

**TRI-CITY HEALTHCARE DISTRICT  
AGENDA FOR A REGULAR MEETING  
August 25, 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"**

	<b>Agenda Item</b>	<b>Time Allotted</b>	<b>Requestor</b>
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	<b>2 Hours</b>	
	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 (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: August 25, 2016		
	d. 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 City of Oceanside Under Negotiation: Development program Date of disclosure: August 31, 2016		
	e. Conference with Legal Counsel – Potential Litigation (Authority Government Code Section 54956.9(d) (2 Matters))		

*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
	f. Approval of prior Closed Session Minutes		
	g. Conference with Legal Counsel – Existing Litigation (Authority Government Code Section 54956.9(d)1, (d)4)  (1) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108  (2) TCHD vs. Medical Acquisitions Company Case No: 2014-00022523		
7	Motion to go into Open Session		
8	Open Session		
	<b>Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.</b>		
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
11	Special Presentation –  UCSD Master Affiliation – Ms. Patty Maysent, CEO	10 min.	Chair/CEO
12	Community Update –  Intraoperative Radiation Therapy (IORT) Presentation – Dr. Katayoun Toosie	10 min.	Chair/CEO
13	Report from TCHD Auxiliary	5 min.	Standard
14	Report from Chief Executive Officer	10 min.	Standard
15	Report from Acting Chief Financial Officer	10 min.	Standard
16	New Business		
	a. Consideration to approve amended Conflict of Interest Code	5 min.	General Counsel
	b. Approval of a Group Physician Recruitment Agreement with Dr. Himani Singh and North County Oncology	10 min.	W. Knight
	c. Approval of a Physician Recruitment Agreement with Dr. Wilson Liu	10 min.	W. Knight



	Agenda Item	Time Allotted	Requestor
	<p>direction of the Neuroscience Institute Operations Committee for a term of 12 months, beginning September 1, 2016 through August 31, 2017, for an annual amount not to exceed \$4,800.</p> <p>4) Approval of the addition of Dr. Reshma Gokaldas to the ED On Call Coverage Panel for Neurology for a term of 22 months, beginning September 1, 2016 through June 30, 2018.</p> <p>5) Approval of an agreement with Dr. Charles Athill for acting as proctor for Electrophysiology (EP) Procedures for a term of 13 months, beginning July 1, 2016 through July 31, 2017, for an hourly rate of \$500, not to exceed 10 hours, for an annual cost not to exceed \$5,000 and a total cost for the term of \$5,000.</p> <p>6) Approval of an agreement with Lawson/INFOR for HR and Finance Lawson Apps daily maintenance support for a term of 12 months, beginning June 1, 2016 through May 31, 2017, for a monthly cost of \$23,383.30 and a total cost for the term of \$280,599.60.</p> <p>7) Approval of an agreement with CloudMed for Coding Auditing for a term of 12 months beginning September 1, 2016 through August 31, 2017, for a total cost for the term of 40% of agreed upon, rebilled and collected accounts audited by CloudMed, not to exceed \$400,000.</p> <p>8) Approval of an agreement with Siemens Medical Solutions for services on equipment in three IR Suites and on one MRI system for a term of five (5) years, beginning October 23, 2016 through October 22, 2021 for a total term expense not to exceed \$1,824,670.</p> <p><b>E. Professional Affairs Committee</b>  Director Mitchell, Committee Chair  (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p>1) <b><u>Patient Care Services Policies</u></b>  a. Biliary Drain, Care of Percutaneous Procedure  b. Patient Classification (Acuity) Procedure</p> <p>2) <b><u>Administrative Policies &amp; Procedures:</u></b>  a. Signage 215</p> <p>3) <b><u>Unit Specific – Infection Control</u></b>  a. Bed Bugs, Identification and Control  b. Bloodborne Pathogen Exposure Control Plan  c. Construction  d. Scabies and Lice</p> <p>4) <b><u>Women &amp; Newborn Services</u></b>  a. Infant Baptism (DELETE)</p>		PAC

	Agenda Item	Time Allotted	Requestor
	<p>4) Recommendation to refer Committee Charter to the Governance Committee.</p> <p><b>F. Governance &amp; Legislative Committee</b>  Director Dagostino, Committee Chair  Open Community Seats - 2  (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p>1) Approval of Board Policy 14-020 – Business Expense Reimbursement; Ethics Training</p> <p>2) Approval of Committee Charters:  a. Governance &amp; Legislative Committee  b. Audit, Compliance &amp; Ethics Committee  c. Human Resources Committee  d. Community Healthcare &amp; Alliance Committee</p> <p><b>G. Audit, Compliance &amp; Ethics Committee</b>  Director Finnila, Committee Chair  Open Community Seats – 0  <i>No meeting held in August, 2016</i></p> <p>(2) Minutes – Approval of:  a) Regular Board of Directors Meeting – July 28, 2016  b) Special Board of Directors Meeting – August 16, 2016</p> <p>(3) Meetings and Conferences - None</p> <p>(4) Dues and Memberships – ACHD Annual Membership - \$45,000</p>		<p>Gov. &amp; Leg. Comm.</p> <p>Audit, Comp. &amp; Ethics Comm.</p> <p>Standard</p> <p>Standard</p>
20	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
21	Reports (Discussion by exception only) (a) Dashboard - Included (b) Construction Report – None (c) Lease Report – (July 2016) (d) Reimbursement Disclosure Report – (July, 2016) (e) Seminar/Conference Reports - None	0-5 min.	Standard
22	Legislative Update	5 min.	Standard
23	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
24	Additional Comments by Chief Executive Officer	5 min.	Standard
25	Board Communications (three minutes per Board member)	18 min.	Standard
26	Report from Chairperson	3 min.	Standard
	Total Time Budgeted for Open Session	<b>2.5 hours</b>	

	<b>Agenda Item</b>	<b>Time Allotted</b>	<b>Requestor</b>
27	Oral Announcement of Items to be Discussed During Closed Session		
28	Motion to Return to Closed Session (if needed)		
29	Open Session		
30	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) – (If Needed)		
31	Adjournment		

# MEMORANDUM

AUSTIN  
DEL MAR HEIGHTS  
PHOENIX  
SAN DIEGO  
SILICON VALLEY**TO:** Board of Directors  
Tri-City Healthcare District**FILE NO:** 116569/000004**FROM:** Gregory V. Moser  
Merrick A. Wadsworth**CC:** Steve Dietlin, CEO**DATE:** August 19, 2016**RE:** Biennial Review of the District's Conflict of Interest Code

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The District is required to review its Conflict of Interest Code biennially to determine if an amendment is necessitated by changed circumstances. (Gov. Code, § 87306.5.) The District received a Biennial Review Notice on June 30, 2016 from the San Diego County Board of Supervisors, which is the District's code-reviewing body. We were asked to review the Code and other relevant documents, and recommend any necessary amendments in light of the significant staffing changes since 2013, which we understand is the last time the Code was amended and approved by the Board of Directors.

Enclosed are clean and strikethrough versions of the proposed amended Code. The amendments, which are not substantive, consist of adding new positions, renaming certain positions, and removing positions that no longer exist. These amendments are necessary to accurately reflect the District's current organizational structure. Once approved by the Board of Directors, the amended Code must be submitted to the County Board of Supervisors for final approval.

GVM/mwx

**APPENDIX**  
**CONFLICT OF INTEREST CODE**  
**OF THE**  
**TRI-CITY HEALTHCARE DISTRICT**

(Proposed ~~September 2013~~ August 2016)

**EXHIBIT "A"**

**OFFICIALS WHO MANAGE PUBLIC INVESTMENTS**

District Officials who manage public investments, as defined by California Code of Regulations, title 2, section 18700.34, subdivision (b), are not subject to the District's Code, but are subject to the disclosure requirements of the Act. (Gov. Code § 87200 *et seq.*) These positions are listed here for informational purposes only, and are required to file a statement of economic interest.

It has been determined that the positions listed below are officials who manage public investments<sup>1</sup>:

Members of the Board of Directors

President/Chief Executive Officer

Chief Financial Officer

**DESIGNATED POSITIONS**

**GOVERNED BY THE CONFLICT OF INTEREST CODE**

**DESIGNATED EMPLOYEES'**  
**TITLE OR FUNCTION**

**DISCLOSURE**  
**CATEGORIES ASSIGNED**

Vice President Legal Affairs

All

Chief Compliance Officer

All

Chief Marketing Officer/ Senior Vice President

All

Chief Strategy Officer

All

Chief Development Officer

All

<sup>1</sup> Individuals holding one of the above-listed positions may contact the FPPC for assistance or written advice regarding their filing obligations if they believe that their position has been categorized incorrectly. The FPPC makes the final determination whether a position is covered by Government Code section 87200.

Director of Facilities	5
<del>Senior Director of Finance and Controller</del>	<del>1,2</del>
<u>Director of Finance</u>	<u>1,2</u>
<del>Director Financial Planning and Analysis</del>	<del>1,2</del>
<u>Senior Vice President of Information Technology</u>	<u>1,5</u>
Director of Materials Management	5
Executive Vice President and Chief Operating Officer	All
Facilities Manager	6
General Legal Counsel	All
<del>Materials Purchasing</del> Manager	5
<del>Vice President Strategic Services and Business Integration</del>	<del>All</del>
<u>Vice President of Hospital Transformation</u>	<u>1,5</u>
<u>Senior</u> Director of Business Development	1,2,5
<del>Director of Business Development — Multicultural</del>	<del>1,2,6</del>
<del>Director of Business — OB</del>	<del>1,2,5</del>
Chief Development Officer	All
<del>Vice President and</del> Chief Human Resources Officer/ <u>Senior Vice President</u>	6
<u>Vice President of Human Resources</u>	<u>6</u>
<del>Chief Clinical Officer and</del> Chief Nurse Executive	5
<del>Vice President, Quality and Service Improvement</del>	<del>1,5</del>
Director of Total Rewards and HRIS	5
<del>Senior Director of Community Relations and Events</del>	<del>1,2</del>
Senior Director <u>of</u> Nursing	5,6
<del>Senior Director Support Services</del>	<del>5</del>

Directors and Senior Directors (ALL others not specified) 6

Employee Fiduciary Retirement Plan Subcommittee Members 7

Consultant<sup>2</sup>

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<sup>2</sup> Consultants shall be included in the list of Designated Employees and shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant, although a “designated position,” is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the disclosure requirements described in this Section. Such written determination shall include a description of the consultant’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer’s determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code.

## **EXHIBIT "B"**

### **DISCLOSURE CATEGORIES**

The disclosure categories listed below identify the types of investments, business entities, sources of income, including gifts, loans and travel payments, or real property which the Designated Employee must disclose for each disclosure category to which he or she is assigned.

Category 1: All investments and business positions in business entities, and sources of income that are located in, do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in, and sources of income from, business entities that are engaged in land development, construction or the acquisition or sale of real property within the jurisdiction of the District.

Category 4: All investments and business positions in, and sources of income from, business entities that are banking, savings and loan, or other financial institutions.

Category 5: All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the District.

Category 6: All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the Designated Employee's Department.

Category 7: All financial interests in investment advisors and managers; financial services providers, actuaries, and those providing fiduciary services (including record-keeping) to retirement plans.

**APPENDIX**  
**CONFLICT OF INTEREST CODE**  
**OF THE**  
**TRI-CITY HEALTHCARE DISTRICT**

(Proposed August 2016)

**EXHIBIT "A"**

**OFFICIALS WHO MANAGE PUBLIC INVESTMENTS**

District Officials who manage public investments, as defined by California Code of Regulations, title 2, section 18700.3, subdivision (b), are not subject to the District's Code, but are subject to the disclosure requirements of the Act. (Gov. Code § 87200 *et seq.*) These positions are listed here for informational purposes only, and are required to file a statement of economic interest.

It has been determined that the positions listed below are officials who manage public investments<sup>1</sup>:

Members of the Board of Directors

President/Chief Executive Officer

Chief Financial Officer

**DESIGNATED POSITIONS**

**GOVERNED BY THE CONFLICT OF INTEREST CODE**

<b><u>DESIGNATED EMPLOYEES'</u></b> <b><u>TITLE OR FUNCTION</u></b>	<b><u>DISCLOSURE</u></b> <b><u>CATEGORIES ASSIGNED</u></b>
Chief Compliance Officer	All
Chief Marketing Officer/ Senior Vice President	All
Chief Strategy Officer	All
Chief Development Officer	All
Director of Facilities	5

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<sup>1</sup> Individuals holding one of the above-listed positions may contact the FPPC for assistance or written advice regarding their filing obligations if they believe that their position has been categorized incorrectly. The FPPC makes the final determination whether a position is covered by Government Code section 87200.

Director of Finance	1,2
Senior Vice President of Information Technology	1,5
Director of Materials Management	5
Executive Vice President and Chief Operating Officer	All
Facilities Manager	6
General Legal Counsel	All
Purchasing Manager	5
Vice President of Hospital Transformation	1,5
Senior Director of Business Development	1,2,5
Chief Development Officer	All
Chief Human Resources Officer/ Senior Vice President	6
Vice President of Human Resources	6
Chief Nurse Executive	5
Director of Total Rewards and HRIS	5
Senior Director of Nursing	5,6
Directors and Senior Directors (ALL others not specified)	6
Employee Fiduciary Retirement Plan Subcommittee Members	7

Consultant<sup>2</sup>

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<sup>2</sup> Consultants shall be included in the list of Designated Employees and shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant, although a “designated position,” is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the disclosure requirements described in this Section. Such written determination shall include a description of the consultant’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer’s determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code.

## **EXHIBIT "B"**

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Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in, and sources of income from, business entities that are engaged in land development, construction or the acquisition or sale of real property within the jurisdiction of the District.

Category 4: All investments and business positions in, and sources of income from, business entities that are banking, savings and loan, or other financial institutions.

Category 5: All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the District.

Category 6: All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the Designated Employee's Department.

Category 7: All financial interests in investment advisors and managers; financial services providers, actuaries, and those providing fiduciary services (including record-keeping) to retirement plans.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**  
**DATE OF MEETING: August 16, 2016**  
**Physician Recruitment Proposal – Himani Singh, M.D.**

<b>Type of Agreement</b>		Medical Directors		Panel	X	Other: Recruitment Agreement
<b>Status of Agreement</b>	X	New Agreement		Renewal		

**Physician Name:** Himani Singh, M.D.  
**Areas of Service:** Hematology & Oncology

**Key Terms of Agreement:**

**Effective Date:** October 1, 2016 or the date Dr. Singh 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 Hematology/Oncology

**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:** \$300,000 annually (\$600,000 for two-years with a two-year forgiveness period)

**Sign-on Bonus:** \$25,000

**Relocation:** \$20,000 (Not part of Loan)

**Total Not to Exceed:** \$645,000 (Loan Amount = \$625,000)

**Unique Features:** Dr. Singh will join the group practice of North County Oncology, in Oceanside, CA with Dr. Warren Paroly, Dr. David Oblon, and Dr. Nayyar Siddique.

**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:** 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 \$645,000 in order to facilitate this Hematology/Oncology physician practicing medicine in the communities served by the District. This will be accomplished through a Group Physician Recruitment Agreement (not to exceed a two-year income guarantee with a two-year forgiveness period) with North County Oncology and Dr. Himani Singh.

## **Himani Singh, M.D.**

Phone: 347-683-1425

Email: [sinhim@gmail.com](mailto:sinhim@gmail.com)

### **Profile**

#### **HEMATOLOGY & ONCOLOGY**

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**“Providing compassionate, quality cancer care and giving patients the knowledge to make the most empowered decisions about their cancer diagnoses.”**

Board Certified, with experience delivering care to underserved populations and working effectively with multidisciplinary teams of all sizes. Background encompasses solid oncology, hematologic malignancies, benign hematologic disorders and cancer survivorship. Seeking to be a partner to patients in the midst of embarking on treatment plans, always keeping their interests at the forefront. Hindi and Punjabi fluent, Intermediate in French.

**Interests:** Patient Advocacy, Patient Safety, Public Health, Preventative Care, Genetic Counseling, Medical Ethics, Quality Improvement, Medical Education, Services Expansion

### **Education**

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- Fellowship in Hematology-Oncology- Thomas Jefferson University Hospital, PA (7/08-6/11)
- Residency in Internal Medicine (Associate Chief Resident between 2007-2008)- Norwalk Hospital, CT, affiliated with Yale University (7/05-6/08)
- Doctor of Medicine (M.D.)- St. George's University School of Medicine, West Indies (8/01-5/05)
- Bachelor of Science with Distinction (Biochemistry Major, Humanistic Studies Minor)- McGill University, Canada (9/97-6/01)
- Academic Honors: Dean's List at St. George's University (2001-2003), Member of Iota Epsilon Alpha (IEA) International Honor Medical Society (2002), Recipient of McGill University Entrance Award (1997), Ontario Scholar (1997)

### **Licensure & Certification**

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- ABIM Certified in Internal Medicine
- ABIM Certified in Medical Oncology
- ABIM Certified in Hematology
- Active Medical License for the State of NY, Medical Licensure in Progress for State of CA

### **Professional Appointments**

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#### **CLAXTON HEPBURN MEDICAL CENTER**

Ogdensburg, NY

8/11-Present

#### **Staff Hematologist/Medical Oncologist**

- Played integral role in services expansion to satellite clinics, as well as in development of Breast Cancer Program, providing much-needed medical assistance to an underserved region.
- Collaborated with multidisciplinary team in delivering quality care to a diverse, largely Medicare and Medicaid patient population. 2 Medical Oncologists, Radiation Oncologist, and NP.
- Addressed diverse range of cases including lung, colorectal, breast, genitourinary, gynecologic, Non-Hodgkin's Lymphoma, multiple myeloma and Langerhans Cell Histiocytosis. Displayed a keen interest in cancer survivorship.
- Gained significant experience with genetic counseling.

## Postdoctoral Training

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**THOMAS JEFFERSON UNIVERSITY HOSPITAL**  
Philadelphia, PA

7/08-6/11

### Hematology/Medical Oncology Fellowship

- Executed rotations at Hemophilia/Thrombosis Center, Heritable Anemias Program including adult Sickle Cell Center, and Coagulation Laboratory, treating patients with a wide range of non-malignant hematological conditions including myeloproliferative and platelet disorders.
- Gained experience across Hematology, Hematologic Malignancy/Blood and Marrow Transplant and Solid Tumor Oncology.

### Research Experience

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- Case Report, Eliminating the Need for Chronic Immunosuppression in a Kidney Transplant Recipient After Bone Marrow Transplantation from the Same Donor, Thomas Jefferson University, Margie Kasner, M.D. (4/10).
- Cohort Study to Determine the Impact of Tailored Navigation on Colorectal Cancer Screening Utilization among African Americans in Primary Care Practices, Thomas Jefferson University Hospital, Ronald E. Myers Ph.D. (1/10-6/11).
- Prospective Study Establishing the Effect of Blood Transfusion on Diagnosing the Underlying Cause of Anemia, Brown University and Norwalk Hospital, David Berz M.D. and Eric Mazur M.D. (1/06-5/08).

### Posters & Presentations

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- Singh H, Brandy K, Gebert J, Gharagozloo A. Panel Discussion on Breast Cancer Therapy Using a Multidisciplinary Approach, St. Lawrence University, Canton, NY. (10/12).
- Singh H, Ronald M. The Use of Decision Aids in Medical Oncology, Oncology Grand Rounds, Thomas Jefferson University Hospital, Philadelphia, PA (6/11).
- Singh H, Kulaga E. The Treatment of Lichen Planus with Low Molecular Weight Heparin. Poster Presentation, Annual American College of Physicians Meeting, Southington, CT (9/07).
- Singh H, Mazur E. Variant Sickle Cell Syndromes. Oral Presentation, Chief's Conference, Norwalk Hospital, Norwalk, CT (8/07).
- Singh H, Peretz D, Seeberger F. Research at Norwalk Hospital. Oral Presentation, Medical Grand Rounds, Norwalk Hospital, Norwalk, CT (12/06).
- Berz D, Singh H, Mazur E. The Effect of Blood Transfusion on Establishing the Underlying Cause of Anemia. Abstract Accepted to the American Society of Hematology Annual Meeting for Poster Presentation, Orlando, FL (12/06).
- Singh H, Berz D, Mazur E. The Effect of Blood Transfusion on Establishing the Underlying Cause of Anemia. Oral Presentation, Annual ACP Meeting, Southington, CT (10/06).
- Singh H, Hryniewicz K, Ruskin A. The Development of Secondary Hematological Malignancy Following Radiation & Chemotherapy for Primary Breast Carcinoma. Poster Presentation, Annual ACP Meeting, Southington, CT (10/05).
- Hryniewicz K, Singh H, Story D. A Case Series of Rapid Responses to Intravenous Recombinant Tissue Plasminogen Activator in Acute Stroke. Poster Presentation, Annual ACP Meeting, Southington, CT (10/05).

### Languages

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- Fluent in English, Hindi and Punjabi, Intermediate in French (Written and Spoken)

## FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: August 16, 2016

### Physician Recruitment Proposal - Wilson Liu, M.D.

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

**Physician Name:** Wilson Liu, M.D.

**Areas of Service:** Family Medicine

#### Key Terms of Agreement:

**Effective Date:** November 1, 2016 or the date Dr. Liu 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:** \$242,000 annually (\$484,000 for two years)

**Sign-on Bonus:** \$20,000

**Relocation:** \$10,000 (Not part of Loan)

**Total Not to Exceed:** \$514,000 (Loan Amount= \$504,000)

**Unique Features:** Dr. Wilson Liu, M.D. will join the group practice of Primary Health Partners in Oceanside, CA, with three other successful, well established physicians, Dr. Zimmermann, Dr. Gonzales, and Dr. Curran. Dr. Liu will fill the vacancy of Dr. Stewart leaving the practice recently.

#### 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:** 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 \$514,000 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 two-year income guarantee with a three-year forgiveness period) with Dr. Wilson Liu.

## **WILSON LIU, M.D.**

4330 Cereda Lane, Fairfield CA 94534

cell: (760) 809-2390

email: [wljazz58@gmail.com](mailto:wljazz58@gmail.com)

### **PROFILE**

Board certified family physician, encompassing pediatrics, adult, geriatrics

### **EXPERIENCE**

<b>Sutter Health Medical Group</b> Vallejo, California	8/2014 - present
<b>U.S. Naval Branch Health Clinic, Yokosuka</b> Sasebo, Japan	7/2011- 1/2014
<b>Waikiki Health Center</b> Honolulu, Hawaii	7/2009 - 1/2011
<b>Private Practice</b> Solo Carlsbad, California	7/2004 - 6/2009
<b>Private Practice</b> Partnership with Carl and Christopher Bengs, M.D. Carlsbad, California	4/1994 - 7/2004
<b>Harbor Family Medical Group</b> Harbor City, California	10/1993 - 2/1994
<b>Quick Care/California Medical Center and California Pediatric &amp; Family Center</b> Moonlighting during residency Los Angeles, California	7/1992 - 9/1993

### **HOSPITAL POSITIONS**

<b>Staff Physician, Tri-City Medical Center</b> Oceanside, California Admission and inpatient care of patients Emergency room call duty	4/1994 - 6/2009
<b>Physician Well-Being Committee, Tri-City Medical Center</b>	7/2008 - 6/2009
<b>Quality Review Committee, Family Medicine Department, Tri-City Medical Center</b>	7/2007 - 7/2008

## EDUCATION AND POST GRADUATE TRAINING

<b>USC/CALIFORNIA MEDICAL CENTER</b> <b>Family Practice Internship and Residency</b> Los Angeles, California	7/1990 - 7/1993
<b>THE CHICAGO MEDICAL SCHOOL</b> <b>Doctor of Medicine</b> North Chicago, Illinois	7/1986 - 6/1990
<b>UNIVERSITY OF CALIFORNIA, SAN DIEGO</b> <b>Bachelor of Arts, General Biology</b> La Jolla, California	9/1982 - 6/1986

## PROFESSIONAL CERTIFICATION AND LICENSURE

<b>American Board of Family Medicine</b>	7/1993 - 12/2017
<b>State of California</b>	4/1991 - 4/2017
<b>DEA</b>	4/1991 - 4/2018

## LANGUAGES

Spanish, Taiwanese, Japanese

## INTERESTS

Swimming, Martial Arts, Jazz music, Cooking, Gardening

**16 d.**

**TO BE DISTRIBUTED AT MEETING**



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF INITIAL CREDENTIALS REPORT**  
**August 10, 2016**

*Attachment A*

**INITIAL APPOINTMENTS** (Effective Dates: 8/26/2016– 7/31/2018)

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 8/26/2016 through 7/31/2018:

- BOONJINDASUP, Aaron M.D. Surgery/Urology (North Coast Urology Medical Associates)
- DHESI, Shawnjit, M.D./Anesthesiology (ASMG)
- GHARIBIANIANS, Nareg, M.D./Anesthesiology (ASMG)
- JAUREGUL, Nicholas, M.D./Family Medicine (Supportive Care Medical Group)
- MAHIL, Amreesh, M.D./Anesthesiology (ASMG)
- MCHALE, Michael, M.D./OB/GYN Oncology (UCSD)
- RASH, Dominique, M.D./Medicine/Radiation Oncology (UCSD)
- WILLINGHAM, Jennifer, M.D./Family Medicine (North County Health Services)
- ZHU, Shiyin, M.D./Anesthesiology (ASMG)

**INITIAL APPLICATION WITHDRAWAL:** (Voluntary unless otherwise specified)  
**Medical Staff:**

**TEMPORARY PRIVILEGES:** Medical Staff:

- JAUREGUL, Nicholas M.D./Family Medicine (Supportive Care Medical Group)

**TEMPORARY MEDICAL STAFF MEMBERSHIP:** Medical Staff:

None



TRI-CITY MEDICAL CENTER  
MEDICAL STAFF CREDENTIALS REPORT – 1 of 3  
August 10, 2016

Attachment B

**BIENNIAL REAPPOINTMENTS:** (Effective Dates 9/01/2016 –8/31/2018)

Any items of concern will be “red” flagged in this report. The following application was recommended for reappointment to the medical staff office effective 9/01/2016 through 8/31/18, 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:

- BATRA, Munish K., MD/Plastic Surgery/Courtesy
- BROOKER, JR, George A., MD/Anesthesiology/Courtesy
- CLARK, Ma. Belen. S., MD/Family Medicine/Active
- COFFLER, Mickey S., MD/Reproductive Endocrinology & Infertility/Active
- DHILLON-ASHLEY, Tina MD/Obstetrics & Gynecology/Provisional
- FENTON, Douglas., MD/ Obstetrics & Gynecology/Consulting
- GABRIEL, Steven M., MD/Emergency Medicine/Active
- GIL, Orna, MD/ Obstetrics & Gynecology /Active
- GROVE, Jay R., MD/General Surgery/Provisional
- GUPTA, Abhay, MD/Plastic Surgery/Active
- HERGESHEIMER, Charles E., MD/Internal Medicine/Affiliate
- ITALIANO, James E., MD/Family Medicine/Affiliate
- KARANIKKIS, Christos A., DO/ Obstetrics & Gynecology /Active
- KOKA, Anuradha., MD/Radiation Oncology/Active
- KOLLENGODE, Vijay S., MD/Anesthesiology/Provisional
- KRALL, Peter J., MD/Ophthalmology/Provisional
- MOTADEL, Kelly C., MD/Pediatrics/Active
- MOVAHHEDIAN, Hamid R., MD/Neonatology/Active



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF CREDENTIALS REPORT - 1 of 3**  
**August 10, 2016**

*Attachment B*

- MURILLO, Maria P., MD/Obstetrics & Gynecology/Active
- NGUYEN, Vu H., MD/Dermatology/Active
- PAZ, Alejandro, MD/Family Medicine/Active
- PEEL, Avanee S., MD/Teleradiology/Associate
- PERKINS, Rachel E., MD/Pediatrics/Provisional
- ROGERS, Christopher L., MD/Internal Medicine/Consulting
- SCHOELLERMAN, Manal M., MD/Teleradiology/Associate
- SHIMOMAYE, Susan Y., MD/Dermatology/Consulting
- SIDDIQUE, Nayyar, MD/Oncology/Active
- SNYDER, Ole W., MD/Family Medicine/Affiliate
- SOUZA, Victor L., MD/Internal Medicine/Active
- THUEN, Eric., DPM/Podiatric Surgery/Active
- TOOSIE, Katayoun, MD/General Surgery/Active
- VIERNES, Matthew E., MD/Gastroenterology/Active
- VRIDHACHALAM, Sanjeevi, MD/Teleradiology/Associate
- WADHWA, Ashish K., MD/Otolaryngology/Courtesy
- WAKEMAN, Gregory L., MD/Family Medicine/Affiliate

**UPDATE TO PREVIOUS REAPPOINTMENT:**

- HAN, James, DPM/Podiatric Surgery/Active
- OSTRUP, Richard C., MD/Neurological Surgery/Courtesy

**RESIGNATIONS:** (Effective date 8/31/2016 unless otherwise noted)

**Voluntary:**

- AIZARANI-HALLAK, Antoine, M.D.,/Plastic Surgery/Courtesy



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF CREDENTIALS REPORT – 1 of 3**  
**August 10, 2016**

*Attachment B*

- DAY, Luke, M.D./Emergency Medicine/Provisional
- MUNDT, Arno, MD/Radiation Oncology/Provisional



TRI-CITY MEDICAL CENTER  
MEDICAL STAFF CREDENTIALS REPORT – Part 3 of 3  
August 10, 2016

Attachment C

**PROCTORING RECOMMENDATIONS** (Effective 8/31/2016, unless otherwise specified)

- COHEN, David MD Cardiology
- HERMANN, Linda PA-C Allied Health Professional
- IYENGAR, Srinivas MD Ophthalmology
- KNECHT, Lauren MD Anesthesiology
- PASHMFOROUSH, Mohammad MD Cardiology
- POSADAS, Emerito MD Pediatrics
- STEWART-GARBRECHT, Eleanor CNM Allied Health Professional
- WALLACE, Aaron MD Anesthesiology



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3**  
**August 10, 2016**

*Attachment B*

**NON-REAPPOINTMENT RELATED STATUS MODIFICATIONS**  
**PRIVILEGE RELATED CHANGES**

**ADDITIONAL PRIVILEGE REQUEST**

The following practitioners requested the following privileges

- ZIZZO, Paola D.O.                      Internal Medicine

**AUTOMATIC RELINQUISHMENT OF PRIVILEGES**

The following practitioners were given six 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 8/31/16.

- O'BRIEN, Mark C., D.O                      Internal Medicine
- SHERMAN, Christopher L., D.O              Orthopedic Surgery

**VOLUNTARY RELINQUISHMENT OF PRIVILEGES**

The following practitioners voluntarily relinquished their privileges.

- WILLIAMS, Kristin M.D.                      OB/GYN
- ZIZZO, Paola D.O.                      Internal Medicine

**STAFF STATUS CHANGES**

- LINSON, Patrick MD
- ZIZZO, Paola DO

**TRI-CITY MEDICAL CENTER  
HUMAN RESOURCES COMMITTEE  
OF THE BOARD OF DIRECTORS  
August 9, 2016**

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

Topic	Discussion	Action Follow-up	Person(s) Responsible
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1. Call To Order	Chair Kellett called the meeting to order at 12:35 p.m.		Chair Kellett
2. Approval of the agenda	Chair Kellett called for a motion to approve the agenda of August 9, 2016. Director Reno moved and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellett
3. Comments from members of the public	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 July 12, 2016 meeting. Ginny Carson moved and Director Reno seconded the motion. The motion was carried unanimously with date of next meeting correction from July to August.		Chair Kellett

Topic	Discussion	Action Follow-up	Person(s) Responsible
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5. Old Business	None		
a. Recordkeeping RFP Comparison	Quinn Abler, Total Rewards & HRIS Director presented the committee with a side by side comparison summary. Quinn gave an overview on received recordkeeping services submissions and clarified submitted rates and fees. The committee discussed those outcomes and Lincoln's increase proposal which came in as the lowest proposed rate to date.	Chair Kellett called for a motion to approve Lincolns RFP. Director Mitchell moved and Director Kellett seconded the motion. The motion was carried unanimously.	Norma Braun
b. Turnover Report & Outcomes Plan	Norma Braun, CHRO clarified committee request from July and advised that turnover by department and trends by month analysis and planned actions to be taken with outcomes results of analysis findings will be compiled and presented in December in addition to being added to HRC work plan in July and December yearly per the committee's request.		Norma Braun
6. New Business			
c. B.O.D Dashboard- Stakeholder Experience	Esther Beverly, VP of HR discussed the recurring dashboard quarterly results and advised of moving to quarterly discussion on the agenda vs. monthly to avoid repetition of exact same data monthly.	The committee agreed to receive quarterly dashboard results quarterly vs. monthly.	Chair Kellett
d. Employee Health & Wellness	Rudy Gastelum, EHS Director updated the committee on the status of the employee wellness program. Rudy discussed incentives, active participant count, successes, challenges and overall program redesign.  The committee reviewed 2016 goals and discussed 2017 outcomes based incentive goals and request for proposals plan.		Norma Braun
e. Work Plan	The work plan was reviewed.		Chair Kellett

Topic	Discussion	Action Follow-up	Person(s) Responsible
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f. Committee Communications	Mrs. Reno enjoys interaction between current committee members.  NICU event blurb to all email users and HOTC requested by Dr. Hamid Movahedian.		Chair Kellett
g. Date of next meeting	<b>September 13, 2016</b>		Chair Kellett
h. Adjournment	Chair Kellett adjourned the meeting at 1:15 p.m.		Chair Kellett



Tri-City Medical Center

ADVANCED HEALTH CARE...FOR **YOU**

# REQUEST FOR PROPOSALS RECORD KEEPER RETIREMENT PLANS

Comparison Summary

HRC\_August 9<sup>th</sup>, 2016



# Tri-City Medical Center

## ADVANCED HEALTH CARE...FOR YOU

	MILLIMAN	RECORD KEEPER		FIDELITY
		EMPOWER	LINCOLN	
Annual Cost Estimate	\$42 per participant per plan plus .02% of plan assets and \$500 base fee	.08% of plan assets	\$110 per participant	\$40 per participant of plan assets
MAPP	\$95,160	\$105,136	\$59,693	\$133,459
MAPP per person	\$58.45	\$65	\$37	\$82
NSRP	\$74,956	\$90,158	\$45,760	\$108,523
NSRP per person	\$60.06	\$72	\$37	\$87
Deferred Comp	\$51,733	\$32,718	\$38,023	\$62,747
Deferred Comp per person	\$49.89	\$32	\$37	\$61
Total Annual Estimate	\$221,849	\$228,012	\$143,477	\$304,728
Total Annual Estimate per person	\$168	\$170	\$110	\$229
Additional Fees:				
Hard copy enrollment kits (each)	\$6	NA	NA	NA
Custom webinars (each)	\$600	NA	NA	NA
On-site employee meetings (each)	\$1,200	\$1,800	NA	\$1,800
Plan document services (if needed)	\$5,000	NA	NA	NA
Distributions/withdrawals (each)	\$35	\$50	NA	\$25
QDRO processing (each)	\$750	\$300	NA	\$200
Conversion fee	NA	\$78,260	NA	NA
Asset reconciliation (hourly)	NA	\$150	NA	NA
Plan termination fees	NA	\$39,130	NA	NA
Special Projects (hourly)	Hourly rates	NA	NA	\$175
Return of excess deferrals (each)	NA	NA	NA	\$25
Wire/ACH/Expedited Checks (each)	NA	\$15 - \$40	NA	\$25
Webcasts for employees	NA	NA	NA	\$400 - \$850

**Employee Fiduciary Subcommittee  
(No meeting held in  
August, 2016)**

**Community Healthcare  
Alliance Committee  
(No meeting held in August, 2016)**

**Tri-City Medical Center**  
**Finance, Operations and Planning Committee Minutes**  
**August 16, 2016**

<b>Members Present</b>	Director James Dagostino, Director Cyril Kellett, Director Julie Nygaard, Dr. John Kroener, Dr. Frank Corona, Kathleen Mendez, Carlo Marcuzzi, Steve Harrington, Wayne Lingenfelter
<b>Non-Voting Members Present:</b>	Steve Dietlin, CEO, Ray Rivas, Acting CFO, Kapua Conley, COO, Wayne Knight, Chief Strategy Officer, Cheryle Bernard-Shaw, CCO
<b>Others Present</b>	Director, Laura Mitchell, David Bennett, Colleen Thompson, Glen Newhart, Charlene Carty, Sharon Schultz, Norma Braun, Jane Dunmeyer, Sherry Miller, Thomas Moore, Terry Moede, Steve Young, Jeremy Raimo, Jody Root (Procopio), Barbara Hainsworth
<b>Members Absent:</b>	Marcus Contardo, M.D., Tim Keane

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to order	Director Dagostino called the meeting to order at 12:35 pm.		
2. Approval of Agenda		<b>MOTION</b> It was moved by Director Kellett, Director Nygaard seconded, and it was unanimously approved to accept the agenda of August 16, 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 July 19, 2016	Minutes were ratified.	Minutes were ratified. <b>MOTION</b> It was moved by Director Kellett, Ms. Mendez seconded, that the minutes of July 19, 2016, are to be approved without any requested modifications.	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
5. Old Business			
6. New Business			
a. Cardiovascular Health Institute – Operations Committee <ul style="list-style-type: none"> <li>Paul Sarkaria, M.D.</li> </ul>	Jeremy Raimo conveyed that this agreement was a renewal for Dr. Paul Sarkaria at the same rates, to continue as a member of the Operations Committee for the Cardiovascular Health Institute.	<b><u>MOTION</u></b> It was moved by Director Kellett, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Cardiovascular Institute Operations Committee Agreement for a 12 month term, beginning September 1, 2016 and ending August 31, 2017, for an annual amount not to exceed \$5,040.	Jeremy Raimo
b. Neuroscience Institute – Quality Committee Agreement <ul style="list-style-type: none"> <li>Bilal Choudry, M.D.</li> </ul>	Jeremy Raimo explained that this was a new agreement with Dr. Bilal Choudry to become a member of the Neuroscience Institute's Quality Committee. Discussion ensued.	<b><u>MOTION</u></b> It was moved by Director Kellett, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Quality Committee Agreement for a 12 month term, beginning September 1, 2016 and ending August 31, 2017, for an annual amount not to exceed \$4,800.	Jeremy Raimo
c. Neuroscience Institute – Operations Committee Agreement <ul style="list-style-type: none"> <li>Bilal Choudry, M.D.</li> </ul>	Jeremy Raimo explained that this was a new agreement with Dr. Bilal Choudry to become a member of the Neuroscience	<b><u>MOTION</u></b> It was moved by Director Kellett, Dr. Corona seconded, and it was unanimously approved that the	Jeremy Raimo

Topic	Discussions, Conclusions, Recommendations	Action Recommendations/Conclusions	Person(s) Responsible
	Institute's Operations Committee.	Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Operations Committee Agreement for a 12 month term, beginning September 1, 2016 and ending August 31, 2017, for an annual amount not to exceed \$4,800.	
d. Physician Agreement for ED On-Call Coverage – • Reshma Gokaldas, M.D.	Sherry Miller noted that this agreement is being submitted in order to add Dr. Reshma Gokaldas to the existing ED On-Call panel agreement for Neurology. She emphasized that there would be no increase in expense to the original agreement.	<u>MOTION</u> It was moved by Director Kellett, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors add Dr. Reshma Gokaldas to the currently existing ED On-Call Coverage Panel for Neurology for a term of 22 months, beginning September 1, 2016 and ending June 30, 2018.	Sherry Miller
e. Proposal for Proctoring • Charles Athill, M.D.	Sherry Miller conveyed that this agreement was to Dr. Charles Athill to act as a proctor for Electrophysiology (EP) procedures, and serve as a vehicle to ensure payment when proctoring services have been rendered.  During the discussion it was noted that the terms of this agreement should be changed to 13 months to agree with the beginning and	<u>MOTION</u> It was moved by Director Kellett, Dr. Kroener seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Charles Athill, M.D. for acting as proctor for a term of 13 months, beginning July 1, 2016 and ending July 31, 2017, for an hourly rate of \$500, not to exceed 10 hours, for an annual cost not to exceed \$5,000, and a total cost for the term	Sherry Miller

Topic	Discussions, Conclusions, Recommendations	Action Recommendations/Conclusions	Person(s) Responsible
	ending dates of July 1, 2016 and July 31, 2017.	not to exceed \$5,000. <i>Barbara Hainsworth to amend this write-up</i>	
f. Proposal for Lawson/INFOR Renewal	Terry Moede shared that this was a renewal agreement at the same rates of the Lawson/INFOR systems, used by Finance and Human Resources. She emphasized that this system is a business based application which is critical for providing fiscal decision and support data.	<u>MOTION</u> It was moved by Director Kellett, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Lawson Apps daily and Finance Lawson Apps daily maintenance-support for a term of 12 months, beginning June 1, 2016 and ending May 31, 2017 for monthly cost of \$23,383.30, and a total cost for the term of \$280,599.60.	Terry Moede
g. CloudMed Proposal	Colleen Thompson conveyed that CloudMed is a firm that provides audits of inpatient accounts to confirm accuracy of the DRG's assigned by the coders. They also provide comments relating to query opportunities, as well as confirmation of clinical documentation available to support the coding edits recommended. Discussion ensued.	<u>MOTION</u> It was moved by Director Nygaard, Dr. Kroener seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with CloudMed for Coding Auditing for a term of 12 months beginning September 1, 2016 and ending August 31, 2017, for a total cost for the term of 40% of agreed upon, rebilled & collected accounts audited by CloudMed, not to exceed \$400,000.	Colleen Thompson
h. Proposal for Siemens Medical Solutions Service Contract	Steve Young explained that this agreement is for a service contract on three angiographic machines, one MRI machine, two computer image processing workstations,	<u>MOTION</u> It was moved by Dr. Corona, Ms. Mendez seconded, and it was unanimously approved that the Finance, Operations and Planning	Steve Young

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	one power injector and one high capacity universal power supply. He emphasized that vendors frequently give priority to service contracts over those that are for time and material only. Discussion ensued.	Committee recommend that the TCHD Board of Directors authorize the agreement with Siemens Medical Solutions for services on equipment in three IR Suites and on one MRI system for a term of 5 years, beginning October 23, 2016 and ending October 22, 2021 for a total term expense not to exceed \$1,824,670.	
i. Physician Recruitment Proposal • Himani Singh, M.D.	Jeremy Raimo gave a brief PowerPoint presentation regarding the recruitment for Dr. Himani Singh, whose specialty is Hematology and Oncology. She will be joining the North County Oncology practice, which currently consists of Drs. Paroly, Oblon and Siddique.  Jeremy noted that the October 1, 2017 effective date for this agreement is incorrect and should be changed to October 1, 2016.	<u><b>MOTION</b></u> It was moved by Dr. Corona, Ms. Mendez seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD 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 \$645,000 in order to facilitate this Hematology/Oncology physician practicing medicine in the communities served by the District. This will be accomplished through a Group Physician Recruitment Agreement (not to exceed a two-year income guarantee with a two-year forgiveness period) with North County Oncology and Dr. Himani Singh. <i>Barbara Hainsworth to amend this write-up</i>	Jeremy Raimo
j. Physician Recruitment Proposal • Wilson Liu, M.D.	Jeremy Raimo gave a brief PowerPoint presentation regarding the recruitment of Dr. Wilson Liu whose specialty is Family Medicine. He is returning to the	<u><b>MOTION</b></u> It was moved by Dr. Corona, Ms. Mendez seconded, and it was unanimously approved that the Finance, Operations and Planning	Jeremy Raimo

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible																												
	<p>area, and will be joining the practice of Primary Health Partners, which now consists of Drs. Zimmerman, Gonzales and Curran. Dr. Liu will be filling the vacancy of departing Dr. Stewart, who is leaving the practice.</p> <p>Jody Root commented that the Motion should be changed to reflect that the agreement is with Dr. Liu, and not with Primary Health Partners.</p>	<p>Committee recommend that the TCHD 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 \$514,000 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 two-year income guarantee with a three-year forgiveness period) with Primary Health Partners and Dr. Wilson Liu.</p> <p><i>Barbara Hainsworth to amend this write-up</i></p>																													
k. Financials	<p>Ray Rivas presented the financials ending July 31, 2016 (dollars in thousands)</p> <table><tr><th colspan="2">Fiscal Year to Date</th></tr><tr><td>Operating Revenue</td><td>\$ 27,765</td></tr><tr><td>Operating Expense</td><td>\$ 27,895</td></tr><tr><td>EBITDA</td><td>\$ 1,583</td></tr><tr><td>EROE</td><td>\$ 288</td></tr></table> <table><tr><th colspan="2">TCMC – Key Indicators – Current Month</th></tr><tr><td>Avg. Daily Census</td><td>179</td></tr><tr><td>Adjusted Patient Days</td><td>9,315</td></tr><tr><td>Surgery Cases</td><td>545</td></tr><tr><td>Deliveries</td><td>223</td></tr><tr><td>ED Visits</td><td>5,727</td></tr></table> <table><tr><th colspan="2">TCMC - Net Patient A/R &amp; Days in Net A/R By Fiscal Year</th></tr><tr><td>Net Patient A/R (in millions)</td><td>\$ 44.3</td></tr><tr><td>Days in Net A/R</td><td>51.2</td></tr></table> <p>Graphs:</p>	Fiscal Year to Date		Operating Revenue	\$ 27,765	Operating Expense	\$ 27,895	EBITDA	\$ 1,583	EROE	\$ 288	TCMC – Key Indicators – Current Month		Avg. Daily Census	179	Adjusted Patient Days	9,315	Surgery Cases	545	Deliveries	223	ED Visits	5,727	TCMC - Net Patient A/R & Days in Net A/R By Fiscal Year		Net Patient A/R (in millions)	\$ 44.3	Days in Net A/R	51.2		Ray Rivas
Fiscal Year to Date																															
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Topic	Discussions, Conclusions/Recommendations	Action Recommendations/Conclusions	Person(s) Responsible
	<ul style="list-style-type: none"> <li>• TCMC-Net Days in Patient Accounts Receivable</li> <li>• TCMC-Adjusted Patient Days</li> <li>• TCMC-Acute Average Length of Stay</li> <li>• TCMC Emergency Department Visits</li> </ul>		
I. Work Plan – Information Only	<p>Director Dagostino reported that these agenda items were for review only, but Committee members were welcome to ask questions.</p>	Chairman	
<ul style="list-style-type: none"> <li>• ICD-10 Update</li> </ul>	<p>Colleen Thompson gave a brief PowerPoint presentation reflecting the workgroups involved in the ICD-10 transition, as well as the coder impact/challenges, and the revenue cycle impact of the ICD-10 implementation. She also shared that new coding updates will be introduced in October.</p>	Colleen Thompson	
<ul style="list-style-type: none"> <li>• Dashboard</li> </ul>	<p>No discussion</p> <p>Discussion ensued regarding the status of the Work Plan. Director Nygaard conveyed that it would be helpful to have an annual update on the status of the Institutes:</p> <ul style="list-style-type: none"> <li>• Cardiovascular</li> <li>• Neuroscience</li> <li>• Orthopaedic</li> </ul> <p>After some discussion, it was decided to add an annual update to the Work Plan for the Institutes.</p>	Ray Rivas	

Topic	Discussions, Conclusions, Recommendations	Action Recommendations/Conclusions	Person(s) Responsible
	In addition, after some discussion it was determined that the Blue Belt Robotic Knee System should be deleted from the Work Plan.	<i>Barbara Hainsworth to make the requested modifications to the Work Plan</i>	
7. Comments by Committee Members		None	Chair
8. Date of next meeting	September 20, 2016		Chair
9. Community Openings (none)			
10. Adjournment	Meeting adjourned 1:56 pm		



### FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: August 16, 2016

### CARDIOVASCULAR HEALTH INSTITUTE – OPERATIONS COMMITTEE AGREEMENT

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

**Physician Name:** Paul Sarkaria, M.D.

**Area of Service:** Cardiovascular Institute (CVHI) Operations Committee

**Term of Agreement:** 12 months, Beginning, Sept. 1, 2016 – Ending, August 31, 2017

#### Maximum Totals:

Rate/ Hour	Hours per Month	Hours per Term	Monthly Cost	Cost per Term
\$210	2	24	\$420	\$5,040

These terms are the same terms as previously approved in the CVHI documents (co-management agreement) and budget.

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

\*\*Institute agreements have been reviewed by outside counsel

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

#### Position Responsibilities:

Physician shall serve as Committee Member and shall be responsible for the medical direction of the Specialty Area.

#### 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 an expenditure for the Cardiovascular Institute Operations Committee Agreement for a 12 month term, beginning September 1, 2016 and ending August 31, 2017, for an annual amount not to exceed \$5,040.

**FINANCE, OPERATIONS & PLANNING COMMITTEE  
DATE OF MEETING: August 16, 2016  
NEUROSCIENCE INSTITUTE – QUALITY COMMITTEE AGREEMENT**

<b>Type of Agreement</b>		Medical Directors		Panel	X	Other: Quality Committee Agreement
<b>Status of Agreement</b>	X	New Agreement		Renewal – New Rates		Renewal – Same Rates

**Physician Name:** Bilal Choudry, M.D.

**Area of Service:** Neuroscience Institute (NI) Quality Committee

**Term of Agreement:** 12 months, Beginning, September 1, 2016 - Ending, August 31, 2017

**Maximum Totals:**

Rate/ Hour	Hours per Month	Hours per Term	Monthly Cost	Cost per Term
\$200	2	24	\$400	\$4,800

These terms are the same terms as previously approved in the Neuroscience Institute documents (co-management agreement) and budget.

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

\*\*Institute agreements have been reviewed by outside counsel

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

**Position Responsibilities:**

Physician shall serve as Committee Member and shall be responsible for the medical direction of the Specialty Area - Electroencephalography

**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 an expenditure for the Neuroscience Institute Quality Committee Agreement for a 12 month term, beginning September 1, 2016 and ending August 31, 2017, for an annual amount not to exceed \$4,800.

**FINANCE, OPERATIONS & PLANNING COMMITTEE  
DATE OF MEETING: August 16, 2016  
NEUROSCIENCE INSTITUTE – OPERATIONS COMMITTEE AGREEMENT**

<b>Type of Agreement</b>		Medical Directors		Panel	X	Other: Operations Committee Agreement
<b>Status of Agreement</b>	X	New Agreement		Renewal – New Rates		Renewal – Same Rates

**Physician Name:** Bilal Choudry, M.D.

**Area of Service:** Neuroscience Institute (NI) Operations Committee

**Term of Agreement:** 12 months, Beginning, September 1, 2016 - Ending, August 31, 2017

**Maximum Totals:**

Rate/ Hour	Hours per Month	Hours per Term	Monthly Cost	Cost per Term
\$200	2	24	\$400	\$4,800

These terms are the same terms as previously approved in the Neuroscience Institute documents (co-management agreement) and budget.

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

\*\*Institute agreements have been reviewed by outside counsel

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

**Position Responsibilities:**

Physician shall serve as Committee Member and shall be responsible for the medical direction of the Specialty Area -- Electroencephalography

**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 an expenditure for the Neuroscience Institute Operations Committee Agreement for a 12 month term, beginning September 1, 2016 and ending August 31, 2017, for an annual amount not to exceed \$4,800.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**  
**DATE OF MEETING: August 16, 2016**  
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE - Neurology**

<b>Type of Agreement</b>		Medical Directors	X	Panel		Other:
<b>Status of Agreement</b>		New Agreement		Renewal – New Rates	X	Renewal – Same Rates

**Physician's Name:** Reshma Gokaldas, MD

**Area of Service:** Emergency Department On-Call: Neurology

**Term of Agreement:** 22 months, Beginning, September 1, 2016 – Ending, June 30, 2018

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
 For entire Current ED On-Call Area of Service Coverage: Neurology  
 New physician to existing panel, no increase in expense

<b>Rate/Day</b>	<b>Current Panel Days per Year</b>	<b>Current Panel Annual Cost</b>
\$740	FY17: 303 FY18: 365	FY17: \$224,220 FY18: \$270,100
	<b>Total Term Cost:</b>	<b>\$494,320</b>

**Position Responsibilities:**

- Provide 24/7 patient coverage for all Neurology specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

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:** Sherry Miller, Manager, Medical Staff / Kapua Conley, Chief Operating Officer

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors add Dr. Reshma Gokaldas to the currently existing ED On-Call Coverage Panel for Neurology for a term of 22 months, beginning September 1, 2016 and ending June 30, 2018.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: August 16, 2016**
**PROPOSAL FOR PROCTORING – Dr. Charles Athill**

<b>Type of Agreement</b>		Medical Directors		Panel	X	Other:
<b>Status of Agreement</b>	X	New Agreement		Renewal – New Rates		Renewal – Same Rates

**Vendor's Name:** Charles Athill, M.D.

**Area of Service:** Cardiology

**Term of Agreement:** 13 months, Beginning, July 1, 2016 – Ending, July 31, 2017

**Maximum Totals:**

<b>Hourly Rate</b>	<b>Annual Hours Not to Exceed</b>	<b>Annual Cost Not to Exceed</b>	<b>Total Term Cost Not to Exceed</b>
\$500	10 hrs.	\$5,000	\$5,000

**Description of Services/Supplies:**

- Act as a Proctor: Electrophysiology (EP) Procedures

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

**Person responsible for oversight of agreement:** Sherry Miller, Manager, Medical Staff / Kapua Conley, Chief Operating Officer

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Charles Athill, M.D. for acting as proctor for a term of 13 months, beginning July 1, 2016 and ending July 31, 2017, for an hourly rate of \$500, not to exceed 10 hours, for an annual cost not to exceed \$5,000, and a total cost for the term not to exceed \$5,000.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: August 16, 2016**
**PROPOSAL FOR LAWSON/INFOR RENEWAL**

<b>Type of Agreement</b>		Medical Directors		Panel		Other:
<b>Status of Agreement</b>		New Agreement		Renewal – New Rates	X	Renewal – Same Rates

**Vendor's Name:** Lawson/INFOR

**Area of Service:** Business Required Systems for Finance, Human Resources Management

**Term of Agreement:** 12 months, Beginning, June, 1 2016 – Ending, May 31, 2017

**Maximum Totals:**

Monthly Cost	Annual Cost	Total Term Cost
\$23,383.30	\$280,599.60	\$280,599.60

**Description of Services/Supplies:**

- Original contract 11/13/1985, daily maintenance and support services for business required services.
- Lawson is a business based application vendor providing finance/human resource services for accounts payable, general ledger, benefits management, scheduling and staffing management. These applications provide/support business critical services for TCMC including the reporting of specific data that provides fiscal decision support data.
- Required for HR and Finance Departments that is scheduled to expire the end of August 2016.

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:** Terry Moede, VP of Information Technology (IT) / Kapua Conley, Chief Operating Officer

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Lawson/INFOR for HR and Finance Lawson Apps daily maintenance-support for a term of 12 months, beginning June 1, 2016 and ending May 31, 2017 for monthly cost of \$23,383.30, and a total cost for the term of \$280,599.60.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: August 16, 2016**
**CLOUDMED PROPOSAL**

<b>Type of Agreement</b>		Medical Directors		Panel	X	Other: Coding Audit Service
<b>Status of Agreement</b>	X	New Agreement		Renewal – New Rates		Renewal – Same Rates

**Vendor's Name:** CloudMed

**Area of Service:** Medical Records/HIM

**Term of Agreement:** 12 months, Beginning, September 1, 2016 – Ending, August 31, 2017

**Maximum Totals:**

<b>Total Term Cost</b>
40% of agreed upon, rebilled & collected accounts, not to exceed \$400,000

**Description of Services/Supplies:**

- CloudMed will conduct audits of Inpatient accounts to confirm accuracy of the DRG assigned and provide comments relating to query opportunity as well as confirmation of the clinical documentation available to support the coding edits recommended.

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:** Colleen Thompson, Director, Medical Records / Ray Rivas, Acting Chief Financial Officer

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with CloudMed for Coding Auditing for a term of 12 months beginning September 1, 2016 and ending August 31, 2017, for a total cost for the term of 40% of agreed upon, rebilled & collected accounts audited by CloudMed, not to exceed \$400,000.

**FINANCE, OPERATIONS & PLANNING COMMITTEE  
DATE OF MEETING: August 16, 2016  
PROPOSAL FOR: Siemens Medical Solutions Service Contract**

<b>Type of Agreement</b>		Medical Directors		Panel		Other:
<b>Status of Agreement</b>		New Agreement	X	Renewal – New Rates		Renewal – Same Rates

**Vendor's Name:** Siemens Medical Solutions

**Area of Service:** Interventional Radiology

**Term of Agreement:** 5 years, Beginning, October 23, 2016 – Ending, October 22, 2021

**Maximum Totals:**

<b>Monthly Cost</b>	<b>Annual Cost</b>	<b>Total Term Cost</b>
\$30,411	\$364,934	\$1,824,670

**Description of Services/Supplies:**

- Service contract on three angiographic machines, one 1.5T MRI machine, two Syngo computer image processing workstations, one Power injector and one high capacity 15KVA universal power supply.
- Monthly expense prorated to account for varying existing contract expiration dates

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:** Steve Young, Director, Imaging / Kapua Conley, Chief Operating Officer

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Siemens Medical Solutions for services on equipment in three IR Suites and on one MRI system for a term of 5 years, beginning October 23, 2016 and ending October 22, 2021 for a total term expense not to exceed \$1,824,670.

## Tri-City Medical Center Professional Affairs Committee Meeting Open Session Minutes August 11, 2016

**Members Present:** Director Laura Mitchell (Chair), Director Larry Schallock, Dr. Marcus Contardo, Dr. Gene Ma, and Dr. Johnson.

**Non-Voting Members Present:** Steve Dietlin, CEO, Kapua Conlery, COO/ Exe. VP, Sharon Schultz, CNE/ Sr. VP, and Cheryle Bernard-Shaw, Chief Compliance Officer.

**Others present:** Rick Barton and Natalie Mueller, General Counsel, Marcia Cavanaugh, Sr. Director for Regulatory and Compliance, Jami Pearson, Director for Regulatory Compliance, Cli. Quality and Infection Control, Kathy Topp, Lisa Mattia, Rowena Okumura, Patricia Guerra and Karren Hertz.

**Members Absent:** Director Finnilla and Dr. Scott Worman.

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
1. Call To Order	Director Mitchell called the meeting to order at 12:12 p.m. in Assembly Room 1.		Director Mitchell
2. Approval of Agenda	The committee reviewed the agenda and there were no additions or modifications.	Motion to approve the agenda was made by Director Schallock and seconded by Dr. Contardo.	Director Mitchell
3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	Director Mitchell read the paragraph regarding comments from members of the public.		Director Mitchell

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
4. Ratification of minutes of July 2016.	Director Mitchell called for a motion to approve the minutes from July 14, 2016 meeting.	Minutes ratified. Director Schallcock moved and Dr. Contardo seconded the motion to approve the minutes from July 2016.	Karren Hertz
5. New Business <ul style="list-style-type: none"> <li>a. Consideration and Possible Approval of Policies and Procedures</li> </ul> <b>Patient Care Policies and Procedures:</b> <ul style="list-style-type: none"> <li>1. Biliary Drain, Care of Percutaneous Procedure</li> <li>2. Patient Classification (Acuity) Procedure</li> </ul> <b>Administrative Policies and Procedures</b> <ul style="list-style-type: none"> <li>1. Signage 215</li> </ul>	<p>There was no discussion on this policy.</p> <p>There was a question from the group if nursing intensity is used as one of the parameters in acuity classification. Sharon clarified that the patient classification is based on nursing model (Synergy) and some units customize it accordingly. The Emergency Dept. and L&amp;D though used a different classification system that is different from the other units/departments.</p> <p>The use of synthetic materials for signages was mentioned in this policy. It was noted that synthetic materials are considered fire-</p>	<p><b>ACTION:</b> The Patient Care Services policies and procedures were approved. Dr. Johnson moved and Director Schallcock seconded the motion to approve the policies moving forward for Board approval.</p> <p><b>ACTION:</b> The Administrative policies and procedures were approved. Director Schallcock</p>	<p>Patricia Guerra</p> <p>Patricia Guerra</p>

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
<p><b>Unit Specific Infection Control</b></p> <p>1. Bed Bugs, Identification and Control</p> <p>2. Bloodborne Pathogen Exposure Control Plan</p> <p>3. Construction</p> <p>4. Scabies and Lice</p>	<p>retardant in accordance to the Fire Department requirements.</p> <p>There was a brief discussion on this policy and it was noted only the EVS personnel have the specific solution that safely eliminates this insect.</p> <p>Director Schallock asked about the difference of an Infection Preventionist from an Infection Control practitioner. Instead of "employees", it was recommended by a number of people in the committee to have it be modified to "healthcare workers" for the purpose of having the policy expand its coverage.</p> <p>The issue of asbestos was mentioned; it was defined that asbestos is more of a hazard than an infection control issue. Director Mitchell commended the breakdown of the risk groups as it easily identifies the category, factors and risk evaluation for this policy.</p> <p>The group had a brief discussion; head lice do not fly. It was also clarified that scabies and lice are not reportable to CDPH.</p>	<p>moved and Dr. Johnson seconded the motion to approve the policies moving forward for Board approval.</p> <p><b>ACTION:</b> The Infection Control policies and procedures were approved. Director Schallock moved and Dr. Contardo seconded the motion to approve the policies moving forward for Board approval.</p>	<p>Patricia Guerra</p>

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
<b>Women's and Newborn Services</b>			
1. Infant Baptism	This policy is a deletion.		
6. Clinical Contracts	No contracts were reviewed for this month.	<b>ACTION:</b> No action taken.	Director Mitchell
7. PAC Charter	<p>Cheryle Bernard-Shaw presented the revised draft of the PAC Charter. Some of the revisions were made:</p> <ul style="list-style-type: none"> <li>• The committee purpose was modified to say "to assist the Board in healthcare delivery oversight"</li> <li>• Performance of clinical service providers was taken out</li> <li>• Charter needs to be reviewed every three (3) years instead of annually.</li> <li>• The Medical Staff Quality Assurance committees was changed to say QAPI.</li> </ul>	<b>ACTION:</b> The PAC Charter was approved with revisions. Final clean copy will be reviewed by Board Chair Mitchell before going to the Board for approval this month.	Cheryle Bernard-Shaw
8. Closed Session	Director Mitchell asked for a motion to go into Closed Session.	Dr. Johnson moved, Director Schallock seconded and it was unanimously approved to go into closed session at 12:50 PM.	Director Mitchell
9. Return to Open Session	The Committee return to Open Session at 2:22 PM.		Director Mitchell
10. Reports of the Chairperson of Any Action Taken in Closed Session	There were no actions taken.		Director Mitchell
11. Comments from Members of the Committee	No Comments.		Director Mitchell

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
12. Adjournment	Meeting adjourned at 2:24 PM		Director Mitchell

**PROFESSIONAL AFFAIRS COMMITTEE**  
**August 11<sup>th</sup>, 2016**

**CONTACT: Sharon Schultz, CNE**

[illegible]

**PROCEDURE: BILIARY DRAIN, CARE OF PERCUTANEOUS**

**Purpose:** To outline the nursing responsibilities in the care of percutaneous biliary drains.

**Supportive Data:** A biliary drain is used for the treatment of biliary stone disease, biliary strictures, biopsy of biliary ducts, and relief of obstructive symptoms due to unresectable malignant tumors.

**Equipment:**

1. Gloves
2. Face Shield or Mask or Goggles
3. Collection Container
4. Biohazard disposal bag available.

**A. POLICY:****1. Maintenance**

- a. Ensure locking mechanism of drainage tube is in locked position to maintain proper and secure placement of drain or as ordered by physician
- b. Secure drainage bag to prevent tension or accidental dislodgement.

**2. Bathing**

- a. ~~No shower or bath for 72 hours~~ While biliary drain is in place, ensure insertion site remains dry.
- b. **Remove dressing, clean area with soap and water, pat dry and replace dressing**
  - a.i. **It is normal to have small-crusted area appear around the site, just soften with water and remove**

**B. PROCEDURE:****1. Emptying the Drainage Bag**

- a. Empty drainage bag when it becomes half full or every shift.
- b. Don clean gloves. If splashing is anticipated wear mask, eye protection, and/or gown.
- c. Empty drainage bag into a measuring container and carefully avoid touching the spout of the drainage container.
- d. Dispose of drainage in the toilet; avoid splashing contents.
- e. Document the amount and type of fluid drained in the medical record.

**2. Changing the dressing**

- a. Change biliary drain dressing every other day and PRN or as ordered.
- b. Perform hand hygiene
- c. Don clean gloves
- d. Place the following supplies on a clean surface:
  - i. Tegaderm bandage
  - ii. Chlorhexadine swab
  - iii. Drain gauze
- e. Remove the soiled dressing
- f. Change gloves as necessary
- g. Assess insertion site for redness and oozing of fluid. Notify the primary care or Interventional Radiology (IR) provider if these signs are noted.
- h. Using Chlorhexadine swabs (or povidone iodine swabs if the patient is allergic to chlorhexadine), scrub a circular pattern around the exit site for 30 seconds. Allow to dry for 60 seconds.
- i. Place drainage gauze around insertion site.
- j. Apply Tegaderm on top of the gauze and over the tube, and apply additional tape to secure tube as needed to prevent dislodgement.
- k. Write the date and time of dressing change and your initials on the dressing.
- l. Document in the medical record.

Department Review	Clinical Policies & Procedures	Nursing Executive Council	Department of Radiology	Medical Executive Committee	Professional Affairs Committee	Board of Directors
06/09, 10/10, 02/11, 11/14	02/11, 12/14	03/11, 12/14	08/15	04/11, 01/16	05/11, 08/16	08/09, 05/11

3. **Removal of Drains**

- a. If drain was removed by IR or other physician, maintain dressing over drain site until site is healed. Secure gauze dressing with tape and change PRN.
- b. If drain was removed accidentally:
  - i. Cover drain site with gauze and dressing.
  - ii. Notify IR and primary care physician.
  - iii. Collect drain, tubing and other associated products to send with patient to IR.
  - iv. Contact Risk Management regarding accidental withdrawal.
  - v. Document incident in medical record.

C. **REFERENCES:**

1. Ohio State University Medical Center. (2008, March 18). Biliary drainage. Retrieved May 30, 2009, from <http://medicalcenter.osu.edu/PatientEd/Materials/PDFDocs/diagnost/gastro/biliary.pdf>
2. Kocher M, Cerna M, Havlík R, Kral V, Gryga A, Duda M. Percutaneous treatment of benign bile duct strictures. *Eur J Radiol*. May 2007;62(2):170-4.
3. Link BC, Yekebas EF, Bogoevski D. et al. Percutaneous transhepatic cholangiodrainage as resuce therapy for symptomatic biliary leakage without biliary tract dilation after major surgery. *J. Gastroinest surgery*. Feb 2007; 11 (2): 166-70
4. Gottrup, F., Nix, D. P. & Bryant, R. A. *The multidisciplinary team approach to wound management*. In R. A. Bryant, & D. P. Nix (Eds.), Acute & chronic wounds: Current management concepts (3rd ed., pp. 23-38). St. Louis, MO: Mosby.

**PROCEDURE: PATIENT CLASSIFICATION (ACUITY)**

**Purpose:** To provide an assessment of the care needs intensity of each patient per shift to assist in determining the appropriate staffing based on acuity and ratios

**Supportive Data:** In accordance with the rules and regulations of Title 22 and Joint Commission

**A. RESPONSIBILITIES:**

1. The Managers, Assistant Nurse Manager (ANM) or designees are responsible to ensure that licensed staff complete Patient Classifications (Acuity) for their patients each shift.
  - a. Each patient's classification should reflect the patient's actual care intensity and Activities of Daily Living (ADL) needs for the current shift.
2. Nursing is responsible for Patient Classification utilizing the Cerner Acuity Powerform; this includes Acute Rehab, 1 North, 2 Pavilion, 3 Pavilion, 4 Pavilion, Behavioral Health Unit (BHU), Intensive Care Unit (ICU), Mother Baby, Nursery, Neonatal Intensive Care (NICU), Telemetry and Forensics Inpatient Progressive Care Unit.
3. The Emergency Department and Labor & Delivery will utilize a census based tracking form.

**B. PROCEDURE FOR THOSE UTILIZING THE CERNER POWERFORM FOR ACUITY:**

1. A task will be triggered at 1200 and midnight each day to the nurse assigned to the patient on their unit.
2. The primary **Registered Nurse (RN)** is required to complete the acuity on the patient by 1300 and 0100 or the task will be noted as overdue.
  - a. There are care intensity and ADL indicators.
    - i. The Care Intensity indicator is defined by minimal, moderate, high, 1:1 and 2:1 levels.
    - ii. The ADL indicator is defined by minimal, moderate and high.
    - iii. Each care intensity and ADL indicator is unit specific based on the patient population and has a weight associated to it that assists in determining the acuity of the patient.
3. The ANM or designee is responsible to verify that all acuities are completed each shift.
4. ~~The ANM or designee will complete the Staffing Calculator by 1500 and 0300 which reflects the acuity of the patients as completed by the licensed staff and the minimum number of staff required based on the acuity and minimum staffing ratios.~~
5. ~~This information is submitted electronically to Staffing Resource Center if completed by the times specified.~~
  - a. ~~If the ANM or designee is late in completing the Staffing Calculator, they are responsible for faxing a copy of their completed Daily Summary Reports which reflects this information to staffing as soon as possible.~~

**C. PROCEDURE FOR THOSE UTILIZING CENSUS BASED TRACKING (EMERGENCY DEPARTMENT AND LABOR & DELIVERY):**

1. The coder will document on the Acuity Daily Report the Emergency Department census at 0700 and 1900. **A daily Emergency Department (ED) Activity Log is generated at 0700 for the previous 24 hours which reflects the total patients seen, Patients Left Without Treatment, ICU admissions and hospital admissions in the last 24 hours. Emergency Severity Index (ESI) acuity levels are documented in Firstnet when patients arrive in Triage.**
2. The **Labor and Delivery** ANM or designee will document on the ~~Acuity Daily Report~~**Daily Staffing Sheet** the Labor & Delivery census at 0700 and 1900. **The ANM or designee will fax this 24 hour retrospective report to staffing by 0900 for filing.**

Department Review	Clinical Policies & Procedures	Nursing Executive Council	Medical Staff Department / Division	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
11/12, 07/16	12/12, 07/16	12/12, 07/16	n/a	n/a	4/12, n/a	04/13, 08/16	04/13

~~3. The ANM or designee will fax this 24 hour retrospective report to staffing by 0900 for filing.~~

D. **INTER-RATER RELIABILITY PROCESS:**

1. The purpose of this process is to ensure the consistency among the registered nurses in the interpretation and use of the Patient Classification (Acuity) powerform.
2. Each shift ~~a task will be triggered by Corner to the ANM or designee to~~ will complete an Acuity Validation on patients within their department.
  - a. ~~The task is set to randomly pick~~ **Two (2)** patients per department for 1N, 2P, ~~3P~~, 4P, BHU & Rehab.
  - b. ~~The task is set to randomly pick~~ **One (1)** patient per custom location for ICU, Tele and Mother Baby **and Inpatient Progressive Care Unit.**
  - c. ~~If a patient isn't assigned to the bed randomly chosen for that shift, a replacement validation order will not be triggered.~~
  3. ~~One Acuity Validation per day will be completed by the ANM/or designee for Patients on 3 N/S (Forensics)~~
- 4.3. This information will be monitored on a monthly basis and reported as appropriate.

E. **FORMS REFERENCED WHICH CAN BE LOCATED ON THE INTRANET:**

1. ~~Acuity Daily Report Labor & Delivery~~
2. ~~Acuity Daily Report Emergency Department~~

Administrative Policy Manual

ISSUE DATE: 07/86

SUBJECT: Signage

REVISION DATE: 5/88; 6/94; 5/03, 8/06, 5/09, 8/12

POLICY NUMBER: 8610-215

Department Approval:	07/16
Administrative Policies & Procedures Committee Approval:	07/1207/16
Professional Affairs Committee Approval:	08/1208/16
Board of Directors Approval:	08/12

A. **PURPOSE:**

1. To act in accordance with applicable statutory or regulatory requirements, Tri-City Medical Center (TCMC) Healthcare District (TCHD) will post or display signs and informational notices within the facility. To provide consistent signage, while ensuring a safe and aesthetically pleasing environment for our patients, guests and employees.

B. **DEFINITIONS:**

- B-1. **Permanent signage/signs:** Signs that are mounted with the intention of being a permanent or long term fixture. Examples: Directional way-finding signs, wall pictures, no smoking signs, regulatory signage.
2. **Temporary signage/signs:** Signs or postings that are put up with the intention of being in place for a limited amount of time. Examples: Educational class notices, Foundation or Auxiliary fundraising events, temporary detour directional signs, seasonal flu advisory notices.

C. **POLICY:**

1. ~~TCMC~~ TCHD will post and maintain signage as required by the California Department of Public Health, Title 22 California Code of Regulations, other California law, and The Joint Commission and Medicare Conditions of Participation requirements.
2. All requests for permanent sign requests signage/signs must be approved by the ~~Vice President of Support Services~~ Chief Operating Officer (COO)/designee.
3. Prior to any signs being posted in the facility, whether permanent or temporary they will need to be approved by the Environment of Care/Safety Officer to ensure they meet approved specifications and regulatory requirements. (Exceptions listed below: 4.a-c)
- D-4. All advertising and marketing materials designed for an internal or external audience, that contain the Tri-City Healthcare District or Tri-City Medical Center name and logo must be created and/or approved by the Chief Marketing Officer/designee. This includes all brochures, calendars, fliers, handouts, pamphlets, stationary, website and broadcast production, etc.
  - a. Education related flyers used to promoted educational opportunities, classes, Hot Topics, etc. only require the approval of the Director of Education, Clinical Informatics and Staffing.
  - b. Union Materials: No material shall be posted until approved and initialed by the Chief Human Resources Officer (CHRO)/designee. Approved postings are to be displayed on designated bulletin boards. Postings outside of designated areas are prohibited.
  - c. Temporary signs/flyers posted within department break rooms, lounges, and educational boards only require the approval of the department director, manager or departmental designee.
2. ~~Paper signage may not be posted in fire corridors unless it is laminated, or framed, or printed on fully synthetic paper.~~

- ~~3. Prior to signs being posted in the facility they will need to be approved by the TCMC Sign Committee to ensure they meet approved specifications.~~
- 5. The Facilities department is responsible for the installation and maintenance of all permanent interior and exterior signage/signs, pictures, signposts, and directional signage.**
- 4.6. Paper signage may not be posted in fire corridors unless it is laminated, framed, or printed on fully synthetic paper. Contact the Environment of Care/Safety Officer for guidance and clarification.**

**E.D. REFERENCES:**

- 1. California Department of Public Health, Title 22 California Code of Regulations**
- 2. The Joint Commission and Medicare Conditions of Participation**

## INFECTION CONTROL POLICY MANUAL

ISSUE DATE: NEW

SUBJECT: Bed Bugs, Identification and Control

REVISION DATE(S):

Department Approval Date(s):	07/16
Infection Control Committee Approval Date(s):	07/16
Pharmacy and Therapeutics Approval Date(s):	n/a
Medical Executive Committee Approval Date(s):	07/16
Professional Affairs Committee Approval Date(s):	08/16
Board of Directors Approval Date(s):	

**A. DEFINITION:**

1. Bed bugs (*Cimex lectularius*): small, flat, wingless, parasitic insects that feed solely on the blood of people and animals while they sleep.
  - a. Adult bed bugs are 5-6mm (1/4 inch) & reddish brown in color, while young bed bugs are 1mm-4mm (1/16"-1/4") & translucent.
  - b. Bed bugs do not transmit disease. Bed bug bites will cause red, raised itchy, reactions on the skin. Scratching can lead to secondary skin infections. Bed bugs are moved from infested areas to non-infested areas on clothing, luggage, furniture, or bedding. They hide during the day in places such as seams of mattresses and box springs, bed frames, dresser, tables and cracks and crevices or objects around the bed. Bed bugs can live several months without a blood meal.

**B. PURPOSE:**

1. Provide assistance in identifying and controlling bed bug infestation.

**C. POLICY:**

1. Movement of the patient to other areas of the hospital should be limited.
  - a. Use disposable suit to provide containment as needed for infestations during transport throughout facility

**D. PROCEDURE:**

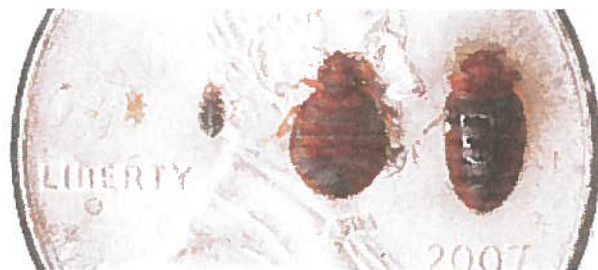
1. While in the **Emergency Department (ED)**:
  - a. Place patient in Contact Precautions upon realizing or suspecting the patient has bed bugs.
  - b. Exam the patient to determine if bed bugs are present.
  - c. Place patient in clean gown and linens upon orders for inpatient admission.
  - d. Bag up all personal clothing & belongings and seal the bag tightly. Keep sealed until the patient is discharged. If the patient is being admitted, send clothes and personal belongings home with family if possible.
  - e. Contact **Environmental Services (EVS)** to clean the room once patient has been discharged from bed space. Inform EVS room may have contained bed bugs.
2. Upon inpatient admission:
  - a. Continue Contact Precautions.
  - b. Continue to keep all clothes and personal belongings sealed tightly. Send clothes and personal belongings with family if possible.
  - c. Have the patient shower if possible.

- d. Place work order to notify Building Engineering once patient has been admitted to the room. Include the reason: potential bed bug infestation and will need to have pest control inspection once patient has been discharged from room.
3. Upon discharge:
  - a. Once patient is discharged notify Building Engineering so they can contact Pest Control to inspect room.
  - b. Once the room is cleared through Building Engineering (& Pest Control), contact ~~Environmental Services~~ **EVS** to have room terminally cleaned.

E. **REFERENCE LIST:**

1. <http://www.cdc.gov/parasites/bedbugs/faqs.html>
2. <http://www.cdph.ca.gov/healthinfo/discond/Pages/BedBugs.aspx>
3. <https://www.cdph.ca.gov/HealthInfo/discond/Documents/BedBugGuidelines.pdf>

## ALL LIFE STAGES



NYMPHS, OR BABY BED BUGS, ARE SLIGHTLY SMALLER AND NEARLY COLORLESS WHEN THEY FIRST HATCH, BECOMING DARKER AS THEY MATURE. ADULT BED BUGS DO NOT FLY, BUT CRAWL WHEN SEEKING REFUGE OR A HOST.

Infection Control Policy Manual

ISSUE DATE: 9/01

SUBJECT: Bloodborne Pathogen Exposure  
Control Plan

REVISION DATE: 9/02; 9/03; 9/04; 9/05; 10/06, 10/07; 10/08; 10/09; 10/10; 10/12, 10/15

Infection Control Department Approval:	07/4507/16
Infection Control Committee Approval:	07/4507/16
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	09/4507/16
Professional Affairs Committee Approval:	10/4508/16
Board of Directors Approval:	10/15

A. **INTRODUCTION:**

1. Legal mandates and regulatory agencies such as the California code of Regulation Title 8, Occupational Safety and Health Administration and the Centers of Disease Control and Prevention have set standards and published guidelines for the implementation of the Bloodborne Pathogen Exposure Control Plan.

B. **PURPOSE:**

1. The purpose of the Bloodborne Pathogens Exposure Control Plan is to reduce occupational exposure and transmission of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens. The second purpose is to satisfy the Occupational Safety and Health Administration (OSHA) regulations (29 CFR 1910.1030). Our plan outlines the steps we take to protect **healthcare workers**~~our employees~~ from the health hazards associated with bloodborne pathogens and to provide appropriate treatment and counseling after an exposure.

C. **SCOPE:**

1. This plan applies to all inpatient and outpatient services of Tri-City Healthcare District (TCHD)

D. **AVAILABILITY TO HEALTHCARE WORKERSEMPLOYEES:**

1. To help them with their efforts, our facility's Bloodborne Exposure Control Plan is available to **healthcare workers**~~our employees~~ at any time. The policy can be accessed in the Infection Control Manual located on the Intranet. Information is presented in ~~the new employee-orientation~~ and during annual reviews.

E. **PROGRAM ADMINISTRATION:**

1. Employee Health Services is responsible for the implementation, maintenance, and administration of the Injury Prevention Program. In conjunction with the ~~linfection P~~preventionist, she/he will review and update the Exposure Control Plan at least annually and whenever necessary to include new or modified tasks and procedures.
2. To assist the Director of Safety/ Environment of Care (EOC) in carrying out their duties, the Environmental Health and Safety (EHSC) Committee and following specific people will be contacted as needed.
  - a. Infection Preventionist
  - b. Employee Health
  - c. Staff Educator
  - d. Engineering
  - e. Human Resources
  - f. Environmental Service Managers

3. Department Directors, Managers, and Supervisors are responsible for compliance in their respective areas. They work directly with the Director of Safety/EOC, the Infection Control Department, Education Department, Employee Health Nurse and our employees to ensure that proper exposure control procedures are followed.
  - a. Managers will support activities that encourage the active involvement of employees in education and safety programs. Managers will oversee employees so that initial training and annual review of bloodborne pathogens are completed prior to annual job evaluations.
  - b. Registry and contract staff are oriented to the hospital's exposure control plan prior to working.
  - c. Annually, managers will complete the template "Safer Work Practices" (see **Appendix A Safer Work Survey**) with input from employees with respect to the procedures performed in their respective work areas or departments related to safe work practices, engineered safety devices and personal protective equipment (PPE).
  - d. Managers will review quality review reports (RL Solutions) their employees complete to document why they did not use an available safety device.
    - i. Managers will counsel employees who do not use safe practices, PPE, and/or safety devices.
4. The Director/Manager of Education and Training Services has been selected to be the facility's Education/Training Coordinator. He/she is responsible for providing information and training to all employees with potential for exposure to bloodborne pathogens including:
  - a. Developing and scheduling suitable education/training programs.
  - b. Periodically reviewing training programs with the Environment of Care Officer, Employee Health, Infection Control, and Department Managers/Supervisors to include appropriate new information.
  - c. Training records are maintained for three years and available for examination and copying to our employees, as well as OSHA representatives. The records contain the following information, dates of all training sessions, contents/summary of the training sessions, and names and qualifications of the instructors as well as the names and job titles of employees attending.
5. Materials Management and Environmental Services will provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers and sharps safety devices), labels, and red bags as required by the standard.
6. ~~The Product Standardization~~ **Clinical Value Analysis Team** Committee has been identified as the multi-disciplinary group with primary responsibility for introducing sharps safety products to TCHD. The committee will provide guidance in product selection, seeking to provide cost-effective safety devices.
  - a. Review and selection Sharps Safety Products will follow established routes and include input from non-managerial employees responsible for direct patient care who are potentially exposed to contaminated sharps and injury. See **Appendix B Clinical Value Analysis Team Product Evaluation** and **User Product Evaluation**.
  - b. Product Selection will follow a hierarchy of risk (i.e. high-risk procedures and devices targeted first). The committee will act on recommendations from Environment of Care or Infection Control Committees related to health care injuries and need for alternative product.
  - c. All products will be judged by specific criteria and selection will be guided by user recommendations.
  - d. See **Appendix D Product List** for a table of safety devices that have been adopted.
7. Employees who are determined to have occupational exposure to blood and other potentially infectious materials (OPIM) must comply with the procedures and work practices deemed appropriate. They are actively involved in reviewing and updating the exposure control plan with respect to the procedures performed in the course of their work.
  - a. Our employees are expected to complete initial bloodborne pathogens training and annual review.
  - b. They participate in updating the bloodborne pathogen standard with respect to the procedures performed in their work area or department. "Safer Work Practices" (**Appendix**

**ASafer Work Survey).**

- c. Licensed healthcare professionals are required to complete a quality review report (RL Solutions) when they do not use available Sharps safety devices during the care of a patient. The report will outline their determination of why using an engineering control would have jeopardized the patient's safety or the success of a medical, dental, or nursing procedure.
- d. Employees will participate in the trial and selection of new safety devices.
8. The EHSC will compile and trend the information gathered above. August has been selected as the regular month for annual plan update.
  - a. Safety rounds are conducted on an annual or biannual (for patient care units or departments) schedule.
  - b. Information from the annual "Safer Work Survey" is compiled by the Director of Safety/EOC or designee and reported to Environment of Care, Infection Control, and Products Standards Committees.
  - c. Risk, Legal and Regulatory Services forwards information from incident and Quality Review Reports to the Director of Safety/EOC as appropriate.
  - d. The information will be used to update the Exposure Control Plan with respect to:
    - i. Areas where engineering controls are currently employed.
    - ii. Areas where engineering controls can be updated.
    - iii. Areas currently not employing engineering controls, but where engineering controls could be beneficial.
  - e. Area Safety Representatives will support safe work practices by participating in education efforts and reporting concerns.
9. Employee Health, ~~assisted by Work Partners, Emergency Department,~~ and Infection Control will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. See the Employee Health Services policy "Occupational Exposure to Blood/Body Fluid Secretions."
  - a. Hepatitis B vaccination series is available at no cost and employees are encouraged to be vaccinated. See the Employee Health Policy "Hepatitis B Vaccine Immunization Protocol."
  - b. Exposure incidents are evaluated to determine if the case meets OSHA's Record keeping Requirements (29 CFR 1904). The maintenance of the OSHA log is an Employee Health responsibility.
  - c. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records." These confidential records are kept in Employee Health for at least the duration of employment plus 30 years and are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.
  - d. Employee Health identifies products involved in contaminated sharps injuries and reports this information to Material Management so that the number of those devices ordered in the previous year can be reported to the EHSC.
  - e. Recommendations are made to the Product Standardization Committee- when a need for a safety device or alternative product is detected.
  - f. Recommendations are made to service or department managers when issues related to unsafe work practices are identified. Referrals are made to appropriate Medical Staff Chairpersons.
  - g. Employee Health will present sharps Injury data specific to TCHD at the Infection Control Committee meeting annually (i.e. safety devices, work practice changes or engineering).

**F. EXPOSURE DETERMINATION:**

1. The State of California (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).
2. See Appendix ~~E~~**Potential Blood Exposure by Job Category** for a list of the job classifications in

our facility where all or some employees handle human blood and OPIM, which may result in possible exposure to bloodborne pathogens.

3. Since not all of the employees in these categories would be expected to incur exposure to blood OPIM, examples of tasks/procedures that would cause these employees to have occupational exposure are listed in ~~Appendix E~~ **Potential Blood Exposure by Job Category**.

G. **ENGINEERING CONTROLS:**

1. One of the key aspects to our Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. On December 17, 1998 the Cal/OSHA Standards Board adopted emergency regulation revisions to Title 8, Section 5193 to meet mandates of Assembly Bill 1208. On January 2001, Federal OSHA was instructed to add sharps safety to national requirements. The major purpose of the revisions is to increase protection from sharps injuries by supplying employees with engineered sharps safety devices.
  - a. If available, needleless systems are required for withdrawal of body fluids after the initial venous or arterial access is established administration of medications or fluids, and other procedures with potential for exposure to a contaminated needle.
  - b. If needleless systems are not used then needles with engineered sharps injury protection are required for withdrawal of body fluids, accessing a vein or artery, administration of medication or fluids, and other procedures with potential for exposure to blood or OPIM.
  - c. Other sharp devices with potential for contamination with blood or body fluids (e.g. scalpels, lancets, broken capillary tubes, and drills) are also required to have engineered sharps protection.
  - d. TCHD is exempt from implementation if at least one the following is applicable.
    - i. The device is not available in the marketplace.
    - ii. A licensed healthcare professional directly involved in a patient's care determines that the use of the engineering control will jeopardize patient care or safety.
    - iii. An objective product evaluation has been completed indicating that the device is not more effective in reducing sharps injuries than the device currently used by TCHD;
    - iv. There is a lack of sufficient information to determine whether a new device on the market will effectively reduce the chances of a sharps injury and an objective product evaluation is being conducted.
  - e. See the table on ~~Appendix D~~ **Product List** for a review of the Sharps Safety Devices that have been adopted.
  - f. Contaminated needles and other contaminated sharps are not sheared or broken. They are not bent, recapped, or removed unless it can be demonstrated that there is no feasible alternative. Recapping or needle removal is accomplished using a mechanical device or a one-handed technique.
  - g. Containers for contaminated sharps are easily accessible to personnel and located as close as is feasible to the area where sharps are used or can be reasonably anticipated to be found.
    - i. Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use.
    - ii. Sharps containers have the following characteristics: rigid, puncture-resistant, portable, if it is necessary to ensure easy access by user, color-coded and labeled with a biohazard warning label, and leak-proof on the sides and bottom. These containers lock when closed and do not reopen easily
    - iii. The sharps containers for single use items are disposable and are not opened, emptied, or manually cleaned. In the event of a special circumstance when it would be necessary to access the container, it would be reprocessed or decontaminated.
    - iv. The containers are maintained upright throughout use and are replaced as needed when  $\frac{3}{4}$  full. A contract service is responsible for replacing containers as needed.
  - h. In addition to the engineering controls identified on these lists, the following engineering controls are used throughout our facility.

- i. Hand washing facilities and waterless hand cleansers are readily accessible to employees with potential for exposure.
- ii. Specimen containers are leak-proof. No special label/color coding is required for intra-facility specimens as Standard Precautions are utilized in the handling of all specimens and containers are recognizable as containing specimens.
- iii. Secondary containers are used if the specimen could puncture primary container or outside contamination.

H. **WORK PRACTICE CONTROLS:**

1. In addition to engineering controls, our facility uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens.
  - a. Employees follow Standard Precautions with every patient. As a result, we treat all human blood and the following other potentially infectious materials (OPIM) as if they are known to be infectious for HBV, Hepatitis C Virus (HCV), HIV, and other bloodborne pathogens:
    - i. Semen
    - ii. Vaginal Secretions
    - iii. Peritoneal fluid
    - iv. Tissue and Organs
    - v. Amniotic fluid
    - vi. Synovial fluid
    - vii. Pleural fluid
    - viii. Saliva with visible blood
    - ix. Pericardial fluid
    - x. Cerebrospinal fluid
  - b. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
    - i. Food and drink are not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.
    - ii. For example, eating and drinking is not allowed at nurses stations, in patient rooms, on patient bedside tables, or other places where patients, specimens, or dirty instruments/devices might have touched.
  - c. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
  - d. All procedures involving blood or other infectious materials are performed to minimize splashing, spraying or other actions generating droplets of these materials.
  - e. Equipment, which becomes contaminated, is cleaned with a hospital-approved disinfectant as soon as possible.
    - i. If shipping of equipment for repairs is required, the device will be cleaned or an appropriate biohazard-warning label is attached to any contaminated equipment, identifying the contaminated portions.
    - ii. Information regarding the contamination is conveyed to all affected employees, the equipment manufacturer, and the equipment service representative.

I. **PERSONAL PROTECTIVE EQUIPMENT:**

1. The employee's 'last line of defense' against bloodborne pathogens. Because of this, our facility provides (at no cost to our employees) the Personal Protective Equipment that they need to protect themselves against such exposure. See ~~Appendix F~~ **Standard Precautions-Personal Protective Equipment Table** for tasks/PPE suggested. This equipment includes, but is not limited to:
  - a. Gloves
  - b. Fluid resistant gowns
  - c. Glove liners
  - d. Laboratory coats
  - e. Face shield
  - f. Resuscitation bags

- g. Masks
  - h. Hoods
  - i. Safety glasses/goggles
  - j. Shoe covers
  - k. Mouthpieces
  - l. Pocket masks
2. Personal Protective Equipment is stocked on supply carts, Pyxis dispensing stations, or available from Materials Management.
    - a. Reusable PPE is cleaned, laundered, or decontaminated as needed. The hospital provides laundry services for laboratory coats designated as PPE.
    - b. Single-use PPE (or equipment that cannot, for whatever reason, be decontaminated) is disposed in the regular waste container. Only items saturated and/or dripping with blood are disposed of in 'red-bag' trash.
  3. Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated. See **Appendix F Standard Precautions-Personal Protective Equipment Table**.
    - a. Any garments penetrated by blood or other infectious materials are removed immediately or as soon as feasible and all personal protective equipment is removed prior to leaving a work area.
    - b. Surgical caps/hoods and/or shoe covers/boots are used in any instances where gross contamination is anticipated (such as autopsies, deliveries, and orthopedic surgery).
  4. Gloves are worn as outlined in Standard Precautions and **Appendix F Standard Precautions-Personal Protective Equipment Table**.
    - a. Hypoallergenic gloves, glove liners, and similar alternatives are readily available to employees who are allergic to the gloves our facility normally uses.
    - b. Utility gloves are decontaminated for reuse. If they are cracked, peeling, torn or exhibit other signs of deterioration they are discarded.
  5. Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials. See Standard and Transmission Based Precautions and **Appendix F Standard Precautions-Personal Protective Equipment Table**.

#### J. **ENVIRONMENTAL SERVICES:**

1. Environmental Services plays an important role in maintaining our facility in a clean and sanitary condition and is an important part of our Bloodborne Pathogens Compliance Program.
2. The Supervisor of Environmental Services is responsible for setting up our cleaning and decontamination schedule and making sure it is carried out within our facility.
3. To facilitate this, we have set up a written schedule for cleaning and decontamination of the various areas of the facility. See the Environmental Services Unit Specific Standards.
  - a. All employees are responsible for maintaining a clean work area, equipment, and have hospital-approved disinfectants readily available to use on small spills. Environmental Services is called for assistance as needed with larger spills or special cleaning.
  - b. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials. Patient care equipment and devices are cleaned between patients and after the completion of medical procedures. Work surfaces that may have been contaminated are cleaned at the end of the work shift.
  - c. All pails, bins, cans and other receptacles intended for use are routinely inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
  - d. Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.). Only broken glass is placed in a Sharps Container.
4. All regulated waste is safely handled by staff according to TCHD policies and procedures. Disposal of all regulated waste is in accordance with California, State, and local regulations. See the Environment of Care Manual (formerly Safety Manual) - Waste Management Plan section and Infection Control Policy Waste Management.
  - a. See the Decision Table for Medical Waste in **Appendix G Decision Table for Medical Waste**

5. Environmental Services is responsible for the collection and handling of our facility's contaminated waste until our outside contractors pick it up for off-site processing. Environmental services aides hold the bags away from their bodies when removing use heavy gloves to protect their hands from possible sharps injury and do not push down on trash in garbage containers.
6. Regulated waste is placed in containers that are closable, constructed to contain all contents, and prevent leakage. They are labeled or color-coded (see Labels to follow) and closed prior to removal to prevent spillage or protrusion of contents during handling.
7. All used linen is presumed contaminated and placed in appropriate containers labeled 'soiled linen'. All linen is handled as little as possible and is not sorted or rinsed where it is used. Plastic bags are used to contain potential contaminants and these soiled linen bags are transported in secondary containers to prevent leakage.
  - a. Employees who contact contaminated linen wear appropriate protective equipment (gloves and gowns if soiling of clothes is possible).
  - b. Plastic soiled linen bags can be taken into a patient's room to contain used linen. These bags are then placed in the hamper or directly in the soiled linen room.
  - c. Linen hampers lined with the plastic bags can also be used. When hampers are  $\frac{3}{4}$  full, nursing staff will remove the bag, tie it off, and take it to the soiled linen room.
  - d. Environmental Services is responsible for the collection and handling of our facility's contaminated waste until pick-up by our outside contractors for off-site processing.

**K. FORMS:**

1. **Safer Work Survey**
2. **Clinical Value Analysis Team Product Evaluation**
3. **User Product Evaluation**
4. **Product List**
5. **Potential Blood Exposure by Job Category**
6. **Standard Precautions – Personal Protective Equipment**
7. **Decision Table for Medical Waste**

**K.L. RELATED DOCUMENTS:**

1. Employee Health and Wellness Policy: Injury **and Illness** Prevention Program
2. Employee Health and Wellness Policy: Occupational Exposure to Blood/Body Fluid Secretions
3. Environment of Care Manual: Hazardous Material and Waste Management and Communication Plan
4. Environment of Care Manual: Hazardous Waste Management
5. Infection Control Manual: Hand **Antisepsis-Hygiene**
6. Infection Control Manual: Standard and Transmission Based Precautions

**L.M. REFERENCES:**

1. Cal OSHA BBP Standard §5193. Bloodborne Pathogens, Subchapter 7. General Industry Safety Orders Group 16. Control of Hazardous Substances Article 109. Hazardous Substances and Processes 1998.
2. Medical Waste Management Act, California Health and Safety Code, Sections 117600 – 118360 California Medical Waste Management Program Information Copy — January 2000 [www.cadhs.gov](http://www.cadhs.gov)
3. Gota, P. (Ed.). (2014) APIC Text of Infection Control and Epidemiology (4<sup>th</sup> ed). Washington DC: Association for Professionals in Infection control and Epidemiology, Inc.
4. Wenzel, RP & Nettleman, MD, Principles of Hospital Epidemiology in: Mayhall G. ed. Hospital Epidemiology and Infection Control. 2nd ed. Philadelphia: Lippincott, Williams & Wilkins; 1999:1357 - 1366.
5. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>



**TRI-CITY HEALTHCARE DISTRICT  
SAFER WORK SURVEY**

The Centers for Disease Control and Prevention (CDC) estimates that between 100,000 and 1,000,000 sharps injuries occur each year. Various studies have estimated the risk of developing occupationally acquired bloodborne pathogen infections: HCV (3% - 10%), HBV (2% - 40%), and HIV (0.3%) following sharps exposure. The risk of transmission increases if a device visibly contaminated with blood causes the percutaneous injury, is used to puncture the vascular system, or causes deep injury.

**1. Safety Devices**

Do you have suggestions for sharp devices with built in protection that would make your job safer?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Safe Work Practices**

Do you have suggestions for adoption of safer user actions? (Examples: neutral or safe zone for sharps, second layer of gloves, and avoid handling dirty trays)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Personal Protective Equipment**

Do you have suggestions for use of personal protective equipment? (Examples: double gloving, heavy leather gloves for trash handling, effective eye and face protection)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TCHD: Products Standardization Committee**  
**Clinical Value Analysis Team Product Evaluation**

1. Manufacturer of Product \_\_\_\_\_
  2. Name of Product \_\_\_\_\_
  3. Distributed by \_\_\_\_\_ Sales Rep \_\_\_\_\_
  4. Description of Use \_\_\_\_\_
  5. Will this device replace a high-risk device  
(hollow-core, blood-filled, or capable of deep injury)? ☐ Yes ☐ No
  6. Product would be used? ☐ House-wide ☐ Lab ☐ OR ☐ Specialty Unit \_\_\_\_\_
  7. What items would this replace? \_\_\_\_\_
  8. Cost \_\_\_\_\_ Standard item cost \_\_\_\_\_
  9. Has TCHD rejected the device in the past? ☐ Yes ☐ No **If yes, why** \_\_\_\_\_
  10. Does the device have a passive safety mechanism? ☐ Yes ☐ No
  11. Can the safety mechanism be activated with one hand? ☐ Yes ☐ No
  12. Can the user tell when the safety mechanism has been activated? ☐ Yes ☐ No
  13. Are minimal changes in technique and use required? ☐ Yes ☐ No
- 
14. Is this product dependent on other products or items? ☐ Yes ☐ No  
Identify: \_\_\_\_\_
  15. Is the device compatible with products currently in use? ☐ Yes ☐ No
  16. Does the system/device require a minimal number of parts? ☐ Yes ☐ No
  17. Is the product available in typical size ranges? ☐ Yes ☐ No
  18. Is the product on contract ☐ Yes ☐ No
  19. Product rep available for 24hrs/day in-service? ☐ Yes ☐ No
  20. Does the manufacturer supply free trial products? ☐ Yes ☐ No
  21. Does the manufacturer have adequate supply capability? ☐ Yes ☐ No

**APPROPRIATE FOR TRIALS** ☐ **REJECTED** ☐

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appendix C User Product Evaluation**

**TCHD: User Product Evaluation**

Name \_\_\_\_\_ Date \_\_\_\_\_

Dept/Unit \_\_\_\_\_

How would you rate this product compared to other similar products you have used?

CRITERIA	BETTER	SAME	WORSE
Easy to open package			
Ease of assembly			
Ease of use			
Comfortable feel for user			
Length of time required for use			
Activation of safety feature			
Safety feature can't be defeated			
Has minimum failure rate and functions as intended			
Good for use with different patients			
Safe for healthcare workers			
Safe for patients			
Patients complaints			
Doctors complaints			
Easy to dispose			
Compatible with other products			
Will reduce the risk of injury			
Reasonable number of parts			
Available in the sizes you need			

How many times did you use the product? \_\_\_\_\_

Would you recommend purchasing this device? ☐ Yes ☐ No

Is there another safety device you would rather use? ☐ Yes ☐ No

Specify: \_\_\_\_\_

Comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRODUCT LIST

PRODUCT TYPE	SPECIFIC DEVICE	M/M EVAL.	RECOMMENDATION	USER EVAL. DATES	IMPLEMENTATION & COMMENTS
1. <b>Needleless IV</b>	All I.V. Tubing Alaris Needleless I.V. System	N/A	Alaris I.V. needleless system and tubing recommendation by Nursing Operations Managers Council.	2/2005	3/2005, Alaris Medley pumps w/ Guardrails introduced as standard. Contractual changes for pump and product changes. Minimum 5-year agreement.
2. <b>ABG Kits</b>	1-ml ABG Kit 3-ml ABG Kit	N/A	Pulmonary Department selection of Sims Portex products	5/2001	reviewed 10/2005
3. <b>Blood Lancet</b>	Heel stick, Tenderfoot Fingerstick, Glucolet	N/A	Products utilized hospital-wide.	< 1996 1/2001 1/2002	< 1996 1/2001 1/2002 reviewed 10/2005
4. <b>IV Starts</b> • <u>Angiocaths</u> • <u>Butterfly</u>	Insyte Autoguards, various Gauges Saf-T E-Z Set, various gauges	N/A  N/A	Nursing Council selection to replace Johnson & Johnson I.V. Catheters with Becton Dickinson products Nursing Council selection to replace Becton Dickinson non-safety products w/ Becton Dickinson safety products	10/2000  10/2000	10/2000 reviewed 10/2005  10/2000. Catalog changes, 08/2001 reviewed 10/2005

PRODUCT TYPE	SPECIFIC DEVICE	M/M EVAL.	RECOMMENDATION	USER EVAL. DATES	IMPLEMENTATION & COMMENTS
<u>Pre-filled syringe</u>	<i>Code Drugs</i> <i>Vit K</i> <i>Hepatitis B vaccine</i>	<i>Dec 2002</i>	Recommends/stocks Sims needles as alternative and Product Standards approved Safety standard approved	07/01 8/31/2002	
6. Blood Collection	Vacutainer Tubes w/	N/A	Laboratory selection of Becton Dickinson products to replace rubber stopper tops	< 1992	reviewed 10/2005 < 1992
• <u>Tubes</u>	Top				
• <u>Vacutainer</u>			Laboratory selection of Becton Dickinson products to replace Bio-plexes puncture Guard	< 2000	2000
• <u>Butterfly needle</u>	Vacutainer Eclipse Blood	N/A			
• <u>Needle/Syringe</u>					
• <u>Cord blood</u>	Ion Needle				
	Vacutainer Safety-lok Blood Collection Set		Laboratory selection of Becton Dickinson products to Replace non-safety butterfly	< 1999	2000
	Safety-glide, various gauges		Nursing and Laboratory selection of Becton Dickinson products to replace Non-safety products. Safety standard approved	< 09/01 05/01 07/01 8/02	09/2001 05/01 07/01 reviewed 10/2005

<ul style="list-style-type: none"> <li>• <u>blood culture</u></li> <li>• <u>line sampling</u></li> <li>• <u>transfer device</u></li> </ul>	Bactec Media Bottles  See Needleless System  Diff-safe blood dispenser blood  <i>BD- Blood transfer devices</i>	N/A  N/A  N/A	Laboratory selection of Becton Dickinson product  BD Luer-Lok Access device/ BD SafetyLok Blood Collection Set;  BD Luer-Lok Tip Syringes	< 1996  09/2001  < 1996	On going   < 1996: Used in Phlebotomy to eliminate use of needles to make slides. Changed in 2001 Reviewed 11/9/05 LLT Changed to BD luer loc access devices for direct draw 4/1/08
7. IV injections <u>Regular syringes</u>  <u>Pre-filled syringes</u>  <u>Contrast in Dx.</u> <u>Imag</u>	Refer to Needleless System Safety-lok, various gauges	N/A	Nursing Council selection of Becton Dickinson products	< 9/01	09/2001
8. Scalpel	Personna Safety Scalpel  Personna Safety Blades	N/A  N/A	Safety blades in Microbiology & Cytology  ER, SPD, ACCU recommended change to Persona safety scalpels	01/2001  09/2001	03/2002 Reviewed 11/2005 LLT  03/2002 Reviewed 8/08
9. Suture needle	Safe work practices adopted. Stapling devices used when possible.				
10. Non coring needle for implanted vascular access	Bard Smith	N/A	Provide safety device only for non-coring needles	3/08	4/08

JOB CLASSIFICATIONS WHERE 'ALL' OR 'SOME' EMPLOYEES  
HANDLE HUMAN BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS.

'ALL' EMPLOYEES	'SOME' EMPLOYEES (TASKS PERFORMED WITH RISK)
Administrative Coordinator	Case Managers/ Clinical Social Worker (during patient interviews or family conferences)
Advanced Care Technician	
Biomedical Tech Mechanic I & II	Chaplain (during patient or family ministrations)
Cardiac Rehabilitation Coordinator	Food Service Worker (during tray delivery, pick-up, or cleaning)
Certified Nursing Assistant	Clinical Dietician
EEG Tech and EEG coordinator	Security Officer
EKG Tech	
Environmental Service Aide and Supervisor	
Emergency Medical Technician	
Employee Health Nurse	
Occupational Health Nurses & Manager	
Infection Control Specialist	
Laboratory Assistant/Phlebotomist	
Operations Manager	
Clinical Laboratory Scientist	
Histology Lab Tech	
Licensed Vocational Nurse	
Lift Team	
Nurse Practitioner	
Physicians Assistant	
Occupational Therapist and Rehab Aid	
OR Tech/Sterile Processing	
Tech/Perioperative Aide/Surgical	
Instrument Aide	
Perfusionist	
Phlebotomist	
Physical Therapist	
Physicians	
Pulmonary Services Operations Manager	
Radiology Operations Manager & Tech	
Registered Nurse	
Rehabilitation Services Manager	
Respiratory Care Practitioner I, II & III	
Security Officer	
Wound Care Nurses	

# Appendix F Standard Precautions-Personal Protective Equipment Table

## Standard Precautions Personal Protective Equipment Table

R = Required

A = Available

N/A = Not Applicable

	Exposed Body Parts									Contamination of Clothing								
	Hands			Face			Soiling			Saturation			Dripping					
	Gloves			Face Shield or Mask & Goggles			Cloth Gown			Water-proof Gown			Shoe Covers					
	R	A	N/A	R	A	N/A	R	A	N/A	R	A	N/A	R	A	N/A	R	A	N/A
REMOVING, OPENING AND MANIPULATING OR ASSISTING WITH THE REMOVAL OF HOLLOW CORE BLOOD OR BODY FLUID FILLED TUBES, NEEDLES OR CATHETERS																		
<ul style="list-style-type: none"> <li>Abdominal paracentesis catheter</li> <li>Angiograph catheter</li> <li>Bronchoscope (as above &amp; to clean)</li> <li>Central venous catheter</li> <li>Chest tube/vent</li> <li>Endoscope (as above &amp; to clean)</li> <li>Intravascular catheters</li> <li>Thoracentesis</li> <li>Urine catheter</li> </ul>	*			*				*			*			*				
ASSISTING WITH PROCEDURES																		
Angiography	*			*				*		*				*				
Bone marrow asp/bx	*				*			*		*							*	
Bronchoscopy	*			N95				*		*							*	
Bronchoscopy (R/O TB)	*			PAPR				*		*							*	
Central venous catheter insertion	*				*			*		*							*	
Chest tube/vent placement	*				*			*		*							*	
Childbirth	*			*					*	*						*		
Endoscopy	*			*			*			*							*	
Intubation	*			*				*		*							*	
L.P. (holding R/O meningitis)	*			*				*		*							*	
Morgue Release	*					*			*								*	
Proctosigmoidoscopy	*				*			*		*							*	
Suture or stapling (within 3 ft. of wound)	*			*				*		*						*		
Assisting with Surgery																*		
Thoracentesis ass.	*				*			*		*							*	
SPECIMEN COLLECTION																		
ABG	*				*			*		*				*				*
Blood glucose test	*				*			*		*							*	
Clean catch urine specimen	*				*			*		*							*	
Dipstick urine test	*				*			*		*							*	
Gastric occult. blood test	*			*				*		*							*	
Nose/throat (R/O infection)	*			*				*		*							*	
Sputum for AFB or TB culture	*			N95				*		*							*	
Stool	*				*			*		*							*	
Stool occult blood test	*				*			*		*							*	
Urine	*				*			*		*							*	
Urine specific gravity	*				*			*		*							*	
Vaginal or urethral	*				*			*		*							*	
Venipuncture for blood	*				*			*		*							*	
Wound or wound drainage	*				*			*		*							*	

**Appendix F Standard Precautions-Personal Protective Equipment Table**

<b>R = Required</b> <b>A = Available</b> <b>N/A = Not Applicable</b>	<b>Exposed Body Parts</b>									<b>Contamination of Clothing</b>								
	<b>Hands</b>			<b>Face</b>			<b>Soiling</b>			<b>Saturation</b>			<b>Dripping</b>					
	<b>Gloves</b>			<b>Face Shield, Mask &amp; Goggles</b>			<b>Cloth Gown</b>			<b>Water-proof Gown</b>			<b>Shoe Covers</b>					
	R	A	N/A	R	A	N/A	R	A	N/A	R	A	N/A	R	A	N/A	R	A	N/A
<b>SPECIMEN PROCESSING</b>	*			per S.O			Lab coat											
<b>CLINICAL TASKS</b>																		
Ambu bag: usage	*			*				*			*				*			
Bladder irrigation	*			*				*			*				*			
Blood or blood products administration	*				*			*			*				*			
Blood warmer	*				*			*			*				*			
Cleaning used instruments	*			*				*			*				*			
Urine catheter: insert	*				*			*			*				*			
Colostomy irrigation	*			*				*			*				*			
Condom catheter application	*				*			*			*				*			
Contact lense care	*				*				*			*			*			
Dressing change	*				*			*			*				*			
Emerson pump: use	*				*			*			*				*			
Endoscope / Bronchoscopy cleaning	*			*			*				*				*			
Enema administration	*			*				*			*				*			
Enteral feeding tube (insert or manipulate)	*			*				*			*				*			
Fecal disimpaction	*			*				*			*				*			
Fecal or gastric occult blood test	*				*			*			*				*			
Foley cath insertion	*				*			*			*				*			
Gastric lavage	*			*					*		*				*			
Hemovac drains-manipulate, empty / DC	*			*				*			*				*			
Injections	*				*				*			*			*			
Intravenous catheter insertion	*				*			*				*			*			
J-P drain care	*				*			*			*				*			
Nasogastric tube insertion and DC	*			*				*			*				*			
Neonatal suck evaluations (latex-free)	*				*			*				*			*			
1st. Newborn bath	*			*				*			*				*			
Normal Saline or Heparin lock irrigation	*				*			*				*			*			
O2 therapy w/ mucus membrane touch	*				*				*			*			*			
Open suctioning of airway or airway tube	*			*				*			*				*			
Oral care	*			*				*				*			*			
Oral/nasal airway insertion or DC	*			*				*			*				*			
Pleur-evac care	*				*			*			*				*			
Postural drainage	*				*			*			*				*			
Rectal tube insertion	*				*			*			*				*			
Resp. Tx, cough inducing	*			*				*				*			*			
Restraint placement		*			*			*				*			*			
Seizing patient		*			*			*				*			*			
Sputum Induction for AFB	*			N95				*				*			*			
Sputum Induction for AFB R/O tuberculosis	*			PAPR				*				*			*			
Total parenteral nutrition administration	*				*			*				*			*			
Urine bag emptying	*			*				*			*				*			
Vital signs and Weighing patients		*			*			*				*			*			
Wound care (without irrigation)	*				*			*			*				*			
Wound irrigation Pulsevac Tx	*			*				*			*				*			

Decision Table for Medical Waste

Type of Waste	Red Bag	Regular Bag	Sharps Container
Fluid blood, blood elements, vials of blood, specimens for culture, used culture media, and stock cultures.	X		
Bloody body fluids or disposable drapes dripping and/or saturated with bloody body fluids such as CSF, synovial, pleural, pericardial, amniotic.	X		
Bloody body fluid filled containers from nursing units, ED, PACU, outpatient areas not treated with Premicide.	X		
Materials used to clean up fluid blood or bloody body fluid spills that are dripping and/or saturated.	X		
Surgical specimens.	X		
Wound dressings, bandages, and wrappings dripping and/or saturated with blood.	X		
Food waste such as soda cans, paper cups, cutlery, including food or service items from isolation rooms.		X	
Empty urine and stool containers, empty colostomy and urinary drainage bags, empty bedpans, breathing circuits, surgical drapes.		X	
Gastric washings, dialysate, vomitus, feces, urine, diapers. Please empty in toilet.		X	
Tracheal and bronchial secretions, sputum, IV tubing without the needles.		X	
Soiled but not dripping and/or saturated items such as dressings, bandages, cotton balls, peripads, chux, cotton swabs.		X	
Suction Canisters, treated with solidifying agent.	X		
Used gloves, aprons, masks, goggles, and respirators.		X	
Broken glass, guide wires.			X
Uncapped Needle/syringe units, needles, scalpels, vials from live, or attenuated vaccines.			X



## INFECTION CONTROL MANUAL

ISSUE DATE: 9/1998

NEXT REVIEW DATE: 10/2016

REVISED: 04/01, 06/03, and 4/07, 10/07, 10/13

SUBJECT: Construction

STANDARD NUMBER: IC. 13.2

Department Approval Date(s): 07/16

Infection Control Committee Approval Date(s): 07/16

Pharmacy and Therapeutics Approval Date(s): n/a

Medical Executive Committee Approval Date(s): 07/16

Professional Affairs Committee Approval Date(s): 08/16

Board of Directors Approval Date(s):

CROSS REFERENCE:

- \_\_\_\_\_ Surveillance Program IC. 2
- \_\_\_\_\_ Epidemiologic Investigation of a Suspected Outbreak IC. 3
- \_\_\_\_\_ Facility Acquired (Nosocomial) Infections, Defined IC. 4
- \_\_\_\_\_ Reducing Facility Acquired Infections IC.13
- \_\_\_\_\_ Participation of Staff in the Infection Control Program IC. 7
- \_\_\_\_\_ APPROVAL: Infection Control Committee 10/2013

### A. INTRODUCTION

1. Multiple published studies have linked healthcare associated infection with the dispersal of microorganisms during construction. Before construction begins, the focus of preparations should be on isolation of the construction and/or renovation area. Planning is required prior to projects that are expected to generate a moderate to high levels of dust or require demolition or removal of any fixed building components and systems as well as new construction projects to assure patient and staff safety. A multidisciplinary team approach will be used.

### B. PURPOSE

1. The matrix grid format adopted by our facility identifies the number and types of controls and Infection Control interventions necessary to protect patients and decrease dust generation.

### C. PROCEDURE

1. Infection Preventionist and Environment of Care Officer will:
  - a. Participate in planning to address needs such as handwashing facilities, storage and equipment cleaning areas, appropriate surface finishes and specific products with infection control and worker safety implications (i.e. sharps disposal unit placement and accommodation for personal protection equipment).
  - b. Review indication for environmental cultures or volumetric air sampling.
1. Engineering will:
  - a. Include Infection Preventionist and Environment of Care Officer early in the planning of construction and renovations in the hospital.
  - b. Assist in the coordination of efforts by completing the **Pre-Project Site Assessment of the Impact of Construction Projects (Appendix A)** prior to or during early planning meetings with the Area Director. **The Assessment of the Impact of Construction Projects will be filled out for projects that require a building permit or will take longer than one (1) week. The Managers Assessment, Pre-Construction (Appendix B) form will be given to the area Director to complete.**
  - c. Obtain Infection Control Construction Permit prior to beginning work ~~(Appendix C).~~
  - d. Review infection control measures prior to construction with the staff and contract workers. Explain expectations to contractors. Ensure that infection control policies

- are followed during the construction.
- e. Direct traffic away from the construction site.
- f. Notify the Infection Preventionist and the Safety Officer if mold is encountered during a construction/renovation project and implement precautions in **Infection Control Policy: Mold Abatement IC 13.3**.
- g. To isolate renovation areas from occupied areas, use airtight barriers. If visquine must be substituted, ensure it is fire retardant and sealed tightly.
- h. Construction or renovation projects that fall into the Class III or IV category will have containment performed by qualified personnel: **(see Infection Control Construction Permit Reference table on page 2 of Appendix C)**.
- i. Adequate window seals should be obtained maintained to prevent outside air from entering the room.
- j. Check cleanliness of intake filters in the ventilation system.
- k. Reusable barrier cubes are cleaned after each use. Take outside and hose off both the inside and outside of the container. Spray and wipe with hospital-approved disinfectant and allow the plastic to air dry.
- 2. Environmental Services (Common Areas) and Nursing (Patient Care Areas)
  - c. Damp dusting should be done on a regular basis to prevent the accumulation of dust on horizontal surfaces. Use disposable damp cloth and discard immediately rather than return to the cleaning solution to prevent disseminating spores.
  - d. Ceiling tiles and air-duct grates should be cleaned regularly when rooms are not occupied.
  - e. Newly constructed areas should be cleaned thoroughly before admitting or readmitting patients.
- 2. Nursing
  - a. Minimize exposure of high-risk patients to construction activities. If possible, diagnostic procedures may be done in the patient's room.
  - b. Transport patients via an alternate route or schedule transport and procedures during periods with minimal construction activity. Patients can be masked or provided with other barriers (e.g. covering open wounds).
  - c. Report infection control risks such as unsealed barriers, visible dust, opened doors, etc. to Infection Control or the Environment of Care Officer.
  - d. Coordinate construction and/or renovations with patient relocations.

#### D. **RELATED DOCUMENTS**

1. **Infection Control Policy: Epidemiologic Investigation of a Suspected Outbreak IC. 3**
2. **Infection Control Policy: Healthcare Associated Facility Acquired (Nosocomial) Infections, Defined IC. 4**
3. **Infection Control Policy: Mold Abatement IC 13.3**
4. **Infection Control Policy: Surveillance Program IC. 2**
5. **~~Infection Control Policy: Reducing Facility Acquired Infections IC.13~~**  
**~~Participation of Staff in the Infection Control Program IC. 7~~**

#### E. **FORMS**

1. **Assessment of the Impact of Construction Projects**
2. **Infection Control Construction Permit**
3. **Infection Control & Construction Fact Sheet for Employees and Patients**

#### F. **REFERENCES**

1. Bartley, J.M., APIC State of the Art Report: The role of infection control during construction in healthcare facilities. Am J Infect Control 2000; 8 156-69.
2. Centers for Disease Control and Prevention, Healthcare Infection Control Practices Advisory Committee (HICPAP) Guideline for Environmental Infection Control in Healthcare Facilities, 2008. On-line at APIC.com
3. APIC Infection Control Tool Kit Series: Construction and Renovation, 1999

**Tri City Medical Center**  
Assessment of the Impact of Construction Projects

<b>Project:</b>	<b>Location(s):</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Project Coordinator:</b>		<b>Contractor:</b>	
<b>Category</b>	<b>Factors</b>	<b>Risk Evaluation</b>	
(A) <b>Noise</b>	Impact, duration, scheduled time of work		
(B) <b>Air / Dust</b>	Cutting, Grinding, Sanding, etc.		
(C) <b>Infection Control</b>	Category of Risk: <input type="checkbox"/> 1 – 2 – 3 – 4		
(D) <b>Vibration</b>	Tool use, demolition, distance		
(E) <b>Life Safety impact</b>	Hot work, disabling alarms, penetrations, exit modifications, smoking		
(F) <b>Security</b>	Site security, access control		
(G) <b>Disruption of utilities</b>	Planned shutdowns, Construction near utility system supplies		
(H) <b>Emergency Services</b>	Obstruct access to fire lanes or fire dept.?		
<b>Brief description of work to be performed:</b>			
List areas of forecasted concerns for any/all of the Categories listed above		List appropriate measure(s) recommended for limiting disruption / code violation / potential adverse outcome.	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			

# Pre-Project Site Assessment

Department And/Or Building Location		Date Done	
Inspector(s)		Project Name	
QUESTION	Yes	No	N/A
A. Will construction affect exit route from occupied areas adjacent to the construction site?			
1. Traffic control and alternative routes for delivery reviewed.			
B. Are any of the following environmental hazards present?			
1. Asbestos			
2. Hazardous chemicals (MSDS attached)			
3. Confined spaces			
C. Managers Assessment completed on (date)			
D. Will any of the following systems be adversely affected?			
1. Fire Alarm			
2. Sprinkler			
3. Electrical			
4. Domestic water			
5. Oxygen			
6. Sewage			
7. HVAC			
E. Infection Control Evaluation			
1. Location and type of dust barriers reviewed with Project Manager			
2. HEPA filter placement reviewed			
3. Plan for debris removal and control evaluated			
4. Construction rated as: Class I, II, III, IV			
Comments			

## Managers Assessment Pre-Construction

Please review and complete the following:

Department And/Or Building Location	Today's Date		
Question	Yes	No	N/A
1. Are there patients or staff members in the area of the project? If no, skip to question 5.			
2. Do the patients or staff members have any immunocompromising conditions, pulmonary conditions or both?			
3. Are there patients or staff members with sensitivity to dust and molds or have allergies, asthma or both?			
4. Are patients or staff members in your area sensitive to noise or vibration?			
5. Are there procedures, work processes or testing that is conducted in the area that are sensitive to noise or vibration?			
6. Are there supplies in areas where dust may be produced?			
7. Are there times when the workers cannot be in your area? Specify			
8. When can an in-service about the health hazards of construction and interim life safety measures be conducted with your staff? (Dates/Times)			
9. Will you have a designee available as a contact person if you are not available? Who?			

Project Title		Project Start Date	
TCMC Project Coordinator		Estimated Completion Date	
General Contractor	Pager #	OSHDP Permit #	
Contractor Superintendent		Superintendent Telephone #	
CONSTRUCTION ACTIVITY MATRIX: Infection Control Permit required for Class III and Class IV rated projects			
RISK LEVEL	TYPE A	TYPE B	TYPE C
Group 1	I	II	II
Group 2	I	II	III
Group 3	I	III	III / IV
Group 4	II	III / IV	III / IV
CLASS I	1. Execute work by minimizing raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection. 3. Rapid cleanup and disposal of waste to minimize dispersal of dust.		
CLASS II	1. Provides active means to prevent airborne dust from dispensing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tapes. 4. Block off and seal air vents. 5. Wipe work surfaces with disinfectant. 6. Contain construction waste before transport in tightly covered containers 7. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 8. Place dust mat at entrance and exit of work areas. 9. Remove isolation and Isolate the HVAC system in areas where work is being performed.		
CLASS III	1. Obtain Infection Control Permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system 3. Complete all critical barriers or implement barrier cube before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Do not remove barriers from work area until complete project period is thoroughly cleaned by Environmental Services 6. Vacuum work with HEPA filtered vacuum. 7. Wet mop area with disinfectant. 8. Remove barrier materials carefully to minimize spreading of dirt and debris. associated with construction. 9. Contain construction waste before transport in tightly covered containers. 10. Cover transport receptacle or carts. Tape covering. 11. Remove or isolate HVAC system in areas where work is being performed.		
DATE			
INITIALS			
CLASS IV	1. Obtain Infection Control Permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Complete all critical barriers or implement barrier cube before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Seal holes, pipes, conduits, and punctures appropriately. 6. Construct anteroom and require all personnel to pass through this room using a HEPA vacuum cleaner before leaving the work site or they can wear cloth or paper coveralls that are removed each time they leave the work site 7. All personnel entering a work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work site. 8. Do not remove barriers from work area until completed project is thoroughly cleaned by the Environ. Services Depart. 9. Vacuum work area with HEPA filtered vacuums. 10. Wet mop with disinfectant. 11. Remove barrier materials carefully to minimize spreading of dirt and debris. 12. Contain construction waste before transport in tightly covered containers. 13. Cover transport receptacles or carts. Tape covering. 14. Remove isolation of HVAC system in areas where work is being done.		
DATE			
INITIALS			
Date	12 hour uninterrupted exchange required	Date	Exceptions/Additions to this permit are noted by attached memoranda
Initials		Initials	
Permit Requested By:		Permit Authorized By:	
Date:		Date:	

## CONSTRUCTION ACTIVITY TYPES

TYPE A	Inspection and Non-Invasive Activities. Includes but is not limited to, removal of ceiling tiles for visual inspection limited to one tile per 50 square feet, painting (but not sanding), wall covering, electric trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to the ceiling other than for visual inspection.
TYPE B	Small scale, short duration activities, which create minimal dust. Includes, but is not limited to, installation of telephone and computer cabling, access to chase spaces, cutting of walls or ceiling where dust migration can be controlled.
TYPE C	Any work, which generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes but is not limited to, sanding of walls for painting or wall covering, removal of floor coverings, ceiling and case work, new wall construction, minor duct work above ceilings, major cabling activities, and any removal which cannot be completed within a single work shift.
TYPE D	Major demolition and construction projects. Includes, but is not limited to, activities which require consecutive work shift, requires heavy demolition or removal of a complete system, and new construction.

## INFECTION CONTROL RISK GROUPS

Group 1 Lowest	Group 2 Medium	Group 3 Medium High	Group 4 Highest
X Office areas X Storage Rooms without patient care equipment or supplies X Waiting Rooms X Assembly Rooms	X Cardiac Rehab. X Pulmonary Rehab X Linen room X Materials Storage X Admission areas	X Emergency Room X Imaging/MRI X PACU/SPRA X Postpartum X Newborn Nurseries X Nuclear Medicine X Discharge units X Physical Therapy - tank areas X Food Preparation Center X Cafeteria X All Nursing Units except those listed in Group 4	X All Operating Rooms X Sterile Processing Areas X Adult Critical Care Units X Cardiovascular Recovery X Labor and Delivery X NICU X Cardiac Cath. Lab X Interventional Imaging X Dialysis X Oncology X Laboratory X All endoscopy areas X Pharmacy X Admixture



Tri-City Medical Center

Infection Control & Construction  
Fact Sheet for Employees, **Contractors** and Patients

**What is the concern?**

Aspergillus is a mold that is present almost everywhere, but is most often found around decaying cellulose debris, water and dust. The spore most often attaches itself to dust particles to become more buoyant and allows for airborne spread. It is a very adaptable germ; it can tolerate almost any temperature and needs only 2-3 days to grow in a water source. Patients can breathe in these spores and become colonized or infected. Invasive disease (Aspergillosis) in high-risk patients can lead to death. In general, the higher the concentration of spores in the air, the higher a patient's risk of acquiring infection.

**Who is at risk?**

In general, only high-risk immunocompromised patients acquire invasive disease leading to death. The patients highest at risk for construction-related Aspergillosis are the following:

- Bone marrow transplant (BMT) patients
- Patient with hematologic malignancy
- Patient receiving a solid organ transplant
- AIDS patient with a CD4 count < 50 AND one of the following:
  - Prolonged neutropenia
  - Chronic steroid use

**How do you prevent acquisition?**

Dust prevention methods are the most efficient means of preventing colonization and infection in patients. Controlling the dust related to construction activities is imperative. Infection Control is involved in all construction activities that potentially affect high-risk patients, including inside and outside projects. Dust control measures are recommended by Infection Control for each project and monitored for compliance.

**What are some common dust control measures?**

- Wet mopping a construction area with disinfectant at the end of each workday.
- Use of walk-off mats to collect dust and prevent the spread throughout the hospital.
- Use of floor to ceiling partitions.
- Covering debris removal containers and only transporting them during low activity.
- Spraying of water or chemical onto construction site to decrease amount of dust in air.
- Sealing windows that surround construction sites to prevent leakage of dust.
- More frequent checking and changing of air handling filters.
- Avoiding use of carpets in clinical areas, especially areas of frequent spillage.

**What are other ways to prevent the spread of Aspergillus?**

- Recognition of mold growth areas and proper decontamination of these areas.
- Prevention of freestanding water sources, which promote mold growth.
- High-risk patients are instructed to wear masks when being transported on campus.

Infection Control Policy Manual

ISSUE DATE: January 1992

SUBJECT: **Scabies and Lice**

NEXT REVIEW DATE: 10/2016

STANDARD NUMBER: IC- 6.4

REVISION DATE(S): 9/2004, 10/13

Department Approval Date(s): 07/16

Infection Control Committee Approval Date(s): 07/16

Pharmacy and Therapeutics Approval Date(s): n/a

Medical Executive Committee Approval Date(s): 07/16

Professional Affairs Committee Approval Date(s): 08/16

Board of Directors Approval Date(s):

CROSS REFERENCE: ~~Philosophy IC .1~~

~~Tuberculosis Exposure Control Plan IC. 10~~

~~Bloodborne Exposure Control Plan IC. 11~~

~~Standard and Transmission Based Precautions IC.5~~

~~Employee Health Services Policies~~

~~Administrative Policy #401 Injury Prevention Program~~

REVISED: 9/2004, APPROVAL: ~~Infection Control Committee 10/2013~~

**A. PURPOSE:**

1. Provide assistance in the management and identification of scabies and lice. To prevent transmission in the event of occupational exposure to scabies and or lice. Purpose: Provide treatment and prevent transmission in the advent of occupational exposure to Scabies and or Lice.

**B. INTRODUCTION:**

1. Scabies is a parasitic infestation of the skin caused by the human itch mite, *Sarcoptes scabiei*. The microscopic scabies mite burrows into the upper layer of skin where it lives and lays eggs. The typical presenting symptom in most patients with scabies is intense itching (pruritus), which is usually more severe at night, and a pimple like (papular) rash. In the immune-compromised, elderly, disabled, homeless or debilitated patients a generalized dermatitis more widely distributed is seen with extensive scaling, vesiculation and crusting. "Norwegian" or crusted scabies presents as a crusty, scaly dermatitis usually of the hands and feet. Persons with crusted scabies have thick crusts of skin that contain large number of scabies mites and eggs. Itching is remarkably minimal.
2. Lice are parasitic insects that can be found on people's heads and bodies including the pubic area which can result in severe itching. Lice are host specific and those of animals do not infest humans. Human lice survive by feeding on human blood. Lice move by crawling; they cannot hop or fly. Three types of lice are:
3. Head lice are 2.1-3.3mm in length. Head lice infest the head and neck and attach their eggs to the base of the hair shaft.
4. Body lice are 2.3-3.6mm in length. They are rarely found on the body except when feeding, they are usually found on clothing. They are known to spread disease.
5. Pubic (crab) lice are 1.1-1.8mm in length. Pubic lice are typically found attached to hair in the pubic area but sometimes are found on coarse hair elsewhere on the body (ie: eyebrows, eyelashes, beard, mustache, chest and armpits, etc)

**C. TRANSMISSION:**

**1. Scabies:**

- a. The scabies mite usually is spread by direct prolonged skin to skin contact with a person who has scabies. Scabies can be indirectly spread by sharing articles of clothing, towels or bedding with and infested person. On a person, scabies mites can live for as long as 1-2 months. Scabies mites generally do not survive more than 2-3 days away from human skin.
- b. Persons with "Norwegian" or crusted scabies are highly contagious to other persons due to the large number of mites present in the exfoliating scales. Infestation can spread easily by brief direct skin to skin contact and by contamination of items such as clothing, bedding or furniture.

**2. Lice:**

- a. Transmission requires direct contact with an infested person & objects used by them (ie: shared clothing and head-wear) Lice crawl, but do not hop or fly. Eggs hatch within 7-10 days. Time of survival off host: Head lice: 2 days, Body lice: 4-7 days and Pubic (crab) lice 1 day.

**D. POLICY:**

1. Place patient in Contact Precautions upon realizing or suspecting the patient has scabies or lice.
2. Examination of the patient by nursing and medical staff to determine if scabies or lice are present.
  - a. Bag up all personal clothing and belongings and seal the bag tightly. Send clothes and personal belongings with family if possible.
3. Provide topical treatment as prescribed per physician/Allied Health ProfessionalMD orders.
4. Continue Contact Precautions until 24 hours after effective treatment.
5. After patient is discharged and insects are visible in the room, place a work order for Building Engineering to contact Pest Control to inspect room.
6. Once room is cleared by inspection, have Environmental Services terminally clean room.

**E. OCCUPATIONAL EXPOSURE:**

1. Standard and Contact precautions should prevent the transmission of most cases of scabies and lice. If an exposure to a patient with scabies and or lice occur before Contact Precautions are applied and the patient is treated the employee should:
  - a. Immediately report the exposure to their Supervisor, Charge Nurse or Manager as per Employee Health & Wellness policy: Guidelines for Reporting Exposure.
2. Employee Health Services will institute appropriate follow up as needed.

**F. RELATED DOCUMENTS:**

- ~~2-1.~~ Employee Health and Wellness Policy Manual: Administrative Policy #401-Injury & Illness Prevention Program
2. Employee Health and Wellness Policy Manual: Guidelines for Reporting Exposures policy
- ~~3.~~ Employee Health Services Policies
- ~~4-3.~~ Infection Control: Bloodborne Exposure Control Plan ~~IC-11~~
- ~~5-4.~~ Infection Control: Philosophy ~~IC-1~~
- ~~6-5.~~ Infection Control: Standard and Transmission Based Precautions ~~IC-5~~
- ~~7-6.~~ Infection Control: Tuberculosis Exposure Control Plan ~~IC-10~~

**G. REFERENCE LIST:**

1. APIC Text of Infection Control and Epidemiology, 4th edition, 2014
2. Control of Communicable Diseases Manual, D.L. Heymann, MD, Ed. 19<sup>th</sup> edition 2008
3. <http://www.cdc.gov/parasites/scabies/index.html>

4. <http://www.cdc.gov/parasites/lice/>

1. Transmission:

Scabies is a parasitic disease (infestation) of the skin caused by the human itch mite, *Sarcoptes scabiei*. Scabies is generally transmitted to the health care workers by direct skin-to-skin contact with an infested patient. Activities such as performing physical assessments, bathing and changing a patient's soiled linen are conducive to transmission because physical contact is often prolonged. The mite can only survive for a few hours on inanimate object such as dry surfaces, clothing or bedding.

2.2 Lice are ectoparasites, which infest head and body and may result severe itching. Lice are host specific and those of animals do not infest humans. Transmission requires direct contact with an infested person and objects used by them (for example, shared clothing and headgear).

2. Infestation:

3.1 Scabies: Following an incubation period of 2 days to 6 weeks, the infested person will complain of itching, which intensifies at bed time under the warmth of blankets. In previously infested persons, itching may be noticeable as soon as 48 hours following infestation. In typical scabies, the rash is generally characterized as red, raised bumps (papules). Skin lesions are generally seen on the hands, wrists, elbows, and folds of armpits, female breasts or the male genitals.

3.2 Lice: Under optimal conditions, eggs hatch within 7-10 days. Body and head lice survive for a week without feeding off the host, crab lice only 2 days. Nymphs survive only 24 hours without food.

3. Standard Precautions should prevent the transmission of most cases of scabies and lice. If an exposure to patient with scabies or lice occurs before Contact Precautions are applied and the patient is treated the employee should:

1. Report and document exposure as per policy.

2. Treatment guidelines

Only employees who are symptomatic will be referred to WorkPartners for treatment unless the patient is diagnosed with Crusted or Norwegian scabies. In this instance, all caregivers will be treated even if they are not symptomatic.

3.2.1. Employees and their contacts should be treated at the same time.

3.2.2. Employees will be allowed to return to work following treatment.

Follow-up treatments are not necessary unless re-exposure or symptoms persist

References:

1.a. Control of Communicable Diseases Manual, D.L. Heymann, Ed. 19th edition, 2008

8. APIC Text of Infection Control and Epidemiology, revised edition, 2005

**PROCEDURE: INFANT BAPTISM**

Purpose: To outline the steps in performing baptism of either

Supportive Data: Infant baptism may be desired by parents of many Catholic, Anglican/Episcopalian, Lutheran, Presbyte

Equipment: Sterile water

**DELETE WNS Procedure - retitle PCS procedure Spiritual Care for Family of Critically Ill or Deceased Infant****A. PROCEDURE:**

1. Ask the parents if they wish the infant to be baptized.
  - a. Infant baptism is not common in Judaism or other non-Christian religions. However, there may be specific rites/prayers associated with a stillbirth or critically ill infant. Ask the parents about any particular rituals for this situation.
2. Attempt to reach appropriate clergy if the family has not already done so.
3. If clergy is unavailable, any member of the medical or nursing staff may perform an emergency baptism.
  - a. It is preferable, but not necessary for the person performing the baptism to be of the same denomination as the family.
4. Pour small amount of sterile water over the head of the individual three times, saying: "I baptize you in the name of the Father, and of the Son, and of the Holy Spirit."
  - a. If infant has been named, use full given name in place of "you".
  - b. If possible, another staff member should witness the baptism.

**B. DOCUMENTATION:**

1. Document in the medical record and on the Checklist for Assisting Parent(s) Experiencing Neonatal Death/Stillborn that baptism was performed with date, time, and name of person who performed baptism.

Department Review	Clinical Policies & Procedures	Nurse Executive Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
5/03, 6/09, 5/12, 04/16	05/12, n/a	05/12, n/a	06/12, n/a	07/12, 08/16	07/12

## TRI-CITY HEALTHCARE DISTRICT

### PROFESSIONAL AFFAIRS COMMITTEE CHARTER

The Professional Affairs Committee (the “Committee”) of the Tri-City Healthcare District (“District”) has multiple purposes and is delegated certain key responsibilities as enumerated herein.

#### **I. Purpose**

The Committee is to assist the Board in providing healthcare delivery oversight and make recommendations to the Tri-City Healthcare District Board of Directors (“Board”) regarding quality, patient safety, performance improvement, and risk management policies; oversee development and implementation of the Quality Assurance, Quality Improvement, and Patient Safety (QA/QI/PS) Programs; and provide oversight of processes relating to the reporting, monitoring, investigation, and appropriate responsive/corrective actions taken in connection with any issues identified at the meetings, including the following:

1. Quality. The Committee will review reports regarding quality of patient care, including:
  - a. Hospital operating unit and quality intervention programs;
  - b. Core measures and performance measures;
  - c. Review of Clinical Contract Performance;
  - d. While Risk Management will retain responsibility for risk related issues, PAC will provide support and guidance for such issues; and
  - e. While Patient Care related issues will remain the responsibility of the CNE, PAC will provide input and support regarding these matters.
2. Patient Safety. The Committee will review reports regarding patient safety, including:
  - a. Patient safety improvement programs;
  - b. Incidents reported to the California Department of Public Health (CDPH) including any findings;
  - c. Surveys from The Joint Commission, Center for Medicare and Medicaid Services, and other regulatory agencies.
3. Performance Improvement. The Committee will review the following reports:
  - a. Operating unit performance improvements;

4. Risk Management. The Committee will review the District's risk management program, including:
  - a. Summaries of incident reports;
  - b. Compliments and complaints;
  - c. Surveys from Joint Commission, CMS, and CDPH visits;
  - d. Sentinel Events/Root Cause Analyses;
  - e. Professional liability claims and lawsuits.
5. Oversight Duties and Responsibilities. In addition, the Committee will:
  - a. Recommend any proposed changes to the Board for approval, and review and publish this Charter every three years in accordance with applicable regulatory authorities;
  - b. Review significant reports prepared by any individual performing significant quality assurance functions together with management's response and follow-up to these reports;
  - c. Review the District's policies and procedures as necessary.
  - d. Review the Medical Staff Office procedures.
  - e. Review of hospital's clinical contracts.
  - f. Consult with appropriate Consultants as necessary to inform the deliberations and committee decisions as necessary.

## **II. Membership**

The Committee shall consist of three Directors and four physicians. The CEO, COO, Risk Manager, and CNE shall support the Committee without vote but be counted towards a quorum as alternates.

## **III. Meetings**

The Committee may establish its own meeting schedule annually. The Committee will adjourn into closed session to meet with the legal counsel and to hear reports of the Hospital and QAPI Committee.

#### **IV. Minutes**

The Committee 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**

The Committee will report regularly to the Board regarding (i) all determinations made or actions taken pursuant to its duties and responsibilities, as set forth above, and (ii) any recommendations of the Committee submitted to the Board for action.

#### **VI. Conduct**

Each Committee member is expected to read the District's Code of Conduct which can be found at <http://tricitymed.org/about-us/code-of-conduct/> and shall comply with all provisions thereof while a member of this Committee.

**Approved by BOD: 9/29/11**

**Approved by BOD: 3/28/13**

**Approved by BOD: 5/29/14**

**Approved by BOD:**

**Governance & Legislative Committee Meeting Minutes**  
**Tri-City Healthcare District**  
**August 2, 2016**

<b>Members Present:</b> James J. Dagostino, DPT, PT, Chairperson; Director Ramona Finnila; Director RoseMarie V. Reno; Dr. Cary Mells, Physician Member; Eric Burch, Community Member  <b>Non-Voting Members:</b> Greg Moser, General Counsel; Steve Dietlin, CEO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO  <b>Others Present:</b> Teri Donnellan, Executive Assistant; Jane Dunmeyer, League of Women Voters; Laura Mitchell, Board Member  <b>Absent:</b> Dr. Paul Slowik, Community Member; Dr. Marcus Contardo, Physician Member; Dr. Gene Ma, Chief of Staff			
	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order/Introduction	The meeting was called to order at 12:30 p.m.in Assembly Room 3 at Tri-City Medical Center by Chairman Dagostino.		
2. Approval of Agenda	<b>It was moved by Director Reno to approve the agenda as presented. Mr. Eric Burch seconded the motion. The motion passed unanimously.</b>	Agenda approved.	
3. Comments from members of the public	Chairman Dagostino read the Public Comments announcement as listed on today's Agenda.  Chairman Dagostino reminded community guests to complete a "speaker card request" if they wish to make any comments.	Information only	
4. Ratification of prior Minutes	<b>It was moved by Director Finnila and seconded by Mr. Eric Burch to ratify the minutes of the July 5, 2016 Governance &amp; Legislative Committee.</b>  <b>Mr. Burch noted he was absent at the July 5th meeting. The minutes will be amended accordingly. The motion passed to approve the amended minutes with Director Reno and Mr. Burch abstaining from the vote.</b>	Amended Minutes ratified.	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
<b>DRAFT</b>			
5. Old Business – a. Review and discussion of amendments to Board Policy 15-010 – Board Meeting Agenda Development, Efficiency and Time Limits for Board Meetings, Role and Powers of Chairperson	<p>In follow-up to last month's meeting, Chairman Dagostino stated revisions have been made to the policy to clarify the process for Board members wishing to place an item on the Board agenda. Chairman Dagostino referred to the memorandum contained in the agenda packet that summarized the revisions to the Policy and also explained Brown Act issues that may arise as a result of the new language. Chairman Dagostino provided an example of the process used by the Encinitas City Council to add items to an agenda. Mr. Moser stated the process as described is questionable as the Board may not take action on something that isn't on the agenda. He suggested if that process is something the Board is interested in exploring discussion could be held by adding an agenda item entitled "Future Agenda Items".</p> <p><b>It was moved by Director Finnilla to recommend approval of Board Policy 15-010 – Board Meeting Agenda Development, Efficiency and Time Limits for Board Meetings, Role and Powers of Chairperson as presented. Mr. Burch seconded the motion. The motion passed unanimously.</b></p>	<p>Recommendation to be sent to the Board of Directors to approve Board Policy Board Policy 15-010 Board Meeting Agenda Development, Efficiency and Time Limits for Board Meetings, Role and Powers of Chairperson; item to be placed on Board agenda and included in agenda packet.</p>	Ms. Donnellan
b. Review and discussion of amendments to Board Policy 14-020 – Business Expense Reimbursement: Ethics Training	<p>Chairman Dagostino reported at last week's Board meeting, the Board referred Policy 14-020 – Business Expense Reimbursement: Ethics Training back to the committee for further discussion. Director Reno stated two-three Board members were in favor of keeping the original policy. Chairman Dagostino explained the purpose of the amendment was to allow Board members more flexibility in attending educational sessions of their choosing without prior Board approval. Chairman Dagostino proposed the following language: "Prior approval for reimbursement of expenses for directed activities may be submitted without prior Board approval. Directed activities are defined as C-Suite personnel requesting a Board member to attend meetings related to hospital business. The expenses shall not exceed</p>		

Topic	Discussion	Action Follow-up	Person(s) Responsible
<b>DRAFT</b>			
	<p>\$500.00 per year." Director Reno explained that in the past Board members would request approval retrospectively if timing of the conference was an issue. Mr. Moser confirmed that the policy does not prohibit approval retrospectively and in that instance the item would be placed on the Consent Agenda for approval. Mr. Moser also noted all reimbursements over \$100 are publicly reported on the monthly Reimbursement Report contained in the monthly board agenda packet.</p> <p>Director Finnilla suggested the following amendments:</p> <ul style="list-style-type: none"> <li>➤ strike the verbiage "except as provided herein" in section IV A, and</li> <li>➤ strike "Each board member may seek reimbursement without Board approval for education ventures of their own choosing related to the Board member's performance of his or her official duties and not to exceed a total of \$500 per year" in section IV A. 2.</li> <li>➤ Accept other redline revisions as written.</li> </ul> <p>Discussion was held regarding IV C. 6. One over One Approval. Director Reno stated in the past the Treasurer also had authority to approve the Chair's expenses.</p> <p><b>It was moved by Director Finnilla to recommend approval of Board Policy 14-020 Business Expense Reimbursement: Ethics Training with the amendments as described. Director Reno seconded the motion. The motion passed unanimously.</b></p>	<p>Recommendation to be sent to the Board of Directors to approve Board Policy Board 14-020 Business Expense Reimbursement: Ethics Training; item to be placed on Board agenda and included in agenda packet.</p>	Ms. Donnellan
c. Review and discussion of amendments to Committee Charter	Chairman Dagostino referred the committee to the Governance & Legislative Committee Charter that was distributed at the meeting. Ms. Bernard-Shaw explained General Counsel made some additional changes that were not incorporated into the version contained in the agenda packet. Ms. Bernard-Shaw stated she met with members of the committee individually and attempted to draft a charter that reflected their comments. Director		

Topic	Discussion	Action Follow-up	Person(s) Responsible
<b>DRAFT</b>			
	<p>Reno expressed concern that certain sections of the initial Charter have been omitted and those items are expressly recommended by the Governance Institute. Mr. Moser noted there are separate Board policies related to those functions. With regard to the Board's annual self-assessment (struck in k.), Mr. Moser explained the Board does not take direction from the committee on this matter.</p> <p>Director Reno questioned the process by which community members sign a Confidentiality Statement. Mr. Moser explained that issue is addressed in a separate Board policy. Ms. Donnellan explained once the Board has approved the appointment of a community member to a Board committee she ensures the member sign a Confidentiality Statement and complete AB1234 training.</p> <p>Mr. Burch suggested review of the Charters be consistent across the Board.</p> <p>With regard to I. 1 I. Chairman Dagostino distributed the Proposed Ratification Pathway for Medical Staff Bylaw Amendments which was previously approved by the Board and referenced in the Charter. He explained the Board agreed to strike number (7) in its entirety as well as the first sentence in number (8). In essence, Medical Staff Bylaw changes would bypass the Governance Committee and go directly to the Board.</p> <p><b>It was moved by Director Finnilla to approve the Charter as presented. Mr. Burch seconded the motion. The motion passed with Director Reno abstaining from the vote.</b></p>	<p>Recommendation to be sent to the Board of Directors to approve the Governance &amp; Legislative Committee Charter as amended; item to be placed on Board Agenda and appear in agenda packet.</p>	Ms. Donnellan
6. New Business  a. Review and Discussion of Committee Charters			

Topic	Discussion	Action Follow-up	Person(s) Responsible
DRAFT			
1. Audit, Compliance & Ethics Committee	<p>The committee reviewed the Audit, Compliance &amp; Ethics Committee Charter. It was noted for consistency section I. 2. f. should be amended to read "The Audit Compliance &amp; Ethics Committee Charter will be reviewed every three (3) years. General Counsel recommended section I. 2. g. be struck in its entirety as well.</p> <p><b>It was moved by Director Finnila to recommend approval of the Audit, Compliance &amp; Ethics Committee Charter with amendments as described. Mr. Burch seconded the motion. The motion passed with Director Reno abstaining from the vote.</b></p>	Recommendation to be sent to the Board of Directors to approve the Audit, Compliance & Ethics Committee Charter as amended; item to be placed on Board Agenda and appear in agenda packet.	Ms. Donnellan
2. Human Resources Committee	<p>The committee reviewed the Human Resources Committee Charter. It was noted for consistency section I. 7. should be amended to read "The Human Resources Committee Charter will be reviewed every three (3) years." General Counsel recommended section I.8. be struck in its entirety to remain consistent with other Charters.</p> <p><b>It was moved by Director Finnila to recommend approval of the Human Resources Committee Charter with amendments as described. Mr. Burch seconded the motion. The motion passed with Director Reno abstaining from the vote.</b></p>	Recommendation to be sent to the Board of Directors to approve the Human Resources Committee Charter as amended; item to be placed on Board Agenda and appear in agenda packet.	Ms. Donnellan
3. Community Healthcare & Alliance Committee	<p>Chairman Dagostino referred the committee to the Community Healthcare &amp; Alliance Committee Charter that was distributed at today's meeting. It was noted for consistency section II. 8. should be amended to read "The Community Healthcare &amp; Alliance Committee Charter will be reviewed every three (3) years." General Counsel recommended section II 9. be struck in its entirety to remain consistent with other Charters.</p> <p><b>It was moved by Director Finnila to recommend</b></p>	Recommendation to be sent to the Board of Directors to approve the	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
<b>DRAFT</b>			
	<b>approval of the Community Healthcare &amp; Alliance Committee Charter with amendments as described. Dr. Mells seconded the motion. The motion passed with Director Reno abstaining from the vote.</b>	Community Healthcare & Alliance Committee Charter as amended; item to be placed on Board Agenda and appear in agenda packet.	
7. Discussion regarding Current Legislation	Chairman Dagostino reported the Board has approved entering into a Joint Powers Authority with the City of Oceanside to utilize their Design Build concept. Mr. Dietlin stated we have the support of Oceanside and are seeking their approval at the August 24 <sup>th</sup> City Council meeting.	Information only.	
8. Review of FY2017 Committee Work Plan	The FY2017 Committee Work Plan was included in today's meeting packet for reference. Mr. Moser clarified that the Work Plan contained in the packet is the Board of Director's Work Plan and is brought to the committee for information only.	Information only.	
9. Committee Communications	None.		
10. Community Openings – Two	<p>There are currently two openings on the committee.</p> <p>Chairman Dagostino stated we had informally discussed soliciting community members after the Charter has been approved by the Board. Director Reno suggested the committee solicit a community member from Vista and Oceanside to reflect representation by all the communities served by the District. Mr. Moser suggested the ad state that applicants from the communities of Oceanside and Vista are encouraged to apply. It was noted we currently have one community member from Carlsbad and one from Oceanside.</p> <p>Director Finnila questioned what the purpose of the committee will be in the coming year and how will the committee proceed with the educational aspects outlined in the Charter. Chairman Dagostino stated it is important to determine how often the committee needs to meet and although we do not have a plan to restructure the committee we have been challenged to be more efficient. He noted the resignation of recent</p>		

Topic	Discussion	Action Follow-up	Person(s) Responsible
<b>DRAFT</b>			
	<p>community members due to their perceived lack of value to the committee.</p> <p>Ms. Bernard Shaw stated she researched Governance &amp; Legislative Committee Charters of other non-profits and found they recommend the committee look at "best practice" for the organization.</p> <p>It was recommended solicitation for additional community members be held pending further discussion by the committee next month.</p>	<p>Committee's Purpose and implementation steps will be placed on the September agenda.</p> <p>Solicitation for additional community members is on hold.</p>	Ms. Donnellan
11. Confirm date and time of next meeting	The committee's next meeting is scheduled for Tuesday, September 6, 2016 at 12:30 p.m.	The next meeting of the Committee is September 6, 2016.	
12. Adjournment	Chairman Dagostino adjourned the meeting at 1:38 p.m.		

**TRI-CITY HEALTHCARE DISTRICT  
BOARD OF DIRECTORS POLICY**

**BOARD POLICY #14-020**

**POLICY TITLE:   Business Expense Reimbursement; Ethics Training**

**I.     POLICY**

In compliance with applicable provisions of the Health and Safety Code and the Government Code, including the provisions of AB 1234, as they may be revised from time to time, it is the policy of Tri-City Healthcare District ("TCHD") to reimburse all members of the Board of Directors ("Directors") and the Chief Executive Officer (CEO) for actual and necessary expenses incurred in the performance of official duties on behalf of the TCHD as approved by the Board of Directors. Each Director and the CEO is accountable for expenses incurred when conducting business on behalf of TCHD and will adhere to the policies and procedures adopted by the Board. Since Government Code section 53235 provides that if a local agency provides any type of compensation, salary, or stipend to a member of a legislative body, or provides reimbursement for actual and necessary expenses incurred by a member of a legislative body in the performance of official duties, then all local agency officials shall receive training in ethics, completion of such training is a prerequisite to the receipt of reimbursement under this policy.

**II.    PURPOSE**

To provide consistent guidelines addressing the approval and documentation requirements for the reimbursement of actual and necessary business expenses to TCHD Directors and the CEO.

**III.   SCOPE**

TCHD will reimburse Directors and the CEO for actual and necessary business expenses pursuant to the guidelines set forth in this Policy. In order to receive reimbursement for such expenses, Directors and the CEO must comply with all requirements set forth below, except as may otherwise be set forth in the CEO's employment agreement.

**IV.    PROVISIONS**

**A.     Pre-Approval of Expenses.**

In order to be eligible to receive reimbursement for expenses relating to an educational seminar or other external meeting, Directors must obtain Board approval pursuant to the following procedures prior to incurring such expenses:

1. The Director shall request Board approval at a regular meeting of the Board.
2. Prior to the regular meeting at which the Board will consider the approval, the Director must provide TCHD Administration with the following information, which shall be included on the Board Agenda:
  - a. Name, purpose and location of meeting.
  - b. Estimated reasonable cost of attendance (registration, travel/transportation, meals, lodging, etc.).

B. Direct Billing/Travel Advances.

1. Direct Billing.

After Board approval has been obtained, the ~~TCHD Board~~Executive Secretary Assistant may coordinate direct billing for advance registration fees for Directors using the TCHD's corporate credit. ~~TCHD Board Secretary~~The Executive Assistant may designate a travel agency to handle such arrangements. Directors may pay expenses specifically authorized for reimbursement under this policy using their personal credit card to be reimbursed upon submittal of an Expense Report Form, as set forth in Exhibit "A." Directors may make their own airfare arrangements via the Internet using their personal credit cards, or may use the travel agency designated by the Executive Assistant ~~TCHD Board Secretary~~ or their own personal credit card, for such bookings.

2. Reconciliation of Direct Billing Expenses.

Directors shall satisfy the requirements of section C, below, as to all directly billed expenses. Expenses shall not exceed the amounts authorized in section D, below. Any failure to timely comply with such requirements may result in withdrawal of direct billing and credit card use privileges, in the sole discretion of the Board Chair.

C. Reporting Requirements

1. Expense Form.

All requests by a Director or the CEO for reimbursement shall be submitted on TCHD's standard Expense Report Form (see Exhibit "A") with all required supporting documentation and receipts attached in the order they were incurred. This procedure will facilitate the auditing of the Expense Report Forms and provide for more efficient and timely processing. If there are any anticipated reimbursements from outside organizations, documentation of such should be noted on the Expense

Report Form. If any such reimbursement is received following TCHD payment of expenses, the overpayment will be signed over to TCHD. TCHD follows the general rules of the IRS and California Government Code which requires i) that expenses be supported by receipts and that the persons involved and ii) that the business purpose of each expenditure be identified.

2. Supporting Documentation.

Supporting documentation should include, whenever applicable, the following:

- a. Purpose/Reason for business expenses and identification of persons involved where applicable.
- b. Airfare – reservation confirmation from Airlines or e-ticket.
- c. Car Rental – car rental invoice.
- d. Lodging – detailed hotel invoice.
- e. Parking – receipt from parking garage/service.
- f. Mileage – mileage report documenting miles traveled, origin and destination points and business purpose.
- g. Meals – original itemized payment receipts, with persons included and business purpose noted on receipt.
- h. Business Telephone/Fax – detailed telephone bill identifying business calls, to whom call was placed and the business purpose.
- i. Cash Gratuities – Board Members shall document and turn in a receipt to be approved pursuant to the procedures for approval set forth in Section 6 below.
- j. All other expenses - receipts shall be included.

3. Timely Submission.

The Expense Report Form showing actual expenses, together with actual receipts, must be submitted within 60 days following the completion of travel. More timely submission may be requested from time to time for example at fiscal year end to insure appropriate timely accounting to accrue. Reimbursement will not be made if the Expense Report Form is not submitted within 60 days of incurring the expense. In the case of travel advances, if the required documentation and receipts are not submitted within 60 days of incurring the expense, no further travel shall

be approved until one year has elapsed from the date travel was completed and the appropriate expense report is received by TCHD.

4. Reports To TCHD Board.

Directors must prepare a written report (Seminar Evaluation Form) upon return from a seminar, conference or other form of event which the Director received or shall receive reimbursement from TCHD pursuant to this Policy. A verbal or written report must be presented at the next regular board meeting following the seminar, conference or other event. In the case of a written report, Directors shall make reasonable efforts to submit the report in time for inclusion in the next regular Board agenda packet. If an oral report is made, a written report shall be submitted within 60 days of the regular meeting.

5. Seminar Evaluation.

In addition to all other requirements set forth in this Policy, in order to share in the benefits of educational programs, each Director who attends an educational program (seminar, workshop, conference, etc.) at TCHD expense shall complete a Seminar Evaluation Form (see Exhibit "C"). The completed Seminar Evaluation Form shall be returned to the Executive Assistant for inclusion in the next regular Board agenda packet if possible, but in no event later than 60 days following the educational program.

6. One Over One Approval.

Once all of the foregoing requirements have been met, the requested reimbursement shall be approved. However, because no one is permitted to approve his or her own expenses, "One over One" approval, evidenced by the signature of the person responsible for such approval, must be given as follows:

- a. TCHD Directors and CEO: TCHD Board Chairperson (or his or her designee) approval required.
- b. TCHD Board Chairperson: ~~TCHD Finance, Operations & Planning Committee Chairperson or Vice Chairperson~~ Board Secretary; or Board Assistant Secretary or another officer of the Board of Directors approval required.

7. Payment Of Reimbursement.

Completed Expense Request Forms meeting all of the foregoing requirements and approved by the appropriate TCHD Director or CEO will be processed and paid no later than two (2) weeks from the date of authorized submission of the completed Expense Request Forms to the

Finance Department. Reimbursement will be directly, by check for actual and necessary business expenses incurred in the performance of official duties upon receipt of a properly documented Expense Report Form accompanied by receipts approved by the appropriate authorized person.

8. Reimbursement Of Excessive Advance.

If the amount advanced by TCHD for travel exceeds the actual expenditures set forth in the Expense Report Form, then the TCHD shall provide the TCHD Director or CEO with written notice that the travel advance exceeded actual expenses. Such notice shall set forth the amount overpaid and the date by which the travel advances must be repaid to the TCHD, which date shall be not more than 30 days from transmission or of the notice.

9. TCHD shall comply with the reporting requirements of California Government Code Section 53065.5.

- (x) Notwithstanding the foregoing, the Board may approve reimbursements when documentation or reports are submitted late or are unavailable, for good cause shown, so long as there is substantial compliance with the applicable provisions of state law.

D. Reimbursement Rates.

Directors and CEO shall receive reimbursement at the rates set forth in IRS Publication 463, or any successor publication. Notwithstanding the rates specified in IRS Publication 463, or any successor publication, the government and/ or group rates offered by a provider of transportation or lodging services for travel and lodging are hereby deemed reasonable for purposes of this Policy. A Director or CEO may only be reimbursed for expenses that fall outside of this Policy or the rates set forth below, if the expense is approved at a public meeting of the Board before the expense is incurred, or the CEO's contract so provides.

TCHD will use the following guidelines to determine actual and necessary expense for reimbursement:

1. Airfare.

Coach or economy class airline tickets are considered ordinary business expenses; first or business class tickets are not reimbursable under the Policy. Each Director is expected to assist TCHD in acquiring the best rate and greatest discount on airline tickets. Reimbursement will be the actual necessary airline fare.

Note: If a Director chooses to travel in his or her private automobile, rather than by airline, the Director will be reimbursed for mileage at the rates specified in this Policy, provided that such reimbursement does not

exceed the cost of coach or economy airfare, plus normal cost for transportation to and from the airport at the point of departure and the airport at the destination. If two or more Directors travel in the same private automobile, the Director whose private automobile is used, will get full mileage reimbursement, provided that said mileage meets the requirements above as to each Director traveling together, and does not exceed the cost of coach or economy airfare plus normal cost for transportation to and from the airport at the point of departure and the airport at the destination.

2. Lodging.

Choice of lodging shall be determined by convenience to the seminar, conference, or other form of event location within reasonable economic limits. Lodging shall not be reimbursed or provided at TCHD expense if the meeting site is within 30 miles of the Director's legal residence without prior Board approval based upon unusual circumstances which make it impractical to travel to the site of a meeting on the date scheduled. Association or governmental discounts should be requested based on whichever provides a lower cost. If lodging is in connection with a conference or other educational activity conducted in compliance with this Policy, lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor provided that the group rate is available at the time of booking, which is hereby deemed reasonable for purposes of this Policy. If the group rate is not available, Directors shall use comparable lodging, either at a rate not more than the maximum group rate published by the conference or the activity sponsor or at a rate not more than the lowest rack rate available for a single room. If Directors wish to take a guest, they must pay any rate differential over the single room rate.

If it is not practical to travel to the site of a meeting on the date the meeting is scheduled, the extra days lodging will be reimbursed. An extra day(s) lodging will be reimbursed if airfare savings are greater than the total cost of staying over and extra day(s).

3. Car Rental.

The size of the car rental shall be appropriate to the number of individuals traveling in the group and the intended business of the group. Association or Governmental discounts should be requested to minimize cost.

4. Car Rental Insurance.

TCHD is insured for collision and comprehensive coverage when renting vehicles. Directors shall decline these coverages when renting vehicles.

5. Parking Expense.

Actual necessary parking expenses while on company business will be reimbursed.

6. Mileage.

The reimbursement rate for use of personal vehicles is consistent with the current IRS mileage reimbursement rate for business miles deduction. Mileage will be calculated as the actual mileage incurred assuming a reasonable and direct route between origin and destination point is taken. Mileage to and from TCHD shall not be reimbursed for participation at Board and Committee meetings or any other activities at TCHD.

7. Other Transportation Expenses.

Actual and necessary expenses for taxi, bus, shuttle, and tolls are reimbursable. Directors are expected to use hotel courtesy cars or shuttles where practical before using taxis or rental car services.

8. Meals and Gratuities.

Directors will receive reimbursement for reasonable actual meal related expenses for each day of authorized travel. Federal Government daily reimbursement rates, as they may be revised from time to time may be used as a guide, but shall not strictly limit reimbursements. Alcoholic beverages are considered a personal expense. Directors are expected to eat at scheduled group meal functions whenever possible.

9. Telephone/Fax.

Actual and necessary calls made in the performance of official duties will be reimbursed at cost and the business purpose of each call shall be identified. Business calls from home, car phones or cellular phones will be reimbursed at cost as identified on the appropriate monthly statement if submitted with a summary of the business purpose of each call. All telephone calls, including personal calls, while traveling on TCHD business shall be of a reasonable number and short duration. All business and personal calls shall be documented as to name and purpose of the call.

10. Dues and Professional Organizations.

TCHD will reimburse Directors for membership in no more than one professional organization pertinent to the performance of official duties and mutually beneficial to TCHD and the Director. TCHD may pay for these dues directly to the vendor on behalf of the Director or reimburse the Director via the expense report process.

11. Certification and Licenses.

Individual certification and licenses are considered the responsibility of the Director and are not reimbursed.

12. Continuing Education.

As approved by the Board of Directors at a public meeting, continuing education related to the Directors' performance of official duties in the form of seminar, workshop fees, etc. (and within TCHD's budget) is eligible for reimbursement or may be paid directly to the vendor. This includes any seminar, conference, workshop, etc. registration fees.

13. Other Business-Related Expenses.

Actual and necessary business entertainment is allowable provided that the persons entertained shall have a reasonable direct relationship to TCHD and a clear business purpose is established. Such entertainment should be limited to numbers and occasions that directly facilitate the business purpose.

Directors will be reimbursed for the actual and necessary cost of luncheons and dinners during the course of TCHD meetings if meals are not provided by TCHD.

TCHD promotes health and wellness and will reimburse Directors for use of hotel health/wellness facilities when traveling. A maximum reimbursement of \$10.00 per day is allowed.

14. Facsimile transmission equipment; Telephone line.

The Board finds that placement of facsimile transmission equipment ("fax machines") at the residences of Directors improves the efficiency and effectiveness of communications between the District and the Directors and communications by Directors with other parties regarding matters directly related to Board business. The District will, upon request, purchase and maintain at District expense a fax machine at the residence of each Director during his/her term, subject to the requirements of law and this Policy.

The District will install and pay the cost of a telephone line for the residence of each Director. The telephone line should be used only for incoming and outgoing fax transmissions and local and long distance telephone calls which are directly related to District business. Neither the fax machine nor the telephone line should be used for personal business or any purpose not directly related to District business. Any charges for the telephone line or for local or long distance telephone calls using the line in excess of \$25.00 per month will be deemed for non-District-related use by

the Director and timely reimbursement to the District for the excess will be the responsibility of the Director.

The fax machine is to remain connected to the telephone line at all times. The telephone line may not be used for connection to a computer modem or for connection to the Internet.

Failure to adhere to the terms of this Policy will be grounds for terminating a Director's participation in this program and removal of the fax machine and telephone line. Failure to reimburse the District within 60 days indicates failure to adhere to the terms of this Policy and will be grounds for terminating a Director's participation in this program, resulting in removal of the fax machine and telephone line.

Directors shall return the District fax machine, or purchase the equipment at fair market value as determined by the CEO or Chief Financial Officer, within 14 calendar days of the expiration of their term or shall face all applicable civil and criminal penalties with respect to the unauthorized possession of equipment owned by another party.

15. Non-Reimbursable Expenses.

When traveling, charges for honor bars, dry cleaning, movies and personal items, are not reimbursable.

E. Penalties.

In accordance with applicable law, as it may be revised from time to time, penalties for misuse of public resources or falsifying expense reports in violation of this Policy may include, but are not limited to the loss of reimbursement and/or direct billing privileges, restitution to TCHD, civil penalties for misuse of public resources, and prosecution for misuse of public resources.

V. **ETHICS TRAINING REQUIRED**

- A. Members of the Board of Directors and all committee members shall receive at least two (2) hours of ethics training every two (2) years, pursuant to the provisions of Government Code section 53234 et seq. ("Ethics Training") in order to be eligible for compensation or reimbursement of expenses.
- B. All Members of the Board of Directors and all committee members, shall provide a certificate to the Executive Assistant, indicating the dates upon which they attended an Ethics Training session(s), to satisfy requirements. Said certificate shall also include the name of the entity that provided the training. The Executive Assistant shall maintain the records, indicating the dates that each of the Members of the Board of Directors and each committee member, satisfied their requirements, and the entity which provided the training. These records shall be

maintained for at least five (5) years after the training, and are subject to disclosure under the Public Records Act.

- C. The CEO or Executive Assistant shall provide members of the Board of Directors and committee members, information on the Ethics Training available to meet these requirements.

**Reviewed by the Gov/Leg Committee: 6/8/05**  
**Approved by the Board of Directors: 6/23/05**  
**Reviewed by the Gov/Leg Committee: 8/10/05**  
**Approved by the Board of Directors: 9/22/05**  
**Reviewed by the Gov/Leg Committee: 1/4/06**  
**Approved by the Board of Directors: 1/26/06**  
**Reviewed by the Gov/Leg Committee: 11/8/06**  
**Reviewed by the Gov/Leg Committee: 6/13/07**  
**Approved by the Board of Directors: 6/28/07**  
**Approved by the Board of Directors: 12/14/06**  
**Reviewed by the Gov/Leg Committee: 10/10/07 & 11/07/07**  
**Approved by the Board of Directors: 12/13/07**  
**Reviewed by the Gov/Leg Committee: 07/15/09**  
**Approved by the Board of Directors: 07/30/09**  
**Reviewed by the Gov/Leg Committee: 8/12/09**  
**Approved by the Board of Directors: 8/27/09**  
**Reviewed by the Gov/Leg Committee: 5/5/10**  
**Approved by the Board of Directors: 5/27/10**  
**Reviewed by the Gov/Leg Committee: 12/01/10**  
**Approved by the Board of Directors: 12/16/10**  
**Reviewed by the Gov/Leg Committee: 11/14/12**  
**Approved by the Board of Directors: 12/13/12**  
**Reviewed by the Gov/Leg Committee: 4/01/14**  
**Approved by the Board of Directors: 4/24/14**  
**Approved by the Gov/Leg Committee: 8/2/16**  
**Approved by the Board of Directors:**

## 7TRI-CITY HEALTHCARE DISTRICT

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### GOVERNANCE AND LEGISLATIVE

#### COMMITTEE CHARTER

The Governance and Legislative Committee (the “Committee”) of the Tri-City Healthcare District (“District”) has multiple purposes and is delegated certain key responsibilities as enumerated herein.

#### **I. Purpose**

The Committee is to provide governance oversight and to make recommendations to the District’s Board of Directors (“Board”) related to governance and legislative affairs. The Committee focuses on matters that materially impact the District’s operations.

1. **Governance Oversight:** The Committee may provide oversight of the District, including the following:
  - a. Keep the Board informed of current best practices and legal requirements relating to healthcare district governance;
  - b. Review corporate governance trends for applicability to the District;
  - c. Recommend to the Board updates to the District’s governance policies and practices, and mission, vision and values statements;
  - d. Analyze potential and evolving governance models under federal and state healthcare reform initiatives and make recommendations to the Board regarding such governance models (e.g., physician hospital organizations, accountable care organizations);
  - e. Review the District’s governing documents, including Bylaws, Policies, Committee charters, etc., and make recommendations to the Board concerning changes to the governing documents;
  - f. Review and recommend approval of long term strategic plans, metrics and scorecards submitted to the Board by management;
  - g. Identify and recommend to the Board membership opportunities in governance, healthcare, and advocacy membership associations that may further the goals of the District;
  - h. Identify and recommend to the Board educational opportunities and programs for Board and Committee members relating to governance and operations of the District;

- i. At the request of the Board, staff shall develop educational materials for Board members regarding their role, based on a non-profit corporation board's fiduciary duties of care and loyalty, and regarding how to avoid potential and actual conflicts of interest, including common law conflicts of interest and financial conflicts of interest under the Political Reform Act and Government Code Section 1090;
  - j. Review and make recommendations to the Board regarding proposed amendments to the Medical Staff Rules and Regulations and Privilege Cards. Amendments to Medical Staff Bylaws will be pursuant to the attached Pathway for Medical Staff Bylaw Amendments;
  - k. Review any proposed changes to the District's governance-related policies and procedures, including the Board's Code of Conduct;
  - l. Review its Charter every three years;
  - m. Develop and maintain an annual work plan, as may be amended from time-to-time by the Committee Chair;
  - n. Carry out other projects as assigned by the Board.
2. **Legislative Affairs Oversight:** The Committee shall oversee the following:
- a. Recommend action and/or advocacy to the Board regarding proposed significant legislative changes;
  - b. Monitor and review membership association-produced white papers and articles relating to proposed legislative changes (*e.g.*, ACHD, California Hospital Association);

## **II. Membership**

The Committee shall consist of three Directors, four community members, and three physicians. In addition, The CEO, COO, Manager, Medical Staff Services and Compliance Officer shall support the Committee without vote, but may be counted toward a quorum as alternatives in the event absences result in the Committee lacking a quorum.

Each Committee member shall have a basic understanding of governance and legislative affairs of public hospitals, and should have experience and familiarity with the specialized issues relating to governance of complex healthcare organizations, healthcare laws and legislative affairs.

## **III. Meetings**

The Committee may establish its own meeting schedule annually.

#### **IV. Minutes**

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

#### **V. Reports**

The Committee will report regularly to the Board regarding (i) all recommendations made or actions taken pursuant to its duties and responsibilities, as set forth above, and (ii) any recommendations of the Committee submitted to the Board for action.

#### **VI. Conduct**

Each Committee 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.

**Approved by Board of Directors: October 27, 2011**

**Approved by Board of Directors: August 30, 2012**

**Approved by Board of Directors: March 28, 2013**

**Approved by Board of Directors: May 29, 2014**

**Approved by Board of Directors:**

## **PROPOSED RATIFICATION PATHWAY FOR MEDICAL STAFF BYLAW AMENDMENTS**

The Committee [the Joint Conference Committee] discussed in detail a method of approving all future amendments to the Medical Staff Bylaws that would be acceptable to all parties. There was a frank exchange of views. After building consensus, it was agreed without dissent that the sequence of events in securing Medical Staff and Board approval and adoption of Bylaw amendments would be as follows:

- (1) Origination of the amendments from within the Medical Staff.
- (2) Drafting of the language, usually from within the Medical Staff Bylaws Committee.
- (3) The review and approval of the language of the proposed amendments by the Medical Staff attorney.
- (4) Dispatch of the amendment(s) directly from the Medical Staff attorney to the Board attorney and the CEO for their review and comment. If Board counsel or the CEO see the need for a possible change, these negotiations take place between the two attorneys, Medical Staff's and Board's counsel.
- (5) After agreement between the two legal counselors, the amendment(s) would be forwarded to the Chief of Staff (COS). The proposed amendment(s) would then be brought to the Medical Executive Committee (MEC) by the COS for approval.
- (6) From the MEC to the entire Medical Staff for an at-large vote and approval.
- (7) The amendments would not become effective until their vote and final adoption by the Governing Body.

# TRI-CITY HEALTHCARE DISTRICT

## AUDIT, COMPLIANCE & ETHICS COMMITTEE CHARTER

Tri-City Healthcare District's (the "District") Audit, Compliance & Ethics Committee (the "Committee") has multiple purposes and is delegated certain key responsibilities as enumerated herein.

### I. Purpose

The Committee is to provide assistance, and make recommendations, to the District's Board of Directors ("Board") by overseeing the Internal Audit Program, the external audit, the District's financial reporting obligations and the Ethics & Compliance Program. The Committee is responsible for making recommendations to the Board regarding the appointment, compensation, retention and oversight of the District's independent auditors; Report to the Board regarding any issue involving the integrity and trustworthiness of the District's annual financial statements;

1. **Internal Audit Program and Ethics & Compliance Program Oversight.** The Committee will oversee the District's Internal Audit Program and Ethics & Compliance Program, including the following:
  - a. Review and oversee the non-clinical contracts at least twice annually;
  - b. Review the District's compliance with applicable federal, state and local legal and regulatory requirements relating to providers and suppliers of healthcare services;
  - c. Monitor the development and implementation of the District's Internal Audit and Ethics & Compliance programs via periodic reports from the internal auditor, District's Chief Compliance Officer, the Internal Compliance Committee, and legal counsel;
  - d. Review risk assessments and work plans (including audit schedules) and the Ethics & Compliance Program, at least annually, as presented by the internal auditor, the Chief Compliance Officer, Internal Compliance Committee and/or legal counsel;
  - e. Review and oversee revision of the District's Administrative Code of Conduct;
  - f. Receive and revise draft policies from the Chief Compliance Officer and Internal Compliance Committee for presentation and recommendation to the Board;

- g. Review reports from the Internal Auditor, Chief Compliance Officer, **and** Internal Compliance Committee, and monitor implementation of corrective action as applicable;
- h. Make programmatic recommendations to the Chief Compliance Officer, senior management, and Board.

2. **External Audit and Financial Reporting Oversight.** The Committee shall:

- a. Review the accounting and financial reporting processes of the District and external audits of the District's annual financial statements;
- b. Report to the Board regarding any issue involving the integrity and trustworthiness of the District's annual financial statements;
- c. Report to the Board regarding any issue involving the District's compliance with financial reporting and, if applicable, legal and regulatory requirements with respect to District financing, as well as any applicable federal and state regulatory requirements relating to Medicaid, Medicare, and state insurance and charity care requirements;
- d. Review the independence, qualifications and performance of the District's external auditors;
- e. Monitor and report to the Board regarding the adequacy, efficacy, and adherence to policies and procedures related to accounting, internal accounting controls, ethical concerns, or auditing matters;
- f. The Audit, Compliance & Ethics Committee Charter will be reviewed every three years.

## II. **Membership**

The Committee shall consist of three (3) Directors of the District, one (1) physician on-staff at Tri-City Healthcare District, and up to four (4) community members.

Each Committee member shall have at least a basic understanding of finance and accounting, the ability to read and understand financial statements, and experience and familiarity with the specialized issues relating to health care financial issues. At least one member of the Committee shall have accounting or related financial management expertise, as evidenced by the certified public accountant designation or other education and/or work-related credentials. Each Committee member shall have a basic understanding of the design and operation of the Internal Audit Program and an Ethics & Compliance Program, by: (i) review of Office of Inspector General/AHLA materials for Boards; (ii) review of OIG compliance program guidance; and (iii) attendance at relevant educational sessions presented by the Chief Compliance Officer.

Term of Membership: Per Board Policy 15-031 members shall serve terms of two years, with an option to renew the appointment for one additional two-year term and shall continue to serve until a successor is appointed by the Board.

### **III. Meetings**

The Committee is anticipated to meet no less than four times each year and as many times as may be needed.

### **IV. Minutes**

The Committee will maintain written minutes of its meetings, which will be filed with the minutes of the meetings of the Board. Closed session minutes will be maintained consistent with Board procedures.

### **V. Reports**

The Committee will report regularly to the Board regarding (i) all determinations made or actions taken per its duties and responsibilities, as set forth above, and (ii) any recommendations of the Committee submitted to the Board for action.

### **VI. Conduct**

Each Committee member shall comply with the District's Code of Conduct which can be found at <http://www.tricitymed.org/about-us/code-of-conduct/>.

**Approved: Board of Directors: 9/29/11**  
**Amended: Board of Directors: 4/26/12**  
**Approved: Board of Directors: 3/28/13**  
**Approved: Board of Directors: 5/30/13**  
**Approved: Board of Directors: 5/29/14**

# TRI-CITY HEALTHCARE DISTRICT

## HUMAN RESOURCES COMMITTEE CHARTER

The Human Resources Committee (the “Committee”) of Tri-City Healthcare District (“District”) has multiple purposes and is delegated certain key responsibilities as enumerated herein.

### **I. Purpose**

The Committee is to provide governance oversight and to make recommendations to the District’s Board of Directors (“Board”) in matters including the following:

1. Human resources policies and practices;
2. Programs to hire, train and retain employees who exhibit safe quality expert care.
3. Appointment of members of the Committee to the Employee Fiduciary Retirement Plan Subcommittee (“the Subcommittee”), and review of the reports and recommendations of the Subcommittee;
4. Market-competitive compensation and benefits that reward employee performance for non-executive employees;
5. Changes to employment laws and regulations and advice to the Board regarding implications;
6. Collective Bargaining Agreements.
7. The Human Resources Committee shall review its Charter and performance with respect to its Charter every three years;

### **II. Membership**

The Committee shall consist of three Directors, up to four community members; and up to three medical staff members. In addition, the CEO, Chief Nurse Executive, Sr. Vice President, Human Resources, Chief Compliance Officer, Vice President of Human Resources, and Labor and Employment Attorney shall support the Committee without vote, but may be counted towards a quorum, as alternates, in the event absences result in the Committee lacking a quorum.

### **III. Meetings**

The Committee may establish its own meeting schedule.

#### **IV. Minutes**

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

#### **V. Reports**

The Committee will report regularly to the Board regarding (i) all determinations made or actions taken pursuant to its duties and responsibilities, as set forth above, and (ii) any recommendations of the Committee submitted to the Board for action.

#### **VI. Conduct**

Each Committee 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.

**Approved: by Board of Directors: 05/30/13**

**Approved: by Board of Directors: 05/30/13**

**Approved: by Board of Directors: 05/29/14**

**Approved: by Board of Directors:**

## **TRI-CITY HEALTHCARE DISTRICT**

### **COMMUNITY HEALTHCARE ALLIANCE COMMITTEE (CHAC) COMMITTEE CHARTER**

The Community Healthcare Alliance Committee (the “CHAC”) of the Tri-City Healthcare District (“District”) has multiple purposes and is delegated certain key responsibilities as enumerated herein.

#### **I. Purpose**

CHAC is to provide governance oversight and to make recommendations to the District’s Board of Directors (“Board”) in four key areas:

1. CHAC will be a conduit for an exchange of ideas between The District and the community to identify potential areas of cooperation.
2. Explore potential strategic alliances between the District and the community based on this forum providing an exchange of dialogue about community concerns, healthcare needs and short-and long range planning of service needs.
3. Grant-funding opportunities to help healthcare-related, non-profit organizations that benefit District residents and further the District’s Mission of “advancing the health and wellness of those we serve”;
4. Allocation of discretionary funds, in addition to the grant funds listed above, to meet demonstrated community healthcare needs if determined by the Board to be vital and necessary.

#### **II. Guiding Principles**

The CHAC operates under the following guiding principles:

1. Healthcare-related needs are defined broadly and are not limited to those addressed only by traditional healthcare facilities and providers;
2. The District should drive its outreach efforts based on the needs of those who reside within the boundaries of the District;
3. There are limited human and capital resources with which to meet the healthcare needs of the population of the District;
4. An annual plan and budget shall be established, within the District’s Strategic Plan and budget, that prioritizes the needs to be addressed;

5. Targeted activities shall be measurable (when required);The District may act alone or may collaborate at times with others to address community needs within the District;
6. The CHAC shall effectively interface between the TCHD Board of Directors and Administration.
7. The CHAC shall review its performance and Charter every three years.

### **III. Membership**

CHAC shall have 25 voting members as follows:

- three Directors;
- three community members representing residents of Carlsbad, Oceanside and Vista;
- one representative appointed by the Mayors of Carlsbad, Oceanside and Vista (three in all) notwithstanding Board Policy 10-031;
- one representative appointed by the Chambers of Commerce of Carlsbad, Oceanside and Vista (three in all);
- one representative appointed by the Superintendents of the Carlsbad, Oceanside and Vista Unified School Districts (three in all);
- one representative appointed by the Senior Commissions of Carlsbad, Oceanside and Vista (three in all);
- one public safety representative appointed by the City Managers of Carlsbad, Oceanside and Vista (three in all);
- one representative of the Medical Staff appointed by the Medical Staff; and three community member residents of Carlsbad, Oceanside, and/or Vista with multicultural expertise including African American, Asian, and Hispanic experience all approved by the Board of Directors. Community healthcare organizations shall be represented by three non-voting members, one each appointed by the Vista Community Clinic, North County Health Services, and County of San Diego Health and Human Services Agency.

Members representing key constituencies shall be selected by the organizations they represent and serve at the pleasure of the appointing authority, subject to the authority of the Chairperson in Section 1, Article V of the District's Bylaws. Such representatives shall not be considered "community members" as described in Board Policy No. 14-031.

Term limits and district residency requirements shall not apply to members representing key constituencies. In each instance, a letter of appointment from the appointing authority shall be transmitted to the District in order for the representative to be seated.

Community members shall be selected by the Board and meet all requirements prescribed in Board Policy No. 14-031.

A quorum of CHAC shall consist of a minimum of 13 members.

#### **IV. Meetings**

The Committee may establish its own meeting schedule annually.

#### **V. Minutes**

CHAC 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.

#### **VI. Reports**

CHAC will report regularly to the Board regarding (i) all determinations made or actions taken pursuant to its duties and responsibilities, as set forth above, and (ii) any recommendations submitted to the Board for action.

#### **VII. Conduct**

Each Committee 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.

Approved: by the Board of Directors: 11/6/14

Approved: by the Board of Directors:

**Audit, Compliance & Ethics Committee  
(No meeting held in  
August, 2016)**

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

**July 28, 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 July 28, 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  
Jody Root, General Legal Counsel  
Steve Dietlin, Chief Executive 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

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

3. Public Comments – Announcement

Chairman Dagostino read the Public Comments section listed on the July 28, 2016 Regular Board of Directors Meeting Agenda.

There were no public comments.

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 July 28, 2016 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Labor Negotiators; two Reports Involving Trade Secrets, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees; Conference with Legal Counsel regarding three (3) matters of Existing Litigation; three (3) matters of Potential Litigation; Approval of Closed Session Minutes; Public Employee Evaluation: General Counsel and Public Employee Evaluation: Chief Executive Officer and Chief Compliance Officer.

5. Motion to go into Closed Session

**It was moved by Director Finnila and seconded by Director Nygaard to go into closed session at 1:35 p.m. The motion passed unanimously (7-0).**

6. The Board adjourned to Closed Session at 1:35 p.m.

8. At 3:30 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 the Board voted unanimously to enter into a Joint Powers agreement with the City of Oceanside which will allow us to use the Design Build concept to do our building and campus development.
10. Director Finnila 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:

## Presentation on TCHD's Rapid Response Team – Linda Sprague, RN, ICU

Ms. Linda Sprague, RN presented on the Rapid Response Team. By way of background, Ms. Sprague explained the Rapid Response Team was recommended by the Institute for Healthcare Improvement (IHI) in 2004 as part of their "100,000 Lives Campaign". The team is championed by the Joint Commission and is a 2008 National Patient Safety Goal. In 2009 Tri-City Medical Center implemented a 24/7 "free standing" Rapid Response Team. Ms. Sprague explained the Rapid Response Team (RRT) is comprised of ICU nurses with several years of experience who conduct rounding on every acute care floor to identify at-risk patients, facilitate transfer of patient to the appropriate level of care as well as educate floor staff in the identification of at-risk patients. Ms. Sprague further explained the Rapid Response Team is available 24 hours per day and nurses are encouraged to call the team when certain triggers are met. Early warning signs may include any vital sign that is higher or lower than normal or expected, chest pain, altered mental status, stroke symptoms, seizures, acute bleeding and breathing difficulties, to name a few. The Team initiates in house Stroke, STEMI and Sepsis codes based on their evaluation of the patient exhibiting certain sign and symptoms. In closing, Ms. Sprague stated the hospital has seen fewer Code Blues and lower mortality rates since 2009 despite increasing patient acuities.

Director Finnila questioned if the Rapid Response Team responds to concerns at our satellite locations. Ms. Sprague stated the Team works with the hospital exclusively.

Ms. Schultz commented that the Rapid Response Team is a highly utilized and trusted service provided by a great team of nurses, respiratory therapists and ancillary staff.

Dr. Ma also vouched for the success of the program. He stated the Team intervenes in an early fashion and is of great benefit to the patient and staff.

Director Schallock stated by providing this service the quality of care to the patient is enhanced and that is of great value to the community.

Director Reno also commended on the Team's value to the organization.

No action was taken.

### 13. Report from TCHD Foundation – Glen Newhart, Chief Development Officer

Mr. Glen Newhart introduced and welcomed the Foundation's newly appointed Board Chair, Dr. David Tweedy. Dr. Tweedy stated he has served at Tri-City in many capacities and is pleased to serve the Foundation at this level. He recognized Mr. Kevin Stotmeister for his efforts and commented that he has big shoes to fill!

Director Reno welcomed Dr. Tweedy back to Tri-City in his new role and expressed her appreciation to Mr. Stotmeister.

Mr. Newhart gave a special thank you to Mr. Kevin Stotmeister, stating under his leadership, in this most recently completed fiscal year, the Foundation was able to raise and donate back to the hospital over \$1.2 million dollars. On behalf of the

Foundation and their members Mr. Newhart stated Mr. Stotmeister is truly an exceptional individual who has provided sound advice.

Chairman Dagostino stated on behalf of the Board, he would like to extend a big thank-you not only to Mr. Stotmeister but also Mr. Stotmeister's wife as well for their philanthropic work in the community for the benefit of Tri-City Medical Center.

Mr. Newhart welcomed new Foundation Board member Ms. Lylene Balken, an Oceanside resident from the Home Health industry.

With regard to upcoming events, Mr. Newhart reported the 20<sup>th</sup> Annual Golf Tournament is scheduled for September 19<sup>th</sup> at the Vista Valley Country Club with proceeds benefiting the renovation of Women & Infant Services. Additionally, the Diamond Ball, the biggest event of the year is scheduled for November 12<sup>th</sup>, also benefiting the renovation of Women & Infant Services.

Lastly, Mr. Newhart stated the summer issue of the Foundation's Newsletter will be arriving in mailboxes very soon.

No action was taken.

14. Report from Chief Executive Officer

Mr. Steve Dietlin, CEO echoed Mr. Newhart and Chairman Dagostino's comments related to Mr. Kevin Stotmeister and his great work as a community activist. Mr. Dietlin also welcomed Dr. David Tweedy to his new role as Foundation Board Chair.

Mr. Dietlin stated he is extremely pleased that the Board approved the Joint Powers Authority with Oceanside earlier today and the District will be moving forward with the campus redevelopment plan.

Mr. Dietlin commented on data transparency and the importance of understanding and interpreting all the data that is reported.

Mr. Dietlin reported the Crisis Stabilization contract was executed recently and he expects the unit to be operational in the month of August.

Lastly, Mr. Dietlin stated he is looking forward to moving ahead with our UCSD affiliation.

No action was taken.

15. Report from Acting Chief Financial Officer

Mr. Rivas reported there will not be a financial presentation today due to our upcoming audit. He stated the auditors field work is expected to take approximately three (3) weeks.

No action was taken.

16. New Business

a. Update and possible action on UCSD Affiliation Agreement

Chairperson Dagostino reported the update on the UCSD Affiliation Agreement has been pulled pending additional information. A report will likely be forthcoming next month.

No action was taken.

- b. Consideration to appoint Mr. Eric Burch to an additional two-year term on the Governance & Legislative Committee

**It was moved by Director Finnila to appoint Mr. Eric Burch to an additional two-year term on the Governance & Legislative Committee as recommended by the committee. Director Reno seconded the motion.**

**Director Finnila commented that Mr. Burch is a valuable member of the committee.**

**The vote on the motion was as follows:**

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

17. Old Business

Report from Ad Hoc Committee on Electronic Board Portal

Director Mitchell reported the Ad Hoc Committee continues to explore electronic board portals. She noted all platforms appear to operate similarly and the decision will likely boil down to user friendliness and cost.

No action was taken.

18. Chief of Staff

- a. Consideration of July 2016 Credentialing Actions involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee at their meeting on July 25, 2016.

**It was moved by Director Nygaard to approve the July 2016 Credentialing Actions involving the Medical Staff and Allied Health Professionals, as recommended by the Medical Executive Committee at their meeting on July 25, 2016. Director Finnila seconded the motion.**

**The vote on the motion was as follows:**

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

19. Consent Calendar

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

It was moved by Director Finnila to pull item 19 D. 6. Approval of an agreement with the American Heart Association for a term of three years, beginning June 30, 2016 through June 30, 2019, for an annual cost for year 1- \$120,000, for Year 2- \$250,000 and for Year 3- \$250,000, for a total cost for the term of \$620,000. Director Kellett seconded the motion.

It was moved by Director Schallock to pull item 19 F. 1) 1) Approval of Board Policy 14-020 – Business Expense Reimbursement; Ethics Training. Director Kellett seconded the motion.

It was moved by Director Reno to pull item 19 (4) Dues and Memberships – ACHD - \$45,000. Director Kellett seconded the motion.

Director Reno stated she would be abstaining from the vote on the minutes of June 30, 2016.

The vote on the main motion was as follows:

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

The vote on the main motion minus the items pulled was as follows:

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

20. Discussion of items pulled from Consent Agenda

Director Finnila who pulled item 19 D. 6. Approval of an agreement with the American Heart Association for a term of three years, beginning June 30, 2016 through June 30, 2019, for an annual cost for year 1- \$120,000, for Year 2- \$250,000 and for Year 3- \$250,000, for a total cost for the term of \$620,000 requested an overview of benefits the hospital will receive by approving the contract.

Mr. David Bennett, CMO explained the American Heart Association is looking for an exclusive sponsorship in North County and Tri-City will have the privilege of being the exclusive healthcare provider in North County to use many of AHA's major programs. He discussed the many benefits Tri-City will receive by collaborating with AHA on events and programs that the North County community needs. In addition, Tri-City will be able to co-brand our message with AHA exclusively with all our promotions and use the brand power of the AHA to support our image in the community and with UCSD.

He noted UCSD is already a major partner and sponsor of AHA in their "Go Red" program. Mr. Bennett explained the partnership/sponsorship is for three years and the monies will be earmarked each year in the budget for this sponsorship. In closing, Mr. Bennett stated he believes the AHA is a nationally recognized brand in the healthcare arena and to be associated with them is a major benefit to the organization and will provide visibility in terms of spreading the good will, good work and clinical outcomes.

Director Finnila suggested the success of the program be evaluated after the first year prior to renewing a second year.

Ms. Schultz commented on the importance of partnering with the American Heart Association and their presence in North County.

Director Kellett expressed concern that it would be difficult to evaluate the program after one year and suggested approval of the three-year contract. Mr. Bennett stated it would be possible to measure success by feedback and increased participation. Director Schallock suggested Mr. Bennett provide the Board with an annual report at budget time so that the Board can evaluate the success of the program.

**It was moved by Director Kellett to approve an agreement with the American Heart Association for a term of three years, beginning June 30, 2016 through June 30, 2019, for an annual cost for year 1-\$120,000, for Year 2- \$250,000 and for Year 3- \$250,000, for a total cost for the term of \$620,000. Director Nygaard seconded the motion**

**It was moved by Director Finnila to amend the motion to stipulate that an annual report be given at the end of each year. Director Nygaard seconded the motion.**

**The vote on the amended motion was as follows:**

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

**The vote on the main motion was as follows:**

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

Director Schallock who pulled item 19 F. 1) Approval of Board Policy 14-020 – Business Expense Reimbursement; Ethics Training stated he is of the opinion that the policy currently in place reflects the process that should be followed for attendance at conferences. Chairman Dagostino stated the revision to the policy was designed to allow Board members to attend an educational event without prior Board approval due to potential timing issues as well as attend educational opportunities of their choosing. Discussion was held regarding whether the policy applies to attendance at business meetings. Chairman Dagostino stated that the policy clearly states if a Board member wants to be reimbursed for expenses they must receive prior Board approval. After

further discussion it was recommended that the policy be pulled and sent back to the Governance Committee for further discussion. Directors indicated they were in support of having the committee readdress the policy.

Director Reno who pulled item 19 (4) Dues and Memberships – ACHD - \$45,000 expressed concern with the cost of the membership and questioned if the Association would consider giving the District a prorated fee. Director Nygaard stated the Association has supported legislation on behalf of the District such as the Design Build bill. She suggested ACHD provide the Board with a report of their services at the next meeting and the Board could assess the value at that time. It was also suggested that the Board assess the organizations they belong to. Ms. Donnellan explained when the Membership(s) are due for renewal they are placed on the Consent Agenda for approval prior to renewing the membership.

General Counsel suggested the item be continued to the next meeting for consideration following a report from the Association.

**It was moved by Director Schallock to continue discussion of the ACHD Membership - \$45,000 at the next meeting pending additional information from the Association. Director Reno seconded the motion.**

**The vote on the motion was as follows:**

<b>AYES:</b>	<b>Directors:</b>	<b>Dagostino, Finnila, Kellett, Mitchell, Nygaard, Reno and Schallock</b>
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<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
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<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None</b>
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<b>ABSENT:</b>	<b>Directors:</b>	<b>None</b>
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21. Reports (Discussion by exception only)

22. Legislative Update

Chairman Dagostino reported we are moving forward with the Design Build concept through a Joint Powers Authority with the City of Oceanside.

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 did not have any additional comments.

25. Board Communications

Directors Schallock, Mitchell, Nygaard and Kellett did not have any comments.

Director Reno commented on her recent personal experience with Home Health. She recognized Suzanne Platt, RN for her excellent care.

Director Reno reported long time employee Willie Powell recently passed away. She stated he was very dedicated to this hospital and will be sorely missed.

Director Reno applauded Mr. Kapua Conley's recent presentation to the Community Healthcare & Alliance Committee related to ER Triage. She encouraged Mr. Conley to present a similar presentation to the full Board.

Director Finnila commented on the fact that rattlesnake season is upon us and urged everyone to be aware of their surroundings. She commented on the fact that a good friend has been hospitalized and in the ICU as the result of a rattlesnake bite.

26. Report from Chairperson

Chairman Dagostino stated he had the opportunity to participate in the July 4<sup>th</sup> parade and was impressed by all the families who commented that their children were born here at Tri-City.

Chairman Dagostino also commented on the wonderful work of our Auxiliary.

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.

28. Motion to return to Closed Session.

Chairman Dagostino adjourned the meeting to closed session at 5:25 p.m.

29. Open Session

At 7:00 p.m. Chairman Dagostino reported the Board was back in open session. All Board members were present.

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

Chairperson Dagostino reported no action was taken in closed session.

31. There being no further business Chairman Dagostino adjourned the meeting at 7:00 p.m.

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James J Dagostino, DPT  
Chairman

ATTEST:

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Ramona Finnila, Secretary

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

**August 16 2016 – 6:30 o'clock p.m.  
Assembly Rooms 2 & 3 – Eugene L. Geil Pavilion  
4002 Vista Way, Oceanside, CA 92056**

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at 4002 Vista Way at 6:30 p.m. on August 16, 2016.

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

Director James J. Dagostino, PT, DPT  
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:

Steve Dietlin, Chief Executive Officer  
Kapua Conley, Chief Operations Officer  
Sharon Schultz, Chief Nurse Executive  
Ray Rivas, Acting Chief Finance Officer  
Cheryle Bernard-Shaw, Chief Compliance Officer  
David Bennett, Chief Marketing Officer  
Wayne Knight, Chief Strategy Officer  
Susan Hadley, Director of Network Development  
Gene Ma, M.D., Chief of Staff  
Jody Root, General Counsel  
Teri Donnellan, Executive Assistant  
Rick Crooks, Executive Protection Agent

1. The Board Chairman, Director Dagostino called the meeting to order at 6:30 p.m. in Assembly Rooms 2 & 3 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Director Dagostino led the Pledge of Allegiance.

2. Approval of Agenda

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

3. Public Comments – Announcement

Chairman Dagostino read the Public Comments section listed on the Board Agenda. There were no public comments.

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. Root, made an oral announcement of items listed on the August 13, 2016

Special Board of Directors Meeting Agenda to be discussed during Closed Session which included two Report Involving Trade Secrets with various disclosure dates, Conference with Real Estate Property Negotiators and Conference with Legal Counsel on one matter of Existing Litigation.

6. Motion to go into Closed Session

**It was moved by Director Finnila and seconded by Director Nygaard to go into Closed Session. The motion passed unanimously (7-0).**

7. Chairman Dagostino adjourned the meeting to Closed Session at 6:35 p.m.
8. The Board returned to Open Session at 8:05 p.m.
9. Chairman Dagostino reported no action was taken in Closed Session.
10. Open Session

- a. Update and possible action on UCSD Affiliation Agreement

**It was moved by Director Kellett that the Tri-City Healthcare District Board of Directors approve or waive that UCSD Health has satisfied the Designated Conditions under the Master Affiliation Agreement and authorize the CEO to execute documents consistent with the approval or waiver of these conditions. Director Mitchell seconded the motion.**

**It was moved by Director Reno to amend the motion that the Tri-City Healthcare District Board of Directors, *on behalf of Tri-City Medical Center*, approve or waive that UCSD Health has satisfied the Designated Conditions under the Master Affiliation Agreement and authorize the CEO to execute documents consistent with the approval or waiver of these conditions. Director Mitchell seconded the motion.**

**The vote on the amended motion was as follows:**

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

**The vote on the main motion was as follows:**

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

11. Consideration to approve travel related expenses to Washington, D.C. in connection with financing opportunities.

It was moved by Director Finnila that the Tri-City Healthcare District Board of Directors approve travel expenses related to Washington, D.C. in connection with financing opportunities. Director Mitchell seconded the motion.

The vote on the motion was as follows:

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

10. It was moved by Director Reno to adjourn the meeting. Director Schallock seconded the motion. The motion passed unanimously (7-0).

There being no further business, Chairman Dagostino adjourned the meeting at 8:09 p.m.

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James J. Dagostino, PT, DPT  
Chairman

ATTEST:

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Ramona Finnila  
Secretary



### By joining ACHD, you'll become part of the larger Healthcare District community where you can:

- Share best-practices
- Learn from others who face the same challenges and opportunities
- Discuss innovative ideas
- Stay abreast of current issues facing California's Healthcare Districts

Your membership also strengthens our power in the Capitol, allowing us to more effectively advocate for legislation and regulations that benefit your District.

#### You'll be in good company!

View a list of our current members online at [www.achd.org](http://www.achd.org).

*"As a member, we now help shape ACHD's legislative agenda each year and join other Districts from around the state in advocating at the Capitol for policies that have helped our district in ways we never imagined."*

Robert Ayres, Trustee, Grossmont Healthcare District

### Membership Fees

To determine membership fees for your District, please contact [info@achd.org](mailto:info@achd.org) or call 916.266.5200.

We look forward to welcoming you as a member!

Association of California Healthcare Districts

1215 K Street, Suite 2005, Sacramento, CA 95814

916.266.5200

926.266.5201

[www.achd.org](http://www.achd.org)

[info@achd.org](mailto:info@achd.org)

Connect with us:



# ACHD

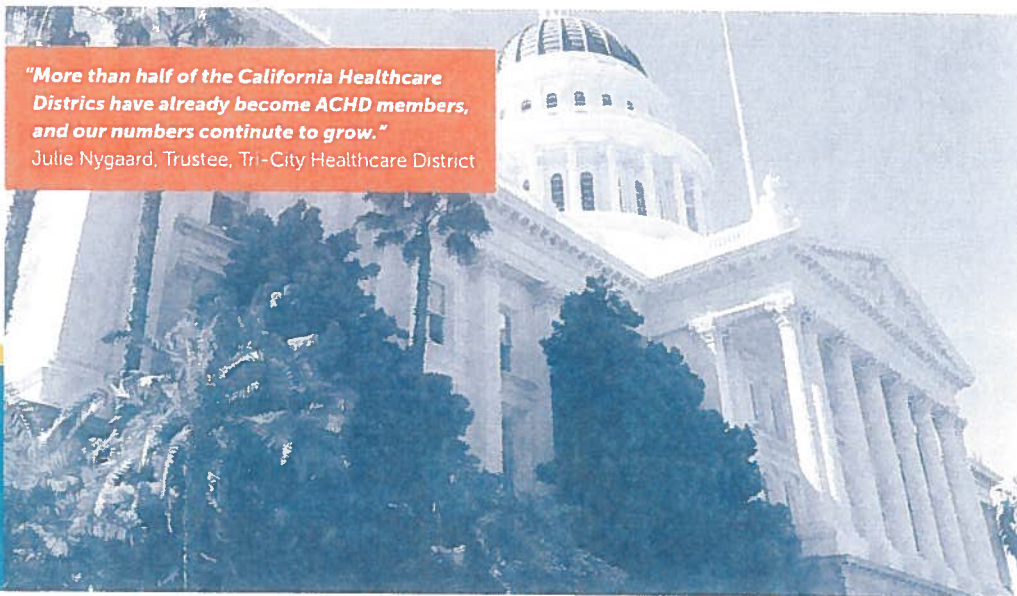
ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS

Shape The Future of  
Healthcare Districts In  
California:

**BECOME A MEMBER**

*"More than half of the California Healthcare Districts have already become ACHD members, and our numbers continue to grow."*

Julie Nygaard, Trustee, Tri-City Healthcare District



The Association of California Healthcare Districts (ACHD) brings the voice of California's Healthcare Districts, their executives and their board members to the State Capitol. The Association also provides services that help Healthcare Districts meet their legal and fiduciary mandates and best serve the diverse populations of California.

As a member of ACHD, you will shape our efforts to enhance public awareness, provide training and education, and advocate for legislation and regulatory policies that allow Healthcare Districts to deliver the best-possible health services to Californians.



**"Everything we do at ACHD is shaped by and done in service to our Members."**  
Ken Cohen, Executive Director, ACHD

## Benefits of Membership

As an ACHD Member, you'll receive access to exclusive resources that will help your District navigate an increasingly complex operating environment and provide outstanding healthcare services. You will be able to help shape our policy and legislative work in the state Capitol to better serve your District. You will also receive access to unique tools and resources designed specifically for Healthcare Districts.

**"Our ACHD membership has been invaluable and allowed John C. Fremont Healthcare District to improve everything from our board meetings to our public reporting. I know I can turn to ACHD for resources and completing the certification program gives our community assurance we are providing top-quality service to the public."**

Samuel 'Mike' McCreary, Trustee  
John C. Fremont Healthcare District

## Legislative Advocacy

- Drive our policy and regulatory priorities and work directly with Legislators and state agencies through our Advocacy Team.

## Training and Certification

- Improve skills through our in-person training programs throughout the year, including our Leadership Academy (training on governance, transparency, ethics, and more).
- Become a Certified Healthcare District by demonstrating your compliance with our "Best Practices in Governance." Participating in this process will speak volumes to the general public as well as to State Legislators, about your commitment to transparency and accountability. (View our list of Certified Healthcare Districts at [www.achd.org](http://www.achd.org).)
- Receive exclusive member and staff discounts for degree programs through Capella University.

## Members-only Tools and Resources

- Board Self-Assessment Tool
- CEO Assessment Tool
- Advocacy Guidebook
- Grassroots Handbook
- Communications Guide

## Discounted Registration at Educational Events

- Annual Conference
- Legislative Day at the state Capitol
- Leadership Academy

## Business Resource Center

- Coming to Sacramento? Let us be your office away from home



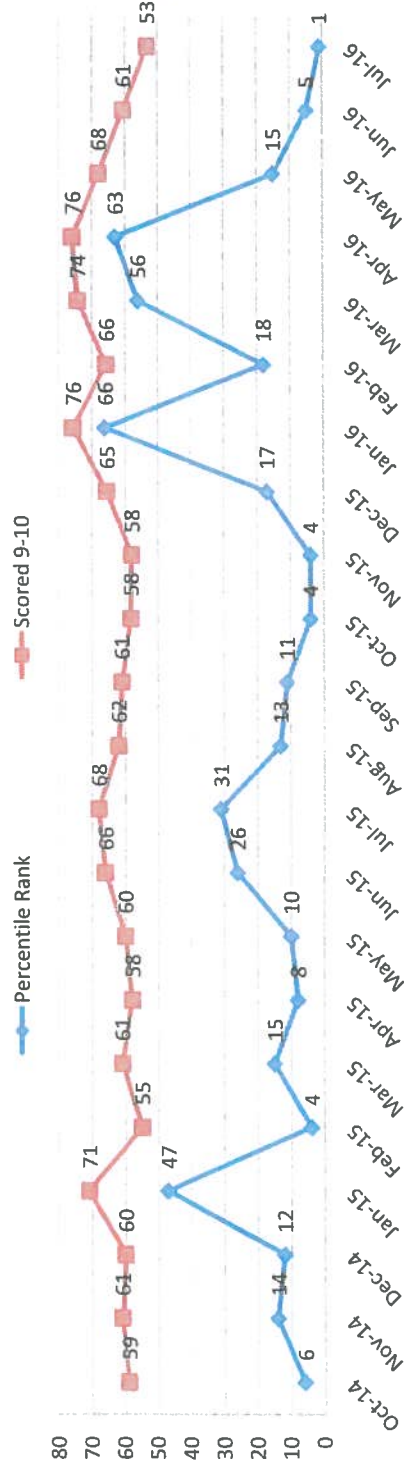
Tri-City Medical Center

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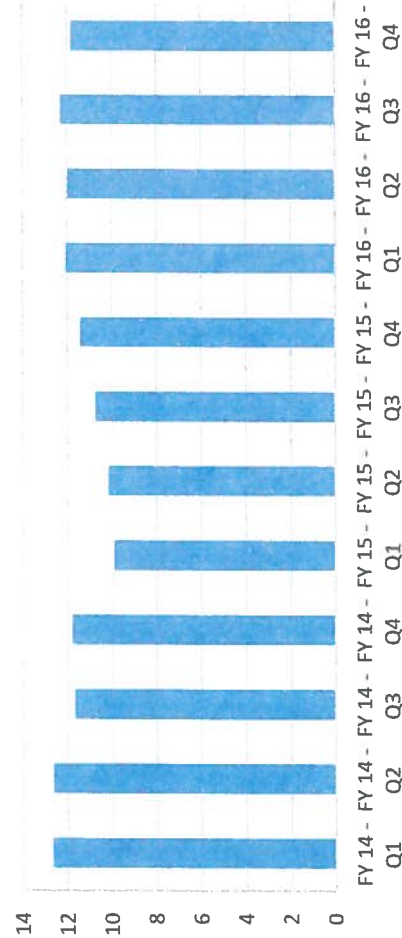
## HCAHPS (Top Box Score)

Hospital Consumer Assessment of Healthcare Providers & Systems

### Overall Rating of Hospital (0-10)



### Voluntary Employee Turnover Rate



### Involuntary Employee Turnover Rate



# Fall & HAPU's

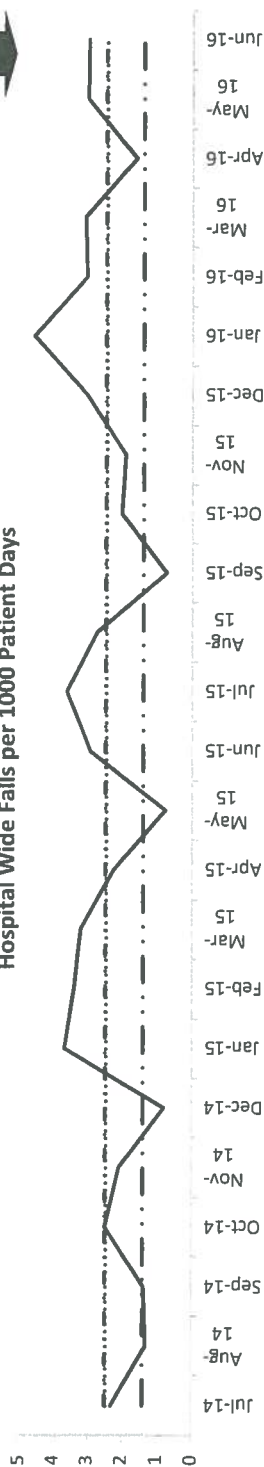
TCMC Rate

Mean

CA Mean

TCMC Target

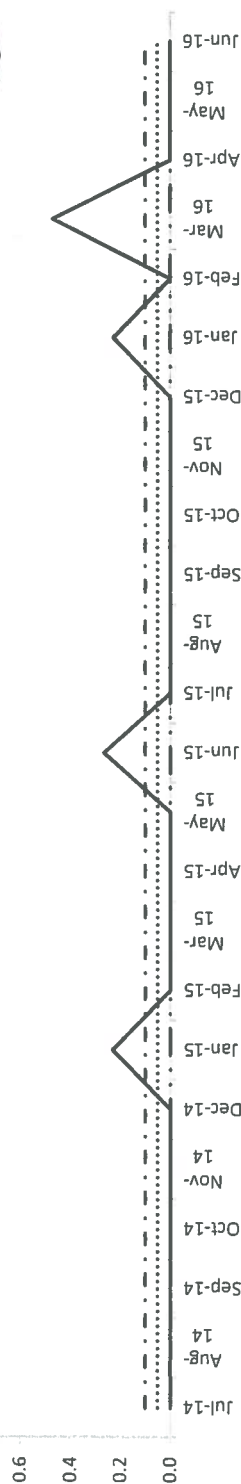
Hospital Wide Falls per 1000 Patient Days



## Action Plan

- Ortho started pilot on 5/31/16 and has been fall free for 71 days as of 8/5/2016, no falls since start of pilot.
- Contract for Cerner Patient Observer is being finalized.
- Telemetry started Falls Toileting and Patient Family agreement Pilot July 25, 2016.

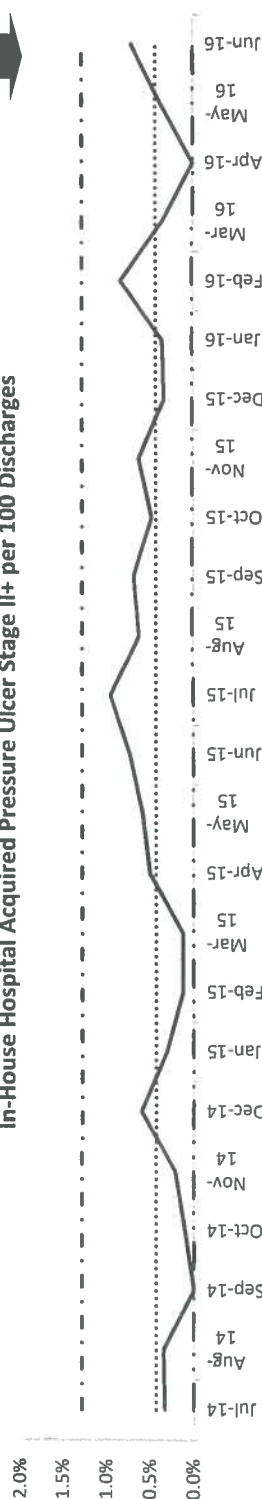
Hospital Wide Falls with Injury per 1000 Patient Days



## Action Plan

See above

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



## Action Plan

- New WOCN started yesterday will increase coverage and development/activation of plans for education. Cameras ordered and new policy on photography for better compliance and documentation of ulcers. This allows the Wound Team to provide assistance with wounds even remotely for identification /intervention.

# Core Measures

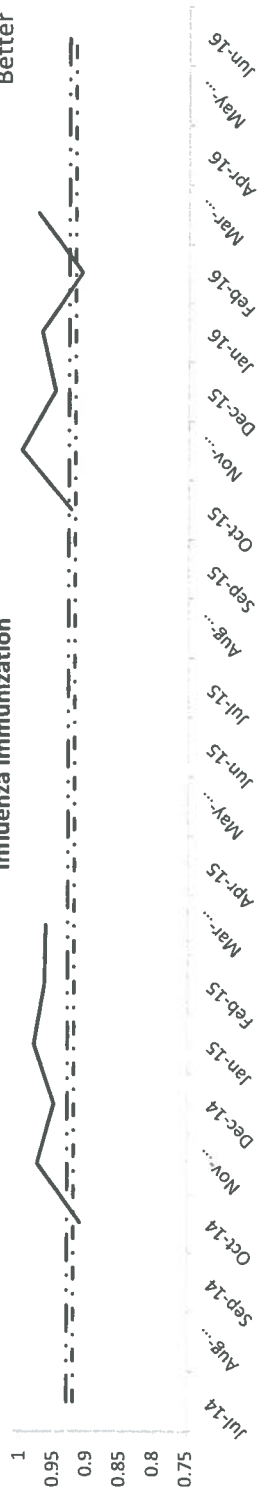
TCMC Rate

Mean

CA Mean

TCMC Target

## Influenza Immunization

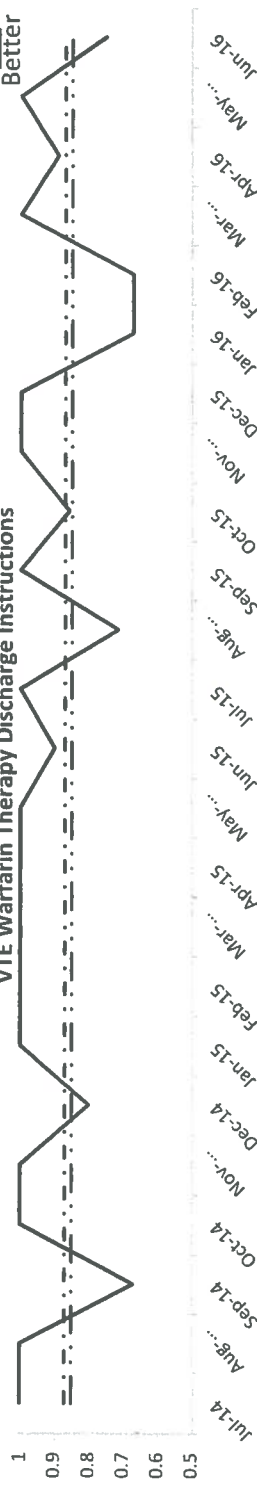


Better

## Action Plan

IMM monitoring done for the year.  
Last Flu season consistently above goal results.

## VTE Warfarin Therapy Discharge Instructions

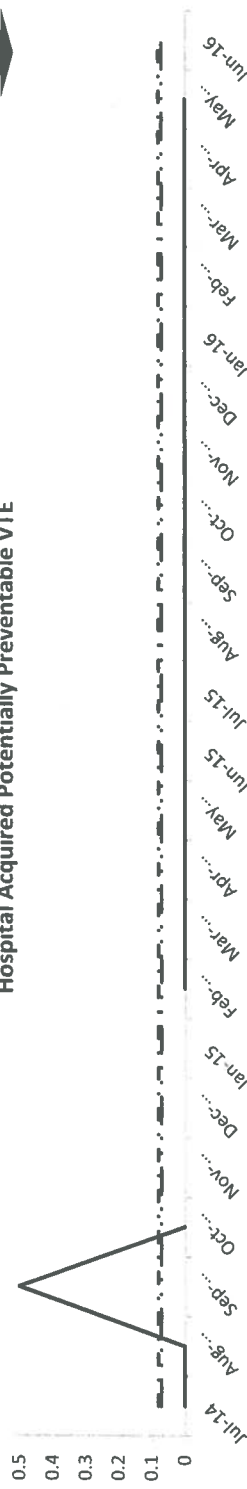


Better

## Action Plan

Some nurses were not providing warfarin education if patient was on warfarin prior to admission. Staff education and redesign of the documentation forms. One fallout in June. Nurse Counselling/education done.

## Hospital Acquired Potentially Preventable VTE

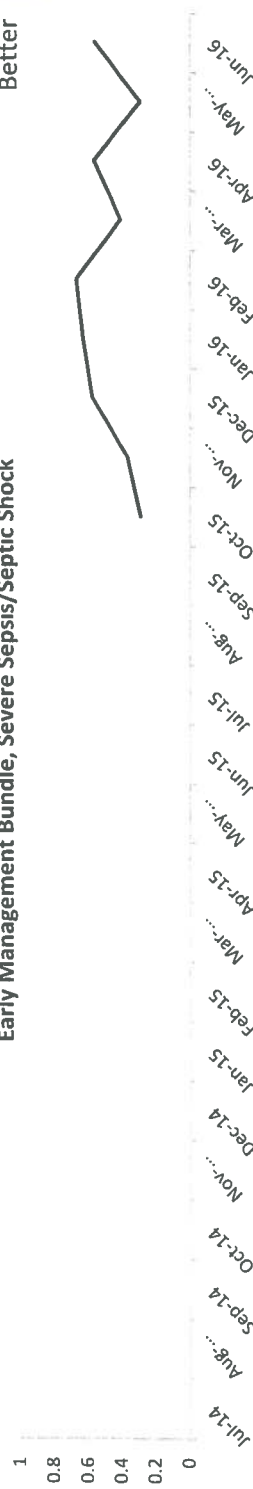


Better

## Action Plan

Consistently passing at 100%.  
(patients were receiving VTE prophylaxis prior to event.)

## Early Management Bundle, Severe Sepsis/Septic Shock



Better

## Action Plan

Small case #'s. No comparative data.  
Unofficial polling shows about 55% pass rate nationwide. Redesign of Code Sepsis starting 8/10 to include task list.

# Core Measures

TCMC Rate

TCMC Target

CA Mean

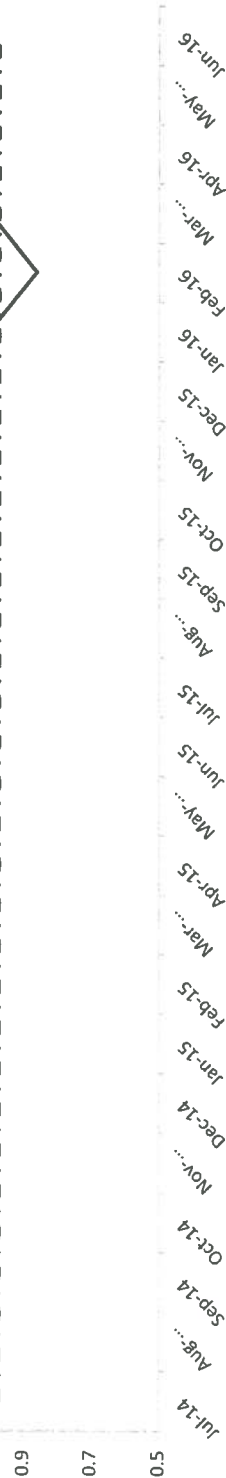
Mean

Aspirin at Arrival

Better

Action Plan

Consistently at 100%. Single miss in February.

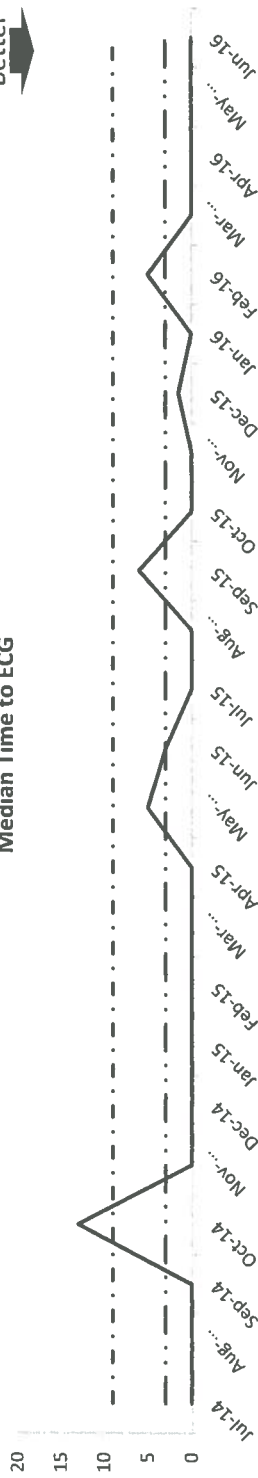


Median Time to ECG

Better

Action Plan

Consistently below top 10% hospital rate.

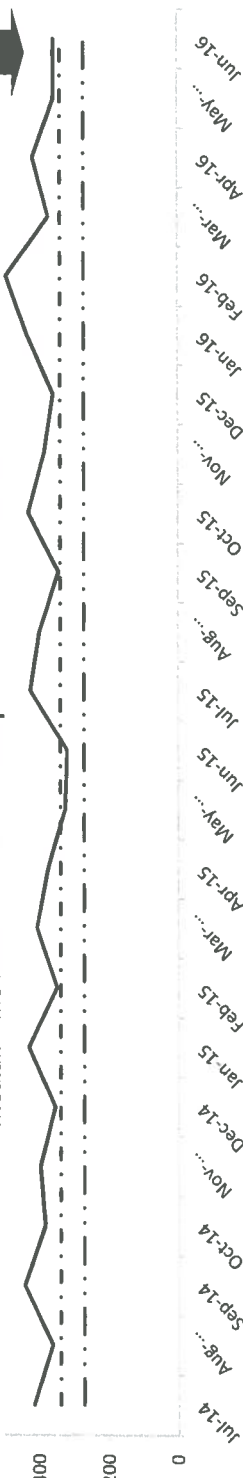


Median Time from ED Arrival to ED Departure for Admitted ED Patients

Better

Action Plan

New Hospital Compare data comparing hospitals of comparable (very high) volume we are better (108 min) than both CA mean (180 min) and National mean (134 min).

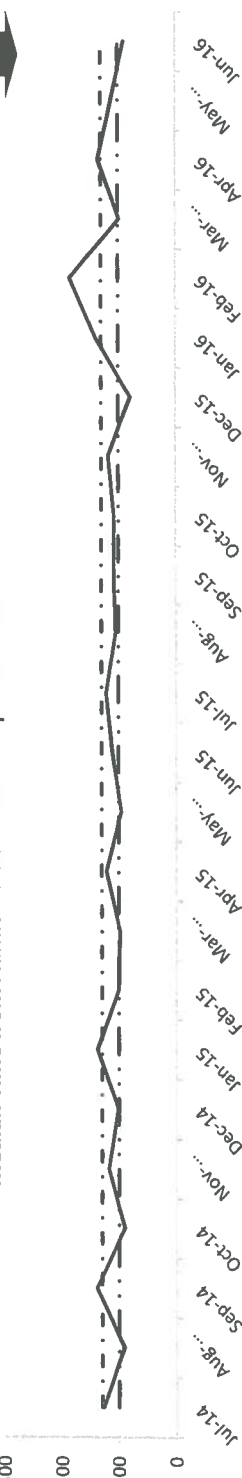


Median Time from Admit Decision to ED Departure Time for Admitted ED Patients

Better

Action Plan

New Hospital Compare data comparing hospitals of comparable (very high) volume we are better (108 min) than both CA mean (180 min) and National mean (134 min).



# Core Measures

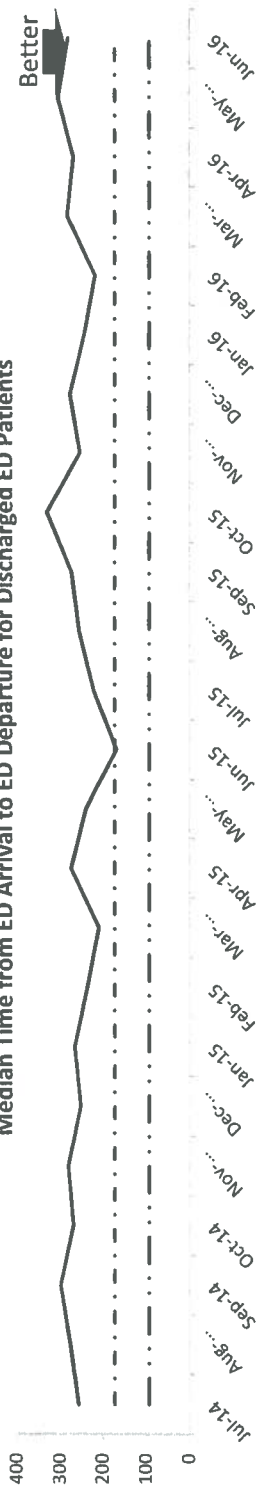
TCMC Rate

CA Mean

Mean

TCMC Target

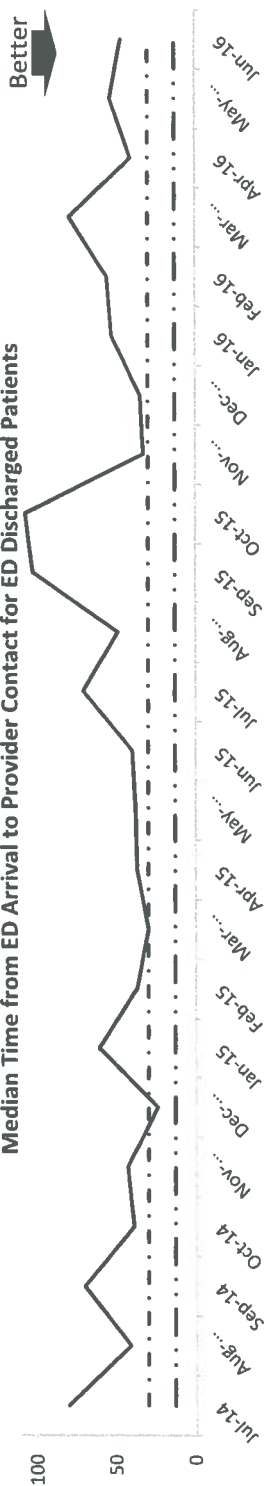
Median Time from ED Arrival to ED Departure for Discharged ED Patients



## Action Plan

Team Triage for Level 4 and 5 pts is now staffed to stay open until 2am, seeing an overall improvement in throughput for these pts.

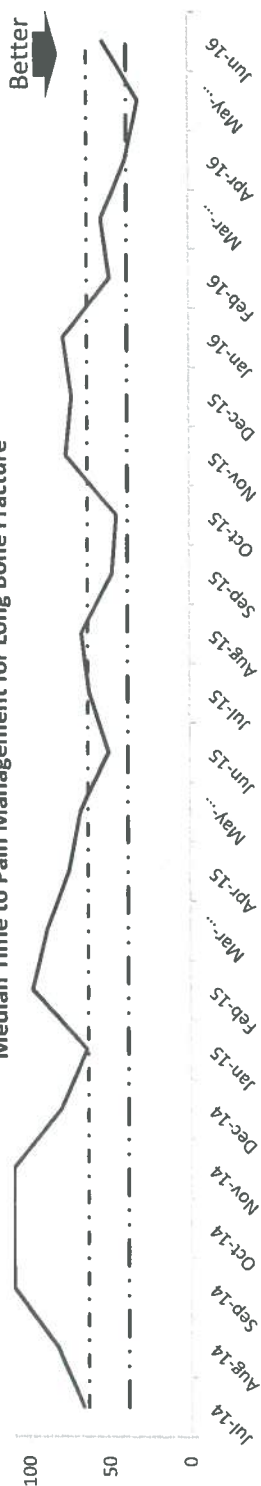
Median Time from ED Arrival to Provider Contact for ED Discharged Patients



## Action Plan

Working on Medical Screen Exam (MSE) process to improve timeliness of MD screening and registration of ED patients.

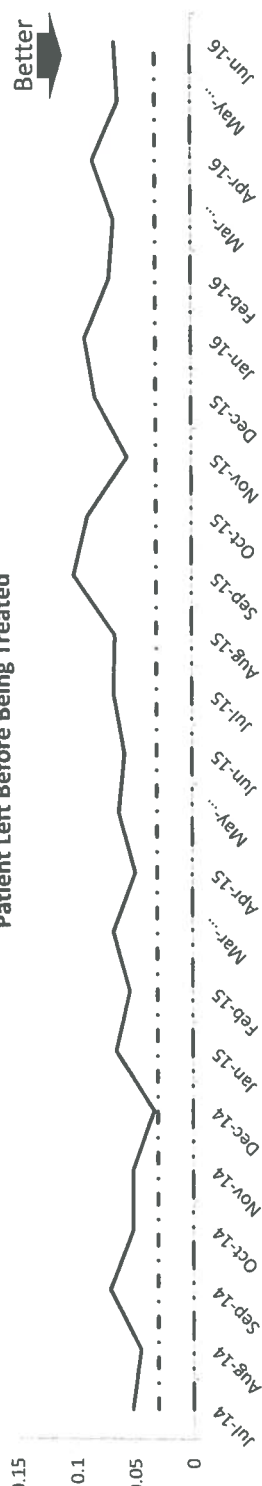
Median Time to Pain Management for Long Bone Fracture



## Action Plan

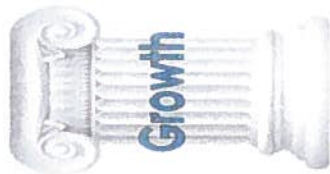
Continued improvement finally passing goal of 40 min mean time to pain administration. Changed wording in Triage form to clarify "Potential" Long Bone Fx per nursing concerns.

Patient Left Before Being Treated



## Action Plan

Correlation seen between higher ED volume and pt census in August which causes increased LWBS for patients. Team Triage hours expanded to 10 am - 2 am starting mid-July.



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## Volume

### Spine Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY17	28												28
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	Jun	YTD
FY17	9												9
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	Jun	YTD
FY17	8												8
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	Jun	YTD
FY17	18												18
FY16	16	19	13	4	7	9	15	20	15	13	17		163

Performance compared to prior year:

Better Same Worse

Major Joint Replacement Surgery Cases (Lower Extremities)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY17	31												31
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	Jun	YTD
FY17	16.5												16.5
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	Jun	YTD
FY17	6.8												6.8
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	Jun	YTD
FY17	14.8												14.8
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	Jun	YTD
FY17	178.6												178.6
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

Same

Worse

Deliveries

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY17	223												223
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	Jun	YTD
FY17	12												12
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	Jun	YTD
FY17	4												4
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	Jun	YTD
FY17	10												10
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	Jun	YTD
FY17	1.68												1.68
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	Same	Worse
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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												51.2	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	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												78.9	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		83.6	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												\$288	\$42
FY16	\$862	\$612	\$182	(\$189)	(\$513)	\$965	(\$1,784)	(\$411)	(\$220)	\$331	\$315		\$862	\$9,767

### 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%												1.04%	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%		3.03%	2.81%



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## Financial Information

### 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												\$1,583	\$1,360
FY16	\$2,046	\$1,817	\$1,357	\$1,011	\$644	\$2,155	(\$594)	\$797	\$1,019	\$1,530	\$1,598		\$2,046	\$26,360

### 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%												5.70%	4.73%
FY16	7.20%	6.53%	4.90%	3.65%	2.50%	7.58%	-2.10%	2.97%	3.56%	5.22%	5.55%		7.20%	7.59%

### 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												6.04	6.12
FY16	6.13	6.05	5.91	5.98	6.11	6.01	5.77	5.43	6.07	5.86	6.09		6.13	6.08

### 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												1.10
FY16	1.88	1.96	2.15	2.05	1.85	1.92	1.87	1.73	1.70	1.82	1.63		1.10

### 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											
FY16	\$30.7	\$33.4	\$36.1	\$35.7	\$31.8	\$28.0	\$26.3	\$27.5	\$24.8	\$28.0	\$37.6	



Building Operating Leases  
Month Ending July 31, 2016

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	Lease Term Beginning	Lease Term Ending	Services & Location
<b>Camelot Investments, LLC</b> 5800 Armada Dr., #200 Carlsbad, CA 92008 V#15608	Approx 3,563	\$1.85	(a)	\$10,003.83	2/1/2015	10/31/18	<b>PCP Clinic - Radiance</b> 3998 Vista Way, Ste. C Oceanside, CA 92056
<b>Creek View Medical Assoc</b> 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	<b>PCP Clinic - Vista</b> 1926 Via Centre Drive, Ste A Vista, CA
<b>Elfin Investments, LLC</b> Clancy Medical Group 20136 Elfin Creek Trail Escondido, CA 92029 V#82575	3,140	\$2.49		7,818.60	12/01/15	12/31/20	<b>PCP Clinic</b> 2375 Melrose Dr. Vista Vista, CA 92081
<b>GCO</b> 3621 Vista Way Oceanside, CA 92056 #V81473	1,583	\$1.92	(a)	3,398.15	01/01/13	07/31/16	<b>Performance Improvement</b> 3927 Waring Road, Ste.D Oceanside, Ca 92056
<b>Investors Property Mgmt. Group</b> c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214	\$1.86	(a)	9,705.79	09/01/12	08/31/17	<b>OP Physical Therapy</b> <b>OP OT &amp; OP Speech Therapy</b> 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054
<b>Melrose Plaza Complex, LP</b> 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	<b>Outpatient Behavioral Health</b> 510 West Vista Way Vista, Ca 92083
<b>OPS Enterprises, LLC</b> 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	\$3.88	(a)	24,931.00	10/01/12	10/01/22	<b>Chemotherapy/Infusion Oncology Center</b> 3617 Vista Way, Bldg.5 Oceanside, Ca 92056
<b>Ridgeway/Bradford CA LP</b> 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	<b>Vacant Building</b> 510 Hacienda Drive Suite 108-A Vista, CA 92081
<b>Tri City Real Estate Holding &amp; Management Company, LLC</b> 4002 Vista Way Oceanside, Ca 92056	6,123	\$1.37		7,991.89	12/19/11	12/18/16	<b>Vacant Medical Office Building</b> 4120 Waring Rd Oceanside, Ca 92056
<b>Tri City Real Estate Holding &amp; Management Company, LLC</b> 4002 Vista Way Oceanside, Ca 92056	4,295	\$3.13		12,555.55	01/01/12	12/31/16	<b>Vacant Bank Building Property</b> 4000 Vista Way Oceanside, Ca 92056
<b>Tri City Wellness, LLC</b> 6250 El Camino Real Carlsbad, CA 92009 V#80388	Approx 87,000	\$4.08	(a)	239,250.00	07/01/13	06/30/28	<b>Wellness Center</b> 6250 El Camino Real Carlsbad, CA 92009
<b>Total</b>				<b>\$350,412.65</b>			

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

**Education & Travel Expense**  
**Month Ending 7/31/16**

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
7420	AORN ONLINE VIDEO	86182	526.50	16790	NURSING STAFF
8390	CHA MED SAFETY	62216	302.69	81328	THERESA VIDALS
8390	ASHP SUMMER MEETING	70716	1,613.66	82547	EVELYN SHEN
8460	E-MAINTENANCE TRAINING	5303	790.00	82578	R DICKINSON, L VAN ENGEN
8631	THOMPSON & ASSOC SEMINAR	72216	577.20	79486	GLEN NEWHART
8740	BREAST FEEDING COURSE	70716	105.75	81649	BENILDA MILAN-AGLUGUB
8740	PCCN RENEWAL COURSE	70716	120.00	80180	CYNDY DODSON
8740	TREATING DEPRESSION	70716	190.00	78833	KELLI LAROSE
8740	TREATING DEPRESSION	70716	190.00	79683	KAREN FERNANDEZ
8740	RN-BSN COURSES	70716	2,500.00	82517	KELLY GAVAGHAN
8750	NATIONAL BAR ASSOC ANNUAL CONFERENCE	70716	1,255.00	82462	CHERYLE BERNARD-SHAW

\*\*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.