

**TRI-CITY HEALTHCARE DISTRICT  
AGENDA FOR A REGULAR MEETING  
February 27, 2020 – 2:30 o'clock p.m.  
Assembly Room 1 - Eugene L. Geil Pavilion  
Open Session – Assembly Rooms 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"**

	<b>Agenda Item</b>	<b>Time Allotted</b>	<b>Requestor</b>
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 hour	
	a. Conference with Legal Counsel – Potential Litigation (Authority: Government Code, Section 54956.9(d) 2 (3 Matters))		
	b. Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees (Authority: Health & Safety Code, Section 32155)		
	c. Approval of prior Closed Session Minutes		
7	Motion to go into Open Session		
8	Open Session		
	<b>Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.</b>		
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

*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
11	<p>Public Comments – Announcement</p> <p>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.</p> <p>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.</p>	2 min.	Standard
12	Special Presentation – Environment of Care Report – Jeff Surowiec, Manager/Safety Officer	15 min.	Chair
13	TCHD Foundation, Jennifer Paroly, President	10 min.	Standard
14	January 2020 Financial Statement Results	10 min.	CFO
15	<p>New Business</p> <p>a) Consideration to dissolve Professional Affairs Committee</p>	5 min.	Dir. Reno
16	Old Business – None		
17	<p>Chief of Staff</p> <p>a) Consideration of February 2020 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on February 24, 2020.</p> <p>b) Rules &amp; Regulations: 1) Department of Surgery</p> <p>c) Continuing Medical Education Mission Statement</p> <p>d) Categories of AHP's Eligible to Apply for Clinical Privileges</p>	10 min.	Chief of Staff
18	<p>Consideration of Consent Calendar</p> <p><b>Administrative &amp; Board Committees</b></p> <p><b><i>(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.</i></b></p> <p><b><i>(2) All items listed were recommended by the Committee.</i></b></p> <p><b><i>(3) Requested items to be pulled <u>require a second.</u></i></b></p> <p>(1) Administrative Committee</p> <p>a) Patient Care Services Policies &amp; Procedures – District Operations 1) Research Activities: Investigational Drugs Policy (DELETE)</p> <p>b) Unit Specific – Food &amp; Nutrition 1) Nutrition Assessment of High Risk OB Patient</p>	5 min.	Standard

	Agenda Item	Time Allotted	Requestor
	<p>2) Nutrition Care and Assessment for Infants, Pediatrics &amp; Adolescents</p> <p><b>c) Infection Control</b></p> <p>1) Meningococcal Exposure IC 6.2</p> <p>2) Risk Assessment and Surveillance Plan</p> <p>3) Toy Cleaning IC 9.1 (DELETE)</p> <p>4) Zika Virus</p> <p><b>d) Rehabilitation Center (Acute Rehabilitation)</b></p> <p>1) Provision of Services not Provided by Tri-City Rehabilitation Center</p> <p>2) Rehabilitation Leadership Structure</p> <p>3) Scope of Services</p> <p>(2) Board Committees</p> <p><b>A. Community Healthcare Alliance Committee</b>  Director Chavez, Committee Chair  <i>(No meeting held in February, 2020)</i></p> <p><b>B. Finance, Operations &amp; Planning Committee</b>  Director Nygaard, Committee Chair  Open Community Seats – 0  <i>(Committee minutes included in Board Agenda packet for informational purposes.)</i></p> <p>1) Approval of an agreement with Rady Children's Specialists of San Diego for Retinopathy of Prematurity (ROP) Testing for a term of 12 months, beginning March 1, 2020 and ending February 28, 2021 for a cost of \$3,376 per month, for a total cost for the term of \$40,512.</p> <p>2) Approval of an agreement with the Department of the Navy to provide medical resident trainees for a term of 60 months, beginning February 1, 2020 and ending January 31, 2025, at a cost to TCMC for a term of 60 months, beginning February 1, 2020 and ending January 31, 2025 at no cost to TCMC.</p> <p>3) Approval of the addition of Dr. Ankaj Khosla to the Interventional Radiology (IR) ED On-Call Physician Coverage Panel for a term of 16 months, beginning March 1, 2020 through June 30, 2021.</p> <p><b>C. Professional Affairs Committee</b>  Director Reno, Committee Chair  <i>(No meeting held in February, 2020)</i></p> <p><b>D. Audit, Compliance &amp; Ethics Committee</b>  Director Younger, Committee Chair  Open Community Seats – 1  <i>(Committee minutes included in Board Agenda packet for informational purposes.)</i></p> <p>1) Approval of Christopher Day to a two-year term on the Audit, Compliance &amp; Ethics Committee</p>		<p>CHAC Comm.</p> <p>FO&amp;P Comm.</p> <p>PAC</p> <p>Audit, Comp. &amp; Ethics Comm.</p>

	Agenda Item	Time Allotted	Requestor
	<p>2) Compliance Overview – Information only</p> <p>(3) Minutes – Approval of:</p> <p>    a) February 4, 2020 - Adjourned Regular Meeting</p> <p>    b) February 4, 2020 – Special Meeting</p> <p>(4) Meetings and Conferences – None</p> <p>(5) Dues and Memberships - None</p> <p>(6) Reports</p> <p>    (a) Dashboard – Included</p> <p>    (b) Construction Report – None</p> <p>    (c) Lease Report – (January, 2020)</p> <p>    (d) Reimbursement Disclosure Report – (January, 2020)</p> <p>    (e) Seminar/Conference Reports – None</p>		Standard
19	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
20	<p>Comments by Members of the Public</p> <p>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.</p>	5-10 minutes	Standard
21	Comments by Chief Executive Officer	5 min.	Standard
22	Board Communications (three minutes per Board member)	18 min.	Standard
23	Report from Chairperson	3 min.	Standard
24	Total Time Budgeted for Open Session	1.5 hours	
25	Adjournment		



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF INITIAL CREDENTIALS REPORT**  
**February 12, 2020**

*Attachment A*

**INITIAL APPOINTMENTS** (Effective Dates: 2/28/2020 – 1/31/2022)

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 2/28/2020 through 1/31/2022:

- BARCARSE, Erin MD/OB/GYN (Kaiser Permanente)
- BHATIA, Shagun MD/Ophthalmology (Rady Children's Hospital)
- DROHAN, Juliette DO/Emergency Medicine (TeamHealth)
- GREIDER-SIDERIS, Kelsi MD/Ophthalmology (Greider Eye)
- MISCHIU, Oana MD/Teleradiology (StatRad)
- NAKHILA, Cindy MD/OB/GYN (Vista Community Clinic)
- NARDI, Sean DO/Emergency Medicine (TeamHealth)
- RUIZ, Lizette MD/Emergency Medicine (TeamHealth)
- SULLIVAN, Jessica DO/Oncology (Cancer Care)
- WAHIDI, Nasratullah MD/Psychiatry (Vituity)
- ZABANEH, Alexander MD/Ophthalmology (Morris Eye Group)

**INITIAL APPLICATION WITHDRAWAL:** (Voluntary unless otherwise specified)  
**Medical Staff:**

- WALKER, Jeffrey MD - Anesthesiology



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF CREDENTIALS REPORT – 1 of 3**  
**February 12, 2020**

*Attachment B*

**BIENNIAL REAPPOINTMENTS:** (Effective Dates 03/01/2020 –02/28/2022)

Any items of concern will be “red” flagged in this report. The following application was recommended for reappointment to the medical staff office effective 03/01/2020 through 02/28/2022, 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:

- BAILEY, Romana, MD/Neonatology/Active
- BAROUDI, Sam, MD/Internal Medicine/Active
- BISHAY, Emad, MD/Internal Medicine/Active
- BLOOM, Irving, MD/Internal Medicine/Active
- CADMAN, Karen, MD/Internal Medicine/Refer and Follow
- DEVEREAUX, Christopher, MD/Gastroenterology/Active
- DOAN, Lien, MD/Teleradiology/Active Affiliate
- GOMEZ, Denise, MD/Internal Medicine/Refer and Follow
- GOODING, Justin, MD/Radiology/Active
- HANNA, Karen, MD/General Surgery/Active
- HAWKINS, Melissa, MD/Obstetrics & Gynecology/Active
- HONG, Raymond, MD/Radiology/Active
- HOSSEINI, Puya, MD/Anesthesiology/Active Affiliate
- KROENER, John, MD/General and Vascular Surgery/Active
- LEE, David, MD/Teleradiology/Provisional
- PINNELL, Sean, MD/Radiology/Active
- PONEC, Donald, MD/Radiology/Active
- TRAN, Quoc, MD/Family Medicine/Active



**TRI-CITY MEDICAL CENTER**  
**MEDICAL STAFF CREDENTIALS REPORT – 1 of 3**  
**February 12, 2020**

*Attachment B*

- WONG, Darryl, MD/Dermatology/Refer and Follow
- YOO, Frank, MD/Neurological Surgery/Active
- YUH, Theresa, MD/Teleradiology/Provisional

**UPDATE TO PREVIOUS REAPPOINTMENT:**

- EBRAHIMI ADIB, Tannaz, MD/Obstetrics & Gynecology/Active

**RESIGNATIONS:** (Effective date 02/29/2020 unless otherwise noted)

**Voluntary:**

- BAIA, Jr., Diosdado, MD/Anesthesiology
- CHOI, Scott, MD/Anesthesiology
- CRANDALL, Geoffrey, MD/Anesthesiology
- MARFORI, Beatriz, MD/Psychiatry
- PIETILA, Michael, MD/Family Medicine
- POLLEMA, Travis, DO/Cardiothoracic Surgery
- ROZENFELD, Michael, DO/Teleradiology
- WERNEID, Kristian, MD/Anesthesiology

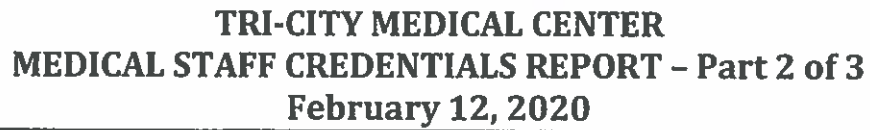


**TRI-CITY MEDICAL CENTER**  
**CREDENTIALS COMMITTEE REPORT – Part 3 of 3**  
**February 20, 2020**

**PROCTORING RECOMMENDATIONS**

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| • <u>ANTOUN, David MD</u>        | <u>Internal Medicine</u>             |
| • <u>ARRIETA, Iris MD</u>        | <u>OB/GYN</u>                        |
| • <u>BUI, Hanh MD</u>            | <u>Cardiology</u>                    |
| • <u>DELANEY, Michael MD</u>     | <u>Neurology</u>                     |
| • <u>HAIGLER, Heather PA</u>     | <u>Allied Health Professional</u>    |
| • <u>IAFFER, Jihad MD</u>        | <u>Physical Medicine &amp; Rehab</u> |
| • <u>KABRA, Ashish MD</u>        | <u>Cardiology</u>                    |
| • <u>LIN, Yuan MD</u>            | <u>General/Vascular Surgery</u>      |
| • <u>LIU, COLLINS MD</u>         | <u>Neurology</u>                     |
| • <u>RAJAMANICKAM, Anitha MD</u> | <u>Cardiology</u>                    |
| • <u>SAMANI, Pargol MD</u>       | <u>Cardiology</u>                    |
| • <u>SINGH, Himani. MD</u>       | <u>Oncology</u>                      |





The following providers relinquished the following privileges.

- The following practitioners requested the following change to their staff status; request has been signed off by the Department/Division/Specialty Chief:

- 9

# TRI-CITY HOSPITAL DISTRICT

## Rules & Regulations

Section: Medical Staff

Subject: Department of Surgery

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### I. MEMBERSHIP

The Department of Surgery consists of physicians in the Divisions of:

- ~~A. Cardiac Thoracic~~
- B. General Vascular
- C. Subspecialty
- ~~D. Podiatry~~
- ~~E. Urology~~
- ~~F. Neurosurgery~~
- ~~G. Orthopedics~~
- ~~H. Ophthalmology~~

### II. FUNCTIONS OF THE DEPARTMENT

The general functions of the Department of Surgery shall include:

- A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients within the division and approve indicators for use in the evaluation of patient care and on-going professional practice evaluation;
- B. Recommend to the Medical Executive Committee granting of clinical privileges and the performance of specified privileges within the Department of Surgery;
- C. Conduct, participate in and make recommendations regarding Continuing Medical Education programs to include the Department of Surgery clinical practice;
- D. Review and evaluate Surgery Department adherence to:
  - 1. Medical Staff Policies and Procedures
  - 2. Sound principles of safe clinical practice
- E. Submit minutes to the QA/PI/PS Medical Quality Peer Review Committee and Medical Executive Committee concerning:
  - 1. Department's review and evaluation of activities, actions taken thereon, and the results of such action;
  - 2. Recommendations for maintaining and improving the quality and safety of care provided in the department and the hospital.
- F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring;
- G. Take appropriate action when problems in patient care, safety, and clinical performance or opportunities to improve patient care are identified;
- H. Formulate recommendations for departmental / division rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.
- I. Recommend/Request Focused Professional Practice Evaluation as indicated for Medical Staff members to include initially appointed members (pursuant Medical Staff Policy #509)
- J. Approval of On-Going Professional Practice Evaluation Indicators.

### III. DEPARTMENT MEETINGS

The Department of Surgery shall meet quarterly or at the discretion of the chair to consider the findings from the ongoing monitoring and evaluation of the quality, safety and appropriateness of the care and treatment provided to patients. Regular minutes shall be transmitted to the QA/PI/PS Medical Quality Peer Review Committee and the Medical Executive Committee.

# TRI-CITY HOSPITAL DISTRICT

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

### IV. DEPARTMENT OFFICERS

- A. The Department shall have a Chairman and a Vice-Chairman who shall be members of the Active Medical Staff and shall be qualified by training, experience and demonstrate ability in at least one of the clinical areas covered by the Department.
- B. The Active Staff members of the Department who are eligible to vote at the Department meeting shall elect the Department Chairman and Vice-Chairman every other year. Vacancies of any officer for any reason shall be filled by the unexpired term through a special election.
- C. The Department Chairman and Vice-Chairman shall serve a ~~one~~two-year term, which coincides with the medical staff year unless they resign, be removed from office, or lose their medical staff membership or clinical privileges in that department. Department officers shall be eligible to succeed themselves.

### V. DUTIES OF THE DEPARTMENT CHAIRMAN

The Department Chairman, and the Vice-Chairman, in the absence of the Chairman, shall assume the following responsibilities of the Department:

- A. Be accountable for all professional administrative activities of the Department;
- B. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Department;
- C. Recommend to the Medical Executive Committee the criteria for clinical privileges in the Department;
- D. Recommend clinical privileges for each member of the Department;
- E. Assure that the quality, safety, and appropriateness of patient care provided within the Department are monitored and evaluated;
- F. Continuously assess and improve the quality and safety of care provided in the Department;
- G. Assure that practitioner's practice only within the scope of their privileges as defined within their delineated privilege card;
- H. Other duties may be assigned, in accordance with the Medical Staff Bylaws.

### VI. PRIVILEGES

- A. Requests for privileges in the Department of Surgery shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance and the documented results of patient care and proctoring. Practitioner's practice only within the scope of their privileges as defined within the respective Division's Rules and Regulations. Recommendations for privileges are made to the Credentials and Medical Executive Committees.
- B. Each practitioner's privileges will be assessable on Tri-City's Intra-net (MD-Staff) which is located in each patient care area. A paper copy is maintained within the Nursing Administration Office and the Main Operating Room.
- C. The Department of Surgery has established the following classifications of surgical privileges:
  - 1. The Department of Surgery consists of physicians who are Board Certified or in

the first thirty-six (36) months of Board Eligibility and actively, pursuing certification by their retrospective specialty boards or able to demonstrate comparable ability, and training. Such surgeons may act as consultants to others and may, in turn, be expected to request consultations 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 in which they are not familiar.

## **VII. PHYSICIAN ASSISTANTS**

- A. Physician Assistants may only provide those medical services, which he/she is competent to perform and which are consistent with the physician assistant's education, training and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant.
  1. A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.
  2. A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physicians specialty or usual customary practice and with the patient's health and condition.
  3. A supervising physician shall observe or review evidence of the physician assistant performance of all tasks and procedures to be delegated to the physician assistant until assured competency.
  4. A physician assistant may initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care.
  5. A physician assistant may also act as first or second assistant in surgery, under supervision of an approved supervising physician, including acting as a second assist during cardiac procedures using cardiopulmonary bypass.
  6. Perform open harvesting of saphenous vein for use as bypass conduit for cardiac and vascular surgery under the direct supervision of surgeon (no separated proctoring required).
  7. Requests for additional privileges must be accompanied by documentation of training and/or experience. Proctoring is required for all additional privileges and will be determined by the Department/ Division Chair/Chief.
    - a. Harvesting of saphenous vein for use as bypass conduit for cardiac and vascular surgery using endoscopic techniques. This privilege requires approval of Cardiothoracic-General/Vascular Surgery Division.
  8. Refer to the AHP rules and regulations for further delineation of sponsoring physician's supervision requirements.
  9. A physician assistant may not admit or discharge patients.
  10. Medical / Surgical Units: Documentation of an examination of the patient by the sponsoring physician(s) every third day if care is given by the Allied Health Professional(s).
  11. Non-Scheduled Admission(s): Examination of the patient by the sponsoring physician(s) the same day as care is given by the AHP.
- B. The Department of Surgery requires a physician co-signature as delineated in the AHP's Rules and Regulations:

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1. Order(s) and telephone Order(s) may be immediately implemented and physician co signature required within 24 hours of AHP's order.
2. Any medical record of any patient cared for by a physician assistant for whom the physician's prescription has been transmitted or carried out shall be reviewed and countersigned and dated by the supervising physician within 24 hours.
3. The sponsoring physician must review and authenticate any progress note within the medical record of any patient(s) documented by a physician assistant within 24 hours.
4. Non-Scheduled admissions: The H&P must be dictated by the sponsoring physician(s) within 24 hours.
5. ACCU/AMC Units: Examination of the patient by the sponsoring physician(s) the same day care is given by the Allied Health Professional(s).

### VII. REGISTERED NURSE FIRST ASSISTANT

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

### VIII. REQUIREMENTS FOR INITIAL AND REAPPOINTMENT

- A. Active certification by the appropriate certifying board or board eligible within appropriate certifying board or demonstration of comparable ability, training and experience shall satisfy the requirements for receiving privileges for all categories as well as for admitting privileges to Tri-City Medical Center.
- B. Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may be accepted to fulfill the requirements. If the minimum number of cases is not performed, the practitioner will be required to undergo proctoring for all procedures that were not satisfied. The practitioner will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

### IX. CATEGORIZATION OF SURGICAL PRIVILEGES

#### A. Divisions and Privileges

All new medical staff members requesting staff privileges shall be members of the following divisions based on their training and surgical competence.

The Divisions and applicable privileges are as follows: (In all instances where Board certified or eligible is stated, this refers to the applicable American Board for the surgery specialty.)

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DIVISIONS	PRIVILEGES	MEDICAL STAFF MEMBERS
<u>General</u> <u>Vascular</u> <u>Cardiac,</u> <u>Thoracic</u>	Cardiac, Thoracic & Vascular Surgery	Board Certified, or Board Eligible or can demonstrate comparable ability, training and experience. Must submit list of open-heart cases within previous one year.
General Vascular	All Peripheral Vascular Surgery & General Surgical Procedures	Board Certified, or Board Eligible or can demonstrate comparable ability, training and experience. Submit list of major procedures done in previous 2 years preceding application.
<u>NEURO</u> <u>Subspecialty</u> <u>Surgery</u>	Neurosurgical Procedures	Board Certified, or Board Eligible or can demonstrate comparable ability, training and experience.
<u>Subspecialty</u> <u>Surgery</u> <u>OPHTH</u>	Ophthalmology Procedures	Board Certified, or Board Eligible or can demonstrate comparable ability, training and experience.
<u>Subspecialty</u> <u>Surgery</u> <u>ORTHO</u>	Orthopedic Surgical Procedures	Board Certified, or Board Eligible or can demonstrate comparable ability, training and experience.
<u>Subspecialty</u> <u>Surgery</u> <u>UROL</u>	Urology Surgical Procedures	Board Certified, or Board Eligible or can demonstrate comparable ability, training and experience.
Subspecialty <u>ORAL,</u> <u>ENT</u> <u>Surgery</u>	Oral, Dental Otolaryngology, Plastic and Reconstructive Surgical, and Maxillofacial Procedures	Board Certified, or Board Eligible or can demonstrate comparable ability, training and experience.
<u>Subspecialty</u> <u>Surgery</u> <u>POD</u>	Podiatry Surgery Procedures	Board Certified, or Board Eligible or can demonstrate comparable ability, training and experience.

### B. Cross-Over Surgery Privileges

1. It will be the responsibility of any surgeon requesting privileges within another specialty or division to do any such procedure to notify the Chief(s) of the division(s).
2. Each division so contacted will then review the individual's qualifications to perform the procedure, Pursuant to Medical Staff Policy # 526 Requesting New Privileges.
3. If the privilege is approved, the medical staff member may then perform the procedure in accordance with the proctoring requirements set forth within the respective divisions or medical staff policy.
4. Qualified proctors for procedures in question shall be any surgeons on the active medical staff at TCMC, who has privileges to do the procedure.
5. In order for the new medical staff member to be removed from proctoring of the procedure the division/specialty chief, or the surgical chair must sign off on the proctoring form. At the discretion of the division/specialty chief or department chair additional proctoring may be recommended.

on the  
department chair



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6. Current staff members who are on record as doing a given procedure would be grandfathered for that procedure. Any current staff member who would like to begin to do any crossover procedure would be required to follow the above guidelines.

C. **Laser Privileges:** See "Laser Privileges" in each designated division.

### X. PROCTORING OF PRIVILEGES

#### A. **Requirement of Proctors**

Each new medical staff member granted initial surgical privileges shall be evaluated by a proctor for six (6) major surgical cases until his surgical privilege status is established by a recommendation from the Division and subsequently the Department of Surgery and to the Credentials Committee and to the Medical Executive Committee. Each of the divisions within the Department of Surgery will define criteria for proctoring requirements for their defined privileges within their rules and regulations. At the discretion of the respective division/specialty chief(s) proctoring may be extended for 1) procedures, 2) intra-operative care, 3) post-operative care, and 4) documentation deficiencies. If a member of the division is unable to proctor assigned privileges, outside proctors will be utilized.

#### B. **Selection of Proctors**

1. The medical staff member shall select an appropriate member for each surgical case admitted. He shall contact the monitor and inform him of his plans for the case.
2. Assessment of the member by the proctor will include concurrent review for invasive cases or retrospective chart review of cognitive processes for noninvasive cases and direct observation of procedural techniques. The monitor must be present in the Operating Room for a sufficient period of time for optimal evaluation of members competency.
- ~~3. The monitor must be present in the operating room for a sufficient period of time to assure himself/herself of the medical staff member surgeon's competence or may review the case documentation (i.e. h&p, op note and video) entirely to assure himself/herself of the medical staff member surgeon's competence.~~ An associate of the new medical staff member may monitor 50 % of the required proctoring.
- ~~2-4~~ In elective cases, all such arrangements shall be made prior to scheduling. (i.e. the proctor shall be designated at the time the case is scheduled for surgery or for admission non-operative cases.) In emergency cases, the monitor shall be contacted prior to, and designated at, the time of scheduling.
- ~~3-5~~ Proctor shall observe the medical staff member in each surgical case for an indefinite period, which will cover at least six major surgical cases.
4. If performance issues are identified on initially appointed member(s) of the Medical Staff, a Focused Professional Evaluation (pursuant Medical Staff Policy # 509) may be initiated.
5. The medical staff member shall have free choice of suitable consultants and assistants.

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### C. Reports of Proctors

1. A form shall be prepared on which will be spaces for comment by the proctor on preoperative workup, diagnosis, preoperative preparation, operative technique, surgical judgment, postoperative care, overall impression and recommendation (i.e. qualified, needs further observation, not qualified).
2. Forms will be made up by the medical staff member scheduling the case for surgery and immediately forwarded to the proctor for completion. It is the responsibility of the medical staff member to notify the Operating Room Supervisor of the proctor for each case.
3. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office for filing in the individual physician's confidential file.

### XI. EMERGENCY DEPARTMENT CALL:

- A. Medical Staff Division members shall participate in the Emergency Department Call Roster or consultation panel as determined by the medical staff. Please refer to Medical Staff Policy #520.
- B. Provisional or courtesy member(s) are able to serve on the Emergency Call panel at the discretion of the Department Chair or Division/Specialty Chief.

### APPROVALS:

Department of Surgery:	<del>6.18.2015</del> 8.29.19
Medical Executive Committee:	7.27.2015
Governance Committee:	8.04.2015
Board of Directors:	8.27.2015





**CONTINUING MEDICAL EDUCATION  
MISSION STATEMENT  
~~2019-2020~~2020-2021**

Tri-City Healthcare District's purpose is to support, foster, and direct comprehensive, cost-effective, high quality patient care.

As an accredited provider of Continuing Medical Education (CME), we provide quality educational opportunities that increase clinical awareness of illness and disease among potentially high-risk populations and enhance the knowledge base and clinical competency of physicians affiliated with Tri-City Healthcare District. At TCHD, we enable our physicians to practice more effectively and efficiently in our community.

The expected results of Tri-City Healthcare District's CME Program are improved physician performance and competence with the goal of producing better patient outcomes. A variety of outcomes assessments may be used to collect and analyze data. Assessment tools include a post-knowledge assessment through evaluation and may include follow up surveys as to specific changes in practice. In some activities, a pre-post assessment or patient outcome data may be utilized. The results of the findings from multiple methodologies will be used as an educational needs assessment for future CME activities and overall CME Program improvement.

The CME mission is congruent to the mission statement of Tri-City Healthcare District in its commitment to promote an organization-wide commitment to quality of care, on-going performance improvement, education, and the evaluation of outcomes that enhance our patient care.



**TO:** Medical Executive Committee/Board of Directors  
**FROM:** Interdisciplinary Practice Committee  
**SUBJECT:** Categories of AHPs Eligible to Apply for Clinical Privileges

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**I. CATEGORIES OF AHPs ELIGIBLE TO APPLY FOR CLINICAL PRIVILEGES:**

- A. Independent
  - 1. Clinical Psychologist
- B. Dependent
  - 1. Audiologist
  - 2. Certified Nurse Midwife
  - 3. Marriage and Family Therapist Intern
  - 4. Medical Physicist/Radiation Physicist
  - 5. Nurse Practitioner
  - 6. Orthopedic Surgery Technician
  - 7. Physician Assistant
  - 8. Registered Nurse First Assist



## ADMINISTRATION REVIEW

February 18, 2020

CONTACT: Barbara Vogelsang, CNE

Policies and Procedures	Reason	Recommendations
<b>Patient Care Services Policies &amp; Procedures</b>		
1. Research Activities: Investigational Drugs Policy	DELETE	Forward To BOD For Approval
<b>Unit Specific</b>		
<b>Food &amp; Nutrition</b>		
1. Nutrition Assessment of High Risk OB Patient	3 Year Review	Forward To BOD For Approval
2. Nutrition Care and Assessment for Infants, Pediatrics, & Adolescents	3 Year Review, Practice Change	Forward To BOD For Approval
<b>Infection Control</b>		
1. Meningococcal Exposure IC 6.2	3 Year Review	Forward To BOD For Approval
2. Risk Assessment and Surveillance Plan	1 Year Review, Practice Change	Forward To BOD For Approval
3. Toy Cleaning IC 9.1	DELETE	Forward To BOD For Approval
4. Zika Virus	3 Year Review	Forward To BOD For Approval
<b>Rehabilitation Center (Acute Rehabilitation)</b>		
1. Provision of Services Not Provided by Tri-City Rehabilitation Center	NEW	Forward To BOD For Approval
2. Rehabilitation Leadership Structure	NEW	Forward To BOD For Approval
3. Scope of Services	NEW	Forward To BOD For Approval

**ISSUE DATE:** 05/08

**SUBJECT:** Research Activities: Investigational  
Drugs

**REVISION DATE:** 09/09; 12/09

**POLICY NUMBER:** IV.I.12

Patient Care Service Department Approval:	10/1610/19
Clinical Policies & Procedures Committee Approval:	11/1610/19
Nurse Executive Council Approval:	01/1710/19
Medical Staff Department/Division Approval:	n/a
Pharmacy & Therapeutics Committee Approval:	02/1711/19
Medical Executive Committee Approval:	03/1701/20
Administration Approval:	02/20
Professional Affairs Committee Approval:	04/17 n/a
Board of Directors Approval:	04/17

**A. PURPOSE:**

- ~~To provide guidelines for coordination of medical, nursing, administration, and pharmacy staff in providing for the safe use and dissemination of investigational drugs, biologics and devices within the hospital. More information can be found in the Clinical Research Policies Manual and the Pharmacy sub-manual Investigation Drugs Services Policies and Procedures, both departments – specific manuals.~~
- ~~To provide guidelines for coordination of medical, nursing, administration, and pharmacy staff in hospital-driven research such as Evidence Based Practice (EBP) and new healthcare research.~~

**B. GLOSSARY:**

- ~~CFR: Code of Federal Regulations~~
- ~~CRC: Clinical Research Coordinator~~
- ~~CRD: Clinical Research Department~~
- ~~CUSP: Comprehensive Unit Based Safety Program~~
- ~~EBM: Evidence Based Machine~~
- ~~ESP: Evidence Based Practice~~
- ~~IRB: Investigational Review Board~~
- ~~PI: Principal Investigator~~
- ~~SRC: Scientific Review Committee~~

**C. DEFINITION(S):**

- ~~Clinical Research Coordinator (CRC): The CRC is a Tri City Healthcare District (TCHD) credentialed clinical trial coordinator employed by the clinical research site conducting the clinical trial or study.~~
- ~~Clinical Research Site refers to the external organization that is conducting the Clinical Trial or Study.~~
- ~~Comprehensive Unit Based Safety Program (CUSP): The Clinical Research Department (CRD) is actively involved in supporting a culture shift towards patient safety via the Pronevest invented CUSP program.~~
- ~~Evidence Based Practice (EBP): Evidence Based Medicine (EBM) aims to apply the best available published evidence gained from the scientific method to clinical decision making and medical intervention. It seeks to assess the strength of evidence of the risks and benefits of~~

- treatments (including lack of treatment) and diagnostic tests as well as drives the support for determining "best practices". This helps clinicians to learn whether a treatment will do more good than harm.
5. ~~Exemption Determinations for Research Projects: Research projects may be determined exempt from federal oversight and Investigational Review Board (IRB) review under 45 Code of Federal Regulations (CFR) Part 46 if they not involve a Federal Drug Administration (FDA) regulated product such as a drug or device and if prisoners are not included in the research. Exemption Determinations are reviewed by the TCHD CRD and the opinions derived by the TCHD Exemption Determination Committee. The policy number describing exempted research is Clinical Research Exempted Research Policy 8010.021.~~
  6. ~~Informed Consent Form (ICF): A document which explains the following:~~
    - a. ~~Details of the study~~
    - b. ~~The potential risks and benefits~~
    - c. ~~Rights and responsibilities~~
  7. ~~Investigational Drugs and Biologics: New drugs or biologics which have been issued an Investigational New Drug (IND) number by the FDA. These medical treatments are for investigational use only~~
  8. ~~Investigational Devices: New devices which have been designated as a Humanitarian Use Device (HUD) and been issued a Humanitarian Device Exemption (HDE) or have an Investigational Device and been assigned an Investigational Device Exemption (IDE) by the FDA.~~
    - a. ~~HUD is as defined in 21 CFR 814.3(n), as a "medical device intended to benefit patients in the treatment or diagnosis of a disease or condition that affects or is manifested in fewer than 4,000 individuals in the United States per year.~~
    - b. ~~HDE is defined in 21 CFR 814.3(m), as a "premarket approval application" submitted to FDA pursuant to Subpart A, 21 CFR Part 814 "seeking a humanitarian device exemption from the effectiveness requirements of sections 514 and 515 of the [FD&C Act] as authorized by section 520(m)(2) of the [FD&C Act]."~~
    - c. ~~An IDE allows an investigational device (i.e. a device that is the subject of a clinical study) to be used in order to collect safety and effectiveness data required to support a premarket approval (PMA) application or a premarket notification [510(k)] submission to the FDA.~~
  9. ~~Investigational Review Board (IRB): An IRB is a committee established to review and approve research involving human subjects. The purpose of the IRB is to ensure that all human subject research be conducted in accordance with all federal, institutional, and ethical guidelines. Western IRB is TCHD's IRB of record.~~
  10. ~~Principal Investigator (PI): Physician(s) with privileges at Tri-City Medical Center (TCHD) who are responsible for the conduct of the clinical study. In the case of drug studies, the PI would sign the FDA Form 1572 and TCHD would be listed on the Form as a site~~
  11. ~~Publication: Publications shall consist of manuscripts for journal publication, posters and power point presentations aka talks, speaking engagements etc. A completed publication is to be provided to the CRD for approval.~~
  12. ~~Research Subject: All patients enrolled in a clinical trial are referred to by trial personnel as a study subject per FDA guidelines.~~
  13. ~~Research is a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes.~~
  14. ~~Scientific Review Committee: The Scientific Review Committee (SRC) serves to assess the scientific, business, contractual, and financial considerations for each clinical research project at TCHD.~~
  15. ~~Sponsor: An individual, company, institution or organization which takes responsibility for the initiation, management and/or financing of a clinical trial.~~

**D. POLICY:**

1. All IRB requests are to be made through the TCHD Director of Clinical Research.
2. Clinical trials are administered only in accordance with protocols approved by the SRC. Representatives from all ancillary services, education, nursing and physicians are members of the SRC and play a role in determining whether the study is feasible to be conducted at TCHD and whether there were no regulatory obstacles.
  - a. Investigational drugs, radiation, biologics or devices shall be used only under the supervision of the principal investigator and/or sub-investigator, who assumes the burden of responsibility for the proper conduct of the clinical trial and securing the necessary ICF consent.
  - b. The principle or sub-investigator must be a member of the Medical Staff of TCHD for all investigational drug protocols approved by the SRC of TCHD.
  - c. Investigational medications are administered only under the supervision of the authorized investigator and according to protocol. They are to be distributed by the IDS Pharmacy.
3. The CUSP program may be used to study quality improvement methods or EBP research.
4. TCHD has an EBP Committee. This committee is available for teaching or coaching hospital employees who would like to conduct EBP research.
5. The CRD will issue a written opinion for a proposed project that may be exempted from Federal Oversight and IRB review under 45 CFR Part 46. The policy describing exempted research is Clinical Research Exempted Research Policy 8010.021.
6. TCHD CRD is available to review and assist with manuscript preparation and revision for those discoveries made at TCHD.
7. TCHD conducts various forms of research not based on the reproduction of earlier findings but based on a novel concept that could change medical practice or healthcare workflow. The CRD and EBP Committee are available as a resource.
8. TCHD's IDS Pharmacy is responsible for providing information on storage, labeling, distribution and waste. A clinical IDS pharmacist shall review the Investigational Drug Fact sheet with nursing personnel as requested. This is detailed in the Pharmacy IDS Policy and Procedure manual.
9. Each hard copy of the patient medical record shall contain a research tab. The signed ICF is to be placed in this section.
  - a. IF THERE IS NO CONSENT and the patient does not have one available, the RN or Healthcare provider needs to call the clinical trial site to obtain a copy.
  - b. No procedures or trial related medications may be administered until this consent is on file in the Medical Record.
10. Prior to the initiation of the clinical research study, sufficient education is provided to the pharmacy and nursing staff charged with dispensing and administering the medication. Copies of the orders are to be provided to lab and radiology when appropriate.

**E. ROLES AND RESPONSIBILITIES:**

1. Sponsor:
  - a. Provides information on storage, labeling, and distribution to pharmacy
2. Principal Investigator:
  - a. Provides a nursing summary and drug fact sheet to the Nursing Educator group in one-page outlines. The information provided shall include:
    - i. Dosage form
    - ii. Route of administration
    - iii. Strength
    - iv. Actions
    - v. Uses
    - vi. Side effects
    - vii. Adverse effects



- viii. ~~Interactions~~
  - ix. ~~Symptoms of toxicity~~
- b. ~~Obtains fully executed ICF and places a copy in the medical record.~~
- c. ~~Upon study initiation, the PI shall provide a written order to the IDS pharmacy. If oral study medication has been provided to study subject they may take their own study drug. An order from the PI for the oral drug can be provided by the site or IDS pharmacy.~~
- 3. ~~Pharmacist:~~
  - a. ~~Prior to study enrollment, the Sponsor or the Contract Research Organization (CRO) shall conduct a site initiation visit (SIV) with the investigational drug service pharmacist~~
    - i. ~~Review study procedures to include randomization, dispensing, blinding and unblinding documentation, and planning for routine monitoring visits.~~
    - ii. ~~Every attempt shall be made to conduct a SIV in the TCHD Pharmacy.~~
  - b. ~~Review the Investigational Drug fact sheet with nursing personnel as requested.~~
  - c. ~~Process all investigational medications~~
    - i. ~~The TCHD Pharmacy address must be listed as the receiving party for all investigational drug study medications.~~
    - ii. ~~Study drug distributor/Sponsor must notify pharmacy as to expected date of receipt, and every attempt must be made by distributor to deliver during normal business hours.~~
    - iii. ~~Once received in the pharmacy, investigational study medications shall be inspected for damage, quantity verified, documented on the study master accountability form, and stored at appropriate temperature by the IDS pharmacist or delegated pharmacist trained on the study.~~
      - 1) ~~If no appropriately trained staff is available to complete the above on the day of receipt, the medications will be sequestered in the investigational drug study room at appropriate storage conditions until above documentation can be completed.~~
      - 2) ~~No study medications shall be removed for patient use unless the above has been completed.~~
    - iv. ~~Investigational study medications shall be stored in a separate locked room within the pharmacy, accessible only to pharmacists and other pharmacy personnel under the supervision of a pharmacist.~~
      - 1) ~~High/low temperature logs shall be maintained in this room for drugs stored under ambient and refrigerated conditions.~~
    - v. ~~Drug receipt shall be logged into appropriate IVRS/IVRS within 24 hours of receipt and all shipping documents processed per study instructions.~~
    - vi. ~~An inventory record shall be kept on each investigational drug. A record shall be kept for each dose of investigational drug dispensed.~~
    - vii. ~~Inventory of investigational drugs shall be kept and include the following:~~
      - 1) ~~Quantities dispensed~~
      - 2) ~~Identities of patients~~
      - 3) ~~Quantities of medications returned, lost, or destroyed.~~
    - viii. ~~Clinical trial materials and/or investigational drugs shall be returned or destroyed per protocol and sponsor direction.~~
    - ix. ~~Information on current Drug and Study Protocols is maintained in the Pharmacy IDS locked storage room. Information on closed studies is maintained in the Pharmacy IDS locked storage room for a period of at least one year following the study close out. After one year, the information may be moved to on-site storage for at least another year before transfer to off-site storage. All IDS study documentations are to be kept permanently.~~
  - d. ~~Dispenses Investigational drugs (TCHD licensed pharmacist only)~~
    - i. ~~All investigational drugs shall be properly labeled, with auxiliary labeling if necessary:~~
      - 1) ~~Name of drug or identification of investigational protocol.~~

- 2) ~~Strength~~
- 3) ~~Expiration date of the drug. If no expiration date is available, a re-test date shall be used as the expiration date. In the event that an expiration or re-test date is not available, a memo from the sponsor shall be obtained stating that they assume responsibility for notifying the pharmacy prior to the drugs expiration date.~~
- ii. ~~For intravenous investigational agents the following process shall be followed:~~
  - 1) ~~A pharmacist (IDS or IV room pharmacist) shall prepare or directly supervise preparation of all IV investigational infusions.~~
  - 2) ~~For any IV doses not dispensed during the IV room pharmacist shift, communication will be made to the evening pharmacist of any pending investigational infusions.~~
  - 3) ~~IV infusions for investigational drugs should be infused via a separate site and clearly labeled as "Investigational Drug" whenever possible. If IV infusions for investigational drugs are infused into a line with other medications, the line must be flushed with normal saline, or flushed per study protocol if specified by the sponsor.~~
- iii. ~~For outpatient study medications, the study site staff will pick up the investigational drug from pharmacy. Pharmacy personnel and study site staff member will sign the transportation log once picked up. The logs will be filed and kept in the IDS storage room.~~
  - 1) ~~The only exception to this shall be when the study sponsor requires a study-specific dispensing log.~~
- iv. ~~For studies without a study-specific transportation log, a TCHD dispensing/transportation log shall be completed whenever investigational medications are delivered by pharmacy personnel to nursing units. The pharmacy personnel and receiving nurse will sign the log.~~
- v. ~~Procedures pertaining to the disposition of any remaining study drug or study drug preparation shall be determined prior to patient enrollment.~~
  - 1) ~~Medications not used by the patient shall be returned to the pharmacy or may be retained by the patient per physician's order.~~
  - 2) ~~When the protocol is closed, the medications shall be returned to the sponsor, physician, or destroyed through standard hospital procedure, as directed by the sponsor or PI.~~
- e. ~~All pharmacists involved in investigational drug dispensation must complete training by the IDS pharmacist and sign off that they have received training.~~
  - i. ~~Training and delegation logs shall be maintained in the pharmacy study binder.~~
  - ii. ~~CV's and California pharmacist license shall be maintained in the pharmacy study binder if required by the sponsor.~~
  - iii. ~~Staff education is provided in the departments and to the staff involved~~
4. ~~Study Coordinator:~~
  - a. ~~Provides an in-service to the nursing educator group when all items are finalized.~~
  - b. ~~Study requirement checklist must be completed by the PI or research coordinator prior to enrollment of patients.~~
  - c. ~~Staff education is provided in the departments and to the staff involved.~~
    - i. ~~Pharmacists involved in study drug dispensing or monitoring shall be educated on study procedures. This shall include:~~
      - 1) ~~Documentation~~
      - 2) ~~Monitoring (if required by the study)~~
      - 3) ~~Randomization (when pharmacy is the responsible party)~~
      - 4) ~~Blinding~~
      - 5) ~~Proper storage, preparation, and dispensing of the study drug.~~
5. ~~Education Group:~~
  - a. ~~Reviews orders, the nursing summary, and drug fact sheets~~



- b. ~~Coordinates distribution of the information and in-service education to the nursing staff.~~
- 6. ~~Nursing:~~
  - a. ~~Verifies informed consent.~~
    - i. ~~A copy of the consent is retained in the IDS pharmacy and medical record under the research tab~~
  - b. ~~Reviews the PPO, drug fact sheet and nursing summary~~
  - c. ~~Administers IV infusions for investigational drugs via a separate site and clearly labeled as "Investigational Drug"~~
  - i. ~~Investigational drugs can only be infused into a line with other medications with approval from the PI and IDS pharmacist.~~

**F. DOCUMENTATION:**

- 1. ~~Documentation in the medical record shall include:~~
  - a. ~~Signed copy of informed consent filed under research tab~~
  - b. ~~Physician's order for the investigational drug including:~~
    - i. ~~Name~~
    - ii. ~~Dose~~
    - iii. ~~Route~~
    - iv. ~~Duration of administration (included on the PPO)~~
    - v. ~~Frequency of administration~~
    - vi. ~~Acceptable rescue medications for an adverse drug reaction~~
  - c. ~~Order for disposition of any unused medication~~
  - d. ~~Completed Medication Administration Record (MAR)~~
  - e. ~~All side effects and adverse reactions to the investigational drug shall be noted in the nursing notes and reported to the physician.~~
  - f. ~~Results for all tests ordered at TCHD as part of the research protocol~~

**G. PATIENTS ENTERING TCHD WHO ARE PARTICIPATING IN AN OUTSIDE CLINICAL TRIAL:**

- 1. ~~For patients entering TCHD who are in an outside clinical trial (not recognized or approved by the TCHD SRC), the pharmacy shall adhere to the following guidelines:~~
  - a. ~~The PI shall be notified and evaluate the appropriateness of the patient's continuance in the investigational study.~~
    - i. ~~If no contraindication exists, the investigational study medications may be continued during hospitalization.~~
    - ii. ~~If the PI does not have privileges at TCHD this information must be communicated to the admitting physician or hospitalist assuming care of the patient.~~
  - b. ~~The admitting physician or Allied Health Professional (AHP) shall provide a written order for "patient may take own study drug" or similar wording.~~
  - c. ~~The IDS pharmacist shall verify identity and confirm the study drug.~~
  - d. ~~The PI shall complete the Investigational Drug Fact Sheet for nursing and pharmacy.~~
  - e. ~~The TCHD SRC and pharmacy shall accept a copy of the original informed consent~~
    - i. ~~A copy shall be placed on the patient's medical chart~~
  - f. ~~Sufficient education is provided to the pharmacy and nursing staff charged with dispensing and administering the medication.~~

**H. REFERENCE(S):**

- 1. ~~<http://www.fda.gov/RegulatoryInformation/Guidances/ucm389154.htm>~~
- 2.1. ~~<https://www.nlm.nih.gov/services/ctconsent.html>~~

**Food and Nutrition Services**

**SUBJECT: Nutrition Assessment and Care of High Risk OB Patients**

**ISSUE DATE: 6/00**

**REVISION DATE(S): 8/05; 11/05; 2/12; 02/13**

<b>Food and Nutrition Approval:</b>	<b>04/18</b>
<b>Medical Staff Department/Division Approval:</b>	<b>n/a</b>
<b>Pharmacy and Therapeutics Approval:</b>	<b>11/19</b>
<b>Medical Executive Committee Approval:</b>	<b>01/20</b>
<b>Administration Approval:</b>	<b>02/20</b>
<b>Professional Affairs Committee Approval:</b>	<b>n/a</b>
<b>Board of Directors Approval:</b>	<b>02/13</b>

**A. POLICY:**

- ~~1. Clinical dietitian will evaluate nutritional status of high risk OB patients.~~
1. Nursing will generate a referral for nutrition assessment for patients with hyperemesis gravidarum/prolonged diarrhea, HTN/Preeclampsia, skin breakdown or pressure injury, impaired nutritional intake of <50% X 5 days, Bariatric surgery, and/or antepartum gestational, type 1, and type 2 diabetes.
  - a. **Sweet Success Program:**
    - i. RD will determine patient's dietary needs; individualize the meal plan based on nutritional assessment and assessment of patients' knowledge of prescribed diet.
    - ii. RD to closely monitor food intake, exercise and blood glucose levels to meet glycemic and nutrient intake goals.
2. Dietitian will also evaluate nutritional needs for patients upon referral and for other patients with high risk pregnancies, to include: pregnancy induced hypertension; spontaneous rupture of membranes; pre-term labor; incompetent cervix requiring surgical intervention and long term bed rest. Evaluation will entail evaluation of laboratory data, weight history, diet history, and age group.
3. Dietitian will monitor intake and adjust diet and food selections as needed during extended admissions.
4. Dietitian will educate as appropriate on gestational diabetes; nutritional needs during pregnancy; nutritional needs for infancy (~~post-partum~~postpartum) and will provide printed guidelines.
5. Initial evaluations for high risk pregnancy patients receiving a referral will be documented within 48 hours.

**Food and Nutrition Services**

**SUBJECT: Nutrition Care for Adolescents for Infants, Pediatrics, & Adolescents**

**ISSUE DATE: 03/88**

**REVISION DATE(S): 10/04, 11/05, 11/07, 7/08, 10/08; 10/10; 11/11; 02/13**

<b>Food and Nutrition Approval:</b>	<b>04/18</b>
<b>Medical Staff Department/Division Approval:</b>	<b>n/a</b>
<b>Pharmacy and Therapeutics Approval:</b>	<b>11/19</b>
<b>Medical Executive Committee Approval:</b>	<b>01/20</b>
<b>Administration Approval:</b>	<b>02/20</b>
<b>Professional Affairs Committee Approval:</b>	<b>n/a</b>
<b>Board of Directors Approval:</b>	<b>02/13</b>

**A. DEFINITIONS:**

1. Malnourished or Nutritionally at Risk:
  - a. Acute wt. loss of greater than 10% of body wt.
  - b. Wt. for height/length below 5th percentile on growth chart.
  - c. Decreased % scores of ht. and/or Wt (Wt/length <3% or greater than >97% when compared to growth charts.)
  - d. Increased metabolic requirements.
  - e. Low birth wt. or prematurity.
  - f. Inadequate provision or tolerance of nutrients.
  - g. Failure to thrive
  - h. Poor oral intake or delays in chewing, swallowing
  - i. Primary nutritionally related medical condition (e.g. diabetes mellitus, metabolic disorder, congenital heart defect, GI condition)

**B. POLICY**

1. Function: A systematic method for the Registered Dietitian to collaborate with the physician in the assessment of nutrition status of patients, the education of patients regarding nutritional therapies, and the provision of appropriate medical nutrition therapy given the patient's medical diagnosis and assessed nutritional requirements.
2. Circumstances:
  - a. Setting: All infant, pediatric and adolescent patients admitted to or being treated at Tri City Medical Center
  - b. Supervision: None required
  - c. Referrals for a nutrition assessment are generated if certain criteria are met via the admission assessment in ~~Compass~~ **the electronic health record (EHR)-Power Chart**.
  - d. Registered dietitians (RD) will assess nutritional status of triggered patients within 48 hours of referral, considering age of patient, disease states, nutrition history, medical history, medical therapies/treatments and laboratory values.
  - e. Registered dietitians (RD) may assess nutrition status of any patient and implement an appropriate nutrition care plan, to include evaluation and recommendations for enteral and parenteral nutrition support, addition of supplements, changes in food texture and consistency, and education of patients/families regarding appropriate nutrition intervention for a particular disease state.

**C. PROCEDURE:**

1. Referrals for nutrition assessment are generated if the following criteria are met upon completion of the pediatric admission data base: currently receiving TPN/enteral feedings; unplanned weight loss; presence of pressure ulcer or skin breakdown; eating disorder; impaired nutrient intake, nausea/vomiting/diarrhea; intake of less than 50% normal in 3 days; aspiration risk; and BMI of <3% or >97%. Additional criteria for infants and pediatric patients include: wt/length < 3% or >97% on growth charts, difficulty with suck/swallow; poor weight gain; failure to thrive and presence of enteral tube/button. The dietitian will complete the assessment with consideration of:
  - a. Diet order
  - b. Diagnosis
  - c. Chronological age and/or gestational age
  - d. Weight
  - e. Height or length
  - f. Head circumference as appropriate
  - g. Food allergies
  - h. Diet prior to admission
  - i. Birth weight - if available
  - j. History of weight changes
  - k. Potential drug nutrient interactions
  - l. Labs and biochemical values: to include, among others, serum albumin, Hgb, Hct, MCV
  - m. Feeding problems such as chewing, swallowing, and appetite changes.
  - n. Nutrition/diet history
  - o. Psychosocial, physiological, social or environmental issues
  - p. Clinical assessment changes
  - q. Any other general nutrition concerns.
2. Clinical dietitian will document nutrition assessment in ~~Compass~~**the EHR** ~~—power chart~~ on Initial Pediatric Nutrition Assessment power form. Assessments will be based on information provided by admission assessment, review of history and physical, physician notes, and other disciplines' notes, and interview with patients, parents, or nursing:
  - a. Diet order
  - b. Diagnosis
  - c. Age
  - d. Weight, height, anthropometrics
  - e. Growth failure/growth deviation
  - f. Food allergies
  - g. Labs: pertinent to assessment
  - h. Pertinent drug nutrient interactions
  - i. History of weight changes
  - j. Feeding problems such as chewing, swallowing, appetite
  - k. Psychosocial, physiological, social or environmental issues
  - l. Nutrition/diet history, including cultural food preferences
  - m. Pregnancy
3. Clinical Dietitian will document assessment in ~~Compass~~**the EHR** ~~Power Chart~~. The Dietitian will also calculate the following:
  - a. Weight for height percentile or weight for age/weight for height percentile.
  - b. BMI percentile
  - c. Head circumference percentile, as appropriate
  - d. Weight change percentile
  - e. Estimation of calories and is based on the child's age, gender, weight, disease state, & nutrition status.
  - f. Grams of protein per day.
  - g. Fluid requirements

4. A nutrition care plan will be developed and individualized based on assessment and will meet specific needs of patient. Goals will be individually determined with delineation of methods of achievement of goals and time frames.
5. Normally nourished patients who have adequate intake to satisfy nutrient requirements will be monitored on an at least 4 day follow-up basis or as indicated by nursing/MD referral. Malnourished children will be followed daily, with documentation at least every 4 days, until intake is adequate to meet needs.
6. Normally nourished children with inadequate intake may require nutrition intervention/support after 5 days of inadequate nutritional intake, depending upon age, medical condition, and nutritional status. Malnourished children who have inadequate intake may require nutrition support (i.e. parenteral or enteral nutrition) after 1-3 days of inadequate nutrition intake depending upon age, medical condition, and nutritional status. These patients will be monitored on a 1-3 day follow-up basis or as indicated by referral.

Estimated Energy and Protein Requirements/Dietary Reference Intakes			
Age (yr)	Protein g/kg/d	Kcal/Kg/d	Kcal/d
0.0-0.5	2.2	108	Kg x 108
0.5-1.0	1.5	98	Kg x 98
1-3	1.3	102	1300
4-6	1.2	90	1800
7-10	1.0	70	2000
Males: 11-14	1.0	55	2500
15-18	0.9	45	3000
Females: 11-14	1.0	47	2200
15-18	0.8	40	2200

7. Clinical Dietitian will confer with MD, RN, and/or Pharmacist regarding pertinent factors affecting nutrition status (i.e. medication, I&O, intake, Braden Score, etc.).
8. Clinical Dietitian will provide and document follow-up visits for patients assessed at risk as necessary or at least every four (4) days depending on medical and nutritional status and will revise therapy as indicated. Follow up visits may be requested by physicians and/or nursing and other members of the health care team. Patients with adequate intake will be followed throughout their stay with documentation in the medical record within at least seven (7) days. Follow-up assessment is documented on the Nutrition Reassessment power form, to include nutrient intake, tolerance to diet, weight changes, laboratory parameters, and I&O. Follow-up assessments may be triggered sooner as warranted by a change in medical condition, surgical intervention, changes in nutrient intake or nutrition status.
9. Clinical Dietitian will provide nutrition counseling and education explaining rationale to patient/parent/significant other as ordered by physician, as requested by nursing, or family, or as deemed appropriate by RD. Education information is reflected in the Patient/Family education section of the powerforms grid. Referrals will be made for outpatient medical nutrition therapy as appropriate. Information about available community resources will be provided.
10. Standard adult menus and snacks are utilized. If enteral formulas are required, adult formulas are utilized for children >14 years old; Specialty enteral formulas can be utilized as necessary

dependent upon disease state, medical condition, gastrointestinal tolerance and ability to absorb nutrients view, Nutrition Care & Assessment for Infants Admitted to NICU for infant recommendations.

D. **REFERENCE LIST**

1. "The Science and Practice of Nutrition Support" ed. Gottschlich, MM; 2001.

**Infection Control Manual**

**ISSUE DATE: 01/85**

**SUBJECT: Meningococcal Exposure**

**REVIEW DATE: 09/07**

**STANDARD NUMBER: IC. 6.2**

**REVISED: 09/03, 10/04, 08/14**

Infection Control Department Approval:	04/4701/20
Infection Control Committee Approval:	04/4701/20
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	02/4701/20
Administration Approval:	02/20
Professional Affairs Committee Approval:	03/47 n/a
Board of Directors Approval:	03/17

**A. PURPOSE:**

1. To help prevent the transmission of disease to and colonization of healthcare workers (HCWs).
2. Health care workers may require prophylactic antibiotics after a significant exposure to a patient with an infection (meningitis, bacteremia, or pneumonia) due to *Neisseria meningitidis*. Bacterial meningitis infection presents as a sudden onset of fever, headache, and stiff neck. The symptoms of bacterial meningitis can appear quickly or over several days. Typically they develop within 3 – 7 days after exposure.
3. Prophylaxis is most effective within the first 4 days post-exposure.
4. Patient is placed in Droplet Precautions if disease is known or suspected before lab confirmation.
5. Chemoprophylaxis is offered to HCWs if:
  - a. the patient's CSF gram stain is positive for gram negative diplococci, or blood, sputum, or CSF is culture positive for *Neisseria meningitidis* and
  - b. (2) HCW had an "intimate exposure" as defined on the Meningococcal Meningitis worksheet (Appendix A), was not wearing appropriate PPE, and the patient was not receiving appropriate antibiotics for at least 24 hours.
  - c. Staff Roles (See hyperlink for flow chart):
  - d. Microbiology: report significant stains and cultures to patient's attending physician, public health and Infection Preventionist (M – F 8am to 5pm) or the Administrative Supervisor after hours and weekends.
  - e. Infection Preventionist or Administrative Supervisor: assist in identification of departments or units involved and report to San Diego County Health and Human Services Epidemiology department: # (619) 692-8499/FAX # (858) 715-6458
  - f. Charge Nurse: review the patient's chart to identify exposed staff. Complete and send attached Meningococcal Meningitis Worksheet (Appendix A) to Employee Health.
  - g. ED Base Coordinator to 1) fill out Communicable Disease Exposure Report Form (from County of San Diego Public Health Department: Division of Emergency Medical Services 2) send form to Infection Control staff for follow up 3) notify the EMS agency's Infection Control Officer of exposure.
6. Exposed employee: complete an Injury/Illness Investigation Report and sign in to be seen in Emergency Department.

**B. RELATED DOCUMENTS:**

1. Meningococcal Meningitis Worksheet
2. *Neisseria Meningitidis* Exposure Flowchart

- C. **REFERENCES:**
1. APIC, Ready Reference to Microbes, Washington DC: 3<sup>rd</sup> Edition. Brooks, K, 2012
  2. APIC, APIC Text of Infection Control and Epidemiology, Washington, DC: 4<sup>th</sup> Edition. Association for Professionals in Infection Control and Epidemiology, 2014.
  3. Gilmore A, Stuart J, Andrews N, Risk of secondary meningococcal disease in health-care workers. Lancet 2000, 11;356(9242): 1654-1655.
  4. <http://www.cdc.gov/meningitis/bacterial.html>



### Meningococcal Meningitis Worksheet

Charge Person/Department Manager: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient's MR# \_\_\_\_\_

Staff Involved:

Exposed

1.	Y	N
2.	Y	N
3.	Y	N
4.	Y	N
5.	Y	N
6.	Y	N
7.	Y	N
8.	Y	N
9.	Y	N
10.	Y	N
11.	Y	N
12.	Y	N
13.	Y	N
14.	Y	N
15.	Y	N

Exposure is defined as intimate and unprotected (no mask or face shield) contact with a patient with meningococcal disease (*Neisseria meningitis*) prior to antibiotic administration for at least 24 hours. There is a negligible risk of disease following casual contact. The following are examples of an "exposure"

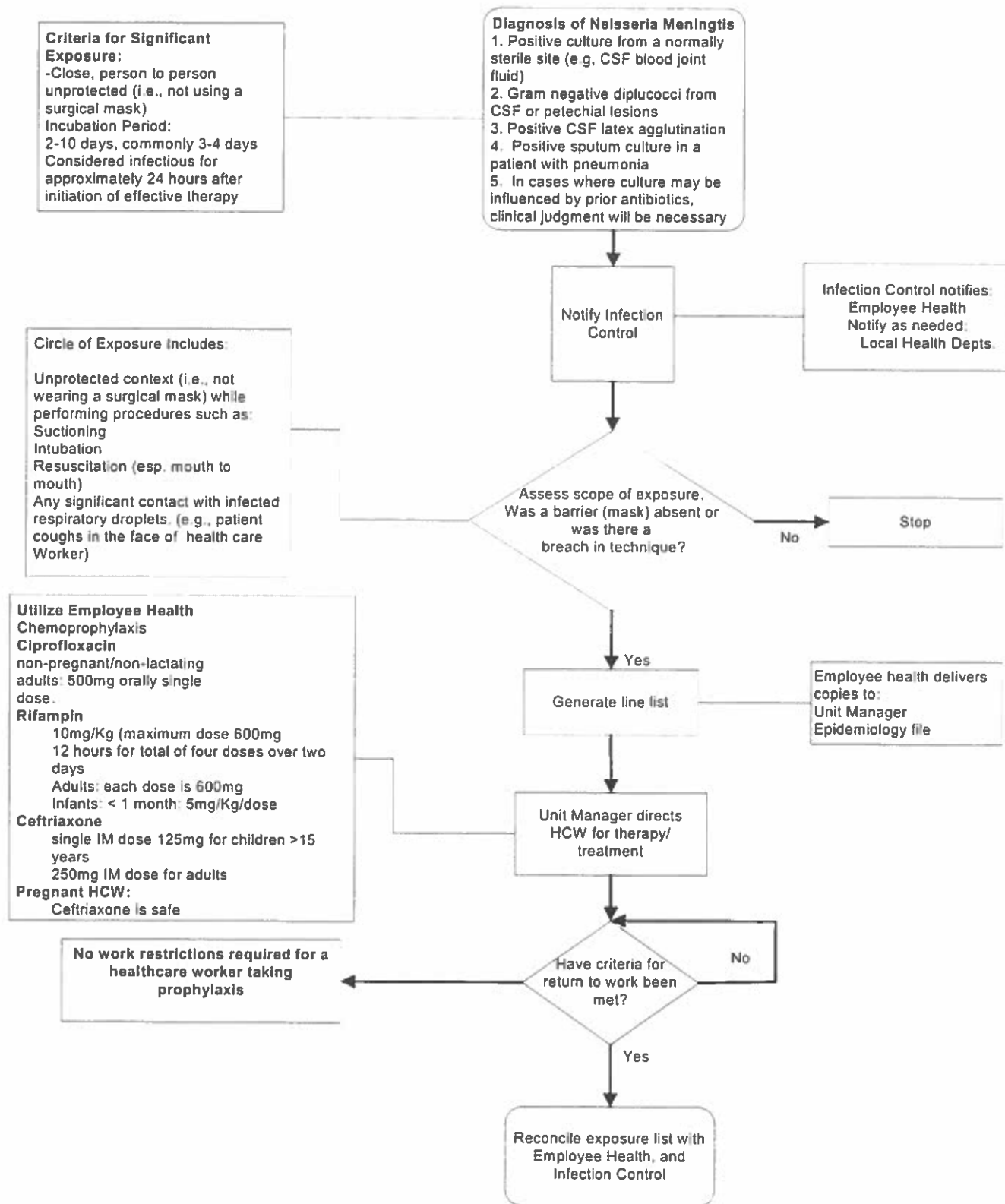
Mouth to mouth resuscitation
Suctioning without using personal protective equipment (mask and goggles or face shield)
Participation in intubation without using personal protective equipment (mask and goggles or face shield)
Oral or endoscopic examination without using personal protective equipment (mask and goggles or face shield)
Assisting with vomiting patient without using personal protective equipment (mask and goggles or face shield)
Other mucus-membrane contact with respiratory secretions.

All staff identified as "exposed" are directed to the Emergency Department for further evaluation and possible prophylactic treatment.

Please fax the completed form to Employee Health Services at (760) 940-4005.

# Healthcare Worker Exposure to Neisseria Meningitis

This algorithm does not need to be done on every case of exposure to Meningitis only for exposure to Neisseria Meningitis



**INFECTION CONTROL**

**ISSUE DATE:** 03/02

**SUBJECT:** Risk Assessment and Surveillance  
Plan

**REVISION DATE(S):** 07/13, 08/14, 05/16, 03/17, 02/18

Infection Control Department Approval:	04/1901/20
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Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	02/1901/20
Administration Approval:	03/1902/20
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	03/19

**A. PURPOSE OF RISK ASSESSMENT:**

1. Sound epidemiological principles must be considered in the formation of the surveillance program designed to provide maximum information and identify opportunities to reduce disease. Measures directed toward cost effective care must include best practice and technology to prevent infection. The economic impact of an efficient and flexible infection control plan is especially relevant in times of changing reimbursement and payment patterns. Tri-City Healthcare District's (TCHD) plan outlines how this may be accomplished within the confines of resources, external regulatory guidelines, and medical staff requirements.

**B. PURPOSE OF SURVEILLANCE:**

1. The foundation of and most important purpose of this program is to decrease the risk of infectious complications for all patients, healthcare workers, visitors and staff. Ongoing epidemiological information assists with identifying at risk populations and opportunities to interrupt prevent or reduce the occurrence of healthcare associated infections. Surveillance will be compared to nationally recognized benchmarks such as the National Healthcare Safety Network (NHSN) rates whenever possible.

**C. RESPONSIBILITY:**

1. Successful creation of an organization-wide infection control program requires collaboration with all relevant components/functions. Individuals within the hospital who have the power to implement plans and make decisions related to prevention and control of risks related to infections are included in the design and coordination of processes. In consultation with the Medical Staff, Directors, Medical Director of Infection Control, Environmental Health and Safety Committee, Patient Safety Officer and the Infection Control Committee, the Infection Preventionist (IP) shall implement a systematic process for monitoring and evaluating the quality and effectiveness of the infection control program. Significant deviations are discussed in Infection Control Committee, Quality Improvement Medical Staff Committees as needed, Environmental Health and Safety Committee and the Patient Safety Committee and referred to appropriate councils and committees for action.
2. Infection Prevention and Control Services are staffed with an Infection Preventionists. There are computer resources with Internet connection, Microsoft Office software, NHSN National internet based database, a real-time electronic data mining surveillance tool and access to the hospital's electronic medical records (Cerner and Affinity). Telephone with voice mail, and fax access is provided. The office is located within the Surgical Scheduling office.

3. Infection Control Services works in conjunction with others, as a consultant and resource for best practices. We support system changes and an interdisciplinary focus to improving care. We believe that all our employees, medical staff, and volunteers play an important role in preventing and controlling infections. Ultimately, the leadership team within the district is responsible for adopting and ensuring compliance with appropriate policies and practices.

**D. LINKS WITH INTERNAL SOURCES:**

1. On at least an annual basis, the IP department will meet with the affected departments (i.e. Medical Staff and Employee Health) to assess whether the goals and priorities have been achieved and what steps are required to implement any indicated changes. The goals are shared with and reviewed by the Infection Control Committee. Education on infection control goals and priorities will be included with quarterly reports and during individual meetings with the hospital leadership. The IP staff reports to Infection Control Committee quarterly and attends other medical staff and hospital committees as requested, regulatory requirements and department specific Quality Reports are reviewed.

**E. LINKS WITH EXTERNAL SOURCES:**

1. The San Diego County Public Health Department, state health authorities, the Division of Occupational Safety and Health, and other recognized infection control specialists, for example, the Centers for Disease Control and Prevention (CDC), Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology of America (SHEA), and the California Healthcare Association (CHA) are important links between the district and outside resources. Infection Control department subscribes to automatic notifications available via email from the CDC, San Diego County Public Health (CAHAN) and California Department of Health and Human Services. Infection surveillance covers a broad range of processes and activities with potential for intervention and these organizations assist with the where, when, and how of targeting.
2. Healthcare associated infections (HAI) are reported by the IP staff to the external healthcare organizations when the infection was not known at the time of transfer. TCHD receives reports from outside organizations when a patient develops an infection that might meet criteria for a healthcare associated infection. Home Health/Hospice quality review staff report directly to Infection Control Committee.
3. The following conditions will be reported to external healthcare organizations with the intent to satisfy The Joint Commission IC 02.01.01 (and recorded in the patient's **electronic medical record (EHR) chart using PowerForm**). The Infection Surveillance Report will document notification to the referring healthcare organization within 7 days of discovery by the TCHD Infection Prevention and Control Staff:
  - a. Positive culture from a surgical site and surgery performed at another facility.
  - b. Influenza rapid test is positive and patient was discharged to another healthcare facility prior to results being known.
  - c. Positive C difficile toxin test known after the patient was discharged to another healthcare facility.
  - d. Positive MDRO culture known after the patient was discharged to another healthcare facility and the patient had no history of the same MDRO.
  - e. Unusual occurrences based on the opinion of the Infection Prevention staff in consultation with the Infection Control Medical Director and Director of Regulatory Compliance.

**F. PERTINENT RISK FACTORS:**

1. Each facility is unique and we considered the following factors in our planning.
  - a. National and international published scientific studies, community standard of care, professional recommendations and regulatory requirements.
  - b. A review of hospital specific surveillance data from years past.

- c. Medically fragile and at-risk populations such as newborns and those with invasive devices.
- d. The increasing antibiotic resistance in our facility and across the United States **and the nation** (as reported by the CDC in ~~and by~~ NHSN).
- e. The vaccination/immunity rates of the community and employees.

G. **EPIDEMIOLOGICAL FACTORS: INTERNAL AND EXTERNAL:**

1. TCHD is impacted by factors such as location, population served, community health, financial status, population age, clinical focus, and healthcare worker demographics and these were included in our planning.
2. The hospital's geographic location is in northern San Diego County. San Diego County is the second most populous of California's 58 counties, and the fifth largest county in the United States. San Diego is ~~currently~~ home to 3.343 million residents, **as of July 1, 2018**.
3. Located within the North County geographic region are 3 college campuses along with a Marine Corp Base (Camp Pendleton).
4. San Diego County is becoming increasingly bicultural due to its close proximity to Mexico. In addition, the county is already ethnically diverse, and will be increasingly so. The largest San Diego County racial/ethnic groups are White (45.964.7%) followed by Hispanics (33.5%) & Asian (11.516.79%). Approximately 21.5% of the county's populations are immigrants, including refugees, who come from other countries, speak many different languages, and have a variety of needs as they assimilate into their new environment. 38.8% of people in San Diego County speak a non-English language. The senior and disabled populations are growing disproportionately compared to the rest of the population. Since 2015, San Diego County has become the 4<sup>th</sup> largest population of homeless individuals in the US.
5. Demographic information (as of 20176) on the three cities most often served by TCHD is listed below.

City	Median income	Total # residents	White	Hispanic	Asian & Pacific Islander	African American
Oceanside	\$ 71,60960,487	176,193175,441	46.97.9%	36.28%	7.8%	4.9%
Vista	\$ 68,13061,433	101,568665	4036.5%	52.44.7%	4.073.4%	2.7%
Carlsbad	\$ 101,646143,217	115,3303,957	72.26%	14.3%	7.87%	0.9%

- a. <http://www.city-data.com/city/Oceanside-California.html>
- b. <http://www.city-data.com/city/Vista-California.html>
- c. <http://www.city-data.com/city/Carlsbad-California.html>
6. Enteric illness represents a significant burden of disease in the US and because of this the San Diego County Health and Human Services Agency conducts outbreak investigation and education to reduce the medical and cost-related impact of these diseases in the community. Food borne illnesses largely result from the ingestion of food or water contaminated by fecal matter or ingestion of infected animal products. Hospitals play an important role in early intervention by the identification and reporting of significant bacteria. The most common mandated reported enteric illnesses in SD County are Campylobacter, Hepatitis A, Salmonella and Shigella.
7. In San Diego, overall rates for Chlamydia and Gonorrhea have increased since 2018, while cases of early Syphilis have decreased slightly. ~~the three major reportable sexually transmitted diseases (Chlamydia, Gonorrhea & Syphilis) have increased from 2016 to 2017.~~ National trends were reflective at the local level, including high rates of STD's among young

- women and MSM (men who have sex with men). San Diego County has the third largest number of HIV & AIDS cases in California.
8. In 2018, San Diego County reported 226 new active TB (tuberculosis) cases, compared cases of active tuberculosis with 237 in 2017 while in 2016, 258 cases were reported. In 2018, San Diego County's annual TB incidence was 6.8 cases per 100,000 persons, which is higher than the California state rate of 5.3, and more than twice the national rate of 2.8.
  9. An estimated 80% of active TB cases are due to the progression of LTBI (latent tuberculosis infection) to active TB.
  - 8-10. TB drug susceptibility information was available for 197 cases (99%) of the 198 culture proven cases for 2018 in San Diego. Resistance to at least one of the 4 major first line drugs was found among 41 (21%) of these specimens. A multidrug-resistant (MDR TB) strain was found in 3 (1.5%) of the cases. Vigilance in diagnosing MDR TB and close monitoring of treatment is of extreme importance because of the complexity of treating such patients and the risk of spread within the community. Multidrug-resistant (MDR TB) strains were found in 3 (1.4%) of the cases. In 2015, Tri City Medical Center reported 1 case of MDR TB. No cases were found in 2017. In SD County for 2017, Hispanics had the highest rates of TB at 52%, Asian/Pacific Islanders at 36%, non-Hispanic Whites at 6% and non-Hispanic Blacks at 6%. TB cases born outside of the US comprised 74% of San Diego County's cases. (Source: County of San Diego Tuberculosis Control Program 2016 Fact Sheet Date March 14, 2018).
  - 9-11. At TCHD, most AFB positive smears and cultures grow organisms that are not communicable person to person. In 2018, there were 35 patients with pulmonary TB and 1 zero with extrapulmonary TB. An additional 1424 cases were reported as rule out TB in 2018. In 2019, 12 patients were confirmed with TB, 2 of those cases were MDR TB. An additional 20 cases were reported as rule out TB. The number of active TB patients seen annually at TCHD varies from 5 -12.

TCHD Active TB Cases



40.12. Tri City Medical Center Financial Characteristics for Fiscal Year 20198

- a. The top six insurance coverage are as follows:

MEDICARE	253%
MEDI-CAL HMO MEDICARE SR HMO	2142%
MEDI-CAL HMO	2148%
Medicare SR HMOHMO	116%
Other Governmental	6%
HMO Medi-Cal	422%

- b. Patient Census:

Average. Daily Census	Average. Length of Stay*	Total Pt. Days
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Acute Care (excludes all below)	117.5424.2	4.024023	42,89445,329
ICU*	15.616.3	2.762.89	5,6915,947
BHU	2.714.4	8.517.65	9795,131
NICU	10.212.7	8.928.89	3,7364,647
Rehab Serv.	6.57.4	14.6314.70	2,3562,704

- i. \*ICU ALOS includes discharges, transfers out, and expirations. All other areas are based only on discharges.
- c. In acute care FY 198, the three largest age groups are 66-7566-65 year olds (1614.4%), 26-3566-75 year olds (15.414.2%), and 56-6526-35 year olds (15.313.9%).
- d. Twelve percent (6,849/56,4377,394/60,935) of Emergency Department patients are admitted to the hospital.
- 41-13. The total number of employees working at TCHD FY 20198 is approximately 2,701685 with about 1,72945 (645%) staff providing direct patient care. This number includes 482504 employees which were terminated at some point during FY2018.
- 42-14. TCHD's primary focus is on basic community services. The top ten major diagnostic categories (DRGs) are the following:
- Obstetrics
  - Musculoskeletal & Connective TissueNewborns & Neonates
  - Infectious & Parasitic DiseasesMusculoskeletal & Connective Tissue
  - Circulatory System
  - Newborns & NeonatesInfectious & Parasitic Diseases
  - Nervous System
  - Respiratory
  - Digestive System
  - Kidney & Urinary TractMental Diseases
  - Hepatobiliary System & PancreasKidney & Urinary Tract
- 43-15. Top five Inpatient Surgical Procedures (Fiscal Year 20198): Cesarean section (CSEC), spinal fusion (FUSN), knee prosthesis (KPRO)hip prosthesis (HPRO), cholecystectomy (CHOL), hip prosthesis (HPRO)and knee prosthesis (KPRO).
- 44-16. Home Care Services provides skilled, intermittent care to individuals in a home setting. The restorative, rehabilitative services are provided by Registered Nurses, Licensed Vocational Nurses, Masters of Social Work, Licensed Clinical Social Workers, Certified Home Health Aides, Physical Therapists, Occupational Therapists, Speech Therapists and/or Dietitians. For FY 20198 in Home Care:

Average LOS	Top Payers	Top Primary DX Categories
32.4 days	Medicare- 54.6555.11% HMO/PPO 27.3626.83%	-Factors influencing Status/Sup Class -Injury/Poisoning -Circulatory (not HTN, HF or CVD) -Respiratory ( COPD) -Musculoskeletal/Connective Tissue -Respiratory (not COPD) Circulatory-CVD Genitourinary

- 45-17. General Process
- Infection Prevention staff will regularly review, information from internal sources (case manager, RLs) or external sources (other IC practitioners, home health/hospice, or nursing homes) and the positive microbiology reports (furnished by the clinical laboratory). The following are some of the patterns or issues that are evaluated:
    - Clusters of infections by the same organism, in the same ward or service or infections after undergoing the same procedure.

- ii. Infections due to unusual or highly resistant/significant organisms such as MRSA, VRE, ESBL, CRE, and/or C.difficile Infection.
- iii. All cases of reportable communicable diseases as mandated by Title 17. These shall be reported in accordance with the ordinances of the County of San Diego Department of Health.
- b. Unusual or problem situations shall be brought to the Infection Control Committee for review and discussion. See Epidemiologic Investigation of a Suspected Outbreak policy.
- c. In the absence of the Infection Prevention staff, hospital staff can direct questions to Employee Health Services or the Medical Director of Infection Control and/or Chair of the Infection Control Committee.

#### H. **TARGETED AND FOCUSED SURVEILLANCE FOR FY 20198:**

1. Infection control surveillance activities are systematic, active, concurrent, and require ongoing observation while meeting mandated reporting requirements. Our efforts are directed towards high risk, high volume and device/procedure associated infections. (such as urinary tract infections, selected surgical site infections, ventilator-associated events, and central line bacteremia) Goals will include limiting unprotected exposure to pathogens throughout the organization, Enhancing hand hygiene and limiting the risk of transmission of infections associated with procedures, medical equipment and supplies and medical devices.
2. Surgical Site Infections:
  - a. Due to ever-decreasing lengths of stay, the majority of postoperative infections are not seen while the patient is in the hospital. Further, the increasing trend toward more outpatient surgery and shorter postoperative hospital stays limits the ability of infection control practitioners to detect infections.
  - b. Surgical Site Infections that occur within 30 to 90 days (based upon the individual NHSN definitions). Surgical patients are risk stratified using the methods described in the CDC's NHSN surgical site component.
  - c. Case finding methods include a review of all microbiology cultures, and ICD coding for post-operative infection. Potential cases have a chart review performed by Infection Prevention staff using the most recent NHSN definitions (Centers for Disease Control and Prevention).
  - d. Infection rates are identified using the NHSN definitions and are reported to the California Department of Public Health through NHSN. In accordance with California senate bill requirements: facilities are required to report surgical site infections on 29 surgical procedures. Tri City Medical Center performs and reports on 25 of the procedures, they are listed below:

AAA	Abdominal aortic aneurysm repair	Resection of abdominal aorta with anastomosis or replacement
APPY	Appendix surgery	Operation of appendix (not incidental to another procedure)
BILI	Bile duct, liver or pancreatic surgery	Excision of bile ducts or operative procedures on the biliary tract, liver or pancreas (does not include operations only on gallbladder)
CARD	Cardiac surgery	Open chest procedures on the valves or septum of heart; does not include coronary artery bypass graft, surgery on vessels, heart transplantation, or pacemaker implantation
CBGB	Coronary artery bypass graft with both chest and donor site incisions	Chest procedure to perform direct revascularization of the heart; includes obtaining suitable vein from donor site for grafting.
CBGC	Coronary artery bypass graft with chest incision	Chest procedure to perform direct vascularization of the heart using, for example,



	only	the internal mammary (thoracic) artery
CHOL	Gallbladder surgery	Cholecystectomy and cholecystectomy
COLO	Colon surgery	Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations
CSEC	Cesarean section	Obstetrical delivery by Cesarean section
FUSN	Spinal fusion	Immobilization of spinal column
FX	Open reduction of fracture	Open reduction of fracture or dislocation of long bones that requires internal or external fixation; does not include placement of joint prosthesis
GAST	Gastric surgery	Incision or excision of stomach; includes subtotal or total gastrectomy; does not include vagotomy and fundoplication
HPRO	Hip prosthesis	Arthroplasty of hip
HYST	Abdominal hysterectomy	Removal of uterus through an abdominal incision
KPRO	Knee prosthesis	Arthroplasty of knee
LAM	Laminectomy	Exploration or decompression of spinal cord through excision or incision into vertebral structures
NEPH	Kidney surgery	Resection or manipulation of the kidney with or without removal of related structures
OVRY	Ovarian surgery	Operations on ovary and related structures
PACE	Pacemaker surgery	Insertion, manipulation or replacement of pacemaker
REC	Rectal surgery	Operations on rectum
SB	Small bowel surgery	Incision or resection of the small intestine; does not include small-to-large bowel anastomosis
SPLE	Spleen surgery	Resection or manipulation of spleen
THOR	Thoracic surgery	Non cardiac, nonvascular thoracic surgery; includes pneumonectomy and hiatal hernia repair or diaphragmatic hernia repair (except through abdominal approach.)
VHYS	Vaginal hysterectomy	Removal of the uterus through vaginal or perineal incision
XLAP	Abdominal surgery	Abdominal operations not involving the gastrointestinal tract or biliary system. Includes diaphragmatic hernia repair through abdominal approach.

- e. GOAL#1: The combined surgical site infection rate will not be statistically significantly higher than the most recent published NHSN rates, using the standardized infection ratio (SIR).
- f. GOAL#2: Each individual surgical site infection rate (that is able to be calculated) will not be statistically significantly higher than the most recent published NHSN rates, using the standardized infection ratio (SIR).

### 3. Antibiotic Resistant Bacteria

- a. Antibiotic resistance is an ongoing concern. Multiple studies have documented increased costs and mortality due to infections caused by multidrug resistant organisms. Data will be collected using positive cultures on patients with community acquired and hospital acquired methicillin resistant *Staphylococcus aureus* (MRSA), Vancomycin resistant enterococci (VRE), Extended spectrum-beta-lactamase (ESBL), and *Carbapenem*-

*resistant Enterobacteriaceae (CRE)*. MDRO and C.difficile infection risk assessment is performed annually to determine need for additional interventions, resources, and surveillance. In addition, positive blood cultures with MRSA or VRE and positive C.difficile infections are reported to CDPH through NHSN Multi-Resistant Organism & Clostridium difficile Infection Module (LabID Event Reporting).

- b. GOAL#1: The number of healthcare associated MRSA infections will remain below the Institute for Healthcare Improvement's (IHI) published rate of 3.95 hospital acquired infections per 1000 patient days for the calendar year.

# Patients with + MRSA and/or VRE cultures  
1000 patient days

- c. GOAL#2: The MRSA and VRE Lab ID events (Blood culture specimen) rate will not be statistically higher than the most recent NHSN published rates (using the SIR).
- 4. Clostridium difficile (C. difficile) surveillance is performed utilizing the Multi-Resistant Organism and Clostridium difficile Infection Module (LabID Event Reporting).
  - a. All positive C. difficile results are entered into NHSN. Increases in hospital onset (HO) cases will be reviewed and action taken if they are epidemiologically associated.
  - b. GOAL #1: The C. difficile hospital onset (HO) rate will not be more than expected based upon NHSN SIR Rates.
- 5. Ventilator Associated Event – Adult Critical Care Unit
  - a. VAE is conducted on persons in the ICU who had a device to assist or control respiration continuously through a tracheostomy or by endotracheal tube within the 48 hour period before the onset of infection (inclusive of the weaning period). Current CDC/NHSN VAE definitions are followed. The definition has three tiers: ventilator associated condition (VAC), infection related ventilator associated condition (IVAC), and possible ventilator associated pneumonia (PVAP). All PVAP cases will be reviewed & reported to Critical Care Committee and the Infection Control Committee.
    - i. GOAL #1: There will be less PVAP cases than the prior year. The number of PVAP cases will trend lower than the prior year.
    - ii. GOAL #2: The NHSN standardized utilization ratio (SUR) will be less than 1.0 (PVAP- Tier 3).
- 6. Central Line Associated Bloodstream Infection (CLABSI) –
  - a. Patients with a central line (defined by NHSN as a vascular access device that terminates at or close to the heart or one of the great vessels) and a primary bloodstream shall be counted. If a bloodstream infection occurs while a central line is in place or if a central line was inserted > than two calendar days before the onset of infection a chart review will be performed. Current CDC/NHSN definitions are used to determine CLABSI events.
  - b. GOAL #1: Using NHSN definitions for CLABSI, the CLABSI rate for ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).
  - c. GOAL #2: Using NHSN definitions for CLABSI, the CLABSI rate for non-ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).
- 7. Catheter Associated Urinary Tract Infection (CAUTI)
  - a. Symptomatic urinary tract infection – Patients with positive urine cultures and indwelling foley catheters are reviewed. Current CDC/NHSN definitions are used to determine CAUTI events.
  - b. GOAL #1: Using NHSN definitions for catheter associated urinary tract infection (CAUTI), the CAUTI SIR for ICU patients will not be statistically higher than the NHSN standardized infection ratio (SIR).
  - c. GOAL #2: Using the NHSN definitions for CAUTI, the CAUTI SIR for non ICU patients will not be more than expected based upon the NHSN standardized infection ratio (SIR).
- 8. Hand Hygiene

- a. Hand hygiene compliance rates are collected by manual observation performed by unit staff on a monthly basis. The Hand Hygiene compliance rates are reported to the Managers, Directors, Regulatory Compliance Committee, and the Infection Control Committee. Tri City Medical Center follows the World Health Organization's 5 Moments model for hand hygiene.
  - b. GOAL #1: Overall hand hygiene compliance rate will be at least 90% per quarter.
9. Environmental and Patient Care Rounds
  - a. Environment of Care rounds are performed monthly and overseen by the Environmental Health & Safety (EHSC) Committee. These rounds will identify risks associated with, but not limited to, medical equipment and supplies. In addition, tracers are performed monthly on a schedule throughout the patient care areas.
  - b. GOAL #1: Infection Control assessments will be represented 100% of the time during scheduled environmental rounds.
  - c. GOAL #2 Infection Control assessments will be represented 100% of the time during scheduled tracers.
  - d. GOAL #3: Engineering staff in collaboration with Infection Control will complete an Infection Control Construction Permit 100% of the time for projects that require a Class III or higher containment.
10. Reportable Diseases
  - a. Assisted by the Microbiology Laboratory and Emergency Department, required reporting to Public Health is performed by phone, fax or mail using the California Confidential Morbidity Report or other special form as directed by the County of San Diego Department of Health. Case finding is done through review of microbiology reports and calls from hospital staff (including physicians).
  - b. GOAL: Required reportable disease will be sent to the local health department within the required time frame 100% of the time.
11. Employee Health collects and reports the following:
  - a. GOAL#1: There will be 10% less needle stick injuries from the previous calendar year
    - i. Number of needle sticks injuries and details of department involved, device, and cause.
  - b. GOAL#2: 100% of employees will complete the annual tuberculosis screen
    - i. # Staff completing annual TB screening (PPD, blood test or survey)/ # employees in whom compliance is required.
  - c. GOAL #3: Greater than 90% of Tri City Medical Center staff (per NHSN definition) will receive influenza vaccine.
    - i. # Employees and who received influenza vaccine/# employees who worked at least one day during the flu season.
  - d. GOAL #4: Greater than 90% of Tri City Medical Center inpatient Acute Rehab unit staff (per NHSN definition) will receive influenza vaccine.
12. Home Care, collects and reports the following:
  - a. GOAL #1: CAUTI and CLABSI rates will be monitored and reported to the Infection Control Committee quarterly.
  - b. GOAL #2: There will be less than two CAUTI infections in the calendar year.
    - i. # UTI cases with foley catheter/Total # device days.
  - c. GOAL #3: There will be no infections related to central lines in the calendar year.
    - i. # BSI cases with Central Line/Total # device days.

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

1. Infection Control Policy: Philosophy
2. Infection Control Policy: Epidemiologic Investigation of a Suspected Outbreak
3. Infection Control Risk Assessment 202049

J. **REFERENCE(S):**

1. County of San Diego Public Health & Human Services Agency, Public Health Services. Retrieved from <http://www.sandiegocounty.gov/hhsa/programs/phs/>
2. Centers for Disease Control and Preventions, National Healthcare Safety Network (NHSN) Tracking Infection in Acute Care Hospitals/Facilities. (2017) <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>
3. County of San Diego Tuberculosis Control and Refugee Health Program. ) TB Statistics-Fact Sheet 2016 (March 2017). Retrieved from [http://www.sandiegocounty.gov/hhsa/programs/phs/tuberculosis\\_control\\_program/](http://www.sandiegocounty.gov/hhsa/programs/phs/tuberculosis_control_program/)
4. Friedman, C. (2014). Infection Prevention and Control Programs in P. Grota (Ed.), APIC Text of Infection Control and Epidemiology (4<sup>th</sup> ed). Washington DC; 2014
5. The City of San Diego (2017), Economic development: Population <https://www.sandiego.gov/economic-development/sandiego/facts>
6. <https://datausa.io/profile/geo/san-diego-county-ca/>

Infection Control Manual

ISSUE DATE: 07/08

SUBJEC: Toy Cleaning

REVISION DATE: 08/14

STANDARD NUMBER: IC. 9.1

Infection Control Department Approval:	01/17/12/19
Infection Control Committee Approval	01/17/01/20
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	02/17/01/20
Administration Approval:	02/20
Professional Affairs Committee Approval:	03/17 n/a
Board of Directors Approval:	03/17

A. BACKGROUND:

1. ~~Children can be in close proximity to one another and spend time in common areas, such as playrooms, where sharing of contaminated toys, equipment, and secretions can occur. Toys may be colonized with infectious pathogens.~~
2. ~~An outbreak of multiresistant *P. aeruginosa* on an oncology ward related to bath toys has been described, as has a rotavirus outbreak in a similar population. There are no published guidelines on toy cleaning in the hospital setting, but we extrapolate from experience with community and home care of children.~~
3. ~~Avoid high risk toys, such as water retaining toys, soft/stuffed toys, and others that are difficult to clean and dry. Stuffed and cloth toys quickly become colonized when used by hospitalized patients and have the potential to serve as fomites for infection and are discouraged.~~

B. PROCEDURE:

1. ~~Toys will be cleaned and disinfected with a low level, non-toxic hospital approved disinfectant and air dried completely between patients.~~
2. ~~Toy cleaning is performed by the Rehab **Physical Therapy** Aide. Therapists perform cleaning on an as needed basis during therapy sessions.~~
3. ~~Phenolics are not used.~~
4. ~~Clean toys are clearly separated from dirty ones.~~
5. ~~Sharing of toys between children is avoided to prevent cross transmission.~~

C. REFERENCES:

1. West, K. L., Nyquist, A., Bair, T., Berg, W. & Spencer, S. (2014). Pediatrics. In P. Greta (Ed.), APIC Text of Infection Control and Epidemiology (4<sup>th</sup> ed. Vol. 2, 42 to 42-19) Washington, DC: APIC.

**INFECTION CONTROL MANUAL**

**ISSUE DATE:** 01/17

**SUBJECT:** Zika Virus

**REVISION DATE(S):**

Infection Control Department Approval:	40/4611/19
Infection Control Committee Approval:	40/4601/20
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	40/4601/20
Administration Approval:	02/20
Professional Affairs Committee Approval:	04/17 n/a
Board of Directors Approval:	01/17

**A. DEFINITION:**

1. Zika virus is a member of the virus family Flaviviridae and the genus Flavivirus. It is spread by daytime-active Aedes mosquitoes, such as *A. aegypti* and *A. albopictus*. Its name comes from the Zika Forest of Uganda, where the virus was first isolated in 1947. Zika virus is related to the dengue, yellow fever, Japanese encephalitis, and West Nile viruses. Since the 1950s, it has been known to occur within a narrow equatorial belt from Africa to Asia. From 2007 to 2016, the virus spread eastward, across the Pacific Ocean to the Americas and the Caribbean leading to the 2015–16 Zika virus epidemic.

**B. TRANSMISSION:**

1. Zika virus is primarily transmitted to humans through the bite of an infected Aedes species mosquito (*Ae. aegypti* and *Ae. albopictus*). In addition, Zika virus can be transmitted from a pregnant woman to her fetus, and through sex. It is very likely that Zika can be transmitted through blood transfusion. The Zika virus remains in a person's blood an average of 7 days after being infected. Zika virus is not transmitted through the air or directly from one person to another through casual contact.

**C. SYMPTOMS:**

1. Many people infected with Zika virus won't have symptoms or will only have mild symptoms. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. Symptoms of Zika are similar to other illnesses spread through mosquito bites, like dengue, yellow fever, chikungunya, and West Nile. There is an association between Zika and Guillain-Barre syndrome, a disease affecting the nervous system.
  - a. The most common symptoms are: fever, rash, joint pain, conjunctivitis (red eyes). Others include muscle pain & headache. Symptoms can last for several days to a week.
  - b. Zika during pregnancy can cause birth defects of the fetal brain called microcephaly (small head and brain) and other brain defects. Other problems have been detected among fetuses and infants infected with Zika virus before birth, such as defects of the eye, hearing defects, impaired growth and developmental delays.

**D. PRECAUTIONS:**

1. All healthcare personnel when providing any care to a suspected or confirmed Zika patient should follow Standard Precautions per Infection Control (IC) Policies: Standard and Transmission Based Precautions and Bloodborne Pathogens Exposure Control Plan.
  - a. Standard precautions include, but are not limited to:
    - i. Hand hygiene
    - ii. Gloves

- iii. Gown
- iv. Mask and eye protection to avoid direct contact with blood and other potentially infectious material, including laboratory specimens.

**E. DIAGNOSIS & TESTING:**

1. Diagnosis of Zika is based on a person's recent travel history, symptoms, and test results. Testing will be performed based on Centers for Disease Control and Prevention (CDC) current recommendations.
2. Healthcare providers wishing to have a patient tested for Zika virus MUST contact the local San Diego County Public Health Epidemiology department for consultation and approval at (619)-692-8499.
  - a. For after hours, weekends or holidays call 858-565-5255 and ask for the Epidemiology Duty Officer.
3. The healthcare provider will be directed by the Epidemiologist to fill out a CDPH-Viral and Rickettsial Disease Lab Specimen Submittal form which is required when testing is requested:
  - a. [http://www.cdph.ca.gov/programs/vrdl/Documents/VRDL\\_General\\_Human\\_Specimen\\_Submittal\\_Form\\_Lab300.pdf](http://www.cdph.ca.gov/programs/vrdl/Documents/VRDL_General_Human_Specimen_Submittal_Form_Lab300.pdf).
  - a-b. [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VRDL\\_Specimen\\_Submittal\\_Forms.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VRDL_Specimen_Submittal_Forms.aspx) (accessed 11-19-19)
4. The healthcare provider must submit a copy of this form to the Laboratory in order for a specimen to be ordered and processed. Contact the Laboratory to obtain specimen at ext 7906 or 7907.
5. Staff should contact Infection Prevention & Control at extension 7440 or 5696 with any suspect cases.

**F. OCCUPATIONAL EXPOSURE:**

1. Immediately report the exposure to staff Supervisor, Charge Nurse or Manager as per Employee Health & Wellness policy: Guidelines for Reporting Exposure.
2. Employee Health Services will institute appropriate follow up.

**G. FORMS:**

1. General Purpose Specimen Submittal Form Sample

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

1. IC Policy: Standard and Transmission Based Precautions
2. IC Policy: Bloodborne Pathogen Exposure Control Plan
3. Employee Health and Wellness Policy Manual: Guidelines for Reporting Exposures Policy

**I. REFERENCE LIST & EXTERNAL LINK(S):**

1. <http://www.cdc.gov/zika/about/overview.html>
2. <http://www.cdc.gov/zika/pdfs/key-zika-considerations.pdf>
- 3-2. <http://www.cdph.ca.gov/HealthInfo/discond/Documents/ZIKAVirusFAQsforHealthCareProviders.pdf>
4. [http://www.cdph.ca.gov/programs/vrdl/Documents/Zika\\_Testing\\_VRDL\\_Quicksheet.pdf](http://www.cdph.ca.gov/programs/vrdl/Documents/Zika_Testing_VRDL_Quicksheet.pdf)
5. <http://www.cdc.gov/zika/pdfs/when-to-test-zika.pdf>
- 6-3. <https://www.osha.gov/Publications/OSHA3855.pdf>
4. [http://www.cdc.gov/zika/pdfs/testing\\_algorithm.pdf](http://www.cdc.gov/zika/pdfs/testing_algorithm.pdf)
5. Comprehensive Zika Virus Information for Healthcare Providers September 2018  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ZikaInformationforHealthProfessionals.aspx>
- 4-6. Zika Screening Algorithm August 2018  
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ZikaAlgorithmPoster.pdf>

## General Purpose Specimen Submittal Form Sample

### California Department of Public Health – Viral and Rickettsial Disease Laboratory General Purpose Specimen Submittal Form

Priority Level	Patient ZIP Code	<p><small>*Please call the VRDL at (510) 307-8585 when submitting any high priority samples. Specialty forms for respiratory disease, encephalitis, West Nile Virus, Hantavirus Pulmonary Syndrome (HPS), Severe Pediatric Respiratory, viral gastroenteritis, and other syndromes are also available at <a href="http://www.cdph.ca.gov/Programs/VRD/Pages/CurrentVRDLspecimensubmittalform.aspx">http://www.cdph.ca.gov/Programs/VRD/Pages/CurrentVRDLspecimensubmittalform.aspx</a></small></p> <p><small>Submit sample(s) to: Viral and Rickettsial Disease Laboratory California Department of Public Health 850 Marina Bay Parkway Richmond, CA 94806 Phone (510) 307-8585 Fax (510) 307-8578</small></p>	
Patient Last Name	First Name		
Date of Birth	Submitter Specimen #		
Medical Record #	CalREDIE Incident #		
Age	Units		Sex
Disease Suspected			
Test(s) Requested			
Disease Onset Date			Sample Collection Date
Specimen Type	Description		Details (if applicable)
Public Health Department Submitter			

CLINICAL INFORMATION (FILL IN OR CHECK AS PERTINENT)	
Deceased patient date of death	Gastroenteritis <input type="checkbox"/> Individual <input type="checkbox"/> Outbreak
Patient is Not ill <input type="checkbox"/> Vaccine response (Please specify response and include date of last immunization) Date Case contact to: <input type="checkbox"/> Mother of infant with congenital disease Other Is patient immunocompromised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory <input type="checkbox"/> Upper respiratory infection <input type="checkbox"/> Cough <input type="checkbox"/> Croup <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Bronchitis/broncholitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> ARDS (Acute Respiratory Distress Syndrome) Cardiovascular <input type="checkbox"/> Myocarditis/Pericarditis
<b>General</b> <input type="checkbox"/> Fever (describe below) <input type="checkbox"/> Chills <input type="checkbox"/> Generalized aches <input type="checkbox"/> Joint aches/stiffness <input type="checkbox"/> Malaise <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Headache <input type="checkbox"/> Jaundice <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Hepatosplenomegaly <input type="checkbox"/> Hepatitis <input type="checkbox"/> Rash (describe w/ onset date below)	<b>Urogenital</b> <input type="checkbox"/> Urethritis <input type="checkbox"/> Genocitis <input type="checkbox"/> Vaginal lesion(s) <input type="checkbox"/> Penile lesion(s) <b>Skin</b> <input type="checkbox"/> Lesion(s) <input type="checkbox"/> Eschar <b>Oral</b> <input type="checkbox"/> Mouth lesion(s) <input type="checkbox"/> Lip lesion(s)
<b>Central Nervous System</b> <input type="checkbox"/> Encephalitis <input type="checkbox"/> Meningitis <input type="checkbox"/> Paralysis (describe below)	<b>Congenital</b> <input type="checkbox"/> Congenital Disease (describe below)

Please provide other clinical findings and/or pertinent laboratory data. (Required for fever, rash, paralysis, and congenital disease.)

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Travel information (including location and dates) required for suspected viral and Rickettsial diseases not endemic in California.

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Original Submitting Facility	Phone
Original Submitting Physician	Fax



**REHABILITATION CENTER**

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**SUBJECT: Provision of Services Not Provided by Tri-City Rehabilitation Center**

**ISSUE DATE: NEW**

**REVISION DATE(S):**

<b>Rehabilitation Department Approval:</b>	<b>05/18</b>
<b>Department of Medicine Chiefs Approval:</b>	<b>10/19</b>
<b>Pharmacy and Therapeutics Approval:</b>	<b>n/a</b>
<b>Medical Executive Committee Approval:</b>	<b>01/20</b>
<b>Administration Approval:</b>	<b>02/20</b>
<b>Professional Affairs Committee Approval:</b>	<b>n/a</b>
<b>Board of Directors Approval:</b>	

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**A. POLICY:**

1. Services required that are not provided by Tri-City Rehabilitation Center will be provided through either contracted services or referral to an outside service. Contract services are provided for Physical/Occupational Therapy and Nursing through registry services. Referrals to outside services will be made by a physician and coordinated through ancillary services for the following: Orthotics and Prosthetics, Vocational Rehabilitation, Psychology/Neuropsychology, Dentistry, and Podiatry.
2. Contract Services:
  - a. Registry/Traveling Service: To appropriately provide adequate staffing levels, the use of registration and/or traveling contracts may be required. Current contract are maintained and the Registries may be used in the event outside staffing is required to adequately provide quality patient care. As with all contract services, quality of patient care is subject to review.
3. Referral Services:
  - a. Orthotics and Prosthetics Services: Primary services are provided by HANGER. Orthotics and prosthetics representatives consult with Tri-City Rehabilitation Center frequently and actively participate in the department's gait evaluations when needed. Current patients may be fitted prior to their discharge from therapy to monitor fit, proper function, and adequate education of orthosis and prostheses throughout their therapy. The Orthotist/Prosthetist is responsible for documenting any patient interactions and issuing equipment. Referrals to this service may be initiated by Physical or Occupational Therapy; however, a physician's referral is mandatory.
  - b. Psychological/Neuropsychological Services: Referrals for Psychological/Neuropsychological services are made by a physician
  - c. Vocational Rehabilitation Services: Referrals for Vocational Rehabilitation services are made by a physician. These services are available to our patients through the Department of Rehabilitation in San Diego.
  - d. Dentistry Services: Referrals for Dentistry services are made by a physician
  - e. Podiatry Services: Referrals for Podiatry services are made by a physician

**REHABILITATION CENTER**

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**SUBJECT:** Rehabilitation Leadership Structure

**ISSUE DATE:** NEW

**REVISION DATE(S):**

Rehabilitation Department Approval:	05/18
Department of Medicine Chiefs Approval:	10/19
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	01/20
Administration Approval:	02/20
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	

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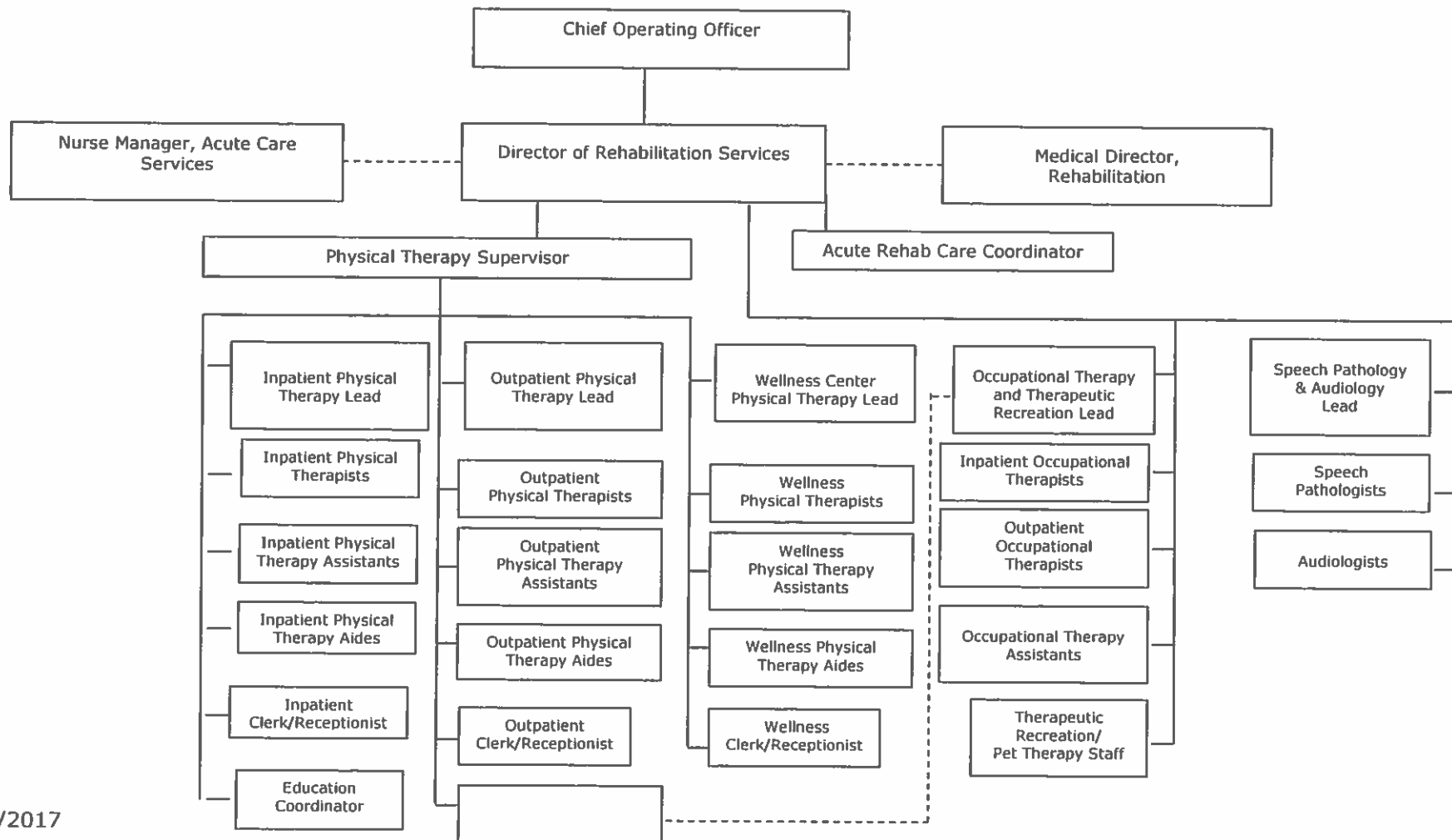
**A. POLICY:**

1. The Tri-City Rehabilitation Center will follow the below outlined Leadership Structure.
2. Any mention of the Rehabilitation Center Leadership Structure shall refer to the below outlined Leadership Structure
3. Any changes in the Rehabilitation Center Leadership Structure will be reflected accurately and updated within a timely manner



Tri-City Medical Center  
Oceanside, California

REHABILITATION CENTER



11/2017

**REHABILITATION CENTER**

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**SUBJECT: Scope of Services**

**ISSUE DATE: NEW**

**REVISION DATE(S):**

<b>Rehabilitation Department Approval:</b>	<b>05/18</b>
<b>Department of Medicine Chiefs Approval:</b>	<b>10/19</b>
<b>Pharmacy and Therapeutics Approval:</b>	<b>n/a</b>
<b>Medical Executive Committee Approval:</b>	<b>01/20</b>
<b>Administration Approval:</b>	<b>02/20</b>
<b>Professional Affairs Committee Approval:</b>	<b>n/a</b>
<b>Board of Directors Approval:</b>	

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**A. POLICY:**

1. Population served: The Rehabilitation Center (Rehab Center) serves the members of the Tri-City Healthcare District and surrounding areas.
2. Settings: The Tri-City Rehabilitation Center is a Diagnostic Related Group (DRG) exempt unit located in the south wing, main level of the Tri-City Medical Center.
3. Days and hours of services: 7 days per week, 24 hours per day
4. Frequency of services: Services are provided in accordance with CMS guidelines and based on an individualized plan of care.
5. Payer sources: The Rehab Center accepts patients of all insurance types, including but not limited to Medicare, Medi-Cal, HMOs, PPOs, and uninsured individuals
6. Referral sources: The Rehab Center reviews, interviews, and accepts patient based on the referral or recommendation of an attending physician.
7. The purpose of the unit is to develop, implement, and evaluate, a plan of interdisciplinary care to provide restorative and maintenance programs to enable the ill or injured person to regain his/her optimal functional level of independence in order to safely and successfully discharge to the community.
8. It is the intent of the center that each patient is treated with dignity and respect. Optimal health care services are being delivered to each person regardless of size, disability, race, creed, or ethnic origin.
9. The individualized plan of care includes the patient, family/significant others, and the interdisciplinary Rehabilitation team. The strategic plan evaluates the effectiveness of the interdisciplinary care in the Rehabilitation Center.
10. The Rehabilitation Team consists of:
  - a. Medical Director – provides the overall medical direction for patient care and serves as chairperson of the team conferences
  - b. Nurse - develop, implement and evaluate a plan of nursing care for adult (18 years and older), acute care patients who are acutely ill or injured and are in varying stages of recuperation from diagnostic, therapeutic, or surgical intervention.
  - c. Physical Therapist – the role of Physical Therapy are to relieve pain, minimize disability, prevent deformities, develop, improve and restore functioning. Physical Therapy Services shall include, but are not limited to, evaluation/assessment, development of treatment plans and goals, instruction, education and consultation services
  - d. Occupational Therapist – the role of Occupational Therapy is to provide assessment, therapy and education for patients who demonstrate deficits in skills required for daily living activities. Services include evaluation and treatment for impairments of physical, psychosocial, cognitive, developmental and sensory-integrative functioning. The goal of

treatment is to improve or restore function, prevent or minimize dysfunction, and compensate for or cope with disabling conditions.

- e. Speech Language Pathologist - Speech-Language Pathology Services include assessment, therapy and education for patients who demonstrate communication or oral-pharyngeal function disorders. These include, but are not limited to, impairments of articulation, language comprehension and expression, cognition, fluency, voice, reading, writing and swallowing. Education and counseling for families of patients exhibiting the aforementioned disorders are also provided.
- f. Recreational Therapist - Therapeutic Recreation Services provide goal-oriented programs that promote wellness and improve the patient's quality of life through leisure. Therapeutic Recreation treatment may be individual or done in groups. Services include, but are not limited to, leisure assessment and evaluation, skill development, social programs, special events, leisure education, leisure counseling and resource development. Family education and counseling are included to improve patient's attitude, skill level and socialization.
- g. Social Worker/Discharge Planner – is responsible for developing the discharge plan, ensuring appropriate caregiver intervention, and continued home care and/or outpatient services. Also, to provide psychosocial support to both patient and family in order to assist with discharge planning.
- h. Dietician – involves in-depth individualized nutrition assessment; determination of the nutrition diagnosis; determination and application of the nutrition intervention personalized for the individual or group; and periodic monitoring, evaluation, reassessment and intervention tailored to manage or prevent the disease, injury, or condition.
- i. Care Coordinator/Admissions Liaison – is responsible for evaluating all patients including medical review, rehabilitation potential, and preliminary review of future placement resources. Additional responsibilities include: team conference coordination, PPS Coordination including data collection and submission to CMS, Utilization Review, and marketing. Also, assists with general coordination of patient care to maximize rehabilitation potential and successful discharge

**Community Healthcare &  
Alliance Committee  
(No meeting held in February, 2020)**

**Tri-City Medical Center**  
**Finance, Operations and Planning Committee Minutes**  
**February 20, 2020**

<b>Members Present</b>	Director Julie Nygaard, Director Leigh Anne Grass, Director Tracy Younger, Dr. Jeffrey Ferber, Dr. Javaid Shad, Mr. Jack Cumming
<b>Non-Voting Members Present:</b>	Steve Dietlin, CEO, Ray Rivas, CFO, Scott Livingstone, COO, Barbara Vogelsang, CNE, Roger Cortez, CCO, Susan Bond, General Counsel
<b>Others:</b>	Michael Brown, Maria Carapia, Kristy Larkin, Newsha Fardmanesh, Sherry Miller, Cynthia Kranz, Jane Dunmeyer, Barbara Hainsworth
<b>Members Absent:</b>	Dr. Gene Ma, Dr. Marcus Contardo, Dr. Cary Mells, Ms. Kathryn Fitzwilliam

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order	Director Nygaard called the meeting to order at 8:31 a.m.		Chair
2. Approval of Agenda		<b><u>MOTION</u></b> It was moved by Director Grass, Dr. Ferber seconded, and it was unanimously approved to accept the agenda of February 20, 2020. <b><u>Members:</u></b> AYES: Nygaard, Grass, Younger, Ferber, Shad, Cumming NOES: None ABSTAIN: None ABSENT: Contardo, Mells, Fitzwilliam	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.	No comments	Chair
4. Ratification of minutes of January 23, 2020		Minutes were ratified. <b><u>MOTION</u></b> It was moved by Dr. Ferber, Mr. Cumming seconded, and the	Chair

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
		minutes of January 23, 2020 were unanimously approved, with Dr. Shad abstaining from the vote.	
5. Old Business	None		
6. New Business			
7. Consideration of Consent Calendar:	<p>It has been requested that the following item be pulled for discussion:</p> <p><u>Director Grass requested:</u>  7.c. Physician Agreement for ED On-Call Coverage – Interventional Radiology (IR)</p> <ul style="list-style-type: none"> <li>Ankaj Khosla, M.D.</li> </ul>	<p><b><u>MOTION</u></b>  It was moved by Mr. Cumming, Director Grass seconded, and it was unanimously approved to accept the Consent Calendar for February 20, 2020.</p> <p><b><u>Members:</u></b>  <b>AYES:</b> Nygaard, Grass, Younger, Ferber, Shad, Cumming  <b>NOES:</b> None  <b>ABSTAIN:</b> None  <b>ABSENT:</b> Contardo, Mells, Fitzwilliam</p>	Chair
a. Rady Children's Specialists Agreement for NICU ROP Testing <ul style="list-style-type: none"> <li>Rady Children's Specialists of San Diego</li> </ul>		Approved via Consent Calendar	Cynthia Kranz
b. Naval Hospital Camp Pendleton <ul style="list-style-type: none"> <li>The Department of the Navy / Camp Pendleton</li> </ul>		Approved via Consent Calendar	Sherry Miller
c. Physician Agreement for ED On-Call Coverage – Interventional Radiology (IR) <ul style="list-style-type: none"> <li>Ankaj Khosla, M.D.</li> </ul>	<p>Director Grass asked for some clarification of this request. Scott Livingstone conveyed that this agreement was to add a replacement physician to the existing ED on-call panel for interventional radiology (IR).</p>	<p><b><u>MOTION</u></b>  It was moved by Director Grass, Director Younger seconded, to authorize the addition of Ankaj Khosla, M.D. to the Interventional Radiology (IR) ED on-call physician coverage panel for a term of 16 months, beginning March 1, 2019 and ending June 30, 2021.</p>	



Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
		<b>Members:</b> <b>AYES:</b> Nygaard, Grass, Younger, Ferber, Shad, Cumming <b>NOES:</b> None <b>ABSTAIN:</b> None <b>ABSENT:</b> Contardo, Mells, Fitzwilliam	
8. Financials:	Ray Rivas presented the financials ending January 31, 2020 (dollars in thousands) <b><u>TCHD – Financial Summary</u></b> <b><u>Fiscal Year to Date</u></b> Operating Revenue \$ 199,768 Operating Expense \$ 210,352 EBITDA \$ 3,020 EROE \$ (4,976) <b><u>TCMC – Key Indicators</u></b> <b><u>Fiscal Year to Date</u></b> Avg. Daily Census 148 Adjusted Patient Days 59,124 Surgery Cases 3,677 ED Visits 33,063 <b><u>TCHD – Financial Summary</u></b> <b><u>Current Month</u></b> Operating Revenue \$ 30,162 Operating Expense \$ 31,506 EBITDA \$ 367 EROE \$ (860) <b><u>TCMC – Key Indicators</u></b> <b><u>Current Month</u></b> Avg. Daily Census 154 Adjusted Patient Days 8,610 Surgery Cases 517 ED Visits 4,832 <b><u>TCMC - Net Patient A/R &amp; Days in</u></b> <b><u>Net A/R By Fiscal Year</u></b>		Ray Rivas

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	Net Patient A/R Avg. (in millions) \$ 47.1 Days in Net A/R Avg. 59.4 <u>Graphs:</u> <ul style="list-style-type: none"> <li>• TCMC-Net Days in Patient Accounts Receivable</li> <li>• TCMC-Average Daily Census, Total Hospital - Excluding Newborns</li> <li>• TCMC-Acute Average Length of Stay</li> </ul>		
9. Work Plan:			Chair
a. Dashboard	No discussion		Ray Rivas
10. Comments by committee members	None		Chair
11. Date of next meeting	Thursday, March 19, 2020		Chair
12. Community Openings (0)			Chair
13. Adjournment	Meeting adjourned 8:41 a.m.		Chair

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: February 20, 2020**
**Rady Children's Specialists Agreement for NICU ROP Testing**

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

**Vendor's Name:** Rady Children's Specialists of San Diego

**Area of Service:** NICU - Retinopathy of Prematurity (ROP) Testing

**Term of Agreement:** 12 months, Beginning, March 1, 2020 - Ending, February 28, 2021

**Maximum Totals:**

	Monthly Cost	Annual Cost	Total Term Cost
ROP Services	\$3,376	\$40,512	\$40,512
		<b>Total:</b>	<b>\$40,512</b>

**Description of Services/Supplies:**

- Ophthalmic Consultation Services for NICU - Retinopathy of Prematurity (ROP) Testing
- Requested increase of \$176 per month, \$2,112 for the term
- Negotiations took place during January - February 2020, extension in place with existing contract

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

**Person responsible for oversight of agreement:** Cynthia Kranz, Director-Nursing, 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 Rady Children's Specialists of San Diego for Retinopathy of Prematurity (ROP) Testing for a term of 12 months, beginning March 1, 2020, and ending February 28, 2021 for a cost of \$3,376 per month, for a total cost for the term of \$40,512.

**FINANCE, OPERATIONS & PLANNING COMMITTEE  
DATE OF MEETING: February 20, 2020  
Naval Hospital Camp Pendleton-Resident Agreement**

<b>Type of Agreement</b>		Medical Directors		Panel	X	Other: Resident Agreement
<b>Status of Agreement</b>		New Agreement		Renewal – New Rates	X	Renewal – Same Rates

**Physician's Name:** The Department of the Navy / Camp Pendleton

**Area of Service:** Inpatient Care – Family/Internal Medicine

**Term of Agreement:** 60 months, Beginning, February 1, 2020 – Ending, January 31, 2025

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: N/A

Rate/Day	Hours per Month	Hours per Year	Annual Cost
\$0	160	1920	\$0
<b>Total Term Cost:</b>			<b>\$0</b>

**Agreement Responsibilities:**

- Provide Resident(s) trainee per rotation, number and assignment to be mutually agreed upon between Naval Hospital Camp Pendleton (NHCP) and TCMC contracted Hospitalist.
- NHCP Trainee(s) will be supervised by the TCMC contracted Hospitalists.
- There will be no training expense.
- TCMC will not use (NHCP) trainees or faculty in any publicity.
- It is understood that TCMC will generate bills for services rendered by the trainees.

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:		Yes	N/A	No

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

**Motion:** I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with The Department of the Navy to provide medical resident trainees for a term of 60 months, beginning February 1, 2020 and ending January 31, 2025, at no cost to TCMC.

**FINANCE, OPERATIONS & PLANNING COMMITTEE**
**DATE OF MEETING: February 20, 2020**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE–Interventional Radiology (IR)**

Type of Agreement		Medical Directors	X	Panel	X	Other: Add Physician to Panel
Status of Agreement	X	New Agreement		Renewal – New Rates		Renewal – Same Rates

**Physician's Name:** Ankaj Khosla, M.D.

**Area of Service:** Emergency Department On-Call: Interventional Radiology (IR)

**Term of Agreement:** 16 months, Beginning, March 1, 2020 – 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: IR

Rate/Day	Panel Days per Year	Panel Annual Cost
\$750	365	\$273,750

**Position Responsibilities:**

- Provide 24/7 patient coverage for all Interventional Radiology 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

**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 the addition of Ankaj Khosla, M.D. to the Interventional Radiology (IR) ED on-call physician coverage panel for a term of 16 months, beginning March 1, 2020 and ending June 30, 2021.

**Professional Affairs Committee**  
**(No meeting held in February, 2020)**

Tri-City Medical Center  
 Audit, Compliance & Ethics Committee  
 February 18, 2020  
 Assembly Room 1  
 8:30 a.m. - 9:30 a.m.

<b>Members Present:</b>	Director Tracy M. Younger, Chairperson; Director Larry W. Schallock; Director George W. Coulter; Stanley Dale, Community Member; Carl Marcuzzi, Community Member
<b>Non-Voting Members:</b>	Steve Dietlin (CEO); Scott Livingstone, COO; Ray Rivas, CFO; Roger Cortez, Chief Compliance Officer
<b>Others Present:</b>	Teri Donnellan, Executive Assistant; Kristy Larkin, Director of Compliance, Audit & Monitoring; Maria Carapia, Compliance Specialist
<b>Absent:</b>	Dr. Cary Mells, Physician Member; Susan Bond, General Counsel

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order/Welcome Chief Compliance Officer, Roger Cortez	The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Younger.  Chairperson Younger introduced and welcomed Chief Compliance Officer Roger Cortez. Mr. Cortez provided a brief summary of his background and experience.		
2. Approval of Agenda	It was moved by Director Schallock and seconded by Director Coulter to approve the agenda as presented. The motion passed unanimously.	Agenda approved.	
3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item	There were no public comments.		
4. Ratification of minutes – October 17, 2019	It was moved by Mr. Dale and seconded by Director Schallock to approve the minutes of October 17, 2019, as presented. The motion passed unanimously.	Minutes ratified.	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
5. Old Business - None			
6. New Business  A) Community Member Interviews 1) Christopher Day	<p>Mr. Christopher Day, a Carlsbad resident provided a brief summary of his background and experience as a CPA and Director of Finance &amp; Accounting for Spinal Elements and Millennium Healthcare. He stated he is interested in joining the committee in hopes that the organization will benefit from an individual with CPA credentials and extensive experience in accounting and financial reporting.</p> <p>Committee members were impressed with Mr. Day's background. Director Schallock commented he believes Mr. Day would be a good addition to the committee and would be able to provide objective questions and comments to the committee. Mr. Dale stated individuals such as Mr. Day that hold a license tend to have a certain awareness of compliance and it adds value to the committee.</p> <p><b>It was moved by Director Coulter to recommend to the Board of Directors that Mr. Christopher Day be appointed to a two-year term on the Audit, Compliance &amp; Ethics Committee. Mr. Marcuzzi seconded the motion. The motion passed unanimously.</b></p>	<p><b>Recommendation to the Board of Directors to appoint Mr. Christopher Day to a two-year term on the Audit, Compliance &amp; Ethics Committee; item to be placed on board agenda and included in agenda packet.</b></p>	Ms. Donnellan
b) Compliance Overview	<p>Mr. Roger Cortez, Chief Compliance Officer presented the 2020 Tri-City Healthcare District Compliance Forecast, reviewing the following:</p> <ul style="list-style-type: none"> <li>➤ What is Compliant Healthcare</li> <li>➤ Seven Elements of an Effective Compliance</li> </ul>	Information only.	



	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>Program</p> <ul style="list-style-type: none"> <li>➤ Focus on the Process, not the People</li> <li>➤ Code of Conduct Revamp</li> <li>➤ Policies</li> <li>➤ Training and Education</li> <li>➤ Operating Systems</li> <li>➤ Reference and Contact Information</li> </ul> <p>Mr. Cortez's presentation described in detail his philosophy and goals for the Compliance Department. Committee members asked questions throughout Mr. Cortez's presentation, a copy of which is attached to the file copy of today's minutes for reference.</p>		
6. Comments from Committee Members	There were no comments from Committee Members.		
7. Committee Openings	There is currently one community committee opening pending appointment of Mr. Christopher Day.	<b>Information only.</b>	
8. Date of Next Meeting	The Committee's next meeting is scheduled for April 16, 2020.	<b>The Committee will reconvene on April 16, 2020.</b>	
9. Adjournment	Chairperson Younger adjourned the meeting at 9:24 a.m.		

11-13-19

Christopher Day  
1802 Sea Cliff Way  
Oceanside, California 92056

Teri Donnellan, Executive Assistant  
Tri-City Medical Center  
4002 Vista Way  
Oceanside, California 92056

Dear Ms. Donnellan,

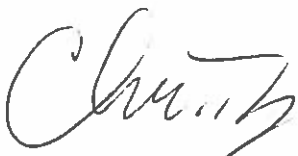
I am applying for the open committee member position on the Tri-City Medical Center's Audit, Compliance and Ethics Committee. I have enclosed my resume for review and consideration by the Chairperson of the Committee and the Board Chairperson.

I am a licensed Certified Public Accountant (CPA) with over 21 years of audit and accounting experience. I have worked in international and local CPA firms. I am currently the Director of Finance and Accounting at Spinal Elements, Inc., a spine technology company which researches and develops spinal surgery products and distributes spine products to spinal surgeons and hospitals throughout the United States. In my current role I oversee all aspects of the Company's corporate accounting department and manage 15 employees in the accounting department. In addition, I oversee the corporate annual financial statement audit, including preparing the audited financial statements and working with the Company's auditors, PricewaterhouseCoopers (PwC).

Prior to working in the healthcare industry, I was a Senior Manager at BDO USA, LLP and have worked at several other national and local CPA firms. I have experience auditing privately held companies, nonprofit organizations, governmental agencies and California Special Districts. I am well versed in Generally Accepted Accounting Principles (GAAP), financial statements, audits and audit committee meetings.

I look forward to the opportunity to serve on the Audit, Compliance and Ethics committee in the future. Thank you for your consideration.

Sincerely,



Christopher Day, CPA, CGMA

# CHRISTOPHER DAY, CPA, CGMA

Phone: 858-220-9619 ■ Email: [chrisdaycpa@aol.com](mailto:chrisdaycpa@aol.com) ■ Oceanside, CA

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## Objective and Professional Summary

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I am seeking to become a member of the Tri-City Medical Center's Audit, Compliance and Ethics Committee. I desire to join the committee in hopes that the organization will benefit from an individual with CPA credentials and extensive experience in accounting, financial reporting, and business management; a skillset that includes leadership, technical adeptness, critical thinking, multi-tasking; and values that include integrity, communication, professionalism and a team spirit mentality.

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## Experience

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### SPINAL ELEMENTS, INC. – Carlsbad, CA

#### Director of Finance & Accounting

January 2019 to Current

Spinal Elements is an innovative spine technology company that delivers new standards for spine surgery. Spinal Elements is known for its ability to design and bring to market products and procedures that introduce and set new industry standards.

- Manage all aspects of the Company's corporate accounting, including general ledger, A/R and A/P departments and month end close procedures.
- Prepare monthly financials for the board of directors, private equity firm and lenders.
- Manage the Company's annual audit and coordinate audit with PwC.
- Manage the Company annual federal and state tax returns with outside CPA firm as well as property and sales and use tax returns.
- Manage a staff of 15 employees within the Accounting Department.

### MILLENNIUM HEALTH, LLC – San Diego, CA

#### Director of Financial Reporting

July 2016 to November 2018

Millennium Health, LLC develops and delivers cloud-based health solutions that provide actionable information to inform treatment decisions for patients. It provides solutions for medication monitoring, pharmacogenetic testing, urine drug testing (UDT), oral fluid testing (OFT), and predictive analytics and targeted interventions. In my role I reported directly to the Senior Vice President of Finance and worked closely with other members of the finance and executive teams on internal, external financial reporting and compliance. Primary responsibilities and achievements include:

- Oversee all aspects of financial reporting for internal and external financial statements, including monthly, quarterly and annual financial reporting, analysis, quarterly reviews, annual audit, and other finance projects.
- Prepare external quarterly reviewed and annual audited financial statements including footnote disclosures, MD&A analysis and actual vs. budget variance analysis for the Company's bank, institutional investors and credit rating agencies.
- Prepare internal monthly financial statements and metrics, including key performance indicators. Prepare internal reporting package and PowerPoint slides for the board of directors, and executive management meetings. Analyze financial results to ensure compliance with debt covenants and prepare bank compliance certificates.
- Prepare memorandums and technical research on Generally Accepted Accounting Principles and other regulatory practices and standards to senior leadership and the accounting team. I have prepared technical memorandums on numerous topics including asset impairments under ASC 350, *Intangibles – Goodwill and Other*, PP&E impairments under ASC 360, *PP&E*, lease abandonments under ASC 420, *Exit and*

*Disposal Activities*, reorganization and fresh start accounting under ASC 852, *Reorganizations*, as well as accounting for new capital and operating leases with lease incentives.

- Interact with executive team, finance group, internal legal counsel, and the external auditors to accomplish goals and ensure efficiency and effectiveness of information exchange.
- Streamlined the financial reporting process and implemented process improvements to create efficiencies and reduce timeframes for deliverables in the financial close and reporting processes.
- Manage the accounting for stock-based compensation and equity, including preparing journal entries and supporting schedules and ensuring compliance with GAAP.
- Coordinate tax return preparation and tax provision with outside CPA firm and resolve state tax notices. Manage the sales tax and business property tax filings for numerous states. Company operates throughout the United States.
- Oversee accounting department personnel and review staff workpapers, mentor and train subordinates, and provide performance feedback.
- Create and maintain internal accounting policies to ensure proper internal controls.

**BDO, USA LLP (Formerly CEA, LLP) – Carlsbad, CA**  
**Senior Manager, Assurance**

**October 2008 to July 2016**

Progressive career from Manager to Senior Manager in this public accounting firm servicing local, national and global clients in industries including manufacturing, distribution, life sciences, construction and various other industries, including private equity backed companies, with revenues ranging from start-up to \$650 million. Primary responsibilities included (1) providing attest and assurance services where responsibilities included overseeing all phases of financial statement audits, reviews, compilations and employee benefit plan audits; (2) full disclosure financial statement preparation and reporting in accordance with generally accepted accounting principles and standards; (3) client project management and advisory services; (4) staff management, development and engagement quality; (5) technical research on complex accounting transactions and new accounting standards. Relevant highlights and accomplishments include the following:

- Thoroughly knowledgeable in GAAP compliance, financial statement reporting and preparation including cash flow reports, variance and account relationship analysis, and financial projections and forecasts.
- Proficient in all accounting functions including consolidations, revenue recognition, accounts receivable, inventory, liabilities, depreciable property, intangible assets, payables, debt and equity financing, budgeting and forecasting.
- Experienced in financial control processes and the establishment and execution of internal controls over accounting and financial reporting procedures, risk assessment and risk management.
- Accomplished in interfacing with business owners and third-party service providers including attorneys, investment bankers, and business valuation professionals and consulting on business management decisions and long-term strategic planning.
- Supervised CEA LLP's accounting and assurance department with a total of 10 staff, senior accountants and managers.
- Provided consulting services to Millennium Health, including implementing Accounting Standard Codification (ASC) 852, *Reorganizations* during Company's bankruptcy in 2015. Prepared adjustments to reflect the effects of the bankruptcy plan and the impact of fresh start accounting including financial statement disclosures for audited financial statements.

- Responsible for planning and performing audits of corporations, nonprofit organizations, and employee benefit plans. Provided due diligence services.
- Supervised staff and senior accountants and trained new staff members.
- Prepared tax returns for individuals, partnerships, corporations and not for profit organizations.
- Performed client accounting services including preparation of Form 1099's, payroll tax returns, business property tax statements and state sales tax returns.

**TEAMAN, RAMIREZ & SMITH, INC. CPA'S – Riverside, CA**  
**Senior Accountant, Assurance Services**

**July 1999 to October 2002**

- Responsible for planning and performing audits of Governmental agencies including Cities and California Special Districts including municipal water districts.
- Performed single audit compliance audits in accordance with the Single Audit Act (A-133); the objective of which is to provide assurance to the US federal government as to the management and use of such funds by local governments.
- Supervised staff and senior accountants and trained new staff members.
- Prepared Comprehensive Annual Financial Reports (CAFR) for Government agencies.

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**Education**

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**SAN DIEGO STATE UNIVERSITY (SDSU) – San Diego, CA**  
**Certificate in Accounting – May 1997**

**CALIFORNIA STATE UNIVERSITY, FULLERTON (CSUF) – Fullerton, CA**  
**Bachelor of Arts in Business Administration: Finance – May 1992**

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**American Institute of Certified Public Accountants (AICPA) Certifications**

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Certified Public Accountant (CPA)  
Certified Global Management Accountant (CGMA)

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**Professional Memberships**

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American Institute of Certified Public Accountants (AICPA)  
Association of Certified Fraud Examiners (ACFE)



# 2020 Tri-City Healthcare District Compliance Forecast



# What is Compliant Healthcare

Charged, Billed, and Reimbursed Correctly		
Provided in a Licensed for Facility Billing Building	Promotes Patient Rights	Documented Correctly
Provided Without Inappropriate Financial Incentives		
Medically Necessary	Provided by Qualified Staff	
Meets Quality and Regulatory Standards		
Ethics and Integrity		



# Seven Elements of an **Effective** Compliance Program

(U.S. Federal Sentencing Guidelines, Chapter 8)

1. Develop and distribute written standards of conduct
2. Designate a Chief Compliance Officer and a Corporate Compliance Committee and Governance Structure
3. Deliver regular, effective education and training programs
4. Maintain a hotline to receive complaint; preserve anonymity; prevent retaliation
5. Respond to allegations of misconduct and take all appropriate corrective actions(s) as necessary, including disciplinary action
6. Performs audits and monitoring
7. Don't employ/retain sanctioned individuals





Compliance 2020

# FOCUS ON THE PROCESS, NOT THE PEOPLE!



Compliance 2020

# CODE OF CONDUCT REVAMP

- **STRONGER LANGUAGE**
  - **WELL DEFINED**



## Compliance 2020

# POLICIES

- MATCH CODE OF CONDUCT
- CLEARLY EXPLAIN RAMIFICATIONS FOR VIOLATIONS
- WRITTEN IN 10<sup>TH</sup> GRADE LEVEL



## Compliance 2020

# TRAINING AND EDUCATION

- **COMPUTER BASED TRAINING**
  - **GENERALIZED TRAINING**
  - **FOCUSED TRAINING**
- **TRACKING ALL TRAINING AND EDUCATION**



**Compliance 2020**

# **OPERATING SYSTEMS**

- **ETHICSPPOINT TRACKING**
- **SANCTION CHECKING**
- **EMR SURVEILLANCE**



# Reference and Contact Information

- Compliance Department Intranet Site
- Main Compliance Line: (760) 940-3117
- 24/7 Compliance and Privacy Hotline, including anonymous reporting:  
(844) 521-7862
- URL: <https://tchd.ethicspoint.com>

**TRI-CITY HEALTHCARE DISTRICT  
MINUTES FOR AN ADJOURNED REGULAR MEETING  
OF THE BOARD OF DIRECTORS**

**February 4, 2020 – 2:30 o'clock p.m.  
Assembly Room 1 – Eugene L. Geil Pavilion  
4002 Vista Way, Oceanside, CA 92056**

An Adjourned 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 February 4, 2020.

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  
Barbara Vogelsang, Chief Nurse Executive  
Dr. Mark Yamanaka, Chief of Staff  
Susan Bond, General Counsel  
Jeffrey Scott, Board Counsel  
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 Assembly Room 1 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 and seconded by Director Nygaard to approve the agenda as presented. The motion passed (6-0-0-1) with Director Chavez absent.**

3. Public Comments – Announcement

Chairperson Grass read the Public Comments section listed on the February 4, 2020 2020 Adjourned 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 February 4, 2020 Adjourned 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 and Approval of Closed Session Minutes.

5. Motion to go into Closed Session

**It was moved by Director Nygaard and seconded by Director Schallock 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 2 and 3, Chairperson Grass announced that the Board was back in Open Session.

The following Board members were present:

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

Absent was Director Rocky Chavez

Also present were:

Steve Dietlin, Chief Executive Officer  
Scott Livingstone, Chief Operations Officer  
Barbara Vogelsang, Chief Nurse Executive  
Ray Rivas, Chief Financial Officer  
Roger Cortez, Chief Compliance Officer  
Aaron Byzak, Chief External Affairs Officer  
Dr. Gene Ma, Chief Medical Officer  
Jeffrey Scott, Board Counsel  
Susan Bond, General Counsel  
Teri Donnellan, Executive Assistant  
Richard Crooks, Executive Protection Agent

9. Chairperson Grass reported the Board in Closed Session heard reports of the Hospital Medical Audit or Quality Assurance Committees and a report on potential litigation and took no action.

Lastly, the Board in Closed Session approved Closed Session minutes.

10. Director Schallock 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 19.
12. TCHD Auxiliary – Jeff Marks, Auxiliary President



Mr. Jeff Marks, Auxiliary President presented an overview of the Auxiliary program which included the following:

- New in-house and public outreach programs which is comprised of the *Pulse Newsletter* that is distributed to 500 members and a new website that includes detailed information for the public as well as the volunteers.
- High School volunteer program which enrolls 30 students twice a year from area high schools.
- Auxiliary membership is made up of 475 active volunteers, 86 college students and 319 "regular" volunteers who contributed 55,286 hours this past year equating to \$1,437,000.
- Auxiliary provides over \$90,000 in financial scholarships on an annual basis to medical high school and college students currently volunteering at Tri-City Medical Center.
- The Auxiliary provides an annual gift of between \$70,000 - \$80,000 from the proceeds from the Auxiliary Gift Shop to the Medical center for additional equipment and Medical Center needs.

No action taken.

13. December 2019 Financial Statement Results – Mr. Ray Rivas, Chief Financial Officer

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

- Net Operating Revenue – \$169,607
- Operating Expense – \$178,846
- EBITDA – \$2,653
- EROE – (\$4,115)

Other Key Indicators year to date:

- Average Daily Census – 147
- Adjusted Patient Days – 50,514
- Surgery Cases – 3,160
- ED Visits – 28,231

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

- Net Operating Revenue - \$27,742
- Operating Expense - \$29,375
- EBITDA - \$128
- EROE – (\$1,040)

Mr. Rivas commented that our average length of stay went up considerably in December, likely due to the flu and due to the fact that our reimbursement is fixed either by DRG or case rate so a longer stay means a larger expense without the corresponding revenue.

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

- Average Daily Census - 160

- Adjusted Patient Days – 8,906
- Surgery Cases – 494
- ED Visits – 4,695

Mr. Rivas reported on the following indicators for FY20 Average:

- Net Patient Accounts Receivable - \$46.8
- Days in Net Accounts Receivable – 59.0

Mr. Rivas noted cash collections for January reflected a very good month and he anticipates the days in Net Accounts Receivable to begin to drop.

Additionally, Adjusted Patient Days spiked in December which is likely caused by our length of stay with is up over a day.

Chairperson Grass questioned the rationale for the decline in surgery cases. Mr. Rivas responded that the holidays may have been a factor however surgeries are back up over 500 in January.

No action taken.

#### 14. New Business –

- a) Consideration to approve a Group Physician Recruitment Agreement with Dr. Darrell Wu, M.D., Cardiovascular/Cardiothoracic Surgeon

Mr. Jeremy Raimo, Senior Director of Business Development presented the recruitment of a Cardiovascular/Cardiothoracic Surgeon, Dr. Darrell Wu. Mr. Raimo stated Dr. Wu is from one of the top training hospitals, Texas Heart Institute at Baylor. He has chosen to come to Tri-City Medical Center and grow a program with Dr. Lin who has performed some "game changing" surgeries in our OR since his arrival a few months ago. Mr. Raimo explained he is seeking Board approval for a three-year group recruitment agreement with a three-year forgiveness period which if approved will ensure Dr. Wu is at the District for six years however from Dr. Wu's perspective Tri-City would be his "landing zone" for his career.

Chairperson Grass commented on the candidates outstanding credentials.

**It was moved by Director Nygaard that the Tri-City Healthcare District 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 \$2,010,000 in order to facilitate, Darrell Wu, M.D. Cardiovascular/Cardiothoracic Surgeon practicing medicine in the communities served by the District through a Group Physician Recruitment Agreement (not to exceed a 36 month income guarantee with a three-year forgiveness period). Director Coulter seconded the motion.**

The vote on the motion was as follows:

<b>AYES:</b>	<b>Directors:</b>	<b>Coulter, Grass, Nygaard, Reno, Schallock and Younger</b>
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<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSENT:</b>	<b>Directors:</b>	<b>Chavez</b>

b) Consideration to award Board Scholarship to the Tri-City Hospital Auxiliary in the amount of \$10,000 (10 students).

Chairperson Grass commented that last year the Board contributed \$10,000 yet there were still many nursing students that did not receive funding that deserved and needed it.

**It was moved by Director Reno to award a Board Scholarship to the Tri-City Hospital Auxiliary in the amount of \$10,000.**

Director Nygaard stated the Scholarship is an honorable program and is an investment in our future. She proposed that the Board double their contribution to \$20,000.

**Director Nygaard amended the motion to award a Board Scholarship to the Tri-City Hospital Auxiliary in the amount of \$20,000. Director Reno accepted the amendment.**

**The vote on the amended motion was as follows:**

<b>AYES:</b>	<b>Directors:</b>	<b>Coulter, Grass, Nygaard, Reno, Schallock and Younger</b>
<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSENT:</b>	<b>Directors:</b>	<b>Chavez</b>

Chairperson Grass stated she believes this is a step in the right direction to "grow our own".

c) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO).

Director Nygaard stated incumbent Joe McKenzie has done a good job representing Special Districts and recommended the Board pause on nominating a additional candidate.

No action taken.

15. Old Business – none

16. Chief of Staff

a) Membership and Privileges granted for the physicians and Allied Health Professionals reflected in the January Credentialing Report.

Ms. Donnellan explained the January Credentialing actions were approved on January 31, 2020 per Medical Staff Policy 8710-550 – Credentialing Policy, Expedited Credentialing and Privileging Process due to the fact that credentials were expiring

January 31, 2020 and the Board meeting was adjourned to today, February 4, 2020. Credentials were submitted today for informational purposes only.

b) Consideration of revised Cardiology Privilege Card

**It was moved by Director Schallock to approve the revised Cardiology Privilege Card. Director Nygaard seconded the motion.**

**The vote on the motion was as follows:**

<b>AYES:</b>	<b>Directors:</b>	<b>Coulter, Grass, Nygaard, Reno, Schallock and Younger</b>
<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None.</b>
<b>ABSENT:</b>	<b>Directors:</b>	<b>Chavez</b>

c) Consideration of revised Cardiothoracic Surgery Privilege Card

**It was moved by Director Nygaard to approve the revised Cardiothoracic Privilege Card. Director Schallock seconded the motion.**

**The vote on the motion was as follows:**

<b>AYES:</b>	<b>Directors:</b>	<b>Coulter, Grass, Nygaard, Reno, Schallock and Younger</b>
<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSENT:</b>	<b>Directors:</b>	<b>Chavez</b>

17. Consideration of Consent Calendar

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

**The vote on the motion was as follows:**

<b>AYES:</b>	<b>Directors:</b>	<b>Coulter, Grass, Nygaard, Reno, Schallock and Younger</b>
<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSENT:</b>	<b>Directors:</b>	<b>Chavez</b>

18. Discussion of items pulled from Consent Calendar

There were no items pulled from the Consent Calendar.

19. Comments by Members of the Public

Chairman Grass recognized RN's Ingrid Hartley, Cathy Cronic, Adela Sanchez, Gloria Rosenlof, Camille Bryan and CNA Labor Representative Edmundo Garcia who spoke in support of safe staffing and break coverage.

20. Comments by Chief Executive Officer

Mr. Steve Dietlin, CEO expressed his appreciation to Mr. Jeff Marks for his report on the Auxiliary activities. He also commented on the Scholarship program and congratulated the Board on their decision to award \$20,000 to the Scholarship program and investing tomorrow's leaders today. He commented that he is looking forward to participating in the scholarship program as well and encourages everyone who has the opportunity and means to do so.

Dr. Dietlin also commented on the physician recruitment agreement presented today for Dr. Wu which will take Tri-City to the next level and bring world class services well into the future.

Mr. Dietlin stated to move forward with these types of projects we need the collaboration of the Medical Staff, Foundation, Auxiliary, nurses, Board of Directors and administrative leadership to provide world class services to this community. Mr. Dietlin commented on the importance of remaining sustainable for the long term for this community and that we all work together for the benefit of our community.

In closing, Mr. Dietlin read a letter from a grateful patient regarding the outstanding care received. The writer sent a heartfelt thank you for all that was done for his wife and her care here at Tri-City. Mr. Dietlin stated that it is wonderful to see great feedback and he encourages everyone to give their input both positive and negative as the best way we can improve is to hear from people's actual experiences.

Lastly, Mr. Dietlin stated he appreciated what we heard today and he looks forward to moving forward.

21. Board Communications

Directors Coulter, Younger, Reno, Nygaard and Schallock had no comments.

22. Report from Chairperson

Chairperson Grass reported February is American Heart Association Month. She encouraged everyone to wear red in support of women's health on Friday, February 7<sup>th</sup>. She noted there will be a photo opportunity at the front of the hospital at 11:30 a.m.

Lastly, Chairperson Grass read a letter from a patient that was sent to all Board members related to the superior, professional care received.

23. There being no further business Chairperson Grass adjourned the meeting at 4.15 p.m.

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Leigh Anne Grass, Chairperson

ATTEST:

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Julie Nygaard, Secretary

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

**February 4, 2020 – 1:30 o'clock p.m.  
Assembly Room 1 – 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 1:30 p.m. on February 4, 2020.

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  
Dr. Gene Ma, Chief Medical Officer  
Roger Cortez, Chief Compliance Officer  
Susan Bond, General Counsel  
Jeremy Raimo, Sr. Dir. Business Development  
Dr. Mark Yamanaka, Chief of Staff  
Jeff Scott, Board Counsel  
Teri Donnellan, Executive Assistant  
Rick Crooks, Executive Protection Agent

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

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 February 4, 2020 Special Board of Directors Meeting Agenda to be discussed during Closed Session

which included Reports Involving Trade Secrets with various disclosure dates, Hearings on Hospital Medical Quality & Assurance Committees and one matter of Potential Litigation.

5. Motion to go into Closed Session

**It was moved by Director Schallock and seconded by Director Nygaard to go into Closed Session at 1:35 p.m. The motion passed unanimously (7-0).**

8. At 2:25 p.m. the Board returned to Open Session with attendance as previously noted.  
9. Report from Chairperson on any action taken in Closed Session.

Chairperson Grass reported the Board in Closed Session heard Reports on Trade Secrets and took no action. The Board also heard a report on a Potential Litigation matter and took no action.

10. Consideration of proposal for establishment of Section 1206b Clinic – Pulmonary

**It was moved by Director Schallock that the Tri-City Healthcare District Board of Directors approve: Execution and delivery of all agreements and documents necessary for a 1206(b) Pulmonary Clinic including a professional services agreement, asset purchase agreement, lease assignment, and employee lease agreement. Director Nygaard seconded the motion.**

**The vote on the motion was as follows:**

<b>AYES:</b>	<b>Directors:</b>	<b>Chavez, Coulter, Grass, Nygaard, Reno, Schallock and Younger</b>
<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSENT:</b>	<b>Directors:</b>	<b>None</b>

11. Consideration of proposal for establishment of Section 1206b Clinic -Urology

**It was moved by Director Chavez that the Tri-City Healthcare District Board of Directors approve: Execution and delivery of all agreements and documents necessary to open a 1206(b) Urology Clinic including a professional services agreement, lease agreement and design and build project up to \$700,000 for the Wellness Medical Office Building. Director Reno seconded the motion.**

**The vote on the motion was as follows:**

<b>AYES:</b>	<b>Directors:</b>	<b>Chavez, Coulter, Grass, Nygaard, Reno, Schallock and Younger</b>
<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSENT:</b>	<b>Directors:</b>	<b>none</b>

12. Consideration of purchase of surgical robotic system

It was moved by Director Younger that the Tri-City Healthcare District Board of Directors approve the purchase of the MAKO Robotic System. Director Chavez seconded the motion.

The vote on the motion was as follows:

<b>AYES:</b>	<b>Directors:</b>	<b>Chavez, Coulter, Grass, Nygaard, Reno, Schallock and Younger</b>
<b>NOES:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSTAIN:</b>	<b>Directors:</b>	<b>None</b>
<b>ABSENT:</b>	<b>Directors:</b>	<b>None</b>

13. Comments by members of the public.

There were no comments by members of the public.

14. Adjournment

There being no further business, Chairperson Grass adjourned the meeting at 2:40 p.m.

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Leigh Anne Grass  
Chairperson

ATTEST:

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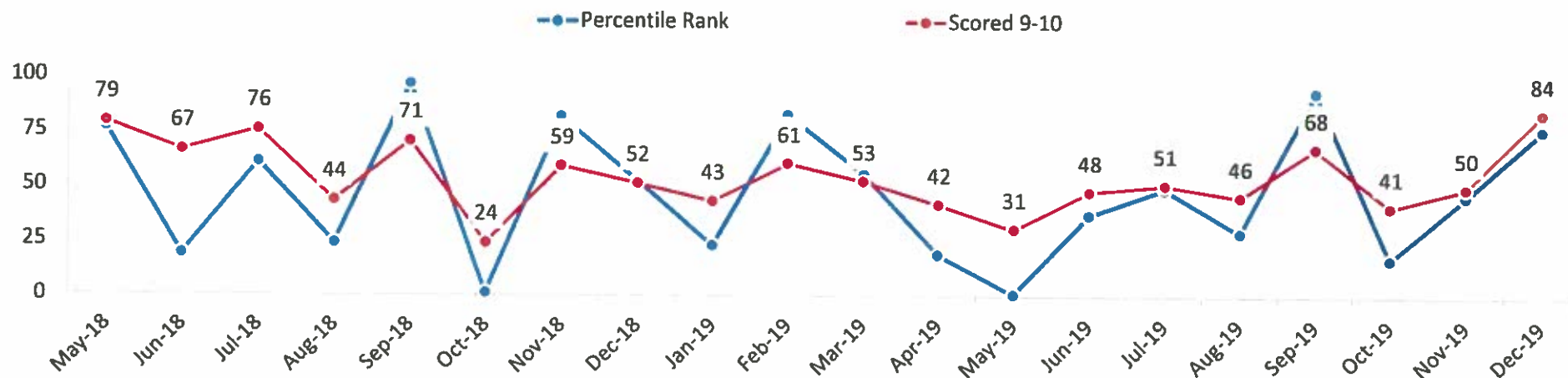
Julie Nygaard  
Secretary



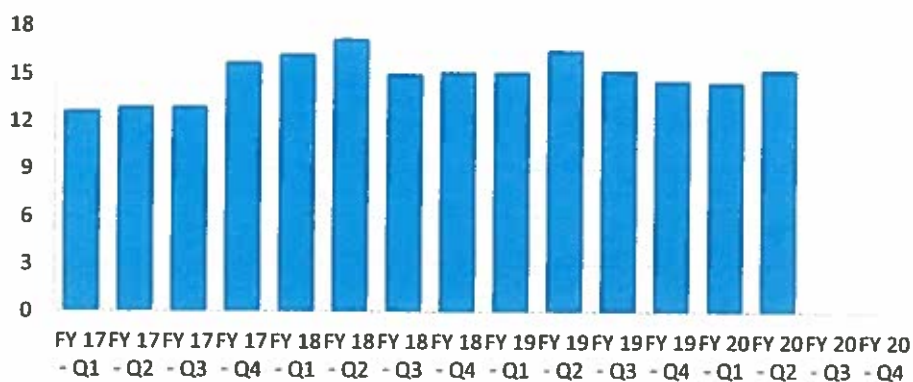


### Stakeholder Experiences

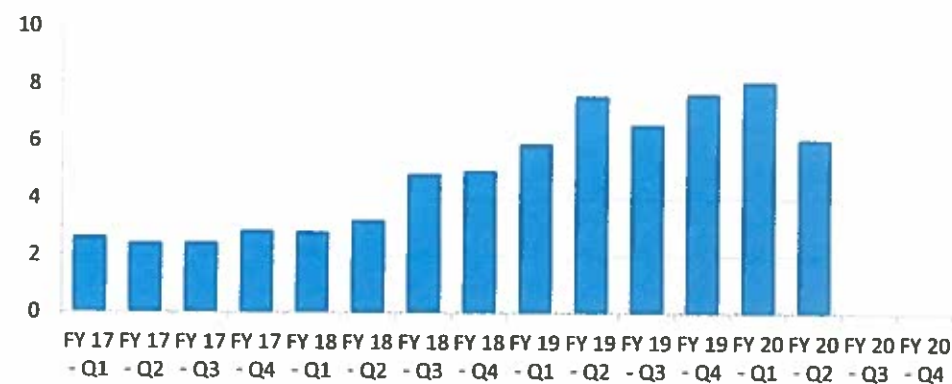
#### Overall Rating of Hospital (0-10)



#### 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
FY20	16	19	18	31	30	15	20						149
FY19	18	29	19	27	18	24	22	16	23	30	25	24	157

## Mazor Robotic Spine Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	9	8	9	12	7	5	11						61
FY19	10	12	3	7	7	9	10	4	16	15	11	12	58

## Inpatient DaVinci Robotic Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	9	16	11	11	12	13	10						82
FY19	19	16	12	16	12	16	17	13	18	16	10	15	108

## Outpatient DaVinci Robotic Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	19	23	27	33	31	24	27						184
FY19	20	23	18	22	17	21	19	16	18	12	20	24	140

## Major Joint Replacement Surgery Cases (Lower Extremities)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	33	33	23	31	35	31	26						212
FY19	31	31	27	35	38	31	23	40	36	24	29	36	216

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
FY20	-	-	-	-	-	-	-	-	-	-	-	-	-
FY19	10.8	11.3	9.7	-	-	-	-	-	-	-	-	-	4.6

## Acute Rehab Unit - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	6.2	4.5	7.7	7.0	5.0	3.0	7.1						5.8
FY19	7.4	9.1	6.5	4.7	5.7	5.3	6.8	8.4	7.2	5.8	4.4	6.5	6.5

## Neonatal Intensive Care Unit (NICU) - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	9.4	10.3	13.4	9.7	9.5	9.4	7.8						9.9
FY19	11.4	9.8	10.0	11.0	11.6	8.7	10.1	8.9	11.3	10.0	9.5	10.4	10.4

## Hospital - Average Daily Census (ADC)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	143.4	143.6	150.6	143.2	144.0	160.2	153.9						148.4
FY19	160.3	155.9	146.4	149.6	143.7	153.2	164.8	166.3	157.7	142.4	143.3	146.5	153.5

## Deliveries

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	168	171	156	159	146	159	153						1,112
FY19	186	202	170	187	185	166	170	150	177	131	146	156	1,266

## Inpatient Cardiac Interventions

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	7	8	7	17	14	10	13						76
FY19	8	10	6	8	3	15	6	9	11	10	20	13	56



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
FY20	7	5	12	6	11	9	14						64
FY19	3	4	3	13	13	6	11	17	6	10	7	9	53

#### Open Heart Surgery Cases

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	9	5	2	8	5	5	4						38
FY19	8	8	6	8	4	14	8	10	16	6	7	5	56

#### TCMC Adjusted Factor (Total Revenue/IP Revenue)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD
FY20	1.85	1.89	1.91	1.86	1.86	1.79	1.8						1.85
FY19	1.79	1.83	1.90	1.78	1.78	1.70	1.72	1.73	1.75	1.82	1.80	1.79	1.78



## 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
FY20	52.8	56.4	59.2	61.2	61.9	62.6	61.5						59.4	48-52
FY19	51.0	48.5	50.3	49.5	52.3	56.5	58.9	56.7	57.0	50.5	48.9	53.2	52.4	

### 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
FY20	93.0	89.9	90.8	98.4	92.8	85.5	88.5						91.3	75-100
FY19	84.9	86.5	90.2	91.4	92.5	87.8	93.1	92.2	83.6	84.1	91.4	87.6	89.5	

### 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
FY20	(\$476)	(\$494)	(\$759)	(\$311)	(\$1,036)	(\$1,040)	(\$860)						(\$4,976)	(\$3,274)
FY19	(\$478)	(\$121)	\$119	\$254	\$342	\$236	(\$527)	\$99	\$206	\$885	\$904	(\$6,138)	(\$175)	

### 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
FY20	-1.65%	-1.66%	-2.71%	-1.08%	-3.91%	-3.75%	-2.85%						-2.49%	-1.62%
FY19	-1.64%	-0.39%	0.41%	0.86%	1.19%	0.79%	-1.76%	0.34%	0.67%	2.89%	2.88%	-21.60%	-0.08%	



## 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
FY20	\$686	\$681	\$412	\$683	\$62	\$128	\$367						\$3,020	\$ 4,877
FY19	\$796	\$1,168	\$1,417	\$1,561	\$1,618	\$1,544	\$826	\$1,468	\$1,548	\$2,219	\$2,221	(\$4,712)	\$8,930	

### 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
FY20	2.38%	2.30%	1.47%	2.36%	0.24%	0.46%	1.22%						1.51%	2.41%
FY19	2.73%	3.81%	4.90%	5.28%	5.65%	5.20%	2.76%	5.07%	5.00%	7.25%	7.07%	-16.58%	4.32%	

### 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
FY20	7.04	6.80	6.21	6.90	6.58	6.44	6.71						6.67	6.90
FY19	6.73	6.70	6.75	6.98	7.82	6.50	6.68	6.52	6.71	7.27	7.29	6.79	6.88	

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
FY20	\$52.4	\$44.8	\$43.7	\$45.6	\$38.2	\$31.9	\$35.2							
FY19	\$50.0	\$49.5	\$49.3	\$48.1	\$37.5	\$29.5	\$36.3	\$32.9	\$20.6	\$40.7	\$57.1	\$54.5		



Building Operating Leases  
Month Ending January 31, 2020

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	Lease Term Beginning	Lease Term Ending	Services & Location	Cost Center
6121 Paseo Del Norte, LLC 6128 Paseo Del Norte, Suite 180 Carlsbad, CA 92011 V#83024	Approx 9,552	\$3.59	(a)	47,418.30	07/01/17	06/30/27	OSNC - Carlsbad 6121 Paseo Del Norte, Suite 200 Carlsbad, CA 92011	7095
American Health & Retirement DBA: Vista Medical Plaza 140 Lomas Santa Fe Dr., Ste 103 Solana Beach, CA 92075 V#82904	Approx 1,558	\$2.47	(a)	5,268.79	01/27/17	05/31/20	PCP Clinic - Venus 2067 W. Vista Way, Ste 160 Vista, CA 92083	7093
Cardiff Investments LLC 2729 Ocean St Carlsbad, CA 92008 V#83204	10,218	\$2.58	(a)	27,500.69	07/01/17	06/30/22	OSNC - Oceanside 3905 Waring Road Oceanside, CA 92056	7095
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.70	(a)	21,112.00	02/01/15	01/31/20	PCP Clinic Vista 1926 Via Centre Drive, Ste A Vista, CA 92081	7090
CreekView Orthopaedic Bldg, LLC 1958 Via Centre Drive Vista, Ca 92081 V#83025	Approx 4,995	\$2.58	(a)	16,109.57	07/01/17	06/30/22	OSNC - Vista 1958 Via Centre Drive Vista, Ca 92081	7095
Elfin Investments, LLC Clancy Medical Group 20136 Elfin Creek Trail Escondido, CA 92029 V#82575	3,140	\$2.62	(a)	10,101.37	12/01/15	12/31/20	PCP Clinic - Clancy 2375 Melrose Dr. Vista Vista, CA 92081	7091
Melrose Plaza Complex, LP c/o Five K Management, Inc. P O Box 2522 La Jolla, CA 92038 V#43849	7,347	\$1.35	(a)	10,399.54	07/01/16	06/30/21	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083	7320
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	4,760	\$4.12	(a)	27,850.00	10/01/12	10/01/22	Chemotherapy/Infusion Oncology Center 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056	7086
SCRIPPSVIEW MEDICAL ASSOCIATES P O Box 234296 Encinitas, CA 234296 V#83589	3,864	\$3.45	(a)	13,316.37	08/08/19	05/31/21	Encinitas Medical Center 351 Santa Fe Drive, Suite 351 Encinitas, CA 92023	7095
<b>Total</b>				<b>\$ 179,076.63</b>				

(a) Total Rent Includes Base Rent plus property taxes, association fees, Insurance, CAM expenses, etc.



### Education & Travel Expense Month Ending January 2020

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
6185	ONS/ONCC CHEMOTHERAPY RENEWAL	10620 EDU	103.00	82013 INJA KIM	
7290	PATIENT DRIVEN GROUPING MODEL WORKSHOP	011420 EDU	245.00	14369 MONICA TRUCLEAU	
7290	PATIENT DRIVEN GROUPING MODEL WORKSHOP	1142020EDU	245.00	14369 CYNTHIA BOATRIGHT	
7893	UHMS/WOUNDEDUCATION	120419 EDU	441.50	80282 KIM POSTEN	
7894	CANCER BASIC ONLINE COURSE	121619 EDU	319.00	83656 MARY KELLEY CARLENO	
8381	CERTIFIED CENTRAL SERVICE TECHNICIAN	110619 EDU	125.00	83628 HAIDEE PEREZ	
8381	CERTIFIED CENTRAL SERVICE TECHNICIAN	100919 EDU	125.00	83666 ANGELA SALCEDO	
8390	ASHP MIDYEAR CLINICAL MEETING	101819 EDU	1,547.68	83443 MICHAEL MONTOYA	
8532	CERNER TRAINING	122019 EDU	533.41	83595 JANETT GONZALEZ	
8532	CERNER TRAINING	122019 EDU	553.80	79669 JENNIFER HILL	
8650	CCP CERTIFICATION	4655134	1,283.00	74956 ANNETTE MORRIS	
8700	CODING WORKSHOP	12120 SANABIA	379.00	15106 JULIA SANABIA	
8700	CODING WORKSHOP	12120ROCHOLZ	379.00	15106 TAMARA ROCHOLZ	
8730	ONS/ONCC CHEMOTHERAPY RENEWAL	10120 EDU	103.00	77582 ANNA CRUZADA	
8740	ONS/ONCC CHEMOTHERAPY RENEWAL	11720 EDU	103.00	33286 HEIDI HITT	
8740	DIAGNOSTIC ABDOMINAL IMAGING PART 2	10320 EDU	104.50	39696 NATALIYA D. LINNIK	
8740	CCRN REVIEW	12420 EDU	120.00	80572 ELIZABETH FLEMING	
8740	NRP INSTRUCTOR	010320 EDU	149.00	77472 KRISTEN D'ELISEO	
8740	PALS RENEWAL	121219 EDU	160.00	83657 NATALIE GONZALES	
8740	ADVANCED CARDIOVASCULAR LIFE SUPPORT	11720 EDU	200.00	82653 DANIEL BARNES	
8740	THE DOMAINS OF INTEGRATION MH300C	010320 EDU	200.00	82938 HILLARY FRIENDBERG	
8740	NURSING BSN	11720 EDU	2,000.00	83476 CHERRY ANTOINE	
8740	MBA HEALTH CARE	10320 EDU	5,000.00	83655 JACOB SMITH	
8754	CONSENT LAW SEMINAR 2019	1903201911021150	360.00	14365 MICHAEL LEVINE	
8754	CONSENT LAW SEMINAR 2019	1903201911011150	360.00	14365 KELLY WELLS	

\*\*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.