TRI-CITY HEALTHCARE DISTRICT AGENDA FOR A REGULAR MEETING January 27, 2022 – 3:30 o'clock p.m.

In accordance with California Government Code Section 54953 teleconferencing will be used by the Board members and appropriate staff members during this meeting. Members of the public will also 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: 886 9627 4051; Passcode: 841138

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda	2 min.	Standard
3	Roll Call / Pledge of Allegiance	3 min.	Standard
4	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
5	December 2021 Financial Statement Results	10 min.	CFO
6	New Business –		
	a) Board Member Vacancy in Zone 5	10 min.	Board Counsel/Chair
7	Old Business – None		-
8	Chief of Staff a) January 2022 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on January 24, 2022.	5 min.	cos

Note: Any writings or documents provided to a majority of the members of Tri-City Healthcare District regarding any item on this Agenda will be made available for public inspection in the Administration Department located at 4002 Vista Way, Oceanside, CA 92056 during normal business hours.

Note: If you have a disability, please notify us at 760-940-3347 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

	Agenda Item	Allotted	Requestor
9	Consideration of Consent Calendar	10 min.	Standard
	Requested items to be pulled <u>require a second</u> .		
	(1) Consideration to approve the addition of George Clements, M.D., to the currently existing ED On-Call Coverage Panel for Cardiology-General for a term of 12 months, beginning February 1, 2022 and ending January 31, 2023.		
	(2) Consideration to approve the renewal of the Emergency Department Call Coverage agreement with Dr. Sarah Carroll, M.D., thereby joining the current panel for Otolaryngology services for a term of 16 months, beginning March 1, 2022, and ending June 30, 2023, for a total term cost of \$316,333, representing no additional cost.		
	(3) Consideration to approve an agreement with Mark Yamanaka, M.D. as the ICU Medical Director for a term of 18 months, beginning January 1, 2022, and ending June 30, 2023, at an hourly rate of \$174, not to exceed 24 hours per month or 432 hours, for a total term cost not to exceed \$75,168.		
	(4) Approval of Resolution 806, a Resolution of the Board of Directors of the Tri-City Healthcare District Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings.		
	(5) Administrative & Board Committees		
	A. Policies		
	Patient Care Services Policies & Procedures Alaris System Data Set Approval and CQI Activities Procedure b) Patient Food Refrigerators/Freezers Procedure c) Vaccine, Reporting Adverse Events Policy		
	2. Administrative 200s District Operations a) Assignment of Medical Record Numbers and Standard Naming Guidelines 390 b) Clinical Product Review/New Products 297 c) Medi-Cal TAR Requirements 268 d) Medicare Hospital Readmission Billing 290 e) Use, Security and Accuracy of Data 242		
	(6) Minutes – Approval of: a) December 9, 2021 Regular Meeting		
	(7) Meetings and Conferences – None		
	(8) Dues and Memberships - None		

Time

	Agenda Item	Time Allotted	Requestor
	(9) Reports		
	(a) Dashboard – Included		
	(b) Construction Report – None		
	(c) Lease Report – (December, 2020)		
	(d) Reimbursement Disclosure Report – (December, 2020) (e) Seminar/Conference Reports – None		
	(c) definition file refree Kepotts – Notte		
10	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
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11	Comments by Members of the Public	5-10	Standard
	NOTE: Per Board Policy 19-018, members of the public may have three	minutes	
	(3) minutes, individually and 15 minutes per subject, to address the Board		
	on any item not on the agenda.		
12	Comments by Chief Executive Officer	5 min.	Standard
_	The state of the s] 3 111111.	Staridard
13	Board Communications (three minutes per Board member)	18 min.	Standard
4.4	D		
14	Report from Chairperson	3 min.	Standard
15	Total Time Budgeted for Open Session	1 hour	
16	Adjournment		
	[/ wjournment	<u> </u>	<u> </u>

LAW OFFICES OF JEFFREY G. SCOTT

16935 WEST BERNARDO DRIVE, SUITE 170 SAN DIEGO, CA 92127

(858) 675-9896 FAX (858) 675-9897

JEFFREY G. SCOTT

Of Counsel
JAMES R. DODSON

DATE:

January 27, 2022

TO:

Board of Directors

Steven L. Dietlin, CEO

Susan Bond, General Counsel

FROM:

Jeffery G. Scott, Board Counsel

RE:

Board Member Vacancy in Zone 5

Government Code section 1780 provides the method for filling a vacancy of Healthcare District Board members. Director Grass's resignation was effective December 31, 2021. The District Board will have up to 60 days (until March 1, 2022) to appoint or call a special election to fill the vacant seat.

In accordance with Health & Safety Code §32100.1, the new appointee will be required to be a resident from Director Grass's Zone 5 area. If the District Board does not fill the vacancy or does not call for an election within 60 days, the San Diego County Board of Supervisors has the authority to fill the vacancy within the subsequent 30 days, (until March 31, 2022) or direct the District Board to call a special election to fill the vacancy. The San Diego County Registrar of Voters has not yet set special election dates for 2022. It has been my experience that County Boards of Supervisors typically direct that the local agency Board call a special election to fill the unexpired term. The newly appointed or elected Board member from Zone 5 will serve until the next District election on November 8, 2022.

The Government Code requires that the District post a Notice of Vacancy in three conspicuous places within the District for at least 15 days prior to the meeting in which the applicants are interviewed. Attached is a draft Notice of Vacancy. The District may also want to post the notice on the District's website and advertise the notice in a local newspaper. Staff can coordinate with the Board President, to schedule a convenient date and time for a special meeting which would be held after February 15, 2022. The interview process and vote of the Board will be done in open session at that special meeting.

NOTICE OF APPOINTMENT

ON THE BOARD OF DIRECTORS OF THE TRI-CITY HEALTHCARE DISTRICT

NOTICE IS HEREBY GIVEN that the Board of Directors of the Tri-City Healthcare District (District) will be considering the appointment of a new board member to represent Zone 5 of the District.

The Board of Directors will consider the appointment of the new director at a special meeting of the board scheduled for 2:00 p.m. on February 25, 2022.

Persons interested in being appointed must submit an application by letter to Tri-City Healthcare District, 4002 Vista Way Oceanside, California 92056. Attention: Teri Donnellan, Executive Assistant, no later than 5:00 p.m. on Friday, February 18, 2022.

Applicants must state their qualifications and reasons for wanting to serve on the board.

All applicants must be registered voters residing within the boundaries of Zone 5 which encompasses areas of Carlsbad, Oceanside and Vista, starting at the coast and moving eastward along the Highway 78 corridor. Please contact the San Diego County Registrar of Voters for more details of the actual boundary location.

Applicants must file a Fair Political Practices Act Disclosure Statement in accordance with the provisions of that Act and implementing regulations of the Fair Political Practices Commission. The Disclosure Statement must be filed at the District office prior to the appointment.

In accordance with Government Code section 1780(d)(1), this notice shall be posted in at least three conspicuous places within the District. In addition, this notice will be posted on the District website and published in a local newspaper.

Persons desiring additional information should contact Teri Donnellan, Executive Assistant, at (760) 940-3348.

Dated: January 31, 2022

Rocky Chavez, Board President Tri-City Healthcare District



TRI-CITY MEDICAL CENTER MEDICAL STAFF INITIAL CREDENTIALS REPORT January 12, 2022

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 1/28/2022 - 12/31/2023)

Any items of concern will be "red" flagged in this report. Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following physicians have met the basic requirements of staff and are therefore recommended for appointment effective 1/28/2022 through 12/31/2023:

- BARVALIA, Mihir MD/Cardiology (Sherev Heart and Vascular)
- <u>FAKHRO. Sameeh MD/Internal Medicine (Sound Physicians)</u>
- FORBES, Angela DO/Anesthesiology (ASMG)
- KABACKA, Julia MD/OB/GYN (Kaiser)
- NAGHI, Jesse MD/Cardiology (Sherev Heart and Vascular)
- PATEL, Priva MD/Radiology (San Diego Imaging)
- RICE, Katherine MD/OB/GYN (Kaiser)
- SHEREV. Dimitri MD/Cardiology (Sherev Heart and Vascular)
- SWEET. Thomas MD/Oncology (Kaiser)
- TENG. Hongyu/Anesthesiology (ASMG)

Tri-City Medical Center MEDICAL STAFF

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 January 12, 2022

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 02/01/2022 -01/31/2024)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 02/01/2022 through 01/31/2024, 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:

- BARCARSE, Erin. MD/Obstetrics & Gynecology/Provisional
- BHATIA, Shagun, MD/Pediatric Ophthalmology/Provisional
- CAMPBELL, Leticia. MD/Obstetrics & Gynecology/Active
- HAN. James. DPM/Podiatric Surgery/Active Affiliate
- IOSON. Peter. MD/Ophthalmology/Refer and Follow
- KANE, Norman, MD/Orthopedic Surgery/Active
- LI. Yaohui. MD/Anesthesiology/Active
- MISCHIU, Oana, MD/Teleradiology/Provisional
- MOUSSAVIAN, Mehran, DO/Cardiology/Active
- MUDD, Brian, DDS/Oral & Maxillofacial Surgery/Active
- O'BRIEN, Mark, DO/Internal Medicine/Active
- RUIZ, Lizette, MD/Emergency Medicine/Provisional
- SCHMITTER, Stephen, MD/Nuclear Medicine/Active
- SULLIVAN. Jessica. DO/Hematology/Oncology/Provisional
- TALLMAN, Garrett, MD/Orthopedic Surgery/Refer and Follow
- TAYANI, Ramin, MD/Ophthalmology/Refer and Follow
- WISNIEWSKI, Morris, MD/Internal Medicine/Refer and Follow
- YAMANAKA, Mark, MD/Pulmonary/Active

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 January 12, 2022

Attachment B

ZIZZO. Paolo. DO/Internal Medicine/Refer and Follow

UPDATE TO PREVIOUS REAPPOINTMENT:

• BHALLA-Regev, Sandhya. MD/Internal Medicine/Refer and Follow

RESIGNATIONS: (Effective date 01/31/2022 unless otherwise noted)

Automatic:

MEIXEL. Antonie. MD/Pediatrics

Voluntary:

- ARRIETA, Iris. MD/Obstetrics & Gynecology
- BARAGER, Richard, MD/Nephrology
- FERNANDEZ, Janice, MD/Anesthesiology
- GENTILUOMO, Jesse, MD/Emergency Medicine
- HAWKINS, Melissa, MD/Obstetrics & Gynecology
- IARAMILLO, Mary, MD/Internal Medicine
- KARANIKKIS, Christos, DO/Obstetrics & Gynecology
- KILUVIA. Moddy, MD/Psychiatry
- MOUKARZEL, Elias, MD/Obstetrics & Gynecology
- NUNEZ, Willie, MD/Teleradiology
- POLLOCK, Max, MD/Teleradiology
- RIZVI, Rabab, MD/Psychiatry
- VRIDHACHALAM, Sanjeevi, MD/Teleradiology



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3 January 12, 2022

REQUEST FOR EXTENSION OF PROCTORING REQUIREMENT

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and are approved for an additional 6 months to complete their proctoring for the privileges listed below. Failure to meet the proctoring requirement by **July 28, 2022** would result in these privileges automatically relinquishing.

• RUIZ, Lizette, MD

Emergency Medicine

AUTOMATIC RELINOUISHMENT 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 January 28, 2022

ANTOUN, David, MD

Internal Medicine

• CALAFI. Arash. MD

Orthopedic Surgery

• KHOSLA, Ankaj, MD

Radiology

• LIN, Yuan, MD

Cardiothoracic

• MOAZZAZ, Pavam, MD

Orthopaedic Surgery

ADDITIONAL PRIVILEGE REQUEST (Effective 1/28/2022)

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

• BAKSHI, Ankur, MD

Cardiothoracic Surgery



TRI-CITY MEDICAL CENTER CREDENTIALS COMMITTEE REPORT - Part 3 of 3 January 12, 2022

PROCTORING RECOMMENDATIONS

• ALTSCHUH, Lauren, MD Emergency Medicine

• AZAM. Arsalan. MD Emergency Medicine

• BARCARSE, Erin, MD OB/GYN

• BAKSHI, Ankur, MD Cardiothoracic Surgery

• CALAFI, Arash, MD Orthopedic Surgery

• <u>CLEMENTS. George. MD</u> <u>Cardiology</u>

EVANS. Jamie, MD
 Psychiatry

• FARRELLY, Erin, MD Orthopedic Surgery

• MOON, Nah Yong , MD OB/GYN

NWABUEZE, Onyemaechi, MD
 Anesthesiology

• OMURO, Arthur, DO Neurology

• PATTENGILL, Catherine, MD OB/GYN

• <u>SILLDORFF, Morgan, MD</u> <u>Orthopedic Surgery</u>

SINGH, Ajay, MD
 Radiology

YUNG, Aaron, MD
 Interventional Cardiology



TRI-CITY MEDICAL CENTER INTERDISCIPLINARY PRACTICE COMMITTEE REPORT January 17, 2022

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 1/28/2022 - 10/31/2023)

Any items of concern will be "red" flagged in this report. Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following physicians have met the basic requirements of staff and are therefore recommended for appointment effective 1/28/2022 through 10/31/2023:

- MORDEN, Jacqueline PA-C/Allied Health Professional (TeamHealth)
- NICHOLS. Melanie PA-C/Allied Health Professional (TeamHealth)



TRI-CITY MEDICAL CENTER

INTERDISCIPLINARY PRACTICE REAPPOINTMENT CREDENTIALS REPORT - Part 1 of 1 January 17, 2022

Attachment B

BIENNIAL REAPPRAISALS: (Effective Dates 02/01/2022 - 01/31/2024)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 02/01/2022 through 01/31/2024, 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:

• RENNE, Brittany, AuD/Allied Health Professional

RESIGNATIONS: (Effective date 01/31/2022 unless otherwise noted)

Automatic:

• ALLEN. Lindsay. PA-C/Allied Health Professional

Voluntary:

- CHRISTENSEN, Anna, PA-C/Allied Health Professional
- MATEO. Marie, CNM/Allied Health Professional



TRI-CITY MEDICAL CENTER INTERDISCIPLINARY PRACTICE COMMITTEE REPORT- Part 3 of 3 January 17, 2022

PROCTORING RECOMMENDATIONS

ALASANTRO, Lori, PHD

Allied Health Professional

KAUR, Manpreet, NP

Allied Health Professional





TCHD Board of Directors DATE OF MEETING: January 27, 2022 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – Cardiology-General

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

Vendor's Name:

George Clements, MD

Area of Service:

Emergency Department On-Call: Cardiology-General

Term of Agreement:

12 months, Beginning, February 1, 2022 – Ending, January 31, 2023

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Addition of new physicians to current shared call panel; no increase in expense

Rate/Day	Panel Annual Cost	Panel Total Term Cost
\$300	\$109,500	\$109,500

Description of Services/Supplies:

- Provide 24/7 patient coverage for all Cardiology-General 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:	х	Yes	No
Approved by Chief Compliance Officer:	х	Yes	No
Is Agreement a Regulatory Requirement:	Х	Yes	No
Budgeted Item:	х	Yes	No

Person responsible for oversight of agreement: Eva England, Cardiovascular Services Service Line Administrator / Gene Ma, M.D., Chief Medical Officer

Motion:

I move that the TCHD Board of Directors approve the addition of George Clements, MD, to the currently existing ED On-Call Coverage Panel for Cardiology-General for a term of 12 months, beginning February 1, 2022 and ending January 31, 2023, with no additional cost.





TCHD Board of Directors DATE OF MEETING: January 27, 2022 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE – ENT - Otolaryngology

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

Vendor's Name:

Sarah Carroll, M.D.

Area of Service:

Emergency Department On-Call: ENT - Otolaryngology

Term of Agreement:

16 months, Beginning, March 1, 2022 - 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	\$197,708
	FY2023	\$118,625
	Total Term Cost	\$316,333

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:	х	Yes	No
Approved by Chief Compliance Officer:	х	Yes	No
Is Agreement a Regulatory Requirement:	х	Yes	No
Budgeted Item:	Х	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 agreement with Dr. Sarah Carroll, M.D., thereby joining the current panel for Otolaryngology services for a term of 16 months, beginning March 1, 2022, and ending, June 30, 2023, for a total term cost previously approved of \$316,333, representing no additional cost.



TCHD Board of Directors DATE OF MEETING: January 27, 2022 PHYSICIAN AGREEMENT for Medical Director, Intensive Care Unit (ICU)

Type of Agreement	Х	Medical Directors		Panel		Other:
Status of Agreement		New Agreement	х	Renewal – New		Renewal – Same
			l	Rates	ĺ	Rates

Physician's Name:

Mark Yamanaka, M.D.

Area of Service:

ICU, Medical Director

Term of Agreement:

18 months, Beginning, January 1, 2022 - Ending, June 30, 2023

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Slight decrease in hourly rate; slight increase in maximum hours per month allowed

Rate/Hour	Hours per Month(NTE)	Hours per Term (NTE)	Monthly Cost (NTE)	18 Month(Term) Cost (Not to Exceed)
\$174	24	432	\$4,176	\$75,168

Position Responsibilities

- Provides clinical recommendations and guidance to optimize the quality of ICU care
- Evaluates and establishes policies, procedures, and protocols for ICU
- Oversees utilization review of program
- Recommends, develops, and assists in the development of new services relevant to the contemporary practice of critical care
- Facilitates effective communication
- Assists with interviewing new staff
- Assists in public education
- Attends hospital meetings as requested

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

Person responsible for oversight of agreement: Christina Krasowski, ICU Director, & Candice Parras, Chief of Patient Care Services

Motion:

I move that the TCHD Board of Directors authorize Dr. Mark Yamanaka as the ICU Medical Director for a term of 18 months, beginning January 1, 2022, and ending June 30, 2023, at an hourly rate of \$174 not to exceed 24 hours per month or 432 hours for a total term cost not to exceed \$75,168.

RESOLUTION NO. 806

RESOLUTION OF THE BOARD OF DIRECTORS OF TRI-CITY HEALTHCARE DISTRICT RE-RATIFYING THE STATE OF EMERGENCY AND RE-AUTHORIZING REMOTE TELECONFERENCE MEETINGS

WHEREAS, Tri-City Healthcare District ("District") is committed to preserving and fostering access and participation in meetings of its 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 emergency 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, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District's boundaries, caused by natural, technological, or human-caused disasters; and

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

WHEREAS, the Board of Directors previously adopted Resolution No. 803 on September 30, 2021, finding that the requisite conditions exist for the Board of Directors of the District to conduct remote teleconference meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953; and

WHEREAS, as a condition of extending the use of the provisions found in Government Code section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist in the District and vaccine compliance, masking, and social distancing measures are required to be followed on the premises of the hospital for the continued health and safety of the patients, workers, and public; and

WHEREAS, as a consequence of the local emergency persisting, 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);

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

- Section 1: Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.
- Section 2: Affirmation that a Local Emergency Persists. The Board of Directors hereby considers the conditions of the state of emergency in the District and proclaims that a local emergency persists throughout the District.
- <u>Section 3</u>: <u>Re-Ratification of the Governor's Proclamation of a State of Emergency</u>. The Board of Directors hereby ratifies the Governor's Proclamation of a State of Emergency.
- Section 4: Remote Teleconference Meetings. The District's 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 January 27, 2021, by the following roll call vote:

AY	(ES:	Directors	
NC	DES:	Directors	
AB	STAIN:	Directors	
AE	SENT:	Directors	
			Rocky J. Chavez, President
			Board of Directors
ATTEST:			
Gigi Gleas		tary	
Board of I	Directors		





ADMINISTRATION CONSENT AGENDA January 20th, 2022

CONTACT: Candice Parras, CPCS

Policies and Procedures	Reason	Recommendations
Patient Care Services Policies & Procedures		
Alaris System Data Set Approval and CQI Activities Procedure	3 year review, practice change	Forward To BOD For Approval
Patient Food Refrigerators/ Freezers Procedure	3 year review, practice change	Forward To BOD For Approval
3. Vaccine, Reporting Adverse Events Policy	3 year review	Forward To BOD For Approval
Administrative 200s District Operations		
Assignment of Medical Record Numbers and Standard Naming Guidelines 390	3 year review	Forward To BOD For Approval
Clinical Product Review/New Products 297	3 year review, practice change	Forward To BOD For Approval
3. Medi-Cal TAR Requirements 268	3 year review, practice change	Forward To BOD For Approval
4. Medicare Hospital Readmission Billing 290	3 year review, practice change	Forward To BOD For Approval
5. Use, Security, and Accuracy of Data 242	3 year review	Forward To BOD For Approval

Tri-City Medical Center		Distribution: Patient Care Services		
PROCEDURE: ALARIS SYSTEM DATA SET APP		PROVAL AND CQI ACTIVITIES		
Purpose: To outline the process for modificate		tion/approval of the Guardrails data set on infusion		

A. PROCEDURE

Modification of existing Data Set

a. Requests for data set revision by Registered Nurses (RNs):

- Requests for data set revision may be submitted by any RN to the Nursing Leader/Clinical Educator for their unit.
- ii. The Nursing Leader/Clinical Educator shall determine if the change has merit and if a consensus from the staff utilizing that data set profile approve of the change.
- iii. If the change is still recommended, then the **Nursing Leader/**Clinical Educator shall forward the request to the Alaris CQI Task Force.
- iv. Changes shall be submitted to the Pharmacy & Therapeutics (P&T) Committee and forwarded to Medical Executive Committee (MEC) for Medical Staff approval.
- v. Upon Medical Staff approval, changes shall be submitted to the Board of Directors (BOD) for final approval.
- b. Requests for data set revision by the Medical Staff: Requests for data set revision may be submitted by any medical staff member to the Pharmacy Clinical Manager. These requests shall be submitted to P&T Committee, MEC, and BOD for approval.

2. Fast-track Approval of Data Sets

a. Fast-track approval of data set changes/edits may be granted by the Pharmacy

LeadershipClinical Manager if deemed necessary and in the best interest of patient
safety. These changes may be put into effect without delay, but must be submitted
through the standard approval process after fast-track approval.

3. CQI Data Review

- a. <u>CQI Data and Reports Medical Staff:</u> CQI data and reports shall be submitted to the P&T Committee on a quarterly basis. Pertinent information, trends identified, and recommended CQI initiatives shall be summarized and reported to MEC.
- b. <u>CQI Data and Reports Hospital Staff</u>: A multi-disciplinary task force (Nursing, Pharmacy, Process Improvement) shall have access to the CQI data and reports via the Alaris CQI data software. Profile specific CQI initiatives shall be identified and improvement tracked and trended. Reports to Clinical EducatorsNursing Professional Practice Council (NPPC) shall occur on an ongoing basis (at least quarterly).
- c. <u>Practitioners for Each Profile</u> shall be identified as *CQI Champions* to facilitate the dissemination of progress made to the unit staff and the communication between the NPPC and the end-users of the Alaris pump system.

Revision Dates	Clinical Policies & Procedures	Nursing Leadership Executive Council	Medical Staff Department or Division	Pharmacy & Therapeutics Committee	Medical Executive Committee	Admini stration	Professional Affairs Committee	Board of Directors
10/05, 12/00, 06/08, 11/16, 12/20	04/11, 12/16, 10/21	04/11, 01/17, 11/21	n/a	02/17, 11/21	05/11, n/a	01/22	06/11, 03/17, n/a	06/11, 03/17

Tri-City Medical Center		Patient Care Services		
PROCEDURE:	PATIENT FOOD REFRIGERAT	ORS/FREEZERS		
Purpose:	To ensure patient care refrigerators for food are monitored, defrosted, and cleaned.			

A. PROCEDURE:

1. All patient food refrigerators shall be cleaned/defrosted as needed.

 a. —The patient-food refrigerators/freezers-will be checked when-inventoried/stocked by Food and Nutrition personnel.

- b.a. Nursing will be-responsible for refrigerators not routinely stocked. Food and Nutrition is responsible for cleaning and/or notifying engineering of defrost for the refrigerators/freezers routinely stocked by food and nutrition personnel.
- b. Nursing is responsible for cleaning and/or notifying engineering of defrost for refrigerators not routinely stocked by Food and Nutrition Services
- Engineering is responsible for defrosting the refrigerator/freezer units.

Temperature ranges for patient food storage:

- a. Refrigerators 302 to 41.50 degrees Fahrenheit (°F).
- b. Freezers minus (-) 2040 to 20 degrees Fahrenheit (°F).

3. All refrigerators/freezers must have a thermometer.

- 4. The patient food refrigerators shall have an eThe Electronic surveillance system monitorsering the temperature patient -refrigerator/freezer temperatures 24 hours a day, seven (7) days a week.
- 5. The electronic surveillance system will send an initial **notification** email to the Food and Nutrition Ssupervisors from 0500 to 2100 and to Engineering from 2100 to 0500 if the temperature is out of range.
- 6. If the temperature falls outside the correct range, the Nursing/Food and Nutrition personnel/Supervisor/Engineering shall:
 - a. Check the freezer compartment for over icing. If the freezer requires defrosting, arrange for defresting. Place a work order for place to Engineering to follow up immediately.
 - b. If the freezer is not the problem, Nursing/Food and Nutrition personnel/Engineering will adjust the thermostat, and/or implement appropriate action plan.t. Nursing/Food and Nutrition personnel /Engineering will monitor results within two (2) hours.in-one hour.
- 7. If the temperature is not corrected within two (2)ene (1) hours after adjusting the thermostat or any other corrective actions, a work order will be placed to Engineering.
 - 7.a. The electronic surveillancey system will send a notification email to the Food and Nutrition Director.
 - a.b. Food and Nutrition Ssupervisors will evaluate the need to relocate food items until temperature is corrected.
 - i. Nursing must call the Food and Nutrition department for refrigerators/freezers not routinely stocked.
 - b.c. Corrective actions shall be documented in the electronic surveillance system.
- 8. If the electronic surveillance system fails the temperature will be monitored manually.
 - a. Food and nutrition personnel are responsible for documenting the temperatures one time per day for the refrigerators/freezers they routinely stock.
 - Nursing is responsible for documenting the temperatures for refrigerators/freezers not routinely stocked by Food and Nutrition.
 - b. Corrective actions shall be documented on the temperature log.

Patient Care Services Content Expert	Clinical Policies & Procedures Committee	Nursinge Leadership Executive Committee	Medical Staff Department or Division	Pharmacy & Therapeutics Committee	Medical Executive Committee	Admini stration	Professional Affairs Committee	Board of Directors
04/00, 06/03, 07/07, 11/10, 10/17, 06/18, 	11/10, 11/17, 08/18, 11/21	11/10, 12/17, 09/18, 12/21	n/a	п/а	n/a	10/18, 01/22	01/11, 01/18, n/a	01/11, 01/18, 11/18



PATIENT CARE SERVICES

ISSUE DATE:

04/03

SUBJECT: Vaccine, Reporting Adverse Events

REVISION DATE: 11/05, 06/08, 05/11, 12/14, 07/17

POLICY NUMBER: IV.I.11

Patient Care Services Content ExpertDepartment Approval:

03/1703/21

Clinical Policies and Procedures Approval:

03/1710/21

Nursinge Leadership Executive Committee Approval:

03/1711/21

Medical Staff Department or Division Approval:

n/a

Pharmacy and Therapeutics Approval:

05/1711/21

Medical Executive Committee Approval: Administration Approval:

n/a

Professional Affairs Committee Approval:

01/22 07/17 n/a

Board of Directors Approval:

07/17

Α. **PURPOSE:**

The National Childhood Vaccine Injury Act requires health-care providers to report selected events occurring after vaccination to the Vaccine Adverse Event Reporting System (VAERS).

Persons other than health-care providers also can report adverse events to VAERS. a.

B. **POLICY:**

All adverse events that occur after administration of vaccines, including events that are serious or unusual, shall be reported to VAERS.

Any adverse occurrence from administration of a vaccination must be reported. Refer to 2. Administrative: 236 Mandatory Reporting Policy.

3. VAERS forms and instructions are available in the FDA Drug Bulletin, by calling the 24-hour VAERS Hotline at 800-822-7967, or from the VAERS website at http://www.vaers.hhs.gov/

C. **REFERENCES:**

Department of Human and Health Services. "VAERS." Vaccine Adverse Event Reporting System. Web. Accessed 01 Mar. 2017. https://vaers.hhs.gov/index.

2. National Vaccine Injury Compensation Program, Health Resources and Services Administration, Parklawn Building, Room 8-46, 5600 Fishers Lane, Rockville, MD 20857 Telephone: 800-338-2382 (24-hour recording)

D. RELATED DOCUMENT(S):

1. Administrative: Mandatory Reporting Requirements 236



ADMINISTRATIVE POLICY **PATIENT CARE**

ISSUE DATE:

09/05

SUBJECT: Assignment of Medical Record

Numbers and Standard Naming

Guidelines

REVISION DATE(S): 05/09, 09/12, 01/18

POLICY NUMBER: 8610-390

Department Review:

Administrative Policies & Procedures Content Expert:

07/21

Administrative Policies & Procedures Committee Approval:

12/1708/21

Administration Approval:

01/22

12/17

Professional Affairs Committee Approval:

01/18 n/a

Board of Directors Approval:

01/18

PURPOSE: A.

A unique medical record number specific to the patient will be assigned to each patient who is admitted or treated at Tri-City Healthcare District (TCHD) as an inpatient, outpatient, or Emergency Department patients. Each patient will be assigned a unique medical record number that will be utilized for every encounter or admission to any area throughout the medical center.

B. SCOPE:

The policy applies to all personnel who schedule or register patients for admission or treatment at TCHD as Inpatients, Outpatients, or Emergency Department patients. The correction part of this policy also applies to Medical Records/Health Information Management (HIM) Department who are responsible for review/correction of duplicate numbers.

C. **POLICY:**

- Usage of this unique number will facilitate continuity of patient care through accurate medical record availability, and efficient processing of patients by the various registration locations throughout the hospital, as well as provide for accurate data quality for patient care and billing purposes.
- 2. Single number for each patient within the Master Patient Index (MPI).
- 3. Standardized search process to be used.
- 4. Standardized naming conventions to be utilized.
- 5. Correction and maintenance of the index is the responsibility of the Medical Records/HIM Department.

D. PROCESS:

- Verification of Patient Identity:
 - Registration personnel will attempt to obtain the following data when performing the search for medical record number:
 - i. Patient's legal name including last, first and middle initial (when applicable)
 - ii. Correct spelling of the name by the patient
 - Patient's maiden name iii.
 - Patient's date of birth iv.
 - ٧. Patient's Gender
 - Patient's Social Security Number
 - b. All information will be double-checked including spelling of patient's name by reviewing photo-identification, insurance cards, and/or social security card.

- c. Patient will be asked if previously treated at TCHD for inpatient or outpatient services.
- d. The name(s) used during previous visit(s) will be verified.
- e. When a patient has been treated previously at TCHD and the alias screen displays, the Social Security Number should be used as a tiebreaker to correctly identify the patient.
- f. Duplicate Alias Warning Window:
 - i. States: "WARNING: This alias is assigned to another person or encounter".
 - ii. Appears in any conversation to indicate that the Social Security Number that has been entered is assigned to another individual in Cerner.
 - iii. When Alias warning appears: stop. Search for prior MRN by doing an SSN only search.
- g. The patient's address is to be included as a tiebreaker when identifying if the patient has been previously assigned a medical record number or treated at TCHD.
- 2. Patient Naming Conventions:
 - a. Order of the name:
 - Names will be entered in the order that the legal name is stated.
 - Foreign names will be entered in the order that the legal name is stated.
 - b. Hyphenated Name:
 - Names containing a hyphen are entered with the hyphen, with no extra spaces before or after.
 - ii. The last name is entered in the order of legal name.
 - c. Mixed Case Name:
 - i. Names will be entered in using the "case" matching the legal name
 - 1) Example: McDonald, Ronald is entered with a capital "M" and a capital "D"
 - 2) Example: Smith, John is entered with a capital "S" and lowercase "mith"
 - d. Patient Legal Name vs. Nickname:
 - Patient's legal name including last, first and middle initial (when applicable) will be obtained.
 - e. Use of Punctuation:
 - Names will be entered without the use of punctuation
 - Exception: Hyphens may be used.
 - Periods, commas, apostrophes, etc. should not be included in patient's name.
 - a) Example: O'Brien, Patrick is entered as "OBrien, Patrick"
 - f. Use of Spaces:
 - Include spaces in the last name if the legal spelling of the name includes a space.
 - g. Use of Title and Jr., Sr.:
 - i. Titles (e.g. Rev., Mr., Mrs., Jr., Sr., III, etc.) are not to be used for scheduling/registration.
 - h. Newborns:
 - i. The naming convention for newborns is the last name of the mother (as the baby's last name) and the gender of the baby (as the baby's first name).
 - ii. Pre-admitted baby will be entered as: Mother's Last Name, and Baby.
 - iii. Delivered baby's name will be edited to:
 - 1) Single Birth:
 - a) Last name = Mother's last name
 - b) First name = Boy or Girl
 - 2) Multiple Birth baby will be edited to:
 - a) Last name = Mother's last name
 - b) First name = Boy or Girl
 - c) Middle Initial
 - d) A (first born)
 - e) B (second born)

- f) C (third born)
- iv. The Medical Record Birth Certificate Clerk updates the baby's name after the birth certificate information is completed and the newborn is discharged.
- Search for Medical Record Number:
 - a. When a patient match has not occurred after a standard search is performed, a search by Social Security Number will be completed. A standard search includes entry of the following four data elements:
 - i. Date of Birth
 - ii. Last name
 - iii. First name
 - iv. Gender
 - b. Additional Search may be necessary to clarify correct patient.
 - Abbreviated Versions of Names:
 - 1) Jenny vs. Jennifer; Ben vs. Benjamin; Jeff vs. Jeffrey.
 - Patient's legal name will be used for search.
 - ii. Maiden names:
 - If a female patient was at a TCHD facility previously but is not found during search, patient will be asked for her maiden name and search steps will proceed as above. When record is located, Compass is updated.
 - iii. Hyphenated married names:
 - 1) Both parts of a hyphenated name will be used during the patient search.
 - 2) Example: Susan SmithJones. Search by SmithJones (with first name, gender, and date of birth).
 - 3) If the hyphenated name is not found during the search and the patient states they have been here before, search again using the patient's stated Social Security Number only.
 - iv. Name Reversals:
 - Reversed middle and first names
 - Patient (e.g. William Paul Smith) likes to be referred to as another name (e.g. Paul Smith). Do not register as Paul Smith. Register patient under his/her legal name (e.g. William Smith, middle initial P).
 - v. Complex Name (e.g. Thomas Henry).
 - 1) Initial Search as Henry, Thomas. If search does not reveal a match complete a secondary search.
 - 2) Secondary Search (e.g. Thomas, Henry). The first name will be reversed with the last name.
- 4. Medical Record Number Assignment During Times of System Unavailability:
 - Patients that are admitted and registered during downtime are assigned a downtime encounter number. No medical record number is assigned until the Cerner system is back up.
 - b. Downtime procedures direct Registration personnel to the Affinity system to identify a previous medical record number, when necessary.
- 5. If the patient's identification is unknown (e.g. John or Jane Doe):
 - a. Do a patient search for John or Jane Doe
 - b. If the search returns no patients enter the name as Doe, John (or Jane), leave a space, then use the letter A (as in Doe, John A)
 - c. Subsequent John or Jane Does will use letters B, C, D, etc. to differentiate between patients.
 - i. If the search returns other John or Jane Does, look to see the last letter used in the first name (e.g. Doe, Jane C)
 - ii. Register the next Jane Doe as: Doe, Jane D
 - d. If the date of birth of John or Jane Doe is not known
 - i. Use the current day and month as the day and month of Jane/John Doe's

birthday

- ii. Example: Today is 2/24/04
 - John/Jane Doe's birthday to be entered as: 02/24
- iii. The birth year is calculated as follows:
 - If you think the patient's age is XX, use this birth year

a)	0-10	Year 2000
b)	11-20	Year 1990
c)	21-30	Year 1980
d)	31-40	Year 1970
e)	41-50	Year 1960
f)	51-60	Year 1950
g)	61-70	Year 1940
h)	71-80	Year 1930
i)	81-90	Year 1920
i)	91 and over	Year 1910

- e. A "John Doe" medical record will be generated through the Registration process.
- f. Continuous efforts will be made to establish correct identification throughout the patient's hospitalization.
- g. After the patient's identification has been determined and if the patient has no previous medical record number, the assigned temporary number will remain as the patient's permanent medical record number.
- h. After the patient's identification has been determined and if the patient has a previous medical record number, the individual in charge of the patient will notify the Medical Records or Registration Department.
- 6. Correction of Duplicate Medical Record Numbers:
 - a. The Medical Records/HIM Department is responsible for correcting any duplicate medical record number. This will be implemented in the following manner:
 - Request for correction of duplicate medical record number will be made in writing to the Medical Records/HIM Department. Submissions may be made by any staff member who identifies possible duplicate medical record numbers.
 - ii. The Data Correction sheet is faxed to the Medical Records Department (fax number 3414) or email MPI Specialist.
 - iii. The Medical Records/HIM Department follows a Prioritization Matrix to determine which duplicates are combined first.
 - iv. The Medical Records/HIM Department reports duplicate assignments by medical service for departmental follow-up.
- 7. Note: Patient information entered into the Cerner system is passed through to the Affinity Patient Accounting system. When documents are printed from Affinity (i.e. Facesheets, bills, reports) patient name information is displayed in all CAPS without hyphens or spaces.



ADMINISTRATIVE POLICY **DISTRICT OPERATIONS**

ISSUE DATE:

02/15

SUBJECT: Clinical Product Review/ New

Products

REVISION DATE: 02/15

POLICY NUMBER: 297

Department-Review:

10/17

Administrative Policies and Procedures Content Expert:

03/21

Administrative Policies and Procedures Approval:

01/1510/1708/21

Administration Approval:

01/22

Finance, Operations and Planning

02/15 n/a

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

02/15

A. **PURPOSE:**

Establishes the requirements and process for the assessment and procurement of all new products used for or in support of patient care activities.

Process delineates oversight accountability, assessment and review procedures and plan for 2. implementation of all products prior to purchase or use.

B. **SCOPE OF THE PROCEDURE:**

Proper adoption of new products for patient care services is considered a key principle in the support of safe patient care. The requirements established in this policy and associated procedures must be followed by all Tri-City Healthcare District (TCHD) personnel and physicians for the consideration of any new product or service, not currently in use at TCHD.

C. **DEFINITION(S):**

- CVAT: Clinical Value Analysis Team. This multi-disciplinary team consists of managers, educators, and frontline staff from clinical departments and areas to provide oversight and expertise for best practice in the selection and acquisition of supplies and equipment. Utilizing a team approach along with physicians, subject matter experts, administrators and frontline users the committee functions to:
 - Conducts clinical, infection, financial, bio-med, educational, and patient safety review of new products and equipment.
 - Ensures supplies, equipment and new technologies meet/exceed TCHD standards as b. they relate to regulatory or biomedical engineering requirements.
 - Reviews existing supplies and equipment to identify potential opportunities for C. standardization and or cost savings.
- 2. Suppliers: A person who provides sales or sales support of products or services to TCHD. Examples of suppliers include but are not limited to representatives of equipment, supply, or medical materials.
- Vendors: A person who provides contracted services to departments or patients at TCHD. 3. Examples of vendors include but are not limited to registry and supplemental staff, equipment repair, or educational training staff.
- Physicians: Medical Staff practicing at TCHD may be independent contractors/non-employees 4. or under contract to provide services for the Health District. The group includes: Doctor of Medicine/Doctor of Osteopathic Medicine/Doctor of Dental Science/Doctor of Dental Medicine/Doctor of Optometry/Nurse Practitioner/Physician Assistant.

- 5. Patient Care Services: All departments that provide patient service or care, to include but not limited to: all patient care areas, physical therapy, dietary, environmental services, linen, security, facilities, clinical services, bio-med, sterile processing.
- 6. Supply Chain Management: Serves as the coordinator of the CVAT review process and will be the functional experts for defining and determining what is considered a new product here at TCHD.

D. PROCEDURE:

- 1. Product Adoption Process: All personnel requesting a product for use in patient care services are expected to follow the Product Adoption Process.
- Department Director/Managers Responsibilities: Review and determine if the new product/equipment fits their department needs and the strategic plan or needs of the organization.
- 3. Departments requesting a new clinical product or device complete the Request for Clinical Product Review form found on the TCHD intranet.
- 4. The completed form will be sent to Supply Chain Management for analysis.
 - If this is a non-physician preference item, the process will continue to CVAT.
 - b. If this is a physician preference item, the request will be forwarded to the appropriate service line administrator and the Medical Staff Manager/Director.-
- 5. Physician Use Items: Supply Chain Management will notify The Medical Staff Manager/Director of the date/time of the CVAT Meeting in which the new product/device will be reviewed. The Medical Staff Manager/Director will receive an invitation to attend that CVAT Meeting and facilitate evaluation of physician competency and privileging prior to utilization of equipment.
- 6. Supply Chain Management will contact requestor with results of analysis and/or provide at the next CVAT meeting occurrence.
 - a. Requestor attending CVAT meeting will complete the Request for Clinical product Review Checklist prior to attending meeting and will bring that checklist to the meeting.
 - b. Requestor must attend the CVAT meeting for product consideration.
 - i. If unable to attend CVAT meeting, a knowledgeable substitute may attend or the request may be postponed until the following month.
- 7. Request will be presented at the CVAT meeting. CVAT may approve or deny the request.
 - a. If request is denied, additional information can be investigated by the requesting department and resubmitted at a later date.
 - b. If request is approved, the determination will be made at that time if a product trial is necessary or if the item may be put into immediate use.
- 8. If no trial is needed, Staff-the Education Department will determine if product training is required. Supply Chain Management will begin the product procurement process and implementation.
- 9. If a trial is needed, Staff-the Education Department will be contacted to initiate staff training and product use through interaction with Supply Chain Management, the vendor, and/or supplier.
 - Results of the trial will be presented at a subsequent CVAT meeting for approval or denial.
 - i. If denied, the requesting department can obtain additional information for resubmission at a later date.
 - ii. If approved, Supply Chain Management will begin the product procurement process and rollout. Education will work with the vendor and/or supplier for a complete education plan upon product implementation.
- 10. Adoption Process Exemption: Products and Services exempt from the new product adoption process must meet Biomedical Engineering, Supply Chain Management contractual agreements, and end-user educational requirements prior to use and must meet the criteria for exemption below:
 - a. The new item add request is for a bill only or a charge number request
 - b. Equipment replacements due to loss or repair issues

Administrative Policy Manual- District Operations Clinical Product Review Policy Page 3 of 5

- c. Substitutions due to manufacturer backorder (department leaders responsible for final approval, education and use)
- d. Loaner units that are borrowed via an equipment manufacturer, supplier, or another hospital. This is usually introduced due to clinical needs because their unit is broken.
- 11. Urgent requests: In circumstances of an urgent situation, which is defined as a request needing to be reviewed within less than 72 hours before use or a physician has an urgent situation that requires the use of an unapproved product; the department must contact Supply Chain Management.

E. FORM(S):

1. Request for Clinical Product Review FormNew Product Request-Process

Request for Clinical Product Review Form - Sample



Request for Clinical Product Review

The purpose of this form is to request review and evaluation of a new or alternate product. Please complete this form and submit to Supply Chain Management. All requests will be reviewed by the Clinical Value Analysis Team.

Date of Request					
		Product Name:			
Department:					
Extension		Sales Rep Contact #			
Vendor		Manufacturer Rep			
Manufacturer					
Reason for Request:					
Regulatory Requ	irement Patient Safety Cost Savings		ves Quality / Outcomes		
Product description and funct	ion,				
	11	if appropriate)			
Indicate anticipated usage pe	20				
Indicate areas to use this produced Acute Care Services Emergency Services	Critical Care Services	UWCS	Ancillary Services		
	rently used product? 🔲 Yes 🕻	_			
Current Product:	Manufacturer	Mar	nufacturer Item No		
	To be completed by Su	pply Chain Managem	nent		
Current Product:			MMIS Item No:		
Cost S Pac	kaging Montl	nly Usage:	GPO Contract:		
Proposed Product					
Cost S Pac	kaging: Month	nly Usage	GPO Contract		
ECRI Cost Range:					



Request for Clinical Product Review - CHECKLIST

The purpose of this form is to request review and evaluation of a new or alternate product. Please complete this form and submit to Supply Chain Management. All requests will be reviewed by the Clinical Value Analysis Team.

PRODUCT NAME:	
REQUESTOR: EXT:	
DEPARTMENT:	
In order to facilitate this request for the Clinical Value Analysis Committee, the items below reviewed and approved by the appropriate department	need to be
Has the product been assessed/reviewed by:	
☐ GAP Analysis performed for tubing misconnection	
☐ Infection Control	
☐ IT (computer/software related)	
Risk/Patient Safety	
Engineering (room modification/air handling)	
SPD	
Is this new product disposable or reusable?	
Does the new product require any additional consumable to utilize it?	
If yes, provide product information:	
Will this product require educational training?	
What resources will the vendor provide for product education and final implementation?	

FOR ALL REQUESTS SUBMITTED FOR CLINICAL VALUE ANALYSIS PLEASE ATTACH BROCHURE,

PRODUCT RESEARCH AND ANY EVIDENCE BASES ARTICLES / WHITE PAPERS



ADMINISTRATIVE POLICY **DISTRICT OPERATIONS**

ISSUE DATE:

04/99

SUBJECT: Medi-Cal Treatment Authorization

Request (TAR) Requirements

REVISION DATE(S): 05/03, 01/06, 09/10, 01/11,

03/15, 02/18

POLICY NUMBER: 8610-268

Department Review: 04/18 Administrative Policies & Procedures Content Expert: 07/21

Administrative Policies & Procedures Committee Approval: **Administration Approval:**

01/22

01/1808/21

Finance & Operations Committee Approval:

02/18 n/a

Board of Directors Approval: 02/18

A. **PURPOSE:**

To ensure the appropriate approved Treatment Authorization Request (TAR) has been received for all Medi-Cal admissions.

B. **DEFINITION(S):**

- Medi-Cal Pending Patients: Patients who have applied to California Department of Public Health (CDPH) for assistance and have not been approved. These patients are considered cash paying and the hospital's deposit/payment policies apply.
- 2. Medi-Cal Eligible Patients: Patients who have provided valid proof of eligibility by way of a CDPH 1410 form and/or verification on the Medi-Cal Point of Service (POS) Online website (eTAR).
- 3. Approved TAR: A treatment authorization request, which has been submitted by the physician's office and has been approved by the field office. An approved TAR is required in advance of all elective and urgent procedures.

C. **POLICY:**

- All Medi-Cal approved elective admissions or procedures requiring a TAR will have one obtained by the treating physician's office prior to the scheduled date of service.
- 2. Registration will follow the usual procedures for admission ensuring that the approved TAR has been received. Case Management and Registration will coordinate any questionable admissions to insure TARs are appropriate and timely.
- It will be the responsibility of the Registration Department to notify Surgical Services of any 3. change. Surgery Scheduling informs the physician's office a TAR is required prior to the services being rendered and if TAR is not received within 48 hours of the scheduled time the case will be rescheduled.
- If Medi-Cal TAR is approved with a share of cost: 4.
 - Registration is responsible for verifying a patient's share of cost has been met. If the share of cost has not been met, Registration shall request payment in full or contact the inhouse Preadmitter to make appropriate payment arrangements with the patient. In accordance with hospital policy, payment arrangements will not extend beyond a six month period.
 - Medi-Cal pending admits will be handled as cash. The hospital policy regarding deposits b. and payment apply. Med Assist will, as needed, screen patients and continue to follow up to secure applications and/or ensure eligibility.

D. PROCESS:

Case Management will perform initial clinical review utilizing InterQual Criteria at Hospital points

- of entry (ED, Procedural Areas etc) and Case Management will contact the admitting / treating physician as needed to discuss the case to determine appropriate level of care: Inpatient or Observation level of care.
- 2. Case Management performs concurrent daily clinical review for Managed Medi-Cal (Molina, CHG for example and APRDRG clinical review for standard Medi-Cal beneficiaries)
 - a. Case Manager's clinical reviews are documented in the electronic health record (EHR)Allscripts under "TAR (Medi-Cal) REVIEW"
 - b. Registration Staff presents the "TAR (Medi-Cal) REVIEW" Case Management with the E-TAR
- Case Management will facilitate communication with treating physician to clarify any issues surrounding appropriate level of care (Inpatient versus Observation versus 10-Bed-Call) and obtain appropriate physician orders.
- 4. Case Management will facilitate communication with **Utilization Management** (UM) Medical Director for issues regarding medical necessity and to coordinate MD to MD communication
- 5. Registration is responsible for notifying Surgical Services of any changes.

E. <u>REFERENCE(S):</u>

 California Code of Regulations (CCR), Title 22, the Department of Health Care Services (DHCS), Medi-Cal Form 50-1 Treatment Authorization Request (TAR) http://www.dhcs.ca.gov/provgovpart/Pages/TAR.aspx

WW ITI-City Medical Center		Administrative - District Operations			
PROCEDURE:	MEDICARE HOSPITAL READM	ISSION BILLING 8610-290			
Purpose:	To outline responsibilities and processes to be completed to ensure Medicare patients readmitted as an inpatient are billed appropriately.				

A. <u>DEFINITION:</u>

 Readmission – a case in which the beneficiary is readmitted to a hospital less than 31 days after being discharged from a hospital

B. **PURPOSE:**

1. To outline responsibilities and processes to be completed to ensure Medicare patients readmitted as an inpatient are billed appropriately.

C. RESPONSIBILITY: PATIENT BUSINESS SERVICES

- 1. Medicare Recap/Probiller will-review the Admit/Discharge and 72 hour reports daily
- 2. When identified that a patient has been readmitted within 24 hours hold 247 (Readmit within 24 hours) and hold 252 (Billing Hold for Information) will be placed on the encounter

D. RESPONSIBILITY: MEDICAL RECORDS/HIM CODER

- 4. A list of accounts on hold-256 (Combine-Encounters) is generated weekly by the Coding Support Specialist and forwarded to the Lead Coder who finalized the coding on the original (first) encounter.
- 2. The Lead Goder Coding Manager will review the account(s) to be combined sent from Patient Accounting
- 3. The Coder will print a final Coding Summary from electronic health record (EHR) Cerner for both the initial and subsequent admissions.
 - Do NOT change codes in the EHRCerner (integrity of the data for the individual encounter to be maintained)
 - b. Enter an Encounter Note in the EHRCerner and Affinity notation in the abstract for EACH encounter
 - The original discharged encounter will almost always be utilized for the Combined billing
 - i. The Coder may assess both accounts taking into consideration the following to determine if it is better to use a subsequent encounter for the combined billing:
 - 1) Length of Stay
 - 2) Number of Diagnoses and Procedures on each account
 - a) Example: the original encounter was very short, subsequent encounter very long with multiple procedures and diagnosis codes
- Coder-will point the encoder to Affinity (on Cerner-local folder)
- 5. Coder will access Affinity and select the account being used for the combined billing and invoke the encoder.
 - a. The reason-for the first admission will be the principal diagnosis, unless
 - ite The first-admission is a Sign, Symptom, or Non-specific code that is clarified on the subsequent visit.
 - ii. The subsequent visit-documentation-invalidates the principal diagnosis on the first visit.
 - b. Secondary diagnoses from the account not used for Combined billing will-be added to the Combined billing account
 - Change non-specific codes to more specific codes when documented in subsequent-visit.

Department Review	Administrative Policies & Procedures Committee	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Board of Directors
12/10, 3/15, 05/18, 06/21	05/18 , 08/21	n/a	n/a	02/11, 06/15, 08/18, 01/22	

- ii. Change chronic condition codes to acute exacerbation codes if the status changes from the first to subsequent visit.
- iii. Present on Admission (POA) for non-shronic or exacerbation of conditions not present on the first visit will be POA-N on the Combined billing
- 6. Any procedures from the account NOT used for Combined billing will be added to the Combined billing account, completing the required abstract information for each.
 - i. Procedure dates for the subsequent visit cannot be entered in Affinity until the account dates have been corrected.
 - ii. Enter the discharge or admission date as the default
- d. The Discharge Disposition on the Combined billing account must the be Discharge Disposition on the last hospitalization
- e. Final in Affinity
 - i. If all-coding and abstracting data in the Combined billing account is correct
 - Recompute the DRG and final as Complete in Affinity
 - ii. If all coding and abstracting data in the Combined billing account is NOT correct
 - 1) Recompute the DRG and mark as Incomplete in Affinity
 - iii. If a DRG change occurs as a result of combining the accounts
 - 1) The Lead Coder-will mark as incomplete in Affinity and place HOLD M12 (for Coding Manager-review)
 - 2) Coding Manager will notify lead Coder if combine appropriate
 a) If appropriate the Lead Coder will finalize
- f. Enter an Account Note
 - i. If the encounter has been saved as Complete enter an account note
 - 1) "ICD-10 Diagnosis (Dx) and Procedure (Px) codes have been added to this account from Financial # xxxxxxxxxxx for the purpose of Combined billing
 - ii. If the account has been saved as Incomplete, enter and account note as above with the additional information (one or both of the following):
 - Please amend the discharge (or admission) date and notify the Lead Coder Coding Manager when completed so the correct the procedure dates be finalized.
 - Please edit the discharge disposition to "xxx" and notify Patient Accounting when completed so the coding process can be finalized.
- g. Notify the Patient Financial Services Supervisor via email of the account number to be used for the combined billing (Winning encounter).
 - i. If edits are pending the Lead Coder will advise the Coder when coding can be finalized
- h. Coder removes the hold 256 (Combine for Billing)

E. RESPONSIBILITY: PATIENT-ACCOUNTING

- 1. Encounters to be combined for billing after review by Patient Accounting-Supervisor and determined to be related:
 - a. When it is determined that the encounters are related and are to be billed together notification is sent to Lead Coder to determine the winning encounter.
 - b. Once winning encounter determined, Biller emails the Access Manager to change the admit or discharge date if any changes are required.
 - i. Access-Manager notifies the Biller when the admit or discharge date has been corrected
 - e. Winning encounter
 - i. 4st visit: the discharge disposition on the first encounter shall be corrected to the information on the second encounter (the claim needs to reflect a continuous stay)
 - ii. 2nd visit: the admit date of the second encounter needs to be edited.
 - d. Combining-accounts in Affinity
 - i. From the Main Menu, right click to go to "Hidden Option"
 - ii. Enter ch-for option-name <ENTER>
 - iii. Double click on CMB (Combine Accounts)

- iv. Enter the Winning account-# on "To Account"
- v. Enter-the Losing account # on "From Account"
- vi. Enter "Z"-for-status
- vii. Select-<ENTER> to file
- e. Add Occurrence Code 74 (Continuous Stay) in Affinity
 - i. Enter the PCN for the "Winning" encounter
 - ii. Select "Billing Supplemental Data" from the menu
 - iii. Select "Occurrence-Span Code"
 - iv. Add "74" in the Occurrence Span Code box
 - V. Add the date the patient service-lapsed in "Occurrence Span" from date to date boxes
- f. Release the 252 Hold
 - i- Recap/Probiller selects "HOLDS" in the Affinity monu
 - ii. Highlight and select <ENTER>
 - iii. Select <YES> to release the Hold
- 2. When it is determined that the encounters are to be billed separately
 - a. Recap/Prebiller will add Condition Code "B4" in Billing Supplemental Data on the 2nd encounter

F. REFERENCES:

- 1. "The Patient protection and Affordable Care-Act" §3025. Hospital readmissions reduction program. §10309, Revisions to the Hospital Readmission Program
- 2. Office of Inspector General Work Plan, FY-2011



ADMINISTRATIVE POLICY DISTRICT OPERATIONS

ISSUE DATE:

08/93

SUBJECT: Use, Security, and Accuracy of Data

REVISION DATE: 04/94, 06/98, 08/99, 04/03, 12/05,

POLICY NUMBER: 8610-242

01/09, 02/11, 08/14, 01/18

Department Review: Administrative Policies & Procedures Content Expert: Administrative Policies & Procedures Committee Approval: Administration Approval:

07/21 12/17 01/22

12/17

Professional Affairs Committee Approval:

01/18 n/a

Board of Directors Approval:

01/18

A. **PURPOSE:**

To define the philosophy and policy of Tri-City Healthcare District (TCHD) related to the use. accuracy and protection of all data generated and maintained in the hospital information systems. Increased public and other third-party access to hospital and provider-specific data requires collaboration and a proactive approach to analyzing information.

B. POLICY:

- TCHD is committed to basing essential clinical and financial decisions on accurate and current information. All data used for these functions will be collected, interpreted, and utilized appropriately. Provider-specific data will not be released to outside entities except as mandated by state or federal statutes.
- 2. Physician specific data requests may initiate from the Department/Division chairperson or institute.
 - All physician specific data will be coded to maintain confidentiality.
 - b. Data requestsStudies initiated from a Department/Division must be in the Department/Division meeting minutes with approval documented.
 - Physicians not present at the meeting must be contacted in writing to inform them of C. study request.
 - Studies will not be initiated until authorized by the Quality Assurance/Performance d. Improvement (QAPI) Committee.
 - The results may only be reported at a Medical Staff Department/Division meeting or a e. Medical Staff Committee meeting.
- 3. Clinical data will be used to:
 - Develop or refine systems to improve patient care and to use hospital resources costa. effectively.
 - Illustrate patterns of care and variation in treatment through aggregate data by b. diagnosis, procedure, diagnosis-related groups (DRG), practitioner, or other defined categories.
 - Support and facilitate coordination with other provider groups (i.e. PPOs, PHOs, HMOs)
- 4. Data Security:
 - Handling of and access to data will be directed by the Administrative Policy: a. Confidentiality 455.
 - b. Employees and/or the Medical Staff are notified of data elements required by government and regulatory agencies. Specific internal data sources will be established by appropriate hospital or medical staff group.
 - Individuals assigned the task of collecting registration data from patients will be oriented C.

- to the hospital policies and procedures and to federal and state regulatory statutes to ensure accuracy, confidentiality, and compliance.
- d. Providers will have access to their own profile data through an established procedure designated by the Medical Executive Committee.
- e. Printed reports containing individual physician data will be protected by the use of a confidential numerical code system.
- f. Provider-specific data will not be released to outside entities except as mandated by state or federal statutes.
- g. All information protected under Evidence Code section 1157 will be protected to the fullest extent and will not be released without authorization from the Medical Staff and legal counsel.

5. Accuracy:

- a. Coding of clinical information for all inpatients, outpatient surgery, and emergency patients will be the responsibility of the Medical Records/Health Information Department.
- b. Routine validation of accuracy of data reports will be the responsibility of the individual department distributing or presenting the data.
- c. Identified inaccuracies will be referred to the appropriate department and Compliance Officer if applicable. Corrections will be completed.

C. RELATED DOCUMENT(S):

- 1. Administrative Policy: Confidentiality 455
- 2. Administrative Policy: Disclosure of Protected Health Information 513
- 3. Administrative Policy: Hospital Records Retention 237
- 4. Administrative Policy: Security Dept Incident Notification 234
- 5. Medical Records Procedure: Disaster Implantation Plan
- 6. Medical Staff Bylaws Section 12.2
- 7. Patient Care Services Policy: HIV Testing: In an Occupational Exposure
- Tri-City Medical Center Employee Handbook 2011/2012

D. REFERENCE(S):

- Medical Record Availability. Title 22 CCR § 70751(b).
- Evidence Code (1997) Cal. EVID § 1157.

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

December 9, 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 December 9, 2021.

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

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

Also present were:

Steven Dietlin, Chief Executive Officer
Candice Parras, Chief, Patient Care Services
Ray Rivas, Chief Financial 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 Coulter seconded the motion. The motion passed unanimously (7-0).

3. Pledge of Allegiance

Director Chavez led the Pledge of Allegiance.

Public Comments – Announcement

Chairperson Chavez read the Public Comments section listed on the December 9, 2021 Regular Board of Directors Meeting Agenda.

5. October, 2021 Financial Statements - Ray Rivas, Chief Financial Officer

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

- ➤ Net Operating Revenue \$114,875
- > Operating Expense \$120,385
- EBITDA \$1,797
- ➤ EROE (\$2,512)

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

- Average Daily Census 149
- Adjusted Patient Days 36,664
- ➤ Surgery Cases 2,276
- ➤ ED Visits 17,061

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

- ➤ Net Operating Revenue \$30,893
- Operating Expense \$31,517
- EBITDA \$1,190
- > EROE \$132

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

- Average Daily Census 147
- Adjusted Patient Days 9,261
- Surgery Cases 592
- ➤ ED Visits 4.264

New Business

a) Consideration and possible action to elect Board of Director Officers for calendar year 2021.

Chairperson Chavez opened the floor for nominations.

It was moved by Director Grass to nominate Director Chavez as Chairperson for calendar year 2022. Director Sanchez seconded the motion.

Chairperson Chavez opened the floor for additional nominations.

Hearing none, Chairperson Chavez called for the vote.

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

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

None

It was moved by Director Coulter to nominate Director Younger to Vice Chair for calendar year 2022. Director Grass seconded the motion.

Hearing no additional nominations, Chairperson Chavez called for the vote.

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

AYES:

Directors:

Chavez, Chava, Coulter, Gleason.

Grass, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN: ABSENT:

Directors: Directors: None None

It was moved by Director Chavez to nominate Director Gleason to Secretary for calendar year 2022. Director Grass seconded the motion.

Hearing no additional nominations, Chairperson Chavez called for the vote.

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

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN: ABSENT:

Directors: Directors:

None None

It was moved by Director Grass to nominate Director Sanchez to Treasurer for calendar year 2022. Director Chavez seconded the motion.

Hearing no additional nominations, Chairperson Chavez called for the vote.

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

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES:

Directors: Directors: None

ABSTAIN: ABSENT:

Directors:

None None

It was moved by Director Grass to nominate Director Chaya to Assistant Secretary for calendar year 2022. Director Chavez seconded the motion.

Hearing no additional nominations, Chairperson Chavez called for the vote.

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

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

None

It was moved by Director Grass to nominate Director Coulter to Assistant Treasurer for calendar year 2022. Director Sanchez seconded the motion.

Hearing no additional nominations, Chairperson Chavez called for the vote.

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

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN: Directors: ABSENT: Directors:

None None

Chairperson Chavez appointed Director Grass to the office of Board Member.

Director Grass accepted the appointment.

Board Officers for calendar year 2022 are as follows:

Rocky J. Chavez, Board Chairperson Tracy M. Younger, Vice Chairperson Gigi Gleason, Secretary Adela Sanchez, Treasurer Nina Chaya, M.D., Assistant Secretary George W. Coulter, Assistant Treasurer Leigh Anne Grass, Board Member

Chairperson Chavez thanked Board members for the "seamless" nomination process and stated it reflects the Board's respect for each other.

b) Consideration of proposed 2022 Board Meeting Schedule

It was moved by Director Gleason to approve the 2022 Regular Board of Director's Meeting Schedule as presented. Director Younger seconded the motion.

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

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason, Grass, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN: ABSENT: Directors:

None None c) Approval of Redistricting Proposal with National Demographics Corporation (NDC)

Mr. Jeff Scott, Board Counsel reported following completion of the 2020 Census, the District is required by law to update the demographics of the District and take into account increases and changes in the population of the seven zones. The deadline for completing the rezoning process for the November 2022 election is May 12, 2022. He further explained that National Demographics Corporation (NDC) is familiar with the District and performed the demographics and population analysis that created the current District Zones Map approved by the Board in April 2018. Mr. Scott recommended the Board approve the proposal from NDC to analyze and update the data and attend the necessary public meetings to complete the redistricting process for the 2020 election. Mr. Scott responded to questions from Board members related to fees and the main purpose of rezoning.

It was moved by Director Coulter to approve the Redistricting Proposal with National Demographics Corporation as presented. Director Gleason seconded the motion.

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

AYES: Directors: Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

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

Bunny McElliot, Auxiliary Scholarship Committee Chairperson reported she has recently been elected to Chair the scholarship program for the hospital. She provided background information on the Scholarship Program which was established in 1973 and has awarded over \$1 million in scholarships. Currently the goal is to award 90 scholarships representing approximately \$75,000. She thanked the Board for their past support. She noted there is \$7,000 remaining from the 2020 Board Scholarship fund and she is hopeful the Board will provide additional support for the 2022 scholarship program.

Nancy Miller, Auxiliary Donor Program Chairperson stated she has been a member of the Scholarship Committee since 2019 and is the Chair of the Donor Committee. The Scholarship Awards dinner is tentatively scheduled for April 21, 2022 and she looks forward to showing her appreciation to the donors in person. Ms. Miller respectfully requested the Board's support for 2022.

Directors Grass and Gleason voiced their support for the program.

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

Director Grass requested an amendment to the motion to increase the amount to \$20,000. Director Sanchez accepted the amendment.

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

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN: ABSENT:

Directors:

None None

7. Old Business - None

8. Chief of Staff

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

Dr. Jamie Johnson, Chief of Staff presented for the Board's consideration the Initial Appointments, Reappointments, Non-Reappointment Status modifications, and Proctoring report for the Medical Staff. Dr. Johnson noted three Cardiologists were pulled from the Initial Credentialing Report, including Drs. Sherev, Barvalia and Naghi.

It was moved by Director Chaya to approve the modified November 2021 Credentialing Actions Involving the Medical Staff as recommended by the Medical Executive Committee on November 23, 2021. Director Younger seconded the motion.

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

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

None

9. Consideration of Consent Calendar

Director Chaya questioned the Physician Agreement for ED On-Call Coverage for Cardiology, General & Stemi. Mr. Dietlin stated although the Initial Credentials for these physicians were pulled by Chief of Staff Dr. Johnson, those physicians have been granted temporary privileges and the contractual agreement is subject to effectiveness pending completion of the Medical Staff process. Dr. Ma, Chief Medical Officer also recommended the ED On-Call Coverage agreement be approved with the understanding that it will not be enacted until the Medical Staff process is complete.

It was moved by Director Gleason to approve the Consent Calendar as presented. Director Sanchez seconded the motion.

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

AYES: Directors: Chavez, Chaya, Coulter, Gleason,

Grass, Sanchez and Younger

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

10. Discussion of items pulled from Consent Calendar

There were no items pulled from the Consent Calendar.

11. Comments by Members of the Public

There were no comments by members of the public.

12. Comments by Chief Executive Officer

Mr. Steve Dietlin, CEO reported Tri-City currently has 23 COVID positive inpatients, up from last month's report of 15. He stated the county is back up over 300 COVID positive inpatients a day and the upward trend is expected to continue. Overall, Tri-City is approaching 1,100 COVID positive inpatients since the pandemic began. Mr. Dietlin stated Tri-City Medical Center has provided approximately 35,000 vaccinations to date and continues to provide vaccinations and host vaccination clinics. He encouraged everyone to get their vaccinations and boosters which can be scheduled through the Tri-City website or on the My Turn county website.

Mr. Dietlin thanked everyone on the Tri-City team for their exemplary performance this past year including the Board, Medical Staff, Nurses, Foundation, Auxiliary, clinical and non-clinical staff. He looks forward to getting through the pandemic and accomplishing our strategic initiatives as well. Mr. Dietlin congratulated Bunny McElliott on being named Volunteer of the Year.

Lastly, Mr. Dietlin congratulated Director Chavez on his Chairmanship for 2022.

13. Board Communications

Director Grass reported she has moved out of her zone and thus will have to relinquish her position on the Board. She expressed her appreciation to Chairperson Chavez for his solid leadership and being a champion for the hospital. Director Grass also expressed her appreciation to the C-Suite both before and during the COVID-19 pandemic.

Director Coulter stated he is proud of the Board, the hospital, the C-Suite and is confident Chairperson Chavez will continue his good work as Chairperson of the Board for another term.

Director Chaya expressed her appreciation to everyone for their hard work this past year and is hopeful next year will bring back some normalcy.

Director Sanchez echoed comments made by fellow Board members. She recognized that negotiations are stressful and encouraged managers to communicate

with their staff. She recognized Mr. Dietlin's hard work and commitment to the Medical Center.

Director Gleason thanked Director Grass for her leadership and service. She also expressed her appreciation to Mr. Dietlin and Dr. Ma for their partnership with the Boys and Girls Club of Oceanside vaccination clinics.

Director Younger expressed her appreciation to her colleagues for electing her to the office of Vice President for 2022.

Director Younger encouraged friends and family to get vaccinated.

The Board members wished everyone a safe and healthy holiday season.

14. Report from Chairperson

Chairperson Chavez stated it has been an honor to serve as the Board's Chairperson this past year and expressed his appreciation to the Board for their continuing support.

Chairperson Chavez commented on the Board's commitment to Labor & Delivery and Mental Health. He commented on the many challenges we faced in 2021 and is looking forward to a strong 2022 with the passion and commitment of our C-Suite Leadership.

15. Move to adjourn

It was moved by Director Younger and seconded by Director Coulter to adjourn the meeting. The motion passed unanimously (7-0).

16. There being no further business Chairperson Chavez adjourned the meeting at 4:24 p.m.

	Rocky J. Chavez, Chairperson
ATTEST:	
Tracy M. Younger, Secretary	_



Financial Information

Total P	Jul	ints Receivab Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD Avg	Goal
Y22	63.3	63.8	64.7	68.2	65.6	67.0	-		Tellon.	TA PIL	Iviay	Juli		Range
Y21	51.1	50.9	52.7	50.7	50.9	50.7	55.4	54.6	50.9	53.0	62.4	60.9	65.4 51.2	48-52
CMC D	ays in Accou	ints Payable (Table 1975	0	Piloto		- 1-0						C/M	Goal
Y22	102.6	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Avg	Range
		96.5	99.7	93.7	95.8	94.8							97.2	75-100
Y21	107.1	103.1	101.1	99.6	99.6	92.7	93.9	94.6	94.0	100.5	103.5	98.1	100.5	
CHD EF	100000	usands (Exces	s Revenue o	er Expenses)								C/M	C/M
-	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	YTD Bud
122	(\$900)	(\$1,011)	(\$733)	\$132	(\$1,441)	(\$1,358)							(\$5,311)	(\$6,569
Y21	(\$1,489)	(\$923)												

TCHD ER	ROE % of Total	al Operating	Revenue										C/M	C/M
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	YTD Budget
FY22	-3.24%	-3.67%	-2.55%	0.43%	-5.23%	-4.87%							-3.12%	-4.03%
FY21	-6.12%	-3.74%	-3.60%	1.78%	-0.64%	-3.12%	4.13%	-0.92%	0.73%	-1.89%	14.69%	15.52%	-2.45%	4.0370



Financial Information

TCHD E	CHD 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	\$340	\$1,190	(\$359)	(\$277)					-		\$1,160	\$490
FY21	(\$191)	\$291	\$302	\$1,738	\$879	\$332	\$2,344	\$935	\$1,383	\$422	\$5,782	\$5,855	\$3,351	

TCHD EE	BITDA % of To	otal Operatin	g Revenue										C/M	C/M
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	YTD Budget
FY22	0.69%	0.28%	1.19%	3.85%	-1.30%	-1.00%	NO. 2						0.68%	0.30%
FY21	-0.78%	1.18%	1.17%	6.09%	3.22%	1.18%	8.73%	3.50%	4.79%	1.44%	18.14%	19.03%	2.11%	0.30%

TCMC P	aid FTE (Full-	Time Equival	lent) per Adju	sted Occupie	d Bed							1	C/M	C/M
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	C/M VTD Budget
FY22	5.73	5.35	4.97	5.28	5.09	5.60			- Control		Million Co. Co.		5.33	5.57
FY21	5.38	5.66	5.40	5.87	5.25	5.75	5.10	5.61	6.18	6.33	5.64	5.83	5.55	5.57

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	\$71.5	\$57.3	\$52.4	\$54.6						
FY21	\$59.5	\$57.4	\$83.5	\$76.9	\$71.3	\$68.5	\$71.4	\$75.4	\$83.2	\$67.3	\$59.6	\$86.8



ADVANCED HEALTH CARE

Building Operating Leases Month Ending December 31, 2021

	y un and	Base		200	No. in the last		E CONTROL HISTORY	CONTRACTOR OF THE PERSON OF TH
	0- 5	Rate per		Total Rent per	Lease	and the same of th		
Lessor 6121 Paseo Del Norte, LLC	Sq. Ft.	Sq. Ft.	1921	current month	Beginning	Ending	Services & Location	Cost Cente
6128 Paseo Del Norte, Suite 180	i			lì			0000	1
Carlsbad. CA 92011	Approx						OSNC - Carisbad 6121 Paseo Del Norte, Suite 200	
V#83024	9.552	\$3.59	(a)	48,472.27	07/01/17	06/30/27	Carlsbad, CA 92011	7095
Cardiff Investments LLC		-	1(,	10,770.01	37731777	00,00,21	Garisoad, CA 92011	7095
2729 Ocean St							OSNC - Oceanside	
Carlsbad, CA 92008	Approx						3905 Waring Road	f
V#83204	10,218	\$2.58	(a)	34,354.61	07/01/17	06/30/22	Oceanside, CA 92056	7095
Creek View Medical Assoc								
1926 Via Centre Dr. Suite A							PCP Clinic Vista	
Vista, CA 92081	Approx			i I	i		1926 Via Centre Drive, Ste A	
V#81981	6.200	\$2.70	(a)	20,197.50	07/01/20	06/30/25	Vista, CA 92081	7090
CreekView Orhopaedic Bldg, LLC	Ĭ T							1000
1958 Vla Centre Drive			1				OSNC - Vista	
Vista, Ca 92081	Approx						1958 Via Centre Drive	
V#83025	4,995	\$2.50	(a)	20,304.29	07/01/17	06/30/22	Vista, Ca 92081	7095
JDS FINCO LLC								1000
499 N EL Camino Real					- 1	i	La Costa Urology	
Encinitas, CA 92024	Approx				- 1		3907 Waring Road, Suite 4	
V#83694	2,460	\$2.15	(a)	7,169.67	04/01/20	03/31/22	Oceanside, CA 92056	7082
Mission Camino LLC					[
4350 La Jolla Village Drive					i		TCMC Primary Care Medical Group	
San Diego, CA 92122	Appox						115 N EL Camino Real, Suit A	
V#83757	4.508	\$1.75	(a)	11,495.40	09/01/21	08/31/31	Oceanside, CA 92058	7094
500 W Vista Way, LLC & HFT Melrose								
P O Box 2522	1.						Outpatient Behavloral Health	
La Jolla, CA 92038	Approx				- 1		510 West Vista Way	
V#81028	7,374	\$1.67	(a)	12,503.39	07/01/21		Vista. Ca 92083	7320
OPS Enterprises, LLC	í l			j	- 1		North County Oncology Medical	
3617 Vista Way, Bldg. 5	1, 1						Clinic	
Oceanside, Ca 92056 #V81250	Approx		l				3617 Vista Way, Bldg.5	
SCRIPPSVIEW MEDICAL ASSOCIATES	7,000	\$4.12	(a)	39,237.00	10/01/12	10/01/22	Oceanside, Ca 92056	7086
P O Box 234296			- 1					
Encinitas, CA 234296	Approx		- 1	- 1	i		OSNC Encinitas Medical Center	
V#83589	3.864	\$3.45	/a\	14,026.32	06/01/21		351 Santa Fe Drive, Suite 351 Encinitas, CA 92023	
TCMC, A Joint Venture	0,004	95.45	(0)	14,020,32	00/01/21	03/3/1/20	ETICITILAS, CA 92023	7095
3231 Waring Court, Suit D			Į				Dulmonous Consistints -4 NO	
Oceanside, CA 92056	Approx		ı		1		Pulmonary Specialists of NC 3231 Waring Court Suit D	
V#83685	1,444	\$2.59	(a)	3,754.00	02/01/20	12/31/21	Oceanside, CA 92056	7000
Total		45.00	\ = /	211,514.45	02/01/20	12/3/1/2/	Oceanside, CA 92030	7088

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





Education & Travel Expense Month Ending December 2021

Cost

Centers	Description	Invoice #	Amount	Vendor#	Attendees
8740 HQRN	MONE THERAPY	120321 EDU	163,32	29219	GEORGE, CONNIE J.
8740 ONS/	ONCOLOGY	120321 EDU	103.00	80797	SIOMIN, MARIA
8740 ONS/	CHEMO	121021EDU	103.00	83468	FULLER, CHRISTINE
8750 MAN	AGEMENT CERTIFICATE	121421 EDU	199.00	84027	YEZENIA EPPS

^{**}This report shows reimbursements to employees and Board members in the Education

[&]amp; Travel expense category in excess of \$100.00.

^{**}Detailed backup is available from the Finance department upon request.