TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
April 29, 2021 – 3:30 o'clock p.m.

In accordance with the current State of Emergency and the Governor's Executive Order N- 25-20, of March 4, 2020, and N-33-20 of March 19, 2020 a virtual platform and/or teleconferencing will be used by the Board members and appropriate staff members during this meeting. Members of the public will be able to participate by telephone, using the following dial in information:

Dial in #: (669-900-6833) To Listen and Address the Board when called upon:
Meeting ID: 86152233783; Passcode: 209295

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda	2 min.	Standard
3	Roll Call / Pledge of Allegiance	3 min.	Standard
4	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
5	March 2021 Financial Statement Results	10 min.	CFO
6	New Business - None	--	--
7	Old Business – None	--	--
8	Chief of Staff a) April 2021 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on April 26, 2021.	5 min.	COS

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
9	Consideration of Consent Calendar ***Requested items to be pulled require a second.*** (a) Consideration to approve an agreement with Jessica Gomez, M.D. to the currently existing ED On-Call Coverage Panel for Ophthalmology for a term of 15 months, beginning April 1, 2021 through June 30, 2022. (b) Consideration to add Dr. Aaron Yung to the currently existing Cardiology Physician EKG and Echocardiology Panel Agreement for a term of 14 months, beginning May 1, 2021 through June 30, 2022. (c) Consideration to approve an agreement with Dr. Bismark Oh to provide coordination of Emergency Department training for all ED resident trainees, beginning May 1, 2021 through April 30, 2022, for a monthly rate of $1,000 for an annual and initial term cost of $12,000 and will renew automatically for consecutive one (1) year terms, until one party provides the other party with a notice of termination. (d) Consideration to approve full assignment of Co-Medical Director, Dr. Richard B. Day agreement for the remainder of the term beginning May 6, 2021, through August 31, 2021, at no additional cost to the Agreement previously approved by the TCHD Board of Directors. (e) Consideration to approve full assignment of Co-Medical Director, Dr. Mark O'Brien agreement for the remainder of the term beginning May 6, 2021, through August 31, 2021, at no additional cost to the Agreement previously approved by the TCHD Board of Directors. (f) Consideration to approve full assignment of Hospitalist Services and Coverage Agreement for the remainder of the term beginning May 6, 2021, through August 31, 2021, at no additional cost to the Hospitalist Coverage Agreement previously approved by the TCHD Board of Directors. (g) Consideration to approve the Second Amendment Lease Renewal with Scripps View Medical Associates, LLC for an additional five-year term, beginning June 1, 2021 through May 31, 2026 for a total term amount of $893,611.68. (h) Consideration to approve an agreement with Dr. Sharon Slowik, Medical Director for Home Health, for a term of 12 months, beginning May 1, 2021 through April 30, 2022, not to exceed an average of 10 hours per month or 120 hours annually, at an hourly rate of $169 and an annual cost not to exceed $20,280. (i) Consideration to approve the agreement with Infor US, Inc. for a term of 36 months, beginning June 1, 2021 through May 31, 2024, for a total cost for the term of $1,261,669.44. (j) Administrative Committee **A) Patient Care Services Policies & Procedures** 1) High Level Disinfection Procedure 2) Spontaneous Awakening Trials/Spontaneous Breathing Trials	10 min.	Standard

	Agenda Item	Time Allotted	Requestor
	Unit Specific – Medical Staff 1) Appropriate Use of Commercial Support and Exhibits 8710-603 2) CME Speaker & Honoraria Reimbursement 8710-605 3) Conflict of Interest Resolution – 8710-605 4) Educational Planning; Needs Assessment; Objectives; and 5) Joint Providership Co-Providership - 8710-602 6) Regularly Scheduled Series (RSS) - 8710-606 7) Supervision of Residents/Fellows/Medical Students – 8710-513 **Unit Specific – Pulmonary** 1) Procedural Triage (k) Minutes – Approval of: a) March 25, 2021, Regular Meeting (l) Meetings and Conferences – None (m) Dues and Memberships - None (n) Reports (a) Dashboard – Included (b) Lease Report – (March, 2021) (c) Reimbursement Disclosure Report – (March, 2021)		Standard
10	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
11	Comments by Members of the Public NOTE: Per Board Policy 19-018, members of the public may have three (3) minutes, individually and 15 minutes per subject, to address the Board on any item not on the agenda.	5-10 minutes	Standard
12	Comments by Chief Executive Officer	5 min.	Standard
13	Board Communications (three minutes per Board member)	18 min.	Standard
14	Report from Chairperson	3 min.	Standard
15	Total Time Budgeted for Open Session	1 hour	
16	Adjournment		

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF INITIAL CREDENTIALS REPORT
April 14, 2021

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 4/30/2021 – 3/31/2023)

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 4/30/2021 through 3/31/2023:

- **ALTER, Mark MD/Psychiatry (Array Behavioral Care)**
- **BRAHMBHATT, Hetal MD/Psychiatry (Array Behavioral Care)**
- **CARPINELLO, Matthew MD/Psychiatry (Array Behavioral Care)**
- **RIZVI, Rabab MD/Psychiatry (Array Behavioral Care)**
- **SHARIF, Mohamed MD/Psychiatry (Array Behavioral Care)**
- **STRIDIRON, Marissa MD/Psychiatry (Array Behavioral Care)**
- **TRAN, Nam Phuong MD/Anesthesiology (ASMG))**
- **WILLIAMS, Alton MD/Psychiatry (Array Behavioral Care)**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – 1 of 3
April 14, 2021

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 05/01/2021 – 04/30/2023)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 05/01/2021 through 04/30/2023, 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:

- **ATHILL, Charles, MD/Cardiology/Refer and Follow**
- **BANSAL, Ankush, MD/Pain Medicine/Provisional**
- **BOBICK, Brian, DPM/Podiatric Surgery/Active**
- **CONANT, Reid, MD/Emergency Medicine/Active**
- **ELI, Bradley, DMD/Dentistry/Active Affiliate**
- **GENTILUOMO, Jesse, MD/Emergency Medicine/Active**
- **MORADI, Amir, MD/Otolaryngology/Refer and Follow**
- **NOVAK, Loren, DO/Family Medicine/Active**
- **SARKARIA, Paul, MD/Cardiology/Active**
- **SPIEGEL, David, MD/Cardiology/Active**
- **YAKHNENKO, Ilya, MD/Internal Medicine/Active**

RESIGNATIONS: (Effective date 04/30/2021 unless otherwise noted)

Automatic:

Voluntary:

FORTUNA, Robert, MD/Teleradiology

KAZEM, Fatima, MD/Teleradiology

KRALL, Peter, MD/Ophthalmology

Attachment B

LEE, David, MD/Teleradiology

MYRSIADES, Melissa, MD/Pathology

SCHOENMAN, Erich, DO/Teleradiology

STRAHM, Lisa, MD/Endocrinology, Diabetes & Metabolism

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3
April 14, 2021

REQUEST FOR EXTENSION OF PROCTORING REQUIREMENT

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and are approved for an additional 6 months to complete their proctoring for the privileges listed below. Failure to meet the proctoring requirement by **October 31, 2021** would result in these privileges automatically relinquishing.

- **SHABRANG, Cyrus, MD** — **Interventional Radiology**
- **RAJAMANICKAM, Anitha, MD** — **Inerventional Cardiology**

AUTOMATIC RELINQUISHMENT OF PRIVILEGES

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and therefore the listed privileges will automatically expire as of **April 26, 2021**

- **DELANEY, Michael, MD** — **Neurology**
- **WAKILY, Hussna, MD** — **General & Vascular Surgery**

ADDITIONAL PRIVILEGE REQUEST (Effective 4/26/2021, unless otherwise specified)

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

- **BUI, Hanh MD** — **Cardiology**
- **FLORES, Edna MD** — **Oncology**
- **NGUYEN, Brian MD** — **General Surgery**

VOLUNTARY RELINQUISHMENT OF PRIVILEGES

The following providers relinquished the following privileges.

- **CHIAO, Hellen MD** — **Gastroenterology**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
CREDENTIALS COMMITTEE REPORT – Part 3 of 3
April 14, 2021

PROCTORING RECOMMENDATIONS

• CHIAO, Hassan MD	Gastroenterology
• DANG, Christopher MD	Emergency Medicine
• FLORES, Edna MD	Oncology
• JOHN, Katrina MD	Emergency Medicine
• KRAMER, Melissa MD	Pediatrics
• LIN, Yuan MD	Cardiothoracic Surgery
• NGUYEN, Andrew MD	Neurosurgery
• SAID, Saema MD	Emergency Medicine
• SHBRANG, Cyrus MD	Radiology
• WU, Darrell MD	Cardiothoracic Surgery

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
INTERDISCIPLINARY PRACTICE COMMITTEE REPORT
April 19, 2021

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 4/30/2021 – 1/31/2023)

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 4/30/2021 through 1/31/2023:

- **ROSS, Jessica PA-C/Allied Health Professional (The Neurology Center)**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
INTERDISCIPLINARY PRACTICE REAPPOINTMENT CREDENTIALS REPORT – 1 of 3
April 19, 2021

Attachment B

BIENNIAL REAPPRAISALS: (Effective Dates 5/1/2021 – 4/30/2023)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 5/1/2021 through 4/30/2023, 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:

- **ALLEN, Matthew, PA-C/Allied Health Professional**
- **BROWNSBERGER, Richard, PA-C/Allied Health Professional**
- **BYRD, Kristina, AuD/Allied Health Professional**
- **CRESPO, Christopher, PA-C/Allied Health Professional**
- **DEMASCO, Michael, PA-C/Allied Health Professional**
- **HAIGLER, Heather, PA-C/Allied Health Professional**
- **HERMANSON, Kathleen, PA/Allied Health Professional**
- **MCNALLY, Paul, NP/Allied Health Professional**
- **PREGERSON, Heather, PA-C/Allied Health Professional**
- **SCHILLINGER, Stephan, PA-C/Allied Health Professional**

RESIGNATIONS: (Effective date 04/30/2021 unless otherwise noted)

- **BROCKMAN, Joe, PA-C/Allied Health Professional**
- **EGGEMEIER, Sara, CNM/Allied Health Professional**
- **KARVER-CHRISTENSON, Elyse, CNM/Allied Health Professional**
- **LISTER, Crystal, CNM/Allied Health Professional**
- **RIVERA, Stephen, PA-C/Allied Health Professional**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
INTERDISCIPLINARY PRACTICE COMMITTEE
REPORT – Part 2 of 3

REQUEST FOR EXTENSION OF PROCTORING REQUIREMENT

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and are approved for an additional 6 months to complete their proctoring for the privileges listed below. Failure to meet the proctoring requirement by **October 31, 2021** would result in these privileges automatically relinquishing.

- **SCOTT, Katie, PA-C** — **Allied Health Professional**
- **SHILLINGER, Stephan, PA-C** — **Allied Health Professional**

ADDITIONAL PRIVILEGE REQUEST (Effective 4/30/2021, unless otherwise specified)

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

- **RICE, William PA-C** — **Allied Health Professional**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
INTERDISCIPLINARY PRACTICE COMMITTEE REPORT– Part 3 of 3
April 14, 2021

PROCTORING RECOMMENDATIONS

- HAIGLER, Healther PA-C — Allied Health Professional
- McNALLY, Paul PA-C — Allied Health Professional
- RENNE, Brittany AuD — Allied Health Professioal
- SCHILLINGER, Steven PA-C — Allied Health Professional
- SCOTT, Katie PA-C — Allied Health Professional
- TEBON, Renee PA-C — Allied Health Professional
- WEICHERT, Rachel PA-C — Allied Health Professional

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
Physician Agreement for ED On-Call Coverage – Ophthalmology

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

Physician's Name: Jessica Gomez, M.D.

Area of Service: Emergency Department On-Call: Ophthalmology

Term of Agreement: 15 months, Beginning, April 1, 2021 - Ending, June 30, 2022

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES
Addition of new physician to current shared call panel; no increase in expense

Rate/Day	Panel Days per Year	Panel Annual Cost
$300	FY21: 365 FY22: 365	$109,500 $109,500
	Total Term Cost:	**$219,000**

Position Responsibilities:

- Provide 24/7 patient coverage for all Ophthalmology 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 / Gene Ma, M.D., Chief Medical Officer

Motion: I move that the TCHD Board of Directors approve the addition of Jessica Gomez, M.D. to the currently existing ED On-Call Coverage Panel for Ophthalmology for a term of 15 months, beginning April 1, 2021 and ending June 30, 2022.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
Physician EKG/Echocardiogram Panel Agreement Coverage Renewal

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

Physician's Name: Dr. Aaron Yung

Area of Service: Cardiology

Term of Agreement: 14 months, Beginning, May 1, 2021 – Ending, June 30, 2022

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES
Adding physician to existing panel; no increase in expense

Weekly Cost Not to Exceed	Annual Cost Not to Exceed	Total Term Cost Not to Exceed
$4,160	$216,320	$251,680

Position Responsibilities:

- Panel Physician shall interpret echocardiographic studies of unassigned patients for which the attending physician does not specify an interpreting cardiologist.
- Electrocardiograms are to be interpreted twice daily on weekdays (Monday-Friday) and at least once per day on weekends (Saturday, Sunday or holidays).
- The final report for all echocardiograms is to be dictated within 24 hours of the performance of the study.
- For exercise of pharmacological stress test, if the scheduled panel physician cannot be available within 15 minutes of the scheduled start time to personally supervise the test, it is that panel physician's responsibility to assure that another cardiologist will do so. The final report shall be dictated on the day of the study.

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: Eva England, Cardiovascular Service Line Administrator / Scott Livingstone, Chief Operating Officer

Motion:

I move that the TCHD Board of Directors approve the agreement to add Dr. Aaron Yung to the currently existing Cardiology Physician EKG and Echocardiology Panel Agreement for a term of 14 months, beginning May 1, 2021 and ending June 30, 2022.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
ED Resident Coordinator Agreement

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

Physician's Name: Bismark Oh, M.D., - ED Coordinator Resident Agreement

Area of Service: Emergency Department

Term of Agreement: 12 Months, Beginning, May 1, 2021 – Ending, April 30, 2022**
**After the initial 12 month term, this agreement will automatically renew for consecutive (1) year terms, until one party provides the other party with a notice of termination
Within Fair Market Value: YESS

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
$1,000	$12,000	$12,000

Description of Services/Supplies:

- To arrange schedules that will not conflict with other educational programs
- Coordinate trainees' clinical learning experiences, to include planning with faculty or staff members for the assignment of trainees to specific clinical cases and experiences
- Provide reasonable classroom, conference room, office space for participating trainees and their faculty or staff supervisors
- Ensure trainees follow HIPAA guidelines and compliance rules and regulations
- Evaluate performance of ED resident trainees
- Any and all other duties pertaining to ED resident trainees

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

Person responsible for oversight of agreement: Candice Parras, Chief Patient Care Services

Motion:

I move that the TCHD Board of Directors authorize the agreement with Dr. Bismark Oh, to provide coordination of Emergency Department training for all ED resident trainees beginning, May 1, 2021 and ending, April 30, 2022, for a monthly rate of $1,000, for an annual and initial term cost of $12,000. This agreement to remain in effect until terminated by either party,

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
Physician Agreement for Assignment of Hospitalist Co-Medical Directorship

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

Physician's Name: Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III ("Assignee").

Add Name: Richard B. Day M.D.

Area of Service: Co-Medical Directorship, Hospitalist Services

Term of Agreement: Beginning, May 6, 2021 – Ending, August 31, 2021

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

4 Month (Term) Cost
**This is at no additional cost to the agreement previously approved by the TCHD Board of Directors.

Position Responsibilities:

- Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III has acquired full interest in Coastal Hospitalist Medical Associates, Inc. effective May 6, 2021
- This represents a full assignment of Coastal Hospitalist Medicine Associates, Inc. co-medical directorship (Dr. Day) contract to Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III ("Assignee")
- This represents an assignment agreement at no change in current payment

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: Scott Livingstone, Chief Operating Officer

Motion:

I move that the TCHD Board of Directors authorize full assignment of co-medical director Dr. Richard B. Day agreement for the remainder of the term beginning May 6, 2021, ending, August 31, 2021. This is at no additional cost to the Medical Directorship agreement previously approved by the TCHD Board of Directors.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
Physician Agreement for Assignment of Hospitalist Co-Medical Directorship

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

Physician's Name: Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III ("Assignee").

Add Name: Mark, O'Brien, D.O.

Area of Service: Co-Medical Directorship, Hospitalist Services

Term of Agreement: Beginning, May 6, 2021 – Ending, August 31, 2021

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

4 Month (Term) Cost
**This is at no additional cost to the agreement previously approved by the TCHD Board of Directors.

Position Responsibilities:

- Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III has acquired full interest in Coastal Hospitalist Medical Associates, Inc. effective May 6, 2021
- This represents a full assignment of Coastal Hospitalist Medicine Associates, Inc. co-medical directorship (Dr. O'Brien) contract to Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III ("Assignee")
- This represents an assignment agreement at no change in current payment

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: Scott Livingstone, Chief Operating Officer

Motion:

I move that the TCHD Board of Directors authorize full assignment of co-medical director Dr. Mark O'Brien agreement for the remainder of the term beginning May 6, 2021, ending, August 31, 2021. This is at no additional cost to the Medical Directorship agreement previously approved by the TCHD Board of Directors.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
Physician Agreement for Assignment of Hospitalist Service

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

Physician's Name: Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III ("Assignee").

Add Name: Coastal Hospitalist Medical Associates, Inc.

Area of Service: Unassigned Hospital Patients

Term of Agreement: Beginning, May 6, 2021 – Ending, August 31, 2021

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

4 Month (Term) Cost
**This is at no additional cost to the Hospitalist Coverage agreement previously approved by the TCHD Board of Directors.

Position Responsibilities:

- Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III has acquired full interest in Coastal Hospitalist Medical Associates, Inc. effective May 6, 2021
- This represents a full assignment of Coastal Hospitalist Medicine Associates, Inc. unassigned patient, hospital coverage contract to Hospitalist Medicine Physicians of California, Inc., dba Sound Physicians of California III ("Assignee")
- This represents an assignment agreement at no change in current payment

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: Scott Livingstone, Chief Operating Officer

Motion:

I move that the TCHD Board of Directors authorize full assignment of Hospitalist services and coverage agreement for the remainder of the term beginning May 6, 2021, ending, August 31, 2021. This is at no additional cost to the Hospitalist Coverage agreement previously approved by the TCHD Board of Directors.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
Second Lease Amendment Proposal – Scripps View Medical Associates, LLC.

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

Landlord Name: Scripps View Medical Associates, LLC

Premises: 351 Santa Fe Drive, Ste. 100 Encinitas, CA 92024 (3,864 sq. ft.)

Term of Agreement: 5 Years, Beginning, June 1, 2021 – Ending, May 31, 2026

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

3% rental rate increase each year	Per Month	Per Year
Rental Rate of $3.63 psf, per month, (Year 1)	$14,026.32	$168,315.84
Rental Rate of $3.74 psf, per month, (Year 2)	$14,447.11	$173,365.32
Rental Rate of $3.85 psf, per month, (Year 3)	$14,880.52	$178,566.24
Rental Rate of $3.97 psf, per month, (Year 4)	$15,326.94	$183,923.28
Rental Rate of $4.09 psf, per month, (Year 5)	$15,786.75	$189,441.00
Total Term Amount:		**$893,611.68**

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

Person responsible for oversight of agreement: Jeremy Raimo, Sr. Director Business Development

Motion:

I move that the TCHD Board of Directors authorize the Second Amendment Lease Renewal with Scripps View Medical Associates, LLC for an additional five-year term, beginning June 1, 2021 and ending May 31, 2026. This proposal remains within the current fair market value rental rate of $3.63 - $4.50 per square foot, for a total amount for the 5 year term of $893,611.68.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
Physician Agreement for Home Health Medical Director

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

Physician's Name: Dr. Sharon Slowik

Area of Service: Home Health

Term of Agreement: 12 months, Beginning, May 1, 2021 – Ending, April 30, 2022

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

Rate / Hour	Hours per Month	Hours per Year	Monthly Cost	Annual Cost
$169	5-10	60-120	$845 - $1,690	$10,140 - $20,280

Position Responsibilities:

- Monitors and assures the delivery of quality, efficient, safe, medically needed home health services
- Provides professional guidance and oversight for Tri-City Home Health Services
- To attend case conferences and department meetings
- Conducts in-service training on (discipline / home health) specific issues and/or topics for physicians and Home Health staff
- Participate in development and implementation of home care quality assurance program and risk management program as directed by hospital,
- Shall assist Department in establishing implementing, and maintaining procedures to ensure the quality of medical services provided
- Develop and maintain ongoing dialogue with members of the hospital's medical staff concerning department services

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: Monica Trudeau, Director-Home Health / Candice Parras, Chief Patient Care Services

Motion:

I move that the TCHD Board of Directors authorize Dr. Sharon Slowik as the Medical Director for Home Health, for a term of 12 months beginning May 1, 2021 and ending April 30, 2022. Not to exceed an average of 10 hours per month or 120 hours annually, at an hourly rate of $169 for an annual cost not to exceed $20,280.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: April 29, 2021
Lawson Support Services Proposal

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

Vendor's Name: Infor US, Inc.

Area of Service: Information Technology

Term of Agreement: 36 months, Beginning, June 1, 2021 – Ending, May 31, 2024

Maximum Totals:

	Amount:
Year 1	$408,188.35
Year 2	$420,434.04
Year 3	$433,047.05
Total Term Cost	**$1,261,669.44**

Description of Services/Supplies:

- Multi-year support commitment for Lawson systems to include time management, payroll, accounts payable, and general ledger
- 36 months of product support services
- By renewing with a three year, TCHD will save $75,000, versus an auto-renewal subject to a 6% increase each year

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

Person responsible for oversight of agreement: Ray Rivas, Chief Financial Officer.

Motion:

I move that the TCHD Board of Directors authorize the agreement with Infor US, Inc. for a term of 36 months, beginning June 1, 2021, and ending May 31, 2024 for a total cost for the term of $1,261,669.44.

ADMINISTRATION CONSENT AGENDA
April 20th, 2021

CONTACT: Candice Parras, CPCS

Policies and Procedures	Reason	Recommendations
Patient Care Services Policies & Procedures		
1. High Level Disinfection Procedure	Practice Change	Forward To BOD For Approval
2. Spontaneous Awakening Trials/Spontaneous Breathing Trials	3 Year Review, Practice Change	Forward To BOD For Approval
Unit Specific		
Medical Staff		
1. Appropriate Use of Commercial Support and Exhibits 8710 - 603	1 Year Review	Forward To BOD For Approval
2. CME Speaker & Honoraria Reimbursement 8710 - 604	1 Year Review	Forward To BOD For Approval
3. Conflict of Interest Resolution 8710 - 605	1 Year Review	Forward To BOD For Approval
4. Educational Planning; Needs Assessment; Objectives; and Evaluation of a Continuing Medical Education (CME) Activity 8710 - 600	1 Year Review	Forward To BOD For Approval
5. Joint Providership Co-Providership 8710 - 602	1 Year Review	Forward To BOD For Approval
6. Regularly Scheduled Series (RSS) 8710 - 606	1 Year Review	Forward To BOD For Approval
7. Supervision of Residents/ Fellows/ Medical Students 8710-513	3 Year Review	Forward To BOD For Approval
Pulmonary		
1. Procedural Triage	3 Year Review, Practice Change	Forward To BOD For Approval

Tri-City Medical Center	Patient Care Services
PROCEDURE:	**HIGH-LEVEL DISINFECTION**
Purpose:	To disinfect semi-critical patient care equipment between uses
Equipment:	Personal protective equipment (gloves, eye protection, impervious gown, face shield or simple surgical mask) Enzymatic/detergent Sponge or soft, lint-free cloth Brush High-level disinfectant (i.e., Cidex ortho-phthalaldehyde [OPA]) Tap Water Sterile Water 70% isopropyl alcohol or equivalent

A. **DEFINITION(S):**

1. Critical items: According to Spaulding classification system, items that enter sterile tissue, including the vascular system (i.e., surgical instruments, implants and needles). Critical items should be sterile when used.
2. Semi-critical items: According to Spaulding classification system, items that come in contact with non-intact skin or mucous membranes (i.e., vaginal and rectal probes,ultrasound probes used during percutananeous guided procedures, respiratory therapy equipment, bronchoscopes, gastrointestinal endoscopes and accessories). Semicritical items should be processed by sterilization, or, at a minimum, high-level disinfection.
3. Non-critical items: According to Spaulding classification system, items that come into contact only with intact skin (i.e., tourniquets and blood pressure cuffs). Non-critical items should receive intermediate or low-level disinfection.
4. High-Level Disinfection (HLD): A process that deactivates all types of microorganisms with the exception of bacterial spores and prions.
   a. Used for reprocessing reusable semi-critical items.
   b. May be accomplished via an automated reprocessor or manual soaking in a high-level disinfecting agent. The method of HLD for each piece of equipment shall be selected based on manufacturer's instructions for use (IFU).
   c. The effectiveness of HLD depends on effective pre-cleaning, manual cleaning, and rinsing to decrease the organic load and microbial content of the equipment/endoscope, drying after rinsing to avoid dilution of HLD agent, and proper preparation and use of the disinfectant in accordance with the manufacturer's IFU.
5. Pre-Cleaning: Pre-cleaning removes organic material (i.e., blood, body fluids, body soil) and decreases the bioburden, making it much more likely that subsequent reprocessing steps will be successful. Pre-cleaning should be performed at the point of use, before bioburden has an opportunity to dry and before complete decontamination.
6. Leak Testing: Testing to detect damage to the interior channels and exterior surfaces of an endoscope that can lead to inadequate disinfection and further damage. Leak testing is done before immersion of the endoscope in reprocessing solutions to minimize damage to parts of the endoscope not designed for fluid exposure.

B. **POLICY:**

1. With the exception of pre-cleaning, reprocessing of endoscopes should not be conducted in patient care areas because of the risk of patient exposure to contaminated surfaces and devices.

Department Approval	Clinical Policies & Procedures	Nursinge Leadership Executive Council	Infection Control Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
2/06, 05/07, 06/09, 09/11, 08/12, 04/15, 06/17. 03/20	08/12, 06/15, 12/16, 07/17, 03/20, **10/20**	08/12, 07/15, 01/17, 07/17, 04/20, **12/20**	07/15, 04/17, 10/17, 03/20, 04/20, **03/21**	10/12, 07/15, 05/17, 11/17, 05/20, **03/21**	06/20, **04/21**	11/12, 08/15, 01/18, n/a	12/12, 08/15, 01/18, 06/20

2. Gloves should be worn during all phases of endoscope handling, including moving clean scopes from storage to a procedure room, removing scopes from an automated endoscope reprocessor (AER), and taking the scope into storage.
3. Follow manufacturer's recommendations for maximum time to elapse between steps of pre-cleaning, cleaning, and HLD/sterilization. If the maximum allowable time is exceeded between steps, follow manufacturer's recommendations for delayed reprocessing.
4. Visual inspection is an essential step to make sure the equipment/endoscope is visibly clean. Endoscopes and reusable accessories should be visually inspected during all stages of handling and reprocessing, before, during and after use, in addition to during and after cleaning and before HLD.
5. The department leadership team has the responsibility to oversee the HLD process in their department with consultation from Infection Prevention.
6. The following staff with documented competency are authorized to perform HLD, including, but not limited to:
    a. Sterile Processing Department (SPD) Technicians
    b. -Procedural Registered Nurses (RN's)
    c. Respiratory Therapists
    d. Equipment Respiratory Technicians
    e. Ultrasound Technicians
    f. Special Procedure Technicians
    g. Cardiovascular Technologists
    h. Endoscopy Technicians
    i. Radiology Technologist
    j. Surgery RN's
7. Education, Training, and Competency Validation:
    a. Initial:
        i. An orientation and training program will be provided to all staff prior to performing HLD. Clinical educators, clinical managers, or any other competent staff member will provide this training. Competency validation will be accomplished through individual return demonstration of skills. Records of training and competency validation will be maintained.
    b. Annual:
        i. All staff who perform HLD will complete an annual Computer Based Learning (CBL) module.
        ii. All staff who perform HLD will complete an annual competency.
            1) Additional training will be provided on an as needed basis

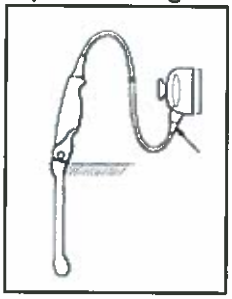
C. **PROCEDURE:**

1. PRE-CLEANING: Pre-clean equipment in the procedure room immediately after removal of the equipment or insertion tube from the patient and prior to disconnecting the endoscope from the power source, according to manufacturer's IFU. General guidelines for pre-cleaning include:
    a. Don personal protective equipment (PPE), including, at a minimum, gloves, eye protection, impervious gown, and face shield or simple surgical mask.
    b. Immediately after removing the equipment/endoscope from the patient, wipe the insertion tube with the wet cloth or sponge soaked in a detergent solution (commercially packaged or freshly prepared). Discard the cloth/sponge after use, according to manufacturer's IFU.
    c. Place the distal end of the endoscope into the appropriate detergent solution and suction the detergent solution through all channels, per manufacturer's IFU. Finish by suctioning air, according to manufacturer's IFU.
        i. Duodenoscopes/Echoendoscopes: Flush and manipulate the forcep elevator per manufacturer's IFU.
    d. Flush air and water channels per manufacturer's IFU.

e. Flush auxiliary water channel per manufacturer's IFU.
f. Detach the endoscope from the light source and suction pump.
g. Attach protective video caps where applicable.
h. Transport the soiled equipment/endoscope to the reprocessing area in an enclosed, puncture-resistant container with a Biohazard label.

2. LEAK TESTING: Leak test equipment/endoscope according to manufacturer's IFU. General guidelines for mechanical (wet) leak testing include:
   a. Remove suction valves, air water valves, and biopsy valves, according to manufacturer's IFU.
   b. Discard those parts that are designated as disposable. The endoscope must be completely disassembled so all surfaces may be reached for thorough cleaning, according to manufacturer's IFU.
   c. Attach the leak tester and pressurize the endoscope before submerging it in clear water, according to manufacturer's IFU.
      i. Never add detergent to water before or during leak testing. Detergent will obscure bubbles leaking from the endoscope and a leak may be missed. Follow manufacturer's IFU to determine if it is necessary to remove other detachable parts before leak testing.
   d. With the pressurized endoscope completely submerged, flex the distal portion of the endoscope in all directions, observing for bubbles. Check the insertion tube, distal bending section, and universal cord for bubbles coming from the interior of the endoscope, according to manufacturer's IFU.
   e. Remove the endoscope from the sink or basin. Turn off the leak tester. Disconnect the leak tester from the video cap. Allow the endoscope to depressurize. Ensure the video cap is secure and has not loosened with the removal of the leak tester. Continue with the reprocessing steps when the test is complete unless a leak is detected, according to manufacturer's IFU.
   f. Remove the endoscope from service if a leak has been identified or detected, and follow manufacturer's IFU for how to proceed.

3. MANUAL CLEANING: Manually clean equipment/endoscopes prior to automated/manual HLD or sterilization, according to manufacturer's IFU. General guidelines for manual cleaning include:
   a. Don PPE.
   b. Fill a sink or basin with freshly prepared solution of water and a medical grade, low-foaming, pH neutral detergent (with or without enzymes), per manufacturer's IFU.
      i. Dilute and use according to the detergent manufacturer's IFU.
      ii. Fresh detergent solution should be used for each item to prevent cross-contamination.
      iii. Low-foaming detergents are recommended such that the device can be clearly visualized during the cleaning process to preclude personnel injury and to allow for complete cleaning of lumen surfaces.
   c. Ensure the video cap is secure, if applicable. Immerse the equipment/endoscope.
      i. Exception: Non-immersible probes shall only be immersed up to the connector (for example see diagram below)



d. Wash all debris from the exterior of the equipment/endoscope by brushing and wiping the instrument while submerged in the detergent solution. The equipment/endoscope should be submerged in the detergent solution when performing all subsequent cleaning steps to prevent splashing of contaminated fluid and aerosolization of bioburden.
e. Use a small, soft brush to clean all reusable, removable parts, including inside and under the suction valve, air/water valve, and biopsy port cover and openings. Use non-abrasive and lint-free cleaning tools to prevent damage to the equipment/endoscope. It is recommended that single-use, disposable cleaning tools be used when possible.
f. Brush all accessible endoscope channels, as well as the body, insertion tube, and the umbilicus of the endoscope. Use a brush size compatible with each channel. All internal and external surfaces of the endoscope and its removable parts must be thoroughly cleaned, and all auxiliary channels (even if not used) must be brushed and flushed according to manufacturer's IFU.
g. Duodenoscopes have an elevator channel which is difficult to clean, requiring additional steps in all phases of reprocessing. Follow manufacturer's IFU for each specific endoscope model for additional steps at each phase of reprocessing.
h. After each passage, rinse the brush in the detergent solution, removing any visible debris before retracting and reinserting it.
i. Continue brushing until there is no debris visible on the brush.
    i. All brushes shall be disposable. Dispose of single-use brushes after each use.
j. Attach the endoscope manufacturer's cleaning adapters for suction, biopsy, air, and water channels. An automated pump may be used according to manufacturer's IFU for flushing, in lieu of manual flushing. Refer to manufacturer's IFU to determine if the automated pump is compatible with the endoscope.
k. Attach the manufacturer's cleaning adapters for special endoscope channels (i.e., elevator channel, auxiliary channel), according to manufacturer's IFU.
l. Flush all channels with the detergent solution to remove debris and soak the endoscope and its internal channels per the manufacturer's IFU, for the period of time specified by the detergent manufacturer's IFU.
m. Follow manufacturer's IFU for the recommended reprocessing time frame. If the time frame is not achievable, implement the manufacturer's procedures for delayed reprocessing.

4. RINSE AFTER MANUAL CLEANING: Thoroughly rinse the equipment/endoscope after cleaning, according to manufacturer's IFU.
    a. Thoroughly rinse the equipment/endoscope and all removable parts with clean water to remove residual debris and detergent.
    b. Purge water from all channels using forced air.
    c. Dry the exterior of the equipment/endoscope with a clean soft, lint-free cloth to prevent dilution of the HLD agent used in subsequent steps.
5. VISUAL INSPECTION: Inspect equipment for cleanliness and integrity, including all exterior surfaces of equipment and internal channels of endoscopes (using a borescope).
    a. Visually inspect for conditions that could affect the disinfection process (e.g., cracks, corrosion, discoloration, and retained debris).
    b. Repeat manual cleaning steps if equipment/endoscope is determined not to be visually clean.
    c. Remove damaged endoscopes and accessories from service for repair or disposal, according to manufacturer's IFU.
6. HIGH-LEVEL DISINFECTION: Perform HLD (manual or automated) according to manufacturer's IFU.
    a. Follow high level disinfectant manufacturer's IFU:
        i. Use Cidex OPA directly from the manufacturer's original container, no activation is required, per manufacturer's IFU.
        ii. Follow manufacturer's IFU for expiration dating:

1) Cidex OPA has a 14 day reuse life once it has been poured into a secondary container (soaking basin/tray).
2) Record the date Cidex OPA was poured into the secondary container and the expiration date on: the basin/tray, the lid(s) of the basin(s)/tray(s) and on the Cidex OPA Log Sheet for each basin/tray used.
3) Any Cidex OPA that remains unused in the manufacturer's original container is good for 75 days from the date the container is opened. Record the date the container was opened directly on the container.

b. High level disinfectants must be tested for minimum effective concentration (MEC) according to manufacturer's IFU prior to each use.

i. Follow manufacturer's IFU for test strip expiration date. Cidex OPA Test Strips expire 90 days after the test strip container is opened.
1) Label test strip container with expiration date.
2) Tightly re-cap test strip bottle after each use.

ii. Completely submerge the indicating pad of the test strip in the Cidex OPA.

iii. Hold the test strip in the solution for 1 second, and then remove the test strip.
1) Do not swirl the strip.

iv. Remove excess solution from the test strip by standing the strip upright.

v. Read the results in 90 seconds. Do not read past 90 seconds. Pad will be completely purple to indicate effective solution.

vi. If any blue remains on the indicator pad apart from the top line, solution is ineffective and must be discarded.

vii. Results of MEC testing (Pass or Fail) must be documented on the HLD log.

viii. Cidex OPA test strips must be tested for efficacy each time a new container of test strips is opened. Repeat the quality control testing of the test strips at 30 days and 60 days, if the container is still in use. Results must be recorded on the Cidex OPA Log. Testing is completed as follows:
1) Open new bottle of test strips and record lot # on Cidex OPA Log Sheet.
2) Open a container of Cidex OPA.
3) Dilute one part Cidex OPA solution with one part tap water.
a) Example: one ounce Cidex OPA to one ounce tap water.
4) Submerge 3 Cidex OPA test strips in undiluted Cidex OPA solution and 3 Cidex OPA test strips in the diluted Cidex OPA solution for 1 second. Remove the test strips and read the results in 90 seconds.
5) The test strips that were placed in the full strength Cidex OPA should turn purple. The test strips in the diluted Cidex OPA will either remain the same or have an incomplete color change. Refer to the color chart.
6) Record the test results on the Cidex OPA log sheet.
7) If the test strips fail the test, repeat the test with fresh Cidex OPA solution and test strips from another bottle. If they fail, notify Materials Management. Return the test strips to Materials Management and re-order test strips.

b. HLD may be performed by the following methods:

i. Automated Endoscope Reprocessor (AER)
1) Follow manufacturer's IFU for HLD and AER operation.
2) All channel adapters shall be used according to manufacturer's IFU.
3) For duodenoscopes and echoendoscopes, follow manufacturer's IFU for disinfecting the elevator channel and positioning the elevator during HLD.
4) Place valves and other removable parts into the soaking basin of the reprocessor. Unless the reprocessor has dedicated space for accessories, reprocess these items separately.

5) Set the machine according to manufacturer's IFU and allow it to complete all cycles/phases. If cycles/phases are interrupted, HLD cannot be ensured and the full cycle must be repeated.
6) If a final alcohol rinse cycle is not included in the automated reprocessor cycle, this step should be done manually, followed by purging all the channels with air until dry.
7) Remove endoscopes promptly from the AER after cycle completion. Do not allow endoscopes to sit in the AER for long periods, such as overnight.

ii. Hydrogen Peroxide-Based HLD Agent (i.e., Trophon) for endocavity probes or ultrasound probes used during percutaneous procedures according to manufacturer's IFU:
1) Don PPE.
2) Load the clean and dry probe into the Trophon Probe Reprocessor (EPR).
3) Ensure that the probe is secured high in the chamber with tip of probe above the embossed line.
4) Place the Trophon Chemical indicator into the indicator holder with red side facing up.
5) Close the chamber door.
6) Confirm that the probe is both clean and dry, if YES, press start.
7) At the end of the seven minute HLD cycle, Trophon screen will state "cycle complete remove and wipe the probe".
8) Don clean gloves.
9) Open the chamber door.
10) Remove the chemical indicator and check the chemical indicator chart on the chemical indicator carton. Discard the chemical indicator after verifying a positive reading.
11) Remove and wipe the probe using a dry single use cloth.
12) Close the chamber door.
13) Record the HLD cycle ~~on the log or place cycle verification sticker to the clean probe covering for recording~~

iii. Manual HLD:
1) Temperature Recording:
   a) When the Cidex OPA has been poured into a secondary container, record (on Cidex OPA Log Sheet) the temperature each time the Cidex OPA is used. Temperature must be 68° F or higher for manual disinfection.
2) Perform MEC testing for high level disinfectant per manufacturers' IFU
3) Perform manual HLD according to manufacturer's IFU. Equipment/endoscopes must be purged with air and externally dried prior to immersion to minimize diluting the high level disinfectant.
4) Completely immerse the equipment/endoscope and all removable parts in a container of high level disinfectant/sterilant (i.e., Cidex OPA).
   a) Exception: Non-immersable probes shall only be immersed up to the connector.
   b) The container must be of a size to accommodate the item without undue coiling or overflowing, and ventilation must be sufficient to remove chemical vapors.
   c) To prevent damage to the item, the equipment/endoscope should not be soaked with other sharp instruments that could potentially cause damage.

d) Flush the disinfectant into all channels of the endoscope until it can be seen exiting the opposite end of each channel. All channels must be filled with the chemical so no air pockets remain within the channels. Complete microbial destruction cannot occur unless all surfaces are in complete contact with the chemical.

e) Cover the soaking basin with a tight-fitting lid to minimize chemical vapor exposure.

f) Soak the equipment/endoscope in the high-level disinfectant (i.e., Cidex OPA) for the time/temperature required to achieve HLD. Use a timer to verify soaking time. Document device and time.
   i) Cidex OPA requires 12 minutes minimum at room temperature.

g) Purge all channels completely with air before removing the equipment/endoscope from the high-level disinfectant/sterilant. Purging the channels preserves the concentration and volume of the chemical and prevents exposure from dripping and spilling.

7. RINSE AFTER MANUAL HIGH-LEVEL DISINFECTION:
   a. Thoroughly rinse all surfaces and removable parts of the equipment/endoscope, and flush all channels of the equipment/endoscope and its removable parts, with clean water per manufacturer's IFU (i.e., 2 gallons per rinse).
   b. Repeat rinsing with fresh rinse water for a total of 3 times.
      i. Tap water is acceptable for non-endoscopic devices.
      ii. Use sterile water or filtered potable water for endoscopic devices.
      iii. Rinsing prevents exposure and potential injury of skin and mucous membranes from chemical residue.
      iv. Fresh water should be used for each item and each rinse.
      v. The device should be totally immersed for a minimum of 1 minute with each rinse.
      vi. Discard rinse water after each rinse. Do not reuse water for any other purpose.
8. DRYING:
   a. All channels and the surface of the equipment/endoscope must be thoroughly dried before storage.
   b. In order to ensure equipment/endoscopes are thoroughly dried, they must be flushed with 70-90% ethyl or isopropyl alcohol prior to being dried with pressurized, filtered air either by the AER or manually, according to manufacturer's IFU.
      i. Alcohol shall be stored in a closed container between uses.
   c. Dry the exterior of the item with a soft, clean lint-free cloth.
   d. Dry all channels per manufacturer's IFU. If forced instrument air is recommended in the manufacturer's IFU, follow manufacturer's recommendations to determine air pressure limits for the particular model of endoscope.
      i. If forced instrument air is not recommended by the manufacturer's IFU, hang scopes vertically to drip dry for a minimum determined time prior to placing endoscopes in storage.
   a. Thoroughly rinse and dry all removable parts. Do not attach removable parts (e.g., valves) to the equipment/endoscope during storage.
9. STORAGE:
   a. Store equipment/endoscopes in a clean, well-ventilated, and dust-free area, according to endoscope and storage cabinet manufacturer's IFU.
      i. Transport and store items that are processed by HLD and stored before use in accordance with the device manufacturer's IFU and in a manner that protects the device from damage or contamination.
      ii. Cabinets and equipment/endoscopes shall be visually inspected to ensure cleanliness before storing.

iii. Use storage cabinets that are made of a material that can be disinfected.
iv. Storage cabinets must be of sufficient height, width, and depth to allow flexible endoscopes to hang vertically without coiling and without touching the bottom of the cabinet.
v. Wipe down storage cabinets with a hospital-approved disinfectant at least every seven (7) days.
1) Endoscopes must be removed from the cabinet during storage cabinet cleaning.

b. Hang endoscopes in a vertical position, with all caps, valves, and other detachable components removed to prevent moisture accumulation and microbial growth.
c. Endoscopes should hang freely so they are not damaged or contaminated by physical impact or contact with one another.
d. Reusable buttons and valves shall be reprocessed and stored together with the endoscope as a unique set for tracking purposes.
e. Endoscopes may be stored for up to seven (7) days if they have been effectively reprocessed according to manufacturer's IFU and are stored in a way that keeps them completely dry and free from environmental and human contamination.
i. On the 7th day of storage, endoscopes must be reprocessed.
ii. Endoscopes shall have a tag indicating date reprocessing is due.
f. Staff should wear clean gloves when handling processed endoscopes.

8. Disposal of Cidex OPA:
a. Add a neutralizing agent to Cidex OPA in accordance with the manufacturer's IFU prior to disposal.

B. **REFERENCE(S):**

1. AORN, Inc. (2020). *Guidelines for Perioperative Practice*. Denver.
2. Cidex OPA manufacturer's instructions for use.
3. Society of Gastroenterology Nurses and Associates, Inc. (2018). *Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes*. Chicago.

Tri-City Medical Center	Distribution: Patient Care Services
PROCEDURE:	**SPONTANEOUS AWAKENING TRIALS/SPONTANEOUS BREATHING TRIALS**
Purpose:	To provide guidelines to determine the readiness for removal of mechanical ventilator support on adult patients. These guidelines (approved by the Pulmonary physicians) are intended to guide the ICU team in providing the most efficient and effective care plan that will result in reducing the number of days a patient is on mechanical ventilation.

A. **POLICY:**

1. Patients who are mechanically ventilated should be assessed daily for their readiness to breathe spontaneously and afforded the opportunity to do so.
2. A physician's order is not needed for the Spontaneous Awakening Trial (SAT).
3. A Physician's order is required to perform the Spontaneous Breathing Trial (SBT)
4. This order must be placed in the **electronic health record (EHR)** ~~Computerized Physician Order Entry (CPOE) system~~ before being initiated.
5. The procedure must be performed in collaboration between respiratory and nursing to ensure patient safety.
6. Eligibility for SAT and SBT should be determined by nursing and respiratory using the worksheet (see Spontaneous Awakening and Spontaneous Breathing Trials Algorithm).

B. **PROCEDURE - SAT:**

1. The RN will assess **and screen** all mechanically ventilated adult patients on a daily basis to determine eligibility for SAT. Exclusion criteria for SAT **include** ~~is~~ the presence of one or more of the following:
   a. Patient on airway pressure release ventilation (PRV)/Bilevel ventilation
   b. PEEP greater than or equal to 8cmH_2O
   c. Active seizures
   ~~c.~~**d.** **Receiving a sedative infusion for active seizures or alcohol withdrawal**
   e. Unstable angina/myocardial ischemia in the prior 24 hours
   ~~d.~~**f.** **Hemodynamic instability and or receiving moderate doses of vasopressor(s)**
   ~~e.~~**g.** ICP greater than15mmHg
   ~~f.~~**h.** Systolic blood pressure (SBP) greater than 170 or less than 90mmHg
   i. RASS greater than 2 **and/or receiving escalating doses of a sedative for agitation**
   ~~g.~~**j.** **Receiving neuromuscular blockers**
2. If the patient is not eligible for SAT, the RN will document "Does not meet criteria for SAT" in the ~~electronic medical record~~ (EHR). DO NOT PROCEED.
3. If no exclusion criteria is present-, turn sedation off completely and monitor the following parameters:
   a. **Richmond Agitation SedationScale** (RASS) (1 to 0)
   b. Respiratory rate (less than 35 per minute **for at least 5 minutes**)
   c. SpO_2 (greater than or equal to 92% **for at least 5 minutes**)
   d. FiO_2 (less than or equal to 45%)
   e. Cardiac rhythm (stable**, no acute dysrhythmias**)
   f. Respiratory effort (-no increase work of breathing**, use of accessory muscles, dyspnea, or abdominal paradox)**~~?~~
4. If the patient does not stay within the acceptable levels specified above, the RN will restart the sedation at half the previous dose and rescreen in 24 hours. Nursing to document "Failed SAT" in the EHR.
5. If parameters are maintained at the acceptable levels, the RN will keep sedation off in preparation for the weaning process. RN should contact the RCP to perform a ventilator weaning safety screen.

Patient Care Services Content Expert	Clinical Policies and Procedures Committee	Nursinge Leadership ~~Executive Committee~~	Division of Pulmonary	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
06/20	01/15, 07/20	02/15, 10/20	04/17, 12/20	n/a	05/17, 03/21	04/21	06/17, n/a	06/17

C. **PROCEDURE - VENTILATOR WEANING SAFETY SCREEN:**

1. ~~RCP completes the following ventilator weaning safety screen:~~ **Exclusion criteria for SBT include ~~is~~ the presence of one or more of the following:**
   a. ~~Is~~ SpO_2 ~~greater~~ **less** than ~~or equal to~~ 92%
   b. ~~Is~~ FiO_2 ~~less~~ **greater** than ~~or equal to~~ 45%~~?~~
   c. ~~Is~~ PEEP ~~less~~ **greater** than 8cmH_2O~~?~~
   ~~d. Does patient initiate respirations?~~ **No spontaneous inspiratory effort in a 5-minute period**
   ~~e. Is patient hemodynamically stable?~~
   ~~f. Is patient free of chest pain?~~
2. If ~~yes to all the above~~ the patient passes the safety screen for weaning, ~~and~~ the RCP may perform the Rapid Shallow Breathing Index (RSBI). (The RSBI = rate divided by tidal volume: f/VT ~~([~~Liters]~~.~~).

D. **PROCEDURE – RSBI:**

1. When a patient passes the safety screen for the ~~RSBI~~ **SBT**, the RCP will perform the RSBI by placing the patient on tube compensation. Patients are placed on SBT and their treatment plans are driven by the RSBI measurement.
2. If RSBI is greater than or equal to 100: The RCP will place the patient back on the previous ventilator settings. The RCP may repeat the RSBI in 4-6 hours if the patient's condition seems more conducive to weaning.
3. RSBI is less than100: The RCP will initiate the SBT.

E. **PROCEDURE – SBT:**

1. RCP places the patient on Spontaneous mode with the same FiO_2 and a CPAP of +5 and Pressure Support of 6-10 cmH_2O. Continue spontaneous mode for a minimum of 30 minutes and a maximum of 2 hours. Perform an ABG at the end of the trial. Physician will be contacted for extubation orders.
2. The patient must be evaluated during the ~~Spontaneous Breathing Trial~~**SBT**/CPAP trial. This trial is not successful and should be stopped if **any of the following occur within 2 hours**:
   a. Respiratory rate is greater than 35 **or less than 8** for a duration **greater than or equal to (≥)** five minutes.
   b. Respiratory distress, as manifested by SpO_2 less than 90% with visibly increased work of breathing**, tachycardia, bradycardia, abdominal paradox, or marked dyspnea**
   ~~c. Systolic blood pressure greater than170 or less than 90mmHg~~
   ~~d.~~**c.** There is a change ~~of~~ **in** heart rate (HR) of 20% or more; or HR is **greater than or equal to (≥)** 130 bpm
   ~~e.~~**d.** **Acute cardiac a**Arrhythmia~~s are noted~~
   ~~f.~~**e.** ~~Apnea~~ **Abrupt change in mental status**
   ~~g.~~**f.** Agitation, panic, diaphoresis
   ~~h.~~**g.** Acidemia (acute drop in pH to less than 7.33 associated with an increasing $PaCO_2$)
3. If the trial is successful, the RCP will contact the physician to request an order for extubation or extending the trials.

F. **DOCUMENTATION:**

1. The RCP and RN will document the SAT, SBT and all related monitoring parameters in the ~~hospital wide electronic medical record~~ **EHR**.

~~G. FORMS/RELATED DOCUMENT(S):~~

~~1. Spontaneous Awakening and Spontaneous Breathing Trials Algorithm~~

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

1. **Coordinated Spontaneous Awakening and Breathing Trials Protocol. Content last reviewed January 2017. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/hai/tools/mvp/modules/technical/sat-sbt-protocol.html**
~~1.~~**2.** Ely EW, Baker AM, Dunagan DP et al. Effect on the duration of mechanical ventilation of identifying patients capable of breathing spontaneously. N Engl J Med 1996; 335 (25): 1864-1869. DOI: 10.1056/N EJ M 199612193352502.
~~2.~~**3.** McConville, John F, Kress, John P. Weaning Patients from the Ventilator. Dec 6,2012. The New England Journal of Medicine, 367.23
~~3.~~**4.** SAT and SBT Protocol Definitions for CUSP for VAP, EVAP. 2013. John Hopkins University; Armstrong Institute for Patient Safety and Quality.


Spontaneous Awakening and Spontaneo
RCP
RN assesses
ventilated adu
determine elig
performs
for weaning
ty screen
Assess if patient meets any
Is patient on APRV/Bilevel ve
Is PEEP ≥ 8cmH20?
Is patient having active seizu
Has patient had unstable ang
prior 24 hours?
Does patient have ICP > 15m
Is systolic blood pressure > 1
Is RASS > 2?
following:
%?
?
H20?
initiate respirations?
modynamically
of chest pain?
Are any answers "Yes" to assessment?
No
Patient does not meet criteria for weaning. RCP documents this result in EMR in "Ventilator weaning additional information" box in iView and explains the details
No
Turn sedation off completely and monitor the following parameters closely:
Is RASS between -1 to 0?
Is respiratory rate < 35?
Is SpO2 ≥ 92%?
Is FiO2 ≤ 45%?
Is cardiac rhythm stable?
Is respiratory effort normal?
No
RCP places patient back on previous ventilator settings. The RCP may repeat the RSBI in 4-6 hours if applicable.
d the
nt
t says
if all
Does patient stay within parameters?
No
Yes
Contact physician for order
No
Nurse keeps sedation off in preparation for weaning process and contacts RCP to perform a ventilator weaning safety screen
neous mode with
f +5 and Pressure
This will continue for
and maximum of 2
rial.
tubation orders
SBT Completed
Phase
DELETE
Note:
If during the RCP's/RN's assessment any of th
s are observed, the trial will be discontinued:
Respiratory rate is > 35 for a duration of
Respiratory distress, as manifested by Sp
Systolic blood pressure > 170 or < 90mm
There is a change of heart rate (HR) of 2
Arrhythmias are noted
Apnea
The RCP will document the RSBI and all related monitoring parameters in the hospital wide electronic record in the Ventilator weaning section of iView. If the patient fails the SBT for any reason, the RCP will document this in detail in the "Ventilator weaning additional information" box in iView.

Tri-City Medical Center
Oceanside, California

MEDICAL STAFF
CONTINUING MEDICAL EDUCATION (CME)

ISSUE DATE: 03/06

SUBJECT: Appropriate Use of Commercial Support and Exhibits

REVISION DATE(S): 05/08, 11/12, 12/15, 06/18, 03/19 03/20

POLICY NUMBER: 8710-603

Medical Staff Department Approval:	~~03/17, 01/19, 02/20,~~ 10/20
CME Committee Approval:	~~04/08, 10/12, 10/15, 01/18, 01/19, 02/20,~~ 01/21
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	~~05/08, 11/12, 11/15, 05/18, 02/19, 02/20~~03/21
Administration Approval:	~~03/19, 03/20~~04/21
Professional Affairs Committee Approval:	~~06/18,~~ n/a
Board of Directors Approval:	05/08, 11/12, 12/15, 06/18, 03/19, 03/20

A. **PURPOSE:**

1. To describe appropriate behavior in planning, designing, implementing, and evaluating continuing medical education (CME) activities, for which commercial support is received.

B. **DEFINITION(S):**

1. Commercial Support: Financial and other support provided by commercial organizations to enhance the quality of CME activities.

C. **POLICY:**

1. Tri-City Healthcare District (TCHD) adheres to the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support: Standards to Ensure the Independence of CME Activities. In operational issues, the CME Program is guided by what is in the best interest of the public, and decisions are made with the principles of independence from commercial interests, transparency, and keeping CME separate from product promotion.
2. Standard 1: Independence
   a. TCHD CME Committee ensures that CME activity content is free of control of a "commercial interest" including the identification of CME needs; determination of objectives; selection and presentation of content; selection of all persons and organizations that will be in the position to control the content of the CME; selection of educational methods; and evaluation of the activity.
   b. TCHD does not jointly sponsor CME activities with a commercial interest.
3. Standard 2: Resolution of Personal Conflicts of Interest
   a. Relevant financial relationships with commercial interests of everyone who is in the position to control the activity content must be disclosed. Relationships in any amount and occurring within the past 12 months that create a conflict of interest are to be disclosed.
   b. Individuals who refuse to disclose relevant financial relationships will be disqualified from being a planning committee member, and cannot have responsibility for the development, management, presentation, or evaluation of the CME activity.
   c. TCHD CME Committee will identify and resolve all conflicts of interest prior to the CME activity taking place, using the Medical Staff Policy: Conflict of Interest Resolution 8710-605.
4. Standard 3: Appropriate Use of Commercial Support

a. All commercial support for TCHD CME activities shall be obtained as unrestricted grants and dispensed by the CME Committee/designee in accordance with the Accredited Council for Continuing Medical Education (ACCME) Commercial Support Standards.
b. TCHD CME Committee makes all decisions regarding the disposition and disbursement of commercial support and all funding must be received by Tri-City Medical Center to support the expenses associated with Tri-City Medical Center sponsored activities.
c. TCHD is not required to accept advice or services from the commercial interest regarding presenters or content as conditions of contributing funds or services. Content development must remain beyond the control of the commercial supporter. Content validation by the provider should be established.
d. TCHD must be aware of all commercial support associated with the CME activity, and must approve all such support. Tri-City Medical Center and its agents (joint sponsors) must decide what commercial support will be accepted and how it will be utilized, not the commercial interest.
    i. Written Agreement documenting terms of support
        1) TCHD and the commercial supporter will have a written agreement indicating the terms, conditions, and purposes of the commercial support for all directly and jointly sponsored activities.
        2) The Letter of Agreement specifies the commercial interest at the source of the commercial support.
        3) The Letter of Agreement must be signed by TCHD (accredited provider) and commercial supporter.
    ii. Expenditures for an individual providing CME
        1) TCHD adheres to its policy 8710-604, "CME Speaker & Honoraria Reimbursement" which governs honoraria and reimbursement of out-of-pocket expenses for planners, presenters, and authors of CME activities. Honorarium amount is set by the CME Committee.
        2) TCHD CME Committee/designee is responsible for payment of honoraria and expense reimbursement in compliance with policy governing such.
        3) No additional payment may be given to the planning committee members, presenters or authors, joint sponsor, or any others involved with the supported activity.
        4) When presenters or authors also participate as a learner, their expenses can be paid for their presenter or author role only.
    iii. Expenditures for learners
        1) Social events or meals at CME activities will not take precedence over the educational events, and will be planned by the CME Coordinator or designee.
        2) Commercial support funds are used to underwrite the expenses for developing and presenting the activity, including expenses of presenters, and staff working on the activity.
    iv. Accountability
        1) Tri-City Medical Center maintains all income and expense documentation related to its directly and jointly sponsored activities. This will detail the receipt and expenditure of the commercial support.

5. Standard 4: Appropriate Management of Associated Commercial Promotion
    a. Commercial exhibits or advertisements cannot interfere with the presentation, nor be a condition of the provision of commercial support.
    b. Product promotion material or product specific advertisement of any type is prohibited during CME activities. Staffed exhibits and/or presentations, or enduring printed or electronic ads must be kept separate from CME. Adherence to the Standards for Commercial Support Standard 4.2 is required.
    c. Educational materials such as slides, abstracts, and handouts cannot contain any advertising, trade name, or product message.

d. The program book which contains non-CME elements that are not directly related to the transfer of education may include product promotion material or product specific advertisement.
e. Commercial interests cannot provide a CME activity to learners either by distribution of self-study activities, or arranging for electronic access to CME activities. The commercial supporter may distribute promotional materials developed by the provider.
f. CME Exhibits are not considered "Commercial Support;" however, the ACCME Standards of Commercial Support apply with regard to the location of the exhibits.
   i. Exhibitors may not display exhibits in the same room as the CME activity or in the direct path of the activity.
   ii. Exhibitors may not promote products or services directly prior to, during, or immediately following the CME activity in the same lecture hall.
   iii. Exhibitors/vendors are required to complete a "CME Exhibit Request Form." Prior approval from the CME Committee/designee is required for vendors to exhibit during a TCHD sponsored CME activity.
   iv. Reasonable exhibit fees shall be assessed to exhibitors in an amount to be determined by the CME Committee, but shall not be less than $500, and are due and payable to "TCHD Medical Staff Treasury" prior to the activity.

6. Standard 5: Content and Format Without Commercial Bias
   a. TCHD CME activities and related materials promote improvements or quality in healthcare, and not a specific proprietary business interest of a commercial interest.
   b. Presentations must give a balanced view of therapeutic options and use generic names when possible; or use multiple trade names, not the trade name from a single company. CME must be free of commercial bias and not promote products or services, but promote improvements in healthcare.
7. Standard 6: Disclosures Relevant to Potential Commercial Bias
   a. Relevant financial relationships of those with control over CME content
      i. Individuals must disclose to the learners all relevant financial relationships, including the name of the individual, the name of the commercial interest, and the nature of the relationship. Disclosure is preferred to be written and available to all learners. Verbal disclosure may be used to supplement written disclosure when the event is televised.
      ii. Disclosure must also be made when the individual has indicated no relevant financial relationships.
   b. Commercial support for the CME activity
      i. The source of commercial support must be disclosed to learners, and the "in-kind" support must include specific information about the actual support, e.g. equipment loan.
      ii. Trade names or product group message must never be included in such disclosure.
   c. Timing of disclosure
      i. Disclosure of relationships and support by a commercial interest must be provided to the learners prior to the beginning of the educational activity.

D. RELATED DOCUMENT(S):

1. Medical Staff Policy: CME Speaker & Honoraria Reimbursement 8710-604
2. Medical Staff Policy: Conflict of Interest Resolution 8710-605
3. Written Agreement for Commercial Support
4. CME Exhibit Request Form

E. REFERENCE(S):

1. Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support.
2. *Institute for Medical Quality (IMQ)/California Medical Association (CMA) 2017 CME Accreditation Standards Manual/ Essential areas and their Elements/ Accreditation Criteria*

a. Element 3.3: The provider must present CME activities in compliance with the ACCME's policies for disclosure and commercial support.

Tri-City Medical Center
Oceanside, California

MEDICAL STAFF
CONTINUING MEDICAL EDUCATION (CME)

ISSUE DATE: 10/05	**SUBJECT:** CME Speaker & Honoraria Reimbursement
REVISION DATE(S): 05/09, 11/12, 12/15, 06/18, 03/19 03/20	**POLICY NUMBER:** 8710-604

Medical Staff Department Approval:	~~03/17, 01/19, 01/20,~~ 10/20
CME Committee Approval:	~~04/09, 10/12, 10/15, 01/18, 01/19, 01/20,~~ 01/21
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	~~05/09, 11/12, 11/15, 05/18, 02/19, 02/20~~03/21
Administration Approval:	~~03/19, 03/20~~04/21
Professional Affairs Committee Approval:	~~06/18,~~ n/a
Board of Directors Approval:	05/09, 11/12, 12/15, 06/18, 03/19, 03/20

A. **PURPOSE:**

1. To outline the process utilized by the Continuing Medical Education CME Committee to determine honoraria, and reimbursement expenses paid to individual faculty, authors, planners, and activity support staff and volunteers.

B. **POLICY:**

1. Tri-City Healthcare District's (TCHD) CME Committee is responsible for approving funds for speaker honoraria.
2. The CME Committee Chairperson/designee is responsible for approving honoraria, and reimbursement expenses greater than $500.
3. Honorarium shall not be paid to the director of the CME activity, CME Committee members, presenters, authors, joint sponsor, members of the medical staff involved with the supported activity, or others involved with the supported activity. No other payment as aforementioned shall be provided.
4. Members of the medical staff, who provide educational presentations, may request reimbursement for their expenses, i.e., development of PowerPoint/slide presentation as outlined in the following procedure.

C. **PROCEDURE:**

1. The CME Coordinator may contact commercial support in an effort to secure an unrestricted educational grant.
   a. All commercial support funds shall be made payable to "TCMC Medical Staff Treasury".
2. The CME Coordinator shall inform the speaker of the approved, offered honorarium.
   a. The CME Coordinator shall obtain a completed W-9 form from the speaker.
   b. Upon completion of the CME activity, the CME Coordinator shall mail the honorarium check, "Thank You Letter", and a copy of the activity "Evaluation Summary" to the speaker.

D. **REFERENCE:**

1. ACCME Standards of Commercial Support – Standard 3.7.

Tri-City Medical Center
Oceanside, California

MEDICAL STAFF
CONTINUING MEDICAL EDUCATION (CME)

ISSUE DATE:	**05/08**	**SUBJECT:**	**Conflict of Interest Resolution**
REVISION DATE(S):	**05/08, 11/12, 08/14, 06/18, 03/19 03/20**	**POLICY NUMBER:**	**8710-605**

Medical Staff Department Approval:	~~**03/17, 01/19, 01/20,**~~ **10/20**
CME Committee Approval:	~~**04/08, 10/12, 08/14, 01/18, 01/19, 02/20,**~~ **01/21**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Medical Executive Committee Approval:	~~**05/08, 11/12, 08/14, 05/18, 02/19, 02/20**~~**03/21**
Administration Approval:	~~**03/19, 03/20**~~**04/21**
Professional Affairs Committee Approval:	~~**06/18,**~~ **n/a**
Board of Directors Approval:	**05/08, 11/12, 08/14, 06/18, 03/19, 03/20**

A. **PURPOSE:**
1. To outline a process that will ensure all stated potential conflict of interest of anyone in control of content for AMA PRA Category 1 Credit(s)™ is resolved.

B. **DEFINITION(S):**
1. Conflict of Interest: A relationship with a commercial interest that benefits the individual in any financial amount and that has occurred within the past twelve (12) months; and has the opportunity to affect continuing medical education (CME) activity content with respect to the commercial interest's products or services.
2. Resolution of Conflict of Interest: To alter the financial relationship with the commercial interest; and/or alter the individual's control over the CME activity content with respect to the commercial interest's products or services.

C. **POLICY:**
1. All conflict of interest for individuals who are in the position to control content for Category I CME activities shall be disclosed and resolved.
2. If conflict of interest status cannot be identified or resolved, the individual(s) shall not have any content control for Category I activities.

D. **PROCEDURE:**
1. Document all conflict of interest resolved or unresolved in CME Committee minutes.
   a. If a conflict of interest is identified for a CME activity-planning member (to include significant other), he/she shall recuse themselves from contributing to the discussion of content planning.
   b. If a conflict of interest is identified for a speaker/author with the ability to control content, the CME Committee or designee shall ensure that the conflict is addressed by one of the following methods:
      i. Replace the speaker/author.
      ii. Review the speaker/author's presentation materials prior to the CME activity to ensure they are free of commercial bias.
      iii. Notify the speaker/author that he/she is not to discuss any therapeutic options.
      iv. Choose the materials from which the therapeutic recommendations will be made.
   c. If it is determined that the chosen speaker/author with a conflict of interest is the best candidate to deliver the presentation, the speaker/author shall read, complete, and sign the following documents:
      i. Faculty Disclosure & Resolution Declaration Form.

ii. Content Validation Form.

2. Ask participants if commercial bias was observed in the speaker/author's presentation.
3. If commercial bias is determined, appropriate action shall be taken by the CME Committee/designee to rectify future CME activities, and reduce the potential for commercial bias in these activities.

E. **FORM(S)**:

1. Faculty Disclosure Form & Resolution Declaration.
2. Content Validation Form.

F. **REFERENCE(S):**

1. ACCME Standards of Commercial Support.

Tri-City Medical Center
Oceanside, California

MEDICAL STAFF
CONTINUING MEDICAL EDUCATION (CME)

ISSUE DATE: 10/05

SUBJECT: Educational Planning, Needs Assessment, Objectives and Evaluation of a Continuing Medical Education (CME) Activity

REVISION DATE(S): 05/09, 08/12, 12/15, 06/18, 03/19

POLICY NUMBER: 8710-600

Medical Staff Department Approval:	~~03/17, 01/19,~~ 10/20
CME Committee Approval:	~~04/09, 07/12, 10/15, 01/18, 01/19,~~ 01/21
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	~~05/09, 08/12, 11/15, 05/18, 02/19~~03/21
Administration Approval:	~~03/19~~04/21
Professional Affairs Committee Approval:	~~06/18,~~ n/a
Board of Directors Approval:	05/09, 08/12, 12/15, 06/18, 03/19

A. PURPOSE:

1. To outline criteria utilized for educational planning and evaluation of a continuing medical education (CME) activity.

B. DEFINITION(S):

1. Prioritization Grid – a tool utilized to organize the educational needs of the medical staff and assigning a CME scheduling priority according to the impact topics have on performance, HWOP, JCAHO functions, cultural/linguistic implications, and National Patient Safety Goals.
2. FOCUS-PDCA Tool – an organization-wide process used for performance improvement.
3. Professional Practice Gap – The difference between health care processes or outcomes observed in practice and those potentially achievable on the basis of current professional knowledge.

C. EDUCATIONAL PLANNING – NEEDS ASSESSMENT

1. Annually our physician's learning needs are surveyed to: a) identify educational needs or professional practice gaps, and b) evaluate the performance of the continuing medical education component at Tri-City Healthcare District. This data is then summarized and provided to the CME Committee to use in planning educational activities and in determining the potential value of the activity.
2. Identified needs from multiple sources are used to initiate and support the planning process. Need documentation is the first step in planning a CME activity.
3. Each source of need requires a supporting document to use in setting methodology, design, objectives, and evaluation of the CME activity.

D. EDUCATIONAL PLANNING - OBJECTIVES

1. Based upon the identified needs, the objectives are developed for each CME activity.
2. The purpose or objectives of the activity describes learning outcomes in terms of physician performance or patient health and are consistently communicated to the learner.
3. The target audience is identified and stated in all learning materials.
4. Background requirements of the prospective participants are listed when indicated.
5. Learning outcomes in terms of knowledge, skills, and/or attitudes are indicated and communicated to the learner.

E. EVALUATION & IMPROVEMENT

1. All educational activities are evaluated for effectiveness in meeting identified educational needs, as measured by satisfaction, knowledge, or skills.
2. When applicable, educational activities are evaluated for effectiveness in meeting identified educational needs, as measured by practice application and/or health status improvement.
3. The overall CME program is evaluated regularly by the CME committee with review of its mission and activities of the previous year.
4. Improvements are made in the CME program by incorporating suggestions of the CME committee into the operating CME policies and procedures.
5. Outcomes in physician behavior which influence the health of the population are measured when applicable by repeated surveys or statistical review of morbidity data.

F. PROCEDURE

1. Activity Request - Upon request, the CME Coordinator will provide the activity planner with an "Activity Request" form for AMA PRA Category I Credit™.
2. CME Committee Review/Approval Process:
   a. The CME Coordinator will submit the completed Activity Request form to the CME Committee for review/approval.
   b. A quorum of the CME Committee members has the authority to approve a CME Activity Request outside of committee via electronic mail response. The CME Coordinator will make a copy of the electronic mail responses and file with the Activity Request form.
   c. AMA PRA Category I Credit™ requests shall be granted at the discretion of the CME Committee.
   d. The CME Committee may utilize prioritization grids and/or the FOCUS-PDCA tool in planning CME activities to organize and prioritize topics maximizing the impact CME activities have on physician performance and patient outcomes.
3. Documents – The CME Coordinator may utilize the CME checklist for each activity, and will provide the following documents to the activity planner following approval by the CME Committee:
   a. Confirmation notification with A-V form;
   b. Faculty disclosure form for disclosure of financial relationships with resolution declaration should a conflict of interest exists;
   c. Cultural diversity form;
   d. Content validation form;
   e. Commercial guidelines (ACCME Commercial Support Standards);
   f. W-9 form (if applicable)
4. Required Documents – The CME Coordinator shall ensure documentation is on file for each approved CME activity per the CME Checklist. The activity planner will provide the following completed and signed documents to the CME Coordinator. Note: AMA PRA Category I Credit™ will not be assigned to a course if the following are not provided in a timely manner before the course date.
   a. Faculty's curriculum vitae (mandatory);
   b. Faculty disclosure form (mandatory);
   c. Content validation form (mandatory);
   d. Original handout material, and/or electronic (PowerPoint) presentation (if applicable);
   e. W-9 (if applicable);
   f. Audio-visual (AV) requirements (if applicable);
5. Processing Time - Processing time for CME requests is typically 60-90 days.
6. Advertisement - All AMA PRA Category I Credit™ approved activities shall be advertised to the Medical Staff. The CME Coordinator will assure that the advertisements include:
   a. Title of the activity and topics to be presented
   b. Statement of desired outcomes
   c. The CME accreditation and credit designation statement

d. Acknowledgement of educational grants or other financial contributions (if known at the time of the publication)

7. Relevant Financial Relationships (Conflicts of Interest) – Disclosure of relevant financial relationships will be provided at every CME activity. See Commercial Support and Disclosure of Interest policy.
8. Evaluations/Sign-In Sheets – An activity evaluation form and a sign-in sheet shall be provided at every CME activity where AMA PRA Category I Credit™ is awarded.
9. Faculty - The CME Coordinator shall summarize the evaluations and provide a copy of the evaluation summary, a letter of appreciation and honorarium (if applicable) to the speaker within four weeks of activity closure.
10. Learners – The CME Coordinator may send a follow-up e-mail to the learners six (6) weeks following the activity.
11. CME Committee – The CME Coordinator shall provide the CME Committee with a summary of evaluations.
12. CME Credit - The CME Coordinator shall provide TCHD Medical Staff members a copy of their CME records upon request.
13. Record Maintenance - CME records shall be maintained for a minimum of six (6) years.

G. REFERENCE(S):

1. *Institute for Medical Quality (IMQ)/California Medical Association 2017 CME Accreditation Standards Manual Essential areas and their Elements 2006 Accreditation Criteria*
2. Element 2.1: The provider must use a planning process that links identified educational needs with a desired result in its provision of all CME activities.
3. Element 2.2: The provider must use needs assessment data to plan CME activities.
4. Element 2.3: The provider must communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.
5. Element 2.4: The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.
6. Element 2.5: The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.

Tri-City Medical Center
Oceanside, California

MEDICAL STAFF
CONTINUING MEDICAL EDUCATION (CME)

ISSUE DATE:	**10/05**	**SUBJECT:**	**Joint Providership/Co-Providership**
REVISION DATE(S):	**05/09, 08/12, 09/14, 08/18, 03/19 03/20**	**POLICY NUMBER:**	**8710-602**

Medical Staff Department Approval:	~~07/18, 01/19, 01/20,~~ 10/20
CME Committee Approval:	~~04/09, 07/12, 08/14, 07/18, 01/19, 01/20,~~ 01/21
Pharmacy & Therapeutics Committee:	n/a
Medical Executive Committee Approval:	~~05/09, 08/12, 09/14, 08/18, 02/19, 02/20~~03/21
Administration Approval:	~~08/18, 03/19, 03/20~~04/21
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	05/09, 08/12, 09/14, 08/18, 03/19, 03/20

A. **PURPOSE:**
1. To outline criteria utilized for Joint Providership or Co-Providership of a CME activity.

B. **DEFINITION(S):**
1. Joint Providership– A relationship between an accredited CME provider and a non-accredited provider, in which the accredited provider works in partnership with the non-accredited provider to plan and present CME activities in accordance with the mission of the accredited provider.
2. Co-Providership– A relationship between two accredited CME providers to plan and present CME activities.

C. **POLICY:**
1. The non-accredited organization should have as its primary interest the dissemination of health care information or the findings of medical research.
2. The non-accredited organization agrees to follow all procedures outlined by Tri-City Medical Staff, and contained in the CME Policy Manual.
3. The Course Director should be a physician with an affiliation in the non-accredited organization.
4. The program planning request should be received at least six (6) months before the scheduled date of the activity. Timing for the activity should not conflict with other CME activities sponsored by Tri-City Medical Center.
5. Tri-City Medical Center CME planning forms are to be completed and submitted as part of the course file.
6. All promotional material shall follow Tri-City Medical Center's CME policies, and be submitted for approval to the CME Coordinator before being distributed. Appropriate accreditation statements will be used, and all materials must indicate joint sponsorship with Tri-City Medical Center CME as the accredited sponsor.
7. A course coordinator should be designated by the non-accredited organization to manage the administrative details.
8. All potential joint/co-providership relationships will be examined on their individual merits. Although all CME activities joint/co-providership with Tri-City Medical Center CME must comply with this policy, Tri-City Medical Center CME reserves the right to refuse to enter into a joint/co-providership agreement for any reason whatsoever, regardless of that organization's willingness to comply with this policy.
9. The responsibilities and role of the joint/co-provider will be clearly delineated in a letter of agreement between the joint/co-provider and Tri-city Medical Center CME. Tri-City Medical Center CME has the right to withdraw from any activity if the joint/co-provider fails to meet its

obligations as described in the letter of agreement, or fails to comply with Tri-City Medical Center CME policies and procedures.

10. Tri-City Medical Center CME will charge fees for its services. These fees and the terms for its payment will be mutually agreed upon and delineated in the aforementioned letter of agreement between Tri-City Medical Center CME and the joint/co-provider.
11. All commercial support for Joint/co-provider activities shall be obtained as unrestricted grants, and all aspects of commercial support should be disclosed prior to approval of the activity. The CME Coordinator acting in behalf of the CME Committee will administer commercial support.
12. Joint provider activities shall be consistent with Tri-City Medical Center's CME Mission Statement.
13. Tri-City Medical Center, through its CME Committee, shall participate in the planning and implementation of these activities. A representative from the non-accredited entity should attend the CME Committee meeting to discuss progress.
14. All activity expenses are the responsibility of the organization seeking joint providership. Evidence of a proposed neutral budget is to be completed before expenses are incurred. Tri-City Medical Center will withdraw from an activity if resources are inadequate for the development of a high quality educational product or activity.
15. Attendance information should be submitted to the CME Coordinator within two (2) weeks of the activity, in order to provide timely distribution of CME certificates.
16. The proposed CME activity cannot be advertised prior to CME Committee approval and the designation of CME credit.

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

1. Written Agreement for Joint Providership.

Tri-City Medical Center
Oceanside, California

MEDICAL STAFF
CONTINUING MEDICAL EDUCATION (CME)

ISSUE DATE:	**04/09**	**SUBJECT:**	**Regularly Scheduled Series (RSS)**
REVISION DATE(S):	**12/09, 11/12, 09/14, 08/18, 03/19 03/20**	**POLICY NUMBER:**	**8710-606**

Medical Staff Department Approval:	~~**07/18, 01/19, 01/20,**~~ **10/20**
CME Committee Approval:	~~**10/09, 10/12, 08/14, 07/18, 01/19, 01/20,**~~ **01/21**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Medical Executive Committee Approval:	~~**11/09, 11/12, 09/14, 08/18, 02/19, 02/20**~~**03/21**
Administration Approval:	~~**08/18, 03/19, 03/20**~~**04/21**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**12/09, 11/12, 09/14, 08/18, 03/19, 03/20**

A. **PURPOSE:**

1. To outline criteria and process for approving and evaluating outcomes for Regularly Scheduled Series (RSS).

B. **DEFINITION(S)**: A regularly scheduled Series (RSS) is planned to have:

1. A series with multiple sessions.
2. The series occurs on an ongoing basis (offered weekly, monthly, or quarterly).
3. The series is planned by and presented to the accredited organization's professional staff.
4. The series are only offered as directly-sponsored activities to the accredited organization's professional staff.

C. **POLICY:**

1. RSS conferences such as cancer conferences and cardiovascular conferences are approved on the basis of common needs and goals for each session for a one-year period.
2. Initial RSS Request: Required documentation to be provided to the CME Committee at least 60 days before the first session is scheduled:
   a. Request for AMA PRA Category 1 Credit(s)™
   b. Planner and Faculty disclosure forms.
3. Continuing RSS: For regularly scheduled series conferences currently taking place with Category 1 credit, the planner shall submit on an annual basis to the CME Coordinator the Annual Evaluation and Outcomes form and a new Request for AMA PRA Category 1 Credit(s)™ and Faculty Disclosure form(s). A 60-day time frame for CME Committee review is encouraged.
4. Conference Planner: The conference planner is responsible for providing the following documentation to the CME Coordinator within 30 days of the session date:
   a. Session Case Selection & Outcomes form.
   b. Completed evaluation forms.
   c. Evaluation summary.
   d. CME Reporting Form.
   e. Attendance roster.
   f. Case summaries (if applicable).
   g. Copy of promotion materials (flyer).
5. Regularly scheduled series conferences must be at least 50 minutes in length for one (1) category 1 credit.

D. **EVALUATION – IMPROVEMENT:**

1. Learners will complete an annual RSS *Learner Evaluation* form. Results will be summarized and provided to the CME Committee.

E. REFERENCE(S):

1. Institute for Medical Quality (IMQ)/California Medical Association (CMA) 2014 CME Accreditation Criteria and Policies for Continuing Medical Education (CME) * with annual report.

Tri-City Medical Center
Oceanside, California

MEDICAL STAFF POLICY MANUAL

ISSUE DATE:	**01/01**	**SUBJECT:**	**Supervision of Residents/ Fellows/Medical Students**
REVISION DATE:	**08/02, 08/04, 06/06, 03/08; 10/11, 09/13, 04/15, 04/17**	**POLICY NUMBER:**	**8710 – 513**

Department Approval:	**~~12/16~~10/20**
Graduate Medical Education Approval:	**~~12/16~~02/21**
Pharmacy and Therapeutics Committee Approval:	**n/a**
Medical Executive Committee Approval:	**~~03/17~~03/21**
Administration Approval:	**04/21**
Professional Affairs Committee Approval Date:	**~~04/17~~ n/a**
Board of Directors Approval:	**04/17**

A. **POLICY:**

1. All Emergency Medicine, Family Medicine, and/or Internal Medicine residents and Sports Medicine Fellows and activities of Residents, Fellows and Students are under the supervision of the Director of the Residency Program(s) and a designated Medical Staff member(s) who are member(s) of Tri-City Healthcare District (TCHD) Medical Staff. Each person is expected to follow the TCHD standards of service excellence and applicable policies.

B. **JOB DESCRIPTION BY PROGRAM:**

1. Internal Medicine Family Medicine Rotation:
   a. Attitudes: The resident should develop attitudes that encompass:
      i. Awareness that Internal Medicine is a major portion of the fund of knowledge of a family physician.
      ii. Assessment of the patient's and family's understanding of the medical disorder. This should also include the value of non-intervention and when to use it.
      iii. Assessment of the impact of the medical disorder, its evaluation, and its treatment on the patient and the family.
      iv. Enlistment of the family support systems in patient treatment and compliance.
      v. Recognition of limitations and when to seek appropriate consultation and referral.
   b. Knowledge: The resident should develop knowledge of the pathophysiology, recognition, and management of the following common problems in adult medicine, of the following but not limited to:
      i. Hypertension
      ii. Type 1 Diabetes Mellitus
      iii. Type 2 Diabetes Mellitus
      iv. Myocardial Infarction
      v. Coronary Artery Disease
      vi. Stable and unstable angina
      vii. Congestive heart failure
      viii. Lipid disorders
      ix. Obesity
      x. Common Arrhythmias
      xi. Asthma
      xii. COPD
      xiii. GI Bleeding
      xiv. Gastroesophageal reflex / Peptic ulcer disease
      xv. Irritable bowel syndrome

xvi. Anemia
xvii. Drug ingestions and overdoes
xviii. Thrombophlebitis
xix. Alcoholism and detoxification
xx. Hepatitis
xxi. Mononucleosis
xxii. Pneumonia
xxiii. Sepsis
xxiv. Meningitis
xxv. Tuberculosis
xxvi. Chronic bronchitis
xxvii. Arthritis (Osteoarthritis and Osteoporosis)
xxviii. Pulmonary embolism
xxix. Renal disease
xxx. Fever of unknown origin
xxxi. Stroke
xxxii. Fluid and electrolyte abnormalities
xxxiii. Envenomation
xxxiv. Abnormal liver function tests
xxxv. Syncope
xxxvi. Smoking cessation
xxxvii. Pre-operative evaluation

c. Skills: The resident should demonstrate the ability to:
   i. Evaluate the patient with a medical illness, including performance of adequate history and physical examination.
   ii. Learn more complex diagnostic and therapeutic skills.
   iii. Demonstrate proficiency in performing arterial puncture and arterial line placement, lumbar puncture, bone marrow biopsy, paracentesis, thoracentesis, arthrocentesis.
   iv. Perform and interpret exercise tolerance testing.
   v. Perform central vein catheterization including Swan – Ganz catheter insertion, (w/supervision)
   vi. Manage patients requiring ventilatory assistance.
   vii. Interpret EKGs.
   viii. Interpret X-rays.
   ix. Order and properly utilize laboratory and radiological studies.
   x. Appropriately use anticoagulants.
   xi. Know personal limitations.
   xii. Request appropriate consultation.

d. Implementation: Training in Adult Medicine is accomplished as follows –

PGY I (4 wk block)	**Med Ward**	**Med Ward**	**ICU**	**FP Inpatient Service**
PGY II	**Med Ward / ICU**	**Med Clinic**	**Cardiology**	**Hosp / Geri**
PGY III	**Med Ward (Tri-City)**	**HIV/Endocrine**	**Neurology**	**FP Inpatient Service**

   i. Residents are advised to use their elective time wisely in selecting other areas of subspecialty medicine for which they have an interest. Longitudinal experience is maintained through the resident's family practice continuity patients as well as through attendance at morning and noon conferences.

2. Emergency Department Rotation: (refer to Medical Staff Policy & Procedure #8710-513E)
3. Sports Medicine Fellow Rotation:
   a. San Diego Sports Medicine (SDSM) also hosts a nationally respected Orthopaedic Fellowship program that provides advanced training for new Orthopaedic Surgeons, while conducting high-level research.

4. Medical Student Rotation:
   a. Medical Students are unlicensed persons prohibited from making a diagnosis, treatment or operating upon a patient except when prescribed as part of their course of study in an approved medical school.
   b. TCHD has become part of an approved teaching program by means of an affiliation agreement with various medical schools. Preceptor rotations within the scope of this policy are periods of observation and do not constitute part of the course of study.
   c. Each Medical Student must have an identified preceptor who is a member of the Medical Staff. The preceptor(s) shall direct and supervise the Medical Student at all times.

C. **ROTATION DESCRIPTION:**

1. Family Medicine and Internal Medicine Rotation:
   a. Third year residents shall spend 4 weeks on the Internal Medicine service at TCHD.
   b. The residents shall be supervised either directly or indirectly by the attending physicians responsible for the Internal Medicine service. The level of supervision shall be determined by the responsible attending physician.
   c. The resident shall be present Monday to Friday during the assigned 4-week block. Work hours should be arranged by the attending staff, but should generally involve daytime shifts without over night call.
   d. The resident duties should include performing history and physicals, daily rounds and routine ward care including discharge planning of patients admitted to the Internal Medicine service. Residents should be given opportunities to perform typical inpatient procedures under the supervision of the attending staff. These procedures would include, but are not limited to, arterial line placement, paracentesis, thoracentesis, exercise stress testing, endotracheal intubation, and cardioversion.
   e. Resident evaluation should be an ongoing process throughout the four weeks. For residents performing below standards, written notification to the resident and the Director for Residency Training should be done at the two week point. A written evaluation shall be completed in a timely manner using the standard form provided on all residents.
2. Emergency Department Rotation (Refer to Medical Staff Policy & Procedure #8710-571)
3. Sports Medicine Rotation:
   a. All orders, history and physical, discharge summaries and progress notes written by Sports Medicine Fellows shall be reviewed by the Medical Staff member(s).
   b. The medical care provided by the Sports Medicine Fellow shall be discussed with the designated Medical Staff member(s) on a frequent basis. The Fellow must document this in the medical record.
   c. The scope of activities shall be the same as that of the supervising physicians. Sports Medicine Fellows may be the first assist at surgery, consistent with appropriate departmental rules and regulations.
4. Medical Student Rotation ($3^{rd}/4^{th}$ year):
   a. Prior to a surgical rotation, the Medical Student shall complete an orientation to include a Sterile Technique and Surgical Safety Module (including Fire Prevention). Prior to an Emergency Medicine Rotation, the Medical Student shall complete an orientation to include introduction to the ER environment, overview of EHR, introduction of HIPAA, role in the department, and general policies of the ED. Prior to an Ob/Gyn rotation, the medical students shall complete the OR orientation as well as a Labor and Delivery orientation.
   b. Medical Students may perform and document written histories, physical examinations, and progress notes with the patient's permission and under the direct supervision of the attending physician. These must be countersigned by the attending physician.
   c. Medical Students cannot write orders, enter electronic orders, or give any verbal orders to RNs.
   d. Medical Students may make rounds with the preceptor and participate in the examination of that medical staff member's patients. Protocols for examining female patients with a chaperone present must be followed.

e. Students on a surgical rotation may scrub and participate in surgery under the direct supervision of a preceptor surgeon to aid in learning surgical disease and principles. This includes placing and holding retractors, suctioning, suturing (above the fascia), and dissecting. Students on an emergency medicine rotation may participate in ED procedures under the direct supervision of a preceptor to aid in learning. This includes simple suturing, assisting with reductions and splinting, simple incision and drainage, lumbar puncture, ultrasound techniques, assist with central lines, assist with para/thora/arthrocentesis.

f. Medical students on an Ob/Gyn rotation may evaluate obstetric and gynecologic patients. They may perform breast and pelvic exams; obstetrical exams and cervical exams in labor; and write notes in the medical record. The students may be present in the operating room and are able to assist in major or minor gynecological surgical procedures under the direct supervision of a preceptor surgeon to aid in learning Ob/Gyn disease and principles. This includes placing and holding retractors, suctioning, suturing (above the fascia), and dissecting. The students may also participate in vaginal and cesarean deliveries.

g. Patients shall be informed and sign consent of their knowledge of presence of Medical Students in the hospital caring for them under attending physician.

h. Medical Students are not authorized to dictate or access the EMR.

D. **SUPERVISION DESCRIPTION:**

1. First Year Residents:
   a. First year residents are unlicensed physicians, and the mechanism for their supervision is more direct than for second and third year residents.
      i. Orders:
         1) First year residents may write orders, however they must be countersigned by a supervising licensed independent practitioner prior to implementation.
         2) Staff member(s) shall review all orders written by first year residents. If a nurse or other hospital employee has any question about an order written by a first year resident, the supervising higher level resident or Medical Staff member(s) may be contacted directly.
      ii. Other Care:
         1) History and physical, discharge summary, and progress notes may be written or dictated by first year residents and shall be countersigned by a supervising licensed independent practitioner.
         2) All medical care provided by a first year resident shall be discussed with the designated Medical Staff member(s).
         3) The resident must document in the progress notes that the patient was seen and/or discussed with the attending Medical Staff member(s).
         4) The scope of activities shall be the same as that of the supervising physicians. Residents may be the first assistant at surgery, consistent with departmental rules and regulations.
2. Second and Third and Fourth Year Residents:
   a. All orders, history and physical, discharge summaries and progress notes written by second, third and fourth year residents shall be reviewed and countersigned by the Medical Staff member(s).
   b. If a nurse or other hospital employee has any question about an order written by a second, third and fourth year resident, the supervising higher level resident, or Medical Staff member(s) may be contacted directly.
   c. The medical care provided by residents shall be discussed with the designated Medical Staff member(s) on a frequent basis. The resident must document this in the medical record.
   d. Second, third and fourth year residents shall supervise such care depending upon the judgment of the Medical Staff member(s). The scope of activities shall be the same as that of the supervising physicians. Residents may be the first assist at surgery, consistent with

appropriate departmental rules and regulations.

3. Sports Medicine Fellows:
   a. All orders, history and physical, discharge summaries and progress notes written by Sports Medicine Fellows shall be reviewed by the Medical Staff member(s).
   b. If a nurse or other hospital employee has any question about an order written by a sports medicine fellow the supervising Medical Staff member(s) may be contacted directly.
   c. The medical care provided by the Sports Medicine Fellow shall be discussed with the designated Medical Staff member(s) on a frequent basis. The Fellow must document this in the medical record.
   d. The scope of activities shall be the same as that of the supervising physicians. Sports Medicine Fellow may be the first assist at surgery, consistent with appropriate departmental rules and regulations.
4. Emergency Department Residents: (Refer to Medical Staff Policy & Procedure #8710-571)
5. Medical Students:
   a. All activities of 3rd and 4th year Medical Students including documentation of histories, physicals, and progress notes shall be under the direct supervision of an identified preceptor who is a member of the Hospital Medical Staff and shall be co-signed.
6. Medical Staff Attending:
   a. The designated Medical Staff member(s) shall be ultimately responsible for all care provided by Medical Students, Residents, and Sports Medicine Fellows and making decisions regarding each resident's progressive involvement and independence with specific patient care activities in accordance with this Policy and Procedure.
   b. Medical Staff member(s) shall write a daily progress note on each patient for which they are responsible. The note should reflect physical examination of the patient and include the physical assessment of current status, diagnostic and therapeutic plan.
   c. Documentation requirement(s) for Emergency Department Residents refer to Administration policy and procedure #351.
   d. Documentation requirement(s) for the Sports Medicine Fellow, the Medical Staff member(s) shall supervise the dictation of the Operative Report within the required time frame and Medical Staff member(s) shall co-sign Operative Report and all other Medical Record documentation including History and Physicals, Discharge Summaries and physician orders.

E. **GENERAL OVERSIGHT:**
1. Information regarding the safety and quality of patient care, treatment, and services provided to patients by a resident shall be discussed at the Graduate Medical Education (GME) Committee.
2. Reports shall be presented to the Medical Executive Committee and the Board at least annually.
3. The Medical Staff Director/Supervisor of each resident/student/fellowship program shall be responsible for communicating directly with the affiliated training institution regarding medical student/resident/fellow activities (as well as for reporting to GME committee) regarding quality of care, treatment, services and education needs of the participants. (See notes below stating mechanism used to gather this information.)

F. **Form(s):**
1. Annual Assessment "Effectiveness Of General Medical Education Program" Form - Sample

G. **REFERENCES:**
1. The Joint Commission Hospital Accreditation Standards 2017

Note: Mechanism used to gather information noted in E-3 of this policy includes: Hospital's Risk Assessment program (RL) and the Spotlight for Success "Applause Card" program both of which allow for submission of comments from the community as well as internal staff.

Tri-City Medical Center
Medical Staff Office
4002 Vista Way
Oceanside, CA 92056
(760) 940-3071 (phone) * (760) 940-3486 (fax) plantsm@tcmc.com (e-mail) *

ANNUAL ASSESSMENT "EFFECTIVENESS OF GENERAL MEDICAL EDUCATION PROGRAM"

The Medical Executive Committee is interested in your comments regarding the GME program held at TCMC. Your feedback is vital to the continued success of the program.

ANNUAL ASSESSMENT "Effectiveness of GME Program"	Yes	No
1. Do you feel that the GME Program meets your needs? **Comments:**		
2. Have the medical students/residents/fellows been well received by the patients and staff? **Comments:**		
3. Are the medical students/resident's/fellows rotations sufficient to enable them to experience all acuity levels of the patients? **Comments:**		
4. Has the supervision of the medical students/residents/fellows been consistent with the standards? **Comments:**		
5. Was this program successful in meeting the needs of the hospital, patients and participants, and should the program be continued? **Comments:**		
6. During peer review, have there been any identified outliers that have not been consistent with the standard of care within the department? **Comments:**		
7. Has the clinical decision making process been appropriate and dependable? **Comments:**		
8. Were all safety precautions/protocols identified/followed? **Comments:**		
9. **Any additional comments/suggestions or educational needs suggestions:**		
10. **Future Goals and Actions for following year:**		

Thank-you for participating in the evaluation of TCMC's GME Program.

Signature *Date*

Please return completed form to the Medical Staff Office: Attn: Sarah Plant

Tri-City Medical Center
Oceanside, California

PULMONARY SERVICES

ISSUE DATE: 05/13 **SUBJECT: Procedural Triage**

REVISION DATE(S): 07/17

Department Approval:	~~03/17,~~ 3/20
Division of Pulmonary Approval:	~~04/17~~12/20
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	~~06/17~~03/21
Administration Approval:	
Professional Affairs Committee Approval:	~~07/17~~ n/a
Board of Directors Approval:	07/17

A. **PURPOSE:**

1. To outline the process for the triaging of procedures administered and performed by the Pulmonary Services clinical staff in the event of unanticipated staffing changes or increases in physician ordered procedures.

B. **POLICY:**

1. The department of Pulmonary Services will have a standardized approach for the activation of the department specific procedural triage plan.

C. **PROCEDURE:**

1. The decision for the activation of the triage plan will be at the discretion of the Respiratory Care Practitioner (RCP ~~) Supervisor/~~Charge, in consultation with the RCP Manager, based on their assessment of:
   a. Total house-wide respiratory care procedural volumes.
   b. House-wide patient census.
   c. Unit specific census in the adult and neonatal intensive care units.
   d. Patient acuity.
2. Verbal communication of the decision to activate the triage plan will be made to each staff member by the RCP ~~Supervisor/~~charge assigned to that shift in order to clarify or answer any unit specific questions that staff members may have related to triage plan activation.
3. At no time will an individual clinical staff member make the decision to activate the department procedural triage plan.
4. Clinical staff will communicate directly with the patient's assigned nurse which may be affected by the team's triage prioritization plans.
5. Re-evaluation of the need to continue with the activation of the department procedural triage plan will be every ~~three~~ **two to four** hours or sooner based on the ~~RCP Supervisor/~~**RCP** ~~charge's~~ **Charge's** assessment and communications with clinical staff.
6. The decision to discontinue the triage plan will be at the discretion of the RCP ~~Supervisor/~~**Charge**~~charge~~ assigned to that shift, based on their assignment of total house-wide respiratory care procedural volumes, house-wide patient census, unit specific census in the adult and neonatal intensive care units, patient acuity, and clinical staff skill mix.
7. The Pulmonary manager will be kept apprised of the situation throughout the shift whenever procedural triage is initiated, re-evaluated and/or discontinued.

D. **PROCEDURAL TRIAGE PRIORITY MATRIX :**

1. In order of importance from the care that is not triaged to the least important that may be triaged:
   a. Any patients on continuous mechanical ventilation or non-invasive ventilation systems in adult intensive care or neonatal intensive care or emergency department units. **If necessary, the patient assessment checks may be extended to every 4-6 hours.**
   b. Any patients on heated high flow systems or with ordered titrations.
   c. Any inhaled medication therapy or blood draw ordered STAT, NOW, or ASAP.
   d. Any patients ordered inhaled medications every four hours or more frequently.
   e. Non-interventional bronchoscopy procedures.
   f. Chest physiotherapy, including Positive Expiratory pressure (PEP) therapy.
   g. Incentive spirometer therapy.
   h. Patients scheduled for discharge that day.

E. **REFERENCES:**

1. California Code of Regulations Title 22 for Staffing and Triage.

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

March 25, 2021 – 3:30 o'clock p.m.
Meeting Held via Teleconference

A Regular Meeting of the Board of Directors of Tri-City Healthcare District was held via teleconference at 3:30 p.m. on March 25, 2021.

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

Director Rocky J. Chavez
Director Nina Chaya, M.D.
Director George W. Coulter
Director Gigi S. Gleason
Director Leigh Anne Grass
Director Adela I. Sanchez
Director Tracy M. Younger

Also present were:

Steven Dietlin, Chief Executive Officer
Scott Livingstone, Chief Operations Officer
Candice Parras, Chief, Patient Care Services
Ray Rivas, Chief Financial Officer
Dr. Gene Ma, Chief Medical Officer
Roger Cortez, Chief Compliance Officer
Susan Bond, General Counsel
Dr. Mark Yamanaka, Chief of Staff
Jeffrey Scott, Board Counsel
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

1. The Board Chairperson, Rocky Chavez, called the meeting to order at 3:30 p.m. via teleconference with attendance as listed above.

2. Approval of Agenda

   It was moved by Director Grass to approve the agenda as amended. Director Coulter seconded the motion. The motion passed unanimously (7-0) by a roll call vote.

3. Pledge of Allegiance

   Director Chaya led the Pledge of Allegiance.

4. Public Comments – Announcement

   Chairperson Chavez read the Public Comments section listed on the March 25, 2021 Regular Board of Directors Meeting Agenda.

Mr. Barry Willis, LAFCO Board member requested to speak under New Business, item 6 a).

Camille Bryan, RN requested to speak under Public Comments.

5. February 2021 Financial Statements – Ray Rivas, Chief Financial Officer

Mr. Rivas reported on the fiscal year to date financials as follows (Dollars in Thousands):

- Net Operating Revenue – $212,142
- Operating Expense - $226,184
- EBITDA - $6,754
- EROE – ($3,027)

Mr. Rivas reported on the fiscal year to date Key Indicators as follows:

- Average Daily Census – 155
- Adjusted Patient Days – 66,529
- Surgery Cases – 3,774
- ED Visits – 27,750

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

- Operating Revenue – $26,693
- Operating Expense - $27,573
- EBITDA - $935
- EROE – ($245)
-

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

- Average Daily Census – 158
- Adjusted Patient Days – 7,914
- Surgery Cases – 458
- ED Visits – 2,948

- Net Patient Accounts Receivable - $39.5
- Days in A/R – 52.1

6. New Business

a) Consideration to nominate Board Member as a candidate for the San Diego Local Agency Formation Commission as an alternate Special District member with a term expiring in 2023.

Chairperson Chavez explained the district received a call for nominations involving a vacant and expired term as alternate special member on the San Diego County Local Agency Formation Commission (LAFCO). He questioned if there are any Board members who desire to be nominated to serve in this capacity.

Chairperson Chavez recognized LAFCO Board Member Barry Willis.

Mr. Willis thanked the Board for the opportunity to speak. He stated he considers it important to know as many Board members within the Special Districts as possible. He encouraged Board members to reach out to him with any concerns related to LAFCO. Mr. Willis commented on the importance of hearing all sides of issues before he makes any important decisions when casting his votes on the LAFCO Board.

Chairman Chavez stated LAFCO is an important agency and they do impact the Special Districts. He stated he is willing to put his name out as a potential nominee.

It was moved by Director Grass to nominate Chairperson Chavez as a candidate for the San Diego Local Agency Formation Commission as an alternate Special District member with a term expiring in 2023. Director Dr. Chaya seconded the motion.

The vote on the motion via a roll call vote was as follows:

AYES:	**Directors:**	**Chavez, Chaya, Coulter, Gleason, Grass, Sanchez and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**None**

b) Consideration to approve Resolution 801, A Resolution of the Tri-City Healthcare District Board of Directors Concurring in the Nomination of Jo MacKenzie to the CSDA Board of Directors.

Chairperson Chavez explained Jo MacKensie currently serves on the CSDA Board of Directors and has asked for the Board's support in her nomination to once again represent the Southern Network, Seat A, on the CSDA Board of Directors. Chairperson Chavez stated he has known Ms. MacKensie for almost a decade and she has a good reputation for supporting the District. He questioned if any Board member had any concerns regarding supporting Jo MacKensie to the Southern Network, Seat A, on the CSDA Board of Directors. Hearing none, Chairperson Chavez called for a motion.

It was moved by Director Chavez that the Tri-City Healthcare District Board of Directors approve Resolution 801, A Resolution of the Tri-City Healthcare District Board of Directors Concurring in the Nomination of Jo MacKenzie to the CSDA Board of Directors. Director Grass seconded the motion.

The vote on the motion via a roll call vote was as follows:

AYES:	**Directors:**	**Chavez, Chaya, Coulter, Gleason, Grass, Sanchez and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**None**

7. Old Business – None

8. Chief of Staff

a) Consideration of March 2021 Credentialing Actions Involving the Medical Staff as recommended by the Medical Executive Committee on March 22, 2021.

Dr. Mark Yamanaka, Chief of Staff stated there are no additions or revisions to the Credentials as presented.

It was moved by Director Grass to approve the March 2021 Credentialing Actions Involving the Medical Staff as recommended by the Medical Executive Committee on March 22 ,2021. Director Gleason seconded the motion.

The vote on the motion via a roll call vote was as follows:

AYES:	**Directors:**	**Chavez, Chaya, Coulter, Gleason, Grass, Sanchez and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**None**

9. Consideration of Consent Calendar

It was moved by Director Grass to approve the Consent Calendar. Director Younger seconded the motion.

The vote on the motion via a roll call vote was as follows:

AYES:	**Directors:**	**Chavez, Chaya, Coulter, Gleason, Grass, Sanchez and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**None**

10. Discussion of items pulled from Consent Calendar

There were no items pulled from the Consent calendar.

11. Comments by Members of the Public

Chairperson Chavez recognized Camille Bryan, RN.

Camille Bryan, RN provided the Board with an update on the CNA bargaining sessions. She also commented on issues that the union has brought forward at the bargaining sessions for consideration.

Chairperson Chavez stated everyone values the nurses immensely. He commented on the importance of collaboration and stated the Board will be supportive within their means and capability.

12. Comments by Chief Executive Officer

Mr. Steve Dietlin, CEO reported we are now a little over a year into the pandemic and have treated almost 800 inpatients throughout the pandemic. He stated today we

have 12 inpatient COVID patients compared to a high of over 100 in months prior and countywide there are 200 positive COVID patients compared to a previous high of 1,800. Mr. Dietlin did emphasize that length of stay is incredibly long due to very sick patients who have waited a long time before seeking care. He noted Tri-City's mortality rates have been substantially below the national average and remain there.

Mr. Dietlin reported we have completed over 16,000 vaccinations here at our hospital POD which equates to approximately two thousand per week. In addition, Tri-City has sent seven (7) vaccinators to the Cal State San Marcos superstation which is being converted to a Sharp run facility. Mr. Dietlin noted the State of California is now migrating to Blue Shield to be the sole distributor of the vaccine for the State of California and when that transition has been implemented the appointment system will change to a "my turn reservation system".

Mr. Dietlin stated patient visitation protocols continue to be updated and are posted to the hospital's website as well as at the front entrance. He explained visitors must wear appropriate PPE to ensure we continue to have the safety protocols for our patients as well as our staff.

In closing, Mr. Dietlin reported March 30th is National Doctor's Day and it is important to thank our physicians for their excellent care. Mr. Dietlin also recognized Dr. Yamanaka who was recently recognized by the Vista Chamber of Commerce for "Healthcare Person of the Year".

13. Board Communications

Director Sanchez expressed her appreciation to staff for their hard work during the pandemic. She stated we have had very sick patients yet very good outcomes.

Director Sanchez also commented on Ms. Bryan's remarks.

Lastly, Director Sanchez expressed her appreciation to Chairperson Chavez for stepping up to the LAFCO nomination.

Director Coulter stated he had technical difficulties during discussion of the LAFCO item however he wanted his vote recorded as "AYE".

Director Gleason thanked Ms. Bryan for her comments.

Director Gleason congratulated Chief of Staff Dr. Mark Yamanaka and Aaron Byzak for being recognized by the Vista Chamber of Commerce *"Heroes of Vista Awards"*.

Lastly, Director Gleason recognized the Rotary Volunteers and others who have helped make the vaccination clinic such a positive experience.

Director Younger also congratulated Dr. Yamanaka and Aaron Byzak on their respective award and nomination.

Director Younger commented on the voluminous number of people who have reached out to her to say how impressed they are with the Vaccination Clinic.

Lastly, Director Younger thanked Ms. Bryan for her comments.

Director Chaya echoed Director Younger's comments. She also gave her heartfelt congratulations to Dr. Yamanaka and Aaron Byzak who have helped put the hospital on the map during the pandemic. Director Chaya stated the talent we have at Tri-City Medical Center is incredible and she is proud to be part of the team.

Director Grass extended her best wishes for a happy Doctor's Day to Dr. Chaya, Dr. Ma and Dr. Yamanaka and to all the physicians at Tri-City Medical Center.

Director Grass stated she has also received multiple positive comments on the Vaccination Clinic.

Director Grass stated the hospital's Foundation has been helping raise money for the hospital for over 50 years and play an important role with generous donors in our community. She reminded the public that the Foundation is looking to redesign the Emergency Department which is the front door to the hospital. Director Grass stated for every dollar you give to the Foundation, the Foundation gives $2 dollars. She encouraged everyone to remember the Foundation when evaluating their donations.

14. Report from Chairperson

Chairperson Chavez reported the County of San Diego is now in the "RED" tier and 800,000 San Diegans have had at a minimum their first vaccination.

Chairperson Chavez stated he is anxious for the Board to begin meeting in person. In anticipation, he requested the Board Committee Chairs begin preparation for their respective committees to meet, in particular Finance & Operations and the Community Healthcare & Alliance Committee.

Chairman Chavez reminded Board members to take their required Ethics and Harassment Training and submit their certificates of completion to Teri Donnellan. He noted these trainings are required within six (6) months of taking office.

Chairman Chavez also congratulated Dr. Mark Yamanaka and Aaron Byzak on their respective awards and nominations.

Chairman Chavez reported Vice Chairperson Grass will be chairing next month's meeting as he will be out of town for a family event.

15. Move to adjourn

It was moved by Director Grass and seconded by Director Younger to adjourn the meeting. The motion passed unanimously (7-0) by a roll call vote.

16. There being no further business Chairperson Chavez adjourned the meeting at 4:30 p.m.

Rocky J. Chavez, Chairperson

ATTEST:

Tracy M. Younger, Secretary

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

Financial Information

TCMC Days in Accounts Receivable (A/R)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD Avg	Goal Range
FY21	51.1	50.9	52.7	50.7	50.9	50.7	55.4	54.6	50.9				52.0	48-52
FY20	52.8	56.4	59.2	61.2	61.9	62.6	61.5	58.7	53.1	50.5	56.4	55.3	58.6	

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
FY21	107.1	103.1	101.1	99.6	99.6	92.7	93.9	94.6	94.0				98.4	75-100
FY20	93.0	89.9	90.8	98.4	92.8	85.5	88.5	94.3	88.9	97.3	105.5	108.0	91.3	

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
FY21	($1,489)	($923)	($930)	$508	($175)	($881)	$1,109	($245)	$210				($2,817)	($6,898)
FY20	($476)	($494)	($759)	($311)	($1,036)	($1,040)	($860)	($735)	($4,467)	$1,921	($2,982)	$170	($10,177)	

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
FY21	-6.12%	-3.74%	-3.60%	1.78%	-0.64%	-3.12%	4.13%	-0.92%	0.73%				-1.17%	-2.95%
FY20	-1.65%	-1.66%	-2.71%	-1.08%	-3.91%	-3.75%	-2.85%	-2.69%	-17.32%	9.94%	-14.31%	0.69%	-4.02%	

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

Financial Information

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY21	($191)	$291	$302	$1,738	$879	$332	$2,344	$935	$1,383				$8,014	$ 3,682
FY20	$686	$681	$412	$683	$62	$128	$367	$551	($3,164)	$3,159	($1,774)	$1,383	$407	

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
FY21	-0.78%	1.18%	1.17%	6.09%	3.22%	1.18%	8.73%	3.50%	4.79%				3.32%	1.58%
FY20	2.38%	2.30%	1.47%	2.36%	0.24%	0.46%	1.22%	2.02%	-12.27%	16.35%	-8.51%	5.59%	0.16%	

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
FY21	5.38	5.66	5.40	5.87	5.25	5.75	5.10	5.61	6.18				5.56	6.33
FY20	7.04	6.80	6.21	6.90	6.58	6.44	6.71	6.82	7.02	7.27	5.61	5.51	6.72	

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY21	$59.5	$57.4	$83.5	$76.9	$71.3	$68.5	$71.4	$75.4	$83.2			
FY20	$52.4	$44.8	$43.7	$45.6	$38.2	$31.9	$35.2	$35.8	$34.8	$51.2	$62.3	$60.4

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

Building Operating Leases
Month Ending March 31, 2021

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	LeaseTerm Beginning	LeaseTerm 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)	48,472.27	07/01/17	06/30/27	**OSNC - Carlsbad** 6121 Paseo Del Norte, Suite 200 Carlsbad, CA 92011	7095
Cardiff Investments LLC 2729 Ocean St Carlsbad, CA 92008 **V#83204**	Approx 10,218	$2.58	(a)	35,388.70	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)	19,810.00	07/01/20	06/30/25	**PCP Clinic Vista** 1926 Via Centre Drive, Ste A Vista, CA 92081	7090
CreekView Orhopaedic Bldg, LLC 1958 Via Centre Drive Vista, Ca 92081 **V#83025**	Approx 4,995	$2.50	(a)	19,894.94	07/01/17	06/30/22	**OSNC - Vista** 1958 Via Centre Drive Vista, Ca 92081	7095
JDS FINCO LLC 499 N EL Camino Real Encinitas, CA 92024 V#83694	Approx 2,460	$2.15	(a)	7,011.00	04/01/20	03/31/22	**La Costa Urology** 3907 Waring Road, Suite 4 Oceanside, CA 92056	7082
INVESTORS PROPERTY MGMT 2181 S El Camino Real, Suite 206 Oceanside, Ca 92054 V#81028	Approx 7,347	$1.35	(a)	10,707.03	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	Approx 7,000	$4.12	(a)	37,908.00	10/01/12	10/01/22	**North County Oncology Medical Clinic** 3617 Vista Way, Bldg.5 Oceanside, Ca 92056	7086
SCRIPPSVIEW MEDICAL ASSOCIATES P O Box 234296 Encinitas, CA 234296 V#83589	Approx 3,864	$3.45	(a)	13,356.32	08/08/19	05/31/21	**OSNC Encinitas Medical Center** 351 Santa Fe Drive, Suite 351 Encinitas, CA 92023	7095
TCMC, A Joint Venture 3231 Waring Court, Suit D Oceanside, CA 92056 V#83685	Approx 1,444	$2.59	(a)	3,754.00	02/01/20	03/31/21	**Pulmonary Specialists of NC** 3231 Waring Court Suit D Oceanside, CA 92056	7088
Total				**$ 196,302.26**				

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

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

Education & Travel Expense
Month Ending March 2021

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
8740	RN TO BSN	022621 EDU	2,500.00	83243	MUELLER, SETH
8740	ONS-ONCC	022421 EDU	458.00	83884	PETERSEN, CRYSTAL
8740	ONS	030521 EDU	219.00	83885	ROCHA, CARLY
8740	CBT ANXIETY	031921EDU	200.00	80740	HAMILTON, HOLLY
8740	ACLS	031221 EDU	150.00	78539	GREGORIO-LEE, RIZA
8740	ACLS	031921 EDU	150.00	80176	MAGNO, VICTOR
8740	ACLS	031221 EDU	150.00	80615	VELASCO, MARY JANE P.
8740	ACLS	022621 EDU	150.00	83459	SANCIANGCO, SOCORRO
8740	ACLS	031221 EDU	150.00	83464	PASCUAL, MARY ROSE
8740	ACLS	031221 EDU	141.00	69729	WU, JIANHUA
8740	ONS-ONCC	031221 EDU	103.00	82179	RABOLD,RYAN
8740	ONS-ONCC	031221 EDU	103.00	83883	OLARTE, RACHEL

**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.