

**TRI-CITY HEALTHCARE DISTRICT
OF THE GOVERNANCE & LEGISLATIVE COMMITTEE
OF THE BOARD OF DIRECTORS
Tuesday, June 6, 2017
12:30 p.m. – Assembly Room 3
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

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

	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 revised Board Policy 16-023 – Responsibility for Decision-making on Legal Matters b) Review and discussion of revised District Bylaws	10 min. 10 min.	Chair 10 min.
6.	New Business - Discussion/Possible Action a) Review and discussion of Board Policy 042 – Duties of the Board of Directors	10 min.	Director Reno
7.	Discussion regarding Current Legislation – Informational Only	15 min.	Chair
8.	Review of Committee FY2017 Work Plan – Informational Only	5 min.	Standard
9.	Committee Communications	5 min.	Standard

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

10.	Committee Openings – One	--	Standard
11.	Confirm Date of Next Meeting – August 1 – 12:30 p.m.	--	Standard
12	Adjournment		
	Total Time Budgeting for Meeting	1 hour	

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

**Governance & Legislative Committee Meeting Minutes
Tri-City Healthcare District
May 2, 2017**

Members Present: James J. Dagitino, DPT, PT, Chairperson; Director Laura E. Mitchell; Dr. Paul Slowik, Community Member; Dr. Gene Ma, Chief of Staff; Dr. Marcus Contardo, Physician Member			
Non-Voting Members: Steve Dietlin, CEO; Kapua Conley, COO; Scott Livingstone, Interim CCO			
Others Present: Sherry Miller, Manager, Medical Staff Office; Teri Donnellan, Executive Assistant; Jane Dunmeyer, League of Women Voters; Greg Moser, General Counsel			
Absent: Director Rosemarie V. Reno; Robin Iveson, Community Member; Dr. Cary Mellis, 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 Dagitino.		
2. Approval of Agenda	Chairman Dagitino introduced Scott Livingstone, Interim Chief Compliance Officer. It was moved by Director Mitchell and seconded by Dr. Slowik to approve the agenda as presented. The motion passed unanimously.	Agenda approved.	
3. Comments from members of the public	Chairman Dagitino read the Public Comments announcement as listed on today's Agenda.	Information only	
4. Ratification of prior Minutes	It was moved by Dr. Slowik and seconded by Director Mitchell to ratify the minutes of the March 7, 2017 Governance & Legislative Committee. The motion passed unanimously.	Minutes ratified.	Ms. Donnellan
5. Old Business	None		
6. New Business			
a. Medical Staff Rules &			

Topic	Discussion	Action Follow-up	Person(s) Responsible
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<p>Regulations:</p> <p>1) Department of Anesthesiology</p> <p>2) Division of Cardiology</p> <p>3) Division of Oncology</p>	<p>Ms. Sherry Miller stated the Anesthesiology Privilege Card was extracted from the Department of Anesthesiology Rules & Regulations and language was changed to accurately reflect the name of the Medical Staff Department.</p> <p>Ms. Miller stated the Division of Cardiology Privilege Card was extracted from the Division of Cardiology Rules & Regulations. Section VII. A. 1. has been removed for consistency with all other Rules & Regulations. Ms. Miller stated revisions were made to the Interpretation of Echocardiogram Exercise to encourage compliance. In addition time limits were set for physicians to return calls.</p> <p>Dr. Ma stated Proctoring was rewritten to clarify the intent of proctoring.</p> <p>Mr. Livingstone questioned if the phrase "timely manner" is defined. Dr. Ma stated there is a separate Medical Records policy that defines "timely manner".</p> <p>Ms. Miller stated the Division of Oncology Privilege Card was extracted from the Division of Oncology Rules & Regulations. In addition, section VI. B. was struck for consistency with all other Rules & Regulations. Ms. Miller stated minor additions/deletions were made in the policy for clarification purposes.</p> <p>It was moved by Dr. Contardo to recommend approval of the Department of Anesthesiology, Division of Cardiology and Division of Oncology Rules & Regulations as presented. Director Mitchell seconded the motion. The motion passed unanimously.</p>	<p>Recommendation to be sent to the Board of Directors to approve the Department of Anesthesiology, Division of Cardiology and Division of Oncology Rules & Regulations as presented; items to be placed on Board agenda and included in agenda packet.</p>	<p>Ms. Donnellan</p>
<p>b. Review of Board Policy 16-037 -- Governance & Legislative Committee Meeting</p>	<p>Chairman Dagostino reported the Board recently made a change in the Chief Compliance Officer role. He</p>		

May 2, 2017

Topic	Discussion	Action Follow-up	Person(s) Responsible
<p>Chief Executive Officer and Chief Compliance Officer Succession Planning Policy</p>	<p>explained that Ms. Bernard-Shaw's contract has been terminated and Mr. Scott Livingstone has been appointed as Interim Chief Compliance Officer. In addition, the Board has directed that the Chief Compliance Officer report to the CEO rather than the Board. Chairman Dagostino stated amendments are needed to Board Policy 16-037 to reflect that the Board is no longer responsible for Succession Planning of the Chief Compliance Officer.</p> <p>It was recommended "Chief Compliance Officer" be struck throughout the Policy (including the title of the policy). In addition, Section II D. b should be struck in its entirety.</p> <p>It was moved by Dr. Ma to recommend approval of Board Policy 16-037 as described. Dr. Contardo seconded the motion. The motion passed unanimously.</p>	<p>Recommendation to be sent to the Board of Directors to approve Board Policy 16-037 as described; item to appear on Board agenda and included in agenda packet.</p>	<p>Ms. Donnellan</p>
<p>c. Review of Board Policy 16-023 – Responsibility for Decision-making on Legal Matters</p>	<p>Chairman Dagostino stated as previously discussed, the Board has directed that the Chief Compliance Officer report to the CEO and therefore amendments are needed to Board Policy 16-023. Discussion was held regarding the need for the Board to continue to have an "advice and consent role" related to the Chief Compliance Officer. With regard to the hiring and termination of the Chief Compliance Officer, Mr. Dietlin stated he recognizes the Board's role however suggested that the Board not withhold consent unreasonably and the terms and conditions be left to the CEO.</p> <p>Mr. Moser suggested Section I. B describes the role of the CCO to implement the "dotted line" to the Board. Mr. Livingstone stated in order for the Compliance Officer to be most effective, a dual reporting pathway is important.</p> <p>With regard to investigations the Chief Compliance</p>		

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Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>Officer may need to conduct, Mr. Moser explained the Board previously approved the engagement of two outside firms that can be used in compliance investigations. Mr. Moser stated the \$50,000 settlement approval authority is governed by statute.</p> <p>It was moved by Director Mitchell that the Board recommend the Signature Approval Policy 8610-232 be referred to the Finance, Operations & Planning Committee for review to include CEO approval authority for the Chief Compliance Officer. Dr. Contardo seconded the motion. The motion passed unanimously.</p> <p>Mr. Moser commented that the Board's policy is more precise than most organizations and was put in place due to abuse of authority.</p> <p>Several revisions were suggested to Appendix B. Discussion was held regarding the licensure required for the position. Mr. Dietlin suggested he work with General Counsel to modify the Job Description as applicable due to the fact that he has been delegated management authority over the Chief Compliance Officer.</p> <p>It was moved by Dr. Contardo that General Counsel and Mr. Dietlin revise Board Policy 16-023 and the accompanying Job Description to reflect the current reporting structure and bring back a red-lined copy to the Committee in June. Dr. Slowik seconded the motion. The motion passed unanimously.</p> <p><i>Dr. Slowik left the meeting at 1:31 p.m.</i></p>	<p>Recommendation to be sent to the Board of Directors to refer the Signature Authority Policy 8610-232 to the Finance, Operations & Planning Committee; item to appear on Board agenda.</p> <p>General Counsel and Mr. Dietlin to revise Board Policy 16-023 and the accompanying Job Description to reflect the current reporting structure; item to be placed on the June committee agenda.</p>	<p>Ms. Donnellan</p> <p>General Counsel/ CEO</p>
<p>d. Review of District Bylaws</p>	<p>Chairman Dagostino stated Article VI of the District Bylaws as written reflects that the Chief Compliance Officer is hired by the Board (Section 3) and the Board is responsible for evaluating the Chief Compliance Officer. As was previously discussed, the Board has directed that the Chief Compliance Officer report to the CEO and therefore an amendment is needed to the Bylaws.</p>		

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>It was suggested that "hired by the Board of Directors" be struck from Section 3. It was noted however that the Chief Compliance Officer should continue to have a "dotted line" reporting to the Board of Directors.</p> <p>It was suggested Section 5. be struck in its entirety.</p> <p>It was suggested Article III, Section 3 d. be struck in its entirety.</p> <p>It was moved by Dr. Contardo that General Counsel amend the Bylaws as discussed and bring back a red-lined version to the June meeting. Director Mitchell seconded the motion. The motion passed unanimously.</p>	<p>General Counsel to amend Bylaws as described; red-lined policy item to be placed on June committee agenda.</p>	<p>General Counsel</p>
<p>7. Discussion regarding Current Legislation</p>	<p>Chairman Dagostino reviewed the Key State Issues that might apply to the District.</p> <p>Dr. Ma stated he has reviewed the legislative news from the AMA and CMA websites and he does not believe the information would be of much value to the Committee.</p> <p>Chairman Dagostino stated he has applied to serve on the CHA Governance Committee which Director Schallock has served on in the past. He explained members of that Committee analyze legislative bills and make recommendations and he is looking forward to serving on the Committee if selected.</p> <p>Mr. Dietlin stated he attends the quarterly DHLF meetings and will bring forward information from those meetings as appropriate</p> <p>Chairman Dagostino stated if there are legislative bills that the committee feels the District should oppose or support via letter, a recommendation can be made to the Board to do so.</p>	<p>Information only.</p>	
<p>8. Review of FY2017 Committee Governance & Legislative Committee Meeting</p>	<p>The FY2017 Committee Work Plan was included in the</p>	<p>None</p>	

May 2, 2017

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Topic	Discussion	Action Follow-up	Person(s) Responsible
Work Plan	agenda packet for information.		
9. Committee Communications	There were no committee communications.		
10. Committee Openings – One	There is currently one opening on the committee.		
11. Confirm date and time of next meeting	The committee's next meeting is scheduled for Tuesday, June 6, 2017 at 12:30 p.m.	The next meeting of the Committee is June 6, 2017.	
12. Adjournment	Chairman Dagosino adjourned the meeting at 2:01 p.m.		

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

BOARD POLICY #16-023

POLICY TITLE: Responsibility for Decision-making on Legal Matters

1. ROLE OF THE BOARD OF DIRECTORS

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

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

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

B. ROLE OF GENERAL COUNSEL

See Appendix A.

C. ROLE OF CHIEF COMPLIANCE OFFICER

See Appendix B.

Approved by the Board of Directors: 1/30/14

Reviewed by the Gov/Leg Committee: 4/01/14

Approved by the Board of Directors: 4/24/14

Reviewed by the Gov/Leg Committee: 5/06/14

Approved by the Board of Directors: 5/29/14

Reviewed by the Gov/Leg Committee: 6/07/16

Approved by the Board of Directors: 6/30/16

Appendix A

**Position Description
General Counsel
Tri-City Healthcare District**

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

Essential Functions:

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

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



Tri-City Medical Center

Position Title: Chief Compliance Officer	Job Code Number: 20020
Department Name/Location: Administration	Department Number(s): 8610
Status (Check one): Exempt <input checked="" type="checkbox"/> Nonexempt <input type="checkbox"/>	Position Reports To: CEO (Title only)
Management Approval (VP or higher): Chief Executive Officer (CEO)	Date Approved: May 08, 2017
Compensation Approved by: HR Analyst	Date Approved: May, 2017

The position characteristics reflect the most important duties, responsibilities and competencies considered necessary to perform the essential functions of the job in a fully competent manner. They should not be considered as a detailed description of all the work requirements of the position. The characteristics of the position and standards of performance may be changed by the CEO and / or District with or without prior notice based on the needs of the organization. The physical location for this position will be in the District's corporate headquarters at 4002 Vista Way, Oceanside, CA in an office designated by the CEO

Position Summary:

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

Major Position Responsibilities:

- Develop, implement, oversee, monitor and promote the implementation and maintenance of an effective Compliance Program.
- Provide guidance to the CEO, the Board of Directors and the District's senior management regarding matters related to compliance.
- Deliver ongoing reports of Compliance Program activities to the CEO and to the Audit and Compliance Committee.
- Report on a regular basis (and no less than quarterly) to the Board of Directors on activities, changes to, and progress of, the Compliance Program.
- Develop, monitor and revise the Compliance Program, including the Code of Conduct and compliance policies and procedures, as needed and based on changes in, and needs of, the District as well as changes in applicable laws and regulations.
- Develop and coordinate timely educational and training initiatives that focus on the Compliance Program ensuring that Board members and District personnel are educated on compliance matters.
- Ensure independent contractors and agents of the District are aware of the District's Compliance Program and how it affects the services provided by contractors and agents.
- Establish, publicize and reinforce effective lines of communication throughout the organization including, reporting mechanisms, and oversee the District's compliance hotline.
- Create and enforce policies and procedures, in cooperation with Human Resources, the Procurement Department and the Medical Staff Office related to appropriate screening of the District's employees, contractors, vendors, and health care providers against state and federal health care program and agency debarment lists in accordance with District policies and procedures.
- In cooperation with Human Resources, oversee and monitor the enforcement of compliance obligations and standards through appropriate disciplinary mechanisms.
- Establish and implement systems for routine monitoring and auditing reasonably designed to detect violations of the Code of Conduct and applicable laws, regulations and policies.

- Establish an annual risk assessment process to identify key areas of compliance risk.
- Conduct timely investigations of identified potential compliance issues and consult with the District's legal counsel, as necessary and appropriate.
- Designate work groups and task forces needed to carry out investigations or initiatives of the Compliance Program.
- Develop and implement appropriate and timely corrective action plans to resolve risks and prevent similar future risks.
- Manage other resources, as appropriate, to ensure appropriate legal, compliance and risk program services are provided to the District.

Additional responsibilities may include:

- Oversight of Board approved templates and controls.
- Collector of public record requests and document production.
- Liaison with the Board of Directors and Administration regarding the Corporate Compliance program.
- Facilitate activities related to internal audit and compliance.
- Oversee all contracts in the electronic management system including alerts for deadlines, renewals and regulatory change.
- Other responsibilities assigned by the CEO.

Qualifications:

ESSENTIAL COMPETENCIES, KNOWLEDGE, & EXPERIENCE

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

Education:

- Graduate degree in Healthcare Administration or Juris Doctorate degree required.

Experience:

- Minimum 5 years' experience in a health care compliance program, preferably in a hospital setting, with at least 2 years at an executive level, required.

Certifications:

- Certification in Healthcare Compliance (CHC) through the Health Care Compliance Association (HCCA), California Hospital Association (CHA) or other recognized Compliance Officer Certification, preferred or obtained within 18 months of hire

Essential Organizational Behaviors

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

Equal Employment Opportunity

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

reasonable accommodation) in accordance with local, state and federal laws.

Americans with Disabilities Act

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

Physical, Mental and Environmental Demands

Physical Requirements for Job		
1	Sit	
2	Stand	
3	Walk	
4	Bend/stoop	
5	Squat/Crouch	
6	Climb Stairs	
7	Kneel	
8	Balance	
9	Walk on uneven surfaces	
10	Reach	
11	Twist/turn	
12	Push/pulls:	
	❖ Patients	
	❖ Carts	
	❖ Beds/gurneys	
	❖ Wheelchairs	
	❖ Other:	
13	Lifts or transfers:	
	❖ Up to 10 lbs.	
	❖ 11-20 lbs.	
	❖ 21-50 lbs.	
	❖ 51-100 lbs.	
	❖ Greater than 100 lbs.	
14	Lifts and carries:	
	❖ Up to 10 lbs.	
	❖ 11-20 lbs.	
	❖ 21-50 lbs.	
	❖ 51-100 lbs.	
	❖ Greater than 100 lbs.	
Communication/Sensory		
1	Speaking/hearing	
	❖ In person	
	❖ Phone	
	❖ Call system	
2	Reading/writing	
	❖ English	
	❖ Other	
3	Visual acuity	
	❖ Near	
	❖ Far	
	❖ Small figures	
	❖ Color differentiation	
4	Distinguish temperatures	
	❖ By touch	
	❖ By proximity	
5	Hands	
	❖ Repetitive motions	
	❖ Fine manipulation	
	❖ Finger dexterity	
	❖ Gross manipulation	
	❖ Grasping	
	❖ Wrist - ROM	
Environmental Requirements/Exposure		
1	Blood/body fluids	
2	Infectious diseases	

3	Radiation	
4	Antineoplastic agents	
5	Laser	
6	Solvents	
7	Chemicals	
8	Heat/cold extremes	
9	Unprotected heights	
10	Helipad	
11	Dust	
12	Fumes/gases/odors	
13	Aerosolized drugs	
14	Working with VDTs	
15	Working on moving machinery	
16	Inside	
17	Outside/changing climates	
18	Working with electrical wires	
19	Driving auto equipment	
20	Sharp objects	
21	Abusive language from patients	
22	Violent behavior from patients	
23	Confined work environment	
24	Crowded work environment	
Other Factors		
1	Working irregular shifts	
2	Rotating shifts	
3	Working alone	
4	Independent problem-solving	
5	Working with others	
6	Exposure to public:	
	❖ Patients	
	❖ Staff	
	❖ Physicians	
7	Fast-pace workplace	
8	Periodic education requirement	
9	Frequent change	
10	Exposure to emotional crises of others	
11	Frequent interruptions	
12	Meeting deadlines	
13	Handle multiple priorities	
14	Memory	
Protective Equipment Requirements		
1	Gloves	
2	Goggles/face masks/shields	
3	Ear protection	
4	Gowns	
5	Aprons	
N = Not at all O = Occasionally F = Frequently (34%-66%) C = Continually (67% - 100%)		

TRI-CITY HEALTHCARE DISTRICT

BYLAWS

Approved ~~July 30, 2015~~

PREAMBLE

The name of this District shall be TRI-CITY HEALTHCARE DISTRICT, organized December 10, 1957, owning and operating TRI-CITY MEDICAL CENTER, under the terms of The Local Health Care District Law of the State of California (H&S Code § 32000 et seq.)

The objectives of this District shall be to promote the public health and general welfare of the communities it serves.

This District shall be empowered to receive and administer funds for the attainment of these objectives, in accordance with the purposes and powers set forth in The Local Health Care District Law of the State of California (H&S Code § 32000 et seq.) and other applicable law.

ARTICLE I
Purposes and Scope

Section 1. Scope of Bylaws.

These Bylaws shall be known as the "District Bylaws" and shall govern the TRI-CITY HEALTHCARE DISTRICT, its Board of Directors, and all of its affiliated and subordinate organizations and groups.

The Board of Directors may delegate certain powers to the Medical Staff and to other affiliated and subordinate organizations and groups, such powers to be exercised in accordance with the respective Bylaws of such groups. All powers and functions not expressly delegated to such affiliated or subordinate organizations or groups in the Bylaws of such other organizations or groups are to be considered residual powers vested in the Board of Directors of this District.

The Bylaws of the Medical Staff and other affiliated and subordinate organizations and groups, and any amendments to such Bylaws, shall not be effective until they are approved by the Board of Directors of the TRI-CITY HEALTHCARE DISTRICT. In the event of any conflict between the Bylaws of the Medical Staff and any other affiliated or subordinate organization or group, and the provisions of these District Bylaws, these District Bylaws shall prevail. In the event the District Bylaws are in conflict with any statute of the State of California governing hospital and health care districts, such statute shall be controlling.

Section 2. Purposes.

The purposes of the TRI-CITY HEALTHCARE DISTRICT shall include, but not necessarily be limited to, the following:

- a. Within the limits of community resources, to provide the best facilities and services possible for the acute and continued care of the injured and all, regardless of race, creed, national origin, age or disability.
- b. To assure the highest level of patient care in the hospital of the District.
- c. To coordinate the services of the District with community agencies and other hospitals providing health care services.
- d. To conduct educational and research activities essential to the attainment of its purposes.
- e. To do any and all other acts necessary to carry out the provisions of the Local Health Care District Law, other applicable law, and District Bylaws and policies.

Section 3. Profit or Gain.

There shall be no contemplation of profit or pecuniary gain, and no distribution of profits, to any individual, under any guise whatsoever, nor shall there be any distribution of assets or surpluses to any individual on the dissolution of this District.

Revised ~~July 2015~~ June 2017

Section 4. Disposition of Surplus.

Should the operation of the District result in a surplus of revenue over expenses during any particular period, such surplus may be used and dealt with by the Directors for charitable hospital purposes, such as the establishment of free or part-free hospital beds, or for improvements in the hospital's facilities for the care of the sick, injured, or disabled, or for other purposes not inconsistent with the Local Health Care District Law, other applicable law, and District Bylaws and policies.

ARTICLE II
OFFICES

Section 1. Offices.

The principal office for the transaction for the business of the TRI-CITY HEALTHCARE DISTRICT is hereby fixed at TRI-CITY MEDICAL CENTER, 4002 Vista Way, Oceanside, California. Branch offices may at any time be established by the Board of Directors at any place within or without the boundaries of TRI-CITY HEALTHCARE DISTRICT, for the benefit of TRI-CITY HEALTHCARE DISTRICT and the people served by TRI-CITY HEALTHCARE DISTRICT.

Section 2. Mailing Address.

The mailing address of TRI-CITY HEALTHCARE DISTRICT shall be as follows:

TRI-CITY HEALTHCARE DISTRICT
c/o Tri-City Medical Center
4002 Vista Way
Oceanside, CA 92056

ARTICLE III
DIRECTORS

Section 1. Number, Qualifications, Election or Appointment.

The Board of Directors shall consist of seven (7) members, who are elected (or appointed) in accordance with the Local Health Care District Law of the State of California, and other applicable law, each of whom shall be a registered voter, residing in the District. The members of the Board of Directors shall be elective officers of the local health care district. (H&S Code §§ 32100 and 32100.5.)

Section 2. Term.

The term of each member of the Board of Directors elected shall be four (4) years, or until his or her successor is elected and has qualified. The person receiving the highest number of votes for each office to be filled at the health care district general election shall be elected thereto. A member of the Board of Directors elected (or appointed pursuant to the provisions of the Uniform District Election Law, Elections Code §§ 10500-10556) shall take office at noon on the first Friday in December next following the District general election. (H&S Code §§ 32002, 32100 and 32100.5; Elections Code § 10554.)

Section 3. Powers and Duties.

The Board of Directors shall have and exercise all the powers of a Health Care District set forth in the Local Health Care District Law (H&S Code § 32000 et seq.), other applicable law, and District Bylaws and policies, as well as the powers listed herein:

- a. To control and be responsible for the management of all operations and affairs of the District.
- b. To make and enforce all rules and regulations necessary for the administration, government, protection, and maintenance of hospitals and other facilities under District jurisdiction.
- c. To appoint the President/Chief Executive Officer and to define the powers and duties of such appointee.

~~d. To appoint the Chief Compliance Officer and to define the powers and duties of such appointee.~~

e.g. To delegate certain powers to the Medical Staff and other affiliated or subordinate organizations in accordance with their respective bylaws. The Medical Staff shall notify the Board of Directors upon election of the Chief of the Medical Staff and of all Chairpersons of the various medical departments and services, whose powers and duties shall be defined by the Medical Staff Bylaws as approved by the Board of Directors.

- f.e. To approve or disapprove all constitutions, bylaws, rules and regulations, including amendments thereto; of all affiliated or subordinate organizations.
- g.f. To appoint, promote, demote and remove all members of the Medical Staff. The Medical Staff shall make recommendations in this regard.
- h.g. To establish policies for the operation of this District, its Board of Directors and its facilities.
- i.h. To designate by resolution persons who shall have authority to sign checks drawn on the funds of the District.
- j.i. To do any and all other acts necessary to carry out the provisions of these Bylaws or the provisions of the Local Health Care District Law and other applicable law.
- k.j. To negotiate and enter into agreements with independent contractors, including physicians, paramedical personnel, other agencies and other facilities within the District's jurisdiction. (H&S Code §§ 32121 and 32128.)

Along with the powers of the Board of Directors, it shall be the duty of the Board of Directors to establish rules of the hospitals and other facilities within District jurisdiction, which shall include the following:

- aa. Provision for the organization of physicians and surgeons, podiatrists, and dentists, licensed to practice in the State of California who are permitted to practice in the hospitals and other facilities within District jurisdiction into a formal Medical Staff, with appropriate officers and bylaws and with staff appointments on an annual or biennial basis.
- bb. Provision for a procedure for appointment and reappointment of Medical Staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations.
- cc. Provision that the Medical Staff shall be self governing with respect to the professional work performed in hospitals and other facilities within District jurisdiction; that the Medical Staff shall meet in accordance with the minimum requirements of the Joint Commission on Accreditation of Healthcare Organizations; and that the medical records of the patients shall be the basis for such review and analysis.
- dd. Provision that accurate and complete medical records be prepared and maintained for all patients.
- ee. Limitations with respect to the practice of medicine and surgery in the hospitals and other facilities within District jurisdiction as the Board of Directors may find to be in the best interests of the public health and welfare, including appropriate provision for proof of ability to respond in damages by applicants for staff membership, as long as no duly licensed physician and surgeon is excluded from staff membership solely because he or she is licensed by the Osteopathic Medical Board of California.

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Members of the Board of Directors shall also have the following duties:

- aaa. **Duty of Care.** Directors shall exercise proper diligence in their decision-making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstances.
- bbb. **Duty of Loyalty.** Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.
- ccc. **Duty of Obedience.** Directors shall be faithful to the underlying purposes of the District described in Article I, section 2, herein.

If it is found, by a majority vote of all of the Board of Directors in office at that time, that a Director has violated any of his or her duties to the detriment of the District, such Director is subject to removal from office according to the procedures set forth in section 9, subdivision a, of Article IV.

The rules of the hospitals and other facilities within District jurisdiction shall, insofar as is consistent with the Local Health Care District Law and other applicable law, be in accord with and contain minimum standards not less than the rules and standards of private or voluntary hospitals. Unless specifically prohibited by law, the Board of Directors may adopt other rules which could be lawfully adopted by private or voluntary hospitals. (H&S Code §§ 32121 and 32128.)

Section 4. Compensation.

- a. The Board of Directors shall serve without compensation, except that the Board of Directors, by a Resolution adopted by a majority vote of the members of the Board of Directors, may authorize the payment of not to exceed One Hundred and No/100 Dollars (\$100.00) per meeting not to exceed five meetings a month as compensation to each member of the Board of Directors. (H&S Code § 32103.)
- b. For purposes of this provision, “meeting” shall mean the following, to the extent permitted by applicable law: (1) any congregation of a majority of the members of the Board of Directors or of a committee or other body established by the Board of Directors, at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the Board of Directors or of the committee, if the congregation is subject to the open meeting requirements of Government Code Section 54953 and other applicable law; (2) and any other occurrences described in Government Code section 53232.1, if authorized pursuant to a written Board of Directors Policy; provided that payment of compensation shall be further subject to a member’s compliance with such policies as the Board of Directors may establish. A Director is eligible for compensation under this provision for attendance at a regular or special meeting of a committee or subcommittee only if the Director is a duly-appointed member of that committee or subcommittee as of the

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date of attendance, or as may be authorized by Board of Directors Policy as an “occurrence” and permitted by law..

- c. Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board of Directors in accordance with applicable law, including but not limited to the provisions set forth in AB 1234, as they may be revised from time to time. (H&S Code § 32103.)

Section 5. Vacancies.

Any vacancy upon the Board of Directors shall be filled by the methods prescribed in Section 1780 of the Government Code, State of California laws and other applicable law. (H&S Code § 32100.)

Section 6. Resignations.

Any member of the Board of Directors may resign at any time by giving written notice to the Board of Directors, or to the Chairperson, or to the Secretary or to the Clerk of the Board of Directors. Any such resignation shall take effect as of the date of the receipt of the notice or any later time specified therein and unless specified therein, the acceptance of such resignation shall not be necessary to make the resignation effective.

Section 7. Absences From Meetings.

The term of any member of the Board of Directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive regular meetings of the Board of Directors, and the Board of Directors by resolution declares that a vacancy exists on the Board of Directors.

MEETINGS OF DIRECTORS

Section 8. Regular Meetings.

Regular meetings of the Board of Directors of the District shall be scheduled for the last Thursday of each calendar month at a time determined by the Board of Directors at least annually, in Assembly Room 3 of the Eugene L. Geil Pavilion, Tri-City Medical Center, 4002 Vista Way, Oceanside, California. The Board of Directors may, from time to time, change the time, the day of the month of such regular meetings and the location (provided the location is within the boundaries of the District) as dictated by holiday schedules or changing circumstances. (H&S Code § 32104; Gov. Code § 54954.)

Section 9. Special Meetings.

A special meeting of the Board of Directors may be called at any time by the presiding officer of the Board of Directors or by four (4) members of the Board of Directors, by providing written notice as specified herein to each member of the Board of Directors and to each local newspaper of general circulation, radio or television station requesting notice in writing.

The notice shall be delivered by any means to effectuate actual notice, including but not limited to, personally or by mail and shall be received at least twenty-four (24) hours before the time of the meeting as specified in the notice.

The call and notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the Board of Directors.

The written notice may be dispensed with as to any Board of Directors member who at or prior to the time the meeting convenes files with the Clerk or Secretary of the Board of Directors a written waiver of notice. The waiver may be given by telegram. The written notice may also be dispensed with as to any Board of Directors member who is actually present at the meeting at the time it convenes.

The call and notice shall be posted at least twenty-four (24) hours prior to the special meeting in a location that is freely accessible to members of the public. (Gov. Code § 54956.)

Section 10. Quorum.

A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business. (H&S Code § 32106.) A quorum of the Board of Directors is the number of members that must be present in order to transact business. Members of the Board of Directors who are disqualified by law from participating in a given matter may not be counted toward a quorum for that matter. Members who are entitled to vote, but who voluntarily abstain from voting on a given matter, shall be counted toward a quorum for that matter.

Section 11. Number of Votes Required for Board of Directors Action.

In order for the Board of Directors to take action, a majority of the Directors entitled to vote on the matter and who have not abstained must vote in favor of the motion, proposal or resolution.

Section 12. Adjournment.

The Board of Directors may adjourn any regular, adjourned regular, special or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the Secretary or Assistant Secretary of the Board of Directors may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided for special meetings, unless such notice is waived as provided for in special meetings.

A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within twenty-four (24) hours after the time of adjournment.

When a regular or adjourned regular meeting is adjourned as herein provided, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by these Bylaws. (Gov. Code § 54955.)

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Section 13. Public Meetings.

All meetings of the Board of Directors shall be open and public, and all persons shall be permitted to attend any meeting of the Board of Directors, except as otherwise provided in the Ralph M. Brown Act, the Local Health Care District Law and other applicable law. (Gov. Code § 54953(a); H&S §§ 32106 and 32155.)

Section 14. Setting the Agenda.

At least seventy-two (72) hours before a regular meeting, the Board of Directors of Tri-City Healthcare District or its designee shall post an agenda containing a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. A brief general description of an item generally need not exceed 20 words. The agenda shall specify the time and location of the regular meeting and shall be posted in a location that is freely accessible to members of the public. If requested, the agenda, shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132). In addition, the agenda shall include information regarding how, to whom, and when a request for disability related modification or accommodation, including auxiliary aids or services may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meetings. The agenda is developed by the Board of Directors' Chairperson, President/Chief Executive Officer and General Legal Counsel. Any other Board of Directors member has the right to place an item on the agenda through the Chairperson. In the absence of the Chairperson, the Vice Chairperson has the authority to place an item on the agenda, and in the absence of both the Chairperson and Vice Chairperson, the Secretary has the right to place an item on the agenda. In the absence of the Chairperson, Vice Chairperson, and Secretary, the President/Chief Executive Office or General Legal Counsel shall place an item on the agenda, as requested by any Board of Directors member. All requests by Board of Directors members regarding placement of an item on the agenda shall be in writing.

No action or discussion shall be undertaken on any item not appearing on the posted agenda, except that members of the Board of Directors or its staff may briefly respond to statements made or questions posed by persons exercising their public testimony rights under Government Code Section 54954.3 of the Brown Act. In addition, on their own initiative or in response to questions posed by the public, a member of the Board of Directors or its staff may ask a question for clarification, make a brief announcement, or make a brief report on his or her own activities. Furthermore, a member of the Board of Directors or the Board of Directors itself, subject to rules or procedures of the Board of Directors, may provide a reference to staff or other resources for factual information, request staff to report back to the body at a subsequent meeting concerning any matter, or take action to direct staff to place a matter of business on a future agenda.

The Board of Directors may take action on items of business not appearing on the posted agenda under any of the conditions stated in subsection (b) of Government Code Section 54954.2 or other applicable law. Prior to discussing any item pursuant to subdivision (b) of Government Code Section 54954.2, the Board of Directors shall publicly identify the item.

There must be a determination by a majority vote of the members of the Board of Directors that an emergency situation exists, as defined in Government Code Section 54956.5, as it may be revised

from time to time, or upon a determination by a two-thirds vote of the members of the Board of Directors present at the Board of Directors meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action, and that the need for action came to the attention of the Board of Directors subsequent to the agenda being posted.

Section 15. Rules of Order.

The rules contained in Robert's Rules of Order on Parliamentary Procedure shall govern the meetings of the Board of Directors of TRI-CITY HEALTHCARE DISTRICT in all cases to which they are applicable and in which they are not inconsistent with the law of the State of California, the United States, or these Bylaws and/or policies and procedures as adopted by this governing body.

Section 16. Conflicts of Interest.

The Board of Directors of TRI-CITY HEALTHCARE DISTRICT shall comply with all applicable laws regarding conflicts of interest, including but not limited to the California Political Reform Act, the provisions of the California Government Code regarding Prohibited Interests in Contracts, the California Doctrine of Incompatible Offices, as these laws may be amended from time to time.

ARTICLE IV
OFFICERS

Section 1. Officers.

The officers of the Board of Directors shall be a Chairperson, a Vice Chairperson, a Secretary, a Treasurer, an Assistant Secretary, and an Assistant Treasurer. No person shall hold more than one office. Whenever a Board of Directors officer is authorized to execute a written instrument in his or her official capacity, other than for reimbursement of expenses, the Chairperson and Secretary shall do so.

The Board of Directors has the power to prescribe the duties and powers of the District President/Chief Executive Officer, the secretary, and other officers and employees of any health care facilities of the District, to establish offices as may be appropriate and to appoint Board of Directors members or employees to those offices, and to determine the number of and appoint all officers and employees and to fix their compensation. The officers and employees shall hold their offices or positions at the pleasure of the Board of Directors. (H&S Code §§ 32100.001 and 32121(h).)

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every calendar year by the Board of Directors at the regular December meeting. Board of Directors members who are unable to be present at the regular December meeting may attend via teleconference and vote on the election of officers provided their teleconference location meets the applicable legal requirements for participation. They shall assume office at the close of that meeting, and each officer shall hold office for one year, or until his or her successor shall be elected and qualified, or until he or she is otherwise disqualified to serve.

Section 3. Chairperson.

The Board of Directors shall elect one of their members to act as Chairperson. If at any time the Chairperson shall be unable to act, the Vice Chairperson shall take his or her place and perform his or her duties. If the Vice Chairperson shall also be unable to act, the Board of Directors may appoint some other member of the Board of Directors to do so and such person shall be vested temporarily with all the functions and duties of the office of the Chairperson.

The Chairperson, or member of the Board of Directors acting as such as above provided:

- a. Shall preside over all the meetings of the Board of Directors.
- b. Board of Directors Chairperson, or his or her designee, shall attend Medical Executive Committee, Joint Conference Committee meetings and other similar meetings of non-District organizations related to operations of the hospital (including those of Medical Staff committees and the hospital foundation) on behalf of the Board of Directors. Designees shall be Board of Directors members and shall at all times exclusively represent the interests of the Board of Directors. Designees may be removed at any time at the sole discretion of the Board of Directors Chairperson.

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- c. Shall sign as Chairperson, on behalf of the District, all instruments in writing which he or she has been specifically authorized by the Board of Directors to sign, provided that such instruments shall also be signed by the Secretary of the Board of Directors (other than for reimbursement requests).
- d. Shall have, subject to the advice and control of the Board of Directors, general responsibility for management of the affairs of the District during his or her term in office. (H&S Code § 32100.001.)

Section 4. Vice Chairperson.

The Board of Directors shall elect one of their members to act as Vice Chairperson. The Vice Chairperson shall, in the event of death, absence, or other inability of the Chairperson, exercise all the powers and perform all the duties herein given to the Chairperson.

Section 5. Secretary.

The Board of Directors shall elect one of their members to act as Secretary. The Secretary of the Board of Directors shall perform ministerial duties (i.e. sign legal documents on behalf of the Board of Directors of TRI-CITY HEALTHCARE DISTRICT. (H&S Code § 32100.001.)

Section 6. Treasurer.

The Board of Directors shall elect one of their members to act as Treasurer. The Treasurer shall be required to fulfill the duties under Health and Safety Code Section 32127; provided, however, that these duties are hereby delegated to the District's Chief Financial Officer to the extent permitted by law. (H&S Code § 32127; Gov. Code § 53600 et seq.)

Section 7. Assistant Secretary.

The Board of Directors shall elect one of their members to act as Assistant Secretary. The Assistant Secretary shall in the event of death, absence or other inability of the Secretary, exercise all the powers and perform all the duties herein given to the Secretary.

Section 8. Assistant Treasurer.

The Board of Directors shall elect one of their members to act as Assistant Treasurer. The Assistant Treasurer shall in the event of death, absence or other inability of the Treasurer, exercise all the powers and perform all the duties herein given to the Treasurer.

Section 9. Removal, Resignation or Vacancy.

- a. Any officer appointed or elected by the Board of Directors may be removed from that office for failure to discharge the duties of that office, for violation of any of the policies of the Board of Directors, or for any other good cause, as determined by a majority vote of all the Board of Directors in office at that time, at any regular or special meeting of the Board of Directors.
- b. Any officer may resign from said office at any time by giving written notice to the Chair of the Board of Directors, the Board of Directors Secretary or to the Clerk of

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the Board of Directors. Any such resignation shall take effect as of the date of the receipt of the notice or any later time specified therein, and, unless specified therein, the acceptance of such resignation shall not be necessary to make the resignation effective.

- c. In the event of a vacancy in the office of the Chairperson, the Vice-Chairperson shall succeed to that office for the balance of the unexpired term of the Chairperson. In the event of a vacancy in the office of the Secretary or Treasurer, the Assistant Secretary or Treasurer, as applicable, shall succeed to that office for the balance of the unexpired term of that officer. The Board of Directors may, but is not required to elect an officer to fill the vacancy in a subordinate office.

Section 10. Determination of and Sanctions for Willful or Corrupt Misconduct in Office

The following procedure may be used, in addition to any other procedures authorized by law or policy, to determine whether a Board of Directors member has engaged in willful or corrupt misconduct in office within the meaning of Government Code section 3060.

- a. Any member of the Board of Directors may present an accusation in writing to the Board of Directors against another member of the Board of Directors alleging willful or corrupt misconduct in office, together with any written materials to support the accusation. "Misconduct in office" shall be broadly construed and include any willful malfeasance, misfeasance, and/or nonfeasance in office, and shall be interpreted in a manner consistent with Government Code section 3060.
- b. After consideration of the accusation, the Board of Directors members present shall then vote on the question of authorizing a formal hearing on the accusation presented. A formal contempt hearing is authorized by the Board of Directors upon the concurrence of a majority of the members present, excluding the accused who shall not have a vote.
- c. Within 7 days of the authorization for a formal contempt hearing, the Board of Directors shall serve upon the accused a copy of the accusation, a statement identifying the reasons for the hearing, and a notice of the date of the hearing. The date of the hearing shall not be less than 10 days from the service of the accusation. Service shall be in person, or if that fails, by leaving a copy of the accusation taped to the entry door of the accused's last known address in plain view.
- d. The accused shall appear before the Board of Directors at the time and date stated in the accusation. However, if the date chosen by the Board of Directors is unacceptable to the accused for good cause as determined by the Board of Directors, another date shall be assigned, but shall not be more than 30 days beyond the original date set by the Board of Directors.
- e. The accused may be represented by counsel in preparing for and/or to be present at the hearing. The cost of such counsel shall be borne by the accused. If the accused chooses to have an attorney represent him at the hearing, he must notify the Secretary of the Board of Directors in writing of that fact at least 5 days before the hearing. The Board of Directors may have a lawyer who is not the regular Board of

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Directors lawyer, present at the hearing who will conduct the presentation of the Board of Directors' case and question witnesses. Formal rules of evidence shall not apply; however, witnesses and statements shall be made under oath and documentary evidence shall be authenticated. The Board of Directors may establish reasonable time limits on the duration of the hearing. Board of Directors counsel shall not participate in any way in the preparation of the accusation or presentation of evidence, but shall advise the Board of Directors on procedural matters.

- f. Five days before the scheduled hearing, each party shall submit to the Secretary of the Board of Directors a witness list and outline of anticipated evidence, either oral or written, which they intend to introduce at the hearing. Upon demand by either party, this information shall be given to the opposing party by the Board of Directors Secretary on this date. A willful failure to supply this information on a timely basis may cause it to be excluded at the hearing.
- g. At the hearing, the accused may introduce any oral testimony he or she feels will be helpful to the defense. The member of the Board of Directors who presented the accusation may introduce rebuttal evidence. The of Directors shall give weight to all evidence presented. The Board of Directors shall have the power to limit or exclude evidence which is repetitive, not relevant, or has little probative value. The proceeding shall be recorded.
- h. The Board of Directors shall have the burden of establishing the willful or corrupt misconduct by the accused and the burden of proof shall be by a preponderance of the evidence. The Board of Directors may introduce any evidence, oral or written testimony, the Board of Directors feels will be helpful to its case.
- i. If the accused fails to appear before the Board of Directors on the specified hearing date, the hearing may be held, based upon the evidence previously provided to the accused and other relevant evidence.
- j. At the conclusion of presentation of evidence, the Board of Directors shall vote whether to hold the accused in contempt. The accused shall not be present during deliberation. A determination of misconduct shall be upon the concurrence of a majority of the Board of Directors members present, excluding the accused who shall not have a vote and cannot take part in deliberations.
- k. Upon the determination by the Board of Directors of misconduct by the accused, the Board of Directors shall ask if the accused wishes to make a statement to the Board of Directors. Thereafter, the Board of Directors shall excuse the accused from the hearing and move to the determination of sanctions, which may include:
 - 1. A statement of censure, identifying the misconduct;
 - 2. Removal of the offending Board of Directors member from membership on one or more Board of Directors committees, or, if chair of any committee, removal from that position, for a specified period, or if no period is specified, until the annual election of Board of Directors officers;

3. Removal of the offending Board of Directors member from holding any Board of Directors office or other appointment currently held;
4. A determination that no compensation shall be earned by the offending Board of Directors member for attendance at the meeting at which the contempt occurred, or for a specified period;
5. A determination that the offending Board of Directors member shall not be provided any defense or indemnity in any civil actions or proceedings arising out of or related to the member's misconduct;
6. Rendering the offending Board of Directors member ineligible to receive any advances or reimbursement of expenses to attend future conferences or meetings (except those previously-approved for which expenses have been incurred prior to the time of the finding of misconduct, for a period of time or subject to conditions specified in the motion);
7. Referral of the matter to the County Grand Jury pursuant to Government Code section 3060, including the evidence adduced during the hearing.
8. Declaring a vacancy in the office of the accused. [May require legislation]

ARTICLE V

ARTICLE V
COMMITTEES

Section 1. Committees

The Chairperson, with the concurrence of the Board of Directors, may, from time to time, appoint one or more members of the Board of Directors and other persons as necessary or appropriate, to constitute committees for the investigation, study or review of specific matters. At the time of appointing and establishing the committee(s), the Chairperson, with the concurrence of the Board of Directors, shall establish the responsibilities of the committee(s).

The Chairperson, with the approval of the majority of the Board of Directors, may, from time to time, with or without cause, remove one or more members of the Board of Directors and any other persons from membership in any standing or other committee, or may temporarily discontinue, change the functions of, or combine standing or other committees.

Any committee(s) established to deliberate issues affecting the discharge of Medical Staff responsibilities shall include Medical Staff members.

No committee shall use written ballots, whether or not secret, for any purpose in its deliberations. No committee appointed shall have any power or authority to commit the Board of Directors or the District in any manner, unless the Board of Directors, by a motion duly adopted at a meeting of the Board of Directors, has specifically authorized the committee to act for and on behalf of the District.

Any advisory committee, whether permanent or temporary, which is a legislative body as defined in the Brown Act and other applicable law, shall post agendas and have meetings open to the public as provided by law.

Notices of meetings of committees which are legislative bodies shall be made in accordance with Article IV, Section 7 of these Bylaws.

Section 2. Standing Committees

Standing committees as defined by the Brown Act are open to the public and require posting of Notice of Meetings and Agendas. The following committees are the only current standing committees of the Board of Directors:

- A. Finance, Operations & Planning Committee
- B. Community Healthcare Alliance Committee
- C. Governance & Legislative Committee
- D. Human Resources Committee
- E. Professional Affairs Committee

F. Audit, Compliance & Ethics Committee

The Board of Directors shall review annually the committees, their functions, and their membership.

ARTICLE VI
MANAGEMENT OFFICIALS

Section 1. President/Chief Executive Officer.

The Board of Directors shall select and employ a hospital administrator to be known as "President/Chief Executive Officer" who, subject to such policies as may be adopted and such orders as may be issued by the Board of Directors, or by any of its committees to which it has delegated power for such action, shall have the responsibility, as well as the authority, to function as the President/Chief Executive Officer of the institution, translating the Board of Directors' policies into actual operation. Additionally, the President/Chief Executive Officer has the authority to make recommendations to the Board of Directors on policies related to the effective ongoing operations of the District. The Chief Operating Officer/Chief Nurse Executive and/or the Chief Financial Officer are granted signing authority on behalf of the Chief Executive Officer, in order to maintain day-to-day operation of the District.

Section 2. Clerk of the Board of Directors.

The Clerk of the Board of Directors shall be the Executive Assistant under the immediate supervision of the President/Chief Executive Officer. The President/Chief Executive Officer may assign other staff members as may be necessary to complete the work of the Board of Directors.

Section 3. Chief Compliance Officer.

The Chief Compliance Officer, ~~hired by the Board of Directors~~, shall advise the Board of Directors and Chief Executive Officer regarding the design and implementation of the organization's ethics and compliance programs. The Chief Compliance Officer shall report directly to the Chief Executive Officer and shall be responsible to advise the Board of Directors to timely and periodically report to it regarding the status of the compliance programs and material legal and compliance risks and mitigation efforts.

Section 4. President/Chief Executive Officer's Evaluation.

The Board of Directors shall evaluate the President/Chief Executive Officer's performance annually. Such evaluation shall be reduced to writing, with a copy furnished to the President/Chief Executive Officer. The President/Chief Executive Officer shall have an opportunity to reply in writing to the Board of Directors in reference to such evaluation. All written communications concerning any evaluations shall be retained in the confidential files of the Board of Directors. (Gov. Code § 54957.)

Section 5. ~~Chief Compliance Officer's Evaluation.~~

~~The Board of Directors shall evaluate the Chief Compliance Officer's performance annually. Such evaluation shall be reduced to writing, with a copy furnished to the Compliance Officer and Vice President, Legal Affairs. The Chief Compliance Officer shall have an opportunity to reply in writing to the Board of Directors in reference to such evaluation. All written communications~~

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~~concerning any evaluations shall be retained in the confidential files of the Board of Directors.
(Gov. Code § 54957.)~~

ARTICLE VII
MEDICAL STAFF

Section 1. Medical Staff.

The physicians, surgeons, podiatrists, dentists, and allied health professionals, licensed to practice in the State of California, who are permitted to practice in the hospitals and other facilities under the jurisdiction of TRI-CITY HEALTHCARE DISTRICT, shall be formed into a formal Medical Staff, in accordance with the Medical Staff Bylaws, Rules and Regulations, which have been approved by the Board of Directors of TRI-CITY HEALTHCARE DISTRICT. The Medical Staff Bylaws shall include, but not be limited to, the following provisions:

- a. Appropriate officers.
- b. Staff appointments on an annual or biennial basis.
- c. Procedure for appointment and reappointment of Medical Staff as provided by the Standards of the Joint Commission on Accreditation of Health Care Organizations.
- d. That the Medical Staff shall meet in accordance with the minimum requirements of the Joint Commission on Accreditation of Health Care Organizations.

The Medical Staff shall be self-governing with respect to the professional work performed in the hospital and the medical records of the patients shall be the basis for such review and analysis of the professional work of the Medical Staff. The Medical Staff members shall be responsible for preparing and maintaining accurate and complete medical records for all patients (medical records to include, but not be limited to, identification data, personal and family history, history of present illness, physician examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge and such other matters as the Medical Staff shall determine or as may be required by applicable law). The practice of medicine and surgery in the hospitals and other facilities under the jurisdiction of the District shall be within the limitations as the Board of Directors may find to be in the best interests of the public health and welfare, including appropriate provision for proof of ability to respond in damages by applicants for staff membership as long as no duly licensed physician and surgeon is excluded from staff membership solely because he or she is licensed by the Osteopathic Medical Board of California. The Medical Staff shall be responsible for the development, adoption and annual review of the Medical Staff Bylaws and Rules and Regulations that are consistent with District policy and with any applicable law. The Medical Staff are subject to, and effective upon, appointment and reappointment by the Board of Directors in accordance with the standards of the Joint Commission on Accreditation of Health Care Organizations. (H&S Code § 32128.)

The Tri-City Healthcare District shall maintain a Quality Assurance/Performance Improvement (“QA/PI”) Program developed by a committee composed of at least five (5) physicians who are members of the Medical Staff and one (1) clerical staff member. The QA/PI Program shall be implemented by the QA/PI Committee, and shall be a data-driven, quality assessment and performance improvement program, implemented and maintained on a hospital-wide basis, in

compliance with the requirements of Section 482.21 of Title 42 of the Code of Federal Regulations, and other applicable law, as it may be amended from time to time.

Section 2. Medical Staff Membership.

Membership on the Medical Staff is a privilege, not a right, which shall be extended only to physicians, surgeons, podiatrists, dentists, and allied health professionals, licensed to practice in this State whose education, training, experience, demonstrated competence, references and professional ethics, assures, in the judgment of the Board of Directors, that any patient admitted to or treated in the hospitals and other facilities under District jurisdiction will be given high quality professional care. Each applicant and member shall agree to abide by the District Bylaws, Medical Staff Bylaws and Rules and Regulations of the District, and applicable law. The word "Physician" when used hereafter in this Article, shall be deemed to include physicians, surgeons, dentists, and podiatrists. (H&S Code § 32128.)

Section 3. Exclusion from the Medical Staff.

- a. The Board of Directors shall have the power to exclude from Medical Staff membership, to deny reappointment to the Medical Staff, or to restrict the privileges of any physician, whether a general practitioner or specialist, in any hospital operated by the District, who has not exhibited that standard of education, training, experience, and demonstrated competence, references and professional ethics which will assure, in the judgment of the Board of Directors, that any patient admitted to or treated in the hospitals and other facilities under District jurisdiction will be given high quality professional care.
- b. In the case of both general practitioners and specialists, the medical resources available in the field of his or her practice shall be considered in determining the skill and care required. No physician shall be entitled to membership on the Medical Staff, or to the enjoyment or particular privileges, merely by virtue of the fact that he or she is duly licensed to practice medicine or surgery in this or any other state, or that he or she is a member of some professional organization, or that he or she, in the past or presently, has such privileges at another hospital. The burden shall be upon the physician making an initial application for membership to establish that he or she is professionally competent and ethical. (H&S Code §§ 32128 and 32150; B&P Code § 809.3.)

Section 4. Hospital Rules.

The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of professional privileges shall be determined. Such Bylaws shall provide that the Medical Staff or a committee or committees thereof, shall study the qualifications of all applicants in the establishment of professional privileges, and shall submit to the Board of Directors recommendations thereon. Such recommendations shall be considered by the Board of Directors, but shall not be binding upon the Board of Directors. The Medical Staff shall be responsible for a process or processes designed to assure that individuals who provide patient care services, but who are not subject to the Medical Staff privilege delineation process, are competent to provide such services and that the quality of patient care services provided by these individuals is reviewed as a part of the District's quality assurance programs. (H&S Code § 32150.)

Revised July 2015 June 2017

Section 5. Hearings and Appeals.

The Board of Directors hereby incorporates by reference the provisions of the Medical Staff Bylaws relating to hearing procedures and appeals regarding the professional privileges of any member of, or applicant for membership on, the Medical Staff, as those Bylaws may be amended from time to time, subject to applicable law. These provisions are presently outlined in the relevant sections of the Medical Staff Bylaws.

ARTICLE VIII
MISCELLANEOUS

Section 1. Title to Property.

The title to all property of the District shall be vested in the District, and the signature of any officers of the Board of Directors, authorized at any meeting of the Board of Directors, shall constitute the proper authority for the purchase or sale of property or for the investment or other disposal of funds which are subject to the control of the District. (H&S Code §§ 32121(c) and 32123.)

Section 2. Seal.

The Board of Directors shall have the power to adopt a form of Corporate Seal, and to alter it at its pleasure. (H&S Code § 32121(a).)

Section 3. Amendment.

These Bylaws may be altered, amended, repealed, added to or deleted, by a majority vote of all of the Board of Directors in office at that time, at any regular or special meeting of the Board of Directors.

Section 4. Annual Review of Bylaws.

The Board of Directors shall review the Bylaws annually and make any necessary changes that are necessary to be consistent with District policy, any applicable laws or other rules and regulations connected with operation of a hospital or other facility within District jurisdiction.

Section 5. Board of Directors' Evaluation Policy.

The Board of Directors shall establish a written policy and procedure for evaluation and review of the Board of Directors' performance as a group. This written copy of the Board of Directors' policy and procedures shall be reviewed by the Board of Directors, the President/Chief Executive Officer and the District Legal Counsel for the Board of Directors.

Section 6. Affiliated Organizations.

- a. Auxiliary Organizations. The Board of Directors may authorize the formation of auxiliary organizations to assist in the fulfillment of the purposes of the District. Each such organization shall establish its bylaws, rules, and regulations, which shall be subject to Board of Directors approval and which shall not be inconsistent with these bylaws or the policies of the Board of Directors.
- b. Foundations. The Board of Directors may authorize the formation of non-profit public benefit corporations, under applicable law, to assist in the fulfillment of the purposes of the District. Each such corporation shall establish its bylaws, rules, and regulations, which shall be subject to Board of Directors approval and which shall not be inconsistent with these bylaws or the policies of the Board of Directors.

Revised ~~July 2015~~ June 2017

CODE FOR LEGISLATIVE AUTHORITY

- H&S - The Local Health Care District Law, Health and Safety Code Section 32000 et seq., State of California
- Elections Code - Uniform District Election Law, Elections Code, State of California
- Government Code - Government Code, State of California
- B&P - Business and Professions Code, State of California

This amendment to the TRI-CITY HEALTHCARE DISTRICT Bylaws is approved this 30th day of July, 2015.

Larry W. Schallock James J. Dagostino
Date
Chairperson

ATTEST:

Julie Nygaard, Laura E. Mitchell Date
Secretary

**TRICITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY**

BOARD POLICY #15-042

POLICY TITLE: Duties of the Board of Directors

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

Brief Job Description

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

Primary Duties and Responsibilities

Financial.

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

Community needs assessment and outreach.

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

Promote quality medical care.

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

Compliance oversight.

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

Responsibilities Defined Elsewhere:

Bylaws.

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

Board Policies.

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

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

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



Key State Issues

Latest News on Key Bills in the State Legislature



CALIFORNIA
HOSPITAL
ASSOCIATION

June 2, 2017

This week, bills that passed their respective appropriations committees went to the floor for a vote by their whole house; legislative activity consisted of all-day floor sessions. All legislation that did not pass out of the house of origin by today's deadline will become two-year bills.

For an online version of this report that can be filtered by topic, visit www.calhospital.org/key-state-issues.

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Administrative Regulations					
AB 1225	Patterson (R-Fresno)	Would require CDPH to annually brief the Legislature on its efforts to update Title 22 regulations and would repeal the regulation requiring hospitals to publicly post their program flexibility documents.	To be heard in Senate Health Committee.	Support	Debby Rogers/ Connie Delgado
Closures					
AB 651	Muratsuchi (D-Torrance)	Would require nonprofit health facilities to, prior to selling or disposing of assets, notify the attorney general of all languages widely spoken in the county in which the facility is located. The attorney general would be required to consider whether the transaction would adversely impact the community's significant cultural interests.	To be heard in Senate Health and Judiciary committees.	Follow, Hot	Anne McLeod/ Barbara Glaser
Education					
SB 15	Leyva (D-Chino)	Would set maximum amounts for annual Cal Grant C awards for tuition and fees and for access costs. Would also require the Office of the Chancellor of the California Community Colleges to annually provide the Student Aid Commission with eligible occupational and technical training programs that meet Cal Grant C specifications.	In the Assembly.	Support	Cathy Martin/ Alex Hawthorne
Emergency Services					
AB 263	Rodriguez (D-Pomona)	Would require the Emergency Medical Services Authority to post a report on its website about violent incidents involving on-duty EMS providers. The bill would also codify the recent California Supreme Court decision on rest periods as applied to emergency services providers and add similar provisions with respect to meal periods.	In the Senate.	Follow, Hot	Gail Blanchard- Saiger/ Kathryn Scott
AB 583	Wood (D-Healdsburg)	Would authorize the extension of the Emergency Medical Air Transportation Act until 2030.	Held in Assembly Appropriations Committee on May 26	Support	BJ Bartleson/ Connie Delgado
AB 820	Gipson (D-Carson)	Sponsored by Los Angeles County, this spot bill will be amended to establish a community paramedicine program in California.	Two-year bill.	Cosponsor	BJ Bartleson/ Connie Delgado

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Emergency Services (continued)					
AB 1650	Maienschein (R-San Diego)	Would authorize the Emergency Medical Services Authority (EMSA) to develop the Community Paramedicine Program and authorize a local EMS agency (LEMSA) to develop one or more of four community paramedicine programs. EMSA would be charged with developing criteria, in conjunction with OSHPD, to participate in the program; the medical director of the LEMSAs would be required to oversee the local community paramedic program.	Two-year bill.	Support	BJ Bartleson/ Connie Delgado
SB 432	Pan (D-Sacramento)	Would require a hospital to, if a patient is diagnosed with a reportable disease that is transmissible orally or by bodily fluids, immediately notify any EMS pre-hospital provider who transported that patient. The pre-hospital provider would not be required to establish whether oral or bodily fluid exposure took place. Existing state and federal law already contains steps that EMS employers, local public health officers and hospitals must take to ensure that pre-hospital providers are notified if they have been exposed to a reportable communicable disease. This bill would cause duplicative, overly-expansive reporting for hospitals.	To be heard in Assembly Health Committee.	Oppose, Unless Amended	BJ Bartleson/ Connie Delgado
SB 443	Hernandez (D-Azusa)	Would authorize use of an emergency automated drug delivery system for county-owned ambulance and emergency response providers to restock their vehicles.	To be heard in Assembly Business and Professions Committee.	Support	BJ Bartleson/ Alex Hawthorne
SB 687	Skinner (D-Berkeley)	Would require nonprofit organizations that provide emergency services to obtain the attorney general's written consent before reducing the level of services provided. These provisions would be applied retroactively to January 2015. The bill would also prohibit the licensure of free-standing emergency rooms that are not part of a hospital.	In the Assembly.	Oppose	Anne McLeod/ Kathryn Scott
Health Facilities					
AB 908	Dababneh (D-Encino)	Would require OSHPD to provide a 30-day notice to a hospital prior to revoking a seismic safety extension, and would allow the hospital to challenge the revocation.	To be heard in Senate Health Committee.	Support	Cheri Hummel/ Kathryn Scott
AB 1014	Cooper (D-Elk Grove)	Would align health care facility testing and maintenance requirements related to diesel generators with the current edition of NFPA 110: Standard for Emergency and Standby Power Systems, as adopted by the Life Safety Code and CMS. Previous law expired in 2016.	To be heard in Senate Health and Environmental Quality committees.	Sponsor	Cheri Hummel/ Kathryn Scott
AB 1048	Arambula (D-Fresno)	Would authorize a pharmacist to dispense a Schedule II controlled substance as a partial fill and remove the assessment of pain as a vital sign.	In the Senate.	Support	David Perrott/ Connie Delgado
Labor					
AB 5	Gonzalez Fletcher (D-San Diego)	Would require an employer to offer additional hours of work to an existing employee who — in the employer's reasonable judgment — has the skills and experience to perform the work, before hiring any additional employees or subcontractors, including through a temporary employment agency, staffing agency or similar entity. The bill would not apply where it would result in payment of overtime, would require the employer to use a transparent and nondiscriminatory process to distribute the additional hours of work among existing employees, and would provide employees with a private right of action.	Two-year bill.	Oppose, Unless Amended	Gail Blanchard- Saiger/ Kathryn Scott

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Labor (continued)					
AB 387	Thurmond (D-Richmond)	Would require health care entities to pay allied health students minimum wage for time spent in clinical or experiential training required to be eligible for state licensure or certification.	Placed on Assembly Inactive File.	Oppose	Cathy Martin/ Gail Blanchard- Saiger/ Kathryn Scott
AB 402	Thurmond (D-Richmond)	Would require Cal/OSHA to convene, by June 1, 2018, an advisory committee to develop regulations requiring hospitals to evacuate or remove plume (noxious airborne contaminants generated as byproducts from specific devices used during surgical procedures). The proposed regulations would be required to be submitted to the Cal/OSHA Standards Board by June 1, 2019, and the board would be required to adopt regulations by July 1, 2020.	In the Senate.	Oppose, Unless Amended	Gail Blanchard- Saiger/ Kathryn Scott
AB 1102	Rodriguez (D-Pomona)	As initially introduced, would have prohibited hospitals from taking adverse action against an employee who refuses an assignment on the basis that it would violate the nurse-to-patient ratio law. Recent amendments remove that provision and instead increase the fine for willful violations of whistleblower protections. CHA is now neutral.	In the Senate.	Neutral	Gail Blanchard- Saiger/ Kathryn Scott
SB 349	Lara (D-Bell Gardens)	Would establish staffing ratios in dialysis clinics for nurses, technicians and social workers, as well as a 45-minute minimum transition time between patients.	In the Assembly.	Oppose	Gail Blanchard- Saiger/ Kathryn Scott
Managed Care					
SB 199	Hernandez (D-Azusa)	Would require certain health care entities, including providers, to provide specified utilization and pricing information to the California Health Care Cost, Quality, and Equity Atlas.	To be heard in Assembly Health and Privacy and Consumer Protection committees.	Follow, Hot	Anne McLeod/ Barbara Glaser
SB 538	Monning (D-Carmel)	Would impose numerous prohibitions on contract provisions between hospitals and payers. Among other provisions, the bill would ban binding arbitration for antitrust claims and prohibit hospitals from requiring that multiple facilities in their system be included in a contract.	In the Assembly.	Oppose	Dietmar Grellmann/ Alex Hawthorne
SB 562	Lara (D-Bell Gardens)/ Atkins (D-San Diego)	Would establish the Californians for a Healthy California Act, a comprehensive universal single-payer health care coverage program and health care cost control system. As amended, the bill would cover all medical care for residents who would be required to purchase insurance, eliminate co-pays and deductibles, and allow Californians to choose their doctors. A nine-member board, appointed by the Governor and Legislature, would oversee the health system. This bill does not include a funding mechanism.	In the Assembly.	Follow, Hot	Anne McLeod/ Barbara Glaser
SB 647	Pan (D-Sacramento)	As currently written, this bill would require the Department of Managed Health Care and the Department of Insurance to record and report all consumer complaints about Employee Retirement Income Security Act pensions and health plans. CHA intends to amend the bill to address deficiencies in current law, known as the Providers' Bill of Rights, which allows third-party payers to obtain the benefits of a leased network contract without adhering to all the requirements of the contract.	Two-year bill.	Support	Dietmar Grellmann/ Alex Hawthorne

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Medi-Cal					
AB 205	Wood (D-Healdsburg)	Would implement various provisions of the federal Medicaid managed care rule related to network adequacy standards, medical loss ratio requirements, state fair hearing requirements and supplemental Medi-Cal funding for California's public health care systems. AB 205 is an identical companion bill to SB 171 (Hernandez, D-Azusa).	In the Senate.	Support	Amber Kemp/ Barbara Glaser
SB 171	Hernandez (D-Azusa)	Would implement various provisions of the federal Medicaid managed care rule related to network adequacy standards, medical loss ratio requirements, state fair hearing requirements and supplemental Medi-Cal funding for California's public health care systems. SB 171 is an identical companion bill to AB 205 (Wood, D-Healdsburg).	In the Assembly.	Support	Amber Kemp/ Barbara Glaser
SB 608	Hernandez (D-Azusa)	Would specify how grants under the Quality Assurance Fee program would be distributed to public hospitals.	In the Assembly.	Support	Amber Ott/ Barbara Glaser
Medical Devices					
SB 327	Jackson (D-Santa Barbara)	Would require manufacturers of internet-connected devices, including medical devices, to obtain user consent before collecting or transmitting specified information. The bill was originally introduced to regulate internet-connected toys that could collect information from children.	Placed on Senate Inactive File.	Pending Review	Lois Richardson/ Connie Delgado
Medical Records					
SB 241	Monning (D-Carmel)	Would harmonize state law with certain provisions of federal health information privacy regulations adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPPA).	To be heard in Assembly Health and Privacy and Consumer Protection committees.	Support	Lois Richardson/ Connie Delgado
Medical Staff					
AB 148	Mathis (R-Porterville)	Would lower the eligibility threshold for rural practice settings participating in the Steven M. Thompson Physician Corps Loan Repayment Program. The program provides financial incentives, including repayment of educational loans, to a physician who practices in a medically underserved area. Currently, eligible practice settings include community clinics, a clinic owned or operated by a public hospital and health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fulfill the county's role to serve its indigent population. These settings must be located in a medically underserved area and at least 50 percent of patients must be from medically underserved populations. This bill would lower the eligibility threshold for serving the above described populations to 30 percent for practice settings located in rural areas.	To be heard in Senate Health Committee June 7.	Support	Peggy Wheeler/ Connie Delgado
AB 893	E. Garcia (D-Coachella)	Would authorize local public health agencies and others to send to OSHPD data on the number of graduate medical slots necessary to meet current and future physician needs in Imperial County and other underserved counties. The bill no longer relates to physician employment by a hospital.	To be heard in Senate Health Committee.	Follow, Hot	Peggy Wheeler/ Barbara Glaser

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Medical Staff (continued)					
SB 487	Pan (D-Sacramento)	Would prohibit a medical staff from requiring physicians to participate in a maintenance of certification program by specialty boards. For public hospitals, the bill would limit voting rights on issues affecting patient care to physicians providing "substantial" direct patient care, defined as 50 percent or more of the physician's annual practice.	Two-year bill.	Oppose	David Perrott/ Connie Delgado
SB 798	Hill (D-San Mateo)	Would give licensed midwives the right to a peer review hearing; make the Board of Podiatric Medicine independent from the Medical Board; require the Medical Board and Osteopathic Board to provide information to the public about licensees on probation; require CDPH and private accreditation organizations to report peer review incidents to the Medical Board; revise the definition of reportable adverse events for outpatient settings; require outpatient settings to report comprehensive demographic, encounter, error and other data to OSHPD annually; require physicians, podiatrists, chiropractors, acupuncturists, osteopaths, and naturopaths who are on probationary status to provide written notice to patients; extend the current \$100,000 penalty for failure to file required 805 reports to 805.01 reports; change educational and licensing requirements for healing arts professionals; and make numerous technical and conforming changes.	In the Assembly.	Oppose, Unless Amended	David Perrott/ Connie Delgado
Mental Health					
AB 191	Wood (D-Healdsburg)	Would amend current law to authorize a licensed marriage and family therapist or professional clinical counselor to sign a notice of certification for an extended involuntary hold. This bill would require that the therapist or counselor participated in evaluating the patient, and stipulates that he or she must be the second signature (the first must be a physician or psychologist). This authority would pertain to involuntary holds exceeding 72 hours that require an additional period of intensive treatment not to exceed 14 days, or 30 days under specified conditions.	To be heard in Senate Health Committee.	Support	Sheree Lowe/ Alex Hawthorne
AB 451	Arambula (D-Fresno)	Would require acute psychiatric hospitals to treat patients with an emergency psychiatric condition, regardless of whether the hospital has an emergency department. The bill would also prohibit a general acute care hospital or an acute psychiatric hospital from requiring a patient to be on an involuntary hold as a condition of transfer or admission.	To be heard in Senate Health Committee.	Oppose, Unless Amended	Sheree Lowe/ Alex Hawthorne
AB 477	Ridley-Thomas (D-Los Angeles)	Would establish a Behavioral Health Stakeholder Advisory Panel to provide ongoing advice and assistance on California's behavioral health program needs and priorities, including recommending actions to improve collaboration between and processes of the multiple agencies involved in California's behavioral health delivery system.	Two-year bill.	Support	Sheree Lowe/ Alex Hawthorne

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Mental Health (continued)					
AB 1136	Eggman (D-Stockton)	Would require the California Department of Public Health to apply for a grant to develop a real-time database showing available beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities and residential substance use disorder treatment facilities. This bill was amended to exempt state hospitals.	In the Senate.	Oppose	Sheree Lowe/ Alex Hawthorne
SB 237	Hertzberg (D-Van Nuys)	Would modify the process of arresting individuals by allowing law enforcement to, in lieu of processing them through the county jail and going before a magistrate, transport the individual to a hospital or other care setting for evaluation and treatment of co-occurring mental health and substance use disorders.	To be heard in Assembly Public Safety Committee.	Follow, Hot	Peggy Wheeler/ Barbara Glaser
SB 565	Portantino (D-La Canada Flintridge)	After the completion of a 14-day period of intensive treatment for behavioral and/or substance abuse disorders, a person may be certified for an additional period of 30 days of intensive treatment. This bill would require a hospital to, with the patient's consent, make a reasonable attempt to notify a family member or other person designated by the patient at least 36 hours prior to the certification review hearing.	To be heard in Assembly Health Committee.	Follow, Hot	Sheree Lowe/ Alex Hawthorne
Nursing Services					
AB 1612	Burke (D-Inglewood)	Would allow full practice authority for certified nurse midwives.	Two-year bill.	Support	BJ Bartleson/ Connie Delgado
SB 457	Bates (R-Laguna Niguel)	Would prohibit physicians and midwives from attending certain births in a licensed alternative birth center (ABC) or at home and put onerous procedures in place for those out-of-hospital births that would still legally be allowed. Would also require duplicative physical exams, extensive screening, additional handouts to be given to patients, and voluminous data reporting by health care providers — including complicated medical reports for a hospital to complete for each patient who attempted a planned ABC or home birth but was transferred to a hospital. Overall, this bill would prevent licensed midwives and certified nurse midwives from practicing to the full extent of their education, licensure/certification and experience.	Two-year bill.	Oppose	BJ Bartleson/ Connie Delgado
SB 554	J. Stone (R-Murrieta)	Would allow a nurse practitioner or a physician's assistant to furnish or order buprenorphine, in compliance with the Comprehensive Addiction and Recovery Act of 2016.	To be heard in Assembly Business and Professions Committee.	Support	BJ Bartleson/ Connie Delgado
SB 799	Hill (D-San Mateo)	Would require employers to report to the BRN a registered nurse suspended, terminated or resigned for cause. "For cause" is defined to include, among other conduct, use of controlled substances or alcohol to the extent that it impairs the nurse's ability to safely practice; patient or client abuse, neglect, physical harm or sexual contact with a patient or client; and unlawful sale of a controlled substance. Would impose penalties for failure to report and would provide immunity to employers for reporting. CHA has been informed that provisions in the bill related to continuing education for nurses and nurses reporting other nurses to the BRN for cause will be deleted.	In the Assembly.	Pending Review	BJ Bartleson/ Connie Delgado

California Hospital Association Key State Issues

Bill No.	Author	Location/Action	CHA Position	Staff Contact
Pharmacy				
SB 17	Hernandez (D-Azusa)	Would require health plans, insurers and the pharmaceutical industry to report specified information related to prescription drug costs and prices to the state.	In the Assembly.	Support Dietmar Grellmann/ Alex Hawthorne
SB 351	Roth (D-Riverside)	Would provide additional options for hospitals to license pharmaceutical services in a satellite or approved service area located separate from the hospital's physical plant that is not under the hospital's consolidated license.	In the Assembly.	Support BJ Bartleson/ Alex Hawthorne
SB 716	Hernandez (D-Azusa)	Would increase the number of members on the California Board of Pharmacy to 14 by adding one pharmacy technician member.	To be heard in Assembly Business and Professions Committee.	Support BJ Bartleson/ Alex Hawthorne
Prison Issues				
AB 43	Thurmond (D-Richmond)	Would levy a 10 percent tax on companies that contract to provide goods or services to state prisons, the Department of Corrections and Rehabilitation or the Department of General Services. The revenue would be used to expand programs that prevent incarceration, such as universal preschool and after-school programs.	Two-year bill.	Support BJ Bartleson/ Alex Hawthorne
Public Health				
SB 43	Hill (D-San Mateo)	Would require hospitals and clinical labs, beginning July 1, 2018, to conduct and submit to the CDPH an annual antibiogram (a summary of all the antibiotic resistant infections in the previous year). Hospitals are currently creating antibiograms as part of their antibiotic stewardship programs. CDPH would be required to publish an annual report on the occurrence of antibiotic resistant infections and deaths, based on available data. The report would analyze the data by facility type, type of resistant infection and geography; facility names would not be included.	In the Assembly.	Oppose, Unless Amended Debby Rogers/ David Perrott/ Alex Hawthorne
Skilled-Nursing Facilities				
AB 275	Wood (D-Healdsburg)	Would expand notice and planning requirements that skilled-nursing and long-term care facilities must meet prior to a change in facility license or operations that may result in patient transfers. Includes a requirement that the attending physician and a licensed mental health professional, in addition to facility nursing staff, complete an assessment prior to giving the patient a written notice of transfer.	To be heard in Senate Health Committee June 7.	Follow, Hot Patricia Blaisdell/ Barbara Glaser
AB 940	Weber (D-San Diego)	Would require skilled-nursing facilities to inform the local long-term care ombudsman within 24 hours of notifying a resident in writing of a transfer or discharge from the facility. Failure to do so would constitute a class B violation.	In the Senate.	Follow, Hot Patricia Blaisdell/ Barbara Glaser
AB 1335	Kalra (D-San Jose)	Would redefine, with respect to class AA violations in skilled-nursing facilities, the causal connection that must exist between the violation and the death of a resident. It would also create a new subcategory of class A violations for situations not meeting the requirements of a class AA violation but where a resident death has occurred.	In the Senate.	Follow, Hot Debby Rogers/ Barbara Glaser

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Skilled-Nursing Facilities (continued)					
SB 219	Wiener (D-San Francisco)	Would create the Lesbian, Gay, Bisexual, and Transgender Long-Term Care Facility Resident's Bill of Rights, making it unlawful for any long-term care facility to take specified actions on the basis of a person's actual or perceived sexual orientation, gender identity, gender expression or HIV status.	In the Assembly.	Oppose	Patricia Blaisdell/ Barbara Glaser
SB 481	Pan (D-Sacramento)	Sponsored by CHA, this bill would address deficiencies identified in <i>CANHR v. Chapman</i> . Specifically, it would strengthen the current process for notifying skilled-nursing facility residents who lack capacity and have no legal representative of recommended medical interventions requiring informed consent.	In the Assembly.	Sponsor	Patricia Blaisdell/ Lois Richardson/ Alex Hawthorne
Workers' Compensation					
SB 489	Bradford (D-Compton)	Would allow hospitals that treat injured workers who present through the emergency room up to 180 days to bill for services rendered. Existing law, which has not yet taken effect, requires billing within 30 days.	To be heard in Assembly Insurance Committee.	Support	Amber Ott/ Kathryn Scott

**Governance & Legislative Committee Work Plan
FY 2017**

	July	Aug	Sept	Oct	Nov	Dec	Jan 2017	Feb	Mar	Apr	May	June	Date(s) Reviewed
Review proposed Medical Staff Rules & Regulations as needed	X	X	X	X	X	X	X	X	X	X	X	X	2/7/17 3/7/17
Review Board Policies as needed	X	X	X	X	X	X	X	X	X	X	X	X	2/7/17 3/7/17 5/2/17 6/6/17
Review Board Bylaws	X	X	X	X	X	X	X	X	X	X	X	X	5/2/17 6/6/17
Review Committee Charter (every 3 years)	X	X	X	X	X	X	X	X	X	X	X	X	2/7/17
Review all Board Committee Charters (every 3 years)	X	X	X	X	X	X	X	X	X	X	X	X	
Monitor Legislative Affairs and make recommendations to Board	X	X	X	X	X	X	X	X	X	X	X	X	2/7/17 3/7/17 5/2/17 6/6/17