

**TRI-CITY HEALTHCARE DISTRICT  
AGENDA FOR A REGULAR MEETING  
July 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"**

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

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

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

	Agenda Item	Time Allotted	Requestor
	f. Approval of prior Closed Session Minutes		
	g. Conference with Legal Counsel – Existing Litigation (Authority Government Code Section 54956.9(d)1, (d)4)  (1) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108  (2) TCHD vs. Medical Acquisitions Company Case No: 2014-00022523  (3) Larry Anderson vs. TCHD Case No. A196102		
	h. Public Employee Evaluation: General Counsel (Authority: Government Code, Section 54957)		
	i. Public Employee Evaluation: Chief Executive Officer/ Chief Compliance Officer (Authority: Government Code, Section 54957)		
7	Motion to go into Open Session		
8	Open Session		
	<b>Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.</b>		
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
10	Roll Call / Pledge of Allegiance	3 min.	Standard
11	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
12	Community Update – Presentation on TCHD's Rapid Response Team – Linda Sprague, RN, ICU	10 min.	CNE
13	Report from TCHD Foundation	5 min.	Standard
14	Report from Chief Executive Officer	10 min.	Standard
15	Report from Acting Chief Financial Officer	10 min.	Standard
16	New Business		
	a. Update and possible action on UCSD Affiliation Agreement	10 min.	Chair
	b. Consideration to appoint Mr. Eric Burch to an additional two-year term on the Governance & Legislative Committee	5 min.	Gov. & Leg. Comm.



	Agenda Item	Time Allotted	Requestor
	<p>Director Agreement at \$196.08 per hour, not to exceed 34 hours a month, for a total not to exceed \$300,000.</p> <ol style="list-style-type: none"> <li>3. Approval of an agreement with Dr. Richard Smith as the Chair of the Antibiotic Stewardship Program for a term of 24 months beginning July 1, 2016 through July 1, 2018, not to exceed an average of 30 hours per month or 300 hours annually, at an hourly rate of \$175 for an annual cost of \$52,500, and a total cost for the term of \$52,500.</li> <li>4. Approval of an agreement with GE Healthcare for services on three CT scanners, AW Server, UPS, two Cath Labs, and two Ultrasound Units for a term of five years, beginning July 1, 2016 through June 30, 2021, prorated cost of month 1-5, \$33,552, month 6-6 \$33,599, month 7-9, \$33,718, month 10-10, \$47,373 and month 11-60, \$48,348 for the five year total term expense of \$2,767,286.</li> <li>5. Approval of a lease facility with Bank of the West for a principal amount not to exceed \$4,000,000 with a capital lease term of 36 months, at a maximum interest cost of less than \$284,000 over the term of the lease.</li> <li>6. Approval of an agreement with the American Heart Association for a term of three years, beginning June 30, 2016 through June 30, 2019, for the annual costs for year 1-\$120,000, for Year 2-\$250,000 and for Year 3-\$250,00, for a total cost for the term of \$620,000.</li> <li>7. Approval of a Third Amendment Lease Renewal with Dr. Oscar Matthews for an additional 24 month term, beginning August 1, 2016 through July 31, 2018, with a 3% increase in lease payment each year, which remains within the current fair market value rental rates.</li> <li>8. Approval of an agreement with Dr. Hamid Movahhedian, NICU Medical Director, as well as provide oversight for the Newborn Nursery and High Risk Infant Follow-up Clinic for a term of 36 months, beginning July 1, 2016 through June 30, 2019, at an annual cost not to exceed \$96,000, and a total cost for the term not to exceed \$288,000.</li> </ol> <p><b>E. Professional Affairs Committee</b>  Director Mitchell, Committee Chair  (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p><b>1) <u>Approval of Patient Care Services Policies</u></b></p> <ol style="list-style-type: none"> <li>a. Alcohol Withdrawal Symptom Management</li> <li>b. Chain of Command Policy</li> <li>c. Emergency Cart, Cardiopulmonary Arrest</li> <li>d. Family Presence During Resuscitation</li> <li>e. Postural (Orthostatic) Vital Signs, Obtaining</li> <li>f. Stool Management (Rectal Tube) Dignicare Stool Management</li> </ol>		PAC

	Agenda Item	Time Allotted	Requestor
	<p><b>2) Unit Specific – Medical Staff</b> a. Credentialing Policy, Processing Medical Staff Reappointments</p> <p><b>3) Formulary Requests</b> a. Bridion- Trade Name/ Sugammadex- Generic Name b. Emend- Trade Name/ Aprepitant- Generic Name c. Veltassa- Trade Name/ Patiromar Sorbitex Calcium- Generic Name</p> <p><b>F. Governance &amp; Legislative Committee</b> Director Dagostino, Committee Chair Open Community Seats - 2 (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p>1) Approval of Board Policy 14-020 – Business Expense Reimbursement; Ethics Training</p> <p><b>G. Audit, Compliance &amp; Ethics Committee</b> Director Finnila, Committee Chair Open Community Seats – 0 (Committee minutes included in Board Agenda packets for informational purposes.)</p> <p>1. Approval of AP&amp;P #8750-554 – Monitoring Compliance/Auditing and Reporting; Exit Interviews</p> <p>2. Approval of AP&amp;P #567 – Development and Revision of Code of Conduct and Policies – Retiring Code of Conduct and/or Policies</p> <p>3. Approval of Non-Clinical Contracts</p> <p>4. Recommendation to refer Committee Charter to Governance Committee</p> <p>(2) Minutes – Approval of: a) Regular Board of Directors Meeting – June 30, 2016</p> <p>(3) Meetings and Conferences - None</p> <p>(4) Dues and Memberships – ACHD - \$45,000</p>		<p>Gov. &amp; Leg. Comm.</p> <p>Audit, Comp. &amp; Ethics Comm.</p> <p>Standard</p> <p>Standard</p>
20	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
21	<p>Reports (Discussion by exception only)</p> <p>(a) Dashboard - Included</p> <p>(b) Construction Report – Included</p> <p>(c) Lease Report – (June, 2016)</p> <p>(d) Reimbursement Disclosure Report – (June, 2016)</p> <p>(e) Seminar/Conference Reports - None</p>	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

	<b>Agenda Item</b>	<b>Time Allotted</b>	<b>Requestor</b>
24	Additional Comments by Chief Executive Officer	5 min.	Standard
25	Board Communications (three minutes per Board member)	18 min.	Standard
26	Report from Chairperson	3 min.	Standard
	Total Time Budgeted for Open Session	<b>2 hrs.</b>	
27	Oral Announcement of Items to be Discussed During Closed Session		
28	Motion to Return to Closed Session (if needed)		
29	Open Session		
30	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) – (If Needed)		
31	Adjournment		



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

*Attachment A*

**INITIAL APPOINTMENTS** (Effective Dates: 7/29/2016- 6/30/2018)

Any items of concern will be "red" flagged in this report. Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following physicians have met the basic requirements of staff and are therefore recommended for appointment effective 7/29/2016 through 6/30/2018:

- AFSHAR, Maryam, M.D./Medicine/Dermatology
- CHAPMAN, Todd, M.D./Teleradiology (STAT Rad)
- EIKERMANN, Eric, M.D./Anesthesiology (ASMG)
- ELCHICO, Erick, M.D./Anesthesiology (ASMG)
- FERNANDEZ, Janice, M.D./Anesthesiology (ASMG)
- GOKALDAS, Reshma, M.D./Medicine/Neurology (The Neurology Center)
- HAZELWOOD, Kyle, M.D./Orthopedic Surgery (Sports Medicine Fellowship Program)
- KATZMAN, Lee, M.D./Ophthalmology (joining Eyecare Solutions- Jeffrey Morris, MD)
- LUDEMAN, Lori, M.D./Emergency Medicine
- MITCHELL, Charles, M.D./Radiology (San Diego Imaging)
- RAO, Sanjay, M.D./ Medicine/Psychiatry (Achieve Medical Center- Dr Manish Sheth)
- REEN, Sandeep, M.D./Family Medicine (Hospitalist)
- SHABANIAN, Leila, M.D./Internal Medicine (Hospitalist)
- ZACHRY, Alison, M.D./Pediatrics (NCHS)

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

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

- MITCHELL, Charles, M.D./Radiology (San Diego Imaging)
- SHABANIAN, Leila, M.D./Internal Medicine/Hospitalist



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

*Attachment A*

- RAO, Sanjay, M.D./ Medicine/Psychiatry (Achieve Medical Center- Dr Manish Sheth)

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

None





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

Attachment B

**BIENNIAL REAPPOINTMENTS:** (Effective Dates 8/01/2016 –7/31/2018)

Any items of concern will be “red” flagged in this report. The following application was recommended for reappointment to the medical staff office effective 8/01/2016 through 7/31/18, based upon practitioner specific and comparative data profiles and reports demonstrating ongoing monitoring and evaluation, activities reflecting level of professionalism, delivery of compassionate patient care, medical knowledge based upon outcomes, interpersonal and communications skills, use of system resources, participation in activities to improve care, blood utilization, medical records review, department specific monitoring activities, health status and relevant results of clinical performance:

- Choudry, Bilal A., MD/Neurology/Provisional
- Dertina, Damon, M., MD/Anesthesiology/Consulting
- Gonzales, Michelle., MD/Family Medicine/Affiliate
- Jackson, Michelle L., MD/Dermatology/Affiliate
- Kobayashi, Gary, L., MD/Internal Medicine/Affiliate
- Krishna, Sheila, M., MD/ Dermatology /Provisional
- Krol, Thomas, C., MD/Gastroenterology/Active
- Le, Yung, T., MD/Internal Medicine/Active
- Lee, Dandy, MD/Anesthesiology/Active
- Li, Zhe, MD/Anesthesiology/Active
- Mau, Nicole, M., MD/Dermatology/Provisional
- McClay, Edward, F., MD/Oncology/Active
- Melden, Mark, DO/Psychiatry/Active
- Naudin, Veronica, L., MD/Pediatrics/Active
- Phillips, Jason, M.,/Urology/Provisional
- Rayan, Sunil, MD/Vascular Surgery/Provisional
- Sheth, Manish, V., MD /Psychiatry/Active
- Velesrubio, Felisa, U., MD/Infectious Disease/Consulting



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

Attachment B

- Wang, Chunyang, T., MD/ Neurology/Provisional

**RESIGNATIONS:** (Effective date 7/31/2016 unless otherwise noted)

Voluntary:

- FARRELL, Melanie M.D./Internal Medicine/Provisional
- KASKA, Serge M.D./Orthopedic Surgery/Active
- QUICK, Alexander, K., M.D./Anesthesiology/Provisional



## TRI-CITY MEDICAL CENTER

### MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3

July 13, 2016

Attachment B

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

### **ADDITIONAL PRIVILEGES RECOMMENDATION**

The following physicians request for additional privileges as listed below have met criteria and therefore are recommended.

- COHEN, David M.D.                      Cardiology
- DANESHMAND, Shahram M.D.      Maternal-Fetal Medicine
- URBANIC, James M.D.                Oncology

### **VOLUNTARY RELINQUISHMENT OF PRIVILEGES**

The following practitioners voluntarily relinquished their privileges.

- DANESHMAND, Shahram M.D.      Maternal-Fetal Medicine
- TITH, Tevy M.D.                        Maternal-Fetal Medicine

### **AUTOMATIC EXPIRATION OF PRIVILEGES**

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and therefore the listed privileges will automatically expire as of 7/31/16.

- Han, James, DPM.                      Podiatric Surgery
- Stern, Mark S., M.D.                Neurological
- Zizzo, Paola V., D.O.                Internal Medicine

### **EXTENSION OF PRIVILEGES**

The following practitioners were given a six month extension to complete their outstanding proctoring. These practitioners deadline is 1/31/17.

- Aminlari, Amy M.D.                      Emergency Medicine
- Goldsztein, Hernan, M.D.            Otolaryngology
- Hajnik, Christopher A., M.D.        Orthopedic Surgery



TRI-CITY MEDICAL CENTER  
MEDICAL STAFF CREDENTIALS REPORT - Part 2 of 3  
July 13, 2016

*Attachment B*

**STAFF STATUS CHANGES**

- None



TRI-CITY MEDICAL CENTER  
MEDICAL STAFF CREDENTIALS REPORT – Part 3 of 3  
July 13, 2016

Attachment C

**PROCTORING RECOMMENDATIONS** (Effective 7/31/2016, unless otherwise specified)

- BROWN, Rica M.D.                      Emergency Medicine
- CHAMMAS, Joseph M.D.              Cardiothoracic Surgery
- EBRAHIMI ADIB, Tannas M.D.        OB/GYN
- EL-SHERIEF, Karim M.D.              Cardiology
- PASHMFOROUGH, Mohammad M.D.    Cardiology
- PENVOSE-YI, Jan M.D.                OB/GYN



TRI-CITY MEDICAL CENTER

**INTERDISCIPLINARY PRACTICE INITIAL CREDENTIALS REPORT**

**July 20, 2016**

*Attachment A*

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

Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following AHPs have met the basic requirements of staff and are therefore recommended for appointment effective 7/29/2016 through 6/30/2018:

- GENDELMAN, Jordan, MFT intern (Behavioral Health) - (Going to IDPC July 20)
- WIGFALL, Christian, PA (Neurology) The Neurology Center Group - (Going to IDPC July 20)

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

**Allied Health Professionals:**

**None**

**TEMPORARY PRIVILEGES:** Allied Health Professionals:

**None**



TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE REAPPOINTMENT CREDENTIALS REPORT – 1 of 3  
July 20, 2016

Attachment B

**BIENNIAL REAPPRAISALS:** (Effective Dates 8/1/2016 – 7/31/2018)

Any items of concern will be “red” flagged in this report. The following application was recommended for reappointment to the medical staff office effective 8/1/2016 through 7/31/18, based upon practitioner specific and comparative data profiles and reports demonstrating ongoing monitoring and evaluation, activities reflecting level of professionalism, delivery of compassionate patient care, medical knowledge based upon outcomes, interpersonal and communications skills, use of system resources, participation in activities to improve care, blood utilization, medical records review, department specific monitoring activities, health status and relevant results of clinical performance:

- COWAN, John W., PA-C/Allied Health Professional Supervising Physician
- Heldt, Emily, W., AuD/Allied Health Professional Supervising Physician
- HUANG, Stephanie K., PA-C/Allied Health Professional Supervising Physician
- KOLT, Thomas L., PA-C/Allied Health Professional Supervising Physician
- LAM, Christina NP/Allied Health Professional Supervising Physician
- RICE, William M., PA-C/Allied Health Professional Supervising Physician
- Spencer, Matthew, J., PAC/Allied Health Professional

**RESIGNATIONS:** (Effective date 7/31/2016 unless otherwise noted)

- ANDERSON, Rachel A., NP/Allied Health Professional
- HICKS, Gayle E., AuD/Allied Health Professional
- SCHROLL, Kristy M., PA-C/Allied Health Professional
- VISKANTA, Tomas L., PA-C/Allied Health Professional



TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE COMMITTEE CREDENTIALS REPORT - Part 3 of 3  
July 20, 2016

Attachment C

**PROCTORING RECOMMENDATIONS** (Effective 07/31/2016, unless otherwise specified)

- TUANQUIN, Tina AuD Allied Health Professional





TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE COMMITTEE CREDENTIALS REPORT – Part 2 of 3  
July 20, 2016

Attachment B

**NON-REAPPOINTMENT RELATED STATUS MODIFICATIONS** (Effective  
Date: 7/2016, unless specified otherwise)

**PRIVILEGE RELATED CHANGES**

- None at this time

**STAFF STATUS CHANGES**

- None at this time

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

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

Topic	Discussion	Action Follow-up	Person(s) Responsible
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1. Call To Order	Chair Kellett called the meeting to order at 12:35 p.m.		Chair Kellett
2. Approval of the agenda	Chair Kellett called for a motion to approve the agenda of July 12, 2016. Director Mitchell moved and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellett
3. Comments from members of the public	Chair Kellett read the paragraph regarding comments from members of the public.	No public comments.	Chair Kellett
4. Ratification of Minutes	Chair Kellett called for a motion to approve the minutes of the June 14, 2016 meeting. Director Mitchell moved and Ginny Carson seconded the motion. The motion was carried unanimously with Director Reno abstaining due to her absence in the June meeting.		Chair Kellett

Topic	Discussion	Action Follow-up	Person(s) Responsible
5. Old Business	None		
a. Recordkeeping RFP Update	Quinn Abler, Total Rewards & HRIS Director gave a brief overview on received recordkeeping services submissions. The committee discussed those outcomes and Lincoln's increase proposal which came in as the lowest proposed rate to date.	Committee requested a formal layout with side by side comparison before taking action.	Norma Braun
6. New Business	Action deferred to next month.		
b. B.O.D Dashboard- Stakeholder Experience	The Stakeholder Experience pillar- Employee Satisfaction rates were reviewed & discussed.		Chair Kellett
c. Review HR Metrics	Mr. Abler presented the quarterly metrics. Quarterly headcount and annual turnover rates by each union and overall. TCHD turnover rates are low and within national benchmarks and fluctuate throughout the year but stay consistent overall.	Committee requested a turnover detail analysis and planned actions to be taken with outcomes results of analysis findings.	Norma Braun
d. Employee Health & Wellness	Deferred to next meeting due to Rudy's absence by legal subpoena.		Norma Braun
e. Work Plan	The work plan was reviewed.	2017 Key Grievance ER/LR data to be presented with Metrics in July & December.	Chair Kellett
f. Committee Communications	None		Chair Kellett
g. Date of next meeting	<b>July 12, 2016</b>		Chair Kellett
h. Adjournment	Chair Kellett adjourned the meeting at 1:30 p.m.		Chair Kellett

## TRI-CITY HEALTHCARE DISTRICT

### HUMAN RESOURCES COMMITTEE CHARTER

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

#### **I. Purpose**

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

1. Human resources policies and practices;
2. Programs to hire, train and retain employees who exhibit safe quality expert care.
3. Appointment of members of the Committee to the Employee Fiduciary Retirement Plan Subcommittee ("the Subcommittee"), and review of the reports and recommendations of the Subcommittee;
4. Market-competitive compensation and benefits that reward employee performance for non-executive employees;
5. Changes to employment laws and regulations and advice to the Board regarding implications;
6. Collective Bargaining Agreements.
7. At least annually, the Human Resources Committee shall review its charter and its performance with respect to its charter;
8. Consult with relevant experts, such as accountants, legal counsel and others advisors who might provide information pertinent to the matters before the committee.

#### **II. Membership**

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

#### **III. Meetings**

The Committee may establish its own meeting schedule.

#### **IV. Minutes**

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

#### **V. Reports**

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

#### **VI. Conduct**

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

**Approved: 09/29/11 by Board of Directors**

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

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

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

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

**July 21, 2016**  
Assembly Room 1

**MEMBERS PRESENT:**

CHAC Chair Julie Nygaard; Board of Directors Chairman Jim Dagostino; Director Larry Schallack, Bret Schanzenbach, Dung M. Ngo, Guy Roney, Marge Coon, Marilou de la Rosa Hruby, Mary Donovan, Roma Ferriter, Ted Owen, Sandy Tucker, Xiomara Arroyo, Dr. Victor Souza MD

**NON-VOTING MEMBERS PRESENT:**

Kapua Conley, COO

**NON-VOTING MEMBERS ABSENT:**

Steve Dietlin, CEO, David Bennett, Chief Marketing Officer, Cheryle Bernard-Shaw, CCO

**MEMBERS ABSENT:**

Barbara Perez, Carol Brooks, Carol Herrera, Don Reedy, Gigi Gleason, Jack Nelson, Linda Ledesma, Mary Lou Clift, Mary Murphy, Rosemary Eshelman

**OTHERS PRESENT:**

Scott Ashton, Robin Iverson, Celia Garcia-CHAC Coordinator, Brian Greenwald-Website Content Specialist, Susan McDowell-CHAC Coordinator;

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>CALL TO ORDER</b>	The July 21, 2016, Community Healthcare Alliance Committee meeting was called to order at 12:40 pm by Director and CHAC Chair Julie Nygaard.		
<b>APPROVAL OF MEETING AGENDA</b>	Member Bret Schanzenbach motioned to approve the July 21, 2016 meeting agenda. The motion was seconded by Jim Dagostino and unanimously approved.		

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

**July 21, 2016**  
Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>PUBLIC COMMENTS &amp; ANNOUNCEMENTS</b>	No public comments were made.		
<b>RATIFICATION OF MINUTES</b>	BOD Chair Jim Dagostino motioned to approve the June 16, 2016 CHAC meeting minutes. The motion was seconded by Sandy Tucker and unanimously approved.		
<b>PRESENTATION: IORT &amp; MONA LISA by: Jeremy Raimo, Sr. Director &amp; Jenelle Lovelady, Business Development Mgr</b>	<p>Jeremy Raimo and Jenelle Lovelady presented information concerning IORT and Mona Lisa.</p> <p>IORT (Inter Operational Radiation Therapy) is an advanced procedure to combat Stage I Breast Cancer. Some of the benefits include:</p> <ol style="list-style-type: none"> <li>1. Procedural down time goes from an average of 6 weeks to 2 hours.</li> <li>2. The effectiveness of the procedure and risk of recurrence matches traditional approaches.</li> <li>3. Eliminates 1<sup>st</sup> and 2<sup>nd</sup> degree burning on the upper torso that can be caused by traditional radiation therapy.</li> <li>4. Is being studied for Stage II – Stage IV cancers, as well as other cancers such as lung, cervical, etc. It was noted that this procedure is showing promise for all areas studied to date.</li> </ol>		



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

**July 21, 2016**  
Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
	<p>The Mona Lisa procedure is provided by Dr. Penrose-Yi at her office and offers women treatment for a variety of vaginal health issues, as well as incontinence issues such as urgency and frequency.</p> <p>In addition, the Mona Lisa service offers:</p> <ul style="list-style-type: none"> <li>• Minimal treatments needed to accomplish goal</li> <li>• Procedure done in-office</li> <li>• No anesthesia needed</li> <li>• No side effects or downtime</li> <li>• Nonsurgical, hormone-free approach to vaginal health</li> </ul> <p>It was noted that these issues affect more than 40% of women.</p>		
COO UPDATE	<p>COO Kapua Conley reported on Hospital Wide Throughput and Aionex as follows:</p> <ul style="list-style-type: none"> <li>• Key hospital wide throughput improvements including moving Triage on June 27<sup>th</sup> to a new location. This redesign has provided a 24 minute improvement time for acuity level 4 &amp; 5 patients and a 20 minute improvement time overall by providing a better throughput resulting in a decrease of LWBS patients.</li> <li>• The new CT Scanner has contributed to a reduction in wait times by 26 minutes in May and June of this year.</li> </ul>		

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Community Healthcare Alliance Committee (CHAC)  
Meeting Minutes  
July 21, 2016

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

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
	<ul style="list-style-type: none"> <li>Added PA hours during busy times.</li> <li>Additional improvements are being considered within the next 60-90 days to add even more opportunities to decrease wait times and improve the patient experience, i.e. lounge areas for discharged patients to wait for their ride to arrive, etc.</li> <li>Kapua noted that the issues faced by the TCMC ER are nationwide issues that most hospitals are working to improve. It was also noted that TCMC's ED is the 2<sup>nd</sup> busiest ED in the state.</li> </ul>		
<b>CHAC Charter</b>	The Committee reviewed the revisions to the CHAC Charter completed by CCO Cheryle Bernard-Shaw. Per motion made by Ted Owen, and seconded by Dr. Victor Souza, the revisions were approved.		
<b>EMPTY SEAT</b>	Committee member Darryl Hebert will be contacted to see if he is interested in continuing his position as the Vista City Manager Nominee.		
<b>OLD BUSINESS</b>	No Old Business		

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This document is the property of Tri-City Healthcare District. It is to be used for the purpose of the meeting only and is not to be distributed outside of the meeting.

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

**July 21, 2016**  
Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>COMMITTEE COMMUNICATIONS</b>	<p>Bret Schanzenbach noted that the Moonlight opened Peter Pan last evening and it is a great production. Also several Downtown Vista events are planned for the Summer months.</p> <p>Marilou de la Rosa Hruby reported that the OMA Gala will be held on July 23<sup>rd</sup>.</p> <p>Ted Owen noted that plans are underway to improve parking conditions in the local beach areas of Carlsbad.</p> <p>Mary Donovan thanked the TCMC Foundation for their recent contributions to community organizations and reported that the Oceanside Chamber of Commerce recently awarded North County Lifeline the Philanthropic Organization of the Year award.</p> <p>Xiomara Arroyo noted that she is involved with Wells Fargo's "Financial Wellness Program" and encouraged the members to notify area schools and residents of the benefit of this program.</p> <p>Roma Ferriter reported that the San Marcos campus of NCHS will be finishing and opening their BHU in the near future.</p>		

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 Approved by the Board of Directors  
 Date: 7/21/2016  
 By: [Signature]

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

**July 21, 2016**  
Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
<b>Public Comments</b>	No Public Comments		
<b>Next Meeting</b>	NO AUGUST MEETING. The next meeting is scheduled for September 15, 2016.		
<b>Adjournment</b>	The June 2016 CHAC Committee meeting was adjourned at 1:58pm.		

## TRI-CITY HEALTHCARE DISTRICT

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

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

#### I. Purpose

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

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

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#### II. Guiding Principles

The CHAC operates under the following guiding principles:

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

5. The District may act alone or may collaborate at times with others to address community needs within the District;
6. The CHAC shall effectively interface between the TCHD Board of Directors and Administration.
7. The CHAC shall review its performance and its Charter on an annual basis.
8. The CHAC shall consult with appropriate experts (lawyers , accountants and other experts).

### III. Membership

CHAC shall have 25 voting members:

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

Members representing key constituencies shall be selected by the organizations they represent and serve at the pleasure of the appointing authority, subject to the authority of the Chairperson in Section 1, Article V of the District's Bylaws. Such representatives shall not be considered "community members" as described in Board Policy No. 14-031. Term limits and district residency requirements shall not apply to members representing key constituencies. In each instance, a letter of appointment from the appointing authority shall be transmitted to the District in order for the representative to be seated.

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

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

#### **IV. Meetings**

The Committee may establish its own meeting schedule annually.

#### **V. Minutes**

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

#### **VI. Reports**

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

#### **VII. Conduct**

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

**Approved: BOD 11/6/14**



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

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

<b>Topic</b>	<b>Discussions, Conclusions Recommendations</b>	<b>Action Recommendations/ Conclusions</b>	<b>Person(s) Responsible</b>
1. Call to order	Director Dagostino called the meeting to order at 12:31 pm.  At the outset of the meeting, Chairman Dagostino announced that Chief Compliance Officer Cheryle Bernard-Shaw is out of town and would be attending the meeting via conference phone.		
2. Approval of Agenda		<b>MOTION</b> It was moved by Dr. Contardo, Director Nygaard seconded, and it was unanimously approved to accept the agenda of July 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

Topic	Discussions, Conclusions/ Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
4. Ratification of minutes of June 21, 2016	Minutes were ratified.	Minutes were ratified. <b>MOTION</b> It was moved by Director Kellelt, Dr. Contardo seconded, that the minutes of June 21, 2016, are to be approved without any requested modifications. Dr. Corona and Mr. Harrington abstained from the vote.	
5. Old Business			
a. NICU Coverage & Medical Director - Physician Agreement <ul style="list-style-type: none"> <li>Hamid Movahhedian, M.D.</li> </ul>	Mary Diamond conveyed that this agreement was for a 3-year contract renewal for Dr. Movahhedian's medical directorship of the NICU. It was previously submitted in June 2016, however, it is being resubmitted for committee approval to correct the reimbursement amounts based on an error discovered on the previous submission.	<b>MOTION</b> It was moved by Ms. Mendez, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Movahhedian as the NICU Medical Director, as well as provide oversight for the Newborn Nursery and High Risk Infant Follow up Clinic for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$96,000, and a total cost for the term not to exceed \$288,000.	
6. New Business			
a. Professional Behavior Committee Chair Proposal <ul style="list-style-type: none"> <li>Marcus Contardo, M.D.</li> </ul>	Sherry Miller conveyed that this agreement was a renewal which permits Dr. Contardo to remain in the role of Chair of the Professional Behavior Committee. The duties for this position are set forth in the Tri-City Healthcare District Medical Staff Bylaws, and also encompass the implementation of the Medical Staff Behavior policy #8710-57.	<b>MOTION</b> It was moved Dr. Corona, Director Nygaard seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the amendment of the agreement with Marcus Contardo, M.D. for Chair of the Medical Staff Professional Behavior	Sherry Miller

Topic	Discussions, Conclusions/ Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	Jody Root, legal representative from Procopio requested an amendment to the verbiage in the Motion, to read: "... authorize the <b>amendment of the</b> agreement with Marcus Contardo, M.D...."	Committee for a term of 12 months beginning July 1, 2016 and ending June 30, 2017. Minimum of 30 hours per month or 360 hours annually, at a maximum hourly rate of \$166.66 for an annual cost of \$60,000, and a total cost for the term of \$60,000. Dr. Contardo abstained from the vote. <i>Barbara Hainsworth to amend the write-up</i>	
b. Clinical Coverage & Medical Director Agreement Extension with North County Oncology Medical Group, Inc.	Wayne Knight explained that this write-up is requesting a six month extension to the existing agreement, (which did not include the customary auto extension clause). He reported that this extension was needed to permit sufficient time for negotiations of a new agreement.	<u>MOTION</u> It was moved by Dr. Corona, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors extend the Clinical Coverage and Medical Director Agreement between TCHD and North County Oncology Medical Clinic, Inc. for a term of 180 days, beginning April 12, 2016 and ending October 11, 2016 as follows: Coverage Agreement, full time at \$43,333.33 per month; Medical Director Agreement at \$196.08 per hour, not to exceed 34 hours a month, for a total not to exceed \$300,000.	
c. Physician Agreement for Antibiotic Stewardship Proposal • Dr. Richard Smith	Sharon Schultz conveyed that this 2-year agreement was for Dr. Richard Smith to continue as the Chairman of the Antibiotic Stewardship program. His duties to include providing supervision and direction for program activities, as well as reviewing antibiotic orders for appropriateness.	<u>MOTION</u> It was moved by Dr. Corona, and it seconded by Director Kellett and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Richard Smith as the Chair of the Antibiotic Stewardship Program for a term of 24 months beginning July 1, 2016 and ending July 1, 2018. Not to	

Topic	Discussions, Conclusions/ Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>Discussion ensued, and it was determined that the total term cost was incorrect and would need to be amended from \$126,000 to \$105,000. A second motion was made a seconded, to accept the amended amount.</p>	<p>exceed an average of 30 hours per month or 300 hours annually, at an hourly rate of \$175 for an annual cost of \$52,500 for a total cost for the term of \$126,000. Upon further discussion it was determined term cost was listed incorrectly.</p> <p>The motion was amended by Director Nygaard, seconded by Director Kellett and was unanimously approved to authorize Dr. Richard Smith as the Chair of the Antibiotic Stewardship Program for a term of 24 months beginning July 1, 2016 and ending July 1, 2018. Not to exceed an average of 30 hours per month or 300 hours annually, at an hourly rate of \$175 for an annual cost of \$52,500 for a total amended cost for the term of \$105,000 <i>Barbara Hainsworth to amend the write-up</i></p>	
<p>d. G.E. Healthcare Service Contract Proposal</p>	<p>Steve Young detailed that this proposal was for a service contract on three CT scanners, AW server, UPS, two cardiac catheterization labs and two ultrasound units. The monthly expense is prorated to account for variations in expiration dates of existing contracts. Some discussion ensued.</p>	<p><u>MOTION</u></p> <p>It was moved by Director Kellett, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with G.E. Healthcare for Services on three CT Scanners, AW Server, UPS, two Cath Labs, and two Ultrasound Units for a term of 5 years, beginning July 1, 2016 and ending June 30, 2021 pro-rated cost of month 1-5, \$33,552, month 6-6, \$33,599, month 7-9, \$33,718, month 10-10, \$47,373 and month 11-60, \$48,348 for</p>	

Topic	Discussions, Conclusions, Recommendations	Action Recommendations/Conclusions	Person(s) Responsible
		the 5 year total term expense of \$2,767,286.	
e. Proposal for Agreement with Bank of the West	Charlene Carly explained that this agreement was a request to enter into a \$4.0 million Capital Equipment financing agreement with Bank of the West, to fund Capital Equipment purchases for the Tri-City Medical Center. Included in the FY2017 Budget is \$5.0 million, which was budgeted to be purchased through financing agreements.	<u>MOTION</u> It was moved by Dr. Contardo, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize entering into a lease facility with Bank of the West for a principal amount not to exceed \$4,000,000 with a capital lease term of 36 months, at a maximum interest cost of less than \$284,000 over the term of the lease.	
f. AHA - American Heart Association Sponsorship Proposal	Jamie Johnson detailed that this agreement with the American Heart Association (AHA) was for a 3-year sponsorship (partnership) with Tri-City Medical Center to sponsor various events benefiting North San Diego County, throughout the agreement period. Some event examples given were: <ul style="list-style-type: none"> <li>• National Walking Day</li> <li>• Go Red for Women</li> <li>• "Life is Why" campaign</li> <li>• Community symposiums</li> <li>• Mission focused outreach for stroke, heart health and education</li> </ul>	<u>MOTION</u> It was moved by Dr. Contardo, 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 the American Heart Association for a term of three years, beginning June 30, 2016 and ending June 30, 2019 for the annual costs for Year 1-\$120,000, for Year 2-\$250,000 and for Year 3-\$250,000, for a total cost for the Term of \$620,000.	
g. Third Lease Amendment Proposal <ul style="list-style-type: none"> <li>• Oscar Matthews, M.D.</li> </ul>	Wayne Knight conveyed that this agreement was be for a third lease renewal for Dr. Oscar Matthews medical practice located at:	<u>MOTION</u> It was moved by Ms. Mendez, Director Nygaard seconded, and it was unanimously approved that the	

Topic	Discussions, Conclusions, Recommendations	Action Recommendations/Conclusions	Person(s) Responsible
	<ul style="list-style-type: none"> <li>2095 Vista Way, Suite 107 Vista, CA</li> </ul>	Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the Third Amendment Lease Renewal with Dr. Oscar Matthews for an additional 24 month term, beginning August 1, 2016, ending July 31, 2018, with a 3% increase in lease payment each year, which remains within the current fair market value rental rates.	
h. Financials	Ray Rivas reported that there were no financials distributed for June, due to the upcoming fiscal year-end audit that will be conducted by Moss-Adams. The audit report is projected to be completed in September.		Ray Rivas
i. Work Plan – Information Only	Director Dagostino reported that these agenda items were for review only, but Committee members were welcome to ask questions.		Chairman
<ul style="list-style-type: none"> <li>Finance, Operations and Planning Charter</li> </ul>	<p>Discussion ensued. Modifications recommended are as follows: Under item <b>II. Membership</b>, the second paragraph reads:</p> <ul style="list-style-type: none"> <li>“Each committee member shall have a basic understanding of finance and accounting ...”</li> </ul> <p>It was recommended that this line be changed to read:</p> <ul style="list-style-type: none"> <li>“Each <del>committee</del> community member shall have a basic understanding of finance and accounting ...”</li> </ul> <p>Continuing under item <b>II.</b></p>		Chairman

Topic	Discussions, Conclusions/ Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
<ul style="list-style-type: none"> <li>Wellness Center</li> <li>Construction Report</li> <li>Aionex Bed Board / Throughput</li> <li>Neuroscience Institute, NSI Medical Directorships</li> <li>Medical Director, Surgery</li> </ul>	<p><b>Membership</b>, under the heading – <b>Term of Committee Members</b>, it reads:</p> <ul style="list-style-type: none"> <li>“Committee members shall serve a term of two years, with an option to renew ...”</li> </ul> <p>It was recommended that this line be changed to read:</p> <ul style="list-style-type: none"> <li>“<del>Committee</del> Community members shall serve a term of two years, with an option to renew ...”</li> </ul> <p>David Bennett responded to a number of questions pertaining to Wellness Center membership fees and incentives. Brief discussion ensued.</p> <p>No discussion.</p> <p>Sharon Schultz and Kapua Conley discussed measures that have been implemented to successfully reduce wait times in the ED triage area and for the new CT scanner.</p> <p>Jeremy Raimo and Katie Presnall gave a short PowerPoint presentation detailing FY16 metrics for Operations &amp; Quality for the Neuroscience Institute.</p> <p>Mary Diamond gave a brief PowerPoint presentation regarding the outcome performance for the</p>		<p>David Bennett</p> <p>Chris Miechowski</p> <p>Sharon Schultz</p> <p>Wayne Knight</p> <p>Mary Diamond</p>

Topic	Discussions, Conclusions/ Recommendations	Action Recommendations/ Conclusions	Responsible Person(s)
<ul style="list-style-type: none"> <li>IT Physician Liaison</li> </ul>	<p>Medical Director Surgery, which reflected various metrics used to determine areas of improvement.</p> <p>Dr. Scott Worman gave a short PowerPoint presentation reflecting both his past and present involvement as IT Physician Liaison, as well as some future directions this role may lead.</p>		Kapua Conley
7. Comments by Committee Members		None	Chair
8. Date of next meeting	August 16, 2016		Chair
9. Community Openings (none)			
10. Adjournment	Meeting adjourned 2:21 pm		



**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: July 19, 2016**
**Professional Behavior Committee Chair Proposal**

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

**Physician's Name:** Marcus Contardo, M.D.

**Area of Service:** Medical Staff-Professional Behavior Committee Chair

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

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

<b>Rate/Hour</b>	<b>Minimum Hours per Month</b>	<b>Hours per Year</b>	<b>Monthly Cost</b>	<b>Annual Cost</b>	<b>12 month (Term) Cost</b>
\$166.66	30	360	\$5,000	\$60,000	\$60,000

**Description of Services/Supplies:**

- Perform the duties of Chair of the Professional Behavior Committee, as set forth in the Tri-City Healthcare District Medical Staff Bylaws
- Implement the Medical Staff Professional Behavior Policy #8710-57 (previously numbered 8710-511.1)

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the amendment of the agreement with Marcus Contardo, M.D. for Chair of the Medical Staff Professional Behavior Committee for a term of 12 months beginning July 1, 2016 and ending June 30, 2017. Minimum of 30 hours per month or 360 hours annually, at a maximum hourly rate of \$166.66 for an annual cost of \$60,000, and a total cost for the term of \$60,000.

**FINANCE, OPERATIONS & PLANNING COMMITTEE  
DATE OF MEETING: July 19, 2016  
CLINICAL COVERAGE & MEDICAL DIRECTOR AGREEMENT EXTENSION  
with NORTH COUNTY ONCOLOGY MEDICAL CLINIC, INC.**

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

**Practice Name:** North County Oncology Medical Clinic, Inc.

**Area of Service:** Oncology

**Term of Agreement:** 180 Day Extension of Current Agreement  
Beginning April 12, 2016 – Ending, October 11, 2016

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

<b>Services</b>	<b>Monthly Cost</b>	<b>6 month (Term) Cost</b>
Coverage	\$43,333.33	\$259,999.98
Medical Director	\$6,666.67	\$40,000.02
<b>TOTAL</b>	<b>\$50,000.00</b>	<b>\$300,000.00</b>

**Description of Services/Supplies:**

- Clinical coverage and medical director services

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 Finance Operations and Planning Committee recommend that TCHD Board of Directors extend the Clinical Coverage and Medical Director Agreement between TCHD and North County Oncology Medical Clinic, Inc. for a term of 180 days, beginning April 12, 2016 and ending October 11, 2016 as follows: Coverage Agreement, full time at \$43,333.33 per month; Medical Director Agreement at \$196.08 per hour, not to exceed 34 hours a month, for a total not to exceed \$300,000.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**  
**DATE OF MEETING: July 19, 2016**  
**PHYSICIAN AGREEMENT for Antibiotic Stewardship**

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

**Physician's Name:** Dr. Richard Smith

**Area of Service:** Hospital Oversight of Antibiotic Stewardship Program

**Term of Agreement:** 24 months, Beginning, July, 01, 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	24 month (Term) Cost
\$175/hr.	30	300	\$5,250	\$52,500	\$105,000

**Position Responsibilities:**

- Chair of Antibiotic Stewardship Program
- Supervise and provide direction on program activities
- Review antibiotic orders for appropriateness

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:** Tori Hong, Director, Pharmacy / Sharon Schultz, Chief Nursing Officer

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Richard Smith as the Chair of the Antibiotic Stewardship Program for a term of 24 months beginning July 1, 2016 and ending July 1, 2018. Not to exceed an average of 30 hours per month or 300 hours annually, at an hourly rate of \$175 for an annual cost of \$52,500, and a total cost for the term of \$105,000.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: July 19, 2017**
**G.E. Healthcare Service Contract Proposal**

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

**Vendor's Name:** G.E. Healthcare

**Area of Service:** Laboratory

**Term of Agreement:** 5 years, Beginning, July 1, 2016 – Ending, June 30, 2021

**Maximum Totals:**

<b>Proration by Month:</b>	<b>Monthly Cost:</b>
1-5	\$33,552
6-6	\$33,599
7-9	\$33,718
10-10	\$47,373
11-60	\$48,348
<b>Total Term Expense:</b>	<b>\$2,767,286</b>

**Description of Services/Supplies:**

- Service contract on three CT Scanners, AW Server, UPS, two Cath Labs, and two Ultrasound Units
- Monthly expense prorated to account for varying existing contract expiration dates

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

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with GE Healthcare for Services on three CT Scanners, AW Server, UPS, two Cath Labs, and two Ultrasound Units for a term of 5 years, beginning July 1, 2016 and ending June 30, 2021 pro-rated cost of month 1-5, \$33,552, month 6-6, \$33,599, month 7-9, \$33,718, month 10-10, \$47,373 and month 11-60, \$48,348 for the 5 year total term expense of \$2,767,286.



### FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: July 19, 2016

PROPOSAL for: Agreement with Bank of the West

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

Vendor's Name: Bank of the West  
 Area of Service: Finance  
 Term of Agreement: 3 year financing term

#### Maximum Totals:

Current Interest Rate Range *	36 Month (Term) Interest Cost if Fully Drawn
3.02% - 4.50%	\$189,000 - \$284,000

#### Description of Services/Supplies:

- Request to enter into a \$4,000,000 Capital Equipment Financing agreement with Bank of the West to fund capital equipment purchases for Tri-City Medical Center.
- Acquisition of capital equipment is subject to authorization in accordance with TCHD policies and procedures.
- The FY 2017 Budget includes \$13.8 million of capital purchases, of which \$5.0 million was budgeted to be purchased through financing agreements.

\*Interest rate is subject to a one-time adjustment for each schedule of equipment, as the funding for each schedule is completed. The current quoted rate is 3.02%.

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:** Charlene Carty, Director of Finance / Ray Rivas, Acting Chief Financial Officer

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize entering into a lease facility with Bank of the West for a principal amount not to exceed \$4,000,000 with a capital lease term of 36 months, at a maximum interest cost of less than \$284,000 over the term of the lease.



**FINANCE, OPERATIONS & PLANNING COMMITTEE  
DATE OF MEETING: July 19, 2016  
AHA – American Heart Association Sponsorship Proposal**

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

**Vendor's Name:** American Heart Association (AHA)

**Area of Service:** Marketing and Public Affairs

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

**Maximum Totals:**

	<b>Annual Cost:</b>
Year 1	\$120,000
Year 2	\$250,000
Year 3	\$250,000
<b>Total Term Cost:</b>	<b>\$620,000</b>

**Description of Services/Supplies:**

- Agreement with the AHA over a three year period to sponsor various North San Diego County benefitted events throughout the agreement period, such as National Walking Day, Go Red for Women, and mission-focused outreach for stroke, heart health, and education.

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:** David Bennett, Chief Marketing Officer

**Motion:**

I move that Finance Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with the American Heart Association for a term of three years, beginning June 30, 2016 and ending June 30, 2019 for the annual costs for Year 1-\$120,000, for Year 2-\$250,000 and for Year 3-\$250,000, for a total cost for the Term of \$620,000.



### FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: July 19, 2016

#### Third Lease Amendment Proposal – Oscar Matthews, MD

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

**Physician Name:** Oscar Matthews, M.D. (Cardiologist)

**Premises:** 2095 Vista Way, Suite 107, Vista, CA 92083 (1,450 sq. ft.)

**Term of Agreement:** 24 months, Beginning, August 1, 2016 – Ending, July 31, 2018  
Extends the existing lease agreement for 24 months,  
increasing lease payments 3% each year.

**Rental Rate:** Year 1 - August 1, 2016 – July 31, 2017 (\$2,935.62 - \$2.02 SF)  
Year 2 - August 1, 2017 – July 31, 2018 (\$3,023.69 - \$2.08 SF)

**Within Fair Market Value:** YES (FMV was determined by Lease comparables)

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

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

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the Third Amendment Lease Renewal with Dr. Oscar Matthews for an additional 24 month term, beginning August 1, 2016, ending July 31, 2018, with a 3% increase in lease payment each year, which remains within the current fair market value rental rates.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**  
**DATE OF MEETING: July 19, 2016**  
**NICU COVERAGE & MEDICAL DIRECTOR - PHYSICIAN AGREEMENT**

<b>Type of Agreement</b>	<input checked="" type="checkbox"/>	Medical Directors		Panel		Other:
<b>Status of Agreement</b>		New Agreement		Renewal – New Rates	<input checked="" type="checkbox"/>	Renewal – Same Rates

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

**Area of Service:** NICU

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

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

<b>Responsibilities:</b>	<b>Rate / Hour</b>	<b>Hours per Month Not to Exceed</b>	<b>Hours per Year</b>	<b>Monthly Cost</b>	<b>Annual Cost Not to Exceed</b>	<b>36 month (Term) Cost Not to Exceed</b>
Medical Director	\$200	40	480	\$8,000	\$96,000	\$288,000

**Position Responsibilities:**

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

Board Approved Physician Contract Template:	<input checked="" type="checkbox"/>	Yes		No
Approved by Chief Compliance Officer:	<input checked="" type="checkbox"/>	Yes		No
Is Agreement a Regulatory Requirement:	<input checked="" type="checkbox"/>	Yes		No

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

**Motion:**

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Movahhedian as the NICU Medical Director, as well as provide oversight for the Newborn Nursery and High Risk Infant Follow up Clinic for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$96,000, and a total cost for the term not to exceed \$288,000.



**DRAFT**

**Tri-City Medical Center  
Professional Affairs Committee Meeting  
Open Session Minutes  
July 14, 2016**

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

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

**Others present:** Jody Root, General Counsel, Marcia Cavanaugh, Sr. Director for Regulatory and Compliance, Jami Pearson, Director for Regulatory Compliance, Cli. Quality and Infection Control, Jeremy Raimo, Steve Young, Patricia Guerra and Karren Hertz.

**Members Absent:** None.

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



Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
<p>c. Consideration and Possible Approval of Policies and Procedures</p> <p><b>Patient Care Policies and Procedures:</b></p> <ol style="list-style-type: none"> <li>Advanced Care Technicians (ACT) Assignments and Shift Routines for telemetry and Acute Care Services (ACS)</li> <li>Alcohol Withdrawal Symptom Management</li> </ol>	<p>hours of admission and having all the information in one page. The images can be scanned directly from the iPods into the patient's chart.</p> <p><b>Sepsis</b></p> <p>Dr. Worman mentioned that the hospital is doing well in trending sepsis. Melanie Bruce from IT created a template to track sepsis patients accurately. Dr. Ma reiterated that dealing with sepsis involves a lot of information and processes that is why it is not a very easy process to deal with.</p> <p>It was decided by the committee to pull out this policy since there is a name change for the Forensics unit as well as there is a need to clarify some of the duties of the ACTs.</p> <p>The alcohol screening is currently done in the ED but will also be done on admission starting in August. It was suggested that a footnote be added regarding the medication for pregnant/lactating women in the tool.</p>	<p><b>ACTION:</b> The Patient Care Services policies and procedures were approved with the exception of the policy on ACT Assignment and Shift Routines. Dr. Contardo moved and Director Finnila 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
3. Chain of Command Policy	The term TCMC was changed to TCHD in this policy.		Patricia Guerra
4. Emergency Cart, Cardiopulmonary Arrest	There was a question if the emergency cart is different from a crash cart. It was agreed upon by the group that the whole policy should say emergency cart all throughout for uniformity purposes. It was further clarified that the procedure outlined on page 35 does not have to be done consecutively.		
5. Family Presence During Resuscitation	This policy was added to the nursing tool for assessment as it is a JC requirement. The term "based on available staff" should be added in the definition on the family support person list.		
6. Postural (Orthostatic ) Vital Signs, Obtaining	Dr. Johnson made some clarifications on some of the procedure steps adding "any one or more" on the statement on when will the physician be notified. Jami also added "approximately" on one of the procedural steps as it is recommended by the JC requirements.		
7. Stool Management (Rectal Tube) Dignicare Stool Management  Unit Specific Medical Staff	This policy is not used very often in the units. It is mostly utilized in the ICU Department.		

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
1. Credentialing Policy; Porocessing Medical Staff Reappointments	The committee made a recommendation to change the requirement on the professional references to go back as far as 10 years (this was later on changed to 5 years to streamline TCHD processes as recommended by Colleen Thompson).	<b>ACTION:</b> The Medical Staff policy was approved with changes as moved by Director Finnila and seconded by Dr. Worman.	Patricia Guerra
<b>Formulary Requests</b> 1. Bridion- Trade Name/ Sugammadex-Generic Name  2. Emend- Trade Name/Aprepitant-Generic Name  3. Veltassa- Trade Name/ Sorbitex Calcium- Generic Name	<p>The Pharmacy and Therapeutics Committee has approved this medication more exposure and is also costly so there is a limit imposed on the providers who prescribe this drug.</p> <p>This drug is indicated for nausea and vomiting, especially for post operative nausea and vomiting as well as the nausea/vomiting associated with chemotherapy.</p> <p>This medication is preferred for patients who do not need additional sodium (e.g. chronic renal failure, cardiac patients). As a powder, it can be mixed in any liquid for administration.</p>	<b>ACTION:</b> The formulary requests were approved as moved by Dr. Contardo and seconded by Direvctor Schallock.	Patricia Guerra
6. Clinical Contracts	No contracts were reviewd for this month.	<b>ACTION:</b> No action taken.	Director Mitchell
7. Review and Discussion of PAC	Cheryle Bernard-Shaw reviewed the PAC	<b>ACTION:</b> Jody Root suggested	Cheryle

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Charter	<p>Charter with the committee. There was a number of recommendations that the committee suggested:</p> <ul style="list-style-type: none"> <li>• It should say provide health care delivery oversight (and not governance oversight)</li> <li>• Performance of clinical service providers should be elaborated as suggested by the physicians</li> <li>• The administrative policies should be taken out as PAC reviews all policies. Tricia will give out all the categories so they will be enumerated accordingly in the PAC Charter.</li> </ul>	tha the PAC charter need to be revised. Karren will send an email to the committee for all to review and send proposed changes. This charter will be presented again next meeting.	Bernard-Shaw
7. Closed Session	Director Mitchell asked for a motion to go into Closed Session.	Director Finnilla moved, Director Schallack seconded and it was unanimously approved to go into closed session at 12:50 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

July 14th, 2016

CONTACT: Sharon Schultz, CNE

Policies and Procedures	Reason	Recommendations
<b><u>Patient Care Services Policies &amp; Procedures</u></b>		
Advanced Care Technicians (ACT) Assignments and Shift Routines for Telemetry and Acute Care Services (ACS)	Practice change	Pulled for further review
Alcohol Withdrawal Symptom Management	NEW	Forward to BOD for approval with revisions
Chain of Command Policy	3 year review	Forward to BOD for approval with revisions
Emergency Cart, Cardiopulmonary Arrest	3 year review, practice change	Forward to BOD for approval with revisions
Family Presence During Resuscitation	3 year review, practice change	Forward to BOD for approval with revisions
Postural (Orthostatic) Vital Signs, Obtaining	3 year review, practice change	Forward to BOD for approval with revisions
Stool Management (Rectal Tube) Dignicare Stool Management System	3 year review	Forward to BOD for approval
<b><u>Unit Specific</u></b>		
<b><u>Medical Staff</u></b>		
Credentialing Policy, Processing Medical Staff Reappointments	3 year review, practice change	Forward to BOD for approval with revisions
<b><u>Formulary Requests</u></b>		
Bridion – Trade Name    Sugammadex – Generic Name	NEW	Forward to BOD for approval
Emend – Trade Name    Aprepitant – Generic Name	NEW	Forward to BOD for approval
Veltassa – Trade Name    Patiromer sorbitex calcium – Generic Name	NEW	Forward to BOD for approval



**Tri-City Medical Center**  
Oceanside, California

**PATIENT CARE SERVICES**

**ISSUE DATE:** NEW

**SUBJECT:** Alcohol Withdrawal Symptom Management

**REVISION DATE(S):**

Department Approval Date(s):	04/16
Clinical Policies and Procedures Approval Date(s):	05/16
Nurse Executive Committee Approval Date(s):	05/16
Medical Staff Department/Division Approval Date(s):	n/a
Pharmacy and Therapeutics Approval Date(s):	n/a
Medical Executive Committee Approval Date(s):	06/16
Professional Affairs Committee Approval Date(s):	07/16
Board of Directors Approval Date(s):	

**A. DEFINITION(S):**

1. **Alcohol Use Disorders Identification Test (Audit-C):** is a 3-item alcohol screen that can help identify person who are hazardous drinkers or have active alcohol use disorders. **Generally, the higher the AUDIT-C score, the more likely it is that the patient's drinking is affecting their health and safety.**
2. **Clinical Institute Withdrawal Assessment Scale for Alcohol Revised (CIWA-Ar):** at 10-item scale for assessment and management of alcohol withdrawal. A summation of the scores correlates to the severity of alcohol withdrawal.

**B. POLICY:**

1. All patients shall be screened for alcohol use on admission
  - a. If a patient is identified on admission as currently consuming alcohol which puts them at risk for experiencing alcohol withdrawal symptoms during hospitalization the nurse will discuss with physician and obtain orders for management of withdrawal symptoms.
2. Patients shall be assessed each shift for signs/symptoms of alcohol withdrawal
  - a. If patient exhibits signs/symptoms of alcohol withdrawal, the patient will be assessed using the CIWA-Ar scale.
    - i. Based on the CIWA-Ar score, the nurse will contact physician and obtain orders for management of withdrawal symptoms.
      - 1) **If patient is pregnant or lactating, review appropriateness of medications with physician.**
3. If a patient has a CIWA score of greater than or equal to 8, the patient requires a more frequent monitoring and a higher level of care (ie: Telemetry or Intensive Care Unit).

**C. PROCEDURE:**

1. **Screen the patient for alcohol use by completing the Audit-C screen in the electronic health record (EHR) upon admission.**
  - a. **If a patient scores less than 5, monitor patient for signs and symptoms of alcohol withdrawal with shift assessments and reassessments.**
  - b. **If a patient scores greater than or equal to 5, ~~the results are positive.~~**
    - i. **Ask 3 additional screening questions.**
    - ii. **Initiate the Adult Alcohol Withdrawal Interdisciplinary Plan of Care (IPOC).**
    - iii. **Complete the CIWA-Ar in the EHR.**
2. **CIWA-Ar scores upon admission or during shift assessment,**
  - a. **If the CIWA- Ar is less than 8:**

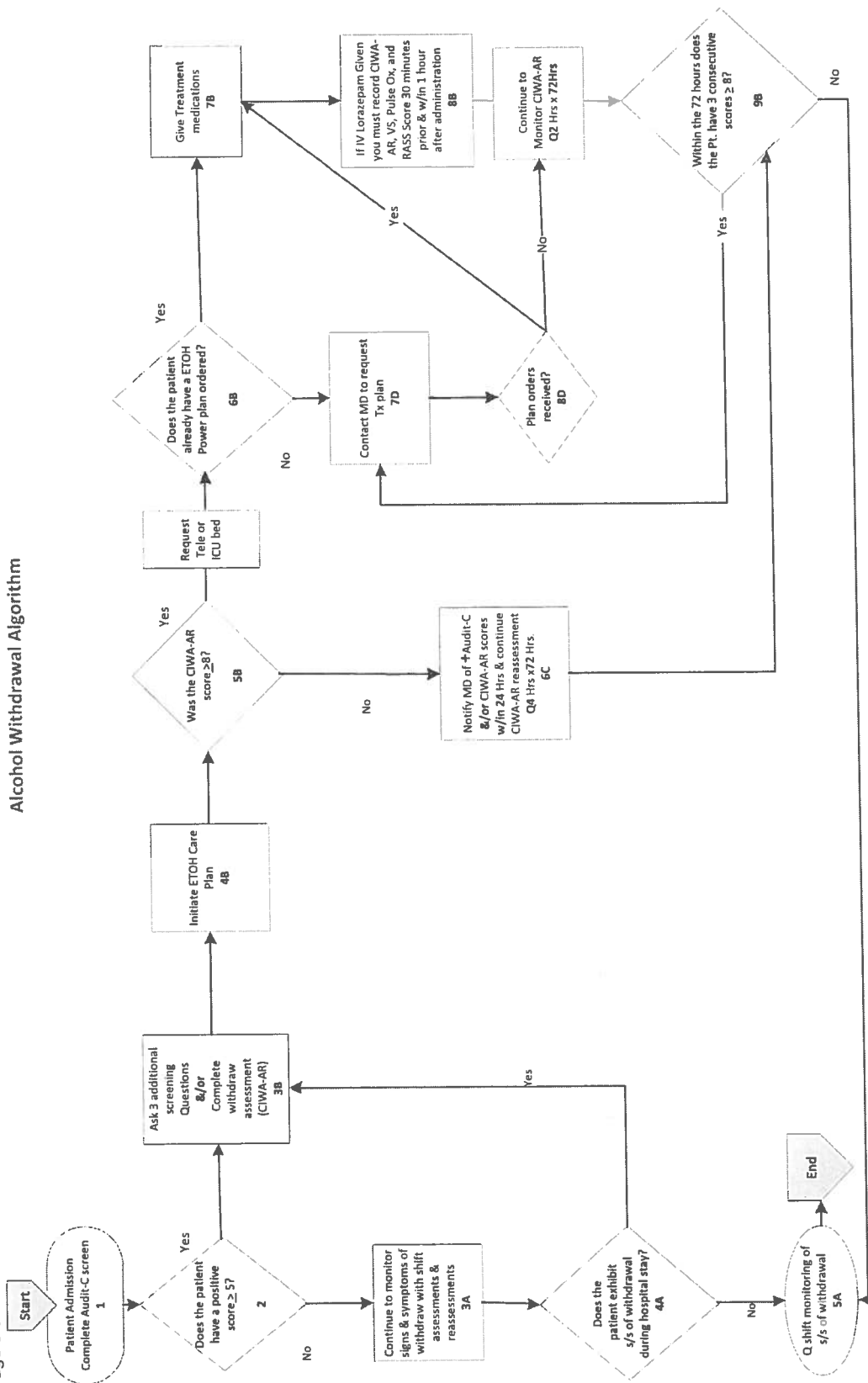


- i. Notify the MD of the positive Audit-C and or CIWA-Ar scores within 24 hours.
    - ii. Continue CIWA-Ar reassessment every 4 hours times 72 hours.
    - 3-iii. If the patient has 3 consecutive CIWA-Ar scores less than 8, monitor every shift for signs and symptoms of alcohol withdrawal.
  - a-b. If the CIWA-Ar score is greater than or equal to 8:
    - i. Request a higher level of care (i.e. Telemetry or Intensive Care Unit) bed.
    - ii. Contact MD to request treatment plan if none present.
    - iii. Monitor CIWA-Ar every 2 hours times 72 hours.
    - iv. Additional requirements for Intravenous (IV) Lorazepam
      - 1) Assess prior to and 1 hour after administration
        - a) CIWA-Ar
        - b) Vital signs
        - c) Oxygen saturation per Pulse Oximetry
        - d) Richmond Agitation Scale Score (RASS)

**C.D. RELATED DOCUMENT(S):**

- 1. Alcohol Withdrawal Algorithm

## Alcohol Withdrawal Algorithm



Notify MD if:

- 1) Vital Signs or RASS score are out of range
- 2) Patient exhibits signs/symptoms of DT's

(Rev. 04/2016)

**PATIENT CARE SERVICES**

**ISSUE DATE:** 12/01

**SUBJECT:** Chain of Command

**REVISION DATE:** 6/03; 12/04; 10/05, 3/10; 6/13

**POLICY NUMBER:** I.J

Department Approval Date(s):	04/16
Clinical Policies & Procedures Committee Approval:	03/1305/16
Nurse Executive Council Approval:	03/1305/16
Medical Executive Committee Approval:	05/1306/16
Professional Affairs Committee Approval:	06/1307/16
Board of Directors Approval:	06/13

A. **PURPOSE:**

1. Chain of Command provides employees an expeditious process to resolve administrative, clinical, or other patient safety or service issues in order to provide safe patient care. All employees are encouraged to use the chain of command to present an issue of concern and pass it up the lines of authority until a resolution is reached. In situations where the safety of the patient or of employees, visitors, and others does not allow time for use of the chain of command, employees shall take the concern to the highest level he/she deems necessary.

3. **POLICY:**

1. ~~Tri-City Medical Center~~ **Healthcare District** will not tolerate any acts of reprisal against those who raise issues concerning quality patient care.
2. All health care providers (HCP) are responsible for ensuring that patients receive quality care and should implement chain of command to obtain necessary patient care interventions when the quality of care or safety of a patient is in question.
3. Examples of when to implement the chain of command may include but are not limited to the following:
  - a. A conflict exists concerning the plan of care/physician orders for the patient.
  - b. The plan of care is unclear and caregiver is unable to get clarification from physician.
  - c. Qualified care professional providers are unavailable: **Registered Nurses (RNs)**, physicians, and other essential care providers.
  - d. Unprofessional behavior by or impairment of the healthcare providers that jeopardize patient care.
  - e. Instances where a physician has not responded in a timely manner to a deteriorating patient condition.
  - f. The RNs assessment of the patient varies significantly from physician's assessment.
  - g. In clinical situations where the RN believes the physician has not responded in a manner to fully address the issues raised that may present an immediate risk to the patient.
4. The next level of authority shall be contacted if issues are not resolved in an appropriate time frame. Progression continues through the levels of authority until the issue is resolved.
  - a. In some instances, one or more levels may be passed over due to extremely sensitive subjects or when the higher level of authority may be the individual involved.
5. For conflicts that cannot be resolved between employees related to patient care/safety issues, the order in which the lines of authority shall be contacted are as follows:
  - a. The employees shall attempt to address and resolve conflict outside of the patient care area.
  - b. If unresolved, then the Assistant Nurse Manager is notified.
  - c. If unresolved, then the Clinical Manager and/or Administrative Supervisor is notified.

- d. If unresolved, then the Director is notified.
  - e. If unresolved, then the Senior Director is notified.
  - f. If unresolved, then the Chief Nurse Executive (CNE) is notified.
6. For conflicts involving physicians/**Allied Health Professionals**, the order in which the lines of authority shall be contacted upon initiation of chain of command is as follows:
- a. The HCP shall contact the Assistant Nurse Manager in a confidential manner to express concerns.
  - b. If unresolved, the Clinical Manager and/or Administrative Supervisor is notified.
  - c. If unresolved, the Director is notified.
  - d. If unresolved, the Senior Director is notified.
  - e. If unresolved, the Senior Executive, or if unavailable the Administrator on-call is notified.
  - f. If unresolved, the Medical Director of the identified department is notified.
  - g. If unresolved, the Chief Of Medical Staff is notified
  - h. If unresolved, the President/Chief Executive Officer is notified.
7. The Administrative Supervisor is available as a resource when contacting all levels of authority.

C. **DOCUMENTATION:**

1. The HCP shall document the following in the medical record under clinical notes without including personal opinions:
  - a. Date, time, and name of person contacted
  - b. Events and observations objectively as they occur
  - c. Specific facts and accurate times
2. Quality review report (QRR) shall be completed and submitted to Risk Management.

D. **RELATED DOCUMENTS:**

- 2-1. **Administrative Policy: Incident Report – Quality Review Report (QRR) RL Solutions 396**



Tri-City Medical Center  
Oceanside, California

PATIENT CARE SERVICES POLICY MANUAL

ISSUE DATE: 12/01

SUBJECT: Emergency Cart (Crash Cart),  
Cardiopulmonary Arrest

REVISION DATE: 6/03, 10/04, 11/06, 10/07; 6/08; 8/09; 8/12  
POLICY NUMBER: IV.O

Department Approval Date(s)	03/16
Clinical Policies & Procedures Committee Approval:	06/1205/16
Nursing Executive Council Approval:	06/1205/16
Medical Executive Committee Approval:	07/1206/16
Professional Affairs Committee Approval:	08/1207/16
Board of Directors Approval:	08/12

A. **POLICY:**

1. Emergency Carts (**crash carts**) shall be checked at least daily for integrity and expiring products by a licensed healthcare provider or ~~designee emergency technician~~ on the unit. This is documented by date, shift, and signatures in a logbook kept on top of the cart.  
~~\_\_\_\_\_ All documentation of cart checks is completed on the specific Emergency Equipment/Supplies Checklist. (See attachments).~~
  - a. **The licensed healthcare provider or designee checking cart will ensure that missing items are replaced immediately. If items cannot be replaced in a timely manner, the cart should be replaced by the Sterile Processing Department (SPD).**
2. **Emergency Crash carts shall be stored in a visible or secure location.**
3. SPD shall immediately replace any cart used during a Code Blue, Code Caleb or Code Pink.
  - a. After a code, one (1) ~~green~~ lock is used to lock the cart before it is returned to SPD for cleaning.
  - b. The used crash cart shall remain ~~outside of the patient's room~~, locked and monitored until it is returned to the SPD.
4. The Code Blue Committee shall make recommendations for content changes based on code evaluations and recommendations from the American Heart Association.

B. **PROCEDURE FOR CHECKING CODE BLUE, CODE PINK AND CODE CALEB EMERGENCY CRASH CARTS:**

1. **All documentation of cart checks is completed on the department specific Emergency Equipment/Supplies Checklist. All fields must be completed and the document signed.**
  1. ~~For Adult Code Blue Carts: Check and document the following:~~
    - a. **Check the integrity of all locks/tags and. If any the lock/tag is broken, call SPD to replace the cart.**
      - i. **Adult cart document:**
        - 1) ~~the~~ Lock number of the ~~red~~ lock on the locking bar on the ~~Emergency crash C~~cart.
      - ii. **Pediatric cart document:**
        - 1) Medication drawer expiration date and lock number
        - 2) IV drawer expiration date and lock number
        - 3) Red Airway Bag expiration date and lock number
      - iii. **Neonatal Crash cart document:**
        - 1) Medication drawer expiration date and lock number
        - 2) IV drawer expiration date and lock number

- d.b. **Check the medication sticker for and document medication expiration date** ~~outdated medications.~~
- i. Notify Pharmacy of expired medications.
- e.c. **Check non-medication supply sticker(s) and document the** ~~The SPD sticker for expiration dates.~~
- i. Notify SPD if **any supplies are expired.**
- f.d. Presence and function of suction equipment (**except for neonatal Crash cart**).
- e. Presence of **Resuscitation Code Cardiopulmonary Arrest Record and Evaluation/Debriefing form** on clipboard **appropriate to type of cart (adult, pediatric, neonatal).**
- g.f. **Resuscitation algorithms appropriate for type of cart (adult, pediatric, neonatal).**
- g. The inventory lists and ~~ACLS algorithms~~ attached to side of cart.
- i. **The list is maintained and updated by SPD.**
- h. **One pack of ECG electrodes (three pack).**
- h.i. **Defibrillator or AED pads appropriate for type of cart (except for neonatal Crash cart), Ensure pads are not expired.**
- i.j. Presence of resuscitation bag (Ambu) and supplies **appropriate for type of cart (adult, pediatric, neonatal).**
- i. Check the mask to ~~ensure~~ the seal is sufficiently inflated.
- j.k. Presence of oxygen **tank (except for neonatal Crash cart).**
- i. Replace tank if gauge reads 1000 p.s.i. or less.
- k.l. Presence of extension cord/**multi-outlet cord.**
- m. Presence of backboard (**except for neonatal Crash cart**).
- n. **For Pediatric/Broselow Cart only:**
- i. **Scissors**
- l.ii. **Two (2) Alaris Pumps**
- m. ~~Sign your name in the signature column~~
- 2. For units with defibrillators, check defibrillator for proper functioning.
- a. **Check unit cleanliness and inspect cables and connectors for integrity.**
- i. **ECG electrodes should not be pre-attached to the leads.**
- b. **Ensure that you have a charged battery in the unit – testing will be performed with the unit unplugged from the power supply.**
- a.c. Verify adult paddles are installed and are pushed all the way into their holders on the side of the M series unit.
- b.d. Ensure the Multi-Function Cable is plugged into the unit.
- i. **The Multi-Function Cable Function** should not be plugged into the test connector.
- e. **Switch to monitor, listen for four beep tone. The message MONITOR should display.**
- i. **If you need to adjust the time or date on the unit, depress the softkey on the far right prior to switching to MONITOR and adjust as needed (this should be performed every two weeks).**
- f. **Switch to PACER and set to a rate of 150 per minute.**
- g. **Press recorder button.**
- h. **Pacer pulses occur every two large divisions.**
- i. **Press 4:1 button, pulses occur every 8 large divisions.**
- j. **Stop recorder**
- i. **Note that signing, dating and retaining the recorder output is not a requirement.**
- k. **Set PACER OUTPUT to 0 mA and ensure that there is no CHECK PADS message.**
- l. **Set PACER OUTPUT to 16 mA and ensure that there is a CHECK PADS message and alarm.**
- m. **Connect multifunction cable to test connector,**

- n. **Press Clear Pace Alarm softkey; CHECK PADS message will disappear and pace alarm stops.**
- i.o. **Disconnect multifunction cable from test connector,**
- e.p. Switch unit to DEFIB and set energy to 30 joules
  - i. The messages CHECK PADS and POOR PAD CONTACTS will alternately display.
- d.q. Plug the Multi-Function Cable into its test connector.
  - i. The message DEFIB PAD SHORT will display.
- e.r. Press the CHARGE button on the front panel or on the apex paddle handle.
- f.s. Wait for the charge read tone to sound and verify that the energy ready value displayed on the monitor registers 30 joules.
  - i. The message will read DEFIB 30J READY
  - ii. The strip chart recorder will print a short strip indicating TEST OK energy delivered if the unit delivered energy within specifications. **Note that signing, dating and retaining the recorder output is not a requirement.**
  - 4)iii. During the Energy Delivery Test, unit will only discharge when energy level is set to 30 joules.
  - iv. If TEST FAILED appears, contact Clinical Engineering (Biomed) or ZOLL Technical Service Department immediately.
- iii.t. **Plug device back into the electrical socket after testing is complete.**
- 3. For units with Automatic External Defibrillators (AED):
  - a. Check unit for flashing hourglass
    - i. If hourglass is not visible or not flashing, notify Clinical Engineering immediately.
  - b. HouseWide AED's are checked daily by Security Staff.
  - e. ~~Check unit for flashing hourglass~~
  - d. ~~If hourglass is not visible or not flashing, notify Clinical Engineering immediately.~~
- 4. ~~The Emergency Cart Contents List shall be kept on each cart. The list is maintained and updated by SPD.~~
- 5. ~~Additional Emergency Carts checked daily using cart specific checklist include:~~
  - a. ~~Rapid Response Cart: Kept in ICU Staff shall check Rapid Response Team cart for supplies and test defibrillation for proper functioning as noted above.~~
  - b. ~~Neonatal Crash Cart: Kept in L&D, NICU and ED.~~
  - c. ~~OB Hemorrhage Cart: Kept on L&D and Couplet Care Units~~
- 6. ~~Braslow Pediatric Carts with Airway Bags: Kept in PACU, ED and 3 Pavilion and HouseWide.~~

- C. **RELATED DOCUMENTS** ~~Forms available on the Intranet:~~
- 1. ~~Adult Emergency-Tri-City Medical Center Crash Cart Checklist SampleCart-Unit Specific~~
  - 2. ~~Braslow Cart~~
  - 2. **Patient Care Services (PCS) Policy: Rapid Response Team**
  - 3. **PCS Procedure: Malignant Hyperthermia Management**
  - 3.4. **Women & Newborn Procedure: Obstetrical (OB) Hemorrhage**

TRI-CITY MEDICAL CENTER CRASH CART CHECKLIST - SAMPLE

SHIFT: \_\_\_\_\_

MONTH/YR

GENERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RED-LOCK # (check mark if unchanged from previous day)																															
MEDICATION DRAWER																															
EXPIRATION DATE																															
CART EXPIRATION DATE																															
SUCTION UNIT TESTED																															
CARDIOPULMONARY ARREST RECORDS & EVALS																															
RESUSCITATION ALGORITHMS																															
CART INVENTORY LISTS																															
ECG Electrodes (3 pads)																															
AMBUBAGS/SUPPLIES																															
O <sub>2</sub> TANKS (PSI >1000)																															
EXTENSION/OUTLET CORD																															
BACKBOARD																															
<b>2 WEST</b>																															
DEFIB TESTED PLUGGED UNPLUGGED (DC 300)																															
DEFIB BATTERY CHECKED																															
MULTIFUNCTION PADS x3 (check exp date)																															
PACEMAKER (on top of cart) Check Battery																															
Suction Supplies (tubing and Yankauer with suction unit)																															
SUPPLEMENTAL INTUBATION TRAY																															
SIGNATURE OF PERSON CHECKING CART																															
Legend: ✓ = Present																															



**PATIENT CARE SERVICES POLICY MANUAL**

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**ISSUE DATE:** 03/09

**SUBJECT:** Family Presence During  
Resuscitation

**REVISION DATE:** 01/12

**POLICY NUMBER:** IV.PP

<b>Department Approval Date(s):</b>	<b>04/16</b>
<b>Clinical Policies &amp; Procedures Committee Approval:</b>	<b>09/1105/16</b>
<b>Nursing Executive Council Approval:</b>	<b>10/1105/16</b>
<b>Medical Executive Committee Approval:</b>	<b>11/1106/16</b>
<b>Professional Affairs Committee Approval:</b>	<b>01/1207/16</b>
<b>Board of Directors Approval:</b>	<b>01/12</b>

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**A. DEFINITIONS:**

1. Family Presence: The presence of family in the patient care area in a location that affords visual or physical contact with the patient during resuscitation events.
2. Resuscitation: A sequence of events, which are initiated to sustain life or prevent further deterioration of the patient's condition.
3. Family: A relative of the patient or any significant other with whom the patient shares an established relationship.
4. Family Support Person: **Tri-City Healthcare District (TCHD) employees including:**
  - a. Assistant Nurse Manager (ANM)
  - b. Staff Registered Nurse (RN)
  - c. Chaplain
  - d. Social Worker
  - e. Administrative Supervisor or other designee who is assigned to the family of a patient during a resuscitation event and assumes no direct care responsibilities for the patient. During day shift hours the Family Support Person role will be fulfilled by a chaplain or social worker, or if unavailable, the ANM or his/her designee. During night shift hours the Family Support Person role will be fulfilled by the Administrative Supervisor, ANM, or his/her designee.

**A.B. PURPOSE:**

1. To assure patient and families are provided care consistent with the philosophy of patient/family-centered care and established emergency care standards.
  - a. Supportive data:
    - i. The family is a constant in the patient's life. Family participation and involvement in the patient's health care promotes collaborative relationships among the patient, family and health care professionals. The strengths and coping strategies of the family are supported and incorporated into the care of the patient.

**B.C. POLICY:**


1. Patient & Family Assessment
  - a. Family members shall be assessed by the primary **Registered Nurse (RN)** or designee for the appropriate levels of coping, desires and needs.
    - i. In addition, family members should demonstrate the absence of combative or threatening behavior, extreme emotional volatility, and behaviors consistent with an altered mental status related to drugs or alcohol.
      - 1) Family members demonstrating such behavior are not candidates for family presence.

- ii. Children must have an adult caregiver present to be allowed at the bedside.
  - b. Cultural customs shall be considered and assessed. Healthcare providers shall maintain an awareness of cultural variations and be sensitive to these factors and family needs.
  - c. Decision to initiate family presence is dependent upon criteria consisting of three components:
    - i. Patient's desire to have family with them
    - ii. Family's desire to be present
    - iii. Agreement of the direct care providers
  - d. Family members who do not wish to participate shall be supported in their decision without judgment and the family support person shall remain with them.
  - e. When a resuscitation event is called **announced a Family Support Person shall be determined based on available staff.** ~~the ANM, Staff RN, Chaplain, Social Worker or Administrative Supervisor responsible for that unit shall respond to act as family support.~~
  - f. The family support person shall identify the primary RN and ask if the family can be present.
2. Preparation/Participation of Family Presence
  - a. The family support person shall explain the patient's appearance, treatments and equipment used in layman's language and shall prepare the family for entering the patient's room, **including:-**
    - i. Communicating that the patient is the priority.
    - ii. Explaining how many family members may enter the room safely, where they may stand initially, when they shall be able to move to the bedside and what not to touch to prevent injury.
    - iii. **Explaining and adhering to appropriate infection control measures if the patient is in isolation or contact precautions,** ~~the appropriate measures shall be explained and applied.~~
    - iv. ~~Preparing~~ **Preparing** the family members for the sights and sounds of resuscitation.
    - v. **Clearly informing the family** ~~shall be clearly informed~~ of the status of their loved one at all times.
    - vi. **Explaining why the family** ~~they~~ may be asked to step out of the room and when they can leave the room.
    - vii. **Informing** ~~The family support person shall inform~~ the health care providers of the presence of the family.
    - viii. **Remaining** ~~The family support person must remain~~ with the family at all times during the resuscitation.
    - ix. **Escorting the family** ~~The health care providers can retain the option to request that the family be escorted from the bedside and/or out of the room if deemed necessary by the health care providers.~~
3. Post-Code Follow-Up
  - a. Immediately following the resuscitation event, **the** Family Support Person shall meet with and debrief the family regarding circumstances of the resuscitation event and the outcome.
  - b. Patient survives resuscitation efforts with good prognosis
    - i. Patient/family orientation to the Intensive Care Unit (ICU)
    - ii. Procedures/test fully explained and all parties updated per primary care RN/Primary physician on an on-going basis.
    - iii. Transfer to ICU
  - c. Patient survives with poor prognosis
    - i. Discussion initiated with family regarding comfort measures, hospice, etc.
      - 1) Hospitality cart ordered for family
      - 2) Chaplain Services as appropriate
      - 3) Open Visitation
    - ii. Life sharing referral initiated
  - d. Patient Expires

- i. End of Life process explained to family per primary care RN/ancillary staff (i.e., Chaplain, Social Worker, **and** Administrative Supervisor).
- ii. Life-Sharing notified of expiration.
- iii. Family allowed private time in room.
- iv. Required ~~paper work~~**documentation** completed; patient representative phone number given when necessary.
- v. Grieving pamphlet offered to family.
- i. Sympathy card mailed to family within 24-48 hours of expiration.
- ii. Follow-up phone call/survey completed regarding family who witnessed the resuscitation event.

D. **REFERENCES:**

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- 11-8. **Beesley, S.J., Hopkins, R. O., Francis, L., Chapman, D., Johnson, N., & Brown, S. M. (April 2016). Let Them In: Family Presence During Intensive Care Unit Procedures. American Thoracic Society.**

 <b>Tri-City Medical Center</b>	Distribution: Patient Care Services
<b>PROCEDURE: POSTURAL (ORTHOSTATIC) VITAL SIGNS, OBTAINING</b>	
Purpose:	To outline the nursing responsibilities when obtaining postural (orthostatic) vital signs.
Supportive Data:	Abnormal postural vital signs may indicate intravascular volume depletion, fluid loss, inadequate vasoconstriction, cardiac dysrhythmias or autonomic insufficiency secondary to the administration of pharmacological agents.
Equipment:	Manual blood pressure cuff and stethoscope or automatic blood pressure machine

**A. DEFINITIONS:**

1. **Postural (orthostatic) hypotension:** occurs when the **systolic blood pressure (S-BP) or blood pressure (BP)** drops after a **change in position from supine posture to upright posture**. ~~is assumed.~~ Orthostatic instability usually takes place within one (1) minute. **Heart rate (HR)** may increase with a fall in BP.
  - a. Normal postural changes include the following:
    - i. HR increases by 5 to 20 beats per minute transiently
    - ii. Systolic BP (SBP) drops 10 mm Hg
    - iii. Diastolic BP (DBP) drops 5 mm Hg
    - iv. Patient has no presenting symptoms
  - b. **Positive postural (orthostasis) changes** include the following:
    - i. Drop in SBP by more than 20 mm Hg
    - ii. Drop in DBP by more than 10 mm Hg within 3 minutes
    - iii. HR may increase by 15-30 beats per minute with a fall in BP
    - iv. Patient presents or complains of one or more of the following symptoms:
      - 1) Dizziness
      - 2) Lightheadedness
      - 3) Cardiac rhythm changes
      - 4) Syncope

**POLICY:**

1. Postural (orthostatic) vital signs shall be obtained with the patient in the following three positions; supine, sitting and standing unless contraindicated.
  - a. For pregnant patients, ensure lateral hip wedge is used.
2. Postural (orthostatic) vital signs shall consist of ~~three blood pressure~~ **BP** readings and ~~three heart~~ rates taken in ~~each of the three positions i.e., supine, sitting, and standing.~~
3. It is important to obtain a complete set of postural vital signs before changing the patient's position.
4. The blood pressure cuff shall not be removed between position changes.
5. **Obtaining accurate BP readings includes the following:**
  - a. **Compare right and left measurements**
  - b. **Position the extremity at the level of the heart**
  - c. **Document the position of the patient**
  - d. **Ensure proper cuff size**
  - e. **Measure readings at eye level at the top of the meniscus for manual readings.**

**C. PROCEDURE:**

1. Select appropriate blood pressure cuff size.
  - a. A cuff that is too small may result in a false high result.
  - b. A cuff that is too large may result in a false low result.
2. At any time during procedure, if patient exhibits positive orthostatic changes, return patient to supine position and notify physician/**Allied Health Professional (AHP)**.
3. Perform hand hygiene and don gloves as needed.

Department Review	Clinical Policies & Procedures	Patient Quality CareNurse Executive Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
12/94, 6/09;6/12; 11/15	7/12; 12/15	8/12, 01/16	8/12, 6/16	9/12, 07/16	9/12

4. ~~Ask patient to lie~~ **Position patient** in the supine position (**flat**) for **approximately** 10 minutes before taking initial vital signs.
  - a. If the patient cannot tolerate a supine position, lower the head of bed per patient's tolerance.
  - ~~5-b.~~ Obtain supine BP and HR measurements.
  - ~~a-c.~~ This reading is considered the initial baseline measurement.
5. Position patient in the sitting position with legs hanging, ~~and~~
- ~~6-a.~~ Obtain BP and HR measurement immediately and after **approximately** 2 minutes.
6. Assist patient to standing position, ~~and~~
- ~~7-a.~~ Obtain BP and HR measurements immediately and after **approximately** 2 minutes.
- ~~a-b.~~ If BP and HR are stable but orthostasis is suspected, repeat BP and HR in **approximately** 2 minutes.
- 8-7. The physician should be notified if patient has **one or more** positive orthostatic changes.
  - a. On cardiac monitoring units, notify physician/**AHP** of patient's cardiac rhythm

D. **DOCUMENTATION:**

1. Document the following on ~~the Cerner Vital Signs Powerform or on the appropriate form in the~~ medical record.
  - a. Patient's position
  - b. BP and HR in each position
    - i. Cardiac rhythm on cardiac monitoring units
  - c. Patient's associated signs and symptoms
2. Document physician/**AHP** notification of any positive orthostatic changes.

E. **REFERENCES:**

- ~~1. Irvin, D.J. & White, M. (2004, May 28). The importance of accurately assessing orthostatic hypotension. *Geriatric Nursing*. Retrieved May 20, 2009 from <http://www.medscape.com>.~~
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**PROCEDURE: STOOL MANAGEMENT (RECTAL TUBE) DIGNICARE STOOL MANAGEMENT SYSTEM**

**Purpose:** To define the appropriate use, initiation and management of the DigniCare® Stool Management System (SMS). The DigniCare® "is intended for fecal management by diverting and collecting liquid or semi-liquid stool to minimize skin contact in bedridden patients. This may help to reduce patient's risk of skin breakdown, minimize exposure to infectious microorganisms and save nursing time and hospital costs associated with bed linen changes and cleanup" (Bard, 2009)

**Equipment:**

1. Gloves
2. 45 mL tap water
3. Cavilon Skin Barrier
4. Cavilon Skin Sealant
5. Collection Bag
6. DigniCare®SMS Insertion Tray
  - a. Rectal tube assembly (closed system), self-locking collection bag with drainage plug
  - b. 60 mL syringe
  - c. Underpad
  - d. 10 mL water-soluble lubricating jelly syringe
  - e. 1 oz MEDI-AIRE® biological odor eliminator
  - f. Instructions for use

**A. CONTRAINDICATIONS:**

1. Do not use for more than 29 consecutive days.
2. Do not use on patients known to be sensitive to or allergic to any components within the system.
3. Do not use on patients who have large bowel or rectal surgery within the last year.
4. Do not use on patients with any rectal or anal injury, severe rectal or anal stricture or stenosis (or on any patient if the distal rectum cannot accommodate the inflated cuff), confirmed rectal or anal tumor, severe hemorrhoids, or fecal impaction.
5. Not for use in patients with suspected or confirmed rectal mucosa impairment (i.e. severe proctitis, ischemic proctitis, mucosal ulcerations).
6. Not for use in patients with indwelling rectal or anal devices (i.e. thermometer) or delivery mechanism (i.e. suppositories) or enemas in place.
7. Not for use in neutropenic patients with absolute neutrophil count (ANC) less than 500.
8. Do not use for patients with solid or soft-formed stool.

**B. POLICY:**

1. A physician's order is required for initiation of the DigniCare® SMS.
2. A Registered Nurse (RN) shall be responsible for initiation and managing the DigniCare SMS.
3. Product is for single use only.
4. Indications for use include the following:
  - a. Critically ill patient
  - b. Functional rectal sphincter
  - c. Frequent episodes of liquid to semi-liquid stool
  - d. Protection of medical devices or wound dressing which will become compromised by fecal contact
  - e. Management of infectious or potentially infectious stool
  - f. Collection of liquid to semi-solid stool in the medical/surgical patient who requires stool containment for:

Department Review	Clinical Policies & Procedures	Nurse Executive Council	Medical Executive Committee	Professional Affairs Committee	Board of Directors
10/11, 04/16	11/11, 05/16	11/11, 05/16	1/12, 6/16	2/12, 07/16	2/12

- i. Protection of skin and prevention of pressure ulcers in the incontinent patient
  - ii. Stool control and diversion
5. Discontinue SMS when the patient's bowel control, consistency and frequency of stool begin to return to normal.
6. Care should be used in patients with the following diseases or conditions:
  - a. Inflammatory Bowel Disease
    - i. The physician shall determine the degree and location of the acute inflammation prior to use of the device.
  - b. Anti-coagulant/anti-platelet therapy
  - c. Colon or rectal surgery of anastomosis prior to initiation
    - i. Consider site of anastomosis prior to initiation
  - d. Hemorrhoids
7. Do not insert devices such as thermometers or suppositories into the anal canal while the device is in place.
8. Do not connect mechanical pumping devices to catheter irrigation port.
9. Rectal bleeding should be investigated to ensure no evidence of pressure necrosis from the device, discontinuation of the device is recommended if evident.
10. Abdominal distention that occurs while using the device should be investigated.
11. Excessive prolonged traction on the catheter may result in the retention cuff migrating into the anal canal which may result in temporary or permanent clinical sphincter dysfunction, or catheter expulsion.
12. Notify a physician if any of the following occur:
  - a. Rectal pain
  - b. Rectal bleeding
  - c. Abdominal symptoms such as distension or pain

#### **PROCEDURE:**

1. The DIGNICARE® SMS has three drainage tube ports which are labeled as outlined below:

Label	Port Color	Label Definition
INF (45mL)	Green (matches the cuff color)	<b>Inflation port for retention cuff specifies recommended inflation volume and inflation medium.</b> <ul style="list-style-type: none"> <li>The green inflation port is used for cuff inflation to ensure proper cuff seating in the rectal vault.</li> </ul>
FLUSH	Purple	<b>Flush port for clearance of drain tube only</b> <ul style="list-style-type: none"> <li>The purple flush port is designed to flush the rectal tubing via the 8 outlet tubes (located throughout the main tubing) for irrigation (as needed) throughout the stool management system's use.</li> </ul>
IRRG	Clear	<b>Irrigation port infuses water into rectum</b> <ul style="list-style-type: none"> <li>The clear irrigation port is used to irrigate the patient's bowel to break-up stool (as needed)</li> <li>To verify proper cuff placement during initial insertion, as well as throughout the stool management system's use.</li> </ul>

2. Insertion of the DigniCare® SMS
  - a. Perform hand hygiene and don gloves.

- b. Explain the procedure to patient.
  - c. Open DIGNICARE® SMS Insertion Tray. Identify cuff end. Identify ball valve end.
  - d. Ensure green “door” on ball valve is in closed position with the green latch pointed back towards the hanger. Connect collection bag to catheter as follows:
    - i. Holding collar on collection bag upright with non-dominant hand, align the valve latch with the groove on bag collar and insert.
    - ii. Turn ball valve clockwise until fully (snaps into place) engaged.
  - e. Locate green inflation port and align with the tubing to ensure patency. Connect syringe (included) to port and pull back slowly on plunger to remove all air from DIGNICARE® SMS inflation cuff. Remove syringe.
    - i. Ensure cuff is fully deflated.
  - f. Draw 45 mL of tap water into 60 mL syringe and connect to inflation port. DO NOT INSTILL!
  - g. Unfold and Position tubing of catheter lengthwise on bed, extending collection bag towards the foot of the bed, and assure tubing is not coiled or kinked.
  - h. Attach 60 mL syringe with 45 mL tap water to the inflation port but do not inflate.
  - i. Position patient (left side lying) and place absorbent pad under patient.
    - i. The preferred patient position for catheter insertion is the left lateral knee-chest position, to maximize sphincter relaxation to ease catheter insertion.
    - ii. Position patient based on their clinical situation.
  - j. Perform a digital rectal exam to assess for fecal impaction.
    - i. If fecal impaction is present, patient should be disimpacted before insertion of the DigniCare® SMS.
  - k. Lubricate patient’s anus (lubricant included in tray).
  - l. Insert the inflation cuff as follows:
    - i. Squeeze the inflation cuff to ensure all air has been removed and hold the cuff flat in order to fold for insertion.
    - ii. Holding the left point of the cuff between the thumb and index finger, fold the top right point of the cuff down and to the left in a 45 degree angle (this creates a conical shape with a leading edge for easy insertion).
    - iii. Generously coat the cuff end on the catheter with the lubricating jelly.
    - iv. Gently insert the cuff end through the anal sphincter until the cuff is beyond the external orifice and well inside the rectal vault.
  - m. Slowly instill 45 mL of tap water (previously drawn up) into cuff and disconnect syringe.
    - i. Do not over inflate.
    - ii. Use the external pilot balloon as a guide to determine proper inflation.
      - 1) The pilot balloon indicates over or under inflation.
      - 2) Use the syringe to withdraw the fluid from the cuff, reposition the cuff in rectal vault and re-inflate.
      - 3) Ensure the inflation port remains parallel to the catheter in order to prevent kinking of the inflation lumen and blockage of injected fluid.
  - n. Gently tug on the tubing to “seat” cuff completely in rectal vault.
  - o. Note where black position indicator line is in relation to the rectum.
  - p. Locate irrigation port. Irrigate with tap water to determine patency.
  - q. Locate purple flush port. This port is designed to flush and clear tubing only. Flush tubing at least twice per shift and as needed.
  - r. Hang the collection bag by the hanger and secure to bed (lower than patient) and position rectal tubing alongside patient. Do not place collection bag on the floor.
3. Care and Maintenance of the DigniCare® SMS
- a. Assess patient every shift and PRN for indications to continue DigniCare® SMS.
  - b. Verify proper cuff placement every shift and PRN.
  - c. Assess cuff volume every shift and PRN to ensure proper inflation.
  - d. Assess the position indicator band after repositioning the patient and PRN to ensure the device is positioned properly against the rectal floor every shift and PRN.



- e. Assess the catheter tubing and collection bag ensure the tubing is not twisted or kinked and collection bag is in properly position.
  - f. Irrigation of patient's bowel (through the clear port) may be performed to break up stool.
  - g. Flush tubing at least twice per shift and as needed.
  - h. Monitor output per the Standards of Patient Care.
  - i. The collection bag should be changed and disposed of as needed, and/or when full.
    - i. Grab ball valve connector, gently push in catheter, and twist counterclockwise.
    - ii. Remove bag, insert bag plug into socket connector, and dispose of bag.
  - j. Remove/replace when clinically indicated, at least every twenty nine days per manufacturer's recommendation.
4. Obtaining a Fecal Sample
- a. Disconnect the ball valve connector from the bag by turning counterclockwise.
  - b. Obtain a sample from the drainage bag by pouring specimen into a specimen container.
  - c. Re-attach current bag or new bag to ball valve by turning clockwise.
5. Troubleshooting the DigniCare® SMS
- a. If the retention cuff area becomes obstructed with fecal matter and the catheter may require irrigation of flushing with tap water and/or the patient may be lying on catheter drain tube.
  - b. Use only gravity or slow manual irrigation.
  - c. Do not irrigate patient with compromised intestinal wall integrity.
  - d. Ensure the appropriate port irrigation or flush port remains parallel to the catheter in order to prevent kinking in the tubing and blockage of the injected liquid.
  - e. Irrigate the catheter as follows and repeat the procedure as often as necessary to maintain proper functioning of the device.
    - i. Fill syringe with tap water
    - ii. Attach to irrigation port
    - iii. Depress plunger
  - f. Flush the catheter if the drainage tube becomes obstructed with fecal matter and repeat the process as needed. If repeated flushing with water does not return the flow of stool through the catheter, the device should be inspected to determine if there is an external obstruction i.e. pressure from a body part or piece of equipment) if no source of obstruction of the device is detected, use of the device should be discontinued.
    - i. Fill syringe with tap water
    - ii. Attach to flush port
    - iii. Depress plunger
6. Replacement/Removal of the Collection Bag
- a. Grab the collection bag
  - b. Grab the ball valve connector
  - c. Gently push the catheter in and twist the catheter in a counter-clockwise direction.
    - i. Rotate the ball valve connector 90 degrees to ensure the ball valve is closed prior to removal of the collection bag.
  - d. Once the bag is remove, insert bag plug into the socket connector and dispose.
  - e. Replace the collection bag by securely snapping a new bag to the connector.
7. Removal of DigniCare® SMS
- a. Explain procedure to patient.
  - b. Deflate cuff by attaching syringe to inflation port and slowly withdraw all water.
    - i. If less than 45 mL is removed, reposition patient and repeat as needed.
    - ii. Disconnect the syringe and discard.
    - iii. Grasp the rectal tubing as close to the patient as possible, have patient bear down, and slowly pull cuff out of the anus.
    - iv. Dispose of the device
8. Documentation
- a. The RN inserting the DigniCare® SMS is responsible for entering the following in the patient's medical record:
    - i. Date and time of insertion.

- ii. Patient's response to insertion.
  - iii. Volume of stool every shift and PRN.
  - iv. Education provided and follow-up education.
  - v. Flushing and irrigation, if performed.
- b. Document presences of the DigniCare® SMS every shift and PRN in the medical record.
- c. Document discontinuation of the DigniCare® SMS in the medical record.



**Tri-City Medical Center**  
Oceanside, California

**MEDICAL STAFF POLICY MANUAL**

**ISSUE DATE:** 04/08

**SUBJECT:** Credentialing Policy, Processing  
Medical Staff Reappointments

**REVISION DATE:** 04/08; 04/10; 01/12;~~3/11~~, ~~12/11~~, ~~8/12~~ **POLICY NUMBER:** 8710-548

<b>Credentials Committee Approval:</b>	<del>08/12</del> 04/16
<b>Pharmacy and Therapeutics Approval:</b>	n/a
<b>Medical Executive Committee Approval:</b>	<del>08/12</del> 04/16
<b>Professional Affairs Committee Approval:</b>	07/16
<b>Board of Directors Approval:</b>	<del>04/08; 04/10; 01/12; 08/12</del>

**A. PURPOSE:**

1. To provide an objective, evidence-based credentialing process that enables the Medical Staff to make informed recommendations to the governing body ensuring candidates for Medical Staff membership renewal are credentialed according to The Joint Commission, CMS, and Medical Staff Bylaws requirements.
2. The Medical Staff shall consider each application for reappointment using the procedure and the criteria and standards for membership and clinical privileges set forth in the Bylaws and Rules and Regulations appropriate for each department. The Medical Staff shall perform this function also for reappointment of privileges for Allied Health Professionals. The Medical Staff shall investigate each application for reappointment and make an objective, evidence-based decision based upon assessment of the applicant's general competencies before recommending action to the Board of Directors. The Board of Directors shall ultimately be responsible for granting membership and privileges. By applying to the Medical Staff for reappointment, the applicant agrees that regardless of whether he/she is reappointed or granted the requested privileges, he/she will comply with the responsibilities of Medical Staff membership and the Medical Staff Bylaws and Rules as they exist and as they may be modified from time-to-time.

**B. REAPPOINTMENT PROCESS:**

1. **Schedule for Reappointment**
  - a. As described in the Medical Staff Bylaws Article IV, §4.6, at least 90 days prior to the expiration date of each staff member's term of appointment, the Medical Staff office shall provide the member with a reappointment application form. Completed reappointment application forms shall be returned to the Medical Staff office at least sixty (60) days prior to the expiration date. Failure, without good cause, to return the form within the specified timeframe shall result in termination of privileges and prerogatives at the end of the current staff membership.
2. **Content of Reappointment Form**
  - a. The reappointment application shall seek information concerning the changes in the member's qualifications since his or her last review. Specifically, the application shall request an update of all of the information and certifications requested in the appointment application form with the exception of that information which cannot change over time; such as information regarding the member's premedical and medical education, date of birth, and so forth. The application shall also require information as to whether the member requests any change in his or her staff status and/or in his or her clinical privileges, including any reduction, deletion or additional privileges. Requests for additional privileges must be supported by the type and nature of evidence which would be necessary for such privileges to be granted in an initial application.
    - i. If the staff member's level of clinical activity at this hospital is not sufficient to permit evaluation of his or her competence to exercise the clinical privileges requested,

- the staff member shall have the burden of providing evidence of clinical performance at another institution in whatever form the Medical Staff may require.
- b. In addition to completing the information requested on the reappointment form, the staff member shall submit his or her Medical Staff dues as described in the Medical Staff Bylaws Article XIII, §13.2. Application for reappointment will be considered incomplete if dues (or other fine or assessments) are not paid within the time frame as described in §4.6 of the Medical Staff Bylaws and the member is deemed to be voluntarily resigned without the rights to a hearing as described in Article VII §7.2 of the Bylaws.
3. **Verification and Collection of Information** (Medical Staff Bylaws §4.6)
- a. The Medical Staff shall, in timely fashion, seek to verify the additional information made available on each reappointment application and to collect any other materials or information deemed pertinent by the Department/Division Chair, Credentials Committee, Medical Executive Committee, or Board of Directors. The information shall address without limitation:
- i. Reasonable evidence of current ability to perform privileges that may be requested including, but not limited to, consideration of the member's professional performance, judgment, clinical or technical skills and patterns of care and utilization as demonstrated in the findings of quality improvement, risk management and utilization management activities.
  - ii. Participation in relevant continuing education activities.
  - iii. Level/amount of clinical activity (patient care contacts) at the hospital. Patient care activities include:
    - 1) Inpatients:
      - a) Admitting
      - b) Attending
      - c) Assisting at Surgery
      - d) Consulting
      - e) Operative and other procedures
    - 2) Outpatients:
      - a) Assisting at Surgery
      - b) Operative and other procedures
      - c) Emergency Room visits
  - iv. Sanctions imposed or pending including, but not limited to, previously successful or currently pending challenges to any licensure or registration (State or district, Drug Enforcement Administration) or the voluntary relinquishment of such licensure or registration.
  - v. Confirmation of the applicant's health status, both physical and mental, or substance abuse that could affect his or her ability to exercise the clinical privileges requested, or whether the applicant required any type of accommodation in order to exercise the requested privileges safely and competently.
  - vi. Attendance at Medical Staff Department/Division and committee meetings.
  - vii. Participation as a staff officer and committee member/chair.
  - viii. Timely and accurate completion and preparation of medical records as outlined in **Medical Staff Policy: and Procedure 8710-518 Medical Record Documentation Requirements 8710-518.**
  - ix. Cooperativeness and general demeanor in relationships with other practitioners, hospital personnel, and patients as described in the **Medical Staff Policy: Professional Behavior Policy-8710-544.1570.**
  - x. Professional liability claim experience, including being named as a party in any professional liability claims and the disposition of any pending claims **in the past 10-5 years.**
  - xi. Compliance with all applicable Medical Staff and hospital bylaws, rules, and policies.
  - xii. **Two Professional references are required, and from at least one (1) from a practitioner who is familiar with the member's current qualifications by virtue of**

having recently worked with the member or having recently reviewed the member's cases.

- xiii. Any other pertinent information, which may include, the staff member's activities at other hospitals and his or her medical practice outside the hospital.
- xiv. Teleradiologists - Hospital affiliations shall be selected for 5 institutions and verified.
- xv. Information concerning the member from the State licensing board and the Federal National Practitioner Data Bank.
- xvi. Information from other relevant sources.

4. **Department Action**

- a. The Department/Division Chair shall review the application and all other relevant available information. The Department/Division Chair will then forward his or her written recommendations to the Credentials Committee.

5. **Credentials Committee Action**

- a. The Credentials Committee shall review the application, all other relevant available information and the Department /Division Chair's recommendations. The committee shall transmit to the Medical Executive Committee its written recommendations.

6. **Medical Executive Committee Action**

- a. The Medical Executive Committee shall review the Department/Division Chair's and the Credentials Committee's recommendations and all other relevant information available and shall forward recommendations to the Board of Directors.

7. **Board Closure**

- a. To ensure the Medical Staff reappointment credentialing process is completed; upon Board of Directors approval of the reappointments, board closure process shall be initiated to include notifying the practitioner of the decision regarding privilege(s) and/or Medical Staff membership.

8. **Reappointment Recommendations**

- a. Reappointment recommendations shall be written and shall specify whether the member's appointment should be renewed; renewed with modified membership category and/or clinical privileges; or terminated. The reason for any adverse recommendation shall be described.
- b. The Medical Staff may require additional proctoring of any clinical privileges that are used so infrequently as to make it difficult or unreliable to assess current competency without additional proctoring, and such proctoring requirements imposed for lack of activity shall not result in any hearing rights.

C. **SPECIAL CONSIDERATIONS:**

- 1. **Extension of Appointment:** As provided in Bylaws, Article 4, §4.6-4.
- 2. **Failure to File Reappointment Application:** As provided in Bylaws, Article 4, §4.5.10
  - a. Members who automatically resign under this rule shall be processed as new applicants should they wish to reapply.
- 3. **Reapplication After Adverse Appointment:** As provided in Bylaws, Article 4, §4.5.10
- 4. **Relinquishment of Privileges**
  - a. A staff member who wishes to relinquish or limit particular privileges (other than privileges necessary to fulfill Emergency Room call responsibilities) shall notify the Credentials Committee identifying the particular privileges to be relinquished or limited.
- 5. **Additional Privilege Requests**
  - a. Whenever a member desires to increase his/her clinical privileges, he/she shall indicate additional requested privileges on a privilege request form and submit the completed form to the Credentials Committee. The member's request must include documentation of training and/or experience as required by the Rules and Regulations. The request shall be processed in the same manner as an application for initial clinical privileges.
  - b. Prior to the consideration or granting of any privilege not currently delineated on the Delineation of Privileges it shall be determined, by the Department/Division Chair whether the resources necessary to support the requested privilege are currently available or are

available within a specified time frame as stated in the **Medical Staff Policy: Requests for New Privileges/Technologies New to TCMC** ~~Determination for Organizational Resource Availability Policy 8710-526~~.

6. **Leave of Absence**

- a. During any period of leave of absence, the requirement for reappointment as specified in the Bylaws, Article 4.4, shall continue unless waived by the Medical Executive Committee (MEC).

D. **RELATED DOCUMENTS:**

1. **Medical Staff Policy: Medical Record Documentation Requirements 8710-518**
2. **Medical Staff Policy: Professional Behavior Policy 8710-570**
3. **Medical Staff Policy: Requests for New Privileges/Technologies New to TCMC 8710-526**

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

**Request for Formulary Status Evaluation:**

Admission { x }

Deletion {    }

**Date:** 03/17/2016

**Requestor:** Dr. Dandy Lee

**Trade Name:** Bridion

**Generic Name:** Sugammadex

**Dosage form(s):** 200 mg/2 mL or 500 mg/5 mL single dose vials

**Indications:**

1. Reversal of neuromuscular blockade caused by rocuronium bromide or vecuronium bromide in adults undergoing surgery

**Efficacy:**

Comprehensive summary and assessment of eleven Phase III trials: The total number of patients in each study ranged from 30 to 137. Included patients were greater than 18 years of age, unless otherwise specified in table three. Trials also included patients of varying American Society of Anesthesiologists (ASA) physical status.. The ASA physical status classification system identifies the risk of complications in surgical patients. All 11 trials found sugammadex to be associated with quicker recovery of TOF to 0.9, and no serious adverse reactions were reported related to the study drug.

**Safety:**

**Propensity for medication error:** Moderate

**Abuse potential:** None

**Sentinel event potential:**

- 1) Bradycardia observed in clinical trials
- 2) Hypersensitivity reactions (flushing, urticarial, rash, hypotension) observed in patients without prior exposure to sugammadex

**Cost comparison with similar Formulary products: N/A**

70 kg patient	Neostigmine (max 5 mg) + Glycopyrrolate	Sugammadex
Standard reversal	\$65 +\$6=\$71	2 mg/kg (140 mg) \$90 (1 vial)
Deep reversal	\$65 +\$6=\$71	4 mg/kg (280 mg) \$180 (2 vials)
Emergency reversal	\$65 +\$6=\$71	16 mg/kg (1,120 mg) \$537 (6 vials)

**Recommendation:**

Recommend the addition of suggamadex 200mg/2mL to the TCMC formulary. Sugammadex will be restricted to the Anesthesia Service strictly for indications outlined in the Criteria For Use listed below. Neostigmine/glycopyrrolate will remain the first line option for reversal of neuromuscular blockade by

rocuronium or vecuronium. Use of sugammadex will be monitored and a Medication Use Evaluation (MUE) will be conducted after a period of no later than 1 year to ensure adherence to established criteria.

#### **Criteria For Use:**

##### **Inclusion (patient should receive if one of the following is selected)**

Rescue therapy in a rare but life-threatening “cannot intubate, cannot ventilate” situation with rocuronium only

Emergency reversal needed (premature procedure termination) soon after induction of profound depth of neuromuscular blockade with rocuronium or vecuronium

Rapid reversal necessary for neurologic function monitoring during spine-related surgery in cases where degree of paralysis cannot be adequately reversed in a timely fashion with neostigmine/glycopyrrolate

##### **Exclusion (patient should not receive sugammadex if one of these is selected)**

Patient did not receive rocuronium or vecuronium as neuromuscular blocking agent

Patient has a known hypersensitivity to the active substance or to any of the excipients

##### **Process/Plan to monitor Patient Response:**

1. Monitor HR, respiratory rate, oxygen saturation after administration
2. Monitor for signs of hypersensitivity

##### **References:**

Sugammadex® package insert. Merck & Co.Inc., Kenilworth, NJ. 2015.

McGrath C, Hunter J. Monitoring of neuromuscular block. Contin Educ Anaesth Crit Care Pain. 2006 Feb; 6(1):7-12.

Srivastava A, Hunter J. Reversal of neuromuscular block. British Journal of Anaesthesia. 2009 May 24; 103(1):115-29.

FDA approves Bridion to reverse effects of neuromuscular blocking drugs used during surgery. Food and Drug Administration. Silver Spring, MD. 2015. Available from: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm477512.htm>

ASA physical status classification system. American Society of Anesthesiologists. 2014, Oct 15. Available from: <https://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>

Rahe-Meyer N, Berger C, Wittmann M, Solomon C, Abels E, Rietbergen H, Reuter D. Recovery from prolonged deep rocuronium-induced neuromuscular blockade: A randomized comparison of sugammadex reversal with spontaneous recovery. Anaesthesist. 2015 Jul;64(7):506-12.

Amao R, Zornow M, Cowan R, Cheng D, Morte J, Allard M. Use of sugammadex in patients with a history of pulmonary disease. Journal of Clinical Anesthesia. 2011 Sept 9; 24:289-97.



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

**Request for Formulary Status Evaluation:**

Admission { x }

Deletion {    }

**Date:** 05/01/2016

**Requestor:** Dr. Oska Lawrence/Dr. Navneet Boddu

**Trade Name:** Emend

**Generic Name:** Aprepitant

**Dosage form(s):** 40mg, 80mg, 125mg capsules. 150mg single dose vial for injection

**Indications:**

1. For prevention of acute and delayed nausea/vomiting associated with initial and repeat courses of highly emetogenic chemotherapy regimens, including high-dose cisplatin
2. For postoperative nausea/vomiting (PONV) prophylaxis

**Efficacy:**

Chemotherapy associated nausea/vomiting

Herrstedt et al (2005) conducted a randomized, double-blind study comparing efficacy and tolerability of aprepitant (APR), ondansetron and dexamethasone to a serotonin receptor antagonist and dexamethasone in 866 breast cancer patients receiving a cyclophosphamide-based regimen. Patients randomized to the APR regimen received: Day 1 (aprepitant 125 mg, ondansetron 8 mg and dexamethasone 12 mg) before chemotherapy and ondansetron 8 mg 8 hours later; Day 2-3 (aprepitant 80 mg every day). Patients randomized to the control regimen received: Day 1 (ondansetron 8 mg twice a day and dexamethasone 20 mg before chemotherapy); Day 2-3 (ondansetron 8 mg twice daily). Each treatment repeated for  $\leq 3$  more cycles for a total of 4 cycles. In cycle 1, 50.8% of the APR patients achieved a complete response compared to 42.5% in the control group. Over the 4 cycles, the investigators reported that the percentage of patients achieving a complete response (CR) in Cycle 1 and who sustained a CR over cycles 2-4 was greater with the APR group compared to the control group ( $p=0.017$ ). Both treatment groups were reported to be well tolerated. The incidence of adverse effects was similar for both treatment arms.

Post-operative nausea and vomiting

Gan et al (2007) conducted a randomized, double-blind trial comparing the efficacy and tolerability of aprepitant and ondansetron for the prevention of postoperative nausea and vomiting in 805 patients receiving general anesthesia for open abdominal surgery. Patients were randomized to receive a preoperative dose of aprepitant 40mg orally, aprepitant 125mg orally, or ondansetron 4mg intravenously. The incidence of vomiting, nausea, and use of rescue therapy were assessed over 48 hours after surgery.

For the primary end point (complete response [no vomiting and no use of rescue agents] there was no difference between aprepitant and ondansetron (45% with aprepitant 40mg, 43% with aprepitant 125mg, and 42% with ondansetron). The incidence of no vomiting in the first 24 hours was significantly higher with aprepitant 40mg (90%) and aprepitant 125mg (95%) versus ondansetron (74%), ( $p<0.001$  for both comparisons). The rates of nausea control and use of rescue therapy however did not significantly differ between the treatment groups. Side effects appeared to be similar amongst patients in all treatment arms.

**Safety:**

**Propensity for medication error:** Low

**Abuse potential:** None

**Sentinel event potential:**

- 1) Neutropenia (Risk <3% in adults)

**Cost comparison with similar Formulary products:** N/A

**Other considerations:**

Aprepitant has been used for several years at TCMC's Outpatient Infusion Center. It has been used as a non-formulary agent for inpatients as part of oncologic treatment regimens proposed by national guidelines. The purpose of this request is to formally add this drug to the TCMC formulary.

Aprepitant also represents a new treatment approach for the prevention of post-operative nausea and vomiting and may prevent catastrophic events in patients who are at high risk of aspiration in this setting.

**Recommendation:**

Recommend the addition of aprepitant 40mg and 125mg capsules in addition to fosaprepitant 150mg vials for injection. For the indication of chemotherapy associated nausea/vomiting, aprepitant will be utilized as recommended for moderate-highly emetogenic regimens as outlined in accepted practice guidelines.

With regard to post-operative nausea/vomiting prophylaxis, we recommend allowing use in the **pre-operative setting** for high-risk patients only as identified by anesthesiologist pre-op screening

**Process/Plan to monitor Patient Response:**

- 1) Monitor patient for signs/symptoms of nausea/vomiting

**References:**

Gan TJ, Apfel CC, Kovac A, et al. A randomized, double-blind comparison of the NK1 antagonist, aprepitant, versus ondansetron for the prevention of postoperative nausea and vomiting. *Anesth Analg* 2007; 104:1082.

Herrstedt J, Muss H, Warr D, Hesketh P, Eisenberg P, Raftopoulos H, Grunberg S, Gabriel M, Rodgers A, Hustad C, Horgan K, Skobieranda F. Efficacy and Tolerability of Aprepitant for the Prevention of Chemotherapy-Induced Nausea and Emesis over Multiple Cycles of Moderately Emetogenic Chemotherapy. *Cancer* 2005; 104(7):1548-55.

Lasseter KC, Gambale J et al. Tolerability of Fosaprepitant and Bioequivalency to Aprepitant in Healthy Subjects. *J Clin Pharmacol* 2007; 47:834-40.

War D, Grunber S, Gralla R, Hesketh P, Roila F, de Wit R, Carides A, Talyor A, Evans J, Horgan K. The oral NK1 antagonist aprepitant for the prevention of acute and delayed chemotherapy-induced nausea and vomiting: Pooled data from 2 randomised, double-blind, placebo controlled trials.

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

**Request for Formulary Status Evaluation:**

**Admission { x }**

**Deletion {    }**

**Date:** 4/1/2016

**Requestor:** Dr. Richard Barager

**Trade Name:** Veltassa

**Generic Name:** Patiromer sorbitex calcium

**Dosage form(s):** Powder – 8.4, 16.8 and 25.2 grams packets

**Indications:**

1. Treatment of hyperkalemia

**Efficacy:**

**[CHF Patients]** PEARL – HF Trial - Patiromer decreased potassium and increased the proportion of subjects able to proceed with spironolactone dose titration. Compared with placebo, the patiromer group had significantly lower potassium (mean difference  $-0.45$  mEq/L,  $p=0.001$ ) and a lower incidence of hyperkalemia (7.3% patiromer vs. 24.5% placebo,  $p=0.015$ ). At the end of the treatment period, 91% vs. 74% of subjects were able to increase their spironolactone dose in the patiromer and placebo groups, respectively ( $p=0.019$ ). Hypokalemia occurred in 6% and 0% of the patiromer and placebo groups, respectively ( $p=0.094$ ).

**[CKD Patients]** AMETHYST-DN Trial - The mean reduction from baseline in serum potassium level at week 4 or time of first dose titration in patients with mild hyperkalemia was 0.35 (95% CI, 0.22-0.48) mEq/L for the 4.2 g twice daily starting-dose group, 0.51 (95% CI, 0.38-0.64) mEq/L for the 8.4 g twice daily starting-dose group, and 0.55 (95% CI, 0.42-0.68) mEq/L for the 12.6 g twice daily starting-dose group. In those with moderate hyperkalemia, the reduction was 0.87 (95% CI, 0.60-1.14) mEq/L for the 8.4 g twice daily starting-dose group, 0.97 (95% CI, 0.70-1.23) mEq/L for the 12.6 g twice daily starting-dose group, and 0.92 (95% CI, 0.67-1.17) mEq/L for the 16.8 g twice daily starting-dose group ( $P < .001$  for all changes vs baseline by hyperkalemia starting-dose groups within strata).

**Safety:**

**Propensity for medication error:** Low

**Abuse potential:** None

**Sentinel event potential:**

- 1) **Bowel obstruction** – use should be avoided in patients with severe constipation, bowel obstruction as it may worsen GI conditions
- 2) **Hypomagnesemia** – drug may bind to magnesium in the colon and cause low magnesium levels

**Cost comparison with similar Formulary products:**

Drug	Cost per dose	Cost per Day
Sodium polystyrene sulfate (15g/60mL)	\$7	\$7-28 (Dosed 1-4x daily)
Patiromer (8.4g)	\$30	\$30

**Other considerations:**

Based on the published studies reviewed in this monograph, patiromer may be good alternative to SPS in management of hyperkalemia. It appears to be better tolerated and likely has greater safety margin in patients with CKD and HF due to reduced sodium load. In addition, RAAS inhibition has been shown to benefit renal and cardiac function, and the ability to continue uninterrupted therapy in patients with heart failure is important. Patiromer, not unlike SPS, is not ideal agent for treatment of acute hyperkalemia due to delayed onset of action and its use will likely be most appropriate in patients with chronic or medication-induced hyperkalemia.

**Recommendation:**

We recommend the addition of patiromer to the TCMC Formulary as an alternative to sodium polystyrene sulfate for the management of hyperkalemia in patients with chronic kidney disease (CDK) or heart failure (HF). For patients with hyperkalemia who can otherwise tolerate sodium polysterene sulfate, this will remain the first-line treatment option for this indication.

**Process/Plan to monitor Patient Response:**

- 1) Monitor serum potassium and magnesium levels while on therapy

**References:**

Veltassa™. Full Prescribing Information (Package insert). Relypsa, Inc. Oct 2015

Pitt B, Anker SD, Bushinski DA et al. Evaluation of the efficacy and safety of RLY5016, a polymeric potassium binder, in a double-blind, placebo-controlled study in patients with chronic heart failure (the PEARL-HF trial). Eur Heart J 2011; 32:820-828

Weir MR, Barkis GL, Bushinski DA et al. Patiromer in patients with kidney disease and hyperkalemia receiving RAAS inhibitors. N Engl J Med 2015; 372:211-221

Barkis GL, Pitt B, Weir MR et al. Effect of patiromer on serum potassium level in patients with hyperkalemia and diabetic kidney disease: the AMETHYST-DN randomized clinical trial. JAMA 2015; 314:151-161

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

<b>Members Present:</b>	James J. Dagostino, DPT, PT, Chairperson; Director Ramona Finnila; Eric Burch, Community Member; Dr. Paul Slowik, Community Member; Dr. Cary Mells, Physician Member		
<b>Non-Voting Members:</b>	Adriana Ochoa, General Counsel; Steve Dietlin, CEO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO		
<b>Others Present:</b>	Teri Donnellan, Executive Assistant; Jane Dunnmeyer, League of Women Voters, Robin Iveson, Community member.		
<b>Absent:</b>	Director RoseMarie V. Reno; Steve Dietlin, CEO; Eric Burch, Community Member; Dr. Gene Ma, Chief of Staff; Dr. Marcus Contardo, Physician Member		
	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order/Introduction	The meeting was called to order at 12:30 p.m. in Assembly Room 3 at Tri-City Medical Center by Chairman Dagostino.		
2. Introduction of Dr. Cary Mells, Emergency Department Chair	Chairman Dagostino introduced Dr. Cary Mells, Emergency Department Chair for the new fiscal year, replacing Dr. Henry Showah.		
3. Resignation of Community Members: a) Blake Kern b) Al Memmelo	Chairman Dagostino reported two community members have recently resigned from the Committee, Mrs. Blake Kern and Mr. Al Memmelo.	Information only.	
4. Approval of Agenda	<b>It was moved by Director Finnila to approve the agenda as presented. Dr. Slowik seconded the motion. The motion passed unanimously.</b>	Agenda approved.	
5. Comments from members of the public	Chairman Dagostino read the Public Comments announcement as listed on today's Agenda.	Information only	
6. Ratification of prior Minutes	<b>It was moved by Director Finnila and seconded by Dr. Paul Slowik to ratify the minutes of the June 7, 2016 Governance &amp; Legislative Committee. The motion passed unanimously.</b>	Minutes ratified.	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
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## DRAFT

7. Old Business – a. Review and discussion of Board Policy 14-020 – Business Expense Reimbursement; Ethics Training	<p>In follow-up to last month's meeting, Chairman Dagostino stated revisions have been made to the policy to reflect that "each Board member may seek reimbursement without Board approval for education ventures of their own choosing related to the Board member's performance of his or her official duties and not to exceed a total of \$500 per year". He explained the amendment allows a Board member to have some flexibility in attending educational courses of their choosing which they believe are appropriate in carrying out their duties as Board members.</p> <p>Additional revisions included mainly title changes.</p> <p><b>It was moved by Director Finnila to recommend approval of Board Policy 14-020 – Business Expense Reimbursement; Ethics Training as presented. Dr. Slowik seconded the motion. The motion passed unanimously.</b></p>	<p>Recommendation to be sent to the Board of Directors to approve Board Policy Board Policy 14-020 – Business Expense Reimbursement; Ethics Training as presented; item to be placed on Board agenda and included in agenda packet.</p>	Ms. Donnellan
b. Review and discussion of amendments to Committee Charter	Chairman Dagostino reported the Chief Compliance Officer is revising the committee's Charter based on feedback from committee members to more accurately reflect the committee's purpose. The revised Charter will be brought forward to the August meeting.	Committee Charter to be placed on August agenda.	Ms. Donnellan
8. New Business a. Review and Discussion of Authority of Board Chair in Setting the Agenda 1) Board Bylaws – Section 14, Setting the Agenda 2) Board Policy 15-010 – Board Meeting agenda Development,	<p>In follow-up to last month's meeting, Chairman Dagostino explained Section 14 of the Bylaws (Setting the Agenda) and Board Policy 15-010 – Board Meeting Agenda Development, Efficiency and Time Limits for Board Meetings, Role and Powers of Chairperson were placed on today's agenda to provide a mechanism for Board members to place items on the Board agenda and not be denied by the Chair. General Counsel suggested Section 14 of the Bylaws remain as written to provide flexibility and Board Policy 15-010 be amended to include stronger language to ensure any <i>reasonable</i></p>	<p>General Counsel to revise Board Policy 15-010 as discussed and bring back to the August meeting.</p>	

Topic	Discussion	Action Follow-up	Person(s) Responsible
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**DRAFT**

Efficiency and Time Limits for Board Meetings, Role and Powers of Chairperson	request made in writing and received by the appropriate individual(s) prior to the agenda setting conference be considered. It was noted with approval of the CEO and General Counsel, the Board Chair may choose not to place an item on the agenda if it is clearly not a Board function. It was recommended General Counsel revise the policy to clarify the process for placing items on the Board agenda and bring back to the next meeting.  Community Member Ms. Robin Iveson commented on the need for clarification in the policy.		
b. Review and discussion of Board Policy 15-039 – Comprehensive Code of Conduct	In follow-up to last month's meeting, Board Policy 15-039 Comprehensive Code of Conduct was placed on the agenda related to Director Reno's comments advocating for additional Board education and Board Orientation. Discussion was held as to whether the Code of Conduct Policy is relative to Board member training. General Counsel stated that the Code of Conduct as written does contain a section on Board member training and orientation. She suggested the policy reference Board Policy 14-020 Business Expense Reimbursement which was recently modified to allow Board members flexibility in choosing educational sessions of their choice up to \$500. General Counsel also commented that Board members are required to complete AB34 training every two years.  Discussion was held regarding Code of Conduct violations which have gone unaddressed by current and past Board Chairs. It was suggested the Board attend a Board Orientation session as a whole to educate new Board members and re-educate existing Board members on Board policies and Bylaws. It was suggested a Special Meeting be scheduled following the General Election to conduct Board Orientation.	A Special Board Meeting to be scheduled following the General Election to provide orientation and training to all Board members.	Ms. Donnellan
c. Consideration to appoint Mr. Eric Burch to an additional two-year term	Chairman Dagostino reported that although Mr. Eric Burch was unable to attend today's meeting, he has expressed an interest in serving an additional two year term.		

Topic	Discussion	Action Follow-up	Person(s) Responsible
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**DRAFT**

	<p><b>It was moved by Dr. Slowik and seconded by Director Finnila to recommend appointment of Mr. Eric Burch to an additional two-year term on the committee.</b></p>	<p>Recommendation to be sent to the Board of Directors for consideration; item to appear on agenda.</p>	<p>Ms. Donnellan</p>
<p>9. Discussion regarding Current Legislation</p>	<p>Chairman Dagostino explained the District does not have a Legislative Advocate and therefore has developed a process to keep Board members informed of legislative issues via the CHA Daily Briefing. Drs. Slowik and Mells expressed an interest in receiving the Daily Briefings.</p> <p>Chairman Dagostino provided a brief update on the Design Build Bill which is now in the Assembly and if passed will allow the District to utilize the design build concept for the Campus Redevelopment.</p> <p>Chairman Dagostino also noted an Arbitrator recently ruled that the CEO Compensation Initiative will not be placed on the ballot this year.</p>	<p>Drs. Slowik and Mells will be placed on the CHA Daily Briefing distribution list.</p>	<p>Ms. Donnellan</p>
<p>10. Review of FY2017 Committee Work Plan</p>	<p>The FY2017 Committee Work Plan was included in today's meeting packet for reference. Ms. Donnellan commented that the Work Plan reflects the FY2017 time period which began on July 1<sup>st</sup>.</p> <p>Chairman Dagostino noted an Ad Hoc Committee has been put together to recommend a mechanism for evaluating the CEO and CCO.</p>	<p>Information only.</p>	
<p>11. Committee Communications</p>	<p>Director Finnila stated governance is important only if implemented and used. She commented that we are struggling to make this committee more effective and meaningful and are open to suggestions from committee members.</p> <p>Chairman Dagostino stated he believes it would be beneficial to finalize the Committee Charter prior to soliciting for replacement of the two vacated community openings.</p>	<p>Solicitation for replacement of the two vacated community openings will be addressed following finalization of the Charter.</p>	<p>Committee</p>



Topic	Discussion	Action Follow-up	Person(s) Responsible
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**DRAFT**

12. Community Openings – Two	There are currently two openings on the committee.		
13. Confirm date and time of next meeting	The committee's next meeting is scheduled for Tuesday, August 2, 2016 at 12:30 p.m.	The next meeting of the Committee is August 2, 2016	
14. Adjournment	Chairman Dagostino adjourned the meeting at 1:28 p.m.		

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

**BOARD POLICY #14-020**

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

**I.     POLICY**

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

**II.    PURPOSE**

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

**III.   SCOPE**

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

**IV.    PROVISIONS**

**A.     Pre-Approval of Expenses.**

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

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

Each Board member may seek reimbursement without Board approval for education ventures of their own choosing related to the Board member's performance of his or her official duties and not to exceed a total of \$500 per year.

B. Direct Billing/Travel Advances.

1. Direct Billing.

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

2. Reconciliation of Direct Billing Expenses.

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

C. Reporting Requirements

1. Expense Form.

All requests by a Director or the CEO for reimbursement shall be submitted on TCHD's standard Expense Report Form (see Exhibit "A") with all required supporting documentation and receipts attached in the order they were incurred. This procedure will facilitate the auditing of the

Expense Report Forms and provide for more efficient and timely processing. If there are any anticipated reimbursements from outside organizations, documentation of such should be noted on the Expense Report Form. If any such reimbursement is received following TCHD payment of expenses, the overpayment will be signed over to TCHD. TCHD follows the general rules of the IRS and California Government Code which requires i) that expenses be supported by receipts and that the persons involved and ii) that the business purpose of each expenditure be identified.

2. Supporting Documentation.

Supporting documentation should include, whenever applicable, the following:

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

3. Timely Submission.

The Expense Report Form showing actual expenses, together with actual receipts, must be submitted within 60 days following the completion of travel. More timely submission may be requested from time to time for example at fiscal year end to insure appropriate timely accounting to accrue. Reimbursement will not be made if the Expense Report Form is

not submitted within 60 days of incurring the expense. In the case of travel advances, if the required documentation and receipts are not submitted within 60 days of incurring the expense, no further travel shall be approved until one year has elapsed from the date travel was completed and the appropriate expense report is received by TCHD.

4. Reports To TCHD Board.

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

5. Seminar Evaluation.

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

6. One Over One Approval.

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

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

7. Payment Of Reimbursement.

Completed Expense Request Forms meeting all of the foregoing requirements and approved by the appropriate TCHD Director or CEO will be processed and paid no later than two (2) weeks from the date of authorized submission of the completed Expense Request Forms to the Finance Department. Reimbursement will be directly, by check for actual and necessary business expenses incurred in the performance of official duties upon receipt of a properly documented Expense Report Form accompanied by receipts approved by the appropriate authorized person.

8. Reimbursement Of Excessive Advance.

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

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

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

D. Reimbursement Rates.

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

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

1. Airfare.

Coach or economy class airline tickets are considered ordinary business expenses; first or business class tickets are not reimbursable under the Policy. Each Director is expected to assist TCHD in acquiring the best

rate and greatest discount on airline tickets. Reimbursement will be the actual necessary airline fare.

Note: If a Director chooses to travel in his or her private automobile, rather than by airline, the Director will be reimbursed for mileage at the rates specified in this Policy, provided that such reimbursement does not exceed the cost of coach or economy airfare, plus normal cost for transportation to and from the airport at the point of departure and the airport at the destination. If two or more Directors travel in the same private automobile, the Director whose private automobile is used, will get full mileage reimbursement, provided that said mileage meets the requirements above as to each Director traveling together, and does not exceed the cost of coach or economy airfare plus normal cost for transportation to and from the airport at the point of departure and the airport at the destination.

2. Lodging.

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

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

3. Car Rental.

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

4. Car Rental Insurance.

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

5. Parking Expense.

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

6. Mileage.

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

7. Other Transportation Expenses.

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

8. Meals and Gratuities.

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

9. Telephone/Fax.

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



10. Dues and Professional Organizations.

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

11. Certification and Licenses.

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

12. Continuing Education.

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

13. Other Business-Related Expenses.

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

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

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

14. Facsimile transmission equipment; Telephone line.

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

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

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

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

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

15. Non-Reimbursable Expenses.

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

E. Penalties.

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

V. **ETHICS TRAINING REQUIRED**

- A. Members of the Board of Directors and all committee members shall receive at least two (2) hours of ethics training every two (2) years, pursuant to the provisions of Government Code section 53234 et seq. ("Ethics Training") in order to be eligible for compensation or reimbursement of expenses.

- B. All Members of the Board of Directors and all committee members, shall provide a certificate to the Executive Assistant, indicating the dates upon which they attended an Ethics Training session(s), to satisfy requirements. Said certificate shall also include the name of the entity that provided the training. The Executive Assistant shall maintain the records, indicating the dates that each of the Members of the Board of Directors and each committee member, satisfied their requirements, and the entity which provided the training. These records shall be maintained for at least five (5) years after the training, and are subject to disclosure under the Public Records Act.
- C. The CEO or Executive Assistant shall provide members of the Board of Directors and committee members, information on the Ethics Training available to meet these requirements.

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

**Tri-City Medical Center**  
**Audit, Compliance & Ethics Committee**  
**July 14, 2016**  
**Assembly Room 1**  
**8:30 a.m-10:30 a. m.**

<b>Members Present:</b>	Director Ramona Finnila (Chair); Director Larry W. Schallock; Director Laura Mitchell; Jack Cumming, Community Member; Kathryn Fitzwilliam, Community Member; Leslie Schwartz, Community Member; Dr. Cary Mells, Physician Member
<b>Non-Voting Members:</b>	Steve Dietlin (CEO); Ray Rivas, Acting CFO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO
<b>Others Present:</b>	Diane Racicot, General Counsel; Teri Donnellan, Executive Assistant; Brian Conner, Concurring Partner; Mary Nguyen, Senior Manager
<b>Absent:</b>	Barton Sharp, Community Member

	<b>Discussion</b>	<b>Action Recommendations/ Conclusions</b>	<b>Person(s) Responsible</b>
1. Call to Order	The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Finnila.  Dr. Cary Mells, Chairman of the Emergency Department and newest member appointed to the committee introduced himself to committee members.		
2. Approval of Agenda	<b>It was moved by Director Schallock and seconded Ms. Kathryn Fitzwilliam to approve the agenda as presented. The motion passed unanimously.</b>	<b>Agenda approved.</b>	Ms. Donnellan
3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item	There were no public comments.		
4. Ratification of minutes – May 19, 2016	Chairperson Finnila noted two typographical errors that will be corrected in the master minutes.  <b>It was moved by Mr. Jack Cumming and seconded by Director Schallock to approve the minutes as amended.</b>	<b>Amended minutes ratified.</b>	Ms. Donnellan

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<b>The motion passed unanimously.</b>		
5. New Business			
a) Fiscal 2016 Financial Statement Audit Entrance – Moss Adams	<p>Chairperson Finnila introduced Mr. Brian Conner, Concurring Partner and Ms. Mary Nguyen, Senior Partner with Moss Adams who presented the FY2016 Audit Entrance.</p> <p>Mr. Conner stated Mr. Blakey was unable to attend today's meeting due to a prior commitment. Mr. Conner provided a brief summary of his background and experience, stating he is a national practice leader whose focus relates to auditing of hospitals and healthcare systems. He stated that he has been the District's concurring partner for the past 3-5 years. He explained the concurring partner performs a quality control review from a planning and field work perspective and is intended to be a fresh set of eyes.</p> <p>Ms. Nguyen and Mr. Connor presented information on the following:</p> <ul style="list-style-type: none"> <li>➤ Engagement Service Team</li> <li>➤ Required Communication to Those Charged with Governance</li> <li>➤ Scope of Services</li> <li>➤ Areas of Audit Emphasis <ul style="list-style-type: none"> <li>- Patient Revenue/Receivables</li> <li>- Cost Report Settlements</li> <li>- Managed Care Program Liabilities</li> <li>- Self-Insurance Liabilities</li> <li>- Line of Credit and Term Loans</li> </ul> </li> <li>➤ Risks Discussion</li> <li>➤ Consideration of Fraud in Financial Statement Audit</li> <li>➤ Prior Year Internal Control Matters</li> <li>➤ Audit Timeline</li> <li>➤ Audit Deliverables</li> <li>➤ Audit Expectations</li> <li>➤ Recent Accounting Developments</li> </ul>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>Ms. Mary Nguyen explained the Auditor's role is to plan and perform the audit in accordance with generally accepted auditing standards and to design the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Ms. Nguyen emphasized that the audit of the financial statements does not relieve the Board or management of their responsibilities.</p> <p>Extensive discussion was held related to internal controls. Ms. Nguyen explained the Auditors will test internal controls over patient charges, billings, cash collections, and write offs of accounts and will also review the internal controls that are put in place by management to ensure they are operating effectively. Ms. Nguyen explained the first step is to evaluate the design and follow with test implementation.</p> <p>Mr. Conner gave a detailed explanation of the "materiality number" which is based on reasonable and appropriate calculating of quantitative and qualitative factors and used as a guide in scoping and testing. Mr. Conner also described the processes involved in "testing the transaction".</p> <p>With regard to debt, Chairperson Finnilla noted the importance of transparency and describing debt in such a manner that is easily understandable by the reader. Mr. Conner explained there are a couple of areas in the financial report where the source of debt can be discussed.</p> <p>Mr. Conner stated in his opinion the slide on Risks is the most important slide as it provides the committee with the opportunity to discuss areas of concern. The committee indicated they were comfortable with the scope of services described today.</p> <p>Mr. Conner explained the auditors also look closely when there is a recent change in management to determine if that</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>will change their audit or internal controls in any way. He noted the audit is not designed to detect fraud but evaluate the risk of fraud.</p> <p>Lastly, Mr. Connor commented on the fact that from year to year the auditors will choose a different area of focus.</p> <p>In closing Mr. Connor stated he expects to issue the audit report in September pending approval by the committee and the Board at their regular September meetings.</p> <p><i>Ms. Nguyen and Mr. Conner left the meeting at 9:31 a.m.</i></p>		
b) Review and discussion of Committee Charter	<p>Ms. Cheryle Bernard-Shaw presented the Charter to the committee for their input. Ms. Bernard-Shaw stated in her review of the Charter it appears the committee performs the tasks described. She suggested a section be included on the terms of community committee members. It was noted the word "Chief" should be added to the Compliance Officer title throughout for consistency.</p> <p>Chairperson Finnilla questioned if the Charter should address the committee's obligation to review the Non-Clinical contracts. General Counsel and the Chief Compliance Officer stated that review of such contracts is intimated in various sections of the Charter, however it might be wise to clearly delineate the review of the contracts for regulatory purposes. General Counsel suggested that periodic review of non-clinical reports be tied into section "A".</p> <p><b>It was moved by Mr. Cumming to recommend approval of the Charter as amended to include the modifications as described. Mr. Leslie Schwartz seconded the motion. The motion passed unanimously.</b></p>	<p><b>Recommendation to be sent to the Board of Directors to refer the Charter to the Governance Committee for a final review; item to appear on Board agenda and included in Board agenda packet.</b></p>	Ms. Donnellan

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
6. Old Business			
A) Review and Discussion of Policies & Procedures:  1) 8750-554 – Monitoring Compliance/Auditing and Reporting: Exit Interviews	<p>A revised policy was distributed to the committee to reflect the addition of the Definition.</p> <p>Chairperson Finnilla commented that nothing in the policy indicates the exit interview is voluntary, nor does it indicate the information gathered in the exit interview is confidential. It was suggested the last sentence in section C. 1. a. be revised to read “<i>As part of this optional interview or survey...</i>” and the first sentence in section E. 1. be revised to read in part “<i>shall be confidential to the extent allowed by law...</i>”.</p> <p>General Counsel commented that the Definition of Covered Contractors appears too limited as it does not include other contractors. It was suggested the language “<i>but not limited to</i>” be added to #1 of the Definition. Ms. Topp stated in her opinion this language is sufficient due to language that is also reflected in a separate HR policy.</p> <p><b>It was moved by Mr. Jack Cumming to recommend approval of Policy 8750-554 – Monitoring Compliance/Auditing and Reporting: Exit Interviews as amended to reflect the additions as discussed. Mr. Leslie Schwartz seconded the motion. The motion passed unanimously.</b></p>	<p>Recommendation to be sent to the Board of Directors to approve Board Policy 8750-554 – Monitoring Compliance/Auditing and Reporting: Exit Interviews; item to appear on next Board agenda and included in Board Agenda packet.</p> <p>Ms. Donnellan</p>	
2) 8750-567 – Development and Revision of Code of Conduct and Policies – Retiring Code of Conduct and/or Policies	<p>Ms. Kathy Topp stated the policy number listed under B. 5 is listed incorrectly and should be Policy 8750-564. She explained there are a series of policies that are in the process of being reviewed to avoid duplication. Further discussion was held regarding the fact that Policy 8750-565 and Policy 8750-568 will be deleted following finalization of Policy 8750-564. Ms. Bernard-Shaw stated she would prefer the committee approve the policy and strike any reference to a policy in #B. She noted there will be several</p>		



	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>more Compliance Policies coming forward for the committee to review in the coming months.</p> <p><b>It was moved by Director Schallock and seconded by Director Mitchell to recommend approval of Policy 8750-567 – Development and Revision of Code of Conduct and Policies – Retiring Code of Conduct and/or policies as presented with the modification as described. The motion passed unanimously.</b></p> <p><i>Ms. Kathy Topp left the meeting at 9:55 a.m.</i></p>	<p><b>Recommendation to be sent to the Board of Directors to approve Board Policy 8750-567 – Development and Revision of Code of Conduct and Policies – Retiring Code of Conduct and/or Policies; item to appear on next Board Agenda and included in Board Agenda packet.</b></p>	Ms. Donnellan
7. Oral Announcement of Items to be Discussed during Closed Session (Government Code Section 54957.7)	Chairperson Finnila made an oral announcement of the items listed on the agenda to be discussed during closed session which included approval of closed session minutes and one matter of Potential Litigation.		
8. Motion to go Into closed session	<b>It was moved by Ms. Kathryn Fitzwilliam and seconded by Director Schallock to go into closed session at 9:55 a.m. The motion passed unanimously.</b>		
9. Open Session	The committee returned to open session at 10:11 a.m. with attendance as previously noted.		
10. Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	Chairperson Finnila reported no action was taken in closed session.		
11. Comments from Committee Members	Director Mitchell commented that it would be helpful if the committee was provided a glossary of terms related to the audit. Chairperson Finnila stated that could certainly be addressed at the auditor's next visit however in the meantime, committee members are free to contact the auditors with any questions they may have.	<b>A glossary of terms will be suggested at the next presentation by the auditors.</b>	Chairperson

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
12. Date of Next Meeting	Chairperson Finnila stated the Committee's next meeting will be held on August 18, 2016.	The committee's next meeting is scheduled August 18, 2016.	
13. Adjournment	Chairperson Finnila adjourned the meeting at 10:12 a.m.		

**AUDIT AND COMPLIANCE COMMITTEE**  
**July 14th, 2016**

[illegible]



Tri-City Medical Center  
Oceanside, California

Administrative Policy Manual  
Compliance

ISSUE DATE: May 31, 2012

SUBJECT: Monitoring  
Compliance/Auditing and  
Reporting; Exit Interviews

REVISION DATE:

POLICY NUMBER: 8750-554

Department Approval Date(s):	01/16
Administrative Policies and Procedures Approval Date(s):	01/16
Medical Executive Committee Approval Date(s):	02/16
Organizational Compliance Committee Approval Date(s)	05/16
Audit, Compliance and Ethics Committee Approval Date(s):	07/16
Board of Directors Approval Date(s):	05/12

A. **PURPOSE:**

1. ~~Policy 8750-554~~To provides (1) a statement of Tri-City Healthcare District's (TCHD's) policy with respect to conducting compliance-related exit interviews of departing employees and **Covered Contractors** (2) to ensure that the District's practices are consistent with the stated policy.

B. **DEFINITIONS:**

1. **Covered Contractor:** is an individual or entity that has a contractual relationship with TCHD (other than employment) including but not limited to:
  - a. Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and physician extenders such as physician assistants and nurse practitioners.
  - b. Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to any federal or state health care program.

C. **GENERAL POLICY:**

1. Employees
  - a. To further ~~the District's~~**TCHD's** compliance review and monitoring efforts, the Chief Compliance Officer (or his or her designee) shall seek information about compliance concerns from departing employees. These questions may be asked as part of an exit interview survey utilized by ~~the District's~~**TCHD's** Human Resources Department. As part of this **optional** interview or survey, the departing employee shall be:
    - i. Asked whether he or she is aware of any past or ongoing potential or actual violations of laws and regulations, or ~~the District's~~**TCHD's** Compliance Program Policies and Procedures or Code of Conduct and, if so, to provide detail.
    - ii. Required to return to ~~the District~~**TCHD** the originals and any copies of any ~~District~~**TCHD** documents in the employee's possession.
    - iii. Given an opportunity to convey any observations, suggestions, or complaints regarding ~~the District's~~**TCHD's** operations, practices, Compliance Program and/or compliance initiatives generally.

D. **COVERED CONTRACTORS:**

1. At his/her discretion, the Chief Compliance Officer (or his or her designee) shall seek information about compliance concerns from Covered Contractors (as defined in **Administrative Policy 8750-537 – Hiring and Employment; Definitions**) whose contracts with ~~the District~~ **TCHD** have expired. As part of this interview or survey, each departing Covered Contractor shall be:
  - a. Asked whether he or she is aware of any past or ongoing potential or actual violations of laws and regulations or the ~~District's~~ **TCHD's** Compliance Program Policies or Code of Conduct and, if so, to provide detail.
  - b. Invited to convey any observations, suggestions, or complaints regarding the ~~District's~~ **TCHD's** operations, practices, Compliance Program and/or compliance initiatives generally.
  - c. Required to return to ~~the District~~ **TCHD** the originals and any copies of any ~~District~~ **TCHD** Documents in the Covered Contractor's possession.

E. **DOCUMENTATION:**

1. The information obtained during exit interviews shall be **considered confidential to the extent allowed by law and** documented in the Compliance Program files consistent with the ~~District's~~ **TCHD's** document retention policies. ~~As appropriate and possible, The District should obtain signed and dated statements from the interviewee~~ **TCHD shall make every effort to obtain signed and dated statements when feasible.**
2. ~~District~~ **TCHD** shall document compliance with Policy 8750-554 in the departing employee's/Covered Contractor's file consistent with the ~~District's~~ **TCHD's** document retention policies.

**RELATED DOCUMENTS:**

1. **Administrative Policy 8750-537, Hiring and Employment; Definitions**



**Tri-City Medical Center**  
Oceanside, California

**Administrative Policy Manual**  
**Compliance**

**ISSUE DATE:** 05/12

**SUBJECT:** Development and Revision of Code  
of Conduct and Policies; Retiring  
Code of Conduct and/or Policies

**REVISION DATE(S):**

**POLICY NUMBER:** 8750-567

Department Approval Date(s):	01/16
Administrative Policies and Procedures Approval Date(s):	01/16
Medical Executive Committee Approval Date(s):	04/16
Audit, and Compliance and Ethics Committee Approval Date(s):	07/16
Board of Directors Approval Date(s):	05/12

**A. PURPOSE:**

1. ~~This policy provides~~ **To provide** a statement of Tri-City Healthcare District's (TCHD's) policy regarding retiring portions of the ~~District's TCHD's~~ Code of Conduct and/or any Compliance Policies, and ensures TCHD's practices are consistent with its stated policies

**B. RETIRING POLICIES:**

1. The **Chief** Compliance Officer, a member of the **Organizational** Compliance Committee and/or another employee may propose that a Standard of Conduct and/or Policy be retired.
2. In order for a Standard of Conduct or Policy and Procedure to be retired, the **Chief** Compliance Officer must determine, in consultation with the managers of the relevant/affected department that the Standard of Conduct or Policy has become obsolete, and document this fact in writing.
3. In order for all or a portion of the Code of Conduct to be retired, the **Board of Directors** must find that the Standard of Conduct at issue has become obsolete.
4. Retired Code of Conduct and Policies shall not be destroyed, but shall be removed from current distribution and appropriately archived.
5. All employees will be notified when a particular Standard of Conduct and/or Policy is retired and, if a new Standard or Policy is put in its place, ~~it will be disseminated pursuant to Policy 8750-568.~~

**C. RELATED DOCUMENTS:**

1. **Administrative Policy 8750-564 – Development and Revision of Code of Conduct and Policies**

# TRI-CITY HEALTHCARE DISTRICT

## AUDIT, COMPLIANCE & ETHICS COMMITTEE CHARTER

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

### I. Purpose

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

1. **Internal Audit Program and Ethics & Compliance Program Oversight.** The Committee will oversee the District's Internal Audit Program and Ethics & Compliance Program, including the following:

- a. Review and oversee the non-clinical contracts at least twice annually;

1. Review the District's compliance with applicable federal, state and local legal and regulatory requirements relating to providers and suppliers of healthcare services;
    2. Monitor the development and implementation of the District's Internal Audit and Ethics & Compliance programs via periodic reports from the internal auditor, District's Chief Compliance Officer, the Internal Compliance Committee, and legal counsel;
    3. Review risk assessments and work plans (including audit schedules) and the Ethics & Compliance Program, at least annually, as presented by the internal audit—or, the Chief Compliance Officer, Internal Compliance Committee and/or legal counsel;
    4. Review and oversee revision of the District's Administrative Code of Conduct;
    5. Receive and revise draft policies from the Chief Compliance Officer and Internal Compliance Committee for presentation and recommendation to the Board;

- Review reports from the Internal Auditor, [Chief](#) Compliance Officer, and Internal Compliance Committee, and monitor implementation of corrective action as applicable;
- Make programmatic recommendations to the [Chief](#) Compliance Officer, senior management, and Board.

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

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

II. **Membership**

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

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



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

### **III. Meetings**

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

### **IV. Minutes**

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

### **V. Reports**

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

### **VI. Conduct**

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

**Approved: 9/29/11 Board of Directors**

**Amended: 4/26/12 Board of Directors**

**Approved: 3/28/13 Board of Directors**

**Approved: 5/30/13 Board of Directors**

**Approved: 5/29/2014 Board of Directors**

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

TRI-CITY HEALTH CARE DISTRICT  
 NON-CLINICAL CONTRACT EVALUATIONS

ne, 2016

Vendor Name	Contract Number	Contract Type	Responsible Party, Primary	Responsible Dept.	Expiration Date	Reviewed/C completed	PHI REQ	PHI RCD	ACE Review	Board Review
Creek View Medical Associates, LLC	1007.3198C	Real Estate Lease: Hospital as Tenant	Knight, Wayne	Business Development	10/31/2018	12/16/15	N	N	7/14/2016	
Deemer, Andrew R MD	1021.2266C	Confidentiality Agreement	Benton, Andrea	Business Development	Evergreen	OTHER	N	N	7/14/2016	
Dietlin, Steven	1007.2679C	Employment Agreement	Rivas, Ray	Finance	Evergreen	12/16/15	N	N	7/14/2016	
DR Waring A, LLC	1007.2307C	Grant Deed	Knight, Wayne	Administration	12/31/2069	12/16/15	N	N	7/14/2016	
ECR Corporate Center, LP	1006.2901C	Grant Deed	Knight, Wayne	Wellness Center	Evergreen	12/16/15	N	N	7/14/2016	
ECRI Institute	1007.2489C	Letter of Agreement (LOA)	Moore, Thomas	Supply Chain Mgt	05/31/2018	12/4/15	N	N	7/14/2016	
Elfin Investments, LLC	1007.3352C	Real Estate Lease: Hospital as Tenant	Knight, Wayne	Business Development	03/31/2021	12/16/15	N	N	7/14/2016	
Employees of Tri-City Healthcare	1007.2663C	Benefit Administration	Braun, Norma	Finance	Evergreen	12/16/15	N	N	7/14/2016	
Entra Health Systems	1007.2928C	Confidentiality Agreement	Martinez, Daniel	Information System	09/24/2016	12/4/15	N	N	7/14/2016	
Ethicon	1007.3149C	Business Associate Agreements	Pearson, Jami	Infection Control	Evergreen	12/3/15	N	N	7/14/2016	
Executive Search Associates	1007.2942C	Professional Service Agreement	Beverly, Esther	Human Resources	03/01/2016	12/2/15	N	N	7/14/2016	
Faris, Troy T.	1013.2542C	Power of Attorney Release	Dietlin, Steve	Finance	Evergreen	12/16/15	N	N	7/14/2016	
Fatch, Casey	1007.3191C	Business Associate	Braun, Norma	Human Resources	05/31/2016	12/16/15	N	N	7/14/2016	
Fengstein & Kaufman, APC	1007.2395C	Business Associate	Dietlin, Steve	Legal and Compliance	10/18/2022	12/16/15	N	N	7/14/2016	
Five K Family Trust	1007.1214C	Real Estate Lease: Hospital as Tenant	Dietlin, Steve	Facilities Development	07/01/2016	12/4/15	N	N	7/14/2016	
Fletes, Hermelinda	1007.3067C	Settlement Agreement	Beverly, Esther	Legal and Compliance	04/17/2024	12/16/15	N	N	7/14/2016	
Flexible Benefit Plan	1007.3203C	Benefit Administration	Abler, Quinn	Human Resources	12/31/2016	12/2/15	N	N	7/14/2016	
GE Medical Systems	1007.238C	Business Associate	Young, Steve	Imaging Svcs Admin	04/13/2016	12/3/15	Y	Y	7/14/2016	
Glen Newhart	1011.2992C	Employment Agreement	Dietlin, Steve	Human Resources	Evergreen	12/16/15	N	N	7/14/2016	

1. No is Minor issues/resolvable

3. Intern. a issues/resolvable; 4. Major issues/

resolvable 5. Major issues/unresolvable/terminate

TRI-CITY HEALTHCARE DISTRICT  
NON-CLINICAL CONTRACT EVALUATIONS

Goldman, Sachs & Co	1007.641C	Confidentiality Agreement	Dietlin, Steve	Administration	Evergreen	12/16/15	N	N	7/14/2016	
Greater Tri-Cities IPA	1022.2271C	Managed Care Services	Moore, Thomas	OP Radiology	12/31/2015	12/16/15	N	N	7/14/2016	
Greater Tri-Cities, IPA	1022.649C	Managed Care Services	Knight, Wayne	Managed Care	12/31/2015	12/16/15	N	N	7/14/2016	
Greater Tri-Cities, IPA	1022.650C	Managed Care Services	Knight, Wayne	Managed Care	12/31/2015	12/16/15	N	N	7/14/2016	
Greater Tri-Cities, IPA	1007.2621C	Settlement Agreement	Knight, Wayne	Managed Care	12/31/2024	12/16/15	N	N	7/14/2016	
Hansbrough, Wendy	1007.3347C	Business Associate Agreements	Stuiver, Ingrid	Clinical Research	11/16/2017	12/16/15	Y	Y	7/14/2016	
HC Tri-city I, LLC	1021.1068C	Real Estate Lease: Hospital	Knight, Wayne	Building Engineer	07/02/2062	12/16/15	N	N	7/14/2016	
HC Tri-city I, LLC	1021.671C	Real Estate Lease: Hospital	Knight, Wayne	Administration	07/02/2062	12/16/15	N	N	7/14/2016	
HC Tri-city I, LLC	1007.668C	Real Estate: Termination of	Raimo, Jeremy	Business Development	06/26/2069	12/16/15	N	N	7/14/2016	
Health Net of California, Inc	1021.699C	Managed Care Services	Knight, Wayne	Managed Care	01/31/2016	12/16/15	N	N	7/14/2016	
Health Net of California, Inc	1021.701C	Managed Care Services	Knight, Wayne	Managed Care	02/28/2016	12/16/15	N	N	7/14/2016	
Health Net, Inc.	1007.2457C	Managed Care Services	Knight, Wayne	Managed Care	09/30/2016	12/16/15	N	N	7/14/2016	
Health Services Advisory Group	1007.3159C	Data Use Agreement	Schultz, Sharon	Administration	12/31/2015	12/16/15	Y	Y	7/14/2016	
HealthFusion, Inc.	1007.2627C	Business Associate	Sullivan, Miava	Business Development	10/24/2027	12/16/15	Y	Y	7/14/2016	
HealthSouth Corporation	1021.695C	Managed Care Services	Knight, Wayne	Managed Care	12/31/2015	12/16/15	N	N	7/14/2016	
Higgs Fletcher & Mack	1007.2504C	Waiver	Bernard-Shaw, Cheryl	Legal and Compliance	Evergreen	12/10/15	N	N	7/14/2016	
Hill-Rom Company, Inc	1021.1737C	Business Associate	Knight, Wayne	Managed Care	10/12/2016	12/16/15	N	N	7/14/2016	
Home Medical of America, Inc	1021.1927C	Managed Care Services	Knight, Wayne	Managed Care	12/31/2015	12/16/15	N	N	7/14/2016	
ID Services Inc	1007.1754C	Business Associate	Beverly, Esther	Human Resources	Evergreen	12/16/15	N	N	7/14/2016	
In Motion, Inc	1007.899C	Letter of Agreement	Bennett, David	Public Affairs - M	01/31/2017	12/2/15	N	N	7/14/2016	
Jamshidi-Nezhad, Mohammad DO	1021.2267C	Confidentiality Agreement	Benton, Andrea	Business Development	Evergreen	12/16/15	N	N	7/14/2016	
Lean, Eva MD	1021.2262C	Confidentiality Agreement	Benton, Andrea	Business Development	Evergreen	12/16/15	N	N	7/14/2016	

1.No is  
3.Inter.  
resolvable 5. Major issues/unresolvable/terminate

Minor issues/resolvable  
2 issues/resolvable; 4.Major issues/  
resolvable 5. Major issues/unresolvable/terminate

TRI-CITY HEALTHCARE DISTRICT  
NON-CLINICAL CONTRACT EVALUATIONS

June, 2016

Levitt Family Trust	1021.2482C	Real Estate Lease: Hospital as Tenant	Knight, Wayne	Administration	08/31/2017	12/16/15	N	N	7/14/2016
Levitt Family Trust	1021.2483C	Real Estate Lease: Hospital	Knight, Wayne	Administration	08/31/2017	12/16/15	N	N	7/14/2016
Lincoln Financial Group	1007.2720C	Benefit Administration	Beverly, Esther	Human Resources	05/01/2016	12/2/15	N	N	7/14/2016
Lincoln Financial Group	1007.2666C	Letter of Intent	Beverly, Esther	Human Resources	04/01/2016	12/4/15	N	N	7/14/2016
Linson, Patrick MD	1021.2265C	Confidentiality Agreement	Benton, Andrea	Business Develop	Evergreen	12/16/15	N	N	7/14/2016
Management Services Network,	1007.2710C	Business Associate	Thompson, Colleen	Information Syste	01/18/2063	12/16/15	Y	Y	7/14/2016
Marc H. Bailey & Associates	1007.2591C	Confidentiality Agreement	Benton, Andrea	Strategic Services	12/31/2018	12/16/15	N	N	7/14/2016
Mazur, Paul MD	1007.518C	Confidentiality Agreement	Benton, Andrea	Cardio Vasc Health	11/23/2022	12/16/15	N	N	7/14/2016
McClay, Edward MD	1021.2264C	Confidentiality Agreement	Benton, Andrea	Business Develop	Evergreen	12/16/15	N	N	7/14/2016
McKinney Advisory Group	1007.2869C	Confidentiality Agreement	Bernard-Shaw, Cheryl	Administration	07/07/2016	12/16/15	N	N	7/14/2016
Medical Acquisition Company, Inc	1007.1866C	Real Estate Lease: Hospital as Landlord	Knight, Wayne	Business Develop	12/28/2060	12/16/15	N	N	7/14/2016
Merck, Sharp & Dohme Corp.	1007.2316C	Confidentiality Agreement	Stuiver, Ingrid	Clinical Research	08/28/2016	12/16/15	Y	Y	7/14/2016
MetaSource, LLC	1007.940C	Business Associate	Martinez, Daniel	Finance	Evergreen	12/16/15	Y	Y	7/14/2016
MiMedx Group, Inc.	1007.3061C	Business Associate	Bennett, David	Wellness Center	Evergreen	12/16/15	N	N	7/14/2016
Moran, Tim	1007.3077C	Employment Agreement	Beverly, Esther	Administration	06/23/2017	12/16/15	N	N	7/14/2016
Munro, Cassandra , RN	1007.3161C	Confidentiality Agreement	Stuiver, Ingrid	Clinical Research	08/10/2016	12/16/15	Y	Y	7/14/2016
National Healthcare Payer Networks	1021.1920C	Confidentiality Agreement	Knight, Wayne	Administration	06/01/2016	12/16/15	N	N	7/14/2016
National Security Retirement Program, Inc	1021.1925C	Professional Service Agreement	Beverly, Esther	Finance	12/31/2016	12/2/15	N	N	7/14/2016
Newhart, Glen	1007.2993C	Employment Agreement	Dietlin, Steve	Foundation	Evergreen	12/16/15	N	N	7/14/2016
Nielsen, Martin M MD	1007.2923C	Settlement Agreement	Dietlin, Steve	Human Resources	09/23/2023	12/16/15	N	N	7/14/2016
North Coast Medical ACO Inc.	1025.2348C	Certificate: Miscellaneous	Knight, Wayne	Administration	Evergreen	12/16/15	N	N	7/14/2016
North County Health Services	1021.2245C	Business Associate	Schultz, Sharon	Administration	Evergreen	12/16/15	Y	Y	7/14/2016

1.No issues/resolvable  
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

June, 2016

Nuvasive, Inc.	1007.2881C	Letter of Agreement (LOA)	Moore, Thomas	Supply Chain Mgr	07/07/2016	12/4/15	N	N	7/14/2016
Oblon, David MD	1021.2261C	Confidentiality Agreement	Benton, Andrea	Business Development	Evergreen	12/16/15	N	N	7/14/2016
OPS Enterprises, LLC	1007.2605C	Physician - Real Property Lease	Raimo, Jeremy	Business Development	10/01/2022	12/16/15	N	N	7/14/2016
OPS Enterprises, LLC	1021.2596C	Real Estate: Purchase	Knight, Wayne	Business Development	10/01/2050	12/16/15	N	N	7/14/2016
Oscar Matthews, Inc	1007.522C	Real Estate Lease: Hospital as Landlord	Knight, Wayne	Business Development	06/30/2016	12/16/15	N	N	7/14/2016
Paroly, Warren MD	1021.2263C	Confidentiality Agreement	Benton, Andrea	Business Development	Evergreen	12/16/15	N	N	7/14/2016
Pashmforoush, Mohammad MD	1007.3013C	Confidentiality Agreement	Benton, Andrea	Cardio Vasc Health	01/13/2039	12/16/15	N	N	7/14/2016
PharmPro Network Inc.	1007.3288C	Professional Service	Beverly, Esther	Human Resources	06/04/2016	12/2/15	N	N	7/14/2016
Premier, Inc	1007.168C	Business Associate	Moore, Thomas	Supply Chain Mgr	Evergreen	12/16/15	N	N	7/14/2016
Principal Health Care, Inc, PPO	1022.1308C	Managed Care Services	Knight, Wayne	Managed Care	10/31/2016	12/16/15	N	N	7/14/2016
Promise Healthcare	1007.1313C	Business Associate	Livingstone, Scott	Case Management	Evergreen	12/16/15	Y	Y	7/14/2016
Prudent Investor Advisors, LLC	1022.2693C	Benefit Administration	Braun, Norma	Human Resources	01/14/2016	12/4/15	N	N	7/14/2016
Rady Children's Hospital-san Diego	1020.2305C	Grant Deed	Knight, Wayne	Business Development	12/16/2069	12/16/15	N	N	7/14/2016
Reid & Associates	1007.2961C	Professional Service	Beverly, Esther	Human Resources	12/11/2015	12/2/15	N	N	7/14/2016
Republic Health Resources	1007.3270C	Professional Service	Beverly, Esther	Human Resources	04/20/2016	12/2/15	N	N	7/14/2016
Rydek Professional	1007.3275C	Professional Service	Beverly, Esther	Human Resources	05/26/2016	12/2/15	N	N	7/14/2016
Sage Products, Inc.	1007.3345C	Business Associate	Moore, Thomas	Supply Chain Mgr	09/21/2016	12/3/15	Y	Y	7/14/2016
San Diego County Clerk	1007.1634C	Notice of Exemption	Dietlin, Steve	Administration	01/11/2069	12/16/15	N	N	7/14/2016
Schultz, Sharon	1007.2950C	Employment Agreement	Braun, Norma	Human Resources	Evergreen	12/16/15	N	N	7/14/2016
SciberQuest, Inc.	1007.2478C	Business Associate	Thompson, Colleen	Administration	Evergreen	12/16/15	Y	Y	7/14/2016
Scripps Health	1021.1944C	Managed Care Services	Bernard-Shaw, Cheryl	Case Management	03/31/2016	12/16/15	N	N	7/14/2016
Shire Regenerative Medicine, Inc.	1007.2852C	Business Associate Agreements	Bennett, David	Wellness Center	Evergreen	12/2/15	Y	Y	7/14/2016

TRI-CITY HEALTHCARE DISTRICT  
NON-CLINICAL CONTRACT EVALUATIONS

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

Siddique, Nayyar, MD	1007.2260C	Confidentiality Agreement	Benton, Andrea	Business Development	Evergreen	12/16/15	N	N	7/14/2016
Sotera Wireless	1007.3261C	Business Associate	Martinez, Daniel	Information System	Evergreen	12/16/15	Y	Y	7/14/2016
SpectraSoft, Inc	1007.1393C	Business Associate	Martinez, Daniel	Information System	Evergreen	12/4/15	Y	Y	7/14/2016
St. Vincent de Paul Village Project	1007.2425C	Business Associate	Schultz, Sharon	Administration	Evergreen	12/3/15	Y	Y	7/14/2016
State of California, Department of	1007.2251C	Permits and Licenses	Schultz, Sharon	Administration	10/31/2016	12/16/15	N	N	7/14/2016
State of California, Secretary of State	1020.2171C	Articles of Organization	Dietlin, Steve	Administration	10/31/2016	12/16/15	N	N	7/14/2016
Susan G. Komen San Diego	1007.3307C	Sponsorship Agreement	Bennett, David	Public Affairs - M	03/31/2016	12/2/15	N	N	7/14/2016
The Regents of the University of	1007.392C	Business Associate	Dietlin, Steve	Administration	Evergreen	12/16/15	Y	Y	7/14/2016
The Regents of the University of	1007.2343C	Confidentiality Agreement	Diamond, Mary	NICU	01/04/2016	12/16/15	Y	Y	7/14/2016
T-Mobile	1022.2938C	Real Estate Lease: Hospital as Landlord	Miechowski, Chris	Facilities Development	09/06/2020	12/3/15	N	N	7/14/2016
Tri-City Healthcare District	1007.3201C	Benefit Administration	Beverly, Esther	Human Resources	12/31/2016	12/4/15	N	N	7/14/2016
Tri-City Healthcare District	1007.3338C	Certificate: Miscellaneous	Cavanaugh, Marcia	Risk Management	05/24/2016	12/16/15	N	N	7/14/2016
Tri-City Healthcare District	1007.3042C	Resolution	Donnellan, Teri	Administration	Evergreen	12/16/15	N	N	7/14/2016
Tri-City Hospital Auxiliary	1010.2936C	Bylaws	Conley, Kapua	Administration	03/30/2055	12/16/15	N	N	7/14/2016
Tri-City Imaging, LLC	1026.2520C	Articles of Organization	Benton, Andrea	Strategic Services	06/14/2032	OTHER	N	N	7/14/2016
Tri-City Real Estate Holding and	1007.2302C	Operating Agreement	Raimo, Jeremy	Business Development	11/01/2069	12/2/15	N	N	7/14/2016
Tri-City Real Estate Holding and	1007.2290C	Real Estate Lease: Hospital	Dietlin, Steve	Administration	11/30/2016	12/16/15	N	N	7/14/2016
Tri-City Real Estate Holding and	1022.2358C	Real Estate: Purchase	Knight, Wayne	Business Development	12/31/2041	12/16/15	N	N	7/14/2016
Tri-City Real Estate Holding and	1020.2193C	Written Consent	Knight, Wayne	Administration	Evergreen	12/16/15	N	N	7/14/2016
Uniform Data System	1007.3282C	Business Associate	Raimo, Jeremy	Medical Records	Evergreen	12/16/15	Y	Y	7/14/2016
University of California, San Diego	1007.2319C	Confidentiality Agreement	Dietlin, Steve	Administration	01/30/2016	12/16/15	N	N	7/14/2016
University of Connecticut Health	1007.3145C	Participation Agreement	Liston, Monique	Library Services	Evergreen	12/4/15	N	N	7/14/2016

**TRI-CITY HEALTHCARE DISTRICT**  
**NON-CLINICAL CONTRACT EVALUATIONS**

1. No ir... Minor issues/resolvable  
 3. Interi... e issues/resolvable; 4. Major issues/  
 resolvable 5. Major issues/unresolvable/terminate

US Behavioral Health Plan	1021.821C	Managed Care Services	Knight, Wayne	Managed Care	05/30/2016	12/16/15	N	N	7/14/2016
Vargas, Michael J., M.D.	1007.3050C	Settlement Agreement	Knight, Wayne	Legal and Compliance	04/01/2024	12/4/15	N	N	7/14/2016
Vilex, Inc.	1007.2972C	Business Associate	Moore, Thomas	Supply Chain Mgt	Evergreen	12/16/15	N	N	7/14/2016
Vista Community Clinic	1007.768C	Grant Award Agreement	Conley, Kapua	Managed Care	12/31/2015	12/4/15	Y	Y	7/14/2016
Vista Way LLC	1007.1015C	Certificate: Miscellaneous	Miechowski, Chris	Facilities Develop	04/03/2066	12/4/15	Y	Y	7/14/2016
W.A. Hynes & Company, Inc.	1007.3225C	Professional Service	Beverly, Esther	Human Resources	01/11/2016	12/2/15	N	N	7/14/2016
Wayne Knight	1007.2767C	Employment Agreement	Beverly, Esther	Human Resources	Evergreen	12/16/15	N	N	7/14/2016
Well Being Medical Clinic, Inc., a Westfield, LLC	1006.3316C	Real Estate Lease: Hospital Sponsorship Agreement	Knight, Wayne	Business Develop	02/28/2021	12/16/15	N	N	7/14/2016
WIR Holdings, LLC	1007.933C	Real Estate: Purchase	Bennett, David	Public Affairs - M	01/31/2016	12/2/15	N	N	7/14/2016
XOFT, Inc.	1020.2648C	Real Estate: Confidentiality Agreement	Knight, Wayne	Business Develop	01/15/2016	12/16/15	N	N	7/14/2016
	1007.3309C		Stuiver, Ingrid	Clinical Research	08/20/2020	12/17/15	N	N	7/14/2016

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

**June 30, 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 June 30, 2016.

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

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

Also present were:

Jody Root, General Legal Counsel  
Steve Dietlin, Chief Executive Officer  
Kapua Conley, Chief Operating Officer  
Sharon Schultz, Chief Nurse Executive  
Ray Rivas, Acting Chief Financial Officer  
Cheryle Bernard-Shaw, Chief Compliance Officer  
Teri Donnellan, Executive Assistant  
Richard Crooks, Executive Protection Agent

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

Chairman Dagostino requested one additional closed session item - Report on Trade Secrets due to a matter that arose after the agenda was posted.

**It was moved by Director Nygaard to approve the agenda as amended. Director Kellett seconded the motion. The motion passed with a roll call vote as follows:**

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



3. Public Comments – Announcement

Chairman Dagostino read the Public Comments section listed on the June 30, 2016 Regular Board of Directors Meeting Agenda.

There were no public comments.

4. Open Session

a. Ratification of Community Healthcare & Alliance Committee Grants

Director Nygaard explained a typographical error appeared in last month's Grant Committee's recommendations. She stated the Grant Committee recommendations contained in today's agenda packet accurately reflect the recommended distributions.

**It was moved by Director Nygaard to ratify the Community Healthcare & Alliance Committee Grants in the amount of \$300,000. Director Mitchell seconded the motion. The motion passed by a roll call vote as follows:**

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

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

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Mr. Jody Root made an oral announcement of the items listed on the June 30, 2016 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included three Reports Involving Trade Secrets, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees; Conference with Legal Counsel regarding five (5) matters of Existing Litigation; two matters of Potential Litigation; and Approval of Closed Session Minutes.

6. Motion to go into Closed Session

**It was moved by Director Kellett and seconded by Director Finnila to go into closed session at 1:35 p.m. The motion passed by a roll call vote as follows:**

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

7. The Board adjourned to Closed Session at 1:45 p.m.

8. At 3:30 p.m. in Assembly Rooms 1, 2 and 3, Chairman Dagostino announced that the Board was back in Open Session.

The following Board members were present:

Director James Dagostino, DPT, PT

Director Ramona Finnila

Director Cyril F. Kellett, MD

Director Laura E. Mitchell

Director Julie Nygaard

Director Larry W. Schallock

Director Reno was absent.

Also present were:

Jody Root, General Legal Counsel

Steve Dietlin, Chief Executive Officer

Kapua Conley, Chief Operations Officer

Ray Rivas, Acting Chief Financial Officer

Sharon Schultz, Chief Nurse Executive

Norma Braun, Chief Human Resource Officer

Cheryle Bernard-Shaw, Chief Compliance Officer

Teri Donnellan, Executive Assistant

Richard Crooks, Executive Protection Agent

9. Chairman Dagostino reported no action was taken in Closed Session.
10. Chairman Dagostino led the Pledge of Allegiance.
11. Chairman Dagostino read the Public Comments section of the Agenda, noting members of the public may speak immediately following Agenda Item Number 24.
12. Special Presentations:
  - (1) Ceremonial Presentation and Awarding of Community Healthcare Grant Awards

Director Nygaard reported the Board will be awarding the Community Healthcare Grants today to the 19 organizations that were selected by the committee and approved by the Board.

Director Nygaard introduced Ms. Gigi Gleason, Chair of the Grant Committee. Ms. Gleason stated all of the 34 organizations that applied for grant funding are doing wonderful work in the community; however, the 19 selected best fit the mission of the hospital.

Ms. Gleason introduced the grant recipients and distributed checks to the organizations as follows:

1. Boys and Girls Club of Vista
2. Casa de Amparo
3. Community Resource Center
4. Fraternity House, Inc.
5. Interfaith Community Services
6. KOCT
7. Mama's Kitchen

8. Miracle Babies
9. NAMI (National Alliance on Mental Illness) North County San Diego County
10. North County Health Services
11. NCLGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) Resource Center
12. North County Life Line
13. Operation HOPE
14. Pacific Cancer Fitness
15. Palomar Family Counseling Services
16. The Brother Benno Foundation, Inc.
17. The Elizabeth Hospice Foundation
18. Vista Community Clinic
19. Women's Resource Center

Chairman Dagostino expressed his appreciation to Director Nygaard and Ms. Gleason for the outstanding work of the committee and stated this process is a perfect example of why this hospital was created --community taking care of community!

No action was taken.

13. Community Update - None
14. Report from TCHD Auxiliary – Sandy Tucker, President

Ms. Sandy Tucker presented a report reviewing past and current activities as follows:

- As of the end of May the Auxilians have volunteered a total of 33,270 hours;
- The Tails on the Trails Dog Walk resulted in proceeds to the Auxiliary of \$5,000. \$2,000 of that amount will be given to the Oceanside K9 Unit, \$1,500 to the Pet Therapy Department, \$500 to Special Needs Foundation for Companion Animals and \$1,000 to the Junior Volunteer Scholarship fund.
- The annual Installation and Awards Luncheon was held on June 25<sup>th</sup> in which a check for \$70,000 was presented to Tri-City Hospital.

Ms. Tucker expressed her appreciation to the Board and Administration for working so closely with her and the Auxiliary the past two years. Ms. Tucker introduced incoming President, Mr. Pat Morocco.

Mr. Morocco expressed his appreciation to Ms. Tucker for her utmost support to both the Auxiliary and Tri-City Medical Center stating he will do his best to advance the Auxiliary as far as possible and offer their utmost support.

Ms. Morocco stated 25 volunteers will be participating in the Oceanside 4<sup>th</sup> of July parade. In addition the pet therapy dogs and their leaders will also participate in the parade.

Director Schallock stated he also attended the Auxiliary's Award and Installation Luncheon and he expressed his appreciation for the time the Auxilians commit to the hospital for the benefit of the patient. In addition, Director Schallock expressed his appreciation to Ms. Tucker for her leadership of the Auxiliary over the past two years. He commented that he, along with Chairman Dagostino had the pleasure of attending

the American Hospital Association Annual Meeting in which Ms. Tucker and the Auxiliary were recognized for the Pet Therapy Program.

Chairman Dagostino expressed his appreciation to Ms. Tucker and welcomed Mr. Pat Morocco.

No action was taken.

15. Report from Chief Executive Officer

Mr. Steve Dietlin, CEO echoed Director Schallock and Chairman Dagostino's comments related to the Auxiliary and extended his appreciation to Ms. Sandy Tucker and congratulations to Mr. Pat Morocco. He commented on the impact the Auxiliary, as well as the Foundation, donors and Medical Staff have on the patient experience. Mr. Dietlin stated there are so many great people who participate and help to advance the health and wellness of the community we serve.

Mr. Dietlin stated he is extremely pleased to report we have executed an agreement with the county for a Crisis Stabilization Unit. He explained how the unit will provide a better patient experience for a multitude of patients.

Mr. Dietlin stated the Team Triage redesign that recently went into effect will help reduce wait times in the Emergency Department and throughput in the hospital.

Mr. Dietlin commented on PRIME (Public Hospital Redesign and Incentives Medi-Cal Program). He explained we have ten (10) community centered programs that have been accepted and will be explained in further detail at future meetings.

No action was taken.

16. Report from Acting Chief Financial Officer

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

- Operating Revenue – \$307,593
- Operating Expense – \$310,598
- EROE - \$149
- EROE Excl. Settlement - \$2,228
- EBITDA – \$13,379
- EBITDA Excl. Settlement – 15,458

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

- Average Daily Census – 192
- Adjusted Patient Days – 104,298
- Surgery Cases – 5,906
- Deliveries - 2,365
- ED visits – 60,484

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

- Net Patient Accounts Receivable - \$41.9

- Days in Net Accounts Receivable – 48.0

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

- Net Operating Revenue – \$28,783
- Operating Expense – \$29,030
- EROE - \$315
- EBITDA – \$1,598

Current Month Key Indicators were reported as follows:

- AVG Daily Census – 184
- Adjusted Patient Days – 9,467
- Surgery Cases – 543
- Deliveries – 208
- ED Visits – 5,475

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.

Director Finnila commented on the settlement reflected in our financial statements. She stated this reflects an error that the Board self-disclosed many years ago and is not a reflection of any wrongdoing by the current Board.

No action was taken.

#### 17. New Business

- Consideration to approve Resolution No. 778, A Resolution of the Board of Directors of Tri-City Healthcare District Establishing the Appropriations Limit for TCHD for the Fiscal Year Commencing July 1, 2016 and ending June 30, 2017, in Accordance with Article XIIB of the Constitution of the State of California, Code of the State of California

**It was moved by Director Schallock that the TCHD Board of Directors approve Resolution No. 778, A Resolution of the Board of Directors of Tri-City Healthcare District Establishing the Appropriations Limit for the TCHD for the Fiscal Year Commencing July 1, 2016 and ending June 30, 2017, in Accordance with Article XIIB of the Constitution of the State of California, Code of the State of California. Director Finnila seconded the motion.**

Chairman Dagostino stated this is a resolution that is a statutory requirement that sets an appropriation limit for the District. He further explained it is a calculation that sets the maximum amount the District could collect in tax revenue and is based on cost of living and population statistics. Director Schallock explained In other words, Special Districts have an apportionment of the 1% property tax that is collected and the resolution reflects the maximum Tri-City could receive.

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

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

18. Old Business

Report from Ad Hoc Committee on electronic Board Portal

Director Mitchell reported the Ad Hoc Committee participated in a demonstration of a Board Portal system provided through the Governance Institute which turned out to be the same program that was presented to the Committee previously by the vendor. Director Mitchell stated it appears most of the programs offered are similar in nature and it will come down to which program is more cost effective. Director Mitchell stated the Committee will continue to explore our options to find the best fit possible.

Chairman Dagostino stated the Ad Hoc Committee was formed to evaluate how the Board might operate more efficiently and move into the digital age.

19. Chief of Staff

- a. Consideration of June 2016 Credentialing Actions involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee at their meeting on June 27, 2016.

**It was moved by Director Finnila to approve the June 2016 Credentialing Actions Involving the Medical Staff and Allied Health Professionals, as recommended by the Medical Executive Committee at their meeting on June 27, 2016. Director Nygaard seconded the motion.**

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

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

20. Consent Calendar

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

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

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

21. Discussion of items pulled from Consent Agenda

There were no items pulled from the Consent Agenda.

22. Reports (Discussion by exception only)

23. Legislative Update

Chairman Dagostino commented on the Design Build bill. He explained, if passed, the Bill will allow the District to efficiently and cost effectively move forward with our campus redevelopment plan utilizing the design build concept.

24. Comments by members of the Public

There were no comments by members of the public.

25. Additional Comments by Chief Executive Officer

Mr. Dietlin did not have any additional comments.

26. Board Communications

Director Schallock commented on the passing of a former longtime Medical Staff member, Dr. Harvey. On behalf of the Board of Directors Director Schallock expressed his appreciation for the time and effort Dr. Harvey contributed to the hospital. Director Schallock expressed his condolences to the family.

Director Schallock commented on the July 4<sup>th</sup> celebrations and wished everyone an enjoyable holiday.

Director Mitchell had no comments.

Director Nygaard stated she is extremely pleased that we have consummated the contract with the county for a Crisis Stabilization Unit which will benefit the entire community.

Director Finnila commented on the audit processes of a public agency. She stated audits are conducted on an ongoing basis to ensure compliance with regulatory agencies and should be viewed as a positive thing.

Director Kellett had no comments.

Chairman Dagostino commented that the decisions we make today will have consequences later on and therefore it is imperative that decisions are not made lightly.

27. Report from Chairperson

Chairman Dagostino

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

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

29. Motion to return to Closed Session.

Chairman Dagostino adjourned the meeting to closed session at 4:11 p.m.

30. Open Session

At 6:30 p.m. Chairman Dagostino reported the Board was back in open session. All Board members were present with the exception of Director Reno.

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

Chairperson Dagostino reported no action was taken in closed session.

32. There being no further business Chairman Dagostino adjourned the meeting at 6:30 p.m.

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James J Dagostino, DPT  
Chairman

ATTEST:

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Ramona Finnila, Secretary





**ACHD**

ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS

# Invoice

Invoice No.	16004617
Date	07/01/2016
Terms	Due Upon Receipt

Tri-City Healthcare District  
Attn: Accounts Payable  
4002 Vista Way  
Oceanside, CA 92056

Qty.	Description	Rate	Amount
1	Membership Dues Comments: FY2017	45,000.00	45,000.00
		<b>Total</b>	<b>\$45,000.00</b>

Association of California Healthcare Districts

by check:

P.O. BOX 619084

Roseville, CA 95661

By wire:

Wells Fargo Bank

Account #: 4121-229975

ABA/Routing #: 121000248



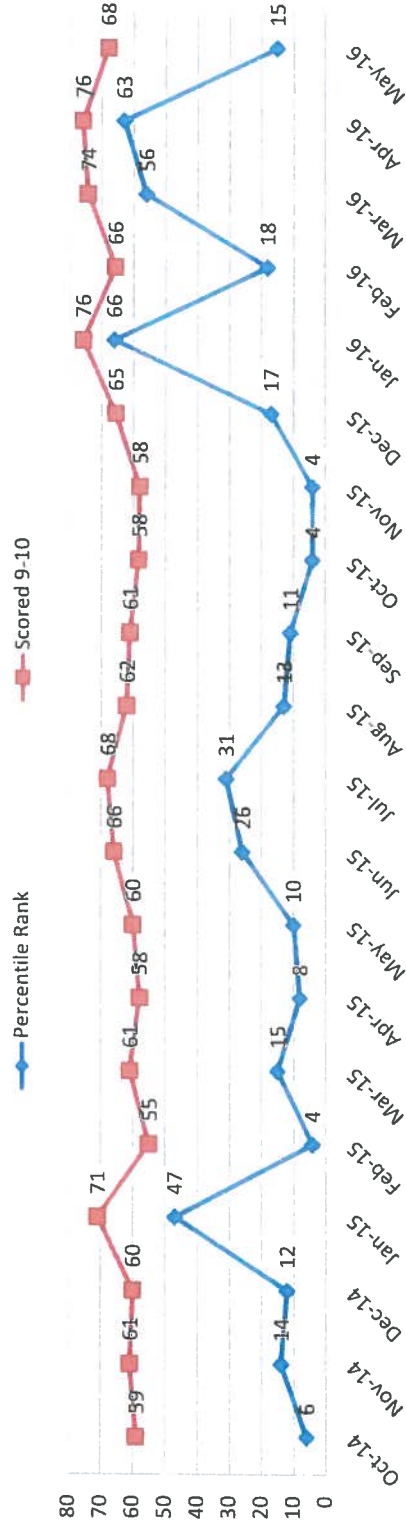
Tri-City Medical Center

ADVANCED HEALTH CARE  
FOR YOU

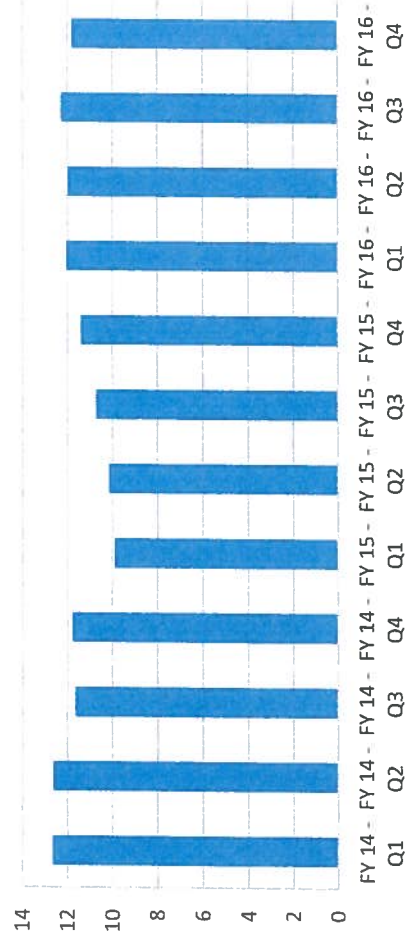
## HCAHPS (Top Box Score)

Hospital Consumer Assessment of Healthcare Providers & Systems

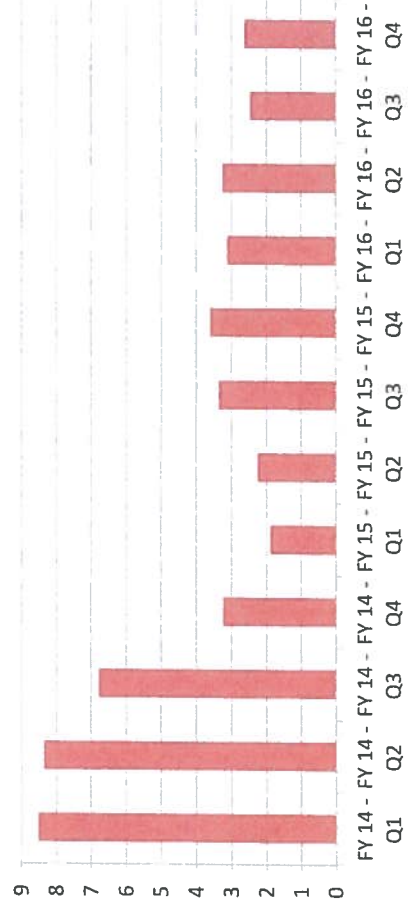
### Overall Rating of Hospital (0-10)



### Voluntary Employee Turnover Rate



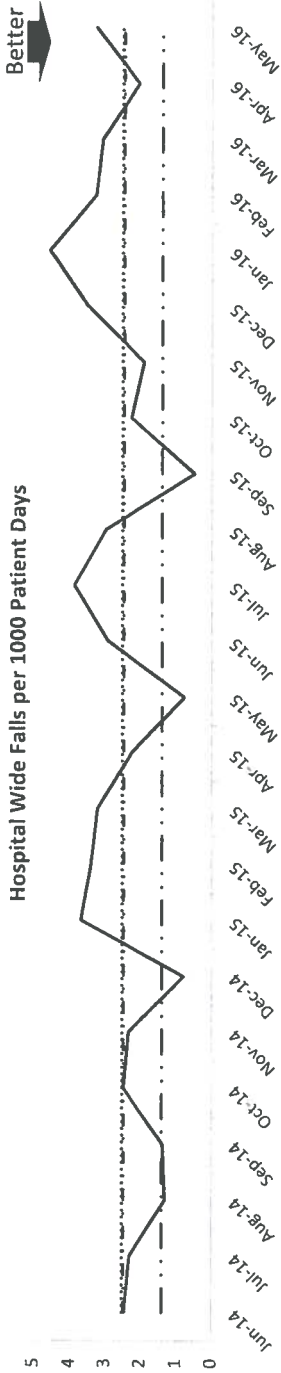
### Involuntary Employee Turnover Rate



# Fall & HAPU's

TCMC Rate CA Mean TCMC Target

Hospital Wide Falls per 1000 Patient Days

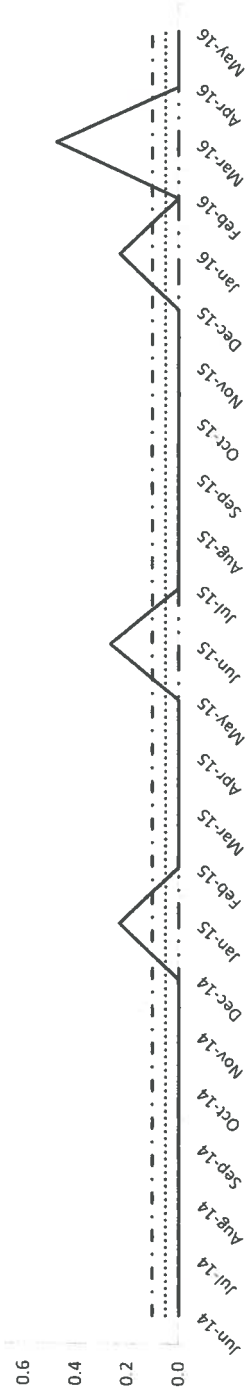


## Action Plan

Falls Pilot started 6/1/16 Ortho and Telemetry to include: Active toileting, new fall signage, hourly rounding, & partnering with patients for prevention.

June 2015 Falls  
Ortho= 0  
Telemetry= 6

Hospital Wide Falls with Injury per 1000 Patient Days

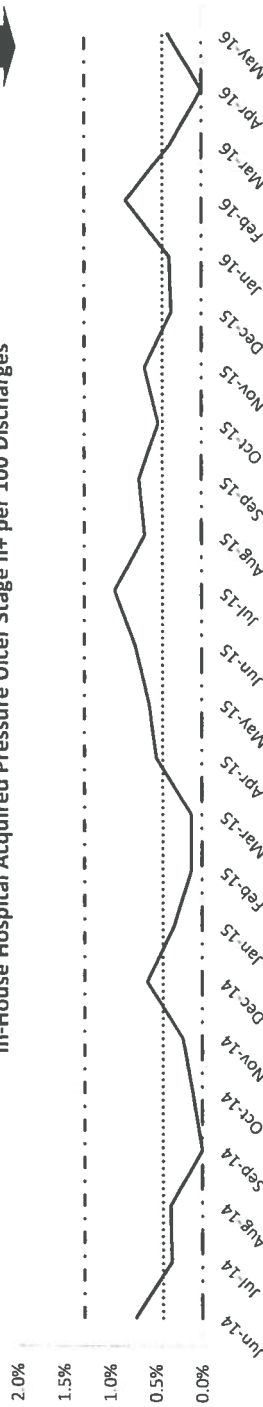


## Action Plan

Telemetry Barriers: Staff want more concrete instructions, Staff feel process is vague, Staff don't see what is different from what they are currently doing.

Action Plan: Work with tele ANMs to assist with reinforcement of Pilot strategies.  
Try to engage more Telemetry front line users in project to create buy-in.

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



## Action Plan

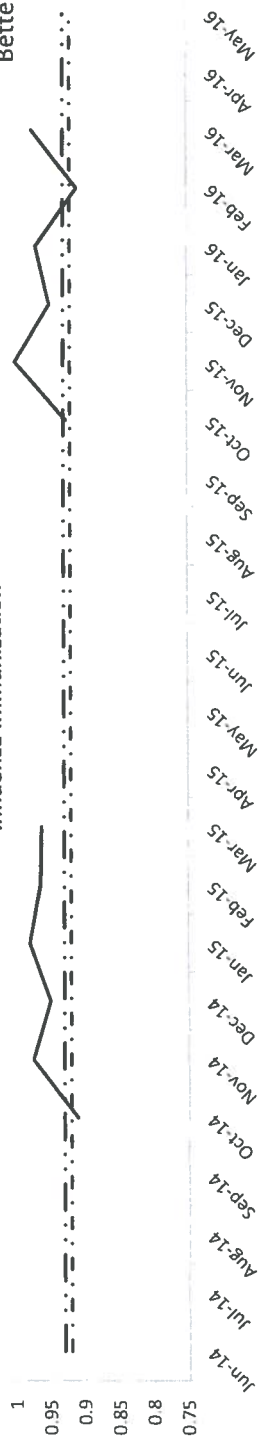
Increase # of expert staff & divided hospital into zones for more focused education and review.

Redesign of EHR documentation to hardwire prevention protocols & treatment documentation.  
Wound Care monthly education classes.

# Core Measures

TCMC Rate      Mean      CA Mean      TCMC Target

## Influenza Immunization

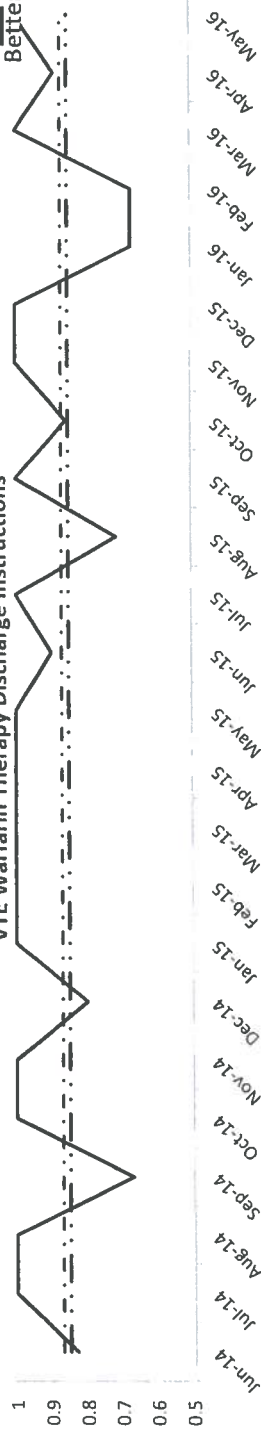


Better

## Action Plan

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

## VTE Warfarin Therapy Discharge Instructions

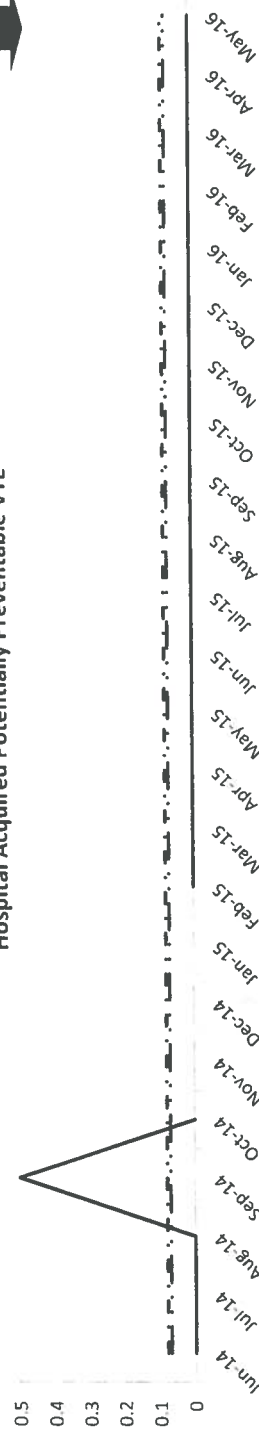


Better

## Action Plan

January and February were below goal. Some nurses were not providing warfarin education if patient was on warfarin prior to admission. Staff education and redesign of the documentation forms seem to have corrected the problem.

## Hospital Acquired Potentially Preventable VTE

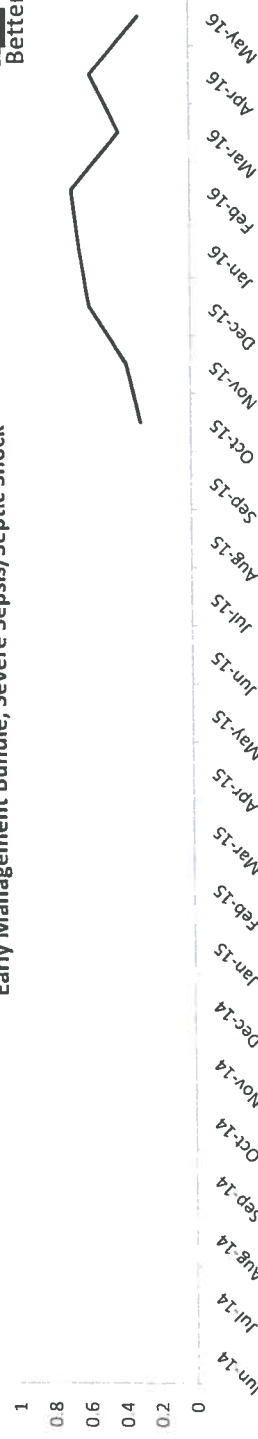


Better

## Action Plan

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

## Early Management Bundle, Severe Sepsis/Septic Shock



Better

## Action Plan

Small case #'s. 7 in May. No comparative data. Unofficial polling shows about 55% pass rate nationwide. Better data when MDs use Sepsis Order sets and Focused CV Assessment template used. Encouraging physician use.



# Core Measures

TCMC Rate      Mean      CA Mean      TCMC Target

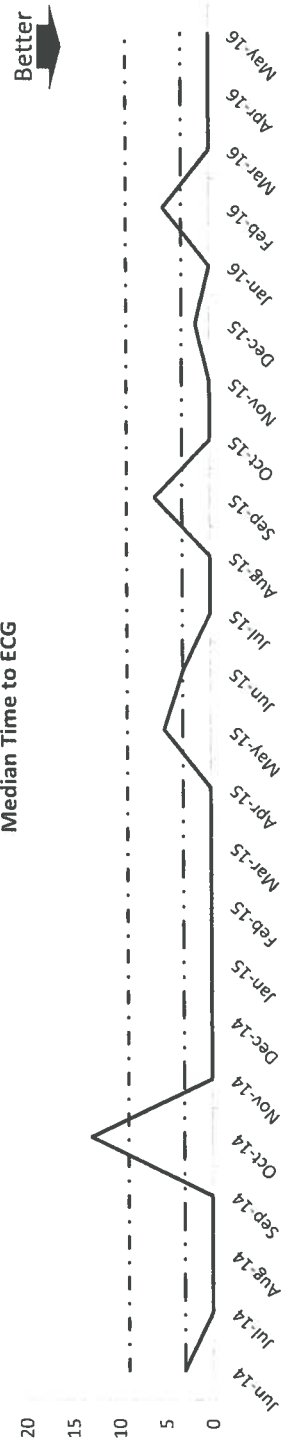
## Aspirin at Arrival



## Action Plan

Consistently at 100%. Single miss in February, physician notified of fall out by Dr Showah.

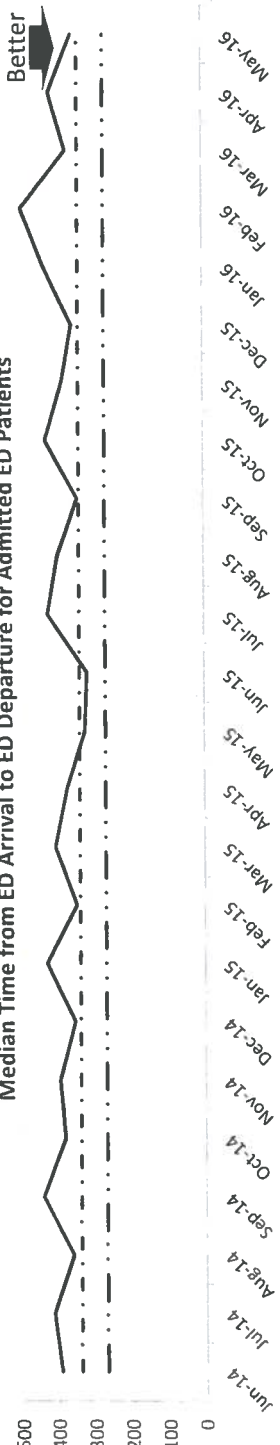
## Median Time to ECG



## Action Plan

Consistently below top 10% hospital rate due to frequent EMS ECG's prior to arrival.

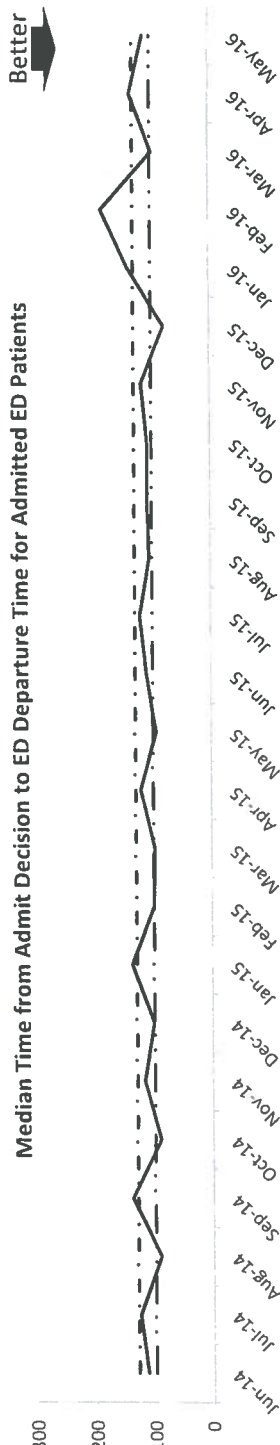
## Median Time from ED Arrival to ED Departure for Admitted ED Patients



## Action Plan

New Hospital Compare data comparing hospitals of comparable (very high) volume we are better (379 min) than both CA mean (423 min) and National mean (344 min).

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



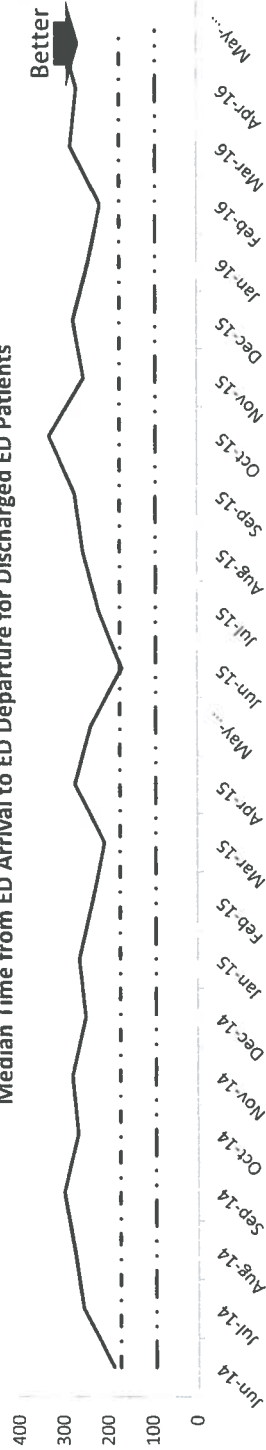
## Action Plan

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

# Core Measures

TCMC Rate      Mean      CA Mean      TCMC Target

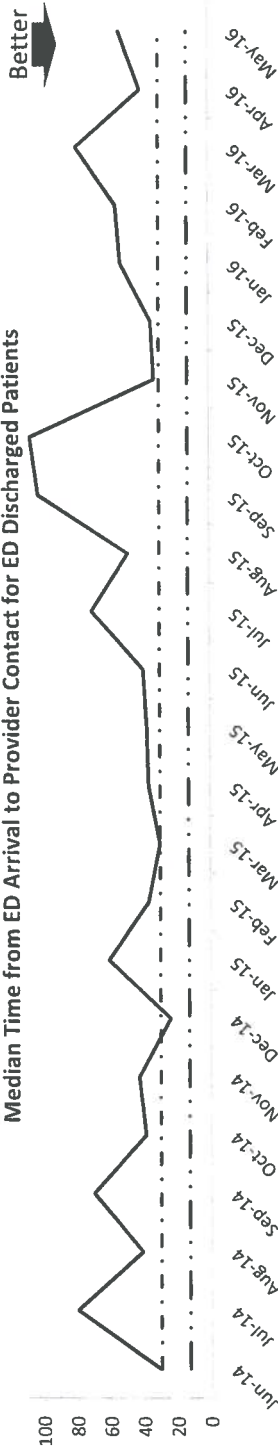
Median Time from ED Arrival to ED Departure for Discharged ED Patients



**Action Plan**

Continue to work on Team Triage for Level 4 and 5 pts which has seen an overall Improvement in throughput for these pts.

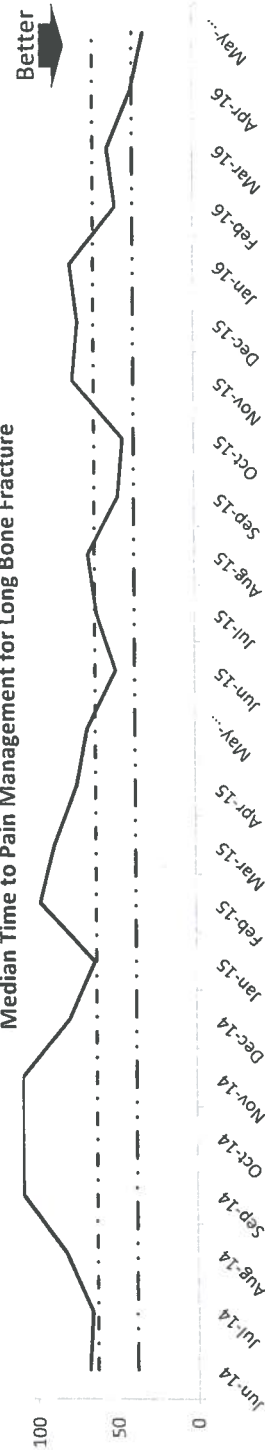
Median Time from ED Arrival to Provider Contact for ED Discharged Patients



**Action Plan**

Working on Medical Screen Exam (MSE) icon triggers to improve timeliness of MD screening and registration of ED patients. Working to expand hours of Team Triage.

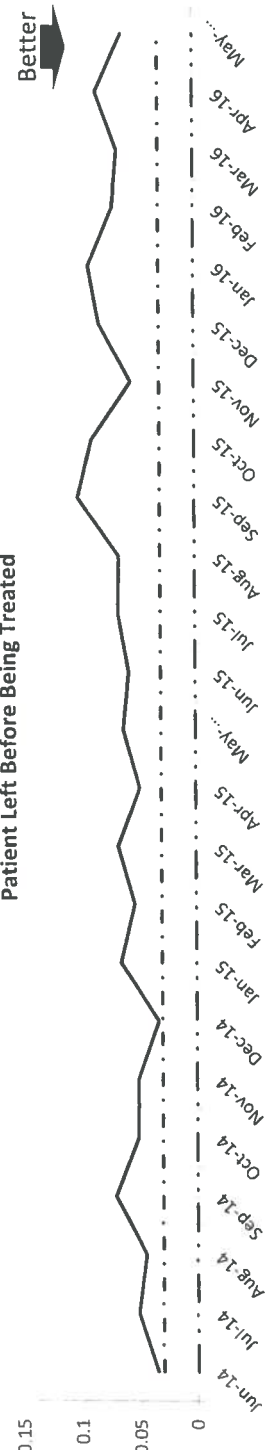
Median Time to Pain Management for Long Bone Fracture



**Action Plan**

Continued improvement finally passing goal of 40 min mean time to pain administration. Working to maintain.

Patient Left Before Being Treated



**Action Plan**

Correlation seen between higher ED volume and pt census in August which causes increased LWBS for patients. Working to expand Team Triage hours.



# Tri-City Medical Center

ADVANCED HEALTH CARE  
FOR YOU

## Construction Report As of June 2016

Project		FOP/Board Approval Date	% of Design Complete	Construction Start or Estimated Construction Start Date	Estimated Construction Completion Date**	% of Construction Complete	Total Budget	Actual Expenditures *	Remaining Budget	Status / Comments
Urology Equipment Replacement in OR#11	1250.63	March-16	100%	May-16	August-16	75%	\$ 217,708.00	\$ 95,565.49	\$ 122,142.51	Construction in progress.
Campus MOB Improvements	1250.69	February-16	100%	February-16	September-16	40%	\$ 960,723.00	\$ 79,100.08	\$ 880,622.92	Construction in progress. Retaining wall at bank building is 100% complete. ADA Ramp is 100% complete. Traffic work on College and Vista Way is complete. Project completed, not invoiced as of 6/30/16.
Ice Chiller Compressor Replacement	1250.71	February-16	N/A	June-16	June-16	100%	\$ 55,753.00	\$ -	\$ 55,753.00	25% complete.
Renovating of Existing Toilets and Urinals with Water Saving Devices	1250.73	June-16	N/A	August-16	September-16	0%	\$ 48,284.76	\$ -	\$ 48,284.76	Project completed, not invoiced as of 6/30/16.
Rebuild of Men's & Women's ADA Shower Stalls to Code at the Wellness Center	1250.72	June-16	100%	August-16	October-16	0%	\$ 59,944.98	\$ -	\$ 59,944.98	Contract review in progress.
<b>Total Construction Projects</b>							<b>\$ 1,351,413.74</b>	<b>\$ 174,665.57</b>	<b>\$ 1,176,748.17</b>	Contract review in progress.

\* "Actual Expenditures" excludes capitalized interest.

\*\* Estimated completion is based on actual physical project progress and not on amounts invoiced to the District



Building Operating Leases  
Month Ending June 30, 2016

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	Lease Term Beginning	Lease Term Ending	Services & Location
<b>Camelot Investments, LLC</b> 5800 Armada Dr., #200 Carlsbad, CA 92008 V#15608	Approx 6,200	\$2.50	(a)	\$9,954.30	2/1/2015	10/31/18	<b>PCP Clinic - Radiance</b> 3998 Vista Way, Ste. C Oceanside, CA 92056
<b>Creek View Medical Assoc</b> 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.50	(a)	19,672.00	2/1/2015	10/31/18	<b>PCP Clinic - Vista</b> 1926 Via Centre Drive, Ste A Vista, CA
<b>Elfin Investments, LLC</b> Clancy Medical Group 20136 Elfin Creek Trail Escondido, CA 92029 V#82575	3,140	\$2.49		7,818.60	12/01/15	12/31/20	<b>PCP Clinic</b> 2375 Melrose Dr. Vista Vista, CA 92081
<b>GCO</b> 3621 Vista Way Oceanside, CA 92056 #V81473	1,583	\$1.50	(a)	3,398.15	01/01/13	06/30/16	<b>Performance Improvement</b> 3927 Waring Road, Ste.D Oceanside, Ca 92056
<b>Investors Property Mgmt. Group</b> c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214	\$1.65	(a)	9,715.94	09/01/12	08/31/17	<b>OP Physical Therapy</b> <b>OP OT &amp; OP Speech Therapy</b> 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054
<b>Melrose Plaza Complex, LP</b> c/o Five K Management, Inc. P O Box 2522 La Jolla, CA 92038 V#43849	7,247	\$1.22	(a)	10,101.01	07/01/11	07/01/16	<b>Outpatient Behavioral Health</b> 510 West Vista Way Vista, Ca 92083
<b>OPS Enterprises, LLC</b> 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	\$3.55	(a)	24,931.00	10/01/12	10/01/22	<b>Chemotherapy/Infusion Oncology Center</b> 3617 Vista Way, Bldg.5 Oceanside, Ca 92056
<b>Ridgeway/Bradford CA LP</b> DBA: Vista Town Center PO Box 19068 Irvine, CA 92663 V#81503	3,307	\$1.10	(a)	6,981.97	10/28/13	03/03/18	<b>Vacant Building</b> 510 Hacienda Drive Suite 108-A Vista, CA 92081
<b>Tri City Real Estate Holding &amp; Management Company, LLC</b> 4002 Vista Way Oceanside, Ca 92056	6,123	\$1.37		7,832.04	12/19/11	12/18/16	<b>Vacant Medical Office Building</b> 4120 Waring Rd Oceanside, Ca 92056
<b>Tri City Real Estate Holding &amp; Management Company, LLC</b> 4002 Vista Way Oceanside, Ca 92056	4,295	\$3.13		12,452.25	01/01/12	12/31/16	<b>Vacant Bank Building Property</b> 4000 Vista Way Oceanside, Ca 92056
<b>Tri City Wellness, LLC</b> 6250 El Camino Real Carlsbad, CA 92009 V#80388	Approx 87,000	\$4.08	(a)	239,250.00	07/01/13	06/30/28	<b>Wellness Center</b> 6250 El Camino Real Carlsbad, CA 92009
<b>Total</b>				<b>\$352,107.26</b>			

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



**Education & Travel Expense**  
**Month Ending 6/30/16**

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
6171	RECERTIFICATION	61716	103.00	81066	KIM MARKS
6185	CHEMO BIOTHERAPY COURSE	53116	103.00	77154	DEBBIE KEVINS
6185	CHEMO BIOTHERAPY COURSE	61716	103.00	81191	JACQUE BENDER
6185	CHEMO BIOTHERAPY COURSE	60216	103.00	82126	GEORGIENA CABUANG
8450	CSHE ANNUAL CONFERENCE	60116	1,182.88	12307	STEVE BERNER
8510	HEALTHCARE BUSINESS CONFERENCE	62416	728.23	21991	STEVEN M. DAY
8610	INTUITIVE SURGICAL COURSE	52516	741.69	82403	KIRKPATRICK CONLEY
8614	PROVIDER BASED CLINICS COURSE	53116	223.00	77376	JEREMY RAIMO
8620	ACHD ANNUAL MEETING	62016	1,224.27	81380	JULIANNE L NYGAARD
8631	NCPC WORKSHOP	603162	110.00	79486	GLEN NEWHART
8631	AFP INTERNATIONAL CONFERENCE	42216	2,570.79	79486	GLEN NEWHART
8710	MED STAFF SERVICE FORUM	53116	362.51	81103	SHIRLENE TAYLOR
8740	CARE FOR LOW BIRTH WEIGHT CLASSES	60216	100.00	82725	KENDRA AROOJI-SZYMANSKI
8740	ACLS-BLS COURSE	52516	120.00	82669	CHRIS MCCALLISTER
8740	BIO TERRORISM HOME STUDY COURSE	61616	144.57	77831	RALPH SIVAK
8740	ACLS REVIEW-RENEWAL COURSE	60916	150.00	55860	IOKAPETA RITCHEY
8740	ART THERAPY AND ANXIETY CLASSES	61616	159.00	81645	CAROLYN SIDHU
8740	PHARMACO THERAPY COURSE	61616	200.00	13100	DIANE MORGAN
8740	NEONATAL NURSE CLASSES	52516	200.00	33274	JANICE HINDMAN
8740	LAB MANAGEMENT COURSE	61716	200.00	40874	WILFRED BAGUBE
8740	ASPEN SELF- ASSESSEMENT COURSE	60916	200.00	77946	KELLI GECEWICZ
8740	ADVANCED FETAL COURSE	60216	200.00	81462	KRIESTEN DELISEO
8740	BIRTHING FROM WITHIN CLASSES	60216	200.00	81587	MARISSA ALLEN
8740	HUMAN FORM AND FUNCTION CLASSES	51916	200.00	82720	MARY G CANETE
8740	HEALTHCARE IT CONFERENCE	60916	365.27	67036	KATHY TOPP
8740	ASSOC IN NURSING DEGREE	61716	1,326.55	82738	FATIMA FAYE SATULAN
8740	ASSOC IN NURSING DEGREE	61716	1,520.06	82179	RYAN RABOLD
8740	ASSOC IN NURSING DEGREE	61616	1,595.75	19980	DAISY MONTES
8740	MASTERS IN PREDICTIVE MEDICINE	61616	1,625.00	82086	RICK SANCHEZ
8740	HEALTH INFORMATION CONFERENCE	60216	2,000.00	77098	TERRI HARTZELL
8740	ASSOC IN NURSING DEGREE	61716	2,000.00	81980	AMBER BOUGE
8740	NURSE PRACTITIONER CLASSES	51916	5,000.00	82719	DEOMEL SORIANO
8765	PRI-MED ANNUAL CONFERENCE	60516	517.32	82745	JOZELLE LAFORTEZA

\*\*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.