TRI-CITY HEALTHCARE DISTRICT
OF THE GOVERNANCE & LEGISLATIVE COMMITTEE
OF THE BOARD OF DIRECTORS
Tuesday, February 7, 2017
12:30 p.m. – Assembly Room 3
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056

The Committee may make recommendations to the Board on any of the items listed below, unless the item is specifically labeled "Informational Only"

	Agenda Item	Time Allotted	Requestor/ Presenter
1.	Call to Order/Opening Remarks	2 min.	Chair
2.	Approval of agenda	2 min.	Chair
3.	Public Comments – Announcement Comments may be made at this time by members of the public on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item		
4.	Ratification of minutes of prior meeting	2 min.	Standard
5.	Old Business – **Discussion/Possible Action** a. Review and discussion of Committee Charter 1) Governance & Legislative Committee	10 min.	Chair
6.	New Business - **Discussion/Possible Action** a. Medical Staff Rules & Regulations: 1) Division of Podiatric Surgery 2) Department of Medicine 3) Division of Neonatology 4) Department of Emergency Medicine	20 min.	S. Miller
	b. Review and discussion of Board Policy 17-010 – Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings	15 min.	Director Reno
	c. Consider development of a new Board Policy related to the Board's contract approval process	15 min.	Director Reno
	d. Interviews of community candidates for open community seat on Governance & Legislative Committee: (1) Robin Iveson	10 min.	Chair

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

7.	Discussion regarding Current Legislation – **Informational Only** 1) CHA – Key State Issues	10 min.	Chair
8.	Review of Committee FY2017 Work Plan – **Informational Only**	5 min.	Standard
9	Committee Communications	5 min.	Standard
10.	Committee Openings – Two	--	Standard
11.	Confirm Date of Next Meeting – March 7 – 12:30 p.m.	--	Standard
12	Adjournment		
	Total Time Budgeting for Meeting	2 hours	

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.

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Governance & Legislative Committee Meeting Minutes
Tri-City Healthcare District
January 3, 2017

Members Present:	James J. Dagostino, DPT, PT, Chairperson; Director Laura E. Mitchell, Director RoseMarie V. Reno; Dr. Cary Mells, Physician Member; Dr. Gene Ma, Chief of Staff
Non-Voting Members:	Steve Dietlin, CEO; Kapua Conley, COO; Cheryle Bernard-Shaw, Chief Compliance Officer
Others Present:	Teri Donnellan, Executive Assistant; Jane Dunmeyer, League of Women Voters; Robin Iveson, Community Member; Greg Moser, General Counsel
Absent:	Dr. Paul Slowik; Community Member; Eric Burch, Community Member; Dr. Marcus Contardo, Physician Member

	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	The meeting was called to order at 12:30 p.m.in Assembly Room 3 at Tri-City Medical Center by Chairman Dagostino.		
2. Approval of Agenda	Director Reno requested agenda item 6 d. Review and discussion of Board Policy 16-044 – Distribution of Tickets and Passes to District Sponsored or Controlled Events and Donated Tickets and Passes be pulled from the agenda as the updated policy has addressed her previous concerns. **It was moved by Director Reno to approve the agenda as amended. Director Mitchell seconded the motion. The motion passed unanimously.**	Amended Agenda approved.	
3. Comments from members of the public	Chairman Dagostino read the Public Comments announcement as listed on today's Agenda.	Information only	
4. Ratification of prior Minutes	**It was moved by Director Reno and seconded by Dr. Ma to ratify the minutes of the September 6, 2016 Governance & Legislative Committee. The motion passed with Director Mitchell abstaining from the vote.**	Minutes ratified.	Ms. Donnellan
5. Old Business			

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Topic	Discussion	Action Follow-up	Person(s) Responsible
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a. Review and discussion of Committee Charter 1) Governance & Legislative Committee	The committee reviewed the proposed revisions to the Governance & Legislative Committee Charter. Director Reno suggested the word "review" remain in section I. 1. c. Mr. Moser referred Director Reno to the language in Section I. 1. It was determined 1.c was correct as written. With respect to review of the Charter, Director Reno requested the language be added to include "or as necessary". Chairman Dagostino entertained discussion related to the number of Community Members on the Committee. Director Reno stated in the past, four (4) community members were selected to cover potential absences. Mr. Moser stated feedback from past community members indicated they did not feel they could provide much feedback to discussions of the committee. It was suggested the posting for the community openings include a description of what the committee is responsible for. Mr. Dietlin suggested membership be listed as a minimum of three (3) but no more than four (4). Committee members were in agreement with this recommendation. **It was moved by Director Reno to recommend approval of the Governance & Legislative Committee Charter with amendments as described. Director Mitchell seconded the motion. The motion passed unanimously.**	Direct staff to include a summary of scope of responsibility for the applicable committee when placing ads. Recommendation to be sent to the Board of Directors to approve the Governance & Legislative Committee Charter with revisions as described; item to be placed on Board agenda and included in agenda packet.	Ms. Donnellan Ms. Donnellan
6. New Business a. Medical Staff Rules & Regulations: 1) Division of Subspecialty Surgery	Dr. Ma reported the Division of Subspecialty Surgery Rules & Regulations have been reformatted for consistency with other Rules & Regulations. Discussion was held regarding Section 7. C related to concurrent or retrospective chart review of cognitive processes. Dr. Ma clarified concurrent review is done for invasive procedures and retrospective chart review of cognitive processes.	Recommendation to be sent to the Board of Directors to approve the Division of Subspecialty Surgery Rules & Regulations; item to be placed on Board agenda and included in agenda packet.	

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	A formatting issue was also noted in Section VII. Director Reno questioned if Podiatrists should be included. Dr. Ma stated he believes Podiatrists are addressed in another Division's Rules & Regulations but will follow-up to ensure they are being addressed. **It was moved by Director Reno to recommend approval of the Division of Subspecialty Surgery Rules & Regulations as described. Director Mitchell seconded the motion. The motion passed unanimously.**		
b. Review and discussion of Committee Charter: 1) Finance Operations & Planning Committee	The committee reviewed the Finance, Operations & Planning Committee Charter. There were no revisions suggested to the Charter. **It was moved by Director Mitchell to recommend approval of the Finance, Operations & Planning Committee agenda as presented. Director Reno seconded the motion. The motion passed unanimously.**	Recommendation to be sent to the Board of Directors to approve the Finance, Operations & Planning Committee Charter as presented; item to be placed on Board Agenda and appear in agenda packet.	Ms. Donnellan
2) Employee Fiduciary Subcommittee	The committee reviewed the Employee Fiduciary Subcommittee Charter. Director Mitchell requested clarification on the ERISA provision. Mr. Moser stated the ERISA provision does not apply to the District due to the fact we are a governmental agency. Discussion was held regarding membership of the Employee Fiduciary Subcommittee and whether three (3) Board members should serve on the Subcommittee, similarly to other Board committees. Mr. Moser stated membership is under the jurisdiction of the Human Resources Committee. Director Reno recommended the Human Resources Committee appoint a third Board member (Director Grass) to the Employee Fiduciary Subcommittee.		

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	It was moved by Director Mitchell to recommend approval of the Employee Fiduciary Subcommittee Charter as presented and direct the Human Resources Committee to consider appointing Director Grass to the Employee Fiduciary Subcommittee. Director Reno seconded the motion. The motion passed unanimously.	Recommendation to be sent to the Board of Directors to approve the Employee Fiduciary Subcommittee Charter as presented; item to be placed on Board Agenda and appear in agenda packet. Direct Human Resources Committee to consider appointment of Director Grass to the Employee Fiduciary Subcommittee; item to be placed on next Human Resource Committee agenda.	Ms. Donnellan Ms. Donnellan
c. Review and discussion of Board Policy 14-009 – Requests for Information or Assistance by Board Members	Director Reno stated Board Policy 14-009 – Requests for Information or Assistance by Board Members was placed on today's agenda to discuss how information is communicated as a result of a Director's request for information. Mr. Moser explained the policy specifically addresses requests for information by Board members in various circumstances and who those requests should be directed to. Mr. Dietlin stated the policy is essential for voluminous requests that require a significant amount of staff time to compile. Following further discussion the committee concurred the policy addresses these concerns as written and did not recommend any additional changes. **It was moved by Director Reno to recommend approval of Policy 14-009 – Requests for Information or Assistance by Board Members as written. Director Mitchell seconded the motion. The motion passed unanimously.** .	Recommendation to be sent to the Board of Directors to approve Board Policy 14-009 – Requests for Information or Assistance by Board Members as written; item to be placed on Board Agenda and appear in agenda packet.	Ms. Donnellan
d. Review and discussion of Board Policy 16-044 – Distribution of Tickets and Passes to District Sponsored or Controlled Events and Donated Tickets and Passes	Board Policy 16-044 – Distribution of Tickets and Passes to District Sponsored or Controlled Events and Donated Tickets and Passes was pulled from the agenda.	None.	

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e. Review and discussion of Board Policy 16-010 – Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings, Role and Powers of Chairperson	Director Reno stated Board Policy 16-010 – Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings, Role and Powers of Chairperson was placed on today's agenda to discuss agenda development and placement of items on the Consent Agenda. Mr. Moser explained items that come before the Board are controlled by statute. The Consent agenda was implemented as an efficient way to do business. The question was raised as to who decides which items are placed on the Consent agenda rather than under new Business. Mr. Moser stated that determination is made at the agenda conference which is attended by General Counsel, Mr. Dietlin, the Board Chair and the Executive Assistant. The question was also raised as to whether any Board member can attend the agenda conference. Mr. Moser stated Board members are not prohibited from attending the agenda conference however their role would be strictly as a guest and per the Brown Act there cannot be a quorum of Board members at the agenda conference. Discussion was held regarding the ways in which items on the Consent Agenda can be open for discussion. 1) Items that appear on the Consent Agenda have gone to the applicable Board Committee during the current month. Board Committee packets are sent to all Board members whether they sit on the committee or not and the entire packet is also posted on the District's website for public purview. 2) Board committee meetings are open to public where agenda items are discussed in detail. 3) Recommendations for approval from the Board Committees are brought forward to the Board as a whole and placed either on the Consent Agenda or New Business at the discretion of the Chair. 4) The entire Board packet is posted on the District's website at least 72 hours prior to the meeting for public purview. If further discussion is desired on a Consent Agenda item, the Board member has the ability to pull the item with a "second" for discussion. In addition, community members may complete a Speaker Card to comment on		

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	any item on the agenda. **It was moved by Director Reno to recommend approval of Board Policy 16-010 – Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings, Role and Powers of Chairperson as written and placed under New Business on the Board agenda. Director Mitchell seconded the motion. The motion passed unanimously.**	Recommendation to be sent to the Board of Directors to approve Board Policy 16-010 – Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings, Role and Powers of Chairperson; item to be placed on Board Agenda New Business and included in Board agenda packet.	Ms. Donnellan
f. Review and discussion of Board Policy 16-040 – Activities for Which Board Compensation is Available	Director Reno stated she requested Board Policy 16-040 – Activities for Which Board Compensation is Available be placed on today's agenda to discuss a potential stipend for Board member attendance at the designated Auxiliary and Foundation monthly Board meetings. Director Reno stated the designated Board member attends the Auxiliary and Foundation Board meeting as an advisory party, rather than a guest and therefore should be compensable. It was noted attendance by Board Members at MEC would not be compensable as the Board member is purely a guest. It was suggested the policy be revised to reflect that "attendance at meetings of the Tri-City Hospital Auxiliary and Tri-City Hospital Foundation at the request of the Chair of the Board shall be compensated, provided that the meeting is at least 30 minutes in length, the Director is physically present during the meeting for not less than 30 minutes and further provided that compensation is limited to fifty ($50) per meeting". Discussion was held regarding reimbursement for participation via teleconference. Mr. Moser stated no compensation is provided via teleconference from a location which is not a location open to the public per the Brown Act and within the jurisdiction. **It was moved by Dr. Ma to recommend approval of amendments to Board Policy 16-040 – Activities for Which Compensation is Available as described. Director Reno seconded the motion. The motion**	Recommendation to be sent to the Board of Directors to approve amendments to Board Policy 16-040 – Activities for Which Compensation is	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	passed unanimously. It was recommended amendments to Board Policy 16-040 be placed on the New Business section of the February Board agenda rather than the Consent Agenda.	Available; item to be placed under New Business on Board agenda and included in agenda packet.	
g. Review and discussion of process for assuming office	Director Reno stated she placed discussion of process for assuming office on today's agenda as she believes there should be a formal standard process that is followed for new and re-elected Board members that are sworn in. Director Reno expressed her appreciation for General Counsel's memorandum that reflected the laws regarding the swearing in of public officials. Director Reno also commented that community members were disappointed in the lack of appetizers at the Swearing In Ceremony and physicians commented on the lack of a formal invitation to the swearing in. Mr. Moser explained the same rule applies to all government officials. The office holder is required to sign the oath of office and said oath must be witnessed and filed in the office of the clerk or secretary of the District. Mr. Moser's memorandum explained the various individuals who are qualified to administer the oath. There is no legal requirement with regards to a formal ceremony. Chairman Dagostino questioned if there is no legal requirement for a celebration ceremony is it an abuse of public funds to provide refreshments. Director Reno suggested Procopio's memorandum be followed in the future for administering the Oath of Office and the selection process for choosing an individual to administer the oath should be agreed upon by those being sworn in rather than the Board Chair. Mr. Moser commented that the swearing in process has been handled traditionally on an ad hoc basis and there have not been any issues in the past. It was recommended today's committee minutes be retained by the Executive Assistant for reference in	Procopio's memorandum of December 21, 2016 related to "Laws Regarding the Swearing in of Public Officials" will be retained along with today's committee minutes for reference in future election years.	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible

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	future election years.		
7. Discussion regarding Current Legislation	Director Reno stated she is concerned how the new healthcare laws will affect reimbursement from our patients in the Emergency Department. Dr. Ma stated he expects to see some reductions in payment.		
8. Review of FY2017 Board Work Plan	Chairman Dagostino stated a draft Work Plan will be developed based on the Charter.	Draft Committee Work Plan to be added to the February agenda.	Ms. Donnellan
9. Committee Communications	Chairman Dagostino reminded committee members of the Ethics & Compliance Training session scheduled for February 2, 2017. He explained AB1234 mandates every committee member complete two hours of Ethics Training every two years as designated by District Policy.	AB1234 Ethics & Compliance Training scheduled for February 2, 2016. RSVP to Teri Donnellan.	
10. Committee Openings – Two	There are currently two openings on the committee		
11. Confirm date and time of next meeting	The committee's next meeting is scheduled for Tuesday, February 7, 2017 at 12:30 p.m.	The next meeting of the Committee is February 7, 2017.	
12. Adjournment	Chairman Dagostino adjourned the meeting at 2:25 p.m.		

TRI-CITY HEALTHCARE DISTRICT

GOVERNANCE AND LEGISLATIVE

COMMITTEE CHARTER

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

I. Purpose

The Committee is to monitor developments in governance best practices, make recommendations to the District's Board of Directors ("Board") on governance matters referred to it, and monitor, report upon, and make recommendations to the Board regarding state and federal legislative developments related to District and hospital governance, legislative affairs and advocacy.

1. **Governance Policies and Procedures**: The Committee shall respond to Board requests, monitor developments in, report upon and make recommendations to the Board regarding:

    a. Changes in best practices and legal requirements relating to healthcare district governance and healthcare reform initiatives;

    b. The District's governing documents, including Bylaws, Policies, Committee charters, and other governance or policy matters as requested by the Board;

    c. Proposed amendments to the Medical Staff Rules and Regulations. ~~and Privilege Cards.~~ Amendments to Medical Staff Bylaws will be pursuant to the attached Pathway for Medical Staff Bylaw Amendments;

    d. Review its Charter every three years or as necessary;

    e. Develop and maintain an annual work plan, as may be amended from time-to-time by the Committee Chair;

2. **Legislative Affairs Oversight:** The Committee shall monitor, report upon and make recommendations to the Board regarding:

    a. Significant changes to state and federal laws, rules and regulations and accreditation standards applicable to the District, with special attention to the legislative and policy agendas of associations of which the District is a member (e.g., Association of California Healthcare Districts and California Hospital Association);

    b. Actions to be taken to address or implement legislative or regulatory changes proposed, pending or enacted, including advocacy efforts.

II. Membership

The Committee shall consist of three Directors, a minimum of ~~three (3)~~ two (2) but no more than ~~four (4)~~ three (3) community members, and three (3) physicians. In addition, The CEO, COO, Manager, Medical Staff Services, and Chief Compliance Officer shall support the Committee without vote, but may be counted toward a quorum as alternatives in the event absences result in the Committee lacking a quorum.

Each Committee member shall have a basic understanding of governance and legislative affairs of public hospitals, and should have experience and familiarity with the specialized issues relating to governance of complex healthcare organizations, healthcare laws and legislative affairs.

III. Meetings

The Committee may establish its own meeting schedule annually.

IV. Minutes

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

V. Reports

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

VI. Conduct

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

Approved October 27, 2011 by Board of Directors
Approved August 30, 2012 by Board of Directors
Approved March 28, 2013 by Board of Directors
Approved May 29, 2014 by Board of Directors

I. MEMBERSHIP

The Division of Podiatric Surgery consists of physicians who are board certified or board qualified and actively pursuing certification by the American Board of Podiatric Surgery. For those members who were granted such privileges on or before June 1, 1991 must demonstrate comparable ability, training and experience.

II. FUNCTIONS OF THE DIVISION

The general functions of the Division of Podiatric Surgery shall include:

A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients by members of the Division and develop criteria for use in the evaluation of patient care;

B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the hospital;

C. Conduct, participate in and make recommendations regarding continuing medical education programs pertinent to Division clinical practice;

D. Review and evaluate Division member adherence to:
   1. Medical Staff policies and procedures;
   2. Sound principles of clinical practice.

E. Submit written minutes to the ~~QA/PI/PS~~Medical Quality Peer Review Committee and Medical Executive Committee concerning:
   1. Division review and evaluation activities, actions taken thereon, and the results of such actions; and
   2. Recommendations for maintaining and improving the quality and safety of care provided in the hospital.

F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring;

G. Take appropriate action when important problems in patient care, patient safety and clinical performance or opportunities to improve patient care are identified;

H. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509);

I. Approve On-Going Professional Practice Evaluation Indicators; and

J. Formulate recommendations for Division rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Department of Surgery, Medical Executive Committee, and Board of Directors.

III. DIVISION MEETINGS

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

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

IV. DIVISION OFFICERS

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

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

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

V. DUTIES OF THE DIVISION CHIEF

The Division Chief shall assume the following responsibilities:

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

VI. PRIVILEGES

A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.
B. By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.

~~Privileges~~	~~Initial Appointment~~	~~Proctoring~~	~~Reappointment (every 2 years)~~
~~Admit patients~~	~~Training~~	~~N/A~~	~~N/A~~
~~Perform history and physical examination, including via telemedicine (F)~~	~~Training~~	~~Six (6) cases~~	~~N/A~~
~~Surgical Assistant - Surgical assist for DPM in any podiatric procedures (if licensed prior to 1984), and do not hold special ankle license, may assist DPM or any other surgeon as a surgical assist per Medical~~	~~Per Medical Staff Policy #8710-536~~	~~Per Medical Staff Policy #8710-536~~	~~Per Medical Staff Policy #8710-536~~

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Staff Policy #8710-536			
Minor Procedures Category			
Capsulotomy, synovectomy, fasciotomy	Documentation of representative blend of fifty (50) Minor Procedure Category cases within the previous 2 years or list from residency.	Six (6) cases from Minor or Major categories	Six (6) cases from Minor Procedures Category
Casting and taping			
Debridement of wounds and wounds/wound grafts			
Excision of foreign bodies			
Excision of neuroma/soft tissue neoplasms			
Excision of skin lesions with biopsy/skin plasty			
Extracorporeal shock wave therapy			
I & D/debridement of soft tissue infection			
Nerve decompression			
Tenotomy, tenoplasty, tendon transfer			
Treatment of Toenails (F)			
Major Procedures Category			
Arthroplasty	Documentation of representative blend of twenty (20) Major Procedure Category cases within the previous two (2) years or list from residency. Partial amputation at/or distal to Chopart's Joint only - In addition to initial requirements. Must also be either licensed prior to1984 or hold special ankle license.	Six (6) cases from the Major Procedures Category	Ten (10) cases from the Major Procedures Category
Bunion/Hallux Valgus Corrections			
Debridement of osteomyelitis			
Excision of bone cyst or tumor			
Excision of sesamoid bones			
Fusions			
Osteotomy			
Partial amputation at/or distal to Chopart's Joint (licensed prior to1984 or holding special ankle license)			
Partial or complete resection of metatarsal or phalanges			
Reduction of fractures/dislocation			
Use of bone grafts, implants &			

~~Privileges~~	~~Initial Appointment~~	~~Proctoring~~	~~Reappointment (every 2 years)~~
~~internal/external fixation~~			
~~**Minor Procedures Forensic Outpatient Clinic**~~			
~~Treatment of Toenails~~ ~~Skin/Callous Debridement~~ ~~Superficial Wound Debridement~~ ~~Injections~~	~~Six (6) from prior two years or activity list from residency.~~	~~New appointees - five (5) cases of any combination of the Minor Procedures for the Forensic Outpatient Clinic.~~ ~~Current Division members who hold unrestricted podiatric surgery privileges are considered to have satisfied Forensic Outpatient Clinic proctoring requirements.~~	~~N/A~~

VII. REAPPOINTMENT OF CLINICAL PRIVILEGES

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

B. Any member of the Division who was Board Qualified when initially granted surgical privileges, and who was granted such privileges on or after June 1, 1991, shall be expected to obtain Board Certification by the American Board of Podiatric Surgery. Failure to obtain timely certification shall be considered in making Division recommendations regarding applications for reappointment and renewal of clinical privileges. All privileges are accessible on the Tri-City Medical Center intranet and a paper copy is maintained in the Medical Staff Office.

VIII. PROCTORING OF PRIVILEGES

A. Each Medical Staff member granted initial privileges, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated until his or her privilege status is established by a recommendation from the Division Chief to the Credentials Committee and to the Medical Executive Committee with final approval by the Board of Directors. This is to include extensive surgical procedures treated in the Emergency Department.

B. All Active members of the Division will act as proctors. An associate may monitor 50% of the required proctoring. Additional cases may be proctored as recommended by the Division Chief. It is the responsibility of the *Division Chief* to inform the monitored

member whose proctoring is being continued whether the deficiencies noted are in: a) preoperative, b) operative, c) surgical technique and/or, d) postoperative care.

C. Supervision of the new member by the proctor will include concurrent or retrospective chart review and direct observation of procedural techniques. The new member shall select an appropriate member from the Division of Podiatric Surgery to proctor his/her operative case. The new member shall contact the monitor and inform him/her of his/her plans for the case. **THE MONITOR MUST BE PRESENT IN THE OPERATING ROOM FOR A SUFFICIENT PERIOD OF TIME TO ASSURE HIMSELF/HERSELF OF THE MEMBER'S COMPETENCE~~, OR MAY REVIEW THE CASE DOCUMENTATION (I.E., H&P, OP NOTE, OR VIDEO) ENTIRELY TO ASSURE HIMSELF/HERSELF OF THE SURGEON'S COMPETENCE~~.** If the proctor is not available, the applicant must notify another physician with the same privileges to proctor. If the procedure must be done as an emergency without proctoring, the proctor must be informed at the earliest appropriate time following the procedure.

D. In elective cases, arrangements shall be made prior to scheduling (i.e., the proctor shall be designated at the time the case is scheduled).

E. The member shall have free choice of suitable consultants and assistants. The proctor may assist the surgeon.

F. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.

G. A form shall be completed by the proctor, and should include comments on preoperative workup, diagnosis, preoperative preparation, operative technique, surgical judgment, postoperative care, overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be available from the Operating Room Supervisor and/or the Medical Staff Office.

H. Forms will be made available to the member scheduling the case for surgery and immediately forwarded to the proctor for completion. It is the responsibility of the new member to notify the Operating Room Supervisor of the proctor for each case.

I. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

IX. EMERGENCY DEPARTMENT CALL

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

Provisional staff members may participate on the Emergency Department Call Roster at the discretion of the Chief of the Division.

APPROVALS:

Division of Podiatric Surgery:	06/17/2015
Department of Surgery:	06/18/2015
Medical Executive Committee:	07/22/2015
Governance Committee:	08/04/2015
Board of Directors:	08/27/2015

I. MEMBERSHIP

A. The Department of Medicine consists of physicians in the Divisions of:

~~1. Allergy and Dermatology~~
~~2.~~1. Cardiology
~~3.~~2. Gastroenterology
~~4.~~3. Internal Medicine
a. ~~a.~~ Allergy and Dermatology
b. Endocrinology
c. Hospice & Palliative Medicine
d. Infectious Disease
b. ~~b.~~ Internal Medicine
c. Nephrology
c. Physiatry (Physical Medicine and Rehabilitation)
d. Rheumatology
~~5.~~4. ~~Hematology /~~ Oncology
~~6.~~5. Neurology
~~7.~~6. Psychiatry
~~8.~~7. Pulmonary Medicine

II. FUNCTIONS

The general functions of the Department of Medicine, carried out through the functions of the Division shall include:

A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety and appropriateness of care and treatment provided to patients within the division and develop criteria for use in the evaluation of patient care;
B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the department;
C. Conduct, participate in and make recommendations regarding continuing Medical education programs in clinical practice;
D. Review and evaluate departmental adherence to:
1. Medical Staff Policies and procedures;
2. Sound principles of clinical practice.
E. Submit minutes to the ~~QA/PI/PS~~ Medical Quality Peer Review Committee and Medical Executive Committee concerning:
1. Department's review and evaluation of activities, actions taken thereon, and the results of such action;
2. Recommendations for maintaining and improving the quality of patient care and patient safety provided in the department and the hospital;
3. Recommend / Request Focused Professional Practice Evaluation as indicated for Medical Staff members (pursuant Medical Staff Policy 509);
4. Approval of On-Going Professional Practice Evaluation Indicators.
F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring;

G. Take appropriate action when important problems in patient care and clinical performance, patient safety or opportunities to improve patient care are identified;
H. Formulate recommendations for departmental rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.

III. DEPARTMENT MEETINGS

A. The Department of Medicine shall meet quarterly or at the discretion of the chairman. The functions of the Department are carried out through the Divisions; including the monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients. Regular reports shall be transmitted to the Medical Executive Committee;
B. Twenty-five percent (25%) of the Active Department members, but not less than two (2) members, shall constitute a quorum at any meeting.

IV. DEPARTMENT OFFICERS

A. The Department shall have a Chairman and a Vice-Chairman who shall be members of the Active Medical Staff and shall be qualified by training, experience and demonstrate ability in at least one of the clinical areas covered by the Department;
B. The Department Chairman shall serve a ~~one~~two-year term, which coincides with the medical staff year unless they resign, be removed from office, or lose their medical staff membership or clinical privileges in that Department. Department officers shall be eligible to succeed themselves). Vacancies due to any reason shall be filled for the unexpired term through special election by the respective department.

V. DUTIES OF THE DEPARTMENT CHAIRMAN

A. The Department Chairman shall assume the following responsibilities of the Department:
   1. Be accountable for all professional administrative activities of the Department;
   2. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Department;
B. Recommend to the Medical Executive Committee the criteria for clinical privileges in the Department;
C. Recommend clinical privileges for each member of the Department; and
D. Assure that practitioner's practice only within the scope of their privileges as defined within their delineated privilege card;
E. Assure that the quality, safety and appropriateness of patient care provided within the Department are monitored and evaluated through Ongoing Professional Practice Evaluation;
F. Continuously assess and improve the quality and safety of care provided in the Department;
G. Other duties may be assigned, in accordance with the Medical Staff Bylaws.

VI. PRIVILEGES

A. Requests for privileges in the Department of Medicine shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance and the documented results of patient care and proctoring; Practitioner's practice only within the scope of their privileges as defined within the respective Division's Rules and Regulations. Recommendations for privileges are made to the Credentials and Medical Executive Committees;
B. The Department of Medicine has established the following classifications of medical privileges:
   1. Physicians are expected to have training and/or experience and competence on a

level commensurate with that provided by specialty training, such as in the broad field of Internal Medicine although not necessarily at the level of sub specialist. Such physicians may act as consultants to others and may, in turn, be expected to request consultations when:

a. Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life threatening illness;
b. Unexpected complications arise which are outside this level of competence;
c. Specialized treatment or procedures are contemplated in which they are not familiar;

2. Allied Health Professionals – *See Allied Health Professional Rules & Regulations* ~~Physician Assistants may only provide those medical services, which he/she is competent to perform and which are consistent with the physician assistant's education, training and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant;~~

~~a. A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients;~~

~~b. A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physicians specialty or usual customary practice and with the patient's health and condition;~~

~~c. A supervising physician shall observe or review evidence of the physician assistant performance of all tasks and procedures to be delegated to the physician assistant until assured competency;~~

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

~~e. The supervising physician must see patient cared for by the physician assistant at least once during the hospital stay or as delineated by the Division Rules and Regulations;~~

~~f. A physician assistant may not admit or discharge patients.~~

~~g. Refer to the AHP rules and regulations for further delineation of sponsoring physicians supervision requirements;~~

~~h. Medical / Surgical Units: Documentation of an examination of the patient by the sponsoring physician(s) every third day if care is given by the Allied Health Professional(s);~~

~~i. Non-Scheduled Admission(s): Examination of the patient by the sponsoring physician(s) the same day as care is given by the AHP;~~

~~j. The Department of Medicine requires a physician co-signature as delineated in the AHP's Rules and Regulations:~~

~~k. Order(s)and telephone Order(s) may be immediately implemented and physician co signature required within 24 hours of AHP's order;~~

~~l. Any medical record of any patient cared for by a physician assistant for whom the physician's prescription has been transmitted or carried out shall be reviewed and countersigned and dated by the supervising physician within 24 hours;~~

~~j. The sponsoring physician must review and authenticate any progress note within the medical record of any patient(s) documented by a physician assistant within 24 hours;~~

~~**l. Non-Scheduled admissions: the sponsoring physician(s) must dictate the H&P within 24 hours;**~~

~~m. **ACCU/AMC Units: Examination of the patient by the sponsoring physician(s) the same day as care is given by the Allied Health Professional(s).**~~

~~3. Nurse Practitioners: Nurse practitioner means a registered nurse who posses' additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary care and who has been prepared in a program. The nurse practitioner shall function under standardized procedures or protocols covering the care delivered by the nurse practitioner. The nurse practitioner and his/her supervising physician who shall be a~~

~~Member of the Department of Medicine will develop the standardized procedure or the protocols and be approved by the Department of Medicine;~~

~~a. Proctoring and privileges requested are delineated for Allied Health Professionals/Mid Level Practitioner within the Allied Health Rules and Regulations and each retrospective Division (s) specified criteria.~~

VII. REQUIREMENTS FOR INITIAL APPOINTMENT AND REAPPOINTMENT

A. Active certification by the appropriate certifying board or demonstration of comparable ability, training and experience shall satisfy the requirements for receiving cognitive privileges for all categories as well as for admitting privileges to Tri-City Medical Center;

B. Privileges requested are granted based on Division specified criteria;

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

VIII. SPECIAL PROCEDURES / PRIVILEGES

A. The applicant will be responsible for checking all procedures he/she wishes to perform and for listing his/her qualifications, training, and experience concerning the requested procedures in accordance with criteria established by various Divisions of the Department of Medicine, copies of which are available in the Medical Staff ~~Office~~Department.;

1. The medical privileges granted each physician will be recorded and a copy of which will be forwarded to the applicant with his medical staff appointment;
2. Pain Management Privileges are delineated per Medical Staff Policy # 541 *Credentialing Criteria for Pain Management Privileges*;
3. Surgical Assist Privileges as delineated per Medical Staff Policy #536 *Physician Surgical Assistant*;
4. Each practitioner's privileges will be assessable on Tri-City's Intra-net (MD-Staff) which is located in each patient care area. A paper copy is maintained within the Medical Staff Department ~~Nursing Administration Office and the Main Operating Room~~.

IX. PROCTORING

A. The new medical staff member granted initial privileges, or medical staff member requesting ~~Each new applicant granted initial or~~ additional privileges shall be evaluated by a proctor from his/her Division with like privileges until his or her privilege status is established by a recommendation from the Division Chief and subsequently to the Credentials Committee to the Medical Executive Committee with final approval by the Board of Directors~~as delineated by the Divisions of the Department of Medicine~~. If enough cases have not been admitted, or evaluation of the ~~applicant's~~ new Medical Staff member's performance cannot be completed in the first year, then an additional year of provisional staff will be recommended;

B. At the discretion of the retrospective Division Chair(s) the decision to assign further proctoring of cases is based on current clinical competence, practice behavior, and the ability to perform the requested privilege(s);

C. Supervision of the applicant by the proctor will emphasize concurrent or retrospective chart

review of cognitive processes and include direct observation of invasive procedural techniques. The ~~applicant~~ new Medical Staff member must notify his / her proctor at the time a procedure is scheduled or planned. If the proctor is not available, the applicant must notify another physician in the appropriate subspecialty area. Proctors are obligated to be available within seven (7) days after a proctor request has been made to proctor the member concurrently for invasive procedures, or to thoroughly evaluate the practitioner's performance through concurrent or retrospective chart review of cognitive processes. If the procedure must be done emergently without proctoring, the proctor must be informed at the earliest appropriate time following the procedure;

D. All active staff members of the Department of Medicine will act as proctors as delineated by the Divisions of the Department of Medicine to monitor performance of medical care and compliance with assigned privileges~~;~~. Associate(s) of the new Medical Staff member may monitor up to 50% of the required proctoring;

E. In elective cases, arrangements shall be made prior to scheduling (i.e., the proctor shall be designated at the time the case is scheduled);

F. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports. It is the responsibility of the Division Chief to inform the monitored member when their proctoring is being continued for noted deficiencies;

G. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Department;

~~E.~~ H. Specific proctoring requirements are outlined in each respective Division's privilege cards ~~Rules and Regulations~~.

X. EMERGENCY DEPARTMENT CALL

A. Medical Staff department members shall participate in the Emergency Department Call Roster or consultation panel as determined by the medical staff. Refer to Medical Staff Policy and Procedure #520 *Emergency Room Call Duties of the On-Call Physician*;

B. While serving on the Emergency Department Call Roster, each member shall respond to requests from the Emergency Department by examining and treating patients in the Emergency Department, unless the member and Emergency Department physician agree that such care may be provided in the member's office. Any member who elects to provide care in his office must do so without regard to the patient's ability to pay, and must provide a minimum level of care sufficient to respond to the patient's immediate needs;

C. It is the policy of the Emergency Department that when it is discovered that a patient has been previously treated by a staff member, that member will be given the opportunity to provide further care;

D. The member of the Department of Medicine will then determine whether to provide further care to an emergency room patient based upon the circumstances of the case. If a member declines, the on-call physician will provide any necessary emergency special care;

E. If a physician has discharged a patient from his practice and the patient comes to the Emergency Department when the physician is on call, the physician is responsible for the disposition of the patient.

F. A physician on-call, who provides care for a patient in the Emergency Department, is responsible for the disposition of that patient for forty-eight (48) hours and must accept responsibility if said patient is readmitted to the Emergency Department within forty-eight (48) hours. The care provided by an on-call physician will not create an obligation to provide further care.

G. Provisional or courtesy member(s) are able to serve on the Emergency Call panel at the discretion of the Department Chair or Division Chief.

APPROVALS:

Department of Medicine:	~~07/01/2015~~ 01/16/2017
Medical Executive Committee:	07/22/2015
Governance Committee	08/04/2015
Board of Directors:	08/27/2015

I. **MEMBERSHIP**

A. The Division of Neonatology consists of physicians who are board certified in Neonatal-Perinatal Medicine by the American Board of Pediatrics or are progressing toward certification.

B. Applicants who are progressing toward board certification must complete formal training prior to applying for medical staff membership in the Division of Neonatology and must become board certified within four (4) years of the initial granting of medical staff membership, unless extended for good cause by the Pediatrics Department.

C. Board certified members who were issued certificates in Neonatology after 1989 are required to become re-certified prior to their expiration date to keep their certification current.

II. **FUNCTIONS OF THE DIVISION**

The general functions of the Division of Neonatology are:

A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety and appropriateness of care and treatment provided to patients by members of the Division and develop criteria for use in the evaluation of patient care;

B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the hospital;

C. Conduct, participate in and make recommendation regarding continuing medical education programs pertinent to Division clinical practice;

D. Review and evaluate Division member adherence to:
   1. Medical Staff policies and procedures;
   2. Sound principles of clinical practice.

E. Submit written minutes to the QA/PI Committee and Medical Executive Committee concerning:
   1. Division review and evaluation activities, actions taken thereon, and the results of such actions; and
   2. Recommendations for maintaining and improving the quality and safety of care provided in the hospital.

F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring;

G. Take appropriate action when important problems in patient care, patient safety and clinical performance or opportunities to improve patient care are identified;

H. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509);

I. Approve of On-Going Professional Practice Evaluation Indicators; and

J. Formulate recommendations for Division rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.

III. **DIVISION MEETINGS**

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

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

IV. **DIVISION OFFICERS**

A. The Division shall have a Chief who shall be a member of the Active Medical Staff and shall be board certified in Neonatal-Perinatal Medicine.

B. The Division Chief shall be elected every year by the Active members of the Division who are eligible to vote. If there is a vacancy for any reason, the Department Chairman shall designate a new Chief, or call a special election.
C. The Chief shall be elected by a simple majority of the members of the Division.
D. The Division Chief shall serve a one-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from office, or loses his/her Medical Staff membership or clinical privileges in the Division. Division officers shall be eligible to succeed themselves.

V. DUTIES OF THE DIVISION CHIEF

The Division Chief shall assume the following responsibilities:

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

VI. MEDICAL DIRECTOR DUTIES

A. Participate in the development, review, and assurance of the implementation of NICU policies;
B. Supervise NICU quality control and quality assessment activities, including morbidity and mortality reviews as demonstrated by participating in the bi-monthly M&M conferences for NICU and the quarterly Quality Review Committee for Pediatrics.
C. Assure NICU staff competency in resuscitation techniques and proficiency in needle aspiration for pneumothorax per Needle Aspiration of Chest for Pneumothorax Standardized Procedure.
D. Assure ongoing NICU staff education as evidenced by attending, skills labs, monthly education for NICU, attendance at the National NICU Conferences, and attending the Pediatric Ground Rounds on a quarterly basis.
E. Participate in the NICU budget process.
F. Provide oversight of neonatal/infant transport to and from NICU and;
G. Assure maintenance of the NICU database and vital statistics.

VII. ALLIED HEALTH PROFESSIONALS

A. Nurse Practitioners: A registered nurse who has specialized advanced skills in diagnosis, assessment, and patient management and is permitted to prescribe certain medications. The nurse practitioner shall function according to standardized procedures developed in collaboration with the supervising physician, who shall be a member of the Department of Pediatrics, and approved by the Department of Pediatrics, Interdisciplinary Practice Committee, Medical Executive Committee and Board of Directors.

VIII. PRIVILEGES

A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.

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

C. All practitioners applying for clinical privileges must demonstrate current competency for the scope of privileges requested. "Current competency" means documentation of activities within the twenty-four (24) months preceding application, unless otherwise specified.

D. Requests for privileges in the Division of Neonatology are evaluated based on the physician's education, training, experience, demonstrated professional competence and judgment, active clinical performance, documented cases of patient care and are granted based on Division specified criteria. Practitioner's practice only within the scope of their privileges as defined within these Rules and Regulations.

E. Classification of Newborns:

1. Level 3: Newborns needing intensive care and other infants who have potentially life-threatening illnesses, are otherwise unstable, including those needing ventilator support. Admission criteria per the NICU unit-specific "Admission and Discharge Criteria for the NICU" policy.
2. Level 2: Newborns needing intermediate or continuing care; criteria as follows:
   - i Weight greater than 2000 grams at birth, r/o sepsis during an observational period, if consistently stable without additional signs of illness.
   - ii Tachypnea, TTN, or other mild respiratory illness, otherwise stable, with oxygen needs <40%, and no oxygen needs over six (6) hours.
   - iii Hypoglycemia (without other risk factors, such as suspected sepsis or respiratory distress) with a normal exam and stable vital signs, responsive to oral therapy.
   - iv Feeding problems in a newborn greater than 2000 grams and 35 6/7 weeks gestational age (GA), with no concerns about GI perforation or anomalies.
   - v Hyperbilirubinemia requiring phototherapy, unlikely to require an exchange transfusion, otherwise stable, currently 35 6/7 weeks GA and 2000 grams.

~~Neonatology Privileges~~	~~Initial Appointment~~	~~Proctoring~~	~~Reappointment (every 2 years)~~
~~Admit patients~~	~~Training and evidence of current Neonatal Resuscitation Program (NRP) certification~~	~~Six (6) admissions and/or consultations~~	~~Evidence of current NRP certification~~
~~Consultation, including via telemedicine (F)~~			
~~Perform medical history and physical examination, including via telemedicine (F)~~			
~~Attendance at C-sections and vaginal deliveries, including newborn resuscitation~~			
~~Newborn care, Level 2 and Level 3~~			
~~Invasive Procedures~~			
~~Arterial puncture~~	~~Training and evidence of current Neonatal Resuscitation Program (NRP) certification~~	~~Five (5) cases from Invasive Procedures category~~	~~One (1) case and evidence of current NRP certification~~
~~Bone marrow aspiration or biopsy~~			~~Evidence of current NRP certification~~
~~Central vessel catheterization~~			~~One (1) case and evidence of current~~

Neonatology Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
			NRP certification
Endoscopic procedures			Evidence of current NRP certification
Exchange transfusion of neonates			
Interosseous needle insertion			
Intubation/Thoracentesis/Thoracostomy, Infant			Two (2) cases and evidence of current NRP certification
Lumbar puncture			One (1) case and evidence of current NRP certification
Manometrics – esophageal and colonic			Current NRP evidence of certification
Peripheral arterial catheterization, and umbilical catheterization – artery			Four (4) cases and evidence of current NRP certification
Peripheral IV cutdown			Current NRP evidence of certification
Percutaneous liver biopsy			
Suprapubic aspriation			One (1) case and evidence of current NRP certification
Umbilical catheterization – vein			Four (4) cases and evidence of current NRP certification
Non-Invasive Procedures			
Care of ventilated patients	Evidence of current Neonatal Resuscitation Program (NRP) certification	Three (3) cases from Non-Invasive Procedures category	Evidence of current NRP certification
Cardiac defibrillation			
Delivery room newborn resuscitation			
Echocardiography			
Elective cardioversion			
Electrocardiography (EKG/ECG)			
Pneumogram interpretation			Three (3) cases and evidence of current NRP certification
Parenteral hyperalimentation			Ten (10) cases and evidence of current NRP certification
Pericardiocentesis			Evidence of current NRP certification
Pediatric Cardiology Procedures			
Cardiac defibrilation	Successful completion of a fellowship training	Two (2) cases from this category	Ten (10) cases from this category
Consultation, Pediatric Cardiology			
Echocardiography			

~~Neonatology Privileges~~	~~Initial Appointment~~	~~Proctoring~~	~~Reappointment (every 2 years)~~
~~Elective cardioversion~~	~~program in Neonatology or Pediatric Cardiology~~		
~~Electrocardiography (EKG/ECG)~~			
~~Pericardiocentesis~~			
~~Other~~			
~~Moderate sedation~~	~~See Policy 8710-517 and evidence of current NRP certification~~	~~See Policy 8710-517~~	~~See Policy 8710-517 and evidence of current NRP certification~~

IX. **REAPPOINTMENT**

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

X. **PROCTORING OF PRIVILEGES**

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

B. All Active members of the Division will act as proctors. An associate may proctor 50% of the required proctoring. Additional cases may be proctored as recommended by the Division Chief. It is the responsibility of the Division Chief to inform the proctored member whose proctoring is being continued whether the deficiencies noted are based on current clinical competence, practice behavior, or the ability to perform the requested privilege(s).

~~C. THE PROCTOR MUST BE PRESENT FOR THE PROCEDURE FOR A SUFFICIENT PERIOD OF TIME TO ASSURE HIMSELF/HERSELF OF THE MEMBER'S COMPETENCE, OR MAY REVIEW THE CASE DOCUMENTATION (I.E., H&P, OP NOTE, OR VIDEO) ENTIRELY TO ASSURE HIMSELF/HERSELF OF THE PRACTITIONER'S COMPETENCE.~~ For invasive cases, proctor must be present for the procedure for a sufficient period of time to assure himself/herself of the member's competence. For noninvasive cases the proctor may review case documentation (i.e. H&P) entirely to assure himself/herself of the practitioner's competence.

~~D.~~C. In elective cases, arrangements shall be made prior to scheduling (i.e., the proctor shall be designated at the time the case is scheduled).

~~E.~~D. The member shall have free choice of suitable consultants and assistants.

~~F.~~E. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.

~~G.~~F. A form shall be completed by the proctor, and should include comments on diagnosis, procedural technique, and overall impression and recommendation (i.e. qualified, needs further observation, not qualified). Blank forms will be available from the Medical Staff Office.

~~H.~~G. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

~~I.~~H. Responsibility of New Medical Staff Member:

1. The applicant must notify the Division Chief (or his designee) at the time a procedure is scheduled. If the Division Chief is not available to observe the procedure, he/she should appoint a designee to observe the procedure.
2. If the procedure must be done as an emergency without proctoring the Division Chief must be informed at the earliest appropriate time following the procedure.

~~XI. UNASSIGNED NEWBORN CALL~~

~~A. Medical Staff members of the Neonatal Division will participate in the Unassigned Newborn call roster.~~

~~B. To participate in the Unassigned Call Roster, the Division members must consistently exhibit timely response. Once notified by Obstetrics Department, the Division member is expected to respond in person to an emergent situation within thirty (30) minutes.~~

~~C. Provisional or Courtesy Staff can be on the unassigned call panel at the discretion of the Division Chair.~~

~~D. When it is discovered that a patient has been previously treated by a Neonatology Division staff member, that member should be given the opportunity to provide further care unless the patient or primary care physician request otherwise.~~

~~E. The physician on call or his designee, who provides care for an unassigned patient is responsible for the disposition of that patient until discharge.~~

APPROVALS:

Division of Neonatology:	8/19/14
Department of Pediatrics:	8/19/14
Interdisciplinary Practice Committee:	9/29/14
Medical Executive Committee:	10/27/14
Governance Committee:	11/4/14
Board of Directors:	11/6/14

I. **MEMBERSHIP:**

The Department of Emergency Medicine consists of physicians who are Board Certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine or have completed an approved residency in Emergency Medicine, and/or are board eligible through the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine and actively pursuing Board Certification in Emergency Medicine through ~~that Board~~either of those Boards. Board certification is required within two (2) years of joining the Department of Emergency Medicine. If Board certification lapses, the physician will have two (2) years to provide proof of recertification; if after the two (2) years proof of recertification has not been received, the physician will be placed on automatic suspension. If proof of recertification is not received within 90 days following the next available testing date, the physician will be automatically terminated.

The department, at its sole discretion, may also admit Physicians Assistants (PA) upon a majority vote of physician members. These PAs must be certified by the National Commission on Certification of Physician Assistants (NCCPA) or be board eligible and actively pursuing Board Certification as Physician Assistants through the NCCPA. Board certification is required within two (2) years of appointment and must be maintained at all times. Each PA must hold a current valid California PA license issued by the Physician Assistant Examination Committee of the State of California. If the California PA license has lapsed, the PA will be placed on automatic suspension until proof of license renewal is received. If the NCCPA certification has lapsed, the PA will have two-hundred (200) days from notification by the Medical Staff Office to provide proof of recertification; if after the two-hundred (200) days proof of recertification has not been received, the PA will be placed on automatic suspension until proof of recertification is received.

Each Physician who wishes to supervise PAs must sign a Delegation of Services Agreement with the PA. Each physician may supervise only two (2) PAs at a time/day (i.e., per clinical shift). Each PA may have more than one supervisory physician.

II. **FUNCTIONS OF THE DEPARTMENT:**

A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients within the Department and develop criteria for use in the evaluation of patient care;

B. Recommend to the Medical Executive Committee guidelines for granting clinical privileges and evaluating the performance of specified services within the hospital;

C. Conduct, participate in and make recommendations regarding continuing medical education programs pertinent to Department clinical practice;

D. Review and evaluate Department member adherence to:
   1. Medical Staff policies and procedures
   2. Sound principles of clinical practice

E. Submit written minutes to the QA/PI/PS Committee and Medical Executive Committee concerning:
   1. Department review and evaluation of activities, actions taken thereon, and the results of such actions; and
   2. Recommendations for maintaining and improving the quality and safety of care provided in the hospital.

F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring.

G. Take appropriate action when important problems in patient care, patient safety, and clinical performance or opportunities to improve patient care are identified.

H. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy #8710-509.)
I. Approve On-Going Professional Practice Evaluation Indicators; and
J. Supervise the physician assistants' quality of Emergency Department care.
K. Formulate recommendations for Department rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee and Board of Directors.

III. DEPARTMENT MEETINGS

The Department shall meet ten (10) times per year or at the discretion of the Chair. The Department will consider the findings from the ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients. Minutes shall be transmitted to the QA/PI/PS Committee, and then to the Medical Executive Committee.

Twenty five percent (25%) of the Active physician members of the Department, but not less than five (5) members, shall constitute a quorum at any department meeting.

Physician Assistants may attend department meetings. They may participate in a non-voting capacity in peer review and performance improvement or other activities as directed by the Chair. They shall have no vote on Departmental affairs.

IV. DEPARTMENT OFFICERS

The Department shall have a Chair and a Vice-Chair who shall be members of the Active Medical Staff and shall be qualified by training, experience, and demonstrated ability in the clinical areas covered by the Department.

The Department Chair and Vice-Chair shall be elected every year by the Active staff members of the Department who are eligible to vote. If there is a vacancy for any reason, the position shall be filled for the unexpired term through a special election. The Chair shall be elected by a simple majority of the members of the Department.

The Department Chair and Vice-Chair shall serve a one-year term, which coincides with the Medical Staff year unless they resign, are removed from office, or lose their Medical Staff membership or clinical privileges in the Department. Department officers shall be eligible to succeed themselves.

Emergency Department officers may serve a maximum of two (2) consecutive years.

V. DUTIES OF THE DEPARTMENT CHAIRMAN

A. The Department Chair, and the Vice-Chair in the absence of the Chair, shall assume the following responsibilities:
B. Be accountable for all professional and administrative activities of the Department.
C. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Department.
D. Assure that practitioners practice only within the scope of their privileges as defined within their delineated privilege form.
E. Recommend to the Medical Executive Committee the criteria for clinical privileges in the Department.
F. Recommend clinical privileges for each member of the Department.
G. Assure that the quality, safety, and appropriateness of patient care provided by members of the

Department are monitored and evaluated; and

H. Other duties as recommended from the Medical Executive Committee.

VI. **PRIVILEGES**

A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.

B. **Initial Criteria - Physicians:**

1. Requests for General Patient Care privileges in the Department of Emergency Medicine shall be evaluated on the basis of the requesting physician's education, training, competence, judgment, character, experience (as demonstrated by treatment of at least one-hundred (100) typical Emergency Department patients within the past six (6) months – excluding physicians who have completed an ACGME American Board of Emergency Medicine Residency Program within the past twelve (12) months), ability to perform in Tri-City Emergency Department, the needs of the department, and the ability to function as a member of the Emergency Department team. Formal documentation of procedure experience may be requested at the discretion of the Department Chair.

C. All new physicians in the Department of Emergency Medicine shall be required to work up to eight (8) night shifts per month (or half of their total shifts if working part time) for at least six (6) years. Physicians shall practice only within the scope of the privileges as defined within the Department's rules and regulations and stated on the privilege form. However, in any emergency situation, an Emergency Medicine Physician may perform any procedure(s) for which he/she has proper training and/or experience, even if not delineated on his/her privilege card. The performance of such procedures may be reviewed by the Department Chair or by the QA/QI/PI Committee, at the Chair's discretion.

~~Physician Privilege Table~~			
~~General Patient Care Privileges~~	~~Initial - *see statement above*~~	~~Proctoring~~	~~Reappointment every two years~~
~~As part of General Patient Care Privileges, all physicians are authorized to 1) perform occult blood testing and 2) order diagnostic and therapeutic tests (and other associated testing within their scope of practice, or for any emergency procedure, which, in the physician's judgment, is deemed indicated), services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.~~			

Physician Privilege Table			
General Patient Care Privileges	**Initial - *see statement above***	**Proctoring**	**Reappointment every two years**
Anesthesia: • Regional anesthesia • Nerve blocks	Training/experience as demonstrated by treatment of at least one-hundred (100) typical Emergency Department patients within the past six (6) months – excluding physicians who have completed an ACGME American Board of Emergency Medicine Residency Program) within the past twelve (12) months	Twenty-five (25) cases of General Patient Care	Two-hundred (200) typical General Patient Care cases (100 must be performed at TCMC)
Cardiac Procedures • CPR/ACLS • Cardioversion/Defibrillation • Transthoracic and transcutaneous pacing • Pericardicentesis • Emergency thoracotomy • Thrombolytic administration • EKG interpretation • Pericardiocentesis			
Dermatology: • I&D of abscess • Digital nail removal • Subungual hematoma drainage • Soft tissue aspiration • Laceration repair			
Gastroenterology: • Nasogastric tube insertion • Anoscopy • Thrombosed external hemorrhoids • Paracentesis • Hernia reduction • Digital rectal exam			
General Surgery: • Wound & laceration management • Soft tissue foreign body removal			
Neurology/Neurosurgery • Emergency burr hole • Lumbar puncture • Spinal immobilization • Neurologic exam			
Orthopedics: • Splinting/Casting			

Physician Privilege Table			
General Patient Care Privileges	Initial - *see statement above*	Proctoring	Reappointment every two years
• Dislocation management • Emergency fracture management • Extensor tendon repair • Arthrocentesis • Measurement of compartment pressures			
OB/GYN: • Emergency childbirth • Culdocentesis • GYN exam • I & D Bartholin abscess			
Ophthalmology: • Slit lamp examination • Ocular foreign body removal • Ocular irrigation • Tonometry • Fundoscopic exam			
Otolaryngology: • Direct laryngoscopy • Foreign body removal: ear, nose, throat • Peritonsillar abscess drainage • Nasal packing • Nasal cautery • Cerumen removal • Dental nerve block			
Pediatrics: • Advanced airway management of infants/children • Advanced life support for infants/children • Intraosseous line placement for infants/children • Lumbar puncture • Suprapubic bladder aspiration • Management of lacerations • Emergency fracture/ dislocation management			
Respiratory Procedures: • Advanced airway management/techniques			

Physician Privilege Table			
General Patient Care Privileges	Initial - *see statement above*	Proctoring	Reappointment every two years
• Surgical airway placement • Mechanical ventilation • Thoracentesis • Tube/Needle thoracostomy • ABG interpretation • BVM ventilation • Bronchodilator treatment			
Urology: • Suprapubic bladder aspiration • Suprapubic cystostomy placement • Foley catheter placement • Management of urinary retention • U/A interpretation			
Vascular Access: • Venous cutdown • Central line placement • Midline catheter placement • Intraosseous line placement • Arterial line placement • Peripheral IV placement			
OTHER			
Base station supervision	Training	N/A	N/A
Sedation: • Moderate • Deep	Per policy Medical Staff #8710-517	Per policy Medical Staff #8710-517	Per policy Medical Staff #8710-517
Emergency ultrasound: • Ultrasound guidance of approved procedures • Limited obstetrical ultrasonography • Limited abdominal ultrasonography	Per policy Medical Staff #8710-522	Per policy Medical Staff #8710-522	Per policy Medical Staff #8710-522

A. **Initial Criteria- Physician Assistants:**

1. Requests for physician assistant privileges in the Department of Emergency Medicine shall be evaluated on the basis of the needs of the Emergency Department, the requesting PA's education, training, experience, competence, judgment, character, and ability to perform in the Tri-City Emergency Department, and the PA's satisfaction of qualifications as outlined in the "Membership" section above.
2. Physician assistants shall also adhere to the Rules and Regulations for Allied Health Professionals. The Department of Emergency Medicine will review the performance of the physician assistants in order to ensure on-going competency in their field as part of

their on-going professional practice evaluation process.

3. A Physician Assistant may provide those Emergency Department services which are consistent with the physician assistant's education, training, experience and "PA Regulations" which are delegated by a supervising physician who is responsible for the patients cared for by that physician assistant. The Physician Supervision requirement (defined by Business and Professions Code Section 3502) is met by the use of protocols, which allow for some or all of the tasks performed by a PA ~~(see PA Privilege Table below).~~ The supervising physician shall review, countersign, and date within seven (7) days the Emergency Department record of any patient for whom the physician assistant issues or carries out a Schedule II drug order.

Physician Assistant Privilege Table			
General Patient Care Privileges	Initial	Proctoring	Reappointment every two years
As part of General Patient Care Privileges, all physician assistants are authorized to 1) Perform occult blood testing and 2) order x-ray, other studies, therapeutic diets, physical/rehab, occupational/speech, and respiratory therapies, and nursing services unless otherwise indicated.			
Evaluation, emergency management and triage of neonatal, infants, pediatric, adolescents, adults, and geriatric patients	PA may be authorized to perform these privileges when competency is established by the Department of Emergency Medicine, taking into account training and experience.	Twenty-five (25) cases of General Patient Care Privileges	Two-hundred (200) typical General Patient Care cases (100 must be performed at TCMC)
Ordering and/or administration of medicine by all routes (orally, IM, IV, PR, aerosolized, inhaler, other) in the Department, and by prescription			
Take a focused or complete medical history, which will include the Medical Screening Exam, including past medical, family, social history, review of systems, and performing focused or complete physical exam			
Anesthesia: • Subcutaneous local anesthetics • Nerve blocks • Dental nerve block			
Cardiovascular: • Taking of EKG and recognition of gross abnormalities			
Dermatology: • Digital nail removal • Subungual hematoma drainage • Treatment of minor 1st and 2nd degree burns			
Gastroenterology: • Nasogastric intubation and gastric lavage • Performance of anoscopy • Thrombosed external hemorrhoids • Collection of specimens: stool • Removal of foreign bodies from rectum, and other • Hernia reduction • Digital rectal exam			
General Surgery:			

Physician Assistant Privilege Table			
General Patient Care Privileges	Initial	Proctoring	Reappointment every two years
• Incision and drainage of superficial skin infections, abscess • Debridement, suture, and care of superficial wounds/lacerations (including facial lacerations) • Arrest of hemorrhage • Soft tissue aspiration • Removal of foreign bodies from skin and soft tissue, and other • Removal of sutures			
Imaging: • Preliminary interpretation of X-rays			
Neurology/Neurosurgery • Spinal immobilization • Neurologic exam			
Orthopedics: • Strapping and immobilizing of sprains/fractures • Splinting/Casting • Dislocation management • Emergency fracture management • Measurement of compartment pressures			
OB/GYN: • GYN Exam • Incision and drainage of Bartholin's abscess • Performance of pelvic exam and pap smear • Removal of foreign bodies from vagina, and other			
Ophthalmology: • Slit lamp examination • Ocular irrigation • Removal of foreign bodies from eyes, and other • Measure intraocular pressure • Ophthalmic, visualization of fundus			
Otolaryngology:			

Physician Assistant Privilege Table			
General Patient Care Privileges	Initial	Proctoring	Reappointment every two years
• Collection of specimens: nasopharyngeal and throat • Anterior nasal packing for epistaxis • Nasal cautery • Removal of impacted cerumen • Performance of otoscopy and nasoscopy • Peritonsillar abscess drainage • Removal of foreign bodies from ear, nose, throat, and other			
Respiratory Procedures: • Drawing ABGs and interpretation • BVM Ventilation • Bronchodilator treatment			
Urology: • Suprapubic Cystostomy Placement • Catheterization and routine urinalysis • Management of urinary retention			
Vascular Access: • Arterial puncture • Drawing of venous blood from peripheral site and peripheral IV placement			
ASSIST ONLY PROCEDURES	Initial	Proctoring	Reappointment every two years
• Performing CPR, assist	Training/experience	Twenty-five (25) cases of General Patient Care Privileges (includes cases from non-assist only privileges/procedures)	Included in the above required Two-hundred (200) typical General Patient Care cases (100 must be performed at TCMC)
• Cardioversion/Defibrillation, assist			
• Transthoracic and transcutaneous pacing, assist			
• Emergency childbirth, assist			
• Blood transfusion, assist			
• Starting thrombolytic medication, assist			
• Pericardiocentesis, assist			
• Surgical airway placement, assist			
• Open thoracotomy, assist			
• Emergency C-Section, assist			

Physician Assistant Privilege Table			
PROCTORED PROCEDURES	Initial	Proctoring	Reappointment every two years
• Lumbar puncture	PA may be authorized to perform these procedures when competency is established by the Department of Emergency Medicine, taking into account training and experience. Emergency Ultrasound privileges must be held by the PA in order to be eligible for Central IV access, Thoracentesis, or Paracentesis privileges in a non-"assist only" role.	3	Included in the above required Two-hundred (200) typical General Patient Care cases (100 must be performed at TCMC)
• Reduction of major joints		3	
• Repair complex lacerations		3	
• Central IV access		3	
• Arterial Line Access		3	
• Endotracheal intubations		3	
• Thoracentesis and Paracentesis		3 combination of paracentesis & thoracentesis cases	
• Arthrocentesis		3	
• Intraosseous line placement, adult/infants/children		3	
• Tube/Needle thoracostomy		3	
Emergency Ultrasound: • Ultrasound guidance of approved procedures • Limited obstetrical ultrasonography • Limited abdominal ultrasonography	Per policy Medical Staff #8710-522	Per policy Medical Staff #8710-522	Per policy Medical Staff #8710-522

VII. **REAPPOINTMENT OF CLINICAL PRIVILEGES**

Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. A minimum of 200 Emergency Room cases are required (100 cases must be from TCMC). For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other Emergency Rooms (up to 100 cases) may be accepted to fulfill the requirements. If the minimum number of cases is not performed, the practitioner will be required to undergo proctoring for all procedures that were not satisfied. The practitioner will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

VIII. **PROCTORING REQUIRMENTS**

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

B. All Active members of the Department shall act as proctors. Additional cases may be proctored as recommended by the Department Chair. It is the responsibility of the Department Chair to inform the monitored member whose proctoring is being continued where deficiencies are noted.

C. When the required number of cases has been proctored, the Department Chair must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.

D. A form shall be completed by the proctor, and should include comments on the overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be made available from either the Medical Staff Office or the Emergency Department.

E. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

IX. HOSPITAL ADMITTING ORDERS

A. No members of the department shall write admitting orders.

X. TELEPHONE ADVICE

A. Members of the Department shall not give telephone advice, except in the following situations:

1. A departmental professional relationship has previously been established with a patient, involving recent treatment of the patient for the problem about which they are seeking advice.
2. To provide advice unrelated to their capacity as a member of the department (and without representation of same) including non-departmental professional relationships.

XI. DEPARTMENT QUALITY REVIEW AND MANAGEMENT

A. The Department will have a Quality Review Committee (QRC). The committee Chairman is the Department's representative on the Medical Staff QA/PI/PS Committee. The QRC shall meet at least four (4) times per year, or at the discretion of the QRC Chair.

B. General Function

1. The QRC provides systematic and continual review, evaluation, and monitoring of the quality and safety of care and treatment provided by the department members for the patients seen in the Emergency Department.

C. Specific Functions

1. The QRC is established to:
   a) Identify important elements of Emergency Department patients' care in all areas in which it is provided.
   b) Select and approve the Department's performance monitoring indicators;
   c) Identify relevant information for these indicators which will be integrated and reviewed quarterly by the Emergency Department QRC Committee;
   d) Formulate thresholds for evaluation related to these performance monitoring indicators;
   e) Review and evaluate physician practice if specific thresholds are triggered;
   f) Identify areas of concern and opportunities to improve care, safety and educate Department members based on these reviews;
   g) Highlight significant clinical issues and present the specific information regarding quality of care to the appropriate department member, in accordance with Medical Staff Bylaws;
   h) Request Focused Professional Practice Evaluation if/when questions arise regarding a physician's practice;
   i) Monitor and review the effectiveness of any intervention and document any change;

D. Other functions
   1. Assist in the reappointment process through retrospective review of charts;
   2. Review any issues related to Emergency Department care that are forwarded for review by other Departments/Divisions;
   3. Assist in the collection, organization, review, and presentation of data related to Emergency Department patient care and safety;
   4. Review all cases involving unanticipated death(s) in the Emergency Department;

E. Reports
   1. Minutes will be transmitted to the QA/PI/PS Committee and the Medical Executive Committee. The QRC will provide minutes and, as needed, verbal, or written communication to the Department members and to QA/PI/PS Committee regarding any general educational information gleaned through chart review or the quality review process.

XII. **RESIDENT SUPERVISION**

A. Department members shall supervise Emergency Department care provided by residents in Tri-City Emergency Department, and shall examine and document an Emergency Department patient record for all patients seen by a resident. Department members shall countersign/authenticate all charts and orders by residents according to Medical Staff Policy #8710-518 (Medical Records Documentation Requirements).

APPROVALS:

Emergency Medicine Department:	05/27/2015
Medical Executive Committee:	07/27/2015
Governance Committee	08/04/2015
Board of Directors:	08/27/2015

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #176-010

POLICY TITLE: Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings, Role and Powers of Chairperson

I. BOARD MEETING AGENDA DEVELOPMENT

The Board of Directors Agenda shall be developed by the Chairperson, with the assistance of the President/CEO and General Counsel. Individual Board members may place items on the Agenda through the Board Chairperson. The procedure will be:

A. A Board member shall submit a written description of the Agenda item to the Chairperson or the CEO or the Board Secretary, prior to the time of the Agenda Conference. Recognizing that the Agenda Conference meeting date and time may on occasion change, it is the responsibility of the requestor to confirm the Agenda Conference meeting date to ensure timely submittal of the requestor's Agenda item. Discussion items may~~will~~ be placed on the Board Agenda at the request of any Board member; proposed action items shall normally be referred to the appropriate Board committee for consideration prior to full Board consideration. At the beginning of each calendar year, the Chairperson of the Board of Directors shall set the date and time of the Agenda Conference.

B. A member of the public may submit a written request to the President/CEO, Chairperson or a member of the Board of Directors. The written request shall contain a description of the Agenda item. The member of the public shall be informed if and when the item will appear on the Board Agenda.

C. General Counsel, at the Chairperson's or President/CEO's request, shall contact the Board member, or the public member, to confirm the intent of their request, and will then formulate the Agenda item in a format that conforms with legal requirements.

D. Copies of the Agenda shall be posted on the TCHD website and at other public locations as required by law.

II. EFFICIENCY OF BOARD MEETINGS

The Board of Directors and management shall work cooperatively to prepare for and manage Board meetings in a manner that produces efficient and effective meetings (See Policy #10-39). To achieve that end, the following process will be followed:

A. The Board of Directors shall receive their Board Agenda packet with appropriate written information and materials at least five (5) days prior to a regularly scheduled Board of Directors meeting.

B. Board members who require further information or clarification on Board Agenda packet materials are welcome to contact the President/CEO or General Counsel with questions prior to the meeting. Responses shall be presented to all Board members at the Board meeting.

C. To facilitate deliberation and action on items at Tri-City Healthcare District Board of Directors meetings, suggested written motions may be developed in advance by members of the Board of Directors or Executive Management. Such suggested written motions shall be included in the Board of Directors Agenda packet with supporting materials for the action item.

III. TIME LIMITS FOR BOARD OF DIRECTOR MEETINGS

A. Regular meetings of the Board of Directors shall be a maximum of three and one half (3½) hours for any open session and a maximum of four hours (4) for any closed session. Agenda items not addressed during those time periods will be carried forward to a subsequent date, which shall be agreed upon by a majority vote of the Board before adjourning the meeting.

B. The time limits under Section A may be waived by a majority of the Board. The waiver shall be effective only for the meeting in which the waiver is approved. A motion for waiver may specify that the limit will be waived entirely for the balance of the session, will be extended for a specified amount of time of at least one-half (1/2) hour, or will be extended only for so long as the Board requires to address one or more specified items on the Agenda for that session.

IV. ROLE AND POWERS OF CHAIRPERSON

The Chairperson of the Board of Directors shall have the authority to act on behalf of the Board of Directors, as provided in the District Bylaws and these policies.

The Board Chairperson shall report any such actions to the Board of Directors at their next regularly scheduled meeting.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Received by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Revised by the Gov/Leg Committee: 8/4/15
Approved by the Board of Directors: 8/27/15
Reviewed by the Gov/Leg Committee: 8/02/16

Approved by the Board of Directors: 8/25/16

January 21, 2017
James Dagostino, Chairman
Governance & Legislative Committee

Mr. Dagostino,

It is my understanding a community vacancy has occurred on the Governance and Legislative Committee of the TCHD Board of Directors.

My previous terms on the Governance and Legislative committee has provided the opportunity to once again serve as a volunteer on this legislative body. My education in healthcare and public administration coalesces with my professional experience in the field including two+ years on the Community Healthcare Alliance Committee (CHAC).

The recent opening on this committee is well timed as I now bring to the committee my specific knowledge in healthcare and governance. I share the goals and objectives of the committee. I believe I can make a significant contribution utilizing my educational, volunteer and professional experience.

I shall look forward to hearing from you.

Sincerely,

Robin Iveson

Robin Iveson

Robin Iveson
825 Cypress Drive
Vista, CA. 92084
(760) 806-9928

B.A. Health Administration 1987
St. Mary's College, Moraga, CA.

Masters in Public Administration, 1991
College of Notre Dame, Belmont, CA.

NARRATIVE RESUME

Prior to moving to Vista for retirement, I lived and studied in the Bay Area, where I was employed in both the entrepreneurial and Not-For-Profit sectors of the healthcare field. With a Masters Degree, I had the opportunity to make a difference as a Program Director at the Lions Blind Center in San Jose.

An integral component of my job was interfacing with the Department of Health and Human Services in Sacramento. This aspect provided critical knowledge into blind seniors aging healthcare issues.

In seeking opportunities to utilize my educational and non-profit experience, I became a volunteer at Tri-City Medical Center. My first volunteer experience was on Mission Community Outreach (presently Community Healthcare Alliance (CHAC). I believed my professional and grant writing skills would be of value to this committee.

My volunteer work with Aging and Independent Services (AIS) provided cognizance of healthcare governance for seniors living in retirement communities. As an Ombudsmen I was able to carry forward that knowledge to G&L on senior issues. At two G&L meetings as a community member, I provided salient information on a patient. At a subsequent meeting I was able to assist the discussion on a patient living in a retirement community.

I have been fortunate to reconcile my educational, professional and 15+ years of volunteer activities with Tri-City Medical Center. If presented with the opportunity to have a seat at the table, I would be pleased to accept. The time commitment is not a factor.

Key State Issues

Latest News on Key Bills in the State Legislature

CALIFORNIA HOSPITAL ASSOCIATION

October 7, 2016

During the final month of the 2016 legislative session, lawmakers sent 1,051 bills to Governor Brown to sign or veto. In the end, the Governor signed 893 bills and vetoed 158. For an online version of this report that can be filtered by topic and is updated daily, visit www.calhospital.org/key-state-issues.

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Civil Actions					
SB 1065	Monning (D-Carmel)	Requires the court of appeal, in an appeal of an order dismissing or denying a petition to compel arbitration involving a claim under the Elder and Dependent Adult Civil Protection Act in which a party has been granted a court preference, to issue its decision no later than 100 days after the notice of appeal is filed, except as specified. Also requires the Judicial Council to adopt rules implementing this provision and shortening the time within which a party may file a notice of appeal in these cases.	Signed by the Governor Sept. 25 (Chapter 628).	Neutral	Jackie Garman/ Connie Delgado
Disaster Preparedness					
AB 1562	Kim (R-Fullerton)	Would have provided a one-day window to purchase disaster preparedness supplies without paying sales tax, giving hospitals and medical centers the opportunity to purchase a variety of items — such as evacuation equipment, communications equipment and medical supplies — with a tax break. The one-day sales tax would have also assisted businesses in encouraging individual and family preparedness among their employees, which is foundational to organizational preparedness. This measure was amended to add a sunset date of 2018 and would have applied only to state taxes.	Held on Suspense in Assembly Appropriations Committee May 27.	Support	Cheri Hummel/ Kathryn Scott
Emergency Services					
SB 867	Roth (D-Riverside)	Extends the operative date of the Maddy Emergency Services Fund to Jan. 1, 2027, and authorizes each county to establish an emergency services fund for reimbursement of costs related to emergency medical services.	Signed by the Governor Aug. 19 (Chapter 147).	Co-sponsor	BJ Bartleson/ Connie Delgado
Health Facilities					
AB 1774	Bonilla (D-Concord)	Would have repealed the laws requiring a clinical laboratory to be licensed and inspected by CDPH, including the licensing fee. Would have also made other conforming changes.	Held on Suspense in Assembly Appropriations Committee May 27.	Support	Cathy Martin/ Alex Hawthorne
AB 1843	Stone (D-Scotts Valley)	Prohibits all California employers from soliciting or using any information related to an applicant's juvenile criminal history record, from arrests to adjudications. Amendments allow health facilities to obtain juvenile adjudication information related to sex or drug-related crimes, but not all felonies.	Signed by the Governor Sept. 27 (Chapter 686).	Oppose, Unless Amended	Kathryn Scott/ Gail Blanchard-Saiger

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Health Facilities (continued)					
AB 2743	Eggman (D-Stockton)	Would have required the California Department of Public Health to establish and administer a pilot program to create a website-based acute psychiatric bed registry to collect, aggregate and display information about the availability of acute psychiatric beds in psychiatric health facilities in 10 counties.	Held on Suspense in Assembly Appropriations Committee May 27.	Oppose	Sheree Lowe/ Alex Hawthorne
SB 1076	Hernandez (D-Azusa)	Creates the regulatory structure for hospitals wishing to provide observation services in a dedicated unit. The bill states that observation patients may also be cared for in an inpatient unit or in the ED. The observation unit must maintain the same nurse staffing ratios as the ED. The bill clarifies that observation services are triggered by a physician order, rather than potentially applying to all outpatient services. The bill also requires patient notification when the patient is moved to observation status.	Signed by the Governor Sept. 27 (Chapter 723).	Neutral	Debby Rogers/ Connie Delgado
Labor					
AB 1978	Gonzalez (D-San Diego)	Requires Cal/OSHA to develop a standard for workplace violence for janitorial workers as well as four-hour training for any supervisor of janitorial workers. Also creates a registry for janitorial contractors.	Signed by the Governor Sept. 15 (Chapter 373).	Follow, Hot	Gail Blanchard-Saiger/ Kathryn Scott
AB 2272	Thurmond (D-Richmond)	Would have required Cal/OSHA to develop, by June 1, 2018, rules to regulate plume — noxious airborne contaminants generated as byproducts from specific devices used during surgical, diagnostic and therapeutic procedures — and the evacuation of plume when generated in acute care hospitals.	Vetoed by the Governor Sept. 30.	Oppose, Unless Amended	Gail Blanchard-Saiger/ Kathryn Scott
AB 2467	Gomez (D-Los Angeles)	Would have required private nonprofit general acute care hospitals, acute psychiatric hospitals, private for-profit general acute care hospitals, hospital groups and hospital-affiliated medical foundations to annually submit an executive compensation report for every executive employee whose annual compensation exceeds $250,000 per year. As amended in committee, the measure would have required the collection and reporting of ethnicity, race, gender, sexual orientation and gender identity information.	Failed passage on Assembly Floor June 2.	Oppose	Gail Blanchard-Saiger/ Kathryn Scott
SB 878	Leyva (D-Chino)	Would have required employers operating retail establishments or restaurants, including cafeterias, to provide at least seven days' notice of an employee's work schedule and further require additional pay to employees when the employer alters that schedule within the seven-day period.	Held on Suspense in Senate Appropriations Committee May 27.	Follow, Hot	Gail Blanchard-Saiger/ Kathryn Scott

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Managed Health Care					
AB 72	Bonta (D-Alameda)	Addresses surprise billing for covered services at a contracting health facility from a non-contracting individual health professional. AB 72 is similar to AB 533 (Bonta, D-Alameda). This bill requires health plans to reimburse the noncontracting health professional the greater of the average contracted rate or 125 percent of the amount Medicare reimburses on a fee-for-service basis for the same or similar services in the general geographic region in which the services were rendered. Amendments to the bill have placed obligations on health plans when reporting average contract rates and maintaining network adequacy requirements. AB 72 is the new version of AB 533.	Signed by the Governor Sept. 23 (Chapter 492).	Neutral	Deepa Prasad/ Alex Hawthorne
AB 533	Bonta (D-Alameda)	Attempted to address "surprise billing" by out-of-network providers. The introduced version of the bill contained ambiguities that could have been interpreted to impose obligations on network hospitals to provide information they do not have and/or cannot obtain for noncontracted physicians. Amended April 15 for clarification, the bill would have applied only to noncontracting individual health professionals, not to hospitals.	Placed on Assembly Inactive file Aug. 31.	Neutral	Deepa Prasad/ Alex Hawthorne
SB 932	Hernandez (D-Azusa)	Would have prohibited numerous provisions in contracts between hospitals and health plans, as well as expanded the authority of the Department of Managed Health Care to approve any merger, consolidation, acquisition or purchase of control, directly or indirectly, between any entity and any health care service plan.	Held on Suspense in Senate Appropriations Committee May 27.	Oppose	Deepa Prasad/ Alex Hawthorne
Medi-Cal					
AB 1568	Bonta (D-Alameda)	Along with SB 815 (Hernandez, D-Azusa), implements California's section 1115(a) demonstration waiver, titled "California's Medi-Cal 2020 Demonstration." The waiver renewal — effective Dec. 30, 2015, through Dec. 31, 2020 — includes $6.2 billion of initial federal funding to support the state's Medi-Cal program. The waiver implements the following programs: Public Hospital Redesign and Incentives in Medi-Cal, Global Payment Program, Dental Transformation Initiative and Whole Person Care Pilots. The waiver also contains several independent analyses of the Medi-Cal program and evaluations of the waiver programs, including an assessment of access in the Medi-Cal managed care program and studies of uncompensated care in California hospitals.	Signed by the Governor July 1 (Chapter 42).	Support	Anne McLeod/ Barbara Glaser
AB 1607	Assembly Budget Committee	Extends the hospital quality assurance fee by one year, to Jan. 1, 2018.	Signed by the Governor June 27 (Chapter 27).	Support	Anne McLeod/ Barbara Glaser
SB 586	Hernandez (D-Azusa)	Authorizes the Department of Health Care Services to establish a Whole Child Model for children enrolled in both Medi-Cal and the California Children's Services (CCS) Program in the 21 counties served by the four county organized health systems. It continues the CCS carve-out in the remaining 37 counties until Jan. 1, 2022.	Signed by the Governor Sept. 25 (Chapter 625).	Follow, Hot	Amber Kemp/ Barbara Glaser

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Medi-Cal (continued)					
SB 815	Hernandez (D-Azusa)	Along with AB 1568 (Bonta, D-Alameda), implements California's section 1115(a) demonstration waiver, titled "California's Medi-Cal 2020 Demonstration." The waiver renewal — effective Dec. 30, 2015, through Dec. 31, 2020 — includes $6.2 billion of initial federal funding to support the state's Medi-Cal program. The waiver implements the following programs: Public Hospital Redesign and Incentives in Medi-Cal, Global Payment Program, Dental Transformation Initiative and Whole Person Care Pilots. The waiver also contains several independent analyses of the Medi-Cal program and evaluations of the waiver programs, including an assessment of access in the Medi-Cal managed care program and studies of uncompensated care in California hospitals.	Signed by the Governor July 25 (Chapter 111).	Support	Anne McLeod/ Barbara Glaser
Medical Staff					
AB 2024	Wood (D-Healdsburg)	Authorizes a critical access hospital to employ physicians, surgeons and doctors of podiatric medicine and charge for professional services rendered by those medical professionals if the medical staff concurs, by an affirmative vote, that such employment is in the best interest of the communities the hospital serves. It prohibits the critical access hospital from directing or interfering with the professional judgment of a physician or surgeon.	Signed by the Governor Sept. 23 (Chapter 496).	Support	Peggy Wheeler/ David Perrott/ Barbara Glaser
SB 1177	Galgiani (D-Stockton)	Authorizes the healing arts board of the Department of Consumer Affairs' Substance Abuse Coordination Committee to establish a physician and surgeon health and wellness program for early identification and appropriate interventions to support a physician or surgeon in his or her rehabilitation from substance abuse.	Signed by the Governor Sept. 24 (Chapter 591).	Support	David Perrott/ Connie Delgado
Mental Health					
AB 38	Eggman (D-Stockton)	Establishes a state fund to reimburse the Regents of the University of California for providing early intervention, assessment, diagnosis and treatment to individuals with severe mental illness and children with severe emotional disturbance. The Early Diagnosis and Preventive Treatment (EDAPT) Program Fund will accept moneys from federal or private funds; when the total amount reaches $1,200,000, the state Controller will give it to the Regents. The Regents will study the current EDAPT program operated by UC Davis and report to the Legislature by Jan. 1, 2023, on its outcomes and cost effectiveness.	Signed by the Governor September 24 (Chapter 547).	Support	Sheree Lowe/ Alex Hawthorne
AB 1300	Ridley-Thomas (D-Los Angeles)	Would have specified that trained emergency room physicians and psychiatric professionals in non-designated hospitals, when probable cause exists, have the authority to write/initiate an up to 72-hour involuntary hold. It would have also codified that the 5150 application form is valid in all counties regardless of whether it is an original or a copy; clarified that all designated facilities are required to accept, within their clinical capability and capacity, all individuals for whom it is designated; and authorized improved sharing of patient information when emergency services are provided.	Referred to Senate Rules Committee.	Sponsor	Sheree Lowe/ Barbara Glaser

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Mental Health (continued)					
AB 2279	Cooley (D-Rancho Cordova)	Would have required the Department of Health Care Services (DHCS) to develop and administer instructions for the compilation of revenue and expenditure information related to the Mental Health Services Act (MHSA) by counties, in consultation with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California. Would have also permitted DHCS to withhold MHSA funds from counties that do not submit their annual MHSA report until the report is submitted.	Vetoed by the Governor Sept. 14.	Support	Sheree Lowe/ Alex Hawthorne
SB 938	Jackson (D-Santa Barbara)	Would have required a patient with a major neurocognitive disorder who has a conservator to ask a court for judicial approval each time a physician orders a new or different antidepressant, sleeping pill, anti-anxiety medication, antipsychotic or other psychotherapeutic drug. While well intentioned, this bill would have jeopardized patients' access to timely and appropriate medical care, clogged the court system and resulted in higher medical and legal costs for these patients and their families.	Placed on Assembly Inactive file Aug. 29.	Oppose	Sheree Lowe/ Alex Hawthorne
SB 1273	Moorlach (R-Costa Mesa)	Would have clarified that California's counties may use funds from the Mental Health Services Act to provide outpatient stabilization services to individuals voluntarily receiving those services, even when those who are receiving services involuntarily are treated at the same facility.	Placed on Assembly Inactive file Aug. 29.	Support	Sheree Lowe/ Alex Hawthorne
Nursing Services					
AB 1306	Burke (D-Inglewood)	Would have removed the physician supervision requirement on certified nurse midwives, allowing them greater independence in meeting the health care needs of the millions of individuals added to California's health care system by the Affordable Care Act and facilitating timely access to quality care.	Failed passage by full Assembly Aug. 31.	Support	Jackie Garman/ BJ Bartleson/ David Perrott/ Connie Delgado
SB 323	Hernandez (D-Azusa)	Would have allowed nurse practitioners to practice to the full extent of their education and training to ensure access to health care delivery systems for millions of Californians who now have access to coverage under the Affordable Care Act.	Held in the Assembly Business and Professions Committee June 28.	Support	BJ Bartleson/ Connie Delgado
SB 1195	Hill (D-San Mateo)	Would have provided requirements and procedures for the Director of Consumer Affairs to review a decision or other action by a board under the Department about a restraint of trade. Among other things, would have prohibited the Board of Nursing executive director from being a licensee of the board.	Placed on Senate Inactive File June 2.	Follow, Hot	BJ Bartleson/ Connie Delgado

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Professional Workforce Education					
SB 66	Leyva (D-Chino)/ McGuire (D-Healdsburg)	Requires the Department of Consumer Affairs to make available, upon request by the Office of the Chancellor of the California Community Colleges, information on every licensee so that the Office of the Chancellor can better measure employment outcomes of students who participate in career technical education programs and make recommendations as to how these programs may be improved. The bill also urges the Chancellor to align these measures with the performance accountability measures of the federal Workforce Innovation and Opportunity Act.	Signed by the Governor Sept. 28 (Chapter 770).	Support	Cathy Martin/ Alex Hawthorne
Public Health					
AB 508	Garcia (D-Bell Gardens)	Would have established the California Maternal Quality Care Collaborative (CMQCC) within CDPH. The bill has been amended to require CDPH to prepare and submit to the Legislature an annual report on maternal mortality and morbidity in California, including an analysis of maternal deaths and severe maternal morbidity. The bill also would have required CDPH to consider existing resources, including opportunities for partnerships with other entities and the use of physician volunteers.	Held in Senate Judiciary Committee.	Follow, Hot	David Perrott/ Alex Hawthorne
AB 2424	Gomez (D-Los Angeles)	Would have created the Community-based Health Improvement and Innovation Fund within the state treasury. A target level of annual statewide investment from the fund would have been established as a set dollar amount per capita, to be allocated to the CDPH to support community-based prevention of priority chronic health conditions throughout the state, including in the form of competitive grants.	Held on Suspense in the Senate Appropriations Committee Aug. 11.	Follow	Amber Kemp/ Kathryn Scott
AB 2439	Nazarian (D-Sherman Oaks)	Creates a CDPH pilot program to select four or fewer hospital emergency departments to offer HIV tests to patients. CHA originally opposed the bill as an unfunded mandate and inappropriate setting to conduct HIV tests, but removed opposition with amendments that made hospital participation in the pilot program voluntary.	Signed by the Governor Sept. 26 (Chapter 668).	Follow, Hot	David Perrott/ Debby Rogers/ Alex Hawthorne
AB 2640	Gipson (D-Carson)	Requires every medical provider who orders an HIV test to provide information to specified patients about methods that prevent or reduce the risk of contracting HIV, including pre-exposure prophylaxis and post-exposure prophylaxis, consistent with guidance of the federal Centers for Disease Control and Prevention. CHA opposed this bill on the grounds that it codifies the practice of medicine into law; however, an agreement was reached with the author to ensure physician discretion is preserved. Amendments addressed CHA's concerns.	Signed by the Governor Sept. 26 (Chapter 670).	Neutral, as Amended	David Perrott/ Debby Rogers/ Alex Hawthorne

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Reimbursement					
SB 1365	Hernandez (D-Azusa)	Requires a hospital that offers a service in a hospital-based outpatient clinic to provide a notice to each patient when that service is available in a non-hospital-based location.	Signed by the Governor Sept. 23 (Chapter 501).	Neutral	Amber Ott/ Barbara Glaser
Skilled-Nursing Facilities					
AB 1518	(Committee on Aging and Long-Term Care)	Would have increased access to the home and community-based Medi-Cal Nursing Facility/Acute Hospital Waiver by increasing the number of authorized waiver slots and requiring an expedited authorization process for patients in acute care hospitals who are awaiting discharge to a skilled-nursing facility.	Placed on Senate Inactive File.	Support	Pat Blaisdell/ Jackie Garman/ Barbara Glaser
SB 503	Hernandez (D-Azusa)	Would have addressed deficiencies in current law identified by a judge in a recent court decision for the treatment of unrepresented patients who lack capacity to make medical decisions. The bill would have allowed skilled nursing facilities (SNFs) to continue to obtain consent for the care of a patient by using an interdisciplinary team process, if the SNF provides a specified written notice to the patient. The bill also would have required that, prior to administering an antipsychotic drug to a SNF patient, the SNF convene a hearing with the patient, the ordering physician, an independent physician, a patient advocate and an interpreter (if necessary) to review the medication order. The independent physician and advocate would have had to meet a list of qualifications; the physician had to also issue a written decision. The patient could not have been billed for the services of the independent physician, advocate or interpreter. CDPH, the bill sponsor, decided not to move the bill forward this year.	Held in Assembly Health Committee.	Oppose, Unless Amended	Lois Richardson/ Alex Hawthorne