TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
September 30, 2021 – 3:00 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: 862 7012 2112; Passcode: 536732

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda		
3	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	Oral Announcement of Items to be Discussed During Closed Session	2 min.	
6	Closed Session		
	a) Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: TBD	15 min.	Chair
7	Motion to go into Open Session		
8	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
9	***Open Session – 3:30 p.m.***		

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 760-940-3348 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

	Agenda Item	Time Allotted	Requestor
10	Special Announcement – Director Leigh Anne Grass Board Service Continuance	5 min.	Chair/ Dir. Grass
11	New Business – a) Fiscal 2021 Financial Statement Audit – Moss Adams 1) Consideration to accept the 2021 Fiscal Year Financial Statement Audit b) August, 2021 Financial Statement Results c) Consideration to approve Resolution No. 803, a Resolution of the Board of Directors of the Tri-City Healthcare District Authorizing Remote Teleconference Meetings During Periods of Declared Emergencies in Accordance with the Ralph M. Brown Act d) Tri-City Hospital Foundation Update	30 min. 10 min. 10 min. 10 min.	Moss Adams CFO Board Counsel Foundation President
12	Old Business - None	--	--
13	Chief of Staff a) Consideration of September 2021 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on September 27, 2021.	5 min.	COS
14	Consideration of Consent Calendar ***Requested items to be pulled require a second.*** (1) Approval of an agreement with Agiliti Imaging, Inc. for service repairs and maintenance for a term of 60 months, beginning October 1, 2021 and ending September 30, 2026, for an annual cost of $74,800 and a total cost for the term of $374,000. (2) Approval of the renewal of Drs. Anitha Rajamanickam and Aaron Yung to the existing Cardiology Physician EKG and Echocardiology Panel for the term of 36 months, beginning July 1, 2021 and ending June 30, 2022, for an annual amount not to exceed $216,320 and a total amount not to exceed $216,320. (3) Approval of the renewal of the Emergency Department Call Coverage Panel for Otolaryngology services with Drs. Julie Berry, Robert Jacobs, Anton Kushnaryov, Jennifer MacEwan, Bruce Reisman and Ashish Wadhwa, for a term of 24 months, beginning July 1, 2021 and ending June 30, 2023, with an annual cost of $237,250 and a total term cost of $474,500. (4) Approval of the renewal of the Emergency Department Call Coverage Panel for Pulmonary and Critical Care services with Drs. Frank Corona, Safouh Malhis, Marius Viseroi and Mark Yamanaka, for a term of 12 months, beginning July 1, 2021 and ending June 30, 2022, with an annual and total term cost of $547,500. (5) Approval of the renewal of the Emergency Department Call Coverage Panel for Urology services including Drs. Aaron Boonjindasup, Bradley	10 min.	Standard

	Agenda Item	Time Allotted	Requestor
	Frasier, Michael Guerena, Jason Phillips, and Caroline Vilchis, for a term of 24 months, beginning July 1, 2021 and ending June 30, 2023, with an annual cost of $255,500 and a total term cost of $511,000. (6) Approval of the addition of Dr. Ankaj Khosla to the Emergency Department Call Coverage Panel for Interventional Radiology Services, beginning July 1, 2021 and ending June 30, 2022, with a total annual and total term cost of $237,750. (7) Approval of an agreement for Medical Director for Structural Heart Disease in Cardiology with services provided by Dr. Aaron Yung, for a term of 24 months, beginning October 1, 2021 and ending September 30, 2023, with an annual cost not to exceed $16,200 and a total 24 month term cost, not to exceed $32,400. (8) Approval of the establishment of a Healthcare Provider Consulting Services agreement for Audiology services with Julie Strickland, AuD, CCC-A, AU113, for a term of 12 months, beginning October 1, 2021 and ending September 30, 2022, for an annual cost not to exceed $750.00. (9) Approval of an agreement with Dr. Gehaan D'Souza as the Medical Director for Plastic Surgery Consultative and Procedural Services for a term of 24 months, beginning October 1, 2021 and ending September 30, 2023, for a total cost for the term of $110,880. (10) Approval of an agreement with North County CVT Surgery Associates as professional provider for second surgical assist services for registered TCMC Hospital patients for Cardiovascular bypass procedures for a term of 12 months, beginning October 1, 2021 and ending September 30, 2022, for a total cost for the term of $237,250. (11) **Administrative Committee** **A. <u>Patient Care Services Policies & Procedures</u>** 1. Extended Dwell Catheter/Midline Catheter, Adults Procedure 2. Hazardous Drugs Procedure 3. Paul Gann Blood Safety Act 325 (12) Minutes – Approval of: a) August 26, 2021, Regular Meeting (13) Meetings and Conferences – None (14) Dues and Memberships – (a) Annual Hospital License Renewal Fee - $319,608.00		
15	(15) Reports (a) Dashboard – Included (b) Lease Report – (August, 2021) (c) Reimbursement Disclosure Report – (August, 2021)		
16	Discussion of Items Pulled from Consent Agenda	10 min.	Standard

	Agenda Item	Time Allotted	Requestor
17	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
18	Comments by Chief Executive Officer	5 min.	Standard
19	Board Communications (three minutes per Board member)	18 min.	Standard
20	Report from Chairperson	3 min.	Standard
21	Total Time Budgeted for Open Session	1.5 hour	
22	Adjournment		

LAW OFFICES OF
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JEFFREY G. SCOTT

Of Counsel
JAMES R. DODSON

DATE: September 26, 2021

TO: Board of Directors
Steven L. Dietlin, CEO
Susan Bond, General Counsel

FROM: Jeffery G. Scott, Board Counsel

RE: Resolution No. 803 Authorizing Remote Teleconference Meetings

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Beginning in March 2020 amid rising concerns surrounding the COVID-19 pandemic, Governor Newsom issued a series of Executive Orders modifying certain Brown Act requirements to allow more flexibility for conducting remote meetings while still complying with the intent and purposes of the Brown Act.

On September 16, 2021, the Governor signed AB 361, which continues the Executive Order modifications to the Brown Act which allowed for remote meetings and provides local agencies with the ability to meet remotely in the future during a Governor proclaimed state of emergency.

Following the signing of AB 361 the Governor's office contemplated immediately rescinding the remote meeting authority provided under the prior Executive Order that was set to expire on September 30th. However, such action would have instantly impacted thousands of local agencies like Tri-City Healthcare District which had not passed an AB 361 implementing resolution which is required by the bill. Consequently the Governor's office modified its approach and issued a revised Order on September 20th suspending the provisions of AB 361 until October 1, 2021 and providing for a clearer transition.

In order to continue to have the flexibility to hold remote public meetings after October 1, 2021, local agencies must adopt a resolution similar to the proposed Resolution No. 803 adopting the provisions of AB 361. In accordance with the provisions of AB 361, this resolution is only effective for 30 days. After 30 days, if the local agency desires to

continue the flexibility of meeting under the modified Brown Act requirements, the local agency must pass an additional resolution renewing the state of emergency requirements of AB 361. Accordingly, to continue the ability to hold remote meetings, an additional resolution will be needed to be considered at the District's October 28, 2021, Board meeting.

It is recommended that the Board approve Resolution No. 803 to continue the remote meeting flexibility.

RESOLUTION NO. 803

RESOLUTION OF THE BOARD OF DIRECTORS OF THE TRI-CITY HEALTHCARE DISTRICT AUTHORIZING REMOTE TELECONFERENCE MEETINGS DURING PERIODS OF DECLARED EMERGENCIES IN ACCORDANCE WITH THE RALPH M. BROWN ACT

WHEREAS, the Tri-City Healthcare District ("District") is committed to preserving and fostering access and participation in meetings of the Board of Directors; and

WHEREAS, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, whenever there is a declared state of emergency, the Board of Directors does hereby find that the District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by Government Code section 54953(e), and that such meetings shall comply with the requirements to provide the public with access to the meetings as prescribed in Government Code section 54953(e); and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or the legislative body meeting in person would present risks to the health and safety of attendees; and

WHEREAS, as a consequence of the Governor declared state of emergency, the Board of Directors does hereby find that the District when appropriate, shall conduct their meeting without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by Government Code section 54953(e), and that such meetings shall comply with the requirements to provide the public with access to the meetings as prescribe in Government Code section 54953(e);

THEREFORE, BE IT RESOLVED by the Tri-City Healthcare District Board of Directors as follows:

Section 1: The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2: The Board of Directors hereby proclaims that a local emergency now exists throughout the District and hereby ratifies the Governor's Proclamation of a State of Emergency effective as of its issuance.

Section 3: The District Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this resolution, including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Ralph M. Brown Act.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Tri-City Healthcare District held on September 30, 2021, by the following roll call vote:

AYES: Directors _____

NOES: Directors _____

ABSTAIN: Directors _____

ABSENT: Directors _____

_____
Rocky J. Chavez, President
Board of Directors

ATTEST:

_____
Tracy M. Younger, Secretary
Board of Directors

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF INITIAL CREDENTIALS REPORT
September 8, 2021

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 10/01/2021 – 9/30/2023)

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 10/01/2021 through 9/30/2023:

- **FEDUSKA, Collin MD/Anesthesiology (ASMG)**
- **KERN, Hannah MD/Infectious Disease (Steve Kuriyama, MD Practice)**
- **KILUVIA, Moddy MD/Psychiatry (Array Behavioral Care)**
- **LANDRETH, Riley DO/Anesthesiology (ASMG)**
- **NGUYEN, Michael MD/Anesthesiology (ASMG)**
- **PURI, Muhammad MD/Psychiatry (Array Behavioral Care)**
- **RIZVI, Nadia MD/Internal Medicine (Sound Physicians)**
- **VADAKARA, Tom MD/Psychiatry (Array Behavioral Care)**
- **YUNG, Siyi MD/Pediatrics (Anna Lee, MD Practice)**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3
September 08, 2021

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 10/01/2021 -09/30/2023)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 10/01/2021 through 09/30/2023, 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:

- **AMORY, David, MD/Orthopedic Surgery/Active**
- **BARRON, Jr., Robert, MD/Family Medicine/Refer and Follow**
- **BESSUDO, Alberto, MD/Oncology/Active**
- **CALHOUN, Chanelle, MD/Pediatrics/Active**
- **COLL, Jonathan, MD/Teleradiology/Active Affiliate**
- **GEORGY, Bassem, MD/Interventional Neuroradiology/Active**
- **GUERIN, Chris, MD/Endocrinology/Active Affiliate**
- **KABRA, Ashish, MD/Cardiology/Provisional**
- **SADOFF, Mark, MD/Neurology/Active**
- **SCHIM, Jack, MD/Neurology/Active**
- **SIDDIQUI, Fareeha, MD/Oncology/Active**

RESIGNATIONS: (Effective date 09/30/2021 unless otherwise noted)

Voluntary:

- **ALFIERI, Keith, MD/Orthopedic Surgery**
- **BURRUSS, Jr., Richard, MD/Emergency Medicine**
- **DALAL, Aliasgar, MD/Orthopedic Surgery**
- **DROHAN, Juliette, DO/Emergency Medicine**

Attachment B

- **GHOSH, Tanushree, DO/Pediatrics**
- **HAIGLER, Heather, PA-C/Allied Health Professional**
- **KLATMAN, Samuel, MD/Orthopedic Surgery**
- **MALHOTRA, Kavin, MD/Teleradiology**
- **NARDI, Sean, DO/Emergency Medicine**
- **RYEL, Justin, MD/Emergency Medicine**
- **VOIGT, Michelle, MD/Emergency Medicine**
- **ZACHRY, Alison, MD/Pediatrics**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3
September 8, 2021

REQUEST FOR EXTENSION OF PROCTORING REQUIREMENT

The following practitioners were given 6 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 **March 31, 2022** would result in these privileges automatically relinquishing.

- **BERMAN, Blake, DO** — **Neurosurgery**

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 **October 01, 2021**

- **MADHAV, Kinjal, MD** — **Family Medicine**

CHANGE OF STATUS:

- **MADHAV, Kinjal, MD/Family Medicine**

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
CREDENTIALS COMMITTEE REPORT – Part 3 of 3
September 08, 2021

PROCTORING RECOMMENDATIONS

• AL-TARIQ, Quazi, MD	Radiology
• ANAND, Neil, MD	Radiology
• BROOKS, Jeffrey, DPM	Podiatric Surgery
• BURN, Sean, MD	Radiology
• KUO, Frank, MD	Radiology
• MOUKARZEL, Elias, MD	Obstetrics/Gynecology
• MOUSSAVIAN, Mehran, DO	Cardiology
• PHAM, Alise, DO	Neurology
• WENGER, Scott, DO	General Vascular Surgery

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
Polystar Interventional Radiology Unit Service & Maintenance Proposal

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

Vendor's Name: Agiliti Imaging, Inc

Area of Service: Polystar Interventional Radiology Unit & Syngo Workstation

Term of Agreement: 60 months, Beginning, October 1, 2021 – Ending, September 30, 2026

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
$6,233.33	$74,800	$374,000

Description of Services/Supplies:

- Service Contract on the Polystar Interventional Radiology Unit
- Service Contract on Syngo Workstation
- Preventive maintenance, repair and parts, full glass coverage, detector coverage
- Original covered under the Siemens contract

Document Submitted to Legal for Review:	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: Eva England, Cardiovascular Service Line Director / Steve Dietlin, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Agiliti Imaging, Inc. for service, repairs and maintenance on the Polystar interventional radiology unit and the service contract on Syngo workstation for a term of 60 months, beginning, October 1, 2021 – September 30, 2026 for an annual cost of $74,800, and a total cost for the term of $374,000.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
PHYSICIAN EKG/ECHOCARDIOGRAM PANEL COVERAGE AGREEMENT

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

Physician's Name: Drs. Anitha Rajamanickam, and Aaron Yung

Area of Service: Cardiology

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

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

Weekly Cost Not to Exceed	Annual/Term Cost Not to Exceed
$4,160	$216,320

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 / Steve Dietlin Chief Executive Officer

Motion:
I move that the TCHD Board of Directors approve the renewal of Drs. Anitha Rajamanickam, Aaron Yung for the Cardiology Physician EKG and Echocardiology Panel Agreement for a term of 12 months starting July 1, 2021 ending on June 30, 2022, for an annual and term amount not to exceed $216,320.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – ENT - Otolaryngology

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

Vendor's Name: Julie Berry, M.D., Robert Jacobs, M.D., Anton Kushnaryov, M.D., Jennifer MacEwan, M.D., Bruce Reisman, M.D., Ashish Wadhwa, M.D.

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

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

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

Rate/Day	Term	Annual Cost
$650	FY2022	$237,250
	FY2023	$237,250
	Total Term Cost	**$474,500**

Description of Services/Supplies:

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

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

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 the renewal of the Emergency Department Call Coverage Panel for Otolaryngology services including Julie Berry, MD, Robert Jacobs, MD, Anton Kushnaryov, MD, Jennifer MacEwan, MD, Bruce Reisman, MD, and Ashish Wadhwa, MD, for a term of 24 months, beginning July 1, 2021 and ending, June 30, 2023, with an annual cost of $237,250 and a total term cost of $474,500.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Pulmonary/Critical Care

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

Vendor's Name: Frank Corona, M.D., Safouh Malhis, M.D., Marius Viseroi, M.D., Mark Yamanaka, M.D.

Area of Service: Emergency Department On-Call: Pulmonary/Critical Care

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

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

Rate/Day	Term	Annual Cost
$1,500	FY2022	$547,500
	Total Term Cost	**$547,500**

Description of Services/Supplies:

- Provide 24/7 patient coverage for all Pulmonary/Critical Care 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 authorize the renewal of the Emergency Department Call Coverage Panel for Pulmonary and Critical Care services to include Frank Corona, M.D., Safouh Malhis, M.D., Marius Viseroi, M.D., Mark Yamanaka, M.D., for a term of 12 months, beginning July 1, 2021 and ending, June 30, 2022, with an annual and total term cost of $547,500.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Urology

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

Vendor's Name: Aaron Boonjindasup, M.D., Bradley Frasier, M.D., Michael Guerena, M.D., Jason Phillips, M.D., Caroline Vilchis, M.D.

Area of Service: Emergency Department On-Call: Urology

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

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES
Renewal of current shared call panel

Rate/Day	Term	Cost
$700	FY2022	$255,500
	FY2023	$255,500
	Total Term Cost	**$511,000**

Description of Services/Supplies:

- Provide 24/7 patient coverage for all Urology 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 authorize the renewal of the Emergency Department Call Coverage Panel for Urology services including Aaron Boonjindasup, M.D., Bradley Frasier, M.D., Michael Guerena, M.D., Jason Phillips, M.D., and Caroline Vilchis, M.D. for a term of 24 months, beginning July 1, 2021 and ending, June 30, 2023, with an annual cost of $255,500 and a total term cost of $511,000.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Interventional Radiology (IR)

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

Vendor's Name: Ankaj Khosla, M.D.

Area of Service: Emergency Department On-Call: Interventional Radiology

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

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

Rate/Day	Term	Annual Cost
$750	FY2022	$273,750
	Total Term Cost	**$273,750**

Description of Services/Supplies:

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

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

Person responsible for oversight of agreement: Sherry Miller-Manager, Medical Staff Services / Gene Ma, Chief Medical Officer.

Motion:

I move that the TCHD Board of Directors authorize the addition of Ankaj Khosla, M.D., to the Emergency Department On-Call Coverage Panel for Interventional Radiology services, for a term of 12 months, beginning July 1, 2021 and ending, June 30, 2022, with a total annual and total term cost of $237,750.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
PHYSICIAN AGREEMENT for Medical Director-Structural Heart Disease in Cardiology

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

Vendor's Name: Aaron Yung, M.D.

Area of Service: Medical Director- Structural Heart Disease in Cardiology

Term of Agreement: 24 months, Beginning October 1, 2021- Ending, September 30, 2023

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

Hourly Rate	Maximum Hours per Month	Maximum Cost per Month	Annual Cost
$225	6 hours	$1,350	$16,200 (NTE)
		Total Term Cost NTE	**$32,400 (NTE)**

Description of Services/Supplies:

- Medical Directorship agreement with responsibilities to establish a structural heart program, provide program oversight and stewardship aligned with the strategic initiatives adopted by the District Board of Directors for this key service line
- In collaboration with TCHD, the Medical Director of Cardiology Structural Heart will provide educational opportunities for both district employees and local medical groups
- The medical director will have shared responsibility for the quality of the program and service line growth

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 / Gene Ma, Chief Medical Officer.

Motion:

I move that the TCHD Board of Directors authorize the establishment of the Medical Directorship for Structural Heart Disease in Cardiology with services provided by Aaron Yung, M.D. for a term of 24 months, beginning October 1, 2021 and ending, September 30, 2023, with an annual cost not to exceed $16,200 and a total term cost not to exceed $32,400.

TCHD Board of Directors
DATE OF MEETING: September 30, 2021
Healthcare Provider Consulting Services Agreement for Audiology

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

Vendor's Name: Julie Strickland, AuD, CCC-A, AU1113

Area of Service: Audiology for Infants

Term of Agreement: 12 months, beginning October 1, 2021- September 30, 2022

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

Hourly Rate	**Annual Maximum Hours**	**Annual Cost**	
$150/hr.	5 hours	$750 (NTE)	
		Total Term Cost NTE	**$750 (NTE)**

Description of Services/Supplies:

- Review any changes in Policies and Procedures
- Evaluate equipment needs and approve of equipment choices
- Educate screening staff annually
- Assist with providing physician education as needed
- Be available for questions via email or phone
- Be available for state site visits/chart audits if requested
- Assist hospital Director of NHSP monitor pass/refer rates for each screener and re-educate if needed
- Review pass/refer rates on an annual basis
- Attend Semi-Annual Mandatory Meetings as required by the Hearing Coordination Center (HCC)
- Estimated hours per year will be less than 5

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: Candice Parras, Chief Patient Care Services Officer

Motion:

I move that the TCHD Board of Directors authorize the establishment of a Healthcare Provider Consulting Services Agreement for Audiology with services provided by Julie Strickland, AuD, CCC-A, AU1113, for a term of 12 months, beginning October 1, 2021 and ending, September 30, 2022, with an annual cost not to exceed $750 and a total 12 month term cost not to exceed $750.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
MEDICAL DIRECTORSHIP AGREEMENT FOR PLASTIC SURGERY - CONSULTATIVE & PROCEDURAL SERVICES

Type of Agreement	X	Medical Directors		Panel	X	Other: Consulting & Procedural Services
Status of Agreement		New Agreement		Renewal – New Rates	X	Renewal – Same Rates

Physician's Name: Gehaan D'Souza, M.D.

Area of Service: Hospital Inpatient, Observation & Outpatient Units

Term of Agreement: 24 months, Beginning, October 1, 2021 – Ending, September 30, 2023

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

Rate/Hour	Hours per Month	Hours per Year	Monthly Cost	24 month (Term) Cost
$210	22	264	$4,620	$110,880

Position Responsibilities:

- Physician to provide Plastic Surgery Services (Consultative and Procedural) for registered TCMC Hospital patients (inpatient, observation, and outpatient units)
- Provide medical direction and services for plastic, wound care and reconstructive surgery
- Recommend to the medical staff that patients receive evidence-based plastic, wound and reconstructive care
- Participate in in-service training, utilization review, and service as a liaison for the community

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

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

Motion:
I move that the TCHD Board of Directors approve an agreement with Dr. Gehaan D'Souza as the Medical Director for Plastic Surgery Consultative and Procedural Services for a term of 24 months beginning October 1, 2021 and ending September 30, 2023, for a total cost for the term of $110,880.

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 30, 2021
PROFESSIONAL SERVICES AGREEMENT BETWEEN TRI-CITY MEDICAL CENTER AND NORTH COUNTY CVT SURGERY ASSOCIATES

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

Physician's Name: North County CVT Surgery Associates

Area of Service: Cardiothoracic Surgery

Term of Agreement: 12 months, Beginning, October 1, 2021 – Ending, September 30, 2022

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

Rate/24 hr. period	12 month (Term) Cost
$650	$237,250

Position Responsibilities:

- Physician to provide Second Surgical Assist Services (Procedural) for registered TCMC Hospital patients for Cardiovascular bypass procedures

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

Person responsible for oversight of agreement: Jeremy Raimo, Sr. Director-Business Development / Gene Ma, M.D., Chief Medical Officer

Motion:
I move that the TCHD Board of Directors approve an agreement with North County CVT Surgery Associates as professional services provider for second surgical assist services for registered TCMC Hospital patients for Cardiovascular bypass procedures for a term of 12 months beginning October 1, 2021 and ending September 30, 2022, for a total cost for the term of $237,250.

ADMINISTRATION CONSENT AGENDA
September 21st, 2021

CONTACT: Candice Parras, CPCS

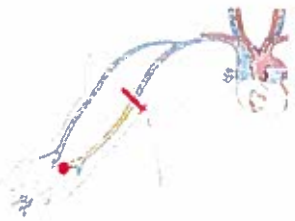
Policies and Procedures	Reason	Recommendations
Patient Care Services Policies & Procedures		
1. Extended Dwell Catheter/ Midline Catheter, Adults Procedure	3 Year Review, Practice Change	Forward to BOD for Approval
2. Hazardous Drugs Procedure	3 Year Review, Practice Change	Forward to BOD for Approval
3. Paul Gann Blood Safety Act 325	3 Year Review, Practice Change	Forward to BOD for Approval

Tri-City Medical Center	Patient Care Services
PROCEDURE:	**EXTENDED DWELL CATHETER /MIDLINE CATHETER, ADULTS**
Purpose:	To outline the following nursing responsibilities for patients with or requiring midline catheter placement: 1. Patient selection 2. Placement of catheter 3. Assessment 4. Maintenance 5. Documentation 6. Flushing 7. Blood specimen collection 8. Dressing changes 9. Removal
Supportive Data:	1. Infusion Nursing Standards of Practice ~~1.~~**2. AACN Procedure Manual for High Acuity, Progressive and Critical Care** ~~2.~~**3.** Standards of Care for Adults ~~3.~~**4.** Central Venous Access Procedure ~~4.~~**5.** Infection Control Manual Bloodborne Pathogen Exposure Control Plan (I.C.10)
Equipment:	1. Extended Dwell Catheter Insertion Kit (3 French or 4 French) 2. Sterile gloves 3. Microclave (green or yellow as appropriate) 4. Peripheral IV dressing (such as SorbaView SHIELD Contour) 5. Swabcap port protector 6. Central Line Change Kit

A. DEFINITION(S):

1. Extended Dwell Catheter (EDC):
   a. An EDC is a peripheral intravenous (IV) catheter 2.4 inches in length, power-injectable and approved by the Food and Drug Administration (FDA) for use up to 29 days.
   b. The most favorable site for EDC insertion is mid-forearm. However, placement can be in any vein deemed appropriate by the inserting Registered Nurse, including hand veins.
      i. EDC catheters shall not traverse flexion surfaces, such as the wrist or antecubital fossa.
      ii. An EDC catheter is not a Midline, unless inserted above the antecubital fossa and the catheter tip terminates distal to the axillary line.
      iii. An EDC catheter is not a Peripherally Inserted Central Catheter (PICC).
      iv. An EDC catheter is not a centrally inserted catheter, i.e. central line.
2. Midline Catheter:
   a. A Midline catheter is an EDC peripheral IV catheter 3.1 to 3.9 inches in length, power-injectable and FDA cleared for use up to 29 days, that is inserted into the upper arm via the deeper basilica, cephalic, or brachial veins, with the internal tip located at or near the level of the axilla and distal to the shoulder. See illustration below.
   b. Midlines catheters do not extend beyond the axillary line and do not extend into the vena cava; see illustration below.
      i. A midline catheter is not a PICC.
      ii. A Midline catheter is not a centrally inserted catheter, i.e. central line.

Department Review	Clinical Policies & Procedures	Nursing Executive Committee	Infection Control Committee	Department of Radiology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
06/17, **07/20**	06/14, 07/17, **08/20**	06/14, 07/17, **10/20**	**10/20**	09/14, 10/17	09/14, 11/17, **05/21**	10/14, 11/17, **07/21**	05/15, 01/18	05/15, 01/18



B. POLICY:

1. In the absence of a clear indication for a central line, an EDC or Midline catheter should be considered for all patients requiring access for up to twenty-nine (29) days, as well as difficult access or "hard stick" patients and patients requiring frequent phlebotomy.
2. Contraindications to EDC or Midline use: A EDC or Midline catheter should not be used for the following indications:
   a. Continuous vesicant therapy
   b. Total parenteral nutrition
   c. Any intravenous medication requiring central venous access for administration
   d. Patients with known allergy to the components of the EDC
3. EDC and Midline catheters may be inserted in the patient's room by a Physician/Allied Health Professional (AHP) or a Registered Nurse (RN) trained to insert EDC and Midline catheters for patients meeting one or more of the following criterion:
   a. Patient has poor or limited peripheral access.
   b. Two unsuccessful attempts to insert a peripheral catheter by one RN and a reassessment by a 2nd RN who is also unable to insert a peripheral catheter after two attempts.
   c. Patient requires minimum of one (1) week to twenty-eight (28) days of intravenous (IV) therapy for hydration solutions, isotonic or near isotonic drugs and solutions, pain medications, antibiotics, blood products, or frequent blood sampling.
4. EDC and Midline catheters shall be labeled with an EDC catheter sticker.
~~4.~~**5.** **EDC and Midline catheter placement should be avoided in an extremity on the same side that the patient had a mastectomy with axillary node resection, fistula, shunt, or radial artery surgery.**

C. PROCEDURE FOR BEDSIDE INSERTION:

1. Verify Physician order for peripheral IV.
2. Verify patient per Patient Care Services: Identification, Patient Policy.
3. Gather equipment.
4. Aseptic or sterile technique shall be used during EDC or Midline catheter insertion.
~~5. Lidocaine 1% without epinephrine may be used during EDC or Midline insertion per Patient Care Services: Local Anesthetic Prior to Intravenous Insertions Standardized Procedure.~~
~~6.~~**5.** Prepare skin at insertion site with 2% chlorhexidine scrub. Allow to dry thoroughly.
~~7.~~**6.** Insert EDC or Midline catheter according to manufacturer's instructions.
~~8.~~**7.** Ultrasound guidance may be used, but is not required, for insertion of EDC or Midline catheter.
~~9.~~**8.** Use Biopatch disk or equivalent around insertion site. Cover using sterile dressing.
~~10.~~**9.** EDC and Midline catheters shall be secured using a hospital-approved IV occlusive dressing.
~~11.~~**10.** Ensure all connections are tight and free from leakage.
~~12.~~**11.** Unless continuously infusing, place a neutral displacement connector and flush with at least 10 mL preservative-free normal saline.
~~13.~~**12.** The inserting RN shall document the insertion of the EDC or Midline catheter in the Electronic Health Record (EHR), i.e. catheter location, site condition, dressing, date and time of insertion etc.
   a. If a Midline is placed by a physician or PA, the primary RN shall document the insertion in the EHR
~~14.~~**13.** Ensure EDC or Midline catheter is labeled with an EDC catheter sticker.

D. ASSESSMENT:

1. Monitor site and catheter position after insertion for the following:
   a. Minor bleeding is anticipated within the first 24 hours of insertion.
   b. If excessive bleeding occurs, do not remove existing dressing as this can dislodge any clot that has begun to form. Instead, apply pressure and consult with the Rapid Response Team.
      i. Notify the physician or PA for excessive bleeding from a Midline.
2. Monitor IV and assess per the Patient Care Services: Standards of Care, Adult.
   a. Peripheral IV site shall be assessed on admission, ongoing, and transfer from other nursing unit.
3. Document assessment findings in the EHR.

E. CARE AND MAINTENANCE:

1. Assess site every shift, with flushing, prior to and after the administration of medications and PRN.
   a. Always flush using positive pressure, push/pause technique.
   b. Flush EDC or Midline catheter with at least 10mL of preservative-free normal saline at least every 8-12 hours.
   c. Assess blood flow before and after administration of medications.
   d. Flush EDC or Midline catheter immediately before and after administration of medications with at least 10 mL preservative-free normal saline.
   e. Flush EDC or Midline catheter after infusing blood products with 20 mL of preservative-free normal saline.
   f. For saline locked EDC or Midline catheters, always clamp tubing after instilling flush solution.
2. **Avoid measuring blood pressure, performing venipuncture, or administering injections in the extremity with a Midline catheter.**
   ~~f.~~**a. It is recommended to Pplace a sign at the patient's bedside to alert clinicians to avoid use of the extremity with the Midline catheter.**

~~2.~~**3.** Review the Patient Care Services: Standards of Care Adult Procedure- Infusion Therapy for detailed information on the following:
   a. Port protector:
      i. Do not reuse the port protector, a new one should be used each time it is removed, every 8 hours with routine IV flushing, and PRN.
   b. Neutral Displacement Connector (i.e. MicroClave).
   c. Tubing changes.
   d. Infusion Therapy: Nursing Interventions.

~~3.~~**4.** Dressing changes shall be performed every seven days in accordance with Patient Care Services: Central Venous Access Devices Procedure for central line dressing changes using central line dressing change kit.

F. BLOOD SPECIMEN COLLECTION:

1. Diagnostic blood draws ("LABS") may be performed through an EDC or Midline catheter as follows:
   a. Identify patient per Tri-City Healthcare District (TCHD) policy.
   b. Turn off any continuous infusions, disconnect as needed, and ensure all clamps are open.
   c. Perform hand hygiene and don clean non-sterile gloves.
   d. Remove port protector from the neutral displacement connector (Microclave) if used.
      i. If a port protector is not present on injection port, use alcohol pad to vigorously cleanse the neutral displacement connector or injection port and the area where valve connects to end of catheter. Repeat three times using a new alcohol pad each time.

e. Allow injection port to dry, do not fan or blow on port to speed drying.
f. Flush with 10 mL normal saline; wait 2 minutes.
g. Place a light venous tourniquet proximal to the catheter tip.
h. Position arm in gravity dependent position with palm up. Allow 30-60 seconds for venous pooling.
i. Draw off and discard 5 mL of blood.
    i. Prior to drawing blood cultures, disconnect tubing or neutral displacement connector, attach 10 mL syringe to hub, and collect blood for discard.
    ii. To draw blood culture, follow aseptic technique, use a new 10 mL syringe, and collect blood directly at the hub. Reconnect tubing or replace with a new neutral displacement connector
    iii. Tip: gentle traction on the catheter hub or on the securement device may draw catheter tip away from vessel wall and allow for free flow.
        1) If no blood returns, remove neutral displacement connector (with clamp in place), access extension set directly and attempt to aspirate.
j. For Direct Transfer Method:
    i. Insert safety vacutainer blood collection device into the neutral displacement connector using a slight clockwise turning motion.
    ii. Insert blood specimen collection tube and activate vacuum by fully engaging the blood tube.
k. For Indirect Transfer Method:
    i. Attach new 10 mL luer lock syringe(s) to collect blood as needed.
    ii. A safety transfer device must be used to fill the vacuum tube from a syringe.
    iii. Remove device or syringe and wipe away blood residual.
l. Upon completion, flush with 20 mL preservative-free normal saline.
m. Reconnect tubing or replace with a new neutral displacement connector being careful not to contaminate the end of the hub.
    i. Remove gloves, perform hand hygiene, and don a second pair of gloves.
    ii. Labeling: refer to Patient Care Services: Specimen Labeling, Nurse Collectibles Procedure.
    iii. Place label(s) on specimen collection tube(s) at patient's bedside.
    iv. Place specimen collection bag in the designated area for lab to pick up or use tubing system.

G. DRESSING CHANGES:

1. Change the original dressing one day after insertion if newly inserted midline catheter has a gauze dressing.
2. Change transparent dressings with Biopatch disk every 7 days.
    a. Gauze dressings (including transparent dressings with gauze underneath) shall be changed every two days.
3. Change dressings as needed if they become loose, soiled, or moist.
4. Use the Central Line dressing change kit; the kit has the supplies required for changing an EDC or midline catheter dressing.
5. Explain the procedure to patient.
6. Use Standard Precautions during dressing change (refer to Infection Control: Standard and Transmission- Based Precautions Policy IC.5).
7. Avoid talking over site and have the patient turn away from the site to prevent contamination.
8. Perform hand hygiene, don clean non-sterile gloves, and remove the dressing and discard.
9. Assess insertion site for:
    a. Signs of infection, i.e. redness, purulent drainage.
    b. Ensure the securement device and/or sutures are intact.
    c. Ensure the catheter is not kinked, leaking, or otherwise compromised.
10. Remove non-sterile gloves and perform hand hygiene.

11. Open sterile supplies and don sterile gloves and sterile mask.
12. Perform hand hygiene and don sterile gloves.
13. Apply chloraprep using a gentle back-and-forth motion for 30 seconds to cleanse exit site and allow site to air-dry for at least 30 seconds.
14. Cleanse catheter tubing from exit site to distal end.
15. Allow antiseptic to air dry (do not blow on or fan site) before redressing.
16. Apply transparent dressing with Biopatch.
    a. Place Biopatch disk around catheter with blue side up and white foam side next to skin at exit site.
    b. To ensure easy removal, place Biopatch disk with the catheter resting on or near the radial slit. The edges of the slit must touch the skin to ensure efficacy.
    c. Center transparent dressing over exit site and the Biopatch disk.
    d. Write date of dressing change and your initials legibly with a permanent black marker directly on the transparent dressing, allowing time for the ink to dry.

H. DOCUMENTATION:

1. Document assessments, care and maintenance, and dressing changes in the EHR per the Patient Care Services: Standards of Care, Adults.
2. Document patient education provided and patient and/or caregiver responses in the EHR.

I. REMOVAL:

1. Perform hand hygiene per Infection Control: Hand Hygiene – IC 8 policy.
2. Assemble equipment and supplies.
3. Remove dressing and discard.
4. Grasp catheter near insertion site.
5. Remove slowly, do not use excessive force.
6. If resistance is felt, stop removal, and notify PA or ordering physician and document interventions in the EHR.
7. Document removal of catheter and patient's tolerance in the EHR.

J. POTENTIAL COMPLICATIONS

1. Notify the ordering Physician/AHP for any sign and symptoms of catheter related complications, which may include one or more of the following:
    a. Infection:
        i. Fever
        ii. Chills
        iii. Swelling, erythema or drainage at insertion site
    b. Phlebitis:
        i. Warmth, tenderness, erythema, palpable venous cord
    c. Thrombosis:
        i. Leakage from the site
        ii. Decreased flow rate of infusion pump inability to draw or infuse
        iii. Edema in areas distal or proximal to the site
        iv. Swelling in shoulder and neck area or jaw, shoulder or chest pain
    d. Malposition catheter:
        i. Lack of blood return
        ii. Complaints of pain or discomfort in the arm or jaw during infusion
        iii. Leaking at catheter site
        iv. Complaints of hearing a swishing sound during infusion
    e. Catheter breakage:
        i. Leakage of IV fluid from catheter, hole in the catheter, catheter fracture.
            1) In the event of catheter breakage, a tourniquet shall be placed high on the upper arm so that venous flow (not arterial flow) is obstructed.

2) Check vital signs and radial pulse every 5 minutes while the tourniquet is in place.
3) Any distress or change in condition should be immediately brought to the attention of the physician.

K. RELATED DOCUMENT(S):

1. Infection Control: Hand Hygiene – IC 8 Policy
2. Infection Control: Standard and Transmission- Based Precautions IC.5 Policy
3. Patient Care Services: Central Venous Access Devices Procedure
4. Patient Care Services: Identification, Patient Policy
5. ~~Patient Care Services: Local Anesthetic Prior to Intravenous Insertions Standardized Procedure~~
6. 5. Patient Care Services: Specimen Labeling, Nurse Collectibles Procedure
7. 6. Patient Care Services: Standards of Care, Adults Procedure

L. REFERENCE(S):

1. Gorski, L. A. (2016). The 2016 infusion therapy standards of practice. Journal of Infusion Nursing.
1. 2. **Weigand, D. L. (2017). AACN Procedural Manual for High Acuity, Progressive, and Critical Care, 7th ed. Elsevier, St. Louis, MO**

Tri-City Medical Center	Patient Care Services
PROCEDURE:	**HAZARDOUS DRUGS**
Purpose:	To ensure the safety of employees/patients during the **handling of** ~~administration~~ hazardous drugs within Tri-City Healthcare District (TCHD)
Supportive Data:	National Institute of Occupational Safety and Health (NIOSH) and Center for Disease Control (CDC)
Equipment:	Cytotoxic bin, yellow chemo waste bags, N-95 mask, double gloves, gown, splash goggles or face shield, protective shoe covers

A. **DEFINITION(S):**

1. Hazardous drugs (HD) : As defined by the NIOSH Working Group, drugs considered hazardous include those that exhibit one or more of the following six characteristics in humans or animals:
   a. Carcinogenicity
   b. Teratogenicity or other development toxicity
   c. Reproductive toxicity in humans
   d. Organ toxicity at low doses in humans or animals
   e. Genotoxicity – the ability to cause a change or mutation in genetic material.
   f. Structure and toxicity profiles of new drugs that mimic existing drugs determined hazardous by the above criteria
2. NIOSH HD risk stratification:
   a. Group 1: Antineoplastic drugs (American Hospital Formulary Service [AHFS] Classification 10:00).
   b. Group 2: Non-antineoplastic drugs that meet one or more of the National Institute for Occupational Safety and Health (NIOSH) criteria for a hazardous drug.
   c. Group 3: Drugs that primarily pose a reproductive risk to men and women who are actively trying to conceive and women who are pregnant or breast feeding, because some of these drugs may be present in breast milk.
3. HD consists of certain antineoplastics such as chemotherapy, as well as medications to treat disease states other than cancer.

B. **POLICY:**

1. This policy applies to TCHD staff handling or administering hazardous drugs. Additionally, this policy pertains to TCHD staff handling the bodily fluids of admitted patients who received these drugs during their hospital stay.
2. Appropriate personal protective equipment (PPE) must be worn when handling HD including during receipt, storage, transport, compounding (sterile and nonsterile), administration, deactivation/decontamination, cleaning, disinfecting, spill control and waste ~~disposal per Chemotherapy Administration Procedure~~.
   a. See Related Document: Hazardous Drugs, Personal Protective Equipment When Handling HD.
      i. Chemo-safe gloves must meet American Society for Testing and Materials (ASTM) standard D6978 (or its successor).

1. Only a TCHD registered nurse (RN) who has completed the NetLearning "~~Administering a~~ Hazardous Drugs" module may administer a hazardous drug.
2. Identification of HD:
   a. HD are identified based on the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings.
   b. Pharmacy maintains a list of the HD (see Related Document: Hazardous Drug List).
      i. The HD list is reviewed and updated at least annually.

Patient Care Services Content Expert	Clinical Policies & Procedures Committee	Nursing Leadership ~~Executive Council~~	Medical Staff Department / Division	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
08/10, 02/11, 03/12, 06/16, 02/17, **0**	03/12, 07/16, 08/17, 05/18	03/12, 07/16, 08/17, 05/18, **10/20**	n/a	09/16, 07/18, **05/21**	04/12, 09/16, 08/18, **07/21**	09/18	05/12, 10/16, n/a	05/12, 11/16, 09/18

ii. An assessment of risk is performed at least annually to determine alternative containment strategies and/or work practices for Group 3 HD or any other HD as determined by TCHD to minimize occupational exposure.

c. HD identified by the facility are communicated to all staff that may potentially handle these agents. Methods of communication include, but are not limited to:
   i. Ready access to the hazardous drug list
   ii. Ancillary labels
   iii. Pyxis alerts
   iv. Electronic Medication Administration Record (eMAR) comments

~~3. All Group 1 and 2 HD will have appropriate ancillary labels attached such as "Caution: Hazardous Drug" or "Caution: Chemotherapy". Group 3 does not require additional labeling.~~

~~4. All patients who have received Group 1 and 2 HD within 48 hours shall be clearly identified by signage posted at the patients' bedside designating cytotoxic or hazardous drug therapy.~~
~~a. Receipt of these drugs must be reported during caregiver handoff.~~

~~5.~~3. Precautions must be taken during administration and until 48 hours after last dose **for Group 1 HDs**~~.~~
   a. Equipment and patient care items which come into contact with these drugs or with body secretions from patients within 48 hours post administration, are considered contaminated and must be handled and disposed of as such.

~~6. All body fluids sent for laboratory testing, from patients who have received Group 1 and 2 HD in the previous 48 hours, must be labeled as such.~~

B. **PREPARATION OF HAZARDOUS DRUGS:**

1. Injectables:
   a. Group 1 and 2~~:~~
      ~~ii.~~i. ~~All injectable Group 1 and 2~~ HD will be prepared by pharmacy under a chemo hood.
      ~~i. Personnel will double glove with sterile chemo safe gloves, don a chemo gown, face mask and double shoe covers.~~
         ~~1) A second pair of shoe covers must be donned before entering chemo IV room and doffed when exiting.~~
      ~~ii. Drugs will be prepared using a closed system transfer device (CSTD) when vial size permits.~~
         ~~1) If CSTD not applicable due to vial size or route of administration, luer locking system must be used.~~
      ~~iii. Tubing will be attached and primed in the hood with a non-HD solution.~~
   b. Group 3~~:~~
      ~~iii.~~i. ~~Parenteral Group 3~~ HD may be prepared in positive pressure buffer room using acceptable practices for non-hazardous medications.
2. Non-injectables:
   a. Group 1 and 2~~:~~
   ~~iv.~~**b.** ~~All non-injectable Group 1 and 2~~ HD will be handled in the following manner:
      i. Chemo-safe gloves will be used during routine handling of Group 1 and 2 HD and contaminated equipment.
      ~~ii. Hazardous medications are not to be repackaged on a high speed packager or other equipment that may expose other medications to powdered contaminants.~~
      ~~iii.~~ii. **Counting or repackaging (unit dosing) of HD tablets and capsules under a hood is not required.** ~~Blister pak systems or other re-packaging systems that do not have a risk of exposing other medications to powdered contaminants, may be used to repackage hazardous medications.~~
      ~~iv.~~iii. Any preparation including pouring and counting will be done with equipment that is wiped down after use with ~~hazardous medications~~**HD**.
         1) Equipment that enters the chemo hood should be dedicated to this use only.

~~v.~~iv. Medications may not be cut, crushed, or diluted on the nursing unit.
1) Cutting or crushing of hazardous oral medications will be done only under a chemotherapy hood by pharmacy.

~~vi.~~v. Compounded liquid (solution or crushed medication mixed in a slurry) medications will be:
1) Prepared in the chemotherapy hood by pharmacy
2) Dispensed in an oral syringe
3) Provided to patients from pharmacy when a patient cannot swallow the intact oral solid dosage form (e.g. NGT)
4) Dispensed in a sealable plastic bag in order to contain any inadvertent contamination.

~~b.~~c. Group 3~~:~~
~~v.~~i. ~~Non-injectable Group 3~~ HD may be prepared the same as non-hazardous medications.
1) It is recommended that men and women of child bearing age or women who are pregnant or breastfeeding:
a) Use double chemo-safe gloves during handling and administration.
b) Use mask when crushing or splitting. May wear gown if risk of splashing.
i) It is not required to crush or split in chemo hood.
c) Take special care to wipe down equipment before use if risk of contamination.

C. **TRANSPORTING HAZARDOUS DRUGS:**
1. All liquid (parenteral and oral) Group 1 and 2 HD shall be transported as follows:
a. In a sealable plastic bag
b. Group 1 drugs shall be transported in a chemo cooler with a spill kit and delivered to authorized floors only.
2. Liquid and solid Group 3 HD may be delivered as standard non-HD medications.

D. **ADMINISTERING HAZARDOUS DRUGS:**
1. When handling and or/administering Group 1 and 2 HD, personnel shall do the following:
a. Don gown **if there is risk of spills or splashing**. Gowns should be changed if contaminated with drugs or excreta from patients.
b. Don two pairs of double chemo-safe gloves. **A single pair of chemo-safe gloves may be worn if administering an intact capsule or tablet.**
c. Never score or crush Group 1 or 2 HD (prevents inhalation of the drug).
d. Notify pharmacy if Group 1 or 2 HD must be administered via gastric tube (i.e., nasogastric or oral gastric small bore feeding tube).
e. Ensure ~~a yellow puncture-proof~~**appropriate** cytotoxic waste container **(bag or puncture-proof container)**is available on the unit (i.e., medication room or designated area).
f. Document all hazardous drug patient education in the ~~Education-All Topics-Ad-hoc form under Medication Topics.~~ **medical record**
~~i. Instruct patients to avoid exposing others to any type of body secretions for 48 hours after their last dose.~~
~~ii. When using home toilet, instruct patient to flush twice with the lid down.~~

~~2. When handling and/or administering Group 3 HD, personnel may:~~
~~a. Use double chemo-safe gloves during handling and administration.~~
~~b. Use mask if crushing or splitting. May wear gown if risk of splashing.~~

~~3. Additional PPE Protection:~~
~~a. Eye and face protection:~~

i. Personnel may use splash goggles or a face shield at any time during the handling of Group 1 or 2 HD when there is a risk of spills or splashing.

b. Respiratory protection:

i. A surgical N95 respirator may be used at any time during the handling of Group 1 or 2 HD, when there is a risk of inhalation of airborne particles.

E. **HAZARDOUS DRUG DISPOSAL AND WASTE:**

1. Refer to **Administrative Policy: Handling of Pharmaceutical Waste, Expired Medications and Expired IV Solutions 276 and** TCHD Waste Disposal Guidelines **Grid**Poster.

2. Dispose of the following in a yellow puncture proof cytotoxic waste container:
   a. Equipment or packaging contaminated with "trace":
      1) Needles and syringes used when administering Group 1 and 2 HD.
      2) Non-sharp materials exposed to Group 1 and 2 HD (i.e., pill packaging, IV tubing/empty IV bags, and gloves).
      3) Group 2 HD in a solid pill or liquid form.
      4) Notify environmental services (EVS) when any yellow puncture proof cytotoxic waste container is 2/3 full.

3. Dispose of the following in a black RCRA container:
   a. Group 1 HD in "bulk form":
      i. IV bag that contains >3% of residual total volume of hazardous drug. Any volume less than this is considered "trace".
      ii. Solid form of drug (pill or capsule).
   b. Group 2 and 3 medications with RCRA designation.
   c. If a RCRA container is not located on floor or is not large enough, Group 1 HD must be transported to pharmacy for disposal. Medications shall be placed in a sealed plastic bag and labeled as "chemotherapy".

4. All non-RCRA Group 3 drugs shall be disposed of in a pharmaceutical waste container. Dispose of packaging and gowns in regular waste.

5. Group 1 or 2 HD: Preventing Exposure to Body Fluid and Contaminated Linen:
   a. When handling body fluids or contaminated linen or equipment, PPE must be worn.
      i. All disposable equipment (i.e., Foley catheter, bedpan, graduated cylinder, and diapers) used in caring for these patients, must be disposed of in a yellow trace chemotherapy waste container and placed in the designated chemotherapy waste area on the unit.
   b. Disposing of body fluid:
      i. Dispose of body fluids in the toilet.
      ii. Do not use the toilet sprayer. Rinse containers with a cup of water to prevent splashing.
      iii. Before flushing toilet, cover open toilet with new chux.
      iv. Flush toilet twice, and discard chux. (New chux to be used with each flush.)
         1) Toilet may be flushed once if equipped with a high pressure flushing mechanism.
      v. Place PPE and chux in chemotherapy waste bag.
      vi. Non Oncology units contact EVS to dispose of chemo waste bag when they become 2/3 of the way full.
      vii. Oncology unit will place sealed chemo waste bag in the designated chemotherapy waste area on the unit.
   c. All linen exposed to Group 1 or 2 HD or body fluid of a patient that is currently receiving or has received agents in the past 48 hours, must be placed (using gown and chemo-safe double gloves) in a yellow chemotherapy waste bag and tagged by the EVS with a "Special Handling Ticket" before adding it to the general hospital linen.

G. **HD EXPOSURES AND PREVENTION MANAGEMENT:**

1. Skin care of incontinent adult receiving HD:

a. Clean patient's skin after voiding or having a bowel movement.
b. Apply protective barrier ointment or cream before diapering.

2. In the event of skin exposure to a hazardous drug, remove any contaminated garment and immediately wash contaminated skin with soap and water.
3. In case of eye exposure, immediately flush the eye with saline solution or water for at least five (5) minutes.
4. ~~-~~Report any exposures or spills to ~~your~~**the Nursing Leadership** ~~Assistant Nurse Manager/Relief~~ Charge Nurse/~~s~~Supervisor.
5. Report any employee exposure to employee health services and/or emergency department.
   a. Complete an Illness/Injury Investigation Report.
6. Report patient exposures to the patient's healthcare provider and per Administrative Policy: Incident Report-Quality Review Report (QRR) RL Solutions 396.

H. **HANDLING OF GROUP 1 AND 2 HD – PHARMACY DEPARTMENT:**

1. A designated person who is qualified and trained will oversee entity compliance with United States Pharmacopeia (USP) 800 and all applicable laws, regulations and standards, as well as develop and implement appropriate procedures.
2. Signs designating HD handling areas ~~will be~~ will be displayed ~~above~~ **before** the entrance.
   a. Access to these areas will be restricted to authorized personnel only.
3. Receiving:
   a. Designated areas must be available for receipt and unpacking of HD.
   b. HD must be unpacked in an area that is neutral/normal or negative pressure relative to the surrounding areas.
   c. Chemotherapy gloves must be worn when unpacking HD.
   d. Receiving and handling of damaged HD shipping containers will be performed as per USP 800 requirements.
4. Storage:
   a. Group 1 and 2 HD that require compounding, must be stored in the negative pressure buffer room.
   b. Refrigerated Group 1 and 2 HD must be stored in a dedicated refrigerator in the negative pressure buffer room.
      i. Exhaust should be located adjacent to the refrigerator's compressor and behind the refrigerator. Solid state engineering (no compressor) may be considered.
   c. Group 2 and 3, as well as final dosage forms of Group 1 HD may be stored with other inventory.
   d. Drug bins, shelves, and storage areas bear distinctive labels identifying those drugs requiring special handling precautions.

~~5. Deactivating, decontaminating, cleaning, and disinfecting:~~
~~a. All areas where HDs are handled and all reusable equipment and devices must be deactivated and decontaminated.~~
~~i. Additionally, sterile compounding areas and devices must be subsequently cleaned and disinfected.~~
~~ii. See Pharmacy: Sterile Compounding Policy for cleaning and disinfecting procedures.~~
~~b. Deactivation/decontamination must occur at least daily (when areas/equipment used), any time a spill occurs, before and after certification, any time voluntary interruption occurs, and if the ventilation tool is moved.~~
~~c. Deactivation renders compound inert or inactive.~~
~~i. Example agents include peroxide formulations, sodium hypochlorite~~
~~d. Decontamination removes HD substances.~~
~~i. Example agents include 70% isopropyl alcohol, water, peroxide, or sodium hypochlorite~~

~~6.~~5. Competency Assessment:
   a. Training must occur before personnel independently handle HD:

i. Overview of TCHD list of HD and their risks.
ii. Review of the TCHDs' standards of practice related to handling of HD.
iii. Proper use of PPE.
iv. Proper use of equipment and devices.
v. Response to known or suspected HD exposure.
vi. Spill management.
vii. Proper disposal of HD and trace-contaminated material.

b. Competency will be reassessed annually.

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

1. Administrative Policy: 396 Incident Report-Quality Review Report (QRR) RL Solutions
~~2. Hazardous Drugs (HD), Personal Protective Equipment When Handling HD~~
~~3.~~2. Patient Care Services Policy: Chemotherapy Prescribing, Processing and Preparation
~~4.~~3. Patient Care Services Procedure: Chemotherapy Administration
~~5.~~4. Patient Care Services Procedure: Disposal of Chemotherapy Waste
~~6. Patient Care Services Procedure: Disposal of Chemotherapy Waste Such as Body Fluids Including Sweat, Saliva, Emesis, Urine, Feces, Semen, Vaginal Fluid, or Blood~~
~~7.~~5. Patient Care Services Procedure: Chemotherapy Exposure, Spills and Handling of Linens Contaminated With Chemotherapeutic Agents And Body Fluids, Accidental Exposure To Radioactive Body Fluids
~~8.~~6. Pharmacy Policy: Sterile Compounding
7. TCHD Hazardous Drug List
~~9.~~8. **TCHD Hazardous Drugs, Personal Protective Equipment When Handling HD**
~~10.~~9. TCHD Waste Disposal Guidelines
~~11.~~10. Environment of Care Policy: Hazardous Material and Waste Management and Communication Plan

~~J. EXTERNAL LINK(S):~~
~~1. USP 800 Table 4~~

~~K.~~J. **REFERENCE(S):**

1. American Hospital Formulary Service (201~~9~~3). Drug Information.
2. Department of Health and Human Services. NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings (2016). http://www.cdc.gov/niosh/topics/antineoplastic/pdf/hazardous-drugs-list_2016-161.pdf.
3. National Institute for Occupational Safety and Health. (2004). Preventing occupational exposure to antineoplastic and other hazardous drugs in health care settings. http://www.cdc.gov/niosh/docs/2004-165/#c
~~1.~~4. US Pharmacopeial Convention (201~~9~~6) USP Compounding Compendium. **USP General Chapter <800>** ***Hazardous Drugs–Handling in Healthcare Settings***~~85-103.~~

Tri-City Healthcare District Hazardous Drug List

Hazardous Group 1: Antineoplastic drugs

Generic Name	Brand Name	Form	AHFS-Therapeutic Classification
Abiraterone	Zytiga	Oral	Antineoplastic agent
Ado-trastuzumab emtansine	Kadcyla	Inj	Antineoplastic agent
Afatinib Dimaleate	Gilotrif	Oral	Antineoplastic agent
Altretamine	Hexalen	Oral	Antineoplastic agent
Amsacrine	Amsidine	Inj	Not in AHFS (Antineoplastic agent)
Anastrozole	Arimidex	Oral	Antineoplastic agent
Arsenic trioxide	Trisenox	Inj	Antineoplastic agent
Axitinib	Inlyta	Oral	Antineoplastic agent
Azacitidine	Vidaza	Inj	Antineoplastic agent
Bacillus Calmette-Guerin	BCG	Inj	Vaccine
Belinostat	Beleodaq	Inj	Antineoplastic agent
Bendamustine HCL	Treanda	Inj	Antineoplastic agent
Bexarotene	Targretin	Oral, Topical	Antineoplastic agent
Bicalutamide	Casodex	Oral	Antineoplastic agent
Bleomycin	Blenoxane	Inj	Antineoplastic agent
Bortezomib	Velcade	Inj	Antineoplastic agent
Bosutinib	Bosulif	Oral	Antineoplastic agent
Brentuximab vedotin	Adcetris	Inj	Antineoplastic agent
Busulfan	Busulfex	Inj, Oral	Antineoplastic agent
Cabazitaxel	Jevtana	Inj	Antineoplastic agent
Cabozantinib	Cometriq	Oral	Antineoplastic agent
Capecitabine	Xeloda	Oral	Antineoplastic agent
Carboplatin	Paraplatin	Inj	Antineoplastic agent
Carfilzomib	Kyprolis	Inj	Antineoplastic agent
Carmustine	BiCNU	Inj	Antineoplastic agent
Ceritinib	Zykadia	Oral	Antineoplastic agent
Chlorambucil	Leukeran	Oral	Antineoplastic agent
Cisplatin	Platinol	Inj	Antineoplastic agent
Cladribine	Leustatin	Inj	Antineoplastic agent
Clofarabine	Clolar	Inj	Antineoplastic agent
Crizotinib	Xalkori	Oral	Antineoplastic agent
Cyclophosphamide	Cytoxan	Oral, Inj	Antineoplastic agent
Cytarabine	Ara-C, Depocyt	Inj	Antineoplastic agent
Dabrafenib	Tafinlar	Oral	Antineoplastic agent
Dacarbazine	DTIC	Inj	Antineoplastic agent
Dactinomycin	Cosmegen	Inj	Antineoplastic agent
Dasatinib	Sprycel	Oral	Antineoplastic agent
Daunorubicin HCl	Cerubidine	Inj	Antineoplastic agent
Decitibine	Dacogen	Inj	Antineoplastic agent
Degarelix	Firmagon	Inj	Antineoplastic agent
Docetaxel	Taxotere, Docefrez	Inj	Antineoplastic agent
Doxorubicin	Adriamycin, Doxil	Inj	Antineoplastic agent
Enzalutamide	Xtandi	Oral	Antineoplastic agent (not in AHFS)
Epirubicin	Ellence	Inj	Antineoplastic agent
Eribulin mesylate	Halaven	Inj	Antineoplastic agent

Tri-City Healthcare District Hazardous Drug List

Generic Name	Brand Name	Form	AHFS-Therapeutic Classification
Erlotinib	Tarceva	Oral	Antineoplastic
Estramustine phosphate	EMCYT	Oral	Antineoplastic agent
Etoposide	VP-16, Vepesid	Inj, Oral	Antineoplastic agent
Everolimus	Afinitor, Zortress	Oral	Antineoplastic agent
Exemestane	Aromasin	Oral	Antineoplastic agent
Floxuridine	FUDR	Inj	Antineoplastic agent
Fludarabine	Fludara	Inj	Antineoplastic agent
Fluorouracil	5-FU, Adrucil, Carac, Fluoroplex, Efudex	Inj, Topical	Antineoplastic agent
Flutamide	Eulexin	Oral	Antineoplastic agent
Fulvestrant	Faslodex	Inj	Antineoplastic agent
Gefitinib	Iressa	Oral	Antineoplastic agent
Gemcitabine	Gemzar	Inj	Antineoplastic agent
Gemtuzumab ozogamycin	Mylotarg	Inj	Antineoplastic agent
Goserelin	Zoladex	Inj	Antineoplastic agent (hormone modifier)
Histrelin	Supprelin	Inj	Antineoplastic agent (hormone modifier)
Hydroxyurea	Hydrea, Droxia	Oral	Antineoplastic agent
Ibrutinib	Imbruvica	Oral	Antineoplastic agent
Idarubicin	Idamycin	Inj	Antineoplastic agent (not in AHFS)
Idelalisib	Zydelig	Oral	Antineoplastic agent
Ifosfamide	Ifex	Inj	Antineoplastic agent
Imatinib mesylate	Gleevec	Oral	Antineoplastic agent
Irinotecan HCl	Camptosar	Inj	Antineoplastic agent
Ixabepilone	Ixempra	Inj	Antineoplastic agent
Ixazomib	Ninlaro	Oral	Antineoplastic agent
Lapatinib ditosylate	Tykerb	Oral	Antineoplastic agent
Lenalidomide	Revlimid	Oral	Biological response modifier
Lenvatinib	Lenvima	Oral	Antineoplastic agent
Letrozole	Femara	Oral	Antineoplastic agent
Leuprolide acetate	Lupron, Eligard, Viadur	Inj	Antineoplastic agent
Lomustine	CEENU	Oral	Antineoplastic agent
Mechlorethamine	Mustargen, Valchlor	Inj, Topical	Antineoplastic agent
Megestrol	Megace	Oral	Hormone modifier (AHFS=antineoplastic)
Melphalan	Alkeran	Oral, Inj	Antineoplastic agent
Mercaptopurine	Purinethol, Purixan	Oral	Antineoplastic agent
Methotrexate	Trexall, Rheumatrex, Otrexup	Oral, Inj	Antineoplastic agent
Mitomycin	Mutamycin	Inj	Antineoplastic agent
Mitotane	Lysodren	Oral	Antineoplastic agent
Mitoxantrone HCl	Novantrone	Inj	Antineoplastic agent
Nelarabine	Arranon	Inj	Antineoplastic agent
Nilotinib	Tasigna	Oral	Antineoplastic agent
Nilutamide	Nilandron	Oral	Antineoplastic agent
Olaparib	Lynparza	Oral	Antineoplastic agent

Tri-City Healthcare District Hazardous Drug List

Generic Name	Brand Name	Form	AHFS-Therapeutic Classification
Omacetaxine mepesuccinate	Synribo	Inj	Antineoplastic agent
Oxaliplatin	Eloxatin	Inj	Antineoplastic agent
Paclitaxel	Taxol/Abraxane	Inj	Antineoplastic agent
Palbociclib	Ibrance	Oral	Antineoplastic agent
Panobinostat	Farydak	Oral	Antineoplastic agent
Pazopanib HCL	Votrient	Oral	Antineoplastic agent
Pemetrexed	Alimta	Inj	Antineoplastic agent
Pentostatin	Nipent	Inj	Antineoplastic agent
Pomalidomide	Pomalyst	Oral	Antineoplastic agent
Ponatinib	Inclusig	Oral	Antineoplastic agent
Pralatrexate	Folotyn	Inj	Antineoplastic agent
Procarbazine	Matulane	Oral	Antineoplastic agent
Regorafenib	Stivarga	Oral	Antineoplastic agent
Romidepsin	Istodax	Inj	Antineoplastic agent
Ruxolitinib	Jakafi	Oral	Antineoplastic agent
Sonidegib	Odomzo	Oral	Antineoplastic agent
Sorafenib	Nexavar	Oral	Antineoplastic agent
Streptozocin	Zanosar	Inj	Antineoplastic agent
Sunitinib malate	Sutent	Oral	Antineoplastic agent
Tamoxifen	Nolvadex	Oral	Antineoplastic agent
Temozolomide	Temodar	Inj, Oral	Antineoplastic agent
Temsirolimus	Torisel	Inj	Antineoplastic agent
Teniposide	Vumon	Inj	Antineoplastic agent
Thalidomide	Thalomid	Oral	Immunomodulator
Thioguanine	Tabloid	Oral	Antineoplastic agent
Thiotepa	Thioplex	Inj	Antineoplastic agent
Topotecan	Hycamtin	Oral, Inj	Antineoplastic agent
Toremifene citrate	Fareston	Oral	Antineoplastic agent
Trametinib Dimethyl Sulfoxide	Mekinist	Oral	Antineoplastic agent
Tretinoin	Vesanoid, ATRA	Oral, Topical	Antineoplastic agent
Trifluridine/tipiracil (combination only)	Lonsurf	Oral	Antineoplastic agent
Trimetrexate	n/a	Inj	Antineoplastic agent
Triptorelin	Trelstar	Inj	Antineoplastic agent
Valrubicin	Valstar	Inj	Antineoplastic agent
Vandetanib	Caprelsa	Oral	Antineoplastic agent
Vemurafenib	Zelboraf	Oral	Antineoplastic agent
VinBLAStine sulfate	Velban	Inj	Antineoplastic agent
VinCRIStine sulfate	Oncovin	Inj	Antineoplastic agent
Vinorelbine tartarate	Navelbine	Inj	Antineoplastic agent
Vismodegib	Erivedge	Oral	Antineoplastic agent
Vorinostat	Zolinza	Oral	Antineoplastic agent
Ziv-aflibercept	Zaltrap	Inj	Antineoplastic agent

Hazardous Group 2: Non-antineoplastic drugs that meet one or more of the NIOSH criteria for a hazardous drug

Generic Name	Brand Name	Form	AHFS-Therapeutic Classification
Azathioprine	Imuran	Oral, Inj	Immunosuppressant
Cidofovir	Vistide	Inj	Antivirals

Generic Name	Brand Name	Form	AHFS-Therapeutic Classification
Cyclosporine	Neoral, Sandimmune, Restasis	Oral, Inj, Opth	Immunosuppressive agent
Deferiprone	Ferriprox	Oral	Heavy metal antagonist
Dexrazoxane	Zinecard, Totect	Inj	Protective agent
Fingolimod	Gilenya	Oral	Biological response modifier
Leflunomide	Arava	Oral	Disease modifying antirheumatic agent
Liraglutide recombinant	Victoza	Inj	Antidiabetic
Mycophenolate mofetil	Myfortic, Cellcept	Oral, Inj	Immunosuppressive agent
Mycophenolic acid	Myfortic	Oral	Immunosuppressive agent
Nevirapine	Viramune	Oral	Antiviral
Oxcarbazepine	Trileptal	Oral	Anticonvulsants, misc
Phenoxybenzamine HCL	Dibenzyline	Oral	Non selective antiadrenergic blocking agent
Sirolimus	Rapamune	Oral	Immunosuppresive agent
Rasagiline	**Azilect**	**Oral**	**Antiparkinsonian agent**
Tacrolimus	Prograf, Hecoria, Astagraf, Protopic	Oral, Inj, Topical	Unclassified therapeutic agent (immunosuppressant)
Teriflunomide	Aubagio	Oral	Immunomodulatory agent
Tofacitinib	Xeljanz	Oral	Disease modifying antirheumatic drugs
Zidovudine	Retrovir, ZDV, Combivir, Trizivir (in combination with Abacavir and Lamivudine)	Oral, Inj	Antiretroviral agent

Hazardous Group 3: Drugs that primarily pose a reproductive risk to men and women who are actively trying to conceive and women who are pregnant or breast feeding, because some of these drugs may be present in breast milk.

Generic Name	Brand Name	Form	AHFS-Therapeutic Classification
Abacavir	Ziagen	Oral	Nucleoside and reverse transcriptase inhibitors
Acitretin	Soriatane	Oral	Dermatological agent
Alitretinoin	Panretin	Topical	Skin and mucous membrane agent, miscellaneous
Ambrisentan	Letairis	Oral	Vasodilating agent
Apomorphine	Apokyn	Inj	Dopamine agonist
Bazedoxifene Acetate	Duavee	Oral	Hormone modifier
Bosentan	Tracleer	Oral	Vasodilating agent
Cabergoline	Dostinex	Oral	Ergot derived dopamine receptor agonist
Carbamazepine	Tegretol	Oral	CNS agent
Cetrorelix acetate	Cetrotide	Inj	Gonadotropin-releasing hormone antagonist
Chloramphenicol	Chloromycetin	Inj	Antibiotic
Choriogonadotropin alfa	Ovidrel	Inj	Gonadotropins
Clomiphene	Clomid	Inj	Ovulation stimulant

Tri-City Healthcare District Hazardous Drug List

Generic Name	Brand Name	Form	AHFS-Therapeutic Classification
Clonazepam	Klonopin	Oral	Benzodiazepine
Colchicine	Colcrys	Oral, Inj	Antigout Agent
Dinoprostone	Cervidil, Prostin, Prepidil	Topical	Oxytocic
Divalproex Na	Depakote	Oral	CNS agent
Dronedarone HCL	Multaq	Oral	Antiarrythmic
Dutasteride	Avodart, Jalyn	Oral	5-alpha reductase inhibitor
Ergonovine/Methylergonovine	Methergine	Oral, Inj	Oxytocic
Eslicarbazepine acetate	Aptiom	Oral	Anticonvulsant
Estradiol	n/a	Inj, Oral, Topical	Estrogen
Estrogen-progestin combinations	n/a	Oral	Contraceptive
Estrogens, conjugated	Premarin	Oral, Inj	Estrogen
Estrogens, esterified	Estratest	Oral	Estrogen
Estropipate	Ogen	Oral	Estrogen
Finasteride	Proscar	Oral	5-alpha reductase inhibitor
Fluconazole	Diflucan	Oral, Inj	Antiinfective agent
Fluoxymesterone	Androxy, Halotestin	Oral	Androgen
Fosphenytoin	Cerebyx	Inj	Hydantoin
Ganciclovir	Cytovene, Zirgan	Oral, Opth, Inj	Antiviral
Ganirelix acetate	Ganirelix, Antagon	Inj	Gonadotropin-releasing hormone antagonist
Human chorionic gonadotropin (HCG)	Pregnyl, Novarel	Inj	Gonadotropin
Icatibant	Firazyr	Inj	Bradykinin B2 receptor agonist
Lomitapide	Juxtapid	Oral	Antilipemic agents, miscellaneous
Macitentan	Opsumit	Oral	Endothelin receptor antagonist
Medroxyprogesterone Acetate	Depo-Provera, Provera	Inj, Oral	Progestins
Mentropins	Menopur, Repronex	Inj	Gonadotropins
Methimazole	Tapazole	Oral	Antithyroid agent
Methyltestosterone	Testred, Android, Methitest	Oral	Androgens
Mifepristone	Mifeprex, Korlym	Oral	Oxytocics
Miltefosine	Impavido	Oral	Antiprotazoal agent
Misoprostol	Cytotec	Oral, Topical	Prostaglandin analog
Nafarelin	Synarel	Nasal	Gonadotropin
Ospemifene	Osphena	Oral	Estrogen agonists-antagonists
Oxytocin	Pitocin	Inj	Oxytocic
Palifermin	Kepivance	Inj	Cell stimulants and proliferants
Paliperidone	Invega	Oral, Inj	Atypical antipsychotics
Pamidronate	Aredia	Inj	Bone resorption inhibitors
Paroxetine	Paxil, Brisdelle, Pexeva	Oral	Selective serotonin reuptake inhibitor
Pasireotide	Signifor	Inj	Somostatin agonists
Pentetate calcium trisodium	Ca-DTPA	Inj	Not in AHFS
Pertuzumab	Perjeta	Inj	Antineoplastic agent
Phenytoin	Phenytek, Dilantin	Oral, Inj	CNS agent

Tri-City Healthcare District Hazardous Drug List

Generic Name	Brand Name	Form	AHFS-Therapeutic Classification
Plerixafor	Mozobil	Inj	Hematopoietic agent
Progesterone	Prometrium	Oral	Progestins
Progestins	Various oral contraceptives	Oral	Contraceptives
Propylthiouracil	PTU	Oral	Antithyroid agent
Raloxifene	Evista	Oral	Estrogen agonists-antagonists
Ribavirin	Rebetol, Moderiba, Copegus, Virazole	Oral, Inh	Antiviral
Riociguat	Adempas	Oral	Vasodilating agent
Risperidone	Risperdal	Oral, Inj	Atypical antipyschotic
Spironolactone	Aldactone	Oral	Diuretic
Telavancin	Vibativ	Inj	Glycopeptide
Temazepam	Restoril	Oral	Benzodiazepine
Testosterone	n/a	Inj, Topical	Androgens
Topiramate	Topamax, Qudexy XR, Topiragen, Trokendi XR	Oral	Antiepileptic
Trastuzumab	Herceptin	Inj	Antineoplastic agent
Ulipristal acetate	Ella	Oral	Contraceptive
Valganciclovir	Valcyte	Oral	Antiviral
Valproate Na- IV	Depacone	Inj	Anticonvulsants, misc
Valproic Acid	Depakene	Oral, Inj	Anticonvulsants, misc
Vigabatrin	Sabril	Oral	Anticonvulsants, misc
Voriconazole	Vfend	Oral, Inj	Antifungal
Warfarin	Coumadin	Oral	Anticoagulant
Ziprasidone HCL	Geodon	Oral, Inj	Atypical antipsychotic
Zoledronic acid	Zometa, Reclast	Inj	Bone resorption inhibitors
Zonisamide	Zonegran	Oral	Anticonvulsants, misc

Hazardous Drugs (HD), Personal Protective Equipment When Handling HD

Personal Protective Equipment When Handling HD†					
Activity/Description	**Double Gloves**	**Chemotherapy Gown**	**Hair, Beard, Face Mask, Shoe Covers**	**Eye & Face Protection**	**Respiratory Protection**
Receiving Suspected / Broken Supplies	✓	✓	✓	✓	✓
Non-Sterile HD Compounding	✓	✓	✓		
Sterile HD Compounding	✓	✓	✓		
Administering Liquid HD	✓	✓		Only when splashing is possible	
Administering Solid HD	✓				
Crushing/Splitting*	✓	✓	✓		
Standard or Routine Clean-up	✓	✓	✓	Only when cleaning at or above eye level	
Collection and Disposal of Patient Waste	✓	✓		Only when splashing is possible	
Spills	✓	✓	✓	✓	✓

†Personal protective equipment is optional for Group 3
*Only Group 3 can by crushed or split outside the Pharmacy Department.

TCMC Waste Disposal Guidelines

						
Regular Waste **NO NEEDLES**	**Biohazardous Waste** **NO NEEDLES**	**Sharps** **NEEDLES OK**	**Pharmaceuticals** **NEEDLES OK**	**Controlled Substances** **NO NEEDLES**	**RCRA Pharmaceuticals** **NO NEEDLES**	**Chemo/Hazardous Waste** **NEEDLES OK IN BIN, NOT BAG**
❑ Empty IV bags, Piggyback bags/tubing without PHI or PHI covered ❑ Empty medication vials without PHI or PHI covered ❑ Trash ❑ Dressings ❑ Chux ❑ Diapers ❑ Sanitary napkins ❑ Gloves ❑ Empty foley bags and other drainage bags ❑ Disposable patient items ❑ Empty irrigation syringes ❑ Empty syringes (without needles) **NO PHI**	❑ Blood and all OPIM (Other Potentially Infectious Material) ❑ Blood tubing/ bags/hemovacs/ pleurevacs ❑ Intact glass or plastic bottles with bloody fluid or OPIM ❑ Suction liners with bloody fluid or OPIM ❑ Soaked/dripping bloody dressings ❑ All disposable items soaked or dripping with blood or OPIM **When in doubt, use red bag.**	❑ **All sharps** *Example: needles (including needles from insulin pens), lancets, broken glass vials, ampules, blades, scalpels, razors, pins, clips, staples* ❑ Trocars, introducers, guide wires, sharps from procedures etc.	❑ Syringes, needles, tubexes, carpujects with **pourable** medication (pourable means there is enough liquid to pour it out, not just residual amount) ❑ Partially used or wasted prescription or over-the-counter medication ***Examples: vials, tablets, capsules, powders, liquids, creams/lotions, eye drops, suppositories, patches (fold in half)*** ❑ Inhalers with no propellants *Examples: Advair, Foradil* **NO PHI**	**ALL Controlled Substances and propofol ONLY** ❑ Solid controlled substances -Tablets, capsules, suppositories, lozenges, and patches. Fold patch in on itself prior to disposal ❑ Liquid controlled substances -Intravenous & oral ❑ Propofol **No needles, syringes, ampules, vials, bottles, or tubing** **NO PHI**	**EPA designated R.C.R.A. Pharmaceuticals only:** *Examples:* ❑ *Insulin/Insulin Pen (needles removed)* ❑ *Inhalers -only those w/ propellant e.g Ventolin, Atrovent, Flovent, Symbicort* ❑ *Warfarin /Coumadin* ❑ *Used & Unused nicotine gum or patches, (include empty wrappers)* ❑ *Silver sulfadiazine cream* ❑ *Silver nitrate applicators (unused)* ❑ *Selenium sulfide shampoo* ❑ *Multiple trace elements* ❑ *Unused& residual alcohol/acetone/acetic acid* **No Needles** **NO PHI**	**Trace Chemo:** All supplies used to make and administer chemo medication *Example: tubing, empty bags/ bottles/ vials, syringes, needles, pads, wipes, contaminated gloves, gowns, masks etc.* **Hazardous Waste:** All supplies used to make and administer hazardous meds. **Bulk Chemo:** **Return to pharmacy** all unused bulk chemo in original pharmacy bag for disposal into RCRA container **NO PHI**

All bins picked up on regularly scheduled basis. Chemo/Hazardous Bin supplied by Materials (X3330). RX Destroyer and all other bins supplied by EVS (760-644-6973) If additional pick up is needed: M-F 0600-1100 page 760-926-0972. At all other times: call EVS at 760-644-6973

References: http://cwea.org/p3s/documents/DHS%20Guidance%20Pharmacy%20Waste%20from%20Hospitals.pdf **County of San Diego Department of Environmental Health Hazardous Materials Division; Stericyle Healthcare Environmental Resource Center, Epinephrine Fact Sheet** http://www.dtsc.ca.gov/LawsRegsPolicies/Title22/upload/Ch11_Art4.pdf

Revised Date: 04/2017 pharmacy

Tri-City Health Care District
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE:	**08/91**	**SUBJECT:**	**Paul Gann Blood Safety Act**
REVISION DATE:	**10/91, 07/93, 07/97, 01/06, 01/09 02/11, 06/17**	~~**POLICY NUMBER: 8610-325**~~	

Patient Care Services Content Expert~~Department~~ Approval:	**~~09/16~~01/20**
Clinical Policies and Procedure Committee Approval:	**~~10/16~~05/20**
Nursinge Leadership~~Executive Council~~ Approval:	**~~10/16~~06/20**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Blood Utilization Review Committee Approval:	**~~04/17~~01/21**
Medical Executive Committee Approval:	**~~05/17~~07/21**
Administration Approval:	
Professional Affairs Committee Approval:	**06/17**
Board of Directors Approval:	**06/17**

A. **PURPOSE:**

1. To assure compliance with the Paul Gann Blood Safety Act Health and Safety Code 1645.

B. **POLICY:**

1. The Paul Gann Blood Safety Act (Health and Safety Code Section 1645) imposes specific obligations upon physicians to provide information concerning transfusions of "Autologous Blood." Autologous blood is defined to include, without being limited to presurgical-donation of blood and blood components, intraoperative and postoperative cell salvage and reinfusion, and hemodilution. This information must be provided to any patient scheduled for elective surgery or procedure, when there is the possibility that a blood transfusion may be necessary.
2. The law requires that the physician allow adequate time before elective surgery for the patient to arrange for autologous donation unless there is a life-threatening emergency, there are medical contraindications, or the patient waives the right for autologous donation.
3. The physician must give the patient a copy of the standardized written summary developed by the California Department of Public Health (CDPH) to inform the patient of the positive and negative aspects of receiving autologous blood or directed and non-directed homologous blood. The physician must use this CDPH Summary; no other information will satisfy the physician's obligation under this law.
4. The physician must document on the patient's medical record that the CDPH's information pamphlet was given to the patient.
5. ~~The documentation must be on the Pre-Procedure Verification form.~~
6. **~~6.~~5.** This requirement will be treated consistent with other requirements indicated prior to elective surgery.
7. **~~7.~~6.** Exceptions to these procedures will be:
   a. Outpatient procedures, or procedures usually considered to be outpatient.
   b. All non-elective surgeries.

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

1. A Patient's Guide to Blood Transfusion, California Department of Health Services June 201~~8~~6

References.

- Circular of Information for the Use of Human Blood and Blood Components AABB. Nov 2013 (revised April 2014)
- AABB Technical Manual. 18th Edition

CDPH California Department of PublicHealth

This brochure was developed by the California Department of Public Health, Laboratory Field Services (850 Marina Bay Parkway, Richmond, CA 94804)

In partnership with the Medical Technical Advisory Committee of the Blood Centers of California.

For information about brochure contents, please call Laboratory Field Services: (213) 620-6574

This brochure is provided as a source of information and is not considered a replacement for the Informed Consent process prior to the transfusion of blood.

Distributed by the Medical Board of California

To place an order for this brochure, please FAX your request to: (916) 263-2497

This information may be obtained electronically at:

http://www.mbc.ca.gov/Publications/Brochures/Blood_Transfusions.aspx

Revised 06/2018

A Patient's Guide to Blood Transfusion

California Department of Public Health

June 2018

This document provides written information regarding the benefits, risks, and alternatives of transfusion of blood products (including red blood cells, plasma, platelets, or others) collected from the patient (autologous) or another person This material serves as a supplement to the discussion you have with your physician. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure ask your physician prior to consenting to receive a transfusion.

■ *Information about the treatment*

Transfusions of blood products are provided to increase the amount of blood components in your body when they are below a reasonable level for your health. The transfusion may be made up of red blood cells, plasma, platelets or other specialized products made from blood. Your physician will decide on the right amount and type of blood product based on your medical condition or diagnosis.

■ *Potential benefits of the treatment*

Transfusion of blood products may be necessary to correct low levels of blood components in your body, and may also make you feel better. In some cases, failure to receive transfusion(s) may result in death.

■ *Risks of the treatment*

Known risks of this treatment include, but are not limited to:

- Irritation, pain, or infection at the needle site
- Temporary reaction such as a fever chills, or skin rashes.

Other rare but more serious complications include severe allergic reactions, heart failure due to fluid overload, acute pulmonary edema (fluid leaking into the lungs), hemolysis (destruction of red blood cells), shock, or death.

Transfusion of blood products carries a very small risk of transmission of infectious diseases such as HIV (about 1 in 1 5 million) Hepatitis C (about 1 in 1 2 million) and Hepatitis B (about 1 in 1 million) Other significant infections may also be transmitted by transfusion, but overall this risk is low

■ *Treatment Options/Alternatives*

If you need blood you have several options. Most patients requiring transfusion receive blood products donated by volunteer community donors. These donors are extensively screened about their health history and undergo numerous blood tests as mandated by state and federal regulations in order to ensure the safest possible blood supply. Alternatives to transfusion with blood products from volunteer community donors include

- Pre-operative autologous donation (using your own previously donated blood), see below for more information
- Directed donation (blood donated by people who you have asked to donate for you), see below for more information
- Intra-operative autologous transfusion/ Hemodilution (collecting your own blood during surgery to be given back to you)
- Medications (certain medications may increase blood volume prior to surgery or reduce active bleeding to lessen the need for transfusion)

These options may be available only if your health, time, and procedure permit. They may not be available at all locations or for all patients. You may also choose not to receive blood transfusion; however this decision may hold life-threatening consequences.

Pre-operative autologous donation is not appropriate for all patients. Autologous donation involves collecting your own blood prior to a planned surgery for storage in the hospital blood bank. It is important to discuss with your physician if it is safe for you to donate and the likelihood of needing a transfusion based on your surgery and current transfusion guidelines. Receiving your own blood may reduce, but will not eliminate, the risk of transfusion-related complications. Insurance company policies may vary regarding reimbursement for this service. Overall, although autologous donation is an option to consider for those who qualify, the number of autologous donations in the United States has significantly decreased in the last few decades mainly due to major advances in blood safety and efforts to decrease unnecessary blood transfusions.

Directed donation refers to blood collected from "directed donors" who are donating blood for a specific patient by request. Directed donors are often family and friends of the patient. Directed donors go through the same qualification process as volunteer donors. Directed donations are not considered to be safer than the general blood supply

Referencias:

- Circular of Information for the Use of Human Blood and Blood Components. AABB. Nov 2013 (revised April 2014)
- AABB Technical Manual. 18th Edition.

CDPH
California Department of
PublicHealth

Este folleto fue elaborado por el Departamento de Salud Pública de California, Servicios de Campo de Laboratorio (850 Marina Bay Parkway, Richmond, CA 94804)

En asociación con el Comité de Asesoría Técnica Médica de Blood Centers of California.

Para obtener informacion sobre el contenido del folleto, llame a Servicios de Campo de Laboratorio (213) 620-6574

Este folleto se entrega como fuente de información y no se considera que sustituye el proceso de Consentimiento Informado previo a la transfusión de sangre

MEDICAL BOARD OF CALIFORNIA
EST 1874

Distribuido por el
Junta Medica de California

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Guía para pacientes sobre la transfusión sanguínea

THE GREAT SEAL OF THE STATE OF CALIFORNIA
EUREKA

California
Departamento de Salud Pública

Junio 2018

Este documento proporciona información por escrito respecto a los beneficios, riesgos y alternativas de la transfusion de productos sanguíneos (entre ellos glóbulos rojos, plasma, plaquetas y otros) obtenidos del paciente (autólogos) o de otra persona. Este material sirve como complemento de la platica que tuvo con su médico. Es importante que entienda perfectamente esta información, por lo que le pedimos leer este documento detenidamente. Si tiene preguntas respecto al procedimiento pregunte a su medico antes de dar su consentimiento para recibir una transfusion.

■ *Información sobre el tratamiento*

Las transfusiones de productos sanguíneos se realizan para aumentar la cantidad de componentes sanguíneos en su cuerpo cuando estos están por debajo del nivel razonable para su salud. La transfusión puede estar compuesta por glóbulos rojos, plasma, plaquelas u otros productos especializados derivados de la sangre. Su medico decidirá la cantidad exacta y el tipo de producto sanguíneo segun su condición medica o diagnóstico.

■ *Beneficios potenciales del tratamiento*

La transfusion de productos sanguíneos puede ser necesaria para corregir los bajos niveles de componentes sanguíneos en su cuerpo y también pueden hacerle sentir mejor. En algunos casos, no recibir la o las transfusiones puede causar la muerte.

■ *Riesgos del tratamiento*

Los riesgos conocidos de este tratamiento son los siguientes, entre otros:

- Irritacion, dolor o infección en el lugar donde se coloca la aguja
- Reacción temporal, como fiebre, escalofríos o erupcionees en la piel

Otras complicaciones poco frecuentes aunque mas graves incluyen reacciones alérgicas severas, insuficiencia cardiaca debido al exceso de líquido circulante (edema pulmonar o líquido líquido que se filtra a los pulmones), hemolisis (destruccion de los glóbulos rojos), choque o muerte.

La transfusion de productos sanguíneos implica un riesgo muy bajo de transmision de enfermedades infecciosas como el VIH (cerca de 1 en 1.5 millones), hepatitis C (cerca de 1 en 1.2 millones) y hepatitis B (cerca de 1 en 1 millon). Se pueden transmitir también otras infecciones importantes a través de la transfusión, pero en general el riesgo es bajo.

■ *Opciones y alternativas de tratamiento*

Si usted requiere sangre, tiene varias opciones. La mayoría de los pacientes que requieren transfusión reciben los productos sanguíneos de donadores voluntarios de la comunidad. Estos donadores se someten a una amplia investigacion de sus antecedentes de salud y a multiples análisis de sangre conforme a lo dispuesto por los reglamentos estatales y federales, con el fin de asegurar que la sangre proviene de la fuente mas segura posible. Entre las alternativas a la transfusion con productos sanguíneos provenientes de donadores voluntarios de la comunidad estan:

- Donacion autóloga preoperatoria (usar su propia sangre donada previamente). Ver mas información a continuación.
- Donacion dirigida (sangre donada por personas a las que usted les pide que done para usted). Ver mas información a continuación.
- Transfusion autóloga (recuperacion) / hemodilución (recuperacion de su propia sangre durante la cirugía para volver a administrarla).
- Medicamentos ciertos medicamentos pueden incrementar el volumen de sangre antes de la cirugía o reducir el sangrado activo para disminuir la necesidad de una transfusión)

Estas opciones pueden ser posibles solo si su salud, tiempo y procedimiento lo permiten. Es posible que no se realicen en todos los hospitales o para todos los pacientes. También puede elegir no recibir una transfusión de sangre. Sin embargo, esta decisión puede tener consecuencias que pueden poner en riesgo su vida.

La donación autóloga preoperatoria no es pertinente para todos los pacientes. La donación autóloga implica obtener su propia sangre antes de una cirugía planeada para almacenarla en el banco de sangre del hospital. Es importante hablar con su médico sobre si es seguro que usted done sangre y sobre la posibilidad de necesitar una transfusión según su cirugía y las normas vigentes sobre la transfusión. Recibir su propia sangre puede reducir, aunque no eliminar, el riesgo de presentar complicaciones relacionadas con la transfusión. Las pólizas de las compañías de seguros pueden variar respecto al reembolso por este servicio. En general, aunque la donación autóloga es una opción que debe considerarse en aquellas personas que reúnan los requisitos, el numero de donaciones autólogas en Estados Unidos ha disminuido considerablemente en las ultimas décadas, principalmente debido a los grandes avances en la seguridad de la sangre y a los esfuerzos por reducir las transfusiones innecesarias.

La donación dirigida se refiere a la sangre obtenida de "donadores dirigidos" que donan sangre para un paciente específico a petición del paciente. Con frecuencia, los donadores dirigidos son familiares o amigos del paciente. Los donadores dirigidos pasan por el mismo proceso de seleccion que los donadores voluntarios. Las donaciones dirigidas no se consideran más seguras que la obtención general de sangre.

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

August 26, 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 August 26, 2021.

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

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

Absent was Director Tracy M. Younger

Also present were:

Steven Dietlin, Chief Executive Officer
Candice Parras, Chief, Patient Care Services
Ray Rivas, Chief Financial Officer
Roger Cortez, Chief Compliance Officer
Aaron Byzak, Chief External Affairs Officer
Dr. Gene Ma, Chief Medical Officer
Jennifer Paroly, Foundation President
Anna Aguilar, Vice President, Human Resources
Jeremy Raimo, SVP, Business Development
Susan Bond, General Counsel
Dr. Jamie Johnson, Chief of Staff
Jeffrey Scott, Board Counsel
Teri Donnellan, Executive Assistant

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

2. Approval of Agenda

It was moved by Director Gleason to approve the agenda as presented. Director Chaya seconded the motion. The motion passed (6-0-0-1)) with Director Younger absent.

3. Pledge of Allegiance

Director Chavez led the Pledge of Allegiance.

4. Public Comments – Announcement

Chairperson Chavez read the Public Comments section listed on the August 26, 2021 Regular Board of Directors Meeting Agenda.

The following individuals requested to speak under Public Comments:

- Edmundo Garcia, CNA Labor Representative
- Cathy Cronce, RN

5. Special Recognition –

a) Honoring Director Leigh Anne Grass for her service on the TCHD Board of Directors – 2016-2021

Chairperson Chavez presented a plaque to Director Grass for her leadership and guidance throughout her term. He also recognized Director Grass's spouse who was actively involved in supporting Director Grass through her term and their work in the community as a couple.

Fellow Board members along with Chief of Staff, Dr. Jamie Johnson also expressed gratitude to Director Grass for her leadership and hard work.

Director Grass stated she was grateful to have had the opportunity to serve on the Board and appreciates and values the ideas and thoughts that were shared with her along her journey. She thanked the Board for their comradery and always placing the District first. She looks forward to seeing the great things the Board will accomplish.

6. July 2022 Financial Statements – Ray Rivas, Chief Financial Officer

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

- Net Operating Revenue – $27,743
- Operating Expense - $29,403
- EBITDA - $190
- EROE ($900)

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

- Average Daily Census – 139
- Adjusted Patient Days – 8,600
- Surgery Cases – 582
- ED Visits – 4,283
- Net Patient Accounts Receivable - $52.1
- Days in A/R – 63.3

7. New Business –

a) Board Vacancy Appointment Process – Information Only

Chairperson Chavez reported Director Grass will leave office on August 31, 2021.

Board Counsel, Jeff Scott explained the method for filling the vacancy of a District Board member per Government Code 1780. Under the statute the Board has 60 days (October 29, 2021) to fill the vacancy or call for an election. The new appointee would be required to live in Zone 5 of the District and will serve until November 8, 2022. He stated the goal is to ensure a fair and transparent process. Notices will be posted in three conspicuous locations for 15 days and the Board will convene a Special Meeting (likely via Zoom) after September 15th in which interviews and the vote will take place in open session of the meeting.

Chairperson Chavez further explained the interview process and stressed the need for transparency and fairness and his desire for a unanimous vote and united front. Mr. Scott strongly recommended against Board members contacting candidates.

8. Old Business – None

9. Chief of Staff

a) Consideration of the August 2021 Credentialing Actions Involving the Medical Staff as recommended by the Medical Executive Committee on August 23, 2021.

Dr. Jamie Johnson stated his role as Chief of Staff began July 1st. He provided a brief summary of his background and experience and noted he most recently served as the hospital's Quality Medical Director.

Dr. Johnson presented for the Board's consideration ten Initial Appointments, one Voluntary Relinquishment of Privileges and three Proctoring Recommendations.

It was moved by Director Coulter to approve the August, 2021 Credentialing Actions Involving the Medical Staff as recommended by the Medical Executive Committee on August 23, 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, and Sanchez**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**Younger**

10. Consideration of Consent Calendar

Director Gleason pulled the July 26, 2021 Special Meeting minutes.

It was moved by Director Gleason to approve the Consent Calendar minus the July 26, 2021 Special Meeting minutes. Director Chaya seconded the motion.

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

AYES:	**Directors:**	**Chavez, Chaya, Coulter, Gleason and Sanchez**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**Younger, Grass (due to technical issue)**

10. Discussion of items pulled from Consent Calendar

Director Gleason stated she would be abstaining from the July 26, 2021 Special Meeting minutes as she was absent from the meeting.

It was moved by Director Coulter to approve the minutes of the July 26, 2021 Special Meeting minutes. Director Chaya seconded the motion.

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

AYES:	**Directors:**	**Chavez, Chaya, Coulter and Sanchez**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**Gleason**
ABSENT:	**Directors:**	**Younger and Grass (due to technical issue)**

11. Comments by Members of the Public

Chairperson Chavez recognized Edmundo Garcia, CNA Labor Negotiations representative.

Mr. Garcia thanked Director Grass for her service and willingness to meet with nurses in critical moments. He wished her well in her future endeavors.

Chairperson Chavez recognized Cathy Cronce, RN and Chair of the Clinical Practice Council.

Ms. Cronce made comments regarding the stewardship of the hospital.

12. Comments by Chief Executive Officer

Mr. Dietlin, CEO provided a brief report on COVID-19 and the Delta variant. He reported just over a month ago Tri-City had zero positive COVID inpatients, however that number is climbing both at Tri-City (approximately 20-30/day) and county-wide due to the Delta variant. Mr. Dietlin stated Tri-City has vaccinated well over 30,000 individuals and we are continuing to offer vaccines through "my turn" and the Tri-City website as well as the homebound list. In addition, boosters will be available as soon as they are approved and are currently available for immunocompromised individuals. Mr. Dietlin stated CDPH requires all healthcare workers get vaccinated by September 30th. Currently, every unvaccinated Medical Staff member and employee is tested twice a week per California Regulations. Visitation rules have changed and are more restrictive. Once again, masking and 6-feet social distancing is also required throughout the hospital.

Mr. Dietlin reported Tri-City recently received a Community Heroes Award as part of the San Diego Union Tribune's "San Diego's Best" awards program. The award was given to four organizations that went above and beyond for their employees and community during the pandemic. He stated nominations came from the community and awardees were chosen by the San Diego Union Tribune's Community Advisory Committee.

Mr. Dietlin reported positive things are happening in the Foundation and the Auxilians are back in force as well. He stated he is extremely proud of the efforts exhibited.

Lastly, Mr. Dietlin thanked Director Grass for her exemplary leadership, her commitment to the community and never losing sight of the big picture.

13. Board Communications

Director Gleason expressed her appreciation to the nurses, physicians and entire staff for their tireless work.

Director Chaya congratulated everyone at Tri-City for going above and beyond during the pandemic.

Director Chaya thanked Director Grass for her leadership and wished her good luck.

She acknowledged the challenges with staffing, not only at Tri-City but nationally. She encouraged communication at all levels.

Director Sanchez expressed her appreciation to all the healthcare heroes.

Director Sanchez wished Director Grass good luck in her future endeavors.

Director Coulter echoed comments made by fellow Board members.

Director Grass thanked everyone for their kind comments. She expressed her appreciation to the C-Suite for their hard work and their partnership with the Board as well as the Medical Staff.

14. Report from Chairperson

Chairperson Chavez commented on the fact that COVID is treated differently by each individual state as his witnessed firsthand in his travels. He also reported on a new vaccine mandate coming out of Sacramento. Chairperson Chavez expressed his appreciation to all nurses, physicians and staff for their hard work throughout the pandemic.

15. Move to adjourn

It was moved by Director Coulter and seconded by Director Gleason to adjourn the meeting. The motion passed (6-0-0-1) with Director Younger absent.

16. There being no further business Chairperson Chavez adjourned the meeting at 4:05 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
FY22	63.3	63.8											63.5	48-52
FY21	51.1	50.9	52.7	50.7	50.9	50.7	55.4	54.6	50.9	53.0	62.4		51.0	

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
FY22	102.6	96.5											99.6	75-100
FY21	107.1	103.1	101.1	99.6	99.6	92.7	93.9	94.6	94.0	100.5	103.5		105.1	

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
FY22	($900)	($1,011)											($1,911)	($2,734)
FY21	($1,489)	($923)	($930)	$508	($175)	($881)	$1,109	($245)	$210	($554)	$4,682		($2,412)	

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
FY22	-3.24%	-3.67%											-3.46%	-5.01%
FY21	-6.12%	-3.74%	-3.60%	1.78%	-0.64%	-3.12%	4.13%	-0.92%	0.73%	-1.89%	14.69%		-4.92%	

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
FY22	$190	$76											$266	$ (435)
FY21	($191)	$353	$302	$1,738	$879	$332	$2,344	$935	$1,383	$422	$5,782		$162	

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
FY22	0.69%	0.28%											0.48%	-0.80%
FY21	-0.78%	1.43%	1.17%	6.09%	3.22%	1.18%	8.73%	3.50%	4.79%	1.44%	18.14%		0.30%	

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
FY22	5.73	5.35											5.54	5.89
FY21	5.38	5.66	5.40	5.87	5.25	5.75	5.10	5.61	6.18	6.33	5.64		5.52	

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
FY22	$81.4	$76.9											
FY21	$59.5	$57.4	$83.5	$76.9	$71.3	$68.5	$71.4	$75.4	$83.2	$67.3	$59.6		

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

Building Operating Leases
Month Ending August 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)	34,350.62	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)	20,972.50	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)	17,820.90	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)	7,645.68	04/01/20	03/31/22	**La Costa Urology** 3907 Waring Road, Suite 4 Oceanside, CA 92056	7082
500 W Vista Way, LLC & HFT Melrose P O Box 2522 La Jolla, CA 92038 V#81028	Approx 7,374	$1.67	(a)	12,314.58	07/01/21	06/30/26	**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)	16,036.32	06/01/21	05/31/26	**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	08/31/21	**Pulmonary Specialists of NC** 3231 Waring Court Suit D Oceanside, CA 92056	7088
Total				199,274.87				

(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 August 2021

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
6185	ONS ONCC	80621 EDU	103.00	83580	OOSTENDORP MARILYN VAN
8740	RN-BSN	63021 EDU	2,500.00	83958	JEMAL SHEKAY
8740	NCI Training	265066	1,199.00	80934	BENSON, HEIDI
8740	ONS/ONCC	81121 EDU	338.00	83617	PERKETT CLAUDIA
8740	ASRT RENEWAL	82721 EDU	125.00	82014	O'GRADY, MAUREEN
8758	APIC CONFRENCE	62421 EDU	455.00	83959	HILARY METCALF

**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