TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
May 30, 2019 – 2:00 o'clock p.m.
Classroom 7 - Eugene L. Geil Pavilion
Open Session – Assembly Rooms 1, 2 & 3
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 Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda		
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Closed Session portion of the Agenda. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors.	3 min.	Standard
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	1.5 Hours	
	a. Conference with Legal Counsel – Existing Litigation (Authority Government Code Section 54956.9(d)1, (d)4 1) Medical Acquisition Company vs. Tri-City Healthcare District Case No: 2014-00009108 2) Tri-City Healthcare District vs. Medical Acquisition Company Case No: 2014-00022523 3) Marcie Dewri v. Tri-City Medical Center, et al. Case No. 37-2018-00039164-CU-WT-NC		
	b. Conference with Legal Counsel – Potential Litigation (Authority: Government Code, Section 54956.9(d) 2 (1 Matter)		
	c. Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees (Authority: Health & Safety Code, Section 32155)		

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.

	Agenda Item	Time Allotted	Requestor
	d. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: TBD		
	e. Approval of prior Closed Session Minutes	5 min.	
	f. Public Employee Evaluation: CEO (Authority: Government Code, Section 54957)		
	g. Public Employee Evaluation: Board Counsel (Authority: Government Code, Section 54957)		
7	Motion to go into Open Session		
8	Open Session		
	Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.		
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
10	Roll Call / Pledge of Allegiance	3 min.	Standard
11	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
12	Special Recognitions – Nurses and Support Staff of the Year for 2019 a) Inpatient – Sarah A. Mata, RN, AND (PACU) b) Outpatient – Julie O. Nacional, RN (Home Health) c) Patient Care Support Staff – Jake Cuevas (Surgical Services/OR)	10 min.	CNE
13	Report from TCHD Auxiliary – Mary Gleisberg, President	10 min.	Standard
14	April 2019 Financial Statement Results	10 min.	CFO
15	New Business a) Consideration to approve an independent Physician Recruitment Agreement with Dr. Arash Calafi, Foot & Ankle Specialist in an amount not to exceed $835,000. a) Consideration to certify SEIU-UHW as the exclusive bargaining representative for Occupational Therapists, Physical Therapists and Social Workers in Home Health	5 min. 5 min.	Sr. Dir. Busi. Develop. SVP-HR

	Agenda Item	Time Allotted	Requestor
	b) Consideration to certify CNA as the exclusive bargaining representative for Registered Nurses in the Outpatient Infusion Center	5 min.	SVP-HR
16	Old Business – None	---	---
17	Chief of Staff a) Consideration of May 2019 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on May 28, 2019. b) Consideration of Family Medicine Privilege Card Revision	10 min.	Chief of Staff
18	Consideration of Consent Calendar **Administrative & Board Committees** ***(1) All Committee Chairs will make an oral report to the Board regarding items being recommended if listed as New Business or pulled from Consent Calendar.*** ***(2) All items listed were recommended by the Committee.*** ***(3) Requested items to be pulled require a second.*** **(1) Administrative Committee** **a) Patient Care Policies & Procedures** 1) Assessing and Managing Patients at Risk for Suicide Policy 2) Labeling Medication on and off the Sterile Field Procedure 3) Physician/Allied Health Professionals (AHP) Orders for Outpatient Services **b) Administrative** 1) 340B Outpatient Drug Pricing Program 2) Overview of Hospital's 340B Obligations (DELETE) 3) Monitoring Licenses, Professional Registrations and Certificates 430 4) Portable Space Heaters, Use of Policy 247 **c) Cardiology** 1) Cardiac Stress Test **d) CAT Scan** 1) Protocols for IV and Oral Contrast GE 64 Slice CT Procedure **e) NICU** 1) Orientation of the Professional Nursing Staff to the NICU **f) Women and Newborn Services** 1) Circumcision (DELETE) **g) Formulary Requests** 1) Kcentra (4F-PCC) (add to Formulary) 2) Profilnine (3F-PCC) (remove from Formulary)	5 min.	Standard

	Agenda Item	Time Allotted	Requestor
	(2) Board Committees		
	A. Community Healthcare Alliance Committee Director Chavez, Committee Chair *(Committee minutes included in Board Agenda packets for informational purposes)*		CHAC Comm.
	B. Finance, Operations & Planning Committee Director Nygaard, Committee Chair Open Community Seats – 1 *(Committee minutes included in Board Agenda packets for informational purposes)*		FO&P Comm.
	1) Approval of an agreement with the various carriers as reflected on the accompanying Executive Summary through McGriff Insurance Services, Inc. for a term of 12 months beginning July 1, 2019 through June 30, 2020 for a total annual/term cost of $1,699,896.		
	2) Approval of an agreement with Land Graphics 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.		
	3) Approval of an 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.		
	4) Approval of an agreement with PepsiCo Food Service for beverages and snacks for a term of 36 months, beginning June 1, 2019 through 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.		
	5) Approval of an agreement for Cardiovascular Institute Co-Management for a term of 36 months, beginning July 1, 2019 through 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.		
	6) Approval of an agreement with Dr. Richard Smith for Infection Control for a term of 36 months, beginning July 1, 2019 through 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.		
	7) Approval of an agreement with Dr. Dennis Ordas for the Outpatient Behavioral Health Co-Medical Directorship for a term of 25 months, beginning June 1, 2019 through June 30, 2021 for a total cost for the term of $236,175.		
	8) Approval of an agreement with Dr. Martina Klein for the Outpatient Behavioral Health Co-Medical Directorship for a term of 25 months, beginning June 1, 2019 through June 30, 2021, for a total cost for the term of $135,580.		
	9) Approval of an agreement with North County Neonatology		

	Agenda Item	Time Allotted	Requestor
	Specialists for a term of 36 months, beginning July 1, 2019 through June 30, 2022, for a cost of $27,70 per month, for a total cost for the term of $999,750. 10) Approval of an agreement with Dr. Henry Showah, Coverage Physician for Inpatient Wound Care for a term of 12 months from May 1, 2019 through April 30, 2020, not to exceed an average of 20 hours a month at an hourly rate of $180 for a total annual and term cost of $43,200. 11) Approval of an agreement with Dr. Henry Showah, Coverage Physician for Outpatient Wound Care/HBO for a term of 12 months from May 1, 2019 through 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. 12) Approval of an agreement with Dr. Sharon Slowik as the Coverage Physician for Inpatient Wound Care for a term of 12 months from May 1, 2019 through 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. 13) Approval of an agreement with Dr. Sharon Slowik, Coverage Physician for Outpatient Wound Care/HBO for a term of 12 months from May 1, 2019 through 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. 14) Approval of an agreement with Drs. Berry, Jacobs, Kushnaryov, MacEwan, and Reisman as the ENT-Otolaryngology ED On Call Coverage Physicians for a term of 24 months, beginning July 1, 2019 through June 30, 2021 at a daily rate of $650, for a term cost of $475,150. 15) Approval of an agreement with Drs. Deemer, Fierer, Gandhi, Hanna, Rypins, Toosie and Jamshidi-Nezhad, as the General Surgery ED Call Coverage Physicians for a term of 24 months, beginning August 1, 2019 through 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 47565: $1,144.51/case and code 47550$168.05) at an expected cost for these unfunded cases for the term of $65,325.60. 16) Approval of an agreement with Drs. Deemer and Jamshidi-Nezhad as the Vascular Surgery ED-Call Coverage Physicians for a term of 36 months, beginning July 1, 2019 through June 30, 2022, at a daily rate of $750 for a term cost of $822,000. 17) Approval of a lease agreement for Suite 205 in the Carlsbad Wellness Center MOB located at 6260 El Camino Real, Carlsbad, CA 92009, with Jeffrey T. Knutzen, DDS, for a ten-year term (120 months), at the rate of $8,785 per month, increasing base rent 3% yearly, and with a total credit from the landlord not to exceed $244,904.		

	Agenda Item	Time Allotted	Requestor
	C. Professional Affairs Committee Director Reno, Committee Chair *(No meeting held in May, 2019)*		PAC
	D. Audit, Compliance & Ethics Committee Director Schallock, Committee Chair Open Community Seats – 2 *(No meeting held in May, 2019)*		Audit, Comp. & Ethics Comm.
	E. Ad Hoc Board Bylaw & Policies Committee 1) 19-002 Consent Calendar of the Board of Directors 2) 19-009 Requests for Information or Assistance by Board Members 3) 19-010 Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings, Role and Powers of Chairperson 4) 19-011 Placement of Items on Committee Agendas 5) 19-012 Board of Directors Self Evaluation 6) 19-018 Public Comments at the Tri-City Healthcare District Board of Directors Meetings/Committee Meetings 7) 19-019 Use of Teleconferencing for Board Meetings 8) 19-020 Business Expense Reimbursement: Ethics Training 9) 19-024 Distribution of Documents at Public Meetings 10) 19-028 Authorizing Directors to Represent the District in Advocacy 11) 19-029 Protest or Demonstration on District Property Outside of Public Meetings 12) 19-035 Filling Board Vacancies 13) 19-037 Chief Executive Officer Succession Planning Policy 14) 19-038 Medical Staff Liability Insurance Requirements		Ad Hoc Comm.
	(3) Minutes – Approval of: a) Regular Board of Directors Meeting – April 25, 2019 b) Special Board of Directors Meeting – April 30, 2019 c) Special Board of Directors Meeting – May 16, 2019 (4) Meetings and Conferences – None (5) Dues and Memberships - None		Standard
19	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
20	Reports (Discussion by exception only) (a) Dashboard – Included (b) Construction Report – Included (c) Lease Report – (April, 2019) (d) Reimbursement Disclosure Report – April, 2019) (e) Seminar/Conference Reports - None	0-5 min.	Standard
21	Comments by Members of the Public NOTE: Per Board Policy 19-018, members of the public may have three (3) minutes, individually and 15 minutes per subject, to address the Board on any item not on the agenda.	5-10 minutes	Standard
22	Comments by Chief Executive Officer	5 min.	Standard

	Agenda Item	Time Allotted	Requestor
23	Board Communications (three minutes per Board member)	18 min.	Standard
24	Report from Chairperson 1) Regular Meeting – June 27, 2019 – Time Change to 12:00 noon p.s.t 2) Regular Meeting – July 25, 2019 – Meeting Cancelled	3 min.	Standard
25	Total Time Budgeted for Open Session	2 hours	
26	Adjournment		

EDUCATION :

2018-Current	Foot & Ankle Fellowship University of Washington, Harborview Medical Center
2013-2018	Orthopedic Surgery Residency University of California, Davis -Elected Chief Resident 2017-2018 -Outstanding Resident of the Year 2017-2018
2008-2013	University of California, San Diego School of Medicine Doctor of Medicine
2005-2007	University of California, Berkeley. Berkeley, CA Major: Molecular and Cell Biology (Cell and Developmental biology emphasis), GPA 3.98/4.0 -Graduated with Highest Honors in general scholarship (Summa Cum Laude), and Departmental Honors -Senior Honors Thesis and Honors Program
2003-2005	University of California, Irvine Biological Sciences GPA 4.0/4.0
1999-2003	University High School. Irvine, CA High School diploma, GPA 3.9/4.0 Graduated with California Scholarship Federation honors

EXPERIENCES:

2017-2018	**Chief Resident, UC Davis Medical Center Department of Orthopedics** Nominated by residents and faculty committee. Roles included: establishing the monthly on-call schedule for the department and maintaining appropriate resident coverage at all times, coordinating weekly resident didactic sessions, monthly Journal Club meetings, spring anatomy sessions, and organizing and leading OITE review sessions. Participated in residency application review and interviews. Represented residents at departmental, hospital, and other meetings. Established policies with Program Director/Education Programs Manager to improve resident processes.

2011-2012 **Julius-Wolff Institute of the Brandenburg Center of Regenerative Therapies (Charité – Universitätsmedizin Berlin, Germany)**
Research conducted with Dr. Britt Wildemann investigating in-vivo sustained-release models used for antibiotics and growth factors for orthopedic implant applications. The ultimate goal of this work is to prevent implant-related infections and improve fracture healing in trauma patients.

2009 **Moore's Cancer Center (UC San Diego) Summer Research Fellow (Cheresh Lab, La Jolla, CA)**
Under a NIH medical student grant, I investigated the role of micro RNA 132 in regulation of Ras GAP (RASA1) and its cell-signaling effects on tumor angiogenesis.

2007-2008 **Max Planck Institute for Biochemistry (Fässler Lab, Munich, Germany)**
Under a year-long DAAD scholarship, I conducted research with Dr. Attila Aszodi, investigating the role of Rho GTPases in growth plate formation and subsequent bone development. We created a transgenic mouse model using the Cre-lox system to selectively knockout RhoA in cartilage.

2006 **UC Davis Medical Center Internship in Orthopedic research (Reddi Lab, UC Davis)**
- Completed a project titled: "Insulin and Insulin Like Growth Factors (IGF-1 and II) and Its Supplement Regulate Superficial Zone Protein (SZP) In Articular Cartilage Surface Chondrocytes"

2005-2007 **Undergraduate Researcher in Molecular Biology (Schaffer Lab, UC Berkeley)**
- Involved in research project dealing with HIV Clad diversity and viral stochastic behavior
- Skills involved include flow cytometry, cell culture, bacterial cloning, and genetic engineering techniques
- Completed Senior Honor thesis entitled "Molecular Mechanisms of HIV-1 Latency: Stochastics in Gene Expression and Chromatin Regulation "

PUBLICATIONS:

1. **Calafi A**, Skaggs A, Shelton TJ, Haus BM. Bilateral Destructive Hip Disease from Untreated Juvenile Idiopathic Arthritis: A Case Report. Accepted for publication in Case Reports in Orthopedics

2. Monazzam S, Williams KA, Shelton TJ, **Calafi A**, Haus BM. Anterior Center-Edge Angle on sagittal CT: A comparison of normal hips to dysplastic hips. Hip Int. 28(5)L 535-541 (2018)

3. Singh A, **Calafi A**, Diefenbach C, Kreulen C, Giza E Noninsertional Tendinopathy of the Achilles.Foot Ankle clin. 22(4):745-760 (2017)

4. Back DA, Bormann N, **Calafi A**, Zech J, Garbe LA, Müller M, Willy C, Schmidmaier G, Wildemann B. Testing of antibiotic releasing implant coatings to fight bacteria in combat associated osteomyelitis-an in-vitro study. Int Orthop. 40(5):1039-47 (2016)

5. **Calafi A**, Bormann N, Scharnweber D, Rentsch B, Wildemann B. A new concept for a drug releasing modular scaffold. Mater. Lett 119:119-122 (2014)

6. Burnett JC, Lim K, **Calafi A**, Rossi J, Schaffer DV, Arkin, A. Combinatorial Latency Reactivation for HIV-1 Subtypes and Variants. J Virol. 84(12): 5958-5974 (2010)

ABSTRACTS

1. Monazzam S, Williams K, **Calafi A**, Shelton T, Haus B. *Normal anterior center edge angle on Sagittal Computed Tomography: A study of 320 patients* Publication Status: POSNA 2017 Poster

2. Monazzam S, **Calafi A**, Haus B. *The Use of Preoperative 3D Modeling and Printing for guiding Peri-Acetabular Osteotomy in Hip Dysplasia.* Status: POSNA 2017 Poster

POSTER PRESENTATIONS:

1. **Calafi A**, Anand S, Cheresh D. Characterization of targets of an angiogenic microRNA, mir-132, in human endothelial cells. UCSD NIH Medical Student Conference. 2010, January 7, La Jolla, CA.

2. **Calafi A**, Chiu S, DuRaine G, Yamane S, Reddi AH. Insulin and Insulin-like growth factors (IGF-I and II) and its supplement regulate superficial zone protein (SZP) in articular cartilage surface chondrocytes. 5th Annual California Tissue Engineering Meeting. 2006, September 15-16. Davis, CA

HONORS AND AWARDS:

2018	Outstanding Resident of the Year, 2017-2018 (UC Davis Department of Orthopedic Surgery)
2018	Outstanding Senior Resident Research Award (UC Davis Department of Orthopedic Surgery)
2011	DAAD (German Academic Exchange Service) Graduate Scholarship (Julius Wolff Institute, Berlin)

2009	NIH Medical Student Summer Research Award
2007	Phi Beta Kappa Honor Society Induction
2007	I.L. Chaikoff Award for Neurobiology and Cell & Developmental Biology (UC Berkeley)
2007	DAAD (German Academic Exchange Service) Undergraduate Scholarship (Max Planck Institute, Berlin)
2006	UC Davis Medical Center Orthopedic Research Grant
2003-2005	Big West Scholar-Athlete (men's crew), UC Irvine
2003-2007	Dean's Honor List, UC Irvine/UC Berkeley

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 (Food & 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

ion:

ove 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).

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF INITIAL CREDENTIALS REPORT
May 8, 2019

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 05/31/2019 – 04/30/2021)

Any items of concern will be "red" flagged in this report. Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following physicians have met the basic requirements of staff and are therefore recommended for appointment effective 05/31/2019 through 04/30/2021:

- **BANSAL, Ankush MD/Pain Management (Coastal Pain)**
- **KOTAK, Kamal MD/Cardiology (So. California Heart Rhythm)**
- **LIU, Collins MD/Neurology (North County Neurology)**
- **LORENTS, Evelyn MD/Teleradiology (StatRad)**
- **MADHAV, Kinjal MD/Sleep Medicine (North County Neurology)**
- **SCHOENMAN, Erich DO/Teleradiology (StatRad)**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – 1 of 4
May 08, 2019

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 06/01/2019 -05/31/2021)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 06/01/2019 through 05/31/2021, based upon practitioner specific and comparative data profiles and reports demonstrating ongoing monitoring and evaluation, activities reflecting level of professionalism, delivery of compassionate patient care, medical knowledge based upon outcomes, interpersonal and communications skills, use of system resources, participation in activities to improve care, blood utilization, medical records review, department specific monitoring activities, health status and relevant results of clinical performance:

- AFRA, Robert, MD/Orthopedic Surgery/Active Affiliate
- AJIR, Mahyar, DO/Family Medicine/Refer and Follow
- BIRHANIE, Melaku, MD/Internal Medicine/Active
- BURKE, Michael, MD/Interventional Radiology/Active
- DEEMER, Andrew, MD/General and Vascular Surgery/Active
- DILLMAN, Ariana, MD/Emergency Medicine/Active
- ETEDALI, Elaheh, DO/Family Medicine/Refer and Follow
- FRAKES, Laurie, MD/Oncology/Active
- HODSMAN, Hugh, MD/Family Medicine/Refer and Follow
- HWANG, Janice, MD/Teleradiology/Provisional
- JAMSHIDI-NEZHAD, Mohammad,DO/General and Vascular Surgery/Active
- JOHNSON, William, MD/Diagnostic Radiology/Active
- MCGRAW, Jr., Charles, MD/Interventional Radiology/Active
- NOUD, Michael, MD/Interventional Radiology/Active
- PAL, Joshua, MD/Pain Medicine/Refer and Follow
- PATEL, Kiran, MD/Diagnostic Radiology/Active
- PAVEGLIO, Kathleen, MD/Cardiology/Active
- PURCOTT, Kari, MD/Obstetrics & Gynecology/Active

Attachment B

- STARK, Erik, MD/Orthopedic Surgery/Active
- TOMANENG, Neil, MD/Emergency Medicine/Active
- WORMAN, Scott, MD/Family Medicine/Active
- ZHAO, Zhong, MD/Internal Medicine/Provisional

RESIGNATIONS: (Effective date 05/31/2019 unless otherwise noted)

Voluntary:

- CHABALA, James, MD/Family Medicine
- KORABATHINA, Kalyani, MD/Neurology
- MELLOS, Nick, MD/Psychiatry
- MOZAYAN-ISFAHANI, Arash, MD/Ophthalmology
- POSADAS, Emerito, MD/Pediatrics
- PARK, Grace, MD/Anesthesiology
- WILSON, Deisha, DO/Family Medicine

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3
May 8, 2019

REQUEST FOR EXTENSION OF PROCTORING REQUIREMENT

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring, and given an additional six month period after that one. These practitioners failed to meet the proposed deadline and are approved for an additional 3 months to complete their proctoring for the privileges listed below. Failure to meet the proctoring requirement by ***August 31, 2019*** would result in these privileges automatically relinquishing.

- AHMED, Mohammed, MD — Psychiatry
- BEN-HAIM, Sharona, MD — Neurosurgery
- KELLY, Jon, MD — Orthopedic Surgery
- MADANI, Michael MD — Cardiothoracic Surgery
- MITCHELL, Charles, MD — Radiology
- PERRICONE, Anthony, MD — Cardiothoracic Surgery
- PONEC, Donald MD — Radiology
- PRETORIUS, Gert, MD — Cardiothoracic Surgery
- REEN, Sandeep, MD — Family Medicine
- THISTLETHWAITE, Patricia MD — Internal Medicine

ADDITIONAL PRIVILEGE REQUEST (Effective 5/31/2019, unless otherwise specified)

The following practitioners requested the following privilege(s) and met the initial criteria for the privilege(s):

- SEBAHAR, Michael J., MD — Pain Medicine
- SIRAVO, Bianca CNM — Allied Health Professional
- TUNG, Howard, MD — Neurosurgery

VOLUNTARY RELINQUISHMENT OF PRIVILEGES (Effective 5/31/2019, unless otherwise specified)

The following practitioners are voluntarily relinquishing the following privileges.

- DHILLON-ASHLEY, Tina J. MD — OB/GYN

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3
May 8, 2019

STAFF STATUS CHANGE

- **SEBAHAR, Michael J., MD** — **Pain Medicine**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3
May 8, 2019

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- AHMED, Mohammed, MD — Psychiatry
- BEN-HAIM, Sharona, MD — Neurosurgery
- KELLY, Jon, MD — Orthopedic Surgery
- MADANI, Michael MD — Cardiothoracic Surgery
- MITCHELL, Charles, MD — Radiology
- PERRICONE, Anthony, MD — Cardiothoracic Surgery
- PONEC, Donald MD — Radiology
- PRETORIUS, Gert, MD — Cardiothoracic Surgery
- REEN, Sandeep, MD — Family Medicine
- THISTLETHWAITE, Patricia MD — Internal Medicine

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The following practitioners requested the following privilege(s) and met the initial criteria for the privilege(s):

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Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3
May 8, 2019

STAFF STATUS CHANGE

- **SEBAHAR, Michael J., MD** — **Pain Medicine**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
CREDENTIALS COMMITTEE REPORT – Part 3 of 3
May 8, 2019

PROCTORING RECOMMENDATIONS (Effective 5/31/2019, unless otherwise specified)

None

Tri-City Medical Center
MEDICAL STAFF

Clinical Privilege Request Form

Family Medicine - (Revised ~~3/07~~4/19)

Provider Name:

Request	Privilege

CERTIFICATION: The Department of Family Medicine consists of members who have successfully completed an accredited residency program in Family Medicine and are Board Certified or Board Eligible in Family Medicine, or have successfully completed comparable training. This would include Doctors of Osteopathy who have been Board Certified or are Board Eligible by the American Osteopathic Board of General Practitioners or its equivalent.

FAMILY MEDICINE

Physicians requesting Family Medicine privileges are qualified to admit and care for patients with medical problems without consultation. They are expected to have training and/or experience on a level commensurate with that provided by a residency in the specialty of Family Medicine or its equivalent. Physicians are qualified to write History and Physicals, Consult notes for inpatients, outpatients, Emergency Room patients, and pre-op. Family Medicine Physicians are expected to ask for consultation when:

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

SITES:
All privileges may be performed at 4002 Vista Way, Oceanside, CA 92056.
Privileges annotated with (F) may be performed at 3925 Waring Road, Suite C, Oceanside CA 92056.

ADULT PRIVILEGES

___ Admit adult patients
Proctoring: First initial six (6) cases must be proctored by a member of the Department of Family Medicine. If admitting into ACCU or IMC, two (2) of the six (6) must be concurrent ICU/Telemetry cases, all other cases may be concurrently or retroactively reviewed.

___ Adult consultation, including via telemedicine (F)
Proctoring: Subject to release of proctoring once initial six (6) cases have been proctored.

___ Adult history and physical examination, including via telemedicine (F)
Proctoring: If physician is applying for H&P privileges only, proctoring requirements may be satisfied by submitting six (6) H&P's for retrospective or concurrent review.

___ Refer and Follow
Physicians with this privilege may refer patients to the hospital and follow their progress, but an attending physician would provide necessary care. This privilege will allow the physician to visit patients, read records, and refer patients to specialists. SELECTION OF THIS PRIVILEGE IS EXCLUSIVE. NO OTHER PRIVILEGES MAY BE REQUESTED IN CONJUNCTION WITH THE REFER AND FOLLOW PRIVILEGE. *REFER AND FOLLOW IS NOT A CLINICAL PRIVILEGE*

___ Sleep Tests/Polysomnography
Initial Criteria: Must be Board Certified in Sleep Medicine

___ Surgical Assistant

Provider Name:

Request	Privilege

Criteria: (Policy 536)
1. Letter(s) of reference from individual responsible for formal training and/or a surgeon who is familiar with the physician's experience as a surgical first assistant; AND
2. Completion of a surgical residency from a program accredited by the Accreditation Council for Graduate Medical Education; OR
3. Completion of a surgical rotation during internship training of at least six weeks duration; OR
4. A licensed Doctor of Podiatric Medicine (licensed after 1984)

Proctoring: A minimum of (3) cases in which the physician acts as the surgical first assistant shall be proctored by the primary surgeon. There should be at least two different primary surgeons.

Reappointment: A minimum of (3) cases as a surgical first assistant should be performed during the two-year reappointment cycle.

PROCEDURES

___ Incision and Drainage
Proctoring: (1) case needs to be proctored

___ Closure of simple lacerations
Proctoring: (1) case needs to be proctored

___ Excision or biopsy of skin or subcutaneous tumor
Proctoring: (1) case needs to be proctored

___ Removal of foreign body by speculum, forceps or superficial incision

___ Removal of Corneal foreign body by superficial curettage
Proctoring: (1) case needs to be proctored

___ Evacuation of thrombosed hemorrhoids
Proctoring: (1) case needs to be proctored

___ ~~Thoracentesis~~
~~Reappointment: (1) case required per every two year reappointment cycle~~

___ Paracentesis
Reappointment: (1) case required per every two year reappointment cycle

___ ~~Lumbar Puncture~~
~~Proctoring: N/A~~
~~Reappointment: (1) case required per every two year reappointment cycle~~

___ ~~Venous Cut down~~
~~Proctoring: (3) cases need to be proctored~~

___ ~~Proctosigmoidoscopy~~
~~Reappointment: (1) case required per every two year reappointment cycle~~

Tri-City Medical Center
MEDICAL STAFF

Clinical Privilege Request Form

Family Medicine - (Revised ~~3/07~~4/19)

Provider Name:

Request	Privilege

___ ~~Transcutaneous Insertion CVP Line~~
~~Proctoring: (2) cases need to be proctored~~
~~Reappointment: (1) case required per every two year reappointment cycle~~

___ ~~Insertion Arterial Line~~
~~Proctoring: (2) cases need to be proctored~~
~~Reappointment: (1) case required per every two year reappointment cycle~~

PEDIATRIC PRIVILEGES*Proctoring: At least (2) cases must be proctored by a Family Medicine physician who has been granted pediatric privileges, or a pediatrician.

___ Admit Pediatric Patients (includes newborns)
Proctoring: *See proctoring statement above

___ ~~Pediatric Consultation, including via telemedicine~~
~~Proctoring: *See proctoring statement above~~

___ Perform Pediatric History & Physical, including via telemedicine
Proctoring: *See proctoring statement above

PEDIATRIC PROCEDURES

___ ~~Lumbar puncture, pediatric~~
~~Proctoring: (1) case needs to be proctored~~
~~Reappointment: (1) case required per every two year reappointment cycle~~

___ IV Administration of Fluids and Electrolytes, pediatric

___ ~~Direct laryngoscopy, pediatric~~

___ ~~Newborn Circumcision~~
~~Proctoring: (1) case needs to be proctored~~
~~Reappointment: (1) case required per every two year reappointment cycle~~

___ ~~Standby for Pediatric Assistance (Delivery and C Section)~~
~~Initial Requirment: N.R.P. Certification is required for this privilege~~

___ ~~Endotracheal intubation, pediatric~~
~~Proctoring: (1) case needs to be proctored~~
~~Reappointment: (1) case required per every two year reappointment cycle~~

~~**OBSTETRICS**~~

~~*Proctoring: Members requesting obstetrical privileges must be proctored for at least five (5) cases by an Ob/Gyn or a Family Medicine physician who has been granted obstetrical privileges and has completed proctoring by demonstrating competency in these procedures.~~

Tri-City Medical Center
MEDICAL STAFF

Clinical Privilege Request Form

Family Medicine - (Revised ~~3/07~~4/19)

Provider Name:

Request	Privilege

~~Admit obstetrical patients~~
~~Proctoring: *See proctoring statement above~~

~~Obstetrical consultation, including via telemedicine (F)~~
~~Proctoring: *See proctoring statement above~~

~~Obstetrical history & physical examination, including via telemedicine (F)~~
~~Proctoring: *See proctoring statement above~~

~~Spontaneous, uncomplicated, term delivery~~
~~Proctoring: First (10) deliveries must be proctored~~
~~Reappointment: (4) cases required every year to maintain privilege~~

~~Simple Episiotomy~~
~~Proctoring: (2) cases need to be proctored~~
~~Reappointment: (2) cases required per every two year reappointment cycle~~

~~Spontaneous Removal of Placenta~~
~~Proctoring: (2) cases need to be proctored~~
~~Reappointment: (2) cases required per every two year reappointment cycle~~

~~Second Degree Lacerations and Fourchette Lacerations~~
~~Proctoring: (2) cases need to be proctored~~
~~Reappointment: (2) cases required per every two year reappointment cycle~~

~~Third and Fourth Degree Perineal Lacerations~~
~~Proctoring: (2) cases need to be proctored~~
~~Reappointment: (2) cases required per every two year reappointment cycle~~

~~Outlet Forceps~~
~~Proctoring: (2) cases need to be proctored~~
~~Reappointment: (2) cases required per every two year reappointment cycle~~

~~**GYNECOLOGY**~~

~~*Proctoring: Members requesting gynecological privileges must be qualified to medically care for uncomplicated gynecological patients. They must be proctored for at least five (5) satisfactory admissions by a family physician who has been granted gynecological privileges or and Ob/Gyn physician.~~

~~Admit gynecologic patients~~
~~Proctoring: *See proctoring statement above~~

~~Gynecologic consultation, including via telemedicine (F)~~
~~Proctoring: *See proctoring statement above~~

~~Gynecologic history & physical, including via telemedicine (F)~~
~~Proctoring: *See proctoring statement above~~

Tri-City Medical Center
MEDICAL STAFF

Clinical Privilege Request Form

Family Medicine - (Revised ~~3/07~~4/19)

Provider Name:

Request	Privilege

OTHER:

___ Moderate Sedation - Refer to Medical Staff policy 8710-517

_____

Print Applicant Name

_____

Applicant Signature

_____

Date

_____

Division/Department Signature (By Signing this form I agree with the granting of these privileges indicated above.)

_____

Date

ADMINISTRATION REVIEW CONSENT AGENDA
May 21st, 2019

CONTACT: Barbara Vogelsang, CNE

Policies and Procedures	Reason	Recommendations
Patient Care Services Policies & Procedures		
1. Assessing and Managing Patients at Risk for Suicide Policy	Practice Change	Forward to BOD for Approval
2. Labeling Medication on and off the Sterile Field Procedure	3 Year Review, Practice Change	Forward to BOD for Approval
3. Physician / Allied Health Professionals (AHP) Orders for Outpatient Services	NEW	Forward to BOD for Approval
Administrative		
1. 340B Outpatient Drug Pricing Program	3 Year Review, Practice Change	Forward to BOD for Approval
2. Overview of Hospital's 340B Obligations	DELETE	Forward to BOD for Approval
3. Monitoring Licenses, Professional Registrations and Certificates 430	3 Year Review, Practice Change	Forward to BOD for Approval
4. Portable Space Heaters, Use of Policy 247	3 Year Review, Practice Change	Forward to BOD for Approval
Cardiology		
1. Cardiac Stress Test	NEW	Forward to BOD for Approval
CAT Scan		
1. Protocols for IV and Oral Contrast GE 64 Slice CT Procedure	3 Year Review, Practice Change	Forward to BOD for Approval
NICU		
Orientation of the Professional Nursing Staff to the NICU	2 Year Review, Practice Change	Forward to BOD for Approval
Women and Newborn Services		
1. Circumcision	DELETE	Forward to BOD for Approval
Formulary Requests		
1. Kcentra (4F-PCC)	Add to Formulary	Forward to BOD for Approval
2. Profilnine (3F-PCC)	Remove from Formulary	Forward to BOD for Approval

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE: 01/07

SUBJECT: Assessing and Managing Patients at Risk for Suicide

REVISION DATE(S): 11/09~~;~~, 06/10~~;~~, 5/13, 10/13

~~Department~~ Patient Care Services Content Expert Approval:	~~04/18~~12/18
Clinical Policies & Procedures Committee Approval:	~~05/18~~02/~~19~~03/19
Nursing Executive Committee Approval:	~~05/18~~03/19
Medical Staff Department/Division Approval:	n/a
Medical Executive Committee Approval:	~~06/18~~04/19
Pharmacy & Therapeutics Committee Approval:	n/a
Administration Approval:	05/19
Professional Affairs Committee Approval:	~~07/18~~ n/a
Board of Directors Approval:	07/18

A. **PURPOSE:**

1. To identify patients who are at risk for suicide, including identification of specific factors and features which may increase or decrease the risk.
2. To ensure the immediate safety needs of patients identified as at risk for suicide are met in the most appropriate care setting.
3. To ensure the organization provides information to individuals and their family members for management of crisis situations.

B. **DEFINITIONS:**

1. Suicide Risk Screening: ~~An~~ **screening** ~~evaluation~~ performed by a clinician to **identify patients at suicide risk** ~~assist in the decision to initiate a Psychiatric consult for an in-depth Suicide Risk Assessment~~.
2. Suicide Risk Assessment: An in-depth assessment ~~completed by a qualified mental health professional~~ using a tool which identifies risk **severity** ~~and protective factors~~ **(for example the Columbia Suicide Severity Rating Scale ([C-SSRS])**.
3. Qualified mental health professionals **(QMHP) may** include:
   a. Psychiatrists
   b. Psychologists
   c. **Allied Health Professional (AHP)** ~~Licensed Independent Practitioners (LIP)~~, masters level or above, with specific clinical or practice privileges.
   ~~d. Clinical Social Workers~~
   ~~e. Registered Nurses (RNs) working in a behavioral health setting~~
   ~~Psychiatric Liaisons working in the Emergency Department, medical floor, or Crisis Stabilization Unit.~~

~~f.~~**4. Suicide Observation: direct continuous one to one (1:1) observation where a designated staff member is within arm's length of the patient at all times, accompanies the patient off of the unit to procedures or tests, and remains with the patient unless instructed by the primary nurse or procedure/test staff.**

~~PROCEDURE~~INITITAL ASSESSMENT:

1. Emergency Department

~~1.~~**a.** A suicide risk screen will be performed **upon triage** ~~admission~~ by a ~~qualified professional~~ ~~(~~**Registered Nurse** (RN) **and/or**~~,~~ physician/**Allied Health Professional (AHP)** ~~and/or clinical social worker) to determine whether a suicide risk assessment by a qualified~~

~~behavioral health professional is clinically indicated. The results and follow-up will be documented in the patient's medical record~~.

~~a.~~**i.** If the patient answers yes to feeling suicidal today ~~during the suicide risk screening~~**:**

1) A suicide risk assessment will be performed.

~~b.~~**2)** **a**A referral will be made to the **QMHP**~~Psychiatric Liaison. An assessment tool will be used that includes identification of specific factors and features that may increase or decrease the risk of suicide by the completion of the Emergency Department visit.~~

~~4.~~**a) If indicated, the QMHP will perform an independent** ~~An initial~~ suicide risk assessment ~~shall be performed in the following areas:~~

~~c. Crisis Stabilization Unit (CSU): An assessment will be conducted that identifies the patient at high, moderate, or low risk for self-harm and directs interventions, at time of admission or as soon thereafter as possible.~~

~~i. CSU will use the Columbia Suicide Severity Rating Scale (C-SSRS).~~

~~d. Behavioral Health Unit: An assessment will be conducted that identifies the patient at high, moderate, or low risk for self-harm and directs interventions, at time of admission or as soon thereafter as possible.~~

2. ~~Intensive~~ Outpatient **Behavioral Health Services** Program:

a. An assessment tool will be used that identifies the patient**'s** ~~level of~~ at high, moderate, or ~~low~~ risk for self-harm by completion of the initial intake visit.

~~5.~~**3.** Inpatient Areas:

a. If the patient **expresses suicidal ideation the RN will notify the attending physician and the QMAHP** ~~answers yes to feeling suicidal today during the suicide risk screening, the RN will notify the Psychiatric Liaison~~.

~~a.~~**i. If indicated, the QMAHP will perform an independent assessment**

~~i. The Psychiatric consult will be performed by the psychiatrist/nurse practitioner, or Psychiatric Liaison.~~

~~ii. The admitting physician will be responsible for obtaining a psychiatric consult.~~

D. REASSESSMENT:

~~6.~~**1.** Reassessment of suicide risk will be completed by a **QMHP** ~~qualified mental health professional,~~ as is clinically indicated~~,~~ to determine if there is an increase or decrease in risk ~~in the following areas:~~

~~a. Emergency Department: If the patient stay exceeds 24 hours, and as indicatated by changes in the patient's condition.~~

~~c. Crisis Stabilization Unit: Every shift (every 12 hours), at time of discharge, and as dictated by changes in the patient's condition.~~

~~f. Behavioral Health Unit: Every shift (every 12 hours), at time of discharge, and as dictated by changes in the patient's condition.~~

~~b. Intensive Outpatient Program: As clinically indicated.~~

~~c. Inpatient Areas: If patient is identified as suicidal, the psychiatrist/nurse practitioner, or Psychiatric Liaison will perform the reassessment.~~

E. POLICY:

1. Patients who have been identified as a suicide risk **or who express suicidal ideation:**

~~d.~~**a. Will** receive **interventions** ~~services in an established plan of care~~ that meets their immediate safety needs ~~and~~

i. In the ~~Intensive~~ Outpatient **Behavioral Health Services** Program: ~~P~~**p**atients considered as moderate to high risk shall be closely observed and frequently reevaluated so that the safest level of care can be determined.

ii. Outpatient areas will contact the physician

1) On-campus may contact the Psych Liaison as needed

2) Off-campus may call "911" as needed

b. Be provided with suicide observation

i. If patient is unresponsive, suicide observation will be based on the assessment and evaluation of the patient
ii. Staff providing suicide observation:
1) May only be assigned one (1) patient.
2) Should never leave the patient alone or leave the room even when family members are present
~~7.~~iii. Suicide Observation will be documented in the health record.

~~a.~~c. Be evaluated to identify disposition to most appropriate care setting.

d. If the patient attempts to leave, notify Security or call a Dr. Strong to detain the patient for his/her own safety and contact the attending physician.
i. The patient will be ~~is~~ re-evaluated by a QMHP.

e. In the event the patient elopes, notify Security, the Assistant Nurse Manager (ANM)/designee, QMHP, attending physician, and Oceanside Police Department.
i. Provide the police with a description of the patient.

2. Suicide precautions shall be implemented:

a. ~~Staff will~~ Check patient's room each shift to ensure it is ligature resistant; there are no objects or equipment~~,~~ which may be used to cause self-harm.

b. ~~Nursing staff must e~~Ensure all prescribed medications are swallowed.
i. Medications may not be left unattended at any time.

c. Report Aany further statements or threats and/or description of a plan by the patient ~~must be reported~~ immediately to the RN for further evaluation and level of safety.

d. Escort ~~When~~ patient ~~needs~~ to ~~access~~ the bathroom:
i. ~~Escort patient to the bathroom and d~~Do not allow the door to be closed.
ii. Stay outside open door.
iii. Check patient by conversing at least once a minute and elicit a response.

e. Ensure Dietary supplies trays with paper containers and plastic-ware.
i. When the patient is finished eating, trays, paper containers and plastic-ware are to be disposed of outside the patient's room.

~~f. Educate and explain to visitors that no sharps can be brought in to the room to ensure patients safety.~~

g. Monitor any item(s) brought in by visitors and identify items considered unsafe. Encourage visitor to take objects to their vehicle or hold item and return to visitor when they leave. Educate visitors this is to ensure patient safety
~~8.~~i. In the event that the visitor is not cooperative with requests to remove items, notify Security.

h. Until the QMHP has identified that the patient is no longer at risk to cause harm to themselves or others.

~~9. ensures the services are provided in the most appropriate care setting. The scope and nature of the services will depend on the assessed level of risk and lethality.~~

~~a. Emergency Department: The Psychiatric Liaison, emergency room physician, and/or the on-call psychiatrist shall evaluate patients determined to have a moderate or high lethality suicide risk to determine the appropriate level of care for psychiatric stabilization after medical clearance has been obtained~~
~~i. Patients considered as low risk will have a follow up disposition completed as clinically determined on an individual basis. The Psychiatric Liaison will give the appropriate referrals as needed for follow up psychiatric stabilization. The Psychiatric Liaison will complete a safety plan, as clinically indicated, with patient participation. The original safety plan will be given to the patient, and a copy will be placed in the health record.~~

~~g. Crisis Stabilization Unit: Patients considered at risk shall be closely observed every 5 minutes, evaluated for one to one observation (1:1) level of care, and frequently reevaluated so the safest level of care can be determined. A safety plan will be implemented by RN or Psychiatric Liaison, as clinically indicated. The RN or Psychiatric Liaison will assist the patient in completing the safety plan. The original safety plan will be given to the patient and a copy will be placed in the health record.~~

~~h. Behavioral Health Unit: Patients considered as moderate to high risk shall be closely observed, evaluated for one-to-one observation (1:1) level of care, and frequently reevaluated so that the safest level of care can be determined. A safety plan will be implemented by the RN, as clinically indicated. The RN will assist the patient in completing the safety plan. The original safety plan will be given to the patient, and a copy will be placed in the health record.~~

~~b. Inpatient Areas: If a patient requires ongoing acute medical care, the patient may be admitted to an inpatient care unit to treat the medical condition, and placed on one-to-one observation (1:1) with a sitter as clinically indicated.~~

~~i. In the Intensive Care Unit (ICU), use of a sitter is based on assessment and evaluation of the patient.~~

~~10.~~3. Patients, caregivers or family members (when clinically appropriate) shall be provided with the ~~Tri-City Medical Center Behavioral Health Unit Crisis Hotline at 877-299-0664 (toll-free number) for emergency crisis services in the event that these services are needed, in addition to the~~ Suicide Prevention Lifeline at 800-273-8255. ~~The information will be provided prior to discharge or transfer from the care setting.~~

~~a. Contact Social Services for additional resources as needed.~~

F. **FORM(S):**

1. **Suicide Observation Documentation —7010-NEW - sSample**

G. **RELATED DOCUMENT(S):**

1. **Environmental Safety Guidelines for Suicidal Patient**

~~C.~~H. **REFERENCE(S):**

1. Columbia Suicide Severity Rating Scale
2. https://suicidepreventionlifeline.org

SAMPLE

Date _____

Activity Code		
A – Watching TV	D – Sleeping & Breathing	G – With MD/Therapist
B – With Visitors	E - Lying/Sitting	H – Transport
C – Eating	F – Walking/Pacing	I – Other: _____

Time	Staff Initials	Activity Code (Optional)	Time	Staff Initials	Activity Code (Optional)	Time	Staff Initials	Activity Code (Optional)
12:00AM			08:00			16:00		
12:15			08:15			16:15		
12:30			08:30			16:30		
12:45			08:45			16:45		
01:00			09:00			17:00		
01:15			09:15			17:15		
01:30			09:30			17:30		
01:45			09:45			17:45		
02:00			10:00			18:00		
02:15			10:15			18:15		
02:30			10:30			18:30		
02:45			10:45			18:45		
03:00			11:00			19:00		
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04:45			12:45			20:45		
05:00			13:00			21:00		
05:15			13:15			21:15		
05:30			13:30			21:30		
05:45			13:45			21:45		
06:00			14:00			22:00		
06:15			14:15			22:15		
06:30			14:30			22:30		
06:45			14:45			22:45		
07:00			15:00			23:00		
07:15			15:15			23:15		
07:30			15:30			23:30		
07:45			15:45			23:45		

Print Name	Initials	Print Name	Initials

Affix Patient Label

Tri-City Medical Center
4002 Vista Way • Oceanside • CA • 92056

7010-NEW
(Rev xx/xx)

Suicide Observation Documentation

Environmental Safety Guidelines for Suicidal Patient

Environment for patients at risk for suicide should be checked each shift **including but not limited to the following:**

Sharp Objects Removed from Room

- Remove all sharp objects e.g., needles, scalpels, knives, scissors, nail files, coat hangers, cutlery, glass items

Patient Belongings That Can Be Used to Inflict Self Harm Removed From Room

- Clothing with any type of strings, shoe laces, ties, drawstrings, belts or straps, **socks**
- This includes but is not limited to: patient medications, glass or sharp items, matches or lighter, batteries toiletry items containing alcohol, peroxide, aerosol spray can, curling iron, hair dryer, razor, hand rub/sanitizer, dental floss, jewelry and illegal substances, **washcloths**
- **Allowable items:**
  - Cordless electric razor
  - Eyeglasses
  - Non-breakablege or ingestible toiletries

Remove to Reduce Risk of Hanging (Ligature Points) and Eliminate Potentially Harmful Objects:

- Plastic Bags: Garbage container, linen containers and all plastic bags
- Linen: Remove extra linen (sheets, towels, pillowcases, blankets, gowns, draw sheets etc.)
- Tubing: suction and IV tubing (excessive)
- Oxygen tubing and flowmeter (unless required for continuous use)
- Cords: electric, telephone, bed, call button and detachable window blinds, curtains
- Monitoring equipment (BP/EKG cables) unless required for continuous monitoring
- Room:
  - Bathroom plumbing, fixtures
  - Bedframe, rails
  - Coat hooks
  - Curtains/blinds and curtain rails for windows or doors, tracking, wires for nets
  - Doors/cabinets handles, hooks, hinges or gaps between door and frame
  - Door closures should be mounted on outside of door
  - Furniture for potential barricade
  - Grab bars
  - Light fixtures such as lamps, bulbs, shades, cords
  - Shelving hinges, brackets, fixtures
  - Window - ensure windows are secured

Dietary:

- Ensure disposable cups, plates and plastic sporks are used and removed after meals/snacks
- Aluminum cans

Hand-off:

- Initiation of suicide precautions and 1:1 observation communicated during hand-off e.g., shift-to-shift, meal breaks, bathroom, anytime a patient is hand-off to another care provider.

Visitors:

- Monitor any item(s) brought in by visitors. Remove items considered unsafe and return it to visitor when they leave the facility.

~~ote: Add to IView Environmental Safely Sharps container secured in room. Remove from room if not secured.~~

Tri-City Medical Center	~~Distribution:~~ Patient Care Services
PROCEDURE:	**LABELING MEDICATIONS/SOLUTIONS ON AND OFF A STERILE FIELD**
Purpose:	To outline the process for the administration, **handling, labeling** and documentation of medications dispensed to the sterile field.
Supportive Data	Patient Care Services Policy, Multi-Dose Vials, IV.HH Patient Care Services Policy, Identification, Patient, IV.A
Equipment:	Alcohol swab ~~Bag-e-jet or Vial-a-jet~~**Vial or IV bag decanter** Diluent Labels Marking pen Medication ~~Medication labeling kit~~ Medicine cup or basin Syringe and needle

A. **PROCEDURE:**

1. **Verify physician/Allied Health Professional (AHP) order or preference card prior to obtaining medications for a surgery/procedure.**
2. **Confirm patient allergies prior to obtaining medications for a surgery/procedure or dispensing them to the sterile field.**
3. **Prepare medications using aseptic technique and according to manufacturer's instructions.**
   a. **Perform hand hygiene prior to medication handling/preparation.**
   b. **In the Operating Room (OR)/procedure room, prepare medications in a designated area that is free from clutter (i.e., mayo stand, prep stand) and disinfect the preparation area prior to use.**
   c. **Disinfect the rubber septum on all vials using alcohol and allow to dry prior to vial access.**
   d. **Multidose vials should be used for only one patient when prepared at the point of use (i.e., in the OR/procedure room) per Patient Care Services (PCS) Policy: Medication Administration.**
4. **Verify medication dosage calculations prior to administration.**
   a. **High risk medications (e.g., heparin) shall be double-checked by two licensed healthcare providers.**
5. Medications **and solutions** shall be ~~verified~~ **verbally and visually** concurrently **verified** by the scrub and circulating nurse **prior to dispensing to the sterile field. Verification shall include:**
   a. ~~verbally and visually by strength,~~ **Medication/solution** name~~,~~
   b. **Strength**
   c. ~~d~~Dose~~, and~~
   ~~1.~~**d.** ~~e~~Expiration date~~.~~
   ~~a. If scrub nurse is unavailable, the circulating nurse shall verify the medication visually and verbally with the licensed professional performing the procedure.~~
   ~~2. Confirm patient allergies using two patient identifiers.~~
   ~~3. All medication for the sterile field shall be labeled and identified.~~
6. ~~Medications are d~~Delivered **medications and solutions** to the field in a sterile manner, by use of a transfer devices (i.e., ~~spike, filler straw, plastic catheter,~~ **vial/IV bag decanter or needle and** syringe).

Department Review	Clinical Policies & Procedures	Nursing Executive Council	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
04/94, 02/08, 01/11, 01/14, 03/18	02/11, 01/14, 04/18	03/11, 01/14, 04/18	03/19	04/11, 02/14, 04/19	05/19	05/11, 03/14, n/a	04/94, 05/00, 04/04, 01/06, 06/08, 05/11, 03/14

~~4.~~a. **Do not pull out vial rubber stoppers and pour medications from vials. This practice results in contamination of the medication as it is poured from the vial.**

7. **Identify and label all medications and solutions on the sterile field.**
   a. **The scrub and circulator shall verbally and visually verify medications and solutions prior to dispensing to the sterile field, including medication/solution name, strength, dose and expiration date.**
   b. **Verify each medication individually and complete preparation steps, delivery to the sterile field, and labeling BEFORE another medication is prepared.**
   ~~a. Verify each medication individually and complete preparation for administration, delivery to the sterile field, and labeling BEFORE another medication is prepared.~~
   c. Label all medication**/solution** containers (i.e., syringes, medicine cups**, pitchers, aseptos~~,~~ and** basins)~~,~~
   ~~1.~~**d. Label all** medications~~, or~~ **and** ~~other~~ solutions (~~i.e.~~**e.g.**, water, saline, Lugol's solution, radiopagque dyes, **antibiotic irrigation,** ~~gluteraldehyde,~~ **betadine,** chlorhexidine, acetic acid) ~~and~~ when the medication**/solution** has been removed from original packing or does not have the original manufacturer's label on the container.
      ~~2. Verify the labels visually and verbally by stating the name of the medication, strength, and dosage, and expiration.~~
   e. ~~Document~~ **Write** the name of the medication, strength, ~~and~~ amount (if not apparent from the container)**, and diluent (if applicable)** on the label.

~~3.~~**8. Verify the medication name, strength, and dose verbally when passing a medication to the physician/AHP performing the procedure.**

~~b.~~**9.** Discard any solution or medication that is ~~not labeled~~**found unlabeled**.

~~c. Verify the medication, strength, and dosage verbally when passing a medication to the licensed professional performing the procedure~~

~~d. Verify medication calculations.~~
   ~~1. Medications shall be verified by one RN and another qualified individual (i.e., RN, physician, pharmacist)~~

~~e.~~**10.** Verify all medications **and solutions (including appropriate labels)** on and off the field ~~and their labels if~~ **when** there is a change of personnel **during a surgery/procedure** ~~for any reason~~.
   ~~1.~~**a.** Medications **and solutions** ~~are~~ **shall be** verified by both the on-coming and off-going personnel.
   ~~2.~~**b. Hand-off report shall also include names and total amounts of** ~~Communication regarding the amount of~~ medications **already** administered **during the procedure**~~. is also verified at this time~~.

~~5.~~**11. Containers of** ~~A~~all dispensed medications (~~,~~ **i.e.,** ampules, vials~~,~~ and **IV** bags) shall be saved until the end of the procedure.

12. All medications dispensed to the sterile field shall be documented by the circulating nurse ~~on~~**in** the **electronic health record (EHR).**
   a. Surgery documents medications in the SurgiNet Operative Record.

~~6. Operative Record (Surgery) or in the medical record.~~
   ~~a.~~**b.** Medications dispensed to the sterile field but not used are documented as "not used."

~~7.~~**13.** All labeled containers on the sterile field and their contents ~~are~~ **shall be appropriately** discarded at the conclusion of the procedure.

B. RELATED DOCUMENT(S):

1. **PCS Policy: Medication Administration**

~~B.~~C. REFERENCE(S):

1. **Conner, R. (2018). Guidelines for Perioperative Practice, 2018 Edition. Denver, CO: Association of PeriOperative Registered Nurses.**
~~1. AORN. (2010). *Perioperative standards and recommended practices.* AORN, Inc.~~
2. ~~The Joint Commission. (2008). *Hospital accreditation standards.* Illinois: Joint Commission Resources.~~

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE: NEW

SUBJECT: Physician/Allied Health Professional (AHP)~~Provider~~ Orders – Outpatient Services

REVISION DATE(S):

~~Department~~Patient Care Services Content Expert Approval:	01/17
Clinical Policies & Procedures Committee Approval:	~~02/18~~02/19~~03~~/19
Nurse Executive Committee Approval:	03/19
~~Medical Staff Department/Division Approval:~~	~~n/a~~
Pharmacy ~~and~~ & Therapeutics Committee Approval:	03/19
Medical Executive Committee Approval:	04/19
Administration Approval:	05/19
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	

A. **PURPOSE:**

1. To ensure outpatient orders and requisitions are written in accordance with **Tri-City Healthcare District (**TC~~M~~**HD)/Center for Medicare and Medicaid Services** (CMS) guidelines.

POLICY:

1. ~~Tri-City~~**TCHD** Medical Staff **or AHP credentialed by the Medical Staff Office** may order outpatient treatment and diagnostic studies~~. Orders from outpatient diagnostic and therapeutic procedures are acceptable from licensed physicians/AHP~~ that are within their scope of practice and as permitted by applicable state law~~ and hospital policy~~.
   a. **AHP may not order chemotherapy**
   b. **For Rehabilitation Services patients, the ordering physician must have an established relationship with the patient and be available to sign the plan of care at least every 10 visits or thirty (30) days, whichever comes first.**
   ~~1.~~c. **Only physicians/AHP granted Wound Care & Hyperbaric Medicine Medical Staff privileges may provide orders for patients being seen at the Wound Care Center.**
2. Non-Physician members and Non-Members of ~~Tri-City Healthcare District~~ **TCHD** medical staff may only order diagnostic, imaging, therapeutics, laboratory tests, and rehabilitation services within their scope of practice for outpatient services **per Patient Care Services Policy: Physician/ Allied Health Professionals (AHP)~~Provider~~ Inpatient Orders**.
3. A valid order must be received prior to performing any outpatient procedure, test or service.
   ~~4. Exceptions include:~~
   a. Verbal orders are **not accepted**~~discouraged to initiate any outpatient service~~.
   b. Telephone orders:
      i. ~~a~~**A**re acceptable in STAT situations when the physician/Allied Health Professional (AHP) may not be in the office or is otherwise unavailable to send a copy of the order to initiate**/modify** any outpatient service.
      ii. **Telephone orders shall be entered directly into the electronic health record (EHR). When it is not possible to enter a telephone order, document the order immediately on the Physician's Order sheet and ensure it is signed, dated, and timed by the individual who received the order.**
         1) **The complete order(s) shall be clearly read back to the physician/AHP directly from the primary source.**

a) Orders entered directly into the EHR shall be entered using the correct Communication Type.
b) If orders written on the Physician's Order sheet, the Read Back box shall be check-marked (✓) to document orders were read back.

2) Orders must be signed within 48 hours for medication orders and fourteen (14) days post discharge for all other orders.
a) Outpatient Behavioral Health Services medication orders written on Friday may be signed on the next business day (Monday).
~~1.~~**b)** ~~Telephone orders must be documented in the patient's medical record and a~~**A**rrangements must be made by the scheduling department as to when the written order will be received or when the physician/AHP will be available to authenticate the order.

3) Telephone orders for antineoplastic agents are not permitted.
a) Exceptions: See Patient Care Services: Chemotherapy Prescribing, Processing, and Preparation Policy.

c. Faxed or original signed orders are acceptable provided all required elements are present and may be **sumbmitted**~~provided~~ in any of the following formats:
i. Prescription Forms
ii. Referral Forms (can be payer specific)
iii. Order Sheets
iv. Outpatient Scheduling Forms
v. Office Letterhead
vi. Office history and physical or progress notes including clear indication that an order is contained within
vii. TCHD~~Medical Staff~~ approved pre-printed order forms

~~vii.~~**d. Medication orders must be submitted on an approved TCHD order sheet or pre-printed order form.**

~~d.~~**e.** A **physician/AHP**~~provider~~ order is not required for provision of services that are provided to the community at large or for direct access testing
i. Examples: Wellness Health Fair, Cardiac Scoring, Screening mammogram
ii. Patients requesting screening mammograms
iii. Cardiac Phase 3 patients
iv. Pulmonary Phase 3 patients

~~5.~~**4.** It is the responsibility of **Registration or** the ancillary departments **scheduling**~~performing~~ the service to ensure all elements are present. These include:
a. Patient Name
~~a.~~**b. Date of birth**
c. Validate physician license or AHP number
~~b.~~**d.** Ordering **physician/AHP**~~Provider~~ signature **(written or electronic)**
i. Orders signed by office personnel and stamped orders will not be accepted.
~~c.~~**e.** Date **and time of physician signature**
~~d.~~**f.** Service to be provided
~~e.~~**g.** Reason for service/**Medical necessity** (i.e. diagnosis or condition ~~that supports medical necessity~~)
i. Orders to "Rule out _____" are not sufficient
ii. ~~Orders must include information about the medical necessity or clinical indications for the service or procedure.~~ A narrative description of medical necessity is preferable over ICD codes. However, if a code is provided and it is deemed to be a valid ICD code, it will be used in the absence of a narrative description.

~~1)~~ ~~Outpatient orders must be documented and medically necessary. All orders/requisitions must include the essential data elements as defined in this procedure.~~

~~2)~~ ~~When the diagnostic reason for the service or procedure is not available and the referring physician/AHP is unavailable to provide such information, it is appropriate to obtain the information directly from the patient. However and attempt should be made to confirm any information obtained from the patient by contacting the referring physician/AHP.~~

~~f.~~**h.** Orders must be activated within **ninety**~~sixty~~ (**90**~~60~~) days of the date of the signed/authenticated order ~~and are valid for the length of the ordered therapy or twelve (12) months, whichever is shorter~~.

~~6.~~**5.** Invalid orders are to be brought to the attention of the ordering practitioner who will have an opportunity to clarify/complete the order to meet requirements.

~~7.~~**6.** Upon confirmation of a compliant order the department follows through with the Scheduling of the patient for services requested in the order and/or Registration of the patient for the walk-in service.

a. Orders for outpatient invasive procedures and infusion therapies will be accepted based on ~~applicable hospital policies. Acceptance of an order may be based upon~~ additional patient care needs with consideration of the patient's clinical condition and whether a licensed physician/AHP can assume responsibility for follow up treatment resulting from the order.

~~8.~~**7.** Orders will be valid for a period of ninety (90) days from date reflected on the **outpatient** order **unless otherwise indicated**.

a. Outpatient Behavioral Health Services orders are valid for up to twelve (12) ~~six (6)~~ months.

b. Outpatient medication ~~Chemotherapy~~ orders (including but not limited to chemotherapy and infusion therapies) are valid for twelve (12) months.

c. Cancer surveillance treatment orders are valid up to six (6) months.

d. In-Custody patients

i. California Department of Corrections/Rehabilitation (CDCR) orders are valid for twelve (12) months

~~a.~~**ii. San Diego Sheriff Department (SDSD) orders are valid up to six (6) months**

~~b.~~**e.** ~~Unless otherwise specified on the order, f~~For recurring accounts there is no specific date in which the order will expire. If there is a change in the patient's condition which warrants a change in treatment, a new physician/AHP order is required.

~~i. Orders must be dated and signed by the ordering physician/AHP.~~

~~ii. Electronically signed orders are acceptable and will contain date and time stamps and include printed statements (e.g. "electronically signed by" or "verified/reviewed by") followed by the physician's/AHP name and preferably a professional designation.~~

~~C. PROCEDURE:~~

~~1. The Department (Scheduling or Registration) which receives the order is responsible for review and validation that all required elements are consistent with policy.~~

~~2.~~**8.** Patterns of non-compliant orders will be tracked and reported to department leadership for follow-up.

~~D.~~C. RELATED DOCUMENT(S):

1. Patient Care Services Policy: Chemotherapy, Prescribing, Processing, and Preparation

~~1.~~2. Patient Care Services Policy: Physician/ Allied Health Professionals (AHP)~~Provider~~ Inpatient Orders

Tri-City Medical Center
Oceanside, California

ADMINISTRATIVE ~~POLICY MANUAL~~
DISTRICT OPERATIONS

ISSUE DATE: 12/14

SUBJECT: 340B Outpatient Drug Pricing Program

REVISION DATE:

POLICY NUMBER: 8610-295

Administrative District Operations Content Expert Approval:	03/19
Administrative Policies & Procedures Committee Approval:	~~04/14~~03/19
Pharmacy & Therapeutics Committee Approval:	05/19
Organizational Compliance Committee:	05/19
Medical Executive Committee Approval:	n/a
Administration Approval:	05/19
Professional Affairs Committee Approval:	11/14
Board of Directors Approval:	12/14

A. **PURPOSE:**

~~B.~~1. To define the processes that allows Tri-City Medical Center (TCMC) to purchase pharmaceuticals at discounted prices for its qualified outpatients that is consistent with the Human Resources Services Administration (HRSA) 340B Drug Discount Purchasing Program as defined by the enactment Section 340B of the Public Health Service Act.

B. BACKGROUND:

1. Section 340B of the Public Health Service Act (1992) requires drug manufacturers participating in the Medicaid Drug Rebate Program to sign an agreement with the Secretary of Health and Human Services. This agreement limits the price manufacturers may charge certain covered entities for covered outpatient drugs. The resulting program is called the 340B Program. The program is administered by the Office of Pharmacy Affairs (OPA), a part of the federal Health Resources and Services Administration/Department of Health and Human Services.

~~1.~~2. Upon registration on the OPA database as a participant in the 340B Program, entities agree to abide by specific statutory requirements and prohibitions.

~~2.~~C. DEFINITIONS:

~~3.~~1. 340B Eligible Covered Entity: The statutory name for facilities and programs eligible to purchase discounted drugs through the Public Health Service's 340B Drug Pricing Program

~~a.~~2. Covered Outpatient Drugs: The category of drugs for which manufacturers must pay rebates to state Medicaid agencies under the Medicaid rebate program and give 340B discounts to covered entities under the 340B program. The 340B statute defines "covered outpatient drug" by referencing the definition found in the Medicaid rebate statute at 42 USC §1396r-8(k) (2). As of November 2012, OPA explained on its website that the 340B program generally covers the following outpatient drugs:

- **~~b.~~a. Prescription drugs approved by the Food and Drug Administration (FDA)**
- **~~c.~~b. Over-the-counter (OTC) drugs dispensed pursuant to a prescription**
- **~~d.~~c. Biological products that can be dispensed only by prescription (other than vaccines)**
- **~~4.~~d. FDA-approved insulin**

~~5.~~3. Non-covered outpatient drugs: These include vaccines, plain large volume parenterals, anesthetic gases, saline flushes, contrast agents, compounding supplies, bundled items, floor stock and outsourced sterile products.

~~6.~~4. Inpatient status: TCMC determines that patients have an inpatient status according to Admission Discharge and Transfer (ADT) data.

~~7.~~5. Outpatient status: TCMC determines that patients have an outpatient status according to ADT data.

~~8.~~D. 340B POLICY STATEMENTS:

~~9.~~1. Tri-City Medical Center will comply with all applicable requirements of the 340B drug discount program as set forth in these policies and procedures.

~~a.~~2. TCMC meets all 340B Program eligibility requirements.

~~b.~~a. TCMC's OPA Database covered entity listing is complete, accurate, and correct.

~~c.~~b. TCMC is a public non-profit corporation which is formally granted governmental powers by a unit of State or local government

~~d.~~c. For the most recent cost reporting period that ended before the calendar quarter involved, TCMC had a disproportionate share adjustment percentage greater than 11.75 percent

~~10.~~d. TCMC does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement, except in accordance with group purchasing organization (GPO) Policy Release

~~11.~~e. TCMC uses 340B only in outpatient clinics that are registered on the OPA database (or within the four walls of the parent), fully integrated into the Disproportionate Share Hospital (DSH), and reimbursable on the most recently filed cost report

~~12.~~3. TCMC complies with all requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid, and the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity.

~~a.~~4. TCMC maintains auditable records demonstrating compliance with the 340B requirement described in the preceding bullet.

~~b.~~a. Prescriber is on the hospital's eligible prescriber list as employed by the entity, or under contractual or other arrangements with the entity, and the individual receives a health care service from this professional such that the responsibility for care remains with the entity.

~~c.~~b. 340B drugs are used in outpatient facilities that appear as reimbursable on the most recently filed Centers for Medicare and Medicaid Services (CMS) cost report and are registered on the OPA database (or within the four walls of the parent).

~~d.~~c. TCMC maintains records of the individual's health care.

~~e.~~d. Patient is an outpatient at the time medication is administered/dispensed.

~~f.~~e. TCMC does not purchase covered outpatient drugs using a GPO (as described above)

~~i.~~f. TCMC has elected to carve in Medicaid. TCMC bills Medicaid per Medicaid reimbursement requirements, and as TCMC has reflected its information on the OPA website/Medicaid Exclusion File

~~ii.~~i. TCMC informs OPA immediately of any changes to its information on the OPA website/Medicaid Exclusion File

~~g.~~ii. Medicaid reimburses for 340B drugs per state policy and does not collect rebates on claims from TCMC.

~~h.~~g. TCMC has systems/mechanisms and internal controls in place to reasonably ensure ongoing compliance with all 340B requirements.

~~i.~~h. TCMC has an internal audit plan adapted by the iInternal Chief eCompliance eOfficer and conducted annually.

~~j.~~i. TCMC acknowledges its responsibility to contact OPA as soon as reasonably possible if there is any change in 340B eligibility or material breach greater than 5% by the hospital of any of the foregoing policies.

~~C.~~j. TCMC acknowledges that if there is a breach of the 340B requirements, TCMC may be liable to the manufacturer of the covered outpatient drug that is the subject of the violation, and depending upon the circumstances, may be subject to the payment of interest and/or removal from the list of eligible 340B entities.

~~a.~~k. TCMC elects to receive information about the 340B Program from trusted sources.

~~2.~~E. RESPONSIBLE STAFF, COMPETENCY:

~~3.~~1. TCMC 340B Compliance Committee is tasked with oversight for 340B program integrity in alignment with HRSA/OPA (Health Resources and Services Administration/Office of Pharmacy Affairs) policy for the covered entity.

~~a.~~2. Members of the 340B Committee include:

~~i.~~a. Chief Financial Officer (CFO)

~~ii.~~i. Responsible as the principal officer and authorizing official in charge for compliance and administration of the program

~~b.~~ii. Responsible for attesting to the compliance of the program in form of recertification

~~i.~~b. Director of Pharmacy

~~ii.~~i. Accountable agent for 340B compliance

~~iii.~~ii. Agent of the CFO and primary contact responsible to administer the 340B program to fully implement and optimize appropriate savings and ensure current policy statements and procedures are in place to maintain program compliance

~~iv.~~iii. Must maintain knowledge of the policy changes that impact the 340B program which includes, but not limited to, HRSA/OPA rules and Medicaid changes

~~c.~~iv. Must coordinate constant knowledge of any change in clinic eligibility/information

~~d.~~v. Responsible for documentation of policy and procedures

~~e.~~vi. Assure compliance with 340B program requirements of qualified patients, drugs, providers, vendors, payors, and locations

~~i.~~c. Pharmacy 340B Coordinator/Pharmacy Buyer

~~ii.~~i. Day to day manager of the program

~~iii.~~ii. Maintain system databases to reflect changes in the drug formulary or product specifications

~~iv.~~iii. Manage purchasing, receiving and inventory control processes

~~v.~~iv. Continuously monitor product min/max levels to effectively balance product availability and cost efficient inventory control

~~vi.~~v. Assure appropriate safeguards and system integrity

~~vii.~~vi. Monitor ordering processes, integrating most current pricing from wholesaler, analyze invoices, shipping, and inventory processes

~~f.~~vii. Responsible for establishing three distribution accounts and maintaining those accounts; i.e., non-GPO account, 340B account, and GPO account

~~i.~~viii. Responsible for establishing and maintaining direct accounts for GPO ("own use") class of trade as well as direct 340B accounts

~~g.~~ix. Responsible for ordering all drugs from the specific accounts as specified by the process employed

~~4.~~d. ~~Director of~~ Chief Compliance Officer or designee

i. Designs and maintains an internal audit plan of the compliance of the 340B program

ii. Design the annual plan to cover all changes in the program from the past year

~~iii.~~e. Director of ~~Hospital Reimbursement~~Revenue Cycle Operations
- ~~iv.~~i. Responsible for communication of all changes to the Medicare Cost report regarding clinics or revenue centers of the cost report
- ~~v.~~ii. Responsible for communication of all changes to Medicaid reimbursement for pharmacy services/products that impact 340B status
- ~~b.~~iii. Responsible for modeling all managed care contracts (with/without 340B)

~~i.~~f. Pharmacy Informaticist/Analyst ~~Informatics Person~~
- ~~ii.~~i. Define process and access to data for compliant identification of outpatient utilization for eligible patients
- ~~1)~~ii. Archive the data so as to be available to auditors when audited.
- ~~c.~~iii. Review charges from billing software to split-billing software to help identify and resolve data exchange issues

~~i.~~g. Clinical Pharmacy Manager
- ~~ii.~~i. Be aware of products covered by 340B and Prime Vendor Program pricing
- ~~D.~~ii. Work with the Medical Staff to use effective therapeutic classes that optimize savings with good clinical outcomes

~~1.~~F. <u>340B ENROLLMENT, RECERTIFICATION, CHANGE REQUESTS:</u>

~~a.~~1. Recertification Procedure

~~2.~~a. OPA requires entities to recertify their information as listed in the OPA database annually. TCMC Authorizing Official (AO)~~, Chief Financial Officer (CFO),~~ and Primary Contact (PC) annually recertifies TCMC's information by following the directions in the recertification email sent from the OPA to TCMC's AO by the requested deadline. Specific recertification questions should be sent to: 340b.recertification@hrsa.gov

~~a.~~2. Enrollment Procedure: New Clinic Sites

a. The 340B Committee evaluates a new service area or facility to determine if the location is eligible for participation in the 340B Program. The criteria used include:
- i. Service area must be fully integrated into DSH
- ii. Appear as a reimbursable clinic on the most recently filed cost report
- iii. Have outpatient drug use
- ~~b.~~iv. Have patients that meet the 340B patient definition.

~~3.~~b. If a new clinic meets these criteria, the TCMC AO completes the online registration process during the registration window (January 1–January 15 for an effective start date of April 1; April 1– April 15 for an effective start date of July 1; July 1– July 15 for an effective start date of October 1; and October 1– October 15 for an effective start date of January 1). This includes submitting cost report information, as required by OPA. http://www.hrsa.gov/opa/eligibilityandregistration/index.html

~~a.~~3. Changes to TCMC Information in OPA Database Procedure

~~b.~~a. It is TCMC's ongoing responsibility to immediately inform OPA of any changes to its information or eligibility. As soon as TCMC is aware that it loses eligibility, it will notify OPA immediately and stop purchasing (or may be required to repay manufacturers).

~~E.~~b. An online change request will be submitted to OPA by the AO for changes to TCMC's information outside of the annual recertification timeframe. Change form will be submitted to OPA as soon as the entity is aware of the need to make a change to its database entry. The entity will expect changes to be reflected within about 2 weeks of submission of the changes/requests.

~~a.~~c.

G. <u>340B PROCUREMENT, INVENTORY MANAGEMENT, DISPENSING:</u>

~~a.~~1. 340B inventory is procured and managed in the following settings:
- ~~b.~~a. Hospital, Mixed-use
- ~~3.~~b. Oceanside Infusion Center

~~4.~~2. **TCMC will participate in the 340B prime vendor program; providing price protection in the Wholesale Acquisition Cost (WAC) account, and sub-ceiling prices.**

~~a.~~3. **Oceanside Infusion Center Separate Physical Inventory**

~~b.~~a. **TCMC uses physically separate 340B inventory as well as non-GPO/WAC inventory. Pharmacists and technicians only dispense 340B drugs to eligible patients.**

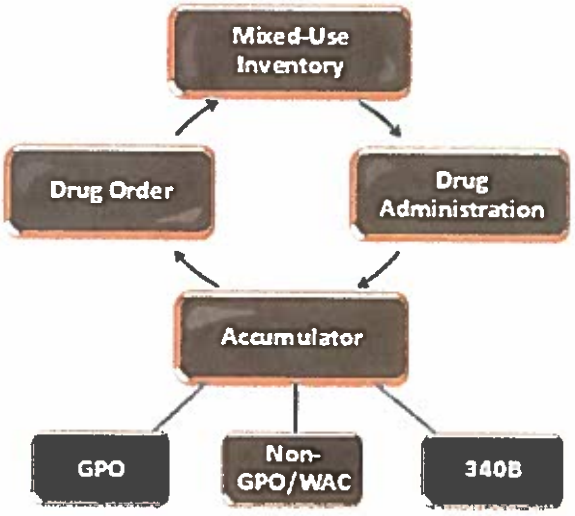
~~c.~~b. **TCMC Staff places 340B orders from Cardinal through daily inventory reviews**

~~d.~~c. **TCMC Staff checks in 340B inventory by examining the wholesaler invoice against the order, and reports inaccuracies to the wholesaler.**

~~e.~~d. **TCMC Staff maintains records of 340B related transactions for a period of 6 years in a readily retrievable and auditable format located in the main pharmacy**

~~5.~~e. **340B inventory is stored in the outpatient pharmacy maintained with a security system. Only pharmacy employees have access to the pharmacy**

~~6.~~4. **Hospital Mixed-Use Processes:**



1. Purchase mixed-use inventory (according to eligible accumulations).
2. Administer/dispense drugs to patients.
3. Accumulator accumulates drug on an 11-digit NDC match until unit of use is met, prepares order, uses patient/clinic/prescriber information to determine the appropriate contract for ordering.

GPO	Non-GPO/WAC	340B
GPO/Inpatient class of trade: Inpatient status determined by hospital at the date/time of administration GPO/Outpatient class of trade: Offsite/unregistered outpatient clinics	Products that do not have an 11 digit NDC match on the 340B contract but are otherwise eligible for 340B purchase Non-340B eligible outpatients, i.e.: • Administration or dispensing occurred at a clinic within 4 walls of parent, but not 340B eligible • In-house pharmacy open to public	Patients met 340B patient definition and received services on an outpatient basis in a 340B registered/participating hospital clinic

4. Replenishment drug order(s) are placed according to eligible accumulations.

~~a.~~5. **Transfer Processes**

~~i.~~a. **From non-340B to 340B**

~~1)~~i. Transfers between non-340B and 340B inventory are only in rare circumstances, and according to the following procedure:
   ~~2)~~1) TCMC Staff records the transaction on a borrow/loan transaction log.
   ~~b.~~2) TCMC Staff reconciles the process by transfer back to the separated non-340B inventory area through a purchase on the borrowing area's 340B account of the same National Drug Code (NDC) and quantity that was borrowed.

~~i.~~b. From 340B to non-340B
   ~~1)~~i. Only in the case of an emergency medical situation will drugs be transferred from a 340B inventory to a non-340B inventory. In the case this happens, the following procedures will be used:
      ~~F.~~1) TCMC Staff records the transaction on a borrow/loan transaction log.
      ~~1)~~2) TCMC Staff reconciles the process by transfer back to the separated 340B inventory area through a purchase on the borrowing area's non-340B account (non-GPO/WAC account) of the same NDC and quantity that was borrowed. Reconciliation is completed within [interval] of the original loan date.

~~2.~~H. MONITORING AND REPORTING:
~~a.~~1. Reporting 340B-Non-Compliance
   ~~b.~~a. TCMC defines a material breach of compliance that would require self-disclosure as a violation(s) that exceeds 5% of total 340B purchases or impact to any one manufacturer
   ~~c.~~b. The 340B committee will assess the violation, determine the actions and communicate the information to the appropriate parties. Violations identified through internal self-audits, independent external audits, or otherwise that meet or exceed this threshold will be immediately reported to HRSA and applicable manufacturers using the following self-disclosure report template: https://docs.340bpvp.com/documents/public/resourcecenter/ALL_Entities_Self_Reporting_340B_NonCompliance.pdf
   ~~G.~~c. The 340B committee will maintain records of materiality assessments and of violations that led to manufacturer resolutions, correspondence and or formal self-disclosure process through HRSA
   ~~a.~~d. Address the types of non-compliance that warrant a report to OPA/manufacturer, records kept, documentation, and plan for corrective action

~~H. SCOPE:~~
~~1. Administration~~
~~2. Pharmacy~~
~~3. Finance Department~~

~~I. POLICY:~~
~~1. TCMC participates in the 340B Drug Pricing Program for outpatient drugs and complies with guidelines and regulations to insure that 340B drug products are purchased only for eligible facilities and patients.~~
~~2. TCMC is listed as an eligible covered entity with the office of Pharmacy Affairs (OPA) on the website http://www.hrs.gov/opa~~
~~3. It is the policy of TCMC to capture drug utilization for qualified outpatients on a defined schedule, and to retrospectively purchase replacement drugs using 340B contracts. Exception: Medications purchased for treatment areas that are exclusively for outpatient use will be ordered prospectively via the hospital's 340B account.~~
~~4. 340B drugs are not resold or otherwise transferred to anyone other than to TCMC patients.~~

5. Medications purchased under the 340B program may be dispensed ONLY to the following patients:
   a. Outpatients receiving medical care at TCMC. Outpatient treatment areas where medications are administered in the hospital may include, but are not limited to:
      i. Outpatient Clinics
      ii. Outpatient Surgery
      iii. Emergency Department
      iv. SPRA
   b. Patients receiving medical care at a clinic outside TCMC, provided that:TCMC has the financial responsibility for providing medical care to the patient as evidenced by the hospital's Medicare Cost Report, OR
      i. TCMC has an established medical relationship with the patient and the outside clinic is providing a service that is not provided at TCMC
      ii. The patient has a medical record number that is not solely for the purpose of filling prescriptions
      iii. Areas outside of the TCMC where medications purchased through the 340B account may be used include:
      iv. Outpatient Infusion Clinic
      v. Outpatient Forensic
   c. The cost of the operating the clinics must appear on the reimbursable section of the Medicare Cost Report.

J. **PROCEDURE:**
1. Determining 340B patient eligibility
   a. Only "patients" of TCMC will receive 340B drugs. An individual is a "patient" of the hospital only if:
      i. TCMC has established a relationship with the individual, such that the hospital maintains records of the individual's health care and,
      ii. The individual receives health care services from a health care professional who is either employed by TCMC or provides health care under a contractual or other arrangement (e.g., referral for consultation) with the hospital, such that responsibility for the care provided remains with the hospital.
   b. An individual is not considered a "patient" of TCMC for purposes of 340B if the only health care services received by the individual from the hospital is the dispensing of a drug for subsequent self-administration or administration in the home setting
   c. 340B drugs are only used on an outpatient basis
   d. TCMC does not fill prescriptions written by physicians in connection with services provided in clinics and other locations that are not reimbursable on the hospital's cost report.
   e. TCMC has a system in place to ensure the above requirements are met through appropriate recordkeeping
      i. TCMC maintains a list of health care professionals that meet (1)(a)(ii).
   f. TCMC regularly samples and reviews dispensing and medication administration records to ensure that only eligible outpatients receive 340B drugs.

K. **PURCHASING:**
1. 340B medications are purchased for outpatients only.
2. A list of active 340B drugs is noted under the Medicaid Drug Rebate Program via the link to the Centers for Medicare and Medicaid Services. Select link to "Medicaid Drug Rebate Program Data". http://www.cms.gov/MedicaidDrugRebateProgram/09_DrugProdData.asp.
3. Pursuant to Apexus FAQs as of September 2013, TCMC may determine that certain outpatient drugs are not "covered outpatient drugs" if the drugs are part of/incident to another service and payment is not made as direct reimbursement for the drug (Apexus FAQ ID: 2030). TCMC

consistently applies its covered outpatient drug policy to different types of drugs and to all areas of the entity.

4. Since the GPO exclusion only applies to "covered outpatient drugs," TCMC may purchase non-covered outpatient drugs through a GPO, other group purchasing arrangement, or other non-340B arrangement (e.g., direct purchase from manufacturer or purchase through non-340B PVP accounts).
5. Per HRSA's exemption to the GPO exclusion, TCMC uses GPO drugs for outpatients in offsite facilities only when:
   a. Facility is located at a different physical address than the parent hospital
   b. Facility is not registered on the OPA 340B database as participating in the 340B program
   c. Facility purchases drugs through a separate wholesaler account
   d. TCMC maintains records demonstrating that any "covered outpatient drugs" purchased through a GPO at these sites are not used or otherwise transferred to the parent hospital or any outpatient facilities registered on the OPA 340B database.
6. TCMC has established a non-340B, non-GPO account (e.g., WAC account) with its wholesaler or directly with the manufacturer to purchase "covered outpatient drugs" in the situations described
7. All 340B medications for outpatient use are purchased through the 340B Pricing Program.
   a. As a DSH hospital, purchase of medications through the group purchasing organization (GPO) for use in eligible outpatients is prohibited. The practice of "cherry picking", defined as selecting a less expensive GPO drug over a 340B drug for an outpatient is prohibited.
   b. The Prime Vendor Program is utilized to increase savings opportunities via the 340B program.
8. All drugs identified for purchase on 340B recommended purchase orders, which are derived from outpatient charge reports, are ordered via the 340B account, unless any of the following occurs:
   a. A product-specific NDC number is no longer available through 340B. In this case the replacement product is purchased under the 340B account.
   b. The use of the 340B drug presents a patient safety issue.
9. Pharmaceutical companies are responsible for providing 340B drug prices to the wholesaler in a timely manner

L. WHOLESALER ORDERING

1. Separate accounts are maintained with TCMC's hospital medication wholesaler.
   a. One account is specifically for purchasing 340B medications for outpatient use. This account is used for 340B eligible outpatient treatment areas and for items that have total outpatient utilization.
   b. Another account(s) is used for inpatient purchasing and may utilize a GPO. This account may also be used to purchase medications, devices, diagnostic agents, etc. that are bundled together with other supplies and services into one procedural charge code. Examples include but are not limited to are anesthesia gases and contrast agents.

M. CHANGES TO WHOLESALER DRUG ORDERING PROCEDURES

1. For the purpose of 340B compliance, changes in wholesaler drug ordering procedures are managed using the following guidelines:
   a. Long Term Shortages - for situations in which there will be an extensive shortage of a medication (e.g., manufacturer backorder), the following steps occur:
      i. The pharmacy information system is updated with the new NDC number.
      ii. It is assumed that drugs in stock in the pharmacy as of this date will be used on qualified outpatients for the next 30 days.
      iii. The 340B database is updated 30 days later to allow existing inventory to be used.

2. GPO Contract Rolls - the following steps occur:
   a. Identify the start date of the new contract(s).
   b. The pharmacy information system is updated with the new NDC number.
   c. It is assumed that drugs in stock in the pharmacy as of this date will be used on qualified outpatients for the next 30 days.
   d. The 340B database is updated 30 days later to allow existing inventory to be used.
3. Package Size Changes – products are tracked by NDC and mapped to the appropriate CDM for billing and dispensation information.

N. **INVENTORY STORAGE AND REPLENISHMENT**

1. TCMC uses a virtually separate inventory to segregate 340B drugs from non-340B drugs in those areas where both 340B and non-340B drugs are used.
2. Physical inventory separation is used for 340B medications when the medications are exclusively used in areas identified as clean on the cost center list. For example, medications ordered for the outpatient infusion clinic are stored in a separate location from inpatient drugs.
3. Split-billing software automatically determines the eligibility of patients and medications dispensed; and maintain a 340B virtual drug inventory to assist the Pharmacy in the operation of its 340B Program. This software is used in 'mixed use' patient population where both outpatient and inpatient medications are used; and in some instances, in the 340B settings where only outpatient medications are used.
4. Charges are fed into the appropriate accumulator
   a. Charges for drugs dispensed or administered to outpatients that meet the 340B definition of "patient" and received services at a site registered with OPA are fed into the 340B accumulator
   b. Charges for drugs given to inpatients are fed into the GPO accumulator
   c. The following charges are purchased through a non-GPO, non-340B (e.g. WAC) account:
5. Charges for drugs that cannot be replenished at the 11-digit National
   a. Drug Code (NDC) level
   b. Charges for drugs dispensed or administered to an outpatient who received services at a clinic that is within the four walls of the hospital but is not 340-B eligible or at an offsite clinic that is not registered with OPA to participate in 340B, unless the offsite clinic qualifies for the exception listed in …
   c. Lost charges
6. TCMC makes its initial purchase of any new NDC using its non-340B account, non-GPO account.
7. TCMC does not replenish a drug based on what is listed in an accumulator until the amount used has reached a full package size.
8. TCMC replenishes waste using its 340B account if the waste can be attributed to a 340B-eligible patient and supported by documentation. Similarly, TCMC replenishes waste with its GPO account if the waste can be attributed to an inpatient and supported by documentation.
9. TCMC purchases anything beyond what is listed in its 340B and GPO accumulators using a non-340B, non-GPO account.
10. TCMC replenishes drugs based on an 11-digit NDC match unless the 11-digit NDC replenishment is not possible.
    a. If 11-digit NDC replenishment is not possible, TCMC replenishes at the 9-digit NDC level
       i. When using 9-digit NDC replenishment, TCMC maintains records demonstrating that the appropriate amounts of a drug are replenished from the same manufacturer, regardless of package size.
       ii. If the package size under a drug's billing code (e.g., J code) changes, TCMC updates the code in the hospitals billing system to ensure the drug accumulates and is replenished under the appropriate NDC.

O. **PRICING**

1. Prescriptions for outpatient medications are priced according to specific price agreements with payers.
2. Prescriptions for Medi-Cal patients are priced in accordance with state requirements.
   a. TCMC will use 340B drugs for Medicaid/Medi-Cal patients.
   b. TCMC will confirm that all Medicaid billing numbers and NPIs used by the hospital to bill Medicaid for 340B drugs are listed in Medicaid's exclusion file database.

P. **MONITORING AND AUDITING** - The following guidelines are used for the purpose of monitoring 340B compliance:

1. Monthly: Database Crosswalk
   a. Randomly select any drugs from the Pharmacy Information System.
   b. Record the NDC number assigned to each drug product.
   c. Determine if each NDC number matches the NDC number of the product on the shelf.
   d. Review accuracy of units of measure for each product.
   e. Validate that the product is currently mapped accurately in the database crosswalk.
2. Quarterly: Validation of Eligibility
   a. Log onto the Office of Pharmacy Affairs web site to validate participation in the program. http://www.hrsa.gov/opa/introduction.htm.
   b. Review the hospital Medicare Cost Report to identify:
   c. Changes in classifications of departments and outpatient treatment areas.
   d. The DSA% (Medicare Cost Report line 4.03 on worksheet E Part A) remains at 11.75% or higher; or at or above 8% respectively for DSH and SCH covered entities.
3. Wholesaler Pricing
   a. The availability of the prices will be verified by random checks of pricing in the wholesaler database.
4. Compliance Checklists
   a. Complete SNHPA's 340B Compliance Checklist. Any significant findings should have a recommended corrective action plan and be reported to Chief Financial Officer.
   b. Complete Automated Inventory Management Audit Plan Check Sheet as defined by the proprietary software.

Tri-City Medical Center
Oceanside, California

Administrative Policy

DELETE: Incorporated into Administrative District Operations Policy: 340B Outpatient Drug Pricing Program 295

ISSUE DATE: 12/14

SUBJECT: Overview of Hospital's 340B Obligations

REVISION DATE:

Administrative District Operations Content Expert Approval:	03/19
Administrative Polices & Procedures Committee Approval:	~~07/14~~03/19
~~Finance & Operations Committee:~~	
Pharmacy & Therapeutics Committee Approval:	~~n/a~~05/19
Organizational Compliance Committee:	05/19
Medical Executive Committee Approval:	n/a
Administration Approval:	05/19
Professional Affairs Committee Approval:	11/14
Board of Directors Approval:	12/14

~~A. PURPOSE:~~

~~1. The purpose of this policy is to provide the background, definitions, and general compliance obligations relating to the 340B drug discount program. The definitions and policies have been established to help govern decisions regarding all 340B transactions and to ensure they are highly auditable. Specific information regarding how to comply with each compliance obligation is provided in subsequent policies.~~

~~B. POLICY STATEMENT:~~

~~1. Tri-City Medical Center will comply with all applicable requirements of the 340B drug discount program as set forth in these policies and procedures.~~

~~C. BACKGROUND:~~

~~1. The 340B drug pricing program is a federal program that requires participating pharmaceutical manufacturers to sell "covered outpatient drugs" at a discount to certain types of providers, referred to as "covered entities." Drug manufacturers that would like for their products to be covered and reimbursed under Medicaid and/or Medicare Part B must enter into pharmaceutical pricing agreements (PPAs) with the Secretary of the Department of Health and Human Services (HHS). Such manufacturers may not sell covered outpatient drugs above 340B ceiling prices to covered entities. Significant savings on pharmaceuticals may be seen by those providers that participate in this program. 340B drug prices are calculated quarterly.~~

~~2. The 340B program is administered by the Office of Pharmacy Affairs (OPA), which is located within the Health Resources and Services Administration (HRSA) within HHS. OPA and HRSA are responsible for interpreting and implementing the program.~~

~~3. Hospitals that participate in the 340B program face a number of critical compliance responsibilities including:~~

~~a. Using 340B drugs only for eligible "patients"~~

~~b. Using 340B drugs only on an outpatient basis~~

~~c. Registering the main hospital and all offsite outpatient facilities that use 340B drugs with OPA~~

~~d. Not billing Medicaid on a fee for service basis for 340B drugs, if doing so will result in duplicate discounts~~

~~e. Not purchasing covered outpatient drugs through a group purchasing organization (GPO) or other group purchasing agreement~~

f. Maintaining auditable records
g. Maintaining compliance with eligibility criteria and notifying OPA if the hospital loses eligibility.
h. Maintaining the 340B inventory either physically or virtually separate from non-340B inventory
i. Self-reporting to OPA any material breach of 340B requirements.

4. Information about the 340B drug discount program can be found at http://www.hrsa.gov/opa. This site is where covered entity's registration information is posted and where all updates of such information are performed.

D. **DEFINITIONS:**

1. **340B Ceiling Price**: The maximum price that manufacturers can charge covered entities. The 340B discount is calculated using the Medicaid rebate formula and the rebate amount is deducted from the manufacturer's selling price rather than paid as a rebate. Compared to the drug's Average Manufacturer Price (AMP), covered entities receive a minimum discount of 23.1% for brand name drugs (except clotting factor and drugs approved exclusively for pediatric use), and 13% for generic and over-the-counter drugs. Brand name drugs are entitled to an additional discount if a manufacturer's best price for a drug is lower than AMP minus 23.1% for that drug or if the price of the drug has increased more quickly than the rate of inflation. Covered entities are free to negotiate discounts that are lower than the maximum allowable statutory price, i.e., sub-ceiling prices.
2. **340B Eligible "Covered Entity"**: The statutory name for facilities and programs eligible to purchase discounted drugs through the Public Health Service's 340B Drug Pricing Program
3. **340B Prime Vendor Program**: The original 340B statue required HHS to create a "prime vendor" program for the entities participating in the 340B drug discount program. The prime vendor's key responsibilities are to negotiate prices below 340B ceiling price and provide distribution services for covered entities that choose to join the program. As of September 2012, the prime vendor's duties were expanded to include providing technical assistance to covered entities. The prime vendor works with a variety of wholesalers in distribution of pharmaceuticals and provides other value-added services (e.g. vaccines). HRSA has a contract with Apexus to serve as the prime vendor. Participation in the prime vendor program is optional for covered, though they may be able to access more favorable prices through the prime vendor program than they would on their own.
4. **Actual Acquisition Cost (AAC)**: The net cost of a drug paid by pharmacy. It varies with the size of container purchased (e.g., 10 bottles of 100 tablets typically costs more than one bottle of 1,000 tablets) and the source of the purchase (manufacturer or wholesaler). A drug's AAC includes discounts, rebates, charge backs and other adjustments to the price of the drug, but excludes dispensing fee.
5. **Average Wholesale Price (AWP)**: A national average of list prices charged by wholesalers to pharmacies. AWP is sometimes referred to as the "sticker price" because it is not the actual price that larger purchasers normally pay. For example, in a study of prices paid by retail pharmacies in eleven states, the average acquisition price was 18.3 percent below AWP. Discounts for health maintenance organizations and other large purchasers can be even greater.
6. **Covered Entities**: The statutory name for a facility or program eligible to purchase discount through the 340B program.
7. **Covered Outpatient Drugs**: The category of drugs for which manufacturers must pay rebates to state Medicaid agencies under the Medicaid rebate program and give 340B discounts to covered entities under the 340B program. The 340B statute defines "covered outpatient drug" by referencing the definition found in the Medicaid rebate statute at 42 USC §1396r-8(k) (2). As of November 2012, OPA explained on its website that the 340B program generally covers the following outpatient drugs:
    i. Prescription drugs approved by the Food and Drug Administration (FDA)

ii. Over-the-counter (OTC) drugs dispensed pursuant to a prescription
iii. Biological products that can be dispensed only by prescription (other than vaccines)
iv. FDA-approved insulin

OPA further cautions that "drugs purchased under the 340B program must be limited to outpatient use and provided to eligible patients. Whether a drug qualifies as outpatient and the individual meets the definition of patient depends upon the factual circumstances surrounding the care of that particular individual."

8. **Disproportionate Share Hospital (DSH)**: A hospital with a disproportionately large share of low-income patients. The Medicare and Medicaid programs augment payments to DSH hospitals to compensate for the added financial burden.
9. **Disproportionate Share Adjustment (DSA)**: The Medicare disproportionate share adjustment is an additional Medicare payment to hospitals which treat a high percentage of low-income patients. The factors used to calculate this adjustment are the sum of the ratios of Medicare Part A Supplemental Security Income (SSI) patient days to total Medicare patient days, and Medicaid patient days to total patient days in the hospital. A figure that is used in the calculation of hospital's Medicare DSH adjustment, which is an add-on to Medicare prospective payment system payments, available only to hospitals that serve a disproportionate number of indigent patients. In the context of eligibility for the 340B program, the Medicare DSH adjustment percentage serves as a proxy of how many indigent or low-income patients are served by the hospital. DSH hospitals must have a Medicare DSH adjustment that exceeds 11.75% to qualify for 340B.
10. **Manufacturer**: For purposes of the 340B program, a "manufacturer" is defined to include any entity engaged in:
    i. The production, preparation, propagation, compounding, conversion, or processing of prescription drug products, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, or
    ii. The packaging, repackaging, labeling, relabeling, or distribution of prescription drugs.

    b. Such term does not include a wholesale distributor of drugs or a retail pharmacy licensed under State Law. 42 USC §1396r-8(k) (5). "Manufacturer" also includes an entity, described in (i) or (ii) above, that sells outpatient drugs to covered entities, whether or not the manufacturer participates in the Medicaid rebate program.
11. **Medicare Cost Report**: Required by CMS, an annual financial report that details all fixed and variable costs expensed to the care of Medicare patients.
12. **HRSA**: Health Resources and Services Administration of the Department of Health and Human Services. The agency within HHS that is charged with improving access to health services for people who are poor and uninsured or live in areas where health care resources are scarce. Working in partnership with many state and community organizations, HRSA also supports programs that help to ensure the health of mothers and children, increase the number and diversity of health care professionals in underserved communities, and provide supportive services for people fighting HIV/AIDS through the Ryan White Care Act. The 340B program is administered by HRSA through its Office of Pharmacy Affairs.
13. **GPO Prohibition:** Prohibits 340B participating Disproportionate Share Hospitals (DSH), Children's Hospitals (PED), and Free Standing Cancer Hospitals (CAN) from obtaining covered outpatient drugs through group purchasing organizations.
14. **Wholesale Acquisition Cost (WAC)**: The price paid by a wholesaler (or direct purchasers) in the United States for drugs purchased from the drug's manufacturer or supplier. On financial statements, the total of these amounts equals the wholesaler's cost of goods sold.
15. **Parent/Child Sites**: The primary covered entity is often referred to as the "parent" site. All outpatient services of the covered entity that are not located within the four walls of the parent

location (same physical address) must be registered on the HRSA/OPA database as a "child" of the covered entity (Parent).

16. **Medicaid Carve-out:** 340B entities may elect to purchase drugs for Medicaid patients on a non-340B contract. This activity is termed a "Medicaid carve-out." Entities may choose to do this in order to receive fair Medicaid reimbursement (many states reimburse entities that use 340B for Medicaid patients on a cost plus dispensing fee basis, as the dispensing fee is often not high enough to cover costs). Entities must inform OPA whether they are carving in or out.
17. **National Drug Code (NDC):** The NDC is the identifying drug number maintained by the Food and Drug Administration. The NDC number specifies drug identity, package size, and manufacturer. NDC numbers can be reported in nine digit format, which represents a weighted average of all package sizes for a particular drug, or 11-digit format, which is package size-specific. Manufacturers that have executed pharmaceutical pricing agreements report quarterly information to OPA by NDC number including labeler code, product code, and package size code. NDCs are used by Medicaid programs to identify specific drugs on which rebates and supplemental rebates are due.
18. **Pharmaceutical Pricing Agreement (PPA):** An agreement that a drug manufacturer must enter into with the HHS Secretary as a condition of Medicaid or Medicare Part B covering and reimbursing the manufacturer's covered outpatient drugs. An executed PPA obligates the manufacturer to comply with the terms of the 340B program which include, for example, providing a 340B discount on covered outpatient drugs.
19. **Ship-To Address or Shipping Address:** A "ship to" or "shipping" address is an address authorized to receive 340B drugs on behalf of a hospital parent or child site and is registered as such on the OPA website. Because pharmacies are not permitted to be registered as covered entity sites, they may be listed as shipping addresses of the parent entity or registered outpatient child site, depending on which location the pharmacy serves.
20. **Wholesaler:** A wholesaler is a company that purchases drugs from a supplier, usually the manufacturer, for the purpose of distributing the drugs to pharmacies, hospitals, physicians and other purchasers that dispense and/or administer drugs to patients. Wholesalers are regulated under federal and state law and, as a result, are subject to numerous standards designed to protect the integrity of drug products.

E. PROCEDURES:

1. Covered entities are prohibited from selling, giving, or otherwise transferring covered outpatient drugs purchased under the program to anyone other than a "patient' of the covered entity as defined under HRSA guidance.
2. Covered entities are prohibited from requesting payment under Medicaid for a covered outpatient drug purchased under the 340B program and billed on a fee-for-service, non-managed care basis, if the state claims a Medicaid rebate for the same covered outpatient drug from the manufacturer. If the covered entity plans to bill Medicaid for such drugs, then the entity must provide OPA with the relevant Medicaid billing number(s) and/or National Provider Identifier(s).
3. 340B hospitals must monitor their continuing eligibility to participate in the 340B program, must inform HRSA if it is determined that the hospital or any of its child sites are no longer eligible (e.g., hospital was sold, services were discontinued), and must cease purchasing 340B drugs for the hospital or its registered outpatient sites once the hospital has concluded such locations are no longer eligible.
4. The main hospital, all off-site hospital outpatient locations that dispense or otherwise use 340B Drugs must be registered with OPA.
5. The 340B information on the OPA website database (http://opanet.hrsa.gov/opa/CESearch.aspx) should be reviewed and updated as needed, but no less often than annually.
6. DSH hospitals enrolled in the 340B program are not allowed to purchase covered outpatient drugs through a GPO or other group purchasing arrangement.

7. All 340B covered entities must maintain auditable records that demonstrate compliance with 340B program requirements and are accessible to government auditors, manufacturers or any other party authorized to audit the covered entity's 340B program. Auditable records will be maintained for a period of time that complies with federal, state, and local requirements.
8. No 340B purchased drugs may be dispensed, administered, or otherwise transferred to a hospital inpatient.
9. The covered entity must retain ownership of the 340B drugs purchased through the approved wholesaler. Although the 340B inventory is the covered entity's property, it must be kept physically or virtually separate from drugs purchase for inpatient use. This can be done by physical or virtual separation. Virtual separation of 340B drugs requires tracking and replenishment at the NDC-11 level.

F. **References/Resources:**

1. http://www.hrsa.gov/opa/index.html
2. http://opanet.hrsa.gov/opa/CESearch.aspx
3. https://www.340bpvp.com/controller.html
4. http://snhpa.org/public/index.cfm

Tri-City Medical Center
Oceanside, California

ADMINISTRATIVE ~~Policy~~
HUMAN RESOURCES

ISSUE DATE: 08/85

SUBJECT: Monitoring Licenses, Professional Registrations~~,~~ and Certificates

REVISION DATE(S): 09/91, 11/94, 10/97, 10/02, 02/03, 02/05, 02/06, 01/08, 04/09, 07/11, 09/13

POLICY NUMBER: 8610-430

Administrative Human Resources ~~Department~~ Content Expert Approval:	**~~09/16~~04/19**
Administrative Policies & Procedures Committee Approval:	**04/19**
~~Human Resources Committee Approval:~~	**~~09/16~~**
Administration Approval:	**05/19**
Professional Affairs Committee:	**n/a**
Board of Directors Approval:	**09/16**

A. **PURPOSE:**

1. To ensure that all licensed, professional, registered and certified personnel have and maintain their licensure, ~~registrations or~~ certifications**, or registrations** and the appropriate documentation of the same is provided to Tri-City Healthcare District (TCHD).

APPLICATION OF POLICY:

1. The policy applies to all staff required to be licensed, or who have technical registrations or certifications, whether from a state agency, a state licensing board or from any other source.
2. Primary Source Verification – The Human Resources Department (HRD) must be able to verify licensure/certification/registration directly with the source providing the credential such as the State Licensing Board or agency designated by the State Licensing Board to provide verification. Secondary sources, such as letters, copies of letters, documents or copies of documents will not suffice for verification of licensure.
3. Employees and contractors are required to maintain all licenses required for their position and to provide proper notification as outlined below in the event of the suspension or revocation of a license.
4. Any employee or contractor found to be working with an expired license or required certification will be terminated.
5. Licensed staff employed by TCHD must notify the HRD if they have sanctions in California or any other states in which they are licensed within **five (5)** days. Failure to notify the HRD constitutes grounds for disciplinary action up to and including termination.

C. **PROCESS FOR VERIFICATION OF LICENSURE:**

1. Initial Verification**:**
   a. The ~~Human Resources (~~HRD~~) Representative~~ is responsible for verifying the candidate's Primary Source for professional license/certification/registration as applicable prior to the start date.
   b. If HRD is unable to verify licensure/certification/registration prior to the first day of employment, the candidate will not be able to commence employment until HRD is able to verify via Primary Source that a candidate's credentials are valid and current.
      ~~b.~~**i.** If required pre-employment documents are not submitted timely, thereby delaying the start date, TCHD reserves the right to rescind the offer of employment.
2. Maintaining Current Licens**ure/Certification/Registration** ~~After~~ **Post** Hire**:**

a. Supervisors are responsible for ensuring ~~that~~ employees do not work without a valid license/certification/registration ~~**and will retain a copy in the department file**~~. Failure of the supervisor to comply ~~with the preceding~~ constitutes grounds for disciplinary action up to and including termination.

b. ~~All licensed personnel are responsible to maintain a current licensure/certification/registration for their position.~~ Upon renewal, the ~~supervisor~~ **employee** will ~~print, date and initial~~**forward** the ~~online~~ licensure/certification/registration ~~and forward the original initialed documents~~ to **the** HRD **and their immediate supervisor**.

   i. **For electronic license/certification/registration, employees will claim and forward a copy to the HRD and their immediate supervisor.**

~~b.~~**c.** ~~The supervisor will retain a copy for the department file.~~ Employees are required to renew ~~his/her~~**their** license/**certification/registration ten** (10) calendar days before it expires. If an employee does not renew his/her license in the appropriate timeframe, the employee may be **subject to** termination~~ed. If this is a 2nd violation of this policy, additional disciplinary action may be taken upon renewal.~~

~~c.~~**d.** In the event that any action is taken by any licensing agency or any credentialing body which might result in the accusation, sanction, revocation or suspension of a license/certification/registration, ~~then~~ it is the employee's responsibility to notify his/her supervisor immediately following notice of any such activity by credentialing boards. Failure to comply may result in disciplinary action, up to and including termination of employment.

~~d.~~**e.** The HRD will notify the appropriate Department Supervisors of expiring licenses/certifications/registrations through email and reports.

CONTRACT EMPLOYEES:

1. **The individual Departments, the HRD, and Staffing Resources track ~~travelers or other~~ contracted employees in the same manner as all licensed personnel.**

~~1.~~**2.** Each ~~nursing~~ contracted ~~employee (i.e. traveler)~~**Traveler** will have Primary Source Verification of his/her license/**certification/registration** maintained in **the HRD**~~Staffing Resources. The individual Departments and Staffing Resources track travelers or other contract employees in the same manner as all licensed personnel.~~

~~2.~~**3.** Registry personnel, utilized on a shift-by-shift basis, will have their license/certification/**registration** verified by their agency prior to their first shift and this information will be noted on each Registry employees Letter of Competency (LOC). Copies of the LOC are maintained and filed in Staffing Resources ~~for nursing~~.

Tri-City Health Care District
Oceanside, California

ADMINISTRATIVE ~~Policy Manual~~
DISTRICT OPERATIONS

ISSUE DATE: 11/94 **SUBJECT:** Portable Space Heaters, Use of

REVISION DATE: 05/03, 01/09, 11/09, 05/15 **POLICY NUMBER:** 8610-247

Administrative District Operations Content Expert Approval:	**03/19**
Administrative Policies & Procedures Committee Approval:	**~~04/15~~04/19**
Medical Executive Committee Approval:	**n/a**
Finance, Operations & Planning Committee Approval:	**n/a**
Administration Approval:	**05/18**
Professional Affairs Committee Approval:	**~~05/15~~ n/a**
Board of Directors Approval:	**05/15**

A. **PURPOSE:**

1. The purpose of this policy is to provide for the safety of ~~the~~ **all** patients, staff and visitors **to Tri-City Medical Center** ~~of the Medical Center.~~

B. **POLICY:**

1. **The u**~~U~~se of **any** portable space heaters in patient care areas is **strictly** prohibited.
2. **The u**~~U~~se of portable space heaters in all other **non-patient care** areas of the **Tri-City** Medical Center is strictly limited. -The **portable space** heaters must be of **an** oil filled type, **must be operated by a digital thermometer and is** ~~are~~ either Underwriters Laboratories (UL) approved or listed.~~, and~~ **Staff utilizing a portable space heater** must **obtain**~~be approved~~ **approval** by the Director of Facilities or designee **prior to it's its usage**.

Tri-City Medical Center	Cardiovascular Services
PROCEDURE:	**CARDIAC STRESS TEST**
Purpose:	Clinical competency is essential in performing and interpreting Cardiac Stress Test to assure that all approved providers follow guidelines established by the American College of Cardiology (ACC) and American Heart Association (AHA). Continuous quality improvement is performed to assure compliance with established standards and action is taken to correct any deficiencies.
Policy:	Cardiac Stress Tests are supervised by ~~trained Advanced Practice Nurses (APN), Physician Assistants, and/or p~~physicians with training and board certification in Cardiology. Interpretation, analysis and reporting of Cardiac Stress Tests are performed by Cardiologist only.
Equipment:	Mortara System
Issue Date:	**NEW**

A. **DEFINITIONS:**

1. A Cardiac Stress Test is a procedure that determines how well the heart and blood vessels are working.
2. A patient is expected to exercise on a treadmill while a Cardiologist ~~or physician extender~~ monitors the blood pressure and heart rhythm.

B. **POLICY**

1. Physician written order is mandatory.
2. A Cardiologist or ~~physician extender~~ must be present during the exercise portion of the exam.
3. Machine settings and patient position will be adjusted as needed.
4. Check the ECG signal for a well-defined R wave before beginning the examination.
5. Introduce yourself and use (2) identifiers to verify correct patient.
6. The EKG technician will explain the test to patient.
7. Perform "Standard Precautions" at all times.
8. Maintain patient privacy.
9. Reason for termination of the treadmill exercise:
   a. Target heart rate achieved
   b. Significant chest pain and/or ECG changes consistent with an ischemic response
   c. A decline in blood pressure or unstable hemodynamics
   d. Patient is unable to continue due to fatigue or excessive shortness of breath
   e. Significant arrhythmia
   f. Patient asks to stop

C. **PROCEDURE:**

1. Patient Preparation:
   a. Establish indication for exam. Obtain brief cardiac history from patient.
   b. Enter patient data into the exercise treadmill system and select appropriate settings
   c. Obtain signed consent form for treadmill exercise exam
   d. Prepare the skin area and connect the ECG leads to patient in appropriate modified positions.
   e. Place blood pressure cuff on patient's arm, preferably the right arm
   f. Obtain resting blood pressure and print a resting ECG.
   g. Patient is instructed on how to walk on the treadmill and the need to safely and quickly return to the bed and assume the same left decubitus position post exercise.
   h. Patient performs exercise according to conventional exercise protocol
   i. Serial blood pressures, pulse and ECG recordings are obtained in the recovery period.

Department Review	Division of Cardiology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
NEW, 01/19	05/18	n/a	n/a	05/19	n/a	

The Cardiologist ~~or physician extender~~ will remain in vicinity of treadmill room ~~for five minutes or longer~~ during recovery depending on patient stabilization and safety. Patient monitoring is terminated and patient is released from the treadmill room by the attending Cardiologist. ~~or physician extender.~~

2. At the conclusion of the test:
   a. Patient is wiped clean of and supplies are re-stocked.
   b. Proper infection control measures are taken to clean room.
   c. Transfer images to CPACS digital workstation.
   d. Cardiac Stress Test exam is dictated by attending Cardiologist. ~~or physician extender.~~
   e. Record the exam information on the CVT log.
   f. CVT will process the appropriate billing charges through **Cerner**~~Compass~~.

Tri-City Medical Center	CAT Scan
PROCEDURE:	PROTOCOLS FOR IV AND ORAL CONTRAST FOR GE 64 SLICE CT
~~Purpose:~~	
~~Supportive Data:~~	
~~Equipment:~~	
~~Issue Date:~~	

A. **PROCEDURE:**

1. **Head/Orbit with IV contrast:**
   a. 100mL ~~Optiray~~**Optiray (ioversol)** 320, IV 90 sec- 2 minute delay
2. **CTA-Carotids/Circle of Willis:**
   a. 75 mL-100 mL ~~Optiray~~**Optiray (ioversol)** 320 IV contrast to be followed immediately with 30 mL of 0.9% sodium chloride IV through an 18ga-20ga ~~anticubital~~**antecubital** IV site in the right arm is preferred, no oral contrast. "Smart Prep" or use a Timing bolus to adjust the timing. Other IV locations or needle gauges may be used if the technologist has performed a patency check and has judged the IV site to be satisfactory. A patency check is to be performed using 15-20 mL of 0.9% sodium chloride prior to starting contrast injection
3. **Brain Perfusion:**
   a. 4 mL/second for a total 50 mL of ~~Optiray~~**Optiray (ioversol)** 320, immediately followed by 50 mL of 0.9% sodium chloride at 4 mL/ second. 18g-20g IV in a large vein of the arm.
4. **Soft Tissue Neck with IV contrast:**
   a. **75-**100 mL ~~Optiray~~**Optiray (ioversol)** 320, IV 70 second delay
5. **Chest with IV contrast:**
   a. 75mL-125mL ~~Optiray~~**Optiray (ioversol)** 320 IV, 40 second delay.
   b. Contrast to be followed immediately with 30mL of 0.9% sodium chloride through a 20-22ga IV, no oral contrast. A patency check is to be performed using 15-20 mL of 0.9% sodium chloride prior to starting contrast injection.
6. **Chest to r/o Pulmonary Embolism, CTA:**
   a. 75 mL-125mL ~~Optiray~~**Optiray (ioversol)** 320 IV contrast to be followed immediately with 30 mL of 0.9% sodium chloride IV through an 18ga-20ga ~~anticubital~~**antecubital** IV site in the right arm is preferred, no oral contrast. "Smart Prep" or use a Timing bolus to adjust the timing. Other IV locations or needle gauges may be used if the technologist has performed a patency check and has judged the IV site to be satisfactory. A patency check is to be performed using 15-20 mL of 0.9% sodium chloride prior to starting contrast injection.
7. **Cardiac Coronary Vessels:**
   a. **No contrast for localization of Aortic root.**
   b. ~~Optiray~~**Optiray (ioversol)** 350 should be used. When performing timing bolus, program 5 mL/sec for a volume of 20-30 mLs total. Follow with 5mL/sec 0.9% sodium chloride 20-30 mL. Contrast is initiated at the last 5 seconds of the breathing instruction. For final phase, program contrast flow of 5 mL/second for a total of 60mL followed by a contrast flow of 3.5 mL/sec for a volume of 20 mL and ending with 0.9% sodium chloride at 5mL/sec, volume of 50 mL Perform timing bolus using MIROI add 8 second to total peak time. For last phase start contrast and imaging at the same time. Only an 18g IV may be used. The IV must be placed in the upper arm. Total contrast used should be 100 mL-150 mL
8. **Aorta CTA to r/o Aneurysm/ Dissection:**
   a. 75 mL-125 mL ~~Optiray~~**Optiray (ioversol)** 320 IV contrast to be followed immediately with 30 mL of 0.9% sodium chloride IV through an 18ga-20ga ~~anticubital~~**antecubital** IV site in the right arm is preferred, no oral contrast. "Smart Prep" or use a Timing bolus to adjust the timing. Other IV locations or needle gauges may be used if the technologist has

CAT Scan Department ~~Review/Revision~~	Department of Radiology	Pharmacy & Therapeutics Committee	Medical Executive Committee	~~Board of Directors~~Administration	Professional Affairs Committee	~~Administration~~Board of Directors
07/18	10/18	03/19	04/19	05/19	n/a	08/11

performed a patency check and has judged the IV site to be satisfactory. A patency check is to be performed using 15-20 mL of 0.9% sodium chloride prior to starting contrast injection.

9. **Abdomen/Pelvis:**
   a. Oral Contrast Adults ~~In Patient~~: ~~Gastroview~~**Gastroview (diatrizoate meglumine and diatrizoate sodium)**,30 mL mixed with approximately 800mL of water in two cups to be consumed 5-10 minutes apart approximately one – two hour prior to study.
   ~~b. Oral Contrast Adults ED and OutPatient: Omnipaque 240, 50mL mixed with approximately 800mL of water in two cups to be consumed 5-10 minutes apart approximately one – two hour prior to study.~~
   ~~c.~~**b.** IV Contrast 75 mL-125 mL ~~Optiray~~**Optiray (ioversol)** 320 IV, 65 second delay. Contrast to be followed immediately with 30mL of 0.9% sodium chloride through a 20-22ga IV.
10. **Enterography:**
   a. NPO After midnight or 6 hours prior to exam
   b. Oral contrast: Use ~~"Volumen"~~**Volumen (barium sulfate 0.1%)**
   c. 60 minutes prior to exam have the patient drink 450mL (1 bottle)
   d. 40 minutes prior to exam have the patient drink 450mL (1 bottle)
   e. 20 minutes prior to exam have the patient drink 225 mL (1/2 bottle)
   f. 10 minutes prior to exam have the patient drink 225 mL (1/2 bottle)
   g. Scan post Ct Abdomen and Pelvis with IV contrast 100ml ~~Optiray~~**Optiray (ioversol)** 320
   h. IV Contrast 75 mL-125 mL ~~Optiray~~**Optiray (ioversol)** 320 IV, 65 second delay. Contrast to be followed immediately with 30mL of 0.9% sodium chloride through a 20-22ga IV.
11. **Dual Phase Liver or Pancreas:**
   a. 400 mL-800mL of water or two cups to be consumed 5-10 minutes apart approximately one – two hour prior to study. 75 mL-125 mL ~~Optiray~~**Optiray (ioversol)** 320 IV. Use 30 approximately a 30 second delay for the arterial phase, and adjust timing venous phase to equal a total of 70 seconds delay. Contrast to be followed immediately with 30mL of 0.9% sodium chloride through an 18-20ga IV.
12. **Pelvis only with IV and Oral contrast media:**
   a. ~~Gastroview~~**Gastroview (diatrizoate meglumine and diatrizoate sodium)** 30 mL mixed with approximately 800 mL of water in two cups to be consumed 5-10 minutes apart approximately one – two hour prior to study 75 mL-125 mL ~~Optiray~~**Optiray (ioversol)** 320 IV, 65 second delay. Contrast to be followed immediately with 30 mL of 0.9% sodium chloride through a 20-22ga IV.
13. **CT Urogram:**
   a. 80 - 125mL ~~Optiray~~**Optiray (ioversol)** 320 contrast followed immediately with 200 mL 0.9% normal saline over 8 minutes. Oral contrast is approximately 800mL tap water given 10- 15 minutes prior to examination.
14. **CTA-Aortic Arch : :**
   a. 75-125mL ~~Optiray~~**Optiray (ioversol)** 320 IV contrast to be followed immediately with 30 mL of 0.9% sodium chloride IV through an 18ga-20ga antecubital IV site in the right arm is preferred, no oral contrast. Other IV locations or needle gauges may be used if the technologist has performed a patency check and has judged the IV site to be satisfactory. A patency check is to be performed using 15-20 mL of 0.9% sodium chloride prior to starting contrast injection
15. **CTA Pre/Post Endograft**:
   a. 75-100mL ~~Optiray~~**Optiray (ioversol)** 320 IV contrast to be followed immediately with 50 mL of 0.9% sodium chloride IV through an 18ga-20ga antecubital IV site in the right arm is preferred, no oral contrast. Other IV locations or needle gauges may be used if the technologist has performed a patency check and has judged the IV site to be satisfactory. A patency check is to be performed using 15-20 mL of 0.9% sodium chloride prior to starting contrast injection.
16. **CTA Visceral/Renal:**

a. 75-100 mL ~~Optiray~~**Optiray (ioversol)** 320 IV contrast to be followed immediately with 30 mL of 0.9% sodium chloride IV through an 18ga-20ga antecubital IV site in the right arm is preferred, no oral contrast. Other IV locations or needle gauges may be used if the technologist has performed a patency check and has judged the IV site to be satisfactory. A patency check is to be performed using 15-20 mL of 0.9% sodium chloride prior to starting contrast injection.

17. **CTA Run-Off:**
    a. 100-150mL ~~Optiray~~**Optiray (ioversol)** 320 IV contrast to be followed immediately with 80 mL of 0.9% sodium chloride IV through an 18ga-20ga antecubital IV site in the right arm is preferred, no oral contrast. Other IV locations or needle gauges may be used if the technologist has performed a patency check and has judged the IV site to be satisfactory. A patency check is to be performed using 15-20 mL of 0.9% sodium chloride prior to starting contrast injection.
18. **Pediatric (1yr-14 yrs of age) IV contrast dosage: 1mL/lb or 2mL/Kg body weight up to 100Lb:**
    a. Oral contrast media—~~Gastroview~~**Gastroview (diatrizoate meglumine and diatrizoate sodium)** 30 mL mixed with approximately 800 mL of water in two cups. Contrast to be administered one to two hours prior to exam. Amount the patient will drink will be dependant on patient ability to tolerate drink. At no time should the patient drink more than he is willing to.
19. **Pediatric Intravenous Contrast 1mL/lb or 2mL/Kg body weight of ~~Optiray~~Optiray (ioversol) 320:**
    a. Adjust volume of IV contrast accordingly. Use a 50-60 second delay.
20. **Rectal contrast dosage:**
    a. 30mL ~~Gastroview~~**Gastroview (diatrizoate meglumine and diatrizoate sodium)** mixed with 800mL warm tap water in designated enema bag. Actual patient dose is varied and dependent on patient ability to tolerate. Typically this should be, 400-700mL

B. <u>SPECIAL CONSIDERATIONS:</u>

~~21.~~**1.** ***IV injectable doses are valid for patients that weigh 100 lbs or more. If patient weighs less than 100 lbs, give 1 mL per pound of body weight.**

~~22.~~**2.** Changes to standard protocols must be approved by a physician and documented on the "screening tool"

~~23.~~**3.** ***All contrast oral and IV must be administered in accord with hospital policy. (MD, RN's and "competent" Technologist)**

~~24.~~**4.** **If IV contrast risks are assessed to be outside of normal parameters, consult with a physician and perform the examination as directed by the Radiologist or "on duty physician"**

Tri-City Medical Center
Oceanside, California

WOMEN'S &AND NEWBORN ~~CHILDREN'S~~ SERVICES ~~MANUAL –~~
NEONATAL INTENSIVE CARE UNIT (NICU)

ISSUE DATE:

SUBJECT: Orientation of the Professional Nursing Staff to the NICU

REVISION DATE(S): 08/12, 01/19

Women and Newborn Services Department Approval:	**~~2/15~~04/19**
~~Division of Neonatology~~Perinatal Collaborative Practice Approval:	**~~n/a~~04/19**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Medical Executive Committee Approval:	**n/a**
Administration Approval:	**05/19**
Professional Affairs Committee Approval:	**~~03/15~~ n/a**
Board of Directors Approval:	**03/15**

A. **POLICY:**

1. A competency-based orientation ~~(CBO)~~ system is used for orientation to the NICU.
2. **Orientation basis is the NICU RN skills checklist and educational needs identified** ~~The orientation is offered over a period of time determined by the new staff RN's (orientee) individual needs~~, ~~based~~ **from**~~on~~ new staff RNs ~~individual~~ **self-**assessment, **NICU leadership and** preceptor assessment. ~~, the NICU RN skills checklist and educational needs identified.~~ **Timeframe is individualized to new RN.**

B. **PROCEDURE:**

1. A NICU staff RN (preceptor) who has completed the preceptor ~~course~~ **training per Patient Care Services Procedure: Preceptor Program** is selected and conducts the orientation.
2. The preceptor and orientee work the same schedule and are given the same assignment. If primary preceptor is not available, an alternate preceptor is assigned by ~~management/CNS~~**leadership**.
3. Orientation includes, but is not limited to the following:
   a. Policies, procedures, standards of care, clinical pathways, and quality control checks.
   b. The initiation of ~~CPR~~ **NRP** and emergency measures.
   c. The recognition, interpretation, and documentation of signs and symptoms, and identification of those requiring notification of a physician or ~~licensed independent practitioner (LIP).~~ **Allied Health Professional.**
   d. Policies and practice in IV therapy, fluids, electrolytes, and blood collection and administration.
   e. Specialized nursing procedures and the operation of equipment specific to the needs of the patients in the NICU.
   f. The psychological, social, cultural, developmental, and educational needs of patients and families.
   g. Equipment and electrical safety.
   h. Infection Control.
4. In addition, the CBO program includes:
   a. Unit in-services as offered.
   b. A neonatal resuscitation class that is offered by educational services and is required for employment.
   c. Orientation to electronic health record (EHR) and, computerized physician order entry (CPOE).

d. Assignment of an RN to act as a resource for the new nurse at the completion of orientation for transition as needed.
e. On-going competency-based evaluation in the NICU.
f. A meeting of the preceptor, the new RN, and the CNS/ **NICU leadership** -to evaluate the orientation process.

C. **RELATED DOCUMENT(S):**

~~f.~~1. **Patient Care Services Procedure: Preceptor Program**

~~C.~~D. **REFERENCE(S):**

1. CCS Manual of Procedures, Chapter 3.25, CCS Standards for Neonatal Intensive Care Units; Chapter 3.25-2-12. (1999)

DELETE - Circumcisions will no longer be done in the hospital

Tri-City Medical Center	Distribution: Women & Newborn Services
PROCEDURE:	**CIRCUMCISION**
Purpose:	To outline the nursing responsibilities in assisting the physician with circumcision of male infants.
Supportive Data:	Assisting physicians performing circumcision ensures infant safety by maintaining the sterile field and the patency of the infant's airway. There is considerable evidence that newborns who are circumcised without analgesia experience pain and physiologic stress. Neonatal physiologic responses to pain include changes in heart rate, blood pressure, oxygen saturation, and cortisol levels (AAP Policy statement, 1999). Swaddling, sucrose by mouth, and acetaminophen administration may reduce the stress level but is not sufficient for operative pain and cannot be recommended as a sole method of analgesia. Ring blocks and dorsal penile blocks have proved to be more effective as analgesia methods vs. local anesthesia and combination preparations of Lidocaine and prilocaine that provide some anesthesia benefit (AAP/ACOG, 2007; NANN, 2006).
Equipment:	1. Circumcision board with leg and arm restraints 2. Circumcision pack 3. Povidone-iodine solution4. Have available: a. Tuberculin syringe b. 1% Lidocaine without epinephrine and/or preservatives c. Surgicele or Vaseline gauze d. Polysporin ointment 5. Gomco: Sizes 1.1, 1.3, and 1.45 6. Plastibell: Sizes 1.1, 1.2, 1.3, 1.4, and 1.5 7. 2x2 gauze 8. Oral Sucrose (24%) 9. Pacifier

A. **POLICY:**
1. Criteria for Circumcision:
   a. Stable transition to extrauterine environment exhibited.
2. Pre-procedural feedings for the infant will be at the discretion of the attending physician.
3. Circumcisions are performed in areas away from visitors.
4. Parent's presence during the procedure is at the physician's discretion.
5. Oxygen and suction equipment should be readily available.

B. **PROCEDURE:**
1. Verify physician order.
2. Confirm presence of informed consent and properly completed TCMC "Operative or other Procedures" consent form.
3. Pre-procedure assessment:
   a. Before circumcision, an RN should complete and initial assessment and history. It is important to document the following:
      i. Absence of obvious congenital or other related anomaly of the genitourinary tract.
      ii. Signs or symptoms of infection.
      iii. Respiratory distress.
      iv. Hypothermia.

Review/Revision Date	Department of OB/GYN	Department of Pediatrics	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors Approval
10/06, 05/08, 2/10, **08/18**	8/07, 2/10, **n/a**	03/15, **11/18**	3/15, **03/19**	8/07, 4/15, **04/19**	**05/19**	9/07, 05/15, **n/a**	9/07, 4/10, 05/15

b. The physician performing the circumcision should notify the nursery of the pending circumcision prior to the procedure to facilitate analgesic administration.

4. The RN shall:
   a. Obtain a circumcision set.
   b. Protectively contain the infant on the circumcision board.
   c. Prep the infant to the physician's preference and assist with the procedure as needed.
5. Analgesic Administration:
   a. Verify order and dosage for analgesic.
   b. Administer oral analgesia if ordered, prior to procedure and consider onset of action.
   c. Sucrose on a pacifier may be administered as a comfort measure.
6. Process:
   a. The RN shall:
      i. Identify the patient using two patient identifiers.
      ii. Implement Universal protocol:
         1) Call a "time out "to verify:
         2) Name of infant/mother, date and time of birth.
         3) Name of physician performing the procedure.
         4) Type of procedure (e.g. Gomco, Mogen, Plastibell).
         5) Planned analgesia.
            a) Dorsal Penile Nerve Block
            b) Other (ie: liquid oral acetaminophen)
         6) Comfort measures
            a) Sucrose on a pacifier
            b) Physiologic positioning on a padded environment
            c) Analgesia given preoperatively if ordered
      iii. Document "time out" was performed in the infant's medical record
         1) Refer to TCMC PCS Procedure: "UNIVERSAL PROTOCOL"
7. Post-procedure:
   a. Use Surgicele postoperatively for excessive bleeding per physician order.
   b. Notify physician if bleeding persists or Surgicele must be reapplied.
   c. Complete the charge billing sheet for the procedure.
8. The physician performing the procedure is responsible for the procedure and should be notified of any problems that arise following the procedure.
9. The infant may be discharged home 2 hours after the circumcision or as ordered by physician.

C. **DOCUMENTATION:**
1. Documentation should include the following:
   a. Date and time of the procedure.
   b. Preprocedure Checklist
   c. Name of the physician performing the procedure.
   d. Type of procedure (i.e., Gomco, Mogen, or Plastibell, including size).
   e. Anesthesia or pain medication given.
   f. Infant tolerance of the procedure to included pain scores (NPASS), 15 min and 30 min after the procedure.
   g. Site assessment, including any bleeding, 15 min and 30 min after the procedure

h. Infant's first void after the procedure.

i. If infant is discharge without voiding, instruct parents to notify physician if infant unable to void within 12 hours or as instructed by physician.

D. POST- CIRCUMCISION CARE:

1. Explain circumcision care to the parents or guardian and record in the electronic medical record (EMR).
2. The infant's caregiver should apply Polysporin/Petroleum ointment to the penis with each diaper change for the first 3 days following the procedure.
3. Soap should be avoided for the first three days.

E. REFERENCES:

1. AAP & ACOG, (2012) Guidelines for Perinatal Care, 7th Edition. Washington, DC.
2. Association of Women's Health, Obstetric and Neonatal Nursing (2006) Improving Neonatal Skin Care. (2nd edition) Washington, D.C.
3. Altimer, L. (2006) NANN Guidelines. Neonatal Nursing Policies, Procedures, Competencies, and Clinical Pathways. *Circumcision.* Glenview, IL
4. Besuner, P. (2007). AWHONN Templates for Protocols and Procedures for Maternity Services, 2nd Edition. Association of Women's Health, Obstetric and Neonatal Nurses: *Circumcision.* Washington, D.C.
5. Kraft, N. (2003) A pictorial and video guide to circumcision without pain. *Advances in Neonatal Care, 3(2), 50-64.*
6. Hockenberry, M.J., & Wilson, D. (2006). *Wong's Nursing Care of Infants and Children.* (8th Ed.) St. Louis: Mosby.
7. Merenstein G. & Gardner, S. (2006). Handbook of Neonatal Intensive Care, 6th Ed. Mosby, pp. 209-210.
8. Mosbys Online – OB: "Circumcision: Assisting"; "Circumcision: Post Procedure Care" (2009)

Prothrombin Complex Concentrate
(Kcentra™)

Requestor: Michael Montoya, Pharm.D., BCPS

Drug Class:[1] Blood Product Derivative; Hemostatic Agent; Prothrombin Complex Concentrate (4F-PCC)

FDA Approval: April 29, 2013[2]

Indication(s): The urgent reversal of acquired coagulation factor deficiency induced by vitamin K antagonist (VKA, e.g., warfarin) therapy in adults with acute major bleeding or the need for an urgent surgery / invasive procedure.[1,3]
Non-FDA approved use: urgent reversal of acquired coagulation factor deficiency that is non-warfarin related

Manufacturer: CSL Behring GmbH[1-3]

Formulation:[1] Kcentra™ is supplied in a single-use vial. The actual units of potency of all coagulation factors (Factors II, VII, IX, and X) and proteins C and S are stated on each Kcentra™ carton. Each kit [NDC 63833-0386-02] contains:

- 500 units Kcentra™ in a single-use vial [NDC 63833-0396-01]
- 20 mL vial of Sterile Water for Injection, USP [NDC 63833-0761-20]
- Mix2Vial filter transfer set
- Alcohol swab

Recommendations

☐ <u>At this time Kcentra™ should be added to formulary and 3F-PCC (Profilnine) removed from formulary</u>

- Kcentra™ has been recommended over FFP by multiple national guidelines including the 2012 CHEST guideline on anticoagulant therapy for rapid reversal of VKA-associated coagulopathy[11], the 2015 American Stroke Association Guidelines on the treatment of acute hemorrhagic stroke[10], and the 2016 Neurocritical Care Society Guidelines on reversal of antithrombotics in intracranial hemorrhage,[13] and the American College of Cardiology Guidance for Anticoagulation Reversal.[37] There is clear superiority of Kcentra™ relative to FFP in rapid INR correction in patients with warfarin coagulopathy. In patients requiring urgent surgery, Kcentra™ was superior to FFP in achieving effective hemostasis. In patients treated for warfarin-associated ICH, Kcentra™ was associated with less hematoma expansion than FFP. Kcentra™ should be an attractive option in select patients:
  - ✓ Life-threatening bleeding such as ICH where a rapid INR reduction (INR <1.4 within 3 hours) with Kcentra™ reduces hematoma expansion and may lead to reduced mortality.
  - ✓ Emergent life or limb saving surgery. To reduce the delay to life or limb saving surgery,
  - ✓ Patients who are likely to have a negative outcome due to volume overload concerns (e.g., patients with a history heart failure)
  - ✓ Patients who refuse blood products.

☐ Current standards of adjunct therapy for VKA reversal should be in place as a standard STAT protocol for VKA anticoagulation reversal of any elevated INR with life-threatening bleeds.

☐ The use of FFP remains a cornerstone therapy but does involve blood typing, delay due to thawing, and large volume infusions.

☐ Ensure anticoagulation Order Sets reflect appropriate reversal

- VKA Reversal
  - INR ≥ 5 and < 9 and high risk of bleeding
    - Vitamin K PO 1 to 2.5mg X 1
  - INR ≥ 9 and no bleeding
    - Vitamin K PO 2.5-5mg X 1
  - Major bleeding at any INR with no ICH
    - Vitamin K IVPB 10mg X 1
    - 4F-PCC (Kcentra) 1000 units X 1
    - FFP PRN
  - ICH
    - Vitamin K IVPB 10mg X 1
    - 4F-PCC (KCentra) 50units/kg X 1, max 5000 units

- FFP PRN

Evidence Summary:

KCentra™ has demonstrated rapid correction of international normalized ratio (INR), but significant mortality benefit when compared with fresh frozen plasma (FFP) and 3F-PCC products has yet to be demonstrated.

- Three randomized controlled trials have been conducted to date showing Kcentra™ to be superior to FFP in rapidly correcting the INR.[4-6]
- In randomized controlled trials, Kcentra™ was found to be non-inferior;[4] and in one study superior to FFP in achieving effective hemostasis at 24 hours.[6]
- In the largest randomized controlled trial evaluating INR correction in warfarin-associated intracranial hemorrhage (ICH), Kcentra™ was associated with more rapid INR correction, lower incidence of significant hematoma expansion than FFP, and a trend toward lower mortality rates.[5]
- Safety analyses from published randomized controlled trials have not detected a difference in thromboembolic adverse events between Kcentra™ versus FFP. An increase rate of fluid overload is observed with FFP when compared to Kcentra™ in the clinical trials.[4, 6]
- One large retrospective study pooled data from international stroke registries and determined that there was no difference in 30 day mortality between PCC and FFP as treatment in patients with warfarin-associated ICH.[7]
- Studies comparing 3F-PCC vs. Kcentra™ are limited to retrospective observational studies.[8, 9, 32, 33]
- One systematic, qualitative review compared 3F-PCC vs. Kcentra™ for a surrogate marker of INR lowering effects, inferring the INR decreased to ≤ 1.5 within one hour after PCC administration in 6 of 9 studies in the 3-factor group and 12 of 13 studies in the 4-factor group. Additionally, in patients with higher baseline values for INR (i.e., ≥ 4), the effect of either PCC product was variable.[8]

Critical Issues Summary:

Kcentra™ (Prothrombin complex concentrate (Human)) is the first 4-Factor PCC approved in the United States for the urgent reversal of VKA therapy in the setting of acute bleeding. The most profound impact that Kcentra™ may have on clinical practice is its potential to replace its comparator product, fresh frozen plasma (FFP).

Patients on VKA therapy are already at an increased risk for thromboembolic events. Anticoagulation reversal, in an effort to stop bleeding, increases this risk. Due to the increased mortality associated with major bleeding, especially intracranial hemorrhages, reversal agents for VKA therapy are needed. The impact that these biological products can have on therapy warrants the conducting of prospective head-to-head trials to determine which products, if any, are superior.

Data exists to indicate Kcentra™ is superior at rapidly lowering INR below 1.5 than other products such as plasma, 3F- PCC or vitamin K alone.[4-6, 8] The clinical trials so far have not demonstrated a reduction in morality outcomes with the use of Kcentra™ when compared to FFP. A recent randomized study did demonstrate a reduction in hematoma expansion with Kcentra™ versus FFP in patients with spontaneous warfarin-associated ICH.[5] Problems associated with FFP, such as long thawing time, blood matching, intermediate time to effect, and large volume requirement, are eliminated by the availability of Kcentra™ and form the basis for the recommendation by national guidelines to suggest the use of Kcentra™ over FFP for rapid warfarin reversal.[10, 11]

Although evidence of an increased risk of thrombotic events with Kcentra™ compared to FFP has not been demonstrated in clinical trials, patients with recent thrombotic events were excluded and therefore it is unknown if there is a difference in thrombotic events associated with Kcentra™ versus plasma in non-selected patients.[4-6]

Estimated cost of treating one patient with Kcentra™ is approximately $4500 compared to $300 with FFP; this difference may prove to be cost prohibitive especially in contexts where there is no clear mortality benefit. Some critical questions remain:

- In what clinical contexts would Kcentra™ provide the most benefit over FFP?
  - Kcentra™ has demonstrated its ability to reduce hematoma expansion in patients with warfarin-associated ICH. Therefore patients with warfarin-associated ICH (regardless of whether or not they require surgery) would benefit from Kcentra™ over FFP.[5]
  - Taking advantage of its ability to rapidly reduce the INR to less than 1.4 within 30 minutes, Kcentra™ would be preferred over FFP in patients who require life or limb saving surgery emergently.
  - Since Kcentra™ is derived from pooled plasma, it may have a role in patients who refuse blood products.
- Could Kcentra™ be used for reversal of the direct acting oral anticoagulation medications? Would this be appropriate?

- No prospective clinical studies evaluating the safety and efficacy of Kcentra™ for reversal of the direct acting oral anticoagulants in bleeding patients exist. The only studies evaluating Kcentra™ for reversal of the anticoagulant activity of direct oral anticoagulants are limited to healthy human volunteers, animal and human *ex-vivo* bleeding data.[12, 13] Results are mixed but may show promise with rivaroxaban (Xarelto®) reversal.[14] Studies with dabigatran (Pradaxa®) showed poor results.[12]
- A retrospective review of traumatic intracranial hemorrhage patients on factor Xa inhibitors compared receiving 4F-PCC to no reversal agent. The 4F-PCC group had a higher mortality (22.9% v 3.7%) and ICU length of stay ((2.5 days v 1.4 days) while the no reversal group had a higher rate of ischemic stroke/transient ischemic attack (0% v 14.8%). Results of this study can be confounded as patients that received 4F-PCC had a higher injury severity score (17.6 v 12.1) showing a mortality benefit in the arm of no reversal agent.[34]

- What is the best dosing scheme? Is there any benefit to re-dosing?
  - Re-dosing is not supported by clinical trials but could be done in clinical practice. This would technically be inappropriate use of the medication.
  - Several studies have advocated for fixed dosing regimens of 4F-PCC rather than the weight based dosing advocated for in the product labeling. A retrospective analysis utilized a fixed dosing regimen of 1500 units of 4F-PCC for VKA associated bleeding with a primary endpoint of an INR $\leq$ 1.5 and secondary endpoints of medication turnaround times, INR $\leq$ 2 or clinical hemostasis (as determined by provider) rescue doses, thromboembolic events, and cost savings. 75% of patients reached INR $\leq$ 1.5 after single fixed dose and all reached $\leq$ 2. 81% of patients received vitamin K as well which is a cornerstone for VKA reversal. There were no reported cases of thromboembolic events. Of note, 46% of patients were being treated for an intracranial hemorrhage (ICH), which some fixed dosing strategies will exclude.[35] One retrospective study did review fixed dosing strategy for ICH with a dose of 1000 units of 4F-PCC to achieve a target INR $\leq$ 1.5. Secondary endpoints included in-hospital mortality and patient disposition. Only 61 patients were included in the review. More patients achieved a goal INR $\leq$ 1.5 in the weight based group (71% v 53%) however no difference was seen in in-hospital mortality (26% v 27%) or patients discharged to home (19% v 20%)[36].
- How does Kcentra™ compare to 3F-PCCs or rFVIIa?
  - Direct comparison studies between 3F-PCC and Kcentra™ are limited to retrospective studies. No difference in achievement of rapid INR correction has been observed between 3F-PCC and Kcentra™. There is evidence to suggest Kcentra™ is better than 3F-PCC in achieving INR correction when the baseline INR is greater than 4 (90% vs 56.3%, p<0.02).[15,33] In one retrospective study, Kcentra™ was associated with decreased mortality compared to 3F-PCC (OR 0.19, 95% CI [0.06-0.54], p=0.002).[9] Four factor PCC was found to be more cost-effective compared to 3F-PCC in a retrospective cost-effectiveness study evaluating rapid warfarin reversal in trauma patients when taking into account redosing of factor products and concomitant transfusion costs.[16] Although recombinant factor VIIa is effective in rapidly reducing the INR, it is not recommended as a reversal strategy for warfarin-related major bleeding since it does not restore thrombin generation.[10]
- Is there a role for Factor Eight Inhibitor Bypassing Agent (FEIBA) NF (aPCC) in VKA reversal?
  - Like Kcentra™, FEIBA contains factors VII, IX, X, and II. However, the factor VII component in FEIBA is activated where it is inactive in Kcentra™. FEIBA is indicated for use as a prohemostatic agent in patients with hemophilia.[17] Data supporting use of FEIBA in VKA reversal is limited to one small retrospective observational study conducted prior to the availability of Kcentra™ to the US market.[18] There are no current or anticipated studies directly comparing FEIBA to Kcentra™ for VKA reversal.
- If mortality rates with ICH are so high regardless of treatment, how is the cost of Kcentra™ justified versus less costly alternatives?
  - No economic studies have been performed yet.
- Are the practical advantages of Kcentra™ over plasma worth the cost burden?
  - One cost-effectiveness modeling study from the United Kingdom of prothrombin complex concentrate versus FFP concluded that PCC appeared to be more cost-effective treatment than FFP for the emergency reversal of warfarin.[19] However, this analysis was based on the differences in time to INR correction and the plausible connection to reduced morbidity.
- It's important to note that patients with a history of thromboembolic events within 3 months were excluded from the randomized controlled trials. So it is unknown if there is a difference in thromboembolic events between Kcentra™ and FFP when used in non-selected patients.

ckground[20-24]

Warfarin remains the mainstay of treatment and prevention of primary and secondary thrombosis in patients with cardiovascular disorders including atrial fibrillation, deep vein thrombosis, pulmonary embolism, and stroke. Successful therapy with warfarin

requires careful consideration of the drug's pharmacokinetic variability, vast drug and food interactions, and, most importantly, the associated increased risk of bleeding. The worst type of bleeding that patients can experience is an ICH, which studies show has a 30-day mortality rate of 40%-60%.[7] Despite these risks, options exist for the reversal of warfarin's effects and a subsequent normalization of hemostasis. Current strategies for warfarin reversal in the event of life-threatening bleed include holding warfarin, administering intravenous vitamin K, and administering clotting factors such as FFP, prothrombin complex concentrates, or recombinant Factor VIIa.

In the event of a life-threatening bleeding emergency, simply holding warfarin doses would leave the patient at risk of death for days due to the medication's lasting effects. Oral vitamin K administration takes approximately 24 hours before an INR decrease occurs. Intravenous vitamin K is faster than oral at 4 to 6 hours to full effect. FFP and prothrombin complex concentrates produce the most rapid normalization in INR ($\leq$ 1.3); however, these products each have their own benefits and risks.

Fresh frozen plasma is plentiful in the United States (US) and is relatively inexpensive compared to PCCs; however, the product requires at least 20 minutes to thaw for preparation, is subject to blood compatibility testing, carries risk of blood-borne infection, and must be delivered in large volumes which could fluid overload some patients. PCCs are plasma-derived products that are easily reconstituted, require significantly less volume, can be administered immediately, do not require blood compatibility testing, and undergo a viral inactivation process during manufacturing; however, these products are relatively costly and are possibly associated with increased risk of thromboembolic events.

Kcentra™ is the first 4-factor PCC available in the US and is the only PCC product approved for the rapid reversal of warfarin activity as it contains all the factors depleted by warfarin (Factor II, VII, IX, X, and Protein C and S) . The only other PCCs available in the US are 3-factor PCCs that are approved for factor replacement in patients with hemophilia. Three-factor PCCs lack therapeutic amounts of Factor VII; despite that, they are used in the US as an alternative to plasma for warfarin reversal as Kcentra™ was not available in the US market until 2013. Approval of Kcentra™ offers clinicians another option in the urgent reversal of VKA therapy.

Pharmacology/Pharmacokinetics

Kcentra™ contains the vitamin K-dependent coagulation Factors II, VII, IX, and X, together known as the Prothrombin Complex, and the antithrombotic Protein C and Protein S. Of note, heparin is added as an excipient. Deficiency in one or more of these vitamin K-dependent coagulation factors reduces the body's ability to achieve hemostasis and therefore increases the risk for bleeding. VKAs induce anticoagulant effects by blocking carboxylation of glutamic acid residues of the vitamin K-dependent coagulation factors during hepatic synthesis and, thereby, lowering the synthesis and functionality of these factors. Administration of Kcentra™ rapidly restores levels of vitamin K-dependent coagulation Factors II, VII, IX, and X, and Proteins C and S. See Table 1 for details of the pharmacokinetic parameters of the vitamin K dependent factors in Kcentra™.

Onset of Action: Within 10 minutes[3]

Duration: ~6-8 hours[3]

Table 1. Pharmacokinetic Parameters[1, 3]

Kcentra™	Factor II	Factor VII	Factor IX	Factor X	Protein C	Protein S
Vdss (mL/kg)	71.4	45	114.3	55.5	62.2	78.8
Half-Life (h)	48-60	1.5-6	20-24	24-48	1.5-6	24-48
Clearance (mL/kg·h)	1.0	7.4	3.7	1.3	1.5	1.2

Vdss=Volume of distribution at stead state

Pregnancy Category:[1, 3] C

Nursing:[1, 3] Unknown whether Kcentra™ is excreted in human milk

Pediatric:[1, 3] Kcentra™ was not studied in the pediatric population

Geriatric:[1] No clinically significant differences exist between the safety profile of Kcentra™ and plasma in any age group.

nical Trials

In patients with warfarin-related major bleeding or those who require urgent surgery, current guidelines recommend replacing vitamin K-dependent factors and INR correction.[10, 11] These guidelines also suggest 4-factor PCC rather than FFP as the replacement agent of choice for rapid reversal of VKA-induced coagulopathy despite a lack of mortality benefit.

Until recently, most of the evidence supporting the use of PCC for VKA reversal came from observational studies. The FDA labeling of Kcentra™ was supported by two phase III, open-label, non-inferiority, multi-center, randomized, controlled trials comparing Kcentra™ with FFP.

The first study by Sarode et al.[4] evaluated patients who required urgent reversal of VKA-associated major bleeding and the second study Goldstein et al[6] evaluated patients who required urgent VKA reversal due to urgent surgery or invasive procedure. In both studies, Kcentra™ achieved more rapid warfarin reversal compared to FFP (See Table 2). Kcentra™ was associated with more effective hemostasis than FFP in patients requiring warfarin reversal for urgent surgery but was found only to be non-inferior to FFP in patients with warfarin-related major bleeding.(See Table 3) In both studies, fluid overload occurred more frequently with FFP than Kcentra™.(See Table 4) No differences in thromboembolic adverse events or mortality outcomes were observed between Kcentra™ and FFP (See Table 5 and 6). Table 7 outlines the proportion of patients with underlying heart failure or thromboembolic events, and baseline INR between Kcentra™ and FFP groups.

Table 2. Primary Endpoint: Decrease in INR to ≤1.3 at 30 min after end of infusion in ITT-E population

	Decrease (n/N) %		Difference (%): Kcentra™-FFP (95% CI for difference)*^
	Kcentra™	FFP	
Sarode et al "Major Bleeding"[4]	61/98 (62.2)	10/104 (9.6)	52.6 (39.4-65.9)
Goldstein et al "Surgery"[6]	48/87 (55)	8/81 (10)	45.3 (31.9-56.4)

*Kcentra™ non-inferior to FFP: lower limit of 95% CI exceeds -10%
^Kcentra™ superior to FFP: lower limit of 95% CI exceeds 0.0
ITT-E: Intent to Treat-Efficacy

Table 3. Co-Primary Endpoint: Proportion of subjects with hemostasis rated effective in the ITT population

	Effective (n/N) %		Difference (%): Kcentra™-FFP (95% CI for difference)
	Kcentra™	FFP	
Sarode et al "Major Bleeding"[4]	74/107 (69.2)	72/109 (66.1)	3.1 (-9.4-15.6)*
Goldstein et al "Surgery"[6]	78 (90)	61 (75)	14.3 (2.8-52.8%) *^

*Kcentra™ non-inferior to FFP: lower limit of 95% CI exceeds -10%
^Kcentra™ superior to FFP: lower limit of 95% CI exceeded 0.0
ITT: Intention to Treat

Table 4. Secondary Endpoint: Fluid Overload or similar cardiac event from ITT-S population

	Kcentra™	FFP	Difference (%): Kcentra™-FFP (95% CI for difference)
Sarode et al "Major Bleeding"[4]	5/103 (4.9%)	14/109 (12.8%)	-7 (-15.8-1.8)
Goldstein et al "Surgery"[6]	3/88 (3%)	11/88 (13%)	Not provided

ITT-S: Intent to Treat Safety

Table 5. Secondary Endpoint: Thromboembolic adverse event from ITT-S population

	Kcentra™	FFP	Difference (%): Kcentra™-FFP (95% CI for difference)
Sarode et al "Major Bleeding"[4]	8/103 (7.8%)	7/109 (6.4%)	1.4 (-4.7-115)
Goldstein et al "Surgery"[6]	6/88 (7%)	7/88 (8%)	Not provided

Table 6. Secondary Endpoint: 45-Day Mortality from All Causes in ITT-S population

	Kcentra™	FFP	Difference (%): Kcentra™-FFP (95% CI for difference)
Sarode et al "Major Bleeding"[4]	10/103 (9.7%)	5/109 (4.6%)	5.1 (-1.9-14.6)
Goldstein et al "Surgery"[6]	3/88 (3%)	8/88 (9%)	-5.7 (-14.6-2.7)

Warfarin-associated ICH is associated with significant morbidity and mortality.[25]

Parry-Jones et al pooled individual data from international stroke registries to determine 30 day mortality outcomes in patients with warfarin-associated ICH according to the warfarin reversal strategy.[7] Their retrospective study included 1,547 patients treated with either FFP (n=377), PCC (n=585), both (n=131) or neither (n=454). Fatality rates were highest with no reversal (61.7%), followed by FFP alone (45.6%) followed then by PCC alone (37.3%), compared to reversal with both FFP and PCC (27.8%,. Outcomes with PCC versus FFP were similar (HR 1.075, 95%CI [0.874-1.323, p=0.492).

Steiner et al conducted the only randomized controlled trial to evaluate 4F-PCC versus FFP in patients with warfarin-associated spontaneous ICH.[5] There were 23 patients in the Kcentra™ arm and 27 patients in the FFP arm. Consistent with the findings from the previous studies, Kcentra™ compared to FFP achieved more rapid warfarin reversal (See Table 78). This study was stopped prematurely due to safety concerns as there were a greater number of patients in the FFP arm who demonstrated hematoma expansion of at least one-third. (See Table 78) Hematoma expansion influences warfarin's effect on ICH mortality.[26] A previous large retrospective cohort study found a reduced rate of hematoma expansion in warfarin-related ICH was associated with an INR less than 1.3 and systolic blood pressure less than 160 mmHg within 4 hours of admission.[27] Steiner et al's study is the first study to associate a reduction in hematoma expansion with Kcentra™ over plasma. There was a trend toward reduced mortality in the Kcentra™ group; however, since the study was terminated early the difference in mortality did not reach statistical significance. See Table 8.

Table 7. Comparison of medical history and clinical features at baseline between Bleeding and Surgery RCTs[4, 6]

Parameters	Bleeding Study Kcentra™/Plasma	Surgery Study Kcentra™/FFP
Medical history of CHF	45% / 40%	28% / 40%
Medical history of prior TE event	67% / 72%	64% / 70%
Baseline INR (median)	4.1 / 3.6	2.88 / 2.96 (n = 155 based on interim analysis)

Table 8. Clinical Trials

Article	Study Design / Method	End Points	Results / Conclusion
2016 Steiner et al[5] FFP vs Kcentra™	This was a prospective, randomized, open-label, active-controlled, multi-center, non-inferiority phase IIIb trial. Patients within 12 hours after symptomatic spontaneous ICH with an INR of at least 2 were randomized (1:1) to either receive Kcentra™ at 30 units/kg (n=28) or FFP at 20 mL/kg (n=26).	Primary Enpoint: Rapid INR reduction: INR≤1.2 within 3 hours of treatment initiation Select Secondary Enpoints: 1) Death at 90 days 2) Hematoma expansion at 3 hours 3) Hematoma expansion at 24 hours 4) Functional outcomes at day 90	Study was prematurely terminated by legal authorities due to safety concerns with more hematoma expansion in the FFP group compared to the Kcentra™ group. Primary Outcome: INR ≤1.2 within 3 hrs was achieved in 67% of patients receiving Kcentra™ versus 9% receiving FFP, (OR 30.6, 95% confidence interval [4.7-197.9]), demonstrating non-inferiority. Since the study was prematurely terminated there was insufficient power to demonstrate superiority. Secondary Endpoints: 1) Incidence of death at 90 days was lower in the 4-PCC group 19% vs 35% in the FFP group; however, this was not statistically signficant due to the early termination of the study. Five deaths in the FFP group were due to hematoma expansion as assesed by local investigators and they all occurred within the first 48 hours. No patients in the PCC group had fatal hematoma expansion. 2) Hematoma Expansion at 3 hours of at least >33% growth was lower in the Kcentra™ group 44% vs 59% (OR 3.8, 95% CI[1.1 – 16.0]) 3) Hematoma Expansion at 24 hours of at least 33% growth or death was lower in the Kcentra™ group 30% vs 60% (OR 4.8, 95%CI[1.3 – 20.4]) No significant difference in proportions of patients who were functionally independent were identified at day 15 or 90 betweeen groups.
2015 Parry-Jones et al[7] FFP vs. PCC vs. Both vs. Neither	This was a retrospective study of pooled individual data from international stroke registries evaluating the outcomes of patients who had intracranial hemorrhage. There were a total of 1,547 patients who were treated with either FFP (n=377), PCC (n=585), both (n=131) or neither (n=454)	Primary Endpoint: 30 day mortality	No dfference in mortality between FFP and PCC was found, (HR 1.075, 95% CI [0.874-1.323]). Within the PCC group, 4-factor PCC use was associated with higher case fatality compared to 3-factor PCC (HR 1.441, 95% CI [1.041–1.995] $p = 0.027$)
2015 Goldstein et al[6] FFP vs. Kcentra™	This was a prospective, randomized, open-label, active-controlled, multi-center, non-inferiority phase IIIb trial. Patients requiring urgent warfarin correction (INR ≥ 2) for urgent surgery or invasive procedure (within 24 hours) were randomized (1:1) to either receive Kcentra (n=90) or FFPFFP (n=91). Treatment dosing was based on baseline INR and body weight. Kcentra was given as a single IV dose, with maximum infusion rate of 3 IU/kg per minute. FFP was	Complementary Co-Primary: 1) Hemostatic efficacy of the intervention assessed over a 24 hour period from the start of infusion 2) Rapid INR reduction (≤ 1.3) at 0.5 hour after the end of infusion	Effective hemostasis was achieved in 90% of patients receiving Kcentra™ versus 75% receiving FFP, demonstrating **Kcentra™ to be both non-inferior and superior to FFP** (difference, 14.3% [95% confidence interval, 2.8 to 25.8]), P=0.0045 Rapid INR reduction was achieved in 62.2% of patients receiving Kcentra versus 9.6% of patients receiving FFP (difference, 52.6% [95% confidence interval, 39.4, 65.9]), indicating **non-inferiority and superiority of Kcentra over FFP for rapid INR reduction.**

Article	Study Design / Method	End Points	Results / Conclusion
	infused IV with a rate of 1 U per 30-minute interval. Hemostatic efficacy was assessed by a blinded, independent Endpoint Adjudication Board (EAB) based on a hemostatic efficacy scale developed in discussion with the FDA.		
2013 Sarode et al.[4] Non Inferiority Efficacy Trial FFP vs. Kcentra (Kcentra)	This was a prospective, randomized, open-label, active-controlled, multi-center, non-inferiority phase IIIb trial. Patients receiving VKA therapy with an elevated INR (≥ 2.0 within 3 hours before study treatment) and experiencing an acute major bleeding event were randomized (1:1) to either received Kcentra (n=103) or FFP(n=109). Treatment dosing was based on baseline INR and body weight. Kcentra was given as a single IV dose, with maximum infusion rate of 3 IU/kg per minute. FFP was infused IV with a rate of 1 U per 30-minute interval. Hemostatic efficacy was assessed by a blinded, independent EAB based on a hemostatic efficacy scale developed in discussion with the FDA. Though ITT analysis was reported, data was presented for N=202; 18 patients missing.	Complementary Co-Primary: 1) Hemostatic efficacy of the intervention assessed over a 24 hour period from the start of infusion 2) Rapid INR reduction (≤ 1.3) at 0.5 hour after the end of infusion	Effective hemostasis was achieved in 72.4% of patients receiving Kcentra versus 65.4% receiving FFP, demonstrating **Kcentra to be no worse than FFP at 24 hours** (difference, 7.1% [95% confidence interval, −5.8 to 19.9]), P=0.0045 Rapid INR reduction was achieved in 62.2% of patients receiving Kcentra versus 9.6% of patients receiving FFP (difference, 52.6% [95% confidence interval, 39.4-65.9]), indicating **superiority of Kcentra over FFP for rapid INR reduction.** This study was not powered to demonstrate significant differences between groups for safety outcomes. The safety profile (adverse events, serious adverse events, thromboembolic events, and deaths) was observed to be similar between groups; 66 of 103 (Kcentra group) and 71 of 109 (FFP group) patients experienced ≥1 adverse event. One notable exception is the increase in fluid overload observed in FFP patients compared to Kcentra. Kcentra is a non-inferior alternative to FFP for urgent reversal of VKA therapy in major bleeding events, as demonstrated by clinical assessments of bleeding and laboratory measurements of INR and factor levels.
2013 Hickey et al.[28] Observational Retrospective Safety Review FFP vs. Octaplex (European 4 F-PCC)	This was a retrospective cohort study in 2 tertiary care emergency departments comparing serious adverse events between frozen plasma (n=149) with Kcentra (Octaplex) (n=165) for anticoagulation reversal. ITT analysis not used.	Primary outcome was composite serious adverse events within 7 days (death, ischemic stroke, myocardial infarction, heart failure (HF), venous thromboembolism, and peripheral arterial thromboembolism) Secondary outcomes included time to INR reversal, hospital length of stay, and red blood cells transfused within 48 hours.	The composite serious adverse events for the FFP group was 19.5% compared with 9.7% for the Octaplex group (relative risk, 2.0; 95% confidence interval, 1.1–3.5 P=0.014). Death in FFP vs Octaplex was 14.8% vs 9.1% (P=0.120, NS) • Ischemic stroke (none occurred) • Myocardial infarction (P=0.606, NS) • Heart failure (P=0.0496); however the FFP group had a higher percent of HF patients: 50 (33.6%) 32 (19.4%), P= 0.004 • Venous thromboembolism (P=0.475, NS) • Peripheral arterial thromboembolism (none occurred) Median Time to INR reversal (hours): 11.8 (8.3–17.5) 5.7 (3.4–11.0) P<0.0001 Median Hospital length of stay (days): 5 (2–12) 4 (2–11) P=0.245, NS Units of packed red blood cells (Mean, SD): 3.2 (1.8) 1.4 (1.7) P<0.0001
2013 Kerebel[29] Observational	A phase III, prospective, randomized, open-label study including patients with objectively diagnosed VKA-associated ICH between November 2008 and April 2011	The primary endpoint was the INR 10 minutes after the end of 4-factor PCC infusion.	The mean INR was significantly reduced ≤1.5 in all patients in both groups 10 minutes after 4-factor PCC infusion.

Article	Study Design / Method	End Points	Results / Conclusion
Prospective INR Lowering Effect Dosing of 4 F-PCC (Octaplex)	in 22 centres in France. Patients were randomized to receive 25 or 40 IU/kg of 4-factor PCC. A total of 59 patients were randomized: 29 in the 25 IU/kg and 30 in the 40 IU/kg group.	Secondary endpoints were changes in coagulation factors, global clinical outcomes and incidence of adverse events (AEs).	The INR in the 40 IU/kg group was significantly lower than in the 25 IU/kg group 10 minutes (P = 0.001), 1 hour (P = 0.001) and 3 hours (P = 0.02) after infusion. The 40 IU/kg dose was also effective in replacing coagulation factors such as Protime (P = 0.038), Factor II (P = 0.001), Factor X (P <0.001), protein C (P = 0.002) and protein S (0.043), 10 minutes after infusion. However, no differences were found in hematoma volume or global clinical outcomes between the groups. Incidence of death and thrombotic events was similar between the groups. Rapid infusion of both doses of 4 factor PCC achieved an INR of 1.5 or less in all patients with a lower INR observed in the 40 IU/kg group. No safety concerns were raised by the 40 IU/kg dose. Further trials are needed to evaluate the impact of the high dose of 4-factor PCC on functional outcomes and mortality.
2013 Majeed[30] Observational Retrospective Chart Review	A retrospective chart review conducted at three tertiary care hospitals and at differing time intervals [Canada (2002-2007; N=30), Sweden (2004-2008; N=40), Netherlands (2003-2010; N=65)]. Patients N= 144 were included if they had radiologically verified ICH, were on VKA treatment and had an INR of more than 1.5 at the time of bleeding. Patients with multi trauma or with hemorrhagic transformation of ischemic stroke were excluded from the study. FFP treated arm differed from PCC treated arm: More patients on antiplatelet therapy (26% vs. 7%, p=0.008), diabetes (40% vs. 18%, P=0.008), larger hematoma volume on initial CT (64.5 cm^3 vs.36.0 cm^3, P=0.021), more frequent intraventricular extension of the hematoma (60% vs. 32%, P=0.004) on the initial CT scans, time to administration (median: 15.5 hours vs. 4 hours, P<0.001). The type of PCC administered also differed: Cofact (Sanquin BV), Ocplex (Octaplex, Octapharma), Prothromplex-T (Baxter), Beriplex (CSL Behring) and in three cases the type of PCC given was not documented. All patients, with VKA-related major bleeding, were given a standard dose of vitamin K 5–10 mg intravenously at the time of the diagnosis of the bleeding.	Primary outcome was 30-day all-cause mortality.	Only N=135 was analyzed. N=100 received PCC while N=35 received FFP. The authors reported adjusted OR for death after treatment with PCC treatment over FFP was 0.49 (95% CI, 0.19,1.24), P= 0.13, and not statistically significant. The PCC dose administered ranged from 250-4000 IU/kg; while, that of FFP ranged from 1-20 units. One patient received both. N=30/35 patients in Canada were administered FFP. N=51 patients (38%) died within 30 days of follow-up: FFP N= 19 (54%) vs. PCC N=32 (32%). Logistic regression accounted for the differences in patient groups (volume, localization, age) or imbalance in underlying risk between groups.

Article	Study Design / Method	End Points	Results / Conclusion
2012 Voils[8] Systematic Review INR Lowering Effect 3 vs. 4 Factor Prothrombin Complex	Systematic review of 18 studies (n=654) comparing the effectiveness of 3-factor to 4-factor PCC in normalizing INR to ≤ 1.5 in patients with acquired coagulopathy due to VKA use. Studies were included if they reported the use of PCC for emergent reversal of anticoagulation due to VKA use. The most common indications for PCC were ICH, urgent surgery or invasive procedure, and gastrointestinal bleeding.	A surrogate outcome (INR reversal to ≤1.5 in one hour) to compare effectiveness in lieu of clinical outcomes in patients with acquired coagulopathy due to VKA use.	This study was limited due to no direct comparisons of 3-factor and 4-factor PCCs in any study, making assessments of clinical and statistical comparability difficult. The INR repeated within one hour of PCC administration ranged from 1.2-1.9 in the 3-factor group and 1.0-1.9 in the 4-factor group. The INR decreased to ≤1.5 within one hour after PCC administration in 6 of 9 studies in the 3-factor group, and 12 of 13 studies in the 4-factor group. In patients with higher baseline values for INR (i.e. ≥4), the effect of PCC was variable.

Adverse Effects[1, 3]

The most common adverse reactions observed in subjects receiving Kcentra™ were headache, nausea/vomiting, hypotension, and anemia. More serious adverse reactions were thromboembolic events including stroke, pulmonary embolism, and deep vein thrombosis (See Table 9).

Table 9. Adverse reactions reported in more than 5 subjects (≥ 2.8%) following Kcentra™ or Plasma Administration in randomized controlled trials (RCTs)

Reaction	Kcentra™ (N=191)	Plasma (N=197)
Nervous System		
Headache	14 (7.3%)	7 (3.6%)
Respiratory, thoracic, mediastinal disorders		
Pleural effusion	8 (4.2%)	3 (1.5%)
Respiratory distress/dyspnea/hypoxia	7 (3.7%)	10 (5.1%)
Pulmonary edema	3 (1.6%)	10 (5.1%)
Gastrointestinal disorders		
Nausea/vomiting	12 (6.3%)	8 (4.1%)
Diarrhea	4 (2.1%)	7 (3.6%)
Cardiac disorders		
Tachycardia	9 (4.7%)	2 (1.0%)
Atrial fibrillation	8 (4.2%)	6 (3.0%)
Metabolism and nutrition disorders		
Fluid overload	5 (2.6%)	16 (8.1%)
Hypokalemia	9 (4.7%)	14 (7.1%)
Psychiatric disorders		
Insomnia	9 (4.7%)	6 (3.0%)
Vascular disorders		
Hypotension	14 (7.3%)	10 (5.1%)
Injury, poisoning, and procedural complications		
Skin laceration/contusion/subcutaneous hematoma	8 (4.2%)	5 (2.5%)
Blood and lymphatic disorders		
Anemia	11 (5.8%)	16 (8.1%)

Warnings/Precautions[1, 3]

Hypersensitivity reactions have been observed with Kcentra™. If severe allergic- or anaphylactic-type reactions occur, immediately discontinue administration and initiate supportive treatment.

Thromboembolic complications have been observed with Kcentra™ in post-marketing surveillance outside the US. The medication contains a boxed warning for arterial and venous thromboembolic events. Patients being treated with VKA therapy are already susceptible to thromboembolic events. Reversal of therapy exposes patients to this risk. Careful consideration must be made when resuming anticoagulation once the risk of thromboembolic events outweighs the risk of bleeding. Kcentra™ was not studied in subjects with a thromboembolic event, myocardial infarction, disseminated intravascular coagulation, cerebral vascular accident, transient ischemic attack, unstable angina pectoris, or severe peripheral vascular disease within the prior 3 months. Kcentra™ may not be suitable in patients with thromboembolic events in the prior 3 months.

Because Kcentra™ is made from human blood products; it carries the risk of transmitting infectious agents such as viruses. Despite the use of two stringent virus reduction steps in manufacturing, such products may still potentially transmit disease.

Contraindications[1, 3]

- Patients with known anaphylactic or severe systemic reactions to Kcentra™ or any components in Kcentra™ including heparin, Factors II, VII, IX, X, Proteins C and S, Antithrombin III and human albumin
- Patients with disseminated intravascular coagulation
- Patients with known heparin-induced thrombocytopenia (HIT) as Kcentra™ contains heparin

Look-Alike/Sound-Alike Medications[31]

ISMP designates Kcentra™ a "high-alert medication" because it shares the same generic name as other prothrombin complex concentrates products. Currently in the US, there are four products (Kcentra™, Profilnine® SD, Bebulin® VH, FEIBA NF) that may be confused for one another for a "prothrombin complex concentrate" or "PCC" order. Confusion in ordering, dispensing, and/or administration involving these products could cause devastating consequences for patients. Physicians, nurses, and pharmacists should be educated on the differences between these medications. Order sets should be required for obtaining the medication and should visibly distinguish the different products. The general terms, "PCC" and "prothrombin complex concentrate," should be avoided.

Dosing and Administration[1, 3]

Dosage

- Actual potency per vial of Factors II, VII, IX, and X, Proteins C and S is stated on the carton.
- Based on patient's current pre-dose INR value and body weight.
- Administer vitamin K concurrently to maintain clotting factor levels once effects of Kcentra™ have diminished.
- Repeat dosing with Kcentra™ has not been studied and is not recommended.
- The dose of Kcentra depends on both the baseline INR and the patient's actual body weight, see Table 10 for details.

Table 10. Dosing Guideline

Pre-treatment INR	2 - 4	4 – 6	> 6
Dose of Kcentra™ (units of Factor IX) per kg body weight	25	35	50
Maximum dose* (units of Factor IX)	Not to exceed 2500	Not to exceed 3500	Not to exceed 5000

* Dose based on body weight up to but not exceeding 100 kg. For patients weighing more than 100 kg, maximum dose should not be exceeded.

Preparation

- Reconstitute using aseptic technique with 20 mL of diluent provided with kit.
- Visually inspect for particulate matter and discoloration. Solution should be colorless and clear.
- Single-use only. Discard partial vials.
- See package insert for specific reconstitution instructions.

Administration

- Administer through separate infusion line. Do not administer with other medications.
- Administer at room temperature.
- Administer by intravenous infusion at rate of 0.12 mL/kg/min (~3 units/kg/min), up to a maximum rate of 8.4 mL/min (~210 units/min).
- No blood should enter the syringe as there is a possibility of fibrin clot formation.
- Record the lot number of the product in the patient's medical record.

Monitoring

- INR at baseline and 30 minutes post-dose
- Signs and symptoms of bleeding
- Vital signs
- Signs and symptoms of thrombosis

Storage

- Keep at 2-25°C (36-77°F). Do not freeze.
- Stable for 36 months from date of manufacture.
- Store in original carton to protect from light.
- Must be used within 4 hours after reconstitution

Drug Interactions[1, 3]

No significant drug-drug interactions have been reported.

Economic Issues

At this time, there are no pharmacoeconomic studies evaluating Kcentra™ in the US. In the United Kingdom, PCC apeared to be more cost-effective than FFP for the emergency reversal of warfarin in a model that only considered direct health care costs borne the secondary care sector of the National Health Service.[19] Table 11 provides information on drug costs for an average patient weighing 70 kg.

Table 11. Drug Costs (estimated using 70 kg patient) Please customize to your hospital

DRUG/ DOSAGE FORM	GPO Contract Price*	FYY Usage	Usual Dosing Regimen	COST/DOSE
Kcentra™	$1.66/unit	22	1000-5000 units	$1660-$8350
Profilnine® SD	$1.17/unit	22	1500-5000 units	$1755-$4387
Plasma+	~$40-60/unit		3-5 units	$120-300
Vitamin K 10 mg/1 mL	$235.41/25 amps		25 x 1mL amps	$42.82

*GPO/WHOLESALER pricing (at the time of publication) included Customized GPO pricing
+Plasma prices will vary depending on availability and according to blood bank

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Community Healthcare & Alliance Committee (No meeting held in May, 2019)

Tri-City Medical Center
Finance, Operations and Planning Committee Minutes
May 23, 2019

Members Present	Director Julie Nygaard, Director Rocky Chavez, Director RoseMarie Reno, Dr. Marcus Contardo, Dr. Mark Yamanaka, Dr. Jeffrey Ferber, Mr. Jack Cumming
Non-Voting Members Present:	Steve Dietlin, CEO, Ray Rivas, CFO, Scott Livingstone, COO, Barbara Vogelsang, CNE, Carlos Cruz, CCO, Susan Bond, General Counsel
Others:	Tim Mooney (McGriff Insurance Services), Tom Moore, Diane Sikora, Eva England, Chris Miechowski, Maria Carapia, Kristy Larkin, Sherry Miller, Sarah Jayyousi, Cynthia Kranz, Debra Feller, Candice Parras, Kim Posten, Christine Carton, Jeremy Raimo, Barbara Hainsworth
Members Absent:	Director Leigh Anne Grass, Dr. Gene Ma

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to order	Director Nygaard called the meeting to order at 8:32 a.m.		Chair
2. Approval of Agenda	Director Nygaard announced that two of the agreements had been amended subsequent to the initial distribution. The revised documents were distributed to each committee member prior to convening the meeting. The amended items are as follows: • 6.a. Insurance Renewal Proposal - McGriff Insurance Services, Inc. • 7.q. Carlsbad-Wellness Center MOB Lease Agreement Proposal - Jeffrey T. Knutzen, D.D.S.	**MOTION** **It was moved by Dr. Ferber, Dr. Contardo seconded, and it was unanimously approved to accept the agenda of May 23, 2019.** **Members:** **AYES: Nygaard, Chavez, Reno, Contardo, Yamanaka, Ferber, Cumming** **NOES: None** **ABSTAIN: None** **ABSENT: Grass, Ma**	Chair
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

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
4. Ratification of minutes of February 21, 2019		Minutes were ratified. **MOTION** **It was moved by Dr. Contardo, Mr. Cumming seconded, and the minutes of February 21, 2019 were unanimously approved, with Directors Chavez and Reno abstaining from the vote**	Chair
5. Old Business	None		
6. New Business			
a. Insurance Renewal Proposal • McGriff Insurance Services, Inc.	Ray Rivas introduced Tim Mooney from McGriff Insurance Services, Inc. Mr. Mooney gave a comprehensive overview of the Executive Summary for 2019-2020. In addition, he responded to a number of questions posed by the committee members regarding increases in some of the coverage expenses. Minor discussion ensued.	**MOTION** **It was moved by Dr. Contardo, seconded by Dr. Yamanaka to authorize the agreement with the various carriers as reflected on the accompanying Executive Summary through 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 $1,699,896.** **Members:** **AYES: Nygaard, Chavez, Reno, Contardo, Yamanaka, Ferber, Cumming** **NOES: None** **ABSTAIN: None** **ABSENT: Grass, Ma**	Ray Rivas / Susan Bond
7. Consideration of Consent Calendar:		**MOTION** **It was moved by Dr. Ferber, Dr. Contardo seconded, and it was unanimously approved to accept the Consent Calendar of May 23, 2019.** **Members:** **AYES: Nygaard, Chavez, Reno,**	Chair

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
		Contardo, Yamanaka, Ferber, Cumming **NOES: None** **ABSTAIN: None** **ABSENT: Grass, Ma**	
a. Landscape Maintenance Agreement • LandGraphics Enterprises, Inc.		**Approved via Consent Calendar**	Chris Miechowski
b. ARUP Laboratories, Inc. Proposal		**Approved via Consent Calendar**	Tara Eagle
c. Bottled Beverages & Snacks Vending Proposal • PepsiCo Food Service		**Approved via Consent Calendar**	Christine Carlton/ Thomas Moore
d. Cardiovascular Institute Co-Management Agreement Proposal • TCMC Cardiovascular Institute, LLC		**Approved via Consent Calendar**	Eva England
e. Physician Recruitment Proposal – Orthopedic Surgeon • Arash Califi, M.D.		**Approved via Consent Calendar**	Jeremy Raimo
f. Medical Director Agreement for Infection Control • Dr. Richard Smith		**Approved via Consent Calendar**	Diane Sikora
g. Co-Medical Director Agreement – Outpatient Behavioral Health Services • Dennis Ordas, M.D.		**Approved via Consent Calendar**	Sarah Jayyousi
h. Co-Medical Director Agreement – Outpatient Behavioral Health Services • Martina Klein, M.D.		**Approved via Consent Calendar**	Sarah Jayyousi
i. NICU Medical Director & Neonatology Services Proposal • North County Neonatology		**Approved via Consent Calendar**	Cynthia Kranz

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
Specialists			
j. Physician Agreement for Covering Physician – Inpatient Wound Care • Henry Showah, M.D.		**Approved via Consent Calendar**	Kim Posten
k. Physician Agreement for Covering Physician – Outpatient Wound Care / HBO Center • Henry Showah, M.D.		**Approved via Consent Calendar**	Kim Posten
l. Physician Agreement for Covering Physician – Inpatient Wound Care • Sharon Slowik, M.D.		**Approved via Consent Calendar**	Kim Posten
m. Physician Agreement for Covering Physician – Outpatient Wound Care / HBO Center • Sharon Slowik, M.D.		**Approved via Consent Calendar**	Kim Posten
n. Physician Agreement for ED On-Call Coverage • ENT - Otolaryngology		**Approved via Consent Calendar**	Sherry Miller
o. Physician Agreement for ED On-Call Coverage • General Surgery / Unfunded Cholecystectomy		**Approved via Consent Calendar**	Sherry Miller
p. Physician Agreement for ED On-Call Coverage • Vascular Surgery		**Approved via Consent Calendar**	Sherry Miller
q. Carlsbad-Wellness Center MOB Lease Agreement Proposal • Jeffrey T. Knutzen, D.D.S.		**Approved via Consent Calendar**	Jeremy Raimo
8. Financials:	Ray Rivas presented the financials ending April 30, 2019 (dollars in thousands)		Ray Rivas

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	TCHD – Financial Summary **Fiscal Year to Date** Operating Revenue $ 297,033 Operating Expense $ 301,705 EBITDA $ 14,165 EROE $ 1,015 **TCMC – Key Indicators** **Fiscal Year to Date** Avg. Daily Census 154 Adjusted Patient Days 83,292 Surgery Cases 5,368 ED Visits 47,110 **TCHD – Financial Summary** **Current Month** Operating Revenue $ 30,619 Operating Expense $ 30,221 EBITDA $ 2,219 EROE $ 885 **TCMC – Key Indicators** **Current Month** Avg. Daily Census 142 Adjusted Patient Days 7,761 Surgery Cases 516 ED Visits 4,665 **TCMC - Net Patient A/R & Days in Net A/R By Fiscal Year** Net Patient A/R Avg. (in millions) $ 44.5 Days in Net A/R Avg. 53.1 **Graphs:** • TCMC-Net Days in Patient Accounts Receivable • TCMC-Average Daily Census, Total Hospital-Excluding Newborns • TCMC-Acute Average Length of Stay		

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
9. Work Plan:			
a. Construction Report	Chris Miechowski conveyed that the surgical light replacement project for OR #4 had been completed, and that the Pharmacy's USP 800 upgrade construction is underway. Brief discussion ensued.		Chris Miechowski
b. ED Throughput	Candice Parras gave a brief overview the ED Throughput PowerPoint slide. She emphasized that the ED has outgrown its present triage facilities and will soon be converting Station "D" into a supplemental triage space. She also conveyed that work continues on improving ED patient wait times. Minor discussion ensued.		Candice Parras
c. Medical Director - Surgery	Debra Feller gave a comprehensive PowerPoint presentation pertaining to the outcome performance for the Medical Director, Surgery. She also gave a brief overview of process improvements and projects that are pending or currently underway.		Debra Feller
d. Wellness Center	Scott Livingstone gave a single slide PowerPoint presentation of the financial performance of the Wellness Center for FY2019 year-to-date. Significant discussion ensued.		Scott Livingstone
e. Dashboard	No discussion.		Ray Rivas
10. Comments by committee members	None		
11. Date of next meeting	Thursday, June 20, 2019		Chair
12. Community Openings (1)			Chair
13. Adjournment	Meeting adjourned 9:36 a.m.		Chair

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 Attached Executive Premium Summary

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
$1,699,896	$1,699,896

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 the various carriers as reflected on the accompanying Executive Summary through 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 $1,699,896.

McGriff Insurance Services

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	$40,000.00	92%▲
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	**$1,699,896**	5.3%▲

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 *(decrease)*		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 then 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**

osition 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:

nove 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
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	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	$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:

ve 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**

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

ion:

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 FY21: 365 days	FY20: $237,900 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 Cholecystectomy 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 FY21: 365 days FY22: 365 days	FY20: $274,500 FY21: $273,750 FY22: $273,750
	Total Term Cost:	**$822,000**

Physician 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, D.D.S., 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 (2,662 sq. ft.)

Rental Rate from Jeffrey T. Knutzen, DDS:	**Revenue per Month**
Rental Base Rate of $3.00 NNN per square foot, per month, (2,662 rentable sq. ft.)	$7,986
Total Monthly Revenue: - $3.00 plus $0.30 sf for NNN ($799. Per Mo.)	**TOTAL $8,785**

Tri-City Healthcare District Base Rent Credit to Lessee:

District ("Landlord) to Provide:	**Rent Credit Not to Exceed**
Base Rent Credit of $80 per square foot per rentable area, (2,662 sq. ft.) credited on monthly basis over the first five year term (60 months)	$212,960
4 months' rent abatement	$31,944
Total Credits from Landlord:	**$244,904**

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	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: 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 $8,785 per month, increasing base rent 3% yearly and with a total credit from the landlord not to exceed $244,904.

Professional Affairs Committee
(No meeting held in May, 2019)

Audit, Compliance & Ethics Committee
(No meeting held in May, 2019)

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~1~~419-002

POLICY TITLE: Consent Calendar of the Board of Directors

The Consent Calendar shall consist of items for action by the Board of Directors upon which no discussion shall occur. All items appearing on the Consent Calendar may be disposed of by a single motion.

Items shall be placed on the Consent Calendar by the Board of Directors Chairperson and President/CEO at the Agenda development meeting. Any other Board member has the right to place an item on the consent calendar through the Chairperson, if they so choose.

Items shall be removed from the Consent Calendar for discussion upon a motion by any member of the Board of Directors, provided the motion is seconded, or if any member of the public requests removal.

Items removed from the Consent Calendar shall be moved to the end of the open session portion of the Agenda for discussion and action. A vote on a motion to approve the remaining items on the Consent Calendar shall then be taken.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Received by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by Ad Hoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~17~~19-009

POLICY TITLE: Requests for Information or Assistance by Board Members

1. Requests for information or assistance by individual Directors requiring more than 15 minutes of staff time shall be directed in writing to the Chairperson of the Board, with a copy to the President/CEO or his/her designee. All questions regarding confidentiality and privilege shall be directed to the Board Counsel, Compliance Officer or their designees. All requests shall be stated clearly and shall be specific. In making requests, Directors shall keep in mind that District staff time and resources are both limited and expensive, and that staff members have other duties.

2. All requests for information which concern another Director shall be directed in writing to the Chairperson of the Board, with a copy to the President/CEO or his/her designee. A copy of the written request shall be directed to all members of the Board including the member concerning whom information is requested, along with any information provided in response to the request.

3. All requests for information relating to Closed Session materials, including requested inspection, shall be directed to the Chairperson of the Board, with a copy to the President/CEO or his/her designee and shall be subject to the confidentiality provisions of Policy #19-022.

4. Requests for information and assistance shall receive a response as soon as reasonably possible, although not necessarily immediately. The President/CEO shall have the final authority to determine by what means and when District staff responds to the request. If, in the judgment of the Chairperson of the Board or the President/CEO, the request requires a material amount of employee time or the request includes information or documents which are confidential or privileged or the request is one which is deemed appropriate for Board consideration, the President/CEO or Chairperson may ask for a decision from the full Board of Directors before action is taken.

5. Should any Director's request for information or analysis require more than 30 minutes of staff time, the Chairperson or the CEO may require the Director to secure Board approval for the work.

6. This Policy shall not preclude the Chairperson from exercising authority granted under District Bylaws or Board Policy: Role and Powers of Chairperson. Nothing in this policy shall be construed to limit the rights of a Director under the Public Records Act.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07

Approved by the Board of Directors: 12/13/07
Received by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by the Gov/Leg Committee: 11/7/17
Reviewed by Ad Hoc Bylaw& Policy Committee: 05/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~17~~19-010

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

I. BOARD MEETING AGENDA DEVELOPMENT

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

A. A Board member shall submit a written description of the Agenda item to the Chairperson or the CEO or the Board Secretary, prior to the time of the Agenda Conference. Recognizing that the Agenda Conference meeting date and time may on occasion change, it is the responsibility of the requestor to confirm the Agenda Conference meeting date to ensure timely submittal of the requestor's Agenda item. Discussion items may be placed on the Board Agenda at the request of any Board member; proposed action items shall normally be referred to the appropriate Board committee for consideration prior to full Board consideration. At the beginning of each calendar year, the Chairperson of the Board of Directors shall set the date and time of the Agenda Conference.

B. A member of the public may submit a written request to the President/CEO, Chairperson or a member of the Board of Directors. The written request shall contain a description of the Agenda item. The member of the public shall be informed if and when the item will appear on the Board Agenda.

C. Board Counsel, at the Chairperson's or President/CEO's request, shall contact the Board member, or the public member, to confirm the intent of their request, and will then formulate the Agenda item in a format that conforms with legal requirements.

D. Copies of the Agenda shall be posted on the TCHD website and at other public locations as required by law.

II. EFFICIENCY OF BOARD MEETINGS

The Board of Directors and management shall work cooperatively to prepare for and manage Board meetings in a manner that produces efficient and effective meetings (See Policy #~~17~~19-039). To achieve that end, the following process will be followed:

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

B. Board members who require further information or clarification on Board Agenda packet materials are welcome to contact the President/CEO, Board Counsel or General Counsel with questions prior to the meeting. Responses shall be presented to all Board members at the Board meeting.

C. To facilitate deliberation and action on items at Tri-City Healthcare District Board of Directors meetings, suggested written motions may be developed in advance by members of the Board of Directors or Executive Management. Such suggested written motions shall be included in the Board of Directors Agenda packet with supporting materials for the action item.

III. TIME LIMITS FOR BOARD OF DIRECTOR MEETINGS

A. Regular meetings of the Board of Directors shall be a maximum of three and one half (3½) hours for any open session and a maximum of four hours (4) for any closed session. Agenda items not addressed during those time periods will be carried forward to a subsequent date, which shall be agreed upon by a majority vote of the Board before adjourning the meeting.

B. The time limits under Section A may be waived by a majority of the Board. The waiver shall be effective only for the meeting in which the waiver is approved. A motion for waiver may specify that the limit will be waived entirely for the balance of the session, will be extended for a specified amount of time of at least one-half (1/2) hour, or will be extended only for so long as the Board requires to address one or more specified items on the Agenda for that session.

IV. ROLE AND POWERS OF CHAIRPERSON

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

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

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Received by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Revised by the Gov/Leg Committee: 8/4/15
Approved by the Board of Directors: 8/27/15
Reviewed by the Gov/Leg Committee: 8/02/16

Approved by the Board of Directors: 8/25/16
Reviewed by the Governance Committee: 9/5/17 (no action taken)
Reviewed by the Governance Committee: 11/7/17
Approved by the Board of Directors: 12/14/17
Reviewed by Ad Hoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~17~~19-011

POLICY TITLE: Placement of Items on Committee Agendas

Items may be placed on the Agenda of a Committee of the Board in the following ways:

1. By action of the Board of Directors.
2. By action of the Committee itself at a prior meeting.
3. By the Chairperson of the Committee.
4. By the President/CEO, after consultation with the Chairperson of the Committee.
5. By any Director who is a member of the Committee, after consultation with the Chairperson of the Committee.
6. By any other Director, after consultation with the Chairperson of the Committee.
7. By a member of the Administration, with the consent of the President/CEO, after consultation with the Chairperson of the Committee.
8. By any member of a Committee after consultation with the Committee Chairperson.

The Agenda shall be developed by the Chairperson of the Committee, with the assistance of Board Counsel and administrative staff if needed. Except for items placed on a Committee Agenda by action of the Board of Directors or the Committee itself, all requests must be submitted in writing to the Chairperson of the Committee or the President/CEO or their designees. The District's ~~-~~Board Counsel will formulate the Agenda item in a format that conforms to legal requirements.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Reviewed by the Gov/Leg Committee: 6/4/13
Approved by the Board of Directors: 6/27/13
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by the Gov/Leg Committee: 11/7/17
Approved by the Board of Directors: 12/14/17
Reviewed by Ad Hoc Bylaw & Policy Committee: 05/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~1~~419-012

POLICY TITLE: Board of Directors Self Evaluation

The Board of Directors, during non-election years, or at another time authorized by the Board Chairperson or a majority of the Board, shall evaluate its performance for the previous year. Such evaluation shall:

1. Be based on predetermined criteria agreed upon by a majority of the Board and based upon the hired Facilitator's 1:1 conversations with Board Members~~.~~
2. Be documented on a predetermined evaluation form approved by a majority of the Board.
3. Be retained ~~in the files~~ by the Facilitator as he/she deems necessary.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Approved by the Board of Directors: 4/12/12
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by Ad Hoc Bylaws & Policy Committee: 05/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~14~~19-018

POLICY TITLE: Public Comments at the Tri-City Healthcare District Board of Directors Meetings/Committee Meetings

I. The Board of Directors of Tri-City Healthcare District is entitled to enact regulations to ensure reasonable access for members of the public. The regulations may limit the total amount of time of testimony on particular issues and for each individual speaker. (Gov. Code § 54954.3(b); 75 Ops. Cal. Atty. Gen. 89 (1992).)

Public commentary is important to the Tri-City Healthcare District. It is important that all members of the public have equal rights to provide testimony on any matter under the Board of Directors jurisdiction. Members of the public may speak on any item not listed on the Board Agenda which falls within the jurisdiction of the Board of Directors. Public comments on such items shall be made at the time set forth in the Agenda. Members of the public may also speak on any item listed on the Board Agenda at the time the item is considered, prior to action taken by the Board of Directors.

Because time for Board meeting open sessions are limited to 3 ½ hours and the Board desires to enact regulations to ensure reasonable public comment access for all persons, it is the policy of this Board that:

A. In general, members of the public may have three (3) minutes, individually per item, to address the Board, and such time may not be donated to another speaker to increase the time allotted. Individuals who wish to speak on multiple items will be allowed four (4) minutes in total. However, all public comment is limited to a total of fifteen (15) minutes per item and thirty (30) minutes per meeting. If necessary to fit all public comment within these time limits, the Chairperson shall reduce each speaker's allotted time equally, provided that each member of the public who has submitted a speaker slip shall have no less than one (1) minute total to address the Board. Non-English speakers utilizing a translator will be given at least twice the allotted time to speak to the Board.

B. Board members may ask questions of members of the public or briefly respond to statements made or questions posed by members of the public but otherwise shall not discuss or comment during the public discussion.

C. Written requests to speak by the public must be filled out and delivered to the Board's Executive Assistant no later than at the beginning of the open session following any closed session held in order to allow applicable time limits to be determined. Members of the public desiring to address the Board of Directors shall approach the podium or microphone, state his or her full name and city in which he or she lives.

D. Any of these regulations may be waived by a majority of the Board so long as the waiver is permitted by applicable law.

E. Written comments which have been pre-prepared will be distributed to the full board, but do not have to be read.

F. These procedures may be applied to Committee meetings at the discretion of the Committee Chairperson.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Reviewed by the Gov/Leg Committee: 10/10/12
Approved by the Board of Directors: 11/08/12
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by Ad Hoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~14~~19-019

POLICY TITLE: Use of Teleconferencing for Board Meetings

It is the policy of the Board that whenever possible, Board members shall attend meetings in person, especially those which are regular meetings. No member has a legal right to participate by telephone or videoconference under the Brown Act.

When developing an Agenda pursuant to "Board Meeting Agenda Development, Efficiency of and Time Limits for Board Meetings, Role and Power of Chairperson" (Board Policy ~~#10.010~~19-010), or calling a special meeting pursuant to Government Code section 549565, the Chairperson shall consider requests by Board members to participate in the meeting by telephone or videoconference. Teleconferencing shall be permitted and provided for when ordered by a majority of the Board, whether as a result of a meeting called by a majority of the Board, or as a result of a sanction imposed under the "Comprehensive Code of Conduct (Board Policy #10-039), or otherwise.

Except as directed by the Board, it shall be in the discretion of the Chairperson as to whether to grant a Board member's request to attend a meeting by telephone or videoconference. Requests based on circumstances beyond a member's control should ordinarily be approved. Whenever possible, attendance from a fixed location within the boundaries of the District which is open and accessible to the public shall be preferred. Each location which meets all of the Brown Act requirements for serving as a teleconference location shall be listed on the posted agenda.

In unexpected circumstances, the Chairperson may arrange for participation by Board members from locations which do not qualify under the Brown Act as a public teleconference location, provided that such participation is not disruptive. In such circumstance, the Board member or members may not be counted towards a quorum, but may otherwise participate in accordance with Brown Act requirements, including the taking of votes by roll call.

Nothing in this policy shall prohibit the District from providing the public with additional teleconference locations.

Reviewed by Gov/Leg Committee: 7/2/13
Approved by the Board of Directors: 7/25/13
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by Ad Hoc Bylaw& Policy Committee: 5/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~16~~19-020

POLICY TITLE: Business Expense Reimbursement; Ethics Training

I. POLICY

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

II. PURPOSE

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

III. SCOPE

TCHD will reimburse Directors and the CEO for actual and necessary business expenses pursuant to the guidelines set forth in this Policy. In order to receive reimbursement for such expenses, Directors and the CEO must comply with all requirements set forth below, except as may otherwise be set forth in the CEO's employment agreement. This Policy does not limit the authority of the CEO to pay for the actual and necessary costs for a Director to attend a business meeting on behalf of the District at the invitation of the CEO where no reimbursement is involved, and any costs incurred are consistent with the limits of this Policy and reported to the Board at its next regular meeting.

IV. PROVISIONS

A. Pre-Approval of Expenses.

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

1. The Director shall request Board approval at a regular meeting of the Board.

2. Prior to the regular meeting at which the Board will consider the approval, the Director must provide TCHD Administration with the following information, which shall be included on the Board Agenda:

   a. Name, purpose and location of meeting.

   b. Estimated reasonable cost of attendance (registration, travel/transportation, meals, lodging, etc.).

B. A Board member may request Board approval of expenses incurred for meetings, regulatory or business events attended prior to approval. Reimbursable events are as follows:

1. Meetings, Regulatory Hearings or business events that may have been requested by administration for board attendance.
2. Follow-up events that related to the above.

3. In the event a Director shall request to attend an educational seminar that would occur prior to the next Regular Board Meeting, the Board Chair may have the authority to approve or deny such request.

C. ~~Direct Billing/Travel Advances~~ Accommodation Expenses/Travel Arrangements.

1. Direct Billing.

After Board approval has been obtained, the Executive Assistant may coordinate direct billing for advance registration fees for Directors using the TCHD's corporate credit. ~~The Executive Assistant may designate a travel agency to handle such arrangements.~~ Directors may pay expenses specifically authorized for reimbursement under this policy using their personal credit card to be reimbursed upon submittal of an Expense Report Form, as set forth in Exhibit "A." Directors may make their own airfare arrangements via the Internet using their personal credit cards, or request assistance by the Executive Assistant. ~~may use the travel agency designated by the Executive Assistant or their own personal credit card,~~ for such bookings. Hotel accommodations may be secured/held by the Executive Assistant or the Board member however the Board member's personal credit card will be required at the time of check in for the hotel stay and any incidentals incurred. Upon completion of travel the Board Member will submit their itemized hotel bill and any additional reimburseable receipts to the Executive Assistant for reimbursement.

2. Reconciliation of Direct Billing Expenses.

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

D. Reporting Requirements

1. Expense Form.

All requests by a Director or the CEO for reimbursement shall be submitted on TCHD's standard Expense Report Form (see Exhibit "A") with all required supporting documentation and receipts attached in the order they were incurred. This procedure will facilitate the auditing of the Expense Report Forms and provide for more efficient and timely processing. If there are any anticipated reimbursements from outside organizations, documentation of such should be noted on the Expense Report Form. If any such reimbursement is received following TCHD payment of expenses, the overpayment will be signed over to TCHD. TCHD follows the general rules of the IRS and California Government Code which requires i) that expenses be supported by receipts and that the persons involved and ii) that the business purpose of each expenditure be identified.

2. Supporting Documentation.

Supporting documentation should include, whenever applicable, the following:

c. Purpose/Reason for business expenses and identification of persons involved where applicable.

d. Airfare – reservation confirmation from Airlines or e-ticket.

e. Car Rental – car rental invoice.

f. Lodging – ~~detailed~~ itemized hotel invoice.

g. Parking – receipt from parking garage/service.

h. Mileage – mileage report documenting miles traveled, origin and destination points and business purpose.

i. Meals – original itemized payment receipts, with persons included and business purpose noted on receipt.

~~j. Business Telephone/Fax – detailed telephone bill identifying business calls, to whom call was placed and the business purpose.~~

k. Cash Gratuities – Board Members shall document and turn in a receipt to be approved pursuant to the procedures for approval set forth in Section 6 below.

l. All other expenses - receipts shall be included.

3. Timely Submission.

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

4. Reports To TCHD Board.

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

5. Seminar Evaluation.

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

6. One Over One Approval.

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

a. TCHD Directors and CEO: TCHD Board Chairperson (or his or her designee) approval required.

b. TCHD Board Chairperson: Board Secretary or Board Assistant Secretary approval required.

7. Payment Of Reimbursement.

Completed Expense Request Forms meeting all of the foregoing requirements and approved by the appropriate TCHD Director or CEO will be processed and paid no later than two (2) weeks from the date of authorized submission of the completed Expense Request Forms to the Finance Department. Reimbursement will be directly, by check for actual and necessary business expenses incurred in the performance of official duties upon receipt of a properly documented Expense Report Form accompanied by receipts approved by the appropriate authorized person.

8. Reimbursement Of Excessive Advance.

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

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

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

E. Reimbursement Rates.

Directors and CEO shall receive reimbursement at the rates set forth in IRS Publication 463, or any successor publication. Notwithstanding the rates specified in IRS Publication 463, or any successor publication, the government

and/ or group rates offered by a provider of transportation or lodging services for travel and lodging are hereby deemed reasonable for purposes of this Policy. A Director or CEO may only be reimbursed for expenses that fall outside of this Policy or the rates set forth below, if the expense is approved at a public meeting of the Board before the expense is incurred, or the CEO's contract so provides.

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

1. Airfare.

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

   Note: If a Director chooses to travel in his or her private automobile, rather than by airline, the Director will be reimbursed for mileage at the rates specified in this Policy, provided that such reimbursement does not exceed the cost of coach or economy airfare, plus normal cost for transportation to and from the airport at the point of departure and the airport at the destination. If two or more Directors travel in the same private automobile, the Director whose private automobile is used, will get full mileage reimbursement, provided that said mileage meets the requirements above as to each Director traveling together, and does not exceed the cost of coach or economy airfare plus normal cost for transportation to and from the airport at the point of departure and the airport at the destination.

2. Lodging.

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

more than the lowest rack rate available for a single room. If Directors wish to take a guest, they must pay any rate differential over the single room rate.

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

3. Car Rental.

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

4. Car Rental Insurance.

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

5. Parking Expense.

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

6. Mileage.

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

7. Other Transportation Expenses.

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

8. Meals and Gratuities.

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

9. ~~Telephone/Fax.~~

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

10. Dues and Professional Organizations.

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

11. Certification and Licenses.

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

12. Continuing Education.

As approved by the Board of Directors at a public meeting, continuing education related to the Directors' performance of official duties in the form of seminar, workshop fees, etc. (and within TCHD's budget) is eligible for reimbursement or may be paid directly to the vendor. This includes any seminar, conference, workshop, etc. registration fees as described in 4. A. Approval of Expenses.

13. Other Business-Related Expenses.

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

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

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

14. Facsimile transmission equipment; Telephone line.

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

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

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

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

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

15. Non-Reimbursable Expenses.

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

F. Penalties.

In accordance with applicable law, as it may be revised from time to time, penalties for misuse of public resources or falsifying expense reports in violation

of this Policy may include, but are not limited to the loss of reimbursement and/or direct billing privileges, restitution to TCHD, civil penalties for misuse of public resources, and prosecution for misuse of public resources.

V. ~~ETHICS~~ TRAINING REQUIRED

A. Members of the Board of Directors and all committee members shall receive at least two (2) hours of ethics training every two (2) years, pursuant to the provisions of Government Code section 53234 et seq. ("Ethics Training") in order to be eligible for compensation or reimbursement of expenses.

B. All Members of the Board of Directors and all committee members, shall provide a certificate to the Executive Assistant, indicating the dates upon which they attended an Ethics Training session(s), to satisfy requirements. Said certificate shall also include the name of the entity that provided the training. The Executive Assistant shall maintain the records, indicating the dates that each of the Members of the Board of Directors and each committee member, satisfied their requirements, and the entity which provided the training. These records shall be maintained for at least five (5) years after the training, and are subject to disclosure under the Public Records Act.

C. Every Board Member shall receive at least two hours of sexual harassment prevention training and education within six months of taking office and every two years thereafter, as required by law.

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

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

Reviewed by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 11/14/12
Approved by the Board of Directors: 12/13/12
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Approved by the Gov/Leg Committee: 8/2/16 & 9/6/16
Approved by the Board of Directors: 9/29/16
Reviewed by Adhoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

EXHIBIT "A"

Tri-City Medical Center

4002 Vista Way • Oceanside • CA • 92056

Reset Print

Business Expense Approval Request

Date 04/11/2014

Employee Name	Employee #	Phone No	Dept Name	Dept #

Seminar, Meeting, Institute to be attended	Location
Purpose	From / To Dates
Date to return to work	Total number of scheduled work days

Estimated Expenditure

Total Expense	Estimated / Actual Cost (Column A)	Pre-payment Required (Column B)	Remaining Cost (Column A minus B)
Registration			$0.00
Hotel # of days			$0.00
Transportation:			$0.00
Meals / Gratuity			$0.00
Other:			$0.00
Total	$0.00	$0.00	$0.00

Employee Signature	Date	Dept Director Signature	Date
Vice President Signature	Date	Approved	Disapproved

Required Pre-Payment (Attach all completed documentation to support payment)

Payee #1		Payee #2	
Address:		Address:	
City / State:		City / State:	
GL. Acct #	Amt	GL. Acct #	Amt

Summary of actual expenses after attendance (Attach all supporting documentation)

Date								TOTAL
Registration								$0.00
Airfare/Rail								$0.00
Hotel								$0.00
Car Rental								$0.00
Taxi/Shuttle								$0.00
Parking/Toll								$0.00
Mileage								$0.00
Meals								$0.00
Misc:								$0.00
Totals	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Employee Signature	Date		Less Pre Payments by TCMC	
Authorization Signature	Date		Amount Due Employee	
Accounts Payable Usage			Amount Due TCMC	

8650-1006

(Rev 4/09)

SEMINAR EVALUATION FORM
Exhibit "B~~C~~"

[insert updated form]

SEMINAR TITLE_____

LOCATION_____ DATES_____

1. Identify reason for attending seminar:_____

2. List three major topics of the seminar. Rate them as to your evaluation of priorities. Provide a brief explanation of key information covered under each topic.

   a. _____

   b. _____

   c. _____

3. What was the most important topic covered in the seminar?_____

4. Who was/were the main speakers/s/and their topics?_____

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #1419-024

POLICY TITLE: Distribution of Documents at Public Meetings

I. In order to ensure that the policies and programs of the Board are communicated with clarity and completeness to interested members of the public and to promote the fullest possible discussion of issues within the subject matter jurisdiction of the District, the Board adopts the following procedure to govern the dissemination of written material at public meetings of the Board or one of its Committees before, after and during the meetings:

A. Any written material, other than District-generated documents, shall be marked with the name of the person(s) or organization(s) authorizing and distributing the same, if not already apparent, upon acceptance by the Board Secretary or Administration.

B. Any written material must relate to the subject matter jurisdiction of the Board of Directors or it will not be accepted and may not be distributed.

C. No method of distribution of written material may disrupt the meeting or other District operations or interfere with access to the meeting or other District facilities.

II. As required by California Government Code section 54957.5 and other applicable law, Agendas of public meetings and any other writings, when distributed to all, or a majority of all, of the members of the Board or one of its standing Committees by any person in connection with a matter subject to discussion or consideration at a public meeting of the Board or the Committee shall be made available upon request without delay. However, this shall not apply to any writing exempt from public disclosure under applicable law.

III. Writings that are public records under applicable law and that are distributed during a public meeting of the Board or one of its standing Committees to all, or a majority of all, of the members of the Board or the Committee shall be made available for public inspection at the meeting, or after the meeting if prepared by some other person.

IV. As provided by law, the District administration may establish and charge a fee or deposit for a copy of a public record except that no surcharge shall be imposed on persons with disabilities in violation of the Americans with Disabilities Act and the federal implementing rules and regulations.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07

Approved by the Board of Directors: 12/13/07
Reviewed by the Gov/Leg Committee: 04/08/09
Approved by the Board of Directors: 04/30/09
Received by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by Adhoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~14~~19-028

POLICY TITLE: Authorizing Directors to Represent the District In Advocacy

All advocacy for or on behalf of the District shall be subject to the review and approval of the Board of Directors. For the purposes of this Policy, "advocacy" shall mean any oral or written advocacy to local, state and federal legislative or executive agencies, or statements to the public or persons or organizations with whom the District transacts or is discussing transaction of business, concerning matters affecting the District, or its patients, employees, health care professionals, or the healthcare interests of the communities contained within the District. (See also, Board Policy #~~10~~19-~~0~~41, Board Policy on Public Information.)

The President/CEO shall keep the Board informed regarding advocacy pursued by the Administration on behalf of the District. Upon approval of a position of the District with respect to a particular matter, the Board of Directors may appoint a member of the Board to represent the District in advocacy regarding such matter. In addition, when designated by the Chairperson to attend meetings of related or affiliated organizations (such as the foundation supporting the District or a Medical Staff committee) Directors shall act in a representative capacity in the best interests of the District. Directors may represent the District in support of positions taken by professional organizations of which the District is a member (i.e., AHA, CHA, HASDIC, ACHD), unless a different position has been approved by the Board of Directors.

All such activities and reimbursement for actual, necessary, and reasonable expenses incurred in connection therewith shall be conducted in conformity with applicable state and federal laws and District Bylaws and Policies.

Except as specifically authorized herein or by authorization of the Board of Directors, no Director shall engage in any advocacy or otherwise announce or pursue any policy initiative or position in the name of the District or the Board of Directors. Public statements made by individual members of the Board of Directors which have not been authorized are not binding upon the District. Use of District stationery shall be limited to authorized advocacy on behalf of the District. Directors making statements covered by this policy shall make clear when they are expressing personal opinions, rather than speaking on behalf of the District, and if denoting their public office shall expressly disclaim that they are authorized to speak on behalf of the District. No employee of the District shall undertake advocacy on behalf of the District without approval of the Board of Directors or the President/CEO.

The Board hereby directs the President/CEO of the District to ensure that all advocacies by employees of the District is handled in accordance with this Policy. To the extent required by law, nothing contained in this Policy is intended to prevent or prohibit members of the Board or employees of the District from engaging in advocacy on their own behalf.

Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06

Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Reviewed by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 11/14/12
Approved by the Board of Directors: 12/13/12
Reviewed by the Gov/Leg Committee: 6/4/13
Approved by the Board of Directors: 6/27/13
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by the Gov/Leg Committee: 12/3/14
Approved by the Board of Directors: 12/11/14
Reviewed by Ad Hoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~15~~19-029

POLICY TITLE: Protest or Demonstration on District Property Outside of Public Meetings

The Board of Directors finds that the protection of patients and persons visiting, working and volunteering at the District hospital campus and other District-controlled facilities is of paramount importance. The Board of Directors also recognizes the First Amendment rights of peaceful protesters and demonstrators. To serve these goals, it is the policy of the Board of Directors of the District that any person or persons assembled for a protest or demonstration, or any member of the public engaged in the distribution or display of written or other materials, shall be limited to the public sidewalks that surround the external perimeter of the District hospital campus on Vista Way in Oceanside, as set forth in Exhibit "A" to this Policy, and the public sidewalks immediately adjacent to all other District-controlled facilities, including, but not limited to the Tri-City Wellness Center on El Camino Real in Carlsbad. No person participating in any such expressive conduct or any member of the public engaged in the distribution or display of written or other materials, shall obstruct or interfere with any pedestrian or vehicle entering or exiting the District hospital campus or other District-controlled facility or any entrance to such a facility. In addition, no person on the District hospital campus or at any District controlled facility, including the public sidewalks, shall, either directly or through the use of artificial means of amplification or projection, generate sound that can be heard at a distance of 50 feet or more where patients may be present or which could be disruptive to normal hospital operations. Any expressive conduct shall also comply with any applicable federal state, county and municipal laws, regulations and rules related to the regulation of protest and demonstration on public property.

This policy supplements Board Policy ~~No~~19-~~.~~ 024 (Distribution of Documents at Public Meetings; Board Policy ~~No.~~19- 039 (Comprehensive Code of Conduct); and Board Policy ~~No.~~19 043 (External and Affiliated Organization Usage of Assembly Rooms, Classrooms and Conference Rooms) regarding the conduct of persons at public meetings of the Board or its Committees.

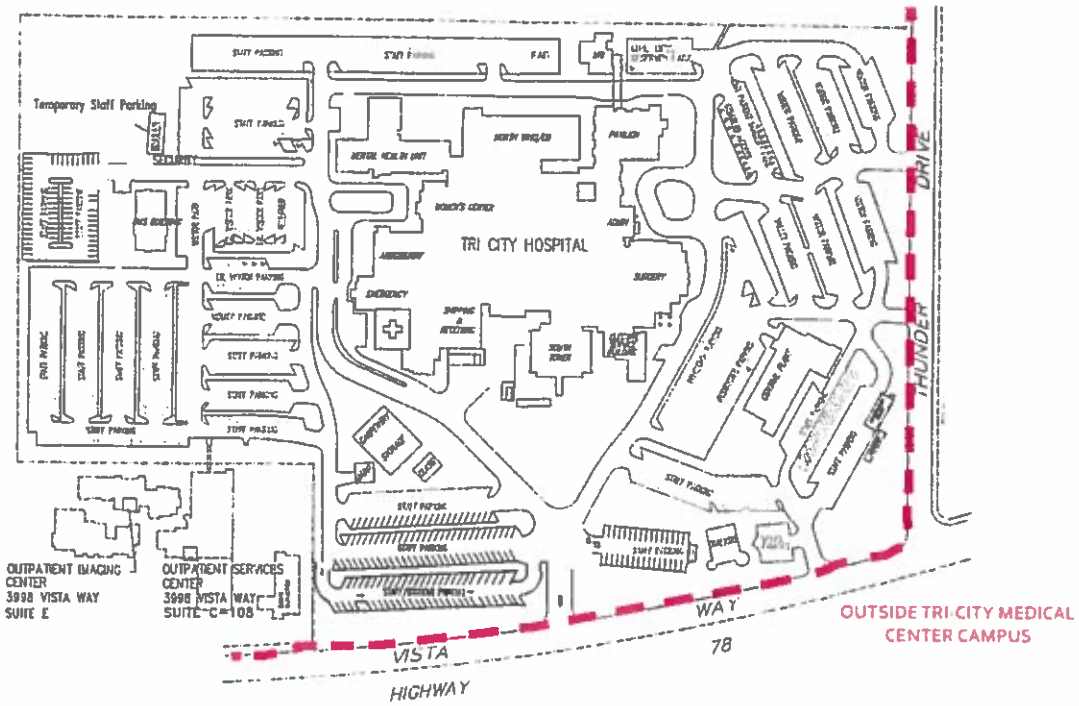
Reviewed by the Gov/Leg Committee: 8/10/05
Approved by the Board of Directors: 9/22/05
Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Received by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by Gov/Leg Committee: 7/07/15
Approved by the Board of Directors: 7/30/15

Reviewed by Ad Hoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

EXHIBIT "A"

DISTRICT CAMPUS

ATTACHED



Campus Parking

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~14~~19-035

POLICY TITLE: Filling Board Vacancies

The following is the Board's policy regarding the procedures for filling a vacancy on the Board of Directors, subject to the requirements set forth at law as they may be revised from time to time.

I. NOTICE, COMPLIANCE WITH LAW

Upon receipt of a letter of resignation, or upon the occurrence of any event that constitutes a vacancy on the Board of Directors, the District shall comply with all requirements set forth in law, as they may be revised from time to time, regarding notice of the vacancy. After complying with all such requirements, the Board may take one of the following actions:

A. Filling Board Vacancy By Appointment.

The remaining members of the Board of Directors may fill the vacancy by appointment as follows:

1. This action to appoint shall take place within 60 days immediately following the date the District Board is notified of the vacancy or the effective date of the vacancy, as established by law, whichever is later.

2. A notice of the existence of the vacancy shall be posted in at least three (3) conspicuous places in the District at least 15 days before any appointment by the District is made.

3. The Board of Directors shall notify the appropriate county elections official within 15 days of any Board appointment.

4. The Board of Directors, in filling the vacancy, shall comply with the procedures for filling the vacancy set forth in Section II below, unless the Board of Directors votes to utilize alternative procedures as may be authorized by law.

B. Filling Board Vacancy By Election.

In lieu of appointment, the Board of Directors may fill the vacancy by calling an~~-~~e election as follows:

1. The election shall be called by the Board within 60 days immediately following the date the District Board is notified of the vacancy or the effective date of the vacancy, as established by law, whichever is later.

2. The election shall be held on the next established election date that is 130 or more days after the date the District Board calls the election.

C. Filling Board Vacancy by Other Means.

If within 90 days of the date on which the Board of Directors is notified of the vacancy or the effective date of the vacancy, as established by law, whichever is later, neither the Board of Directors nor the Board of Supervisors has filled the vacancy, and no election has been called, the Board of Directors must call an election to fill the vacancy.

II. PROCEDURES FOR FILLING BOARD VACANCY BY APPOINTMENT

A. Should the Board of Directors desire to fill a vacancy on the District Board of Directors by appointment, the following procedure shall be followed:

1. The Board of Directors shall solicit applicants for the vacant Board position, from persons meeting the minimum legal qualifications for Board Members, as set forth below, by:

   a. Posting notice of the vacancy, as required above, along with notice of the Board of Director's call for applicants to fill the vacant Board position.

   b. Publishing a ¼ page ad, once a week for two successive weeks, soliciting applicants to fill the vacant Board position, in a newspaper generally circulated and distributed within the District.

   c. Posting the solicitation for applicants on the TCMC website, and forwarding the solicitation to local libraries with a request that the solicitation be posted in an area where similar public notices are posted.

2. The solicitation shall notify interested persons that the District requests:

   a. Letters of interest,

   b. Resumes delineating the applicant's experience and background, and

   c. Completed questionnaires, in the form specified by the Board, which may, at the discretion of the Board, be in the form set forth in the example attached as Exhibit "A" to this Policy.

   The above materials shall be submitted by a specified date to the attention of the Board Chairperson, as follows:

Attention: Chairperson
TCHD Board of Directors
(c/o Executive Assistant, Administration)
4002 Vista Way
Oceanside, CA 92056

The submission deadline shall not be set earlier than 15 days from the date of the first publication of the newspaper solicitation.

3. A person meets the minimum legal qualifications for a position as Board Member if the person meets the requirements of law set forth in Health and Safety Code section 32100 and any other applicable law, as follows, as the law may be revised from time to time:

   a. A prospective Board Member must reside within the zone in which the vacancy has occurred in the District;

   b. A prospective Board Member must be a registered voter;

      i. A person entitled to register to vote must be a United States citizen;

      ii. A person entitled to register to vote must be a resident of California;

      iii. A person who is in prison or parole for the conviction of a felony is not eligible to register to vote;

      iv. A person entitled to register to vote must be at least eighteen (18) years of age at the time of the next election.

4. The Board of Directors shall set a schedule for conducting interviews of applicants following the deadline of submission of applications. Interviews shall be conducted, to the extent required by law, at an open and noticed meeting of the Board of Directors, as follows:

   a. Applicants will be interviewed in alphabetical order based on last name.

   b. Other applicants, while not legally required to do so, will be requested to remain in a waiting area outside of the main Board Room during the interview process.

   c. Interview time per applicant will not exceed thirty (30) minutes. Each member of the Board of Directors will have up to five (5) minutes to ask questions of each applicant. Additionally, each applicant shall have up to two (2) minutes for an opening statement and up to one (1) minute for a closing statement.

d. Each individual Board Member shall ask the same questions of each applicant. A copy of the questions will be given to the Board Chairperson by each Board Member prior to the first interview.

e. Discussion may occur followed by a motion, if desired.

5. In no event may a straw vote or secret ballot, whether preliminary or final, be utilized in selecting an applicant, or in selecting a "short list" of applicants.

6. The applicant selected pursuant to a motion, which is seconded and which receives a majority of the votes of the quorum of Board Members shall fill the vacant Board Member position.

Reviewed by the Gov/Leg Committee: 11/8/06
Approved by the Board of Directors: 12/14/06
Reviewed by the Gov/Leg Committee: 10/10/07
Approved by the Board of Directors: 12/13/07
Reviewed by the Gov/Leg Committee: 5/05/10
Approved by the Board of Directors: 5/27/10
Reviewed by the Gov/Leg Committee: 12/01/10
Approved by the Board of Directors: 12/16/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by Ad Hoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

Exhibit "A"

Board Vacancy Questionnaire

TRI-CITY MEDICAL CENTER
4002 VISTA WAY
OCEANSIDE, CA 92056

QUESTIONNAIRE FOR BOARD APPOINTMENT
BOARD OF DIRECTORS – ~~2013~~2019

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1. What motivates you to seek the position of Director on the hospital Board? (Please attach a not more than 200-word candidate statement relative to this question.)

2. What attributes do you bring to the Board which would enhance the Board of Directors in its oversight of the hospital District?

3. What do you perceive as your role as a member of the Board of Directors?

4. What previous experience do you have on a governing Board of an organization?

5. What experience can you bring to the Board and District in the area of financial or business management, or other healthcare expertise?

6. What is your impression of TCHD's Mission, Vision and Values Statement?

7. What attributes make a good leader and why?

8. Please provide any other information, background or otherwise, that you deem appropriate or pertinent for this position.

9. Regular Board of Directors Meetings occur on the last Thursday of the month at 1:30 p.m. and typically last until 6:30 p.m. (including closed session). Are you able to make the time commitment necessary to attend Board of Directors, as well as Board Committee meetings each month?

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~17~~19-037

POLICY TITLE: Chief Executive Officer Succession Planning Policy

I. PURPOSE:

A. The Board of Directors of Tri-City Health Care District ("TCHD" or "District") believes that the continued proper functioning of the District, the maintenance of the highest quality of patient care and the preservation of the District's financial integrity require that the District have a pre-established and orderly process for succession of the Chief Executive Officer ("CEO"). Therefore, it has adopted the following policy to assist the Board in the event of a vacancy ("Vacancy"), as follows:

1. An immediate Vacancy, unanticipated short-term or long-term caused by the death or extended disability or incapacitation of the Chief Executive Officer.

2. An anticipated Vacancy from a long-term notice by the Chief Executive Officer.

3. An impending Vacancy that will occur within several months caused by a notice of resignation.

B. The intent of this policy is to provide clarity for the transition process upon a Vacancy, with minimal disturbance to the performance and effectiveness of the Health Care District, subsidiaries and related organizations.

II. PRACTICE

A. It is the responsibility of the Board of Directors in consultation with the Chief Executive Officer ~~of the District~~ to develop and maintain this plan, and to review the plan on an annual basis.

B. In the event of incapacitation of the Chief Executive Officer, the situation will be evaluated by the Board in consultation with the Chief of Staff of Tri-City Medical Staff to determine the need for the immediate appointment of an interim Chief Executive Officer. For purposes of this policy, "incapacitation" means physical or mental incapacitation due to disease, illness or accident where there is reasonable cause to believe that the incumbent will not be able to perform the duties of his or her office for a period of three consecutive months or more. For purposes of this policy "temporary" incapacitation shall mean less than three consecutive months. Nothing in this policy shall be construed to abridge any rights an employee may have under his or her contract or any insurance coverage or workers compensation laws.

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

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

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

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

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

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

E. Communications

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

2. External audiences to be notified of the plan of action will include, as appropriate, community and business leaders in the district, members of the press, affiliates and partners of TCHD and social service agencies associated with the District.

3. During this period the Board will select the Public Information Officer, the Chair, or other authorized person, to serve as the spokesperson for the District. All requests for information will be directed through the Public Information Officer.

F. Impending Vacancy Caused By Resignation or Termination

1. In the event of an impending Vacancy in the Chief Executive Officer position, the Board shall meet as soon as practicable and initiate the following plan:

   a. In order to ensure stability at the time of an immediate Vacancy (within 60 days) an interim Chief Executive Officer will be named.

   b. The Board, in consultation with the leadership of the medical staff, shall determine whether the use of an outside management firm is appropriate or whether there is adequate internal leadership to assume responsibilities for the Chief Executive Officer.

2. The Chair of the Board after consultation with the Vice-Chair and the ~~Vice President~~ Senior Director of Human Resources will determine and recommend to the Board of Directors the level and extent of compensation (including any incentives and/or benefits) to be paid to the individual assuming the interim Chief Executive Officer's role during the period in question.

3. Within 60 days of notification by the Chief Executive Officer of his or her impending resignation or retirement or in the event of termination, the Board of Directors may form a Search Committee with the Chair to be named by the Chair of the Board of TCHD.

4. Representation on the Search Committee for the Chief Executive Officer may include, but is not limited to:

   a. Members of the TCHD Board;

   b. Representation from the Medical Staff Leadership of Tri-City Medical Center;

5. The role of the Search Committee will be:

   a. Manage the search process, including initiation of request for proposals (RFPs) for selection of a search firm;

   b. Interview and recommendation of a search firm, if appropriate;

   c. Review and approve the Success Profile (job description/ requirements) for the Chief Executive Officer position;

   d. Interview candidates and screen references;

   e. Recommend the top candidates to the TCHD Board for final interview.

6. The Search Committee will meet within two weeks of their appointment to begin the selection process. The ~~Vice President~~ Senior Director of Human Resources will serve as staff to the committee.

7. Should the Vacancy date be later than one (1) year or longer, a Search Committee will be formed within six (6) months of the Chief Executive Officer leaving the position to allow time for adequate selection of the incumbent's replacement and an effective transition to occur.

8. The Chair of the Search Committee will make regular and timely reports to the Board on the progress of the search.

9. The Search Committee must comply with the public notice and open meeting requirements of the Ralph M. Brown Act, as applicable.

Reviewed by the Gov/Leg Committee: 09/10/08 & 10/15/08 & 05/13/09
Approved by the Board of Directors: 05/28/09
Reviewed by the Gov/Leg Committee: 04/01/14
Approved by the Board of Directors: 04/24/14
Reviewed by the Gov/Leg Committee: 04/05/2016
Approved by the Board of Directors: 04/28/16
Reviewed by the Gov/Leg Committee: 05/02/17
Approved by the Board of Directors: 05/25/17
Reviewed by Ad Hoc Bylaw & Policy Committee: 5/19
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS POLICY

BOARD POLICY #~~15~~19-038

POLICY TITLE: Medical Staff Liability Insurance Requirements (Joint Policy with MEC)

I. PURPOSE:

A. To require professional liability insurance or approved form of financial security.

II. POLICY:

A. Consistent with the Tri-City Healthcare District Bylaws and the Tri-City Medical Center Medical Staff Bylaws, Rules and Regulations, every Practitioner on the medical staff, and every Allied Health Professional, must, either carry professional liability insurance with an insurance company admitted to transact business in California in limits of not less than one million dollars ($1,000,000.00) per occurrence or claim/three million dollars ($3,000,000.00) annual aggregate, or furnish an approved form of equivalent financial security as described below in Subsection 3.

1. The Medical Executive Committee may, without the need to obtain the approval of the Staff, modify the foregoing limits from time to time as may be appropriate to meet the needs of the Hospital and the medical staff and to reflect developments in the insurance industry, with the approval of the Board of Directors.

B. Each insured Practitioner or Allied Health Professional must provide a current certificate of insurance or other acceptable evidence of liability coverage to be furnished to the Hospital. The certificate or other evidence of liability coverage must specify the expiration date of the policy and the amount of insurance.

1. If the insurance policy or other coverage is restricted in any manner, the Practitioner or Allied Health Professional must furnish a copy of such restrictions to the Hospital.

2. The Practitioner or Allied Health Professional shall not perform at the Hospital any procedure excluded from the insurance policy or other coverage. The Practitioner or Allied Health Professional shall immediately notify the Hospital if the Practitioner's or Allied Health Professional's insurance or equivalent coverage expires, is reduced below the limits then in effect at the Hospital, or is canceled or terminated.

C. For purposes of this policy, an "approved form of equivalent financial security" means either:

1. Insurance coverage that is written by or issued in connection with the Practitioner's or Allied Health Professional's membership in a cooperative, as defined in Section 1280.7 of the California Insurance Code; or successor legislation with minimum coverage conforming to the then applicable requirements; or

2. Insurance coverage from an irrevocable trust established by an incorporated professional group to insure its members against damages and defense costs arising out of malpractice claims or litigation, and which has been actuarially determined to meet minimum coverage requirements then applicable.

3. Self-insurance coverage established by an incorporated professional group or other entity to insure the Practitioner or Allied Health Professional against damages and defense costs arising out of malpractice claims or litigation and which has been actuarially determined to meet minimum coverage requirements then applicable.

D. These "approved" forms of equivalent security shall be subject to review and approval by the Medical Executive Committee and Board of Directors.

Reviewed by the Gov/Leg Committee: 1/13/10
Approved by the Board of Directors: 1/28/10
Reviewed by the Gov/Leg Committee: 4/01/14
Approved by the Board of Directors: 4/24/14
Reviewed by the Gov/Leg Committee: 10/6/15
Approved by the MEC: 10/26/15
Approved by the Board of Directors: 10/29/15
Reviewed by Ad Hoc Bylaw & Policy Committee: 5/2019
Approved by Board of Directors:

TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A REGULAR MEETING
OF THE BOARD OF DIRECTORS

April 25, 2019 – 2:30 o'clock p.m.
Classroom 7 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056

A Regular Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at Tri-City Medical Center, 4002 Vista Way, Oceanside, California at 2:30 p.m. on April 25, 2019.

The following Directors constituting a quorum of the Board of Directors were present:

Director Rocky J. Chavez
Director George W. Coulter
Director Leigh Anne Grass
Director Julie Nygaard
Director RoseMarie V. Reno
Director Larry W. Schallock
Director Tracy M. Younger

Also present were:

Steven Dietlin, Chief Executive Officer
Susan Bond, General Counsel
Scott Livingstone, Chief Operations Officer
Barbara Vogelsang, Chief Nurse Executive
Ray Rivas, Chief Financial Officer
Dr. Victor Souza, Chief of Staff
Colin Coffey, Board Counsel (via teleconference)
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

1. The Board Chairperson, Leigh Anne Grass, called the meeting to order at 2:30 p.m. in Classroom 7 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above.

2. Approval of Agenda

   It was moved by Director Schallock to approve the agenda as presented. Director Nygaard seconded the motion. The motion passed unanimously (7-0).

3. Public Comments – Announcement

   Chairperson Grass read the Public Comments section listed on the April 25, 2019 Regular Board of Directors Meeting Agenda.

   There were no public comments.

4. Oral Announcement of Items to be discussed during Closed Session

Chairperson Grass made an oral announcement of the items listed on the April 25, 2019 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included one matter of Potential Litigation, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committee, one Report Involving Trade Secrets, Public Employee Evaluation: Board Counsel and approval of Closed Session Minutes.

5. Motion to go into Closed Session

It was moved by Director Reno and seconded by Director Coulter to go into Closed Session. The motion passed unanimously (7-0).

6. The Board adjourned to Closed Session at 2:35 p.m.

8. At 3:30 p.m. in Assembly Rooms 1, 2 and 3, Chairperson Grass announced that the Board was back in Open Session.

The following Board members were present:

Director Rocky J. Chavez
Director George W. Coulter
Director Leigh Anne Grass
Director Julie Nygaard
Director RoseMarie V. Reno
Director Larry W. Schallock
Director Tracy M. Younger

Also present were:

Colin Coffey, Board Counsel (via teleconference)
Steve Dietlin, Chief Executive Officer
Scott Livingstone, Chief Operations Officer
Barbara Vogelsang, Chief Nurse Executive
Ray Rivas, Chief Financial Officer
Carlos Cruz, Chief Compliance Officer
Aaron Byzak, Chief External Affairs Officer
Susan Bond, General Counsel
Dr. Victor Souza, Chief of Staff
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

9. Chairperson Grass reported no action was taken in Closed Session.

10. Director Reno led the Pledge of Allegiance.

11. Chairperson Grass read the Public Comments section of the Agenda, noting members of the public may speak immediately following Agenda Item Number 24.

12. Introduction of Barbara Vogelsang, Chief Nurse Executive

Chairperson Grass introduced and welcomed Chief Nurse Executive Barbara A. Vogelsang. Ms. Vogelsang provided a brief summary of her background and experience.

13. Report from TCHD Foundation – Jennifer Paroly, President

Ms. Jennifer Paroly, TCHD Foundation President gave a brief report of past and present activities, reviewing the following:

- The Physician Appreciation Dinner was held on April 5, 2019 and attended by approximately 125 people. Ms. Paroly expressed her appreciation to all who attended and to Dr. Souza for helping host the event.
- Two grateful patients, Tom Quinn and Larry Hall have become spokesmen for the Foundation, going out in the community sharing their stories about Tri-City and the care received from the doctors and nurses. Both gentlemen will be speaking to the Oceana retirement center on May 14th about the signs and symptoms of stroke and how you can prevent it.
- The Annual Foundation Golf Tournament has been scheduled for September 9th at The Farms, a very exclusive course and is expected to sell out quickly.
- The Diamond Ball is scheduled for November 16th with Special Guest Michael McDonald of the Doobie Brothers, a five times Grammy Winner. He will also be signing 10 guitars that will be auctioned off and included in some of the sponsorship packages.
- The Foundation is interested in funding a state of the art imaging device, the Magnetom Skyr that will set Tri-City apart from all other hospitals in North County and possibly as far north as Los Angeles. The device is up to 40% faster than the traditional MRI exams will allow us to do scans that we currently do not have the capability of performing here. With the Board's support funds raised through the Golf Tournament, Diamond Ball and other events will be earmarked towards this piece of equipment. In addition, the Foundation is anticipating receiving a substantial donation next week which would be a part of this equipment purchase.
- The Foundation will be working with the Medical Staff sponsoring of the Nurse Appreciation Tea Party on May 8, 2019.

Director Reno questioned the cost of the proposed equipment. Ms. Paroly stated the equipment is in the $2-3 million range and at this point the Foundation would anticipate contributing approximately $1million.

Director Reno questioned how one might contribute to this piece of equipment if the Board chooses to support it. Ms. Paroly explained there are many avenues including the Diamond Ball, Golf Tournament, personal donations, etc.

In closing, Ms. Paroly gave a "shout out" to the Board members who have offered their support, both monetarily and through fund raising efforts.

No action taken.

14. Report from Chief Financial Officer

Mr. Ray Rivas reported on the YTD Financials as follows (Dollars in Thousands):

- Net Operating Revenue – $266,413
- Operating Expense – $271,484
- EBITDA - $11,946
- EROE – $130

Other Key Indicators for the YTD driving those results included the following:

- Average Daily Census – 155
- Adjusted Patient Days – 75,531
- Surgery Cases – 4,852
- ED visits – 42,445

Mr. Rivas also reported on the current month financials as follows (Dollars in Thousands):

- Operating Revenue - $30,974
- Operating Expense - $31,255
- EBITDA - $1,548
- EROE – $206

Mr. Rivas reported on current month Key Indicators as follows:

- Average Daily Census – 158
- Adjusted Patient Days – 8,570
- Surgery Cases – 572
- ED Visits – 4,982

Mr. Rivas reported on the following indicators for FY19 Average:

- Net Patient Accounts Receivable - $44.7
- Days in Net Accounts Receivable - 53.4

No action was taken.

Mr. Rivas noted when we get our Average Length of Stay down it really improves our bottom line. He further explained that most of our reimbursement is a fixed amount based on case rate or per diem. Consequently, the hospital receives the same dollar amount whether a patient is here for three days or thirteen days.

No action taken.

15. New Business - None

16. Old Business - None

17. Chief of Staff

a. Consideration of April 2019 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on April 23, 2019.

It was moved by Director Schallock that the Tri-City Healthcare District Board of Directors approve the 2019 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on April 23, 2019. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES:	**Directors:**	**Chavez, Coulter, Grass, Nygaard, Reno, Schallock and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**None**

b. Consideration of Cardiology Privilege Card Revision

It was moved by Director Nygaard to approve the Cardiology Privilege Card Revision as presented. Director Schallock seconded the motion.

The vote on the motion was as follows:

AYES:	**Directors:**	**Chavez, Coulter, Grass, Nygaard, Reno, Schallock and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**None**

18. Consideration of Consent Calendar

It was moved by Director Schallock to approve the Consent Agenda. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES:	**Directors:**	**Chavez, Coulter, Grass, Nygaard, Reno, Schallock and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**None**

19. Discussion of items pulled from Consent Calendar

There were no items pulled from the Consent Calendar.

20. Reports (Discussion by exception only)

21. Comments by Members of the Public

There were no comments by members of the public.

22. Comments by Chief Executive Officer

Mr. Steve Dietlin, CEO welcomed CNE Barbara Vogelsang who was hired after an extensive search that included many qualified candidates, both internal and external. Mr. Dietlin commented on Ms. Vogelsang's vast breadth of knowledge and experience in both large and small hospitals, district and non-district and large non-profit hospitals. Mr. Dietlin believes Ms. Vogelsang will be a great fit and encouraged everyone to join him in welcoming her to Tri-City.

Mr. Dietlin reported on the following:

- April is "Donate Life" month. Tri-City has been recognized by the San Diego Health & Human Services for a Life Share platinum award because of the success of the program we have here. In 2018 we partnered with Life Sharing and there were 15 lives saved by organ donors. In the first 3-1/2 months of 2019, 18 lives were saved. At Tri-City when an organ donation is made we have an honor walk for the donors and their families.
- The Outpatient Pharmacy should be opening later this month and will be a great addition for the patient and the community.
- The Physician's Appreciation Dinner was a great event. We have a very engaged Medical Staff and it was great to see so many physicians in attendance.
- Nurse's Week is May 6-12 and we have a number of events planned to say "thank you" to our nurses who are at the bedside every day.
- Administrative Professional's Day was earlier this week. Thank you to everyone who participates from an administrative perspective who help make it possible to deliver our mission each and every day.
- The Auxiliary Scholarship Night was a great event in which over 80 recipients received a $1,000 scholarship. It was great to see the engagement from the Medical Staff, administrative staff and Board members.
- It is great to partner with the Foundation, the Auxiliary and the community on ground-breaking technology that changes healthcare for this community. We look forward to talking more about the Magnetom Skyr imaging device which Ms. Paroly spoke about earlier today.

23. Board Communications

Director Younger welcomed Barbara Vogelsang, Chief Nurse Executive.

Director Coulter commented on the Auxiliary Scholarship event last night and how grateful the recipients were.

Director Chavez commented on the AHA Annual Conference that he recently attended in Washington, D.C. (A detailed report was included in today's agenda packet.) Director Chavez also commented on an AHA Conference that will be held in San Diego in July.

Director Reno expressed her appreciation to Director Chavez for the thorough report on the AHA Annual Conference and sharing the materials with the Board.

Director Reno welcomed CNE Barbara Vogelsang.

Director Nygaard also welcomed CNE Barbara Vogelsang.

Director Nygaard commented on the Auxiliary Scholarship event and the wonderful work the Auxiliary does with the local colleges in encouraging young people to enter the medical field.

Director Schallock also welcomed CNE Barbara Vogelsang.

Director Schallock echoed fellow Board members comments on the Auxiliary's Scholarship event. He commented on how excited and appreciative the recipients were and the wealth of opportunities in the healthcare field for our young people.

Director Schallock reported Saturday is "Prescription Take Back Day". There will be a collection site in the hospital parking lot and he encouraged everyone to drop off their outdated and unused prescriptions.

24. Report from Chairperson

Chairperson Grass commented on the positive financials and congratulated administration on their hard work.

Chairperson Grass stated Nurse Appreciation Week is May 6-12. She extended her appreciation to all our wonderful nurses.

Chairperson Grass also welcomed CNE Barbara Vogelsang.

Lastly, Chairperson Grass commented on the Auxiliary Scholarship Night in which almost $90,000 was awarded in scholarships. Chairperson Grass stated the Board sponsored ten (10) scholarships. She spoke briefly about each of the recipients and how the scholarships impacted their lives.

25. There being no further business it was moved by Director Nygaard and seconded by Director Schallock to adjourn the meeting at 4:10 p.m. The motion passed unanimously.

_____
Leigh Anne Grass, Chairperson

ATTEST:

_____
Julie Nygaard, Secretary

TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A SPECIAL MEETING
OF THE BOARD OF DIRECTORS

April 30, 2019 – 1:00 o'clock p.m.
Assembly Rooms 2&3 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at 4002 Vista Way at 1:00 p.m. on April 30, 2019.

The following Directors constituting a quorum of the Board of Directors were present:

Director Rocky J. Chavez
Director George W. Coulter
Director Leigh Anne Grass
Director Julie Nygaard
Director Larry W. Schallock
Director Tracy M. Younger

Absent was Director RoseMarie V. Reno

Also present were:

Steve Dietlin, Chief Executive Officer
Scott Livingstone, Chief Operations Officer
Barbara Vogelsang, Chief Nurse Executive
Ray Rivas, Chief Financial Officer
Aaron Byzak, Chief Government Affairs Officer
Carlos Cruz, Chief Compliance Officer
Jeremy Raimo, Senior Director, Business Development
Susan Bond, General Counsel
Dr. Victor Souza, Chief of Staff
Teri Donnellan, Executive Assistant
Rick Crooks, Executive Protection Agent

1. The Board Chairperson, Director Grass, called the meeting to order at 1:00 p.m. in Assembly Room 3 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Director Coulter led the Pledge of Allegiance.

2. Public Comments – Announcement

   Chairperson Grass read the Public Comments section listed on the Board Agenda. There were no public comments.

3. Approval of agenda.

   It was moved by Director Nygaard to approve the agenda as presented. Director Chavez seconded the motion. The motion passed (6-0-0-1) with Director Reno absent.

4. Oral Announcement of Items to be discussed during Closed Session

Chairperson Grass made an oral announcement of the items listed on the April 30, 2019 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one matter involving Potential Litigation, Reports Involving Trade Secrets with various disclosure dates and Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees.

6. Motion to go into Closed Session

It was moved by Director Coulter and seconded by Director Nygaard to go into Closed Session at 1:05 p.m. The motion passed (6-0-0-1) with Director Reno absent.

10. Open Session

11. Report from Chairperson on any action taken in Closed Session.

Chairperson Grass reported no action was taken in closed session.

12. There being no further business, Chairperson Grass adjourned the meeting at 5:54 p.m.

_____
Leigh Anne Grass
Chairperson

ATTEST:

_____
Julie Nygaard
Secretary

TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A SPECIAL MEETING
OF THE BOARD OF DIRECTORS

May 16, 2019 – 1:00 o'clock p.m.
Assembly Rooms 2&3 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at the location noted above at 4002 Vista Way at 1:00 p.m. on May 16, 2019.

The following Directors constituting a quorum of the Board of Directors were present:

Director Rocky J. Chavez
Director George W. Coulter
Director Leigh Anne Grass
Director Julie Nygaard
Director RoseMarie V. Reno
Director Larry W. Schallock
Director Tracy M. Younger

Also present were:

Steve Dietlin, Chief Executive Officer
Scott Livingstone, Chief Operations Officer
Barbara Vogelsang, Chief Nurse Executive
Ray Rivas, Chief Financial Officer
Aaron Byzak, Chief Government Affairs Officer
Carlos Cruz, Chief Compliance Officer
Jeremy Raimo, Senior Director, Business Development
Susan Bond, General Counsel
Dr. Victor Souza, Chief of Staff
Teri Donnellan, Executive Assistant
Rick Crooks, Executive Protection Agent

1. The Board Chairperson, Director Grass, called the meeting to order at 1:00 p.m. in Assembly Room 3 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Director Nygaard led the Pledge of Allegiance.

2. Public Comments – Announcement

   Chairperson Grass read the Public Comments section listed on the Board Agenda. There were no public comments.

3. Approval of agenda.

   It was moved by Director Nygaard to approve the agenda as presented. Director Schallock seconded the motion. The motion passed unanimously (7-0).

4. Oral Announcement of Items to be discussed during Closed Session

   Chairperson Grass made an oral announcement of the items listed on the May 16, 2019 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one matter involving Potential Litigation, Reports Involving Trade Secrets

with various disclosure dates and Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees.

6. Motion to go into Closed Session

It was moved by Director Reno and seconded by Director Schallock to go into Closed Session at 1:05 p.m. The motion passed unanimously.

10. Open Session

11. Report from Chairperson on any action taken in Closed Session.

Chairperson Grass reported no action was taken in closed session.

12. 2019 AHA Leadership Summit – July 25-27, 2019

Discussion was held regarding the AHA Leadership Summit that is scheduled for July 25-27, 2019 in San Diego which conflicts with the July Regular Board meeting. It was suggested that the Board go "dark" in July to allow all Board members the opportunity to attend the conference. Chairperson Grass noted early registration ends May 20, 2019 and Board members will not be reimbursed for lodging costs due to the close proximity.

Action: The July 25, 2019 Regular Board of Directors Meeting is cancelled.

12. There being no further business, Chairperson Grass adjourned the meeting at 2:49 p.m.

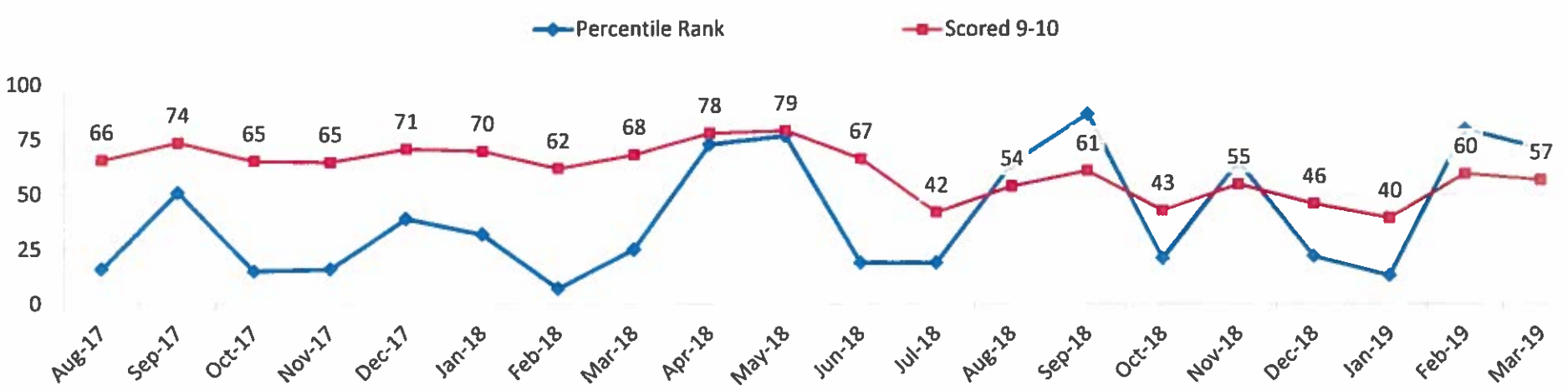
_____
Leigh Anne Grass
Chairperson

ATTEST:

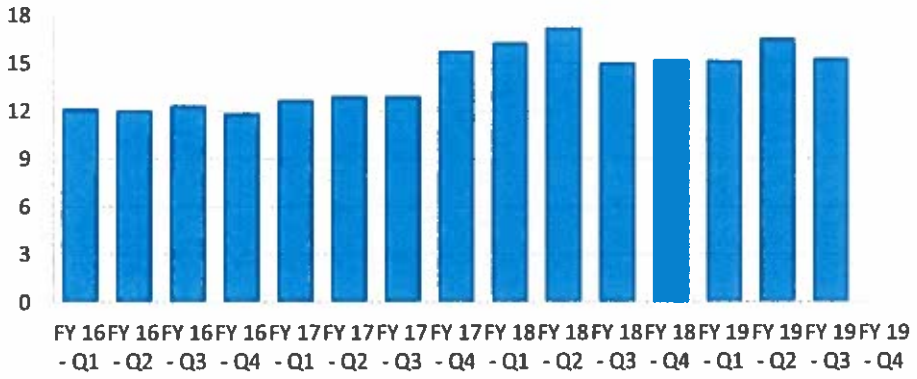
_____
Julie Nygaard
Secretary

Stakeholder Experiences

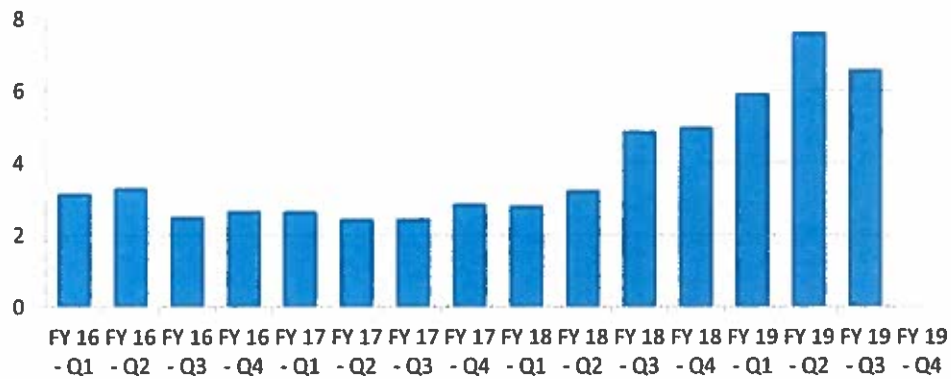
Overall Rating of Hospital (0-10)



Voluntary Employee Turnover Rate



Involuntary Employee Turnover Rate



Volume

Performance compared to prior year: Better | Same | Worse

Spine Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	18	29	19	27	18	24	22	16	23	30			226
FY18	26	23	23	20	27	27	22	23	24	20	20	28	235

Mazor Robotic Spine Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY18	10	14	3	7	7	9	10	4	17	15			96
FY17	14	6	7	13	7	15	14	8	12	7	10	6	103

Inpatient DaVinci Robotic Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	19	16	12	16	12	16	17	13	18	16			155
FY18	11	12	12	14	16	18	23	12	15	15	16	20	148

Outpatient DaVinci Robotic Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	20	23	18	22	17	21	19	16	18	12			186
FY18	15	20	20	16	23	15	15	19	23	11	20	17	177

Major Joint Replacement Surgery Cases (Lower Extremities)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	31	31	27	35	38	31	23	40	36	24			316
FY18	48	37	33	32	26	38	29	24	30	38	33	38	335

Performance compared to prior year: Better | Same | Worse

Inpatient Behavioral Health - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	10.8	11.3	9.7	-	-	-	-	-	-	-			3.2
FY18	15.7	14.5	16.2	16.3	9.9	14.2	16.7	12.5	13.7	13.8	13.0	11.9	14.4

Acute Rehab Unit - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	7.4	9.1	6.5	4.7	5.7	5.3	6.8	8.4	7.2	5.8			6.7
FY18	9.0	6.7	6.2	9.5	8.3	7.3	7.2	8.7	7.5	7.1	6.6	4.8	7.7

Neonatal Intensive Care Unit (NICU) - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	11.4	9.8	10.0	11.0	11.6	8.7	10.1	8.9	11.3	10.0			10.3
FY18	11.3	16.4	12.4	13.9	13.5	10.5	12.5	12.7	12.4	11.5	12.2	13.5	12.7

Hospital - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	160.3	155.9	146.4	149.6	143.7	153.2	164.8	166.3	157.7	142.4			154.0
FY18	169.7	181.9	163.4	173.4	160.9	172.5	210.7	185.8	186.4	163.2	161.9	165.9	176.9

Deliveries

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	186	202	170	187	185	166	170	150	177	131			1,724
FY18	210	222	194	206	184	166	209	169	186	156	163	188	1,902

Inpatient Cardiac Interventions

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	8	10	6	8	3	15	6	9	11	10			86
FY18	12	11	11	11	11	18	16	5	7	16	15	20	118

Performance compared to prior year: Better | Same | Worse

Outpatient Cardiac Interventions

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	3	4	3	13	13	6	11	17	6	10			86
FY18	4	7	7	3	4	3	2	4	8	2	7	8	44

Open Heart Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	8	8	6	8	4	14	8	10	16	6			88
FY18	8	7	7	11	3	14	11	10	4	10	8	5	85

TCMC Adjusted Factor (Total Revenue/IP Revenue)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY19	1.79	1.83	1.9	1.78	1.78	1.7	1.72	1.73	1.75	1.82			1.78
FY18	1.75	1.80	1.81	1.80	1.83	1.72	1.64	1.77	1.78	1.83	1.86	1.79	1.77

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

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%	

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

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	

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

Tri-City Medical Center ADVANCED HEALTH CARE FOR YOU

Building Operating Leases

Month Ending April 30, 2019

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	Lease Term Beginning	Lease Term Ending	Services & Location
6121 Paseo Del Norte, LLC 6128 Paseo Del Norte, Suite 180 Carlsbad, CA 92011 V#83024	Approx 9,552	$3.59	(a)	45,637.80	07/01/17	06/30/27	**OSNC - Carlsbad** 6121 Paseo Del Norte, Suite 200 Carlsbad, CA 92011
American Health & Retirement DBA: Vista Medical Plaza 140 Lomas Santa Fe Dr., Ste 103 Solona Beach, CA 92075 V#82904	Approx 1,558	$2.47	(a)	5,203.75	01/27/17	05/31/20	**PCP Clinic - Venus** 2067 W. Vista Way, Ste 160 Vista, CA 92083
Camelot Investments, LLC 5800 Armada Dr., #200 Carlsbad, CA 92008 V#15608	Approx 3,563	$1.97	(a)	10,462.62	04/01/16	01/31/20	**PCP Clinic - Radiance** 3998 Vista Way, Ste. C Oceanside, CA 92056
Cardiff Investments LLC 2729 Ocean St Carlsbad, CA 92008 V#83204	10,218	$2.58	(a)	26,711.35	07/01/17	06/30/22	**OSNC - Oceanside** 3905 Waring Road Oceanside, CA 92056
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	$2.76	(a)	21,112.00	02/01/15	01/31/20	**PCP Clinic - Vista** 1926 Via Centre Drive, Ste A Vista, CA
CreekView Orthopaedic Bldg, LLC 1958 Via Centre Drive Vista, Ca 92081 V#83025	Approx 4,995	$2.58	(a)	15,640.35	07/01/17	06/30/22	**OSNC - Vista** 1958 Via Centre Drive Vista, Ca 92081
Elfin Investments, LLC Clancy Medical Group 20136 Elfin Creek Trail Escondido, CA 92029 V#82575	3,140	$2.62	(a)	9,867.81	12/01/15	12/31/20	**PCP Clinic - Clancy** 2375 Melrose Dr. Vista Vista, CA 92081
Investors Property Mgmt. Group c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214	$1.86	(a)	12,172.71	09/01/17	08/31/19	**OP Physical Therapy** **OP OT & OP Speech Therapy** 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054
Melrose Plaza Complex, LP c/o Five K Management, Inc. P O Box 2522 La Jolla, CA 92038 V#43849	7,247	$1.35	(a)	10,101.01	07/01/16	06/30/21	**Outpatient Behavioral Health** 510 West Vista Way Vista, Ca 92083
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	$4.24	(a)	26,713.00	10/01/12	10/01/22	**Chemotherapy/Infusion Oncology Center** 3617 Vista Way, Bldg.5 Oceanside, Ca 92056
Total				**$183,622.40**			

(a) Total Rent includes Base Rent plus property taxes, association fees, insurance, CAM expenses, etc.

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

ducation & Travel Expense
Month Ending April 2019

Cost Center	Description	Invoice #	Amount	Vendor #	Attendees
6185	ONS ONCC CHEMOTHERAPY AND BIOT	100218EDU	103.00	81762	REMIGIO, JAYSON
6185	CANCER BASICS	41119	220.00	83452	SUTTON, JENNIFER
6185	ONS/ONCC CHEMOTHERAPY BIOTHERAPY CERTIFICATE	32519	334.00	83451	PINCKNEY, BRENDA
7420	AORN GLOBAL SURGICAL CONFERENCE AND EXPO	42319	1,110.49	79190	STEPHENSON, JENNIFER
7781	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING WITH GROSS SENSORY TESTING	42319EXP	745.00	83469	FU,GLENICE T
8480	CERNER REGULATORY ALIGRUNENT SUMMIT	40519	858.97	65505	QUINN, KIMBERLY
8532	3408 HEALTH WORKSHOP	41919	193.43	80216	PENIX, JONI
8610	JUST CULTURE CERTIFICATION COURSE	38831030	2,290.00	78773	MEREBETH RICHINS
8610	JUST CULTURE CERTIFICATION COURSE	38831030	2,290.00	78773	ANNA AGUILAR
8620	AHA ANNUAL MEETING	42319EXP	1,721.43	83370	ROCKY JOHN CHAVEZ
8700	HEALTH RECORD CONFIDENTIALITY & RELEASE OF INFORMATION	21219	106.72	83418	HASSELER, PAULA A
8700	WEBINAR INS AND OUTS OF DIABETES & THE EFFECT OF ROI	40819	190.00	15106	COLLEEN THOMPSON
8740	CARE OF EXTREMELY LOW BIRTHWEIGHT INFACT	041219EDU	100.00	82900	DUCAT, LAKETA
8740	ANIA SD 2019 CONFERENCE	030819EDU	100.00	83174	VITIN, MARK ANTHONY
8740	COOL TOPICS IN NEONATOLOGY	030819EDU	125.00	78458	SEMANA LESLIE
8740	CA BREASTFEEDING COALITION	040519EDU	130.00	83120	PAREDES, YAJAIRA
8740	ACLS AND BLS RECERTIFICATION	040519EDU	150.00	83455	CONDA, RUTH E
8740	ACLS RECERTIFICATION	041719EDU	150.00	69619	MERCADO, ROSEMARIE F
8740	ACLS RECERTIFICATION	41719EDU	150.00	83464	PASCUAL, MARY ROSE
8740	ACLS RECERTIFICATION	032919EDU	150.00	83459	SANCIANGCO, SOCORRO
8740	PALS UPDATE/RENEWAL	032919EDU	150.00	79416	SIMMONS, REBECCA
8740	ACLS RECERTIFICATION	032919EDU	150.00	80615	VELASCO, MARY JANE P
8740	2019 CRITICAL CARE SYMPOSIUM	040519EDU	159.00	83461	SUMER, KIERA
8740	AHA ACLS UPDATES	032919EDU	160.00	83457	MARTINEZ, MARISA
8740	THE ULTIMATE HANDS-ON WOUND CARE CLINICAL LAB	032919EDU	199.99	83173	TEBON, RENEE
8740	AHA ADVANCE CARDIOVASCULAR LIFE SUPPORT	032919EDU	200.00	82376	HORNICK, BARBARA
8740	ACLS RECERTIFICATION	032919EDU	200.00	81490	MOOREHEAD,CLAUDIA
8740	NEONATAL CRITICAL CARE COURSE	041219EDU	200.00	81919	MURRAY, NATALIE
8740	ACLS SKILLS TESTING	041219EDU	200.00	83462	TUTT, HEATHER
8740	MASTERS IN NURSING	040519EDU	5,000.00	83250	BWAMBOK, CHRISTINE
8750	CA SOCIETY OF HEALTHCARE ATTORNEY ANNUAL MEETING	32119	245.00	83103	BOND, SUSAN
8756	PSH LEARNING COOLABORATIVE 2020	42019EXP	1,956.56	83102	HUNTER, JACLYN
8758	JOINT COMMISSION HOSPITAL ACCREDITATION ESSENTIALS	32519	869.00	83225	WELLS, KELLY

**This report shows reimbursements to employees and Board members in the Education & Travel expense category in excess of $100.00.
**Detailed backup is available from the Finance department upon request.