

**TRI-CITY HEALTHCARE DISTRICT
OF THE GOVERNANCE & LEGISLATIVE COMMITTEE
OF THE BOARD OF DIRECTORS
Tuesday, September 6, 2016
12:30 p.m. – Assembly Room 3
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

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

	Agenda Item	Time Allotted	Requestor/Presenter
1.	Call to Order/Opening Remarks	2 min.	Chair
2.	Approval of agenda	2 min.	Chair
3.	Public Comments – Announcement Comments may be made at this time by members of the public on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item		
4.	Ratification of minutes of prior meeting	2 min.	Standard
5.	Old Business – Discussion/Possible Action		
	a. Review and discussion of amendments to Board Policy 14-020 – Business Expense Reimbursement: Ethics Training	10 min.	Chair
6.	New Business – Discussion/Possible Action		
	a. Medical Staff Rules & Regulations: 1) Department of Pediatrics 2) Department of OB-GYN b. OGBYN-Revised Privilege Card	15 min.	S. Miller
	c. Review and discussion of Committee Charter: 1) Professional Affairs Committee	10 min.	Chair/CCO
	d. Purpose of Committee and Steps to Implementation	30 min.	Chair

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

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

7.	Discussion regarding Current Legislation – Informational Only	5 min.	Chair
8.	Review of Committee FY2017 Work Plan – Informational Only	5 min.	Standard
9	Committee Communications	5 min.	Standard
10.	Committee Openings – Two	--	Standard
11.	Confirm Date of Next Meeting – October 4, 2016 – 12:30 p.m.	--	Standard
12	Adjournment		
	Total Time Budgeting for Meeting	1.5 hour	

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

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

**Governance & Legislative Committee Meeting Minutes
Tri-City Healthcare District
August 2, 2016**

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

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

Others Present: Teri Donnellan, Executive Assistant; Jane Dunmeyer, League of Women Voters; Laura Mitchell, Board Member

Absent: Dr. Paul Slowik, Community Member; Dr. Marcus Contardo, Physician Member; Dr. Gene Ma, Chief of Staff

	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order/Introduction	The meeting was called to order at 12:30 p.m.in Assembly Room 3 at Tri-City Medical Center by Chairman Dagostino.		
2. Approval of Agenda	It was moved by Director Reno to approve the agenda as presented. Mr. Eric Burch seconded the motion. The motion passed unanimously.	Agenda approved.	
3. Comments from members of the public	Chairman Dagostino read the Public Comments announcement as listed on today's Agenda. Chairman Dagostino reminded community guests to complete a "speaker card request" if they wish to make any comments.	Information only	
4. Ratification of prior Minutes	It was moved by Director Finnila and seconded by Mr. Eric Burch to ratify the minutes of the July 5, 2016 Governance & Legislative Committee. Mr. Burch noted he was absent at the July 5th meeting. The minutes will be amended accordingly. The motion passed to approve the amended minutes with Director Reno and Mr. Burch abstaining from the vote.	Amended Minutes ratified.	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
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<p>5. Old Business –</p> <p>a. Review and discussion of amendments to Board Policy 15-010 – Board Meeting Agenda Development, Efficiency and Time Limits for Board Meetings, Role and Powers of Chairperson</p>	<p>In follow-up to last month's meeting, Chairman Dagostino stated revisions have been made to the policy to clarify the process for Board members wishing to place an item on the Board agenda. Chairman Dagostino referred to the memorandum contained in the agenda packet that summarized the revisions to the Policy and also explained Brown Act issues that may arise as a result of the new language. Chairman Dagostino provided an example of the process used by the Encinitas City Council to add items to an agenda. Mr. Moser stated the process as described is questionable as the Board may not take action on something that isn't on the agenda. He suggested if that process is something the Board is interested in exploring discussion could be held by adding an agenda item entitled "Future Agenda Items".</p> <p>It was moved by Director Finnilla to recommend approval of Board Policy 15-010 – Board Meeting Agenda Development, Efficiency and Time Limits for Board Meetings, Role and Powers of Chairperson as presented. Mr. Burch seconded the motion. The motion passed unanimously.</p>		Ms. Donnellan
<p>b. Review and discussion of amendments to Board Policy 14-020 – Business Expense Reimbursement: Ethics Training</p>	<p>Chairman Dagostino reported at last week's Board meeting, the Board referred Policy 14-020 – Business Expense Reimbursement: Ethics Training back to the committee for further discussion. Director Reno stated two-three Board members were in favor of keeping the original policy. Chairman Dagostino explained the purpose of the amendment was to allow Board members more flexibility in attending educational sessions of their choosing without prior Board approval. Chairman Dagostino proposed the following language: "Prior approval for reimbursement of expenses for directed activities may be submitted without prior Board approval. Directed activities are defined as C-Suite personnel requesting a Board member to attend meetings related to hospital business. The expenses shall not exceed</p>		

Topic	Discussion	Action Follow-up	Person(s) Responsible
	<p>\$500.00 per year." Director Reno explained that in the past Board members would request approval retrospectively if timing of the conference was an issue. Mr. Moser confirmed that the policy does not prohibit approval retrospectively and in that instance the item would be placed on the Consent Agenda for approval. Mr. Moser also noted all reimbursements over \$100 are publicly reported on the monthly Reimbursement Report contained in the monthly board agenda packet.</p> <p>Director Finnilla suggested the following amendments:</p> <ul style="list-style-type: none"> ➤ strike the verbiage "except as provided herein" ➤ in section IV A, and ➤ strike "Each board member may seek reimbursement without Board approval for education ventures of their own choosing related to the Board member's performance of his or her official duties and not to exceed a total of \$500 per year" in section IV A. 2. ➤ Accept other redline revisions as written. <p>Discussion was held regarding IV C. 6. One over One Approval. Director Reno stated in the past the Treasurer also had authority to approve the Chair's expenses.</p> <p>It was moved by Director Finnilla to recommend approval of Board Policy 14-020 Business Expense Reimbursement: Ethics Training with the amendments as described. Director Reno seconded the motion. The motion passed unanimously.</p>		Ms. Donnellan
c. Review and discussion of amendments to Committee Charter	Chairman Dagostino referred the committee to the Governance & Legislative Committee Charter that was distributed at the meeting. Ms. Bernard-Shaw explained General Counsel made some additional changes that were not incorporated into the version contained in the agenda packet. Ms. Bernard-Shaw stated she met with members of the committee individually and attempted to draft a charter that reflected their comments. Director		

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Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>Reno expressed concern that certain sections of the initial Charter have been omitted and those items are expressly recommended by the Governance Institute. Mr. Moser noted there are separate Board policies related to those functions. With regard to the Board's annual self-assessment (struck in k.), Mr. Moser explained the Board does not take direction from the committee on this matter.</p> <p>Director Reno questioned the process by which community members sign a Confidentiality Statement. Mr. Moser explained that issue is addressed in a separate Board policy. Ms. Donnellan explained once the Board has approved the appointment of a community member to a Board committee she ensures the member sign a Confidentiality Statement and complete AB1234 training.</p> <p>Mr. Burch suggested review of the Charters be consistent across the Board.</p> <p>With regard to I. 1. Chairman Dagostino distributed the Proposed Ratification Pathway for Medical Staff Bylaw Amendments which was previously approved by the Board and referenced in the Charter. He explained the Board agreed to strike number (7) in its entirety as well as the first sentence in number (8). In essence, Medical Staff Bylaw changes would bypass the Governance Committee and go directly to the Board.</p> <p>It was moved by Director Finnilla to approve the Charter as presented. Mr. Burch seconded the motion. The motion passed with Director Reno abstaining from the vote.</p>		Ms. Donnellan
<p>6. New Business</p> <p>a. Review and Discussion of Committee Charters</p>		<p>Recommendation to be sent to the Board of Directors to approve the Governance & Legislative Committee Charter as amended; item to be placed on Board Agenda and appear in agenda packet.</p>	

Topic	Discussion	Action Follow-up	Person(s) Responsible
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1. Audit, Compliance & Ethics Committee	<p>The committee reviewed the Audit, Compliance & Ethics Committee Charter. It was noted for consistency section I. 2. f. should be amended to read "The Audit Compliance & Ethics Committee Charter will be reviewed every three (3) years. General Counsel recommended section I. 2. g. be struck in its entirety as well.</p> <p>It was moved by Director Finnilla to recommend approval of the Audit, Compliance & Ethics Committee Charter with amendments as described. Mr. Burch seconded the motion. The motion passed with Director Reno abstaining from the vote.</p>	<p>Recommendation to be sent to the Board of Directors to approve the Audit, Compliance & Ethics Committee Charter as amended; item to be placed on Board Agenda and appear in agenda packet.</p>	Ms. Donnellan
2. Human Resources Committee	<p>The committee reviewed the Human Resources Committee Charter. It was noted for consistency section I. 7. should be amended to read "The Human Resources Committee Charter will be reviewed every three (3) years." General Counsel recommended section I.8. be struck in its entirety to remain consistent with other Charters.</p> <p>It was moved by Director Finnilla to recommend approval of the Human Resources Committee Charter with amendments as described. Mr. Burch seconded the motion. The motion passed with Director Reno abstaining from the vote.</p>	<p>Recommendation to be sent to the Board of Directors to approve the Human Resources Committee Charter as amended; item to be placed on Board Agenda and appear in agenda packet.</p>	Ms. Donnellan
3. Community Healthcare & Alliance Committee	<p>Chairman Dagostino referred the committee to the Community Healthcare & Alliance Committee Charter that was distributed at today's meeting. It was noted for consistency section II. 8. should be amended to read "The Community Healthcare & Alliance Committee Charter will be reviewed every three (3) years." General Counsel recommended section II 9. be struck in its entirety to remain consistent with other Charters.</p> <p>It was moved by Director Finnilla to recommend</p>	<p>Recommendation to be sent to the Board of Directors to approve the</p>	Ms. Donnellan

Topic	Discussion	Action Follow-up	Person(s) Responsible
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	<p>approval of the Community Healthcare & Alliance Committee Charter with amendments as described. Dr. Mells seconded the motion. The motion passed with Director Reno abstaining from the vote.</p>	<p>Community Healthcare & Alliance Committee Charter as amended; item to be placed on Board Agenda and appear in agenda packet.</p>	
<p>7. Discussion regarding Current Legislation</p>	<p>Chairman Dagostino reported the Board has approved entering into a Joint Powers Authority with the City of Oceanside to utilize their Design Build concept. Mr. Dietlin stated we have the support of Oceanside and are seeking their approval at the August 24th City Council meeting.</p>	<p>Information only.</p>	
<p>8. Review of FY2017 Committee Work Plan</p>	<p>The FY2017 Committee Work Plan was included in today's meeting packet for reference. Mr. Moser clarified that the Work Plan contained in the packet is the Board of Director's Work Plan and is brought to the committee for information only.</p>	<p>Information only.</p>	
<p>9. Committee Communications</p>	<p>None.</p>		
<p>10. Community Openings – Two</p>	<p>There are currently two openings on the committee.</p> <p>Chairman Dagostino stated we had informally discussed soliciting community members after the Charter has been approved by the Board. Director Reno suggested the committee solicit a community member from Vista and Oceanside to reflect representation by all the communities served by the District. Mr. Moser suggested the ad state that applicants from the communities of Oceanside and Vista are encouraged to apply. It was noted we currently have one community member from Carlsbad and one from Oceanside.</p> <p>Director Finnilla questioned what the purpose of the committee will be in the coming year and how will the committee proceed with the educational aspects outlined in the Charter. Chairman Dagostino stated it is important to determine how often the committee needs to meet and although we do not have a plan to restructure the committee we have been challenged to be more efficient. He noted the resignation of recent</p>		

Topic	Discussion	Action Follow-up	Person(s) Responsible
	<p>community members due to their perceived lack of value to the committee.</p> <p>Ms. Bernard Shaw stated she researched Governance & Legislative Committee Charters of other non-profits and found they recommend the committee look at "best practice" for the organization.</p> <p>It was recommended solicitation for additional community members be held pending further discussion by the committee next month.</p>	<p>Committee's Purpose and implementation steps will be placed on the September agenda.</p> <p>Solicitation for additional community members is on hold.</p>	Ms. Donnellan
11. Confirm date and time of next meeting	The committee's next meeting is scheduled for Tuesday, September 6, 2016 at 12:30 p.m.	The next meeting of the Committee is September 6, 2016.	
12. Adjournment	Chairman Dagostino adjourned the meeting at 1:38 p.m.		

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

BOARD POLICY #14-020

POLICY TITLE: Business Expense Reimbursement; Ethics Training

I. POLICY

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

II. PURPOSE

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

III. SCOPE

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

IV. PROVISIONS

A. Pre-Approval of Expenses.

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

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

B. Direct Billing/Travel Advances.

1. Direct Billing.

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

2. Reconciliation of Direct Billing Expenses.

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

C. Reporting Requirements

1. Expense Form.

All requests by a Director or the CEO for reimbursement shall be submitted on TCHD's standard Expense Report Form (see Exhibit "A") with all required supporting documentation and receipts attached in the order they were incurred. This procedure will facilitate the auditing of the Expense Report Forms and provide for more efficient and timely processing. If there are any anticipated reimbursements from outside organizations, documentation of such should be noted on the Expense

Report Form. If any such reimbursement is received following TCHD payment of expenses, the overpayment will be signed over to TCHD. TCHD follows the general rules of the IRS and California Government Code which requires i) that expenses be supported by receipts and that the persons involved and ii) that the business purpose of each expenditure be identified.

2. Supporting Documentation.

Supporting documentation should include, whenever applicable, the following:

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

3. Timely Submission.

The Expense Report Form showing actual expenses, together with actual receipts, must be submitted within 60 days following the completion of travel. More timely submission may be requested from time to time for example at fiscal ~~year-end~~year-end to insure appropriate timely accounting to accrue. Reimbursement will not be made if the Expense Report Form is not submitted within 60 days of incurring the expense. In the case of travel advances, if the required documentation and receipts are not submitted within 60 days of incurring the expense, no further travel shall

be approved until one year has elapsed from the date travel was completed and the appropriate expense report is received by TCHD.

4. Reports To TCHD Board.

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

5. Seminar Evaluation.

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

6. One Over One Approval.

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

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

7. Payment Of Reimbursement.

Completed Expense Request Forms meeting all of the foregoing requirements and approved by the appropriate TCHD Director or CEO will be processed and paid no later than two (2) weeks from the date of authorized submission of the completed Expense Request Forms to the

Finance Department. Reimbursement will be directly, by check for actual and necessary business expenses incurred in the performance of official duties upon receipt of a properly documented Expense Report Form accompanied by receipts approved by the appropriate authorized person.

8. Reimbursement Of Excessive Advance.

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

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

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

D. Reimbursement Rates.

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

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

1. Airfare.

Coach or economy class airline tickets are considered ordinary business expenses; first or business class tickets are not reimbursable under the Policy. Each Director is expected to assist TCHD in acquiring the best rate and greatest discount on airline tickets. Reimbursement will be the actual necessary airline fare.

Note: If a Director chooses to travel in his or her private automobile, rather than by airline, the Director will be reimbursed for mileage at the rates specified in this Policy, provided that such reimbursement does not

exceed the cost of coach or economy airfare, plus normal cost for transportation to and from the airport at the point of departure and the airport at the destination. If two or more Directors travel in the same private automobile, the Director whose private automobile is used, will get full mileage reimbursement, provided that said mileage meets the requirements above as to each Director traveling together, and does not exceed the cost of coach or economy airfare plus normal cost for transportation to and from the airport at the point of departure and the airport at the destination.

2. Lodging.

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

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

3. Car Rental.

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

4. Car Rental Insurance.

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

5. Parking Expense.

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

6. Mileage.

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

7. Other Transportation Expenses.

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

8. Meals and Gratuities.

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

9. Telephone/Fax.

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

10. Dues and Professional Organizations.

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

11. Certification and Licenses.

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

12. Continuing Education.

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

13. Other Business-Related Expenses.

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

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

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

14. Facsimile transmission equipment; Telephone line.

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

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

the Director and timely reimbursement to the District for the excess will be the responsibility of the Director.

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

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

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

15. Non-Reimbursable Expenses.

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

E. Penalties.

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

V. ETHICS TRAINING REQUIRED

- A. Members of the Board of Directors and all committee members shall receive at least two (2) hours of ethics training every two (2) years, pursuant to the provisions of Government Code section 53234 et seq. ("Ethics Training") in order to be eligible for compensation or reimbursement of expenses.
- B. All Members of the Board of Directors and all committee members, shall provide a certificate to the Executive Assistant, indicating the dates upon which they attended an Ethics Training session(s), to satisfy requirements. Said certificate shall also include the name of the entity that provided the training. The Executive Assistant shall maintain the records, indicating the dates that each of the Members of the Board of Directors and each committee member, satisfied their requirements, and the entity which provided the training. These records shall be

maintained for at least five (5) years after the training, and are subject to disclosure under the Public Records Act.

- C. The CEO or Executive Assistant shall provide members of the Board of Directors and committee members, information on the Ethics Training available to meet these requirements.

Reviewed by the Gov/Leg Committee: 6/8/05
Approved by the Board of Directors: 6/23/05
Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 1/4/06
Approved by the Board of Directors: 1/26/06
Reviewed by the Gov/Leg Committee: 11/8/06
Reviewed by the Gov/Leg Committee: 6/13/07
Approved by the Board of Directors: 6/28/07
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07 & 11/07/07
Approved by the Board of Directors: 12/13/07
Reviewed by the Gov/Leg Committee: 07/15/09
Approved by the Board of Directors: 07/30/09
Reviewed by the Gov/Leg Committee: 8/12/09
Approved by the Board of Directors: 8/27/09
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Approved by the Board of Directors: 5/27/10
Reviewed by the Gov/Leg Committee: 12/01/10
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Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Approved by the Gov/Leg Committee: 8/2/16
Approved by the Board of Directors:

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I. MEMBERSHIP

The Department of Pediatrics consists of physicians who are board certified by the American Board of Pediatrics or are board-eligible; having completed an ACGME approved residency in Pediatrics, and who are actively progressing towards certification. Pediatricians who admit and care for neonates in the Neonatal Intensive Care Unit (NICU) must be members of the Division of Neonatology.

II. FUNCTIONS

The general functions of the Department of Pediatrics 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 (MEC) 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 practice;
- D. Review and evaluate Department member adherence to:
 1. Medical Staff policies and procedures;
 2. Sound principles of clinical practice.
- E. Submit written minutes to Medical Quality Peer Review 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, patient safety and clinical performance or opportunities to improve patient care are identified;
- H. Recommend/ or request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509);
- I. Approve On-Going Professional Practice Evaluation (OPPE) indicators and formulate thresholds; and
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 Pediatrics meets quarterly and no less than three (3) times per year or at the discretion of the Chair

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

IV. DEPARTMENT OFFICERS

- A. The Department shall have 3 officers: a Chairperson, a Vice-Chairperson, and a Quality Review Representative. The officers must be members of the Active Medical Staff and shall be qualified by training, experience, and demonstrated ability in at least one of the clinical areas covered by the Department. The Vice-Chairperson shall be the Chairperson-Elect and may also serve as the Quality Review Representative.

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- B. The Chairperson and Vice-Chairperson shall be elected every year by the Active members of the Department who are eligible to vote. The Chair shall be elected by a simple majority of the members of the Department. The notice for elections is given at least one month prior to the meeting date.
- C. The Department Chair shall serve a one-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from office, or loses Medical Staff membership or clinical privileges in the department. Department officers shall be eligible to succeed themselves if elected.
- D. The Vice-Chairperson succeeds the Chairperson after his/her term has expired unless there is an objection by a majority of the Active members of the Department who are eligible to vote.
- E. The Quality Review Representative serves a one-year term and is elected by the Active members of the Department who are eligible to vote. The Quality Review Representative serves as the Chair of the Pediatric Quality Review Committee (QRC), and attends Medical Staff QA/PI/PSC meetings. Every effort will be made to appoint members to the QRC from each major group and a representative from the unassigned call panel for ED.

V. DUTIES OF THE DEPARTMENT CHAIR

- A. The Department Chair shall assume the following responsibilities:
 - 1. Be accountable for the professional and administrative activities of the Department;
 - 2. Ongoing monitoring of the professional performance of all individuals who have delineated clinical privileges in the Department.
 - 3. Assure that practitioners practice only within the scope of their privileges as defined within their delineated privilege form.
 - 4. Recommend to the Medical Executive Committee the criteria for clinical privileges in the Department;
 - 5. Recommend clinical privileges for each member of the Department;
 - 6. Assure that the quality, safety and appropriateness of patient care provided by members of the Department are monitored and evaluated; and
 - 7. Other duties, as recommended from the Medical Executive Committee.

VI. PRIVILEGES

- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.
- ~~B. 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~~ All practitioners applying for clinical privileges must demonstrate current competency for the scope of privileges requested. "Current competency" means documentation of activities within the twenty-four (24) months preceding application, unless otherwise specified.
- ~~D-C~~ Requests for privileges in the Department of Pediatrics are evaluated based on the practitioner's education, training, experience, demonstrated professional competence and judgment, active clinical performance, documented cases of patient care and are granted based on department specified criteria. Recommendations for privileges are made to the Credentials Committee and to the Medical Executive Committee. Practitioners practice only within the scope of their privileges as defined within these Rules and Regulations.
- ~~E-D~~ **Nurse Practitioners:** 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

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practitioner shall function under standardized procedures or protocols covering the care delivered by the nurse practitioner. The nurse practitioner and his/her supervising physician who shall be a pediatrician will develop the standardized procedure or the protocols with the approval of the Department of Pediatrics.

F-E Classifications of Newborns:

1. Level 1: Newborns greater than 2000 grams and 35 6/7 weeks GA, without any of the diagnoses or symptoms listed in VI (E)(2).
2. Level 2: Newborns needing intermediate or continuing care; criteria as follows:
 - i. Weight greater than 2000 grams at birth, r/o sepsis during an observational period, if consistently stable without additional signs of illness.
 - ii. Tachypnea, TTN, or other mild respiratory illness, otherwise stable, with oxygen needs <40%, and no oxygen needs over six (6) hours.
 - iii. Hypoglycemia (without other risk factors such as suspected sepsis or respiratory distress) with a normal exam and stable vital signs, responsive to oral therapy.
 - iv. Feeding problems in a newborn greater than 2000 grams and 35 6/7 weeks gestational age (GA), with no concerns about GI perforation or anomalies.
3. Hyperbilirubinemia requiring phototherapy, unlikely to require an exchange transfusion, otherwise stable, currently 35 6/7 weeks GA and 2000 grams.

If the infant status changes to meet the Level 3 criteria (per NICU unit-specific policy "Admission and Discharge Criteria for the NICU"), a neonatology consult is required. The consultation will be requested by the attending pediatrician who, in collaboration with the neonatologist, will determine if care should be transferred to a neonatologist.

Pediatrics Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Admit patients, Level 1 and Level 2 newborns	Training and evidence of current NRP/NALS or PALS certification	Six (6) cases	Evidence of current NRP/NALS or PALS certification
Consultation			
Newborn care, Level 1 and Level 2			
Perform medical history and physical examination (Newborn), including via telemedicine (F)	Training		N/A
Attendance at C-sections & vaginal deliveries, including newborn resuscitation	Training and evidence of current NRP/NALS certification	One (1)	Evidence of current NRP/NALS certification
Invasive Pediatrics Procedures			
Lumbar puncture	Training	Five (5) cases from Invasive Procedures category	N/A
Laryngoscopy	Training and evidence of current NRP/NALS		Evidence of current NRP/NALS certification

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Pediatrics Privileges	Initial Appointment	Proctering	Reappointment (every 2 years)
	certification		
Circumcision	Training		N/A
Intubation, Infant	Training and evidence of current NRP/NALS certification		Evidence of current NRP/NALS certification
Intubation, Pediatric	Training and evidence of current PALS certification		Evidence of current PALS certification
Suprapubic aspiration	Training		N/A
Pediatric Cardiology Privilege Category			
Consultation, Pediatric Cardiology, to include neonates	Successful completion of a residency in Pediatrics and a fellowship training program in Neonatology or Pediatric Cardiology	Two (2) cases from this category	Ten (10) cases from this category
Cardiac defibrillation, to include neonates			
Echocardiography, to include neonates			
Elective cardioversion, to include neonates			
Electrocardiography (EKG/ECG), to include neonates			
Pericardiocentesis, to include neonates			
Holter monitor—12 years and older	Successful completion of a residency in Pediatrics and a fellowship training program in Pediatric Cardiology		
Treadmills—12 years and older			
Pediatric Surgery Privilege Category			
Consultation, Pediatric Surgery, to include neonates	Board certified by the American Board of Surgery in Pediatric Surgery	One (1) case	Evidence demonstrating activity performing pediatric surgery at another healthcare facility
Other			

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Pediatrics Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Moderate sedation	See Policy 8710-517 and evidence of current NRP/NALS certification	See Policy 8710-517	See Policy 8710-517 and evidence of current NRP/NALS certification

VII. REAPPOINTMENT OF CLINICAL PRIVILEGES

- A. Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may be accepted to fulfill the requirements. If the minimum number of cases is not performed, the 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 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 Department Chair to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors.
- B. All Active members of the Department will act as proctors. An associate may monitor 50% of the required proctoring. Additional cases may be proctored as recommended by the Department Chair. It is the responsibility of the Department Chair to inform the monitored member whose proctoring is being continued whether the deficiencies noted are based on current clinical competence, practice behavior, or the ability to perform the requested privilege(s). Colleagues who cover on-call for an assigned proctor should be aware, accessible, and amenable to providing proctoring in the place of that member, if needed.
- C. **THE MONITOR MUST BE PRESENT FOR THE PROCEDURE FOR A SUFFICIENT PERIOD OF TIME TO ASSURE HIMSELF/HERSELF OF THE MEMBER'S COMPETENCE, OR MAY REVIEW THE CASE DOCUMENTATION (I.E., H&P, OP NOTE, OR VIDEO) ENTIRELY TO ASSURE HIMSELF/HERSELF OF THE PRACTITIONER'S COMPETENCE.** For invasive cases, proctor must be present for the procedure for a sufficient period of time to assure himself/herself of the member's competence. For noninvasive cases the proctor may review case documentation (i.e. H&P) entirely to assure himself/herself of the practitioner's competence.
- D. In elective cases, arrangements shall be made prior to scheduling i.e., the proctor shall be designated at the time the case is scheduled.
- E. The member shall have free choice of suitable consultants and assistants.
- F. 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.
- G. A form shall be completed by the proctor and should include comments on diagnosis, procedural technique, and overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be available from the Medical Staff Office.

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- H. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.
- I. Members of other departments, such as the Emergency Department or Anesthesiology Department, can proctor an appropriate procedure, but cannot proctor admissions.
- J. It is the responsibility of the member to notify a proctor when one is needed.

IX. EMERGENCY ROOM COVERAGE

- A. Department members shall participate in the Emergency Department Call Roster or consultation panel as determined by the Medical Staff. Refer to Medical Staff Policy and Procedure 8710-520.
- B. Any member who elects to provide follow-up care in his/her office must do so without regard to the patient's ability to pay and must provide a minimum level of care sufficient to respond to the patient's immediate needs.
- C. Provisional or Courtesy Staff may participate on the unassigned call panel at the discretion of the Department chair.

X. DEPARTMENT QUALITY REVIEW AND MANAGEMENT

The Department of Pediatrics will have a Quality Review Committee (QRC) comprised of no less than four (4) Department members. The QRC chair is the Department's representative to the Medical Staff Medical Quality Peer Review Committee. QRC members are able to succeed themselves. The QRC will meet at least four (4) times per year. Refer to Section II "FUNCTIONS" above as applicable.

A. General Function

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

XI. NICU M&M COMMITTEE

The Department of Pediatrics will have an NICU Mortality & Morbidity (M&M) Committee that meets at least quarterly to discuss neonatal cases and issues related to neonatal care. The NICU M&M shall be composed of the members of the Neonatology Division. Representatives from the Department of Obstetrics/Gynecology and nursing shall be invited. The Committee shall maintain a record of its activities and report to the Department of Pediatrics QRC.

APPROVALS:

Department of Pediatrics: 5/05/15

Medical Executive Committee: 5/18/15

Governance Committee: 6/01/15

Board of Directors: 6/25/15

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I. MEMBERSHIP

- A. The Department of Obstetrics and Gynecology consists of physicians who are board certified or actively progressing towards certification by the American Board of Obstetrics and Gynecology and have successfully completed an ACGME/AOA-accredited residency training program in Obstetrics and Gynecology.
- A-B. Any member of the Department of Obstetrics and Gynecology who was Board Eligible when initially granted surgical privileges, and who was granted such privileges on or after June 1, 1991, shall be expected to obtain Board Certification within thirty-six (36) months of his/her appointment to the Medical Staff. Failure to obtain timely certification shall be considered in making recommendations regarding applications for reappointment and renewal of clinical privileges.

II. GENERAL FUNCTION

The general functions of the Department of Obstetrics and Gynecology 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 practice;
- D. Review and evaluate Department member adherence to:
 1. Medical Staff policies and procedures;
 2. Sound principles of clinical practice.
- E. Submit written minutes to the QA/PI 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, patient safety and clinical performance or opportunities to improve patient care are identified.
- H. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509);
- I. Approve of On-Going Professional Practice Evaluation Indicators; and
- J. Formulate recommendations for Department rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.

III. DEPARTMENT MEETINGS

- A. The Department of Obstetrics and Gynecology shall meet at the discretion of the Chair, but at least quarterly. 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 Committee, and then to the Medical Executive Committee.
- B. Twenty-five percent (25%) of the Active Department members, but not less than two (2) members shall constitute a quorum at any meeting.

IV. DEPARTMENT OFFICERS

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- A. The Department shall have a Chair and Vice-Chair who shall be members of the Active Medical Staff and shall be qualified by training, experience and demonstrated ability in at least one of the clinical areas covered by the Department.
- B. The Department Chair and Vice-Chair shall be elected every year by the Active members of the Department who are eligible to vote. The Chair and Vice-Chair shall be elected by a simple majority of the members of the Department. Vacancies of any officer for any reason shall be filled for the un-expired term through a special election.
- C. The Department Chair and Vice-Chair 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 Department. Department officers shall be eligible to succeed themselves.

V. DUTIES OF THE DEPARTMENT CHAIR

- A. The Department Chair, and the Vice-Chair, in the absence of the Chair, shall assume the following responsibilities:
 1. Be accountable for all professional and administrative activities of the Department;
 2. Continue surveillance of the professional performance of all individuals who have delineated clinical privileges in the Department.
 3. Assure that practitioners practice only within the scope of their privileges as defined within their delineated privilege form.
 4. Recommend to the Medical Executive Committee the criteria for clinical privileges in the Department.
 5. Recommend clinical privileges for each member of the Department.
 6. Assure that the quality, safety, and appropriateness of patient care provided by members of the Department are monitored and evaluated; and
 7. Assume other duties as recommended from the Medical Executive Committee.

VI. CLASSIFICATIONS

A. PHYSICIAN

1. Members of Department of Obstetrics and Gynecology are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:
 - a. Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life threatening illness.
 - b. Unexpected complications arise which are outside this level of competence.
 - c. Specialized treatment or procedures are contemplated with which they are not familiar.

B. PHYSICIAN ASSISTANT (PA)

1. Physician Assistants may only provide those medical services for which he/she is competent to perform and which are consistent with the physician assistant's education, training and experience, which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant, and as privileges granted.
 - a. A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

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- b. A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physicians specialty or usual customary practice and with the patient's health and condition, (e.g., surgical assisting).
 - c. A supervising physician shall observe or review evidence of the physician assistant performance of all tasks and procedures as delegated to the physician assistant until assured of competency.
 - d. A physician assistant may initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care.
 - e. Refer to the AHP rules and regulations for further delineation of sponsoring physician's supervision requirements.
 - f. A physician assistant may not admit or discharge patients.
2. The Department of Obstetrics and Gynecology requires a physician co-signature as delineated in the AHPs Rules and Regulations.

C. REGISTERED NURSE FIRST ASSISTANT (RNFA)

1. A registered nurse first assistant is a healthcare provider who, under the supervision of a physician, performs a variety of pre, intra, and postoperative services for patients undergoing a surgical procedure in the surgical suites. The RN first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing and other surgical tasks in accordance with privileges granted. The RN first assistant practices under the supervision of the surgeon during the intraoperative phase of the perioperative experience. The RN first assistant functions under standardized procedures and must adhere to the AHP's rules and regulations.

D. CERTIFIED NURSE MIDWIFE (CNM)

1. The midwife (CNM), a dependent allied health professional (AHP), functions under standardized procedures and must adhere to the AHPs rules and regulations. Refer to CNM standardized procedures for specific criteria.

VII. PRIVILEGES

- A. The Department of Obstetrics and Gynecology will define privilege criteria requirements on the privilege card. Recommendations for privileges are made to the Department, Credentials Committee, Medical Executive Committee, and Governing Board.
- A-B. All privilege cards are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.
- B. ~~By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.~~
- C. By virtue of their training and experience all practitioners with Obstetrical privileges are considered competent and able to perform FERN testing and other associated testing within their scope of practice, or for any emergency procedure, which, in the physician's judgment, is deemed indicated.
- C-D. All practitioners applying for clinical privileges must demonstrate current competency for the scope of privileges requested. "Current competency" means documentation of activities within the twenty-four (24) months preceding application, unless otherwise specified.
- D-E. The categories and applicable privileges are as follows:
 1. Obstetrical

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~~i. FERN testing and other associated testing within their scope of practice, or for any emergency procedure, which, in the physician's judgment, is deemed indicated.~~

2. Gynecological
3. Maternal-Fetal Medicine
4. Gynecological-Oncology

F. Members of Department of Obstetrics and Gynecology are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training. Such physicians may act as consultants to others and may, in turn, be expected to request consultation when:

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

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Privileges:	Initial Appointment	Proctoring	Reappointment (every 2 years)
Admit patients, including via telemedicine	Training/experience	N/A	N/A
Consultation, including via telemedicine			
Perform H&P (includes pelvic exam and cultures), including via telemedicine			
Obstetrical Category:			
Amniocentesis	<ol style="list-style-type: none"> Successful completion of an ACGME or AOA-accredited residency in OB/GYN. Documentation of fifty (50) cases reflective of the scope of privileges requested within the previous twenty-four months. 	Ten (10) cases, including five (5) concurrent vaginal deliveries, two (2) C-sections	Fifty (50) cases to include: two (2) C-sections and ten (10) vaginal deliveries.
Basic obstetrical ultrasound			
Breech vaginal delivery			
Cesarean hysterectomy			
Cesarean Section			
Episiotomy, vaginal repair, sphincter repair			
Evacuation of hydatidiform mole			
Evacuation of pelvic hematoma			
External cephalic version			
Hemorrhoid excision			
Hypogastric Artery Ligation			
Induction of labor			
Management of intra-uterine fetal demise			
Management of medical complications of pregnancy, preterm labor, pregnancy induced hypertension / eclampsia, pre-eclampsia, and multiple gestation			
Manual removal of placenta			
Operative vaginal delivery – forceps/low forceps/vacuum delivery			
Perineal laceration, first (fourchette) & second degree lacerations			
Perineal laceration, third & fourth degree			
Postpartum hemorrhage			
Suction D&C for termination of pregnancy			
Transvaginal cervical cerclage			
Vaginal Deliveries (Spontaneous, uncomplicated and precipitous term deliveries), and vaginal birth after previous C-section			

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Gynecological Category: Vaginal/Vulvar Surgery	Initial Appointment	Proctoring	Reappointment (every 2 years)
Anterior/posterior repair with or without placement of mesh	1. Successful completion of an ACGME or AOA accredited residency in OB/GYN.	Ten cases (10) from the Gynecological Category, including two (2) total vaginal hysterectomies, two (2) total abdominal hysterectomies, and two (2) diagnostic laparoscopies	Twenty-five (25) cases from the Gynecological Category, including two (2) total vaginal hysterectomies, two (2) total abdominal hysterectomies, and two (2) diagnostic laparoscopies reflective of the scope of privileges requested.
Biopsy of cervix, vulva, vagina			
Bladder neck suspension	2. Documentation of twenty-five (25) cases from the Gynecological Category (including at least five (5) major abdominal cases) reflective of the scope of privileges requested within the previous twenty-four months.		
Cervical cryotherapy			
Closure of vaginal fistula			
Conization of cervix			
Culdocentesis			
Cystoscopy			
Dilation and curettage (D&C)			
Dilation and evacuation (D&E)			
Endometrial ablation			
Hymenectomy			
Hymenotomy			
Hysterosalpingogram (HSG)			
I&D— Bartholin's gland cyst/abscess/marsupialization			
Incision and drainage wound abscess/hematoma			
IUD Insertion/Removal			
Loop electrical excision procedure (LEEP)			
Perineoplasty			
Repair incidental cystostomy			
Repair of recto-vaginal fistula			
Repair vesico-vaginal fistula			
Sacrospinous ligament fixation			
Simple vulvectomy			
Total vaginal hysterectomy			
Trachelectomy			
Transvaginal enterocele repair			
Urethral dilation			
Urethral sling (e.g. TVT, TVOT)			
Urethroscopy			
Vaginal bilateral tubal ligation			
Vaginectomy			
Gynecological Category: Abdominal Surgery			
Abdominal sacrocolpopexy			
Adhesiolysis			
Bilateral tubal ligation			
Evacuation of pelvic abscess			
Evisceration repair			
Exploratory laparotomy			

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Gynecological Category:			
Abdominal Surgery (Continued)			
Incisional hernia repair, concomitant			
Micretubal surgery			
Myomectomy and metroplasty			
Oophorectomy			
Ovarian cystectomy			
Paravaginal repair			
Pelvic and/or para-aortic lymphadenectomy			
Pelvic lymph-node sampling			
Pre-sacral neurectomy			
Repair of Enterocele			
Repair surgical rent of bladder/bowel			
Retropubic urethropexy			
Salpingo-oophorectomy			
Salpingectomy/salpingectomy			
Suprapubic cystotomy			
Total Abdominal Hysterectomy			
Tumor Debulking			
Wedge Resection of Ovaries			
Gynecological Category:			
Endoscopy/Hysteroscopy-			
Laparoscopic Surgery			
Appendectomy (incidental)			
Aspiration of cyst			
Bladder neck suspension			
Celpecuspension			
Diagnostic Laparoscopy			
Endometrial ablation			
Fulguration of lesions			
Laparoscopic Assisted Vaginal Hysterectomy (LAVH)			
Laparoscopic Supracervical Hysterectomy (LSH)			
Laparoscopic treatment of ectopic pregnancy			
Laparoscopic Tubal Ligation			
Lysis of adhesions			
Myomectomy			
Ovarian Cystectomy			
Removal of Adnexal Structure			
Removal of Meckel's diverticulum (w/consultation)			
Repair of Cystotomy/Enterotomy			

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Privileges:	Initial Appointment	Proctoring	Reappointment (every 2 years)
Gynecological Category: Endoscopy/Hysteroscopy- Laparoscopic Surgery (Continued) Resection of other uterine masses Surgical with or without D&C Thermal balloon ablation Total Laparoscopic Hysterectomy (TLH) Treatment of Ectopic Pregnancy Tubal occlusion for sterilization			
Gynecologic-Oncology Surgery Category: Diagnostic Cystoscopy with biopsy Liver Biopsy Proctoscopy with biopsy Staging laparotomy Therapeutic Bladder/ureter/urethra surgery, concomitant Chemotherapy administration Colpectomy Cystectomy, concomitant Cytoreduction for cancer Exenteration Flap closure of perineal defects, myocutaneous flaps, skin grafting Gastrostomy, concomitant Ileostomy, concomitant Insertion of suprapubic tube Intestinal surgery, concomitant Lymphadenectomy; pelvic, aortic, inguinal, femoral, , scalene node) Medical Management of the cancer patient Radical hysterectomy Radical vaginectomy Radical vulvectomy Repair of vascular injury Salpingoplasty Splenectomy, concomitant Urinary diversion, concomitant Ventral hernia repair, concomitant	1. Successful completion of an ABOG- or AOA- approved fellowship in Gynecologic Oncology. 2. Board certification in Gynecologic Oncology 3. Documentation of twenty-five (25) cases either from fellowship (if within previous twenty four (24) months) or another acute care facility.	Ten cases (10) from the Gynecologic-Oncology Surgery Category, including at least two (2) Diagnostic and four (4) Therapeutic procedures.	Twelve (12) representative blend of cases from Diagnostic and Therapeutic categories.

TRI-CITY HOSPITAL DISTRICT

Rules & Regulations

Section: Medical Staff
Subject: Department of Obstetrics/Gynecology

Maternal-Fetal Medicine (Perinatology)	Initial Appointment	Proctoring	Reappointment (every 2 years)	
Admit patients Consultation	1. Successful completion of an ACGME- or AOA- accredited residency in OB/GYN, and; 2. Successful completion of an ABOG- or AOA- approved fellowship in Maternal-Fetal Medicine	Proctoring fulfilled by completion of categorical proctoring.	N/A	
Genetic Amniocentesis Chorionic villus sampling Cordocentesis Intrauterine fetal transfusion			Two (2) cases from this category	
Criteria to apply for Laser Surgery Privileges:				
Intra-Abdominal Laser Surgery				
CO2-Laser Nd Yag Laser		1. Documentation of completion of laser training for each wavelength requested. 2. Documentation of clinical experience with specialized laser surgery or hands-on laboratory experience for each wavelength requested.	One (1)	One (1)
Other:				
Sedation: Moderate	Per MS policy #517	Per MS policy #517	Per MS policy #517	
Forensic Outpatient Clinic Site-Specific Privileges				
Perform history and physical examination (includes pelvic exam and cultures)	Training/experience	Proctoring fulfilled by completion of categorical proctoring	N/A	
Biopsy: cervical, vulvar, vaginal				
Biopsy: Endometrial				

VIII. REAPPOINTMENT OF CLINICAL PRIVILEGES

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

IX. PROCTORING

A. Each new 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 Department to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors.

TRI-CITY HOSPITAL DISTRICT

Rules & Regulations

Section: Medical Staff

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Obstetrics/Gynecology

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- B. All Active members of the Department will act as proctors. An associate may proctor 50% of the required proctoring. Additional cases may be proctored as recommended by the Department Chair. It is the responsibility of the Department Chair to inform the proctored member whose proctoring is being continued whether the deficiencies noted are in: a) preoperative, b) operative, c) surgical technique and/or, d) postoperative care.
- C. ~~THE PROCTOR MUST BE PRESENT IN THE OPERATING ROOM FOR A SUFFICIENT PERIOD OF TIME TO ASSURE HIMSELF/HERSELF OF THE MEMBER'S COMPETENCE, OR MAY REVIEW THE CASE DOCUMENTATION (I.E., H&P, OP NOTE, OR VIDEO) ENTIRELY TO ASSURE HIMSELF/HERSELF OF THE SURGEON'S COMPETENCE.~~ For invasive cases, proctor must be present for the procedure for a sufficient period of time to assure himself/herself of the member's competence. For noninvasive cases the proctor may review case documentation (i.e. H&P) entirely to assure himself/herself of the practitioner's competence.
- D. In elective cases, arrangements shall be made prior to scheduling (i.e., the proctor shall be designated at the time the case is scheduled).
- E. The member shall have free choice of suitable consultants and assistants. The proctor may assist the surgeon.
- F. When the required number of cases has been proctored, the Department Chair must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.
- G. A form shall be completed by the proctor, and should include comments on preoperative workup, diagnosis, preoperative preparation, operative technique, surgical judgment, postoperative care, overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be available from the Operating Room Supervisor and/or the Medical Staff Office.
- H. Forms will be made available to the member scheduling the case for surgery and immediately forwarded to the proctor for completion. It is the responsibility of the new member to notify the Operating Room Supervisor of the proctor for each case.
- I. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

X. DEPARTMENT QUALITY REVIEW AND MANAGEMENT

- A. The Department of OB/GYN will have a Quality Review Committee (Q.R.C.) comprised of no less than four (4) department members. The committee Chairman is the department's representative to the Medical Staff QA/PI Committee. The Department Chairperson shall appoint the remaining members for a two (2)-year term. Committee members are able to succeed themselves. At least one (1) member from each OB/GYN "group" will be on the Q.R.C. if possible. The Q.R.C. will meet at least four (4) times per year.
- B. General Function:
 - 1. The Q.R.C. provides systematic and continual review, evaluation, and monitoring of the quality and safety of care and treatment provided by the department members to OB/GYN patients in the hospital.
- C. Specific Functions. The Q.R.C. is established to:
 - 1. Identify important elements of OB/GYN 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 for these indicators and review them quarterly.
 - 5. Formulate thresholds for evaluation related to these performance monitoring indicators.
 - 6. Review and evaluate physician practice when specific thresholds are triggered.

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7. Identify areas of concern and opportunities to improve care and safety, and provide education to 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. If needed, 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.
- D. Other functions:
1. Assist in the reappointment process through retrospective review of charts.
 2. Review any issues related to OB/GYN that are forwarded for review by other departments.
 3. Assist in the collection, organization, review, and presentation of data related to OB/GYN care, safety, and department clinical pathways.
 4. Review cases involving any OB/GYN deaths in the hospital.
- E. Reports:
1. Minutes are submitted to the Medical Staff QA/PI Committee and the M.E.C. The Q.R.C. will provide minutes and, as needed, verbal or written communication regarding any general educational information gleaned through chart review or the Performance Improvement process to the department members and to QA/PI Committee.

XI. EMERGENCY ROOM CALL

- A. Medical Staff Department members within the Department of OB/GYN may participate in the Emergency Department call roster or consultation panel as determined by the medical staff or Department Chair or their designee who:
1. have Have been successfully removed from proctoring for Obstetrical Category Privileges, and
 - A.2. have Have had one (1) Laparoscopic case and one (1) Abdominal Hysterectomy case proctored, may participate in the Emergency Department call roster or consultation panel as determined by the medical staff or Department Chair or their designee. This does not preclude complying with proctoring requirements as outlined above.
- B. Refer to Medical Staff Policy, #8710-520 Emergency Room Call: Duties of the On-Call Physician.
- C. When a patient indicates that ~~he or~~ she has been previously treated by a staff member, that member will be given the opportunity to provide further care.
- D. The community clinic OB physician on call must see anyA patient, including ~~obstetrical patients, who are under 13 weeks pregnant and who has~~obstetrical patients, who are under 13 weeks pregnant and who have been seen within the last two years by a ~~community clinic~~ primary care provider of the clinic, except for vaccination clinics, must be seen by that clinic provider OB physician on call. Any obstetrical patients greater than 13 weeks with the above-referenced criteria are unassigned patients.
- E. The members of the Department of OB/GYN will then determine whether to provide further care to an emergency room patient based upon the circumstances of the case. If a member declines, any necessary emergency special care will be provided by the on-call physician.
- F. The care provided by an on-call physician will not create an obligation to provide further care.
- G. The exception to the aforementioned Emergency Department On-Call requirements is North County Health Services call panel.

Approvals:

Department of Ob/Gyn: 10/6/14; 02/01/2016

Medical Executive Committee: 11/27/14

Med Staff R&R - OB/GYN- Revised: 10/03, 8/06 12/06, 2/07, 2/08, 6/08; 10/09, 7/11, 10/11, 7/12; 10/13; 11/14

TRI-CITY HOSPITAL DISTRICT

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Governance Committee: 11/4/14

Board of Directors: 11/6/14

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action
		MSO Use Only

CERTIFICATION: The Department of Obstetrics and Gynecology consists of physicians who are board certified or actively progressing towards certification by the American Board of Obstetrics and Gynecology and have successfully completed an ACGME/AOA-accredited residency training program in Obstetrics and Gynecology.

SITES:

Privileges may be performed at 4002 Vista Way, Oceanside, CA 92056.
 Privileges annotated with (F) may be performed at 3925 Waring Road, Suite C, Oceanside CA 92056.
 All practitioners who currently hold the privilege to "consult" and/or "perform a history and physical examination" may also perform these privileges via telemedicine

- ___ Admit Patients
- ___ Consultation, including via telemedicine (F)
- ___ Perform history and physical examination (includes pelvic exam and cultures), including via telemedicine (F)

OBSTETRICAL CATEGORY:

By selecting this privilege, you are requesting the Obstetrical Category privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Initial:

- 1. Successful completion of an ACGME- or AOA-accredited residency in OB/GYN.
 - 2. Documentation of fifty (50) cases reflective of the scope of privileges requested within the previous twenty-four (24) months.
- Proctoring: Ten (10) cases, including five (5) concurrent vaginal deliveries, two (2) C-sections.
 Reappointment: Fifty (50) cases to include: two (2) C-sections and ten (10) vaginal deliveries within the previous twenty-four (24) months.

- Amniocentesis
- Basic obstetrical ultrasound
- Breech vaginal delivery
- Cesarean Hysterectomy
- Cesarean section
- Episiotomy, vaginal repair, sphincter repair
- Evacuation of hydatidiform mole
- Evacuation of pelvic hematoma
- External cephalic version
- Hemorrhoid excision
- Hypogastric artery ligation
- Induction of labor
- Management of intra-uterine fetal demise
- Management of medical complications of pregnancy, preterm labor, pregnancy induced hypertension/eclampsia, pre-eclampsia, and multiple gestation

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action
		MSO Use Only

- Manual removal of placenta
- Operative vaginal delivery - forceps/low-forceps/vacuum delivery
- Perineal laceration, first (fourchette) & second-degree
- Perineal laceration, third & fourth degree
- Postpartum hemorrhage
- Suction D&C for termination of pregnancy
- Transvaginal cervical cerclage
- Vaginal Deliveries (Spontaneous and precipitous term deliveries), and vaginal birth after previous C-section

GYNECOLOGY CATEGORY

- Initial:
1. Successful completion of an ACGME- or AOA-accredited residency in OB/GYN.
 2. Documentation of twenty-five (25) cases from the Gynecological Category (including at least five (5) major abdominal cases) reflective of the scope of privileges requested within the previous twenty-four months.
- Proctoring: Ten cases (10) from the Gynecological Category, including two (2) total vaginal hysterectomies, two (2) total abdominal hysterectomies, and two (2) diagnostic laparoscopies
- Reappointment: Twenty-five (25) cases from the Gynecological Category, including two (2) total vaginal hysterectomies, two (2) total abdominal hysterectomies, and two (2) diagnostic laparoscopies reflective of the scope of privileges requested

Gynecological Category: Vaginal/Vulvar Surgery

By selecting this privilege, you are requesting the Gynecology Category: Vaginal/Vulvar Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

- Anterior/Posterior repair, with or without placement of mesh
- Biopsy of cervix, vulva, vagina
- Bladder neck suspension
- Cervical cryotherapy
- Closure of vaginal fistula
- Conization of cervix
- Culdocentesis
- Cystoscopy
- Dilation and curettage (D&C)
- Dilation and evacuation (D&E)
- Endometrial ablation

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action
		MSO Use Only

- Hymenectomy
- Hymenotomy
- Hysterosalpingogram (HSG)
- I&D - Bartholin's Gland cyst, abscess, marsupialization
- Incision and drainage wound abscess/hematoma
- IUD insertion/removal
- Loop electrical excision procedure (LEEP)
- Perineoplasty
- Repair incidental cystostomy
- Repair of recto-vaginal fistula
- Repair vesico-vaginal fistula
- Sacrospinous ligament fixation
- Simple vulvectomy
- Total vaginal hysterectomy
- Trachelectomy
- Transvaginal enterocele repair
- Urethral dilation
- Urethral sling (ex. TVT, TVOT)
- Urethroscopy
- Vaginal bilateral tubal ligation
- Vaginectomy

Gynecological Category: Abdominal Surgery

By selecting this privilege, you are requesting the Gynecology Category: Abdominal Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

- Abdominal sacrocolpopexy
- Adhesiolysis
- Bilateral tubal ligation
- Evacuation of pelvic abscess
- Evisceration repair
- Exploratory laparotomy

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action
		MSO Use Only

- Incisional hernia repair, concomitant
- Microtubal surgery
- Myomectomy and metroplasty
- Oophorectomy
- Ovarian cystectomy
- Paravaginal repair
- Pelvic and/or Para-aortic Lymphadenectomy
- Pelvic lymph-node sampling
- Pre-sacral neurectomy
- Repair of enterocele
- Repair surgical rent of bladder/bowel
- Retropubic urethropexy
- Salpingo-oophorectomy
- Salpingoplasty
- Salpingostomy / Salpingectomy
- Suprapubic cystotomy
- Total abdominal hysterectomy
- Tumor debulking
- Wedge resection of ovaries

Gynecological Category: Endoscopy/Hysteroscopy-Laparoscopic Surgery

By selecting this privilege, you are requesting the Gynecology Category: Endoscopy/Hysteroscopy-Laparoscopic Surgery privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

- Appendectomy (incidental)
- Aspiration of cyst
- Bladder neck suspension
- Colposuspension
- Diagnostic laparoscopy
- Endometrial ablation
- Fulguration of lesions

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action
	Laparoscopic Assisted Vaginal Hysterectomy (LAVH)	MSO Use Only
	Laparoscopic Supracervical Hysterectomy (LSH)	
	Laparoscopic treatment of ectopic pregnancy	
	Laparoscopic Tubal Ligation	
	Lysis of adhesions	
	Myomectomy	
	Ovarian cystectomy	
	Removal of adnexal structure	
	Removal of Meckel's diverticulum (w/consultation)	
	Repair of cystotomy/enterotomy	
	Resection of other uterine masses	
	Salpingoplasty	
	Surgical with or without D&C	
	Thermal balloon ablation	
	Total Laparoscopic Hysterectomy (TLH)	
	Treatment of ectopic pregnancy	
	Tubal occlusion for sterilization	

GYNECOLOGIC-ONCOLOGY SURGERY CATEGORY:

By selecting this privilege, you are requesting the Gynecologic-Oncology Category privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Gynecologic-Oncology Surgery

Initial Criteria:

1. Successful completion of an ABOG- or AOA-approved fellowship in Gynecologic Oncology
 2. Board certification in Gynecologic Oncology
 3. Documentation of twenty-five (25) cases either from fellowship (if within previous twenty-four (24) months) or another acute care facility
- Proctoring: Ten cases (10) from the Gynecologic-Oncology Surgery Category, including at least two (2) Diagnostic and four (4) Therapeutic procedures
- Reappointment: Twelve (12) representative blend of cases from Diagnostic and Therapeutic categories

DIAGNOSTIC

Diagnostic Cytoscopy with biopsy

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action
		MSO Use Only

Diagnostic Liver Biopsy

Diagnostic Proctoscopy with biopsy

Diagnostic Staging laparotomy

THERAPEUTIC

Bladder/ureter/urethra surgery, concomitant

Chemotherapy administration

Colpectomy

Cystectomy, concomitant

Cytoreduction for cancer

Exenteration

Flap closure of perineal defects, myocutaneous flaps, skin grafting

Gastrostomy, concomitant

Ileostomy, concomitant

Insertion of suprapubic tube

Intestinal Surgery, concomitant

Lymphadenectomy; pelvic, aortic, inguinal, femoral, scalene node

Medical management of the cancer patient

Radical hysterectomy

Radical vaginectomy

Radical vulvectomy

Repair of vascular injury

Salpingoplasty

Splenectomy, concomitant

Urinary diversion, concomitant

Ventral hernia repair, concomitant

MATERNAL-FETAL MEDICINE (Perinatology)

By selecting this privilege, you are requesting the Maternal-Fetal Medicine (Perinatology) Category privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Initial:

1. Successful completion of an ACGME- or AOA-accredited residency in OB/GYN, and;
 2. Successful completion of an ABOG- or AOA-approved fellowship in Maternal-Fetal Medicine.
- Proctoring: Two (2) cases from this category, not including Admit patient or Consultation

Tri-City Medical Center
Delineation of Privileges
 Obstetrics/Gynecology 11/14

Provider Name: _____

Request	Privilege	Action
		MSO Use Only

Reappointment: Two (2) cases from this category, not including Admit patient or Consultation

Admit patients

Consultation

Genetic Amniocentesis

Chorionic villus sampling

Cordocentesis

Intrauterine fetal transfusion

OTHER:

___ Moderate Sedation - Refer to Medical Staff policy 8710-517 for Initial, Proctoring, and Reappointment credentialing criteria. _____

INTRA-ABDOMINAL LASER SURGERY:

Initial:

1. Documentation of completion of laser training for each wavelength requested

2. Documentation of clinical experience with specialized laser surgery or hands-on laboratory experience for each wavelength requested

Proctoring: One (1) case per wavelength

Reappointment: One (1) case per wavelength

CO2 Laser

Nd Yag Laser

___ **Robotic Surgery (da Vinci) (Refer to Credentialing Policy, Robotic Assisted Surgery #8710-563 for Initial, Proctoring, and Reappointment criteria)** _____

By selecting this privilege, you are requesting the core privileges listed immediately below. If you do not want any of the core privileges below, strikethrough and initial the privilege(s) you do not want.

___ Robotic surgery (da Vinci) - Multiple Port _____

___ Robotic surgery (da Vinci) - Single Port _____

___ Assist in robotic surgery (da Vinci) _____

FORENSIC OUTPATIENT SITE-SPECIFIC PRIVILEGES

By selecting this privilege, you are requesting the Forensic Outpatient Site-Specific privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

Biopsy: Endometrial (F)

Biopsy: cervical, vulvar, vaginal (F)

Perform history and physical examination (includes pelvic exam and cultures) (F)

 Print Applicant Name

Tri-City Medical Center
Delineation of Privileges
Obstetrics/Gynecology 11/14

Provider Name:

Request	Privilege	Action MSO Use Only
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Applicant Signature

Date

Division/Department Signature

Date



TRI-CITY HEALTHCARE DISTRICT

PROFESSIONAL AFFAIRS COMMITTEE CHARTER

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

I. Purpose

The Committee is to assist the Board in providing healthcare delivery oversight and make recommendations to the Tri-City Healthcare District Board of Directors (“Board”) regarding quality, patient safety, performance improvement, and risk management policies; oversee development and implementation of the Quality Assurance, Quality Improvement, and Patient Safety (QA/QI/PS) Programs; and provide oversight of processes relating to the reporting, monitoring, investigation, and appropriate responsive/corrective actions taken in connection with any issues identified at the meetings, including the following:

1. Quality. The Committee will review reports regarding quality of patient care, including:
 - a. Hospital operating unit and quality intervention programs;
 - b. Core measures and performance measures;
 - c. Review of Clinical Contract Performance;
 - d. While Risk Management will retain responsibility for risk related issues, PAC will provide support and guidance for such issues; and
 - e. While Patient Care related issues will remain the responsibility of the CNE, PAC will provide input and support regarding these matters.
2. Patient Safety. The Committee will review reports regarding patient safety, including:
 - a. Patient safety improvement programs;
 - b. Incidents reported to the California Department of Public Health (CDPH) including any findings;
 - c. Surveys from The Joint Commission, Center for Medicare and Medicaid Services, and other regulatory agencies.
3. Performance Improvement. The Committee will review the following reports:
 - a. Operating unit performance improvements;

4. Risk Management. The Committee will review the District's risk management program, including:
 - a. Summaries of incident reports;
 - b. Compliments and complaints;
 - c. Surveys from Joint Commission, CMS, and CDPH visits;
 - d. Sentinel Events/Root Cause Analyses;
 - e. Professional liability claims and lawsuits.

5. Oversight Duties and Responsibilities. In addition, the Committee will:
 - a. Recommend any proposed changes to the Board for approval, and review and publish this Charter every three years in accordance with applicable regulatory authorities;
 - b. Review significant reports prepared by any individual performing significant quality assurance functions together with management's response and follow-up to these reports;
 - c. Review the District's policies and procedures as necessary.
 - d. Review the Medical Staff Office procedures.
 - e. Review of hospital's clinical contracts.
 - f. Consult with appropriate Consultants as necessary to inform the deliberations and committee decisions as necessary.

II. Membership

The Committee shall consist of three Directors and four physicians. The CEO, COO, Risk Manager, and CNE shall support the Committee without vote but be counted towards a quorum as alternates.

III. Meetings

The Committee may establish its own meeting schedule annually. The Committee will adjourn into closed session to meet with the legal counsel and to hear reports of the Hospital and QA/PI Committee.

IV. Minutes

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

V. Reports

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

VI. Conduct

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

Approved by BOD: 9/29/11

Approved by BOD: 3/28/13

Approved by BOD: 5/29/14

Approved by BOD:

7TRI-CITY HEALTHCARE DISTRICT

GOVERNANCE AND LEGISLATIVE

COMMITTEE CHARTER

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

I. Purpose

The Committee is to provide governance oversight and to make recommendations to the District’s Board of Directors (“Board”) related to governance and legislative affairs. The Committee focuses on matters that materially impact the District’s operations.

1. **Governance Oversight:** The Committee may provide oversight of the District, including the following:
 - a. Keep the Board informed of current best practices and legal requirements relating to healthcare district governance;
 - b. Review corporate governance trends for applicability to the District;
 - c. Recommend to the Board updates to the District’s governance policies and practices, and mission, vision and values statements;
 - d. Analyze potential and evolving governance models under federal and state healthcare reform initiatives and make recommendations to the Board regarding such governance models (*e.g.*, physician hospital organizations, accountable care organizations);
 - e. Review the District’s governing documents, including Bylaws, Policies, Committee charters, etc., and make recommendations to the Board concerning changes to the governing documents;
 - f. Review and recommend approval of long term strategic plans, metrics and scorecards submitted to the Board by management;
 - g. Identify and recommend to the Board membership opportunities in governance, healthcare, and advocacy membership associations that may further the goals of the District;
 - h. Identify and recommend to the Board educational opportunities and programs for Board and Committee members relating to governance and operations of the District;

- i. At the request of the Board, staff shall develop educational materials for Board members regarding their role, based on a non-profit corporation board's fiduciary duties of care and loyalty, and regarding how to avoid potential and actual conflicts of interest, including common law conflicts of interest and financial conflicts of interest under the Political Reform Act and Government Code Section 1090;
 - j. Review and make recommendations to the Board regarding proposed amendments to the Medical Staff Rules and Regulations and Privilege Cards. Amendments to Medical Staff Bylaws will be pursuant to the attached Pathway for Medical Staff Bylaw Amendments;
 - k. Review any proposed changes to the District's governance-related policies and procedures, including the Board's Code of Conduct;
 - l. Review its Charter every three years;
 - m. Develop and maintain an annual work plan, as may be amended from time-to-time by the Committee Chair;
 - n. Carry out other projects as assigned by the Board.
2. **Legislative Affairs Oversight:** The Committee shall oversee the following:
- a. Recommend action and/or advocacy to the Board regarding proposed significant legislative changes;
 - b. Monitor and review membership association-produced white papers and articles relating to proposed legislative changes (*e.g.*, ACHD, California Hospital Association);

II. Membership

The Committee shall consist of three Directors, four community members, and three physicians. In addition, The CEO, COO, Manager, Medical Staff Services and Compliance Officer shall support the Committee without vote, but may be counted toward a quorum as alternatives in the event absences result in the Committee lacking a quorum.

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

III. Meetings

The Committee may establish its own meeting schedule annually.

IV. Minutes

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

V. Reports

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

VI. Conduct

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

Approved by Board of Directors: October 27, 2011

Approved by Board of Directors: August 30, 2012

Approved by Board of Directors: March 28, 2013

Approved by Board of Directors: May 29, 2014

Approved by Board of Directors: August 25, 2016

**TCHD BOARD OF DIRECTORS
FY2017 (JULY 1, 2016-JUNE 30, 2017)
WORK PLAN**

Revised 8/31/16

Item	Action	Respon.Party	Progress	Due Date
First Quarter (July-Sept) 1. Ad Hoc CEO/CCO Compensation Committee to set criteria and establish goals and objectives for proposed compensation for the following year	Ad hoc Committee Appointed		Goals established and approved by BOD 7/28/16	Complete

Item	Action	Respon. Party	Progress	Due Date
Second Quarter (Oct-Dec)				
1. Board Self-Assessment	To be conducted in non election years.			-----
2. CEO Evaluation	To be conducted at 11/10/16 Regular Board Meeting			11/30/16
3. Quality Reports (to be held two times/year)	Schedule Special Board of Directors Meeting to hear results of quality indicators	Clerk of the Board	Special Meeting Scheduled 12/15/16	12/31/16
4. Board Swearing In Ceremony	Scheduled first Friday in December	Clerk of the Board	Scheduled 12/2/16 at 12:00 noon	12/2/16

Item	Action	Respon.Party	Progress	Due Date
Third Quarter (Jan-March)				
1. Board Orientation for new Board Members				1/31/17
2. Conduct AB1234 Training				2/28/17
3. Annual Form 700's	All Board members and District Officers identified on "Exhibit A" of TCHD Conflict of Interest Code to return Annual Form 700 to the Clerk of the Board	All Board members Appropriate TCMC staff		3/31/17
4. Strategic Planning Workshop	Schedule Special Meeting(s) to discuss	Clerk of the Board		3/31/17
5. Conduct annual review of District Bylaws	Committee to review District Bylaws and forward recommended changes to the Board of Directors	Clerk of the Board		3/31/17
6. CHA Health Policy Legislative Day				

Item	Action	Respon.Party	Progress	Due Date
Fourth Qtr (April-June)				
1. Strategic Planning Final Update	Schedule Special Meeting	Clerk of the Board		5/31/17
2. Conduct Annual review of Board Policies	Committee to review District Board Policies and forward recommended changes to the Board of Directors	Clerk of the Board		6/30/17
3. CCO Annual Review	Scheduled at April Regular Board Meeting	Clerk of the Board		6/30/17
4. Budget Workshop 1. American Heart Association Annual Report	Schedule Special Meeting in early June, 2017			6/30/17
5. Quality Reports (to be held two times/year)	Schedule Special Board of Directors Meeting to hear results of quality indicators	Clerk of the Board		6/30/17
6. Annual Review of all Board Committee Charters	Committees to review their respective Charters every three years.	Clerk of the Board		6/30/19

7. AHA Annual Meeting				
8. ACHD Legislative Day				
9. ACHD Annual Meeting				