

**TRI-CITY HEALTHCARE DISTRICT
OF THE GOVERNANCE & LEGISLATIVE COMMITTEE
OF THE BOARD OF DIRECTORS**
Tuesday, May 2, 2017
12:30 p.m. – Assembly Room 3
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056

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

	Agenda Item	Time Allotted	Requestor/Presenter
1.	Call to Order/Opening Remarks	2 min.	Chair
2.	Approval of agenda	2 min.	Chair
3.	Public Comments – Announcement Comments may be made at this time by members of the public on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item		
4.	Ratification of minutes of prior meeting	2 min.	Standard
5.	Old Business – Discussion/Possible Action - None	--	--
6.	New Business - Discussion/Possible Action		
	a. Medical Staff Rules & Regulations: 1) Department of Anesthesiology 2) Division of Cardiology 3) Division of Oncology	10 min.	S. Miller
	b. Review of Board Policy 16-037 – Chief Executive Officer and Chief Compliance Officer Succession Planning Policy	15 min.	General Counsel
	c. Review of Board Policy 16-023 – Responsibility for Decision-making on Legal Matters	15 min.	General Counsel
	d. Review of District Bylaws	15 min.	General Counsel
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 – June 8 – 12:30 p.m.	--	Standard
12	Adjournment		
	Total Time Budgeting for Meeting	1.5 hours	

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

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
March 7, 2017**

Members Present: James J. Dagostino, DPT, PT, Chairperson; Director Laura E. Mitchell, Director RoseMarie V. Reno; Dr. Paul Slowik, Community Member; Robin Iveson, Community Member; Dr. Cary Mells, Physician Member; Dr. Gene Ma, Chief of Staff ; Sherry Miller, Manager, Medical Staff Office

Non-Voting Members: Kapua Conley, COO; Cheryle Bernard-Shaw, Chief Compliance Officer

Others Present: Wayne Knight, CSO; Teri Donnellan, Executive Assistant; Jane Dunmeyer, League of Women Voters; Adriana Ochoa, General Counsel

Absent: Steve Dietlin, CEO; Cheryle Bernard-Shaw, Chief Compliance Officer; Dr. Marcus Contardo, Physician Member

	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	The meeting was called to order at 12:30 p.m.in Assembly Room 3 at Tri-City Medical Center by Chairman Dagostino.		
2. Approval of Agenda	Chairman Dagostino welcomed Ms. Robin Iveson to the committee. Director Reno requested agenda item 6 b) - Review and discussion of Board Policy 16-037 – Chief Executive Officer and Chief Compliance Officer Succession Planning Policy include discussion of succession planning for the Chief Nurse Executive. General Counsel Ms. Ochoa explained that the Chief Nurse Executive is hired by the CEO and the Board does not have authority over the selection of the CNE. Director Reno questioned if the current CNE must agree to her successor. Again, Ms. Ochoa stated that is within the purview of the CEO. Ms. Ochoa stated it is not necessary to amend the agenda and this issue can be discussed further as part of the policy discussion. Ms. Iveson suggested review dates be included on the Board Policies even if no changes are made to the policy. Ms. Ochoa stated it is permissible to reflect a review date however it is helpful for staff to know when a	Agenda approved.	

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	policy was actually revised. It was moved by Director Reno to approve the agenda as presented. Director Mitchell seconded the motion passed unanimously.		
3. Comments from members of the public	Chairman Dagostino read the Public Comments announcement as listed on today's Agenda.	Information only	
4. Ratification of prior Minutes	It was moved by Director Mitchell and seconded by Ms. Robin Iveson to ratify the minutes of the February 7, 2017 Governance & Legislative Committee. The motion passed unanimously.	Minutes ratified.	Ms. Donnellan
5. Old Business	None		
6. New Business a. Medical Staff Rules & Regulations: 1) Division of General & Vascular Surgery 2) Division of Urology 3) Division of Orthopedic Surgery 4) Department of Obstetrics & Gynecology 5) Allied Health Professionals	Ms. Sherry Miller stated the Rules & Regulations presented today have been updated to provide consistency. She explained the Privileges have been extracted from the Rules & Regulations as they are often adjusted and it is more efficient for the Privilege Card to be a separate document. In addition Proctoring requirements have been tightened up. Dr. Ma said nothing has radically changed on any of the Rules & Regulations presented today. Dr. Ma commented that the Medical Staff has transitioned to a new Medical Staff attorney who is very experienced and the Medical Staff relies on their counsel to be consistent and not put the Medical Staff or the organization at risk. Dr. Ma noted one change in the Department of Obstetrics & Gynecology Rules & Regulations related to Emergency Department call. He stated in the past North County Health Services were exempt from Emergency Department call however the Obstetrics Department requested that the change be made to remain consistent with Medical Staff Bylaws which reflect that all physicians on active staff are obligated to take ED Call		

Topic	Discussion	Action Follow-up	Person(s) Responsible
DRAFT			
	<p>which the exception of those physicians who have been on staff 25 years or more.</p> <p>Director Reno questioned if a physician backs up the Certified Midwives. Dr. Ma explained that a physician does indeed back up the Certified Midwife and this falls under North County Health Services. Director Reno suggested that Dr. Ma arrange for a Board educational presentation on Certified Midwives.</p> <p>Committee members asked questions that were answered by Dr. Ma and Ms. Miller.</p> <p>It was moved by Reno to recommend approval of the Division of General & Vascular Surgery, Division of Urology, Division of Orthopedic Surgery Department of Obstetrics & Gynecology and Allied Health Professionals Rules & Regulations as presented. Director Mitchell seconded the motion. The motion passed unanimously.</p> <p>It was moved by Director Reno to recommend Dr. Ma arrange for a Board educational presentation on Certified Midwives. Director Mitchell seconded the motion. The motion passed unanimously.</p>		<p>Ms. Donnellan</p>
<p>b. Review and discussion of Board Policy 16-037 – Chief Executive Officer and Chief Compliance Officer Succession Planning Policy</p>	<p>Director Reno stated she placed this item on today's agenda as Trustee Magazine dictates that Boards look for patterns of Chief Executive Officer turnover and she is concerned about a successor should the CEO leave the organization. Director Reno stated additionally she is concerned about a successor to the CNE should she leave the organization. Ms. Ochoa stated the policy clearly outlines the steps that would be taken in the event the CEO were to leave the organization. She noted it is not a rank order but rather a decision that is left to the Board's discretion. She further explained that the Board does not hire the CNE and therefore it is not appropriate to discuss the succession of the CNE in this policy.</p>	<p>Recommendation to be sent to the Board of Directors to approve the Division of General & Vascular Surgery, Division of Urology, Division of Orthopedic Surgery, Department of Obstetrics & Gynecology and Allied Health Professionals Rules & Regulations; items to be placed on Board agenda and included in agenda packet.</p> <p>Recommendation that Dr. Ma arrange for a Board educational presentation on Midwives at a future Board meeting.</p> <p>None.</p>	<p>Dr. Gene Ma</p>

Topic	Discussion	Action Follow-up	Person(s) Responsible
c. Review and discussion of Board Policy 15-039 – Comprehensive Code of Conduct	<p>Director Reno stated she placed this item on today's agenda to discuss new Board Member orientation. She stated she does not believe new Board members are receiving ample education on Roles and Responsibilities, Bylaws and Policies. It was noted that Board Orientation Binders include all Board Policies, Bylaws as well as other relevant important information and new Board members are encouraged to review the manual in depth and request clarification or additional information as needed.</p> <p>Secondly Director Reno stated she believes it is self-serving to the Chair that the Chair fails to appoint Director Reno to a Board Committee Chairperson role. She stated she has been cleared by the FPPC of any 1090 violations.</p>	None.	DRAFT
d. Consider recommending Educational Board Workshop	<p>Director Reno stated she placed this item on today's agenda to consider engaging Ms. Laura Jacobs and the GE Healthcare Camden Group for a Board Workshop. She stated the Camden Group is far and above what other facilities have given us and places emphasis on the Board's roles and responsibilities and what changes might be on the horizon.</p> <p>Discussion was held regarding past Board Workshops and changes that were and were not implemented at the suggestion of the Facilitator. Director Reno stated it is a disservice when the Board does not hold an educational session once a year that involves physicians and community members.</p> <p>Chairman Dagostino stated in his opinion it would make more sense to engage Jim Rice who facilitated the last Board Workshop to determine what strides have been made since the last Board Educational session.</p> <p>It was recommended a two-hour time slot be allotted to the Board at the April 25th Strategic Planning session to discuss whether a Board Educational Workshop is worthwhile and potential facilitators.</p>		

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>Community member Mr. Wayne Knight commented that the Strategic Planning Workshop is typically closed session due to the Trade Secret(s) discussion. Ms. Robin Iveson commented that the more open to transparency we are the better we will be viewed by the community. General Counsel stated discussion of this nature (Board Workshop Philosophy) would be an open discussion item.</p> <p>It was moved by Director Reno that the Board consider allocating two hours of time at the April 25th Strategic Planning Session for Board Workshop Philosophy. Director Mitchell seconded the motion. The motion passed unanimously.</p>	<p>Recommendation to be sent to the Board of Directors to consider allocating a two-hour time block on the April 25th Strategic Planning Workshop agenda for Board Workshop Philosophy; item to appear on Board Agenda.</p>	<p>Ms. Donnellan</p>
<p>e. Consideration to Apply for ACHD Certified District Designation</p>	<p>Director Mitchell stated this item was placed on today's agenda to consider whether the District should apply to ACHD for Certified District Designation status. She explained that ACHD advocates for the District in Sacramento and both she and Director Nygaard believe it is worthwhile to pursue and a good marketing tool. Chairman Dagostino questioned the benefit and expense to the hospital. Director Mitchell stated there is no cost to apply and it is merely a status that is held by other healthcare districts locally. She noted to be considered for District of the Year you must have the ACHD Certified District Designation. Director Reno stated the District previously held Certified District Designation status by ACHD and questioned when we lost that designation. General Counsel, Ms. Ochoa stated the oldest recipient listed on ACHD's website is August, 2014 and it appears this is a relatively new program.</p> <p>Director Reno called for the question.</p> <p>It was moved by Director Mitchell to recommend the District apply to ACHD for Certified District</p>	<p>Recommendation to be sent to the Board of Directors to apply to ACHD for</p>	<p>Ms. Donnellan</p>

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>Designation status. Director Reno seconded the motion. The motion passed unanimously.</p> <p><i>Ms. Miller left the meeting at 1:48 p.m.</i></p>	<p>Certified District Designation status; item to appear on board agenda.</p>	
<p>7. Discussion regarding Current Legislation</p>	<p>At Director Reno's request, Mr. Wayne Knight provided background information on the Medicare Alternative Payment Models (under MACRA).</p> <p>Director Reno questioned how Tri-City contracts with Team Health. Dr. Ma explained that Team Health is the vendor for Emergency Services only and Team Health bills for the Emergency Department visit rather than the Tri-City Emergency Medical Group and the hospital bills independently. Mr. Knight stated MACRAQ applies to the physician and the hospital would only be affected when you get into global payment models. Director Reno suggested Dr. Ma provide the Board with an educational presentation on Team Health and their role at a future Board meeting.</p> <p>The committee also reviewed the latest update on legislation from CHA's perspective.</p> <p><i>Dr. Ma left the meeting at 2:06 p.m.</i></p>	<p>Information only.</p>	
<p>8. Review of FY2017 Committee Work Plan</p>	<p>Due to time restrictions, the FY2017 Committee Work Plan was not discussed.</p>	<p>None</p>	
<p>9. Committee Communications</p>			
<p>10. Committee Openings – Two</p>	<p>There is currently one opening on the committee</p>		
<p>11. Confirm date and time of next meeting</p>	<p>The committee's next meeting is scheduled for Tuesday, April 4, 2017 at 12:30 p.m.</p>	<p>The next meeting of the Committee is April 4, 2017.</p>	
<p>12. Adjournment</p>	<p>Chairman Dagostino adjourned the meeting at 2:25 p.m.</p>		

TRI-CITY HOSPITAL DISTRICT

Rules & Regulations

Section: Medical Staff

Subject: Department of Anesthesiology

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I. MEMBERSHIP

As part of the Department's goal to ensure that its physicians meet high standards of clinical quality, the Department has determined that Board Certification is an important indicator of quality. Therefore, the Department of Anesthesiology consists of physicians who are at all times and remain Board Certified by the American Board of Anesthesiology (ABA), or are a candidate in the ABA examination system, as determined by the American Board of Anesthesiology. Department members with time-limited certificates must participate in the ABA's Maintenance of Certification in Anesthesiology (MOCA) program in order to maintain their certification. For those members who have non-time limited certificates, the Department recommends participation in the MOCA program.

II. FUNCTIONS OF THE DEPARTMENT

The general functions of the Department of Anesthesiology shall include:

- A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients by members of the Department and develop criteria for use in the evaluation of patient care;
- B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the hospital;
- C. Conduct, participate in and make recommendations regarding continuing medical education programs pertinent to Department clinical practices;
- D. Review and evaluate Department member adherence to:
 1. Medical Staff policies and procedures;
 2. Sound principles of clinical practice;
- E. Submit written minutes to the QA/PI/PS Committee and Medical Executive Committee concerning:
 1. Department review and evaluation activities, actions taken thereon, and the results of such actions; and
 2. Recommendations for maintaining and improving the quality and safety of care provided in the hospital;
- F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring;
- G. Take appropriate action when important problems in patient care, safety and clinical performance or opportunities to improve patient care are identified;
- H. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509);
- I. Approve On-Going Professional Practice Evaluation Indicators; and
- J. Formulate recommendations for Department rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.

III. DEPARTMENT MEETINGS

The Department of Anesthesiology shall meet quarterly or at the discretion of the Chair. The Department will consider the findings from the ongoing monitoring and evaluation of the quality, safety, and appropriateness of the care and treatment provided to patients. Minutes shall be transmitted to the QA/PI/PS Committee, and then to the Medical Executive Committee. Twenty-five percent (25%) of the Active Department members, but not less than two (2) members, shall constitute a quorum at any meeting.

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IV. DEPARTMENT OFFICERS

The Department shall have a Chair who shall be a member of the Active Medical Staff and shall be qualified by training, experience, and demonstrated ability in the clinical area of Anesthesiology. The Department Chair shall be elected every two (2) years by the Active members of the Department who are eligible to vote. Vacancies for any reason shall be filled for the unexpired term through a special election. The Chair shall be elected by a simple majority of the members of the Department. The Department Chair shall serve a two-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from office, or loses his/her Medical Staff membership or clinical privileges in the Department. Department officers shall be eligible to succeed themselves. The Vice Chair will be the prior Chairman and a Quality Review Committee Chairman will be appointed.

V. DUTIES OF THE DEPARTMENT CHAIR

The Department Chair shall assume the following responsibilities:

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

VI. PRIVILEGES

- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff ~~Office~~Department.
- ~~B. By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.~~
- ~~C.~~B. Requests for privileges in the Department of Anesthesiology shall be evaluated on the basis of the member's education, training, experience, demonstrated current professional competence and judgment, clinical performance, and the documented results of patient care and proctoring.
- ~~D.~~C. Practitioners shall practice only within the scope of their privileges as defined within the respective Department rules and regulations. Recommendations for privileges are made to the Credentials Committee and Medical Executive Committee.

COGNITIVE PRIVILEGES	Initial	Proctoring	Reappointment every two years
Consultation	N/A	N/A	N/A
Perform history and physical examination	N/A	N/A	N/A
Evaluate and treat patients with anesthesia-related problems	N/A	N/A	N/A

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COGNITIVE PRIVILEGES	Initial	Proctoring	Reappointment every two years
CORE PROCEDURAL PRIVILEGES	Initial	Proctoring	Reappointment every two years
General Anesthesia	Training	3	20
Regional Anesthesia	Training	2	5
Invasive Monitoring, including: Arterial line Central line Pulmonary Artery Catheter	Training	N/A	5

Cardiac Anesthesia Criteria - Cardiac anesthesia privileges are considered for applicants who fall under one of the following two categories:

Category 1:

Successful completion of cardiac anesthesia fellowship OR completion of six-months of focused cardiac anesthesia training during third year of residency OR documentation of current activity managing cardiopulmonary bypass cases.

Category 2:

Completion of approved anesthesia residency training program that included three (3) months of cardiac anesthesia with additional proctoring: 1) Five (5) cases will be proctored via direct observation; and 2) Twenty-five (25) prospectively reviewed cases where the plan for anesthesia is discussed with an eligible proctor and the proctor reviews the case retrospectively.

SPECIAL PROCEDURES	Initial	Proctoring	Reappointment every two years
Cardiac anesthesia	See above.	See above.	5
Transesophageal echocardiography (TEE)	1. Cardiac fellowship training, or 2. Documentation of recent training program where TEE was part of training, or 3. Six (6) months Cardiac Anesthesia residency	3	None
Coronary sinus catheter placement	Successful completion of all privileging criteria for Cardiac Anesthesia (Category 1 or 2), and current fluoroscopy license, and Transesophageal echocardiography	2	None

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OTHER PRIVILEGES	Initial	Proctoring	Reappointment every two years
Admit patients	Training	N/A	N/A
Fluoroscopy	Refer to policy 8710-528 and 8710-528A	N/A	N/A

PAIN MANAGEMENT PROCEDURES	Refer to policy 8710-541
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VII. REAPPOINTMENT

Procedural privileges may be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may be accepted to fulfill the requirements. For Anesthesiology Procedural Privileges, 25% of the overall case-specific volume requirement(s) must have been performed at an acute care hospital. If the minimum number of cases is not performed, the physician will be required to undergo proctoring for all procedures that were not satisfied. The physician will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

VIII. PROCTORING OF PRIVILEGES

- A. Each Medical Staff member granted initial, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated until his or her privileges status is established by a recommendation from the Department Chair to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors.
- B. All Active staff members of the Department will act as proctors to monitor quality of performance.
- C. When the required number of cases has been proctored, the Department Chair must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.
- D. Blank forms will be available from the Operating Room Supervisor and/or the Medical Staff [Office Department](#).
- E. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff [Office Department](#).
- F. Evaluation of the Medical Staff member by the proctor will emphasize concurrent or retrospective chart review and include direct observation of procedural techniques. The Medical Staff member must notify his proctor at the time a procedure is scheduled or planned. If the proctor is not available, the applicant must notify another anesthesiologist. If the procedure must be done as an emergency without proctoring, the proctor must be informed at the earliest appropriate time following the procedure.

IX. DEPARTMENT QUALITY REVIEW AND MANAGEMENT

The Department of Anesthesiology will have a Quality Review Committee (QRC) comprised of no less than four (4) Department members. The committee chairman is the Department's representative to the Medical Quality Peer Review Committee. Committee members are able to succeed themselves. The QRC will meet a minimum of four (4) times per year to review cases in a timely manner.

A. **General Function**

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Subject: Department of Anesthesiology

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The QRC provides systematic and continual review, evaluation, and monitoring of the quality and safety of care and treatment provided by the Department members.

B. Specific Functions

The QRC is established to:

1. Identify important elements of anesthesia care in all areas in which it is provided;
2. Establish performance monitoring indicators and standards that are related to these elements of care;
3. Select and approve their performance monitoring indicators;
4. Integrate relevant information, as indicated, and review quarterly;
5. Formulate thresholds for evaluation related to performance monitoring indicators.
6. Review and evaluate physician practice when specific thresholds are triggered;
7. Identify areas of concern, opportunities to improve care and safety, and educate Department members based on these reviews;
8. Highlight significant clinical issues and present the specific information regarding quality of care to the appropriate Department member, in accordance with Medical Staff Bylaws;
9. Request Focused Professional Practice Evaluation when/if questions arise regarding a physician's practice;
10. Monitor and review the effectiveness of any intervention and document any change.

C. Other Functions

1. Assist in the reappointment process, through retrospective review of charts;
2. Review any issues related to anesthesia that are forwarded for review by other departments;
3. Assist in the collection, organization, review, and presentation of data related to anesthesia care and safety;
4. Review the cases involving an anesthesia related death.

D. Reports

Minutes are submitted to the Medical Staff QA/PI/PS Committee and the MEC.

X. EMERGENCY WEEKEND AND NIGHT CALL

Individuals administering twelve (12) or more anesthesia cases in a year must maintain their active medical staff membership. Active medical staff members shall participate in anesthesia emergency, weekend, and night call as determined by the Department.

Approvals:

Department of Anesthesiology – 05/21/2015

Medical Executive Committee – 06/22/2015

Governance Committee - 07/07/2015

Board of Directors – 07/30/2015

TRI-CITY HOSPITAL DISTRICT

Rules & Regulations

Section: Medical Staff

Subject: Division of Cardiology

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I. MEMBERSHIP

- A. The Division of Cardiology consists of physicians who are initially board certified in Cardiovascular Disease by the American Board of Internal Medicine or are progressing toward certification.
- B. Applicants who are progressing toward board certification in Cardiovascular Disease by the American Board of Internal Medicine must complete formal training prior to applying for medical staff membership in the Division of Cardiology and must become board certified within five (5) years of the initial granting of medical staff membership, unless extended for good cause by the Medical Executive Committee.
- C. Board certified members who were issued certificates in Internal Medicine and Cardiology after 1989 are required to become re-certified in order to maintain board certification status. Continued board certification may be in Cardiovascular Disease and/or a sub-specialty (e.g. Cardiac Electrophysiology) by the American Board of Internal Medicine or by the National Board of Physicians and Surgeons.

II. FUNCTIONS OF THE DIVISION

The general functions of the Division shall include:

- A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients by members of the Division and develop criteria for use in the evaluation of patient care;
- B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the Hospital;
- C. Conduct, participate in, and make recommendations regarding continuing medical education programs pertinent to Division clinical practice;
- D. Review and evaluate Division member adherence to:
 - 1. Medical Staff policies and procedures
 - 2. Sound principles of clinical practice
- E. Submit written minutes to the QA/PI/PS Committee and Medical Executive Committees concerning:
 - 1. Division review and evaluation of activities, actions taken thereon, and the results of such actions; and
 - 2. Recommendations for maintaining and improving the quality and safety of care provided in Hospital.
- F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring;
- G. Establish privileging criteria for participation on the Non-Invasive Cardiology panels and oversee the administration of such panels;
- H. Take appropriate action when important problems in patient care, patient safety and clinical performance or opportunities to improve patient care are identified;
- I. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509);
- J. Approval of On-Going Professional Practice Evaluation Indicators; and
- K. Formulate recommendations for Division rules and regulations reasonable necessary for the proper discharge of its responsibilities subject to approval of the Department of Medicine Chiefs, the Medical Executive Committee, and Board of Directors.

III. DIVISION MEETINGS

TRI-CITY HOSPITAL DISTRICT Rules & Regulations	Section:	Medical Staff
	Subject:	Division of Cardiology
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The Division of Cardiology shall meet at least annually or at the discretion of the Chief. The Division will consider findings from the ongoing monitoring and evaluation of the quality, safety, and appropriateness of the care and treatment provided to patients. Minutes shall be transmitted to the QA/PI/PS Committee, and then to the Medical Executive Committee.

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

IV. DIVISION OFFICERS

- A. The Division shall have a Chief who shall be a member of the Active Medical Staff and shall be board certified in Cardiovascular Diseases and qualified by training, experience, and demonstrated ability in the clinical areas covered by the Division.
- B. The Division Chief shall be elected every year by the Active members of the Division who are eligible to vote. If there is a vacancy for any reason, the Department Chairman shall designate a new Chief, or call a special election. The Chief shall be elected by a simple majority of the members of the Division.
- C. The Division Chief shall serve a one-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from the office, or loses his/her Medical Staff membership or clinical privileges in the Division. The Division officers shall be eligible to succeed themselves;

V. DUTIES OF THE DIVISION CHIEF

The Division Chief shall assume the following responsibilities:

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

VI. CLASSIFICATIONS

The Division of Cardiology has established the following categories:

A. Physicians - Cardiology

Refer to Membership section above. Physicians may act as consultants to others and may, in turn, be expected to request consultation when:

- 1. Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life-threatening illness;
- 2. Unexpected complications arise which are outside their level of competence;

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3. Specialized treatment or procedures are contemplated with which they are not familiar.

B. Nurse Practitioner (NP) – Refer to the Allied Health Professionals Rules and Regulations for basic credentialing requirements.

Nurse practitioner means a registered nurse who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary care and who has been prepared in a program. The nurse practitioner shall function under standardized procedures and any protocols covering the care delivered by the nurse practitioner. The nurse practitioner and his/her supervising physician, who shall be a cardiologist, shall develop the standardized procedures and any protocols to be approved by the Division of Cardiology, Department of Medicine, Credentials Committee, Interdisciplinary Practice Committee, Medical Executive Committee, and Board of Directors.

Nurse-Practitioner Privileges	Initial-Appointment	Proctoring	Reappointment (every 2 years)
Collaborate in the diagnosis, evaluation and management of the patient	Refer to AHP Rules and Regulations for credentialing requirements	First ten (10) total cases from this privilege card need to be proctored by your supervising physician.	None
Perform history and physical examination			
Order or transmit an order for x-ray, other studies, ECGs, cardiac stress testing, echocardiography, therapeutic diets, physical/rehab therapy, occupational/speech therapy, respiratory therapy, and nursing services.			
Furnish medications following the Drugs and Devices protocol as described in the standardized procedures			
Emergency cardiac treatment			
Cardiac stress testing, under supervision of a cardiologist	Documentation of twelve (12) cases	Two (2)	Fifty (50)

C. Physician Assistant (PA) – Refer to the Allied Health Professionals Rules and Regulations for basic credentialing requirements.

A physician assistant may only provide those medical services, which he/she is competent to perform and which are consistent with the physician assistant's education, training and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant.

1. A supervising physician shall be available in person or by electronic communication at all times when the PA is caring for patients.
2. The supervising physician shall delegate to the PA only those tasks and procedures consistent with the supervising physician's specialty or usual customary practice and with the patient's health and condition.
3. The supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured competency.

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4. The physician assistant may initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care.
5. The supervising physician must see patients cared for by the physician assistant at least once during their hospital stay.
6. A physician assistant may not admit or discharge patients.
7. Refer to the AHP rules and regulations for detailed explanation of supervising physician supervision requirements and co-signature requirements.

Physician Assistant Privileges

Privileges	Initial Appointment	Prectoring	Reappointment (every 2 years)
Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans, record and present pertinent data in a manner meaningful to the physician.	Refer to AHP Rules and Regulations for credentialing requirements	First (10) total cases from this privilege card need to be prectored by your sponsoring physician.	None
Order or transmit an order for x-ray, other studies, therapeutic diets, physical/rehab therapy, occupational/speech therapy, respiratory therapy, and nursing services.			
Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures.			
Recognize and evaluate situations that call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.			
Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long term management of their diseases.			
Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home.			
Initiate and facilitate the referral of patients to the appropriate health facilities, agencies and resources of the community.			

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Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
<p>Administer medications to a patient, or transmit orally, or in writing on a patient's record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician's prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based either on a patient specific order by the supervising physician or on written protocol which specifies all criteria for the use of a specific drug or device and may contraindications for the selection. A physician assistant shall not provide a drug or transmit a prescription for a drug other than that drug specified in the protocol, without a patient specific order from a supervising physician. At the direction and under the supervision of a physician supervisor, a physician assistant may hand to a patient of the supervising physician a properly labeled prescription drug prepackaged by a physician, a manufacturer, as defined in the Pharmacy Law, or a pharmacist. In any case, the medical record of any patient cared for by the physician assistant for whom the physician's prescription has been transmitted or carried out shall be reviewed and countersigned and dated by a supervising physician within seven (7) days. A physician assistant may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a supervising physician.</p>	<p>Current, valid DEA registration issued by the United States Drug Enforcement Administration</p>		
<p>Cardiac stress testing, under supervision of a cardiologist</p>	<p>Documentation of twelve (12) cases</p>	<p>Two (2)</p>	<p>Fifty (50)</p>

D. Invasive Procedures by Cardiologists

1. The following Cardiac Catheterization Laboratory procedures are to be performed only by board certified cardiologists or those cardiologists who are progressing toward certification. All procedures are to be monitored by the Director of Invasive Cardiology or his/her designee.
2. Cardiac Catheterization Laboratory procedures will be reviewed by the Director of Invasive Cardiology, who will evaluate the applicant's technical skills and clinical judgment. The Director will submit a written report to the Cardiology Division, with the

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Division's recommendations to be forwarded to the Credentials Committee and to the Department of Medicine.

3. The Director of Invasive Cardiology will review the Percutaneous Transluminal Coronary Angioplasty program at least semi-annually and will report to the Cardiology Division and the Annual Summary to the QA/PI/PS Committee.
4. Current fluoroscopy certification is required for the following procedures:
 - a) Cardiac Catheterization, including Angiography
 - b) Insertion of Permanent Pacemaker
 - c) Intra-Aortic Balloon Pump Insertion
 - d) Myocardial Biopsy
 - e) Electrophysiologic Testing
5. Procedure reports, per the Medical Records Policy & Procedures # 518, are to be dictated or written immediately following the procedure and is to be authenticated and signed by the physician

VII. PRIVILEGES

- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.
 1. ~~By virtue of appointment to the Medical Staff, all physicians are authorized to perform occult blood testing and order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.~~
- B. Request for privileges in the Division of Cardiology shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance and the documented results of patient care and monitoring. Recommendations for privileges are made to the Division of Cardiology/Department of Medicine, Credentials Committee, the Medical Executive Committee, and the Board of Directors.

Privileges	Initial-Appointment	Proctoring	Reappointment (every 2 years)
Admit Patients	Training	Initial six (6) cases	None
Consultation	Training		None

INVASIVE PROCEDURES

Privileges	Initial-Appointment	Proctoring	Reappointment (every 2 years)
Pericardiocentesis	Training	Two (2)	None
Venous cut-down & percutaneous central venous pressure catheters	Training	Three (3)	None
Insertion of temporary transcutaneous cardiac pacemaker	Training	Three (3)	None
Elective cardioversion	Training	Three (3)	None

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Swan-Ganz catheter insertion & monitoring	Training	Three (3)	None
Cardiac catheterization (including Coronary arteriography, right heart cath & pulmonary angiography)	Training and three-hundred (300) cases; if more than 12 months since completion of training, documentation of forty (40) cases within two (2) years prior to application.	Five (5)	Forty (40)
Transesophageal echo-cardiography (including passing transducer)	Training / Course	Five (5)	None
Percutaneous arterial catheter insertion (radial, brachial, & femoral)	Training	Three (3)	None
Intra-aortic balloon pump insertion	Training	Two (2)	None
Permanent pacemaker insertion (single/dual/biventricular chamber) and/or intra-cardiac defibrillator (single/dual/biventricular chamber)	Completion of fellowship training or twenty-five (25) cases within two (2) years prior to application.	Two (2)	Ten (10)
Percutaneous Angioplasty (PTCA), including stents	Training/two-hundred fifty (250) cases; if more than 12 months since completion of training, documentation of seventy-five (75) cases within two years prior to application.	Twenty-five (25)	Seventy-five (75), of which twenty (20) must be performed at TCMG
Myocardial Biopsy	Training / Course	Two (2)	None
Electrophysiologic Testing and Ablation, Complete	Training and one-hundred (100) cases within two years prior to application.	Five (5)	Forty (40)
Electrophysiologic Testing and Ablation, right-side only	Completion of subspecialty fellowship training or one-hundred (100) cases, with documentation of forty (40) cases within two (2) years prior to application.	Five (5)	Forty (40)
Rotational Atherectomy	Meet PTCA requirements plus Boston Scientific Certificate	Three (3)	Six (6)

C. Invasive Procedures by Non-Cardiologists

1. The Cardiology Division will monitor invasive procedures performed by Internal Medicine physicians who request privileges to perform the following procedures:
 - a) Right Heart Catheterization with Swan-Ganz Pulmonary Artery Catheter;
 - b) Central Venous Catheter Placement
 - c) Temporary Transvenous Pacemaker Insertion

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- d) Arterial Line Insertion
- e) Elective Cardioversion; and
- 2. To gain privileges for the above procedures, the Internal Medicine Physician must submit documentation of having performed at least five (5) of the requested procedures during residency training or during staff membership at another hospital.
- 3. The Director of Invasive Cardiology or his/her designee will monitor the first two (2) procedures performed. The Director of Invasive Cardiology or his/her designee shall submit a written report to the Division of Internal Medicine stating that:
 - a) The applicant is qualified and competent to perform the procedure, or
 - b) Further monitoring is recommended

D. Non-Invasive Procedures by Cardiologists

The following non-invasive procedures are to be performed only by board certified cardiologists or those cardiologists who are progressing toward certification. All procedures are to be monitored by the Director of Non-Invasive Cardiology or his/her designee.

NON-INVASIVE PROCEDURES

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
ECG	Training	Twenty-five (25)	Five hundred (500) or TCMC active Reading Panel member as attested by the Division Chief or designee.
Stress Echo	Training	Five (5)	Ten (10)
Thoracic Echo	Training	Two (2)	Two hundred (200), of which one hundred (100) must be performed at TCMC or TCMC active Reading Panel member as attested by the Division Chief or designee.
Holter Monitor	Training	Two (2)	Forty (40), of which ten (10) must be performed at TCMC or TCMC active Reading Panel member as attested by the Division Chief or designee.
Treadmills	Training	Two (2)	Fifty (50) performed at TCMC or TCMC active Reading Panel member as attested by the Division Chief or designee.

E. Interpretation Response Time:

- 1. Requirements
 - a) **Availability:** Panel member will be available to the department until 12:00 p.m.
 - b) **ECG's:** Should be interpreted daily by the attending cardiologist. Unassigned ECGs are to be interpreted twice daily on weekdays and at least once daily on weekends and holidays by the assigned panel member or his/her designated panel member.
 - c) **Echocardiogram:** The final report is to be dictated within twenty-four (24) hours of the performance of the study.
 - d) **Exercise or Pharmacological Stress Test:**

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If the scheduled cardiologist cannot be available within twenty (20) minutes of the scheduled start time to supervise the test, it is his/her responsibility to assure that another cardiologist can do so. The technician will page the cardiologist in a timely fashion before the test is scheduled to begin. If a cardiologist is not available, the patient will either be sent back to their room or to the outpatient area to wait for the cardiologist and it is the cardiologist's responsibility for communicating to the patient the timeliness issue. The final report is to be dictated the day of the study.

- e) Phone Consultations: Requests for phone consultations should be answered within 30 minutes. Answering service should be advised to offer to call back-up physician if no response from the originally requested physician is received within that time frame.

Sanctions for the INTERPRETATION of Echocardiogram Exercise or Pharmacological Stress Test and ECG's:

To assure quality patient care, it is imperative that all members adhere to the above requirements. All deviations from these requirements are to be documented and communicated immediately to the Non-Invasive Medical Director and the Chief of the Cardiology Division.

- a) Non-Invasive Studies Reading Panel Six (6) Month Sanction will be imposed immediately following the third written warning issued in one (1) year to cardiologists who consistently fail to dictate reports within a timely manner.
- b) Non-Invasive Studies Reading Panel One (1) Year Sanction will be imposed on Division members sanctioned twice in a three (3) year period.
- a)c) Reinstatement to the Non-Invasive Studies Reading Panel may be requested by the cardiologist at the conclusion of the sanction. Cardiologists who consistently fail to dictate reports within a timely manner will receive two (2) written warnings before an automatic sanction of six (6) months ineligibility for reading panel non-invasive studies in the Department of Cardiology is imposed for the third offense. Division members being sanctioned twice in a three-year period will be sanctioned by at least one (1) year ineligibility for reading any non-invasive study in the Department of Cardiology, after which he/she may apply to the Cardiology Division for reinstatement.

VIII. REAPPOINTMENT

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

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VIII. PROCTORING OF PRIVILEGES

- A. Each Medical Staff member granted initial privileges, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated until his or her privilege status is established by a recommendation from the Division Chief to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors.
- B. All Active members of the Division will act as proctors. An associate may monitor 50% of the required proctoring. Within seven (7) days after a proctor request has been made by the member, Proctors are obligated to make themselves available ~~either to proctor procedures the member concurrently when applicable, or to and~~ thoroughly evaluate the practitioner's performance through retrospective chart review ~~within seven (7) days after a proctor request has been made by the member~~. Additional cases may be proctored as recommended by the Division Chief. It is the responsibility of the Division Chief to inform the monitored member whose proctoring is being continued of noted deficiencies.
- a) The Director of Invasive Cardiology, or his/her designee, will monitor invasive procedures.
- ~~b) Supervision of the applicant by the proctor will emphasize concurrent or, if needed, retrospective chart review and include direct observation of procedural techniques.~~
- ~~e)b)~~ The cardiologist should not be granted Active Medical Staff privileges within the Division until the proctoring has been satisfactorily completed.
- C. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.
- ~~D. The practitioner must notify the Director of Invasive Cardiology at the time a procedure is scheduled. If the Director of Invasive Cardiology is not available to observe the procedure, he/she should appoint a designee to observe the procedure.~~
- ~~E-D.~~ If the procedure must be done as an emergency without proctoring, the Director of Invasive Cardiology must be informed at the earliest appropriate time following the procedure.
- ~~F-E.~~ A form shall be completed by the proctor, and should include comments on preprocedure workup, diagnosis, preprocedure preparation, procedural technique, judgment, postprocedure care, overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be available from the Medical Staff Office.
- ~~G-F.~~ The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

IX. EMERGENCY DEPARTMENT CALL

- A. Active Division members of the Cardiology Division may participate in the Emergency Department Call Roster on a voluntary basis. Refer to Medical Staff Policy and Procedure 8710-520.
- B. When a need is demonstrated, the Division Chief may request Courtesy and Associate staff members to participate in the Emergency Department Call Roster.
- C. When it is discovered that a patient has been previously treated by a Cardiology Division staff member, that member should be given the opportunity to provide further care unless the patient or primary care physician requests otherwise.
- D. If a physician has discharged a patient from his practice and the patient comes to the Emergency Department when the physician is on call, the physician is responsible for the disposition of the patient.

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- E. A physician on-call, who provides care for a patient in the Emergency Department, is responsible for the disposition of that patient for forty-eight (48) hours and must accept responsibility if said patient is readmitted to the Emergency Department within forty-eight (48) hours.

X. NON-INVASIVE CARDIOLOGY INTERPRETATION PANELS

A. Eligibility

The following is eligibility criteria for Cardiology Interpretation Panels:

1. The applicant must be an Active Medical Staff member of the Division of Cardiology; and,
2. Must use Tri-City Medical Center as his/her primary hospital; and
3. Must execute a standard agreement with the Tri-City Hospital District, after which he/she will be placed at the end of the panel rotation.

B. Panel Rotation

A panel will be created of eligible Cardiology Division members with Active Medical Staff privileges, as delineated above, who request for such duties. At the discretion of the Division Chief, Provisional or Courtesy Division members may participate on the panel rotation with majority Division member approval.

1. One section will be to interpret the ECGs, signal average ECGs, and Holter Monitor examinations of patients not assigned to another Cardiology Division member (i.e., "unassigned" patients for which the attending physician does not specify a cardiologist).
2. A second section will be to interpret echocardiographic studies of "unassigned" patients for which the attending physician does not specify an interpreting cardiologist.
3. A third section will be to interpret stress tests for "unassigned" patients for which the attending physician does not specify an interpreting cardiologist.
4. Panel members will be scheduled for one-week periods from Monday at 0700 hours to the next Monday at 0700 hours during which they will be responsible for personally supervising or interpreting these tests on a timely basis. The term "timely" is defined in the "Interpretation Response Time" Section or by assigning another panel member to do so.

C. Conditions

The Cardiology Panel is restricted to seven (7) panel members unless there is an annual volume increase of 12.5% allowing sufficient volume for panel members to maintain expertise and provide quality of interpretations.

XI. CARDIOLOGY CONSULTATIONS

The Division of Cardiology accepts consultation requests for patients over the age of 18 years. Individual exceptions may be made at the discretion of the Cardiologist.

Approvals:

Division of Cardiology: 10/07/15; 11/04/15
 Department of Medicine: 10/21/14; 11/20/15
 Medical Executive Committee: 11/27/14; 11/23/15
 Governance Committee: 11/4/14; 12/01/15
 Board of Directors: 11/6/14; 12/10/15

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I. MEMBERSHIP

The Division of Oncology consists of physicians who are board certified or in the first thirty-six (36) months of board eligibility and actively pursuing certification by the American Board of Internal Medicine/Hematology, American Board of Internal Medicine/Medical Oncology, American Board of Radiology/Radiation Oncology, or the American Osteopathic Board of Internal Medicine/Oncology.

II. FUNCTIONS OF THE DIVISION

The general functions of the Division of Oncology shall include:

- A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients by members of the Division and develop criteria for use in the evaluation of patient care;
- B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the hospital;
- C. Conduct, participate in and make recommendations regarding continuing medical education programs pertinent to Division clinical practice;
- D. Review and evaluate Division member adherence to:
 - 1. Medical Staff policies and procedures;
 - 2. Sound principles of clinical practice;
- E. Submit written minutes to the QA/PI/PS Committee and Medical Executive Committee concerning:
 - 1. Division review and evaluation activities, actions taken thereon, and the results of such actions; and
 - 2. Recommendations for maintaining and improving the quality and safety of care provided in the hospital;
- F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring;
- G. Take appropriate action when important problems in patient care, patient safety and clinical performance or opportunities to improve patient care are identified;
- H. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509);
- I. Approve On-Going Professional Practice Evaluation Indicators; and
- J. Formulate recommendations for Division rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.

III. DIVISION MEETINGS

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

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

IV. DIVISION OFFICERS

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

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

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a new Chief, or call a special election. The Chief shall be elected by a simple majority of the members of the Division.

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

V. DUTIES OF THE DIVISION CHIEF

The Division Chief shall assume the following responsibilities:

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

VI. REQUESTS FOR PRIVILEGES/PROCEDURES

- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff ~~Office~~Department;
- ~~B. By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated;~~
- ~~C.B.~~ Privilege requests in the Division of Oncology shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance and documented results of patient care and proctoring. Practitioners practice only within the scope of their privileges. Recommendations for privileges are made to the Credentials Committee and Medical Executive Committee;
- ~~D.C.~~ Procedures that may be performed by practitioners caring for oncology patients are included below on the privilege card. The applicant will be responsible for requesting privileges for all procedures he/she wishes to perform, and for listing his/her qualifications, training and experience concerning the requested procedures in accordance with established criteria;
- ~~E.D.~~ Privileges designated with "(OPIC)" may also be performed at the Outpatient Infusion Center at 3617 Vista Way, Oceanside, CA, 92056.

PHYSICIAN

Privileges	<u>Initial Appointment</u>	<u>Proctoring</u>	<u>Reappointment (every 2 years)</u>
Admit patients	Training	Three (3)	N/A
Consultation (OPIC)	Training	Three (3) which include evaluation of chemotherapy management, indications for	N/A

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		performing bone marrow study, hematology work-up and management, and the technique of use of the Jamshidi core biopsy needle.	
Perform medical history and physical examination	Training	N/A	N/A
Moderate Sedation	Per Policy 8710-517	Per Policy 8710-517	Per Policy 8710-517
MEDICAL ONCOLOGY			
Thoracentesis	Training	One (1)	One (1)
Paracentesis	Training	One (1)	One (1)
Bone Marrow	Training	One (1)	One (1)
Lumbar Puncture	Training	One (1)	One (1)
Plasmapheresis	Training	One (1)	One (1)
RADIATION ONCOLOGY			
All routine radiation therapy procedures	Training	N/A	N/A
Brachytherapy, interstitial (permanent or temporary)	Documentation of the performance of five (5) cases	One (1)	Two (2)
Brachytherapy, intracavitary	Documentation of the performance of two (2) cases	One (1)	One (1)
Teletherapy	Training	One (1)	One (1)
PHYSICIAN ASSISTANT			
Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans; record and present pertinent data in a manner meaningful to the physician. (OPIC)	Training	Ten (10) from category	N/A
Order or transmit an order for x-ray, other studies, therapeutic diets, physical/rehab therapy, occupational/speech therapy, respiratory therapy, and nursing services. (OPIC)	Training		N/A
Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures. (OPIC)	Training		N/A
Recognize and evaluate situations that call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient. (OPIC)	Training		N/A
Instruct and counsel patients regarding matters pertaining to their physical and mental health.	Training		N/A

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<p>Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases. (OPIC)</p>			
<p>Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home. (OPIC)</p>	<p>Training</p>		<p>N/A</p>
<p>Initiate and facilitate the referral of patients to the appropriate health facilities, agencies and resources of the community. (OPIC)</p>	<p>Training</p>		<p>N/A</p>
<p>Administer medications to a patient, or transmit orally, or in writing on a patient's record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician's prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based either on a patient-specific order by the supervising physician or on written protocol which specifies all criteria for the use of a specific drug or device and may contraindications for the selection. A physician assistant shall not provide a drug or transmit a prescription for a drug other than that drug specified in the protocol, without a patient specific order from a supervising physician. At the direction and under the supervision of a physician supervisor, a physician assistant may hand to a patient of the supervising physician a properly labeled prescription drug prepackaged by a physician, a manufacturer, as defined in the Pharmacy Law, or a pharmacist. In any case, the medical record of any patient cared for by the physician assistant for whom the physician's prescription has been transmitted or carried out shall be reviewed and countersigned and dated by a supervising physician within seven (7) days. A physician assistant may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient specific authority by a supervising physician. (OPIC)</p>	<p>Training</p>		<p>N/A</p>
<p>Perform surgical procedures without the personal presence of the supervising physician that are customarily performed under local anesthesia. Prior to delegating any such surgical procedures, the supervising physician shall review documentation, which indicates that the physician assistant is trained to perform the surgical procedures. All other surgical procedures requiring other forms of anesthesia may be performed by a physician assistant only in the personal presence of an approved supervising physician. In</p>	<p>Training</p>	<p>Ten (10)</p>	<p>N/A</p>

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addition, ten (10) proctored cases will be required.			
Iliac Crest Biopsy / Aspiration	Training	Three (3)	N/A

NURSE PRACTITIONER

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Facilitate patient admission and discharge	Training	N/A	N/A
Perform History & Physical examination	Training	Five (5)	N/A
Record and document daily on progress notes	Training	N/A	N/A
Make daily rounds on sponsoring physician's patients	Training	N/A	N/A
Collaborate on the assessment, diagnosis, evaluation, and management plan for patients	Training	N/A	N/A
In collaboration with sponsoring physician, order or transmit and order for x ray, other studies, therapeutic diets, physical and rehab therapies, occupational therapy, respiratory therapy, speech language pathology and nursing services.	Training	N/A	N/A
Administer pharmacological interventions intrinsic to sponsoring physician or subspecialty consult	Training	Five (5)	N/A
Administer oxygen	Training	N/A	N/A
Administer medical devices intrinsic to sponsoring physician or subspecialty consult	Training	N/A	N/A

PHYSICIST (MEDICAL/RADIATION)

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Design treatment plan (including consideration of dose limiting structures)	Training	First five (5) cases	N/A
Coordinate treatment simulations and tumor localizations using specified imaging devices such as CT and MRI	Training		N/A
Supervise, perform, or assist in planning of beam modifying devices and/or molds, casts and other immobilization devices	Training		N/A
Implement treatment plan (using correct immobilization devices, field arrangement and other treatment variables)	Training		N/A
Perform accurate calculations for delivery of Radiation Oncologist's prescribed dose	Training		N/A
Supervise, perform, or assist in application of specific methods of dosimetry to include ion chamber, TLD, film measurement as directed by the Medical Physicist	Training		N/A
Assist in intracavitary and interstitial brachytherapy procedures and in subsequent calculations of dose distribution	Training		N/A

VII. REAPPOINTMENT

Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may

Medical Staff Oncology Rules and Regulations – Revised 2/07; 5/07, 1/08, 9/12, 2/13, 5/13, 7.15

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be accepted to fulfill the requirements. If the minimum number of cases is not performed, the practitioner will be required to undergo proctoring for all procedures that were not satisfied. The practitioner will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

VIII. CLASSIFICATIONS

The Division of Oncology has established the following classifications of medical privileges:

A. PHYSICIANS - Medical Oncologists

Physicians are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training in Medical Oncology. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:

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

B. PHYSICIANS - Radiation Oncologists

Physicians are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training in Radiation Oncology. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:

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

C. PHYSICIAN ASSISTANT – Refer to AHP Rules and Regulations for further delineation of sponsoring physician’s supervision responsibilities, privileges and credentialing criteria.

A physician assistant may only provide those medical services which he/she is competent to perform and which are consistent with the physician assistant’s education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for patients cared for by that physician assistant;

D. NURSE PRACTITIONER – Refer to AHP Rules and Regulations for further delineation of sponsoring physician’s supervision responsibilities, privileges and credentialing criteria.

Nurse Practitioner means a registered nurse who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health and illness needs in primary care and who has been prepared in a graduate nursing program. The nurse practitioner shall function under standardized procedures covering the care delivered by the nurse practitioner. The nurse practitioner and his/her supervising physician who shall be an oncologist will develop the standardized procedure or the protocols to be approved by the Division of Oncology;

E. PHYSICIST (Medical/Radiation) - Refer to AHP Rules and Regulations for further delineation of sponsoring physician’s supervision responsibilities, privileges and credentialing criteria;

The physicist is a member of the radiation oncology team who has knowledge of the overall characteristics and clinical relevance of radiation oncology treatment machines

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and equipment, is cognizant of procedures commonly used in brachytherapy and has the education and expertise necessary to generate radiation dose distributions and dose calculations in collaboration with the Radiation Oncologist. The physicist will be supervised by his/her Medical Staff Sponsor. The physicist shall be proctored for a minimum of his/her first five (5) cases. The physicist can be proctored by his/her Medical Staff Sponsor, or another Radiation Oncologist who is a member in good standing of the Medical Staff, or another physicist who has already successfully completed their proctoring status.

IX. PROCTORING OF PRIVILEGES

- A. Each Medical Staff member granted initial privileges, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated until his or her privilege status is established by a recommendation from the Division Chief to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors;
- B. All Active members of the Division will act as proctors. An associate(s) may monitor up to 50% of the required proctoring. Additional cases may be proctored as recommended by the Division Chief;
- C. Evaluation of the member by the proctor shall include concurrent or retrospective chart review and may include direct observation of procedural techniques;
- D. The member must notify his/her proctor at the time of a case admission or procedure. If the proctor is not available, the member must notify another physician assigned to the member. If the admission or procedure is being performed on an emergent basis and no proctor is available, an appropriate proctor must be informed at the earliest appropriate time following the procedure;
- E. All members for oncology/hematology privileges will be monitored as outlined ~~in~~ on the ~~privilege table card~~ above;
- F. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports;
- G. A form shall be completed by the proctor, and should include comments on workup, diagnosis, preparation, technique, judgment, overall impression and recommendation (i.e., qualified, needs further observation, not qualified);
- H. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

X. EMERGENCY DEPARTMENT CALL (Medical Oncologists Only)

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

Provisional or Courtesy staff members may participate on the unassigned ED call panel at the discretion of the Division Chief.

Approvals:

Division of Oncology:	06.26.2015
Department of Medicine:	06/30/2015
Medical Executive Committee:	07/27/2015
Governance Committee:	08/04/2015
Board of Directors:	08/27/2015

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

BOARD POLICY #16-037

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

I. PURPOSE:

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

II. PRACTICE

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

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

C. Appropriate arrangements will be made through the District's legal counsel and Chief Financial Officer for the interim Chief Executive Officer or Interim Compliance Officer to have the necessary signing authority where required.

D. After the Board Chair, in consultation with the Vice President of Human Resources, has been made aware of whether the incapacitation or disability is temporary or permanent, the following will occur:

1. In the event of temporary incapacitation, the interim Chief Executive Officer or interim Chief Compliance Officer will continue in that role until the determination is made by the Board that the Chief Executive Officer or Chief Compliance Officer, respectively, can resume the position.

a. In the event of temporary incapacitation of the Chief Executive Officer, the following list identifies the positions that will be considered by the Board to fill the role for the period of the Chief Executive Officer's incapacitation.

- Chief Operating Officer;
- Chief Nurse Executive;
- Chief Financial Officer;
- Other qualified members of the senior leadership team.

b. In the event of temporary incapacitation of the Chief Compliance Officer, the following list identifies the positions that will be considered by the Board to fill the role for the period of the Chief Compliance Officer's incapacitation.

- The District's legal counsel;
- Other qualified members of the senior leadership team.

2. In the event of permanent incapacitation, the members of the Board will confer on the process to select and appoint a Search Committee to initiate the search for a new Chief Executive Officer or Chief Compliance Officer.

E. Communications

1. Once a determination has been made, it will be the responsibility of the Board Chair to communicate the plan of action with the District leadership, medical staffs, Auxiliary, Foundation, and employees, as appropriate, the plan of action to be initiated in search of the new Chief Executive Officer or Chief Compliance Officer. This may take the form of special newsletters, e-mails, telephone calls, etc.

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

F. Impending Vacancy Caused By Resignation or Termination

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

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

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

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

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

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

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

Approved by the Board of Directors: 04/28/16

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

BOARD POLICY #16-023

POLICY TITLE: Responsibility for Decision-making on Legal Matters

I. ROLE OF THE BOARD OF DIRECTORS

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

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

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

II. ROLE OF GENERAL COUNSEL

See Appendix A.

III. ROLE OF CHIEF COMPLIANCE OFFICER

See Appendix B.

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

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

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

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

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

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

Approved by the Board of Directors: 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 legal staff. General Counsel advises the District on compliance with state transparency laws, including but not limited to open meetings, public records and conflict of interest laws, as well as compliance with the Local Healthcare District Law.

Essential Functions:

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

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

APPENDIX "B"

Position Title: Chief Compliance Officer	Job Code Number: 20020
Department Name/Location: Administration	Department Number(s): 8610
Status (Check one): Exempt <input checked="" type="checkbox"/> Nonexempt <input type="checkbox"/>	Position Reports To: Board of Directors
Management Approval (VP or higher): Board of Directors	Date Approved: May __, 2014
Compensation Approved by: Board of Directors	Date Approved: May __ 2014

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

Position Summary:

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

Major Position Responsibilities:

- Develop, implement, oversee, monitor and promote the implementation and maintenance of an effective Compliance Program.
- Provide guidance to the Board of Directors and the District's senior management regarding matters related to compliance.
- Deliver ongoing reports of Compliance Program activities to the Chief Executive Officer and to the Finance, Audit and Operations Committee.
- Report on a regular basis (and no less than quarterly) to the Board of Directors on activities, changes to, and progress of, the Compliance Program.

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

Qualifications:

ESSENTIAL COMPETENCIES, KNOWLEDGE, & EXPERIENCE

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

Education:

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

Experience:

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

Licenses:

- If JD, CA Bar membership, required.

Certifications:

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

Essential Organizational Behaviors

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

Equal Employment Opportunity

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

Americans with Disabilities Act

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

TRI-CITY HEALTHCARE DISTRICT

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

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. 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.

Revised July 2015

- f. To approve or disapprove all constitutions, bylaws, rules and regulations, including amendments thereto; of all affiliated or subordinate organizations.
- g. To appoint, promote, demote and remove all members of the Medical Staff. The Medical Staff shall make recommendations in this regard.
- h. To establish policies for the operation of this District, its Board of Directors and its facilities.
- i. To designate by resolution persons who shall have authority to sign checks drawn on the funds of the District.
- j. 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. 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

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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 HEATHCARE 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 Board 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;

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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

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

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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

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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

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

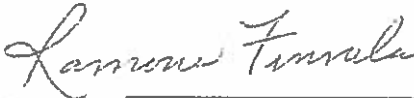
CODE FOR LEGISLATIVE AUTHORITY

- 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 7/30/15
Chairperson Date

ATTEST:


Ramona Finnila, 7/30/15
Secretary Date



Key State Issues

Latest News on Key Bills in the State Legislature



April 21, 2017

Activity in the Legislature is increasing as hearings are scheduled for the several hundred bills that must be acted upon by the April 28 deadline. Details on high-priority health care-related bills CHA is tracking this legislative session are provided below. For an online version of this report that can be filtered by topic and is updated daily, visit www.calhospital.org/key-state-issues.

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Administrative Regulations					
AB 1225	Patterson (R-Fresno)	Would require CDPH to annually brief the Legislature on its efforts to update Title 22 regulations.	Passed out of Assembly Health Committee April 18.	Support	Debby Rogers/ Connie Delgado
Civil Actions					
SB 33	Dodd (D-Napa)	Was amended March 23 to apply only to financial institutions and no longer impacts hospitals. As introduced, the bill would have prohibited a business from requiring, as a condition of entering into a contract for the provision of goods or services, that a customer waive any legal right — including right to a jury trial or to bring a class action lawsuit — that arises as a result of fraud, identity theft or other act related to the wrongful use of personal identifying information.	To be heard in Senate Judiciary Committee May 2.	No Position	Lois Richardson/ 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.	Passed out of Assembly Judiciary Committee April 18.	Follow, Hot	Anne McLead/ 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.	Passed out of Senate Education Committee April 19.	Support	Cathy Martin/ Alex Hawthorne
Emergency Services					
AB 263	Rodriguez (D-Pomona)	Among other provisions, 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.	Passed out of Assembly Labor and Employment Committee April 19.	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.	Passed out of Assembly Health Committee April 18.	Support	BJ Bartleson/ Connie Delgado

California Hospital Association Key State Issues

Bill No.	Author	Location/Action	CHA Position	Staff Contact
Emergency Services (continued)				
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
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 LEMSA would be required to oversee the local community paramedic program.	Passed out of Assembly Health Committee April 18.	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.	Passed out of Senate Health Committee April 19.	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.	Passed out of Senate Business, Professions and Economic Development Committee April 17.	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.	Passed out of Senate Health Committee April 19. To be heard in Senate Judiciary Committee April 25.	Oppose Anne McLead/ Kathryn Scott
Health Facilities				
AB 908	Dababneh (D-Encino)	This bill 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 Assembly Appropriations Committee April 25.	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 Assembly Natural Resources Committee April 24.	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.	Passed out of Assembly Business and Professions Committee April 18. To be heard in Assembly Health Committee April 25.	Support David Perrott/ Connie Delgado

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
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.	Passed out of Assembly Labor & Employment Committee April 19.	Oppose, Unless Amended	Gail Blanchard-Saiger/ Kathryn Scott
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.	To be heard in Assembly Appropriations Committee.	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.	On the Assembly Floor.	Oppose, Unless Amended	Gail Blanchard-Saiger/ Kathryn Scott
AB 1102	Rodriguez (D-Pomona)	Recent amendments remove provisions that 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. The amendments also increase the fine for willful violations of whistleblower protections. CHA is now neutral.	To be heard in Assembly Judiciary Committee April 25.	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.	To be heard in Senate Judiciary Committee April 25.	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 Senate Health Committee April 26.	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 including multiple facilities in their system in a contract.	To be heard in Senate Health Committee April 26.	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 March 29, 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.	To be heard in Senate Health Committee April 26.	Follow, Hot	Anne McLeod/ Barbara Glaser

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Managed Care (continued)					
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
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).	To be heard in Assembly Health Committee April 25.	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).	To be heard in Senate Health Committee April 26.	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.	Passed out of Senate Health Committee April 19.	Support	Amber Ott/ Barbara Glaser
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 (HIPAA) of 1996.	To be heard in Senate Judiciary Committee April 25.	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.	Passed the Assembly.	Support	Peggy Wheeler/ Connie Delgado

California Hospital Association Key State Issues

Bill No.	Author	Location/Action	CHA Position	Staff Contact	
Medical Staff (continued)					
AB 893	E. Garcia (D-Coachella)	Would authorize the Pioneers Memorial Healthcare District to, until Jan. 1, 2022, conduct a pilot program employing physicians. The bill would require the hospital to submit a report to OSHPD containing information required by the office.	To be heard in Assembly Business and Professions Committee.	Follow, Hot	Peggy Wheeler/ Barbara Glaser
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
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.	In the Senate.	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 Assembly Appropriations Committee April 26.	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.	To be heard in Assembly Health Committee April 25.	Support	Sheree Lowe/ Alex Hawthorne
AB 1136	Eggman (D-Stockton)	Would require the California Department of Public Health to apply for a grant established under the federal 21st Century Cures Act 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.	To be heard in Assembly Health Committee April 25.	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.	In the Assembly.	Follow, Hot	Peggy Wheeler/ Barbara Glaser

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Mental Health (continued)					
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.	On the Senate Floor.	Follow, Hot	Sheree Lowe/ Alex Hawthorne
Nursing Services					
AB 1612	Burke (D-Inglewood)	As amended April 18, would allow full practice authority for certified nurse midwives.	To be heard in Assembly Business and Professions Committee April 25.	Support	BJ Bartleson/ Connie Delgado
SB 457	Bates (R-Laguna Niguel)	As amended April 17, 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)	As amended, 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 Senate Business, Professions & Economic Development Committee April 24.	Support	BJ Bartleson/ Connie Delgado
Patients' Rights					
AB 859	Eggman (D-Stockton)	Would lower the standard of evidence from "clear and convincing evidence" to a "preponderance of the evidence" for cases brought under the Elder Abuse and Dependent Adult Civil Protection Act in which spoliation of evidence has been committed by the defendant, as specified	To be heard in Assembly Judiciary Committee May 2.	Oppose	Jackie Garman/ Barbara Glaser
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.	Passed out of Senate Health Committee April 19.	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.	Placed on Suspense.	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 Senate Business, Professions and Economic Development Committee April 24.	Support	BJ Bartleson/ Alex Hawthorne

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
Prison Issues					
AB 43	Thurmond (D-Richmond)	Would tax companies that contract with state prisons, the Department of Corrections and Rehabilitation or the Department of General Services to provide goods or services. The additional revenues would be used to expand programs that are known to prevent incarceration, such as universal preschool and after-school programs.	To be heard in Revenue and Taxation Committee April 24.	Support	BJ Bartleson/ Alex Hawthorne
Public Health					
SB 43	Hill (D-San Mateo)	Would establish a statewide public health surveillance system for tracking antibiotic resistant infections and deaths. Specifically, the bill would require doctors to list an antibiotic resistant infection as a cause of death if it was a factor in a patient's death. It would also require hospitals and clinical labs, beginning July 1, 2018, to conduct and submit to the California Department of Public Health (CDPH) an annual antibiogram (a summary of all the antibiotic resistant infections in the previous year); hospitals are 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 death certificate information. This report would analyze the data by facility type, type of resistant infection and geography; facility names would not be included.	Passed out of Senate Health Committee April 19.	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 Assembly Appropriations Committee April 25.	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, with new penalties of license revocation or suspension.	Failed passage. Referred to Assembly Aging and Long-Term Care Committee April 24. To be heard in Assembly Health Committee April 25.	Oppose, Unless Amended	Debby Rogers/ Barbara Glaser
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.	To be heard in Senate Judiciary Committee April 25.	Oppose	Patricia Blaisdell/ Barbara Glaser
SB 481	Pan (D-Sacramento)	Sponsored by CHA, this bill would address deficiencies identified in CANHR v. Chapman. Specifically, it would strengthen the current process for notifying skilled-nursing facility residents who lack capacity and have no legal representation of recommended medical interventions requiring informed consent.	Passed out of Senate Health Committee April 19. To be heard in the Senate Judiciary Committee April 25.	Sponsor	Patricia Blaisdell/ Lois Richardson/ Alex Hawthorne

California Hospital Association Key State Issues

Bill No.	Author		Location/Action	CHA Position	Staff Contact
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 the services rendered. Existing law, which has not yet taken effect, requires billing within 30 days.	Passed out of Senate Appropriations Committee April 17.	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
Review Board Bylaws	X	X	X	X	X	X	X	X	X	X	X	X	
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