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

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda		
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Closed Session portion of the Agenda. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors	3 min.	Standard
4	Open Session		
	a. Ratification of Community Healthcare & Alliance Committee Grants	5 min.	CHAC/ Director Nygaard
5	Oral Announcement of Items to be Discussed During Closed Session (Authority: Government Code Section 54957.7)		
6	Motion to go into Closed Session		
7	Closed Session a. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: June 30, 2016	2 Hours	
	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: October 31, 2016		
	d. Conference with Legal Counsel – Potential Litigation (Authority Government Code Section 54956.9(d) (2 Matters)		
	e. Approval of prior Closed Session Minutes		

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

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

	Agenda Item	Time Allotted	Requestor
	f. Conference with Legal Counsel – Existing Litigation (Authority Government Code Section 54956.9(d)1, (d)4		_
	(1) TCHD vs. National Union Insurance Case No. 16-CV-60382-JLS-JLB		
	(2) Steven D. Stein v. Tri-City Healthcare District Case No. 12-cv-02524BTM BGS		
	(3) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108		
	(4) TCHD vs. Medical Acquisitions Company Case No: 2014-00022523		
	(5) Larry Anderson vs. TCHD Case No. A196102		
7	Motion to go into Open Session		
8	Open Session		· _
	Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.		
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
10	Roll Call / Pledge of Allegiance	3 min.	Standard
11	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
12	Special Presentations: (1) Ceremonial Presentation and Awarding of Community Healthcare Grant Awards	30 min.	CHAC/ Director Nygaard
13	Community Update – None	-	
14	Report from TCHD Auxiliary	5 min.	Standard
15	Report from Chief Executive Officer	10 min.	Standard
16	Report from Acting Chief Financial Officer	10 min.	Standard
17	New Business		
	a. 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	5 min.	Acting CFO

	Agenda Item	Time Allotted	Requestor
	State of California, Code of the State of California		
18	Old Business		
19	a. Report from Ad Hoc Committee on electronic Board Portal Chief of Staff a. Consideration of June 2016 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals	5 min. 5 min.	Ad Hoc. Comm. Standard
20	Consideration of Consent Calendar (1) Board Committees (1) All Committee Chairs will make an oral report to the Board regarding items being recommended if listed as New Business or pulled from Consent Calendar. (2) All items listed were recommended by the Committee. (3) Requested items to be pulled require a second.	5 min.	Standard
	A. Human Resources Committee Director Kellett, Committee Chair Open Community Seats – 0 (Committee minutes included in Board Agenda packets for informational purposes)		HR Comm.
	Approval of intent to send out a Request for Benefits Broker Proposal (RFP).		
	B. Employee Fiduciary Retirement Subcommittee Director Kellett, Subcommittee Chair Open Community Sears – 0 No meeting held in June, 2016		Emp. Fid. Subcomm.
	C. Community Healthcare Alliance Committee Director Nygaard, Committee Chair Open Community Seats – 0 (Committee minutes included in Board Agenda packets for informational purposes)		CHAC Comm.
	D. Finance, Operations & Planning Committee Director Dagostino, Committee Chair Open Community Seats – 0 (Committee minutes included in Board Agenda packets for informational purposes)		FO&P Comm.
	 Approval of an agreement with Dr. Hamid Movahhedian as the NICU Medical Director, as well as provide oversight for the Newborn Nursery and high Risk Infant Follow-up Clinic for a term of 36 months, beginning July 1, 2016 through June 30, 2019, at an annual cost not to exceed \$83,760 and a total cost for the term not to exceed \$251,280. 		
	 Approval of an agreement with Dr. Hamid Movahhedian and North County Neonatology Specialists to provide NICU coverage for a term of 36 months, beginning July 1, 2016 through June 30, 2019, at an annual cost not to exceed \$237,250 and a total cost for the term not to exceed \$711,750. 		

Agenda Item	Allotted	Requestor
	Time	ı

- 3. Approval of the placement and financing of the commercial insurance products recommended by BB&T for the policy period commencing July 1, 2016.
- 4. Approval of an agreement with Water Saver Solutions, Inc. for Retrofitting of Existing Toilets and Urinals with Water Saving Devices at the Medical Center for a cost not to exceed \$48,285 and a total term cost of \$48,285.
- 5. Approval of an agreement with McCoy Design & Construction, Inc. for Rebuild of Men's & Women's ADA Shower Stalls to Code at the Wellness Center, for a project budget of \$59,944.98, a general contractor agreement total of \$52,495.44, for a total project cost of \$112,440.42.
- 6. Approval of an agreement with VigiLanz for a term of 36 months, beginning November 1, 2016 through October 31, 2019 for an annual cost of \$118,138 and a total cost for the term of \$354,414.
- 7. Approval of an agreement with Dr. Manish Sheth as the Coverage Physician (Inpatient Behavioral Health) for a term of 12 months beginning July 1, 2016 through June 30, 2017, not to exceed an average of 42 hours per month or 504 hours annually at an hourly date of \$150, for an annual cost of \$75,600 and a total cost for the term of \$75,600.
- 8. Approval of an agreement with Dr. Manish Sheth as the Coverage Physician for the Crisis Stabilization Unit, for a term of 12 months, beginning July 1, 2016 through June 30, 2017, not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$150 for an annual cost of \$45,000 and a total cost for the term of \$45,000.
- 9. Approval of an agreement with Dr. Mark Yamanaka as the Coverage Physician for the ICU for a term of 12 months beginning July 1, 20116 through June 30, 2017, not to exceed an average of 20 hours per month or 240 hours annually, at an hourly rate of \$175 for an annual cost of \$42,000 and a total cost for the term of \$42,000.
- 10. Approval of an agreement with Orthopedic physicians, Drs. David Amory, Christian Bentley, David Daugherty, Andrew Hartman, Harish Hosalkar, Serge Kaska, as the Orthopedic Surgery ED Call Coverage Physicians for a term of 24 months, beginning July 1, 2016 through June 30, 2018 at a daily rate of \$1500 Monday-Friday and \$1650 Saturday-Sunday and holidays that are not on the weekend, for an annual cost of \$563,300 and a total cost for the term of \$1,128,600.
- 11. Approval of an agreement with Spine physicians Drs. Neville Alleyne, David Amory, Payam Moazzaz, as the Spine ED-Call Coverage Physician for a term of 12 months, beginning July 1, 2016 through June 30, 2017 at a daily rate of \$400 for an annual cost and a total term cost of \$146,000.

Agenda Item	Time Allotted	Requestor

- 12. Approval of an agreement with Drs. Venugopal Depala, Mark Melden and Manish Sheth, as ED Call Coverage Physicians for Psychiatry for a term of 12 months, beginning July 1, 2016 through June 30, 2017 at a daily rate of \$1,000 for an annual cost of \$365,000 for FY2017 for a total cost for the term of \$365,000.
- 13. Approval of an agreement with Dr. Dhillon-Ashley, as an ED Call Coverage Physician for OB-GYN for a term of 24 months, beginning July 1, 2016 through June 30, 2018.
- 14. Approval of an agreement with Dr. Howard Tung, M.D., as an ED Call Coverage Physician for the Neurosurgery AND Spine for a term of 12 months, beginning July 1, 2016 through June 30, 2017.
- 15. Approval of an agreement with Drs. Kimberly Charlton and Mohammed Ahmed as the ED On Call Coverage Physicians for Psychiatry for a term of 12 months, beginning July 1, 2016 through June 30, 2017.
- 16. Approval of an agreement with Dr. Frank Corona as the Pulmonary Rehab Medical Director for a renewal term of 24 months, beginning July 1, 2016 through June 30, 2018, not to exceed an average of 10 hours per month or 120 hours annually, at an hourly rate of \$175 for an annual cost of \$21,000 and a total cost for the term of \$42,000.
- 17. Approval of an agreement with Dr. Scott Worman, IT Physician Liaison, for 26 months beginning July 1, 2016 through August 31, 2018, not to exceed an average of 50 hours per month or 600 hours annually, at an hourly date of \$135 for an annual amount of \$81,000 and a total cost for the term of \$175.500.
- 18. Approval of an agreement with Cerner Corporation for the Cerner EMR Upgrade project for a term of 24 months, beginning August 1, 2016 through July 31, 2018 for an annual cost of \$250,000 and a total cost for the term of \$500,000.
- 19. Approval of an agreement for Cardiovascular Institute Co-Management for a term of 36 months, beginning July 1, 2016 through June 30, 2019, for an annual cost not to exceed \$870,000, and a total cost for the term of \$2,610,000.
- 20. Approval of Cardiovascular Institute Medical Directorship Agreements with Drs. Andrew Deemer (Vascular Surgery), Theodore Folkerth (Cardiothoracic Surgery), Kathleen Paveglio (Non-Invasive Cardiology), Donald Ponec Cardiovascular Institute) and David Spiegel (Invasive Cardiology for a 12 month term, beginning July 1, 2016 through June 30, 2017, at an annual amount not to exceed \$126,000.
- 21. Approval of the Cardiovascular Institute Operations

Agenda Item	Time Allotted	Requestor
Committee agreements with Drs. Theodore Folkerth, Mohammad Jamshidi-Nezhad and David Spiegel for a 12 month term, beginning July 1, 2016 through June 30, 2017, at an annual amount not to exceed \$15,120.		
22. Approval of the Cardiovascular Institute Quality Committee Agreements with Drs. John Kroener, Kathleen Paveglio and Donald Ponec for a 12-month term, beginning July 1, 2016 through June 30, 2017, for an annual amount not to exceed \$15,120.		
23. Approval of a Neuroscience Institute Medical Directorship Agreements with Drs. Jack Schim (Stroke) and Greg Sahagian (Neurology) for a 12-month term, beginning July 1, 2016 through June 30, 2017, at an annual amount not to exceed \$57,600.		
24. Approval of the Neuroscience Institute Quality Committee agreements with Drs. Tyrone Hardy, Gregory Sahagian and Kevin Yoo for a 12 month term, beginning July 1, 2016 through June 30, 2017, at an annual amount not to exceed \$15,120.		;
25. Approval of the Neuroscience Institute Quality Committee Agreements with Drs. Donald Ponec, Jack Schim and Lokesh Tantuwaya for a 12 month term, beginning July 1, 2016 through June 30, 2017, at an annual cost not to exceed \$15,120.		
26. Approval of the Orthopedic Institute Medical Directorship Agreements with Drs. Neville Alleyne, James Helgager, Lokesh Tantuwaya and Andrew Hartman for a 12 month term, beginning July 1, 2016 through June 30, 2017, at an annual amount not to exceed \$124,080.		
27. Approval of the Orthopedic Spine Institute Committee Agreements with Drs. Andrew Cooperman, James Helgager and Payam Moazzaz for a 12 month term, beginning July 1, 2016 through June 30, 2017 at an annual cost not to exceed \$16,920.		
28. Approval of the Orthopedic Institute Committee Agreements with Drs. Andrew Cooperman and Payam Moazzaz for a 12 month term, beginning July 1, 2016 through June 30, 2017, at an annual cost not to exceed \$11,280.		
E. Professional Affairs Committee Director Mitchell, Committee Chair (Committee minutes included in Board Agenda packets for informational purposes.)		PAC
 Approval of Patient Care Services Policies Accounting of Disclosure of Patient Information (PHI) Procedure Release of Deceased Procedure Infant Baptism Procedure (Spiritual Care for Family of Critically III or Deceased Infant)\ 		

	Agenda Item	Time Allotted	Requestor
	 2) Administrative Policies and Procedures a. 8610-203 Business Visitor Visitation Requirements 3) Unit Specific – Surgical Services a. Admission/Discharge Criteria 		
	4) Forms a. High Risk Infant Follow-Up Standard Visit Form 7883- 1002 b. Progress Record 8720-1018 5) Approval of Clinical Contracts		
	F. Governance & Legislative Committee Director Dagostino, Committee Chair Open Community Seats - 2 (Committee minutes included in Board Agenda packets for informational purposes.)		Gov. & Leg. Comm.
i	Approval of Board Policy 14-023 – Responsibility for Decision Making on Legal Matters.		
	Approval of Board Policy14-040 Activities for Which Board Compensation is Available		
	 Approval of Board Policy 15-042 Duties of the Board of Directors 		
	G. Audit, Compliance & Ethics Committee Director Finnila, Committee Chair Open Community Seats – 0 No meeting held in June, 2016		Audit, Comp. & Ethics Comm.
	 (2) Minutes – Approval of: a) Regular Board of Directors Meeting – May 26, 2016 b) Special Board of Directors Meeting – June 2, 2016 c) Special Board of Directors Meeting – June 9, 2016 		Standard
	(3) Meetings and Conferences – None		
	(4) Dues and Memberships –		Standard
	a) Payers & Providers Site License for up to 10 Subscribers - \$219.00		
21	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
22	Reports (Discussion by exception only) (a) Dashboard - Included (b) Construction Report – None (c) Lease Report – (May, 2016) (d) Reimbursement Disclosure Report – (May, 2016) (e) Seminar/Conference Reports - None	0-5 min.	Standard
23	Legislative Update	5 min.	Standard

	Agenda Item	Time Allotted	Requestor
24	Comments by Members of the Public	5.40	01 1
	NOTE: Per Board Policy 14-018, members of the public may have three (3) minutes, individually, to address the Board	5-10 minutes	Standard
25	Additional Comments by Chief Executive Officer	5 min.	Standard
26	Board Communications (three minutes per Board member)	18 min.	Standard
27	Report from Chairperson	3 min.	Standard
	Total Time Budgeted for Open Session	2.5 hrs.	
28	Oral Announcement of Items to be Discussed During Closed Session (If Needed)		
29	Motion to Return to Closed Session (If Needed)		
30	Open Session		
31	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) – (If Needed)		
32	Adjournment		

CHAC REPORT ON GRANT RECOMMENDATIONS

This year we had a total of 34 applications requesting just under ONE MILLION DOLLARS in assistance! As always, it is challenging to read through the needed programs and do our best to determine the greatest need. All of these organizations are worthy and deserving but \$300,000 just goes so far. We are pleased to recommend the following organizations for funding:

1. Boys and Girls Club of Vista

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

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

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

2. Casa de Amparo

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

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

3. Community Resource Center

Requesting: \$25,000 Recommending: \$15,000

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

4. Fraternity House, Inc.

Requesting: \$30,500 Recommending: \$15,000

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

5. Interfaith Community Services

Requesting: \$25,000 Recommending: \$15,000

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

services to at risk high school students.

6. KOCT

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

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

7. Mama's Kitchen

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

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

8. Miracle Babies

Requesting: \$32,363 Recommending: \$12,500

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

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

Requesting: \$3,237 Recommending: \$5,000

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

10. North County Health Services

Requesting: \$30,000 Recommending: 25,000

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

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

Requesting: \$14,400 Recommending: \$14,400

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

12. North County Lifeline

Requesting: \$17,807 Recommending: \$17,000

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

13. Operation HOPE

Requesting: \$21,500 Recommending: \$21,500

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

14. Pacific Cancer Fitness

Requesting: \$70,000 Recommending: \$15,000

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

15. Palomar Family Counseling Services, Inc.

Requesting: \$23,098 Recommending: \$23,100

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

16. The Brother Benno Foundation, Inc

Requesting: \$15,000 Recommending: \$7,500

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

17. The Elizabeth Hospice Foundation

Requesting: \$27,496 Recommending: \$10,000

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

18. Vista Community Clinic

Requesting: \$45,000 Recommending: \$34,000

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

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

19. Women's Resource Center

Requesting: \$21, 306 Recommending: \$25,000

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

RESOLUTION NO. 778

A RESOLUTION OF THE BOARD OF DIRECTORS
OF TRI-CITY HEALTHCARE DISTRICT
ESTABLISHING THE APPROPRIATIONS LIMIT
FOR TRI-CITY HEALTHCARE DISTRICT FOR THE FISCAL YEAR
COMMENCING JULY 1, 2016 AND ENDING JUNE 30, 2017
IN ACCORDANCE WITH ARTICLE XIII B OF THE
CONSTITUTION OF THE STATE OF CALIFORNIA; CODE OF THE
STATE OF CALIFORNIA

WHEREAS, Section 1 of Article XIII B of the Constitution of the State of California provides that the total annual appropriations of each local government shall not exceed the appropriations limit of such entity of government for the prior year, adjusted for changes in the cost of living and population, subject to certain specified exceptions in said Article; and

WHEREAS, Section 8 of Article XIII B of the Constitution of the State of California defines "Appropriations subject to limitation" of an entity of local government as "any authorization to expand during a fiscal year the proceeds of taxes levied by or for that entity and the proceeds of state subventions to that entity" (other than subventions made pursuant to new programs or services mandates by the State Legislature) "exclusive of refunds to taxes"; and

WHEREAS, Section 7910 of the Government Code of the State of California provides that each year the governing body of each local jurisdiction shall, by resolution, establish its appropriations limit for the following fiscal year pursuant to Article XIII B of the Constitution of the State of California at a regularly scheduled meeting or noticed special meeting; and

WHEREAS, the documentation used in determining the appropriations limit adopted in this resolution has been available to the public for fifteen (15) days prior to the adoption of this resolution.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF TRI-CITY HEALTHCARE DISTRICT DOES HEREBY RESOLVE AND ORDER AS FOLLOWS:

1. The appropriations limit for TRI-CITY HEALTHCARE DISTRICT, pursuant to Article XIII B of the Constitution of the State of California for the fiscal year commencing July 1, 2016 and ending June 30, 2017 is, not to exceed, \$13,333,053.

2. In accordance with Section 2, Article XIII B of the Constitution of the State of California, any revenues received by TRI-CITY HEALTHCARE DISTRICT in excess of that amount, which is appropriated in compliance with Article XIII B of the Constitution of the State of California, during the fiscal year shall be returned by a revision of tax rates or fee schedules within the next two subsequent fiscal years.

ADOPTED, SIGNED AND APPROVED this ____ day of June, 2016.

James J. Dagostino, Chairperson of the TRI-CITY HEALTHCARE DISTRICT and of the Board of Directors thereof

ATTEST:

Ramona Finnila, Secretary of the TRI-CITY HEALTHCARE DISTRICT and of the Board of Directors thereof



TRI-CITY MEDICAL CENTER MEDICAL STAFF INITIAL CREDENTIALS REPORT June 8, 2016

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 7/01/2016-6/30/2018)

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 7/01/2016 through 6/30/2018:

- AHMED, Mohammed, M.D./Medicine/Psychiatry (Achieve Medical Center- Manish Sheth, MD)
- BEN-HAIM, Sharona M.D./Surgery/Neurosurgery (UCSD)
- CHARLTON, Kimberly, M.D./Medicine/ Psychiatry (Achieve Medical Center- Manish Sheth, MD)
- KIM, James, M.D./Anesthesiology (ASMG)
- MOHR, Andrew, M.D./Anesthesiology (ASMG)
- PERRICONE, Anthony, M.D./Surgery/Cardiothoracic Surgery (UCSD)
- PRETORIUS, Gert, M.D./Surgery/Cardiothoracic Surgery (UCSD)
- WALLACE, Aaron, M.D./Anesthesiology (ASMG)

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

None

TEMPORARY PRIVILEGES: Medical Staff/Allied Health Professionals:

- AHMED, Mohammed, M.D./Medicine/Psychiatry (Achieve Medical Center- Manish Sheth, MD)
- BEN-HAIM, Sharona M.D./Surgery/Neurosurgery (UCSD)
- CHARLTON, Kimberly, M.D./Medicine/ Psychiatry (Achieve Medical Center- Manish Sheth, MD)

INITIAL APPOINTMENT TO THE ALLIED HEALTH PROFESSIONAL STAFF

LEVIEL, Linda, CNM/ OB/GYN (NCHS)

UPDATE TO PREVIOUS INITIAL APPLICATION:

PLAXE, Steven C., MD/Gynecologic Oncology (UCSD)



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - Part 3 of 3 June 8, 2016

Attachment C

PROCTORING RECOMMENDATIONS (Effective 6/30/2016, unless otherwise specified)

TUNG, Howard, MD

Neurosurgery

• MARC-AURELE, Krishelle L., MD

Neonatology



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - Part 2 of 3 June 8, 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.

• CATANZARITE, Valerian A., M.D.

Maternal and Fetal Medicine

VOLUNTARY RELINQUISHMENT OF PRIVILEGES

The following practitioners voluntarily resigned their privileges.

• MARC-AURELE, Krishelle L., MD

Neonatology

EXTENSION OF PRIVILEGES

The following practitioners were given a six month extension to complete their outstanding proctoring. These practitioners deadline is 12/31/16.

• PASHMFOROUSH, Mohammad., M.D., PhD Cardiology STAFF STATUS CHANGES

• FERBER, Jeffrey, MD Family Medicine

MENDOZA, Jorge, MD Radiology

• ZIZZO, Paolo V., MD. Internal Medicine

IACOBS, Robert D., MD.
 Surgery, Subspecialty-ENT



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – 1 of 3 June 8, 2016

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 7/01/2016 -6/30/2018)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 7/01/2016 through 6/30/18, 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:

- <u>CARPENTER, Heather J., MD/Pediatrics/Active</u>
- CHU, James M., MD/Pediatric Cardiology/Courtesy
- CONTARDO Marcus, MD/Pathology Anatomic/Active
- EL-SHERIEF, Karim H., MD/Cardiology/Provisional
- FIERER, Adam S., MD/General Surgery/Active
- GOLD, Evan S., DMD/Oral & Maxillofacial Surgery/Provisional
- HUDSON, Henry L., MD/Ophthalmology/Provisional
- HURD, Melissa, MD/Family Medicine/Courtesy
- JAIN, Atul, MD/ Ophthalmology /Active
- IESWANI, Sunil P., MD/Neurological Surgery/Provisional
- KAYAL, Anas, MD/Nephrology/Provisional
- KELLY, Jon P., MD/Orthopedic Surgery/Courtesy
- KHORASHADI, Farhad, MD/Teleradiography/Associate
- LEBOVITS, Marc I., MD/Otolarvngology/Active
- LEE, Anna E., MD/Pediatrics/Provisional
- LEE, Robert S., MD/Internal Medicine/Active
- LINSON, Patrick W., MD/Radiation Oncology/Active
- MATTHEWS, Oscar A., MD/Cardiology/Active



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - 1 of 3 June 8, 2016

Attachment B

- PAZ, Pedro F., MD/Neonatology/Provisional
- PERTL, Ursula G., MD / Pediatrics / Active
- SEIF, David M., MD/Anesthesiology/Provisional
- SPRINGER, Dewain N., DPM/Podiatric Surgery/Active
- SUBRAMANIAN, Rupa, MD/Oncology/Active
- TABIBZADEH, Sepehr, MD/Anesthesiology/Courtesy
- TUNG, Howard, MD/Neurological Surgery/Courtesy
- VIETS, Ryan B., MD/Neuroradiology Surgery/Provisional

RESIGNATIONS: (Effective date 6/30/2016 unless otherwise noted) Voluntary:

- ALLMOND, Leonard/Anesthesiology/Provisional
- AMIN. Arti J., M.D., /Anesthesiology/Associate
- BARONOFSY, Ian D., M.D., /Radiology/Provisional
- GOLD, Andrea, RN/Allied Health Professional
- GUSTAFSON, Corey, DO/Emergency Medicine/Provisional
- MOHAN, Thomas, PAC/Allied Health Professional
- SHAH, Abhishek S., M.D., /Internal Medicine/Provisional
- WEI, Erman.. M.D../Internal Medicine/Affiliate

<u>Time Limited reappointment:</u> (180 days)



TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE REAPPOINTMENT CREDENTIALS REPORT - 1 of 3 May 2016

Attachment B

BIENNIAL REAPPRAISALS: (Effective Dates 7/1/2016 - 6/30/2018)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 7/1/2016 through 6/30/18, 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:

- Bohn, Sarah A., PhD/Allied Health Professional Supervising Physician Supervising Physician: Sheth, Manish, MD
- Carlton, Vivian W., PAC/Allied Health Professional Supervising Physician Cary Mells, MD
- Goodwin, Rachel K., CNM/Allied Health Professional Supervising Physician" Mostofian, Eimaneh, MD
- Guthrie, Lesli A., AuD/Allied Health Professional Supervising Physician" Jeswani, Sunil P., MD
- Strowd, Megan V., PAC/Allied Health Professional Gregory Sahagian, MD.

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

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

HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS TRI-CITY MEDICAL CENTER June 14, 2016

Voting Members Present:

Chair Cyril Kellett, Director Laura Mitchell, Dr. Gene Ma, Dr. Hamid Movahedian, Virginia Carson, Joe Quince, Gwen Sanders, Dr. Martin Nielsen, Salvador Pilar

Non-Voting Members Present:

Steve Dietlin, CEO; Kapua Conley, COO; Sharon Schultz, CNE; Cheryle Bernard-Shaw, CCO; Norma Braun, SVP; Esther Beverly, VP of HR

Others Present:

Quinn Abler, Frances Carbajal

Members Absent:

Director Rosemarie Reno

1. Call To Order	Chair Kellett called the meeting to order at 12:35		Chair Kellett
	p.m.		
2. Approval of the agenda	Chair Kellett called for a motion to approve the agenda of June 14, 2016. Director Mitchell moved and Gwen Sanders 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 May 10, 2016 meeting. Director Mitchell moved and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellett

Human Resources Committee

June 14, 2016

Topic	D-ussion	Action Follow-up	rson(s)
5. Old Business	None		
6. New Business			
a. B.O.D Dashboard- Stakeholder Experience	The Stakeholder Experience pillar- Employee Satisfaction rates were reviewed & discussed.		Chair Kellett
b. HR Committee Charter	The committee reviewed & discussed revised submitted HR Charter. Chair Kellett called for a motion to approve the charter. Director Mitchell moved and Gwen Sanders seconded the motion. The motion was carried unanimously.		Norma Braun
c. Benefits Broker RFP- Request for proposals	Norma Braun, CHRO presented a draft written request for proposal that TCHD will be engaging vendors to submit for most competitive and lowest/best rate outcome.		Norma Braun
	The committee discussed submission and renewal date revisions and overall expectations. Chair Kellett called for a motion to approve the RFP with suggested date revisions. Director Mitchell moved and Gwen Sanders seconded the motion. The motion was carried unanimously.		
7. Work Plan	The work plan was reviewed.		Chair Kellett
8. Committee Communications	None		Chair Kellett
9. Date of next meeting	July 12, 2016		Chair Kellett
10. Adjournment	Chair Kellett adjourned the meeting at 1:00 p.m.		Chair Kellett

Employee Benefits Broker and Consulting Services

REQUEST FOR PROPOSAL

July 2016

Tri-City Medical Center

Section 1: Background

Located in the city of Oceanside, Tri-City Medical Center is a Gold Seal-approved, full-service, acute-care hospital with advanced clinical institutes for cardiovascular and orthopedic care. Tri-City Medical Center has 397 beds and over 700 physicians practicing in 60 specialties. Opened in 1961, we have grown to meet the needs of our North County residents. We are community owned and operated. The hospital, a leader in robotics and minimally invasive technologies, has served the community for more than a half century.

Tri-City Medical Center serves San Diego County's coastal communities of Carlsbad, Oceanside and Vista, as well as the surrounding region. Tri-City is administered by the Tri-City Healthcare District, a California Hospital District.

Our facilities include a hospital at 4002 Vista Way in Oceanside, nearby outpatient services, and the **Tri-City Wellness Center** in Carlsbad.

Our ultimate goal is to offer comprehensive coverage at affordable premiums for our employees. We currently offer the choice of two fully insured medical plans through UnitedHealthcare, two dental choices through Delta Dental and a vision plan through VSP. We also offer other types of employer/employee provided benefits including:

- Basic Life Insurance/AD&D
- Supplemental Life Insurance/AD&D
- Dependent Life Insurance/AD&D
- Long Term Disability
- Flexible Spending Accounts
- Employee Assistance Program
- Prepaid Legal Plan

We also offer a flexible benefit program to employees classified as Director or above that includes a benefit allowance that can be used for supplemental individual long-term disability or supplemental individual long-term care insurance with the balance applied to a non-qualified deferred compensation program. This classification is also eligible for a medical reimbursement program for such things as deductibles, coinsurance, and certain other qualified medical and dental expenses.

Section 2: Purpose

The purpose of this Request for Proposal (RFP) is to solicit offers from qualified brokers to provide brokerage and consulting services to Tri-City Medical Center in support of all of our health and welfare benefit programs.

Such services will include, but are not limited, to the following:

- Perform an initial, comprehensive review and evaluation of all current health and welfare benefits program stated above. Recommendations for changes will be made that enhance services, improve the health of our employees, incentivize innetwork utilization and produce cost savings.
- Perform ongoing review and analysis of all programs with semi-annual cost analysis presentations to the executive team. Recommendations for changes will be made that enhance services, improve the health of our employees, incentivize in-network utilization and produce cost savings.

Section 3: General Instructions/Selection Timeline

The process will consist of the following:

- RFP distribution to qualified firms.
- Evaluation and analysis of the RFP which may require firms to provide additional information to Tri-City Medical Center.
- Final firm selection will be based on the contract that best meets the needs and requirements of the facility, reference checks, healthcare expertise, and experience supporting facility collective bargaining process and strategies, and/or additional evaluation methods.

The timeline for firm selection is as follows:

Description	Date
Release of RFP	7/1/2016
Responses Due	7/22/2016
RFP Analysis/Reference Checks	7/29/2016
Review recommendation	8/9/2016
Anticipated Contract Start	10/1/2016

Section 4: Submitting Your Responses

Please submit responses by Friday, July 15th by 4pm. Please deliver 3 copies of the responses to the address below:

Norma Braun, SVP Human Resources Tri-City Medical Center 4002 Vista Way Oceanside, CA 92056 760-724-8411

All materials submitted to Tri-City Medical Center become the sole property of Tri-City Medical Center. If the firm intends to submit confidential or proprietary information as part of their responses, any limits on the use or distribution should be clearly stated. While we use reasonable caution to avoid the disclosure of the

firm replies to competitor firms, Tri-City Medical Center reserves the right to disseminate the firm material for internal review by external advisors at Tri-City Medical Center's sole discretion.

Section 5: Questionaire

- 1. Provide a brief overview of your company and history of your organization, particularly your employee benefits division.
- 2. Provide three (3) references of hospital clients of similar size located in Southern California. Please include a summary of the work performed for each hospital facility.
- 3. Provide the names and contact information of any California district hospitals to which your firm provides employee benefits consulting.
- 4. Provide detail on how your firm supports healthcare clients with union negotiations' and strategies.
- 5. Does your firm have any proprietary employee benefit programs that would provide value to Tri-City Medical Center?
- Describe your experience consulting with self-funded hospitals? Has your firm had experience conducting a self-funded feasibility study and describe the outcome.
- 7. Can you provide benchmarking data for similar hospital plans within Southern California?
- 8. What resources do you use to analyze medical and pharmacy claims?
- 9. How will your organization provide plan cost analysis? Samples would be helpful.
- 10. How can you help evaluate and refine our wellness program over time? What is your process for measuring the success or failure of a wellness program?
- 11. If necessary, what is your approach for TPA selection?
- 12. How would you market reinsurance and/or obtain reinsurance proposals or alternatives?
- 13. How would you keep your clients abreast of employment laws in a timely manner? What resources do you provide to help us remain compliant?
- 14. What types of materials can you provide to communicate pertinent information to employees? Samples would be helpful.

- 15. Do you help facilitate/participate with open enrollment, employee benefits meetings and/or employees benefit fairs?
- 16. Describe your proposed form of compensation (i.e., commission, annual retainer, fee-for-service). If you are proposing a fee, please include your fee schedule/hourly rates. If you charge fees for consulting and employee communication, please indicate the basis of your charges (hourly, by project, etc.) and what typical charges might be.
- 17. Describe any other facets of your organization and your firm's experience that are relevant to this proposal which have not been previously described and that you feel warrant consideration.

Section 6: Conclusion

Tri-City Medical Center would like to thank you for your time in responding to this Request for Proposal.

Your efforts are greatly appreciated and this will help us in achieving our objectives and developing a partnership with the selected firm.

Employee Fiduciary Subcommittee (No meeting held in June, 2016)

MEMBERS PRESENT:

CHAC Chair Julie Nygaard; Board of Directors Chairman Jim Dagostino; Director Larry Schallock, Bret Schanzenbach, Carol Herrera, Gigi Gleason, Marge Coon, Mary Donovan, Mary Lou Clift, Sandy Tucker, Alisha Cordova, Audrey Lopez, Fernando Sanudo

NON-VOTING MEMBERS PRESENT:

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

NON-VOTING MEMBERS ABSENT:

David Bennett, Chief Marketing Officer

MEMBERS ABSENT:

Dr. Victor Souza MD; Barbara Perez, Carol Brooks, Don Reedy, Dung M. Ngo, Guy Roney, Jack Nelson, Linda Ledesma, Marylou de la Rosa Hruby, Mary Murphy, Rosemary Eshelman, Ted Owen, Xiomara

Arroyo

OTHERS PRESENT:

Susan McDowell, CHAC Coordinator; Brian Greenwald, Website Content Specialist

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
CALL TO ORDER	The June 16, 2016, Community Healthcare Alliance Committee meeting was called to order at 12:41 pm by Director and CHAC Chair Julie Nygaard.		
APPROVAL OF MEETING AGENDA	MEETING AGENDA Member Bret Schanzenbach motioned to approve the June 16, 2016 meeting agenda. The motion was seconded by Carol Herrera and unanimously approved.		



TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
PUBLIC COMMENTS & ANNOUNCEMENTS	No public comments were made.		
RATIFICATION OF MINUTES	Member Gigi Gleason motioned to approve the May 19, 2016 CHAC meeting minutes. The motion was seconded by Jim Dagostino and unanimously approved.		
PRESENTATION: THE HOUSE OF LEARNING DEVIN Vodicka, EdD Vista Unified School	Vista school district Superintendent, Devin Vodicka, EdD, gave a presentation titled "The House of Learning" to review the demographics, changes and recent accomplishments of the school district as follows:		
District	 The Vista school district currently enrolls over 21,000 students. 67% are low income, English learners and foster youth. The district employs 2,340 teachers, administrators and support staff, and is the largest employer in the City of Vista. 5.8 million scholarships are awarded annually National Leader in STEM National Demonstration Schools for AVID National Leader in IB Programs K-12 Averaging 10 CIF Championships Annually The District's framework for the future includes: 		
	Vision Educational excellence and innovation		

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TOPIC	DISCOSTON	ACITON FOLLOW OF	RESPONSIBLE
And a first of the contract of	Values Respect, trust and collaboration		
	Mission Perseverance and real world problem solving		
	Devin noted that their current strategy is called the "House of Learning" and involves the following areas:		
PRESENTATION: THE HOUSE OF LEARNING DEVIN Vodicka, EdD Vista Unified School District (Cont)	Strategy 1 = Family & Community as Partners in Education Strategy 2 = 21 st Century Facilities and Resources Strategy 3 = Social & Emotional System of Support Strategy 4 = High Quality, Flexible & Core Curriculum Strategy 5 = High Quality, Flexible & Adaptable Staff Strategy 6 = Achievement Monitoring and Feedback Strategy 7 = Personalized Learning Environment Strategy 8 = Personalized Learning Path		
	In addition, the district is looking for partners to finance and participate with programs that will provide training and skill sets to those who do not enter college directly from high-school. A program of this type is currently being utilized for clinical training between the district and the Vista Community Clinic.		
	It was noted that the implementation of the above has improved the graduation rate and reduced the dropout rate, along with other benefits to the students.		The distribution of the second

(3) Tri-City Medical Center

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TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
CEO Update	CEO Steve Dietlin reported the following:		
	 TCMC is expanding its recruiting efforts for clinical positions. Steve congratulated Dr. Vodicka for the district's efforts to focus students towards the medical field. 	1995 h. Millementis (Parinte servicible, dese secre	
	 TCMC is currently working on a Crisis Stabilization Unit contract which will hopefully be in operation by August 2016. 		
	 Campus redevelopments are moving forward. The first steps include: 		
	Appropriate future planning Long term financing Release of bond funds	٨	
	Paving an area for parking while the new parking structure is being constructed ER issues such as non-public funding options and other		
	Moving forward with the BOD approved FY17 budget		

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TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
COO UPDATE	COO Kapua Conley updated the group as follows:		
	 The hospital is expecting approval in the near future of the triage area redesign which will help ease the bottleneck issues with the lobby and ER. 		
EFK diffehund bere n	 NICU - currently reviewing designs and processes 		
	 Looking into new 5-12 CT options 		
· · · · · · · · · · · · · · · · · · ·	 Roadwork of 78 to Vista Way began this week. This will assist with obtaining the Certificate of Occupancy for the MOB. 		
CHAC Charter	Recommendation was made by the committee to postpone approval of the current charter to give the members time to review and make recommendations. Cheryle Bernard-Shaw, CCO, will provide an edited copy of proposed changes to the secretary for distribution to the committee members prior to the next meeting.		

Carried Transfer was the property of the ways.



TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Committee	Committee member Mary Donovan noted that a recent trip to the ER proved to be a very positive patient experience. The MD's and clinical staff were personable and professional, and she was well pleased with her treatment.		
	Committee member Bret Schanzenbach asked about the length of time it will take to complete the new parking structure. Kapua Conley noted that it will be approximately 1 year. Bret also encouraged the group to check into the productions taking place at the Moonlight Theater for the upcoming summer months.		
	Committee member Carol Herrera noted her concerns about student hunger. She stated that the Vista school district has developed school lunch projects to assist in this area.		
	Committee member Sandy Tucker noted that \$153,000.00 in scholarships were recently awarded by Palomar and Mira Costa College.		
	Committee member Fernando Sanudo noted that VCC recently received a grant in the amount of \$300,000.00 for clinical training in partnership with CSUSM. This grant and program will allow qualified students to participate in this education and training at a greatly reduced cost.	3 100	



Tri-City Healthcare District Community Healthcare Alliance Committee (CHAC) MEETING MINUTES June 16, 2016 Assembly Room 1

TOPIC	DISCUSSION	ACTION FOLLOW UP	PERSON(S) RESPONSIBLE
Public Comments	No Public Comments		
Next Meeting	The next meeting is scheduled for Thursday, July 21, 2016 at 12:30pm.		
Adjournment	The June 2016 CHAC Committee meeting was adjourned at 1:42pm.		

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Tri-City Jical Center Finance, Operations and Planning Committee Minutes June 21, 2016

Members Present	Director James Dagostino, Director Cyril Kellett, Director Julie Nygaard, Dr. John Kroener, Dr. Marcus Contardo, Kathleen Mendez, Carlo Marcuzzi, Wayne Lingenfelter, Tim Keane
Non-Voting Members Present:	Steve Dietlin, CEO, Ray Rivas, Acting CFO, Kapua Conley, COO, Cheryle Bernard-Shaw, CCO, Wayne Knight, Chief Strategy Officer
Others Present	Director Laura Mitchell, David Bennett, Tom Moore, Tim Mooney, (BB&T), Sharon Schultz, Colleen Thompson, Jane Dunmeyer, Charlene Carty, Mary Diamond, Tori Hong, Jeremy Raimo, Dan Martinez, Chris Miechowski, Glen Newhart, Lisa Mattia, Sherry Miller, Jody Root (Procopio), Barbara Hainsworth
Members Absent:	Dr. Frank Corona, Steve Harrington

Person(s) Responsible			Director	Ni.
Action Recommendations/ Conclusions		MOTION It was moved by Director Kellett, Dr. Contardo seconded, and it was unanimously approved to accept the agenda of June 21, 2016.		Minutes were ratified. MOTION It was moved by Director Kellett, Mr. Keane seconded, that the minutes of May 17, 2016, are to be approved without any requested modifications.
Discussions, Conclusions Recommendations	Director Dagostino called the meeting to order at 12:34 pm.		Director Dagostino read the paragraph regarding comments from members of the public.	Minutes were ratified.
Topic	1. Call to order	2. Approval of Agenda	 Comments by members of the public on any item of interest to the public before committee's consideration of the item. 	 Ratification of minutes of May 17, 2016

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Recommendations/ Conclusions		MOTION A second by Mr. I include Mo	It was moved by Mr. Emgement Mendez 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 \$83,760, and a total	cost for the term not to exceed	\$251,280.	MOTION	It was moved by Mr. Lingenfelter, Ms.	Mendez seconded, and it was	unanimously approved that the	Finance Operations and Planning	rillaisce, Operations and 1 14	Committee recommend that the TCHD	Committee recommend that the TC Board of Directors authorize North	Committee recommend that the TC Board of Directors authorize North County Neonatology Specialists to	Committee recommend that the TCHD Board of Directors authorize North County Neonatology Specialists to provide NICU coverage for a term of 36	Committee recommend that the TCh Board of Directors authorize North County Neonatology Specialists to provide NICU coverage for a term of months, beginning July 1, 2016 and	Committee recommend that the TC Board of Directors authorize North County Neonatology Specialists to provide NICU coverage for a term of months, beginning July 1, 2016 and ending June 30, 2019, at an annual	Committee recommend that the TC Committee recommend that the TC Board of Directors authorize North County Neonatology Specialists to provide NICU coverage for a term of months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$237,250, and a	Committee recommend that the TCP Board of Directors authorize North County Neonatology Specialists to provide NICU coverage for a term of months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$237,250, and a total cost for the term not to exceed	Committee recommend that the Board of Directors authorize NC County Neonatology Specialist provide NICU coverage for a tenmonths, beginning July 1, 2016 ending June 30, 2019, at an ann cost not to exceed \$237,250, an total cost for the term not to exceed \$711,750.	Committee recommend that the Board of Directors authorize Nc County Neonatology Specialist provide NICU coverage for a termonths, beginning July 1, 2016 ending June 30, 2019, at an ann cost not to exceed \$237,250, an total cost for the term not to ex \$711,750.	Committee recommend that the Board of Directors authorize Nc County Neonatology Specialist provide NICU coverage for a tel months, beginning July 1, 2016 ending June 30, 2019, at an anrocst not to exceed \$237,250, an total cost for the term not to ex \$711,750.	Committee recommend that the Board of Directors authorize NC County Neonatology Specialist provide NICU coverage for a tenmonths, beginning July 1, 2016 ending June 30, 2019, at an ann cost not to exceed \$237,250, an total cost for the term not to exceed \$711,750.	Committee recommend that the TCHD Board of Directors authorize North County Neonatology Specialists to provide NICU coverage for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$237,250, and a total cost for the term not to exceed \$711,750.
Recommendation:		SI	agreement for a 3-year contract			- JC	committee approval to modify the			de .		ship with	f. as well as	serv			Diamond conveyed that this		renewal for Dr. Movahhedian and	North County Neonatology															L 6
Topic	5. Old Business	a. Physician Agreement for	NICU Medical Director Hamid Movabhedian	M.D.													b. NICU & Unassigned		Physician Agreement	 Hamid Movahhedian 		M D & North County	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists	M.D. & North County Neonatology Specialists 6. New Business	New Br	New Broam Pro

Person(s)	Tori Hong	Sharon Schulz	Sharon Schultz
Action Recommendations/ Conclusions	It was moved by Dr. Contardo, Director Nygaard seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with VigiLanz for a term of 36 months, beginning November 1, 2016 and ending October 31, 2019 for an annual cost of \$118,138, and a total cost for the term of \$354,414.	It was moved by Director Kellett, Ms. Mendez seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Manish Sheth as the BHU Medical Director for a term of 12 months beginning, July 1, 2016 and ending, June 30, 2017. Not to exceed an average of 42 hours per month or 504 hours annually, at an hourly rate of \$150 for an annual cost of \$75,600 and a total cost for the term of \$75,600.	MOTION It was moved by Director Kellett, Ms. Mendez seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Manish Sheth as the Medical Director for the Crisis Stabilization Unit (CSU),
Discussions, Conclusions Recommendation	Tori Hong and Lisa Mattia conveyed that this software would assist in improving pharmacy surveillance, and monitoring antimicrobial stewardship, infection prevention and quality care management, with the added advantage of observing through real-time.	Sharon Schulz explained that this was a renewal agreement with new rates and reduced hours for Dr. Sheth, who will provide professional guidance and oversight for the Inpatient Behavioral Health Services Department, including medical floor and Emergency Department psychiatric consultation services, as well as the customary medical director duties as outlined in the agreement.	Sharon Schulz conveyed that this was a new agreement for Dr. Sheth, who will provide professional guidance and oversight for the Crisis Stabilization Unit (CSU), including psychiatric consultation services, as well as the customary medical director duties as outlined in the agreement.
Topic	d. Proposal for VigiLanz	 e. Physician Agreement for Inpatient BHU Medical Director • Manish Sheth, M.D. 	f. Physician Agreement for Crisis Stabilization Unit (CSU) Medical Director Manish Sheth, M.D.

June 21, 2016

Person(s) Formula in the second secon		Mary Diamond	Sherry Miller
Action Recommendations/ Conclusions	July 1, 2016 and ending, June 30, 2017. Not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$150 for an annual cost of \$45,000 and a total cost for the term of \$45,000.	It was moved by, Dr. Contardo Director Nygaard seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Yamanaka as the Medical Director for the ICU for a term of 12 months beginning July 1, 2016 and ending June 30, 2017. Not to exceed an average of 20 hours per month or 240 hours annually, at an hourly rate of \$175 for an annual cost of \$42,000, and a total cost for the term of \$42,000.	It was moved by Dr. Contardo, Dr. Kroener seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize orthopedic physicians David Amory, MD, Christian Bentley, MD, David Daugherty, MD, Andrew Hartman, MD, Harish Hosalkar, MD, and Serge Kaska, MD and Andrew Hartman, M.D. as the Orthopedic Surgery ED-Call Coverage Physicians for a term of 24 months, beginning July 1, 2016 and
Discussions, Conclusions Recommendations		Sharon Schultz stated that this was a renewal agreement at the same rates. She mentioned that this agreement was previously for co-directors, and would now be for a single medical director.	Sherry Miller conveyed that this agreement was a renewal at new rates. It was identified that the annual cost in the schedule did not match this amount reflected in the motion. The write-up to be modified for continuity.
Topic		 g. Medical Director Agreement ICU Mark Yamanaka, M.D. 	h. Physician Agreement for ED On-Call CoverageOrthopedic Surgery

Person(s)			
Action Recommendations/ Conclusions	ending June 30, 2018 at a daily rate of \$1,500 Monday-Friday and \$1,650 Saturday-Sunday and holidays that are not on the weekend, for an annual cost of \$563,100, and a total cost for the term of \$1,128,600.	It was moved by Dr. Kroener, Dr. Contardo seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the Spine physicians Neville Alleyne, MD, David Amory, MD, Payam Moazzaz, MD as the Spine ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$400 for an annual cost and total term cost of \$146,000.	It was moved by Mr. Lingenfelter, Dr. Kroener seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Drs. Venugopal Depala, Mark Melden, and Manish Sheth, as ED-Call Coverage Physicians for Psychiatry for a term of 12-months, beginning July 1, 2016 and ending June 30, 2017 at daily rate of \$1,000, for an annual cost of \$365,000
Discussions, Conclusions Recommendation:		Sherry Miller conveyed that this agreement was a renewal at the same rates.	Sherry Miller conveyed that this agreement was a renewal at the same rates.
Topic		• Spine – Orthopedic	Psychiatry

Person(s)						Sherry Miller				
Action Recommendations/ Conclusions	for FY 2017 for a total cost for the term of \$365,000. MOTION It was moved by Director Nygaard, Dr. Kroener seconded, and it was unanimously approved that the	Finance, Operations and Planning Committee recommend that the TCHD Board of Directors add Tina J. Dhillon-Ashley, MD to the currently existing ED-Call Coverage panel for OB-GYN for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018. Barbara Hainsworth to amend this write-up	It was moved by Director Kellett, Director Nygaard seconded, and it was	Finance, Operations and Planning Committee recommend that the TCHD Board of Directors add Howard Tung, MD to the currently existing ED-Call Coverage Panel for Neurosurgery and Spine for a term of 12 months,	beginning, July 1, 2016 and ending, June 30, 2017. Barbara Hainsworth to amend this write-up	MOTION MOTION Motion Motion Kellett	Director Nygaard seconded, and it was	Finance, Operations and Planning	Committee recommend that the ICHU Board of Directors add Drs. Kimberly	Chariton and Monamined Annied to
Discussions, Conclusions Recommendation	Sherry Miller conveyed that this agreement was to add a physician to a currently existing panel.	After some discussion it was agreed that this and all future write-ups would be written to reflect a request to add one or more physicians to a currently existing panel. In addition, it was requested that subsequent write-ups for panel additions would no longer reflect the panel fees.	Sherry Miller conveyed that this agreement was to add a physician to a currently existing panel.	The write-up to be modified to reflect that a physician is being added to a currently existing panel agreement.		Sherry Miller conveyed that this	physicians to a currently established		The write-up to be modified to reflect that the physicians are being	added to a currently existing panel
Topic	• OB-GYN	5	Neurosurgery-Spine			i. Physician Agreement for ED	On-Call Coverage – Psychiatry	 Kimberly Chariton, IVI.D. Mohammed Ahmed, 	M.D.	

Person(s) Fonsible		Amy Waldrop / Sharon Schultz	Dan Martinez
Action Recommendations/ Conclusions	the currently existing ED On-Call Coverage Panel for Psychiatry for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017.	It was moved by Mr. Keane, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Frank E. Corona as the Pulmonary Rehab Medical Director for a renewal term of 24 months beginning July 1, 2016 and ending June 30, 2018. Not to exceed an average of 10 hours per month or 120 hours annually, at an hourly rate of \$175 for an annual cost of \$21,000, and a total cost for the term of	It was moved by Dr. Contardo, Mr. Keane seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Dr. Scott Worman as the IT Physician Liaison, for 26 months beginning July 1, 2016, ending on August 31, 2018. Not to exceed an average of 50 hours per month or 600 hours annually, at an hourly rate of \$135 for an annual amount of \$81,000 and a total cost for the term of \$175,500.
Discussions, Conclusions Recommendations	agreement.	Sharon Schultz conveyed that this agreement was a renewal at the same rates.	Dan Martinez conveyed that this agreement was a renewal at the same rates.
Topic		 j. Medical Director Agreement – Pulmonary Rehab • Frank Corona, M.D. 	k. IT Physician Liaison – • Scott Worman, M.D.

Person(s)	Dan Martinez		Jeremy Raimo	
Action Recommendations/ Conclusions	It was moved by Director Kellett, Mr. Lingenfelter seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Cerner Corporation for the Cerner EMR Upgrade project for a term of 24 months, beginning August 1, 2016 and ending July 31, 2018 for an annual cost of \$250,000, and a total cost for the term of \$500,000.		MOTION It was moved by Dr. Contardo, Director Nygaard seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement for Cardiovascular Institute Co-Management for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019 for an annual cost of NTE \$870,000, and a total cost for the term of NTE \$2,610,000.	MOTION It was moved by It was moved by Dr. Contardo, Director Nygaard seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best
Discussions, Conclusions Recommendation	Dan Martinez explained that this upgrade to the 2015 Cerner Millennium was needed to remain in compliance with the changing Meaningful Use and regulatory requirements. He emphasized that this upgrade will be a 6-month project, and lays the future foundation for Cerner EMR at TCMC.	PULLED	Jeremy Raimo conveyed that this agreement was a renewal at the same rates.	Jeremy Raimo conveyed that this agreement was a renewal at the same rates.
Topic	I. Cerner Millennium 2015 EMR Upgrade Proposal	m. Vista Community Clinic Service Agreement (PRIME)	n. Cardiovascular Health Institute • Co-Management Agreement	Medical Directorship Agreements

Person(s) Consible			
Action Recommendations/ Conclusions	interest of the public health of the communities served by the District to approve an expenditure for the Cardiovascular Institute Medical Directorship Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$126,000. MOTION It was moved by It was moved by Dr. Contardo, Director Nygaard seconded, and it was unanimously approved that the Finance, Operations and Planning	Committee recommend that the ICHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Cardiovascular Institute Operations Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$15,120.	It was moved by Dr. Contardo, Director It was moved by Dr. Contardo, Director Nygaard seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Cardiovascular Institute Quality Committee Agreements for a 12 month
Discussions, Conclusions Recommendation	Jeremy Raimo conveyed that this agreement was a renewal at the same rates.		Jeremy Raimo conveyed that this agreement was a renewal at the same rates.
Topic	Operations Committee Agreements		Quality Committee Agreements

Person(s) I jonsible		Jeremy Raimo	
Action Recommendations/ Conclusions	term, beginning July 1, 2016 and ending June 30, 2017, for an annual amount not to exceed \$15,120.	It was moved by Dr. Contardo, Mr. Keane seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Medical Directorship Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$57,600.	It was moved by Dr. Contardo, Mr. Keane seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Operations Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$15,120.
Discussions, Conclusions Recommendation		Jeremy Raimo conveyed that this agreement was a renewal at the same rates.	Jeremy Raimo conveyed that this agreement was a renewal at the same rates.
Topic		o. Neuroscience Institute • Medical Directorship Agreements	Operations Committee Agreements

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Person(s) Fonsible			
Action Recommendations/ Conclusions	It was moved by Dr. Contardo, Mr. Keane seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Quality Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$15,120.	It was moved by Director Nygaard, It was moved by Director Nygaard, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Orthopedic Institute Medical Directorship Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$124,080.	MOTION It was moved by Director Nygaard, Director Kellett seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD
Discussions, Conclusions Recommendation:	Jeremy Raimo conveyed that this agreement was a renewal at the same rates.	Jeremy Raimo conveyed that this agreement was a renewal at the same rates.	Jeremy Raimo conveyed that this agreement was a renewal at the same rates.
Topic	Quality Committee Agreements	p. Orthopedic Institutes • Medical Directorship Agreements	Operations Committee Agreements

Person(s)		Chairman	
Action Recommendations/ Conclusions			
Discussions, Conclusions Recommendation	Adjusted Patient Days 104,298 Surgery Cases 2,365 ED Visits 60,484 TCHD - Financial Summary - 2,365 ED Visits 60,484 Current Month	Director Dagostino reported that these agenda items were for	
Topic		r. Work Plan – Information Only	





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT FOR NICU MEDICAL DIRECTOR

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

Responsibilities:	Rate / Hour	Hours per Month Not to Exceed	Hours per Year	Monthly Cost	Annual Cost Not to Exceed	36 month (Term) Cost Not to Exceed
Medical Director	\$200	20	240	\$4,000	\$48,000	\$144,000
Oversight Newborn Nursery & HRIFC	\$149	20	240	\$2,980	\$35,760	\$107,280
	•			Totals:	\$83,760	\$251,280

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:	Х	Yes	No
Approved by Chief Compliance Officer:	Х	Yes	No
Is Agreement a Regulatory Requirement:	Х	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 \$83,760, and a total cost for the term not to exceed \$251,280.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 NICU & UNASSIGNED DELIVERY COVERAGE PHYSICIAN AGREEMENT

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

Physician's Name:

Hamid, Movahhedian, M.D. & North County Neonatology Specialists

Area of Service:

NICU

Term of Agreement:

36 months, Beginning, July 1, 2016 - Ending, June 30, 2019

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

Responsibilities:	Average Monthly Cost	Annual Cost Not to Exceed	36 month (Term) Cost Not to Exceed
In-House On-Call Coverage Duties, 24/7, 365	\$19,771	\$237,250	\$711,750

Position Responsibilities:

24/7 Physician coverage for the Neonatal ICU

Coverage for unassigned deliveries (infant care)

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

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize North County Neonatology Specialists to provide NICU coverage for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019, at an annual cost not to exceed \$237,250, and a total cost for the term not to exceed \$711,750.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PROPOSAL FOR: Commercial Insurance

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

Vendor Name: BB&T Insurance Services (BB&T)

Area of Service: Commercial Insurance Policies

Term of Agreement: Policy period commencing July 1, 2016

Description of Services/Supplies:

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

Coverage	2016 Company	AM Best Rating	2015 Premiums	2016 Premiums	% Change
Umbrella (GL/F), \$20,000,000 with \$1,000,000 S(F)	CAP/Pro Assurance		\$506,552.50	*\$5 75,7 85 .00	
Claims Post 7/1/15 Claims Pre ////15	CAP Western Litigation		\$130,000.00 \$36,000.00	\$130,000.00 \$20,000.00	
			\$732,552.50	\$725,785.00	▼ 1.06

Automobile	Philadelphia	4++ (Superior) XV	\$62,530,88	\$60.564.38	▼ 3.0%
Property	travelers	-++ (Sup+rio*) XV	\$201 085 00	**\$202,130.00	▲ 0.5%
Cyber	IG	Alu (Excellent) XV	\$49,720.73	***\$55,000.00	▲ 11 0%
Directors & Officers / Employment Practices / Fiduciary Liability					
ri-City Health) are	AIG	= ii (Excellent) XV	\$201,755.00	\$425,095,00	A 111 0%
Excess Side A - \$5mm ×	AIG	A u (Excellent) XV		\$110,000,00	0%
\$10mm Cardiovascular Institute	AIG	All (Excellent) XV	35,353.00	\$5 353 00	0%
Orthopedic Institute	Ali	A ii (Excellent) XV	35 353 00	\$5 353 00	0%
Neuro Institute	416-	- u (Excellent) XV	\$5.375.00	\$5,353.00	0%
Cri me = 3 Year Term 2015/2016, Billettin Full 2015	Fidelity & fleposit Companies (Zurich)	A4 (Superior) XV	\$37,374 00	\$1,385 00 Added Volumber Coverage	a erm
Pollution = 2.7 =ar Tem) 2015 / 2017 Billed in Full 2015	Steadfast Insurance	A+ (Supener) x∀	£3+ 782 56	50	2-Vr Term
Student Accident	- xis	== (Superior) XV	\$2.170.28	\$2,115.54	▼ 3 0%
			\$1.342.056.95	\$1,598,134,42	A 19 0%

^{15%} increase in exposures flat rate for 2016

^{**} We recommend obtaining a seview from your insurance parties during a scheduled engineering visit or, via a professional amoetic appliance.

There was a 5% increase in her revenues and an overall increase in the local number of files. Coverage would increase to AlC for 2016.





PROPOSAL FOR: Commercial Insurance

Document Submitted to Legal:	Yes	Х	No	
Is Agreement a Regulatory Requirement:	Yes	Х	No	

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the acceptance, placement and financing of the commercial insurance products recommended by BB&T for the policy period commencing July 1, 2016.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 Proposal to Retrofit Existing Plumbing with Water Saving Devices

Type of Agreement		Medical Directors	Panel	Х	Other:
Status of Agreement	_	X New Agreements	Renewal –		Renewal – Same
Status of Agreement	^	INEW Agreements	New Rates		Rates

Vendor's Name:

Water Saver Solutions, Inc.

Area of Service:

Tri City Medical Center

Term of Agreement:

12 months

Maximum Totals:

Cost Not to Exceed	Total Term Cost
\$48,285	\$48,285

Description of Services/Supplies:

- Last project out of 3 total projects to be performed to reduce water use in the hospital
- Water savings estimated at over 9 million gallons annually or 23% of all interior water use.
- With available rebates and with \$95,000 in annual utility costs savings the Return-On-Investment for the total project is 9 months.
- Water Saver Solutions, Inc. was the lowest responsive bidder on April 4, 2016.

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

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize an agreement with Water Saver Solutions, Inc. for Retrofitting of Existing Toilets and Urinals with Water Saving Devices at the Medical Center for a cost not to exceed \$48,285, and a total term cost of \$48,285.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016

Proposal to Rebuild of Men's & Women's ADA Shower Stalls to Code - Wellness Center

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

Vendor's Name:

McCoy Design & Construction, Inc.

Area of Service:

Tri City Medical Center

Term of Agreement:

24 months

Maximum Totals:

Rebuild Proposal Expenses:	
Project Expense Budget	\$59,944.98
General Contractor Agreement	\$52,495.44
Total Project Cost:	\$112,440.42

Description of Services/Supplies:

- Current ADA Shower Stalls at the Wellness Center are not ADA Compliant; could present a potential
 risk for the district.
- TCHD engaged a Certified Access Specialist (CASp) to evaluate concern; recommended TCHD correct issue immediately.
- Construction plans already approved by the City of Carlsbad
- McCoy Design & Construction, Inc. was the lowest responsive bidder, as of May 27, 2016.

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

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize a Total Project Budget and an Agreement with McCoy Design & Construction, Inc. for Rebuild of Men's & Women's ADA Shower Stalls to Code at the Wellness Center, for a project budget of \$59,944.98, a general contractor agreement total of \$52,495.44, for a total project cost of \$112,440.42.





PROPOSAL FOR VIGILANZ FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: JUNE 21, 2016 PROPOSAL FOR VIGILANZ

Type of Agreement		Medical Directors	Panel	Other:
Status of Agreement	X	New Agreement	Renewal – Renewal –	
		The state of the s	New Rates	Rates

Vendor's Name:

VigiLanz

Area of Service:

Infection Control, Pharmacy and Quality

Term of Agreement:

36 months, Beginning, November 1, 2016 - Ending, October 31, 2019

Maximum Totals:

Annual Cost	Total Term Cost
\$118,138	\$ 354,414

Description of Services/Supplies:

<u>Pharmacy Surveillance</u> – VigiLanz automatically screens and monitors all patients based on our internal guidelines, helps conduct more thorough, continuous medication oversight to anticipate and prevent Adverse Drug Events (ADEs), increase clinical pharmacy productivity and improve patient care.

<u>Antimicrobial Stewardship</u> - VigiLanz helps improve antimicrobial stewardship through real-time drug dosing, exception-based tracking, customized guidance, national benchmarking and innovative solutions that go beyond published recommendations – helping control use of high-cost drugs and decrease antibiotic utilization.

<u>Infection Prevention</u> - Through automated, continuous surveillance, VigiLanz helps identify, control and prevent infections in real time; identify and investigate outbreaks and drug resistance patterns; provides you with prevention tools and significantly expedites the reporting of mandated conditions – including via our NHSN Direct interface.

<u>Quality and Care Management</u> - Helps advance care management and quality surveillance with real-time insights to better manage sepsis, achieve Core Measures, and strengthen compliance with medical and nursing guidelines to improve reimbursement and cost containment.

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

Person responsible for oversight of agreement: Tori Hong, Director, Pharmacy & Lisa Mattia, Infection Preventionist / Sharon Schultz, Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with VigiLanz for a term of 36 months, beginning November 1, 2016 and ending October 31, 2019 for an annual cost of \$118,138, and a total cost for the term of \$354,414.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT for INPATIENT BHU MEDICAL DIRECTOR

Type of Agreement	Х	Medical Director		Panel	Other:
Status of		Now Agrooment	V	Renewal – New	Renewal – Same
Agreement		New Agreement	^	Rates and Hours	Rates

Physician's Name:

Dr. Manish Sheth

Area of Service:

Inpatient Behavioral Health Unit

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

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

Rate/Hour	Hours per Month	Hours per Year	Monthly Cost	Annual Cost	12 month (Term) Cost
\$150	42	504	\$6,300	\$75,600	\$75,600

Position Responsibilities:

- Provide professional guidance and oversight for the Inpatient Behavioral Health Services Department, including Medical floor and Emergency Department Psychiatric consultation services;
- Provide supervision for the clinical operation of the Department and programs;
- Monitor bed utilization to less than or equal to a 5-6 day length of stay;
- Provide staff education to improve outcome of care;
- Resolve conflicts that are intra-departmental or inter-departmental in nature to ensure or improve timeliness of patient treatment
 and intervention:
- Ensure that services provided are in compliance with regulatory standards;
- · Timely communication with primary care physicians and/or other community health resources;
- Utilization Review, Quality Improvement-actively participate in Hospitals and Medical Staff's utilization review, quality, performance improvement and risk programs;
- Respond to insurance authorization calls, doc-to-doc reviews, and appeals with guidance of BHU UR staff;
- Physician shall maintain time sheets of hours worked, and submit signed sheets at end of each month to Department Manager for review.

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

Person responsible for oversight of agreement: Joy Melhado, Nurse Manager/ Sharon Schultz Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Manish Sheth as the Coverage Physician for a term of 12 months beginning, July 1, 2016 and ending, June 30, 2017. Not to exceed an average of 42 hours per month or 504 hours annually, at an hourly rate of \$150 for an annual cost of \$75,600 and a total cost for the term of \$75,600.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT for the CRISIS STABILIZATION UNIT (CSU) MEDICAL DIRECTOR

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

Physician's Name:

Dr. Manish Sheth

Area of Service:

Crisis Stabilization Unit (CSU)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

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

Rate/Hour	Hours per	Hours per	Monthly	Annual	12 month (Term)
	Month	Year	Cost	Cost	Cost
\$150	25	300	\$5,000	\$45,000	\$45,000

Position Responsibilities:

- Provide professional guidance and oversight for the Crisis Stabilization Unit (CSU) Department Psychiatric consultation services
- Provide supervision for the clinical operation of the CSU Program
- Provide staff education to improve outcome of care
- Resolve conflicts that are intra-departmental or inter-departmental in nature to ensure or improve timeliness of patient treatment and intervention
- Ensure that services provided are in compliance with regulatory standards
- Timely communication with primary care physicians and/or other community health resources
- Utilization Review, Quality Improvement- actively participate in Hospitals and Medical Staff's utilization review, quality, performance improvement and risk programs
- Physician shall maintain time sheets of hours worked, and submit signed sheets at end of each month to
 Department Manager for review

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

Person responsible for oversight of agreement: Joy Melhado, Nurse Manager/ Sharon Schultz Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Manish Sheth as the Coverage Physician for the Crisis Stabilization Unit, for a term of 12 months, beginning July 1, 2016 and ending, June 30, 2017. Not to exceed an average of 25 hours per month or 300 hours annually, at an hourly rate of \$150 for an annual cost of \$45,000 and a total cost for the term of \$45,000.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 Medical Director Agreement for ICU

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

Physician's Name:

Mark Yamanaka, MD

Area of Service:

ICU

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

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

Rate/Hour	Hours per Month	Hours per Year	Monthly Cost	Annual Cost	12 month (Term) Cost
\$175	20	240	\$3,500	\$42,000	\$42,000

Position Responsibilities:

- Provide clinical documentation
- Utilization review of program
- Evaluates and establishes policies and procedures and protocols for ICU
- Recommending, developing and implementing new services
- Facilitates effectives communication
- Assist with interviewing new staff
- Assists in public education
- Attend Hospital meetings as requested

Board Approved Physician Contract Template:	Х	Yes	No
Approved by Chief Compliance Officer:	Х	Yes	No
Is Agreement a Regulatory Requirement:	Х	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. Yamanaka as the Coverage Physician for the ICU for a term of 12 months beginning July 1, 2016 and ending June 30, 2017. Not to exceed an average of 20 hours per month or 240 hours annually, at an hourly rate of \$175 for an annual cost of \$42,000, and a total cost for the term of \$42,000.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Orthopedic Surgery

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

Physician's Name: David Amory, MD; Christian Bentley, MD; David Daugherty, MD; Andrew

Hartman, MD; Harish Hosalkar, MD; Serge Kaska MD; Andrew Cooperman, MD

Area of Service: Emergency Department On-Call: Orthopedic Surgery

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

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

For entire Current ED On-Call Area of Service Coverage:

Rate/Day		Panel Days per Year	Panel Annual Cost
Monday-Friday:	\$1,500	FY17: 365	\$564,300
Saturday-Sunday-Holidays:	\$1,650	FY18: 365	\$564,300
		Total Cost:	\$1,128,600

Position Responsibilities:

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

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

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Orthopedic physicians David Amory, MD; Christian Bentley, MD; David Daugherty, MD; Andrew Hartman, MD; Harish Hosalkar, MD; Serge Kaska MD as the Orthopedic Surgery ED-Call Coverage Physicians for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018 at a daily rate of \$1,500 Monday-Friday and \$1,650 Saturday-Sunday and holidays that are not on the weekend, for an annual cost of \$564,300, and a total cost for the term of \$1,128,600.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Spine - Orthopedic

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

Physician's Name:

Neville Alleyne, MD, David Amory, MD, Payam Moazzaz, MD,

Lokesh S. Tantuwaya, MD

Area of Service:

Emergency Department On-Call: Spine

Term of Agreement:

12 months, Beginning, July 1, 2016 – Ending, June 30, 2017

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

For entire Current ED On-Call Area of Service Coverage:

Rate/Day	Panel Days per Year	Panel Annual Cost		
\$400	FY17: 365	\$146,000		
	Total Cost:	\$146,000		

Position Responsibilities:

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

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

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

Motion

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the Spine physicians Neville Alleyne, MD, David Amory, MD, Payam Moazzaz, MD as the Spine ED-Call Coverage Physicians for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017 at a daily rate of \$400 for an annual cost and total term cost of \$146,000.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE - PSYCHIATRY

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

Physician's Names:

Venugopal Depala, M.D., Mark Melden, M.D., Manish Sheth, M.D.

Area of Service:

Emergency Department On-Call: Psychiatry

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

For entire Current ED On-Call Area of Service Coverage:

Rate/Day	Current Panel Days per Year	Current Panel Annual Cost
\$1,000	FY17: 365	\$365,000

Position Responsibilities:

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

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

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Drs. Venugopal Depala, Mark Melden, Manish Sheth, as ED-Call Coverage Physicians for Psychiatry for a term of 12-months, beginning July 1, 2016 and ending June 30, 2017 at daily rate of \$1,000, for an annual cost of \$365,000 for FY 2017 for a total cost for the term of \$365,000.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – OB/GYN

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

Physician's Names:

Tina J. Dhillon-Ashley, MD

Term of Agreement:

24 months, Beginning, July 1, 2016 - Ending, June 30, 2018

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

For entire Current ED On-Call Area of Service Coverage: OB/GYN +

New physician to existing panel, no increase in expense

Position Responsibilities:

 Provide 24/7 patient coverage for OB/GYN specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)

 Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements

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

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

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors add Tina J. Dhillon-Ashley, MD to the currently existing ED-Call Coverage panel for OB-GYN for a term of 24 months, beginning July 1, 2016 and ending June 30, 2018.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE - NEUROSURGERY/SPINE

Type of Ag	reement		Medical Directors	Х	Panel	Other:
Status of Agreement		v	New Agreement		Renewal –	Renewal – Same
Status Of A	greement	^	New Agreement		New Rates	Rates

Physician's Names: Howard Tung, M.D.

Area of Service: Emergency Department On-Call: Neurosurgery and Spine

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

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

For entire Current ED On-Call Area of Service Coverage: Neurosurgery/Spine -

New physician to existing panel, no increase in expense

Position Responsibilities:

 Provide 24/7 patient coverage for all Neurosurgery and Spine specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)

 Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

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

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors add Howard Tung, MD to the currently existing ED-Call Coverage Panel for Neurosurgery and Spine for a term of 12 months, beginning, July 1, 2016 and ending, June 30, 2017.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE - PSYCHIATRY

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

Physician's Name: Kimberly Charlton, MD, Mohammed Ahmed, MD

Area of Service: Emergency Department On-Call: Psychiatry

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

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

Maximum Totals: For entire Current ED On-Call Area of Service Coverage: Psychiatry

New physicians to existing panel, no increase in expense

Position Responsibilities:

 Provide 24/7 patient coverage for all Psychiatry specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)

 Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

A STATE OF THE PERSON NAMED IN	Board Approved Physician Contract Template:	Х	Yes	No	
	Approved by Chief Compliance Officer:	Х	Yes	No	
	Is Agreement a Regulatory Requirement:	Х	Yes	No	

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

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors add Drs. Kimberly Charlton and Mohammed Ahmed to the currently existing ED On-Call Coverage Panel for Psychiatry for a term of 12 months, beginning July 1, 2016 and ending June 30, 2017.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 MEDICAL DRIECTOR AGREEMENT - PULMONARY REHAB

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

Physician's Name:

Frank E. Corona, MD

dba Tri-City Pulmonary Medical Group, a Professional Corporation

Area of Service:

Pulmonary Services Department

Term of Agreement:

24 months, Beginning, July 1, 2016 - Ending, June 30, 2018

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

Rate/Hour	Hours per	Hours per	Monthly	Annual	24 month (Term)
	Month	Year	Cost	Cost	Cost
\$175	10	120	\$1,750	\$21,000	\$42,000

Position Responsibilities:

- Medical Director leadership support of the Pulmonary Rehabilitation service line.
- Medical Leadership oversight of the respiratory care department (Pulmonary Services) and the respiratory care practitioners.
- Review and make recommendations regarding clinical applications of respiratory care.
 Assistance in developing policies, procedures, clinical protocols, forms, reports and records by TCMC in connection with the department.
- Assistance with the provision and design of educational services to the respiratory care staff members.

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

Person responsible for oversight of agreement: Amy Waldrop, Manager, Ops. Respiratory Therapy / Sharon Schultz Chief Nurse Executive/Sr. VP

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Frank E. Corona as the Pulmonary Rehab Medical Director for a renewal term of 24 months beginning July 1, 2016 and ending June 30, 2018. Not to exceed an average of 10 hours per month or 120 hours annually, at an hourly rate of \$175 for an annual cost of \$21,000, and a total cost for the term of \$42,000.





PHYSICIAN AGREEMENT for I.T. PHYSICIAN LIAISON

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

Physician's Name:

Dr. Scott Worman, I.T. Physician Liaison

Area of Service:

Information Technology

Term of Agreement:

26 months, Beginning, July 1, 2016 - Ending, August 31, 2018

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

Rate/Hour	Hours per	Hours per	Monthly	Annual	26 month (Term)
	Month	Year	Cost	Cost	Cost Not to Exceed
\$135	50	600	\$6,750	\$81,000	\$175,500

Position Responsibilities:

- Continued support for strategic physician initiatives within the Electronic Health Record, with emphasis on enhancing quality and increasing efficiency in operations, and facilitating effective communications with attending and referring physicians and the IT Department.
- Continue ongoing CPOE support and development of Physician Orders/Power Plans.
- Participation and guidance for Decision support metrics for Physicians.
- Support Strategic Initiatives for Research Projects related to Airstrip, Datamart, Dashboards, Analytics, Prime Grant and Quality.
- Work with IT Staff and Cerner on the Physician Optimization project.

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

Person responsible for oversight of agreement: Daniel Martinez, Sr. VP, Information Technology / Kapua Conley, Chief Operating Officer

Motion:

We move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Scott Worman as the IT Physician Liaison, for 26 months beginning July 1, 2016, ending on August 31, 2018. Not to exceed an average of 50 hours per month or 600 hours annually, at an hourly rate of \$135 for an annual amount of \$81,000 and a total cost for the term of \$175,500.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 Cerner Millennium 2015 EMR Upgrade Proposal

Type of Agreement		Medical Directors	Panel	Х	Other:
Status of Agreement V		Now Agrooment	Renewal –		Renewal – Same
Status of Agreement	us of Agreement X New Agreement		New Rates		Rates

Vendor's Name:

Cerner Corporation

Area of Service:

Information Technology - Hospital Electronic Medical Record

Term of Agreement:

24 months, Beginning, August 1, 2016 - Ending, July 31, 2018

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
\$20,833.33	\$250,000	\$500,000

Description of Services/Supplies:

- Cerner Millennium upgrade to 2015 is required for TCMC to stay in compliance with the changing Meaningful Use and regulatory requirements. This is a six month project
- Cerner Millennium 2015 upgrade is a major base release for the Cerner EMR. This release includes innovations for Physician usability, Nursing improvements, Revenue Cycle, Compliance and other areas of priority for TCMC
- Cerner Millennium 2015 upgrade also includes a new look for Lab, Radiology, Pharmacy, Registration, and Scheduling solutions
- Cerner Millennium 2015 upgrade lays the future foundation for the Cerner EMR at TCMC

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

Person responsible for oversight of agreement: Dan Martinez, Director, Information Technology / Kapua Conley, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Cerner Corporation for the Cerner EMR Upgrade project for a term of 24 months, beginning August 1, 2016 and ending July 31, 2018 for an annual cost of \$250,000, and a total cost for the term of \$500,000.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 CARDIOVASCULAR HEALTH INSTITUTE - CO-MANAGEMENT AGREEMENT

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

Vendor's Name:

TCMC Cardiovascular Institute, LLC

Area of Service:

Tri-City Cardiovascular Institute

Term of Agreement:

36 months, Beginning, July 1, 2016 - Ending, June 30, 2019

Maximum Not to Exceed (NTE) Totals:

	Base Management Fed	2
Monthly Cost	Annual Cost	Total Term Cost
\$35,000	\$420,000	\$1,260,000
Perfor	mance Improvement Inco	entive Fee
Monthly Cost	Annual Cost	Total Term Cost
\$37,500	\$450,000	\$1,350,000

Description of Services/Supplies:

- Provides structure that is consistent with the Institute's guiding principles of hospital physician collaboration and integrated leadership
- Establishes an entity that is consistent with integrated delivery and provides a foundation for business and payer initiatives
- The management fee and incentive fees are unchanged from the original agreement

Legal:

The original agreement was established in October 2011 and structured by the law firm of Squire, Sanders and Dempsey LLP, and approved by TCHD Counsel.

Document Submitted to Legal:	Х	Yes		No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	Х	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 agreement for Cardiovascular Institute Co-Management for a term of 36 months, beginning July 1, 2016 and ending June 30, 2019 for an annual cost of NTE \$870,000, and a total cost for the term of NTE \$2,610,000.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 CARDIOVASCULAR HEALTH INSTITUTE - MEDICAL DIRECTORSHIP AGREEMENTS

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

Physician Names: Andrew Deemer, M.D., Vascular Surgery

Theodore Folkerth, M.D., Cardiothoracic Surgery Kathleen Paveglio, M.D., Non-Invasive Cardiology Donald Ponec, M.D., Cardiovascular Institute David Spiegel, M.D., Invasive Cardiology

Areas of Service:

Cardiovascular Institute (CVHI)

Term of Agreement:

12 months, Beginning, July 1, 2016 – Ending, June 30, 2017

Maximum Totals:

Specialty	Rate/ Hour	# of Medical Directorship Agreements	Hours per Month per Medical Directorship Agreement	Hours per Term per Medical Directorship Agreement	Monthly Cost per Medical Directorship Agreement	Cost per Term per Medical Directorship Agreement	12 month (Term) Cost Total
Vascular Surgery	\$210	1	12	144	\$2,520	\$30,240	\$30,240
Cardiothoracic Surgery	\$210	1	6	72	\$1,260	\$15,120	\$15,120
Non-Invasive Cardiology	\$210	1	12	144	\$2,520	\$30,240	\$30,240
Invasive Cardiology	\$210	1	12	144	\$2,520	\$30,240	\$30,240
Cardiovascular Institute	\$210	1	8	96	\$1,680	\$20,160	\$20,160

Terms are the same terms as previously approved in the Cardiovascular Health Institute documents (comanagement agreement) and budget.

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

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

Position Responsibilities: Physician shall serve as Medical Director and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:





- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;
- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in cardiovascular services, including new treatment modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Cardiovascular Institute Medical Directorship Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$126,000.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 CARDIOVASCULAR HEALTH INSTITUTE – OPERATIONS COMMITTEE AGREEMENTS

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

Physician Names:

Theodore Folkerth, M.D.

Mohammad Jamshidi-Nezhad, M.D.

David Spiegel, M.D.

Areas of Service:

Cardiovascular Institute (CVHI)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

	Rate/ Hour	# of Medical Directorship Agreements	Hours per Month per Medical Directorship Agreement	Hours per Term per Medical Directorship Agreement	Monthly Cost per Medical Directorship Agreement	Cost per Term per Medical Directorship Agreement	12 month (Term) Cost Total
1	\$210	3	2	24	\$420	\$5,040	\$15,120

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

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

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

Position Responsibilities:

Physician shall serve as Committee Member and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;





- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in cardiovascular services, including new treatment modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Cardiovascular Institute Operations Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$15,120.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 CARDIOVASCULAR HEALTH INSTITUTE – QUALITY COMMITTEE AGREEMENTS

Type of Agreement	Medical Directors	Panel	1 Y	Other: Quality Committee Agreement
Status of Agreement	New Agreement	Renewal – New Rates	Х	Renewal – Same Rates

Physician Names:

John Kroener, M.D.

Kathleen Paveglio, M.D. Donald Ponec, M.D.

Areas of Service:

Cardiovascular Institute (CVHI)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

Rate/ Hour	# of Medical Directorship Agreements	Hours per Month per Medical Directorship Agreement	Hours per Term per Medical Directorship Agreement	Monthly Cost per Medical Directorship Agreement	Cost per Term per Medical Directorship Agreement	12 month (Term) Cost Total
\$210	3	2	24	\$420	\$5,040	\$15,120

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

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

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

Position Responsibilities:

Physician shall serve as Committee Member and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;





- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in cardiovascular services, including new treatment modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Cardiovascular Institute Quality Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, for an annual amount not to exceed \$15,120.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 NEUROSCIENCE INSTITUTE - MEDICAL DIRECTORSHIP AGREEMENTS

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

Physician Names:

Jack Schim, M.D., Stroke

Greg Sahagian, M.D., Neurology

Areas of Service:

Neuroscience Institute (NSI)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

Rate/ Hour	# of Medical Directorship Agreements	Hours per Month per Medical Directorship Agreement	Hours per Term per Medical Directorship Agreement	Monthly Cost per Medical Directorship Agreement	Cost per Term per Medical Directorship Agreement	12 month (Term) Cost Total
\$200	2	12	144	\$2,400	\$28,800	\$57,600

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

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

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

Position Responsibilities:

Physician shall serve as Medical Director and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;





- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in neuroscience services, including new treatment modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Medical Directorship Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$57,600.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 NEUROSCIENCE INSTITUTE — OPERATIONS COMMITTEE AGREEMENTS

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

Physician Names:

Tyrone Hardy, M.D.

Gregory Sahagian, M.D.

Kevin Yoo, M.D.

Areas of Service:

Neuroscience Institute (NSI)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

Rate/ Hour	# of Medical Directorship Agreements	Hours per Month per Medical Directorship Agreement	Hours per Term per Medical Directorship Agreement	Monthly Cost per Medical Directorship Agreement	Cost per Term per Medical Directorship Agreement	12 month (Term) Cost Total
\$210	3	2	24	\$420	\$5,040	\$15,120

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

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

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

Position Responsibilities:

Physician shall serve as Committee Member and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;





- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in Neuroscience services, including new treatment modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Operations Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$15,120.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 NEUROSCIENCE INSTITUTE - QUALITY COMMITTEE AGREEMENTS

Type of Agreement	Medical Directors	Panel	Х	Other: Quality Committee Agreement
Status of Agreement	New Agreement	Renewal-New Rates	Х	Renewal-Same Rates

Physician Names:

Donald Ponec, M.D.

Jack Schim, M.D.

Lokesh Tantuwaya, M.D.

Areas of Service:

Neuroscience Institute (NSI)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

Rate / Hour	# of Medical Directorship Agreements	Directorshin	Hours per Term per Medical Directorship Agreement	Monthly Cost per Medical Directorship Agreement	Cost per Term per Medical Directorship Agreement	12 month (Term) Cost Total
\$210	3	2	24	\$420	\$5,040	\$15,120

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

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

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

Position Responsibilities:

Physician shall serve as Committee Member and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;





- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in Neuroscience services, including new treatment modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Quality Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$15,120.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 ORTHOPEDIC INSTITUTE - MEDICAL DIRECTORSHIP AGREEMENTS

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

Physician Names:

Neville Alleyne, M.D., Spine

James Helgager, M.D., Joint

Lokesh Tantuwaya, M.D., Neurosurgery

Andrew Hartman, M.D., Institute

Areas of Service:

Orthopedic Institute (OSI)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

Rate/ Hour	# of Medical Directorship Agreements	Hours per Month per Medical Directorship Agreement	Hours per Term per Medical Directorship Agreement	Monthly Cost per Medical Directorship Agreement	Cost per Term per Medical Directorship Agreement	12 month (Term) Cost Total
\$235	3	12	144	\$2,820	\$33,840	\$101,520
\$235	1	8	96	\$1,880	\$22,560	\$22,560

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

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

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

Position Responsibilities:

Physician shall serve as Medical Director and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;





- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in neuroscience services, including new treatment modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Orthopedic Institute Medical Directorship Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$124,080.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21st 2016 ORTHOPEDIC INSTITUTE – OPERATIONS COMMITTEE AGREEMENTS

Type of Agreement	Medical Director	Panel	x	Other: Operations Committee Member
Status of Agreement	New Agreement	Renewal- New Rates	х	Renewal- Same Rate

Physician Names:

Andrew Cooperman, M.D.

James Helgager, M.D. Payam Moazzaz, M.D.

Areas of Service:

Orthopedic Spine Institute (OSI)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

Rate / Hour	# of Committee Agreements	Hours per Month per Committee Agreement	Hours per Term per Committee Agreement	Monthly Cost per Committee Agreement	Cost per Term per Committee Agreement	12 month (Term) Cost Total
\$235	3	2	24	\$470	\$5,640	\$16,920

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

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

Person responsible for oversight of agreement: Wayne Knight, Sr. Vice President, Medical Services / Jeremy Raimo, Sr. Director, Business Development

Position Responsibilities:

Physician shall serve as Institute Committee Member and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;





- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in neuroscience services, including new treatment modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Orthopedic Institute Operations Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$16,920.





FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2016 ORTHOPEDIC INSTITUTE – QUALITY COMMITTEE AGREEMENT

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

Physician Names:

Andrew Cooperman, M.D.

Payam Moazzaz, M.D.

Areas of Service:

Orthopedic Institute (OSI)

Term of Agreement:

12 months, Beginning, July 1, 2016 - Ending, June 30, 2017

Maximum Totals:

Rate / Hour	# of Committee Agreements	Hours per Month per Committee Agreement	Hours per Term per Committee Agreement	Monthly Cost per Committee Agreement	Cost per Term per Committee Agreement	12 month (Term) Cost Total
\$235	2	2	24	\$470	\$5,640	\$11,280

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

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

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

Position Responsibilities:

Physician shall serve as Committee Member and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;
- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in neuroscience services, including new treatment modalities, drug information and other relevant developments;





- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Orthopedic Institute Quality Committee Agreements for a 12 month term, beginning July 1, 2016 and ending June 30, 2017, at an annual amount not to exceed \$11,280.

DRAFT

Tri-City Medical Center Professional Affairs Committee Meeting Open Session Minutes June 9, 2016

Members Present: Director Laura Mitchell (Chair), Director Larry Schallock, Director Ramona Finnila, 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.

Regulatory Compliance, Cli. Quality and Infection Control, Kathy Topp, Sharon Davies, Jessica Ruh, Mary Diamond, Kathy R. Topp, Priya Joshi, Others present: Jody Root, General Counsel, Marcia Cavanaugh, Sr. Director for Regulatory and Compliance, Jami Piearson, Director for Tom Moore, Board Chair Director Dagostino, 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 12:07 p.m. in Assembly Room 1.		Director Mitchell
2. Approval of Agenda	The committee reviewed the agenda and there were no additions or modifications. Director Mitchell made a note to omit Item number 6 in the agenda as there are no contracts to be reviewed at this month's meeting.	Motion to approve the agenda was made by Director Schallock and seconded by Director Finnila.	Director Mitchell
3. Comments by members of the public on any item of interest to the public before	Director Mitchell read the paragraph regarding comments from members of the public.		Director Mitchell

	Person(s) Responsible		Karren Hertz		Jami Piearson		Patricia Guerra
	Follow-Up Action/ Recommendations		Minutes ratified. Director Finnila K moved and Director Schallock seconded the motion to approve the minutes from May 2016.		Informational.		ACTION: The Patient Care
)	Discussion		Director Mitchell called for a motion to approve the minutes from May 12, 2016 meeting.		Severe sepsis management is the priority project discussed for this month's meeting. Jami reported that the Sepsis measure is a is doing considerably well even though it is a brand new measure. The Power Plan contains the severe sepsis guidelines which were created in 2004. With the guidelines and order sets being used, Jami reported that these attributes helped the hospital in doing better than the national average. There is currently a challenge in identifying patients and also there is a need to adjust indicators to improve mortality. Once these process improvement take place to improve the issues taking place, the data will be improved in future tracking.		It was noted that after a patient fills out the
)	Topic	committee's consideration of the item.	4. Ratification of minutes of May 2016.	5. New Business	a. Priority Project Dashboard	b. Consideration and Possible Approval of Policies and Procedures	Patient Care Policies and Procedures:

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Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Disclosure of Patient Information (PHI) Procedure	PHI form, this form needs to be a part of the medical record.	Services policies and procedures were approved. Director Finnila moved and Dr. Worman seconded the motion to approve the policies moving forward for	
2. Release of Deceased Procedure	A sample of the mortuary form needs to be attached to this policy. It was also noted that the loss counselor mentioned that the staff in NICU is appropriately trained in sensitive situations like these when an infant is involved.	Board approval.	
3. Infant Baptism Procedure (Spiritual Care for Family of Critically III or deceased Infant)	Staff in the department are trained on assisting patients and their families regarding their preferences on the care of their critically ill/deceased infants.		
Administrative Policies and Procedures 1. Business Visitor Visitation Requirements 8610-203	Tom Moore clarified some issues associated with this policy. He defined the processes for new vendors and how the vendors need to adhere to the hospital guidelines when they enter District property. He mentioned that these vendors also sign the HIPAA and BAA form. He stated that vendors train TCHD staff to train other staff (train the trainer) as we do not pay outside vendors to train all staff. TCHD staff cannot be involved in the marketing of products/services used by the District.	ACTION: The Administrative policy and procedure was approved as moved by Director Finnila and seconded by Dr. Worman.	Patricia Guerra
Unit Specific			
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Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Surgical Services 1. Admission/Discharge Criteria	There was a brief discussion on this policy and it was noted that this is not yet in the EHR.	ACTION: The Surgical Services policy and procedure was approved as moved by Director Schallock and seconded by Dr. Johnson.	Patricia Guerra
Forms 1. High Risk Infant Follow-Up Standard Visit Form 7883- 1002	This form is done in consistent with California Children's Services (CCS) requirements. The assessment is done but not necessarily the treatment This form is scanned into electronic medical record.	ACTION: The Forms were approved as moved by Dr. Contardo and seconded by Director Finnila.	Patricia Guerra
2. Progress Record	It was discussed that the paper forms need to be reviewed/revised every 5 years.		
6. Clinical Contracts	No contracts were reviewd for this month.	ACTION: No action taken.	Director Mitchell
7. Closed Session	Director Mitchell asked for a motion to go into Closed Session.	Directir Finnila moved, Director Schallock 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

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Person(s) Responsible	Director Mitchell
Follow-Up Action/ Recommendations	
Discussion	Meeting adjourned at 2:24 PM
Topic	11. Adjournment





PROFESSIONAL AFFAIRS COMMITTEE June 9th, 2016

CONTACT: Sharon Schultz, CNE

Policies and Procedures	Reason	Recommendations
Patient Care Services Policies & Procedures	de la como del composition de la composition della composition del	
Accounting of Disclosure of Patient Information (PHI) Procedure	3 year review, practice change	Forward to BOD for approval
Release of Deceased Procedure	Practice change	Forward to BOD for approval with revisions
Infant Baptism Procedure (Spiritual Care for Family of Critically III or Deceased Infant)	3 year review, practice change	Forward to BOD for approval with revisions
Administrative Policies & Procedures		The second secon
Business Visitor Visitation Requirements 8610-203	3 year review, practice change	Forward to BOD for approval with revisions
Unit Specific		
Surgical Services	\$ 1 to 10 to	
Admission/Discharge Criteria	Practice change	Forward to BOD for approval
<u>Forms</u>		
High Risk Infant Follow-up Standard Visit Form 7883-1002	Practice change	Forward to BOD for approval
Progress Record 8720-1018	Practice change	Forward to BOD for approval

Tri-City Medical Center		Distribution:	Patient Care Services	
PROCEDURE:	ACCOUNTING OF DISCLOSURE	OF PATIENT	INFORMATION (PHI)	
Purpose:	Purpose: To outline the procedure for capturing information on disclosures of patient information which Tri-City Medical Center (TCMC) is required to account and track			
Supportive Data: Reporting reference included on reverse side of form.				
Equipment:	Form – TCMC Accounting of Disclo	osures Form	The second secon	

A. PROCEDURE:

- Clinical Departments and Nursing Units:
 - a. Complete and forward the attached form for each disclosure referenced, to the Privacy Officer.
 - b. Record the patient identifying information (patient name, medical record number, account number)
 - c. Record specific information relating to the recipient of the disclosed information
 - i. Name of Requestor (person's name)
 - ii. Name of Entity (facility name)
 - iii. Current Address (location of the entity)
 - d. Record the purpose of the disclosure by marking off the appropriate box on the form. Check only one box per disclosure.
 - e. Record the reason for the disclosure by marking off the appropriate box.
 - i. State or Federal law or regulation
 - ii. Court order (attach accompanying supporting documentation)
 - iii. Other specify reason for the disclosure
 - f. Record a description of the information disclosed (i.e., lab results, Form #1234)
 - g. Record the treatment date for the information disclosed.
 - h. Identify the originating location of the information disclosed (i.e., medical record for lab results)
 - Record the method of disclosure by marking off the box that describes how the information was disclosed. Multiple answers to this question may apply and can be recorded on the single form.
 - j. Print the name, department, and date of disclosure.
 - k. Forward the completed sheet to the Privacy Officer for data entry into the Accounting of Disclosures- Release of Information database.
- 2. Privacy Office/Release of Information
 - a. Stamp the Accounting of Disclosures form upon receipt.
 - b. Log into the Affinity Release- Cerner of Information/Correspondence module.
 - c. Identify the patient based upon the identifying information provided on the disclosure form.
 - d. Insert/Add the disclosure utilizing the following information
 - i. Name of Entity (Organization)
 - ii. Purpose of Disclosure (response that begins with prefix PRI)
 - iii. Reason for Disclosure
 - iv. Description of Information disclosed
 - v. Method of Disclosure
 - vi. Name of Person who disclosed (record in comments field)
 - e. Date and initial entry of the information into the tracking system
 - f. Forward Scan completed document to the Privacy Officer for filing patient's medical record.

B. FORMS:

Revision Dates	Clinical Policies & Procedures	Nursing Executive Council	Medical Executive Committee	Professional Affairs Committee	Board of Directors
7/03, 3/06; 03/09, 4/16	07/11, 05/16	08/11 , 05/16	NA	09/11, 06/16	09/11

Patient Care Services Manual Accounting of Disclosure of Patient Information (PHI) Procedure Page 2 of 4

- **Accounting of Disclosures Form**
- 1. 2. **Disclosure Tracking References Form**

TCMC - Accounting of Disclosures Form

Complete and submit to Medical Records/Health Information (Attn: Privacy Officer)

NOT PART OF THE PERMANENT RECORD

Disclosures to be entered in the Accounting:

Patient's 1	Name:				elaranifelik varlisiel-vanna kiiki kysellysylvelikäivelekkovanian, eru vaiskunnossessamalalalak	
Patient MI	RIIN.	Last	First	Ml Acct #:		
Disclos	sure made	to		Acct #.	and a contract of the state of	e frame-program
			Name of Entity	•		
Current A	ddress:				Phone #:	
City:		Stat	e: Zip Co	de:	Phone #:	
Purpos	se of Discl	osure (check only	y one)			
	Animal Bites		,			
	Assault & Batte	ry to on-duty Health Car	re Personnel			
	Assault Victims	- Domestic Violence				
	Child Abuse (su	ispected)				
	Chromosomal L	Defects in Fetus or Infant	I			
	Drug Use (illeg	al)				
	Elder and Depe	•				
	rirearms report	ing				
	nfectious Disea	ases (reportable)				
	Lapses of Cons	ciousness/Seizures				
	Locating suspec	ets, fugitives, and witnes	ses			
	Mental Health I	Holds beyond 24 hours				
	Missing Patient					
	Multiple bee sti	ngs				
	Neural Tube De	efects in a Fetus				
	Newborn Scree	ning Test Refusal (PKU)			
	Occupational In	juries/Illnesses (if not fo	or payment)			
	Patient Death (r	not LifeSharing and Fund	eral Homes/Director	s - standard re	leases)	
	Patient Injury/D	eath due to faulty equip	ment			
	Patient Transfer	· Violation				
	Pesticide Poison	ning				
	PKU Specimen					
	Research if don	e without authorization				
	Reye Syndrome	2				
	Threat to Kill					
		ences that threaten the w			rs	
		actors (if not for Treatme	ent, Payment, Opera	tions)		
	Other (specify)					

		Made: (check o				
		w or regulation	☐ Court Or	der 🗆	Other	
Brief I	Description	n of Information	Disclosed:			
	-					
This reco	ord was for tre	eatment date:				
	ormation is i		lecord □ Ri	lling Record	☐ Other (specify) _	
	of Disclosure:			ission/Fax □	Other (specify)	
		ords: (please print)	- I OIII SUUII		outer (apecity)	
						Last Name
	First Name	Dej	partment	D	ate	

	Disalanus	Tendelsen Deference	
Disclosure Type	Disclosed by	e Tracking References Disclosed To	Method of Disclosure
1 Animal Bites	Emergency Department Business Office Security Department - Director	Humane Society Law Enforcement, Employee Health, Risk Management	Phone Call Phone call
	Emergency Department Business Office Registrars, Social Services, Security, Risk Management	-	Phone Call with written report follow-up
4 Cancer Reporting- Neoplasms	Oncology Data Registry	Dept of Health Services Cancer Protection Service	Data Abstract/Cnet
5 Certificate of Birth	Birth Certificate Clerk	San Diego County Registrar	Birth Certificate/AVSS
6 Child Abuse (suspected)	Social Services, Health Practitioner, Child Care Custodian	Child Protective Services, Local Law Enforcement	Phone Call with written report follow-up
7 Chromosomal Defects in Fetus or Infant 8 Drug Use (Illegal)	Lab performing the analysis or physician making diagnosis Security Department	Dept of Health Services Oceanside Police	Phone Call with written report follow-up
	Social Services, Health Practitioner, Care Custodian		Phone Call with written report follow-up
10 Firearms Reporting	BHU Nurse Designee	Dept of Justice	Firearms Report
11 Infectious Diseases (Reportable)	Physician, Nursing Staff, Emergency Department, Infection Control, Laboratory	Public Health Dept	Phone Call with written report follow-up
12 Lapses of Consciousness/Seizures	Central source of Medical Staff Support Services	Department of Motor Vehicles	Form (PM110) completed and faxed
13 Locating suspects, fugitives, and witnesses	Privacy Officer, Risk Management	Law Enforcement	Verbal with written report follow-up
14 Mental Health Holds beyond 24 hours	Director of Emergency Services	Dept of Health Services	Phone Call with written report follow-up
15 Missing Patient	Security Department	Law Enforcement	Phone Call with written report follow-up
16 Multiple bee stings 17 Neural Tube Defects in a Fetus	ED Nursing Staff Designee MRD/HIM Director	Dept of Health Services Dept of Health Services - Alpha-Feto Protein Screening Program	Phone Call with written report follow-up Written report
18 Newborn Screening Test Refusal (PKU)	Maternal/Child Health Representative	Department of Health Services - Genetic Disease Branch	Written report (#NBS-PR)
(19 Occupational Injuries/Illnesses (if not for payment)	Physician	Employer & Employee, Insurer	Written report
20 OSHPD (Office of State Healthwide Planning & Development)	MRD/HIM - semi-annually	OSHPD	Data Abstract/Electronic
21 Outbreaks or undue prevalence of infectious or parasitic disorder	Infection Control	Dept of Health Services	Form (PM110) completed and faxed
22 Patient Deaths	Health Care Practitioner, Physician	LifeSharing (organ donation), Medical Examiner, Funeral Homes/Directors, Dept of Health Services as required	Phone immediately
23 Patient Deaths due to unusual circumstances	Health Care Practitioner, Risk Manager	Law Enforcement, Medical Examiner, Dept of Health Services. HCHA (if relate	Phone Call with written report follow-up
24 Patient Injury/Death due to faulty equipment	Health Practitioner, Risk Manager	Federal Drug Admn - Medical Device & Lab product problem reporting program	Phone Call with written report follow-up
25 Patient Transfer Violation 26 Pesticide Poisoning	Risk Manager Emergency Department Nurse	Dept of Health Services, HCFA Dept of Agriculture Health Officer	Phone Call with written report follow-up Phone Call
27 PKU Specimen not Obtained	Maternal/Child Health Representative	Dept of Health Services - Genetic Screening Branch	Form (BS-No-90)
28 Research if done without authorization	IRB Coordinator	Regulatory Agencies	Written
29 Reye's Syndrome	ED Dept, Central Source - Medical Staff Support Services	Dept of Health Services	Form (CBC Reye Syndrome) completed and submitted
30 Subpoenas, court orders, discovery request of other lawful process (unless authorization is provided)	MRD/HIM Release of Information Desk	Entities as outlined in the subpoena/court order.	Copy service copies as designated or copy mailed/delivered to court.
31 Threat to Kill	Psychotherapist, Behavioral Health Manager, Security, Risk Manager	Law Enforcement, Intended Victim	Phone immediately with written report follow-up.
threaten the welfare of the patient, staff or visitors	Health Care Practitioner, Risk Manager	Dept of Health Services, Law Enforcemen	nt Phone Call with written report follow-up

Tri-City Medical Center		Distribution:	Patient Care Services		
PROCEDURE:	RELEASE OF DECEASED				
Purpose:	To care for and release remains of deceased to Medical Examiners Office, appropriate mortuary/crematory or Lifesharing				
Supportive Data:	Patient Care Service (PCS) Policies: Organ Donation, Including Tissues and Eyes, and PCS Medical Examiner Notification, PCS Procedure Deceased Patient Care and Disposition, Security Department policy # 224 and Authority for Release of Deceased Form and Consent of Anatomical Donation Form.				

A. AFTER A PATIENT'S DEATH, THE STAFF NURSE WILL:

- Notify physician to pronounce the patient or to obtain physician's order for the Administrative Supervisor (AS) or designeespecially trained Registered Nurse (RN) to pronounce patient dead.
 - a. Notification of the family of the patient's death is the responsibility of the physician.
 - Provide next of kin's name and phone number to physician.
 - ii. Ask the physician who will be responsible for signing the death certificate and complete the Expiration Record in Cerner with this information.
 - b. For neonatal deaths see PCS Procedure: Miscarriage and Stillbirth Identification and Disposition Process and PCS Deceased Newborn/Stillborn, Care of.
 - c. For forensic deaths see Forensics Procedure: Release of Deceased of an Incarcerated Patient.
- 2. Notify the Medical Examiner of reportable deaths within one hour of death and do not remove any lines unless this is waived by the Medical Examiner. (Refer to PCS Policy IV.Z Medical Examiner Notification for criteria for reportable deaths and process for reporting). Explain procedures involved to family.
- 3. Indicate in the Expiration Record in Cerner if the Medical Examiner is notified or not.
 - If the Medical Examiner is notified and waives the case make sure to enter the waive number in the Expiration record.
 - b. If the Medical Examiner accepts the case document in Cerner the Medical Examiner accepts case.
 - The Medical Examiner's office will pick up decedent.
- 4. Notify the donor referral line (Lifesharing) as soon as possible and within one hour of the death at 1-888-423-6667 (refer to PCS Policy Organ Donation, Including Tissues and Eyes). Note the date and time of this call and name of the referral line staff on the Expiration Record in Cerner.
 - a. If LifeSharing identifies the patient as a candidate for eye, bone or tissue procurement, a Lifesharing Representative shall contact the family regarding donation options (refer to PCS Policy Organ Donation, Including Tissues and Eyes) for referral, obtaining consent, and recovery process). If the representative calls back with donation information for consent purposes, the additional information on donation in the Expiration Record in Cerner needs to be completed.
 - b. Only a Lifesharing Procurement Coordinator shall approach the family regarding donation option for organs.
 - i. Verify that the family consent or refusal for donation option is documented in the "Expiration Record" in Cerner along with time of death.
 - ii. Provide eye care for corneal / eye donation patients (close eyes, place light ice bags over the eyes). Corneas can be utilized up to twelve hours.
 - iii. Document consent for donation in the "Expiration Record" in Cerner and place signed consent form in the front of the medical record. Leave the chart in the Nursing area at the main nursing desk on the floor in which the patient expired for the Procurement Coordinator to review. Document recovery procedure completion if

Department Review	Clinical Policies & Procedures	Nursing Executive Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
12/94, 4/07, 3/10,	7/06, 4/07, 3/10,	8/06, 7/07;	8/06, 7/07,	9/06, 8/07,	9/06, 8/07, 5/10;9/13;
6/13,12/13	6/13,12/13, 03/16	4/10;6/13;12/13, 03/16	4/10;7/13;1/14 , 04/16	5/10;9/13;2/14 , 6/16	2/14

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done at bedside in the expiration record in the "other" comment box of "Organ Donation Approval" section.

- 5. Notify Patient Representative (760-940-7466 from 0730 1600, Mon-Fri) or AS Administrative Supervisor/designeespecially trained RN (760-644-6968 from 1900 0730, M-F and 24 hours per day on weekends and helidays), immediately after death.
 - If the Patient Representative or AS Administrative Supervisor is are not available, sSecurity will be point of contact.
- 6. Solicit assistance from Chaplain, Social Services and/or patient's Hospice Nurse as needed for family support.
 - a. If hospice is involved, they do not notify the mortuary to pick up the deceased only the Patient Representative or AS Administrative Supervisor makes this call.
 - b. In the Emergency Room, **Social Services and** Trauma Interventional Program (TIP) is also available for family support.
- 7. Verify that the time of death is recorded in the "Expiration Record" in Cerner by the AS

 Administrative Supervisor or by the physician who pronounced the death. If the

 ASAdministrative Supervisor or designeespecially trained RN pronounces, the time will be
 entered into the note of pronouncement and expiration record, otherwise the time will be noted in
 the Physician's Progress Note.
- 8. Provide family information regarding funeral arrangements and support services death procedures verbally and by offering the family a "We Care Brochure."
- 9. Identify patient's next of kin (e.g. spouse, parent, child, sibling, aunt/uncle, cousin).
- 9. Release patient belongings and valuables after recording inventory of all valuables and patient belongings in the "Expiration Report" in Cerner and then print "Authority for Release of Deceased Report" and place a patient label where indicated. Release belongings to family and obtain their signature on Authority for Release of Deceased Report.
 - Forward any-Any unclaimed valuables will be secured in valuables envelope and belongings in labeled belongings bagthen the RN notifies Security to pick up the valuables. to Patient Representative or Administrative Supervisor. Place aAll unclaimed valuables will be placed in the hospital safe per Patient Care Services pPolicy Patient Valuables, Liability and Control Administrative Policy number 317 and the forward receipt forwarded to Patient Representative or the ASAdministrative Supervisor. Security is to be contacted to provide patient valuables to family members when requested after a patient's death.
 - 40.b. If family is not present to take patient belongings, then the RN notifies Security to pick up the belongings and place them in a secure designated location. Security is to be contacted to provide patient valuables and belongings to family members when requested after a patient's death.
- 41.10. Print Cerner report "Authority for Release of Deceased Report" for signatures.
 - a. If "Authority for Release of Deceased" Report is signed by a legal representative, attach a copy of the documentation of legal representation, e.g. Power of Attorney.
- 42.11. Forward the following to the Patient Representative/ AS Administrative Supervisor:
 - ATwo copies of completed electronic "Authority for Release of Deceased" Report.
 - a.b. Facesheet 1 copy.
 - b.c. 1 copy of documentation of legal representation of patient, i.e. Power of Attorney; Conservator, if applicable.
 - e.d. Valuables receipt.
 - d.e. Consent for Autopsy (if requested by family or physician and financial arrangements have been confirmed with Department of Pathology).
 - e.f. Consent for Anatomical Donation, for Tissue and/or Eye Donation (when procurement is complete).
 - **f.g.** Body donation program acceptance letter/forms.
- 43.12. After patient is properly identified and placed in body bag, notify Lift Team to transport the body from the patient care area to the morgue for temporary storage.

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14.13. May also release patients to Medical Examiner's office or mortuary from the patient's room following the above process and sign off appropriately on the "Authority for Release of Deceased" Report.

B. THE PATIENT REPRESENTATIVE/ADMINISTRATIVE SUPERVISOR WILL:

- 1. Call the mortuary when the body is ready for release from TCMC and provide them with the information requested from the completed "Authority for Release of Deceased" Report. Refuse release of body to any agency or transport service before hearing from next of kin and having authorization signed. Exceptions to this are as follows:
 - a. The Medical Examiner will pick up the deceased on their authority.
 - b. If the patient has made prior arrangements (pre needs), a copy of this document from the mortuary is acceptable.
- 2. Send two copies of the "Authority for Release of Deceased" Report and additional paperwork to the PBX AS office even if patient is to be picked up from room or other areas of the Medical Center.
- 3. Notify Engineering when morgue bay is full to adjust temperature.
- 4. Respond to call from **Private Branch Exchange** (PBX) when a security officer is unavailable to release deceased from TCMC.
- 5. Pick up the second copy of Release of Deceased form clipboard in PBX. These will be picked up daily and archived in a binder in the Administrative Supervisor's office.
- 6.5. Notify Public Administrator if:
 - a. Next of Kin of patient is unidentified and there is no identified court appointed Power of Attorney or Conservator/Guardian.
 - i. Holding A Body Pending Disposition: The body of any person whose death occurs in this State, or whose body is found in the State, or which is brought in from outside the State, shall not be temporarily held pending disposition more than eight (8) calendar days after death, unless a permit for disposition is issued by the local registrar of the registration district in which the death occurred or the body was found.
 - b. Parents or family of fetal demise have made no mortuary arrangements after eight (8) days.
 - i. If parents or families are unable financially to obtain mortuary services they may contact the Public Administrator for assistance. This is done by the family placing the call to the San Diego County Public Administrator (858) 694-3500.
 - ii. The Medical Center staff is prohibited from making mortuary referrals or financial arrangements for families.
- 7.6. Serve as a resource to the staff nurse regarding consent for tissue, organs, and eye donation, (refer to PCS Policy Organ Donation, Including Tissues and Eyes). The determination of donor suitability will be done by Lifesharing.
- 8.7. Contact Anatomical Gift Program to verify donation when patient has applied or been accepted into the anatomical gift program for body donation.
 - If available, attach a copy of the acceptance forms and letter, from the University Medical Center or school to the "Authority for Release of Deceased" Report. If not available from the family, call the Program Office at the School or University for a copy to be faxed to TCMC and attached to the "Authority for Release of Deceased" Report.
- 9.8. In the case of an autopsy:
 - a. Autopsies may be requested on any deceased patient by the attending physician or immediate family/legal guardian who has legal standing, in order to determine the exact cause(s) of death, but only with a signed written consent, i.e., a formal Autopsy Permit, sometimes referred to as Authorization for Autopsy. Ensure family understanding that the attending physician's request for an autopsy does not make TCMC financially responsible for the autopsy, and does not obligate the TCMC Pathologist. There is a professional fee from the Pathologist for the service, and the Family must make financial arrangements for the autopsy with the TCMC Pathologists prior to the start of the autopsy. The AS will assist the family in meeting with a representative of the Pathology Department to make such arrangements. The TCMC Pathologist

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reserves the right to evaluate the indications for the autopsy, and may decline the request if it is deemed inappropriate. If the autopsy is so declined by the TCMC Pathologist, the family may then elect to commission the S.D. County Medical Examiner's office (M.E.) to perform a private autopsy, if that office agrees to do so. Those private arrangements must be made directly between the next-of-kin with legal standing and the M.E.'s office. The Family will be financially responsible for the M.E.'s fees in these circumstances also. The M.E. would be expected to charge a fee if that office does <u>not</u> exert it legal jurisdiction and convert the case to a "Medical Examiner's Case".

- b. TCMC Pathologist reserves the right to honor the request based on written consent from the physician; no payment. If declined at TCMC, the family may request the ME or independent Pathology to perform at their request. In these cases the family is responsible for payment.
- c. Ensure family understanding that a physician's order for autopsy does not make TCMC financially responsible for the autopsy. The Family must make financial arrangements for autopsy with the Department of Pathology prior to start of autopsy. The ASAdministrative Supervisor Patient Representative will assist the family in meeting with a representative of Pathology department to make such arrangements.
- d. When a family requests an autopsy be performed at TCMC:
 - i. T, the patient's physician, Pathology and Medical Records are notified.
 - ii. A and all forms are signed.
 - iii. The chart is sent to Medical Records for processing and is forwarded to Pathology Department the same day for the autopsy.
 - i-iv. The canary copy of the autopsy consent is kept by the Patient Representative/ AS Administrative Supervisor with the "Authority for Release of Deceased" Report copies.
- d.e. The Secretary for the Department of Pathology notifies the Patient Representative/AS

 Administrative Supervisor when the autopsy is complete. The original Authorization for Autopsy form stays with the chart, a carbon copy remains in the Laboratory. Upon notification of autopsy completion, the body may be released to the mortuary.
- e.f. For autopsies to be completed at outside facilities (e.g. UCSD Medical Center or the Medical Examiner's office), the body will be released and signed copies of the "Authority for Release of Deceased" Report in the space provided for such agencies and Autopsy Consent (pink copies) provided. The Authority for Release of Deceased Report will remain on the board for return of body if known. Remaining forms go to the AS-Patient Representative or Administrative Supervisor.
- 40.9. Once the body is released from the TCMC morgue it is no longer the responsibility of TCMC to accept the body back to our morgue. Fetal demises will be released from Pathology to the Mmortuary of choice.

C. THE SECURITY OFFICER WILL:

- 1. Upon notice by PBX of mortuary service or Medical Examiner's arrival, pick up Authority for Rrelease of Deceased Report forms from PBX box labeled "pick-up." from the ASAdministrative Supervisor office. If no forms found, call the Patient Representative or call AS Administrative Supervisor (760) 644-6968.
 - a. If the patient is to be picked up from their room, Security will follow the same process.
- 2. Go to the morgue or patient's room with above paper work, identify Medical Examiner's agent, appropriate mortuary service/procurement agency, and verify the deceased with all identification as below:
 - Medical Examiner's agent: Request identification and verify the name of the decedent.
 - b. Mortuary: Request identification and verify the name of decedent.
 - c. Decedent: Check the "Authority for Release of Deceased" Report and Patient Identification Label/name against the hospital armband and bag/toe tags.

Patient Care Services Release of Deceased Procedure Page 5 of 10

- d. Verify that no personal belongings or valuables remain on the deceased. Return all valuables and/or belongings found to the Patient Representative/ AS Administrative Supervisor. or Security.
- 3. Legibly sign the "Authority for Release of Deceased" Report along with driver.
- 4. Provide driver with unsigned copy of "Authority for Release of Deceased" Report
- 5. Complete Morgue Disposition Log, logging patient out of morgue (or back into morgue, if patient is returning from Medical Examiners/procurement agency).
- 6. Deliver signed copy of the Authority for Release of Deceased Report to PBX the ASAdministrative Supervisor office and make a second copy of signed report.
 - a. Place original copy on clipboard labeled "Medical Records" and place in "Returns" box, this will be picked up daily by Medical Records.
 - a.b. Update Deceased Tracking Report with Mmorgue Sstatus daily.
 - i. Place second copy on clipboard labeled "Administrative Supervisor" and place in "Returns" box
- 7. Notify Patient Representative/ AS Administrative Supervisor when a deceased is returned to the morgue from an outside agency.
- 8. Notify Patient Representative AS/Administrative Supervisor if any problems with morgue, or if any deceased is not in a morgue bay with their name.
- 8-9. Update Mmorgue log with any deceased patient movement, either entering the Morgue or being removed from the Mmorgue.
- 9-10. Adhere to all aspects of Security Department Policy and Procedure #018-224 regarding Morgue Release.
 - Security to get signatures with family.
- 40-11. Ensure that there is a family consent before allowing San Diego Eye Bank to take the body from the morgue and start the case. Security should first check with the **AS**Administrative Supervisor or Patient Representative to ensure that consent exists.

D. SECURITY AFTER HOURS PROCESS:

- 1. When the ASPatient Representative or Administrative Supervisor is not available, Security will be the point of contact for Release of Deceased matters to include: family members signing the Authority of Release of Deceased Report, communication with mortuaries, donation services and release of remains from TCMC.
- 2. After Hours Procedure:
 - a. Lead Security Officer will be notified of request.
 - b. Security shall contact/speak with family member and verify next of kin status or right to sign.
 - c. Security shall request that the family member come in to sign the **Authority for** Release of Deceased **Reportform**.
 - Upon family signing, Security Officer will release personal belongings.
 - e. Security will call the mortuary of choice for notification of release.
 - f. Security will document on the **Authority for** Release of Deceased **Report Ttime**, **Dd**ate and **Ss**ignature.
 - g. Paperwork will remain with clip board in the PBX office.

E. THE LIFT TEAM WILL:

- 1. Maintain-Obtain a morgue key, retrieve the covered morgue transport gurney from the morgue, and transport it to the requesting unit of a deceased patient.
 - a. The patient should be in a body bag.
 - b. Lift Team will assist with placing patient in body bag if patient is large.
- 2. Transport patient to and from the morgue as requested by ASPatient

 Representative/Administrative Supervisor to accommodate family viewing or place patient on gurney in the morgue for viewing if needed a number 1 or number 2 will be written on the back side of the Authority for Release of Deceased Report-form.
- 3. Record requested information on Morgue Disposition Log, logging patient into or out of morgue.
- 4. Notify the AS-Patient Representative/Administrative Supervisor if morgue bays are full, body is not

Patient Care Services Release of Deceased Procedure Page 6 of 10

in a morgue bay, or morgue equipment is not functioning properly.

- a. ASAdministrative Supervisor/Patient Representative to notify Engineering for temperature adjustment.
- 5. Rotate bodies as directed when there are more bodies than morgue bays available, under the direction of the ASPatient Representative/Administrative Supervisor.
 - a. Unclaimed bodies will be transferred to outside morgue #2 as determined by the ASPatent Representative.

F. WOMEN'S AND CHILDREN'S SERVICES STAFF IN THE EVENT OF AN INFANT DEATH WILL:

- 1. Maintain a morgue key.
- 2. Carry deceased infant, properly wrapped and labeled, to and from the morgue for family viewing.
- Infants may be placed with adults in cooler compartments.
- 4. Record requested information on the Morgue Disposition Log when the infant is in and out of the morque.
 - Determine if the fetus has died in utero and is a stillborn or miscarriage.
 - If fetus identified as a miscarriage it does not require family to be responsible for disposition of fetal remains.
 - Fetal remains are taken to pathology with tissue requisition.
 - If fetus fails to meet stillbirth requirements the patient may choose to have remains buried or cremated with a Mortuary. Refer to
 - 5. A fetus that is delivered stillbirth requires the family to make disposition arrangements with a mortuary. A stillborn fetus will be handled according to Refer to PCS Deceased Newborn/Stillborn, Care of

G.F. PROCESSING OF COMPLETED PAPERWORK BY ALL STAFF:

a. Original copies of all paperwork (All Consents, authorizations, and the electronic "Authority for Release of Deceased" Report) will be forwarded to the ASPatient Representative or Administrative Supervisor for processing.

H.G. MANAGEMENT OF CALLS RELATED TO RELEASE OF DECEASED ISSUES:

1. Addressed by the patient's nurse and ASAdministrative Supervisor./Patient Representative.

LH. DECEDENT'S PROPERTY:

- 1. Except when there is reason to know of a dispute over a deceased patient's personal property, California law permits a decedent's personal property to be turned over to the decedent's residence, the patient's spouse or relative, or to the conservator of the decedent/guardian of the decedent's estate. If the estate is being administered, however, the property must be delivered to the personal representative (i.e., executor or administrator of the will/estate) upon request of the personal representative. If no member of the family or legal representative appears within a reasonable time, or fails to respond to hospital correspondence, the hospital can deliver the property to the public administrator and obtain a receipt to be kept in the decedent's medical record.
- 2. The hospital may release the property promptly after the patient's death; however the recipient must provide reasonable proof of their status and identity. The hospital may rely on their driver's license, a passport, or photo identification card issued by the U.S. Government. The hospital must record the property released, and to whom the property was delivered, for a period of at least 3 years. The hospital must also obtain a signed receipt. Hospital will maintain a copy of the photo identification provided by the recipient, as well as the signed receipt, for the requisite time period.

HI. RELATED DOCUMENTS:

- 1. Emergency Department Deaths of Pediatric Patients Procedure
- 2. PCS Policy Medical Examiner Notification
- 3. PCS Policy Organ Donation, Including Tissue and Eyes
- 4. PCS Policy Patient Valuables, Liability and Control

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- 3.5. PCS Procedure Deceased Newborn/Stillborn, Care of
- 4.6. PCS Procedure Deceased Patient Care and Disposition
- 5.7. PCS Procedure: Miscarriage and Stillbirth Identification and Disposition Process Differentiating Intrauterine Demise from Miscarriage
- 6-8. PCS Procedure: Wasting Narcotics Documentation in the Pyxis Machine

J. FORMS:

- 7.1. Authority for Release of Deceased Report Sample
- 2. Deceased Tracking Report Sample
- 3. Morgue Log Sample
 - Consent for Anatomical Donation Form

Release of Deceased Form and Consent of Anatomical Donation Form

Test, Fred 00000547 6002100724 Room # 516 487-66-5555 SSN Oceanside CA 92056 Next of kin: Test, Fred Relation: Pt Phone Number: (111) 111-1111 Patient a donor: Yes Attending Physician: Test, DME Physician Pronounced Time: 04/04/2016 14:56 Medical Examiner Notified: Yes Waive No.: 55555 I acknowledge the receipt of personal effects (Acuso recibo de los efectos personales) Date (Fecha) Signature of next to kin (Firma del Pariente mas cercano) Relationship (Parentesco) I hereby authorize Tri-City Medical Center to release the remains of (Por medio del presente documento authorizo a Tri-City Medical Center liberar los restos de) Test, Fred Patient (Paciente) To (Al): Mortuary/Procurement Agency funeral home (Nombre del Mortuario) (Codigo de Area o # de Teleforo) Notification Signature of next to kin Date Relationship Phone Number (Firma del Pariente mas cercano) (Fecha) (Parentesco con el Difunto) (Codigo de Area o # de Telefono) Physician to sign Death Certificate: Test, DME Physician Phone: Mortuary Notified Date & Time: Received from Tri-City Medical Center the remains of patient listed above Signature of Medical Examiner/Lifesharing Date/Time Release by Returned By: Medical Examiner/Lifesharing Agent Accepted by Date/Time Received from Tri-City Medical Center Date/Time Mortuary/Procurement Agency Release by Public Administrator Notified Date/Time 00000547 0 Test, Fred Tri-City Medical Center 02/02/1954/ 62 Years/Male TCMC/Inpatient/6002100724 **Authority for Release of Deceased** PLEASE MAKE COPY OF ORIGINAL WITH FAMILY SIGNATURES FOR MORTUARY PICK UP SERVICE

TCMC015

AUTHORITY FOR RELEASE OF DECEASED REPORT FORM - Sample

Patient Care Services
Release of Deceased Procedure
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DECEASED TRACKING REPORT – Sample

	 	 	 	 	 		,	 	 1	 		
Initials												
Released Time												
Released Date												
Time												
Date Notified												
Mortuary: Physician and Mortician										1-1-1		
Paperwork Location												
Autopsy (Y or N)												
Organ Donation (Y or N)								The state of the s				
Coroners Case (Y or N)												
Expiration												
Expiration Date												
Room #												
Medical Record #												
Palients Name:												

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MORGUE LOG SHEET - Sample

PRINT NAME			And the second section of the section of t	provide Advisor in the second	e the residence of the control of th		the state of the s		
DATE/TIME OUT									
PRINT LIFT TEAM NAME & UNIT FROM									
DATE/TIME IN			ruuddille 90 90 90 daar						
MR#									
ROOM # PICKED UP FROM									
PATIENT NAME									Signature of the state of the s
LOCATION IN MORGUE									

OUT
nessessioner en

Tri-City Me	dical Center		Patient Care Services
PROCEDURE:	INFANT BLESSING OF BAPTISMS ILL OR DECEASED INFANT		ARE FOR FAMILY OF CRITICALLY
Purpose:	critically ill infant.		bBaptism of either a deceased or a
Supportive Data:	Infant blessing or baptism may be (e.g. Roman Catholic, Anglican/Ep	desired by paiscopalian, Lui	arents of many Christian denominations theran, Presbyterian, Orthodox).
Equipment:	Sterile water		

A. PROCEDURE:

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

B. **DOCUMENTATION:**

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

Department Review	Clinical Policies & Procedures			Professional Affairs Committee	Board of Directors
5/03, 6/09, 5/12, 04/16	05/12, 05/16	05/12, 05/16	0 6/12 n/a	07/12, 06/16	07/12



Administrative Policy Manual District Operations

ISSUE DATE:

9/07

SUBJECT: BUSINESS VISITOR VISITATION

REQUIREMENTS

REVISION DATE: 01/08; 07/11

POLICY NUMBER: 8610-203

Department Approval Date(s)

11/15

Administrative Policies & Procedures Committee Approval:

04/1201/16

Executive Council Approval:

06/11

Professional Affairs Committee Approval:

05/1206/16

Board of Directors Approval:

05/12

A. **PURPOSE:**

To outline expectations for business visitors at Tri-City Health Care District (TCHD)

2. To ensure all business visitors are pre-authorized to visit with appropriate identification; understand all practices as they relate to contracts, products, loaner instrumentation, new/borrowed equipment, dress code, conduct while in the hospital, and confidentiality in the hospital setting.

B. **DEFINITIONS:**

- Business visitors: Any non-credentialed supplier, vendor, or community service provider. community liaison or clinical research personnel
 - 2.a. Suppliers: A person who provides sales or sales support of products or services to TCHD. Examples of suppliers include but are not limited to representatives of equipment, supply, or medical materials.
 - Vendors: A person who provides contracted services to departments or patients at TCHD. 3-b. Examples of vendors include but are not limited to dialysis services registry and supplemental staff, or equipment servicerepair or installation technicians.
 - 4-c. Community service provider liaisons: Community Liaisons-may include, but not be limited to providers of Home Health, Hospice, Chaplains, and Skilled Nursing & Acute Rehabilitation Services who may present to TCMCTCHD upon invitation from patient or family or Case Manager/Social Worker staff for purposes of assessing patient for appropriate admission to their service.

C. POLICY:

- TCHD's selection of contractors and business visitors shall be made on the basis of objective criteria includina:
 - Group Purchasing OrganizationNational contract affiliation a.
 - b. Quality
 - Technical excellence C.
 - Price d.
 - e. Delivery
 - Service
- 2. TCHD's purchasing decisions shall be made based on the business visitor's ability to meet our
- Prior to entering any patient care area, all Registry staff must meet all established requirements in ShiftWise as determined by TCHD Leadership.
- Prior to entering any patient care area, all business visitors must meet all established 3. requirements in Reptrax as determined by TCMCTCHD Leadership.
- 4. Supplier or vendorBusiness visitor visitation within the hospital shall be by appointment only.

- 5. All business visitors must sign in at the Reptrax kiosk in the main lobby.
 - a. Business visitors visiting the Surgical Services division are required to register-check in at the front desk of the Main Operating Room (OR) or the Sterile Processing Department (SPD), and must always be identifiable by badge.
 - b. Business visitors denied access in Reptrax must report immediately to Purchasing Supply Chain Management to receive a temporary badge before visiting any areas.
 - i. After hour business visitors to report to Security and receive a temporary badge.
- 6. Business visitors must wear the Reptrax printed badge or other appropriate TCHD vendor/visitor identification and check in with the charge nurse prior to entering any clinical area.
- 7. Suppliers Business visitors—whose product competes with products covered by a sole or multiple source contracts already in use at TCHD shall not be seen unless the hospital is in the process of re-negotiating for these items and has requested representation.
- 8. **Suppliers**Business visitors who are awarded national contracts with the hospital's affiliated Group Purchasing Organization may only discuss those products covered under the agreement.
 - a. These discussions shall only take place after the Supply Chain Management department has completed the initial review and the business visitor has received authorization to proceed.
- 9. No products shall be left in hospital departments without approval from Clinical Values Analysis Team. (Refer to Administrative Policy, Product Standardization Evaluation)
- 10. TCHD employees and business visitors are expected to employ the highest ethical standards in business practices regarding source selection, negotiation, determination of contract awards, and administration of all purchasing activities to foster public confidence in the integrity of the procurement process.
 - a. Neither party shall disclose third party confidential information including contract pricing, information to any outside party, or use of confidential information for actual or anticipated personal gain without express consent by the other party or as required by law.
- 11. Any business visitor not complying with these rules shall be issued a verbal-warning in Reptrax. If a second offense occurs, TCHD reserves the right to ban that particular business visitor representative from doing business with TCHD. for a period of five years.
- 11.12. TCHD employees are prohibited from being vendors or suppliers of any product or service at TCHD.

D. **PRODUCT REMOVAL AND REPAIRS:**

- No TCHD owned equipment or instrumentation shall be removed from the Hospital unless accompanied by authorized paperwork.
- 4.2. No instruments or trays (hospital or vendor owned), will be removed from SPD without SPD staff's knowledge and consent.

E. PRODUCT INTRODUCTIONSS ANF REPLACEMENT PRODUCTS:

- 1. All products being brought into the hospital for review/evaluation must be 501K/FDA approved and at no cost to TCHD. All products for review, replacement, and/or evaluation must be submitted through the Supply Chain Management Department or Supply Chain Director in advance.
- 2. No in-service or product demonstration shall occur without the prior knowledge of the Unit Manager ander Supply Chain Management.
 - a. Under no circumstances are products used on patients without in-service/education for Medical Staff and Health Care providers prior to use of the product/equipment.

F. DRESS CODE:

- All business visitors conducting business must dress according to unit policy.
 - a. If the business visitor representative is required to wear scrubs; Hhis/her temporary identification badge shall be clearly visible on the front left pocket of the scrub shirt
 - b. Scrub tops shall be tucked in at all times.

- c. All TCMCTCHD owned surgical scrubs must be returned before leaving the hospital.
- 2. Hair covers must be worn properly. All head and facial hair, including sideburns and necklines shall be covered (all hair enclosed), and masks must be worn whenever entering an area where sterile supplies are open.
- 3. No open toed shoes are allowed.

G. PRICING:

- All business visitors suppliers must submit pricing to Supply Chain Management Director and receive approval prior to bringing the product to TCMCTCHD regardless of who requested the product to be brought in.
- Product brought in without TCHD Supply Chain Director previously agreeingd upon pricing to TCMCTCHD Supply Chain Director will be considered a "donation" to TCMCTCHD and will not be paid for.
- 3. All suppliers business visitors and vendors with an on-going relationship with TCHDMC must have a current and approved pricing agreement oncontraction file.
 - a. List pricing is netever acceptedable.

H. LOANER INSTRUMENTS:

- 1. All loaner trays must be delivered to SPD no less than 24 hours prior to the procedure start time to allow for proper inventory and sterilization.
 - a. All loaner trays shall include up-to-date count sheets listing all contents.
 - b. All loaner trays must be labeled accurately with the name of the tray, physician intending to use the tray, and date and time of procedure.
 - c. Trays must be checked in and picked up at SPD.
 - When picking up loaner instrumentation, suppliersbusiness visitors shall visually inspect all items and request additional cleaning if items do not meet cleanliness standards.
 - ii. Missing instruments must be identified at the time of pick-up and verified with a sterile processing technician.
 - iii. No replacements shall be made for instrument loss identified after the loaner instruments have left SPD.
 - iv. Loaner instruments and trays must be picked up within 24 hours after the use.
 - v. TCMCTCHD is not-longer responsible for any loaner trays and instruments left over that-24 hours-period.

I. CONDUCT IN SURGICAL SERVICES AREAS:

- 1. A distance of three feet shall be maintained from all sterile fields. Laser pointers may be used to identify items on the sterile field
- 2. **Suppliers**Business visitors NEVER scrub in or assist in the surgical procedure.
- 3. Suppliers Business visitors are not to open any sterile supplies onto a sterile field.
- 4. **Suppliers**Business visitors shall not operate autoclaves or assist with any patient care.
- 5. All pagers and mobile phones must be placed on vibrate while in the operating suites.
- 6. At no time shall a business visitor operate a surgical suite phone, copier or fax machine.
- 7. **Vendors**Business visitor representatives may not operate any patient care equipment except under the following circumstances:
 - a. Contracted service with TCHD (i.e., laser, lithotripter)
 - b. Demonstrated evidence of specialized training (i.e., pacemaker, AICD) shall be allowed to adjust devices to surgeon specifications.
- 8. Business visitor representatives may not market products in the **OR department to include physician lounges and surgical suites**surgical suites. Only pre-approved products may be demonstrated. All physician sales calls must be arranged through the physician's office.
- 9. TCMCTCHD will not pay for any product opened by a supplier business visitor or vendor during surgical procedures. Only TCMCTCHD staff will open product.
- 10. **Suppliers**Business visitors and vendors must remain present during surgical procedures to support use of their product.

- 11. Once the patient has entered the OR, the business visitor representative is not allowed in the OR until surgical drapes are applied and the procedure is ready to commence. The business visitor is allowed in the OR ONLY for the portion of the procedures related to use of the business visitor's product. Business visitor representatives shall limit to a minimum minimize the number of times they enter/exit an operating suite once a procedure has started. to a minimum.
 - a. Only one business visitor shall be permitted in the OR, Catheterization Lab, and/or Interventional Radiology Room during a procedure unless authorized by the department **D**director or designee.
 - b. Business visitor names/information is recorded on the intraoperative record.

J. TRIAL EQUIPMENT:

- 1. All non-TCHD owned equipment for trial must be pre-approved by Supply Chain Management and Clinical Engineering prior to the day of use.
- 2. All equipment must be safety checked by the Clinical Engineering department prior to being brought into clinical areas.
- 3. Any consumable supplies required for use during the trial of equipment must be FDA approved and at "no cost" to TCHD.
- 4. The business visitor/vendor must obtain a "no cost" purchase order from Purchasing before the product can be left for trial and complete a vendor trial agreement form.

K. CONFIDENTIALITY:

- All business visitors with access to patient health information must read and follow all TCHD
 policiesTC health care districts and, sign a confidentiality agreement and submit to TCHDMC
 contracting legal for file.
- 2. Access to specific health data and information shall be limited to the medical record number.
- 3. Discussion of patient medical information must be limited to work or patient care related discussions and must take place in a private area.
 - a. Discussions in public areas (i.e., elevators, restrooms, lounges, and cafeteria) are strictly prohibited.
- 4. Business visitor representatives shall only enter an operating suite after the patient is under the effect of anesthesia and draped for surgery.
- 5. Business visitor representatives shall not be granted access to the surgical schedule.
- **6.** Photographs are prohibited.
- 7. Patient Health Information (PHI) will only be possessed and transported by TCHD staff only.
- 6.8. Patients should be informed and provide consent of the possibility of business visitors being present during their procedure to support the equipment and/or products used during the case.

L. COURTESIES:

- 1. TCHD employees may not accept gifts, entertainment, or anything else of value from current or potential business visitors of goods and services or from consultants to the organization except for items that are clearly promotional in nature, mass produced, or nominal in value.
 - a. Perishable or consumable gifts may be accepted from business visitors currently providing supplies or services.
- 2. Cash or cash equivalents such as gift cardsertificates shall not be given to staff.
 - Business meals and/or nominally valued sporting tickets are permissible by business visitors currently providing supplies or services. (Refer to Administrative Policy, Acceptance of Gifts or Gratuities Conflict of Interest Acceptance of Gifts)
- 3. Items presented to TCHD employees/staff shall not be intended to evoke any form of reciprocation.

M. RELATED DOCUMENT:

1. Administrative Policy #483 Conflict of Interest Acceptance of Gifts



SURGICAL SERVICES POLICY & PROCEDURE MANUAL

SUBJECT: ADMISSION / DISCHARGE CRITERIA

ISSUE DATE: 02/04

REVISION DATE(S): 07/06; 06/09; 09/12; 06/14

Department Approval Date(s): 07/14

Department of Surgery Approval Date(s): 08/1402/16

Department of Anesthesiology Approval Date(s):

Pharmacy and Therapeutics Approval Date(s):

Medical Executive Committee Approval Date(s):

Professional Affairs Committee Approval Date(s):

02/16

05/16

Board of Directors Approval Date(s):

A. PURPOSE:

1. To provide guidelines for admission and discharge of patients to or from the Operating Room

B. **DEFINITIONS:**

1. Operating Room: A specially equipped and staffed unit designed to meet the surgical needs of patients within the defined Scope of Service.

C. POLICY:

- 1. The Medical Staff shall be defined by administration.
- 2. All hospital personnel rendering patient care in surgery are skilled in performing basic perioperative care and equipment operation related to their position descriptions.
- 3. Additional training is provided for personnel in specialty areas.
- The admission of patients to Surgical Services is based on physician-determined surgical need.
 - a. Patients admitted to surgery for elective scheduled procedures must have orders for preoperative admission available to the hospital per surgery scheduling quidelines.
 - b. Patients admitted to surgery from the Emergency Department or Inpatient/Outpatient areas must be seen by their surgeon and consent for surgery obtained prior to transportation from the ED or Inpatient/Outpatient Area to the Operating Room/Pre-op Holding Area.
 - a.c. On admission to Pre-op Hold/sSurgery (or pre-op holding area), the following documents shall be present: (Note: Patients will not be taken into the Operating room if required documentation is missing from the chart):
 - Correctly completed consent form(s)
 - ii. History and Physical, written, dictated (must be viewable in electronic medical record) or updated within the 24 hours prior to the procedure
 - ii.1) For complete History and Physical requirements, see Medical Staff Policy "Medical Record Documentation Requirements".
 - iii. Physician Pre-Procedure Documentation form
 - iv. Physician Orders
 - v. Completed Preoperative Checklist
 - i-vi. Other documents may include but are not limited to:
 - 1) Anesthesia Questionnaire
 - 2) Anesthesia Consent
 - 3) Results of lab work and any other diagnostic tests per physician's orders
 - 4) Previous medical record

- d. For cases requiring surgical site marking (per Patient Care Services Procedure "Universal Protocol"), the surgical site must be marked by surgeon prior to transporting patient to the OR.
- e. Endoscopy procedures performed with RN-administered moderate sedation: refer to Patient Care Services Procedure "Sedation/Analgesia Used During Therapeutic or Diagnostic Procedures" for complete pre-operative requirements.
- c.f. The requirements above do not preclude rendering emergency surgical care to a patient in dire circumstances.
- b.g. Routinely performed outpatient procedures may include, but are not limited to:
 - i. Cosmetic Surgery Procedures
 - ii. Laparoscopic procedures
 - iii. Hernia Repair
 - iv. Appendectomy
 - v. Cholecystectomy
 - vi. Hemorrhoidectomy
 - vii. D&C
 - viii. Cold Cone
 - ix. Hysteroscopy
 - x. ENT
 - xi. Cystoscopy
 - xii. Tubal Ligations
 - xiii. Arthroscopic
 - xiv. Ophthalmic
- b.h. Anesthesia administered includes, but but is not limited to:
 - ii.i. General Anesthesia
 - i-ii. Regional Anesthesia
 - iii. Monitored Anesthesia Care (MAC)
- iii. Local-only procedures are not performed in the Operating Room.
- 5. Patient care is assigned to personnel based on the individual needs of the patient.
 - a. Each patient is assigned at least 2 surgical team members, 1 of which is the Registered Nurse circulator.
 - b. Procedures requiring additional resources, due to severity of illness of the patient or complexity of the procedure, shall be staffed with additional personnel.
- Patient care is also assigned to personnel with documented specialty experience and training.

 6. Patients shall be discharged from the Operating Room by the surgeon and/or anesthesiologist upon completion of the surgical procedure.
 - a. The postoperative level of care required by the patient shall be is determined by the surgeon and/and/or Anesthesiologist. (when applicable).
 - b. Discharge to a level of care, other than what was anticipated, shall be communicated to all involved parties as early as possible.
 - c. Information related to the patient's postoperative assessment and plan of care shall be communicated to the receiving unit by the anesthesiologist and OR RN.
 - d. Postoperative transport shall be directed by the surgeon and/or anesthesiologist (when applicable) and involve the appropriate personnel and equipment to safely transport the patient.
 - Endoscopy patients receiving RN-administered moderate sedation shall be transported by the RN to the designated recovery area, as determined by the procedural physician.

INFANT NAME:		(Last, First) HRII	F I.D. #
quired Field			
_ate of Visit:	(MM/DD/YYYY)		
		SSESSMENT	
Core Visit	#1 (4-8 months)	☐ #2 (12-16 months)	#3 (18-36 months)
Zip Code of Primary Caregive	er: UUUU		
Chronological Age: Mo	onths Days	Adjusted Age: Months	Days
	No Yes: ☐ Spanish ☐ Cambodian/K	☐ Arabic hmer ☐ Cantonese	☐ Armenian ☐ Farsi/Persian
Interpreter Used	☐ Hmong/Miao ☐ Russian ☐ Vietnamese ☐ Declined	☐ Korean ☐ Sign Language ☐ Other	☐ Mandarin ☐ Tagalog ☐ Unknown
Insurance (Check all that a	apply)		
☐ CCS ☐ Medi-Cal ☐ Unknown	☐ Commercial HMO ☐ Point of Service/E		☐ Healthy Families ay ☐ Other
	PATIENT	ASSESSMENT	
Weight		_ength (cm) (in)	Head Circumference (cm) or (in)
3. C. (.00)	<u> </u>	LASSESSMENT	
Is the Child Currently Receiv			
Living Arrangement of the Child	☐ Both Parents ☐ Other Relatives/Not Parents ☐ Foster Family/CPS ☐ Unknown	☐ One Parent ☐ Non Relative ☐ Pediatric Subacute Facility	☐ One Parent/Other Relatives ☐ Foster/Adoptive Family ☐ Other
Education of Primary Caregiver	□ <9 th Grade □ Some High School □ High School degree/GED	☐ Some College ☐ College Degree ☐ Graduate School or Degree	☐ Other ☐ Unknown ☐ Declined
Caregiver Employment	☐ Full-Time ☐ Part-Time ☐ Temporary	☐ Multiple Jobs☐ Work From Home☐ Not Currently Employed	☐ Unknown ☐ Declined
	□ None □ Ye	s 🗆 Unknow	'n
Routine Child Care	If Yes, Check all that apply: ☐ Child Care Outside of Hom ☐ Specialized Medical Setting		☐ Not Used Routinely
	□ None □ Ye	s □ Unknow	'n
Caregiver Concerns of the Child	If Yes, Check all that apply: Behavioral Frequent Illness Medications Sensory Processing	☐ Calming/Crying ☐ Gastrointestinal/Stooling/Spitting- ☐ Motor Skills, Movement ☐ Speech & Language	☐ Pain ☐ Stress
	☐ Sleeping/Napping	☐ Vision	☐ Other



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INFANT NAME: (Last, First) HRIF I.D. #																
	INTERVAL MEDICAL ASSESSMENT															
	Does the Child have a Primary Care Provider? No Yes Unknown Does the Primary Care Provider Act as the Child's Medical Home? No Yes Unknown															
Does the Primary	Care Provider Act as th	ne Chi	ld's M	edical	dical Home? No					☐ Ye	Yes Unknown					
	□ No □ Yes: □ Number of Hospitalizations □ Unknown If Yes, Check all that apply															
	Hospitalization Reasons	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Gastrointestinal Infection(s)															
	Meningitis infection(s)															
	Nutrition/Inadequate Growth															
Hospitalizations Since Last Visit	Respiratory Illness															
	Seizure Disorder(s)															
	Urinary Tract Infection(s)															
	Other Infection(s)															
	Other Medical Rehospitalization(s)															
	Unknown															
	Having Surgeries During Hospitalization															
	□ No □ Yes: □□□ Number of Surgeries □ Unknown If Yes, Check all that apply															
Surgeries Since Last Visit	☐ Cardiac Surgery ☐ Circumcision ☐ Inguinal Hernia Repair ☐ Retinopathy of Pre ☐ Tracheostomy ☐ Tympanostomy Tu ☐ Other Gastrointestinal Surgical ☐ Other Genitourinal Procedures ☐ Other Surgical Procedures ☐ Unknown					ubes	-		□ Shu □ Oth Pro □ Oth	unt/Sh er EN cedur	urosui	evisior gical		ent		
	☐ No ☐ ☐ If Yes, Check all that	Yes apply			□ Uni	known										
Medications Since Last Visit	☐ Actigall ☐ Antibiotics/Antifung ☐ Cardiac Medication ☐ Diuretics ☐ Inhaled Steroids (c	าร] Anti f] Antih] Ches] Inhal] Inhal	yperte st Phys ed Bro	ensive siothe oncho	rapy (dilator	daily) s (dai		□ Cat	ffeine est Ph	ure Me sysioth Bronch	erapy	(inter.	
	☐ Nutrition Suppleme	ents (r	nake :	select	ion):		Ente	ral Nu	trition	[] Die	tary S	uppler	nents		
	☐ Oral Steroids ☐ Oxygen (if disconti ☐ Viagra (Pulmonary ☐ Unknown							atal ag Paliviz				mont	hs ner			days)
												ationt I				

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INFANT NAME:		(Last, First) HRIF	I.D. #
	INTERVAL MEDI	CAL ASSESSMENT - continue	
	□ No □ Yes	Unknown	
Equipment Since Last Visit	If Yes, Check all that apply Apnea/CR Monitor Helmet		☐ Enteral Feeding Equipment☐ Ostomy Supplies
	☐ Tracheostomy ☐ Other		☐ Wheelchair
	MEDICA	AL SERVICES REVIEW	
s the Child Receiving or	Being Referred for Medical Se		
No (Skip to Neurosens)	sory Assessment)		o Neurosensory Assessment)
Audiology	☐ Does Not Need ☐ Receiving ☐ Complete	Referred. but Not Receiving (check reason Missed Appointment Re-Referred	☐ Visit Pending ☐ Insurance/HMO Denied
	☐ Referred at Time of Visit	☐ Parent Declined/Refused Service ☐ Other/Unknown Reason	Service Not Available
Cardiology	☐ Does Not Need ☐ Receiving ☐ Complete	Referred, but Not Receiving (check reason Missed Appointment Re-Referred	☐ Visit Pending☐ Insurance/HMO Denied
	Referred at Time of Visit	Parent Declined/Refused Service	Service Not Available
Craniofacial	☐ Does Not Need ☐ Receiving	☐ Other/Unknown Reason Referred, but Not Receiving (check reason ☐ Missed Appointment ☐ Re-Referred	」 ☐ Visit Pending ☐ Insurance/HMO Denied
	☐ Complete ☐ Referred at Time of Visit	☐ Parent Declined/Refused Service ☐ Other/Unknown Reason	Service Not Available
Endocrinology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason	□ Visit Pending □ Insurance/HMO Denied □ Service Not Available
Gastroenterology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred. but Not Receiving (check reason Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason	n) Visit Pending Insurance/HMO Denied Service Not Available
Hematology/Oncology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred. but Not Receiving (check reason) Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason	n) Usit Pending Insurance/HMO Denied Service Not Available
Metabolic/Genetics	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred. but Not Receiving (check reaso Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason	n) Visit Pending Insurance/HMO Denied Service Not Available
Nephrology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reaso Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason	n) Visit Pending Insurance/HMO Denied Service Not Available
Neurology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reaso Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason	n) Visit Pending Insurance/HMO Denied Service Not Available
(0)	1		y Patient I shel

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INFANT NAME:		(Last, First) HRIF I.D. #
	MEDICAL SE	ERVICES REVIEW continue
Neurosurgery	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred. but Not Receiving (check reason) Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason
Ophthalmology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred. but Not Receiving (check reason) Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason
Orthopedic	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred. but Not Receiving (check reason) Missed Appointment Visit Pending Re-Referred Insurance/HMO Denied Parent Declined/Refused Service Service Not Available Other/Unknown Reason
Otolaryngology (ENT)	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason
Pulmonology	☐ Does Not Need☐ Receiving☐ Complete☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment
Surgery	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Visit Pending Re-Referred Insurance/HMO Denied Parent Declined/Refused Service Service Not Available Other/Unknown Reason
Urology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Parent Declined/Refused Service Other/Unknown Reason Referred Service Not Available
		SENSORY ASSESSMENT
Eye Surgery and/or Trea	story of Retinopathy of Prematu atment with Anti-VEGF (i.e. Ava Loca	urity (ROP)?
	ssessment History) Due To: (check all that apply)	
☐ Strabisn ☐ Catarac ☐ Retinob	t: Eýe Si lastoma: Eye Si Visual Impairment ☐ Refi nus ☐ ROI	urgery? No Yes Scheduled urgery? No Yes Scheduled urgery? No Yes Scheduled fractive Errors P
B. Location of C. Corrective L D. Corrective L		☐ Unilateral ☐ Bilateral ☐ Unknown ☐ No ☐ Yes ☐ Unknown ☐ No ☐ Yes ☐ Unknown ☐ Yes ☐ No (complete below) ☐ Unilateral ☐ Bilateral ☐ Unknown
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INFANT NAME:	(Last, First) HRIF I.D. #
Required Field	
NEUROSENSORY AS	SSESSMENT continue
 ☐ Unknown Visual Impairment Why is Visual Impairment Unknown? ☐ Exam Results Unknown ☐ Needs Referral for Exam ☐ Referred, but Service Not Available ☐ Referred, but insurance/HMO Denied Services ☐ Referred for Functional Vision Assessment 	 No Ophthalmology Exam Performed Referred for Exam, Not Received Referred, but Parent Declines/Refuses Services Referred, but Messed Appointment Functional Vision Assessment in Progress
Hearing Assessment History	
Does the Child Have a Hearing Loss (HL)? ☐ No (Skip to Neurologic Assessment)	
☐ Yes A. Is There Loss in One or Both Ears? ☐ One	☐ Both ☐ Assessment in Progress ☐ Unknown
B. Does the Child Use an Assistive Listening Device (A	
□No	☐ Yes, ALD Recommended, but Not Received
Yes, ALD Recommended and Received	Unknown
	BAHA Cochlear Implant FM System Hearing Aid Other Unknown
☐ Unknown Hearing Loss	
Why is Hearing Loss Unknown? ☐ Exam Results Unknown ☐ Needs Referral for Exam ☐ Referred, but Service Not Available ☐ Referred, but Insurance/HMO Denied Services	 □ No Audiology Exam Performed □ Referred for Exam, Not Received □ Referred, but Parent Declines/Refuses Services □ Referred, but Missed Appointment
☐ Hearing Assessment in Progress (Skip to Neurologic Assess	sment)
NEUROLOGIC	CASSESSMENT
*Was a Neurologic Exam Performed During this Core Visit? ☐ Yes Date Performed:	D/YYYY)
□ No Reason Why □ Acute Illness Exam NOT □ Known SEVERE Developmental Dis Performed: □ Significant Sensory Impairment/Loss	
Summary of Neurologic Assessment	
☐ Normal (skip to Developmental Assessment)	
☐ Abnormal ☐ Suspect	
Swallowing:	s for the Following: onormal
B. Muscle Tone Neck Normal Increased Trunk Normal Increased Right Upper Limb: Normal Increased Left Upper Limb: Normal Increased Right Lower Limb: Normal Increased Left Lower Limb: Normal Increased Left Lower Limb: Normal Increased	□ Decreased □ Suspect □ Unable to Determine □ Decreased □ Suspect □ Unable to Determine □ Decreased □ Suspect □ Unable to Determine □ Decreased □ Suspect □ Unable to Determine
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INFANT NAME:		(La	st, First)	HRIF I.D. #	¥							
equired Field												
	NEURO	DLOGIC ASSESSI	VIENT contin	ue								
C. Is There Scisson	ing of the Legs on Ver	tical Suspension?	□No	☐ Yes								
D. Deep Tendon R Right Upper Limb Left Upper Limb Right Lower Limb Left Lower Limb	b: Normal Incr Normal Incr b: Normal Incr	reased Decreas reased Decreas	ed Suspered Clonus	ct □ Suspect	☐ Unable to Determine ☐ Unable to Determine ☐ Unable to Determine ☐ Unable to Determine							
E. Are Persistent Pr	imitive Reflexes Preser	it? 🔲 No	☐Yes		□ Unknown							
F. Are Abnormal inv	oluntary Movements Pr		☐ Yes (check all ☐ Ataxia	that apply) Choreoathetoid	☐ Unknown ☐ Tremors							
G. Quality of Mover	G. Quality of Movement and Posture:											
Functional Assessmen	t											
A. Bimanual Funct	on 🗆 Normal	☐ Abnormal	□s	Suspect 🔲 🗎	Unable to Determine							
Only Complete if the Child	is ≥ 15 Months Adjust	ed Age										
B. Right Pincer Grasp Normal Abnormal Suspect Unable to Determine C. Left Pincer Grasp Normal Suspect Unable to Determine												
		CEREBRAL PAL	SY (CP)									
☐ No (skip to Development)	Does the Child Have Cerebral Palsy (CP)? ☐ No (skip to Developmental Assessment)											
Suspect Gross Motor Func	☐ Yes ☐ Suspect ☐ Gross Motor Function Classification System (GMFCS) Adjusted Age: (check only one)											
	ths of age adjusted for				justed for prematurity							
☐ Level I ☐ Level II ☐ Level III	☐ Level I\ ☐ Level V ☐ Unable		☐ Level II ☐ Level III		Level IV Level V Unable to Determine							
☐ Unable to Determine												
	DEVELOP	MENTAL CORE V	ISIT ASSESS	SMENT								
*Was a Developmental As	sessment Screener or	Test Performed Dur	ing this Core V	isit?								
☐ Yes Date Performed:		(MM/DD/YYY	Y)									
No Reason Why Assessment NOT Performed:	☐ Acute Illness ☐ Known SEVERE D ☐ Significant Sensory				☐ Examiner Not Available ☐ Primary Language ☐ Other							
	DE	VELOPMENTAL S	CREENERS									
Bayley Infant Neurodeve	lopmental Screener	(BINS) – check app	ropriate range	9								
Overall Classification	☐ Low Risk	☐ Medium Risk	☐ High Risl		☐ Unable to Assess							
Battelle Developmental	nventory Screening	Test, 2 nd Edition (E	BDIST) - check	appropriate rang	10							
Adaptive Domain	☐ Pass	☐ Refer	☐ Unable to	o Assess	☐ Did Not Assess							
Personal-Social Domain	☐ Pass	Refer	☐ Unable to	o Assess	☐ Did Not Assess							
Communication	□ Pass	□Refer	☐ Unable to		☐ Did Not Assess							
Motor Domain	Pass	Refer	☐ Unable to		☐ Did Not Assess							
Cognitive Domain	☐ Pass	Refer	☐ Unable to	o Assess	☐ Did Not Assess							

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NFANT NAME: (Last, First) HRIF I.D. #												
DEVELOPMENTAL SCREENERS continue												
Bayley Scales of Infant	and Toddler								ner) - ch	eck appropriate range)		
Cognitive	☐ Compe			_		Risk		Unable to Asses		☐ Did Not Assess		
Receptive Language	☐ Compe	tent			At	Risk		Unable to Asses	s	☐ Did Not Assess		
Expressive Language	☐ Compe	tent	☐ Emerging		At	At Risk			S	☐ Did Not Assess		
Fine Motor	☐ Compe	tent	☐ Emerging] At	t Risk			S	☐ Did Not Assess		
Gross Motor	☐ Compe	tent	☐ Emerging] At	t Risk						
The Capute Scales/The enter score	dapt	ive Test/Clinical	Lin	gui	stic and Au	dito	ory Milestone S	cale Scr	reener (CAT-CLAMS)			
Language Auditory (CLA	ге:			1	☐ Unable to	As	sess	☐ Did I	Not Assess			
Cognitive Adaptive (CAT	re:			1	Unable to	As	sess	☐ Did 1	Not Assess			
Full Scale Capute	Sco	re:				☐ Unable to	As	sess	☐ Did I	Vot Assess		
Other/Not Listed Screen	er:								ch	eck appropriate range		
Cognitive	☐ Normal] Mild/Moderate	-		Significant		☐ Unable to As		☐ Did Not Assess		
Receptive Language	□ Normal] Mild/Moderate			Significant	_	☐ Unable to As		☐ Did Not Assess		
Expressive Language	□ Normal] Mild/Moderate	********	_	Significant		☐ Unable to As		☐ Did Not Assess		
Language Composite	☐ Normal	-] Mild/Moderate			Significant		☐ Unable to As		☐ Did Not Assess		
Gross Motor	□ Normal		Mild/Moderate			Significant		☐ Unable to As		☐ Did Not Assess		
Fine Motor	Normal		Mild/Moderate		☐ Significant			☐ Unable to As		☐ Did Not Assess		
Motor Composite	☐ Normal				• •	Significant		☐ Unable to As		☐ Did Not Assess		
Personal-Social	☐ Normal					Significant		☐ Unable to As		☐ Did Not Assess		
Adaptive	Normal					Significant		Unable to As		☐ Did Not Assess		
Other	☐ Normal		Mild/Moderate			Significant		☐ Unable to As	sess	☐ Did Not Assess		
			DEVELO	PN	ΙΕΙ	NTAL TES	TS	6				
Bayley Scales of Infan	t and Toddl	er De							ter scor	e		
Cognitive Composite			ore:		_	☐ Unable to	_			Not Assess		
Receptive Language Sc	aled Score	Sco	ore:		\exists	☐ Unable to	As	sess	☐ Did	Not Assess		
Expressive Language S	caled Score	Sco	ore:			☐ Unable to	As	sess	☐ Did	Not Assess		
Language Composite		Sco	оге:			☐ Unable to	As	sess	Did	Not Assess		
Fine Motor Scaled Score	е	Sco	ore:			☐ Unable to	As	sess	□Did	Not Assess		
Gross Motor Scaled Sco	ore	Sco	ore:			☐ Unable to	As	sess	☐ Did	Not Assess		
Motor Composite		Sco	ore:			☐ Unable to	As	sess	☐ Did	Not Assess		
Social-Emotional Comp	osite	Sco	ore:			☐ Unable to	As	ssess	☐ Did	Not Assess		
Adaptive-Behavior Com	posite	Sco	ore:			☐ Unable to	As	ssess	□Did	Not Assess		
Bayley Scales of Infan	t and Toddl	er De	evelopment, 3rd	Edi					ter sco	re		
Receptive Language So	Receptive Language Scaled Score					☐ Unable to	As	ssess	☐ Did	Not Assess		
Expressive Language Scaled Score			ore:		[☐ Unable to	As	ssess	Did	Not Assess		
Fine Motor Scaled Scor	Sco	ore:			☐ Unable to	As	ssess	Did	Not Assess			
Gross Motor Scaled Sco	Sco	ore:			☐ Unable to	A C	ssess	Did	☐ Did Not Assess			
Cognitive Composite	Sco	ore:			☐ Unable to	A:	ssess	☐ Did	Not Assess			
Language Composite	Sc	ore:			☐ Unable to Assess				☐ Did Not Assess			
Motor Composite	Sc	ore:			☐ Unable to	A:	ssess	☐ Did Not Assess				
Personal-Social Compo	Sc	оге:			☐ Unable to	A c	ssess	☐ Did Not Assess				
Adaptive Composite		Sc	ore:			☐ Unable to	A c	ssess	☐ Did	Not Assess		
(0)								Af	fix Patient	Label		

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7883-1002

HRIF STANDARD VISIT FORM

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INFANT NAME:				<u>. (L</u>	Last, First) HRIF I.D. #						
)			DEVELOPMENTAL	. T	ESTS continu	ıe					
Battelle Developmenta	I Inventory,	2nd E	dition (BDI-2) - e <i>nter</i>	sc	ore						
Adaptive Domain		Scor	re:		☐ Unable to Ass	ess	☐ Did Not Assess				
Personal-Social Domain		Scor	re:		☐ Unable to Ass	ess	☐ Did Not Assess				
Receptive Language Sc	ale	Scor	re:		☐ Unable to Ass	ess	☐ Did Not Assess				
Expressive Language Se	cale	Sco	re:	☐ Unable to Ass	ess	☐ Did Not Assess					
Communication Domain		Sco	re:	☐ Unable to Ass	ess	☐ Did Not Assess					
Gross Motor Scale		Sco	re:		☐ Unable to Ass	ess	☐ Did Not As:	sess			
Fine Motor Scale			re:		☐ Unable to Ass	ess	☐ Did Not As:	sess			
Motor Domain		Sco	re:		☐ Unable to Ass	sess	☐ Did Not As	sess			
Cognitive Domain		Sco	re:		☐ Unable to Ass	sess	☐ Did Not As	sess			
Revised Gesell and An	natruda Dev	elopr	nental and Neurologi	c E	xamination (Ga	sell) - ent	er score				
Language Development		Sco	re:		☐ Unable to Ass	sess	☐ Did Not As	sess			
Fine Motor		Sco	re:	\neg	☐ Unable to Ass	sess	☐ Did Not Assess				
Gross Motor		Sco	re:		☐ Unable to Ass	sess	☐ Did Not Assess				
Personal-Social		Sco	re:		☐ Unable to Ass	sess	☐ Did Not Assess				
Adaptive		Sco	re:		☐ Unable to Ass	sess	☐ Did Not Assess				
Mullen Scales of Early	Learning - A	GS	Edition (Mullen) - ent	er s	score						
Gross Motor Scale		Sco	re:		☐ Unable to Ass	sess	☐ Did Not As	sess			
Visual Perception		Sco	re:		☐ Unable to Ass	sess	☐ Did Not Assess				
Fine Motor Scale		Sco	ге:		☐ Unable to As	sess	☐ Did Not As	sess			
eceptive Language So	ale	Sco	re:		☐ Unable to As	sess	☐ Did Not Assess				
Expressive Language S	cale	Sco	re:		☐ Unable to As	sess	☐ Did Not Assess				
Early Learning Compos	ite	Sco	re:		☐ Unable to As	sess	☐ Did Not Assess				
Other/Not Listed Test:							- check	appropriate range			
Cognitive	☐ Normal		☐ Mild/Moderate		Significant	☐ Unable	to Assess	☐ Did Not Assess			
Receptive Language	☐ Normal		☐ Mild/Moderate		Significant	☐ Unable	e to Assess	☐ Did Not Assess			
Expressive Language	☐ Normal		☐ Mild/Moderate		Significant	☐ Unable	e to Assess	☐ Did Not Assess			
Language Composite	☐ Normal		☐ Mild/Moderate		Significant	☐ Unable	e to Assess	☐ Did Not Assess			
Gross Motor	☐ Normal		☐ Mild/Moderate		Significant	☐ Unable	e to Assess	☐ Did Not Assess			
Fine Motor	☐ Normal		☐ Mild/Moderate] Significant	☐ Unable	e to Assess	☐ Did Not Assess			
Motor Composite	☐ Normal		☐ Mild/Moderate] Significant	☐ Unable	e to Assess	☐ Did Not Assess			
Personal-Social	☐ Mild/Moderate] Significant	☐ Unable	e to Assess	☐ Did Not Assess					
Personal-Social Normal Adaptive Normal] Significant	☐ Unable	e to Assess	☐ Did Not Assess			
Other			☐ Mild/Moderate	E] Significant	☐ Unabl	e to Assess	☐ Did Not Assess			
	UTISM SPECTRUM	/ S	CREEN (Option	nal)							
Was an Autism Spectru	m Screen Pe	rform	ned During this Visit?		No ☐ Yes (co	mplete be	low)				
Screening Tool	Used: 🗆 N	1-CH	AT CSBS DP		☐ PDDST-II	☐ Other	/Not Listed				
Screening Res	ults: 🔲 F	ass	☐ Did Not Pas	S							
Was the Infant Referred		Autisr	n Spectrum Assessme	ent?	?	☐ Yes					
(a)							Affix Patient Lab	el			

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HRIF STANDARD VISIT FORM

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INFANT NAME:		(Last, First) HRIF	I.D. #		
	EARLY	START (ES) PROGRAM			
		ough Early Start (Regional Center and/or L rent Refused Service □ Determine Ineligibl			
	MEDICAL.	THERAPY PROGRAM (MTP)			
_		Therapy Program (MTP)? Check all that	111		
☐ No ☐ Yes ☐ Referre		rent Refused Service	ie by ES Unknown		
Is the Child Receiving or I	Being Referred for Special S				
_	-	es (Complete below) ☐ Unknown			
Behavior Intervention	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit Service Provider: ☐ Early Intervention Specialis:	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	☐ Waiting List ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason ☐ Psychologist		
	Other	Unknown	r sychologist		
Feeding Therapy	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	□ Waiting List □ Insurance/HMO Denied □ Service Cancelled □ Other/Unknown Reason		
	Service Provider: Early Intervention Specialis Occupational Therapist Registered Dietitian Other	t ☐ Certified Lactation Consultant ☐ Physical Therapist ☐ Registered Nurse ☐ Unknown	☐ Home Health Agency ☐ Public Health Nurse ☐ Speech/Language Pathologist		
Infant Development	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred. but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	☐ Waiting List ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason		
Services	Service Provider: Early Intervention Specialis Physical Therapist MSW Unknown	t ☐ Licensed Clinical Social Worker ☐ Psychologist ☐ Speech/Language Pathologist	☐ Occupational Therapist ☐ Registered Nurse ☐ Other		
Hearing Services	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	☐ Waiting List ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason		
	Service Provider: Audiologist Speech/Language Patholo Unknown		☐ ENT ☐ Other		

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HRIF STANDARD VISIT FORM

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NFANT NAME:		(Last, First) HR	I.D.#				
		EDVICE DEVICE					
		ERVICES REVIEW continue					
Nutritional Therapy	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit Service Provider: ☐ Certified Lactation Consulta		☐ Waiting List ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason ☐ Physician				
	Registered Dietitian Unknown	☐ Registered Nurse	☐ Other				
Occupational (Therapy (OT)	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	□ Waiting List □ Insurance/HMO Denied □ Service Cancelled □ Other/Unknown Reason				
	Service Provider: ☐ Occupational Therapist	☐ Other	□ Unknown				
Physical Therapy (PT)	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	n) Waiting List Insurance/HMO Denied Service Cancelled Other/Unknown Reason				
	Service Provider: ☐ Physical Therapist	☐ Other	Unknown				
Speech/Language Communication	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred. but Not Receiving (check reaso Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	n) ☐ Waiting List ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason				
	Service Provider: American Sign Language Speech/Language Patholog	☐ Early Intervention Specialist ☐ Other	☐ Teacher of the Deaf ☐ Unknown				
Social Work Intervention	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	waiting List ☐ Waiting List ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason				
	Service Provider: Licensed Clinical Social Work Physician Unknown	orker	☐ Psychologist ☐ Other				
Visiting, Public Health, and/or Home Nursing	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	DN Waiting List Insurance/HMO Denied Service Cancelled Other/Unknown Reason				
nome nursing	Service Provider: ☐ Licensed Vocational Nurse ☐ Registered Nurse	□ Physician □ Other	☐ Public Health Nurse ☐ Unknown Affix Patient Label				

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HRIF STANDARD VISIT FORM

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INFANT NAME:			_(Last,	First)	HRIF I.D. #				
	SPECIAL S	SERVICE	S REVIE	EW continue	<u> </u>				
Visitors Services	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visit Service Provider:	☐ Missed . ☐ Re-Refe ☐ Service	but Not Receiving (check reason) Appointment						
	Low Vision Specialist (Optometrist) Orientation & Mobility Special Other	cialist [□ Low Vision Specialist □ Occupational Therapist □ Ophthalmologist □ Teacher of the Visually Impa □ Unknown 						
	SOCIAL CO	ONCERNS	S AND F	RESOURCES	3				
	otions or Concerns rolonged separation (incarce changes in caregivers/dayca			Yes, Referi	ral Not Necessary red to Social Worker red to Other Commu	nity Resources			
Housing insecurity, lack	ntal Concerns/Stressors of resources-\$\$, insurance (c ransportation for medical nee			No ☐ Yes, Referral Not Necessary ☐ Yes, Referred to Social Worker ☐ Yes, Referred to Other Community Resources					
	ship Concerns family/friends, supportive and e neighborhood, and resourd			☐ Yes, Refer	ral Not Necessary red to Social Worker red to Other Commu	nity Resources			
Parent-Child Concerns Feeding & growth, calmi	s ng, behavior, sleep, other		□No	☐ Yes, Refer	ral Not Necessary red to Social Worker red to Other Commu				
	CHILD PR	OTECTIV	E SER	VICES (CPS))				
	vices Case Currently Opened	d?			. –				
□ No	Yes	CITION	(Di		at Time of Visit				
☐ Scheduled to Return		OSITION (·	CCS HRIF Pr	rogram (1)				
DISCHARGED		Ollowed by	Another	CC3 FINIT FI	ografii (1)				
☐ Graduated		☐ Close	ed Out of	f Program					
☐ Family Moving Out of	State/Country			rew Prior To C	ompletion				
☐ Will be Followed Else	where				s, Referred For Addit	ional Resources			
Complete the Transfer Page	atient Records Process for patie	nt's who wil	be follow	red by another (CCS HRIF Program.				
AD / NNP	DATE / TIN	ME	SW	/		DATE / TIME			
RN	DATE / TIME					DATE / TIME			
OT/PT/ST	T/PT/ST DATE/TIME					DATE / TIME			
DT/PT/ST	DATE / TII	ME				DATE / TIME			
OT/PT/ST	DATE / TI	ME				DATE / TIME			
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HRIF STANDARD VISIT FORM

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Unapproved hbreviation	Preferred Term	DATE	TIME	Note: Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, instruction to Patients.
c.c.	"mL"			
U	"Units"			
IU	"International Units"			
Q.D.	"Daily"			
Q.O.D.	"every other day"			
T.I.W.	"3 times weekly" or "three times weekly"			
Trailing zero (X.0 mg)	Never write a zero by itself after a decimal point (X mg)			
Lack of leading zero (X mg)	Always use a zero before a decimal point (0.X mg)			
MS MSO₄	"morphine sulfate"			
MgSO₄	"magnesium sulfate"			
S.C. or S.Q.	"Sub-Q", or "subQ"			
μg	"mcg" or "micrograms"			
for chemo	abbreviations therapeutic ents			Affiy Poliant Lobel



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8720-1018 (Rev 02/16)

PROGRESS RECORD

Affix Patient Label

Governance & Legislative Committee Meeting Minutes **Tri-City Healthcare District** June 7, 2016

James J. Dagostino, DPT, PT, Chairperson; Director Ramona Finnila; Director RoseMarie V. Reno; Eric Burch, Community Member; Dr. Members Present:

Marcus Contardo, Physician Member; Dr. Henry Showah, Physician Member; Dr. Gene Ma, Chief of Staff

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

Teri Donnellan, Executive Assistant; Laura E. Mitchell, Board Member; Julie Nygaard, Board Member; Jane Dunmeyer, League of Women Voters, Robin Iveson, Community member. Others Present:

Absent: Blake Kern, C	Blake Kern, Community Member; Al Memmolo, Community Member; Dr. Paul Slowik, Community Member	aul Slowik, Community 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. Approval of Agenda	Mr. Burch noted an incorrect policy was attached for agenda item 5.a. Chairman Dagostino stated the correct policy 14-023 Responsibility for Decision-Making on Legal Matters has been distributed for the committee's consideration. The motion passed unanimously.	Agenda approved.	
	It was moved by Director Reno to approve the agenda as amended. Dr. Marcus Contardo seconded the motion. The motion passed unanimously.		
3. Comments from members of the public	Chairman Dagostino read the Public Comments announcement as listed on today's Agenda.	Information only	
Ratification of prior Minutes	It was moved by Director Finnila and seconded by Dr, Henry Showah to ratify the minutes of the April 5, 2016 Governance & Legislative Committee. Director Reno requested a modification to page 5, line 4 to strike the word "this" and replace with	Amended Minutes ratified.	Ms. Donnellan

June 7, 2016

Person(s) Responsible	DRAFT				Ms. Donnellan		16
Action Follow-up					Recommendation to be sent to the Board of Directors to approve Board Policy Board Policy 14-023 – Responsibility for Decision-Making on Legal Matters as presented; item to be placed on Board agenda and included in agenda backet.		June 5, 2016
Discussion		Director Reno also expressed concern with the last paragraph on page 5 related to "reconfiguring the board committee structure". She stated that she is opposed to this concept and would therefore be voting "no" on the minutes. The motion passed with Director Reno opposed.	Ms. Cheryle Bernard-Shaw stated she initially had concerns with Policy 14-023 which was placed on the agenda last month but has since resolved those concerns. Director Reno requested clarification on what duties are delegated to the Chief Compliance Officer versus General Counsel and whether Ms. Bernard-Shaw acts as "in house" counsel. General Counsel, Ms. Procter explained Exhibit A and Exhibit B define the role of the Chief Compliance Officer and General Counsel. Ms. Bernard-Shaw stated she is the Chief Compliance Officer and does not act as "in house" counsel.	It was moved by Director Reno to recommend approval of Board Policy 14-023 – Responsibility for Decision-Making on Legal Matters. Dr. Showah seconded the motion.	It was suggested the date on the policy be updated to reflect review by the Committee today. The amended motion passed unanimously.	The committee Charter was brought forward for annual review. There was extensive discussion regarding the items listed under both Governance Oversight and Legislative Affairs Oversight. It was noted many items the committee does not actively do and a decision should be made whether to remove certain items from the Charter or commit to following through on those items. Committee members had a difference in opinion on the purpose of the committee. It was noted that	
Topic			5. Old Business – a. Review and discussion of Board Policy 14-023 – Responsibility for Decision-Making on Legal Matters			6. New Business a. Review and Discussion of Governance & Legislative Committee Charter	Governance & Legislative Committee Meeting

nn Person(s) -up Responsible	DRAFT						•	communicate Ms. Bernard-Shaw ommittee 1:1 and narter to the
Action Follow-up								Ms. Bernard-Shaw will communicate with members of the committee 1:1 and bring back a revised Charter to the committee.
Discussion		some items (such as Strategic Planning) are a Board function and are handled by the Board as a whole. Director Reno commented items outlined in the Charter are recommended by experts in the field and are a function of governance. Chairman Dagostino commented on the differentiation between governance by the Trustee governance by the Committee.	It was suggested the items be discussed point by point and if the item is to remain a part of the Charter a structure be outlined to complete the item.	General Counsel commented that the Charter is a living document and reviewed annually; changes can be made as needed.	It was suggested the committee have a greater focus on legislation.	Chairman Dagostino stated that while many institutions have a Government Specialist, Tri-City does not and Board members have taken on that role through their attendance at meetings such as CHA and AHA.	Director Reno suggested the Charter be tabled and an Ad Hoc Committee be appointed comprised of Directors Finnila and Reno along with one physician to work with Ms. Bernard-Shaw to gather each committee member's opinions. General Counsel said it would be unusual and probably unnecessary for the committee to need to appoint an ad hoc committee, and suggested the committee as a whole could direct Ms. Bernard-Shaw to speak with committee members 1:1 to gather information and bring a revised Charter back to the committee next month.	It was moved by Director Reno to direct Ms. Bernard-Shaw to draft a revised Charter based on discussion with committee members. Director Finnila seconded the motion. The motion passed
Topic								

June 5, 2016

Person(s) Responsible	DRAFT						June 5, 2016
Action Follow-up							June
Discussion		Chairman Dagostino stated Board Policy 14-020 – Business Expense Reimbursement, Ethics Training was placed on today's agenda for consideration to expand the policy to allow Board members to attend unexpected educational opportunities without waiting for approval at the monthly board meeting.	Chairman Dagostino suggested the following language: "Board members may seek reimbursement without Board approval on education ventures of their choosing. The self-procured education offering shall not exceed a total of \$500/year". General Counsel suggested this language could include a provision that such education ventures be related to the Board members' performance of his/her official duties. Director Finnila stated she was not in favor of this addition to the policy due to other means of obtaining education (i.e. journals, internet, self-study, etc.).	Director Finnila commented that the provision related to Pre-Approval of Expenses is not currently being done. It was clarified that the registration amount of conferences is included on the Board's Consent Agenda prior to attendance at conferences, however expenses related to lodging and transportation are not.	The following revisions were also suggested:	Section IV. B. 1. — change the TCHD Board Secretary title to the Executive Assistant for clarification purposes. Section IV 6. b) — strike Finance, Operations & Planning Committee Chairperson or Vice Chairperson, or another officer of the Board and add "Board Secretary" or Board Assistant Secretary.	General Counsel clarified the Health & Safety Code Section 32103 was included with the policy for -4-
Topic		b. Review and discussion of Board Policy 14-020 – Business Expense Reimbursement; Ethics Training			·		Gene Section Committee Meeting

Person(s) Responsible	DRAFT	General Counsel						***					Ms. Donnelfan						16
Action Follow-up	Q	General Counsel to revise policy as described and bring back to the next	meeting of the committee; item to appear on July committee agenda.				,						Recommendation to be sent to the	Board of Directors to approve Board Policy 14-040 Activities for Which	Board Compensation is Available as presented; item to be placed on Board	agenda and included in agenda packet			June 5, 2016
Discussion		informational purposes only. It was moved by Director Reno to direct General Counsel to revise Board Policy 14-020 – Business	Expense Reimbursement; Ethics Training as discussed and bring back to the next meeting of the committee. Mr. Burch seconded the motion. The motion passed unanimously.	Discussion was held as to compensation for attendance at Board Ad Hoc Committee meetings. General Coursel pointed out that section #2 of Board Policy 14-	040 – Activities for Which Board Compensation is	of a standing or ad hoc committee of the Board of	Directors shall be compensable, provided that the meeting is at least 30 minutes in length". Discussion	was also held regarding compensation for two noticed meetings held in one day. General Counsel stated	Board members would be compensated for more than one meeting a day as long as the meeting(s) is not "double noticed".	Discussion was held regarding section #5 which	provides that a Director will not be compensated if compensation is not requested within 180 days.	Committee members thought 180 days was excessive however it was noted that historically Board members submit their requests for reimbursement within 30 days.	It was moved by Director Reno to recommend	approval of Board Policy 14-040 – Activities for Which Compensation is Available as presented. Dr.	Showah seconded the motion. The motion passed unanimously.		Chairman Dagostino reported Board Policy 15-042 – Duties of the Board of Directors was brought forward	today as a result of discussion points by Director Reno. Reno brought 3 points forward:	eeting -5-
Topic				c. Review and discussion of Board Policy 14-040 – Activities	is Available												d. Review and discussion of Board Policy 15-042 – Duties of	the Board of Directors	Governance & Legislative Committee Meeting

Person(s) Responsible	-			Ms. Donnellan			Administration		
Action Follow-up	DRAFT			of the Bylaws and any cy on this issue will be the next agenda of the	COUNTIE		The issue of an Urgent Care Center will Adm be addressed operationally.		June 5, 2016
Discussion		1. The role of the Trustee in Governance (oversight, collaboration with the CEO, etc).	Director Reno stated her intent of this point was to discuss how much authority the Board Chair has in making decisions for the rest of the Trustees about what goes on the agenda. General Counsel stated this issue is addressed in section 14 of the Bylaws which provides that the agenda is developed by the Board Chair in collaboration with the CEO and General Counsel. There was additional discussion as to the Chair's authority to reject a request for an agenda item by a Board member.	General Counsel suggested Section 14 of the Bylaws and any District policy on this issue be placed on the agenda next month for discussion of this matter.	Chairman Dagostino stated Director Reno's second point is related to how TCHD collaborates with other industries, such as police and fire departments. Director Reno stated the intent of this item was to determine if TCHD has opened the Wellness Center to these organizations.	Director Reno also commented on the need for Urgent Care after hours and questioned the collaboration with the Clinics to provide this service.	Committee members agreed that an Urgent Care Center is not a Governance Committee issue but rather an operational issue and should be discussed with the CEO and perhaps Dr. Ma.	Director Reno's final point was to advocate for more Trustee Educational Meetings. It was suggested the format of the Regular Monthly Board meeting be amended to include an educational topic. Mr. Dietlin cautioned that certain educational items that involve payor contracts or reimbursement should not be discussed in an open for im	discussed in an open rolain. eeting -6-
Topic									Governance & Legislative Committee Meeting

2016	
June 5,	

TRI-CITY HEALTHCARE DISTRICT BOARD OF DIRECTORS POLICY

BOARD POLICY #14-023

POLICY TITLE: Responsibility for Decision-making on Legal Matters

I. ROLE OF THE BOARD OF DIRECTORS

While the Board of Directors retains ultimate responsibility for the conduct of the business of the Tri-City Healthcare District, the Board has delegated implementation of its policies and day-to-day operations to the Executive Officer (CEO) and management of the compliance program to the Chief Compliance Officer. Notwithstanding these general delegations or other Board policies, the Board of Directors retains responsibility for making the following decisions:

- A. General Counsel. Hiring of General Counsel to advise the Board on any legal matter as requested by the Board or as established by policy. The Board shall approve the retainer agreement, provided that the CEO or Chief Compliance Officer may negotiate rates and approve attorneys to be assigned to legal matters over which they have authority, if not otherwise specified in the retainer agreement. Invoices shall be approved by the Chair of the Board.
- B. Chief Compliance Officer. Hiring and termination of the Chief Compliance Officer, including approval of terms and conditions of employment and job description.
- C. Outside Counsel. Authorizing the retention of any outside lawyer or law firm to represent the interests of the District and approving the terms, conditions and scope of such retention. However, the General Counsel or Chief Compliance Officer may assign such approved counsel matters, as needed, provided such matters are within the scope of work described in the retainer agreement. The General Counsel or Chief Compliance Officer shall require a matter budget for each new engagement assigned which is expected to exceed \$30,000 in fees and costs. In addition, the Chief Compliance Officer shall develop and provide outside counsel with written litigation management guidelines that shall apply to all such counsel. The Board shall be provided with information on at least a quarterly basis regarding all matters projected to exceed a total of \$50,000 in legal fees, costs, and damages (if applicable).
- D. Claims and Settlements. With the exception of appeals of the denial of payment for clinical services, the Board shall approve or authorize the settlement of any legal matter exceeding \$50,000 in value, whether in favor of or against the District. The Board shall authorize or approve the compromise of any claim made by the District in any litigation or other adversarial proceeding exceeding \$50,000, and shall approve settlements exceeding \$50,000.

E. Initiation of litigation. With the exception of appeals of the denial of payment for clinical services, authorizing initiation of formal arbitration or litigation shall require approval of the Board. However, in the event legal action must be taken to protect life, health or safety within or about the facilities operated by the District, the CEO, with the concurrence of the General Counsel or Chief Compliance Officer may approve the commencement of litigation seeking equitable relief. In such event, the Board shall be notified within 24 hours, and ratification of the action shall be placed on the next agenda for consideration by the Board.

II. ROLE OF GENERAL COUNSEL

See Appendix A.

III. ROLE OF CHIEF COMPLIANCE OFFICER

See Appendix B.

Approved by the Board of Directors: 1/30/14 Reviewed by the Gov/Leg Committee: 4/01/14 Approved by the Board of Directors: 4/24/14 Reviewed by the Gov/Leg Committee: 5/06/14 Approved by the Board of Directors: 5/29/14 Reviewed by the Gov/Leg Committee: 6/07/16

Approved by the Board of Directors:

Appendix A

Position Description General Counsel Tri-City Healthcare District

<u>Summary</u>: General Counsel is retained by and reports to the Board of Directors. General Counsel carries out legal duties as assigned by the Board, and the Chief Executive Officer acting within his or her delegated authority. General Counsel supports and coordinates with the Chief Compliance Officer and other in-house legal staff. General Counsel advises the District on compliance with state transparency laws, including but not limited to open meetings, public records and conflict of interest laws, as well as compliance with the Local Healthcare District Law.

Essential Functions:

- (a) Advises the Board of Directors and District officers in all matters of law pertaining to their offices, upon request and consistent with District policies.
- (b) Represents and appears for the District and any District officer in actions and proceedings in which the District or any officer or employee, in or by reason of his or her official capacity is concerned or is a party, when so directed by the Board, Chief Executive Officer, Chief Compliance Officer or Chair of the Board, as authorized.
- (c) Advises on the initiation of any litigation, and provides, assists or supports the Chief Compliance Officer in, the oversight of litigation matters.
- (d) Attends all regular and special meetings of the Board of Directors, and such meetings of Board committees, or other meetings as requested by the chairperson of the committee, the Chief Executive Officer or Chief Compliance Officer.
- (e) Approves the form of contracts prepared by the District, and reviews the form of contracts to be made by the District as are referred by Chief Executive Officer or Chief Compliance Officer.
- (f) Prepares or reviews any and all proposed ordinances or resolutions for the District and amendments thereto.
- (g) Prosecutes claims or actions on behalf of the District as authorized pursuant to District policy.
- (h) Devotes such time to the duties of office as may be specified by any ordinance, resolution or policy of the District.
- (i) Assists in establishing compliance philosophy and guidelines in conjunction with the Chief Compliance Officer.
- (j) Advises the Board and senior management on proposed and existing legislation affecting the District.

Notwithstanding the foregoing, the Board of Directors shall have control of all legal business and proceedings and may employ other attorneys to take charge of any litigation or matter or to assist the General Counsel therein.

APPENDIX "B"

Position Title:	Chief Compliance Officer	Job Code Number:	20020
Department Name/Location:	Administration	Department Number(s):	8610
Status (Check one):	Exemptx Nonexempt	Position Reports To:	Board of Directors
Management Approval (VP or higher):	Board of Directors	Date Approved:	May, 2014
Compensation Approved by:	Board of Directors	Date Approved:	May2014

The position characteristics reflect the most important duties, responsibilities and competencies considered necessary to perform the essential functions of the job in a fully competent manner. They should not be considered as a detailed description of all the work requirements of the position. The characteristics of the position and standards of performance may be changed by the District with or without prior notice based on the needs of the organization. The physical location for this position will be in the District's corporate headquarters at 4002 Vista Way, Oceanside, CA in an office designated by the Board of Directors. In carrying out these responsibilities the incumbent may be assigned resources as needed, for example, use of an administrative assistant and will follow a process designated by the Board of Directors to obtain critical information necessary to carry out duties as required.

Position Summary:

The incumbent serves as the primary contact for the District's Compliance Program. This individual occupies a high-level position reporting to the District's Board of Directors, and functions as an independent and objective person who directs and monitors the District's Compliance Program. Key responsibilities include: develops, initiates and ensures that policies and procedures for the operation of the Compliance Program are implemented so that the District maintains compliance with all applicable laws, regulations, standards of conduct and policies. In addition, the incumbent advises the CEO and/or his designee and the Board of Directors and all internal committees on material legal and compliance risks, mitigation and corrective actions.

Major Position Responsibilities:

- Develop, implement, oversee, monitor and promote the implementation and maintenance of an effective Compliance Program.
- Provide guidance to the Board of Directors and the District's senior management regarding matters related to compliance.
- Deliver ongoing reports of Compliance Program activities to the Chief Executive Officer and to the Finance, Audit and Operations Committee.
- Report on a regular basis (and no less than quarterly) to the Board of Directors on activities, changes to, and progress of, the Compliance Program.
- Develop, monitor and revise the Compliance Program, including the Code of Conduct and compliance policies and procedures, as needed and based on changes in, and needs of, the District as well as changes in applicable laws and regulations.

- Develop and coordinate timely educational and training initiatives that focus on the Compliance Program ensuring that Board members and District personnel are educated on compliance matters.
- Ensure independent contractors and agents of the District are aware of the District's Compliance Program and how it affects the services provided by contractors and agents.
- Establish, publicize and reinforce effective lines of communication throughout the organization including, reporting mechanisms, and oversee the District's compliance hotline.
- Create and enforce policies and procedures, in cooperation with Human Resources, the Procurement Department and the Medical Staff Office related to appropriate screening of the District's employees, contractors, vendors, and health care providers against state and federal health care program and agency debarment lists in accordance with District policies and procedures.
- In cooperation with Human Resources, oversee and monitor the enforcement of compliance obligations and standards through appropriate disciplinary mechanisms.
- Oversee and implement systems for routine monitoring and auditing reasonably designed to detect violations of the Code of Conduct and applicable laws, regulations and policies.
- Establish a regular risk assessment process to identify key areas of compliance risk.
- Conduct timely investigations of identified potential compliance issues and consult with the District's legal counsel, as necessary and appropriate.
- Designate work groups and task forces needed to carry out investigations or initiatives of the Compliance Program.
- Develop and implement appropriate and timely corrective action plans to resolve risks and prevent similar future risks.
- Manage other resources, as appropriate, to ensure appropriate legal, compliance and risk program services are provided to the District.

Qualifications:

ESSENTIAL COMPETENCIES, KNOWLEDGE, & EXPERIENCE

- Knowledge of, and familiarity with, health care provider compliance programs, required.
- Knowledge of state and federal laws and regulations related to health care providers and, particularly hospitals, including fraud and abuse, reimbursement and accreditation standards.
- Demonstrated ability to communicate with management and report to boards of directors, required.
- Knowledge of healthcare risk management, claims management, and loss control, required.
- Excellent written and oral communication skills, personal initiative, organized and methodical, meticulous documentation and computer skills, prompt and reliable, thorough and consistent, and flexible and adaptable to change, required.

Education:

• Graduate degree in Healthcare Administration, Business Administration or Juris Doctorate degree from an accredited university, required.

Experience:

• Minimum 7 years' experience in a health care compliance program, preferably in a hospital setting, with at least 2 years at an executive level, required.

Licenses:

• If JD, CA Bar membership, required.

Certifications:

 Certification in Health Care Compliance (CHC) through the Health Care Compliance Association (HCCA), California Hospital Association (CHA) or other recognized Compliance Officer Certification, required

Essential Organizational Behaviors

- 1. Demonstrates behaviors that are consistent with the District's Mission and Values and those that reflect the "Standards of Service Excellence".
- 2. Performs job responsibilities in an ethical, compliant manner consistent with the District's values, policies, procedures, and Code of Conduct.
- 3. Works well with team members toward a common purpose. Reinforces the efforts and goals of the work group. Supports the team's decisions regardless of individual viewpoint.
- 4. Demonstrates flexibility in schedules and assignments in order to meet the needs of the organization and/or Board of Directors.
- 5. Utilizes, maintains, and allocates equipment and supplies in a cost-effective and efficient manner. Improves productivity through proper time management.
- 6. Seeks feedback from customers and team members in order to identify and improve processes and outcomes.

Equal Employment Opportunity

Tri-City Medical Center is committed to the principle of Equal Employment Opportunity for all employees and applicants. It is our policy to ensure that both current and prospective employees are afforded equal employment opportunity without consideration of race, religious creed, color, national origin, nationality, ancestry, age, sex, marital status, sexual orientation, or present or past disability (unless the nature and extent of the disability precludes performance of the essential functions of the job with or without a reasonable accommodation) in accordance with local, state and federal laws.

Americans with Disabilities Act

Applicants as well as employees who are or become disabled must be able to perform the essential job functions either unaided or with reasonable accommodation. The organization shall determine reasonable accommodation on a case-by-case basis in accordance with applicable law.

TRI-CITY HEALTHCARE DISTRICT BOARD OF DIRECTORS POLICY

BOARD POLICY #14-040

POLICY TITLE: Activities for Which Board Compensation Is Available

When compensation has been authorized by Board Resolution, pursuant to Health & Safety Code section 32103, such compensation may be paid in accordance with Article III, section 4 of the Bylaws of the District and this policy. Compensation is limited to one hundred dollars (\$100) per meeting, not to exceed five meetings per month. The following are compensable activities:

- 1. Attendance at a regular, special or emergency meeting of the Board of Directors shall be compensable, provided the meeting is at least 30 minutes in length, and the Director seeking compensation is present during the meeting for not less than 30 minutes.
- 2. Attendance at any meeting of a standing or ad hoc committee of the Board of Directors shall be compensable, provided that the meeting is at least 30 minutes in length, the Director is a member of the committee and is present during the meeting for not less than 30 minutes.

No compensation shall be available, however:

- 1. For attendance via teleconference from a location which is not a location open to the public and within the jurisdiction.
- 2. For attendance at a committee meeting in which the Board member is not a member of the committee.
- 3. Unless the minutes of the meeting or other written evidence reflects a Director's attendance in compliance with this policy.
- 4. If compensation is limited under any other Board policy, including, but not limited to Board Policy #010-020 and #010-038.
- 5. If the Director does not request compensation in writing within 180 days of attending the meeting for which compensation may be paid.

Reviewed by the Gov/Leg Committee: 8/10/05 Approved by the Board of Directors: 9/22/05 Approved by the Board of Directors: 3/25/10 Reviewed by the Gov/Leg Committee: 4/01/14 Approved by the Board of Directors: 4/24/14 Reviewed by Gov/Leg Committee: 6/07/16 Approved by the Board of Directors:

TRICITY HEALTHCARE DISTRICT BOARD OF DIRECTORS POLICY

BOARD POLICY #15-042

POLICY TITLE: Duties of the Board of Directors

The purpose of this policy is to define the primary responsibilities of the Board of Directors as the governing body ultimately responsible for leadership of the organization.

Brief Job Description

The Board establishes the mission, vision, and goals for the organization. The Board is ultimately accountable for the quality of care rendered to its patients by both its medical and professional staffs, for its financial soundness and success, and for strategically planning its future. The Board hires the Chief Executive Officer, and approves the plans and budgets by which the CEO will accomplish the quality, financial and strategic goals of the Board. However, the Board has delegated to the CEO responsibility to run the day-to-day operations of all of the District's business enterprises; hence, the Board does not direct operations. Rather, the Board is responsible for ensuring that strategies developed by management will accomplish key goals, achieve the mission and fulfill the vision, and holding the CEO accountable for implementation of those strategies.

Primary Duties and Responsibilities

Financial.

- 1. Set objectives. It is the role of the Board of Directors, in cooperation with the Chief Executive Office, to specify key financial objectives which are aligned with Board-determined goals, mission and vision for the organization.
- Oversee attainment of objectives. Through annual approval of the budget, and the ongoing activities of the Financial Operations and Planning Committee, the Board ensures that necessary financial planning activities are undertaken so that the organization's resources are effectively allocated across competing uses. The Board monitors and assesses the financial performance of the organization on an ongoing basis through review of periodic financial statements and other reports prepared and presented by the Chief Financial Officer.
- 3. Ensure transparency and accountability. Through the selection of independent auditors and acceptance of the annual financial audit report, together with targeted supplemental auditing activities of billing and collection activities for compliance with legal requirements, the Board ensures that appropriate accounting controls are in place and updated, as needed.

Community needs assessment and outreach.

The Board helps keep the organization informed about, and sensitive to, community needs and perceptions. Conversely, the Board plays a key role in keeping the community informed regarding the services, activities, and plans of the organization.

Promote quality medical care.

- 1. Under its Bylaws and those of the Medical Staff, the Board appoints, reappoints and determine privileges of physicians who practice in the institution.
- 2. The Board hears periodic reports on indicators of quality, utilization and outcomes, as well as quality improvement implementation plans, for each area or department of the organization. The Board holds management accountable to ensure that effective risk management systems are in place and functioning effectively. In this manner, the Board takes responsibility for ensuring the quality of nursing and medical care rendered in the hospital.
- 3. The Board provides opportunities for members of the medical staff to participate in governance through membership on Board-appointed committees. The Board provides the Chief of the Medical Staff an opportunity to participate in Board meetings, including providing an agenda item at each regular meeting for reports from the Medical Staff.

Compliance oversight.

The Board ensures compliance with requirements of regulatory and accrediting bodies by: (a) promoting an ethical, self-governing culture throughout the organization through Board and employment policies; (b) overseeing the effectiveness of the compliance program; and (c) providing the resources required to implement effective systems.

Responsibilities Defined Elsewhere:

Bylaws.

The Bylaws of the Tri-City Healthcare District Board of Directors set forth, in Article III, the legal powers and duties of the board of directors, as provided under the Healthcare District law. The Board's oversight of compliance activities is reflected in Article VI, §2 (establishing a Compliance and Audit Committee) and Article VII, §3, describing its reporting relationship with the Chief Compliance Officer. Article VIII describes the Board's relationship with the Medical Staff. Article IX, §5 requires the Board to maintain a policy regarding annual self-evaluations.

Board Policies.

Some of the responsibilities of the Board, including those specifically identified by the Joint Commission, are addressed by board policies. The Medical Staff provides input on equipment and services to be provided at the hospital under Policy 10-001. Minimum liability insurance requirements required for medical staff membership are described in a policy jointly-adopted by the Medical Staff. (Policy No. 10-038.) The Board oversees the prudent investment of excess

funds under Policy No. 10-017, which is reviewed annually. Self-evaluations are conducted by the Board annually under Policy 10-012. Board member orientation and training are provided for in Policies 10-020 and 10-039. Board responsibilities for decision making on legal matters, including hiring General Counsel and the Chief Compliance Officer are described in Policy 14-023. Other policies establish a Code of Conduct for the Board (Policy No. 10-039) and committee members (Policy No. 10-031), and conflict of interest rules (by resolution in accordance with the Political Reform Act). These are merely examples and are not intended to be a comprehensive list of policies describing Board responsibilities.

Reviewed by Gov/Leg Committee: 1/12/2011 Approved by the Board of Directors: 1/27/2011 Reviewed by the Gov/Leg Committee: 4/01/14 Approved by the Board of Directors: 4/24/14 Reviewed by Gov/Leg Committee: 10/6/2015 Approved by the Board of Directors: 10/30/15 Reviewed by Gov/Leg Committee: 6/07/16 Approved by the Board of Directors:

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

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

May 26, 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 May 26, 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 Larry Schallock

Absent was Director RoseMarie V. Reno

Also present were:

Greg Moser, General Legal Counsel Steve Dietlin, Chief Executive Officer Kapua Conley, Chief Operating 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

It was moved by Director Finnila to approve the agenda as presented. Director Schallock seconded the motion. The motion passed (6-0-1) with Director Reno absent.

3. Public Comments – Announcement

Chairman Dagostino read the Public Comments section listed on the May 26, 2016 Regular Board of Directors Meeting Agenda.

There were no public comments.

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

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Mr. Greg Moser made an oral announcement of the items listed on the May 26, 2016 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees; four Reports Involving Trade Secrets; Conference with Legal Counsel regarding seven (7) matters of Existing Litigation; five matters of Potential Litigation; Public Employee Evaluation: Chief Executive Officer; and Approval of Closed Session Minutes.

5. Motion to go into Closed Session

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

- 6. The Board adjourned to Closed Session at 1:35 p.m.
- 8. At 3:35 p.m. in Assembly Rooms 1, 2 and 3, Chairman Dagostino announced that the Board was back in Open Session.

The following Board members were present:

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

Also present were:

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

- 9. Chairman Dagostino reported no action was taken in Closed Session.
- 10. Director Mitchell 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) Recognition of Nurses of the Year
 - a) Imelda Browning, RN Inpatient Services

b) Luke Galindo, Patient Care Support Staff

Ms. Sharon Schultz, CNE reported every year in May we celebrate National Nurse's Week and it is her pleasure to introduce Ms. Imelda Browning, Nurse of the Year for Inpatient Services and Mr. Luke Galindo, Support Staff of the Year.

Ms. Schultz invited Ms. Browning to the podium along with her Supervisor Ms. Rachel Garcia.

Ms. Garcia commented on Ms. Browning's wealth of nursing experience and her warmth and compassion to her patients. Ms. Garcia stated Ms. Browning is also a great resource for her peers. Ms. Garcia commented on a heartwarming patient experience that touched everyone's hearts.

Ms. Schultz invited Mr. Luke Galindo, OB Tech along with his supervisor Ms. Sharon Davies to the podium. Ms. Davies commented on the respect and courtesy Mr. Galindo exhibits to his female patients and his co-workers. Ms. Davies stated there was a lot of competition however Mr. Galindo unanimously won the award for Support Staff of the Year. Ms. Davies stated that regrettably Mr. Galindo will be leaving Tri-City Medical Center in the near future to pursue a degree in nursing.

13. Introduction

Sharona Ben-Haim, M.D., Neurosurgeon

Mr. Wayne Knight, Chief Strategy Officer introduced Dr. Sharona Ben-Haim, Dr. Greg Sahagian and Ms. Susan Hadley.

Mr. Knight provided a brief summary of Dr. Ben-Haim's background and experience, noting she was Chief Resident at Mount Sinai Medical School.

Dr. Ben-Haim expressed her appreciation for the kind introduction and stated she is thrilled to be at the forefront in collaborating with UCSD to provide high quality Neurosurgery care. Dr. Ben-Haim also commented on her relationship with the Neurology Center.

Dr. Greg Sahagian, President and CEO of the Neurology Center stated he is very excited to have Dr. Ben-Haim join the Neurology Center and stated her presence will take us to another level of expertise that doesn't exist in the community.

Mr. Knight introduced Ms. Susan Hadley, Director of Network Development. Ms. Hadley stated she worked at UCSD for 17 years and is happy to bring great medicine up to our community.

Directors welcomed Dr. Ben-Haim to Tri-City Medical Center.

No action was taken.

14. Community Update

GE 512 CT Scanner - Dr. Donald Ponec

Dr. Donald Ponec, Department Chair for Diagnostic and Interventional Radiology and Medical Director for the Cardiovascular Institute provided a brief presentation on the most advanced scanner one can buy today, the GE 512 CT Scanner. He described how the scanner will make a difference for our patients. Dr. Ponec explained Key Imaging Technology Improvements include the following:

- > Emergent Stroke Analysis
- Cardiac Care Single Heart Beat Imaging
- > Enhanced Vascular Imaging Capabilities
- > Cancer Staging 3D Fusion Technology
- > Dramatic Radiation Reductions and Contract Dose Reductions.

Dr. Ponec commented on the benefits of having two scanners in the hospital and the fact that the additional scanner will also help throughput in the Emergency Department tremendously.

No action taken.

15. Report from TCHD Foundation - Glen Newhart, Chief Development Officer

Mr. Newhart, Chief Development Officer provided a brief report on the Foundation, stating the following:

- > The Foundation is extremely proud to be the first facility in San Diego County to have the GE Revolution Imaging System.
- > Mr. Darrell Pilant, Caesars Entertainment and Ms. Dawn Koutsky, Advantage Home Health are the Foundation's newest Board members.
- ➤ The Foundation, along with Tri-City Medical Center presented several informational sessions with nationally known expert Dr. Don Teater entitled "The Illusion of Opioids".
- ➤ The third annual "Tails on the Trails" event co-sponsored by the Auxiliary and Foundation netted over \$11,000 with proceeds benefiting the Foundation, Auxiliary, Pet Therapy Program and the Oceanside PD K-9 Unit.
- ➤ The 28th Annual Golf Tournament is scheduled for Monday, September 19th at the Vista Valley Country Club.
- ➤ The Diamond Ball is scheduled for Saturday, November 12, 2016 with Master of Ceremonies Mr. Jay Leno. The Ball will take place this year at the Omni La Costa Resort & Spa in an effort to attract individuals who have not been connected to the hospital in the past. Proceeds will benefit the Labor and Delivery renovation.

No action was taken.

16. Report from Chief Executive Officer

Mr. Steve Dietlin, CEO expressed his appreciation to Dr. Donald Ponec for his enlightening presentation on the GE 512 scanner. Mr. Dietlin stated he looks forward to hearing more stories about how the scanner has enhanced patient care.

Mr. Dietlin congratulated the winners of this year's Nurse and Support Staff of the Year Awards.

Mr. Dietlin recognized Tri-City Medical Center's Chief Nurse Executive Ms. Sharon Schultz for her efforts.

Mr. Dietlin welcomed Dr. Sharona Ben-Haim and stated he is thrilled she has chosen to share her breadth of knowledge with Tri-City Medical Center.

Mr. Dietlin reported progress is being made with the Crisis Stabilization Unit and he believes we will be entering into a contract with the county in the near future that will allow us to bring the Crisis Stabilization Unit to fruition.

Mr. Dietlin reported next month the FY2017 Budget will be brought forward to the Board for consideration. He stated he is happy to report the District is "back in the black".

Mr. Dietlin commented on our recent Patient Safety "A" Rating by Leapfrog. He stated that a study at John Hopkins spoke to the risk of a facility with a rating of a "C" compared to that of an "A".

No action was taken.

17. Report from Acting Chief Financial Officer

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

- ➢ Operating Revenue \$278,810
- Operating Expense \$281,567
- > EROE (\$165)
- > EROE Excl. Settlement \$1,913
- ➤ EBITDA \$11,782
- > EBITDA Excl. Settlement \$13,860

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

- Average Daily Census 193
- Adjusted Patient Days 94,831
- ➤ Surgery Cases 5,363
- ➤ Deliveries 2,157
- ➤ ED visits 55,009

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

- Net Patient Accounts Receivable \$41.8
- Days in Net Accounts Receivable 48.0

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

- ➤ Net Operating Revenue \$29,306
- ➤ Operating Expense \$29,521

- ➤ EROE \$331
- ➤ EBITDA \$1,530

Current Month Key Indicators were reported as follows:

- > AVG Daily Census 201
- ➤ Adjusted Patient Days 9,661
- ➤ Surgery Cases 550
- ➤ Deliveries 189
- ➤ ED Visits 5,182

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

No action was taken.

18. New Business

a. Consideration to approve the FY2016-2017 Community Healthcare Grant Awards

Director Nygaard introduced Ms. Gigi Gleason and expressed her appreciation to Ms. Gleason and the Grant's Committee for their hard work.

Ms. Gigi Gleason reported this year 34 grant applications were received totaling just under \$1 million dollars. Ms. Gleason expressed her appreciation for the work of the non-profits in our communities and stated the committee is pleased to recommend funding for 19 of the applicants for a total amount of \$300,000. Ms. Gleason referred Board members to the list contained in the agenda packet that described the 19 organizations and their request for funding. She stated the grant panel was acutely aware that the Board is committed to addressing the mental health concerns of the community and the committee believes the recommendations reflect that mission. Ms. Gleason expressed her appreciation on behalf of the panel for their support.

Director Finnila commented that the need far surpasses the amount we can give. She questioned if the panel reviews the applicant's past history to make a determination of what they might receive. Ms. Gleason stated the panel does not want to fund any project more than three (3) years in a row.

Director Nygaard expressed her appreciation to the committee for their hard work. Chairman Dagostino stated he appreciates the credibility and fairness of the process.

It was moved by Director Schallock approve the FY2016-2017 Community Healthcare Grant Awards as recommended by the Community Healthcare & Compliance Committee in the amount of \$300,000. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell,

Nygaard, and Schallock

NOES:

Directors: Directors:

None None

ABSTAIN:

ABSENT:

Directors:

Reno

b. Consideration to appoint Ms. Sandy Tucker, Senior Commission Nominee for the City of Oceanside to a two-year term on the Community Healthcare & Alliance Committee

> It was moved by Director Nygaard that the TCHD Board of Directors appoint Ms. Sandy Tucker, Senior Commission Nominee for the City of Oceanside to a two-year term on the Community Healthcare & Alliance Committee. Director Mitchell seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell,

Nygaard, and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

Reno

c. Consideration to appoint Ms. Mary Donovan, Vista Mayoral Recommendation to a two-year term on the Community Healthcare & Alliance Committee

> It was moved by Director Nygaard that the TCHD Board of Directors appoint Ms. Mary Donovan, Vista Mayoral Recommendation to a two-vear term on the Community Healthcare & Alliance Committee. Director Mitchell seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell,

Nygaard, and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT: Directors: Reno

d. Consideration to appoint Mr. Dung Ngo, Multicultural Representative to a two-year term on the Community Healthcare & Alliance Committee

> It was moved by Director Nygaard that the TCHD Board of Directors appoint Mr. Dung Ngo, Multicultural Representative to a two-year term on the Community Healthcare & Alliance Committee. Director Mitchell seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell,

Nygaard, and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

- 7-

ABSENT:

Directors:

Reno

e. Consideration to appoint Mr. Ted Owen, District of Carlsbad Chamber Representative to a two-year term on the Community Healthcare & Alliance Committee

It was moved by Director Nygaard that the TCHD Board of Directors appoint Mr. Ted Owen to a two-year term on the Community Healthcare & Alliance Committee. Director Mitchell seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell,

Nygaard, and Schallock

NOES:

Directors:

None

ABSTAIN: ABSENT:

Directors:

None Reno

f. Consideration to appoint Ms. Mary Murphy, District of Carlsbad Police & Fire representative to a two-year term on the Community Healthcare & Alliance Committee

It was moved by Director Nygaard that the TCHD Board of Directors appoint Ms. Mary Murphy to a two-year term on the Community Healthcare & Alliance Committee. Director Mitchell seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell,

Nygaard, and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT: D

Directors: Reno

Old Business

Report from Ad Hoc Committee on electronic Board Portal

Director Mitchell reported a demonstration on a Board Portal was held recently on a product called Board Effect. Director Mitchell stated she was impressed with the degree of versatility and the fact that the portal can be accessed from any device. Director Mitchell stated a similar demonstration will be held in June to view the product from the Governance Institute. She explained the Ad Hoc committee plans to do a thorough search before making a recommendation to the Board.

No action taken.

18. Chief of Staff

 Consideration of May 2016 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on May 26, 2016. It was moved by Director Nygaard to approve the May 2016 New Appointment Credentialing Actions Involving the Medical Staff and Allied Health Professionals, as recommended by the Medical Executive Committee at their meeting on May 23, 2016. Director Kellett seconded the motion.

Dr. Ma explained the proctoring process for physicians. He stated that in an organization that puts such a premium on quality of care and safety first we must have processes in place where physicians must demonstrate competency on certain procedures that they have trained on but are not regularly using and this is done through proctoring.

Dr. Ma complimented the Board on their leadership. He stated from the Medical Staff's perspective the Board is doing an incredible job. Additionally, under Mr. Dietlin's leadership and his commitment to quality of care, the Medical Staff is pleased with things that are happening here at Tri-City.

Chairman Dagostino stated the Medical Staff sets up credentialing criteria for a certain caliber of physician to practice at Tri-City.

The vote on the motion was as follows:

AYES: Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

Reno

 Consideration of Recredentialing Actions involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee at their meeting on May 23, 2016.

It was moved by Director Nygaard to approve the April Recredentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on May 23, 2016. Director Kellett seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

and Schallock

NOES:

Directors:

None

ABSTAIN: ABSENT:

Directors:

None Reno

20. Consent Calendar

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

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Mitchell, Nygaard,

and Schallock

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

21. Discussion of items pulled from Consent Agenda

22. Reports (Discussion by exception only)

23. Legislative Update

Mr. Steve Dietlin, CEO gave a brief Legislative Update, highlighting Senate Bill 957 known as the Design Build Bill and Assembly Bill 1300. Mr. Dietlin stated Senate Bill 957 will allow hospitals to utilize the design build process for building healthcare facilities. Assembly Bill 1300 is designed to improve standards on LPS (locked units) and streamline the process for involuntary holds.

24. Comments by members of the Public

There were no commented by members of the public.

25. Additional Comments by Chief Executive Officer

Mr. Dietlin did not have any additional comments.

26. Board Communications

Director Mitchell reported Director Nygaard was elected Chairperson of the Association of California Healthcare Districts (ACHD) and congratulated her on the appointment.

Director Mitchell stated she, along with Director Nygaard attended the ACHD Annual meeting in Monterey. She stated it was a very good conference, informative and well organized.

Director Schallock reported long time employee Mr. Sal Ramirez passed away earlier this month. Director Schallock expressed his appreciation for the time and effort Mr. Ramirez put in during his 50 years at Tri-City.

Director Schallock commended the community on the high number of prescription medications that were turned in at Tri-City during Prescription Take Back Day.

Director Schallock stated San Clemente Hospital is scheduled to close next Tuesday. He noted there will no longer be a hospital between Oceanside and Mission Viejo.

Lastly, Director Schallock congratulated Director Nygaard on her appointment to the ACHD Board of Directors Chairperson role. He stated Director Nygaard's peers have recognized her efforts and look forward to her continued leadership.

Director Nygaard stated we are fortunate to have an outstanding community hospital and it is important to help the community understand how valuable we are.

Director Finnila commented on the wonderful work of the Rapid Response Team and suggested the Board schedule a presentation by the Team at a future Board meeting.

Director Kellett congratulated Director Nygaard on her appointment to the ACHD Board of Directors and stated he is confident Director Nygaard will represent the District's interests.

27. Report from Chairperson

Chairman Dagostino gave a brief report on the American Healthcare Association Annual Meeting in Washington, D.C.

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 4:51 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.

ATTEST:	James J Dagostino, DPT Chairman
Ramona Finnila, Secretary	

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

June 2, 2016 – 10:00 o'clock a.m. Assembly Rooms 2&3 – Eugene L. Geil Pavilion 4002 Vista Way, Oceanside, CA 92056

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at 4002 Vista Way at 10:00 a.m. on June 2, 2016.

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

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

Also present were:

Greta Procter, General Legal Counsel Steve Dietlin, Chief Executive Officer Kapua Conley, Chief Operating Officer Ray Rivas, Chief Financial Officer Sharon Schultz, Chief Nurse Executive David Bennett, Chief Marketing Officer Glen Newhart, Chief Development Officer Dr. Gene Ma, Chief of Staff Teri Donnellan, Executive Assistant Rick Crooks, Executive Protection Agent

- 1. The Board Chairman, Director Dagostino, called the meeting to order at 10:00 a.m. in Assembly Rooms 2&3 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Director Mitchell led the Pledge of Allegiance.
- 2. Approval of agenda.

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

3. Public Comments – Announcement

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

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

Chairman Dagostino deferred this item to the Board's General Counsel. General Counsel, Ms. Greta Proctor, made an oral announcement of items listed on the June 2, 2016 Special Board of Directors Meeting Agenda to be discussed during Closed Session

which included Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees.

5. Motion to go into Closed Session

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

- 6. Chairman Dagostino adjourned the meeting to Closed Session at 10:08 a.m.
- 7. The Board returned to Open Session at 3:00 p.m. with all board members present with the exception of Director Reno.
- 8. Report from Chairperson on any action taken in Closed Session.

Chairman Dagostino reported no action had been taken in closed session.

9. Consideration of appointment of managers for Tri-City Real Estate Holding & Management Company, LLC

It was moved by Director Nygaard to appoint the managers of the Tri-City Real Estate Holding and Management Company LLC as follows: Manager: Chief Executive Officer (Steven Dietlin); Manager: Chief Operating Officer (Kirkpatrick "Kapua" Conley); Manager: Chief Financial Officer (Ray Rivas). Director Schallock seconded the motion.

Mr. Dietlin explained this is simply an update of names of positions in the LLC. Director Schallock questioned if it is necessary to list the names of the individual holding the respective positions due to potential changes in staff. General Counsel stated the individual names are needed for annual filings and there is a pending potential sale of one of the properties.

Mr. Dietlin also explained the District has a 99% ownership in the LLC and the Foundation a 1% ownership.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Mitchell, Nygaard

and Schallock

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

Presentation by Chief Compliance Officer, Cheryle Bernard-Shaw –
 "Maintaining an Ethical Work Place" - Compliance Guidance for Managers

Ms. Bernard-Shaw excused all members from the meeting with the exception of Mr. Glen Newhart and Ms. Norma Braun at 3:15 p.m. She requested staff return to the meeting in approximately an hour for an interactive discussion with Board members.

Ms. Bernard-Shaw stated in line with her commitment to conduct ongoing compliance training she would be presenting a one hour video that will provide examples of ethical issues and unethical conduct.

AT 4:05 p.m., Mr. Dietlin, Ms. Schultz and Mr. Bennett returned to the meeting.

The group had an interactive discussion related to hypothetical compliance situations.

In conclusion, Ms. Bernard-Shaw encouraged Board members to stay true to their values. She stated the Board sets values for the organization and holds management and staff accountable.

Director Finnila commented that the Board does an outstanding job of ensuring the organizations abides by the rules however it does not hold Board members to the same standard. She stated that breach of information weakens the Board and the Board needs to hold each other accountable.

11. There being no further business, Chairman Dagostino adjourned the meeting at 4:44 p.m.

ATTEST:	James J. Dagostino Chairman
Ramona Finnila Secretary	

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

June 9, 2016 – 6:00 o'clock p.m. Assembly Rooms 2&3 – Eugene L. Geil Pavilion 4002 Vista Way, Oceanside, CA 92056

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at 4002 Vista Way at 6:00 p.m. on June 9, 2016.

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

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

Also present were:

Jody Root, General Legal Counsel
Steve Dietlin, Chief Executive Officer
Kapua Conley, Chief Operating Officer
Ray Rivas, Chief Financial Officer
Sharon Schultz, Chief Nurse Executive
Norma Braun, Chief Human Resource Officer
David Bennett, Chief Marketing Officer
Wayne Knight, Chief Strategic Officer
Glen Newhart, Chief Development Officer
Dr. Gene Ma, Chief of Staff
Charlene Carty, Director of Finance
Robin Sleeman, Sr. Financial Analyst
Kim Wallace, Sr. Financial Analyst
Teri Donnellan, Executive Assistant
Rick Crooks, Executive Protection Agent

- 1. The Board Chairman, Director Dagostino, called the meeting to order at 6:00 p.m. in Assembly Rooms 2&3 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Director Schallock led the Pledge of Allegiance.
- Approval of agenda.

It was moved by Director Finnila to approve the agenda as presented. Director Nygaard seconded the motion. The motion passed unanimously (7-0) with a roll call vote.

3. Public Comments – Announcement

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

4. Open Session

a) Board of Directors Public Workshop for the purposes of review, discussion and possible action of the Operating and Capital Budgets for Fiscal Year 2017.

Mr. Ray Rivas, Acting CFO stated he would be presenting a high level summary of the information that was contained in the budget binder which includes a budget summary, key indicators and capital budget summary. He expressed his appreciation to Ms. Charlene Carty, Director of Finance and Financial Analysts Ms. Robin Sleeman and Ms. Kimberly Wallace for their assistance in preparing the budget.

Mr. Rivas reviewed the following projected figures (Dollars in Thousands) for Budget FY2017:

- Operating Revenue \$350,462
- Operating Expense \$349,829
- > EROE \$7,142
- ➤ EBITDA \$22,709

Key Patient Indicators for FY 2017 Budget were projected as follows:

- Average Daily Census 197.9
- Adjusted Patient Days 116,492
- ▶ Paid FTEs 1,926
- Paid FTEs per AOB 6.0

Key Ancillary Department Indicators for FY2017 Budget were projected as follows:

- ➤ ED Visits 68,780
- ➤ Deliveries 2,784
- ➤ Surgery IP Cases 3,728
- ➤ Surgery OP Cases 3,088

Mr. Rivas stated significant budgeted operational items include the following:

- > Increase in Deliveries and Gynecological Surgeries
- > Increase in Cardiothoracic Surgeries and Ablations
- Increase in Joint Surgeries
- Primary Care Physician Strategy

Director Finnila questioned if the budget as presented includes our offsite operations. Mr. Rivas stated that the budget does reflect all operations of the District.

Mr. Rivas stated our Emergency Department visits are projected to increase due to implementation of our Crisis Stabilization Unit. He noted the Emergency Department redesign should also improve throughput and patient satisfaction as well as have a positive impact on our patients that leave without being treated.

Ms. Sharon Schultz also commented on the Emergency Department redesign and Team Health's model. She stated she has faith that the redesign will improve our throughput.

Chairman Dagostino requested clarification related to Productive and Paid FTEs. Mr. Rivas explained Productive FTEs are those employees on site while Paid FTEs include employees using PTO.

Director Schallock requested clarification on intergovernmental transfers and when the money is recorded. Mr. Rivas stated we are ultraconservative and only post when we receive the cash.

Director Schallock requested Mr. Rivas provide his philosophy on bad debt. Mr. Rivas stated bad debt currently runs \$2-3 million per month. Mr. Dietlin stated it is important to reserve the bad debt and estimate what we will ultimately collect. He noted cash price is based on the Medicare allowable amount, not what we charge Medicare.

Mr. Rivas also reviewed the Fiscal Year 2017 Capital Budget Summary (Dollars in Thousands) as follows:

 Committee Capital Carry Forward Prioritized Capital Equipment & Renovations Contingency Total Planned Expenditures 	\$ 2,770 9,550 <u>1,500</u> <u>\$13,820</u>
➤ Equipment Financing➤ Funded by Foundation➤ Funded Through Operations➤ Total Planned Funding	\$ 5,000 1,200 \$ 7,620 \$13,820

Director Finnila commented that she was pleased to see some of the critical items in the budget that were discussed at last week's Quality Meeting. She stated she appreciated the fact that the Quality Meeting occurred just prior to the Budget meeting.

Chairman Dagostino questioned how reimbursement of legal fees through insurance policies gets stated in the budget. Mr. Rivas explained it would be a direct reduction in our legal fees expense line. Director Finnila suggested that significant adjustments of that nature be footnoted so they are readily explained.

Director Schallock questioned if the governmental payors are paying less? Mr. Rivas stated we are getting reimbursed less for Medicare for a number of reasons, including Value Based Purchasing and Hospital Acquired Conditions. He explained we are charged 1% of our patient net revenue or approximately \$60,000 per month for each line item, i.e., Value Based Purchasing would be considered one item, Hospital Acquired Condition Threshold a second line item, etc. In addition, Sequestration is 2% of net revenue. Mr. Rivas further explained that there was a small rate increase of approximately 4% on our charges so that would also increase the deductions as well.

Director Nygaard questioned why physician fees appear to be increasing. Mr. Rivas explained there are several physician income guarantees that have matured and we will begin amortizing some of those loans.

Mr. Rivas confirmed that we do not anticipate raising our Charge Master.

Chairman Dagostino questioned how much revenue we could expect on the balance sheet for the Medical Office Building. Mr. Dietlin suggested that item be discussed in closed session due to the fact that the Medical Office Building is in litigation.

Directors commented on the very detailed job of outlining every category and commended staff for a well thought out budget.

It was moved by Director Kellett to approve the Operating and Capital Budgets for Fiscal Year 2017 as presented. Director Finnila seconded the motion.

The roll call vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

Reno and Schallock

NOES:

Directors:

None None

ABSTAIN: ABSENT: Directors:

None

b) Demonstration of TCHD Website Design.

Mr. Brian Greenwald presented a visual of our new website that will go live following presentation to the Board. He explained the website is built around mobile capability and search functionality. Mr. Greenwald reviewed the various categories including Medical Services, Find a Doctor, Classes & Events, News, Ways to Give, Patients & Visitors, and Health & Wellness. Mr. Greenwald stated we also have capability for "blog" content. He assured Board members that a blog will not be posted until it has been vetted and approved by the appropriate individuals.

In response to a question from Director Mitchell, Mr. Greenwald briefly reviewed the automatic translation through the Google overlay.

Director Finnila suggested the location (such as main hospital) be included in the description for Special Events.

Mr. Greenwald encouraged Board members to view the website and advise of any issues or inaccuracies. He stated simple changes can be made almost immediately.

Director Reno questioned what the cost is for the new website. Mr. Greenwald stated there is a one-time charge of \$55,000 for the platform compared to our prior contract of \$80,000 - \$120,000 per year.

No action taken.

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 item listed on the June 9, 2016 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one Trade Secret with a disclosure date of December 31, 2016.

5. Motion to go into Closed Session

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

- 6. Chairman Dagostino adjourned the meeting to Closed Session at 6:50 p.m.
- 7. The Board returned to Open Session at 7:09 p.m. with attendance as listed above.
- 8. Report from Chairperson on any action taken in Closed Session.

Chairman Dagostino reported no action had been taken in closed session.

- 10. Comments by members of the public.
- 11. There being no further business, Chairman Schallock adjourned the meeting at 7:09 p.m.

ATTEST:	James J. Dagostino Chairman
Ramona Finnila Secretary	

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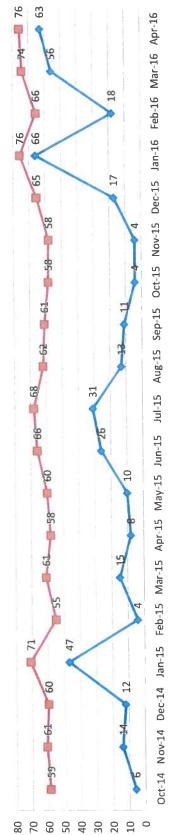


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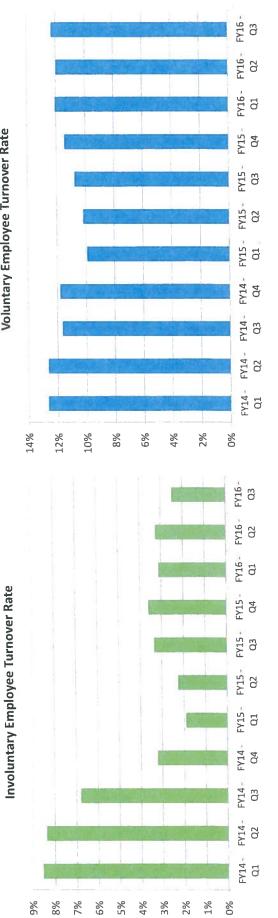
ADVANCED HEALTH CARE

Hospital Consumer Assessment of Healthcare Providers & Systems HCAHPS (Top Box Score)

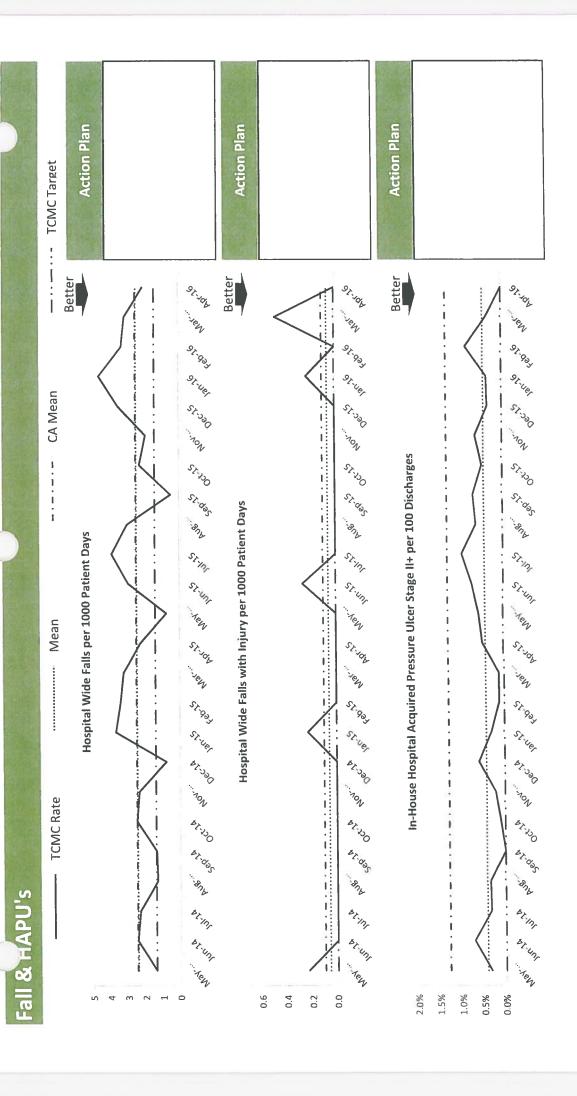
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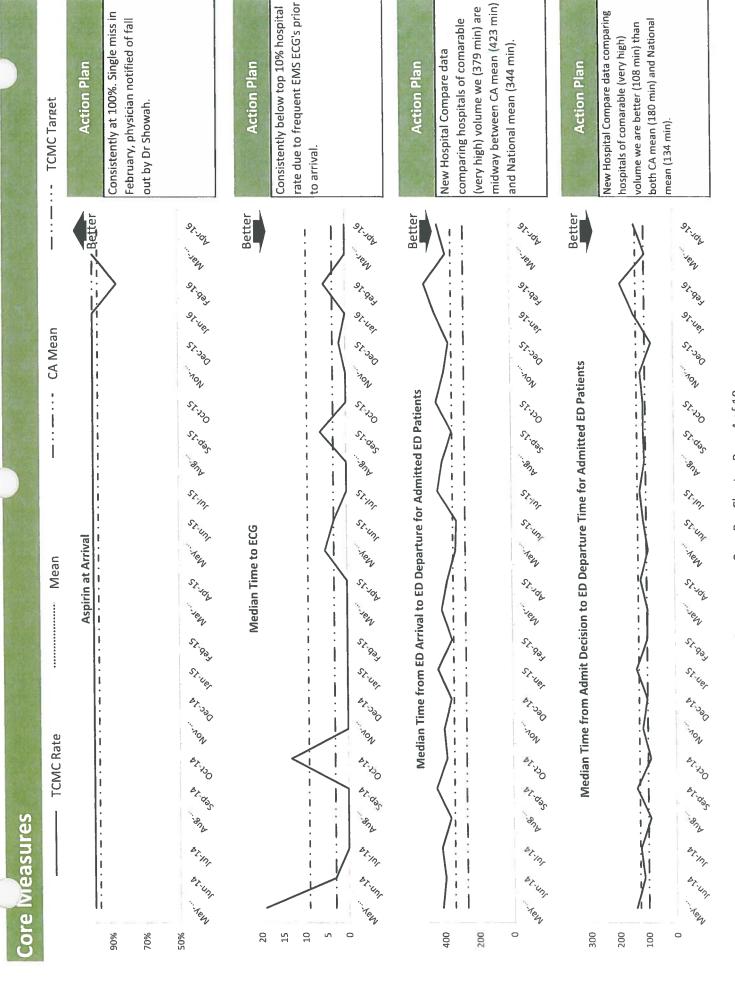


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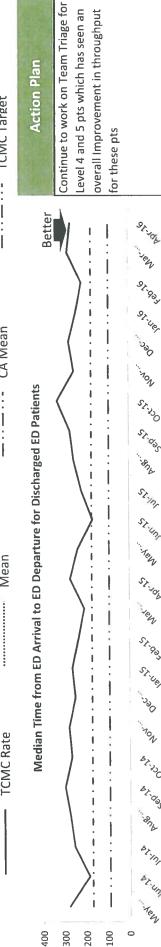


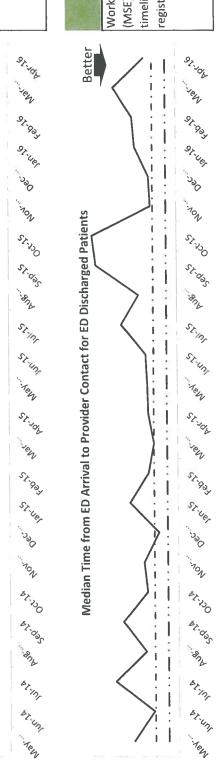
Stakeholder Experiences - Page 1 of 10





Action Plan



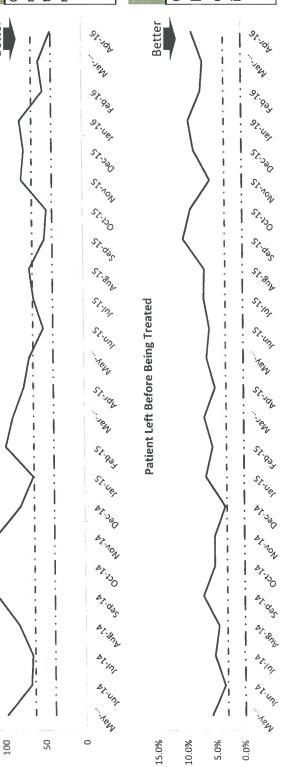


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Action Plan

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

Action Plan

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Action Plan

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	Sep	252	244			Sep	19	12		Sep	7	2	7		Sep	4	10	nue/IP Reve	Sen	1.60	1.58	
	Aug	214	263		ventions	Aug	6	19	erventions	Aug	Ж	7		35.3	Aug	14	6	(Total Reve	AllP	1 63	1.63	
	Jul	215	246	-	Inpatient Cardiac Interventions	Jul	16	16	Outpatient Cardiac Interventions	Jul	7		FYIS 4	L Julgely Co	Inf	7	10	TCMC Adjusted Factor (Total Revenue/IP Revenue)	Ш	1.65	1.64	
Deliveries		FY16	FY15		Inpatient C		FY16	FY15	Outpatient	THE PERSON NAMED IN	FY16		FY15	Open Hear		FY16	FY15	TCMC Adiu		EV16	FY15	

Strength Strength

Financial Information

Goal	Range	48-52	48-52		lead	iPOD	Range	75-100	75-100		C/M	VTD Rudget	And all	\$6,574			C/M	VTD Budget	11D banger	2.29%		
C/M	YTD Avg	48.0	49.4		Class	C/ 181	YTD Avg	84.4	79.5		C/M	AF.		(\$165)	\$3,091		C/M	Ę		~90.0-	1.11%	
	Jun		46.4				Jun		83.7			The second second	unr		(\$471)			The second second	unr		-1.61%	
	May		49.9				May		82.8				iviay		\$1,814				May		6.04%	
	Apr	50.4	51.0				Apr	81.1	82.6				Apr	\$331	\$343				Apr	1.13%	1.22%	
	Mar	49.5	50.6				Mar	81.4	84.3				Mar	(\$220)	\$292				Mar	-0.77%	1.02%	
	Feb	48.9	50.6				Feb	81.1	77.0				Feb	(\$411)	\$370				Feb	-1.53%	1.42%	
	Jan	51.7	51.0				Jan	83.6	79.5				Jan	(\$1,784)	\$198				Jan	-6.31%	0.70%	
	Dec	49.1	48.9				Dec	87.5	77.6				Dec	\$965	\$632				Dec	3.40%	2.20%	
	Nov	47.0	49.0	2.7			Nov	84.0	79.5	0.0			Nov	(\$513)	\$556				Nov	-2.00%	1.99%	
	Oct	45.3	0 87	10.7			DC4	88.7	77.0	0.11		er Expenses)	Oct	(\$189)	\$568	200			Oct	-0.68%	1.93%	1
(A/R)	Sen	45.7	707	10.01		/P)	Con	02.1	۲.20	27.70		s Kevenue ov	Sep	\$187	\$112	7116		{evenue	Sep	0.66%	0.00%	2.41.0
TCMC Dave in Accounts Beceivable (A/B)	Aug	45.7	200	40.0		TCMC Davs in Accounts Pavable (A/P)	Aire	900	0.00	17.1		TCHD EROE \$ in Thousands (Excess Revenue over Expenses)	ALIP	\$517	(\$240)	(0+c¢)		TCHD EROE % of Total Operating Revenue	Aug	2 20%	1 37%	- T. J.C. /V
we in Accoun	IIII	757	40.7	40.3		ivs in Accoun	(Int)	03.5	83.0	1.8/		OE \$ in Thou	のは記述のよう	4067	2002	9300		OE % of Tota	The state of the s	2 03%	1 22%	D/CC.T
TCMCDs		EV16	LITO	FYTS		TCMC Da		7,570	FYID	FYIS		TCHD ER		- NAC	17.10 17.10	FYTS		TCHD ER	1871	0171	rr to	FYTD



Financial Information

	YTD YTD Budget	\$11,782 \$20,303	\$16,332
	Jun		\$724
	May		\$3,136
	Apr	\$1,530	\$1,620
	Mar	\$1,019	\$1,591
	Feb	\$797	\$1,652
zation)	Jan	(\$594)	\$1,498
iation and Amortization)	Dec	\$2,155	\$1,983
, Depreciation	Nov	\$644	\$1,896
TCHD EBITDA \$ in Thousands (Earnings before Interest, Taxes, Depreci	Oct	\$1,011	\$1,888
ings before Ir	Sep	\$1,357	\$1,456
usands (Earn	Aug	\$1,817	\$988
ITDA \$ in Tha	Inf	\$2,046	\$1,761
TCHD EBI		FY16	FY15

TCHD EBI	ITDA % of To	ICHD EBITDA % of Total Operating Revenue	Revenue										C/M	C/M
	Imi	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	VTD	YTD Budget
FY16	7.20%	6.53%	4.90%	3.65%	2.50%	7.58%	-2.10%	2.97%	3.56%	5.22%			4.23%	7.07%
FY15	6 38%	3.75%	5.37%	6.42%	6.77%	6.91%	5.34%	6.34%	5.58%	2.76%	10.44%	2.48%	5.88%	

Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun YTD 6.05 5.91 5.98 6.11 6.01 5.77 5.43 6.07 5.86 5.93 5.80 6.05 6.18 6.17 5.89 6.26 6.05			וווע בממואמוי	יוני אכן ייוני	Section of the sectio	300									
6.13 6.05 5.91 5.98 6.11 6.01 5.77 5.43 6.07 5.86 5.93 5.09 6.05 6.05	100	The shift	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	YTD Budget
C C C C C C C C C C C C C C C C C C C	FV16	6.13	6.05	5.91	5.98	6.11	6.01	5.77	5.43	6.07	5.86			5.93	90.9
	EV15	2 03	5 89	6.01	60.9	6.39	6.28	5.89	5.69	6.18	6.17	5.89	6.26	6.05	

ICHD Fixed Charge Coverage Covenant Calculation			יומון למוכמים										Control of the last of the las	
	TTM Inf	TTM Ans	TTM Sen	TTM Oct	TTM Nov	TTM Dec	TTM Jan	TTM Feb	TTM Mar	TTM Apr	TTM May	TTM Jun	Covenant	
	TOTAL TOTAL	Q-ALIAN I			10,	00,0	1 07	1 73	1 70	1 92			1 10	
FY16	1.88	1.96	2.15	5.05	1.85	76.T	1.8/	1.73	T./0	70.1				
	2				000	20. 2	1 27	1 15	1 52	151	177	181	1 10	
FY15	1.55	1.60	1.52	1.49	1.20	1.24	7.77	C+.T	L.J.	TC.T	11.17	10:1	04:4	

	lun		\$353	0.000	
	May		¢26.4	1.070	
	Apr	\$28.0	¢17.9	0.714	
	Mar	\$24.8	¢12 A	4.CT¢	
	Feb	\$27.5	4767	\$10.4	
	Jan	\$26.3		519.9	
	Dec	\$28.0		27775	
of Credit)	Nov	\$31.8		518.9	
TCHD Liquidity \$ in Millions (Cash + Available Revolving Line of Credit)	Oct	\$35.7		\$18.8	
+ Available R	Sep	¢36.1	1.00	\$19.9	
4illions (Cash	Aug	¢33 A	1.000	\$21.4	
quidity \$ in N	THU	\$30.7	4.000	\$27.7	
TCHD LIN		EV16	OTIL	FY15	



Tri-City Medical Center

ADVANCED HEALTH CARE

Building Operating Leases

Burge Translation of the State	Europe	Base	197	Total Rent			
	1	Rate per	7	per current	LeaseT	Children and Street Street	
Lessor	Sq. Ft.	Sq. Ft.	200	month	Beginning	Ending	Services & Location
Camelot Investments, LLC 5800 Armada Dr., #200 Carlsbad, CA 92008 V#15608	Approx 6,200	\$2.50	(a)	\$13,456.53	2/1/2015	10/31/18	PCP Clinic - Radiance 3998 Vista Way, Ste. C Oceanside, CA 92056
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.50	(a)	\$19,672.00	2/1/2015	10/31/18	PCP Clinic - Vista 1926 Via Centre Drive, Ste A Vista, CA
Eflin Investments, LLC Clancy Medical Group 20136 Elfin Creek Trail Escondido, CA 92029 V#82575	3,140	\$2.49		7,818.60	12/01/15	12/31/20	PCP Clinic 2375 Melrose Dr. Vista Vista, CA 92081
GCO 3621 Vista Way Oceanside, CA 92056 #V81473	1,583	\$1.50	(a)	3,398.15	01/01/13	05/31/16	Performance Improvement 3927 Waring Road, Ste.D Oceanside, Ca 92056
Investors Property Mgmt. Group c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214	\$1.65	(a)	9,708.56	09/01/12	08/31/17	OP Physical Therapy OP OT & OP Speech Therapy 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054
Melrose Plaza Complex, LP c/o Five K Management, Inc. P O Box 2522 La Jolla, CA 92038 V#43849	7,247	\$1.22	(a)	10,101.01	07/01/11	07/01/16	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	\$3.55	(a)	24,931.00	10/01/12	10/01/22	Chemotherapy/Infusion Oncology Center 3617 Vista Way, Bldg.5 Oceanside, Ca 92056
Ridgeway/Bradford CA LP DBA: Vista Town Center PO Box 19068 Irvine, CA 92663 V#81503	3,307	\$1.10	(a)	4,984.83	10/28/13	03/03/18	Vacant Building 510 Hacienda Drive Suite 108-A Vista, CA 92081
Tri City Real Estate Holding & Management Company, LLC 4002 Vista Way Oceanside, Ca 92056	6,123	\$1.37		7,758.20	12/19/11	12/18/16	Vacant Medical Office Building 4120 Waring Rd Oceanside, Ca 92056
Tri City Real Estate Holding & Management Company, LLC 4002 Vista Way Oceanside, Ca 92056	4,295	\$3.13		12,413.78	01/01/12	6	Vacant Bank Building Property 4000 Vista Way
Tri City Wellness, LLC 6250 El Camino Real Carlsbad, CA 92009	Approx						Wellness Center 6250 El Camino Real
V#80388	87,000	\$4.08	(a)	239,250.00	07/01/13	06/30/28	Carlsbad, CA 92009
Tota	Ц	1		\$353,492.66			

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



ADVANCED HEALTH CARE

Education & Travel Expense Month Ending 5/31/16

Cost Centers	Description	Invoice #	Amount	Vendor#	Attendees
6186	PALLIATIVE CARE COURSE	51916	200.00	62372	DIANE SIKORA
7400	FETAL MONITORING COURSE	11422914	164.16	79282	NURSING STAFF
7400	FETAL MONITORING COURSE	11422914	2,052.00	79282	NURSING STAFF
7420	IAHCSMM ANNUAL CONFERENCE	50416	467.31	79820	DEBRA MENDEZ
7420	AORN PERIOP 101 OR COURSE	50516	3,525.00	9999	JEN STEPHENSON
8390	ASHP MEETING-INFOMATIC INSTITUTE	50916	1,025.00	8201	EVELYN SHEN
8390	NPPC CONFERENCE	51016	250.00	78696	LAURA BALL
8450	CLEAVER BROOKS SYSTEM	227755	1,875.00	48073	P LAYTON, T KAISER, R DICKINSON
8480	CERNER BUILDING CONFERENCE	41616	2,620.00		EVELYN SHEN
8510	HEALTHCARE BUSINESS CONF	50516	781.24	82677	ERNIE MIER
8610	ACHD ANNUAL MEETING	1080.2	1,080.20	81508	STEVEN DIETLIN
8618	IMAGINE CLIENT CONFERENCE	331162	283.55	46515	MELISSA NAIL
8620	CAHHS MEETING - CANCELLED FLIGHT	43016	502.97	81163	JAMES DAGOSTINO
8620	CCA PROGRAM 2016 REGISTRATION	43016	395.00	81163	JAMES DAGOSTINO
8620	AHA ANNUAL-CHA CONF - REIMB	51016	2,015.71	81515	JAMES DAGOSTINO
8620	ACHD ANNUAL MEETING - HOTEL	43016	243.57	81163	JULIE NYGAARD
8620	ACHD ANNUAL MEETING - HOTEL	43016	243.57	81163	LAURA E MITCHELL
8620	ACHD ANNUAL MEETING - REIMB	51016	1,218.21	82269	LAURA E MITCHELL
8620	CAHHS MEETING - HOTEL	43016	310.06	81163	LAURA E MITCHELL
8631	NOTARY CLASS	408163	469.41	79486	DANIELLE PORTER
8631	SUCCESS IN FUNDRAISING COURSE	40816	131.21	79486	GLEN NEWHART
8740	LOW BIRTH WEIGHT CLASS	51216	100.00	79414	CHRISTINA MARKS-TAFOYA
8740	EMERGENCY RM NURSING COURSE	51216	200.00	82710	JANE WATERHOUSE
8740	CARDIOVASCULAR NUTRITION COURSE	41416	200.00	82689	JILL WILLINGHAM
8740	ANIA CONFERENCE	50916	1,431.58	67036	KATHY TOPP
8740	MASTERS IN NURSING COURSE	51916	4,360.00	28741	LORI FISHER
8740	ACLS COURSE	50516	200.00	71683	MARY VOLLMER
8740	RN TO BSN COURSE	41416	2,500.00	82690	MELISSA ANCHO
8740	ACLS COURSE	51916	200.00	79416	REBECCA SIMMONS
8740	ACLS COURSE	50516	150.00	37379	RITA CHILTON
8740	ACLS COURSE	50516	150.00	82702	RIZALINA ORENCIA
8740	ACLS COURSE	50516	170.01	82622	SAMANTHA JENNINGS
8754	SCAHRM ANNUAL CONFERENCE	51216	1,363.24	16119	MARCIA CAVANAUGH

^{**}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.