

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
May 27, 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: 884 7541 4924; Passcode: 923539**

**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	Special Recognitions – Nurses & Support Staff of the Year for 2021 ➤ Nurse of the Year (Day Shift): Maria "Tessa" Watkins ➤ Nurse of the Year (Night Shift): Olivia Dacome ➤ Patient Support Staff of the Year: David C. Hughes ➤ Pandemic Hero (COVID Award): Jillian Williams	10 min.	Chief, Patient Care Services
6	April 2021 Financial Statement Results	10 min.	CFO
7	New Business a) Consideration to cast the ballot for the Election to Alternate Special District Member on LAFCO Commission	5 min.	Chair

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
8	Old Business – None	--	--
9	Chief of Staff a) May 2021 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on May 24, 2021.	5 min.	COS
10	Consideration of Consent Calendar <u>Requested items to be pulled require a second.</u> (a) Consideration to approve Property & Casualty Insurance agreements with various carriers as reflected on the accompanying Executive Summary through McGriff Insurance Services, Inc. for a term of 12 months, beginning July 1, 2021 through June 30, 2022, for a total annual/term cost of \$1,842,593. (b) Consideration to approve the addition of Dr. Erin Farrelly and Dr. Serge Kaska to the currently existing ED On Call Coverage Panel for Orthopedics for a term of 12 months, beginning June 1, 2021 through May 31, 2022. (c) Consideration to approve an agreement with Dr. David Seif as the Physician Chairperson of MQPR/QAPI for a term of 24 months, beginning July 1, 2021 through June 30, 2023, for an annual cost of \$71,380 and a term cost not to exceed \$142,760. (d) Consideration to approve the renewal of an agreement with Dr. Henry Showah and Dr. Sharon Slowik as the Coverage Physicians for <u>Inpatient</u> Wound Care for a term of 12 months, beginning May 1 2021 through April 30, 2022, not to exceed an average of 20 hours per month, per physician, at an hourly rate of \$180 for a total annual and term cost of \$86,400. (e) Consideration to approve the renewal of an agreement with Dr. Henry Showah and Dr. Sharon Slowik as the Coverage Physicians for <u>Outpatient</u> Wound Care for a term of 12 months beginning May 1, 2021, through April 30, 2022 not to exceed an average of 20 hours per month, per physician, at an hourly rate of \$180 for a total annual and term cost of \$86,400. (f) Administrative Committee <u>1) Patient Care Services Policies & Procedures</u> a) Biliary Drain, Care of Percutaneous Procedure (DELETE) b) Jackson Pratt Drain, Care of Procedure <u>Unit Specific – Allied Health Professional Manual</u> a) Hospitalist Standardized Procedures (g) Minutes – Approval of: a) April 29, 2021, Regular Meeting (h) Meetings and Conferences – None (i) Dues and Memberships - None	10 min.	Standard

	Agenda Item	Time Allotted	Requestor
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	(j) Reports (a) Dashboard – Included (b) Lease Report – (April, 2021) (c) Reimbursement Disclosure Report – (April, 2021)		
11	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
12	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
13	Comments by Chief Executive Officer	5 min.	Standard
14	Board Communications (three minutes per Board member)	18 min.	Standard
15	Report from Chairperson	3 min.	Standard
16	Total Time Budgeted for Open Session	1 hour	
17	Adjournment		

**2021 SPECIAL DISTRICTS ELECTION
BALLOT and VOTE CERTIFICATION
FOR ALTERNATE LAFCO SPECIAL DISTRICT MEMBER**

VOTE FOR ONLY ONE

Rocky J. Chavez []
(Tri-City Healthcare District)

Heather Conklin []
(Mission Resource Conservation District)

David A. Drake []
(Rincon del Diablo Municipal Water District)

Jeff Egkan []
(North County Fire Protection District)

C. Hayden Hamilton []
(Rainbow Municipal Water District)

Regina W. Roberts []
(Valley Center Fire Protection District)

Write-Ins

_____ []

_____ []

As presiding officer or his/her delegated alternate as provided by the governing board, I hereby certify that I cast the votes of the _____

(Name of Independent Special District)

at the 2021 Special Districts Selection Committee Election.

(Signature)

(Print Name)

(Date)

(Print Title)

Please note: The order in which the candidates' names are listed was determined by random selection.

The Ballot and Vote Certification form can be submitted electronically to: tamaron.luckett@sdcounty.ca.gov



TRI-CITY MEDICAL CENTER
MEDICAL STAFF INITIAL CREDENTIALS REPORT
May 12, 2021

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 5/28/2021 – 4/30/2023)

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 5/28/2021 through 4/30/2023:

- **FARRELLY, Erin MD/Orthopedic Surgery**
- **HAWLEY, Daniel MD/Radiology (San Diego Imaging)**
- **KASKA, Serge MD/Orthopedic Surgery**
- **KILE, Jeffrey MD/Emergency Medicine (TeamHealth)**



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3
May 12, 2021

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 06/01/2021 –05/31/2023)

Any items of concern will be “red” flagged in this report. The following application was recommended for reappointment to the medical staff office effective 06/01/2021 through 05/31/2023, 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:

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



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3
May 12, 2021

Attachment B

- SEIF, Joseph, MD/Anesthesiology/Critical Care/Provisional
- SHELLENBERGER, Jeffry, MD/Emergency Medicine/Provisional
- SILLDORFF, Morgan, MD/Orthopedic Surgery/Provisional
- STARK, Erik, MD/Orthopedic Surgery/Active
- TOMANENG, Neil, MD/Emergency Medicine/Active
- WONG, Richard, MD/Pathology/Provisional
- WORMAN, Scott, MD/Family Medicine/Active
- ZHAO, Zhong, MD/Internal Medicine/Active

RESIGNATIONS: (Effective date 05/31/2021 unless otherwise noted)

Voluntary:

- ARIAS, Ai-Li, MD/Psychiatry
- CHAUHAN-JAMES, Jaimini, MD/Psychiatry
- DARK, Anthony, MD/Psychiatry
- FILIP, Irina, MD/Psychiatry
- GUILLEN, Kathleen, PA-C/Allied Health Professional
- HIDY, Benjamin, MD/Psychiatry
- IBRAHIM, Aalamgeer, MD/Psychiatry
- IACOBS, Karl, MD/Psychiatry
- RUSEV, Stoyan, MD/Psychiatry
- SANATHARA, Visant, MD/Psychiatry
- TOOHEY, Tara, MD/Psychiatry
- WAHIDI, Nasratullah, MD/Psychiatry
- WALKER, Kolby, DO/Psychiatry



**TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3
May 12, 2021**

REQUEST FOR EXTENSION OF PROCTORING REQUIREMENT

The following practitioners were given 12 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 **September 24, 2021** would result in these privileges automatically relinquishing.

- **ABBOUD, Jean Paul, MD** **Ophthalmology**

REQUEST FOR EXTENSION OF PROCTORING REQUIREMENT

The following practitioners were given 15 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 **November 26, 2021** would result in these privileges automatically relinquishing.

- **MOUKARZEL, Elias, MD** **Uro-Gynecology**



TRI-CITY MEDICAL CENTER
CREDENTIALS COMMITTEE REPORT – Part 3 of 3
May 12, 2021

PROCTORING RECOMMENDATIONS

- BLASKIEWICZ, Donald MD Neurosurgery
- CHIAO, Hellen MD Gastroenterology
- FOSTER, Alexander MD Ophthalmology
- KHOSLA, Ankaj MD Radiology
- McCUTCHEON, Claire MD Internal Medicine
- SHELLENBERGER, Jeffry MD Emergency Medicine
- SHIH, Angela DO Internal Medicine
- WONG, Richard MD Pathology
- YUNG, Aaron MD Cardiology
- ZHANG, Clarice DO Emergency Medicine



TCHD BOARD OF DIRECTORS

DATE OF MEETING: May 27, 2021

INSURANCE RENEWAL PROPOSAL – MC GRIFF INSURANCE SERVICES, INC.

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

Vendor's Name: Property & Casualty Insurance Carriers –
See Attached Executive Premium Summary

Area of Service: Finance Department

Term of Agreement: 12 months, Beginning, July 1, 2021 – Ending, June 30, 2022

Maximum Totals:

Annual Cost	Total Term Cost
\$1,842,593	\$1,842,593

Description of Services/Supplies:

- Umbrella Professional and General Liability Insurance (Chubb)
- Property Insurance (AIG)
- Management Liability Insurance (Markel, RSUI & AIG)
- Automobile Insurance (Non-Profits United)
- Pollution Insurance (Tokio Marine)
- Others: Volunteers, Employed Lawyers, Heli-Pad Liability, Cyber, Crime GL/PL TPA Contract

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

Person responsible for oversight of agreements: Susan Bond, General Counsel / Ray Rivas, Chief Financial Officer

Motion:

I move that the TCHD Board of Directors authorize the Professional and General Liability Insurance agreements with various carriers as reflected on the accompanying Executive Summary through McGriff Insurance Services, Inc. for a term of 12 months, beginning July 1, 2021 and ending June 30, 2022 for a total annual/term cost of \$1,842,593.

TRI-CITY HEALTH CARE DISTRICT

PROPERTY & CASUALTY EXECUTIVE SUMMARY 2021-2022

Coverage	2021 Carrier	AM Best Rating	2020 Premium	2021 Premium	\$ Change
Umbrella/Excess					
GL/PL - \$20mm w/\$2mm SIR	Chubb	A++ (Superior) XV	\$355,000	\$500,000	\$145,000
GL/PL Claims TPA	Western Litigation		\$65,000	\$60,000	(\$5,000)
Management Liability					
Primary \$5mm	Evanston/Markel	A (Excellent) XV	\$450,000	\$401,100	(\$48,900)
\$5mm XS \$5mm	RSUI	A (Excellent) XV	\$212,140	\$200,000	(12,140)
Excess Side A - \$5mm x \$10mm	AIG	A (Excellent) XV	\$164,300	\$102,900	(\$61,400)
Cardiovascular Institute	Evanston/Markel	A (Excellent) XV	\$25,000	\$25,000	\$0
Cyber Liability - \$3mm limit	Coalition	A (Excellent) XV	\$65,313	\$55,791	(\$9,522)
Property	AIG	A (Excellent) XV	\$362,389	\$375,927	\$13,538
Automobile	Non-Profits United	Self-Funded Pool	\$62,219	\$34,506	(\$27,713)
Crime – 3 Year Term 2021/2024 – Billed in Full	Fidelity & Deposit Zurich	A+ (Superior) XV	\$39,239 Expiring 3yr term	\$35,994	(\$3,295)
Pollution	Tokio Marine	A+ + (Superior) XV	\$37,145	\$32,637	(\$4,508)
Student Accident	Axis	A+ (Superior) XV	\$1,593	\$1,162	(\$431)
Employed Lawyers	Chubb	A++ (Superior) XV	\$10,781	\$9,100	(\$1,681)
Heli-Pad Liability	American Alternative	A+ (Superior) XV	\$7,105	\$8,526	\$1,421
			\$1,857,224	\$1,842,593	(\$14,631)



TCHD BOARD OF DIRECTORS

DATE OF MEETING: May 27, 2021

PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Orthopedics

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

Physician's Names: Erin Farrelly, M.D. & Serge Kaska, M.D.

Area of Service: Emergency Department On-Call: Orthopedics

Term of Agreement: 12 months, Beginning, June 1, 2021 – Ending May 31, 2022

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

Rate/Day	Panel Days per Year	Panel Annual Cost
Monday-Friday: \$1,500	FY21 & FY22: 261	\$391,500
Saturday-Sunday: \$1,650	FY21 & FY22: 104	\$171,600
Total Term Cost:		\$563,100

Position Responsibilities:

- Provide 24/7 patient coverage for all Orthopedics 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, Chief Medical Officer

Motion: I move that the TCHD Board of Directors approve the addition of Dr. Erin Farrelly and Dr. Serge Kaska to the currently existing ED On-Call Coverage Panel for Orthopedics for a term of 12 months, beginning June 1, 2021 and ending May 31, 2022.



TCHD BOARD OF DIRECTORS

DATE OF MEETING: May 27, 2021

Medical Staff Leadership Agreement- Medical Quality Peer Review (MQPR) and Quality Assurance Performance Improvement (QAPI) Committees

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

Physician's Names: David Seif, M.D.

Area of Service: Medical Staff: MQPR and QAPI Committees

Term of Agreement: 24 months, Beginning, July 1, 2021 – Ending June 30, 2023

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

Rate/Hour	Maximum Hours per Month	Hours per Year Not to Exceed	Monthly Cost Not to Exceed	Annual/Term Cost Not to Exceed
\$155	33	396	\$5,115	\$61,380
Education allowance – Annual Maximum Not to Exceed				\$10,000
Total Annual Cost:				\$71,380
Total Term Cost:				\$142,760

Position Responsibilities:

- Promote initiatives for improving quality of patient care and services within TCHD
- Lead MQPR and QAPI as Physician Chairperson;
- Provides Medical oversight for Quality/Performance Improvement regarding patient care;
- Evaluates with the MQPR and QAPI members effectiveness of Teams leading QA/PI initiatives;
- Makes recommendations, with the QAPI members, for initiative interventions and outcomes
- Identify opportunities for improvement;
- Makes recommendations to develop processes to address potential systems related vulnerabilities;
- Attends nationally recognized healthcare quality conference annually, when able, to bring best practice recommendations to the QAPI membership.

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, Chief Medical Officer

Motion: I move that the TCHD Board of Directors authorize an agreement with Dr. David Seif as the Physician Chairperson of MQPR/QAPI for a term of 24 months, beginning July 1, 2021 and ending June 30, 2023, not to exceed a total term cost of \$142,760.



TCHD BOARD OF DIRECTORS

DATE OF MEETING: May 27, 2021

PHYSICIAN AGREEMENT for Covering Physicians - Inpatient Wound Care

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

Physician's Name: Henry Showah, M.D. and Sharon Slowik, M.D.

Area of Service: Inpatient Wound Care

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

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES
No Change in Rates

Rate/Hour	Hours per Month per Physician	Hours per Year per Physician	Cost per Month	12 Month (Term) Cost
\$180	20	240	\$7,200	\$86,400

Position Responsibilities:

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

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

Person responsible for oversight of agreement: Kim Posten, Manager-Clinical, Wound Care, Carlsbad / Candice Parras, Chief Patient Care Services

Motion: I move that the TCHD Board of Directors authorize Dr. Henry Showah and Dr. Sharon Slowik as the Coverage Physicians for Inpatient Wound Care for a term of 12 months from May 1, 2021, and ending April 30, 2022, not to exceed an average of 20 hours a month per physician, at an hourly rate of \$180 for a total annual & term cost of \$86,400.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: May 27, 2021

PHYSICIAN AGREEMENT for Covering Physicians - Outpatient Wound Care

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

Physician's Name: Henry Showah, M.D. and Sharon Slowik, M.D.

Area of Service: Outpatient Wound Care

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

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES
No Change in Rates

Rate/Hour	Hours per Month per Physician	Hours per Year per Physician	Cost per Month	12 Month (Term) Cost
\$180	20	240	\$7,200	\$86,400

Position Responsibilities:

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

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

Person responsible for oversight of agreement: Kim Posten, Manager-Clinical, Wound Care, Carlsbad / Candice Parras, Chief Patient Care Services

Motion: I move that the TCHD Board of Directors authorize Dr. Henry Showah and Dr. Sharon Slowik as the Coverage Physicians for Outpatient Wound Care for a term of 12 months from May 1, 2021, and ending April 30, 2022, not to exceed an average of 20 hours a month per physician, at an hourly rate of \$180, for a total annual & term cost of \$86,400.



ADMINISTRATION CONSENT AGENDA

May 19th, 2021

CONTACT: Candice Parras, CPCS

Policies and Procedures	Reason	Recommendations
<u>Patient Care Services Policies & Procedures</u>		
1. Biliary Drain, Care of Percutaneous Procedure	DELETE	Forward to BOD for Approval
2. Jackson Pratt Drain, Care of Procedure	3 year review, practice change	Forward to BOD for Approval
<u>Unit Specific</u>		
<u>Allied Health Professional Manual</u>		
1. Hospitalist Standardized Procedures	2 year review	Forward to BOD for Approval

**PROCEDURE: BILIARY DRAIN, CARE OF PERCUTANEOUS**

Purpose: To outline the nursing responsibilities in the care

Supportive Data: A biliary drain is used for the treatment of biliary of biliary ducts, and relief of obstructive symptoms

Equipment:

1. ~~Gloves~~
2. ~~Face Shield or Mask or Goggles~~
3. ~~Collection Container~~
4. ~~Biohazard disposal bag available.~~

DELETE – combine with Patient Care Services Procedure: Jackson-Pratt Drain, Care of into Drain Care procedure and follow Elsevier Skills: Wound Evacuation and Wound Drain Removal

A. POLICY:**1. Maintenance**

- a. ~~Ensure locking mechanism of drainage tube is in locked position to maintain proper and secure placement of drain or as ordered by physician~~
- b. ~~Secure drainage bag to prevent tension or accidental dislodgement.~~

2. Bathing

- a. ~~No shower or bath for 72 hours~~
- b. ~~Remove dressing, clean area with soap and water, pat dry and replace dressing~~
 - i. ~~It is normal to have small crusted area appear around the site, just soften with water and remove~~

B. PROCEDURE:**1. Emptying the Drainage Bag**

- a. ~~Empty drainage bag when it becomes half full or every shift.~~
- b. ~~Don clean gloves. If splashing is anticipated wear mask, eye protection, and/or gown.~~
- c. ~~Empty drainage bag into a measuring container and carefully avoid touching the spout of the drainage container.~~
- d. ~~Dispose of drainage in the toilet; avoid splashing contents.~~
- e. ~~Document the amount and type of fluid drained in the medical record.~~

2. Changing the dressing

- a. ~~Change biliary drain dressing every other day and PRN or as ordered.~~
- b. ~~Perform hand hygiene~~
- c. ~~Don clean gloves~~
- d. ~~Place the following supplies on a clean surface:~~
 - i. ~~Tegaderm bandage~~
 - ii. ~~Chlorhexadine swab~~
 - iii. ~~Drain gauze~~
- e. ~~Remove the soiled dressing~~
- f. ~~Change gloves as necessary~~
- g. ~~Assess insertion site for redness and oozing of fluid. Notify the primary care or Interventional Radiology (IR) provider if these signs are noted.~~
- h. ~~Using Chlorhexadine swabs (or povidone iodine swabs if the patient is allergic to chlorhexadine), scrub a circular pattern around the exit site for 30 seconds. Allow to dry for 60 seconds.~~
- i. ~~Place drainage gauze around insertion site.~~
- j. ~~Apply Tegaderm on top of the gauze and over the tube, and apply additional tape to secure tube as needed to prevent dislodgement.~~
- k. ~~Write the date and time of dressing change and your initials on the dressing.~~
- l. ~~Document in the medical record.~~

Department Review	Clinical Policies & Procedures	Nursing Executive Council	Department of Radiology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
06/09, 10/10, 02/11, 11/14, 06/20	02/11, 12/14, 06/20	03/11, 12/14, 07/20	08/15, 04/21	n/a	04/11, 01/16, 04/21	05/21	05/11, 08/16, n/a	08/09, 05/11, 08/16

3. **Removal of Drains**

- a. If drain was removed by IR or other physician, maintain dressing over drain site until site is healed. Secure gauze dressing with tape and change PRN.
- b. If drain was removed accidentally:
 - i. Cover drain site with gauze and dressing.
 - ii. Notify IR and primary care physician.
 - iii. Collect drain, tubing and other associated products to send with patient to IR.
 - iv. Contact Risk Management regarding accidental withdrawal.
 - v. Document incident in medical record.

C. **REFERENCES:**

- 1. Ohio State University Medical Center. (2008, March 18). Biliary drainage. Retrieved May 30, 2009, from <http://medicalcenter.osu.edu/PatientEd/Materials/PDFDocs/diagnost/gastro/biliary.pdf>
- 2. Kocher M, Cerna M, Havlík R, Kral V, Gryga A, Duda M. Percutaneous treatment of benign bile duct strictures. *Eur J Radiol.* May 2007;62(2):170-4.
- 3. Link BC, Yekebas EF, Bogoevski D. et al. Percutaneous transhepatic cholangiodrainage as resuce therapy for symptomatic biliary leakage without biliary tract dilation after major surgery. *J. Gastroinest surgery.* Feb 2007; 11 (2): 166-70
- 4. Gottrup, F., Nix, D. P. & Bryant, R. A. *The multidisciplinary team approach to wound management.* In R. A. Bryant, & D. P. Nix (Eds.), Acute & chronic wounds: Current management concepts (3rd ed., pp. 23-38). St. Louis, MO: Mosby.

**PROCEDURE: JACKSON-PRATT DRAIN, CARE OF**

Purpose: To outline the nursing responsibilities in the care of **the following drains including by but not limited to:**

1. Jackson-Pratt (JP) drains.
2. Hemovac
3. T-tube (biliary)
4. Penrose
5. Sump

Supportive Data: ~~A JP is a drainage tube attached to a bulb which uses suction to drain blood, pus, and other fluids from wounds and/or surgical incisions.~~

Equipment:

1. Gloves	7. Chlorhexadine gluconate swab
2. Face Shield or Mask or Goggles	8. Gauze sponges /Ffenestrated gauze
3. Collection Container	9. Sterile dressing or pouch, if needed
4. Biohazard disposal bag available.	8-10. Safety pins, if needed
5. Alcohol Swabs	9-11. Suture removal kit
6. Tegaderm dressing	

A. PROCEDURE:

1. **See Online Skill: Wound Drainage Evacuation with the following exceptions:**

2. ~~Ensure locking mechanism of JP drainage tube is in locked position to maintain proper and secure placement of drain or as ordered by the physician~~

3. ~~Secure the drainage bulb to prevent tension or accidental dislodgement.~~

a. **Bathing**

i. ~~When bathing~~For a patient with a JP drain in place, ensure insertion site remains dry.

4.ii. **For a patient with a biliary drain, no bath or shower for 72 hours. It is normal to have small-crusted area appear around the site, just soften with water and remove.**

5-b. Assess the drain site every shift and PRN for the following:

a.i. Change in amount, color, odor or characteristics of wound drainage

b.ii. Erythema, edema around drain exit site

c.iii. Pain, pressure or tenderness at the exit site

6. ~~Empty the drainage bulb when it becomes half full or every shift~~

a. ~~Don clean gloves. If splashing is anticipated, wear mask, eye protection, and/or gown.~~

b. ~~Open the port plug on top of the drainage bulb.~~

c. ~~Empty the drainage bulb into a measuring container by inverting and compressing the bulb, carefully avoiding touching the spout of the drainage container.~~

d. ~~Hold alcohol swab in dominant hand, use other hand to compress bulb over drainage container. Hold compressed bulb, quickly cleanse the end of the emptying port with alcohol swab, then immediately replace cap.~~

e. ~~Secure drainage bulb to the patient's gown below wound site. Use a safety pin through the indicated perforation.~~

f. ~~Assess drainage color and amount~~

g. ~~Dispose of the drainage in the toilet, avoiding splashing contents.~~

c. **Collect specimen if ordered by physician/Allied Healthcare Professional (AHP), label per Patient Care Services Procedure: Specimen Labeling.**

h.d. Document the amount, color and type of fluid drained in the electronic health record (EHR).

7.e. Change the dressing every other day and PRN drainage saturation, or as ordered.

Department Review	Clinical Policies & Procedures	Nursing Leadership Executive Council	Department of Radiology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
6/09; 10/10; 7/14, 06/20	03/11; 8/14, 06/20	03/11; 8/14, 07/20	08/15, 04/21	n/a	04/11, 01/16, 04/21	05/21	05/11; 02/16, n/a	08/09; 05/11; 02/16

- a.i. Perform hand hygiene.
- b.ii. Don clean gloves, change gloves or perform hand hygiene as necessary throughout the procedure.
- c.iii. Place the following supplies on a clean surface:
 - i.1) Tegaderm dressing
 - ii.2) Chlorhexaedine **gluconate (CHG)** swab
 - iii.3) Fenestrated gauze
- d.iv. Remove the soiled dressing.
- e.v. Assess insertion site for redness and oozing of fluid. If present, notify the surgeon or Interventional Radiology (IR) provider.
- f.vi. Scrub the exit site with **CHG** chlorhexadine swabs (or povidone iodine swabs if the patient is allergic to **CHG** chlorhexadine) for 30 seconds. Allow to dry for 60 seconds.
- g.vii. Place **drainage gauze**/fenestrated gauze around the insertion site.
- h.viii. Apply Tegaderm dressing on top of the gauze and over the tube, and apply additional tape to secure tube as needed to prevent dislodgement.
- i.ix. Document the date and time of dressing change and your initials on the dressing.
- j.x. Document in the EHR.

2. **See Online Skill: Wound Drainage Evacuation with the following exceptions:**

- 8.a. ~~Removal of the drain (requires a physician/AHP order for nursing to remove)~~
 - a. ~~Don gloves and personal protective equipment.~~
 - b. ~~Assess for sutures, if present, open sterile suture removal kit and remove sutures.~~
 - c. ~~Open gauze (4x4) and place close to drain exit site. Instruct patient to take a deep, easy breath and withdraw the drain, using a swift and even motion. Do not force removal of the drain. If resistance is felt, stop and notify physician.~~
 - d. ~~Place sterile dressing over drain exit site and secure with tape.~~
 - e. ~~Visually inspect the drain to ensure it is intact. If the drain is not intact:~~
 - i. ~~Notify surgeon or IR provider.~~
 - ii. ~~Collect drain, tubing and any other product associated with the drain and contact Risk Management for instructions on where to send the product for further evaluation.~~
 - f. ~~Document removal in EHR.~~
- 9.3. If drain is removed accidentally:
 - a. Cover drain site with gauze dressing.
 - b. Visually inspect the drain to ensure it is intact. If the drain is not intact collect drain, tubing and any other product associated with the drain
 - c. Notify IR provider or physician of accidental drain withdrawal and if the drain was intact or not.
 - d. Notify Risk Management regarding accidental withdrawal.
 - i. If drain not intact, obtain instructions on where to send the product for further evaluation.
 - e. Document incident in EHR.

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

- 1. Patient Care Services Procedure: Specimen Labeling

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

- 1. Elsevier (2020, 06 02). Wound Drainage Evacuation. Retrieved June 2nd, 2020 from Elsevier https://point-of-care.elsevierperformancemanager.com/skills/414/extended-text?skillId=GN_37_3#scrollToTop
- 1.2. Elsevier (2020, 06 02) Mosby's Nursing Skills Procedure: Wound Drain Removal. Retrieved June 2nd, 2020 October, 2013 from TCMC Intranet. https://point-of-care.elsevierperformancemanager.com/skills/140/extended-text?skillId=CC_139#scrollToTop

2. ~~Gottrup, F., Nix, D. P. & Bryant, R. A. *The multidisciplinary team approach to wound management*. In R. A. Bryant & D. P. Nix (Eds.), Acute & chronic wounds: Current management concepts (3rd ed.) (23-38). St. Louis, MO: Mosby.~~

Tri-City Medical Center
Allied Health Professional

Nurse Practitioner – Hospitalist
Standardized Procedures

Approvals

Medicine Department (Signature):

Interdisciplinary Practice Committee (Date):

June 27, 2017 January 18, 2021

Medical Executive Committee (Date):

July 24, 2017 April 26, 2021

Administration (Date):

May 19, 2021

Professional Affairs Committee (Date):

August 10, 2017 n/a

Board of Directors (Date):

August 28, 2017

NURSE PRACTITIONER STANDARDIZED PROCEDURES TABLE OF CONTENTS

- I. Development, Review and Approval of Nurse Practitioner (NP) Standardized Procedures
- II. Setting and Scope of NP Practice (Functions)
- III. Management of Controlled Substances by the NP
- IV. Supervision of the NP by Physician
- V. NP Qualifications – Education and Licensing
- VI. Quality Improvement

I. DEVELOPMENT, REVIEW AND APPROVAL OF NP STANDARDIZED PROCEDURES

- A. Standardized procedures for the NP are developed through collaboration among physicians, administration, and nursing, and in compliance with applicable sections of the California Code of Regulations and the California Business and Professions (B&P) Code.
- B. Standardized procedures are the legal mechanism for the NP to perform functions which otherwise would be considered the practice of medicine.
- C. Standardized procedures are maintained in the allied professional's file in the medical staff office.
 - 1. All standardized procedures will be reviewed every two years, or as needed, and revised as indicated.
 - 2. Changes made to the standardized procedures are reviewed by and approved by the Medical Director, the medical Department/Division and applicable Tri-City Medical Center (TCMC) Medical Staff committees and the Board of Directors.

II. SETTING AND SCOPE OF NP PRACTICE (FUNCTIONS)

A. SETTING

- 1. The NP may function within any locations operated through Tri-City Medical Center (TCMC) designated specialty privileges as delineated on the privilege card. The NP is not permitted to order medications or place orders on a medical record unless they are physically present in TCMC locations.

B. SCOPE OF NP PRACTICE (FUNCTIONS)

- 1. The Hospitalist NP will:
- 2. Assume responsibility for the *Hospitalist* care of patients, under written standardized procedures and under the supervision of the TCMC medical staff member (physician) as outlined in the TCMC Allied Health Professionals Rules and Regulations.
 - a. Patients may be seen for the initial medication assessment by the NP with the agreement and under the supervision of the physician. The NP must consult the supervising physician if assessing a medication outside of the NP defined scope of practice as defined in the standardized procedure. The supervising physician may choose to perform the initial medication assessment and then assign the NP responsibility for implementation and follow through of the plan of care for the patient, subject to the supervision requirements of the TCMC medical staff.
- 3. Admit and discharge patients only with physician order and consultation. Patients are admitted to, and discharged from, inpatient and outpatient services, with the order of the supervising physician. Telephone/verbal orders for admission and discharge can be obtained from the physician and entered by the NP. Telephone orders are systems directed for physician signature which is required within 48 hours.
- 4. Order medications as included in the Medicine Department Cerner Power Plans.
 - a. The NP will provide an explanation of the nature of the illness and of the proposed treatment; a description of any reasonable foreseeable risks, side effects, interactions with other medications, or discomforts; a description of anticipated benefits; a disclosure of appropriate alternative procedures or courses of treatment, if any; and special instructions regarding food, drink, or lifestyles to the patient.
 - b. The NP orders the medication and documents the information into the chart and in the clinical notes.
 - c. If a medication needed is not listed on a Power Plan the NP must consult the supervising physician, document the consultation in the medical record, and

place the order via telephone order communication type for supervising physician co- signature.

5. Administer medications (including an injectable) as necessary for patient needs. Medication administration by an NP does not require a standardized procedure.
6. Obtain medical histories and perform overall health assessment for any presenting problem.
7. Order and interpret specific laboratory studies for the patient as included in the Hospitalist Power Plans.
8. Provide or ensure case management and coordination of treatment.
9. Make referrals to outpatient primary care practitioners or to specialized health resources for treatment, as well as any subsequent modifications to the patient's care as needed and appropriate. Inpatient consultations must be physician to physician as stipulated in the medical staff bylaws.
10. Document in the patient's medical record, goals, interventions clinical outcomes and the effectiveness of medication in sufficient detail so that any Practitioner can review and evaluate the effectiveness of the care being provided.
11. Identify aspects of NP care important for quality monitoring, such as symptom management and control, health behaviors and practices, safety, patient satisfaction and quality of life.
12. Utilize existing quality indicators or develop new indicators to monitor the effectiveness of the care provided to the patient.
13. Formulate recommendations to improve mental health care and patient outcomes.
14. Provide patient health education related to medications and health issues.
15. The PowerPlans for the Hospitalist are as follows:
 - ADMIT Standard Medications
 - AM Labs General
 - ANES CVS PostOp
 - Admission to ICU ACS, CP, CAD Multi Phase
 - Admission to ICU CHF Multi Phase
 - Admission to ICU DKA Multi Phase
 - Admission to ICU Gastrointestinal Multiphase
 - Admission to ICU General Multiphase
 - Admission to ICU Hemorrhagic Stroke
 - Admission to ICU Ischemic Stroke Multi Phase
 - Admission to ICU Pulmonary Multi Phase
 - Admission to ICU Sepsis (Severe) Multi Phase
 - Admission to ICU Therapeutic Hypothermia Post Arrest MP
 - Admission to ICU tPA/Ischemic Stroke Multi Phase
 - Admission to MS Ischemic Stroke Multi Phase
 - Admission to MedSurg Gi Multi Phase
 - Admission to MedSurg General Multi Phase
 - Admission to MedSurg Pulmonary Multiphase
 - Admission to Telemetry ACS, CP, CAD Multi Phase
 - Admission to Telemetry CHF Multi Phase
 - Admission to Telemetry Gastrointestinal Multiphase
 - Admission to Telemetry General Multi Phase
 - Admission to Telemetry Pulmonary Multi Phase
 - Alcohol (Ethylene & Methanol) Toxicity Peds
 - Alcohol (Ethylene & Methanol) Toxicity Adult
 - Alcohol and Benzodiazepine Detoxification SubPhase (Decision to Admit)
 - Discharge Patient
 - KEO Feed Tub Insertion
 - Palliative Care
 - Stool Studies SubPhase
 - Sub Phase Admit to OPOBS/Extended Recovery

- Sub Phase ED Core Measure AMI
- Sub Phase ICU
- Sub Phase Telemetry
- Sub Plan Medically Monitored Transfer
- Sub Plan Telemetry Transfer
- SubPhase ACS, CP, CAD (Decision to Admit)
- SubPhase ACS, CP, CAD (Floor)
- SubPhase Admit Standard Medications (Decision to Admit)
- SubPhase COPD/Asthma (Decision to Admit)
- SubPhase DKA (Decision to Admit)
- SubPhase DKA (Floor Orders)
- SubPhase GI Bleed (Decision to Admit)
- SubPhase Heart Failure (Decision to Admit)
- SubPhase Heart Failure (Floor)
- SubPhase Pancreatitis (Decision to Admit)
- SubPhase Pneumonia (CAP)ICU Decision to Admit)
- SubPhase Pneumonia (CAP) NON-ICU (Decision to Admit)
- SubPhase Pneumonia (HAP) Admission (Decision to Admit)
- SubPhase Severe Sepsis (Decision to Admit)
- SubPhase Stroke – Hemorrhagic (Decision to Admit ICU)
- SubPhase Stroke – Hemorrhagic (Decision to Admit Non ICU)
- SubPhase Stroke – Hemorrhagic (Floor Orders)
- SubPhase Stroke – Ischemic (Decision to Admit)
- SubPhase Stroke – Ischemic (Floor)
- SubPhase Stroke – tPA Ischemic ICU (Decision to Admit)
- SubPhase Stroke – tPA Ischemic Stroke NON ICU (Decision to Admit)
- Subphase Admit Standard Medications (Floor)
- Subphase COPD/Asthma (Floor)
- Subphase Electrolyte Replacement (Decision to Admit)
- Subphase Severe Sepsis (Floor)
- Transfer to IC DKA Diabetic Ketoacidosis
- Transfer to Intensive Care (ICU)
- Transfer to Lower Level of Care – Adult
- Transfer to Medical Surgical Care
- Transfer to Telemetry Care
- Tub Feeding – ICU
- VTE (Venous Thromboembolism) Prophylaxis
- VTE (Venous Thromboembolism) Treatment
- VTE Prophylaxis and Treatment
- VTE Prophylaxis and Treatment Other (Floor Orders)
- Percutaneous Gastrostomy (Requesting) Tube Placement
- Discharge to Interfaculty (Adult)
- Enteral Feedings
- Severe Sepsis
- Subphase Severe Sepsis (Floor)
- AM Labs General
- ICU Enteral Feeding
- KEO Feed Tube Insertion

III. **MANAGEMENT OF CONTROLLED SUBSTANCES**

- A. The NP may furnish non-controlled substances and devices included in the Standardized Procedure under the supervision of a designated supervising physician.
- B. Definition: controlled substances are defined as those scheduled drugs that have a high potential for dependency and abuse.

1. Schedule II through V drugs require successful completion of an Advanced Pharmacology continuing education course that includes Schedule II controlled substances based on standards developed by the California Board of Registered Nursing.
 - a. This course must be successfully completed prior to the application to the United States Drug Enforcement Administration (DEA) for a Schedule II registration number.
2. When Schedule II through V drugs are furnished or ordered by a NP, the controlled substances shall be furnished or ordered in accordance with a patient-specific Power Plans approved by the treating or supervising physician and the Department of Medicine.

IV. **SUPERVISION BY A PHYSICIAN PURSUANT TO CA BUSINESS AND PROFESSIONS CODE**

- A. Supervision for purposes of this standardized policy is defined as supervision by an MD or DO for the performance of standardized procedure functions and for the furnishing or ordering of drugs by a NP pursuant to California (CA) Business & Professions Code.
- B. Each NP will at all times have a supervisory relationship with a specifically identified TCMC physician member.
- C. No physician shall provide concurrent supervision for more than four NPs.
- D. The Supervisor is not required to be present at the time of the patient assessment/examination, but must be available for collaboration/consultation by telephone.
- E. Ongoing case specific Supervision occurs as needed, with frequency determined by the NP and/or the Supervisor. The consultation, including recommendations, is documented as considered necessary by the Supervisor in the clinical record.
 1. Additional Supervision occurs as described below under "Quality Improvement."
- F. Supervisor notification and consultation is obtained under the following circumstances:
 1. Emergent conditions requiring prompt medical intervention after stabilizing care has been started.
 2. Acute exacerbation of a patient's situation;
 3. History, physical or lab findings that is inconsistent with the clinical formulation or diagnostic or treatment uncertainty.
 4. Patient refusal to undergo a medical examination and/or appropriate medical monitoring.
 5. Upon request of the patient, another clinician or Supervisor.
 6. Upon request of the NP.
 7. The supervising physician will examine the patient on the same day as care is provided by the NP for non-scheduled patient admissions.

V. **QUALIFICATIONS - EDUCATION AND LICENSING**

- A. Education and training:
 1. Master's degree in Nursing from an accredited college or university; AND
 2. Completion of an approved Adult, Child, or Family Nurse Practitioner program.
- B. Licenses and Certification:
 1. Currently licensed by the State of California Board of Registered Nursing as a Registered Nurse;
 2. Currently certified by the State of California as a Nurse Practitioner;
 3. Possession of a California State-issued medication Furnishing Number;
 4. Possession of a DEA Number: Issued by the Drug Enforcement Administration the DEA number is required to prescribe controlled drugs. Drugs and/or devices furnished by the NP may include Schedule II through Schedule V controlled substances.
 5. BLS or ACLS in accordance with the specialty requirement.

VI. **QUALITY IMPROVEMENT**

- A. NPs participate in the identification of problems that may pose harm for patients to facilitate change and improvement in patient care.
 1. The NP will complete clinical quality review reports when necessary and inform appropriate personnel.

2. The NP will note errors or inconsistencies in patient records and intervene to correct and resolve these.
 3. NP cases referred for peer review shall be evaluated by the Supervisor in conjunction with the medical staff peer review processes.
 4. The Supervisor conducts an annual review of the NP's performance, and gives input into the Annual Performance Evaluation.
 5. The NP will be subject to existing methods of monitoring and quality improvement will be utilized where appropriate. These methods include, but are not limited to supervision, medication monitoring and the medical staff peer review process.
- B. The NP will maintain and upgrade clinical skills as required to meet professional standards.
1. Documentation of participation in relevant continuing education activities.

VII. **Practice Prerogatives**

- A. As determined by the NP – Hospitalist Card.

Acknowledgement Statements:

I certify as my signature represents below, as a Nurse Practitioner requesting AHP status and clinical privileges at TCMC that in making this request, I understand and I am bound by these standardized procedures, the clinical privileges granted, the Medical Staff Bylaws, Medical Staff Rules and Regulations, and Department Rules and Regulations, and policies of the Medical Staff and TCMC.

As the sponsoring physician, I agree as my signature represents below to accept and provide ongoing assessment and continuous overview of the Nurse Practitioner's clinical activities described in these practice prerogatives while in the hospital.

Nurse Practitioner Signature

Date

Supervising Physician Signature

Date

Supervising Physician Signature

Date

Supervising Physician Signature

Date

Supervising Physician Signature

Date

Supervising Physician Signature

Date

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

**April 29, 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 April 29, 2021.

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

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

Absent was Director Rocky J. Chavez

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 Vice Chairperson, Leigh Anne Grass, 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 Gleason to approve the agenda as presented.
Director Younger seconded the motion. The motion passed (6-0-0-1) by a roll
call vote with Director Chavez absent.**

3. Pledge of Allegiance

Director Gleason led the Pledge of Allegiance.

4. Public Comments – Announcement

Vice Chairperson Grass read the Public Comments section listed on the April 29, 2021 Regular Board of Directors Meeting Agenda.

Mr. Edmundo Garcia, CNA Labor Representative requested to speak under Public Comments.

5. March 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 – \$241,010
- Operating Expense - \$255,806
- EBITDA - \$8,137
- EROE – (\$2,817)

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

- Average Daily Census – 153
- Adjusted Patient Days – 74,449
- Surgery Cases – 4,349
- ED Visits – 31,373

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

- Operating Revenue – \$28,869
- Operating Expense - \$29,622
- EBITDA - \$1,383
- EROE - \$210

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

- Average Daily Census – 132
- Adjusted Patient Days – 7,920
- Surgery Cases – 575
- ED Visits – 3,623

- Net Patient Accounts Receivable - \$39.8
- Days in A/R – 52.0

6. New Business - None

7. Old Business – None

8. Chief of Staff

- a) Consideration of the April 2021 Credentialing Actions Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on April 26, 2021.

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

It was moved by Director Younger to approve the April 2021 Credentialing Actions Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on April 26, 2021. Director Gleason seconded the motion.

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

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

9. Consideration of Consent Calendar

It was moved by Director Coulter to approve the Consent Calendar. Director Sanchez seconded the motion.

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

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

10. Discussion of items pulled from Consent Calendar

There were no items pulled from the Consent calendar.

11. Comments by Members of the Public

Vice Chairperson Grass recognized Mr. Edmundo Garcia, CNA Labor representative.

Mr. Garcia stated the past few Board meetings a nurse has spoken regarding concerns surrounding breaks which continues to be an important item. Mr. Garcia also stated the union has agreed to a 30-day contract extension through May and the union is also committed to reach an agreement that focuses on nurse recruitment, health and safety, fairness in the workplace and a competitive wage.

12. Comments by Chief Executive Officer

Mr. Steve Dietlin, CEO provided a summary on the COVID-19 pandemic as follows:

- Over 800 COVID-19 positive in-patients have been treated at Tri-City Medical Center.
- At the height of the pandemic, Tri-City was treating over 100 COVID patients and county-wide there were 1,800 at one time in mid-January.
- Today Tri-City has a total of 10 COVID in-patients and county-wide there are 145.
- The pandemic resulted in a nursing shortage world-wide. Tri-City responded by reaching out to Traveler Agencies, paying premium time, etc.

- Tri-City has administered over 25,000 vaccinations at our Vaccination Clinic to date and we have also commenced a vaccination program for home bound members of our community which can be accessed by dialing 211.
- The scheduling platform for vaccinations is now called "My Turn" which is mandated by the State of California in order to be a vaccination site. The "My Turn" link can be found directly on the tricitymed.org website.

Mr. Dietlin also reported April is National Donate Life Month which Tri-City celebrated with a small flag flying and ceremony due to the pandemic. Eight donors have saved the lives of 31 people. Mr. Dietlin expressed his appreciation to the donors who gave their lives through the ultimate sacrifice of their own.

In closing, Mr. Dietlin reported we will be celebrating Nurse's Week. He commented that the nurses are the backbone of our hospital and deserve a special thank-you for their great care for the community we serve. He noted we have been having more success in filling our open nursing positions.

13. Board Communications

Director Younger expressed her appreciation to all for their steadfast commitment. She also wished all the nurse's a great Nurse's Week!

Director Chaya wished all the nurses a happy Nurse's Week and expressed her appreciation to everyone for operating in a safe manner.

Director Chaya also commented on a new procedure Tri-City has been doing – the "Watchman" procedure. She stated it is quite impressive and is a cutting edge cardiac procedure.

Lastly, Dr. Chaya commented on a grateful patient's life-saving procedure she recently witnessed.

Director Coulter thanked everyone for their hard work this past year and looks forward to coming to closure on the pandemic.

Director Coulter also congratulated the nurses on the upcoming Nurse's Week!

Director Gleason echoed Board members comments. She also gave a special thanks to our nurses.

Director Gleason also expressed her appreciation to Dr. Chaya for sharing her story related to a grateful patient.

Director Sanchez expressed her appreciation to everyone for their efforts and superior care. She stated we must always be open to doing more and trying harder to meet the challenges before us.

14. Report from Vice Chairperson

Vice Chairperson Grass extended her best wishes to all the nurses for a happy Nurse's Week. She also recognized Board member and nurse Adela Sanchez.

15. Move to adjourn

Vice Chairperson Grass took a roll call prior to adjournment.

16. There being no further business Vice Chairperson Grass adjourned the meeting at 4:00 p.m.

Rocky J. Chavez, Chairperson

ATTEST:

Tracy M. Younger, Secretary



Financial
Strength

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	53.0			52.1	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	57.8	

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	100.5			98.6	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	91.9	

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	(\$554)			(\$3,371)	(\$5,514)
FY20	(\$476)	(\$494)	(\$759)	(\$311)	(\$1,036)	(\$1,040)	(\$860)	(\$735)	(\$4,467)	\$1,921	(\$2,982)	\$170	(\$8,257)	

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%	-1.89%			-1.25%	-2.10%
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%	-3.03%	



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	\$422			\$8,436	\$ 6,206
FY20	\$686	\$681	\$412	\$683	\$62	\$128	\$367	\$551	(\$3,164)	\$3,159	(\$1,774)	\$1,383	\$3,566	

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%	1.44%			3.12%	2.37%
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%	1.31%	

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	6.33			5.63	6.30
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	6.76	

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	\$67.3				
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		



Building Operating Leases
Month Ending April 30, 2021

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	LeaseTerm Beginning	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 Orthopaedic Bldg, LLC 1958 Via Centre Drive Vista, Ca 92081 V#83025	Approx 4,995	\$2.50	(a)	16,592.85	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	04/30/21	Pulmonary Specialists of NC 3231 Waring Court Suit D Oceanside, CA 92056	7088
Total				\$ 193,000.17				

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



Education & Travel Expense
Month Ending April 2021

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
7010 ARC BRC PRC		40921 EDU	400.00	15694	PARRAS, CANDICE J
8710 CPHQ CERTIFICATION		042321EDU	529.00	83899	DANA KRAUS
8740 ANXIETY AND OCD		042321EDU	200.00	83900	STAVROULA STELLA ALATZAS
8740 SCIENCE FOR TECHNOLOGY		41621 EDU	200.00	79410	GRAY, MOLINDA
8740 SMALL BABY CARE		040121 EDU	200.00	80743	GAGNE, LISA
8740 ACLS		41621 EDU	150.00	79466	HALLAHAN, LETICIA
8740 ACLS		040921EDU	150.00	83898	ELENA NEISINGH

**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.