

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
December 8, 2016 – 1:30 o'clock p.m.
Classroom 6 - Eugene L. Geil Pavilion
Open Session – Assembly Rooms 1, 2, 3
4002 Vista Way, Oceanside, CA 92056**

The Board may take action on any of the items listed below, unless the item is specifically labeled "Informational Only"

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda		
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Closed Session portion of the Agenda. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors.	3 min.	Standard
4	Oral Announcement of Items to be Discussed During Closed Session (Authority: Government Code, Section 54957.7)		
5	Motion to go into Closed Session		
6	Closed Session	2 Hours	
	a. Conference with Labor Negotiators: (Authority: Government Code, Section 54957.6) Agency Negotiator: Steve Dietlin Employee organization: CNA		
	b. Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees (Authority: Health & Safety Code, Section 32155)		
	c. Reports Involving Trade Secrets: New Facilities; Conference with Real Property Negotiators (Authority: Health and Safety Code, Section 32106, Gov. Code Section 54956.8) Property: 4002 Vista Way, Oceanside, CA 92056 Agency Negotiator: Steve Dietlin Negotiating Parties: Tri-City Healthcare District and United States Under Negotiation: Development program Date of disclosure: December 31, 2016		
	d. Conference with Legal Counsel – Potential Litigation (Authority: Government Code, Section 54956.9(d) (1 Matter))		
	e. Approval of prior Closed Session Minutes		
	f. Public Employee Evaluation: General Counsel (Authority: Government Code, Section 54957)		

Note: Any writings or documents provided to a majority of the members of Tri-City Healthcare District regarding any item on this Agenda will be made available for public inspection in the Administration Department located at 4002 Vista Way, Oceanside, CA 92056 during normal business hours.

Note: If you have a disability, please notify us at 760-940-3347 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

	Agenda Item	Time Allotted	Requestor
	g. Discussion of cybersecurity issues for electronic portal systems (Authority: Government Code, Section 54957(a))		
	h. Conference with Legal Counsel – Existing Litigation (Authority: Government Code, Section 54956.9(d)1, (d)4) (1) Francisco Valle v. Tri-City Healthcare District Case No. 37-2015-00015754-CU-OE-NC (2) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108 (3) TCHD vs. Medical Acquisitions Company Case No: 2014-00022523 (4) Larry Anderson Employment Claims		
7	Motion to go into Open Session		
8	Open Session		
	Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.		
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
10	Roll Call / Pledge of Allegiance	3 min.	Standard
11	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
12	Introduction and welcome of new Board Member Leigh Anne Grass	3 min.	Chair
13	Special Award Presentation a) Honoring Ramona Finnila for her service on the TCHD Board of Directors	5 min.	Chair
14	Special Presentation a) Pulmonary Rehab	5 min.	S. Schultz
15	Community Update 1) Palliative Care Update – Dr. Loren Novak 2) ED Throughput Presentation – Dr. Cary Mells and Candice Parras, RN	15 min. 15 min.	S. Schultz S. Schultz
16	Report from TCHD Auxiliary – Pat Morocco, President	5 min.	Standard
17	Report from TCHD Foundation – Glen Newhart, Chief Development Officer	5 min.	Standard

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	Agenda Item	Time Allotted	Requestor
	<p><i>(Committee minutes included in Board Agenda packets for informational purposes)</i></p> <p>1. <u>Administrative Policies & Procedures:</u></p> <p>a) 8610-418 – Equal Employment Opportunity b) 8610-428 - Fair Treatment for Non-Management c) 8610-435 – Leave of Absence</p> <p>B. Employee Fiduciary Retirement Subcommittee Director Kellett, Subcommittee Chair Open Community Seats – 0 <i>(Committee minutes included in Board Agenda packets for informational purposes)</i></p> <p>1) Recommendation to refer Committee Charter to Governance & Legislative Committee</p> <p>C. Community Healthcare Alliance Committee Director Nygaard, Committee Chair Open Community Seats – 0 <i>(Committee minutes included in Board Agenda packets for informational purposes)</i></p> <p>D. Finance, Operations & Planning Committee Director Dagostino, Committee Chair Open Community Seats – 0 <i>(Committee minutes included in Board Agenda packets for informational purposes)</i></p> <p>1) Approval of agreement with McCoy Design & Construction for \$70,329 and the purchase of equipment to replace the lights in operating room 1, for a total expected projected cost of \$412,871.</p> <p>2) Approval of a project budget for renovating Labor & Delivery and Mother/Baby rooms with a cost contribution of \$431,590 from Tri-City Healthcare District, and \$760,000 from Tri-City Hospital Foundation, for a total cost not to exceed \$1,191,590.</p> <p>3) Approval of an agreement with TK Moede Consulting, Inc. for continued IT leadership as the interim Chief Information Officer/VP for a term of six (6) months, beginning December 1, 2016 through May 31, 2017 for a monthly cost of \$50,200 and a total cost for the term of \$301,200.</p> <p>4) Approval of an agreement with Beckman Coulter for the Hematology Reagents and Instrumentation for a term of 60 months beginning December 15, 2016 through December 14, 2021 for an annual cost of \$72,948 and a total cost for the term of \$364,740 and a one-time seismic facility expense as estimated to be \$24,800.</p> <p>5) Approval of an agreement with Dr. Karim El-Sherief, Medical Director of Cardiac Rehabilitation for a term of 24 months</p>		<p>Emp. Fid. Subcomm.</p> <p>CHAC Comm.</p> <p>FO&P Comm.</p>

	Agenda Item	Time Allotted	Requestor
	<p>beginning July 1, 2017 through June 30, 2019, not to exceed an average of 44 hours per month or 528 hours annually, at an hourly rate of \$185.50 for an annual cost of \$97,944 and a total term cost not to exceed \$195,888.</p> <p>6) Approval of an agreement with Rady Children's Specialist of San Diego for Retinopathy of Prematurity Testing for a term of 12 months, beginning November 1, 2016 through October 31, 2017, for an annual cost of \$33,036 and a total cost for the term of \$33,036.</p> <p>E. Professional Affairs Committee Director Mitchell, Committee Chair <i>(No meeting held in November, 2016)</i></p> <p>F. Governance & Legislative Committee Director Dagostino, Committee Chair Open Community Seats - 2 <i>(No meeting held in November, 2016)</i></p> <p>G. Audit, Compliance & Ethics Committee Director Finnila, Committee Chair Open Community Seats – 1 <i>(Committee minutes included in Board Agenda packets for informational purposes.)</i></p> <p>1) <u>Administrative Policies & Procedures:</u> a. 8610-(NEW) Minimum Necessary Requirements for Use and Disclosure of PHI b. 8610-586 – Protected Health Information (PHI) Breach Response</p> <p>(2) Minutes – Approval of: a) Regular Board of Directors Meeting – November 10, 2016</p> <p>(3) Meetings and Conferences a) ACHD Leadership Academy – February 2-3, 2017 – Sacramento, CA b) CHA Legislative Days – March 15-16, 2017– Sacramento, CA c) ACHD Legislative Days – April 3-4, 2017 – Sacramento, CA d) AHA Annual Meeting – May 7-10 2017 – Washington, DC e) ACHD Annual Meeting – September 13-15, 2017 – San Diego, CA</p> <p>(4) Dues and Memberships - None</p> <p>(5) Proposed Board of Directors 2017 Meeting Calendar</p> <p>(6) Proposed Board Committee Schedule 2017</p> <p>(7) 2017 Board of Directors Meeting Rotation Schedule</p>		<p>PAC</p> <p>Gov. & Leg. Comm.</p> <p>Audit, Comp. & Ethics Comm.</p> <p>Standard</p> <p>Standard</p> <p>Standard</p> <p>Standard</p>
24	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
25	Reports (Discussion by exception only) (a) Dashboard (b) Construction Report – None	0-5 min.	Standard

	Agenda Item	Time Allotted	Requestor
	(c) Lease Report – (October 2016) (d) Reimbursement Disclosure Report – (October, 2016) (e) Seminar/Conference Reports - None		
26	Legislative Update	5 min.	Standard
27	Comments by Members of the Public NOTE: Per Board Policy 14-018, members of the public may have three (3) minutes, individually, to address the Board	5-10 minutes	Standard
28	Additional Comments by Chief Executive Officer	5 min.	Standard
29	Board Communications (three minutes per Board member)	18 min.	Standard
30	Report from Chairperson	3 min.	Standard
	Total Time Budgeted for Open Session	3 hours	
31	Oral Announcement of Items to be Discussed During Closed Session		
32	Motion to Return to Closed Session (if needed)		
33	Open Session		
34	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) – (If Needed)		
35	Adjournment		

RESOLUTION NO. 780

RESOLUTION OF THE BOARD OF DIRECTORS OF TRI-CITY HEALTHCARE DISTRICT AUTHORIZING ISSUANCE, EXECUTION AND DELIVERY OF REPLACEMENT TERM NOTES AND RELATED DOCUMENTS UNDER AMENDED CREDIT AGREEMENT, AND CERTAIN OTHER ACTIONS RELATED THERETO

WHEREAS, TRI-CITY HEALTHCARE DISTRICT (the "District") is a California health care district duly organized and existing under the laws of the State of California, particularly the Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California (the "Law"); and

WHEREAS, the District entered into that certain Revolving Credit, Term Loan and Security Agreement dated as of April 2, 2012 ("Credit Agreement") with a syndicate of lenders ("Lenders"), including Bank of the West who is also acting as arranger and administrative agent (in such capacity, "Agent"), pursuant to which, among other things, the District obtained a term loan, as authorized under Section 53850 *et seq.* of the California Government Code, in an original principal amount of \$51,000,000 for a term of less than 15 months maturing on or about June 28, 2013 ("Term Loan"), the proceeds of which were used by the District for working capital purposes; and

WHEREAS, not later than the Initial Maturity Date (as originally defined in the Credit Agreement) of the Term Loan, the District obtained a new term loan to replace and refund the Term Loan from the Lenders under the Credit Agreement, evidenced by one or more replacement term note or notes issued by the District ("Replacement Term Notes"), as authorized under Sections 53531 and 53850 *et seq.* of the California Government Code, in a principal amount of \$51,000,000 for a term of less than 15 months, on terms and conditions, as amended and/or restated, contemplated for the refunding of term loans under Section 2.02 of the Credit Agreement, the proceeds of which were used by the District to repay and refinance in full the Term Loan; and

WHEREAS, pursuant to a resolution adopted by the Board of Directors of the District (the "Board") on or about September 25, 2014, and prior to the maturity of the Replacement Term Notes, the District executed and delivered "Amendment No. 2 to Credit Agreement," by and between the District and the Agent, which in relevant part amended and restated the definition of "Maturity Date" to provide for the "Initial Maturity Date" of February 28, 2015, the "Second Maturity Date" of May 28, 2016, and the "Third Maturity Date" of December 31, 2016, with each such date, if not a Business Day (as defined in the Credit Agreement), to be the next preceding Business Day; and

WHEREAS, pursuant to a resolution adopted by the Board on or about April 28, 2016, the District obtained a new term loan to replace and refund the Term Loan maturing on or about the Second Maturity Date (being, under the aforesaid provisions, Friday, May 27, 2016) from the Lenders under the Credit Agreement, evidenced by one or more replacement term note or notes issued by the District, ("2016 Replacement Term Notes"), as authorized under Sections 53531 and 53850 *et seq.* of the California Government Code, in a principal amount of \$51,000,000 for a term of less than 15 months maturing on or about the Third Maturity Date (being, under the aforesaid provisions, Friday, December 30, 2016) ("2016 Replacement Term Loan"), on terms and conditions, as amended and/or restated, contemplated for the refunding of term loans under Section 2.02 of the Credit Agreement, the proceeds of which were used by the District to repay and refinance in full the Term Loan then outstanding; and

WHEREAS, prior to the maturity of the 2016 Replacement Term Notes, the District anticipates the execution and delivery by the District of "Amendment No. 3 to Credit Agreement," by and between the District and the Agent, which in relevant part amends the definition of "Maturity Date" to provide for the "Fourth Maturity Date" of December 31, 2017, with such date, if not a Business Day (as defined in the Credit Agreement), to be the next preceding Business Day; and

WHEREAS, the Board of Directors of the District (the "Board") desires to obtain a new term loan to replace and refund the Term Loan maturing on or about the Third Maturity Date (being, under the aforesaid provisions, Friday, December 30, 2016) from the Lenders under the Credit Agreement, as amended by Amendment No. 3 to Credit Agreement, and to be evidenced by one or more replacement term note or notes issued by the District, "2017 Replacement Term Notes", as authorized under Sections 53531 and 53850 *et seq.* of the California Government Code, in a principal amount of \$51,000,000 for a term of less than 15 months maturing on or about the Fourth Maturity Date (being, under the aforesaid provisions, Friday, December 29, 2017) ("2017 Replacement Term Loan"), on terms and conditions, as amended and/or restated, contemplated for the refunding of term loans under Section 2.02 of the Credit Agreement, the proceeds of which will be used by the District to repay and refinance in full the Term Loan presently outstanding; and

WHEREAS, to secure the payment of the 2017 Replacement Term Loan, the District shall continue to grant the security interests in the Credit Agreement Collateral pursuant and as more particularly described in the Credit Agreement, as amended, and in accordance with Government Code Sections 5450, 5451 and 53850 *et seq.*, which will secure all of the District's obligations, including the 2017 Replacement Term Notes, under the Credit Agreement;

WHEREAS, the Board hereby finds and determines that the maximum aggregate principal amount of all notes ("Notes") which have been or may be issued and outstanding under the Credit Agreement (including without limitation the 2017 Replacement Term Notes) will not, as of the date of issuance, exceed 85 percent of the estimated amount of the uncollected taxes, income, revenue, cash receipts and other moneys that are then due and payable, or are reasonably anticipated to be due and payable, in amounts and on dates adequate to service such financial obligations which will otherwise be unpledged and available for the payment of the Notes and interest thereon (except to the extent allowed by law);

NOW, THEREFORE, this Board of Directors of Tri-City Healthcare District does hereby find, resolve and order as follows:

Section 1. The foregoing recitals are true and correct.

Section 2. The Chief Executive Officer of the District is hereby authorized to execute and deliver Amendment No. 3 to Credit Agreement, the 2017 Replacement Term Notes and related credit documents, as contemplated under Section 2.02 of the Credit Agreement, as amended and/or restated, pursuant to which the District will be provided the 2017 Replacement Term Loan, as authorized under and in accordance with the Law and Government Code Sections 53850 *et seq.* and 53531, as evidenced by the 2017 Replacement Term Notes issued by the District and secured by the Credit Agreement Collateral. The Chairperson or Secretary of this Board, the Chief Executive Officer of the District or the duly delegated representatives of any of them (each, an "Authorized Officer"), and each of them, acting alone and in the name and on behalf of the District, are hereby authorized and directed to execute and deliver the 2017 Replacement Term Notes and any pledge and security agreements and related credit documents as required by the Credit Agreement or the Lenders.

Section 3. The Authorized Officers are each hereby authorized and directed to execute all certificates, other documents, instruments and agreements (including, without limitation, deposit account agreements, deposit account control agreements and lockbox agreements) supplemental to the foregoing (and any amendments, renewals or modifications thereto) (together with the Credit Agreement, the 2017 Replacement Term Notes and pledge and security agreements and related credit documents authorized by the preceding Section 2, collectively, the "Loan Documents") as may be necessary or advisable in order to effectuate the purposes of this Resolution, and to take all additional actions as may be necessary or advisable in order to enter into the 2017 Replacement Term Loan and any other Loan Documents in the manner and on the terms set forth in this Resolution.

Section 4. The District is authorized to borrow funds under the 2017 Replacement Term Loan and to perform its obligations and agreements under the Credit Agreement, as amended and/or restated, and the other Loan Documents.

Section 5. Except for the security interests granted in accordance with this Resolution and under the Credit Agreement, as amended and/or restated, this Board has not authorized or approved any loan or indebtedness pursuant to which or with respect to which any other security interest has been granted in such assets of the District.

Section 6. This Resolution shall take effect immediately upon its adoption.

ADOPTED, PASSED AND APPROVED this 8th day of December, 2016, at a regular meeting of the Board of Directors, at which a quorum was present and acting throughout, at Oceanside, California, by the following vote:

AYES:

NOES:

ABSTAIN/ABSENT:

By: _____
Chairperson, Board of Directors

ATTEST:

By: _____
Secretary, Board of Directors

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: September 20, 2016
Physician Recruitment Proposal

Type of Agreement		Medical Directors		Panel	X	Other: Recruitment Agreement
Status of Agreement	X	New Agreement		Renewal – New Rates		Renewal – Same Rates

Physician Name: Anton M. Kushnaryov, MD

Areas of Service: Otolaryngology

Key Terms of Agreement:

Effective Date:	February 1, 2017 or the date Dr. Kushnaryov becomes a credentialed member in good standing of the Tri-City Healthcare District Medical Staff
Community Need:	TCHD Physician Needs Assessment shows significant community need for an Otolaryngologist
Service Area:	Area defined by the lowest number of contiguous zip codes from which the hospital draws at least 75% of its inpatients
Income Guarantee:	None
Sign-on Bonus:	\$25,000
Relocation:	\$10,000
Total Not to Exceed:	\$35,000 Loan Amount

Unique Features:

- Dr. Kushnaryov will join the group practice of North County Ear, Nose, Throat, Head & Neck Surgery, in Vista, CA headed by Dr. Mark Lebovits, a long time Tri-City Otolaryngologist, and Dr. Julie Berry.
- This agreement does not include an income guarantee; however, the amount provided (sign-on bonus and relocation) will be in the form of a loan. The total amount loaned will be forgiven over a two-year period provided Dr. Kushnaryov continues his practice in the service area, observes good business practices and complies with the terms of the agreement.

Document Submitted to Legal:	X	Yes		No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:		Yes	X	No

Person responsible for oversight of agreement: Jeremy Raimo, Sr. Director, Business Development / Wayne Knight, Chief Strategy Officer

Motion:

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve the expenditure not to exceed \$35,000, in order to facilitate this Otolaryngology physician practicing medicine in the communities served by the District. This will be accomplished through a Physician Recruitment Agreement with North County Ear, Nose, Throat and Head & Neck Surgery and Anton Kushnaryov, MD.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: November 15, 2016
Physician Recruitment Proposal – Family Medicine

Type of Agreement		Medical Directors		Panel	X	Other: Recruitment Agreement
Status of Agreement	X	New Agreement		Renewal		

Physician Name: Ronald Perez, M.D.

Areas of Service: Family Medicine

Key Terms of Agreement:

Effective Date: August 1, 2017 or the date Dr. Perez becomes a credentialed member in good standing of the Tri-City Healthcare District Medical Staff

Community Need: TCHD Physician Needs Assessment shows significant community need for Family Medicine

Income Guarantee: Not to exceed a two-year income guarantee with loan to be forgiven over a three-year forgiveness period provided physician continues to practice within service area

Service Area: Area defined by the lowest number of contiguous zip codes from which the hospital draws at least 75% of its inpatients

Income Guarantee: \$218,000 annually (\$436,000 Not to Exceed)

Sign-on Bonus: \$20,000

Start-Up Cost: \$120,000 (Not to Exceed)

Relocation: \$12,000 (Not part of the Loan)

Total Not to Exceed: \$588,000 (Loan Amount= \$576,000)

Independent Physician Recruitment Agreement: Ronald Perez, M.D. is going to be an independent Family Medicine physician, looking to locate an office space in Carlsbad, CA.

Requirements:

Business Pro Forma: Must submit a two-year business pro forma for TCHD approval relating to the addition of this physician to the medical practice, including proposed incremental expenses and income. TCHD may suspend or terminate income guarantee payments if operations deviate more than 20% from the approved pro forma and are not addressed as per agreement.

Expenses: The agreement specifies categories of allowable professional expenses (expenses associated with the operation of physician's practice and approved at the sole discretion of TCHD) such as billing, rent, medical and office supplies, etc. If the incremental monthly expenses exceed the maximum, the excess amount will not be included.

Document Submitted to Legal:	X	Yes		No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:		Yes	X	No

Person responsible for oversight of agreement: Wayne Knight, Chief Strategy Officer

Motion:

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve the expenditure, not to exceed \$588,000 over two years in order to facilitate this Family Medicine physician practicing medicine in the communities served by the District. This will be accomplished through a Physician Recruitment Agreement (not to exceed a two-year income guarantee) with Ronald Perez, M.D.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: November 15, 2016
Physician Recruitment Proposal – Family Medicine

Type of Agreement		Medical Directors		Panel	X	Other: Recruitment Agreement
Status of Agreement	X	New Agreement		Renewal		Renewal - Same Rates

Physician Name: Michael A. Pietila, M.D.

Areas of Service: Family Medicine

Key Terms of Agreement:

Effective Date: January 1, 2017 or the date Dr. Pietila becomes a credentialed member in good standing of the Tri-City Healthcare District Medical Staff
Community Need: TCHD Physician Needs Assessment shows significant community need for Family Medicine
Income Guarantee: Not to exceed a one-year income guarantee with loan to be forgiven over a two-year forgiveness period provided physician continues to practice within service area
Service Area: Area defined by the lowest number of contiguous zip codes from which the hospital draws at least 75% of its inpatients
Income Guarantee: \$240,000 (for one year) (\$20,000/month)
Sign-on Bonus: \$10,000
Total Not to Exceed: \$250,000 (Loan Amount)

Unique Features: Dr. Michael Pietila will join the group practice of Tri-City Primary Care Practice in Vista, CA, with three other physicians, Dr. Novak, Dr. Ferber, and Dr. Baroudi. Dr. Pietila will fill the vacancy left by Dr. Clancy.

Requirements:

Business Pro Forma: Must submit a one-year business pro forma for TCHD approval relating to the addition of this physician to the medical practice, including proposed incremental expenses and income. TCHD may suspend or terminate income guarantee payments if operations deviate more than 20% from the approved pro forma and are not addressed as per agreement.

Expenses: The agreement specifies categories of allowable professional expenses (expenses associated with the operation of physician's practice and approved at the sole discretion of TCHD) such as billing, rent, medical and office supplies, etc. If the incremental monthly expenses exceed the maximum, the excess amount will not be included.

Document Submitted to Legal:	X	Yes		No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:		Yes	X	No

Person responsible for oversight of agreement: Wayne Knight, Chief Strategy Officer

Motion:

Move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve the expenditure, not to exceed \$250,000 in order to facilitate this Family Medicine physician practicing medicine in the communities served by the District. This will be accomplished through a Physician Recruitment Agreement (not to exceed a one-year income guarantee) with Dr. Pietila, M.D.



TRI-CITY MEDICAL CENTER
MEDICAL STAFF INITIAL CREDENTIALS REPORT
November 9, 2016

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 12/9/2016– 10/31/2018)

Any items of concern will be “red” flagged in this report. Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following physicians have met the basic requirements of staff and are therefore recommended for appointment effective 12/9/2016 through 10/31/2018:

- Clancy, Tara D.O./Medicine/Internal Medicine (Clancy Medical Group)
- Khalessi, Alexander M.D./Surgery/Neurosurgery (UCSD)
- LIU, Wilson MD/Family Medicine/Family Medicine
- Lotan, Roi M.D. / Diagnostic Radiology/Radiology (StatRad)

TEMPORARY PRIVILEGES: Medical Staff/Allied Health Professionals:

- LIU, Wilson MD/Family Medicine/Family Medicine

UPDATE TO PREVIOUS INITIAL APPLICATION:

- PLAXE, Steven C., MD/Gynecologic Oncology (UCSD)



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – 1 of 3
November 9, 2016

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 01/01/2017 –12/31/2018)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 01/01/2017 through 12/31/18, based upon practitioner specific and comparative data profiles and reports demonstrating ongoing monitoring and evaluation, activities reflecting level of professionalism, delivery of compassionate patient care, medical knowledge based upon outcomes, interpersonal and communications skills, use of system resources, participation in activities to improve care, blood utilization, medical records review, department specific monitoring activities, health status and relevant results of clinical performance:

- AMBO, Stanley MD/Pediatrics/Active
- CHO, Aaron MD/Radiology/Active
- FRISHBERG, Benjamin MD/Neurology/Active
- KHAWAR, Osman MD/Nephrology/Courtesy
- KYAW, Naing MD/Nephrology/Active
- MARCISZ, Thomas MD/Neurosurgery/Active
- MAYBERRY, Jennifer MD/Radiology/Active
- MCWHIRTER, Robert MD/Emergency Medicine/Provisional
- MILLER, Jason MD/Pain Medicine/Courtesy
- MINGRONE, Christopher MD/Anesthesiology/Provisional
- MOSTOFIAN, Eimaneh MD/OB/GYN/Active
- NGUYEN, Minh MD/Internal Medicine/Active
- NOLAN, Frank MD/Rheumatology/Affiliate
- POP, Simona MD/Family Medicine/Affiliate
- POWELL, Carl DO/General Surgery/Associate
- SHAD, Javaid MD/Gastroenterology/Active
- WILTSE, Lise MD/Anesthesiology/Courtesy
- WINE, David/Internal Medicine/Affiliate



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – 1 of 3
November 9, 2016

Attachment B

RESIGNATIONS: (Effective date 12/9/2016 unless otherwise noted)

Voluntary:

- **GILL, John MD/Family Medicine**
- **CALZADA, Audrey MD/Otolaryngology**
- **CARTER, Bob MD/Neurosurgery/Provisional**



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3
November 9, 2016

Attachment B

NON-REAPPOINTMENT RELATED STATUS MODIFICATIONS

PRIVILEGE RELATED CHANGES

The following practitioners were given 6 months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and therefore the listed privileges will automatically expire as of 11/30/16.

- Park, Gregory C., MD. Plastic Surgery

ADDITIONAL PRIVILEGE REQUEST (Effective 12/9/2016, unless otherwise specified)

The following practitioners requested the following privileges

- BOONJINDASUP, Aaron M.D. Urology
- PASHMFOROUSH, Mohammad MD, PHD Cardiology

STAFF STATUS CHANGES

- None at this time



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 3 of 3
November 9, 2016

Attachment C

PROCTORING RECOMMENDATIONS (Effective 12/9/2016, unless otherwise specified)

- BEN-HAIM, Sharona M.D. Neurosurgery
- BOONJINDASUP, Aaron M.D. Urology
- DHESI, Shawnjit M.D. Anesthesiology
- FIERER, Adam M.D. General/Vascular
- GHARIBJANIANS, Nareg M.D. Anesthesiology
- GROVE, Jay M.D. General/Vascular Surgery
- KIM, Jae M.D. Neonatology
- LUEMAN, Lori M.D. Emergency Medicine
- MAHIL, Amreesh M.D. Anesthesiology
- WARDA, Gregory MD Neonatology



TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE COMMITTEE CREDENTIALS REPORT – Part 2 of 3
November 16, 2016

Attachment B

NON-REAPPOINTMENT RELATED STATUS MODIFICATIONS (Effective
Date: 12/9/2016, unless specified otherwise)

PRIVILEGE RELATED CHANGES

- None at this time

STAFF STATUS CHANGES

- None at this time



TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE COMMITTEE CREDENTIALS REPORT – Part 3 of 3
November 16, 2016

Attachment C

PROCTORING RECOMMENDATIONS (Effective 12/9/2016, unless otherwise specified)

- GOODWIN, Rachel CNM Allied Health Professional
- LAFORTEZA, Iozelle NP Allied Health Professional
- VENOR, Kristen CNM Allied Health Professional



TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE REAPPOINTMENT CREDENTIALS REPORT - 1 of 3
November 16, 2016

Attachment B

BIENNIAL REAPPRAISALS: (Effective Dates 1/1/2017 - 12/31/2018)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 1/1/2017 through 12/31/2018, based upon practitioner specific and comparative data profiles and reports demonstrating ongoing monitoring and evaluation, activities reflecting level of professionalism, delivery of compassionate patient care, medical knowledge based upon outcomes, interpersonal and communications skills, use of system resources, participation in activities to improve care, blood utilization, medical records review, department specific monitoring activities, health status and relevant results of clinical performance:

- CARNELIAN, Alissa AuD. CNIM/Allied Health Professional
- MARTINEZ, Melinda PAC/Allied Health Professional
- VENOR, Kristen CNM/Allied Health Professional
- WALTERS, Janet RN. RNFA/Allied Health Professional

RESIGNATIONS: (Effective date 12/09/2016 unless otherwise noted)

- BENAVIDEZ, Barbara MFT/Allied Health Professional
- HEANY, Mary CNM/Allied Health Professional
- WEICHERT, Rachel AuD. CNIM/Allied Health Professional
- WIGFALL, Christian PA/Allied Health Professional



TRI-CITY MEDICAL CENTER
INTERDISCIPLINARY PRACTICE INITIAL CREDENTIALS REPORT
November 16, 2016

Attachment A

INITIAL APPOINTMENT TO THE ALLIED HEALTH PROFESSIONAL STAFF

Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following AHPs have met the basic requirements of staff and are therefore recommended for appointment effective 12/9/2016 through 10/31/2018:

- **MIRPOURIAN, Nabat NP/Allied Health Professional**
- **MILLER, Janet MFT/Allied Health Professional**

INITIAL APPLICATION WITHDRAWAL: (Voluntary unless otherwise specified)

Allied Health Professionals:

None

TEMPORARY PRIVILEGES: **Allied Health Professionals:**

None

Tri-City Medical Center

**CARDIOLOGY
CLINICAL PRIVILEGES REQUEST FORM**

NAME:	DATE:
SPECIALTY:	TELEPHONE:

Please check the box next to the privilege bundle(s) you wish to request. Please strike through any procedure within your requested bundle that you do not wish to request.

CRITERIA: The Division of Cardiology consists of physicians who are Board Certified in Cardiovascular disease by the American Board of Internal Medicine or are actively progressing toward certification.

Applicants who are progressing toward Board Certification must complete formal training prior to applying for medical staff membership in the Division of Cardiology and must become Board Certified within five (5) years of the initial granting of medical staff membership, unless extended for good cause by the Medical Executive Committee.

By virtue of appointment to the Medical Staff, all physicians are authorized to perform occult blood testing and order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.

COGNITIVE PRIVILEGES:

Initial Requirement: Must meet basic qualifications as outlined above.

Proctoring Requirement: A minimum of 6 cases proctored resulting in any combination of H&P's and/or Consultations.

Reappointment Criteria: Documentation of 6 cases within the past two years is required.

- ☐ Admission of a Patient to Inpatient Services
- ☐ Performance of a History and Physical Examination, including via telemedicine
- ☐ Performance of a Cardiac Consultation, including via telemedicine

☐ Approved ☐ Approved with Proctoring ☐ Declined ☐ Deferred

- ☐ Operation of Fluoroscopy Equipment

Prerequisite Criteria: Requires Current Fluoroscopy certificate.

ALLIED HEALTH PRACTITIONER SUPERVISOR PRIVILEGES

- ☐ Supervision of an approved category of Allied Health Practitioner

SEDATION/ANALGESIA PRIVILEGES:

- ☐ Moderate Sedation/Analgesia

Initial/Reappointment Criteria: Privileges granted upon submission of written acknowledgement that the Procedural/Sedation policy has been read and understood.

- ☐ Deep Sedation Sedation/Analgesia

Initial Criteria:

Review of Sedation/Analgesia policy and self-learning Airway Management Module; successful completion of Moderate Procedural/Sedation pharmacology exam; and have current ACLS certification. (PALS will substitute for ACLS for pediatric sub-specialists).

If Deep Sedation/Analgesia requirements are met this automatically qualifies the practitioner for Moderate Sedation/Analgesia privileges.

Reappointment Criteria: Documentation of 6 cases within the past two years or re-testing is required.

- ☐ Approved ☐ Approved with Proctoring ☐ Declined ☐ Deferred

BASIC INVASIVE PROCEDURES:

Initial Criteria: Must meet basic qualifications as outlined above and have performed at least four (4) of each privilege requested within the previous 24 month period is required.

Proctoring Requirements: Three (3) of each privilege requested.

Reappointment Criteria: In order to maintain this privilege bundle, competency criteria of four (4) cases of each procedure requested within the previous 24 month period is required.

Number Performed in Past Two (2) Years at TCMC: _____

- ☐ Criteria Met
☐ Documentation of _____ Case(s) Required

- ☐ Pericardiocentesis
☐ Venous cut-down & Percutaneous Central Venous Pressure Catheters
☐ Insertion of Temporary Transvenous Cardiac Pacemaker
☐ Elective Cardioversion
☐ Swan-Ganz Catheter Insertion & Monitoring

CARDIAC CATHETERIZATION PROCEDURES

Initial Criteria: Must meet basic qualifications as outlined above and provide training and show current competency of have performed at least three-hundred (300) cases; if more than 12 months since completion of training, documentation of forty (40) cases within two (2) years prior to application is required.

Proctoring Requirements: Five (5) cases

Reappointment Criteria: In order to maintain this privilege bundle, competency criteria of forty (40) cases within the previous 24 month period is required.

Number Performed in Past Two (2) Years at TCMC: _____

☐ Criteria Met

☐ Documentation of _____ Case(s) Required

☐ RIGHT Cardiac Catheterization

☐ LEFT Cardiac Catheterization

☐ Coronary Arteriography

☐ Approved

☐ Approved with Proctoring

☐ Declined

☐ Deferred

☐ SPECIAL PROCEDURES

Initial Criteria: Must meet basic qualifications as outlined above and the specific criteria indicated below.

Permanent Pacemaker Insertion (single/dual/biventricular chamber) and/or **intra-cardiac defibrillator (ICD)** (single/dual/biventricular chamber) requires proof of completion of fellowship training or twenty-five (25) cases.

Percutaneous Angioplasty (PTCA) requires training & two-hundred fifty (250) cases; if more than 12 months since completion of training, documentation of seventy (75) cases within the two years prior to application.

Electrophysiologic Testing with Ablation, excluding Atrial Fibrillation Ablation requires completion of accredited fellowship in Clinical Cardiac Electrophysiology, Board Certification or eligibility & twenty (20) cases within the past 12 months prior to application.

Electrophysiologic Testing with Ablation, including Atrial Fibrillation Ablation requires completion of an accredited fellowship in Clinical Cardiac Electrophysiology, board certification or eligibility and twenty (20) cases in the past 12 months prior to application.

Rotational Atherectomy requires meeting PTCA criteria and Boston Scientific Certificate documenting training (FDA requirement).

Transesophageal echocardiography (including passing the probe) requires documentation of training or a course

Proctoring Requirements:

Permanent Pacemakers/ICDs: two (2)

Percutaneous angioplasty (PTCA): twenty five (25)

Electrophysiologic Testing with Ablation, excluding Atrial Fibrillation Ablation: three (3)

Electrophysiologic Testing & Ablation, including Atrial Fibrillation: three (3)

Rotational Atherectomy: three (3)

Transesophageal echocardiography: five (5)

Reappointment Criteria:

Permanent Pacemaker/ICD cases: ten (10)

Percutaneous Angioplasty (PTCA): seventy five (75) cases of which twenty (20) must be done at TCMC

Electrophysiologic Testing with Ablation, excluding Atrial Fibrillation Ablation: Twenty (20)

Electrophysiologic Testing & Ablation, including Atrial Fibrillation: Twenty (20)

Rotational Atherectomy: six (6)

Transesophageal echocardiography: ten(10)

Number Performed in Past Two (2) Years at TCMC: _____

☐ Criteria Met

☐ Documentation of _____ Case(s) Required

Procedures:

☐ Permanent Pacemaker/ICD Insertion

☐ Percutaneous Angioplasty (PTCA)

☐ Electrophysiologic Testing with Ablation, excluding Atrial Fibrillation Ablation

☐ Electrophysiologic Testing & Ablation, including Atrial Fibrillation

☐ Rotational Atherectomy

☐ Transesophageal echocardiography

☐ Approved ☐ Approved with Proctoring ☐ Declined ☐ Deferred

NON-INVASIVE PROCEDURES:

Initial Criteria: Must meet basic qualifications as outlined above and be a cardiologist with fellowship training and is an active reading panel participant and has sufficient case volumes to fulfill reappointment volume requirements as outlined below for each procedure requested.

Proctoring Requirements:

ECG: twenty five (25); **Stress ECHO:** two (2); **Thoracic ECHO:** two (2); **Holter Monitor:** two (2);

Treadmill: two (2)

Reappointment Criteria:

EKG: five hundred (500) or active reading panel member as attested by Division of Chief or designee; **Stress Echo:** five (5); **Thoracic Echos:** two hundred (200) or active reading panel member as attested by Division of Chief or designee; **Holter Monitor:** forty (40), of which ten (10) must be performed at TCMC or active reading panel member as attested by Division of Chief or designee; **Treadmill:** fifty (50) or active reading panel member as attested by Division of Chief or designee.

Number Performed in Past Two (2) Years at TCMC: _____

☐ Criteria Met

☐ Documentation of _____ Case(s) Required

☐ ECG

☐ Stress Echo

☐ Thoracic Echo

☐ Holter Monitor

☐ Treadmills

☐ Approved

☐ Approved with Proctoring

☐ Declined

☐ Deferred

Cardiology Department Approval: 03-02-16

Medical Executive

Committee Approval: 03-28-16

Board of Directors

Approval: 04-00-16

(CARDPRIV 04/16)

Applicant's Signature

Date

Department of Cardiology Chair Signature

Date

Tri-City Medical Center
Delineation of Privileges
 General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action MSO Use Only
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SITES:

All privileges may be performed at 4002 Vista Way, Oceanside, CA 92056.
 Privileges annotated with (F) may be performed at either TCMC or 3925 Waring Road, Suite C, Oceanside CA 92056.

- ___ Admit Patients
- ___ Consultation, including via telemedicine (F)
- ___ Perform Medical History & Physical Examination, including via telemedicine (F)

BASIC GENERAL SURGERY PRIVILEGES

By selecting this privilege, you are requesting the Basic General Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Basic General Surgery Privilege Criteria:

Initial:

- Board certification, or in the first 36 months of Board eligibility and actively pursuing certification by the American Board of Surgery, or demonstrate comparable ability, training or experience.
- One-hundred (100) general surgery procedures, reflective of the scope of privileges requested, during the previous twenty-four (24) months or demonstrate successful completion of an ACGME/AOA-accredited residency or clinical fellowship within the previous (24) months.

Proctoring: Ten (10) cases

Reappointment: Sixty (60) cases from this category within the previous twenty-four (24) months

Anal canal biopsy (F)

Anoscopy (F)

Arterial catheterization for monitoring

Basic advancement flaps: rotational and myocutaneous (excluding TRAM and micro-vascular)

Biopsy / excision skin & soft tissue lesions (F)

Central venous catheter placement

Chemical destruction of
anal warts (F)

Cricothyroidotomy

Debridement of wound, soft tissue infection

Excision of neuroma, neurofibroma, neurilemoma

Excision of skin, soft tissue neoplasm

I&D abscess (F)

Minor laceration repair

Tri-City Medical Center
Delineation of Privileges
 General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Neurorrhaphy - Suture of Nerve

Panniculectomy

Paracentesis

Parathyroidectomy

Radical neck dissection, modified

Right heart catheterization for monitoring

Rigid proctoscopy (F)

Rubber band ligation of internal hemorrhoids (F)

Sentinel lymph node biopsy

Sigmoidoscopy, includes rigid or flexible

Thoracentesis

Thyroidectomy

Tracheostomy

Tube thoracostomy

Abdomen and Perineum Surgery:

Abdominal perineal resection

Abdominal wall repair, inguinal or femoral hernia, ~~laparoscopic~~

Adrenalectomy, ~~open~~

Anal sphincterotomy

Anti-reflux procedures, ~~open~~

Appendectomy, ~~open or laparoscopic~~

Cholecystectomy, ~~open or laparoscopic~~

Choledochoenteric anastomosis

Colostomy, closure

Colostomy, creation, ~~open or laparoscopic~~

Common bile duct exploration, transcystic, ~~open or laparoscopic~~

Diagnostic laparoscopy with or without biopsy

Drainage of anorectal abscess

Drainage of intra-abdominal abscess

Tri-City Medical Center
Delineation of Privileges
 General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action
		MSO Use Only

Drainage of Pseudocyst

Enterolysis

Esophageal diverticulectomy, ~~open~~

Esophagogastrectomy

Exploratory Laparotomy

Fasciotomy

Gastrectomy, partial or total

Hemorrhoidectomy

Hernia, abdominal wall, to include: femoral, inguinal, incisional, lumbar, spigelian, ventral, ~~open or laparoscopic~~

Hernia, repair of diaphragmatic or hiatal, ~~open~~

Ileostomy creation or closure

Intestine resection (small or large intestine), ~~open or laparoscopic~~

Liver biopsy, ~~open or laparoscopic~~

Lymphadenectomy

Lysis of adhesions, ~~open or laparoscopic~~

Pilonidal cystectomy

Repair of anorectal fistula

Repair of rectal prolapse

Splenectomy, ~~open~~

Ulcer surgery (Omental patch, V&A, V&O, V&GJ, HSV, etc), ~~open~~

Vagus Transection, for peptic ulcer disease

Breast Surgery:

Axillary dissection

Biopsy, incisional or excisional

Breast abscess, drainage of

Intraoperative needle localization

Intraoperative ultrasound

Mastectomy, partial

Tri-City Medical Center
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 General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Mastectomy, total

Mastopexy

Urogenital Surgery:

Bladder repair - incidental

Hydrocelectomy - incidental

Hysterectomy - incidental

Nephrectomy - incidental

Orchiectomy - incidental

Partial cystectomy - incidental

Salpingo-oophorectomy - incidental or in an acute abdominal emergency

Ureteral repair - incidental

Skin grafting

BASIC PERIPHERAL VASCULAR SURGERY PRIVILEGES

By selecting this privilege, you are requesting the Basic Peripheral Vascular Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Basic Peripheral Vascular Surgery Criteria:

Initial: Board certification by the American Board of Surgery, or in the first 36 months of Board eligibility, or can demonstrate comparable ability, training and experience. Ten (10) cases within the previous twenty-four (24) months.

Proctoring: One (1) case from this category

Reappointment: Five (5) cases from this category within the previous twenty-four (24) months

Amputation, digital

Amputation, foot

Amputation, knee, above

Amputation, knee, below

Ligation of perforating veins (open or minimally invasive using laser or ablation using radiofrequency)

Operations for venous ulceration/split thickness skin grafting (STSG)

Sympathectomy - (Including vascular ischemia)

Vein ligation or stripping of varicose veins/phlebectomy

Portal Decompression

Mesocaval shunt

Portocaval shunt

Tri-City Medical Center
Delineation of Privileges
 General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Splenorenal shunt

ADVANCED GENERAL SURGERY PRIVILEGES:

Advanced Breast Surgery

By selecting this privilege, you are requesting the Advanced Breast Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Advanced Breast Surgery Criteria:

Initial:

- Basic General Surgery privileges which effectively covers the need for board certification.
- For Oncoplastic Repair privileges: Documentation of ten (10) CME credits relating to oncoplastic repair within the previous twenty-four (24) months, OR current oncoplastic repair privileges at another institution, OR completion of a Breast fellowship, OR ten (10) cases performed during residency training or within the previous twenty-four (24) months.

Proctoring: Three (3) cases from this category

Reappointment: Ten (10) cases from this category within the previous twenty-four (24) months

Oncoplastic repair

Advanced Laparoscopic Surgery

By selecting this privilege, you are requesting the Advanced Laparoscopic Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Advanced Laparoscopic Surgery Criteria:

Initial: Basic General Surgery privileges which effectively covers the need for board certification. Forty (40) advanced general and abdominal procedures during the previous twenty-four (24) months.

Proctoring: Three (3) cases from this category

Reappointment: Twenty-four (24) cases from this category within the previous twenty-four (24) months

Adrenalectomy, ~~laparoscopic~~

Antireflux/fundoplication procedures (e.g. laparoscopic Nissen/Toupet), ~~laparoscopic~~

Cholecystoenteric anastomosis, ~~laparoscopic~~

Choledochoenteric anastomosis, ~~laparoscopic~~

Colostomy closure, ~~laparoscopic~~

Esophageal procedures, ~~laparoscopic~~

Gastric resection, ~~laparoscopic~~

Hepatic resection, ~~laparoscopic~~

Hernia repair, diaphragmatic or hiatal, ~~laparoscopic~~

Intestine resection (small or large intestine), ~~laparoscopic~~

Tri-City Medical Center
Delineation of Privileges
 General & Vascular Surgery 06/14

Provider Name: _____

Request	Privilege	Action MSO Use Only
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Splenectomy, ~~laparoscopic~~

Ulcer surgery (Omental patch, V&A, V&O, V&GJ, HSV, etc), ~~laparoscopic~~

Advanced Abdominal Surgery:

By selecting this privilege, you are requesting the Peripheral Vascular Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Advanced Abdominal Surgery Criteria:

Initial:

1. Basic General Surgery privileges which effectively covers the need for board certification.
2. Two (2) advanced abdominal procedures during the previous twenty-four (24) months.

Proctoring: One (1) case from this category

Reappointment: Two (2) cases from this category per two-year reappointment

Esophagectomy, including thoracoabdominal approach

Hepatic lobectomy, open

Hepaticoenterostomy

Pancreatic procedures, open or laparoscopic

Advanced Head & Neck Surgery

By selecting this privilege, you are requesting the Advanced Head and Neck Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Advanced Head & Neck Surgery Criteria:

Initial: Basic General Surgery privileges which effectively covers the need for board certification. Twenty (20) advanced head and neck procedures during the previous twenty-four (24) months.

Proctoring: Two (2) cases from this category

Reappointment: Ten (10) cases from this category within the previous twenty-four (24) months

Parotid gland

Salivary glands and ducts

Thymectomy

ADVANCED PERIPHERAL VASCULAR SURGERY

By selecting this privilege, you are requesting the Peripheral Vascular Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Advanced Peripheral Vascular Surgery Privileges Criteria:

Initial:

- Basic General Peripheral Vascular Surgery privileges which effectively covers the need for board certification.
- Forty (40) vascular cases within the previous twenty-four (24) months (With application, submit list of major procedures done in two (2) years preceding application. Include indications, results, morbidity and mortality data and operative reports.)
- *If only Retroperitoneal exposure for spine vertebral body procedures privilege is requested, documentation of five (5) cases within the previous twenty-four (24) months and documentation of current privileges in vascular or trauma surgery at a healthcare facility. All other privileges in the

Tri-City Medical Center
Delineation of Privileges
 General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action MSO Use Only
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category must be crossed out.

Proctoring: Five (5) cases from this category or * If only Retroperitoneal exposure for spine vertebral body procedures privilege is requested, two (2) cases

Reappointment: Twenty (20) vascular cases from this category within the previous twenty-four (24) months or *If only Retroperitoneal exposure for spine vertebral body procedures granted, five (5) cases and documentation of current privileges in vascular or trauma surgery at a healthcare facility. All other privileges in the category must be crossed out.

Aortic, aorto-iliac, aorto-femoral bypass

Axillary-femoral bypass

Bypass of upper extremity vessel

Carotid - Subclavian bypass

Celiac/superior mesenteric axis endarterectomy, repair or bypass

Embolectomy or thrombectomy

Endarterectomy, carotid

Endarterectomy or bypass, vertebral

Endarterectomy, repair or bypass, renal artery

Exploration, repair, thrombectomy, or embolectomy of abdominal aorta, iliac, femoral or infrageniculate artery

Femoral to femoral bypass

Femoral to infrageniculate bypass

Femoral to popliteal bypass

Repair of aortic arch branches

Repair of iliac, femoral, popliteal, or mesenteric aneurysm

Repair of infra or suprarenal aortic aneurysm

Repair of upper extremity vessel

Retroperitoneal exposure for spine vertebral body procedures, includes incidental vascular procedures*

Upper and lower extremity deep or superficial vein procedures

Upper or lower extremity fistula, autogenous or artificial placement of central venous catheter placement

SPECIAL PRIVILEGES:

BARIATRIC SURGERY

By selecting this privilege, you are requesting the Bariatric Surgery privileges listed immediately below.

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Delineation of Privileges
 General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Strikethrough and initial any privilege(s) you do not want.

Bariatric Surgery Criteria:

Initial:

- Completion of General Surgery residency program.
- Privileges to perform Basic and Advanced Abdominal surgery and advanced laparoscopy.
- Completion of a Bariatric and Metabolic Surgery fellowship, or Minimally Invasive fellowship with documentation of rotation in Bariatrics and the performance of a minimum of five (5) cases within the previous twenty-four (24) months, or case logs documenting the performance of a minimum of fifteen (15) bariatric cases within the previous twenty-four (24) months.
- Documentation to indicate malpractice coverage includes bariatric surgery.

Proctoring: Three (3) cases Bariatric and Three (3) Bariatric EGD Cases

Reappointment: Fifteen (15) cases within the previous twenty-four (24) months

Roux en Y gastric bypass, ~~open and laparoscopic~~

Sleeve gastrectomy, ~~open and laparoscopic~~

Adjustable gastric banding, ~~open and laparoscopic~~

Revisional metabolic and bariatric surgery, ~~open and laparoscopic~~

Biliopancreatic diversion, with or without duodenal switch, ~~open and laparoscopic~~

Bariatric Endoscopy

Upper endoscopy (EGD) – intraoperative/as integral part of operation (i.e., Heller myotomy, gastric bypass), or as preoperative evaluation or as follow-up for specific operative procedures

Initial: Completion of an ACGME-accredited training program in General Surgery or Colon and Rectal Surgery within the previous twenty-four (24) months. If training was completed greater than twenty-four (24) months ago, documentation of a refresher training course in upper endoscopy or documentation of fifty (50) cases within the previous twenty-four (24) months is required.

Proctoring: Two (2) cases if training was completed within the previous twenty-four (24) months prior to granting of privileges or if training was completed more than twenty-four months prior to granting privileges and documentation of fifty (50) cases was provided; ~~Seven (7)~~ Five (5) cases if training was completed greater than twenty-four (24) months prior to granting of privileges and documentation of refresher course was provided. Proctoring for this privilege should include proctoring supplied for the Bariatric EGD privilege and/or proctored cases supplied for Transoral Esophagogastric Fundoplication (TIF).

Reappointment: Seven (7) cases within the previous twenty-four (24) months

Upper endoscopy (EGD) – intraoperative/as integral part of operation (i.e., Heller myotomy, gastric bypass), or as preoperative evaluation or as follow-up for specific operative procedures

Colonoscopy Criteria:

Initial: Completion of ACGME-accredited training program in General Surgery or Colon and Rectal Surgery within the previous twenty-four (24) months. If training was completed greater than twenty-four (24) months ago, documentation of fifty (50) cases within the previous twenty-four (24) months is required.

Proctoring: Two (2) cases

Reappointment: Ten (10) cases within the previous twenty-four (24) months

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Delineation of Privileges
 General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action
		MSO Use Only

Colonoscopy

Endovenous Ablative Therapy Criteria:

Initial: Documentation of completion of product-sponsored training, which included the performance/interpretation of twenty (20) endovenous ablative therapy procedures.

Proctoring: Three (3) cases

Reappointment: Five (5) cases within the previous twenty-four (24) months

Endovenous Ablative Therapy

Endovascular Repair of Aortic Aneurysms (Refer to Credentialing Policy, Standards for Endovascular Repair of Aortic Aneurysms #8710-503 for Initial, Proctoring, and Reappointment criteria)

KTP Laser Criteria:

Initial: Documentation of completion of training for specific energy source(s) to be used. Or, if training completed greater than two years prior to privilege request, submit case logs from previous 24 months identifying specific energy source used.

Proctoring: Two (2) cases

Reappointment: Two (2) cases within the previous twenty-four (24) months

KTP Laser

Moderate Sedation - Refer to Medical Staff policy 8710-517

Fluoroscopy in accordance with hospital policy (Refer to Medical Staff Policy 528 and 528A)

Robotic surgery - Multiple Port (da Vinci) - (Refer to policy #8710-563 for Initial, Proctoring, and Reappointment Criteria)

Robotic surgery - Single Port (cholecystectomy only) (da Vinci) - (Refer to policy #8710-563 for Initial, Proctoring, and Reappointment Criteria)

Assist in robotic surgery (da Vinci) - (Refer to policy #8710-563 for Initial, Proctoring, and Reappointment Criteria)

Transoral Esophagogastric Fundoplication (TIF) Criteria:

Initial:

1. Completion of ACGME accredited residency program and possess board certification or board eligibility in Surgery; and

2. Documentation of completion of product-sponsored training course, or have performed at least five (5) TIF procedures in the previous twelve (12) months.

Proctoring: Three (3) cases

Reappointment: Six (6) cases within the previous twenty-four (24) months

Transoral Esophagogastric Fundoplication (TIF)

Placement of Vagal Nerve Stimulator Criteria:

Initial:

1. Basic General Surgery privileges which effectively covers the need for board certification.

2. Documentation of performing five (5) vagal nerve stimulator cases in the previous twenty-four (24) months or successful completion of VNS Therapy System Surgeon Training Program. Must have Carotid

Endarterectomy privileges.

Proctoring: Two (2) cases

Reappointment: Five (5) cases within the previous twenty-four (24) months

Tri-City Medical Center
Delineation of Privileges
General & Vascular Surgery 06/14

Provider Name:

Request	Privilege	Action MSO Use Only
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— Placement of vagal nerve stimulator —

Print Applicant Name

Applicant Signature

Date

Division/Department Signature

Date

Tri-City Medical Center
Delineation of Privileges
 Neurosurgery - 10/15

Provider Name:

Request	Privilege	Action
		MSO Use Only

CERTIFICATION: The Division of Neurosurgery consists of physicians who are Board Certified or are actively pursuing certification by the American Board of Neurological Surgery (effective retroactive to 2000), or be able to demonstrate comparable ability, training and experience.

Division of Neurosurgery members are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training, such as in the broad field of Internal Medicine although not necessarily at the level of a sub-specialist. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:

- a. Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life threatening illness;
- b. Unexpected complications arise which are outside this level of competence;
- c. Specialized treatment or procedures are contemplated with which they are not familiar.

SITES:

All privileges may be performed at 4002 Vista Way, Oceanside, CA 92056.

Privileges annotated with (F) may be performed at 3925 Waring Road, Suite C, Oceanside CA 92056.

Please mark through and initial any privileges that you do not wish to include in your privilege bundles.

COGNITIVE PRIVILEGES

— Admit patients —

— Consultation, including via telemedicine (F) —

— History and physical examination, including via telemedicine (F) —

GENERAL NEUROSURGERY PROCEDURES

Initial Criteria:

1. Successful completion of an ACGME- or AOA-accredited residency in neurological surgery.
2. Documentation of one-hundred (100) cases from the previous twenty-four (24) months representative of the privileges requested.

Proctoring Requirement:

Six (6) cases, at least three (3) ~~two (2)~~ cases must be proctored for each of the two (2) ~~3~~ categories of privileges granted (cranial/ skull based; and spine); ~~and/or nervous system~~).

Reappointment Criteria:

All General Neurosurgery Privileges: Fifty (50) cases reflective of the privileges requested

CRANIAL/SKULL BASE CATEGORY:

- Ablative surgery for epilepsy
- All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, and cranial nerves and including surgery for cranial trauma and intracranial vascular lesions
- Arteriography and angiography and complex interventional cases
- Management of congenital anomalies, such as encephalocele, meningocele, and myelomeningocele
- Shunts (VP, ventriculoatrial, ventriculopleural, subdural peritoneal, and lumbar subarachnoid/peritoneal [or other cavity])
- Tracheostomy
- Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak, or fracture
- Ventricular shunt operation for hydrocephalus, revision of shunt operation, and ventriculocisternostomy
- Ventriculography

Tri-City Medical Center
Delineation of Privileges
 Neurosurgery - 10/15

Provider Name:

Request	Privilege	Action MSO Use Only
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SPINE CATEGORY:

- Correction costoclavicular Compression and related procedures
- Discography and intradiscal/percutaneous disc treatments
- Epidural steroid injections for pain
- Implantables (intrathecal or epidural infusion pumps with tunneled catheter, spinal cord stimulator)
- Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or cerebrospinal fluid withdrawal
- Intradiscal electrothermal annuloplasty
- Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation
- Lumbar puncture, cisternal puncture, ventricular tap, and subdural tap
- Myelography
- Nucleoplasty
- Percutaneous and subcutaneous implantation of neurostimulator electrodes
- Posterior fossa-microvascular decompression procedures
- Radiofrequency thermocoagulation ablation (RFTC)
- Sacral fusion
- Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord, or other congenital anomalies (e.g., diastematomyelia)
- Surgery for intervertebral disc disease
- **Vertebral Augmentation** (Refer to Policy 8710-534)

NERVOUS SYSTEM CATEGORY:

- Autonomic Nervous Systems Surgery
- Biopsy: nerve, muscle
- Cranial nerve blocks – all types
- Peripheral nerve procedures, including temporary and permanent blocks, decompressive procedures, and reconstructive procedures on the peripheral nerves
- Selective blocks for pain, chemo-denervation, stellate ganglion blocks, intra-muscular phenol injections, and nerve blocks
- Sympathetic nervous system

MAZOR ROBOTIC SURGERY:

Mazor robotic surgery - Refer to Credentialing Policy, Mazor Robotic Surgery #8710-566

Assist in Mazor robotic surgery - Refer to Credentialing Policy, Mazor Robotic Surgery #8710-566

~~SPECIAL PROCEDURES:~~

~~**Vertebral Augmentation** (Refer to Policy 8710-534)~~

Initial:

1. MD or DO
2. Complete ACGME/AOA accredited residency program and board-certified/eligible in Orthopedic Surgery, Neurosurgery, Neuroradiology, or Radiology AND one of the following:
 - a. Fellowship training in Spine Surgery or Interventional Radiology or;
 - b. Current Competence in spine surgery or interventional spine procedures (10 cases in past two years without significant complications)

Tri-City Medical Center
Delineation of Privileges
 Neurosurgery - 10/15

Provider Name: _____

Request	Privilege	Action MSO Use Only
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~~3. Valid Fluoroscopy Supervisor and Operator permit.~~

~~4. Completed training in vertebral augmentation. Evidence of training may be provided via either a certificate of completion from the applicant's vertebral augmentation training program or letter of reference from the director/chief of spine surgery or interventional radiology where applicant currently or most recently has practiced.~~

Proctoring:

~~Five (5) cases performed during the first twelve (12) months after granting of the privilege by a member of the medical staff with unsupervised vertebral augmentation privileges.~~

Reappointment:

~~Ten (10) vertebral augmentation procedures performed during the reappointment cycle with acceptable success and complication rates.~~

Moderate Sedation

Supplemental Requirements: (Refer to Policy 8710-517)

- a) Completion of current Moderate Sedation Policy and the Moderate Sedation Self-Study Guide.
- b) Successful passing grade (at least 80%) of the Moderate Sedation Post-Completion Test.

Proctoring: (2) cases need to be proctored

Reappointment: Documented completion of three (3) cases of procedural sedation to meet reappointment criteria.

Fluoroscopy in accordance with hospital policy (Refer to Medical Staff Policy 8710-528 and 8710-528A)

Argon Laser

Initial: Documentation of completion of training for specific energy source(s) to be used. Or, if training completed greater than two years prior to privilege request, submit case logs from previous twenty-four (24) months identifying specific energy source used.

Proctoring: One (1) case for each energy source

Reappointment: Two (2) cases

 Print Applicant Name

 Applicant Signature

 Date

 Division/Department Signature

 Date

Tri-City Medical Center
Delineation of Privileges
Neurosurgery - 10/15

Provider Name:

Request	Privilege	Action MSO Use Only
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Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action
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CERTIFICATION: The Department of Obstetrics and Gynecology consists of physicians who are board certified or actively progressing towards certification by the American Board of Obstetrics and Gynecology and have successfully completed an ACGME/AOA-accredited residency training program in Obstetrics and Gynecology.

SITES:

Privileges may be performed at 4002 Vista Way, Oceanside, CA 92056.
 Privileges annotated with (F) may be performed at 3925 Waring Road, Suite C, Oceanside CA 92056.
 All practitioners who currently hold the privilege to "consult" and/or "perform a history and physical examination" may also perform these privileges via telemedicine

- ___ Admit Patients
- ___ Consultation, including via telemedicine (F)
- ___ Perform history and physical examination (includes pelvic exam and cultures), including via telemedicine (F)
- ___ **OBSTETRICAL CATEGORY:**

By selecting this privilege, you are requesting the Obstetrical Category privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Initial:

1. Successful completion of an ACGME- or AOA-accredited residency in OB/GYN.
 2. Documentation of fifty (50) cases reflective of the scope of privileges requested within the previous twenty-four (24) months.
- Proctoring: Ten (10) cases, including five (5) concurrent vaginal deliveries, two (2) C-sections.
 Reappointment: Fifty (50) cases to include: two (2) C-sections and ten (10) vaginal deliveries within the previous twenty-four (24) months.

Amniocentesis

Basic obstetrical ultrasound

Breech vaginal delivery

Cesarean Hysterectomy

Cesarean section

Episiotomy, vaginal repair, sphincter repair

Evacuation of hydatidiform mole

Evacuation of pelvic hematoma

External cephalic version

Hemorrhoid excision

Hypogastric artery ligation

Induction of labor

Management of intra-uterine fetal demise

Management of medical complications of pregnancy, preterm labor, pregnancy induced hypertension/eclampsia, pre-eclampsia, and multiple gestation

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Manual removal of placenta

Operative vaginal delivery - forceps/low-forceps/vacuum delivery

Perineal laceration, first (fourchette) & second-degree

Perineal laceration, third & fourth degree

Postpartum hemorrhage

Suction D&C for termination of pregnancy

Transvaginal cervical cerclage

Vaginal Deliveries (Spontaneous and precipitous term deliveries), and vaginal birth after previous C-section

GYNECOLOGY CATEGORY

Initial:

1. Successful completion of an ACGME- or AOA-accredited residency in OB/GYN.
 2. Documentation of twenty-five (25) cases from the Gynecological Category (including at least five (5) major abdominal cases) reflective of the scope of privileges requested within the previous twenty-four months.
- Proctoring: Ten cases (10) from the Gynecological Category, including two (2) total vaginal hysterectomies, two (2) total abdominal hysterectomies, and two (2) diagnostic laparoscopies
- Reappointment: Twenty-five (25) cases from the Gynecological Category, including two (2) total vaginal hysterectomies, two (2) total abdominal hysterectomies, and two (2) diagnostic laparoscopies reflective of the scope of privileges requested

Gynecological Category: Vaginal/Vulvar Surgery

By selecting this privilege, you are requesting the Gynecology Category: Vaginal/Vulvar Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Anterior/Posterior repair, with or without placement of mesh

Biopsy of cervix, vulva, vagina

Bladder neck suspension

Cervical cryotherapy

Closure of vaginal fistula

Conization of cervix

Culdocentesis

Cystoscopy

Dilation and curettage (D&C)

Dilation and evacuation (D&E)

Endometrial ablation

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Hymenectomy

Hymenotomy

Hysterosalpingogram (HSG)

I&D - Bartholin's Gland cyst, abscess, marsupialization

Incision and drainage wound abscess/hematoma

IUD insertion/removal

Loop electrical excision procedure (LEEP)

Perineoplasty

Repair incidental cystostomy

Repair of recto-vaginal fistula

Repair vesico-vaginal fistula

Sacrospinous ligament fixation

Simple vulvectomy

Total vaginal hysterectomy

Trachelectomy

Transvaginal enterocele repair

Urethral dilation

Urethral sling (ex. TVT, TVOT)

Urethroscopy

Vaginal bilateral tubal ligation

Vaginectomy

Gynecological Category: Abdominal Surgery

By selecting this privilege, you are requesting the Gynecology Category: Abdominal Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Abdominal sacrocolpopexy

Adhesiolysis

Bilateral tubal ligation

Evacuation of pelvic abscess

Evisceration repair

Exploratory laparotomy

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Incisional hernia repair, concomitant
 Microtubal surgery
 Myomectomy and metroplasty
 Oophorectomy
 Ovarian cystectomy
 Paravaginal repair
 Pelvic and/or Para-aortic Lymphadenectomy
 Pelvic lymph-node sampling
 Pre-sacral neurectomy
 Repair of enterocele
 Repair surgical rent of bladder/bowel
 Retropubic urethropexy
 Salpingo-oophorectomy
 Salpingoplasty
 Salpingostomy / Salpingectomy
 Suprapubic cystotomy
 Total abdominal hysterectomy
 Tumor debulking
 Wedge resection of ovaries

Gynecological Category: Endoscopy/Hysteroscopy-Laparoscopic Surgery

By selecting this privilege, you are requesting the Gynecology Category: Endoscopy/Hysteroscopy-Laparoscopic Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Appendectomy (incidental)
 Aspiration of cyst
 Bladder neck suspension
 Colposuspension
 Diagnostic laparoscopy
 Endometrial ablation
 Fulguration of lesions

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Laparoscopic Assisted Vaginal Hysterectomy (LAVH)

Laparoscopic Supracervical Hysterectomy (LSH)

Laparoscopic treatment of ectopic pregnancy

Laparoscopic Tubal Ligation

Lysis of adhesions

Myomectomy

Ovarian cystectomy

Removal of adnexal structure

Removal of Meckel's diverticulum (w/consultation)

Repair of cystotomy/enterotomy

Resection
of other uterine masses

Salpingoplasty

Surgical
with or without D&C

Thermal
balloon ablation

Total Laparoscopic Hysterectomy (TLH)

Treatment
of ectopic pregnancy

Tubal
occlusion for sterilization

GYNECOLOGIC-ONCOLOGY SURGERY CATEGORY:

By selecting this privilege, you are requesting the Gynecologic-Oncology Category privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Gynecologic-Oncology Surgery

Initial Criteria:

1. Successful completion of an ABOG- or AOA-approved fellowship in Gynecologic Oncology
2. Board certification in Gynecologic Oncology
3. Documentation of twenty-five (25) cases either from fellowship (if within previous twenty-four (24) months) or another acute care facility

Proctoring: Ten cases (10) from the Gynecologic-Oncology Surgery Category, including at least two (2) Diagnostic and four (4) Therapeutic procedures

Reappointment: Twelve (12) representative blend of cases from Diagnostic and Therapeutic categories

DIAGNOSTIC

Diagnostic Cytoscopy with biopsy

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Diagnostic Liver Biopsy

Diagnostic Proctoscopy with biopsy

Diagnostic Staging laparotomy

THERAPEUTIC

Bladder/ureter/urethra surgery, concomitant

Chemotherapy administration

Colpectomy

Cystectomy, concomitant

Cytoreduction for cancer

Exenteration

Flap closure of perineal defects, myocutaneous flaps, skin grafting

Gastrostomy, concomitant

Ileostomy, concomitant

Insertion of suprapubic tube

Intestinal Surgery, concomitant

Lymphadenectomy; pelvic, aortic, inguinal, femoral, scalene node

Medical management of the cancer patient

Radical hysterectomy

Radical vaginectomy

Radical vulvectomy

Repair of vascular injury

Salpingoplasty

Splenectomy, concomitant

Urinary diversion, concomitant

Ventral hernia repair, concomitant

MATERNAL-FETAL MEDICINE (Perinatology)

By selecting this privilege, you are requesting the Maternal-Fetal Medicine (Perinatology) Category privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Initial:

1. Successful completion of an ACGME- or AOA-accredited residency in OB/GYN, and;
 2. Successful completion of an ABOG- or AOA-approved fellowship in Maternal-Fetal Medicine.
- Proctoring: Two (2) cases from this category, not including Admit patient or Consultation

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 Obstetrics/Gynecology 11/14

Provider Name: _____

Request	Privilege	Action MSO Use Only
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Reappointment: Two (2) cases from this category, not including Admit patient or Consultation

Admit patients

Consultation

Genetic Amniocentesis

Chorionic villus sampling

Cordocentesis

Intrauterine fetal transfusion

OTHER:

_____ Moderate Sedation - Refer to Medical Staff policy 8710-517 for Initial, Proctoring, and Reappointment credentialing criteria. _____

_____ **INTRA-ABDOMINAL LASER SURGERY:** _____

Initial:

1. Documentation of completion of laser training for each wavelength requested

2. Documentation of clinical experience with specialized laser surgery or hands-on laboratory experience for each wavelength requested

Proctoring: One (1) case per wavelength

Reappointment: One (1) case per wavelength

CO2 Laser

Nd Yag Laser

_____ **Robotic Surgery (da Vinci) (Refer to Credentialing Policy, Robotic Assisted Surgery #8710-563 for Initial, Proctoring, and Reappointment criteria)** _____

By selecting this privilege, you are requesting the core privileges listed immediately below. If you do not want any of the core privileges below, strikethrough and initial the privilege(s) you do not want.

_____ Robotic surgery (da Vinci) - Multiple Port _____

_____ Robotic surgery (da Vinci) - Single Port _____

_____ Assist in robotic surgery (da Vinci) _____

_____ **FORENSIC OUTPATIENT SITE-SPECIFIC PRIVILEGES** _____

By selecting this privilege, you are requesting the Forensic Outpatient Site-Specific privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Biopsy: Endometrial (F)

Biopsy: cervical, vulvar, vaginal (F)

Perform history and physical examination (includes pelvic exam and cultures) (F)

 Print Applicant Name

Tri-City Medical Center
Delineation of Privileges
Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action
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Applicant Signature

Date

Division/Department Signature

Date

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I. MEMBERSHIP

- A. The Department of Family Medicine consists of members who have successfully completed an accredited residency program in Family Medicine and are Board Certified or Board Eligible in Family Medicine, or have successfully completed comparable training. This would include Doctors of osteopathy who have been Board Certified or are Board Eligible by the American Osteopathic Board of General Practitioners or its equivalent. Grandfather clause: Established members of the department who do not meet these criteria may remain members of the Family Medicine Department if they otherwise are in compliance with departmental/medical staff rules and regulations.

II. RESPONSIBILITIES

- A. The Department of Family Medicine shall be responsible for assuring ethical and professional practice of its staff member(s) and shall be dedicated to safe, quality and high standards of patient care.

III. SCOPE OF SERVICE

- A. Diagnosis and management of acute, chronic, and emergency medical and surgical conditions.
B. Provision of medical care and service provided in the inpatient, emergency room, and outpatient setting.
C. Performance of invasive and non-invasive diagnostic and therapeutic modalities.

IV. FUNCTIONS

- A. The general functions of the Department of Family Medicine shall include:
1. Conduct patient care review for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the department and the
 2. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges.
 3. Conduct, participate in, and recommend continuing medical education programs pertinent to the department clinical practice.
 4. Review and evaluate department adherence to:
 - i Medical Staff Policies and Procedures
 - ii Sound principles of clinical Medicine
 5. Submit written minutes to the QAPI/PS-Medical Quality Peer Review Committee and Medical Executive Committee concerning:
 - i The department's review and evaluation activities, action taken thereon, and the results of such action;
 - ii Recommendations for maintaining and improving of the quality of patient care and patient safety provided in the department and the hospital;
 - iii Recommend/request Focused Professional Medicine Evaluation as indicated for Medical Staff members (pursuant Medical Staff Policy #509);
 - iv Approval of On-going Professional Medicine Evaluation Indicators.
 6. Establish such committees or other mechanisms as necessary and desirable to perform properly the function assigned to it, including proctoring. Take appropriate action when important problems in patient care, patient safety and clinical performance or opportunities to improve patient care are identified.
 7. Formulate recommendations for Department Rules and Regulations reasonable necessary for the proper discharge of its final responsibilities subject to the approval of the Medical Executive Committee.

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V. DEPARTMENT MEETINGS

A. Frequency:

1. The Department of Family Medicine shall meet at least quarterly and at the discretion of the chair for additional meeting requests. The department will consider findings from the ongoing monitoring and evaluation of the quality and appropriateness of care and treatment provided to patients. Minutes shall be transmitted to the QA/PI/PS Medical Quality Peer Review Committee and the Medical Executive Committee on a quarterly basis.

B. Quorum:

1. Twenty-five (25) percent of the active department members, but not less than two members, shall constitute a quorum at any meeting.

VI. DEPARTMENT OFFICERS

- A. The department shall have a Chairman who shall be a members of the Active Medical Staff and shall be qualified by training, experience, and demonstrated ability in the clinical areas covered by the department.
- B. The Department Chairman shall be elected every year by the Active Staff members of the department who are eligible to vote. Vacancies of any office for any reason shall be filled for the unexpired term through a special election.
- C. The Department Chairman shall serve a one-year terms which coincides with the Medical Staff year unless they resign, are removed from office, or lose their Medical Staff membership or clinical privileges within the department. Department officers shall be eligible to succeed themselves.

VII. DUTIES OF THE DEPARTMENT CHAIRMAN

- A. The Department Chairman, shall assume the following responsibilities of the Department:
 1. Be accountable for all professional and administrative activities within the department;
 2. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the department.
 3. Recommend to the Medical Executive Committee the criteria for clinical privileges in the department.
 4. Recommend clinical privileges for each member of the department.
 5. Assure that the quality and appropriateness of patient care only within the scope of their privileges as defined within their delineated privilege card.
 6. Assure that the quality, safety and appropriateness of patient care provided with the Department are monitored and evaluated through Ongoing Professional Practice Medicine Evaluation.
 7. Continuously assess and improve the quality of care and safety services provided in the department.
 8. Other duties as may be assigned, in accordance with the Medical Staff Bylaws.
 9. Attend Medical Executive Committee Meetings.

VIII. PRIVILEGES:

- A. Requests for privileges in Family Medicine shall be evaluated on the individual applicant's documented training and/or experience, demonstrated abilities, current clinical competence, judgment and character. Practitioners practice only within the scope of their privileges ~~as defined in the departments Rules and Regulations~~. Recommendations for privileges are made to the Credentials and Medical Executive Committee with the Hospital Board granting final approval in accordance with the Medical Staff Bylaws. All privileges for physicians are maintained on Tri-City

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Medical Center's Intranet and a hard copy within ~~nursing administration and the main operating room~~ the Medical Staff Department.

IX. REQUEST FOR PRIVILEGES

A. Family Medicine:

1. Physicians requesting Family Medicine privileges are qualified to admit and care for patients with medical problems without consultation. They are expected to have training and/or experience on a level commensurate with that provided by a residency in the specialty of Family Medicine or its equivalent, are qualified to write History and Physicals, and Consult notes for inpatients, outpatients, Emergency Room patients, and pre-op. Family Medicine Physicians are expected to ask for consultation when:
 - i Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life threatening illness.
 - ii Unexpected complications arise which are outside this level of competence.
 - iii Specialized treatment or procedures are contemplated with which they are not familiar.

Privilege	Initial	Proctoring	Reappointment
Admitting	Training	Department requirements	NA
Perform H&P	Training	6 H&P as defined within these R&R's	
Incision and drainage	Training	4	NA
Closure of simple lacerations	Training	4	NA
Excision or biopsy of skin or subcutaneous tumor	Training	4	NA
Removal of foreign body by speculum, forceps or superficial incision	Training	NA	NA
Removal of corneal foreign body by superficial curettage	Training	4	NA
Evacuation of thrombosed hemorrhoids	Training	4	NA
Outpatient Wound Care	Pursuant to MS Policy 523		
Hyperbaric Oxygen Medicine Therapy	Pursuant to MS Policy 523 ^A		

B. Pediatric:

1. Physicians requesting pediatric privileges are qualified to care for patients with medical problems without consultation. They are expected to have training and/or experience on a level commensurate with that provided by a residency in the specialty of Family Medicine or its equivalent. Physicians with this classification are required to obtain consultation by a

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pediatrician or other appropriate sub-specialist if the patient is not responding to the treatment being rendered.

C. Obstetrics and Gynecology:

1. Physicians requesting these privileges are qualified to care for uncomplicated obstetrical and/or gynecological patients. They are expected to have training and or experience on a level commensurate with that provided by residency in Family Medicine. Physicians with this classification are required to obtain consultation by an Obstetrician or other appropriate sub-specialist if the patient is not responding to the treatment being rendered.

D. Surgical Assistant

1. Physicians requesting basic surgical privileges will be required to provide documentation of training and/or experience, demonstrated abilities, and current competence as stated in the Medical Staff Policy #536.

X. **REAPPOINTMENT**

- A. Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may be accepted to fulfill the requirements. If the minimum number of cases is not performed, the practitioner will be required to undergo proctoring for all procedures that were not satisfied. The practitioner will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

XI. **PROCTORING OF PRIVILEGES**

A. Family Medicine Privileges

1. Each physician's initial or additional privileges shall be proctored by a member of the Department of Family Medicine for at least six (6) cases or until his/her privilege status is established or by a recommendation from the department.
2. If admitting into ACCU or IMC two (2) of the six (6) must be concurrent ICU/Telemetry cases, all other cases may be concurrently or retroactively reviewed. If at the conclusion of this proctoring process, the Chairman (based on the proctor's evaluation), cannot certify that the practitioner is qualified to perform unsupervised care with respect to the requested privileges, proctoring of additional cases will be required.
3. Physicians applying for History and Physical privileges only, may satisfy proctoring requirements by submitting six (6) H&P's for retrospective or concurrent review.
4. Applicants for Medical Staff privileges may utilize proctored cases from a hospital where they are on the Active Staff to meet the proctoring requirements, except for ICU/Telemetry privileges. ICU/Telemetry privileges will not be granted until two (2) cases are proctored satisfactorily at Tri-City Medical Center.
5. Procedural privileges will be renewed if the minimum number of cases is met over a two-year period from any and all institutions where the physician has privileges. If the minimum number of cases is not performed, the physician will be required to undergo proctoring for all procedures that were not satisfied. If proctoring requirements are met, the physician will have his/her privileges renewed for a two-year period. If the proctoring requirements are not met, the physician will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).
6. Supervision
 - i. Supervision of the applicant physician by the proctor will emphasize concurrent chart review and include direct observation in the case of procedural techniques.
7. Responsibility of Applicant physician:

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- i The applicant-physician must notify his proctor at the time of a case admission or procedure. If the proctor is not available the applicant-physician must notify another physician. If the admission or procedure is being done on an emergent basis and no proctor is available, an appropriate proctor must be informed at the earliest appropriate time following the procedure.
- 8. Eligible Proctors
 - i All active staff members of the Department of Family Medicine will act as proctors. An Associate of the new applicant-physician may monitor 50% of the required proctoring.

Procedures	Requirement(s) for Initial Granting of Privileges	Proctoring Required*	Requirement(s) for Renewal of privileges
Thoracentesis	Training	0	1
Paracentesis	Training	0	1
Lumbar Puncture	Training	0	1
Venous Cutdown	Training	3	0
Proctosigmoidoscopy	Training	0	1
Transcutaneous Insertion CVP Line	5 cases in training or at another facility	2	1
Insertion Arterial Line	5 cases in training or at another facility	2	1

B. Pediatric Privileges

- 1. Members requesting pediatric privileges must be proctored for at least two (2) cases by a Family Medicine physician who has been granted pediatric privileges, or a pediatrician. If the Chairman of the Department of Family Medicine cannot certify that the practitioner is qualified for unsupervised care of pediatric patients, additional cases will be required.

Pediatric Privileges	Requirement(s) for Initial Granting of Privileges	Requirement(s) for Renewal of privileges	Proctoring Required*
Lumbar Puncture	Training; 2X/2years	1	*1
IV Administration of Fluids and Electrolytes	Training	NA	N/A
Direct Laryngoscopy	Training	NA	N/A
Newborn Circumcision	Training	1	
Standby for Pediatric Assistance Delivery and C-Section	Training & (NRP required)	NA	
Endotracheal Intubation	Training	1	*1

C. Obstetrical and Gynecological Privileges

- 1. Obstetrics:
 - i Members requesting obstetrical privileges must be proctored for at least five (5) cases by an Ob/Gyn or a Family Medicine physician who has been granted obstetrical privileges and has completed proctoring by demonstrating competency in these procedures. If the chairman of the Department of Family Medicine cannot certify that the practitioner is qualified for unsupervised care of obstetrical

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privileges, additional cases will be required. ~~The following privileges must be proctored by an Obstetrician or Department of Family Medicine physician with OB Privileges.~~

OB Privileges	Requirement(s) for Initial Granting of Privileges	Requirement(s) for Renewal of privileges	Initial Proctoring Required
Spontaneous, uncomplicated, term delivery	Training	4/yr.	First ten deliveries
Simple Episiotomy	Training	2/2yrs.	2
Spontaneous Removal of Placenta	Training	2/2yrs.	2
Second-Degree Lacerations and Fourchette Lacerations	Training	2/2yrs.	2
Third and Fourth Degree perineal Lacerations	Training	2/2yrs.	2
Outlet Forceps	OB	2/2yrs.	2

2. Gynecology

- i Members requesting gynecological privileges must be qualified to medically care for uncomplicated gynecological patients. They must be proctored for at least five (5) satisfactory admissions by a family physician who has been granted gynecological privileges or an Ob/Gyn physician. If the chairman of the Department of Family Medicine cannot certify that the practitioner is qualified for unsupervised care of gynecological patients additional cases will be required.

XII. EMERGENCY DEPARTMENT CALL

- A. Medical Staff department members will participate in the Emergency Department call Roster or consultation panel as determined by the medical staff (Ref. P&P #520).
- B. Provisional or Courtesy Staff can be on the unassigned call panel at the discretion of the Department Chair after membership is approved by the Board of Directors.
- C. It is the policy of the Emergency Department that when a patient indicates that he or she has been previously treated by a staff member, that member will be given the opportunity to provide further care. The contact member of the Department of Family Medicine will then determine whether to provide further care to an emergency department patient based upon the circumstances of the case. If the member declines, any necessary and/or special care will be provided by the on-call physician.

XIII. DEPARTMENT QUALITY REVIEW AND MANAGEMENT

- A. The Department of Family Medicine Quality Review Committee will be combined with the Internal Medicine Quality Review Committee. The combined Quality Review Committee (Q.R.C.) will be comprised of no less than 2 department members for Family Medicine and 2 department members for Internal Medicine. The committee chairman will alternate between the Department of Family Medicine and the Division of Internal Medicine and each department/ division will have a representative to the Medical Staff QA/PI/PS Committee. The Department Chairperson shall

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appoint the remaining members for a 2-year term. Committee members are able to succeed themselves. At least one member from each department/division will be on the Q.R.C., if possible. The Q.R.C. will meet at least four (4) times per year.

1. General Function:
 - i The Q.R.C. provides systematic and continual review, evaluation, and monitoring of the quality and safety of care and treatment provided by the department members and to patients in the hospital.
2. Specific Functions:
 - i The Q.R.C. is established to:
 - a. Identify important elements of patient care in all areas in which it is provided.
 - b. Establish performance monitoring indicators and standards that are related to these elements of care.
 - c. Select and approve their performance monitoring indicators.
 - d. Integrate relevant information for these indicators, and review quarterly by QRC Committee
 - e. Formulate thresholds for evaluation related to these performance monitoring indicators
 - f. Review and evaluate physician practice when specific thresholds are triggered
 - g. Identify areas of concern and opportunities to improve care, safety and educate department members based on these reviews.
 - h. Highlight significant clinical issues and present the specific information regarding quality of care to the appropriate department member, in accordance with Medical Staff By-Laws.
 - i. Request, if if needed, Focused Professional Practice Evaluation when/if questions arise regarding a physician's practice.
 - j. Monitor and review the effectiveness of any intervention and document any change.
3. Other functions:
 - i Assist in the reappointment process, through retrospective review of charts.
 - ii Review any issues related to Family Medicine that are forwarded for review by other departments.
 - iii Assist in the collection, organization, review, and presentation of data related to patient care, safety, and department clinical pathways
 - iv Review cases involving death(s) in the hospital as applicable by approved departmental indicators.
4. Reports
 - i Minutes are submitted to the Medical Staff ~~QA/PI/PS~~ Medical Quality Peer Review Committee and the M.E.C. The Q.R.C. will provide minutes and as needed verbal or written communication regarding any general educational information gleaned through chart review or the Performance Improvement process to the department members and to ~~QA/PI/PS~~ Medical Quality Peer Review Committee.

APPROVALS:

Department of Family Medicine:	04/28/2015
Medical Executive Committee:	07/27/2015
Governance Committee:	08/04/2015
Board of Directors:	08/27/2015

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I. MEMBERSHIP

- A. The Department of Obstetrics and Gynecology consists of physicians who are board certified or actively progressing towards certification by the American Board of Obstetrics and Gynecology and have successfully completed an ACGME/AOA-accredited residency training program in Obstetrics and Gynecology.
- A.B. Any member of the Department of Obstetrics and Gynecology who was Board Eligible when initially granted surgical privileges, and who was granted such privileges on or after June 1, 1991, shall be expected to obtain Board Certification within thirty-six (36) months of his/her appointment to the Medical Staff. Failure to obtain timely certification shall be considered in making recommendations regarding applications for reappointment and renewal of clinical privileges.

II. GENERAL FUNCTION

The general functions of the Department of Obstetrics and Gynecology shall include:

- A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients by members of the Department and develop criteria for use in the evaluation of patient care;
- B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the hospital;
- C. Conduct, participate in and make recommendations regarding continuing medical education programs pertinent to Department clinical practice;
- D. Review and evaluate Department member adherence to:
 - 1. Medical Staff policies and procedures;
 - 2. Sound principles of clinical practice.
- E. Submit written minutes to the QA/PI Committee and Medical Executive Committee concerning:
 - 1. Department review and evaluation activities, actions taken thereon, and the results of such actions; and
 - 2. Recommendations for maintaining and improving the quality and safety of care provided in the hospital.
- F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring;
- G. Take appropriate action when important problems in patient care, patient safety and clinical performance or opportunities to improve patient care are identified.
- H. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509);
- I. Approve of On-Going Professional Practice Evaluation Indicators; and
- J. Formulate recommendations for Department rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.

III. DEPARTMENT MEETINGS

- A. The Department of Obstetrics and Gynecology shall meet at the discretion of the Chair, but at least quarterly. The Department will consider the findings from the ongoing monitoring and evaluation of the quality, safety, and appropriateness of the care and treatment provided to patients. Minutes shall be transmitted to the QA/PI Committee, and then to the Medical Executive Committee.
- B. Twenty-five percent (25%) of the Active Department members, but not less than two (2) members shall constitute a quorum at any meeting.

IV. DEPARTMENT OFFICERS

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- A. The Department shall have a Chair and Vice-Chair who shall be members of the Active Medical Staff and shall be qualified by training, experience and demonstrated ability in at least one of the clinical areas covered by the Department.
- B. The Department Chair and Vice-Chair shall be elected every year by the Active members of the Department who are eligible to vote. The Chair and Vice-Chair shall be elected by a simple majority of the members of the Department. Vacancies of any officer for any reason shall be filled for the un-expired term through a special election.
- C. The Department Chair and Vice-Chair shall serve a one-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from office, or loses his/her Medical Staff membership or clinical privileges in the Department. Department officers shall be eligible to succeed themselves.

V. **DUTIES OF THE DEPARTMENT CHAIR**

- A. The Department Chair, and the Vice-Chair, in the absence of the Chair, shall assume the following responsibilities:
 - 1. Be accountable for all professional and administrative activities of the Department;
 - 2. Continue surveillance of the professional performance of all individuals who have delineated clinical privileges in the Department.
 - 3. Assure that practitioners practice only within the scope of their privileges as defined within their delineated privilege form.
 - 4. Recommend to the Medical Executive Committee the criteria for clinical privileges in the Department.
 - 5. Recommend clinical privileges for each member of the Department.
 - 6. Assure that the quality, safety, and appropriateness of patient care provided by members of the Department are monitored and evaluated; and
 - 7. Assume other duties as recommended from the Medical Executive Committee.

VI. **CLASSIFICATIONS**

A. **PHYSICIAN**

- 1. Members of Department of Obstetrics and Gynecology are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:
 - a. Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life threatening illness.
 - b. Unexpected complications arise which are outside this level of competence.
 - c. Specialized treatment or procedures are contemplated with which they are not familiar.

B. **PHYSICIAN ASSISTANT (PA)**

- 1. Physician Assistants may only provide those medical services for which he/she is competent to perform and which are consistent with the physician assistant's education, training and experience, which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant, and as privileges granted.
 - a. A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

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- b. A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physicians specialty or usual customary practice and with the patient's health and condition, (e.g., surgical assisting).
 - c. A supervising physician shall observe or review evidence of the physician assistant performance of all tasks and procedures as delegated to the physician assistant until assured of competency.
 - d. A physician assistant may initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care.
 - e. Refer to the AHP rules and regulations for further delineation of sponsoring physician's supervision requirements.
 - f. A physician assistant may not admit or discharge patients.
2. The Department of Obstetrics and Gynecology requires a physician co-signature as delineated in the AHPs Rules and Regulations.

C. REGISTERED NURSE FIRST ASSISTANT (RNFA)

1. A registered nurse first assistant is a healthcare provider who, under the supervision of a physician, performs a variety of pre, intra, and postoperative services for patients undergoing a surgical procedure in the surgical suites. The RN first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing and other surgical tasks in accordance with privileges granted. The RN first assistant practices under the supervision of the surgeon during the intraoperative phase of the perioperative experience. The RN first assistant functions under standardized procedures and must adhere to the AHP's rules and regulations.

D. CERTIFIED NURSE MIDWIFE (CNM)

1. The midwife (CNM), a dependent allied health professional (AHP), functions under standardized procedures and must adhere to the AHPs rules and regulations. Refer to CNM standardized procedures for specific criteria.

VII. PRIVILEGES

- A. The Department of Obstetrics and Gynecology will define privilege criteria requirements on the privilege card. Recommendations for privileges are made to the Department, Credentials Committee, Medical Executive Committee, and Governing Board.
- A-B. All privilege cards are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.
- B. By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.
- C. By virtue of their training and experience all practitioners with Obstetrical privileges are considered competent and able to perform FERN testing and other associated testing within their scope of practice, or for any emergency procedure, which, in the physician's judgment, is deemed indicated.
- C-D. All practitioners applying for clinical privileges must demonstrate current competency for the scope of privileges requested. "Current competency" means documentation of activities within the twenty-four (24) months preceding application, unless otherwise specified.
- D-E. The categories and applicable privileges are as follows:
 1. Obstetrical

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~~i. FERN testing and other associated testing within their scope of practice, or for any emergency procedure, which, in the physician's judgment, is deemed indicated.~~

2. Gynecological
3. Maternal-Fetal Medicine
4. Gynecological-Oncology

F. Members of Department of Obstetrics and Gynecology are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:

- d. Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life threatening illness.
- e. Unexpected complications arise which are outside this level of competence.
- f. Specialized treatment or procedures are contemplated with which they are not familiar.

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Privileges:	Initial Appointment	Prectoring	Reappointment (every 2 years)
Admit patients, including via telemedicine	Training/experience	N/A	N/A
Consultation, including via telemedicine			
Perform H&P (includes pelvic exam and cultures), including via telemedicine			
Obstetrical Category:			
Amniocentesis	<ol style="list-style-type: none"> Successful completion of an ACGME or AOA-accredited residency in OB/GYN. Documentation of fifty (50) cases reflective of the scope of privileges requested within the previous twenty-four months. 	Ten (10) cases, including five (5) concurrent vaginal deliveries, two (2) C-sections	Fifty (50) cases to include: two (2) C-sections and ten (10) vaginal deliveries.
Basic obstetrical ultrasound			
Breech vaginal delivery			
Cesarean hysterectomy			
Cesarean Section			
Episiotomy, vaginal repair, sphincter repair			
Evacuation of hydatidiform mole			
Evacuation of pelvic hematoma			
External cephalic version			
Hemorrhoid excision			
Hypogastric Artery Ligation			
Induction of labor			
Management of intra-uterine fetal demise			
Management of medical complications of pregnancy, preterm labor, pregnancy induced hypertension / eclampsia, pre-eclampsia, and multiple gestation			
Manual removal of placenta			
Operative vaginal delivery – forceps/low forceps/vacuum delivery			
Perineal laceration, first (fourchette) & second degree lacerations			
Perineal laceration, third & fourth degree			
Postpartum hemorrhage			
Suction D&C for termination of pregnancy			
Transvaginal cervical cerclage			
Vaginal Deliveries (Spontaneous, uncomplicated and precipitous term deliveries), and vaginal birth after previous C-section			

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Gynecological Category: Vaginal/Vulvar Surgery	Initial Appointment	Proctoring	Reappointment (every 2 years)
Anterior/posterior repair with or without placement of mesh	1. Successful completion of an ACGME or AOA accredited residency in OB/GYN.	Ten cases (10) from the Gynecological Category, including two (2) total vaginal hysterectomies, two (2) total abdominal hysterectomies, and two (2) diagnostic laparoscopies	Twenty-five (25) cases from the Gynecological Category, including two (2) total vaginal hysterectomies, two (2) total abdominal hysterectomies, and two (2) diagnostic laparoscopies reflective of the scope of privileges requested.
Biopsy of cervix, vulva, vagina			
Bladder neck suspension	2. Documentation of twenty-five (25) cases from the Gynecological Category (including at least five (5) major abdominal cases) reflective of the scope of privileges requested within the previous twenty-four months.		
Cervical cryotherapy			
Closure of vaginal fistula			
Conization of cervix			
Culdocentesis			
Cystoscopy			
Dilation and curettage (D&C)			
Dilation and evacuation (D&E)			
Endometrial ablation			
Hymenectomy			
Hymenotomy			
Hysterosalpingogram (HSG)			
I&D— Bartholin's gland cyst/abscess/marsupialization			
Incision and drainage wound abscess/hematoma			
IUD Insertion/Removal			
Loop electrical excision procedure (LEEP)			
Perineoplasty			
Repair incidental cystostomy			
Repair of recto-vaginal fistula			
Repair vesico-vaginal fistula			
Sacrospinous ligament fixation			
Simple vulvectomy			
Total vaginal hysterectomy			
Trachelectomy			
Transvaginal enterocele repair			
Urethral dilation			
Urethral sling (e.g. TVT, TVOT)			
Urethroscopy			
Vaginal bilateral tubal ligation			
Vaginectomy			
Gynecological Category: Abdominal Surgery			
Abdominal sacrocolpopexy			
Adhesiolysis			
Bilateral tubal ligation			
Evacuation of pelvic abscess			
Evisceration repair			
Exploratory laparotomy			

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Privileges:	Initial Appointment	Prectoring	Reappointment (every 2 years)
Gynecological Category:			
Abdominal Surgery (Continued)			
Incisional hernia repair, concomitant			
Microtubal surgery			
Myomectomy and metroplasty			
Oophorectomy			
Ovarian cystectomy			
Paravaginal repair			
Pelvic and/or para-aortic			
lymphadenectomy			
Pelvic lymph-node sampling			
Pre-sacral neurectomy			
Repair of Enterocele			
Repair surgical rent of bladder/bowel			
Retropubic urethropexy			
Salpingo-oophorectomy			
Salpingostomy/salpingectomy			
Suprapubic cystotomy			
Total Abdominal Hysterectomy			
Tumor-Debulking			
Wedge Resection of Ovaries			
Gynecological Category:			
Endoscopy/Hysteroscopy-			
Laparoscopic Surgery			
Appendectomy (incidental)			
Aspiration of cyst			
Bladder neck suspension			
Colposuspension			
Diagnostic Laparoscopy			
Endometrial ablation			
Fulguration of lesions			
Laparoscopic Assisted Vaginal			
Hysterectomy (LAVH)			
Laparoscopic Supracervical			
Hysterectomy (LSH)			
Laparoscopic treatment of ectopic			
pregnancy			
Laparoscopic Tubal Ligation			
Lysis of adhesions			
Myomectomy			
Ovarian Cystectomy			
Removal of Adnexal Structure			
Removal of Meckel's diverticulum			
(w/consultation)			
Repair of Cystotomy/Enterotomy			

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Privileges:	Initial Appointment	Prectoring	Reappointment (every 2 years)
Gynecological Category:			
Endoscopy/Hysteroscopy-			
Laparoscopic Surgery (Continued)			
Resection of other uterine masses			
Surgical with or without D&C			
Thermal balloon ablation			
Total Laparoscopic Hysterectomy (TLH)			
Treatment of Ectopic Pregnancy			
Tubal occlusion for sterilization			
Gynecologic-Oncology Surgery Category:			
Diagnostic	1. Successful completion of an ABOG- or AOA- approved fellowship in Gynecologic Oncology.	Ten cases (10) from the Gynecologic-Oncology Surgery Category, including at least two (2) Diagnostic and	Twelve (12) representative blend of cases from Diagnostic and Therapeutic categories.
Cystoscopy with biopsy	2. Board certification in Gynecologic Oncology	four (4) Therapeutic procedures.	
Liver Biopsy	3. Documentation of twenty-five (25) cases either from fellowship (if within previous twenty-four (24) months) or another acute care facility.		
Proctoscopy with biopsy			
Staging laparotomy			
Therapeutic			
Bladder/ureter/urethra surgery, concomitant			
Chemotherapy administration			
Colpectomy			
Cystectomy, concomitant			
Cytoreduction for cancer			
Exenteration			
Flap closure of perineal defects, myocutaneous flaps, skin grafting			
Gastrostomy, concomitant			
Ileostomy, concomitant			
Insertion of suprapubic tube			
Intestinal surgery, concomitant			
Lymphadenectomy; pelvic, aortic, inguinal, femoral, scalene node)			
Medical Management of the cancer patient			
Radical hysterectomy			
Radical vaginectomy			
Radical vulvectomy			
Repair of vascular injury			
Salpingoplasty			
Splenectomy, concomitant			
Urinary diversion, concomitant			
Ventral hernia repair, concomitant			

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Maternal-Fetal Medicine (Perinatology)	Initial Appointment	Proctoring	Reappointment (every 2 years)
Admit patients	1. Successful completion of an ACGME or AOA-accredited residency in OB/GYN, and; 2. Successful completion of an ABOG or AOA-approved fellowship in Maternal-Fetal Medicine	Proctoring fulfilled by completion of categorical proctoring.	N/A
Consultation			
Genetic Amniocentesis		Two (2) cases from this category	Two (2) cases from this category
Chorionic villus sampling			
Cordocentesis			
Intrauterine fetal transfusion			
Criteria to apply for Laser Surgery Privileges:			
Intra-Abdominal Laser Surgery			
CO2-Laser	1. Documentation of completion of laser training for each wavelength requested; 2. Documentation of clinical experience with specialized laser surgery or hands-on laboratory experience for each wavelength requested.	One (1)	One (1)
Nd Yag Laser			
Other:			
Sedation: Moderate	Per MS policy #517	Per MS policy #517	Per MS policy #517
Forensic Outpatient Clinic Site-Specific Privileges			
Perform history and physical examination (includes pelvic exam and cultures)	Training/experience	Proctoring fulfilled by completion of categorical proctoring	N/A
Biopsy: cervical, vulvar, vaginal			
Biopsy: Endometrial			

VIII. **REAPPOINTMENT OF CLINICAL PRIVILEGES**

Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may be accepted to fulfill the requirements. If the minimum number of cases is not performed, the practitioner will be required to undergo proctoring for all procedures that were not satisfied. The practitioner will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

IX. **PROCTORING**

- A. Each new Medical Staff member granted initial privileges, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated until his or her privilege status is established by a recommendation from the Department to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors.

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- B. All Active members of the Department will act as proctors. An associate may proctor 50% of the required proctoring. Additional cases may be proctored as recommended by the Department Chair. It is the responsibility of the Department Chair to inform the proctored member whose proctoring is being continued whether the deficiencies noted are in: a) preoperative, b) operative, c) surgical technique and/or, d) postoperative care.
- C. ~~THE PROCTOR MUST BE PRESENT IN THE OPERATING ROOM FOR A SUFFICIENT PERIOD OF TIME TO ASSURE HIMSELF/HERSELF OF THE MEMBER'S COMPETENCE, OR MAY REVIEW THE CASE DOCUMENTATION (I.E., H&P, OP NOTE, OR VIDEO) ENTIRELY TO ASSURE HIMSELF/HERSELF OF THE SURGEON'S COMPETENCE.~~ For invasive cases, proctor must be present for the procedure for a sufficient period of time to assure himself/herself of the member's competence. For noninvasive cases the proctor may review case documentation (i.e. H&P) entirely to assure himself/herself of the practitioner's competence.
- D. In elective cases, arrangements shall be made prior to scheduling (i.e., the proctor shall be designated at the time the case is scheduled).
- E. The member shall have free choice of suitable consultants and assistants. The proctor may assist the surgeon.
- F. When the required number of cases has been proctored, the Department Chair must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.
- G. A form shall be completed by the proctor, and should include comments on preoperative workup, diagnosis, preoperative preparation, operative technique, surgical judgment, postoperative care, overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be available from the Operating Room Supervisor and/or the Medical Staff Office.
- H. Forms will be made available to the member scheduling the case for surgery and immediately forwarded to the proctor for completion. It is the responsibility of the new member to notify the Operating Room Supervisor of the proctor for each case.
- I. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

X. DEPARTMENT QUALITY REVIEW AND MANAGEMENT

- A. The Department of OB/GYN will have a Quality Review Committee (Q.R.C.) comprised of no less than four (4) department members. The committee Chairman is the department's representative to the Medical Staff QA/PI Committee. The Department Chairperson shall appoint the remaining members for a two (2)-year term. Committee members are able to succeed themselves. At least one (1) member from each OB/GYN "group" will be on the Q.R.C. if possible. The Q.R.C. will meet at least four (4) times per year.
- B. General Function:
 - 1. The Q.R.C. provides systematic and continual review, evaluation, and monitoring of the quality and safety of care and treatment provided by the department members to OB/GYN patients in the hospital.
- C. Specific Functions. The Q.R.C. is established to:
 - 1. Identify important elements of OB/GYN care in all areas in which it is provided.
 - 2. Establish performance monitoring indicators and standards that are related to these elements of care.
 - 3. Select and approve their performance monitoring indicators.
 - 4. Integrate relevant information for these indicators and review them quarterly.
 - 5. Formulate thresholds for evaluation related to these performance monitoring indicators.
 - 6. Review and evaluate physician practice when specific thresholds are triggered.

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7. Identify areas of concern and opportunities to improve care and safety, and provide education to department members based on these reviews.
 8. Highlight significant clinical issues and present the specific information regarding quality of care to the appropriate department member in accordance with Medical Staff Bylaws.
 9. If needed, request Focused Professional Practice Evaluation when/if questions arise regarding a physician's practice.
 10. Monitor and review the effectiveness of any intervention and document any change.
- D. Other functions:
1. Assist in the reappointment process through retrospective review of charts.
 2. Review any issues related to OB/GYN that are forwarded for review by other departments.
 3. Assist in the collection, organization, review, and presentation of data related to OB/GYN care, safety, and department clinical pathways.
 4. Review cases involving any OB/GYN deaths in the hospital.
- E. Reports:
1. Minutes are submitted to the Medical Staff QA/PI Committee and the M.E.C. The Q.R.C. will provide minutes and, as needed, verbal or written communication regarding any general educational information gleaned through chart review or the Performance Improvement process to the department members and to QA/PI Committee.

XI. EMERGENCY ROOM CALL

- A. Medical Staff Department members within the Department of OB/GYN may participate in the Emergency Department call roster or consultation panel as determined by the medical staff or Department Chair or their designee who:
1. have Have been successfully removed from proctoring for Obstetrical Category Privileges, and
 - A.2. have Have had one (1) Laparoscopic case and one (1) Abdominal Hysterectomy case proctored. may participate in the Emergency Department call roster or consultation panel as determined by the medical staff or Department Chair or their designee. This does not preclude complying with proctoring requirements as outlined above.
- B. Refer to Medical Staff Policy, #8710-520 Emergency Room Call: Duties of the On-Call Physician.
- C. When a patient indicates that ~~he or~~ she has been previously treated by a staff member, that member will be given the opportunity to provide further care.
- D. When a patient presents to the Emergency Department and advises that they are under the care of a community clinic. The community clinic OB physician on call must see anyA patient, including obstetrical patients, who are under 13 weeks pregnant and who havehas been seen within the last past two years by a community clinic primary care provider of theat clinic, with the exception of for vaccination clinics, must be seen by that clinic provider OB physician on call. Any obstetrical patients greater than 13 weeks with the above-referenced criteria are unassigned patients and will be cared for by the on-call OB/GYN for unassigned patients.
- E. The members of the Department of OB/GYN will then determine whether to provide further care to an emergency room patient based upon the circumstances of the case. If a member declines, any necessary emergency special care will be provided by the on-call physician.
- F. The care provided by an on-call physician will not create an obligation to provide further care.
- G. The exception to the aforementioned Emergency Department On-Call requirements is North County Health Services call panel.

Approvals:

Med Staff R&R - OB/GYN- Revised: 10/03, 8/06 12/06, 2/07, 2/08, 6/08; 10/09; 7/11, 10/11, 7/12; 10/13; 11/14; 10/16

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Department of Ob/Gyn: 10/6/14; 02/01/201610/16
Medical Executive Committee: 11/27/14
Governance Committee: 11/4/14
Board of Directors: 11/6/14

**TRI-CITY MEDICAL CENTER
HUMAN RESOURCES COMMITTEE
OF THE BOARD OF DIRECTORS
November 8, 2016**

Voting Members Present:	Chair Cyril Kellelt, Director Laura Mitchell, Director Rosemarie Reno, Dr. Hamid Movahedian, Joe Quince, Gwen Sanders, Dr. Martin Nielsen, Virginia Carson
Non-Voting Members Present:	Steve Dietlin, CEO; Sharon Schultz, CNE Kapua Conley, COO; Cheryle Bernard-Shaw, CCO; Norma Braun, CHRO; Esther Beverly, VP of HR
Others Present:	Quinn Abler, Frances Carbajal
Members Absent:	Dr. Gene Ma, Salvador Pilar

Topic	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	Chair Kellelt called the meeting to order at 12:35 p.m.		Chair Kellelt
2. Approval of the agenda	Chair Kellelt called for a motion to approve the agenda of November 8, 2016. Director Mitchell moved and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellelt
3. Comments from members of the public	Chair Kellelt read the paragraph regarding comments from members of the public.	No public comments.	Chair Kellelt
4. Ratification of Minutes	Chair Kellelt called for a motion to approve the minutes of the September 22, 2016 meeting. Director Mitchell moved and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellelt
5. Old Business	None		

Topic	Discussion	Action Follow-up	Person(s) Responsible
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6. New Business			
a. Review Employee Benefits Broker RFP	Norma Braun, CHRO advised committee of intent to bring this agenda item back to the committee at a later date and time. This item continues to be on HR's radar.		Norma Braun
b. Review Training & Education Topics	Mrs. Braun presented planned education topics for leadership, employees and combined all staff trainings; include performance management, crucial conversations, workers comp 101, retirement readiness, safety on the job and CBA- collective bargaining agreement interpretations among others.	Gwen Sanders requested community members attend training intended for leadership regarding CBA's. HR will look into this request and follow up with Ms. Sanders	Norma Braun
c. Policy Discussion/Action Policy 8610-418 Equal Employment Opportunity	The Committee reviewed Policy 8610-418. Chair Kellett called for a motion to send Policy 8610-418 with renewal date to the Board of Directors for approval as is. Director Mitchell moved and Ginny Carson seconded the motion. The motion was carried with Director Reno and Gwen Sanders abstaining.	Policy 8610-418 to be sent to Board of Directors for approval.	Norma Braun
Policy 8610-428 Fair Treatment for Non-Management	The Committee reviewed Policy 8610-428. Chair Kellett called for a motion to send Policy 8610-428 with renewal date to the Board of Directors for approval as is. Director Mitchell moved and Ginny Carson seconded the motion. The motion was carried with Director Reno and Gwen Sanders abstaining.	Policy 8610-428 to be sent to Board of Directors for approval.	
Policy 8610-435 Leave of Absence	The Committee reviewed Policy 8610-435. Chair Kellett called for a motion to send Policy 8610-435 with renewal date to the Board of Directors for approval as is. Director Mitchell moved and Ginny Carson seconded the motion. The motion was carried with Director Reno and Gwen Sanders abstaining.	Policy 8610-435 to be sent to Board of Directors for approval.	

Topic	Discussion	Action Follow-up	Person(s) Responsible
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d. Work Plan	The work plan was reviewed.		Chair Kellett
e. Committee Communications	Employee Fiduciary Committee working well.		Chair Kellett
f. Date of next meeting	January 10, 2017		Chair Kellett
g. Adjournment	Chair Kellett adjourned the meeting at 1:15 p.m.		Chair Kellett



Tri-City Medical Center
Oceanside, California

Administrative Policy Manual
Human Resources

ISSUE DATE: 08/80

SUBJECT: Equal Employment Opportunity

REVISION DATE(S): 01/09; 04/12; 03/13

POLICY NUMBER: 8610-418

Human Resources Department Approval Date(s): 12/13

Human Resources Committee Approval Date(s): 12/13

Board of Directors Approval Date(s): 12/13

A. PURPOSE:

1. To comply with EEOC and DFEH guidelines and mandates.

B. POLICY:

1. Tri-City Healthcare District (TCHD) is an equal opportunity employer. It is TCHD's policy to provide equal employment opportunity for all applicants and employees, in all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, and general treatment during employment.
2. TCHD does not unlawfully discriminate on the basis of race, religious creed (including religious dress and grooming practices), color, national origin, ancestry, physical disability, mental disability, medical condition (including AIDS and/or HIV status), genetic information, marital status, military and veteran status, sex, gender, gender identity, gender expression, age, sexual orientation, pregnancy, childbirth, breastfeeding and/or related medical conditions; these characteristics are defined as "protected classes." TCHD will accommodate nursing employees' lactation needs in accordance with state and federal law. TCHD will make reasonable accommodations for religious belief or observance (including religious dress and grooming practices), for pregnant employees, and for the known physical or mental disabilities of an otherwise qualified applicant/employee, unless undue hardship would result. Requests for accommodation should be made to Employee Health Services, who will determine whether a reasonable accommodation can be made for a qualified individual. Requests for accommodation of religious belief or observance should be directed to Human Resources.
3. It is the responsibility of every manager and employee to conscientiously follow this policy. Any employee with questions or concerns about any type of discrimination or harassment on any of these bases in the workplace is encouraged to bring these issues to the attention of their immediate supervisor or to a Human Resources representative. Employees can raise concerns and make reports without fear of retaliation (refer to Administrative Policy #403). Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action up to and including termination of employment with TCHD.
4. In carrying out this responsibility TCHD will:
 - a. Conduct recruitment practices and base hiring decisions for all job classifications upon the position requirements and an individual's qualifications for the position.
 - b. Make transfer and promotional decisions based on the individual's qualifications as related to the position for which he/she is being considered unless otherwise required by law.
5. Any person who believes they have experienced discrimination may file a complaint with a Human Resources representative.
6. Employees may also file a complaint with the Department of Fair Employment and Housing or the Equal Employment Opportunity Commission. Telephone numbers for each agency are available online and in the telephone book.
7. The lead Human Resources official has overall responsibility for implementation of this policy.

Administrative Policy Manual
Human Resources

ISSUE DATE:04/88

SUBJECT: Fair Treatment For Non-Management

REVISION DATE(S): 03/05; 04/12; 02/13

POLICY NUMBER: 8610-428

Human Resources Department Approval Date(s): 10/13

Human Resources Committee Approval Date(s): 10/13

Board of Directors Approval Date(s): 10/13

A. PURPOSE:

1. To provide an orderly mechanism for non-management employees employment related complaints. (TCHD Administrative Policy #427 Fair Treatment for Supervisory and Management Employees).

B. DEFINITION:

1. Fair Treatment Process: In the case of corrective actions involving a disciplinary final written warning or intent to terminate, any employee who has completed ninety (90) days of active service may proceed with the Fair Treatment Process. A Human Resources representative will facilitate the Fair Treatment Process.

C. PROCESS:

1. Step 1: Meeting with Management

- a. If an employee has received a final written warning or a notification of intent to terminate his or her employment, and wishes to initiate the Fair Treatment Process, he or she must contact Human Resources to schedule a meeting with the next level of management, beyond their direct supervisor, to discuss the issue. This initial contact shall be made within 5 working days (M-F) from the date of the suspension or intent to term notification. If the employee fails to contact Human Resources within 5 working days (M-F), his or her opportunity to continue the Fair Treatment process shall end.
 - i. The manager and a Human Resources representative will meet with the employee, listen to the issues and inquire if the employee can offer information for further investigation and analysis. The manager will respond in writing with his or her decision to the employee within five working days (M-F) following the meeting.
 - ii. If the Fair Treatment Process has been initiated due to a termination then the date of the letter from the manager to the employee at completion of Step 1 becomes the effective date of the employee's termination. Although the employee has been terminated, he or she may choose to continue the Fair Treatment Process by contacting Human Resources within 5 working days (M-F) of the notification of the manager's decision.

2. Step 2: Fair Treatment Form

- a. If the employee still feels after Step 1 that the decision is unfair, , the employee may commence a formal grievance process within 5 working days (M-F) of the decision by the employee's manager in Step 1. The formal grievance process begins with the submission to Human Resources of a completed Fair Treatment form, signed by the employee and describing in specific detail the nature of the grievance and the facts giving rise to it. If the employee fails to submit the completed Fair Treatment form within the above time frame, the Fair Treatment process shall end.
- b. The Director or Vice President will review, investigate and analyze the complaint. The Director or Vice President will then respond to the employee in writing. The decision letter

will be sent no later than 5 working days (M-F) after concluding his/her analysis.

3. **Step 3: Fair Treatment Form/Final review by lead HR official**

- a. If the matter is still unresolved to the employee's satisfaction after Step II, the employee may request review by the lead Human Resources official. This request for review must be initiated within five working days (M-F) from the completion of Step 2. If the employee fails to contact the Human Resource Representative within this time frame, his or her opportunity to continue the Fair Treatment Process will end.
- b. The complaint is sent to the Lead Human Resources Official who will review the information. The Lead Human Resources Official will respond in writing to the employee no later than five working days (M-F) after concluding his/her analysis.
- c. Decisions of the Lead Human Resources Official shall be in writing and be binding.
- d. No employee will be subject to reprimand, retaliation or harassment by anyone as a result of initiating a formal or an informal complaint, truthfully answering questions during an investigation, assisting a fellow employee, and/or providing truthful testimony.

D. **REFERENCED FORM WHICH CAN BE REQUESTED FROM HR:**

1. Fair Treatment Form

Administrative Policy Manual
Management of Human Resources

ISSUE DATE: 7/87

SUBJECT: Leave of Absence

REVISION DATE: 08/12, 12/13

POLICY NUMBER: 8610– 435

Human Resources Department Approval: 12/13

Human Resources Committee Approval: 12/13

Board of Directors Approval: 12/13

A. PURPOSE:

1. To establish guidelines for authorized time away from work for Tri-City Healthcare District (TCHD) employees.

B. POLICY:

1. It is the policy of TCHD to grant time away from work to eligible employees. Types of leave time authorized by TCHD are: Pregnancy Disability Leave (PDL), Family and Medical Leave (FMLA), California Family Rights Act Leave (CFRA), Kin Care, Reasonable Accommodation Leave, Military Family Leave, Military Leave, Workers' Compensation, and Personal Leave. In addition, in accordance with federal and California state law and established TCHD guidelines, TCHD accommodates and authorizes short-term absences for parental school leave, jury duty, bereavement leave, voting, volunteer firefighters, victims of stalking and other specified crimes, and other legal matters. Eligibility, duration, and conditions vary based upon the type of leave and are outlined in the sections that follow.
2. The following conditions apply to all types of leave time:
3. TCHD may grant a leave of absence to employees under the circumstances described in the "Fact Sheets" of each specific leave. These fact sheets are designed to comply with the leave of absence requirements prescribed by state and federal law. TCHD may modify, add to, or delete any of these fact sheets at any time.
4. Requests for time away from work must be submitted on the appropriate request form as far in advance as possible and approved as required by the department manager/director and Employee Health Services (if indicated by the nature of the leave).
5. Documentation to authorize or renew the leave may be required based on the nature and anticipated duration of the leave. Any leave of absence requiring certification from a health care provider will be denied if the appropriate certification is not received by the due date. This may result in the leave being designated as unapproved and will be subject to the Absence and Tardiness Policy # 408.
6. Specific leave approval and documentation requirements are available from Employee Health Services.
7. An employee who is on an approved leave is expected to return to work at the time designated in the leave documentation or in accordance with applicable federal and California state statutory provisions. If the employee does not return as indicated, the absence will be subject to the provisions of Policy # 408, Absences and Tardiness. A medical release must be provided to Employee Health Services prior to the employee returning to work.
8. Any accrued Paid Time Off (PTO) must be used during a leave (except for Workers Compensation, Pregnancy Disability, and Military Leave). If an employee chooses to decline the use of PTO time, the employee must make the request in writing by signing the declination on the *Leave of Absence* form, which is generated in Employee Health Services. Employees who have Annual Leave Bank (ALB) and/or Extended Leave Bank (ELB) hours must use them during any

leave attributable to the employee's own medical condition.

9. If an employee on leave is eligible for payments under California Workers' Compensation Insurance (WCI), State Disability Insurance (SDI) or Family Temporary Disability Insurance (FTDI), he/she must apply.
10. Benefits will be continued during a leave as required by the statutes and regulations that apply to the particular type of leave. Medical benefits through TCHD will continue for 12 cumulative weeks in a rolling year that an employee is on leave of absence. After which, their benefits will terminate, and they will be given the opportunity to enroll with COBRA.
11. An employee returning from an approved, protected leave will be returned to the same or an equivalent position, unless the position has ceased to exist for reasons of business necessity or unless otherwise exempted by law.
12. TCHD will not interfere with, restrain, or deny employees their rights to leave time.
13. TCHD may delay or continue with any counseling, performance review, or disciplinary action, including discharge, that was contemplated or started prior to an employee's request for or receipt of a leave of absence or that has come to TCHD's attention during the leave. If any such action is delayed during the leave of absence, TCHD may proceed with the action upon the employee's return to work.

C. PREGNANCY DISABILITY LEAVE (PDL):

1. In accordance with California state law, TCHD provides pregnancy disability leave for up to four months (17 weeks + 3 days) to any female employee who becomes disabled and is unable to perform the essential functions of her position as a result of pregnancy. This leave can be taken continuously, intermittently, or on a reduced work schedule based upon medical certification.

D. FAMILY AND MEDICAL LEAVE (FMLA) AND CALIFORNIA FAMILY RIGHTS ACT (CFRA):

1. In accordance with federal and California state law, TCHD provides an eligible employee up to 12 work weeks of leave during a rolling 12-month period for a qualifying reason with accompanying certification. This leave can be taken continuously, intermittently, or on a reduced work schedule.
2. Intermittent leaves require semi-annual certification. According to Section 825.308 of the U.S. Department of Labor, an employer may request recertification more frequently if circumstances described by the previous certification have changed significantly, or the employer receives information that casts doubt upon the employee's stated reason for the absence.
3. An employee is eligible for FMLA/CFRA if he/she has:
 - a. Completed 12 months of service (does not need to be consecutive)
 - b. Worked at least 1250 hours in the 12 consecutive months immediately preceding the leave
4. If eligible, FMLA/CFRA will be granted for the following reasons:
 - a. Birth of an employee's child (within one year of birth). Six weeks paid under CPFL (California Paid Family Leave).
 - b. Placement of a child (age 18 or less) with an employee through adoption or foster care (within one year of placement).
 - c. To care for an employee's spouse, child or parent with a serious health condition.
 - d. An employee's own serious health condition makes them unable to perform one or more of the essential functions of his or her job.
 - e. To bond with the child of a domestic partner (CFRA only).
 - f. To care for an employee's domestic partner with a serious health condition (CFRA only).
- g. Employees returning from continuous leave are required to submit a medical release from their healthcare provider in order to return to work.

E. KIN CARE LEAVE:

1. In accordance with California state law, TCHD provides an eligible employee with Kin Care leave to care for a qualifying family member (child, parent, spouse or domestic partner) who is ill. An employee is eligible for Kin Care immediately upon becoming eligible to use accrued PTO as

outlined in Policy # 433, Paid Time Off Program. An eligible employee may use actual accrued PTO up to a maximum of one half the amount of PTO that the employee accrues in the current year as long as they continue to have PTO hours in their bank.

F. MILITARY LEAVE:

1. Leave without pay is provided when an employee enters military service of the Armed Forces of the United States or the Armed Forces Reserves. The employee is afforded reemployment rights and retains full seniority benefits for all prior service upon reemployment in accordance with the Uniformed Services Employment and Reemployment Rights Act and the California Military and Veterans Code. The employee needs to bring military orders to Employee Health Services for review prior to commencement of the leave.
2. In accordance with Assembly Bill No. 392, a qualified spouse of a qualified member of the Armed Forces, National Guard or Reserves may take up to 10 days of unpaid leave during a qualified leave period, (meaning the qualified member is on leave from deployment during a period of military conflict). PTO may be declined for this leave.
3. FMLA entitles eligible employees with a spouse, registered domestic partner, son, daughter, or parent on active duty or recall to active duty status in the National Guard or Reserves in support of a contingency operation, may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.
4. FMLA includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty that may render the service member medically unfit to perform his or her duties, for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status, or is on the temporary disability retired list.

G. WORKERS' COMPENSATION:

1. In accordance with California state law, TCHD provides any employee who sustains a work-related injury or illness with workers' compensation leave and benefits. Workers' compensation leave will simultaneously count toward any available FMLA/CFRA leave time.

H. PERSONAL LEAVE:

1. Personal leaves are granted for a maximum of 31 days, at the sole discretion of TCHD, and can only be authorized by a department manager or director. Among the concerns taken into consideration will be TCHD's legitimate business needs and the ability to find a temporary replacement, or to leave the position vacant for the expected duration of the leave. An additional 30 days may be approved with administrative approval by a Vice President or above.

**TRI-CITY MEDICAL CENTER
EMPLOYEE FIDUCIARY RETIREMENT PLAN SUB COMMITTEE
OF THE BOARD OF DIRECTORS
November 8, 2016**

Voting Members Present: Chair Dr. Cyril Kellett, Gwen Sanders, Ginny Carson

Non-Voting Members Present: Steve Dietlin, CEO; Kapua Conley, COO; Norma Braun, SVP; Esther Beverly, VP of HR; Cheryle Bernard-Shaw, CCO

Others Present: BOD Chair James Dagostino, Quinn Abler, Maureen Peer, Dena' Baker, Gary Allen, Frances Carbajal

Members Absent: Director Rosemarie Reno

Topic	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	Chair Kellett called the meeting to order at 11:00 a.m.		Chair Kellett
2. Approval of Agenda	Chair Kellett called for a motion to approve the November 8, 2016 meeting agenda. Gwen Sanders moved to approve and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellett
3. Comments by members of the public on any item of interest to the public before Committee's consideration of the item	Chair Kellett read the paragraph regarding comments from members of the public.	No public comments	Chair Kellett
4. Ratification of Minutes	Chair Kellett called for a motion to approve the minutes of the May 10, 2016 meeting. Gwen Sanders moved to approve and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellett

Topic	Discussion	Action Follow-up	son(s) Responsible
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5. Old Business	None		
6. New Business			
a. Lincoln Quarterly Update	Maureen Peer, Lincoln Financial Advisors Relationship Manager presented executive summary which included an update from Lincoln's quarterly results. Key plan statistics, plan asset growth, contributions, earnings, participation rates, average deferral rates and account balances were also reviewed.		Norma Braun
b. Prudent Quarterly Update	Gary Allen, Prudent Investment Advisor presented the quarter plan growth results. Gary explained the risk of based model portfolios. Gary also discussed program updates which drilled down on retirement plan cost, comparison estimates, plan overview and funds breakdown.		Norma Braun
c. Employee Fiduciary Subcommittee Charter	Cheryle Bernard-Shaw, Chief Compliance Officer briefly explained and reviewed charter revisions with the committee. Chair Kellett called for a motion to approve revised Employee Fiduciary Subcommittee Charter. Gwen Sanders moved to approve and Ginny Carson seconded the motion. The motion was carried unanimously.		
7. Comments made from the Committee	None		Chair Kellett
8. Date of next meeting	February 14, 2017		Chair Kellett
9. Adjournment	Chair Kellett adjourned the meeting at 11:50 p.m.		Chair Kellett

TRI-CITY HEALTHCARE DISTRICT

EMPLOYEE FIDUCIARY RETIREMENT PLAN SUBCOMMITTEE CHARTER

The Employee Fiduciary Retirement Plan Subcommittee (the "Subcommittee") of the Human Resources Committee has multiple purposes and is delegated certain key responsibilities, per Government Code §§ 53216.5 and 53216.6, to act with the care, skill, prudence, and diligence under the circumstances that a prudent person acting in a like capacity and familiar with these matters would use in the conduct of an enterprise of a like character and with like aims.

I. Purposes

The Subcommittee is to provide assistance to the Board of Directors in its governance oversight duties and to make recommendations to the Tri-City Healthcare District ("District") Board of Directors ("Board") in matters regarding the employee retirement plans offered by the District (the "Plans"). The Subcommittee is delegated the authority to prudently select and monitor the performance of an ERISA section 3(38) investment manager, as if ERISA applied to the Plans, as well as a vendor to provide recordkeeping services for the Plans. The Plans' investment manager shall make decisions regarding investment options offered to plan participants through the Plan, and shall perform as a fiduciary under ERISA, as though it applied to the Plans. While the District recognizes that the Plans are not subject to the Employee Retirement Income Security Act ("ERISA"), the Plans should conform to ERISA principles in order to comport with best practices with respect to employee retirement plans.

II. Membership

The Subcommittee shall be comprised of representatives from the Human Resources Committee and may include members of the community, as selected by the Board.

III. Meetings

It is anticipated that the Subcommittee will meet at least quarterly, although the Subcommittee may meet more or less frequently as needed. The Subcommittee may establish its own meeting schedule annually.

IV. Minutes

The Subcommittee will maintain written minutes of its meetings. Draft minutes will be presented to the Board for consideration at its meetings. The Senior Executive Assistant or designee will provide assistance to the Committee in scheduling meetings, preparing agendas and keeping minutes.

V. Reports

Although the Subcommittee is a subcommittee of the Human Resources Committee, the Subcommittee will report directly to the Board regarding all determinations made or actions

taken pursuant to the Subcommittee's duties and responsibilities, and will provide updates to the Board on at least a quarterly basis. The Subcommittee shall also report its actions and recommendations to the Human Resources Committee as a matter of course, but the Committee as a whole shall have no power to change or alter the recommendations of the Subcommittee. The Subcommittee's determinations shall be final as to matters as to which it has been delegated fiduciary responsibility.

VI. The Subcommittee shall review its Charter every three years.

VII. Conduct

Each Subcommittee member is expected to read the District's Code of Conduct which can be found at <http://www.tricitymed.org/about-us/code-of-conduct/> and shall comply with all provisions thereof while a member of this Committee. In addition, members of this Committee are designated as public officials under the Conflict of Interest Code of the District.

Approved by BOD: 9/29/11

Approved by BOD: 5/30/13

Approved by BOD: 5/29/14

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
November 17, 2016

MEMBERS PRESENT:

CHAC Chair Julie Nygaard, BOD Chair Jim Dagostino, Director Larry Schallock, Dr. Victor Souza MD, Carol Brooks, Carols Herrera, Dung M. Ngo, Gigi Gleason, Marge Coon, Marilou de la Rosa Hruby, Mary Donovan, Mary Lou Clift, Roma Ferriter, Rosemary Eshelman, Ted Owen, Xiomara Arroyo

MEMBERS ABSENT:

Barbara Perez, Bret Schanzenbach, Guy Roney, Jack Nelson, Linda Ledesma, Mary Murphy, Don Reedy, Sandy Tucker

NON-VOTING MEMBERS PRESENT:

Steve Dietlin, CEO; David Bennett, Chief Marketing Officer; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO; Fernando Sanudo, Audrey Lopez

NON-VOTING MEMBERS ABSENT:

N/A

OTHERS PRESENT:

Robin Iveson, Brian Greenwald, Celia Garcia, CHAC Coordinator; Susan McDowell, CHAC Coordinator

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
CALL TO ORDER	The November 17, 2016 Community Healthcare Alliance Committee meeting was called to order at 12:31 pm by Director and CHAC Chair Julie Nygaard.		
APPROVAL OF MEETING AGENDA	Director Jim Dagostino motioned to approve the November 17, 2016 meeting agenda. The motion was seconded by Gigi Gleason and unanimously approved.		
TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
November 17, 2016

PUBLIC COMMENTS & ANNOUNCEMENTS	No public comments or announcements were made.		
RATIFICATION OF MINUTES	Xiomara Arroyo motioned to approve the October 20, 2016 CHAC meeting minutes. The motion was seconded by Director Jim Dagostino and unanimously approved.		
PRESENTATION: San Diego Food Bank By Jim Floros, President & CEO	<p>Jim Floros addressed the group regarding the newly launched <u>North County Hunger Initiative</u> in response to the following North San Diego County (NSD) stats:</p> <ol style="list-style-type: none"> 1. 192,000 NSD residents are food insecure and unsure where their next meal will come from. 2. NSD has some of the highest poverty rates in the county. 3. 25% of working poor families and fixed income seniors have difficulty putting food on the table. 4. The NSD area is under-served by hunger relief non-profit agencies. <p>The North County Hunger Initiative has four key components:</p> <ol style="list-style-type: none"> 1. Raising awareness about hunger and poverty in North County. 2. Engaging community leaders to support the mission of the North County Food Bank. 3. Mobilizing companies, philanthropic foundations, faith-based groups, and volunteers to support the NC Food Bank's mission. 		
TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
November 17, 2016

PRESENTATION: San Diego Food Bank By Jim Floros, President & CEO (con't)	<p>4. Raising \$350,000 to fund the NC Food Bank's services to distribute more food to under-served communities.</p> <p>5 areas are strategically targeted for this funding:</p> <ol style="list-style-type: none"> 1. Food4Kids Backpack Program 2. Senior Food Program 3. Food to Non-profit Programs 4. Neighborhood Distribution Program 5. Nutrition Education & Wellness Program <p>Jim also noted that the North County Food Bank distributes food and non-food items to more than 400 San Diego County non-profit organizations that operate hunger relief programs.</p>		
CEO UPDATE Steve Dietlin	<p>CEO Steve Dietlin updated the group with the latest TCMC news, noting the following:</p> <p>Steve provided a brief review of TCMC's recent accomplishments, including:</p> <ul style="list-style-type: none"> • Kudos to the TCHC Foundation for their hard work and successful Diamond Ball event. • ED wait times have been reduced by an average of one hour through expanded triage, the use of the new CT scanner (allowing quicker results for review) and the Crisis Stabilization Unit. 		
TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
November 17, 2016

CEO UPDATE Steve Dietlin (con't)	<ul style="list-style-type: none"> • TCMC's acceptance into the PRIME program incorporating community centered programs and measured data. The PRIME program will use evidence-based, quality improvement methods and will require the establishment of performance baselines, target setting, implementation, and ongoing evaluation. If outcome improvements are noted, TCMC has the opportunity to be compensated for such. • HUD performed a site visit recently. Steve thanked all involved in their efforts to ensure the visit was successful, including the great response from local Mayors and Chamber CEO's. Steve noted the next steps by HUD are critical to success, but a decision is expected within 60 days, and if successful, funding is anticipated by the 1st quarter of the next calendar year. 		
COO UPDATE Kapua Conley	<p>COO Kapua Conley reiterated Steve's comments regarding TCMC's progress and noted the following:</p> <ul style="list-style-type: none"> • TCMC is looking forward to the Discharge Lounge kick-off after the 1st of the year. 		

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
November 17, 2016

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
CHIEF MARKETING OFFICER UPDATE David Bennett	<p>Chief Marketing Officer David Bennett reported as follows:</p> <ul style="list-style-type: none"> • Upcoming Turkey Trot (Thanksgiving day) and the Senior Trot (November 23rd). CHAC members were encouraged to participate. • Prep is underway for the Carlsbad marathon coming in January 2017 • The Encinitas street fair will be held on November 20th • Holiday advertising is currently being created and will be running in the near future. • The recent flu-shot and Open Enrollment events proved successful. • TCMC's sponsorship of the San Diego Food Bank's recent event in North County. 		
RESIGNATION	<p>Chair Julie Nygaard read aloud a letter submitted by member Don Reedy noting his resignation from the CHAC Committee due to a change in employment. Don expressed his thanks to TCMC and the committee members for all their great work on behalf of the District.</p>		

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
November 17, 2016

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
PUBLIC COMMENTS	No public comments.		
COMMITTEE COMMUNICATIONS	<p>Rosemary Eshelman noted that she would like TCMC to consider providing a representative for the HHS THRIVE program.</p> <p>Dr. Victor Souza congratulated Gigi and Rosemary for their recent honor as Volunteers Of The Year by North County Philanthropic Council.</p> <p>Audrey Lopez provided a flyer to the group noting the Building Better Futures Summit in February of 2017.</p> <p>Ted Owen congratulated Directors Larry Schallock and Julie Nygaard for their recent reelection to the TCMC Board of Directors.</p>		
Next Meeting	The December CHAC meeting is cancelled due to the holidays. The next CHAC meeting will be held on Thursday, January 19, 2017.		
Adjournment	The November 2016 CHAC Committee meeting was adjourned at 1:43pm.		

Tri-City Optical Center
Finance, Operations and Planning Committee Minutes
November 15, 2016

Members Present	Director James Dagostino, Director Cyril Kellett, Director Julie Nygaard, Dr. John Kroener, Dr. Marcus Contardo, Dr. Frank Corona, Kathleen Mendez, Steve Harrington, Wayne Lingenfelter, Tim Keane
Non-Voting Members Present:	Steve Dietlin, CEO, Ray Rivas, Acting CFO, Kapua Conley, COO, Cheryle Bernard-Shaw, CCO Wayne Knight, Chief Strategy Officer
Others Present	Director Laura Mitchell, Jane Dunmeyer, David Bennett, Glen Newhart, Tom Moore, Sharon Davies, Sharon Schultz, Jeremy Raimo, Eva England, Chris Miechowski, Charlene Carty, Mary Diamond, Steve Young, Jody Root (Procopio), Barbara Hainsworth
Members Absent:	Carlo Marcuzzi

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to order	Director Dagostino called the meeting to order at 12:34 pm.		
2. Approval of Agenda	Director Dagostino announced that a revised agenda and revised write-up for item 6.g. were distributed prior to the start of the meeting. Additionally, items 6.h. and 6.i. are being pulled from the agenda.	<u>MOTION</u> It was moved by Mr. Keane, Ms. Mendez seconded, and it was unanimously approved to accept the agenda of November 15, 2016.	
3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	Director Dagostino read the paragraph regarding comments from members of the public.		Director Dagostino
4. Ratification of minutes of October 17, 2016	Minutes were ratified.	Minutes were ratified. <u>MOTION</u> It was moved by Director Nygaard, Dr. Contardo seconded, that the minutes of October 17, 2016, are to be approved without any requested modifications. Director Kellett and	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
5. Old Business		Drs. Kroener and Corona abstained.	
6. New Business			
a. Finance, Operations and Planning Meeting Discussion • Regarding Tuesday, December 20, 2016		<u>MOTION</u> Committee members concurred, and the Finance, Operations and Planning Committee unanimously approved the cancellation of the December 20, 2016 Finance, Operations and Planning committee meeting.	Chair
b. Wayne Lingenfelter – Community Member • Second Term, serve through January 2019		<u>MOTION</u> Committee members concurred, and it unanimously approved Mr. Lingenfelter for a second term as a Community Member on the Finance, Operations and Planning Committee.	Chair
c. Surgical Light Replacement and Video Integration Proposal for OR #1	Mary Diamond conveyed that this proposal was to update the lighting in operating room #1, as well as install a state of the art digital routing system. She further explained that this was the first of 10 rooms that would eventually be renovated. A suggestion was made by Mr. Harrington that the write-up template be edited to reflect whether the item or proposal being presented to the committee, has been included in the budget.	<u>MOTION</u> It was moved by Mr. Lingenfelter, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the publicly bid agreement with McCoy Design & Construction for \$70,329, and the purchase of equipment to replace the lights in operating room 1, for a total expected project cost of \$412,871. <i>Barbara Hainsworth to revise write-up template</i>	Mary Diamond
d. Renovation of Labor & Delivery and Mother/Baby	Kapua Conley, Glen Newhart and Sharon Davies detailed the proposed renovation of the Labor & Delivery and Mother /Baby	<u>MOTION</u> It was moved by Director Nygaard, Dr. Contardo seconded, and it was unanimously approved that the	Chris Miechowski / Kapua Conley

Topic	Discussions, Conclusions, Recommendations	Action Recommendations/Conclusions	Person(s) Responsible
	<p>patient rooms. It was noted that the last renovations to this area had been undertaken in 1994, and were needed in order to remain competitive with other area facilities. It was noted that the Foundation had already provided their contribution amount for this project.</p>	<p>Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize a project budget for renovating Labor & Delivery and Mother/Baby rooms with a cost contribution of \$431,590 from Tri-City Healthcare District, and \$760,000 from Tri-City Hospital Foundation, for a total cost not to exceed \$1,191,590.</p>	
<p>e. IT Interim Leadership Proposal</p> <ul style="list-style-type: none"> TK Moede Consulting, Inc. 	<p>Kapua Conley conveyed that this proposal would extend the contract for IT leadership with TK Moede Consulting, Inc. for an additional 6 month period. This would provide continuity in the roles of Interim Chief Information Officer/VP of Information Technology and Technology Subject Matter Specialist. It was further emphasized that there are a number of projects currently being evaluated / investigated, as well as one with San Diego Healthcare Exchange which would permit an exchange of information between Tri-City Medical Center and other healthcare facilities.</p>	<p>MOTION It was moved by Mr. Keane, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with TK Moede Consulting, Inc. for continued IT leadership as the interim Chief information Officer/VP for a term of 6 months, beginning December 1, 2016 and ending May 31, 2017 for a monthly cost of \$50,200 and a total cost for the term of \$301,200.</p>	Kapua Conley
<p>f. Beckman Coulter Hematology Proposal</p>	<p>Steve Young explained that this proposal is a reagent renewal agreement, which includes new instrumentation for hematology analysis. Also included is the replacement of aging hematology equipment, which will improve turnaround times for results, as</p>	<p>MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Beckman Coulter for</p>	Steve Young

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	well as enhance blood testing redundancy, and will standardize technologist workflow.	the Hematology Reagents and Instrumentation for a term of 60 months beginning December 15, 2016 and ending December 14, 2021 for an annual cost of \$72,948 and a total cost for the term of \$364,740, and a onetime seismic facility expense estimated to be \$24,800.	
g. Physician Agreement for Cardiac Rehabilitation Medical Director / Physician Supervision • Karim H. El Sherief, M.D.	Steve Young reported that this was a renewal of the physician agreement with Dr. El Sherief to remain in the role as program Medical Director / Physician Supervision for Cardiac Rehabilitation for another 24 months. A question was raised whether cardiac patients from UCSD were utilizing our Cardiac Rehab facilities. Steve confirmed that they have been, and the feedback has been positive.	<u>MOTION</u> It was moved by Mr. Keane, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Karim El-Sherief as the Medical Director of Cardiac Rehabilitation for a term of 24 months beginning July 1, 2017 ending June 30, 2019. Not to exceed an average of 44 hours per month or 528 hours annually, at an hourly rate of \$185.50 for an annual cost of \$97,944 and a total term cost not to exceed \$195,888.	Steve Young
h. Physician Recruitment Proposal – Family Medicine • Ronald Perez, M.D.	PULLED		
i. Physician Recruitment Proposal – Family Medicine • Michael A. Pietela, M.D.	PULLED		
j. Financials	Ray Rivas presented the financials ending September 30, 2016 (dollars in thousands) <u>TCHD – Financial Summary</u> <u>Fiscal Year to Date</u> Operating Revenue \$111,655 Operating Expense \$ 111,154		Ray Rivas

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	<div> <div>EBITDA</div> <div>EROE</div> <div>TCMC – Key Indicators – FYTD</div> <div>Avg. Daily Census</div> <div>Adjusted Patient Days</div> <div>Surgery Cases</div> <div>Deliveries</div> <div>ED Visits</div> <div>TCMCHD-Financial Summary –</div> <div>Current Month</div> <div>Operating Revenue</div> <div>Operating Expense</div> <div>EBITDA</div> <div>EROE</div> <div>TCMC – Key Indicators – Current Month</div> <div>Avg. Daily Census</div> <div>Adjusted Patient Days</div> <div>Surgery Cases</div> <div>Deliveries</div> <div>ED Visits</div> <div>TCMC - Net Patient A/R & Days in</div> <div>Net A/R By Fiscal Year</div> <div>Net Patient A/R</div> <div>(in millions)</div> <div>Days in Net A/R</div> <div>Graphs:</div> <div> <ul style="list-style-type: none"> TCMC-Net Days in Patient Accounts Receivable TCMC-Average Daily Census, Total Hospital – Excluding Newborns TCMC-Acute Average Length of Stay TCMC-Emergency Department Visits </div> </div> <div> <div>\$ 7,459</div> <div>\$ 2,364</div> <div></div> <div>184</div> <div>38,876</div> <div>2,094</div> <div>966</div> <div>21,804</div> <div></div> <div>\$ 28,053</div> <div>\$ 27,532</div> <div>\$ 2,365</div> <div>\$ 1,118</div> <div></div> <div>184</div> <div>9,805</div> <div>517</div> <div>230</div> <div>5,318</div> <div></div> <div></div> <div>\$ 43.1</div> <div>50.3</div> </div>		

Topic	Discussions, Conclusions, Recommendations	ACTION Recommendations/ Conclusions	Person(s) Responsible
k. Work Plan – Information Only	Director Dagostino reported that these agenda items were for review only, but Committee members were welcome to ask questions.		Chairman
<ul style="list-style-type: none"> Aionex Throughput 	<p>Kapua gave a brief PowerPoint presentation detailing an overall decrease in the length of stay in the ED over the past 2-years, and quicker processing of patients requiring CT scans, due to the installation of the new scanner in April 2016. He also noted a decrease in LWBS patients, due to physician's assistants being in Triage with expanded hours. Also mentioned was the testing of a "Zoomer Nurse" to reduce bottlenecks for patients either waiting to be seen or discharged. Also mentioned are plans for a Discharge Concierge Lounge to facilitate getting patients out of their rooms quicker, which will help with patient flow, which will may be in place as soon as December.</p>		Kapua Conley
<ul style="list-style-type: none"> Dashboard 	No discussion		Ray Rivas
7. Comments by Committee Members		None	Chair
8. Date of next meeting	January 17, 2017		Chair
9. Community Openings (none)			
10. Adjournment	Meeting adjourned 1:34 pm		

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: November 15, 2016
SURGICAL LIGHT REPLACEMENT AND VIDEO INTEGRATION PROPOSAL for OR #1

Type of Agreement		Medical Directors		Panel		Other:
Status of Agreement	X	New Agreement		Renewal – New Rates		Renewal – Same Rates

Vendor's Name: Stryker (Berchtold Lights and Stryker Video Integration)
 Sun Structural Engineering (Design)
 McCoy Construction (Construction/Installation)

Area of Service: Surgery

Term of Agreement: One-Time Purchase

Maximum Totals:

Item:	Amount:
• Purchase of Berchtold F-Generation Surgical Lights and ChromoVision Camera System Full HD for E	\$83,736
• Purchase of SwitchPoint Infinity All-in-One HD Digital Routing System, ProCare Service Plan for Three (3) Years and Misc. Accessories	\$139,606
• Purchase of Two (2) VisionPro Synk 26" Wireless LED Displays	\$15,763
• Stryker Digital Capture	\$28,850
• Construction (<i>publicly bid agreement with McCoy Design & Construction</i>)	\$70,329
• Design Services	\$50,263
• 8% Tax, Shipping & Handling	\$24,324
Total Expected Cost:	\$412,871

Description of Services/Supplies:

- Replacement of Surgical Lights in OR 1, along with installation of an integration system to allow for better image availability during minimally invasive surgery and storage of images:

Document Submitted to Legal:	X	Yes		No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:		Yes	X	No

Person responsible for oversight of agreement: Mary Diamond, Sr. Director-Nursing, Surgical Services / Sharon Schultz, Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the publicly bid agreement with McCoy Design & Construction for \$70,329, and the purchase of equipment to replace the lights in operating room 1, for a total expected project cost of \$412,871.



FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: November 15, 2016

Renovation of Labor & Delivery and Mother/Baby

Type of Agreement		Medical Directors		Panel	X	Other: Renovation
Status of Agreement	X	New Agreement		Renewal – New Rates		Renewal – Same Rates

Vendor's Name: Vendor List Available Upon Request
Area of Service: Engineering
Term of Agreement: 24 months, or completion of project.
Maximum Totals:

Cost Distribution:	
Tri-City Healthcare District	\$ 431,590
Tri-City Hospital Foundation	\$ 760,000
Total Cost, Not to Exceed:	\$ 1,191,590

Description of Services/Supplies:

- Requesting approval of expenses to renovate all of the Labor & Delivery and Mother/Baby patient rooms
- Last room upgrades undertaken in 1994; renovations needed to stay competitive with other facilities
- Scope of work to include: replacing of headwalls, cabinets, flooring, ceiling tiles, wall protection, new TVs, new furniture & other small items.

Document Submitted to Legal:	X	Yes		No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:		Yes	X	No

Person responsible for oversight of agreement: Chris Miechowski, Director, Facilities / Kapua Conley, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize a project budget for renovating Labor & Delivery and Mother/Baby rooms with a cost contribution of \$431,590 from Tri-City Healthcare District, and \$760,000 from Tri-City Hospital Foundation, for a total cost not to exceed \$1,191,590.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: November 15, 2016
I.T. Interim Leadership Proposal

Type of Agreement		Medical Directors		Panel		Other:
Status of Agreement		New Agreement	X	Renewal – New Rates		Renewal – Same Rates

Vendor's Name: TK Moede Consulting, Inc.
Area of Service: Information Technology Services
Term of Agreement: 6 months, Beginning, December 1, 2016 – Ending, May 31, 2017

Maximum Totals:

Monthly Cost	6 month Cost	Total Term Cost
Interim VP IT: \$29,400	Interim VP IT: \$176,400	\$301,200
Technology - Subject Matter Specialist: \$20,800	Technology - Subject Matter Specialist: \$124,800	

Description of Services/Supplies:

- Continue IT Leadership as the interim Chief information Officer/VP of Information Technology and Technology Subject Matter Specialist;
- Develop an implementation strategy for Infrastructure/Hardware Replacement;
- Transition to the virtual Cloud technology, tied to Infrastructure/Hardware Replacement – assist with new business development opportunities including PRIME projects;
- Address Cybersecurity requirements, update Security Policies which are not current;
- Continue with SWOT analysis to retool IT operations and Technology strategies to better position TCMC in the current market, supporting scalable technology services;
- Provide support for software upgrades: Cerner/Clinical, Lawson/Finance/HR, and Affinity/Patient Accounting;
- Integration framework supporting leadership approved strategic initiatives;
- Requested cost is within IT salary and contract labor budget.

Document Submitted to Legal:	X	Yes		No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:		Yes	X	No

Person responsible for oversight of agreement: Kapua Conley, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with TK Moede Consulting, Inc. for continued IT leadership as the interim Chief information Officer/VP for a term of 6 months, beginning December 1, 2016 and ending May 31, 2017 for a monthly cost of \$50,200 and a total cost for the term of \$301,200.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: November 15, 2016
Beckman Coulter Hematology Proposal

Type of Agreement		Medical Directors		Panel		Other:
Status of Agreement		New Agreement		Renewal – New Rates	X	Renewal – Same Rates

Vendor's Name: Beckman Coulter

Area of Service: Laboratory

Term of Agreement: 60 months, Beginning, December 15, 2016 – Ending, December 14, 2021

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
\$6,079	\$72,948	\$364,740
Facility Expense:	One Time Seismic Expense	Estimate \$24,800

Description of Services/Supplies:

- Renewal of reagent agreement, includes new instrumentation for hematology analysis
- Replaces 11 and 5 year old hematology equipment
- Enhances blood testing redundancy and standardize technologist workflow
- Equipment design improves results turnaround times
- 5 year cost comparison net a total savings of \$65,000 for contract term

Document Submitted to Legal:		Yes	X	No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:	X	Yes		No

Person responsible for oversight of agreement: Steve Young, Sr. Director, Ancillary Services / Kapua Conley, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Beckman Coulter for the Hematology Reagents and Instrumentation for a term of 60 months beginning December 15, 2016 and ending December 14, 2021 for an annual cost of \$72,948 and a total cost for the term of \$364,740, and a onetime seismic facility expense estimated to be \$24,800.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: November 15, 2016
PHYSICIAN AGREEMENT for Cardiac Rehabilitation Medical Director/Physician Supervision

Type of Agreement	X	Medical Directors		Panel		Other:
Status of Agreement	X	New Agreement		Renewal – New Rates	X	Renewal – Same Rates

Physicians Name: Karim H. El-Sherief, M.D.

Area of Service: Cardiac Rehabilitation Services

Term of Agreement: 24 months, Beginning, July 1, 2017 – Ending, June 30, 2019

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: Yes

Rate/Hour	Hours per Month	Hours per Year	Monthly Cost	Annual Cost	24 month (Term) Cost
\$185.50	44	528	\$8,162	\$97,944	\$195,888

Position Responsibilities:

- Cardiac rehabilitation program Medical Director
- Maintain TCMC's main-campus cardiac rehabilitation program as the physician directed clinic.
- Providing medical supervision of patients receiving services in the Department, and clinical consultation for the Department as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Department.
- Ensuring that all medical and therapy services provided by the Department, Program or Service are consistent with Hospital's mission and vision.
- Supervising the preparation and maintenance of medical records for each patient receiving services in or through the Department.
- Evaluation of all Phase 2 patients enrolled in the Cardiac Rehabilitation Program and ongoing supervision and evaluation of monitored exercise sessions.
- Attend meetings with Hospital administration, Hospital's medical staff as required by Hospital and/or Dept
- Participate in and otherwise cooperate with continuing education and in-service training of Department Personnel and others working in Department.
- Assure that adequate medical coverage is provided for Cardiac Rehabilitation clinical services activities performed within Department during hours of operation.

Board Approved Physician Contract Template:	X	Yes		No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:	X	Yes		No

Person responsible for oversight of agreement: Steve Young, Sr. Director, Ancillary Services / Kapua Conley, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Karim El-Sherief as the Medical Director of Cardiac Rehabilitation for a term of 24 months beginning July 1, 2017 ending June 30, 2019. Not to exceed an average of 44 hours per month or 528 hours annually, at an hourly rate of \$185.50 for an annual cost of \$97,944 and a total term cost not to exceed \$195,888.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: October 18, 2016
Rady Children's Specialists Agreement for NICU ROP Testing

Type of Agreement		Medical Directors	X	Panel		Other:
Status of Agreement		New Agreement	X	Renewal – New Rates		Renewal – Same Rates

Vendor's Name: Rady Children's Specialists of San Diego

Area of Service: NICU - Retinopathy of Prematurity Testing

Term of Agreement: 12 months, Beginning, November 1, 2016 - Ending, October 31, 2017

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
\$2,753	\$33,036	\$33,036

Description of Services/Supplies:

- Ophthalmic Consultation Services for NICU-Retinopathy of Prematurity Testing
- Requested increase of \$150 (5.8%) per month, \$1,800 per year/term

Document Submitted to Legal:		Yes	X	No
Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:	X	Yes		No

Person responsible for oversight of agreement: Mary Diamond, Sr. Director-Nursing, Surgical Services / Sharon Schultz, Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Rady Children's Specialists of San Diego for Retinopathy of Prematurity Testing for a term of 12 months, beginning November 1, 2016, and ending October 31, 2017, for an annual cost of \$33,036, and a total cost for the term of \$33,036.

Professional Affairs Committee
(No meeting held in
November, 2016)

Governance & Legislative Committee
(No meeting held in
November, 2016)

Tri-City Medical Center
Audit, Compliance & Ethics Committee
November 17, 2016
Assembly Room 1
8:30 a.m.-10:30 a. m.

Members Present:	Director Ramona Finnila (Chair); Director Larry W. Schallock; Director Laura Mitchell; Jack Cumming, Community Member; Kathryn Fitzwilliam, Community Member; Leslie Schwartz, Community Member; Dr. Cary Mells, Physician Member
Non-Voting Members:	Steve Dietlin (CEO); Ray Rivas, Acting CFO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO
Others Present:	Diane Racicot, General Counsel; Teri Donnellan, Executive Assistant; Colleen Thompson, Director Medical Records
Absent:	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order	The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Finnila.		
2. Approval of Agenda	It was moved by Mr. Jack Cumming and seconded by Mr. Leslie Schwartz to approve the agenda as presented. The motion passed unanimously.	Agenda approved.	Ms. Donnellan
3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item	There were no public comments.		
4. Ratification of minutes – October 20, 2016	It was moved by Director Schallock and seconded by Mr. Jack Cumming to approve the minutes as presented. The motion passed unanimously.	Minutes ratified.	Ms. Donnellan
5. New Business			

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
A) Administrative Policies & Procedures: 1) 8610-292 – Internal Charge Audit	The committee had extensive discussion and questions on Policy 8610-292 – Internal Charge Audit. It was moved by Director Mitchell and seconded by Mr. Cumming to table Policy 8610-202 – Internal Charge Audit pending further review and clarification.	Policy 8610-292 – Internal Charge Audit will be brought back to the committee pending further review.	Ms. Donnellan
B) Compliance Policies: 1) 8610-(NEW) Minimum Necessary Requirements for Use and Disclosure of PHI	The committee reviewed the Minimum Necessary Requirements for Use and Disclosure of PHI. There were no recommended changes to the policy. It was moved by Mr. Schwartz to recommend approval of Compliance Policy 8610(NEW) Minimum Necessary Requirements for Use and Disclosure of PHI as presented. Director Mitchell seconded the motion. The motion passed unanimously.	Recommendation to be sent to the Board of Directors to approve Policy 8610 (NEW) Minimum Necessary Requirements for Use and Disclosure of PHI; item to appear on next Board agenda and included in Board Agenda packet.	Ms. Donnellan
2) 8610-586 – Breach Response	The committee reviewed Policy 8610-586 – Breach Response. The following revisions were recommended: <ul style="list-style-type: none"> ➢ Amend title to read "PHI Breach Response. ➢ Strike the word "volume" and replace with the word "number" throughout. ➢ Strike the word "fewer" and replace with "less". ➢ Strike the word "more" and replace with "greater". Ms. Racicot clarified that the number "500" referred to in the policy is based on HIPAA language. It was moved by Director Schallock to recommend approval of Compliance Policy 8610-586 – Breach Response as presented and amended. Mr. Cumming seconded the motion. The motion passed unanimously.	Recommendation to be sent to the Board of Directors to approve Policy 8610-586 – Breach Response as amended; item to appear on next Board agenda and included in Board Agenda packet.	Ms. Donnellan
C) Review of FY2017 1 st Quarter Financials	Mr. Rivas gave a brief report on the 1 st Quarter Fiscal 2017 YTD financial results as follows (Dollars in Thousands): <i>Ms. Colleen Thompson left the meeting at 8:35 a.m.</i>	Information only.	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<ul style="list-style-type: none"> • Net Operating Revenue – \$83,603 • Operating Expense – \$83,622 • EROE - \$1,246 • EBITDA - \$5,094 <p>Other Key Indicators for the current year included the following:</p> <ul style="list-style-type: none"> • Average Daily Census - 184 • Adjusted Patient Days – 29,071 • Surgery Cases – 1,577 • Deliveries – 736 • ED Visits – 16,486 <p>Mr. Rivas also reviewed Current Month (September) Financial Results as follows:</p> <ul style="list-style-type: none"> • Net Operating Revenue – \$27,704 • Operating Expense – \$27,383 • EROE - \$746 • EBITDA - \$2,015 <p>Other Key Indicators for the current month are as follows:</p> <ul style="list-style-type: none"> • Net Patient Accounts Receivable – \$43.1 • Days in Net Account Receivable – 50.2 <p>Average Daily Census - 184</p> <ul style="list-style-type: none"> • Adjusted Patient Days – 29,071 • Surgery Cases – 1,577 • Deliveries – 736 • ED Visits – 16,486 <p>Mr. Rivas also presented graphs which reflected trends in Net Days in Patient Accounts Receivable, Average Daily Census excluding Newborns, Adjusted Patient Days, Emergency Department Visits, EROE and EBITDA.</p> <p>Mr. Rivas commented that despite myths in the public</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>sector, Tri-City is solvent and very strong financially.</p> <p>Mr. Schwartz questioned why expenses were lower than projected in September. Mr. Rivas stated the largest expense is labor and when census is down staff are flexed accordingly.</p> <p>Mr. Cumming questioned what we might anticipate with bundled payments. Mr. Rivas stated one advantage we have is our costs are lower than our competitors. Mr. Dietlin commented that there are a couple of pilot programs in place however they have not shown the results expected.</p> <p>At Chairperson Finnilla's request, Mr. Dietlin commented on the Leap Frog Patient Safety Rating and other publicly reported data. He explained the various reporting agencies and things that may impact the scores. Mr. Dietlin stated the reality is that our clinical outcomes are excellent at Tri-City. We have made good strides in HCAHP scores however it takes time to move the "star" rating.</p>		
6. Old Business - None			
7. Oral Announcement of Items to be Discussed during Closed Session (Government Code Section 54957.7)	<p>Chairperson Finnilla made an oral announcement of the items listed on the agenda to be discussed during closed session which included approval of closed session minutes.</p> <p>Prior to Director Dagostino's departure he requested the opportunity to provide a public comment.</p> <p>Director Dagostino expressed his appreciation to Director Finnilla for her leadership on the committee which was done admirably. Director Dagostino also commented on Director Finnilla's contributions to the Board as a whole.</p> <p><i>Director Dagostino left the meeting at 9:00 a.m.</i></p>		
8. Motion to go Into closed session	<p>It was moved by Director Mitchell and seconded by Ms. Fitzwilliam to go into closed session at 9:03 a.m. The motion passed unanimously.</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
9. Open Session	The committee returned to open session at 9:05 a.m. with attendance as previously noted.		
10. Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	Chairperson Finnilla reported no action was taken in closed session.		
11. Comments from Committee Members	<p>Chairperson Finnilla stated it has been a pleasure to work with such knowledgeable and competent committee members. She expressed her appreciation for their commitment to the Committee and setting such a high standard. Committee members also expressed their appreciation for Chairperson Finnilla's leadership.</p> <p>Director Schallock stated during HUD's recent visit he commented on the importance and value of having knowledgeable community members on Board committees.</p> <p>Director Mitchell expressed her appreciation to Director Finnilla for her leadership on the committee and the opportunity to be a member of the committee.</p>	Information only.	
12. Date of Next Meeting	Chairperson Finnilla stated the Committee's next meeting will be held on January 19, 2017.	The committee's next meeting is scheduled for January 19, 2017.	
13. Adjournment	Chairperson Finnilla adjourned the meeting at 9:05 a.m.		

AUDIT, COMPLIANCE AND ETHICS COMMITTEE
November 17th, 2016

[illegible]



Tri-City Medical Center
Oceanside, California

Administrative Policy Manual
Compliance

ISSUE DATE: NEW

**SUBJECT: MINIMUM NECESSARY
REQUIREMENTS FOR USE AND
DISCLOSURE OF PHI**

REVISION DATE(S):

POLICY NUMBER:

Department Approval Date(s):	07/16
Administrative Policies and Procedures Approval Date(s):	07/16
Medical Executive Committee Approval Date(s):	08/16
Organizational Compliance Committee Approval Date(s):	10/16
Audit, Compliance and Ethics Committee Approval Date(s):	11/16
Board of Directors Approval Date(s):	

A. PURPOSE:

1. To establish guidelines for compliance with the Health Insurance Portability and Accountability Act (HIPAA) minimum necessary requirements in order to prevent unlawful or unauthorized access to, and Use and Disclosure of, Protected Health Information.

B. DEFINITION(S):

1. **Authorization:** the written form that complies with HIPAA and state law that is obtained from the individual or his or her Personal Representative in order for Tri-City Healthcare District (TCHD) to Use and Disclose Protected Health Information.
2. **Business Associate:** a person or organization who, on behalf of Tri-City Healthcare District (TCHD), performs certain functions or activities involving the Use or Disclosure of PHI or services that require the Business Associate to create, receive, maintain or transmit PHI on behalf of the TCHD or where TCHD needs to Disclose PHI to Business Associates for the services.
3. **Covered Entity:** includes health care providers like the District that transmit health information in electronic form in connection with certain standard transactions (e.g. claims processing).
4. **Disclosure:** the release, transfer, provision of, access to or divulging of PHI outside of TCHD.
5. **Electronic Protected Health Information (EPHI):** PHI that is transmitted by Electronic Media or Maintained in Electronic Media.
6. **Individual:** the person who is the subject of protected health information.
7. **Minimum Necessary:** refers to TCHD or a business associate taking reasonable efforts to Use, Disclose, and Request only the minimum amount of protected health information needed to accomplish the purpose.
8. **Protected Health Information (PHI):** individually identifiable health information transmitted or maintained in paper or electronic form that is created or received by TCHD AND
 - a. Relates to the past, present, or future physical or mental health or condition of an individual; OR
 - b. Relates to the provision of health care to an individual; OR
 - c. Relates to the past, present, or future payment, AND
 - d. Identifies the individual OR with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
9. **Use:** the sharing, application, utilization, examination or analysis of PHI within TCHD.
10. **Workforce:** employees, volunteers, trainees, and other persons whose conduct, in the performance of work for TCHD is under the direct control of TCHD whether or not they are paid by TCHD.

C. POLICY:

1. Unless an exception applies, Uses and Disclosures of PHI, and requests to other Covered Entities for PHI, shall be limited to the amount of information reasonably necessary to accomplish the purpose of the Use, Disclosure or Request.
2. TCHD shall identify levels of access, review, or viewing of patient medical information by Workforce members in order to comply with state and federal privacy laws.
3. TCHD may not Use, Disclose or Request an entire medical record unless the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the Use, Disclosure or Request.
4. The minimum necessary requirements do not apply in the following circumstances:
 - a. Disclosures made or requests by a health care provider for treatment purposes;
 - b. Disclosures to the patient who is the subject of the information;
 - c. Uses or Disclosures made pursuant to an Individual's Authorization;
 - d. Disclosures to the Department of Health and Human Services when Disclosure is required under HIPAA;
 - e. Uses or Disclosures required by law; and
 - f. Uses or Disclosures required for compliance with HIPAA.

D. PROCEDURE:

1. Uses: Identification of Workforce member Use of PHI for job duties.
 - a. TCHD shall identify persons or classes of persons within TCHD's Workforce who need access to PHI to carry out their job duties, the PHI or types of PHI needed and conditions of such access.
 - b. Each TCHD Department is responsible for making reasonable efforts to limit access to PHI to that necessary to carry out the job duties, functions and/or responsibilities. Role based access relates to both hard copy and electronic medium. [Attachment A identifies the PHI access standards for TCHD Workforce members.]
 - c. Employee access to their own medical record requires submission of a written request/consent submitted to the Medical Records/Health Information department where a copy or CD of the information requested will be provided.
 - d. Questions regarding the minimum necessary requirements should be directed to the Department Supervisor, Privacy Officer or HIPAA Security Officer.
2. Disclosures: TCHD's Disclosures of PHI in response to requests from other parties.
 - a. For any Disclosure of PHI made on a routine or recurring basis, TCHD must limit the PHI Disclosed to the amount reasonably necessary to achieve the purpose of the Disclosure. Individual review of each routine or recurring Disclosure is not required. [Attachment B establishes procedures designed to limit the PHI Disclosed by TCHD to the amount reasonably necessary to achieve the purpose of the Disclosure.]
 - b. For all non-routine/non-recurring Disclosures, TCHD must review the Disclosure on an individual basis in accordance with the criteria set forth in Attachment B.
 - c. In certain circumstances, TCHD may (but is not required to) reasonably rely on the judgment of the party who is requesting Disclosure in determining the amount of information that is needed. Reliance is permitted when it is reasonable under the particular circumstances and when the request for Disclosure is made by:
 - i. A public official or agency that states that the information requested is the minimum necessary for a permitted purpose under HIPAA (e.g. public health purposes);
 - ii. Another Covered Entity;
 - iii. A professional who is a TCHD Workforce member or Business Associate who represents that the information requested from TCHD is the minimum necessary and who makes the request in order to provide professional services to TCHD; and
 - iv. A researcher with documentation from an Institutional Review Board that complies with 45 CFR Section 164.512(i).
3. Requests: TCHD's requests to other parties for PHI.

- a. For any request of PHI made to another Covered Entity, TCHD must limit such request to the PHI which is reasonably necessary to accomplish the purpose for which the PHI is requested.
 - b. For any request of PHI made on a routine or recurring basis, TCHD must limit the PHI to that which is reasonably necessary to accomplish the purpose for which the PHI was requested. Individual review of each routine or recurring request for PHI is not required. [Attachment C identifies procedures designed to limit the PHI requested by TCHD to the amount reasonably necessary to achieve the purpose of the request.]
 - c. For all non-routine/non-recurring requests for PHI, TCHD must review the Disclosure on an individual basis in accordance with the criteria set forth in Attachment C.
4. Minimum Necessary Requirements Not Applicable:
- a. The minimum necessary requirements do not apply to the following Uses and Disclosures of PHI and/or request for PHI:
 - i. Disclosures made or request by a health care provider for treatment purposes;
 - ii. Disclosures to the patient who is the subject of the information;
 - iii. Uses or Disclosures made pursuant to an Individual's Authorization;
 - iv. Disclosures to the Department of Health and Human Services when Disclosure is required under HIPAA;
 - v. Uses or Disclosures required by law; and
 - vi. Uses or Disclosures required for compliance with HIPAA.

E. **RELATED DOCUMENT(S):**

1. Attachment A - PHI Access Rights for TCHD Workforce Members
2. Attachment B – TCHD Disclosures of PHI
3. Attachment C – TCHD Requests for PHI to Third Parties

F. **REFERENCES:**

1. 45 CFR Section 160.103
2. 45 CFR Section 164.502(b)
3. 45 CFR Section 164.512(i)
4. 45 CFR Section 164.514(d)
5. California Civil Code 56 et seq.
6. California Health & Safety Code Section 1280.15

ATTACHMENT A

PHI ACCESS RIGHTS FOR TCHD WORKFORCE MEMBERS

Job Title/Category	Description of Permitted PHI Access	Conditions
Attending Physician	All System Components	Provider-Patient Relationship /Need-to- know
Admitting/Registration	Limited to patient demographics, eligibility, and administrative documents	Need-to-know
Business Development	Evaluation of business programs and required quarterly metrics	Need-to-know
Clinical Research	As specified in patient authorization, IRB documentation or data use agreement consistent with 45 CFR 164.512(i)	Research patient only
Coding and Abstracting	Access HIM utilized when coding/abstracting encounters for billing and/or data collection.	Need-to-know
Compliance office	Audits, reviews or investigations	As CCO determines necessary for audits, reviews or investigations.
Cardiology Services	Results of cardiac related tests and procedures performed Powerchart – Nursing module Registration module Laboratory module Diagnostic Imaging module	Need-to-know
Environmental Services	Limited – bed turnover	Need-to-know
Facilities Department	NONE	Not applicable
Finance	Limited - Coded information (DRGs, APR-DRGs, etc.)	To support analysis of patient activity, and-facility programs and complete accounts payable
Home Health	Home Care/Home Base application in addition to Powerchart discharge information	Patient Care relationship – Need to know
Imaging / Radiology	Powerchart – Nursing module Registration/Scheduling module Laboratory module Diagnostic Imaging module RadNet, PACs system images and results, Powerchart, FirstNet	Need-to-know
Laboratory	Powerchart – Nursing module Registration/Scheduling module Laboratory module - PathNet Diagnostic Imaging module RadNet, PACs system images and results, Powerchart, FirstNet	Need-to-know
Leadership	Powerchart for review of quality measures as well as audits to confirm documentation practices are compliant with regulations.	Minimum necessary to meet the intent of the audit/chart review.
Marketing	As specified in patient authorization	Written consent required by patient/patient rep.

Materials	Limited – as needed to manage ordering, recalls and purchasing	Need-to-know, Recall Follow-up
Medical Records/HIM	Release of Information to Clinics, MD Offices, and external care providers. Respond to Quality reviews and RAC related requests.	Minimum necessary to meet needs or request
Nutrition Services	Powerchart – Nursing module Laboratory module Diagnostic Imaging module FirstNet, SurgiNet	Patient Care Relationship Need-to-know
Privacy Officer	Privacy Officer Audits and Investigations	To support review of appropriate access, use and disclosure by user.
Patient Accounting	All billing and collection activities to include Denials Management, credit balances,	Specific documentation to support the appeal of a denial.
Patient Accounts Rep	Registration module Patient Accounts module Coding and Abstracting module	Need-to-know
Patient Care Services	Powerchart – Nursing module Registration module Laboratory module Diagnostic Imaging module FirstNet, SurgiNet	Patient Care Relationship Need-to-Know
Pharmacist	PharmNet and PowerChart Laboratory module	Need-to-know
Pharmacy Technician	Powerchart – Nursing module Laboratory module	Need to know
Physical Therapist	Powerchart – Nursing module Registration module Laboratory module Diagnostic Imaging module	Patient Care relationship Need-to-know
Registered Nurse	Powerchart – Nursing module Registration module Laboratory module Diagnostic Imaging module	Patient Care Relationship Need-to-Know
Risk, Regulatory Services and Quality	Powerchart for review of quality measures as well as audits to confirm documentation practices are compliant with regulations.	Minimum necessary to meet the intent of the audit/chart review.
Respiratory Therapist	Powerchart – Nursing module Registration module Laboratory module Diagnostic Imaging module	Patient Care relationship Need-to-know
Surgical Services	Surgi-Net system for documentation of details relating to surgical procedures Powerchart – Nursing module Registration module Laboratory module Diagnostic Imaging module	Patient Care relationship Need to know
Utilization Management	Entire patient record for treatment and operations. Use of record to support appeals relating to denied days/stays.	Patient Care relationship. Need to know.

*** Not a comprehensive list**

ATTACHMENT B

TCHD DISCLOSURES OF PHI

1. TCHD will be responsible for reviewing requests for Disclosure of PHI to determine whether the minimum necessary requirements apply and, if they apply, to determine what amount of information is appropriate for Disclosure.
2. Once TCHD makes a determination on a particular request, if the type of request becomes routine or recurring, TCHD does not have to review all subsequent requests on an individual basis. This assumes, however, that appropriate steps are taken to limit the Disclosures to the minimum necessary to accomplish the purpose as provided in these guidelines.
3. If the request **IS** made for the purpose of Treatment of a patient by another health care provider, the minimum necessary requirements **do not apply**, and the PHI that is requested may be released.
4. If the request **IS NOT** made for the purposes of Treatment of a patient **BUT** an exception to the minimum necessary requirements applies, TCHD may release the PHI provided that TCHD has authority to disclose the requested PHI under state and federal privacy laws.
5. If the request **IS NOT** made for purposes of Treatment **AND** the minimum necessary standards do apply, then TCHD must:
 - a. Confirm that Disclosure of the PHI requested is permitted under applicable federal and state privacy laws.
 - b. If the Disclosure of PHI is otherwise permitted under applicable federal and state privacy laws, review the request for the purpose and release only the minimum amount of information necessary to meet the purpose of the request.
 - c. If the request does not indicate a purpose, determine whether it is possible to obtain a revised request or a verbal statement of the purpose which should be documented. Once the third party furnishes a description of the purpose, take appropriate action to provide the minimum amount of information necessary to meet the purpose of the request.
 - d. The Privacy Officer should be consulted if there are any questions regarding a request for PHI including those circumstances where TCHD intends to rely on the judgment of the party making the request for PHI that the amount of PHI requested is the minimum necessary for the purpose for which it was requested.
 - e. The Privacy Officer may also consult with the Chief Compliance Officer and/or legal counsel as necessary and appropriate to respond to Disclosure requests.
6. For Routine or Recurring Disclosures of PHI, TCHD shall Disclose as follows:

Recipient	Purpose	Minimum Necessary
Ambulance Company	Obtain demographic and insurance information for billing	Facesheet or data transfer with patient demographics and insurance information
Attorney	Evaluate individual's medical condition in support of a lawsuit	Specific information request
Collection Agency	Obtain payment on past due accounts	File of patient names, addresses, dates of service and amount owed
Contracted Payor	Validation of services and DRG assignment	Specific medical data under review
Law Enforcement (Police)	Investigation	Review/Evaluate written request to confirm minimum necessary provided to meet elements of the request.
Physician	Administrative oversight ((i.e. Medical Director, Institute operations)	Summary patient information for monitoring program

Iron Mountain	Record retention	All records to be stored
Quality Improvement Organizations	Healthcare operations	Specific medical data under review
Recovery Audit Contractor	Minimum necessary to meet needs or request	Specific medical data under review
Shredding sService	Record Disposal/Destruction	All records as described in the Services Agreement and BAA

7. For non-routine Disclosures of PHI, TCHD must review them on a case-by-case basis in accordance with the criteria set forth above.
- Patient Request for Continuing Care
 - Legal Review (internal)
 - Subpoena

ATTACHMENT C

TCHD REQUESTS FOR PHI TO THIRD PARTIES

1. TCHD will be responsible for reviewing requests for Disclosure of PHI made to other Covered Entities to determine whether the minimum necessary requirements apply and, if they apply, to determine what amount of information is appropriate for Disclosure.
2. Once TCHD makes a determination on a particular request, if the type of request becomes routine or recurring, TCHD does not have to review all subsequent requests on an individual basis. This assumes, however, that appropriate steps are taken to limit the requests to the minimum necessary to accomplish the purpose as provided in these guidelines.
3. If the request for PHI IS MADE for the purpose of Treatment of a patient, the minimum necessary requirements do not apply.
4. If the request IS NOT made for purposes of Treatment AND the minimum necessary standards do apply, then TCHD must:
 - a. Request only the minimum necessary to accomplish the purpose for which the request is made.
 - b. Provide the purpose of the PHI when requesting PHI from other Covered Entities.
 - c. The Privacy Officer should be consulted if there are any questions regarding a request for PHI including where TCHD intends to rely on the judgment of the party making the request for PHI that the amount of PHI requested is the minimum necessary for the purpose for which it was requested.
 - d. The Privacy Officer may also consult with the Chief Compliance Officer and/or legal counsel as necessary and appropriate to respond to Disclosure requests.
5. For Routine or Recurring requests for PHI, TCHD shall request PHI as follows:

Request	Purpose	Minimum Necessary
Example:		
Physician	Healthcare operations: Quality review	Specific medical data under review
Healthcare Facilities	Healthcare operations	PHI to provide continuing care

6. For non-routine requests for PHI, TCHD must review them on a case-by-case basis in accordance with the criteria set forth above.



Tri-City Medical Center
Oceanside, California

Administrative Policy Manual
Compliance

ISSUE DATE: NEW

**SUBJECT: PROTECTED HEALTH INFORMATION
(PHI) BREACH RESPONSE**

REVISION DATE(S):

POLICY NUMBER: 8610-586

Department Approval Date(s):	06/16
Administrative Policies and Procedures Approval Date(s):	07/16
Medical Executive Committee Approval Date(s):	08/16
Organizational Compliance Committee Approval Date(s):	10/16
Audit, Compliance and Ethics Committee Approval Date(s):	11/16
Board of Directors Approval Date(s):	

A. PURPOSE:

1. To outline the steps that must be taken by Tri-City Healthcare District (TCHD) to investigate and confirm a Breach and/or unlawful or Unauthorized Access to PHI and the requirements for notification of such Breach and/or unlawful or Unauthorized Access to PHI to affected patients and to Federal and/or State regulators.

3. DEFINITION(S):

1. **Breach:** an impermissible acquisition, access, Use or Disclosure of Protected Health Information under the Privacy Rule that compromises the security or privacy of the Protected Health Information.
2. **Business Associate:** a person or organization who, on behalf of the District, performs certain functions or activities or services that require the Business Associate to create, receive, maintain, or transmit PHI on behalf of the District or where the District needs to disclose PHI to a Business Associate for the services.
3. **California Department of Public Health (CDPH):** The Department of the State of California to which reports required by Health & Safety Code Section 1280.15 are made.
4. **Disclosure:** the release, transfer, provision of, access to or divulging of PHI outside of TCHD.
5. **Electronic Protected Health Information (EPHI):** Individually identifiable health information that is transmitted by electronic media or maintained in electronic media.
6. **Office of Civil Rights (OCR):** The federal entity to which Breach reports required under HIPAA are made.
7. **Protected Health Information (PHI):** individually identifiable health information transmitted or maintained in paper or electronic other form that is created or received by TCHD AND
 - a. Relates to the past, present, or future physical or mental health or condition of an individual; OR
 - b. Relates to the provision of health care to an individual; OR
 - c. Relates to the past, present, or future payment AND
 - d. Identifies the individual OR with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
8. **Security Incident:** attempted or successful unauthorized access, Use or Disclosure, modification or destruction of information or interference with systems operation in an information system.
9. **Unauthorized Access:** as provided under Health & Safety Code Section 1280.15, the inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the California Confidentiality of

Medical Information Act or any other statute or regulation governing the lawful access, use, or disclosure of medical information.

10. **Unsecured PHI:** PHI that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of technology or methodology specified by the Secretary of the Department of Health and Human Services.
11. **Use:** the sharing, application, utilization, examination or analysis of PHI within TCHD.

C. **POLICY:**

1. It is the policy of TCHD to review and investigate each report or other discovery of a potential Breach or unlawful or Unauthorized Access to a patient's PHI in order to assess and confirm whether such events have occurred and whether notice to patients and reporting to regulators is required.
2. It is the policy of TCHD to provide notice to affected patients of an identified Breach of Unsecured PHI and/or unlawful or Unauthorized Access to PHI and to report such matters to the CDPH, the OCR and/or the Office of the California Office of the Attorney General if an as required by law and this Policy.
3. TCHD's Privacy Officer is responsible for investigating suspected or actual Breaches and/or any unlawful or Unauthorized Access to PHI and for coordinating notices to patients and reports to regulators. TCHD's Security Officer is responsible for working with the Privacy Officer to investigate suspected Breaches involving EPHI, including those that arise from Security Incidents.

D. **PROCEDURE:**

1. Internal Breach Reporting: The following steps must be taken when there is a suspected or known known Breach and/or unlawful or Unauthorized Access of PHI:
 - a. Board Members, Employees, interns, physicians, and Business Associates are required to immediately report a suspected or known Breach and/or unlawful or Unauthorized Access of PHI. Notification can be accomplished through notification to their direct supervisor or to a Director, Privacy Officer, Security Officer, or via the confidential reporting line (ValuesLine).
 - b. Breach Response Team notified of reported Breach and/or unlawful or Unauthorized Access events.
 - c. Review and evaluation of the Breach report is completed with leadership representatives (i.e. CEO, COO, CFO, CNE, Privacy Officer, HIPAA Security Officer, Director of Regulatory services, etc.) in the areas in which the Breach and/or unlawful or Unauthorized Access occurred to determine the:
 - i. Included Patient identifiers;
 - ii. Method of the suspected or actual Breach and/or unlawful or Unauthorized Access;
 - iii. Individual(s) involved in the suspected or actual Breach and/or unlawful or Unauthorized Access;
 - iv. ~~Volume~~**Number** of patients impacted;
 - v. Whether the ~~numbervolume~~ of patients impacted triggers additional notifications (i.e. ~~fewerless~~ than 500 patients involved vs. 500 or **greater thanmore** patients involved);
 - vi. Whether the suspected Breach involves Unsecured PHI and/or constitutes unlawful or Unauthorized Access to PHI which must be reported to patients, regulators and/or the media under HIPAA and/or state laws; and
 - vii. Information that may be used to mitigate potential harm to patients (e.g. return/recovery of PHI, erasure of EPHI from lost or stolen devices, etc.).
 - viii. Breach activity is reported to the Organizational Compliance Committee and the Audit Compliance and Ethics (ACE) Committee of the Board.
2. Breach Reporting by Business Associates:

- a. Business Associates are required to notify TCHD Privacy Officer of Breaches of Unsecured PHI and/or unlawful or Unauthorized Access to PHI without unreasonable delay and no later than 24 hours from the date of the potential/actual Breach.
- b. To the extent possible, Business Associates should provide TCHD with the identification of each individual affected and identifiers, the date of the Breach or unlawful or Unauthorized Access, as well as any other available information required to be provided by TCHD in the notification to affected individuals or to regulators.
- c. Review and evaluation of the Breach report is completed with leadership representatives (i.e. CEO, COO, CFO, CNE, Privacy Officer, HIPAA Security Officer, Director of Regulatory services, etc.) in the areas in which the suspected or actual Breach and/or unlawful or Unauthorized Access occurred to determine:
 - i. Included Patient identifiers;
 - ii. Method of the suspected or actual Breach and/or unlawful or Unauthorized Access;
 - iii. Individual(s) involved in the suspected or actual Breach and/or unlawful or Unauthorized Access;
 - iv. Whether the suspected or actual Breach involves Unsecured PHI and/or otherwise constitutes unlawful or Unauthorized Access to PHI which must be reported to patients, regulators and/or the media under HIPAA and/or state laws;
 - v. ~~Number~~Volume of patients impacted; and
 - vi. Whether the ~~numbervolume~~ of patients impacted triggers additional notifications (i.e. ~~fewer~~less than 500 patients involved vs. 500 or ~~greater than~~more patients involved); and
 - vii. Information that may be used to mitigate potential harm to patients (e.g. return/recovery of PHI, erasure of EPHI from lost or stolen devices, etc.).

3. Breach Response:

- a. Breaches or Unlawful or Unauthorized Access Related to PHI – Privacy:
 - i. Incident/Breach is reported to the Facility's Privacy Officer. Details relating to the issue are confirmed in writing by the area/department involved in the suspected or actual Breach or unlawful Unauthorized Access. Information includes:
 - 1) Date/Time of the events.
 - 2) Patient/Patient's involved in the events (unauthorized disclosure).
 - a) Confirmation of the PHI elements involved.
 - 3) Identification of the individual(s) (e.g. staff member(s), business associates) involved in actions that resulted in the suspected or actual Breach or unlawful or Unauthorized Access.
 - 4) Confirmation of steps taken to mitigate the confirmed Breach or unlawful or Unauthorized Access, including any identified Security Incident that results in a Breach of Unsecured PHI.
 - 5) Notification Date/Time of Privacy Officer.
- b. Breaches or Unlawful or Unauthorized Access Related to EPHI – Security:
 - i. Security Incident or other suspected or actual Breach, unlawful or Unauthorized Access (including Security Incidents) related to EPHI is reported to TCHD's HIPAA Security Officer. Details relating to the event are evaluated and documented to include:
 - 1) Dates/Times when the event occurred/was discovered
 - 2) Current Date/Time
 - 3) Name of Individual(s) who discovered the Breach or Unlawful or Unauthorized Access
 - 4) To whom was the breach reported;
 - 5) Date/Time Breach Response Team notified
 - 6) Confirm whether and to what extent systems and data exposed, accessed or destroyed, if any
 - a) What system(s) is affected
 - b) What type of breach occurred

- c) What was stolen
 - d) Who all is aware of the breach
 - 7) Secure the premises and information systems locations as appropriate.
 - 8) Determine immediate actions that need to be taken to secure information systems and EPHI (e.g. take the affected server, application, etc. off-line, wipe portable devices, etc.)
 - 9) Interview those persons involved in discovering the suspected Breach or unlawful or Unauthorized Access and others who may have knowledge.
 - 10) Confirm need to engage a forensics team to assist in review.
 - c. Consult with Legal Counsel, as necessary and appropriate.
4. Breach Notifications
- a. Following a Breach of Unsecured PHI, TCHD will provide notification of the Breach of Unsecured PHI or unlawful or Unauthorized Access to PHI to:
 - i. Affected individual(s) (by the Privacy Officer)
 - 1) Notification is provided via first class mail or e-mail (if the patient has requested to received information in this manner).
 - 2) Notice must be provided within 15 days.
 - ii. CDPH
 - 1) Upon receipt of communication relating to a Breach of Unsecured PHI and/or unlawful or Unauthorized Access to PHI, the Director, Regulatory Services will notify the ~~California Department of Health (CDPH)~~ via phone call within 5 days with follow-up with written notification submitted within 15 days of knowledge of the breach.
 - 2) The Regulatory Director tracks the breach information to the Professional Affairs Committee.
 - a) Individual breach reporting posted by March 31st annually.
 - b) Breach of Unsecure PHI ~~numbers~~~~volumes~~ greater than 500 are reported within 30 days of the breach.
 - 3) Name of individual(s) involved in the Breach of Unsecure PHI or unlawful or Unauthorized Access to PHI.
 - 4) Notice must be provided within 15 days.
 - iii. Office of Civil Rights
 - 1) To be notified on an annual basis (submission required by March 1st).
 - b. To the extent possible, Business Associates should provide TCHD with the identification of each individual affected and identifiers included in the Breach, the date of the Breach, as well as any other available information required to be provided by TCHD in the notification to affected individuals or to regulators.
5. Additional Requirements for a Breach where 500 or **greater than**~~more~~ individuals are affected:
- a. Legal Counsel notified of the Breach;
 - b. Determine resources to support of required steps e.g. notifications (preparation, review and distribution), mitigation (e.g. credit report monitoring, IT staff, etc.).
 - c. Media Notice/statement generated to (for 90 days). -
 - d. TCHD will set up a **toll-free** call center (~~1-800-number~~ to be available for patients to call with questions).
 - e. Secretary, Office of Civil Rights is notified without delay and in no case later than 60 days following the Breach.
 - f. Consult and coordinate notice to local media.
 - g. Determine appropriate notifications to be posted on TCHD Web-site including distribution of ~~1-800~~**the toll-free** number.
 - h. For Breaches of unencrypted computerized data that includes personal information, determine whether notice must be given to patients and a copy of the data breach notice (without personal information) must be provided to the California Office of the Attorney General pursuant to California Civil Code sections 1798.29 and 1798.82.
6. Notifications to Insurance Carrier:

- a. TCHD's Privacy Officer shall consult with TCHD Finance and/or Risk Management to determine if notice needs to be provided to any insurance carrier providing coverage for privacy, security and/or cybersecurity incidents.
- 7. HIPAA Breach Exceptions:
 - a. The following scenarios constitute exclusions from Breaches under HIPAA:
 - i. Unintentional acquisition, access, or Use of PHI by:
 - 1) A workforce member, or person acting under the authority of TCHD or a TCHD Business Associate, if such acquisition, access, or use was made in good faith and within the user's scope of authority and does not result in a further Use of Disclosure that is not permitted under HIPAA.
 - ii. Inadvertent Disclosure of PHI:
 - 1) By persons authorized to access PHI at TCHD; or by a TCHD Business Associate to another person authorized to access PHI at TCHD or TCHD Business Associate; or to an organized healthcare arrangement in which TCHD participates. Information received as a result of such Disclosure cannot be further Used or Disclosed in a manner not permitted by HIPAA.
 - iii. A Disclosure of PHI where TCHD or TCHD Business Associate has a good faith belief that the unauthorized person to whom the impermissible Disclosure was made would not reasonably have been able to retain the information.
- 8. Burden of Proof:
 - a. TCHD is required to demonstrate that all required notifications have been provided or that the Use or Disclosure of Unsecured Protected Health Information did not constitute a Breach. A Breach of PHI is presumed unless TCHD or a Business Associate demonstrates there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:
 - i. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
 - ii. The unauthorized person who used the PHI or to whom the disclosure was made;
 - iii. Whether the PHI was actually acquired or viewed; and
 - iv. The extent to which the risk to the PHI has been mitigated.
 - b. Breach of Unsecured PHI/Unlawful or Unauthorized Access:
 - i. TCHD shall maintain documentation that all required notifications were made and for the time required in TCHD Policy.
 - c. When a determination has been made that a Breach did not occur and notification is not required the following documentation is maintained:
 - i. Assessment demonstrating a low probability that the PHI has been compromised by the Impermissible Use or Disclosure; and
 - ii. The applicability of any other exceptions to the definition of Breach.
- 9. Distribution of Breach Guidance
 - a. TCHD workforce members are educated on the process for reporting and notification of a suspected or actual Breach or unlawful or Authorized Access of PHI upon hire and annually.
 - b. TCHD Business Associates are required to follow the requirements for handling suspected or actual Breaches or unlawful or Authorized Access of PHI set forth in their Business Associate Agreement.

E. **REFERENCE LIST:**

- 1. California Health & Safety Code §1280.15
- 2. California Civil Code Sections 1798.29 and 1798.82
- 3. 45 Code of Federal Regulations (CFR) §164.402
- 4. 45 CFR §164.404
- 5. 45 CFR §164.406
- 6. 45 CFR §164.408

**TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A REGULAR MEETING
OF THE BOARD OF DIRECTORS**

**November 10, 2016 – 1:30 o'clock p.m.
Classroom 6 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056**

A Regular Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at Tri-City Medical Center, 4002 Vista Way, Oceanside, California at 1:30 p.m. on November 12, 2016.

The following Directors constituting a quorum of the Board of Directors were present:

Director James Dagostino, DPT, PT
Director Ramona Finnila
Director Cyril F. Kellett, MD
Director Laura E. Mitchell
Director Julie Nygaard
Director RoseMarie V. Reno
Director Larry Schallock

Also present were:

Greg Moser, General Legal Counsel
Steve Dietlin, Chief Executive Officer
Kapua Conley, Chief Operating Officer
Sharon Schultz, Chief Nurse Executive
Norma Braun, Chief Human Resource Officer
Ray Rivas, Acting Chief Financial Officer
Cheryle Bernard-Shaw, Chief Compliance Officer
Gene Ma, M.D., Chief of Staff
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

1. The Board Chairman, Director Dagostino called the meeting to order at 1:30 p.m. in Classroom 6 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above.
2. Approval of Agenda

Chairman Dagostino requested New Business item 16 a. Approval of a Physician Recruitment Agreement with Dr. Anton M. Kushnaryov be pulled from the agenda pending additional information.

It was moved by Director Kellett to approve the agenda as amended. Director Nygaard seconded the motion. The motion passed unanimously (7-0).

3. Public Comments – Announcement

Chairman Dagostino read the Public Comments section listed on the November 10, 2016 Regular Board of Directors Meeting Agenda.

Chairman Dagostino stated an individual has requested the opportunity to address the Board at this time.

Chairman Dagostino recognized Mr. Robert Speck. Mr. Speck, a Vista resident since 1966 requested that consideration be given to reducing the price of Pulmonary Rehab to put more in line with Cardiac Rehab. Mr. Speck provided a letter for the record related to his concerns.

Mr. Speck left the meeting at 1:35 p.m.

4. Oral Announcement of Items to be discussed during Closed Session.

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Mr. Greg Moser made an oral announcement of the items listed on the September 26, 2016 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Labor Negotiators; one Report Involving Trade Secrets, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees; Conference with Legal Counsel regarding four (4) matters of Existing Litigation; one (1) matter of Potential Litigation and Approval of Closed Session Minutes.

5. Motion to go into Closed Session

It was moved by Director Reno and seconded by Director Mitchell to go into closed session at 1:38 p.m. The motion passed unanimously (7-0).

6. The Board adjourned to Closed Session at 1:40 p.m.

8. At 3:42 p.m. in Assembly Rooms 1, 2 and 3, Chairman Dagostino announced that the Board was back in Open Session.

The following Board members were present:

Director James Dagostino, DPT, PT
Director Ramona Finnila
Director Cyril F. Kellett, MD
Director Laura E. Mitchell
Director Julie Nygaard
Director RoseMarie V. Reno
Director Larry W. Schallock

Also present were:

Greg Moser, General Legal Counsel
Steve Dietlin, Chief Executive Officer
Kapua Conley, Chief Operations Officer
Ray Rivas, Acting Chief Financial Officer
Sharon Schultz, Chief Nurse Executive
Norma Braun, Chief Human Resource Officer
Cheryle Bernard-Shaw, Chief Compliance Officer

Gene Ma, M.D., Chief of Staff
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

9. Chairman Dagostino reported no action was taken in open session.
10. Director Dagostino led the Pledge of Allegiance.
11. Chairman Dagostino read the Public Comments section of the Agenda, noting members of the public may speak immediately following Agenda Item Number 24.
12. Community Update—

(1) Supportive Care/Quality Update – Sharon Schultz, CNE

Ms. Sharon Schultz, CNE stated the report on Supportive Care has been deferred to the December meeting.

Ms. Schultz invited Patricia Guerra, Education Specialist and Kathy Topp, Director of Education and Clinical Informatics to the podium to provide information on an award we received last week from Cal State San Marcos.

Ms. Guerra reported last week Tri-City received an award from Cal State San Marcos for partnership and outstanding service to nursing education. Ms. Guerra stated Cal State commented on their appreciation for the clinical rotations we do here and the support Ms. Sharon Schultz has provided with the Sigma Theta Tau program. Ms. Guerra displayed the plaque and certificate that we received.

Ms. Schultz stated Tri-City has a good partnership with the various Schools of Nursing and Cal State University has certainly been one of those.

In regard to quality Ms. Schultz explained the Leap Frog scores recently came out and there has been a lot of rhetoric and information in the various newspapers and journals on quality. Ms. Schultz explained hospitals fall on and off as criteria changes which was reflected in our last Leap Frog score. Ms. Schultz stated she firmly believes that Tri-City will be back at an "A" rating in 2017. She emphasized that we are doing everything we possibly can to make sure we have excellence in the quality of care that we provide and service to our patients.

No action was taken.

(2) Diamond Ball Update – Glen Newhart, CDO

Mr. Glen Newhart reported the latest edition of *For Good*, the Tri-City Hospital Foundation newsletter will be going out today. Mr. Newhart stated this edition focuses on our recent NICU reunion as well as some of the interesting things that are happening at Tri-City and how the Foundation is a part of that. In addition, the newsletter also lets the community know how they can continue to be part of all the great things happening at Tri-City.

Mr. Newhart reported the Diamond Ball which will be held this Saturday night is now sold out with nearly 900 attending and is the largest event the Foundation has ever

had in our 36 year history. He stated Mr. Jay Leno will be presenting the Legacy award to our very own Emergency Room physicians.

Lastly, Mr. Newhart reported the San Diego Business Journal held their annual *"Women Who Mean Business"* awards luncheon in which Ms. Jennifer Paroly was selected as one of the winners. Mr. Newhart stated Ms. Paroly serves the Foundation as their Community Health Initiatives and Physician Relations Committee Chair and has been involved in creating some partnerships with local community clinics for low dose CT scans for lung cancer patients.

Director Schallock stated last week the Philanthropy Counsel also hosted a recognition program in which 75 organizations were recognized and Ms. Paroly was the representative for our Foundation that was recognized. Mr. Newhart stated Ms. Paroly is very deserving of both awards and gives so much time on behalf of the hospital. Mr. Newhart stated these awards speak highly of the commitment that Foundation Board members have to the hospital and their desire to help.

Chairman Dagostino commented that the San Diego Business Journal commented on the nurturing, compassionate way Ms. Paroly delivers her business and is recognized not only as a good business member, Foundation Board member and steward but for her compassion as well.

The Board applauded Ms. Paroly in her absence and congratulated her on both awards.

No action was taken.

13. Report from TCHD Auxiliary, Pat Morocco, President

Mr. Pat Morocco, TCHD Auxiliary President reported on past and present activities of the Foundation as follows:

- Auxiliary Members supported the 30th NICU Anniversary held in September. He noted the Pet Therapy Department and their animals were also there and were a huge success, especially with the children.
- Auxiliary has been receiving many requests from patients to have a pet therapy dog visit them and the lobby guitarist visit them. This has worked out tremendously well.
- On December 2nd, the Auxiliary will begin decorating the main lobby for the holidays with the support of the nursing staff.
- Next Thursday is the Marine Corp birthday. Mr. Morocco wished a happy birthday to all Marines and recognized all branches of the service.

Chairman Dagostino expressed his appreciation on behalf of the Board to the Auxiliary for their confidence and generous donation.

No action was taken.

14. Report from Chief Executive Officer

Mr. Steve Dietlin, CEO stated he is looking forward to the Diamond Ball which is a great event for a great cause.

In regard to the election, Mr. Dietlin reported Proposition 52 passed by a large margin. Proposition 52 is a critical program for hospitals with a large Medi-Cal utilization and it impacts Tri-City.

Mr. Dietlin stated there has been a lot of speculation on the President Elect's impact on the Patient Protection Affordable Care Act. He urged everyone to remember that changes, if and when they occur will not happen immediately. He explained there would be a transition and we have been working with and navigating payment reform over a number of years and will continue to do so as it occurs. Additionally, we will continue to be flexible and adapt as we move forward and will stay true to our Mission and Values Statement, to advance the health and wellness of the community we serve and the needs of our patients come first.

Mr. Dietlin reported we will continue to execute on all of the strategic initiatives that we have set forth, including the UCSD Affiliation, the Crisis Stabilization Unit, the Prime program, expansion of services available locally to the community we serve here, the Tri-City community and along with that placing long term financing to secure the future of Tri-City.

With regard to placing long term financing, Mr. Dietlin reported we have been working with HUD who came out for a visit last week for several days of detailed due diligence. Mr. Dietlin expressed his appreciation to each and every Board member for meeting with HUD as that is part of the process required by HUD. Mr. Dietlin also thanked Administration, the Medical Staff, Legal Counsel and many community members who came out including Assemblyman Rocky Chavez, Oceanside Mayor Jim Wood, Carlsbad Mayor Matt Hall, Vista Mayor Judy Ritter, Oceanside Chamber CEO, Scott Ashton, Vista Chamber CEO Bret Schanzenbach and Carlsbad Chamber CEO, Ted Owen. Mr. Dietlin stated it was an unbelievable outreach of support and collaboration between many stakeholders and it was evident what Tri-City means to this community. Mr. Dietlin stated that HUD commented that we have a committed and extremely engaged and passionate Board of Directors and supportive community. Mr. Dietlin stated he expects a funding commitment decision in the next 60 days or so.

As a precursor to CFO Ray Rivas's report, Mr. Dietlin stated the first quarter ended for FY2017 is well ahead of budget and that is an exciting development.

Chairman Dagostino stated just as we have a clinical partner in UCSD, we are looking to HUD to be our financial partner for the next 25 years. He expressed his appreciation to Mr. Dietlin and his staff for their diligence in helping us secure our financial future.

Mr. Dietlin stated it is a true community collaboration and there are many people to thank.

Director Kellett expressed his appreciation to Mr. Dietlin who was responsible for putting this deal together.

No action was taken.

15. Report from Acting Chief Financial Officer

Mr. Rivas reported on the Fiscal Year to Date as follows (Dollars in Thousands):

- Operating Revenue – \$83,603
- Operating Expense – \$83,622
- EROE - \$1,246
- EBITDA - \$5,094

Other Key Indicators for the current year driving those results included the following:

- Average Daily Census – 184
- Adjusted Patient Days – 29,071
- Surgery Cases – 1,577
- Deliveries – 736
- ED Visits – 16,486

Mr. Rivas also reported on the current month financials as follows: (Dollars in Thousands).

- Operating Revenue – \$27,704
- Operating Expense – \$27,383
- EROE - \$746
- EBITDA - \$2,015

Mr. Rivas also reported on current month Key Indicators as follows:

- Average Daily Census – 181
- Adjusted Patient Days – 9,560
- Surgery Cases – 475
- Deliveries – 274
- ED Visits – 5,215

Mr. Rivas reported on the following indicators for FY17 Average:

- Net Patient Accounts Receivable - \$43.1
- Days in Net Accounts Receivable – 50.2

Mr. Rivas presented graphs which reflected trends in Net Days in Patient Accounts Receivable, Average Daily Census excluding Newborns, Adjusted Patient Days, and Emergency Department Visits.

Mr. Rivas noted a spike in deliveries.

No action was taken.

16. New Business

- a. Approval of Physician Recruitment Agreement with Dr. Anton M. Kushnaryov, and North County Ear, Nose, Throat, Head and Neck Surgery

Chairman Dagostino reported the Physician Recruitment Agreement with Dr. Anton Kushnaryov was pulled at the beginning of today's meeting pending additional information.

- b. Consideration to appoint Ms. Kathryn Fitzwilliam to an additional two-year term on the Audit, Compliance & Ethics Committee.

It was moved by Director Finnila that the Tri-City Healthcare District Board of Directors appoint Ms. Kathryn Fitzwilliam to an additional two-year term on the Audit, Compliance & Ethics Committee as recommended by the committee. Director Nygaard seconded the motion.

Director Finnila commented that Ms. Fitzwilliam is an excellent contributor to the committee and unanimously supported appointing her to an additional two-year term.

The vote on the motion was as follows:

AYES:	Directors:	Dagostino, Finnila, Kellett, Mitchell, Nygaard, Reno and Schallock
NOES:	Directors:	None
ABSTAIN:	Directors:	None
ABSENT:	Directors:	None

- c. Consideration of CEO Employment Contract

Discussion of CEO Employment Contract was deferred to later in the meeting after the Board had the opportunity for discussion in closed session.

17. Old Business

- a. Report from Ad Hoc Committee on Electronic Board Portal

Director Mitchell reported a final report and recommendation will be given at the December Regular meeting.

No action was taken.

18. Chief of Staff

- a. Consideration of October 2016 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on October 24, 2016.

It was moved by Director Kellett to approve the October 2016 Credentialing Actions and Reappointments involving the Medical Staff and Allied Health Professionals, as recommended by the Medical Executive Committee at their meeting on October 24, 2016. Director Nygaard seconded the motion.

Dr. Ma reported it is National Association Medical Staff Services Week and the Medical Staff Office had an Open House and were able to share with the physicians some of the new services we are bringing into the Medical Staff

including most recently a Physician Liaison Coordinator who will help our physicians with a lot of the tasks associated with the electronic medical record, charting, etc. He stated he is very excited about the direction of the Medical Staff.

Secondly, Dr. Ma stated the Medical Staff is a proud gold level sponsor of the Diamond Ball and he really looks forward to this signature event each year.

Lastly, our Medical staff looked at and is acknowledging at least 35 active duty or veterans that are on our Medical Staff. He acknowledged the contributions and sacrifices to our country that we may take for granted on a daily basis and stated we owe a debt of gratitude to these people.

Chairman Dagostino commented on the Credentialing documents contained in today's agenda packet which reflect individuals who are committed to working at Tri-City Medical Center. He expressed his appreciation to the Medical Staff for attracting such talented physicians.

The vote on the motion was as follows:

AYES:	Directors:	Dagostino, Finnila, Kellett, Mitchell, Nygaard, Reno and Schallock
NOES:	Directors:	None
ABSTAIN:	Directors:	None
ABSENT:	Directors:	None

- b. Crisis Stabilization Unit Delegation of Services Between Physician Assistant and Supervising Physicians – Scope of Practice and Protocols

It was moved by Director Mitchell to approve the Crisis Stabilization Unit Delegation of Services Between Physician Assistant and Supervising Physicians – Scope of Practice and Protocols, as recommended by the Medical Executive Committee at their meeting on October 24, 2016. Director Schallock seconded the motion.

Chairman Dagostino explained the document is essentially a template and will set criteria of how physicians and physician assistants work together in our new Crisis Stabilization Unit.

The vote on the motion was as follows:

AYES:	Directors:	Dagostino, Finnila, Kellett, Mitchell, Nygaard, Reno and Schallock
NOES:	Directors:	None
ABSTAIN:	Directors:	None
ABSENT:	Directors:	None

19. Consent Calendar

It was moved by Director Schallock to approve the Consent Calendar. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES:	Directors:	Dagostino, Finnila, Kellett, Mitchell, Nygaard and Schallock
NOES:	Directors:	Reno
ABSTAIN:	Directors:	None
ABSENT:	Directors:	None

Director Nygaard stated she would be abstaining from the vote on the September 29, 2016 Regular Meeting minutes due to her absence from that meeting.

20. Discussion of items pulled from Consent Agenda

There were no items pulled from the Consent Agenda.

21. Reports (Discussion by exception only)

22. Legislative Update

Chairman Dagostino reiterated Proposition 52 passed by a 70% margin and Tri-City will benefit from that program and we anticipate it will add to our revenue stream.

Chairman Dagostino also commented on Proposition 55 and Proposition 56 that may possibly benefit healthcare.

Director Nygaard reported the Little Hoover Commission is looking at all special districts to determine if they are beneficial to the community and ACHD has been testifying at those hearings.

23. Comments by members of the Public

There were no comments by members of the public.

24. Additional Comments by Chief Executive Officer

Mr. Dietlin congratulated Directors Schallock, Nygaard and Reno on their reappointment and thanked Director Finnila for her exemplary service to the Tri-City community and to the Board. Mr. Dietlin also welcomed Ms. Leigh Anne Grass, Board member elect.

25. Board Communications

Director Kellett did not have any comments.

Director Finnila stated that she is tremendously proud of the Medical Staff and Administrative Staff and what they have accomplished is amazing and she is proud to know everyone.

Director Finnila commented on her disappointment by the false accusations that were made against the hospital throughout the election process.

Chairman Dagostino called for a point of order.

Director Reno stated that she did not ask the SEIU to endorse her and did not condone the flyers however she believes in being transparent to the public.

Director Reno expressed her appreciation for the support of the community which was shown by her reappointment to the Board. She stated the FPPC has cleared her of any 1090 violations and she believes she has been treated poorly by fellow Board members and left off of Board committees.

Director Mitchell had nothing to report.

Director Nygaard welcomed Board member elect Ms. Leigh Anne Grass.

Director Nygaard commented on contentious comments that were made throughout the election cycle that were not true. She stated the value of our reputation is at stake and when an individual deliberately allows untruths it cannot be ignored and should be addressed at a future Board meeting.

Director Nygaard personally expressed her appreciation to Director Finnila for her outstanding service as a Board member.

Director Schallock reported the official Oceanside Turkey Trot is scheduled for Thursday, November 24th. He noted a Senior Turkey Trot has been added this year and will take place on Wednesday, November 23rd and will also include a Wheel Chair race. He commented on the importance of encouraging all age and ability levels to focus on their health.

Director Schallock also made reference to the military and expressed his appreciation to all who have served and given not only their time and effort but in many instances their lives.

Director Schallock wished Director Finnila continued success and commented that it is enlightening to have new people on the Board as well. He expressed his appreciation to the voters for re-electing him and stated he will strive to do a good job to continue to get quality healthcare service.

26. Report from Chairperson

Chairman Dagostino expressed his appreciation to Director Finnila for her leadership and service on the Board of Directors.

27. Oral Announcement of Items to be Discussion in Closed Session

Chairman Dagostino reported the Board would be returning to Closed Session to complete unfinished closed session business.

29. Motion to return to Closed Session.

Chairman Dagostino adjourned the meeting to closed session at 4:40 p.m.

30. Open Session

At 5:17 p.m. Chairman Dagostino reported the Board was back in open session. All Board members were present.

31. Report from Chairperson on any action taken in Closed Session.

Chairperson Dagostino reported no action was taken in closed session.

- 16 c. Consideration of CEO Employment Contract

It was moved by Director Kellett that the contract with CEO Steven L. Dietlin be amended to include a base salary adjustment to \$675,000 annually and direct General Counsel to ensure the benefit package for the CEO is in line with the Employment Agreement. Director Schallock seconded the motion.

Director Reno suggested a base salary of \$625,000 with incremental increases.
Director Finnila agreed with Director Reno.

The remaining Directors concurred the increase is justifiable and fairly conservative in light of Mr. Dietlin's accomplishments to date.

Chairman Dagostino called for a vote on the motion.

The roll call vote on the motion was as follows:

AYES:	Directors:	Dagostino, Kellett, Mitchell, Nygaard, and Schallock
NOES:	Directors:	Finnila, Reno
ABSTAIN:	Directors:	None
ABSENT:	Directors:	None

Mr. Dietlin expressed his appreciation for the opportunity to serve Tri-City Medical Center.

31. There being no further business Chairman Dagostino adjourned the meeting at 5:26 p.m.

James J Dagostino, DPT
Chairman

ATTEST:

Ramona Finnila, Secretary



LEADERSHIP ACADEMY

When: February 2-3, 2017

Where: Hyatt Regency, Sacramento, 1209 L Street, Sacramento, Ca 95815

Event: The Leadership Academy is designed to provide new and veteran Trustees and Administrators with the knowledge and skills necessary to effectively govern a Healthcare District. Healthcare District Executives, Clerks and Secretaries to the Board are encouraged to take advantage of this educational opportunity.

LEGISLATIVE DAY

When: April 3-4, 2017

Where: Hyatt Regency, Sacramento, 1209 L Street, Sacramento, Ca 95815

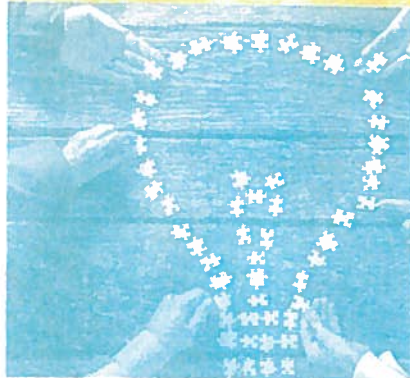
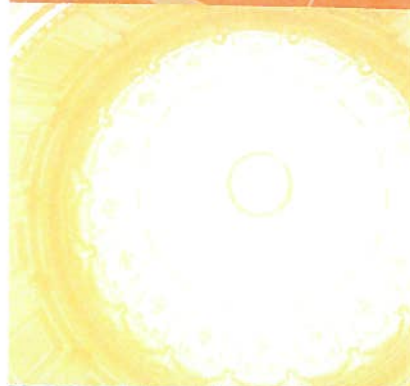
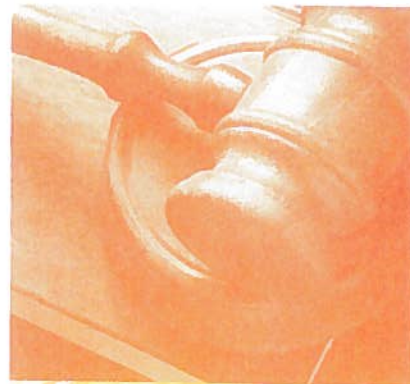
Event: Legislative Day is an opportunity for Healthcare District Trustees and Administrators to connect with Legislative Representatives at the State Capitol. The educational program will provide detailed information regarding the most pressing legislative issues, while creating opportunities for Trustees and Administrators to foster relationships with state lawmakers.

65TH ANNUAL MEETING

When: September 13-15, 2017

Where: Kona Kai Resort and Spa, 1551 Shelter Island Drive, San Diego, Ca 92106

Event: As the state of health care continues to evolve and the pace of change continues to increase, we wonder: how will our important Member Districts evolve to meet the challenges ahead and continue to serve their communities? ACHD's Annual Meeting will provide opportunities to hear different perspectives on a wide variety of topics, ranging from effective governance to advancing the health in your communities, while providing opportunities to share your experiences and views with your Healthcare District colleagues.



Sheila Johnston, Member Services Specialist | sheila.johnston@achd.org | 916-266-5208
1215 K Street Suite 2005 · Sacramento, CA 95814

**TCHD BOARD OF DIRECTORS
MEETING SCHEDULE
CALENDAR YEAR 2017**

**Regular Board of Directors Meetings – Open Session to begin at 3:30 p.m.
Closed Session to begin at 1:30 p.m. and again immediately following
Open Session, if needed**

- January 26, 2017 (Last Thursday)
 - February 23, 2017 (Last Thursday)
 - March 30, 2017 (Last Thursday)
 - April 27, 2017 (Last Thursday)
 - May 25, 2017 (Last Thursday)
 - June 29, 2017 (Last Thursday)
 - July 27, 2017 (Last Thursday)
 - August 31, 2017 (Last Thursday)
 - September 28, 2017 (Last Thursday)
 - October 26, 2017 (Last Thursday)
 - No Meeting in November due to Holiday
 - December 14, 2017 (Second Thursday in December)
-

Special Board of Directors Meeting – March 28, 2017 10:00 a.m.
Strategic Planning Workshop

Special Board of Directors Meeting – April 25, 2017 – 2:00 p.m.
Strategic Planning Update

Special Board of Directors Meeting – June 1, 2017 10:00 a.m.
Closed Session to review biennial quality reports

Special Board of Directors Meeting – June 15, 2017 – 6:00 p.m.
Budget Workshop

Special Board of Directors Meeting – November 2, 2017 10:00 a.m.
Closed Session to review biennial quality reports

2017 Dates to Note:

- ACHD Leadership Academy – February 2-3, 2017, Sacramento, CA
- CHA Legislative Day – March 15-16, 2017, Sacramento, CA
- ACHD Legislative Day – April 3-4, 2017, Sacramento, CA
- AHA Annual Meeting – May 7-10, 2017, Washington, D.C.
- ACHD Annual Meeting – September 13-15, 2017, San Diego, CA

Proposed Schedule: December 2016

Approved by BOD:

**TCHD BOARD OF DIRECTORS
BOARD COMMITTEE MEETING CALENDAR YEAR 2017**

Governance & Legislative Committee	Human Resources Committee	Employee Fiduciary Subcommittee	*Professional Affairs Committee	*CHAC	Finance Operations & Planning	Audit, Compliance & Ethics
1 st Tues of Each Month	2 nd Tues of Each Month	Qtrly. 2 nd Tues of Month	2 nd Thursday of Each Month	3 rd Thursday of Each Month	*3 rd Tuesday of Each Month	3 rd Thursday of Each Month
12:30 p.m.	12:30 p.m.	11:00 a.m.	12:00 p.m.	12:30 p.m.	12:30 p.m.	8:30 a.m.

NOTE: Committees may not meet every month depending on agenda items; Committee dates subject to change due to Board calendar

Proposed: Committee Schedule: December 8, 2016
Approved by BOD:

**TCHD BOARD OF DIRECTORS
MEETING ROTATION CALENDAR YEAR 2017**

(Individual Board members will rotate attendance at MEC, Auxiliary and Foundation Board Meetings)

Month	MEC—Meets 4th Monday of Month at 6:00 pm (except as noted)	*Foundation Board—Meets 3rd Wednesday @ Noon (does NOT meet every month)	Auxiliary BOD Meets 3rd Wed. from 9-11 a.m. (attendance welcome anytime during that time period)
January	Mitchell – January 23	Mitchell – January 18	Mitchell – January 18
February	Nygaard – February 27	Nygaard – February 15	Nygaard – February 15
March	Schallock – March 27	Schallock – March 15	Schallock – March 15
April	Reno - April 24	Reno – April 19	Reno – April 19
May	Grass - May 22	Grass – May 17	Grass - May 17
June	Dagostino – June 26	Dagostino – June 21	Dagostino – June 21
July	Kellett – July 24	Kellett – July 19	Kellett – July 19
August	Mitchell – August 28	Mitchell – August 16	Mitchell – August 16
September	Nygaard – September 25	Nygaard– September 20	Nygaard – September 20
October	Schallock – October 23	Schallock – October 18	Schallock – October 18
November	Reno – November 27	Reno– November 15	Reno– November 15
December	Grass- cancelled	Grass – December 20	Grass – December 20

NOTE: The Foundation and Auxiliary Board may not meet every month

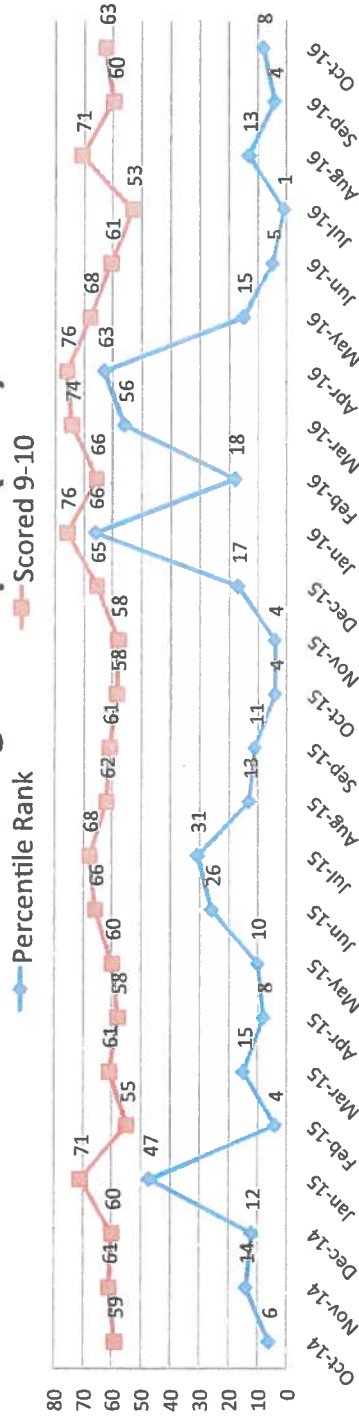
Proposed: Board of Directors: December, 2016
Approved: Board of Directors:



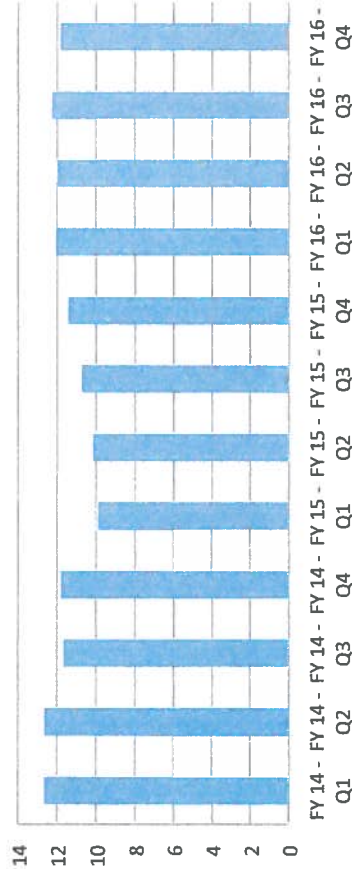
HCAHPS (Top Box Score)

Hospital Consumer Assessment of Healthcare Providers & Systems

Overall Rating of Hospital (0-10)



Voluntary Employee Turnover Rate



Involuntary Employee Turnover Rate



Fall & HAPU's

TCMC Rate

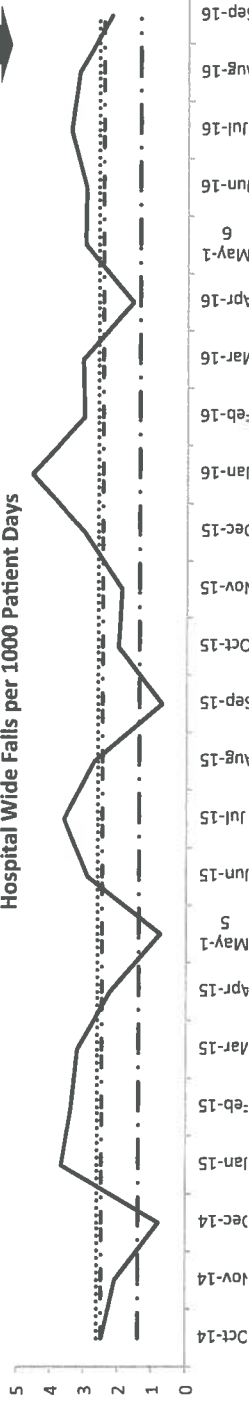
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CA Mean

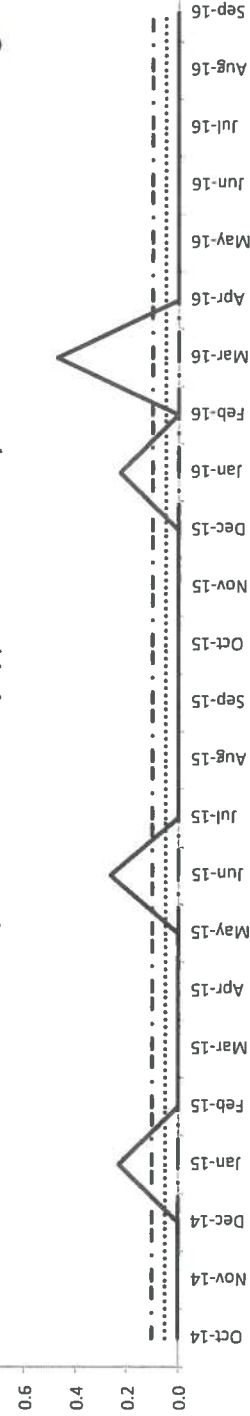
TCMC Target

Better

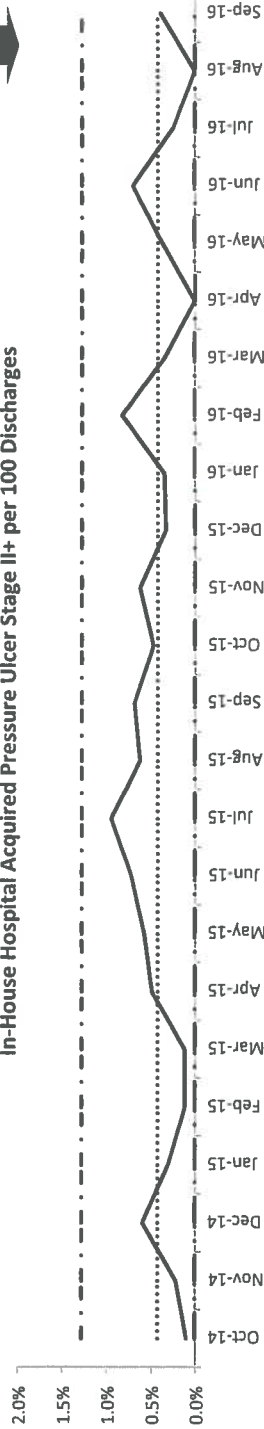
Hospital Wide Falls per 1000 Patient Days



Hospital Wide Falls with Injury per 1000 Patient Days



In-House Hospital Acquired Pressure Ulcer Stage II+ per 100 Discharges



Action Plan

45 CHARMS Mnemonic Poster created by Maria Coy RN, Telemetry ANM (See below)
Implement revised protocol for Progressive Care Unit, ED, ICU, WCs, and Ambulatory Units

Continue to monitor compliance

Action Plan

45: >45 Fall Risk Assessment
C: Call Lights answered immediately
H: Hand-off of high risk patients
A: Assist with Toileting and Activities
R: Rounding
M: Magnets and Signs visible
S: Sign Safety Plan for all Patients

Action Plan

Time line and project update to be provided at November QAPI meeting.

Core Measures

TCMC Rate Mean CA Mean TCMC Target

Better

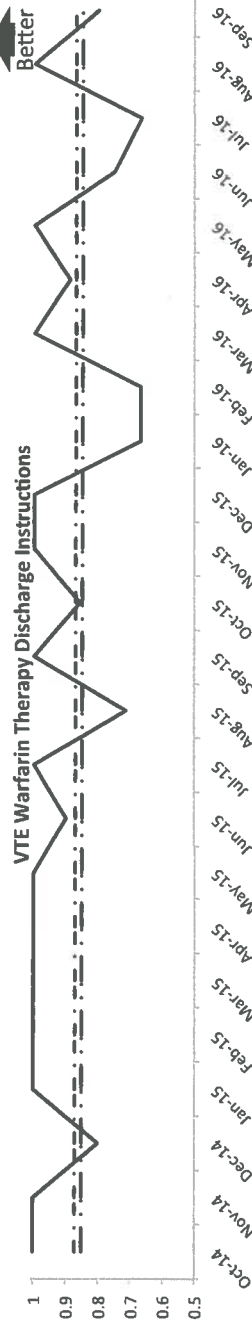


Action Plan

October 1st discharges starts the new Flu measurements for CMS.

VTE Warfarin Therapy Discharge Instructions

Better

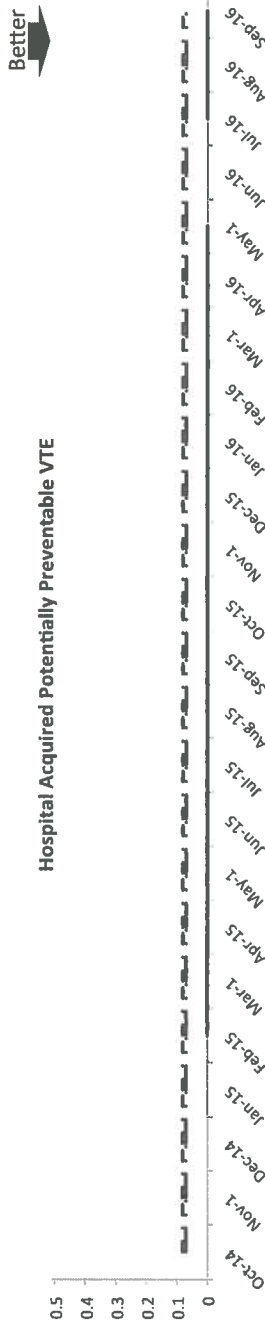


Action Plan

New daily warfarin education monitoring report in effect. Expecting sustained benefit.

Hospital Acquired Potentially Preventable VTE

Better

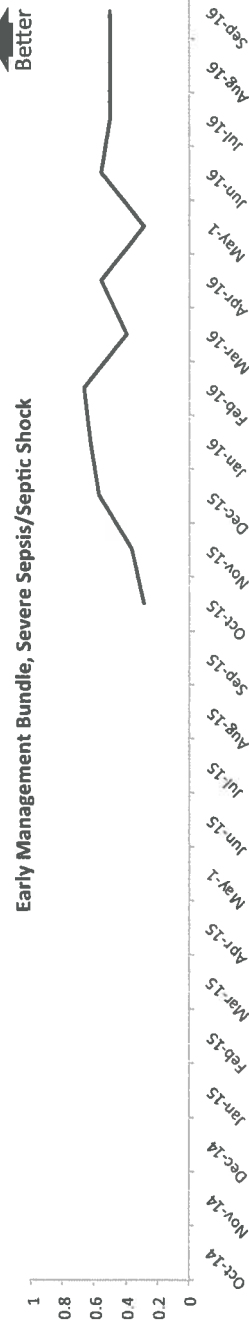


Action Plan

Continued perfect performance on this measure.

Early Management Bundle, Severe Sepsis/Septic Shock

Better

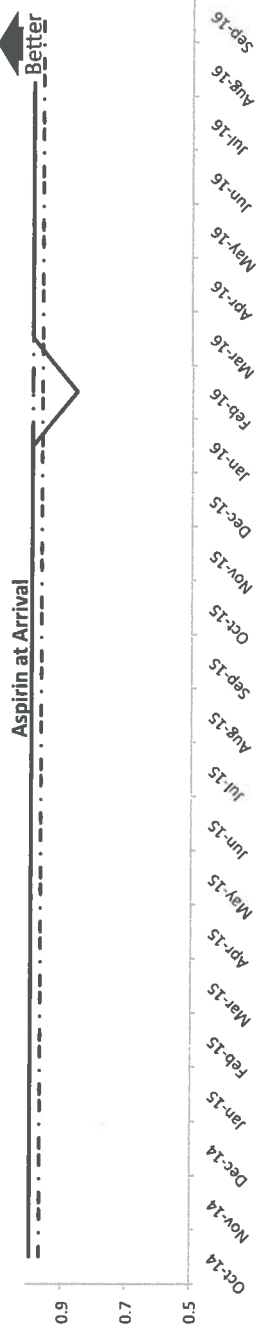


Action Plan

Redesigned Code Sepsis protocol started in mid August. Early results very encouraging. New high 71% pass rate in September. Now focusing on Severe Sepsis after admission.

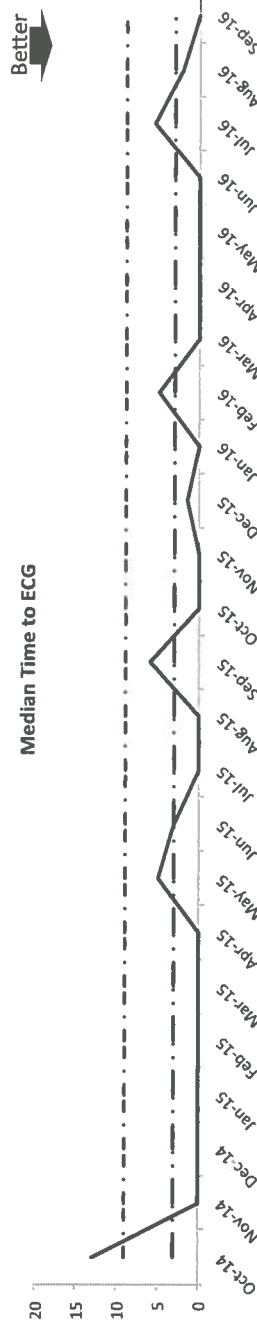
Core Measures

— TCMC Rate Mean - - - - - CA Mean - - - - - TCMC Target



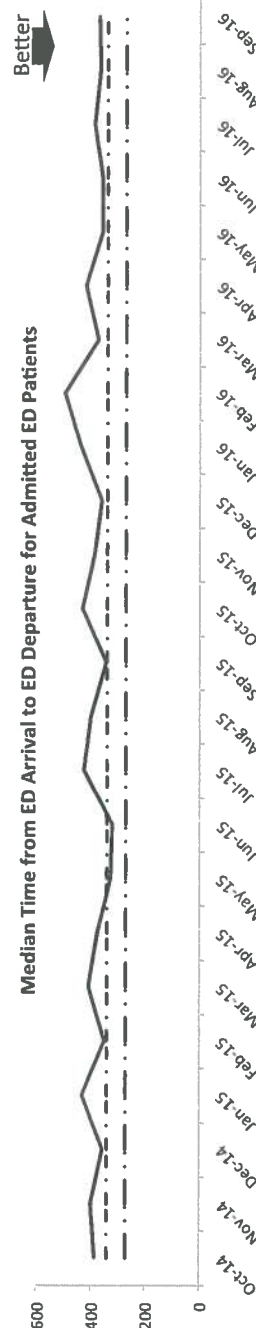
Action Plan

Consistently 100% pass rate.



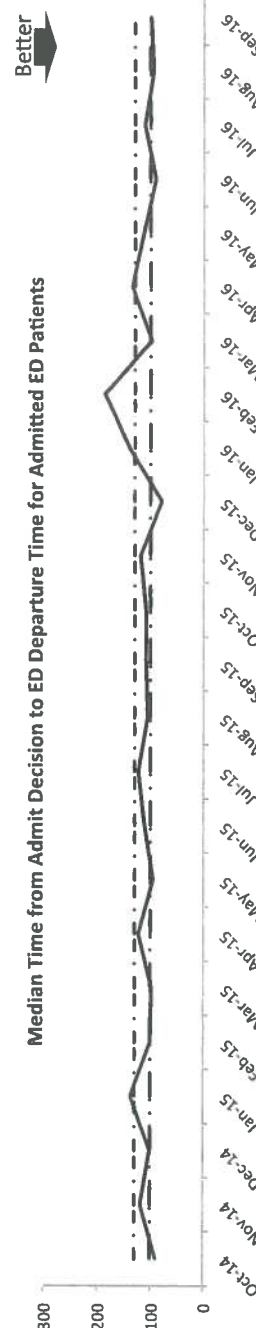
Action Plan

Consistently better than target or national top 10% rate.



Action Plan

Maintaining results which is consistent with CA mean and National Mean. Reduced time to 288 min in September, just 13 min greater than goal.



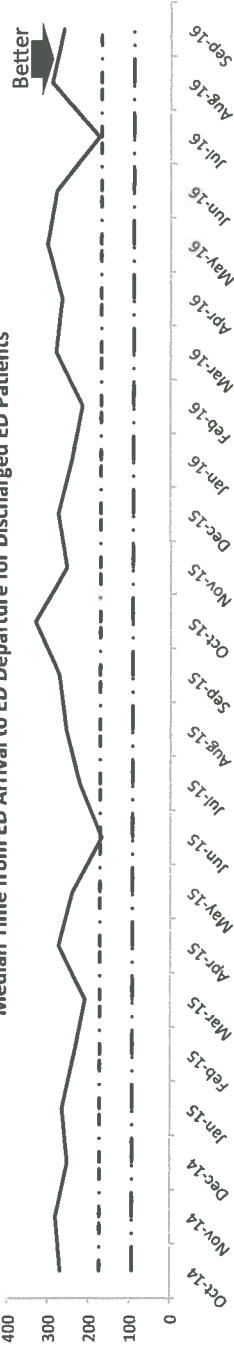
Action Plan

Continue to work on strategies to improve throughput, holding gains that we have achieved.

Core Measures

TCMC Rate
 Mean
 CA Mean
 TCMC Target

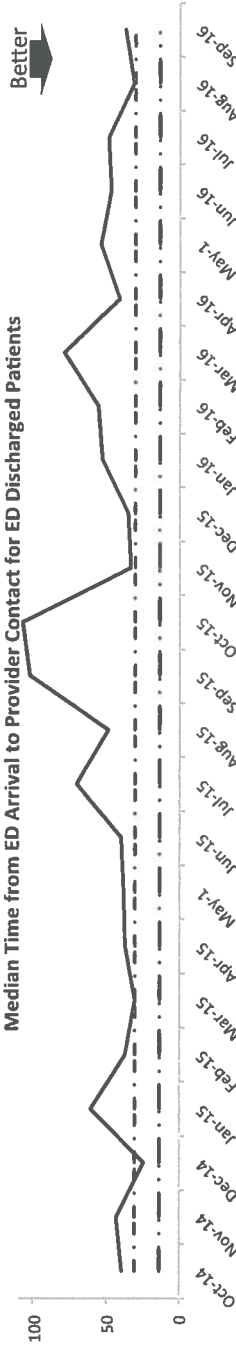
Median Time from ED Arrival to ED Departure for Discharged ED Patients



Action Plan

Improved staffing consistency for Team Triage which has improved throughput, but still saw some longer stays with BHU patients.

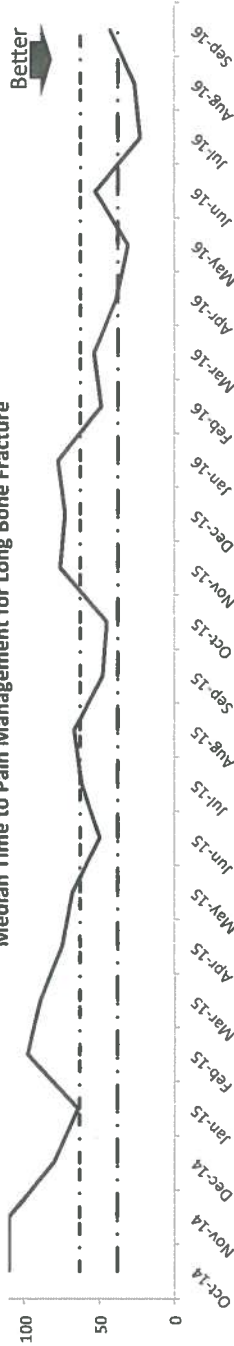
Median Time from ED Arrival to Provider Contact for ED Discharged Patients



Action Plan

Continued improvement as result of extended Team Triage hours and improved process.

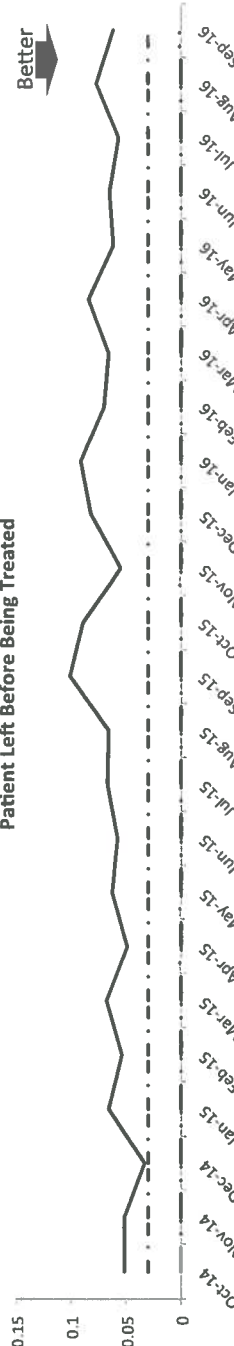
Median Time to Pain Management for Long Bone Fracture



Action Plan

New Traige documentation design and RN efforts have shown remarkable improvements. Still fine tuning. Now well below TCMC target.

Patient Left Before Being Treated



Action Plan

This rate increases when saturation hits the ED, have developed algorithm to predict when expect to see LWBS rate increase to be more proactive.



Tri-City Medical Center

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Volume

Spine Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	28	22	13	25								88
FY16	49	29	30	30	23	29	23	28	32	27	27	356

Mazor Robotic Spine Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	9	9	5	13								36
FY16	20	19	15	23	12	13	16	15	15	17	8	188

Inpatient DaVinci Robotic Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	8	11	8	13								40
FY16	9	10	8	8	13	11	9	13	14	8	8	120

Outpatient DaVinci Robotic Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	18	18	17	14								67
FY16	16	19	13	4	7	9	15	20	15	13	17	163

Performance compared to prior year:

Better Worse

Major Joint Replacement Surgery Cases (Lower Extremities)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	31	35	29	42								137
FY16	40	36	37	44	34	33	45	39	38	39	38	473

Inpatient Behavioral Health - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	16.5	15.6	15.0	16.2								15.8
FY16	19.9	19.6	17.6	18.0	16.0	16.7	17.5	15.5	15.2	14.5	15.3	17.0

Acute Rehab Unit - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	6.8	6.8	6.6	7.0								6.7
FY16	7.1	4.9	5.6	6.9	7.1	6.7	6.5	6.6	5.0	6.5	5.5	6.2

Neonatal Intensive Care Unit (NICU) - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	14.8	17.4	17.1	18.6								17.0
FY16	13.3	11.1	14.3	15.1	16.3	19.0	20.1	16.3	13.5	16.0	17.1	15.5

Hospital - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	178.6	191.9	181.3	183.9								184.0
FY16	183.9	183.4	199.7	187.7	182.4	200.6	202.9	203.0	186.7	200.7	183.9	191.9

Performance compared to prior year:

Better Worse

Deliveries

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	223	239	274	230								966
FY16	215	214	252	227	232	220	216	183	209	189	208	2565

Inpatient Cardiac Interventions

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	12	11	12									35
FY16	16	9	19	12	16	10	11	15	15	15	18	168

Outpatient Cardiac Interventions

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	4	4	6									14
FY16	7	3	7	4	5	7	6	6	6	4	2	64

Open Heart Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	10	9	8	7								34
FY16	7	14	4	6	7	10	2	8	13	12	5	95

TCMC Adjusted Factor (Total Revenue/IP Revenue)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
FY17	1.68	1.71	1.76	1.72								1.72
FY16	1.65	1.63	1.60	1.62	1.63	1.56	1.54	1.63	1.65	1.60	1.66	1.62

Performance compared to prior year:

Better Worse



Tri-City Medical Center

ADVANCED HEALTH CARE
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Financial Information

TCMC Days in Accounts Receivable (A/R)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD Avg	Goal Range
FY17	51.2	50.2	48.7	50.5									50.2	48-52
FY16	46.7	45.7	45.7	45.3	47.0	49.1	51.7	48.9	49.5	50.4	47.4	46.7	45.8	48-52

TCMC Days in Accounts Payable (A/P)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD Avg	Goal Range
FY17	78.9	81.6	86.5	88.1									83.8	75-100
FY16	83.6	85.8	92.1	88.7	84.0	82.5	83.6	81.1	81.4	81.1	81.1	80.7	87.5	75-100

TCHD EROE \$ in Thousands (Excess Revenue over Expenses)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY17	\$288	\$211	\$746	\$1,118									\$2,364	\$171
FY16	\$862	\$612	\$182	(\$189)	(\$513)	\$965	(\$1,784)	(\$411)	(\$220)	\$331	\$315	(\$1,842)	\$1,467	

TCHD EROE % of Total Operating Revenue

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY17	1.04%	0.75%	2.69%	3.99%									2.12%	0.15%
FY16	3.03%	2.20%	0.66%	-0.68%	-2.00%	3.40%	-6.31%	-1.53%	-0.77%	1.13%	1.09%	-6.82%	1.31%	

TCHD EBITDA \$ in Thousands (Earnings before Interest, Taxes, Depreciation and Amortization)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY17	\$1,583	\$1,496	\$2,015	\$2,365									\$7,459	\$5,405
FY16	\$2,046	\$1,817	\$1,357	\$1,011	\$644	\$2,155	(\$594)	\$797	\$1,019	\$1,530	\$1,598	(\$558)	\$6,231	

TCHD EBITDA % of Total Operating Revenue

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY17	5.70%	5.32%	7.27%	8.43%									6.68%	4.72%
FY16	7.20%	6.53%	4.90%	3.65%	2.50%	7.58%	-2.10%	2.97%	3.56%	5.22%	5.55%	-2.07%	5.58%	



Tri-City Medical Center

ADVANCED HEALTH CARE
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Financial Information

TCHD Paid FTE (Full-Time Equivalent) per Adjusted Occupied Bed

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY17	6.04	5.84	5.74	5.85									5.87	6.06
FY16	6.13	6.05	5.91	5.98	6.11	6.01	5.77	5.43	6.07	5.86	6.09	5.99	6.02	

TCHD Fixed Charge Coverage Covenant Calculation

	TTM Jul	TTM Aug	TTM Sep	TTM Oct	TTM Nov	TTM Dec	TTM Jan	TTM Feb	TTM Mar	TTM Apr	TTM May	TTM Jun	Covenant
FY17	1.37	1.37	1.37	1.59									1.10
FY16	1.88	1.96	2.15	2.05	1.85	1.92	1.87	1.73	1.70	1.82	1.63	1.47	1.10

TCHD Liquidity \$ in Millions (Cash + Available Revolving Line of Credit)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY17	\$29.1	\$29.4	\$26.8	\$18.9								
FY16	\$30.7	\$33.4	\$36.1	\$35.7	\$31.8	\$28.0	\$26.3	\$27.5	\$24.8	\$28.0	\$37.6	\$31.7



Building Operating Leases
Month Ending October 31, 2016

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	Lease Term Beginning	Lease Term Ending	Services & Location
Camelot Investments, LLC 5800 Armada Dr., #200 Carlsbad, CA 92008 V#15608	Approx 3,563	\$1.85	(a)	10,111.61	2/1/2015	10/31/18	PCP Clinic - Radiance 3998 Vista Way, Ste. C Oceanside, CA 92056
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.56	(a)	19,672.00	2/1/2015	10/31/18	PCP Clinic - Vista 1926 Via Centre Drive, Ste A Vista, CA
Elfin Investments, LLC Clancy Medical Group 20136 Elfin Creek Trail Escondido, CA 92029 V#82575	3,140	\$2.49	(a)	9,265.25	12/01/15	12/31/20	PCP Clinic 2375 Melrose Dr. Vista Vista, CA 92081
GCO 3621 Vista Way Oceanside, CA 92056 #V81473	1,583	\$1.92	(a)	3,398.15	01/01/13	10/31/16	Performance Improvement 3927 Waring Road, Ste.D Oceanside, Ca 92056
Investors Property Mgmt. Group c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214	\$1.93	(a)	10,062.36	09/01/12	08/31/17	OP Physical Therapy OP OT & OP Speech Therapy 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054
Melrose Plaza Complex, LP c/o Five K Management, Inc. P O Box 2522 La Jolla, CA 92038 V#43849	7,247	\$1.37	(a)	10,101.01	07/01/16	06/30/21	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	\$4.00	(a)	25,580.00	10/01/12	10/01/22	Chemotherapy/Infusion Oncology Center 3617 Vista Way, Bldg.5 Oceanside, Ca 92056
Ridgeway/Bradford CA LP DBA: Vista Town Center PO Box 19068 Irvine, CA 92663 V#81503	3,307	\$2.11	(a)	4,984.83	10/28/13	03/03/18	Vacant Building 510 Hacienda Drive Suite 108-A Vista, CA 92081
Tri City Real Estate Holding & Management Company, LLC 4002 Vista Way Oceanside, Ca 92056	6,123	\$1.37		7,861.19	12/19/11	12/18/16	Vacant Medical Office Building 4120 Waring Rd Oceanside, Ca 92056
Tri City Real Estate Holding & Management Company, LLC 4002 Vista Way Oceanside, Ca 92056	4,295	\$3.13		12,394.53	01/01/12	12/31/16	Vacant Bank Building Property 4000 Vista Way Oceanside, Ca 92056
Tri City Wellness, LLC 6250 El Camino Real Carlsbad, CA 92009 V#80388	Approx 87,000	\$4.08	(a)	246,428.00	07/01/13	06/30/28	Wellness Center 6250 El Camino Real Carlsbad, CA 92009
Total				\$359,858.93			

(a) Total Rent includes Base Rent plus property taxes, association fees, insurance, CAM expenses, etc.

Education & Travel Expense
Month Ending 10/31/16

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
6070	COUNCIL OF INTL NEONATAL NURSE	82316	2,279.65	78692	APRIL MCDONALD
7290	BLUEPRINT FOR OASIS ACCURACY WORKSHOP	71216	405.00	14369	CYNDI BOATRIGHT
8610	HUD AND HASD MEETING	100316	394.14	81508	STEVEN DIETLIN
8610	DHLF BOARD MEETING	102416	642.81	81508	STEVEN DIETLIN
8618	MED ASSETS/VIZIENT USER GROUP	92816	415.18	82830	CONNIE KRESSIN
8700	HEALTH CARE COMPLIANCE ASSOCIATION	678150	2,500.00	31894	COLLEEN THOMPSON
8710	CERNER CONFERENCE	101116	334.00	80739	SCOTT LIVINGSTONE
8740	SUPERVISION SPECIFIC FOR SOCIAL WORK	101316	105.00	16250	CHRISTI CHAFFEE
8740	COPD EDUCATION	92916	115.00	65658	MARGARET STRIMPLE
8740	LEGAL AND ETHIC ISSUES	102016	135.00	81330	MITCHELL COHEN
8740	ACLS RENEWAL COURSE	102016	150.00	82316	JULIE MEAGHER
8740	ACLS COURSE	92916	176.00	78896	EMELY BOLSTON
8740	ORTHO AND SPINE SYMPOSIUM	100616	180.00	27009	JUDITH FARR
8740	ORTHO AND SPINE SYMPOSIUM	101316	180.00	79202	LAURA WIDMAYER
8740	ORTHO AND SPINE SYMPOSIUM	101316	180.00	79494	DIANNE MONTIJO
8740	ACLS COURSE	101316	195.00	82829	GRECIA D GONZALEZ
8740	PHYSICAL THERAPY FLEX PACKAGE	101316	200.00	49111	ELLEN W. O'CONNOR
8740	SCRIPPS CANCER CARE SYMPOSIUM	102016	200.00	75743	CYNTHIA ZAJAC
8740	NEONATAL NURSES CONFERENCE	100616	200.00	81651	KAREN SULLIVAN
8740	NEONATAL CERTIFICATION	100616	200.00	81839	MARIA DALISAY RANOLA
8740	MSN-FNP PROGRAM	92616	640.00	28741	LORI FISHER
8740	BSN PROGRAM	101316	1,000.00	78896	EMELY BOLSTON
8740	COUNCIL OF INTERNATIONAL NEONATAL NURSE	906162	2,029.94	81979	SUSAN AZARIAN
8740	RN TO BSN PROGRAM	102016	2,500.00	81329	WENDEE ERICKSON
8740	RN TO BSN PROGRAM	101316	2,500.00	82609	ARLYN B FERNANDEZ
8740	RN TO BSN PROGRAM	102116	2,500.00	82690	MELISSA ANCHO
8758	HQI CONFERENCE	101216GIPSON	342.50	82808	LAURA GIPSON
8758	HQI CONFERENCE	101216THRIFT	342.50	82808	JESSICA THRIFT

**This report shows payments and/or reimbursements to employees and Board Members in the Education & Travel expense category in excess of \$100.00.

**Detailed backup is available from the Finance department upon request.