### TRI-CITY HEALTHCARE DISTRICT AGENDA FOR A REGULAR MEETING

May 25, 2017 - 1:30 o'clock p.m. Classroom 6 - Eugene L. Geil Pavilion Open Session - Assembly Rooms 1, 2, 3 4002 Vista Way, Oceanside, CA 92056

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda		
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Closed Session portion of the Agenda. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors.	3 min.	Standard
4	Oral Announcement of Items to be Discussed During Closed Session (Authority: Government Code, Section 54957.7)		
5	Motion to go into Closed Session		
6	Closed Session	2 Hours	<del> </del>
	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: May 25, 2017		
	d. Conference with Legal Counsel – Potential Litigation (Authority: Government Code, Section 54956.9(d) (3 Matters)	-	
	e. Approval of prior Closed Session Minutes	_	

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.

		Time	
L	Agenda Item	Allotted	Requestor

	f. 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		
	(3) Larry Anderson Employment Claims		
7	Motion to go into Open Session		
8	Open Session		
	Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.		
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
10	Roll Call / Pledge of Allegiance	3 min.	Standard
11	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
12	Special Recognitions –	10 min.	CNE/Chair
	Nurses, Support Staff and RN Educator of the Year - 2017		
	a) Inpatient – Sue McCay, RN		
	b) Outpatient - Maria Chones, RN		
	c) Patient Care Support Staff - Candice Cuevas		
	d) RN Educator – Jennifer L. Stephenson, MSN, RN, CNOR		
13	Community Update – a) Home Health Five Star Rating Presentation – Monica Trudeau, Director of Home Health & Hospice	10 min.	CNE
14	Report from TCHD Auxiliary Pat Morocco - Auxiliary President	5 min.	Standard
15	Report from TCHD Foundation – Glen Newhart – Chief Development Officer	5 min.	Standard
16	Report from Chief Executive Officer	10 min.	Standard
17	Report from Acting Chief Financial Officer	10 min.	Standard
18	New Business		

	Agenda Item	Allotted	Requestor
	a. California Voting Rights Act presentation	15 min.	General Counsel
	<ul> <li>b. Consideration to approve Resolution No. 785, A Resolution of the Tri-City Healthcare District Board of Directors Outlining Intention to Transition from At-Large to District-Based Elections Pursuant to Elections Code 10010(3)(3)(A)</li> </ul>	5 min.	Chair
	c. Consideration to approve FY2017-2018 Community Healthcare Grant Awards	15 min.	CHAC Grant Committee
	d. Discussion and action regarding Board Workshop	10 min.	Chair
19	Old Business		
	a. Board Portal Update	5 min	Director Mitchell
20	Chief of Staff  a. Consideration of May 2017 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on May 22, 2017	5 min.	Standard
21	<ul> <li>(1) Board Committees</li> <li>(1) All Committee Chairs will make an oral report to the Board regarding items being recommended if listed as New Business or pulled from Consent Calendar.</li> <li>(2) All items listed were recommended by the Committee.</li> <li>(3) Requested items to be pulled require a second.</li> <li>A. Human Resources Committee  Director Kellett, Committee Chair  Open Community Seats – 0  (Committee minutes included in Board Agenda packets for informational purposes)</li> </ul>	5 min.	Standard  HR Comm.
	Administrative Policies & Procedures     a. 8610-485 – Hiring and Employment; Screening Current Employees		
	B. Employee Fiduciary Retirement Subcommittee Director Kellett, Subcommittee Chair Open Community Seats – 0 (Committee minutes included in Board Agenda packets for informational purposes		Emp. Fid. Subcomm.
	C. Community Healthcare Alliance Committee Director Nygaard, Committee Chair Open Community Seats – 2 (Committee minutes included in Board Agenda packets for informational purposes)		CHAC Comm.
	D. Finance, Operations & Planning Committee  Director Nygaard, Committee Chair  Open Community Seats – 0  (Committee minutes included in Board Agenda packets for informational purposes)		FO&P Comm.

Time

Agenda Item		Time Allotted	Requestor

- Administrative Policies & Procedures
   a) 8610-252 Purchase of Budgeted Capital Assets
- 2) Approval of the committed supply spend agreement with Currie medical Specialties, Inc. which will provide the nocharge use of loaned sequential compression device pumps for a term of 36 months, beginning June 1, 2017 through May 31, 2020, for an estimated annual cost of \$130,000 and an estimated total cost for the term of \$390,000.
- 3) Approval of the renewal of the Cardiology Physician EKG and Echocardiology Panel Agreement with Drs. Kenneth Carr, Barry Dzindzio, Paul Sarkaria, David Spiegel, Oscar Matthews, Kathleen Paveglio and Karim El-Sherief for a term of 12 months beginning July 1, 2017 through June 30, 2018, for an annual amount not to exceed \$156,000 with a total amount for the term of \$156,000.
- 4) Approval of the renewal of the Cardiology Physician EKG and Echocardiology (Pediatric/NICU) Panel Agreement with Drs. Farhouch Berdjis, Hamid Movahhedian and James Chu for a term of 36 months, beginning July 1, 2017 through June 30, 2020, in an annual amount not to exceed \$91,250 for FY2018, \$91,250 for FY2019 and \$91,500 for FY2020, with a total term cost of \$274,000.
- Approval of an agreement with Oxford/HIM for a term of 12 months, beginning May 1, 2017 through April 30, 2018, for an annual cost of \$300,000, and a total cost for the term of \$300,000.
- 6) Approval of an agreement with VP-MA Health Solution for documentation improvement support for a term of 12 months, beginning June 1, 2017 through May 31, 2017, for an annual cost of \$117,000 and a total cost for the term of \$168,200.
- 7) Approval of an Emergency Department On Call agreement with Brian Mudd, DDS, as the Oral/Max Surgery ED-Call Coverage Physician for a term of 12 months, beginning July 1, 2017 through June 30, 2018, at a daily rate of \$350, for an annual and term cost of \$127,750.
- 8) Approval of an Emergency Department On Call agreement with Drs. Christopher Devereaux, Thomas Krol, Javaid Shad, Michael Shim and Matthew Viernes for the Gastroenterology General & ERCP ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2017 through June 30, 2018, at a daily rate of \$700 for GI, for an annual cost of \$255,500 and ERCP at a daily rate of \$500 for an annual cost of \$182,500 and a total cost for the term of \$438,000.
- 9) Approval of an agreement with Dr. John LaFata, Home

	Agenda Item	Time Allotted	Requestor
	Health Coverage Physician for a term of 24 months, beginning July 1, 2017 through June 30, 2019, not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$169, for an annual cost of \$50,700 and a total cost for the term of \$101,400.		
	10) Approval of the acquisition by capital lease of a da Vinci XI Surgical System, with integrated table motion, OR table and instruments and accessories for a total cost of \$2,074,678.		
	Approval of the acceptance, placement and financing of the commercial insurance products recommended by BB&T for the policy period commencing July 1, 2017.		
	Professional Affairs Committee Director Mitchell, Committee Chair Committee minutes included in Board Agenda packets for Informational purposes)		PAC
	) Patient Care Services		
	a) Antimicrobial Stewardship Policy b) Blood Glucose Newborn Monitoring Standardized Procedure		
	c) Elective Surgery Pre-Admission MRSA Screening Protocol d) Hypoglycemia Management in the Adult Patient Standardized Procedure '		
	e) Insulin Therapy Administration Procedure f) Insulin, Use of Concentrated Policy g) Nutrition Education of Patients Policy		
	Percutaneous Tracheostomy Assist Procedure h) Rapid Response Standardized Procedure i) Sedation Analgesia Used During Therapeutic Or Diagnostic Procedures		
	j) Self-Administered Continuous Subcutaneous Infusion of Insulin (Insulin Pump Therapy) for the Acute Care Patient Policy		
	k) TĎAP (Tetanus, Diptheria & Pertussis) Vaccine Administration for Antepartum & PostPartum Obstetric Patients Standardized Procedure  I) Titrating Medications, Adult Patients Policy		
2	) Administrative Policies and Procedures a) Non-Discrimination of Patients in Health Programs and		
	Activities Policy b) Policy/ Procedure Approval for Patient Care Services and Department Specific		
3	) <u>Unit Specific – Medical Staff</u> a) Medical Staff Funds 8710-572		
4	<u>Unit Specific – Outpatient Infusion Center</u> a) Emergency Evacuation     b) Fire Alarm Evacuation Plan		
5	) Unit Specific - Women's and Newborn Services		

	Agenda Item	Time Allotted	Requestor
	a) Medication Administration, NICU- Combined		
	6) Unit Specific - Education  a) AHA TC Course Content Requirements Policy  b) AHA TC Dispute Resolution- Disciplinary Action Policy		
	7) Formulary Requests a) Cepastat b) Donnatal c) Urea		!
	8) Pre-Printed Orders a) Anticoagulation Orders 8711-4518 b) Laparoscopic Surgery orders 8711-4542 c) MRI Contrast Medication Orders		
	9) Approval of Clinical Contracts	:	
	F. Governance & Legislative Committee Director Dagostino, Committee Chair Open Community Seats - 1 (Committee minutes included in Board Agenda packets for informational purposes.)		
	Approval of Medical Staff Rules & Regulations:		
	a) Department of Anesthesiology b) Division of Cardiology c) Division of Oncology		
	Approval of Board Policy 16-037 – Chief Executive Officer     Succession Planning Policy		
	3) Recommendation to refer Administrative Policy & Procedure 8610-232 – Signature Authority Policy to the Finance, Operations & Planning Committee16-037		
	G. Audit, Compliance & Ethics Committee  Director Schallock, Committee Chair  Open Community Seats – 0  No meeting held in May, 2017		Audit, Comp. & Ethics Comm.
	(2) Minutes – Approval of:		Standard
	<ul> <li>a) Regular Board of Directors Meeting – April 27, 2017</li> <li>b) Special Board of Directors Meeting – April 25, 2017</li> </ul>		
	(3) Meetings and Conferences – NONE		
	(4) Dues and Memberships - NONE		
22	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
23	Reports (Discussion by exception only) (a) Dashboard (b) Construction Report – None (c) Lease Report – (April, 2017)	0-5 min.	Standard

	Agenda Item	Time Allotted	Requestor
	(d) Reimbursement Disclosure Report – (April, 2017) (e) Seminar/Conference Reports:		
	Director Dagostino – AHA Meeting/Congressional Action Plan Meeting     Director Schallock – AHA Meeting/Congressional Action Plan Meeting (hand-out)		8
24	Legislative Update	5 min.	Standard
25	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
26	Additional Comments by Chief Executive Officer	5 min.	Standard
27	Board Communications (three minutes per Board member)	18 min.	Standard
28	Report from Chairperson	3 min.	Standard
	Total Time Budgeted for Open Session	2 hours/ 45 min.	<u> </u>
29	Oral Announcement of Items to be Discussed During Closed Session		
30	Motion to Return to Closed Session (if needed)		
31	Open Session		
32	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) – (If Needed)		
33	Adjournment		

### **RESOLUTION NO. 785**

### RESOLUTION OF THE BOARD OF DIRECTORS OF TRI-CITY HEALTHCARE DISTRICT OUTLINING INTENTION TO TRANSITION FROM AT-LARGE TO DISTRICT-BASED ELECTIONS PURSUANT TO ELECTIONS CODE 10010(e)(3)(A)

WHEREAS, TRI-CITY HEALTHCARE DISTRICT (the "District") is a California health care district duly organized and existing under the laws of the State of California, particularly the Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California, and more particularly, Health and Safety Code §§ 32000 et seq. (the "Law"); and

WHEREAS, the governing board is currently composed of seven Directors who are voted into office by an "at-large" election method, meaning one in which the voters of the entire jurisdiction elect the members to the governing body;

WHEREAS, the Board wishes to transition the method of election for the District Board of Directors from an "at-large" method to a "by-zone" or district-based" election method, meaning a method of electing members to the governing body of the District in which the candidate must reside within an election district that is a divisible part of the District's jurisdiction and is elected only by voters residing within that election district;

WHEREAS, the Board wishes to effectuate this transition from at-large to district-based elections in order to ensure the District maintains an election method that does not impair the ability of any protected class to elect candidates of its choice or its ability to influence the outcome of an election, as a result of the dilution or the abridgement of the rights of voters who are members of a protected class, as defined by Elections Code section 14026;

WHEREAS, this Resolution is expressly intended to address the requirements of Elections Code section 10010(e)(3)(A), and thereby outline the District's intention to transition from at-large to district-based elections, outline specific steps the District will undertake to facilitate this transition, and set forth an estimated time frame for doing so;

WHEREAS, the District is authorized to transition to district-based elections under the Law,

WHEREAS, under the Law, the Board of Directors must first hold a public hearing prior to adoption of a resolution moving to divisional elections, and must follow the process laid out under the Law for a transition to district-based elections;

WHEREAS, the San Diego Local Agency Formation Commission ("LAFCO") has identified, as part of a five-year sphere of influence and service review report on San Diego County healthcare services published on May 4, 2015, certain areas for potential boundary changes that LAFCO recommends that the District annex into the District's boundaries including areas within Vista and Carlsbad which would, if annexed, increase the District's population by at least an estimated 60,000 residents aged 18 and over;

WHEREAS, the Board is considering whether to annex these areas into its boundaries, and finds the annexations LAFCO has recommended would likely result in a substantial increase in the District's population;

WHEREAS, the District Board of Directors finds it is in the best interest of the District, in order to ensure the most effective expenditure of the District's resources and avoid a waste of public funds, to consider potential annexations as part of transitioning to the district-based election method;

NOW, THEREFORE, this Board of Directors of Tri-City Healthcare District does hereby resolve:

- Section 1. The foregoing recitals are true and correct.
- Section 2. The Chief Executive Office is hereby authorized and directed to confer with the District's General Counsel and hire independent consultants the Chief Executive Officer deems necessary and appropriate to begin the process of evaluating the LAFCO-recommended annexations.
- Section 3. The Chief Executive Officer is hereby authorized and directed to confer with the District's General Counsel and hire independent consultants the Chief Executive Officer deems necessary and appropriate in order to begin the transition from at-large to district-based elections.
- Section 4. The Chief Executive Officer is hereby authorized and directed to present his recommendations regarding whether to proceed with a Resolution of Application to LAFCO for the recommended annexations at a Board meeting no less than one hundred and twenty (120) days from adoption of this Resolution, or as soon thereafter as practicable.
- Section 5. The Chief Executive Officer is hereby authorized and directed to coordinate and effectuate outreach to the public, including to non-English speaking communities, to explain the districting process and to encourage public participation, within ninety (90) days of action by the Board regarding adoption of the Resolution of Application to LAFCO. This public outreach may include outreach to potential annexation areas.
- Section 6. The Chief Executive Officer is hereby authorized and directed to propose a schedule for no less than two public hearings pursuant to Elections Code § 10010, at which the public shall be invited to provide input regarding the composition of the districts before the District draws any draft maps of the proposed boundaries for district elections. These public hearings shall be held over a period of no more than thirty days and the first public hearing shall occur within 120 days of the Board's action regarding any Resolution of Application to LAFCO.
- Section 7. In accordance with Elections Code section 10010(a)(2), the Chief Executive Officer of the District is hereby authorized and directed to confer with the District's General Counsel and any consultants, and create draft maps of the zones or districts for presentation to the Board of Directors at a Board meeting to be held no later than forty-five (45) days after the last public hearing pursuant to Section 6 above, or as soon thereafter as practicable. At this Board meeting, the District shall publish and make available for release to the public at

least one draft map and, if members of the District board of directors will be elected in their districts at different times to provide for staggered terms of office, the potential sequence of the elections.

Section 8. In accordance with Elections Code section 10010(a)(2), the District shall also hold at least two additional hearings over a period of no more than 45 days, at which the public shall be invited to provide input regarding the content of the draft map or maps and the proposed sequence of elections, if applicable. The first version of a draft map shall be published at least seven days before consideration at a public hearing. If a draft map is revised at or following a hearing, it shall be published and made available to the public for at least seven days before being adopted. The first of these two public hearings shall be no later than thirty (30) days after the Board meeting referenced in Section 7 above, or as soon thereafter as practicable.

Section 9. Pursuant to Health and Safety Code section 32100.1, the Chief Executive Officer of the District is hereby authorized and directed to subsequently coordinate and effectuate a public hearing on the proposed establishment of zones or districts for the district-based elections, at which the Board shall provide for representation in accordance with demographic, including population, and geographic factors of the entire area of the District. At this hearing, any elector of the district may present his or her views and plans in relation to the proposed zoning, but the Board shall not be bound thereby and their decision, in the resolution adopted, shall be final. This public hearing shall occur no later than forty-five (45) days after the last public hearing referenced in Section 8 above, or as soon thereafter as practicable. After this hearing, the Board of Directors will be presented with a resolution to divide the District into the zones or districts.

Section 10. If the Board elects to approve a resolution which divides the district into the zones or districts presented, the zones or districts shall be effective for the next District election after the resolution of the Board for which there is time to implement the zones and elections within the zones, or as provided for in Health & Safety Code section 32100.1

Section 11. This Resolution shall take effect immediately upon its adoption.

ADOPTED, PASSED AND APPROVED this 25th day of May, 2017, at a regular meeting of the Board of Directors, at which a quorum was present and acting throughout, at Oceanside, California, by the following vote:

AYES:	
NOES:	
ABSTAIN/ABSENT:	
ATTEST: By:	By:Chairperson, Board of Directors
Secretary, Board of Directors	

### **CHAC REPORT ON GRANT RECOMMENDATIONS – 2017-2018**

This year we had a total of 30 applications requesting just under ONE MILLION DOLLARS in assistance! As always, it is challenging to read through the needed programs and do our best to determine the greatest need. All of these organizations are worthy and deserving but \$300,000 just goes so far. We are pleased to recommend the following 16 organizations for funding:

### 1. Alzheimer's Association

Requesting: \$25,000 Recommending: \$25,000

### ACCESSING SUPPORT FOR ALZHEIMERS AND RELATED DEMENTIA IN THE TC AREA

Alzheimer's San Diego (ASD) is requesting \$25,000 from the Tri-City Healthcare District to support individuals and families impacted by Alzheimer's disease and related dementias in the Tri-City region. This funding will build on the existing relationship with the Tri-City Wellness Center to bring education, early intervention, support groups and social activities to residents of Oceanside, Carlsbad and Vista and promote access to the existing supportive services.

Through this grant, Alzheimer's San Diego proposes to expand its reach into North County. Our free programs for diagnosed individuals and their families emphasize the importance of:

- · Early detection and diagnosis of the disease
- Enhanced skills and knowledge for family caregivers to increase coping skills and reduce the risk of depression
- Access to supportive resources, resulting in improved quality of care and quality of life.

### 2. Boys & Girls Clubs of Carlsbad

Requesting: \$20,160 Recommending: \$10,080

### **INCLUSION PROGRAM**

The inclusion program addresses TCHD's mental health priority by immersing children with disabilities in an environment with typically developing peers, helping them increase their self-confidence and risk taking abilities resulting in increased independence and self-sufficiency, giving them more skills for navigating the outside world. We offer daily access to a broad range of programs in five core program areas: Character and Leadership Development; Education and Career Development; Health and Life Skills; The Arts; and Sports, Fitness and Recreation. The Clubs are proud to provide its programs to all children, with a minimal annual membership fee and scholarships to children in need.

The recommended funding will cover the cost of one special needs aide at ONE or their facilities.

### 3. Boys & Girls Clubs of Oceanside

Requesting: \$25,000 Recommending: \$11,500

### **WELLNESS WARRIORS**

Now in its third year, Wellness Warriors is a dynamic program that incorporates classroom curriculum, outdoor fitness activities and challenges, guest speakers on health and wellness topics, and health related field trips. Throughout the program, participants benefit from hands on projects and activities designed to support healthy lifestyles. Participants learn how to utilize technology in researching health and nutrition topics; research health and wellness Apps and incorporate them into their daily lives; creating their own individual health and fitness programs. We are constantly updating the program to incorporate new health information and trends. Participants receive incentives for regular participation and attendance in the program.

The recommended funding amount will be used to cover the cost of program supplies (\$6000), Program Manager salary at \$3000, cooking supplies at \$500 and field trips at \$4000.

### 4. Boys and Girls Club of Vista

Requesting: \$10,000 Recommending: \$5,000

### **PROJECT FUN**

They are requesting funds to expand PROJECT FUN (Fitness, Understanding and Fun) at its main site, four middle schools and sports extension sites as well as the new Raintree Park Learning Center located in Townsite in the very high needs area of Vista.

The need to increase physical fitness in youth is ongoing and hopefully will reduce obesity and lifelong medical problems as the youth grow older. Many of the club members cannot afford sports or travel teams and this is a viable and needed alternative. We have previously funded this program.

### 5. Cal State University San Marcos Foundation

Requesting: \$19,165 Recommending: \$19,165

### PALLIATIVE CARE COMMUNITY EDUCATION & RESILIENCY INTERVENTIONS – CARLSBAD, OCEANSIDE, VISTA

Each of us will go through times of sickness/caregiving and loss. It is important to help people prepare and cope with life's changes. Each Palliative Care intervention and training is aimed at addressing quality of life in our community. We likewise impact the community's healthcare literacy, and support patient and family centered care. Our trainings and tools ease the burden on unpaid family caregivers of all ages. Specifically, Art Heals and the Youth Resiliency Intervention address the CHAC Mental Health priority. Access to Health Care is addressed through resource training, 'Aging with Grace' forums and the Advance Care Planning Workshops for the Homeless. Health Conditions related to lifestyle is addressed through teaching positive coping skills, which have proven to reduce drug and alcohol use.

### 6. Casa de Amparo

Requesting: \$10,000 Recommending: \$10,000

### MEDICAL SERVICES FOR AT RISK FOSTER YOUTH

Children who experience the trauma of abuse suffer physically, mentally, socially and emotionally. The longer the cycle of abuse continues, the more complex resulting psychiatric and medical conditions can become, affecting children while increasing their risk of developing addictive behaviors, life threatening diseases and psychological disorders.

Casa de Amparo's Medical Program is critical to the treatment provided to local foster youth. Services range from preventative behavioral health care to medical care for children requiring life-sustaining support and medication management. We appreciate Tri-City Healthcare District's support of services that benefit the health and well-being of San Diego's children. This shared philosophy provides access to health care and mental health services for extremely vulnerable youth within the community that Tri-City serves.

### 7. Coastal Roots Farms (new)

Requesting: \$40,000 Recommending: \$20,000

### **COASTAL ROOTS FARM PRODUCE DONATION PROGRAM**

Coastal Roots Farm (The Farm) is requesting funding for its Farm Produce Donation Program designed to promote community health and wellness through targeted and collaborative efforts to increase access to healthy food, resources and community spaces to those who need it most. Healthy habits are key determinants of health, but are hard to incorporate into daily life for those who never know where their next meal will come from or who are forced to choose cheaper, less nutritious foods to feed their family.

The recommendation is that the funding only be used for the Camp Pendleton area where the need is highest and easiest to track.

### 8. Emilio Nares Foundation

Requesting: \$5,560 Recommending: \$6,215

### **RIDE WITH EMILIO**

The work of RWE to ensure access to care for children with cancer in Oceanside, Vista and Carlsbad is directly relevant to the TCHD mission to advance the health and wellness of those we serve, in the priority area of Access to Care.

The funding requested from the TCHD will directly support the provision of multiple rides to lifesaving treatment at Rady Children's Hospital for approximately ten low income Carlsbad, Oceanside and Vista children with cancer at a cost of \$556 per client.

Additional amount can help cover another child and other related expenses that could occur.

### 9. Hospice of the North Coast

Requesting: \$50.000 Recommending: \$34,000

### **INPATIENT HOSPICE CARE**

The foundation of the hospice philosophy is for every patient to have a dignified, pain-free death. The absence of a dedicated inpatient hospice facility in North County poses a significant challenge to that standard for the terminally ill. Fortunately, HNC met this challenge by opening the first and only North County inpatient hospice facility, Pacifica House, to help people who are unable to remain in their home due to the complex symptoms of their terminal illness. HNC offers care regardless of a patient's benefit status or ability to pay...because we believe everyone deserves a peaceful, dignified death.

Amount recommended to cover specifically one registered nurse (\$20,000), one home health aide (\$10,000) and durable medical equipment (\$4000)

### 10. Jacobs and Cushman San Diego Food Bank

Requesting: \$50,000 Recommending: \$20,000

### **FOOD 4 KIDS BACKPACK PROGRAM**

Food 4 Kids targets local chronically hungry children by working in select public elementary schools where more than 85% of the children receive government-sponsored free/reduced-price meals during the school week. All children who receive free/reduced-price lunches are eligible to receive weekly backpacks.

In Oceanside and Vista, the Food Bank currently has 6 schools (two without sponsors) and 233 students participating in the program. The Food Bank has identified 6 more schools in Tri-City region that qualify and could participate if funding is secured. A \$50,000 grant from Tri-City CHAC will go to sponsor schools without dedicated sponsors and support the growth of the program with additional students added from local area schools. A total of 250 local students will be aided by these funds.

The grant panel was aware that the board had passed funding for this program/grant prior to our grant meeting and we felt our hands were tied to give more support specifically for the new schools. But we were very aware of the need that exists, so we are recommending the \$20,000 be used to fund the two schools already in the program that do not have funding. This is not part of the grant ask, but clearly is a need and enables increased support for the program.

### 11. Miracle Babies

Requesting: \$10,000 Recommending: \$10,000

### FAMILY ASSISTANCE PROGRAM AND NICU SUPPORT GROUP

The remit for this grant calls for requests that are in line with prioritizing mental health, health related to lifestyle as well as access to healthcare. Miracle Babies will partner with NICU Nursing and Social Work at Tri-City to grow the existing scrapbooking group to include therapeutic art projects as well as nutrition education curriculum and meal provision ( we are calling this program MBTRINITY – The trinity or the three areas we can help nurture parents, the body – with healthy food, the mind -with health education, the soul – with art. ) Miracle Babies will also provide the deluxe version of our family assistance plan which includes MBCARES – our monthly care packages for all NICU parents as well as the family gifting checks to offset costs from unexpected hospitalization of newborns.

They hope to target 40 families this year - they supported 22 last year on their own.

### 12. North County Lifeline

Requesting: \$30,000 Recommending: \$45,000

### PROGRAM LIFE SUPPORT

Lifeline will increase the health and wellness of the Tri-City community by adding a 0.5 FTE case manager who will provide mental health services to victims of human trafficking within the context of the case management relationship. Lifeline's Project LIFE (Living in Freedom from Exploitation) program provides trauma-focused, victim-centered, and culturally respectful 24-hour response, intensive case management, mental health therapy, and supportive services to help trafficking victims work toward improved safety, well-being, and self-sufficiency. Project LIFE has experienced significant expansion and increased demand over the past 18 months. This half-time position will enable us to serve 10-15 additional trafficking victims between July 1, 2017 and June 30, 2018.

The severe and prolonged trauma they have endured makes human trafficking victims highly resistant to receiving mental health services, yet this is a critical part of their journey from victim to survivor. It often takes 6-12 months to engage clients in therapy, if they consent to participate at all. Lifeline meets this challenge by hiring clinical level case managers that are qualified to conduct therapy and by training them in the evidence-based Trauma Resiliency Model, a therapeutic intervention used from the very beginning of the case management relationship. Because they aren't participating in a traditional therapy session, clients feel more at ease and begin to make therapeutic progress. TRM interventions are designed to lessen the stigma of "therapy" for clients, making them more receptive sooner to participating in trauma therapy with the Project LIFE Therapist.

We felt so strongly about this project and the overwhelming need, we are recommending that the funding be increased to fund one FULL time case manager (\$35,000) along with the partial funding requested for other related positions

### 13. Solutions for Change

Requesting: \$45,000 Recommending: \$45,000

### **SUBSTANCE ABUSE COUNSELOR**

Solutions for Change seeks to add a full-time Substance Abuse Counselor to our toolkit of services for homeless families in San Diego. Over 65% of the parents that enter the doors of Solutions for Change have struggled with some form of substance abuse. But they come to us ready to make a commitment to permanent change. Adding a Substance Abuse Counselor will provide much needed classes and expert one-on-one counseling for parents, which will bring stability to the entire family. Our organization currently has four case managers who provide general mental health and counseling services. However, we seek to add a Substance Abuse Counselor to provide more specialized support to the families in our care.

This funding will have a direct impact on the over 130 families currently in our program. By the end of 2017.

### 14. The Brother Benno Foundation, Inc.

Requesting: \$20,000 Recommending: \$10,000

### **SOUP KITCHEN AND MORE**

Brother Benno's provides services to those most in need and the work is in alignment with the priorities of Tri-City Healthcare District. Focus for the requested funds is on Mental Health and Health Conditions Related to Lifestyle.

The project will provide emergency food assistance through hot meals and food boxes to those with mental illness and chronic diseases. The food boxes have been approved by a nutritionist as healthy food sources.

The requested funds will be utilized to maintain lifesaving services to reduce unnecessary emergency room visits and to improve the quality of life of those served.

### 15. The Elizabeth Hospice Foundation

Requesting: \$15,000 Recommending: \$15,000

### BEREAVEMENT SERVICES (CARLSBAD REGIONAL OFFICE)

Our counselors and trained volunteers understand the emotions, questions and challenges that grief and loss may trigger. They help children and adults understand the grieving process, learn grief management skills and help them find the strength to cope and move forward in a healthy manner. Support is provided through individual counseling, grief support groups, children's services, workshops, community events and resource materials. For every patient on service, we reach out to an average of 2-3 loved ones.

This grant will help support our bereavement program expenses out of our Carlsbad office located on 5938 Priestly Drive. We depend on private philanthropy to ensure these vital services are available to the community. A direct Elizabeth Hospice patient affiliation is not required to receive services.

### 16. Women's Resource Center

Requesting: \$21, 320 Recommending: \$14,040

### MENTAL HEALTH COUNSELING FOR CHILDREN WHO WITNESS DOMESTIC VIOLENCE

Requesting funds to address the trauma that domestic violence caused for the children in our community who witness this brutality in their homes. The funds will help preserve the Mental Health Counseling Program which offers counseling 24 hours a week for the children in transitional housing. This is a program we have previously funded.

Funds recommended to cover the children's counselors (2) at .3FTE and a clinical supervisor @4 hours a week.

### **UNFUNDED 2017-2018 GRANT APPLICATIONS**

1.	Alpha Project for the Homeless	Requested:	\$20,000
2.	Community Resource Center	Requested:	\$20,000
3.	Interfaith Community Services	Requested:	\$25,000
4.	KOCT	Requested:	\$16,825
5.	Mama's Kitchen	Requested:	\$15,000
6.	Mental Health Systems, Inc.	Requested:	\$68,800
7.	North County Health Services	Requested:	\$43,147
8.	North County LGBTQ Resource Center	Requested:	\$16,350
9.	Oceanside Pop Warner Football & Cheer	Requested:	\$7,000
10.	Palomar Family Counseling Services, Inc.	Requested:	\$28,380
11.	Parent 2 Parent Strategies, Inc.	Requested:	\$5,520
12.	Veterans 360 Inc.	Requested:	\$25,090
13.	Vista Community Clinic	Requested:	\$52,314
14.	Wounded Warrior Homes, Inc.	Requested:	\$20,000



# TRI-CITY MEDICAL CENTER MEDICAL STAFF INITIAL CREDENTIALS REPORT May 10, 2017

Attachment A

### INITIAL APPOINTMENTS (Effective Dates: 5/26/2017-4/30/2019)

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 5/26/2017 through 4/30/2019:

- BUCKLEY, Michael D.O. / Anesthesiology (ASMG)
- ESKANDER, Ramez MD/GYN Oncology (UCSD)
- LEE, Jeanette M. D. / Anesthesiology (ASMG)
- RAMBUR, Tricia M.D. / Ob/Gvn (ScrippsHealth)
- VANFLEET, Robert M.D. / Diagnostic Radiology (StatRad)
- VORA, Roshni M.D./Anesthesiology (ASMG)

## <u>INITIAL APPLICATION FILED INCOMPLETE:</u> (Voluntary unless otherwise specified) <u>Allied Health Professional</u>:

• GIDLEY, David AUD/Allied Health Professional



# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - 1 of 3 May 10, 2017

Attachment B

### BIENNIAL REAPPOINTMENTS: (Effective Dates 6/01/2017 -5/31/2019)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 6/01/2017 through 5/31/19, 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:

- ATHILL, Charles, MD/Cardiology/Courtesy
- BENGS. Christopher. MD/Family Medicine/Courtesy
- BERNHARDT, Chad, MD/Emergency Medicine/Active
- BLASKO, Barbara, MD/Emergency Medicine/Provisional
- BOBICK, Brian, DPM/Podiatric Surgery/Active
- CASTRO, lorge, MD/Pediatrics/Consulting
- CHABALA, James, MD/Family Medicine/Affiliate
- CONANT. Reid. MD/Emergency Medicine/Active
- DAY, Richard, MD/Internal Medicine/Active
- DOUGHERTY, Colin. MD/Emergency Medicine/Active
- ELI. Bradley. DMD/Dentistry/Consulting
- FARHOOMAND, Kaveh, DO/Internal Medicine/Active
- FORTUNA, Robert, MD/Teleradiography/Associate
- IACOBS, Robert, MD/Otolaryngology/Active
- KAKIMOTO, William, MD/Diagnostic Radiology/Active
- KARP, Michael. MD/Pediatrics/Active
- KAZEM, Fatima, MD/Teleradjography/Associate
- LY. Justin. MD/Teleradiography/Associate



# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - 1 of 3 May 10, 2017

Attachment B

- MORADI, Amir. MD/Otolarvngology/Associate
- MORRIS, Kenneth, MD/Pediatrics/Provisional
- NOVAK, Loren, MD/Family Medicine/Active
- ORDAS, Dennis, MD/Psychiatry/Active
- PADUGA, Remia, MD/Neurology/Active
- ROHER, Alexander, MD/Anesthesiology/Provisional
- SALIMI, Negin, DO/Hospice & Palliative Medicine/Provisional
- SARKARIA, Paul, MD/Cardiology/Active
- SEUFERT, Kevin, MD/Family Medicine/Affiliate
- SPIEGEL, David, MD/Cardiology/Active

### **RESIGNATIONS:** (Effective date 5/31/2017 unless otherwise noted) Automatic:

- BECKER, Olga MD/Psvchiatry
- MARTINEZ, Kelly MD/Obstetrics and Gynecology

### Voluntary:

- RUBIN, Ashley MD/Dermatology
- WILLINGHAM, Jennifer MD/Family Medicine
- YEACKLE, Wesley, MD/Emergency Medicine



# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 3 of 3 May 10, 2017

Attachment C

### PROCTORING RECOMMENDATIONS (Effective 5/26/17, unless otherwise specified)

• CHAPMAN, Todd M.D. Radiology

KATO. Kambrie M.D. Radiology

• SAINI, Arvind M.D. Ophthalmology



# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3 May 10, 2017

Attachment B

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

### **AUTOMATIC EXPIRATION OF PRIVILEGES**

The following practitioners were given 6 months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and therefore the listed privileges will automatically expire as of 5/31/2017.

• KHAWAR, Osman MD Nephrology

MILLER, Jason MD Pain Medicine

### REOUEST FOR EXTENSION OF PROCTORING REQUIREMENT

The following practitioners were given 6 months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and are approved for an additional 6 months to complete their proctoring for the privileges listed below. Failure to meet the proctoring requirement by November 30, 2017 would result in these privileges automatically relinquishing.

• CHO, Aaron MD Radiology

• MCWHIRTER, Robert M. MD Emergency Medicine

MOSTOFIAN, Eimaneh MD OB/GYN

• WILTSE, Lise MD Anesthesiology

<u>ADDITIONAL PRIVILEGE REQUEST (Effective 5/26/2017, unless otherwise specified)</u>
The following practitioners requested the following privileges

• <u>DEEMER, Andrew M.D.</u> <u>General/Vascular Surgery</u>

### VOLUNTARY RELINOUISHMENT OF PRIVILEGES (Effective 5/26/2017)

The following practitioners are voluntarily relinquishing the following privileges.

• FLORES-DAHMS, Kathleen MD Radiology

<u>CHANGE IN PRIVILEGE CARD (Effective 5/26/2017, unless otherwise specified)</u>
The following practitioners are transitioning to the new version of the Neurosurgery Privilege Card.



# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - Part 2 of 3 May 10, 2017

### TUNG, Howard, MD

### **Neurosurgery**

### **STAFF STATUS CHANGES**

The following staff statuses have been changes to align with the Medical Staff Bylaws.

	Barron Jr., Robert H./Family Medicine	From:	Affiliate	To:	Refer and Follow
	Batra, Munish K., MD/Plastic Surgery	From:	Courtesy		Active Affiliate
	Berdjis, Farhouch, MD/Pediatric Cardiology	From:	Consulting	To:	Active Affiliate
	Bhasker, Kala R./Family Medicine		Affiliate	To:	Refer and Follow
	Brooker Jr., George A., DO/Anesthesiology		Courtesy		Active Affiliate
	Brown, Edward W., MD/Pediatric Ophthalmology		Consulting		Active Affiliate
	Byun, Charlton K., MD/Diagnostic Radiology		Affiliate	To:	Refer and Follow
	Cadman, Karen A./Internal Medicine	From:	Affiliate		Refer and Follow
	Castrejon, Joseph, MD/Family Medicine	From:	Courtesy		Refer and Follow
	Chaturvedi, Sanjana/Internal Medicine		Affiliate		Refer and Follow
	Cho, Aaron A., MD/Diagnostic Radiology	From:	Consulting	To:	Active Affiliate
١	Chu, James M., MD/Pediatric Cardiology		Courtesy	To:	Active Affiliate
/	Cizmar, Branislav, MD/Obstetrics & Gynecology		Courtesy	To:	Active Affiliate
	Clancy, John H./Internal Medicine	From:		To:	Refer and Follow
	Clancy, Tara L./Internal Medicine	From:	Affiliate	To:	Refer and Follow
	Clark, Ma. Belen S./Family Medicine	From:	Affiliate	To:	Refer and Follow
	Coll, Jonathan P., MD/Teleradiography	From:	Associate	To:	Active Affiliate
	Curran, Perrin J./Internal Medicine	From:	Courtesy	To:	Refer and Follow
	Davies, James A., MD/Ophthalmology	From:	Consulting	To:	Active Affiliate
	Delgado, George, MD/Hospice & Palliative Medicine	From:	Consulting	To:	Active Affiliate
	Doan, Lien N., MD/Teleradiography	From:	Associate	To:	Active Affiliate
	Ellini, Ahmad R., MD/Pediatric Cardiology	From:	Consulting	To:	Active Affiliate
	Etedali, Elaheh/Family Medicine	From:	Affiliate	To:	Refer and Follow
	Fenton, Douglas K., MD/Obstetrics & Gynecology	From:	Consulting	To:	Active Affiliate
	Ferber, Jeffrey M., MD/Family Medicine	From:	Consulting	To:	Active Affiliate
	Frederiksen, Ryan A., MD/Teleradiography	From:	Associate	To:	Active Affiliate
	Furubayashi, Jill K., MD/Teleradiography	From:	Associate	To:	Active Affiliate
	Gilboa, Ruth/Dermatology	From:	Affiliate	To:	Refer and Follow
	Gomez, Denise Y./Internal Medicine	From:	Affiliate	To:	Refer and Follow
	Gonzales, Michelle/Family Medicine	From:	Affiliate	To:	Refer and Follow
	Greider, Bradley W., MD/Ophthalmology	From:	Courtesy	To:	Active Affiliate
	Guerin, Chris K., MD/Endocrinology, Diabetes & Meta	From:	Consulting	To:	Active Affiliate
	Gupta, Abhay, MD/Plastic Surgery	From:	Courtesy	To:	Active Affiliate
	Halim, Neil L., MD/Family Medicine	From:	Affiliate	To:	Refer and Follow
	Hall, Andrew J./Internal Medicine	From:	Affiliate	To:	Refer and Follow
	Heifetz, Susan D./Internal Medicine	From:	Affiliate	To:	Refer and Follow
)	Helmy, Marwah, MD/Teleradiography	From:	Associate	To:	Active Affiliate
	Hergesheimer, Charles E./Internal Medicine	From:	Affiliate	To:	Refer and Follow
	Hodsman, Hugh K./Family Medicine	From:	Affiliate	To:	Refer and Follow



# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - Part 2 of 3 May 10, 2017

Holland, William C., MD/Orthopedic Surgery Hurd, Melissa, MD/Family Medicine Ibrahim, Nagi S./Internal Medicine Italiano, James E./Family Medicine Iyengar, Srinivas S., MD/Ophthalmology Jackson, Michelle L./Dermatology Jafari, Omid, MD/Teleradiography Jaramillo, Mary D., MD/Internal Medicine Kelly, Jon P., MD/Orthopedic Surgery Khawar, Osman S., MD/Nephrology Khorashadi, Farhad, MD/Teleradiography Kim, Jae H., MD/Neonatology Kobayashi, Gary L./Internal Medicine Koka, Anuradha, MD/Radiation Oncology Korff, Gary P./Family Medicine Krishna, Sheila M./Dermatology Kuriyama, Steve M., MD/Infectious Disease Lebovits, Marc J., MD/Otolaryngology Levine, Neil D./Internal Medicine Liu, Alice Y./Dermatology Liu, Wilson L./Family Medicine Lloyd, Amanda A./Dermatology Lobatz, Michael A., MD/Neurology Lozano Jr., Jesus, MD/Anesthesiology Mannis, Steven H., MD/Clinical Research Physician Marc-Aurele, Krishelle L., MD/Neonatology Marfori, Beatriz B., MD/Psychiatry Mau, Nicole M./Dermatology Mendoza, Jorge A., MD/Teleradiography Miller, Jason M., MD/Pain Medicine Miller, Nathan A., MD/Pain Medicine Morris, Jeffrey B., MD/Ophthalmology Naudin, Veronica L., MD/Pediatrics Nguyen, Christine K./Internal Medicine Nolan, Frank J./Rheumatology Olson, Scott E., MD/Interventional Neuroradiology Orr, Robert W., MD/Cardiology Ostrup, Richard C., MD/Neurological Surgery Pardo, Patricia E., MD/Anesthesiology Park, Christopher W., MD/Teleradiography Park, Gregory C., MD/Plastic Surgery Patel, Sheila A., MD/Family Medicine Paz, Alejandro/Family Medicine Peel, Avanee S., MD/Teleradiography Pendleton, Robert B., MD/Ophthalmology Perkowski, David J., MD/Cardiovascular Surgery Pop, Simona C./Family Medicine

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# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - Part 2 of 3 May 10, 2017

Powell, Carl A., DO/General Surgery Rayan, Sunil S., MD/Vascular Surgery Rogers, Christopher J., MD/Pain Medicine Rotunda, Sherry L./Dermatology Samady, Joseph A./Dermatology Scheinberg, Robert S./Dermatology Scher, Colin A., MD/Pediatric Ophthalmology Schoellerman, Manal M., MD/Teleradiography Schweikert, Suzanne M., MD/Obstetrics & Gynecology Sebahar, Michael J., MD/Pain Medicine Shafqat, Jon P., DDS/Oral & Maxillofacial Surgery Shapiro, Mark, MD/Nephrology Shih, Robert H., MD/Anesthesiology Shimizu, Kenneth T., MD/Radiation Oncology Shimomaye, Susan Y./Dermatology Signer, Stephen F., MD/Psychiatry Snyder, Ole W./Family Medicine Sorkhi, Ramin, MD/General Surgery Stewart, Ryan W./Internal Medicine Subramanian, Rupa, MD/Oncology Tabibzadeh, Sepehr S., MD/Anesthesiology Tallman, Garrett J., MD/Orthopedic Surgery Terramani, Thomas T., MD/General and Vascular Surgery Thomas, David E./Dermatology Tracy, David J., DDS/Oral & Maxillofacial Surgery Velesrubio, Felisa U., MD/Infectious Disease Verma, Vishal, MD/Diagnostic Radiology Vicario, Daniel, MD/Oncology Viets, Ryan B., MD/Neuroradiology Vogel, Curt A./Dermatology Vridhachalam, Sanjeevi, MD/Teleradiography Wadhwa, Ashish K., MD/Otolaryngology Wakeman, Gregory L./Family Medicine Wiltse, Lise R., MD/Pain Medicine Wine, David T./Internal Medicine Wolff, James D., MD/Teleradiography Wong, Darryl S./Dermatology Yoler, Katharine A., MD/Teleradiography Ziering, Robert W., MD/Allergy & Immunology Zimmermann, Andres/Internal Medicine

Zizzo, Paolo V., DO/Internal Medicine

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# HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS May 9, 2017 TRI-CITY MEDICAL CENTER

**Voting Members Present:** 

Chair Cyril Kellett, Director Leigh Anne Grass, Director Rosemarie Reno, Dr. Hamid Movahhedian, Virginia Carson, Gwen Sanders, Joe Quince, Salvador Pilar

Non-Voting Members Present:

Kapua Conley, COO; Scott Livingstone, Interim CCO; Norma Braun, CHRO; Esther Beverly, VP of HR

Others Present:

Quinn Abler, Jill Byrd, David Bennett, CMO; Frances Carbajal

Members Absent:

Steve Dietlin, CEO; Sharon Schultz, CNE; Dr. Gene Ma, Dr. Martin Nielsen

Person(s) Responsible	tolloy is
Action Follow-up	
Discussion	Chair Kellett called the meeting to order at 12:30 p.m.
Topic	1. Call To Order

Chair Kellett	Chair Kellett	Chair Kellett	Chair Kellett	
Chair Kellett called the meeting to order at 12:30 p.m.	Chair Kellett called for a motion to approve the agenda of May 9, 2017. Director Reno moved and Director Grass seconded the motion. The motion was carried unanimously.	Chair Kellett read the paragraph regarding comments from members of the public.	Chair Kellett called for a motion to approve the minutes of the February 21, 2017 meeting. Ginny Carson moved and Director Reno seconded the motion. The motion was carried unanimously.	None
1. Call To Order	2. Approval of the agenda	<ol> <li>Comments from members of the public</li> </ol>	4. Ratification of Minutes	5. Old Business

Human Resources Committee

May 9, 2017

(s)uos	R. Jonsible
Action	Follow-up
Discus	
Topic	

	Chair Kellett	Norma Braun	Norma Braun			Chair Kellett	Chair Kellett
		Policy 8610-485 to be sent to Board of Directors for approval.					
	The Stakeholder Experience pillar- Employee Satisfaction rates were reviewed & discussed.	The Committee reviewed Policy 8610-485. Chair Kellett called for a motion to send Policy 8610-485 with correction and required verbiage addition to the Board of Directors for approval. Director Grass moved and Ginny Carson seconded the motion. The motion was carried unanimously.	Norma Braun, CHRO presented planned, completed and postponed education topics for leadership, employees and combined all staff trainings; include performance management, crucial conversations, workers comp 101, retirement readiness, and safety on the job and CBA- collective bargaining agreement interpretations among others.	Jill Byrd, EHS RN shared a review of quarterly work comp cases. The committee discussed policy terms, retention rates, claim counts, incurred cost, third party administrator, CorVel, and its improved performance details. Mrs. Byrd also presented year to date comparison to last year & goals.	Mrs. Braun explained recent state and Federal law developments & updates that may affect TCHD process, policies and/or procedures. The committee briefly discussed the most pertinent changes and how to comply properly.	The 2017 Work Plan was reviewed & discussed; no changes were recommended.	Chair Kellett summarized the Employee Fiduciary Subcommittee quarterly results and updates from the Prudent Investment Advisors and Lincoln Financial
6. New Business	a. B.O.D Dashboard- Stakeholder Experience	a. Policy Discussion/Action Policy 8610-485 Hiring and Employment; Screening Current Employees	b. Review Training & Education Topics	c. Review Workers Comp Cases	d. Review of Legal Developments/New Laws	7. 2017 Work Plan	8. Committee Communications

May 9, 2017

2

30

Topic	Discuse—n	Action Follow-up	F_son(s) R_,onsible
9. Date of next meeting	June 13, 2017	Meetings with limited informational topics will be cancelled.	Chair Kellett
10. Adjournment	Chair Kellett adjourned the meeting at 1:30 p.m.		Chair Kellett



### **Administrative Policy Manual Human Resources**

**ISSUE DATE:** 

09/16

SUBJECT: Hiring and Employment; Screening

**Current Employees** 

**REVISION DATE(S):** 

**POLICY NUMBER: 8610 - 485** 

Human Resources Department Approval Date(s):

<del>05/16</del>05/17

Administrative Policies and Procedures Approval Date(s):

09/1605/17

**Human Resources Committee Approval Date(s):** 

09/4605/17

**Board of Directors Approval Date(s):** 

09/16

### A. **PURPOSE:**

To provide guidance of the Tri-City Healthcare District's (TCHD'S) policy regarding screening current employees.

### **SCREENING CURRENT EMPLOYEES:** В.

- Periodically, but at least on a monthly basis, TCHD shall screen current employees against the:
  - Office of Inspector General List of Excluded Individuals/Entities (OIG LEIE), and
  - United States General Services Administration Excluded Parties List System (GSA b. EPLS).
- 2. Periodically, but at least on an annual basis, TCHD shall complete criminal background checks for employees who are assigned to the Crisis Stabilization Unit (CSU), the Security Department and the Behavioral Health Unit (if applicable) or any other employee that floats to the CSU department.
- 3. Periodically, but at least on an annual basis, the DistrictTCHD shall require each employee to certify in writing that the employee:
  - Has not been charged with or convicted of committing any criminal offense:
  - b. Does not have any charges pending for violating any criminal law:
  - Has not been debarred, excluded or otherwise deemed ineligible for participation in C. Federal health care programs:
  - Is not the subject of or otherwise part of any ongoing federal or state investigation; and d.
  - Possesses a current professional license, registration, or certification, as applicable, and e. is in good standing with, and has had no Adverse Action taken by, any and all authorities granting such license, registration or certification, as applicable.
- 4. In the event that the employee cannot provide the certification set forth in Section II.B.3 above. the employee shall provide complete and accurate information with respect to the matters at
- 5. In addition, as specified in Administrative Policy: Hiring and Employment; Employee Requirements to Report Changes in Certification 8750-542, employees are required to report any criminal convictions under state or federal law, in writing to the Human Resources Department within five (5) working days of such convictions as per Administrative Human Resource Policy: Coaching and Counseling for Work Performance 424.

### C. **RETENTION:**

- Subject to legal constraints, TCHD shall not knowingly retain any employee if the employee:
  - Has been convicted of a criminal offense that has a bearing on the (a) trustworthiness of the employee, or (b) ability of the employee to perform relevant job responsibilities; or
  - b. Has been convicted of committing a health care fraud-related criminal offense; or

Administrative Policy Manual – Human Resources Hiring and Employment; Screening Current Employees Page 2 of 2

- c. Is currently debarred, excluded or otherwise ineligible for participation in Federal health care programs; or
- d. Does not have a current professional license, registration or certification as applicable, and/or is not in good standing with, and/or has had Adverse Action taken by, the relevant state authorities that grant such license, registration or certification, as applicable.

### D. **DOCUMENTATION:**

1. For employees, documentation shall be maintained in the employee's personnel file consistent with the TCHD's document retention policies.

### E. RELATED DOCUMENT(S):

- Administrative Policy: 8750-542 Hiring and Employment; Employee Requirements to Report Changes in Certification
- 2. Administrative Policy: 8750-424 Coaching and Counseling for Work Performance

# EMPLOYEE FIDUCIARY RETIREMENT PLAN SUB COMMITTEE OF THE BOARD OF DIRECTORS TRI-CITY MEDICAL CENTER May 9, 2017

Chair Dr. Cyril Kellett, Director Rosemarie Reno, Director Leigh Anne Grass, Gwen Sanders, Ginny Carson Voting Members Present:

Kapua Conley, COO; Norma Braun, SVP; Esther Beverly, VP of HR; Scott Livingstone, Interim CCO

Non-Voting Members Present:

Others Present:

Quinn Abler, Maureen Peer, Scott Simon, Anna Lyagacheva, Frances Carbajal

Members Absent:

Steve Dietlin, CEO

Topic	Discussion	Action Follow-up	Person(s) Responsible
1 Call To Order	Chair Kollott colled the mosting to order at 11.05 c. m.		
	Chail Neilett called the meeting to order at 1.00 a.m.		Chair Kellett
2. Approval of Agenda	Chair Kellett called for a motion to approve the May 9, 2017 meeting agenda. Director Reno moved to approve and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellett
3. Comments by members of the public on any item of interest to the public before Committee's	Chair Kellett read the paragraph regarding comments from members of the public.	Norma Braun, CHRO introduced Scott Livingstone, current VP	Chair Kellett
		of Hospital Transformation and newly appointed Interim Chief Compliance Officer.	
4. Ratification of Minutes	Chair Kellett called for a motion to approve the minutes of the February 21, 2017 meeting. Ginny Carson moved to approve and Director Reno seconded the motion. The motion was carried unanimously.		Chair Kellett

5. Old Business	enoN	
6. New Business		
a. Lincoln Quarterly Update	Maureen Peer, Lincoln Financial Advisors Relationship Manager presented executive summary which included an update from Lincoln's quarterly results & an overall 2017 year to date results. Key plan statistics, plan asset growth, contributions, earnings, participation rates, average deferral rates and account balances were also reviewed.	Norma Braun
	Mrs. Peer also presented the committee with educational mailer samples and efforts to reach all employees to raise awareness & participation. The committee discussed awareness in visible areas- break rooms, etc. Kapua Conley, COO emphasized Lincolns robust website & recommended this be marketed to all employees.	
b. Prudent Quarterly Update	Anna Lyagacheva, Prudent Investment Advisor explained the quarter plan growth results. Anna also discussed program updates which drilled down on retirement plan cost, comparison estimates, plan overview, funds breakdown, social security vs. NSRP options & complex logistics as well as employee withdrawal opportunities & limits.	Norma Braun
7. Comments made from the Committee	Improvements from Prudent and Lincoln vs. previous record keeper ING noted by Chair Kellett.	Chair Kellett
8. Date of next meeting	September 12, 2017	Chair Kellett
9. Adjournment	Chair Kellett adjourned the meeting at 11:45 a.m.	Chair Kellett

Discussion

# Tri-City Hearthcare District Community Healthcare Alliance Committee (CHAC) MEETING MINUTES May 18, 2017

**MEMBERS PRESENT:** 

CHAC Chair Julie Nygaard, BOD Chair Jim Dagostino, Director Larry Schallock; Dr. Victor Souza, MD; Gigi Gleason, Guy Roney, Linda Ledesma, Marge Coon, Mary Lou Clift, David Parsons (Proxy for Rick Robinson), Roma Ferriter, Rosemary Eshelman, Sandy Tucker, Scott Ashton, Ted Owen, Xiomara Arroyo

**MEMBERS ABSENT:** 

Barbara Perez, Bret Schanzenbach, Carol Herrera, Danielle Pearson, Dung M. Ngo, Jack Nelson, Marilou de la Rosa Hruby, Mary Donovan, Mary Murphy

NON-VOTING MEMBERS PRESENT:

Steve Dietlin, CEO; David Bennett, Chief Marketing Officer; Kapua Conley, COO

NON-VOTING MEMBERS ABSENT:

Audrey Lopez, Fernando Sanudo

**OTHERS PRESENT:** 

Wayne Knight, CSO; Brian Greenwald, Robin Iveson, George Brown, Gwen Sanders, Carey Riccitelli

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TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Call To Order	The May 18, 2017 Community Healthcare Alliance Committee meeting was called to order at 12:33 pm by Director and CHAC Chair Julie Nygaard.		
Approval Of Meeting Agenda	Director Dagostino motioned to approve the May 18, 2017 meeting agenda. The motion was seconded by Gigi Gleason and unanimously approved.		



## Tri-City Healthcare District Community Healthcare Alliance Committee (CHAC) MEETING MINUTES May 18, 2017

TOPIC	DISCI	SCUSSION		ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Public Comments & Announcements	No public comments or announcements were made.	its were made.			
Ratification Of Minutes	Gigi Gleason motioned to approve the April 20, 2017 CHAC meeting minutes. The motion was seconded by Ted Owen and unanimously approved.	e April 20, 2017 CHA	C meeting lanimously		
Presentation: Gigi Gleason Grant Review	Gigi Gleason presented the Grant Review Comn noting that \$300,000.00 was allotted by TCMC:	Review Committee recommendations, ted by TCMC:	mmendations,		
Committee	Organization	Requested	Recommended		
Recommendations	Alzheimer's Association	25,000	25,000		
	Boys & Girls Club C'bad	20,160	10,080		
	Boys & Girls Club O'side	25,000	11,500		
	Boys & Girls Club Vista	10,000	2,000		
	CSUSM Foundation	19,165	19,165		
	Casa de Amparo	10,000	10,000		
	Coastal Roots Farms (new)	40,000	20,000		
	Emilio Nares Foundation	5,560	6,215		
	Hospice of the North Coast	50,000	34,000		
	Jacobs & Cushman SD Food Bank	50,000	20,000		
	Miracle Babies	10,000	10,000		
	North County Lifeline	30,000	45,000		
	Solutions for Change	45,000	45,000		
	The Brother Benno Foundation	20,000	10,000	•	
	The Elizabeth Hospice Foundation	15,000	15,000		



# Tri-City Heanncare District Community Healthcare Alliance Committee (CHAC) MEETING MINUTES May 18, 2017

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S)
Presentation: Gigi Gleason Grant Review	Organization Requested Recommended Women's Resource Center 21,320 14,040		NEST CHOIPPE
Recommendations	Gigi noted that 30 requests were received, 18 were considered and 16 were recommended.		
	Upon motion by Ted Owen, and seconded by Director Dagostino, the recommendations were unanimously approved by the CHAC committee. The recommendations will now be submitted to the Board of Directors for consideration at the May 25 <sup>th</sup> Board of Directors meeting.		
CEO Update	CEO Steve Dietlin updated the group as follows:		
	<ul> <li>Steve thanked the CHAC Grant Review Committee for their hard work and diligence in their selections.</li> </ul>		
	<ul> <li>The Auxiliary recently held their Scholarship Night event where \$100,000 in scholarships were awarded to students. The event was a great success that the students expressed their sincere gratitude.</li> </ul>		
	<ul> <li>An RFP (Request for Proposal) will be going out sometime in the next quarter to receive bids for the construction of the parking structure and hospital entry. More details will be provided in the near future regarding construction phasing.</li> </ul>		
	<ul> <li>Steve encouraged everyone to consider participating in the upcoming Heart Walk scheduled for September 30<sup>th</sup>.</li> </ul>		



## Tri-City Hearthcare District Community Healthcare Alliance Committee (CHAC) MEETING MINUTES May 18, 2017

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S)
COO Update	Chief Operating Officer Kapua Conley reported as follows:		NESPONSIBLE
Appropriate to the state of the	<ul> <li>The first SNF (Skilled Nursing Facility) forum was recently held with the purpose of finding ways to facilitate discharge and communications. More meetings will be scheduled in the future.</li> </ul>		
Chief Marketing	Chief Marketing Officer David Bennett reported as follows:		
David Bennett	<ul> <li>Marketing managed 17 events in May and will manage 15 events in June.</li> </ul>		
	<ul> <li>The department is planning on producing fewer but more focused commercials in the areas of stroke, men's health, PCP's, etc.</li> </ul>		
	<ul> <li>TCMC recently stopped taping the BOD meetings that were televised on KOCT. David noted that the KOCT focus will now be in creating TV spots to address various community health-related topics.</li> </ul>		
	Member Rosemary Eshelman stated that CHS TV (Carlsbad High School TV) would welcome TCMC guests to address health topics. David agreed to speak with Rosemary about this opportunity.		



# Tri-City Hearthcare District Community Healthcare Alliance Committee (CHAC) MEETING MINUTES May 18, 2017

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S)
Committee	Chair Julie Nygaard noted that there are two vacancies on the Committee that need to be filled, Oceanside District Resident and Vista District Resident.		KESPONSIBLE
Public Comments	There were no public comments.		
Communications	Linda Ledesma stated that she recently attended the MANA program which encourages students to stay in school, and two out of four of the students expressed a desire to go into nursing. Linda asked if an outreach program could be developed at TCMC to allow the students familiarize themselves with the hospital and nursing. David Bennett agreed and will discuss this opportunity further with Linda.		
	Sandy Tucker noted that Pat Morocco honored vets and their spouses at the Auxiliary Scholarship night.		
	Sandy also encouraged the CHAC members to participate in the upcoming Tails on the Trails event on May 20 <sup>th</sup> .		
	Roma Ferriter stated that NCHS will be opening a new medical office in Oceanside on June 19 <sup>th</sup> .		
	David Parsons, Oceanside Fire Department (Proxy for Rick Robinson) noted that new personnel will be needed as retirements take place in the future. The Fire Department is very committed to encouraging representation through mentoring should any CHAC member know a young individual who may be interested.		



# Tri-City Hearthcare District Community Healthcare Alliance Committee (CHAC) METING MINUTES May 18, 2017

Communications  Larry Schallock encouraged attendance at the upcoming Havana Nights event on May 20 <sup>th</sup> .  Larry also noted that in North County alone, 10,900 lbs. of medications were turned in within a period of four hours during the recent Prescription Take- Back Day.  Live Well San Rosemary Eshelman introduced Carey Riccitelli of Health & Human Services. Carey introduced the Live Well San Diego program to the members, noting the County of San Diego's vision of a region that is building better health, living safely and thriving. Carey requested TCMC's consideration to become a partner with this program.  Adjournment The May 18, 2017 CHAC meeting was adjourned at 1:34pm.	TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S)
	Committee Communications	Larry Schallock encouraged attendance at the upcoming Havana Nights event on May 20 <sup>th</sup> .		NEST CHOILE
		Larry also noted that in North County alone, 10,900 lbs. of medications were turned in within a period of four hours during the recent Prescription Take-Back Day.		
	Live Well San Diego – Carey Riccitelli	Rosemary Eshelman introduced Carey Riccitelli of Health & Human Services. Carey introduced the Live Well San Diego program to the members, noting the County of San Diego's vision of a region that is building better health, living safely and thriving. Carey requested TCMC's consideration to become a partner with this program.		
	Adjournment	The May 18, 2017 CHAC meeting was adjourned at 1:34pm.		



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## Tri-City lical Center Finance, Operations and Pianning Committee Minutes May 16, 2017

Members Present	Director Julie Nygaard, Director Laura Mitchell, Dr. Marcus Contardo, Carlo Marcuzzi, Steve Harrington, Wayne Lingenfelter, Tim Keane
Non-Voting Members Present:	Steve Dietlin, CEO, Ray Rivas, Acting CFO, Kapua Conley, COO, Scott Livingstone, Interim CCO, Wayne Knight, Chief Strategy Officer
Others:	David Bennett, Glen Newhart, Marcia Cavanaugh, Tim Mooney (BB&T), Colleen Thompson, Rick Sanchez, Eva England, Sharon Schultz, Charlene Carty, Jane Dunmeyer, Kathy Topp, Sherry Miller, Jess Thrift, Mary Diamond, Norma Braun, Jeremy Raimo, Monica Trudeau, Adam Fierer, M.D., Mohammad Jamshidi-Nezhad, D.O., Dhruvil Gandhi, M.D., Stephen Chavez-Matzel, Candice Parras, Jody Root (Procopio), Barbara Hainsworth
Members Absent:	Director Cyril Kellett, Dr. John Kroener, Kathleen Mendez

Recommendations/ Conclusions  Action Person(s) Responsible		Contardo, sconded, and it pproved to accept 16, 2017.	Director Nygaard	rector Mitchell, Dr. 1, that the minutes e to be approved ted modifications.
Act Recomme Conclu		It was moved by Dr. Contardo, Director Mitchell seconded, and it was unanimously approved to accept the agenda of May 16, 2017.		Minutes were ratified.  MOTION It was moved by Director Mitchell, Dr. Contardo seconded, that the minutes of April 18, 2017, are to be approved without any requested modifications.
Discussions, Conclusions Recommendations	Director Nygaard called the meeting to order at 12:34 p.m.		Director Nygaard read the paragraph regarding comments from members of the public.	Minutes were ratified.
Topic	1. Call to order	2. Approval of Agenda	<ol> <li>Comments by members of the public on any item of interest to the public before committee's consideration of the item.</li> </ol>	4. Ratification of minutes of March 21, 2017

tions/ Responsible			it was that the	that the TCHD	ove policy tion of the	y 14-001.	of all edits, be	for approval.	n MCN Policy	edit, and request	ntg.				Thomas Moore						우 ,				يو م	
Action Recommendations/ Conclusions			It was moved by Mr. Keane, Director Mitchell seconded, and it was unanimously approved that the	Finance, Operations and Planning Committee recommend that the TCHD	Board of Directors approve policy #8610-252, with the addition of the	reference to Board Policy 14-001.	Director witcheil requested that a copy of this policy, free of all edits, be	forwarded to the Board for approval.	Barbara Hainsworth to note in MCN Policy	Manager the recommended edit, and request that a revised version be forwarded to Teri	Donnellan for the May BOD mtg.				MOTION	MOTION It was moved by Dr. Contardo, Mr.	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD	MOTION It was moved by Dr. Contardo, N Lingenfelter seconded, and it wa unanimously approved that the Finance, Operations and Plannir Committee recommend that the Board of Directors authorize the	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCH Board of Directors authorize the committed supply spend agreement	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCI Board of Directors authorize the committed supply spend agreemen with Currie Medical specialties, Inc.	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the committed supply spend agreement with Currie Medical specialties, Inc. which will provide the no-charge use of loaned sequential compression device	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the committed supply spend agreement with Currie Medical specialties, Inc. which will provide the no-charge use o loaned sequential compression device pumps for a term of 36 months,	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCH Board of Directors authorize the committed supply spend agreement with Currie Medical specialties, Inc. which will provide the no-charge use loaned sequential compression devipumps for a term of 36 months, beginning, June 1, 2017 and ending,	MOTION It was moved by Dr. Contardo, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the committed supply spend agreement with Currie Medical specialties, Inc. which will provide the no-charge use of loaned sequential compression device pumps for a term of 36 months, beginning, June 1, 2017 and ending, May 31, 2020 for an estimated annual
Discussions, Conclusi Recommendations							Services for Tri-City Healthcare  District". Upon completion of the	ω	<u></u>	distribution.	chell requested that the	copy provided at the Board of	Directors meeting be a "clean	 copy", free of all edit tracking.			<u>o</u>	-	tracking. d that this committed hange for the ntial (SCD) pumps.	d he mps.		tracking. d that this committed ange for the ntial (SCD) pumps. that the rings from this	he mps.	d he nps.	The he	d he
Topic	Old Business	New Business	Policy Review  Purchase of Budgeted  Capital Assets, #8610-252		que					_ 3	]				mpression	mpression	mpression ical Specialties,	mpression ical Specialties,	mpression ical Specialties,	mpression ical Specialties,	mpression ical Specialties,	mpression ical Specialties,	mpression ical Specialties,	mpression ical Specialties,		mpression ical Specialties,

Topic	Discussions, Conclusic Recommendations	Action Recommendations/ Conclusions	son(s) Responsible
Renewal EKG/Electrocardiogram Panel Agreement for Coverage Physician  • Kenneth Carr, M.D.  • Barry Dzindzio, M.D.  • Paul Sarkaria, M.D.  • David Spiegel, M.D.  • Oscar Matthews, M.D.  • Kathleen Paveglio, M.D.  • Karim El-Sherief, M.D.	Eva England presented this agreement for the Renewal EKG / Electrocardiogram Panel Agreement for Coverage Physician for 12 months, with no increase in the rate.	MOTION  It was moved by Mr. Keane, Director Mitchell seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors approve the renewal of the Cardiology Physician EKG and Echocardiogram Panel Agreement for a term of 12 months starting July 1, 2017, ending on June 30, 2018, for an annual amount not to exceed \$156,000 with a total amount for the term of \$156,000.	Eva England
Renewal Pediatric Cardiology Physician Panel Agreement for Coverage • Farhouch Berdjis, M.D. • Hamid Movahhedian, M.D. • James Chu, M.D.	Eva England presented this renewal agreement for Pediatric Cardiology Physician Panel Agreement for Coverage for 12 months, with no increase in rates.	It was moved by Director Mitchell, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors approve the renewal of the Pediatric Cardiology Panel Agreement for Coverage for a term of 36 months starting July 1, 2017 ending on June 30, 2020, in an annual amount not to exceed \$91,250 for FY2018, \$91,250 for FY2019 and \$91,500 FY2020, with a total term cost of \$274,000.	Eva England
Coding Support Services  Oxford Global Resources, LLC	Colleen Thompson conveyed this agreement was for a contract services to support coding of discharged encounters, while staff vacancies in the Coding section of Medical Records are unfilled. The vendor will focus on same day surgery and ED encounters.	MOTION It was moved by, Dr. Contardo, Director Mitchell seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Oxford/HIM for a term	Colleen Thompson
Finance, Operations and Planning Committee Meetings	nittee Meetings 3	May 16, 2017	

Topic	Discussions, Conclusi Recommendations	Action Recommendations/ Conclusions	son(s) Responsible
	The rate of this agreement represents a 7% reduction in hourly rates for each patient type.	of 12 months, beginning May 1, 2017 and ending April, 30, 2018 for an annual cost of \$300,000, and a total cost for the term of \$300,000.	
f. Documentation Improvement Services Proposal VP-MA Health Solutions (CDIMD)	Colleen Thompson reported that this agreement was for ICD-10 clinical documentation integrity support and data analytics.	It was moved by, Mr. Lingenfelter Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with VP-MA Health Solution for Documentation Improvement support for a term of 12 months, beginning June 1, 2017 and ending May 31, 2017 for an annual cost of \$117,000, and a total cost for the term of \$168,200.	Colleen Thompson
g. Physician Agreement for ED On-Call Coverage – Oral / Max Surgery • Brian Mudd, D.D.S.	Sherry Miller emphasized that this was a renewal agreement for ED On-Call coverage for oral/max surgery with Brian Mudd, D.D.S. for 12 months, with no increase in rate.	It was moved by Director Mitchell, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize physician Brian Mudd, D.D.S., as the Oral/Max Surgery ED-Call Coverage Physician for a term of 12 months, beginning July 1, 2017 and ending June 30, 2018 at a daily rate of \$350, for an annual and term cost of	Sherry Miller
<ul> <li>h. Physician Agreement for ED</li> <li>On-Call Coverage -</li> <li>Gastroenterology</li> <li>Christopher Devereaux,</li> </ul>	Sherry Miller explained that this was a renewal agreement for ED On-Call coverage for gastroenterology with Drs.	MOTION It was moved by Mr. Keane, Dr. Contardo seconded, and it was unanimously approved that the	Sherry Miller

rson(s) Responsible		Monica Trudeau	
Action Recommendations/ Conclusions	Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize physicians Christopher Devereaux, M.D.; Thomas Krol, M.D.; Javaid Shad, M.D.; Michael Shim, M.D.; Matthew Viernes, M.D. as the Gastroenterology General & ERCP ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2017 and ending June 30, 2018 at a daily rate of \$700 for GI, for an annual cost of \$255,500, and ERCP at a daily rate of \$500 for an annual cost of \$438,500, and a total cost for the term of \$438,000.	It was moved by Director Mitchell, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. John LaFata as the Coverage Physician for a term of 24 months beginning July 1, 2017 and ending June 30, 2019. Not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$169 for an annual cost of \$50,700, and a total cost for the term of \$101,400.	MOTION It was moved by Dr. Contardo, Director Mitchell seconded, and it
Discussions, Conclusi Recommendations	Deveraux, Krol, Shad, Shim and Viernes, for 12 months with no increase in rate.	Monica Trudeau shared that this was a renewal agreement with Dr. John LaFata for 24 months, with no increase in rate.  It was noted that the write-up document states that this agreement is a Regulatory requirement, which Monica emphasized it is not, and the write-up will be amended to reflect this.	No discussion held
Topic	<ul> <li>M.D.</li> <li>Thomas Krol, M.D.</li> <li>Javaid Shad, M.D.</li> <li>Michael Schim, M.D.</li> <li>Matthew Viernes, M.D.</li> </ul>	i. Physician Agreement for Home Health • John LaFata, M.D.	j. Proposal to Acquire da Vinci Surgical System

Topic	Discussions, Conclusi Recommendations	Action Recommendations/ Conclusions	rson(s) Responsible
		was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors approve the acquisition by capital lease of a da Vinci Xi Surgical System with integrated table motion, OR table, and instruments and accessories for a total cost of \$2.074.678.	
k. Proposal for Commercial Insurance • BB&T Insurance Services (BB&T)	Tim Mooney from BB&T reviewed the write-up document and outlined areas where there had been a reduction in cost to TCHD for various insurance coverages.	It was moved by Dr. Contardo, Mr. Keane seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the acceptance, placement and financing of the commercial insurance products recommended by BB&T for the policy period commencing July 1, 2017.	
7. Oral Announcement of items to be discussed during closed session (Government Code Section 54957.7)			Jody Root, Procopio
8. Motion to go into Closed Session		MOTION Director Mitchell moved, Dr. Contardo seconded, and it was unanimously approved to go into Closed Session at 1:08 pm	
11. Open Session		MOTION  Director Mitchell moved, Mr.  Lingenfelter seconded, and it was unanimously approved to go into Open Session at 1:53 pm	
12. Report from Chairperson	No report made		
13. Financials	Ray Rivas presented the financials ending April 30, 2017 (dollars in		Ray Rivas
Finance, Operations and Planning Committee Meetings	nmittee Meetings 6	May 16, 2017	

Candice Parras	C								
Candice Parras gave a brief PowerPoint presentation regarding the ED Throughput. It was conveyed that there had been a 40 minute reduction in ED wait time, as well as a decrease in the volume of LWBS (left without being seen) patients.  Jess Thrift and Stephen Chavez- Matzel gave a single slide PowerPoint presentation on the status of patients utilizing the Discharge Hospitality Center (DHC). Once the physician has initiated the order, those patients who utilize the DHC are able to depart the hospital 1.43 hrs. sooner, than those patients who do not.		No discussion	o discussion None	ssion		ssion 2017			2017
ED Throughput		• Dasnboard	Dashboard Comments by	Committee Members	Comments by Committee Members Date of next meeting	Committee Members  Date of next meeting  Community Openings (none)	Comments by Committee Members Date of next meeting Community Openings (none)	Comments by Committee Members Date of next meeting Community Openings (none)	Comments by Committee Members Date of next meeting Community Openings (none)



### Administrative Policy Manual

**ISSUE DATE:** 

1996

SUBJECT: PURCHASE OF BUDGETED

**CAPITAL ASSETS** 

REVISION DATE: 06/00, 05/03, 06/06, 08/06, 05/09,

POLICY NUMBER: 8610-252

04/12

Department Approval:

02/17

Administrative Policies & Procedures Committee Approval:

04/12-02/17

Finance & Operations Committee Approval:

<del>05/12</del>05/17

**Board of Directors Approval:** 

05/12

### A. **PURPOSE:**

To establish the capital thresholds and authorization process to purchase capital assets at Tri-City Healthcare District (TCHD).

### В. SCOPE OF THE POLICY:

All **TCHD** departments.

### C. **DEFINITION(S):**

- Budgeted Capital Asset Capital asset that has been approved by the Tri-City-District Board of Directors during-the District's annual budgetary cycle or during-special presentation to the Board of-Directors.
- 1. Capital Asset - A tangible item, project or software, that is purchased, designed or constructed, for a total cost of \$5,000 or greater, or a group of like items with a total cost of \$10,000 or greater, and with a useful life of three years or greater.
- 2. Budgeted Capital Asset - Capital asset that has been approved by the TCHD Board of Directors during the District's annual budgetary cycle or during special presentation to the Board of Directors.

### D. **POLICY:**

- The purchase of a capital asset will be initiated by the requesting department's Director. Thate Director is responsible for identifying the requirements and specifications needed to purchase a capitaln asset. Such requirements may include but are not limited to obtaining a quote for the specific asset and completing a capital request form.
- 2. The requesting Director will communicate with Supply Chain Management to confirm current capital request procedures. All capital requests must be submitted to the Director of Supply Chain who will presented the request to the Capital Committee for initial approval by the requesting Director or designated subject matter expert. The final Aapproval level will be determined as outlined per TCMC Policy 8610-232, Signature Authority.

### E. Form(s):

Capital Purchase Requisition Form - Sample

### F. RELATED DOCUMENT(S):

- Administrative Policy: Signature Authority 232
- 4-2. Board Policy: Budget for Medical Equipment or Medical Services for Tri-City Healthcare District 14-001

DIRECTOR, FACILITIES

CHIEF MARKETING OFFICER

### **Capital Purchase Requisition Sample**

4002 VIS	ri-City IVI TA WAY   OC	edical Cente EANSIDE, CA   920	er )56	CAPITA	L PURCHASE RE	QUISITION
FUNDING SO	URCE: CAPI	TAL BUDGET	<b>J</b> FOUNDATION	☐ AUXILIARY	DOTHER	
ITEM IS:		PLACEMENT OF AN		DA NEW ASSET		
DEPORTMENT NA	ME	DEPARTMENT NO.	REQUESTED			EXT.
DATE OF REQUEST	i	DATE REQUERED	VENIDOR			
ALL CAPITAL	PURCHASE RE	QUISITIONS MUST I	NCLUDE A COM	PLETED CAPITAL EQUIP	PMENT REQUEST AT	TACHMENT A
QUANTITY	CATALOG NUMBER	ITEM DESCRIPTION			UNIT COST	EXTENDED COST
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	7					
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POOTHINE COM	MENTE				SUB-TOTAL	
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					TOTAL	
HARD PROBLEM PROPERTY AND	DDITIONAL FUI OM BUDGET N	NDS: UMBERS (S):	1	CASH PURCHASE	SUPPLY CHAIN	USE ONLY
SINECTOR, REQUE	TING DEPARTM <b>O</b> NT	CHE	EF NURSING OFFICER		DIRECTOR, SUPPLY CHA	IN MANAGEMENT
DIRECTOR, IMPORN	NATION TECHNICLOS	CHEE	EF FINANCIAL OFFICER		BUDGET #	

(CS-1888) () Fr. 1872 271

PURCHASE DROER NUMBER

ORDER DATE

CHIEF OPERATING OFFICER

CHIEF EXECUTIVE OFFICER



## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2017 SEQUENTIAL COMPRESSION DEVICE PUMPS

Type of Agreement	Medical Directors		Panel		Other: Equipment Lease
Status of Agreement	New Agreement	х	Renewal – New Rates	į	Renewal – Same Rates

Vendor's Name:

Currie Medical Specialties, Inc.

Area of Service:

Sequential Compression Device (SCD) Equip Loan & Sleeve Pricing Agreement

Term of Agreement:

36 months, Beginning, June 1, 2017 – Ending, May 31, 2020

**Maximum Totals:** 

<b>Monthly Cost</b>	Annual Cost	<b>Total Term Cost</b>
\$10,833	\$130,000	\$390,000

### Description of Services/Supplies:

- Committed supply spend agreement in exchange for loaned use of SCD pumps at no cost
- Commitment level is based upon current spend volume with Currie
- This renewal is an 8% savings off previous pricing with no additional commitment levels
- This agreement avoids the need for TCMC to spend capital funds to purchase SCD pumps
- The supplies stated in the agreement are directly related to the loaned SCD pumps and currently already being used at TCMC with no problems for 36 months. No product conversions are necessary. Competitive pumps were trialed and nursing selected this brand again.

Document Submitted to Legal:		Yes	х	*No
Approved by Chief Compliance Officer:	х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	**Yes		No

<sup>\*</sup>Previously reviewed and there are no changes

Person responsible for oversight of agreement: Thomas Moore, Director of Purchasing / Ray Rivas, Acting Chief Financial Officer

### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the committed supply spend agreement with Currie Medical specialties, Inc. which will provide the no-charge use of loaned sequential compression device pumps for a term of 36 months, beginning, June 1, 2017 and ending, May 31, 2020 for an estimated annual cost of \$130,000, and an estimated total cost for the term of \$390,000.

<sup>\*\*</sup>To be included in the proposed FY Budget



## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2016 RENEWAL EKG/ECHOCARDIOGRAM PANEL AGREEMENT for COVERAGE PHYSICIAN

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

Physician's Name:

Kenneth Carr, M.D.; Barry Dzindzio, M.D.; Paul Sarkaria, M.D.; David Spiegel,

M.D.; Oscar Matthews, M.D.; Kathleen Paveglio, M.D.; Karim El-Sherief, M.D.

Area of Service:

Cardiology

Term of Agreement:

12 months, Beginning, July 1, 2017 - Ending, June 30, 2018

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Weekly Cost Not to Exceed	Annual Cost Not to Exceed	Total Term Cost Not to Exceed
\$3,000	\$156,000	\$156,000

### **Position Responsibilities:**

- Panel Physician shall interpret echocardiographic studies of unassigned patients for which the attending physician does not specify an interpreting cardiologist.
- Electrocardiograms are to be interpreted twice daily on weekdays, Monday-Friday, and at least once per day on weekends, Saturday, Sunday or holidays.
- The final report for all echocardiograms is to be dictated within 24 hours of the performance of the study.
- For exercise of pharmacological stress test, if the scheduled Panel Physician cannot be available
  within 15 minutes of the scheduled start time to personally supervise the test, it is that Panel
  Physician's responsibility to assure that another cardiologist will do so. The final report shall be
  dictated on the day of the study.
- Panel Physician agrees to compare ECG's with previous, if available.

Document Submitted to Legal:		Yes	Х	*No
Approved by Chief Compliance Officer:	х	Yes		No
Is Agreement a Regulatory Requirement:	Х	Yes		No
Budgeted Item:	Х	**Yes		No

<sup>\*</sup>Approval is recommended based on utilizing the approved template. Legal review is not necessary when template is used.

Person responsible for oversight of agreement: Eva England, Cardiovascular Service Line Administrator / Kapua Conley, Chief Operating Officer

### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors approve the renewal of the Cardiology Physician EKG and Echocardiology Panel Agreement for a term of 12 months starting July 1, 2017, ending on June 30, 2018, for an annual amount not to exceed \$156,000 with a total amount for the term of \$156,000.

<sup>\*\*</sup>To be included in the proposed FY Budget



## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2016 RENEWAL PEDIATRIC CARDIOLOGY PHYSICIAN PANEL AGREEMENT for COVERAGE

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

Physician's Name: Farhouch Berdjis, M.D.; Hamid Movahhedian, M.D.; James Chu, M.D.

Area of Service: Cardiology (Pediatric/NICU)

**Term of Agreement:** 36 months, Beginning, July 1, 2017 – Ending, June 30, 2020

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

Panel Days	Daily Rate Not to Exceed	Annual Total Not to Exceed
FY2018 (365 days)	\$250	\$91,250
FY2019 (365 days)	\$250	\$91,250
FY2020 (366 days)	\$250	\$91,500
	Total Term Cost	\$274,000

### **Position Responsibilities:**

- Panel Physician shall provide cardiac consultations per the request of a pediatrician or neonatologist. These
  consults are to be provided within 24 hours of request and the final report documented with 24 hours of
  performance.
- Panel Physician shall be scheduled for coverage periods from one day to one week periods beginning Mondays at 0700 hours through the following Monday at 0700 hours, during which time such Panel Physician shall be personally responsible for supervising and interpreting
- all non-invasive cardiology tests on a timely basis, or by assigning another Panel Physician (with that Panel Physician's agreement) to do so. Please note, however, that the compensation set forth in the Agreement will remain constant, regardless of the number of Panel Physician
- furnishing Services in a given week.
- ECGs are to be interpreted twice daily on weekdays (Monday-Friday) and at least once per day on weekends (Saturday, Sunday or holidays).

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

<sup>\*</sup>Approval is recommended based on utilizing the approved template. Legal review is not necessary when template is used.

Person responsible for oversight of agreement: Eva England Cardiovascular Service Line Administrator / Kapua Conley, Chief Operating Officer

### lotion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors approve the renewal of the Cardiology Physician EKG and Echocardiology Panel Agreement for a Term of 36 months starting July 1, 2017 ending on June 30, 2020, in an annual amount not to exceed \$91,250 for FY2018, \$91,250 for FY2019 and \$91,500 FY2020, with a total term cost of \$274,000.

<sup>\*\*</sup>To be included in the proposed FY Budget



## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2017 CODING SUPPORT SERVICES

Type of Agreement	Medical D	irectors	Panel	Х	Other: Coding Support
Status of Agreement	New Agre	ement X	Renewal – New Rates		Renewal – Same Rates

Vendor's Name:

Oxford Global Resources, LLC

Area of Service:

Medical Records / Health Information

Term of Agreement:

12 months, Beginning, May 1, 2017 - Ending, April 30, 2018

**Maximum Totals:** 

Monthly Cost	Annual Cost	Total Term Cost
\$25,000	\$300,000	\$300,000

### **Description of Services/Supplies:**

- Contracted service to support Coding of discharged encounters while vacancies in Coding are unfilled
- Vendor to focus on Inpatient, Same Day Surgery, and Emergency Department encounters
- 7% reduction in hourly rates for each patient type

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

<sup>\*</sup>Approval is recommended based on utilizing the approved template. Legal review is not necessary when template is used.

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 Oxford/HIM for a term of 12 months, beginning May 1, 2017 and ending April, 30, 2018 for an annual cost of \$300,000, and a total cost for the term of \$300,000.

<sup>\*\*</sup>To be included in the proposed FY Budget

## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2017 DOCUMENTATION IMPROVEMENT SERVICES PROPOSAL

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

Vendor's Name:

VP-MA Health Solutions (CDIMD)

Area of Service:

Medical Records / HIM

Term of Agreement:

12 months, Beginning, June 1, 2017 - Ending, May 31, 2018

**Maximum Totals:** 

	<b>Monthly Cost</b>	Annual Cost	<b>Total Term Cost</b>
CDI / HIM	\$9,750	\$117,000	\$117,000
Case Management Assessment	\$0	\$51,200	\$51,200
			\$168,200

### **Description of Services/Supplies:**

- ICD-10 Clinical Documentation Integrity Support & Data Analytics
- Pre-Bill/Post-Bill DRG Integrity Support
- One-Day Stay / Observation Evaluation
- Case Management Review / Assessment (Patient Status)
- Utilization Review Evaluation / Process Review

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

<sup>\*</sup>Approval is recommended based on utilizing the approved template. Legal review is not necessary when template is used \*\*To be included in the proposed FY Budget

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 VP-MA Health Solution for Documentation Improvement support for a term of 12 months, beginning June 1, 2017 and ending May 31, 2017 for an annual cost of \$117,000, and a total cost for the term of \$168,200.



## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2017 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE -- Oral/Max Surgery

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

Physician's Name:

Brian Mudd, D.D.S.

Area of Service:

Emergency Department On-Call: Oral/Max Surgery

Term of Agreement:

12 months, Beginning, July 1, 2017 - 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: Oral/Max Surgery

Rate/Day	Panel Days per Year	Panel Annual Cost
\$350	365	\$127,750

### **Position Responsibilities:**

- Provide 24/7 patient coverage for all Oral/Max Surgery 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.

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

<sup>\*</sup>Approval is recommended based on utilizing the approved template. Legal review is not necessary when template is used \*\*To be included in the proposed FY Budget

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

**Motion:** I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize physician Brian Mudd, D.D.S., as the Oral /Max Surgery ED-Call Coverage Physician for a term of 12 months, beginning July 1, 2017 and ending June 30, 2018 at a daily rate of \$350, for an annual and term cost of \$127,750.



## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2017 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Gastroenterology

Type of Agreement	Medical Director	s X	Panel		Other:
Status of Agreement	New Agreement		Renewal – New Rates	Х	Renewal – Same Rates

Physician's Name:

Christopher Devereaux, M.D.; Thomas Krol, M.D.; Javaid Shad, M.D.;

Michael Shim, M.D.; Matthew Viernes, M.D.

Area of Service:

Emergency Department On-Call: Gastroenterology – General & ERCP

**Term of Agreement:** 

12 months, Beginning, July 1, 2017 - 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:

Rate/Day	Panel Days per Year	Panel Annual Cost
GI - \$700	365	\$255,500
ERCP - \$500	365	\$182,500
	Total Term Cost:	\$438,000

### **Position Responsibilities:**

- Provide 24/7 patient coverage for all Gastroenterology 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.

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

<sup>\*</sup>Approval is recommended based on utilizing the approved template. Legal review is not necessary when template is used \*\*To be included in the proposed FY Budget

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

**Motion:** I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize physicians Christopher Devereaux, M.D.; Thomas Krol, M.D.; Javaid Shad, M.D.; Michael Shim, M.D.; Matthew Viernes, M.D. as the Gastroenterology General & ERCP ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2017 and ending June 30, 2018 at a daily rate of \$700 for GI, for an annual cost of 255,500, and ERCP at a daily rate of \$500 for an annual cost of \$182,500, and a total cost for the term of \$438,000.



## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2017 PHYSICIAN AGREEMENT for Home Health – John LaFata, M.D.

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

Physician's Name:

John LaFata, M.D.

Area of Service:

Home Health

**Term of Agreement:** 

24 months, Beginning, July 1, 2017 - Ending, June 30, 2019

**Maximum Totals:** 

Within Hourly and/or Annualized Fair Market Value: YES

Rate/Hour	Hours per	Hours per	Monthly	Annual	24 month (Term)
	Month	Year	Cost	Cost	Cost
\$169	25	300	\$4,225	\$50,700	\$101,400

### **Position Responsibilities:**

- Monitors and assures the delivery of quality, efficient, medically needed, safe home health services.
- Provides professional guidance and oversight for Tri-City Home Health Services. Attends case conference and department meetings.
- Conducts in-service training on (discipline/home health) specific issues and/or topics for physicians and home health staff.
- Participate in development and implementation of Home Care quality assurance program and risk management program as directed by Hospital, and shall assist Department in establishing, implementing, and maintaining procedures to maintain the quality of Medical Services provided.
- Develop and maintain ongoing dialogue with members of Hospital's Medical Staff concerning Department services.

Document Submitted to Legal:		Yes	Х	*No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	**Yes		No

<sup>\*</sup>Approval is recommended based on utilizing the approved template. Legal review is not necessary when template is used
\*\*To be included in the proposed FY Budget

Person responsible for oversight of agreement: Monica Trudeau, Director, Home Health / Sharon Schultz, Chief Nurse Executive

### Motion:

Dr. John LaFata as the Coverage Physician for a term of 24 months beginning July 1, 2017 and ending June 30, 2019. Not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$169 for an annual cost of \$50,700, and a total cost for the term of \$101,400.

## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2017 Proposal to Acquire da Vinci Xi Surgical System

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

Vendor's Names:

da Vinci (Surgical System) Trumpf Medical (OR Table)

Area of Service:

**Surgical Services** 

**Term of Agreement:** 

Capital Equipment

### **Maximum Totals:**

Item:	Amount:
<ul> <li>da Vinci Xi Surgical System with Integrated Table Motion</li> </ul>	\$1,575,000
OR Table	87,520
• Instruments	237,645
Training and Proctoring	included
7.75% Tax, Shipping & Handling	174,513
Total Expected Cost:	\$2,074,678

### **Description of Services/Supplies:**

- This is an initiative to upgrade our surgical robotics program.
- The upgrade will allow us to capture more volume through decreased patient outmigration, recruit and retain physicians, and will improve patient outcomes.
- The equipment will be purchased through a capital lease agreement at a rate less than our current cost of capital.

Board Approved Contract Template:		Yes	N/A	No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	Х	No
Budgeted Item:	Х	**Yes		No

<sup>\*\*</sup>To be included in the proposed FY Budget

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

### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors approve the acquisition by capital lease of a da Vinci Xi Surgical System with integrated table motion, OR table, and instruments and accessories for a total cost of \$2,074,678.



## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: May 16, 2017 PROPOSAL FOR: Commercial Insurance

Type of Agreement	Medical Directors		Panel	Other:
Status of Agreement	New Agreement	l x	Renewal –	Renewal – Same
		_ .^`	New Rates	Rates

Vendor Name:

BB&T Insurance Services (BB&T)

Area of Service:

**Commercial Insurance Policies** 

**Term of Agreement:** 

Policy period commencing July 1, 2017

**Description of Services/Supplies:** 

 Policy coverage for TCHD's general and process excess liability program, automobile coverage, property coverage, management liability program and privacy/cyber liability program.

Coverage	2017 Company	AM Best Rating	2015 Premium	2016 Premium	2017 Premlum	% of Change
Umbrella				, , ,	1 (4)	Onange
(GL/PL \$20,000,000 with	CAP /	A+ (Superior)				
\$1,000,000 SIR)	ProAssurance	XV	\$566,553	\$575,785	\$609,861	6%
Claims Post: 7/1/15	CAP		130,000	130,000	130.000	0%
	Western					
Claims Pre: 7/1/15	Litigation		36,000	20,000	12,000	-40%
			\$732,553	\$725,785	\$751,861	4%
AssampleMa		A++ (Superior)				
Automobile	Philadelphia	XV	62,531	60,565	47,395	-22%
Property	Travelers	A++ (Superior)	204.000	200 400		
Troperty	Traveleis	A (Excellent)	201,086	202,130	208,200	3%
Cyber	AIG	XV	49,721	54,556	64,760	19%
Directors & Officers /	7.110	~~	45,721	34,330	84,760	197
Employment Practices / Fiduciary Liability						
•		A (Excellent)				
Tri-City Healthcare	AIG	XV	201,758	425,095	485,095	14%
		A (Excellent)			ļ	
Excess Side A - \$5mm x \$10mm	AIG	XV		110,000	165,337	50%
Cardiovascular Institute		A (Excellent)				
Cardiovascular institute	AIG	_ XV	5,353	5,353	5,352	0%
Orthopedic Institute	AIG	A (Excellent)				
Orthopedic mstitute	AIG	XV	5,353	5,353	5,352	0%
Neuro Institute	AIG	A (Excellent)				
Neuro institute	AIG	XV A+ (Superior)	5,353	5,353	5,352	0%
Crime - 3 year term	Fidelity &	XV (Superior)	37,374	1.385	3	
	Deposit	A.	51,574	added		
2015 – 2018	Companies			Volunteer	9	
Billed in Full in 2015	(Zurich)			Coverage in 2016		
Pollution - 2 year term	Steadfast			2010		
2015-2017 & 2017-2018	Insurance	A+ (Superior)				
2010-2017 & 2017-2010	(Zurich)	XV	38,783	0	41,558	7%
		A+ (Superlor)				
Student Accident	Axis	XV	2,170	2,116	2,116	0%
		TOTAL:	\$1,342,034	\$1,597.690	\$1,782,378	11.5%

Document Submitted to Legal:		Yes	Х	No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	**Yes		No

<sup>\*\*</sup>To be included in the proposed FY Budget



Page 2

## PROPOSAL FOR: Commercial Insurance

Person responsible for oversight of agreement: Ray Rivas, Acting Chief Financial Officer; Sharon Schultz, Chief Nurse Executive; Kapua Conley, Chief Operating Officer

### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the acceptance, placement and financing of the commercial insurance products recommended by BB&T for the policy period commencing July 1, 2017.

## DRAFT

## Tri-City Medical Center Professional Affairs Committee Meeting Open Session Minutes May 11, 2017

Members Present: Director Laura Mitchell (Chair), Director Jim Dagostino, Director Leigh Anne Grass, Dr. Ma, Dr. Worman and Dr. Johnson.

Non-Voting Members Present: Steve Dietlin, CEO, Kapua Conley, COO/ Exe. VP, Sharon Schultz, CNE/ Sr. VP, and Scott Livingstone Interim Chief Compliance Officer.

Others present: Jody Root, General Counsel, Marcia Cavanaugh, Sr. Director for Risk Management, Jami Piearson, Director of Regulatory Compliance, Linda Spargue, Merebeth Richins, Diane Sikora, Kathy R. Topp, Sharon Davies, Terry Moede Ernie Rosales, April Lombardo, Patricia Guerra and Karren Hertz.

Members Absent: Dr. Marcus Contardo.

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
1. Call To Order	Director Mitchell called the meeting to order at 12:03PM in Assembly Room 1.		Director Mitchell
2. Approval of Agenda	The committee reviewed the agenda; there were no additions or modifications. The policy for Medical Staff funds was pulled out for further review.	Motion to approve the agenda was made by Director Dagostino and seconded by Director Grass.	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

Person(s) Responsible	Karren Hertz			Patricia Guerra			
Follow-Up Action/ Recommendations	The minutes were ratified and was unanimously approved by the group. Director Dagostino moved and Dr. Ma seconded the motion to approve the minutes from April 2017.			ACTION: The Patient Care Services policies and procedures were approved. Director	seconded the motion to approve the policies moving forward for Board approval with the appropriate corrections noted by	ule Collinitee members.	
Discussion	Director Mitchell called for a motion to approve the minutes from April 20, 2017 meeting.			It was clarified to Director Dagistino that Dr. Richard Smith is the physician that heads the working group that oversees this policy.	Director Grass commended the accurate documentation contained in this policy.	This policy states information and details that is considered more of a standard of care and not a protocol.	There was a brief discussion on the decreased hypoglycemia rate for adults. The treatment for pregnant patients was a part of the recommendation as suggested by the Sweet Suceess Program.
Topic	4. Ratification of minutes of April 2017.	<ol> <li>New Business</li> <li>Consideration and</li> <li>Possible Approval of</li> <li>Policies and Procedures</li> </ol>	Patient Care Policies and Procedures:	Antimicrobial     Stewardship Policy	2. Blood Glucose Newborn Monitoring Standardized Procedure	<ol> <li>Elective Surgery Pre- Admission MRSA Screening Protocol</li> </ol>	4. Hypoglycemia Management in the Adult Patient Standardized Procedure

	Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
,	Insulin, Therapy Administration Procedure	It was reported that the Nurse Practitioner/ Allid Health Practitioner have the ability to order insulin, or at some times, countersigned by a physician if it's not within their scope of practice.		
9	Inuslin, Use of Concentrated Policy	NPH is still being used in obstetrical patients although it is being discouraged.		
	Nutrition Education of Patients Policy	Director Grass had a question on the process for a new diabetic; it was clarified that the dietietian get alerts and counselling and meal planning are done accordingly.		
ထ်	Percutaneous Tracheostomy Assist Procedure	The process of percutaneous tracheostomy assist is still being done according to Dr. Johnson. The Pulmonary department also currently uses it.		
б	Rapid Response Standardized Procedure	A clarification was made on the Condition H—a family member can now call for a "rapid response' in cases of emergency while in the hospital.		
	10. Sedation Anaglesia Used During Terapeutic or Diagnostic Procedures	Sedation is still being used for 1- 10 years old children in the ED although Dr. Johnson mentioned that currently, sedation is also being looked at closely right now for children.		
	11. Self-Administered Continuous Subcutaneous Infusion of Insulin (Insulin Pump Therapy) for the Acute	April Lombardo mentioned that patients that were admitted can use their insulin pumps at home here at the hospital if they are capable of managing the device.		
LIN OVE	40+ OF4447	c		

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Care Patient Policy			
12. TDAP (Tetanud, Diptheria & Pertussis) Vaccine Administration for Antepartum & Post Partum Obstetric Patients Standardized Procedure	This policy states that all pregnant mothers are now required to have TDAP vaccine when they get admitted to the hospital.		
13. Titrating Medications, Adult Patients Policy	There was a brief discussion in the Propofol use in ICU which is more of a compliance issue for the staff.		
Administrative Policies and Procedures:			
Non-discrimination of     Patients in Health     Programs and Activities     Policy	The information in this policy is wrapped up in the Patient Rights and Responsibilities policy as per Marcia Cavanaugh.	ACTION: The Administrative policies and procedure was approved. Director Dagostino moved and Dr. Worman	Patricia Guerra
<ol> <li>Policy/Procedure Approval for Patient Care Sevices and Department Specific</li> </ol>	This policy is being pulled out for further review because of the statement pertaining to policies specifically related to nursing.	seconded the motion to approve the policies moving forward for Board approval.	
Unit Specific Medical Staff 1. Medical Staff Funds 8710- 572	This policy is being pulled out for further review.	ACTION: This policy will be reviewed and brought back to this committee.	Patricia Guerra
Outpatient Infusion Center 1. Emergency Evacuation	Director Dagostino requested if there is a	ACTION: Kapua will look at the	Patricia Guerra

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
	clearer map for this evacuation plan.	accuracy of this Infusion center map since there is only one EXIT on this map.	
2. Fire Alarm Evacuation Plan	There was no discussion on this policy.		
Women's and Newborn Services 1. Medication Administration, NICU, Combined	There was no discussion on this policy since it was a product of combined policies.	ACTION: The Medical Staff policy was approved. Director Dagostino moved and Dr. Worman seconded the motion to approve the policies moving forward for Board approval.	Patricia Guerra
Formulary Requests 1. Cepastat 2. Donnatal 3. Urea	These three formulary rquests were approved.	ACTION: The formulary requests were approved. Director Dagostino moved and Dr. Worman seconded the motion to	Patricia Guerra
Pre-Printed Orders 1. Anticoagulation Orders 8711-4518 2. Laparoscopic Surgery Orders 871-4542 3. MRI Contrast Medication Orders	These pre-printed orders are deletions.	approve the policies moving forward for Board approval.	Patricia Guerra
6. Clinical Contracts	Scott Livingstone, who was appointed as the Interim Chief Complaince Officer, reported on the clinical contracts for the months of March and April.	ACTION: The clinical contracts were approved to move forward to go to the Board for this month.	Director Mitchell

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Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
7. Closed Session	Director Mitchell asked for a motion to go into Closed Session.	Director Dagostino moved, Dr. Johnson seconded and it was unanimously approved to go into closed session at 9:30 AM.	Director Mitchell
8. Return to Open Session	The Committee return to Open Session at 1:10PM.		Director Mitchell
9. Reports of the Chairperson of Any Action Taken in Closed Session	There were no actions taken.		Director Mitchell
10. Comments from Members of the Committee	No comments.		Director Mitchell
11. Adjournment	Meeting adjourned at 2:03 PM.		Director Mitchell



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Policy

Services and Department Specific

AHA TC Course Content Requirements

### PROFESSIONAL AFFAIRS COMMITTEE May 11, 2017

CONTACT: Sharon Schultz, CNE Policies and Procedures Reason Recommendations Patient Care Services Policies & Procedures 3 Year Review. Antibiotic Stewardship Policy Forward to BOD for Approval Practice Change Blood Glucose Newborn Monitoring Practice Change Forward to BOD for Approval Standardized Procedure Elective Surgery Admission MRSA 3 Year Review. Forward to BOD for Approval with Screening Protocol Practice Change Revisions Hypoglycemia Management In the Adult 3 Year Review, Forward to BOD for Approval Patient Standardized Procedure Practice Change 3 Year Review. Insulin Therapy Administration Procedure Forward to BOD for Approval Practice Change Insulin, Use of Concentrated NEW Forward to BOD for Approval **Nutrition Education of Patient Policy** 3 Year Review Forward to BOD for Approval Percutaneous Tracheostomy Assist 3 Year Review Forward to BOD for Approval Procedure 3 Year Review. Rapid Response Standardized Procedure Forward to BOD for Approval Practice Change Sedation Analgesia Used During 3 Year Review, Pulled for Further Review Therapeutic or Diagnostic Procedures Practice Change Self-Administered Continuous 3 Year Review, Forward to BOD for Approval with Subcutaneous Infusion of Insulin (Insulin Practice Change Revisions Pump Therapy) Policy Tdap (Tetanus, Diptheria & Pertussis) 3 Year Review. Forward to BOD for Approval Vaccine Standardized Procedure Practice Change 3 Year Review, Titrating Medications, Adult Patients Policy Pulled for Further Review Practice Change Administrative Policies & Procedures Forward to BOD for Approval with Nondiscrimination Policy NEW Revisions Policy Procedure Approval for Patient Care

**NEW** 

3 Year Review

	dervices and Department Opecing		
Ur	nit Specific		
	Medical Staff		
1.	Medical Staff Funds 8710-572	NEW	Pulled for Further Review
	Outpatient Infusion Center		
1.	Emergency Evacuation	3 Year Review, Practice Change	Forward to BOD for Approval
2.	Fire Alarm_Evacuation Plan	3 Year Review, Practice Change	Forward to BOD for Approval
	Women & Newborn Services		
1.	Medication Administration - Combined	DELETE	Forward to BOD for Approval
	Education		

From April's PAC-

Forward to BOD for approval

Pulled for Further Review





## PROFESSIONAL AFFAIRS COMMITTEE May 11, 2017

CONTACT: Sharon Schultz, CNE

Policies and Procedures	Reason	Recommendations
AHA TC Dispute Resolution - Disciplinary		From April's PAC-
Action Policy	3 Year Review	Forward to BOD for approval
Formulary Requests		<u> </u>
1. Cepastat	Remove from Formulary	Forward to BOD for Approval
2. Donnatal	Remove from Formulary	Forward to BOD for Approval
3. Urea	Addition to Formulary	Forward to BOD for Approval
Pre-Printed Orders		
Anticoagulation Orders 8711-4518	DELETE	Forward to BOD for Approval
2. Laparoscopic Surgery Orders 8711-4542	DELETE	Forward to BOD for Approval
MRI Contrast Medication Orders	Practice Change	Forward to BOD for Approval



### PATIENT CARE SERVICES POLICY MANUAL

ISSUE DATE: 10/10 SUBJECT: ANTIBIOTIC ANTIMICROBIAL

**STEWARDSHIP** 

REVISION DATE: 05/13 POLICY NUMBER: IV.WW

Department Approval: 12/16

Clinical Policies & Procedures Committee Approval: 05/4301/17
Nurse Executive Council Approval: 05/4302/17

Medical Staff Department/Division Approval: n/a

Pharmacy & Therapeutics Committee: 05/4303/17
Medical Executive Committee Approval: 06/1304/17
Professional Affairs Committee Approval: 07/4305/17

Board of Directors Approval: 07/13

### A. PURPOSE:

- 1. Antibiotic stewardship is a process used to achieve two primary-goals: 1) to minimize adverse effects and events secondary to the use of antimicrobial agents; 2) to reduce, minimize, and/or prevent the emergence of resistant microorganisms. A secondary goal of decreasing the cost of antibiotic drug expenditures is a consequence of the two-primary goals. Antibiotic stewardship is a multi-faceted approach in which infection control, medical staff, microbiology, infectious diseases, clinical informatics, hospital administration, and pharmacy work together to achieve these goals:
- 1. To provide a process in order to promote judicious use of antimicrobials
- 2. The goals of the Antimicrobial Stewardship Program (ASP) include, but are not limited to:
  - Minimize adverse effects and events secondary to the use of antimicrobial agents.
  - b. Reduce, minimize, and/or prevent the emergence of resistant microorganisms.

### B. DEFINITIONS:

- Antibiotic stewardship is the optimal-use of antimicrobial agents to prevent or minimize adverse effects of antimicrobials and prevent the emergence of resistant microbes.
- 2. Antibiotic-surveillance is the process of prospectively and retrospectively-reviewing the use of antibiotic-agents. The prospective process-may involve contacting the proscriber with recommendations for optimizing current antibiotic therapy on an individual patient. The retrospective-review will include medication use evaluations (MUEs) presented to a Medical staff-Committee for review and recommendations.
- 3. The Pharmacy & Therapeutics-Committee will be the medical staff committee through which these activities are reported.
- 4. Restricted antimicrobial is an antibietic agent that the medical-staff-has determined should be restricted in use (either by prescriber or clinical indication). Please see pharmacy policy "Restricted Antimicrobials."

### C. ELEMENTS OF ANTIBIOTIC-STEWARDSHIP:

- 1. Medical Staff
  - Formulary review of antimicrobial agents
  - b. Policy and procedures
  - c. Prescribing
  - Retrospective reviews (MUEs)
- Infection-Control

- a. Infection Control Activities
- b. Quality-indicators (C. difficile, vancomycin-resistant-enterococcus, methicillin-resistant staphylococcus aurous, ventilator-associated-pneumonia, etc)
- s. Education

#### Pharmacy

- a. Pharmacist review of all antibiotic orders
- b. Renal dose-adjustments
- IV to Oral-route-conversion program
- d. Prospective reviews (in conjunction-with Infectious diseases)
- e. Prepares retrospective reviews-(MUEs)
- f. Restricted antibiotic surveillance
- c. Education

#### 4. Infectious Diseases

- a. Prospective reviews (in-conjunction with Pharmacist)
- b. Leadership
- c.---Education

#### 5. Information Systems

- Cerner antibiotic adverse-drug event (ADE) prevention-rules
- b. Computerized alorts & warnings
- c.— Data generation and reporting

#### 3. Microbiology

- a. ---Culture-and-sensitivity-reporting/alerting
- o. Annual antibiogram

#### 7. — Administration

a. Financial support of program

#### D. REPORTING:

1. All reporting of quality indicators and other criteria associated with antibiotic use and antibiotic stewardship will occur quarterly at the Pharmacy-& Therapeutics Committee of the medical staff.

#### B. POLICY:

- 1. A physician supervised multidisciplinary antimicrobial stewardship workgroup shall evaluate the judicious use of antimicrobials in accordance with guidelines established by the federal government and professional organizations.
- 2. Antimicrobial stewardship activities, outcomes, and all quality indicators shall be reported quarterly by the Infectious Disease physician or pharmacist to the Pharmacy Therapeutics Committee and Infection Control.

#### C. PROCEDURE:

- 1. Antimicrobial Stewardship Workgroup:
  - a. Clinicians:
    - A single physician leader, knowledgeable in the area of infectious diseases, responsible for program outcomes.
    - ii. A pharmacist leader, knowledgeable in the area of infectious diseases, will co-lead the program.
  - b. Infection Control:
    - i. Infection control activities
    - ii. Quality indicators (*C. difficile*, MDRO, device related infections, procedure related infections, etc)
  - c. Information Systems:
    - i. Computerized alerts &and warnings
    - ii. Data generation and reporting
  - d. Microbiology:
    - i. Culture and sensitivity reporting/alerting
    - ii. Annual antibiogram

Patient Care Services Policy Manual Antibiotic Stewardship, IV, WW Page 3 of 4

- e. Administration:
  - i. Financial support of program
- 2. Antimicrobial Stewardship Activities:
  - a. Prospective audit and feedback conducted by pharmacist leader in conjunction with physician leader.
    - i. This process involves prospectively reviewing the use of antimicrobial agents and contacting the prescriber with recommendations for optimizing current antimicrobial therapy on an individual patient.
  - b. Development and implementation of a restricted antibiotic policy (Refer to Pharmacy policy "Restricted Antimicrobials").
  - c. Surveillance and trending of antimicrobial use patterns and quality indicators.
  - d. Education to clinicians and staff:
    - i. Development of evidence based, institution-specific guidelines for the treatment of common infections-.
  - e. Other activities:
    - i. IV to Oral route conversion program.
    - iii. Renal dose adjustment of antimicrobials.
    - iiii. Preparation of retrospective reviews (i.e. Medication Use Evaluation).

#### B.D. REFERENCES:

- 1. Barlam TF, Cosgrove SE, Abbo LM, et al. Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America. Clin Infect Dis 2016; 62:e51.
- 4.2. Centers for Disease Control and Prevention. Core Elements of Hospital Antibiotic Stewardship Programs. http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html (Accessed on December 12, 2016).

#### A. Attachment A

#### CERNER ANTIBIOTIC SPECIFIC ADE PREVENTION RULES:

ADE\_ASYNC\_MRSA\_1- Asynchronous alert that prints when a bacterial culture results positive for Methicillin Resistant Staphylococcus Aurous (MRSA) and the patient is not on Vancomycin. The pharmacist should contact the physician immediately and suggest an appropriate antibiotic.

ADE\_ASYNC\_DAPTOMYCIN- Asynchronous alort triggers for elevated CPK results to ensure the proper monitoring of Daptomycin in relation to possible myopathy. Prints an alert to the pharmacist with the manufacture recommendations for weekly CPK levels and more frequently if patient is also on statin. ADE\_ASYNC\_ORGANNOANTIBIOTIC- Asynchronous alert that prints when a culture result is positive for bacteria that is resistant to the patient's current antibiotics or in cases where the culture is positive and the patient is not on any antibiotic.

ADE\_ASYNC\_VRE\_2- Asynchronous alort that prints when a bacterial culture results positive for Vancomycin Resistant Enterococcus (VRE) and the patient is not on linezolid or quinapristin/dalfopristin. The pharmacist should contact the physician immediately and suggest an appropriate antibiotic.

ADE\_CREATCHANGEDRUG\_T - Asynchronous alort that prints when there is a 20% increase in serum creatinine or creatinine clearance and the patient is on a nephrotexic medication.

ADE\_CREATRENALDRUG - Asynchronous alort that prints when there is a serum creatinine > 1.5 or creatinine clearance < 30 and the patient is on a medication that requires desage adjustment for decreased renal function.

ADE\_RENALDRUGCREAT\_1- Synchronous alort that appears on screen when a medication that requires adjustment for decreased renal function is being added to a patient with a serum creatinine > 1.5 or with a creatinine clearance < 30. This alort notifies the pharmacist that decage adjustment is required before the medication order is entered.

ADE\_SYN\_DAPTOMYCIN- Synchronous alort that appears on screen when ordering daptemycin and there is a CPK level greater than 769. This also triggers a printed Clinical Note to be placed in the chart for the physician.

ADE\_SYN\_ROCEPHIN\_TPN -Alerts the pharmacist if there is either an active order for TPN when entering ceftriaxene or vice versa. The TPN entry is only used for charting and billing purposes at Tri-City Medical Center therefore does not evoke the Multum calcium drug interaction.

PHA\_NO\_ALLERGIES- Synchronous alort that appears on screen when the pharmacist opens a patient's profile in Med Manager and they either do not have allergies listed or the allergies are free text. Free text allergies will not be caught by Multum's drug-allergy program.



#### PATIENT CARE SERVICES

#### STANDARDIZED PROCEDURE: BLOOD GLUCOSE NEWBORN MONITORING

#### I. POLICY:

- A. Function: To screen blood glucose (BG) levels in infants of diabetic mothers, late-preterm, small for gestational age, large for gestational age, and term symptomatic infantsat-risk late-preterm (36 0/7-36-6/7), at-risk term or symptomatic-term infants in order to correct or manage neonatal hypoglycemia.
- B. Circumstances: Infants 36 0/7-36 6/7 weeks -up to term, infants at high-risk, or symptomatic term infants with no risk factors.
  - 1. Setting: Labor and Delivery (L&D), Transition Nursery and Mother Baby
- C. Background: Neonatal glucose concentrations decrease after birth, to as low as 30 mg/dL during the first 1 to 2 hours after birth, and then increase to higher concentrations, generally above 45 mg/dL by 12 hours after birth.
- D. See Patient Care Services (PCS) Glucose **Point of Care** (POC) Testing using the Nova Stat Strip Blood Glucose Meter Procedure for step by step instructions for blood glucose machine.

#### II. PROCEDURE:

- Identify infants at risk and implement monitoring as appropriate.
  - 1. POC BG is performed for the following at risk-infants classified as at risk:
    - a. Infants of diabetic mothers (IDM)
    - b. Large for gestational age (LGA) infants (greater than or equal to 4 kg or 8lbs; 13oz)
    - c. Small for gestational age (SGA) infants (less than or equal to 2.5 kg or 5lbs; 9oz)
    - d. Late Preterm (LPT) infants (36 0/7 to 36 6/7 weeks gestation) the gestational
    - e. age that-would-be-kept in these areas-versus transferring-to-NICU)
    - f.e. Post-term infants (greater than 42 weeks gestation)
    - f. Intrauterine Growth Restriction (IUGR) infants
    - g. Infants with signs and symptoms of hypoglycemia: (irritability, tremors, jitteriness, exaggerated Moro reflex, a high-pitched cry, seizures, lethargy, floppiness, cyanosis, apnea and poor feeding
  - Monitoring and treatment is based on hours of age, and risk factors, and symptoms.
- B. Feed at risk infants by 1 hour of age. If unable to feed in the first hour, notify provider immediately.
  - Utilize breastfeeding first. -and then if being Supplement with formula if needed. fed do not give more than 10 mL at a time in the first 24 hours of life.
- C. Perform initial **POC BG** screen 30 minutes <u>after</u> theinitial first feeding by performing a heel stick per PCS Collection of Blood Specimen by Skin Puncture procedure.
  - 1. If initial screen is less than 25 mg/dL, call provider for orders to transfer to NICU
  - 2. If initial screen-25 mg/dL-45 mg/dL-feed and re-check in 1 hour.
    - -If initial screen is greater than 45 monitor POC BG before feedings.
- D. From birth to 4 hours of age
  - 1. If infant is symptomatic with a POC BG less than 40, call provider for assessment or NICU consult.
  - 2. If infant is asymptomatic, but falls into one of the risk factor categories above:
    - a. If POC BG is greater than or equal to 40 continue feeds every 2 to three hours screening the glucose prior to each feed

ľ	epartment Review	Clinical Policies & Procedures	Nurse Executive Committee	Division of Neonatology	Department of Pediatrics	Pharmacy & Therapeutics Committee	Inter- disciplinary Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
	2/14, 09/16	03/15, 10/16	04/15 <b>, 10/16</b>	05/15, 01/17	05/15, <b>02/17</b>	03/17	09/15, 04/17	09/15, 04/17	10/15, 05/17	10/15

- b. If initial screen is less than or equal to 39/dL, re-feed immediately, and recheck POC BG 1 hour after feed ends.
  - If follow-up POC BG is less than 25 mg/dL, call provider for assessment or NICU consult.
  - ii. If follow up POC BG is 25-39mg/dl, re-feed immediately, and recheck POC BG 1 hour after feed ends.
  - iii. If at any time the POC BG falls below 405mg/dl, re-feed immediately, and re-check POC BG 1 hour after feed ends and continue to follow the steps above based on the POC BG result.
  - i-iv. If follow up POC BG is greater than or equal to 40mg/dl, continue feeds every 2-3 hours and screen POC BG prior to each feed until 3 consecutive values greater or equal to 45mg/dl are achieved not counting the initial POC BG.
- E. From 4 hours to 24 hours of age:
  - If pre-prandial screen is greater than or equal to 45, continue to check POC BG prior to each feed until 3 consecutive values greater than or equal to 45 mg/dL are achieved not counting the initial POC BG
  - 2. If pre-prandial screen is less than or equal to 44 mg/dL, re-feed immediately, and re-check POC BG 1 hour after feed ends.
    - a. If follow-up POC BG is less than 35 mg/dL, 1 hour after feed ends, then call provider for assessment or NICU consult.
    - b. If pre-prandial screen is 35-44 to mg/dL, re-feed immediately and re-check POC BG 1 hour after feed ends.
    - c. If follow up POC BS is greater than or equal to 45 mg/dL, continue to monitor POC BG prior to each feed until 3 consecutive values greater than or equal to 45 mg/dL are achieved not counting the initial POC BG.
- E. Monitor at risk infants by-performing the following:
  - 1. Symptomatic Infant: (irritability, tremors, jitteriness, exaggerated More-reflex, a-highpitched cry, seizures, lethargy, floppiness, cyanosis, apnea, poor feeding) do the following:
    - a. Perform a POC BG
    - b. Stat serum glucose
    - c. POC BG less than 45 mg/dL, call provider . orders to transfer-to NICU
  - 2. IDM and LGA infants prior to each feed from 4-hours, of age to 12 hours of age
  - 3. Late-Preterm infants (36 0/7-36-6/7 weeks gestation) or SGA prior to each feed from 4 hours of age to until 24 hours of age
  - 4. Centinue feeds every 2 to 3 hours and perform POC BG prior to every-feed
    - a. POC-BG-less than 35 mg/dL
      - ----STAT serum glucose
      - ii. Call provider-for-orders to transfer to NICU.
  - 5. POC BG is greater than 35 mg/dL, but less than 45 mg/dL
    - a. Re-feed
    - b. Repeat POC BG prior to next feeding
    - If POC BG less than 45-call PROVIDER for further feeding and/or fluid-orders and continue to check-blood sugar prior to next feed.

#### III. <u>DOCUMENTATION</u>:

- A. Blood glucose results in the electronic health record (EHR)
- B. Patient assessment and response to feeding or interventions
- C. Any complications or adverse side effects
- D. Provider notification and follow-up orders for any critical lab value.
- E. When administering medications or implementing orders from a standardized procedure the nurse shall enter the orders electronically unless a screening process triggers the appropriate order(s).

Patient Care Services
Standardized Procedure: Blood Glucose Newborn Monitoring
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### IV. REQUIREMENTS FOR CLINICIANS INITIATING STANDARDIZED PROCEDURE:

- A. Current-California RN license.
- B-A. Education: Current California Licenseen hire
- C.B. Initial Evaluation: New Hire Orientationen hire
- D.C. Ongoing Evaluation: annually with Skills Lab

#### V. <u>DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE:</u>

- A. Method: This Standardized Procedure was developed through collaboration with Nursing, Medicine, and Administration.
- B. Review: Every two (2) years.

#### VI. CLINICIANS AUTHORIZED TO PERFORM THIS STANDARDIZED PROCEDURE:

A. All healthcare providers in Women and Newborn Services who have successfully completed requirements as outlined above are authorized to direct and perform.

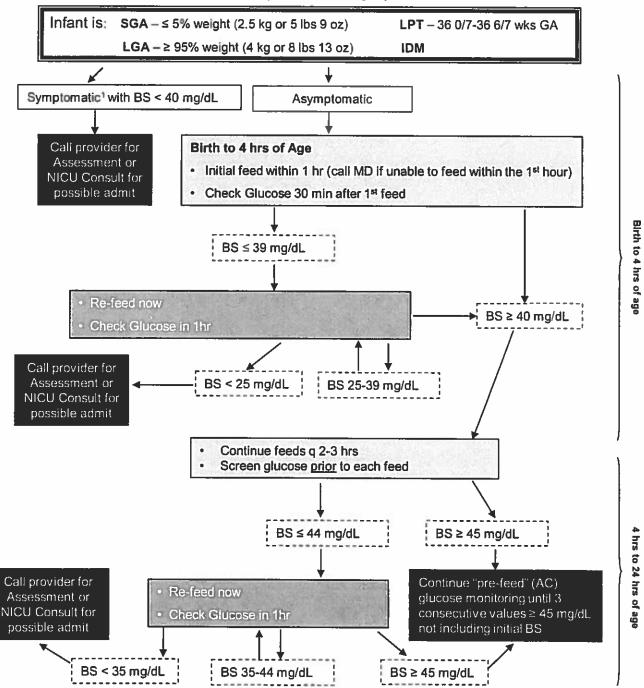
#### VII. RELATED DOCUMENT(S):

- A. Blood Glucose Newborn -Screening and Management Guidelines of Glucose
  Homeostasis in Infants of Diabetic Mothers (IDM), Late-Preterm (LPT), Small for
  Gestational Age (SGA), Large for Gestational Age (LGA), and Term Symptomatic Infants
- A.B. PCS Glucose POC Testing using the Nova Stat Strip Blood Glucose Meter Procedure
- B.C. PCS Collection of Blood Specimen by Skin Puncture procedure

#### VIII. REFERENCES:

A. American Academy of Pediatrics. (2011). Postnatal Glucose Homeostasis in Late Preterm and Term Infants. Pediatrics. 127(3): 575-579. Retrieved online from pediatrics.aapublications.org.

# Screening and Management Guidelines of Glucose Homeostasis in Infants of Diabetic Mothers (IDM), Late-Preterm (LPT), Small for Gestational Age (SGA), Large for Gestational Age (LGA), and Term Symptomatic Infants



<sup>&</sup>lt;sup>1</sup>Symptoms of hypoglycemia include: irritability, tremors, jitteriness, high pitched cry, seizures, lethargy, floppiness, cyanosis, apnea, and poor feeding (applicable to any infant showing symptoms of hypoglycemia).

Further management of symptomatic infants is at the discretion of the provider based on severity of symptoms and risk factors. May utilize the same management algorithm for asymptomatic patients as guidance or reference.

<sup>\*</sup>This algorithm serves only as a screening and management guideline. At any time the practitioner may deviate from the guidelines noted above.



#### STANDARDIZED PROCEDURES MANUAL PATIENT CARE SERVICES

#### STANDARDIZED PROCEDURE: ELECTIVE SURGERY PRE-ADMISSION MRSA SCREENING

#### . POLICY:

- A. To prevent and control the spread of Methicillin Resistant Staphylococcus aAureus (MRSA), an Infection Control MRSA Screening Protocol has been established. Antimicrobial resistant pathogens such as MRSA have become a common hospital and community problem. Identified antibiotic resistance is one of the key microbial threats to health in the United States, and decreasing the inappropriate use of anti-microbial is a primary solution to address this threat. The initiation of a screening and surveillance program is one of the CDC's (Center for Disease Control and Prevention) (CDC's) top priorities to eradicate MRSA.
- B. Tri-City Medical Center (TCMC) has developed a MRSA protocol based on evidence-based practice to prevent anti-microbial resistance in the community as well as the health care setting based on CDC guidelines, recommendations, and other scientific research. It is the goal of Tri-City Medical Center to:
  - Perform active surveillance testing by screening of all patients scheduled for the following elective procedures at their pre-operative education appointment: having procedures listed in Attachment A
    - a. Total hip arthroplasty
    - b. Total knee arthroplasty
    - c. Total shoulder arthroplasty (Primary and Reverse)
    - d. Instrumented cervical spine procedures
    - e. Instrumented lumbar spine procedures
  - Educate the above population of applicable patients and their families about MRSA and its precautions.
  - Implement Contact Precautions per isolation protocol for patients who are colonized or infected.

#### II. PURPOSE:

- A. To ensure that patients who are known or suspected to be at risk for infection, or have demonstrated colonization with MRSA are appropriately managed based on approved protocol to reduce post-operative surgical site infections (SSIs).
- B. To decrease the incidence of post-operative surgical site infections (SSIs).

#### III. <u>DEFINITION(S):</u>

- A. Carrier a person who is colonized with methicillin-resistant Staphylococcus aurous MRSA. The organism may be present in the nares (nose), sputum, urine, an open wound, the stool, or on the skin, without clinical manifestations of the disease. A carrier may transmit the organism to another person through direct contact, usually via contact with the hands.
- B. Colonization Presence of MRSA on tissue without the presence of symptoms or clinical manifestations of illness or infection. A carrier is colonized with MRSA.
- C. Decolonization Elimination of MRSA carrier state through the use of infection control measures and/or antibiotics. This decreases the risk of transmission to high-risk individuals (immune-compromised or otherwise highly susceptible persons) or to others in an outbreak situation.
- D. Eradication Elimination of infections and/or colonization of MRSA in a facility through implementation of infection control and hygiene measures and/or antibiotics.

F	Department Review	Clinical Policies & Procedures	Nurse Executive Committee	Operating Room Committee	Pharmacy and Therapeutics	Inter- disciplinary Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
L	12/13	0/14 <b>, 04/16</b>	01/14 <b>, 04/16</b>	11/16	01/14 <b>, 02/17</b>	05/14 <b>, 04/17</b>	05/14, 04/17	05/17	05/14

- E. Infection Invasion and multiplication of MRSA in tissue with the manifestation of clinical symptoms of infection such as white blood cell counts, fever, lesions, furuncles, drainage from a break in skin integrity, and erythema. Infection warrants treatment.
- F. Invasive Disease Clinical manifestation of symptoms caused by MRSA such as furuncles, cellulitis, pneumonia, carbuncles, septicemia, osteomyelitis or vascular line infection.
- G. Methicillin-Resistant Staphylococcus aureus (MRSA) A gram-positive bacteria that grows in cluster formation, like grapes; growth of MRSA is not inhibited by methicillin or oxacillin, and many other antibiotics.
- H. Screen A nasal swab collected on or before admission to the hospital or operating room to determine whether a patient is colonized with MRSA.
- I. Culture A specimen that can be collected from various sites on a patient's body (i.e.: nose, perineum, groin, wound, sputum, anus, etc.), though usually from the nose/nostrils to determine the presence of MRSA organisms.
- J. Surgical Site Infection (SSI) infection of superficial surgical incision involving skin or subcutaneous tissue, deep incision involving fascia and/or muscular layers, and organs. TCMC follows the moust current version of the CDC/National Healthcare Safety Network (NHSN) definitions of infection.
- K. Surveillance Monitoring of patient data to determine incidence and prevalence of infections and distribution in a facility. <del>TCMC fellows the must current version of the CDC/NHSN</del> <del>definitions of infection including post-operative SSI-monitoring.</del>

#### IV. PROCEDURE:

- A. To the extent possible, patients scheduled for the following elective procedures shall be screened via nasal swab at minimum 10 days prior to date of surgery with the intention of maximizing preventative practices such as decolonization of MRSA.
  - 1. Total hip arthroplasty
  - 2. Total knee arthroplasty
  - 3. Total shoulder arthroplasty (Primary and Reverse)
  - 4. Instrumented cervical spine procedures
  - 5. Instrumented lumbar spine procedures
- B. The **Registered Nurse** (RN) conducting the patient's pre-operative appointment shall obtain nares culture and enter the order for nasal swab via Computerized Provider Order Entry.
  - Patients who are screened for MRSA shall receive education on MRSA decolonization in the event the culture is positive (see Patient Information on MRSA Screening and Decolonization).
- C. The results of the nasal swab will be communicated to the patient's provider.
  - 1. The provider/provider's office will notify the patient of positive results and provide necessary prescriptions and additional patient education.

#### V. PROCEDURE FOR NARES CULTURES:

- A. Swab both nares with attention to swabbing the <u>anterior</u> portion of the nares.
  - Use one culturette swab for both nares.
- B. Swab nose using same swab to both nostrils being careful not to touch outside of nose.
- C. Insert swab  $\frac{1}{2} 1$  inch into nares gently rotating swab in a clockwise then counter clockwise 2 5 times pressing gently into the nasal septum.
- Return swab into transport medium being careful not to touch sides of container.
- E. Label the culture in accordance with Patient Care Services procedure, *Specimen Handling* and include "rule out MRSA," this allows the lab to screen for only this organism.

#### I.VI. RESOURCES AVAILABLE ON INTRANETRELATED DOCUMENTS:

A. Patient Information on MRSA Screening and Decolonization

#### H.VII. SURVEILLANCE OF SURGICAL SITE INFECTIONS:

A. Surgical site infection surveillance is done as required by the California Department of Public Health (CDPH) using the most recent CDC/ NHSN protocols. Data is entered into the CDC/NHSN database and is published annually by CDPH. Data reports can be provided by Infection Prevention and Control to departments or committees upon request.

#### **III.VIII. REQUIREMENTS FOR CLINICANS INITIATING STANDARDIZED:**

A. Initial training and annual validation through Skills Lab

#### IV.IX. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE:

A. This procedure has been developed by the Clinical Manager of Surgical Services and Pre-Operative Education, with approval from the Senior Director of Nursing, the Department of Orthopedics, the Department of Anesthesia, and the Operating Room (OR) Committee.

#### ¥X. CLINICIANS AUTHORIZED TO PERFORM THIS STANDARDZIED PROCEDURE:

A. RN's in the Pre-Operative Admission Area (Pre op Hold) and Pre-Operative Education (Pre op Teach) Departments

#### ₩.XI. REFERENCES:

- A. Chicago Journals (2008). Strategies to Prevent Surgical Site Infections in Acute Care Hospitals. *Infection Control and Hospital Epidemiology*, 29(1) S51-S61 <a href="http://chfs.ky.gov/nr/rdonlyres/ff8bdcc5-441a-4067-9666-8a39588df232/0/sheassicompendium2008.pdf">http://chfs.ky.gov/nr/rdonlyres/ff8bdcc5-441a-4067-9666-8a39588df232/0/sheassicompendium2008.pdf</a>
- A.B. Bebko, S.P., Green, D.M., Awad, S.S. (2015) Effect of a Preoperative Decontamination Protocol on Surgical Site Infections in Patients Undergoing Elective Orthopedic Surgery with Hardware Implantation. *JAMA Surg*, 150(5), 390-395 doi:10.1001/jamasurg.2014.3480 <a href="http://jamanetwork.com/journals/jamasurgery/fullarticle/2173311">http://jamanetwork.com/journals/jamasurgery/fullarticle/2173311</a>

#### MRSA Screening and Decolonization Orthopaedic and Spine Institute

#### What is MRSA?

MRSA stands for Methiciliin-resistant Staphylococcus aureus (MRSA). MRSA is a germ that does not go
away with standard, "first-line" antibiotics. The germs colonize (stay in your body, usually nostrils) and
can be present without causing infection.

#### Who should be screened for MRSA?

 All patients having scheduled surgery with placement of a permanent implantable device should be screened.

#### How do you know if you are a MRSA carrier?

 By doing cultures of your nostrils at least 7-10 days before your surgery we can determine if decolonization is appropriate for you. If have a positive result, your physician will provide with you a prescription for a medication called Mupirocin.

#### What does a positive result mean to me?

 Presence of this bacteria does not necessarily mean that you have an infection, or that it is going to cause you harm. However, sometimes decolonization is appropriate as a precautionary measure to help prevent infection post-operatively.

#### What is the decolonization process?

There are some simple things that can be done to decrease the number of germs present:

- 2% chlorhexidine showers- Patients who are positive for MRSA will be instructed to wash with 2% chlorhexidine (Hibiclens) solution daily for 5 days prior to hospital admission.
- Bactroban 2% nasal ointment (Mupirocin) twice a day for 5-7 consecutive days.
- Clean your sheets, clothing, and home- Wear clean washed clothing daily for 5 days. Wash sheets twice
  or more during the 5-7 days leading up to surgery. Wash eating utensils well after each use. Skin cells
  that are carrying MRSA are continuously shed and may collect in clothing, bed linen, and eating
  utensils, so it is important to keep these things clean.

#### Instructions for CHG (chlorhexidine gluconate) wash

- Shower with CHG (chlorhexidine) soap for 5 days before your surgery, the night before your surgery, and again the morning of your surgery.
- Wash your hair as usual with your normal shampoo.
- After wetting your body, step away from the water, pour half the bottle of CHG soap onto a wet wash
  cloth and apply soap to body, only from the neck down.
- DO NOT use the CHG soap on face, hair or genitals to avoid irritation to those areas.
- Important: Leave the CHG soap on for a minimum of 5 minutes. Rinse well.
- Dry with a fresh, clean, dry towel.
- Repeat this process the morning of your surgery.
- Put on fresh, clean clothes.
- Do not shave anywhere on your body, other than face, for two days before surgery to avoid skin irritation.
- Do not use lotion, powder, perfume or aftershave after your showers.

Note: If you are allergic to chlorhexidine, you may shower with an over the counter antibacterial soap that does not irritate your skin.

#### Instructions for application of intranasal ointment (mupirocin 2%)

- Wash your hands before and after applying the ointment.
- Put a pea sized amount on a cotton applicator and apply to the inside of your nostril. Repeat for the
  other nostril.

Standardized-Procedure-ManualPatient Care Services
Standardized Procedure: High-Risk-Elective Surgery Pre-Admission MRSA Screening Pretecel
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- Do not reuse the cotton tip after it has been inserted in your nostril. Use the "clean" end of the cotton
  applicator, or use a new one for the second nostril.
- After application, press the nostrils together and release repeatedly for 1 minute to distribute the ointment throughout the nose.
- Wash your hands.
- Do not use any medicines inside the nose (such as nasal sprays) during the 5-7 days you are using the ointment.
- This must be repeated 2 times a day for 5 days.

#### Family and friends

MRSA is not a risk for healthy people. There are no restrictions on normal social contact or activities, and you are not a risk to other members of your family or friends. If there are any activities that you are concerned about, i.e. your work or a visit to a hospital or care home please contact your surgeon for advice.

Any questions, contact your surgeon



#### **PATIENT CARE SERVICES**

#### STANDARDIZED PROCEDURE: HYPOGLYCEMIA MANAGEMENT IN THE ADULT PATIENT

- I. POLICY:
  - A. Function: Management of the adult patient with hypoglycemia.
  - B. Circumstances:
    - 1. Setting: Tri-City Medical Center Healthcare District using hospital approved point of care blood glucose meter
  - C. Excludes: Patients on intravenous insulin infusion.

#### II. ASSESSMENT:

- A. Assess patient for hypoglycemia:
  - 1. Blood glucose less than 70 mg/dL with or without symptoms.
  - 2. Early adrenergic symptoms may include pallor, diaphoresis, tachycardia, shakiness, hunger, anxiety, irritability, headache, dizziness
  - 3. Later neuroglycopenic symptoms may include confusion, slurred speech, irrational or uncontrollable behavior, extreme fatigue, disorientation, loss of consciousness, seizures, pupillary sluggishness, decreased response to noxious stimuli.

#### III. TREATMENT-FOR DIABETIC PATIENT:

- A. Treat if the point of care (POC) blood glucose is:
  - 1. Less than 70 mg/dL: for the diabetic patient, non-diabetic patient and outpatient
  - A.2. Less than 60 mg/dL for the pregnant patient during all phases of the pregnancy
- B. If patient is conscious and able to tolerate oral intake, give one 15 gram tube of glucose gel. -May give 4 ounces orange or apple juice if patient refuses glucose gel.
  - If the POC blood glucose was less than 50 mg/dL give an additional 15 gram tube of glucose gel (total of 30 grams of glucose gel). May give additional 4 ounces orange or apple juice if patient refuses glucose gel (total of 8 ounces orange or apple juice).
- 2.C. If patient is NPO or unable to tolerate oral intake or has a decreased level of consciousness, administer:
  - 1. 30 mL of 50% Dextrose intravenously (IV) at a rate of 10mL per minute.
    - a. If the POC blood glucose was less than 50 mg/dL give an additional 20 mL of 50% dextrose (total of 50 mL of 50% dextrose)
  - b-2. If no IV access, Glucagon 1 mg subcutaneously (SQ) or intramuscularly (IM) times one (do not repeat).
- D. Recheck POC blood glucose in 15-30 minutes after treatment.
  - 1. If greater than 70 mg/dL, no additional treatment required.
  - 3.2. If still less than 70 mg/dL:
    - a. Repeat above treatment
      - a.i. For outpatient, notify-physician/Allied-Health Professional (AHP) for subsequent orders before-giving additional-treatment
    - Obtain serum blood glucose to verify-that-the-treatment-was-effective, blood glucose level
    - c. If repeated POC blood glucose and initial POC blood glucose was less than 50 mg/dL notify physician and request a 10% dextrose infusion
- 4.E. Notify the attending physician/AHP immediately only if treatment is ineffective, otherwise notify physician of hypoglycemic episode(s) prior to next dose of scheduled insulin or hypoglycemic

Department Review	Clinical Policies & Procedures	Nurse Executive Council	Diabetic Task Force	Pharmacy and Therapeutic s	Interdiscipii nary Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
08/12	09/12, 4/15, <b>01/</b> 17	09/12, 4/15, <b>02/17</b>	05/15,12/16, <b>02/17</b>	11/12, 05/15; 03/17	01/13, 09/15, <b>04/17</b>	02/13, 09/15 <b>,</b> <b>04/17</b>	10/15, 05/17	02/13; 10/15

agent.

- B.F. Treatment of serum (lab draw) blood glucose if less than 70mg/dL:
  - Because serum blood glucose is resulted at least 40 minutes (or more) after the blood is drawn, recheck with POC blood glucose prior to treatment. If less than 70 mg/dL, treat as outlined above.

#### IV. TREATMENT-FOR NON-DIABETIC PATIENT AND OUTPATIENTS:

- A. Treat if the POC blood glucose is less than 70 mg/dL:
  - 1. If patient is conscious and able to tolerate oral-intake, give one 15 gram tube of glucose gel.
  - 2. If patient is NPO or unable to tolerate oral intake or has a decreased level of consciousness, administer:
    - a. 30-mL of 50%-Dextrose intravenously (IV) at a-rate of 10mL-per-minute.
    - b. If no-IV-access, Glucagen-1 mg subcutaneously (SQ) or intramuscularly-(IM)
  - 3. Recheck POC blood glucose in 15-30 minutes after treatment. If still less than 70 mg/dL:
    - a. Notify-provider for subsequent orders
    - b. Obtain-serum blood glucese to verify blood glucese-level, that the treatment was effective.
  - Notify the attending physician immediately only-if-treatment is-ineffective, otherwise notify physician of hypoglycomic episode(s)-prior to next dose of scheduled insulin-or hypoglycomic agent.
- B. -- Treatment of serum (lab draw) blood glucose if less than 70mg/dL:
  - 1. Because serum blood glucose is resulted at least 40 minutes (or more) after the blood is drawn, recheck with POC blood glucose prior to treatment. If less than 70 mg/dL, treat as outlined above.

#### V. TREATMENT FOR PREGNANT PATIENT:

- A. Treat-if-the POC blood glucose is less than 60 mg/dl-during all phases of pregnancy:
  - 1. If-patient is conscious and able to-tolerate oral intake, give one-15 gram tube of glucose gel.
  - If patient-is NPO or unable to tolerate-oral intake or has a decreased level of consciousness, administer:
    - . 30 mL-of 50% Dextrose-intravenously-(IV) at a rate-of 10mL per-minute.
    - b. -- If no IV access, Glucagon-1-mg subcutaneously (SQ) or-intramuscularly (IM)
  - 3. Recheck-POC blood glucose in 15-30 minutes after treatment. If still-less than-60 mg/dL:
    - a. Repeat above-treatment
    - Obtain-serum blood-glusese to verify-blood-glusese-level, that-the treatment was effective.
  - Notify attending physician-immediately only-if-treatment-is-ineffective, otherwise notify
    physician of hypoglycemic-episode(s) prior-to-next dose of scheduled insulin or
    hypoglycemic-agent.
- B. Treatment of serum (lab draw) blood glucese if less than 60 mg/dL:
  - Because serum-blood glucose is resulted at least 40 minutes (or more) after the blood is drawn, recheck with POC blood glucose prior to treatment. If less than 60 mg/dL, treat as outlined above.

#### 1. DOCUMENTATION:

- A. Document the following:
  - 1. Document patient symptoms, glucose values, treatments, and patient's response to treatment and physician notification in the medical record.
  - 2. When administering medications or implementing orders from a standardized procedure, the Registered Nurse shall enter the medication/order into the electronic health record as a standardized procedure.
    - a. Not required if a screening process triggers the order.
  - 3. Document administration of medications on the Medication Administration Record

# II. REQUIREMENTS FOR CLINICIANS PROVIDING INTERVENTIONS:

- A. Current California RN license.
- B. Education and Training: Blood glucose analysis training using blood glucose monitoring device including hypoglycemia management.
- C. Initial Evaluation: Orientation
- D. Ongoing Evaluation: Annual blood glucose monitoring device review with return demonstration and hypoglycemia management.

#### III. <u>DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE:</u>

- A. Method: This Standardized Procedure was developed through collaboration with Nursing, Medicine, and Administration.
- Review: Every two (2) years.

#### IV. CLINICIANS AUTHORIZED TO PERFORM THIS STANDARDIZED PROCEDURE:

A. All Registered Nurses (RNs) who have successfully completed requirements as outlined above are authorized to direct and perform Hypoglycemia Management Standardized Procedure.

#### V. REFERENCES:

- A. California Diabetes and Pregnancy Program Sweet Success: Guidelines for Care. 2012. California Department of Public Health.
- B. Rule of 15 endorsed by the ADA and Mayo Clinic, Complete Nurses Guide to Diabetes Care, second edition, ADA, 2009.
- C. Diabetes Spectrum Volume 18, Number 1, 2005.
- D. Hospital Practice, 2016, Volumen 44, No. 1, 1-8.
- B.E. Clinical Diabetes, Volume 34, Number 4, Fall 2016, American Diabetes Association.

Tri-City Me	dical Center	Distribution:	Patient Care Services			
PROCEDURE:	INSULIN THERAPY ADMINISTRA	TION				
Purpose:	To outline the nursing management of patients requiring insulin via intravenous (IV) infusion and/or subcutaneously.					
Supportive Data:	infusion control pump. All insulin dr urgent situations. An insulin syringe	rips are mixed in must be used	All insulin drips will be delivered by an by the Pharmacy except in emergent or d when preparing insulin for ll never be added to IV solutions that are			
Equipment:		trol pump and tubing abing and insulin solution				

#### A. PROCEDURE FOR INSULIN DRIP MANAGEMENT:

- Obtain baseline blood glucose.
- 2. Verify physician/Allied Healthcare Professional (AHP) order.
- 3. Administer regular insulin via continuous infusion pump.
  - Attach pre-mixed insulin drip bag to IV pump tubing with date-change label
  - b. Prime tubing
  - c. Connect IV tubing to pump
  - d. Program infusion rate (concentration is 100 units regular insulin per 100 mL of 0.9% sodium chloride) using infusion pump Guardrails™;
  - e. Verify the following for accuracy with another registered nurse (RN) when hanging a new IV insulin bag and/or changing the rate of an insulin infusion:
    - Pre-mixed insulin IV bag from pharmacy or insulin concentration when preparing the insulin drip urgently
    - ii. Initial infusion rate
    - iii. Blood glucose
  - f. Connect tubing to infusion site
  - g. Document in the electronic healthmedical record (EHR) (initiation of insulin order and include second witness (see Patient Care Services (PCS) Medication Administration Policy).
- 4. Monitor blood glucose as ordered by physicianphysician/AHP and PRN.
- 5. Check blood glucose one hour after discontinuing an insulin drip, then every 2 hours times 2 or as ordered by the physicianphysician/AHP.
- 6. Document blood glucose in medical recordEHR.
- 7. Administer subcutaneous insulin injection two hours prior to discontinuing an insulin drip as ordered by physicianphysician/AHP.

#### B. PROCEDURE FOR SUBCUTANEOUS INSULIN MANAGEMENT:

Examples of Subcutaneous Insulin	Approximate Time of Action				
Liamples of Subcutaneous insulin	Onset	Peak	Duration		
Rapid-acting					
Humalog (lispro)	5 – 15 minutes	0.5 – 2 hours	2 – 5 hours		
NovoLog (aspart)					
Short-acting	0.5. 4 have				
Humulin R® (regular)	0.5 – 1 hour	2 - 5 hours	4 – 8 hours		
Novolin R® (regular)					
Intermediate-acting					
<ul> <li>Humulin N® (NPH, isophane suspension)</li> </ul>	1 – 2 hours	4 - 12 hours	10 - 24 hours		
<ul> <li>Novolin N® (NPH, isophane suspension)</li> </ul>					
Long-acting		<del> </del>			
Lantus® (glargine)	1-3 – 42 hours	None to slight	~24 hours		
Levemir® (detemir)		•			

Department Review	Clinical Policies & Procedures	Nurse Executive Committee	Diabetes Task Force	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
3/93; 9/08; 01/09; 11/11;12/13	12/11;12/13, 10/16, 02/17	12/11;12/13, 10/16, 02/17	12/16	03/17	1/12;3/14, <b>04/17</b>	2/12;4/14, <b>05/17</b>	2/12,4/14

- 1. If the licensed nurse administering the insulin did not perform the blood glucose test they must verify the blood glucose in the EHR or glucose meter before administration. The licensed nurse that checks the blood glucose with a glucose meter is also responsible for administering the insulin and documenting the insulin administration in Cerner. Only the nurse who checks the blood glucose will administer the insulin to the patient.
  - 4-a. Insulin is time sensitive and must be given with 30 minutes of the blood glucose test. If it has been greater than 30 minutes the blood glucose must be re-checked before the insulin administration.
- Patients who are NPO and/or receiving parenteral nutrition or continuous tube feeding will have their blood glucose levels checked and correction insulin administered every 4 to 6 hours (0600, 1200, 1800, 2400).
- 3. Patients receiving meals will have their blood glucose levels checked and insulin administered before meals (AC) and at bedtime (HS) (0800, 1130, 1730, 2100) unless otherwise ordered.
  - a. Patients that are scheduled for early morning dialysis will also have their blood glucose levels checked and insulin administration at 0600 just before their early breakfast trays arrive.
- 4. Administer short-acting (regular) insulin 30 minutes before the meal for which it was ordered.
- 5. ALWAYS-aAdminister rapid-acting insulin just prior to the meal with meals per physician/AHP orders.
- 6. Lantus® (glargine) or Levemir® (detemir) is usually dosed once daily at bedtime or twice a day at 0800 and 2100. Even though Lantus® and Levemir® are clear insulins, do not mix with other insulins.
- Do not massage injection site after injecting insulin.
- 8. Administration from vials:
  - a. Single Dose of Insulin:
    - i. Verify correct type and dosage of insulin.
    - ii. Check expiration date on insulin vial (see Patient-Care Services PCS Medication Administration Policy).
    - iii. Mix intermediate-acting insulin, (NPH, isophane) by gently rolling the bottle between hands. (Do not shake). Do NOT mix Lantus® or Levemir® with other insulins.
    - iv. After cleaning the top of the vial with an alcohol swab, withdraw dose as ordered by physician/AHP after inserting air equal to the insulin dose into the vial.
    - Verify blood-glucose and dose with a second witness (see Patient-Care-Services Medication Administration Policy).
    - vi.v. Inject insulin subcutaneously, preferably into abdomen.
    - vii.vi. Document in medical-recordEHR-and-include second witness (see Patient Care Services-Medication Administration Policy).
  - b. Mixed Doses of Insulin (i.e., NPH + regular) in same syringe:
    - i. Do NOT mix Lantus® or Levemir® with other insulins
    - ii. Verify correct types and dosages of insulins
    - Check expiration dates on insulin vials. (see Patient Care-ServicesPCS Medication Administration Policy).
    - iv. Clean the tops of both vials with an alcohol swab.
    - v. Draw up an amount of air equal to the total amount of insulin ordered.
    - vi. First inject the amount of air equal to the intermediate-acting insulin into that vial. Do not withdraw any insulin at this time.
    - vii. Next inject the rest of the air into the vial of short- or rapid-acting insulin. Do not remove the needle from the vial. Withdraw the dose of short- or rapid-acting insulin.
    - viii. Verify blood glucose and dose with a second witness (see Patient Care Services Medication Administration Policy).

- ix-viii. Insert the needle into the intermediate-acting insulin vial and withdraw the intermediate-acting dose.
- x.ix. Inject insulin subcutaneously, preferably into abdomen.
- xi.x. Document in medical recordEHR and include second witness (see Patient-Care Services-Medication Administration Policy).

#### 9. Insulin Pens:

#### a. Policy:

- Insulin pens are for single patient use only and should not be shared with other patients.
- Un-used Insulin pens are returned to pharmacy when patient is discharged per PCS Medication Administration Policy.
- iii. Insulin pens must be primed before each injection.
- iv. A new pen needle is used for each administration of insulin. Never use a syringe to withdraw insulin from an insulin pen.
- Insulin pens expire 28 days from date dispensed per Pharmacy label and are stored in the patient specific bins per PCS Medication Administration Policy.

#### b. Procedure:

- Check expiration date on insulin pen.
- ii. Verify the insulin pen label matches the type of insulin ordered.
- iii. Verify the patient's name and medical-recordEHR number matches the patient name and medical-recordEHR number on the insulin pen. (Insulin pens are for single patient use only).
- iv. Remove pen cap from the insulin pen.
- v. Clean the rubber seal on the tip of the pen with an alcohol swab.
- vi. Pop the label and twist to remove the cap on the Autoshieldsafety pen needle.
- vii. Line up the Autoshieldsafety pen needle with the insulin pen, keeping the needle straight while pushing and then screwing the needle in clockwise onto the rubber seal.
- viii. Pull the cover of the Autoshieldsafety pen needle straight off. Do not touch the white shield.
- ix. Prime the needle by dialing up a dose of 2 units
- x. Hold the pen with the Autoshieldsafety pen needle pointing upward.
- xi. Tap the insulin reservoir to make any air bubbles rise up toward the needle.
- xii. Press the injection button all the way in and check to be sure insulin comes out of the needle tip.
- xiii. If insulin does not come out of the Autoshieldsafety pen needle, repeat priming steps up to three times before changing the pen needle and trying again.
- xiv. If you are still unsuccessful, you may need another insulin pen.
- xv. After priming make sure the dial window reads "0" and then dial in the dose of insulin.
- xvi. Verify-blood glucose and insulin dose with a second witness (see Patient Care Services Medication Administration Policy). NOTE: If you dial past the desired dose, dial the pen back down to the desired prescribed dose.
- xvii. Select the area of the body for the subcutaneous injection preferably into the abdomen.
- xviii. Clean the selected site with alcohol.
- xix. In one continuous motion, insert the needle into the flat skin at a 90-degree angle until the plastic Autoshieldsafety pen needle clicks-is fully retracted-up against the insulin-cartridge. Your thumb should not be on the injection button during this step.
  - 1: If-patient is thin, alternative-method is to-lightly-pinch a fold of skin-at the-cleaned, selected-site. Use a wide pinch, allowing for approximately one inch-of skin between the fingers after the pinch-is completed.

- xx. Maintaining constant pressure, deliver the dose **slowly** by pressing the injection button with your thumb all the way in, then fer-a slow-count toef 10 before removing the needleafter the injection button is fully depressed. The number on the dose window will return to "0" as you inject.
- xxi. Withdraw needle from skin.

xxii. Confirm by hearing an audible click-that-the Autoshield-needle is locked.

xxiii.xxii. Remove pen needle from the insulin pen by twisting counterclockwise. Never store the pen with a pen needle attached.

xxiv-xxiii. Discard the used Autoshieldsafety pen needle into the sharps container.

xxv.xxiv. Replace pen cap and return the insulin pen to the patient's medication container in the medication room.

xxvi.xxv. Document in the medical recordEHR and include second witness (see Patient Care Services Medication Administration Policy).

#### C. RELATED DOCUMENT(S):

1. PCS Policy: Medication Administration

#### C.D. REFERENCES:

- Humalog (R) [package insert]. Indianapolis, IN: Lilly USA, LLC; 2015.
- 2. Novolog ® [package insert]. Bagsvaerd, Denmark: Novo Nordisk; 2016.
- 3. Humulin ® [package insert]. Indianapolis, IN: Lilly USA, LLC; 2015.
- 4. Novolin ® [package insert]. Bagsvaerd, Denmark: Novo Nordisk; 2016.
- 5. Humulin N® [package insert]. Indianapolis, IN: Lilly USA, LLC; 2015.
- 6. Novolin N® [package insert]. Bagsvaerd, Denmark: Novo Nordisk; 2016.
- 7. Lantus ® [package insert]. Bridgewater, NJ: Sanofi-aventis, LLC; 2015
- 8. Levemir ® [ package insert]. Bagsvaerd, Denmark: Novo Nordisk; 2015.
- 9. ISMP. Do not use an insulin pen for multiple patients! Hazard Alert. ISMP Medication Safety Alert! 2012;17(1):1,4
- Becton, Dickson and Company. (2017). AutoShield™ Duo Pen Needle –Instructions for Use.
- 1. American Hospital Formulary Service 2005. "AHFS-Drug Information 2005."
- 2. Eli Lilly and Company. (2006). Insulin-time action profile-pamphlet.
- 3. -- Besten, Dickson and Company. (2008). BD-AutoShield Pen Needle Instructions for Use.
- Eli Lilly and Company. (2006). Kwikpen user manual-a step by step-guide on how-to use the kwikpen.
- Eli Lilly and Company. (2007). Kwikpen package insert.
- 6. Sanofi Aventis. (2008). Your Guide to the lantus solar star.
- 7. The Institute for Safe-Practice (2008, May 8). Considering insulin pens-for routine hospital use. <a href="http://ismp.org/Newsletters/acutecare/articles/20080508.asp-retrieved-February 25">http://ismp.org/Newsletters/acutecare/articles/20080508.asp-retrieved-February 25</a>, 2009.
- 8. Lantus® SoloStar® Instruction Leaflet (2011, March).
- 9. ISMP Medication Safety Alert (2011, August 11), Volume 16, Issue 16.



#### **PATIENT CARE SERVICES**

	ISSUE DATE: NEW	SUBJECT:	INSULIN; USE OF CONCENTRATED POLICY
	REVISION DATE(S):		
	Department Approval Date(s):		11/16
	Clinical Policies and Procedures Approval Date(s):		12/16
	Nurse Executive Committee Approval Date(s):		01/17
	Diabetes Task Force Approval Date(s):		12/16
l	Pharmacy and Therapeutics Approval Date(s):		03/17
l	Medical Executive Committee Approval Date(s):		04/17
	Professional Affairs Committee Approval Date(s): Board of Directors Approval Date(s):		05/17

#### A. PURPOSE:

- To address the inpatient management of insulin regimens for patients on a concentrated insulin product on an outpatient basis.
  - Concentrated insulin products, particularly U-500 regular insulin pose a significant patient safety risk with regard to appropriate dose calculation, administration, and dose adjustments.
  - b. Risk of inappropriate dosage adjustments is high due to lack of familiarity with concentrated insulin products by most non-specialized <del>previders-physician/AHP</del> and the variable insulin needs of admitted patients.
    - Many patients require significantly less insulin during admission as compared to their usual outpatient needs for various clinical reasons.

#### B. **DEFINITION(S)**:

Concentrated insulin: Any insulin dosage form manufactured at concentrations greater than 100 units/mL including but not limited to U-500 regular insulin, insulin degludec (Tresiba) U-200, and insulin glargine (Toujeo) U-300, and Humalog U-200.

#### C. POLICY:

- 1. Concentrated insulins are not permitted for use at Tri-City Medical Center.
- 2. Patients on a concentrated insulin prior to admission who require continued insulin therapy during admission will be converted by a physician to a formulary based insulin regimen.
  - a. A conversion to a basal/bolus regimen using insulin glargine and insulin lispro, respectively are recommended.
  - b. A 2025-50% reduction in total daily insulin units is recommended for the majority of patients when converting patients from a concentrated insulin regimen to a standard concentration basal/bolus regimen.

#### D. **REFERENCES:**

- Paulus AO, Colburn JA, True MW, et al. Evaluation of total daily dose and glycemic control for patients taking U-500 regular insulin admitted to the hospital. Endocrine Practice. 2016;22:1187-1191
- 2. Samaan KH, Dahlke M, Stover J. Addressing safety concerns about U-500 insulin in a hospital setting. American Journal of Health Systems Pharmacy. 2011;68:63-68
- 3. Tripathy PR, Lansang MC. U-500 regular insulin use in hospitalized patients. Endocrine Practice. 2016;21:54-58



#### PATIENT CARE SERVICES-POLICY MANUAL

ISSUE DATE: 10/96 SUBJECT: Nutrition Education of Patients

REVISION DATE: 6/03, 1/04, 05/11 POLICY NUMBER: V.D.

Department Approval: 02/17

Clinical Policies and Procedures Approval: 03/1403/17
Nurse Executive Committee Approval: 03/1403/17

Pharmacy and Therapeutics Approval: n/a
Medical Executive Committee Approval: 04/17
Professional Affairs Committee Approval: 04/1405/17

Board of Directors Approval: 05/11

#### A. POLICY:

1. Registered Dietitian (RD) shall educate patients, family, and/or significant others, as appropriate, regarding prescribed diet and means by which nutritional goals can be met.

 RD shall determine the need for patient education based upon nutritional assessment and assessment of patients' knowledge of prescribed diet.

The patient's educational needs shall be assessed for language, cognitive, and emotional barriers.
 Readiness to learn shall be assessed and available support networks are determined.

- 4. The patient/family/significant other shall be educated regarding diet so as to improve dietary compliance or nutritional needs. Appropriate tools are utilized to enhance patient understanding of education. Both verbal and written tools are utilized; copies of written materials are provided for use at home.
- 5. Patients are educated at a time when they are ready to learn. For example, education is timed so that it does not occur when the patient is distracted, in pain, or awaiting imminent discharge.
- 6. Questions are asked of patient to solicit assessment of patient understanding. Diet history may be obtained. The patient is encouraged to develop a plan for implementing necessary changes in diet/nutrition.
- Documentation of any educational activity is completed in the patient's medical record.
   Documentation shall include description of materials provided, assessment of patient's understanding of education and motivation to comply with restrictions.
- 8. Follow up teaching is accomplished through the patient's stay. Phone number is given for patient to contact RD with questions as needed after discharge.
- 9. The Registered Nurse (RN) is responsible for the initial functional assessment during the admission process, as well as reinforcing education provided by the dietitian as needed and upon discharge.
- 10. The RN shall also initiate the appropriate plan of care and per the Patient Care Services Policy; Interdisciplinary Plan of Care (IPOC), IV.G.

#### B. **RELATED DOCUMENT(S):**

C.1. Patient Care Services Policy; Interdisciplinary Plan of Care (IPOC).

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#### **Tri-City Medical Center**

Distribution: Patient Care Services

PROCEDURE:

#### PERCUTANEOUS TRACHEOSTOMY ASSIST

Purpose:

Percutaneous dilational tracheostomy (PDT), also referred to as bedside tracheostomy, is the placement of a tracheostomy tube without direct surgical visualization of the trachea. It is a procedure that can be performed in the intensive care unit at the patient's bedside with continuous monitoring of patient's vital signs. The procedure may be performed under local anesthesia.

Supportive Data:

- A. Advantages of Percutaneous Dilational Tracheostomy:
  - 1. Time required for performing bedside PDT is considerably shorter than that for an open tracheostomy.
  - 2. Eliminates complications that can occur during transport to or from the OR such as accidental extubation or intravascular catheter decannulation.
  - 3. Elimination of the need to use an operating room and anesthesiology team
  - 4. A smaller operative scar
  - 5. Less bleeding and tracheal erosion
  - 6. Reduced likelihood of infection.

#### B. Indications:

- 1. The need for prolonged artificial airway.
- 2. The patient that is unable to cough effectively requiring assistance in the removal of bronchial secretions.
- 3. The need for positive pressure ventilation when using a cuffed tracheostomy\tube.
- 4. To prevent aspiration of gastric secretions or contents in the unconscious (or paralyzed) patient by the use of a cuffed tracheostomy tube that will not allow those fluids to communicate with the trachea.

#### A. POLICY:

- 1. The procedure should be scheduled in advance to ensure the availability of the Video bronchoscope. The Pulmonary lead should be called to schedule: 760-802-1974.
- 2. The bedside nurse and respiratory therapists will be responsible for monitoring the patient and providing the Physician with the necessary equipment for the bedside tracheostomy procedure.
- 3. One respiratory therapist is responsible for ventilator adjustments and tube manipulations. The physician is responsible for manipulating the bronchoscope.

#### B. PROCEDURE (NURSING):

- 1. Ensure that all the necessary supplies are available obtain Percutaneous Tracheostomy Cart
- 2. Provide education to the patient about the procedure.
- 3. Ensure that the procedural consent is signed.
- 4. Place patient in a supine position with the head midline and the neck extended with chin pointing toward the ceiling.
- 5. Assist physician with sterile draping and site preparation
- 6. Ensure Time Out is performed per Patient Care Services (PCS) Universal Protocol Procedure
- 7. Document Time Out in the medical record
- 8. Support and reassure the patient during the procedure.
- Administer sedation as ordered by physician per PCS Sedation/Analgesia Used During Therapeutic or Diagnostic Procedures.
- 10. Assist the physician with the procedure and equipment as needed. Open sterile supplies as directed by physician.

Department Review	Clinical Policies & Procedures	Nurse Executive Council	Critical Care Committee	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
3/13, 12/16	3/13, 1/17	3/13, 02/17	03/17	n/a	8/13, 04/17	10/13, <b>05/17</b>	10/13

#### Patient Care Services Procedure-Manual Percutaneous Tracheostomy Assist Page 2 of 3

- 11. Monitor and document patient's vital signs every 5 minutes during procedure. Vital Signs include but are not limited to:
  - a. Heart rate.
  - b. Respiratory rate,
  - c. Blood pressure,
  - d. Pulse oximetry,
  - e. End-tidal CO<sub>2</sub> and Color.
- 12. Assist with post procedural tube securement and dressing.

#### C. PROCEDURE (RESPIRATORY):

- 1. Make sure protective equipment is being worn, such as gown, gloves, mask and eye protection.
- 2. Assist with monitoring vital signs as noted above.
- 3. Monitor end-tidal CO<sub>2</sub> measurements (if applicable)
- 4. Place patient on 100% FiO₂ in preparation for the procedure and increase peak pressure limit to allow adequate V<sub>T</sub> delivery during procedure.
- Suction patient (both orally and down endotracheal (ET) tube) if necessary.
- 6. Attach syringe to pilot balloon for cuff inflation and deflation.
- 7. Have videoscope/bronchoscope ready to insert down ET tube and follow physician instructions.
- 8. Deflate the cuff upon physician request and slowly withdraw the ET tube to a level just above the vocal cords—physician will guide the RCP during the process.
- 9. The RCP may need to adjust the  $V_T$  and rate on the ventilator to compensate for the air leak created when the ET tube cuff is deflated. Another option is the RCP may gently re-inflate cuff only until  $V_T$  is achieved.
- Observe insertion of needle, dilators and tracheostomy tube by the physician.
- 11. Inflate cuff on tracheostomy tube and attach ventilator tubing.
- 12. Check end-tidal CO<sub>2</sub>.
- 13. Assess breath sounds.
- 14. Remove the scope.
- 15. Remove ET tube after proper placement is confirmed.
- 16. Secure tracheostomy tube.
- 17. Return ventilator to the ordered settings.
- 18. Tape obturator at the head of bed to assist in emergent replacement in case of decannulation.
- 19. Keep appropriate sized back up tracheostomy at bedside.
- Clean scope appropriately per <del>Pulmonary Cleaning of Flexible Bronchescopes Using Medivator</del> <del>CER 1</del> PCS High Level Disinfection Procedure.

#### D. RELATIVE CONTRAINDICATIONS TO PERCUTANEOUS TRACHEOSTOMY:

- 1. Children younger than 12 years of age
- 2. Emergency Airway Access
- 3. Hemodynamic instability
- 4. Anatomic abnormality of the trachea
- Palpable blood vessel over the tracheostomy site
  - a. For example malposition of the brachiocephalic or innominate artery
- 6.  $FiO_2 > 60\%$
- 7. PEEP >15 cmH<sub>2</sub>O
- 8. Coagulopathies
- 9. Limited ability to extend the cervical spine

#### E. COMPLICATIONS THAT CAN OCCUR WITH PERCUTANEOUS TRACHEOSTOMY:

- 1. Bleeding
- 2. Infection
- 3. Accidental Extubation
- 4. Para-tracheal Insertion
- Esophageal perforation
- 6. Subcutaneous emphysema

Patient Care Services Procedure Manual Percutaneous Tracheostomy Assist Page 3 of 3

- 7. Pneumothorax
- 8. Tracheal stenosis.
- Airway obstruction as evidenced by:
  - a. Restlessness
  - b. Tachycardia
  - c. Tachypnea, wheezing, stridor
  - d. Decreased SpO<sub>2</sub> levels, cyanosis, pallor
- 10. Injury to thyroid or laryngeal nerve.

#### F. **DOCUMENTATION:**

- Document in the medical record.
- 2. Respiratory to chart new tracheostomy insertion under Artificial Airway

#### G. RELATED DOCUMENTS:

- PCS Sedation/Analgesia Used During Therapeutic or Diagnostic Procedures
- 2. PCS Universal Protocol Procedure
- 3. Pulmonary Cleaning of Flexible-Bronchescopes Using-Medivator CER 1 Procedure
- 3. PCS High Level Disinfection

#### H. REFRENCES:

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- Marchese S, Corrado A, Scala R, Corrao S, Ambrosino N; Intensive Care Study Group, Italian Association of Hospital Pulmonologists (AIPO) Tracheostomy in patients with long-term mechanical ventilation: a survey.Respir Med. 2010 May; 104 (5) 749-753. Epub 2010 Feb 1.



#### STANDARDIZED PROCEDURES MANUAL PATIENT CARE SERVICES

#### STANDARDIZED PROCEDURE: RAPID RESPONSE

#### I. POLICY:

- A. Function: A systematic method for the Rapid Response Team (RRT) to collaborate with the attending physician in the assessment, diagnosis, evaluation, and management or stabilization of the adult patient exhibiting signs and symptoms of impending respiratory and/or cardiovascular deterioration.
- B. Circumstances:
  - Setting: Adult patients (age 14 years and older) admitted to or being treated at Tri-City Medical Center.
  - 2. Supervision: None Required
- C. The Rapid-Response TeamRRT or designated Intensive Care Unit (ICU) Registered Nurse (RN) is available for consultation 24 hours per day, seven days per week and may be activated for all situations where rapid patient evaluation is necessary.
  - 1. The Rapid Response Team RRT may be initiated in any location of the hospital.
- D. All overhead pages requesting the Rapid-Response TeamRRT shall initiate the following responders:
  - 1. Team Leader: An Intensive Care-Unit (ICU) Registered Nurse (RN)
  - 2. Respiratory Care Practitioner (RCP)
  - 2.3. Administrative Supervisor (AS)
  - 3.4. Phlebotomist
  - 4.5. Electrocardiogram (EKG) Technician
- E. The Rapid Response TeamRRT shall assess the patient and initiate life-saving interventions per Code Blue and Emergency Care Standardized Procedure and Rapid Response Standardized Procedure.
- F. The attending physician shall be notified of change in the patient's condition and interventions initiated by the RRT.
- G. In the event of a delay in the attending physician response, where the patient's condition warrants immediate physician consultation, the RRT shall contact the Chair of Critical Care Committee, Medical Director of ICU, or designee for orders.
- H. The Assistant Nurse Manager (ANM)/designee shall provide support to the family/caregiver using social services or chaplain services and by providing regular updates and information.

#### II. PROCEDURE:

- —Activate the Rapid Response TeamRRT by dialing 66 and request "Rapid Response Team" to location or room number:.
  - 1. Dialing 66 and requesting "Rapid Response Team" to location or room number or
  - 2. Calling the RRT-cellular telephone
- B. Rapid Response TeamRRT shall be activated if the patient shows evidence of any of the following signs/symptoms (clinical triggers):
  - Staff member is concerned about patient condition;
  - 2. --- Acute-change in:
    - a. -- Heart-rate (less than 50 bpm or greater than 130-bpm);
    - b. Systolic blood pressure (loss than 90-mmHg or greater-than 180-mmHg or diastolic blood pressure greater-than 110);

Revision Dates	Clinical Policies & Procedures	Nursing Executive Council	Critical Care Committee	Pharmacy & Therapeutics Committee	Inter- disciplinary Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
01/08, 06/08 03/10, 08/10, 12/13, <b>07/16</b>	03/10, 12/11; 01/14 <b>, 09/16</b>	08/10, 04/12; 1/14, <b>09/16</b>	08/14, 10/16	08/10, 05/12; 03/14 <b>; 03/17</b>	08/10, 11/12, 09/14 <b>, 04/17</b>	08/10, 11/12, 11/14 <b>, 04/17</b>	01/15, 05/17	06/08, 08/10 12/12, 01/15

- Respiratory-rate (less than 8-breaths/minute or greater-than-28-breaths/minute) or-threatened airway;
- d. ——Oxygen saturation, (less than 92% despite exygen therapy) or increasing exygen demand to maintain baseline exygen saturation;
- e. Acute change in mental status such as sudden unexplained agitation, confusion, or decrease in level of consciousness;
- f. Urine-output (loss than 15 mL/hour in 4 hours);
- g. Acute-chest-pain.
- 3. Neurological changes such as new onset-unilateral motor weakness, sensory loss, and/or aphasia;
- 4. Chest-pain;
- Acute significant bleeding;
- New, repeated, or prelenged seizures;
- Failure to respond to treatment for an acute problem/symptom;
- Change in skin tone (pale, dusky, gray or blue);
- C. Immediate responsibilities of the primary care RN are as follows:
  - Assess and stay with the patient
  - The primary nurse shall-have the following available for the RRT:
    - a. Patient chart
    - b. Most recent-lab-results
    - Recent-Vvital signs available for review
  - 3. The primary-care RN shall assist the Rapid Response TeamRRT-with interventions.
- D.A. Responsibilities of the Rapid-Response TeamRRT are as follows:
  - The ICU RRT Team Leader:
    - a. Conducts physical assessment of patient
    - b. Places patient on an electrocardiogram (ECG) monitor
    - c. Applies a pulse oximeter
    - d. Ensures patent intravenous (IV) access
    - e. Reassesses vital signs every 5 to 15 minutes or as condition dictates
      - i. If the Rapid Response TeamRRT Leader determines a full team response is warranted, a Code Blue announcement shall be initiated.
    - f. Collaborates with RCP if patient condition warrants.
    - g. Implements initial lifesaving interventions per Standardized Procedure: Code Blue and Emergency Care if situation warrants.
    - h. Communicates with patient's attending physician/designee and reports assessment, initial interventions with patient responses, and discusses plan of care for any significant intervention using the **Situation**, **Backround**, **Assessment**, **and Recommendation** (SBAR) technique.

#### **E.B.** Hypotension:

- If hypotension is due to fluid volume deficit:
  - Administer Normal Saline IV bolus of 500 mL over 30 minutes. If responsive (MAP or SBP increase greater than 10%) but MAP remains less than 65 mm Hg may repeat one time.
  - b. Contact physician for further IV fluid orders.
- 2. If volume loss is due to acute bleeding draw blood for immediate (STAT) CBC, prothrombin time and partial thromboplastin time (PT/PTT), type and crossscreen, and contact physician to order blood products and IV fluids.

#### F.C. Sepsis:

- Sepsis shall be considered in all patients with known or suspected infection who have 2
  or more of the following Systemic Inflammatory Response Syndrome (SIRS) criteria:
  - a. Heart rate greater than 90 beats per minute
  - b. Temperature less than 36°Celcius (C) (96.8°Farenheit [F]) or greater than 38°C (100.4°F)

- c. Respiratory rate greater than 20 breaths per minute or PaCO<sub>2</sub> less than 32 mmHg
- d. White blood count (WBC) greater than 12,000/mm<sup>3</sup> or less than 4,000/mm<sup>3</sup>
- 2. Severe sepsis: patients that meet sepsis criteria complicated by acute organ dysfunction.
- 3. Septic shock: patients that meet the above severe sepsis criteria complicated by hypotension that is refractory to fluid bolus and requires vasopressors.
- 4. Treatment of severe sepsis:
  - Administer Normal Saline 500 mL IV bolus. May repeat times one to maintain MAP greater than 65mmHg, Central Venous Pressure (CVP) of 8–12 mmHg, and urine output greater than 0.5 mL/kg/hr
  - b. Draw blood for serum lactate level, Comprehensive Metabolic Panel (CHEM-12), and CBC (complete blood count) with manual differential
  - c. Obtain arterial blood gas (ABG)
  - d. Obtain blood, sputum and urine cultures
  - e. Contact physician for orders regarding:
    - i. Appropriate patient placement (transfer to ICU)
    - ii. Removal of potential infection source (i.e. invasive lines or abscess)
    - iii. Broad spectrum antibiotics
    - iv. Blood glucose control

#### G-D. Acute Change in Mental Status:

- 1. Check blood glucose. If blood glucose is less than 70 mg/dL, follow the PCS Standardized Procedure: Hypoglycemia Management in the Adult Patient (Not Including, Newborns, Neonatal Intensive Care Unit or Pediatrics).
- If acute cerebrovascular accident (CVA) is suspected due to new onset of one-sided motor weakness, facial droop, slurred speech and/or aphasia, perform NIH Stroke Scale assessment.
  - a. If new deficits are confirmed, dial 66 to initiate an "In-House Stroke Code" and page the on-call nNeurologist.
- 3. If hypoxia is suspected, apply oxygen via nasal cannula, simple mask, or non-rebreather mask as needed to maintain oxygen saturation greater than 92%. Draw ABG.
- 4. If the patient is receiving sedation or analgesia:
  - Stop Patient Care Analgesia (PCA) and sequester equipment if applicable.
  - b. Administer naloxone (Narcan) 0.4 mg IV push for opiate reversal. If necessary, repeat every 2–3 minutes to a maximum dose of 2 mg.
  - c. Consider flumazenil (Romazicon) 0.25 mg IV push for acute benzodiazepine reversal. If necessary, may repeat every 1 minute to a maximum dose of 1mg. Further doses may be required with a Physician Order.
  - d. If a reversal agent has been used the patient shall be monitored for 90 minutes.
- 5. If the patient is agitated or delirious and may be going through alcohol withdrawal, administer lorazepam (Ativan) 2 mg IV push times one dose.
- 6. If the patient is agitated or delirious with no history of alcohol abuse and none of the above treatments apply (i.e. patient is not hypoxic or hypoglycemic), administer Haldol 2 mg IM or IV push times one dose (see PCS SP: Haloperidol IV Administration).

#### H.E. Chest Pain/In-House STEMI Activation:

- 1. Assess pain quantity, quality, location, radiation, time of onset and precipitating factors.
- 2. Order STAT ECG by dialing 760-802-9484 (04:00-20:30) or 760-802-1974 (20:30-0400) and review for ischemic changes.
  - If ECG is positive for \*\*\*Acute Myocardial Infarction (MI)\*\*\*, dial 66 to initiate an "In-House Code STEMI" (see Patient Care Services Code STEMI policy)
- 3. Apply oxygen at 4 L/min via nasal cannula.
- 4. Administer aspirin 162 mg PO if patient has not already taken it and has no contraindications (i.e. Aspirin allergy or active bleeding).

- 5. Administer nitroglycerin 0.4 mg sublingual every 5 minutes as needed (PRN) for chest pain up to 3 doses. Hold if SBP is less than 90 mmHg.
  - a. If nitroglycerin is ineffective in relieving chest pain, administer morphine 2 mg IV push times one.
- Obtain STAT portable Chest X-Ray (CXR).
- 7. Draw blood for-cardiac enzymes CK, Mb Fraction, Cardiac Troponin (Troponin I), Basic Metabolic Panel (CHEM 7), and PT/PTT.

#### **L.F.** Respiratory Distress:

- 1. Apply oxygen via nasal cannula, simple mask, or non-rebreather mask as needed to maintain oxygen saturation greater than 92%.
- 2. Oral or nasotracheal (NT) suction if the patient is unable to clear secretions.
- 3. If the respiratory rate is less than 8 breaths per minute, please refer to Acute Change in Mental Status section.
- Obtain physician order for bi-level (biphasic) positive airway pressure (BIPAP) if the respiratory rate is greater than 25 breaths per minute and as patient condition warrants.
- Administer nebulized medications Albuterol 2.5 mg-and Atrovent 0.5 mg via-nebulizer for wheezing: times 1 dese
  - a. Albuterol 2.5 mg and Ipratropium 0.5 mg (DuoNeb inhalation solution) times 1 dose, er
    Albuterol 2.5 mg times 1 dose.
- 6. Administer furosemide (Lasix) 40 mg IV push times 1 and draw blood for CHEM 7 and BNP if respiratory distress occurs with signs and symptoms of fluid overload (e.g. intake greater than output, bibasilar crackles, jugular venous distension, edema).
- Draw ABG.
- 8. Order a STAT portable CXR.,
- 9. Order STAT ECG.

#### +G. Hypertensive Crisis:

- 1. Assess patient for end organ dysfunction due to hypertensive emergency: change in mental status, respiratory distress, visual disturbances, or acute renal failure.
  - a. If present, start nicardipine (Cardene) 5mg/hr to keep diastolic blood pressure (DBP) 100–110 mmHg. Avoid in patients with known or suspected EF <less than 25%. Lower starting doses of 2.5mg/hr can be considered in patients with renal failure or age ≥ greater than or equal to 65.
  - b. Decreasing blood pressure too rapidly could result in cerebral hypoperfusion or coronary insufficiency. May increase by 2.5-5 mg/hour every 5 to 15 minutes up to 15mg/hr. The initial goals of treatment should be to decrease the MAP by 20-25% and reduce the DBP to 100-110 mmHg. Consider reduction to 3mg/hour after response is achieved.
- 2. If no signs and symptoms of end organ dysfunction are present: (hypertensive urgency): administer Hydralazine 10 mg IV. May repeat in 20 minutes if MAP has not decreased by 20-25% or if DBP is greater than 110 mmHg (contraindicated in acute aortic dissection).
  - a. If the patient has a history of coronary artery disease (CAD) or a heart rate greater than 80 beats per minute, administer Labetalol (Trandate) 20 mg IV. May repeat in 5 minutes if MAP has not decreased by 20–25% or if DBP is greater than 110 mmHg.
- 3. If IV access cannot be obtained, administer Clonidine (Catapres) 0.2 mg PO one time.

#### K.H. Bradycardia:

- If the patient is having signs and symptoms of poor perfusion related to bradycardia (i.e. change in mental status, chest pain, hypotension or other signs of shock):
  - a. Prepare for transcutaneous pacing. Pace without delay for second degree type 2 or third degree block.
    - Apply pacing pads in the anterior/posterior position.

- Set initial external pacemaker settings to a rate of 80 and mA of 80.
- iii. Adjust mA as needed to maintain capture.
- b. Consider Atropine 0.5 mg IV while awaiting pacer. May repeat every 5 minutes up to 3 mg.
- c. Consider Dopamine 5 mcg/kg/min continuous IV infusion while awaiting pacer or if pacing is ineffective. May titrate in 1-42mcg/kg/min increments-every in 10 minutes as needed to achieve goal HR.
- d. Obtain a STAT 12-lead ECG.
- e. Draw blood for CHEM 7, **CK Mb Fraction**, and **Troponin** I-and cardias enzymes. Draw blood for drug levels (such as digoxin) if applicable.
- f. Check blood glucose and if less than 70 mg/dL treat per Standardized Procedure: Hypoglycemia Management.

#### L.I. Tachycardia:

- 1. Order STAT ECG.
- Draw blood for CHEM 7, CK Mb Fraction and Troponin I cardiac enzymes, and ABG after treating the patient.
- 3. Stable:
  - a. Regular, Narrow QRS Complex:
    - Attempt vagal maneuvers by having patient bear down or cough.
    - ii. Administer Adenosine (Adenocard) 6 mg IV push over 1–3 seconds. If tachycardia persists, repeat in 1–2 minutes with 12 mg IV push.
      - 1) Reduce dose by 50% (Adnenocard 3mg followed by Adenocard 6mg should tachycardia persist) for the following:
        - 1. Administering through a central line
        - 1-2. Patient has a history of heart transplant
    - iii. Administer normal saline 20 mL IV push after each dose of adenosine.
  - b. Irregular, Narrow QRS Complex:
    - i. Administer diltiazem (Cardizem) 10 mg IV push times 1 dose; may repeat times 1 dose if0.25mg/kg (actual body weight) IV push over 2 minutes. ACLS guideline recommends total dose 15-20 mg. If tachycardia persists after 15 minutes., 0.35mg/kg IV push over 2 minutes (ACLS guideline recommend 20-25mg) and
    - ii. Consider calling physician for a start-a-Diltiazem continuous IV infusion after bolus doses.at-10 -mg/hour.
    - iii. Do not use diltiazem in patients receiving beta blockers or known/suspected EF <less than 25%. Rate may be increased in 2.5-5mg/hour increments every 15 minutes up to 15mg/hour as needed to achieve goal HR as BP tolerates; some patients may respond to an initial rate of 5mg/hour.
  - c. Wide QRS Complex:
    - Administer amiodarone 150 mg diluted in 100ml of D5W IV over 10 minutes. Infuse through a 0.22 micron filter.
    - ii. Consider calling physician for amiodarone infusion after initial bolus dose.
- 4. Unstable:
  - a. Heart rate is greater than 150 beats per minute and serious signs and symptoms such as chest pain, shortness of breath, decreased level of consciousness, or hypotension are present and believed to be related to rapid rate.
    - i. Prepare for immediate synchronized cardioversion.
    - ii. Consider sedation if the patient is conscious and a physician order can be obtained, but do not delay cardioversion.
    - iii. Ensure the defibrillator pads and monitor leads are attached to the patient and the defibrillator is in synchronization mode.

- iv. Cardiovert with 50 joules and check the patient's rhythm.
  - If necessary, repeat cardioversion at 75, 100, 120, 150 and 200 joules. Be sure to reset the defibrillator to synchronization mode with each increase in Jjoules.

#### M.J. Seizures:

- 1. Protect patient from injury. Do not place anything in the patient's mouth.
- 2. Administer Lorazepam (Ativan) 4 mg (if patient weighs less than 40kg, give 0.1 mg/kg) slow IV push over 2 minutes. May repeat one time in 10-15-10 minutes if seizures continue. Doses not to exceed 8 mg total.
- 3. Draw blood for CHEM 7, Calcium, capillary blood glucose and any applicable drug levels (i.e. Dilantin).
- 4. Obtain physician order for EEG.

#### N.K. Anaphylaxis:

- Anaphylaxis is a severe allergic reaction that may occur after exposure to certain foods, drugs, or contrast dye in susceptible patients. Signs and symptoms may include hypotension, rash, swelling of the lips, face, neck or throat, wheezing, and difficulty breathing.
- 2. If patient is experiencing stridor and is in danger of airway occlusion call Code Blue for emergent intubation.
- Severe reaction:
  - a. Administer epinephrine (1:1,000 = 1 mg/mL) 0.5 mg (using 1mg/ml solution) intramuscularly or subsultaneously. May be repeated every in 5-15 minutes in the absence of clinical improvement for up to two dosestimes one dose.
  - b. If patient weighs less than 50 kg, administer epinephrine (1:1,000 =1-mg/mL) 0.01 mg/kg intramuscularly-or subcutaneously (using 1mg/ml solution). May be repeated in 5-15 minutes in the absence of clinical improvement times one dose.
    - i. If the 1:1,000 dilution is not readily available, may administer Epinephrine 3-5 mL of 1:10,000 dilution IV.
  - c. Obtain physician order to Aadminister normal saline IV at a rate of 999ml/hr for up to 2 liters to restore adequate blood pressure.
  - d. Provide adjunctive therapies as listed below once patient is stable to prevent relapse of the reaction.

#### 4. Mild reaction:

- Administer normal saline 500 mL IV fluid bolus if the patient is hypotensive; may repeat one time.
- b. Administer Albuterol 2.5 mg via nebulizer if the patient is wheezing
- Famotidine (Pepcid) 20 mg IV once; obtain physician orders for additional dosingQ12H.
- d. Administer diphenhydramine (Benadryl) 25 mg IV push once.
- e. Administer hydrocortisone (Solu-CORTEF) 200 mg IV push if severe prolonged reaction is expected.

#### III. POST EVENT PROCEDURE:

- The Rapid-Response-TeamRRT shall continually-re-evaluate the patient's condition after providing interventions.
- B. A phone call shall be placed to the primary attending physician to provide an update on patient status or for any significant-interventions performed.
- C. Transfer patient to higher level of care if deemed appropriate by the RRT or attendingerders-must be obtained from the physician.
- D. The Rapid Response TeamRRT shall remain with the patient until patient is stabilized on the unit or transferred to a higher level of care.
  - Rapid-Response-TeamRRT leader shall provide hand-off communication to the receiving nurse.

- 2. In the event the patient is transferred to a higher level of care, the Rapid Response TeamRRT leader shall provide the staff nurses with an update on patient's status after transfer.
- E. If patient is maintained on the unit, the Rapid ResponseRRT Team RN shall place a follow-up call or visit the staff nurse 1 to 4 hours after the event for an update on the status of the patient.

#### IV. DOCUMENTATION AND FORMS:

- A. The Rapid Response TeamRRT Leader shall document all events in the medical record to include the following:
  - Reason for call
  - 2. Interventions performed, medications administered, and labs or diagnostic tests ordered per standardized procedure
  - Follow-up report
- B. All new physician orders shall be placed in the electronic health recorddecumented on the appropriate physician order sheet.

# V. REQUIREMENTS FOR CLINICIANS INITIATING STANDARDIZED PROCEDURE:

- Current California RN license.
- B. Minimum of 2 years critical care experience
- C. Education: Successful completion of ACLS course (with current course completion card).
- D. Initial Evaluation: Successful completion of Rapid Response Orientation.
- E. Ongoing Evaluation: Completion of Annual ICU Skills Lab and RRT Standardized Procedure Computer-Based Learning module.

#### VI. <u>DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE:</u>

- A. Method: This Standardized Procedure was developed through collaboration with Nursing, Medicine, and Administration.
- B. Review: Every two (2) years.

#### VII. CLINICIANS AUTHORIZED TO PERFORM THIS STANDARDIZED PROCEDURE:

A. All Registered Nurses who have successfully completed requirements as outlined above are authorized to direct and perform RAPID RESPONSE Standardized Procedure.

#### VIII. RELATED DOCUMENTS:

- A. PCS SP: Code Blue and Emergency Care
- B. PCS SP: Haloperidol IV Administration
- C. PCS SP: Hypoglycemia Management in the Adult Patient
- C.D. PCS: Rapid Response Team and Condition Help (H)



#### PATIENT CARE SERVICES POLICY MANUAL

**ISSUE DATE:** 

6/12

SUBJECT: Self-Administered Continuous

Subcutaneous Infusion of Insulin (Insulin Pump Therapy) for the

**Acute Care Patient** 

**REVISION DATE: 10/13** 

POLICY NUMBER: NEW

Department Approval:

Clinical Policies & Procedures Committee Approval:

<del>11/13</del>10/16 **Nurse Executive Council Approval:** 11/1310/16

Diabetes Task Force Approval:

12/16

09/16

Pharmacy & Therapeutics Committee Approval:

02/1703/17 02/1404/17

Medical Executive Committee Approval: **Professional Affairs Committee Approval:** 

02/1405/17

**Board of Directors Approval:** 

02/14

#### **POLICY:** A.

Continuous subcutaneous infusion of insulin (CSII) or insulin pump therapy is an option for hospitalized adult patients who desire intensive insulin management. CSII is not initiated in the hospital. This policy includes self-management of a Continuous Glucose Monitor, if applicable.

#### B **CONTRAINDICATIONS:**

- Altered level of consciousness or change in judgment.
- 2. Receiving medications with the potential of inducing altered mental awareness or level of consciousness as determined by attending/consulting physician.
- Mental and/or physical inability to independently manage the pump (dosing changes and boluses, 3. settings infusion sets, tubing changes, reservoir and insulin, etc.)
- 4. Risk for suicide.
- 5. Other circumstances identified by the attending/consulting physician.

#### C. PROCEDURE: PATIENT ASSESSMENT:

- Verify that the patient's attending physician has initiated the "Insulin Pump (CSII) -Subcutaneous Self-Administered" PowerPlan written an order to allow patient-selfmanagement of his/her insulin pump.
- 2. Notify Biomedical Engineering to evaluate the pump and Continuous Glucose Meter for safety and obvious damage per Patient Care Services (PCS) Policy: Medical Equipment Brought Into the Facilityimmediately.
- Complete the "Initial Assessment for Insulin Pump Patients" .Verify that patient 3.
  - Is alert to time, person and place on admission and then at least once per shift.
  - Is able to independently perform psychomotor tasks to manage the insulin infusion as b. follows:
    - i. Knows and can change basal rate(s).
    - ii. Knows and can manage mealtime insulin infusions based on insulin to carb ratio(s).
    - Knows and can manage correction infusions based on insulin sensitivity factor(s). iii.
    - iv. Can change insertion site, infusion set, tubing insertion set, and reservoir with insulin every 72 hours and prn.

NOTE: there might be slight differences in supplies depending on the pump.

- iv.v. For a Continuous Glucose Monitor (CGM), can change the sensor at appropriate intervals.
- Has his/her own supplies at the bedside necessary for self-management: infusion sets, tubing, reservoirs, and insulin, etc.
   NOTE: Insulin brought in from home for use in the hospital must be ordered by the physician and verified by the pharmacy according to Patient Services (PCS) Medications Brought in by the Patient Policy.
- d. Has signed the Insulin Pump Therapy Patient Agreement
- Is willing to keep written records of insulin infusions using the Patient Insulin Pump Record
- f. Completes Patient Assessment for Self-Management of Insulin-Pump
- 4. Check point of care (POC) blood glucose levels as ordered by the physician using the hospital meter or readings from the patient's continuous glucose monitor.
  - a. If 2 consecutive POC blood glucose readings are above 250 mg/dL (200 mg/dL, if pregnant) within a 4-6 hour interval, **obtain order forsend** a urine specimen to **checkthe** lab for ketones and instruct the patient to change the infusion set, insertion site, and reservoir with insulin.
  - b. Call the physician for a correction dose of lispro insulin to be administered subcutaneously by the nurse when the POC blood glucose is above 250 or if the pump is disconnected for more than 30 minutes.
- 5. Discontinue the pump when ordered by the physician or if the patient's level of consciousness suddenly changes.

#### D. **RESPONSIBLITIES:**

- Patient must change entire pump set-up including insertion site, infusion set, and reservoir with insulin at least every 72 hours and PRN.
- Nurse will assess insertion site every shift for redness, signs of infection, purulent drainage, or leakage.
- 3. Patient will change infusion set, tubing, and insertion site if:
  - a. Tubing is clogged or infusion set is leaking
  - b. Site is red, painful, irritated, and/or there are signs of infection
  - c. Two consecutive POC blood glucose readings are above 250 mg/dL (200mg/dL if pregnant) within a 4-6 hour interval.

#### E. MEDICATION INTERVENTIONS:

- If patient is NO LONGER ALERT or any of the other assessment criteria have changed:
  - a. Explain to patient and/or patient's family that the pump will be removed for patient's safety.
  - b. Remove the pump and infusions set and instruct a family member to take the pump home. If family member is not available, send pump to Pharmacy for safe-keeping.
  - Continue to measure POC blood glucose levels as ordered.
  - d. Obtain orders for basal insulin, mealtime insulin, and correction insulin. Alternatively, begin continuous infusion of IV regular insulin according to physician orders.
  - e. A pump should not be discontinued without starting either subcutaneous or intravenous insulin at least 60 minutes before the subcutaneous pump infusion is removed.
  - f. Continue subcutaneous or IV insulin orders until patient is assessed by physician to be able to once again, independently, self-manage the pump.

#### F. SPECIAL PROCEDURES:

 For procedures requiring sedation (surgery, cardiac catheterization, bronchoscopy, endoscopy, etc.), the pump will be disconnected. Contact the physician for specific orders for starting IV or SC insulin therapy.

- Pumps should never be exposed to x-ray beams which may cause the pump to empty its entire reservoir of insulin and potentially cause severe hypoglycemia and death.
- 3. For CT scans and general x-rays, it is not necessary to disconnect the pump if the pump is not in the area of interest. It can be covered with a lead apron.
- 4. For MRIs, disconnect the pump. Remove the insertion set ONLY if it is metal.
- 5. For mammograms and bone density tests, it is not necessary to disconnect the pump.
- 6. For ultrasound, it is not necessary to disconnect the pump.
- 7. If the pump is stopped for over 30 minutes, the pump may need to be reconnected for a dose of insulin prior to continuing the radiology procedure to prevent rapid onset DKA.
- 8. In case of hypoglycemia, treat per PCS Hypoglycemia Management in the Adult Patient Standardized Procedure.

#### G. **PUMP INFORMATION:**

- 1. An external insulin pump is about the size of a pager and contains a reservoir filled with rapid acting insulin (lispro, aspart, or glulisine), has a computer chip, and a battery-operated pump. Many pump models exist; some have visible tubing, others are self-contained and disposable. An insulin pump does not automatically control blood glucose levels. Pump users check their blood glucose levels 4-10 times/day (8-12 times/day when pregnant), calculate doses of insulin based on the blood glucose level and/or carbohydrate intake and program the pump to deliver a dose (bolus) of insulin. The pump is also programmed to deliver continuous basal insulin.
  - a. All insulin is delivered through an infusion set
  - The patient changes the insertion site, infusion set, and reservoir with insulin every 72
    hours, or more often as needed, to prevent infection and to promote good insulin
    delivery.
- 2. Refer to the 800 number on the back of the pump/CGM if needed for technical support.
- 3. Diabetic Ketoacidosis (DKA) CAUTION: The effect of rapid acting insulin lasts about 4 hours; therefore, if insulin delivery is interrupted, DKA can develop rapidly in both non-pregnant and pregnant patients. If the insulin pump is removed, physician orders for either subcutaneous (SC) or intravenous (IV) insulin should start immediately.

NOTE: DKA is not likely to occur in patients with type 2 diabetes

- 4. The most common causes of DKA in pump users:
  - a. Insertion set/tubing is clogged, kinked or leaking
  - b. Site has NOT been changed recently and site is irritated
  - c. Failure to treat hyperglycemia appropriately
  - d. Insulin has lost potency in the vial of insulin currently in use (check expiration date).
- Correction doses:
  - a. Most pumps have a built-in feature to limit the amount of insulin delivery for correction doses.
  - Correction dosing is NOT advised more than once every two hours
  - When the pump is discontinued, the patient may resume pump therapy with a physician order.

#### H. **KEY POINTS**:

6.

- 1. Insulin is delivered either by pump or injection---NOT BOTH
- 4.2. Patient to self-maintain fasting and pre-meal blood glucose range 100-140140-180 mg/dL. and post-meal levels less than-180 mg/dL. Critical-care blood glucose range is 140-180 mg/dL. POC blood glucose levels will be checked by RN using the hospital meter or readings from the patient's continuous glucose meter.
- 2.3. For pregnant patients, POC blood glucose targets are as follows:
  - Antepartum targets: Fasting 70-99 mg/dL; one hour after first bite of a meal 100-129 mg/dL
  - b. Intrapartum (during labor): 70-110 mg/dL
  - c. Postpartum and breastfeeding: Fasting 70-99 mg/dL, one hour after the first bite of a meal 100-150 mg/dL. Higher targets may be set for individual patient needs.

3.4. The bedside glucose monitor allows for necessary actions to be taken quickly along with follow-up care. However, for accurate Nova StatStrip readings, the hematocrit range must be 25-60%. If HCT is less than 25% the blood glucose may be inaccurately high; if greater than 60%, blood glucose may be inaccurately low.

#### I. DOCUMENTATION:

- Assure patient has signed the Patient Agreement for Self-Administered Continuous Subcutaneous Infusion of Insulin
- 2. Complete the Initial Assessment for Insulin Pump Patients
- 3. Document insertion site location on the Patient Insulin Pump Record
- 4. Provide Patient with a supply of the Patient Insulin Pump Record.
- 5. Document POC blood glucose readings on the Patient Insulin Pump Record and in the Electronic Medical Record.
- 6. The Patient Insulin Pump Records are scanned into the medical record at discharge.
- Ensure that the patient records all self-administered mealtime and correction doses of insulin; the basal rate and changes to the basal rate, and the grams of carbohydrate consumed at each meal.
- 7.8. Documentation on the Patent Insulin Pump record must include the date of each infusion set change and insertion site change (if not the same as set change date).

#### J. FORM(S):

- 1. Patient Agreement for Self-Administered Continuous Subcutaneous Infusion of Insulin
- 2. Patient Insulin Pump Record
- 3. Initial Assessment for Insulin Pump Patients

#### K. RELATED DOCUMENTS:

- PCS Medications Brought in by the Patient Policy
- 2. PCS Hypoglycemia Management in the Adult Patient Standardized Procedure
- 2.3. PCS Policy: Policy: Medical Equipment Brought Into the Facility

#### L. REFRENCES:

- American Diabetes Association, Clinical Practice Recommendations 2002, Continuous Subcutaneous Insulin Infusion; Diabetes Care 25: S116
- 2. American Diabetes Association, Standards of Medical Care 2006, Diabetes Care in the Hospital; Diabetes Care 29: S4- 42S
- Cook, et al. Use of Subcutaneous Insulin Infusion (Insulin Pump) Therapy in the Hospital Setting

   Proposed Guidelines and Outcomes Measures; The Diabetes EDUCATOR; Volume 31,
   Number 6, November/December 2005
- 4. Pickup, J and Keen, H. Continuous Subcutaneous Insulin Infusion at 25 years: Evidence base for the expanding use of insulin pump therapy in Type 1 Diabetes; Diabetes Care 25: 1079-1087
- The Diabetes Educator. Vol. 31 No. 6, November/December 2005. The use of Subcutaneous Insulin Infusion (Insulin Pump) in the Hospital Setting: Proposed Guidelines and Outcome Measures.
- American Association of Diabetes Educators, Inpatient Position Statement. The Diabetes Educator, In Press, 2009.
- American Diabetes Association: Managing Preexisting Diabetes for Pregnancy. Diabetes Care, Volume Number 5, May 2008

# PATIENT AGREEMENT FOR SELF-ADMINISTERED CONTINUOUS SUBCUTANEOUS INFUSION OF INSULIN

For your safety and optimal medical care during this hospitalization, we request that you agree to the following recommendations. If you believe that you cannot agree to these recommendations, we would like to treat your diabetes with insulin injections and request that you discontinue the use of your insulin pump.

- I agree to hold harmless Tri-City Medical CenterHealthcare District from any recalls, alerts and
  preventive maintenance brought to my attention for my insulin pump and continuous glucose meter, if
  applicable.
- 2. I agree to accept total responsibility for maintaining the pump and related equipment as well as self-administered insulin boluses and basal rates.
- 3. My insulin pump and Continuous Glucose Meter, if applicable, is approved by the Federal Drug Administration (FDA).
- 4. I agree to allow Biomedical Engineering to evaluate my pump and Continuous Glucose Meter, if applicable for safety and possible damage.
- 5. The make, model, and serial number (usually found on the back of the pump) are as follows:
- 6. Insulin Pump make & model \_\_\_\_\_\_ Serial Number\_

#### During my hospital stay, I agree to:

- 1. Write my basal rate, mealtime, and correction insulin boluses on the **Patient Insulin Pump Record** so the nurse can monitor my care.
- 2. Write the carbohydrate grams or servings consumed for each meal on the Patient Insulin Pump Record.
- 3. Write the insertion site, infusion set, and reservoir with insulin changes on the Patient Insulin Pump Record.
- 4. Change my basal rate if determined necessary by my physician.
- 5. Change the insertion site, infusion set, and reservoir with insulin every 72 hours or more often if
  - a. The insertion site is red, irritated, painful, or if there are signs of infection
  - b. The infusion set is leaking or the tubing is clogged
  - Two consecutive capillary blood glucose (or CGM) readings are greater than 250 mg/dL (200 mg/dL if pregnant)
  - d. A "no delivery" alarm occurs on the pump
- 6. Provide my own insulin pump supplies including insulin, which I agree to allow verification by the pharmacy to verify.
- 7. Allow the nurses and physicians caring for me to view the Patient Insulin Pump Record as needed.
- 8. Allow the nurse to check my pump insertion site for irritation, redness or leaks.
- 9. Report any symptoms of low blood sugar.
- 10. Report any pump problems immediately to my nurse.
- 11. Ask questions if I do not understand my doctor's orders for my insulin pump.
- 12. Have my pump disconnected if I can no longer, independently, manage my pump and I agree, then, to an alternate insulin delivery method.
- 13. Send my pump and supplies home with a family member for safekeeping if my pump is disconnected or have Tri-City Medical Center's Pharmacy department store my pump for safe-keeping.

I also understand that my insulin pump may be discontinued or disconnected (either temporarily or longer) and an alternate method of insulin delivery used for any of the following situations:

- 1. Changes in my level of consciousness, awareness, or judgment.
- 2. Changes in my physical ability to manage my pump.
- 3. Radiological procedure such as x-rays, CT scans, MRIs or other procedures.
- 4. Other reasons determined to be medically necessary by my doctor.

Patient Signature:	Date:
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Self Administered Continuous Infusion of Insulin (Insulin Pump Therapy)		
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Witness Signature:	Date:	

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#### PATIENT INSULIN PUMP RECORD

To be	kept at the bedside for the patient to complete during hospitalization. Start a new record each day.
DATE	PATIENT NAME:
Patien	t to record the following:
•	Enter date of last infusion set change and insertion site change (if not the same as set change date: (must change every 72 hours)
•	Location of insertion site:
•	Circle the type of insulin currently in your pump: Humalog (lispro) Novolog (aspart) Apidra (glulisine)
•	Nurse will record the <b>Point of Care</b> Capillary Blood Glucose (GBG) readings that are obtained from the hospital meter or you will record your Continuous Glucose Monitor (CGM) readings before meals. Estimated total carbohydrate grams or servings for each meal

#### **TELL YOUR NURSE IF:**

- Something is wrong with your pump, or you do not feel capable of managing your pump
- You notice redness at the insertion site, or you changed your insertion site
- · You have symptoms of low blood sugar or high blood sugar
- · Your pump is unplugged for more than 30 minutes

TIM	CGM/ CBG	CARBS consumed		LUS ount	BASAL	_
)	done by nurse	(grams or servings)	Mealtime	Correction	rate	Comments
´						
	_					

Basal rate is the "background" insulin, the amount needed to maintain glucose levels when not eating. Bolus dose is the "mealtime" or "correction" insulin used to manage spikes in glucose.

#### **Initial Assessment for Insulin Pump Patients**

2. In the nations plant to time plane, and narrows II. Vac. II. No.	
2. Is the patient alert to time, place, and person? ☐ Yes ☐ No	
Does the patient have the requisite knowledge to be able to self-manage the pump as follows:  Pump model and manufacturer Serial number	
Pump customer service number (found on back of pump)	
Type of insulin used in the pump:	
☐ Humalog® (lispro) ☐ Novolog® (aspart) ☐ Apidra® (glulisine)	
Basal rate 1 units/hour from a.m./p.m. to a.m./p.m.	
Basal rate 2 units/hour from a.m./p.m. to a.m./p.m.	
Basal rate 3 units/hour from a.m./p.m. to a.m./p.m.	
NOTE: patient may have one or more basal rates in a 24 hour period (if additional basal rates, add to back of form)	
Insulin to carb ratio breakfast units of insulin per grams of carb	
Insulin to carb ratio lunch units of insulin per grams of carb	
Insulin to carb ratio dinner units of insulin per grams of carb	
Insulin to carb ratio snack units of insulin per grams of carb	
NOTE: patient may have one or more Insulin to carb ratios or take fixed amounts at each mea	ı <b>l:</b>
units at breakfast;units at lunch;units at dinner	
Correction Factor: Units for every mg/dL over mg/dL (target glucose)	
or one unit will bring blood glucose down mg/dL	
or make copy of written correction scale supplied by patient and add to chart	
4. Does the patient have the physical ability to manage the pump, deliver the doses, and make s	etting
changes? ☐ yes ☐ no  5. Does the patient have pump supplies and insulin at bedside? ☐ yes ☐ no	
<ol> <li>Has the pharmacy verified the insulin? ☐ yes ☐ no</li> <li>Has Biomedical Engineering evaluated the pump for safety? ☐ yes ☐ no</li> <li>Has the patient signed the Patient Agreement for Self-Administered Continuous Subcutaneou of Insulin? ☐ yes ☐ no</li> <li>NOTE: all questions must be answered "yes" before patient may use pump.</li> </ol>	s Infusion



#### **PATIENT CARE SERVICES**

STANDARDIZED PROCEDURE: Tdap (TETANUS, DIPHTHERIA & PERTUSSIS) VACCINE
ADMINISTRATION FOR ANTEPARTUM & POSTPARTUM OBSTETRIC
PATIENTS

#### I. POLICY:

- A. Function: To provide guidelines for administration of the Tdap vaccine to antepartum and postpartum women, and hospital employees.
  - 1. Tdap vaccine will be offered to all inpatient antepartum patients with every pregnancy (unless already received in current pregnancy) and postpartum women who did not receive the vaccination during the pregnancy, who have never been vaccinated and do not have a contraindication to vaccination before discharge from the hospital.
  - 2. The RN shall:
    - a. Identify and provide Tdap vaccine to all inpatient antepartum and postpartum women meeting screening criteria.
      - i. Tdap vaccine is contraindicated:
        - 1) In those with history of serious allergic reaction (anaphylaxis) to any component of the vaccine
        - 2) In those with history of encephalopathy (coma or prolonged seizure) within 7 days of receiving a vaccine with Pertussis.
      - ii. Physician notification with a new order is required to proceed with immunization for the following risk factors:
        - Moderate or severe acute illness with or without fever until the acute illness resolves.
        - 2) Guillain-Barré syndrome less than (<) 6 weeks after previous dose with tetanus toxoid containing vaccine
        - 3) Unstable neurologic condition (consult MD if patient has any neurologic condition for further advice)
        - 4) History of an Arthus reaction (i.e. a severe injection site reaction with hemorrhage or local necrosis typically developing 4 12 hours after vaccination) following a previous dose of a tetanus toxoid—containing and/or diphtheria toxoid—containing vaccine
      - iii. Simultaneous vaccination of Tdap with MMR and Influenza vaccine is safe.
      - iv. Tdap may be given in the 2<sup>nd</sup> or 3<sup>nd</sup> trimester of pregnancy er if breastfeeding and should be given with every pregnancy. If not given during the pregnancy the vaccination should be given postpartum prior to discharge.
    - Make referrals for significant others, and household contacts of newborn infant to a nearby clinic affiliated with the Tdap vaccination or to their primary care provider for screening and if eligible to receive the Tdap vaccination.
    - Employee Health Clinic shall provide screening and vaccination of all health care providers/employees who have direct patient contact at Tri-City Medical Center.
- B. Circumstances:
  - Setting: Tri-City Medical Center Inpatient Antepartum and Mother-Baby postpartum care units:
  - 2. Supervision: None required

Department Review	Clinical Policies & Procedures	Nursing Executive Council	Department of OB/GYN	Pharmacy and Therapeutics	Interdisciplina ry Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
6/10; 5/12; 1/15, <b>08/16</b>	05/12; 2/15, 09/16	05/12; 2/15, <b>09/16</b>	06/15, 12/16	05/12; 09/15, <b>02/17</b>	11/12; 01/16, <b>04/1</b> 7	11/12; 01/16, 04/17	02/16, <b>05/17</b>	12/12; 02/16

- Considerations for administration:
  - Requires careful screening of patient's prenatal care or lack of prenatal care, availability of immunization record, and assessment of risk factors associated with exposure and potential for development of Pertussis
  - b. Reduces the risk of Pertussis exposure from postpartum women, significant others, and extended family members to their newly born infants.
  - Compliance with recommendation from the California Department of Health,
     Centers for Infectious Disease to prevent infant deaths under 12 months due to
     Pertussis May-2014

#### II. PROCEDURE:

- A. The RN shall:
  - Identify and document vaccination history regarding previous Td and Tdap vaccination
    while screening patient for eligibility for Tdap immunization by going to Ad Hoc, WNS
    Maternal Forms, OB Immunization profile for all inpatient antepartum patients and
    postpartum patients upon admission to the unit.
    - a. Patient is not eligible for vaccination if any of the risk factors below are identified:
      - i. Previous severe allergic reactions (i.e. anaphylaxis) to any component of the vaccine.
      - ii. History of coma or prolonged seizures occurring less than (<) 7 days of administration of a pertussis vaccine (DTP, DTaP, Tdap) that was not attributable to any identifiable cause.
        - 1) Note: Family history of seizures is not a contraindication
      - iii. Patient received and can verify administration of the Tdap vaccine in this pregnancy or last ten years (exception the inpatient antepartum patient whom should receive the vaccine with every pregnancy).
        - A woman who did not get a dose of Tdap in pregnancy, and has never received a dose of Tdap in the past, should get a dose of Tdap immediately postpartum prior to discharge.
        - 2) If-woman previously received Tdap she does not need postpartum dose (if-does not know, it is best to give the dose)
        - 3) A pregnant-woman who is due-for routine 10-year booster should receive Tdap.
      - iv. Physician order not to give vaccine at this time
    - b. Physician notification with a new order is required to proceed with immunization for the following risk factors:
      - i. Moderate or severe acute illness with or without fever until the acute illness resolves
      - ii. Guillain-Barre syndrome less than (<) 6 weeks after previous dose with tetanus toxoid containing vaccine
      - iii. Unstable neurologic condition (consult MD if patient has any neurologic condition for further advice)
      - iv. History of an Arthus reaction (i.e. a severe injection site reaction with hemorrhage or local necrosis typically developing 4 12 hours after vaccination) following a previous dose of a tetanus toxoid containing and/or diphtheria toxoid containing vaccine

#### III. REQUIREMENTS FOR CLINICIANS INITIATING STANDARDIZED PROCEDURE:

- Current California RN license.
- B. Initial Evaluation: Orientation
- C. Ongoing Evaluation: Annual Skills Lab

#### IV. <u>DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE:</u>

145

CLINICAL CONTRACT EVALUATIONS 2017 TRI-CITY H THCARE DISTRICT

inresolvable/terminate

1. Major is

2. Major iss esolvable;	esolvable; 3. intermediat	esolvable; 3. intermediate issues/resolvable		TRI-CITY H TI	THCARE DISTRICT	TRICT							
4. Minor issues/resolvable; 5. No issues	5. No issues		CLINICAL	ICAL CONTRACT EVALUATIONS 2017	EVALUAT	IONS 20	17					)	
Vendor	Contract	Contract Type	Responsible Party	Responsible Dept	Expiration Date	Communi cation	Date Evaluated	Renew "R"/Not Renew "NR"	PHI Req'd	PIII Rec'd	MEC Review	PAC Review	Board Review
Gokaldas, Reshma KD	1007.3471C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2018		11/1/2016	W.	*	<b>&gt;</b>	3/27/2017	5/11/2017	
Goldsztein, Hernan MD	1007.3155C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2017		11/1/2016	æ	٨	<b>&gt;</b>	3/27/2017	5/11/2017	
Gooding, Justin M MD	1007.51C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2017		11/1/2016	×	Y	>	3/27/2017	5/11/2017	
Gramins, Daniel MD	1007.3514C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2018		11/1/2016	Z.	Y	<b>&gt;</b>	3/27/2017	5/11/2017	
Grieder, Bradley W MD	1007.52C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2018		11/1/2016	~	>	<b>X</b>	3/27/2017	5/11/2017	
Grossmont-Cuyamaca Community College	1021.1426C	Clinical Affiliation Agreement	Elizabeth Fleming	Education	6/30/2019	Yes	11/18/2016	~	Y	<b>Y</b>	3/27/2017 5/11/2017	5/11/2017	
Gualberto, Gary MD	1007,3382C	Physician Coverage Agreement	Sherry Miller	Emergency Room	6/30/2017		11/1/2016	æ.	Y	×	3/27/2017	5/11/2017	
Guerena, Michael MD	1007.54C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2017		11/1/2016	×	Y	<u>۶</u>	3/27/2017	5/11/2017	
Guerin, Chris MD	1007,55C	Physician-Medical Director	Sharon Schultz	Diabetic Education	6/30/2018		11/5/2016	æ	Y	<u>~</u>	3/27/2017	5/11/2017	
Guerin, Chris MD	1024,3364C	Physician-Services Agreement	Jeremy Raimo	Business Development	6/30/2017	Yes	12/6/2016	æ	¥	<u>۲</u>	3/27/2017	5/11/2017	
Gupta, Anshu MD	1007.3497C	Consulting Agreement	Stephen Chavez Matzel	Case Management	7/31/2017		11/16/2016	ĸ	Y	Y.	3/27/2017 5/11/2017	5/11/2017	

3/27/2017 5/11/2017

2

12/6/2016

Yes

12/31/2016

Business Development

Jeremy Raimo

Physician-Recruitment Agreement

1007.2179C

Halim, Neil MD

3/27/2017 S/11/2017

ĸ

12/6/2016

Yes

6/30/2019

Business Development

Jeremy Raimo

3/27/2017 5/11/2017

~

11/1/2016

6/30/2018

Emergency Room

Sherry Miller

Physician-Coverage

1007.3154C

Hanna, Karen MD

Agreement

Physician-Recruitment Agreement

1007,3072C

Hanna, Karen MD

TRI-CITY F THCARE DISTRICT

**CLINICAL CONTRACT EVALUATIONS 2017** Major is unresolvable/terminate
 Major iss esolvable; 3. intermediate issues/resolvable
 Minor issues/resolvable; 5. No issues

						,				
Board Review										
PAC Review	5/11/2017	5/11/2017	3/27/2017 5/11/2017	3/27/2017 5/11/2017	5/11/2017	3/27/2017 5/11/2017	5/11/2017	3/27/2017 5/11/2017	3/27/2017 5/11/2017	5/11/2017
MEC Review	3/27/2017	3/27/2017	3/27/2017	3/27/2017	3/27/2017	3/27/2017	3/27/2017	3/27/2017	3/27/2017	3/27/2017 5/11/2017
PHI Rec'd	¥	<b>&gt;</b>	Y	<b>*</b>	<b>&gt;</b>	¥	<b>*</b>	>-	<b>&gt;</b>	>
PHI Req'd	٨	Y	<b>&gt;</b>	Y	٨	Y	Y	Y	Y	Y
Renew "R"/Not Renew "NR"	R	Я	W.	R	~	×	N.	æ	æ	×
Date Evaluated	11/1/2016	12/6/2016	11/1/2016	12/6/2016	11/1/2016	11/16/2016	1/18/2017	12/6/2016	12/6/2016	12/6/2016
Communi		Yes						N <sub>o</sub>	Yes	Yes
Expiration Date	6/30/2017	6/30/2017	6/30/2018	6/30/2017	6/30/2018	4/30/2013	3/1/2017	1/31/2019	6/30/2017	6/30/2017
Responsible Dept	Emergency Room	Neurology	Етегденсу Room	Orthopedic Institute	Emergency Room	Case	Employee Health	Business Development	Orthopedic Institute	Orthopedic Institute
Responsible Party	Sherry Miller	Jeremy Raimo	Sherry Miller	Jeremy Raimo	Sherry Miller	Stephen Chavez Matzel	Rudy Gastelum	Jeremy Raimo	Jeremy Raimo	Јегету Канпо
Contract Type	Physician-Coverage Agreement	Physician-Services Agreement	Physician-Coverage Agreement	Physician-Medical Director	Physician-Coverage Agreement	Patient Transfer	Software License and Service	Physician- Recruitment Agreement	Physician-Services Agreement	Physician-Services Agreement
Contract	1007.5C	1027.3223C	1007,58C	1024.3489C	10073232C	1021.674E	1007.2700C	1007.3004	1024.2207C	1024.2411C
Vendor	Hardy, Tyrone MD	Hardy, Tyrone MD	Hariman, Andrew P MD	Hartman, Andrew P MD	Hawkins, Melissa MD	Hayden Home	HealthX	Heifetz, Susan Dabney MD	Helgager, James MD	Helgager, James MD

	Board Review														
	PAC Review	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017
	MEC Review	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017
	PHI Rec'd	<b>&gt;</b> -	>-	<b>&gt;</b> -	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b> -	>	<b>&gt;</b>	>-	<b>&gt;</b>	>-	<b>&gt;-</b>	<b>&gt;</b>	Y
	PHI Req'd	Y	¥	X.	Å.	Y	Y	Y	Y	¥	Y	Å	Y	Y	Y
	Renew "R"/Not Renew "NR"	2	æ	<b>X</b>	<b>x</b>	R	×	×	æ	æ	æ	æ	R	R	R
17	Date	11/18/2016	11/1/2016	11/1/2016	11/1/2016	11/1/2016	11/16/2016	11/1/2016	11/1/2016	11/1/2016	11/1/2016	11/1/2016	12/6/2016	12/5/2016	11/1/2016
TRICT IONS 20	Communi cation	Yes				Yes	Yes						Yes	Yes	
HCARE DISTRICT T EVALUATIONS	Expiration Date	4/18/2018	6/30/2018	6/30/2017	6/30/2018	6/15/2017	10/17/2017	6/30/2018	6/30/2017	6/30/2018	6/30/2019	6/30/2018	6/30/2017	6/1/2019	6/30/2017
TRI-CITY H THCARE DISTRICT CLINICAL CONTRACT EVALUATIONS 2017	Responsible Dept	Education	Emergency Room	Emergency Room	Emergency Room	Case Management	Case Management	Emergency Room	Етегдепсу Room	Emergency Room	Emergency Room	Emergency Room	Cardio Vasc Health Institute	Clinical Research	Emergency Room
TRI	Responsible Party	Elizabeth Fleming	Sherry Miller	Sherry Miller	Sherry Miller	Stephen Chavez Matzel	Stephen Chavez Matzel	Sherry Miller	Jeremy Raimo	Ingrid Stuiver	Sherry Miller				
nresolvable/terminate esolvable; 3. intermediate issues/resolvable esolvable; 5. No issues	Contract Type	Clinical Affiliation Agreement	Physician Coverage Agreement	Physician-Coverage Agreement	Physician-Coverage Agreement	Patient Transfer Agreement	Services Agreement	Physician-Coverage Agreement	Physician-Coverage Agreement	Physician-Coverage Agreement	Physician-Coverage Agreement	Physician-Coverage Agreement	Physician-Services Agreement	Clinical Study Agreement	Physician-Coverage Agreement
nresolvable/terminate solvable; 3. intermediate ssolvable; 5. No issues	Contract Number	1007.1428C	1007.2762C	1007.62C	1007.3165C	1021,1757C	1007.3350C	1007.3310C	1007.65C	1007.66C	1007.3153C	1007.67C	1004.2551C	1007.3274C	1007,3148C
Major is:	Vendor	High Tech High North Country	Hosalkar, Harish MD	Howden, Frederick M MD	Hudson, Henry MD	Independent Options, Inc.	Interfaith Community Services	Iyengar, Srinivas MD	Jacobs, Robert D MD	Jain, Atul MD	Jamshidi-Nezhad, Mohammad DO	Jamshidi-Nezhad, Mohammad DO	Jamshidi-Nezhad, Mohammad DO	Janssen	Jeswani, Sunit MD

TRI-CITY H THCARE DISTRICT

**CLINICAL CONTRACT EVALUATIONS 2017** Major is inresolvable/terminate
 Major iss. esolvable; 3. intermediate issues/resolvable
 Minor issues/resolvable; 5. No issues

Board	T														
PAC B Review Re	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017
MEC Review	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/
PHI Rec'd	>-	<b>X</b>	<b>&gt;</b>	>	<b>X</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>X</b>	<del>۷</del>	<b>&gt;</b>	>- -	Y
PHI Req'd	Y	Y	Y	Y	Y	Y	٨	<b>&gt;</b>	¥	¥	Y	¥	٨	٨	Y
Renew "R"/Not Renew "NR"	æ	R	æ	~	R.	æ	æ	æ	æ	~	~	æ	æ	<b>~</b>	æ
Date Evaluated	11/1/2016	11/16/2016	11/18/2016	11/1/2016	12/6/2016	11/1/2016	12/6/2016	11/1/2016	11/16/2016	11/4/2016	11/16/2016	11/5/2016	11/16/2016	11/1/2016	11/7/2016
Communi		Yes	Yes		S		Yes		Yes	Yes	Yes	No	Yes		Yes
Expiration Date	6/30/2017	3/5/2017	11/30/2017	6/30/2018	6/30/2017	6/30/2018	6/30/2017	6/30/2017	9/17/2017	6/30/2017	6/30/2018	6/30/2018	6/29/2017	6/30/2017	6/30/2018
Responsible Dept	Operational Improvement	Case Management	Education	Emergency Room	Orthopedic Institute	Emergency Room	Cardio Vasc Health Institute	Emergency Room	Case Management	Home Health Care	Саse Мападетелt	Behavioral Health Unit	Case Management	Emergency Room	Surgery
Responsible Party	Sherry Miller	Stephen Chavez Matzel	Elizabeth Fleming	Sherry Miller	Jeremy Raimo	Sherry Miller	Jeremy Raimo	Sherry Miller	Stephen Chavez Matzel	Monica Trudeau	Stephen Chavez Matzel	Sharon Schultz	Stephen Chavez Matzel	Sherry Miller	Mary Diamond
Contract Type	Physician-Medical Chair	Patient Transfer Agreement	Clinical Affiliation Agreement	Physician-Coverage Agreement	Participation Agreement	Physician-Coverage Agreement	Physician-Services Agreement	Physician-Coverage Agreement	Patient Transfer Agreement	Physician-Medical Director	Physician - Medical Director Agreement	Consulting Agreement	Patient Transfer Agreement	Physician-Coverage Agreement	Physician - Medical Director Agreement
Contract	1007.2613C	1007.1788C	1007.3194C	1007.3000C	1015,3366C	1007.3254C	1004.2552C	1007.71C	1007.1807C	1007.74C	1007.2957C	1007.2631C	1007.832C	1007.75C	1007.3267C
Vendor	Johnson, James L MD	Kaiser Foundation Hospital	Kaplan College	Karanikkis, Christos MD	Kaska, Serge C MD	Krall, Peter MD	Kroener, John M MD	Krol, Thomas C MD	La Jolla Nursing & Rehab Center	LaFata, John MD	LaFata, John MD	Lam, Christina NP	Las Villas de Carisbad	Lebovits, Marc J MD	Lee, Dandy MD

TRI-CITY H THCARE DISTRICT

Major is inresolvable/terminate
 Major iss esolvable; 3. intermediate issues/resolvable

**CLINICAL CONTRACT EVALUATIONS 2017** 

	PAC Board Review Review	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017
	MEC Review	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/	4/24/2017 5/1	4/24/2017 5/1	4/24/2017 5/1	4/24/2017 5/1
	PHI Rec'd	>	<b>&gt;</b>	>	>	<b>&gt;</b>	>-	7	>-	<b>&gt;</b>	<b>&gt;</b>	<b>*</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
	PHI Req'd	Y	Y	¥	*	*	*	Y	*	٨	٨	٨	Y	Y	Y
	Renew "R"/Not Renew "NR"	æ	æ	~	~	2	Z.	æ	N.	×.	×	l K	æ	~	~
217	Date Evaluated	2/22/2017	11/16/2016	11/5/2016	12/6/2016	11/18/2016	11/1/2016	12/5/2016	11/1/2016	11/1/2016	11/1/2016	11/1/2016	12/5/2016	12/6/2016	11/1/2016
ATIONS 2	Communi		Yes		Yes	Yes		Yes					Yes	No	
EVALU	Expiration Date	7/31/2020	5/31/2017	12/31/2018	10/31/2019	9/2/2018	6/30/2018	5/10/2017	Evergreen	6/30/2017	6/30/2017	630/2018	2/28/2018	8/14/2017	6/30/2017
CONTRACT	Responsible Dept	Business Development	Case	Nursing Admin	Business Development	Education	Emergency Room	Clinical Research	Med Staff Support	Emergency Room	Emergency Room	Emergency Room	Orthopedic Institute	Business Development	Emergency
CLINICAL	Responsible Party	Wayne Knight	Stephen Chavez Matzel	Sharon Schultz	Jeremy Raimo	Elizabeth Fleming	Sherry Miller	Ingrid Stuiver	Sherry Miller	Sherry Miller	Sherry Miller	Sherry Miller	Ingrid Stuiver	Jeremy Raimo	Sherry Miller
esolvable; 3. intermediate issues/resolvable resolvable; 5. No issues	Contract Type	Physician Recruitment Agreement	Patient Transfer Agreement	Affiliation Agreement	Physician- Recruitment Agreement	Clinical Affiliation Agreement	Physician-Coverage Agreement	Clinical Study Agreement	Medical Staff Leadership Agreement	Physician-Coverage Agreement	Physician-Coverage Agreement	Physician-Coverage Agreement	Clinical Study Agreement	Physician-Services Agreement	Physician-Coverage Agreement
3. intermediate 5. No issues	Contract	1007.3279C	1007.2862C	1007.1211C	1007.3508C	1007.2381C	1007.2984C	1007.2523C	1007.3315C	1007.8C	1007.80C	1007.81C	1015.3311C	1007,540C	1007.3313C
2. Major iss esolvable; 3. intermed 4. Minor issues/resolvable; 5. No issues	Vendor	Li, Xiangli MD	Life Care Center of Vista	Lifesharing, a Dept of the University of California, San Diego Health Systems	Liu, Wilson MD	Loma Linda University	Lopez, Sandra MD	Lutonix, Inc.	Ma, Gene MD	Marcisz, Thomas J MD	Matthews, Oscar A MD	Mazarei, Rahele DO	Mazor Robotics	Mazur, Paul MD	McGraw, Charles MD

TRI-CITY H THCARE DISTRICT CLINICAL CONTRACT EVALUATIONS 2017

Major iss a solvable; 3. intermediate issues/resolvable
 Major issues/resolvable; 5. No issues

	Board														
ŀ	Review	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017
0 10 1	Review	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017
	rhi Rec'd	>-	>-	<b>&gt;</b> -	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b> -	¥	<b>&gt;</b>	¥	¥	<b>&gt;</b>	<b>&gt;</b>	¥
Table 1	Req'd	¥	Y	¥	¥	¥	٨	Y	٨	Y	Y	Y	Y	٨	Y
4	Renew "R"/Not Renew "NR"	œ	NR	×	æ	æ	æ	<b>N</b>	ж	æ	R	χ.	æ	æ	R
	Late Evaluated	11/1/2016	11/1/2016	11/1/2016	11/18/2016	10/18/2016	11/16/2016	11/1/2016	12/6/2016	12/6/2016	11/18/2016	11/16/2016	12/5/2016	11/18/2016	11/1/2016
-	cation				Yes	Yes	Yes		Yes	Yes	Yes			Yes	
-	Date	6/30/2017	6/30/2017	6/30/2018	11/15/2017	6/30/2018	8/19/2017	6/30/2017	6/30/2017	6/30/2017	1/7/2018	10/27/2018	4/25/2019	2/2/2019	6/30/2017
n	Dept	Emergency Room	Emergency Room	Emergency Room	Education	ОРВНО	Case Management	Emergency Room	Orthopedic Institute	Orthopedic Institute	Education	Case Management	Clinical Research	Education	Emergency Room
2011	Responsible rarry	Sherry Miller	Sherry Miller	Sherry Miller	Elizabeth Fleming	Sarah Jayyousi	Stephen Chavez Matzel	Sherry Miller	Jeremy Raimo	Jeremy Raimo	Elizabeth Fleming	Stephen Chavez Matzel	Ingrid Stuiver	Elizabeth Fleming	Sherry Miller
E	Comract 1ype	Physician-Coverage Agreement	Physician-Coverage Agreement	Physician-Coverage Agreement	Clinical Affiliation Agreement	Physician - Medical Director Agreement	Patient Transfer Agreement	Physician-Coverage Agreement	Physician-Services Agreement	Physician-Services Agreement	Clinical Affiliation Agreement	Patient Transfer Agreement	Clinical Study Agreement	Clinical Affiliation Agreement	Physician-Coverage Agreement
	Number	1007.2360C	1007.86C	1007.88C	1007.1455C	1007.91C	1007 1902C	1007.2360C	1024.3217C	1024.3218C	1007.1456C	1007.3349C	1007,3410C	1007,1458C	1007.2318C
	A CHAOL	Mehta, Ritvik P MD	Melden, Mark DO	Mellgren, Sally G MD	Mira Costa College	Mirow, Arvin MD	Mission Treatment Services	Moazzaz, Payam MD	Moazzaz, Payam MD	Moazzaz, Payam MD	Modern Technology School	Moradi, Amir MD	Motif Biosciences, Inc.	Mount St Mary's College	Mudd, Brian DDS

TRI-CITY H HCARE DISTRICT CLINICAL CONTRACT EVALUATIONS 2017

Major iss. esolvable/terminate
 Major iss. esolvable; 3. intermediate issues/resolvable
 Minor issues/resolvable; 5. No issues

	T		Т	7		T	_		Τ		1			,
Board Review										:				
PAC Review	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017	5/11/2017
MEC Review	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017	4/24/2017
PHI Rec'd	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b> -	<b>+</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	>-	<b>&gt;</b>
PHI Req'd	Y	¥	Y	٨	Y	Y	¥	¥	Y	¥	Y	*	<b>&gt;</b>	Y
Renew "R"/Not Renew "NR"	N.	W.	×	W.	æ	×	Я	R	~	Я	×	æ	æ	æ
Date Evaluated	11/1/2016	12/5/2016	11/18/2016	11/1/2016	11/1/2016	11/1/2016	12/6/2016	11/29/2016	2/22/2017	11/16/2016	11/72016	11/16/2016	2/22/2017	11/16/2016
Communi cation			Yes				Yes					Yes		Yes
Expiration Date	6/30/2018	9/9/2019	12/15/2017	1/31/2020	3/31/2021	6/30/2017	10/30/2016	7/31/2017	8/31/2019	7/4/2018	6/30/2019	4/30/2017	11/11/2016	1/26/2018
Responsible Dept	Етегденсу Room	Clinical Research	Education	Med Staff Support	Education	Emergency Room	Surgery	Laboratory	Business Development	Case Management	NICO	Case Management	Nursing Admin	Саѕе Мападетепі
Responsible Party	Sherry Miller	Ingrid Stuiver	Elizabeth Fleming	Sherry Miller	Sherry Miller	Sherry Miller	Jeremy Raimo	Tara Eagle	Wayne Knight	Stephen Chavez Matzel	Mary Diamond	Stephen Chavez Matzel	Wayne Knight	Stephen Chavez Matzel
Contract Type	Physician-Coverage Agreement	Clinical Study Agreement	Clinical Affiliation Agreement	Affiliation Agreement	Affiliation Agreement	Physician-Coverage Agreement	Clinical Services Agreement	Physician-Services Agreement	Physician- Recruitment Agreement	Patient Transfer Agreement	Physician-Coverage Agreement	Patient Transfer Agreement	Physician-Coverage Agreement	Patient Transfer Agreement
Contract Number	1007.2965C	1007.3213C	1007.2458C	1007.2419C	1007.1929C	1007.2960C	1007,3051C	1007.2183C	1007.3483C	1007,1183C	1007.99C	1007.1187C	1007.2736C	1007.3228C
Vendor	Mulitaseb, Tatal MD	National Institute of Health	National University	Naval Hospital Camp Pendleton	Naval Medical Center	Nielsen, Amy DÖ	Neurosound, Inc.	North Coast Pathology Medical Group, Inc.	North Coast Urology Medical Associates, Inc.	North County Health Services	North County Neonatology Specialists	North County Oncology Med Clinic	North County Oncology Med Clinic	North County Surgery Center

Major is a solvable; 3. intermediate issues/resolvable
 Major issues/resolvable; 5. No issues

TRI-CITY H THCARE DISTRICT CLINICAL CONTRACT EVALUATIONS 2017

	Contract	Contract Type	Responsible Party	Responsible	Expiration Date	Communi	Date	Renew "D"/Not	PHI	PHI	MEC	PAC	Board
							Panualen	Renew "NR"	red a	Nec a	Keview	Kevlew	Keview
	1007.2448C	Physician-Coverage Agreement	Sherry Miller	Етегдепсу Room	6/30/2017		11/1/2016	a.	٨	<b>&gt;</b>	4/24/2017	5/11/2017	
	1007.2667C	Supplies Agreement	Tara Eagle	Pathology Lab	12/2/2017		11/29/2016	×	٨	<b>&gt;</b>	4/24/2017	5/11/2017	
Nowak, Thomas P MD	1007.104C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2017		11/1/2016	R	Y	<b>&gt;</b> -	4/24/2017	5/11/2017	
	1007.2703C	Physician-Medical Director	Sherry Miller	Emergency Room	6/30/2017		11/1/2016	~	Y	<b>&gt;</b>	4/24/2017	5/11/2017	
	1007.3521C	Patient Transfer Agreement	Stephen Chavez Matzel	Саѕе Мападетеп	11/20/2017	Yes	1/18/2017	×	Y	⊁	4/24/2017	5/11/2017	
Oceanside High School	1007.3122C	Clinical Affiliation Agreement	Elizabeth Fleming	Education	1/31/2019	Yes	11/18/2016	æ	<b>*</b>	<b>&gt;</b>	4/24/2017	5/11/2017	
	1007,105C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2017		11/1/2016	æ	<b>&gt;</b>	<b>&gt;</b>	4/24/2017	5/11/2017	
Orange Coast College	1007.1682C	Clinical Affiliation Agreement	Elizabeth Fleming	Education	2/18/2018	Yes	11/18/2016	×	*	<b>&gt;-</b>	4/24/2017	5/11/2017	
	1007.107C	Physician - Medical Director Agreement	Sarah Jayyousi	ОРВНО	6/30/2017	Yes	10/18/2016	×	٨	>-	4/24/2017	5/11/2017	
	1007,3465C	Patient Transfer Agreement	Stephen Chavez Matzel	Саѕе Мапаветепt	7/31/2017	Yes	11/16/2016	æ	<b>*</b>	>-	4/24/2017	5/11/2017	
Pacific Surgery Center	1021.2225	Patient Transfer Agreement	Stephen Chavez Matzel	Case Management	6/29/2017	Yes	11/16/2016	æ	Y	>-	4/24/2017	5/11/2017	
Pacifica Graduate Institute	1007.2894C	Clinical Affiliation Agreement	Elizabeth Fleming	Education	6/18/2019	Yes	11/18/2016	ĸ	>	<b>&gt;</b>	4/24/2017	5/11/2017	
	1077.923C	Physician-Coverage Agreement	Sherry Miller	Emergency Room	6/30/2017		11/1/2016	æ	<b>*</b>	<b>&gt;</b>	4/24/2017	5/11/2017	
	1007,1464C	Clinical Affiliation Agreement	Elizabeth Fleming	Education	12/16/2018	Yes	11/18/2016	æ	*	<b>&gt;</b>	4/24/2017	5/11/2017	

# Governance & Legislative Committee Meeting Minutes Tri-City Healthcare District May 2, 2017

James J. Dagostino, DPT, PT, Chairperson; Director Laura E. Mitchell; Dr. Paul Slowik, Community Member; Dr. Gene Ma, Chief of Staff; Dr. Marcus Contardo, Physician Member

Members Present:

Non-Voting Members: Steve Dietlin, CEO; Kapua Conley, COO; Scott Livingstone, Interim CCO

Sherry Miller, Manager, Medical Staff Office; Teri Donnellan, Executive Assistant; Jane Dunmeyer, League of Women Voters; Greg Moser, General Counsel Others Present:

Director Rosemarie V. Reno; Robin Iveson, Community Member; Dr. Cary Mells, Physician Member

Absent:

	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	The meeting was called to order at 12:30 p.m.in Assembly Room 3 at Tri-City Medical Center by Chairman Dagostino.		
	Chairman Dagostino introduced Scott Livingston, Interim Chief Compliance Officer.		
2. Approval of Agenda	It was moved by Director Mitchell and seconded by Dr. Slowik to approve the agenda as presented. The motion passed unanimously.	Agenda approved.	
<ol> <li>Comments from members of the public</li> </ol>	Chairman Dagostino read the Public Comments announcement as listed on today's Agenda.	Information only	
4. Ratification of prior Minutes	It was moved by Dr. Slowik and seconded by Director Mitchell to ratify the minutes of the March 7, 2017 Governance & Legislative Committee. The motion passed unanimously.	Minutes ratified.	Ms. Donnellan
5. Old Business	None		
6. New Business			
a. Medical Staff Rules &			

May 2, 2017

Person(s) Responsible	DRAFT		Ms. Donnellan	ard io uded			
Action Follow-up				Recommendation to be sent to the Board of Directors to approve Board Policy 16-037 as described; item to appear on Board agenda and included in agenda packet.			
Discussion		explained that Ms. Bernard-Shaw's contract has been terminated and Mr. Scott Livingstone has been appointed as Interim Chief Compliance Officer. In addition, the Board has directed that the Chief Compliance Officer report to the CEO rather than the Board. Chairman Dagostino stated amendments are needed to Board Policy 16-037 to reflect that the Board is no longer responsible for Succession Planning of the Chief Compliance Officer.	It was recommended "Chief Compliance Officer" be struck throughout the Policy (including the title of the policy). In addition, Section II D. b should be struck in its entirety.	It was moved by Dr. Ma to recommend approval of Board Policy 16-037 as described. Dr. Contardo seconded the motion. The motion passed unanimously.	Chairman Dagostino stated as previously discussed, the Board has directed that the Chief Compliance Officer report to the CEO and therefore amendments are needed to Board Policy 16-023. Discussion was held regarding the need for the Board to continue to have an "advice and consent role" related to the Chief Compliance Officer. With regard to the hiring and termination of the Chief Compliance Officer, Mr. Dietlin stated he recognizes the Board's role however suggested that the Board not withhold consent unreasonably and the terms and conditions be left to the CEO.	Mr. Moser suggested Section I. B describes the role of the CCO to implement the "dotted line" to the Board. Mr. Livingstone stated in order for the Compliance Officer to be most effective, a dual reporting pathway is important.	With regard to investigations the Chief Compliance
Topic		Chief Executive Officer and Chief Compliance Officer Succession Planning Policy			c. Review of Board Policy 16-023 – Responsibility for Decision-making on Legal Matters		WILL AND THE STREET STR

Topic	Discussion	Action Follow-up	Person(s) Responsible
			H
	Officer may need to conduct, Mr. Moser explained the Board previously approved the engagement of two outside firms that can be used in compliance investigations. Mr. Moser stated the \$50,000 settlement approval authority is governed by statute.		
	It was moved by Director Mitchell that the Board recommend the Signature Approval Policy 8610-232 be referred to the Finance, Operations & Planning Committee for review to include CEO approval authority for the Chief Compliance Officer. Dr. Contardo seconded the motion. The motion passed unanimously.	Recommendation to be sent to the Board of Directors to refer the Signature Authority Policy 8610-232 to the Finance, Operations & Planning Committee; item to appear on Board agenda.	Ms. Donnellan
	Mr. Moser commented that the Board's policy is more precise than most organizations and was put in place due to abuse of authority.		
	Several revisions were suggested to Appendix B. Discussion was held regarding the licensure required for the position. Mr. Dietlin suggested he work with General Counsel to modify the Job Description as applicable due to the fact that he has been delegated management authority over the Chief Compliance Officer.		
	It was moved by Dr. Contardo that General Counsel and Mr. Dietlin revise Board Policy 16-023 and the accompanying Job Description to reflect the current reporting structure and bring back a red-lined copy to the Committee in June. Dr. Slowik seconded the motion. The motion passed unanimously.	General Counsel and Mr. Dietlin to revise Board Policy 16-023 and the accompanying Job Description to reflect the current reporting structure; item to be placed on the June committee agenda.	General Counsel/
	Dr. Slowik left the meeting at 1:31 p.m.		
d. Review of District Bylaws	Chairman Dagostino stated Article VI of the District Bylaws as written reflects that the Chief Compliance Officer is hired by the Board (Section 3) and the Board is responsible for evaluating the Chief Compliance Officer. As was previously discussed, the Board has directed that the Chief Compliance Officer report to the CEO and therefore an amendment is needed to the Bylaws.		
Governance & Legislative Committee Meeting	e Meeting	May 2, 2017	17

Person(s) Responsible	DRAFT				General Counsel							
Action Follow-up	DR				General Counsel to amend Bylaws as described; red-lined policy item to be placed on June committee agenda.	Information only.					None	May 2, 2017
Discussion		It was suggested that "hired by the Board of Directors" be struck from Section 3. It was noted however that the Chief Compliance Officer should continue to have a "dotted line" reporting to the Board of Directors.	It was suggested Section 5. be struck in its entirety.	It was suggested Article III, Section 3 d. be struck in its entirety.	It was moved by Dr. Contardo that General Counsel amend the Bylaws as discussed and bring back a red-lined version to the June meeting. Director Mitchell seconded the motion. The motion passed unanimously.	Chairman Dagostino reviewed the Key State Issues that might apply to the District.	Dr. Ma stated he has reviewed the legislative news from the AMA and CMA websites and he does not believe the information would be of much value to the Committee.	Chairman Dagostino stated he has applied to serve on the CHA Governance Committee which Director Schallock has served on in the past. He explained members of that Committee analyze legislative bills and make recommendations and he is looking forward to serving on the Committee if selected.	Mr. Dietlin stated he attends the quarterly DHLF meetings and will bring forward information from those meetings as appropriate	Chairman Dagostino stated if there are legislative bills that the committee feels the District should oppose or support via letter, a recommendation can be made to the Board to do so.	The FY2017 Committee Work Plan was included in the	ç
Topic						7. Discussion regarding Current Legislation					8. Review of FY2017 Committee	Governance & Legislative Committee Meeting

Торіс	Discussion	Action Follow-up	Person(s) Responsible
		IO	DRAFT
Work Plan	agenda packet for information.		
9. Committee Communications	There were no committee communications.		
10. Committee Openings – One	There is currently one opening on the committee.		
11.Confirm date and time of next meeting	The committee's next meeting is scheduled for Tuesday, June 6, 2017 at 12:30 p.m.	The next meeting of the Committee is June 6, 2017.	
12. Adjournment	Chairman Dagostino adjourned the meeting at 2:01 p.m.		

Section: Medical Staff

Subject: Department of Anesthesiology

Rules & Regulations

Page 1 of 5

#### I. MEMBERSHIP

As part of the Department's goal to ensure that its physicians meet high standards of clinical quality, the Department has determined that Board Certification is an important indicator of quality. Therefore, the Department of Anesthesiology consists of physicians who are at all times and remain Board Certified by the American Board of Anesthesiology (ABA), or are a candidate in the ABA examination system, as determined by the American Board of Anesthesiology. Department members with time-limited certificates must participate in the ABA's Maintenance of Certification in Anesthesiology (MOCA) program in order to maintain their certification. For those members who have non-time limited certificates, the Department recommends participation in the MOCA program.

#### II. FUNCTIONS OF THE DEPARTMENT

The general functions of the Department of Anesthesiology shall include:

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

#### III. DEPARTMENT MEETINGS

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

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#### IV. DEPARTMENT OFFICERS

The Department shall have a Chair who shall be a member of the Active Medical Staff and shall be qualified by training, experience, and demonstrated ability in the clinical area of Anesthesiology. The Department Chair shall be elected every two (2) years by the Active members of the Department who are eligible to vote. Vacancies for any reason shall be filled for the unexpired term through a special election. The Chair shall be elected by a simple majority of the members of the Department. The Department Chair shall serve a two-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from office, or loses his/her Medical Staff membership or clinical privileges in the Department. Department officers shall be eligible to succeed themselves. The Vice Chair will be the prior Chairman and a Quality Review Committee Chairman will be appointed.

#### V. <u>DUTIES OF THE DEPARTMENT CHAIR</u>

The Department Chair shall assume the following responsibilities:

- A. Be accountable for all professional and administrative activities of the Department;
- B. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Department;
- C. Recommend to the Medical Executive Committee the criteria for clinical privileges in the Department;
- D. Assure that practitioners practice only within the scope of their privileges as defined within their delineated privilege card;
- E. Recommend clinical privileges for each member of the Department;
- F. Assure that the quality, safety and appropriateness of patient care provided by members of the Department are monitored and evaluated; and
- G. Other duties as recommended from the Medical Executive Committee.

#### VI. PRIVILEGES

- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office Department.
- By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.
- C.B. Requests for privileges in the Department of Anesthesiology shall be evaluated on the basis of the member's education, training, experience, demonstrated current professional competence and judgment, clinical performance, and the documented results of patient care and proctoring.
- Practitioners shall practice only within the scope of their privileges as defined within the respective Department rules and regulations. Recommendations for privileges are made to the Credentials Committee and Medical Executive Committee.

COGNITIVE PRIVILEGES	Initial	Proctoring	Reappointment every two years
Consultation	N/A	N/A	N/A
Perform history and physical examination	N/A	N/A	N/A
Evaluate and treat-patients with anesthesia related problems	N/A	N/A	N/A

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COGNITIVE PRIVILEGES	Initial	Prostoring	Reappointment
CORE PROCEDURAL PRIVILEGES	Initial	Proctoring	Reappointment every two years
General Anesthesia	Training	3	20
Regional Anesthesia	Training	2	5
Invasive Monitering, including: Arterial line Gentral line Pulmonary Artery Catheter	Training	N/A	5

<u>Cardiac Anesthesia Criteria</u> - Cardiac anesthesia privileges are considered for applicants who fall under one of the following two categories:

#### Category 1:

Successful completion of cardiac anesthesia fellowship OR completion of six-months of focused cardiac anesthesia training during third year of residency OR documentation of current activity managing cardiopulmonary bypass cases.

#### Category 2:

Completion of approved anesthesia residency training program that included three (3) months of cardiac anesthesia with additional proctoring: 1) Five (5) cases will be proctored via direct observation; and 2) Twenty-five (25) prospectively reviewed cases where the plan for anesthesia is discussed with an eligible proctor and the proctor reviews the case retrospectively.

SPECIAL PROCEDURES	Initial	Proctoring	Reappointment every two years
Cardiac anesthesia	See above:	See above.	5
Transesophageal echocardiography (TEE)	1. Cardiac fellowship-training, er 2. Documentation of recent training program where TEE was part of training, er 3. Six (6) months Cardiac Anesthesia	3	None
Coronary-sinus cathoter placement	residency Successful completion of all privileging criteria for Cardiac Anesthesia (Category 1 or 2), and current flouroscopy license, and Transesophageal echocardiography	2	None

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OTHER PRIVILEGES	Initial	Proctoring	Reappointment every-two-years
Admit patients	Training	N/A	N/A
Fluoroscopy	Refer to policy 8710-528 and 8710- 528A	A\A	N/A

PAIN MANAGEMENT	Refer to policy-87-10-541
PROCEDURES	

#### VII. REAPPOINTMENT

Procedural privileges may be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may be accepted to fulfill the requirements. For Anesthesiology Procedural Privileges, 25% of the overall case-specific volume requirement(s) must have been performed at an acute care hospital. If the minimum number of cases is not performed, the physician will be required to undergo proctoring for all procedures that were not satisfied. The physician will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

#### VIII. PROCTORING OF PRIVILEGES

- A. Each Medical Staff member granted initial, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated until his or her privileges status is established by a recommendation from the Department Chair to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors.
- B. All Active staff members of the Department will act as proctors to monitor quality of performance.
- C. When the required number of cases has been proctored, the Department Chair must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.
- D. Blank forms will be available from the Operating Room Supervisor and/or the Medical Staff Office Department.
- E. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff OfficeDepartment.
- F. Evaluation of the Medical Staff member by the proctor will emphasize concurrent or retrospective chart review and include direct observation of procedural techniques. The Medical Staff member must notify his proctor at the time a procedure is scheduled or planned. If the proctor is not available, the applicant must notify another anesthesiologist. If the procedure must be done as an emergency without proctoring, the proctor must be informed at the earliest appropriate time following the procedure.

#### IX. DEPARTMENT QUALITY REVIEW AND MANAGEMENT

The Department of Anesthesiology will have a Quality Review Committee (QRC) comprised of no less than four (4) Department members. The committee chairman is the Department's representative to the Medical Quality Peer Review Committee. Committee members are able to succeed themselves. The QRC will meet a minimum of four (4) times per year to review cases in a timely manner.

#### A. General Function

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The QRC provides systematic and continual review, evaluation, and monitoring of the quality and safety of care and treatment provided by the Department members.

#### B. Specific Functions

The QRC is established to:

- Identify important elements of anesthesia care in all areas in which it is provided;
- 2. Establish performance monitoring indicators and standards that are related to these elements of care:
- 3. Select and approve their performance monitoring indicators;
- 4. Integrate relevant information, as indicated, and review quarterly;
- 5. Formulate thresholds for evaluation related to performance monitoring indicators.
- 6. Review and evaluate physician practice when specific thresholds are triggered;
- 7. Identify areas of concern, opportunities to improve care and safety, and educate Department members based on these reviews;
- 8. Highlight significant clinical issues and present the specific information regarding quality of care to the appropriate Department member, in accordance with Medical Staff Bylaws;
- 9. Request Focused Professional Practice Evaluation when/if questions arise regarding a physician's practice;
- 10. Monitor and review the effectiveness of any intervention and document any change.

#### C. Other Functions

- Assist in the reappointment process, through retrospective review of charts;
- 2. Review any issues related to anesthesia that are forwarded for review by other departments;
- 3. Assist in the collection, organization, review, and presentation of data related to anesthesia care and safety;
- 4. Review the cases involving an anesthesia related death.

#### D. Reports

Minutes are submitted to the Medical Staff QA/PI/PS Committee and the MEC.

#### X. <u>EMERGENCY WEEKEND AND NIGHT CALL</u>

Individuals administering twelve (12) or more anesthesia cases in a year must maintain their active medical staff membership. Active medical staff members shall participate in anesthesia emergency, weekend, and night call as determined by the Department.

#### Approvals:

Department of Anesthesiology - 05/21/2015 Medical Executive Committee - 06/22/2015 Governance Committee - 07/07/2015 Board of Directors - 07/30/2015

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#### I. MEMBERSHIP

A. The Division of Cardiology consists of physicians who are initially board certified in Cardiovascular Disease by the American Board of Internal Medicine or are progressing toward certification.

- B. Applicants who are progressing toward board certification in Cardiovascular Disease by the American Board of Internal Medicine must complete formal training prior to applying for medical staff membership in the Division of Cardiology and must become board certified within five (5) years of the initial granting of medical staff membership, unless extended for good cause by the Medical Executive Committee.
- C. Board certified members who were issued certificates in Internal Medicine and Cardiology after 1989 are required to become re-certified in order to maintain board certification status. Continued board certification may be in Cardiovascular Disease and/or a sub-specialty (e.g. Cardiac Electrophysiology) by the American Board of Internal Medicine or by the National Board of Physicians and Surgeons.

#### II. FUNCTIONS OF THE DIVISION

The general functions of the Division shall include:

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

#### III. DIVISION MEETINGS

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The Division of Cardiology shall meet at least annually or at the discretion of the Chief. The Division will consider findings from the ongoing monitoring and evaluation of the quality, safety, and appropriateness of the care and treatment provided to patients. Minutes shall be transmitted to the QA/PI/PS Committee, and then to the Medical Executive Committee.

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

#### IV. <u>DIVISION OFFICERS</u>

- A. The Division shall have a Chief who shall be a member of the Active Medical Staff and shall be board certified in Cardiovascular Diseases and qualified by training, experience, and demonstrated ability in the clinical areas covered by the Division.
- B. The Division Chief shall be elected every year by the Active members of the Division who are eligible to vote. If there is a vacancy for any reason, the Department Chairman shall designate a new Chief, or call a special election. The Chief shall be elected by a simple majority of the members of the Division.
- C. The Division Chief shall serve a one-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from the office, or loses his/her Medical Staff membership or clinical privileges in the Division. The Division officers shall be eligible to succeed themselves;

#### V. <u>DUTIES OF THE DIVISION CHIEF</u>

The Division Chief shall assume the following responsibilities:

- A. Be accountable for all professional and administrative activities of the Division:
- B. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Division;
- Assure that practitioners practice only within the scope of their privileges as defined within their delineated privilege form;
- Recommend to the Department of Medicine and the Medical Executive Committee the criteria for clinical privileges in the Division;
- E. Recommend clinical privileges for each member of the Division;
- F. Assure that the quality, safety and appropriateness of patient care provided by members of the Division are monitored and evaluated; and
- G. Other duties as recommended from the Department of Medicine or the Medical Executive Committee.

#### VI. CLASSIFICATIONS

The Division of Cardiology has established the following categories:

#### A. Physicians - Cardiology

Refer to Membership section above. Physicians may act as consultants to others and may, in turn, be expected to request consultation when:

- 1. Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life-threatening illness;
- 2. Unexpected complications arise which are outside their level of competence;

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Specialized treatment or procedures are contemplated with which they are not familiar.

B. <u>Nurse Practitioner (NP)</u> – Refer to the Allied Health Professionals Rules and Regulations for basic credentialing requirements.

Nurse practitioner means a registered nurse who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary care and who has been prepared in a program. The nurse practitioner shall function under standardized procedures and any protocols covering the care delivered by the nurse practitioner. The nurse practitioner and his/her supervising physician, who shall be a cardiologist, shall develop the standardized procedures and any protocols to be approved by the Division of Cardiology, Department of Medicine, Credentials Committee, Interdisciplinary Practice Committee, Medical Executive Committee, and Board of Directors.

Nurse-Practitioner Privileges	Initial Appointment	Proctoring	Reappointment	
Collaborate in the diagnosis, evaluation and management of the patient	Refer to AHP Rules and Regulations for	First ten (10) total	None	
Perform history and physical examination  Order or transmit an order for x-ray, other studies,  ECGs, cardiac stress testing, echocardiography, therapeutic diets, physical/rehab therapy, occupational/speech therapy, respiratory therapy, and nursing services.	requirements	cases from this privilege card-need to be proctored by your supervising physician.		
Eurnish medications following the Drugs and Devices protocol as described in the standardized precedures  Emergency cardiac treatment				
Cardiac stress testing, under supervision of a cardiologist	Decumentation of twelve (12) cases	<del>Two (2)</del>	Fifty (50)	

 C. <u>Physician Assistant (PA)</u> – Refer to the Allied Health Professionals Rules and Regulations for basic credentialing requirements.

A physician assistant may only provide those medical services, which he/she is competent to perform and which are consistent with the physician assistant's education, training and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant.

- 1. A supervising physician shall be available in person or by electronic communication at all times when the PA is caring for patients.
- 2. The supervising physician shall delegate to the PA only those tasks and procedures consistent with the supervising physician's specialty or usual customary practice and with the patient's health and condition.
- 3. The supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured competency.

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4. The physician assistant may initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care.

5. The supervising physician must see patients cared for by the physician assistant at least once during their hospital stay.

6. A physician assistant may not admit or discharge patients.

7. Refer to the AHP rules and regulations for detailed explanation of supervising physician supervision requirements and co-signature requirements.

Physician Assistant Privileges **Privileges** Initial Appointment **Proctoring** Reappointment (every 2 years) Take a patient history; perform a physical Refer to AHP Rules First (10) Nene examination and make an assessment and and Regulations for total cases credentialing diagnosis therefrom; initiate, review and revise from this requirements treatment and therapy plans, record and present privilege pertinent data in a manner meaningful to the card-need physician. to-be Order or transmit an order for x-ray, other studies. proctored therapeutic diets, physical/rehab therapy, by your occupational/speech therapy, respiratory therapy, spensoring and nursing services. physician. Order, transmit an order for, perform, or assist in the performance of laboratory procedures. screening procedures and therapeutic procedures. Recognize and evaluate situations that call for immediate attention of a physician and institute. when necessary, treatment procedures essential for the life of the patient. Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning. normal growth and development, aging, and understanding of and long-term management of their diseases. Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home. Initiate and facilitate the referral of patients to the appropriate health facilities, agencies and resources of the community.

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Privilege		

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Administer medications to a patient, or transmit	Current, valid DEA	D =	(overy 2 years)
orally, or in writing on a patient's record, a	registration issued		
prescription from his or her supervising physician	by the United		
to a person who may lawfully furnish such	States Drug		
medication or medical device. The supervising	Enforcement		
physician's prescription, transmitted by the	Administration		
physician assistant, for any patient cared for by the			
physician assistant, shall be based either on a			
patient-specific order by the supervising physician			1
or on written protocol which specifies all criteria for			
the use of a specific drug or device and may			
contraindications for the selection. A physician			
assistant shall not provide a drug or transmit a			
prescription for a drug other than that drug			
specified in the protocol, without a patient specific			
order from a supervising physician. At the direction			
and under the supervision of a physician			
supervisor, a physician assistant may hand to a			
patient of the supervising physician a property			
labeled prescription drug prepackaged by a			
physician, a manufacturer, as defined in the			
Pharmacy Law, or a pharmacist. In any case, the			
medical record of any patient cared for by the			
physician assistant for whom the physician's			
prescription has been transmitted or carried out			
shall be reviewed and countersigned and dated by			
a supervising physician within seven (7) days. A			
physician assistant may not administer, provide or			
transmit a prescription for controlled substances in			
Schedules II through V inclusive without patient-			
specific authority by a supervising physician.			
Cardiac stress testing, under supervision of a	Decumentation of	Two-(2)	Fifty (50)
cardiologist	twelve (12) cases		, iit <del>y (007</del>

#### D. <u>Invasive Procedures by Cardiologists</u>

- The following Cardiac Catheterization Laboratory procedures are to be performed only by board certified cardiologists or those cardiologists who are progressing toward certification. All procedures are to be monitored by the Director of Invasive Cardiology or his/her designee.
- Cardiac Catheterization Laboratory procedures will be reviewed by the Director of Invasive Cardiology, who will evaluate the applicant's technical skills and clinical judgment. The Director will submit a written report to the Cardiology Division, with the

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Division's recommendations to be forwarded to the Credentials Committee and to the Department of Medicine.

- 3. The Director of Invasive Cardiology will review the Percutaneous Transluminal Coronary Angioplasty program at least semi-annually and will report to the Cardiology Division and the Annual Summary to the QA/PI/PS Committee.
- 4. Current fluoroscopy certification is required for the following procedures:
  - a) Cardiac Catheterization, including Angiography
  - b) Insertion of Permanent Pacemaker
  - c) Intra-Aortic Balloon Pump Insertion
  - d) Myocardial Biopsy
  - e) Electrophysiologic Testing
- 5. Procedure reports, per the Medical Records Policy & Procedures # 518, are to be dictated or written immediately following the procedure and is to be authenticated and signed by the physician

#### VII. PRIVILEGES

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- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.
  - By virtue of appointment to the Medical Staff, all physicians are authorized to perform
    occult blood testing and order diagnostic and therapeutic tests, services, medications,
    treatments (including but not limited to respiratory therapy, physical therapy, occupational
    therapy) unless otherwise indicated.
- B. Request for privileges in the Division of Cardiology shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance and the documented results of patient care and monitoring. Recommendations for privileges are made to the Division of Cardiology/Department of Medicine, Credentials Committee, the Medical Executive Committee, and the Board of Directors.

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Admit Patients	Training	Initial six (6)	None
Consultation	Training	cases	None

#### **INVASIVE PROCEDURES**

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Pericardiocentesis	Training	Two-(2)	None
Venous cut down & percutaneous central venous pressure catheters	Training	Three (3)	None
Insertion of temporary transcutaneous cardiac pacemaker	Training	Three (3)	None
Elective cardioversion	Training	Three (3)	Nene

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Swan-Ganz catheter insertion & monitoring	Training	Three (3)	None
Cardiac catheterization (including Coronary arteriography right heart cath & pulmonary angiography)	Training and three- hundred (300) cases; if more than 12 months since completion of training, documentation of forty (40) cases within two (2) years prior to application.	Five (5)	Forty (40)
Transesophageal echo-cardiography (including passing transducer)	Training / Course	Five (5)	None
Percutaneous arterial catheter insertion (radial, brachial, & femoral)	Training	Three (3)	None
Intra-aertic balloon pump insertion	Training	Two (2)	None
Permanent pacemaker insertion (single/dual/ biventricular chamber) and/or intra-cardiac defibrillator (single/dual/biventricular chamber)	Completion of fellowship training or twenty-five (25) cases within two (2) years prior to application.	Two (2)	Ten (10)
Percutaneous Angioplasty (PTCA), including stents	Training/two-hundred-fifty (250) cases; if more than 12 months since completion of training, documentation of seventy-five (75) cases within two years prior to application.	Twenty five (25)	Seventy-five (75) of which twenty (20) must be performed at TCMC
Myocardial Biopsy	Training / Course	<del>Two (2)</del>	None
Electrophysiologic Testing and Ablation, Complete	Training and one hundred (100) cases within two years prior to application.	Five (5)	Forty (40)
Electrophysiologic Testing and Ablation, right- side only	Completion of subspecialty fellowship training or one-hundred (100) cases, with documentation of forty (40) cases within two (2) years prior to application.	Five (5)	Forty (40)
Rotational Atherectomy	Meet PTCA requirements plus Beston Scientific Certificate	<del>Three (3)</del>	Six (6)

# C. <u>Invasive Procedures by Non-Cardiologists</u>

- The Cardiology Division will monitor invasive procedures performed by Internal Medicine physicians who request privileges to perform the following procedures:
  - a) Right Heart Catheterization with Swan-Ganz Pulmonary Artery Catheter;
  - b) Central Venous Catheter Placement
  - c) Temporary Transvenous Pacemaker Insertion

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d) Arterial Line Insertion

e) Elective Cardioversion; and

 To gain privileges for the above procedures, the Internal Medicine Physician must submit documentation of having performed at least five (5) of the requested procedures during residency training or during staff membership at another hospital.

3. The Director of Invasive Cardiology or his/her designee will monitor the first two (2) procedures performed. The Director of Invasive Cardiology or his/her designee shall submit a written report to the Division of Internal Medicine stating that:

a) The applicant is qualified and competent to perform the procedure, or

b) Further monitoring is recommended

## D. <u>Non-Invasive Procedures by Cardiologists</u>

The following non-invasive procedures are to be performed only by board certified cardiologists or those cardiologists who are progressing toward certification. All procedures are to be monitored by the Director of Non-Invasive Cardiology or his/her designee.

#### **NON-INVASIVE PROCEDURES**

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
ECG	Training	Twenty-five (25)	Five hundred (500) or TCMC active
			Reading Panel member as attested by the
			Division-Chief or designee.
Stress Echo	Training	Five (5)	Ten (10)
Thoracic-Echo	Training	Two (2)	Two-hundred (200), of which one hundred
			(100) must be performed at TCMC or
		là.	TCMC active Reading Panel member as
			attested by the Division Chief or designee.
Holter Monitor	Training	Two (2)	Forty (40), of which ten (10) must be
			performed at TCMC or TCMC active
			Reading Panel member as attested by the
			Division Chief or designee.
Treadmills	Training	Two (2)	Fifty (50) performed at TCMC or TCMC
			active Reading Panel member as attested
			by the Division Chief or designee.

#### E. Interpretation Response Time:

- Requirements
  - a) Availability: Panel member will be available to the department until 12:00 p.m.
  - b) <u>ECG's</u>: Should be interpreted daily by the attending cardiologist. Unassigned ECGs are to be interpreted twice daily on weekdays and at least once daily on weekends and holidays by the assigned panel member or his/her designated panel member.
  - c) <u>Echocardiogram</u>: The final report is to be dictated within twenty-four (24) hours of the performance of the study.
  - d) Exercise or Pharmacological Stress Test:

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If the scheduled cardiologist cannot be available within twenty (20) minutes of the scheduled start time to supervise the test, it is his/her responsibility to assure that another cardiologist can do so. The technician will page the cardiologist in a timely fashion before the test is scheduled to begin. If a cardiologist is not available, the patient will either be sent back to their room or to the outpatient area to wait for the cardiologist and it is the cardiologist's responsibility for communicating to the patient the timeliness issue. The final report is to be dictated the day of the study.

e) Phone Consultations: Requests for phone consultations should be answered within 30 minutes. Answering service should be advised to offer to call back-up physician if no response from the originally requested physician is received within that time frame.

# Sanctions for the INTERPRETATION OF Echocardiogram Exercise or <u>Pharmacological Stress Test and ECG's</u>:

To assure quality patient care, it is imperative that all members adhere to the above requirements. All deviations from these requirements are to be documented and communicated immediately to the Non-Invasive Medical Director and the Chief of the Cardiology Division.

- a) Non-Invasive Studies Reading Panel Six (6) Month Sanction will be imposed immediately following the third written warning issued in one (1) year to cardiologists who consistently fail to dictate reports within a timely manner.
- b) Non-Invasive Studies Reading Panel One (1) Year Sanction will be imposed on Division members sanctioned twice in a three (3) year period.
- Reinstatement to the Non-Invasive Studies Reading Panel may be requested by the cardiologist at the conclusion of the sanction. Cardiologists who consistently fail to dictate reports within a timely manner will receive two (2) written warnings before an automatic sanction of six (6) menths ineligibility for reading panel non invasive studies in the Department of Cardiology is imposed for the third offense. Division members being sanctioned twice in a three-year period will be sanctioned by at least one (1) year ineligibility for reading any non-invasive study in the Department of Cardiology, after which he/she may apply to the Cardiology Division for reinstatement.

#### VIII. REAPPOINTMENT

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

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#### VIII. PROCTORING OF PRIVILEGES

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

- B. All Active members of the Division will act as proctors. An associate may monitor 50% of the required proctoring. Within seven (7) days after a proctor request has been made by the member, Pproctors are obligated to make themselves available either to proctor procedures the member concurrently when applicable, or tound thoroughly evaluate the practitioner's performance through retrospective chart review within seven (7) days after a proctor request has been made by the member. Additional cases may be proctored as recommended by the Division Chief. It is the responsibility of the Division Chief to inform the monitored member whose proctoring is being continued of noted deficiencies.
  - a) The Director of Invasive Cardiology, or his/her designee, will monitor invasive procedures.
  - Supervision of the applicant by the proctor will emphasize concurrent or, if needed, retrospective chart review and include direct observation of procedural techniques.
  - The cardiologist should not be granted Active Medical Staff privileges within the Division until the proctoring has been satisfactorily completed.
- C. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.
- D. The practitioner must notify the Director of Invasive Cardiology at the time a procedure is scheduled. If the Director of Invasive Cardiology is not available to observe the procedure, he/she should appoint a designee to observe the procedure.
- If the procedure must be done as an emergency without proctoring, the Director of Invasive Cardiology must be informed at the earliest appropriate time following the procedure.
- A form shall be completed by the proctor, and should include comments on preprocedure workup, diagnosis, preprocedure preparation, procedural technique, judgment, postprocedure care, overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be available from the Medical Staff Office.
- The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

#### IX. <u>EMERGENCY DEPARTMENT CALL</u>

- A. Active Division members of the Cardiology Division may participate in the-Emergency Department Call Roster on a voluntary basis. Refer to Medical Staff Policy and Procedure 8710-520.
- B. When a need is demonstrated, the Division Chief may request Courtesy and Associate staff members to participate in the Emergency Department Call Roster.
- C. When it is discovered that a patient has been previously treated by a Cardiology Division staff member, that member should be given the opportunity to provide further care unless the patient or primary care physician requests otherwise.
- D. If a physician has discharged a patient from his practice and the patient comes to the Emergency Department when the physician is on call, the physician is responsible for the disposition of the patient.

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E. A physician on-call, who provides care for a patient in the Emergency Department, is responsible for the disposition of that patient for forty-eight (48) hours and must accept responsibility if said patient is readmitted to the Emergency Department within forty-eight (48) hours.

## X. NON-INVASIVE CARDIOLOGY INTERPRETATION PANELS

A. Eligibility

The following is eligibility criteria for Cardiology Interpretation Panels:

- 1. The applicant must be an Active Medical Staff member of the Division of Cardiology; and.
- 2. Must use Tri-City Medical Center as his/her primary hospital; and
- 3. Must execute a standard agreement with the Tri-City Hospital District, after which he/she will be placed at the end of the panel rotation.

B. Panel Rotation

A panel will be created of eligible Cardiology Division members with Active Medical Staff privileges, as delineated above, who request for such duties. At the discretion of the Division Chief, Provisional or Courtesy Division members may participate on the panel rotation with majority Division member approval.

- 1. One section will be to interpret the ECGs, signal average ECGs, and Holter Monitor examinations of patients not assigned to another Cardiology Division member (i.e., "unassigned" patients for which the attending physician does not specify a cardiologist).
- 2. A second section will be to interpret echocardiographic studies of "unassigned" patients for which the attending physician does not specify an interpreting cardiologist.
- 3. A third section will be to interpret stress tests for "unassigned" patients for which the attending physician does not specify an interpreting cardiologist.
- 4. Panel members will be scheduled for one-week periods from Monday at 0700 hours to the next Monday at 0700 hours during which they will be responsible for personally supervising or interpreting these tests on a timely basis. The term "timely" is defined in the "Interpretation Response Time" Section or by assigning another panel member to do so.

#### C. Conditions

The Cardiology Panel is restricted to seven (7) panel members unless there is an annual volume increase of 12.5% allowing sufficient volume for panel members to maintain expertise and provide quality of interpretations.

#### XI. CARDIOLOGY CONSULTATIONS

The Division of Cardiology accepts consultation requests for patients over the age of 18 years. Individual exceptions may be made at the discretion of the Cardiologist.

#### Approvals:

Division of Cardiology: 10/07/15; 11/04/15 Department of Medicine: 10/21/14; 11/20/15 Medical Executive Committee: 11/27/14; 11/23/15

Governance Committee: 11/4/14; 12/01/15

Board of Directors: 11/6/14; 12/10/15

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#### I. MEMBERSHIP

The Division of Oncology consists of physicians who are board certified or in the first thirty-six (36) months of board eligibility and actively pursuing certification by the American Board of Internal Medicine/Hematology, American Board of Internal Medicine/Medical Oncology, American Board of Radiology/Radiation Oncology, or the American Osteopathic Board of Internal Medicine/Oncology.

#### II. FUNCTIONS OF THE DIVISION

The general functions of the Division of Oncology shall include:

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

#### III. <u>DIVISION MEETINGS</u>

The Division of Oncology shall meet at least annually or at the discretion of the Chief. The Division will consider the findings from the ongoing monitoring and evaluation of the quality, safety, and appropriateness of the care and treatment provided to patients. Minutes shall be transmitted to the QA/PI/PS Committee, and then to the Medical Executive Committee.

Twenty-five percent (25%) of the Active Division members, but not less than two (2) members, shall constitute a quorum at any meeting.

#### IV. DIVISION OFFICERS

The Division shall have a Chief who is a member of the Active Medical Staff and shall be qualified by training and experience, and demonstrate ability in at least one of the clinical areas covered by the Division.

The Division Chief shall be elected every year by the Active members of the Division who are eligible to vote. If there is a vacancy for any reason, the Department Chairman shall designate

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a new Chief, or call a special election. The Chief shall be elected by a simple majority of the members of the Division.

The Division Chief shall serve a one-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from office, or loses his/her Medical Staff membership or clinical privileges in the Division. Division officers shall be eligible to succeed themselves.

#### V. <u>DUTIES OF THE DIVISION CHIEF</u>

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The Division Chief shall assume the following responsibilities:

- A. Be accountable for all professional and administrative activities of the Division;
- B. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Division;
- C. Assure that practitioner's practice only within the scope of their privileges as defined within their delineated privilege card;
- D. Recommend to the Department of Medicine and the Medical Executive Committee the criteria for clinical privileges in the Division;
- E. Recommend clinical privileges for each member of the Division;
- F. Assure that the quality, safety and appropriateness of patient care provided by members of the Division are monitored and evaluated; and
- G. Other duties as recommended from the Department of Medicine or the Medical Executive Committee.

#### VI. REQUESTS FOR PRIVILEGES/PROCEDURES

- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff OfficeDepartment;
- B. By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated;
- C.B. Privilege requests in the Division of Oncology shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance and documented results of patient care and proctoring. Practitioners practice only within the scope of their privileges. Recommendations for privileges are made to the Credentials Committee and Medical Executive Committee;
- Procedures that may be performed by practitioners caring for oncology patients are included belowon the privilege card. The applicant will be responsible for requesting privileges for all procedures he/she wishes to perform, and for listing his/her qualifications, training and experience concerning the requested procedures in accordance with established criteria;
- Privileges designated with "(OPIC)" may also be performed at the Outpatient Infusion Center at 3617 Vista Way, Oceanside, CA, 92056.

#### **PHYSICIAN**

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Admit patients	Training	Three (3)	N/A
Consultation (OPIC)	Training	Three (3) which include evaluation of	N/A
		chemotherapy management, indications for	

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		performing bone marrow study; hematology work up and management, and the technique of use of the Jamshidi core biopsy needle.	
Perform medical history and physical examination	Training	N/A	N/A
Moderate Sedation	Per Policy 8710-517	Per Policy 8710-517	Per Policy 8710- 517
MEDICAL ONCOLOGY			
<del>Thoracentesis</del>	Training	One (1)	One (1)
<del>Paracentosis</del>	<del>Training</del>	One (1)	One (1)
Bone Marrow	Training	One (1)	One (1)
Lumbar Puncture	Training	One (1)	One (1)
Plasmapheresis	Training	One (1)	One (1)
RADIATION ONCOLOGY			
All routine radiation therapy procedures	Training	N/A	N/A
Brachytherapy, interstitial (permanent or temporary)	Documentation of the performance of five (5) cases	One (1)	<del>Two (2)</del>
Brachytherapy, intracavitary	Documentation of the performance of two (2) cases	One (1)	One (1)
<del>Teletherapy</del>	Training	One (1)	One (1)

#### **PHYSICIAN ASSISTANT**

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Take a patient history; perform a physical examination	Training	Ten (10)	N/A
and make an assessment and diagnosis therefrom;		from	
initiate, review and revise treatment and therapy plans,		category	
record and present-pertinent data in a manner			
meaningful to the physician. (OPIC)			
Order or transmit an order for x-ray, other studies,	Training		N/A
therapeutic diets, physical/rehab therapy,			
occupational/speech therapy, respiratory therapy, and			
nursing services: (OPIC)	,		A
Order, transmit an order for, perform, or assist in the	Training		N/A
performance of laboratory procedures, screening			,,
procedures and therapeutic procedures. (OPIC)			
Recognize and evaluate situations that call for	Training		N/A
immediate attention of a physician and institute, when			0.4464
necessary, treatment procedures essential for the life of			
the patient. (OPIC)			
Instruct and counsel patients regarding-matters	Training		N/A
pertaining to their-physical and mental health.			****

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Counseling may include topics such as medications,	25		
diets, social habits, family planning, normal growth and			(
development, aging, and understanding of and long-			
term management of their diseases. (OPIC)			
Initiate arrangements for admissions, complete forms	Training		N/A
and charts pertinent to the patient's medical record, and			
provide services to patients requiring continuing care,			
including patients at home. (OPIC)			
Initiate and facilitate the referral of patients to the	Training	1	N/A
appropriate health facilities, agencies and resources of			
the community. (OPIC)			
Administer medications to a patient, or transmit orally,	Training		N/A
or in writing on a patient's record, a prescription from			The state of the s
his or her supervising physician to a person who may			
lawfully furnish such medication or medical device. The			
supervising physician's prescription, transmitted by the			
physician assistant, for any patient cared for by the			
physician assistant, shall be based either on a patient			
specific order by the supervising physician or on written			9
protocol which specifies all criteria for the use of a			(6
specific drug or device and may contraindications for			
the selection. A physician assistant shall not provide a			
drug or transmit a prescription for a drug other than that			
drug specified in the protocol, without a patient specific			
order from a supervising physician. At the direction and			==
under the supervision of a physician supervisor, a			
physician assistant may hand to a patient of the			
supervising physician a properly labeled prescription			
drug propackaged by a physician, a manufacturer, as			
defined in the Pharmacy Law, or a pharmacist. In any			
case, the medical record of any patient cared for by the			
physician assistant for whom the physician's			
prescription has been transmitted or carried out-shall			
be reviewed and countersigned and dated by a			
supervising physician within-seven (7) days. A			
physician assistant may not administer, provide or			
transmit a prescription for controlled substances in			
Schedules II through V inclusive without patient-specific			
authority by a supervising physician. (OPIC)			
Perform surgical procedures without the personal	T -1.1	T (10)	
	Training	<del>Ten (10)</del>	N/A
presence of the supervising physician that are sustemarily performed under local anesthesia. Prior to			
delegating on such purgical accordance 45			
delegating any such surgical procedures, the			
supervising physician shall review documentation,			
which indicates that the physician assistant is trained to			
perform the surgical procedures. All other surgical		9	
procedures requiring other forms of anesthesia may be		į.	
performed-by a physician-assistant-only in the personal			
presence of an approved supervising physician. In			

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addition, ten (10) proctored cases will be required.			
Hiac Crest-Biopsy / Aspiration	Training	Three (3)	N/A

#### NURSE PRACTITIONER

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Facilitate patient admission and discharge	Training	N/A	N/A
Perform History & Physical examination	Training	Five (5)	N/A
Record and document daily on progress notes	Training	N/A	N/A
Make daily rounds on sponsoring physician's patients	Training	N/A	N/A
Collaborate on the assessment, diagnosis, evaluation,	Training	N/A	N/A
and management plan for patients			
In collaboration with sponsoring physician, order or	Training	N/A	N/A
transmit and order for x-ray, other studies, therapeutic			
diets, physical and rehab therapies, occupational		//	
therapy, respiratory therapy, speech language			
pathology and nursing services.			
Administer pharmacological interventions intrinsic to	Training	Five (5)	N/A
spensoring physician or subspecialty consult		(-)	• • • • • • • • • • • • • • • • • • • •
Administeroxygen	Training	N/A	N/A
Administer medical devices intrinsic to sponsoring	Training	A\A	N/A
physician or subspecialty consult			

#### PHYSICIST (MEDICAL/RADIATION)

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Design treatment plan (including consideration of dose	Training	First five	N/A
limiting structures)		(5) cases	
Coordinate treatment simulations and tumor	Training		N/A
localizations using specified imaging devices such as CT and MRI			
Supervise, perform, or assist in planning of beam	Training	1	N/A
modifying devices and/or molds, casts and other			****
immobilization devices		1	
Implement treatment plan (using correct immobilization	Training	i	N/A
devices, field-arrangement-and other-treatment			1 377
<del>variables)</del>			
Perform accurate calculations for delivery of Radiation	Training		N/A
Oncologist's prescribed dose			1 47 (
Supervise, perform, or assist in application of specific	Training		N/A
methods of desimetry to include ion chamber, TLD, film	1100000		1307
measurement as directed by the Medical Physicist		8	
Assist in intracavitary and interstitial brachytherapy	Training		N/A
procedures and in subsequent calculations of dose			
distribution			

#### VII. REAPPOINTMENT

Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may Medical Staff Oncology Rules and Regulations – Revised: 2/07; 5/07, 1/08; 9/12; 2/13; 5/13; 7.15

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be accepted to fulfill the requirements. If the minimum number of cases is not performed, the practitioner will be required to undergo proctoring for all procedures that were not satisfied. The practitioner will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

#### VIII. <u>CLASSIFICATIONS</u>

The Division of Oncology has established the following classifications of medical privileges:

A. PHYSICIANS - Medical Oncologists

Physicians are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training in Medical Oncology. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:

- Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life threatening illness;
- 2. Unexpected complications arise which are outside this level of competence;
- 3. Specialized treatment or procedures are contemplated with which they are not familiar;
- B. <u>PHYSICIANS Radiation Oncologists</u>

Physicians are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training in Radiation Oncology Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:

- Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life threatening illness;
- 2. Unexpected complications arise which are outside this level of competence;
- 3. Specialized treatment or procedures are contemplated with which they are not familiar;
- C. <u>PHYSICIAN ASSISTANT</u> Refer to AHP Rules and Regulations for further delineation of sponsoring physician's supervision responsibilities, <u>privileges</u> and credentialing criteria.

A physician assistant may only provide those medical services which he/she is competent to perform and which are consistent with the physician assistant's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for patients cared for by that physician assistant;

- NURSE PRACTITIONER Refer to AHP Rules and Regulations for further delineation of sponsoring physician's supervision responsibilities, privileges and credentialing criteria.
  - Nurse Practitioner means a registered nurse who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health and illness needs in primary care and who has been prepared in a graduate nursing program. The nurse practitioner shall function under standardized procedures covering the care delivered by the nurse practitioner. The nurse practitioner and his/her supervising physician who shall be an oncologist will develop the standardized procedure or the protocols to be approved by the Division of Oncology;
- E. <u>PHYSICIST (Medical/Radiation)</u> Refer to AHP Rules and Regulations for further delineation of sponsoring physician's supervision responsibilities, <u>privileges</u> and credentialing criteria;

The physicist is a member of the radiation oncology team who has knowledge of the overall characteristics and clinical relevance of radiation oncology treatment machines

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and equipment, is cognizant of procedures commonly used in brachytherapy and has the education and expertise necessary to generate radiation dose distributions and dose calculations in collaboration with the Radiation Oncologist. The physicist will be supervised by his/her Medical Staff Sponsor. The physicist shall be proctored for a minimum of his/her first five (5) cases. The physicist can be proctored by his/her Medical Staff Sponsor, or another Radiation Oncologist who is a member in good standing of the Medical Staff, or another physicist who has already successfully completed their proctoring status.

#### IX. PROCTORING OF PRIVILEGES

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- A. Each Medical Staff member granted initial privileges, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated until his or her privilege status is established by a recommendation from the Division Chief to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors;
- B. All Active members of the Division will act as proctors. An associate(s) may monitor up to 50% of the required proctoring. Additional cases may be proctored as recommended by the Division Chief;
- C. Evaluation of the member by the proctor shall include concurrent or retrospective chart review and may include direct observation of procedural techniques;
- D. The member must notify his/her proctor at the time of a case admission or procedure. If the proctor is not available, the member must notify another physician assigned to the member. If the admission or procedure is being performed on an emergent basis and no proctor is available, an appropriate proctor must be informed at the earliest appropriate time following the procedure;
- E. All members for oncology/hematology privileges will be monitored as outlined in on the privilege table-cardabeve;
- F. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports;
- G. A form shall be completed by the proctor, and should include comments on workup, diagnosis, preparation, technique, judgment, overall impression and recommendation (i.e., qualified, needs further observation, not qualified);
- H. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

#### X. EMERGENCY DEPARTMENT CALL (Medical Oncologists Only)

Division members shall participate in the Emergency Department Call Roster or consultation panel as determined by the Medical Staff. Refer to Medical Staff Policy and Procedure 8710-520.

Provisional or Courtesy staff members may participate on the unassigned ED call panel at the discretion of the Division Chief.

#### Approvals:

Division of Oncology: 06.26.2015
Department of Medicine: 06/30/2015
Medical Executive Committee: 07/27/2015
Governance Committee: 08/04/2015
Board of Directors: 08/27/2015

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

BOARD POLICY #167-037

**POLICY TITLE**: Chief Executive Officer and Chief Compliance Officer Succession Planning Policy

#### I. PURPOSE:

- A. The Board of Directors of Tri-City Health Care District ("TCHD" or "District") believes that the continued proper functioning of the District, the maintenance of the highest quality of patient care and the preservation of the District's financial integrity require that the District have a pre-established and orderly process for succession of the Chief Executive Officer ("CEO"), and the Chief Compliance Officer ("CCO"). Therefore, it has adopted the following policy to assist the Board in the event of a vacancy in either position ("Vacancy"), as follows:
  - 1. An immediate Vacancy, unanticipated short-term or long-term caused by the death or extended disability or incapacitation of the Chief Executive Officer or the Chief Compliance Officer.
  - An anticipated Vacancy from a long-term notice by the Chief Executive Officer or the Chief Compliance Officer.
  - 3. An impending Vacancy that will occur within several months caused by a notice of resignation.
- B. The intent of this policy is to provide clarity for the transition process, upon a Vacancy, with minimal disturbance to the performance and effectiveness of the Health Care District, subsidiaries and related organizations.

#### II. PRACTICE

- A. It is the responsibility of the Board of Directors in consultation with the Chief Executive Officer of the District to develop and maintain this plan, and to review the plan on an annual basis.
- B. In the event of incapacitation of the Chief Executive Officer or the Chief Compliance Officer, the situation will be evaluated by the Board in consultation with the Chief of Staff of Tri-City Medical Staff to determine the need for the immediate appointment of an interim Chief Executive Officer or interim Chief Compliance Officer. For purposes of this policy, "incapacitation" means physical or mental incapacitation due to disease, illness or accident where there is reasonable cause to believe that the incumbent will not be able to perform the duties of his or her office for a period of three consecutive months or more. For purposes of this policy "temporary" incapacitation shall mean less than three consecutive months. Nothing in this policy shall be construed to abridge any

- rights an employee may have under his or her contract or any insurance coverage or workers compensation laws.
- C. Appropriate arrangements will be made through the District's legal counsel and Chief Financial Officer for the interim Chief Executive Officer or Interim Compliance Officer to have the necessary signing authority where required.
- D. After the Board Chair, in consultation with the Vice President of Human Resources, has been made aware of whether the incapacitation or disability is temporary or permanent, the following will occur:
  - In the event of temporary incapacitation, the interim Chief Executive Officer or interim Chief Compliance Officer will continue in that role until the determination is made by the Board that the Chief Executive Officer or Chief Compliance Officer, respectively, can resume the position.
  - In the event of temporary incapacitation of the Chief Executive Officer, the following list identifies the positions that will be considered by the Board to fill the role for the period of the Chief Executive Officer's incapacitation.
    - Chief Operating Officer;
    - Chief Nurse Executive;
    - Chief Financial Officer:
    - Other qualified members of the senior leadership team.
    - In the event of temporary incapacitation of the Chief Compliance Officer, the following list identifies the positions that will be considered by the Board to fill the role for the period of the Chief Compliance Officer's incapacitation.
      - The District's legal counsel;
      - Other qualified members of the senior leadership team.
  - In the event of permanent incapacitation, the members of the Board will
    confer on the process to select and appoint a Search Committee to initiate
    the search for a new Chief Executive Officer or Chief Compliance Officer.

#### E. Communications

Once a determination has been made, it will be the responsibility of the Board Chair to communicate the plan of action with the District leadership, medical staffs, Auxiliary, Foundation, and employees, as appropriate, the plan of action to be initiated in search of the new Chief Executive Officer or Chief Compliance Officer. This may take the form of special newsletters, e-mails, telephone calls, etc.

- 2. External audiences to be notified of the plan of action will include, as appropriate, community and business leaders in the district, members of the press, affiliates and partners of TCHD and social service agencies associated with the District.
- 3. During this period the Board will select the Public Information Officer, the Chair, or other authorized person, to serve as the spokesperson for the District. All requests for information will be directed through the Public Information Officer.

#### F. Impending Vacancy Caused By Resignation or Termination

- 1. In the event of an impending Vacancy in the Chief Executive Officer position or the Chief Compliance Officer position, the Board shall meet as soon as practicable and initiate the following plan:
  - a. In order to ensure stability at the time of an immediate Vacancy (within 60 days) an interim Chief Executive Officer or Chief Compliance Officer will be named.
  - b. The Board, in consultation with the leadership of the medical staff, shall determine whether the use of an outside management firm is appropriate or whether there is adequate internal leadership to assume responsibilities for the Chief Executive Officer or Chief Compliance Officer.
- 2. The Chair of the Board after consultation with the Vice-Chair and the Vice President of Human Resources will determine and recommend to the Board of Directors the level and extent of compensation (including any incentives and/or benefits) to be paid to the individual assuming the interim Chief Executive Officer's role or the interim Chief Compliance Officer's role during the period in question.
- 3. Within 60 days of notification by the Chief Executive Officer or Chief Compliance Officer of his or her impending resignation or retirement or in the event of termination, the Board of Directors may form a Search Committee with the Chair to be named by the Chair of the Board of TCHD.
- 4. Representation on the Search Committee for the Chief Executive Officer may include, but is not limited to:
  - Members of the TCHD Board;
  - b. Representation from the Medical Staff Leadership of Tri-City Medical Center;

The motion to include amendments was passed unanimously (7-0).

3. Public Comments - Announcement

Chairman Dagostino read the Public Comments section listed on the April 27, 2017 Regular Board of Directors Meeting Agenda.

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 April 27, 2017 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Labor Negotiators; five (5) matters of Potential Litigation; one Report Involving Trade Secrets with a disclosure date of December 31, 2017, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees; Conference with Legal Counsel regarding three (3) matters of Existing Litigation; Public Employee Evaluation: General Counsel, Public Employee Employment: Chief Compliance Officer and Approval of Closed Session Minutes.

5. Motion to go into Closed Session

It was moved by Director Kellett and seconded by Director Schallock to go into closed session. 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 Leigh Anne Grass
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 Gene Ma, M.D., Chief of Staff Teri Donnellan, Executive Assistant Richard Crooks, Executive Protection Agent

9. General Counsel reported the Board received an update on the work authorized under Resolution No. 783 related to reconstruction of the sewer system in the basement.

- 10. Director Schallock 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 26.
- 12. Introductions
  - a) Wilson Liu, M.D.
  - b) Michael Pietila, M.D.

Mr. Wayne Knight, Chief Strategy Officer introduced Dr. Wilson Liu, Family Practice Practitioner, who has joined the group practice of Primary Health Partners on January 1<sup>st</sup>, working with Drs. Zimmerman, Gonzales and Curran. Mr. Knight stated Dr. Liu has come back to Carlsbad, having practiced there for many years from Sutter Health Medical Group.

Dr. Wilson Liu stated he is extremely happy to be back working with the Specialists in our District. He expressed his appreciation for the Board's support.

Mr. Knight introduced Dr. Michael Pietila, Family Practice Practitioner who joined Tri-City Primary Care on March 1<sup>st</sup> working with Drs. Ferber, Novak and Baroudi. Mr. Knight stated Dr. Pietila comes to us most recently from Kaiser however he is a long time Sharp Mission Park and Scripps Coastal physician.

Dr. Michael Pietila stated he began his practice at Sharp Mission Park in 1996 and in 2012 joined the Kaiser Health system. Dr. Pietila expressed his appreciation for the opportunity to return to the Tri-City family.

Board members welcomed back both physicians to the Tri-City area.

- 13. Special Presentations
  - 1) Gifts for Patients Evie Currington 8th Grade Vista Student Community Project

Chairman Dagostino introduced Evie Currington, an 8<sup>th</sup> Grade student at Vista Middle Magnet School. Chairman Dagostino stated Evie took an opportunity through an eighth grade community project to serve those in a vulnerable state.

Evie explained when she was asked to create a community project for her 8th grade project she decided to make coloring books made of student artwork for the patients at Tri-City Medical Center as she recently had a friend who was hospitalized and enjoyed the coloring book and pencils that were given to her by her classmates. She stated she received donations for the printing and colored pencils and was able to create her community project. Evie expressed her appreciation to Ms. Sharon Schultz for her support of the project.

Chairman Dagostino stated Evie has given our patients the opportunity to fill a void time with creativity and beauty and the Board is extremely proud and impressed with her desire to reach out and help others in need.

2) Resolution No. 784, A Resolution of the Board of Directors of Tri-City Healthcare District Recognizing the Food & Nutrition Services Department

Chairman Dagostino stated the Board would like to publicly recognize our Food Services staff for their ability to stabilize kitchen services during the reconstruction of the basement sewer system due to pipes that had burst. Chairman Dagostino read Resolution No. 784, A Resolution of the Board of Directors of Tri-City Healthcare District Recognizing the Food & Nutrition Services Department into the official record.

#### 14. Community Update

#### a) Allied Health Presentation

Dr. Pat Tallez, Chief Medical Officer at North County Health Services introduced Mimi Mateo, Clinical Director of Nurse Midwifery and Dr. Raheleh Esfandiari, Clinical Director of OBGYN who provided a brief overview of their clinical practice at North County Health Services and some of the things they are accomplishing here in our community. Ms. Mateo's presentation reviewed the following:

- The Team and the Collaborative Model
- Certified Nurse Midwives
- Maternal Morbidity & Mortality
- > The Evidence
- NCHS TCMC Based Stats
- Low & Very Low Birthweight
- > NCHS (2015) Cesarean Rates
- Cesarean at TCMC: NTSV rate January 2012 February 2017
- Cesarean Birth (Overall): January 2012 February 2017
- Episiotomy Rate: January 2012 February 2017
- 3<sup>rd</sup> & 4<sup>th</sup> Degree Lacerations/OB Trauma All Vaginal Deliveries: January 2012 – February 2017
- Operative Vaginal Delivery Rate: January 2012 February 2017
- > Failed Induction: January 2012 February 2017

Ms. Mateo stated it is exciting that Tri-City is part of the California Clinical Care Collaborative which is aimed at improving outcomes. The Clinical Care Collaborative reports on the top 25 percentile for hospital outcomes related to obstetric measures. She stated NCHS's model consistently meets or exceeds those goals and the proof of their model speaks for itself. Data demonstrates the improvement in these outcome measures is typically achieved in settings where there are two opinions and two decisions required for interventions such as the Midwife and Obstetrician.

Ms. Mateo expressed her appreciation to the Board for their interest in their program.

#### 15. Report from TCHD Auxiliary - Pat Morocco - Auxiliary President

Ms. Mary Gleisberg, First Vice President of the Auxiliary reported she is speaking today on behalf of Mr. Pat Morocco, Auxiliary President who could not be here today.

Ms. Gleisberg expressed her appreciation on behalf of the entire Auxiliary for the Appreciation Luncheon that was held earlier this week.

Ms. Gleisberg stated the 4<sup>th</sup> Annual *Tails on the Trails* Charity Dog Walk is scheduled for Saturday, May 20th at Mance Buchanon Municipal Park in Oceanside. She encouraged everyone to participate whether they have a dog or not.

No action taken.

16. Report from TCHD Foundation, Glen Newhart, Chief Development Officer

Mr. Glen Newhart, Chief Development Officer reported 60-80 volunteers from the North Coast Church will be on campus this week working on the Healing Garden. He stated Tri-City is one of the 60 featured locations across the area that has been chosen for this work.

Mr. Newhart presented photos of the newly renovated Labor & Delivery rooms. He stated 12 rooms are now complete and the Foundation is honored to be able to have provided funding for a good portion of these rooms. He noted the open floor plans allow family members to sleep in the room with the mother.

Mr. Newhart shared photos from the Doctor's Day celebration. He stated the Foundation was able to send a nice letter with the messages the physician received along with their pin for those who were unable to attend the Doctor's Day celebration.

Mr. Newhart reported the Foundation Board hosted an event last weekend for the physicians called *Celebration on the Vine*. He stated Dr. and Mrs. Ma and Dr. and Mrs. Souza were gracious enough to host this event in which over 100 people attended. Mr. Newhart stated the event was designed to help facilitate some physician interaction where physicians can get together in a larger group type setting and have some fun and get to know each other better. The event is also an opportunity to thank the physicians for their overwhelming support of the hospital.

Mr. Newhart reported Havana Nights Casino Night is scheduled for May 20<sup>th</sup> and the Marketing Department has done a great job of promoting the event. He noted tickets are still available and can be purchased through a link on the Foundation Face Book page.

Lastly, Mr. Newhart invited Dr. David Tweedy, Foundation Board Chair, Kevin Stotmeister, immediate past Board Chair and his wife Ellen to present four checks on behalf of the Foundation which included: 1) Comfort Cubs, which are therapeutic teddy bears for moms who have lost a child; 2) NicView Camera System which the Foundation has agreed to fund on an annual basis; 3) funding for the first of three years for a Cancer Navigator Program; and 4) design work in our Women's Imaging Center related to the automated whole breast ultrasound system that will arrive later this year.

Mr. Newhart stated the Foundation is honored to be able to raise these funds and looks forward to additional check presentations in the coming months.

No action taken.

17. Report from Chief Executive Officer

Mr. Steve Dietlin, CEO commented on Evie Currington's great community project which we may try to replicate for our future patients here at Tri-City.

Mr. Dietlin reported April is *Donate Life* month. He stated donation of organs is the ultimate sacrifice and last year over 1,600 lives were saved or enhanced with donors at Tri-City.

Mr. Dietlin reported we had our General Acute Care Hospital Recertification Survey (GAGH) survey this past week. Mr. Dietlin stated it was a very intense and thorough survey. He commended staff for coming together to make it a successful survey. Mr. Dietlin commented that one of the surveyors stated it was one of the best surveys she has seen!

Mr. Dietlin reported we have a partnership with the American Heart Association here at Tri-City. He explained that we are trying to raise awareness for heart attack and stroke disease and what the signs and symptoms are. He noted heart attack and stroke are the number one (1) and number five (5) causes of death in the U.S. for men and women.

April 5<sup>th</sup> was National Walking Day and 300 individuals came out to participate in the walk at the Wellness Center.

On September 30<sup>th</sup> we will participate in the first ever North County walk with the American Heart Association starting at the Oceanside Pier. He hopes to be able to raise awareness for heart attack and stroke disease. Mr. Dietlin stated it is important to know your resources including the excellent care right here at Tri-City Medical Center should you find yourself in need of medical attention.

Mr. Dietlin reported the piping repairs have been completed for the basement and beyond. He noted it turned into a larger project than anticipated but nobody missed a beat. He commended everyone for the excellent job they did during this internal disaster.

Mr. Dietlin reported he attended the *Celebration of the Vine* event that Mr. Newhart mentioned earlier today recognizing our fine physicians. It stated it was great to see so many dedicated physicians participating in the event.

Mr. Dietlin reported Nurse's Week is May 8th and we will have a number of events going on that week to recognize our nurses. Mr. Dietlin acknowledged the three (3) nurses that serve on the Board of Directors.

Mr. Dietlin stated he attended the Auxilians Appreciation Luncheon earlier this week. He commented that other hospitals do not have the Auxiliary presence that we have here at Tri-City and we are very fortunate for their dedication and commitment. He expressed his appreciation to the Auxilians for their heartfelt gift of time.

Lastly, Mr. Dietlin reported we had our first Strategic Planning Session of the season this week with the Board. He explained that we are looking to align our short term, long term, operational, clinical and financial goals and rolling the plans into the Fiscal 18 budget and moving Tri-City forward.

No action taken.

Report from Acting Chief Financial Officer

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

- Operating Revenue \$251,660
- Operating Expense \$253,117
- EBITDA- \$11,534
- EBITDA Excl. Finance Charge/25 years \$14,937
- EROE \$138
- > EROE Excl. Finance Charge/25 years \$3,542

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

- Average Daily Census 181
- Adjusted Patient Days 84,445
- Surgery Cases 4,752
- Deliveries 1,979
- ED Visits 42,248

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

- Operating Revenue \$29,352
- Operating Expense \$29,409
- EBITDA (\$1,630)
- EBITDA Excl. Finance Charge 25 years \$1,774
- EROE (\$2,912)
- EROE Excl. Finance Charges/25 years \$492

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

- Average Daily Census 174
- Adjusted Patient Days 9,330
- Surgery Cases 583
- Deliveries 202
- ED Visits 5.420

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

- Net Patient Accounts Receivable \$43.1
- Days in Net Accounts Receivable 49.8

Chairman Dagostino noted we took a big "one time" hit with the finance charge for the HUD loan however that one time hit is how we will move forward and guarantee our financial future.

No action was taken.

- 19. New Business
  - a. Approval of a Recruitment Agreement with Dr. Yu-Po-Le, Orthopedic Surgeon Spine and Orthopedic Specialist of North County

It was moved by Director Reno that the Tri-City Healthcare District Board of Directors find it in the best interest of the public health of the communities

served by the District to approve a Physician Recruitment Agreement with Dr. Yu-Po-Lee, Orthopedic Surgeon – Spine and Orthopedic Specialist of North County not to exceed \$915,000 in order to facilitate this Orthopedic Surgeon physician practicing medicine in the communities served by the District, as recommended by the Finance, Operations & Planning Committee. Director Kellett seconded the motion.

Chairman Dagostino stated from his standpoint this physician is a very unique physician with experience.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Grass Kellett, Mitchell,

Nygaard, Reno and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

b. Consideration to award bid for Design Build RFP Vendor Selection

It was moved by Director Grass that the Tri-City Healthcare District Board of Directors direct staff to negotiate a contract for construction management services Design Build RFP with Vanir. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Grass Kellett, Mitchell,

Nygaard, Reno and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

c. Consideration to appoint a Delegate and Alternate Delegate to ACHD for the purpose of considering their newly Amended and Restated Association Bylaws.

It was moved by Director Reno that the Tri-City Healthcare District Board of Directors to appoint Director Nygaard, Delegate and Director Mitchell, Alternate Delegate to ACHD for the purpose of considering and amending their Association Bylaws.. Director Kellett seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Grass Kellett, Mitchell,

Nygaard, Reno and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

d. Board Contract Overview Discussion

Chairman Dagostino stated Board Contract oversight was discussed recently at the Governance & Legislative Committee. He requested that General Counsel describe the Board's responsibility on all contracts. Mr. Moser stated that under the Health & Safety Code, particularly section 32.121 all authority to take action comes from the Board and the Board delegates most of the contracting authority it has to the Administration. However, there are some specific statutes that require that the Board award construction contracts and some other specific types of contracts. Mr. Moser stated the Board is ultimately responsible for all the contracts that are entered into by the District, at least in an oversight role.

Chairman Dagostino questioned how many contracts the District currently has. Mr. Dietlin responded that there are thousands of contracts.

Chairman Dagostino reiterated and Mr. Moser confirmed that the Board ultimately has responsibility over all the contracts.

Director Reno questioned how many times we need to go out for an RFP to determine the best vendor or consultant? Mr. Moser stated it is generally guided by Board Policies when we do and do not go out for RFP. He explained Board Purchasing Policy 013 describes the process in detail and outlines services that aren't required to be publicly bid.

Director Schallock stated the various Executive Officers have a cap under which they can independently operate and items above that cap come to the Board for approval. General Counsel stated in addition to Board Policy 013 there is a Signature Authority delegation matrix that described the decision-making authority.

Further, Mr. Moser stated virtually all of the District's contracts are a matter of public record so the Board has the ability to look at any and all contracts. In addition, the Board's Bylaws emphasize that the Board is responsible for the operations of the hospital.

Director Reno confirmed these were the matters she wanted clarification on and appreciated the feedback.

No action was taken.

e. Consideration to appoint Chief Rick Robinson to the Community Healthcare & Alliance Committee Oceanside Police/Fire representative position as recommended by the committee.

It was moved by Director Nygaard that the Tri-City Healthcare Board of Directors to appoint Chief Rick Robinson to the Community Healthcare & Alliance Committee Oceanside Police/Fire representative position as recommended by the committee. Director Reno seconded the motion.

Director Nygaard commented that Chief Robinson will be a great addition to the committee.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Grass Kellett, Mitchell,

Nygaard, Reno and Schallock

NOES: Directors: None ABSTAIN: Directors: None

ABSENT: Directors: None

#### 20. Old Business

a. Board Portal Update

Director Mitchell reported the Board Portal Standing Committee met with the webmaster, Mr. Brian Greenwald and the portal will be part of the website and will not incur additional costs. Mr. Greenwald will be working out the mechanics of the portal and we are working on actualizing the plan. Director Nygaard stated the goal is to make it as easy as possible for the end-user.

No action was taken.

#### 21. Chief of Staff

a. Consideration of April 2017 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals

It was moved by Director Kellett that the Tri-City Healthcare District Board of Directors approve the April 2017 Credentialing Actions and Reappointments involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee at their meeting on April 24, 2017. Director Grass seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Grass Kellett, Mitchell,

Nygaard, Reno and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

b. Consideration of Cardiothoracic Privilege Card

It was moved by Director Schallock that the Tri-City Healthcare District Board of Directors approve the Cardiothoracic Privilege Card as recommended by the Medical Executive Committee at their meeting on April 24, 2017. Director Nygaard seconded the motion.

Director Reno questioned if this Privilege Card is something new. Dr. Ma stated it is an amendment to the existing Privilege Card that includes adjustments to the reappointment and ongoing demonstration of competency. He explained the Privilege Card is what designates what privileges the physician can request.

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

AYES: Directors: Dagostino, Grass Kellett, Mitchell,

Nygaard, Reno and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

#### c. Consideration of Medical Staff Bylaws

It was moved by Director Schallock that the Tri-City Healthcare District Board of Directors approve the Medical Staff Bylaws as recommended by the Medical Executive Committee at their meeting on April 24, 2017. Director Nygaard seconded the motion.

Chairman Dagostino stated this is a document that has been perfected to update regulatory language. Chairman Dagostino stated he credits the physicians for having the tenacity to work through the document and present these amended Bylaws.

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

AYES: Directors: Dagostino, Grass Kellett, Mitchell,

Nygaard, Reno and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

#### 22. Consideration of Consent Calendar

It was moved by Director Kellett that the Tri-City Healthcare Board of Directors approve the Consent Calendar. Director Mitchell seconded the motion.

Hearing no requests, Director Schallock called for the question.

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

AYES: Directors: Dagostino, Grass Kellett, Mitchell,

Nygaard, Reno and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

#### 23. Discussion of items Pulled from Consent Agenda

There were no items pulled from the Consent Agenda.

#### 24. Reports (Discussion by exception only)

Chairman Dagostino referred to the Dashboard and stated some measures would be coming off the Dashboard and replaced with new measures. Ms. Sharon Schultz, CNE explained that some of the measures will drop off from CMS and they will add new ones in July.

#### 25. Legislative Update

Chairman Dagostino reported that he and Director Schallock, along with Mr. Dietlin will be going to Washington, D.C. as part of the American Hospital Association Conference and Legislative Day and will hear first-hand changes that may be on the horizon for healthcare.

There were no comments by members of the public.

#### 27. Additional Comments by Chief Executive Officer

Mr. Dietlin did not have any additional comments.

#### 28. Board Communications

Director Schallock expressed his appreciation to the Auxiliary for all of their efforts. He stated he was unable to attend the recent Appreciation Luncheon but he recognizes the work they do day in and day out.

Director Schallock requested that Ms. Schultz comment on the Home Health's Five Star rating from CMS that was recently announced in the newspaper. Ms. Schultz stated we are extremely proud of our Home Health Department and she believes they may be the only Five Star rating in San Diego county. She stated the team is phenomenal and have increased volumes tremendously.

Director Reno stated it was an honor and a privilege to attend the Auxiliary Appreciation luncheon. She stated that we not only appreciate the Auxilians but also the Foundation and staff.

Director Mitchell stated she also had the opportunity to attend the Auxiliary Luncheon and it was evident that they bring so much energy and enthusiasm in what they do.

Directors expressed their appreciation to Ms. Donnellan for her support.

#### 29. Report from Chairperson

Chairman Dagostino stated we have an amazing team here at Tri-City and he has a lot to be thankful for as Board Chair.

#### 30. Adjournment

There being no further business, Chairman Dagostino adjourned the meeting at 4:51 p.m.

ATTEST:	James J Dagostino, DPT, PT Chairman
Laura E. Mitchell, Secretary	

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

April 25, 2017 – 2:00 o'clock p.m. Assembly Room 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 2:00 p.m. on April 25, 2017

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

Director Jim Dagostino, DPT, PT Director Leigh Anne Grass Director Cyril F. Kellett, MD Director Laura 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 Ray Rivas, Chief Financial Officer Sharon Schultz, Chief Nurse Executive Cheryle Bernard-Shaw, Chief Compliance Officer Norma Braun, Chief Human Resource Officer Wayne Knight, Chief Strategy Officer David Bennett, Chief Marketing Officer Glen Newhart, Chief Development Officer Scott Livingstone, Vice President/Hospital Transformation Jeremy Raimo, Senior Director, Business Development Susan Hadley, Director, Network Development Eva England, Cardiovascular Service Line Administrator Jenelle Lovelady, Business Development Manager Teri Donnellan, Executive Assistant Rick Crooks, Executive Protection Agent

- 1. The Board Chairman, Director Dagostino, called the meeting to order at 2:00 p.m., in Assembly Rooms 2&3 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Chairman Dagostino led the Pledge of Allegiance.
- Approval of agenda.

It was moved by Director Kellett 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 Board Agenda. There were no public comments.

Oral Announcement of Items to be discussed during Closed Session

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Mr. Moser, made an oral announcement of items listed on the April 25, 2017 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one Report on Trade Secrets with various disclosure dates; Conference with Labor Negotiator relative to CNA negotiations; two (2) matters of Existing litigation; and Public Employment Evaluation/Employment of the Chief Compliance Officer.

5. Motion to go into Closed Session

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

- 6. Chairman Dagostino adjourned the meeting to Closed Session at 2:05 p.m.
- 8. The Board returned to Open Session at 7:15 p.m. with all Board Members present.
- 9. Open Session
- Report from Chairperson on any action taken in Closed Session.

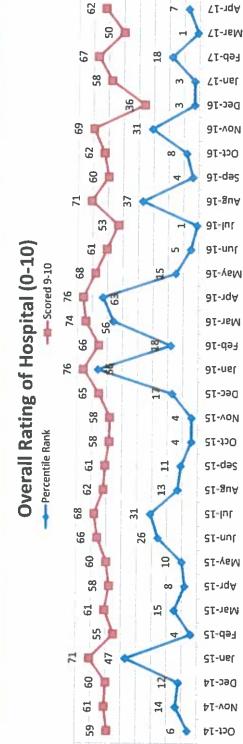
Chairperson Dagostino reported no action was taken in Closed Session

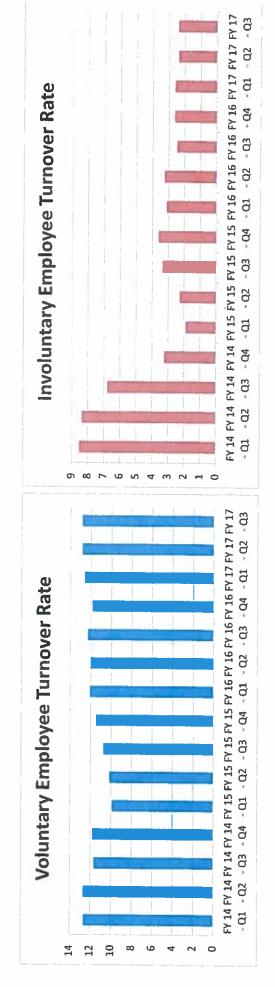
11. There being no further business, Chairman Dagostino adjourned the meeting at 7:15 p.m.

ATTEST:	James J. Dagostino Chairman
Laura E. Mitchell	

HCAHPS (Top Box Score)

Hospital Consumer Assessment of Healthcare Providers & Systems



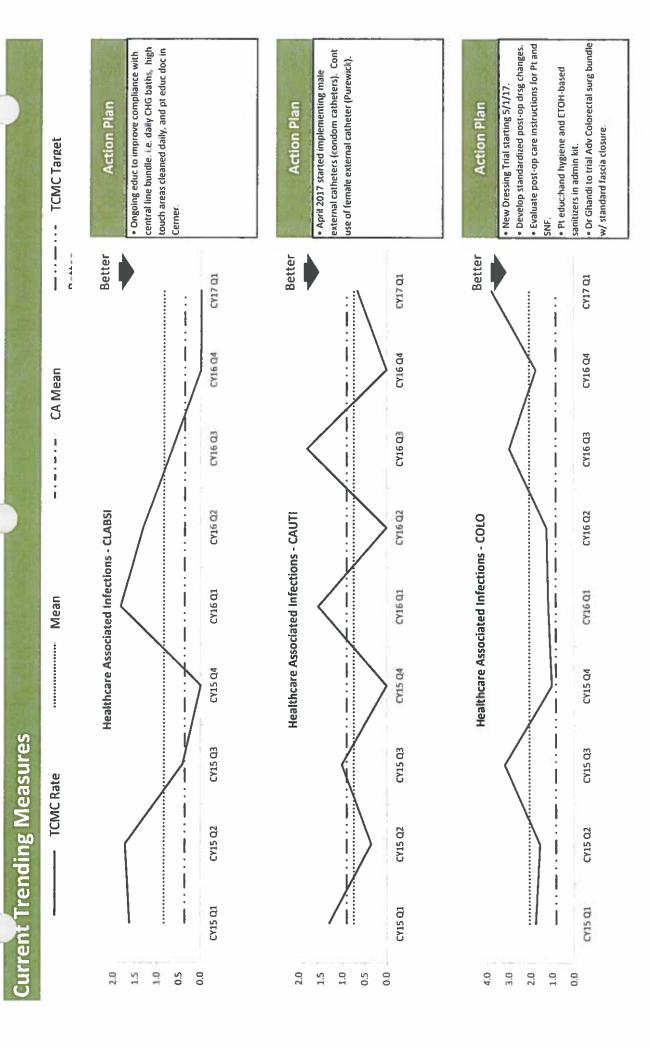




Current Trending Measures

Current Trending Measures - Page 3 of 11

**Current Trending Measures** 



Current Trending Measures - Page 5 of 11

**Current Trending Measures** 

Current Trending Measures - Page 6 of 11





# Volume

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FY16	16	19	13	4	7	6	15	20	15	13	17	15	163
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Growth - Page 8 of 11

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7.1 6.8 6.8 7.1 4.9 eonatal Intensive Care Unit (NICU)	5.6	7.0	5.6	6.2		Feb	Mar	Apr	May	Jun	YTD
7.1 4.9  eonatal Intensive Care Unit (NICU)	5.6	6.9	7.1		5.6	5.9	4.9	7.0			6.3
eonatal Intensive Care Unit (NICU)			-	6.7	6.5	9.9	5.0	6.5	5.5	6.3	6.2
	) - Average	Daily Censi	us (ADC)								
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY17 14:8 17:4	17.1	18.6	13.3	17.0	15.5	11.7	10.7	8.8			14.5
FY16 13.3 11.1	14.3	15.1	16.3	19.0	20.1	16.3	13.5	16.0	17.1	13.4	15.5
Hospital - Average Daily Census (ADC)	00)										
Jul Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY17 178.6 191.9	181.3	183.9	174.0	179.5	188.0	177.8	174.4	180.5			181.1
FY16 183.9 183.4	199.7	187.7	182.4	200.6	202.9	203.0	186.7	200.7	183.9	189.2	191.9

FY17   223   239   274   230   197   200   217   197   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315   315		Jul 223	Aug 239	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	OTA
223   239   274   230   197   200   215   183   209   189   208   200		273	239											
ient Cardiac Interventions  Lul Aug Sep Oct Nov Occ Jan Feb Mar Apr May Jun attent Cardiac Interventions  12 14 4 4 6 6 5 7 7 2 2 7 9 10 10 10 10 10 10 10 10 10 10 10 10 10				274	230	197	200	219	197	202	172			2451
Sep		215	214	252	227	232	220	216	183	509	189	208	200	2565
11   12   11   124   15   11   15   15   15   15   15   1	iss													
Jul   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun	npatient Card	iac Interv	/entions											
12   11,   12   15   16   11   14   15   15   15   15   15   15		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	VTD
atient Cardiac Interventions  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Interventions  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Intert Surgery Cases  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Intert Surgery Cases  A 1 4 6 7 10 2 8 13 12 5 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		12	111	12	16	11	14	15	11	9	15			123
May   Jun   Jul   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun	Y16	16	6	19	12	16	10	11	15	15	15	18	12	168
Heart Surgery Cases  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  T Aly Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Lick 1.71 1.76 1.72 1.68 1.70 1.61 1.73 1.64  Performance compared to prioryear Better Sane	Outpatient Car	rdiac Inte	rventions	Sen	t o	Nov	Dec	uel	Feb	Mar	Ann	veM	aii	47
4		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
Heart Surgery Cases   Jul   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Adjusted Factor (Total Revenue)   1.68   1.72   1.68   1.70   1.61   1.73   1.64   1.65   1.63   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.65   1.6	Y17	4	4	9	9	2	7	2	2	7	6			52
Heart Surgery Cases	Y16	7	m	7	4	5	7	9	9	9	4	2	7	64
Jul         Aug         Sep         Oct         Nov         Dec         Jan         Feb         Mar         Apr         May         Jun           7         14         4         6         7         10         2         8         13         12         5         7         7           2 Adjusted Factor (Total Revenue/IP Reven	pen Heart Su	rgery Cas	ses											
10 9 8 7 16 9 8 6 16 9 8 6 16 9 8 6 16 9 9 8 6 16 16 9 9 8 9 8 13 12 8 7 8 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		lul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
7 14 4 6 7 10 2 8 13 12 5 7 7		10	6	œ	7	9	6	80	9	16	6			88
Adjusted Factor (Total Revenue/IP Revenue)         Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun           1.68       1.71       1.72       1.68       1.70       1.61       1.73       1.64         1.65       1.63       1.60       1.62       1.56       1.56       1.58       1.68    Performance compared to prior year: Better Same	Y16	7	14	4	9	7	10	2	80	13	12	2	7	95
Jul         Aug         Sep         Oct         Nov         Dec         Jan         Feb         Mar         Apr         May         Jun         Inch           1.68         1.71         1.72         1.68         1.70         1.61         1.73         1.64           1.65         1.63         1.65         1.65         1.60         1.66         1.68	CMC Adjusted	1 Factor (	Total Reven	nue/IP Reve	inue)									
1.68     1.71     1.72     1.68     1.70     1.61     1.73     1.64       1.65     1.63     1.65     1.65     1.65     1.66     1.68		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
1.65 1.63 1.60 1.62 1.56 1.54 1.63 1.65 1.60 1.66 1.68		1.68	1.71	1.76	1.72	1.68	1.70	1.61	1.73	1.73	1.64			1.69
Better Same		1.65	1.63	1.60	1.62	1.63	1.56	1.54	1.63	1.65	1.60	1.66	1.68	1.62
									Performance con	npared to prior	ryear	Better	Ѕате	Worse



# Financial Information

	יבונום בכלים וויו ובככם וויו ויבונים וויל וויל וויל													inon
1000	lnf	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Avg	Range
FY17	51.2	50.2	48.7	50.5	49.6	50.5	48.9	49.0	48.8	49.4			49.7	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	48.0	48-52
TCMC Da	ys in Accou	TCMC Days in Accounts Payable (A/P)	4/P)										C/M	Goal
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Avg	Range
FY17	78.9	81.6	86.5	88.1	91.6	87.9	84.6	79.9	74.6	79.9			83.4	75-100
FY16	83.6	85.8	92.1	88.7	84.0	82.5	83.6	81.1	81.4	81.1	81.1	80.7	84.4	75-100
TCHD ER	OE \$ in Thou	TCHD EROE \$ in Thousands (Excess Revenue over Expenses)	s Revenue or	ver Expenses)									C/M	C/M
	Inf	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	YTD Budget
FY17	\$288	\$211	\$746	\$1,118	\$414	\$317	(\$226)	\$181	(\$2,912)	(\$63)			\$75	\$5,028
FY16	\$862	\$612	\$182	(\$189)	(\$513)	\$965	(\$1,784)	(\$411)	(\$220)	\$331	\$315	(\$1.842)	(\$165)	

C/M	YTD Budget	1.73%	
C/M	YTD	0.03%	-0.06%
	Jun		-6.82%
	May		1.09%
	Apr	-0.22%	1.13%
	Mar	-9.92%	-0.77%
F	Feb	0.67%	-1.53%
	Jan	-0.79%	-6.31%
	Dec	1.15%	3.40%
	Nov	1.51%	-2.00%
	Oct	3.99%	-0.68%
evenue	Sep	2.69%	%99.0
Operating R	Aug	0.75%	2.20%
ICHD EROE % of Total Operatin	lul	1.04%	3.03%
TCHD ER	EEE CO	FY17	FY16





	C/M	YTD Budget	\$18,070	
	C/M	YTD	\$12,747	\$11,782
		Jun		(\$22\$)
		May		\$1,598
		Apr	\$1,213	\$1,530
		Mar	(\$1,630)	\$1,019
linformation		Feb	\$1,428	\$797
	zation)	Jan	\$1,010	(\$594)
Financial	n and Amorti	Dec	\$1,556	\$2,155
	, Depreciation	Nov	\$1,711	\$644
	TCHD EBITDA \$ in Thousands {Earnings before Interest, Taxes, Depreciation and Amortization}	Oct	\$2,365	\$1,011
	ings before l	Sep	\$2,015	\$1,357
	usands (Earn	Aug	\$1,496	\$1,817
	ITDA \$ in The	Jul	\$1,583	\$2,046
	TCHD EB		FY17	FY16

כוום במו	TCHD EBITDA % of Total Operating Revenu	tal Operating	Revenue										C/M	C/M
	Int	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	YTD Budget
-Y17	5.70%	5.32%	7.27%	8.43%	6.27%	5.64%	3.52%	5.28%	-5.55%	4.23%			4.55%	6.21%
-Y16	7.20%	6.53%	4.90%	3.65%	2.50%	7.58%	-2.10%	2.97%	3.56%	5.22%	5.55%	-2.07%	4.23%	

6.21%		C/M	Budget	6.03					
٩			YTD						
4.55%	4.23%	C/M	YTD	6.10	5.93			Covenant	1.10
	-2.07%		Jun		5.99			TTM Jun	
	5.55%		May		60.9		- 1	TTM May	
4.23%	5.22%		Apr	6.30	5.86			TTM Apr	1.32
*cc.c-	3.56%		Mar	6.25	6.07			TTM Mar	1.51
2.28%	2.97%		Feb	6.14	5.43			TTM Feb	1.37
3.52%	-2.10%		Jan	6.26	5.77			TTM Jan	1.35
5.64%	7.58%		Dec	6.16	6.01			TTM Dec	1,50
0.71%	2.50%	Bed	Nov	6.43	6.11			TTM Nov	1.73
8.43%	3.65%	TCMC Paid FTE (Full-Time Equivalent) per Adjusted Occupied Bed	Oct	5.85	5.98		lon	TTM Oct	1.59
1.21%	4.90%	nt) per Adjusi	Sep	5.74	5.91		TCHD Fixed Charge Coverage Covenant Calculation	TTM Sep	1.37
5.32%	6.53%	ime Equivale	Aug	5.84	6.05	THE SECOND	overage Cove	TTM Aug	1.37
5.70%	7.20%	F-IIO-I) ETE (Full-1	Jul	6.04	6.13		ed Charge Ct	Inf MTT	1.37
FY17	FY16	TCMC Pa		FY17	FY16		TCHD FIX	200	FY17

TCHD Lic	uidity \$ in M	Iillions (Cash	+ Available Re	TCHD Liquidity \$ in Millions (Cash + Available Revolving Line of Credit)	of Credit)								
1	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
FY17	\$29.1	\$29.4	\$26.8	\$18.9	\$23.0	\$25.9	\$35.7	\$34.6	\$73.6	\$74.3			
FY16	\$30.7	\$33.4	\$36.1	\$35.7	\$31.8	\$28.0	\$26.3	\$27.5	\$24.8	\$28.0	\$37.6	\$31.7	

1.47

1.63

1.82

1.70

1.73

1.87

1.92

1.85

2.05

2.15

1.96

1.88

FY16

**Building Operating Leases** 

Month Ending April 30, 2017

		Base	307	Total Rent	Para Prose	SOURCE STATE	
		Rate per	糖	per current	Lease	Term	
Lessor	Sq. Ft.	Sq. Ft.	100	month	Beginning	Ending	Services & Location
American Health & Retirement DBA: Vista Medical Plaza 140 Lomas Santa Fe Dr., Ste 103 Solona Beach, CA 92075 V#82904	4.550	F0.05		4.500.00			Venus OBGYN Clinic 2067 W. Vista Way, Ste 160
	1,558	\$2.25	(a)	4,528.99	01/27/17	05/31/20	Vista, CA 92083
Camelot Investments, LLC 5800 Armada Dr., #200 Carlsbad, CA 92008 V#15608	Approx 3,563	\$1.80	(a)	10,281.11	4/1/2016	01/31/20	PCP Clinic - Radiance 3998 Vista Way, Ste. C Oceanside, CA 92056
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.63	(a)	20,106.00	2/1/2015	01/31/20	PCP Clinic - Vista 1926 Via Centre Drive, Ste A Vista, CA
Eflin Investments, LLC Clancy Medical Group 20136 Elfin Creek Trail Escondido, CA 92029 V#82575 GCO	3,140	\$2.49	(a)	9,265.25	12/01/15	12/31/20	PCP Clinic 2375 Melrose Dr. Vista Vista, CA 92081
3621 Vista Way Oceanside, CA 92056 #VB1473 nvestors Property Mgmt. Group	1,583	\$1.92	(a)	3,398.15	01/01/13	04/30/17	Performance Improvement 3927 Waring Road, Ste.D Oceanside, Ca 92056
c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214	\$1.86	(a)	9,993.82	09/01/12	08/31/17	OP Physical Therapy OP OT & OP Speech Therapy 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054
Melrose Plaza Complex, LP  c/o Five K Management, Inc.  O Box 2522  a Jolla, CA 92038  V#43849	7,247	\$1.35	(a)	10,101.01	07/01/16	06/30/21	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	\$4.00	(a)	25,580.00	10/01/12	10/01/22	Chemotherapy/Infusion Oncology Center 3617 Vista Way, Bidg.5 Oceanside, Ca 92056
Ridgeway/Bradford CA LP DBA: Vista Town Center PO Box 19068 rvine, CA 92663 /#81503 Total	3,307	\$1.10	(a)	4,509.88 \$ 97,764.21	10/28/13		Vacant Building 510 Hacienda Drive Suite 108-A Vista, CA 92081

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



ADVANCED HEALTH CARE

Education & Travel Expense Month Ending 4/30/2017

Cost					
Centers	Description	Invoice #	Amount	Vendor#	Attendees
7320	AABH CONFERENCE	41017	465.00	81359 SAR/	AH JAYYOUSI
7770	PELVIC FLOOR COURSE	22117	1,256.40	82941 CHR	STINA ZHENG
7772	LSVT BIG CERTIFICATION	20817	580.00	82940 AMY	LECROY
8390	NPPA CONFERENCE	31417 NPPA CONF	275.00	78696 LAUI	RA BALL
8460	CA HAZARDOUS WASTE MEETING	32917	112.35	82769 JEFF	SUROWIEC
8460	CA HAZARDOUS WASTE MEETING-REGISTRATION	33117	795.00	81163 JEFF	SUROWIEC
8610	CA CONGRESSIONAL ACTION PROGRAM-REGISTRATION	33117	395.00	81163 STEV	E DIETLIN
8618	IMAGINE SOFTWARE CLIENT CONFERENCE	40317	200.00	82657 MEL	ISSA NAIL
8620	CA CONGRESSIONAL ACTION PROGRAM-REGISTRATION	33117	395.00		ES DAGOSTINO
8620	CA CONGRESSIONAL ACTION PROGRAM-HOTEL	33117	401.90		ES DAGOSTINO
8620	CHA LEGISLATIVE-EXPENSES	32917	435.22		ES DAGOSTINO
8620	AHA LEGISLATIVE DAYS-REGISTRATION	33117	800.00		ES DAGOSTINO
8620	CA CONGRESSIONAL ACTION PROG-AIRFARE	33117	960.40		ES DAGOSTINO
8620	AHA LEGISLATIVE DAYS - AIRFARE	33117	514.41		ANNE NYGAARD
8620	CHA LEGISLATIVE DAYS - EXPENSES	32317EXP	302.80		Y W. SCHALLOCK
8620	CA CONGRESSIONAL ACTION PROGRAM-REGISTRATION	33117	395.00		RY W. SCHALLOCK
8620	CA CONGRESSIONAL ACTION PROGRAM-HOTEL	33117	401.90	81163 LARF	RY W. SCHALLOCK
8620	AHA LEGISLATIVE DAYS-REGISTRATION	33117	800.00	81163 LARF	RY W. SCHALLOCK
8620	CA CONGRESSIONAL ACTION PROG-AIRFARE	33117	810.40	81163 LARR	RY W. SCHALLOCK
8620	ACHD LEADERSHIP CONFERENCE - EXPENSES	33117	594.29	82854 LEIG	H ANNE GRASS
8680	HEALTHCARE CHAPLAINS MINISTRIES	33017DURAN	375.00	31899 DAV	ID DURAN
8680	HEALTHCARE CHAPLAINS MINISTRIES	33017PHILLIPS	375.00	31899 RICH	ARD PHILLIPS
8680	HEALTHCARE CHAPLAINS MINISTRIES	33017WESTBROOK	375.00	31899 CYN1	THIA WESTBROOK
8740	RADIATION PROTECTION CERTIFICATION	41217	153.50	79119 MICI	HAEL WHITBORD
8740	ACLS RENEWAL	41217	155.00	80011 DIAN	IÉ CHAPPELL
8740	COPD EDUCATOR COURSE	40617	165.00	81644 SUE	GARDINER
8740	ANXIETY TRMT TECHNIQUES	40617	199.99	82946 SUD	ABEH ZARIFIFAR
	TRAUMA TREATMENT	31617	200.00	82938 HILL	ARY FRIENDBERG
	PERIANESTHESIA NURSING CERTIFICATION	40617	200.00	82947 VAN	ESSA VRIENS
	RN - BSN COURSES	31617	2,500.00	82937 DAN	IE MILLER
	2017 CONSENT LAW SEMINAR	32917 PIEARSON	345.00	14365 JAMI	E PIEARSON
8758	2017 CONSENT LAW SEMINAR	32917 SCHULTZ	345.00	14365 SHAF	RON SCHULTZ

<sup>\*\*</sup>This report shows reimbursements to employees and Board members in the Education

<sup>&</sup>amp; Travel expense category in excess of \$100.00.

<sup>\*\*</sup>Detailed backup is available from the Finance department upon request.

May 11, 2017

Report to the Board

James J. Dagostino, Chairman of the Board TCHD

American Hospital Association Annual Meeting May 7 through May 10 2017, Washington DC

I attended the AHA Meeting as well as CHA Legislative Congressional Action Day representing our district with Director Larry Schallock. I participated in the Legislative Day with our colleagues from Sharp, Kaiser, Scripps, Palomar, and El Centro. Mr. Schallock and I were the only Board Trustees from San Diego.

On Sunday, May 7, I attended a lecture Under the MACRA Microscope. MACRA and MIPS are systems of payment designed to reimburse physicians for outpatient services. This was designed to be the substitute for the Hugh pending cuts to physician's services that have been mounting. Physicians must submit their proposals and payment adjustments will occur 1/1/9. In my post presentation conversations with Dr. Rhonda Meadows, key presenter, she felt hospitals could be affected if physicians do not meet the targets and suffer cuts in payment. Physicians may turn to the hospital to make of the difference. Bundled payments and metrics for hospitals were discussed and it was suggested By Dr. Greeno, presenter that it may be efficient for the Hospital and physicians align their metrics. Tri City may be able to use its Institutes to start this process.

Later that day Mr. Schallock and I registered for the California Hospital Association Legislative and had time to network. It was a good time to have open dialogue with our Hospital colleagues. As I stated we were the only Board/Trustees and that gave us a unique perspective that CHA used in their Legislative presentations.

Monday, May 8, I devoted my education to Federal Plenary sessions. Presenters were Frank Sesno and Chief Government Relations for AHA Tom Nickels. The afternoon session featured Senator Bill Cassidy R—LA and VA Secretary David Shulkin. THE AHCA American Healthcare Act as this new piece of legislation that just passed the House is called is a work in progress. Democrats are lamenting the passage but what I learned is ACA repeal had to follow certain rules or it could not be considered in both the House and Senate. The term" Reconciliation" is a special legislative procedure that has been used by both houses to pass controversial legislation. Reconciliation is a process to handle mainly the monetary aspects of the funding of healthcare and reconciliation instructions are required to designate the dollar amounts for portions of the bill. These are usually done through the committee process and this will be the task of the Senate to implement. Since the budget is involved there needs to be a deficit reduction of about \$1 trillion. The rationale for this type of system is that the Senate then will only ned a majority of votes to pass this bill. Attached to this report is an assessment by the Democrats as to what the bill does.

Later on in the afternoon the delegations of California, New York, Illinois, and Pennsylvania have a private briefing by key staffers of both Republicans and Democrats. The offices of Sen. Schumer were represented as was House Speaker Kevin McCarthy and minority leader Nancy Pelosi. Key Senate Staff

# Why did the AHCA Pass the House?

- Very little support
  - All major stakeholder groups opposed (Hospitals, Doctors, Nurses, Insurers)
  - Most faith groups opposed
  - All progressives opposed
  - ACA (55%) more popular than AHCA (17%)
- No CBO score
- Many Rs walked the plank with uncertain Senate future
- Major argument ACA imploding (Trump Administration deserves much of the credit)
  - Example of lowa easily fixed
  - Need to fund CSRs
  - Need to enforce mandate/do outreach
- ACA working less uninsured, lower cost increases, higher quality

1

# American Health Care Act

- Key CBO Finding
  - 24 million Americans will lose health coverage
  - Slashes Medicaid by \$840 billion over the next 10 years
  - A 64 year old with an income of \$26,500 in individual market will pay \$12,900 more in premiums each year
- Key Provisions
  - Cuts taxes for the wealthy -- \$50,000 tax cut per year for families with incomes over \$1,000,000 - 1 trillion in tax cuts
  - Largest taking away of benefits/income from families with incomes below the median
  - The largest reverse Robin Hood tax bill since World War !!
  - Shortens the solvency of Medicare
  - Repeals funding for Prevention and Public Health Fund and Medicaid funding for Planned Parenthood
  - Allow states to apply for waivers for opting out of Essential Health Benefits and guaranteed coverage for pre-existing conditions

2



# California Has Health Care Covered





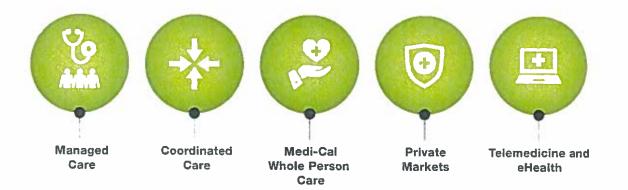
With nearly 40 million residents from culturally diverse backgrounds, our state is also geographically complex and boasts one of the forgest economics in the world. These characteristics sour innovations that are successfully transforming how health care is delivered and financed.

# **Leading the Nation in Health Care Transformation**

California hospitals have been innovating health care delivery for decades. Some hospitals have provided leadership in accordinated care, and others have developed integrated delivery models recognized nationwide for providing high-value patient care white managing cost. Telemedicine and eHealth services have been created, strengthening access to care in remote areas and for patients in need of specialized services. Our experience in the evolution of health care delivery positions California as a leader in providing accessible, high-value care.

# California's Health Care Delivery Models — Our Foundation for Success

Long before the Affordable Care Act, California's health care leaders built a strong foundation for innovation and excellence as they developed health care delivery models that focused on improving quality, increasing access and lowering costs.



California hospitals are committed to improving the quality and safety of patient care. Through the leadership of the Hospital Quality Institute. California hospitais have.

- Reduced readmission rates for a savings of \$3.6 million.
- Outperformed national baselines in reducing six of eight hospital acquired infections'
- Reduced early elective newborn deliveries by 47 percent and obstetrical trauma by 23 percent?
- Outperformed national 30-day mortality rates for stroke. coronary artery bypass grafting, heart attacks, heart failure and pneumonia

#### **Providing Coverage for Those in Need**

While home to many of the nation's wealthy. California also has the highest poverty rate. With 23 percent living in poverty, nearly 14 million of the state's residents are enfoliati Medi-Gal. in the last few years, the number of Californians with health care coverage has grown to 91 percent.4 Now our residents can receive the care they need, including preventive and primary services in cost-efficient settings.

91%



Percentage of Californians that have health care coverage

### **Innovating to Improve Care and Lower Costs**

California hospitals consistently perform better than the national a lerage. Our innovations in technology, care delivery and clinical efficiencies mean patients recover quicker and return home sooner. Other efficiencies, such as reducing waste and over-utilization, result in lower health care costs. Key community health indicators below demonstrate California's ability to deliver appropriate care for its residents.

Usage per 1.000 mai/ duals	California	U.S. Average	Highest
Hospital Beds	18	25	5.4
Hospital Admissions	82.3	103.7	1932
Hospital Days	420 9	555.9	1,403.0
Emergency Visits	3271	4276	755 3
Hospital Costs	\$2,285	\$2.537	\$6,241

California's health care costs are lower than the U.S. average.

#### Strengthening California's Economy

As part of the sixth largest economy in the world. California's hospitals play a big part in the state's economic engine. Often the largest employers in their communities, hospitals provide well paying jobs to nurses, doctors, health professionals and others. The direct and ripple effects of employing individuals and purchasing goods and services fuel the state's economy by hundreds of billions of dollars each year



Nearly 1 million jobs result from hospital employment.

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## **California Hospital Association**

The statewide leader representing the interests of California's hospitals and health systems. Proudly representing:

400+ hospitals and health systems

97% of California hospital beds

California's hospitals provide medically necessary care to all Californians – regardless of insurance coverage, ability to pay or citizenship status.

Our doors are always open.

#### Every year, California hospitals:

- De ver 500,000 papies.
- Receive 48 million outpatient visits.
- Treat 15 million patients in the ER
- Provide nearly 1 million jobs for California's economic growth.
- Train 22,000 new physicians and nurses.
- Provide more than \$15 off on in uncompensated health care services.



Leadership or Health Policy and Advances

1215 K Street, Suite 800 Sacramento, CA 95814 (916) 443-7401 www.calhospital.org 499 South Capitol Street SW, Suite 410 Washington, DC 20003 (202) 488-3740

#### Regional Association Partners:

Hospital Council of Northern and Central California Hospital Association of Southern California Hospital Association of San Diego and Imperial Counties

## Strength in Leadership

# California, Illinois: New York and Pennsylvania

Congressional Representatives and Senators in leadership and committees with health care jurisdiction:

#### Leadership

Joseph Crowley (D-NY)

Chairman, House Democratic Caucus

Dick Durbin (D-IL)

Senate Minority Whip

Kevin McCarthy (R-CA)

House Majority Leader

Nancy Pelosi (D-CA)

House Minority Leader

Linda Sánchez (D-CA)

Vice Chair, Democratic Caucus

Charles Schumer (D-NY)

Senate Minority Leader

Democratic Leader and Chairman of the Conference

#### House Ways & Means Committee

Joseph Crowley (D-NY)

Judy Chu (D-CA)

Danny Davis (D-IL)

Brian Higgins (D-NY)

Mike Kelly (R-PA)

Pat Meehan (R-PA)

Devin Nunes (R-CA)

Tom Reed (R-NY)

Peter Roskam (R-IL)

Linda Sánchez (D-CA)

Mike Thompson (D-CA)

#### House Energy & Commerce Committee

Tony Cárdenas (D-CA)

Yvette Clarke (D-NY)

Chris Collins (R-NY)

Ryan Costello (R-PA)

Michael Doyle (D-PA)

Eliot Engel (D-NY)

Anna Eshoo (D-CA)

Adam Kinzinger (R-IL)

Doris Matsui (D-CA)

Jerry McNerney (D-CA)

Tim Murphy (R-PA)

Scott Peters (D.CA)

Raul Ruiz (D-CA)

Bobby Rush (D-IL)

Jan Schakowsky (D-IL)

John Shimkus (R-IL)

Paul Tonko (D-NY)

Mimi Walters (R-CA)

#### Senate Finance Committee

Bob Casey (D-PA)

Pat Toomey (R-PA)









#### National Policy Leadership Panel Monday, May 8, 2017 Washington Hilton Hotel, Jefferson Room 4:15 – 5:30 p.m.

#### <u>Panelists</u>

#### **Veronica Duron**

Legislative Assistant
Senate Minority Leader Charles E. Schumer

#### Paul Edattel

Chief Health Counsel Energy & Commerce Committee

#### **Brad Grantz**

Legislative Director Senator Pat Toomey

#### Katie Meyer

Senior Policy Advisor
House Majority Leader Kevin McCarthy

#### Wendell E. Primus

Senior Policy Advisor House Minority Leader Nancy Pelosi

#### C. Duane Dauner (Moderator)

President/CEO

California Hospital Association