

**TRI-CITY HEALTHCARE DISTRICT  
AGENDA FOR A REGULAR MEETING  
May 26, 2016 – 1:30 o'clock p.m.  
Classroom 6 - Eugene L. Geil Pavilion  
Open Session – Assembly Rooms 1, 2, 3  
4002 Vista Way, Oceanside, CA 92056**

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

	<b>Agenda Item</b>	<b>Time Allotted</b>	<b>Requestor</b>
1	Call to Order	3 min.	Standard
2	Approval of agenda		
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Closed Session portion of the Agenda. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors.	3 min.	Standard
4	Oral Announcement of Items to be Discussed During Closed Session (Authority: Government Code Section 54957.7)		
5	Motion to go into Closed Session		
6	Closed Session	<b>2 Hours</b>	
	a. Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees (Authority: Health & Safety Code, Section 32155)		
	b. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: June 30, 2016		
	c. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: October 31, 2016		
	d. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: October 31, 2016		
	e. Reports Involving Trade Secrets: New Facilities; Conference with Real Property Negotiators (Authority: Health and Safety Code, Section 32106, Gov Code Section 54956.8) Property: 4002 Vista Way, Oceanside, CA 92056 Agency Negotiator: Steve Dietlin Negotiating Parties: Tri-City Healthcare District and City of Oceanside Under Negotiation: Development program Date of disclosure: September, 2016		

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

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

	Agenda Item	Time Allotted	Requestor
	g. Public Employee Evaluation: Chief Executive Officer (Authority: Government Code, Section 54957)		
	h. Conference with Legal Counsel – Potential Litigation (Authority Government Code Section 54956.9(d) (5 Matters))		
	i. Approval of prior Closed Session Minutes		
	j. Conference with Legal Counsel – Existing Litigation (Authority Government Code Section 54956.9(d)1, (d)4)  (1) Tri-City Healthcare District vs. Michael Vu, et al. Case No. 37-2016-00003989-CU-WM-NC  (2) TCHD vs. National Union Insurance Case No. 16-CV-60382-JLS-JLB  (3) TCHD vs. Burlew Case No. 37-2014-00034015-CU-NP-NC  (4) TCHD vs. Paul Mazur, M.D., and DOES 1-50 Case No. 37-2016 00002803-CU-O-NC  (5) Steven D. Stein v. Tri-City Healthcare District Case No. 12-cv-02524BTM BGS  (6) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108  (7) TCHD vs. Medical Acquisitions Company Case No: 2014-00022523		
7	Motion to go into Open Session		
8	Open Session		
	<b>Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.</b>		
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
10	Roll Call / Pledge of Allegiance	3 min.	Standard
11	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
12	Special Presentations: (1) Recognition of Nurses of the Year  a) Imelda Browning, RN – Inpatient Services b) Luke Galindo, Patient Care Support Staff	15 min.	Chair/CNE

[illegible]

Agenda Item	Time Allotted	Requestor
<p>1) Approval of intent to send out a Request for Proposal (RFP) for Record Keeping Services for Defined Contribution Plans and 457(b) Plans</p> <p><b>B. Employee Fiduciary Retirement Subcommittee</b>  Director Kellett, Subcommittee Chair  Open Community Seats – 0  Committee minutes included in Board Agenda packets for informational purposes)</p> <p><b>C. Community Healthcare Alliance Committee</b>  Director Nygaard, Committee Chair  Open Community Seats – 0  (Committee minutes included in Board Agenda packets for informational purposes)</p> <p><b>D. Finance, Operations &amp; Planning Committee</b>  Director Dagostino, Committee Chair  Open Community Seats – 0  (Committee minutes included in Board Agenda packets for informational purposes)</p> <p>1) Approval of an agreement with Dr. Hamid Movahhedian as the NICU Medical Director, as well as provide oversight for the Newborn Nursery and High Risk Infant Follow-up Clinic for a term of 36 months, beginning July 1, 2016 through June 30, 2019, at an annual cost not to exceed \$71,520, and a total cost for the term not to exceed \$214,560.</p> <p>2) Approval of an agreement with North County Neonatology Specialists to provide NICU and unassigned delivery coverage for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$91,200 and a total cost for the term not to exceed \$273,600.</p> <p>3) Approval of an agreement with Trane for replacement of an ice chiller compressor for a maximum total cost of \$55,753.</p> <p>4) Approval of an agreement with Craneware for a term of 60 months, beginning May 25, 2016 through May 24, 2021 for an annual cost for year 1 of \$69,175; year 2 \$73,109; year 3 \$75,659; year 4 \$78,209; and year 5 \$80,759 for a total cost for the term not to exceed \$376,911.</p> <p>5) Approval of an agreement with Cardiology General physicians Drs. Oscar Matthews, Mohammed Pashmforoush and Paul Sarkaria as the Cardiology General ED Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 through June 30, 2017, at a daily rate of \$200, for a total annual and term cost of \$73,800 for FY2017.</p> <p>6) Approval of an agreement with Cardiology-General &amp; STEMI physicians Drs. Kenneth Carr, Karim El-Sherief and David Spiegel as the Cardiology-General ED Call Coverage Physicians for a term of 12 months, beginning July 1, 2016</p>		<p>Emp. Fid. Subcomm.</p> <p>CHAC Comm.</p> <p>FO&amp;P Comm.</p>



	Agenda Item	Time Allotted	Requestor
	<p>through June 30, 2017 at a daily rate of \$200-General at an annual cost of \$73,600, \$600 for STEMI, at an annual cost of \$219,000 for a total annual and term cost of \$292,000 for FY2017.</p> <p>7) Approval of an agreement with Cardiothoracic Surgery physicians Drs. Theodore Folkerth and Frederick Howden as the Cardiothoracic Surgery ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017, at a daily rate of \$375 for an annual and term cost of \$136,875 for Cardiac, and a daily rate of \$375 daily for an annual and term cost of \$136,875 for Thoracic, for a total annual and term cost of \$273,750 for FY 2017.</p> <p>8) Approval of an agreement with ENT physicians Drs. Julie Berry, Audrey Calzada, Herman Goldstein, Robert Jacobs, Marc Lebovits, Ritvik Mehta, Bruce Reisman and Ashish Wadhwa, as the ENT ED-Call Coverage physicians for a term of 24 months beginning July 1, 2016 through June 30, 2018 at a daily rate of \$450 Monday-Thursday and \$550 Friday-Sunday, for an annual cost of \$179,950 for FY2017 and \$19,950 for FY2018, for a total term cost of \$359,900.</p> <p>9) Approval of an agreement with General Surgery physicians, Drs. Andrew Deemer, Adam Fierer, Dhruvil Gandhi, Karen Hanna, Mohammed Jamshidi-Nezhad, Eric Rypins and Katayoun Toosie as the General Surgery ED-Call Coverage Physicians for a term of 24 months, beginning July 1, 2016 through June 30, 2018 at a daily rate of \$1,400 for an annual cost of \$511,000 and a total cost for the term of \$1,022,000; reimbursement of \$725 per case for unfunded cholecystectomy cases at an expected total cost for the term of \$52,200.</p> <p>10) Approval of an agreement Interventional Radiology Physicians Drs. Michael Burke, Brian Goelitz, Justin Gooding, Michael Noud, Donald Ponec and Richard Saxon as the Interventional Radiology ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 through June 30, 2017 at a daily rate of \$600 for an annual and term cost of \$219,000 for FY2017.</p> <p>11) Approval of an agreement with OB/GYN physicians Dr. Tannaz Ebrahimi-Adib as an OB/GYN ED Call Coverage Physician for a term of 24 months, beginning July 1, 2016 through June 30, 2018 at a daily rate of \$800 (weekday) and \$1,000 (weekend/holiday) for an annual cost of \$313,800 for FY2017 and \$314,400 for FY2018 for a total term cost of \$628,200.</p> <p>12) Approval of an agreement with Dr. Brian Mudd, as the Oral/Max Surgery ED Call Coverage Physician for a term of 12 months, beginning July 1, 2016 through June 30, 2017 at a daily rate of \$350, for an annual and term cost of \$127,750 for FY2017.</p>		

	Agenda Item	Time Allotted	Requestor
	<p>13) Approval of an agreement with Urology physicians Drs. Bradley Frasier, Michael Guerena, Jason Phillips, Caroline Vilchis (Colangelo), Arthur Warshawsky, as the Urology ED Call Coverage physicians for a term of 12 months, beginning July 1, 2016 through June 30, 2017 at a daily rate of \$350 for an annual and term cost of \$127,750 for FY2017.</p> <p>14) Approval of an agreement with Vascular physicians Drs. Andrew Deemer, Mohammed Jamshidi-Nezhad as the Vascular Surgery ED-Call Coverage Physicians for a term of 36 months, beginning July 1, 2016 through June 30, 2019 at a daily rate of \$650, for an annual cost of \$237,250 and a total cost for the term of \$711,750.</p> <p>15) Approval of an agreement with Registry vendors, with flexibility to add or delete Agencies, for supplemental staffing for nursing and Allied Health for a term of three years, beginning July 1, 2016 through June 30, 2019, for an annual cost not to exceed \$5.5m and a total cost for the term of \$16.5m.</p> <p>16) Approval of an agreement with Dr. Sharon Slowik for the provision of Laser and Aesthetic services for a 13 month term, beginning June 1, 2016 through June 30, 2017, at an amount not to exceed 40% of gross collections.</p> <p>17) Approval of an agreement with Brainlab, Inc. for the purchase of capital equipment item Brainlab "Curve" Mobil Navigation System (Cranial and ENT with microscope integration) for a one-time total purchase and installation cost not to exceed \$367,019.</p>		
	<p><b>E. Professional Affairs Committee</b>  Director Mitchell, Committee Chair  (Committee minutes included in Board Agenda packets for informational purposes.)</p>		PAC
	<p><b>1) <u>Approval of Patient Care Services Policies</u></b></p> <ol style="list-style-type: none"> <li>1. Collection of a Blood Specimen by Skin Puncture Procedure</li> <li>2. Consent for Minors Policy</li> <li>3. Nitrazine Test on Vaginal Fluid Procedure</li> <li>4. Siemens Rapidpoint 405 Procedure</li> <li>5. Urine Chemistry Using a Urine Dipstick, Measuring Procedure</li> <li>6. Urine Dipstick Analysis Using Siemens Clintek Status + Connect Procedure</li> <li>7. Witnessing a Patient Signature on Patient's Personal Documents 8610-341</li> </ol>		
	<p><b>2) <u>Administrative Policies and Procedures</u></b></p> <ol style="list-style-type: none"> <li>1. Fax Waiver 635</li> <li>2. Library Services Mission and Scope of Service 287</li> </ol>		
	<p><b>3) <u>Unit Specific</u></b></p>		

	Agenda Item	Time Allotted	Requestor
	<p><b><u>Infection Control</u></b> 1. Surveillance Program IC2</p> <p><b><u>Medical Staff</u></b> 1. Supervision of Resident in Emergency Medicine 8710-571</p> <p><b><u>NICU</u></b> 1. Bathing, Newborn Infant 2. Chest Tube, Care of Infants with Pneumothorax 3. Dietitian, Role in the NICU 4. Measuring Infant Length in the NICU</p> <p><b><u>Women and Newborn Services</u></b> 1. Amniocentesis</p> <p>4) Approval of Clinical Contracts</p> <p><b>F. Governance &amp; Legislative Committee</b> Director Dagostino, Committee Chair Open Community Seats - 0 <i>(No meeting held in May, 2016)</i></p> <p><b>G. Audit, Compliance &amp; Ethics Committee</b> Director Finnilla, Committee Chair Open Community Seats – 0 (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p>1) <b><u>Approval of Policies &amp; Procedures:</u></b> a. 8610-523 – Use and Disclosure of Information Regarding Media  b. 8750-569 – Referral Source Policies; Contractual Arrangement with Physicians and Other Referral Sources</p> <p>2) Approval of Non-Clinical Contracts as reflected on Spread Sheet</p> <p>(2) Minutes – Approval of: a) Regular Board of Directors Meeting – April 28, 2016 b) Special Board of Directors Meeting – May 11, 2016</p> <p>(3) Meetings and Conferences - None</p> <p>(4) Dues and Memberships - none</p>		<p>Gov. &amp; Leg. Comm.</p> <p>Audit, Comp. &amp; Ethics Comm.</p> <p>Standard</p> <p>Standard</p>
22	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
23	<p>Reports (Discussion by exception only)</p> <p>(a) Dashboard - Included</p> <p>(b) Construction Report – None</p> <p>(c) Lease Report – (April, 2016)</p> <p>(d) Reimbursement Disclosure Report – (April, 2016)</p> <p>(e) Seminar/Conference Reports - 1) ACHD Annual Meeting– Directors Mitchell/Nygaard</p>	0-5 min.	Standard

	<b>Agenda Item</b>	<b>Time Allotted</b>	<b>Requestor</b>
	2) AHA Annual Meeting – Chairman Dagostino		
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	<b>3 hrs.</b>	
29	Oral Announcement of Items to be Discussed During Closed Session (If Needed)		
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		

## **CHAC REPORT ON GRANT RECOMMENDATIONS**

This year we had a total of 34 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 organizations for funding:

### **1. Boys and Girls Club of Vista**

Requesting: \$10,000

Recommending: \$5,000

PROGRAM: 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.

### **2. Casa de Amparo**

Requesting: \$10,000

Recommending: \$10,000

PROGRAM: Requesting funds to support the Residential Services Medical Program that provides ongoing health care and mental health support for foster youth in their care. They rely on many sources to aid in funding the residential salaries for nurses, therapists and mental health workers to name a few, so assisting shows the District's support of their work.

### **3. Community Resource Center**

Requesting: \$25,000

Recommending: \$15,000

PROGRAM: Requesting funds will support the onsite Therapeutic Children's Center with counseling staff and also will assist with the funding of a Case Manager. The Center's domestic violence counseling services meet the psychological and emotional needs of both adults and children exposed to domestic violence.

#### **4. Fraternity House, Inc.**

Requesting: \$30,500

Recommending: \$15,000

PROGRAM: Requesting funds to support the program at Michaelle House located in Vista. This house serves very low income and homeless men and women living with HIV/AIDS and additional chronic illnesses, symptoms and side effects. The panel recommends funding the part-time position of MEND Manager (Mental Health, Education, Nutrition and Health Direction) at a cost of \$15,000 as this was the most important and needed part of their project budget. We have previously funded this program.

#### **5. Interfaith Community Services**

Requesting: \$25,000

Recommending: \$15,000

PROGRAM: Requesting funds to assist with the Transitional Youth Academy which empowers low-income and at risk students to achieve their academic and career goals. Funds will go to help fund a part-time case manager who is an LMFT to provide counseling and mental health services to at risk high school students.

#### **6. KOCT**

Requesting: \$15,000

Recommending: \$15,000

PROGRAM: Requesting funds continuing to address the need for mental health services of the healthcare district. They will be producing three videos that will focus on the areas of mental health and access to healthcare. They will inform the residents regarding the different levels of care, types of practitioners, facilities and locations in the community. They will further examine various levels of mental health services, target populations, and medical diagnoses. We have previously funded aspects of this program.

#### **7. Mama's Kitchen**

Requesting: \$15,000

Recommending: \$ 15,000

PROGRAM: Requesting funds to address the need for medically-tailored meal delivery service for critically ill residents of the TCHD. To qualify for their program (which is free of charge), individuals must be physically and/or mentally unable to prepare meals due to HIV/AIDS or cancer and must also be referred by a case manager or healthcare professional. Mama's Kitchen is the only program that provides 100% nutrition, offers multiple restricted diet meal plans, and feeds client's dependent children at NO cost. This program ensures that residents battling critical illnesses avoid malnutrition, can fully access health care, and experience improved health outcomes.

## **8. Miracle Babies**

Requesting: \$32,363

Recommending: \$12,500

PROGRAM: Requesting funds to partner with the Vista Community Clinic REACH program to provide education and guidance to middle and high school students about the importance of healthy lifestyles – including the importance of physical activity, nutrition, obesity prevention and diabetes. The program ensures that pre-teens and teens are empowered to optimize their health before having children. This grant will cover the cost of a program coordinator at 15 hours a week for a year along with a modest fee for guest speakers to augment the program.

## **9. NAMI (National Alliance on Mental Illness) North County San Diego County**

Requesting: \$3,237

Recommending: \$5,000

PROGRAM: Requesting funds to support the “In Our Own Voice” program which helps to reduce the stigma of mental illness through education and support from those with lived experience facing the challenges of living with a brain disorder. IIOV is a powerful anti-stigma program demonstrating to both family members and peers that recovery is possible. Presentations are made to businesses, schools, faith centers, social services and community groups. The grant will assist with the costs of scheduling these presentations, very modest stipends to the presenters, mileage, and supplies.

## **10. North County Health Services**

Requesting: \$30,000

Recommending: 25,000

PROGRAM: Requesting .125 FTE of the full salaries needed for two clinical psychologists/social workers who will be trained and will in turn provide at least 5000 hours of mental health services. As with so many of the requests and organizations, we are acutely aware of the need for more behavioral health services.

**11. North County LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) Resource Center**

Requesting: \$14,400

Recommending: \$14,400

PROGRAM: Requesting funds to continue to provide enhanced mental health services and address the increased risk of suicide and substance abuse that affects this community with such high statistics. Their counseling and mental health program is the only one in existence in North San Diego County. We have previously funded this program.

**12. North County Lifeline**

Requesting: \$17,807

Recommending: \$17,000

PROGRAM: Requesting funds to expand their efforts to facilitate early identification of youth with more serious mental health needs. Funding will cover a PT mental health counselor to administer and discuss ACE results. These results will lend further guidance in case planning and help ensure that you with the potential to develop more serious mental health issues do not fall through the cracks.

**13. Operation HOPE**

Requesting: \$21,500

Recommending: \$21,500

PROGRAM: Requesting funds for a part time counselor who will provide children's group counseling as well as individual counseling for adults. They have recently expanded their program to provide year round shelter and the provide a client-centered, holistic approach to getting clients back to independence. We have previously funded aspects of this program.

**14. Pacific Cancer Fitness**

Requesting: \$70,000

Recommending: \$15,000

PROGRAM: Requesting funds for a lifestyle management system that delivers a variety of services for the cancer patient and the family – for example transportation, education, nutrition information, exercise programs etc. They call this "Cancer Concierge". They believe that it is important to go beyond the limitations of the medical piece of the puzzle and provide helping hands to maintain and improve behavioral health for the patient and family members.



**15. Palomar Family Counseling Services, Inc.**

Requesting: \$23,098

Recommending: \$23,100

PROGRAM: Requesting funds to administer a program called Incredible Years at Foussat Elementary School, , transitional Kindergarten through third grade. The children at Foussat are primarily economically disadvantaged and are at risk for mental health issues. By screening this age group and delivering universal social-emotional supports, these children and their teachers all learn the same concepts and language which can be reinforced between lessons. This program also provides workshops for the parents and supports family wellness by linking parents to the school, healthcare and community resources as well as offering health education. The program will be administered in both English and Spanish.

**16. The Brother Benno Foundation, Inc**

Requesting: \$15,000

Recommending: \$7,500

PROGRAM: Requesting funds to provide emergency food assistance and emergency shelter assistance. In recommending that the \$7500 go directly to the emergency shelter problem which has a greater need and will provide rental assistance and utility/emergency motel vouchers to the disabled, seniors, men, women and families under severe stress and who show signs of mental illness, providing them a safe place and thus redirecting them away from the emergency room when not necessary.

**17. The Elizabeth Hospice Foundation**

Requesting: \$27,496

Recommending: \$10,000

PROGRAM: Requesting funds specifically to support Grief and Loss Counseling services at the regional office in Carlsbad. Although they are asking for funds to be distributed across budgetary line items, we are recommending that the \$10,000 only be spent on the most critical areas of service – the Children’s Program Manager, staff counselors, Cuddle Bear supplies (that go to volunteers who make keepsake bears for children, and Camp Erin San Diego, which is a three-day grief camp – Money to be used only for Tri-City district residents.

**18. Vista Community Clinic**

Requesting: \$45,000

Recommending: \$34,000

PROGRAM: Requesting funds to enhance its efforts in Primary Care/Behavioral Health through the development of a Behavioral Health Services Manager. Through this position, VCC will promote improved access to behavioral health and substance use treatment resources and management of that care and improve retention of BH patients.

The recommended amount is 40% of the full time position as requested.

**19. Women's Resource Center**

Requesting: \$21, 306

Recommending: \$15,000

PROGRAM: 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.



**JUDY RITTER**  
MAYOR

**March 2, 2016**

**Julie Nygaard, Board Member  
Tri-City Medical Center  
2095 W. Vista Way, Suite 214  
Vista, CA 92083**

**Dear Ms. Nygaard,**

**I highly recommend Ms. Mary Donovan for your consideration for the Community Health Care Alliance Committee.**

**Sincerely,**

  
**Judy Ritter  
Mayor**

March 23, 2016

Re: Dung M Ngo  
Wells Fargo Bank  
Business Relationship Manager

To: Susan McDowell

I would like to express my interest in becoming a member of Tri-City Medical Center. Let me tell you a little bit about my background. I'm an alumnus of University of California Riverside, majoring in Psychology, with a minor focus in the medical field. I was once going to be a medical doctor, but wasn't too smart to be one and had to change my major. I always have the ambition of helping people. Now I'm a business relationship manager working for Wells Fargo for over 20 years. I think I sort of do, helping people with their financials. Some of the things that I helped my business clients with are- underwriting line/loan, commercial building refi/purchase, business cash flow analysis, complex treasury management services, insurance, merchant services, and payroll.

I know that I'm going to be a good fit since I'm bilingual, speak Vietnamese. I enjoy working and helping people out, whether it's in the medical related field, which I like, or in the financial sector. I was a President of Math and Science Club back in high school. Friends told me that I'm kind, generous, good at heart, and I like to live my lives this way, "Treat people like you want to be treated".

Thank you for taking the time to read my letter/email and looking forward to many successes.

Dung M Ngo



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF INITIAL CREDENTIALS REPORT**  
**May 11, 2016**

*Attachment A*

**INITIAL APPOINTMENTS** (Effective Dates: 5/31/2016– 4/30/2018)

- CHAN, Dana, M.D./Surgery/Ophthalmology
- FAKSH, Arij, D.O./OB/GYN/Maternal-Fetal Medicine
- MADANI, Eugene, M.D./Surgery/Cardiothoracic Surgery
- THISTLETHWAITE, Patricia, M.D./Surgery/Cardiothoracic Surgery

**INITIAL APPOINTMENT TO THE ALLIED HEALTH PROFESSIONAL STAFF**

- LAFORTEZA, JOZELLE, NP

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

**Medical Staff:** None

**TEMPORARY PRIVILEGES:** Medical Staff/Allied Health Professionals:

- LAFORTEZA, JOZELLE, NP

**TEMPORARY MEDICAL STAFF MEMBERSHIP:** Medical Staff: None



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF CREDENTIALS REPORT – 1 of 3**  
**May 11, 2016**

*Attachment B*

**BIENNIAL REAPPOINTMENTS:** (Effective Dates 6/01/2016 –5/31/2018)

- Bennett, John M., MD/Obstetrics & Gynecology/Active
- Berry, Julie A., MD/Otolaryngology/Active
- Brown, Edward W., MD/ Pediatric Ophthalmology/Consulting
- Curly, Edward R., MD/ Pediatric/Active
- Johnson, James L., MD/Anesthesiology/Active
- Kim, Jae H., MD/Neonatology/Consulting
- Myrsiades, Melissa, MD/Pathology-Anatomic/Active
- Nguyen, Tan M., MD/Diagnostic Radiology/Active
- Park, Gregory C., MD/Plastic Surgery/Provisional
- Rahimi, Nassrin, MD/Pediatrics/Active
- Saxon, Richard, R., MD/Interventional Radiology/Active
- Shim, Michael, MD/Gastroenterology/Active
- Shumate, Wendy A., MD/Internal Medicine/Active
- Tantuwaya, Lokesh S., MD/Neurological Surgery/Active
- Terramani, Thomas T., MD/General & Vascular Surgery/Consulting

**RESIGNATIONS:** (Effective date 5/30/2016 unless otherwise noted)

Voluntary:

- Alaoui, Jannah CNM../OB/GYN- AHP
- Browning, Randall M.D../Emergency Medicine/Active
- Chaffoo, Richard, M.D../Plastic Surgery/Courtesy
- Choi, James, M.D../Anesthesiology/Provisional
- Ekholm, Janna, CNM/Allied Health Professional

**Time Limited reappointment:** (90 days)

None



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3**  
**May 11, 2016**

*Attachment B*

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

- BYUN, Charlton K., M.D., Diagnostic Radiology
- Cizmar, Branislav, M.D., OB-GYN
- DANESHMAND, Shahram S., M.D., Maternal & Fetal Medicine
- Gill, John C. M.D., Maternal & Fetal Medicine
- KARAS JR., Stephen, M.D Emergency Medicine
- SORKHI, Ramin, M.D., General Surgery-Request additional 6 months

**STAFF STATUS CHANGES**

- Ponac, Donald J., M.D Radiology



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF CREDENTIALS REPORT – Part 3 of 3**  
**May 11, 2016**

*Attachment C*

**PROCTORING RECOMMENDATIONS (Effective 5/31/2016, unless otherwise specified)**

- Wilke, Lindsey W., MD Podiatry
- Malhis, Safouh, MD Pulmonary Medicine
- Mendoza, Jorge, MD Radiology





TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE REAPPOINTMENT CREDENTIALS REPORT - 1 of 3  
May, 2016

Attachment B

**BIENNIAL REAPPRAISALS:** (Effective Dates 6/1/2016 - 5/31/2018)

- Bohn, Sarah A., PhD/Allied Health Professional Supervising Physician
- Carlton, Vivian W., PAC/Allied Health Professional Supervising Physician
- Goodwin, Rachel K., CNM/Allied Health Professional
- Guthrie, Lesli A., AuD/Allied Health Professional
- Strowd, Megan V., PAC/Allied Health Professional

**RESIGNATIONS:** (Effective date 5/31/2016 unless otherwise noted)

- Alaoui, Jannah CNM.,/OB/GYN- AHP
- Ekholm, Janna. CNM/Allied Health Professional



**TRI-CITY MEDICAL CENTER**  
**INTERDISCIPLINARY PRACTICE INITIAL CREDENTIALS REPORT**  
**May, 2016**

*Attachment A*

**INITIAL APPOINTMENT TO THE ALLIED HEALTH PROFESSIONAL STAFF**

- LaForteza, Jozelle B., NP

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

**Allied Health Professionals:**

**None**

**TEMPORARY PRIVILEGES:** Allied Health Professionals:

- LaForteza, Jozelle B., NP

**TRI-CITY MEDICAL CENTER  
HUMAN RESOURCES COMMITTEE  
OF THE BOARD OF DIRECTORS  
May 10, 2016**

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

Topic	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	Chair Kellett called the meeting to order at 12:35 p.m.		Chair Kellett
2. Approval of the agenda	Chair Kellett called for a motion to approve the agenda of May 10, 2016. Gwen Sanders moved and Director Mitchell seconded the motion. The motion was carried unanimously.		Chair Kellett
3. Comments from members of the public	Chair Kellett read the paragraph regarding comments from members of the public.		Chair Kellett
4. Ratification of Minutes	Chair Kellett called for a motion to approve the minutes of the April 12, 2016 meeting. Director Mitchell moved and Dr. Mohavedian seconded the motion. The motion was carried unanimously.		Chair Kellett

Topic	Discussion	Action Follow-up	Person(s) Responsible
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5. Old Business	None		
6. New Business			
a. B.O.D Dashboard- Stakeholder Experience	The Stakeholder Experience pillar- Employee Satisfaction rates were reviewed & discussed.		Chair Kellett
b. Review Workers Comp Cases	Rudy Gastelum, EHS Director 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. Mr. Gastelum also presented 2015/2016 comparison & goals.		Norma Braun
c. Review of Legal Developments/New Laws	Esther Beverly, VP of HR 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.		Norma Braun
d. Record Keeping Services RFP- request for proposals	Quinn Ablar, HR Director presented a draft written request for proposal that TCHD will be engaging vendors to submit for most competitive and lowest/best rate outcome.  The committee discussed expectations for future vendors. The need for education in retirement savings for all employees was discussed, in addition to combining services and fiduciary responsibility.		Norma Braun
e. Benefits Broker RFP- request for proposals	This item was not discussed.		Norma Braun
7. Work Plan	The work plan was reviewed.		Chair Kellett
8. Committee Communications	None		Chair Kellett
9. Date of next meeting	<b>June 14, 2016</b>		Chair Kellett
10. Adjournment	Chair Kellett adjourned the meeting at 1:30 p.m.		Chair Kellett

**REQUEST FOR PROPOSAL**  
**TRI-CITY HEALTHCARE DISTRICT**  
**Recordkeeping Services**  
**For Defined Contribution Plans And**  
**§457(b) Plans**

**Date**  
**May 2, 2016**

Tri-City Healthcare District (TCHD) is soliciting Request for Proposals (RFP) recordkeeping services for its Defined Contribution and 457 (b) Plans.

**SECTION 1: GENERAL INFORMATION & SUMMARY**

**1.1 Organization Requesting Proposal**

Tri-City Medical Center  
4002 Vista Way  
Oceanside, CA 92056  
[www.tricitymed.org](http://www.tricitymed.org)

**1.2 Designated Contact Person**

<Name>  
Tri-City Medical Center  
4002 Vista Way  
Oceanside, CA 92056

**1.3 Procurement Process**

Submissions will be evaluated by the Employee Fiduciary Retirement Plan Subcommittee (Subcommittee) of the Board of Directors in accordance with the criteria set forth in this RFP.

**1.4 Contract Form**

If selected to provide services, it is agreed and understood that the successful Respondent shall be bound by the requirements and terms contained in this RFP with regard to services performed, payments, indemnification, insurance, termination, and applicable licensing provisions.

**1.5 Informational Meeting**

There will **not** be an informational meeting for this RFP. Any questions must be submitted by e-mail to the above-named Contact Person.

### **1.6 Submission Deadline**

RFP's must be received by TCHD no later than June 17<sup>th</sup> 2016. RFPs will not be accepted by facsimile transmission or email. Any RFP's received by TCHD after the deadline will be rejected.

### **1.7 Definitions**

The following definitions shall apply to and are used in this RFP:

"Consultant" or "Consultants" - refers to the interested persons and/or firm(s) that submit a Proposal.

"Respondent" or "Respondents" - refers to the interested persons and/or firm(s) that submit a Statement of Qualifications.

"RFP" - refers to a Request for Proposal

"SOQ" - refers to Statements of Qualifications.

"TCHD" - refers to Tri-City Healthcare District.

"Vendor" or "Vendors" - refers to the Respondents submitting an RFP.

### **1.8 Submission Address**

All RFPs and SOQs should be sent to the Contact Person and address listed in 1.2.

## **SECTION 2: INTRODUCTION AND GENERAL INFORMATION**

### **2.1 Introduction and Purpose**

TCHD is soliciting RFP's from interested persons and/or firms for the provision of recordkeeping services for Retirement Plans and for support for its Employee Fiduciary Retirement Plan Subcommittee (Subcommittee) and its board of directors (Board) in meeting their obligations as plan fiduciaries. TCHD will consider only those RFP's that provide all the information and documentation as required herein (in the sole judgment of TCHD), and in the order and format requested.

TCHD intends to qualify the Respondents that:

- Have the professional, financial, consulting and administrative capabilities to provide the proposed services; and
- Will agree to perform such services under the compensation terms and conditions determined by TCHD to provide the greatest benefit to it and its employees. A limited number of the person(s) and/or firm(s) that are qualified pursuant to the RFP process will then be eligible for an opportunity to make a formal presentation.

## **2.2 Respondent Options**

TCHD is seeking RFP's from interested persons and/or firms that offer the most competitive services and highest value. Respondents should submit RFP's and Statements of Qualifications (SOQs) pertaining to recordkeeping services only.

## **2.3 Procurement Process And Schedule**

The RFP's will be evaluated by TCHD to determine if the Respondent has met the minimum professional, administrative and financial areas described in this document.

Based upon the totality of the information submitted, including information about the reputation and experience of each Respondent, the Evaluators will determine which Respondents are qualified (professionally, administratively and financially).

TCHD reserves the right to, among other things, amend, modify or alter the Procurement Schedule upon notice to all potential Respondents.

### **Anticipated Procurement Schedule Activity Date**

1. Issuance of Request for Proposals: May 16, 2016
2. Request for Proposal Due to TCHD: June 17, 2016
3. Review completed by TCHD: July 2016
4. Interview process: July/August 2016

## **2.4 Conditions Applicable To RFP**

Upon submission of the RFP, the Respondent acknowledges and consents to the following conditions relative to the submission and review and consideration of its Qualification Statement:

- This RFP does not commit TCHD to engage Respondent.
- All costs incurred by the Respondent in connection with responding to this RFP shall be borne solely by the Respondent.
- TCHD reserves the right (in its sole judgment) to reject for any reason any responses and components thereof and to eliminate from further consideration any Respondents.
- TCHD reserves the right (in its sole judgment) to reject any Respondent that submits an incomplete or non-responsive SOQ to this RFP.
- TCHD reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFP, or otherwise request additional information.
- All RFPs and SOQs shall become the property of TCHD and will not be returned.

- All information will be made available to the public at the appropriate time, as determined by TCHD (in the exercise of its sole discretion) in accordance with applicable law.
- TCHD may request Respondents to send representatives to TCHD for interviews.
- TCHD reserves the right to change or alter the schedule for any events called for in this RFP upon the issuance of notice to all prospective Respondents who have received a copy of this RFP.
- TCHD reserves the right to conduct investigations of any or all of the Respondents, as TCHD deems necessary or convenient, to clarify the information provided as part of the Qualification Statement and to request additional information to support the information included in any Qualification Statement.
- TCHD reserves the right to suspend or terminate the procurement process described in this RFP at any time (in its sole discretion). If terminated, TCHD may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to the Respondents.

## **2.5 Addenda Or Amendments To RFP**

During the period provided for the preparation of responses to the RFP, TCHD may issue addenda, amendments or answers to written inquiries. Those addenda will be noticed by TCHD and will constitute a part of the RFP. All responses to the RFP shall be prepared with full consideration of the addenda issued prior to the Qualification Statement submission date.

## **2.6 Cost of Qualification Statement Preparation**

All documents and information requested herein shall be prepared at the sole cost and expense of the Respondent. There shall be no claims whatsoever against TCHD, its officers, officials or employees for reimbursement for the payment of costs or expenses incurred in preparing and submitting for participating in this procurement.

## **2.7 Qualification Statement Format**

RFP's which in the judgment of TCHD fail to meet all requirements or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors may be rejected.

## **2.8 Communications Regarding This RFP**

All communications concerning this RFP or the RFP process shall be directed to TCHD's Designated Contact Person listed in section 1.2, hereof.



## **SECTION 3: CURRENT AND NEW RETIREMENT PROGRAMS**

### **3.1 Current Plans**

TCHD is a public healthcare district located in the north coastal region of San Diego County. Because TCHD is a public agency, its retirement plans are "governmental plans" and are not subject to the Employee Retirement Income Security Act of 1974 (ERISA). Nonetheless, due to the application of various fiduciary rules under California state law, including California Government Code section 53213.5, TCHD has adopted a number of "best practices" that include the application of certain ERISA rules and standards to its plans, as though ERISA applied. Therefore, TCHD is looking for Respondents who not only have significant experience working with governmental plans, and who understand the limited application of the plan qualification rules to such plans, but who also understand its desire to, on a selective basis, apply a number of ERISA's fiduciary standards and principles to promote the proper administration and investment of the plans.

Currently, TCHD maintains three defined contributions plans (DCPs) which hold approximately \$284 million in assets as of the beginning of May 2016:

- a. The National Security and Retirement Program (NSRP), a section 457(b) plan, that TCHD uses as its Social Security Replacement Plan (SSRP) and which receives a mandatory employee pre-tax contribution and an employer matching contribution, if the entire employee contribution is made;
- b. A separate, standalone section 457(b) plan (Regular 457(b)), which only receives employee pre-tax deferrals; and
- c. A Money Accumulation Pension Plan for Employees of Tri-City Healthcare District (MAPP), which receives both employee after-tax contributions and employer matching contributions.

The NSRP has a 90-day eligibility requirement, has approximately 925 active participants, had approximately \$112 million in assets as of May 2016, had approximately 328 former participants with account balances, and receives approximately \$8.03 million in employee and employer contributions annually.

The Regular 457(b) Plan is open to all full-time and part-time employees and receives only employee contributions. As of May 2016 it had approximately 919 active participants, and 169 former participants with account balances. It had approximately \$40.7 million in assets and receives approximately \$5.1 million in employee contributions annually.

The MAPP covers both full-time and part-time employees who have completed at least one year of service. As of May 2016, it had approximately 1302 active employees and 329 former participants with account balances. It had approximately \$131.6 million in assets and receives approximately \$10.1 million in employee and employer contributions annually.

## **SECTION 4: MINIMUM QUALIFICATIONS**

### **4.1 Minimum Qualifications Applicable to Record Keepers and Third Party Administrators**

1. As of the date of its submission, the Respondent must have provided recordkeeping, administrative, consulting and/or employee communication services for governmental defined contribution plans authorized under Internal Revenue Code (Code) sections 457(b), 401(k), 403(b) or 401(a) for a minimum of ten (10) years.
2. As of the date of its submission, the Respondent must have a minimum of \$1 billion in total defined contribution plan assets under recordkeeping or administration.
3. As of the date of its submission, the Respondent must have a minimum of five (5) defined contribution plan clients under recordkeeping or administration, each with at least 750 participants.
4. The Respondent must have a minimum of five (5) governmental defined contributions clients.
5. The Respondent must demonstrate that it can provide state-of-the-art technology, including interactive voice-response systems, Internet retirement-planning and account-management tools, and automated transaction processing.
6. The Respondent must demonstrate that it is either completely independent of any financial institution or securities brokerage firm; or fully and continuously disclose any relations with such financial institution or securities brokerage firm, and further disclose any commissions, bonuses, revenue sharing, or soft-dollar payments resulting from the firm's relationship with TCHD. Such disclosure shall include any and all information required under ERISA sections 404(a)(5) and 408(b)(2) and the regulations thereunder (as though ERISA applied).
7. A market competitive fee structure.
8. Provide a copy a standard services agreement of the type that would be used between your firm and TCHD generally reflecting the services mentioned in this RFP. The agreement shall include a cancellation clause allowing either party to terminate upon 90 days written notice, a choice of California law and a California venue for disputes, and recognition of the parties' fiduciary status under applicable law.

## **SECTION 5: SUBMISSION REQUIREMENTS**

### **5.1 General Requirements**

The Respondent's qualifications must meet or exceed the professional, administrative and financial qualifications set forth in this RFP and shall incorporate the information requested below. To the extent Respondent does not meet all of the qualifications set forth in this RFP but the Respondent feels they have special qualifications, such respondent must submit supporting information with its response.

### **5.2 Informational Requirements**

The Respondent shall, as part of its Qualification Statement, provide the following information. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

#### **Cover Letter**

An executed Cover Letter signed by the key contact person, along with the contact's address, telephone number, and email address.

#### **SOQ Section 1**

- a. An executive summary (not to exceed two (2) pages) of the information demonstrating the minimum requirements outlined in Sections 4. of this RFP.
- b. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each Respondent, its ownership and its organizational structure.
  - Provide the names and business addresses of all Principals of the Respondent submitting the Qualification Statement. For purposes of this RFP, the term "Principals" means persons possessing an ownership interest in the Respondent. If the Respondent is a corporation, "Principals" shall include each investor who has any operational control over the Respondent, and every stockholder having an ownership interest of 10% or more in the firm. (Sample form in Section 7)
  - If a Respondent is a partially owned or a fully owned subsidiary of another firm, identify the parent company and describe the nature and extent of the parents' approval rights over the activities of the Respondent submitting an SOQ. Describe the approval process.
  - If the Respondent is a partnership or a joint venture or similar organization, provide comparable information as required in (b) above for each member of the partnership joint venture or similar organization.
- c. The number of years Respondent has been in business under the present name.

- d. The number of years Respondent has been under the current management.
- e. Any judgments within the last three (3) years in which Respondent has been adjudicated liable for professional malpractice. If any, please explain in detail, including parties, dates and court.
- f. Whether the Respondent is now or has been involved in any bankruptcy or re-organization proceedings in the last ten (10) years. If yes, please explain.
- g. Confirmation of appropriate federal and state licenses to perform activities.
- h. A list of all immediate relatives of Principal(s) of Respondent who are TCHD employees or elected officials of TCHD. For purposes of the above, "immediate relative" means a spouse, parent, stepparent, brother, sister, child, stepchild, direct-line aunt or uncle, grandparent, grandchild and in-laws.
- i. A copy of a standard services agreement of the type that would be used between your firm and TCHD generally reflecting the services mentioned in this RFP. The agreement shall include a cancellation clause allowing either party to terminate upon 90 days written notice, a choice of California law and a California venue for disputes, and recognition of the parties' fiduciary status under applicable law.

## **SOQ Section 2**

- a. A narrative statement of the Respondent's understanding of TCHD's needs and goals. This narrative should also describe the general approach that the Respondent would take in working with TCHD's plans.
- b. Provide a brief description of the type of services (i.e. recordkeeping) Respondent is interested in providing.
- c. Provide a brief description of the Respondent's overall experience in providing the type of services sought in the RFP. Describe at least five (5) similar engagements where services of the types being proposed were provided in the past five (5) years, with at least three of them having been with governmental agencies. Provide references for all five engagements, including contact person, title, address, telephone, and email
- d. Resumes of staff who likely will be assigned to provide services to TCHD if awarded the contract.
- e. If Respondent is intending to provide bundled services with another provider, provide all information, including any financial arrangements with such provider, that such provider would be required to disclose, if such provider was a separate Respondent.

- f. Supplemental information that the Respondent feels may be useful in evaluating its SOQ (up to two pages).

### **5.3 Submission of Qualification Statements**

Respondents must submit three executed copies of their SOQs to the designated Contact Person.

Bound SOQs must be received by TCHD no later than 3:00 p.m. Pacific Standard Time on June 17, 2016. SOQs submitted by facsimile or e-mail will not be accepted.

## **SECTION 6: EVALUATION AND SELECTION**

TCHD will consider RFP and SOQs only from Respondents who, in TCHD's sole judgment, have demonstrated the capability and willingness to provide high quality, cost-effective services in the manner described herein.

### **6.1 Evaluation Criteria**

RFPs and SOQs will be evaluated based on fulfillment of the minimum and informational requirements described above including:

- Demonstrated understanding of TCHD's needs.
- Relevant experience and expertise of the Respondent and its designated team.
- Willingness and ability to enter into an agreement with TCHD.
- References.
- Overall clarity and completeness of the RFP and SOQ.

### **6.2 Selection Of Qualified Vendor(s)**

TCHD shall not be obligated to explain the results of the evaluation process to any Respondent. TCHD reserves the right to award a contract for the requested services at any time within the qualification period. Every Qualification Statement should be valid through this time period.

## **SECTION 7: GENERAL TERMS AND CONDITIONS**

The following are general terms and conditions which may or may not be explained elsewhere in this RFP.

### **7.1 TCHD's Right To Reject**

TCHD reserves the right to reject any or all proposals, if necessary, or to waive any formalities in the proposals, and, unless otherwise specified by the Respondent, to accept any item, items or services in the Proposal should it be deemed in the best interest of TCHD.

## **7.2 Original/Authorized Signatures**

Each proposal and all required forms must be signed in ink by a person authorized to do so.

## **7.3 Delivery Of Proposals**

Proposals may be hand delivered or mailed consistent with the provisions of the legal notice to Respondents. In the case of mailed proposals, TCHD assumes no responsibility for proposals received after the designated date and time and will return late proposals unopened. Proposals will not be accepted by facsimile or e-mail.

## **7.4 Clarification of RFP**

Should any difference arise between the contracting parties as to the meaning or intent of these instructions or specifications, TCHD's Evaluators' decision shall be final and conclusive.

## **7.5 Contract Requirements**

The Vendor, if awarded the contract, agrees to protect, defend and save harmless TCHD against damage for payment for the use of any patented material process, article or devise that may enter into the manufacture, construction or form a part of the work covered by either order or contract, and further agrees to indemnify and save harmless TCHD from suits or actions of every nature and description brought against it for, or on account of, any injuries or damages received or sustained by any party or parties by, or from, any of the acts of the contractor, its servants or agents.

## **7.6 Insurance Requirements**

The consultant shall maintain sufficient insurance to protect against all claims under Workmen's Compensation, General and Automobile Liability, and shall be subject to approval for adequacy of protection. Certificates of such insurance shall be provided TCHD when required. Insurance requirements are as follows:

- Comprehensive General Liability in the amount of \$2,000,000
- Workers Compensation in the statutory amount of \$100,000
- Automobile Liability in the amount of \$1,000,000
- Professional Liability in the amount of \$1,000,000

## **SECTION 8: REQUIRED LETTER**

Dear \_\_\_\_\_:

The undersigned have reviewed the Qualification Statement submitted in response to the Request for Proposal (RFP) issued by TCHD of \_\_\_\_\_, dated [insert date], in connection with TCHD's need for Financial Advisory Services.

We affirm that the contents of our Qualification Statement (which Qualification Statement is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement is

submitted in good faith upon express understanding that any false statement may result in the disqualification of **(Name of Respondent)**.

(Respondent shall sign and complete the spaces provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief Executive Officer)

(Typed Name and Title)

(Typed Name of Firm)\*

Dated

(Signature of Chief Financial Officer)

(Typed Name and Title)

(Typed Name of Firm)\*

Dated

\*If joint venture, partnership or other formal organization is submitting a qualification statement, each participant shall execute this Letter of Qualification

**TRI-CITY MEDICAL CENTER  
EMPLOYEE FIDUCIARY RETIREMENT PLAN SUB COMMITTEE  
OF THE BOARD OF DIRECTORS  
May 10, 2016**

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

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

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

**Members Absent:** Director Rosemarie Reno

Topic	Discussion	Action Follow-up	Person(s) Responsible
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1. Call To Order	Chair Kellett called the meeting to order at 11:00 a.m.		Chair Kellett
2. Approval of Agenda	Chair Kellett called for a motion to approve the May 10, 2016 meeting agenda. Ginny Carson moved to approve and Chair Kellett seconded the motion. The motion was carried unanimously.		Chair Kellett
3. Comments by members of the public on any item of interest to the public before Committee's consideration of the item	Chair Kellett read the paragraph regarding comments from members of the public.	No public comments	Chair Kellett
4. Ratification of Minutes	Chair Kellett called for a motion to approve the minutes of the January 12, 2016 meeting. Ginny Carson moved to approve and Chair Kellett seconded the motion. The motion was carried unanimously with Gwen Sanders abstaining due to absence in January.		Chair Kellett



Topic	Discussion	Action Follow-up	on(s) Responsible
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5. Old Business	None		
6. New Business			
a. Lincoln Quarterly Update	Maureen Peer, Lincoln Relationship Manager presented executive summary which included an update from Lincoln's quarterly results. Key plan statistics, plan asset growth, contributions, earnings, participation rates, average deferral rates and account balances were also reviewed.		Norma Braun
b. Prudent Quarterly Update	Dena' Baker presented the third quarter market review. Dena' updated the committee on employee participation, market summary, world market performance, stocks and asset classes. Dena' described highlights the growing enrollment/participation rate and the great communication and relationship between TCHD employees and Prudent investment advisors.		Norma Braun
7. Comments made from the Committee	None		Chair Kellett
8. Date of next meeting	<b>September 13, 2016</b>		Chair Kellett
9. Adjournment	Chair Kellett adjourned the meeting at 11:50 p.m.		Chair Kellett

**Tri-City Healthcare District  
Community Healthcare Alliance Committee (CHAC)  
MEETING MINUTES**

**May 19, 2016**  
Assembly Room 1

**MEMBERS PRESENT:**

CHAC Chair Julie Nygaard; Board of Directors Chairman Jim Dagostino; Director Larry Schallock, Dr. Victor Souza MD; Carol Brooks, Carol Herrera, Guy Roney, Linda Ledesma, Marge Coon, Mary Lou Clift, Alisha Cordova, Dung M. Ngo, Ted Owen

**NON-VOTING MEMBERS PRESENT:**

David Bennett, Chief Marketing Officer

**NON-VOTING MEMBERS ABSENT:**

Steve Dietlin, CEO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO

**MEMBERS ABSENT:**

Barbara Perez, Bret Schanzenbach, Darryl Hebert, Don Reedy, Gigi Gleason, Jack Nelson, Marilou de la Rosa Hruby, Mary Donovan, Mary Murphy, Rosemary Eshelman, Sandy Tucker, Xiomara Arroyo, Audrey Lopez, Fernando Sanudo

**OTHERS PRESENT:**

Susan McDowell, CHAC Coordinator; Celia Garcia, CHAC Coordinator, Brian Greenwald, Website Content Specialist, Director Laura Mitchell, Gwen Sanders

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>CALL TO ORDER</b>	The May 19, 2016, Community Healthcare Alliance Committee meeting was called to order at 12:34 pm by Director and CHAC Chair Julie Nygaard.		
<b>APPROVAL OF MEETING AGENDA</b>	Board Chair Jim Dagostino motioned to approve the May 19, 2016 meeting agenda with changes. The motion was seconded by Ted Owen and unanimously approved.		

**Tri-City Healthcare District**  
**Community Healthcare Alliance Committee (CHAC)**  
**MEETING MINUTES**  
**May 19, 2016**  
**Assembly Room 1**

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>APPROVAL OF MEETING AGENDA (Con't)</b>	<p>The agenda was changed to reflect the following:</p> <ul style="list-style-type: none"> <li>• CEO Steve Dietlin was unable to attend or present the CEO update due to a last minute scheduling conflict.</li> <li>• COO Kapua Conley was out of town and unable to present the Operations Report.</li> <li>• Gigi Gleason notified the Chair that she was not able to present the CHAC Review Committee Recommendations due to illness. Member Linda Ledesma agreed to present the report in Gigi's stead.</li> <li>• David Bennett, Chief Marketing Officer was requested to update the group regarding the latest TCMC news.</li> </ul>		
<b>PUBLIC COMMENTS &amp; ANNOUNCEMENTS</b>	No public comments were made.		
<b>RATIFICATION OF MINUTES</b>	Larry Schallack motioned to approve the April 21, 2016 CHAC meeting minutes. The motion was seconded by Jim Dagostino and unanimously approved.		

**Tri-City Healthcare District**  
**Community Healthcare Alliance Committee (CHAC)**  
**MEETING MINUTES**  
**May 19, 2016**  
**Assembly Room 1**

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE																																						
PRESENTATION: CHAC REVIEW COMMITTEE GRANT RECOMMENDATIONS	<p>Member Linda Ledesma presented the CHAC Review Committee Grant Recommendations to the group, noting that a total of 34 applications were submitted, requesting just under \$1,000,000.00. With a budget of \$300,000.00 for community grants, the committee recommended the following organizations and amounts to the Board of Directors for approval:</p> <table><tr><td>Boys &amp; Girls Club of Vista</td><td>\$5,000.00</td></tr><tr><td>Casa de Amparo</td><td>\$10,000.00</td></tr><tr><td>Community Resource Center</td><td>\$15,000.00</td></tr><tr><td>Fraternity House</td><td>\$15,000.00</td></tr><tr><td>Interfaith Community Services</td><td>\$15,000.00</td></tr><tr><td>KOCT</td><td>\$15,000.00</td></tr><tr><td>Mama's Kitchen</td><td>\$15,000.00</td></tr><tr><td>Miracle Babies</td><td>\$12,500.00</td></tr><tr><td>NAMI</td><td>\$5,000.00</td></tr><tr><td>North County Health Services</td><td>\$25,000.00</td></tr><tr><td>North Co. LGBTQ Resource Cntr</td><td>\$14,400.00</td></tr><tr><td>North County Lifeline</td><td>\$17,000.00</td></tr><tr><td>Operation Hope</td><td>\$21,500.00</td></tr><tr><td>Pacific Cancer Fitness</td><td>\$15,000.00</td></tr><tr><td>Palomar Family Counseling</td><td>\$23,100.00</td></tr><tr><td>The Brother Benno Foundation</td><td>\$7,500.00</td></tr><tr><td>The Elizabeth Hospice Foundation</td><td>\$10,000.00</td></tr><tr><td>Vista Community Clinic</td><td>\$34,000.00</td></tr><tr><td>Women's Resource Center</td><td>\$15,000.00</td></tr></table>	Boys & Girls Club of Vista	\$5,000.00	Casa de Amparo	\$10,000.00	Community Resource Center	\$15,000.00	Fraternity House	\$15,000.00	Interfaith Community Services	\$15,000.00	KOCT	\$15,000.00	Mama's Kitchen	\$15,000.00	Miracle Babies	\$12,500.00	NAMI	\$5,000.00	North County Health Services	\$25,000.00	North Co. LGBTQ Resource Cntr	\$14,400.00	North County Lifeline	\$17,000.00	Operation Hope	\$21,500.00	Pacific Cancer Fitness	\$15,000.00	Palomar Family Counseling	\$23,100.00	The Brother Benno Foundation	\$7,500.00	The Elizabeth Hospice Foundation	\$10,000.00	Vista Community Clinic	\$34,000.00	Women's Resource Center	\$15,000.00		
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**Tri-City Healthcare District  
Community Healthcare Alliance Committee (CHAC)  
MEETING MINUTES  
May 19, 2016  
Assembly Room 1**

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>PRESENTATION: CHAC REVIEW COMMITTEE GRANT RECOMMENDATIONS (CON'T)</b>	Per motion made by Ted Owen and seconded by Director Dagostino, the committee approved submitting the recommendations to the Board of Directors for approval.		
<b>CEO Update</b>	No CEO Report		
<b>COO Update</b>	No COO Report		
<b>TCMC Report by David Bennett, Chief Marketing Officer</b>	<p>David Bennett addressed the group regarding Tri-City Medical Center's recent accomplishments and ongoing goals, including:</p> <ul style="list-style-type: none"> <li>• Continuing to build Primary Care market share</li> <li>• Continued outreach to the community we serve</li> <li>• Ongoing improvements to the Emergency Department's flow of patients</li> <li>• Progress with the Crisis Stabilization Unit – waiting for the County to approve the next steps</li> <li>• Anticipated signing of the lease with UCSD Health for the 3<sup>rd</sup> floor of the MOB</li> <li>• Expected MOB title transfer in the near future</li> <li>• HUD long-term financing preparations currently underway</li> </ul>		

**Tri-City Healthcare District  
Community Healthcare Alliance Committee (CHAC)  
MEETING MINUTES  
May 19, 2016  
Assembly Room 1**

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>TCMC Report by David Bennett, Chief Marketing Officer (Con't)</b>	<ul style="list-style-type: none"> <li>Dr. Ponec will be presenting information on the CT 512 scanner at next week's BOD meeting – David noted that the scanner is the only one in North County and 1 of only 2 in San Diego County.</li> <li>New TCMC Neurosurgeon, Dr. Sharona Ben Heim, is now on board and going through her credentialing/proctoring</li> <li>Steve Dietlin was able to reach a settlement in the SEIU contract negotiations</li> </ul> <p>David also noted that at the Administration / Executive Management level, things are progressing very well under Steve Dietlin's leadership.</p> <p>David provided a copy of the San Diego Business Journal's ad highlighting Tri-City Medical Center's 6x "A" rating for Nationally Recognized Patient Safety.</p> <p>David showed TCMC latest television commercial highlighting Dr. Ferber and TCMC's quality care.</p>		

**Tri-City Healthcare District  
Community Healthcare Alliance Committee (CHAC)  
MEETING MINUTES  
May 19, 2016  
Assembly Room 1**

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>Committee Communications</b>	<p>Dung Ngo addressed the group and provided a hand-out noting that Wells Fargo currently has a Down Payment Assistance Program to assist community residents with down-payment options when purchasing a home in San Diego County.</p> <p>Director Larry Schalllock noted the following:</p> <ul style="list-style-type: none"> <li>• Vista Strawberry Festival the weekend of May 28<sup>th</sup></li> <li>• The Tails on the Trails event on May 21<sup>st</sup></li> <li>• Operation Appreciation weekend of May 21st</li> <li>• Member Darryl Hebert's recent retirement from the Fire Department</li> </ul> <p>Ted Owen informed the group that Carlsbad is set to build a new Four-Season's Hotel at Ponto Beach and the City is currently working on plans to widen the airport runway to accommodate the wider wingspan of airplanes.</p> <p>Linda Ledesma provided information about the Hispanic Network Directory compiled by the San Diego Alliance for Drug Free Youth. CHAC Coordinator Susan McDowell was requested to email members of the committee information on how to obtain copies of the booklet. Director Mitchell suggested they may want to consider creating an app for easier accessibility to the information.</p>	<p>Email members information on the Hispanic Network Directory</p>	<p>CHAC Coordinator</p>

**Tri-City Healthcare District  
Community Healthcare Alliance Committee (CHAC)  
MEETING MINUTES  
May 19, 2016  
Assembly Room 1**

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>Committee Communications (Con't)</b>	Member Guy Roney noted that the surrounding community seems very happy with the direction TCMC is taking under the current Board of Directors and Leadership teams.		
<b>Public Comments</b>	No Public Comments		
<b>Next Meeting</b>	The next meeting is scheduled for Thursday, June 16, 2016 at 12:30pm.		
<b>Adjournment</b>	The May 2016 CHAC Committee meeting was adjourned at 1:25pm.		



**Tri-City Medical Center**  
**Finance, Operations and Planning Committee Minutes**  
**May 17, 2016**

<b>Members Present</b>	Director James Dagostino, Director Cyril Kellett, Director Julie Nygaard, Dr. Marcus Contardo, Dr. Frank Corona, Carlo Marcuzzi, Steve Harrington, Wayne Lingenfelter, Tim Keane
<b>Non-Voting Members Present:</b>	Ray Rivas, Acting CFO, Kapua Conley, COO, Wayne Knight, Chief Strategy Officer
<b>Others Present</b>	David Bennett, Tom Moore, Sherry Miller, Glen Newhart, Jane Dunmeyer, Joni Penix, Chris Miechowski, Sharon Schultz, Katie Presnall, Jeremy Raimo, Kathy Topp, Mary Diamond, Charlene Carty, Jody Root (Procopio), Barbara Hainsworth
<b>Members Absent:</b>	Steve Dietlin, Cheryle Bernard-Shaw, Dr. John Kroener, Kathleen Mendez

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to order	Director Dagostino called the meeting to order at 12:33 pm.		
2. Approval of Agenda		<u><b>MOTION</b></u> It was moved by Dr. Contardo, Director Kellett seconded, and it was unanimously approved to accept the agenda of May 17, 2016.	
3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	Director Dagostino read the paragraph regarding comments from members of the public.		Director Dagostino
4. Ratification of minutes of April 19, 2016	Minutes were ratified.	Minutes were ratified. <u><b>MOTION</b></u> It was moved by Director Kellett, Director Nygaard seconded, that the minutes of April 19, 2016, are to be approved	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
5. Old Business		without any modifications requested; Dr. Corona abstained.	
6. New Business			
a. Physician Agreement for NICU Medical Director <ul style="list-style-type: none"> <li>Hamid Movahhedian, M.D.</li> </ul>	Mary Diamond conveyed that this agreement was for a 3-year contract renewal at the same rates, for Dr. Movahhedian's medical directorship of the NICU. His duties to include attendance at meetings, collaboration and leadership with NICU nursing staff, as well as oversight of the Newborn Nursery and the High Risk Infant Follow-Up Clinic.	<b>MOTION</b> 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 Dr. Movahhedian as the NICU Medical Director, as well as provide oversight for the Newborn Nursery and High Risk Infant Follow up Clinic for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$71,520, and a total cost for the term not to exceed \$214,560.	Mary Diamond
b. NICU & Unassigned Delivery Coverage Physician Agreement <ul style="list-style-type: none"> <li>Hamid Movahhedian, M.D. &amp; North County Neonatology Specialists</li> </ul>	Mary Diamond explained that this agreement was for a 3-year contract renewal at the same rates for Dr. Movahhedian and North County Neonatology Specialists to provide 24/7 physician coverage for the Neonatal ICU, as well as provide coverage for infant care for unassigned deliveries.	<b>MOTION</b> Mr. Lingenfelter moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize North County Neonatology Specialists to provide NICU and unassigned delivery coverage for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$91,200, and a total cost for the term not to exceed \$273,600.	Mary Diamond
c. Ice Chiller Compressor Replacement Proposal <ul style="list-style-type: none"> <li>Trane US, Inc.-dba Southern California</li> </ul>	Chris Miechowski stated that this proposal is for the replacement of the existing ice chiller compressor.	Director Kellett moved, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations	Chris Miechowski

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
Trane	He explained that the current ice chiller has a refrigerant leak, and that there are concerns that the chiller may fail during increased cooling demands. Should the current chiller fail, it would constitute an inability to fully cool the hospital during the warmer weather. Per policy, this proposal was put out for bid. The only response received was from Trane US, Inc., who is the manufacturer of the present unit.	and Planning Committee recommend that the TCHD Board of Directors authorize an agreement with Trane for replacement of ice chiller compressor for a maximum total cost of \$55,753.	
d. Craneware, Inc. Proposal	Joni Penix conveyed that this proposal was a renewal for billing software used to generate hospital bills. Also included in the proposal is the Bill Analyzer, which maintains claims history, reviews claims for billing issues and compliance. Proposal is for 60 months with no increase in year one, but would include a 2% increase for years 2-5. Purchase would include online reference tool (ORM).	Director Kellett moved, 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 Craneware for a term of 60 months, beginning May 25, 2016 and ending May 24, 2021 for an annual cost year 1 \$69,175, year 2 \$73,109, year 3 \$75,659, year 4 \$78,209 year 5 \$80,759 and a total cost for the term not to exceed \$376,911.	Joni Penix
e. Physician Agreement for ED On-Call Coverage: <ul style="list-style-type: none"> <li>Cardiology-General</li> </ul>	Director Dagostino stated that while each write-up document would be reviewed, all ED On-Call agreements would be covered by a single motion.  Sherry Miller conveyed that this agreement was a renewal, with no rate increase.	Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Cardiology-General physicians Oscar Matthew, MD, Mohammad Pashmforoush, MD, and Paul Sarkaria,	Sherry Miller / Kapua Conley

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
<ul style="list-style-type: none"> <li>Cardiology-General &amp; STEMI</li> </ul>	<p>Sherry Miller conveyed that this agreement was a renewal, with no rate increase.</p>	<p>MD as the Cardiology-General ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017, at a daily rate of \$200, for a total annual and term cost of \$73,000 for FY 2017.</p> <p>Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the Cardiology-General &amp; STEMI physicians Kenneth Carr, MD, Karim El-Sherief, MD and David Spiegel, MD as the Cardiology-General ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$200-General for an annual cost of \$73,000, \$600-STEMI, for an annual cost of \$219,000, for a total annual and term cost of \$292,000 for FY 2017.</p>	
<ul style="list-style-type: none"> <li>Cardiothoracic Surgery</li> </ul>	<p>Sherry Miller conveyed that this agreement was a renewal, with no rate increase.</p>	<p>Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Cardiothoracic Surgery physicians Theodore Folkerth, MD and Frederick Howden, MD, as the Cardiothoracic Surgery ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017, at daily</p>	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
<ul style="list-style-type: none"> <li>ENT (Ear, Nose &amp; Throat)</li> </ul>	<p>Sherry Miller conveyed that this agreement was a renewal, and would include a rate increase.</p>	<p>rate of \$375 for an annual and term cost of \$136,875 for Cardiac, and a daily rate of \$375 daily for an annual and term cost of \$136,875 for Thoracic, for a total annual and term cost of \$273,750 for FY 2017.</p> <p>Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize ENT physicians Julie Berry, MD, Audrey Calzada, MD, Hernan Goldsztein, MD, Robert Jacobs, MD, Marc Lebovits, MD, Ritvik Mehta, MD, Bruce Reisman, MD, Ashish Wadhwa, MD as the ENT ED-Call Coverage Physicians for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018 at a daily rate of \$450 Monday-Thursday and \$550 Friday-Sunday, for an annual cost of \$179,950 for FY 2017 and \$179,950 for FY 2018, for a total term cost of \$359,900.</p>	
<ul style="list-style-type: none"> <li>General Surgery</li> </ul>	<p>Sherry Miller conveyed that this agreement was a renewal, with no rate increase.</p>	<p>Dr. Contardo moved, Dr. Corona seconded, seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the above General Surgery physicians as the General Surgery ED-Call Coverage Physician for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018 at a daily</p>	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
<ul style="list-style-type: none"> <li>Interventional Radiology</li> <li>OB/GYN</li> </ul>	<p>Sherry Miller conveyed that this agreement was a renewal, with no rate increase.</p> <p>Sherry Miller explained that this is a new agreement, adding now eligible Dr. Tannaz Ebrahimi-Adib to the existing panel, with no change in term expenses.</p>	<p>rate of \$1,400, for an annual cost of \$511,000 and a total cost for the term of \$1,022,000; reimbursement of \$725 per case for unfunded cholecystectomy cases at an expected total cost for the term of \$52,200.</p> <p>Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Interventional Radiology physicians Michael Burke, MD, Brian Goelitz, MD, Justin Gooding, MD, Michael Noud, MD, Donald Ponec, MD, Richard Saxon, MD as the Interventional Radiology ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$600, for an annual and term cost of \$219,000, for FY 2017.</p> <p>Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize OB/GYN physician Tannaz Ebrahimi-Adib, MD as an OB/GYN ED-Call Coverage Physician for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018 at a daily rate of \$800 weekday and \$1,000 weekend / holiday, for an annual cost of \$313,800 for FY 2017, and \$314,400 for FY 2018,</p>	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
<ul style="list-style-type: none"> <li>Oral/Max Surgery</li> </ul>	<p>Sherry Miller conveyed that this agreement was a renewal, with no rate increase.</p>	<p>for a total term cost of \$628,200.</p> <p>Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize physician Brian Mudd, DDS, as the Oral/Max Surgery ED-Call Coverage Physician for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$350, for an annual and term cost of \$127,750 for FY 2017.</p>	
<ul style="list-style-type: none"> <li>Urology Surgery</li> </ul>	<p>Sherry Miller conveyed that this agreement was a renewal, with no rate increase.</p>	<p>Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Urology physicians Bradley Frasier, MD, Michael Guarena, MD, Jason Phillips, MD, Caroline Vilchis (Colangelo), MD, Arthur Warshawsky, MD as the Urology ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$350, for an annual and term cost of \$127,750 for FY 2017.</p>	
<ul style="list-style-type: none"> <li>Vascular Surgery</li> </ul>	<p>Sherry Miller conveyed that this agreement was a renewal, and includes a rate increase.</p>	<p>Dr. Contardo moved, Dr. Corona seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors</p>	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
		authorize Vascular physicians Andrew Deemer, MD and Mohammed Jamshidi-Nezhad, DO as the Vascular Surgery ED-Call Coverage Physicians for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019 at a daily rate of \$650, for an annual cost of \$237,250, and a total cost for the term of \$711,750.	
f. Registry & Traveler Agreement	Kathy Topp explained that this agreement is for the annual spend for registry and traveler contracts. The costs vary due to the availability of providers at the time of need, and are dependent on volume demands and staff vacancies. She further stated that demand is at a premium for supplemental staff, with increased rates both nationally and locally. She also conveyed that a reduction in registry and traveler costs for FY 2017 is projected, as additional core staff are hired and new grad training programs are conducted. Significant discussion ensued.	Director Kellett moved, 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 Registry vendors, with flexibility to add or delete Agencies, for supplemental staffing for nursing and Allied Health for a term of 3 years, beginning July 1, 2016 and ending June 30, 2019 for an annual cost not to exceed \$5.5m and a total cost for the term of \$16.5m.	Kathy Topp
g. Professional Services Agreement <ul style="list-style-type: none"> <li>Sharon Slowik, M.D.</li> </ul>	Jeremy Raimo conveyed that this 13 month professional services agreement would be with Dr. Sharon Slowik to provide laser and aesthetic services at Tri-City Primary Care. Significant discussion ensued.	Dr. Corona moved, Director Nygaard seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to engage Dr. Sharon Slowik for the provision of Laser and Aesthetic	Jeremy Raimo



Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
h. Purchase & Installation of Brainlab "Curve" Mobile Navigation System Proposal	Jeremy Raimo explained that this proposal was for the one-time purchase, installation, instrumentation & training for the Brainlab Curve navigation system, slated for use in neurosurgery and ENT surgical services. He stated that the current Kolibri system would reach its end of life in June, and would no longer be supported by the vendor. In addition, he gave a brief PowerPoint presentation detailing the features of the Brainlab Curve, and noted that the replacement of this item is on the list of approved capital equipment items for purchase in FY 2016.  Significant discussion ensued.	services for a 13-month term, beginning June 1, 2016 and ending June 30, 2017, at the amount not to exceed 40% of gross collections.  Dr. Contardo moved, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Brainlab, Inc. for purchase of capital equipment item Brainlab "Curve" Mobile Navigation System (Cranial and ENT with microscope integration) for a one-time total purchase and installation cost not to exceed \$367,019.	Jeremy Raimo
i. Financials	Ray Rivas presented the financials ending April 30, 2016 (dollars in thousands)  <b>Fiscal Year to Date</b> Operating Revenue \$ 278,810 Operating Expense \$ 281,567 EBITDA \$ 11,782 EBITDA Excl. Settlement \$ 13,860 EROE \$ (165) EROE Excl. Settlement \$ 1,913 <b>TCMC – Key Indicators – FYTD</b> Avg. Daily Census 193		Ray Rivas

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>Adjusted Patient Days 94,831</p> <p>Surgery Cases 5,363</p> <p>Deliveries 2,157</p> <p>ED Visits 55,009</p> <p><b>TCHD – Financial Summary –</b></p> <p><b>Current Month</b></p> <p>Operating Revenue \$ 29,306</p> <p>Operating Expense \$ 29,521</p> <p>EBITDA \$ 1,530</p> <p>EROE \$ 331</p> <p><b>TCMC – Key Indicators – Current</b></p> <p><b>Month</b></p> <p>Avg. Daily Census 201</p> <p>Adjusted Patient Days 9,661</p> <p>Surgery Cases 550</p> <p>Deliveries 189</p> <p>ED Visits 5,182</p> <p><b>Net Patient A/R &amp; Days in Net A/R</b></p> <p><b>By Fiscal Year</b></p> <p>FY Avg. Net Patient A/R \$ 41.8</p> <p>(in millions)</p> <p>FY Avg. Days in Net A/R 48.0</p> <p><b>Graphs:</b></p> <ul style="list-style-type: none"> <li>• TCMC-Net Days in Patient Accounts Receivable</li> <li>• TCMC-Average Daily Census, (Total Hospital Excluding Newborns)</li> <li>• TCMC-Adjusted Patient Days</li> <li>• TCMC-Emergency Department Visits</li> <li>• TCMC-Acute Average Length of Stay</li> </ul>		

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
j. Work Plan – Information Only	<ul style="list-style-type: none"> <li>TCHD-EBITDA and EROE, Quarterly</li> </ul> <p>Director Dagostino reported that these agenda items were for review only, but Committee members were welcome to ask questions.</p>		Chairman
<ul style="list-style-type: none"> <li>Medical Director, Surgery <i>(deferred from April FOP meeting)</i></li> </ul>	<p>Mary Diamond provided a brief PowerPoint presentation detailing the percentage of cases starting on time, the total block utilization percentages by month during prime time hours and the monthly average turnover &amp; close/cut intervals through March 2016. She noted that while improvement has been slow, it is moving in an overall positive direction.</p>		Mary Diamond
<ul style="list-style-type: none"> <li>Wellness Center</li> </ul>	<p>In addition to the document included in the packet, David Bennett noted that he is considering some restructuring of the Wellness Center. Some discussion ensued and it was agreed that the next update for the Wellness Center would be in July 2016.</p>	Barbara Hainsworth to modify the Work Plan	David Bennett
<ul style="list-style-type: none"> <li>Aionex Bed Board / Throughput</li> </ul>	<p>In addition to the documents included in the packet, Kathy presented a PowerPoint slide which detailed the improving hospital-wide patient flow throughput.</p>		Kathy Topp

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
• Dashboard	Significant discussion ensued.		
7. Comments by Committee Members	<b>Dashboard:</b> No discussion	None	Ray Rivas
8. Date of next meeting	June 21, 2016		Chair
9. Community Openings (none)			
10. Adjournment	Meeting adjourned 2:08 pm		

**FINANCE, OPERATIONS & PLANNING COMMITTEE**  
**DATE OF MEETING: May 17, 2016**  
**PHYSICIAN AGREEMENT FOR NICU MEDICAL DIRECTOR**

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

**Physician's Name:** Hamid Movahhedian, M.D.

**Area of Service:** NICU

**Term of Agreement:** 36 months, Beginning, July 1, 2016 – Ending, June 30, 2019

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

<b>Responsibilities:</b>	<b>Rate / Hour</b>	<b>Hours per Month Not to Exceed</b>	<b>Hours per Year</b>	<b>Monthly Cost</b>	<b>Annual Cost Not to Exceed</b>	<b>36 month (Term) Cost Not to Exceed</b>
Medical Director	\$149	20	240	\$2,980	\$35,760	\$107,280
Oversight Newborn Nursery & HRIFC	\$149	20	240	\$2,980	\$35,760	\$107,280
				<b>Totals:</b>	<b>\$71,520</b>	<b>\$214,560</b>

**Position Responsibilities:**

- Medical Director duties, meetings, collaboration with NICU nursing staff and leadership
- Oversight of Newborn Nursery and High Risk Infant Follow up Clinic

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Movahhedian as the NICU Medical Director, as well as provide oversight for the Newborn Nursery and High Risk Infant Follow up Clinic for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$71,520, and a total cost for the term not to exceed \$214,560.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**NICU & UNASSIGNED DELIVERY COVERAGE PHYSICIAN AGREEMENT**

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

**Physician's Name:** Hamid Movahhedian, M.D. & North County Neonatology Specialists

**Area of Service:** NICU

**Term of Agreement:** 36 months, Beginning, July 1, 2016 – Ending, June 30, 2019

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

<b>Responsibilities:</b>	<b>Monthly Cost</b>	<b>Annual Cost Not to Exceed</b>	<b>36 month (Term) Cost Not to Exceed</b>
In-House On-Call Coverage Duties, 24/7, 365	\$7,600	\$91,200	\$273,600

**Position Responsibilities:**

- 24/7 Physician coverage for the Neonatal ICU
- Coverage for unassigned deliveries (infant care)

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize North County Neonatology Specialists to provide NICU and unassigned delivery coverage for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$91,200, and a total cost for the term not to exceed \$273,600.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**Ice Chiller Compressor Replacement Proposal**

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

**Vendor's Name:** Trane US, Inc. dba Southern California Trane

**Area of Service:** Central Plant - Facilities

**Term of Agreement:** 12 months, or completion of work

**Maximum Totals:** \$55,753

**Description of Services/Supplies:**

- Current ice chiller has internal refrigerant leak
- Anticipate compressor may fail during increased cooling demands
- Compressor failure would constitute inability to fully cool the hospital during heat
- Only public bid received on April 15, 2016 was Train US, Inc.
- Trane is the only manufacturer of replacement compressor
- Existing chiller manufactured by Trane

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize an agreement with Trane for replacement of ice chiller compressor for a maximum total cost of \$55,753.



**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**Craneware, Inc. Proposal**

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

**Vendor's Name:** Craneware, Inc.

**Area of Service:** Patient Accounting

**Term of Agreement:** 60 months, Beginning, May 25, 2016 – Ending, May 24, 2021

**Maximum Totals:**

	Annual Cost (excluding Bill Analyzer)	Bill Analyzer	2% Annual Increase	Monthly Cost	Total Annual Cost
Year1	\$69,175	\$0	\$0	\$5,765	\$69,175
Year 2	\$69,175	\$2,500	\$1,434	\$6,092	\$73,109
Year 3	\$69,175	\$5,000	\$1,484	\$6,305	\$75,659
Year 4	\$69,175	\$7,500	\$1,534	\$6,517	\$78,209
Year 5	\$69,175	\$10,000	\$1,584	\$6,730	\$80,759
				<b>Total:</b>	<b>\$376,911</b>

**Description of Services/Supplies:**
**Products Included in Purchase:**

- Charge Description Master – lists all hospital charges, approximately 9,500 charges
  - Used to generate bills
  - The CDM is a public document published by OSHPD
- Bill Analyzer: Claims History, review claims for billing issues, compliance, etc.
- Pricing Analyzer: Compares data with competitors to ensure prices are not out of line. Creates report tool for price charges & financial impact.
- Online Reference Tool (ORM) provides CMS transmittals & updates. CMS manual, CPT code details, APCs, modifiers, NCDs, Medical Necessity, Medicare & Medi-Cal billing rules, payment/ pricing estimates.

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

**Person responsible for oversight of agreement:** Joni Penix, Director, Patient Financial Services / 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 Craneware for a term of 60 months, beginning May 25, 2016 and ending May 24, 2021 for an annual cost year 1 \$69,175, year 2 \$73,109, year 3 \$75,659, year 4 \$78,209 year 5 \$80,759 and a total cost for the term not to exceed \$376,911.



**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Cardiology-General**

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

**Physician's Name:** Oscar Matthew, MD, Mohammad Pashmforoush, MD, Paul Sarkaria, MD

**Area of Service:** Emergency Department On-Call: Cardiology-General

**Term of Agreement:** 12 months, Beginning, July 1, 2016 – Ending, June 30, 2017

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
 For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
\$200	FY17: 365	\$73,000

**Position Responsibilities:**

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

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Cardiology-General physicians Oscar Matthew, MD, Mohammad Pashmforoush, MD, and Paul Sarkaria, MD as the Cardiology-General ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017, at a daily rate of \$200, for a total annual and term cost of \$73,000 for FY 2017.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Cardiology-General/STEMI**

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

**Physician's Name:** Kenneth Carr, MD, Karim El-Sherief, MD, David Spiegel, MD

**Area of Service:** Emergency Department On-Call: Cardiology - General and STEMI

**Term of Agreement:** 12 months, Beginning, July 1, 2016 – Ending, June 30, 2017

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
\$200 - General	FY17: 365	\$73,000
\$600 - STEMI	FY17: 365	\$219,000
	<b>Total Cost:</b>	<b>\$292,000</b>

**Position Responsibilities:**

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

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the Cardiology-General & STEMI physicians Kenneth Carr, MD, Karim El-Sherief, MD and David Spiegel, MD as the Cardiology-General ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$200-General for an annual cost of \$73,000, \$600-STEMI, for an annual cost of \$219,000, for a total annual and term cost of \$292,000 for FY 2017.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Cardiothoracic Surgery**

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

**Physician's Name:** Theodore Folkerth, MD, Frederick Howden, MD

**Area of Service:** Emergency Department On-Call: Cardiothoracic Surgery

**Term of Agreement:** 12 months, Beginning, July 1, 2016 – Ending, June 30, 2017

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
Cardiac: \$375	FY17: 365	\$136,875
Thoracic: \$375	FY17: 365	\$136,875
<b>Total Cost:</b>		<b>\$273,750</b>

**Position Responsibilities:**

- Provide 24/7 patient coverage for all Cardiothoracic 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.

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Cardiothoracic Surgery physicians Theodore Folkerth, MD and Frederick Howden, MD, as the Cardiothoracic Surgery ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017, at daily rate of \$375 for an annual and term cost of \$136,875 for Cardiac, and a daily rate of \$375 daily for an annual and term cost of \$136,875 for Thoracic, for a total annual and term cost of \$273,750 for FY 2017.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**  
**DATE OF MEETING: May 17, 2016**  
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – ENT**

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

**Physician's Name:** Julie Berry, MD, Audrey Calzada, MD, Hernan Goldsztein, MD, Robert Jacobs, MD, Marc Lebovits, MD, Ritvik Mehta, MD, Bruce Reisman, MD, Ashish Wadhwa, MD

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

**Term of Agreement:** 24 months, Beginning, July 1, 2016 – Ending, June 30, 2018

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
 For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
\$450/Monday-Thursday	FY17: 208	\$93,600
\$550/Friday-Sunday	FY17: 157	\$86,350
\$450/Monday-Thursday	FY18: 208	\$93,600
\$550/Friday-Sunday	FY18: 157	\$86,350
<b>Total Term Cost:</b>		<b>\$359,900</b>

**Position Responsibilities:**

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

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

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

**Motion:** I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize ENT physicians Julie Berry, MD, Audrey Calzada, MD, Hernan Goldsztein, MD, Robert Jacobs, MD, Marc Lebovits, MD, Ritvik Mehta, MD, Bruce Reisman, MD, Ashish Wadhwa, MD as the ENT ED-Call Coverage Physicians for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018 at a daily rate of \$450 Monday-Thursday and \$550 Friday-Sunday, for an annual cost of \$179,950 for FY 2017 and \$179,950 for FY 2018, for a total term cost of \$359,900.



**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – General Surgery**

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

**Physician's Name:** Andrew Deemer, MD, Adam Fierer, MD, Dhruvil Gandhi, MD, Karen Hanna, MD, Mohammed Jamshidi-Nezhad, DO, Eric Rypins, MD, Katayoun Toosie, MD

**Area of Service:** Emergency Department On-Call: General Surgery

**Term of Agreement:** 24 months, Beginning, July 1, 2016 – Ending, June 30, 2018

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
\$1,400	FY17: 365 days FY18: 365 days	\$511,000 \$511,000
<b>Unfunded Cholecystectomy Cost</b>	<b>Estimated Cases per Year</b>	<b>Estimated Annual Cost</b>
\$725, per case	FY17: 36 FY18: 36	\$26,100 \$26,100

**Position Responsibilities:**

- Provide 24/7 patient coverage for all General 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.

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the above General Surgery physicians as the General Surgery ED-Call Coverage Physician for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018 at a daily rate of \$1,400, for an annual cost of \$511,000 and a total cost for the term of \$1,022,000; reimbursement of \$725 per case for unfunded cholecystectomy cases at an expected total cost for the term of \$52,200.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Interventional Radiology**

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

**Physician's Name:** Michael Burke, MD, Brian Goelitz, MD, Justin Gooding, MD, Michael Noud, MD, Donald Ponec, MD, Richard Saxon, MD

**Area of Service:** Emergency Department On-Call: Interventional Radiology

**Term of Agreement:** 12 months, Beginning, July 1, 2016 – Ending, June 30, 2017

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
\$600	FY17: 365	\$219,000

**Position Responsibilities:**

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

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Interventional Radiology physicians Michael Burke, MD, Brian Goelitz, MD, Justin Gooding, MD, Michael Noud, MD, Donald Ponec, MD, Richard Saxon, MD as the Interventional Radiology ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$600, for an annual and term cost of \$219,000, for FY 2017.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**  
**DATE OF MEETING: May 17, 2016**  
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – OB/GYN**

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

**Physician's Names:** Tannaz Ebrahimi-Adib, MD

**Area of Service:** Emergency Department On-Call: OB/GYN

**Term of Agreement:** 24 months, Beginning, July 1, 2016 – Ending, June 30, 2018

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
 For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Current Panel Days per Year</b>	<b>Current Panel Annual Cost</b>
\$800/weekday	FY17: 256	\$204,800
\$1,000/weekend/holiday	FY17: 109	\$109,000
\$800/weekday	FY18: 253	\$202,400
\$1,000/weekend/holiday	FY18: 112	\$112,000
<b>Total Term Cost:</b>		<b>\$628,200</b>

**Position Responsibilities:**

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

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

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

**Motion:** I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize OB/GYN physician Tannaz Ebrahimi-Adib, MD as an OB/GYN ED-Call Coverage Physician for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018 at a daily rate of \$800 weekday and \$1,000 weekend / holiday, for an annual cost of \$313,800 for FY 2017, and \$314,400 for FY 2018, for a total term cost of \$628,200.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Oral/Max Surgery**

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

**Physician's Name:** Brian Mudd, DDS

**Area of Service:** Emergency Department On-Call: Oral/Max Surgery

**Term of Agreement:** 12 months, Beginning, July 1, 2016 – Ending, June 30, 2017

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
\$350	FY17: 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.

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize physician Brian Mudd, DDS, as the Oral/Max Surgery ED-Call Coverage Physician for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$350, for an annual and term cost of \$127,750 for FY 2017.



**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Urology Surgery**

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

**Physician's Name:** Bradley Frasier, MD, Michael Guerena, MD, Jason Phillips, MD, Caroline Vilchis (Colangelo), MD, Arthur Warshawsky, MD

**Area of Service:** Emergency Department On-Call: Urology Surgery

**Term of Agreement:** 12 months, Beginning, July 1, 2016 – Ending, June 30, 2017

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
\$350	FY17: 365	\$127,750

**Position Responsibilities:**

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

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Urology physicians Bradley Frasier, MD, Michael Guerena, MD, Jason Phillips, MD, Caroline Vilchis (Colangelo), MD, Arthur Warshawsky, MD as the Urology ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$350, for an annual and term cost of \$127,750 for FY 2017.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Vascular Surgery**

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

**Physician's Name:** Andrew Deemer, MD, Mohammed Jamshidi-Nezhad, DO

**Area of Service:** Emergency Department On-Call: Vascular Surgery

**Term of Agreement:** 36 months, Beginning, July 1, 2016 – Ending, June 30, 2019

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES  
For entire Current ED On-Call Area of Service Coverage:

<b>Rate/Day</b>	<b>Panel Days per Year</b>	<b>Panel Annual Cost</b>
\$650	FY17: 365	\$237,250
	FY18: 365	\$237,250
	FY19: 365	\$237,250
	<b>Total Cost:</b>	<b>\$711,750</b>

**Position Responsibilities:**

- Provide 24/7 patient coverage for all Vascular 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.

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Vascular physicians Andrew Deemer, MD and Mohammed Jamshidi-Nezhad, DO as the Vascular Surgery ED-Call Coverage Physicians for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019 at a daily rate of \$650, for an annual cost of \$237,250, and a total cost for the term of \$711,750.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**Registry Contracts for Nursing and Allied Health Proposal**

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

**Vendor's Name:** Registry and Traveler Vendors

**Area of Service:** Nursing and Allied Health Areas

**Term of Agreement:** 36 months, Beginning, July 1, 2016 – Ending, June 30, 2019

**Maximum Totals:**

<b>Average Monthly Cost</b>	<b>Annual Cost Not to Exceed</b>	<b>Total Term Cost</b>
\$458,000	\$5.5m	\$16.5m

**Description of Services/Supplies:**

- The annual spend for the contracts varies based on availability of a provider at the time of need. Requests for registry are based on volume demands and staff vacancies; therefore there is no absolute cost figure. Demand is at a premium for supplemental staff, with increased rates nationally and locally. In addition, there may be a need to expand or delete the current Registry Agencies based on availability of providers for our needs.
- Historical Information: Tri-City Medical Center Agency Usage – FYTD 2016 through April, 2016 = \$5.5m. Estimated total spend for FY 2016 is \$7.0m
- We will be able to reduce registry and traveler costs for FY 2017 as we hire on more core staff and hold additional New Grad training programs.

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

**Person responsible for oversight of agreement:** Kathy Topp, Director, Education, Clinical Informatics & Staffing / Sharon Schultz, Chief Nurse Executive

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Registry vendors, with flexibility to add or delete Agencies, for supplemental staffing for nursing and Allied Health for a term of 3 years, beginning July 1, 2016 and ending June 30, 2019 for an annual cost not to exceed \$5.5m and a total cost for the term of \$16.5m.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**Professional Services Agreement**

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

**Physician Names:** Dr. Sharon Slowik

**Areas of Service:** Tri-City Primary Care

**Term of Agreement:** 13 months, Beginning, June 1, 2016 – Ending, June 30, 2017

**Maximum Totals:**

<b>Professional Services</b>	<b>Compensation as a % of collections</b>
Laser & Aesthetic Services	40%

Position Responsibilities: Physician shall provide Laser and Aesthetic services which include, but is not limited to:

- Age Spot & Hyperpigmentation Treatment with Broad Band Light Therapy
- Facial Line Treatment with BOTOX® Cosmetic
- Hair Removal
- Skin Exfoliation with Medical Grade Microdermabrasion
- Skin Freshening with Chemical Peels
- Skin Freshening
- Skin Rejuvenation
- Skin Restoration
- Skin Smoothing
- Skin Stimulation & Tightening
- Laser Foot Treatment
- Cryotherapy
- Vein Treatment with Laser Therapy
- Wrinkle & Scar Treatment with Laser Skin Peels

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

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

**Motion:** I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to engage Dr. Sharon Slowik for the provision of Laser and Aesthetic services for a 13-month term, beginning June 1, 2016 and ending June 30, 2017, at the amount not to exceed 40% of gross collections.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: May 17, 2016**
**Purchase and Installation of Brainlab "Curve" Mobile Navigation System Proposal**

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

**Vendor's Name:** Brainlab, Inc  
**Area of Service:** Surgical Services, OR  
**Term of Agreement:** One-time purchase, installation, instrumentation training and case consultations

**Maximum Totals:**

<b>Purchase &amp; Installation:</b>	<b>Totals:</b>
Brainlab "Curve" Navigation System:	\$339,832
Tax @ 8%	\$ 27,187
<b>Total Cost</b>	<b>\$367,019</b>

**Description of Services/Supplies:**

- Purchase, installation, instrumentation and training for Brainlab "Curve" navigation system for Cranial, ENT, with microscope integration in the Operating Room
- Brainlab "Curve" is a mobile navigation system of neurosurgery and ENT surgical procedures
- Existing Brainlab Kolibri system is no longer supported by the company, (8 year life span)
- Usage of the Kolibri system averages 35 surgical cases per year
- Replacement item and is on the list of approved capital items for the fiscal year

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

**Person responsible for oversight of agreement:** Mary Diamond, Sr. Director, Nursing / Sharon Schultz, Chief Nurse Executive / Jeremy Raimo, Sr. Director, Business Development / Wayne Knight, Chief Strategy Officer

**Motion:** I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Brainlab, Inc for purchase of capital equipment item Brainlab "Curve" Mobile Navigation System (Cranial and ENT with microscope integration) for a one-time total purchase and installation cost not to exceed \$367,019.



**Tri-City Medical Center  
Professional Affairs Committee Meeting  
Open Session Minutes  
May 12, 2016**

**Members Present:** Director Laura Mitchell (Chair), Director Larry Schalllock, Director Ramona Finnilla, Dr. Marcus Contardo, Dr. Gene Ma and Dr. Scott Worman.

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

**Others present:** Rick Barton, General Counsel, Marcia Cavanaugh, Sr. Director for Regulatory and Compliance, Kathy Topp, Sharon Davies, Rick Sanchez, Nancy Myers, Patricia Guerra and Karren Hertz.

**Members Absent:** Dr. James Johnson, and Jami Pearson, Director for Regulatory Compliance, Cli. Quality and Infection Control.

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
1. Call To Order	Director Mitchell called the meeting to order at 12:05 p.m. in Assembly Room 1.		Director Mitchell
2. Approval of Agenda	The committee reviewed the agenda and there were no additions or modifications.	Motion to approve the agenda was made by Director Finnilla and seconded by Director Schalllock.	Director Mitchell
3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	Director Mitchell read the paragraph regarding comments from members of the public.		Director Mitchell



Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
	<p>to optimize the operations in the ED.</p> <ol style="list-style-type: none"> <li>1. Space/ environment- Authorities have looked at our ED and have assessed that space limitation is one of the challenges in the patient flow in the ED. The BHU triage process has helped in making improvements but there still needs to be a configuration done to have a 5-team triage compared to the 2 that we have. This change will help us in seeing a large number of patients in the ED.</li> <li>2. Nursing and registration staffing- Sharon and ED Director Candice have done a great job at optimizing the staff in the ED but we still have sick calls and a nursing shortage which affect 8% of the ED beds which in turn affects patient flow and number of patients being seen.</li> <li>3. Process improvement- A proposal of changing from the traditional into a split team to help the flow is being considered and will be implemented as soon as other things are build out.</li> </ol> <p>Dr. Showah also touched on the issue of “boarding” patients and how LWOTS and went down recently. They repurposed the fast track beds into ED BHUbeds which helped the LWOTS figures go down. This shows that a process improvement can help compensate for another challenge in the</p>		



Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
<p>c. Consideration and Possible Approval of Policies and Procedures</p> <p><b>Patient Care Policies and Procedures:</b></p> <ol style="list-style-type: none"> <li>1. Collection of Blood Specimen by Skin Puncture Procedure</li> <li>2. Consent for Minors Policy</li> <li>3. Nitrazine Test on Vaginal Fluid Procedure</li> <li>4. Siemens Rapidpoint 405 Procedure</li> <li>5. Urine Chemistry Using a Urine Dipstick, measuring Procedure</li> <li>6. Urine Dipstick Analysis Using Siemens Clintek Status + Connect procedure</li> <li>7. Witnessing a Patient Signature on Patient's Personal Documents</li> </ol>	<p>department.</p> <p>A question was raised on the amount of blood draw needed for blood specimen. Also, the vein viewer will be shown to the group at a future meeting.</p> <p>A formatting change will be made on the table contained in this policy.</p> <p>There was a small clarification on the equivocal results for the reporting part of the policy.</p> <p>This procedure is considered a point of care testing only.</p> <p>No discussion on this policy.</p> <p>No discussion on this policy.</p> <p>There was a question on the availability of a notary public in the hospital. There is one available for staff but not for patients; there</p>	<p><b>ACTION:</b> The Patient Care Services policies and procedures were approved. Director Finnila moved and Director Schallcock seconded the motion to approve the policies moving forward for Board approval.</p>	<p>Patricia Guerra</p>

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
<b>Administrative Policies and Procedures</b> 1. Fax Waiver 635 2. Library Services Mission and Scope of Services 287	<p>was a suggestion to have some standard referrals so patients will know where to go if they need a notary public.</p> <p>No discussion on this policy.</p> <p>There was short clarification on the inter library loan process of TCMC with academic centers and other medical libraries. Reciprocity is used with this process so we hardly pay for services.</p>	<p><b>ACTION:</b> The Administrative policies and procedures were approved as moved by Director Schallcock and seconded by Dr. Worman.</p>	<p>Patricia Guerra</p>
<b>Unit Specific Infection Control</b> 1. Surveillance Program	<p>Handwashing was noted as it plays an integral part of this policy.</p>	<p><b>ACTION:</b> The Infection Control policy was approved. Director Schallcock moved and Director Finnila seconded the motion to approve the policies moving forward for Board approval.</p>	<p>Patricia Guerra</p>
<b>Medical Staff</b> 1. Supervision of Resident in Emergency Medicine	<p>It was noted there is direct and indirect supervision for the residents in the ED. The sample of an evaluation form will be added as an attachment to this policy.</p>	<p><b>ACTION:</b> The Medical Staff policy was approved. Director Finnila moved and Dr. Worman seconded the motion to approve the policies moving forward for Board approval.</p>	<p>Patricia Guerra</p>

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
<b>NICU</b> 1. Bathing, Newborn Infant 2. Chest Tube, Care of Infants with Pneumothorax 3. Dietitian, Role in the NICU 4. Measuring Infant Length in the NICU  <b>Women and Newborn Services</b>  1. Amniocentesis	<p>The first 2 policies were deletions.</p> <p>There was no discussion on this policy.</p> <p>There was no discussion on this policy.</p> <p>There was no discussion on this policy.</p>	<p><b>ACTION:</b> The NICU policy was approved. Director Sc hillock moved and Dr. Worman seconded the motion to approve the policies moving forward for Board approval.</p> <p><b>ACTION:</b> The WNS policy was approved. Director Schallock moved and Dr. Worman seconded the motion to approve the policy moving forward for Board approval.</p>	<p>Patricia Guerra</p> <p>Patricia Guerra</p>
6. Clinical Contracts	In the review of clinical contracts, there were four physicians whose contracts were tabled until corrections/ modifications are made.	<b>ACTION:</b> These clinical contracts will be corrected and reviewed for next month's meeting.	Director Mitchell
7. Closed Session	Director Mitchell asked for a motion to go into Closed Session.	Dr. Contardo moved, Director Finnila seconded and it was unanimously approved to go into closed session at 1:05 PM.	Director Mitchell
8. Return to Open Session	The Committee return to Open Session at 2:22 PM.		Director Mitchell
9. Reports of the Chairperson of Any Action Taken in Closed	There were no actions taken.		Director Mitchell

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Session			
10. Comments from Members of the Committee	No Comments.		Director Mitchell
11. Adjournment	Meeting adjourned at 2:24 PM		Director Mitchell

**PROFESSIONAL AFFAIRS COMMITTEE**
**May 12<sup>th</sup>, 2016**
**CONTACT: Sharon Schultz, CNE**

<b>Policies and Procedures</b>	<b>Reason</b>	<b>Recommendations</b>
<b><u>Patient Care Services Policies &amp; Procedures</u></b>		
1. Collection of a Blood Specimen by Skin Puncture Procedure	3 year review, practice change	Forward to BOD for approval with revisions
2. Consent for Minors Policy	3 year review, practice change	Forward to BOD for approval with revisions
3. Nitrazine Test on Vaginal Fluid Procedure	3 year review, practice change	Forward to BOD for approval with revisions
4. Siemens Rapidpoint Procedure	3 year review, practice change	Forward to BOD for approval with revisions
5. Urine Chemistry Using a Urine Dipstick Measuring Procedure	3 year review, practice change	Forward to BOD for approval with revisions
6. Urine Dipstick Analysis Using Siemens Clintek Status Procedure	3 year review, practice change	Forward to BOD for approval with revisions
7. Witnessing a Patient Signature on Patient's Personal Documents 8610-341	3 year review, practice change	Forward to BOD for approval
<b><u>Administrative Policies &amp; Procedures</u></b>		
1. Fax Waiver 635	DELETE	Forward to BOD for approval
2. Library Services Mission and Scope of Service 287	3 year review, practice change	Forward to BOD for approval
<b><u>Unit Specific</u></b>		
<b>Infection Control</b>		
1. Surveillance Program IC 2 – TRACKED CHANGES	Practice Change	Forward to BOD for approval
2. Surveillance Program IC 2 – CLEAN COPY		
<b>Medical Staff</b>		
1. Supervision of Residents in Emergency Medicine 8710-571	Practice Change	Forward to BOD for approval with revisions
<b>NICU</b>		
1. Bathing, Newborn Infant	DELETE	Forward to BOD for approval
2. Chest Tube, Care of Infants with Pneumothorax	DELETE	Forward to BOD for approval
3. Dietician, Role of in the NICU	3 year review, practice change	Forward to BOD for approval
4. Measuring Infant Length in the NICU	3 year review, practice change	Forward to BOD for approval
<b><u>Women and Newborn Services</u></b>		
1. Amniocentesis	3 year review, practice change	Forward to BOD for approval

**PROCEDURE: COLLECTION OF BLOOD SPECIMEN BY SKIN PUNCTURE**

**Purpose:** To outline the procedure for collection of blood specimen by skin puncture.

**Supportive Data:** Skin puncture is applicable for:

1. Severely burned patients
2. Extremely obese patients
3. Patients with thrombotic tendencies
4. Patients with malignancies for whom venipuncture is reserved for therapeutic purposes
5. Geriatric patients or patients in whom superficial veins are not accessible or fragile
6. Patients performing tests at home (e.g. blood glucose)
7. Newborn/pediatric patients

**Equipment:** 1. Tenderfoot (NSY) and Preemie Tenderfoot (NICU)

2. Automatic lancet device
3. Heel warmer
4. Alcohol prep pad
5. Capillary blood collection tubes
6. Microhematocrit tubes and clay

**A. PROCEDURE:**

1. Verify order for blood sampling.
2. Identify the patient per Patient Care Services Policy IV.A Identification, Patient.
3. Ensure the blood specimen is collected from the individual designated on the specimen labels or requisition slip.
4. Choose the Puncture Site:
  - a. Each patient should be assessed individually to choose the optimal blood-sampling method.
  - b. It is recommended greater than 1mL be drawn via venipuncture.
  - c. Nonpharmacologic comfort measures and/or sucrose should be provided to patient undergoing painful procedures such as skin puncture.
  - d. Infant Heel Stick:
    - i. Warm the infant's heel: Use a heel warmer according to manufacturer's instructions.
    - ii. Provide the patient with a pacifier dipped in sucrose at least 2 minutes before beginning the procedure.
    - iii. Provide developmental positioning.
    - iv. Site of Puncture: ~~Puncture site is indicated on diagram by shaded areas on heel.~~ The blood must be obtained from the infant's heel using the most medial or lateral portion of the plantar surface of the heel, where "medial" is defined as closest to the midline of the body, "lateral" is defined as away from the midline of the body, and "plantar surface" as the walking surface of the foot.
    - v. Assess the sampling site and select an area without excessive previous punctures, hematomas, or infection.
    - vi. Contraindications to performing heel sticks are bruising or hematoma on the feet; feet that are edematous, injured, or infected; and feet with anomalies upon which pressures should be avoided.
  - e. Children And Adult Finger Stick:
    - i. The puncture shall be on the palmar surface (pad) of the distal phalanx and not at the side or tip of the finger.
    - ii. Avoid puncturing the fifth finger if possible.
    - iii. The skin puncture site must be warm and not swollen (edematous).
5. Clean the Puncture Site:

Department Review	Clinical Policies & Procedures	Nursing Executive Committee	Department of Pathology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
3/00; 5/12; 11/15	06/12, 11/15	06/12, 12/15	03/16	n/a	10/12, 04/16	11/12, 05/16	12/12

- a. Disinfect the site for sample collection and allow it to dry. Betadine shall not be used to clean and disinfect skin-puncture sites.
6. Puncture the Skin:
  - a. Depth: The depth may be not more than 2.4 mm beneath the plantar heel skin surface and half this distance at the posterior curvature of the heel.
    - i. Infants: Use an automated heel lancing device that is appropriate size for the patient to perform the heel stick to ensure the proper depth.
    - ii. Finger Sticks: Use the automatic lancet device to ensure the proper depth.
7. Perform the puncture:
  - a. Puncture the chosen site that has been prepared.
  - b. Wipe the first drop of blood with dry sterile gauze pad since it is most likely to contain excess tissue fluid.
  - c. A second drop of blood will form over the puncture site. When a micro collection device touches this drop, blood will flow into the tubes by capillary action.
  - d. During specimen collection, allow capillaries to refill (apply gentle pressure and then release) Avoid excessive squeezing of the heel). Fill specimen containers to the specified volume.
  - e. Allow blood drops to fall freely into the tube (avoid scooping or scraping blood from the heel). Fill specimen containers to the specified volume. Cap the tube when it is filled.
8. Order of Draw: If multiple specimens are to be collected, including preservative (EDTA) specimens, the EDTA specimen is drawn first to assure adequate volume and accurate hematology test results. Other additive specimens are collected next and clotted specimens last.
9. Post Puncture Bleeding:
  - a. Infant's Heel:
    - i. Hold a sterile gauze pad pressed against the puncture site until the bleeding stops.
  - b. Finger Stick: Apply pressure with a clean gauze pad until bleeding stops. Place a bandage on the site, if necessary.
10. Disposal of Automated lancing Device:
  - a. Dispose the automated lancing device in a sharps container.
11. Labeling Policy:
  - a. Each sample must be accurately labeled. Sample labeled with the wrong patient or specimens without labels cannot be used. These samples have to be recollected.
  - b. Each tube of blood must be labeled with the patient's full name, medical record number, time and date the specimen was collected, and the Compass log-on ID (Example: The Cerner log-on ID for Jane Doe is "doejan". DO NOT use initials.)

## B. REFERENCES:

1. Ohlsson, Shah VS A. "Venipuncture versus heel lance for blood sampling in term neonates." Cochrane Database System. 19 Apr. 2010. Web 24 May 2012.  
[www.2.cochrane.org/reviews/en/ab001452.html](http://www.2.cochrane.org/reviews/en/ab001452.html).
2. Robbins, Meyers R. Pediatric Nutrition Practice Group. 2<sup>nd</sup> ed. Chicago: American Dietetic Association, 2011. Print.
3. ~~"Section on Anesthesiology and Pain Medicine." American Academy of Pediatrics Committee on Fetus and Newborns. 2006. 118(5) 2231-41. Print.~~
4. Walton, DM, MG MacDonald, and J Ramasethu. Atlas of procedures in neonatology. 4<sup>th</sup> ed. Philadelphia: Lippincott Williams and Wilkins, 2007. 84. Print.
5. MacDonald, MG, and J Ramasethu. Folk LA. Capillary heel stick blood sampling. 4<sup>th</sup> ed. Philadelphia: Lippincott Williams and Wilkins, 2007. 93. Print.
6. ~~Barker, DB, B Willetts, VC Cappendijk, and N Rutter. Capillary Blood sampling; should the heel be warmed? Arch Dis Child Fetal Neonatal Education, 1996. 139. Print.~~

PATIENT CARE SERVICES Administrative Policy Manual

ISSUE DATE: 11/94 SUBJECT: Consent for Minors

REVISION DATE: 9/95; 11/96; 10/97; 7/99; 6/03; 1/06; 06/09; 06/11 POLICY NUMBER: ~~8610-360~~

Department Approval Date:	08/15
Clinical Policies and Procedures Approval:	09/15
<del>Administrative Policies &amp; Procedures Committee Approval:</del>	<del>04/11</del>
Nurse Executive Council Approval:	06/1109/15
Medical Executive Committee Approval:	04/16
Professional Affairs Committee Approval:	06/1105/16
Board of Directors Approval:	06/11

A. **PURPOSE:**

1. To establish guidelines to obtain a valid consent from all minor patients prior to a therapeutic, diagnostic, or invasive procedure based on guidelines set forth in California Hospital Association Consent Manual.

B. **POLICY:**

1. By statutory definition, a person under the age of 18 is unable to consent to medical treatment except as otherwise allowed by law.
2. When a minor needs medical treatment, health care providers must look to patient's **parent**, guardian or other person to consent, unless it is a life threatening emergency.
  - a. If a patient is a minor, the minor's parent may provide consent.
  - a.b. **Guardian – a copy of the official certified letter of guardianship must be placed in the medical record.**
3. Where an adult who is not the parent or guardian seeks care for a minor with injury or illness which is not an emergency, the healthcare provider shall request a copy of the parents' authorization and include it in the minor's medical record.
4. Even where third party authorization is provided, the healthcare provider shall attempt to contact the parent(s) to confirm consent and to inform the parent of the status of the minor. If it is not possible to contact the parent(s) or guardian, the healthcare provider shall apply first aid where necessary.
5. Consent issues under California Law vary depending upon certain circumstances. Attached to this policy is an easy to use table summarizing consent issues regarding minors.
6. In specified circumstances, a third party (not the minor and not the parent/guardian) may consent to medical treatment on behalf of a minor. In these circumstances please consult the Risk Manager or Administrative Supervisor on duty.
  - a. **Minors with step-parent**
    - i. **A step parent who has not legally adopted a minor does not have the authority to consent to treatment on the minor's behalf without written authorization from the natural parent or guardian or a valid Caregiver's Authorization Affidavit.**
  - a.b. **Minors with a Registered Domestic Partner Parent(s), or Stepparents**
    - i. State law gives registered domestic partners (or former or surviving registered domestic partners) the same rights and obligations as are granted to spouses in marriage. This includes the rights and obligations of registered domestic partners with respect to a child of their partner. [Family Code Section 297.5]
    - ii. However, becoming the spouse of a parent is not the same as becoming a parent, even for legally married couples. For example, as noted above, even though a stepmother is legally married to a minor's father, the stepmother does not have the authority to



consent to treatment on the minor's behalf without written authorization from the father or a valid Caregiver's Authorization Affidavit.

- iii. These same rules apply to registered domestic partners. In order for the registered domestic partner of a child's parent **or stepparent** to consent for medical care for that child, the domestic partner **or stepparent** must do one of the following:
  - 1) The registered domestic partner **or stepparent** must have legally adopted the child.
  - 2) The registered domestic partner **or stepparent** must provide a signed third-party authorization form giving that registered domestic partner **or stepparent** the ability to consent to medical care for the child.
- iv. The registered domestic partner **or stepparent** must complete a valid Caregivers Authorization Affidavit. ~~If a registered domestic partner is not named on the birth certificate or custody order, the registered domestic partner shall be treated, as a stepparent.~~
- v. If the status of someone claiming to be a child's parent is unclear, the birth certificate or custody order may be used to determine who may legally provide consent.

7. Self-sufficient Minor

- a. When a minor of 15 years of age or older is living separate and apart from his/her parent(s) or legal guardian, whether with or without consent or acquiescence of his/her parent(s) or legal guardian, and manages his/her own financial affairs, regardless of the source of income, the minor is capable of giving valid consent for medical or dental care without parental or guardian consent, knowledge or financial liability. The duration of the separate residence is irrelevant. [Family Code Section 6922, CHA Consent Manual]

8. Refusal of Treatment

- a. **The person who has legal authority to consent for the treatment of a minor also has the legal authority to refuse treatment.**
  - i. **If the minor is legally authorized to consent to treatment, the minor also has the legal authority to refuse the treatment. (The minor must also have the capacity to make healthcare decisions.)**

- 8.9. For further clarification regarding situations involving minor's authority to consent, contact Risk Management and/or refer to the current California Hospital Association Consent Manual.

C. **RELATED DOCUMENTS REFERENCED FORMS WHICH CAN BE FOUND ON THE INTRANET:**

- 1. Authorization for Third Party to Consent to Treatment of Minor Lacking Capacity to Consent
- 2. Caregiver's Authorization Affidavit (~~Form 1~~)
- 3. Consent Requirements for Medical Treatment of Minors

D. **REFERENCES:**

- 1. California Hospital Association Consent Manual

**AUTHORIZATION FOR THIRD PARTY TO CONSENT  
 TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT (Form 2)**

(We), the undersigned, parent(s) person having legal custody/legal guardianship of (name of minor) \_\_\_\_\_, a minor, do hereby authorize (name of agent) \_\_\_\_\_ as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Family Code section 6910.

(I)(We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to (my)(our) above- named agent(s) upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

These authorizations shall remain effective until [month and day] \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked in writing delivered to the agent(s) noted above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

[Parent/legal guardian/person having legal custody] (circle relationship)

Signature: \_\_\_\_\_

[parent]

**Medically Relevant Information**

Minor's birth date	
Allergies to drugs or food	
Conditions for which minor is currently being treated	
Current medications	
Restrictions on activity	
Primary care physician (name and telephone number)	
Insurance company	
Mother's name, address and telephone numbers	Home Work Other
Father's name, address and telephone numbers	Home Work Other

**Treatment of Minor Lacking Capacity to Consent**



**Tri-City Medical Center**

4002 Vista Way, Oceanside, California 92056  
 (760) 724-8411

**Patient Identification Label**

## CAREGIVER'S AUTHORIZATION AFFIDAVIT (Form 1)

Use of this affidavit is authorized by Part 1.5 (commencing with section 6550) of Division 11 of the California Family Code.

**INSTRUCTIONS:** Completion of items 1-4, inclusive and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. School related medical care means medical care that is required by state or local governmental authority as a condition for school enrollment, including immunizations, physical exams and medical exams conducted in school.

Completion of items 5-8 inclusive is additionally required to authorize any other medical care. Please print clearly

- I am requesting enrollment of the minor in school and to authorize school-related medical care. Completion of items 1 – 4 only is required.
- I am requesting to authorize medical care not school-related. Completion of items 1 – 8 is required.


The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: \_\_\_\_\_
2. Minors birth date: \_\_\_\_\_
3. My name: (adult giving authorization) \_\_\_\_\_
4. My home address: \_\_\_\_\_
5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of “qualified relative”).
6. Check one or both (for example, if one parent was advised and the other cannot be located):
  - I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
  - I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: \_\_\_\_\_
8. My California driver's license or ID card number: \_\_\_\_\_

**Warning: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.**

### CONSENT REQUIREMENTS FOR MEDICAL TREATMENT OF MINORS:

If Minor is:	Is parental Consent Required?	Are parents responsible for costs?	Is minor's Consent Sufficient?	May M.D. inform parents of treatment without minors consent?
Unmarried, no special circumstances	Yes	Yes	No	Yes
Unmarried, emergency care and parents not available [Business and Professional Code § 2397]	No	Yes	Yes if capable	Yes
Married or previously married [Family Code §7002]	No	No	Yes	No
Emancipated (declaration by court, identification card from DMV) [Family Code §§ 7002, 7050, 7140]	No	Probably Not	Yes	No
Self-sufficient (15 or older not living at home, manages own financial affairs) [Family Code § 6922]	No	No	Yes	1
Not married, care related to prevention or treatment of pregnancy, except sterilization [Family Code § 6925]	No	No	Yes	No
Not married, seeking abortion	No	No	Yes	No
Not married, pregnant, care not related to prevention or treatment of pregnancy and no other special circumstances	Yes	Yes	No	Yes
On active duty with Armed Forces [Family Code § 7002]	No	No	Yes	No
12 or older, care related to diagnosis or treatment for communicable reportable disease or condition or to prevention of an STD [Family Code § 6926]	No	No	Yes	No
12 or older, care for rape <sup>1</sup> [Family Code § 6927]	No	No	Yes	Yes, usually
Care for sexual assault <sup>1</sup> [Family Code § 6928]	No	No	Yes	Yes, usually
12 or older, care for alcohol or drug abuse <sup>1</sup> [Family Code § 6929]	No <sup>2</sup>	Only if parents are participating in counseling	Yes	Yes, usually
12 or older, care for mental health treatment, outpatient only <sup>1</sup> [Family Code § 6924; Health and Safety Code Section 124260]	No <sup>2</sup>	Only if parents are participating in counseling	Yes	Yes, usually
17 or older, blood donation only [Health and Safety Code § 1607.5]	No	No	Yes	Probably Not
<b>Minors are defined as all persons under 18 years of age.</b>				
<sup>1</sup> Special requirements apply, See Chapter 2 of the Consent Manual or Chapter 3 of Minors & Health Care Law				
<sup>2</sup> Parental consent is required for a minors participation in replacement of narcotic abuse treatment (such as methadone, LAAM or buprenorphine products) in a program licensed pursuant to Health and Safety Code § 11875 <i>et. seq.</i> (now codified at Section 11839 <i>et. seq.</i> [Family Code § 6929(e)]				
Note: Notwithstanding the above information, a psychotherapist may not disclose mental health information to a parent who has lost physical custody of a child in a juvenile court dependency hearing unless the parent has obtained a court order granting access to information.				
Reference: Welfare and Institutions Code § 14010				

 <b>Tri-City Medical Center</b>	Distribution: Patient Care Services
<b>PROCEDURE: NITRAZINE TEST ON VAGINAL FLUID</b>	
Purpose:	To assist in the evaluation of vaginal fluid for the presence of amniotic fluid.
Supportive Data:	The nitrazine test is a screening test performed on amniotic fluid to evaluate a suspected rupture of membranes. A Registered Nurse (RN) is authorized to perform this procedure. Testing is under the supervision of the Laboratory Point of Care (POC) Coordinator and under the jurisdiction of the Laboratory Medical Director.
Equipment:	1. Nitrazine paper 2. Sterile gloves

**A. SPECIMEN:**

1. Patient Preparation:
  - a. This procedure may be performed during a speculum examination.
2. Type of Specimen:
  - a. Vaginal Fluid

**B. QUALITY CONTROL (QC):**

1. QC Materials: Normal and abnormal urine control vials
2. Test the normal and abnormal controls per POC testing.
3. Perform QC each day testing is performed and when a new vial is opened.
4. Document results on the Point of Care Quality Control Log.
5. If the control results are not within acceptable limits the test is considered invalid and further patient testing is not allowed until corrective action steps are successful and documented.

**C. PROCEDURE:**

1. Perform hand hygiene and apply gloves.
2. Verify patient identification according to policy.
3. Swab the fluid pooling in the vagina or along the sidewall of the vagina (avoiding the cervix) using a cotton tip applicator.
4. Touch the applicator to the test paper ensuring the chemically treated paper is totally moistened.
5. Read the nitrazine paper immediately.
  - a. Nitrazine paper is a multi-parameter test paper with a wide range of colors used to interpret the alkaline nature of amniotic fluid.
  - b. Normal amniotic fluid is neutral (pH 7.0) or slightly alkaline (pH 7.25).
  - c. In the presence of amniotic fluid the moistened nitrazine paper will change from a yellow color to a dark blue color.
6. Compare the paper visually to the color scale printed on the outside of the box.

**D. REPORTING RESULTS:**

Color	pH	Report As
Yellow	5.0	Negative: Membranes probably not ruptured
Olive	5.5	
Olive-green	6.0	
Blue-green	6.5	Positive: Membranes probably ruptured
Blue-gray	7.0	
Deep blue	7.5	
Unclear or other color	?	Equivocal: May be due to blood, or cervical mucus or semen

Revision Dates	Clinical Policies & Procedures	Nursing Executive Council	Department of Pathology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
7/03, 4/04, 4/06, 6/09, 07/15	07/11, 08/15	08/11, 09/15	03/16	n/a	10/11, 04/16	11/11, 05/16	11/11

E. **DOCUMENTATION:**

1. Record the result on the Nursing Progress Record. Enter the following:
  - a. Date and time.
  - b. Result
  - c. Name or initials of the operator

F. **LIMITATIONS:**


1. The nitrazine test is not considered a definitive test for diagnosing ruptured membranes.
2. A false negative result may occur if there has been prolonged rupture of membranes (longer than 24 hours) or when only a small quantity of fluid is present.
3. A false positive may occur if vaginal secretion has been contaminated with blood, urine or antiseptic solution. The pH of blood, vaginal mucus and some secretions associated with vaginal infection is also alkaline.

G. **REGULATORY COMPLIANCE:**

1. Nitrazine test is considered a waived test under CLIA 88 Federal Regulations.
2. Personnel performing the testing must be certified prior to performing patient testing. Certification is achieved through a training program coordinated by the nursing education department in conjunction with the lab. Competency is assessed and documented annually. Competency records are maintained on the nursing units.
3. Proficiency testing is coordinated through the laboratory staff and performed by testing personnel on the nursing units.

H. **REFERENCES:**

1. Kennedy, B.B., Ruth, J.R., Martin, E.J. (2009). *Intrapartum management modules – A perinatal education program (4<sup>th</sup> ed.)*. Wolters Kluwer Health/Lippincott Williams & Wilkins: Philadelphia, PA.
2. **Clinical Laboratory Improvement Amendments of 1988 Federal Regulations**

 <b>Tri-City Medical Center</b>	Distribution: Patient Care Services
<b>PROCEDURE: SIEMENS RAPIDPOINT 405</b>	
<b>Purpose:</b>	The analysis of blood gases, electrolytes, ionized calcium, glucose, and hematocrit.
<b>Supportive Data:</b>	The Rapidpoint 405 system uses potentiometry, amperometry, and conductance to measure the concentration of analyte in the sample. An electrochemical interaction between the analyte of interest and the sensor generates an electrochemical signal that is proportional to the amount of analyte in the sample. Potentiometry is the technology that measures the difference/ potential between two electrodes in a solution without applied current. Amperometry involves applying voltage to an electrode and then measuring the current generated. Conductance is the readiness with which a conducting substance transmits electrical current.
<b>Equipment:</b>	Rapidpoint 405 Analyzer Syringe or Capillary (balanced heparin or lithium heparin if not testing Ca++)
<b>Authorized to Perform</b>	Registered Nurse (RN), Respiratory Care Practitioner (RCP), Perfusionist, Anesthesia Technician
<b>Procedure:</b>	

NOTE: For more detailed information regarding technology, reagents, calibration points, etc., please refer to the laboratory and/or manufacturer's user manual.

**A. CLINICAL SIGNIFICANCE:**

ANALYTE	Some Causes of Increased Values	Some Causes of Decreased Values
<b>SODIUM</b>	Dehydration Diabetes insipidus Salt poisoning Skin losses Hyperaldosteronism CNS disorders	Dilutional hyponatremia (cirrhosis) Depletional hyponatremia Syndrome of inappropriate ADH
<b>POTASSIUM</b>	Renal glomerular disease Adrenocortical insufficiency Diabetic Ketoacidosis (DKA) Sepsis In vitro hemolysis	Renal tubular disease Hyperaldosteronism Treatment of DKA Hyperinsulinism Metabolic alkalosis Diuretic therapy
<b>CHLORIDE</b>	Prolonged diarrhea Renal tubular disease Hyperparathyroidism Dehydration	Prolonged vomiting Burns Salt-losing renal disease Overhydration Thiazide therapy
<b>IONIZED CALCIUM</b>	Dehydration Hyperparathyroidism Malignancies Immobilization Thiazide diuretics Vitamin D intoxication	Hypoparathyroidism Early neonatal hypocalcemia Chronic renal disease Pancreatitis Massive blood transfusions Severe malnutrition
<b>GLUCOSE</b>	Diabetes mellitus Pancreatitis Endocrine disorders (e.g. Cushing's syndrome)	Insulinoma Adrenocortical insufficiency Hypopituitarism Liver disease

Revision Dates	Clinical Policies & Procedures	Nursing Executive Council	Department of Pathology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
06/09, 05/15	07/11, 05/15	08/11, 05/15	03/16	n/a	10/11, 04/16	11/11, 05/16	11/11

<b>ANALYTE</b>	<b>Some Causes of Increased Values</b>	<b>Some Causes of Decreased Values</b>
<b>GLUCOSE</b>	Drugs (e.g. steroids, thyrotoxicosis) Chronic renal failure Stress IV glucose infusion	Ethanol ingestion Reactive hypoglycemia Glycogen storage disease
<b>pH</b>	Respiratory alkalosis Metabolic alkalosis	Respiratory acidosis Metabolic acidosis
<b>PCO<sub>2</sub></b>	Acute Respiratory Acidosis: <ul style="list-style-type: none"> <li>• Depression of respiratory center</li> <li>• Suppressed neuromuscular system</li> <li>• Pulmonary disorders</li> <li>• Inadequate mechanical ventilation</li> </ul> Chronic respiratory acidosis <ul style="list-style-type: none"> <li>• Decreased alveolar ventilation</li> <li>• Hypoventilation</li> </ul> Compensation in metabolic alkalosis	Respiratory alkalosis: <ul style="list-style-type: none"> <li>• Increased stimulation of respiratory center</li> <li>• Hypermetabolic states</li> <li>• Mechanical hyperventilation</li> </ul> Compensation in metabolic acidosis
<b>PO<sub>2</sub></b>	Breathing oxygen-enriched air	Carbon-monoxide exposure Pulmonary disorders Myocardial infarction Congestive heart failure
<b>HCO<sub>3</sub></b>	Primary metabolic alkalosis Compensation in respiratory acidosis	Primary metabolic acidosis Compensation in respiratory alkalosis
<b>HEMATOCRIT</b>	Dehydration Burns Impaired ventilation Renal disorders	Hemolytic anemias Iron deficiency Marrow depression Blood loss

**B. SPECIMEN COLLECTION:**

1. Specimen Type:

<b>Sample Type</b>	<b>Collection Device</b>	<b>Minimum Fill Volume</b>	<b>Preparation</b>
<b>Arterial blood</b>	Syringe	200 microliters for 1.0 mL syringe	Expel air from the syringe and cap it immediately after obtaining the sample.
<b>Venous blood</b>		800 microliters for 3.0 mL syringe	
		1.5 mL for 5.0 ml syringe	
<b>Capillary blood</b>	Capillary tube	175 microliters balanced heparin tubes (Minimum is 100 microliters)	Fill the tube completely and cap it securely.



- a. For whole blood samples, use syringe or capillary tube containing balanced heparin. If you are not analyzing samples for ionized calcium, you can use lithium heparin.
  - b. Other anticoagulants, such as benzalkonium heparin, EDTA, citrate, oxalate, and fluoride significantly affect blood pH, sodium, potassium, chloride, and ionized calcium results.
  - c. Antimicrobial compounds such as silver sulfadiazine and chlorhexidine, which are found in some central venous catheters, significantly affect sodium results and may affect subsequent sample analyses. Do not collect venous samples for electrolytes analysis from a central venous catheter that contains silver sulfadiazine or chlorhexidine.
  - d. You can introduce samples into the Rapidpoint 400 system using the sample collection devices listed in the previous table.
2. Specimen Handling:
- a. Position any labels toward the back of the syringe barrel near the plunger so the label does not block the syringe from entering the system and cause it to fall off.
  - b. Cap the sample device immediately after you collect the sample to avoid room air contamination.
  - c. Analyze the sample as soon as possible to minimize oxygen consumption.
  - d. Before you analyze the sample, roll the syringe or capillary tube between your palms and gently invert it several times to mix the sample thoroughly. Blood cells settle during storage, and if the sample is not well mixed before analysis, the Hematocrit results obtained can be falsely decreased or increased. Mix all samples using a consistent technique.
  - e. Dispose of used sample devices in a biohazard contamination bag.
3. Known Interfering Substances:
- a. Always select the mixed venous sample button to analyze mixed venous samples. Samples collected from some pulmonary artery catheters can contain the benzalkonium ion that interferes with analysis and affects results.

Analyte	Interfering Substance	Concentration Tested	Level of Interference
Ionized Calcium	Salicylic Acid	50 mg/dL	-.098 mM (6%)
		30 mg/dL	-.046 mM (3%)
Sodium	Dobutamine	5 mg/dL	6 mmol/L
	Benzalkonium Heparin*		>50 mM
Chloride	Salicylic Acid	50 mg/dL	9.5 mmol/L
		20 mg/dL	1.8 mmol/L
Hematocrit	Dextran	3 g/dL	5%
	Leukocytes	60,000 WBC cu/mm	10%
	Protein	12%	4.9%
	Protein	4%	-1.3%
Potassium	Benzalkonium Heparin		>0.15 mM

1. Analyzing Patient Samples:

- a. Roll the syringe or the capillary tube between your palms and gently invert it several times to mix the sample thoroughly.
- b. Touch the button for the patient SAMPLE TYPE. A checkmark indicates the button is selected. (Default is arterial syringe).
  - i. Arterial (syringe)
  - ii. Capillary (175 microliters Cap tube)
  - iii. Venous (syringe)
  - iv. Mixed venous blood (this will only do a pO2)
- c. TOUCH (deselect) ANY PARAMETER THAT YOU DO NOT WANT. This is important for the Lab to properly order the test in Cerner. The Rapidpoint is set up to default Arterial Blood Gases and Ionized Calcium.
- d. Touch ANALYZE.
- e. When prompted, introduce the sample device into the sample port and touch the CONTINUE button. The system aspirates the sample.
  - i. Arterial or Venous: Place the syringe into the sample port.
  - ii. Capillary: Insert the Capillary tube into the sample port until you feel it click into place.
- f. When prompted, remove the sample device from the sample port and touch the CONTINUE button.
- g. When prompted, enter the following demographic information.
  - i. Touch the Patient ID field and key in the specimen accession number (performed by RCPs in ICU, ED, NICU) or the patient medical record number (performed by RNs or Perfusionists in OR).
  - ii. Touch the Patient Name field and key in the patient Last Name.
  - iii. Touch the Operator ID field and key in your 5-digit employee **identification number#**
  - iv. Touch the Temperature field and key in the patient's temperature (defaults to 37 C if no data entry).
- h. Touch the right arrow to continue.
- i. View the results. The values for the results appear in yellow when analysis is still in progress. Select the Print Results Key for a printout.
- j. Touch the CONTINUE when you finish viewing results. The instrument will wash and prepare for the next sampling.

2. Recalling Patient Results: Use this procedure to view and print results for patient samples that have already been analyzed.

- a. Touch the Recall button. The recall button is the "File Folder" icon located in the upper right hand corner of the screen.
  - i. Touch Patients: The list of patient samples appears.
  - ii. Touch the sample you want to view.
  - iii. Use the arrow keys to view additional samples. Select the sample.
  - iv. Touch the Results button to view the results.
    - 1) ~~You may~~ Edit sample demographics by pressing the Edit button. (For example, ~~you may wish to change the temperature~~). If ~~you changed~~ this it will not be corrected in Cerner. The results have already been filed. ~~If you wish to~~ To correct this in the computer, notify the laboratory.
    - 2) To reprint results, touch the Print icon.
- v. You may search for a sample by patient by pressing the Search button.

- 1) Enter in the Accession or Medical Record Number and touch the green arrow.

3. Reporting Results:

- a. Calculations: The Rapidpoint 400 analyzer contains a microprocessor that performs all calculations required for reporting results.
- b. Result Symbols:

↑	The result is above the patient range.
↓	The result is below the patient range.
-----↑	The result is above the reporting range. Send to Laboratory for analysis.
-----↓	The result is below the reporting range. Send to Laboratory for analysis.
-----?	The system has an atypical response when measuring this parameter and cannot report the result. Analyze the sample again. When this symbol appears for the HCT, it may indicate that the HCT result was not reported because Na failed Required QC or it was not performed
u	The HCT was not corrected for Na or K because the sensor is out of calibration, turned off, or beyond the reporting range. The system uses a default value of 140 mmol/L for Na or a value of 4 mmol/L for K to determine the HCT result.

- c. Reference Intervals:

Analyte	Unit	Reference Range		Reportable Range
		Arterial	Venous	
Sodium	mEq/L	135 – 153		100–200
Potassium	mEq/L	3.5 – 5.3		0.5-15.0
Chloride	mEq/L	101-111		65 – 140
Glucose	mg/dL	70 – 110		20 – 750
Ion-Calcium	mg/dL	4.5 – 4.9		0.80 – 20.0
pH		7.35 – 7.45		6.50 – 7.80
PCO <sub>2</sub>	mm/Hg	35 – 45		10 – 150
PO <sub>2</sub>	mm/Hg	>80		10 – 700
Hematocrit	%PCV	Males (adult) 42 - 52 Female (adult) 37 - 47		12-75
HCO <sub>3</sub> <sup>*</sup>	mEq/L	22 – 26		Calculated Results
TCO <sub>2</sub> <sup>*</sup>	mEq/L			
BE <sup>*</sup>	mEq/L	(-2) – (+3)		
sO <sub>2</sub>	%	94 -100	55-85 (sepsis >70)	
Hb	g/dL	Males (adult) 14 - 18 Female (adult) 12 - 16		

- d. Critical Results:
- i. Critical results represent an emergency condition and must be reported immediately to the patient's attending physician or nurse.

ANALYTE (units)	CRITICAL VALUE	
	LOW < or =	HIGH > or =
<b>ADULTS</b>		
Sodium (mEq/L)	120	170
Potassium (mEq/L)	2.9	6.1
Glucose (mg/dL)	40	450
Ionized Calcium (mg/dL)	3.0	6.3
pH	7.3430	7.5352
PCO <sub>2</sub> (mmHg)	n/a	5655*
*when pH is >7.736		
PO <sub>2</sub> (mm/Hg)	55	n/a
Glucose (mg/dL)	40	450
Hematocrit (%PCV)	20.0	60.0
TCO <sub>2</sub> (mEq/L)	10	45
<b>NEONATES</b>		
pH	7.28	7.50
PCO <sub>2</sub> (mmHg)	25	60
PO <sub>2</sub> (mm/Hg)	50	100

#### 4.4. Verifying Patient Results in the Lab Information System (LIS)

- a. Results inbound from the OR **analyzers** ~~specimen room or OR6 Rapidpoint 405~~ will not automatically cross over to the LIS. The result of the test BGP (for OR6) or other tests as indicated by the results must be ordered and result by the lab.
- b. Tests performed on the Emergency Department (ED), Intensive Care Unit (ICU), or Neonatal Intensive Care Unit (NICU) will cross over into the LIS when identified with a valid accession number (indicated in the Patient ID field).
- Log on to the LIS and open Accession Result Entry.
  - Type in the accession number.
  - Review results; append any necessary comments.
  - Verify.

#### 2.5. Maintenance

- a. Cleaning and Disinfecting the Screen: Clean the touch screen as needed to remove dust, dirt, or splatters from the screen and disinfect the screen surface.
- Materials:
    - Hospital-approved disinfectant wipe
    - Lint-free cloth
  - If necessary, wring any excess liquid from the wipe so it is wet but not dripping.
  - Touch the Status button and then touch Clean Screen. The Clean screen appears for 20 seconds. This allows you to wipe the screen without activating any buttons. While the Clean Screen is displayed, wipe the screen with the wet

- wipe and then thoroughly dry the screen with the lint-free cloth to remove chemicals that may damage the screen.
- iv. Touch the Continue button to return to the Analysis screen.
  - b. Cleaning and Disinfecting the Exterior Surfaces: Clean the exterior surfaces as needed to remove dust, dirt, and splatter from the surfaces, and disinfect the surfaces.
    - i. Materials:
      - 1) Hospital-approved disinfectant wipe
      - 2) Lint-free cloth
    - ii. Caution: Do not wet the sample port or the sensor contacts for the measurement and Automatic QC cartridges. When cleaning surfaces do not spray cleaning solution or other fluids into or on the sample port or the area behind the cartridges. **Avoid liquid from Sani-wipes around the sample port.** The sensor contacts, which are located behind the cartridges, may be damaged if they get wet. Sensors inside the cartridge may be damaged if cleaning solution enters the sample port.
    - iii. If necessary, wring any excess liquid from the wipe so it is wet but not dripping.
    - iv. To disinfect the exterior surfaces: wipe, let remain wet for two minutes, then dry with a lint-free cloth.
  - c. Replacing the Printer Paper: Replace the printer paper when a pink stripe appears on the edge of the paper.
    - i. Material:
      - 1) Printer paper
    - ii. Grasp the latch on top of the touch screen and move the screen forward to expose the printer compartment.
    - iii. Remove the old roll of paper:
      - 1) Open the printer compartment.
      - 2) If paper remains **in** the printer, tear off the paper below the printer.  
Caution: Do not pull the torn paper back through the printer. This can damage the printing mechanism.
      - 3) Turn the paper-advance knob clockwise to move the torn paper through the printer.
      - 4) Remove the old roll of paper.
      - 5) Save the spindle for use with the new roll of paper.
    - iv. Install a new roll of paper:  
Note: When you advance the paper, watch the paper move through the printer to ensure that it exits the printer correctly.
      - 1) Get a new roll of paper and remove the outer wrapper.
      - 2) Insert the spindle through the roll of paper and place the paper in the printer compartment. Ensure that the paper is tightly wound and the ends of the spindle fit into the grooves on the sides of the compartment.
      - 3) Insert the paper from the bottom of the roll through the back of the printer. The system advances the paper automatically if the previous roll of paper was empty.
      - 4) Turn the paper-advance knob clockwise to move 2-3 inches of paper through the top of the printer.
      - 5) Note: When you close the printer compartment, ensure that the edge of the printer paper extends beyond the top of the printer.
      - 6) Close the printer compartment.

- 7) Note: The first report printed after installing a new roll of paper does not have the Rapidpoint 405 name printed at the top.
- 8) Adjust the position of the screen for viewing.

**D. CALIBRATION:**

1. The system performs calibrations automatically at prescribed intervals and with each sample if necessary.
2. The system automatically calibrated the sensors as follows:
  - a. One-point calibrations are scheduled to occur regularly at 30-minute intervals between calibrations.
  - b. Every fourth scheduled calibration is a two-point calibration.
3. No operator action is required for calibration. If necessary, the system can defer a calibration to analyze a sample. In this case the message informing you that the system is busy contains a STAT button that lets you interrupt the calibration. However, if the maximum time between automatic calibrations has elapsed, the system must complete the calibration before allowing sample analysis.
4. During calibration, if the system detects a problem for a parameter, the system repeats the calibration for as many as two times. The Additional Cal Required message appears on the printed report and in the events log. If the calibrations are not successful, the system turns the parameter off. You can continue to obtain results for the other parameters. However, you must wait for the parameter to pass the next calibration to obtain results for the parameter the system turned off.
5. The system performs additional calibrations during sample analysis for the first four hours after you install a new measurement cartridge. These calibrations ensure that the cartridge is ready for sample analysis. When these additional calibrations are required, sample results do not update during analysis, analysis time is prolonged due to additional calibration.

**E. QUALITY CONTROL:**

1. The AutomaticQC (AQC) analysis option performs quality control analysis at the scheduled time and for the scheduled level. The cartridge contains all the levels of QC material needed to monitor system performance without operator intervention.
2. During AQC analysis, the system compares the results to the ranges for each parameter and identifies any results that are out of range. Any parameters that fail QC are turned off. The system repeats QC analysis if the first attempt fails and turns on any failed parameters that pass. Any parameters that fail the second QC analysis are turned off.
3. The system allows you to analyze a sample from the AQC cartridge in addition to the scheduled AQC. When you analyze an AQC sample, the results can affect parameter status. The system turns failed parameters on that pass QC analysis for the failed level and turns parameters off that do not pass QC analysis.
4. The system automatically sends the QC results to the Rapidlink data management system. This is to be reviewed periodically by approved Laboratory personnel.
5. You can interrupt AQC between levels if you need to analyze an urgent patient sample. Touch STAT on the AQC Results screen to delay analysis of the next level of QC material. When the system is ready, analyze your patient sample. The system analyzes any remaining levels of QC after you finish.

**PROCEDURE NOTES:**

1. Status of Parameter Buttons:

✓PH	Parameters with checkmarks are selected (Touch to deselect test)
-----	--

<b>PH</b>	This parameter is available but not selected.
<b>PH</b>	This parameter is not available because the sensor is out of calibration.
<b>QC PH</b>	PURPLE BUTTON: not available because Required QC was not performed.
<b>QC PH</b>	YELLOW BUTTON: not available because the sensor has failed QC.

2. The system reports only pO2 results for mixed venous samples. Because mixed venous samples collected from some pulmonary artery catheters can contain potentially interfering substances such as the benzalkonium ion that significantly affect the results of some parameters, only pO2 results are reported.
3. Use sample devices containing only calcium-titrated (balanced) heparin or lithium heparin as the anticoagulant.
4. Send specimen to the laboratory if you have any question concerning the operation or results of the Rapidpoint.
5. System Message: The system messages can appear as follows:
  - a. Messages can appear in a message box over the Analysis screen or over the Status screen.
  - b. Messages can appear in the events log at the Status screen or in the events log that you access from the Recall menu. For example, after you replace a depleted wash/waste cartridge, the message about the cartridge no longer appears at the Status screen but remains in the events log that you access from the Recall menu.
  - c. The following table lists the messages in alphabetical order. Refer to the instrument manual page 4-24 for a description of probable cause and corrective action. Notify LAB or POC Coordinator if you have any questions with any of the following errors:

Message	Probable Cause and Corrective Action
<b>AQC Cartridge Expired</b>	Refer to Replacing the AutomaticQC Cartridge.
<b>AQC Cartridge Not Valid</b>	Unable to use the Cartridge.
<b>AQC Connector is Open</b>	Connector on the cartridge is open.
<b>Additional Cal Required</b>	A sensor experienced a calibration error.
<b>Analysis is turned off by a remote computer.</b>	Rapidlink data management system has turned off the system. Call LAB
<b>Bubbles in the Sample.</b>	The system cannot complete analysis due to bubbles or obstruction. Touch Continue to begin the sequence to clear the system. Replace the sample port when prompted. Analyze the sample again, ensuring that the sample has no bubbles.
<b>Cal Overdue</b>	Cal was delayed. The system must perform a calibration before you can analyze samples.
<b>Cal Not Done</b>	The system performs an extended calibration.
<b>D2 Excessive Drift: D3 Slope Error: D4 Offset Error:</b>	The system turned the parameter identified in the message off because the sensor exceeded calibration limits. Subsequent calibrations may make the parameter available again.
<b>D21 Processing Error</b>	A system error occurred. When prompted, shut


Message	Probable Cause and Corrective Action
	down the system. Call technical assistance if appears again.
<b>D23 Reagent Error: 1-8 or 10-13</b>	Inadequate flow of one or more reagents. System may prompt you to replace the Wash/Waste or Measurement cartridges.
<b>D23 Reagent Error: 9</b>	Inadequate flow of one or more reagents. System may prompt you to replace the sample port or Wash/Waste or Measurement cartridges.
<b>D24 AQC Material Error</b>	Inadequate flow of QC materials
<b>D33 Valve Error: 1</b>	A problem with the valve inside the measurement cartridge.
<b>D33 Valve Error: 2</b>	A problem with the valve inside the measurement cartridge.
<b>D35 Electronics Error: 1-13</b>	Error in the electronic components.
<b>D35 Electronics Error: 14</b>	A problem with the door.
<b>D38 Temp Error: 1</b>	Error in the temperature controls system because of a problem with the fan.
<b>D38 Temp Error: 2-13</b>	Error can occur if a component in the temperature control system has failed.
<b>D39 Obstruction</b>	Obstruction or a sample not detected, and prompts you to replace the sample port.
<b>D40 Wash Not Detected</b>	Fluidic components of a newly installed wash/waste cartridge have failed.
<b>D41 No AQC Material Detected</b>	Fluidic components of a newly installed wash/waste cartridge have failed.
<b>D60 Communications Error</b>	Error in communicating with the Rapidlink.
<b>Door Error</b>	Door not closed.
<b>Insufficient Sample Volume.</b>	The system cannot complete analysis. Touch Continue to begin the sequence to clear. Replace sample port when prompted.
<b>M Cartridge Expired</b>	Replace the Measurement and Wash/Waste Cartridges.
<b>M Cartridge Not Valid</b>	Expire cartridge was installed or not installed correctly as prompted.
<b>No AQC Cartridge</b>	Not installed
<b>No M Cartridge</b>	Not installed
<b>No Paper in Printer</b>	Out of paper.
<b>No W Cartridge</b>	Not installed
<b>Out of Reporting Range:</b>	The parameter shown is outside reporting range. Send specimen to lab.
<b>QC Lot Not Defined</b>	No Lot information is entered for QC
<b>QC Material Expired</b>	Define new lot of control



Message	Probable Cause and Corrective Action
<b>Question Result:</b>	Atypical response when measuring parameter. Repeat.
<b>Sensors Unavailable for QC</b>	Out of calibration
<b>System Error.</b>	System will attempt to correct.
<b>System Error. Power off and on</b>	Electronic or processing error has occurred.
<b>System require operator attention</b>	- QC due ---- Cartridges are nearly expired or depleted ---- Failed QC
<b>Temp Not Ready</b>	Temperature of the sensor module is outside range.
<b>Temp Out of Range</b>	Does not report sample results
<b>Temp Warning</b>	New cartridge warming
<b>The system detected an obstruction and cannot complete analysis.</b>	Clot
<b>The system did not detect a sample</b>	No sample detected.
<b>This password is expired.</b>	You have exceeded your certification date and cannot access the system.
<b>Uncorrected:</b>	Hct not corrected because Na or K not calibrated.
<b>Unrecoverable System Error.</b>	Call for technical assistance.
<b>Unsuccessful Connection.</b>	Not connected to Rapidlink
<b>W Cartridge Expired</b>	Replace Wash/Waste Cartridge

G. **REFERENCES:**

1. "105951 Rev J." *Bayer-Siemens Rapidpoint 400 Series Operator's Manual*, 06/2008. Print.

 <b>Tri-City Medical Center</b>	Distribution: Patient Care Services
<b>PROCEDURE: URINE CHEMISTRY USING A URINE DIPSTICK, MEASURING</b>	
Purpose:	To outline nursing responsibilities for testing urine using dipsticks.
Supportive Data:	A registered nurse (RN) or licensed vocational nurse (LVN) may perform this procedure. Testing using a urine dipstick is under the direction, authority, jurisdiction and responsibility of the Laboratory Director. Urine dipstick testing is considered definitive for the purpose of care and diagnosis.
Equipment:	1. Timer 2. Paper Towel

**A. POLICY:**

1. Urine dipsticks are inert plastic strips which have attached different reagent papers for measuring urine chemistries. The dipstick provides a rapid, simple method for measuring pH, leukocytes, nitrite, protein, glucose, ketones, urobilinogen, bilirubin, blood, and hemoglobin in urine specimens. Testing is considered definitive for the purposes of care and diagnosis

**B. PROCEDURE:**

1. Verify Quality Control (QC) has been completed within at least 24 hours.
  - a. **Complete QC and record in log if needed not done.**  
~~a. If not, a QC must be done. Refer to Quality Control Procedures for Point of Care Waived Testing.~~
2. Collect a voided urine in a clean container. A first-morning specimen is preferred, but random collections are acceptable.
  - a. Test the urine within two hours (test immediately if testing for bilirubin or urobilinogen). If unable to test within two hours, refrigerate the specimen immediately and bring to room temperature before testing.
  - b. Label the sample if the test is not performed at the bedside and in the presence of the patient.
  - c. Mix well before testing.
3. Immerse the test strip briefly (no longer than 1 second) into the container of urine.
  - a. Make sure the reagent pads are totally immersed.
4. Draw the edge of the strip along the rim of the container to remove excess urine.
5. Turn the test strip on its side and tap once on an absorbent paper towel to remove excess urine.
  - a. This also prevents the possible mixing of reagent chemicals which can produce reading difficulties.
6. Wait the appropriate time (per manufacturer's recommendation) and read the test. Accurate timing is essential.
  - a. Color changes that occur after 2 minutes are of no clinical value.
  - b. Match the test strip to the color and record results.
    - i. Be sure the strip is properly oriented to the color chart on the test strip container.
    - ii. Color changes that occur only along the edges of the pads should be ignored. Careful removal of excess urine will eliminate this effect.
7. Storage:
  - a. Store all unused strips in the original bottle.
  - b. Store at room temperature.
  - c. Do not remove desiccant from bottle.
  - d. Do not store in direct sunlight.
  - e. Do not use strips after their expiration date.
  - f. Once opened, strips are good until the expiration date listed on the bottle **or six months after the open date, whichever is sooner.** if properly stored.

**REFERENCE RANGES:**

Revision Dates	Clinical Policies & Procedures	Nursing Executive Council	Department of Pathology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
7/03, 4/04, 11/06, 7/09, 08/11, 04/15	09/11, 05/15	10/11, 05/15	03/16	n/a	11/11, 04/16	1/12, 05/16	1/12

Test:	Glucose	Bilirubin	Ketones	Specific Gravity	Blood	pH	Protein	Urobilinogen	Nitrite	Leukocytes
Normal:	Neg	Neg	Neg	1.010–1.035	Neg	4.6-8.0	Neg	Neg	Neg	Neg

**D. LIMITATIONS:**

- ~~1. Interfering substances may cause false positive or false negative results. Refer to attachment A. (Please Attach same attachment as is in Clinitek Urine procedure)~~
1. **Protein:** A visibly bloody urine may cause elevated results.
2. **Blood:** Capoten (captopril) may reduce sensitivity. Certain oxidizing contaminants, such as hypochlorite, may produce false positive results. Microbial peroxidase associated with UTI may cause false positive reaction.
3. **Leukocytes:** Elevated glucose ( $\geq 3$  g/dL) may cause decreased test results. The presence of cephalexin, cephalothin, or high concentration of oxalic acid may cause decreased test results. Tetracycline may cause decreased reactivity and high levels of the drug may cause a false negative reaction. Positive results may occasionally be due to contamination of specimen by vaginal discharge.
4. **Nitrite:** Pink spots or pink edges should not be interpreted as a positive result. A negative result does not rule out significant bacteriuria. False negative results may occur with shortened bladder incubation of the urine, absence of dietary nitrate, or the presence of nonreductive pathological microbes.
5. **Glucose:** Ketone bodies reduce the sensitivity of the test; a moderately high ketone levels (40 mg/dL) may cause false negatives for specimens containing a small amount of glucose (75-125 mg/dL) but the combination of such ketone levels and low glucose levels is metabolically improbable in screening.
6. **Ketones:** False trace results may occur with highly pigmented urine specimens or those containing large amounts of levodopa metabolites. Compounds such as mesna that contain sulfhydryl groups may cause false positive or an atypical color reaction.
7. **pH:** Bacterial growth by certain organisms may cause a marked alkaline shift ( $\text{pH} > 8$ ), usually because of the urea conversion to ammonia.
8. **Specific Gravity:** Highly buffered alkaline urines may cause low readings, while the presence of moderate quantities of protein (100-750 mg/dL) may cause elevated readings.
9. **Bilirubin:** Atypical colors (colors that are unlike the negative or positive color blocks shown on the color chart) may indicate that bilirubin-derived bile pigments are present in the urine sample and may be masking the bilirubin reaction. These colors may indicate bile pigment abnormalities and the urine specimen should be tested further (send to lab).
10. **Urobilinogen:** Atypical color reactions may be obtained in the presence of high concentration of p-amino benzoic acid. False negative results may be obtained if formalin is present. Strip reactivity increases with temperature.


**E. DOCUMENTATION:**

1. Document the results in **electronic health record**~~Power Chart: Emergency Department treatments and Procedures: Urinary Treatment on powerform or ongoing assessment genital urinary assessment section of the powerform or on the Patient Care Record for Neonatal Intensive Care Unit (NICU), Behavioral Health Unit (BHU) and Women's & Children's Services (WGS). If test performed by a Licensed Vocational Nurse (LVN), the LVN should Rreport the result to RN as appropriate.~~

**REFERENCES:**

1. Perry, A.G., & Potter, P.A. (——). Clinical nursing skills and techniques (6<sup>th</sup> ed.). St. Louis, MO: Mosby

2.1. Siemens Healthcare Multistix Package Insert. AN30516GTN30516A. 01/200906/2010.

 <b>Tri-City Medical Center</b>	Distribution: Patient Care Services
<b>PROCEDURE: URINE DIPSTICK ANALYSIS USING SIEMENS CLINITEK STATUS + CONNECT</b>	
Purpose:	To provide an accurate and reliable method for reading urine dipstick results. Test results may provide information regarding the status of carbohydrate metabolism, kidney and liver function, acid-base balance, and urinary tract infection.
Supportive Data:	A Registered Nurse (RN) or Licensed Vocational Nurse (LVN) may perform this procedure. Testing is under the direction, authority, jurisdiction, and responsibility of the Laboratory Director.
Equipment:	1. Siemens Clinitek Status Analyzer (Analyzer together with base component) 2. Siemens Multisix 10SG dipstick 3. Paper towel to blot 4. 2 levels Quality Control (QC) (current manufacturer provided by lab)

**A. PRINCIPLE :**

1. The Clinitek Status analyzer is for in vitro diagnostic use in the semi-quantitative detection of albumin, bilirubin, blood (occult), creatinine, glucose, ketone (acetoacetic acid), leukocytes, nitrite, pH, protein, specific gravity, and urobilinogen in urine samples.
  - a. The Clinitek Status+ Analyzer provides more regulatory control than the previous Clinitek Status model, including connectivity options and QC lockout functions.
2. If the movement of the test table is irregular or slow, this may be due to:
  - a. Heavy build up of dried urine on the test table—clean the test table
  - b. Low battery power—replace the batteries or use the power supply.
3. Substances that cause abnormal urine color may affect the readability of test pads on the reagent strips (see Attachment A).

**B. SPECIMEN:**

1. First-morning void specimen is preferred. If not available, use a specimen that has incubated in the bladder for at least 4 hours. A random-void specimen is acceptable, but may not register positive nitrite results.
2. Collect in a clean dry container.
3. Label with patient identification.
4. Test within one hour of collection or refrigerate for up to 24 hours and bring to room temperature before testing. (Bilirubin and urobilinogen decrease with time).

**C. PROCEDURE:**

1. Quality Control: Two levels of quality control (QC) must be tested daily before performing patient tests and when opening a new vial of test strips.
  - a. Store QC vials in the refrigerator when not in use and bring to room temperature before use (10-15 minutes). An open vial of QC is good for 30 days at room temperature. Mix well.
  - b. If QC needs to be performed, the "Strip Test" button will not be available, and the QC button will say "QC Test Due".
  - c. Select the QC button.
  - d. Select "QC Strip Test"
  - e. Operator: Select "Enter New Operator Name". Enter operator 'name' by
    - i. Scanning badge barcode
    - ii. Typing alpha-CERNER code
    - iii. Toggle to numeric and type numeric – Employee ID
  - f. Control: Select "Enter Lot and Expiration Date".
    - i. Scan the barcode for the QC lot number.

Revision Dates	Clinical Policies & Procedures	Nursing Executive Council	Department of Pathology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
5/13, 05/15	6/13, 05/15	6/13, 05/15	03/16	n/a	7/13, 04/16	09/13, 05/16	09/13

- ii. Adjust the year and month of the expiration date.
- iii. Strip: Select "Enter new lot and expiration date".
- iv. Scan the barcode assigned to the vial of strips in use.
- v. Adjust the year and month of the expiration date.
- g. Prepare Test:
  - i. Mix the QC Vial well. Press "Start". You have 8 seconds to complete the following steps:
    - 1) Wet each pad of the strip with control material.
    - 2) Tap the edge of the strip onto a paper towel to remove excess liquid.
    - 3) Place the strip in the test strip holder with the test pads facing up. Slide the strip to the end of the holder.
    - 4) At the end of the 8 second countdown, the test strip holder will pull into the instrument and the strip will be read. The instrument will compare the results obtained with pre-programmed expected results and determine a PASS or FAIL.
    - 5) Dispose of the strip and wipe clean the test strip holder.
    - 6) Repeat any levels of Failed QC as necessary.
    - 7) Verify strips and QC has been stored properly and are not expired.
    - 8) Re-mix sample well.
    - 9) Clean the test-table insert.
    - 10) Refer to additional troubleshooting steps at the end of this procedure.
    - 11) Contact the lab for support.
  - h. Record results on the Waived Testing QC log.

#### **PATIENT TEST:**

1. Select "Strip Test"
2. Operator: Select "Enter New Operator Name". Enter operator 'name' by
  - a. Scanning badge barcode
  - b. Typing alpha-CERNER code
  - c. Toggle to numeric and type numeric- Employee ID
3. Patient Information: Select "Enter New Patient"
  - a. Enter the Patient's Last Name
  - b. Enter the Patient's ID
4. Strip: Select "Enter new lot and expiration date".
  - a. If available, select "use last lot". Or,
  - b. Scan the barcode assigned to the vial of strips in use.
  - c. Adjust the year and month of the expiration date.
5. Prepare Test:
  - a. Mix the sample well. Press "Start". You have 8 seconds to complete the following steps:
  - b. Fully immerse the dipstick into the urine. Tilt slightly to the side ensuring all strip pads are wet. Slowly pull the strip out, dragging the edge of the strip along the rim of the vial to catch excess liquid.
  - c. Place the strip in the test strip holder with the test pads facing up. Slide the strip to the end of the holder.
  - d. At the end of the 8 second countdown, the test strip holder will pull into the instrument and the strip will be read. (The analyzer automatically
  - e. Performs a calibration each time a strip is read. Do not push or pull the test table or bump the instrument while it is calibrating.)
  - f. While the strip is reading, select the color and clarity of the urine.
  - g. Dispose of the strip and wipe clean the test strip holder.
6. Recall Results:
  - a. From the main Select screen, touch the Recall Results button.

- b. Select to review Patient or Quality Control tests.
- c. Test results are listed chronologically, with the most recent being at the top. Use the up and down arrows to scroll and highlight the result you would like to recall. Touch Select to view.
- d. You may print. Touch done when finished.

**E. LIMITATIONS:**

1. **Interfering substances may cause false positive or false negative results. Refer to attachment A at the end of the procedure.**

**7-2. To Report Results**

- a. Results reported by the meter:

Test	Abbreviation	Units	REFERENCE RANGES:		
			Normal	Abnormal	
Glucose	GLU	mg/dL	Negative	100 250	500 ≥1000
Bilirubin	BIL		Negative	Small Moderate Large	
Ketone	KET	mg/dL	Negative	Trace 15 40	80 ≥160
Specific Gravity	SG		≤ 1.005 1.010 1.015 ≥ 1.035	N/A	
Blood	BLO		Negative	Trace Small	Moderate Large
pH	pH		5.0 6.5 8.0 5.5 7.0 8.5 6.0 7.5 ≥9.0	N/A	
Protein	PRO	mg/dL	Negative	Trace, 30, 100, ≥ 300	
Urobilinogen	URO	E.U./dL	0.2 1.0	2.0 4.0 > 8.0	
Nitrite	NIT		Negative	Positive	
Leukocytes	LEU		Negative	Trace Small	Moderate Large

- b. Critical Values:
  - i. Glucose greater than or equal to 1000 mg/dL shall be reported to patient's licensed health care provider (RN or MD)
- c. Detectable Range for Reagent Area and Sensitivity:

**E.F. METER MAINTENANCE AND CLEANING:**

1. The test table is to be kept clean if the analyzer is to operate properly.
2. Nursing shall be responsible for the daily cleaning of the test table insert and weekly cleaning of the meter.
  - a. To clean the Test Table Insert:
    - i. Remove the insert and thoroughly clean with a hospital approved disinfectant.
    - ii. Rinse both sides under running water
    - iii. Dry and replace insert
  - b. To clean the Meter:
    - i. Turn analyzer off
    - ii. Wipe the outside with a damp (not wet) cloth and mild detergent

- 1) May use a hospital approved disinfectant after wringing out excess liquid
  - 2) Avoid liquid from enter the printer compartment and under touch display
3. Lab shall perform other cleaning and maintenance to include cleaning of test table and white calibration bar **monthly**.
  - a. **To clean the Calibration Bar:**
    - i. **Remove the insert from the test table.**
    - ii. **Remove the test table by pulling it slowly out of the analyzer.**
    - iii. **Drain the drip tray, if necessary.**
    - iv. **Examine the white calibration bar on the test table for dirt or discoloration under good lighting. If it appears dirty or discolored, wet a cotton-tipped stick or lint free cloth with distilled water and gently wipe and clean the calibration bar.**
    - v. **Do not scratch, touch or mark the Calibration bar.**
    - vi. **Allow the calibration bar to air dry.**
    - iii-vii. **Insert the test table and table insert back.-**

G. **RELATED DOCUMENTS:**

1. **Substances/Conditions Affecting Test Results – Attachment A**

H. **REFERENCE:**

1. Siemens Healthcare Multistix Product Insert. ~~AN30516G~~. **TN30516A** (2009, January) **Rev. 06/10**
2. Siemens Clinitek Status **Connect System** Operator's ~~Manual~~ **Guide**.
- 2-3. ~~(132387 Revisions T. (2008, May) 135955)~~ **135955) Rev. B, 2011-06**

I. **TECHNICAL ASSISTANCE:**

1. Siemens HealthCare Technical Care Center: 1-877-229-3711 Option 13; option 2



### Substances/Conditions Affecting Test Results – Attachment A

The following table includes specific substances and conditions that may affect test results.

<b>Test Name</b>	<b>False Positive or Increased values</b>	<b>False Negative or Decreased values</b>
Glucose		<ul style="list-style-type: none"> <li>Ketones ( greater than or equal to 40 mg/dL) may affect a 75 to 125 mg/dL glucose level</li> </ul>
Bilirubin	<ul style="list-style-type: none"> <li>Indican™ (indoxyl sulfate) may impart a yellow-orange to red color on the pad</li> <li>Metabolites of Lodine™ (etodolac)</li> </ul>	<ul style="list-style-type: none"> <li>Small amounts (less than 0.4 mg/dL) may need to be detected with ICTOTEST® Reagent Tablets (<b>Send to lab</b>)</li> <li>Urine specimen was more than one hour old (instability of bilirubin).</li> </ul>
Ketone	<ul style="list-style-type: none"> <li>Highly pigmented urines</li> <li>Large amounts of levodopa (L-dopa) metabolites</li> <li>Compounds that contain sulfhydryl groups</li> </ul>	
Specific Gravity	<ul style="list-style-type: none"> <li>Moderate (100 – 750 mg/dL) quantities of protein</li> </ul>	<ul style="list-style-type: none"> <li>Highly buffered/alkaline urines</li> </ul>
Blood	<ul style="list-style-type: none"> <li>Oxidizing contaminants (e.g. bleach)</li> <li>Microbial peroxidase from urinary tract infections</li> </ul>	<ul style="list-style-type: none"> <li>Capoten® (Captopril)</li> </ul>
pH	<ul style="list-style-type: none"> <li>Bacterial growth that converts urea to ammonia</li> </ul>	
Protein	<ul style="list-style-type: none"> <li>Visibly blood urine</li> </ul>	
Urobilinogen	<ul style="list-style-type: none"> <li><i>p</i>-aminosalicylic acid (PAS) and sulfonamides</li> <li><i>p</i>-aminobenzoic acid (PABA) may cause atypical color development</li> </ul>	<ul style="list-style-type: none"> <li>Formalin</li> <li>Urine specimen more than one hour old (instability of urobilinogen)</li> </ul>
Nitrite		<ul style="list-style-type: none"> <li>Infections caused by organisms that don't contain reductase</li> <li>Urine was not in bladder long enough (at least 4 hours)</li> <li>Absence of dietary nitrate</li> </ul>
Leukocytes	<ul style="list-style-type: none"> <li>Contamination by vaginal discharge</li> </ul>	<ul style="list-style-type: none"> <li>Elevated glucose (greater than or equal to 3,000 mg/dL)</li> <li>Cephalexin (Keflex®) or Cephalothin (Keflin®)</li> <li>High concentrations of oxalic acid</li> <li>Tetracycline</li> </ul>

**Administrative Policy Manual Patient Care Services**

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**ISSUE DATE:** 2/89

**SUBJECT:** Witnessing a Patient Signature on  
Patient's Personal Documents

**REVISION DATE:** 6/94; 7/99; 7/02; 3/06; 3/11

**POLICY NUMBER:** 8610-341

Department Approval Date(s):	03/16
Clinical Policies and Procedures Committee Approval Date(s):	04/16
Nurse Executive Committee Approval Date(s):	04/16
<del>Administrative Policies &amp; Procedures Committee Approval:</del>	<del>01/11</del>
<del>Executive Council Approval:</del>	<del>02/11</del>
Professional Affairs Committee Approval Date(s):	03/11 05/16
Board of Directors Approval Date(s):	03/11

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**A. POLICY:**

1. Witnessing of signatures on patients' personal documents by hospital personnel shall not be permitted. This policy is for the purpose of avoiding any conflict of interest and to avoid any inference of impropriety.

**B. RELATED DOCUMENTS:**

1. ~~The attached chart is for staff information and reference should patients inquire about the legal requirements for document "witnessing" and to communicate the various types of documents.~~ **Witnessing of Personal Documents**

**C. REFERENCES:**

1. California Hospital Association Consent Manual 2015
2. California Probate Code

### WITNESSING OF PERSONAL DOCUMENTS

TYPE	REQUIREMENT
<b>I. Advance Directives</b> Advance Health Care Directive <ul style="list-style-type: none"> <li>• By law, may not be healthcare providers or employees</li> <li>• Volunteers and Contracted Agencies are agents of hospital for purposes of this policy.</li> </ul>	No witnessing permitted by staff, except Notary Public.
<b>II. Wills</b> Typed Wills: <ul style="list-style-type: none"> <li>• Witnessed by 2 persons who are not beneficiaries under the Will.</li> <li>• Should not be notarized.</li> </ul> Holographic Wills: <ul style="list-style-type: none"> <li>• Entirely in patient's own handwriting, dated.</li> <li>• No need to be witnessed.</li> </ul>	Patients or designee will secure their own witnesses. Hospital staff may not witness.  No witness required.
<b>III. Financial Documents</b> Real Estate: <ul style="list-style-type: none"> <li>• Notary required.</li> </ul> Power of Attorney/Finance  Bank Transactions <ul style="list-style-type: none"> <li>• Notary required.</li> </ul>	Notary only.  Patient or Designee will secure their own witnesses Hospital staff may not witness.  Notary only.

**NOTES:**

- Witnessing of any patient personal documents by an employee is not permitted.
- Advising patients and visitors regarding legal documents is not permitted.

ISSUE DATE: 11/06

SUBJECT: Fax Waiver

REVISION DATE: 6/09; 5/12; 6/12

POLICY NUMBER: 8610-635

Department Approval Date(s):

04/16

Administrative Policies & Procedures Committee Approval:

06/1204/16

Professional Affairs Committee Approval:

07/1205/16

Board of Directors Approval:

07/12

A. PURPOSE:

~~To assure that the ordering physician retains the responsibility to review laboratory results and radiology results, while providing alternate methods for that review.~~

B. DEFINITIONS:

- ~~1. Fax Transmission identifies any form of facsimile transmission currently sanctioned for use at Tri-City Medical Center (TCMC). It encompasses faxing via manual and computer assisted methods.~~
- ~~2. Physician Practice identifies an office or location to which TCMC faxes patient laboratory and radiology results.~~
- ~~3. CERNER is TCMC's clinical information system, which holds laboratory and radiology results, in addition to other patient information.~~

C. BACKGROUND:

- ~~1. Historically, a physician practice has received laboratory results and radiology results from TCMC via automatic or manual fax transmission.~~
- ~~2. It is the responsibility of the ordering physician to review laboratory results and radiology results. Fax transmission of these results to physician practice assures that the ordering physician reviews the results.~~

D. POLICY:

- ~~1. Physician practices have requested that TCMC replace the faxing of results with either on-site or remote access facilities to view these same results in the CERNER.~~
- ~~2. With the execution of an Agreement between TCMC and the physician practice, on-site or remote access methods for review of laboratory results and radiology results are provided to each authorized physician or physician office staff member.~~
- ~~3. The ordering physician retains the responsibility to review laboratory results and radiology results.~~

E. PROCESS:

- ~~1. A physician practice which has a legitimate need to review laboratory and radiology results, and which desires to eliminate faxing of results, may request, via the attached form, on-site or remote access to CERNER to review result prior to executing the Agreement, the Information Technology Department will assure that physicians and staff members associated with the physician practice are authorized to use CERNER.~~
- ~~2. Upon execution of the Agreement, and testing to assure that CERNER access is sufficient for the physician practice, faxing of results to the physician practice will be eliminated.~~

F. FORM REFERENCED WHICH CAN BE LOCATED ON THE INTRANET:

- ~~1. Physician's Desire Not to Receive Test Results via Automatic Fax~~

Administrative Policy Manual

ISSUE DATE: 9/05

SUBJECT: LIBRARY SERVICES MISSION AND  
SCOPE OF SERVICE

REVISION DATE: 11/08; 12/10,

POLICY NUMBER: 8610-287

Department Approval Date(s)	04/16
Administrative Policies & Procedures Committee Approval:	<del>07/13</del> 04/16
Operations Team Committee Approval:	<del>07/13</del>
Professional Affairs Committee Approval:	<del>07/13</del> 05/16
Board of Directors Approval:	07/13

A. **PURPOSE:**

1. To define the mission and scope of service provided by Library Services at Tri-City Medical Center.

B. **MISSION:**

1. Tri City Medical Center Medical Staff and Health Science Library is committed to:
  - a. Providing high quality information resources and services which support clinical decision-making and excellence in patient care;
  - b. Serving as an educational resource to all medical and hospital personnel;
  - c. Continuing improvement in quality through education and adaptation of technological advances;
  - d. Supporting the mission, strategic initiatives, and value statements of Tri-City Medical Center.
  - e. **Supporting Joint Commission Standard IM.03.01.01 for continuous access to knowledge based resources.**

C. **SCOPE OF SERVICE:**

1. The aim of the service is to provide information that can be used to support clinical and management decision-making, quality improvement processes, continuing education of staff, research, and when appropriate, patient and family education. Information is to be provided in a cost-effective and customer-friendly manner.
2. Use and Access
  - a. The library is available to all physicians, hospital employees, students officially rotating through Tri-City Medical Center (residents, physician assistant students, nursing students, and interns in other disciplines), and volunteers. 24-hour access is available for physicians and hospital personnel only. Patients, their significant others and community members may use the Library at the discretion of the Information Specialist, and only when the Information Specialist is present. Use is limited to patient care and educational purposes.
3. Services
  - a. Reference Services
    - i. Assistance is provided in locating factual and bibliographic information. Research and literature searches can be requested. This includes, but is not limited to, information for direct patient care, in-services, and administrative health care issues. Literature searches needed for urgent patient care issues or urgent administrative issues receive top priority. ~~A Table of Contents service is offered which allows physicians and staff to request articles from the most~~

- ~~current journal issues.~~ The library also provides user education programs upon request. The Information Specialist may be reached by telephone, fax, or e-mail.
- b. Circulation of Library Materials
    - i. Library books may be checked out for 3 weeks.
    - ii. A complete list of journals currently in the library is available, and details the title, the years held, and whether the journal is a current subscription.
      - 1) Journals may circulate in the Medical Staff Library for 2 weeks; a photocopier is available in the library so that a needed article may be reproduced. Photocopies of library-related materials may be made in the library at no charge.
    - iii. Copyright restrictions apply to all materials.
  - c. Interlibrary Loans
    - i. Materials that are not available in Tri-City Medical Center's library can usually be obtained through interlibrary loan within twenty-four to forty-eight hours. Interlibrary loans for urgent patient care issues or urgent administrative issues receive top priority. Service is provided at discretion of the librarian and interlibrary loan charges may apply.
  - d. Computer Services
    - i. Patrons may utilize library computers for reference and hospital-related purposes. Current online subscriptions include MDConsult and CINAHL. Use is limited to patient care and educational purposes. Computer use for urgent patient care issues or urgent administrative issues receives top priority. Tri-City's Information Technology Internet Access Policy regulates all computer use.
  - e. Library Hours of Service:
    - i. 24-hour access for physicians and hospital personnel via keypad entry. Access for individuals not associated with Tri City Medical Center available only when information specialist is in attendance.

**A.D. REFERENCES:**

- 1. **Joint Commission Standard IM.03.01.01**

Infection Control Policy Manual

SUBJECT: ~~Infection Prevention and Control~~ Risk Assessment and Surveillance Plan

ISSUE DATE: 3/2002

REVISION DATE: 7/13, 7/14,

POLICY NUMBER: ~~IC. 2~~

Department Approval Date(s):	07/15
Infection Control Committee Approval:	<del>07/14</del> 07/15
Medical Executive Committee Approval:	<del>07/14</del> 04/16
Professional Affairs Committee Approval:	05/16
Board of Directors Approval:	08/14

A. PURPOSE OF RISK ASSESSMENT

1. Sound epidemiological principles must be considered in the formation of the surveillance program designed to provide maximum information and identify opportunities to reduce disease. Measures directed toward cost effective care must include best practice and technology to prevent infection. The economic impact of an efficient and flexible infection control plan is especially relevant in times of changing reimbursement and payment patterns. Tri-City Medical Center's plan outlines how this may be accomplished within the confines of resources, external regulatory guidelines, and medical staff requirements.

B. PURPOSE OF SURVEILLANCE

1. The foundation of and most important purpose of this program is to decrease the risk of infectious complications for all patients, healthcare workers, visitors and staff. Ongoing epidemiological information assists with identifying at risk populations and opportunities to interrupt prevent or reduce the occurrence of healthcare associated infections. Surveillance will be compared to nationally recognized benchmarks such as the National Healthcare Safety Network (NHSN) rates whenever possible.

C. RESPONSIBILITY

1. Successful creation of an organization-wide infection control program requires collaboration with all relevant components/functions. Individuals within the hospital who have the power to implement plans and make decisions related to prevention and control of risks related to infections are included in the design and coordination of processes. In consultation with the Medical Staff, Directors, Medical Director of Infection Control, **Environmental Health and Safety Committee, Patient Safety Officer**~~the Patient Care Coordinating Council~~ and the Infection Control Committee, the Infection Preventionist (IP) shall implement a systematic process for monitoring and evaluating the quality and effectiveness of the infection control program. Significant deviations are discussed in Infection Control **Committee**, Quality Improvement Medical Staff Committees, ~~and the~~**Environmental Health and Safety Committee and the Patient Safety Committee**~~Patient Care Coordinating Council~~ and referred to appropriate councils and committees for action.
2. Infection Prevention and Control Services are staffed with ~~2.8~~**1.8** FTE (includes one FTE with certification in Infection Control). There are computer resources with Internet connection, Microsoft Office software, NHSN National internet based database and access to the hospital's electronic medical records (Compass and Affinity). Telephone with voice mail, **and fax and pager**~~access is provided~~. The office is located within the Surgical Scheduling office.

3. Infection Control Services works in conjunction with others, as a consultant and resource for best practices. We support system changes and an interdisciplinary focus to improving care. We believe that all our employees, medical staff, and volunteers play an important role in preventing and controlling infections. Ultimately, the leadership team within the district is responsible for adopting and ensuring compliance with appropriate policies and practices.

D. **LINKS WITH INTERNAL SOURCES**

1. On at least an annual basis, the IP **department** will meet with the **affected departments (i.e. Medical Staff and Employee Health)** staff to assess whether the goals and priorities have been achieved and what steps are required to implement any indicated changes. The goals are shared with and reviewed by the Infection Control Committee. Education on infection control goals and priorities will be included with quarterly reports and during individual meetings with the hospital leadership. The IP **staff** reports to Infection Control Committee quarterly and attends other medical staff and hospital committees as requested, regulatory requirements and department specific Quality Reports are reviewed.

4.E. **LINKS WITH EXTERNAL SOURCES**

- 2-1. The San Diego County Public Health Department, state health authorities, the Division of Occupational Safety and Health, and other recognized infection control specialists, for example, the Centers for Disease Control and Prevention (CDC), Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology of America (SHEA), and the California Healthcare Association (CHA) are important links between the district and outside resources. Infection Control ~~department~~ **Services** subscribes to automatic notifications available via email from the CDC, San Diego County ~~Public Health~~ (CAHAN) and California Department of Health and Human Services. Infection surveillance covers a broad range of processes and activities with potential for intervention and these organizations assist with the where, when, and how of targeting.
- 3-2. Healthcare associated infections (HAI) are reported by the IP **staff** to the **external healthcare referring organizations** when the infection was not known at the time of transfer. TCMC receives reports from outside organizations/ ~~physicians~~ when a patient develops an infection that might meet criteria for a healthcare associated infection. ~~We also request information; for example, surgeons are sent a letter requesting reporting of surgical site infections.~~ Home Health/Hospice quality review staff report directly to Infection Control Committee.
- a-3. The following conditions will be reported to external healthcare organizations with the intent to satisfy JCAHO IC ~~02.01.014.10(5)~~ (and recorded in the patient's chart using PowerForm). The Infection Surveillance Report will document notification to the referring healthcare organization within 7 days of discovery by the TCMC Infection Prevention and Control Staff:
  - i-a. Positive culture from a surgical site and surgery performed at another facility.
  - a-b. Influenza rapid test is positive and patient was discharged to another healthcare facility prior to results being known.
  - b-c. Positive C difficile toxin test known after the patient was discharged to another healthcare facility.
  - e-d. Positive ~~MRDO~~ **MDRO** culture known after the patient was discharged to another healthcare facility and the patient had no history of the same MDRO.
  - d-e. Unusual occurrences based on the opinion of the Infection Prevention **staffist** in consultation with the Infection Control Medical Director **and Director of Regulatory Compliance**.

E.F. **PERTINENT RISK FACTORS**

1. Each facility is unique and we considered the following factors in our planning.
  - a. National and international published scientific studies, community standard of care, professional recommendations and regulatory requirements.



- b. A review of hospital specific surveillance data from years past.
- c. Medically fragile and at-risk populations such as newborns and those with invasive devices.
- d. The increasing antibiotic resistance in our facility and across the United States (as reported by the CDC in by NHSN).
- d.e. **The vaccination/immunity rates of the community and employees.**

**F.G. EPIDEMIOLOGICAL FACTORS: INTERNAL AND EXTERNAL**

1. ~~The District~~**Tri-City Medical Center** is impacted by factors such as location, population served, community health, financial status, population age, clinical focus, and healthcare worker demographics and these were included in our planning.
2. The hospital's geographic location is ~~in northern~~ **San Diego County**. ~~Our San Diego County~~ is the ~~third-second~~ most populous of California's 58 counties, and the ~~sixth-fifth~~ largest county in the United States. San Diego is currently home to ~~2.83.21~~ million residents, and is anticipated to grow to four million by 2020.
- 2.3. **Located within the North County geographic region are 3 college campuses along with a Marine Corp Base (Camp Pendleton).**
- 3.4. **San Diego County is becoming increasingly bicultural due to its** ~~The County close proximity to Mexico.~~ **In addition, the county** is already ethnically diverse, and will be increasingly so. ~~Of residents under 18, 327% are Hispanic, and the Hispanic population is expected to continue to grow at a rapid rate. Approximately 21.5% of the county's populations areis immigrants, including refugees, who come from other countries, speak 68 different languages, and have a variety of needs as they assimilate into their new environment. The senior and disabled populations are growing disproportionately compared to the rest of the population.~~
- 4.5. Demographic information on the three cities most often served by Tri-City Medical Center is listed below.

<u>City</u>	<u>Median income</u>	<u>Total # residents</u>	<u>Percent increase since 2000 in 11 years</u>	<u>White</u>	<u>Hispanic</u>	<u>Asian &amp; Pacific Islander</u>
Oceanside	\$ 59,395 <b>59,640</b>	161,029 (2000) 167,630 (2011) <b>172,794</b> (2013)	+4.1% <b>+7.3</b> %	48.54%	35.9 <b>36.0</b> %	7.6%
Vista	\$ 50,513 <b>45,322</b>	89,857 (2000) 94,436 (2011) <b>96,929</b> (2013)	+4.8% <b>+7.9</b> %	42.9 <b>0.8</b> %	49.0 <b>8.4</b> %	4.28%
Carlsbad	\$ 81,468 <b>78,238</b>	78,247 (2000) 105,671 <b>110,972</b> (2013+)	+35.0 <b>+41.8</b> %	75.2 <b>4.9</b> %	13.63%	7.4 <b>42</b> %

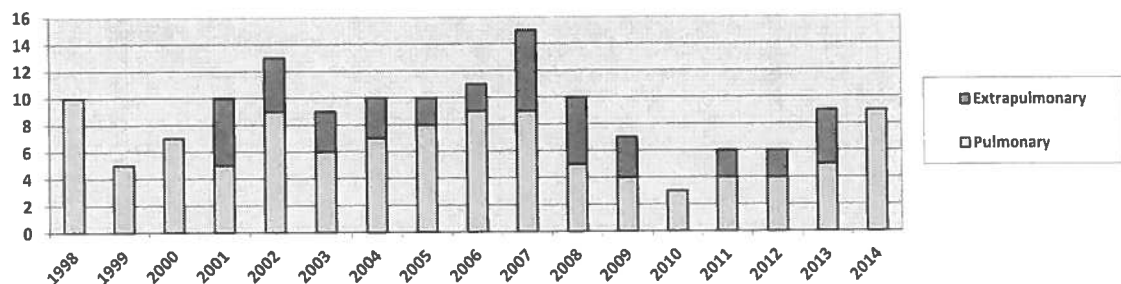
- a. <http://www.city-data.com/city/Oceanside-California.html>
- b. <http://www.city-data.com/city/Vista-California.html>
- c. <http://www.city-data.com/city/Carlsbad-California.html>

- 5.6. Enteric illness represents a significant burden of disease in the US and because of this the San Diego County Health and Human Services Agency conducts outbreak investigation and education to reduce the medical and cost-related impact of these diseases in the community. Food borne illnesses largely result from the ingestion of food or water contaminated by fecal matter or ingestion of infected animal products. Hospitals play an important role in early

intervention by the identification and reporting of significant bacteria. The most common mandated reported enteric illnesses in SD County are Campylobacter, Giardia, Hepatitis A, Salmonella and Shigella.

- 6-7. In San Diego, overall rates for the three major reportable sexually transmitted diseases (Chlamydia, Gonorrhea & Syphilis) have increased from 2011 to 2012. National trends were reflective at the local level, including high rates of STD's among young women and MSM (men who have sex with men). Sexually transmitted diseases have declined in incidence during the last decade except for Chlamydia and HIV infections. San Diego County has the third largest number of HIV & AIDS cases in California. The proportion of persons of color has increased over time among HIV & AIDS cases. Black cases have the highest rate of HIV & AIDS, followed by Hispanics and then Whites. AIDS disproportionately impacts males of color in SD County. The increase in AIDS from 1995-2005 is nearly three times higher among Blacks and nearly two times higher among Hispanics when compared with Whites.
- 7-8. In 2014, San Diego County had 206 reported 220 cases of active tuberculosis. In 2013, San Diego County had 234 reported 206 cases of active tuberculosis. This is a higher rate (case rate of 7.5/100,000 persons) compared to state (5.8/100,000 persons in 2012) and national averages (3.2/100,000 persons in 2012). The number of pulmonary site tuberculosis cases reported to San Diego County has fluctuated only slightly from 2006 to 2013, ranging between 73% (231 cases in 2006) to 85% (176 cases in 2013). TB drug susceptibility information was available for 99% of the culture proven cases for 2014 in San Diego. Multidrug-resistant (MDR-TB) strains were found in 2 of the cases. Tri City Medical Center reported both cases of MDR-TB in our facility. In SD County, Hispanics Asians had the highest rates of TB at 52%, (94/100,000 persons in 2011) but rates have decreased over the years. The next highest group was Asian/Pacific Islanders at 32%, non-Hispanic Whites at 19% and non-Hispanic Blacks at 6%. Hispanic, with rates of 12.8/100,000. TB cases born outside of the US comprised 70% of San Diego County's cases. In 2013, 69% of TB cases are foreign born persons (Source: County of San Diego Health and Human Services Agency, Tuberculosis and refugee Health Branch, April 20, 2015). March 13, 2014).
- 8-9. At TCMC, most AFB positive smears and cultures grow organisms that are not communicable person to person. In 2014, there were 9 five patients with pulmonary TB and none with extrapulmonary TB. An additional 34 cases were reported as rule out TB in 2014. and 4 patients with Extrapulmonary compared to four patients with pulmonary TB in 2012 and 2011. The number of active TB patients seen annually at Tri-City Medical Center varies from 5 –12.

TCMC Active TB Cases



- 9-10. Tri City Medical Center Financial Characteristics for Fiscal Year 2014 At TCMC, in fiscal year 2013:
- a. The top six insurance- coverage seen the acute care setting for our acute cases (Not OB/Newborn, BHU and Rehab) are as follows: (Not including OB/Newborn, BHU and Rehab):
- |          |         |         |
|----------|---------|---------|
| MEDICARE | 36.37 % | 36.03 % |
|----------|---------|---------|

MEDICARE SR HMO	12.04% <b>13.46%</b>
<b>MEDI-CAL HMO</b> HMO	<b>9.36%</b> <b>7.85%</b>
HMO CAPITATED SENIOR	<b>8.32%</b> <b>7.54%</b>
MEDI-CAL HMO <b>HMO Cap Sr</b>	<b>5.87%</b> <b>7.47%</b>
SELF PAY/CASH <b>Medi-Cal</b>	<b>65.66%</b> <b>98%</b>

- i. The majority of insurance coverage for our newborns (nursery and NICU) is funded by Medi-Cal or Medi-Cal HMO (**71.59.2%** compared to ~~an~~ HMO and PPO insurance (**18.41****2.3%**) and other (**840.51%**).

ii.b. Patient census:

	Average. Daily Census	Average. Length of Stay*	Total Pt. Days
Acute Care (excludes all below)	<b>135.21</b> <b>147.2</b>	<b>3.53</b> <b>4.04</b>	<b>49,339</b> <b>53,728</b>
ICU*	<b>45.9</b> <b>17.1</b>	<b>2.8</b> <b>3.6</b>	<b>5,791</b> <b>6,245</b>
BHU	<b>16.7</b> <b>23.8</b>	<b>5.5</b> <b>8.6</b>	<b>6,088</b> <b>8,703</b>
NICU	<b>13.9</b> <b>14.0</b>	<b>10.6</b> <b>59.8</b>	<b>5,091</b> <b>5,121</b>
Rehab Serv.	<b>6.5</b> <b>7</b>	<b>11.6</b> <b>915.4</b>	<b>2,432</b> <b>374</b>

- ii.i. \*ICU ALOS includes discharges, transfers out, and expirations. All other areas are based only on discharges.

- b.c. In acute care FY 14, the three largest age groups are- **76-85 year olds (19.6%), 56-65 year olds (17.7%), and 66-75 year olds (16.36** ~~75 year olds (16.8%), 55-65 year olds (17.9%) and 76-85 year olds (19.1%%).~~

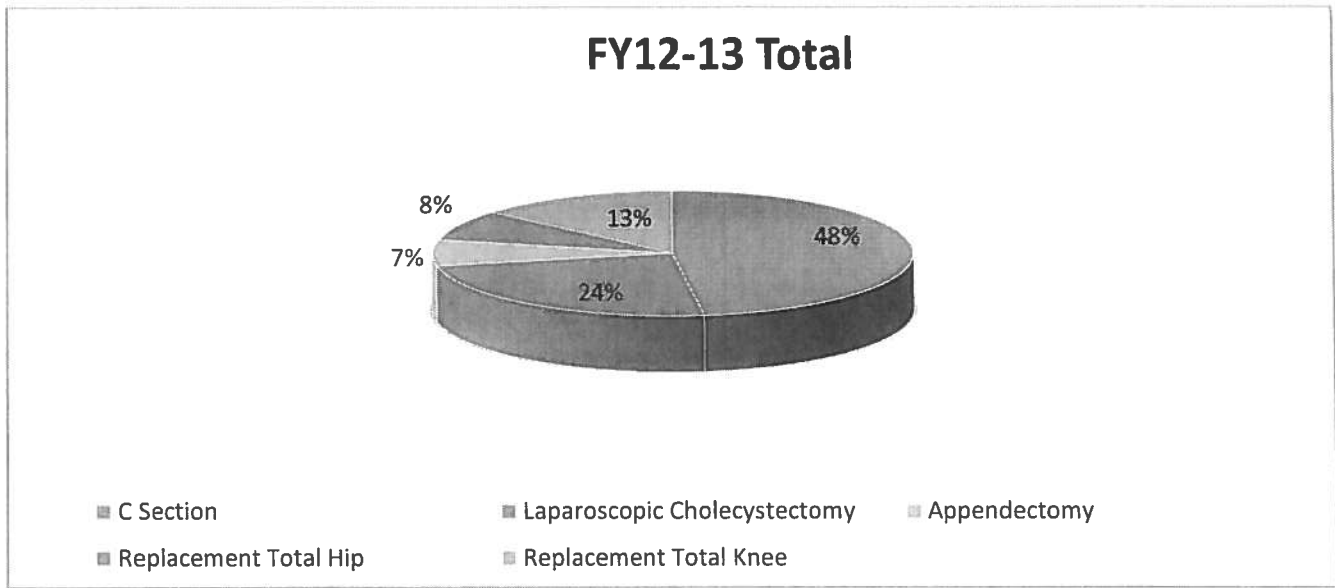
- a.d. ~~Fifteen-Nineteen~~ percent (**10,745/ 57,193**~~10,113/66,019~~) of Emergency Department patients are admitted to the hospital.

- iii.11. The total number of employees working at Tri-City Medical Center (**Fiscal Year 2014**) is approximately **2117-2,095** with about ~~4,251~~**1,275** staff providing direct patient care.

- iv.12. Tri-City Medical Center's primary focus is on basic community services. In fiscal year 2014**3**, the top ten major Diagnostic categories (DRGs) are the following:

- Obstetrics Newborns & Neonates** (normal newborn)
- ~~Obstetrics~~**Newborns & Neonates**(Vaginal delivery)
- Circulatory System**
- ~~b.d.~~ **Musculoskeletal & Connective Tissue**
- Mental diseases
- Digestive System**
- Respiratory**
- ~~c.h.~~ **Infectious & pParasitic Diseases** (psychoses)
- ~~d.i.~~ **Nervous System**
- Kidney & Urinary Tract**
- ~~e.~~ ~~Obstetrics~~ (cesarean section)
- ~~f.~~ ~~Infectious & parasitic Diseases~~ (septicemia)
- ~~g.~~ ~~Newborns~~ (with significant problems)
- ~~h.~~ ~~Musculoskeletal & Conn. Tissue~~ (Major joint replacement or reattachment of lower extremity)
- ~~i.~~ ~~Respiratory~~ (Chronic obstructive pulmonary disease)
- ~~j.~~ ~~Circulatory system~~ (Heart failure and shock)~~Respiratory~~ (Simple pneumonia and pleurisy)

- ~~10-13.~~ Top five Inpatient Surgical Procedures (**Fiscal Year 2013**):



**41.14.** Home Care Services provides skilled, intermittent care to individuals in a home setting. The restorative, rehabilitative services are provided by Registered Nurses, Licensed Vocational Nurses, Masters of Social Work, Licensed Clinical Social Workers, Certified Home Health Aides, Physical Therapists, Occupational Therapists, Speech Therapists and/or Dietitians. For FY 2014 in Home Care:

Average LOS	Top Payers	Top 4 Primary DX
33 days	Medicare- 51% HMO/PPO 39%	Aftercare Surgical/procedure Cardiovascular Malig. Neo-Lung Disease of Skin & Subcutaneous tissue

**42.15. General Process**

- a. Infection Prevention staff will regularly review, information from internal sources (case manager, RLs) or external sources (other IC practitioners, home health/hospice, or nursing homes) and the positive microbiology reports (furnished by the clinical laboratory). The following are some of the patterns or issues that are evaluated:
  - i. Clusters of infections by the same organism, in the same ward or service or infections after undergoing the same procedure.
  - ii. Infections due to unusual or highly resistant/significant organisms such as MRSA, VRE, ESBL, CRE, and/or C.difficile Infection.
  - iii. All cases of reportable communicable diseases as mandated by Title 17. These shall be reported in accordance with the ordinances of the County of San Diego Department of Health.
- b. Unusual or problem situations shall be brought to the Infection Control Committee for review and discussion. See Epidemiologic Investigation of a Suspected Outbreak **policy.. IC-03**
- c. In the absence of the Infection Prevention staff, ~~Department Personnel~~, hospital staff can direct questions to Employee Health Services, Director of Regulatory Compliance, Medical Director of Infection Control and/or Chair of the Infection Control Committee.

**4.H. TARGETED AND FOCUSED SURVEILLANCE FOR FY 20164 (Calendar Year 2015)**

a.1. **Infection control surveillance activities are** ~~Institution surveillance for infection control activities is systematic, active, concurrent, and require ongoing observation while meeting mandated reporting requirements.- Our We have chosen effortsOur -areefforts are~~ directed towards high risk, **high volume**~~high volume and/or and~~ device/**procedure related associated infections.** (such as urinary tract infections, selected surgical site infections, ventilator-associated events (~~ICU only~~), and central line bacteremia)- Goals will include limiting unprotected exposure to pathogens throughout the organization (~~Goals 13.7 and 13.8~~), Enhancing hand hygiene(~~Goal 13. 7~~) and limiting the risk of transmission of infections associated with procedures (~~Goal 13.1~~), medical equipment and supplies and medical devices. (~~Goals 13.3, 13.4, 13.5, and 13.11~~)

b.2. Surgical Site Infections

~~GOAL#1: The combined surgical site infection rate will not be statistically significantly higher than the most recent published NHSN rates, using the standardized infection ratio (SIR).~~

~~GOAL#2: Each individual surgical site infection rate (that is able to be calculated) will not be statistically significantly higher than the most recent published NHSN rates, using the standardized infection ratio (SIR).~~

- i.a. Due to ever-decreasing lengths of stay, the majority of postoperative infections are not seen while the patient is in the hospital. Further, the increasing trend toward more outpatient surgery and shorter postoperative hospital stays limits the ability of infection control practitioners to detect infections.
- d.b. Surgical Site Infections that occur within 30 to 90 days (based upon the individual NHSN definitions).. Surgical patients are risk stratified using the methods described in the CDC's NHSN surgical site component.
- e.c. Case finding methods include a review of all microbiology cultures, and ICD coding for post-operative infection. Potential cases have a chart review performed by Infection Prevention staff using the most recent NHSN definitions ( Centers for Disease Control and Prevention )
- f.d. Infection rates are identified using the NHSN definitions and are reported to the California Department of Public Health through NHSN. In accordance with California senate bill requirements: facilities are required to report surgical site infections on 29 surgical procedures. Tri City Medical Center performs 26 of the procedures, they are listed below:

AAA	Abdominal aortic aneurysm repair	Resection of abdominal aorta with anastomosis or replacement	
APPY	Appendix surgery	Operation of appendix (not incidental to another procedure)	
BILI	Bile duct, liver or pancreatic surgery	Excision of bile ducts or operative procedures on the biliary tract, liver or pancreas (does not include operations only on gallbladder)	
CARD	Cardiac surgery	Open chest procedures on the valves or septum of heart; does not include coronary artery bypass graft, surgery on vessels, heart transplantation, or pacemaker implantation	<del>35.00-35.04, 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 37.10, 37.11, 37.24, 37.31-37.33, 37.35, 37.36, 37.41, 37.49, 37.60*</del>

CBGB	Coronary artery bypass graft with both chest and donor site incisions	Chest procedure to perform direct revascularization of the heart; includes obtaining suitable vein from donor site for grafting.	36.10-36.14, 36.19
CBGC	Coronary artery bypass graft with chest incision only	Chest procedure to perform direct vascularization of the heart using, for example, the internal mammary (thoracic) artery	36.15-36.17, 36.2
CHOL	Gallbladder surgery	Cholecystectomy and cholecystectomy	51.03, 51.04, 51.13, 51.21-51.24
COLO	Colon surgery	Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations	17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94
CSEC	Cesarean section	Obstetrical delivery by Cesarean section	74.0, 74.1, 74.2, 74.4, 74.91, 74.99
FUSN	Spinal fusion	Immobilization of spinal column	81.00-81.08
FX	Open reduction of fracture	Open reduction of fracture or dislocation of long bones that requires internal or external fixation; does not include placement of joint prosthesis	79.21, 79.22, 79.25, 79.26, 79.31, 79.32, 79.35, 79.36, 79.51, 79.52, 79.55, 79.56
GAST	Gastric surgery	Incision or excision of stomach; includes subtotal or total gastrectomy; does not include vagotomy and fundoplication	43.0, 43.42, 43.49, 43.5, 43.6, 43.7, 43.81, 43.89, 43.91, 43.99, 44.15, 44.21, 44.29, 44.31, 44.38-44.42, 44.49, 44.5, 44.61-44.65, 44.68-44.69, 44.95-44.98
HPRO	Hip prosthesis	Arthroplasty of hip	00.70-00.73, 00.85-00.87, 81.51-81.53
HTP	Heart transplant	Transplantation of heart	37.51-37.55
HYST	Abdominal hysterectomy	Removal of uterus through an abdominal incision	68.31, 68.39, 68.41, 68.49, 68.61, 68.69
KPRO	Knee prosthesis	Arthroplasty of knee	00.80-00.84, 81.54, 81.55
KTP	Kidney transplant	Transplantation of kidney	55.61, 55.69

LAM	Laminectomy	Exploration or decompression of spinal cord through excision or incision into vertebral structures	03.01, 03.02, 03.09, 80.50, 80.51, 80.53, 80.54+, 80.59, 84.60-84.69, 84.80-84.85
LTP	Liver transplant	Transplantation of liver	50.51, 50.59
NEPH	Kidney surgery	Resection or manipulation of the kidney with or without removal of related structures	55.01-55.02, 55.11, 55.12, 55.24, 55.31, 55.32, 55.34, 55.35, 55.39, 55.4, 55.51, 55.52, 55.54, 55.91
OVRY	Ovarian surgery	Operations on ovary and related structures	65.01, 65.09, 65.12, 65.13, 65.21-65.25, 65.29, 65.31, 65.39, 65.41, 65.49, 65.51-65.54, 65.61-65.64, 65.71-65.76, 65.79, 65.81, 65.89, 65.92-65.95, 65.99
PACE	Pacemaker surgery	Insertion, manipulation or replacement of pacemaker	00.50-00.54, 17.51, 17.52, 37.70-37.77, 37.79-37.83, 37.85-37.87, 37.89, 37.94-37.99
REC	Rectal surgery	Operations on rectum	48.25, 48.35, 48.40, 48.42, 48.43, 48.49, 48.52, 48.59, 48.61-48.65, 48.69, 48.74
RFUSN	Refusion of spine	Refusion of spine	81.30-81.39
SB	Small bowel surgery	Incision or resection of the small intestine; does not include small-to-large bowel anastomosis	45.01, 45.02, 45.15, 45.31-45.34, 45.51, 45.61-45.63, 45.91, 46.01, 46.02, 46.20-46.24, 46.31, 46.39, 46.41, 46.51, 46.71-46.74, 46.93
SPLE	Spleen surgery	Resection or manipulation of spleen	41.2, 41.33, 41.41-41.43, 41.5, 41.93, 41.95, 41.99
THOR	Thoracic surgery	Non cardiac, nonvascular thoracic surgery; includes pneumonectomy and hiatal hernia repair or diaphragmatic hernia repair (except through abdominal approach.)	32.09, 32.1, 32.20, 32.21-32.23, 32.25, 32.26, 32.29, 32.30, 32.39, 32.41, 32.49, 32.50, 32.59, 32.6, 32.9, 33.0, 33.1, 33.20, 33.25, 33.28, 33.31-33.34, 33.39, 33.41-33.43, 33.48, 33.49, 33.98, 33.99, 34.01-34.03, 34.06, 34.1, 34.20, 34.26, 34.3, 34.4, 34.51, 34.52, 34.59, 34.6, 34.81-34.84, 34.89, 34.93, 34.99, 53.80-53.84

VHYS	Vaginal hysterectomy	Removal of the uterus through vaginal or perineal incision	68.51, 68.59, 68.71, 68.79
XLAP	Abdominal surgery	Abdominal operations not involving the gastrointestinal tract or biliary system. Includes diaphragmatic hernia repair through abdominal approach.	53.71, 53.72, 53.75, 54.0, 54.11, 54.12, 54.19, 54.3, 54.4, 54.51, 54.59, 54.61, 54.63, 54.64, 54.71, 54.75, 54.92, 54.93

- e. **GOAL#1: The combined surgical site infection rate will not be statistically significantly higher than the most recent published NHSN rates, using the standardized infection ratio (SIR).**
  - f. **GOAL#2: Each individual surgical site infection rate (that is able to be calculated) will not be statistically significantly higher than the most recent published NHSN rates, using the standardized infection ratio (SIR).**
3. Antibiotic Resistant Bacteria
- a. Antibiotic resistance is an ongoing concern. Multiple studies have documented increased costs and mortality due to infections caused by multidrug resistant organisms. Data will be collected using positive cultures on patients with community acquired and hospital acquired methicillin resistant *Staphylococcus aureus* (MRSA) vancomycin resistant enterococci (VRE), ESBL *Klebsiella*, and ESBL *E. coli*, and *Carbapenem-resistant Enterobacteriaceae* (CRE) CRE. A healthcare associated case is defined as a positive culture from any body site on or after the third hospital day, with no prior history of the organism. A **MRSA-MDRO and C.difficile Infection** risk assessment is performed annually to determine need for additional interventions, resources, and surveillance. **In addition, positive blood cultures with MRSA or VRE and positive C.difficile Infections** are now publicly reported to CDPH through NHSN Multi-Resistant Organism & Clostridium difficile Infection Module (LabID Event Reporting).
  - i.b. **GOAL#1: The number of healthcare associated MRSA infections and colonization will remain below the Institute for Healthcare Improvement's (IHI) published rate of 3.95 nosocomial acquisitions per 1000 hospital discharges for the calendar year.**

**# Patients with + MRSA and/or VRE cultures**  
**# Hospital Discharges**

- c. **GOAL#2: The MRSA and VRE Lab ID events (Blood culture specimen) rate will not be statistically higher than the most recent NHSN published rates (using the SIR).**  
**GOAL #3: Positive blood cultures for MRSA and VRE are entered into NHSN 100% of the time**
- 13.4. Clostridium difficile (C. difficile) surveillance is performed utilizing the Multi-Resistant Organism & Clostridium difficile Infection Module (LabID Event Reporting).
- a. All positive C. difficile results are entered into NHSN; reports are produced through NHSN. Increases in hospital onset (HO) cases will be reviewed and action taken if they are epidemiologically associated.
- GOAL #1: The C. difficile hospital onset (HO) rate will not be more than expected based upon NHSN SIR Rates.**
- a.5. Ventilator Associated Event – Adult Critical Care Unit
- a. **VAE entillator Associated Pneumonia (VAP) is conducted on defined as pneumonia in persons in the ICU who had a device to assist or control respiration continuously through a tracheostomy or by endotracheal endotracheal tube within the 48 hour period before the onset of infection (inclusive of the weaning period). Current As of January 2013, the new CDC/NHSN VAE entillator Associated Events definitions are followed.**



~~has been used~~ This definition has three tiers: ventilator associated condition (VAC), infection related ventilator associated condition (IVAC), and **possible** ventilator associated pneumonia (PVAP). All three **tiers** will be reported and each PVAP case will be reviewed.

- i. **GOAL:** There will be seven consecutive months without a **possible** ventilator associated pneumonia (PVAP- Tier 3).

~~# Cases VAE-ventilator associated cases pneumonia~~ in ICU x 1000  
 Total # ventilator days for the month

6. Central Line Associated Bloodstream Infection (CLABSI) – Intensive Care Units
  - i.a. Patients with a central line (defined by NHSN as a vascular access device that terminates at or close to the heart or one of the great vessels) and a primary bloodstream shall be counted. If a bloodstream infection occurs while a central line is in place or if a central line was inserted > than two calendar days before the onset of infection a chart review will be performed. Current CDC/NHSN definitions are used to determine CLA-BSI **events through culture review**. ~~data is collected by reviewing cultures.~~ Actual line day information is available on-demand through the Compass Explorer program created by IT in 2005. NICU line day's data is collected by Nursing Services daily and reported to the Infection Prevention and Control Department at the end of each month. NICU rates are stratified by birth weight as per NHSN data comparison.
  - 4)b. **GOAL #1:** Using NHSN definitions for CLABSI, the CLABSI rate for ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).
  - 2)c. **GOAL #2:** Using NHSN definitions for CLABSI, the CLABSI rate for non-ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).
  - 3) ~~**GOAL #3:** All central line associated bloodstream infections (CLABSI) are entered into NHSN 100% of the time~~
7. Catheter Associated Urinary Tract Infection (CAUTI)
  - a. **Symptomatic urinary tract infection – Patients!** ~~ICU patients with an indwelling urinary catheter at the time of or within 7 days before the onset of a positive urine culture will have a chart review using current CDC/ NHSN definitions and methodology.~~

~~# of Cases-CAUTI cases in ICU~~ x 1000  
 Estimation of urinary catheter days-ICU

- 4)b. **GOAL #1:** Using NHSN definitions for catheter associated urinary tract infection (CAUTI), the CAUTI rate for ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).
- 5)c. **GOAL #2:** Using the NHSN definitions for CAUTI, the CAUTI rate for non ICU patients will not be more than expected based upon the NHSN standardized infection ratio (SIR).
- 6) ~~Symptomatic urinary tract infection – ICU patients with an indwelling urinary catheter at the time of or within 7 days before the onset of a positive urine culture will have a chart review using current CDC/ NHSN definitions and methodology.~~
- 14.8. Hand Hygiene
  - a. **Hand hygiene compliance rates are collected by manual observation performed by unit staff on a monthly basis. The Hand Hygiene compliance rates are reported to the Directors, Joint Commission Committee, Patient Safety Committee and the Infection Control Committee and Managers Council.** Number of opportunities per

the World Health Organization's 5 Moments. ~~(rated as level 1A or 1B by the CDC)~~ to perform hand hygiene compared to hand hygiene completed (% compliance) during care of patients.

b. **GOAL #1: Hand hygiene observations are performed in every patient care area at least once a month.**

b.c. **GOAL #2: Overall hand hygiene compliance rate will be at least 90% per quarter.** ~~100 % Compliance with Hand Hygiene is expected when hand hygiene is indicated.~~

e. ~~GOAL #2: Hand Hygiene compliance will be electronically monitored on two units (Tele and Labor & Delivery) and show an increase in compliance from baseline.~~

i. ~~Hand hygiene compliance rates are collected by manual observation performed by unit staff on a monthly basis. The Hand Hygiene compliance rates are reported to Patient Safety Committee, Infection Control Committee and Managers Council. Number of opportunities (rated as level 1A or 1B by the CDC) to perform hand hygiene compared to hand hygiene completed (% compliance) during care of patients.~~

ii.i. ~~In addition, the Telemetry Unit has a electronic hand monitoring system that measures the times that a person enters and exits the room (opportunities-denominator) compared to the times that the hand hygiene product is dispensed (numerator). The Labor and Delivery Unit will be utilizing a new system that monitors individual staff hand hygiene compliance and duration of hand hygiene activity. These two projects are on a trial basis and interventions are determined by unit leadership and Infection Control staff as needed~~

## 9. Environmental and Patient Care Rounds

b.a. **Environment of Care rounds are performed monthly biannually in patient care areas and once a year in non-patient care areas in conjunction with and overseen by the Environment of Care Committee. These rounds will identify risks associated with, but not limited to, medical equipment and supplies. In addition, tracers are performed monthly on a schedule throughout the patient care areas.**

b. **GOAL #1: Infection Control assessments will be represented 90% of the time during scheduled environmental rounds. and tracers.**

d.c. **GOAL #2 Infection Control assessments will be represented 90% of the time during scheduled tracers.**

e. ~~GOAL #2: Infection Control will attend 90% the biweekly construction meeting to review current and upcoming construction projects.~~

f.d. **GOAL #3: Engineering staff in collaboration with Infection Control will complete an Infection Control Construction Permit 100% of the time for projects that require a Class III or higher containment.**

g. ~~Environment of Care rounds are performed biannually in patient care areas and once a year in non-patient care areas in conjunction with Environment of Care Committee. These rounds will identify risks associated with, but not limited to, medical equipment and supplies. In addition, tracers are performed monthly on a schedule throughout the patient care areas.~~

## 5.10. Reportable Diseases

a. **Assisted by the Microbiology Laboratory and Emergency Department, required reporting to Public Health is performed by phone, and/or fax or mail/electronic submission, using the California Confidential Morbidity Report or other special form as directed by the County of San Diego Department of Health. Case finding is done through review of microbiology reports and calls from hospital staff (including physicians).**

a.b. **GOAL: Required reportable disease will be sent to the local health department within the required time frame 100% of the time. -Letter**

- b.c. ~~Assisted by the Microbiology Laboratory and Emergency Department, required reporting to Public Health is performed by phone and/or fax or electronic submission, using the California Confidential Morbidity Report or other special form as directed by the County of San Diego Department of Health. Case finding is done through review of microbiology report and calls from hospital staff (including physicians).~~
- e.11. Employee Health collects and reports the following:
- a. **GOAL#1S:** There will be 10% less needle stick injuries from the previous calendar year
    - i. **Number of needle sticks injuries and details of department involved, device, and cause.**
  - b. **GOAL#2:** 100% of employees will complete the annual tuberculosis screen
    - i. **# Staff completing annual TB screening (PPD, blood test or survey)/ # Employees in whom compliance is required.**

~~GOAL #3: 100% of employees and volunteers will receive influenza vaccine or sign a declination statement~~  
~~# Employees and who received influenza vaccine/# employees with patient contact/ # employees and volunteers with patient contact~~  
 1) ~~# Medical staff (LUIPS) who received influenza vaccine/#Medical Staff (LIPs)~~
  - c. **GOAL #3:** Greater than 90% of Tri City Medical Center staff (per NHSN definition) will receive influenza vaccine.
    - i. **# Employees and who received influenza vaccine/# employees who worked at least one day during the flu season.**
  - e.d. **GOAL #4:** Greater than 90% of Tri City Medical Center inpatient Rehab unit staff (per NHSN definition) will receive influenza vaccine.
    - 2) ~~Number of needlestick injuries and details of department involved, device, and cause~~
    - 3) ~~# Staff completing annual TB screening (PPD, blood test or survey)~~
    - 4) ~~# Employees in whom compliance is required~~
    - 5) ~~# Employees and volunteers who received influenza vaccine~~
    - 6) ~~# Employees with patient contact~~
    - 7) ~~# Medical staff (LIPs) who received vaccine~~
    - 8) ~~# Medical Staff (LIPs)~~
- d.12. Home Care, collects and reports the following:
- d.a. **GOAL #1:** CAUTI and CLABSI rates will be monitored and reported to the Infection Control Committee quarterly.
  - e.b. **GOAL #2:** There will be less than two CAUTI infections in the calendar year.
    - i. **# Cases UTIs with foley catheter/Total # device days.**
  - f.c. **GOAL #3:** There will be no infections related to central lines in the calendar year.).
    - i. **# Cases BSI with Central Line/Total # device days.**

~~i. Clostridium difficile (C. difficile) surveillance is performed utilizing the Multi-Resistant Organism & Clostridium difficile Infection Module (LabID Event Reporting). All positive C. difficile results are entered into NHSN; reports are produced through NHSN. Increases in hospital onset (HO) cases will be reviewed and action taken if they are epidemiologically associated.~~

~~GOAL #1: All C. difficile positive lab results are entered into NHSN 100% of the time.~~

  - ii. ~~GOAL #2: The C. difficile hospital onset (HO) rate will not be higher than expected based upon the recent published NHSN rates (SIR). All positive C. difficile results are entered into NHSN; reports are produced through NHSN. Increases in hospital onset (HO) cases will be reviewed and action taken if they are epidemiologically associated.~~

## G-I. REFERENCES:

1. County of San Diego Public Health & Human Services Agency, (June 2015) Public Health Services. Retrieved from [http://www.sandiegocounty.gov/hhsa/programs/phs/Centers for Disease Control and Preventions, National Healthcare Safety Network \(NHSN\) Tracking Infection in Acute Care Hospitals/Facilities. \(2013, February\) http://www.cdc.gov/nhsn/acute-care-hospital/index.html](http://www.sandiegocounty.gov/hhsa/programs/phs/Centers for Disease Control and Preventions, National Healthcare Safety Network (NHSN) Tracking Infection in Acute Care Hospitals/Facilities. (2013, February) http://www.cdc.gov/nhsn/acute-care-hospital/index.html)
2. County of San Diego Tuberculosis Control and Refugee Health Program. (June 2015) TB Statistics. Retrieved from [http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/ComparativeData2013\\_final3-13-14Rev1031914.pdf](http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/ComparativeData2013_final3-13-14Rev1031914.pdf)
3. Friedman, C. (2014). Infection Prevention and Control Programs. In P. Grota (Ed.), APIC Text of Infection Control and Epidemiology (4<sup>th</sup> ed). Washington DC; 2014
4. The City of San Diego (2015), Economic development: Population. Retrieved on June 4, 2015: <http://www.sandiego.gov/economic-development/sandiego/population.shtml>

| H.J. **RELATED DOCUMENTS:**

1. Infection Control Policy Manual, Philosophy
2. Infection Control Policy Manual, Epidemiologic Investigation of a Suspected Outbreak
3. Infection Control Policy Manual, Facility Acquired Infections, Defined

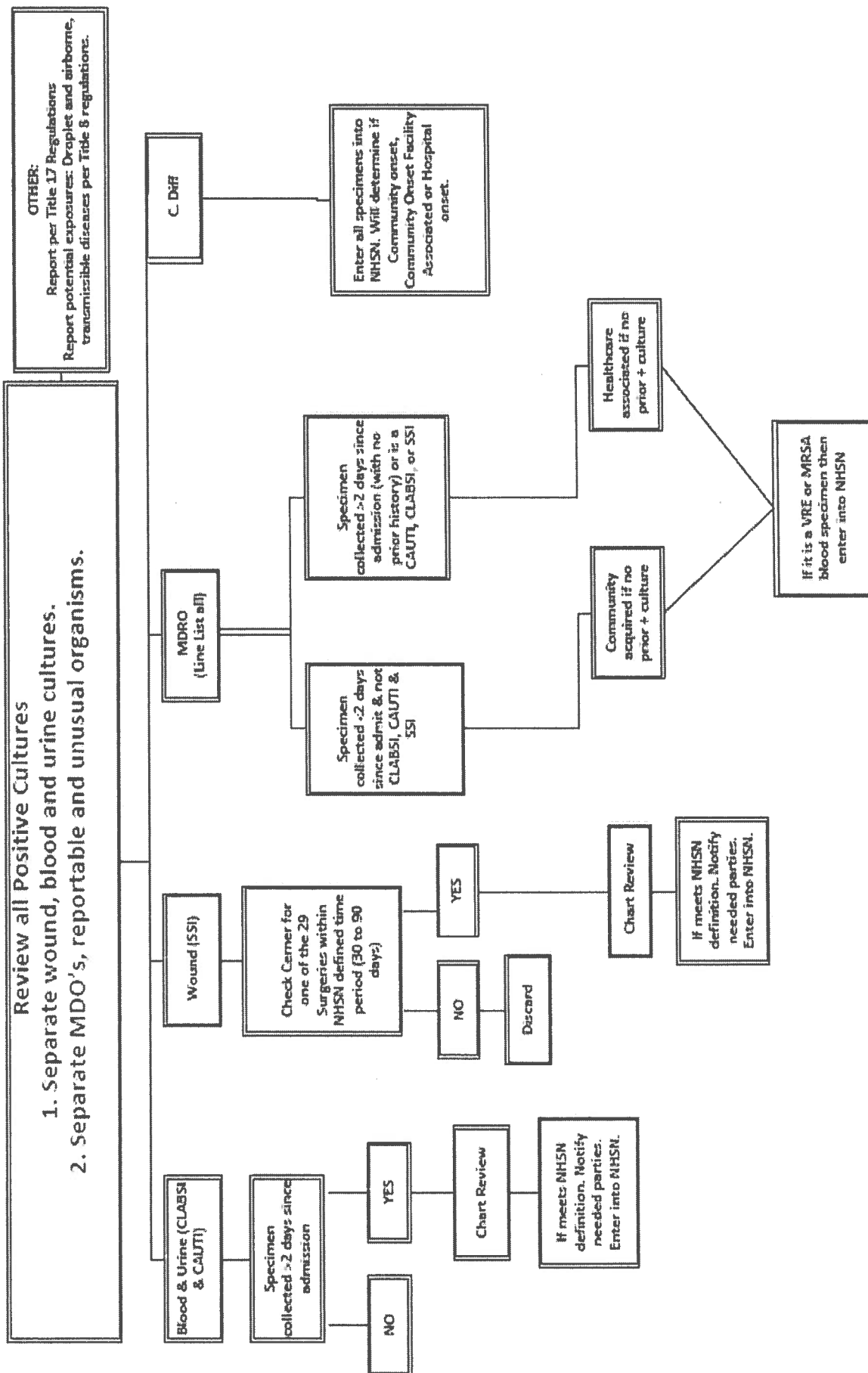
INFECTION CONTROL PROGRAM TIMELINE FY 20154

Infection Control Committee	Meet Jul	Aug	Sept	Meet Oct	Nov	Dec	Meet Jan	Feb	Mar	Meet Apr	May	June
<b>Targeted Surveillance</b>												
SSI (CARD, CBGB, CBGC, COLO, FUSN, HPRO, & KPRO)	*			*			*			*		
Multi-antibiotic Resistant Organisms	*			*			*			*		
• VRE												
• MRSA												
• ESB												
• CRE												
CLABSI	*			*			*			*		
CAUTI	*			*			*			*		
VAE in ICUACCU	*			*			*			*		
A. <i>PI-SCIP measures</i>	*			*			*			*		
-Home Health report of CAUTI and CLABSI rates	*			*			*			*		
Outbreak Investigation and Disease Reporting	*	*	*	*	*	*	*	*	*	*	*	*
<b>B. OSHA Compliance</b>												
<b>Compliance</b>												
• Tuberculosis Exposure Control Plan Review				*						*		
• Bloodborne Pathogen Exposure Control Plan Review	*									*		
<b>Employee Health</b>												
• TB Screening (PPD or questions)	*											
• N95 Fit-testing	*											
• Sharps & BBP Exposures	*			*			*			*		
• Infectious Diseases Exposures	*			*			*			*		
• Influenza Campaign				Begin			*			*		
<b>Environment of Care</b>												
• Infection control staff review of current construction projects	*	*	*	*	*	*	*	*	*	*	*	*
• Sterile Processing Department Report	*			*			*			*		
• Pharmacy Report on Biologicals and findings	*			*			*			*		
• Environment of Care Officer, Patient Safety Officer and/or Engineering report	*			*			*			*		
<b>Surveillance Plan</b>												

[illegible]

\*Presented to IC







Infection Control Policy Manual

**SUBJECT: Risk Assessment and Surveillance Plan**

**ISSUE DATE: 3/2002**

**REVISION DATE: 7/13, 7/14,**

Department Approval Date(s):	07/15
Infection Control Committee Approval:	07/15
Medical Executive Committee Approval:	04/16
Professional Affairs Committee Approval:	05/16
Board of Directors Approval:	08/14

**A. PURPOSE OF RISK ASSESSMENT:**

1. Sound epidemiological principles must be considered in the formation of the surveillance program designed to provide maximum information and identify opportunities to reduce disease. Measures directed toward cost effective care must include best practice and technology to prevent infection. The economic impact of an efficient and flexible infection control plan is especially relevant in times of changing reimbursement and payment patterns. Tri-City Medical Center's plan outlines how this may be accomplished within the confines of resources, external regulatory guidelines, and medical staff requirements.

**B. PURPOSE OF SURVEILLANCE:**

1. The foundation of and most important purpose of this program is to decrease the risk of infectious complications for all patients, healthcare workers, visitors and staff. Ongoing epidemiological information assists with identifying at risk populations and opportunities to interrupt prevent or reduce the occurrence of healthcare associated infections. Surveillance will be compared to nationally recognized benchmarks such as the National Healthcare Safety Network (NHSN) rates whenever possible.

**C. RESPONSIBILITY:**

1. Successful creation of an organization-wide infection control program requires collaboration with all relevant components/functions. Individuals within the hospital who have the power to implement plans and make decisions related to prevention and control of risks related to infections are included in the design and coordination of processes. In consultation with the Medical Staff, Directors, Medical Director of Infection Control, Environmental Health and Safety Committee, Patient Safety Officer and the Infection Control Committee, the Infection Preventionist (IP) shall implement a systematic process for monitoring and evaluating the quality and effectiveness of the infection control program. Significant deviations are discussed in Infection Control Committee, Quality Improvement Medical Staff Committees, Environmental Health and Safety Committee and the Patient Safety Committee and referred to appropriate councils and committees for action.
2. Infection Prevention and Control Services are staffed with 1.8 FTE (includes one FTE with certification in Infection Control). There are computer resources with Internet connection, Microsoft Office software, NHSN National internet based database and access to the hospital's electronic medical records (Compass and Affinity). Telephone with voice mail, and fax access is provided. The office is located within the Surgical Scheduling office.
3. Infection Control Services works in conjunction with others, as a consultant and resource for best practices. We support system changes and an interdisciplinary focus to improving care. We believe that all our employees, medical staff, and volunteers play an important role in

preventing and controlling infections. Ultimately, the leadership team within the district is responsible for adopting and ensuring compliance with appropriate policies and practices.

**D. LINKS WITH INTERNAL SOURCES:**

1. On at least an annual basis, the IP department will meet with the affected departments (i.e. Medical Staff and Employee Health) to assess whether the goals and priorities have been achieved and what steps are required to implement any indicated changes. The goals are shared with and reviewed by the Infection Control Committee. Education on infection control goals and priorities will be included with quarterly reports and during individual meetings with the hospital leadership. The IP staff reports to Infection Control Committee quarterly and attends other medical staff and hospital committees as requested, regulatory requirements and department specific Quality Reports are reviewed.

**E. LINKS WITH EXTERNAL SOURCES:**

1. The San Diego County Public Health Department, state health authorities, the Division of Occupational Safety and Health, and other recognized infection control specialists, for example, the Centers for Disease Control and Prevention (CDC), Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology of America (SHEA), and the California Healthcare Association (CHA) are important links between the district and outside resources. Infection Control department subscribes to automatic notifications available via email from the CDC, San Diego County Public Health (CAHAN) and California Department of Health and Human Services. Infection surveillance covers a broad range of processes and activities with potential for intervention and these organizations assist with the where, when, and how of targeting.
2. Healthcare associated infections (HAI) are reported by the IP staff to the external healthcare organizations when the infection was not known at the time of transfer. TCMC receives reports from outside organizations when a patient develops an infection that might meet criteria for a healthcare associated infection. Home Health/Hospice quality review staff report directly to Infection Control Committee.
3. The following conditions will be reported to external healthcare organizations with the intent to satisfy JCAHO IC 02.01.01 (and recorded in the patient's chart using PowerForm). The Infection Surveillance Report will document notification to the referring healthcare organization within 7 days of discovery by the TCMC Infection Prevention and Control Staff:
  - a. Positive culture from a surgical site and surgery performed at another facility.
  - b. Influenza rapid test is positive and patient was discharged to another healthcare facility prior to results being known.
  - c. Positive C difficile toxin test known after the patient was discharged to another healthcare facility.
  - d. Positive MDRO culture known after the patient was discharged to another healthcare facility and the patient had no history of the same MDRO.
  - e. Unusual occurrences based on the opinion of the Infection Prevention staff in consultation with the Infection Control Medical Director and Director of Regulatory Compliance.

**F. PERTINENT RISK FACTORS:**

1. Each facility is unique and we considered the following factors in our planning.
  - a. National and international published scientific studies, community standard of care, professional recommendations and regulatory requirements.
  - b. A review of hospital specific surveillance data from years past.
  - c. Medically fragile and at-risk populations such as newborns and those with invasive devices.
  - d. The increasing antibiotic resistance in our facility and across the United States (as reported by the CDC in by NHSN).

- e. The vaccination/immunity rates of the community and employees.

**G. EPIDEMIOLOGICAL FACTORS: INTERNAL AND EXTERNAL:**

1. Tri-City Medical Center is impacted by factors such as location, population served, community health, financial status, population age, clinical focus, and healthcare worker demographics and these were included in our planning.
2. The hospital's geographic location is in northern San Diego County. San Diego County is the second most populous of California's 58 counties, and the fifth largest county in the United States. San Diego is currently home to 3.21 million residents, and is anticipated to grow to four million by 2020.
3. Located within the North County geographic region are 3 college campuses along with a Marine Corp Base (Camp Pendleton).
4. San Diego County is becoming increasingly bicultural due to its close proximity to Mexico. In addition, the county is already ethnically diverse, and will be increasingly so. 32% are Hispanic, and the Hispanic population is expected to continue to grow at a rapid rate. Approximately 21.5% of the county's populations are immigrants, including refugees, who come from other countries, speak 68 different languages, and have a variety of needs as they assimilate into their new environment. The senior and disabled populations are growing disproportionately compared to the rest of the population.
5. Demographic information on the three cities most often served by Tri-City Medical Center is listed below.

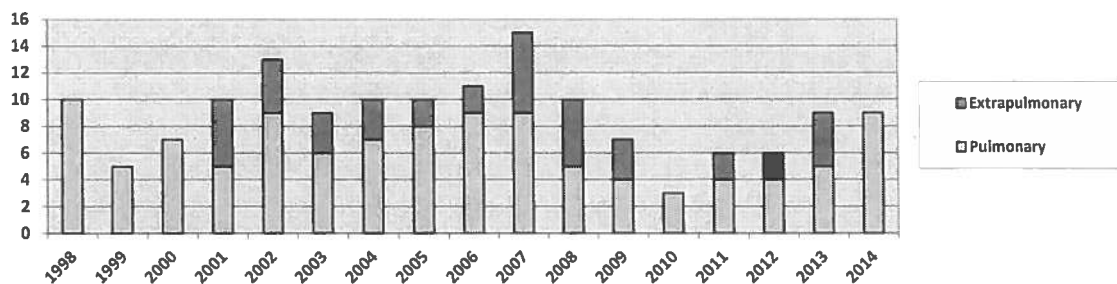
<u>City</u>	<u>Median income</u>	<u>Total # residents</u>	<u>Percent increase since 2000</u>	<u>White</u>	<u>Hispanic</u>	<u>Asian &amp; Pacific Islander</u>
Oceanside	\$ 59,640	161,029 (2000) 172,794 (2013)	+7.3%	48.5%	36.0%	7.6%
Vista	\$ 45,322	89,857 (2000) 96,929 (2013)	+7.9%	42.9%	49.0%	4.2%
Carlsbad	\$ 78,238	78,247 (2000) 110,972 (2013)	+41.8%	75.2%	13.6%	7.44%

- a. <http://www.city-data.com/city/Oceanside-California.html>
  - b. <http://www.city-data.com/city/Vista-California.html>
  - c. <http://www.city-data.com/city/Carlsbad-California.html>
6. Enteric illness represents a significant burden of disease in the US and because of this the San Diego County Health and Human Services Agency conducts outbreak investigation and education to reduce the medical and cost-related impact of these diseases in the community. Food borne illnesses largely result from the ingestion of food or water contaminated by fecal matter or ingestion of infected animal products. Hospitals play an important role in early intervention by the identification and reporting of significant bacteria. The most common mandated reported enteric illnesses in SD County are Campylobacter, Giardia, Hepatitis A, Salmonella and Shigella.
  7. In San Diego, overall rates for the three major reportable sexually transmitted diseases (Chlamydia, Gonorrhea & Syphilis) have increased from 2011 to 2012. National trends were reflective at the local level, including high rates of STD's among young women and MSM (men who have sex with men). San Diego County has the third largest number of HIV & AIDS cases in California. The proportion of persons of color has increased over time among HIV & AIDS cases. Black cases have the highest rate of HIV & AIDS, followed by Hispanics and then Whites.
  8. In 2014, San Diego County reported 220 cases of active tuberculosis. In 2013, San Diego County reported 206 cases of active tuberculosis. TB drug susceptibility information was

available for 99% of the culture proven cases for 2014 in San Diego. Multidrug-resistant (MDR-TB) strains were found in 2 of the cases. Tri City Medical Center reported both cases of MDR-TB in our facility. In SD County, Hispanics had the highest rates of TB at 52%, Asian/Pacific Islanders at 32%, non-Hispanic Whites at 19% and non-Hispanic Blacks at 6%. TB cases born outside of the US compromised 70% of San Diego County's cases. (Source: County of San Diego Health and Human Services Agency, Tuberculosis and refugee Health Branch, April 20, 2015).).

9. At TCMC, most AFB positive smears and cultures grow organisms that are not communicable person to person. In 2014, there were 9 patients with pulmonary TB and none with extrapulmonary TB. An additional 34 cases were reported as rule out TB in 2014. The number of active TB patients seen annually at Tri-City Medical Center varies from 5 –12.

TCMC Active TB Cases



10. Tri City Medical Center Financial Characteristics for Fiscal Year 2014

- a. The top six insurance coverage seen the acute care setting are as follows: (Not including OB/Newborn, BHU and Rehab):

MEDICARE	36.03%
MEDICARE SR HMO	13.46%
MEDI-CAL HMO	7.85%
HMO	7.54%
HMO Cap Sr	7.47%
Medi-Cal	6.98%

- i. The majority of insurance coverage for our newborns (nursery and NICU) is funded by Medi-Cal or Medi-Cal HMO (79.2% compared to HMO and PPO insurance (12.3%) and other (8.5%).

- b. Patient census:

	Average. Daily Census	Average. Length of Stay*	Total Pt. Days
Acute Care (excludes all below)	147.2	4.04	53,728
ICU*	17.1	2.83	6,245
BHU	23.8	6.43	8,703
NICU	14.0	9.81	5,121
Rehab Serv.	6.7	15.49	2,432

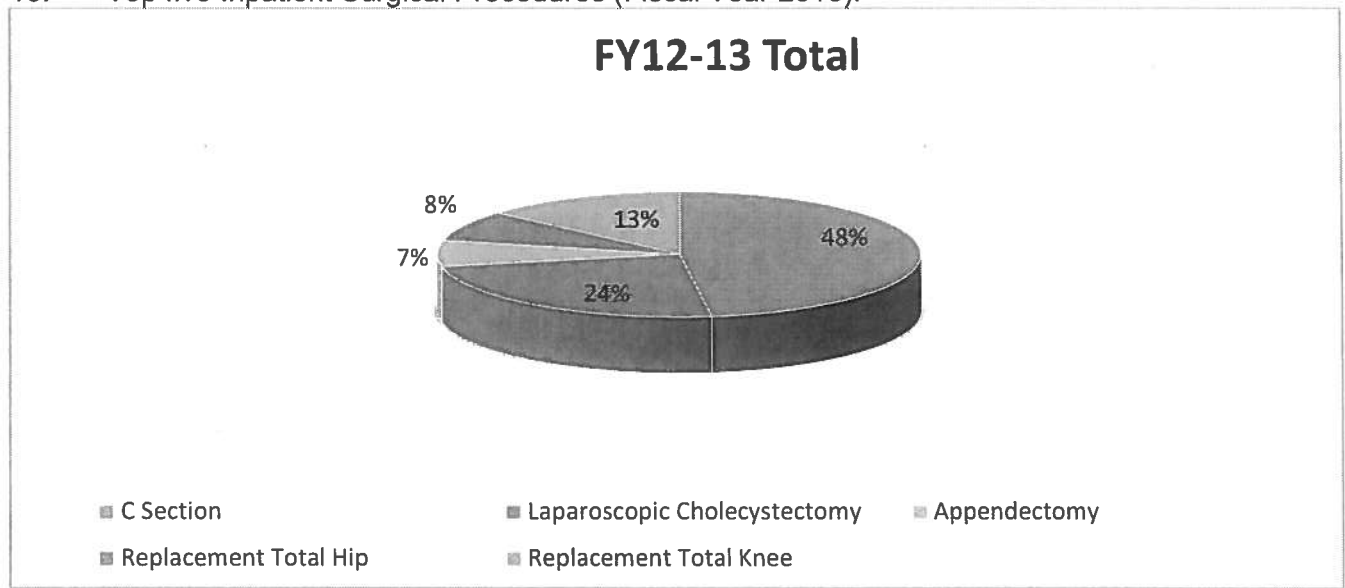
- i. \*ICU ALOS includes discharges, transfers out, and expirations. All other areas are based only on discharges.

- c. In acute care FY 14, the three largest age groups are 76-85 year olds (19.6%), 56-65 year olds (17.7%), and 66-75 year olds (16.3)
- d. Nineteen percent (10,745/ 57,193) of Emergency Department patients are admitted to the hospital.

11. The total number of employees working at Tri-City Medical Center (Fiscal Year 2014) is approximately 2,095 with about 1,275 staff providing direct patient care.

12. Tri-City Medical Center's primary focus is on basic community services. In fiscal year 2014, the top ten major Diagnostic categories (DRGs) are the following:
- Obstetrics
  - Newborns & Neonates
  - Circulatory System
  - Musculoskeletal & Connective Tissue
  - Mental diseases
  - Digestive System
  - Respiratory
  - Infectious & Parasitic Diseases
  - Nervous System
  - Kidney & Urinary Tract

13. Top five Inpatient Surgical Procedures (Fiscal Year 2013):



14. Home Care Services provides skilled, intermittent care to individuals in a home setting. The restorative, rehabilitative services are provided by Registered Nurses, Licensed Vocational Nurses, Masters of Social Work, Licensed Clinical Social Workers, Certified Home Health Aides, Physical Therapists, Occupational Therapists, Speech Therapists and/or Dietitians. For FY 2014 in Home Care:

Average LOS	Top Payers	Top 4 Primary DX
33 days	Medicare- 51% HMO/PPO 39%	Aftercare Surgical/procedure Cardiovascular Malig. Neo-Lung Disease of Skin & Subcutaneous tissue

15. General Process
- Infection Prevention staff will regularly review, information from internal sources (case manager, RLs) or external sources (other IC practitioners, home health/hospice, or nursing homes) and the positive microbiology reports (furnished by the clinical laboratory). The following are some of the patterns or issues that are evaluated:
    - Clusters of infections by the same organism, in the same ward or service or infections after undergoing the same procedure.

- ii. Infections due to unusual or highly resistant/significant organisms such as MRSA, VRE, ESBL, CRE, and/or C.difficile Infection.
- iii. All cases of reportable communicable diseases as mandated by Title 17. These shall be reported in accordance with the ordinances of the County of San Diego Department of Health.
- b. Unusual or problem situations shall be brought to the Infection Control Committee for review and discussion. See Epidemiologic Investigation of a Suspected Outbreak policy.
- c. In the absence of the Infection Prevention staff, hospital staff can direct questions to Employee Health Services, Director of Regulatory Compliance, Medical Director of Infection Control and/or Chair of the Infection Control Committee.

**H. TARGETED AND FOCUSED SURVEILLANCE FOR FY 2016 (Calendar Year 2015):**

1. Infection control surveillance activities are systematic, active, concurrent, and require ongoing observation while meeting mandated reporting requirements. Our efforts are directed towards high risk, high volume and device/procedure associated infections. (such as urinary tract infections, selected surgical site infections, ventilator-associated events , and central line bacteremia) Goals will include limiting unprotected exposure to pathogens throughout the organization, Enhancing hand hygiene and limiting the risk of transmission of infections associated with procedures, medical equipment and supplies and medical devices.
2. Surgical Site Infections
  - a. Due to ever-decreasing lengths of stay, the majority of postoperative infections are not seen while the patient is in the hospital. Further, the increasing trend toward more outpatient surgery and shorter postoperative hospital stays limits the ability of infection control practitioners to detect infections.
  - b. Surgical Site Infections that occur within 30 to 90 days (based upon the individual NHSN definitions).. Surgical patients are risk stratified using the methods described in the CDC's NHSN surgical site component.
  - c. Case finding methods include a review of all microbiology cultures, and ICD coding for post-operative infection. Potential cases have a chart review performed by Infection Prevention staff using the most recent NHSN definitions ( Centers for Disease Control and Prevention )
  - d. Infection rates are identified using the NHSN definitions and are reported to the California Department of Public Health through NHSN. In accordance with California senate bill requirements: facilities are required to report surgical site infections on 29 surgical procedures. Tri City Medical Center performs 26 of the procedures, they are listed below:

AAA	Abdominal aortic aneurysm repair	Resection of abdominal aorta with anastomosis or replacement	
APPY	Appendix surgery	Operation of appendix (not incidental to another procedure)	
BILI	Bile duct, liver or pancreatic surgery	Excision of bile ducts or operative procedures on the biliary tract, liver or pancreas (does not include operations only on gallbladder)	
CARD	Cardiac surgery	Open chest procedures on the valves or septum of heart; does not include coronary artery bypass graft, surgery on vessels, heart transplantation, or pacemaker implantation	
CBGB	Coronary artery bypass graft with both chest	Chest procedure to perform direct revascularization of the heart;	

	and donor site incisions	includes obtaining suitable vein from donor site for grafting.	
CBGC	Coronary artery bypass graft with chest incision only	Chest procedure to perform direct vascularization of the heart using, for example, the internal mammary (thoracic) artery	
CHOL	Gallbladder surgery	Cholecystectomy and cholecystectomy	
COLO	Colon surgery	Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations	
CSEC	Cesarean section	Obstetrical delivery by Cesarean section	
FUSN	Spinal fusion	Immobilization of spinal column	
FX	Open reduction of fracture	Open reduction of fracture or dislocation of long bones that requires internal or external fixation; does not include placement of joint prosthesis	
GAST	Gastric surgery	Incision or excision of stomach; includes subtotal or total gastrectomy; does not include vagotomy and fundoplication	
HPRO	Hip prosthesis	Arthroplasty of hip	
HYST	Abdominal hysterectomy	Removal of uterus through an abdominal incision	
KPRO	Knee prosthesis	Arthroplasty of knee	
LAM	Laminectomy	Exploration or decompression of spinal cord through excision or incision into vertebral structures	
NEPH	Kidney surgery	Resection or manipulation of the kidney with or without removal of related structures	
OVRY	Ovarian surgery	Operations on ovary and related structures	
PACE	Pacemaker surgery	Insertion, manipulation or replacement of pacemaker	
REC	Rectal surgery	Operations on rectum	
RFUSN	Refusion of spine	Refusion of spine	
SB	Small bowel surgery	Incision or resection of the small intestine; does not include small-to-large bowel anastomosis	
SPLE	Spleen surgery	Resection or manipulation of spleen	
THOR	Thoracic surgery	Non cardiac, nonvascular thoracic surgery; includes pneumonectomy and hiatal hernia repair or diaphragmatic hernia repair (except through abdominal approach.)	

VHYS	Vaginal hysterectomy	Removal of the uterus through vaginal or perineal incision	
XLAP	Abdominal surgery	Abdominal operations not involving the gastrointestinal tract or biliary system. Includes diaphragmatic hernia repair through abdominal approach.	

- e. GOAL#1: The combined surgical site infection rate will not be statistically significantly higher than the most recent published NHSN rates, using the standardized infection ratio (SIR).
  - f. GOAL#2: Each individual surgical site infection rate (that is able to be calculated) will not be statistically significantly higher than the most recent published NHSN rates, using the standardized infection ratio (SIR).
3. Antibiotic Resistant Bacteria
- a. Antibiotic resistance is an ongoing concern. Multiple studies have documented increased costs and mortality due to infections caused by multidrug resistant organisms. Data will be collected using positive cultures on patients with community acquired and hospital acquired methicillin resistant *Staphylococcus aureus* (MRSA) vancomycin resistant enterococci (VRE), ESBL *Klebsiella*, and ESBL *E. coli*, and *Carbapenem-resistant Enterobacteriaceae* (CRE) CRE. A healthcare associated case is defined as a positive culture from any body site on or after the third hospital day, with no prior history of the organism. MDRO and C.difficile Infection risk assessment is performed annually to determine need for additional interventions, resources, and surveillance. In addition, positive blood cultures with MRSA or VRE and positive C.difficile Infections are reported to CDPH through NHSN Multi-Resistant Organism & Clostridium difficile Infection Module (LabID Event Reporting).
  - b. GOAL#1: The number of healthcare associated MRSA infections and colonization will remain below the Institute for Healthcare Improvement's (IHI) published rate of 3.95 nosocomial acquisitions per 1000 hospital discharges for the calendar year.
- $$\frac{\text{\# Patients with + MRSA and/or VRE cultures}}{\text{\# Hospital Discharges}}$$
- c. GOAL#2: The MRSA and VRE Lab ID events (Blood culture specimen) rate will not be statistically higher than the most recent NHSN published rates (using the SIR).
4. Clostridium difficile (C. difficile) surveillance is performed utilizing the Multi-Resistant Organism & Clostridium difficile Infection Module (LabID Event Reporting).
- a. All positive C. difficile results are entered into NHSN; reports are produced through NHSN. Increases in hospital onset (HO) cases will be reviewed and action taken if they are epidemiologically associated.
- GOAL #1: The C. difficile hospital onset (HO) rate will not be more than expected based upon NHSN SIR Rates.
5. Ventilator Associated Event – Adult Critical Care Unit
- a. VAE is conducted on persons in the ICU who had a device to assist or control respiration continuously through a tracheostomy or by endotracheal tube within the 48 hour period before the onset of infection (inclusive of the weaning period). Current CDC/NHSN VAE definitions are followed. The definition has three tiers: ventilator associated condition (VAC), infection related ventilator associated condition (IVAC), and possible ventilator associated pneumonia (PVAP). All three tiers will be reported and each PVAP case will be reviewed.



- i. GOAL: There will be seven consecutive months without a possible ventilator associated pneumonia (PVAP- Tier 3).

$$\frac{\text{VAE cases in ICU} \times 1000}{\text{Total \# ventilator days for the month}}$$

6. Central Line Associated Bloodstream Infection (CLABSI) – Intensive Care Units
  - a. Patients with a central line (defined by NHSN as a vascular access device that terminates at or close to the heart or one of the great vessels) and a primary bloodstream shall be counted. If a bloodstream infection occurs while a central line is in place or if a central line was inserted > than two calendar days before the onset of infection a chart review will be performed. Current CDC/NHSN definitions are used to determine CLA-BSI events through culture review. Actual line day information is available on-demand through the Compass Explorer program created by IT in 2005. NICU line day's data is collected by nursing services daily and reported to the Infection Prevention and Control Department at the end of each month. NICU rates are stratified by birth weight as per NHSN data comparison.
  - b. GOAL #1: Using NHSN definitions for CLABSI, the CLABSI rate for ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).
  - c. GOAL #2: Using NHSN definitions for CLABSI, the CLABSI rate for non-ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).

7. Catheter Associated Urinary Tract Infection (CAUTI)
  - a. Symptomatic urinary tract infection – Patients with an indwelling urinary catheter at the time of or within 7 days before the onset of a positive urine culture will have a chart review using current CDC/ NHSN definitions and methodology.

$$\frac{\text{\# of CAUTI cases} \times 1000}{\text{Estimation of urinary catheter days}}$$

- b. GOAL #1: Using NHSN definitions for catheter associated urinary tract infection (CAUTI), the CAUTI rate for ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).
    - c. GOAL #2: Using the NHSN definitions for CAUTI, the CAUTI rate for non ICU patients will not be more than expected based upon the NHSN standardized infection ratio (SIR).
8. Hand Hygiene
  - a. Hand hygiene compliance rates are collected by manual observation performed by unit staff on a monthly basis. The Hand Hygiene compliance rates are reported to the Directors, Joint Commission Committee, and the Infection Control Committee Number of opportunities per the World Health Organization's 5 Moments. CDC) to perform hand hygiene compared to hand hygiene completed (% compliance) during care of patients.
  - b. GOAL #1: Hand hygiene observations are performed in every patient care area at least once a month.
  - c. GOAL #2: Overall hand hygiene compliance rate will be at least 90% per quarter.
9. Environmental and Patient Care Rounds
  - a. Environment of Care rounds are performed monthly and overseen by the Environment of Care Committee. These rounds will identify risks associated with, but not limited to, medical equipment and supplies. In addition, tracers are performed monthly on a schedule throughout the patient care areas.
  - b. GOAL #1: Infection Control assessments will be represented 90% of the time during scheduled environmental rounds.

- c. GOAL #2 Infection Control assessments will be represented 90% of the time during scheduled tracers.
- d. GOAL #3: Engineering staff in collaboration with Infection Control will complete an Infection Control Construction Permit 100% of the time for projects that require a Class III or higher containment.
- 10. Reportable Diseases
  - a. Assisted by the Microbiology Laboratory and Emergency Department, required reporting to Public Health is performed by phone, fax or mail using the California Confidential Morbidity Report or other special form as directed by the County of San Diego Department of Health. Case finding is done through review of microbiology reports and calls from hospital staff (including physicians).
  - b. GOAL: Required reportable disease will be sent to the local health department within the required time frame 100% of the time.
- 11. Employee Health collects and reports the following:
  - a. GOAL#1: There will be 10% less needle stick injuries from the previous calendar year
    - i. Number of needle sticks injuries and details of department involved, device, and cause.
  - b. GOAL#2: 100% of employees will complete the annual tuberculosis screen
    - i. # Staff completing annual TB screening (PPD, blood test or survey)/ # Employees in whom compliance is required.
  - c. GOAL #3: Greater than 90% of Tri City Medical Center staff (per NHSN definition) will receive influenza vaccine.
    - i. # Employees and who received influenza vaccine/# employees who worked at least one day during the flu season.
  - d. GOAL #4: Greater than 90% of Tri City Medical Center inpatient Rehab unit staff (per NHSN definition) will receive influenza vaccine.
- 12. Home Care, collects and reports the following:
  - a. GOAL #1: CAUTI and CLABSI rates will be monitored and reported to the Infection Control Committee quarterly.
  - b. GOAL #2: There will be less than two CAUTI infections in the calendar year.
    - i. # Cases UTIs with foley catheter/Total # device days.
  - c. GOAL #3: There will be no infections related to central lines in the calendar year.).
    - i. # Cases BSI with Central Line/Total # device days.

#### I. **REFERENCES:**

1. County of San Diego Public Health & Human Services Agency, (June 2015) Public Health Services. Retrieved from [http://www.sandiegocounty.gov/hhsa/programs/phs/Centers for Disease Control and Preventions, National Healthcare Safety Network \(NHSN\) Tracking Infection in Acute Care Hospitals/Facilities. \(2013, February\) http://www.cdc.gov/nhsn/acute-care-hospital/index.html](http://www.sandiegocounty.gov/hhsa/programs/phs/Centers for Disease Control and Preventions, National Healthcare Safety Network (NHSN) Tracking Infection in Acute Care Hospitals/Facilities. (2013, February) http://www.cdc.gov/nhsn/acute-care-hospital/index.html)
2. County of San Diego Tuberculosis Control and Refugee Health Program. (June 2015) TB Statistics. Retrieved from [http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/ComparativeData2013\\_final3-13-14Rev1031914.pdf](http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/ComparativeData2013_final3-13-14Rev1031914.pdf)
3. Friedman, C. (2014). Infection Prevention and Control Programs. In P. Grota (Ed.), APIC Text of Infection Control and Epidemiology (4<sup>th</sup> ed.) Washington DC; 2014
4. The City of San Diego (2015), Economic development: Population. Retrieved on June 4, 2015: <http://www.sandiego.gov/economic-development/sandiego/population.shtml>

#### **RELATED DOCUMENTS:**

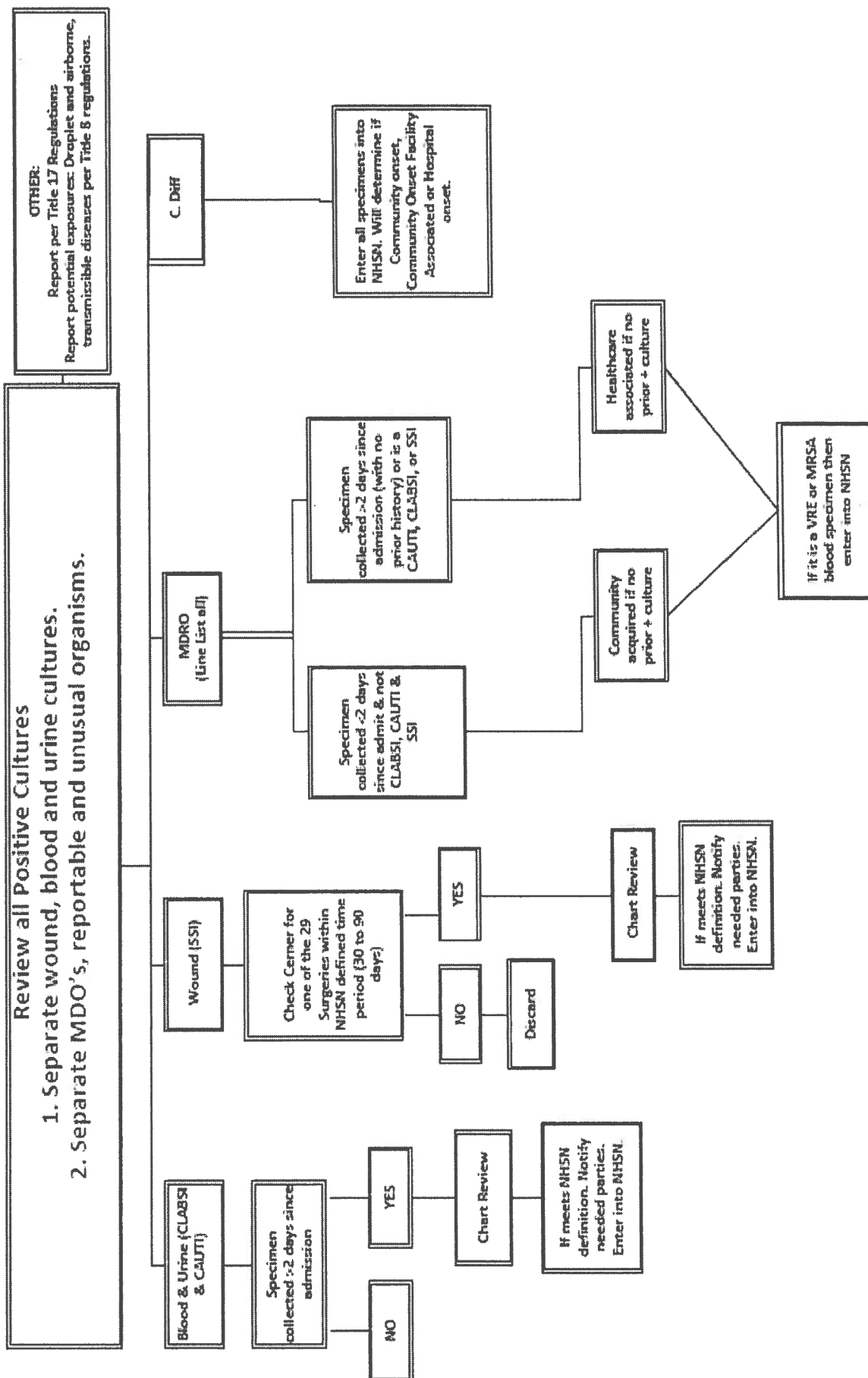
1. Infection Control Policy Manual, Philosophy
2. Infection Control Policy Manual, Epidemiologic Investigation of a Suspected Outbreak
3. Infection Control Policy Manual, Facility Acquired Infections, Defined

# INFECTION CONTROL PROGRAM TIMELINE FY 2015

Infection Control Committee	Meet	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
<b>Targeted Surveillance</b>													
SSI	*	*			*			*			*		
Multi-antibiotic Resistant Organisms													
• VRE													
• MRSA													
• ESBL													
• CRE													
CLABSI	*	*			*			*			*		
CAUTI	*	*			*			*			*		
VAE in ICU	*	*			*			*			*		
Home Health report of CAUTI and CLABSI rates	*	*			*			*			*		
Outbreak Investigation and Disease Reporting	*	*			*			*			*		*
<b>OSHA Compliance</b>													
• Tuberculosis Exposure Control Plan Review					*						*		
• Bloodborne Pathogen Exposure Control Plan Review	*	*											
<b>Employee Health</b>													
• TB Screening (PPD or questions)	*	*											
• N95 Fit-testing	*	*											
• Sharps & BBP Exposures	*	*			*			*			*		
• Infectious Diseases Exposures	*	*			*			*			*		
• Influenza Campaign													
<b>Environment of Care</b>					Begin								
• Infection control staff review of current construction projects	*	*			*			*			*		*
• Sterile Processing Department Report	*	*			*			*			*		
• Pharmacy Report on Biologicals and findings	*	*			*			*			*		
• Environment of Care Officer, Patient Safety Officer and/or Engineering report	*	*			*			*			*		
<b>Surveillance Plan</b>													
• Managers or Directors Meetings (Education & Planning)	*	*			*			*			*		*
• Input (Education & Planning)													

[illegible]

\*Presented to IC



**MEDICAL STAFF POLICY MANUAL**

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**ISSUE DATE:** 6/02

**SUBJECT:** Supervision of Residents in  
Emergency Medicine

**REVISION DATE:** 6/02; 2/06, 4/08; 9/13

**POLICY NUMBER:** 8710 – 571

<b>Medical Division Approval:</b>	<b>09/1304/16</b>
<b>Graduate Education Committee Approval:</b>	<b>09/13</b>
<b>Medical Executive Committee Approval:</b>	<b>10/1304/16</b>
<b>Professional Affairs Committee Approval:</b>	<b>05/16</b>
<b>Board of Directors Approval:</b>	<b>10/13</b>

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**A. POLICY**

1. All medical care provided by Emergency Medicine (EM) Residents is under the supervision of the Director of the Emergency Residency Rotation or a designated Medical Staff member(s) who are member (s) of TCMC Medical Staff. Each emergency medicine resident is at least a 3<sup>rd</sup> or 4<sup>th</sup> year emergency medicine resident who is doing a clinical rotation at TCMC to round out their community hospital education. Every patient seen by an emergency medicine resident, on either required or elective clinical rotation, will have a designated emergency medicine physician medical staff member (s) who will be responsible for and will supervise all medical care provided by the residents, and will be directly involved in the treatment of every patient. Each emergency resident is orientated to his/her responsibilities, job description (function in the department), documentation requirements, and potential participation in departmental grand rounds before starting his/her month long rotation. The residency rotation director gives individual verbal feedback of the residents' performance during the course of the rotation, in addition to submitting a formal written evaluation to the Emergency Medicine Residency Program Director at the completion of each resident's rotation (**see sample Resident evaluation form**). Finally, the progress of the program is reviewed at the GME committee annually, and on a monthly basis in the Emergency Department meeting.

**B. PROCEDURE**

1. Orientation
  - a. Each emergency resident is orientated to his/her responsibilities, job description (function in the department), documentation requirements (P&P 8710-513), and potential participation in departmental grand rounds before starting his/her month long rotation.
2. Orders
  - a. Emergency medicine residents may write orders on the chart, or type in orders utilizing the computer ordering system, after discussing such orders with, and under direct supervision and review by an attending emergency department physician - a member of the TCMC medical staff and the department of Emergency Medicine.
  - b. Verbal orders are permitted during codes and extreme emergency situations with instantaneous review from the supervising emergency physicians present with the resident and patient.
    - i. If a nurse or other hospital employee has any question about any order given by the emergency medicine resident they may immediately question the resident and the supervising emergency department physician.
  - c. The supervising emergency department physician will review all orders.
3. Documentation:
  - a. Documentation on each patient will be dictated by the emergency medicine resident

(complete dictation), or entered into the computerized documentation system. The attending emergency department physician will also document an attending summary either via dictation or using the computerized documentation system. (See P&P 8710-513).

4. **Direct versus Indirect Supervision of Residents In the Emergency Department In accordance with the Common Program Requirements established by the Accreditation Council for Graduate Medical Education (ACGME), this section defines the levels of supervision provided to residents rotating through the emergency department at Tri-City Medical Center for different stages of their training and for various levels of knowledge and skills.**
  - 4.a. **Levels of Supervision**
    - 2.i. **Direct Supervision:** The supervising physician is physically present with the resident and the patient.
    - ii. **Indirect Supervision with Direct Supervision immediately available:** The supervising physician is physically within the hospital and usually, within the department, and is immediately available to provide direct supervision.
  - 3.b. **Permissible Level of supervision by graduate year of training**
    - 4.i. **Emergency medicine residents in Post Graduate Year 1 and 2 must be directly supervised at all times.**
    - ii. **Emergency medicine residents in Post Graduate Year 3 and 4 may be indirectly supervised with direct supervision immediately available.**
  - c. **While it is expected that the sequential levels of supervision allow for progressive independence and autonomy, residents rotating through Tri-City emergency department may not supervise less experience residents but instead must be supervised only by an attending physician who is board certified (or board eligible) in emergency medicine.**
- 4.5. **Emergency Resident Position Description (job description) during TCMC rotation:**
  - a. **Goals and objectives of the EM residency training program are set forth in the EM residency curriculum document. Overall, the goal of the EM training program is to provide EM residents with an extensive experience in the art and science of emergency medicine in order to achieve excellence in the diagnosis, care and treatment of emergency patients. Additionally, this experience will help to establish the trainee's eligibility to participate in the American Board of Emergency Medicine's board examination. In accordance with this curriculum, the EM resident trainee agrees to do the following while at TCMC, other institutions and the parent organization:**
    - i. **Develop and participate in a personal program of self-study and professional growth with guidance from the EM faculty teaching staff.**
    - ii. **Under the supervision of the EM faculty, participate in safe, effective, and compassionate patient care, consistent with the trainee's level of education and experience and in accordance with the Residency's description of graduated responsibility.**
    - iii. **Participate fully in the educational activities of the residency program and assume responsibility for participation in the teaching of more junior physicians, of medical students and students in allied health professions.**
  - b. **The required educational activities of the EM residency are summarized as follows:**
    - i. **A minimum attendance level at all mandatory EM conferences either offsite or onsite.**
    - ii. **Complete assigned core curriculum lecture presentations (1 or 2 minimum during residency training period) in a timely fashion with guidance from the EM faculty.**
    - iii. **Record and update procedure logs, ultrasound logs, and patient follow up logs. Participate in procedure labs and follow up conference. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institution.**
    - iv. **Participate in the standing committees of the Medical Staff and institutional**

- committees, as assigned by the program director, especially those that relate to patient care review activities.
- v. Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and the practice of emergency medicine. Learn cost containment measures in the provision of patient care.
  - vi. Perform all duties in accordance with the established practices, procedures and policies of the institution, the emergency medicine program, and other institutions to which the resident is assigned.
  - vii. Formulate diagnostic, therapeutic and disposition decisions independently. The EM-3 resident will be able to competently perform all the major critical procedures for the stabilization and treatment of emergency patients. Administrative skills of appropriate transfer of ED patients in accordance with applicable state and federal regulations and interfacing with representatives of HMOs and other third party payers will be stressed.
  - viii. The EM-3 resident will have developed skills as a clinical teacher and mastered presentation skills in case conference and lecture formats. Original research has been conducted, and the resident has developed skills in literature review and critical appraisal. The basic skills to provide evidence-based healthcare have been acquired. Significant teaching and academic responsibilities are included in the EM-3 experience.
  - ix. Adhere to the emergency department schedule of assigned shifts, as well as the call schedule and assignments of off service rotations, in a prompt and timely fashion.
- c. Document patient care in the medical record in a timely fashion as per medical staff policy.
- i. Adhere to the ACGME institutional requirements and the ACGME-RRC program requirements for emergency medicine.
  - ii. Participate in the evaluation of the EM training program.
  - iii. Comply with the licensure requirements of the State of California and/or State of California requirements if in Active Duty, and the laws of the State and Federal Governments.
  - iv. Adhere to the policies of the Emergency Medicine Residency- parent and rotation and adhere document entitled; Guidelines for Managing Impaired Residents.
  - v. Adhere to the principles of the SAEM and CORD Statement on Professionalism in Emergency Medicine summarized as follows:
    - 1) The specialty of emergency medicine recognizes the importance of defining its professional responsibilities, values, and commitments. Trainees must be taught and emergency physicians must practice the following:
      - a) To make clinical decisions according to the best interests of the patient.
      - b) To behave in a manner that enhances patient trust.
      - c) To deliver high quality emergency medical care, maintaining the highest level of knowledge and skills.
      - d) To listen attentively, maintain confidentiality, and communicate truthfully, respectfully, openly, and honestly.
      - e) To be an advocate for the health care needs of emergency patients and the community.
      - f) To place the interest and well-being of the patient above self-interest.
      - g) To serve as a role model for health care professionals in training.
      - h) To work collegially with others, helping to create a productive and effective work environment.
- d. Summary
- i. Professionalism is defined as behaviors that enhance the trust of patients and of society. This is accomplished by putting the needs of patients ahead of the



physician's self-interest. Professionalism must be demonstrated by all emergency medicine professionals, integrated into residency training programs, and continually reinforced. At this time of tumultuous change, professionalism serves as a point of reference, at the core of the identity of the emergency medicine specialist.

**C. GRADUATED RESPONSIBILITY FOR EMERGENCY MEDICINE RESIDENTS**

1. The emergency medicine (EM) residency provides a graduated level of responsibility for EM trainees. Residents enter into the EM residency after successful completion of a PG-I (general internship) and in the case of the Navy residents some in the field practice. These residents are assumed to have developed the basic skills of history-taking and physical examination, as well as general medical and surgical patient work-up and management
2. Before the emergency medicine resident arrives at TCMC, he/she will be expected to have mastered basic skills in initial stabilization, essential diagnostic work-up, emergency core procedures, and emergency department management of individual acutely ill and injured patients in the unique environment of the ED.
- 4.3. By completion of the EM-2 (PGY-III) year, EM residents will have acquired expertise in multi-tasking and managing both patient care and administrative responsibilities simultaneously. The EM-2 resident will be comfortable in managing, and prioritizing the patient care of multiple patients. Furthermore, EM-2 residents will be able to take on the additional responsibilities of the stabilization and work-up of emergency department patients, emergency core procedures, and coordinating further inpatient or outpatient evaluation and care with representatives of other specialties. Furthermore, EM-2 residents will actively participate as base hospital physicians directing paramedic pre-hospital providers.
- 2.4. Upon completion of the EM-3 (PGY-IV) year of residency, EM trainees will have mastered all the above skills and in addition be capable of supervising all operational issues regarding patient flow and prioritization in the ED, as well as the pre-hospital setting. An EM faculty member is continuously present in the ED, but the EM-3 resident is expected to formulate diagnostic, therapeutic and disposition decisions independently. The EM-3 resident will be able to competently perform all the major critical procedures for the stabilization and treatment of emergency patients. Administrative skills of appropriate transfer of ED patients in accordance with applicable state and federal regulations and interfacing with representatives of HMOs and other third party payers will be stressed. The EM-3 resident will have developed skills as a clinical teacher, and mastered presentation skills in case conference and lecture formats. Original research has been conducted, and the resident has developed skills in literature review and critical appraisal. The basic skills to provide evidence-based healthcare have been acquired. Significant teaching and academic responsibilities are included in the EM-3 experience.
- 3.5. Residency progress will be reviewed; problems with communication, suggestions for improvement, and other questions of a general nature will be addressed. Any specific medical problem with the resident's management will be discussed in the monthly Department QA meetings as necessary.

**D. RELATED DOCUMENTS:**

1. **Sample Resident Evaluation Form**

## Sample Resident Evaluation Form

**PROCEDURE: BATHING, NEWBORN/INFANT****Purpose:** To outline the nursing responsibilities in bathing

**Supportive Data:** The first bath should be delayed until the infant is in the normal range for two to four hours. Infants should be given an immersion bath with warm water, wipes, and a cleansing technique rather than rubbing. Bathe the infant only two or three times per week utilizing a cleanser that has a neutral pH (5.5-7), minimal dyes and perfumes to reduce risk of future sensitization to these products.

**DELETE** - use Mosby's Skills  
Bathing: Sponge and Immersion  
(Neonatal)

**Equipment:**

1. ~~Gloves~~
2. ~~Tub with mesh ramp~~
3. ~~Bowl or peri-bottle with warm water~~
4. ~~Cleanser~~
5. ~~Wipes or cotton balls~~
6. ~~Comb~~
7. ~~Swaddle cloth~~
8. ~~Diaper~~
9. ~~Shirt (if applicable)~~

Issue Date: 7/07 Revision Date(s): 6/09, 6/11, 8/12

**A. PROCEDURE:**

1. ~~Perform hand hygiene.~~
2. ~~Confirm patient identity using two-identifier system. Refer to Patient Care Services "Identification, Patient" (IV.A) policy~~
3. ~~Gather supplies.~~
4. ~~Undress patient, remove leads and lightly swaddle with swaddle cloth/blanket.~~
5. ~~Fill bathtub to line and check water temperature, water temperature should be between 38.4°-38.9°C, (101°-102°F).~~
6. ~~Place tub with water on blankets or cravats to prevent slipping if wet.~~
7. ~~Patient may be positioned on wire mesh rack in water; infant's entire body except head and neck should be covered with water.~~
8. ~~Moisten wipes with water and wipe eyes from inner to outer canthus using different areas of wipes for each eye.~~
9. ~~Wash face and outer ears. Do not use cleanser on the face.~~
10. ~~Uncover one body part at a time, wash, rinse, and re-swaddle the area. Move onto next body part until entire baby has been washed.~~
11. ~~Give particular attention to skin folds and between the fingers and toes.~~
12. ~~Prevent cleanser/water from entering the ears.~~
13. ~~Rinse thoroughly ensuring all cleanser is removed.~~
14. ~~Dry the infant thoroughly.~~
15. ~~Re-diaper.~~
16. ~~Re-dress and wrap infant as applicable.~~

**B. Special Considerations for infants <32 weeks and/or < 1500 gms:**

1. ~~Skin should be cleansed only using warm sterile water during the first two weeks of life. Use soft materials such as gauze pad or cotton balls. Rubbing should be avoided and if areas of breakdown are evident use warm sterile water. Water can be squeezed onto the skin during rinsing.~~

**C. Documentation:**

1. ~~Document bath, including infant's tolerance/intolerance to bathing in the patient's medical record.~~

Department Review	Division of Neonatology	Pharmacy and Therapeutics	Medical Executive Committee	Professional Affairs Committee	Board of Directors
04/16	04/16	n/a	04/16	05/16	

2. Document any abnormalities or breakdown of the skin in the patient's medical record.

**D. EXTERNAL LINKS:**

**E. REFERENCES:**

1. AWHONN (2007). Neonatal Skin Care, 2<sup>nd</sup> Ed.
2. Gomella T.L (2004). Neonatology management, procedures, on-call problems, diseases and drugs, 5<sup>th</sup> Ed. New York, NY. McGraw-Hill Companies, Inc.
3. Merenstein, G. & Gardner, S. (2006). *Handbook of Neonatal Intensive Care* (6th ed.). St. Louis: Mosby, Elsevier.
4. Verklan, M.T. & Walden, M. (Eds.). (2009). *Core curriculum for neonatal intensive care nursing* (4th ed.). St. Louis: Saunders.

**F. APPROVAL PROCESS**

1. Clinical Policies & Procedures Committee
2. Nurse Executive Council
3. Medical Executive Committee
4. Professional Affairs Committee
5. Board of Directors

**PROCEDURE: CHEST TUBE, CARE OF INFANTS WITH PNEUMOTHORAX**

**Purpose:** For severely compromised infants who have a with needle aspiration may be required. Sub and placement in the infant's chest of a drain

**Equipment:** Chest tubes: 8 Fr, 10 Fr, and 12 Fr-Pigtail Unit  
 Procedure tray  
 Povidone-Iodine  
 Sterile saline-wipes  
 Rubber-tipped clamps  
 Mask, hat, sterile gown and gloves for physician  
 Wall suction equipment  
 Underwater drainage system kit  
 Vinyl connecting tube  
 Sterile water  
 Tape  
 Suture  
 Sterile 2 inch x 2 inch gauze  
 Tegaderm™ dressing  
 1% Xylocaine  
 Analgesic such as Morphine or Fentanyl  
 Sedative such as Midazolam or Ativan  
 Vaseline gauze

**DELETE – use Mosby's Skills  
 Chest Tube Insertion (Neonatal),  
 Chest Tube Removal (Neonatal),  
 Chest Tube: Closed Drainage  
 System (Neonatal)**

Issue Date: 9/07 Revision Date: 6/09, 6/11, 8/12

**A. PROCEDURE:**

1. Obtain informed consent from parent or legal guardian.
2. Assemble equipment and perform hand hygiene.
3. Perform "time out" to verify patient and procedure with physician.
4. Insertion of a chest tube is an invasive procedure that requires sterile technique. Each person assisting must wear a gown, gloves, a mask, and a cap.
5. A chest tube may only be inserted by a physician.
6. The infant should be on a heart rate-apnea monitor with an audible QRS; the pulse oximeter should be on and functioning during the procedure.
7. A blood pressure cuff should be in place so blood pressure can be checked.
8. Pain medication should be administered.
9. A transilluminator should be used for diagnosis, if necessary.
10. A chest X-ray should be performed before insertion of a chest tube, if possible.
11. The infant should be positioned so that the side with the pneumothorax is upright or flat, with the head of the bed elevated; the infant's extremities should be immobilized.
12. The drainage system should be set up according to package insert instructions. The end of the tubing from the collection chamber should be connected to a universal adapter and remain sterile. It will be connected to the vinyl connecting tube, which then will be connected to the chest tube when the chest tube is inserted. The suction tubing may be placed to wall suction with a regular suction adapter.
13. Suction can be set by dialing in the ordered amount of suction on the chest drain. The suction regulator (connected to a wall outlet) should be set at a minimum of 80 mm Hg.
14. Rubber-tipped clamps should be kept at the bedside at all times while the chest tube is in place.
15. The tubing should be positioned so there are no dependent loops through which drainage would have to flow against gravity. The tubing should be stabilized and secured to promote function and comfort and to prevent accidental removal. Connections should be taped.

Department Review	Division of Neonatology	Pharmacy and Therapeutics	Medical Executive Committee	Professional Affairs Committee	Board of Directors
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16. If bubbling resumes after initially ceasing, it is important to troubleshoot the system. Check that all connections are secure, and check to see if the chest tube has become dislodged. It may be necessary to obtain a chest X ray to see whether the infant has accumulated a pneumothorax.
17. Any drainage in the drainage collection chamber should be marked on the drainage device. The amount should be documented under output on the patient medical record every 12 hours.
18. The dressing should remain airtight; any routine dressing changes are not recommended. The site should be evaluated for signs of infection and changed if infection is suspected or if the dressing becomes wet and drainage occurs.
19. The dressing should be labeled with the date and time it was placed.
20. Milking and stripping of the chest tube should be avoided.
21. Clamping has minimal clinical value. Therefore, if it is necessary to transport an infant with a chest tube, the chest tube may be placed to water seal or Heimlich valve. Only clamp a chest tube to simulate tube removal to determine patient tolerance. This can also be achieved by turning the stopcock on the vinyl connector tubing, off to patient.
22. Following the insertion of a chest tube, a chest x-ray, blood gas, and vital signs should be obtained. Breath sounds should be evaluated before and after the procedure. To help drain air, the head of the bed should be inclined to a 30°-45° angle after chest tube insertion.
23. The physician performs removal of chest tubes. After removal, an occlusive Vaseline pressure dressing should be applied. The chest drain should be disposed of in the infectious waste container.

**B. DOCUMENTATION:**

1. The RN should document the procedure in the patient's medical record. The size of the chest tube and the infant's tolerance of the procedure should be included.
2. The RN should check and record vital signs and auscultate breath sounds every 2 hours.
3. Every shift, the RN should record the chest tube site, any bubbling in the water seal chamber, the amount of suction, and the amount of drainage, if any.

**C. REFERENCES:**

1. Cotton, C. M., & Goldberg, R. N. (2005). Air leak syndromes. In A. R. Spitzer (Ed.), *Intensive care of the fetus and neonate, 2<sup>nd</sup> Ed.* Philadelphia: Elsevier.
2. Don, S.M. (2005). Historical perspectives: neonatal transilluminations. *Neoreviews*, 6, e112-e114.
3. Fletcher, M.A., & MacDonald, M. (1993). *Atlas of procedures in neonatology (2<sup>nd</sup> ed.)*. Philadelphia: Lippincott, Williams, & Wilkins.
4. Gomella, T.L., Cunningham, M.D., Eyal, F.G. & Zenk, K. E. (Eds.). (2009). *Neonatology: Management, procedures, on-call problems, diseases, and drugs (6<sup>th</sup> ed.)*. New York: McGraw-Hill.
5. Verklan, M.T., Walden, M. (Eds.). (2009). *Core curriculum for neonatal intensive care nursing (4<sup>th</sup> ed.)*. St. Louis: Saunders.

**D. APPROVAL PROCESS**

1. Clinical Policies & Procedures Committee
2. Nurse Executive Council
3. Medical Executive Committee
4. Professional Affairs Committee
5. Board of Directors



## WOMEN'S AND NEWBORN CHILDREN'S SERVICES MANUAL - NICU

**SUBJECT: DIETICIAN, ROLE OF IN THE NICU**

**ISSUE DATE: 4/09**

**REVISION DATE(S): 4/09, 6/11, 8/12**

Department Approval Date(s):	03/15
Division of Neonatology Approval Date(s):	03/15
Pharmacy and Therapeutics Approval Date(s):	n/a
Medical Executive Committee Approval Date(s):	05/13 n/a
Professional Affairs Committee Approval Date(s):	06/13 05/16
Board of Directors Approval Date(s):	06/13

**A. PURPOSE:**

1. To provide consultation and be a resource person for the **Neonatal Intensive Care Unit (NICU)** staff when needed for NICU patients experiencing slow weight gain and/or have a metabolic disorder, as well as feeding intolerance.

**B. POLICY:**

1. Role of the dietitian in the NICU.

**C. SUPPORTIVE DATA:**

1. Historically, some NICU infants have been diagnosed with a failure to thrive, poor weight gain, feeding intolerance, with or without a metabolic disorder, short gut syndrome, etc., and the need for occasional consultation exists.
2. Dietitians who have expertise in pediatric and neonatal nutrition can contribute to the teaching of parents for these infants, providing a better outcome.
3. It is the policy of Tri-City Medical Center in accordance with **California Children's Services (CCS)** guidelines, to provide a dietitian for such consults as requested by the NICU Neonatologist/~~Allied Health Professional~~**licensed independent practitioner (LIP).**
4. The dietitian will be CCS paneled in order to bill for any consultations that are originated in the Developmental Assessment Clinic (DAC) after discharge.
5. The dietitian will attend the weekly multidisciplinary rounds in the NICU.

**D. EXTERNAL LINKS:**

**E. REFERENCE LIST:**

**F. APPROVAL PROCESS**

1. Clinical Policies & Procedures Committee
2. Nurse Executive Council
3. Medical Executive Committee
4. Professional Affairs Committee
5. Board of Directors

**PROCEDURE: MEASURING INFANT LENGTH IN THE NEONATAL INTENSIVE CARE UNIT (NICU)**

**Purpose:** A series of accurate weights and measurements of stature or length offer important information about a child's growth pattern.

**Supportive Data:** The gold standard technique for measuring length for children less than 24 months involves a recumbent length measuring board.

**Equipment:** ~~Starters~~ **Seca 210 Measure Mat from QuickMedical.**

**Issue Date:** 10/08

**A. POLICY:**

1. The ~~Starters~~ **Seca 210 Measure Mat** will be utilized for accurate measurement of infants in the NICU.

**B. PROCEDURE:**

1. The Measure Mat will be spread out and smoothed by hand on a hard surface.
2. The infant is laid on the mat with the top of the head touching **the head stopheadboard**. The body will be positioned perpendicular to **the head stopheadboard** and stretched out fully.
3. The infant's knees will be held together and pressed down **gently** against the mat with one hand, and the foot **stopboard** brought up against baby's heels with the other hand.
4. The foot **stopboard** should be parallel to the head **stopboard** by lining it up with the vertical length measuring lines. The measurement is read along the edge of the Measure Mat.
5. The measurement is documented in infant's medical record and plotted on the **appropriate** fetal infant growth chart **based on the infant's gestational age**.
6. Following use, wipe clean with **hospital approved disinfectant wipessoap and water or any non-alcohol based disinfectant**. Roll up mat and store away from excessive heat.

**EXTERNAL LINKS:****D-C. REFERENCES:**

1. Centers for Disease Control (2000) Use and Interpretation of CDC Growth Charts.
2. Rifas-Shiman, S.L., et al. (2005) Misdiagnosis of Overweight and Underweight Children Younger than 2 Years of Age Due to Length Measurement Bias. Medscape General Medicine 7(4):56.
- 2-3. **Seca 210 Instruction Manual**

**E. APPROVAL PROCESS**

1. ~~Clinical Policies & Procedures Committee~~
2. ~~Nurse Executive Council~~
3. ~~Medical Executive Committee~~
4. ~~Professional Affairs Committee~~
5. ~~Board of Directors~~

Department Review Revision	Division of Neonatology	Pharmacy and Therapeutics	Medical Executive Committee	Professional Affairs Committee	Board of Directors
6/09, 8/12, 01/16	10/15	n/a	04/16	05/16	08/12



**PROCEDURE: AMNIOCENTESIS**

**Purpose:** To outline the nursing care of the patient undergoing an amniocentesis.

**Supportive Data:** Amniocentesis is the aspiration of fluid from the uterus through an abdominal puncture for the purpose of amniotic fluid analysis. This procedure may be performed at any time during pregnancy. Once the amniotic fluid has been obtained, laboratory testing may be conducted for diagnosis of disease or evaluation of fetal lung maturity.

**Equipment:**

1. Electronic fetal monitor
2. Amniocentesis tray
3. Ultrasound machine
4. Patient identification labels

**A. PRE-PROCEDURE:**

1. Verify physician order.
2. Verify that the physician has discussed the indications, the risks, and benefits of the procedure with the patient.
  - a. Ensure the signed consent is on the medical record.
3. Place the patient on electronic fetal and uterine monitoring for at least 20 minutes prior to amniocentesis.
4. Notify physician for Fetal Heart Rate (FHR) tracing that represents a Category II or Category III interpretation. See Fetal Heart Rate Surveillance Policy.
5. Obtain maternal vital signs and blood pressure.
6. Assist patient to a lateral recumbent or supine with hip tilt position.

**B. INTRA-PROCEDURE:**

1. Complete Universal Protocol, TIME OUT procedure, before beginning the procedure. See Universal Protocol Procedure, Patient Care Services.
2. Assist the physician as directed.
  - a. Prepare equipment needed for procedure- amniocentesis tray, ultrasound machine, sterile gloves, ultrasonic gel, and labels with patient's identification
  - b. Assist provider in obtaining an Amniotic Fluid Index (AFI) and Ultrasound to determine fetal viability, Estimated Gestational Age, placental and fetal position, singleton or multiple gestation, and detection of gross fetal malformation.
3. Label specimens at the bedside, utilizing the two patient identifiers and send for testing as ordered by physician.
  - a. Protect specimen from light.
4. Apply band-aid to puncture site or 2x2 gauze with tape as indicated.

**C. POST-PROCEDURE:**

1. Continue external fetal and uterine monitoring for at least 1-hour post procedure or as indicated by provider. Assess for the presence of contractions and assess site of needle aspiration for bruising, bleeding, or leakage of fluid.
2. Administer Anti-D globulin as ordered by physician for D-Negative patient.

**D. DOCUMENTATION:**

1. Document procedure in the patient's medical record. .
2. Notify the physician for any of the following post-procedure events:
  - a. Baseline fetal bradycardia or tachycardia.
  - b. Uterine Activity (e.g., contractions, preterm labor).
  - c. Vaginal bleeding.

Review/Revisi on Date	Department of OB/GYN	Division of Neonatology	Department of Pediatrics	Pharmacy & Therapeutics	Medical Executive Committee	Professional Affairs Committee	Board of Directors Approval
8/96; 2/99; 5/00; 6/03; 6/06, 12/12	01/13; 04/16	n/a	n/a	n/a	05/13, 04/16	06/13, 05/16	06/13

3. If patient is discharged to home, review the following instructions and those advised by the physician:
  - a. Not to lift anything heavy for two days.
  - b. Report to physician:
    - i. Any amniotic fluid leakage.
    - ii. Fever
    - iii. Severe cramps (slight cramps for the first day or two are normal).
    - iv. Vaginal bleeding.
4. Document the teaching and any interventions completed in the patient's medical record.

E. **REFERENCES:**

1. Simpson, K. & Creehan, P. (2001~~48~~) Perinatal Nursing (3<sup>rd</sup> 4<sup>th</sup> Ed.), Philadelphia: Lippincott, Williams & Wilkins.
2. Simpson, J., Richards, D., Otano, L. & Driscoll, D. (2012) Gabbe Obstetrics: Normal and Problem Pregnancies (6<sup>th</sup> Ed.) St. Louis: W.B. Saunders Company.
3. Chisholm, C. & Ferguson, J. Ultrasound-Guided Procedures in Obstetrics. *Ultrasound Clinics*, 2012 (7) 325-335.
4. **Mattson, S. & Smith, J. (2011) Core Curriculum for Maternal- Newborn Nursing, 4<sup>th</sup> Ed. St. Louis: Saunders; Elsevier.** ~~Tucker, S.M., Miller, D.A. (2009). Fetal Monitoring and Assessment (5<sup>th</sup> Ed), Mosby: Elsevier.~~

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

**Tri-City Medical Center**  
**Audit, Compliance & Ethics Committee**  
**May 19, 2016**  
**Assembly Room 1**  
**8:30 a.m-10:30 a. m.**

<b>Members Present:</b>	Director Ramona Finnila (Chair); Director Larry W. Schallack; Director Laura Mitchell; Jack Cumming, Community Member; Kathryn Fitzwilliam, Community Member; Leslie Schwartz, Community Member
<b>Non-Voting Members:</b>	Steve Dietlin (CEO); Ray Rivas, Acting CFO
<b>Others Present:</b>	Diane Racicot, General Counsel; Teri Donnellan, Executive Assistant; Colleen Thompson, Director of Medical Records, HIM and Privacy Officer; Kathy Topp, Director of Education & Clinical Information; Marcia Cavanaugh, Senior Director, Risk Management
<b>Absent:</b>	Kapua Conley, COO Cheryle Bernard-Shaw, CCO; Barton Sharp, Community Member

	<b>Discussion</b>	<b>Action Recommendations/ Conclusions</b>	<b>Person(s) Responsible</b>
1. Call to Order	The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Finnila.  Committee members introduced themselves to Ms. Cavanaugh who was reporting today on behalf of Ms. Cheryle Bernard-Shaw.  Ms. Topp introduced Ms. Cheri Zhu, a student who was shadowing Ms. Topp.		
2. Approval of Agenda	<b>It was moved by Director Mitchell and seconded Director Schallack to approve the agenda as presented. The motion passed unanimously.</b>	<b>Agenda approved.</b>	Ms. Donnellan
3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item	There were no public comments.		
4. Ratification of minutes – April 21, 2016	Chairperson Finnila noted the word "temp" on page 6 should be plural.	<b>Minutes ratified.</b>	Ms. Donnellan

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>It was moved by Mr. Jack Cumming and seconded by Mr. Leslie Schwartz to approve the minutes as amended. The motion passed unanimously.</p> <p>Mr. Schwartz commented that Policy 8750-559 reviewed at last month's meeting and approved by the Board on April 28, 2016 did not reflect all of the changes suggested by the committee. Ms. Colleen Thompson stated she will revise the policy to strike the redundant statement in #1, section c. of the policy.</p>		
5. New Business			
A) Review and Discussion of Policies & Procedures:			
1) 8610-523 – Use and Disclosure of PHI for Marketing	<p>General Counsel Ms. Diane Racicot explained Policy 8610-523 relates specifically to PHI used to identify patients when payments are received from third parties for the marketing activities of the third parties. She also discussed the differences under HIPAA related to use and disclosure of PHI for in other circumstances such as for fundraising (a policy that was recently reviewed by the committee) and in connection with the sale of PHI. Ms. Racicot stated that the policy essentially provides that patient authorization is necessary prior to release of PHI except where exceptions are noted.</p> <p>Chairperson Finnilla suggested the language in Section D, 2. ii. "communications in the form "and "for the communication" be struck for clarity. It was also suggested the word "gift" be pluralized in the same section.</p> <p>It was moved by Director Mitchell and seconded by Mr. Cumming to recommend approval of Policy 8610-523 – Use and Disclosure of PHI for Marketing as presented and amended. The motion passed unanimously.</p>	<p>Recommendation to be sent to the Board of Directors to approve Board Policy 8610-523 – Use and Disclosure of PHI for Marketing; item to appear on next Board agenda and included in Board Agenda packet.</p>	Ms. Donnellan
2) 8750-554 – Monitoring	Ms. Kathy Topp provided comments on behalf of Ms.		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
Compliance/Auditing and Reporting: Exit Interviews	<p>Bernard-Shaw. She stated that Ms. Bernard-Shaw will be adapting a process to include a category for exit interviews for contractors, particularly if the contract is not renewed. Ms. Topp explained we currently conduct an exit interview with staff who leave the organization.</p> <p>Chairperson Finnila suggested the title of section B. be revised to read "Employee Policy".</p> <p>Chairperson Finnila also expressed concern that the policy does not include a statement related to privacy. In response to the Chair's comment on privacy, Ms. Racicot suggested the policy be deferred to incorporate relevant compliance policies that address confidentiality of reports and due to the fact that HR is incorporating policy 8750-537 into another policy which is not yet finalized. She also suggested that the referenced policies be provided when the policy is brought back to the Committee.</p>	<p><b>Policy 8750-554 – Monitoring Compliance/Auditing and Reporting: Exit Interviews will be brought back to the committee in June for review.</b></p>	CCO/General Counsel
<p>3) 8750-569 – Referral Source Policies; Contractual Arrangement with Physicians and Other Referral Sources</p>	<p>Ms. Kathy Topp provided comments on behalf of Ms. Bernard-Shaw. She stated that Policy 8750-569 speaks to the management of relationships with Referral Sources. Ms. Topp explained the referral source prohibitions are discussed in the Staff Law.</p> <p>Ms. Racicot stated the policy focuses on contracts with physicians and other referral sources. She explained there is a process that includes extensive review by legal and the Compliance Officer for all contracts with physicians and other referral sources.</p> <p>It was suggested that the language "Contract Department" be revised throughout to read "Compliance Department" to accurately reflect the process.</p> <p>Ms. Racicot explained section D. #3 was included in the policy to alert reviewers to consult with Compliance or Legal to ensure other Stark elements are addressed.</p>	<p><b>Recommendation to be</b></p>	Ms. Donnellan

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>It was moved by Director Schallock and seconded by Mr. Schwartz to recommend approval of Policy 8750-569 – Referral Source Policies; Contractual Arrangement with Physicians and Other Referral Sources as presented and amended. The motion passed unanimously.</p> <p>Ms. Kathy Topp and Ms. Carrie Zhu left the meeting at 9:05 a.m.</p>	<p>Sent to the Board of Directors approve Policy 8750-569 – Referral Source Policies Contractual Arrangement with Physicians and Other Referral Sources; item to appear on next Board agenda and included in agenda packet.</p>	
B) Review and discussion of non-clinical contracts	<p>An updated Non-Clinical Contract Evaluation Spreadsheet was distributed to committee members.</p> <p>Ms. Colleen Thompson reported the following on behalf of Ms. Bernard-Shaw:</p> <ul style="list-style-type: none"> <li>➤ Simplex Grinnel was rated as a 3 by the contract reviewer due to untimely building engineering preventive maintenance checks. Ms. Thompson stated the issue has been resolved and will be reflected by including an "R" in the status column.</li> <li>➤ Veolia ES Technical Solutions was rated a 2 by the contract reviewer. Ms. Thompson stated a 2 rating is a minor issue that is resolvable. An "R" will be included in the status column to reflect the issue has been resolved.</li> <li>➤ Arcoina Trish is a Business Associate Agreement that is being cancelled due to lack of identifiable information on the service. Ms. Thompson explained she is listed as the Responsible Party (reviewer) however she had no knowledge of this agreement.</li> <li>➤ Meredith Brooks and C/Net Solutions – Ms. Thompson stated both Meredith Brooks and C/Net Solutions are not reviewable due to the nature of the agreement.</li> </ul>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>➤ Codeman &amp; Shurtleff, Inc., a Research Company was rated a 3 by the contract reviewer due to delays with the agreement. Ms. Racicot noted no PHI should be available to the research company until a business associate agreement has been signed</p> <p>➤ CPR Technologies, Inc. is not reviewable due to the nature of the agreement.</p> <p>It was moved by Ms. Fitzwilliam and seconded by Director Mitchell to recommend approval of the Non-Clinical Contract spreadsheet as presented and amended to include the "R" to reflect the issue has been resolved. The motion passed unanimously</p> <p>Ms. Thompson left the meeting at 9:12 a.m.</p>	<p>Recommendation to be sent to the Board of Directors to approve the Non-Clinical Contracts; item to appear on next Board agenda and included in agenda packet.</p>	Ms. Donnellan
C) Review of FY2013 3 <sup>rd</sup> Quarter Financial Statement Results	<p>Mr. Rivas gave a brief report on the Fiscal YTD financial results as follows (dollars in Thousands):</p> <ul style="list-style-type: none"> <li>• Net Operating Revenue – \$249,504</li> <li>• Operating Expense – \$252,046</li> <li>• EROE - (\$496)</li> <li>• EROE Excl. Settlement - \$1,582</li> <li>• EBITDA – \$10,252</li> <li>• EBITDA Excl. Settlement - \$12,330</li> </ul> <p>Other Key Indicators for the current year included the following:</p> <ul style="list-style-type: none"> <li>• Average Daily Census - 192</li> <li>• Adjusted Patient Days – 85,170</li> <li>• Surgery Cases – 4,813</li> <li>• Deliveries – 1,968</li> <li>• ED Visits – 49,827</li> <li>• Net Patient Accounts Receivable – \$41.5 million</li> <li>• Days in Net Account Receivable – 47.7</li> </ul>	Information Only	



	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>Mr. Rivas also presented graphs which reflected Net Days in Patient Accounts Receivable, Average Daily Census excluding Newborns, Adjusted Patient Days, Emergency Department Visits, EROE and EBITDA.</p> <p>Mr. Cumming questioned the decline from previous year. Mr. Dietlin explained that surgeries drive the numbers. He stated we are working on several initiatives such as the UCSD Affiliation, addition of Neurosurgeons and Cardiothoracic Surgeons, to name a few in an effort to increase our numbers. Mr. Dietlin stated there are also several initiatives being worked on in the ED to improve wait time, LWOT numbers, etc.</p> <p>Mr. Dietlin also commented on the Crisis Stabilization Unit which will improve flow in the Emergency Department and provide a better environment for patients. He stated we are working with the county on adequate funding for that process and hope to enter into a contract with the county in the fall.</p> <p>Chairperson Finnilla suggested Mr. Rivas consider looking at other key indicators to accurately reflect our initiatives.</p> <p>Mr. Schwarz requested clarification on the TCMC versus the Consolidated Financial Statement. Mr. Rivas explained we have some ownership with other entities that we affiliate with, such as the Wellness Center and that is reflected in the Consolidated Financial Statement. It was suggested a footnote be placed on the Consolidated Financial Statement to reflect the entities that are included.</p>		
D) Review and discussion of Audit priorities	Chairperson Finnilla stated Moss Adams will begin our audit process shortly and queried the committee on what they see as priorities. Ms. Rivas stated Moss Adams is scheduled to be on site May 24th and will focus primarily on patient accounts receivable on this visit. Mr. Dietlin explained that the auditor will focus on the high risk areas as outlined in	Information only.	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>their presentation several months ago.</p> <p>Ms. Dietlin stated any change in leadership will prompt the auditor to take a closer look and interview management. It was noted that the auditors provide an opportunity for the committee to express any concerns with management in executive session.</p> <p>Ms. Fitzwilliam suggested the auditors review our contracts at a suitable level.</p>		
6. Old Business	None		
7. Oral Announcement of Items to be Discussed during Closed Session (Government Code Section 54957.7)	Chairperson Finnilla made an oral announcement of the items listed on the agenda to be discussed during closed session which included approval of closed session minutes and one matter of Potential Litigation.		
8. Motion to go Into closed session	<b>It was moved by Mr. Cumming and seconded by Mr. Schwartz to go into closed session at 9:36 a.m. The motion passed unanimously.</b>		
9. Open Session	The committee returned to open session at 9:55 a.m. with attendance as previously noted.		
10. Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	Chairperson Finnilla reported no action was taken in closed session.		
11. Comments from Committee Members	<p>Chairperson Finnilla encouraged committee members to let the Board know if they belong to community groups or organizations that would like to learn more about Tri-City and what Tri-City has to offer.</p> <p>Mr. Schwartz stated Mr. Dietlin is scheduled to meet with a group that he is affiliated with in July.</p>	<b>Information Only</b>	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
12. Date of Next Meeting	Chairperson Finnilla stated the Committee's next meeting will be held on June 16, 20	The committee's next meeting is scheduled for June 16, 2016.	
13. Adjournment	Chairperson Finnilla adjourned the meeting at . 10:00 a.m.		



**AUDIT AND COMPLIANCE COMMITTEE**  
**May 19, 2016**

<b><u>Administrative Policies &amp; Procedures</u></b>			
1. Use and Disclosure of Information Regarding Media	8610-523	3 year review, revised	Forward to BOD for approval with revisions
2. Monitoring Compliance/Auditing and Reporting; Exit Interviews	8750-554	3 year review, revised	Pulled for further review
3. Referral Source Policies; Contractual Arrangement with Physicians and Other Referral Sources	8750-569	3 year review, revised	Forward to BOD for approval with revisions

Administrative Policy Manual  
Compliance

ISSUE DATE: 5/03

SUBJECT: USE AND DISCLOSURE OF  
INFORMATION REGARDING  
MEDIA OF PHI FOR MARKETING

REVISION DATE: 1/06; 7/06; 3/09

POLICY NUMBER: 8610-523

Department Approval Date:	03/16
Administrative Policies & Procedures Committee Approval:	03/0904/16
Operations Team Committee Approval:	03/09
Audit, Compliance and Ethics Committee Approval:	05/16
Board of Directors Approval:	04/09

A. **PURPOSE:**

1. The purpose of this Policy is to provide guidance to staff for on the Use and Disclosure of Protected Health Information (PHI) for purposes of marketing **including the requirement to obtain patient Authorizations for such marketing** is required for use or disclosure of any PHI.

B. **DEFINITIONS:**

1. **Authorization:** the written form that complies with HIPAA in order to Use and Disclose PHI for Marketing.
2. **Disclosure:** the release, transfer, provision of, access to or divulging of PHI outside TCHD.
3. **Financial Remuneration:** direct or indirect payment to TCHD from or on behalf of a third party whose product or service is being described. Direct or indirect payment does not include payment for the treatment of a patient.
4. **Individual:** as used in this Policy is the person who is the focus of the PHI.
5. **Marketing:** Marketing is any communication about a product or service that encourages the purchase or use of the product or service. As a general rule, providers may not use patient information for marketing without written authorization. **Marketing does not include those activities that are expressly excepted as provided in this Policy.**
6. **Personal Health Information (PHI):** individually identifiable health transmitted or maintained in paper or electronic ~~other~~ form that is created or received by TCHD AND
  - a. Relates to the past, present, or future physical or mental health or condition of an individual; OR
  - b. Relates to the provision of health care to an individual; OR
  - c. Relates to the past, present, or future payment, AND
  - a-d. Identifies the individual OR with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- 2-7. **Use:** the sharing, application, utilization, examination or analysis of PHI within TCHD.

C. **POLICIES:**

1. Valid Authorizations are required for the Use or Disclosure of a patient's PHI for Marketing **unless this Policy expressly permits Marketing without an Authorization or the activity is not included in the definition of Marketing.**
2. If the Marketing activity involves Financial Remuneration to TCHD from a third party, an Authorization must be obtained and the Authorization must also state that Financial Remuneration is involved.

D. **PROCEDURES:**

1. **Marketing: Uses and Disclosures Requiring Authorizations**

- a. **TCHD employees shall obtain a valid Authorization for the Use or Disclosure of a patient's PHI for Marketing unless this Policy expressly permits Marketing without an Authorization or the activity is not included in the definition of Marketing as discussed below.**
- b. **If no exception applies, and the Marketing involves direct or indirect Financial Remuneration or economic benefit to TCHD from a third party, TCHD must obtain an Authorization and the Authorization form:**
  - i. **Must meet the requirements for a valid Authorization**
  - ii. **Must contain the name or the other specific identification of the persons, or class or persons, to whom TCHD may make the authorized Use of Disclosure. A blanket authorization for Marketing is not permitted.**
  - iii. **Must state that Financial Remuneration is involved.**
  - iv. **Must be reviewed and approved in advance by the Chief Marketing Officer and the Chief Compliance Officer, with the assistance of legal counsel, as necessary and appropriate.**
- c. **PHI includes demographic information, without any accompanying diagnosis or treatment information, so if no exception applies an Authorization must be obtained from the patient even to use the patient's address or phone number for Marketing.**

**2. Marketing: Uses and Disclosures Permitted Without an Authorization**

**D.a. The following communications are permitted under this Policy without a patient Authorization:**

- ~~a. The use of patient information for Marketing purposes will be limited to information that the patient is made aware of through the Notice of Privacy Practices and those allowable activities as outlined below:~~
  - ~~b.i. Tri-City Medical Center (TCMC)-TCHD may make a face-to-face marketing communication, as long as we TCHD does not receive any Financial Rremuneration or economic benefit, direct or indirect, from a third party for making the communication.~~
  - ~~i. ii. TCMCHD may provide communications in the form of~~ is not required to obtain patient authorization for marketing communications made to an individual in the following circumstances:
    - ~~ii. In face-to-face communication with an individual:~~
      - 1) **When the marketing communication involves a "promotional gifts" of nominal value as long as TCHD does not receive Financial Remuneration from a third party for the communication. Such "promotional gifts" must be limited to items of nominal value (i.e. less than \$10) such as pens, refrigerator magnets, memo pads and/or key chains containing TCHD's name. Promotional gifts may not include cash or cash equivalents (e.g. gift cards). Any other proposed "promotional gifts" or those that exceed nominal value must be reviewed and approved in advance by the Chief Marketing Officer and the Chief Compliance Officer, with assistance of legal counsel, as necessary and appropriate.**

~~Marketing may give promotional gifts of nominal value that are provided by the covered entity, again as long as we do not receive any remuneration or economic benefit, direct or indirect, from a third party.~~

~~2) Example: Distribution of pens, refrigerator magnets, memo pads, or key chains containing the TCMC name.~~

**3. Marketing: Communications that are not Considered Marketing and Do Not Require an Authorization**

- ~~2. TCMC may make communications that describe a health-related product or service of TCMC as long as either:~~
  - ~~a. TCMC does not receive any remuneration or economic benefit, direct or indirect, from a third party for making the communication; or~~
  - ~~b. If TCMC does receive remuneration or economic benefit from a third party, the communication is tailored to the circumstances of the patient to educate or advise~~

~~the patient about treatment options and to maintain the patient's adherence to a prescribed course of care for chronic and seriously debilitating or life threatening condition. TCMC must notify the patient in at least 14 point type that TCMC is being remunerated, and must name the source of the remuneration and give the patient a toll free number to opt out of receiving further communications. If an individual requests to opt out, no further communications may be made after 30 days from the request.~~

- ~~e.a.~~ Marketing activities that do not use PHI are not subject to HIPAA. Example: a third-party purchased consumer list used to send information about a healthcare provider to a certain segment of the general population (For example, all men under 50, living in the 60606 zip code) would not fall under HIPAA.
- ~~3.b.~~ **Tri-City Medical Center TCHD** is not required to obtain patient ~~u~~**Authorization for the following activities when TCHD does not receive Financial Remuneration or economic benefit from a third party:**
  - ~~i.~~ ~~Health related~~ **Communications that may be part of TCMC's treatment of an individual and health care operations, including case management, care coordination or our health care operations, even if sale or use of a product or service is promoted.**
  - ~~ii.~~ **Communications that may be part of TCHD's treatment of an Individual including to direct or recommend alternative treatment, therapies, referrals to other providers, care settings for an Individual.**
  - ~~a.iii.~~ Communications describing the availability of more cost effective pharmaceuticals.
    - ~~i.~~ Example: recommending a specific over-the-counter cough medication to a patient with high blood pressure is not marketing.
  - ~~b.iv.~~ Communication as part of the treatment of an individual or of recommending alternative treatment to an individual. Referrals to other healthcare providers are not marketing or sending a lung cancer patient information about cutting-edge treatment, educational resources, or support groups for lung cancer is not marketing or recommending that a smoker try a hypnosis program or acupuncture for smoking cessation is not marketing. **Communications for case management or care coordination activities and related functions to the extent they do not fall under treatment.**
- ~~c.~~ **TCMCHD** may make the following communications to enrollees of health plans (i.e. HMO's) **when TCHD does not receive Financial Remuneration or economic benefit from a third party:**
  - ~~i.~~ Communications made solely for the purpose of describing its participation in a provider network of the licensed health plan to which the enrollees already subscribe; or
  - ~~ii.~~ Communications made solely for the purpose of describing if, and the extent to which, it provides a product or service included in a plan of benefits of a licensed health plan to which the enrollees already subscribe.

~~ii. a. PHI includes demographic information, without any accompanying diagnosis or treatment information, so if no exception applies an authorization must be obtained from the patient even to use the patient's address or phone number for marketing.~~

~~iii. b. If no exception applies, and the marketing involves direct or indirect remuneration to the covered entity from a third party, the authorization form that the individual signs must state this:~~

~~i. The requirements for a valid authorization are discussed above and must include, among other things, the name, or the other specific identification of the persons, or class or persons, to whom the covered entity may make the authorized use of disclosure. A blanket authorization for marketing is not permitted.~~

#### **4. Marketing Representations**

- ~~2.~~ **TCMCHD** marketing communications and materials will be reviewed to ensure that they are free from exaggeration and do not use fear tactics as a means of persuasion and that they are a factual representation of **TCHD's** services.

**E. RELATED POLICIES:**

1. **APTCHD Administrative Policy # 518 Notice of Privacy Practices**
2. **AP# TCHD Administrative Policy # 525 Use and Disclosure of PHI for Fundraising**

**F. REFERENCES:**

1. **Federal HIPAA Regulations, 45 CFR Section 164.501**
2. **45 CFR Section 164.508(a)(3)**
3. **Cal. Civil Code Section 56.10(d)**



**Administrative Policy Manual  
Compliance**

**ISSUE DATE:** 05/12

**SUBJECT:** Referral Source Policies; General  
Policy Regarding Arrangements with  
Physicians/Other Referral Sources  
Contractual Arrangements with  
Physicians and Other Referral  
Sources

**REVISION DATE(S):**

**POLICY NUMBER:** 8750-569

Department Approval Date(s):	01/16
Administrative Policies and Procedures Approval Date(s):	01/16
Medical Executive Committee Approval Date(s):	02/16
Organizational Compliance Committee Approval Date(s)	05/16
Audit, and Compliance and Ethics Committee Approval Date(s):	05/16
Board of Directors Approval Date(s):	05/12

**A. PURPOSE:**

1. This policy sets forth (1) ~~To provide a statement of Tri-City Healthcare District's (TCHD's) policy regarding the District's TCHD's contractual arrangements with physicians, physician groups and other potential referral sources, as defined below, and to~~ (2) ensures TCHD's practices are consistent with its stated policies regarding such contractual arrangements. **To provide guidance on requirements for Tri-City Healthcare District's ("TCHD's") contractual arrangements with physicians, physician groups and other referral sources (as defined below) to ensure compliance with applicable Self-Referral and Anti-Kickback Laws.**

**B. DEFINITIONS:**

1. Financial Relationship. For purposes of the Referral Source Policies, a "Financial Relationship" means either a compensation arrangement in which remuneration is exchanged between District **TCHD** and a Referral Source (e.g., payment for on call service, rent for use of space) or an ownership or investment interest pursuant to which a Referral Source holds an equity interest in the entity (e.g., shareholder or partner in a joint venture). A compensation arrangement and an ownership/investment interest can be direct or indirect.
2. Immediate Family Member. For purposes of the Referral Source Policies, an "immediate family member" is a spouse or civil union partner; natural or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and the spouse of a grandparent or grandchild.
3. Referral Source. A "Referral Source" means a physician, physician group or any other person or entity that is in a position to refer patients to or otherwise generate revenue for TCHD. For purposes of TCHD's Referral Source Policies (and per certain laws and regulations), the term "Referral Source" includes the Referral Sources' Immediate Family Members.
4. Remuneration. The term "remuneration" means anything of value, including a salary, stipend or fee, a free or discounted item, **forgiveness of debt, i.e.g., as in a recruitment loan, a loan** and the like. For example, when X buys Y a cup of coffee, X has given remuneration (something of value) to Y.
5. **Referral Source Polices: Policies that provide guidance to TCHD's staff on how to manage arrangements when the other party is a referral source include but are not limited to:**

- a. **Administrative Policy Manual #8750-571, Loans & Guarantees to Physicians.**
  - b. **Administrative Policy Manual #8750-572, Medical Directorships.**
  - c. **Administrative Policy Manual #8750-573, Business Courtesies to Physicians and Immediate Family Members.**
  - d. **Administrative Policy Manual #8750-574, Tracking Remuneration and Use of Items and Services to and from Referral Source.**
  - e. **Administrative Policy Manual #8750-575, Sale of Items or Services to Physicians and Other Potential Referral Sources.**
  - f. **Administrative Policy Manual #8750-576, Controls and Monitoring of Payments to Physicians or Other Referral Sources.**
  - g. **Administrative Policy Manual #8750-580, Physician and Allied Health Professional Service Contracts.**
6. **Self-Referral and Anti-Kickback Laws. Certain state and federal laws and regulations describing prohibited Financial Relationships with referral sources like physicians, physician groups and other referral sources and the criteria that must be met to comply with them.**

C. **APPLICATION:**

1. Except as set forth immediately below, the Referral Source Policies apply to all Financial Relationships by and between TCHD and a Referral Source.
2. This Policy, however, applies to exchanges of remuneration that occur under or pursuant to one or more contracts. It does not apply to non-contractual exchanges such as medical staff benefits, gifts and other non-monetary compensation. Such other, non-contractual remuneration will be covered by other, more specific Referral Source Policies.
3. Contractual Financial Relationships include, but are not limited to:
  - a. Physician recruitment agreements;
  - b. Physician loans;
  - c. Guarantees of physician loans;
  - d. Management service agreements;
  - e. Professional services agreements (e.g., on call), directorships;
  - f. Employment agreements;
  - g. Physician expense reimbursement agreements;
  - h. Other agreements for the provision of services or supplies (whether medically related or not);
  - i. Asset purchase and disposition agreements;
  - j. Medical office building, other space, and equipment leases;
  - k. Joint ventures; and
  - l. Certain co-marketing arrangements.
- k. **Administrative Services Agreements (e.g., Medical Director Agreements)**
- l. **Physician Consultant Agreements**
- m. **Medical Staffing Agreements**
- n. **Co-Marketing Agreements**

D. **GENERAL POLICY PROCEDURES**

1. ~~In General.~~ Various federal and state laws and regulations **Self-Referral and Anti-Kickback Laws** prohibit healthcare providers (such as hospitals) from offering and/or giving remuneration to physicians, physician groups or other Referral Sources for the purpose of inducing patient referrals or otherwise generating business. Some of these laws and regulations also prohibit patient referrals and billing for services furnished to such improperly referred patients when the referring physician has a Financial Relationship with the healthcare provider (e.g., a hospital) and no exception applies. These laws and regulations are complicated and will be addressed in this general policy as well as a number of the District's ~~TCHD's~~ policies related to specific arrangements between and among District ~~TCHD~~ and physicians or physician groups (and other Related Sources) such as, by way of example, service arrangements (medical director

- agreements, on call agreements, and the like) and lease arrangements. ~~Collectively, the various policies dealing with arrangements with Referral Sources – both general and specific – shall be referred to as “Referral Source Policies.”~~ Compliance with the Referral Source Policies is mandatory unless an exception has been granted by the ~~Legal~~ **Compliance** Department in writing and in advance.
2. **Contract Requirements.** All of ~~District’s~~ **TCHD’s** contractual arrangements with Referral Sources must:
    - a. Be set forth in a current written agreement; one that has not expired or been terminated, which sets forth the parties’ respective duties and obligations in sufficient detail and is signed and dated by all of the parties;
    - b. Specify the timeframe for, or term of, the arrangement;
    - c. Specify the remuneration (e.g., rent, purchase price, compensation) to be exchanged, which remuneration must be:
      - i. consistent with fair market value for services or items actually provided;
      - ii. determined in a manner that does not take into account the value or volume of referrals or other revenue-generated; and
    - d. Be intended to obtain or provide an item or service that is reasonable and necessary for a legitimate business purpose.
  3. ~~Other Applicable Policies.~~ **Additional legal requirements: In order to comply with the Stark Law, Anti-Kickback Statute and other laws and regulations, TCHD may have to meet other legal requirements in addition to those set forth above with respect to specific contractual arrangements. (For example, in order to meet the Stark Law exception for Physician Recruitment Agreements, the contractual arrangement must meet specific criteria.) Accordingly, TCHD and employees must ensure that other contract/arrangement-specific policies are being reviewed and that they are using appropriate contractual documents or templates that have been reviewed and approved by the Chief Compliance Officer, Legal Counsel and the TCHD Board. may apply to specific contractual arrangements. Accordingly, it is important to review any applicable, arrangement specific Policies before entering into an agreement with a Referral Source.**
  4. **Informal Documents; Amendments; Renewals.** Informal documents, such as "letters of intent," "letter agreements," or "memoranda of understanding" are subject to the Referral Source Policies, as are arrangements with physician- owned entities. TCHD must not enter into side agreements or arrangements (written or oral) with physicians. The Referral Source Policies apply to all amendments and extensions/renewals of agreements with physicians as well. If at any time it appears that there have been discussions or memoranda indicating intent to obtain or reward referrals by way of an agreement, such agreement ~~shall~~ **will** not be approved.
  5. **Required Approvals.** All contractual arrangements with Referral Sources must be reviewed and approved in advance and in writing by the Chief Executive Officer (or his/her designee), and the ~~Legal~~ **Compliance** Department **and/or Legal Counsel**. The review and approvals must be obtained even if the agreement complies in all respects with the Referral Source Policies. The review and approvals also must be obtained for amendments to existing agreements that revise the payment terms and/or the effective dates of the existing agreement. It is not acceptable to obtain the appropriate approvals after making payments in accordance with the agreement. Further, **TCHD employees may not** ~~, do not make it is prohibited to make~~ commitments to physicians until written approvals have been obtained. ~~from the Legal Department.~~
  6. **Execution Timing.** Both ~~the District~~ **TCHD** and the Referral Source must sign and date the relevant written agreement(s) before any items or a service are provided, and before any payment is made. Any items or services provided before both ~~the District~~ **TCHD** and the Referral Source sign the agreement cannot be compensated by ~~District~~ **TCHD**, at the time of service or at any time in the future, unless approved in advance by the ~~Compliance~~ **Legal** Department
  7. **Compliance with Contract Terms.** In all contractual arrangements with Referral Sources, payments must be consistent with the terms of the agreement and performance of all of the terms of the agreements is required. For example, monies owed by a physician under a lease agreement or ~~loan document~~ must be paid in accordance with the terms of the documents.

(Similarly, a contractual arrangement that requires time sheets as a condition of payment must be performed and enforced according to its terms. In other words, the obligation to submit complete time sheets cannot be ignored or waived.) Accurate and complete records of all physician receivable collection activity should be maintained by TCHD. The ~~Legal~~ **Compliance** Department should be contacted in the event of a default so that remedies may be pursued in a prompt and business- like fashion.

8. **Contract -Control Log-Data-base.**

- a. A centralized and computerized Referral Source Contract ~~Control Log~~ **Contract Database** documenting all contractual relationships with each Referral Source must be maintained. The Referral Source Contract ~~Control Log~~ **Database** should include all current agreements, ~~leases or~~ financial arrangements between TCHD and any Referral Sources, including Professional Service Agreements, Income Guarantees (Recruiting ~~ment~~ Agreements), Medical Directorships, Leases (including those maintained by an independent property manager), Employment Agreements and generally, any Referral Source relationship.
- b. The ~~Compliance~~ **Contract Legal** Department shall be responsible for custody and maintenance of the Referral Source Contract ~~Database~~ **Control Log** and must keep records current and provide timely updates to the District's ~~TCHD's~~ accounts payable management personnel. The ~~Legal~~ **Compliance** ~~Contract~~ Department must ensure that a copy of each fully executed agreement is maintained in a central repository with copies of all supporting documents, including fair market value verification, ~~Legal~~ **Compliance** Department approval, and time records.

E. **RELATED DOCUMENTS:**

1. **Administrative Policy Manual #8750-571, Loans & Guarantees to Physicians**
2. **Administrative Policy Manual #8750-572, Medical Directorships**
3. **Administrative Policy Manual #8750-573, Business Courtesies to Physicians and Immediate Family Members**
4. **Administrative Policy Manual #8750-574, Tracking Remuneration and Use of Items and Services to and from Referral Source**
5. **Administrative Policy Manual #8750-575, Sale of Items or Services to Physicians and Other Potential Referral Sources**
6. **Administrative Policy Manual #8750-576, Controls and Monitoring of Payments to Physicians or Other Referral Sources**
7. **Administrative Policy Manual #8750-580, Physician and Allied Health Professional Service Contracts**

F. **REFERENCES:**

1. **42 U.S.C. Sections 139nn (Physician Self-Referral Law or Stark Law)**
2. **42 U.S.C. Section 1320a-7b (Federal Anti-Kickback Law)**
3. **42 CFR Sections 411.350 et. seq.**
4. **42 CFR Sections 1001.952.**

# TRI-CITY HEALTH CARE DISTRICT NON-CLINICAL CONTRACT EVALUATIONS

1. No is : Minor issues/resolvable  
3. Intern : e issues/resolvable; 4. Major issues/  
resolvable 5. Major issues/unresolvable/terminate

Talyst, Inc.	1007.3212C	Equipment: Purchase Agreement	Hong, Tori	Pharmacy	11/30/2019	12/3/15	N	N	5/19/2016
Talyst, Inc.	1007.2728C	Services Agreement	Hong, Tori	Pharmacy	02/28/2016	12/17/15	N	N	5/19/2016
The Greeley Company, Inc.	1007.3211C	Professional Service Agreement	Beverly, Esther	Human Resources	01/07/2017	12/2/15	N	N	5/19/2016
The Work Institute, LLC	1007.2579C	Services Agreement	Abler, Quinn	Human Resources	Evergreen	12/2/15	N	N	5/19/2016
TractManager, Inc	1007.740C	Services Agreement	Bernard-Shaw, Ch	Legal and Compliance	12/31/2017	12/3/15	N	N	5/19/2016
Trane U.S. Inc.	1007.2674C	Services Agreement	Miechowski, Chris	Building Engineering	12/16/2016	12/4/15	N	N	5/19/2016
TRI-AD Actuaries, Inc.	1007.2917C	Services Agreement	Abler, Quinn	Human Resources	12/31/2015	12/2/15	N	N	5/19/2016
Tri-City Hospital Foundation	1007.2716C	Services Agreement	Newhart, Glen	Foundation	01/01/2018	12/4/15	N	N	5/19/2016
Truven Health Analytics Inc.	1007.3102C	License Agreement	Topp, Kathy	Education	04/06/2016	12/4/15	N	N	5/19/2016
TSIG Consulting, Inc.	1007.3283C	Professional Service Agreement	Conley, Kapua	Administration	12/31/2015	12/16/15	N	N	5/19/2016
United Healthcare Services, inc.	1021.2365C	Services Agreement	Beverly, Esther	Human Resources	Evergreen	12/2/15	N	N	5/19/2016
Valued Relationships Inc.	1007.2628C	Health Services Agreement	Martinez, Daniel	Information Systems	11/11/2016	12/4/15	Y	Y	5/19/2016
Vedant Incorporated	1007.382C	License Agreement	Martinez, Daniel	Information Systems	10/17/2016	12/16/15	Y	Y	5/19/2016
Veolia ES Technical Solutions, L.L.C.	1007.2572C	Services Agreement	McQueen, Kevin	Building Engineering	06/30/2016	12/4/15	N	N	5/19/2016
Verco, Inc	1007.805C	Services Agreement	Dietlin, Steve	Finance	04/28/2016	12/2/15	Y	Y	5/19/2016
VHA Inc.	1007.2963C	Group Purchasing	Moore, Thomas	Supply Chain Mgmt	10/31/2016	12/4/15	N	N	5/19/2016
VHA Inc.	1007.3178C	Services Agreement	Pearson, Jami	Administration	09/10/2016	12/2/15	Y	Y	5/19/2016
Vivify Health, Inc.	1007.3206C	Services Agreement	Livingstone, Scott	Case Management	06/30/2017	12/14/15	Y	Y	5/19/2016
Waste Management of California, Inc.	1007.2476C	Services Agreement	Miechowski, Chris	Building Engineering	06/30/2016	12/4/15	N	N	5/19/2016
Western Litigation, Inc.	1007.2394C	Professional Service Agreement	Cavanaugh, Marci	Legal and Compliance	06/30/2016	12/4/15	Y	Y	5/19/2016
Working Advantage, LLC	1007.2907C	Services Agreement	Beverly, Esther	Human Resources	08/19/2016	12/2/15	N	N	5/19/2016
Zimmer US, Inc.	1007.2994C	Equipment: Purchase Agreement	Diamond, Mary	Supply Chain Mgmt	01/09/2017	12/2/15	N	N	5/19/2016
4000 Vista Way LLC	1020.2186C	Real Estate: Purchase	Knight, Wayne	Administration	12/31/2069	12/16/15	N	N	5/19/2016
Advanced BioHealing, Inc	1007.2665C	Business Associate Agreements	Bennett, David	Wellness Center	Evergreen	12/3/15	Y	Y	5/19/2016
American College of Surgeons	1007.2998C	Business Associate Agreements	Schultz, Sharon	Administration	01/15/2019	12/16/15	Y	Y	5/19/2016
Anthem Blue Cross	1022.1106C	Managed Care Services Agreement	Knight, Wayne	Administration	12/31/2015	12/16/15	N	N	5/19/2016
Arcoina, Trish	1007.3092C	Business Associate Agreements	Thompson, Colleen	Medical Records	Evergreen	12/16/15	Y	Y	5/19/2016

TRI-CITY HEALTH CARE DISTRICT  
NON-CLINICAL CONTRACT EVALUATIONS

1. No is Minor issues/resolvable  
3. Intermediate issues/resolvable; 4. Major issues/  
resolvable 5. Major issues/unresolvable/terminate

Contract Number	Contract Description	Contract Type	Contract Manager	Contract Start Date	Contract End Date	Contract Status	Contract Value
1007.3284C	Asereth Medical Services, Inc.	Professional Service Agreement	Beverly, Esther	06/18/2016	12/2/15	N	5/19/2016
1007.2503C	Bank of the West	Commercial Card	Ray Rivas	06/20/2016	12/3/15	N	5/19/2016
1007.2254C	Bennett, David	Employment Agreement	Dietlin, Steve	Evergreen	12/16/15	N	5/19/2016
1007.3271C	Bernard-Shaw, Cheryle	Employment Agreement	Beverly, Esther	07/01/2018	12/16/15	N	5/19/2016
1007.2968C	Beverly, Esther	Employment Agreement	Dietlin, Steve	Evergreen	12/16/15	N	5/19/2016
1007.2872C	Blue Cross and Blue Shield Association	Managed Care Services Agreement	Benton, Andrea	Evergreen	12/2/15	N	5/19/2016
1007.2680C	Blue Cross and Blue Shield Association	Managed Care Services Agreement	Knight, Wayne	Evergreen	12/16/15	N	5/19/2016
1007.2510C	Brooks, Meredith	Settlement Agreement	Beverly, Esther	07/07/2022	12/16/15	N	5/19/2016
1021.1141C	C/Net Solutions, Public Health Institute	Business Associate Agreements	Moore, Thomas	Evergreen	12/16/15	N	5/19/2016
1007.2943C	California Department of Industrial Relations	Certificate: Miscellaneous Agreements	Gastelum, Rudy	Evergreen	12/16/15	N	5/19/2016
1007.3136C	California Hospital Patient Safety Organization "CHPSO"	Business Associate Agreements	Cavanaugh, Marc	Evergreen	12/4/15	Y	5/19/2016
1007.1922C	Care Point Financial Services LLC	Confidentiality Agreement	Dietlin, Steve	05/27/2016	12/16/15	N	5/19/2016
1007.1155C	Care1st Health Plan	Managed Care Services Agreement	Knight, Wayne	11/01/2017	12/16/15	N	5/19/2016
1007.2283C	Cerner Corporation	Business Associate Agreements	Martinez, Daniel	Evergreen	12/4/15	Y	5/19/2016
1007.1014C	Chicago Title Insurance Company	Grant Deed	Raimo, Jeremy	04/17/2016	12/16/15	N	5/19/2016
1007.2896C	Choice Hospital Systems, Inc.	Business Associate Agreements	Martinez, Daniel	Evergreen	12/4/15	Y	5/19/2016
1007.3335C	Codeman & Shurtleff, Inc	Business Associate Agreements	Stuiver, Ingrid	09/23/2016	12/16/15	Y	5/19/2016
1006.3341C	Colliers International CA, Inc.	Real Estate Lease: Hospital as Landlord	Knight, Wayne	01/31/2016	12/4/15	N	5/19/2016
1007.3340C	Colliers International CA, Inc.	Real Estate Lease: Hospital as Landlord	Knight, Wayne	01/31/2016	12/16/15	N	5/19/2016
1007.3272C	Conley, Kirkpatrick	Employment Agreement	Beverly, Esther	04/01/2018	12/16/15	N	5/19/2016
1007.2858C	Connected Care Solutions, LLC	Business Associate Agreements	Martinez, Daniel	Evergreen	12/4/15	Y	5/19/2016
1021.1649C	Connecticut General Life Insurance Company	Managed Care Services Agreement	Knight, Wayne	06/30/2016	12/2/15	Y	5/19/2016
1021.1715C	Coventry Health Care National Network, Inc	Managed Care Services Agreement	Knight, Wayne	10/31/2016	12/16/15	N	5/19/2016
1021.1717C	CPR Technologies, Inc	Business Associate Agreements	Moore, Thomas	06/03/2016	12/16/15	N	5/19/2016
1007.973C	CPU Medical Management Systems	Business Associate Agreements	Martinez, Daniel	Evergreen	12/16/15	Y	5/19/2016

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

**April 28, 2016 – 1:30 o'clock p.m.  
Classroom 6 – Eugene L. Geil Pavilion  
4002 Vista Way, Oceanside, CA 92056**

A Regular Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at Tri-City Medical Center, 4002 Vista Way, Oceanside, California at 1:30 p.m. on April 28, 2016.

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

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

Also present were:

Greg Moser, General Legal Counsel  
Steve Dietlin, Chief Executive Officer  
Kapua Conley, Chief Operating Officer  
Cheryle Bernard-Shaw, Chief Compliance Officer  
Norma Braun, Chief Human Resource Officer  
Esther Beverly, VP/Human Resources  
Ray Rivas, Acting Chief Financial Officer  
Teri Donnellan, Executive Assistant  
Richard Crooks, Executive Protection Agent

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

2. Approval of Agenda

General Counsel Mr. Moser suggested the following addition to the closed session portion of the agenda:

- Existing Litigation: TCHD vs. Burlew - Case No. 37-2014-00034015-CU-NP-NC.

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

3. Public Comments – Announcement

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

There were no public comments.

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

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Mr. Greg Moser made an oral announcement of the items listed on the April 28, 2016 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Labor Negotiators; Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees; one Report Involving Trade Secrets; Conference with Legal Counsel regarding six (6) matters of Existing Litigation; five matters of Potential Litigation; Public Employee Evaluation: 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 Finnila to go into closed session at 1:35 p.m. The motion passed unanimously (7-0).**

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

8. At 3:35 p.m. in Assembly Rooms 1, 2 and 3, Chairman Dagostino announced that the Board was back in Open Session.

The following Board members were present:

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

Also present were:

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

9. Chairman Dagostino reported the Board unanimously approved and agrees with the terms of the SEIU contract subject to employee ratification.

10. Director Reno led the Pledge of Allegiance.



11. Chairman Dagostino read the Public Comments section of the Agenda, noting members of the public may speak immediately following Agenda Item Number 24.

12. Community Update – Sharon Schultz

Ms. Sharon Schultz, CNE reported Tri-City Medical Center earned its sixth successive “A” grade in the national Hospital Safety Score ratings program (Leap Frog) recognizing its exceptional patient safety record. She explained the Hospital Safety Score is the gold standard rating for patient safety, compiled under the guidance of the nation’s leading patient safety experts and administered by the Leap Frog Group, a national patient safety watchdog. She further explained that Leap Frog is a group made up of hospitals and insurers that began 15 years ago to help people make their choices for their patient needs based on patient outcomes. It is a nonprofit “watch dog” group that collects, analyze and disseminates information to the public to help them make those decisions. Ms. Schultz stated there are only 1,700 hospitals in the nation that disclose their information to Leap Frog and in California only 123 out of 355 hospitals allow this transparency and data sharing.

Ms. Schultz briefly reviewed some of the things that were important in receiving our “A” rating including 24/7 coverage in our ICU by intensivists. Additionally, with respect to mother/baby care we have decreased our C-section rates as well as the number of babies delivering before 39 weeks which makes the baby healthier and their brains and lungs are much stronger. Ms. Schultz stated we have also cut down on the number of infections and injuries to our patients. Ms. Schultz stated Tri-City takes prevention very seriously and this is reflected by our “A” rating. She explained that all of our preventive efforts that we take help to move our patients through a safe passage in our hospital. Ms. Schultz stated our readmission and surgery infection rates are very low, along with a low complication rate.

Ms. Schultz stated we are thrilled to have received this award and she expressed her appreciation to our team of physicians, nurses and Allied Health Professionals that helped us achieve this rating.

Ms. Schultz reported Saturday morning is the 15<sup>th</sup> annual NAMI walk at Liberty Station in Point Loma. Ms. Schultz explained NAMI is the National Alliance for Mental Illness and they help to raise funds for education, support and provide a hot line not only for patients that are afflicted with the illness but also for the families of those patients who need help and support. Ms. Schultz stated if you are unable to walk on Saturday you may still make a donation.

On behalf of the Board of Directors, Director Schallock congratulated the nurses, physicians and administration for their efforts in providing quality of care for the patients every hour of every day.

No action taken.

13. Report from TCHD Auxiliary – Pat Morocco, First Vice President

Mr. Pat Morocco, First Vice President presented the TCHD Auxiliary report on behalf of Ms. Sandy Tucker, Auxiliary President.

Mr. Morocco reported the following:

- 89 Scholarships have been granted to 48 students at Mira Costa College, 31 students at Palomar College and 10 Junior Volunteers at various high schools for a total amount of \$67,500;
- 26 staff nurses and three therapists received financial aid to increase their professional knowledge through a scholarship committee established this year for nurses and therapists;
- The third annual *Tails on the Trails Walk-a-Thon* is scheduled for May 21<sup>st</sup> from 9:00 a.m. – 1:00 p.m. at Mance Buchanon Municipal Park in Oceanside.

Mr. Morocco introduced Ms. Mary Gleisberg and her pet therapy dog Prince. Ms. Gleisberg encouraged everyone to come out and walk on May 21<sup>st</sup> and noted proceeds will benefit the Auxiliary Pet Therapy Department and the Oceanside Police Department K-9 unit.

Ms. Gleisberg reported tomorrow, April 29<sup>th</sup> is Pet Therapy Day and is an opportunity for us to honor all pet therapy dogs across the country. She stated there will be special activities in the lobby tomorrow to recognize our five pet therapy dogs from 10:00 a.m. – 2:00 p.m.

Lastly, Mr. Morocco expressed his appreciation on behalf of all of the volunteers to the Medical Center for hosting the Auxiliary Appreciation Luncheon, recognizing more than 500 volunteers servicing this fine organization.

No action was taken.

15. Report from Chief Executive Officer

Mr. Steve Dietlin, CEO echoed Ms. Schultz's comments related to the hospital's Leap Frog Patient Safety "A". Mr. Dietlin stated the Tri-City Medical Center's Values Statement reads "the needs of our patients come first" which is reflected by our recent "A" rating. He noted this is the hospital's sixth consecutive patient safety "A" rating by Leap Frog. Mr. Dietlin stated this award cannot be celebrated enough and is attributed to the efforts of our staff and physicians.

Mr. Dietlin stated he is pleased that the District has reached a tentative agreement with SEIU pending ratification from the employees. He noted the ratification votes are scheduled for next week.

Mr. Dietlin reported the final Strategic Planning session was held with the Board on April 12<sup>th</sup> and those initiatives will be folded into a detailed budget which will then be presented to the Board in June for FY2017.

Mr. Dietlin reported we are continuing to work with the county on the Crisis Stabilization Unit.

Lastly, Mr. Dietlin reported we will be reporting monthly on the Campus Redevelopment Plan.

No action was taken.

16. Report from Acting Chief Financial Officer

Mr. Rivas reported on the first nine months of FY 2016 as follows (Dollars in Thousands):

- Operating Revenue – \$249,504
- Operating Expense – \$252,046
- EROE - (\$496)
- EROE Excl. Settlement - \$1,582
- EBITDA – \$10,252
- EBITDA Excl. Settlement - \$12,330

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

- Average Daily Census – 192
- Adjusted Patient Days – 85,170
- Surgery Cases – 4,813
- Deliveries - 1,968
- ED visits – 49,827

Director Reno requested clarification on the meaning of the hyphen in the % Variance column. Mr. Rivas stated the hyphen signifies that the results are unfavorable to budget.

Mr. Rivas reported on the following indicators for FY16 Average:

- Net Patient Accounts Receivable - \$41.5
- Days in Net Accounts Receivable – 47.7

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

- Net Operating Revenue – \$28,649
- Operating Expense – \$29,323
- EROE - (\$220)
- EBITDA – \$1,019

Current Month Key Indicators were reported as follows:

- AVG Daily Census – 187
- Adjusted Patient Days – 9,550
- Surgery Cases – 563
- Deliveries – 209
- ED Visits – 5,714

Mr. Rivas presented a slide reflective of Payor Mix Fiscal Year to Date which reflected the following breakdown:

- HMO/PPO/Commercial – 30.5%
- Self Pay – 0.8%
- Covered California - 2.9%
- Other - 7.6%
- Capitated Senior – 4.7%
- Medi-Cal – 16.4%
- Medicare – 37.1%

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

Mr. Rivas noted without the OIG settlement we would have broke even for the month.

No action was taken.

16. New Business

- a. Consideration to approve Resolution 777, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Issuance, Execution and Delivery of Replacement Term Notes and Related Documents under Amended Credit Agreement, and Certain Other Actions Related Thereto

**It was moved by Director Nygaard to approve Resolution 777, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Issuance, Execution and Delivery of Replacement Term Notes and Related Documents under Amended Credit Agreement, and Certain Other Actions Related Thereto. Director Finnila seconded the motion.**

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

- b. Approval of a recruitment agreement with Dr. Aaron Boonjindasup, Urologist and North Coast Urology

**It was moved by Director Schallock that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve the Physician Recruitment Agreement with Dr. Aaron Boonjindasup and North County Urology, not to exceed \$430,000 and a one-year income guarantee in order to facilitate this Urology physician practicing medicine in the communities served by the District. Director Nygaard seconded the motion.**

Mr. Wayne Knight, Chief Strategy Officer stated Dr. Boonjindasup is a urology resident who will arrive in September. He stated our trusted colleagues Drs. Frasier and Guarena have vetted Dr. Boonjindasup on our behalf and support the recruitment. Mr. Knight stated we have already placed two physicians in this group, Drs. Jason Phillips and Caroline Vilchis (Colangelo). He noted Dr. Colangelo plans to cut back on her practice to raise a family following the five year income guarantee and Dr. Boonjindasup will step in and fill this gap.

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

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

**ABSENT: Directors: None**

- c. Approval of a recruitment agreement with Dr. B. David Badiee, Family Medicine Practitioner

**It was moved by Director Reno that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve the Physician Recruitment Agreement with Dr. B. David Badiee, not to exceed \$595,000 over two years (not to exceed a two-year income guarantee) to facilitate this Family Practice physician practicing medicine in the communities served by the District. Director Kellett seconded the motion.**

Mr. Wayne Knight stated Dr. Badiee is a Family Practice Board Certified physician who is interested in setting up practice as a solo practitioner in the Wellness Center Medical Office Building. Mr. Knight stated that ultimately Dr. Badiee would like to bring in a partner however will start out as a solo practitioner. Mr. Knight stated primary care is the beginning of all patient care and to place a primary care physician in the Wellness Center's Medical Office Building is a tremendous opportunity.

Chairman Dagostino stated the recruitment agreements reflect the District's plan to attract physicians.

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

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

17. Old Business

Report from Ad Hoc Committee on electronic Board Portal

Director Mitchell reported a demonstration on the Board Portal is scheduled for May 19<sup>th</sup>. She clarified that we are still in the preliminary stages and paper is still a viable option. Director Reno expressed her concern with the public's access to the information. Director Schallock stated the entire agenda packet is currently available to the public on the District's website and will continue to be made available. He explained that not all documents will migrate electronically and paper documents will continue to be provided at the back table.

No action taken.

18. Chief of Staff

- a. Consideration of April 2016 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on April 25, 2016.

**It was moved by Director Finnila to approve the April 2016 New Appointment Credentialing Actions Involving the Medical Staff, as recommended by the Medical Executive Committee at their meeting on April 25, 2016. Director Reno seconded the motion.**

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

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

- b. Consideration of Recredentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on April 25, 2016.

**It was moved by Director Kellett to approve the April Recredentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on April 25, 2016. Director Reno seconded the motion.**

Chairman Dagostino stated the credentialing actions go through a rigorous process to ensure we have excellent competent staff.

Dr. Gene Ma, Chief of Staff reported many UCSD physicians are going through our credentialing process and when credentialed will help fill some of the gaps to assist in the District's legacy plan to put our patients first.

Dr. Ma expressed his appreciation to the Auxilians for all the great work they do. He commented on their support of the youth of tomorrow through their generous scholarships.

Dr. Ma also commented on our Leap Frog Patient Safety "A" rating award. He stated there has been a dramatic shift and he is proud and privileged to serve at this institution.

Lastly, Dr. Ma highlighted the Foundation and their generous support. He noted the CT 512 scanner will dramatically impact patient care by reducing the amount of radiation a patient receives.

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

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

19. Consent Calendar

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

It was moved by Director Finnila to pull item 19 D. 1 related to an agreement with Melrose Plaza Complex. Director Kellett seconded the motion.

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

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

The vote on the main motion was as follows:

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

20. Discussion of items pulled from Consent Agenda

Director Finnila who pulled item 19 D. 1) related to an agreement with Melrose Plaza Complex suggested the motion include the purpose which is for our Outpatient Behavioral Health.

It was moved by Director Finnila to approve an agreement with Melrose Plaza Complex, L.P., lease of Suites 501 and 510 for a term of 60 months, beginning July 1, 2016 through June 30, 2021 for an annual cost of \$121,212.12 (years 1-3); \$124,794.48 (year 4) and \$128,484.36 (year 5) which includes 150.00/month for prorated gas and electric for Suite 501, with a total cost for the five year term of \$616,915.20. Director Nygaard seconded the motion.

It was moved by Director Schallock to amend the motion to approve an agreement with Melrose Plaza Complex, L.P. for the purpose of Outpatient Behavioral Health, lease of Suites 501 and 510 for a term of 60 months, beginning July 1, 2016 through June 30, 2021 for an annual cost of \$121,212.12 (years 1-3); \$124,794.48 (year 4) and \$128,484.36 (year 5) which includes \$150.00/month for prorated gas and electric for Suite 501, with a total cost for the five year term of \$616,915.20. Director Finnila seconded the motion.

The vote on the main motion was as follows:

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

The vote on the amended motion was as follows:

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

21. Reports (Discussion by exception only)

22. Legislative Update

Chairman Dagostino reported the Design Build Legislation Bill has passed out of the Senate and will be debated in the Assembly and will hopefully be signed by the Governor In August or September. He explained the Bill, if passed, will allow hospitals to use the design build concept which the District is planning to use to build out our institution. Design Build is a very efficient concept and method of construction that allows the most economic use of your money while keeping costs down. Director Finnila suggested the Board prepare a letter of support before the Bill is debated in the Assembly. Director Nygaard stated she will also advocate on behalf of the District at next week's ACHD's Annual Meeting in Monterey, CA. Chairman Dagostino indicated he would send a letter to the author of the Bill, Senator Huesso on behalf of the Board.

23. Comments by members of the Public

There were no commented by members of the public.

24. Additional Comments by Chief Executive Officer

Mr. Dietlin did not have any additional comments.

25. Board Communications

Director Schallock stated Drug Take Back day is scheduled for this Saturday, May 1<sup>st</sup>. He encouraged everyone to drop off their unused and outdated medications on Saturday afternoon in the Tri-City parking lot. He commented that at the last Prescription Drug Take Back day, Tri-City took in approximately 850 pounds of drugs. In addition, the Oceanside Police Department on Mission Avenue and Vista Sherriff's station also has drop off boxes available on a routine basis.

Director Nygaard reported she missed the May Board meeting due to hip replacement surgery that was performed on that day here at Tri-City. She expressed her appreciation to the staff for the excellent care she received and noted less than a month later she is walking without a cane. Director Nygaard stated Tri-City is truly "the best hospital around".

Director Nygaard read into the record information she recently shared with the Legal of Women Voters as follow:

"Hospital districts have a much different type of governance and are unique in how we do business.

We are elected and do receive funding. TCHD receives almost \$8 million in tax revenue. Most of that money is used for providing indigent care in our Emergency



Room. We spend \$6.5 million annually keeping our Emergency Department fully staffed with an array of doctors on call for any emergency that might occur.

We support a number of charities. Last year the CHAC committee gave out \$450,000 and tomorrow the Committee will make recommendations as to how we spend that money this year.

The \$8 million that we do receive in tax revenue is a small fraction of our operating budget of approximately \$356 million.

We are also the biggest employer in the City of Oceanside with over 2,200 employees. We are a competitive business and other private hospitals do not operate by the same rules that govern other public agencies. We are very transparent and sometimes it makes it hard for us to compete. We all work very hard to make this the best hospital around.

Our only shareholders are the people of this District. All the revenue that we receive goes into providing the best doctors, best nurses and best equipment for our constituents. Know that your tax dollars are being well spent and you are well cared for. All of us on this board care about making this the hospital of choice for North County."

Director Mitchell reported she attended ACHD Legislative Days in Sacramento and enjoyed her first visit to the State Capitol building. She stated she met with legislative assistants and there was a particular emphasis on AB 2024 that allows for critical access rural hospitals to directly hire physicians.

Director Mitchell reported she and Director Nygaard will be attending ACHD's Annual meeting next week in Monterey.

Lastly, Director Mitchell reported she will be attending TCHD's Nurse's Week Award Ceremony on Tuesday, May 10, 2016.

Director Reno congratulated all the employees and in particular Ms. Sharon Schultz, CNE for their efforts in achieving the Leap Frog Patient Safety "A" Rating.

Director Reno also congratulated the Human Resources Department and Administration for their efforts in finalizing the SEIU contract.

Lastly, Director Reno stated she believes in change and moving forward to bring this hospital to a higher level of care, enhancing our patient care services and improving access to care.

Director Finnila commented on the many projects that enhance patient care including the new GE 512 Scanner and our recent Leap Frog Patient Safety "A" Rating. Director Finnila also acknowledged the beautiful landscaping around the campus, the guitarist in the lobby and the Valet who always has a cheery disposition. She stated the Engineering Department continually strives to ensure things are working properly and expressed her appreciation to the network here at the hospital that makes all these things possible.

Director Kellett expressed his appreciation to Administration for resolution of the SEIU contract and encouraged employees to support the generous contract and ratify the agreement next week.

Director Kellett reiterated comments related to the Leap Frog Patient Safety "A" Rating, stating it demonstrates the value of care by our staff and physicians.

26. Report from Chairperson

Chairman Dagostino reiterated fellow Board member comments related to our Leap Frog Patient Safety "A" Rating and resolution of the SEIU contract. On behalf of the Board of Directors, Chairman Dagostino expressed his appreciation to all for a job well done.

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

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

28. Motion to return to Closed Session.

Chairman Dagostino adjourned the meeting to closed session at 4:28 p.m.

29. Open Session

At 7:35 p.m. Chairman Dagostino reported the Board was back in open session. All Board members were present with the exception of Director Kellett.

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

Chairperson Dagostino reported no action was taken in closed session.

31. There being no further business Chairman Dagostino adjourned the meeting at 7:35 p.m.

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James J Dagostino, DPT  
Chairman

ATTEST:

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Ramona Finnila, Secretary

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

**May 11, 2016 – 6:30 o'clock p.m.  
Assembly Room 1 – 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 3:00 p.m. on February 16, 2016.

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

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

Also present were:

Steve Dietlin, Chief Executive Officer  
Sharon Schultz, Chief Nurse Executive  
Cheryle Bernard-Shaw, Chief Compliance Officer  
Jody Root, General Legal Counsel  
Teri Donnellan, Executive Assistant  
Rick Crooks, Executive Protection Agent

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

2. Approval of Agenda

**It was moved by Director Finnila and seconded by Director Kellett to approve the agenda as presented. The motion passed unanimously (7-0) with Directors Nygaard and Reno participating via teleconference.**

3. Public Comments – Announcement

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

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

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Mr. Root, made an oral announcement of items listed on the May 11, 2016 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Legal Counsel on one matter of Potential Litigation and one matter of Existing Litigation.

7. Motion to go into Closed Session

**It was moved by Director Finnila and seconded by Director Kellett to go into Closed Session. The motion passed unanimously (7-0) by a roll call vote with Directors Nygaard and Reno participating via teleconference.**

8. Chairman Dagostino adjourned the meeting to Closed Session at 6:35 p.m.
9. The Board returned to Open Session at 7:48 p.m. with attendance as listed above.
10. Report from Chairperson on any action taken in Closed Session.

Chairman Dagostino reported no action was taken in Closed Session.

11. Consideration to approve documents related to the assignment of the Emergency Department Physician's Agreement.

**It was moved by Director Finnila to authorize the CEO to take whatever actions necessary to execute the Consent to Assignment and Amendment of the Emergency Medicine Physician Agreement, Consent to Assignment and Amendment related to the Residency Agreement and the Emergency Department Consent and Waiver Agreement based on terms substantially presented, contingent on the close of the Assignment transaction between Tri-City Emergency Medical Group and Team Physicians of Southern California. Director Kellett seconded the motion.**

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

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

11. There being no further business, Chairman Dagostino adjourned the meeting at 7:50 p.m.

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James J. Dagostino, PT, DPT  
Chairman

ATTEST:

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Ramona Finnila  
Secretary



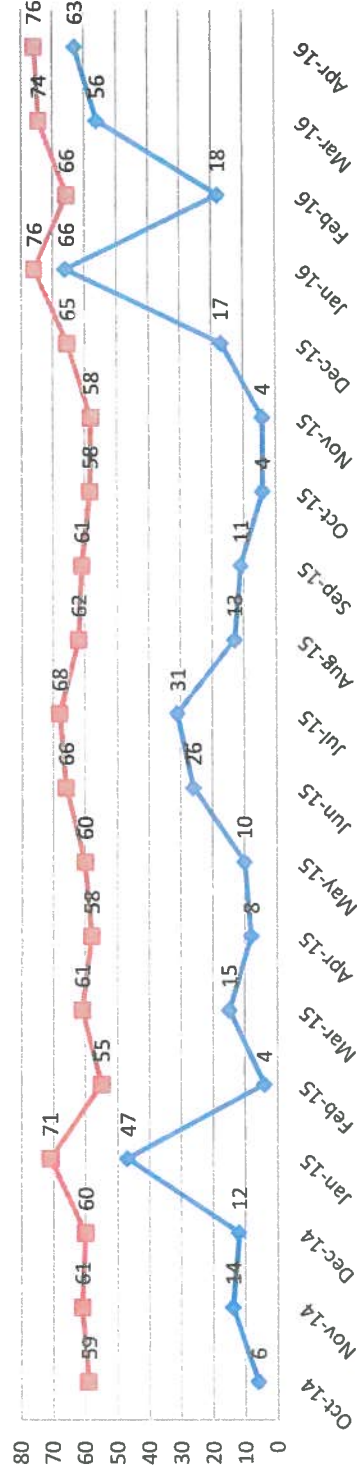
### HCAHPS (Top Box Score)

Hospital Consumer Assessment of Healthcare Providers & Systems

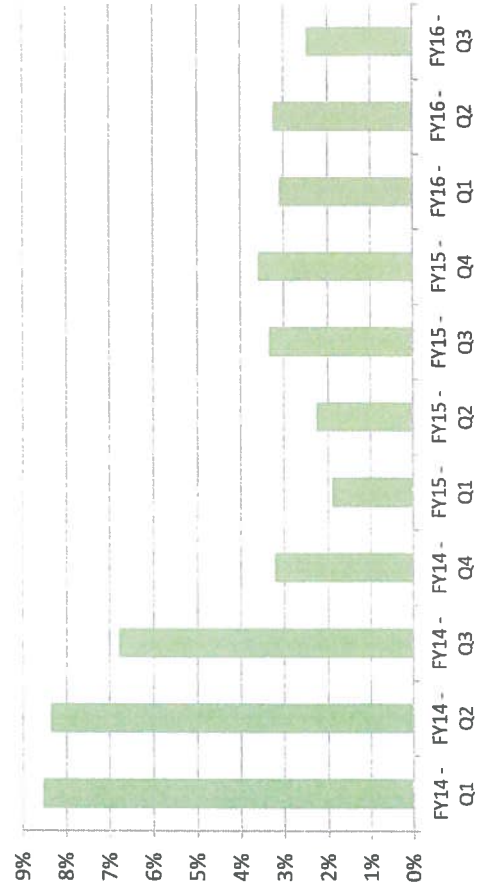
### Overall Rating of Hospital (0-10)

— Percentile Rank

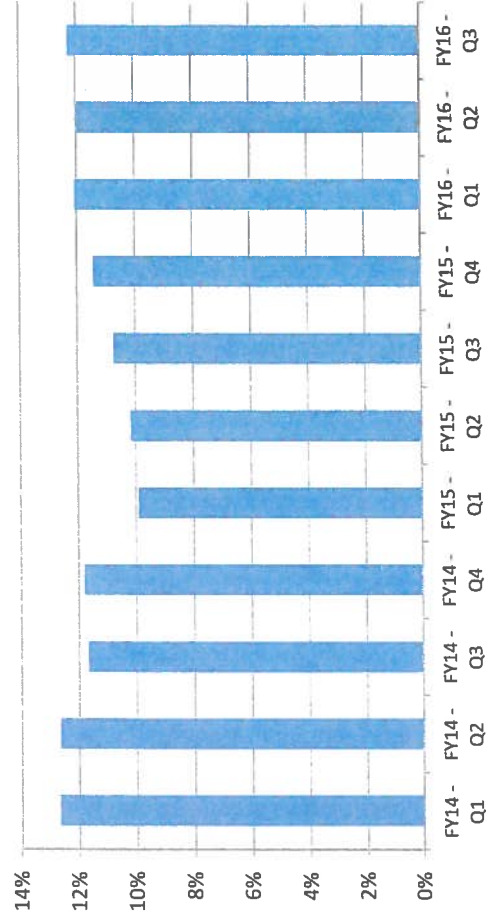
— Scored 9-10



### Involuntary Employee Turnover Rate



### Voluntary Employee Turnover Rate

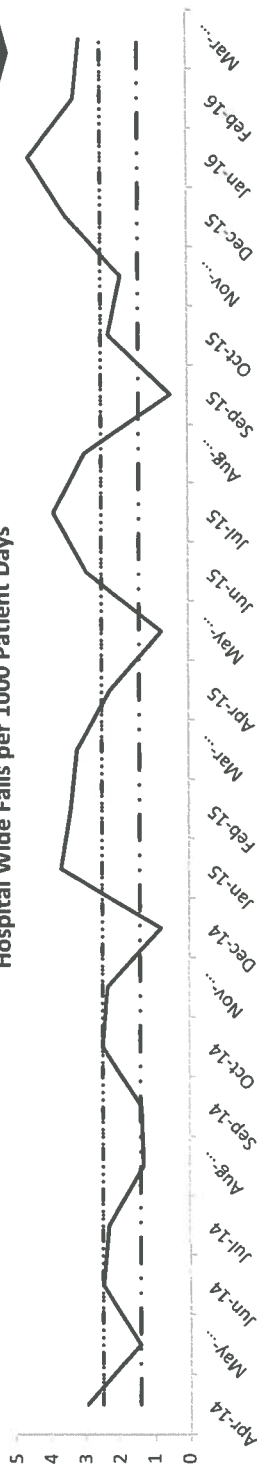


TCMC Target

CA Mean

Mean

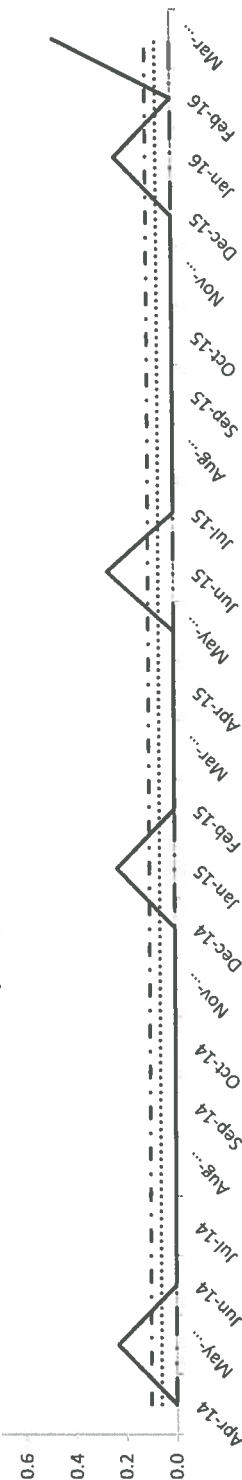
Hospital Wide Falls per 1000 Patient Days



## Action Plan

Toileting Pilot: Hourly rounding Using 3p's, At risk assisted to toilet at least every 4-6 hours, Remain with high risk patients at all times during toileting/ showering, Make a commode available if unable to ambulate to BR with assist, Educate patient and family

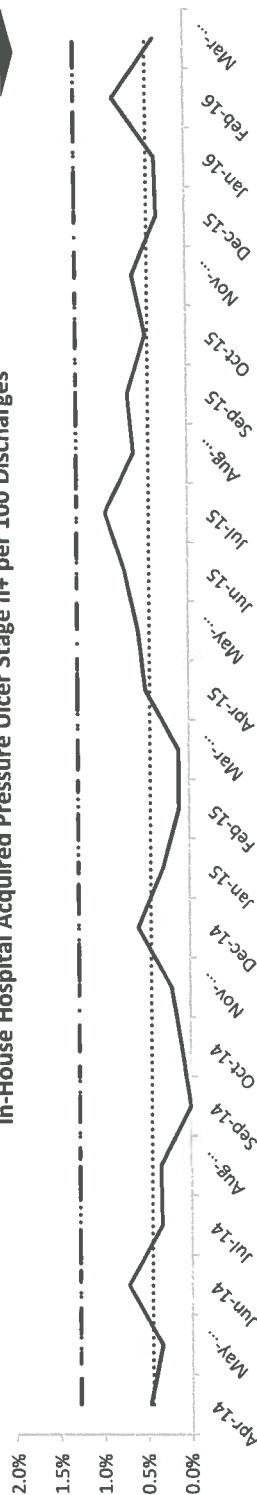
Hospital Wide Falls with Injury per 1000 Patient Days



## Action Plan

Redesign Fall Risk Identification- "Fresh visibility," Partnering for Fall Prevention- My Safety Plan- reviewed and signed by patient and RN, No Pass Zone- NEVER walk past room with a call light, New wireless Fall Prevention System, New Avasys Tele Sitter Program

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



## Action Plan

5 + reportable to the state, fines, time, system problem that must be fixed; Need WOCN's to see pt and build unit based wound champions; All pts with a Braden less than 16 needs to have interventions in place - see by a unit based champion documentation; All disciplines must consistently document- skin interventions;



# Core Measures

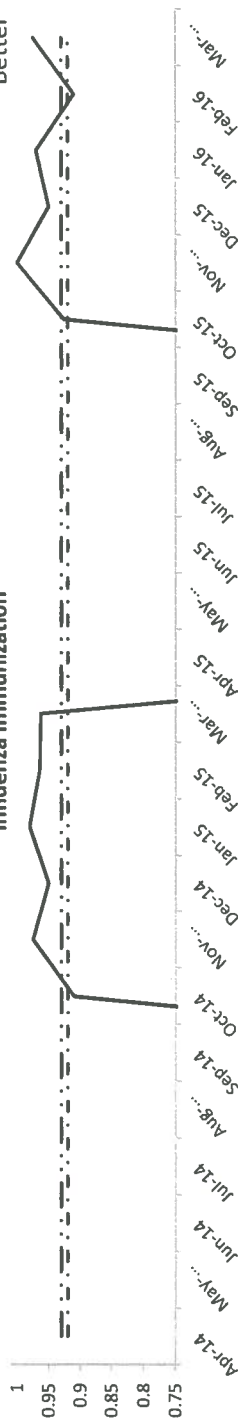
TCMC Rate

Mean

CA Mean

TCMC Target

## Influenza Immunization

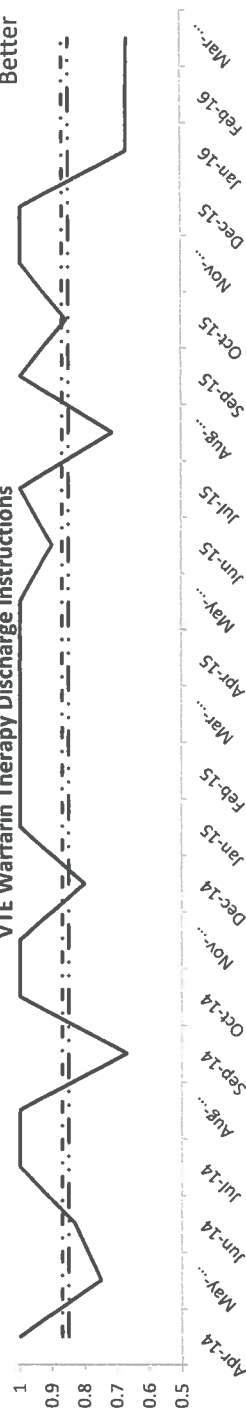


Better

## Action Plan

Consistently above the Target. Recent process failure repaired. Mothers were being screened in Post Partum so were missed when sent home without delivering. Now fixed by recognition and education.

## VTE Warfarin Therapy Discharge Instructions

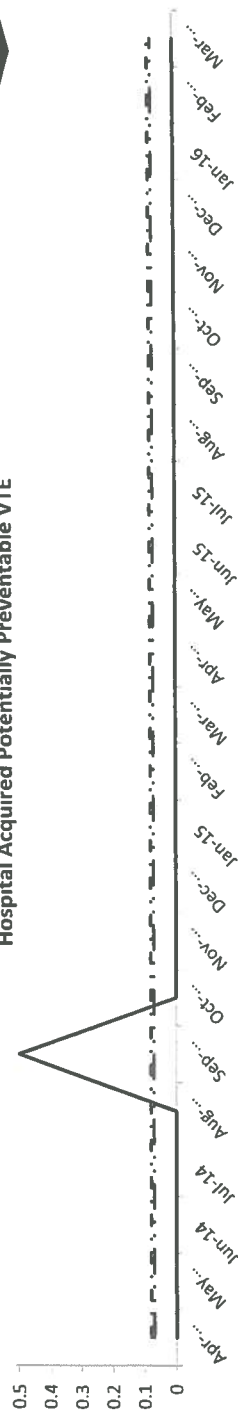


Better

## Action Plan

Back to 100%. Taskforce has rearranged the education documentation location to be more intuitive and inserted clarified required Coumadin elements. Staff education to follow.

## Hospital Acquired Potentially Preventable VTE

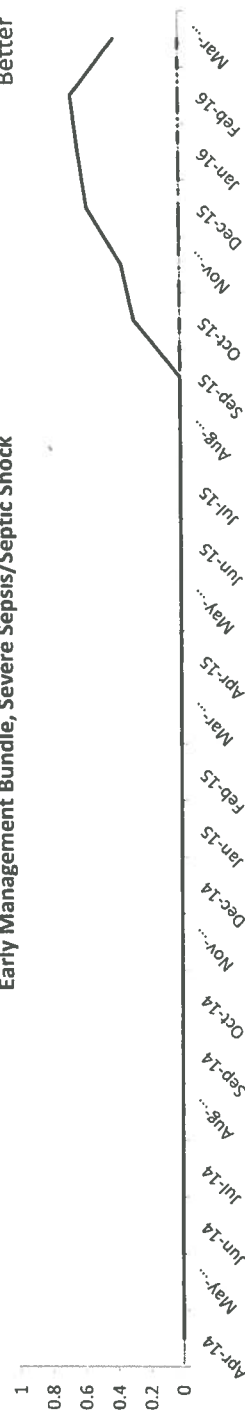


Better

## Action Plan

Consistently perfect score for > one year.

## Early Management Bundle, Severe Sepsis/Septic Shock



Better

## Action Plan

Continued challenge nation-wide. No published comparison yet but national source confirm <50%. Sepsis Management Taskforce currently focusing on ED and utilization of Sepsis Order sets and formatted documentation.

# Core Measures

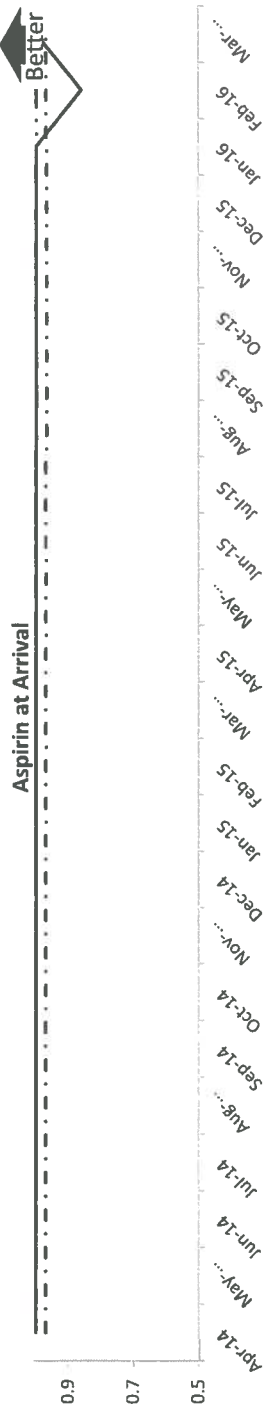
TCMC Rate

Mean

CA Mean

TCMC Target

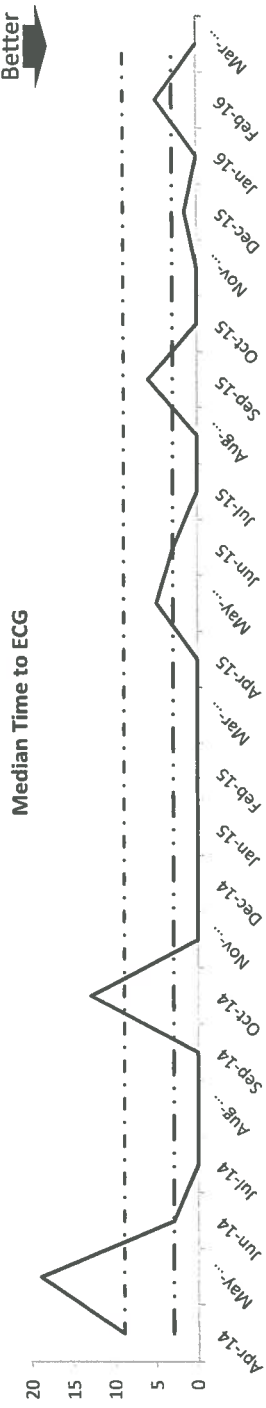
## Aspirin at Arrival



## Action Plan

Back to 100% after single fall out last month. Counselling done.

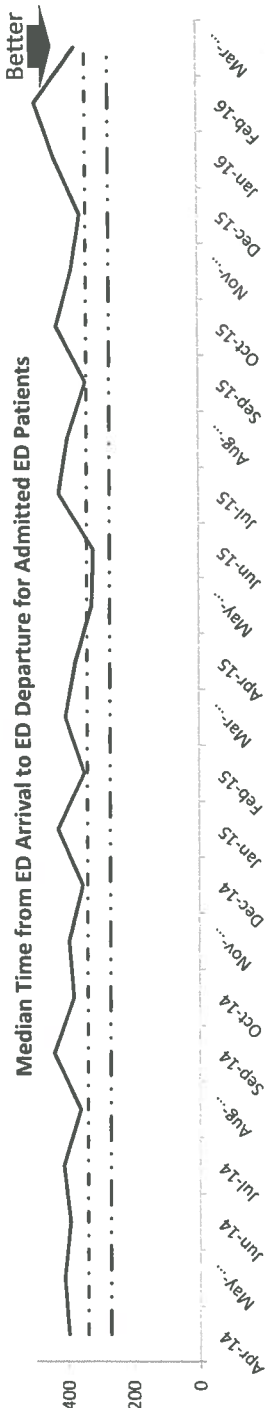
## Median Time to ECG



## Action Plan

Consistently better than national Top 10%.

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



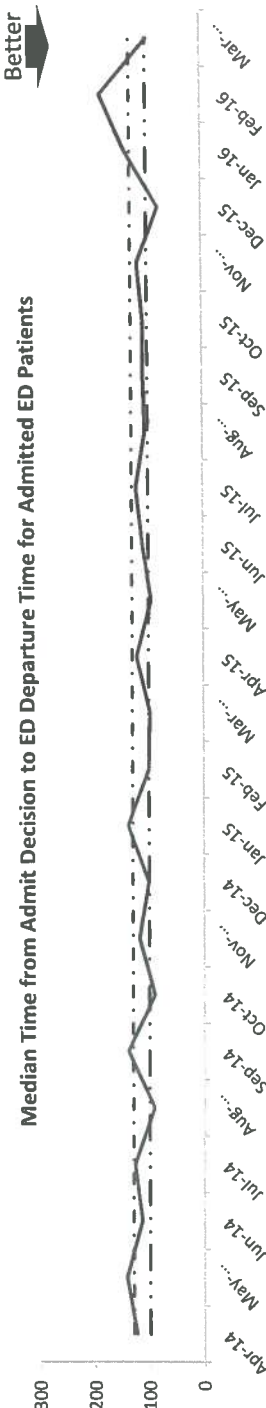
## Action Plan

(Combined with next element)

Current Challenges:

- High census in February
- Staffing challenges for IP beds
- ED Boarder rates went up

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



## Action Plan

Improvement plans:

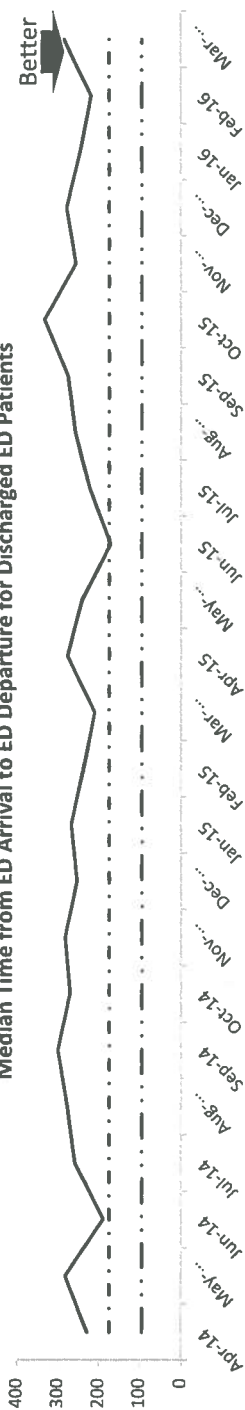
- ED Transporter positions still need filling to improve patient transport when bed ready
- Team Triage needs consistent 2nd Reg Clerk



# Core Measures

TCMC Rate      Mean      CA Mean      TCMC Target

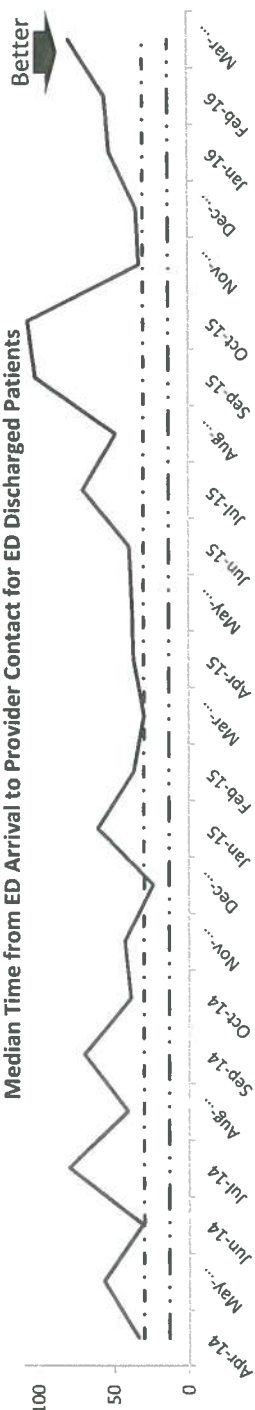
Median Time from ED Arrival to ED Departure for Discharged ED Patients



Action Plan

Dr Showah presentation.

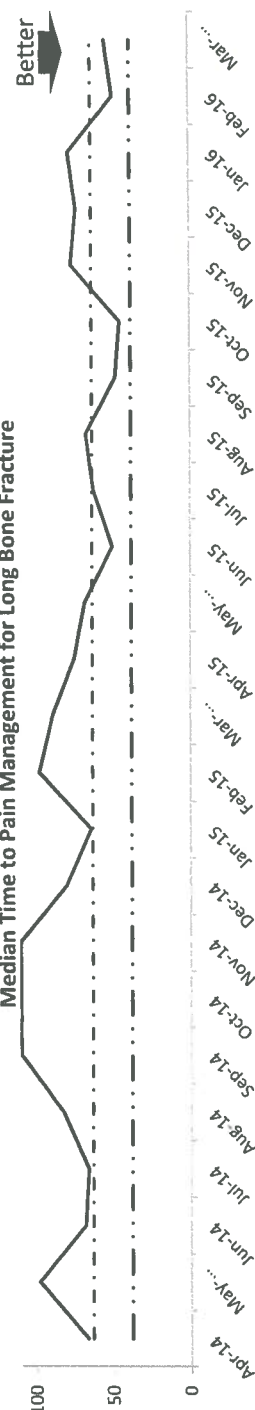
Median Time from ED Arrival to Provider Contact for ED Discharged Patients



Action Plan

Dr Showah presentation.

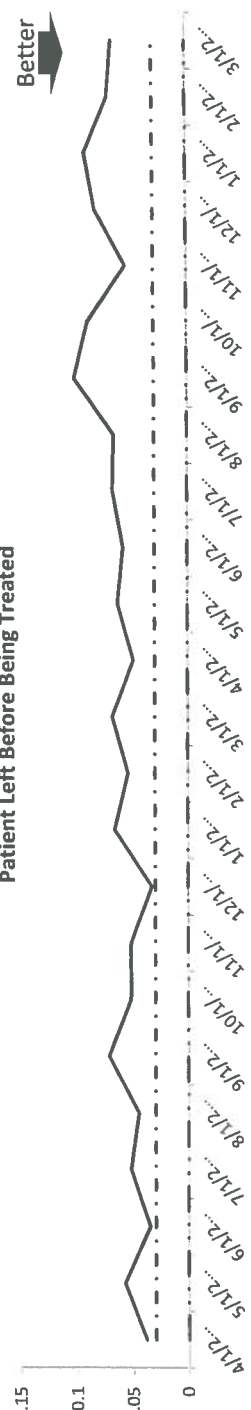
Median Time to Pain Management for Long Bone Fracture



Action Plan

Dr Showah presentation.

Patient Left Before Being Treated



Action Plan

Dr Showah presentation.



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## Volume

### Spine Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	49	29	30	30	23	29	23	28	32	27			300
FY15	35	32	46	48	35	33	39	35	31	35	37	27	433

### Mazor Robotic Spine Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	20	19	15	23	12	13	16	15	15	17			165
FY15	14	9	22	24	18	21	19	13	21	19	19	20	219

### Inpatient DaVinci Robotic Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	9	10	8	8	13	11	9	13	14	8			103
FY15	6	10	9	8	12	11	9	7	16	14	6	7	115

### Outpatient DaVinci Robotic Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	16	19	13	4	7	9	15	20	15	13			131
FY15	10	7	10	12	13	7	11	8	9	21	11	15	134

Performance compared to prior year:

Better Same Worse

Major Joint Replacement Surgery Cases (Lower Extremities)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	40	36	37	44	34	33	45	39	38	39			385
FY15	45	51	32	43	49	27	33	43	37	39	40	41	480

Inpatient Behavioral Health - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	19.9	19.6	17.6	18.0	16.0	16.7	17.5	15.5	15.2	14.5			17.1
FY15	23.3	26.5	27.1	21.2	22.8	19.1	18.3	17.5	19.6	16.9	17.5	17.9	20.7

Acute Rehab Unit - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	7.1	4.9	5.6	6.9	7.1	6.7	6.5	6.6	5.0	6.5			6.3
FY15	5.2	3.5	4.3	5.0	4.3	7.2	7.0	6.0	6.5	5.1	5.9	5.1	5.4

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	13.3	11.1	14.3	15.1	16.3	19.0	20.1	16.3	13.5	16.0			15.5
FY15	13.2	18.2	19.7	18.1	15.6	16.4	18.3	21.5	14.3	13.9	11.7	13.5	16.2

Hospital - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	183.9	183.4	199.7	187.7	182.4	200.6	202.9	203.0	186.7	200.7			193.0
FY15	190.8	195.0	195.1	195.6	189.2	187.9	203.3	199.8	188.0	186.3	181.5	179.7	191.0

Performance compared to prior year:

Better Same Worse



Deliveries

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	215	214	252	227	232	220	216	183	209	189			2157
FY15	246	263	244	233	194	233	199	159	208	186	218	198	2581

Inpatient Cardiac Interventions

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	16	9	19	12	16	10	11	15	15	15			138
FY15	16	19	12	19	17	11	15	8	12	22	23	21	195

Outpatient Cardiac Interventions

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	7	3	7	4	5	7	6	6	6	4			55
FY15	4	6	2	1	4	8	1	15	4	3	5	1	54

Open Heart Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	7	14	4	6	7	10	2	8	13	12			83
FY15	10	9	10	10	12	12	12	5	12	10	6	13	121

TCMC Adjusted Factor (Total Revenue/IP Revenue)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY16	1.65	1.63	1.60	1.62	1.63	1.56	1.54	1.63	1.65	1.60			1.61
FY15	1.64	1.63	1.58	1.58	1.56	1.58	1.58	1.63	1.62	1.63	1.65	1.66	1.61

Performance compared to prior year:

Better Same Worse



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## Financial Information

### TCMC Days in Accounts Receivable (A/R)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD Avg	Goal Range
FY16	46.7	45.7	45.7	45.3	47.0	49.1	51.7	48.9	49.5	50.4			48.0	48-52
FY15	46.3	48.8	48.5	48.9	49.0	48.9	51.0	50.6	50.6	51.0	49.9	46.4	49.4	48-52

### TCMC Days in Accounts Payable (A/P)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD Avg	Goal Range
FY16	83.6	85.8	92.1	88.7	84.0	82.5	83.6	81.1	81.4	81.1			84.4	75-100
FY15	78.1	77.1	81.2	77.9	79.5	77.6	79.5	77.0	84.3	82.6	82.8	83.7	79.5	75-100

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY16	\$862	\$612	\$182	(\$189)	(\$513)	\$965	(\$1,784)	(\$411)	(\$220)	\$331			(\$165)	\$6,574
FY15	\$368	(\$348)	\$112	\$568	\$556	\$632	\$198	\$370	\$292	\$343	\$1,814	(\$471)	\$3,091	

### TCHD EROE % of Total Operating Revenue

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY16	3.03%	2.20%	0.66%	-0.68%	-2.00%	3.40%	-6.31%	-1.53%	-0.77%	1.13%			-0.06%	2.29%
FY15	1.33%	-1.32%	0.41%	1.93%	1.99%	2.20%	0.70%	1.42%	1.02%	1.22%	6.04%	-1.61%	1.11%	



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## Financial Information

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY16	\$2,046	\$1,817	\$1,357	\$1,011	\$644	\$2,155	(\$594)	\$797	\$1,019	\$1,530			\$11,782	\$20,303
FY15	\$1,761	\$988	\$1,456	\$1,888	\$1,896	\$1,983	\$1,498	\$1,652	\$1,591	\$1,620	\$3,136	\$724	\$16,332	

### TCHD EBITDA % of Total Operating Revenue

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY16	7.20%	6.53%	4.90%	3.65%	2.50%	7.58%	-2.10%	2.97%	3.56%	5.22%			4.23%	7.07%
FY15	6.38%	3.75%	5.37%	6.42%	6.77%	6.91%	5.34%	6.34%	5.58%	5.76%	10.44%	2.48%	5.88%	

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY16	6.13	6.05	5.91	5.98	6.11	6.01	5.77	5.43	6.07	5.86			5.93	6.08
FY15	5.93	5.89	6.01	6.09	6.39	6.28	5.89	5.69	6.18	6.17	5.89	6.26	6.05	

### TCHD Fixed Charge Coverage Covenant Calculation

	TTM Jul	TTM Aug	TTM Sep	TTM Oct	TTM Nov	TTM Dec	TTM Jan	TTM Feb	TTM Mar	TTM Apr	TTM May	TTM Jun	Covenant
FY16	1.88	1.96	2.15	2.05	1.85	1.92	1.87	1.73	1.70	1.82			1.10
FY15	1.55	1.60	1.52	1.49	1.20	1.24	1.32	1.45	1.53	1.51	1.77	1.81	1.10

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY16	\$30.7	\$33.4	\$36.1	\$35.7	\$31.8	\$28.0	\$26.3	\$27.5	\$24.8	\$28.0		
FY15	\$27.7	\$21.4	\$19.9	\$18.8	\$18.9	\$22.2	\$19.9	\$16.4	\$13.4	\$17.8	\$26.4	\$35.3





### Building Operating Leases Month Ending Apr 30, 2016

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	LeaseTerm Beginning	Ending	Services & Location
<b>Camelot Investments, LLC</b> 5800 Armada Dr., #200 Carlsbad, CA 92008 V#15608	Approx 6,200	\$2.50	(a)	\$6,422.31	2/1/2015	10/31/18	<b>PCP Clinic - Radiance</b> 3998 Vista Way, Ste. C Oceanside, CA 92056
<b>Creek View Medical Assoc</b> 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.50	(a)	19,672.00	2/1/2015	10/31/18	<b>PCP Clinic - Vista</b> 1926 Via Centre Drive, Ste A Vista, CA
<b>Elfin Investments, LLC</b> Clancy Medical Group 20136 Elfin Creek Trail Escondido, CA 92029 V#82575	3,140	\$2.49		7,818.60	12/01/15	12/31/20	<b>PCP Clinic</b> 2375 Melrose Dr. Vista Vista, CA 92081
<b>GCO</b> 3621 Vista Way Oceanside, CA 92056 #V81473	1,583	\$1.50	(a)	3,398.15	01/01/13	04/30/16	<b>Performance Improvement</b> 3927 Waring Road, Ste.D Oceanside, Ca 92056
<b>Golden Eagle Mgmt</b> 2775 Via De La Valle, Ste 200 Del Mar, CA 92014 V#81553	4,307	\$0.95	(a)	6,003.43	05/01/13	04/30/16	<b>Vacant Building</b> 3861 Mission Ave, Ste B25 Oceanside, CA 92054
<b>Investors Property Mgmt. Group</b> c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214	\$1.65	(a)	9,821.55	09/01/12	08/31/17	<b>OP Physical Therapy</b> <b>OP OT &amp; OP Speech Therapy</b> 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054
<b>Melrose Plaza Complex, LP</b> c/o Five K Management, Inc. P O Box 2522 La Jolla, CA 92038 V#43849	7,247	\$1.22	(a)	10,101.01	07/01/11	07/01/16	<b>Outpatient Behavioral Health</b> 510 West Vista Way Vista, Ca 92083
<b>OPS Enterprises, LLC</b> 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	\$3.55	(a)	24,931.00	10/01/12	10/01/22	<b>Chemotherapy/Infusion Oncology Center</b> 3617 Vista Way, Bldg.5 Oceanside, Ca 92056
<b>Ridgeway/Bradford CA LP</b> DBA: Vista Town Center PO Box 19068 Irvine, CA 92663 V#81503	3,307	\$1.10	(a)	4,984.83	10/28/13	03/03/18	<b>Vacant Building</b> 510 Hacienda Drive Suite 108-A Vista, CA 92081
<b>Tri City Real Estate Holding &amp; Management Company, LLC</b> 4002 Vista Way Oceanside, Ca 92056	6,123	\$1.37		8,037.03	12/19/11	12/18/16	<b>Vacant Medical Office Building</b> 4120 Waring Rd Oceanside, Ca 92056
<b>Tri City Real Estate Holding &amp; Management Company, LLC</b> 4002 Vista Way Oceanside, Ca 92056	4,295	\$3.13		12,652.78	01/01/12	12/31/16	<b>Vacant Bank Building Property</b> 4000 Vista Way Oceanside, Ca 92056
<b>Tri City Wellness, LLC</b> 6250 El Camino Real Carlsbad, CA 92009 V#80388	Approx 87,000	\$4.08	(a)	239,250.00	07/01/13	06/30/28	<b>Wellness Center</b> 6250 El Camino Real Carlsbad, CA 92009
<b>Total</b>				<b>\$353,092.69</b>			

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

**Education & Travel Expense  
Month Ending 4/30/16**

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
7010	MICN CLASS	33116	1,000.00	31263	RACHAC MUSICH
7420	IAHCSMM CONFERENCE	10516	418.84	78238	MARY DIAMOND
8455	DEVELOPERS CONFERENCE	33016	200.00	16915	CHRIS MIECHOWSKI
8460	PDC SUMMIT CONFERENCE	32516	175.26	81655	CHRIS MIECHOWSKI
8510	MED ASSETS COST COURSES	40116	517.89	82677	ERNIE MIER
8510	LAWSON GL TRAINING	20455069	2,400.00	81173	FINANCE STAFF
8618	IMAGINE SOFTWARE CONFERENCE	33116	307.39	46515	MELISSA NAIL
8620	ACHD LEGISLATIVE CONFERENCE-TRAVEL	33116	295.96	81163	LAURA MITCHELL
8620	CHA LEGISLATIVE CONFERENCE-TRAVEL	40716	344.61	81515	JAMES DAGOSTINO
8700	HEALTH CONFIDENTIALTY	40616	180.00	15106	MELISSA SANCHEZ
8700	HEALTH CONFIDENTIALTY	406162	180.00	15106	LEILANI SAGALE
8700	COMPLIANCE INSTITUTE	42616	2,281.83	71807	COLLEEN M THOMPSON
8720	HOSPITAL RELICENSING SURVEY	41316	185.00	14365	JAMI PEARSON
8740	NRP SKILLS	40716	105.00	79144	MARIA A BAILEY
8740	ACUTE STROKE CARE	32316	112.00	55712	HOLLY LUPICA
8740	ACLS RENEWAL	33016	125.00	82670	KATIE YOUNG
8740	ECCU CONFERENCE	41416	150.00	78656	ANGELA PEREZ
8740	ACLS COURSE	33016	150.00	79011	MARIA CYNTHIA TESTMAN
8740	ACLS COURSE	40716	150.00	81810	MYRNA MARTIN REYES
8740	PCCN REVIEW COURSE	42016	160.00	81825	MARIA CARLOS
8740	ANNUAL BIRTH CONFERENCE	40716	200.00	12303	YVONNE BERKENKOTTER-ICK
8740	ACLS PROVIDER COURSE	42016	200.00	79370	PAIGE ALLEN
8740	LACTATION COUNSELOR	41416	200.00	79467	LISA BRUGNANO
8740	RNC REVIEW COURSE	42016	200.00	80072	STEPHANIE BENYEBKA
8740	PANIC HEALING COURSES	41416	200.00	81355	SHANNON REXRODE
8740	BOARD CERT ONCOLGY PHARMACY	31716	200.00	82662	JINOO LEE

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

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



## ACHD Annual Conference and Directors meeting

Monterey California.

May 2-4

I am a member of the Board of Directors of ACHD. The annual conference is a chance for board members to learn about the state of health care as it continues to evolve and the waves of change that continue to increase the complexity of how we do our business. It is also an opportunity to share experiences and views and take advantage of the opportunity to learn from and network with colleagues. The goal of the conference was to provide new ideas that will help board members with the challenges ahead.

There were three exciting topics addressed this year. Last year Gyre Renwick from Goggle talked to us about opportunities that were available to hospitals. Gyre was the head of Industry for Healthcare at Goggle for the past 13 years. He was responsible for helping healthcare clients leverage the full suite of Google products and potential opportunities across all of Goggles initiatives. He was also responsible for Goggles Grants program focused on helping non-profits grow through technology. Today he is working on a new venture. He has taken a job with Lyft a private transportation service that is totally user friendly, cheaper and more efficient than taxis or busses and most of all safe. When people leave a hospital or emergency room, transportation is often a problem. Mr Gyre is looking for a hospital who could work with him and his company to further develop transportation option. It might be interesting for us to talk to him. North County does not have good transportation options. This might be the answer.

Kelly Lindsey and Jean Hurst gave us a good update on the climate in Sacramento. It was alarming that our legislators do not know what what special districts do and more important do not feel they understand how we are accountable for the tax dollars we receive. Given what Sacramento did to Redevelopment district just a few years ago, it behoves us to start explaining the unique value that we add to our communities. It is true that most people do not understand what a hospital district does. Many of our healthcare districts do not even have hospitals. We have a lot so work to do this year educating our communities and most of all our legislators. With all the changes in healthcare and the federal governments focus on community health, we do have a significant value to our communities.

We also heard from Kyle Packham from the California Special Districts Association. ACHD has been working with special districts to help more people understand the value of all our districts. There is a lot of value for our organization to join with a larger group. There are over a thousand special districts. This organization has been working hard to spread the word about our value. The community needs to know what we are becoming and what a benefit we are.

We also had a good discussion from Eric Brown CEO of California Telehealth Network. CTN was launched in 2010 and has grown to become the largest consortium of safety net clinics and hospitals in California providing broadband and virtual care services to rural and medically underserved communities where. CTN also operates the California Telehealth Resource Center which provided federally funded technical and programmatic assistance to California healthcare providers interested in Telehealth adoption or expansion.

I think it was a very good conference, I learned a lot.

Julie NYGAARD

Association of California Healthcare Districts  
64th Annual Meeting  
Monterey, California, May 4-5, 2016

*Waves of Change  
Oceans of Opportunity*

May 4, we heard Gyre Renwick as our luncheon speaker. Mr. Renwick spoke last year when he was Google exploring healthcare applications, such as Google glasses. This year, Mr. Renwick is with Lyft and discussed the impact of transportation, specifically the lack of it, on health care. 4.5 million healthcare appointments annually are missed because of transportation issues. Further, there is \$4 billion in the Medicaid budget and \$1 billion in the Medicare budget for non-emergency medical transportation.

Mr. Renwick explained that Lyft does extensive background checks (and continues to do them quarterly) and carries liability insurance (in addition to the driver's mandated insurance) and that Lyft can be as much as 35% less than a conventional taxi. He described an affiliation in New York with a medical transport company that receives reimbursement.

Lyft has a desktop application for pre-scheduling, e.g. dialysis appointments; is working with a startup to develop interfaces with EMR systems; and has a carpool feature. He also described a project where Lyft drivers take home health nurses on visits. This allows the nurse who would've previously spent time driving and parking the opportunity to complete visit documentation while being driven to the next visit.

*TCHD: We should find out who in the district is specifically providing non-emergency medical transportation for appointments, including informal networks. Perhaps Lyft can fill in gaps, however, because Lyft (and Uber) can be construed as being an "end-run" around existing taxi laws, a cautious approach is warranted.*

After lunch, we heard from Marc Finucane of Alvarez and Marsal where he specializes in academic medical centers. Mr. Finucane's topic was The Healthcare District Advantage in today's environment--defined populations in an undefined environment. Mr. Finucane pointed out that hospital districts have defined boundaries and responsibilities and that today's healthcare environment requires evidence based practice, technology as well as strategic positioning and governance capability. He also stated that Accountable Care Organizations (ACO) would become Accountable Care Communities, which brought to my mind the Settlement House movement of the latter 19th century where the emphasis was on the health of the then immigrant communities learning about life in the United States.

Mr. Finucane, identified several challenges including: strategic capabilities, community education, advocacy, governance, physician relationships, and cybersecurity.

May 5, we heard from Eric Brown (who lives in Escondido) from the California TeleHealth Network which was developed to facilitate care and consultation in rural and underserved areas by developing and supporting broadband services. The funding for these projects comes from the Healthcare Connect Fund from the Federal Communications Commission Universal Service

Fund and District hospitals are eligible. The Telehealth Network connects rural and underserved areas, as well as Indian Health Services and to the California Rural Indian Health Board to all California Academic Medical Centers. Behavioral health, especially for children and adolescents composes 74% of specialty utilization.

Non-broadband services include cyber security assessments, web-based video conferencing platforms and equipment.

Over lunch, Kyle Packham from the California Special Districts Association spoke with us about how to explain a healthcare district to the public.

The last speaker of the conference was Jim Tunney whose topic was Managing the Power of Change. One of things that struck me was his definition of leadership. Dr. Tunney defined leadership not as *ability* but as *responsibility*. Dr. Tunney spent 40 years as an educator with many of those years spent with the Los Angeles Unified School District while simultaneously working as a referee for the National Football League.

**Laura Mitchell, RN, BSN, PHN**

May 7, 2016

## Report to the Board

James J. Dagostino, Chairman of the Board TCHD

American Hospital Association Annual Meeting April 30 through May 5, 2016, Washington DC

I attended the AHA Meeting as well as CHA Legislative Congressional Action Day representing our district. I participated in the Legislative Day with our colleagues from Sharp, Kindred, Scripps and Palomar.

On Sunday, May 1 I attended a lecture hosted by James Orlikoff. Mr. Orlikoff felt that the consumer was going to be an issue/disruption in the healthcare system. We were cautioned to incorporate this concept into our business models and appreciate that consumers were going to be driving medical care as they are asked to pick up more of the tab for their care. They will have more to say about where they receive care based on how they assess the value of the care proposed by their doctor.

Later that day participated in the AHA diversity Roundtable. The emphasis was on Medicare's thoughts about how ethnicity socioeconomic status plays into the healthcare of seniors. Institutions will need to demonstrate that they have a plan for this. The conversation centered on the 30 day/90 day readmissions and a bill HR1343/S688 that is in both houses that is supported by CHA. This bill will more realistically figure into the mix the socioeconomic and types of patient populations that are most likely to be readmitted. The bill will make adjustments to the readmission policy which hopefully will be considered "more fair" for those institutions that treat these citizens.

Monday, May 2 centered on the legislative environment in Washington. The elections took center stage but what each of the speakers seems to profess was that if the Republican presidential candidate is elected it is unclear how the healthcare arena will be effected. We were fortunate enough to hear from Chiefs of Staff from key senators about the plethora of Medicare regulations over the next six months. Many of the staff, more democratic in nature, were aggressively pushing these regulations to cement the gains in the ACA.

Tuesday May 3, started out with a heartwarming story from Anchor Fox News channel Megan Kelly. Ms. Kelly's speech was personal in nature about her mother family and personal responsibility. As we all know Megan is very charming and talented but her presentation had nothing to do with healthcare except her Mother was a psychiatric nurse.

I now turn my attention to the California Legislative Action Program which took up most of Tuesday and Wednesday.

Four bills are on the CHA watch list.

- 1 HR 2156 (Support) A bill that would sharply curtail the fees and actions of Recovery Audit Contractors. Most institutions are being unfairly targeted for RAC audits and most

are overturned. Our CEO Steve Dietlin has stated that these audits are costly and most of the time Tri City overturns the auditor.

2 HR1343/S 688- Hospital Readmission Program (Support) this bill would make modifications to the readmission program allowing for low socioeconomic status and certain patient populations that would almost be guaranteed a readmission and therefore would unfairly penalize hospitals.

3 S 258/HR 169 – (Support) this bill would remove the 96 hour condition of payment which seems to be more of an impediment to our rural hospitals.

4 Site neutral Payments- Medicare has placed in regulation that new Medicare outpatient hospital facilities will now be paid at the outpatient surgery or physician rate. This rate is significantly lower than the present institution rate and may interfere with hospitals creation of outpatient departments. This has a direct impact on Tri-City as we are working with our physicians to create outpatient ventures. These type clinics will guarantee that our physicians practice in our community and allow vehicle to help alleviate the economic startup cost.

5 Congress is being encouraged to not restrict states ability to use provider fees offer vital to Medi-Cal beneficiaries services. California this is known as the Medi-Cal hospital fee program. Tri-City take advantage of this program to help gets reimbursed for the disproportionate share of payment when treating Medi-Cal patients.

The legislative tone in Washington on health care was interesting. It became obvious that our government does not have enough money to provide the entire healthcare they promised. ACA policy care will be going up in premiums and copays and the plan to cover these costs ACA patients will come out of Medicare cuts. CHA has created a graph demonstrating Tri-City Hospital total value of cuts in Medicare from 2011 2025. (See attached .) Interesting all legislative speakers spoke about cuts and regulatory changes and all of these actions will would improve quality. The improvement of quality measures seems to be more regulations and metrics that if not met will cost institution penalties.

Opioid overutilization seems to be a new hot topic and per most of our speakers will be addressed by our government. It seems that many of the prescriptions are falling into the wrong hands our citizens are being injured or dying because of this.

It has become quite clear to me that CMS will propose a voluminous amount of regulations that may or may not improve care. These regulations will cost us more to implement and I believe we can expect many of these regulations will be tweaked as Medicare's not quite sure how to decrease costs and not let the quality of care erode. Because we (Tri City) do not have a dedicated government relations program Tri-City benefits from their AHA/CHA membership. It seems valuable that someone from Tri-City continues to monitor legislation and determine how we need to react when Washington continues to control healthcare. In discussion with my colleagues from Sharp and Scripps as well as our sister institution Palomar the government relations people feel that Tri-City is well-informed as our board has continued to be a conduit for institution for this information.

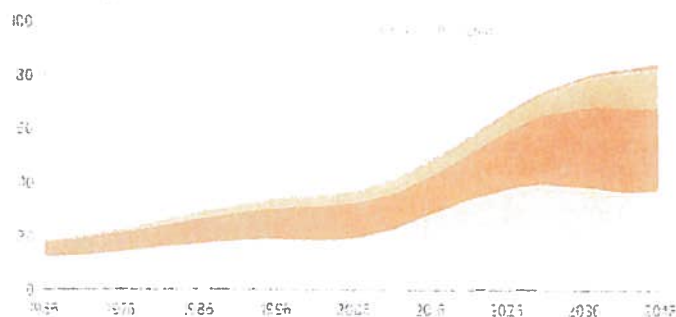
## 2016 Health Agenda

- Public health supplementals (Zika and Flint)
- Opioid abuse
- Puerto Rico
- Hospital outpatient department fix (HOPD)
- 21<sup>st</sup> Century Cures with some mandatory funding for NIH
- Mental health bill
- Improving patient safety in the medical device space

## Pending Demographic Crisis

**Number of People Age 65 or Older, by Age Group**

Millions of People



Source: Congressional Budget Office

### Revenue Increases (like in Administration's Budget) are Needed to Keep Promises to the Elderly

- Social Security benefits are not excessive. Average elderly benefit is \$16,092 per year
- Replacement rates in Social Security have fallen
- Retirement age increase to 67 is still to be phased in
- Medicare deductibles and copayments are significant. There is not an out-of-pocket limit, so most beneficiaries have supplemental (Medigap) coverage
- Medicaid reimbursement rates are low
- Medicare expenditures as a percent of GDP have been lowered by over 2 percentage points by 2040 (per Medicare Trustees reports)
- Since 2011, spending (mostly discretionary spending) has been cut by almost \$2 trillion over the 2017-26 window

3

### Society needs to confront demographic changes

- Providers and elderly groups need to educate America
- Has enormous implications for labor force participation, immigration, and federal and state budgets
- We can keep promises to the elderly while making important public investments
- While we need to improve delivery systems and lower costs, spending on the elderly will increase regardless. We need to address long-term care and reduce the state burden inherent to Medicaid's benefit and funding structures
- Spending is not out of control. We've lowered long-term spending by 10 percentage points. Discretionary spending as a percent of GDP is at Eisenhower levels
- Demographic bulge will take up 2-3 percentage points of GDP. Solves our budget deficit.
- We must improve Medicare's capacity to serve the frail elderly. Could a state launch a model for viable long-term care insurance?

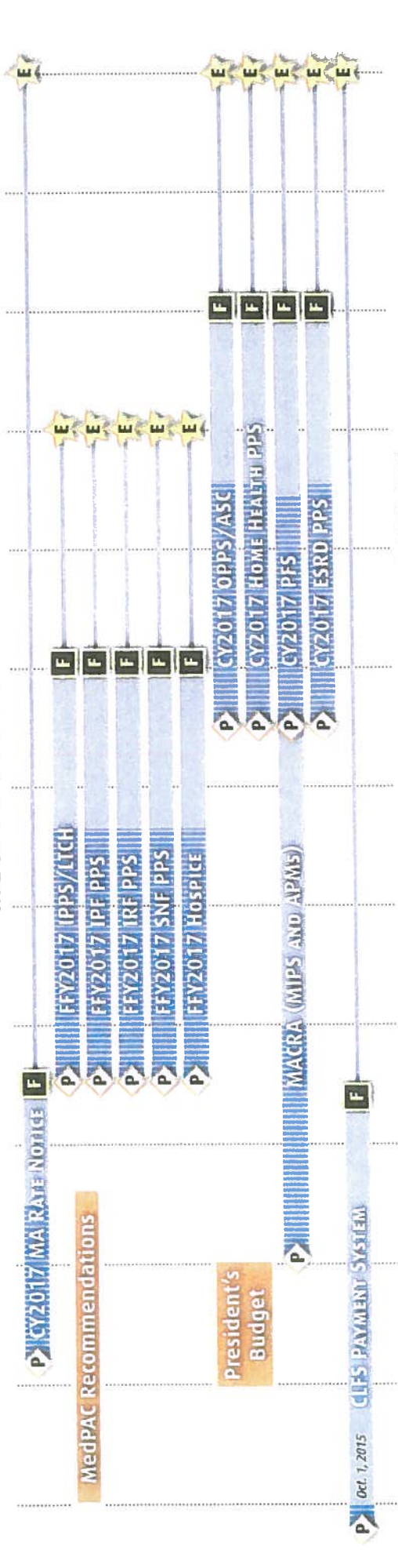


2017

2016

2015

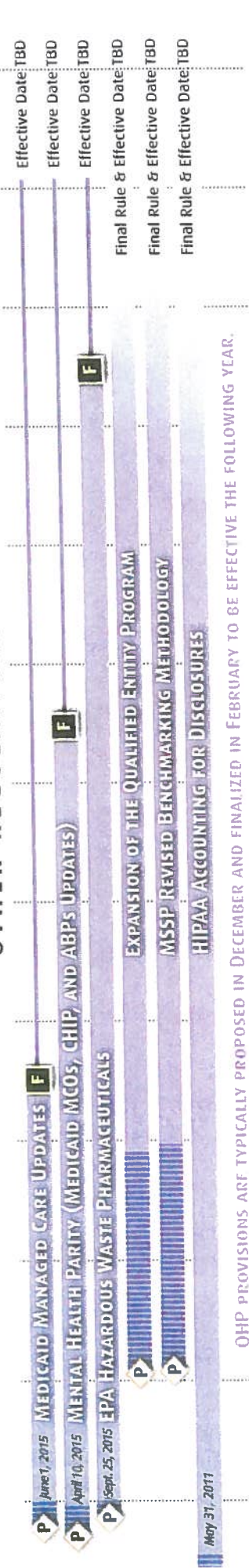
# MEDICARE PPS



## MEDICARE CONDITIONS OF PARTICIPATION



## OTHER REGULATIONS



QHP PROVISIONS ARE TYPICALLY PROPOSED IN DECEMBER AND FINALIZED IN FEBRUARY TO BE EFFECTIVE THE FOLLOWING YEAR.

**NOTE:** The regulatory timelines noted above are estimated and subject to change. While not an exhaustive list of all anticipated or past regulation, the list is inclusive of the regulations CHA has already submitted or anticipates submitting comments. For updated information on federal regulations, visit [www.cha.org](http://www.cha.org).

CALIFORNIA HOSPITAL



February, 2016

KEY: P Proposed Rule Comment Period



## GLOSSARY

<b>ABPs</b>	Alternative Benefit Plans
<b>APMs</b>	Alternative Payment Models
<b>ASC</b>	Ambulatory Surgery Center
<b>CAH</b>	Critical Access Hospital
<b>CHIP</b>	Children's Health Insurance Plan
<b>CLFS</b>	Clinical Laboratory Fee Schedule
<b>CoP</b>	Conditions of Participation
<b>CY</b>	Calendar Year
<b>EPA</b>	Environmental Protection Agency
<b>ESRD</b>	End Stage Renal Disease
<b>FFY</b>	Federal Fiscal Year
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>IPF</b>	Inpatient Psychiatric Facility
<b>IPPS</b>	Inpatient Prospective Payment System
<b>IRF</b>	Inpatient Rehabilitation Facility
<b>LTC</b>	Long-Term Acute Care Hospital
<b>MA</b>	Medicare Advantage
<b>MACRA</b>	Medicare Access and CHIP Reauthorization Act
<b>MCOs</b>	Managed Care Organizations
<b>MIPS</b>	Merit-Based Incentive Payment System
<b>MSSP</b>	Medicare Shared Savings Program
<b>OPPS</b>	Outpatient Prospective Payment System
<b>PACE</b>	Programs of All-Inclusive Care for the Elderly
<b>PFS</b>	Physician Fee Schedule
<b>PPS</b>	Prospective Payment System
<b>QHP</b>	Qualified Health Plan
<b>SNF</b>	Skilled Nursing Facility

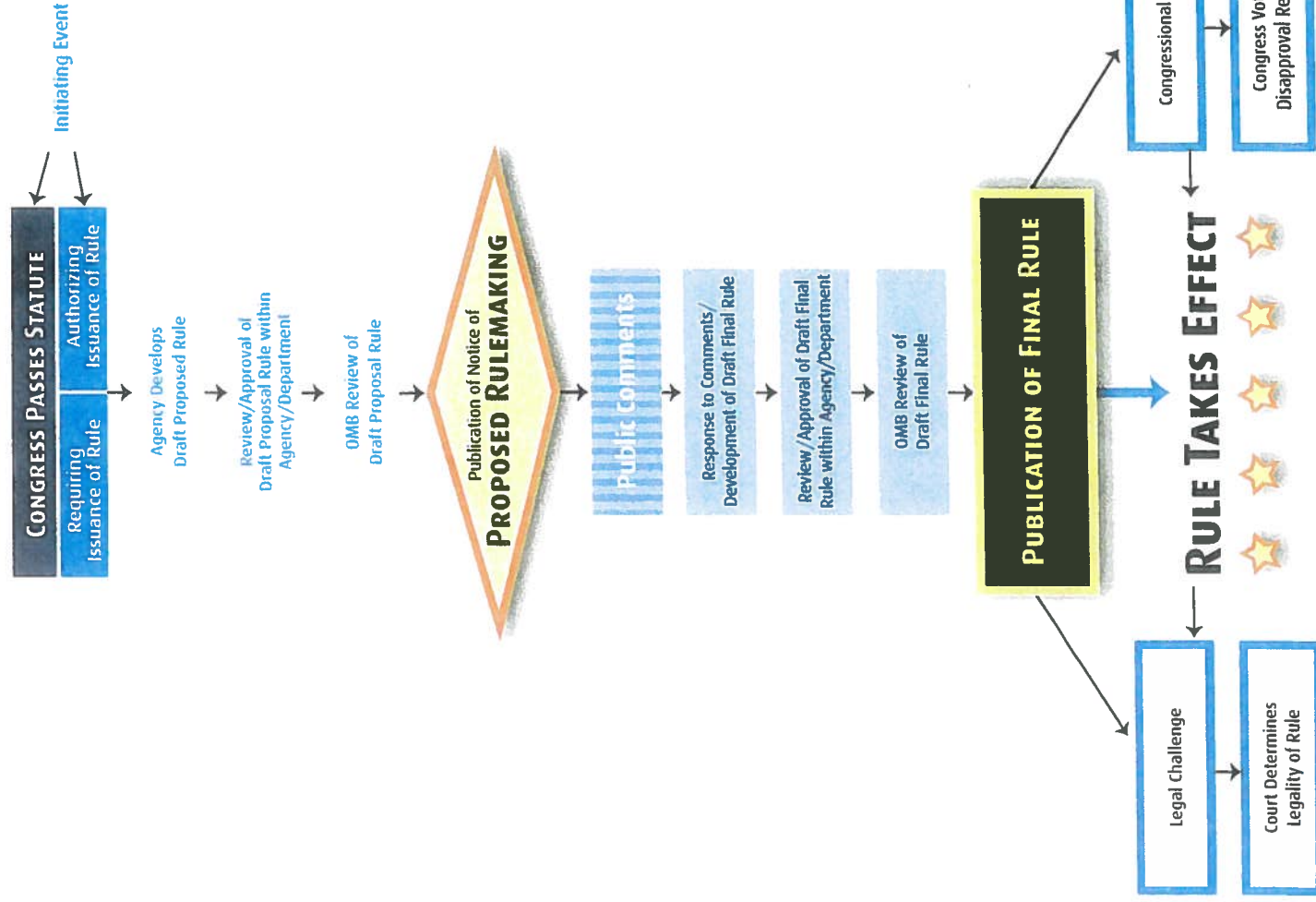


**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

**Alyssa Keefe**  
Vice President, Federal Regulatory Affairs  
akeefe@calhospital.org  
202-488-4688

**Megan Howard**  
Senior Policy Analyst  
mhoward@calhospital.org  
202-488-3742

## FEDERAL RULEMAKING PROCESS



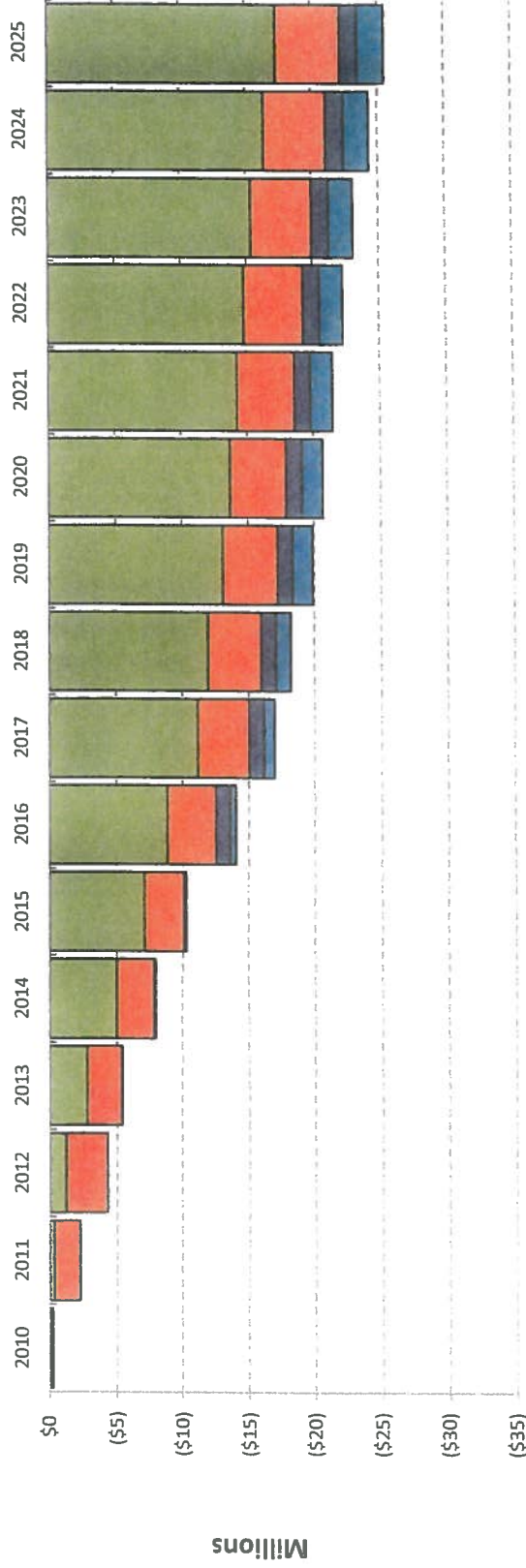


# 16-Year Medicare Cut Analysis

## Estimated Value of Enacted Cuts & Cuts Under Consideration

### Tri-City Healthcare District

This report provides additional detail on the estimates in the summary report. Impacts are separated into two windows: 2010-2015 and 2016-2025. Estimates shown for 2010-2015 include all existing legislative and regulatory cuts that have already been implemented. Estimates shown for 2016-2025 include the compounded effects of permanent/prospective cuts put into effect prior to 2016, as well as cuts that will/may be implemented in the future.



The impacts shown in this analysis include the major cuts enacted since 2010 as well as several of the major cuts proposed in recent years. Due to the lack of data, some enacted cuts and cuts under consideration are not included in this analysis; such as proposals to change the area wage index and cuts resulting from Section 603 of the Bipartisan Budget Act of 2015. Each cut shown in this analysis is described below.

**Notes:**

**(1) Enacted Legislative Medicare Cuts Include:**

- ACA Marketbasket Cuts: These impact reflect the Affordable Care Act (ACA) of 2010-authorized update factor cuts.
- Sequestration Cuts: These impact reflect the 2.0% sequester reduction on total Medicare payments for a 13-year period (2013 - 2025).
- Medicare DSH Cuts: Impacts reflect the estimated reductions to the national uncompensated care payment (UCP) pool amount based on projected changes to the national uninsured rate provided by the Congressional Budget Office (CBO). Hospital specific impacts due solely to the DSH methodology change (100% Traditional vs. 25% Traditional & UCP) are not included in these impacts.
- Bad Debt Payment Cuts: These impacts reflect the Middle Class Tax Relief and Job Creation Act of 2012-authorized reduction to Medicare payments for reimbursable bad debts for all provider settings to 65%.
- ATRA IPPS Retrospective Coding Adjustment: This impact reflects the American Taxpayer Relief (ATRA) of 2012-authorized retrospective (one-time) coding adjustment cuts totaling at least -9.3% that CMS must implement over a 4-year period (FFY 2014-2017) (inpatient hospitals). This impact also reflects the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015-authorized prospective coding increases that CMS must implement over a 6-year period (FFY 2018-2023) at 0.5% per year (inpatient hospitals). This increase was enacted in lieu of the 3.2% increase that hospitals were to receive in FFY 2018 due to ATRA.
- MACRA Post-Acute Marketbasket Cap: This impact reflects a cap of 1.0% on marketbasket updates for inpatient rehabilitation facilities, long-term care hospitals, skilled nursing facilities, and home health agencies in FFY 2018, as implemented by MACRA.

**(2) Enacted Regulatory Medicare Cuts Include:**

- Regulatory Coding Adjustments: These impacts reflect the annual adjustments to the standard amount/federal rate that were implemented to recoup for increases in gross payments due solely to the transition to new DRGs and/or DRG weights.
- 2-Midnight Rule Offset: This impact reflects the -0.2% adjustment to the IPPS federal rate implemented by CMS in order to offset growth in IPPS expenditures due to increased inpatient admissions associated with the "2-Midnight Rule".
- LTCH Site-Neutral Adjustment: The impact of CMS' decision to apply site neutral payment adjustments to certain cases no longer deemed eligible for payment under the LTCH PPS. In such cases, hospitals will be paid the lower of 100% of the cost or per diem IPPS amount. For FFY 2016 and 2017 there is a transitional 50/50 blend of the IPPS per diem and the LTCH standard rate for cases affected by the site-neutral adjustment. This adjustment starts at the beginning of a hospital's next cost reporting period that follows October 1, 2015.
- OPDS Packaging Inflation Adjustment: This impact reflects CMS' 2.0% reduction to the OPDS conversion factor FFY 2016 in order to correct for an overestimation of a prior budget neutrality calculation in the CY 2014 shift to pay for certain lab services under OPDS.

**(3) Quality-based Payment Reform Includes:**

- ACA-Mandated Quality Based Payment Reform (QBPR): These impacts reflect the Inpatient Prospective Payment System (IPPS) payment adjustments related to the 3 mandatory quality-based payment reforms: value-based purchasing (VBP), readmissions reduction program (RRP), and the hospital-acquired conditions (HAC) reduction program. (The VBP program is budget neutral on a national basis.)

**(4) Additional Medicare Cuts Under Consideration Include:**

IME/DGME Cuts Under Consideration:

- IME Cuts (source: FFY 2017 Presidential Budget): This impact reflects the recommendation to reduce IME reimbursement by 10% for IPPS hospitals.
- DGME Cuts (source: Simpson-Bowles Commission): This impact reflects the recommendation to limit teaching hospitals' Direct Graduate Medical Education (DGME) reimbursement to 120% of the national average salary paid to residents in 2010, updated annually thereafter.

Outpatient Payment Equalization Cuts Under Consideration:

- OPD/Physician Payment Equalization for E/M Services (source: H.R. 3630): This impact reflects the U.S. House-approved policy from 2011 to cap payment to hospitals for outpatient evaluation and management (E/M) services at the payment level provided to physicians under the Medicare physician fee schedule.
- OPD/Physician Payment Equalization for Targeted Services (source: MedPAC policy option): This impact reflects a MedPAC policy option from 2013 to cap payments to hospitals for certain outpatient services (66 APCs) at the payment level provided to physicians under the Medicare physician fee schedule.