

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
April 28, 2016 – 1:30 o'clock p.m.
Classroom 6 - Eugene L. Geil Pavilion
Open Session – Assembly Rooms 1, 2, 3
4002 Vista Way, Oceanside, CA 92056**

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda		
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Closed Session portion of the Agenda. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors.	3 min.	Standard
4	Oral Announcement of Items to be Discussed During Closed Session (Authority: Government Code Section 54957.7)		
5	Motion to go into Closed Session		
6	Closed Session	2 Hours	
	a. Conference with Labor Negotiators (Authority: Government Code Section 54957.6) Agency Negotiator: Steve Dietlin Employee organization: SEIU		
	b. Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees (Authority: Health & Safety Code, Section 32155)		
	c. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: June 30, 2016		
	d. 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) Steven D. Stein v. Tri-City Healthcare District Case No. 12-cv-02524BTM BGS		

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
	(4) TCHD vs. Paul Mazur, M.D., and DOES 1-50 Case No. 37-2016 00002803-CU-O-NC		
	(5) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108		
	(6) TCHD vs. Medical Acquisitions Company Case No: 2014-00022523		
	f. Conference with Legal Counsel – Potential Litigation (Authority Government Code Section 54956.9(d) (5 Matters))		
	g. Approval of prior Closed Session Minutes		
	h. Public Employee Evaluation: Chief Compliance officer (Authority: Government Code, Section 54957)		
7	Motion to go into Open Session		
8	Open Session		
	Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.		
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
10	Roll Call / Pledge of Allegiance	3 min.	Standard
11	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
12	Community Update – None		
13	Report from TCHD Auxiliary	5 min.	Standard
14	Report from Chief Executive Officer	10 min.	Standard
15	Report from Chief Financial Officer	10 min.	Standard
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	5 min.	Acting CFO
	b. Approval of a recruitment agreement with Dr. Aaron Boonjindasup, Urologist and North Coast Urology	10 min.	W. Knight/J. Raimo
	c. Approval of a recruitment agreement with Dr. B. David Badiee, Family Medicine Practitioner	10 min.	W. Knight/J. Raimo

	Agenda Item	Time Allotted	Requestor
17	Old Business		
	a. Report from Ad Hoc Committee on electronic Board Portal	5 min.	Ad Hoc. Comm.
18	Chief of Staff	5 min.	Standard
	a. Consideration of April 2016 Credentialing Actions Involving the Medical Staff – New Appointments Only		
	b. Medical Staff Credentials for April 2016 – Reappointments		
19	Consideration of Consent Calendar	5 min.	Standard
	(1) Board Committees		
	(1) All Committee Chairs will make an oral report to the Board regarding items being recommended if listed as New Business or pulled from Consent Calendar.		
	(2) All items listed were recommended by the Committee.		
	(3) Requested items to be pulled <u>require a second.</u>		
	A. Human Resources Committee		HR Comm.
	Director Kellett, Committee Chair		
	Open Community Seats – 0		
	(Committee minutes included in Board Agenda packets for informational purposes)		
	1) Approval of a Request for Proposal related to Record Keeping Services for the TCHD Retirement Accounts		
	B. Employee Fiduciary Retirement Subcommittee		Emp. Fid. Subcomm.
	Director Kellett, Subcommittee Chair		
	Open Community Seats – 0		
	<i>(No meeting held in April)</i>		
	C. Community Healthcare Alliance Committee		CHAC Comm.
	Director Nygaard, Committee Chair		
	Open Community Seats – 2		
	(Committee minutes included in Board Agenda packets for informational purposes)		
	D. Finance, Operations & Planning Committee		FO&P Comm.
	Director Dagostino, Committee Chair		
	Open Community Seats – 0		
	(Committee minutes included in Board Agenda packets for informational purposes)		
	1) Approval of an agreement with Melrose Plaza Complex, L.P. for the 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.		
	2) Approval of an agreement with Premier Laser Services, Inc. for laser, ESWL (Extracorporeal Shock Wave Lithotripsy), ultrasound and CUSA (Cavitron Ultrasonic Surgical Aspirator) rental for a term of 24 months, beginning April 4, 2016 through		

	Agenda Item	Time Allotted	Requestor
	<p>April 3, 2018, for an average annual cost of \$184,752 and an expected total cost for the term of \$369,504.</p> <p>3) Approval of an agreement with Dr. David Cohen as Supervising Physician of the Cardiac Rehabilitation program for vacation and sick day coverage for Drs. Slowik and El-Sherief for a term of 26 months beginning May 1, 2016 through June 30, 2018, not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$148.30 included in the annual cost of \$44,490 and total cost for the term of \$96,395.</p> <p>4) Approval of a three year agreement with Land Graphics for Landscape Maintenance of all TCHD facilities, for a maximum total of \$510,444.</p> <p>5) Approval of an agreement with Dr. Sharon Slowik as the Inpatient Wound Care Coverage Physician for a term of 26 months beginning May 1, 2016 through June 30, 2018, for an average of five (5) hours per month, not to exceed 60 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$11,400 and a total cost for the term not to exceed \$24,700..</p> <p>6) Approval of an agreement with Dr. Sharon Slowik as the outpatient Wound Care/HBO Coverage Physician for a term of 26 months beginning May 1, 2016 through June 30, 2018, for an average of five (5) hours per month, not to exceed 60 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$11,400 and a total cost for the term not to exceed \$24,700.</p> <p>7) Approval of an agreement with Dr. Janet Whitney as the Inpatient Wound Care Coverage Physician for a term of 26 months beginning May 1, 2016 through June 30, 2018, for an average of 15 hours per month, not to exceed 180 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$34,200 and a total cost for the term not to exceed \$74,100.</p> <p>8) Approval of an agreement with Dr. Janet Whitney as the Outpatient Wound Care/HBO Coverage Physician for a term of 26 months beginning May 1, 2016 through June 30, 2018, for an average of 15 hours per month, not to exceed 180 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$34,200 and a total cost for the term not to exceed \$74,100..</p> <p>E. Professional Affairs Committee Director Mitchell, Committee Chair (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p>1) <u>Approval of Patient Care Services Policies</u> a. Child Passenger Restraint System Education Policy b. Diluting IV Medication for IV Push Administration</p>		PAC

Agenda Item	Time Allotted	Requestor
<p>Procedure</p> <ul style="list-style-type: none"> c. Immediate Use Sterilization, Intraoperative d. Micromedex Carenotes Procedure e. Obstetrical Patients Triage Policy f. Point of Care New Test/ Method Request and Implementation Policy g. Point of Care Testing Policy h. Staffing Requirements, Development of Policy i. Sterile Technique j. Wound Classification During Surgical Intervention <p>2) <u>Unit Specific</u></p> <p>A) <u>Engineering</u></p> <ul style="list-style-type: none"> 1. Breached Medical Gas Lines 20014.1 2. Contractors Hazard Communications Program 3. Contractors Working in the Facility 4. Daily Journal 5. Domestic Hot water 2005 6. Emergency Generator Test Loads 7. General Personnel Policies 8. Inspection Testing and Maintenance of Fire Alarm Detection and Automatic Extinguishing System 9. Maintenance and Inspection of Electrical Distribution System and Emergency Generator 10. Maintenance and Inspection of Medical Surgical Air and Vacuum System 2004 11. Maintenance and Inspection of Boiler/ Steam System 12. Maintenance Work Request System 13. Managing Biological Agents to Prevent Waterborne Illness 14. Preventative Maintenance 15. Routine Hospital Rounds 16. Scope of Service 17. Staff Meetings 18. Statement of Accountability <p>B) <u>Medical Staff</u></p> <ul style="list-style-type: none"> a. 8710-519 - Suspension for Delinquent Medical Records <p>C) <u>NICU</u></p> <ul style="list-style-type: none"> 1. Primary Nurse Assignment <p>D) <u>Women & Newborn Services</u></p> <ul style="list-style-type: none"> 1. Sterile Processing of WCS Instruments <p>E) <u>Formulary Requests</u></p> <ul style="list-style-type: none"> 1. Entresto- Trade Name Sacubitril and Valsartan- Generic Name <p>F) <u>Forms</u></p> <ul style="list-style-type: none"> 1. Cardiopulmonary Arrest Record 		

	Agenda Item	Time Allotted	Requestor
	<p>F. Governance & Legislative Committee Director Dagostino, Committee Chair Open Community Seats - 0 (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p>1. Approval of Board Policy 14-037 – CEO/CCO Succession Planning</p> <p>2. Approval of Cardiology Privilege Card</p> <p>G. Audit, Compliance & Ethics Committee Director Finnila, Committee Chair Open Community Seats – 0 (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p>1) <u>Approval of Policies & Procedures:</u></p> <ol style="list-style-type: none"> 1. 8610-210 Review of Tri-City Medical Center Information by Board Members 2. 8750-558 Responding to Compliance Issues – Introduction; General Policies (DELETE) 3. 8750-559 – Responding to Compliance Issues – Introduction; Reports of Suspected Misconduct; Confidentiality <p>2) Approval of Non-Clinical Contracts as reflected on Spread Sheet</p>		<p>Gov. & Leg. Comm.</p> <p>Audit, Comp. & Ethics Comm.</p>
	<p>(2) Minutes – Approval of:</p> <ol style="list-style-type: none"> a) Special Board of Directors Meeting – March 31, 2016 b) Regular Board of Directors Meeting – March 31, 2016 c) Special Board of Directors Meeting – April 12, 2016 		Standard
	<p>(3) Meetings and Conferences - None</p> <p>(4) Dues and Memberships</p> <ol style="list-style-type: none"> a) Healthcare compliance Association - \$250.00/per subscription 		Standard
20	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
21	<p>Reports (Discussion by exception only)</p> <ol style="list-style-type: none"> (a) Dashboard - Included (b) Construction Report – None (c) Lease Report – (March, 2016) (d) Reimbursement Disclosure Report – (March, 2016) (e) Seminar/Conference Reports - <ol style="list-style-type: none"> 1) ACHD Legislative Days – Director Mitchell 	0-5 min.	Standard
22	Legislative Update	5 min.	Standard
23	<p>Comments by Members of the Public</p> <p>NOTE: Per Board Policy 14-018, members of the public may have three (3) minutes, individually, to address the Board</p>	5-10 minutes	Standard
24	Additional Comments by Chief Executive Officer	5 min.	Standard

	Agenda Item	Time Allotted	Requestor
25	Board Communications (three minutes per Board member)	18 min.	Standard
26	Report from Chairperson	3 min.	Standard
	Total Time Budgeted for Open Session	2 hours/ 30 min.	
27	Oral Announcement of Items to be Discussed During Closed Session (If Needed)		
28	Motion to Return to Closed Session (If Needed)		
29	Open Session		
30	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) – (If Needed)		
31	Adjournment		

RESOLUTION NO. 777

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

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

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

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

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

WHEREAS, each such stated Maturity Date (February 28, 2015, May 28, 2016, and December 31, 2016) being a Saturday, with the next preceding Business Day (Friday, February 27, 2015, Friday, May 27, 2016, and Friday, December 30, 2016, respectively) therefore being the corresponding actual Maturity Date; and

WHEREAS, the Board of Directors of the District (the "Board") desires to obtain a new term loan to replace and refund the Term Loan maturing on or about the Second Maturity Date (being, under the aforesaid provisions, Friday, May 27, 2016) from the Lenders under the Credit Agreement, to be evidenced by one or more replacement term note or notes issued by the District, "2016 Replacement Term Notes"), as authorized under Sections 53531 and 53850 *et seq.* of the California Government Code, in a principal amount of \$51,000,000 for a term of less than 15 months maturing on or about the Third Maturity Date (being, under the aforesaid provisions, Friday, December 30, 2016) ("2016 Replacement

Term Loan”), on terms and conditions, as amended and/or restated, contemplated for the refunding of term loans under Section 2.02 of the Credit Agreement, the proceeds of which will be used by the District to repay and refinance in full the Term Loan presently outstanding; and

WHEREAS, to secure the payment of the 2016 Replacement Term Loan, the District shall continue to grant the security interests in the Credit Agreement Collateral pursuant and as more particularly described in the Credit Agreement, as amended, and in accordance with Government Code Sections 5450, 5451 and 53850 *et seq.*, which will secure all of the District’s obligations, including the 2016 Replacement Term Notes, under the Credit Agreement; and

WHEREAS, the Board hereby finds and determines that the maximum aggregate principal amount of all notes (“Notes”) which have been or may be issued and outstanding under the Credit Agreement (including without limitation the 2016 Replacement Term Notes) will not, as of the date of issuance, exceed 85 percent of the estimated amount of the uncollected taxes, income, revenue, cash receipts and other moneys that are then due and payable, or are reasonably anticipated to be due and payable, in amounts and on dates adequate to service such financial obligations which will otherwise be unpledged and available for the payment of the Notes and interest thereon (except to the extent allowed by law);

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

Section 1. The foregoing recitals are true and correct.

Section 2. The Chief Executive Officer of the District is hereby authorized to execute and deliver the 2016 Replacement Term Notes and related credit documents, as contemplated under Section 2.02 of the Credit Agreement, as amended and/or restated, pursuant to which the District will be provided the 2016 Replacement Term Loan, as authorized under and in accordance with the Law and Government Code Sections 53850 *et seq.* and 53531, as evidenced by the 2016 Replacement Term Notes issued by the District and secured by the Credit Agreement Collateral. The Chairperson or Secretary of this Board, the Chief Executive Officer of the District or the duly delegated representatives of any of them (each, an “Authorized Officer”), and each of them, acting alone and in the name and on behalf of the District, are hereby authorized and directed to execute and deliver the 2016 Replacement Term Notes and any pledge and security agreements and related credit documents as required by the Credit Agreement or the Lenders.

Section 3. The Authorized Officers are each hereby authorized and directed to execute all certificates, other documents, instruments and agreements (including, without limitation, deposit account agreements, deposit account control agreements and lockbox agreements) supplemental to the foregoing (and any amendments, renewals or modifications thereto) (together with the Credit Agreement, the 2016 Replacement Term Notes and pledge and security agreements and related credit documents authorized by the preceding Section 2, collectively, the “Loan Documents”) as may be necessary or advisable in order to effectuate the purposes of this Resolution, and to take all additional actions as may be necessary or advisable in order to enter into the 2016 Replacement Term Loan and any other Loan Documents in the manner and on the terms set forth in this Resolution.

Section 4. The District is authorized to borrow funds under the 2016 Replacement Term Loan and to perform its obligations and agreements under the Credit Agreement, as amended and/or restated, and the other Loan Documents.

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

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

ADOPTED, PASSED AND APPROVED this 28th day of April, 2016, at a regular meeting of the Board of Directors, at which a quorum was present and acting throughout, at Oceanside, California, by the following vote:

AYES:

NOES:

ABSTAIN/ABSENT:

By: _____
Chairperson, Board of Directors

ATTEST:

By: _____
Secretary, Board of Directors

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: April 19, 2016
Physician Recruitment Proposal

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

Physician Name: Aaron Boonjindasup, M.D. (CV attached)

Areas of Service: Urology

Key Terms of Agreement:

Effective Date:	September 1, 2016 or the date Dr. Boonjindasup becomes a credentialed member in good standing of the Tri-City Healthcare District Medical Staff
Community Need:	TCHD Physician Needs Assessment shows significant community need for a Urologist
Income Guarantee:	Not to exceed a one-year income guarantee with loan to be forgiven over a two-year forgiveness period provided physician continues to practice within service area
Service Area:	Area defined by the lowest number of contiguous zip codes from which the hospital draws at least 75% of its inpatients
Income Guarantee:	\$300,000 (1 Yr.)
Sign-on Bonus:	\$20,000
Start-up Cost:	\$100,000 (Not to Exceed)
Relocation:	\$10,000 (Not part of Loan)
Total Not to Exceed:	\$430,000 (Loan Amount= \$420,000)

Unique Features: Physician is completing his residency training program at Tulane University School of Medicine, New Orleans, Louisiana. He will join the group practice of North Coast Urology in Oceanside, CA, headed by Dr. Bradley Frasier, a long time Tri-City Urologist.

Requirements:

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

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

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: Wayne Knight, Chief Strategy Officer

Motion:

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve the expenditure, not to exceed \$430,000 in order to facilitate this Urology physician practicing medicine in the communities served by the District. This will be accomplished through a Physician Recruitment Agreement (not to exceed a one-year income guarantee) with North Coast Urology and Dr. Aaron Boonjindasup, M.D.

Training:

Tulane University School of Medicine

New Orleans, LA

Urology Residency

July 2012 – Present (Completion date: June 2016)

- Interests include Urologic oncology, Urologic trauma, upper tract reconstructive techniques, including robotic approaches.

Tulane University Hospital and Clinics

New Orleans, LA

General Surgery Internship

July 2011 – June 2012

Education:

Tulane University School of Medicine

New Orleans, LA

M.D.

August 2007 – May 2011

Tulane University School of Public Health and Tropical Medicine

New Orleans, LA

Masters in Public Health (M.P.H.)

Concentration: Epidemiology

Thesis: *"Laparoscopic and Robotic Partial Nephrectomy: Cost Analysis of Peri-operative and Post-operative Outcomes at a Single Institution"*

Aug 2007 – May 2011

Tulane University School of Medicine

New Orleans, LA

M.S. Pharmacology

Thesis: *"Serum-Deprived Mesenchymal Stem Cells Undergo Autophagy and Secrete Growth Factors Favorable to Tumor Growth"*

Aug 2006 – May 2007

University of California-Irvine

Irvine, CA

B.S. Biological Sciences

B.A. Cognitive Sciences

Sept 2001 – May 2005

Fellowships:

Summer Research Internship – Tulane Gene Therapy

Louisiana Cancer Research Consortium (LCRC)

June 2007- August 2007

Worked with mesenchymal stem cells (MSCs) to understand their role in the tumor milieu as well as heartiness in nutrient-deprived situations. My projects necessitated the use of cell culture techniques along with mice models to determine how MSCs affect tumor growth and angiogenesis in a solid breast cancer tumor model. Several assays were learned including RT-PCR, Western Blot, and ELISA techniques.

Summer Researcher – Tulane Hypertension and Renal Center of Excellence (THRCE)

Macronutrient and Heart Disease Risk Study (MACRO)

June 2008 – October 2008

This study analyzed the effect of diet modification to evidence-based proportions of carbohydrates, protein, and fat content on blood pressure, serum cholesterol, blood sugar, and BMI. The arm of the study that I participated in focused on changes in

bone mineral density as per DEXA scan data. My role was to aid in participant recruitment, DEXA scheduling, data procurement and maintenance, and patient debriefing.

Awards:

2015 Tulane Department of Urology Annual Research Award

2013 Montague Boyd Essay Contest 1st place - *Prostate cancer cell-derived microvesicles confers androgen production by adult stem cells: Implications for tumor growth and metastasis* Southeast Section of the American Urologic Association (SESAUA) Annual Meeting 2013; Williamsburg, VA

2011 Joseph Hume Award for Excellence in Urological Research – Tulane School of Medicine Ivy Day Awards 2011, New Orleans, LA

Accepted abstracts:

Boonjindasup A, Smith A, Colli J, Killackey M, Buell J, Thomas R, Paramesh A. (2014) *Boari Flap Reconstruction Offers Superior Treatment for Late Transplant Ureter Strictures*. Southeastern Section of the American Urologic Association Annual Meeting; Hollywood, FL

Boonjindasup A, Maddox M, Rittenberg D, Shaw E, Dorsey P, Thomas R. (2014) *Urologic Reconstructive Surgery of the Upper Tract: Impact of the Robot*. Southeastern Section of the American Urologic Association Annual Meeting; Hollywood, FL

Boonjindasup A, Pinsky M, Wang J, Maddox M, Feibus A, Paramesh A, Thomas R, Silberstein J (2014) *Etiologies of Renal Transplant Graft Failure: A UNOS Database Review*. Southeastern Section of the American Urologic Association Annual Meeting; Hollywood, FL

Pinsky M, **Boonjindasup A**, Wang J, Feibus A, Maddox M, Thomas R, Sartor O, Silberstein J (2014) *Genitourinary Malignancy Before, During and After Renal Transplantation in the United States*. Southeastern Section of the American Urologic Association Annual Meeting; Hollywood, FL

Oommen M, Colli J, **Boonjindasup A**, Keel C, Dorsey P, Thomas R (2013) *Long-Term follow up of robotic pyeloplasty in the pediatric population*. World Congress of Endourology 2013; New Orleans, LA

Boonjindasup A, Mandava S, Woodson B, Thomas R, Lee BR (2013) *Laaroscopic and robotic partial nephrectomy: Cost analysis of perioperative and postoperative outcomes at a single institution*. World Congress of Endourology 2013; New Orleans, LA

Boonjindasup A, Rittenberg D, Shaw E, Dorsey P, Thomas R (2013) *Urologic reconstructive surgery of the upper tract: impact of the robot*. World Congress of Endourology 2013; New Orleans, LA

Boonjindasup A, Colli J, Patel K, Caire A, Paramesh A, Thomas R (2013) *Treatment outcomes of ureteral strictures after renal transplantation*. Southeastern Section of the American Urologic Association Annual Meeting 2013; Williamsburg, VA

Boonjindasup A, Pinsky M, Abdel-Mageed Z, Yang Y, Moparty K, Thomas R, Colli J, Abdel-Mageed AB (2013) *Prostate cancer cell-derived microvesicles confers androgen production by adult stem cells: Implications for tumor growth and metastasis*. Southeastern Section of the American Urologic Association (SESAUA) Annual Meeting 2013; Williamsburg, VA

Caire A, **Boonjindasup A**, Richardson B, Hellstrom WJ (2011) *Does the need for a replacement inflatable penile prosthesis lead to decreased patient satisfaction*. American Urologic Association (AUA) Annual Meeting 2011; Washington D.C.

Caire A, **Boonjindasup A**, Bernie A, Mitchell G, Thomas R, Lee BR. (2011) *Is preoperative imaging in prostate cancer overused? An analysis of the 2010 National Comprehensive Cancer Network guidelines*. American Urologic Association (AUA) Annual Meeting 2011; Washington D.C.

Caire A, Bayne C, Bernie A, **Boonjindasup A**, Lee BR. *Is Robot-Assisted partial nephrectomy an effective technique on T1B (4-7cm) renal lesions?* Southeastern Section of the American Urologic Association (SESAUA) Annual Meeting 2011; New Orleans, LA

Caire A, Bernie A, Armstrong W, **Boonjindasup A**, Lee BR. (2011) *Robotic partial nephrectomy demonstrates favorable ischemia times compared to laparoscopic partial nephrectomy*. Southeastern Section of the American Urologic Association (SESAUA) Annual Meeting 2011; New Orleans, LA

Caire A, **Boonjindasup A**, Bernie A, Fifer L, Thomas R. (2011) *Stage II Percutaneous Nephrolithotomy: A Novel Technique for residual stone disease*. Southeastern Section of the American Urologic Association (SESAUA) Annual Meeting 2011; New Orleans, LA

Caire A, **Boonjindasup A**, Johnsen N, Bernie A, Thomas R, Lee BR. (2011) *Is preoperative imaging in prostate cancer overused? An analysis of the 2010 National Comprehensive Cancer Network guidelines*. Southeastern Section of the American Urologic Association (SESAUA) Annual Meeting 2011; New Orleans, LA

Caire A, Bowen A, Bernie A, **Boonjindasup A**, Sikka S, Hellstrom WJ. (2010) *Intralesional injections in combination with penile traction is an effective treatment in Vitamin E refractory Peyronie's Disease* Sexual Medicine Society of North America (SMSNA) 2010; Miami, FL

Caire AA., **Boonjindasup A.**, Bernie AM., Mikkilineni L., Bailey K., Richardson B., Conley SP., Thomas R., Lee BR. (2010) *Is preoperative imaging in prostate cancer overused? An analysis of the 2010 National Comprehensive Cancer Network guidelines*. World Congress of Endourology (WCE) 2010; Chicago, IL

Bernie A.M., Caire A.A., **Boonjindasup A.**, Fifer GL, Thomas R. (2010) *Stage II Percutaneous Nephrolithotomy: a novel technique for residual stone disease*. World Congress of Endourology (WCE) 2010; Chicago, IL

Boonjindasup A., Caire AA., Bernie AM., Sartor EA., Conley SP., Lee BR.; (2010) *Is robot-assisted partial nephrectomy an effective technique on T1b (4-7cm) renal lesions?* World Congress of Endourology (WCE) 2010; Chicago, IL

Boonjindasup A., Caire A.A., Bernie A.M., Bailey K., Mikkilineni L., Conley S.P., Thomas R., Lee B.R. (2010) *Should outside institution prostate biopsies be reviewed prior to radical prostatectomy?* World Congress of Endourology (WCE) 2010; Chicago, IL

Bernie A.M., Caire A.A., Conley S.P., **Boonjindasup A.**, Hopkins M., Sartor E.A., Lee B.R. (2010) *Robot-assisted partial nephrectomy demonstrates favorable ischemia times compared to laparoscopic partial nephrectomy*. World Congress of Endourology (WCE) 2010; Chicago, IL

Dorsey, P.J., **Boonjindasup, A.**, Thomas, R. (2010) *Pre-operative decision making: Predictors of extra-prostatic capsular extension in a contemporary cohort and criteria for selective nerve-sparing prostatectomy*. World Congress of Endourology (WCE) 2010; Chicago, IL.

Boonjindasup, A.G., Bernie, A.M., Conley, S.P., Thomas, R., and Lee B.R.(2010) *Gleason Score Upgrading from Biopsy to Final Pathology Specimen in Robotic Assisted Radical Prostatectomy*. Tulane Research Days 2010; New Orleans, LA

Bernie AM, **Boonjindasup, AG**, Conley SP., Sartor O, Thomas R, Lee BR. (2010) *Robotic Assisted Radical Prostatectomy In High Risk Patients: Biochemical Outcome and Recurrence*. Tulane Research Days 2010; New Orleans, LA

Hopkins M., Boylu, U., Conley, S.P., **Boonjindasup, A.G.**, Sartor E.A., Pinsky M.R., Lee B.R. (2010) *Difference in Tumor Size Measured On Contemporary Imaging Compared to Final Pathology Following Radical Nephrectomy*. Tulane Research Days 2010; New Orleans, LA

Sartor E.A, **Boonjindasup A.G.**, Hopkins, M., Pinsky M.R., Boylu, U., Lee B.R. (2010) *Contemporary Analysis of Change in Creatinine in the First Month and Longterm Following Laparoscopic vs. Open Radical Nephrectomy*. Tulane Research Days 2010; New Orleans, LA

Sanchez, C., Penforinis, P., Oskowitz, A.Z., **Boonjindasup A.G.**, Cai D.Z., Rowan B.G., Kelekar A., Krause D.S., Pochampally R.R. (2010) *Stromal Support by Mesenchymal Stem Cells in Breast Cancers*. Tulane Research Days 2010; New Orleans, LA

Boonjindasup A.G., Penfornis P., Sanchez C., Pochampally R.R. (2007) *Serum-Deprived Mesenchymal Stem Cells Can Survive Serum Starvation Through Autophagy and Promote Tumor Initiation by Secreted Factors* Louisiana Cancer Research Consortium Summer Fellowship Presentation; New Orleans, LA

Sanchez, C., **Boonjindasup, A.G.**, Penfornis P., Prockop D.J., Pochampally R.R. (2007) *Global epigenetics changes in human multipotential stromal cells (hMSCs) during culture*. MSC 2007

Podium Presentations:

Boonjindasup A, Pinsky M, Abdel-Mageed Z, Yang Y, Moparty K, Thomas R, Colli J, Abdel-Mageed AB (2013) *Prostate cancer cell-derived microvesicles confers androgen production by adult stem cells: Implications for tumor growth and metastasis*. Southeast Section of the American Urologic Association (SESAUA) Annual Meeting 2013; Williamsburg, VA – 1st Place Montague Boyd Essay Contest 2013

Boonjindasup A, Pinsky M, Smith B, Trost L, Chaffin A, Jansen D, Hellstrom W (2013) *Management of concealed penis using meshed split-thickness skin grafting in an adult population* (2013) Southeast Section of the American Urologic Association (SESAUA) Annual Meeting 2013; Williamsburg, VA

Boonjindasup A, Caire A, Bernie A, Mikkilineni L, Bailey K, Conley S, Thomas R, Lee B. *Should outside institution prostate biopsies be reviewed prior to radical prostatectomy*. (2011) Southeast Section of the American Urologic Association (SESAUA) Annual Meeting 2011; New Orleans, LA

Caire A, **Boonjindasup A**, Richardson B, Hellstrom W. *Does the need for a replacement inflatable penile prosthesis lead to decreased patient satisfaction?* (2011) Southeast Section of the American Urologic Association (SESAUA) Annual Meeting 2011; New Orleans, LA

Peer-Reviewed Journal Publications

Trost, L., **Boonjindasup A**, Hellstrom W.J.G. *Comparison of infrapubic versus transscrotal approaches for inflatable penile prosthesis placement: a multi-institution report*. (2015) Int J Impot Res 27(3): 86-9. PMID 25339138

Maddox M., Mandava S., Liu J., **Boonjindasup A**, Lee BR. *Robotic Partial Nephrectomy for Clinical Stage T1b Tumors: Intermediate Oncologic and Functional Outcomes*. (2015) Clin Genitourin Cancer 13(1):94-9. PMID 25176501

Sanchez, C., Penfornis, P., Oskowitz, A.Z., **Boonjindasup A.G.**, Cai, D.Z., Rowan, B.G., Kelekar, A., Krause, D.S., Pochampally, R.R. *Nutrient Deprived Stromal Cells Support Solid Tumor Growth by Activating Autophagy and Secreting Antiapoptotic Factors*. (2011) Carcinogenesis 32(7): 964-72. PMID 21317300

Caire, A.A., **Boonjindasup A.G.**, Hellstrom W.J.G. *Does the need for a replacement inflatable penile prosthesis lead to decreased patient satisfaction?* (2011) Int J Impot Res 23(2): 39-42. PMID 21307871

Book Chapters:

Boonjindasup A., Serefoglu E.C., Hellstrom W.J.G (2013) *Risk Factors in Premature Ejaculation: The Urologic Risk Factor*. Premature Ejaculation: From Etiology to Diagnosis and Treatment. Springer-Link Publishing. Editors: Jannini E.A., McMahon C.G., Waldinger M.D. ISBN: 978-88-470-2645-2 (Print) 978-88-470-2646-9 (Online)

Courses Attended:

Principles of Laser Physics. Safety Precautions: Surgical Laser Education Certification – July 2012, New Orleans, LA

American Medical Systems Greenlight XPS Laser Simulation Training Course – July 2013, New Orleans, LA

Society of Urodynamics, Female Pelvic Medicine, & Urogenital Reconstruction (SUFU) Research Foundation Resident Preceptorship 2013 – August 2013, Chicago, IL

8th Annual National Urology Resident Preceptorship (NURP) in Adult and Pediatric Reconstructive and Prosthetic Urologic Surgery - September 2013, Cleveland Clinic, OH

Society of Urologic Prosthetic Surgeons (SUPS) Resident Surgical Lab – November 2013 - New Orleans, LA

Southeast Section of the American Urological Association Robotics Course – January 2015, Celebration, FL

Meetings Attended:

American Urological Association Annual Meeting - New Orleans, LA, May 2015

Southeastern Section of the American Urological Association (SESAUA), 78th Annual Meeting - Hollywood, FL, March 2014

Sexual Medicine Society of North America, Annual Fall Scientific Meeting - New Orleans, LA, November 2013

World Congress of Endourology, 31st Annual - New Orleans, LA, October 2013

American Urological Association Annual Meeting – San Diego, CA, May 2013

Southeastern Section of the American Urological Association (SESAUA), 77th Annual Meeting – Williamsburg, VA, March 2013

Southeastern Section of the American Urological Association (SESAUA), 75th Annual Meeting - New Orleans, LA, March 2011

Current Projects

- Quality Improvement Project – Improvement in timely surgical care within the Veterans Administration of New Orleans (VANO)
- Improving treatments of renal transplant surgical complications
- Characterizing surgical training improvements in regards to laparoscopic and robotic training

AMENDED
FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: April 19, 2016
Physician Recruitment Proposal

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

Physician Name: B. David Badiee, D.O. (CV attached)

Areas of Service: Family Medicine

Key Terms of Agreement:

Effective Date: September 1, 2016 or the date Dr. Badiee becomes a credentialed member in good standing of the Tri-City Healthcare District Medical Staff
Community Need: TCHD Physician Needs Assessment shows significant community need for a Family Medicine Physician
Income Guarantee: Not to exceed a two-year income guarantee with loan to be forgiven over a three-year forgiveness period provided physician continues to practice within service area
Service Area: Area defined by the lowest number of contiguous zip codes from which the hospital draws at least 75% of its inpatients
Income Guarantee: \$220,000 annually (\$440,000 for two years)
Sign-on Bonus: \$20,000
Start-up Cost: \$120,000 (Not to Exceed)
Relocation: \$15,000 (Not part of Loan)
Total Not to Exceed: \$595,000 (Loan Amount= \$580,000)

Independent Physician Recruitment Agreement:

Dr. Badiee is going to be an independent Family Medicine physician, looking to locate at the TCMC Carlsbad Wellness Center location with an expected build-out timeframe of 3 – 4 months.

Requirements:

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

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

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 approve an expenditure not to exceed \$595,000 over two years in order to facilitate this Family Medicine physician practicing medicine in the communities served by the District. This will be accomplished through a Physician Recruitment Agreement (not to exceed a two-year income guarantee) with B. David Badiee, D.O.

BEHYAR DAVID BADIEE, D.O.

Board Certified in Family Medicine

42746 Falls View Square

Leesburg, VA 20176

(202) 294 2060 Cell phone

(703) 443 9326 Home

Email: BDBADIEE@GMAIL.COM

EDUCATION

Midwestern University

Chicago College of Osteopathic Medicine

Downers Grove, IL

Doctor of Osteopathic Medicine, June 1995

University of Maryland

College Park, MD

Bachelor of Science in Electrical Engineering, 1990

POST GRADUATE EDUCATION

Warren Hospital/University of Medicine & Dentistry of New Jersey

Phillipsburg, NJ

Internship & Residency in Family Medicine (7/1/95-6/30/98)

EXPERIENCE

CompHealth (09/2011-present)

Working as a locum family physician in areas around Boston, MA while my wife was finishing her Doctorate degree & training there

Family Health Center of Woodbridge/CRA (5/08-06/12)

Woodbridge, VA

Primary healthcare for active and retired military and their family

Lansdowne Family Healthcare (03/02-12/09)

Lansdowne, VA

Started my own private practice seeing adult and pediatric

Patients with admitting privileges at Reston Hospital Center

Memorial Primary Care Network (12/99-02/02)

Shrewsbury, PA

Family physician

Elizabethtown Family Health Center (7/98-3/00)

Elizabethtown, PA

Family Physician performing all aspects of Family Medicine with

Admitting privileges at Community Hospital of Lancaster

CERTIFICATIONS

Board Certified and Recertified in Family Medicine
BLS

MEDICAL LICENSES

Virginia, Maryland, Pennsylvania, New Hampshire, Connecticut,
California

RESEARCH

"Diabetes Mellitus and Patient Self Hand Records"
Warren Hospital; Phillipsburg, NJ June 1998

"Electrical Surgical Knife for Heat Induced Blood Clotting"
University of Maryland; College Park, MD Dec 1994

**PROFESSIONAL
ORGANIZATIONS**

American College of Osteopathic Family Practitioners (91-present)
American Osteopathic Association (91-present)
American Academy of Family Practice (91-2000)
Student Representative of ACOFP (92-93)
Institute of Electrical & Electronic Engineers (88-90)

AWARDS & HONORS

Phi Theta Kappa National Honor Society
Eta Kappa NU National Honor Society
Presidential Academic Fitness Award
Maryland Merit Scholastic Award

INTERESTS

Swimming, Skiing, Soccer, Cooking, Travel and Reading



TRI-CITY MEDICAL CENTER
MEDICAL STAFF INITIAL CREDENTIALS REPORT
April 13, 2016

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 4/29/2016– 3/31/2018)

- GOLTS, Eugene, M.D./Surgery/Cardiothoracic Surgery
- GRAMINS, Daniel, M.D./Surgery/Cardiothoracic Surgery
- HOWE, Steven, M.D./Surgery/Cardiothoracic Surgery
- POLLEMA, Travis, D.O./Surgery/Cardiothoracic Surgery

INITIAL APPOINTMENT TO THE ALLIED HEALTH PROFESSIONAL STAFF

- None

INITIAL APPLICATION WITHDRAWAL: (Voluntary unless otherwise specified)

- Medical Staff: None

TEMPORARY PRIVILEGES: Medical Staff/Allied Health Professionals:

- GOLTS, Eugene, M.D./Surgery/Cardiothoracic Surgery: Effective April 13, 2016.



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – PART 1 of 3
April 13, 2016

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 5/01/2016 –4/30/2018)

- BAROUDI, Houssam. M.D./Internal Medicine/Active
- BISHAY, Emad M.D./Internal Medicine/Active
- BLOOM, Irving. M.D./Internal/Geriatric Medicine/Active
- CADMAN, Karen A. MD/Internal Medicine/Affiliate
- CLANCY, John H., D.O./Internal Medicine/Provisional
- DEVEREAUX, Christopher E., M.D./Gastroenterology/Internal Medicine/Active
- DOAN, Lien N., M.D./Teleradiology/Provisional
- GOMEZ, Denise Y., M.D./Internal Medicine/Affiliate
- GOODING, Justin M., M.D./Interventional Radiology/Active
- HAAS, Gerald R., M.D./Anesthesiology/Active
- HANNA, Karen, MD./General Surgery/Provisional
- HAWKINS, Melissa A., M.D./Obstetrics & Gynecology/Provisional
- HONG, Raymond J., M.D./Diagnostic Radiology/Active
- IYENGAR, Radha A M.D./Pediatrics/Active
- IAFARI, Omid, MD./TeleRadiology/Provisional
- KROENER, John M., M.D./General and Vascular Surgery/Active
- MITCHELL JR., W.B., M.D./Emergency Medicine/Active
- PINNELL, Sean P., M.D./Diagnostic Radiology/Active
- PONEC, Donald J., M.D./Interventional Radiology/Active
- SALTZ, Steven A., M.D./Anesthesiology/Active
- TRAN, Quoc T., M.D./Family Medicine/Active
- UHER, Romana., M.D./Neonatology/Provisional

RESIGNATIONS: (Effective date 4/30/2016 unless otherwise noted)

Voluntary:

- AHN, Yvonne, M.D./Anesthesiology/Provisional
- AZAMOV, Alisherhon, CNIM/Surgery/Neurosurgery
- BELNAP, Brian, D.O./Medicine/Internal Medicine
- KANE, Norman, M.D./Orthopedic Surgery/Active
- KU, Tina, M.D./Ophthalmology/Provisional
- PRITCHARD, Amy, D.O./Emergency Medicine/Provisional
- RUBECK, Leslie S., CNM./Certified Nurse Midwife
- THEISEN, April A., PAC/Allied Health Professional
- ZACARIAS, Elizabeth, PAC/Allied Health Professional

Time Limited reappointment: (90 days)

- KASKA, Serge., M.D./Orthopedic Surgery/Active
- OBLON, David L., M.D./Oncology/Active



TRI-CITY MEDICAL CENTER

MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3

April 13, 2016

Attachment B

NON-REAPPOINTMENT RELATED STATUS MODIFICATIONS
PRIVILEGE RELATED CHANGES

The listed privileges will automatically expire as of 4/30/16.

- | | |
|---|--------------------------------------|
| • <u>Amani, Ramin M.D.</u> | <u>Pediatrics</u> |
| • <u>Catanzarite, Valerian A., M.D.</u> | <u>Maternal & Fetal Medicine</u> |
| • <u>Mannis, Steven H., M.D.</u> | <u>Clinical Research</u> |
| • <u>McCammack, Bradley, M.D.</u> | <u>Pediatrics</u> |
| • <u>Mitruka, Surindra N., M.D.</u> | <u>Cardiothoracic Surgery</u> |
| • <u>Nurse, Lesley A., M.D.</u> | <u>Obstetrics & Gynecology</u> |
| • <u>Park, Ronald E., M.D.</u> | <u>Pediatrics</u> |
| • <u>Shahidi-Asl, Mahnaz, M.D.</u> | <u>Anatomic</u> |
| • <u>Vargas, Michael J., M.D.</u> | <u>Cardiology</u> |

STAFF STATUS CHANGES

- None at this time



TRI-CITY MEDICAL CENTER

MEDICAL STAFF CREDENTIALS REPORT – Part 3 of 3

April 13, 2016

Attachment C

PROCTORING RECOMMENDATIONS (Effective 4/29/2016, unless otherwise specified)

- | | |
|------------------------------------|-----------------------------------|
| • <u>Andrade, Kristine, MD</u> | <u>Radiology</u> |
| • <u>Blasko, Barbara J., MD</u> | <u>Emergency Medicine</u> |
| • <u>Doan, Lien, MD</u> | <u>Radiology</u> |
| • <u>Frederiksen, Ryan, A., MD</u> | <u>Radiology</u> |
| • <u>Furubayashi, Jill, K., MD</u> | <u>Radiology</u> |
| • <u>Hawkins, Melissa, MD</u> | <u>OB/GYN</u> |
| • <u>Helmy, Marway, MD</u> | <u>Radiology</u> |
| • <u>Jafari, Omid, MD</u> | <u>Radiology</u> |
| • <u>Ly, Justin, Q., MD</u> | <u>Radiology</u> |
| • <u>Malhotra, Arati, MD</u> | <u>Pediatrics</u> |
| • <u>Morris, Kenneth, MD</u> | <u>Pediatrics</u> |
| • <u>Taylor, Phyllis, NP</u> | <u>Allied Health Professional</u> |
| • <u>Tyagi, Avishkar, MD</u> | <u>Radiology</u> |

**TRI-CITY MEDICAL CENTER
HUMAN RESOURCES COMMITTEE
OF THE BOARD OF DIRECTORS**
April 12, 2016

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

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 April 12, 2016. Gwen Sanders moved and Director Reno 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 March 8, 2016 meeting. Director Reno moved and Director Mitchell seconded the motion. The motion was carried unanimously.		Chair Kellett

Topic	Discussion	Action Follow-up	Person(s) Responsible
5. Old Business			
a. Telecommuting Policy Clarification	Ms. Beverly clarified item 10.a. Dependent Care in the telecommuting policy. Telecommuters will be expected to do nothing but assigned TCHD duties during paid telecommuting time including but not limited to dependent care.		Esther Beverly
b. Update on Lincoln Record Keeping Services	The Committee discussed Lincoln's counter proposal for the recordkeeping services proposed fee increase. Norma Braun, SVP & CHRO recommended going into RFP- request for proposal from other recordkeeping vendors for lowest/best rate outcome. The committee agreed.		Esther Beverly
6. New Business			
a. B.O.D Dashboard- Stakeholder Experience	<p>The Stakeholder Experience pillar- Employee Satisfaction rates were reviewed. Health stream results for HCAHPS have risen significantly. Nursing vacancy rates were discussed.</p> <p>The committee expressed quality of care concerns due to nursing vacancy rates. Sharon Schultz, CNE explained the ongoing efforts with HR and education to recruit and maintain qualified nurses and to lower overall turnover rates. The committee discussed working with affiliated organizations for RN support options.</p>		Chair Kellett
b. Review Training & Education Topics	<p>Ms. Beverly presented the 2015 & 2016 Leadership Trainings which included the Leadership development institutes, preventing sexual harassment, disability training and future scheduled HR training sessions for leaders on HR issues such as performance reviews, how to conduct investigations, how to write a discipline, CBA- collective bargaining agreement interpretations etc.</p> <p>Ms. Beverly also briefed the committee on the</p>		Esther Beverly

Topic	Discussion	Action Follow-up	Person(s) Responsible
	<p>Patient Experience phase I & II training sessions for all employees. Phase I focused on HCAHPS, patient whiteboards, hourly rounding, AIDET, the importance of customer service (first impressions, elevator etiquette, phone etiquette), and doing the right thing for patients. At the end of each session employees were asked to re-commit to Tri-City's SUCCESS standards and sign a pledge.</p> <p>Phase II is designed to improve customer and patient satisfaction and to convey to our employees how to be accountable to the patients and each other. Phase II focuses on accountability. At the end of each session employees are asked to commit to how they will improve their customer service experience and their work environment overall.</p>		
c. Key Grievances/ER-LR Data	Ms. Beverly explained current status and process for CNA and SEIU grievances. Ms. Beverly also explained in detail the current Fair Treatment process for non-represented employees.		Esther Beverly
d. Fair Treatment Process	This item was discussed during agenda item 6.c.		Director Reno
7. Work Plan	The work plan was reviewed.		Chair Kellett
8. Committee Communications	None		Chair Kellett
9. Date of next meeting	May 10, 2016		Chair Kellett
10. Adjournment	Chair Kellett adjourned the meeting at 1:30 p.m.		Chair Kellett

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

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
April 21, 2016
Assembly Room 1

MEMBERS PRESENT: Board of Directors Chairman Jim Dagostino; Director/CHAC Chairperson Julie Nygaard, Director Larry Schallack, Dr. Victor Souza MD, Carol Brooks, Rosemary Eshelman, Carol Herrera, Don Reedy, Guy Roney, Marge Coon, Xiomara Arroyo, Mary Lou Clift, Sandy Tucker, Mary Donovan, Bret Schanzenbach, Gigi Gleason, Alisha Cordova (Interim for Roma Ferriter),

NON-VOTING MEMBERS: Steve Dietlin, CEO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO,

MEMBERS ABSENT: Barbara Perez, Darryl Hebert, Marylou de la Rosa Hruby, Audrey Lopez, Jack Nelson, Linda Ledesma, Fernando Sanudo

OTHERS PRESENT: Susan McDowell, CHAC Coordinator; Celia Garcia, CHAC Coordinator, Brian Greenwald, Website Content Specialist

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
CALL TO ORDER	The April 21, 2016, Community Healthcare Alliance Committee meeting was called to order at 12:35 pm by Director and CHAC Chair Julie Nygaard.		
APPROVAL OF MEETING AGENDA	Board Chair Jim Dagostino motioned to approve the April 21, 2016 agenda. The motion was seconded by Bret Schanzenbach and unanimously approved.		
PUBLIC COMMENTS & ANNOUNCEMENTS	No public comments were made.		
RATIFICATION OF MINUTES	Carol Brooks motioned to approve the March 17, 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
 April 21, 2016
 Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Presentation Lifesharing – A Donate Life Organization	<p>Alexandra Mignano, Hospital Services Manager for Lifesharing, and Michael Adams, an Oceanside resident and double lung recipient, addressed the group about organ donation.</p> <p>Alexandra noted the following:</p> <ul style="list-style-type: none"> • Lifesharing is a federally designated organ procurement organization and FDA approved tissue bank. • Priorities of the organization include honoring the donor's wishes, supporting families, representing people on the waiting list, and inspiring people to sign up to be donors. • 121,227 people are currently on the nation's organ waiting list. • Locally, 329 lives were saved through organ donation in 2015. • Hospital care is not lessened if the patient is a donor. • Donor families incur no expense for the donation. • Consistent with all major U.S. religions. • Helps families made sense out of tragedy and grief. 		

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
 April 21, 2016
 Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Presentation Lifesharing – A Donate Life Organization (con't)	<p>Recipient Michael Adams shared an emotional story of his journey dealing with Cystic Fibrosis which eventually led to him receiving a double-lung transplant in 2002.</p> <p>Michael and Alexandra entertained questions at the conclusion of their presentation.</p>		
CEO Update	<p>Steve Dietlin, CEO, addressed the group as the new Chief Executive Officer of Tri-City Medical Center, noting the following:</p> <ul style="list-style-type: none"> • Steve expressed his gratefulness for the opportunity to fulfill the position and serve the community. Steve also thanked those present for their service on behalf of their communities. • Future goals include: <ul style="list-style-type: none"> ◦ Capturing more of the Primary Service Market Share ◦ Continuation of the campus redevelopment plan ◦ Examining finance options to cover long-term financing ◦ The finalization of the UCSD affiliation ◦ Leasing of one entire floor of the MOB ◦ Obtaining the Certificate of Occupancy this year ◦ Campus parking upgrades 		

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
April 21, 2016
Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
CEO Update (con't)	<ul style="list-style-type: none"> Ongoing discussions regarding the possibility of bringing in a Cardio Thoracic Surgeon and several Neurosurgeons. <p>Steve noted that he welcomes community input and that CHAC committee members are welcome to share their ideas.</p> <p>A question was raised regarding ER wait times. Steve and Julie Nygaard noted that this is an issue with most ER's and recognized that it is a difficult situation for patients. Julie assured the group that TCMC is working to improve service in this area and better options are being incorporated into the renovation plans.</p> <p>A committee member requested information regarding how emergency services decide where to transport an ill patient. New committee member, Mary Murphy, with the Carlsbad Fire Department, noted that the first factor is the safety of the patient. If the illness is life-threatening, the patient will be taken to the closest hospital. Otherwise, the patient will be transported to their own hospital as possible during the course of their care.</p> <p>Steve Dietlin noted that up to 50% of ER admissions could have been treated in an Urgent Care, but factors such as co-pays and lack of a Primary Care Physician play a role in a patient's decision to use the ER for medical care.</p>		

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
April 21, 2016
Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
COO Update	<p>Kapua Conley updated the group as follows:</p> <ul style="list-style-type: none"> Currently working with the City regarding Cal-Trans requirements for road construction and 78 traffic mitigation. Working to ensure functionality of the hospital chillers for consistent and comfortable indoor temperatures. April 20, 2016 was the 1st day there was not a backup for CT's in the ER. This is due to the new 512 CT which was recently initiated at the hospital. This machine allows for very detailed 3D images with a higher resolution, reduces time needed to take images, and uses a lower dose of radiation. In addition, it is working well for stroke victims, as the machine allows a better view of where the damage has taken place so Physicians can be more specific in their treatment and care of the stroke patient. NICU renovations are pending OSH POD approval which is expected soon. The IT Department recently presented Cyber Security Protocols noting that TCMC meets the standards. However due to big security issues that are now affecting hospitals, the IT department will continue to work to improve measures currently in place. 		

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
 April 21, 2016
 Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
CHAC Vacancies	<p>The following CHAC positions were filled:</p> <ul style="list-style-type: none"> Multicultural: Applicant Dung M. Ngo was present to address the group. Dung shared a bit about his life and desire to serve on the CHAC committee. Upon motion made by Director Dagostino and seconded by Carol Herrera, applicant Dung Ngo was approved as the new Multicultural Representative for the CHAC Committee. Carlsbad CEO, Ted Owen, was appointed as the District of Carlsbad, COC representative. Mary Murphy was appointed as the District of Carlsbad, Police and Fire representative. <p>The committee welcomed each new member and thanked them for their service.</p> <p>The Police and Fire Representative position for the District of Vista remains open.</p>		
Chief Marketing Officer Update	David Bennett, Chief Marketing Officer, was not available to update the group (vacation).		

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
 April 21, 2016
 Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Grant Application Update	CHAC Grant Committee Chair, Gigi Gleason, updated the group as to the current status of the grant review. The Review committee will be meeting in April. Gigi will update the CHAC committee members as to the review status at the May meeting.		
Committee Communications	<p>Sandy Tucker: The Auxiliary's Tails on the Trails fundraising event is scheduled for Saturday, May 21st. Sandy noted that additional support is needed through participants and donations.</p> <p>Rosemary Eshelman: On May 6th, the Outstanding Educational Program will be honoring creative teachers and Pedal for a Purpose will be taking place to support the District's Foundation and schools.</p> <p>Bret Schanzenbach: Bret noted that the Vista Strawberry Festival will be held on May 29th and will include a 10K, 5K and Kid's run, as well as entertainment stations and a beer garden.</p> <p>Carol Herrera: Carol noted that teachers from all parts of the USA met at Qualcomm Stadium on Saturday for the Ted-Ex event highlighting the innovation and technology available for schools now. In addition, over 80 teachers visited the Vista School District and were able to share some of the information learned at the Qualcomm event.</p>		

Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
 April 21, 2016
 Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Committee Communications (con't)	<p>Xiomara Arroyo: Xiomara noted that an event is being hosted in Ramona on Thursday to focus on keeping children safe.</p> <p>Don Reedy: Don updated the group about Operation Appreciation at the Pier taking place on May 21st.</p> <p>Director Larry Schalllock: Larry stated that the Heroes of Vista event held at CSUSM on the 16th was very well received. Larry also encouraged participation in the Relay for Life events if anyone is interested in a community activity.</p> <p>Ted Owen: Ted noted that the Carlsbad Street Fair is on May 1st.</p> <p>Director Jim Dagostino: Jim noted that TCMC (CEO Steve Dietlin and others) will be presenting TCMC's goals and progress to each of the City Councils in the upcoming months.</p>		

**Tri-City Healthcare District
Community Healthcare Alliance Committee (CHAC)
MEETING MINUTES
April 21, 2016
Assembly Room 1**

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Public Comments	Gwen Sanders: Gwen noted that the MS Liberty Station walk is this Saturday.		
Next Meeting	The next meeting is scheduled for Thursday, May 19, 2016 at 12:30pm.		
Adjournment	The March 2016 CHAC Committee meeting was adjourned at 1:53pm.		

Tri-City Medical Center
Finance, Operations and Planning Committee Minutes
April 19, 2016

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

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to order	Director Dagostino called the meeting to order at 12:30 pm.		
2. Approval of Agenda		<u>MOTION</u> It was moved by Director Kellett, Director Nygaard seconded, and it was unanimously approved to accept the agenda of April 19, 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 February 16, 2016	Minutes were ratified.	Minutes were ratified. <u>MOTION</u> It was moved by Dr. Contardo, Director Nygaard seconded, that the minutes of March 15, 2016, be approved without any modifications requested.	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
		Those abstaining were: Director Dagostino, Dr. Corona, Mr. Marcuzzi	
5. Old Business			
6. New Business			
a. Renewal of OPBHS Lease Proposal	Sarah Jayyousi explained that this lease proposal represents no increase for years 1 through 3, and a 3% increase from current rates for years 4 and 5. Proposal also requires no prepaid rent or security deposit. In addition, the rates include renovations and improvements, at no cost to TCHD.	MOTION Director Kellett, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Melrose Plaza Complex, L.P. for the lease of Suites 501 and 510 for a term of 60 months, beginning July 1, 2016 and ending 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). This 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	Sarah Jayyousi
b. Premier Laser Services, Inc. Proposal	Sharon Schultz conveyed that this proposal would provide the equipment, supplies and technicians for rental of surgical lasers, ultrasound, Extracorporeal Shock Wave Lithotripsy (ESWL) and Cavitron Ultrasonic Surgical Aspirator (CUSA). She further stated that the new rate represents a 1% increase over prior rates for selected laser fibers. The contract also includes rates for rental and supplies for the Cavitron Ultrasonic Aspirator and for a Rigid Nephro-	MOTION Mr. Lingenfelter 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 Premier Laser Services, Inc. for laser, ESWL (Extracorporeal Shock Wave Lithotripsy), ultrasound and CUSA (Cavitron Ultrasonic Surgical Aspirator) rental for a term of 24 months, beginning April 4, 2016 and ending April 3, 2018, for an average annual cost of \$184,752, and an	Mary Diamond / Sharon Schultz

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>scope. She emphasized that contracting for these services would provide the most up-to-date equipment and supplies, as well as the availability of qualified personnel to operate the equipment, thus avoiding the costs associated with purchase, maintenance, repair, supplies and staffing.</p>	<p>expected total cost for the term of \$369,504.</p>	
<p>c. Replacement Notes – Term Loan Proposal</p> <ul style="list-style-type: none"> • Bank of the West 	<p>Ray Rivas stated that this proposal was to replace \$51 million notes maturing May 28, 2016 with \$51 million notes maturing December 31, 2016.</p>	<p>Director Nygaard moved, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize replacement of \$51 million notes maturing May 28, 2016 with \$51 million notes maturing December 31, 2016.</p>	<p>Ray Rivas</p>
<p>d. Cardiac Rehabilitation Physician Supervision Agreement</p> <ul style="list-style-type: none"> • David Cohen, M.D. 	<p>Eva Froyd conveyed that this agreement would permit Dr. David Cohen to provide supervising coverage for Drs. Slowik and El-Sherief, during vacation and sick days at both the Wellness Center and the TCMC campus. She emphasized that there would be no additional expenses incurred, as this agreement is only adding another physician to provide the necessary coverage.</p>	<p>Dr. Contardo moved, Dr. Kroener seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. David Cohen as Supervising Physician of the Cardiac Rehabilitation program for vacation and sick day coverage for Drs. Slowik and El-Sherief for a term of 26 months beginning May 1, 2016 and ending June 30, 2018. Not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$148.30 included in the annual cost of \$44,490, and total cost for the term of \$96,395.</p>	<p>Eva Froyd</p>

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
e. Landscape Maintenance Agreement Renewal <ul style="list-style-type: none"> Land Graphics 	<p>Chris Miechowski conveyed that this vendor, who currently provides landscape services to the District, had submitted the most competitive proposal, as of January 2016. He further explained that through evaluation of services and the acquisition of additional bids, he was able to reduce the overall contract amount by \$109,296 for the three-year term.</p> <p>Director Nygaard inquired about the possibility of evaluating TCHD campuses for more drought tolerant landscape options. Chris conveyed that he is currently exploring this possibility.</p>	<p>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 a 3 year agreement with Land Graphics for Landscape Maintenance of all TCHD Facilities, for a maximum total of \$510,444.</p>	Chris Miechowski
f. NICU Coverage & Medical Director – Physician Agreement <ul style="list-style-type: none"> Hamid Movahhedian, M.D. & North County Neonatology Specialists 	PULLED		Mary Diamond / Sharon Schultz
g. Physician Agreement for Inpatient Wound Care Rounds <ul style="list-style-type: none"> Sharon Slowik, M.D. 	<p>Sharon Schultz stated that this was a renewal of the agreement for Dr. Sharon Slowik to act as Co-Medical Director for Wound Care, as well as to provide inpatient wound care services.</p>	<p>Dr. Kroener moved, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Sharon Slowik as the Inpatient Wound Care Coverage Physician for a term of 26 months beginning May 1, 2016, ending June 30, 2018. For an average of 5 hours per month, not to exceed 60 hours annually,</p>	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
h. Physician Agreement for Outpatient Wound Care / HBO • Sharon Slowik, M.D.	Sharon Schultz stated that this was a renewal of the agreement for Dr. Sharon Slowik to act as Co-Medical Director for Wound Care/HBO, as well as to provide outpatient wound care services.	at an hourly rate of \$190 for an annual cost not to exceed \$11,400, and a total cost for the term not to exceed \$24,700. Dr. Kroener moved, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Sharon Slowik as the Outpatient Wound Care/HBO Coverage Physician for a term of 26 months beginning May 1, 2016, ending June 30, 2018. For an average of 5 hours per month, not to exceed 60 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$11,400, and a total cost for the term not to exceed \$24,700.	
i. Physician Agreement for Inpatient Wound Care Rounds • Janet Whitney, M.D.	Sharon Schultz stated that this was a renewal of the agreement for Dr. Janet Whitney to act as Co-Medical Director for Wound Care, as well as to provide inpatient wound care services.	Dr. Kroener moved, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Janet Whitney as the Inpatient Wound Care Coverage Physician for a term of 26 months beginning May 1, 2016 ending June 30, 2018. For an average of 15 hours per month, not to exceed 180 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$34,200, and a total cost for the term not to exceed \$74,100.	
j. Physician Agreement for Outpatient Wound Care / HBO • Janet Whitney, M.D.	Sharon Schultz stated that this was a renewal of the agreement for Dr. Janet Whitney to act as Co-Medical Director for Wound	Dr. Kroener moved, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	Care/HBO, as well as to provide outpatient wound care services.	that the TCHD Board of Directors authorize Dr. Janet Whitney as the Outpatient Wound Care/HBO Coverage Physician for a term of 26 months beginning May 1, 2016 ending June 30, 2018. For an average of 15 hours per month, not to exceed 180 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$34,200, and a total cost for the term not to exceed \$74,100.	
k. Physician Recruitment – Family Practice • Beyhar Badiee, M.D.	Jeremy Raimo gave a PowerPoint presentation conveying that Dr. Badiee plans to be an independent family medicine physician, seeking to locate his practice at the TCMC Carlsbad Wellness Center location. The expected build-out time of this location is 3-4 months. He further explained that a TCHD physician needs assessment reflects a significant need in the community for a practitioner of family medicine in this service area.	Dr. Contardo moved, Ms. Mendez seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure not to exceed \$595,000 over two years in order to facilitate this Family Medicine physician practicing medicine in the communities served by the District. This will be accomplished through a Physician Recruitment Agreement (not to exceed a two-year income guarantee) with B. David Badiee, D.O.	
l. Physician Recruitment – Urology • Aaron Boonjindasup, M.D.	Jeremy Raimo provided a PowerPoint presentation detailing that Dr. Boonjindasup is currently completing his residency training at Tulane University School of Medicine, and plans to join the North Coast Urology practice on approximately September 1, 2016.	Dr. Contardo moved, Ms. Mendez seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve the expenditure, not to exceed \$430,000 in order to facilitate this	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible																																																
	<p>This practice is headed by Dr. Bradley Fraser, a long standing TCMC urologist.</p> <p>He conveyed that a TCHD physician needs assessment reflects a significant need in the community for a urologist in this service area.</p>	Urology physician practicing medicine in the communities served by the District. This will be accomplished through a Physician Recruitment Agreement (not to exceed a one-year income guarantee) with North Coast Urology and Dr. Aaron Boonjindasup, M.D.																																																	
m. Financials	<p>Ray Rivas presented the financials ending March 31, 2016 (dollars in thousands)</p> <table><tr><td colspan="2"><u>Fiscal Year to Date</u></td></tr><tr><td>Operating Revenue</td><td>\$ 249,504</td></tr><tr><td>Operating Expense</td><td>\$ 252,046</td></tr><tr><td>EBITDA</td><td>\$ 10,252</td></tr><tr><td>EBITDA Excl. Settlement</td><td>\$ 12,330</td></tr><tr><td>EROE</td><td>\$ (496)</td></tr><tr><td>EROE Excl. Settlement</td><td>\$ 1,582</td></tr><tr><td colspan="2"><u>TCMC – Key Indicators – FYTD</u></td></tr><tr><td>Avg. Daily Census</td><td>192</td></tr><tr><td>Adjusted Patient Days</td><td>85,170</td></tr><tr><td>Surgery Cases</td><td>4,813</td></tr><tr><td>Deliveries</td><td>1,968</td></tr><tr><td>ED Visits</td><td>49,827</td></tr><tr><td colspan="2"><u>TCHD – Financial Summary –</u></td></tr><tr><td colspan="2"><u>Current Month</u></td></tr><tr><td>Operating Revenue</td><td>\$ 28,649</td></tr><tr><td>Operating Expense</td><td>\$ 29,323</td></tr><tr><td>EBITDA</td><td>\$ 1,019</td></tr><tr><td>EROE</td><td>\$ (220)</td></tr><tr><td colspan="2"><u>TCMC – Key Indicators – Current</u></td></tr><tr><td colspan="2"><u>Month</u></td></tr><tr><td>Avg. Daily Census</td><td>187</td></tr><tr><td>Adjusted Patient Days</td><td>9,550</td></tr><tr><td>Surgery Cases</td><td>563</td></tr></table>	<u>Fiscal Year to Date</u>		Operating Revenue	\$ 249,504	Operating Expense	\$ 252,046	EBITDA	\$ 10,252	EBITDA Excl. Settlement	\$ 12,330	EROE	\$ (496)	EROE Excl. Settlement	\$ 1,582	<u>TCMC – Key Indicators – FYTD</u>		Avg. Daily Census	192	Adjusted Patient Days	85,170	Surgery Cases	4,813	Deliveries	1,968	ED Visits	49,827	<u>TCHD – Financial Summary –</u>		<u>Current Month</u>		Operating Revenue	\$ 28,649	Operating Expense	\$ 29,323	EBITDA	\$ 1,019	EROE	\$ (220)	<u>TCMC – Key Indicators – Current</u>		<u>Month</u>		Avg. Daily Census	187	Adjusted Patient Days	9,550	Surgery Cases	563		Ray Rivas
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Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	Deliveries 209 ED Visits 5,714 <u>Net Patient A/R & Days in Net A/R By Fiscal Year</u> FY Avg. Net Patient A/R \$ 41.5 (in millions) FY Avg. Days in Net A/R 47.7 Graphs: <ul style="list-style-type: none">• TCMC-Payor Mix Fiscal Year to Date• TCMC-Emergency Department Visits• TCMC-ED Admissions % of Total ED Visits• TCHD-EBITDA and EROE, Quarterly		
n. Work Plan – Information Only	Director Dagostino reported that these agenda items were for review only, but Committee members were welcome to ask questions. <i>Deferred – Charter under review by Compliance</i>	Director Dagostino solicited feedback from Committee members regarding the Work Plan and any potential modifications.	Chairman
• Finance, Operations and Planning Charter		Director Nygaard stated that it would be helpful to change Wellness Center updates from semi-annually to quarterly. Barbara Hainsworth to amend the Work Plan to reflect the change from semi-annual to quarterly.	Chris Miechowski
• Construction Report	Construction Report: No discussion <i>Deferred until May 2016 meeting</i>		Mary Diamond
• Medical Director, Surgery			Ray Rivas
• Dashboard	Dashboard: No discussion	None	Chair
7. Comments by Committee Members			
8. Date of next meeting	May 17, 2016		Chair

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
9. Community Openings (none)			
10. Oral Announcement of items to be discussed during closed session (Government Code Section 54957.7)	CLOSED SESSION ITEM PULLED		
11. Motion to go into Closed Session			
15. Open Session			
16. Report from Chairperson of any action taken in Closed Session (Authority: Government code, section 54957.1)	No report made.		
17. Adjournment	Meeting adjourned 1:34 pm		

FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: April 19, 2016

Renewal of OPBHS Lease Proposal

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

Vendor's Name: Melrose Plaza Complex L.P.

Area of Service: Outpatient Behavioral Health

Term of Agreement: 60 Months, Beginning July 1, 2016 - Ending June 30, 2021

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
\$10,101.01 (years 1-3)	\$121,212.12 (years 1-3)	\$616,915.20 <i>(Includes prorated gas and electric cost of \$150.00/month for Suite 501)</i>
\$10,399.54 (year 4)	\$124,794.48 (year 4)	
\$10,707.03 (Year 5)	\$128,484.36 (year 5)	

Description of Services/Supplies:

- Rental of Suites 501 and 510. No prepaid rent or additional security deposit is required
- Rates represent no increase for years 1-3, and a 3% increase from current rates for years 4 and 5
- Rates include renovations and improvements, at no cost to Tri-City Healthcare District

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: Sarah Jayyousi, Operations Manager, OPBHS / Sharon Schultz, Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Melrose Plaza Complex, L.P. for the lease of Suites 501 and 510 for a term of 60 months, beginning July 1, 2016 and ending 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). This 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

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: April 19, 2016
PREMIER LASER SERVICES, INC. PROPOSAL

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

Vendor's Name: Premier Laser Services, Inc.

Area of Service: Surgical Services

Term of Agreement: 24 months, Beginning, April 4, 2016 – Ending, April 3, 2018

Maximum Totals:

Average Monthly Cost	Average Annual Cost	Expected Total Term Cost
\$15,396	\$184,752	\$369,504

Description of Services/Supplies:

- Equipment, supplies and technicians for rental surgical lasers, ultrasound, ESWL (Extracorporeal Shock Wave Lithotripsy) and CUSA (Cavitron Ultrasonic Surgical Aspirator).
- This new rate represents a 1% increase over prior rates for selected laser fibers. This contract also now includes rates for rental and supplies for the Cavitron Ultrasonic Aspirator and for a Rigid Nephroscope
- Contracting for these services provides for the most up to date equipment and supplies, availability of qualified personnel to operate the equipment and avoidance of costs associated with the purchase, maintenance, repair, supplies and staffing.

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

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Premier Laser Services, Inc. for laser, ESWL (Extracorporeal Shock Wave Lithotripsy), ultrasound and CUSA (Cavitron Ultrasonic Surgical Aspirator) rental for a term of 24 months, beginning April 4, 2016 and ending April 3, 2018, for an average annual cost of \$184,752, and an expected total cost for the term of \$369,504.



FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: April 19, 2016

Cardiac Rehabilitation Physician Supervision Agreement – David Cohen, M.D.

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

Physician's Name: David Cohen, M.D.

Area of Service: Cardiac Rehabilitation Services, On-Site and Wellness Center

Term of Agreement: 26 months, Beginning, May 1, 2016 - Ending June 30, 2018

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

Rate/Hour	Hours per Month	Hours per Year	Monthly Cost	Annual Cost	26 month (Term) Cost
\$148.30	25	300	\$3,707.50	\$44,490	\$96,395

Position Responsibilities:

- Cardiac rehabilitation Supervising Physician, at no additional cost to the hospital. Dr. Cohen will cover Dr. Slowik and Dr. El-Sherief for vacations and sick days at the Wellness Center and TCMC campus.
- Maintain cardiac rehabilitation program as a physician directed clinic.
- Providing medical supervision of patients receiving services in the Department, and clinical consultation for the Department as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Department.
- Ensuring that all medical and therapy services provided by the Department, Program or Service are consistent with Hospital's mission and vision.
- Supervising the preparation and maintenance of medical records for each patient receiving service in or through the Department.
- Evaluation of all Phase 2 patients enrolled in the Cardiac Rehabilitation Program and ongoing supervision and evaluation of monitored exercise sessions.
- Assure that adequate medical coverage is provided for Cardiac Rehabilitation clinical services activities performed within Department during hours of operation.

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

Person responsible for oversight of agreement: Eva Froyd, Clinical Manager Cath Lab & IR / Kapua Conley, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. David Cohen as Supervising Physician of the Cardiac Rehabilitation program for vacation and sick day coverage for Drs. Slowik and El-Sherief for a term of 26 months beginning May 1, 2016 and ending June 30, 2018. Not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$148.30 included in the annual cost of \$44,490, and total cost for the term of \$96,395.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: April 19, 2016
Landscape Maintenance Agreement Renewal

Type of Agreement		Medical Directors		Panel		Other:
Status of Agreement		New Agreements	X	Renewal – New Rates (decreased)		Renewal – Same Rates

Vendor's Name: Land Graphics

Area of Service: All TCHD Facilities

Term of Agreement: 36 months, beginning, upon contract execution

Maximum Totals: \$510,444

Description of Services/Supplies:

- Request approval of a Landscape Maintenance Agreement with Land Graphics
- Land Graphics provided the lowest bid in January 2016
- Current contract with Land Graphics expires December 31, 2016
- Evaluated scope of services and discovered ways to reduce the contract amount by \$109,296 for the 3 year term
- Quality of service and overall appearance will not change

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 a 3 year agreement with Land Graphics for Landscape Maintenance of all TCHD Facilities, for a maximum total of \$510,444.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: April 19, 2016
Physician Agreement for Outpatient Wound Care/HBO

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

Physician's Name: Dr. Sharon Slowik

Area of Service: Outpatient Wound Care/HBO

Term of Agreement: 26 months, Beginning, May 1, 2016 – Ending, June, 30, 2018

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

Rate/Hour	Average Hours per Month	Hours per Year Not to Exceed	Average Monthly Cost	Annual Cost Not to Exceed	26 month (Term) Cost Not to Exceed
\$190	5	60	\$950	\$11,400	\$24,700

Position Responsibilities:

- Duties as the Outpatient Wound Care Medical Director to include:
 - Establishing guidelines, protocols, and standards for quality patient care the monitoring of quality outcomes
 - Assuring accuracy of medical record compliance for all physician disciplines within the service
 - Providing educational training for medical staff, nursing staff and ancillary staff on a continuous basis
 - Assuring compliance with CMS requirements for care, documentation and correct coding initiatives
 - Conducting clinical data collection and research in wound 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: Kim Posten, Clinical Manager, Wound Care/ Sharon Schultz, Chief Nurse Executive/ Sr. VP

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Sharon Slowik as the Outpatient Wound Care/HBO Coverage Physician for a term of 26 months beginning May 1, 2016, ending June 30, 2018. For an average of 5 hours per month, not to exceed 60 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$11,400, and a total cost for the term not to exceed \$24,700.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: April 19, 2016
Physician Agreement for Inpatient Wound Care

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

Physician's Name: Dr. Sharon Slowik

Area of Service: Inpatient Wound Care

Term of Agreement: 26 months, Beginning, May 1, 2016 – Ending, June, 30, 2018

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

Rate/Hour	Average Hours per Month	Hours per Year Not to Exceed	Average Monthly Cost	Annual Cost Not to Exceed	26 month (Term) Cost Not to Exceed
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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: Kim Posten, Clinical Manager, Wound Care/ Sharon Schultz, Chief Nurse Executive/ Sr. VP

Motion:

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FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: April 19, 2016
Physician Agreement for Inpatient Wound Care

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

Physician's Name: Dr. Janet Whitney

Area of Service: Inpatient Wound Care

Term of Agreement: 26 months, Beginning, May 1, 2016 – Ending, June, 30, 2018

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

Rate/Hour	Average Hours per Month	Hours per Year Not to Exceed	Average Monthly Cost	Annual Cost Not to Exceed	26 month (Term) Cost Not to Exceed
\$190	15	180	\$2,850	\$34,200	\$74,100

Position Responsibilities:

- Duties as the Inpatient Wound Care Medical Director to include:
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 - Assuring accuracy of medical record compliance for all physician disciplines within the service
 - Providing educational training for medical staff, nursing staff and ancillary staff on a continuous basis
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Approved by Chief Compliance Officer:	X	Yes		No
Is Agreement a Regulatory Requirement:	X	Yes		No

Person responsible for oversight of agreement: Kim Posten, Clinical Manager, Wound Care/ Sharon Schultz, Chief Nurse Executive/ Sr. VP

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Janet Whitney as the Inpatient Wound Care Coverage Physician for a term of 26 months beginning May 1, 2016 ending June 30, 2018. For an average of 15 hours per month, not to exceed 180 hours annually, at an hourly rate of \$190 for an annual cost not to exceed \$34,200, and a total cost for the term not to exceed \$74,100.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: April 19, 2016
Physician Agreement for Outpatient Wound Care/HBO

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

Physician's Name: Dr. Janet Whitney

Area of Service: Outpatient Wound Care/HBO

Term of Agreement: 26 months, Beginning, May 1, 2016 – Ending, June, 30, 2018

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Board Approved Physician Contract Template:	X	Yes		No
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**Tri-City Medical Center
Professional Affairs Committee Meeting
Open Session Minutes
April 14, 2016**

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

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

Others present: Rick Barton, General Counsel, Jami Pearson, Director for Regulatory and Compliance, Kathy Topp, Mary Diamond, Sharon Davies, Tori Hong, Chris Miechowski, Eva Froyd, Ghadeer Saudi, Priya Joshi, Jeremy Raimo, Katie Presnall, Manuel Escobar, Patricia Guerra and Karren Hertz.

Members Absent: Kapua Conley, COO/ Exe. VP and Marcia Cavanaugh, Sr. Director for Risk and Cli Mgt. and Patient Safety.

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
1. Call To Order	Director Mitchell called the meeting to order at 12:06 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 Schallock.	Director Mitchell
3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	Director Mitchell read the paragraph regarding comments from members of the public.		Director Mitchell

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
4. Ratification of minutes of March 2016.	Director Mitchell called for a motion to approve the minutes from March 10, 2016 meeting.	Minutes ratified. Director Finnila moved and Director Schallock seconded the motion to approve the minutes from March 2016.	Karren Hertz
5. New Business			Jami Pearson
a. Quality Outcomes Dashboard b. Priority Projects Report	<p>Jami Pearson reported that the Infection Control measures will be added for the month of May. For the Severe Sepsis/Septic Shock measures, there is a robust group dealing with the issues associated with this and also Jami added that triggers have been built to improve the data for the next reporting period.</p> <p>Jami reported that Dr. Johnson have implemented quality reports on certain areas that need to be prioritized. The group is reporting what needs to be reported and efficiency is being enhanced as the findings get tracked and monitored.</p> <p>Director Finnila mentioned that this team approach is a good thing and considered a win-win for both staff/physicians and patients.</p> <p>*Falls- bathrooms breaks education ongoing; JC magnet being used.</p> <p>*Pressure Ulcers- Data is really good; Sharon mentioned that there was only 1 or 2 in the latest prevalence study and both are not stageable.</p> <p>*Septic Shock- all measures have been met.</p> <p>*Throughput- It was reported that there were</p>	<p>ACTION: There will be a new set of measures added for the data reporting for next month.</p>	

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
<p>c. Consideration and Possible Approval of Policies and Procedures</p> <p>Patient Care Policies and Procedures:</p> <ol style="list-style-type: none"> 1. Care for Recalcitrant Children Policy 2. Child Passenger Restraint System Education Policy 3. Diluting IV Medication for IV Push Administration Procedure 4. Immediate Use Sterilization, Intraoperative 5. Micromedex Carenotes Procedure- Tracked Changes 	<p>28 ER holds just yesterday, the hospital is currently full house.</p> <p>It was concluded that all of the measures provided in this dashboard are going in the right direction.</p> <p>Director Finnilla clarified "touching" in reference to "restraints policy". There was also a recommendation to put an age range for children, adolescents etc. The use of child and minor should be consistent to avoid confusion with other policies.</p> <p>The hospital staff is not allowed to put in car seats for safety and liability purposes.</p> <p>No discussion on this policy.</p> <p>This process is formerly called flash sterilization which is also known as liquid sterilization.</p> <p>This is the patient education version Carenotes, using lay terms. The literacy level for this form is 6th grade.</p>	<p>ACTION: The Patient Care Services policies and procedures were approved with the exception of the policy on Recalcitrant Children. Dr. Contardo moved and Dr. Johnson 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
Micromedex Carenotes Procedure- Clean Copy			
6. Obstetrical Patients Triage Policy	There was a clarification made on Item #10 regarding the patient being transported by ambulance. There was a brief discussion on OB patients being deferred to L & D as soon as they present in the ED.		
7. Point of Care New Test/ Method Request and Implementation Policy	No discussion on this policy.		
8. Point of Care Testing Policy	No discussion on this policy.		
9. Staffing Requirements, Development of Policy	No discussion on this policy.		
10. Sterile Technique	This process is being utilized not just in OR but in all other areas dealing with patient care.		
11. Wound Classification During Surgical Intervention	It has been noted that wound classification helps determines the risk for post-op infection.		
Administrative Policies and Procedures 1. Business Visitor Visitation Requirements	The group agreed that this policy needs to be pulled out for clerical and service issues associated with this policy. The Supply Chain Management part also needs to be	ACTION: The Administrative policy and procedure was pulled out for various issues.	Patricia Guerra

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Unit Specific Engineering 1. Breached Medical Gas Lines 20014.1 2. Contractors Hazards Communications Program 3. Contractors Working in the Facility 4. Daily Journal 5. Domestic Water Temperature 6. Emergency Generator Test Loads 7. General Personnel Policies 8. Inspection Testing and Maintenance of Fire Alarm Detection and Automatic Extinguishing System 9. Maintenance and Inspection of Electrical Distribution System and Emergency	<p>validated with the help of Tom Moore.</p> <p>Chris Miechowski reiterated that the medical gas tanks are located in the Central Plant.</p> <p>No discussion on this policy.</p> <p>Hot work is identified as a kind of work that can cause fire like welding etc.</p> <p>The daily journal does not include Biomed; only Engineering.</p> <p>As to the process of measuring water temperature ---there is no strict requirement as to how often it needs to be done.</p> <p>There was a recommendation to spell out NFPA (National Fire Protection Association) for general knowledge of all.</p> <p>No discussion on this policy.</p> <p>There is no discussion on this policy.</p> <p>We have our own boiler; technical person needs to be re-certified every so often.</p>	<p>ACTION: The Engineering policies and procedures were all approved. Dr. Contardo 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
Generator			
10. Maintenance and Inspection of Medical Surgical Air and Vacuum System 2004	There is no discussion on this policy.		
11. Maintenance and Inspection of Boiler/ Steam System	There is no discussion on this policy.		
12. Maintenance Work Request System	No discussion on this policy.		
13. Managing Biological Agents to Prevent Waterborne Illness	A third party comes in to check the hydrofacilities at the Wellness Center. The daily journal is a hard copy and not electronic.		
14. Preventative Maintenance	There was no discussion on this policy.		
15. Routine Hospital Rounds	There was no discussion on this policy.		
16. Scope of Service- Tracked Changes Scope of Service- Clean Copy	There was no discussion on this policy.		
17. Staff Meetings	There was no discussion on this policy.		
18. Statement of Accountability			
Medical Staff 1. Suspension for Delinquent Medical records 8710-519	This policy is being pulled out as it needs further review. Dr. Worman mentioned that the doctors are taking the issue of delinquent medical records seriously.	ACTION: This Medical Staff policy is being pulled out for further review and modifications.	Patricia Guerra

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
NICU 1. Primary Nurse Assignment	<p>Effective communication has helped in the improvement of this issue.</p> <p>The committee made a suggestion that the Primary Qualified Nurse should be defined. This primary nurse assignment will help promote consistency for patient care and is a good model for nursing care delivery especially for NICU.</p>	<p>ACTION: This NICU policy was approved and is moving forward for Board approval. Director Schallock moved and Dr. Contardo seconded the motion to approve this policy.</p>	Patricia Guerra
Women and Newborn Services 1. Sterile Processing of WCS Instruments	<p>This policy outlines the process for sterilizing the instruments for the WCS.</p>	<p>ACTION: This WCS policy was approved and is moving forward for Board approval. Dr. Contardo moved and Director Schallock seconded the motion to approve this policy.</p>	Patricia Guerra
Formulary Requests 1. Entresto- Trade Name Sacubitril and Valsartan- Generic Name FORMS: 1. Cardiopulmonary Arrest Record	<p>This drug is similar to ACE inhibitors and is considered more expensive than the standard ACE inhibitors.</p>	<p>ACTION: The formulary request was approved and is moving forward for Board approval. Director Schallock moved and Dr. Contardo seconded the motion to approve this formulary request.</p>	Patricia Guerra
6. Clinical Contracts	<p>The review of clinical contracts was tabled in the last Medical Executive committee.</p>	<p>ACTION: These clinical contracts will be reviewed at next month's meeting.</p>	Director Mitchell

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
*Addition: Dr. Contardo made an announcement that the Laboratory passed the Bi-annual survey with flying colors.			
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 Session	There were no actions taken.		Director Mitchell
10. Comments from Members of the Committee	No Comments.		Director Mitchell
11. Adjournment	Meeting adjourned at 2:24 PM		Director Mitchell

PROFESSIONAL AFFAIRS COMMITTEE

April 14th, 2016

CONTACT: Sharon Schultz, CNE

Policies and Procedures	Reason	Recommendations
<u>Patient Care Services Policies & Procedures</u>		
1. Care for Recalcitrant Children Policy	3 year review, practice change	Pulled for further review
2. Child Passenger Restraint System Education Policy	3 year review, practice change	Forward to BOD for approval
3. Diluting IV Medication for IV Push Administration Procedure	3 year review, practice change	Forward to BOD for approval
4. Immediate Use Sterilization, Intraoperative	3 year review, practice change	Forward to BOD for approval
5. Micromedex Carenotes Procedure – Tracked Changes	3 year review, practice change	Forward to BOD for approval
6. Micromedex Carenotes Procedure – Clean Copy	3 year review, practice change	Forward to BOD for approval
7. Obstetrical Patients Triage Policy	3 year review, practice change	Forward to BOD for approval
8. Point of Care New Test Method Request and Implementation Policy	3 year review, practice change	Forward to BOD for approval
9. Point of Care Testing Policy	DELETE	Forward to BOD for approval
10. Staffing Requirements, Development of Policy	3 year review, practice change	Forward to BOD for approval
11. Sterile Technique	NEW	Forward to BOD for approval
12. Wound Classification During Surgical Intervention	NEW	Forward to BOD for approval
<u>Administrative Policies & Procedures</u>		
1. Business Visitor Visitation Requirements	3 year review, practice change	Pulled for further review
<u>Unit Specific</u>		
<u>Engineering</u>		
1. Breached Medical Gas Lines 2004.1	3 year review, practice change	Forward to BOD for approval
2. Contractors Hazard Communications Program	3 year review	Forward to BOD for approval
3. Contractors Working in the Facility	3 year review, practice change	Forward to BOD for approval
4. Daily Journal	3 year review, practice change	Forward to BOD for approval
5. Domestic Hot Water 2005	3 year review, practice change	Forward to BOD for approval
6. Emergency Generator Test Loads	3 year review	Forward to BOD for approval with revisions
7. General Personnel Policies	3 year review, practice change	Forward to BOD for approval to be DELETED
8. Inspection Testing And Maintenance of Fire Alarm Detection and Automatic Extinguishing System	3 year review, practice change	Forward to BOD for approval with revisions

PROFESSIONAL AFFAIRS COMMITTEE

April 14th, 2016

CONTACT: Sharon Schultz, CNE

Policies and Procedures	Reason	Recommendations
9. Maintenance And Inspection Electrical Distribution System and Emergency Generator	3 year review, practice change	Forward to BOD for approval
10. Maintenance And Inspection Medical Surgical Air and Vacuum System 2004	3 year review, practice change	Forward to BOD for approval
11. Maintenance And Inspection of Boiler/Steam System	3 year review, practice change	Forward to BOD for approval
12. Maintenance Work Request System	3 year review, practice change	Forward to BOD for approval
13. Managing Biological Agents to Prevent Waterborne Illness	NEW	Forward to BOD for approval
14. Preventative Maintenance	3 year review, practice change	Forward to BOD for approval
15. Routine Hospital Rounds	3 year review, practice change	Forward to BOD for approval
16. Scope of Service – Tracked Changes	3 year review, practice change	Forward to BOD for approval
17. Scope of Service – Clean Copy	3 year review, practice change	Forward to BOD for approval
18. Staff Meetings	3 year review, practice change	Forward to BOD for approval
19. Statement of Accountability	3 year review, practice change	Forward to BOD for approval
Medical Staff		
1. Suspension for Delinquent Medical Records 8710-519	Practice Change	Forward to BOD for approval with revisions
NICU		
1. Primary Nurse Assignment	3 year review, practice change	Forward to BOD for approval with revisions
Women and Newborn Services		
1. Sterile Processing of WCS Instruments	3 year review, practice change	Forward to BOD for approval with revisions
Formulary Requests		
2. Entresto – Trade Name Sacubitril and valsartan– Generic Name	NEW	Forward to BOD for approval
Forms		
1. Cardiopulmonary Arrest Record	Practice Change	Forward to BOD for approval

PATIENT CARE SERVICES POLICY MANUAL

ISSUE DATE: 02/2012

SUBJECT: Child Passenger Restraint System
Education

REVISION DATE:

POLICY NUMBER: V.E

Clinical Policies & Procedures Committee Approval:	03/1205/15
Nurse Executive Council Approval:	03/1205/15
Department of Pediatrics Approval	02/16
Medical Executive Committee Approval:	04/1202/16
Professional Affairs Committee Approval:	05/1204/16
Board of Directors Approval:	05/12

A. PURPOSE:

1. The purpose is to provide a method for disseminating information to parents/authorized caregivers of infants and young children regarding child passenger safety seats.
2. Prior to the discharge of any child under age 8, regardless of weight, or less than 4 feet 9 inches (regardless of age), the parents or authorized caregiver to whom the child is being released, will be given information regarding current child passenger restraint system. Included are the risks associated with their non-use or misuse. A list of programs offering rental and no or low-cost purchase will be available.

B. POLICY:

1. Before an infant or young child is discharged, the parents or authorized caregiver to whom the child is being released, will be verbally informed of the need to have an age-appropriate child passenger safety seat, about Car Seat Safety and the importance that all children under **13 8** years of age **ride in the back seat and be properly buckled** ~~should be properly buckled into a car seat or booster in the back seat when being transported.~~
 - a. This information shall be provided to all parents of children receiving care in the ~~Pediatric Unit, Emergency Room Department and all in Women and Newborn Services's and Children's Service's Post Partum and NICU units with newborn infants and their siblings:~~
 - i. Infants must be properly buckled in a rear-facing care seat in the back until they are at least 1 year old **AND 20 pounds.**
 - i-1) **The American Academy of Pediatrics (AAP) recommends rear facing until the age of 2 or the maximum weight of the car seat for rear facing.**
 - ii. If a child is too large for a safety seat, **the AAP recommends children who are 4 feet 9 inches tall or shorter ride in a belt positioning booster seat, regardless of age. generally around 40 pounds and/or age 4, a booster seat can be used.**
 - iii. **Children who are over 4 feet 9 inches can use a lap/ shoulder belt if: 5-Step Seat Belt Test to determine if a booster is needed for children who are 8 years of age and at least 4 feet 9 inches tall:**
 - 1) ~~T~~**Can the child can sit all the way back/ hips** against the auto-seat?.
 - 2) ~~The~~**Do the** child's knees bend comfortably at the edge of the seat?.
 - 3) ~~T~~**Does the shoulder strap should cross over the shoulder. best cross over the shoulder between the neck and arm?**
 - 4) **T**~~is~~**the lap belt fits low and flat on the hips. as low as possible, touching the thighs?**
 - 5) ~~Can the child remain seated like this for the entire trip?~~

- 6)5) If the answer is no to any of the following, then a booster is still required according to the California Law.
- b. It is illegal for a person to smoke a pipe, cigar or cigarette in a motor vehicle in which there is a minor [Health and Safety Code Section 118948].
 - c. A parent, legal guardian, or other person responsible for a child who is 6 years of age or younger may not leave that child inside a motor vehicle without being subject to the supervision of a person who is 12 years of age or older, under either of the following circumstances.
 - i. Where there are conditions that present a significant risk to the child's health or safety.
 - ii. When the vehicle's engine is running or the keys are in the ignition, or both.
 - d. Other regulatory recommendations:
 - i. Toddlers should remain rear-facing until they reach 2 years of age or until they reach the upper weight and height limit of the car seat. Always follow the manufacturer's instructions for proper use and fit.
 - ii. Do not buy a used car seat if you do not know if it has been in a crash.
 - iii. Do not buy a car seat that is older than 6 years or has been in a crash.
 - iv. Children should ride in the back seat until they are 13 years old.
 - v. Never allow your child to place the shoulder belt behind his/her back or under the arm.
 - vi. Never seat a child in front of an airbag.
 - vii. Never leave your child alone in or around cars.
2. Literature available in both English and Spanish will be provided outlining current state laws regarding this issue, proper use of safety seats, and risk of death/injury associated with non-use or misuse, including air-bag issues.
3. Prior to the discharge of the child, parent/conservator or guardian shall provide a signature that this information was reviewed and discussed.
- a. Person receiving information outlining current law requiring child passenger restraint system, will sign the "release of a child under 8 years of age" form. The original will be kept in the medical record and a copy will be given to the person to whom the child is released.
4. Hospitals are required only to provide and discuss information concerning child passenger restraint system laws.
- a. Hospitals are not required to, and should not, attempt to prevent a parent (or other authorized person) from transporting a child in a vehicle which does not have a child passenger system.
 - b. Hospitals also should not instruct parents regarding how to install a car seat or help parents install a car seat, for liability reasons. A parent with questions about appropriate car seat installation should be referred to a local police or fire station, a local CHP office or loan program. Parents may also call (866) SEAT-CHECK or visit www.seatcheck.org to locate free car seat inspection facilities.
5. Facilities that provide the required information to the person to whom the child is released cannot be held legally responsible for the failure of that person to use a child passenger restraint system.

C. **REFERENCES**

- 1. ~~Safely On The Move, 6505 Alvarado Rd. Suite 108, San Diego, CA 92120, Phone: Toll Free 1-866-700-7686 or (619) 594-0784 or <http://www.safelyonthemove.sdsu.edu/full/url/>~~
- 2. ~~1. Pacific Safety Council, 9880 Via Pasar, Suite F, San Diego, CA 92126, Phone: 858-621-2313 x15 or <http://www.safetycouncilonline.com/full/url/>~~
- 2. ~~**www.kohlscarsafety.org. Safe Kids San Diego, 3 Led by: Children's Hospital & Health Center, Coordinator: Mary Beth Moran 3020 Children's Way, San Diego, CA 92123, Phone: 858-576-1700 or mbmoran@rchsd.org**~~

**PROCEDURE: DILUTING IV MEDICATIONS FOR IV PUSH ADMINISTRATION**

Purpose: To outline the RNs responsibility when preparing IV push medications that need to be diluted before administration

Supportive Data: Mosby's Nursing Skills, *Medication Administration: Intravenous Bolus*

Equipment:

1. Blunt tip access cannula syringe (3 mL, 5 mL or 10 mL)
2. 10 mL normal saline or sterile water vial
3. Filter needle
4. Alcohol swabs
5. Needle or blunt tip needle

A. PROCEDURE:

1. Verify the following against the electronic medication administration record (eMAR):
 - a. Patient name
 - b. Medication
 - c. Route
 - d. Dose
 - e. Administration time
2. **Medication supplied by the manufacturer in a carpujet does not require dilution.**
3. Verify compatibility of diluent with medication.
4. Check name of medication on vial/ampule label against MAR.
5. Check Expiration date printed on vial or ampule.
6. Perform hand hygiene.
7. Assemble medication and supplies at the admixture workstation.
8. Remove medication from medication ~~glass~~ ampule **using a filtered needle or straw or vial containing the medication.**
 - a. See Mosby's Nursing Skills, *Medication Administration: Intravenous Bolus*.
http://app44.webinservice.com/NursingSkills/ContentPlayer/SkillContentPlayerIframe.aspx?KeyId=604&Id=GN_21_8&Section=1&bcp=Index-M-False&IsConnect=False
9. Change syringe access needle to a blunt tip access cannula syringe after withdrawing the medication using an ampule or vial preparation method.
10. Insert the blunt tip access cannula syringe into the 10 mL normal saline or sterile water **vial** (per the TCMC IV or medication manufacturer's guidelines) and withdraw the recommended amount of diluent. Never Use Pre-filled Normal Saline Syringes to Dilute or Mix Medications.
11. Discard the 10 mL normal saline or sterile water vial after desired amount of diluent has been removed.
 - a. 10 mL normal saline or sterile water vials may not to be used as multidose vials.
12. Remove cannula from vial, expel excess air bubbles from tip of syringe, and recap the blunt needle.
13. Administer medication to the patient IV push per the physician orders and the Tri-City Medical Center IV Medication Guidelines or the medication manufacturer guidelines.

Revision Dates Department Review	Clinical Policies & Procedures	Nursing Executive Council	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
2/09; 9/15	06/11, 12/15	06/11, 01/16	03/16	07/11, 03/16	08/11, 04/16	08/11

**PROCEDURE: IMMEDIATE USE STERILIZATION, INTRAOPERATIVE**

Purpose: To ensure safe and effective rapid sterilization of surgical instruments and devices intended for immediate use in an operative procedure. **The effectiveness of the sterilization process is dependent upon effective cleaning. The process of sterilization is negatively affected by the amount of bioburden and the number, type, and inherent resistance of microorganisms, including biofilms, on the items to be sterilized. Soils, oils, and other materials may shield microorganisms on items from contact with the sterilant or combine with and inactivate the sterilant.**

A. DEFINITIONS:

1. Decontamination: the process of removing disease-producing microorganisms and rendering the object safe for handling.
2. Immediate Use **Steam** Sterilization (IUSS): rapid steam sterilization of unwrapped instruments and accessories for immediate use in emergencies or when the only instrument available of its kind is contaminated.
3. Implant: tissue or material placed within the body with the intent of permanent or long-term retention. (i.e., over thirty days).
4. Steam Sterilization: saturated steam under pressure in a process that destroys all forms of microbial life including bacteria, viruses, spores, and fungi.
5. Liquid (Peracetic Acid) Sterilization: a method of sterilization used for items that are heat sensitive and can be immersed. Peracetic Acid (**Steris®**) processors are maintained and operated in the Operating Room Clean Utility Area and **Sterile Processing Department (SPD)**.

B. POLICY:

1. Decontamination and sterilization activities shall be done in compliance with current infection control standards, state and federal regulations and Tri-City Medical Center policies and procedures.
2. All autoclaves will be operated per manufacturer's instructions.
3. All Items will be thoroughly cleaned and rinsed prior to sterilization.
4. A Class V integrator will be placed in every basket/tray of instruments/equipment when performing Immediate Use **Steam** Sterilization.
5. Autoclave doors will be kept closed when not in use.
6. Items processed via IUS shall be used immediately and not stored.
7. Sterilizer function shall be monitored daily with mechanical, chemical, and biological indicators to meet all of the monitoring parameters established for each type of sterilizer.
8. A biological indicator (BI) shall be run with each load containing an implant. The results of the BI are reported to the surgeon as soon as available and documented on the Immediate Use Sterilization Log.
9. **Steris machines shall be tested daily, including both diagnostic and chemical tests.**
- 9-10. Sterilizer logs shall be kept for a period of seven (7) years.

C. PROCEDURE:

1. Thoroughly clean items prior to IUS, **according to manufacturer's instructions.**
2. **Immediate Use Steam Sterilization:**
 - a. Place items in an open bottom mesh pan, transfer pan or FlashPak for sterilization.
 - b. Place a Class V integrator in all pans.
 - c. Obtain two 3M Attest 1292 Rapid Readout Biological Indicators with the same lot number (brown cap, 3-hour readout) when item to be flashed is an implant.
 - i. Place one of the Biological Indicators in the load to be sterilized.

Department Review	Clinical Policies & Procedures	Nursing Executive Council	Infection Control Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
5/10;8/12; 8/15	5/10; 8/12, 9/15	8/12, 09/15	03/16	06/10; 10/12. 03/16	08/10; 11/12, 04/16	08/10;12/12

- ii. Set aside the second Biological Indicator to use as the control during incubation. This ampule is not run in the autoclave.
 - d. Select the appropriate sterilization cycle, **according to manufacturer's written instructions for Immediate Use Sterilization**. Follow **autoclave** manufacturer's written instructions to load sterilizer, close door, and select cycle for load contents. Cycles are:
 - i. Cycle 1: 4-minute Prevac Cycle (Express): For large amounts of instruments, porous items, instruments with lumens, linen lined pans, surgical implants.
 - ii. Cycle 2: 4-minute Prevac Cycle (20-minute dry): for wrapped loads; may occasionally be used if manufacturer lists these parameters as necessary for sterilization of a specific item; not usually used by OR staff for IUS.
 - iii. Cycle 3: 3-minute Gravity Cycle: For three or fewer single part, non lumened, non-porous instruments.
 - iv. Cycle 4: 10-minute Gravity Cycle: more than three metal instruments, instruments with lumens, porous items (i.e., rubber, plastic, glass).
 - v. ~~Steris System IE (Peracetic Acid): heat sensitive, immersible items such as endoscopes: 6 minutes at 45.5-60°C with sterilant, concentrations greater than 175ppm.~~
~~Power Equipment: IUS per manufacturer's instructions.~~
 - e. At the end of the sterilization process, the staff member who removes the load shall review and initial the print-con strip. At the end of the day the data strip is taped to the sterilizer log sheet as a permanent record.
 - f. If any of the parameters (i.e., time, temperature, pressure, **completion of cycle**) are not reached, the load is not sterile.
 - i. Circle the parameters that do not meet the acceptable standard.
 - ii. Notify the SPD Manager, the SPD Shift Supervisor, and/or the OR Assistant Nurse Manager/Designee of the sterilizer malfunction.
 - 1) Place tape across the sterilizer door with legendan "OUT OF SERVICE" sign.
 - 2) Notify Clinical Engineering (Ext. 7711).
 - 3) Enter a Work Order via TCMC Intranet.
 - 4) In surgery, make note on the schedule board and pass information at report.
 - 5) **DO NOT USE** the sterilizer until Clinical Engineering has completed repairs. **AND A major repair requires** three (3) successive Biological Tests and for the Pre-Vac cycle three (3) bowie dick tests have been returned as "NEGATIVE".
 - iii. Remove supplies from sterilizer and reprocess in another sterilizer.
 - iv. Document in the sterilizer log book that the load was aborted and reprocessed.
- 3. **Liquid (Peracetic Acid) Sterilization- Steris:**
 - a. **Assemble clean instruments in the appropriate Steris tray and tray insert, according to manufacturer's instructions.**
 - b. **Obtain appropriate quick connector (matched to manufacturer and equipment identification number) and connect to Steris tray and scope ports, if applicable. Ensure all ports/lumens of the device to be sterilized are attached to a connector.**
 - c. **Obtain Steris chemical indicator and attach to orange holder. Place in the Steris tray with the item to be sterilized.**
 - i. **Check expiration date of chemical indicator before use.**
 - ii. **Chemical indicator starts blue and turns pink when passing.**
 - d. **Place lid on the Steris tray insert.**
 - e. **Place Steris S40 sterilant container in sterilant chamber and insert aspirating probe according to manufacturer's instructions. Ensure tubing is not kinked.**
 - i. **Follow precautions for safe handling of peracetic acid according to manufacturer's instructions and Surgical Services Policy: Peracetic Acid: Disposal of.**

- f. **Close lid of Steris machine and press START to begin cycle.**
 - g. **Upon completion of cycle, check printout to ensure the cycle has completed and the following sterilization parameters have been met:**
 - i. **Temperature (45.5-60°C)**
 - ii. **Exposure time (6 minutes)**
 - iii. **Concentration (greater than 175)**
- 2.4. **Maintenance of sterility and during transport to the point of use.:**
- a. **Immediate Use Steam Sterilization:**
 - i. **Avoid traffic in the sub-sterile room when removing sterile items from the autoclave in the presence of un-masked personnel.**
 - ii. **Open the sterilizer door cautiously, and prepare to remove the sterilizer tray for transport to the operating room.**
 - 1) The circulating nurse shall hold the sub-sterile door open for the scrub person.
 - 2) The scrub person, with gown, gloves, and sterile hand towels, shall remove trays from the sterilizer.
 - 3) Drape a ring stand or prep stand with a sterile impervious drape to hold the trays prior to transfer to the sterile field.
 - iii. **At the sterile field (point of use), present or open the tray and inspect the Class V Integrator to ensure parameters have been achieved.**
 - 1) The scrub person must also verify the Class V Integrator strip changed color into the "pass" range before removing instruments from the container.
 - 2) The scrub person hands off the Class V Integrator strip to the circulating nurse to affix to the Immediate Use Sterilization log sheet.
 - iv. **If the Integrator did not change color into the "pass" range, the load is not considered sterile and must be run again.**
 - 1) If the indicator line has not moved past the "Accept/Reject" mark, on the second load, place the sterilizer "OUT OF SERVICE".
 - 2) Notify the SPD Manager, the SPD Shift Supervisor, and/or the OR Assistant Nurse Manager/Designee of the sterilizer malfunction.
 - 3) Place tape across sterilizer door with legend an "OUT OF SERVICE" sign.
 - 4) Notify Clinical Engineering (Ext. 7711).
 - 5) Enter a Work Order via TCMC Intranet.
 - 6) In surgery make note on the schedule board and pass information at report.
 - 7) **DO NOT USE** the sterilizer until Clinical Engineering has completed repairs. **A major repair requires AND** three (3) successive Biological Tests and for the Pre-Vac cycle three (3) bowie dick tests have been returned as "NEGATIVE".
 - b. **Steris:**
 - i. **Remove the sterilized tray insert from the Steris machine. Instruments that remain in the covered tray insert are sterile and may be delivered to the point of use.**
 - ii. **If applicable, ensure connector is still connected to the scope.**
 - iii. **Verify chemical indicator changed color into the pink acceptable color range.**
- 3.5. **If the item immediate use sterilized was an implant, the scrub person hands off the Biological Indicator to the circulating nurse, who places it along with the control BI ampule, into the incubator according to manufacturer's written instructions.**
- a. **Results must be read in 3 hours and reported to the implanting surgeon.**
 - b. **Implants sterilized via Immediate Use Sterilization shall be quarantined on the sterile field until results of the BI are obtained.**
 - c. **If a positive test Biological Indicator occurs, notify the surgeon and the OR Assistant Nurse Manager/Designee.**


- i. The OR Assistant Nurse Manager/Designee will notify the implanting physician (if not already aware) and the infection control practitioner.
- ii. The primary circulator must complete a Quality Review Report

D. DOCUMENTATION:

1. Document every load run in the autoclave on the appropriate Immediate Use Sterilization Log sheet. Information recorded from an IUSS cycle shall include:
 - a. Sterilizer number
 - b. Date
 - c. OR suite number
 - d. **Name and signature of person starting cycle and removing sterilized items at the end of the cycle**Initials of operator
 - e. Cycle number
 - f. Load contents
 - g. Identify if load contains implant
 - h. Print-Con strip record of cycle parameters (i.e., exposure time, temperature, pressure, vacuum)
 - i. Patient Identification label.
 - j. Class V integrator for IUS load is affixed to the log sheet
 - k. ~~Identify~~ Reason for IUS
 - l. ~~Biological Indicator Documentation~~ **information, if the load contains an implant:**
 - i. Incubator well numbers of test ampule and control ampule
 - ii. Date/Time/Initials when ampule's is placed in incubator
 - iii. Date/Time/Initials when test read/completed (3-hours)
 - iv. Test results ("+" or "-")
 - v. Control results ("+" or "-")
 - vi. Lot # of biological indicators.
2. **Document every load run in the Steris, including:**
 - a. **Steris machine ID**
 - b. **Date**
 - c. **Patient identification label**
 - d. **Cycle number**
 - e. **OR suite in which item will be used**
 - f. **Item sterilized**
 - g. **Affix processed chemical indicator**
 - h. **Reason for IUS**
 - i. **Initials of person sterilizing item**
- 2-3. Accurate and complete records are required for process verification, infection control monitoring, and sterilizer malfunction analysis.
3. ~~Sterilizer logs shall be kept for a period of seven (7) years.~~

E. REFERENCES:

1. ~~AORN Preoperative Standards & Recommended practices, 2011.~~ **Guidelines for Perioperative Practice (2015).**
- 1-2. **Rothrock, Jane. (2015). Alexander's Care of the Patient in Surgery, 15th Edition. Mosby.**

 Tri-City Medical Center	Distribution: Patient Care Services
PROCEDURE: MICROMEDEX CARENOTES	
Purpose:	To define the procedure for accessing Micromedex patient and/or family education handouts via Tri-City Medical Center (TCMC) Intranet.
Supportive Data:	CareNotes are patient education instructions accessed via TCMC intranet on a variety of healthcare topics to provide information to patients and/or their caregivers on individual health care needs. The CareNotes may also be assessed to assist TCMC staff when providing education to patients and/or their caregivers.. They are used in association with other existing patient education materials. CareNotes may be given to patients and their healthcare providers to provide appropriate information related to individual health care needs.
Equipment:	Computer with access to TCMC Intranet Printer linked to computer

A. **POLICY:**

1. Micromedex CareNotes may be used with other printed patient education to provide education information for patients and their family on diseases, surgical procedures, diets, medications laboratory information. ~~throughout their hospital stay and at discharge.~~

B. **DEFINITIONS:**

1. CareNotes Patient Education Handouts: Patient education handouts which provide disease, treatment, dietary, medications and laboratory information.
2. Drug Information: Patient education medication handouts
3. Keyword Search Tab: ~~An option, which~~ allows the user to search disease, medication, treatment, dietary, and laboratory handouts by relevant terminology. Options are limited by the topic selected.
4. Care and Condition Titles: ~~An option which allows the users to use an~~ alphabetical **categorized list of education** ~~to search for disease and treatment handouts~~
5. Drug Titles: ~~An option, which~~ allows the user to use an alphabetical list to search for medication handouts.
6. Lab Titles: ~~An option, which~~ allows the user to use an alphabetical list to search for selected laboratory and diagnostics handouts.
7. Hot List: A unit specific department customized lists of Micromedex handouts. The handouts are specific to physician instructions and/or to standards of practice.
8. **Customizing: Allows end users to insert patient specific-text in CareNotes which contain blanks.**
- 7.9. **Conversion Calculator: A calculator used by healthcare workers to convert different units of measurements.**

C. **PROCEDURE:**

1. Double click on the TCMC Icon of the main screen of a computer.
2. Select **Micromedex**(highlight) ~~Clinical References, located on the left hand side of the page.~~
3. Select **CareNotes** (highlight) ~~Micromedex Healthcare Series.~~
 - a. Select **the appropriate Topic tab. The Topic tabs include the following:**
 - i. **Keyword Search**
 - ii. **Hot Lists**
 - iii. **Care & Conditions Titles**
 - iv. **Drug Titles**
 - v. **Lab Titles**
4. ~~(highlight) CareNotes Patient Education Handouts or Drug Information.~~
5. Use the five tabs to navigate the system. From left to right, the following tabs are available:
 - a. ~~Keyword Search~~

Department Review	Clinical Policies & Procedures	Nurse Executive Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
8/03; 04/09	12/11, 02/16	12/11, 02/16	4/42n/a	2/12, 04/16	2/12

- ~~b. Hot Lists~~
 - ~~c. Care & Conditions Titles~~
 - ~~d. Drug Titles~~
 - ~~e. Lab Titles~~
 - ~~f. Print List~~
- 6.4. Keyword Search:
 - a. Type a the key word of the education topic i.e., disease, diet or condition name, then and select (click) Search.
 - b. Select the **appropriate** CareNote(s) from the Care and Condition Titles list then **select (click) Select Titles**.
 - c. Select the CareNote language from the Document Type. The Document Types vary based on the topic selected. The available Document Types are as follows:
 - i. General Information
 - ii. Inpatient Care
 - ~~c.iii. Ambulatory Care (i.e. English or Spanish).~~
 - ~~d. Select the CareNote instruction type:~~
 - ~~i. PreCare Instructions~~
 - ~~ii. AfterCare Instructions~~
 - ~~iii. Inpatient Care~~
 - ~~iv. Discharge Care~~
 - ~~v. DrugNotes~~
 - ~~e.d. Review the selected CareNote(s) by selecting (clicking) Print or Add to Print List.~~
 - ~~f.e. Print the CareNote(s).~~
 - ~~g. Department specific procedures may require the use of specific type of document and limits may restrict access to certain document types.~~
- 5. Care & Conditions: **Titles**
 - a. Select the Care & Conditions **category**topic.
 - b. Select the desired CareNote (s).
 - c. Select the CareNote language for the Document Type(i.e. English or Spanish).
 - d. Review the selected CareNote(s) by selecting (clicking) Print or Add to Print List.**
 - ~~e.e. Print the CareNote(s).~~
 - ~~d. Select the CareNote instruction type:~~
 - ~~i. PreCare Instruction~~
 - ~~ii. Aftercare Instruction~~
 - ~~iii. Inpatient Care~~
 - ~~iv. Discharge care~~
 - ~~v. DrugNotes~~
 - ~~e. Review the CareNote(s).~~
 - ~~f. Print the CareNote(s).~~
- 6. Drug Titles:
 - a. Select the alphabet corresponding to the desired **Drug Title i.e., medication**.
 - b. Select the medication from the ~~d~~Drug Titles list.
 - c. Select the CareNote language from the Document Type list (i.e. English or Spanish).
 - d. Review the selected CareNote(s) by selecting (clicking) Print or Add to Print List.**
 - e.e. Print the CareNote(s)**
 - ~~d. Select the CareNote instruction type.~~
 - ~~e. Review the CareNote(s).~~
 - ~~f. Print the CareNote(s).~~
- 7. Lab Titles:
 - a. Select the lab or diagnostic from the Browse Tests List or type the lab or diagnostic in the Jump to: box.
 - b. Click the Select button.
 - c. Select the CareNote language from the Document Type list (i.e. English or Spanish).
 - d. Review the selected CareNote(s) by selecting (clicking) Print or Add to Print List.**

- ~~c.e. Print the CareNote(s)~~
 - ~~d. Select the CareNote instruction type.~~
 - ~~e. Review the CareNote(s).~~
 - ~~f. Print the CareNote(s).~~
- 8. Hot Lists: Department specific procedures may require the use of a specific type of document and limits may restrict access to certain document types.
 - a. Select the Hot List tab.
 - b. Select your **department** unit, then select (click) **GO**.
 - c. Select the Hot List topic.
 - d. **Select the CareNote language from the Document Type list**
 - e. **Review the selected CareNote(s) by selecting (clicking) Print or Add to Print List.**
 - f. **Print the CareNote(s)**
 - ~~d. Review the contents of the selected topic.~~
 - ~~e.g. Print the CareNote(s).~~
- 9. Customizing:
 - 9.a. **Customizing of CareNotes is not allowed at TCMC.**
 - ~~a. Select the CareNote to open the document.~~
 - ~~b. Review the full text of the CareNote and type in patient specific information in the "Fill in the Blanks" field.~~
 - ~~i. The option to "Fill in the Blanks" may not be available on all units.~~
 - ~~c. Click on the "Print Now" button and proceed to the "Print Set Up" page or select the "Print Later" button to retain your customization and return to your "Print List" page.~~
 - ~~Update (remove)~~
- 10. **Conversion Calculator:**
 - a. **Select (click) Conversion Calculator**
 - b. **Enter the unit of measure requiring conversion**
 - c. **Select (click) Convert**
- ~~10. Printing CareNotes:~~
 - ~~a. Select a CareNote to print form the "Hot List" or any "Search Results" page.~~
 - ~~b. Select the check box next to the appropriate CareNote and select Print if only printing one document. Select "Print Later" if multiple documents will be printed.~~
 - ~~i. The user is able to select the "Print Later" option while viewing other CareNotes.~~
 - ~~c. Print Set-up:~~
 - ~~i. Select "Print Now", the user will be directed to the "Print Set-up" page.~~
 - ~~ii. The user has the option to further define the patient-specific information in the CareNote.~~
 - ~~1) Department specific limitations may restrict the following options:~~
 - ~~a) Patient Name: Type in the patient's name~~
 - ~~b) Caregiver Name: Type in the patient's caregiver's name~~
 - ~~c) Special Instructions: The user may type in additional instructions for the patient~~
 - ~~d) Signature Line: Space for the patient and the caregiver's signature~~
 - ~~e) Patient Education Record: Provides a list of documents given to the patient with special instructions, the patient and caregiver names and the date the document set was printed.~~
 - ~~iii. Select "Print Preview" to have an advance look at the CareNotes before printing.~~
 - ~~iv. Delete any undesired CareNotes.~~
 - ~~v. Print all CareNotes by clicking on the "Print" button on the "Print Set-up" page.~~
 - ~~vi. Once the CareNotes are printed, all custom and/or patient specific information is removed.~~
 - ~~vii. A separate sheet for the Patient Education record will print.~~

D. **DOCUMENTATION:**

1. Document patient and/or family receipt of the handouts on the Education All Topics powerform.

2. Document as appropriate for Behavioral Health Unit (BHU) or Neonatal Intensive Care Unit (NICU).
3. ~~Place a patient label and make a copy of all CareNotes, which have been customized by filling in the blanks. Place copy in the patient's medical record.~~

E. **LIMITATIONS:**

1. 3000+ CareNotes in several categories are available.
2. Department and/or location may limit limitations on access, customization, and printing. The Department Director has reviewed these limitations.
3. Physicians and Educators may request additions to the unit specific Hot Lists.
4. Educators, Shift Supervisors, and managers may customize CareNotes as needed.

E. **REFERENCES:**

1. ~~Reuters, Thomas. (2002-2009). Thomson micromedex carenotes system. Tri-City Medical Center Intranet. <http://www.thomsonhc.com/carenotes/librarian>~~ **Truven Health Analytics, Inc. (2016). Micromedex carenotes system. Retrieved from Tri-City Medical Center intranet.**

PATIENT CARE SERVICES POLICY MANUAL

ISSUE DATE: 07/11

SUBJECT: Obstetrical Patients, Triage

REVISION DATE: 03/12

POLICY NUMBER: IV.XX

Clinical Policies & Procedures Committee Approval: 12/1106/15
Nursing Executive Council Approval: 01/1207/15
Department of OB/GYN Approval: 12/15
Department of Emergency Medicine Approval: 01/16
Medical Executive Committee Approval: 02/1202/16
Professional Affairs Committee Approval: 03/1204/16
Board of Directors Approval: 03/12

A. PURPOSE:

1. To provide guidelines for determining appropriate disposition and treatment of obstetrical patients at different stages of gestational age who present to Labor and Delivery (L&D) and the Emergency Department (ED).

B. POLICY:

1. Obstetrical (OB) patients, with gestational age (GA) of greater than or equal to 20 weeks through 40 or more weeks will be evaluated in L&D for obstetrical issues.
 - a. Refer to Patient Care Services (PCS) Standardized Procedure: Medical Screening to Rule Out Labor.
 - b. Patients 20 weeks or greater presenting to ED for pregnancy related symptoms shall be transferred to L&D via a wheelchair or gurney avoiding supine position during transport.
 - b-c. Admission of a 16-20 week gestation pending loss of pregnancy will be considered on a case by case basis by the Charge Nurse in Labor and Delivery.**
2. Pregnant patients **with non-obstetrical complaints/concerns shall be evaluated and treated in the ED first. These situations** ~~excluded from triage in L&D~~ may include, but are not limited to:
 - ~~a. Patients with GA of less than 20 weeks regardless of reason for visit~~
 - ~~b. Regardless of GA, the following patients will be evaluated in the ED with collaboration with the OB physician and L&D charge nurse/designee:~~
 - a. Major trauma victims.
 - b. Patients involved in a motor vehicle crash with cervical spine precautions in place.**
 - ~~a-c. Patients with unstable airway, difficulty breathing, or painful breathing.~~
 - b-d. Patients with cardiac complaints.**
 - ~~c-e. Patients needing surgical procedures.~~
 - ~~d-f. Patients with orthopedic complications or ocular emergencies.~~
 - g. Patients with Infectious Perinatal Disease (Varicella, Parvovirus) or suspicious rash which may be contagious to other pregnant patient.
3. **The ED physician may consult and involve the OB physician and L&D Charge nurse at any time to coordinate perinatal evaluation as indicated.**
 - ii-a. This can involve a trained L&D Nurse performing external fetal monitoring evaluation in the ED or the stable patient being transported to the L&D unit for monitoring.**
- ~~3-4.~~ Patients less than 20 weeks GA will be seen in the ED pursuant to ED protocols. OB consult shall be obtained as deemed necessary by the ED physician.
- 4-5. Patients who present to the ED whose delivery is imminent or "in the process of delivering" shall be delivered in the ED. If the ED staff **requires** ~~need~~ help from an available OB

- physician/Certified Nurse Midwife, the Public Branch Exchange (PBX) operator shall be notified to generate a STAT overhead page for "any OB to the ED, Station XX."
- a. Refer to the PCS Standardized Procedure: Precipitous Vaginal Delivery.
- 5-6. Patients with a gestational age less than 20 weeks, who present to L&D, will be escorted to the ED for evaluation.
- a. The L&D charge nurse/designee shall notify the ED charge nurse/designee of the patient's disposition, including any medical information revealed by the patient or her family.
- 6-7. Evaluation of patients less than 20 weeks gestation may occur in L&D at the joint discretion of the Attending OB Physician and the shift L&D charge nurse/designee; such conditions may include, but are not limited to:
- a. Pyelonephritis
- b. Diabetes
- c. Uncontrolled asthma
- d. Pneumonia
- e. Incompetent cervix
- e-f. **Inevitable/ Active miscarriage**
- 7-8. When an obstetrical patient has delivered her newborn outside of the hospital and presents to ED, the ED staff shall:
- a. ~~Notify L&D and the Neonatal Intensive Care Unit (NICU) assistant nurse managers (ANM)/charge nurses/designee~~
- a. Assess mother and newborn **immediately to determine stability.**
- b. **Notify L&D and the Neonatal Intensive Care Unit (NICU) Assistant Nurse Manager (ANM)/charge nurses/designee of expected admissions.**
- b.
- c. Band the mother and newborn before disposition to the appropriate departments.
- i. Refer to PCS Procedure: Identification of Newborns.
- 8-9. If the patient is being transported by ambulance, and both mother and newborn appear stable, **based on the Paramedic/ field reports**, the ED triage nurse shall:
- a. Notify L&D and the NICU ANM/charge nurse/designee **of the expected time of arrival for these direct admissions.**
- b. Care of the mother and newborn will be directed by the L&D ANM/charge nurse/designee, including responsibility to:
- i. Notify the patient's OB provider or OB on "unassigned call" **and Pediatrician or Pediatrician on call**, if patient does not have a provider on staff.
- 9-10. If the patient is being transported by ambulance, and mother and/or newborn are not in stable condition, the ED triage nurse shall:
- a. Notify L&D and the NICU- ANM/charge nurse/designee, **of the need to have the so that the NICU team and attending OB provider or OB on "unassigned call"- and L&D Nurse can be present in the ED upon arrival of the mother to provide specialty assistance, if indicated. and/or newborn.**
- b. **Initiate a Code Caleb for the newborn, per patient care services PCS pPolicy; Code Caleb Team Mobilization.**

C. **RELATED DOCUMENTS:**

- a-1. **PCS Policy: Code Caleb Team Mobilization**
2. **PCS Procedure: Identification of Newborns**
3. **PCS Standardized Procedure: Medical Screening to Rule Out Labor**
4. **PCS Standardized Procedure: Precipitous Vaginal Delivery**

PATIENT CARE SERVICES

ISSUE DATE: 12/11

SUBJECT: Point of Care (POC) New Test/Method
Request and Implementation

REVISION DATE:

POLICY NUMBER: IV.BB

Department Approval:	04/15
Clinical Policies & Procedures Committee Approval:	12/1105/15
Nurse Executive Council Approval:	01/1205/15
Department of Pathology Approval:	03/1203/16
Pharmacy and Therapeutics Approval Date(s):	n/a
Medical Executive Committee Approval Date(s):	n/a
Professional Affairs Committee Approval:	05/1204/16
Board of Directors Approval:	05/12

A. PURPOSE:

1. To ensure that:
 - a. POC testing meets the needs of the patients served, is performed correctly by non-laboratory staff, and is cost effective.
 - b. POC testing is approved by the appropriate committees at a hospital level before implementation.
2. Devices, tests, and analytes available as POC testing are continually improving and expanding. However, POC testing is not appropriate for use in all situations. New test and method requests must be evaluated before implementation.

B. POLICY:

1. POC testing is under the direction, authority, jurisdiction and responsibility of the Laboratory Medical Director.
2. Any patient testing, including testing that is performed outside of the clinical laboratory by non-clinical personnel, must conform to state and federal regulations. The Clinical Value Analysis Team (CVAT) reviews all requests for new testing. Once approved by the CVAT, the laboratory and POC Department will establish standards for POC testing, evaluate POC devices or tests before implementation, and monitor all POC testing sites for compliance.
3. Requestors must complete and submit the form "Request for Approval of New POC Test/Method" to POC Coordinator (POCC) and/or Lab Leadership Team.
 - a. The front of the form explains the extent and use of desired testing, and must be filled out in full by the requesting department.
 - b. The back of the form evaluates the financial impact of testing. This can be completed with assistance from the POCC, but the requesting department must be fully aware of all costs involved.
4. Requestors must then submit to the Clinical Value Analysis Team according to current CVAT policies. CVAT reviews all requests for new POC testing taking into consideration the following aspects:
 - a. Medical need for decreased turn around time
 - b. Procedure complexity
 - c. Regulatory compliance
 - d. Ongoing competency
 - e. Cost
5. Following approval for consideration, the POCC and Lab Leadership Team assigns oversight to the appropriate personnel who will:

- a. Assess available technology for the requested test by contacting vendors.
 - b. Evaluate and make recommendation to the POC Committee.
 - c. Perform test method validation according to regulatory requirements and obtain approval by the Laboratory Medical Director.
 - d. Create written policies/ procedures that are clear to users and meet all regulatory requirements.
 - e. Establish quality control policy to be followed by testing personnel with regular review of data by responsible staff.
 - f. Enroll in appropriate proficiency testing or establish alternative proficiency testing if needed.
 - g. Ensure testing personnel are trained and demonstrate competency prior to performing patient testing.
 - h. Request **Lab Information System** or **Information System** input, if needed.
 - i. Communicate to physicians new test availability.
 - j. The Laboratory Medical Director and POCC review and approve all data for test implementation prior to patient testing. The Lab Medical Director is involved in the selection of all equipment and supplies, in accordance with College of American Pathology (CAP) regulations.
6. CAP requirements for POC testing include the following general items. Refer to the POCC and current CAP POC testing checklist for specific requirements.
 - a. Proficiency testing is performed at intervals determined by the subscribed survey, in a timely manner, as similar to patient testing as possible, by personnel who perform patient tests, and rotated among all testing personnel.
 - b. Testing Personnel must adhere to manufacturer instructions and written procedure.
 - c. Results are reported in the medical record. Critical Results are handled appropriately.
 - d. Reagents are stored properly. New lots and shipments are evaluated appropriately before use.
 - e. Equipment maintenance is performed and documented to meet manufacturer requirements.
 - f. Personnel must be trained and competency assessed **according to the current Point of Care Testing Competency Assessment Policy** upon hire, ~~6 months after hire, 12- months after hire, and annually thereafter. Depending on test complexity, 2 to 6 elements of complexity must be evaluated.~~
 - g. Quality Controls are performed and documented at required intervals.
7. Managers overseeing departments performing POC testing must understand and support the Federal/ State/ Agency/ and Organizational standards. The following statement must be read and agreed to, and signed on the form 'Request for Approval of New POC Test/Method':
 - a. I have read and understand the "POC New Test/Method Implementation" Policy and the CAP requirements for POC testing. I am qualified as a manager and will assume responsibility for testing, including all aspects of training and certification of personnel, quality controls, proficiency testing, competency checks, routine instrument maintenance, recording of all test results and all other required documentation. I also understand that all supplies are the responsibility of the performing department. The privilege to perform testing will be removed if requirements are not met and maintained.

C. **REFERENCES:**

1. College of American Pathology. CAP Accreditation Program. Point of Care Testing Checklist Tri-City Medical Center, CAP Number: 2317601. Version: ~~06.17.2010~~**04.21.2014**.
2. College of American Pathology. CAP Accreditation Program. Team Leader Assessment of Director and Quality Checklist Tri-City Medical Center, CAP Number: 2317601. Version: ~~06.17.2010~~**04.21.14**.

D. **ATTACHMENTS:**

1. Request for Approval of New Point of Care Test/Method
2. Refer to current forms required by CVAT.

PATIENT CARE SERVICES POLICY MANUAL

ISSUE DATE: 12/01 **SUBJECT:** Point of Care Testing

REVISION DATE: 6/03, 8/05, 11/06, 7/08, 5/10, 3/12 **POLICY NUMBER:** IV.K

Department Approval:	04/15
Clinical Policies & Procedures Committee Approval:	04/4205/15
Nursing Executive Council Approval	04/4205/15
Department of Pathology Approval:	03/16
Pharmacy and Therapeutics Approval Date(s):	n/a
Medical Executive Committee Approval Date(s):	n/a
Professional Affairs Committee Approval:	07/4204/16
Board of Directors Approval:	07/12

A. POLICY:

1. Point of Care Testing (POCT) refers to analytical patient testing activities provided by Tri-City Medical Center (TCMC), but performed outside the physical facilities and by personnel other than those of the main clinical laboratory.
 - a. Synonyms for POCT include alternate site testing, waived testing, near-patient testing, bedside testing, and decentralized testing.
 - b. POCT may be classified by the FDA and CLIA as waived or moderate complexity.
2. All POCT procedures are under the direction, authority, jurisdiction, and responsibility of the Laboratory Medical Director.
3. Responsibilities of the Medical Director to review quality control records on a periodic basis may be delegated to lab supervisory staff.
4. The use of POCT procedures and waived testing will be assessed by the Laboratory Medical Director to determine the extent to which the tests will be used for diagnosis, treatment or screening and whether follow-up confirmation is required.
5. See Attachment A for the POCT procedures approved by the Medical Director for testing under the TCMC Laboratory Clinical Laboratory Improvement Amendments (CLIA) license.
6. The Laboratory POCT Coordinator has the authority to oversee the training and quality of all POCT procedures.
7. Clinical POCT Personnel must meet all regulatory requirements of the Laboratory's accrediting agency (College of American Pathologists).
8. Clinical Managers, Assistant Nurse Managers/designee, and testing personnel shall be responsible for the day-to-day operational activities of POCT procedures including the performance and recording of quality control, any necessary corrective action, occasional mandatory proficiency testing assigned by the lab, and routine maintenance procedures.
9. POCT procedures may be performed by a clinical practice professional with appropriate orientation, training, and competency validation. Competency shall be evaluated upon hire, 6 months after hire, 12 months after hire and annually thereafter. Competency must be documented and records retained in the personnel file.
10. Review skills, major procedural changes, and problem prone areas annually through skills lab, as needed through department or hospital wide notices or trainings, or on an individual basis.
11. Each unit is responsible for maintaining the supplies/equipment necessary for POC testing.
12. Written policies and procedures for each POCT will be current and will include the following components:
 - a. Principle and clinical significance
 - b. Patient identification and preparation

- e. ~~Specimen type, collection, identification (ID), labeling, preservation~~
- d. ~~Test procedure, step by step~~
- e. ~~Reagent storage, preparation, and use, including not using after expiration~~
- f. ~~Calibration and calibration verification~~
- g. ~~Quality control and corrective action~~
- h. ~~Reference range~~
- i. ~~Critical values~~
- j. ~~Need for confirmatory testing or follow-up~~
- k. ~~How to report and document results, including not reporting unless Quality Control (QC) is acceptable and documented~~
- l. ~~Limitations, interfering substances~~
- m. ~~Instrument maintenance and calibration~~
- n. ~~What to do if the system becomes inoperable~~
- e. ~~Equipment performance evaluation~~
- p. ~~Applicable literature references~~

B. ~~CROSS REFERENCES: [Find procedures on the TCMC intranet> Policies and Procedures>Patient Care Services or Point of Care]~~

- 1. ~~Patient Care Services Procedures:~~
 - a. ~~ACT Testing using Medtronic ACT Plus~~
 - b. ~~Hemoglobin using the HemoCue HB-201 Analyzer~~
 - c. ~~Measuring Occult Blood in Stool and Gastric Contents~~
 - d. ~~Nitrazine Test on Vaginal Fluid~~
 - e. ~~Urine Chemistry Using a Dipstick, Measuring~~
 - f. ~~Urine Dipstick Analysis using Bayer Clinitest Status~~
 - g. ~~Whole Blood Glucose Testing Using the Sure Step Flexx Meter~~
 - h. ~~Siemens Rapidpoint 405~~
 - i. ~~Quality control Procedures for POC Waived Testing~~
- 2. ~~Point of Care Procedures~~
 - a. ~~Ferning Test Examination of Vaginal Fluid~~
 - b. ~~HMS Plus Hemostasis Management System: Activated Clotting Time, Heparin Assay, Heparin Dose Response~~
 - c. ~~Whole Blood PT/INR using the Roche CoaguChek XS Plus Meter~~
 - d. ~~Urine Pregnancy/HCG test: Beckman Coulter Icon 25~~

Attachment A

POC Test:	FDA / CLIA Complexity:	Test used for Screening/Diagnosis*/ Treatment	Lab Confirmation/Follow up Required?	Procedure:
Activated Clotting Time, Heparin Dose Response, Heparin Assay	Moderate	T	No.	ACT Testing using Medtronics ACT Plus HMS Plus Hemostasis Management System: Activated Clotting Time, Heparin Assay, Heparin Dose Response
Blood Gas	Moderate	T	No.	Siemens Rapidpoint 405
Ferning	Moderate	S D T	No.	Ferning Test Examination of Vaginal Fluid
Glucose, whole blood	Waived	T	Yes. For critical results	Whole Blood Glucose Testing using the SureStep Flexx Meter
HCG, urine	Waived	SDT	No.	Urine HCG Analysis using the Siemens Clinitek Status
Hemoglobin	Waived	T	Yes. For critical results	Hemoglobin using the HemoCue HB 201 Analyzer
INR, whole blood	Waived	T	Yes. For high results	Whole Blood PT/INR using the Roche CoaguChek XS Plus Meter
Nitrazine	Waived	S D T	No.	Nitrazine Test on Vaginal Fluid
Occult Blood; Gastric, Fecal	Waived	S	No	Measuring Occult Blood in Stool and Gastric Contents
Rupture of Membranes, Amnisure	Moderate	D T	No.	Placental Alpha-1Microglobulin (PAMG1)—Amnisure test for Rupture of Fetal Membranes (ROM)
Urine Dipstick	Waived	S D T	No.	Urine Chemistry using a Dipstick, Measuring Urine Dipstick Analysis using Siemens Clinitek Status

* Diagnosis in conjunction with other clinical and laboratory findings.



Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES-POLICY MANUAL

ISSUE DATE: 3/02

SUBJECT: Staffing Requirement, Development
of

REVISION DATE: 6/03, 12/03, 6/05, 7/06, 8/08, 03/11, 3/12
POLICY NUMBER: VIII.B

Clinical Policies & Procedures Committee Approval: 04/1203/16

Nursing Executive Committee Approval: 04/1203/16

Professional Affairs Committee Approval: 07/1204/16

Board of Directors Approval: 07/12

A. **POLICY:**

1. Staffing Grid requirements shall be developed for each nursing unit ~~by the Directors and Clinical/Operations Managers~~ and approved by the Chief Nurse Executive annually during the budgetary process.
2. Budgeted staffing requirements shall be based on hours of nursing care to be delivered per patient day, patient delivery system, patient care requirements, minimum staffing requirements, average acuity, ratios, and projected average daily census.
3. Budgeted staffing requirements shall be reviewed at least once per year by the Directors and Clinical Operations Managers at the time of the budget process and revised if indicated by the staffing plan evaluation process.
4. Once staffing requirements are determined, master staffing plans are developed **with Finance** ~~by the Staffing Resource Office~~ in collaboration with management and approved by the Chief Nurse Executive.
5. Master staffing plans shall include the following elements:
 - a. Department
 - b. Staffing Summary required by census level or volume
 - c. Projected skill mix requirements
6. Productive hours worked per patient day shall include: Assistant Nurse Managers, RNs, ACTs, Techs, Unit Secretaries, Clinical/Operations Managers, Clinical Educators, and Directors. Non-productive hours worked per calendar day shall include: orientation, education time, jury duty, Paid Time Off (PTO), and bereavement and are tracked in the budgets.
7. Current Staffing Grids are ~~published~~ **available on the intranet.** ~~in the Staffing Reference Manual available in the Staffing Resource Center.~~

PATIENT CARE SERVICES

ISSUE DATE: NEW

SUBJECT: Sterile Aseptic-Technique

REVISION DATE(S):

Department Approval Date(s):	06/15
Clinical Policies and Procedures Approval Date(s):	09/15
Nurse Executive Committee Approval Date(s):	09/15
Operating Room Committee Approval Date(s):	01/16
Infection Control Committee Approval Date(s):	03/16
Pharmacy and Therapeutics Approval Date(s):	03/16
Medical Executive Committee Approval Date(s):	03/16
Professional Affairs Committee Approval Date(s):	04/16
Board of Directors Approval Date(s):	

A. PURPOSE:

1. To provide guidelines for establishing and maintaining a sterile field.

B. DEFINITIONS:

1. **Sterile:** The absence of all living microorganisms. **Synonym:** aseptic.
2. **Sterile field:** The area surrounding the site of the incision or perforation into tissue, or the site of introduction of an instrument into a body orifice that has been prepared for an invasive procedure. The area includes all working areas, furniture, and equipment covered with sterile drapes and drape accessories, and all personnel in sterile attire.
3. **Sterile technique:** The use of specific actions and activities to prevent contamination and maintain sterility of identified areas during operative or other invasive procedures.

B.C. STERILE FIELD:

1. A sterile field shall be constantly monitored and maintained.
 - a. Sterile fields shall be prepared as close as possible to the time of use.
 - b. The sterile field should be prepared as ~~close~~ **near** as possible to the location where it will be used.
 - c. Sterile fields may be covered with a sterile drape if there is an unanticipated delay, or during periods of increased activity.
 - i. When sterile fields are covered, they shall be covered in a manner that allows the cover to be removed without bringing the part of the cover that falls below the sterile field above the sterile field.
 - d. Unguarded sterile fields shall be considered contaminated.
 - e. Every team member shall observe for events that may contaminate the sterile field and initiate corrective action.
 - f. Conversation shall be minimal in the ~~operating room~~ **presence of a sterile field**.
 - g. Non-perforating devices shall be used to secure equipment to the sterile field.
 - h. Non-sterile equipment brought into or over the sterile field shall be draped with sterile material.
 - i. ~~Isolation technique should be used during bowel surgery and during procedures involving resection of metastatic tumors.~~
2. Sterile drapes shall be used to establish a sterile field.
 - a. Surgical drapes shall be selected according to Association of ~~p~~Peri~~O~~perative Registered Nurses (AORN) recommended practices for protective barrier materials.

- b. Sterile drapes shall be placed on the patient and on all furniture and equipment to be included in the sterile field.
 - c. Sterile drapes shall be handled as little as possible.
 - d. During draping, the draping material shall be compact, held higher than the ~~Operating Room (OR) bed~~**surface to be draped** and draped from the operative/**procedural** site to the periphery.
 - e. During draping, sterile gloves shall be protected by cuffing the draping material back over the hand.
 - f. Once the sterile drape is placed in position, it shall not be moved.
3. Items used within the sterile field shall be sterile.
- a. Packaging materials shall meet AORN recommended practices for selection and use of packaging systems.
 - b. Methods of sterilization, storage and handling of sterile items shall meet AORN recommended practices for disinfection, storage and handling.
 - c. All items presented to the sterile field shall be checked for expiration date, correct size/style, proper packaging, processing, moisture, seal integrity, package integrity, and appearance of sterilization indicator.
4. All items introduced onto the sterile field shall be opened, dispensed and transferred by methods that maintain sterility and integrity.
- a. Vendors/Industry Representatives are not allowed to ~~pass~~**open** sterile implants, **instruments** or supplies onto the sterile field.
 - b. When opening wrapped supplies, unscrubbed persons shall open the wrapper flap farthest away from them first, then the side flaps, and the nearest flap last.
 - c. Wrapper edges shall be secured when supplies are presented to the sterile field.
 - d. Sterile items shall be presented to the scrubbed person or placed securely on the sterile field.
 - e. Sharp or heavy objects shall be presented to the scrubbed person or opened on a separate surface, to avoid making a hole in the sterile barrier.
 - f. If organic material (e.g. blood, hair, tissue, bone) or other debris is found on an instrument or item in a sterile set, the entire set is considered contaminated and personnel should take corrective actions immediately, including, at a minimum, removing the entire set and any other items that may have come into contact with the contaminated item from the sterile field and changing gloves of any team members ~~for~~**who** may have touched the contaminated items.
 - g. When dispensing solutions to the sterile field, the entire bottle contents shall be poured into the receptacle and/or the remainder discarded.
 - i. **Solutions and medications shall be labeled on the sterile field per Patient Care Services Procedure: Labeling Medication/Solutions On and Off a Sterile Field.**
 - ii. Solution receptacles shall be placed near the edge of the table, or held by the scrubbed person.
 - iii. Solutions shall be poured slowly to avoid splashing.
 - iv. Sterile transfer devices (i.e., sterile vial spike) shall be used when transferring medications or solutions to the sterile field.
 - v. Stoppers shall not be removed from vials for the purpose of pouring medications unless specifically designed for removing and pouring by the manufacturer.
 - vi. The edge of the container should be considered contaminated after the contents have been poured.
5. All persons moving within or around a sterile field shall do so in a manner to maintain the integrity of the sterile field.
- a. Scrubbed persons shall remain close to the sterile field and shall not leave the room.
 - b. Scrubbed persons shall keep arms and hands at or above the level of the sterile field.
 - c. Scrubbed persons shall avoid changing levels and shall be seated only when the entire surgical procedure will be performed at this level.

- d. Scrubbed persons shall change positions by moving face-to-face or back-to-back, maintaining a safe distance between each other.
- e. Scrubbed persons shall always face the sterile field.
- f. Unscrubbed persons shall face sterile areas, maintaining an awareness of distance so as to avoid contacts with sterile areas.

G.D. SURGERY/INVASIVE PROCEDURE AREAS

- 1. All members of the surgical team shall demonstrate competence in understanding the basic principles and practices of aseptic technique.
- 2. All personnel entering the Operating Room (OR) or invasive procedure room for any reason shall wear clean scrub attire and head cover according to Patient Care Services Policy Surgical Attire.
- 3. Personnel shall perform hand hygiene before entering the OR or invasive procedure room where sterile supplies have been opened.
- 4. Personnel shall wear a clean surgical mask that covers the mouth and nose and is secured in a manner to prevent venting when open sterile supplies are present and when preparing, performing, or assisting with surgery or invasive procedures.
- 5. Scrubbed persons shall wear sterile gowns and gloves.
 - a. Materials for gowns shall be selected according to recommended practices for protective barrier materials.
 - b. Surgical hand scrubs/surgical hand asepsis shall be performed before donning sterile gown and gloves.
 - c. The scrubbed person shall don sterile gown and sterile gloves from a sterile field away from the main instrument table.
 - d. Sterile gowns shall be considered:
 - i. Sterile from the chest to the level of the sterile field on the front of the gown
 - ii. Sterile sleeves from two inches above the elbow to the cuff, circumferentially
 - iii. Unsterile at the neckline, shoulders, underarm, back and sleeve cuff
 - e. The scrubbed person shall inspect gloves for integrity after donning them.
 - i. The preferred method for changing contaminated gloves is for one member of the sterile team to glove the other.
 - ii. The alternative method for changing contaminated gloves is by the open-glove method.
 - f. Surgical gloves worn during invasive surgical procedures should be changed:
 - i. After each patient procedure
 - ii. When suspected or actual contamination occurs
 - iii. After touching surgical helmet system hood or visor
 - iv. After adjusting optic eyepieces on the operative microscope
 - v. Immediately after direct contact with methyl methacrylate
 - vi. When gloves begin to swell, expand, and become loose on the hands as a result of the material's absorption of fluids and fats
 - vii. When a visible defect or perforation is noted or when a suspected or actual perforation from a needle, suture, bone, or other object occurs
 - viii. Every 90 to 150 minutes
- 6. **Isolation technique should be used during bowel surgery and during procedures involving resection of metastatic tumors.**

E. RELATED DOCUMENTS:

- 1. **Patient Care Services Procedure: Labeling Medication/Solutions On and Off a Sterile Field**
- ~~2.~~ **Patient Care Services Policy: Surgical Attire**

F. REFERENCES:

- 1. AORN Guidelines for Perioperative Practice, 2015 Edition.

PATIENT CARE SERVICES

ISSUE DATE: NEW

**SUBJECT: Wound Classification During
Surgical Intervention**

REVISION DATE(S):

Department Approval Date(s):	06/15
Clinical Policies and Procedures Approval Date(s):	07/15
Nurse Executive Committee Approval Date(s):	07/15
Operating Room Committee Approval Date(s):	01/16
Infection Control Committee Approval Date(s):	03/16
Pharmacy and Therapeutics Approval Date(s):	n/a
Medical Executive Committee Approval Date(s):	03/16
Professional Affairs Committee Approval Date(s):	04/16
Board of Directors Approval Date(s):	

A. PURPOSE:

1. To classify all wounds according to the likelihood and degree of wound contamination at the time of surgical intervention.

B. SUPPORTIVE DATA:

1. The American College of Surgeons' definitions of Surgical Wound Infections (SWI) should be used for routine surveillance because of their current widespread acceptance and reproducibility.
2. A wound can be considered infected if purulent material drains from it, even if a culture is negative or not taken.
3. A positive culture does not necessarily indicate infection since many wounds, infected or not, are colonized by bacteria.
4. Infected wounds may not yield pathogens by culture because the pathogens are fastidious, culture techniques are inadequate, or the patient has been treated.
- 4.5. **Wound classification shall be addressed at the end of the case as it may have changed since the start of the case.**

C. CLASSIFICATIONS:

1. Clean Wound, Class I
 - a. Uninfected operative wounds in which no inflammation is encountered, and neither respiratory, alimentary, genitourinary tracts, nor oropharyngeal cavity is entered.
 - b. Cases are elective, primarily closed, and if necessary, drained with closed drainage.
 - c. Operative incisional wounds that follow non-penetrating (blunt) trauma should be included in this category if they meet the criteria.
2. Clean-Contaminated Wound, Class II
 - a. Operative wounds in which the respiratory, alimentary, or genitourinary tract is entered under controlled conditions and without unusual contamination.
 - b. Specifically, operations involving the biliary tract, appendix, vagina, and oropharynx are included in this category, provided no evidence of infection or major break in sterile technique is encountered.
 - c. All clean returns to surgery.
 - d. Any tube that involves a skin incision.
3. Contaminated Wounds, Class III
 - a. Include open, fresh, accidental wounds, a chest tube, operations with major breaks in sterile technique or gross spillage from the gastrointestinal tract, and incisions in which

acute, non-purulent inflammation is encountered. **Including necrotic tissue without evidence of purulent drainage (ie: dry gangrene).**

4. Dirty And Infected Wounds, Class ~~IV~~IV

- a. These include old traumatic wounds with retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.

~~5. Unknown~~

- ~~a. This classification will be used when the status of a wound cannot be determined utilizing the above criteria.~~

6-5. Not Applicable

- a. When there is no wound, i.e. for such procedures as:
 - i. Closed reductions (where there is no break in the skin)
 - ii. Examination Under Anesthesia (EUA)
 - iii. Esophageal Dilatation

**ENGINEERING
GENERAL ADMINISTRATIVE**

SUBJECT: Breached Medical Gas Lines

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. Any medical gas lines that are repaired, added or replaced shall be tested for purity and contamination before being allowed for patient usage.
2. This policy includes oxygen, nitrous oxide and medical air.
3. All documentation of testing will be retained in the Engineering Department and a copy to Administration. ~~A copy will also be forwarded to the department that the repair, replacement or addition was made in.~~
4. All testing will be **scheduled by Projects Department** and performed by a Certified Medical Gas Testing Company.



Tri-City Medical Center
Oceanside, California

**ENGINEERING
GENERAL ADMINISTRATIVE**

<p>_____</p> <p>TRI-CITY MEDICAL CENTER</p> <p>Engineering Policy & Procedure</p>	<p>Section: ENGINEERING DEPARTMENT</p> <p>Subject: Outside Contractors - Hazard Communications Program</p> <p>Policy Number: 1009 Page 1 of 1</p>
<p>Department: Engineering Department</p>	<p>EFFECTIVE: 9/94</p> <p>REVISED: 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12</p>

SUBJECT: **Outside Contractors - Hazard Communications Program**

ISSUE DATE: 9/94

REVIEW DATE(S):

REVISION DATE(S): 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. POLICY:

1. It is the responsibility of the contracting engineer to provide on-site contractors with the following information:
 - a. Hazardous chemicals to which they may be exposed while on the job site.
 - b. Precautions the contractor and his/her employees may take to lessen the possibility of exposure by usage of appropriate protective measures.
2. It is the responsibility of the contracting engineer to contact each contractor before work is started to gather and disseminate information concerning hazards which the contractor will bring into the workplace.
3. Compliance with the OSHA Hazard Communications Standard is certified by:

Name, Title

Date



Tri-City Medical Center
Oceanside, California

**ENGINEERING
GENERAL ADMINISTRATIVE**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: Outside Contractors Working in the Facility Policy Number: 1008 Page 1 of 2
Department: Engineering	EFFECTIVE: 9/94 REVISED: 1/97; 5/00; 5/03; 10/05; 6/09, 8/11, 6/12

SUBJECT: Outside Contractors Working in the Facility

ISSUE DATE: 9/94

REVIEW DATE(S):

REVISION DATE(S): 1/97, 5/00, 5/03, 10/05, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. POLICY:

1. All ~~outside contractors~~ will coordinate all work within Tri-City Medical Center ~~Healthcare District Facilities~~ with the Engineering before beginning work.

B. PROCEDURE:

1. Before beginning work, all ~~outside contractors~~ shall check in at the Engineering office to obtain ID badges. The outside contractor will supply the following information: -scope of work, authorization, duration and any pertinent information that is required.
2. All contractors who need to be in the hospital for more than four hours are required to view the ~~safety tapes~~ **infection control video** and take **hospital orientation**. ~~the test.~~
3. All contractors shall follow the hospital infection control policy.
4. All contractors shall work as professionally as possible so as not to aggravate patients, staff and visitors.
5. All contractors shall follow the hospital smoking policy.
6. If special parking is required, permission shall be granted and coordinated through Engineering.
7. All contractors are to maintain their work area as clean as possible while working and clean up thoroughly when finished.
8. If any utilities or critical systems are to be interrupted, notification of Engineering personnel is mandatory. Engineering personnel will in turn assist.
9. All contractors are asked to use competent subcontractors on hospital projects. Poor work practice will not be tolerated.
10. All contractors are expected to use courtesy. Loud and abusive language will not be tolerated.
11. Contractors must provide assurance not to block corridors and fire exits.
12. Any life safety code violations incurred during construction or renovation will result in close

coordination with Engineering's interim life safety measures. ~~These measures are required by JCAHO.~~

13. All contractors working above the ceiling are required to replace all disturbed ceiling tile.
14. Any work involving penetration of firewalls needs to obtain Fire Wall Penetration Permit from Engineering Department. All penetrations in fire/smoke partitions are to be sealed with fire caulk and inspected by Engineering staff before final payment is made.
- 44.15. **Any hot work requires a Hot Work Permit that can be obtained at Engineering.**
- 45.16. Upon completion of daily activities contractors are asked to check out and report progress to Engineering.

**ENGINEERING
GENERAL ADMINISTRATIVE**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: Daily Journal Policy Number: 1010 Page 1 of 1
Department: Engineering	EFFECTIVE: 11/87- REVISED: 10/94; 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12

SUBJECT: Daily Journal

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 10/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. The purpose of this instruction is to develop and execute a standard procedure to record and maintain a permanent record of significant occurrences within Engineering **Department**. The journal will be kept in the **P**lant **e**Operations division of Engineering.

B. PROCEDURE:

1. The journal contains a log sheet for each day of the year.
2. The following procedures and information will be included in the journal:
 - a. ~~Record of daily routine inspection and notes from the Engineering Log.~~
 - b.a. **All equipment**Major machinery inoperative due to failure, estimate of time for completion of repairs and when the major piece of **equipment**machinery has been repaired or the maintenance completed.
 - c.b. Major machinery**equipment** in operation or shifted.
 - d. ~~Entry of weekly tests and inspections conducted should correspond with the daily weekly test inspections schedule.~~
 - e.c. ~~Entry of the status of Ttests and/or inspections., satisfactory or unsatisfactory (State reason for unsatisfactory test, etc.).~~
 - f.d. Report of injury and cause to personnel in the Engineering.
 - 3.e. Safety hazards shall be entered in the journal and the appropriate corrective action taken.
 - 4.f. ~~Record in journal major~~Service calls or inspections by contract insurance **company** ~~and/or other regulatory agencies that are visiting the hospital.~~
 - 5.3. Journal will start with the beginning of each shift.
 - 6.4. All department personnel will coordinate with "duty engineer" the entries of significance that

should be recorded in the journal at the end of the working shift.

- 7.5. Entries shall be made in ink - no erasures. If a change is to be made, draw a line through the item and put your initials beside it.
- 8.6. The journal will be reviewed by ~~Engineering Manager~~ **Facilities Manager** or on a regular basis to insure all significant problems, safety hazards or recommendations have his/her designee on a regular basis to insure all significant problems, safety hazards or recommendations have been properly resolved.



Tri-City Medical Center
Oceanside, California

**ENGINEERING
OPERATIONS**

<p>TRI CITY MEDICAL CENTER Engineering Policy & Procedure</p>	<p>Section: ENGINEERING DEPARTMENT</p> <p>Subject: Domestic Water Temperature</p> <p>Policy Number: 2005 Page 1 of 1</p>
<p>Department: Hospital Wide</p>	<p>EFFECTIVE: 11/1/87</p> <p>REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 5/09; 8/11; 6/12</p>

SUBJECT: Domestic Hot Water Temperature

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s):

03/16

Environmental Health and Safety Committee Approval Date(s):

03/16

Professional Affairs Committee Approval Date(s):

04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. To define the acceptable range in temperature of domestic hot water through-out the facility.

B. POLICY:

1. The temperature of hot water ~~used by patients~~ (domestic hot water) in this facility shall be maintained between 105 and 120 degrees Fahrenheit.
2. Any taps delivering water at a temperature exceeding 125 degrees Fahrenheit will be prominently marked.

C. PROCEDURE:

1. The temperature of domestic hot water is tested as part of the minor mechanical instruction during environmental maintenance checks. (See Environmental Maintenance Policy 2000). **on regular basis by the Plant Operators.**
2. ~~Culturing for Legionella testing is scheduled by the Facilities Manager or his/her designee on as needed basis and performed whenever it is suspected that the ventilation or water distribution system may be carrying such bacteria~~ **by a qualified Contractor.**



Tri-City Medical Center
Oceanside, California

**ENGINEERING
OPERATIONS**

SUBJECT: Emergency Generator Test Loads

ISSUE DATE: 11/94

REVIEW DATE(S):

REVISION DATE(S): 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. POLICY:

1. Required test loads for the emergency generators have been calculated by the following method as set forth by **National Fire Protection Association (NFPA) 110**.
2. All transfer switches are identified as to which generator with they were associated.
3. Each transfer switch actual load was recorded on each phase for 72 hours while being supplied by **San Diego Gas & Electric (SDG&E)**. Recordings were made in amps.
4. Recorded actual loads were then totaled for each phase per generator.
5. Required test load is 30% of name plate rating in amps.

#1 GENERATOR NAME PLATE DATA: 400KW 500KVA 1384A				
	PHASE			
ACTUAL LOAD:	A	B	C	Average
	685.5	672.3	600.6AMPS	652.8A
Required load = 30% of name plate amps = 415 amps				
#2 GENERATOR NAME PLATE DATA: 400KW 500KVA 1388A				
	PHASE			
ACTUAL LOAD:	A	B	C	Average
	331.1	300.0	504.2AMPS	378.4A
Required load = 30% of name plate amps = 417 amps				
#3 GENERATOR NAME PLATE DATA: 600KW 750KVA 2082A				
	PHASE			
ACTUAL LOAD:	A	B	C	Average
	234.4	189.8	206.0AMPS	210A
Required load = 30% of name plate amps = 625 amps				
#4 GENERATOR NAME PLATE DATA: 1000KW 1250KVA 1503A				
	PHASE			
ACTUAL LOAD:	A	B	C	Average
	312.1	327.3	302.2AMPS	313.8A
Required load = 30% of name plate amps = 451 amps				
CENTRAL PLANT GENERATOR NAME PLATE DATA: 800KW 1000KVA 1203A				
	PHASE			
ACTUAL LOAD:	A	B	C	Average
	41.1	46.2	41.6AMPS	42.9A
Required load = 30% of name plate amps = 361 amps				



ENGINEERING
GENERAL ADMINISTRATIVE

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: General Personnel Policies Policy Number: 1003 Page 1 of 4
Department: Hospital-Wide	EFFECTIVE: 11/1/87 _____ REVISED: 9/94; 1/97; 5/00; 5/03, 6/06, 2/09, 8/11, 6/12

SUBJECT: General Personnel Policies

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 2/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. ~~To define personnel policies relating to the Engineering Department:~~

B. POLICY:

1. ~~Selection of Employees:~~
 - a. ~~All department employees are selected on the basis of their qualification to fulfill established specifications for the job. General criteria include experience, mental capacity, physical ability, and willingness to work in the specific environment.~~
 - b. ~~No person is discriminated against in employment, placement, or promotion because of race, religion, citizenship, national origin, marital status, liability for service in the Armed Forces, or age.~~
 - c. ~~Per policies and procedures, the Director of Facilities will make~~ Once the decision is made ~~to hire an individual based on available budget and personnel needs and will submit for approval to Administration. Once approved Human Resources will present an offer to~~, the Department Director/Manager concerning salary range, personnel policies, and the responsibilities of the position informs the candidate. In addition, a physical examination is conducted as part of the screening.
 - d. ~~Employees will be terminated for making false statements on the application or for concealing information on the medical history.~~
2. ~~Probationary Period:~~
 - a. ~~All employees of this department are employed for a probationary period of 90 days. In this period, the employee has an opportunity to accustom him or herself to the job, and the supervisor has an opportunity to see how well the employee has fitted to the job. At anytime during this period, the Supervisor may determine that the employee to be unsatisfactory for the job; this would necessitate termination before completion of the 90-day probationary period. At the end of the third month of the probationary period, the~~

~~S~~supervisor will review the employee's work performance and forward a written evaluation to the Director of the Department. This provides an opportunity for the employee to express his/hers views and to learn of ways in which the employee can improve their performance. After the probationary period, employees begins to acquire seniority in the ~~D~~department from the date of their employment. After an employee has served his/hers probationary period, he/she will be entitled to all benefits of a regular full-time employee, such as sick leave, vacations, etc.

- b. ~~An employee may also be placed on probationary status if he/she has committed a violation of organizational rules or regulations for which he/she could be discharged.~~
3. ~~Hours of Work:~~
 - a. ~~Employees will be expected to work evenings, nights, holidays, and weekends as needed.~~
 - b. ~~It is expected that employees work additional hours or days as required by absenteeism, etc., but only with the consent of the immediate supervisor.~~
 - c. ~~The determination of the daily and weekly work schedule is left to the different department Ssupervisors. It is expected that all employees will follow the schedule as set forth by their immediate Ssupervisor. If the employee has any questions concerning the schedule or a problem that the Ssupervisor cannot handle, feel free to contact the Director / Manager of the Department.~~
4. ~~Starting Time:~~
 - a. ~~Your starting time means just that, starting time. It means that you are ready to work.~~
5. ~~Overtime:~~
 - a. ~~All personnel are expected to work overtime, as needed, to provide necessary service.~~
 - b. ~~All overtime must have prior approval of your immediate Ssupervisor. On the PM Shift, the cost center Ssupervisor or duty Eengineer on-call will approve.~~
6. ~~Record of Warning:~~
 - a. ~~An employee may receive a warning for inefficiency, improper conduct or violation of organizational or departmental policies. Such a warning will be written in triplicate by the Ssupervisor, countersigned by the employee and placed in his/her personnel file. One copy will go to Human Resources, one in the employee's department file and one to the employee.~~
 - b. ~~Written warnings are issued to insure important correction of employee performance and attitude. A total of three warnings; verbal, counseling session and written warning may mean immediate dismissal. Warnings may be issued for any of the following:~~
 - i. ~~Incompetence~~
 - ii. ~~Inefficiency~~
 - iii. ~~Discourtesy~~
 - iv. ~~Disregard of established organization and department procedures~~
 - v. ~~Disregard of personal appearance, uniforms, dress, and hygiene~~
 - vi. ~~Frequent tardiness or absenteeism~~
 - vii. ~~Violation of organization or department safety rules.~~
7. ~~Smoking:~~
 - a. ~~Hospital policy does not allow smoking within the hospital anywhere on campus.~~
8. ~~Department Head, Manager and Supervisor Responsibilities:~~
 - a. ~~Each department has a Department Head / ManagerSupervisor that is responsible for the work of that department. In turn, within some departments, the work there is further subdivided, with a supervisor responsible to the department head/Manager for each such part of the work in the department. The Ssupervisor will see that the employee is acquainted with their fellow employees, with the duties of their job and with other matters connected with the job. He/she is available to answer your questions, to offer guidance and direction, to discuss opportunities for advancement, and to inform the employee about their progress in their work.~~
9. ~~Performance Evaluation:~~
 - a. ~~Supervisor will be required to evaluate the employees work performance at the end of the employees first year of work and on each anniversary of employment thereaftereach year. However, the Ssupervisor may decide to evaluate the employee at anytime. These evaluations were designed to help the employee understand what is expected of them,~~

and how the employee can improve their job performance. Each evaluation will be explained to the employee, and the employee will be asked to sign the evaluation form.

10. ~~Rest Breaks:~~

- a. ~~Employees are allowed two 15-minute work breaks within each working period. The breaks are not to be taken other than in designated areas at the designated times.~~
- b. ~~All personnel working an eight-hour shift are allowed a 30-minute meal break included in their work shift. All personnel working six hours or more, but less than eight hours, must take a 30-minute meal break.~~

11. ~~Reporting an Absence:~~

- a. ~~Daily attendance is vitally important in order for the department to provide complete and efficient service. Excessive absenteeism, for any reason, places a severe hardship on coworkers and Supervisor whenever a replacement must be called in to perform duties.~~
- b. ~~If it is necessary that the employee be absent from their duties, call the **Supervisor** Plant Operations area two hours prior to your shift, and notify your supervisor of absence. The employee must continue to report their absence each day if their return date is undetermined. Any Engineering Department employee taking a call for reporting an absence will fill out the **Unscheduled Absence/Tardiness Form** completely, including a specific reason, length of absence, and their signature. Monday through Friday, 0750 to 1600, notify your Department (cost center) Supervisor, or if unavailable, the Engineering Manager. For all other hours, notify the duty engineer on call. The duty engineer on call is responsible for calling the telephone roster for additional coverage. If additional coverage cannot be met, then that individual will notify the Engineering Manager, or if unavailable, the Sr. Director of Support Services.~~
- c. ~~Unreported absences may result in automatic termination of the employee's employment.~~

12. ~~Tardiness:~~

- a. ~~If for some reason the employee will be late for work, they should notify their supervisor that they will be late and what time they expect to arrive. Excessive tardiness could result in termination. Tardiness is defined as anytime later than 7 minutes of the employees defined start time.~~

13. ~~Personal Phone Calls:~~

- a. ~~Personal phone calls are to be made on the employee's breaks, and using the public pay phones. Excessive personal phone calls can result in disciplinary action.~~

14. ~~Scheduled Time Off (Vacation, Holidays, Excused Time Off, etc.):~~

- a. ~~Due to the necessity of providing coverage for patient care 24 hours/day, seven days/week, it is necessary to set guidelines for submission of Paid Time Off (PTO) requests. These are guidelines only and special circumstances will be handled on an individual basis as they arise. Pay in lieu of vacation is contrary to the basic principles for which vacations are given. Vacations will not be cumulative, and if not taken will be forfeited. Your preference for vacation time will be granted whenever possible, if it does not conflict with the functioning of the department or cause disruption of service. Submit PTO requests **must be submitted at least 2 weeks prior to the requested time off unless an emergency exists** by the 15th of the month prior to your request. Requests after the 15th of the month may or may not be considered at the discretion of the scheduler. PTO requests will be accepted up to three months in advance from the day it is submitted. Requests submitted past the three-month date will be rejected. All PTO requests are contingent on the ability of the scheduler to arrange appropriate coverage.~~



Tri-City Medical Center
Oceanside, California

**ENGINEERING
OPERATIONS**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: — ENGINEERING DEPARTMENT Subject: — Inspection Testing And Maintenance of — Fire Alarm Detection And Automatic — Extinguishing System Policy Number: 2000 Page 1 of 1
Department: Hospital-Wide	EFFECTIVE: 5/14/91 — REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12

SUBJECT: Inspection Testing and Maintenance of Fire Alarm Detection and Automatic Extinguishing System

ISSUE DATE: 5/91
REVIEW DATE(S):
REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16
Environmental Health and Safety Committee Approval Date(s): 03/16
Professional Affairs Committee Approval Date(s): 04/16
Board of Directors Approval Date(s):

- A. **PURPOSE:**
1. To describe the process by which the Fire Alarm ,Detection and Automatic Extinguishing System will be inspected, tested and maintained.
- B. **GENERAL INFORMATION:**
1. Computerized Maintenance Management System (CMMS) - A computerized information system **to be** used to facilitate the scheduling, maintenance and documentation of equipment testing and inspection.
- C. **PROCEDURE:**
1. A qualified service company is contracted to inspect and test the Fire Alarm ,Detection and Automatic Extinguishing Systems **to ensure compliance with Authorities Having Jurisdiction (AHJ) on a quarterly basis.** Inspections and tests are conducted in compliance with **National Fire Protection Association (NFPA)** regulations.
 2. Maintenance of **these** systems is performed by **-Engineering Plant Engineers and/or** qualified service company, as necessary, in compliance with NFPA regulations.

**ENGINEERING
OPERATIONS**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: Maintenance And Inspection Electrical Distribution System And Emergency Generator Policy Number: 2001 Page 1 of 2
Department: Hospital-Wide	EFFECTIVE: 11/1/87 REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12

SUBJECT: Maintenance and Inspection Electrical Distribution System and Emergency Generator

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s):	03/16
Environmental Health and Safety Committee Approval Date(s):	03/16
Professional Affairs Committee Approval Date(s):	04/16
Board of Directors Approval Date(s):	

A. PURPOSE:

1. To describe the process by which the electrical distribution system is maintained and inspected.

B. GENERAL INFORMATION:

1. Computerized Maintenance Management System (CMMS) - A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

C. PROCEDURE:

1. ~~A-B~~ **Building Engineers** checks electrical receptacles in accordance with a scheduled work order produced for each environmental unit by the CMMS and indicating the established time frame and **maintenance** instructions set for the maintenance of that environmental unit.
2. Work orders for other components of the electrical distribution system, are produced on a pre-determined and pre-programmed scheduled by CMMS.
3. Each work order is assigned by the ~~Engineering Supervisor~~ **Facilities Manager or his/her designee** to a qualified ~~E~~ **engineer**.
4. The ~~E~~ **engineer** performs preventive maintenance (and corrective maintenance if needed), inspects the system, and conducts testing: as specified in the CMMS instruction set printed

on the work order.

5. The ~~E~~ngineer prepares and submits to the Engineering Department a work order for any repair work which will take more than thirty minutes to complete or for which he does not have tools or parts readily available.
6. The ~~E~~ngineer completes the Preventative Maintenance Work Order, indicating specific preventive or corrective actions he has taken and noting the date the scheduled maintenance was complete. ~~This information to be entered~~~~work order is submitted to the Engineering Administrative Coordinator for entry~~ in the CMMS.
7. The Plant Operations ~~E~~ngineer inspects the ~~generator set (and batteries)~~ **monthly**~~generators monthly~~ and tests ~~them~~**it** under actual load and operating temperature conditions for at least 30 minutes. The tests are documented and the Supervisor reviews these tests results ~~weekly~~ to be certain the generators~~r set are~~**is** performing in a reliable manner.



Tri-City Medical Center
Oceanside, California

**ENGINEERING
OPERATIONS**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: Maintenance And Inspection Medical/Surgical Air And Vacuum System Policy Number: 2004 Page 1 of 1
Department: Hospital-Wide	EFFECTIVE: 11/1/87 REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12

SUBJECT: Maintenance and Inspection Medical/Surgical Air and Vacuum System

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s):	03/16
Environmental Health and Safety Committee Approval Date(s):	03/16
Professional Affairs Committee Approval Date(s):	04/16
Board of Directors Approval Date(s):	

A. PURPOSE:

1. To describe the process by which the medical/surgical and vacuum system is maintained and inspected.

B. GENERAL INFORMATION:

1. Computerized Maintenance Management System (CMMS): A computerized information system used to facilitate the scheduling monitoring and documentation of equipment and environmental maintenance.

C. PROCEDURE:

1. A work order for preventive maintenance, and /or inspection testing of each component of the medical/surgical air and vacuum system is produced on a ~~pre-determined and pre-programmed~~ schedule by the CMMS.
2. The work is assigned by the **Facilities Manager or his/her designee** ~~Engineering Supervisor~~ to an ~~E~~ngineer to complete.
3. The ~~E~~ngineer performs preventive maintenance (and corrective maintenance if needed), inspects the system and conducts testing as specified in the CMMS instruction set printed on the work order.
4. The ~~E~~ngineer prepares and submits to the Engineering Department a work order for any repair work which will take more than thirty minutes to complete or for which he does not have tools or parts readily available.
5. The ~~E~~ngineer completes the Preventative Maintenance Work Order, indicating specific

preventive or corrective actions he has taken and noting the date the scheduled maintenance was completed. ~~The work order is submitted to the Engineering Department Office for entry in the~~**This information is entered into CMMS.**

6. Respiratory Therapy Department personnel checks system flow rates before each procedure and reports malfunctions to the Engineering Department.

~~An outside qualified vendor is contracted annually to perform an inspection of all master signals, area alarms, automatic pressure switches, shut off valves, flexible connections, outlets and purity from source in accordance with NFPA and Joint Commission standards to ensure compliance with Authorities Having Jurisdiction (AHJs).~~

7. ~~All medical gas systems shall be labeled per NFPA 99, chapter 4. Zone valve labeling shall include the exact rooms or areas that are served by the load side of the zone valve(s). The accessibility of all shut-off valves, as well as the main control valves shall undergo regular monitoring during hazard surveillance and SOC™ updates to ensure no obstructions exist and a minimum 36-inch clearance is adhered to.~~

D. **DISTRIBUTION:**

- 1.7. Respiratory Therapy Department, Engineering Manager, Engineering Supervisor.



Tri-City Medical Center
Oceanside, California

**ENGINEERING
OPERATIONS**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: Maintenance And Inspection Boiler/Steam System Policy Number: 2002 Page 1 of 1
Department: Hospital Wide	EFFECTIVE: 11/1/87 REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12

SUBJECT: Maintenance and Inspection Boiler/Steam System

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. REFERENCE:

1. Engineering Maintenance Manual

B.A. PURPOSE:

1. To describe the process by which the boiler/steam system is maintained and inspected.

C.B. GENERAL INFORMATION:

1. Computerized Maintenance Management System (CMMS) - A computerized information system used to facilitate the scheduling monitoring and documentation of equipment and environmental maintenance.

D.C. PROCEDURE:

1. A work order for preventive maintenance, inspection, and/or testing of each component part to the boiler/steam system is produced at ~~pre-determined and~~ pre-programmed schedule by the CMMS.
2. The work is assigned by the ~~Engineering Supervisor~~ **Facilities Manager and/or his designee** to an **Engineer or a Qualified Contractor**.
3. The ~~Eengineer~~ **Engineer or a Qualified Contractor** performs preventive maintenance (and corrective maintenance, if needed), inspects the system and conducts testing as specified in the CMMS instruction set printed on the work order.
4. The ~~Eengineer~~ **Engineer** prepares and submits to the Engineering Department a Corrective Maintenance form for any repair work which will take more than thirty minutes to complete or for which he/she does not have tools or parts readily available.
5. The ~~Eengineer~~ **Engineer or Qualified Contractor** completes the Scheduled Maintenance Work Order,

indicates specific preventive or corrective actions he has taken and notes the date the scheduled maintenance was completed. **This information to be entered into**, and submits the work order to the Engineering Administrative Coordinator for entry in the CMMS.

6. The engineer checks the alternative fuel supply daily and replenishes it when at 12,500 gallons to maintain at least a 72 hour supply.



Tri-City Medical Center
Oceanside, California

**ENGINEERING
GENERAL ADMINISTRATIVE**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: Maintenance Work Request System Policy Number: 1012 Page 1 of 1
Department: Engineering	EFFECTIVE: 11/87 REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12

SUBJECT: Maintenance Work Request System

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 10/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. To establish an effective means of requesting, coordinating and completing maintenance of a ~~corrective nature~~ **work orders**.

B. PROCEDURE:

1. Corrective maintenance can be defined as those actions required to restore equipment, buildings and grounds to normal condition and to operate as designed. The following ~~procedures are established to initiate and carry out an effective program and is~~ **procedures are established to initiate and carry out an effective program and are** considered a normal means for obtaining maintenance action.
2. The Maintenance Work Request System will be divided by the ~~Engineering Manager~~ **Building Maintenance Supervisor or his/her designee** into three major categories which are defined as follows:
 - a. **URGENT:** These are corrective actions of such a nature that the failure to take immediate action or actions will jeopardize the ~~operation of the hospital with respect to its primary mission and services~~ **safety of patients, visitors and staff**. ~~Procedures for URGENT corrective action is by far the fastest means.~~
 - b. **ROUTINE:** These are corrective actions which should be performed at the first opportunity, but their nature is such that the primary function of the hospital is not significantly affected. ~~Work orders~~ **requests** will be picked up on a daily basis by Engineering personnel. ~~during their normal rounds.~~
 - c. **DEFERRED:** Some routine ~~requests~~ **work orders** may be deferred based on priority.
3. ~~Ultimate priority assigned to the Work Request will normally be determined by the Engineering Manager upon review of the written requisition.~~
- 4.3. For the Maintenance Work Request System to operate efficiently, it is mandatory that the

telephone and paging for Engineering be used only in cases of urgent requirements or emergencies (**safety**, flood, fire, power loss, etc.), ~~since it is impossible to assign priorities and schedule phone calls and pages~~

- 5.4. On a daily basis, the ~~Engineering~~ **Building Maintenance** Supervisor or his/her designee will assign ~~Work orders~~ **Requests** to personnel and review completed work orders for completeness and correctness of repairs and/or the need for purchases or outside assistance.



Tri-City Medical Center
Oceanside, California

ENGINEERING
INFECTION CONTROL

SUBJECT: Managing Biological Agents to Prevent Waterborne Illness

ISSUE DATE: New

REVIEW DATE(S):

REVISION DATE(S):

Department Approval Date(s):	08/15
Environmental Health and Safety Committee Approval Date(s):	10/15
Infection Control Committee Approval Date(s):	03/16
Medical Executive Committee Approval Dates(s):	n/a
Professional Affairs Committee Approval Date(s):	04/16
Board of Directors Approval Date(s):	

A. POLICY:

1. It is the policy of Tri-City Healthcare District (TCHD) Engineering Department to maintain, treat and test open water and potable water systems to minimize pathogenic biological agents.

B. PURPOSE:

1. Equipment that operates with water that can be aerosolized (e. g., cooling towers, faucets, showers, fountains, pools, spas) may become contaminated with potentially infectious biological agents even though the equipment is operated within the manufacturer's guidelines. Regular maintenance and cleaning of the equipment and proper treatment of the water will be performed to ensure that the risks of hazards are minimized to the staff, patients and visitors of TCHD.
2. Treatment & General Cleaning
 - a. Cooling towers, water display fountains, spas, pools, and other open water systems that can generate aerosols shall have a maintenance program that includes routine cleaning of the water reservoir and piping systems. The maintenance shall be conducted in accordance with the manufacturer's recommendations and appropriate cleaning instructions. When necessary, make up water should be provided from the normal water service system. Open-water systems that have been out of service for an extended period of time shall be thoroughly cleaned before being returned to service.
 - b. Systems that generate or utilize aerosolized potable tap water (showers, drinking fountains, ice machines, tap water faucets) shall be properly cleaned and maintained to control the contamination from potentially infectious biological agents if out of service for a period of time. Water storage tanks (hot water systems, reserve storage tanks) that are not continually utilized should be routinely cleaned and decontaminated.
 - c. During maintenance and cleaning procedures, the appropriate personnel protection equipment (PPE) shall be worn to prevent exposure to potentially infectious biological agents, such as Legionella, Mycobacterium, and Pseudomonas.
3. Treatment
 - a. The water treatment program should include the routine application of the appropriate biocide treatment agents designed to eliminate and control biological agents and other contaminants that can accumulate from exposure to the open atmosphere. During the application of treatment and cleaning agents, the appropriate PPE shall be worn.
4. Documentation
 - a. Routine maintenance and treatment procedures of open water and potable water systems shall be recorded. Date of service, service and treatment activity, and personnel

conducting the service shall be recorded. Maintenance and cleaning of open water and potable water systems that have been out of service for an extended period of time shall also be documented.

5. Preventative Maintenance

- a. In frequencies determined by Director of Engineering or his/her designee a qualified testing agency will be scheduled to perform testing and validation reports to determine the effectiveness of the Water Safety Management Plan.
- b. Ice Machines and Cooling Towers are to be maintained per Manufacturer's Recommendations or Alternative Equipment Maintenance program.
- c. Decorative fountains to be placed on a chemical treatment program or put out of service.
- d. Cooling Towers to be on a continuous chemical treatment program.
- e. Hot Water Tanks and Storage Tanks to be blowdown in frequencies determined by Director of Engineering or his/her designee.
- f. Disinfect Hot Water Storage Tanks and Cooling Towers in frequencies determined by the Director of Engineering or his/her designee.
- g. Disinfect high risk Air Handling Unit Coils and Drain Pans in frequencies determined by the Director of Engineering or his/her designee.
- h. In frequencies determined by Director of Engineering or his/her designee flush taps in vacant/low use areas.
- i. In frequencies determined by Director of Engineering or his/her designees flush emergency eyewash and shower stations.

6. Staff Training

- a. Staff members responsible for the water treatment program will be trained regarding proper cleaning and maintenance procedures, and the safe handling and proper application of water treatment and cleaning chemicals. All guidelines for handling hazardous materials and the recommendations for proper use of PPE will be presented.

**ENGINEERING
GENERAL ADMINISTRATIVE**

<p>TRI-CITY MEDICAL CENTER</p> <p>Engineering Policy & Procedure</p>	<p>Section: ENGINEERING DEPARTMENT</p> <p>Subject: Preventive Maintenance</p> <p>Policy Number: 1004 Page 1 of 3</p>
<p>Department: Hospital-Wide</p>	<p>EFFECTIVE: 11/1/87 ---</p> <p>REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 2/09, 8/11, 6/12</p>

SUBJECT: Preventive Maintenance

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 2/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. To describe the process by which preventative maintenance (PM) work within defined environmental units ~~Tri-City Healthcare District (TCHD) facilities~~ is assigned, performed and documented.

B. GENERAL INFORMATION:

1. ~~Environmental Unit: A space of manageable size in terms of square footage or work intensity classified by the principal activity which takes place within it. See Attachment 1 for environmental unit classifications.~~
- 2.1. Preventative Maintenance (PM): Those regularly scheduled activities performed to ensure that each environmental unit ~~facility~~, and the individual items classified as part of it, are maintained in a safe, functional and aesthetically acceptable condition. -See Attachment 12 for items generally maintained as part of an environmental unit.
- 3.2. Computerized Maintenance Management System (CMMS): - A computerized Information system used to facilitate the scheduling, monitoring, documentation and instructions on performing PMs ~~preventative maintenance of equipment and environmental maintenance.~~

C. POLICY:

1. ~~TCHD~~The hospital will maintain its physical plant ~~facilities~~ in a manner and in accordance with a schedule that will serve to provide a safe, functional, and aesthetically pleasing environment.
2. ~~Preventative maintenance~~PMs will be scheduled, performed and documented in accordance with ~~environmental unit instruction~~PM procedures set incorporated in the CMMS.

D. PROCEDURE:

1. Each month, the Engineering Administrative Coordinator issues to the engineering departments the scheduled maintenance work orders produced by the CMMS ~~Each Engineer will receive a~~

- list of PMs that he is responsible to complete by assigned due dates.**
2. The Eengineer conducts an inspection of each environmental unitPM scheduled for **by the due date and in accordance with the procedure listed in CMMSmaintenance.**
 3. ~~The engineer performs preventive and corrective maintenance and conducts functional and safety testing as specified in the task set~~**Once the PM is completed, an Engineer logs the results in the CMMS and notifies the Supervisor in case an issue had been identified.**
 - 3.4. **In case of failure, the Supervisor will assess the situation and if necessary will enforce and document Interim Life Safety Measure (ILSM) or Interim Utility Safety Measure (IUSM) to keep the occupants safe.**

E. **ATTACHMENTSFORMS:**

1. **Attachment 1 – Items Generally Included in Preventative Maintenance But Not Limited To.**

~~ENVIRONMENTAL MAINTENANCE~~

~~ATTACHMENT 1~~

~~ENVIRONMENTAL UNIT CLASSIFICATIONS~~

~~1. — Non-Flammable Anesthetizing Location:~~

~~Area in which inhalant anesthetic agents are administered and which is so designated by a hospital policy.~~

~~2. — Critical Care Area:~~

~~Area in which patients may be subjected to invasive procedures and/or directly connected to line-operated medical devices (other than nonflammable anesthetizing locations).~~

~~3. — Wet Location:~~

~~Patient care area which normally operates under wet conditions,
including standing water or flushing of the work area.~~

~~4. — General Care Area:~~

~~Area in which patients come in contact with ordinary electrical appliances (lamps, beds, televisions, etc.) or may be connected to medical devices.~~

~~5. — Non-Patient Care Area:~~

~~Area in which patients are not normally cared for or treated, such as administrative offices, laboratories, nursing stations, storage areas or kitchens.~~

~~6. — Mechanical Area of restricted access containing plant equipment.~~

~~7. — Grounds:~~

~~Area surrounding hospital buildings, including driveways, walkways, parking lots, lawns and gardens, to which the public normally has access.~~

ATTACHMENT 12—

ITEMS GENERALLY INCLUDED IN PREVENTATIVE MAINTENANCE BUT NOT LIMITED TO:

Automatic Transfer Switches – Emergency Power

Baby cribs

Bassinets

~~Ceilings~~

Central Plant Equipment

Door latch tensions

Doors (manually operated & auto)

Drinking fountains

Electrical outlets / system

Electrical Beds

~~Electrocautery~~

Elevators

Enzyme treatment drains

Exam tables

Exit lighting

Eye washers

Fire Alarm Systems

Fire Sprinkler Systems

~~Floor coverings~~

Floor and roof drains

General lighting

Generators

Gurneys

Heaters

HVAC

Ice Machines

Mechanical beds

Medical gas outlets

Medical vacuum outlets

Motorized tables

Morgue table

Non-electrical food carts (and electrical)

Nurse-call system

OR lamps

Patient lifts

Patient scales

Plaster traps

Portable exam lamp

Portable heat lamps

Refrigerators (medical & non-medical storage)

~~Room furniture~~

Room grounding

~~Sewers~~

~~Showers~~

Signs and lighting

~~Sinks~~

~~Toasters~~

~~Ultrasonic cleaners (small)~~

~~Walls~~

Warming cabinets

Water temperatures

Wheel/chairs

X-ray view boxes



Tri-City Medical Center
Oceanside, California

**ENGINEERING
GENERAL ADMINISTRATIVE**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: <u>ENGINEERING DEPARTMENT</u> Subject: <u>Routine Hospital Rounds</u> Policy Number: 1011 Page 1 of 1
Department: <u>Engineering</u>	EFFECTIVE: 11/87 REVISED: 10/94; 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12

SUBJECT: Routine Hospital Rounds

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 10/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. POLICY:

1. Routine rounds will be made at the beginning of each shift, by the ~~Plant Operator of Engineering~~ **on Operator on shift.**
2. Commence tour of hospital.
3. Make a visual check of boiler room. Check the water level in the condensate return tank. Normal operating level should be maintained. Check boiler feed pumps noting any unusual conditions. Check the water level of each boiler. Conduct an operational check test of low-water cut off. Record the steam pressure of operating boiler. Test and record the boiler water softener to assure make-up water is soft.
4. ~~Check mechanical equipment (kitchen exhaust fan, domestic circ. water pump, tank float, hot water tank) and record temperature.~~
- 5.4. Check mechanical equipment. **space Operation of exhaust fFans-operation, chillers, domestic and heating hot water circulating pumps, cooling towers, air compressors, and air handlers and record any discrepancies.**
- 6.5. Return to Engineering office with a list of any discrepancies noted ~~or received~~ during your inspection. Make proper entries in the Daily Journal ~~and on the operation log.~~
7. ~~Proceed with maintenance work orders or other assigned jobs.~~

**ENGINEERING
GENERAL ADMINISTRATIVE**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: Scope of Service Policy Number: 1005 — Page 1 of 3
Department: Engineering	EFFECTIVE: 11/87 — REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 2/09; 8/11; 6/12

SUBJECT: Scope of Service

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 2/09, 8/11, 6/12

Department Approval Date(s):

03/16

Environmental Health and Safety Committee Approval Date(s):

03/16

Professional Affairs Committee Approval Date(s):

04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. To define the scope of services provided by the Engineering Department in an effort to create a safe and quality environment for patient care, visitors and employees.

B. POLICY:

1. In an effort to comply with all regulatory agencies while ensuring minimal risk environment to the patient **safe and quality environment**, the Engineering Department will be responsible for the condition and function of **the all of the hospitals physical plant facilities**, including all utilities and **Engineering** equipment. All areas of the hospital facilities and equipment therein, are inspected and maintained as ~~Environmental Units~~, in accordance with the Computerized Maintenance Management System (CMMS).
 1. , with the following exceptions:
 2. Equipment and utilities:
 - i. considered essential for the comfort and safety of the patient
 - ii. considered essential for life support, infection control, environmental support, equipment support as well as communication support
 - iii. associated with higher than normal incident risk during routine operation
 - iv. requiring, by reason of its complexity, a more intensive maintenance schedule
 - v. Supplied or maintained by an outside vendor; will be inventoried, inspected, maintained and recorded on an individual basis within the system. Documentation of outside vendors will also be maintained as part of CMMS.
 3. Arrangements for the inspection, maintenance and repair of the following categories of equipment, and documentation thereof, will be the responsibility of the department indicated:
 - a. Imaging equipment, Radiology or Nuclear Medicine, as appropriate

- b. ~~Laboratory testing equipment – Clinical Laboratories~~
- c. ~~Anesthetic delivery equipment (including analyzers) – Anesthesia~~
- d. ~~Pharmacy computers, 3M computers,~~
 - i. ~~all IBM or Telex equipment connected to the Regional mainframe computer-~~
INFORMATION TECHNOLOGIES
- e. ~~Communication Lines dedicated to:~~
 - i. ~~Equipment listed in 2d –~~ **COMMUNICATIONS**
 - ii. ~~Computer Systems –~~ **INFORMATION S TECHNOLOGIES**
 - iii. ~~Telecommunications equipment –~~ **COMMUNICATIONS**
- 4. ~~The following services will be provided by outside vendors or as requested and arranged by the Engineering Department but not limited to:~~
 - a. ~~Inspection, maintenance and repair of elevators~~
 - b. ~~Maintenance and repair of the grounds~~
 - c. ~~Maintenance and repair of driveways, parking lots and walkways.~~
- 5.2. ~~The following services will be provided by outside vendors as requested and arranged by each user department,~~**Equipment maintained by the Engineering Department includes but is not limited to the following:**
 - a. ~~Maintenance and repair of Cat Scan, MRI~~
 - a. **Central Plant Equipment**~~Maintenance and repair of Colter, A.C.A~~
 - b. **Generators and Automatic Transfer Switches**
 - c. **Fire Alarm and Fire Suppression Equipment**
 - d. **Elevators**
 - e. **HVAC**
 - f. **Steam Equipment**
 - g. **Ice Machines**
 - h. **Water Fountains**
 - i. **Eye Wash Stations**
 - j. **Drench Showers**
 - k. **Exit Lights**
 - l. **Lighting**
 - m. **Power Distribution Equipment**
 - n. **Domestic Water Equipment**
 - o. **Other Engineering/Building equipment not listed here. Full list of equipment is available at the Engineering Department.**
 - b.
- 6-3. Movement of furniture and equipment is provided as follows:
 - a. Performed by the Environmental Services Department.
- 7-4. Key and lock services are provided by Engineering.
- 8-5. Service manuals for patient care and other equipment maintained by Engineering are kept on file in ~~theis~~ **Engineering D**epartment.
- 6. User/Operator instructions are on file in the department in which the equipment is used and by Engineering.
- 9-7. **Construction Projects Services are provided by the Engineering Department.**

**ENGINEERING
GENERAL ADMINISTRATIVE**

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT
	Subject: Staff Meetings
	Policy Number: 1007 Page 1 of 1
Department: Hospital-Wide	EFFECTIVE: 4/16/90 REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 6/09; 8/11; 6/12

SUBJECT: Staff Meetings

ISSUE DATE: 4/90

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 6/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. To establish time and attendance requirements for staff meetings.

B. PROCEDURE:

1. Departmental meetings will be as follows:
 - a. Supervisors on an as needed basis.
 - b. All department meetings will be conducted monthly.
2. Division meetings will be as follows (or on an as needed basis):
 - a. Projects - Weekly.
 - b. Building Engineering - ~~Plan of the Day (POD) - twice Wweekly.~~
 - c. Plant Engineering - ~~Plan of the Day (POD) - twice Wweekly.~~

C. POLICY:

1. Departmental staff meetings will be held, as posted monthly, in the Division Shops or designated class room.
2. All staff on duty at TCMC will be expected to attend. -Copies of the meeting minutes will be placed in memo book for review **emailed for review** and it is the responsibility of all personnel to review **and comment on any discrepancies by the given deadline** and sign. **After the deadline the meeting minutes will be considered as archived.**
3. The agenda of the meetings will be determined by input from all employees.
4. The meeting will be conducted by the appropriate individual or his designee.

**ENGINEERING
GENERAL ADMINISTRATIVE**

TRI-CITY MEDICAL CENTER Facilities Policy & Procedure	Section: <u>Engineering Department</u> Subject: <u>Statement of Accountability And</u> <u>Responsibility</u> Policy Number: 1002 Page: 1 of 1
Department: <u>Hospital-Wide</u>	EFFECTIVE: 11/87 REVISED: 9/94; 1/97; 5/00; 5/03; 6/06; 2/09; 8/11; 6/12

SUBJECT: Statement of Accountability and Responsibility

ISSUE DATE: 11/87

REVIEW DATE(S):

REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 2/09, 8/11, 6/12

Department Approval Date(s): 03/16

Environmental Health and Safety Committee Approval Date(s): 03/16

Professional Affairs Committee Approval Date(s): 04/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. To describe the hierarchy of accountability and responsibility within the Engineering Department and that between the department and hospital administration.

B. POLICY:

1. The Engineering Department inclusive of Building Engineering, Plant Operations and Projects is the responsibility of the **Director of Facilities**. ~~Manager of Engineering Department.~~ -It is the responsibility of this individual to ensure that all the divisions of **the** Engineering Department operate as efficiently and effectively as practicable, work cooperatively with other hospital departments toward achieving its goals and objectives and meets the applicable standards and regulations of the accrediting and licensing bodies.
2. In carrying out these responsibilities, the Facilities ~~Manger~~ **Director of Engineering Department** is directly accountable to the Chief Operating Officer. ~~through a reporting relationship with the Sr. Director of Support Services.~~

MEDICAL STAFF POLICY MANUAL

ISSUE DATE:	7/01	SUBJECT:	Suspension for Delinquent Medical Records & Fine Process
REVISION DATE:	3/05, 4/06, 3/07, 7/07, 3/08, 9/09, 10/14; 3/15; 2/16	POLICY NUMBER:	8710 – 519
Medical Executive Committee Approval:	02/16		
Governance Committee Approval:	04/15		
Professional Affairs Committee Approval:	04/16		
Board of Directors Approval:	04/15		

A. POLICY:

1. It is the policy of Tri-City Medical Center and its Medical Staff that all medical records are completed in a timely manner, in accordance with Medical Staff Policy 8710-518, Medical Record Documentation Requirements, applicable laws, and accreditation standards.

B. PROCEDURE:

1. Applicable TCMC departments shall enforce pre-procedure requirements for History and Physical exam, as outlined in Medical Staff Policy 8710-518, Medical Record Documentation Requirements.
2. In order to facilitate timely medical record completion and appropriate practitioner notification, the TCMC IT Department shall develop and implement such automated notification mechanisms as requested by the Medical Records/HIM Department.
3. The Medical Records/HIM Department is responsible for reviewing medical records and identifying deficiencies of dictations and signatures, as outlined in Medical Record Documentation Requirements.
4. The practitioner is responsible for identifying any error(s) in assigned dictations/signatures by "refusing" the item within the Cerner Message Center, and indicating the appropriate practitioner if possible.
5. The Medical Records/HIM Department will run a weekly report to identify dictations and signatures that are not complete following patient discharge.
 - a. A letter under the Chief of Staff's signature will be initiated to each practitioner weekly when the practitioner has any deficiencies aged 7 days from discharge. A second communication will be sent at 10 days post discharge.
6. Each week the Medical Records/HIM Department will submit to the Chief of Staff (via the Medical Staff Office) a list of verified deficiencies.
7. The Medical Staff Office shall:
 - a. Call the physician to give verbal notice of the impending suspension.
 - b. Prepare and send a written Notice of Automatic Limited Suspension to the physician.
8. Limited suspension shall apply to the practitioner's right to admit, treat or to provide services to new patients in the hospital, but shall not affect the right to continue to care for a patient the practitioner has already admitted or has scheduled to treat or to perform any invasive procedure. Obligations to fulfill ED On-Call duties as per existing schedule shall remain in effect.
9. Practitioners whose privileges have been suspended for delinquent records may admit patients only in life threatening situations, when no other physician of the appropriate specialty is available.

10. In the case of a patient care emergency, the suspension may be lifted by the Chief of Staff or his/her designee, otherwise the suspension shall continue until the medical records are complete.
11. If the physician is on vacation or has an illness when his or her records become delinquent, with Chief of Staff approval, such physician shall have five (5) days of returning to practice from vacation or illness to complete the records.

C. MEDICAL STAFF FINES FOR DELINQUENT MEDICAL RECORD DICTATION

1. **Purpose:**
 - a. To provide a Policy and Procedure for implementation and ongoing enforcement of fines for Medical Staff members with delinquent medical record dictation.
2. **Definition Of Terms For Fine Process:**
 - a. **Delinquent Dictation:** A medical record is considered “delinquent” 14 calendar days after discharge, however, for this purpose fines will only be imposed for “dictations only”, i.e. H&P, Op Reports, Discharge and Discharge Summary.
 - b. **Limited Suspension:** A Limited Suspension permits the practitioner to continue to care for a patient he/she is already treating in the hospital or has scheduled to treat prior to the date of the imposed suspension.
 - c. **Fines:** A fine of \$10.00 will be imposed and billed to any practitioner who appears on the suspension list for each delinquent dictation. The \$10.00 fine will be compounded weekly if not completed.
3. **Policy And Procedure:**
 - a. Each Monday, prior to suspension, Medical Records sends Medical Staff office a list of physicians with delinquent dictation(s). Medical Staff office notifies the practitioner of the delinquent dictations indicating that the delinquent dictation(s) must be completed by the following Wednesday or a \$10 per each delinquent dictation will be assessed.
 - b. Medical Staff suspends each Wednesday. Physicians with delinquent dictation(s) will be billed \$10 per delinquent report via the Medical Staff Department.
 - c. Fines are due and payable when the practitioner receives a bill. (Physicians must notify Medical Records prior to leaving on vacation in order to be considered “exempt” from the fining process during their absence from the facility.)
 - d. **Loss of privileges/membership will result in the following circumstances:**
 - i. If, at the time of reappointment, the practitioner is found to owe outstanding fines, the application for reappointment will be considered “incomplete”;
 - ii. If the physician is found owing a fine for delinquent medical records for a period of 6 months or more;
 - 1) The practitioner will be sent a certified letter, including a copy of this Policy/ Procedure, which states that “failure to pay the outstanding fine, within twenty-one days of the date of the final notice, will result in the automatic relinquishment of his/her membership”.
 - 2) The letter will give the practitioner an opportunity to forward a written response, within seven days of the date of the final notice, to be considered at the Medical Executive Committee meeting.
 - 3) The outcome of the deliberations/decision determined at the Medical Executive Committee meeting will be forwarded to the practitioner in question via certified mail. Should the practitioner fail to submit a letter for consideration at the Medical Executive Committee meeting or after consideration of such a letter, if it is determined at the Medical Executive Committee meeting that the practitioner does owe the fine, the payment of such fine is due and payable on the date identified in the first notice. A practitioner who has failed to pay the outstanding fine(s) within the timelines as defined in this policy will

be considered to have automatically relinquished his/her medical staff privileges and membership at Tri-City Medical Center and therefore will not be entitled to a hearing as set forth in Article VII of the Medical Staff Bylaws. If the practitioner wishes to reapply to the staff he/she will be required to pay the full application fee plus the total of any outstanding fines owed for delinquent medical record dictation.

- e. The monies collected from this process will be added to the Medical Staff Checking account and used as determined by the Medical Executive Committee on behalf and in support of the Medical Staff.**

G.D. MEDICAL STAFF SUSPENSION MONITORING:

1. The Medical Staff Office shall notify Medical Records/HIM, IT, Surgery, Administration, Admitting, Cardiology and Radiology of the automatic suspension.
 - a. Each of these departments is responsible for enforcing the suspension.
 - b. Any questions shall be directed to the Chief of Staff via the Medical Staff Office.
2. The Medical Records/HIM Department shall notify the Medical Staff Office when a suspended practitioner has completed all deficiencies.
3. The Medical Staff Office shall notify the practitioner and applicable departments that the suspension has been lifted.
4. Days on suspension shall be tracked in the Medical Staff's credentialing database and considered at the time of OPPE and reappointment.
5. The Medical Executive Committee will serve as the intermediary in resolving suspension/delinquency status questions from physicians and will assist the Medical Records Department in communications with practitioners who have disputes regarding the actions of this policy.
6. Practitioners indicating an intent to resign will be advised to complete all outstanding dictations and signatures before departure, as failure to do so will make them ineligible for "good standing" affiliation verifications.

D.E. REFERENCES:

1. Medical Staff P&P 8710-518: Medical Record Documentation Requirements
2. Medical Staff Bylaws: Article VI, § 6.4-4

MEDICAL STAFF POLICY MANUAL

ISSUE DATE: 7/01

SUBJECT: Suspension for Delinquent Medical
Records & Fine Process

REVISION DATE: 3/05, 4/06, 3/07, 7/07, 3/08, 9/09,
10/14; 3/15; 2/16

POLICY NUMBER: 8710 – 519

Medical Executive Committee Approval:	02/16
Governance Committee Approval:	04/15
Professional Affairs Committee Approval:	04/16
Board of Directors Approval:	04/15

A. POLICY:

1. It is the policy of Tri-City Medical Center and its Medical Staff that all medical records are completed in a timely manner, in accordance with Medical Staff Policy 8710-518, Medical Record Documentation Requirements, applicable laws, and accreditation standards.

B. PROCEDURE:

1. Applicable TCMC departments shall enforce pre-procedure requirements for History and Physical exam, as outlined in Medical Staff Policy 8710-518, Medical Record Documentation Requirements.
2. In order to facilitate timely medical record completion and appropriate practitioner notification, the TCMC IT Department shall develop and implement such automated notification mechanisms as requested by the Medical Records/HIM Department.
3. The Medical Records/HIM Department is responsible for reviewing medical records and identifying deficiencies of dictations and signatures, as outlined in Medical Record Documentation Requirements.
4. The practitioner is responsible for identifying any error(s) in assigned dictations/signatures by "refusing" the item within the Cerner Message Center, and indicating the appropriate practitioner if possible.
5. The Medical Records/HIM Department will run a weekly report to identify dictations and signatures that are not complete following patient discharge.
 - a. A letter under the Chief of Staff's signature will be initiated to each practitioner weekly when the practitioner has any deficiencies aged 7 days from discharge. A second communication will be sent at 10 days post discharge.
6. Each week the Medical Records/HIM Department will submit to the Chief of Staff (via the Medical Staff Office) a list of verified deficiencies.
7. The Medical Staff Office shall:
 - a. Call the physician to give verbal notice of the impending suspension.
 - b. Prepare and send a written Notice of Automatic Limited Suspension to the physician.
8. Limited suspension shall apply to the practitioner's right to admit, treat or to provide services to new patients in the hospital, but shall not affect the right to continue to care for a patient the practitioner has already admitted or has scheduled to treat or to perform any invasive procedure. Obligations to fulfill ED On-Call duties as per existing schedule shall remain in effect.
9. Practitioners whose privileges have been suspended for delinquent records may admit patients only in life threatening situations, when no other physician of the appropriate specialty is available.

10. In the case of a patient care emergency, the suspension may be lifted by the Chief of Staff or his/her designee, otherwise the suspension shall continue until the medical records are complete.
11. If the physician is on vacation or has an illness when his or her records become delinquent, with Chief of Staff approval, such physician shall have five (5) days of returning to practice from vacation or illness to complete the records.

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 - b. **Limited Suspension:** A Limited Suspension permits the practitioner to continue to care for a patient he/she is already treating in the hospital or has scheduled to treat prior to the date of the imposed suspension.
 - c. **Fines:** A fine of \$10.00 will be imposed and billed to any practitioner who appears on the suspension list for each delinquent dictation. The \$10.00 fine will be compounded weekly if not completed.
3. **Policy And Procedure:**
 - a. Each Monday, prior to suspension, Medical Records sends Medical Staff office a list of physicians with delinquent dictation(s). Medical Staff office notifies the practitioner of the delinquent dictations indicating that the delinquent dictation(s) must be completed by the following Wednesday or a \$10 per each delinquent dictation will be assessed.
 - b. Medical Staff suspends each Wednesday. Physicians with delinquent dictation(s) will be billed \$10 per delinquent report via the Medical Staff Department.
 - c. Fines are due and payable when the practitioner receives a bill. (Physicians must notify Medical Records prior to leaving on vacation in order to be considered “exempt” from the fining process during their absence from the facility.)
 - d. **Loss of privileges/membership will result in the following circumstances:**
 - i. If, at the time of reappointment, the practitioner is found to owe outstanding fines, the application for reappointment will be considered “incomplete”;
 - ii. If the physician is found owing a fine for delinquent medical records for a period of 6 months or more;
 - 1) The practitioner will be sent a certified letter, including a copy of this Policy/ Procedure, which states that “failure to pay the outstanding fine, within twenty-one days of the date of the final notice, will result in the automatic relinquishment of his/her membership”.
 - 2) The letter will give the practitioner an opportunity to forward a written response, within seven days of the date of the final notice, to be considered at the Medical Executive Committee meeting.
 - 3) The outcome of the deliberations/decision determined at the Medical Executive Committee meeting will be forwarded to the practitioner in question via certified mail. Should the practitioner fail to submit a letter for consideration at the Medical Executive Committee meeting or after consideration of such a letter, if it is determined at the Medical Executive Committee meeting that the practitioner does owe the fine, the payment of such fine is due and payable on the date identified in the first notice. A practitioner who has failed to pay the outstanding fine(s) within the timelines as defined in this policy will

be considered to have automatically relinquished his/her medical staff privileges and membership at Tri-City Medical Center and therefore will not be entitled to a hearing as set forth in Article VII of the Medical Staff Bylaws. If the practitioner wishes to reapply to the staff he/she will be required to pay the full application fee plus the total of any outstanding fines owed for delinquent medical record dictation.

- e. The monies collected from this process will be added to the Medical Staff Checking account and used as determined by the Medical Executive Committee on behalf and in support of the Medical Staff.


G.D. MEDICAL STAFF SUSPENSION MONITORING:

1. The Medical Staff Office shall notify Medical Records/HIM, IT, Surgery, Administration, Admitting, Cardiology and Radiology of the automatic suspension.
 - a. Each of these departments is responsible for enforcing the suspension.
 - b. Any questions shall be directed to the Chief of Staff via the Medical Staff Office.
2. The Medical Records/HIM Department shall notify the Medical Staff Office when a suspended practitioner has completed all deficiencies.
3. The Medical Staff Office shall notify the practitioner and applicable departments that the suspension has been lifted.
4. Days on suspension shall be tracked in the Medical Staff's credentialing database and considered at the time of OPPE and reappointment.
5. The Medical Executive Committee will serve as the intermediary in resolving suspension/delinquency status questions from physicians and will assist the Medical Records Department in communications with practitioners who have disputes regarding the actions of this policy.
6. Practitioners indicating an intent to resign will be advised to complete all outstanding dictations and signatures before departure, as failure to do so will make them ineligible for "good standing" affiliation verifications.

D.E. REFERENCES:

1. Medical Staff P&P 8710-518: Medical Record Documentation Requirements
2. Medical Staff Bylaws: Article VI, § 6.4-4

WOMEN'S AND CHILDREN'S SERVICES MANUAL - NICU

 Tri-City Medical Center	Women's and Newborn Children's Services Manual - NICU
PROCEDURE: PRIMARY NURSE ASSIGNMENT	
Purpose:	<ol style="list-style-type: none"> 1. To promote continuity and efficiency of care in order to optimize outcomes for the patient and their family. 2. To promote developmentally age appropriate, individualized, family-centered care for the NICU infant and family. 3. To promote and increase family satisfaction and enhance morale of the NICU Registered Nurse.
Issue Date: 9/10	Revision Date(s): 6/11, 8/12

SUBJECT: PRIMARY NURSE ASSIGNMENT

ISSUE DATE: 9/10 REVISION DATE: 6/11, 8/12

A. DEFINITIONS:

1. Primary Nurse:

- a. Must work a minimum of 5 shifts in a pay period on a regular basis (FTE \geq 0.8).
- b. Must have a minimum of six month's experience as a NICU RN.
- A.c. Must be a Tri-City Medical Center staff member.

B. STANDARD OF PRACTICE:

1. Nurses shall provide care in a manner that is developmentally age appropriate, individualized, and family centered.
2. Nurses shall provide care in a manner which maximizes continuity, efficiency and optimal outcomes.

C. PURPOSE:

1. ~~To promote continuity and efficiency of care in order to optimize outcomes for the patient and their family.~~
2. ~~To promote developmentally age appropriate, individualized, family-centered care for the NICU infant and family.~~
3. ~~To promote and increase family satisfaction and enhance morale of the NICU RN.~~

D.C. POLICY:

1. All infants with an expected stay greater than 7 days may be assigned a **primary nurse**.
2. Any qualified **Neonatal Intensive Care Unit (NICU) Registered Nurse (RN)** may volunteer to serve as primary nurse to any unassigned, primary-qualified infant who does not have a primary nurse within the first 48-hours of stay.
3. During the 48 hours after admission of the primary-qualified infant, any qualified NICU RN may sign up to be primary nurse to the infant, unless that RN is already serving as primary nurse to another patient.
4. At 48 hours of stay, if no qualified NICU RN has volunteered to serve as primary nurse for the infant, the **Supervisor or designee Assistant Nurse Manager (ANM)** will facilitate the assignment

Department Review	Division of Neonatology	Pharmacy and Therapeutics	Medical Executive Committee	Professional Affairs Committee	Board of Directors
12/15	n/a	n/a	n/a	04/16	6/11; 8/12

of a primary nurse to the patient. The following criteria will serve as guidelines in the assignment of a primary nurse to a specific patient:

- a. ~~The RN must meet the qualifications stated in C: 5, below.~~
 - b.a. The RN must not currently be serving as primary nurse to another patient.
 - c.b. The assignment will be rotated, with the qualified NICU RN who has had the longest break from serving as a primary nurse preferentially assigned to the next infant qualifying for primary nursing, unless another qualified NICU RN voluntarily chooses to serve within 48 hours after the infant's admission.
 - d.c. If the NICU RN who is first in the rotation is not on duty, and is to be off from work for more than three days following the assignment, the next NICU RN in the rotation will be assigned to the patient.
 - e.d. It is acceptable to "pass over" an RN under special circumstances with the consent of the **supervisor/ANM/nurse manager.**
5. ~~The primary nurse:~~
- a. ~~Must work a minimum of 5 shifts in a pay period on a regular basis (FTE \geq 0.8).~~
 - b. ~~Must have a minimum of six month's experience as a NICU RN.~~
 - c. ~~Must be a Tri-City Medical Center staff member.~~
- 6.5. It is the responsibility of the primary nurse to:
- a. Evaluate the needs of the infant and family, including teaching/learning issues.
 - b. Formulate, in conjunction with the multidisciplinary team and the family, **an individualized plan of care, inclusive of short-term and discharge goals, for the infant and family.**
 - c. ~~Formulate, in conjunction with the multidisciplinary team and the family, an individualized plan of care for the infant and family.~~
 - d.c. Communicate plan of care to other caregivers; ensure plan is carried out.
 - e.d. Evaluate effectiveness of plan of care in achieving goals **and alter plan of care as needed.**
 - f. ~~Alter plans as indicated.~~
 - g.e. Evaluate the need for family conferences at least every two weeks and prn. These are to include at a minimum, one of the parents and/or primary caregiver, the attending physician, the primary or associate nurse, and the infant's social worker.
- 7-6. The primary nurse serves as primary to only one patient at the time, unless she/he chooses to serve as primary nurse to two infants of a multiple birth.
- 8-7. The primary nurse may serve as associate nurse to one infant in addition to the infant for whom they serve as primary nurse.
- 9-8. It is optimal that each infant who qualifies for primary nursing care will also have an associate nurse on the shift opposite of the shift worked by the primary nurse (additional associate nurses may also serve on the team as available and indicated).
- 10-9. The associate nurse is a NICU RN who has successfully completed the NICU orientation period.
11. ~~A primary nurse may serve as associate nurse to one infant in addition to the infant for whom they serve as primary nurse.~~
- 12-10. The responsibilities of the associate nurse(s) are to:
- a. Continue identification of problems and potential interventions.
 - b. Aid in evaluating the effectiveness of the plan.
 - c. Communicate the above to the primary nurse.
 - d. Carry out plan of care, including family teaching.
 - e. Support the plan of care with the family and other team members.
 - f. Serve as the primary nurse if the original primary nurse is not available for \geq 4 days.
- 13-11. **Any RN caring for any patient in the NICU at any time is responsible for performing the duties of an associate nurse except for that of consistently caring for a specific patient.**
- 14-12. The primary nurse and the associate nurse(s), in this order, will be preferentially staffed with the infant on whose team they are serving unless safe staffing of the NICU requires otherwise. A further exception may occur either when the team member requests a brief break from caring for the infant or the primary nurse is assigned as relief charge.

E.D. PROCEDURE:

1. **Supervisor and/or designee/Assistant Nurse Manager:**

- a. As each patient is admitted, determine the expected stay of the infant. If the expected stay is greater than seven days:
 - i. Ask the admitting RN (if qualified), if they wish to be assigned as primary nurse to the infant. If so, place the admitting RN's name in the Kardex **and primary nurse board** as primary nurse.
 - b. If at 48-hours after admission the patient does not yet have a primary nurse signed up, facilitate the assignment of a primary nurse to the patient.
 - c. Post the primary nurse's name in the patient kardex **and primary nurse board**.
 - d. Ensure that the primary nurse is preferentially assigned to bedside care of their primary patient whenever safe unit staffing needs allow.
 - e. **The newly assigned primary nurse should be assigned to bedside care of the primary patient on the first working day after being designated as primary nurse.**
2. Bedside/Relief Nurse:
 - a. Explain the concept of primary nursing to the family if not already done and tell them the day when the primary nurse will be back to work.
 3. Primary Nurse:
 - a. Review the infant's chart, discuss the case with the team, and initiate contact with the parents no later than the first day on duty after being assigned the infant as primary.
 - b. Formulate an initial plan of care in conjunction with the team and the family.
 - c. Continue duties as outlined **above** in C. 5 ~~above~~.

F. **EXTERNAL LINKS:**

G.E. **REFERENCES:**

1. Miles, M.S. & Holditch-Davis, D. (1997). Parenting the prematurely born child: Pathways of influence. *Seminars in perinatology*, 21 (3), 254-266.
2. Scharer, K. & Brooks, G. (1994). Mothers of chronically ill neonates and primary nurses in the NICU: Transfer of care. *Neonatal Network*, 13 (5), 37-46.
3. Smith, S.J. (1987). Primary nursing in the NICU: A parent's perspective. *Neonatal Network*, February, 25-27.

H. **APPROVAL PROCESS:**

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

**PROCEDURE: INSTRUMENT CLEANING STERILE PROCESS AND TRANSPORT TO STERILE PROCESSING DEPARTMENT (SPD) OF WCS INSTRUMENTS-**

Purpose: To outline the procedure and individuals responsible for the initial instrumentation cleaning process and transport to SPD. Instrument decontamination, final cleaning and sterilization occur in SPD and not at the unit level. Once sterilized, instrument packs and instrument trays are picked up in SPD for unit use.

~~sterilizing and packing cesarean section packs, vaginal delivery packs, tubal ligation packs and singles.~~

Equipment:

1. An identified enclosed case cart to transport dirty instruments to SPD
2. An identified case cart to transport sterilized instrument packs and trays from SPD to the unit.
3. Appropriate sized containers and/or basins, with lids to transport dirty instruments to SPD.
4. Appropriate enzymatic cleaning product
5. Protective personal equipment

~~Two case carts, containers for singles and dirty instruments~~

A. PROCEDURE:

1. All instruments from the Women's and Newborn Children's Services (WNS) unit will be initially cleaned **on the unit but then transported to SPD for further decontamination, packaging, and sterilization, sterilized and packaged by SPD.**
- ~~2. Sterile instrument packs will be delivered by SPD at 0600, 1200, 1800, and 0000.~~
2. WNS staff shall adhere to standard universal precautions, to include eye protection as indicated.
3. WNS staff is responsible for the initial instrument cleaning process which includes transferring the instruments to the biohazard room for initial cleaning, as soon as possible after use, and coating the instruments generously with an approved enzymatic gel or spray while in a basin or container that can be securely covered.
 - a. For grossly contaminated instruments, the staff shall remove tissue, clots, and/or gross blood, with gauze or rinse lightly with water before applying the enzymatic product.
4. The containers with the dirty instruments will be placed into a case cart, located in the biohazard room in the Labor and Delivery (L&D) Operating Room spaces and transported to SPD in an enclosed case cart, with a biohazard label on the outside, for eventual processing at least once a shift, at a minimum.
 - a. If dirty instrument sets become more than four in number, efforts shall be made by the L&D staff to transport the case cart to SPD immediately, so the instrument kits/trays are cleaned, processed, sterilized, and returned in a timely manner.
5. The L&D Techs/ staff will pick up clean/sterilized, packaged instruments and trays from SPD at least once a shift, or more often if needed, and transport the sterile gear back to the unit in a "clean" case cart
6. The sterilized trays and instrument packs will be stored in a clean supply room until utilized for patient care.
7. The SPD manager shall be notified for any problems encountered related to the instrument cleaning, packaging, and/or sterilization process by calling 760-908-3367.

Department Review	Department of OB/GYN	Department of Pediatrics	Pharmacy and Therapeutics	Infection Control Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
01/16	n/a	n/a	n/a	03/16	n/a	04/16	

3. ~~Dirty instruments will be rinsed by the OB tech, placed in clearly marked containers marked "dirty" and transported by the OB techs at 1000, 1400, 2200, and 0200.~~
- 4.8. A moist towel will be placed over rinsed instruments awaiting transport with container sealed.
5. ~~Dirty case cart will be located in the dishwashing OR area on labor and delivery.~~
6. ~~SPD will deliver sterilized, packaged instruments on cart labeled "clean" which will be located in L&D OR supply station.~~
7. ~~OB techs should call extension 7288 SPD storage equipment for additional packs when necessary.~~
8. ~~SPD techs are to call extension 7453 and notify shift supervisors of any potential delays in process.~~

B. REFERENCES:

1. AORN (2015). Guidelines for Perioperative Practice, 2015 Edition, Denver, CO.
2. ACOG & AAP (2012). Guidelines for Perinatal Care, 7th Edition, Washington DC.

**TRI-CITY MEDICAL CENTER
PHARMACY AND THERAPEUTICS COMMITTEE**

Request for Formulary Status Evaluation:

Admission { x } Deletion { }

Date: 09/02/2015

Requestor: Dr. David Spiegel

Trade Name: Entresto

Generic Name: Sacubitril/Valsartan

Dosage form(s): Tablet, Oral: 24/26mg, 49/51mg, 97/103mg

Indications:

1. Reduce the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure (NYHA Class II-IV) and reduced ejection fraction.

Efficacy:

Sacubitril/valsartan was superior to enalapril in reducing the risk of the combined endpoint cardiovascular death or hospitalization for heart failure, based on a time-to-event analysis (hazard ratio [HR]: 0.80, 95% confidence interval [CI], 0.73, 0.87, $p < 0.0001$). The treatment effect reflected a reduction in both cardiovascular death and heart failure hospitalization. Sudden death accounted for 45% of cardiovascular deaths, followed by pump failure, which accounted for 26%. Sacubitril/valsartan also improved overall survival (HR 0.84; 95% CI [0.76, 0.93], $p = 0.0009$). This finding was driven entirely by a lower incidence of cardiovascular mortality in sacubitril/valsartan.

Safety:

Propensity for medication error: Low

Abuse potential: None

Sentinel event potential:

- 1) **Angioedema:** In the double-blind period of PARADIGM-HF, 0.5% of patients treated with sacubitril/valsartan had angioedema
- 2) **Hypotension:** In the double-blind period of PARADIGM-HF, 18% of patients treated with sacubitril/valsartan reported hypotension as an adverse event, with hypotension reported as a serious adverse event in approximately 1.5% of patients in both treatment arms
- 3) **Impaired Renal Function:** In the double-blind period of PARADIGM-HF, 5% of patients in both the sacubitril/valsartan and enalapril groups reported renal failure as an adverse event
- 4) **Hyperkalemia:** In the double-blind period of PARADIGM-HF, 12% of patients treated with sacubitril/valsartan reported hyperkalemia as an adverse event

Cost comparison with similar Formulary products: N/A

Other considerations:

Combined inhibition of the renin-angiotensin system and neprilysin provides for a novel class of agents with potential for therapeutic benefit in patients with HFrEF. Sacubitril/valsartan was found to be superior to enalapril in reducing the risk of death and hospitalization for heart failure. Additionally sacubitril/valsartan was well tolerated, however given the run-in study design, the adverse reaction rates reported are likely lower than expected in practice.

Recommendation:

1. Add sacubitril/valsartan to TCMC formulary for the indication of reducing the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure (NYHA Class II-IV) and reduced ejection fraction
2. Restrict prescribing of this agent to the Cardiology Service for both new and established patients

Process/Plan to monitor Patient Response:

- 1) Monitor blood pressure and electrolytes at baseline throughout therapy
- 2) Patients to be primarily monitored on an outpatient basis by a cardiologist (heart failure functional status assessment)

References:

1. Sacubitril/valsartan (Entresto™) [package insert]. East Hanover, NJ. Novartis Pharmaceuticals Corp. 2015.
2. Solomon SD, Zile M, Pieske B, et al. The angiotensin receptor neprilysin inhibitor LCZ696 in heart failure with preserved ejection fraction: a phase 2 double-blind randomized controlled trial. *Lancet* 2012; 380:387-95
3. Iso S, Stoh M, Tamaki Y, et al. Safety and efficacy of LCZ696, a first-in-class angiotensin receptor neprilysin inhibitor, in Japanese patients with hypertension and renal dysfunction. *Hypertension Research* 2105; 38:269-275
4. McMurray JJ, Packer M, Desai AS, Gong J, Lefkowitz MP, Riskala AR, et al. Angiotensin neprilysin inhibition versus enalapril in heart failure. *N Engl J Med*. 2014 Sept 11;371: 993-1004.

Date: _____ Time event recognized: _____ Time Code Blue Team arrived: _____ Location: _____
Pre code Events: _____

Time	Resp			Pulse		Rhythm			Bolus / Dose / Route						Code status: Full Code <input type="checkbox"/> No Code <input type="checkbox"/>			
	Spontaneous Rate	Assisted Breaths (✓)	ETCO ₂ mmHg	Spontaneous Rate	Compressions (✓)	B/P	Rhythm	Defib/Cardiover Joules	AED? (✓)	Amiodarone /mg	Atropine /mg	Epinephrine /mg	Etomidate /mg	Neuromuscular Block ()		Fluid Bolus: /mLs		
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Time of intubation: _____ ETT size/depth: _____ ETCO₂ confirmation of ETT placement ☐
Debriefing/Eval completed? ☐ Emergency Event form completed by RN and RCP? ☐

Recorder's Name/Initials: _____ / _____ RCP's Printed Name/Initials: _____ / _____
1st Code Team RN's Name/Initials: _____ / _____ Responding Physician's Printed Name: _____
2nd Code Team RN's Name/Initials: _____ / _____ Responding Physician's Signature: _____
Primary F _____ Name/Initials: _____ / _____

Affix Patient Label

Governance & Legislative Committee Meeting Minutes
Tri-City Healthcare District
April 5, 2016

Members Present: James J. Dagostino, DPT, PT, Chairperson; Director Ramona Finnila; Director RoseMarie V. Reno; Dr. Paul Slowik, Community Member; Blake Kern, Community Member; Eric Burch, Community Member; Dr. Marcus Contardo, Physician Member; Dr. Henry Showah, Physician Member

Non-Voting Members: Greg Moser, General Counsel; Steve Dietlin, CEO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO

Others Present: Teri Donnellan, Executive Assistant; Sherry Miller, Manager, Medical Staff

Absent: Al Memmolo, Community Member; Dr. Gene Ma, Chief of Staff

	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order/Introduction	The meeting was called to order at 12:30 p.m. in Assembly Room 3 at Tri-City Medical Center by Chairman Dagostino. Chair Dagostino introduced Mr. Steve Dietlin, CEO to committee members.		
2. Approval of Agenda	Director Dagostino requested item 7. b) Review and discussion of Board Policy 14-023 – Responsibility for Decision-making on Legal Matters be pulled from the agenda to allow staff additional time for review. It was moved by Director Finnila to approve the agenda as amended. Ms. Blake Kern seconded the motion. The motion passed unanimously.	Modified agenda approved.	
3. Comments from members of the public	Chairman Dagostino read the Public Comments announcement as listed on today's Agenda.	Information only	
4. Ratification of prior Minutes	It was moved by Director Finnila and seconded by Dr. Contardo to ratify the minutes of the February 2, 2016 Governance & Legislative Committee. Mr. Eric Burch requested a correction to the minutes on page 4 to reflect that he was not absent from the vote.	Minutes corrected to reflect Mr. Burch was present for the vote. Amended minutes ratified.	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
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5. Old Business –			
a. Review and discussion of amendment to Board Policy 14-037 – CEO Succession Planning	<p>In follow-up to discussion at last month's meeting, General Counsel stated Board Policy 14-037 CEO and CCO Succession Planning has been amended to include a definition of "incapacitation" that includes an inability to perform duties for a period of three consecutive months or more.</p> <p>Director Reno questioned if the incapacitation of the Chief Operating Officer should be included in the policy. Mr. Moser stated the policy was designed to include the two positions hired by the Board, the CEO and CCO.</p> <p>Extensive discussion was held regarding whether community leaders should be included in section II. F. 5. Related to the Search Committee for the Chief Compliance Officer. Ms. Kern commented that the language as written provides greater flexibility and is subjective. Director Finnilla expressed concern that the CCO is a highly specialized field and unless someone is trained in audit and compliance they should not participate in the search committee. Mr. Moser clarified that a Search Committee is comprised of three Board members and therefore is a Board function.</p> <p>It was moved by Director Finnilla to amend the policy to strike "community leaders" from section II. F. 5 related to the Search Committee for the CCO. Dr. Slowik seconded the motion. The motion passed unanimously.</p> <p>It was moved by Director Finnilla to approve the policy in its entirety. Dr. Contardo seconded the motion. The motion passed unanimously.</p>	<p>Recommendation to be sent to the Board of Directors to approve Board Policy 14-037 CEO/CCO Succession Planning Policy as presented and amended; item to appear on next Board agenda and included in Board Agenda packet.</p>	Ms. Donnellan
6. New Business			
a. Review and Discussion of Cardiology Privilege Card	Ms. Sherry Miller, Manager, Medical Staff reported the Cardiology Privilege Card included in today's meeting packet was developed in collaboration with Dr. Spiegel		

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>and the Cardiology Department to rearrange their privilege card to appear more "bundled" . Ms. Miller explained the term "bundling" which in essence bundles "like" procedures "like" areas of the body, "like" education and training, etc. She stated the language at the beginning of the privilege card permits the physician to strike through any procedure that he/she does not want to perform. Ms. Miller stated the Medical Staff office oversees the credentialing process to ensure physicians are meeting the criteria outlined in the respective privilege card.</p> <p>Committee members suggested several formatting and grammatical revisions.</p> <p>Dr. Contardo complemented Ms. Miller and her staff on the design of the privilege card and stated it is a model that should be utilized by other divisions.</p> <p>It was moved by Director Reno to recommend approval of the Cardiology Privilege Card as presented and amended. Dr. Contardo seconded the motion. The motion passed unanimously.</p> <p><i>Ms. Miller left the meeting at 12:52 p.m.</i></p>		Ms. Donnellan
b. Review and discussion of Board Policy 14-023 – Responsibility for Decision-making on Legal Matters	Board Policy 14-023 – Responsibility for Decision-making on Legal Matters was deferred pending further review.	Board Policy 14-023 – Responsibility for Decision-making on Legal Matters to be placed on a future agenda.	Ms. Donnellan
c. Discussion related to serving of alcoholic beverages at TCHD social functions	Director Reno stated she has concerns that the hospital does not have a policy related to the serving of alcoholic beverages at TCHD social functions. Mr. Moser stated the Business Expense policy included in today's meeting packet as well as Board Policy 14-020 Business Expense Reimbursement reflects that alcohol is a personal expense and will not be reimbursed to employees or Board members. Mr. Moser stated the District's policies are consistent in how public agencies handle themselves.	Serving of alcoholic beverages at TCHD social functions will be placed on a future agenda of the Board.	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>of alcoholic beverages at social functions and who pays for the beverages. Mr. Dietlin stated that in the past alcohol has been purchased for cooking or for treatment of the patient, however in practice we do not reimburse or purchase alcohol. It was noted that alcohol may be served from time to time at events where Tri-City is a sponsor, however a sponsorship cannot dictate how the funds are spent. Director Reno clarified that she is not opposed to the serving of alcohol at TCHD social events, however is raising the question due to community concern.</p> <p>Extensive discussion was held regarding the pros and cons of implementing a new hospital policy related to the consumption of alcoholic beverages at social events. It was suggested the issue be brought to the full Board for discussion.</p>		
7. Discussion regarding Current Legislation	<p>Chairman Dagostino reported Director Mitchell is in Sacramento representing the District on the Design Build Bill. He explained the Bill, if passed, will allow healthcare districts to utilize the design build concept.</p> <p>Director Finnilla stated SEIU has a ballot initiative to limit the compensation of executives here at Tri-City to \$250,000. She explained that the Board does not support the initiative and believes the initiative would severely limit our ability to recruit top candidates. She noted the union recently sent out a second flyer on this subject to homes in the Tri-City area. Mr. Moser stated a hearing is scheduled for May 27th on this matter.</p> <p>Lastly, Director Finnilla clarified one of the individuals who signed the ballot measure is a past employee who contends that she was fired due to her participation in union activities however the employee violated hospital privacy policy which caused her termination.</p>	Information only.	
8. Review of FY2016 Committee Work Plan	The FY2016 Committee Work Plan was included in today's meeting packet for reference.	Information only.	

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>Chairman Dagostino noted the CEO Ad Hoc Compensation Committee should be struck from the current Work Plan due to the recent hiring of Mr. Dietlin and resolution of this contract.</p> <p>Chairman Dagostino polled community members on their impression of the committee and their role as committee members. He stated Tri-City is one of the few districts that involve community members on their committees.</p> <p>Committee members unanimously agreed that they value participating on the committee but would like to have the community role expanded. Committee members commented that they spend a considerable amount of time reviewing format and spelling in policies and it may not be the best use of the committee's time and expertise.</p> <p>Director Finnilla commented on the importance of accurate policies that focus on the issue at hand. She stated she has seen a major improvement in policy format and structure and believes the community members have contributed to that success. Director Finnilla suggested the committee consider topics the committee could expand upon related to Governance.</p> <p>Director Reno stated the Governance Institute has indicated that the Board does not spend enough time on real issues. She commented on the role of the Professional Affairs Committee related to review of policies and procedures.</p> <p>Chairman Dagostino stated that the challenge is to work more efficiently and perhaps look at reconfiguring the board committee structure.</p>		
9. Committee Communications	<p>Director Reno commented that the Board recently approved distribution of the Administrator On-Call Schedule and she would like to see it distributed.</p> <p>Director Reno provided examples of situations in which</p>	Ms. Donnellan to distribute the Administrator On Call Schedule.	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	a Board member may need to reach the Administrator on Call.		
10. Community Openings – None	There are currently no openings on the committee.		
11. Confirm date and time of next meeting	The committee's next meeting is scheduled for Tuesday, May 3rd at 12:30 p.m. Chairman Dagostino noted he would be in Washington, D.C. at the AHA Annual Meeting and will be unable to attend the May meeting. The committee may cancel the May meeting depending on agenda.	The next meeting of the Committee is May 3 rd .	
12. Adjournment	Chairman Dagostino adjourned the meeting at 1:31 p.m.		

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

BOARD POLICY #14-037

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

I. PURPOSE:

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

II. PRACTICE

- A. It is the responsibility of the Board of Directors in consultation with the Chief Executive Officer of the District to develop and maintain this plan, and to review the plan on an annual basis.
- B. In the event of incapacitation of the Chief Executive Officer or the Chief Compliance Officer, the situation will be evaluated by the Board in consultation with the Chief of Staff of Tri-City Medical Staff to determine the need for the immediate appointment of an interim Chief Executive Officer or interim Chief Compliance Officer. For purposes of this policy, “incapacitation” means physical or mental incapacitation due to disease, illness or accident where there is reasonable cause to believe that the incumbent will not be able to perform the duties of his or her office for a period of three consecutive months or more. For purposes of this policy “temporary” incapacitation shall mean less than three

consecutive months. Nothing in this policy shall be construed to abridge any rights an employee may have under his or her contract or any insurance coverage or workers compensation laws.

- C. Appropriate arrangements will be made through the District's legal counsel and Chief Financial Officer for the interim Chief Executive Officer or Interim Compliance Officer to have the necessary signing authority where required.
- D. After the Board Chair, in consultation with the Vice President of Human Resources, has been made aware of whether the incapacitation or disability is temporary or permanent, the following will occur:
1. In the event of temporary incapacitation, the interim Chief Executive Officer or interim Chief Compliance Officer will continue in that role until the determination is made by the Board that the Chief Executive Officer or Chief Compliance Officer, respectively, can resume the position.
 - a. In the event of temporary incapacitation of the Chief Executive Officer, the following list identifies the positions that will be considered by the Board to fill the role for the period of the Chief Executive Officer's incapacitation.
 - Chief Operating Officer;
 - Chief Nurse Executive;
 - Chief Financial Officer;
 - Other qualified members of the senior leadership team.
 - b. In the event of temporary incapacitation of the Chief Compliance Officer, the following list identifies the positions that will be considered by the Board to fill the role for the period of the Chief Compliance Officer's incapacitation.
 - The District's legal counsel;
 - Other qualified members of the senior leadership team.
 2. In the event of permanent incapacitation, the members of the Board will confer on the process to select and appoint a Search Committee to initiate the search for a new Chief Executive Officer or Chief Compliance Officer.
- E. Communications
1. Once a determination has been made, it will be the responsibility of the Board Chair to communicate the plan of action with the District leadership, medical staffs, Auxiliary, Foundation, and employees, as appropriate, the plan of action to be initiated in search of the new Chief Executive Officer or Chief Compliance Officer. This may take the form of special newsletters, e-mails, telephone calls, etc.

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

F. Impending Vacancy Caused By Resignation or Termination

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

5. Representation on the Search Committee for the Chief Compliance Officer may include, but is not limited to:
 - a. The Chief Executive Officer;
 - b. ~~Community Leaders;~~
 - c. ~~Auxiliary;~~
 - d. ~~b.~~ Staff Members of Tri-City Medical Center.
6. The role of the Search Committee will be:
 - a. Manage the search process, including initiation of request for proposals (RFPs) for selection of a search firm;
 - b. Interview and recommendation of a search firm, if appropriate;
 - c. Review and approve the Success Profile (job description/ requirements) for the Chief Executive Officer or Chief Compliance Officer position;
 - d. Interview candidates and screen references;
 - e. Recommend the top candidates to the TCHD Board for final interview.
7. The Search Committee will meet within two weeks of their appointment to begin the selection process. The Vice President of Human Resources will serve as staff to the committee.
8. Should the Vacancy date be later than one (1) year or longer, a Search Committee will be formed within six (6) months of the Chief Executive Officer or Chief Compliance Officer leaving the position to allow time for adequate selection of the incumbent's replacement and an effective transition to occur.
9. The Chair of the Search Committee will make regular and timely reports to the Board on the progress of the search.
10. The Search Committee must comply with the public notice and open meeting requirements of the Ralph M. Brown Act, as applicable.

Reviewed by the Gov/Leg Committee: 09/10/08 & 10/15/08 & 05/13/09

Approved by the Board of Directors: 05/28/09

Reviewed by the Gov/Leg Committee: 04/01/14

Approved by the Board of Directors: 04/24/14

Reviewed by the Gov/Leg Committee: 04/05/2016

Tri-City Medical Center

**CARDIOLOGY
CLINICAL PRIVILEGES REQUEST FORM**

NAME:	DATE:
SPECIALTY:	TELEPHONE:

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

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

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

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

COGNITIVE PRIVILEGES:

Initial Requirement: Must meet basic qualifications as outlined above.

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

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

- ☐ Admission of a Patient to Inpatient Services
- ☐ Performance of a History and Physical Examination, including via telemedicine
- ☐ Performance of a Cardiac Consultation, including via telemedicine
- ☐ Approved ☐ Approved with Proctoring ☐ Declined ☐ Deferred
- ☐ Operation of Fluoroscopy Equipment
- Prerequisite Criteria: Requires Current Fluoroscopy certificate.

ALLIED HEALTH PRACTITIONER SUPERVISOR PRIVILEGES

☐ Supervision of an approved category of Allied Health Practitioner
SEDATION/ANALGESIA PRIVILEGES:

☐ Moderate Sedation/Analgesia

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

☐ Deep Sedation Sedation/Analgesia

Initial Criteria:

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

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

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

☐ Approved ☐ Approved with Proctoring ☐ Declined ☐ Deferred

BASIC INVASIVE PROCEDURES:

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

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

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

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

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

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

CARDIAC CATHETERIZATION PROCEDURES

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

Proctoring Requirements: Five (5) cases

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

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

☐ Criteria Met

☐ Documentation of _____ Case(s) Required

☐ RIGHT Cardiac Catheterization

☐ LEFT Cardiac Catheterization

☐ Coronary Arteriography

☐ Approved

☐ Approved with Proctoring

☐ Declined

☐ Deferred

☐ SPECIAL PROCEDURES

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

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

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

Electrophysiologic Testing & Ablation, complete requires training & one hundred (100) cases within two years prior to application.

Electrophysiologic Testing & Ablation, right sided mapping only requires training & one hundred (100) cases within two years prior to application, with documentation of forty (40) cases within two (2) years prior to application.

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

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

Proctoring Requirements:

Permanent Pacemakers/ICDs: two (2)

Percutaneous angioplasty (PTCA): twenty five (25)

Electrophysiologic Testing & Ablation, complete: five (5)

Electrophysiologic Testing & Ablation, right sided mapping only: five (5)

Rotational Atherectomy: three (3)

Transesophageal echocardiography: five (5)

Reappointment Criteria:

Permanent Pacemaker/ICD cases: ten (10)

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

Electrophysiologic testing and Ablation, complete: Forty (40)

Electrophysiologic testing and Ablation, Right Side Mapping ONLY cases: Forty (40)

Rotational Atherectomy: six (6)

Transesophageal echocardiography: ten(10)

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

☐ Criteria Met

☐ Documentation of _____ Case(s) Required

Procedures:

- ☐ Permanent Pacemaker/ICD Insertion
- ☐ Percutaneous Angioplasty (PTCA)
- ☐ Electrophysiologic Testing and Ablation, Complete
- ☐ Electrophysiologic testing and Ablation, Right-Side Mapping only
- ☐ Rotational Atherectomy
- ☐ Transesophageal echocardiography

☐ Approved ☐ Approved with Proctoring ☐ Declined ☐ Deferred

NON-INVASIVE PROCEDURES:

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

Proctoring Requirements:

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

Reappointment Criteria:

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

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

☐ Criteria Met

☐ Documentation of _____ Case(s) Required

- ☐ ECG
- ☐ Stress Echo
- ☐ Thoracic Echo
- ☐ Holter Monitor
- ☐ Treadmills

☐ Approved ☐ Approved with Proctoring ☐ Declined ☐ Deferred

Cardiology Department Approval: 03-02-16
Medical Executive
Committee Approval: 03-28-16
Board of Directors
Approval: 04 -00-16
(CARDPRIV 04/16)

Applicant's Signature

Date

Department of Cardiology Chair Signature

Date

Tri-City Medical Center
Audit, Compliance & Ethics Committee
April 21, 2016
Assembly Room 1
8:30 a.m-10:30 a. m.

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

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order	<p>The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Finnila.</p> <p>Chairperson Finnila introduced newly appointed CEO Mr. Steve Dietlin. Mr. Dietlin stated he feels fortunate to have the opportunity to work with a great group of people and looks forward to moving the organization forward.</p> <p>Chairperson Finnila introduced and welcomed Acting Chief Financial Officer, Mr. Ray Rivas. Mr. Rivas provided a brief summary of his background and experience, noting he has been with Tri-City for four years mainly involved in the revenue cycle area.</p>		
2. Approval of Agenda	It was moved by Mr. Leslie Schwartz and seconded by Ms. Kathryn Fitzwilliam to approve the agenda as presented. The motion passed unanimously.	Agenda approved.	Ms. Donnellan
3. Comments by members of the public and committee members on any item of interest to the public before Committee's	There were no public comments.		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
consideration of the item			
4. Ratification of minutes – February 18, 2016	It was moved by Director Schallock and seconded by Ms. Kathryn Fitzwilliam to approve the minutes as presented. The motion passed unanimously.	Minutes ratified.	Ms. Donnellan
5. New Business			
A) Review and Discussion of Policies & Procedures: 1. 8610-210 – Review of Tri-City Medical Center Information by Board Members	Chairperson Finnila explained the purpose of Policy 8610-210 – Review of Tri-City Medical Center Information by Board Members is to protect patient and employee confidential information when requested by a Board member. Minor revisions were suggested for clarity. Discussion was held regarding the term C-Suite. Ms. Bernard-Shaw explained the C-Suite refers to all members of the executive team with a title of “chief”. It was moved by Mr. Cumming and seconded by Director Mitchell to recommend approval of Policy 8610-210 – Review of Tri-City Medical Center Information by Board Members as presented and amended. The motion passed unanimously.	Recommendation to be sent to the Board of Directors to approve Board Policy 8610-210 – Review of Tri-City Medical Center Information by Board Members; item to appear on next Board agenda and included in Board Agenda packet.	Ms. Donnellan
2. 8750-558 – Responding to Compliance Issues – Introduction; General Policies (DELETE)	Ms. Bernard-Shaw explained Policy 8750-558 – Responding to Compliance Issues – Introduction; General Policies was deleted and incorporated into Policy 8750-559 – Responding to Compliance Issues Introduction; Reports of Suspected Misconduct; Confidentiality to avoid redundancy.		
3. 8750-559 – Responding to Compliance Issues Introduction; Reports of Suspected Misconduct; Confidentiality	Ms. Bernard-Shaw, CCO stated Policy 8750-559 – Responding to Compliance Issues Introduction; Reports of Suspected Misconduct; Confidentiality describes the internal processes of the Compliance Department. Several formatting changes were suggested to Policy. It was moved by Mr. Cumming and seconded by Ms. Kathryn Fitzwilliam to recommend deletion of approval of Policy 8750-559 – Responding to Compliance Issues Introduction; Reports of Suspected Misconduct; Confidentiality and approval of Policy 8750-559 – Responding to Compliance Issues Introduction; Reports of Suspected Misconduct; Confidentiality. The motion	Recommendation to be sent to the Board of Directors to delete Policy 8750-558 – Responding to Compliance Issues – Introduction; General Policies and approve Policy	Ms. Donnellan

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	passed unanimously.	8750-559 – Responding to Compliance Issues Introduction; Reports of Suspected Misconduct; Confidentiality as presented and amended; item to appear on next Board agenda and included in agenda packet.	
B) Review and discussion of non-clinical contracts	<p>An updated Non-Clinical Contract Evaluation Spreadsheet was distributed to committee members. Ms. Bernard-Shaw reported at last month's meeting she introduced the process for review of the non-clinical contracts and the committee recommended any issues rated "3" and above be reviewed.</p> <p>With regard to Geonetric, Inc. Ms. Bernard-Shaw noted the reviewer did not observe any glaring omissions in terms of the contract, however there were issues with customer service and the review indicated poor and expensive service. She clarified that although there were no patient concerns the contract did not meet expectations of staff who evaluated the contract. As a result, management has made the decision not to renew the contract.</p> <p>Discussion was held regarding the Committee and the Board's role in reviewing the contracts. Ms. Racicot explained the committee's role is to determine if management has resolved the matter, not to approve the resolution of the matter. In general, the regulatory authorities want to ensure the committee and the Board has oversight of the contracts.</p> <p>The second contract, also with a "3" rating was Landgraphics Enterprises, Inc. Ms. Bernard-Shaw stated the former CEO had issues with the contract due to cost and quality concerns. Director Mitchell stated the contract was sent out to bid and reconfigured to save \$100,000. Director Mitchell stated the new Landgraphics Enterprises, Inc. contract was brought forward to the Finance, Operations &</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>Planning Committee this week for recommendation to the Board. Mr. Conley, COO stated the prior issues have been resolved.</p> <p>The final contract reviewed, also with a "3" rating was Mascari Warner Architects. Ms. Bernard-Shaw noted the reviewed found issues with design and construction and those issues have been resolved.</p> <p>Ms. Bernard-Shaw stated the Kingsbridge Healthcare Finance equipment lease has not yet been reviewed by the responsible party and therefore has not been given a rating. She noted Kingsbridge Healthcare Finance will be brought back to the May meeting.</p> <p>Ms. Bernard-Shaw explained it was necessary to review all contracts in the database, including those that have expired.</p> <p>Committee members concurred the process has been followed and management has taken the appropriate steps in review of the contracts and recommended they move forward to the Board for approval. The committee voted yes unanimously.</p> <p>Ms. Bernard-Shaw stated going forward she will include the evaluation summary for all contracts that receive a rating of "4" or higher.</p>	<p>Recommendation to be sent to the Board of Directors to approve the list of Non-Clinical Contracts as presented; item to be placed on Board agenda and included in Board agenda packet.</p>	Ms. Donnellan
C) Organizational Compliance Committee Report	<p>Ms. Bernard-Shaw gave a brief report on the Organizational Compliance Committee which was initiated in September and comprised of various Directors and Managers. She explained the Committee was formed to meet OIG standards and is required to meet at a minimum quarterly. Ms. Bernard-Shaw stated the committee has met virtually once a month since September and have done a variety of</p>	<p>Values Line Summary Report to be placed on the May agenda.</p>	Ms. Donnellan

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>things including developing a Charter, reviewing security and values line reports and review of the OIG Work Plan. Chairperson Finnilla clarified the Organizational Compliance Committee is a separate committee from the Board Audit, Compliance & Ethics Committee.</p> <p>Ms. Diane Racicot commented that she provided Stark and Anti-Kickback training to the Organizational Compliance Committee.</p> <p>It was suggested a Values Line Report summary be brought forward to this committee on a quarterly basis.</p>		
D) Executive Compliance Committee Report	<p>Ms. Bernard-Shaw gave a brief report on the Executive Compliance Committee which is comprised of Executive Management. Again, the Executive Compliance Committee was formed to meet OIG standards and is required to meet quarterly at a minimum. Ms. Bernard-Shaw explained the Executive Compliance Committee reviews the work of the Organizational Compliance Committee and have discussed expectations of the management team related to compliance. Ms. Bernard-Shaw commented briefly on a one-hour video that this committee may find informative. Ms. Bernard-Shaw stated the physicians are required to have their own compliance program which should be in sync with the hospital's compliance plan.</p>	Information only	
E) Compliance Program Plan Update	<p>Ms. Bernard-Shaw provided an update on the Compliance Plan Program and the status of key tasks. The main topics of the program plan include the following:</p> <ul style="list-style-type: none"> ➤ Structure of Program ➤ Contracts Compliance ➤ Auditing & Monitoring ➤ Compliance Program Oversight ➤ OIG Self-Disclosure follow-up ➤ Maintain Compliance Program Elements ➤ Compliance Program Effectiveness Review ➤ OIG Work Plan 	Information only	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>➤ Critical Projects</p> <p>With regard to staffing, Ms. Bernard-Shaw stated she has hired a Legal Assistant and has two temp to hire Paralegals supporting the contracts function. The Director of Auditing, Monitoring & Investigations Job Description has been vetted and will be ready for posting shortly. She noted the Director of Compliance Analytics Training & Policy Job Description is still under review.</p> <p>Ms. Bernard-Shaw stated the OIG self disclosure process is complete and we are in the process of aligning systems and processes to prevent future violations.</p> <p>Extensive discussion was held on the screening process of employees and vendors to ensure they aren't on the OIG exclusion list. Ms. Bernard-Shaw stated this screening process will be done on a more frequent basis to ensure compliance as fines can be enormous.</p> <p>With regard to Compliance Training, Ms. Bernard-Shaw stated employee orientation modules have been updated and current employee training is in process. Ms. Racicot stated she has provided targeted HIPAA training for the Foundation that was well received. Ms. Bernard-Shaw also commented Ms. Racicot has provided training to Business Development staff.</p> <p>Ms. Bernard-Shaw provided information on the District's Gift Policy. She stated staff is discouraged from accepting gifts from vendors due to conflicts of interest. She noted there are exceptions to the policy such as gifts by patients of minimal value such as cookies.</p> <p>With regard to the Medical Staff, Ms. Bernard-Shaw reported the Medical Staff is an independent entity and controls their own compliance program. Additionally, outside counsel is leading the review of the Medical Staff Bylaws. It was suggested compliance training for physicians</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>be a priority due to the recent issues with the OIG and the need for physicians to have a better understanding of their contracts and what is allowable.</p> <p>Ms. Bernard-Shaw noted the importance of looking closely at the physician recruitment process.</p> <p>Mr. Cumming requested an update on ICD 10 implementation. Mr. Ray Rivas, Acting Chief Financial Officer stated Ms. Colleen Thompson and her staff were well prepared for the transition and the impact has been minimal. Mr. Dietlin stated A/R increased slightly as predicted but is trending downward.</p> <p>Ms. Bernard-Shaw stated a review of the Compliance Program Effectiveness will be initiated after the first full year of the CCO's tenure.</p>		
6. Old Business A) Policy and Procedure Grid	<p>The Policy and Procedure Grid was included in today's meeting packet for informational purposes. It was noted dates were added to the grid as requested by the committee previously.</p>	Information only	
7. Oral Announcement of Items to be Discussed during Closed Session (Government Code Section 54957.7)	<p>Chairperson Finnilla made an oral announcement of the item listed on the agenda to be discussed during closed session which included approval of closed session minutes.</p>		
8. Motion to go into closed session	<p>It was moved by Mr. Cumming and seconded by Ms. Kathryn Fitzwilliam to go into closed session at 10:08 a.m. The motion passed unanimously.</p>		
9. Open Session	<p>The committee returned to open session at 10:09 a.m. with attendance as previously noted.</p>		
10. Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	<p>Chairperson Finnilla reported no action was taken in closed session.</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
11. Comments from Committee Members	Chairperson Finnila stated she will be meeting with our Auditor, John Blakely as a matter of routine business.	Information Only	
12. Date of Next Meeting	Chairperson Finnila stated the Committee's next meeting will be held on May 19, 2016.	The committee's next meeting is scheduled for May 19, 2016.	
13. Adjournment	Chairperson Finnila adjourned the meeting at 10:09 a.m.		



AUDIT AND COMPLIANCE COMMITTEE
April 21st, 2016

<u>Administrative Policies & Procedures</u>		Reason	Recommendations
1. Review of Tri-City Medical Center Information by Board Members	8610-210	3 year review, practice change	Forward to BOD for approval with revisions
2. Responding to Compliance Issues – Introduction; General Policies 8750-558	8750-558	DELETE	Forward to BOD for approval
3. Responding to Compliance Issues – Introduction; Reports of Suspected Misconduct; Confidentiality	8750-559	3 year review, practice change	Forward to BOD for approval with revisions

Administrative Policy Manual

ISSUE DATE: 01/13

SUBJECT: Review of Tri-City Medical Center
Information by Board Members

REVISION DATE:

POLICY NUMBER: 8610-210

Department Approval Date:	1/16
Administrative Policies & Procedures Committee Approval:	4/1302/16
Audit, Compliance and Ethics Committee Approval:	04/16
Professional Affairs Committee:	1/13
Board of Directors Approval:	1/13

A. **PURPOSE:**

1. To ensure confidential information, patient information and employee information is protected in accordance with Tri-City Healthcare District's (TCHD) legal and ethical responsibilities **when a Board member seeks information.**

B. **POLICY:**

1. All requests by a Board member must be approved and confirmed by the Executive Management team member ("C" suite).
 - a. Personnel Employment, health care records of patients and employees are not accessible or other information deemed confidential by legislative or regulatory requirements.
2. TCHD employees may only provide hard copies of District documentation to TCHD Board Members on site in their Board designated office space.
3. A TCHD Security Officer will be present as requested by the TCHD employee providing the information.
4. TCHD employees may not allow Board members to make electronic, manual or photo copies of the information being reviewed or remove the documentation from the premises.
5. Any particular set of documents may only be reviewed for up to two (2) hours per session and a maximum of one (1) session per week
6. Patient information, confidential information and privileged information gleaned from these sessions will not be discussed with any individuals unless the individual has a right to know such information.



Tri-City Medical Center
Oceanside, California

Administrative Policy Manual
Compliance

DELETE – This policy has been incorporated into Policy 8750-559 Responding to Compliance Issues; Misconduct; Confidentiality.

ISSUE DATE: 05/12

SUBJECT: Responding to Compliance Issues;
Introduction; General Policies

REVISION DATE(S):

POLICY NUMBER: 8750-558

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):	03/16
Audit, and Compliance and Ethics Committee Approval Date(s):	04/16
Board of Directors Approval Date(s):	05/12

A. PURPOSE:

1. ~~Policy 8750-558 establishes Tri-City Healthcare District's commitment to respond promptly and responsibly with respect to compliance issues that are identified by or brought to the attention of the District's Chief Compliance officer.~~

B. QUESTIONS RELATING TO RESPONDING TO COMPLIANCE ISSUES

1. ~~Any questions about the Responding to Compliance Issues Policies (8750-558 through 8750-562) or questions that are not specifically addressed in the Responding to Compliance Issues Policies should be directed to the Chief Compliance Officer~~

C. AUDIT/DOCUMENTATION:

1. ~~The District shall audit and document compliance with the Responding to Compliance Issue Policies (8750-558 through 8750-561). Such audit shall be conducted pursuant to the Monitoring Compliance/Auditing Policies (8750-551 through 8750-554) and a report shall be made to the Compliance Committee, as appropriate. Relevant documentation shall be maintained in District's Compliance Program files, consistent with District's document retention policies.~~

D.B. RELATED DOCUMENTS:

1. ~~Administrative Policy 8750-551 – Monitoring Compliance – Auditing & Reporting; Introduction; General Policies~~
2. ~~Administrative Policy 8750-552 – Monitoring Compliance – Auditing & Reporting – Annual Compliance Workplan~~
3. ~~Administrative Policy 8750-553 – Monitoring Compliance – Auditing & Reporting – Compliance Reviews and Audits~~
4. ~~Administrative Policy 8750-554 – Monitoring Compliance – Auditing & Reporting – Exit Interviews~~
5. ~~Administrative Policy 8750-559 – Responding to Compliance Issues; Introduction; Suspected Misconduct; Confidentiality~~
6. ~~Administrative Policy 8750-560 – Responding to Compliance Issues; Introduction; Reports of Suspected Misconduct; Non-Retaliation~~
7. ~~Administrative Policy 8750-561 – Responding to Compliance Issues; Reports of Suspected Misconduct Investigation~~

**Administrative Policy Manual
Compliance**

ISSUE DATE: 05/12

SUBJECT: Responding to Compliance
Issues; Introduction;
Suspected Misconduct;
Confidentiality

REVISION DATE(S):

POLICY NUMBER: 8750-559

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):	03/16
Audit, and Compliance and Ethics Committee Approval Date(s):	04/16
Board of Directors Approval Date(s):	05/12

A. PURPOSE

1. ~~Policy 8750-559 provides (1)~~ **To provide** a statement of Tri-City Healthcare District's (TCHD's) policy with respect to the confidentiality of reports of suspected misconduct and potential compliance irregularities.
- 1.2. **To establish TCHD's commitment to respond promptly and responsibly with respect to compliance issues that are identified by or brought to the attention of TCHD's Chief Compliance Officer.**

B. QUESTIONS RELATING TO RESPONDING TO COMPLIANCE ISSUES:

1. ~~Any questions about the Responding to Compliance Issues Policies (8750-559 through 8750-562) or questions that are not specifically addressed in the Responding to Compliance Issues Policies should be directed to the Chief Compliance Officer.~~

G.B. RESPONSE TO COMPLIANCE ISSUE REPORT:

1. ~~When~~ an employee or contractor has made a good faith report of an activity or practice that the employee/contractor believes violates or may violate applicable laws and regulations, ~~District's~~ **TCHD's** Compliance Program Policies or its Code of Conduct, the Chief Compliance Officer shall:
 - a. Appropriately commend the reporting employee/contractor for making the report and document that commendation in the employee's personnel file.
 - b. Strive to keep the identity of the reporting employee /contractor confidential **until such time as that is no longer possible to avoid impeding an investigation.**
 - c. Inform the reporting employee/contractor (if known) that there may come a point in time where his or her identity may become known or may have to be revealed (e.g., if government authorities become involved in the investigation).
 - d. Ensure that no retaliation or retribution action is taken against the reporting employee/contractor by virtue of making the report.

C. AUDIT/DOCUMENTATION:

1. ~~The District TCHD shall audit and document compliance issues with the per Responding to Compliance Department processes. Issues Policies (8750-558 through 8750-562). Such audit~~ **Auditing** shall be conducted ~~done~~ pursuant to the ~~Monitoring Compliance Department processes/Auditing Policies (8750-551 through 8750-554) and~~

2. A report shall be made to the **Organizational** Compliance Committee, as appropriate. Relevant documentation shall be maintained in ~~District's~~ **TCHD's** Compliance Program files, consistent with ~~District's~~ **TCHD's** document retention policies.

3.D. RELATED DOCUMENTS:

- ~~4.1.~~ **Administrative Policy 8750-551 – Monitoring Compliance – Auditing & Reporting; Introduction; General Policies**
- ~~5.2.~~ **Administrative Policy 8750-552 – Monitoring Compliance – Auditing & Reporting; Annual Compliance Workplan**
- ~~6.3.~~ **Administrative Policy 8750-553 - Monitoring Compliance – Auditing & Reporting; Compliance Review & Audits**
- ~~7.4.~~ **Administrative Policy 8750-554 – Monitoring Compliance – Auditing & Reporting; Exit Interviews**
- ~~8.~~ **Administrative Policy 8750-558 – Responding to Compliance Issues; Introduction; General Policies**
- ~~9.5.~~ **Administrative Policy 8750-560 – Responding to Compliance Issues; Reports of Suspected Misconduct Non-Retaliation**
- ~~10.6.~~ **Administrative Policy 8750-561 – Responding to Compliance Issues; Reports of Suspected Misconduct; Investigation**
- ~~11.7.~~ **Administrative Policy 8750-562 – Responding to Compliance Issues; Remedial Action**

1. No issues; 2. Minor issues/resolvable
3. Intermediate issues/resolvable; 4. Major issues/resolvable
5. Major issues/unresolvable/terminate

TRI-CITY HEALTHCARE DISTRICT
NON-CLINICAL CONTRACT EVALUATIONS E thru Q

April 2016

Vendor Name	Contract Number	Contract Type	Responsible Party, Primary	Responsible Department	Expiration Date	Reviewed/Completed	PHI REQ	PHI RCD	ACE Review	Board Review
Elsevier, Inc	1007.602C	License Agreement	Liston, Monique	Education	11/14/2016	12/4/15	N	N	4/21/2016	
Elsevier, Inc	1007.2597C	Subscription Agreement	Liston, Monique	Library Services	10/31/2016	12/4/15	N	N	4/21/2016	
Fallbrook Healthcare District	1007.2964C	License Agreement	Bennett, David	Business Development	06/27/2018	12/2/15	Y	Y	4/21/2016	
First Class Vending	1007.813C	Services Agreement	Moore, Thomas	Cafeteria	12/31/2015	12/4/15	N	N	4/21/2016	
Garda CL West, Inc	1021.1604C	Services Agreement	Dietlin, Steve	Administration	06/01/2016	12/2/15	N	N	4/21/2016	
GE Healthcare	1007.236C	Equipment: Support and Service Agreement	Young, Steve	Imaging Svcs Admin	07/31/2016	12/3/15	Y	Y	4/21/2016	
GE Healthcare	1007.2865C	Equipment: Support and Service Agreement	Young, Steve	Cardiac Cath Lab	09/30/2017	12/3/15	Y	Y	4/21/2016	
GE Healthcare	1007.848C	Equipment: Support and Service Agreement	Young, Steve	Imaging Svcs Admin	07/31/2016	12/3/15	Y	Y	4/21/2016	
GE Healthcare	1007.849C	Equipment: Support and Service Agreement	Young, Steve	Radiology	08/19/2016	12/3/15	Y	Y	4/21/2016	
GE Healthcare	1007.3188C	Services Agreement	Young, Steve	Radiology	09/30/2017	12/3/15	Y	Y	4/21/2016	
Geonetric, Inc	1007.636C	Services Agreement	Johnson, Jamie	Public Affairs - Marketing	06/04/2016	12/4/15	N	N	4/21/2016	
Gordon & Rees LLP	1007.2600C	Professional Service Agreement	Bernard-Shaw, C	Legal and Compliance	Evergreen	12/3/15	N	N	4/21/2016	
Gordon & Rees LLP	1007.3046C	Representation Letter	Bernard-Shaw, C	Legal and Compliance	03/17/2017	12/3/15	N	N	4/21/2016	
Healing HealthCare Systems, Inc.	1007.3035C	License Agreement	Topp, Kathy	Education	09/30/2016	12/4/15	N	N	4/21/2016	
Healthcare Appraisers, Inc.	1007.3291C	Professional Service Agreement	Conley, Kapua	Administration	07/21/2017	12/4/15	N	N	4/21/2016	
Healthcare Revenue Management Group	1007.3078C	Services Agreement	Penix, Joni	Finance	Evergreen	12/4/15	Y	Y	4/21/2016	
HealthcareSource HR, Inc.,	1007.1168C	License Agreement	Liston, Monique	Education	03/31/2016	12/3/15	N	N	4/21/2016	
HealthStream, Inc	1007.2212C	License Agreement	Topp, Kathy	Education	04/01/2017	12/16/15	Y	Y	4/21/2016	
HealthStream, Inc	1007.3348C	Services Agreement	Schultz, Sharon	Administration	09/30/2018	12/3/15	Y	Y	4/21/2016	
HireRight, Inc.	1007.2194C	Services Agreement	Beverly, Esther	Human Resources	12/31/2015	12/2/15	N	N	4/21/2016	
Hirschenhofer, Nadine	1007.2966C	Independent Contractor Agreement	Thompson, Colleen	Medical Records	10/31/2016	12/16/15	Y	Y	4/21/2016	
Hooper, Lundy & Bookman, Inc	1007.1745C	Representation Letter	Bernard-Shaw, C	Legal and Compliance	07/01/2016	12/3/15	N	N	4/21/2016	
Howmedica Osteonics Corp.	1007.2990C	Equipment: Purchase Agreement	Diamond, Mary	Surgery	01/05/2017	12/2/15	N	N	4/21/2016	
HR Consulting Group, Inc	1007.1751C	Consulting Agreement	Beverly, Esther	Human Resources	04/03/2016	12/4/15	N	N	4/21/2016	
HydroWorx International, Inc.	1007.2682C	Maintenance Agreement	Joshi, Priya	Physical Therapy	12/07/2016	12/4/15	N	N	4/21/2016	
iCIMS, Inc.	1007.2443C	Subscription Agreement	Beverly, Esther	Human Resources	06/05/2016	12/2/15	N	N	4/21/2016	
Ingram & Associates, LLC	1021.1761C	Consulting Agreement	Dietlin, Steve	Finance	05/23/2016	12/16/15	Y	Y	4/21/2016	
Insight Investments, LLC	1007.936C	Equipment: Rental Agreement	Dietlin, Steve	Finance	08/31/2016	12/2/15	N	N	4/21/2016	
Interactivation Health Networks	1007.2899C	Subscription Agreement	Myers, Nancy	NICU	07/31/2016	12/2/15	N	N	4/21/2016	
Intuitive Surgical, Inc	1021.1771C	Software License and Service Agreement	Martinez, Daniel	Information Systems	06/26/2016	12/16/15	N	N	4/21/2016	
Investors Property Management Group, Inc.	1007.2839C	Management Agreement	Knight, Wayne	Building Engineering	12/24/2015	12/16/15	N	N	4/21/2016	
Iron Mountain	1007.2512C	Services Agreement	Thompson, Colleen	Medical Records	06/30/2017	12/4/15	Y	Y	4/21/2016	

TRI-CITY HEALTHCARE DISTRICT
NON-CLINICAL CONTRACT VALUATIONS E thru Q

1. No issues; 2. Minor issues/resolvable
3. Intermediate issue resolvable; 4. Major issues/resolvable
5. Major issues/unresolvable/terminate

JA Russo Associates	1021.2126C	Utility Service Agreement	Martinez, Daniel	Information Systems	02/10/2016	12/4/15	N	N	4/21/2016
Karl Storz Endoscopy-America, Inc	1022.2150C	Services Agreement	Diamond, Mary	Surgery	04/08/2016	12/8/15	N	N	4/21/2016
Key Healthcare Consulting, LLC	1007.1609C	Consulting Agreement	Dietlin, Steve	Patient Accounting	03/15/2017	12/2/15	Y	Y	4/21/2016
Kingsbridge Healthcare Finance	1007.2584C	Equipment: Lease	Hainsworth, Bar	Finance	04/01/2017	12/3/15	N	N	4/21/2016
Kingsbridge Healthcare Finance	1007.1500C	Equipment: Lease	Martinez, Daniel	Information Systems	12/15/2015	12/16/15	Y	Y	4/21/2016
Kirby Noonan Lance & Hoge LLP	1007.3034C	Representation Letter	Bernard-Shaw, C	Legal and Compliance	Evergreen	12/3/15	N	N	4/21/2016
Landgraphics Enterprises, Inc.	1007.2218C	Professional Service Agreement	Miechowski, Chr	Environmental Svcs	01/01/2017	12/4/15	N	N	4/21/2016
Landreth Construction, Inc. a California corporation	1007.3339C	Professional Service Agreement	Knight, Wayne	Business Development	09/20/2016	12/4/15	N	N	4/21/2016
Latte By The Sea	1007.502C	Services Agreement	Miechowski, Chr	Facilities Development	01/12/2017	12/4/15	N	N	4/21/2016
LAZ Parking California, LLC	1007.2011C	Services Agreement	Miechowski, Chr	Business Development	08/31/2016	12/4/15	N	N	4/21/2016
Leasing Associates of Barrington, Inc.	1007.3208C	Equipment: Rental Agreement	Szentesi, Charles	Pharmacy	12/18/2019	12/16/15	N	N	4/21/2016
Les Mills West Coast Inc	1021.444C	Services Agreement	Bennett, David	Supply Chain Mgmt	01/25/2016	12/2/15	N	N	4/21/2016
Lexis Nexis	1007.2614C	Subscription Agreement	Bernard-Shaw, C	Legal and Compliance	06/30/2016	12/4/15	N	N	4/21/2016
Lifecare Solutions	1021.1828C	Services Agreement	Knight, Wayne	Managed Care	04/30/2016	12/16/15	N	N	4/21/2016
LinkedIn Corporation	1007.2412C	Subscription Agreement	Beverly, Esther	Human Resources	05/06/2016	12/2/15	N	N	4/21/2016
Mallinckrodt, Inc	1007.189C	Radiology Services Agreement	Young, Steve	Radiology	04/02/2018	12/4/15	Y	Y	4/21/2016
Managed Resources Inc.	1007.3134C	Services Agreement	Penix, Joni	Finance	03/14/2016	12/2/15	Y	Y	4/21/2016
Management Health Solutions, Inc.	1007.2422C	Services Agreement	Moore, Thomas	Supply Chain Mgmt	03/30/2016	12/4/15	N	N	4/21/2016
Mascari Warner Architects	1007.2615C	Professional Service Agreement	Miechowski, Chr	Building Engineering	12/31/2017	12/4/15	N	N	4/21/2016
Masimo Americas, Inc.	1007.2789C	Equipment: Support and Service Agreement	Moore, Thomas	Supply Chain Mgmt	04/30/2016	12/4/15	N	N	4/21/2016
Matheson Tri-Gas, Inc	1007.220C	Equipment: Purchase Agreement	Moore, Thomas	Supply Chain Mgmt	02/07/2017	12/16/15	N	N	4/21/2016
Maxim Healthcare Services, Inc.	1007.2897C	Professional Service Agreement	Hall, Christel	Human Resources	12/31/2015	12/2/15	N	N	4/21/2016
Mazor Robotics Inc.	1007.3247C	Maintenance Agreement	Diamond, Mary	Surgery	02/28/2016	12/16/15	Y	Y	4/21/2016
Mazor Robotics Inc.	1021.3249C	Services Agreement	Diamond, Mary	Surgery	02/28/2016	12/16/15	Y	Y	4/21/2016
Mazor Robotics Inc.	1021.3250C	Services Agreement	Diamond, Mary	Surgery	02/28/2016	12/17/15	Y	Y	4/21/2016
Mazor Robotics Inc.	1021.3251C	Services Agreement	Diamond, Mary	Surgery	02/28/2016	12/18/15	Y	Y	4/21/2016
Mazor Robotics Inc.	1021.3252C	Services Agreement	Diamond, Mary	Surgery	02/28/2016	12/19/15	Y	Y	4/21/2016
McCarthy Building Companies	1021.3314C	Professional Service Agreement	Knight, Wayne	Business Development	01/12/2016	12/4/15	N	N	4/21/2016
McKesson Health Solutions, LLC	1021.1532C	Data Use Agreement	Martinez, Daniel	Information Systems	02/17/2016	12/10/15	Y	Y	4/21/2016
McKesson Health Solutions, LLC	1021.1542C	Services Agreement	Livingstone, Scott	Case Management	04/10/2016	12/10/15	Y	Y	4/21/2016
McKesson Information Solutions LLC	1007.250C	Services Agreement	Young, Steve	Radiology	01/26/2016	12/16/15	Y	Y	4/21/2016
Mead Johnson & Company, LLC	1007.224C	Equipment: Purchase Agreement	Diamond, Mary	Surgery	12/31/2015	12/2/15	N	N	4/21/2016
MedAssets Net Revenue Systems, LLC	1007.1623C	License Agreement	Penix, Joni	Administration	04/30/2017	12/2/15	Y	Y	4/21/2016
MedAssets Supply Chain Systems, LLC	1007.240C	License Agreement	Penix, Joni	Finance	06/16/2018	12/16/15	Y	Y	4/21/2016

TRI-CITY HEALTHCARE DISTRICT
NON-CLINICAL CONTRACT VALUATIONS E thru Q

1. No issues; 2. Minor issues/resolvable
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5. Major issues/unresolvable/terminate

MedAssets Supply Chain Systems, LLC	1021.225C	Participation Agreement	Moore, Thomas	Supply Chain Mgmt	09/30/2016	12/4/15	N	N	4/21/2016
Medical Consultants Network, Inc. dba MCN Healthcare	1007.2641C	Services Agreement	Topp, Kathy	Education	11/13/2018	12/16/15	N	N	4/21/2016
Medical Data Exchange	1007.1867C	Software License and Service Agreement	Dietlin, Steve	Finance	05/30/2016	12/3/15	Y	Y	4/21/2016
Medifax-EDI LLC	1007.2725C	License Agreement	Penix, Joni	Finance	03/25/2016	12/2/15	Y	Y	4/21/2016
MediServe Information Systems, Inc.	1007.1879C	Software License and Service Agreement	Martinez, Daniel	Information Systems	04/30/2016	12/4/15	Y	Y	4/21/2016
Mediware Information Systems, Inc.	1007.2325C	Services Agreement	Martinez, Daniel	Information Systems	01/01/2016	12/4/15	Y	Y	4/21/2016
Medkeeper Inc.	1007.2315C	License Agreement	Hong, Tori	Pharmacy	04/29/2017	12/16/15	Y	Y	4/21/2016
Medtronic, Inc	1007.3209C	Services Agreement	Diamond, Mary	Supply Chain Mgmt	12/21/2018	12/8/15	N	N	4/21/2016
M-Files Corporation	1007.2539C	Software License and Service Agreement	Bernard-Shaw, C	Legal and Compliance	05/31/2016	12/16/15	N	N	4/21/2016
Microsoft Licensing G.P.	1007.3156C	Purchase (One-Time)	Martinez, Daniel	Information Systems	07/21/2017	12/16/15	N	N	4/21/2016
MICRUS Endovascular Corporation	1021.1897C	Consignment Agreement	Young, Steve	Supply Chain Mgmt	12/14/2015	12/3/15	N	N	4/21/2016
Midcap Funding RE Holdings, LLC (aka Midcap Financial, LLC)	1007.2890C	Financing Agreement	Dietlin, Steve	Business Development	07/29/2038	12/4/15	N	N	4/21/2016
Midwest Television	1007.3157C	Professional Service Agreement	Bennett, David	Public Affairs - Marketing	06/30/2016	12/2/15	Y	Y	4/21/2016
Milliman, Inc	1007.1899C	Services Agreement	Carty, Charlene	Finance	12/31/2015	12/4/15	N	N	4/21/2016
M-Modal Services, Ltd.	1007.3064C	License Agreement	Young, Steve	Radiology	04/30/2018	12/16/15	Y	Y	4/21/2016
M-Modal Services, Ltd.	1007.3132C	Services Agreement	Thompson, Colleen	Medical Records	08/10/2017	12/4/15	Y	Y	4/21/2016
Money Accumulation Pension Plan for Employees of TCHD (MAPP)	1007.3204C		Abler, Quinn	Human Resources	01/01/2017	12/2/15	N	N	4/21/2016
National Access, Inc	1021.1614C	Services Agreement	Penix, Joni	Finance	03/25/2016	12/2/15	Y	Y	4/21/2016
National Electric Works	1007.3230C	Services Agreement	Miechowski, Chris	Building Engineering	01/06/2016	12/4/15	N	N	4/21/2016
NAVEX Global	1007.639C	Services Agreement	Cavanaugh, Mary	Legal and Compliance	Evergreen	12/4/15	Y	Y	4/21/2016
NBC Digital Health Network, Inc	1007.2155C	Services Agreement	Diamond, Mary	Mother Baby	02/08/2017	12/8/15	N	N	4/21/2016
Nestle Healthcare Nutrition, Inc.	1007.3066C	Supplies Agreement	Moore, Thomas	Food and Nutrition	04/30/2017	12/4/15	N	N	4/21/2016
Net Health Systems, Inc.	1007.2252C	Software License and Service Agreement	Schultz, Sharon	Wellness Center	01/20/2017	12/4/15	Y	Y	4/21/2016
NetPro Computing, Inc	1021.1555C	Software License and Service Agreement	Martinez, Daniel	Information Systems	06/15/2016	12/4/15	N	N	4/21/2016
Niddrie, Fish & Addams, LLP	1007.2369C	Representation Letter	Bernard-Shaw, C	Legal and Compliance	Evergreen	12/3/15	Y	Y	4/21/2016
Nortel Networks	1021.1174C	Information Services Agreement	Martinez, Daniel	Information Systems	02/13/2032	12/4/15	N	N	4/21/2016
North County Internal Medicine	1007.3287C	Services Agreement	Bennett, David	Public Affairs - Marketing	07/15/2016	12/2/15	N	N	4/21/2016
Nova Biomedical	1007.2667C	Supplies Agreement	Szentesi, Charles	Pathology Lab	12/02/2017	12/4/15	N	N	4/21/2016
Novation, LLC	1007.3105C	Services Agreement	Hong, Tori	Pharmacy	07/31/2016	12/16/15	N	N	4/21/2016
Oceanside Community Service Television Corp	1007.1801C	Services Agreement	Bennett, David	Public Affairs - Marketing	01/31/2017	12/3/15	N	N	4/21/2016
Ogletree Deakins	1007.2697C	Professional Service Agreement	Bernard-Shaw, C	Legal and Compliance	02/10/2016	12/3/15	Y	Y	4/21/2016
On Assignment Staffing Services, Inc.	1007.2991C	Professional Service Agreement	Thompson, Colleen	Medical Records	01/06/2016	12/4/15	Y	Y	4/21/2016

TRI-CITY HEALTHCARE DISTRICT
NON-CLINICAL CONTRACT VALUATIONS E thru Q

1. No issues; 2. Minor issues/resolvable
3. Intermediate issues/resolvable; 4. Major issues/resolvable
5. Major issues/unresolvable/terminate

Ontario Refrigeration Service, Inc.	1007.2840C	Services Agreement	Miechowski, Chri	Facilities Development	03/31/2016	12/4/15	N	N	4/21/2016
Opus-ISM, LLC	1007.2558C	Subscription Agreement	Hong, Tori	Pharmacy	12/31/2015	12/4/15	Y	Y	4/21/2016
Oracle America, Inc.	1007.3280C	Purchase (One-Time)	Moore, Thomas	Food and Nutrition	06/16/2016	12/16/15	N	N	4/21/2016
Origin, Incorporated dba ShiftWise	1007.3174C	Software License and Service Agreement	Topp, Kathy	Education	10/14/2017	12/3/15	N	N	4/21/2016
Orkin Pest Control	1007.471C	Services Agreement	Miechowski, Chri	Building Engineering	12/28/2015	12/4/15	N	N	4/21/2016
Osborne Engineering, Inc	1007.1209C	Consulting Agreement	Schultz, Sharon	Administration	08/10/2016	12/10/15	N	N	4/21/2016
Pacific Cancer Fitness	1007.3263C	Services Agreement	Johnson, Jamie	Wellness Center	04/14/2016	12/4/15	Y	Y	4/21/2016
Passport Health Communications, Inc	1007.1615C	License Agreement	Martinez, Daniel	Finance	11/06/2016	12/4/15	Y	Y	4/21/2016
Penumbra, Inc.	1007.2931C	Consignment Agreement	Young, Steve	Supply Chain Mgmt	08/22/2016	12/3/15	N	N	4/21/2016
Pharmaceutical Strategies	1007.3290C	Professional Service Agreement	Abler, Quinn	Human Resources	07/15/2016	12/4/15	N	N	4/21/2016
Philips Medical Capital LLC	1007.2980C	Equipment: Lease	Young, Steve	Radiology	12/09/2016	12/3/15	Y	Y	4/21/2016
Press Ganey Associates, Inc	1007.2884C	Services Agreement	Schultz, Sharon	Operational Improvement	07/22/2016	12/4/15	Y	Y	4/21/2016
Procopio, Cory, Hargreaves & Savitch LLP	1007.1310C	Professional Service Agreement	Moran, Tim	Legal and Compliance	Evergreen	12/4/15	Y	Y	4/21/2016
Professional Hospital Supply, Inc.	1007.2423C	Equipment: Purchase Agreement	Moore, Thomas	Supply Chain Mgmt	04/15/2017	12/4/15	N	N	4/21/2016
Professional Maintenance Systems, Inc	1006.473C	Professional Service Agreement	Bennett, David	Building Engineering	06/30/2016	12/2/15	N	N	4/21/2016
Protection1 Security Solutions	1007.919C	Equipment: Support and Service Agreement	Jayyousi, Sarah	Behavioral Health Unit	08/03/2016	12/17/15	N	N	4/21/2016
Pure Water Technology of San Diego	1007.2161C	Equipment: Rental Agreement	Moore, Thomas	Supply Chain Mgmt	08/04/2016	12/4/15	N	N	4/21/2016
Pyxis Corporation	1007.1328C	Services Agreement	Moore, Thomas	Supply Chain Mgmt	03/30/2017	12/4/15	Y	Y	4/21/2016
Quadrant Affinity Corporation	1021.2440C	Software License and Service Agreement	Dietlin, Steve	Finance	12/31/2017	12/2/15	Y	Y	4/21/2016
Quantros, Inc	1007.943C	Software License and Service Agreement	Martinez, Daniel	Operational Improvement	06/30/2016	12/16/15	Y	Y	4/21/2016
Quantros, Inc	1007.3183C	Subscription Agreement	Martinez, Daniel	Information Systems	06/30/2016	12/4/15	Y	Y	4/21/2016

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

**March 31, 2016 – 12:00 o'clock p.m.
Assembly Room 2 – 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 12:00 p.m. on March 31, 2016.

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

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

Absent was Director Julie Nygaard.

Also present were:

Steve Dietlin, CEO
Kapua Conley, COO
Sharon Schultz, CNE
Wayne Knight, CSO
Cheryle Bernard-Shaw, CCO
Ray Rivas, Acting CFO
Gene Ma, M.D., Chief of Staff
Greg Moser, General Counsel
Teri Donnellan, Executive Assistant
Rick Crooks, Executive Protection Agent

1. The Board Chairman, Director Dagostino called the meeting to order at 12:00 p.m. in Assembly Room 2 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Director Dagostino led the Pledge of Allegiance.

2. Public Comments – Announcement

Chairman Dagostino read the Public Comments section listed on the Board Agenda.

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

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Mr. Moser, made an oral announcement of item listed on the March 31, 2016 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one Report of Trade Secret with a disclosure date of June 30, 2016.

5. Motion to go into Closed Session

It was moved by Director Kellett and seconded by Director Finnila to go into Closed Session. The motion passed (6-0-1) with Director Nygaard absent.

6. Chairman Dagostino adjourned the meeting to Closed Session at 12:14 p.m.
8. The Board returned to Open Session at 1:10 p.m.
9. Report from Chairperson on any action taken in Closed Session
Chairman Dagostino reported no action was taken in Closed Session.
10. **It was moved by Director Schallock to adjourn the meeting. Director Finnila seconded the motion. The motion passed (6-0-1) with Director Nygaard absent.**
- . There being no further business, Chairman Dagostino adjourned the meeting at 1:10 p.m.

James J. Dagostino, PT, DPT
Chairman

ATTEST:

Ramona Finnila
Secretary

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

**March 31, 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 March 31, 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 RoseMarie V. Reno
Director Larry Schallock

Absent was Director Julie Nygaard

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
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

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

2. Approval of Agenda

Chairman Dagostino requested the following amendments to the agenda:

- Defer one item of potential litigation;
- Add one matter of potential litigation.

It was moved by Director Kellett to approve the agenda as amended. Director Mitchell seconded the motion. The motion passed (6-0-1) with Director Nygaard absent.

3. Public Comments – Announcement

Chairman Dagostino read the Public Comments section listed on the March 31, 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 March 31, 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 four (4) matters of Existing Litigation; seven matters of Potential Litigation; Public Employee Evaluation: Chief Compliance Officer; Approval of Closed Session Minutes and Public Employee Appointment: Chief Executive Officer.

5. Motion to go into Closed Session

It was moved by Director Kellett and seconded by Director Schallock to go into closed session at 1:35 p.m. The motion passed (6-0-1) with Director Nygaard absent.

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

8. At 3:40 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 RoseMarie V. Reno
Director Larry W. Schallock

Absent was Director Julie Nygaard

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
Esther Beverly, VP, Human Resources
Cheryle Bernard-Shaw, Chief Compliance Officer
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

9. Chairman Dagostino reported no action was taken in open session.

10. Director Finnila led the Pledge of Allegiance.
11. Chairman Dagostino read the Public Comments section of the Agenda, noting members of the public may speak immediately following Agenda Item Number 24.

12. Introduction:

1) Steven L. Dietlin, Chief Executive Officer

Chairman Dagostino introduced Mr. Steve Dietlin, newly appointed CEO.

13. Community Update – Patient Safety

Mr. Kevin McQueen, Director of Safety and Environment of Care presented the Patient Safety Report, reviewing the following:

- On March 14th Tri-City Medical Center held their annual patient safety symposium that included five presentations on how to provide the safest care possible.
- Daily Administrative Rounds are conducted in patient care areas with the goal of checking with frontline employees about any safety concerns.
- Daily Leadership Team “Safety Huddles” are conducted to discuss any safety concerns or items that need immediate attention.
- Tri-City Medical Center is currently participating in a project with the Joint Commission Center for Transforming Healthcare to reduce falls.
- Tri-City Medical Center is working with the *Hospital Quality Institute & Scott Griffith* with the aim of improving system design to achieve the highest quality levels and patient safety.

Mr. McQueen reported major accomplishments include the following:

- Leap Frog safety rating of an “A” (five consecutive reporting periods);
- Five (+) years without a Central Line Associated Blood Stream Infection (CLABSI) in the NICU;
- 2015 Mission Lifeline Gold Plus award from the American Heart Association;
- Recertified by the Joint Commission for Primary Stroke Center; and
- Recertified by the Joint Commission for Diabetes Care

Lastly, Mr. McQueen read a note from a grateful patient and personal friend recognizing three Tri-City staff members.

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

Mr. Newhart introduced Special Events Manager, Rosella Saucier.

Ms. Saucier reported on March 5th the Foundation held their first ever Casino Night with nearly 300 in attendance including Chairman Dagostino and Director Mitchell. Ms. Saucier stated the event raised over \$60,000 for the NICU renovation project.

Mr. Newhart stated more community members purchased tickets and attended the Casino Night event than any event they have done recently.

Mr. Newhart reported the Foundation assisted with Doctor's Day and he shared comments received from patients in recognition of their excellent care.

Mr. Newhart reported the Foundation has partnered with Mr. Ken Turpen of Thompson & Associates to provide expert and unbiased estate planning guidance. He explained Mr. Turpen is an estate planner that provides completely free estate planning service in hopes that one of the charities you choose will be Tri-City.

Lastly, Mr. Newhart reported the Foundation is partnering with the Auxiliary on the 3rd Annual *Tails on the Trails* walk a thon. The event is scheduled for Saturday, May 21st. Mr. Newhart encouraged everyone to come out and support the event.

No action was taken.

15. Report from Chief Executive Officer

Mr. Steve Dietlin stated he feels fortunate to have the opportunity to continue to work with so many people who are committed to community health care. He acknowledged the top notch medical staff, great clinical outcomes and "A" ratings in Patient Safety. Mr. Dietlin stated Tri-City is the best kept secret in North County and encouraged everyone to get the word out!

Mr. Dietlin introduced Ms. Norma Braun, Chief Human Resource officer who comes to Tri-City with over 30 years of experience.

Ms. Braun stated it is an honor and a privilege to be here and she expressed her appreciation for the appointment and the opportunity.

Secondly, Mr. Dietlin introduced Mr. Ray Rivas who has been with Tri-City for four years as a Senior Director in Revenue Cycle Management. Mr. Dietlin stated Mr. Rivas is very familiar with Tri-City and has stepped up to be our acting Chief Financial Officer.

Mr. Rivas provided a brief summary of his background and experience and expressed his appreciation for the opportunity.

Mr. Dietlin stated Tri-City Medical Center is governed by a community elected Board of Directors. He commented on the number of staff, physicians and Board members that have been with Tri-City, some for over 40 years which is unusual in healthcare. He encouraged the public to celebrate what Tri-City Medical Center is doing and stated "when you have a choice, come to Tri-City for your care". Mr. Dietlin stated first and foremost the patient comes first and it is important that we hear both favorable and less than favorable experiences.

Mr. Dietlin stated we will hear a lot more about the affiliation with UCSD in the future. He noted the Board held a Special Meeting with UCSD earlier today and in the future will be sharing some of the details of the affiliation.

With respect to the Campus Development Plan, Mr. Dietlin stated over the next few months we will take that plan and put it into a phased approach. He explained we will match financing with each phase. He commented on the various alternatives for financing that might be available to the District.

Lastly, Mr. Dietlin stated we are working on finalizing the Strategic Plan which will drive the Budget for FY2017.

No action was taken.

16. Report from Acting Chief Financial Officer

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

- Operating Revenue – \$220,856
- Operating Expense – \$222,723
- EROE - (\$276)
- EROE Excl. Settlement - \$1,802
- EBITDA – \$9,233
- EBITDA Excl. Settlement - \$11,311

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

- Average Daily Census – 193
- Adjusted Patient Days – 75,620
- Surgery Cases – 4,250
- Deliveries - 1,759
- ED visits – 44,113

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

- Net Patient Accounts Receivable - \$41.2
- Days in Net Accounts Receivable – 47.5

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

- Net Operating Revenue – \$26,838
- Operating Expense – \$27,666
- EROE - (\$411)
- EBITDA – \$797

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.

No action was taken.

16. New Business

- a. Approval of actions necessary for establishment of new OB/GYN Clinic

Mr. Wayne Knight said he is here today to request approval for conversion of Radiance OBGYN Medical Group into a 1206B clinic. Mr. Knight stated we have full and complete support of Dr. Penvos-Yi and the conversion has been vetted by both legal and our Compliance Officer. He explained the District will manage the business activity of the group. Mr. Knight explained the arrangement will allow us to add additional providers along with a Nurse Midwife that will expand our presence with the CDCR and the Sheriff's patients.

It was moved by Director Mitchell that the Tri-City Healthcare District Board of Directors approve:

Formation, ownership, and management by TCHD of a 1206(b) OB/GYN physician clinic to be operated in Tri-City Healthcare District, California, for a period of four years, including:

Execution of a Professional Services Agreement with Radiance, LLC, for a period of four years;

Execution of an asset purchase in the amount of \$124,700 which will be reduced from Dr. Penvose-Yi's current loan obligation to the District;

Execution of a four year lease of 3,563 square feet at 3998 Vista Way Suite C, Oceanside, CA in an amount not to exceed \$480,000; and

Execution and delivery of all agreements and documents necessary or advisable to consummate the foregoing transactions by the CEO or his designee.

Director Finnila seconded the motion.

Chairman Dagostino summarized the proposal and explained the physician is committed to serving our patients in North County and this is a modification of an existing agreement.

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

b. LAFCO Study Regarding Expansion of District Boundaries

Mr. Wayne Knight stated he is presenting today on behalf of Director Nygaard who has worked closely on the LAFCO initiative but was unable to be here today.

Mr. Knight explained the Local Agency Formation Commission (LAFCO) has responsibility for overseeing various districts in San Diego County and conducted a 5-year Sphere of Influence and Service Review Report. Mr. Knight displayed a map which focused on two study areas B) Shadowridge and C) La Costa. He explained that LAFCO has recommended Tri-City undertake a study to determine if the Shadowridge and La Costa areas should be incorporated into the Tri-City Healthcare District. Mr. Knight clarified that we do not have to negotiate with any other healthcare district.

Mr. Knight stated the purpose of today's presentation is to request that Administration undertake a study to authorize working with LAFCO to incorporate those parts of Carlsbad and Vista that are not already in a district into the Tri-City Healthcare District. Mr. Knight stated if the Board directs Administration to do the study, Administration will come back to the Board with a position paper on whether or not to move forward with LAFCO.

It was moved by Director Schallock that the TCHD Board of Directors authorize Administration, in consultation with LAFCO, prepare a study and recommendations for the Tri-City Healthcare District Board of Director's consideration, regarding LAFCO's suggestions for the annexation of those portions of the Cities of Carlsbad and Vista that not currently in the Tri-City Healthcare District and not currently in any other Hospital District. Director Kellett seconded the motion.

Mr. Knight clarified that neither La Costa nor Shadowridge are considered in UCSD's Sphere of Influence by LAFCO and UCSD supports our efforts if we are interested in going forward with the expansion. He also confirmed there is no additional tax money on any of the properties within this potential annexed area. Mr. Knight stated there is no vote required by the citizens of these unincorporated areas, however they can petition to overturn the recommendation. Mr. Knight read excerpts from LAFCO's report confirming these findings.

Directors commented that it appears to be worth our while to move forward with the study as these are high growth areas that could benefit us and expand our sphere of influence.

The vote on the motion was as follows:

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

18. Old Business

Report from Ad Hoc Committee on electronic Board Portal

Director Mitchell reported the presentation on the Board Portal was postponed due to a scheduling conflict however she hopes to have an update at next month's meeting.

No action taken.

19. Chief of Staff

- a. Consideration of March 2016 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on March 28, 2016.

There were no new appointments for consideration.

- b. Consideration of Recredentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on March 28, 2016.

It was moved by Director Kellett to approve the March Recredentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on March 28, 2016. Director Finnila seconded the motion.

The vote on the motion was as follows:

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

19. Consent Calendar

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

It was moved by Director Finnila to pull item 20 (1) A. 1) a. 8610-400 – Telecommuting. Director Kellett seconded the motion.

It was moved by Director Reno to pull item 20 (1) D. 1) through 9) which included all items under the Finance, Operations & Planning Committee consent agenda.

The motion failed for lack of a second.

It was moved by Director Reno to pull item 20 (1) E. 3) B. b) through g) related to the High Risk Infant. Director Kellett seconded the motion.

It was moved by Director Reno to pull item 20 (1) E. 1) e) Interpretation and Translation Services. Director Schallock seconded the motion.

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

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

20. Discussion of items pulled from Consent Agenda

Director Finnila, who pulled item 20 (1) A. 1) a. 8610-400 – Telecommuting stated she had concerns with the language contained in item #10 which read “Telecommuters will not be available during TCHD core hours to provide dependent care”. She suggested the policy be approved however the language in #10 be sent back to the committee for clarification. Ms. Esther Beverly stated the intent of the statement is for the employee to

be working doing core hours and not providing care to their dependents during those core hours.

It was moved by Director Finnila to approve item 20 (1) A. 1) a. 8610-400 Telecommuting Policy and refer item #10 in the policy back to the Human Resource Committee for clarification. Director Kellett seconded the motion.

The vote on the motion was as follows:

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

Director Reno who pulled item 20(1) E. 1) 3) Interpretation and Translation Services requested clarification on the services that the hospital provides. Ms. Sharon Schultz explained there is an interpreter on site during the day and we have the translation telephone and IPAD available during evening hours or at times when the interpreter is not available.

It was moved by Director Schallock to approve item 20 (1) E. 1) e) Interpretation and Translation Services. Director Kellett seconded the motion.

The vote on the motion was as follows:

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

Director Reno who pulled items 2(1) E. 3) b) through g) related to the High Risk Infant requested clarification on those policies that indicated they were deleted. Director Mitchell explained the roles have been consolidated and included in one policy to avoid repetition.

It was moved by Director Finnila to approve items 20 (1) E. 3) B. b) through g) related to the High Risk Infant. Director Mitchell seconded the motion.

The vote on the motion was as follows:

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

21. Reports (Discussion by exception only)

22. Legislative Update

Chairman Dagostino reported he participated in CHA Legislative Day along with our colleagues from Scripps, Palomar, UCSD and Sharp.

Chairman Dagostino reported one of the major bills relates to Behavioral Health 5150 patients.

Ms. Schultz stated that due to the fact that Tri-City is an LPS facility, we are allowed to see patients that are on a 5150 hold.

Chairman Dagostino stated our colleagues commented on the good work that Tri-City does in caring for the Behavioral Health population.

23. Comments by members of the Public

There were no comments by members of the public.

24. Additional Comments by Chief Executive Officer

Mr. Dietlin did not have any additional comments.

25. Board Communications

Director Schallock extended his welcome to Mr. Norma Braun for selecting Tri-City Medical Center; Mr. Rivas for stepping up into his new role and most importantly, Mr. Dietlin who we have great expectations for. Director Schallock stated he is hopeful that Mr. Dietlin will do well for the community and the hospital as a whole and he looks forward to continuing to work with him.

Director Schallock stated he was not able to attend the recent Doctor's Day celebration however he attended the March 28th Medical Executive Committee and the comments he made at the meeting applies to all our physicians. He stated that we very much appreciate our physicians and the quality of care that they provide and the fact that they have chosen to practice at Tri-City.

Director Schallock reported on Saturday April 16th, the American Cancer Society Relay for Life will be held at the track field at Mira Costa College. He invited everyone to do a lap or two and listen to success stories from individuals who have been successful in fighting that disease.

Lastly, Director Schallock reported April 30th is Prescription Drug take back day. He encouraged everyone to take the opportunity to dispose of their unwanted medications at the convenient drop off locations including the one that will be located in the hospital parking lot.

Director Mitchell said she will be going to Sacramento for ACHD Legislative Days on April 4-5th.

Director Reno welcomed Ms. Norma Braun, Chief Human Resource Officer and congratulated Mr. Ray Rivas on his new position. Director Reno stated she especially wanted to express her appreciation to Mr. Dietlin for assuming the challenges of his new position. She stated she believes Mr. Dietlin is a skilled and knowledgeable leader who will lead us forward.

Director Reno expressed her appreciation to all the physicians for their dedication and loyalty.

Director Reno requested clarification on the figures that were included in the Finance Operations & Planning minutes related to the District's operating revenue. Chairman Dagostino clarified the numbers are in millions, rather than thousands. Director Reno encouraged the Board to take a serious look at the financials when the budget is presented.

Director Finnila congratulated Mr. Dietlin and Mr. Rivas on their new positions. She also expressed her appreciation to our fine physicians who were recognized on Doctor's Day.

Director Finnila expressed concern on the SEIU ballot initiative and the individual who claims to have been fired for supporting the initiative. Director Finnila stated the statement is false and the employee was terminated due to a privacy breach which is documented on the OCR website. Director Finnila stated the Board looks forward to working with the union in an amicable fashion on the basis of truth and good patient care.

Director Kellett congratulated Mr. Dietlin on his new role as CEO as well as Mr. Ray Rivas who was appointed as Acting Chief Financial Officer.

26. Report from Chairperson

Chairman Dagostino commented on a letter he received from a patient Mr. Ronald Wooten. Mr. Wooten's letter spoke to the professionalism by Tri-City staff. Director Finnila stated Mr. Wooten is a personal friend of hers and he speaks from the heart. She stated the hospital has cared for Mr. Wooten on more than one occasion and he is extremely grateful.

Chairman Dagostino commented on the roadwork that is being done to facilitate the opening of the Medical Office Building.

Chairman Dagostino commented on how the Emergency Department impacted him personally. He expressed his appreciation to Dr. Ma and his staff as well as the ancillary departments (Radiology and Pharmacy) that were involved in the care and treatment of his infant granddaughter.

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

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

28. Motion to return to Closed Session.

Chairman Dagostino adjourned the meeting to closed session at 5:05 p.m.

29. Open Session

At 7:56 p.m. Chairman Dagostino reported the Board was back in open session. All Board members were present with the exception of Directors Kellett and Nygaard.

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 7:56 p.m.

James J Dagostino, DPT
Chairman

ATTEST:

Ramona Finnila, Secretary

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

**April 12, 2016 – 2:00 o'clock p.m.
Assembly Room 3 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056**

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at 4002 Vista Way at 2:00 p.m. on April 12, 2016.

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

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

Also present were:

Steve Dietlin, CEO
Kapua Conley, COO
Sharon Schultz, CNE
Wayne Knight, CSO
Cheryle Bernard-Shaw, CCO
Ray Rivas, Acting CFO
Norma Braun, CHRO
Esther Beverly, VP/HR
Glen Newhart, Chief Development Officer
Gene Ma, M.D., Chief of Staff
Greg Moser, General Counsel
Teri Donnellan, Executive Assistant
Rick Crooks, Executive Protection Agent

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

Chairman Dagostino suggested a motion be made to waive Board Policy 14-006 related to audio taping of the open session portion of today's meeting.

It was moved by Director Finnila to waive Board Policy 14-006 related to audio taping of the open session portion of today's meeting. Director Schallock seconded the motion.

The roll call vote on the motion was as follows:

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

ABSENT: Directors: Kellett

2. Public Comments – Announcement

Chairman Dagostino read the Public Comments section listed on the Board Agenda.

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

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Mr. Moser, made an oral announcement of item listed on the April 12, 2016 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one Report Involving Trade Secret with a disclosure date of "various", Public Employee Appointment: CEO; and Public Employee Evaluation: CCO.

5. Motion to go into Closed Session

It was moved by Director Finnila to go into closed session. Director Schallock seconded the motion. The motion passed (6-0-1) with Director Nygaard participating by teleconference and Director Kellett absent.

6. Chairman Dagostino adjourned the meeting to Closed Session at 2:06 p.m.

8. The Board returned to Open Session at 5:07 p.m. with attendance as previously listed.

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

Chairman Dagostino reported the Board has approved the terms of an employment agreement with CEO, Mr. Steve Dietlin.

10. Presentation by TeamHealth

Dr. Henry Showah, Director of the Emergency Department explained the TCEMG began discussions with a variety of multispecialty physician groups approximately ten months ago and believe they have found a cultural fit with TeamHealth.

Dr. Showah introduced members of TeamHealth in attendance including the following:

- Sujal Mandavia, M.D., Vice President, West Group
- Oliver Rogers, Executive Vice President and Chief of Operating Officer
- Ernest Varoutis, Senior Vice President
- Jennifer Behm, Executive Vice President, West Group

Dr. Mandavia provided a summary of TeamHealth's background and experience, stating they are the nation's largest specialty group with over 650 hospital clients, 16,000 physicians and a 95% client retention rate. With respect to Emergency Medicine, Dr. Mandavia stated TeamHealth Emergency Medicine is comprised of 515+ Emergency Departments and Urgent Care Centers with 7,000 providers.

Dr. Mandavia explained TeamHealth is focused on clinical integration and innovation. He emphasized that the current TCEMG would continue to operate the Emergency Department with support from a TeamHealth Regional Medical Director. Dr. Mandavia explained the Regional Medical Director would act as a liaison between TeamHealth, the hospital and providers. In addition, the Regional Medical Director would conduct quarterly medical director's meetings, assist in staffing, public relations and conflict resolution, and participate in the

development of proactive annual action plans and the development of clinical guidelines and other care management tools.

An additional source of support would be a Vice President of Operations who is an RN and would focus on team building, monitoring monthly metrics and implementation of action plans, perform ongoing operational assessments and implementation of value-added services, as well as conduct annual education for Emergency Department providers and conduct quarterly goal/action plan meetings.

The other members of TeamHealth also spoke briefly on their areas of expertise.

Directors asked poignant questions and were pleased with the straightforward answers provided by Team Health.

In closing, Dr. Ma stated TCEMG has been an independent group for 42 years, however due to the transformation in healthcare the group does not feel it can move forward without the resources that a group like TeamHealth brings to the table. Dr. Ma stated TCEMG believes TeamHealth stands out and is the best partner for the group.

On behalf of the Board of Directors, Chairman Dagostino expressed his appreciation to TeamHealth for attending today's meeting and providing the Board with information necessary to make an informed decision.

11. There being no further business, Chairman Dagostino adjourned the meeting at 6:00 p.m.

James J. Dagostino, PT, DPT
Chairman

ATTEST:

Ramona Finnila
Secretary

HealthCare Compliance Association
6500 Barrie Rd
Suite 250
Minneapolis, MN 55435
888-580-8373 * 952-988-0141 * Fax 952-988-0146

Friday, April 01, 2016
Invoice # 639889

DUES RENEWAL INVOICE

RoseMarie Reno
Board Chairwoman
Tri-City Healthcare District
4002 Vista Way
Oceanside, CA 92056

Membership # 00127016 Expiration Date: 05/01/2016

Dear RoseMarie:

HCCA values you as a member. Your membership is due for renewal. By renewing now, you will be assured of participation in the ever increasing benefits of being a member of HCCA. We continually strive to make your membership in HCCA the best compliance investment you can make.

I look forward to your continued participation in HCCA. And, as always, we welcome your suggestions, comments and questions.

Sincerely,
Sara Kay Wheeler, President

Amount Due: \$250.00

Payment Due: Upon Receipt

---Please remit this portion with your payment-----

Please take a moment to update your contact information:

RoseMarie Reno
Board Chairwoman
Tri-City Healthcare District
4002 Vista Way
Oceanside, CA 92056

Phone: (760) 940-3347

Email: donnellantl@tcmc.com

Membership #: 00127016
Invoice #: 639889

Amount Due: \$250.00

☐ Check enclosed payable to HCCA

☐ Charge my VISA, MasterCard, American Express (Fax today for faster service)

Card# _____ Exp. Date: _____

Signature: _____

Online: www.hcca-info.org

By Fax: 952-988-0146

Over the phone: (952)988-0141



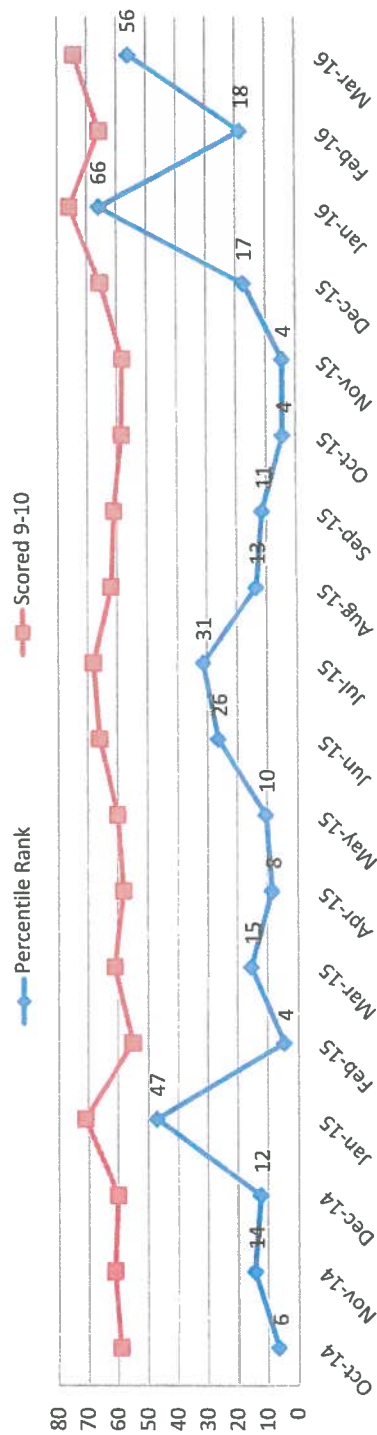
Tri-City Medical Center

ADVANCED HEALTH CARE
FOR YOU

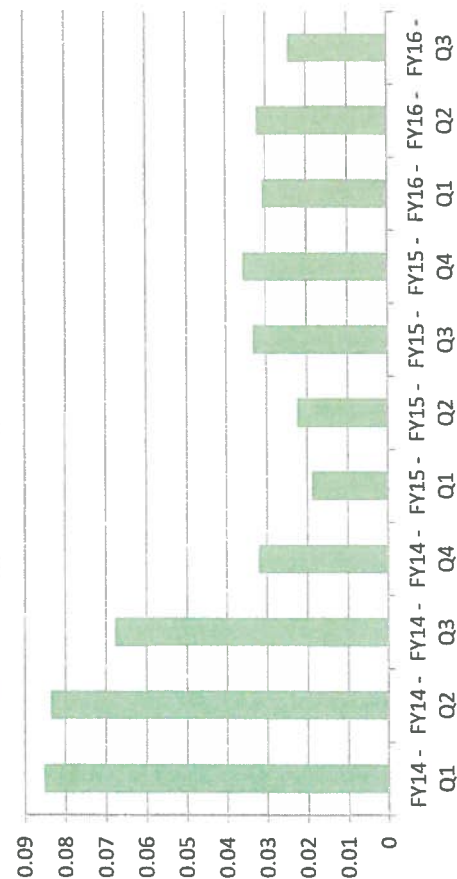
HCAHPS (Top Box Score)

Hospital Consumer Assessment of Healthcare Providers & Systems

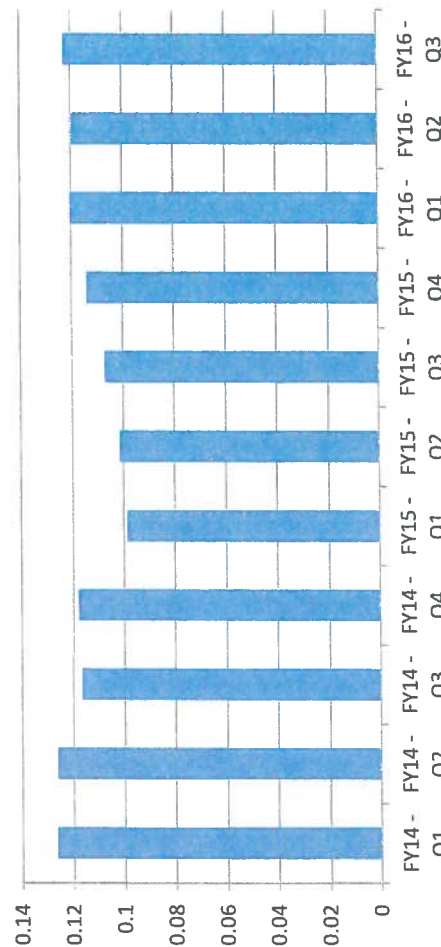
Overall Rating of Hospital (0-10)



Involuntary Employee Turnover Rate



Voluntary Employee Turnover Rate





Tri-City Medical Center

ADVANCED HEALTH CARE
FOR YOU

Quality Outcomes

Fall & HAPU's

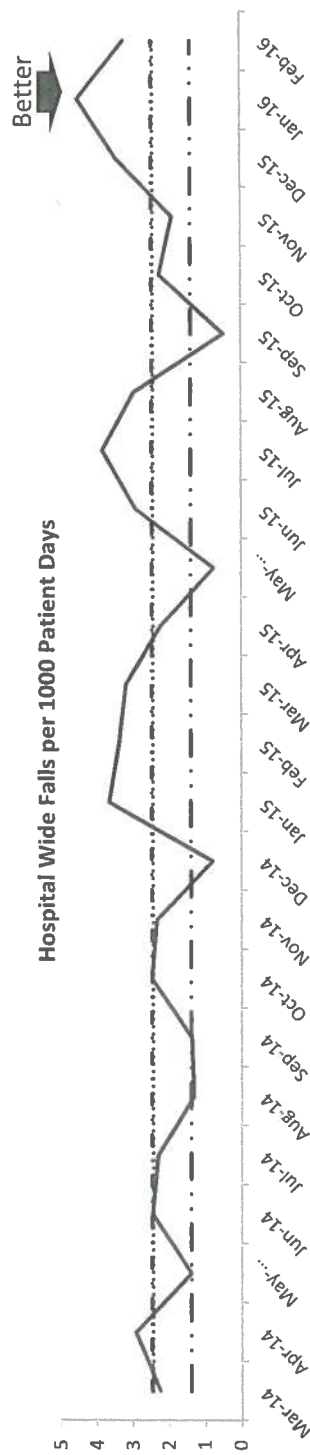
TCMC Rate

Mean

CA Mean

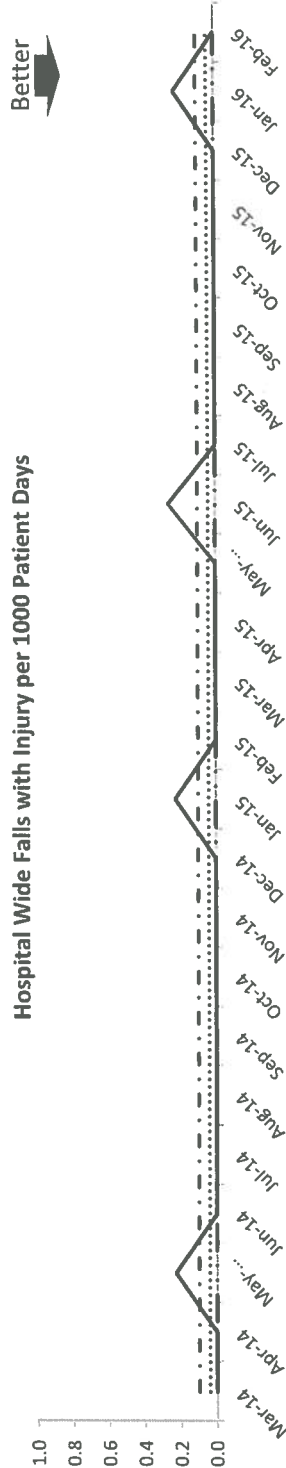
TCMC Target

Hospital Wide Falls per 1000 Patient Days



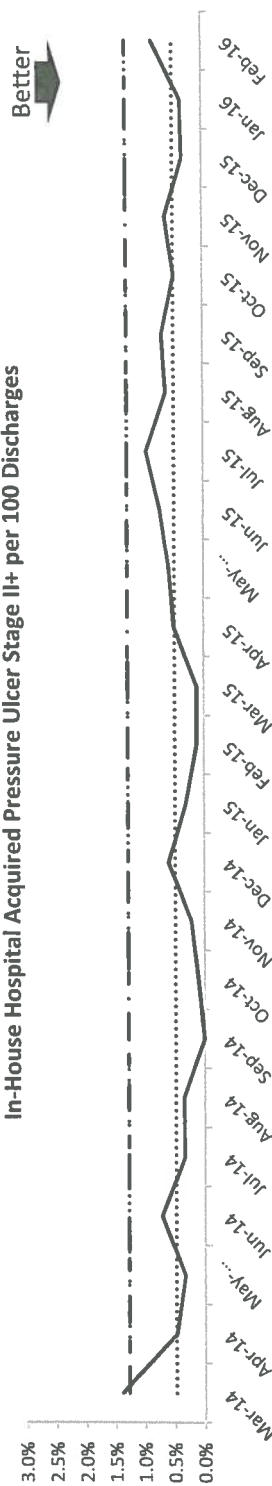
Better

Hospital Wide Falls with Injury per 1000 Patient Days



Better

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



Better

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

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

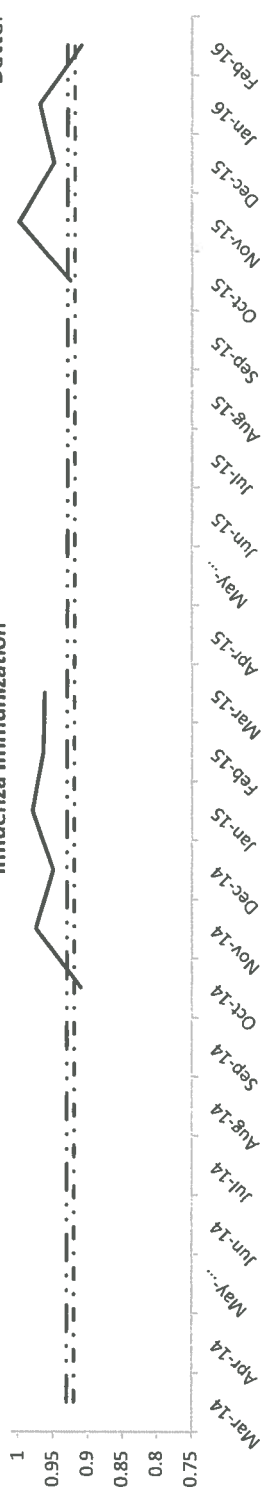
Action Plan

1. Continue Monthly Education for nursing and support staff
2. Continue monitoring discrepancies in risk identification and ulcer existence
3. Improve staff ability to document and photograph easily and consistently
4. Managers to speak to staff whose documentation does not support fact.

Core Measures

TCMC Rate Mean CA Mean TCMC Target

Influenza Immunization

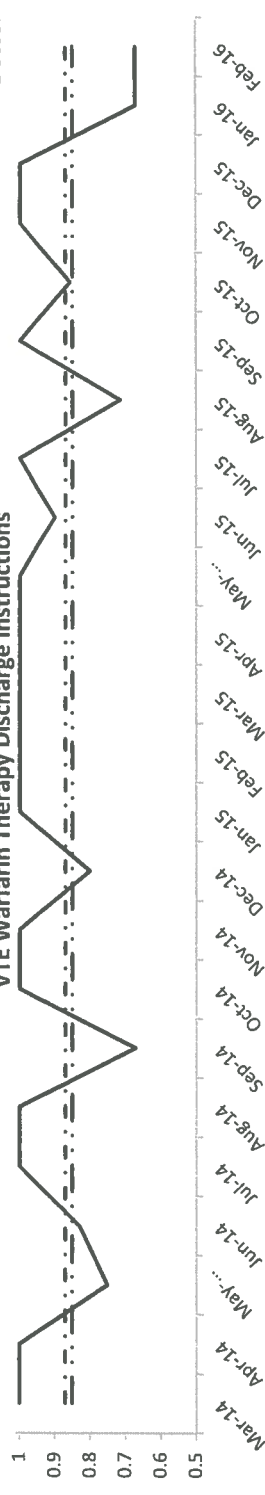


Better

Action Plan

Consistently doing well. February drop being addressed by process change & education on WCS where screening was done on post partum and we were missing women who left without delivering.

VTE Warfarin Therapy Discharge Instructions

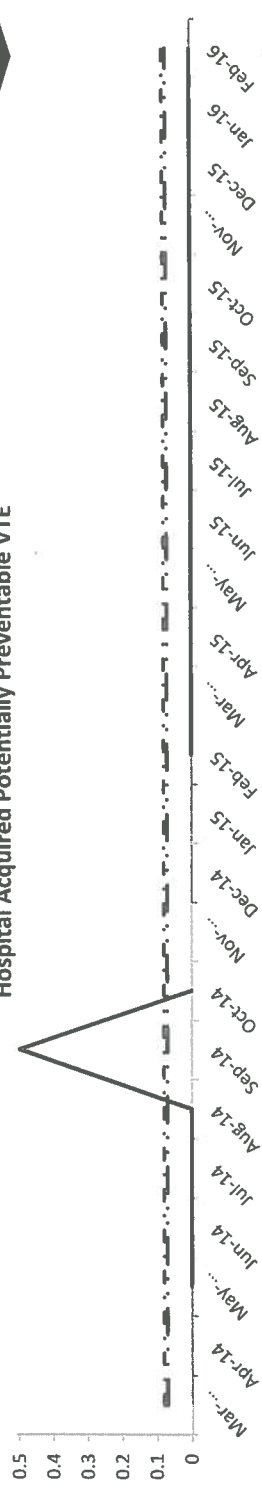


Better

Action Plan

History of doing well on measure. Unexplained drop in Jan & Feb in printing or documenting warfarin pt instructions. Working with unit educators and IT to try to failsafe process. May need additional software to accomplish.

Hospital Acquired Potentially Preventable VTE

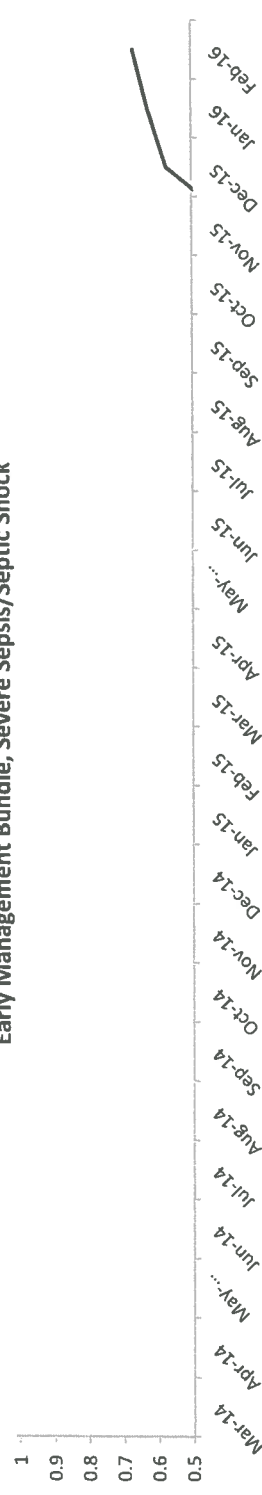


Better

Action Plan

Consistently at 0% fail rate.

Early Management Bundle, Severe Sepsis/Septic Shock



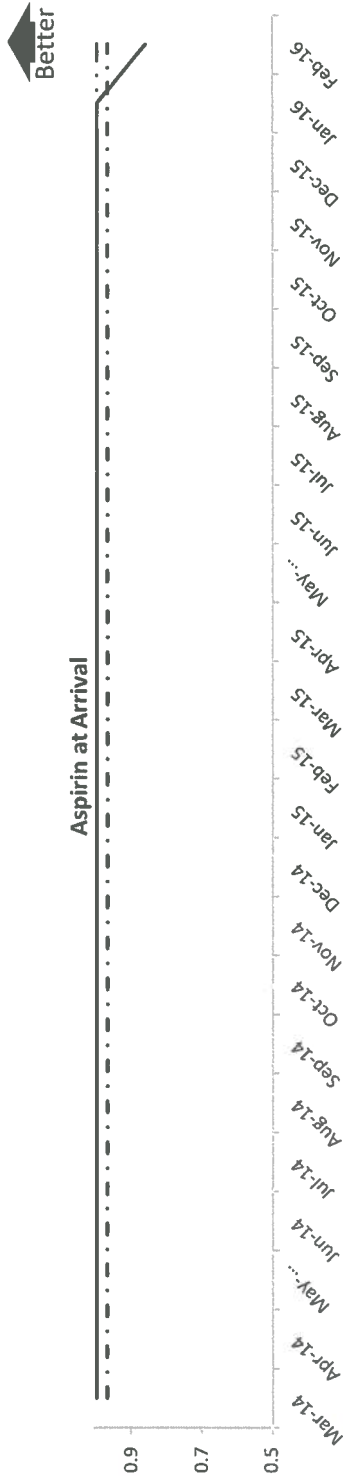
Better

Action Plan

Measure started Oct 2015. We are in line with anecdotal results from other hospitals. We are making significant and linear progress. Meeting monthly with physicians and IT to continue improvement.

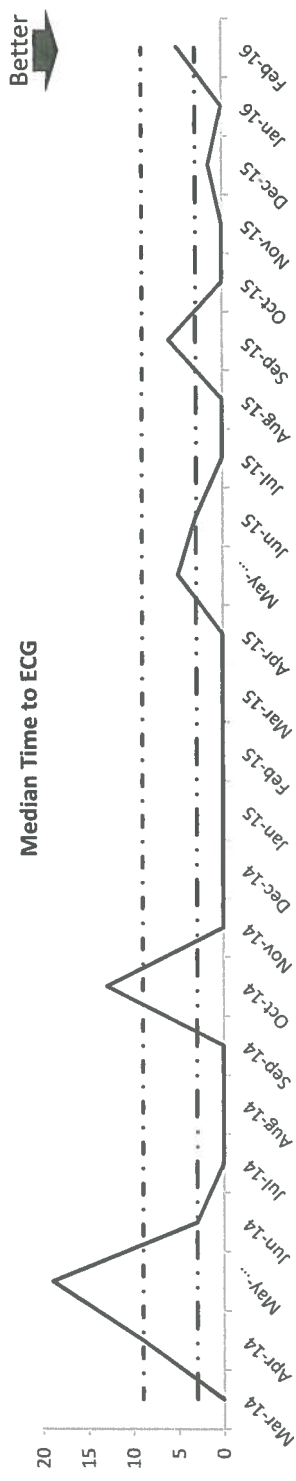
Core Measures

TCMC Rate Mean CA Mean TCMC Target



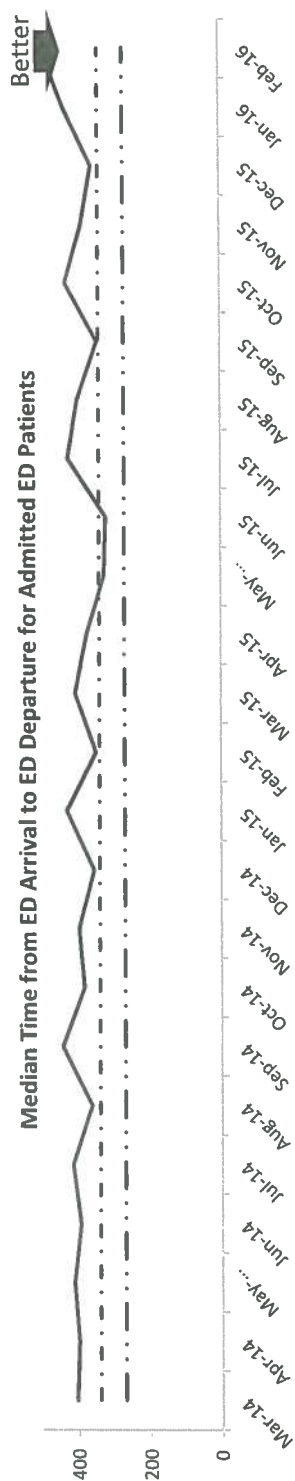
Action Plan

February was 1st fall out in 12 months. Counselling done for physician.



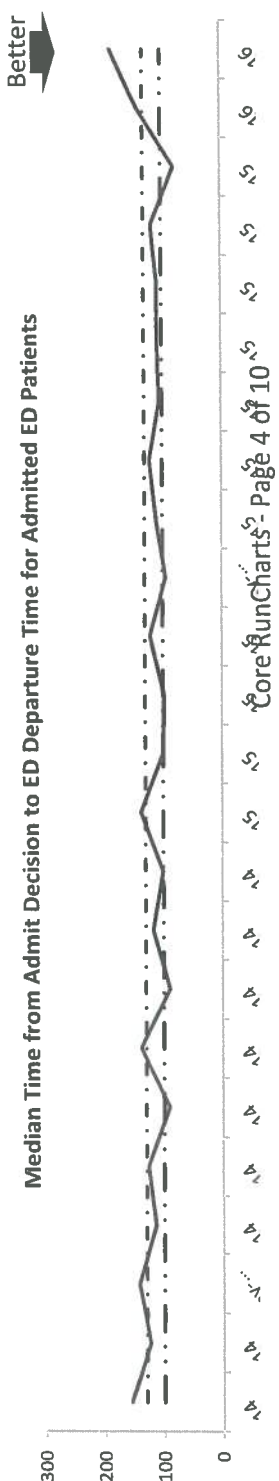
Action Plan

Median Time to ECG for OP Chest Pain patients. Times continue consistently at or below national top 10%.



Action Plan

(Combined with next element)
Current Challenges:
- High census in February
- Staffing challenges for IP beds
- ED Boarder rates went up



Action Plan

Improvement plans:
- ED Transporter positions still need filling to improve patient transport when bed ready
- Team Triage needs consistent 2nd Reg Clerk

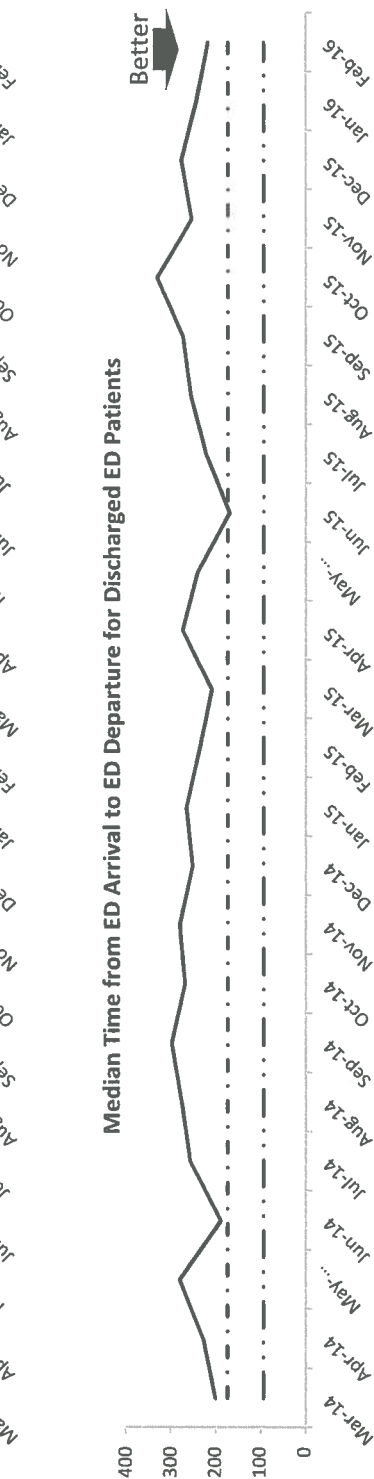
Core Measures

TCMC Rate

Mean

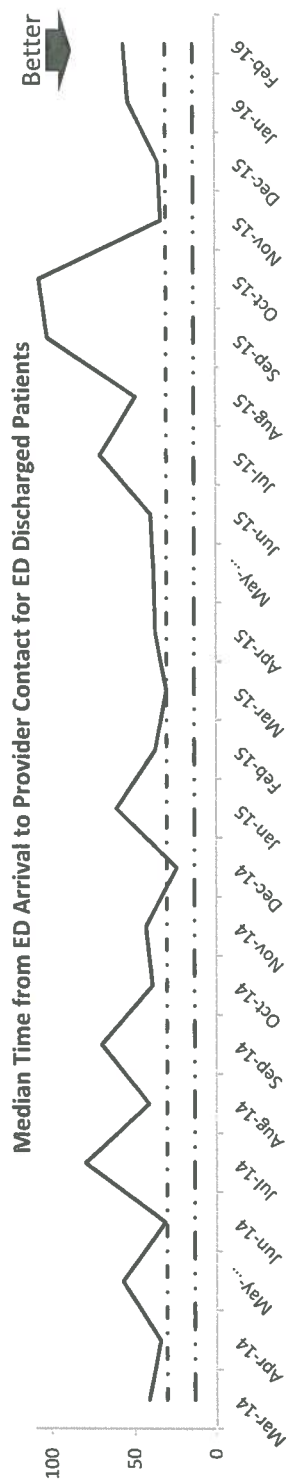
CA Mean

TCMC Target



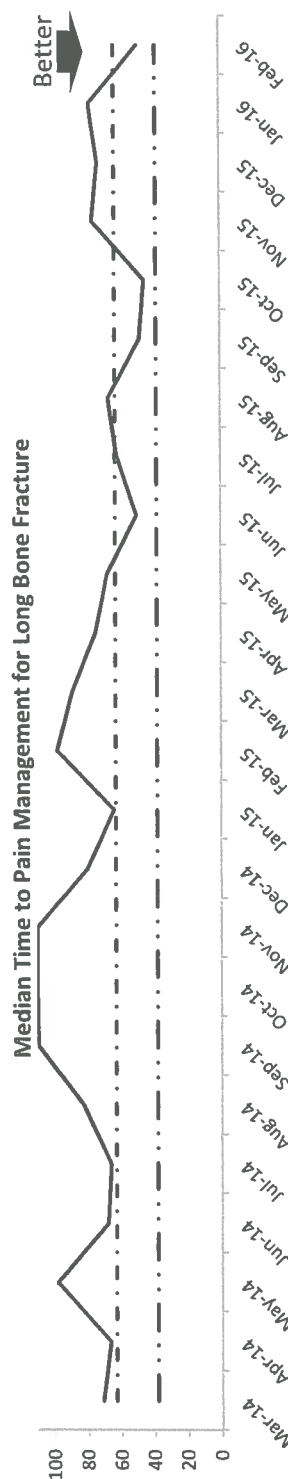
Action Plan

Dr. Showah to present detailed report to PAC May 2016 meeting.



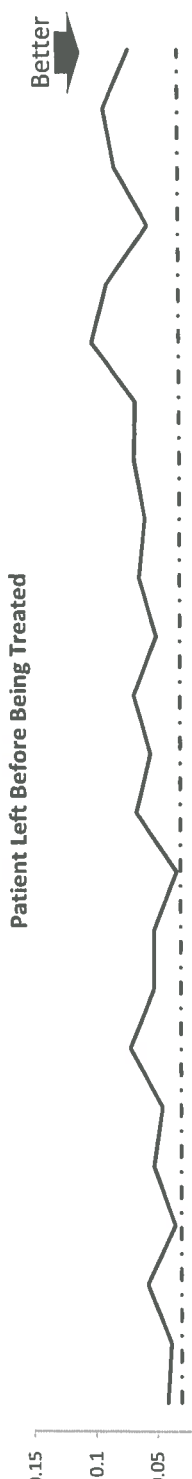
Action Plan

Dr. Showah to present detailed report to PAC May 2016 meeting.



Action Plan

Dr. Showah to present detailed report to PAC May 2016 meeting.



Action Plan

Dr. Showah to present detailed report to PAC May 2016 meeting.



Tri-City Medical Center

ADVANCED HEALTH CARE
FOR YOU

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	51.0	49.9	46.4	47.7	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	49.2	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	82.6	82.8	83.7	84.7	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	79.1	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)	\$343	\$1,814	(\$471)	(\$496)	\$5,059
FY15	\$368	(\$348)	\$112	\$568	\$556	\$632	\$198	\$370	\$292	\$343	\$1,814	(\$471)	\$2,747	

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%	1.22%	6.04%	-1.61%	-0.20%	1.97%
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%	1.10%	



Tri-City Medical Center

ADVANCED HEALTH CARE
FOR YOU

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				\$10,252	\$17,355
FY15	\$1,761	\$988	\$1,456	\$1,888	\$1,896	\$1,983	\$1,498	\$1,652	\$1,591	\$1,620	\$3,136	\$724	\$14,712	

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%				4.11%	6.75%
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%	5.89%	

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

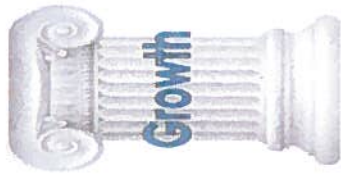
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY16	6.13	6.05	5.91	5.98	6.11	6.01	5.77	5.43	6.07				5.94	6.08
FY15	5.93	5.89	6.01	6.09	6.39	6.28	5.89	5.69	6.18	6.17	5.89	6.26	6.04	

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				1.10
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			
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



Tri-City Medical Center

ADVANCED HEALTH CARE
FOR YOU

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				273
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				148
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				95
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				118
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				346
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				17.3
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				6.3
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				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				192.2
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				1968
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				123
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				51
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				71
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				1.61
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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Building Operating Leases
Month Ending Mar 31, 2016

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	LeaseTerm Beginning	Ending	Services & Location
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.50	(a)	\$28,806.04	2/1/2015	10/31/2018	PCP Clinic Vista 1926 Via Centre Drive, Ste A Vista, CA
Elfin Investments, LLC 20136 Elfin Creek Trail Escondido, CA 92029 Clancy Medical Group	3,140	\$2.49		7,818.60	12/01/15	12/31/20	PCP Clinic 2375 Melrose Dr. Vista Vista, CA 92081
GCO 3621 Vista Way Oceanside, CA 92056 #V81473	1,583	\$1.50	(a)	3,398.15	01/01/13	03/31/16	Performance Improvement 3927 Waring Road, Ste.D Oceanside, Ca 92056
Golden Eagle Mgmt 2775 Via De La Valle, Ste 200 Del Mar, CA 92014 V#81553	4,307	\$0.95	(a)	6,000.62	05/01/13	04/30/16	Vacant Building 3861 Mission Ave, Ste B25 Oceanside, CA 92054
Investors Property Mgmt. Group c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214	\$1.65	(a)	9,640.57	09/01/12	08/31/17	OP Physical Therapy OP OT & OP Speech Therapy 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054
Melrose Plaza Complex, LP c/o Five K Management, Inc. P O Box 2522 La Jolla, CA 92038 V#43849	7,247	\$1.22	(a)	10,101.01	07/01/11	07/01/16	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	\$3.55	(a)	24,931.00	10/01/12	10/01/22	Chemotherapy/Infusion Oncology Center 3617 Vista Way, Bldg.5 Oceanside, Ca 92056
Ridgeway/Bradford CA LP DBA: Vista Town Center PO Box 19068 Irvine, CA 92663 V#81503	3,307	\$1.10	(a)	4,984.83	10/28/13	03/03/18	Vacant Building 510 Hacienda Drive Suite 108-A Vista, CA 92081
Tri City Real Estate Holding & Management Company, LLC 4002 Vista Way Oceanside, Ca 92056	6,123	\$1.37		7,963.22	12/19/11	12/18/16	Vacant Medical Office Building 4120 Waring Rd Oceanside, Ca 92056
Tri City Real Estate Holding & Management Company, LLC 4002 Vista Way Oceanside, Ca 92056	4,295	\$3.13		12,614.29	01/01/12	12/31/16	Vacant Bank Building Property 4000 Vista Way Oceanside, Ca 92056
Tri City Wellness, LLC 6250 El Camino Real Carlsbad, CA 92009 V#80388	Approx 87,000	\$4.08	(a)	239,250.00	07/01/13	06/30/28	Wellness Center 6250 El Camino Real Carlsbad, CA 92009
Total				\$355,508.33			

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



Education & Travel Expense

Month Ending 3/31/16

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
6185	ONS CERTIFICATION	22816	103.00	82013	INJA KIM
7290	CAHSAH	224162	470.00	14369	CHRISTEN FARRELL
7290	CAHSAH	22416	470.00	14369	MONICA TRUDEAU
8390	ALARIS INFUSION	21116	103.40	82547	EVELYN SHEN
8390	340B WINTER COALITION	112015	415.50	79349	TORI HONG
8460	ASHE PDC 2016 CONFERENCE	31516	1,050.00	8100	CHRIS MIECHOWSKI
8460	HAZARDOUS WASTE MGMT COURSE	31016	1,590.00	82652	K MCQUEEN, C MIECHOWSKI
8510	DHLF MEETING	32316	151.96	81508	STEVEN DIETLIN
8610	AHA ANNUAL MEETING	32316	392.20	82114	TIM MORAN
8610	CHA HEALTH POLICY	31716	1,085.00	82114	TIM MORAN
8618	IMAGINE SOFTWARE CLIENT CONFERENCE	32116	350.00	82657	MELISSA NAIL
8620	CHA ANNUAL MEETING	22916	459.96	81163	JAMES DAGOSTINO
8620	AHA ANNUAL MEETING	22916	1,647.76	81163	JAMES DAGOSTINO
8620	ACHD ANNUAL MEETING	22916	800.00	81163	JULIE NYGAARD
8620	ACHD 2016 LEGISLATIVE DAYS	22916	225.00	81163	LAURA MITCHELL
8620	ACHD ANNUAL MEETING	22916	800.00	81163	LAURA MITCHELL
8680	HCMA NATIONAL CONFERENCE	30316	375.00	34626	CAROLYN WESTBROOK
8680	HCMA NATIONAL CONFERENCE	303162	375.00	34626	DAVID DURAN
8680	HCMA NATIONAL CONFERENCE	303162	375.00	34626	RICHARD PHILLIPS
8700	BASIC VASCULAR CODING	22716	135.21	82648	BERNARD CANOSA
8700	ICD10 IMPLEMENTION	30716	190.00	15106	COLLEEN THOMPSON
8700	CONSENT LAW SEMINAR	308162	340.00	14365	TERRI HARTZELL
8710	CAMSS FORUM	32116	650.00	80940	SHIRLENE TAYLOR
8720	CA HOSPITAL MANUAL	118362	220.08	14365	NURSING STAFF
8740	MINDFULL STRESS SEMINAR	31016	200.00	82656	ALLAN ADAYA
8740	LACTATION COUNSELOR	22516	200.00	82528	BRENDA BENEDETTI
8740	BLS-ACLS INSTRUCTOR COURSE	31716	150.00	78123	CAMILLE BRYAN
8740	PALS - EDUCATION	22516	200.00	82646	CECILIA DEBELKA-MCELHANE
8740	ACLS COURSE	31016	175.00	82653	DANIEL BARNES
8740	ACLS COURSE	31016	150.00	80935	FRANK DICINTIO
8740	AGING GRACEFULLY SEMINAR	22516	104.92	82621	JANICE BACHAR
8740	MASTER OF BUSINESS	31016	5,000.00	78192	JOY LITTLE
8740	ASSOC OF WOMENS HEALTH	31716	125.00	81771	MEGGAN MCGRAW
8740	MSN FNP - EDUCATION	31716	1,881.00	82454	NANCY CHEGE
8740	CRITICAL CARE REVIEW COURSE	31716	200.00	81426	OLIVIA SANTILLAN
8740	CERTIFIED LACTATION COUNSELOR	31016	200.00	81443	PAMELA MILLS
8740	CHEMOTHERAPY BIOTHERAPY CERTIFICATE	30316	103.00	80734	RENATA MACIK
8740	ADVANCED CRITICAL CARE REVIEW	31016	200.00	78539	RIZA GREGORIO-LEE
8740	ACLS COURSE	31716	155.00	81329	WENDEE ERICKSON
8750	CA SOCIETY OF HEALTHCARE ATTY	31416	943.53	45809	CHERYLE BERNARD-SHAW
8750	HEALTHCARE COMPLIANCE ASSOC	31416	1,950.44	82462	CHERYLE BERNARD-SHAW
8754	IHI CONFERENCE	31516	958.72	77414	MICHELLE HARDIN
8758	CONSENT LAW SEMINAR	30816	340.00	14365	JAMI PIERSON

**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 Legislative Days
April 4-5, 2016
Sacramento, CA

I attended the Association of California Healthcare District's Legislative Days at the beginning of April. It was my first visit to the Capitol Building. I met with the legislative assistants of two members of the Assembly Business and Professions Committee.

With Mark Matthews (Desert Hospital District), I met with Ken Cooley's legislative assistant, Bill Boerum; and with Dave Ordonez (South Humboldt County Community Healthcare District) and Abe Hathaway (Mayers Memorial Hospital District), I met with Rudy Salas's legislative assistant.

At both visits, we discussed SB 957 (Hueso) which would expand the Design-Build Authority that has been enacted for individual hospital/healthcare districts in the past and extend to all hospital/healthcare districts.

Of interest was AB 2024 (Wood) which would allow critical access hospitals (of which 20 are district hospitals) the ability to hire physicians as direct employees while prohibiting district employers from interfering with medical practice. Testimony was being heard by the committee while I was in the Capitol Building on April 5th and the bill was passed out of committee.

Submitted by: Laura Mitchell
April 20, 2016