

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
OF THE FINANCE, OPERATION AND PLANNING COMMITTEE
Thursday, May 23, 2019
8:30-11:30 A.M.
Assembly Room 3
Tri-City Medical Center
4002 Vista Way, Oceanside, CA 92056**

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

| | AGENDA ITEM | TIME ALLOTTED | PERSON RESPONSIBLE |
|----|---|---------------|----------------------------------|
| 1. | Call to Order | 1 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. | 2 min. | Chair |
| 4. | Ratification of minutes – February 21, 2019 | 2 min. | Standard |
| 5. | Old Business | | |
| 6. | New Business | | |
| | a) Insurance Renewal Proposal – McGriff Insurance Services, Inc. (formerly BB&T) <i>Motion: Request approval of the agreement with McGriff Insurance Services, Inc. for a term of 12 months, beginning July 1, 2019 and ending June 30, 2020 for a total annual/term cost of \$1,706,807.</i> | 10 min. | Susan Bond / Ray Rivas |
| 7. | Consideration of Consent Calendar-(All items will be approved with a single motion, unless pulled for discussion) | 60 min. | Chair |
| | a) Landscape Maintenance Agreement • LandGraphics Enterprises, Inc. <i>Motion: Request approval of the agreement with LandGraphics Enterprises, Inc. for a term of 60 months for landscaping maintenance services for the hospital campus, Wellness Center campus, and 2095 W. Vista Way for a term cost of \$765,370.</i> | | Chris Miechowski |
| | b) ARUP Laboratories, Inc. Proposal <i>Motion: Request approval of the agreement with ARUP Laboratories for reference laboratory services for a term of 36 months, beginning June 1, 2019 and ending May 31, 2022 for an annual cost of \$250,000, and a total cost for the term of \$750,000.</i> | | Tara Eagle |
| | c) Bottled Beverages & Snacks Vending Proposal • PepsiCo Food Service <i>Motion: Request approval of the agreement with PepsiCo Food Service for beverages and snacks for a term of 36 months, beginning June 1, 2019 and ending May 31, 2022 for an annual cost of approximately \$120,000, and a total cost for the term of approximately \$360,000, depending on purchase volume.</i> | | Christine Carlton / Thomas Moore |

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| | AGENDA ITEM | TIME ALLOTTED | PERSON RESPONSIBLE |
|--|---|---------------|--------------------|
| | <p>d) Cardiovascular Institute Co-Management Agreement Proposal</p> <ul style="list-style-type: none"> TCMC Cardiovascular Institute, LLC <p><i>Motion: Request approval of the agreement for Cardiovascular Institute Co-Management for a term of 36 months, beginning July 1, 2019 and ending June 30, 2022 for an annual cost of not to exceed \$870,000 and a total cost for the term not to exceed \$2,610,000.</i></p> | | Eva England |
| | <p>e) Physician Recruitment Proposal – Orthopedic Surgeon</p> <ul style="list-style-type: none"> Arash Califi, M.D. <p><i>Motion: Request approval of the agreement with Arash Calafi, M.D., orthopedic surgeon, for the expenditure not to exceed \$835,000. This will be accomplished through an Independent Physician Recruitment Agreement, not to exceed a 24 month income guarantee with a three-year forgiveness period.</i></p> | | Jeremy Raimo |
| | <p>f) Medical Director Agreement for Infection Control</p> <ul style="list-style-type: none"> Dr. Richard Smith <p><i>Motion: Request approval of the agreement with Dr. Richard Smith for Infection Control for a term of 36 months, beginning July 1, 2019 and ending June 30, 2022 for an hourly rate of \$176, for an annual cost of \$63,360, and a total cost for the term of \$190,080.</i></p> | | Diane Sikora |
| | <p>g) Co-Medical Director Agreement – Outpatient Behavioral Health Services</p> <ul style="list-style-type: none"> Dennis Ordas, M.D. <p><i>Motion: Request approval of the agreement with Dr. Dennis Ordas for the Co-Medical Directorship for a term of 25 months, beginning June 1, 2019 and ending June 30, 2021 for a total cost for the term of \$236,175.</i></p> | | Sarah Jayyousi |
| | <p>h) Co-Medical Director Agreement – Outpatient Behavioral Health Services</p> <ul style="list-style-type: none"> Martina Klein, M.D. <p><i>Motion: Request approval of the agreement with Dr. Martina Klein for the Co-Medical Directorship for a term of 25 months, beginning June 1, 2019 and ending June 30, 2021 for a total cost for the term of \$135,580.</i></p> | | Sarah Jayyousi |
| | <p>i) NICU Medical Director & Neonatology Services Proposal</p> <ul style="list-style-type: none"> North County Neonatology Specialists <p><i>Motion: Request approval of the agreement with North County Neonatology Specialists for a term of 36 months, beginning July 1, 2019, and ending June 30, 2022, for a cost of \$27,770 per month, for a total cost for the term of \$999,750.</i></p> | | Cynthia Kranz |
| | <p>j) Physician Agreement for Covering Physician – Inpatient Wound Care</p> <ul style="list-style-type: none"> Henry Showah, M.D. <p><i>Motion: Request approval of the agreement with Dr. Henry Showah as the Coverage Physician for Inpatient Wound Care for a term of 12 months from May 1, 2019, and ending April 30, 2020. Not to exceed an average of 20 hours a month, at an hourly rate of \$180 for a total annual & term cost of \$43,200.</i></p> | | Kim Posten |
| | <p>k) Physician Agreement for Covering Physician – Outpatient Wound Care/HBO Center</p> <ul style="list-style-type: none"> Henry Showah, M.D. <p><i>Motion: Request approval of the agreement with Dr. Henry Showah as the Coverage Physician for Outpatient Wound Care/HBO for a term of 12 months from May 1, 2019,</i></p> | | Kim Posten |

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|----|--|---------------|--------------------|
| | <i>and ending April 30, 2020. Not to exceed an average of 20 hours a month, at an hourly rate of \$180 for a total cost for the term of \$43,200.</i> | | |
| | <p>l) Physician Agreement for Covering Physician – Inpatient Wound Care</p> <ul style="list-style-type: none"> Sharon Slowik, M.D. <p><i>Motion: Request approval of the agreement with Dr. Sharon Slowik as the Coverage Physician for Inpatient Wound Care for a term of 12 months from May 1, 2019, and ending April 30, 2020. Not to exceed an average of 20 hours a month, at an hourly rate of \$180 for a total cost for the term of \$43,200.</i></p> | | Kim Posten |
| | <p>m) Physician Agreement for Covering Physician – Outpatient Wound Care/HBO Center</p> <ul style="list-style-type: none"> Sharon Slowik, M.D. <p><i>Motion: Request approval of the agreement with Dr. Sharon Slowik as the Coverage Physician for Outpatient Wound Care / HBO for a term of 12 months from May 1, 2019, and ending April 30, 2020. Not to exceed an average of 20 hours a month, at an hourly rate of \$180 for a total cost for the term of \$43,200.</i></p> | | Kim Posten |
| | <p>n) Physician Agreement for ED On-Call Coverage</p> <ul style="list-style-type: none"> ENT - Otolaryngology <p><i>Motion: Request approval of the agreements with physicians, Julie Berry, M.D.; Robert Jacobs, M.D.; Anton Kushnaryov, M.D.; Jennifer MacEwan, M.D.; Bruce Reisman, M.D., as the ENT - Otolaryngology ED-Call Coverage Physicians for a term of 24 months, beginning July 1, 2019 and ending June 30, 2021 at a daily rate of \$650 for a term cost of \$475,150.</i></p> | | Sherry Miller |
| | <p>o) Physician Agreement for ED On-Call Coverage</p> <ul style="list-style-type: none"> General Surgery/Unfunded Cholecystectomy <p><i>Motion: Request approval of the agreement with surgeons, Andrew Deemer, M.D.; Adam Fierer, M.D.; Dhruvil Gandhi, M.D.; Karen Hanna, M.D.; Eric Rypins, M.D.; Katayoun Toosie, M.D.; Mohammad Jamshidi-Nezhad, D.O., as the General Surgery ED-Call Coverage Physicians for a term of 24 months, beginning August 1, 2019 and ending July 31, 2021 at a daily rate of \$1,400, for a bi-annual and term cost of \$1,023,400. Reimbursement of \$725 per case for Unfunded Cholecystectomy & Unfunded Laparoscopic Cholecystectomy with Common Bile Duct Exploration (code 47564: \$1,144.51/case and code 47550: \$168.05) at an expected total cost for these unfunded cases for the term of \$65,325.60.</i></p> | | Sherry Miller |
| | <p>p) Physician Agreement for ED On-Call Coverage</p> <ul style="list-style-type: none"> Vascular Surgery <p><i>Motion: Request approval of the agreement with surgeons, Andrew Deemer, M.D.; Mohammad Jamshidi-Nezhad, D.O., as the Vascular Surgery ED-Call Coverage Physicians for a term of 36 months, beginning July 1, 2019 and ending June 30, 2022 at a daily rate of \$750 for a term cost of \$822,000.</i></p> | | Sherry Miller |
| | <p>q) Carlsbad-Wellness Center MOB Lease Agreement Proposal</p> <ul style="list-style-type: none"> Jeffrey T. Knutzen, D.D.S. <p><i>Motion: Request approval of the Lease Agreement for Suite 205 in the Carlsbad Wellness Center MOB located at 6260 El Camino Real, Carlsbad, CA 92009, with Jeffrey T. Knutzen, D.D.S., for a ten-year term (120 Months), at the rate of \$8,250 per month, increasing base rent 3% yearly and with a total credit from the landlord not to exceed \$217,500.</i></p> | | Jeremy Raimo |
| 8. | Financials | 10 min. | Ray Rivas |

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|-----|--|---------------|--------------------|
| 9. | Work Plan | 30 min. | |
| | a) Construction Report (<i>quarterly</i>) | | Chris Miechowski |
| | b) ED Throughput (<i>quarterly</i>) | | Candice Parras |
| | c) Medical Director – Surgery (<i>semi-annual</i>) | | Debra Feller |
| | d) Wellness Center (<i>bi-monthly</i>) | | Scott Livingstone |
| | e) Dashboard | | Ray Rivas |
| 10. | Comments by committee members | 2 min. | Chair |
| 11. | Date of next meeting: June 20, 2019 | 2 min. | Chair |
| 12. | Community Member Openings (1) | 2 min. | Chair |
| 13. | Adjournment | | |
| | Total Budget Time for Meeting | 2 hr. 3 min. | |

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**Tri-City Medical Center
Finance, Operations and Planning Committee Minutes
February 21, 2019**

| | |
|------------------------------------|---|
| Members Present | Director Julie Nygaard, Director Leigh Anne Grass, Dr. Marcus Contardo, Dr. Mark Yamanaka, Dr. Jeffrey Ferber, Mr. Jack Cumming, Dr. Gene Ma (<i>joined the meeting at 8:32 a.m.</i>) |
| Non-Voting Members Present: | Steve Dietlin, CEO, Ray Rivas, CFO, Scott Livingstone, COO, Carlos Cruz, CCO, Susan Bond, General Counsel |
| Others: | Joni Penix, Thomas Moore, Jane Dunmeyer, Maria Carapia, Mark Albright, Jeremy Raimo, Barbara Hainsworth |
| Members Absent: | Director Rocky Chavez |

| Topic | Discussions, Conclusions Recommendations | Action Recommendations/ Conclusions | Person(s) Responsible |
|--|--|--|--------------------------|
| 1. Call to order | Director Nygaard called the meeting to order at 8:30 a.m. | | Chair |
| 2. Approval of Agenda | | <p><u>MOTION</u> It was moved by Dr. Ferber, Mr. Cumming seconded, and it was unanimously approved to accept the agenda of February 21, 2019.</p> <p><u>Members:</u> AYES: Nygaard, Grass, Contardo, Yamanaka, Ferber, Cumming NOES: None ABSTAIN: None ABSENT: Chavez, Ma</p> | |
| 3. Comments by members of the public on any item of interest to the public before committee's consideration of the item. | Director Nygaard read the paragraph regarding comments from members of the public. | | Chair |
| 4. Ratification of minutes of January 24, 2019 | | <p>Minutes were ratified.</p> <p><u>MOTION</u> It was moved by Director Grass, Mr. Cumming seconded, and the minutes of January 24, 2019 were unanimously approved.</p> | |

| Topic | Discussions, Conclusions Recommendations | Action Recommendations/ Conclusions | Person(s) Responsible |
|---|---|--|-----------------------|
| 5. Old Business | None | | |
| 6. New Business | | | |
| 7. Consideration of Consent Calendar: | <p>It was requested that the following items be pulled for discussion:</p> <p><u>Dr. Yamanaka:</u> 7.a. Collections & Report Management Tool Proposal</p> <ul style="list-style-type: none"> • nThrive Revenue Systems, LLC <i>(Formerly MedAssets)</i> | <p><u>MOTION</u> It was moved by Director Grass, Dr. Ma seconded, and it was unanimously approved to accept the Consent Calendar of February 21, 2019. <u>Members:</u> AYES: Nygaard, Grass, Contardo, Ma, Yamanaka, Ferber, Cumming NOES: None ABSTAIN: None ABSENT: Chavez</p> | Chair |
| a. Collections & Report Management Tool Proposal <ul style="list-style-type: none"> • nThrive Revenue Systems, LLC <i>(Formerly MedAssets)</i> | <p>Joni Penix stated that this system is a replacement for the QMS product which has been used by TCMC for the past 13 years. MedAssets, now rebranded as nThrive, will be sun-setting the QMS system as of August 2019. She further explained that the existing program is used daily by the Patient Financial Services staff for collection worklists, payment sheets, refunds and denials. Ray Rivas interjected that this product is also utilized for reports including delinquent data, month-end reconciliations, month-end reports for Finance and queries on accounts receivables. Joni further conveyed that the use of this updated product will provide consistency, no disruption in cash collections, productivity, reports and continue to minimize bad debt. Significant discussion ensued.</p> | <p><u>MOTION</u> It was moved by Director Grass, seconded by Dr. Ma to authorize the agreement with nThrive for a term of 36 months, beginning March 1, 2019 and ending February 28, 2022 for an annual cost of \$120,000 and a total cost for the term of \$360,000. <u>Members:</u> AYES: Nygaard, Grass, Contardo, Ma, Yamanaka, Ferber, Cumming NOES: None ABSTAIN: None ABSENT: Chavez</p> | Joni Penix |

| Topic | Discussions, Conclusions Recommendations | Action Recommendations/ Conclusions | Person(s) Responsible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------|-------------------|------------|--------|----------|------|----------|-------------------|-----|-----------------------|--------|---------------|-------|---------------------|--------|-----------|--------|-------------------|-----------|-------------------|-----------|--------|--------|------|----------|-------------------|-----|-----------------------|-------|---------------|-----|---------------------|-------|-----------|-------|--|-----------|
| b. Physician Agreement for ED On-Call Coverage – General Surgery <ul style="list-style-type: none"> • Hussna Wakily, M.D. | | Approved via Consent Calendar | Sherry Miller | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Physician Recruitment Proposal – Orthopedic Surgeon <ul style="list-style-type: none"> • Morgan Silldorff, M.D. | | Approved via Consent Calendar | Jeremy Raimo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Financials: | <p>Ray Rivas presented the financials ending January 31, 2019 (dollars in thousands)</p> <p><u>TCHD – Financial Summary</u></p> <p><u>Fiscal Year to Date</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Operating Revenue</td> <td style="text-align: right;">\$ 206,514</td> </tr> <tr> <td>Operating Expense</td> <td style="text-align: right;">\$ 210,867</td> </tr> <tr> <td>EBITDA</td> <td style="text-align: right;">\$ 8,930</td> </tr> <tr> <td>EROE</td> <td style="text-align: right;">\$ (175)</td> </tr> </table> <p><u>TCMC – Key Indicators</u></p> <p><u>Fiscal Year to Date</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Avg. Daily Census</td> <td style="text-align: right;">153</td> </tr> <tr> <td>Adjusted Patient Days</td> <td style="text-align: right;">58,924</td> </tr> <tr> <td>Surgery Cases</td> <td style="text-align: right;">3,806</td> </tr> <tr> <td>Ortho Clinic Visits</td> <td style="text-align: right;">48,802</td> </tr> <tr> <td>ED Visits</td> <td style="text-align: right;">32,991</td> </tr> </table> <p><u>TCHD – Financial Summary</u></p> <p><u>Current Month</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Operating Revenue</td> <td style="text-align: right;">\$ 28,899</td> </tr> <tr> <td>Operating Expense</td> <td style="text-align: right;">\$ 31,201</td> </tr> <tr> <td>EBITDA</td> <td style="text-align: right;">\$ 826</td> </tr> <tr> <td>EROE</td> <td style="text-align: right;">\$ (527)</td> </tr> </table> <p><u>TCMC – Key Indicators</u></p> <p><u>Current Month</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Avg. Daily Census</td> <td style="text-align: right;">165</td> </tr> <tr> <td>Adjusted Patient Days</td> <td style="text-align: right;">8,813</td> </tr> <tr> <td>Surgery Cases</td> <td style="text-align: right;">524</td> </tr> <tr> <td>Ortho Clinic Visits</td> <td style="text-align: right;">7,036</td> </tr> <tr> <td>ED Visits</td> <td style="text-align: right;">4,812</td> </tr> </table> | Operating Revenue | \$ 206,514 | Operating Expense | \$ 210,867 | EBITDA | \$ 8,930 | EROE | \$ (175) | Avg. Daily Census | 153 | Adjusted Patient Days | 58,924 | Surgery Cases | 3,806 | Ortho Clinic Visits | 48,802 | ED Visits | 32,991 | Operating Revenue | \$ 28,899 | Operating Expense | \$ 31,201 | EBITDA | \$ 826 | EROE | \$ (527) | Avg. Daily Census | 165 | Adjusted Patient Days | 8,813 | Surgery Cases | 524 | Ortho Clinic Visits | 7,036 | ED Visits | 4,812 | | Ray Rivas |
| Operating Revenue | \$ 206,514 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operating Expense | \$ 210,867 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EBITDA | \$ 8,930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EROE | \$ (175) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avg. Daily Census | 153 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjusted Patient Days | 58,924 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery Cases | 3,806 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ortho Clinic Visits | 48,802 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ED Visits | 32,991 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operating Revenue | \$ 28,899 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operating Expense | \$ 31,201 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EBITDA | \$ 826 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EROE | \$ (527) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avg. Daily Census | 165 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjusted Patient Days | 8,813 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery Cases | 524 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ortho Clinic Visits | 7,036 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ED Visits | 4,812 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Topic | Discussions, Conclusions Recommendations | Action Recommendations/ Conclusions | Person(s) Responsible |
|-----------------------------------|---|---|--------------------------|
| | <p><u>TCMC - Net Patient A/R & Days in Net A/R By Fiscal Year</u> Net Patient A/R Avg. (in millions) \$ 43.9 Days in Net A/R Avg. 52.4 <u>Graphs:</u></p> <ul style="list-style-type: none"> • TCMC-Net Days in Patient Accounts Receivable • TCMC-Average Daily Census, Total Hospital-Excluding Newborns • TCMC-Acute Average Length of Stay | | |
| 9. Work Plan: | | | |
| a. Dashboard | No discussion. | | Ray Rivas |
| 10. Comments by committee members | | | |
| 11. Date of next meeting | Tuesday, March 21, 2019 | | Chair |
| 12. Community Openings (1) | | | |
| 13. Adjournment | Meeting adjourned 9:52 a.m. | | |

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
INSURANCE RENEWAL PROPOSAL – MC GRIFF INSURANCE SERVICES, INC. (formerly BB&T)

| | | | | | | |
|----------------------------|--|-------------------|---|---------------------|---|--|
| Type of Agreement | | Medical Directors | | Panel | X | Other: Property & Casualty Insurance Renewal |
| Status of Agreement | | New Agreement | X | Renewal – New Rates | | Renewal – Same Rates |

Vendor's Name: Various Insurance Carriers – See Description

Area of Service: Finance Department

Term of Agreement: 12 months, Beginning, July 1, 2019 – Ending, June 30, 2020

Maximum Totals:

| Annual Cost | Total Term Cost |
|-------------|-----------------|
| \$1,706,807 | \$1,706,807 |

Description of Services/Supplies:

- Umbrella Professional and General Liability Insurance (Zurich)
- Property Insurance & Cyber Insurance (AIG)
- Management Liability Insurance (AIG & RSUI)
- Automobile Insurance (Philadelphia)
- Pollution Insurance (Zurich)
- Others: Volunteers, Employed Lawyers, Heli-Pad Liability, GL/PL TPA Contract

| | | | | |
|---|---|-------|-----|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | | Yes | N/A | No |
| Is Agreement a Regulatory Requirement: | | Yes | X | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in proposed FY Budget*
Person responsible for oversight of agreement: Susan Bond, General Counsel / Ray Rivas, Chief Financial Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with McGriff Insurance Services, Inc. for a term of 12 months, beginning July 1, 2019 and ending June 30, 2020 for a total annual/term cost of \$1,706,807.

EXECUTIVE SUMMARY – 2019-2020

Thank you for the opportunity to present our renewal proposal for Tri-City District Healthcare. A quick snapshot of your renewal pricing by policy to your expiring premium is as follows:

| Coverage | 2019 Company | AM Best Rating | 2018 Premiums | 2019 Premiums | % Change |
|--|--|-------------------|---------------------|---------------------|---------------|
| Umbrella (GL/PL \$20M w/ \$2M SIR) | Zurich/Steadfast Casualty | A+ (Superior) XV | \$295,064.00 | \$318,000.00 | 8% ▲ |
| Claims TPA | Western Litigation | | \$72,000.00 | \$65,000.00 | 10% ▼ |
| | | | \$367,064.00 | \$383,000.00 | 4% ▲ |
| Automobile | Philadelphia | A++ (Superior) XV | \$60,454.00 | \$66,454.00 | 10% ▲ |
| Property | AIG | | \$309,612.00 | \$331,285.00 | 7% ▲ |
| Risk Engineering Fee | AIG | A (Excellent) XV | \$4,000.00 | \$4,000.00 | 0% |
| Cyber | AIG | A (Excellent) XV | \$64,760.00 | \$64,754.00 | 0% |
| Directors & Officers / Employment Practices / Fiduciary Liability | | | | | |
| Tri-City Healthcare | AIG/RSUI | A (Excellent) XV | \$560,625.00 | \$579,375.00 | 3% ▲ |
| Excess Side A - \$5mm x \$10mm | AIG | A (Excellent) XV | \$165,337.00 | \$164,700.00 | 0% |
| Cardiovascular Institute | AIG | A (Excellent) XV | \$9,040.00 | \$12,000.00 | 32% ▲ |
| Orthopedic Institute | AIG (tail) | A (Excellent) XV | \$9,040.00 | \$18,064.00 | 99% ▲ |
| Neuro Institute | AIG (tail) | A (Excellent) XV | \$9,040.00 | \$18,064.00 | 99% ▲ |
| Crime – 3 Year Term 2018/2021; Billed in Full 2018 | Fidelity & Deposit Companies (Zurich) | A+ (Superior) XV | \$39,239.00 | \$0.00 | 3-Yr. Term |
| Pollution | Steadfast Insurance | A+ (Superior) XV | \$41,557.61 | \$46,911.00 | 128% ▲ |
| Student Accident | Axis | A+ (Superior) XV | \$1,761.00 | \$1,954.00 | 10% ▲ |
| Employed Lawyers | Philadelphia | A+ (Superior) XV | \$9,945.00 | \$10,781.00 | 8% ▲ |
| Heli-Pad Liability | American Alternative | A+ (Superior) XV | \$4,986.00 | \$5,465.00 | 9% ▲ |
| | | | \$1,614,903 | \$1,706,807 | 5.7% ▲ |

**FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
Landscape Maintenance Agreement**

| | | | | | | |
|----------------------------|--|-------------------|---|---------------------------------------|---|---------------------------------------|
| Type of Agreement | | Medical Directors | | Panel | X | Other: Landscape Maintenance Services |
| Status of Agreement | | New Agreement | X | Renewal – New Rates <i>(decrease)</i> | | Renewal – Same Rates |

Vendor's Name: LandGraphics Enterprises, Inc.
Area of Service: Hospital Campus, Wellness Center Complex, 2095 W. Vista Way
Term of Agreement: 60 months
Maximum Totals: \$765,370

Description of Services/Supplies:

- This agreement is for landscape maintenance for the hospital campus, Wellness Center campus, and 2095 W. Vista Way (Marketing, Home Health).
- LandGraphics has been performing landscape maintenance for TCHD since 2004.
- TCHD will realize savings of \$17,000 per year with this new agreement, compared to the current agreement.
- The scope of services is for the most part unchanged and the quality of service will remain the same.
- LandGraphics was the lowest responsive bidder.
- The number of bids and the spread received is not adequate to evaluate the competitiveness of the low bid.
- Compared to the bids from 2016 where we had a good turn out and bid spread, LandGraphics came \$17,000 less per year than the lowest bid in 2016. Bid results below:

| Company | Bid Amount |
|---------------------------------------|----------------------|
| LandGraphics Enterprises, Inc. | \$ 765,370.00 |
| Aztec Landscaping | \$ 1,880,065.60 |

| | | | | |
|---|---|-------|-----|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | | Yes | N/A | No |
| Is Agreement a Regulatory Requirement: | | Yes | X | No |
| Budgeted Item: | X | **Yes | | No |

*** To be included in the proposed FY Budget*

Person responsible for oversight of agreement: Chris Miechowski, Director of Facilities / Scott Livingstone, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize an agreement with LandGraphics Enterprises, Inc. for a term of 60 months for landscaping maintenance services for the hospital campus, Wellness Center campus, and 2095 W. Vista Way for a term cost of \$765,370.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
ARUP Laboratories, Inc. Proposal

| | | | | | | |
|----------------------------|--|-------------------|--|------------------------|---|-------------------------|
| Type of Agreement | | Medical Directors | | Panel | X | Other: Supplies |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Vendor's Name: ARUP Laboratories, Inc.

Area of Service: Laboratory – Reference Laboratory Testing

Term of Agreement: 36 months, Beginning, June 1, 2019 – Ending, May 31, 2022

Maximum Totals:

| Monthly Cost | Annual Cost | Total Term Cost |
|--------------|-------------|-----------------|
| \$20,833 | \$250,000 | \$750,000 |

Description of Services/Supplies:

- ARUP Laboratories is our reference laboratory of choice for referral laboratory testing services. ARUP performs laboratory testing on our patient samples that we do not perform in our laboratory.
- TCMC has a long-standing relationship with the reference laboratory dating back more than 10 years.
- ARUP Laboratories is interfaced directly to Cerner to ensure ease of ordering, specimen processing, and result review in a timely manner. Their commitment to quality mirrors the quality patient care focus and initiatives at TCMC.

| | | | | |
|---|---|-------|-----|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | | Yes | N/A | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in proposed FY Budget*
Person responsible for oversight of agreement: Tara Eagle, Operations Manager-Clinical Lab / Scott Livingstone, Chief Operating Officer

Motion: I move that the Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with ARUP Laboratories for reference laboratory services for a term of 36 months, beginning June 1, 2019 and ending May 31, 2022 for an annual cost of \$250,000, and a total cost for the term of \$750,000.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: MAY 23, 2019
BOTTLED BEVERAGES & SNACKS VENDING PROPOSAL

| | | | | | | |
|----------------------------|--|-------------------|--|---------------------|---|------------------------|
| Type of Agreement | | Medical Directors | | Panel | X | Other: Food / Beverage |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Vendor's Name: PepsiCo Food Service
Area of Service: Food and Nutritional Services
Term of Agreement: 36 months, Beginning, June 1, 2019 – Ending, May 31, 2022

Maximum Totals:

| Monthly Cost | Annual Cost | Total Term Cost |
|--------------|-------------|-----------------|
| \$10,000 | \$120,000 | \$360,000 |

Description of Services/Supplies:

- Exclusive “pouring rights” at all TCHD facilities to provide bottled beverages and bagged snacks
- Includes all equipment/racks and full vending, stocking of products in machines and cafeteria
- Provides over \$159,000 total return value to TCHD for the term in \$12,500 signing bonus, \$64,000 rebates, \$20,000 annual sponsorships of Foundation events, 200 annual donated cases for events, \$2,000 flex spending for new cafeteria menu pricing boards, and 28% sales commission on vending machine sales.
- Volume threshold commitment of 42,000 cases for the term must be met which is current volume

| | | | | |
|---|---|-------|-----|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | | Yes | N/A | No |
| Is Agreement a Regulatory Requirement: | | Yes | X | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in proposed FY Budget*

Person responsible for oversight of agreement: Christine Carlton, Director-Food & Nutrition / Scott Livingstone, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with PepsiCo Food Service for beverages and snacks for a term of 36 months, beginning June 1, 2019 and ending May 31, 2022 for an annual cost of approximately \$120,000, and a total cost for the term of approximately \$360,000, depending on purchase volume.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
Cardiovascular Institute Co-Management Agreement Proposal

| | | | | | | |
|----------------------------|--|-------------------|--|---------------------|---|----------------------|
| Type of Agreement | | Medical Directors | | Panel | X | Other: Co-Management |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Vendor Name: TCMC Cardiovascular Institute, LLC
Area of Service: Tri-City Cardiovascular Institute
Term of Agreement: 36 months, Beginning, July 1, 2019 – Ending, June 30, 2022
Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

| Base Management Fee | | |
|---------------------------------------|-------------|--------------------|
| Monthly Cost | Annual Cost | Total Cost |
| \$35,000 | \$420,000 | \$1,260,000 |
| Performance Improvement Incentive Fee | | |
| Monthly Cost | Annual Cost | Total Cost |
| \$37,500 | \$450,000 | \$1,350,000 |
| Total Term Cost: | | \$2,610,000 |

Position Responsibilities:

- Provides Structure that is consistent with the Institute’s guiding principles of Hospital Physician Collaboration and integrated leadership
- Established an entity that is consistent with integrated delivery and provides a foundation for business and payer initiatives
- The management fee and incentive fees are unchanged from the original agreement

Legal:

The original agreement was established in October 2011 and structured by the law firm of Squire, and Sanders and Dempsey LLP, and approved by the TCHD counsel.

| | | | | |
|---|---|-------|---|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | | Yes | X | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in proposed FY Budget*

Person responsible for oversight of agreement: Eva England, Cardio-Vascular Service Line Administrator / Scott Livingstone, Chief Operating Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement for Cardiovascular Institute Co-Management for a term of 36 months, beginning July 1, 2019 and ending June 30, 2022 for an annual cost of not to exceed \$870,000 and a total cost for the term not to exceed \$2,610,000.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
Physician Recruitment Proposal – Orthopedic Surgeon

| | | | | | | |
|----------------------------|---|-------------------|--|---------------------|---|------------------------------|
| Type of Agreement | | Medical Directors | | Panel | X | Other: Recruitment Agreement |
| Status of Agreement | X | New Agreement | | Renewal – New Rates | | Renewal – Same Rates |

Physician Name: Arash Calafi, M.D.

Areas of Service: Orthopedic Surgery (Foot & Ankle Specialist)

Key Terms of Agreement:

Effective Date: August 1, 2019 or the date Dr. Calafi becomes a credentialed member in good standing of the Tri-City Healthcare District Medical Staff
Community Need: TCHD Physician Needs Assessment shows significant community need for Orthopedic Surgery (Foot & Ankle Specialist)
Service Area: Area defined by the lowest number of contiguous zip codes from which the hospital draws at least 75% of its inpatients
Income Guarantee: \$800,000 NTE (\$400,000 annually - for a two-year income guarantee, with a three-year forgiveness period)
Sign-on Bonus: \$25,000
Relocation: \$10,000 (Not part of the Loan)
Loan Amount: \$825,000
Total Not to Exceed: \$835,000

Unique Features: Dr. Calafi will practice at Orthopedic Specialist of North County

Requirements:

Business Pro Forma: Must submit a 24 month business pro forma for TCHD approval relating to the addition of this physician to the medical practice, including proposed incremental expenses and income. TCHD may suspend or terminate income guarantee payments if operations deviate more than 20% from the approved pro forma and are not addressed as per agreement.
Expenses: The agreement specifies categories of allowable professional expenses (expenses associated with the operation of physician's practice and approved at the sole discretion of TCHD) such as billing, rent, medical and office supplies, etc. If the incremental monthly expenses exceed the maximum, the excess amount will not be included.

| | | | | |
|---|---|-------|---|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | | Yes | X | No |
| Budgeted Item: | X | **Yes | | No |

** To be included in the proposed FY Budget

Person responsible for oversight of agreement: Jeremy Raimo, Sr. Director Business Development / Scott Livingstone, Chief Operating Officer

Motion:

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve the expenditure, not to exceed \$835,000 in order to facilitate, Arash Calafi, M.D., Orthopedic Surgeon practicing medicine in the communities served by the District. This will be accomplished through an Independent Physician Recruitment Agreement (not to exceed a 24 month income guarantee with a three-year forgiveness period).

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
Medical Director Agreement for Infection Control

| | | | | | | |
|----------------------------|---|-------------------|--|------------------------|---|-------------------------|
| Type of Agreement | X | Medical Directors | | Panel | | Other: |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Vendor's Name: Dr. Richard Smith

Area of Service: Infection Control

Term of Agreement: 36 months, Beginning, July 1, 2019 – Ending, June 30, 2022

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

| Rate / Hour | Hours per Month Not to Exceed | Hours per Year Not to Exceed | Monthly Cost Not to Exceed | Annual Cost Not to Exceed | 36 month (Term) Cost Not to Exceed |
|-------------|-------------------------------|------------------------------|----------------------------|---------------------------|------------------------------------|
| \$176 | 30 | 360 | \$5,280 | \$63,360 | \$190,080 |

Description of Services/Supplies:

- Provide clinical consultation as requested by attending physicians
- Developing, implementing and evaluating an infection control plan to mitigate over utilization of antibiotics, to assure quality of preventative measures and risk aversion
- Establishing and evaluating policies, procedures and standardized procedures for medical and nursing care, including new treatment modalities, drug information and relevant departments
- Recommending, developing and implementing new services to be provided by the department
- Identifying supply and equipment needs, and coordinating standardization of instrumentation equipment and supplies for patient care as it relates to infection prevention
- Co-leading infection Control Meetings and attending other Hospital and Medical Staff Meetings in order to accomplish the duties of this role

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in proposed FY Budget*

Person responsible for oversight of agreement: Diane Sikora, Director, Acute Care Services / Barbara Vogelsang, Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Dr. Richard Smith for Infection Control for a term of 36 months, beginning July 1, 2019 and ending June 30, 2022 for an hourly rate of \$176, for an annual cost of \$63,360, and a total cost for the term of \$190,080.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
Co-Medical Director Agreement – Outpatient Behavioral Health Services

| | | | | | | |
|----------------------------|---|----------------------|---|---------------------|---|---------------------------------------|
| Type of Agreement | X | Co-Medical Directors | | Panel | X | Other: Addition of 15 hours per month |
| Status of Agreement | | New Agreement | X | Renewal – New Rates | | Renewal – Same Rates |

Physician Name: Dennis Ordas, M.D.

Area of Service: Outpatient Behavioral Health – Morning, Afternoon and Evening Program Coverage

Term of Agreement: 25 months, Beginning, June 1, 2019 – Ending, June 30, 2021

Maximum Totals:

| Hourly Cost | 1 st Year Cost 6/1/19 - 6/30/19 | 2 nd Year Cost 7/1/19 - 6/30/20 | 3 rd Year Cost 7/1/20 - 6/30/21 | Total Term Cost |
|--------------------|---|---|---|-------------------------------|
| \$140 / \$144.20 | \$8,820 | \$105,840 | \$109,015 | \$223,675 |
| 63 Hours per month | \$500 Vacation Coverage | \$6,000 Vacation Coverage | \$6,000 Vacation Coverage | \$12,500 Vacation Coverage |
| Totals | \$9,320 | \$111,840 | \$115,015 | \$236,175 |

This agreement increases hours from 48 to 63 per month (Hours were covered by Dr. Sheth who is resigning).

Description of Services/Supplies:

- This agreement adds a 3% increase beginning 7/1/2020 (increases to \$144.20 per hour on 07/01/2020). Annual above 90th percentile but hourly rate remains within the 25th percentile, below FMV. Reduced from three to two physicians due to difficulties recruiting psychiatrists.
- Provide professional guidance and oversight for the Outpatient Behavioral Health department, including, the Intensive Outpatient morning, afternoon and evening programs.
- Respond to insurance authorization calls and complete reports requested by patients.
- Facilitate weekly treatment team meetings and evaluate appropriateness for continued stay.

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

****To be included in the proposed FY Budget**

Person responsible for oversight of agreement: Sarah Jayyousi, Operations Manager, Outpatient Behavioral Health / Barbara Vogelsang, Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Dr. Dennis Ordas for the Co-Medical Directorship for a term of 25 months, beginning June 1, 2019 and ending June 30, 2021 for a total cost for the term of \$236,175.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
Co-Medical Director Agreement – Outpatient Behavioral Health Services

| | | | | | | |
|----------------------------|---|----------------------|---|---------------------|---|---------------------------------------|
| Type of Agreement | X | Co-Medical Directors | | Panel | X | Other: Addition of 16 hours per month |
| Status of Agreement | | New Agreement | X | Renewal – New Rates | | Renewal – Same Rates |

Physician Name: Martina Klein, M.D.

Area of Service: Outpatient Behavioral Health – Morning, Afternoon & Older Adult Program Coverage

Term of Agreement: 25 months, Beginning, June 1, 2019 – Ending, June 30, 2021

Maximum Totals:

| Hourly Cost | 1st Year Cost 6/1/19 - 6/30/19 | 2nd Year Cost 7/1/19 - 6/30/20 | 3rd Year Cost 7/1/20 - 6/30/21 | Total Term Cost |
|---|---|---|---|---------------------------------------|
| \$140 / \$144.20 | \$4,853 | \$58,240 | \$59,987 | \$123,080 |
| 8 hrs/week; average of 35 hours per month | \$500 Vacation Coverage | \$6,000 Vacation Coverage | \$6,000 Vacation Coverage | \$12,500 Vacation Coverage |
| Totals | \$5,353 | \$64,240 | \$65,987 | \$135,580 |

This agreement increases hours from 16 to 32 per month (Hours were covered by Dr. Sheth who is resigning).

Description of Services/Supplies:

- This agreement adds a 3% increase beginning 7/1/20 (increases to \$144.200 per hour on 7/1/20). Annual above 75th percentile but hourly rate remains within the 25th percentile, below FMV. Reduced from three to two physicians due to difficulties recruiting psychiatrists.
- Provide professional guidance and oversight for the Outpatient Behavioral Health department, including, the Intensive Outpatient morning, afternoon and the older adult programs.
- Respond to insurance authorization calls and complete reports requested by patients.
- Facilitate weekly treatment team meetings and evaluate appropriateness for continued stay.

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

****To be included in the proposed FY Budget**
Person responsible for oversight of agreement: Sarah Jayyousi, Operations Manager, Outpatient Behavioral Health / Barbara Vogelsang, Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Dr. Martina Klein for the Co-Medical Directorship for a term of 25 months, beginning June 1, 2019 and ending June 30, 2021 for a total cost for the term of \$135,580.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
NICU Medical Director & Neonatology Services Proposal

| | | | | | | |
|----------------------------|--|-------------------|---|---------------------|---|----------------------|
| Type of Agreement | | Medical Directors | X | Panel | | Other: |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Vendor's Name: North County Neonatology Specialists
Area of Service: NICU Medical Director / Neonatology Services
Term of Agreement: 36 months, Beginning, July 1, 2019 - Ending, June 30, 2022
Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

| | Monthly Cost | Annual Cost | Total Term Cost |
|---------------------------|-----------------|------------------|------------------|
| Medical Director Services | \$8,000 | \$96,000 | \$288,000 |
| Neonatal 24/7 Coverage | \$19,770 | \$237,250 | \$711,750 |
| Totals: | \$27,770 | \$333,250 | \$999,750 |

Description of Services/Supplies:

- NICU physician coverage 24-hours / 7-days / 365-days per year
- Meet performance metrics

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in proposed FY Budget*

Person responsible for oversight of agreement: Cynthia Kranz, Director Women & Newborn Services / Barbara Vogelsang, Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with North County Neonatology Specialists for a term of 36 months, beginning July 1, 2019, and ending June 30, 2022, for a cost of \$27,770 per month, for a total cost for the term of \$999,750.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
PHYSICIAN AGREEMENT for Covering Physician - Inpatient Wound Care

| | | | | | | |
|----------------------------|---|-------------------|---|---------------------|---|----------------------|
| Type of Agreement | X | Medical Directors | X | Panel | | Other: |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Physician's Name: Henry Showah, M.D.

Area of Service: Inpatient Wound Care

Term of Agreement: 12 months, Beginning, May 1, 2019 - Ending, April 30, 2020

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

| Rate/Hour | Hours per Month | Hours per Year | Cost per Month | 12 month (Term) Cost |
|-----------|-----------------|----------------|----------------|----------------------|
| \$180 | 20 | 240 | \$3,600 | \$43,200 |

Position Responsibilities:

- Provide supervision for the clinical operation of the Inpatient Wound Care Team
- Provide staff education to improve outcome of care
- Resolve conflicts that are intra-departmental or inter-departmental in nature to ensure or improve timeliness of patient treatment and intervention
- Ensure that services provided are in compliance with regulatory standards
- Participate in Quality Assurance and Performance Improvement activities
- Timely communication with primary care physicians and/or other community health resources
- Documentation: Full and timely documentation for all patients. Comply with all legal regulatory, accreditation, Medical Staff and billing criteria, including applying Medicare guidelines, including, Title 1X for admission and discharge decisions
- Utilization Review, Quality Improvement: Actively participate in hospital and Medical Staff utilization review, quality, performance improvement and risk programs

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in the proposed FY Budget*
Person responsible for oversight of agreement: Kim Poston, Manager-Clinical, Wound Care Carlsbad / Barbara Vogelsang, Chief Nurse Executive

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Henry Showah as the Coverage Physician for Inpatient Wound Care for a term of 12 months from May 1, 2019, and ending April 30, 2020. Not to exceed an average of 20 hours a month, at an hourly rate of \$180 for a total annual & term cost of \$43,200.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
PHYSICIAN AGREEMENT for Covering Physician - Outpatient Wound Care / HBO Center

| | | | | | | |
|----------------------------|---|-------------------|---|------------------------|---|-------------------------|
| Type of Agreement | X | Medical Directors | X | Panel | | Other: |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Physician's Name: Henry Showah, M.D.

Area of Service: Outpatient Wound Care / HBO

Term of Agreement: 12 months, Beginning, May 1, 2019 - Ending, April 30, 2020

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

| Rate/Hour | Hours per Month | Hours per Year | Cost per Month | 12 month (Term) Cost |
|-----------|--------------------|-------------------|-------------------|-------------------------|
| \$180 | 20 | 240 | \$3,600 | \$43,200 |

Position Responsibilities:

- Provide supervision of staff and patients undergoing HBO
- Provide staff education to improve outcome of care
- Resolve conflicts that are intra-departmental or inter-departmental in nature to ensure or improve timeliness of patient treatment and intervention
- Ensure that services provided are in compliance with regulatory standards
- Design Quality Assurance and Performance Improvement program.
- Creates criteria for medical audits
- Timely communication with primary care physicians and/or other community health resources
- Audits patient care and records of care for opportunities in case delivery.
- Documentation: Full and timely documentation for all patients. Comply with all legal regulatory, accreditation, Medical Staff and billing criteria, including applying Medicare guidelines, including, Title 1X for admission and discharge decisions
- Utilization Review, and QAPI: Actively participate in Hospital's Medical Staff utilization review, quality, performance improvement and risk programs.
- Attends monthly QAPI meetings

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in the proposed FY Budget*
Person responsible for oversight of agreement: Kim Poston, Manager-Clinical Wound Care Carlsbad / Barbara Vogelsang, Chief Nurse Executive

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Henry Showah as the Coverage Physician for Outpatient Wound Care / HBO for a term of 12 months from May 1, 2019, and ending April 30, 2020. Not to exceed an average of 20 hours a month, at an hourly rate of \$180 for a total cost for the term of \$43,200.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
PHYSICIAN AGREEMENT for Covering Physician - Inpatient Wound Care

| | | | | | | |
|----------------------------|---|-------------------|---|------------------------|---|-------------------------|
| Type of Agreement | X | Medical Directors | X | Panel | | Other: |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Physician's Name: Sharon Slowik, M.D.

Area of Service: Inpatient Wound Care

Term of Agreement: 12 months, Beginning, May 1, 2019 - Ending, April 30, 2020

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

| Rate/Hour | Hours per Month | Hours per Year | Cost per Month | 12 month (Term) Cost |
|-----------|-----------------|----------------|----------------|----------------------|
| \$180 | 20 | 240 | \$3,600 | \$43,200 |

Position Responsibilities:

- Provide supervision for the clinical operation of the Inpatient Wound Care Team
- Provide staff education to improve outcome of care
- Resolve conflicts that are intra-departmental or inter-departmental in nature to ensure or improve timeliness of patient treatment and intervention
- Ensure that services provided are in compliance with regulatory standards
- Participate in Quality Assurance and Performance Improvement activities
- Timely communication with primary care physicians and/or other community health resources
- Documentation: Full and timely documentation for all patients. Comply with all legal regulatory, accreditation, Medical Staff and billing criteria, including applying Medicare guidelines, including, Title 1X for admission and discharge decisions
- Utilization Review, Quality Improvement: Actively participate in hospital and Medical Staff utilization review, quality, performance improvement and risk programs

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in the proposed FY Budget*
Person responsible for oversight of agreement: Kim Poston, Manager-Clinical, Wound Care Carlsbad / Barbara Vogelsang, Chief Nurse Executive

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Sharon Slowik as the Coverage Physician for Inpatient Wound Care for a term of 12 months from May 1, 2019, and ending April 30, 2020. Not to exceed an average of 20 hours a month, at an hourly rate of \$180 for a total cost for the term of \$43,200.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
PHYSICIAN AGREEMENT for Covering Physician - Outpatient Wound Care / HBO Center

| | | | | | | |
|----------------------------|---|-------------------|---|------------------------|---|-------------------------|
| Type of Agreement | X | Medical Directors | X | Panel | | Other: |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Physician's Name: Sharon Slowik, M.D.
Area of Service: Outpatient Wound Care / HBO
Term of Agreement: 12 months, Beginning, May 1, 2019 - Ending, April 30, 2020
Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

| Rate/Hour | Hours per Month | Hours per Year | Cost per Month | 12 month (Term) Cost |
|-----------|-----------------|----------------|----------------|----------------------|
| \$180 | 20 | 240 | \$3,600 | \$43,200 |

Position Responsibilities:

- Provide supervision of staff and patients undergoing HBO
- Provide staff education to improve outcome of care
- Resolve conflicts that are intra-departmental or inter-departmental in nature to ensure or improve timeliness of patient treatment and intervention
- Ensure that services provided are in compliance with regulatory standards
- Design Quality Assurance and Performance Improvement program.
- Creates criteria for medical audits
- Timely communication with primary care physicians and/or other community health resources
- Audits patient care and records of care for opportunities in case delivery
- Documentation: Full and timely documentation for all patients. Comply with all legal regulatory, accreditation, Medical Staff and billing criteria, including applying Medicare guidelines, including, Title 1X for admission and discharge decisions
- Utilization Review, and QAPI: Actively participate in Hospital's Medical Staff utilization review, quality, performance improvement and risk programs.
- Attends monthly QAPI meetings

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in the proposed FY Budget*

Person responsible for oversight of agreement: Kim Poston, Manager-Clinical, Wound Care Carlsbad / Barbara Vogelsang, Chief Nurse Executive

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Sharon Slowik as the Coverage Physician for Outpatient Wound Care / HBO for a term of 12 months from May 1, 2019, and ending April 30, 2020. Not to exceed an average of 20 hours a month, at an hourly rate of \$180 for a total cost for the term of \$43,200.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – ENT - Otolaryngology

| | | | | | | |
|----------------------------|--|-------------------|---|------------------------|--|-------------------------|
| Type of Agreement | | Medical Directors | X | Panel | | Other: |
| Status of Agreement | | New Agreement | X | Renewal – New Rates | | Renewal – Same Rates |

Physician’s Name(s): Julie Berry, M.D.; Robert Jacobs, M.D.; Anton Kushnaryov, M.D.; Jennifer MacEwan, M.D.; Bruce Reisman, M.D.

Area of Service: Emergency Department On-Call: ENT - Otolaryngology

Term of Agreement: 24 months, Beginning, July 1, 2019 – Ending, June 30, 2021

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES
For entire Current ED On-Call Area of Service Coverage: ENT – Otolaryngology

| Rate/Day | Panel Days per Year | Panel Annual Cost |
|-------------------------|---------------------|-------------------|
| \$650 | FY20: 366 days | FY20: \$237,900 |
| | FY21: 365 days | FY21: \$237,250 |
| Total Term Cost: | | \$475,150 |

Position Responsibilities:

- Provide 24/7 patient coverage for all ENT - Otolaryngology specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

***To be included in the proposed FY Budget*

Person responsible for oversight of agreement: Sherry Miller, Manager, Medical Staff Services / Scott Livingstone, Chief Operating Officer.

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize physicians, Julie Berry, M.D.; Robert Jacobs, M.D.; Anton Kushnaryov, M.D.; Jennifer MacEwan, M.D.; Bruce Reisman, M.D., as the ENT - Otolaryngology ED On-Call Coverage Physicians for a term of 24 months, beginning July 1, 2019 and ending June 30, 2021 at a daily rate of \$650 for a term cost of \$475,150.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – General Surgery/Unfunded Cholecystectomy

| | | | | | | |
|----------------------------|--|-------------------|---|------------------------|---|-------------------------|
| Type of Agreement | | Medical Directors | X | Panel | | Other: |
| Status of Agreement | | New Agreement | | Renewal – New Rates | X | Renewal – Same Rates |

Physician's Name: Andrew Deemer, M.D.; Adam Fierer, M.D.; Dhruvil Gandhi, M.D.; Karen Hanna, M.D.; Eric Rypins, M.D.; Katayoun Toosie, M.D.; Mohammad Jamshidi-Nezhad, D.O.

Area of Service: Emergency Department On-Call: General Surgery

Term of Agreement: 24 months, Beginning, August 1, 2019 – Ending, July 31, 2021

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

For entire Current ED On-Call Area of Service Coverage: General Surgery

| Rate/Day | Panel Days per Year | Panel Annual Cost |
|--------------------|----------------------------------|------------------------|
| Mon-Sunday \$1,400 | FY20: 366 days FY21: 365 days | \$512,400 \$511,000 |
| | Total Term Cost: | \$1,023,400 |

| Unfunded Gholcystectomy Cost | Estimated Cases per Year | Estimated Annual Cost |
|---|--------------------------|--------------------------|
| \$725, per case | FY20: 36 FY21: 36 | \$26,100 \$26,100 |
| Unfunded Laparoscopic Cholecystectomy with Common Bile Duct Exploration | Estimated Cases per Year | Estimated Annual Cost |
| Procedure Code 47564: \$1,144.51, per case | FY20: 5 FY21: 5 | \$5,722.55 \$5,722.55 |
| Procedure Code 47550: \$168.05, per case | FY20: 5 FY21: 5 | \$840.25 \$840.25 |
| | Total Term Cost: | \$65,325.60 |

Position Responsibilities:

- Provide 24/7 patient coverage for all General Surgery specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

| | | | | |
|---|---|-----|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | Yes | | No |

****To be included in the proposed FY Budget**

Person responsible for oversight of agreement: Sherry Miller, Manager, Medical Staff Services / Scott Livingstone, Chief Operating Officer.

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize surgeons, Andrew Deemer, M.D.; Adam Fierer, M.D.; Dhruvil Gandhi, M.D.; Karen Hanna, M.D.; Eric Rypins, M.D.; Katayoun Toosie, M.D.; Mohammad Jamshidi-Nezhad, D.O. , as the General Surgery ED-Call Coverage Physicians for a term of 24 months, beginning August 1, 2019 and ending July 31, 2021 at a daily rate of \$1,400, for a bi-annual and term cost of \$1,023,400. Reimbursement of \$725 per case for Unfunded Cholecystectomy & Unfunded Laparoscopic Cholecystectomy with Common Bile Duct Exploration (code 47564: \$1,144.51/case and code 47550: \$168.05) at an expected total cost for these unfunded cases for the term of \$65,325.60.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Vascular Surgery

| | | | | | | |
|----------------------------|--|-------------------|---|------------------------|--|-------------------------|
| Type of Agreement | | Medical Directors | X | Panel | | Other: |
| Status of Agreement | | New Agreement | X | Renewal – New Rates | | Renewal – Same Rates |

Physician's Name: Andrew Deemer, M.D.; Mohammad Jamshidi-Nezhad, D.O.
Area of Service: Emergency Department On-Call: Vascular Surgery
Term of Agreement: 36 months, Beginning, July 1, 2019 – Ending, June 30, 2022
Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES
 For entire Current ED On-Call Area of Service Coverage: Vascular Surgery

| Rate/Day | Panel Days per Year | Panel Annual Cost |
|----------|-------------------------|-------------------|
| \$750 | FY20: 366 days | FY20: \$274,500 |
| | FY21: 365 days | FY21: \$273,750 |
| | FY22: 365 days | FY22: \$273,750 |
| | Total Term Cost: | \$822,000 |

Position Responsibilities:

- Provide 24/7 patient coverage for all Vascular Surgery specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

| | | | | |
|---|---|-------|--|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer: | X | Yes | | No |
| Is Agreement a Regulatory Requirement: | X | Yes | | No |
| Budgeted Item: | X | **Yes | | No |

*** To be included in the proposed FY Budget*

Person responsible for oversight of agreement: Sherry Miller, Manager, Medical Staff Services / Scott Livingstone, Chief Operating Officer.

Motion: I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize surgeons, Andrew Deemer, M.D.; Mohammad Jamshidi-Nezhad, D.O., as the Vascular Surgery ED-Call Coverage Physicians for a term of 36 months, beginning July 1, 2019 and ending June 30, 2022 at a daily rate of \$750 for a term cost of \$822,000.

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: May 23, 2019
Carlsbad-Wellness Center MOB Lease Agreement Proposal

| | | | | | | |
|----------------------------|---|-------------------|--|---------------------|---|----------------------|
| Type of Agreement | | Medical Directors | | Panel | X | Other: Office Lease |
| Status of Agreement | X | New Agreement | | Renewal – New Rates | | Renewal – Same Rates |

Tenant Name: Jeffrey T. Knutzen, DDS, a professional corporation (“Tenant”)
Term: 10 Year Lease (120 Months) starting at commencement date of completion of tenant improvements;
 3% Yearly Rent Escalator;
 Option for (2), five year extensions at FMV
Premises: 6260 El Camino Real, Suite 205, Carlsbad, CA 92009 (2,200 – 2,500 sq. ft.)TBD

| Rental Rate from Jeffrey T. Knutzen, DDS: | Revenue per Month |
|--|--------------------------|
| Rental Base Rate of \$3.00 NNN per square foot, per month, (2,200 – 2,500 sq. ft.)TBD | \$6,600 - \$7,500 |
| Total Monthly Revenue: - \$3.00 plus \$0.30 sf for NNN (approx. \$750. Per Mo.) | \$8,250 |

Tri-City Healthcare District Base Rent Credit to Lessee:

| District (“Landlord) to Provide: | Rent Credit Not to Exceed |
|---|----------------------------------|
| Base Rent Credit of \$75 per square foot per rentable area, (2200-2500 sq. ft.) credited on monthly basis over the first five year term (60 months) | \$187,500 |
| 4 months’ rent abatement | \$30,000 |
| Total Credits from Landlord: | \$217,500 |

Within Fair Market Value: YES (FMV was determined by Lease Comparables)

| | | | | |
|---|---|-----|-----|----|
| Document Submitted to Legal for Review: | X | Yes | | No |
| Approved by Chief Compliance Officer | | Yes | N/A | No |
| Is Agreement a Regulatory Requirement: | | Yes | X | No |
| Budgeted Item: <i>(Revenue)</i> | | Yes | N/A | No |

Person responsible for oversight of agreement: Jeremy Raimo, Sr. Director, Business Development / Steve Dietlin, Chief Executive Officer

Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the Lease Agreement for Suite 205 in the Carlsbad Wellness Center MOB located at 6260 El Camino Real, Carlsbad, CA 92009, with Jeffrey T. Knutzen, D.D.S., for a ten-year term (120 Months), at the rate of \$8,250 per month, increasing base rent 3% yearly and with a total credit from the landlord not to exceed \$217,500.

**Finance, Operations and Planning Work Plan
Program Tracking Schedule
FY2019
May 23, 2019**

| | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May 2019 | June | Responsible Party |
|--|------|-----|------|-----|-----|-----|-----|-----|-----|-----------|-------------|------|----------------------|
| Wellness Center (Bi-Monthly), (Since 2009) (Changed from quarterly to bi-monthly, January 2018) | • | | • | | • | | • | | • | | • | | Scott Livingstone |
| Physician Recruitment Tracking (Annual), (Since 2009) | | | | | | | | | | | | • | Jeremy Raimo |
| Finance, Operations and Planning Charter, (Annual) | | | | | | | | | | 2020 • | | | Chair |
| Construction Report, (Quarterly) | • | | | • | | | • | | | • | | | Scott Livingstone |
| Infusion Center, (Annual) (Quarterly until Oct. 2015 then annual) | | | | • | | | | | | | | | Sharon Schultz |
| ED Throughput, (Quarterly) (Changed from bi-monthly to quarterly, January 2018) | • | | | • | | | • | | | • | | | Candice Parras |
| Medical Director – Surgery (Semi-Annual) (Began reporting in July 2015) | • | | | • | | | • | | | • | | | Debra Feller |
| IT Physician Liaison (Semi-Annual) (Began reporting in July 2016) | | | | | | | | | | | | | Mark Albright |
| Institutes Update (Annual): • Cardiovascular (Added August 2016, began reporting August 2017) | | • | | | | | | | | | | | Jeremy Raimo |
| PRIME Update (Annual): (Began reporting in January 2019) | | | | | | | • | | | | | | Scott Livingstone |
| Dashboard | | • | • | • | • | • | • | • | • | • | • | • | Ray Rivas |



Tri-City Medical Center

ADVANCED HEALTH CARE
FOR YOU

Construction Report
As of May 2019

| Project | FOP/Board Approval Date | % of Design Complete | Construction Start or Estimated Construction Start Date | Estimated Construction Completion Date* | % of Construction Complete | Total Budget | Actual Expenditures | Remaining Budget | Status / Comments |
|------------------------------------|-------------------------|----------------------|---|---|----------------------------|------------------------|----------------------|------------------------|--------------------------|
| OR #4 Surgical Lights Replacement | September-17 | 100% | October-18 | February-19 | 100% | \$ 510,761.00 | \$ 240,827.05 | \$ 269,933.95 | Construction completed. |
| Pharmacy USP 800 Upgrades | October-18 | 100% | January-19 | July-19 | 50% | \$ 1,099,949.00 | \$ 289,922.86 | \$ 810,026.14 | Construction in progress |
| Total Construction Projects | | | | | | \$ 1,610,710.00 | \$ 530,749.91 | \$ 1,079,960.09 | |

*Estimated completion is based on actual physical project progress and not on amounts invoiced to the District



Aim Statement

Improve the patient flow through the Emergency Department from Arrival to ED Discharge or Admission to the hospital

Changes Implemented

1. PA's providing MSE on all patients presenting to Triage from **8AM to 2AM**
2. **MD & PA in Triage**
 - MD added to Triage at 12 noon - 12 midnight
3. **Decrease LWBS**
 - Extended hours for Provider in Triage to increase flow, care for greater numbers of vertical ESI 3's Decrease visit times
4. **Improve Patient Satisfaction**
 - Direct result of immediate contact with Provider
 - All patients registering at Triage

Run Charts / Data

LWOT

Left Without Being Seen (LWBS)

Continues to decrease

2018 LWBS = 1.97 %

Goal 2019 < 2%
2019 YTD = 1.53%

2019 ED Arrival to Discharge

- Continues to improve



Team Triage 2019

- We have out grown our small area.
- Results pending patients sent back to waiting area.
- Waiting area appears to be full much of the time
- Arriving patients leave because it "appears" the wait is long because of result pending patients.
- Triage area now sees treats and discharges, 50 - 60 patients daily.
- **More space needed!**

Next Steps

- Increase triage area by moving to Station D.
- Area to be called "Diage".
- Open 8 treatment spaces.
- Use back of station D for results pending.
- Open daily with Physician 12N- 12MN
- PA to see minor complaints in old triage area.

Team Members

Candice Parras: Leader
Rick Sanchez, Diane Sikora; Dr. Cary Mells; Dr. Mark O'Brien; Paula F. White; ; Steven A. Young; Hope Chaney; Jared Burton; David Benitez Merebeth Richins;

Acknowledgments/ Contact Info

Rick Sanchez for data graphs



MEDICAL DIRECTOR, OR

Outcome Performance Report
September 2018 – March 2019

Finance, Operations & Planning Meeting
May 23, 2019



PROCESS IMPROVEMENTS

- Renovation of Preop Hold waiting room
- Phase II
- Patient electronic tracking
- Coviden Trocar and Endomechanicals conversion



PERIOPERATIVE TRACKING

| CI | Add On | Start | OR | Bay | Patient | Age / Sex | Allg | Procedures | Srgn | Anes HO | Status | Surgeon | Anesthesiologist | J# | Comments |
|-------------------------------------|-------------------------------------|-------------------|-------|-----|------------|-------------------|------|---|------|---------|---------------------------|--------------------|------------------|----|----------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 04/10/19 01:17:00 | OR 04 | | [REDACTED] | 30 years / Male | | Fiberoptic Intubation (Right); Tumor Debulking (Left) | | | Anesthesia Stop | Chaya, N | Chaya, N | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 04/10/19 05:14:00 | OR 10 | | [REDACTED] | 56 years / Female | | Acquisition Organ and Tissue (N/A) | | | Anesthesia Stop | Surginet, O | Chaya, N | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 04/10/19 07:02:00 | OR 06 | | [REDACTED] | 88 years / Male | | Coronary Artery Bypass Graft with Endo Vein Harvest (N/A); Anes - Arterial Line Placement (Right); Anes - Pulmonary Artery Catheter Placement (Right); Transesophageal Echogram (Right) | | | Supp. Procedures Start | Gramins, D | Lee, D | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 04/10/19 11:15:00 | OR 02 | 3 | [REDACTED] | 94 years / Male | | Carotid Endarterectomy (Right); Neck Excision Mass (N/A) | | | Pre-Op Education Complete | Jamshidi-Nezhad, M | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 04/10/19 11:45:00 | OR 07 | | [REDACTED] | 60 years / Female | | Esophagogastroduodenoscopy (N/A) | | | Pre-Op Education Complete | Viernes, M | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 04/10/19 12:00:00 | OR 01 | 5 | [REDACTED] | 45 years / Female | | Excision Mass Breast (Left); Needle localization (Left) | | | Pre-Op Education Complete | Toosie, K | Cheung, P | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 04/10/19 12:00:00 | OR 03 | 2 | [REDACTED] | 79 years / Female | | Hip Arthroplasty Total - Anterior (Right) | | | In Preop | Amory, D | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 04/10/19 12:15:00 | OR 05 | | [REDACTED] | 32 years / Male | | Xi Laparoscopic Repair Hernia inguinal with Robotic Assist (Bilateral) | | | PreOp Education Complete | Fierer, A | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 04/10/19 13:00:00 | OR 04 | | [REDACTED] | 60 years / Female | | Cervical Discectomy/Fusion Anterior 1-2 Levels (N/A) | | | PreOp Education Complete | Stern, M | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 04/10/19 13:30:00 | OR 01 | 7 | [REDACTED] | 77 years / Female | | Excision Mass Breast (Left); Needle localization (Left) | | | In Preop | Toosie, K | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 04/10/19 14:30:00 | OR 03 | | [REDACTED] | 61 years / Female | | Hip Arthroplasty Total - Anterior (Right) | | | PreOp Education Complete | Amory, D | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 04/10/19 15:00:00 | OR 01 | 4 | [REDACTED] | 46 years / Female | | Lumpectomy Breast after Needle Localization (Left); Sentinel Lymph Node Biopsy (Left) | | | In Preop | Toosie, K | | | |



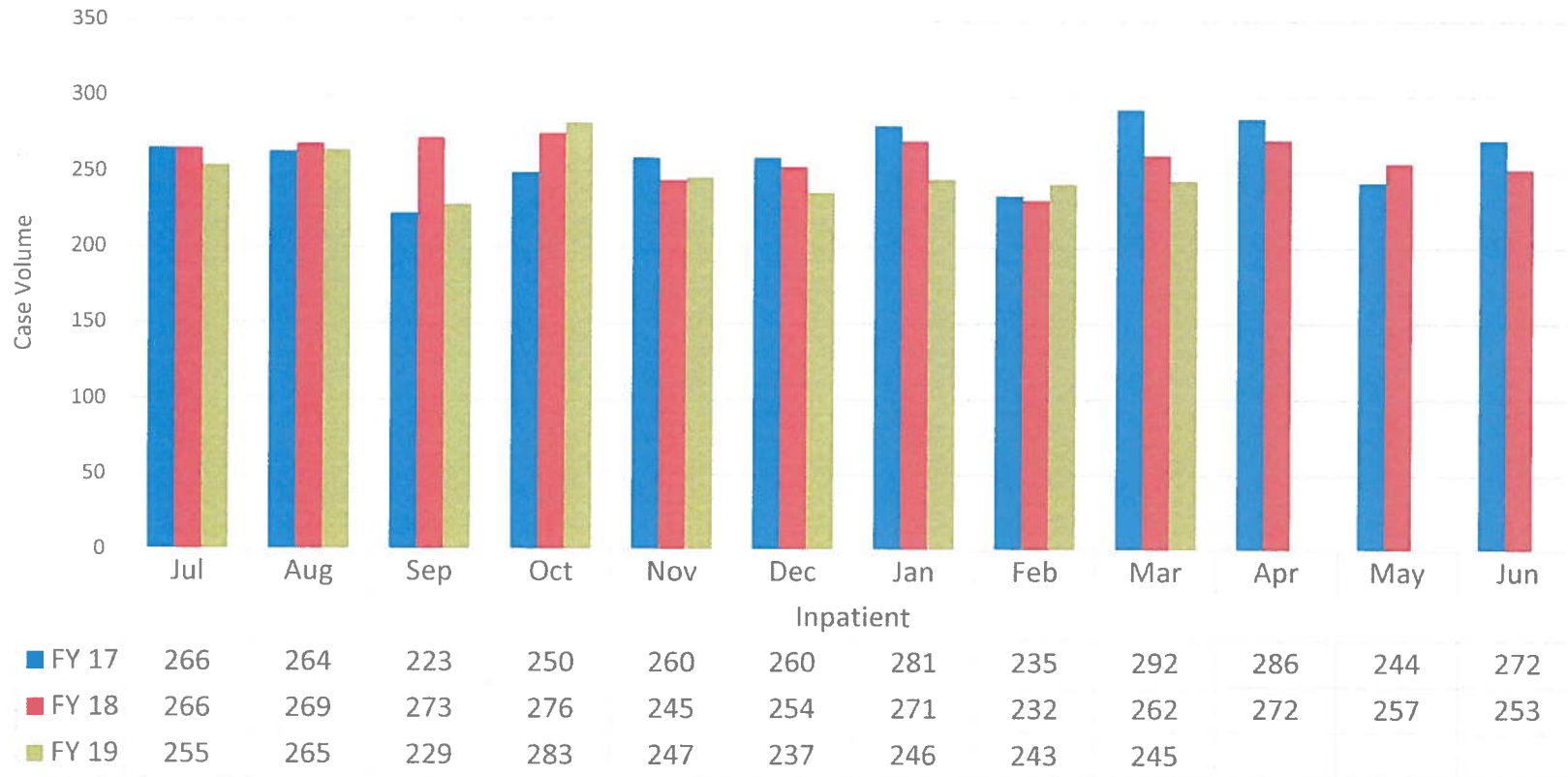
PERIOPERATIVE TRACKING

| Perioperative Tracking | | | | | | | | | | | | | | |
|------------------------------------|-------------------|------------|------|-------------------|---|------|------|----|--------------------------|-------------|------------------|--------------------------|---------------|-----|
| Filter: OR - Today Total Cases: 20 | | | | | | | | | | | | | | |
| Add On | Start | Patient | Allg | Age / Sex | Procedures | Srgn | Anes | HO | Status | Surgeon | Anesthesiologist | Circulator | Scrub | JII |
| + | 04/10/19 01:17:00 | [REDACTED] | 🟡 | 30 years / Male | Fiberoptic Intubation (Right); Tumor Debulking (Left) | | | | Anesthesia Stop | Chaya, N | Chaya, N | Camera, E | Green, B | |
| | 04/10/19 10:12:00 | [REDACTED] | 🔴 | 44 years / Male | Knee Arthroplasty Unicompartment (Right); Anes - Femoral Nerve Block Single (Right) | ✓ | ✓ | ✓ | Anesthesia Start | Amory, D | Elchico, E | Fritz, A | Darrah, K | ✓ |
| | 04/10/19 13:00:00 | [REDACTED] | 🟡 | 60 years / Female | Cervical Discectomy/Fusion Anterior 1-2 Levels (N/A) | | | | PreOp Education Complete | Stern, M | | | | |
| OR 05 (1 case) | | | | | | | | | | | | | | |
| | 04/10/19 12:15:00 | [REDACTED] | 🟡 | 32 years / Male | Xi Laparoscopic Repair Hernia Inguinal with Robotic Assist (Bilateral) | | | | PreOp Education Complete | Fierer, A | | | | |
| OR 06 (1 case) | | | | | | | | | | | | | | |
| | 04/10/19 07:02:00 | [REDACTED] | 🟡 | 88 years / Male | Coronary Artery Bypass Graft with Endo Vein Harvest (N/A), Anes - Arterial Line Placement (Right); Anes - Pulmonary Artery Catheter Placement (Right); Transesophageal Echogram (Right) | | | | PreOp Education Start | Gramms, D | Lee, D | Luedke, L; Garcia, I | Pisco-Garcia, | |
| OR 07 (1 case) | | | | | | | | | | | | | | |
| + | 04/10/19 11:45:00 | [REDACTED] | 🔴 | 60 years / Female | Esophagogastroduodenoscopy (N/A) | | | | | Viernes, M | | | | |
| OR 08 (1 case) | | | | | | | | | | | | | | |
| | 04/10/19 08:45:00 | [REDACTED] | 🟡 | 48 years / Female | Reconstruction Cheek (N/A) "right upper lip" | ✓ | ✓ | ✓ | PreOp Education Start | D'Souza, G | Cheung, P | Klotzly, B; Mabunay, M | Lopez, L; Sch | |
| OR 10 (2 cases) | | | | | | | | | | | | | | |
| + | 04/10/19 05:14:00 | [REDACTED] | 🟡 | 56 years / Female | Acquisition Organ and Tissue (N/A) | | | | Anesthesia Stop | Surginet, O | Chaya, N | Camera, E; Pirouzfard, A | Brown, S; Gre | |
| + | 04/10/19 17:00:00 | [REDACTED] | 🔴 | 89 years / Female | Insertion Trochanteric Nail (Right) | | | | | Amory, D | | | | |
| OR C-SECT (1 case) | | | | | | | | | | | | | | |



INPATIENT

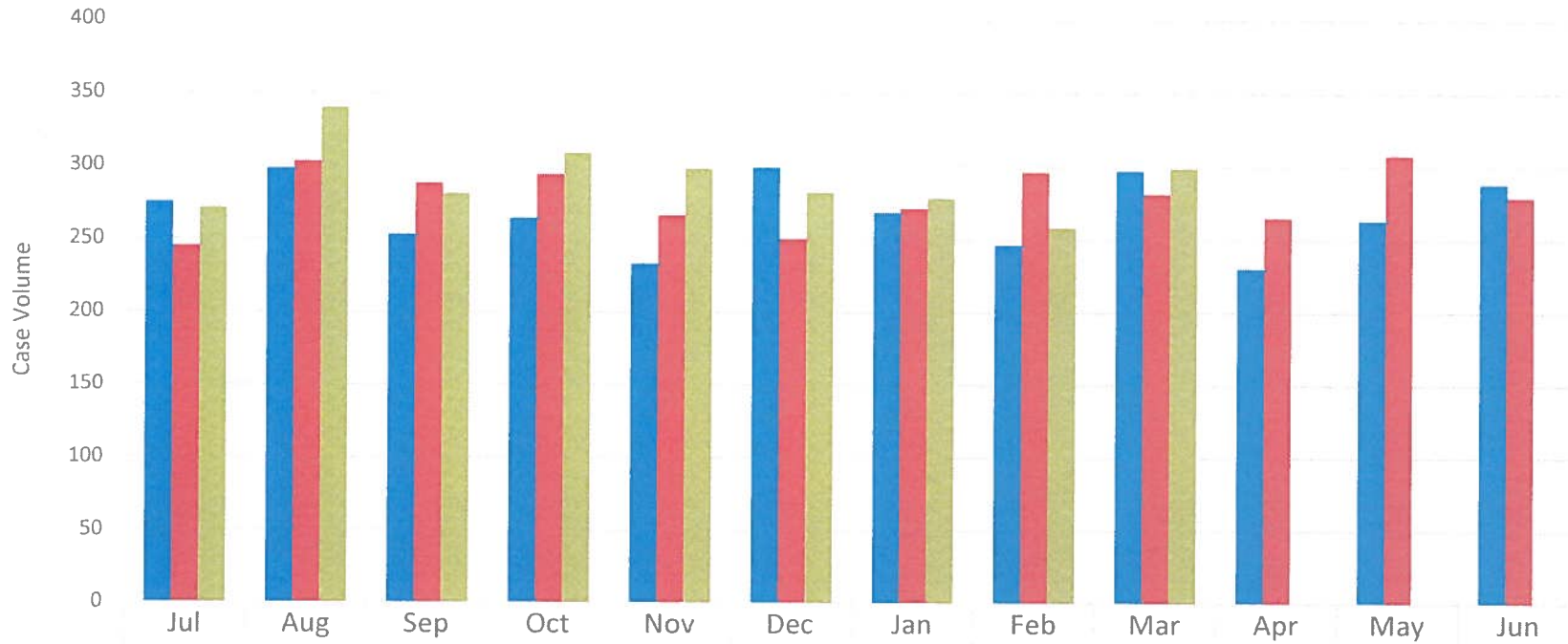
OR Activity Inpatients FY17- YTD





OUTPATIENT

OR Activity Inpatients FY17- YTD



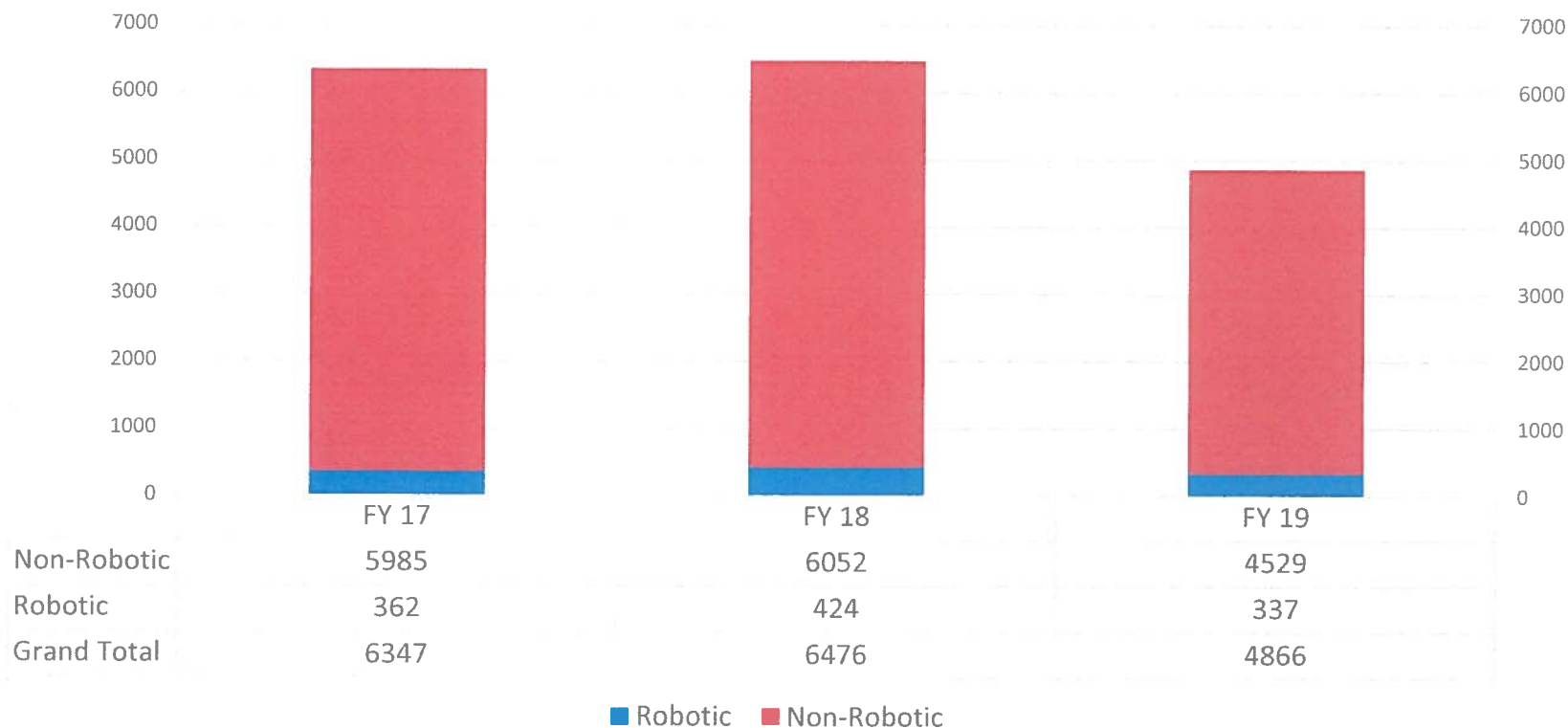
Outpatient

| | | | | | | | | | | | | |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| FY 17 | 275 | 298 | 253 | 264 | 233 | 299 | 268 | 246 | 297 | 230 | 263 | 288 |
| FY 18 | 245 | 303 | 288 | 294 | 266 | 250 | 271 | 296 | 281 | 265 | 308 | 279 |
| FY 19 | 271 | 340 | 281 | 309 | 298 | 282 | 278 | 258 | 299 | | | |



SURGICAL VOLUME OVERALL

OR Activity-Total Cases- All Specialties





Future

- Covidien Suture conversion

- Community works
 - Procedure Dictionary
 - Preference card
 - Supply charges

- Patient warming

- Continue review of contracts
 - Service
 - Provider

Finance, Operations and Planning Committee

Date of Meeting: May 23, 2019

Work Plan:

Wellness Center Update:

PowerPoint Presentation

Scott Livingstone, Chief Operating Officer



Financial Information

TCMC Days in Accounts Receivable (A/R)

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | C/M YTD Avg | Goal Range |
|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------|---------------|
| FY19 | 51.0 | 48.5 | 50.3 | 49.5 | 52.3 | 56.5 | 58.9 | 56.7 | 57.0 | 50.5 | | | 53.1 | 48-52 |
| FY18 | 47.7 | 47.8 | 48.9 | 50.8 | 49.6 | 49.5 | 49.8 | 47.2 | 46.8 | 47.0 | 46.6 | 45.8 | 48.5 | |

TCMC Days in Accounts Payable (A/P)

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | C/M YTD Avg | Goal Range |
|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------|---------------|
| FY19 | 84.9 | 86.5 | 90.2 | 91.4 | 92.5 | 87.8 | 93.1 | 92.2 | 83.6 | 84.1 | | | 88.6 | 75-100 |
| FY18 | 82.1 | 79.1 | 78.8 | 83.4 | 87.7 | 81.3 | 82.9 | 85.2 | 78.8 | 83.2 | 89.2 | 83.0 | 82.2 | |

TCHD EROE \$ in Thousands (Excess Revenue over Expenses)

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | C/M YTD | C/M YTD Budget |
|------|---------|---------|---------|---------|-----------|---------|-----------|---------|---------|---------|---------|---------|------------|-------------------|
| FY19 | (\$478) | (\$121) | \$119 | \$254 | \$342 | \$236 | (\$527) | \$99 | \$206 | \$885 | | | \$1,015 | \$3,386 |
| FY18 | (\$394) | (\$429) | (\$224) | (\$171) | (\$2,571) | (\$383) | (\$1,242) | (\$542) | (\$337) | (\$679) | (\$408) | \$3,118 | (\$6,972) | |

TCHD EROE % of Total Operating Revenue

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | C/M YTD | C/M YTD Budget |
|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|------------|-------------------|
| FY19 | -1.64% | -0.39% | 0.41% | 0.86% | 1.19% | 0.79% | -1.76% | 0.34% | 0.67% | 2.89% | | | 0.34% | 1.16% |
| FY18 | -1.33% | -1.39% | -0.76% | -0.55% | -9.47% | -1.26% | -3.94% | -1.86% | -1.09% | -2.31% | -1.31% | 9.07% | -2.33% | |

Financial Information

TCHD EBITDA \$ in Thousands (Earnings before Interest, Taxes, Depreciation and Amortization)

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | C/M YTD | C/M YTD Budget |
|------|-------|---------|---------|---------|-----------|---------|-------|---------|---------|---------|-------|---------|------------|-------------------|
| FY19 | \$796 | \$1,168 | \$1,417 | \$1,561 | \$1,618 | \$1,544 | \$826 | \$1,468 | \$1,548 | \$2,219 | | | \$14,165 | \$16,933 |
| FY18 | \$898 | \$864 | \$1,091 | \$1,146 | (\$1,288) | \$908 | \$81 | \$751 | \$963 | \$571 | \$900 | \$4,407 | \$5,985 | |

TCHD EBITDA % of Total Operating Revenue

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | C/M YTD | C/M YTD Budget |
|------|-------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|--------|------------|-------------------|
| FY19 | 2.73% | 3.81% | 4.90% | 5.28% | 5.65% | 5.20% | 2.76% | 5.07% | 5.00% | 7.25% | | | 4.77% | 5.81% |
| FY18 | 3.03% | 2.80% | 3.69% | 3.66% | -4.74% | 2.99% | 0.26% | 2.57% | 3.13% | 1.95% | 2.90% | 12.82% | 2.00% | |

TCMC Paid FTE (Full-Time Equivalent) per Adjusted Occupied Bed

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | C/M YTD | C/M YTD Budget |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------------|-------------------|
| FY19 | 6.73 | 6.70 | 6.75 | 6.98 | 7.82 | 6.50 | 6.68 | 6.52 | 6.71 | 7.27 | | | 6.86 | 6.65 |
| FY18 | 6.51 | 5.92 | 6.90 | 6.26 | 6.50 | 6.43 | 5.95 | 5.99 | 5.86 | 6.29 | 6.43 | 6.43 | 6.25 | |

TCHD Liquidity \$ in Millions (Cash + Available Revolving Line of Credit)

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | | |
|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|
| FY19 | \$50.0 | \$49.5 | \$49.3 | \$48.1 | \$37.5 | \$29.5 | \$36.3 | \$32.9 | \$20.6 | \$40.7 | | | | |
| FY18 | \$58.5 | \$49.8 | \$42.3 | \$48.2 | \$58.6 | \$54.5 | \$54.7 | \$53.1 | \$49.4 | \$42.7 | \$41.5 | \$52.8 | | |