TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A SPECIAL MEETING
OF THE BOARD OF DIRECTORS
August 21, 2018 – 4:30 o'clock p.m.
Assembly Rooms 2&3 - Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056

The Board may take action on any of the items listed below, unless the item is specifically labeled "Informational Only"

	Agenda Item	Time Estimate
1	Call to Order/Roll Call/Pledge of Allegiance	3 min.
2	Approval of Agenda	2 min.
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda prior to Board action on the agenda item. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors	
4	Oral Announcement of Items to be Discussed During Closed Session (Authority: Government Code Section 54957.7)	
5	Motion to go into Closed Session	
6	Closed Session	1 hour
	a. Conference with Legal Counsel – Potential Litigation (Authority Government Code Section 54956.9(d) (1 matter)	
7	Motion to go into Open Session	
8	Open Session	2 hour
9	Report from Chairperson on any action taken in Closed Session Authority: Government Code, Section 54957.1)	
10	New Business a) Reconsideration of Board decision on June 26, 2018 to suspend operations of Inpatient Behavioral Health Unit and Crisis Stabilization Unit and implementing actions.	
11	Comments by Members of the Public NOTE: Per Board Policy 14-018, members of the public may have up to three (3) minutes, individually, to address the Board	
12	Adjournment	

Dated: August 17, 2018

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.

Administrative Staff Report

For Board of Directors August 21, 2018 Meeting Agenda No.10 (a)Inpatient Behavioral Health Unit (BHU) and Crisis Stabilization Unit (CSU) Considerations

Background

Tri-City Healthcare District has operated a Behavioral Health Unit (BHU) for a number of years and a Crisis Stabilization Unit (CSU) since 2016. Service line volumes, safety, staffing and sustainability are regularly reviewed. Recent volumes have averaged 12 patients per day in the BHU and 4 patients per day in the CSU. (See Attachment 4)

Centers for Medicaid & Medicare Services (CMS) has always monitored environment of care for patients' safety, but most recently has focused on ligature risks in psychiatric care units and issued recent directives. Recent federal Regulatory Standard Directives regarding Patients' Right to Receive Care in a Safe Setting require substantial environment of care structural modifications for the CSU and BHU. (See Attachment 1 CMS Clarification of Ligature Risk Policy). The timing and cost to complete required structural modifications have been researched and estimated. The timing estimate to complete required structural modifications is well over 1 year at 90 weeks. The initial cost estimate to replace 'drop ceilings' in the BHU & CSU with 'hard-lid' (solid) ceilings – as required by the Centers for Medicare / Medicaid Services (CMS) and The Joint Commission (TJC), was in excess of $3 million. Following more in-depth evaluation by Sfeir Architects, Nelson Healthcare Project Services developed an updated cost and time estimate to bring the BHU & CSU into compliance with California Building Code (CBC) as well as CMS & TJC Compliance that requires a "ligature free" environment for dedicated inpatient psychiatric care. The updated cost estimate is $7,954,600. (See Attachment 2) The construction required to remediate ligature risk in the BHU & CSU cannot occur in the defined 60 day timeframe – and would leave patients remaining in the unit at risk during construction. (See Attachment 1 and Attachment 3)

A special public board meeting was held to consider action regarding the aforementioned issues and on June 26, 2018, The Tri-City Healthcare District Board of Directors took action to Authorize and instruct Tri-City Healthcare District Administration to take all necessary actions to suspend the Inpatient Behavioral Health Unit and Crisis Stabilization Unit operations in an expedited and orderly manner. The suspension of operations was to be completed in no longer than 60 days.

Staff Actions subsequent to Board of Directors Action

Notices were sent to affected employees and officials pursuant to the United States and California Worker Adjustment and Retraining Notification (WARN) Acts on June 27, 2018, giving the legally required 60-day advance notice.

Tri-City administration met with San Diego County (County) management to discuss transition and contractual details. The County requested 90 days' notice for the BHU along with a transition plan. In accordance with this request, Tri-City submitted termination notices for both contracts along with a transition plan. (See Attachment 5).

The County issued a termination notice for the CSU contract effective August 3, 2018. (See Attachment 6). Accordingly Tri-City suspended CSU Operations August 3, 2018.

Tri-City management and County management have had many discussions and following a collaborative meeting with County management, BHU contract closeout details were confirmed (See Attachment 7). The details include Tri-City continuing to accept new admissions through September 22, 2018 and terminating the BHU contract on October 2, 2018. These discussions and terms were entered in good faith and remain subject to Tri-City Board of Directors approval.

Tri-City remains committed to seeking collaborative long-term comprehensive sustainable community mental health opportunities and solutions. Tri-City management and County management have met to discuss potential regional opportunities and solutions. Tri-City remains committed to an ongoing dialogue with the County as well as other potential public and private partners and community stakeholders.

Legal Review

Tri-City General Counsel notes that obtaining professional licensed psychiatric coverage, while a challenge for many facilities, is not only a continuous challenge but also a legal mandate.

Our Board Counsel advised us that the District's actions have been in compliance with the Brown Act. A notice of the June 26, 2018, special meeting was given properly, the agenda notice wording was sufficient to inform the public of the topic, and the hearing satisfied legal requirements. The Board made its decision to suspend operation of the units at the meeting after hearing testimony, and there was no inappropriate action by board members before the meeting. Nevertheless, in response to concerns expressed, staff recommended that the board conduct a new hearing to receive more testimony and reconsider their prior decision.

Further, following the June 26 board decision, on June 27 the District sent WARN Act notices to affected employees and the Employment Development Department announcing layoffs 60 days later – on August 26, 2018. The District's outside labor counsel advises that the initial WARN notices provided to the employees regarding suspension of services of the BHU and CSU is sufficient and with adequate notice. If the board decides after its August 21st hearing to confirm suspension of one or both units, new notices are not required and the District can proceed relying on the June 27th notices. The purpose of the WARN Act is to ensure that employees receive at least 60 days' advance notice of layoffs – which they have been given.

Potential Board of Directors Action

Recognizing the Community's concern regarding mental health services, the Board of Directors decided to provide another opportunity for interested persons to provide testimony. After considering public comments and relevant information regarding the units, the Board of Directors will decide what – if any – action to take.

ATTACHMENT #1

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group

S&C Memo: 18-06- Hospitals

DATE: **December 08, 2017**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Clarification of Ligature Risk Policy

Memorandum Summary

- **Ligature Risks Compromise Psychiatric Patients' Right to Receive Care in a Safe Setting:** The care and safety of psychiatric patients and the staff that provide that care are our primary concerns. The Centers for Medicare & Medicaid Services (CMS) is in the process of drafting comprehensive ligature risk interpretive guidance to provide direction and clarity for Regional offices (RO), State Survey Agencies (SAs), and accrediting organizations (AOs).
- **Definition of a Ligature Risk:** A ligature risk (point) is defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes, and radiators, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures.
- **Focus of Ligature Risks:** The focus for a ligature "resistant" or ligature "free" environment is primarily aimed at Psychiatric units/hospitals.
- **Interim Guidance:** Until CMS' comprehensive ligature risk interpretive guidance is released, the ROs, SAs and AOs may use their judgment as to the identification of ligature and other safety risk deficiencies, the level of citation for those deficiencies, as well as the approval of the facility's corrective action and mitigation plans to minimize risk to patient safety and remedy the identified deficiencies.
- **Timeframe for Correction of Ligature Risk Deficiencies:** All deficiencies are expected to be corrected within the timeframe designated by the CMS RO, SA or AO. In cases where it is determined that it is not reasonable to expect compliance within the designated timeframe, only CMS may grant additional time for correction.
- **Ligature Risk Deficiencies Do Not Qualify for Life Safety Code (LSC) Waivers:** Ligature risks are not LSC deficiencies. Therefore, a LSC waiver may not be granted.
- **Monitoring of Progress:** When additional time for correction is granted, the hospital is required to provide monthly electronic progress reports to the SA or AO, including substantiating evidence of progress towards compliance. The SA or AO will update the RO or Central Office (CO) monthly, respectively.

Background

A ligature risk (point) is defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes, and radiators, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures. (CQC Brief Guide: Ligature points – Review date: June 2017). The most common ligature points and ligatures are doors, hooks/handles, windows, and belts or sheets/towels. The use of shoelaces, doors, and windows increased over time. (Hunt et al 2012; Ligature points used by psych inpatients.)The presence of ligature risks in the physical environment of a psychiatric patient compromises the patient's safety. This is particularly an issue for a patient with suicidal ideation. The hospital Patient's Rights Condition of Participation (CoP) at § 482.13(c)(2) provides all patients with the right to care in a safe setting. Psychiatric patients receiving care and treatment in a hospital setting are particularly vulnerable. The presence of ligature risks in the psychiatric patient's physical environment compromise their right to receive care in a safe setting. Safety risks in a psychiatric setting include but are not limited to furniture that can be easily moved or be thrown; sharp objects accessible by patients; areas out of the view of staff; access to plastic bags (for suffocation); oxygen tubing; equipment used for vital signs or IV Fluid administration; breakable windows; access to medications; access to harmful medications; accessible light fixtures; non-tamper proof screws; etc. The focus of this memo and the forthcoming guidance is care delivered in psychiatric units/hospitals and does not apply to other healthcare settings such as acute care hospitals. Psychiatric patients requiring medical care in a non-psychiatric setting (medical inpatient units, ED, ICU, etc.) must be protected when demonstrating suicidal ideation. The protection would be that of utilizing safety measures such as **1:1 monitoring with continuous visual observation**, removal of sharp objects from the room/area, or removal of equipment that can be used as a weapon.

CMS has identified the need for increased direction, clarity, and guidance regarding the definition of what constitutes a ligature risk and other safety risks involved in the care of patients requiring psychiatric care and treatment; how those risks should be surveyed; at what level these patient safety deficiencies should be cited; the elements required for an appropriate plan of correction (PoC); and what constitutes a suitable mitigation plan to minimize the risk to patients who are cared for in environments with identified patient safety deficiencies. The care and safety of this vulnerable patient population and the staff that provide that care are our primary concerns. To that end, CMS has begun the process of drafting guidance utilizing the skill and expertise of the Regional Offices, state survey agencies, accrediting bodies, providers, mental health clinicians, as well as other stakeholders central to this issue. CMS expects that this guidance will take approximately six months to complete. In the interim, the SAs and AOs may use their judgment as to the identification of ligature and safety risk deficiencies, the level of severity for those deficiencies, as well as the approval of the facility's corrective action and mitigation plans to remedy the identified deficiencies in collaboration with CMS. The first portion of this guidance is attached. (See attachment A.)

Regulations at § 488.28 require that the deficiencies addressed in a PoC be corrected within 60 days from receipt of the deficiency report. Follow up surveys to verify correction of condition level deficiencies or the ability of the hospital to correct the ligature risk deficiencies, will be done according to the standards established by the surveying agency. The ability of facilities to comply with the limited number of days allotted for the correction of ligature risks has proven to

be burdensome based on a number of variables, such as the severity and scope of the deficiencies, the need to obtain governing body approval, capital budget funding requirements, engage in competitive bidding, availability of the required materials, time for completion of repairs, and access to the unit/hospital areas. Ligature risks are not eligible for LSC waivers as they are not LSC deficiencies.

Cited ligature risks, that do not pose an immediate jeopardy situation or no longer pose an immediate jeopardy situation because the immediate threat to patient health and safety has been removed by the hospital, or has been mitigated through the implementation of appropriate interim patient safety measures, are expected to be corrected within the allotted number of days accorded by the CMS RO, SA or AO. Interim patient safety measures are expected to be implemented as part of an acceptable plan of correction to mitigate patient safety risks, as appropriate, until the ligature risks can be eliminated. Per § 488.28, the correction period begins the date the facility is notified of the deficiencies by the SA or AO. In cases where the SA or AO determine that it is not reasonable to expect compliance within the specified number of days, SA or AO may recommend additional time be granted by CMS in accordance with the regulations at § 488.28. The SAs and AOs do **not** have independent authority to grant additional time for the correction of deficiencies.

Hospital requests for the extension of timeframes for the correction of ligature risk deficiencies must include the hospital's accepted PoC, mitigation plan, an evaluation of the effectiveness of the mitigation plan, and an update on the status of the PoC. The hospital request must also include a rationale for why it is not reasonable to meet the correction timeframe. Non-deemed hospitals submit the request electronically to the SA; deemed hospitals submit the request electronically to their AO. If the SA or AO rejects the request for an extended timeframe for correction, the submission is returned to the hospital with a rationale for denial. If the SA or AO supports the request, the submission is forwarded electronically to the appropriate RO or CO, as appropriate, with a recommendation of approval. For deemed facilities, the AO will also copy the appropriate RO. All request packages will be submitted electronically via designated RO and CO e-mailboxes. (See attachment B for e-mail addresses.)

For non-deemed hospitals, the RO will provide an electronic response to the hospital and copy the SA; for deemed hospitals, CO will provide a response and copy the AO and RO within ten business days. The facility is required to provide electronic progress reports to the SA or AO on a monthly basis that include, but are not limited to, copies of invoices, receipts, communications with vendors, etc. detailing ongoing progress correcting the ligature risks and other safety deficiencies. The facility is also required to provide ongoing electronic routine status updates on the effectiveness of mitigation strategies utilizing outcome and process measures to demonstrate the effectiveness of the plan. The SA and AO are required to monitor PoCs, progress reports and mitigation measures, on a monthly basis, and provide an updated report to CMS (RO or CO, as appropriate) on a monthly basis. The SAs and ROs may use the current process in place using the CMS form-539. AOs will provide reports in a format specified by CMS. (See attachment C for format.)

Contact: If you have any questions regarding this memorandum, please send inquiries to the hospital e-mailbox at hospitalscg@cms.hhs.gov .

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright

Attachment(s):
Attachment A- Advanced Guidance
Attachment B- Designated Email Addresses
Attachment C- Ligature Risk Extension Progress Report

cc: Survey and Certification Regional Office Management

A-0144
(*Rev.*)

§482.13(c)(2) - The patient has the right to receive care in a safe setting.

Interpretive Guidelines §482.13(c)(2)

The intention of this requirement is to specify that each patient receives care in an environment that a reasonable person would consider to be safe. For example, hospital staff should follow current standards of practice for patient environmental safety, infection control, and security. The hospital must protect vulnerable patients, including newborns and children. Additionally, this standard is intended to provide protection for the patient's emotional health and safety as well as his/her physical safety. Respect, dignity and comfort would *also* be components of an emotionally safe environment. *In order to provide care in a safe setting, hospitals must identify patients at risk for intentional harm to self or others, identify environmental safety risks for such patients, and provide education and training for staff and volunteers.*

*Patients at risk of suicide (or other forms of self-harm) or exhibit violent behaviors toward others receive healthcare services in both inpatient and outpatient locations of hospitals. The focus for a ligature "resistant" or ligature "free" environment is that of psychiatric units of acute care hospitals and psychiatric hospitals and does not apply to non-psychiatric units of acute care hospitals that provide care to those at risk of harm to self or others, e.g. emergency departments, intensive care units, medical-surgical units, and other inpatient and outpatient locations. It is important to note that not all patients with psychiatric conditions or a history of a psychiatric condition are cared for in psychiatric hospitals or psychiatric units of acute care hospitals. Therefore, non-psychiatric settings of all hospitals where patients with psychiatric conditions may be cared for must also identify patients at risk for intentional harm to self or others and mitigate environmental safety risks. Psychiatric patients requiring medical care in a non-psychiatric setting (medical inpatient units, ED, ICU, etc.) must be protected when demonstrating suicidal ideation or harm to others. The protection would be that of utilizing safety measures such as **1:1 monitoring with continuous visual observation**, removal of sharp objects from the room/area, or removal of equipment that can be used as a weapon.*

Although all risks cannot be eliminated, hospitals are expected to demonstrate how they identify patients at risk of self-harm or harm to others and steps they are taking to minimize those risks in accordance with nationally recognized standards and guidelines. The potential risks include but are not limited to those from ligatures, sharps, harmful substances, access to medications, breakable windows, accessible light fixtures, plastic bags (for suffocation), oxygen tubing, bell cords, etc.

Identifying Patients at Risk

There are numerous models and versions of patient risk assessment tools available to identify patients at risk for harm to self or others. No one size fits all tool is available. Therefore, the type of patient risk assessment tool used should be appropriate to the patient population, care setting and staff competency. All hospitals are expected to implement a patient risk assessment

strategy, but it is up to the hospital to implement the appropriate strategies. For example, a patient risk assessment strategy in a post-partum unit would most likely not be the same risk assessment strategy utilized in the emergency department.

Environmental Safety Risks

Just as all hospitals must implement a patient risk assessment strategy, all hospitals must implement an environmental risk assessment strategy. Environmental risk assessment strategies may not be the same in all hospitals or hospital units. The hospital must implement environmental risk assessment strategies appropriate to the specific care environment and patient population. That does not mean that a unit which does not typically care for patients with psychiatric conditions is not expected to conduct environmental risk assessments. It means that the risk assessment must be appropriate to the unit and should consider the possibility that the unit may sometimes care for patients at risk for harm to self or others. While CMS does not require the use of an Environmental Risk Assessment Tool (e.g. the Veteran's Administration Environmental Risk Assessment Tool), the use of such tools may be used as a way for the hospital to assess for safety risks in all patient care environments in order to minimize environmental risks and to document the assessment findings. Examples of Environmental Risk Assessment Tool content may include prompts for staff to assess items such as, but not limited to:

- *Ligature risks include but are not limited to, hand rails, door knobs, door hinges, shower curtains, exposed plumbing/pipes, soap and paper towel dispensers on walls, power cords on medical equipment or call bell cords, and light fixtures or projections from ceilings, etc.*
- *Unattended items such as utility or housekeeping carts that contain hazardous items (mops, brooms, cleaning agents, hand sanitizer, etc.)*
- *Unsafe items brought to patients by visitors in locked psychiatric units of hospitals and psychiatric hospitals.*
- *Windows that can be opened or broken*
- *Unprotected lighting fixtures*
- *Inadequate staffing levels to provide appropriate patient observation and monitoring*

A ligature risk (point) is defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes, and radiators, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures. (CQC Brief Guide: Ligature points – Review date: June 2017). The most common ligature points and ligatures are doors, hooks/handles, windows, and belts or sheets/towels. The use of shoelaces, doors, and windows increased over time. (Hunt et al 2012; Ligature points used by psych inpatients.)The presence of ligature risks in the physical environment of a psychiatric patient compromises the patient's safety. This is particularly an issue for a patient with suicidal ideation. The hospital Patient's Rights Condition of Participation (CoP) at § 482.13(c)(2) provides all patients with the right to care in a safe setting. Psychiatric patients receiving care and treatment in a hospital setting are particularly vulnerable. The presence of ligature risks in the psychiatric patient's physical environment compromise their right to receive care in a safe setting. Safety risks in a psychiatric setting include but are not limited to furniture

that can be easily moved or be thrown; sharp objects accessible by patients; areas out of the view of staff; access to plastic bags (for suffocation); oxygen tubing; equipment used for vital signs or IV Fluid administration; breakable windows; access to medications; access to harmful medications; accessible light fixtures; non-tamper proof screws; etc. The focus of this memo and the forthcoming guidance is care delivered in psychiatric units/hospitals and does not apply to other healthcare settings such as acute care hospitals. Psychiatric patients requiring medical care in a non-psychiatric setting (medical inpatient units, ED, ICU, etc.) must be protected when demonstrating suicidal ideation. The protection would be that of utilizing safety measures such as ***1:1 monitoring with continuous visual observation****, removal of sharp objects from the room/area, or removal of equipment that can be used as a weapon.*

Hospital staff must be trained to identify environmental safety risks regardless of whether or not the hospital has chosen to implement the use of an environmental risk assessment tool to identify potential or actual risks in the patient care environment.

Education and Training

Hospitals must provide the appropriate level of education and training to staff regarding the identification of patients at risk of harm to self or others, the identification of environmental patient safety risk factors and mitigation strategies. Staff includes direct employees, volunteers, contractors, per diem staff and any other individuals providing clinical care under arrangement. Hospitals have the flexibility to tailor the training to the particular services staff provide and the patient populations they serve. Hospitals are expected to provide education and training to all new staff initially upon orientation and whenever policies and procedures change. However, CMS recommends initial training and then ongoing training at least every two years thereafter.

Correction of Environmental Risks

Regulations at §488.28 require that the deficiencies addressed in a PoC be corrected within 60 days from receipt of the deficiency report. Follow up surveys to verify correction of condition level deficiencies or the ability of the hospital to correct the ligature risk deficiencies, will be done according to the standards established by the surveying agency. The ability of facilities to comply with the limited number of days allotted for the correction of ligature risks has proven to be burdensome based on a number of variables, such as the severity and scope of the deficiencies, the need to obtain governing body approval, capital budget funding requirements, engage in competitive bidding, availability of the required materials, time for completion of repairs, and access to the unit/hospital areas. Ligature risks are not eligible for life safety code (LSC) waivers as they are not LSC deficiencies.

Cited ligature risks, that do not pose an immediate jeopardy situation or no longer pose an immediate jeopardy situation because the immediate threat to patient health and safety has been removed by the hospital, or has been mitigated through the implementation of appropriate interim patient safety measures, are expected to be corrected within the allotted number of days accorded by the CMS RO, SA or AO. Interim patient safety measures are expected to be implemented as part of an acceptable plan of correction to mitigate patient safety risks, as

appropriate, until the ligature risks can be eliminated. Per § 488.28, the correction period begins the date the facility is notified of the deficiencies by the SA or AO. In cases where the SA or AO determine that it is not reasonable to expect compliance within the specified number of days, SA or AO may recommend additional time be granted by CMS in accordance with the regulations at § 488.28. The SAs and AOs do not have independent authority to grant additional time for the correction of deficiencies.

Interim patient safety measures to mitigate identified ligature or safety risks may include continuous visual observation or 1:1 observation in which a staff member is assigned to observe only one patient at all times, including while the patient sleeps, toilets or bathes, to prevent harm directed toward self or others as well as other alternative nursing protocols recommended by the National Psychiatric Nursing Association (NPNA) at http://www.apna.org/files/public/Councils/PsychiatricNursingAvailabilityTool_021216.pdf. The level of constant visual observation may be determined based on the type of identified risk. For example, a suicidal patient that is placed in a room with windows that may be opened or with breakable glass, would require constant 1:1 visual observation that would allow the staff member to immediately intervene should the patient attempt to jump or break through the window. Another interim safety measure may include locking rooms in which ligature risks have been identified to prevent patient access.

Hospital requests for the extension of timeframes for the correction of ligature risk deficiencies must include the hospital's accepted PoC, mitigation plan, an evaluation of the effectiveness of the mitigation plan, and an update on the status of the PoC. The hospital request must also include a rationale for why it is not reasonable to meet the correction timeframe. Non-deemed hospitals submit the request electronically to the SA; deemed hospitals submit the request electronically to their AO. If the SA or AO rejects the request for an extended timeframe for correction, the submission is returned to the hospital with a rationale for denial. If the SA or AO supports the request, the submission is forwarded electronically to the appropriate RO or CO, as appropriate, with a recommendation of approval. For deemed facilities, the AO will also copy the appropriate RO. All request packages will be submitted electronically via designated RO and CO e-mailboxes.

For non-deemed hospitals, the RO will provide an electronic response to the hospital and copy the SA; for deemed hospitals, CO will provide a response and copy the AO and RO within ten working days. The facility is required to provide electronic progress reports to the SA or AO on a monthly basis that include, but are not limited to, copies of invoices, receipts, communications with vendors, etc. detailing ongoing progress correcting the ligature risks and other safety deficiencies. The facility is also required to provide ongoing electronic routine status updates on the effectiveness of mitigation strategies utilizing outcome and process measures to demonstrate the effectiveness of the plan. The SA and AO are required to monitor PoCs, progress reports and mitigation measures, on a monthly basis, and provide an updated report to CMS (RO or CO, as appropriate) on a monthly basis. The SAs and ROs may use the current process in place using the CMS form-539. AOs will provide reports in a format specified by CMS.

Survey Procedures §482.13(c)(2)

- Review and analyze patient and staff incident and accident reports to identify any incidents or patterns of incidents concerning a safe environment. Expand your review if you suspect a problem with safe environment in the hospitals.

- *Observe patient care environments for unattended items such as utility or housekeeping carts that contain hazardous items that may pose a safety risk to patients, visitors and staff. Examples of these items could include cleaning agents, disinfectant solutions, mops, brooms, tools, etc.*

- *Interview staff in patient care areas to determine how the hospital has trained staff to identify risks in the care environment and if found, how staff report those findings.*

- *Review policy and procedures and interview staff to determine how the hospital defines continuous visual observation or 1:1 observation in which a staff member is assigned to observe only one patient at all times.*

- Observe and interview staff at units where infants and children are inpatients. Are appropriate security protections (such as alarms, arm banding systems, etc.) in place? Are they functioning?

- Review policy and procedures on what the *hospital* does to curtail unwanted visitors, contaminated materials, *or unsafe items that pose a safety risk to patients and staff.*

- Access the hospital's security efforts to protect vulnerable patients including newborns, children *and patients at risk of suicide or intentional harm to self or others*. Is the hospital providing appropriate security to protect patients? Are appropriate security mechanisms in place and being followed to protect patients? *Security mechanisms must be based on nationally recognized standards of practice.*

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§482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.

Interpretive Guidelines §482.41(a)

The hospital must ensure that the condition of the physical plant and overall hospital environment is developed and maintained in a manner to ensure the safety and well-being of patients. This includes ensuring that routine and preventive maintenance and testing activities are performed as necessary, in accordance with Federal and State laws, regulations, and guidelines and manufacturer's recommendations, by establishing maintenance schedules and conducting ongoing maintenance inspections to identify areas or equipment in need of repair.

The routine and preventive maintenance and testing activities should be incorporated into the hospital's **QAPI** plan.

The hospital must be constructed and maintained to ensure risks are minimized for patients as well as for employees and visitors. Hospitals are expected to demonstrate how they are addressing important safety features in accordance with nationally recognized standards. Although the following items are expected to be addressed when applicable, the list is not all-inclusive.

Accessibility

- *The hospital must ensure all buildings at all locations of the certified hospital meet State and Federal accessibility standards (e.g. Office of Civil Rights requirements). The requirements apply to the interior and exterior of all buildings.*

Age-related safety features

- *Hospitals are expected to address safety hazards and risks related to age-related factors. Healthcare provided to neonatal, pediatric, and geriatric patients must be in accordance with nationally recognized standards. Age-related risks may include items such as security of inpatient and outpatient locations, access to medications, cleaning supplies and other hazardous materials, furniture and other medical equipment, and increased chance of falls.*

Security

- *To minimize the risk of unauthorized access to or inappropriate departure from secured healthcare units, hospitals must demonstrate security features in accordance with nationally recognized standards to ensure the safety of vulnerable patients. This includes, but is not limited to, patients such as newborn (e.g. infant abduction), pediatric, behavioral health, those with diminished capacity and dementia/Alzheimer's.*

  Access to non-clinical rooms identified as hazardous locations must be secured to prevent patient and visitor entry. Examples include electrical rooms and heat, ventilation, air conditioning (HVAC) rooms.

Ligature risk

- *The presence of unmitigated ligature risks in a psychiatric hospital or psychiatric unit of a hospital is an immediate jeopardy situation. Additionally, this also includes any location where patients at risk of suicide are identified. Ligature risk findings must be referred to the health and safety surveyors for further evaluation and possible citation under Patients' Rights.*

Weather-related exterior issues

- *Although hospitals cannot address all weather-related issues, they are expected to*

address potential safety hazards specific to weather on both the exterior and interior locations in accordance of nationally recognized standards. Areas of risk include driveways, garages, entry points, walkways, etc.

Life Safety Code surveyors assess the use of power strips in healthcare facilities. However, the following guidance is provided as reference for healthcare surveyors as they survey physical environment along with other CoP requirements. Any observed power strip deficiencies should be conveyed to the LSC surveyors for citation.

If line-operated medical equipment is used in a patient care room/area, inside the patient care vicinity:

- *UL power strips would have to be a permanent component of a rack-, table-, pedestal-, or cart-mounted & tested medical equipment assembly*
- *Power strips providing power to medical equipment in a patient care room/area must be UL 1363A or UL 60601-1*
- *Power strips cannot be used for non-medical equipment*

If line-operated medical equipment is used in a patient care room/area, outside the patient care vicinity:

- *UL power strips could be used for medical & non-medical equipment with precautions as described in the memo*
- *Power strips providing power to medical equipment in a patient care room/area must be UL 1363A or UL 60601-1*
- *Power strips providing power to non-medical equipment in a patient care room/area must be UL 1363*

If line-operated medical equipment is not used in a patient care room/area, inside and outside the patient care vicinity:

- *UL power strips could be used with precautions*

Power strips providing power to non-medical equipment in a patient care room/area must be UL 1363. In non-patient care areas/rooms, other UL strips could be used with the general precautions.

Survey Procedures §482.41(a)

- Verify that the condition of the hospital is maintained in a manner to assure the safety and

well-being of patients (e.g., condition *of* ceilings, walls, and floors, presence of patient hazards, etc.).

- Review the hospital's routine and preventive maintenance schedules to determine that ongoing maintenance inspections are performed and that necessary repairs are completed.

- *Review a copy of the most recent environmental risk assessment to determine if the hospital has identified any accessibility, age-related, security, suicide and/or weather related risks or concerns. If environmental safety concerns have been identified in this assessment, what plans have been implemented by the hospital to ensure patient/staff safety?*

- *Refer any potential power strip use deficiencies to Life Safety Code surveyors.*

Communicate findings with health and safety surveyors as appropriate.

Attachment B

Central Office and Regional Offices Email Addresses

Region	Email Address	States in Region	
CO	SCGAccreditationCO@cms.hhs.gov	Not Applicable	
I	SCGAccreditationRO1@cms.hhs.gov	Connecticut	New Hampshire
		Maine	Rhode Island
		Massachusetts	Vermont
II	SCGAccreditationRO2@cms.hhs.gov	New York	
		New Jersey	
		Puerto Rico	
		Virgin Islands	
III	SCGAccreditationRO3@cms.hhs.gov	Delaware	Pennsylvania
		District of Columbia	Virginia
		Maryland	West Virginia
IV	SCGAccreditationRO4@cms.hhs.gov	Alabama	Mississippi
		Florida	North Carolina
		Georgia	South Carolina
		Kentucky	Tennessee
V	SCGAccreditationRO5@cms.hhs.gov	Illinois	Minnesota
		Indiana	Ohio
		Michigan	Wisconsin
VI	SCGAccreditationRO6@cms.hhs.gov	Arkansas	Oklahoma
		Louisiana	Texas
		New Mexico	
VII	SCGAccreditationRO7@cms.hhs.gov	Iowa	
		Kansas	
		Missouri	
		Nebraska	
VIII	SCGAccreditationRO8@cms.hhs.gov	Colorado	South Dakota
		Montana	Utah
		North Dakota	Wyoming
IX	SCGAccreditationRO9@cms.hhs.gov	American Samoa	Guam
		Arizona	Hawaii
		California	Nevada
X	SCGAccreditationR10@cms.hhs.gov	Alaska	
		Idaho	
		Oregon	
		Washington	

Note: With the exception of the zero in "10" for Region X, use of the zero in the RO portion of the email addresses is incorrect. The letter "O" must be used. In addition, please note that the email address for Region X is **not** a typo. There is no "O" after the "R".

To avoid key stroke errors, cutting and pasting email addresses is strongly recommended.

ATTACHMENT #2

NELSONHPS
HEALTHCARE PROJECT SERVICES

Estimated Project Cost by Category and Timeframe

Project # XXXXX TCMC BHU Code Minimum Upgrades, 1-Phase

BUDGET PREPARED 07/25/2018

#	Category		$	%
1	Construction	$	4,692,069	59%
2	Design	$	527,199	7%
3	Contingency, allocations and allowances	$	703,952	9%
4	Furniture, Fixtures & Equipment	$	590,463	7%
5	TCMC IT	$	231,967	3%
6	AHJ Fees, Permits & Inspections	$	469,207	6%
7	Project Management	$	528,618	7%
8	Escalation to Middle of Construction	$	211,186	3%
	Total	**$**	**7,954,660**	**100%**

Timeframe

Scope Development	6 weeks
Administrative Action (design, plan check, permitting)	40 weeks
Building	40 weeks
Taking ownership	4 weeks
Total	90 weeks

ATTACHMENT #3

NELSONHARDIMAN
HEALTHCARE LAWYERS

HOPE R. LEVY-BIEHL
310.651.9602
HLEVYBIEHL@NELSONHARDIMAN.COM
FILE NO.: 5580-001

August 17, 2018

VIA E-MAIL

Susan M. Bond, Esq., LL.M., R.N.
General Counsel
Tri-City Healthcare District
4002 Vista Way
Oceanside, CA 92056
bondsm@tcmc.com

Re: Review of Decision to Suspend Behavioral Health Unit

Dear Susan:

Tri-City Healthcare District dba Tri-City Medical Center ("Tri-City" or "Hospital") has decided to place its 18 acute psychiatric beds and its inpatient psychiatric unit in suspense. You have asked me to review this decision in the context of the applicable licensing and regulatory requirements and the associated regulatory and operational risks.

BACKGROUND

Tri-City operates a 386 bed general acute care hospital with an 18 bed distinct-part psychiatric unit (the "BHU").[1] The Hospital is certified to participate in the Medicare and Medicaid programs and is currently accredited by the Joint Commission. In anticipation of its upcoming triennial survey, Tri-City engaged an outside consultant to perform a hospital mock survey, which was conducted this spring. Through this mock survey, it was identified that the BHU had "High/Widespread" risk in complying with the Medicare condition of participation, and the corresponding Joint Commission requirement, that requires that all patients have the right to receive care in a safe setting. The consultant specifically found that there were significant ligature risks in the BHU and for inpatient psychiatric patients generally, including but not limited to drop ceilings.

[1] Tri-City previously operated an outpatient crisis stabilization unit ("CSU") in support of its psychiatric service. Like the BHU, the CSU had ligature risks and challenges that gave rise to the decision by Tri-City to suspend it.

Following receipt of this report and corresponding discussions, the Hospital assessed the recommendations and consulted with a vendor it has worked with on prior physical plant projects to evaluate the estimated cost and timeline for addressing and remedying the identified BHU physical plant risks. The Hospital learned that this work would take more than a year to complete (and potentially substantially longer) and would cost somewhere in the range of $8,000,000. In the interim, the Hospital has adopted a number of risk mitigation strategies, including monitoring BHU patients 24 hours a day, 7 days a week, rounding on all patients every 5 minutes and providing 1:1 monitoring with continuous visual observation for certain patients who are believed to be at high risk (ie, patients on 5150 holds). However, these mitigation efforts are costly and cannot eliminate the ligature risk to BHU patients. Further, CMS has recognized these as "interim" patient safety measures that can be implemented while the hospital moves towards full compliance. These are not intended to be long term solutions nor are they sustainable in the long term for Tri-City. As such, and in an effort to ensure the safety of its patients and the sustainability of operations more generally, the Hospital has elected to suspend BHU operations while it evaluates more permanent solutions and options to address these findings and risks.

BRIEF ANSWER

You have asked me to review the applicable regulatory landscape and evaluate Tri-City's approach. Under the circumstances, I think it is perfectly reasonable and responsible for Tri-City to suspend its BHU service line (a supplemental service that a hospital is not required to operate under state law) due to patient safety concerns with identified ligature risks.

ANALYSIS

As a threshold matter, California hospitals are required to provide eight basic services to support licensure as a general acute care hospital, namely: medical, nursing, pharmacy, laboratory, radiology, surgery, anesthesia and dietary. Health and Safety Code § 1250. A hospital is not required to offer or provide an inpatient psychiatric service. Instead, operating a psychiatric unit is a "supplemental" or "special" service under state law, which a hospital can, but is not required, to provide. *See* 22 C.C.R. §§ 70301, 70351. Just as a hospital can elect to provide a supplemental or special service, it can also choose, at its discretion (and subject to certain procedural requirements) to cease providing such a service.

The Medicare hospital conditions of participation governing Patients' Rights requires that a Medicare certified hospital like Tri-City provide care to all patients in a safe setting. *See* 42 C.F.R. § 482.13(c)(2). In guidance issued by the Center for Medicare and Medicaid Services ("CMS") Survey and Certification Group to State Survey Agency Directors dated December 8, 2017, CMS pronounced that "[t]he presence of ligature risks in the psychiatric patient's [sic] physical environment compromise their right to receive care in a safe setting."

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-06.pdf. As outlined further in this guidance, CMS "has identified the need for increased direction, clarity and guidance" involving what constitutes a ligature and other safety risk for psychiatric patients, how these risks should be surveyed, how risk related deficiencies should be cited and what constitutes an appropriate plan of correction and suitable mitigation plan. While CMS has started the process of preparing this guidance, at the time of this letter, the guidance has not been finalized. As of its latest July 20, 2018 memorandum, CMS indicated that it would not be convening its proposed Psychiatric Care Task Force but instead, would move forward with revising the Hospital and Psychiatric Hospital Interpretive Guidance, which will incorporate the recommendations from the Joint Commission's Suicide Panel. *See* the July 20, 2018 CMS Memo from the Director Quality, Safety and Oversight Group to State Survey Agency Directors (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO18-21-Hospitals.pdf) and The Joint Commission's Special Report: Suicide Prevention in Health Care Settings (https://www.jointcommission.org/issues/article.aspx?Article=GtNpk0ErgGF%2B7J9WOTTkXANZSEPXa1%2BKH0/4kGHCiio%3D). As such, today, Tri-City does not have the benefit of clear guidance from CMS on how to address the risks identified and how much time it will have to do so.

This is important because Tri-City is awaiting its routine accreditation survey by the Joint Commission and anticipates that the Joint Commission will document and identify all self-harm and ligature risks at the Hospital and cite the Hospital for these deficiencies (ie, identify these risks as areas that require improvement and that the Hospital must address). Tri-City understands it may receive a citation equivalent to an "immediate jeopardy" finding in some of these areas. Unfortunately, the work that Tri-City would need to do to address and resolve the physical plant ligature risks could take a year and perhaps longer, since this work would need to go through the Office of Statewide Health Planning and Development review and approval process before any construction could begin. This work would certainly extend beyond the 60 days contemplated in the federal regulations for a provider to submit a plan of correction following receipt of a deficiency report (which time frame can be shortened for immediate jeopardy type findings).

In its December 2017 guidance, CMS recognized that "the ability of facilities to comply with the limited number of days allotted for the correction of ligature risks has proven to be burdensome." Notwithstanding, hospital ligature risks are not eligible for Life Safety Code ("LSC") waivers.

When cited, hospitals can request an extension of time for the correction of the ligature risk related deficiencies. Because Tri-City is accredited by the Joint Commission, any extension request would be submitted to the Joint Commission. The Joint Commission would review the

extension request and at its election, could deny the request or recommend its approval. If the Joint Commission recommends approval, then CMS must ultimately determine whether and for how long to grant Tri-City additional time to address the deficiencies and come in to compliance with the conditions of participation.

Notably, if deficiencies cannot be cured within 60 days, and an extension is not granted (or if an extension is granted but additional time is still needed beyond the extended deadline), the Hospital would be at risk for losing its deemed status for failure to timely remedy a deficiency identified by its accreditation organization. If a hospital loses its deemed status accreditation, CMS (often through its state agency, which in California is the Department of Public Health) takes over responsibility for ensuring that the hospital satisfies the Medicare conditions of participation. If CMS or CDPH, on its behalf, were to perform a certification survey at the Hospital, it would likely identify the same ligature risks and condition level deficiencies that the Joint Commission raised. If the Hospital remains out of compliance with a condition of participation, it would be at risk of losing its Medicare certification. For hospitals like Tri-City that provide a significant amount of services to Medicare and Medicaid beneficiaries and other patients with health care coverage that requires Medicare certification as a condition to coverage, the loss of Medicare certification would likely cause the hospital to become insolvent and to close, which would be a tremendous loss to the entire community.

I understand that Tri-City is concerned over the length of time and capital investment it will take to perform the physical plant risk mitigation work needed to address the concerns raised by its consultants as well as its ability to safely provide interim mitigation resources to BHU patients (for what may be several years) while at the same time not diverting resources needed to support Hospital operations outside of the BHU. Ensuring patient and staff safety and the ability to provide critical emergency department and hospital inpatient services to its community is of paramount importance to Tri-City and critical for ongoing regulatory compliance. Given the increased focus by CMS and the Joint Commission on psychiatric patient safety generally and ligature risks specifically (as evidenced by the interim and pending guidance from CMS and the working group the Joint Commission has conveyed), the growing public concern about behavioral health in light of several recent high profile suicides, and the uncertainty about how long Tri-City can maintain its interim mitigation efforts pending completion of the physical plant work needed to comprehensively address the identified ligature risks, it seems perfectly reasonable for Tri-City to suspend its BHU beds and cease operating its inpatient psychiatric service line now while it explores its options. This is especially true since an inpatient psychiatric unit is essentially a voluntary service that a California hospital can provide, but not one that is required for initial or ongoing licensure purposes.

Please contact me if you have any questions or would like to discuss this further.

Sincerely,

Hope R. Levy-Biehl

Hope R. Levy-Biehl, Esq.

HRL:hlb

ATTACHMENT #4

Tri-City Healthcare District

The Mental Health service line includes Inpatient Behavioral Health Unit (BHU) and the Crisis Stabilization Unit (CSU). Certain metrics related to mental health are reflected below.

	June 2018	FY 2018	FY 2017	FY 2016
Ave Daily Census				
BHU	12	14.0	16.0	17.0
CSU	4	5.2	5.8	7.0
Net Income (Loss)				
Mental Health BHU & CSU		($3,678,052)	($4,232,386)	($3,682,360)

ATTACHMENT #5

Tri-City Medical Center
ADVANCED HEALTH CARE FOR YOU

July 3, 2018

John M. Pellegrino, CPCM
Director, Purchasing and Contracting
County of San Diego
5560 Overland Avenue
San Diego, Ca 92123-1204

Dear Mr. Pellegrino,

Thank you and the County Team Members for taking the time to meet with Tri-City Healthcare District yesterday, Monday July 2, 2018. We greatly appreciate your collaborative approach with Tri-City as we transition mental health services.

Pursuant to our discussion regarding the action to suspend Crisis Stabilization Unit and Behavioral Health Unit Operations, Tri-City is submitting a transition plan as follows:

1. Continue to carry full LPS designation through July 26, 2018.
2. Create a staging area in the Emergency Department for patients who have had a medical screening exam and are in need of crisis stabilization or inpatient mental health services.
3. Psychiatric Liaisons will continue to evaluate and collaborate with the Psychiatrists for transfer to the CSU or admission to the BHU.
4. Request LPS designation removal for Emergency services effective July 27, 2018 at 0700, while retaining LPS designation for CSU and BHU services.
5. Continue to screen patients in need of crisis stabilization or inpatient mental health services.
6. Request LPS designation removal for CSU services effective August 26, 2018.
7. August 26, 2018 at 0700 CSU patients will be admitted to TCHD inpatient behavioral Health Unit or discharged as appropriate.
8. Suspend the Hospital LPS designation for new admissions no later than August 26, 2018, providing time to seek alternative appropriate level of care beds for TCMC inpatients needing long term care.
9. Request ability to retain LPS designation for Behavioral Unit Inpatients through September 24, 2018 as we seek alternative appropriate level of care placements for patients.
10. Request of LPS designation removal of inpatient Behavioral Health Unit services at 1500 on September 25, 2018.

The plan to address Community needs for the first 6 Months post LPS designation and suspension of CSU and Inpatient BHU Operations for Mental Health Services is as follows:

1. Meet regularly with PERT, Police and Fire Departments and Community Organizations such as NAMI and other Community Stakeholders.
2. Collect data and demographics on patients presenting to the TCMC Emergency Department.
3. Make available a resource book for community mental health and social services in North Coastal San Diego.
4. Continue to evaluate and consider expansion of outpatient service offerings through the TCMC outpatient Behavioral Health Clinic.
5. Continually assess community needs through public input.
6. Host prevention workshops and screenings for mental health services.
7. Provide psychiatric liaisons 24/7 until January 2019 in the Emergency Department for assessment, evaluation and resource referrals.

Thank you again to the entire County Team for working with Tri-City through this transition. We appreciate the collaborative nature of yesterday's meeting and look forward to working closely with the County throughout this transition and beyond.

Sincerely,

Steven L. Dietlin
Chief Executive Officer

cc: Alfredo Aguirre, Director Behavioral Health Services
Holly Salazar, Assistant Director, Department Operations, Behavioral Health Services
Piedad Garcia, Assistant Deputy Director, Department of Mental Health
Dr. Michael Krelstein, Clinical Director of the San Diego County Department of Behavioral Health
Patty Kay Danon, Director, HHSA Agency Contract Support
Liane Sullivan, COR Administrative Analyst III
Lisa Macchione, Senior Deputy County Counsel
Sharon Schultz, TCHD Chief Nurse Executive
Scott Livingstone, TCHD Chief Operating Officer
Ray Rivas, TCHD Chief Financial Officer
Susan Bond, TCHD General Counsel

ATTACHMENT #6

County of San Diego

JOHN M. PELLEGRINO
DIRECTOR

DEPARTMENT OF PURCHASING AND CONTRACTING
5560 OVERLAND AVENUE, SUITE 270, SAN DIEGO, CALIFORNIA 92123-1204
Phone (858) 505-6367 Fax (858) 715-6452

ALLEN R. HUNSBERGER
ASSISTANT DIRECTOR

July 20, 2018

Steve Dietlin, Chief Executive Officer
Tri-City Medical Center
4002 Vista Way
Oceanside, CA 92056

TERMINATION FOR CONVENIENCE FOR CONTRACT NO. 553871 – TRI CITY MEDICAL CENTER CRISIS STABILIZATION UNIT

The County is in receipt of Tri-City Medical Center's (TCMC) letter dated July 5, 2018 outlining the inability to comply with federal and State laws and challenges obtaining consistent, professional licensed psychiatrist coverage.

In February 2015, the County issued a Request for Information from providers to determine whether there were any agencies that possess the capability and interest to provide hospital-based crisis stabilization treatment services within North Inland or North Coastal Health and Human Services Agency regions. TCMC responded to that solicitation and the Health and Human Services Agency (HHSA) received support and approval from the Board of Supervisors to move ahead with negotiations and a resulting contract. These services assist with diverting individuals from a hospital's emergency or urgent care unit as well as the hospital's inpatient beds, when possible. The goal and intent of the Crisis Stabilization Unit (CSU) is to treat persons experiencing a mental health crisis, who require a more timely response than a regularly scheduled visit to an outpatient clinic, in order to manage their psychiatric crisis.

The contract with TCMC was effective July 1, 2016 for a period of one year and four, one year options not to exceed June 30, 2021 and included startup funding as well as ongoing funds to provide a CSU with the capacity to serve eight individuals at any one time.

Due to TCMC's most recent correspondence and notice of inability to provide required services, the County is exercising its option to terminate contract number 553871 for the Crisis Stabilization Unit pursuant to Paragraph 7.5, "Termination of Convenience", of the Service Agreement, effective August 3, 2018.

Pursuant to Paragraph 2.4, "Non-Expendable Property Acquisition", the Contracting Officer's Representative (COR) will be contacting you to return the non-expendable property that still has value at the end of this contract.

Please do not hesitate to contact Melanie Caramat, Chief Procurement Services, at by email at Melanie.Caramat@sdcounty.ca.gov. All questions pertaining to programmatic and fiscal issues should be directed to Liane Sullivan, Contracting Officer's Representative (COR), Behavioral Health Services, by email at Liane.Sullivan@sdcounty.ca.gov.

John M. Pellegrino

JOHN M. PELLEGRINO, Director
Department of Purchasing and Contracting

cc: Patty Kay Danon, Director, Agency Contract Support
DPC Correspondence File

ATTACHMENT #7

County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531
SAN DIEGO, CA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

ALFREDO AGUIRRE
DIRECTOR, BEHAVIORAL HEALTH SERVICES

August 6, 2018

Steven Dietlin, CEO
4002 Vista Way
Oceanside, CA 92056

Dear Mr. Dietlin:

CONTRACT CLOSEOUT INSTRUCTIONS – TRI-CITY MEDICAL CENTER, CONTRACT # 535465

The County has received written notice from Tri-City Medical Center (TCMC) dated July 5, 2018 requesting Termination for Convenience of the above contract pursuant to Section 7.4.5.

7.4.5 Contractor Termination for Convenience. Contractor may terminate this Agreement upon days ninety (90) days written notice to the County, subject to the Disentanglement Process set forth in Article 3.

Based on TCMC's written notice, the above contract with HHSA Behavioral Health Services will terminate on October 2, 2018.

TCMC is expected to maintain full LPS designation through the term of this contract and beyond if needed until such time that remaining patients are discharged or transferred to another hospital or facility for further treatment per the disentanglement requirements in Article 3 of the contract and to ensure there are no adverse impacts to patients. In addition, TCMC will continue to accept new admissions through September 22, 2018, which will provide sufficient time before the contract termination for TCMC to locate and transition inpatient clients to alternative and appropriate level of care beds.

The County remains committed to an ongoing dialogue with TCMC as well as other interested agencies regarding adequate psychiatric resources in North County. The County also remains committed to continuing discussions with TCMC specifically regarding the potential to resolve existing facility concerns in order to reopen the Behavioral Health Unit and to ensure adequate psychiatric resources to meet the needs of the North County Coastal communities.

The County will schedule regular meetings or conference calls with TCMC over the next few months during this transition process. Please do not hesitate to contact me if you have any questions at (619) 584-5065 or email Elena.Mashkevich@sdcounty.ca.gov.

Sincerely,

Elena Mashkevich
Contracting Officer's Representative (COR)
Behavioral Health Services
Health and Human Services Agency

cc: Alfredo Aguirre, Director, Behavioral Health Services
Jack Pellegrino, Director, Department of Purchasing and Contracting
Patty Kay Danon, Director, Agency Contract Support
Holly Salazar, Assistant Director Departmental Operations, Behavioral Health Services
Dr. Michael Krelstein, Clinical Director, Behavioral Health Services
Susan M. Bond, General Counsel, Tri-City Medical Center

County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531
SAN DIEGO, CA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

ALFREDO AGUIRRE
DIRECTOR, BEHAVIORAL HEALTH SERVICES

August 2, 2018

Mr. Steven Dietlin
Chief Executive Officer
Tri-City Medical Center
4002 Vista Way
Oceanside, CA 92056

Dear Mr. Dietlin:

This letter is to acknowledge receipt of your letter dated June 27, 2018 notifying the County of San Diego that Tri-City Hospital will cease operation as an LPS designated Crisis Stabilization and Behavioral Health Unit (BHU).

Your plan to discontinue Crisis Stabilization services on August 3, 2018 and to stop taking admissions to the BHU as of September 22, 2018, while providing discharge planning for any existing beneficiaries is noted. The LPS designation for Tri-City Hospital will be terminated, as mutually agreed upon, effective October 2, 2018. The County Quality Improvement Unit will notify the Department of Health Care Services (DHCS) of this action.

The County appreciates the many years that Tri-City Hospital and its dedicated staff provided inpatient behavioral health care services to residents of San Diego County.

If you have any questions, please don't hesitate to contact me.

Regards,

ALFREDO AGUIRRE, LCSW, Director
Behavioral Health Services

Cc: Michael Krelstein, MD, BHS Clinical Director
Michael Bailey, MD, OptumHealth
Tabatha Lang, LMFT, Chief, Quality Improvement Unit