

**TRI-CITY HEALTHCARE DISTRICT
OF THE GOVERNANCE & LEGISLATIVE COMMITTEE
OF THE BOARD OF DIRECTORS
Tuesday, September 5, 2017
12:30 p.m. – Assembly Room 3
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

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

| | Agenda Item | Time Allotted | Requestor/ Presenter |
|----|--|---------------|-------------------------|
| 1. | Call to Order/Opening Remarks | 2 min. | Chair |
| 2. | Approval of agenda | 2 min. | Chair |
| 3. | Public Comments – Announcement Comments may be made at this time by members of the public on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item | | |
| 4. | Ratification of minutes of prior meeting | 2 min. | Standard |
| 5. | Old Business – None | -- | |
| 6. | New Business - Discussion/Possible Action | | |
| | a) Medical Staff Rules & Regulations: 1) Department of Pediatrics | 10 min. | S. Miller |
| | b) Review and discussion of Board Policy 14-001 – Budget for Medical Equipment or Medical Services for Tri-City Healthcare District | 10 min. | Chair |
| | c) Review and discussion of Board Policy 17-010 – Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings, Role and Powers of Chairperson | 10 min. | Chair |
| | d) Review and discussion of Board Policy 15-043 – External Organization Usage of Assembly Rooms, Classrooms and Conference Rooms | 10 min. | Chair |
| | e) Review and discussion of Bylaws | 15 min. | Chair |
| 7. | Discussion regarding Current Legislation – Informational Only | 15 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

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| 8. | Review of Committee FY2018 Work Plan – Informational Only | 5 min. | Standard |
| 9 | Committee Communications | 5 min. | Standard |
| 10. | Committee Openings – One | -- | Standard |
| 11. | Confirm Date of Next Meeting – October 3, 2017 | -- | Standard |
| 12 | Adjournment | | |
| | Total Time Budgeting for Meeting | 1.25 hours | |

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

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

**Governance & Legislative Committee Meeting Minutes
Tri-City Healthcare District
June 6, 2017**

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|--|--|--|--|-------------------|--|-------------------------|--|------------------------------|--|
| <p>Members Present: James J. Dagitino, DPT, PT, Chairperson; Director Laura E. Mitchell; Director RoseMarie V. Reno' Dr. Paul Slowik, Community Member; Robin Iveson, Community Member; Dr. Cary Mells, Physician Member; Dr. Gene Ma, Chief of Staff; Dr. Marcus Contardo, Physician Member</p> <p>Non-Voting Members: Steve Dietlin, CEO; Kapua Conley, COO; Scott Livingstone, Interim CCO</p> <p>Others Present: Teri Donnellan, Executive Assistant; Jane Dunmeyer, League of Women Voters; Jody Root, General Counsel; David Bennett, Chief Marketing Officer; Wayne Knight, Chief Strategy Officer</p> <p>Absent:</p> | | | | Discussion | | Action Follow-up | | Person(s) Responsible | |
| 1. Call To Order | The meeting was called to order at 12:30 p.m.in Assembly Room 3 at Tri-City Medical Center by Chairman Dagitino. | | | | | | | | |
| 2. Approval of Agenda | It was moved by Director Reno and seconded by Dr. Slowik to approve the agenda as presented. The motion passed unanimously. | | | Agenda approved. | | | | | |
| 3. Comments from members of the public | Chairman Dagitino read the Public Comments announcement as listed on today's Agenda. | | | Information only | | | | | |
| 4. Ratification of prior Minutes | It was moved by Dr. Contardo and seconded by Director Mitchell to ratify the minutes of the May 2, 2017 Governance & Legislative Committee. The motion passed with Director Reno, Dr. Mells and Ms. Iveson abstaining from the vote. | | | Minutes ratified. | | | | Ms. Donnellan | |
| 5. Old Business | Per discussion at last month's meeting, Board Policy 16-023 was revised to reflect the reporting structure for the Chief Compliance Officer as well as the revised Job Description for the Chief Compliance Officer. | | | | | | | | |

| Topic | Discussion | Action Follow-up | Person(s) Responsible |
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| b) Review and discussion of revised District Bylaws | <p>In response to a question by Director Reno, General Counsel confirmed that the Board does authorize the use of all outside counsel and the Board provides oversight of General Counsel. Director Reno suggested Review of Outside Counsel be added to the Board's Work Plan.</p> <p>It was moved by Dr. Mells to recommend approval of amended Board Policy 16-023 – Responsibility for Decision-making on Legal Matters. Dr. Slowik seconded the motion. The motion passed unanimously.</p> | <p>Recommendation to be sent to the Board of Directors to approve Board Policy 16-023 – Responsibility for Decision-making on Legal Matters; item to be placed on agenda and included in agenda packet.</p> <p>Board Work Plan to include an annual review of outside legal counsel utilized by the District.</p> | <p>Ms. Donnellan</p> <p>Ms. Donnellan</p> |
| | <p>In follow-up to last month's meeting, revisions were made to reflect that the Compliance Officer reports directly to the CEO.</p> <p>Dr. Contardo questioned the manner in which the Chief Compliance Officer is evaluated. Mr. Dietlin explained the evaluation of the Chief Compliance Officer was removed from the Bylaws as the Bylaws reflect what the Board is responsible for. Mr. Dietlin stated he would be evaluating the Chief Compliance Officer in the same manner in which he evaluates his other direct reports.</p> <p>Discussion was held regarding Article VI, Section 2. Clerk of the Board of Directors. Director Reno requested clarification from General Counsel on the title. Mr. Root stated the title Clerk of the Board is widely used in governmental statutes however he does not know if the title is a statutory requirement. Director Reno questioned if the Clerk of the Board should be under the direct supervision of the Board. Dr. Contardo suggested the first section of Section 2. be revised to read: "For the purposes of statutory service, the Executive Assistant shall serve as Clerk of the Board of Directors."</p> | | |

| Topic | Discussion | Action Follow-up | Person(s) Responsible |
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| <p>6. New Business</p> <p>a. Review and discussion of Board Policy 042 – Duties of the Board of Directors</p> | <p>Dr. Ma suggested the language "Joint Commission on Accreditation of Healthcare Organizations" be struck throughout and be replaced with "The Joint Commission".</p> <p>Director Reno questioned if the District has a physical Corporate Seal. Ms. Donnellan responded that the Corporate Seal is kept in the administrative offices and used as needed, from time, typically on legal documents.</p> <p>It was moved by Director Mitchell to accept the recommended changes and recommend approval of the Bylaws by the Board of Directors pending review by Mr. Moser. Dr. Contardo seconded the motion. The motion passed unanimously.</p> | <p>Recommendation to be sent to the Board of Directors to approve the amended Bylaws pending review by Mr. Moser; item to be placed on Board agenda and included in agenda packet.</p> | <p>Ms. Donnellan</p> |
| | <p>Director Reno requested that the record reflect that when she submits agenda items related to succession planning and compensation philosophy, it is erroneous that she wants Mr. Dietlin to resign. Furthermore, it has never been her intention to dismiss Mr. Dietlin.</p> <p>Director Reno stated that in regards to transparency and accountability, she has concerns regarding keeping the community informed. She commented on the Board's Special Meeting last week in which Quality was the topic and Dr. Johnson's role as Chairman of Quality.</p> <p>Director Reno expressed concern regarding rumors of a massive layoff and how that could impact our quality.</p> <p>Director Reno commented on succession planning that is needed when Mr. Dietlin is away from the Medical Center and the need to have someone in charge that the employees can trust and someone in which the physicians do not feel threatened by. It was noted that when Mr. Dietlin is away from the Medical Center the Board and C-Suite are advised and directed to the appropriate individuals as outlined in Mr. Dietlin's recent</p> | | |

| Topic | Discussion | Action Follow-up | Person(s) Responsible |
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| | <p>communication to them.</p> <p>With regard to Board Policy 042, it was recommended the reference to the Chief Compliance Officer be removed in the Board Policies section and policy numbers be updated as applicable.</p> <p>It was moved by Director Mitchell to recommend approval of Board Policy 042 as recommended. Dr. Contardo seconded the motion. The motion passed unanimously.</p> <p>Director Reno requested clarification on the "Responsible Officer Doctrine". Mr. Root explained the Responsible Officer Doctrine stems from a Caremark lawsuit in which Board members were going to be indicted. Mr. Root stated the compliance section of Board Policy 042 is included as a result of that action.</p> | <p>Recommendation to be sent to the Board of Directors to approve Board Policy 042-Duties of the Board of Directors with amendments as described; item to be listed on agenda and included in agenda packet.</p> | <p>Ms. Donnellan</p> |
| <p>7. Discussion regarding Current Legislation</p> | <p>Chairman Dagitino reviewed the Key State Issues that might apply to the District, including the following:</p> <ul style="list-style-type: none"> ➤ AB 43 – would levy a 10 percent tax on companies that contract to provide goods or services to state prisons, the Department of Corrections and Rehabilitation or the Department of General Services. The revenue would be used to expand programs that prevent incarceration, such as universal preschool and after-school programs. <p>Upon further review of AB 43 it appears the District would be exempt from the ten percent tax. General Counsel suggested ACHD track and trend the bill.</p> <ul style="list-style-type: none"> ➤ SB 457 – in part, would prohibit physicians and midwives from attending certain births in a licensed alternative birth center or at home and put onerous procedures in place for those out of hospital births that would still legally be allowed. | <p>information only.</p> | |

| Topic | Discussion | Action Follow-up | Person(s) Responsible |
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| | <p>It was noted that this bill would not affect the district as our midwives are hospital-based and refers to the home (lay) midwives. Discussion was held regarding problems that can arise when the lay midwife delays sending an acute patient to the Emergency Department. Dr. Ma commented that SB 457 is addressing a problem that we have already experienced in the past and if it passes the problems the district face will become worse.</p> <ul style="list-style-type: none"> ➤ AB 1612 – would allow full practice authority for certified midwives. <p>Mr. Livingstone stated AB 1612 doesn't take away the physician back-up requirement.</p> <p>It was noted CHA is supporting the AB 1612 and opposing SB 457.</p> <ul style="list-style-type: none"> ➤ SB 481 – sponsored by CHA, this bill would address deficiencies identified in CANHR v. Chapman. Specifically, it would strengthen the current process of notifying skilled-nursing facility residents who lack capacity and have no legal representative of recommended medical interventions requiring informed consent. <p><i>Ms. Iveson left the meeting at 1:24 p.m.</i></p> <ul style="list-style-type: none"> ➤ SB 799 –in part, would require employers to report to the BRN a registered nurse suspended, terminated or resigned for cause. "For cause" is defined to include, among other conduct, use of controlled substances or alcohol to the extent that it impairs the nurse's ability to safely practice, patient or client abuse, neglect, physical harm or sexual contact with a patient or client; and unlawful sale of controlled substance. <p>Director Reno questioned if the hospital's internal policy</p> | | <p style="text-align: center;">DRAFT</p> |

| Topic | Discussion | Action Follow-up | Person(s) Responsible |
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| | <p>is clear regarding action that is taken when a nurse is found to have diverted drugs. Mr. Livingstone confirmed the hospital's policy is concise and clear.</p> <p>Dr. Slowik questioned what impact the single-payer healthcare care coverage bill might have on the district. Mr. Wayne Knight, CSO stated the Bill, also known as the Healthy California Act is addressed in SB 562.</p> | | |
| 8. Review of FY2017 Committee Work Plan | The FY2017 Committee Work Plan was included in the agenda packet for information. | None | |
| 9. Committee Communications | <p>Director Reno suggested the committee solicit applications for an additional community member.</p> <p>Director Mitchell commented on her recent experience at Palomar Medical Center.</p> | Ad to be placed for the vacancy on the committee | Ms. Donnellan |
| 10. Committee Openings – One | There is currently one opening on the committee. | | |
| 11. Confirm date and time of next meeting | The committee's next meeting is scheduled for Tuesday, August 1, 2017 at 12:30 p.m. | The next meeting of the Committee is August 1, 2017. | |
| 12. Adjournment | Chairman Dagoastino adjourned the meeting at 1:50 p.m. | | |

TRI-CITY HOSPITAL DISTRICT

Rules & Regulations

Section: Medical Staff

Subject: Department of Pediatrics

Page 1 of 5

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.

TRI-CITY HOSPITAL DISTRICT

Rules & Regulations

Section: Medical Staff

Subject: Department of Pediatrics

Page 2 of 5

- B. The Chairperson and Vice-Chairperson shall be elected every two years 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~~two-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~~two-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. 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.
- 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.
- 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 practitioner shall function under standardized procedures or protocols covering the care delivered by the nurse practitioner. The nurse practitioner and his/her supervising physician

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| <p>TRI-CITY HOSPITAL DISTRICT</p> <p>Rules & Regulations</p> | <p>Section: Medical Staff</p> <p>Subject: Department of Pediatrics</p> <p>Page 3 of 5</p> |
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who shall be a pediatrician will develop the standardized procedure or the protocols with the approval of the Department of Pediatrics.

1. **Current Competency:** For the NP-Pediatrics the initial criteria requires that a practitioner must comply with all prerequisite criteria and show current competency of 6 cases of any practice prerogatives listed within the core bundle. However, if provider does not have current acute care experience they will be concurrently proctored until they have submitted a total of 8 cases 4 of which need to be an admit/discharge, 2 general care and 2 must show management of Group B Strep (GBS) positives, neonatal jaundice, transient tachypnea of the newborn (TTN) or neonatal hypoglycemia. It is the responsibility of the Supervising Physician to ensure that they provide Concurrent Proctoring for the NP until the requirement has been met. If a Nurse Practitioner and Supervising Physician do not ensure that this requirement is met prior to the Nurse Practitioner providing patient care without Direct Supervision practitioner will be subject to disciplinary action included possible automatic expiration of privileges due to failure to meet this requirement.

D-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.

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

TRI-CITY HOSPITAL DISTRICT

Rules & Regulations

Section: Medical Staff

Subject: Department of Pediatrics

Page 4 of 5

- 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. 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.
- 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-IX. 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

TRI-CITY HOSPITAL DISTRICT

Rules & Regulations

Section: Medical Staff

Subject: Department of Pediatrics

Page 5 of 5

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.

XIX. 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: ~~8/16~~17
Medical Executive Committee: ~~9/16~~
Governance Committee: ~~8/16~~
Board of Directors: ~~9/16~~

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

BOARD POLICY #14-001

**POLICY TITLE: Budget for Medical Equipment or Medical Services for Tri-City
Healthcare District**

The annual proposed Capital Budget for medical equipment or medical services for Tri-City Healthcare District may be presented to the Executive Committee of the Medical Staff of Tri-City Medical Center for consideration and recommendation, prior to consideration by the Board of Directors of Tri-City Healthcare District or prior to any expenditure by any other entity or individual.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/08/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Received by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14

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

BOARD POLICY #17-010

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

I. BOARD MEETING AGENDA DEVELOPMENT

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

- A. A Board member shall submit a written description of the Agenda item to the Chairperson or the CEO or the Board Secretary, prior to the time of the Agenda Conference. Recognizing that the Agenda Conference meeting date and time may on occasion change, it is the responsibility of the requestor to confirm the Agenda Conference meeting date to ensure timely submittal of the requestor's Agenda item. Discussion items may be placed on the Board Agenda at the request of any Board member; proposed action items shall normally be referred to the appropriate Board committee for consideration prior to full Board consideration. At the beginning of each calendar year, the Chairperson of the Board of Directors shall set the date and time of the Agenda Conference.
- B. A member of the public may submit a written request to the President/CEO, Chairperson or a member of the Board of Directors. The written request shall contain a description of the Agenda item. The member of the public shall be informed if and when the item will appear on the Board Agenda.
- C. General Counsel, at the Chairperson's or President/CEO's request, shall contact the Board member, or the public member, to confirm the intent of their request, and will then formulate the Agenda item in a format that conforms with legal requirements.
- D. Copies of the Agenda shall be posted on the TCHD website and at other public locations as required by law.

II. EFFICIENCY OF BOARD MEETINGS

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

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

- B. Board members who require further information or clarification on Board Agenda packet materials are welcome to contact the President/CEO or General Counsel with questions prior to the meeting. Responses shall be presented to all Board members at the Board meeting.
- C. To facilitate deliberation and action on items at Tri-City Healthcare District Board of Directors meetings, suggested written motions may be developed in advance by members of the Board of Directors or Executive Management. Such suggested written motions shall be included in the Board of Directors Agenda packet with supporting materials for the action item.

III. TIME LIMITS FOR BOARD OF DIRECTOR MEETINGS

- A. Regular meetings of the Board of Directors shall be a maximum of three and one half (3½) hours for any open session and a maximum of four hours (4) for any closed session. Agenda items not addressed during those time periods will be carried forward to a subsequent date, which shall be agreed upon by a majority vote of the Board before adjourning the meeting.
- B. The time limits under Section A may be waived by a majority of the Board. The waiver shall be effective only for the meeting in which the waiver is approved. A motion for waiver may specify that the limit will be waived entirely for the balance of the session, will be extended for a specified amount of time of at least one-half (1/2) hour, or will be extended only for so long as the Board requires to address one or more specified items on the Agenda for that session.

IV. ROLE AND POWERS OF CHAIRPERSON

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

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

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

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

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

BOARD POLICY #15-043

POLICY TITLE: External Organization Usage of Assembly Rooms, Classrooms and Conference Rooms

I. PURPOSE

_____ To set forth limitations, requirements and guidelines for public rental/usage of Tri City Medical Center and other District facilities, including assembly rooms, classrooms, and conference rooms by those external and affiliated organizations, groups and persons which support the public purposes of the District.

II. POLICY

- A. **Permitted Uses.** Tri City Medical Center assembly rooms, classrooms, and conference rooms shall be available to those public agencies, nonprofit organizations, associations and other groups, which further the health care needs of the public within the boundaries of the Tri-City Healthcare District, and those directly related to programs and operations which are supported, sponsored by, or affiliated with the District, including meetings of the Medical Staff, and charitable organizations primarily engaged in providing financial or other support to the District.

Although it is a public agency, the use of hospital and other district facilities is dedicated to the provision of health care to the community. By enacting this policy, the District does not intend to create a public forum in its facilities, but only to promote community health and improve health care services delivery within the District.

- B. **Compatible Uses.** Public use authorized by this policy shall be solely for meetings and activities which are compatible with the safe, quiet and secure conduct of hospital and health care facility operations, and with the District's status as a public agency of the State of California. For example, several laws prohibit the use of public resources, such as office equipment, staff time, etc., for campaign or personal purposes (e.g., Gov. Code sections 8314, 85300; Penal Code section 426.) Government Code section 54964 restricts an officer or employee of a local agency from expending or authorizing the expenditure of any local agency funds to support or oppose a ballot measure or a candidate. In addition, the following are prohibited:

1. Tobacco use
2. Alcoholic beverages
3. Political or religious activities

4. Amplified sound which can be heard outside of the room being used
 5. Commercial uses
 6. Personal use by district employees
 7. Animals, other than those needed by disabled persons.
- C. **Priority of District Use.** The medical, governance, operational, business and emergency needs of the District shall take precedence over other uses of District property in the scheduling and allocation of space under this policy. Scheduled public uses under this policy are subject to cancellation at the discretion of the District. The District will endeavor to provide as much notice as possible, ~~and will return any deposits made to secure space reservation.~~
- D. **Liability for Damages/Insurance Coverages.** Groups or persons using District facilities under this policy shall agree to be liable for any personal injury, property damage or liabilities arising out of the conduct of the activity or conduct of the participants. The District may charge the amount necessary to repair damages and/or clean the facility, and may deny the responsible group or person further use of District facilities. Groups engaged in activities posing significant risks to the District may be required to provide evidence of liability, property and professional liability insurance. The Chief Nurse Executive may establish such requirements on a case- by-case basis. Examples of activities which may require evidence of insurance include: professional liability insurance for groups offering free medical screening or other medical services; groups exceeding 100 persons. For activities involving more than 100 persons, the District may require evidence of liability and property insurance.
- E. **Rules for Use**
1. No signage or placards will be allowed on District premises without the prior written approval of the District. The District provides standard signage to direct participants to the activity location.
 2. Halls, entrances, elevators and stairways will not be obstructed or used for any purpose other than ingress/egress under any circumstances.
 3. No furniture, freight or equipment shall be brought in without prior notice, and approval by District.
 4. No self-provided food services will be permitted without prior notice and approval by District.
 5. Unless otherwise specifically approved, hours of usage will be limited to the hours of 7 a.m. through to 8:30 p.m. Monday through Friday, excluding District holidays.

F. **Cause for Denial.** The Chief Nurse Executive (CNE) will review all requests by external and affiliated organizations for meeting room space under this policy. Request for space use may be denied for any of the following reasons:

1. The space requested is not available.
2. The applicant is not among those described in paragraph 1.
3. The applicant has not fully complied with this policy.
4. The use proposed will disrupt the provision of medical care or normal hospital or facility operations, or is otherwise incompatible or prohibited under this policy.
5. The applicant has not provided the evidence of insurance required.
6. The applicant has previously failed to comply with this policy.

III. PROCEDURE

- A. Applications for usage of assembly rooms, classrooms, and conference rooms are processed via the room scheduler/~~event coordinator~~ via e-mail or by telephone.
- B. The room request form must be completed in full and submitted before applications will be reviewed for compliance with this policy.
- C. The room request form will be forwarded to the CNE for review and approval/denial or approval with conditions.
- D. The room scheduler/~~event coordinator~~ will communicate results of request with the applicant.
- ~~E. Deposits shall be received at the time the application is submitted.~~
- ~~F.~~ E. A deposit ~~shall~~ may be required for any food services or other special services, facilities, setup or equipment to be provided by the District.
- ~~G.~~ F. The District shall be given 48 hours advance notice of cancellation by a successful applicant, or a cancellation fee will be charged.
- ~~H.~~ G. If the District's needs require cancellation of the planned use by an applicant, advance notice shall be given promptly, ~~and any deposit made shall be returned.~~
- ~~I.~~ H. If an application is denied, an applicant may appeal to the Chief Executive Officer.
- ~~J.~~ I. The Chief Financial Officer of the District shall establish a schedule of fees and charges, from time to time, based upon the District's reasonably estimated costs for providing services, including but not limited to: Custodial services; room

setup; food services; equipment rental. Supplemental charges may also be incurred to cover any unusual staff time or legal expenses which may be incurred in reviewing, processing or accommodating a request. The CNE may **request condition approval of an application on deposit of estimated** supplemental charges, in addition to the payment of scheduled fees and charges. A copy of the ~~basic fee schedule shall be provided with and~~ the Facility Request Application shall be provided and appended to this policy as Exhibits A and B-A.

~~K.J. The CNE will review the application and determine the deposit required based on this policy, if any.~~ Other than the hourly room rental fee, groups not charging any fee for participation and those not requiring any special services shall not be charged a fee solely for room use.

~~L.K.~~ Applicant shall be invoiced by the District on a monthly basis for room rental fees incurred.

IV. ATTACHMENT(S)

A. Exhibit A: Fee Schedule

B. Exhibit B: Facility Request Application

Forma

EXHIBIT A

FEE SCHEDULE

Organizations/groups will not be charged room rental fees if they are 1) a non profit with proper proof of such status; and 2) a health-related program intended to further the healthcare needs of the community; and 3) a service fee of \$25 per use to cover basic setup, utilities, custodial services, etc., is paid in advance. Any organizations/groups that do not meet all three of these criteria will be charged the below room rental rates in addition to catering, equipment, and any other fees for additional requests.

| <i>ROOM TYPE</i> | <i>HOURLY RATE</i> |
|----------------------|--------------------|
| <i>Classroom</i> | <i>\$30</i> |
| <i>French Room</i> | <i>\$30</i> |
| <i>Assembly Room</i> | <i>\$50</i> |
| | |

These fees are for room rental only and are based on total time utilization for the hours reserved. Should the event exceed the hours requested, the user will be billed for the additional time used in hourly increments. Should an event end earlier than reserved, user will not be entitled to a refund of fees paid. Separate charges will be incurred for custom set-up and break-down, catering, equipment, etc. TCHD retains the right to adjust the rental charges when assessing fees for unusual situations or requests.

EXHIBIT B

Facility Request Application

Name of Meeting and Group: _____

Date(s) requested (or recurring): _____

Start & End Times: _____

Number Attending: _____

Responsible Person ~~& phone number~~: _____

Email address & phone number: _____

Forma

Address for billing purposes: _____

Forma

Purpose of Meeting: _____

Describe relation of meeting/group to district purposes and operations:

Describe facility requested, and any special needs or requests:

Applicant acknowledges that I have read and accepted the terms and conditions of Policy No. 15-043 _____ regarding the use of District facilities.

By: [print name] _____ Dated: _____

Deposit required: [to be filled in by District] _____

Deposit received: _____

Reviewed by the Gov/Leg Committee: 4/13/11

Approved by the Board of Directors: 4/28/11

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

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

Reviewed by the Gov/Leg Committee: 7/07/15

Approved by the Board of Directors: 7/30/15

Forma

TRI-CITY HEALTHCARE DISTRICT

BYLAWS

Approved June 30, 2017

PREAMBLE

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

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

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

ARTICLE I
Purposes and Scope

Section 1. Scope of Bylaws.

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

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

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

Section 2. Purposes.

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

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

Section 3. Profit or Gain.

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

Section 4. Disposition of Surplus.

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

ARTICLE II
OFFICES

Section 1. Offices.

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

Section 2. Mailing Address.

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

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

ARTICLE III
DIRECTORS

Section 1. Number, Qualifications, Election or Appointment.

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

Section 2. Term.

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

Section 3. Powers and Duties.

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

- a. To control and be responsible for the management of all operations and affairs of the District.
- b. To make and enforce all rules and regulations necessary for the administration, government, protection, and maintenance of hospitals and other facilities under District jurisdiction.
- c. To appoint the President/Chief Executive Officer and to define the powers and duties of such appointee.
- d. To delegate certain powers to the Medical Staff and other affiliated or subordinate organizations in accordance with their respective bylaws. The Medical Staff shall notify the Board of Directors upon election of the Chief of the Medical Staff and of all Chairpersons of the various medical departments and services, whose powers and duties shall be defined by the Medical Staff Bylaws as approved by the Board of Directors.
- e. To approve or disapprove all constitutions, bylaws, rules and regulations, including amendments thereto; of all affiliated or subordinate organizations.

Revised June 2017

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

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

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

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

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

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

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

Section 4. Compensation.

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

Revised June 2017

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

Section 5. Vacancies.

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

Section 6. Resignations.

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

Section 7. Absences From Meetings.

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

MEETINGS OF DIRECTORS

Section 8. Regular Meetings.

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

Section 9. Special Meetings.

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

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

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

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

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

Section 10. Quorum.

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

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

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

Section 12. Adjournment.

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

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

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

Section 13. Public Meetings.

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

Section 14. Setting the Agenda.

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

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

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

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

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

Section 15. Rules of Order.

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

Section 16. Conflicts of Interest.

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

ARTICLE IV
OFFICERS

Section 1. Officers.

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

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

Section 2. Election of Officers.

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

Section 3. Chairperson.

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

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

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

Revised June 2017

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

Section 4. Vice Chairperson.

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

Section 5. Secretary.

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

Section 6. Treasurer.

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

Section 7. Assistant Secretary.

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

Section 8. Assistant Treasurer.

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

Section 9. Removal, Resignation or Vacancy.

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

Revised June 2017

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

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

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

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

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

Revised June 2017

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

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

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

ARTICLE V

ARTICLE V
COMMITTEES

Section 1. Committees

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

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

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

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

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

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

Section 2. Standing Committees

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

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

F. Audit, Compliance & Ethics Committee

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

ARTICLE VI
MANAGEMENT OFFICIALS

Section 1. President/Chief Executive Officer.

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

Section 2. Clerk of the Board of Directors.

The Clerk of the Board of Directors shall be the Executive Assistant under the immediate supervision of the President/Chief Executive Officer. The President/Chief Executive Officer may assign other staff members as may be necessary to complete the work of the Board of Directors. The Executive Assistant shall serve as Clerk of the Board of Directors for the purposes of Elections Code section 307.

Section 3. Chief Compliance Officer .

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

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

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

ARTICLE VII
MEDICAL STAFF

Section I. Medical Staff.

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

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

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

The Tri-City Healthcare District shall maintain a Quality Assurance/Performance Improvement ("QA/PI") Program developed by a committee composed of at least five (5) physicians who are members of the Medical Staff and one (1) clerical staff member. The QA/PI Program shall be implemented by the QA/PI Committee, and shall be a data-driven, quality assessment and performance improvement program, implemented and maintained on a hospital-wide basis, in compliance with the requirements of Section 482.21 of Title 42 of the Code of Federal Regulations, and other applicable law, as it may be amended from time to time.

Revised June 2017

Section 2. Medical Staff Membership.

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

Section 3. Exclusion from the Medical Staff.

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

Section 4. Hospital Rules.

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

Section 5. Hearings and Appeals.

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

ARTICLE VIII
MISCELLANEOUS

Section 1. Title to Property.

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

Section 2. Seal.

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

Section 3. Amendment.

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

Section 4. Annual Review of Bylaws.

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

Section 5. Board of Directors' Evaluation Policy.

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

Section 6. Affiliated Organizations.

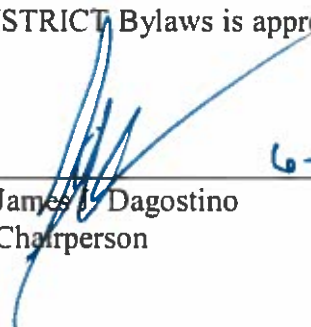
- a. Auxiliary Organizations. The Board of Directors may authorize the formation of auxiliary organizations to assist in the fulfillment of the purposes of the District. Each such organization shall establish its bylaws, rules, and regulations, which shall be subject to Board of Directors approval and which shall not be inconsistent with these bylaws or the policies of the Board of Directors.

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

CODE FOR LEGISLATIVE AUTHORITY

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

This amendment to the TRI-CITY HEALTHCARE DISTRICT Bylaws is approved this 30th day of June, 2017.



James J. Dagostino Date
Chairperson 6-30-17

ATTEST:



Laura E. Mitchell Date
Secretary 6/30/17



Key State Issues

Latest News on Key Bills in the State Legislature



August 25, 2017

Activity during the Legislature's first week back focused on the fiscal committees of both houses, where pending legislation must be heard by Sept. 1. The legislature must complete its work for the first year of the 2017-18 session by Sept. 15.

CHA issued an *Advocacy Alert* on AB 1250 (Jones-Sawyer, D-Los Angeles), available at www.calhospital.org/advocacy-alert/cha-advocacy-alert-urge-legislators-oppose-ab-1250, on Aug. 22. For an online version of this report that can be filtered by topic, visit www.calhospital.org/key-state-issues.

| Bill No. | Author | Location/Action | CHA Position | Staff Contact | |
|-------------------------------------|----------------------------|---|---|---------------|---------------------------------|
| Administrative Regulations | | | | | |
| AB 1225 | Patterson (R-Fresno) | Would require CDPH to annually brief the Legislature on its efforts to update Title 22 regulations and would repeal the regulation requiring hospitals to publicly post their program flexibility documents. | Failed passage. | Support | Debby Rogers/ Connie Delgado |
| Clinical Laboratory Services | | | | | |
| AB 251 | Bonta (D-Alameda) | Would establish a medical loss ratio for chronic dialysis clinics that would require the clinics to spend at least 85 percent of their revenue on patient care. Clinics that do not meet the ratio would be required to issue rebates to non-government payers in an amount sufficient to meet the minimum spending of 85 percent. | To be heard in Senate Appropriations Committee Sept. 1. | Oppose | Ronald Yaw/Barbara Glaser |
| Closures | | | | | |
| AB 651 | Muratsuchi (D-Torrance) | Would require nonprofit health facilities, prior to selling to a for-profit corporation, to inform the attorney general of the primary languages spoken at the facility. The bill was amended June 27 to extend the attorney general's authority to approve and impose conditions on transactions involving nonprofit hospitals that have canceled or suspended their licenses. The bill seeks to overrule a recent decision in a bankruptcy court case. An additional amendment was taken to remove hospitals with canceled licenses from the bill; now, the bill would apply only to transactions involving nonprofit hospitals with a suspended license. | To be heard in Senate Appropriations Committee Sept. 1. | Oppose | Anne McLeod/ Barbara Glaser |

California Hospital Association Key State Issues

| Bill No. | Author | | Location/Action | CHA Position | Staff Contact |
|-------------------------------|---------------------------------|--|---|--------------|---|
| County Health Programs | | | | | |
| AB 1250 | Jones-Sawyer (D-Los Angeles) | Would establish specific standards for counties contracting for services, including health care services. The county would be required to demonstrate that the proposed contract would result in cost savings to the county and show that the contract does not displace county workers. The hospital would be required to submit an enormous amount of paperwork to the county, including monthly reports showing the names of employees and subcontractors who provided services under the contract and their hourly rates, which would be made public. The hospital would also be required to pay for a county or independent audit to ensure the hospital is complying with every provision of the contract, as well as state and federal laws, prior to any contract renewal. This bill's requirements would make caring for patients who are covered by county programs difficult and expensive. | To be heard in Senate Appropriations Committee Sept. 1. | Oppose | Lois Richardson/ Barbara Glaser |
| | | | Advocacy Alert issued Aug. 22. | | |
| Education | | | | | |
| SB 15 | Leyva (D-Chino) | Would set maximum amounts for annual Cal Grant C awards for tuition and fees and for access costs. Would also require the Office of the Chancellor of the California Community Colleges to annually provide the Student Aid Commission with eligible occupational and technical training programs that meet Cal Grant C specifications. | To be heard in Assembly Appropriations Committee Sept. 1. | Support | Cathy Martin/ Alex Hawthorne |
| Emergency Services | | | | | |
| AB 263 | Rodriguez (D-Pomona) | Would require the Emergency Medical Services Authority to post a report on its website about violent incidents involving on-duty EMS providers. The bill would also establish new meal and rest period rules for employees of EMS providers who are required to remain on call during those periods. | To be heard in Senate Appropriations Committee Sept. 1. | Follow, Hot | Gail Blanchard-Saiger/ Kathryn Scott |
| AB 583 | Wood (D-Healdsburg) | Would authorize the extension of the Emergency Medical Air Transportation Act until 2030. | Held in Assembly Appropriations Committee May 26. | Support | BJ Bartleson/ Connie Delgado |
| AB 820 | Gipson (D-Carson) | Sponsored by Los Angeles County, this spot bill will be amended to establish a community paramedicine program in California. | Two-year bill. | Cosponsor | BJ Bartleson/ Connie Delgado |
| AB 1650 | Maienschein (R-San Diego) | Would authorize the Emergency Medical Services Authority (EMSA) to develop the Community Paramedicine Program and authorize a local EMS agency (LEMSA) to develop one or more of four community paramedicine programs. EMSA would be charged with developing criteria, in conjunction with OSHPD, to participate in the program; the medical director of the LEMSA would be required to oversee the local community paramedic program. | Two-year bill. | Support | BJ Bartleson/ Connie Delgado |
| SB 432 | Pan (D-Sacramento) | Would revise the current requirement for hospitals to notify emergency response personnel who have cared for a patient with a reportable communicable disease. The bill would not revise the current requirement that hospitals notify the local public health officer, who in turn also notifies the emergency response personnel. | To be voted on by full Senate. | Support | BJ Bartleson/ Connie Delgado |
| SB 443 | Hernandez (D-Azusa) | Would authorize use of an emergency automated drug delivery system for county-owned ambulance and emergency response providers to restock their vehicles. | To be heard in Assembly Appropriations Committee Sept. 1. | Support | BJ Bartleson/ Alex Hawthorne |

California Hospital Association Key State Issues

| Bill No. | Author | | Location/Action | CHA Position | Staff Contact |
|---------------------------------------|------------------------------------|--|---|------------------------|--|
| Emergency Services (continued) | | | | | |
| SB 687 | Skinner (D-Berkeley) | Would require nonprofit organizations that provide emergency services to obtain the attorney general's written consent before reducing the level of services provided. These provisions would be applied retroactively to January 2015. The bill would also prohibit the licensure of free-standing emergency rooms that are not part of a hospital. | To be heard in Assembly Appropriations Committee Sept. 1. | Oppose | Anne McLeod/ Kathryn Scott |
| Health Facilities | | | | | |
| AB 908 | Dababneh (D-Encino) | Would require OSHPD to provide a 30-day notice to a hospital prior to revoking a seismic safety extension, and would allow the hospital to challenge the revocation. | To be voted on by full Senate. | Support | Cheri Hummel/ Kathryn Scott |
| AB 1014 | Cooper (D-Elk Grove) | Would align health care facility testing and maintenance requirements related to diesel generators with the current edition of NFPA 110: Standard for Emergency and Standby Power Systems, as adopted by the Life Safety Code and CMS. Previous law expired in 2016. | Signed by the Governor July 31 (Chapter 145, Statutes of 2017). | Sponsor | Cheri Hummel/ Kathryn Scott |
| AB 1048 | Arambula (D-Fresno) | Would authorize a pharmacist to dispense a Schedule II controlled substance as a partial fill and remove the assessment of pain as a vital sign. | To be voted on by full Senate. | Support | David Perrott/ Connie Delgado |
| Homeless Patients | | | | | |
| AB 210 | Santiago (D-Los Angeles) | Would establish a homeless adult, child and family multidisciplinary personnel team within counties to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care for the homeless population. Service providers include, but are not limited to, social services, child welfare services, health services, mental health services, substance abuse services, probation, law enforcement, veteran services, homeless services and housing. | To be heard in Senate Appropriations Committee Aug. 18. | Support | Peggy Wheeler/ Barbara Glaser |
| Labor | | | | | |
| AB 5 | Gonzalez Fletcher (D-San Diego) | Would require an employer to offer additional hours of work to an existing employee who — in the employer's reasonable judgment — has the skills and experience to perform the work, before hiring any additional employees or subcontractors, including through a temporary employment agency, staffing agency or similar entity. The bill would not apply where it would result in payment of overtime, would require the employer to use a transparent and nondiscriminatory process to distribute the additional hours of work among existing employees, and would provide employees with a private right of action. | Two-year bill. | Oppose, Unless Amended | Gail Blanchard-Saiger/ Kathryn Scott |
| AB 387 | Thurmond (D-Richmond) | Would require health care entities to pay allied health students minimum wage for time spent in clinical or experiential training required to be eligible for state licensure or certification. | Two-year bill. | Oppose | Cathy Martin/ Gail Blanchard-Saiger/ Kathryn Scott |

California Hospital Association Key State Issues

| Bill No. | Author | Location/Action | CHA Position | Staff Contact |
|--------------------------|--|--|---|---|
| Labor (continued) | | | | |
| AB 402 | Thurmond (D-Richmond) | Would require Cal/OSHA to convene, by June 1, 2018, an advisory committee to develop regulations requiring hospitals to evacuate or remove plume (noxious airborne contaminants generated as byproducts from specific devices used during surgical procedures). The proposed regulations would be required to be submitted to the Cal/OSHA Standards Board by June 1, 2019, and the board would be required to adopt regulations by July 1, 2020. | To be heard in Senate Appropriations Committee Sept. 1. | Oppose, Unless Amended Gail Blanchard-Saiger/ Kathryn Scott |
| AB 1102 | Rodriguez (D-Pomona) | As initially introduced, would have prohibited hospitals from taking adverse action against an employee who refuses an assignment on the basis that it would violate the nurse-to-patient ratio law. Recent amendments remove that provision and instead increase the fine for willful violations of whistleblower protections. CHA is now neutral. | To be voted on by full Senate. | Neutral Gail Blanchard-Saiger/ Kathryn Scott |
| SB 349 | Lara (D-Bell Gardens) | Would establish staffing ratios in dialysis clinics for nurses, technicians and social workers, as well as a 45-minute minimum transition time between patients. | To be heard in Assembly Appropriations Committee Aug. 30. | Oppose Gail Blanchard-Saiger/ Kathryn Scott |
| Managed Care | | | | |
| SB 199 | Hernandez (D-Azusa) | Would require certain health care entities, including providers, to provide specified utilization and pricing information to the California Health Care Cost, Quality, and Equity Atlas. | To be heard in Assembly Appropriations Committee Sept. 1. | Follow, Hot Anne McLeod/ Barbara Glaser |
| SB 538 | Monning (D-Carmel) | Held in the Assembly Health Committee and now a two-year bill. The bill would impose numerous prohibitions on contract provisions between hospitals and payers. Among other provisions, the bill would ban binding arbitration for antitrust claims and prohibit hospitals from requiring that multiple facilities in their system be included in a contract. Although the bill will not move forward this year, the Chair of the Assembly Health Committee and the author have agreed to hold an informational hearing later this year to discuss the issues as a precursor to a possible bill next year. | Two-year bill. | Oppose Dietmar Grellmann/ Alex Hawthorne |
| SB 562 | Lara (D-Bell Gardens)/ Atkins (D-San Diego) | Would establish the Californians for a Healthy California Act, a comprehensive universal single-payer health care coverage program and health care cost control system. As amended, the bill would cover all medical care for residents who would be required to purchase insurance, eliminate co-pays and deductibles, and allow Californians to choose their doctors. A nine-member board, appointed by the Governor and Legislature, would oversee the health system. This bill does not include a funding mechanism. | Held in Assembly Rules Committee. | Follow, Hot Anne McLeod/ Barbara Glaser |
| SB 647 | Pan (D-Sacramento) | Would require the Department of Managed Health Care and the Department of Insurance to record and report all consumer complaints about Employee Retirement Income Security Act pensions and health plans. CHA intends to amend the bill to address deficiencies in current law, known as the Providers' Bill of Rights, which allows third-party payers to obtain the benefits of a leased network contract without adhering to all the requirements of the contract. | Two-year bill. | Support Dietmar Grellmann/ Alex Hawthorne |

California Hospital Association Key State Issues

| Bill No. | Author | | Location/Action | CHA Position | Staff Contact |
|------------------------|---------------------------|--|---|---------------------|------------------------------------|
| Medi-Cal | | | | | |
| AB 205 | Wood (D-Healdsburg) | Would implement various provisions of the federal Medicaid managed care rule related to network adequacy standards, medical loss ratio requirements, state fair hearing requirements and supplemental Medi-Cal funding for California's public health care systems. AB 205 is an identical companion bill to SB 171 (Hernandez, D-Azusa). | To be heard in Senate Appropriations Committee Sept. 1 | Support | Amber Kemp/ Barbara Glaser |
| SB 171 | Hernandez (D-Azusa) | Would implement various provisions of the federal Medicaid managed care rule related to network adequacy standards, medical loss ratio requirements, state fair hearing requirements and supplemental Medi-Cal funding for California's public health care systems. SB 171 is an identical companion bill to AB 205 (Wood, D-Healdsburg). | To be heard in Assembly Appropriations Committee Sept. 1. | Support | Amber Kemp/ Barbara Glaser |
| SB 608 | Hernandez (D-Azusa) | Would specify how grants under the Quality Assurance Fee program would be distributed to public hospitals. | To be heard in Assembly Appropriations Committee Sept. 1. | Sponsor | Amber Ott/ Barbara Glaser |
| Medical Records | | | | | |
| SB 241 | Monning (D-Carmel) | Would harmonize state law with certain provisions of federal health information privacy regulations adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) . | Placed on Assembly Inactive File. | Support | Lois Richardson/ Connie Delgado |
| SB 244 | Lara (D-Los Angeles) | Intended to ensure that public agencies — including county and district hospitals — do not use personal information in a manner that might harm undocumented immigrants. However, the bill establishes a blanket prohibition on using or disclosing personal information for any reason except to care for the patient or as required by law. CHA has removed its opposition to the bill due to recent amendments that allow public hospitals to continue to use and disclose patient information in accordance with health information privacy laws. | To be heard in Assembly Appropriations Committee Aug. 30. | Neutral, as Amended | Lois Richardson/ Connie Delgado |
| Medical Staff | | | | | |
| AB 148 | Mathis (R-Porterville) | Would lower the eligibility threshold for rural practice settings participating in the Steven M. Thompson Physician Corps Loan Repayment Program. The program provides financial incentives, including repayment of educational loans, to a physician who practices in a medically underserved area. Currently, eligible practice settings include community clinics, a clinic owned or operated by a public hospital and health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fulfill the county's role to serve its indigent population. These settings must be located in a medically underserved area and at least 50 percent of patients must be from medically underserved populations. This bill would lower the eligibility threshold for serving the above described populations to 30 percent for practice settings located in rural areas. | To heard in Senate Appropriations Committee Sept. 1. | Support | Peggy Wheeler/ Connie Delgado |

California Hospital Association Key State Issues

| Bill No. | Author | Location/Action | CHA Position | Staff Contact | |
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| Medical Staff (continued) | | | | | |
| AB 893 | E. Garcia (D-Coachella) | Would authorize local public health agencies and others to send to OSHPD data on the number of graduate medical slots necessary to meet current and future physician needs in Imperial County and other underserved counties. The bill no longer relates to physician employment by a hospital. | To be heard in Senate Health Committee. | Follow, Hot | Peggy Wheeler/ Barbara Glaser |
| SB 487 | Pan (D-Sacramento) | Would prohibit a medical staff from requiring physicians to participate in a maintenance of certification program by specialty boards. For public hospitals, the bill would limit voting rights on issues affecting patient care to physicians providing "substantial" direct patient care, defined as 50 percent or more of the physician's annual practice. | Two-year bill. | Oppose | David Perrott/ Connie Delgado |
| SB 790 | McGuire (D-Healdsburg) | Would prohibit a manufacturer of a drug or device intended to be used with a drug or biologic from providing anything of value to hospitals or other health care providers, with limited exceptions. Would also prohibit manufacturers and their representatives from providing a fee or other economic benefit to health care providers to participate in research, with limited exceptions. Exceptions include sponsorship of significant educational seminars, bona fide clinical trials and support to free clinics. | To be voted on by full Assembly. | Neutral | Debby Rogers/ Jackie Garman/ Connie Delgado |
| SB 798 | Hill (D-San Mateo) | As originally introduced, would give licensed midwives the right to a peer review hearing; make the Board of Podiatric Medicine independent from the Medical Board; require the Medical Board and Osteopathic Board to provide information to the public about licensees on probation; require CDPH and private accreditation organizations to report peer review incidents to the Medical Board; revise the definition of reportable adverse events for outpatient settings; require outpatient settings to report comprehensive demographic, encounter, error and other data to OSHPD annually; require physicians, podiatrists, chiropractors, acupuncturists, osteopaths, and naturopaths who are on probationary status to provide written notice to patients; extend the current \$100,000 penalty for failure to file required 805 reports to 805.01 reports; change educational and licensing requirements for healing arts professionals; and make numerous technical and conforming changes. CHA removed its opposition to the bill due to amendments that deleted two objectionable requirements: (1) that CDPH and accreditation agencies report peer review incidents to the Medical Board and (2) that physicians on probation who do not have a direct treatment relationship with the patient provide notice of probationary status to the patient. Recent amendments delete the requirement to make physician probation information available to the public and to patients. | To be heard in Assembly Business & Professions Committee Aug. 29 and in Assembly Appropriations Committee Aug. 30. | Neutral, as Amended | David Perrott/ Connie Delgado |

California Hospital Association Key State Issues

| Bill No. | Author | Location/Action | CHA Position | Staff Contact | |
|----------------------|-----------------------------------|---|---|---------------------|----------------------------------|
| Mental Health | | | | | |
| AB 191 | Wood (D-Healdsburg) | Would amend current law to authorize a licensed marriage and family therapist or professional clinical counselor to sign a notice of certification for an extended involuntary hold. This bill would require that the therapist or counselor participated in evaluating the patient, and stipulates that he or she must be the second signature (the first must be a physician or psychologist). This authority would pertain to involuntary holds exceeding 72 hours that require an additional period of intensive treatment not to exceed 14 days, or 30 days under specified conditions. | Awaiting action on the Governor's desk. | Support | Sheree Lowe/ Alex Hawthorne |
| AB 451 | Arambula (D-Fresno) | Would require acute psychiatric hospitals to treat patients with an emergency psychiatric condition, regardless of whether the hospital has an emergency department. The bill would also prohibit a general acute care hospital or an acute psychiatric hospital from requiring a patient to be on an involuntary hold as a condition of transfer or admission. CHA has removed its opposition to the bill due to recent amendments that would require psychiatric health facilities to accept patients with an emergency psychiatric condition regardless of whether the facility has an emergency department. | To be heard in Senate Appropriations Committee Sept. 1. | Neutral, As Amended | Sheree Lowe/ Alex Hawthorne |
| AB 477 | Ridley-Thomas (D-Los Angeles) | Would establish a Behavioral Health Stakeholder Advisory Panel to provide ongoing advice and assistance on California's behavioral health program needs and priorities, including recommending actions to improve collaboration between and processes of the multiple agencies involved in California's behavioral health delivery system. | Two-year bill. | Support | Sheree Lowe/ Alex Hawthorne |
| AB 1136 | Eggman (D-Stockton) | Would require the California Department of Public Health to apply for a grant to develop a real-time database showing available beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities and residential substance use disorder treatment facilities. This bill was amended to exempt state hospitals. | Two-year bill. | Oppose | Sheree Lowe/ Alex Hawthorne |
| AB 1315 | Mullin (D-South San Francisco) | Would establish the Early Psychosis Detection and Intervention Competitive Selection Process Act and an advisory committee to the Mental Health Services Oversight and Accountability Commission, thereby expanding the provision of high-quality, evidence-based early psychosis detection and intervention services in California. | To be heard in Senate Appropriations Committee Sept. 1. | Support | Sheree Lowe/ Alex Hawthorne |
| SB 237 | Hertzberg (D-Van Nuys) | Would modify the process of arresting individuals by allowing law enforcement to, in lieu of processing them through the county jail and going before a magistrate, transport the individual to a hospital or other care setting for evaluation and treatment of co-occurring mental health and substance use disorders. | To be voted on by full Assembly. | Follow, Hot | Peggy Wheeler/ Barbara Glaser |

California Hospital Association Key State Issues

| Bill No. | Author | Location/Action | CHA Position | Staff Contact | |
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| Mental Health (continued) | | | | | |
| SB 565 | Portantino (D-La Canada Flintridge) | After the completion of a 14-day period of intensive treatment for behavioral and/or substance abuse disorders, a person may be certified for an additional period of 30 days of intensive treatment. This bill would require a hospital to, with the patient's consent, make a reasonable attempt to notify a family member or other person designated by the patient at least 36 hours prior to the certification review hearing. | Awaiting action on the Governor's desk. | Follow, Hot | Sheree Lowe/ Alex Hawthorne |
| Nursing Services | | | | | |
| AB 1612 | Burke (D-Inglewood) | Would allow full practice authority for certified nurse midwives. | Two-year bill. | Support | BJ Bartleson/ Connie Delgado |
| SB 457 | Bates (R-Laguna Niguel) | Would prohibit physicians and midwives from attending certain births in a licensed alternative birth center (ABC) or at home and put onerous procedures in place for those out-of-hospital births that would still legally be allowed. Would also require duplicative physical exams, extensive screening, additional handouts to be given to patients, and voluminous data reporting by health care providers — including complicated medical reports for a hospital to complete for each patient who attempted a planned ABC or home birth but was transferred to a hospital. Overall, this bill would prevent licensed midwives and certified nurse midwives from practicing to the full extent of their education, licensure/certification and experience. | Two-year bill. | Oppose | BJ Bartleson/ Connie Delgado |
| SB 554 | J. Stone (R-Murrieta) | Would allow a nurse practitioner or a physician's assistant to furnish or order buprenorphine, in compliance with the Comprehensive Addiction and Recovery Act of 2016. | Awaiting action on the Governor's desk. | Support | BJ Bartleson/ Connie Delgado |
| SB 799 | Hill (D-San Mateo) | As originally introduced, would have required employers to report to the BRN a registered nurse who is terminated or resigned for cause. "For cause" is defined to include, among other conduct, use of controlled substances or alcohol to the extent that it impairs the nurse's ability to safely practice; patient or client abuse; neglect, physical harm or sexual contact with a patient or client; and unlawful sale of a controlled substance. Would impose penalties for failure to report and would provide immunity to employers for reporting. Onerous provisions in the bill related to continuing education for nurses and nurses reporting other nurses to the BRN for cause have been deleted. Recent amendments remove the requirement that employers report disciplined nurses to the BRN, and instead require the California Research Bureau to prepare a report for the Legislature that reviews existing reporting mechanisms and offers options for future legislation. | To be heard in Assembly Business & Professions Committee Aug. 29 and in Assembly Appropriations Committee Aug. 30. | Support | BJ Bartleson/ Connie Delgado |
| Pharmacy | | | | | |
| SB 17 | Hernandez (D-Azusa) | Would require health plans, insurers and the pharmaceutical industry to report specified information related to prescription drug costs and prices to the state. | To be heard in Assembly Appropriations Committee Sept. 1. | Support | Dietmar Grellmann/ Alex Hawthorne |

California Hospital Association Key State Issues

| Bill No. | Author | Location/Action | CHA Position | Staff Contact |
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| Pharmacy (continued) | | | | |
| SB 351 | Roth (D-Riverside) | Would provide additional options for hospitals to license pharmaceutical services in a satellite or approved service area located separate from the hospital's physical plant that is not under the hospital's consolidated license. | To be heard in Assembly Appropriations Committee Sept. 1. | Support BJ Bartleson/ Alex Hawthorne |
| Prison Issues | | | | |
| AB 43 | Thurmond (D-Richmond) | Would levy a 10 percent tax on companies that contract to provide goods or services to state prisons, the Department of Corrections and Rehabilitation or the Department of General Services. The revenue would be used to expand programs that prevent incarceration, such as universal preschool and after-school programs. | Two-year bill. | Oppose Peggy Wheeler/ Barbara Glaser |
| Public Health | | | | |
| SB 43 | Hill (D-San Mateo) | Would require hospitals and clinical labs, beginning July 1, 2018, to conduct and submit to the CDPH an annual antibiogram (a summary of all the antibiotic resistant infections in the previous year). Hospitals are currently creating antibiograms as part of their antibiotic stewardship programs. CDPH would be required to publish an annual report on the occurrence of antibiotic resistant infections and deaths, based on available data. The report would analyze the data by facility type, type of resistant infection and geography; facility names would not be included. | Two-year bill. | Oppose, Unless Amended Debby Rogers/ David Perrott/ Alex Hawthorne |
| Skilled-Nursing Facilities | | | | |
| AB 275 | Wood (D-Healdsburg) | Would expand notice and planning requirements that skilled-nursing and long-term care facilities must meet prior to a change in facility license or operations that may result in patient transfers. Includes a requirement that the attending physician and a licensed mental health professional, in addition to facility nursing staff, complete an assessment prior to giving the patient a written notice of transfer. | Awaiting action on the Governor's desk. | Follow, Hot Patricia Blaisdell/ Barbara Glaser |
| AB 940 | Weber (D-San Diego) | Would require skilled-nursing facilities to inform the local long-term care ombudsman within 24 hours of notifying a resident in writing of a transfer or discharge from the facility. Failure to do so would constitute a class B violation. | To be voted on by full Senate. | Follow, Hot Patricia Blaisdell/ Barbara Glaser |
| AB 1335 | Kalra (D-San Jose) | Would redefine, with respect to class AA violations in skilled-nursing facilities, the causal connection that must exist between the violation and the death of a resident. It would also create a new subcategory of class A violations for situations not meeting the requirements of a class AA violation but where a resident death has occurred. | Two-year bill. | Follow, Hot Debby Rogers/ Barbara Glaser |
| SB 219 | Wiener (D-San Francisco) | Would create the Lesbian, Gay, Bisexual, and Transgender Long-Term Care Facility Resident's Bill of Rights, making it unlawful for any long-term care facility to take specified actions on the basis of a person's actual or perceived sexual orientation, gender identity, gender expression or HIV status. | To be heard in Assembly Appropriations Committee Sept. 1. | Neutral, as Amended Patricia Blaisdell/ Barbara Glaser |

California Hospital Association Key State Issues

| Bill No. | Author | | Location/Action | CHA Position | Staff Contact |
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| Skilled-Nursing Facilities (continued) | | | | | |
| SB 481 | Pan (D-Sacramento) | Sponsored by CHA, this bill would address deficiencies identified in <i>CANHR v. Chapman</i> . Specifically, it would strengthen the current process for notifying skilled-nursing facility residents who lack capacity and have no legal representative of recommended medical interventions requiring informed consent. | Two-year bill. | Sponsor | Patricia Blaisdell/ Lois Richardson/ Alex Hawthorne |
| Workers' Compensation | | | | | |
| SB 489 | Bradford (D-Compton) | Would allow hospitals that treat injured workers who present through the emergency room up to 180 days to bill for services rendered. Existing law, which has not yet taken effect, requires billing within 30 days. | Awaiting action on the Governor's desk. | Support | Amber Ott/ Kathryn Scott |

**Governance & Legislative Committee Work Plan
FY 2018**

| | July | Aug | Sept | Oct | Nov | Dec | Jan 2018 | Feb | Mar | Apr | May | June | Date(s) Reviewed |
|---|------|-----|------|-----|-----|-----|-------------|-----|-----|-----|-----|------|---------------------|
| Review proposed Medical Staff Rules & Regulations as needed | X | X | X | X | X | X | X | X | X | X | X | X | |
| Review Board Policies as needed | X | X | X | X | X | X | X | X | X | X | X | X | |
| Review Board Bylaws | X | X | X | X | X | X | X | X | X | X | X | X | |
| Review Committee Charter (every 3 years) | X | X | X | X | X | X | X | X | X | X | X | X | |
| Review all Board Committee Charters (every 3 years) | X | X | X | X | X | X | X | X | X | X | X | X | |
| Monitor Legislative Affairs and make recommendations to Board | X | X | X | X | X | X | X | X | X | X | X | X | |