 2026	February 2026	March 2026	April 2026	Target
Total Net A/R (\$) ¹	\$ 115,367,571	\$ 118,486,363	\$ 118,290,229	\$ 113,768,911	\$ 112,222,692	
Net Days in A/R (Days) ²	56.7	55.3	54.4	53.0	53.8	55.0
% AR > 90 Days	44.4%	37.9%	38.6%	42.1%	37.4%	22.5%
% of Avoidable Denial Write-Offs	2.1%	3.0%	4.2%	5.4%	5.9%	2.1%
Net Revenue Yield	108.0%	100.9%	101.2%	100.2%	104.3%	98.0%

As expected, actual net A/R greater than 90 days declined and net patient service revenue declined to prior month and this percentage dropped to 37.4%. Lastly, avoidable write-offs are up as we exhaust collection efforts on older A/R. YTD we are at 3.3% 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 Apr-26	Budget Apr-26	Budget Variance	Prior Year Apr-25	Prior Year Variance	Actual Apr-26	Budget Apr-26	Budget Variance	Prior Year Apr-25	Prior Year Variance
Key Volumes										
Discharges - Total	2,332	2,157	8.1%	2,273	2.6%	23,569	21,127	11.6%	21,913	7.6%
Acute - General	2,293	2,111	8.6%	2,234	2.6%	23,162	20,669	12.1%	21,525	7.6%
Total Acute Discharges	2,293	2,111	8.6%	2,234	2.6%	23,162	20,669	12.1%	21,525	7.6%
The Villas at Poway	39	46	(14.9%)	39	0.0%	407	458	(11.2%)	388	4.9%
Patient Days - Total	11,924	11,892	0.3%	11,388	4.7%	121,887	119,787	1.8%	120,059	1.5%
Acute - General	9,485	8,815	7.6%	8,909	6.5%	96,121	88,462	8.7%	93,406	2.9%
Total Acute Patient Days	9,485	8,815	7.6%	8,909	6.5%	96,121	88,462	8.7%	93,406	2.9%
The Villas at Poway	2,439	3,077	(20.7%)	2,479	(1.6%)	25,766	31,326	(17.8%)	26,653	(3.3%)
Acute Adjusted Discharges	3,661	3,071	19.2%	3,583	2.2%	37,116	33,102	12.1%	34,105	8.8%
Total Adjusted Discharges*	3,708	3,425	8.3%	3,629	2.2%	37,601	33,535	12.1%	34,561	8.8%
Acute Adjusted Patient Days	15,146	14,104	7.4%	14,287	6.0%	153,965	141,534	8.8%	147,887	4.1%
Total Adjusted Patient Days*	17,585	17,180	2.4%	16,766	4.9%	179,731	172,860	4.0%	174,540	3.0%
Calendar Days	30	30	0.0%	30	0.0%	304	304	0.0%	304	0.0%
Acute Average Daily Census	316	294	7.6%	297	6.5%	316	291	8.7%	307	2.9%
Total Average Daily Census*	397	396	0.3%	380	4.7%	401	394	1.8%	395	1.5%
Surgeries - Total	873	896	(2.6%)	900	(3.0%)	8,939	9,211	(3.0%)	9,251	(3.4%)
Inpatient	494	504	(1.9%)	494	0.0%	4,991	5,041	(1.0%)	5,099	(2.1%)
Outpatient	379	393	(3.5%)	406	(6.7%)	3,948	4,171	(5.3%)	4,152	(4.9%)
Deliveries	218	266	(18.1%)	244	(10.7%)	2,596	2,984	(13.0%)	2,888	(10.1%)
ER Visits (Includes Trauma) - Total	9,931	10,074	(1.4%)	10,320	(3.8%)	100,844	101,796	(0.9%)	102,813	(1.9%)
Inpatient	1,912	1,573	21.5%	1,863	2.6%	18,588	16,663	11.6%	17,068	8.9%
Outpatient	8,019	8,501	(5.7%)	8,457	(5.2%)	82,256	85,133	(3.4%)	85,745	(4.1%)

	Month					Year to Date				
	Actual	Budget	Budget	Prior Year	Prior Year	Actual	Budget	Budget	Prior Year	Prior Year
	Apr-26	Apr-26	Variance	Apr-25	Variance	Apr-26	Apr-26	Variance	Apr-25	Variance
Cardiac Cath RVUs	1,129	1,313	(14.0%)	1,081	4.4%	11,324	11,150	1.6%	10,440	8.5%
Escondido Interv. Radiology RVUs	929	930	(0.1%)	874	6.2%	8,949	9,657	(7.3%)	9,397	(4.8%)
Poway Interv. Radiology RVUs	305	231	31.8%	249	22.5%	2,946	2,659	10.8%	2,628	12.1%
Radiation Oncology RVUs	4,612	3,370	36.9%	2,649	74.1%	32,758	34,148	(4.1%)	30,877	6.1%
Infusion Therapy Hours	1,250	1,077	16.0%	1,123	11.3%	10,628	10,917	(2.7%)	9,680	9.8%
Imaging										
Escondido CAT Procedures	10,426	8,551	21.9%	9,207	13.2%	100,892	88,929	13.5%	90,207	11.8%
Poway CAT Procedures	2,708	2,220	22.0%	2,736	(1.0%)	28,217	25,398	11.1%	26,436	6.7%
Escondido MRI Procedures	642	429	49.7%	529	21.4%	5,737	4,598	24.8%	4,746	20.9%
Poway MRI Procedures	145	132	10.2%	125	16.0%	1,520	1,340	13.5%	1,298	17.1%
Escondido Diagnostic Rad. Procedures	6,798	6,895	(1.4%)	6,667	2.0%	70,078	69,087	1.4%	70,131	(0.1%)
Poway Diagnostic Rad. Procedures	2,097	1,978	6.0%	2,182	(3.9%)	22,052	21,808	1.1%	22,365	(1.4%)

*Includes The Villas at Poway

	Month					Year to Date				
	Actual Apr-26	Budget Apr-26	Budget Variance	Prior Year Apr-25	Prior Year Variance	Actual Apr-26	Budget Apr-26	Budget Variance	Prior Year Apr-25	Prior Year Variance
Key Statistics										
Acute Average LOS - Days	4.14	4.18	0.9%	3.99	(3.6%)	4.15	4.28	3.1%	4.34	4.6%
Acute - General	4.14	4.18	0.9%	3.99	(3.6%)	4.15	4.28	3.1%	4.34	4.6%
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	29	24	(19.1%)	24	(16.0%)	27	26	(2.7%)	26	(2.6%)
Acute Case Mix - Excludes Deliveries	1.65	1.69	2.4%	1.69	2.4%	1.67	1.71	2.3%	1.71	2.4%
Acute Case Mix -Medicare Only	1.63	1.71	4.7%	1.71	4.9%	1.68	1.69	0.6%	1.69	0.6%
Labor Productivity by Hrs						100.4			99.6	
Days Cash on Hand						16.2			14.7	
Financial Performance										
Operating Income	6,276,754	1,399,999	4,876,755	(6,894,302)	13,171,056	28,849,685	(1,149,998)	29,999,683	(49,905,857)	78,755,542
Net Income	3,285,415	(1,011,615)	4,297,030	(12,766,219)	16,051,634	7,001,837	(23,905,924)	30,907,761	(74,047,587)	81,049,424
Oper. Expenses/Adj. Patient Days	3,758	3,932	(4.4%)	3,755	0.1%	3,782	3,909	(3.2%)	3,891	(2.8%)
EBIDA Margin-Excludes PHMG	18.4%	12.9%	5.6%	-3.3%	21.7%	15.3%	11.3%	4.0%	5.3%	10.0%
EBIDA-Excludes PHMG	14,204,132	9,506,711	4,697,421	(1,995,362)	16,199,494	116,154,366	81,277,422	34,876,944	36,284,716	79,869,650

Note: Financial Performance excludes GO Bonds

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Apr 26	Apr 26	Apr 26	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	17,585	17,180	405					
Adjusted Discharges	3,708	3,425	283					
Operating Revenue								
Gross revenue	525,774,416	478,959,768	46,814,648	11,290,961	35,523,687	29,899.03	27,878.92	2,020.11
Deductions from revenue	(449,688,641)	(406,461,431)	(43,227,210)	(9,581,891)	(33,645,319)	(25,572.29)	(23,658.99)	(1,913.30)
Net patient revenue	76,085,775	72,498,337	3,587,438	1,709,070	1,878,368	4,326.74	4,219.93	106.82
Other operating revenue	1,064,778	1,159,790	(95,012)	27,341	(122,353)	60.55	67.51	(6.96)
Total net revenue	77,150,553	73,658,127	3,492,426	1,736,411	1,756,015	4,387.29	4,287.43	99.86
Operating Expenses								
Salaries, wages & contract labor	31,386,512	30,612,451	(774,060)	(721,656)	(52,405)	1,784.85	1,781.87	(2.98)
Benefits	7,552,346	8,325,160	772,814	(196,257)	969,071	429.48	484.58	55.11
Supplies	10,834,228	10,655,944	(178,284)	(251,202)	72,918	616.11	620.25	4.15
Prof fees & purch svcs	12,625,455	14,426,894	1,801,439	(340,098)	2,141,537	717.97	839.75	121.78
Depreciation & amortization	4,796,544	4,703,535	(93,009)	(110,881)	17,872	272.76	273.78	1.02
Other	3,678,714	3,534,144	(144,570)	(83,314)	(61,256)	209.20	205.71	(3.48)
Total expenses	70,873,799	72,258,128	1,384,330	(1,703,408)	3,087,737	4,030.36	4,205.94	175.59
Income from operations	6,276,754	1,399,999	4,876,755	33,003	4,843,752	356.94	81.49	(75.73)
Non-operating revenue (expense)								
Property tax revenues ¹	2,141,599	2,141,667	(68)					
Investment Income	684,708	1,176,843	(492,135)					
Interest Expense	(4,643,373)	(4,335,990)	(307,383)					
Non-operating depreciation & amortization	(1,478,800)	(1,478,799)	(1)					
Other non-operating revenue(expense)	304,527	84,665	219,862					
Net income(loss) ²	3,285,415	(1,011,615)	4,297,030					

EBIDA Margin 18.4% 12.9% 5.5%

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

2= Excludes G.O. Bonds income / expense

	Actual	Budget	Variance	Variance		Dollars/Adjusted Patient Day		
	Apr 26	Apr 26	Apr 26	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	179,731	172,860	6,871					
Adjusted Discharges	37,601	33,535	4,066					
Operating Revenue								
Gross revenue	5,175,729,374	4,877,862,351	297,867,023	193,889,808	103,977,215	28,797.09	28,218.57	578.52
Deductions from revenue	(4,427,658,444)	(4,167,920,438)	(259,738,006)	(165,670,377)	(94,067,629)	(24,634.92)	(24,111.54)	(523.38)
Net patient revenue	748,070,930	709,941,913	38,129,017	28,219,431	9,909,586	4,162.17	4,107.03	55.14
Other operating revenue	9,210,943	11,597,901	(2,386,958)	461,004	(2,847,962)	51.25	67.09	(15.85)
Total net revenue	757,281,873	721,539,814	35,742,059	28,680,435	7,061,624	4,213.42	4,174.13	39.29
Operating Expenses								
Salaries, wages & contract labor	315,359,912	306,984,030	(8,375,882)	(12,202,287)	3,826,405	1,754.62	1,775.91	21.29
Benefits	73,175,496	81,423,108	8,247,612	(3,236,481)	11,484,093	407.14	471.03	63.90
Supplies	110,883,590	107,646,078	(3,237,512)	(4,278,816)	1,041,304	616.94	622.74	5.79
Prof fees & purch svcs	143,833,390	144,261,532	428,142	(5,734,242)	6,162,384	800.27	834.56	34.29
Depreciation & amortization	48,620,324	47,035,450	(1,584,874)	(1,869,609)	284,735	270.52	272.10	1.58
Other	36,559,476	35,339,614	(1,219,862)	(1,404,712)	184,850	203.41	204.44	1.03
Total expenses	728,432,188	722,689,812	(5,742,376)	(28,726,147)	22,983,771	4,052.90	4,180.78	127.88
Income from operations	28,849,685	(1,149,998)	29,999,683	(45,711)	30,045,394	160.52	(6.65)	(88.59)
Non-operating revenue (expense)								
Property tax revenues ¹	21,069,511	21,416,667	(347,156)					
Investment Income	12,032,729	11,768,437	264,292					
Interest Expense	(45,744,204)	(43,359,898)	(2,384,306)					
Non-operating depreciation & amortization	(14,788,002)	(14,788,000)	(2)					
Other non-operating revenue(expense)	5,582,118	2,206,868	3,375,250					
Net income(loss) ²	7,001,837	(23,905,924)	30,907,761					

EBIDA Margin 15.3% 11.3% 4.1%

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		
	Apr 26	Apr 25	Apr 26	Volume	Rate/Eff	Actual	Budget	Variance
Adjusted Patient Days	179,730	174,540	5,190					
Adjusted Discharges	37,600	34,561	3,039					
Operating Revenue								
Gross revenue	5,175,729,374	4,827,355,890	348,373,484	143,542,896	204,830,588	28,797.25	27,657.59	1,139.66
Deductions from revenue	(4,427,658,444)	(4,156,090,478)	(271,567,966)	(123,582,615)	(147,985,351)	(24,635.06)	(23,811.68)	(823.38)
Net patient revenue	748,070,930	671,265,412	76,805,518	19,960,281	56,845,237	4,162.19	3,845.91	316.28
Other operating revenue	9,210,943	9,300,168	(89,223)	276,543	(365,768)	51.25	53.28	(2.04)
Total net revenue	757,281,873	680,565,580	76,716,295	20,236,825	56,479,468	4,213.44	3,899.20	314.25
Operating Expenses								
Salaries, wages & contract labor	315,359,912	315,287,467	(72,445)	(9,375,169)	9,302,724	1,754.63	1,806.39	51.76
Benefits	73,175,496	80,703,163	7,527,667	(2,399,733)	9,927,400	407.14	462.38	55.24
Supplies	110,883,590	103,785,465	(7,098,125)	(3,086,092)	(4,012,033)	616.95	594.62	(22.32)
Prof fees & purch svcs	143,833,390	149,745,887	5,912,497	(4,452,740)	10,365,237	800.27	857.95	57.67
Depreciation & amortization	48,620,324	51,369,269	2,748,945	(1,527,481)	4,276,426	270.52	294.31	23.79
Other	36,559,476	29,580,186	(6,979,289)	(879,576)	(6,099,714)	203.41	169.48	(33.94)
Total expenses	728,432,188	730,471,437	2,039,250	(21,720,790)	23,760,039	4,052.92	4,185.12	132.20
Income from operations	28,849,685	(49,905,857)	78,755,542	(1,483,966)	80,239,508	160.52	(285.93)	182.05
Non-operating revenue (expense)								
Property tax revenues ¹	21,069,511	20,103,739	965,772					
Investment Income	12,032,729	13,428,984	(1,396,255)					
Interest Expense	(45,744,204)	(44,195,935)	(1,548,269)					
Non-operating depreciation & amortization	(14,788,002)	(14,767,099)	(20,903)					
Other non-operating revenue(expense)	5,582,118	1,288,578	4,293,540					
Net income(loss) ²	7,001,837	(74,047,587)	81,049,424					

EBIDA Margin 15.3% 5.3% 10.0%

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

2= Excludes G.O. Bonds income / expense

Income Statement for the Current Year Trend
Excludes PHMG

	<u>Jul 25</u>	<u>Aug 25</u>	<u>Sep 25</u>	<u>Oct 25</u>	<u>Nov 25</u>	<u>Dec 25</u>	<u>Jan 26</u>	<u>Feb 26</u>	<u>Mar 26</u>	<u>Apr 26</u>	Fiscal Year <u>2026</u>
Adjusted Patient Days	17,851	17,948	16,940	17,962	17,408	18,648	19,168	17,585	18,635	17,585	179,731
Adjusted Discharges	3,734	3,988	3,785	3,818	3,372	3,794	3,842	3,677	3,882	3,708	37,601
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	525,774,416	5,175,729,374
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)	(449,688,641)	(4,427,658,444)
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	76,085,775	748,070,930
Other operating revenue	864,100	946,365	1,049,479	945,491	1,075,318	911,580	590,360	788,374	975,098	1,064,778	9,210,943
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	77,150,553	757,281,873
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	31,386,512	315,359,912
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	7,552,346	73,175,496
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	10,834,228	110,883,590
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	12,625,455	143,833,390
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	4,796,544	48,620,324
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	3,678,714	36,559,476
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	70,873,799	728,432,188
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	6,276,754	28,849,685
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	2,141,599	21,069,511
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	684,708	12,032,729
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)	(4,643,373)	(45,744,204)
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)	(1,478,800)	(14,788,002)
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	304,527	5,582,118
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	3,285,415	7,001,837
EBIDA Margin	15.0%	13.7%	12.6%	7.5%	13.4%	14.5%	17.7%	20.5%	18.9%	18.4%	15.3%

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

2= Excludes G.O. Bonds income / expense

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

Assets	Current Fiscal Year			Prior Fiscal Year
	Feb-26	Mar-26	Apr-26	Jun-25
Current Assets				
Cash and cash equivalents	8,834,367	9,088,942	11,279,375	15,000,751
Investments	32,886,260	15,876,204	25,000,084	28,463,741
Board Designated	-	-	-	-
Total cash, cash equivalents & investments	41,720,626	24,965,146	36,279,459	43,464,492
Patient Accounts Receivable	484,545,456	475,377,812	477,592,460	504,133,063
Allowance on accounts	(366,255,227)	(361,608,902)	(365,369,768)	(360,699,498)
Net accounts receivable	118,290,229	113,768,911	112,222,692	143,433,565
Inventories	11,974,669	11,881,826	11,877,659	12,194,024
Prepaid expenses	10,216,184	11,764,419	10,405,489	8,309,163
Est. third party settlements	144,906,343	159,414,573	151,006,307	95,529,680
Other	76,132,113	82,476,388	77,644,967	71,655,917
Total current assets	403,240,165	404,271,263	399,436,573	374,586,840
Non-Current Assets				
Restricted assets	98,243,689	100,784,706	104,742,390	87,348,717
Restricted other	358,236	358,307	358,409	357,688
Total restricted assets	98,601,924	101,143,012	105,100,799	87,706,405
Property, plant & equipment	1,563,876,057	1,563,021,518	1,562,800,537	1,593,114,786
Accumulated depreciation	(687,823,286)	(691,180,754)	(694,491,952)	(686,328,663)
Construction in process	47,722,092	48,915,905	51,089,884	39,167,673
Net property, plant & equipment	923,774,863	920,756,669	919,398,468	945,953,795
Right of Use Assets				
Building leases	266,116,591	264,777,070	263,437,550	276,832,758
Sub-leases	177,757	172,820	167,882	234,948
Equipment leases	15,096,894	21,627,840	20,907,029	18,084,940
SBITA	10,755,131	10,136,973	9,555,154	16,006,107
Net right of use assets	292,146,374	296,714,703	294,067,615	311,158,754
Investment related companies	6,456,625	5,454,641	5,022,325	5,718,913
Prepaid debt insurance costs	6,778,646	6,752,707	6,726,768	6,986,297
Other non-current assets	63,963,282	63,632,342	63,307,463	66,188,501
Total non-current assets	1,391,721,714	1,394,454,074	1,393,623,440	1,423,712,664
Total assets	1,794,961,878	1,798,725,337	1,793,060,013	1,798,299,504
Deferred outflow of resources-loss on refunding of debt	40,159,423	39,941,509	39,723,594	41,902,741
Total assets and deferred outflow of resources	1,835,121,301	1,838,666,846	1,832,783,607	1,840,202,245

Liabilities	Current Fiscal Year			Prior Fiscal Year
	Feb-26	Mar-26	Apr-26	Jun-25
Current Liabilities				
Accounts payable	92,494,289	88,579,557	90,435,745	94,240,154
Accrued payroll	34,242,845	34,792,906	35,228,418	49,881,621
Accrued PTO	24,981,391	25,591,852	25,689,046	23,828,506
Accrued interest payable	15,141,096	18,501,032	21,281,499	7,842,158
Current portion of bonds	9,365,000	9,365,000	9,365,000	8,925,000
Current portion of lease liab	20,313,903	20,953,708	20,412,700	21,510,594
Est. third party settlements	9,360,689	9,003,239	8,863,585	8,593,099
Other current liabilities	207,846,626	205,779,805	204,408,027	147,853,726
Total current liabilities	413,745,839	412,567,098	415,684,020	362,674,858
Long Term Liabilities				
Other LT liabilities	24,769,408	24,747,504	22,225,599	27,444,646
Bonds & contracts payable	702,053,670	701,831,094	701,608,518	713,199,799
Lease liabilities	316,073,960	320,900,240	319,258,198	327,879,779
Total long term liabilities	1,042,897,039	1,047,478,837	1,043,092,316	1,068,524,225
Total liabilities	1,456,642,878	1,460,045,935	1,458,776,336	1,431,199,083
Deferred inflow of resources-unearned revenue	6,743,723	6,693,206	6,642,688	6,547,471
Total liabilities and deferred inflow of resources	1,463,386,601	1,466,739,141	1,465,419,024	1,437,746,554
Net Position				
Unrestricted	371,376,464	371,569,399	367,006,174	402,098,003
Restricted for other purpose	358,236	358,307	358,409	357,688
Total net position	371,734,700	371,927,705	367,364,583	402,455,691
Total liabilities, deferred inflow of resources and net position	1,835,121,301	1,838,666,846	1,832,783,607	1,840,202,245

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

Assets	Current Fiscal Year			Prior Fiscal Year
	Feb-26	Mar-26	Apr-26	Jun-25
Current Assets				
Cash and cash equivalents	8,834,367	9,088,942	11,279,375	15,000,751
Investments	32,886,260	15,876,204	25,000,084	28,463,741
Board Designated	-	-	-	-
Total cash, cash equivalents & investments	41,720,626	24,965,146	36,279,459	43,464,492
Patient Accounts Receivable	484,545,456	475,377,812	477,592,460	504,133,063
Allowance on accounts	(366,255,227)	(361,608,902)	(365,369,768)	(360,699,498)
Net accounts receivable	118,290,229	113,768,911	112,222,692	143,433,565
Inventories	11,974,669	11,881,826	11,877,659	12,194,024
Prepaid expenses	10,216,184	11,764,419	10,405,489	8,309,163
Est. third party settlements	144,906,343	159,414,573	151,006,307	95,529,680
Other	80,808,315	90,155,316	71,286,790	71,777,188
Total current assets	407,916,367	411,950,191	393,078,395	374,708,111
Non-Current Assets				
Restricted assets	157,435,310	161,003,032	183,396,217	163,601,420
Restricted other	358,236	358,307	358,409	357,688
Total restricted assets	157,793,546	161,361,339	183,754,626	163,959,108
Property, plant & equipment	1,563,876,057	1,563,021,518	1,562,800,537	1,593,114,786
Accumulated depreciation	(687,823,286)	(691,180,754)	(694,491,952)	(686,328,663)
Construction in process	47,722,092	48,915,905	51,089,884	39,167,673
Net property, plant & equipment	923,774,863	920,756,669	919,398,468	945,953,795
Right of Use Assets				
Building leases	266,116,591	264,777,070	263,437,550	276,832,758
Sub-leases	177,757	172,820	167,882	234,948
Equipment leases	15,096,894	21,627,840	20,907,029	18,809,028
SBITA	10,755,131	10,136,973	9,555,154	16,226,190
Net right of use assets	292,146,374	296,714,703	294,067,615	312,102,924
Investment related companies	6,456,625	5,454,641	5,022,325	5,718,913
Prepaid debt insurance and other costs	7,834,848	7,797,256	7,759,665	8,136,372
Other non-current assets	63,963,282	63,632,342	63,307,463	66,188,501
Total non-current assets	1,451,969,537	1,455,716,950	1,473,310,163	1,502,059,614
Total assets	1,859,885,904	1,867,667,141	1,866,388,558	1,876,767,725
Deferred outflow of resources-loss on refunding of debt	42,391,979	42,156,204	41,920,429	44,278,181
Total assets and deferred outflow of resources	1,902,277,883	1,909,823,345	1,908,308,988	1,921,045,905

Liabilities	Current Fiscal Year			Prior Fiscal Year
	Feb-26	Mar-26	Apr-26	Jun-25
Current Liabilities				
Accounts payable	92,494,289	88,580,057	90,435,745	94,240,154
Accrued payroll	34,242,845	34,792,906	35,228,418	49,712,808
Accrued PTO	24,981,391	25,591,852	25,689,046	23,828,506
Accrued interest payable	26,424,517	33,055,982	39,107,978	29,905,711
Current portion of bonds	20,171,216	20,171,216	20,171,216	19,081,756
Current portion of lease liab	20,313,903	20,953,708	20,412,700	21,878,270
Est. third party settlements	9,360,689	9,003,239	8,863,585	8,593,099
Other current liabilities	145,834,068	144,423,443	143,707,860	81,698,710
Total current liabilities	373,822,917	376,572,401	383,616,548	328,939,015
Long Term Liabilities				
Other LT liabilities	24,769,408	24,747,504	22,225,599	27,444,646
Bonds & contracts payable	1,315,608,584	1,315,039,818	1,314,471,051	1,340,117,039
Lease liabilities	316,073,960	320,900,240	319,258,198	328,471,724
Total long term liabilities	1,656,451,953	1,660,687,561	1,655,954,848	1,696,033,409
Total liabilities	2,030,274,870	2,037,259,962	2,039,571,396	2,024,972,424
Deferred inflow of resources- unearned revenue	68,756,281	68,049,568	67,342,854	72,791,253
Total liabilities and deferred inflow of resources	2,099,031,152	2,105,309,530	2,106,914,251	2,097,763,677
Net Position				
Unrestricted	(197,111,504)	(195,844,491)	(198,963,673)	(177,075,460)
Restricted for other purpose	358,236	358,307	358,409	357,688
Total net position	(196,753,269)	(195,486,185)	(198,605,263)	(176,717,772)
Total liabilities, deferred inflow of resources and net position	1,902,277,883	1,909,823,345	1,908,308,988	1,921,045,905

Palomar Health
STATEMENT OF CASH FLOWS
Fiscal Year 2026

	<u>Apr-26</u>	<u>YTD</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Income (Loss) from operations	6,276,756	28,849,688
Adjustments to reconcile change in net assets to net cash provided from operating activities:		
Depreciation Expense	4,796,544	48,620,322
Provision for bad debts	7,419,121	60,017,315
Changes in operating assets and liabilities:		
Patient accounts receivable	(5,872,903)	(28,806,442)
Property Tax and other receivables	(1,995,920)	(8,861,371)
Inventories	4,167	316,365
Prepaid expenses and other current assets	1,936,212	(3,078,914)
Accounts payable	1,855,688	(3,804,409)
Accrued compensation	532,706	(12,792,664)
Estimated settlement amounts due third-party payors	8,268,612	(55,206,141)
Other liabilities	(644,793)	63,579,157
Net cash provided from (used by) operating activities	<u>22,576,190</u>	<u>88,832,906</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net (purchases) sales of investments	(31,517,167)	(16,331,861)
Income (Loss) on investments	849,233	13,721,040
Investment in affiliates	(8,296,811)	(45,907,641)
Net cash provided from (used by) investing activities	<u>(38,964,745)</u>	<u>(48,518,462)</u>
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:		
Receipt of G.O. Bond Taxes	18,270,975	47,608,377
Receipt of District Taxes	8,444,315	24,192,820
Net cash provided from non-capital financing activities	<u>26,715,290</u>	<u>71,801,197</u>
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Proceeds on asset sale	149	(22,349)
Acquisition of property plant and equipment	(1,952,998)	(8,716,096)
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	(1,266,690)	(16,855,327)
Proceeds (Payments) of Long Term Debt	(2,500,000)	(24,103,661)
Payments of Long Term Lease Liabilities	(2,416,763)	(13,327,201)
Net cash provided from (used by) capital and related financing activities	<u>(8,136,302)</u>	<u>(115,837,022)</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	2,190,433	(3,721,378)
CASH AND CASH EQUIVALENTS - Beginning of period	<u>9,088,942</u>	<u>15,000,751</u>
CASH AND CASH EQUIVALENTS - End of period	<u>11,279,375</u>	<u>11,279,375</u>

Supplemental Information

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

Condensed Combining Statement of Net Position
For the Fiscal Year-to-Date Ended April 30, 2026

	Palomar Health	PHMG	PAC	NCRE	SANDEMA	Eliminations	Total
ASSETS							
Current assets	486,727,196	26,223,416	-	363,309	2,258,553	(66,875,993)	448,696,481
Capital assets - net	919,398,468	5,472,192	-	749,087	-	-	925,619,747
Right of use assets - net	294,067,615	22,853,106	-	-	-	(15,176,721)	301,744,001
Non-current assets	166,195,280	1,573,513	-	-	-	-	167,768,793
Total assets	1,866,388,559	56,122,227	-	1,112,396	2,258,553	(82,052,714)	1,843,829,021
Deferred outflow of resources	41,920,429	-	-	-	-	-	41,920,429
TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES	1,908,308,988	56,122,227	-	1,112,396	2,258,553	(82,052,714)	1,885,749,450
LIABILITIES AND NET POSITION							
Current liabilities	347,498,493	95,721,398	-	2,230,357	420,750	(62,984,812.72)	382,886,185
Long-term liabilities	1,352,304,943	(0)	-	-	-	-	1,352,304,943
Right of use lease liabilities	319,258,198	20,886,822	-	-	-	(14,759,697)	325,385,323
Total liabilities	2,019,061,634	116,608,219	-	2,230,357	420,750	(77,744,509)	2,060,576,451
Deferred inflow of resources - deferred revenue	87,852,617	-	-	-	-	-	87,852,617
Total liabilities and deferred inflow of resources	2,106,914,251	116,608,219	-	2,230,357	420,750	(77,744,509)	2,148,429,068
Invested in capital assets - net of related debt	(335,543,821)	4,310,106	-	-	-	15,386,032	(315,847,682)
Restricted	62,086,231	-	-	-	-	-	62,086,231
Unrestricted	74,852,327	(64,796,098)	-	(1,117,961)	1,837,803	(19,694,237)	(8,918,167)
Total net position	(198,605,263)	(60,485,992)	-	(1,117,961)	1,837,803	(4,308,205)	(262,679,618)
TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION	1,908,308,988	56,122,227	-	1,112,396	2,258,553	(82,052,714)	1,885,749,450

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position
For the Fiscal Year-to-Date Ended April 30, 2026

	Palomar Health	PHMG	PAC	NCRE	SANDEMA	Elimination	Consolidated
OPERATING REVENUE:							
Net patient service revenue	683,428,464	65,197,773	-	-	-	68,227	748,694,464
Shared risk revenue	64,642,466	11,956,516	-	-	-	-	76,598,982
Other revenue	9,210,943	3,800,434	-	1,211,900	7,136,887	7,036	21,367,200
PH Program revenue	-	24,581,454	-	-	-	(24,581,454)	-
Total operating revenue	757,281,873	105,536,177	-	1,211,900	7,136,887	(24,506,191)	846,660,646
OPERATING EXPENSES							
DEPRECIATION AND AMORTIZATION	679,811,864	157,429,136	3,935,535	1,537,238	6,633,418	(25,295,625)	824,051,565
	48,620,324	3,384,471	-	-	-	-	52,004,795
Total operating expenses	728,432,188	160,813,607	3,935,535	1,537,238	6,633,418	(25,295,625)	876,056,360
INCOME (LOSS) FROM OPERATIONS	28,849,685	(55,277,430)	(3,935,535)	(325,338)	503,469	789,434	(29,395,714)
NON-OPERATING INCOME (EXPENSE):							
Investment income	13,721,038	3,383,986	-	-	-	-	17,105,024
Interest expense	(75,301,908)	(46,995)	-	-	-	-	(75,348,903)
Property tax revenue	62,002,152	-	-	-	-	-	62,002,152
Other - net	(8,921,020)	(1,556,524)	-	(4,948)	-	(5,097,639)	(15,580,131)
Total non-operating expense - net	(8,499,738)	1,780,467	-	(4,948)	-	(5,097,639)	(11,821,858)
Net income (loss) before capital contribut	20,349,947	(53,496,963)	(3,935,535)	(330,289)	503,469	(4,308,205)	(41,217,576)
CAPITAL CONTRIBUTIONS							
							-
CHANGE IN NET POSITION	20,349,947	(53,496,963)	(3,935,535)	(330,289)	503,469	(4,308,205)	(41,217,576)
Interfund - PHMG	(42,237,437)	35,483,666	-	-	-	-	(6,753,771)
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	(198,605,263)	(60,485,992)	(0)	(1,117,961)	1,837,803	(4,308,205)	(262,679,618)
EBIDA							
							100,924,123
EBIDA Margin							
							11.9%

Note: Financial Performance includes GO Bonds
Financial Performance excludes PHMG

Assets

Current Assets

Cash and cash equivalents	\$ 14,550,911
Investments	25,000,084
Patient accounts receivable - net of allowances for uncollectible accounts of \$118,817	129,098,143
Other receivables	11,640,011
Supplies and inventories	11,916,219
Prepaid expenses and other	11,836,006
Estimated third-party payor settlements receivable	151,006,307
Assets whose use is limited - current portion	14,994,973
Restricted cash and investments, current	<u>78,653,827</u>

Total current assets 448,696,481

Restricted Noncurrent Cash and Investments

Held by trustee under indenture agreements	104,733,393
Held by trustee under general obligation bonds indenture	78,653,827
Held in escrow for street improvements	8,998
Restricted by donor and other	<u>358,409</u>

Total restricted cash and investments 183,754,627

Less amounts required to meet current obligations 93,648,800

Total restricted noncurrent cash and investments 90,105,827

Capital Assets - net

925,619,747

Right of Use Assets - Net

301,744,001

Other Assets

Prepaid debt insurance costs	7,759,665
Investment in and amounts due from affiliated entities	5,310,522
Other	<u>64,592,779</u>

Total other assets 77,662,966

Total assets 1,843,829,021

Deferred outflow of resources - loss on refunding of debt 41,920,429

Total Assets and Deferred Outflow of Resources \$ 1,885,749,450

Liabilities

Current Liabilities

Accounts payable	99,848,148
Accrued compensation and related liabilities	54,838,278
Current portion of general obligation bonds	10,806,216
Current portion of long-term debt	59,397,291
Current portion of lease liabilities	27,264,398
Estimated third-party payor settlements	2,057,736
Other accrued liabilities	89,565,369
Accrued interest payable	37,791,582
Accrued interest payable-ROU's	<u>1,317,167</u>

Total current liabilities 382,886,185

Workers' compensation - net of current portion 8,802,444

Long-term debt - general obligation bonds - net of current portion 612,862,533

Long-term debt - net of current portion 730,639,966

Long-term debt - Lease liability - net of current portion 325,385,323

Total liabilities 2,060,576,451

Deferred inflow of resources - unearned revenue 87,852,617

Total liabilities and deferred inflow of resources 2,148,429,068

Net Position

Net investment in capital assets	(330,123,584)
Restricted, expendable for:	
Repayment of debt	61,718,824
Capital acquisitions	8,998
Other purposes	358,409
Unrestricted	5,357,735

Total net position (262,679,618)

Total Liabilities, Deferred Inflow of Resources, and Net Position \$ 1,885,749,450

	April 30, 2026
Operating Revenue	
Patient service revenue, net of provision for uncollectible accounts of \$61,810	\$ 748,694,464
Premium revenue	76,598,985
Shared risk revenue	21,367,200
Other revenue	<u>21,367,200</u>
Total operating revenue	<u>846,660,649</u>
Operating Expenses	
Salaries, wages, and benefits	511,870,382
Professional fees	47,718,606
Supplies	115,692,367
Purchased services	91,360,575
Depreciation and amortization	52,004,795
Rent expense	17,570,589
Utilities	5,935,270
Other	<u>33,903,775</u>
Total operating expenses	<u>876,056,358</u>
Income (Loss) From Operations	<u>(29,395,710)</u>
Non-Operating Income (Expenses)	
Investment income	17,105,024
Interest expense	(75,348,903)
Property tax revenue - unrestricted	21,069,511
Property tax revenue - restricted	40,932,641
Amortization expense	(14,788,002)
Other - net	<u>(7,545,911)</u>
Total non-operating expenses - net	<u>(18,575,640)</u>
Change in net position	(47,971,350)
Net Position - Beginning of year	<u>(214,708,268)</u>
Net Position - April 30, 2026	<u>\$ (262,679,618)</u>

Cash Balance at 4/30/26(+)/DEBIT -/CREDIT)	14,550,911
Cash Balance at 6/30/25(+)/DEBIT -/CREDIT)	22,645,150
<u>OPERATING ACTIVITIES:</u>	
Income (Loss) from Operations	(29,395,714)
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	38,591,699
Amortization of lease right-of-use asset	20,353,192
Amortization of SBITA	7,846,716
Provision for bad debts	61,809,788
Equity in Earnings of Affiliates	1,059,572
(Gain)/Loss on disposal of fixed assets	22,150
Changes in Assets and Liabilities	
Patient accounts receivable	(28,408,781)
Other receivables	15,845,923
Inventories	799,369
Prepaid expenses and other current assets	(1,655,172)
Estimated settlement amounts due third-party payors	(55,206,141)
Accounts payable	379,167
Accrued Compensation and Other Liabilities	(13,276,231)
Other accrued liabilities	14,419,986
Deferred Revenue	(6,775,467)
Other net	569,416
Net cash provided by (used in) operating activities	26,979,472
<u>INVESTING ACTIVITIES:</u>	
Purchases of investments	(164,796,244)
Proceeds on Sale of Investments	153,976,984
Income received on investments	11,592,421
Receipt of Payment on Loans Receivable	-
Other	-
Net cash provided by (used in) investing activities	773,161
<u>FINANCING ACTIVITIES</u>	
Acquisition of Fixed Assets	(16,904,886)
Proceeds on the sale of fixed assets	(22,150)
Other Misc. Receipts	(18,607,673)
Receipt of district taxes - G.O. Bonds	40,932,641
Payments on long-term debt	(24,256,536)
Payment on lease liabilities	(19,571,942)
Deferred Financing Costs	-
Interest Paid	(55,881,912)
Interest Paid Lease Obligations	(13,005,038)
Proceeds on LOC	50,000,000
Financing Activities - Other	401,111
Net cash provided by (used in) financing activities	(56,916,385)
C.F.'s from Non-Capital Financing:	127
Receipt of District Taxes	21,069,511
Other Financing	-

Days Cash on Hand Ratio Covenant		April 30, 2026
		Consolidated
Cash and Cash Equivalents		39,550,995
Divide Total by Average Adjusted Expenses per Day		
Total Expenses		876,056,358
Less: Depreciation		52,004,795
Adjusted Expenses		<u>824,051,563</u>
Number of days in period		304
Average Adjusted Expenses per Day		2,710,696
Days Cash on Hand		14.6
REQUIREMENT		65

Debt Service Coverage Ratio Covenant		April 30, 2026
		Consolidated
Excess of revenues over expenses		(54,565,678)
REVERSE:		
Depreciation and Amortization		52,004,795
Depreciation and Amortization-NonOp		14,788,002
Interest Expense		<u>45,791,199</u>
Income Available for Debt Service		58,018,318
Divided by:		
Maximum Annual Debt Service (excludes GO Bonds)		46,908,630
Debt Service Coverage Ratio		1.24
REQUIREMENT		1.15

Achieved

ADDENDUM C



DocID: _____
 Revision: N/A
 Status: Official

Source:
 Board of
 Directors

Applies to Facilities:
 All Palomar Health
 Facilities

Applies to
 Departments:
 Board of Directors

Policy: Compensation and Reimbursement

I. PURPOSE:

This policy provides criteria, in accordance with applicable law, related to compensation for meeting attendance and reimbursement of actual necessary traveling and incidental expenses incurred in the performance of official business of Palomar Health (the "District") for members of the Palomar Health Board of Directors.

II. DEFINITIONS:

A.

III. TEXT / STANDARDS OF PRACTICE:

A. In accordance with California Health and Safety Code Section 32103, **Government Code Section 5232 et seq.**, and other applicable law, members of the Palomar Health Board of Directors may receive compensation for attendance at **meetings and occasions that constitute the performance of official duties including** the following:

- Regular Board meetings;
- Special Board meetings;
- Standing and Ad Hoc Committee meetings (**NOTE: Members of the Palomar Health Board of Directors who attend meetings of a Standing Committee of which they are not a member may attend only as observers and may not receive compensation.**);
- Meetings for the purpose of preparing or reviewing an agenda for a Regular Board meeting, a Special Board Meeting, or a Standing or Ad Hoc Committee meeting;
- Meetings when attending as a representative of the District as authorized by the Chairperson of the Palomar Health Board of Directors, including events sponsored by other local, county or state government agencies at which members of the Palomar Health Board of Directors are expected and/or invited to represent the District and meetings and/or events of agencies of which the District is a member or subscribing participant and where the District is expected and/or invited to be represented (Example: Association of California Healthcare Districts);
- Trainings/educational activities which are required by law of members of a board of directors of a local agency in compliance with state mandated ethics training (California Government Code Section 53232.1) and harassment training (California Government Code Section 53237.1);
- Trainings for Brown Act, legislative updates and webinars that constitute the performance of official duties;
- Occasions that constitute the performance of official duties, such as special events sponsored by the District and/or activities promotional of special events of the District (Examples: information booths, parades, distribution of information and/or materials for events);
- Reviews, inspections or trainings at the request of District staff related to grant programs of which the District is an applicant or recipient.

B. Members of the Palomar Health Board of Directors may **not** receive compensation for attendance at the following:

- Informal meetings with other Board members or with District staff, the Chief Legal Officer or legal counsel to the District, regardless of the topic(s) addressed;
- Meetings of a political nature, whether partisan or non-partisan, regardless of the topic(s) addressed; unless attending **as a representative of the District as described in Section A above and not for campaigning purposes;**
- Meetings for which payment of a stipend or honorarium is provided by the host organization;
- Meetings of other public bodies, unless invited as a participant by the host body or sent as a delegate or representative by the Palomar Health Board of Directors;
- Meetings of organizations in which a member of the Palomar Health Board of Directors holds an individual membership or the primary purpose of which is to receive continuing professional educational credits;
- Charity fund raising events other than those sponsored by the District or the Palomar Health Foundation.

In accordance with **California** Health and Safety Code Section 32103, ~~California~~ Government Code Section 53232 *et seq.*, and other applicable law, members of the Palomar Health Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District. ~~[as approved by the Chairperson of the Palomar Health Board of Directors].~~

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

IV. ADDENDUM:

Original Document Date: _____
 Reviewed: _____
 Revision Number: 1 Dated: _____



DocID: _____
 Revision: N/A
 Status: Official

Source:
 Board of
 Directors

Applies to Facilities:
 All Palomar Health
 Facilities

**Applies to
 Departments:**
 Board of Directors

Policy: Compensation and Reimbursement

I. PURPOSE:

This policy provides criteria, in accordance with applicable law, related to compensation for meeting attendance and reimbursement of actual necessary traveling and incidental expenses incurred in the performance of official business of Palomar Health (the “District”) for members of the Palomar Health Board of Directors.

II. DEFINITIONS:

A.

III. TEXT / STANDARDS OF PRACTICE:

A. In accordance with California Health and Safety Code Section 32103, Government Code Section 5232 et seq., and other applicable law, members of the Palomar Health Board of Directors may receive compensation for attendance at meetings and occasions that constitute the performance of official duties including the following:

- Regular Board meetings;
- Special Board meetings;
- Standing and Ad Hoc Committee meetings (NOTE: Members of the Palomar Health Board of Directors who attend meetings of a Standing Committee of which they are not a member may attend only as observers and may not receive compensation.);
- Meetings for the purpose of preparing or reviewing an agenda for a Regular Board meeting, a Special Board Meeting, or a Standing or Ad Hoc Committee meeting;
- Meetings when attending as a representative of the District as authorized by the Chairperson of the Palomar Health Board of Directors, including events sponsored by other local, county or state government agencies at which members of the Palomar Health Board of Directors are expected and/or invited to represent the District and meetings and/or events of agencies of which the District is a member or subscribing participant and where the District is expected and/or invited to be represented (Example: Association of California Healthcare Districts);
- Trainings/educational activities which are required by law of members of a board of directors of a local agency in compliance with state mandated ethics training (California Government Code Section 53232.1) and harassment training (California Government Code Section 53237.1);
- Trainings for Brown Act, legislative updates and webinars that constitute the performance of official duties;
- Occasions that constitute the performance of official duties, such as special events sponsored by the District and/or activities promotional of special events of the District (Examples: information booths, parades, distribution of information and/or materials for events);
- Reviews, inspections or trainings at the request of District staff related to grant programs of which the District is an applicant or recipient.

B. Members of the Palomar Health Board of Directors may **not** receive compensation for attendance at the following:

- Informal meetings with other Board members or with District staff, the Chief Legal Officer or legal counsel to the District, regardless of the topic(s) addressed;
- Meetings of a political nature, whether partisan or non-partisan, regardless of the topic(s) addressed; unless attending as a representative of the District as described in Section A above and not for campaigning purposes;
- Meetings for which payment of a stipend or honorarium is provided by the host organization;
- Meetings of other public bodies, unless invited as a participant by the host body or sent as a delegate or representative by the Palomar Health Board of Directors;
- Meetings of organizations in which a member of the Palomar Health Board of Directors holds an individual membership or the primary purpose of which is to receive continuing professional educational credits;
- Charity fund raising events other than those sponsored by the District or the Palomar Health Foundation.

In accordance with Health and Safety Code Section 32103, Government Code Section 53232 *et seq.*, and other applicable law, members of the Palomar Health Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District.

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

IV. ADDENDUM:

Original Document Date: _____

Reviewed: _____

Revision Number: 1 Dated: _____

RESOLUTION NO. 06.08.26(01)-06

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
APPOINTING GENERAL COUNSEL**

WHEREAS, Palomar Health is a local health care district duly organized and existing under and pursuant to California Health & Safety Code section 32000 *et seq.*;

WHEREAS, California Health & Safety Code section 32121(f) authorizes Palomar to employ legal counsel;

WHEREAS, pursuant to the creation of the Joint Powers Authority with UCSD Health, Palomar’s current Chief Legal Officer, Kevin DeBruin, will cease serving as the Chief Legal Officer at Palomar Health and will begin serving as the Chief Legal Officer at the Joint Powers Authority as of the Operational Date (as that term is defined in the Joint Exercise of Powers Agreement dated October 31, 2025, by and between Palomar Health and the Regents of the University of California, on behalf of UCSD Health) of the Joint Powers Authority;

WHEREAS, the Board of Directors of Palomar Health wishes to retain the services of Holland & Knight LLP to serve as outside general counsel following the Operational Date of the Joint Powers Authority;

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

(1) Appoints David Holtzman of Holland & Knight LLP to serve as outside general counsel to Palomar Health, following the Operational Date of the Joint Powers Authority;

(2) Orders the Chief Legal Officer, Kevin DeBruin, to take all such steps necessary to effectuate the above.

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on June 8, 2026, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: June 8, 2026

APPROVED: _____ Michael Pacheco, Chairperson Board of Directors Palomar Health.	ATTESTED: _____ Terry Corrales, RN, Secretary Board of Directors Palomar Health
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ADDENDUM D

To: Board of Directors
From: Michael Pacheco - Chair, Board Audit & Compliance Committee
Date: Monday, June 8, 2026
Re: Audit & Compliance Committee Meeting, Thursday, May 21, 2026

Member Attendance: Directors Edwards-Tate; Greer; Pacheco

Action Items:

- **Audit & Compliance Committee Minutes, January 10, 2026:** The voting members reviewed and approved Audit & Compliance Committee minutes from January 10, 2026.
- **HIPAA 2026 Breaches in California:** The voting members reviewed the HIPAA breaches for California (Informational Only).
- **2026 CMS Changes:** The voting members reviewed changes (Informational Only).

Closed Session

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

2026 CMS/DOJ Updates & Changes

1. **CMS plans to launch a federal provider directory** in 3 phases. 1. Launched in 2025 was the display of MA provider data, 2. MA organizations to provide CMS with current information on In-Network providers and facilities (testing dates May and August) Release date October 1. The 3rd and final phase will focus on testing and launching a National Provider Directory. Which is to serve as the connection between providers, payers, data networks and interoperability frameworks. These will all be on the CMS Medicare Plan Finder, which allows people with Medicare to see if their specific provider and facilities are in-network.

2. **In 2025 The Justice Department** has continued to expand enforcement in three major areas of healthcare fraud: managed care, prescription drugs and medically unnecessary care. Whistleblowers filed a record 1,297 qui tam lawsuits in 2025. Last year, \$1.67 billion in settlements and judgments were related to healthcare.

3. **CMS' Wasteful and Inappropriate Service Reduction (WISer)** initiative kicked off in 2026, with providers in Arizona, Washington, New Jersey, Texas, Ohio and Oklahoma piloting a new protocol. For the first time, some services under traditional Medicare face prior authorization requirements. Since this is a pilot it will run from Jan 1 2026 thru Dec. 31, 2031.

4. **CMS is reinforcing hospital patient nutrition.** CMS stated that menus, food procurement and nutrition protocols align with the 2025-2030 Dietary Guidelines for Americans that was released on Jan. 7., which emphasizes whole and minimally processed foods. There is NO NEW regulatory requirements at this time. CMS states meals should not contain more than 10grams of added sugar unless clinically indicated. CMS states that inpatient stays are an opportunity to educate patients about healthy eating. They are now creating awareness among patients to report to CMS via telephone or complaint form of any healthcare facility they are aware of that serves sugary, processed, fried foods, etc. CE's risk reimbursement being withheld if they are not following the Dietary nutrition guidelines. Meghan is aware and we meet the standards.

5. **CMS is piloting the use of hemp** for Medicare beneficiaries for those providers that participate in both the REACH Model (ACO Realizing Equity, Access & Community that focuses on coordinated high quality care to improve health outcomes) and the Enhanced Oncology Model. CMS will not cover or reimburse providers for the cost of the hemp products. Providers are required to use the federally legal hemp items containing no more than 0.3% delta-9 THC.

6. **CMS is PROPOSING** (so not Rule Yet) – On the SNF side for FY2027. A payment rate increase by 2.4%, potential updates to the patient driven payment model to address case mix upcoding, and requiring the submission of a Minimum Data Set on ALL SNF residents receiving skilled care, regardless of the payer, so not just Medicare patients they will be collecting data on every patient. The change would align SNFs with other post-acute care settings and expand data available to the public on Care Compare.

7. **CMS has established the “Kill the Clipboard”** platform and tools which will allow patients to share their information via smart phone, access their health data through trusted applications.

8. **CMS – Finalized rule for payers to send PA decisions within 72 hours for Urgent requests and within 7 calendar days for standard requests.** All payers had to post their PA metrics by March 31, 2026. The goal is for most plans to have adopted standards by next year. I certainly hope Molina does as they deny everything. UHC & Cigna are aiming for 70% standardization, Aetna already has 88% standardized. Somewhere around 50 insurers have committed thus far. UHC launched a Rural Payment Acceleration Pilot in selected states in which the goal is to make MA payments to hospitals in less than 15 days on average compared to their 30 or fewer days currently. They are planning to expand it nationwide by fall which will then also include Medicaid and fully insured commercial plans. They are planning PA exemptions to apply to sum 1500 hospitals and CAHs,

9. The Administration launched the **Task Force to Eliminate Fraud and the National Fraud Enforcement Division** to enhance the Administration’s war on fraud, waste, and abuse in federal programs. CMS is cracking down on Medicaid fraud by requiring all states to provide an audit plan to the feds on how they plan to ensure physician licenses are real and other identification aspects like how the state plans on preventing and addressing their Medicaid program integrity. 10 states have been highlighted due to Medicaid fraud with Minnesota having over 200million in Medicaid funds frozen by the govt. in February

10. In a **survey of 3500 health professionals** they were asked, “how they responded to potentially harmful behavior as well as how those experiences affected patient care and clinical innovation”. From the survey (2025 led by the American Association of Critical-Care Nurses and published in the March American Journal of Critical Care):

1. 40% said they reported witnessing broken rules and 22% reported witnessing mistakes weekly

2. Of the 40%; 47% confronted the offender to express their concerns over broken rules and 53% over mistakes
3. Respondents said they were less likely to confront colleagues for incompetence, lack of support, disrespect, poor teamwork, bias and micromanagement
4. Organizations that encouraged speaking up, reminding, accountability and challenging assumptions had 20 times more healthcare workers who embraced new tools and technology and were 2.5 times more proactive regarding patient outcomes and care quality
5. Vicki Good, DNP, RN, the AACN's chief clinical officer, said "a failure to speak up indicates an absence of healthy norms that will inevitably impact patient safety and staff outcomes".

11. Huntington Park, CA; Feliciano Serrano, MD, of Serrano Kidney & Vascular Access Center allegedly performed unnecessary dialysis access interventions on 18 patients and unnecessary peripheral artery disease interventions on 17 patients. Dr. Serrano allegedly scheduled procedures on a routine basis without waiting for complications, overstated the degree of stenosis in medical records and told patients their legs would require amputation when there was little risk of that outcome. One patient received approximately 42 stents in a dialysis segment over seven years, while another received approximately 16 atherectomies in his legs over four years. whistleblower complaint filed by Lincoln Analytics receive approximately \$976,000 as its share of the federal recovery of more than \$6.73 million.

12. Cardiology practices seem to be targeted regarding data breaches so far in 2026, there have been 5 reported and settled with settlements upwards of \$6 million.

1. **Torrance, Calif.-based CardioFit Medical Group** [experienced](#) a data breach by sending protected health information via email without encryption.
2. Alabaster, Ala.-based Heart South Cardiovascular Group [provided](#) notice of a data security incident.
3. Phoenix-based Cardiovascular Consultants [agreed](#) to pay \$3.85 million to settle a class-action lawsuit related to a 2023 data breach.
4. **Stockton (Calif.) Cardiology Medical Group** [experienced](#) a data incident potentially exposing patient information and company records.
5. Birmingham-based Alabama Cardiovascular Group [agreed](#) to a \$2.23 million settlement in a data privacy class-action lawsuit.

13. Hospital executive Yorai "Benny" Benzeevi, MD, surrendered his medical license effective May 7 following his conviction in a corruption case tied to Tulare (Calif.) Regional Medical Center. surrendered his physician and surgeon certificate he lost all

rights and privileges as a physician in California effective May 7 and must surrender his pocket license and wall certificate. Dr. Benzeevi previously led Healthcare Conglomerate Associates, the private company that managed Tulare Regional Medical Center and Lone Pine, Calif.-based Southern Inyo Hospital. Dr. Benzeevi pleaded no contest in 2024 to six felony counts of conflict of interest and two misdemeanor counts tied to campaign finance reporting failures and using an official position for personal gain. He was [sentenced](#) to \$2.4 million in restitution

14. **Medicaid** - Many of the coverage eligibility changes tied to HR 1 (Budget Reconciliation Act of 2025) are scheduled to begin rolling out in late 2026 and 2027, including new Medicaid work requirements, more frequent eligibility renewals (q 6 mths vs annually) for some enrollees and a narrower definition of which immigrants qualify for coverage. For those classified as “expansion adults” changes will begin in 2027. These are individuals who are able bodies, working age adults between 19-64 who qualify for Medicaid coverage under the Affordable Care Act, meaning they earn up to 133% of the FPL but do not qualify for Medicaid based on disability, age, pregnancy or other special category. In October 2028 those with income above 100% FPL may face small copays for non-exempt services. Effective October 2026 those individuals who will not qualify as a “qualified Immigrant” will be transitioned from the federal full scope Medi-Cal to the restricted scope Medi-Cal as part of the proposed Governor’s Budget. States are required to update addresses beginning in 2027. States will be required to check the Death Master File on a quarterly basis. Retroactive coverage will be shortened to 1 month vs the current 3 months beginning January 2027.

15. **Federal penalties for HIPAA violations** are adjusted annually for inflation. As of 2026, the tiers are:

- **Did not know (and couldn’t have known through reasonable diligence):** \$145 to \$73,011 per violation
- **Reasonable cause, not willful neglect:** \$1,461 to \$73,011 per violation
- **Willful neglect, corrected within 30 days:** \$14,602 to \$73,011 per violation
- **Willful neglect, not corrected within 30 days:** \$73,011 to \$2,190,294 per violation

All four tiers share the same calendar year cap of \$2,190,294 for identical violations.

A key difference between HIPAA and CA’s CMIA’s (Confidentiality of Medical Information Act) is Private Right of Action, which allows patients to sue for negligent, unauthorized disclosures, even when there was no

intent to cause harm. This is a major reason why we and other California organizations stress strict access control, “need-to-know” use of records, and zero tolerance for snooping or gossip.

To: Board of Directors
From: Linda Greer, RN - Chair, Board Finance Committee
Date: Monday, June 8, 2026
Re: Finance Committee Meeting, June 1, 2026

Board Member Attendance: Directors Greer, Griffith, and Pacheco

Action Items:

- **Finance Committee Minutes, May 6, 2026:** The voting members reviewed and approved Finance Committee minutes from May 6, 2026
- **YTD FY2025 and April 2026 Volumes:** The voting members reviewed and approved YTD FY2025 and April 2026 Volumes and moved item to full Board for ratification
- **Workday update was shared**

Workday Update

May 2026 | Palomar Health | Workday HCM / Payroll / Supply Chain / Finance

SOFT GO-LIVE

June 14, 2026

HCM & Payroll

FULL GO-LIVE

July 1, 2026

Workday Platform Scope and Value

What began as a Workday Launch full-suite design has matured into an integrated enterprise platform.

Workday will connect Finance, Supply Chain, Pay, and HCM through a broad ecosystem of vendors and integrations while supporting the full employee lifecycle.

1. Launch Foundation

Core Package

- HCM
- Benefits
- Absence
- Payroll
- Accounting
- Reporting
- Banking & Settlements
- Customer Accounts
- Supplier Accounts
- Projects

Additional Packages

- Talent
- Recruiting
- Advanced Compensation
- Change Management
- Business Assets
- Expenses
- Procurement
- Inventory
- Help
- Journeys

20 functional areas

2. Program Scale

4

pillars
(HCM, SCM,
PAY, FIN)

20

functional
areas

58

internal
team
members

49

unique
vendors /
systems

127+

integrations

3. Full Employee Lifecycle



Recruit &
Attract



Hire &
Onboard



Pay &
Support



Learn &
Grow



Retain &
Engage



Transition &
Retire

Workday supports the end-to-end employee experience across recruiting, onboarding, benefits, payroll, learning, development, and employee relations.

Current State vs Future State

Workday shifts Palomar from fragmented, multi-site processes to an integrated platform that improves employee self-service, procurement capability, finance visibility, internal controls, and security. Below are some examples of improved efficiency from current state to future state.

Current State

Workday enables

Future State

Employee Experience & Benefits



Supply Chain / Procurement



Finance / Banking / Reporting



Employees log into multiple sites for transactions and benefits enrollment; example: BCI for benefits.

No punchout vendor capability; purchasing is more manual and less standardized across vendors.

Finance relies on more disconnected banking and reporting touchpoints, with heavier manual coordination.

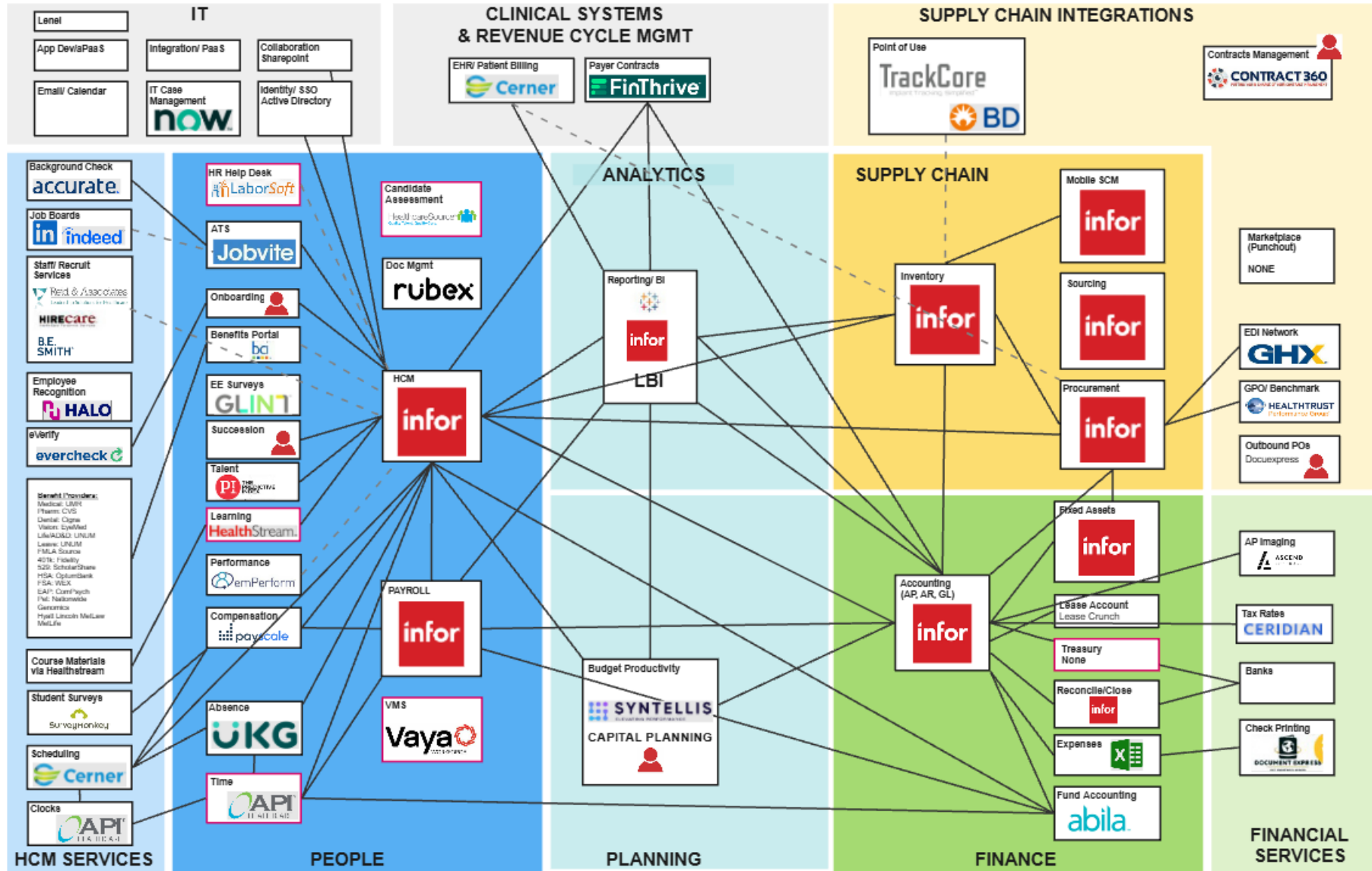
Employees enroll and manage benefits inside Workday, creating a cleaner self-service experience.

Punchout vendor capability supports guided buying, stronger purchasing controls, and a more connected procurement process.

Improved banking integrations, better reporting visibility, stronger checks and balances, internal controls, and security.

Workday reduces fragmentation and adds stronger controls, security, and visibility across employee, supply chain, and finance operations.

Current State Enterprise Landscape



Future State Enterprise Landscape

125+ Integrations into Workday



HCM INTEGRATIONS

2026 BENEFITS

- Sharp
- Colonial
- EyeMed (PH)
- Experian
- Fidelity
- Genomic Life
- Lincoln Financial
- MetLife
- UNUM
- WEX

LEARNING/CERT

- EverCheck
- HealthStream

TALENT/ RECRUITING

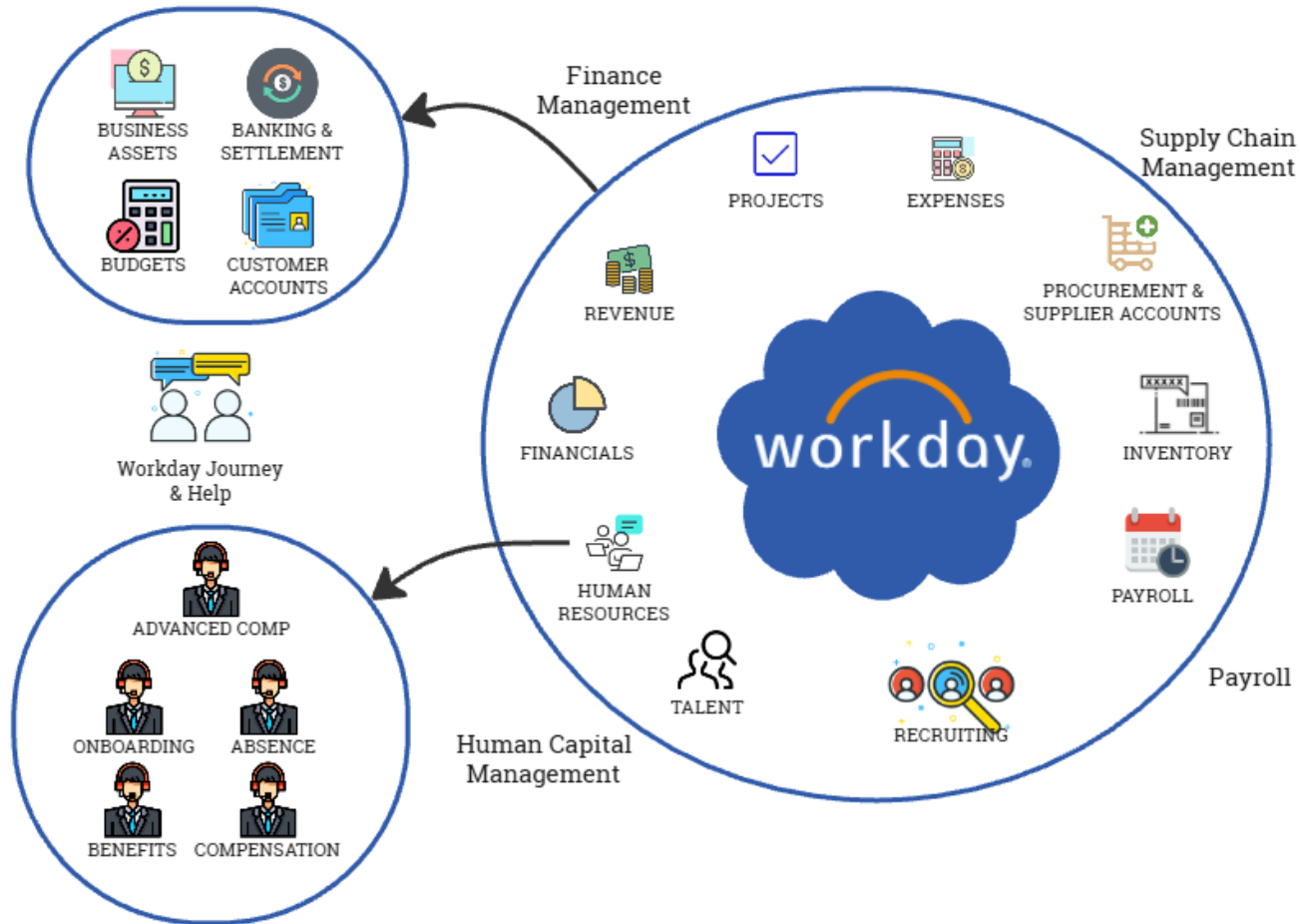
- Accurate
- E-Verify
- Indeed
- LinkedIn
- Streamline Verify

FIN INTEGRATIONS

- ASCEND
- AMEX
- AXIOM
- BOA
- CERNER
- NEXTGEN
- US GOV
- US BANK
- BIRT

Compliance

- Labor Soft
- Lenel
- Fair Warning
- Equifax
- Azure
- Everbridge



Workday Mobile



Change Management

SCM INTEGRATIONS

- AXIOM
- Broadjump
- Cerner
- GHX
- Healthtrust
- HPG
- Track Core
- Staples
- Grainger
- McKesson
- Amazon

PATT INTEGRATIONS

- OneSource Virtual
- Clairvia
- BOA
- BSI
- CMS-PBJ
- US BANK
- Symplr - API

Go-Live Sequencing and JPA Dependent Scope

Soft Go-Live

June 14, 2026

- HCM & Payroll activities begin in Workday
- Core HR transition and payroll processing activities start
- Employee self-service opens June 22

Go-Live

July 1, 2026

PH & PHMG

- Workday Payroll for PH and PHMG
- HR / HCM activities continue in Workday

PHMG Only

- PHMG Finance / Accounting
- PHMG Supply Chain / Supplier Accounts
- Workday Ascend instance goes live

JPA Dependent Scope

JPA Date TBD

- PH Finance remains in Lawson temporarily
- PH Supply Chain remains in Lawson temporarily
- JPA-related transactions continue in Lawson
- PH migrates to Lawson JPA when configuration is available
- PH and JPA move to Workday together in a future phase

Interim operating model until JPA conversion is complete

Operational bridge

- PH remains in Lawson as system of record
- PH payroll entry in Workday is manually transferred to Lawson
- PHMG to PH intercompany entries are manually moved to Lawson

Conversion readiness

- SCM / Ascend remain in effect for PH on Lawson during the interim period
- Accounting and SCM resources require ~4 weeks following JPA configuration availability to prepare for conversion
- Conversion activities will commence once Lawson JPA base configuration is available

Conversion scope

GL, Inventory, Open POs, Open Supplier Invoices, Assets, Projects

Key assumption: Lawson JPA base configuration is ready on 7/1; conversion timing remains dependent on resource availability and completion of migration work.

This approach keeps the 7/1 Workday scope moving, reduces risk by deferring PH Finance/Supply Chain, and allows JPA dependent conversion work to be completed after Lawson JPA configuration is available

Training Readiness and WSP Enablement

Workday is aimed at making our adoption successful and provides Success Plan training credits available to support administrator readiness, reporting capability, and role-based learning ahead of July 1 go-live.

Available Training Credits

20

WSP training credits

Resets every July 1st

Credit Usage



Eligible Uses

- Instructor-led courses
- Independent learning courses
- Credits reset with another 20 for the next WSP contract term

3. Learn on Demand and Recommended Focus

Learn on Demand

Free through WSP; 5–20 minute videos on key business processes and transactions.

Best After Initial Admin Training

Short videos are most helpful once admins and super users understand the foundational concepts.

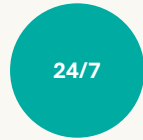
Pre-Go-Live Priority

Prioritize reporting, administrator readiness, and role-based learning for leads and super users.

Post Go-Live Support Model

After July 1 go-live, Palomar will have multiple layers of Workday Success Plan support for stabilization, escalation, enablement, and ongoing optimization.

1. Support Layers Available After Go-Live



24/7 Workday Support

Customer Care support for Severity 1 through Severity 5 cases. Critical S1 issues typically receive a response in less than one hour.



CSM Escalation

The Customer Success Manager can help triage cases that need additional attention and engage the right Workday experts.



WSP Enablement Resources

Access to specialized training, learning paths, and weekly Ask the Expert sessions to support stabilization and optimization.

2. Escalation and Enablement Flow



Palomar Team

Identify issue / training need



Workday Support

Submit case / manage severity



CSM Escalation

Escalate when pace or impact requires attention

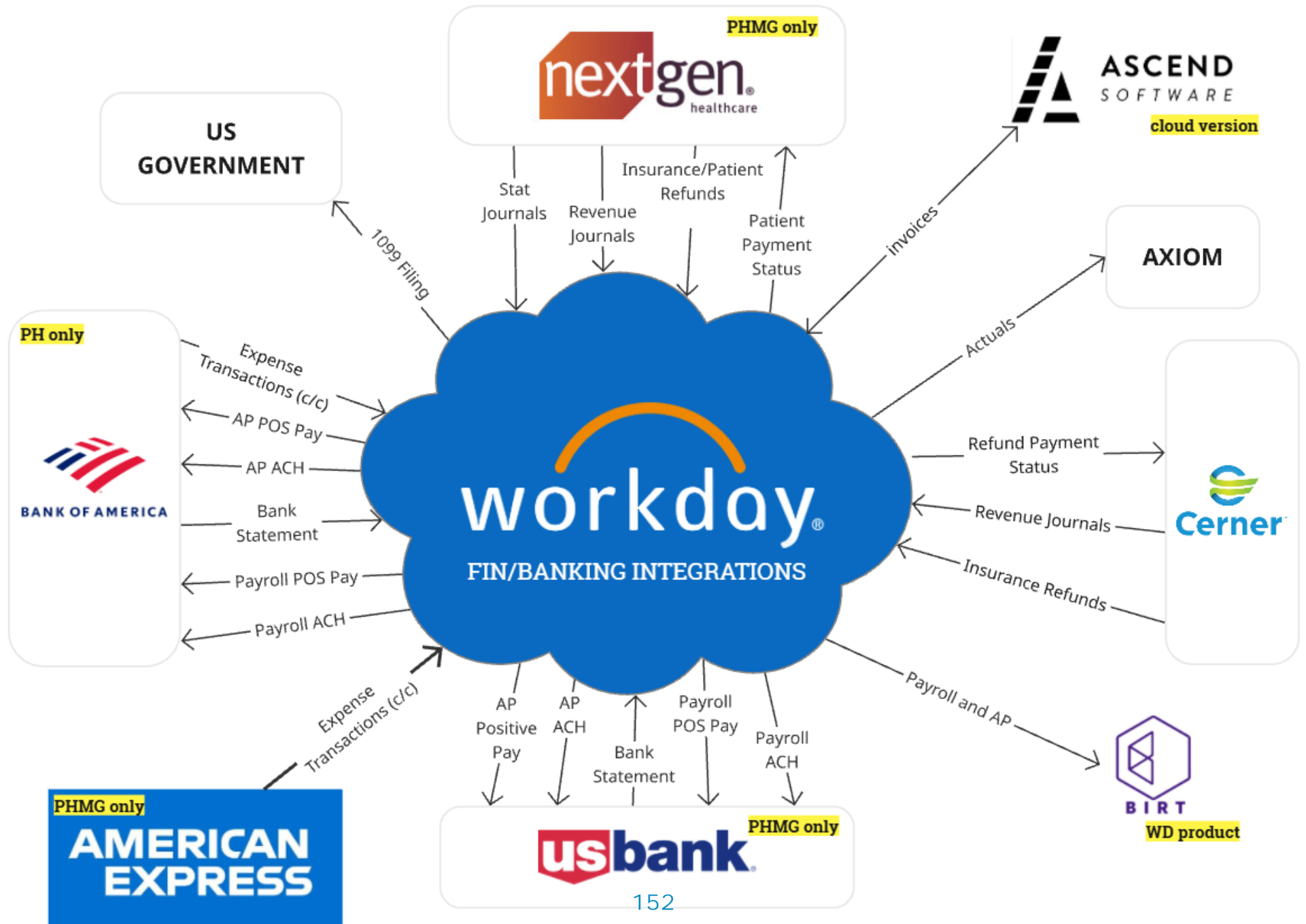


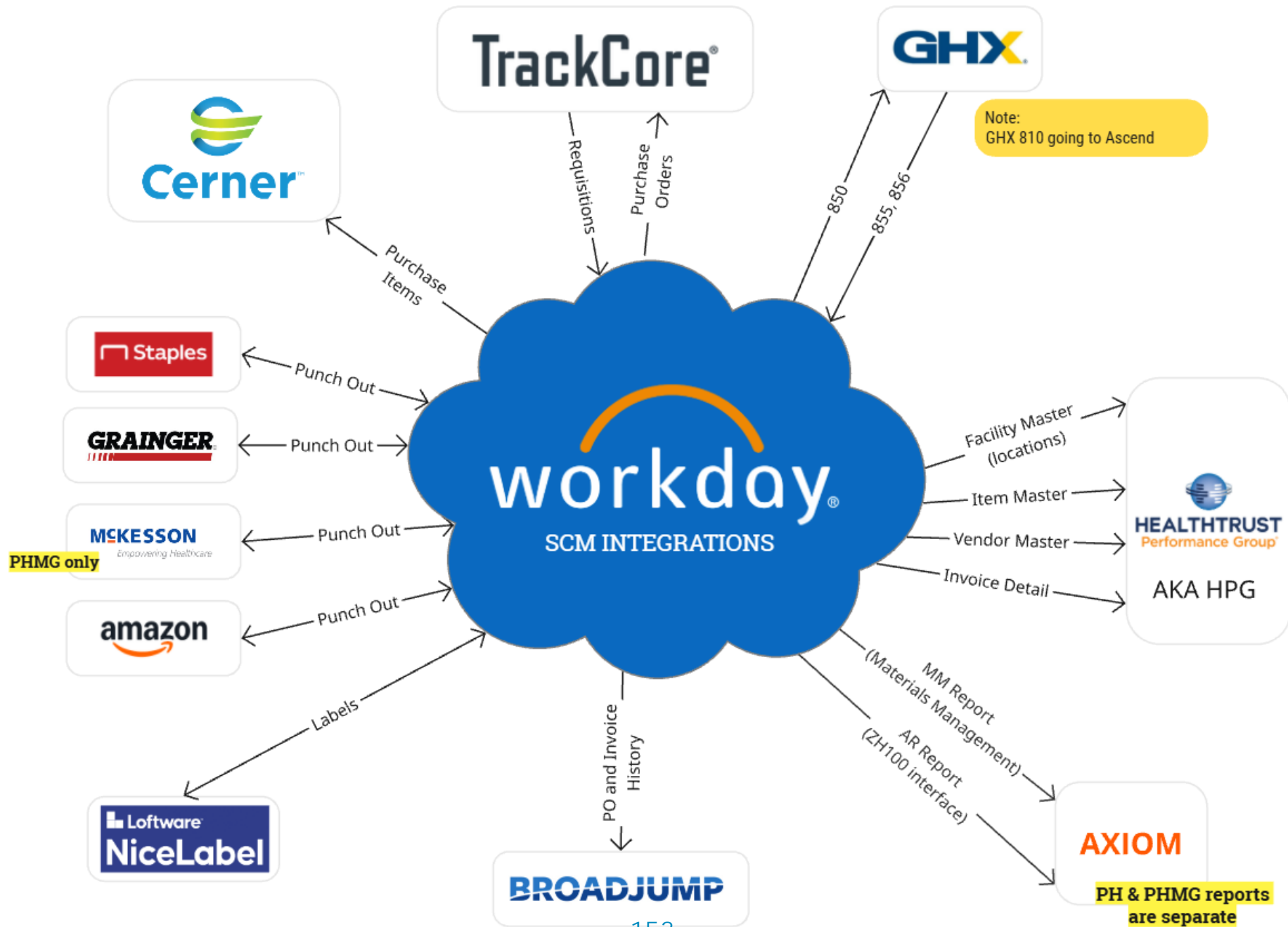
Ask the Expert

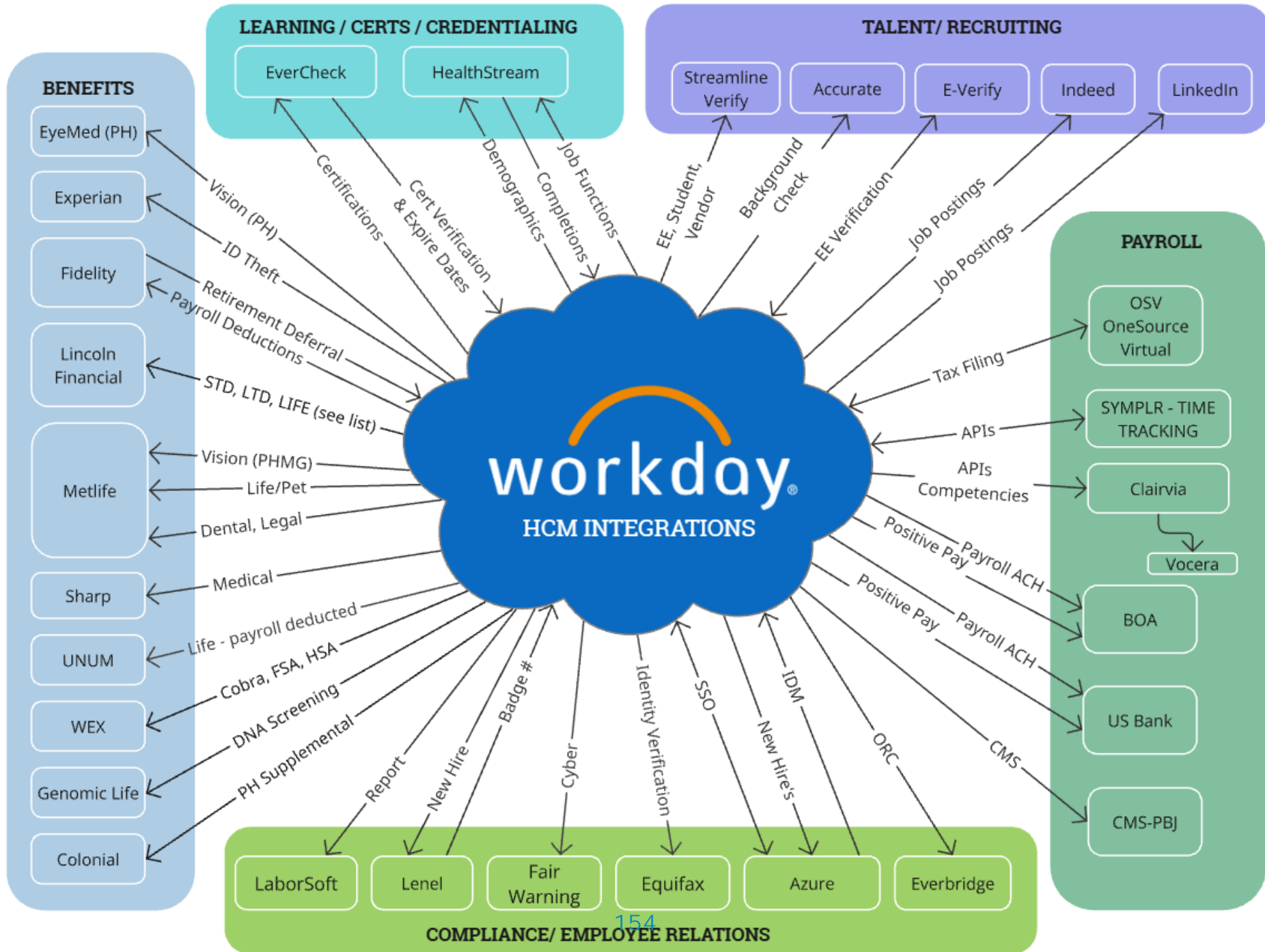
Use up to 3 requests per week for targeted guidance

Post go-live support combines formal Workday case management with CSM escalation and WSP enablement resources to support stabilization.

Appendix







To: Board of Directors
From: Jeff Griffith - Chair, Board Governance Committee
Date: Monday, June 8, 2026
Re: Governance Committee Meeting, June 1, 2026

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

Action Items:

- **Governance Committee minutes, April 20, 2026:** The voting members reviewed and approved Governance Committee minutes from April 20, 2026
- **Per Diem and Reimbursement Policy:** The voting members voted to move this to the full Palomar Health Board of Directors for ratification with discussed changes pending outside legal approval.
- **Annual Review of Board of Palomar Health Need for Six Compensable Meetings Per Month for Effective Operation of the District:** The committee members voted to move this to the July Palomar Health Board of Directors meeting after proper required notices are met.
- **Annual Adoption of Investment:** The committee members voted to table this agenda item.
- **Conflict of Interest Code:** The committee members voted to table this agenda item.

Standing Items:

- **Retirement of Policies:** No policies were retired.
- **Legislative Update(s):** An ACHD updates was shared.
- **Board Policy Listing:** The committee members reviewed the status of policies.

To: Board of Directors
From: Linda Greer, RN - Chair, Board Quality Review Committee
Date: Monday, June 8, 2026
Re: Quality Review Committee Meeting – May 27, 2026

Board Member Attendance: Directors Linda Greer; Terry Corrales; Abbi Jahaaski

Action Item(s):

- **Quality Review Committee Minutes, January 28, 2026:** The voting members reviewed and approved the Quality Review Committee minutes from January 28, 2026.

- **Approval of Contracted Services**
 - Contracted service evaluation(s) were approved
 - ARUP
 - Corticare Monitoring
 - Image First Linen
 - Premier Laser Services
 - San Diego Blood Bank
 - San Diego Urology Mobile Services

Annual Reports – Informational Only

- Quality and Patient Safety Improvement Projects Focus 2026
- Med Staff Dept: Emergency Medicine Biannual Report
- Med Staff Dept: Trauma Program Biannual Report
- Rehabilitation Services
- Respiratory Services
- Infection Prevention and Control
- Laboratory Services
- Radiology & Nuclear Medicine Med Staff Report
- Outpatient Services – Infusion and Radiation Oncology
- Stroke Program

Closed Session