

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
September 29, 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: 833 1510 7412; Passcode: 293072**

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	Roll Call / Pledge of Allegiance		
3	Approval of agenda	2 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	Reports – Information Only a) Geriatric Emergency Department Accreditation	10 min.	Dr. Cary Mells
6	August 2022 Financial Statement Results	10 min.	CFO
7	New Business - None	-	-
8	Old Business – None	-	-

Note: This certifies that a copy of this agenda was posted in the entrance to the Tri-City Medical Center at 4002 Vista Way, Oceanside, CA 92056 at least 72 hours in advance of the meeting. Any writings or documents provided to the Board members of Tri-City Healthcare District regarding any item on this Agenda is available for public inspection in the Administration Department located at the Tri-City Medical Center 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
9	<p>Chief of Staff</p> <p>a) September 2022 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on September 26, 2022</p>	5 min.	COS
10	<p>Consideration of Consent Calendar</p> <p><u>Requested items to be pulled require a second</u></p> <p>(1) Approval of Resolution 818, 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.</p> <p>(2) Approval of an agreement with Emad G. Tadros, M.D. for the provision of Inpatient and Emergency Department psychiatric evaluations for a term of 12 months, beginning October 1, 2022 and ending September 30, 2023, at an annual and total term cost, not to exceed \$59,726.70.</p> <p>(3) Approval of an agreement with Senior Medical Associates for the co-Medical Directorship of Outpatient Behavioral Health for a term of 21 months, beginning October 1, 2022 and ending June 30, 2024, for an hourly rate of \$144, an annual cost of \$89,856 and a total term cost for the term of \$157,248.</p> <p>(4) Approval of an agreement with Quoc T. Tran, M.D. and Zhong Zhao, M.D. as co-medical Directors of the Utilization Review and DRG Oversight program for a term of 12 months, beginning October 1, 2022 and ending September 30, 2023, at an annual and total term cost not to exceed \$102,000.</p> <p>(5) Approval of the implementation of a Critical Care Intensivist Program with CEP America-Intensivists PC dba Vituity, for a term of 36 months, beginning November 1, 2022 and ending October 31, 2025, at an annual cost not to exceed \$1,336,487 and a total term cost not to exceed \$4,009,461.</p> <p>(6) Approval of the addition of Robert Afra, M.D. to the pre-existing ED On-Call Coverage Panel for Orthopedics for a term of 12 months, beginning August 1, 2022 and ending July 31, 2023 at a total term cost of \$563,100 for the shared call panel.</p> <p>(7) Approval of an agreement with Michael Dalla Betta, D.O., as the Medical Director of Quality and Chairperson of MQPR for a term of 12 months, beginning October 1, 2022 and ending September 30, 2023, not to exceed a total term cost of \$51,500.</p> <p>(8) Approval of an agreement with Kaveh S. Farhoomand, D.O., as the Chairperson of QAPI for a term of 12 months, beginning October 1, 2022 and ending September 30, 2023, not to exceed an annual and term cost of \$23,600.</p> <p>(9) Approval of the renewal of an agreement with Surgical First Assists for robotic and general surgery for a term of 36 months, beginning October 1, 2022 and ending September 30, 2025, for an annual cost</p>	10 min.	Standard

	Agenda Item	Time Allotted	Requestor
	<p>of \$234,000 and a total cost for the term of \$702,000.</p> <p>(10) Approval of a Third Amendment of the lease agreement between Tri-City Healthcare District and Lansara, Inc. for Suite 203 and extension of Suite 204 in the Carlsbad Wellness Center MOB located at 6260 El Camino Real, Carlsbad, CA 92009 for a ten-year + 2-month term (122) months) for total term rental income of \$2,363,000.</p> <p>(11) Approval of a Seventh Amendment Lease Renewal with Oscar Matthews, Inc. for an additional 12-month term, which shall be a month-to-month terminable upon 30 days written notice beginning August 1, 2022 and ending July 31, 2023 for a total revenue for the term of \$37,372.76.</p> <p>(12) Approval of the First Amendment Lease Agreement Renewal with OPS Enterprises, LLC at 3617 Vista Way, Oceanside, CA, for an additional fourteen (14) year term beginning October 1, 2022 and ending September 30, 2036.</p> <p>(13) Consideration of Resolution 819 Updating and Amending the District's Conflict of Interest Code.</p> <p>(14) Administrative Committees</p> <p style="padding-left: 20px;">A. Policies</p> <p style="padding-left: 40px;">1. Patient Care Services Policies & Procedures</p> <p style="padding-left: 60px;">a) Alaris System Data Set Transfer Procedures</p> <p style="padding-left: 60px;">b) Witnessing a Patient Signature on Patient's Personal Documents</p> <p style="padding-left: 40px;">2. Administrative 200 District Operations</p> <p style="padding-left: 60px;">a) Alerts Recalls Notifications 229</p> <p style="padding-left: 60px;">b) Fiscal Year-End Physical Inventory 286</p> <p style="padding-left: 60px;">c) Security Department Incident Notification 234</p> <p style="padding-left: 40px;">3. Outpatient Infusion Center</p> <p style="padding-left: 60px;">a) Medical Equipment Maintenance</p> <p style="padding-left: 60px;">b) Registry of Patients</p> <p style="padding-left: 60px;">c) Scheduling and Receiving of Patients</p> <p style="padding-left: 40px;">4. Rehabilitation</p> <p style="padding-left: 60px;">a) Hydroworx Therapy Pool – General Operations</p> <p style="padding-left: 60px;">b) Hydroworx Therapy Pool Contamination</p> <p style="padding-left: 60px;">c) Productivity Reporting System</p> <p>(15) Minutes</p> <p style="padding-left: 20px;">a) August 25, 2022 – Regular Meeting</p> <p style="padding-left: 20px;">b) September 1, 2022 – Special Meeting</p> <p>(16) Meetings and Conferences – None</p> <p>(17) Dues and Memberships –</p> <p style="padding-left: 20px;">a) Tri-City Hospital District Facility License Renewal - \$367,858.00</p>		

	Agenda Item	Time Allotted	Requestor
	(18) Reports a) Lease Report – (August, 2022) b) Reimbursement Disclosure Report – (August, 2022)		
11	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
12	Comments by Members of the Public NOTE: Per Board Policy 19-018, members of the public may have three (3) minutes, individually and 15 minutes per subject, to address the Board on any item not on the agenda.	5-10 minutes	Standard
13	Comments by Chief Executive Officer	5 min.	Standard
14	Board Communications (three minutes per Board member)	18 min.	Standard
15	Report from Chairperson	3 min.	Standard
16	Total Time Budgeted for Open Session	1.5 hours	
17	Adjournment		



TRI-CITY MEDICAL CENTER
MEDICAL STAFF INITIAL CREDENTIALS REPORT
September 14, 2022

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 9/30/2022 - 7/31/2024)

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 9/30/2022 through 7/31/2024:

- EL-AKKAD, Samih MD/Teleradiology (StatRad)
- GAMMADA, Yomiyu MD/Internal Medicine (Sound Physicians)
- HUSSAINY, Mirwais DDS/Oral & Maxillofacial Surgery (Pacifica Surgery Center)
- HERMANN, Matthew MD/Teleradiology (StatRad)
- IOSHI, Raj MD/Critical Care (Vituity)
- MELLS, Anthony MD/Emergency Medicine (TeamHealth)
- PALMA, Joseph DO/Anesthesiology (ECHO)
- PINEDA, Melissa MD/Anesthesiology (ECHO)
- POBLETE, Mark MD/Anesthesiology (Innovative Anesthesia Consultants)
- TOUMA, Elie DPM/Podiatry (Neighborhood Healthcare)
- VORA, Maulin MD/Anesthesiology (ECHO)
- YOSHII-CONTRERAS, June MD/Neurology (The Neurology Center)



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3
September 14, 2022

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 10/01/2022 –09/30/2024)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 10/01/2022 through 09/30/2024, 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:

- ALLEYNE, Neville, MD/Orthopedic Surgery/Active
- BEDROSIAN, Diane, MD/Pediatrics/Active
- BEJKO, Etleva, MD/Rheumatology/Provisional
- COOPERMAN, Andrew, MD/Orthopedic Surgery/Active
- CURRY, Jason, MD/Physical Medicine & Rehab/Refer and Follow
- Daugherty, David, MD/Orthopedic Surgery/Active
- DAVIES, James, MD/Ophthalmology/Refer and Follow
- ELLINI, Ahmad, MD/Pediatric Cardiology/Active Affiliate
- FERBER, Jeffrey, MD/Family Medicine/Refer and Follow
- GUPTA, Anshu, MD/Plastic Surgery/Active
- IYENGAR, Srinivas, MD/Ophthalmology/Active
- KHALESSI, Alexander, MD/Neurological Surgery/Refer and Follow
- LOTAN, Roi, MD/Teleradiology/Active Affiliate
- PENDLETON, Robert, MD/Ophthalmology/Active
- PERRIZO, Nathan, DO/Pain Medicine/Active
- PHAM, Alise, DO/Neurology/Provisional
- QUESNELL, Tara, DO/Neurology/Active
- SEIDEN, Grant, MD/Orthopedic Surgery/Active



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3
September 14, 2022

Attachment B

- SHOWAH, Henry, MD/Emergency Medicine/Active
- SLATER, Madeline, MD/Infectious Disease/Active
- TINIO, Stephen, MD/Family Medicine/Refer and Follow
- ZIERING, Robert, MD/Allergy & Immunology/Active Affiliate
- ZIMMERMANN, Andres, MD/Internal Medicine/Refer and Follow

NPDB CONTINUOUS QUERY:

- FIERER, Adam, MD / General Surgery
- HOSALKAR, Harish, MD /Orthopedic Surgery
- MOAZZAZ, Payam, MD /Orthopedic Surgery

RESIGNATIONS: (Effective date 09/30/2022 unless otherwise noted)

Voluntary:

- AHUMADA, Alejandro, AuD/Allied Health Professional Health
- ALSTON, Vickie, CNM/Allied Health Professional Health
- BURN, Sean, MD/Radiology
- CALAFI, Arash, MD/Orthopedic Surgery
- DANG, Christopher, DO/Emergency Medicine
- FRIEDMAN, Alexander, DO/Orthopedic Surgery
- JENKINS-SEBASTIANI, Christina, AuD/Allied Health Professional Health
- NGUYEN, Brian, MD/General Surgery
- PERLMAN, Tamara, CNM/Allied Health Professional Health
- QADEER, Ali, MD/Orthopedic Surgery
- RIAD, Shareef, MD/Teleradiology



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3
September 14, 2022

Attachment B

- SCHROEDER, Jake, MD/Orthopedic Surgery
- SCHROEDER, Mary, CNM/Allied Health Professional Health
- VITANTONIO, Daniel, MD/Teleneurology
- WILLIAMS, Alton, MD/Telepsychiatry



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 **March 31, 2023** would result in these privileges automatically relinquishing.

- **BEIKO, Etleva, MD** **Rheumatology**

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 **September 30, 2022**

- ANTOUN, David , MD Internal Medicine

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

• **SHAMSINEJAD BABAKI, Arash MD** **Internal Medicine**

RESOLUTION NO. 818

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.

Section 3: Re-Ratification of the Governor's Proclamation of a State of Emergency. 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 September 29, 2022, by the following roll call vote:

AYES:	Directors:	CHAVEZ, CHAYA, COULTER, GLEASON, MIZELL, SANCHEZ AND YOUNGER
NOES:	Directors:	NONE
ABSTAIN:	Directors:	NONE
ABSENT:	Directors:	NONE

Rocky J. Chavez, President
Board of Directors

ATTEST:

Gigi Gleason, Secretary
Board of Directors



Tri-City Medical Center

TCHD BOARD OF DIRECTORS DATE OF MEETING: September 29, 2022 Psychiatric Consultative Services Agreement

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

Physician's Name: Emad G. Tadros, M.D.

Area of Service: Inpatient and ED Psychiatric Consultations

Term of Agreement: 12 months, Beginning October 1, 2022- Ending September 30, 2023

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

Service Code (CPT)	Rate	Annual Volume*	Annual Cost*
99223-New Inpatient Evaluation	\$190.92	60	\$11,455.20
99233-Follow Visit	\$98.49	150	\$14,773.50
99285-New ED Evaluation	\$167.49	200	\$33,498.00
Total Term Cost*			\$59,726.70

*Not to exceed cost estimated based on unfunded behavioral health visits in 2021

Description of Services/Supplies:

- Provide Emergency Department and Inpatient Psychiatric consultations for patients without a payer source

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: Gene Ma, M.D., Chief Medical Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Emad G. Tadros, M.D., for the provision of Inpatient and Emergency Department psychiatric evaluations for patients without a payer source for a term of 12 months, beginning October 1, 2022 and ending September 30, 2023, at an annual and total term cost not to exceed \$59,726.70.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

PHYSICIAN AGREEMENT Co-Medical Director - Outpatient Behavioral Health

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

Vendor's Name: Senior Medical Associates (Jason Keri as signer and Dr. Tavakoli as the covering physician)

Area of Service: Outpatient Behavioral Health

Term of Agreement: 21 months, Beginning, October 1, 2022-Ending, June 30, 2024

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

	Rate/Hour	Hours per Month	Monthly Cost	Annual Cost	Term Cost
Medical Director Duties	\$144	32	\$4,608	\$55,296	\$96,768
Case Care Management Duties	\$144	16	\$2,304	\$27,648	\$48,384
Vacation Coverage	\$144	0-8	\$576	\$6,912	\$12,096
Total:		52	Average \$7,488	\$89,856	\$157,248

Co-Medical Director Responsibilities: (This contract replaces Dr. Ordas' current co-medical director role)

- Provide medical supervision and direction to the unit, including the morning, afternoon and evening programs
- Supervise and promote the quality of care and evaluate delivery systems.
- Oversee the development of evidence-based clinical services and provide psychiatric expertise.
- Facilitate weekly problem solving and treatment team meetings with clinical staff.
- Review all treatment plans at least monthly to determine appropriateness of problems and treatment goals.
- Evaluate and review policies and procedures and make suggestions for changes as appropriate.
- Provide education to other physicians regarding intensive outpatient level of care

Case Care Management and other Duties:

- Take on utilization management duties and respond to insurance authorization calls
- Evaluate patients at least once per month for medical necessity and discharge readiness
- Evaluate whether patients are medically stable and meet inclusion/exclusion criteria for IOP on admission and monthly thereafter.
- Prepare reports and records as requested by hospital and regulatory bodies
- Provide professional guidance to staff and evaluate need for hospitalization

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: Sarah Jayyousi-Operations Manager, Outpatient Behavioral Health / Candice Parras, Chief, Patient Care Services

Motion: I move that the TCHD Board of Directors authorize the agreement with Senior Medical Associates for the co-medical directorship of Outpatient Behavioral Health Services for a term of 21 months, beginning October 1, 2022 and ending June 30, 2024, for an hourly rate of \$144, an annual cost of \$89,856, and a total cost for the term of \$157,248.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

Co-Medical Director Agreement for Utilization Review / DRG Program

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

Physician's Name: Quoc T. Tran, M.D. & Zhong Zhao, M.D.

Area of Service: Utilization Review / DRG Program

Term of Agreement: 12 months, Beginning October 1, 2022- Ending September 30, 2023

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

Rate/Hour	Maximum Hours per Month, per Director	Hours per Year, per Director, NTE	Total Monthly Cost Not to Exceed	Total Annual/Term Cost, Not to Exceed
\$170	25	300	\$8,500	\$102,000

Position Responsibilities:

- CMS "Conditions of Participation" and California Title XXII require the Utilization Review (UR) committee ensures DRG program compliance
- Provide Co-Medical direction of the UR Committee
- Physician consultation for peer to peer reviews, denials reviews, and utilization review
- Work directly with the Director of Case Management/Social Services in overseeing multidisciplinary rounds, physician education, and provider feedback

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: Angela Luttge, Director of Case Management-Social Services / Gene Ma, M.D., Chief Medical Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Quoc T. Tran, M.D. and Zhong Zhao, M.D., as co-medical directors of the Utilization Review and DRG Oversight program for a term of 12 months, beginning October 1, 2022 and ending September 30, 2023, at an annual and total term cost not to exceed \$102,000.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE: Intensivist Services

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

Vendor's Name: CEP America – Intensivists PC, dba Vituity
Area of Service: ICU: Critical Care Intensivist Program
Term of Agreement: 36 months, Beginning, November 1, 2022 – Ending, October 31, 2025
Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES

Program Annual Cost	Annual Performance Achievement Compensation	Annual Program Total Cost (NTE)	Total Term Cost (NTE)
\$1,211,487	\$125,000	\$1,336,487	\$4,009,461

Description of Services/Supplies:

- Implementation of a Critical Care Program providing 24/7 specialists in critical care medicine who are dedicated to the care of ICU patients
- Provide 24/7 patient coverage for all Critical care specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)
- Collaborate with hospital to design a quality program designed to improve outcomes utilizing key performance indicators
- Designate a Medical Director for the Critical Care Intensivist program to oversee program growth and opportunities

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: Christina Krasowski, Director-Emergency and Critical Care Services / Gene Ma, M.D., Chief Medical Officer

Motion: I move that the TCHD Board of Directors authorize the implementation of a Critical Care Intensivist Program with CEP America- Intensivists PC dba Vituity, for a term of 36 months, beginning November 1, 2022 and ending, October 31, 2025, at an annual cost not to exceed \$1,336,487 and a total term cost not to exceed \$4,009,461.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

NAME OF AGREEMENT: ED ON-CALL COVERAGE - ORTHOPEDICS

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

Physician's Name: Robert Afra, M.D.

Area of Service: Emergency Department On-Call: Orthopedics

Term of Agreement: 12 months, Beginning August 1, 2022 – Ending July 31, 2023

Maximum Totals: Within Hourly and/or Annualized Fair Market Value: YES
Shared Call agreement with Entire ED call panel for Orthopedic Surgery, no additional expense

Rate/Day	Panel Days During Term	Panel Annual Cost
Mon-Fri: \$1,500	261 days	\$391,500
Sat-Sun: \$1,650	104 days	\$171,600
Total Term Cost		\$563,100

Description of Services/Supplies:

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

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

Person responsible for oversight of agreement: Jonathan Gonzalez, Director of Medical Staff Services / Gene Ma, Chief Medical Officer

Motion:

I move that the TCHD Board of Directors authorize the addition of Robert Afra, M.D., to the pre-existing ED On-Call Coverage Panel for Orthopedics for a term of 12 months, beginning August 1, 2022 and ending July 31, 2023, at a total term cost of \$563,100 for the shared call panel.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

Medical Quality Peer Review Committee and Quality Medical Director Agreement Proposal

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

Physician's Name: Michael B. Dalla-Betta, D.O.

Area of Service: Medical Quality Peer Review Committee and Medical Director of Quality

Term of Agreement: 12 months, Beginning October 1, 2022 – Ending September 30, 2023

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

Rate/Hour	Maximum Hours per Month	Hours per Year Not to Exceed	Monthly Cost Not to Exceed	Annual/Term Cost Not to Exceed
\$155	25	300	\$3,875	\$46,500
Education allowance – Annual Maximum, Not to Exceed				\$5,000
Total Annual / Term Cost:				\$51,500

Description of Services/Supplies:

- Promote initiatives for improving quality of patient care and services within TCHD
- Lead MQPR as Physician Chairperson
- Provides medical oversight for Quality/Performance Improvement regarding patient care
- Works collaboratively with QAPI chair to develop QA/PI initiatives
- Makes recommendations to advance the quality of care and outcomes at TCMC
- Identify opportunities for improvement based on national best practices in quality
- Makes recommendations to develop processes to address potential systems related vulnerabilities
- Attends nationally recognized healthcare quality conference annually; when able, to bring best practice recommendations to the MQPR membership

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

Person responsible for oversight of agreement: Jonathan Gonzalez, Director of Medical Staff Services / Gene Ma, Chief Medical Officer

Motion:

I move that the TCHD Board of Directors authorize Michael Brian Dalla Betta, D.O., as the Medical Director of Quality/Chairperson of MQPR for a term of 12 months, beginning October 1, 2022 and ending September 30, 2023, not to exceed a total term cost of \$51,500.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

Quality Leadership- Chairperson, Quality Improvement Performance Improvement (QAPI)

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

Physician's Name: Kaveh S. Farhoomand, D.O.

Area of Service: Quality/Performance Improvement (QAPI)

Term of Agreement: 12 months, Beginning October 1, 2022 – Ending September 30, 2023

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

Rate/Hour	Maximum Hours per Month	Hours per Year Not to Exceed	Monthly Cost Not to Exceed	Annual/Term Cost Not to Exceed
\$155	10	120	\$1,550	\$18,600
Education allowance – Annual Maximum Not to Exceed				\$5,000
Total Annual / Term Cost:				\$23,600

Description of Services/Supplies:

- Promote initiatives for improving quality of patient care and services within TCHD
- Lead QAPI as Physician Chairperson
- Promotes institutional multidisciplinary collaboration through the QAPI committee
- Works collaboratively with MQPR chair to develop QA/PI initiatives
- Makes recommendations to advance the quality of care and outcomes at TCMC
- Identify opportunities for improvement based on national best practices in quality
- Makes recommendations to develop processes to address potential systems related vulnerabilities
- Attends nationally recognized healthcare quality conference annually; when able, to bring best practice recommendations to the QAPI committee

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: Jonathan Gonzalez, Director of Medical Staff Services / Gene Ma, Chief Medical Officer

Motion:

I move that the TCHD Board of Directors authorize Kaveh S. Farhoomand, D.O., as the Chairperson of QAPI for a term of 12 months, beginning October 1, 2022 and ending September 30, 2023, not to exceed an annual and total term cost of \$23,600.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS
DATE OF MEETING: September 29, 2022
Surgical First Assists Proposal

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

Vendor's Name:
Nurse Practitioner - Dolores Fazzino
Physician Assistant - Christopher Crespo
Physician Assistant - John Cowan
Nurse Practitioner - Beth Forbes

Area of Service: Surgery / Operating Room

Term of Agreement: 36 months, Beginning, October 1, 2022 – Ending, September 30, 2025

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
**\$19,500	\$234,000	\$702,000

Description of Services/Supplies:

- Will assist surgeons with Da Vinci robotic surgeries
- Will also assist with non-robotic cases when not busy with robotic cases
- Re-evaluated contract; removed weekend hours. Available Monday through Friday
- Receives \$900/ per shift- occasional overtime

** Includes occasional overtime; 10-hour shifts with one practitioner per shift

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: Donna Ferguson, Interim Director-Perioperative Services / Candice Parras, Chief, Patient Care Services

Motion:

I move that the TCHD Board of Directors authorize the agreement with Surgical First Assists for robotic and general surgery for a term of 36 months, beginning October 1, 2022 and ending September 30, 2025 for an annual cost of \$234,000 and a total cost for the term of \$702,000.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

3rd Amendment: Carlsbad-Wellness Center MOB Lease Agreement

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

Tenant Name: Lansara, Inc., a California Corporation dba Dermacare ("Tenant")

Original Term: 2,685 rentable sq. ft and 2,235 useable sq. ft (Suite 204)

Amended Term: 2,740 rentable sq. ft and 2,281 useable sq. ft from 7/1/18-6/30/28 (Suite 204)

New Terms: 5,347 rentable sq. ft and 4,514 useable sq. ft from 3/1/23- 4/30/33 (Adding Suite 203) to already existing Suite 204 lease
10-year 2 month term(122 months)
3% yearly rent escalator

Premises: 6260 El Camino Real, Suite 203 (new space) Suite 204 (current space), Carlsbad, CA 92009
District ("Landlord") will provide a Tenant Improvement allowance of \$90 per rentable square foot on new suite only 2,607 rentable sq. ft. equivalent to \$234,630 in rent credit over initial 5 yrs. of lease

Rental Rate: All rental rates, credits, expenses are congruent with the amended term square footage

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

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

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

Motion:

I move that the TCHD Board of Directors approve the 3rd Amendment of the lease agreement for Suite 203 and extension of Suite 204 in the Carlsbad Wellness Center MOB located at 6260 El Camino Real, Carlsbad, CA 92009, with Lansara, Inc. for a ten-year + 2-month term (122 Months), for total term rental income of \$2,363,000.



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

Seventh Lease Amendment Proposal – Oscar Matthews, Inc.

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

Physician's Name: Oscar Matthews, Inc. (Cardiologist)

Premises: 2095 Vista Way, Suite 107, Vista, CA 92083 (1,450 sq. ft.)

Term of Agreement: 12 months, Beginning, August 1, 2022 – Ending, July 31, 2023
(Month-to-month – terminable upon 30 days written notice)

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

Rental Rate from Oscar Matthews, Inc.:	Revenue per Month
Rental Rate of \$2.14786 per square foot, per month, (1,450 rentable sq. ft.)	\$3,114.40
Total Term Revenue Amount:	\$37,372.76

Document Submitted to Legal for Review:	X	Yes		No
Document Submitted to 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

Motion:

I move that the TCHD Board of Directors authorize the Seventh Amendment Lease Renewal with Oscar Matthews, Inc. for an additional 12-month term, which shall be a month-to-month terminable upon 30 days written notice beginning August 1, 2022, ending July 31, 2023. This proposal remains within the current fair market value rental rate of \$2.14786 per square foot, for a monthly revenue of \$3,114.40, for a total revenue for the term of \$37,372.76.



TCHD BOARD OF DIRECTORS

DATE OF MEETING: September 29, 2022

First Amendment Lease Renewal Agreement Proposal – 3617 Vista Way, Oceanside – North County Oncology

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

Landlord Name: OPS Enterprises, LLC

Premises: 3617 Vista Way, Oceanside, CA 92057 (7,000 sq. ft.)
– (TCMC 1206b North County Oncology practice)-

Term of Agreement: 14 years, Beginning, October 1, 2022 – Ending, September 30, 2036

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

Rental Rate:	Monthly Expense
Base Rental Rate of \$3.45 per square foot, per month - 3% rent increase each year	\$24,150
Operating Monthly Maintenance Fees, (\$0.85 per SF) – 3% increase each year	\$5,950
Total 14 Year Term Expense Amount:	\$6,131,070

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

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

Motion:

I move that the TCHD Board of Directors authorize the First Amendment Lease Agreement Renewal with OPS Enterprises, Inc. at 3617 Vista Way Oceanside, CA, for an additional Fourteen (14) year term beginning October 1, 2022, ending September 30, 2036. This proposal remains within the current fair market value rental rate of \$3.45 per square foot, plus monthly Operating fees of \$0.85 for a monthly expense of \$30,100, for a total expense for the Fourteen (14) year term of \$6,131,070.

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: September 23, 2022

TO: Board of Directors
Steven Dietlin, CEO

FROM: Jeffrey G. Scott, General Counsel

RE: Consideration of Resolution Relating to the Biennial Conflict of Interest Code Update 2022

State law requires that in every even number year the District's Conflict of Interest Code needs to be reviewed and updated if necessary. The District adheres to the State model Conflict of Interest Code as provided in the California Code of Regulations. This year's code has been reviewed by the District staff and our office and the changes are reflected in the amended Conflict of Interest Code attached.

The recommended changes include the following:

- Revisions to the Board Approval date and
- The Designated Staff section has been revised to reflect the current organization chart
- Also, for the Board's information, the prohibition on Gifts in section 8.1 of the State model code has been raised from \$500 to \$520

It is requested that the Board adopt Resolution No. 819 approving the 2022 Amended Code.

RESOLUTION NO. 819

RESOLUTION OF THE BOARD OF DIRECTORS OF THE TRI-CITY HEALTHCARE DISTRICT AMENDING THE CONFLICT OF INTEREST CODE PURSUANT TO THE POLITICAL REFORM ACT OF 1974

WHEREAS, the State of California enacted the Political Reform Act of 1974, Government Code Section 81000 et seq. (the "Act"), which contains provisions relating to conflicts of interest that potentially affect all officers, employees, and consultants of the Tri-City Healthcare District ("District") and requires all public agencies to adopt and promulgate a conflict of interest code; and

WHEREAS, the Board of Directors of the District adopted a Conflict of Interest Code (the "Code") which was amended on March 30, 2018, in compliance with the Act; and

WHEREAS, subsequent changed circumstances within the District have made it advisable and necessary pursuant to Sections 87306 and 87307 of the Act to amend and update the District's Code; and

WHEREAS, notice of the time and place of a public meeting on, and of consideration by the Board of Directors of, the proposed amended Code was provided each affected designated employee and publicly posted for review at the offices of the District; and

WHEREAS, a public meeting was held upon the proposed amended Code at a regular meeting of the Board of Directors on September 29, 2022, at which all present were given an opportunity to be heard on the proposed amended Code.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Tri-City Healthcare District that the Board of Directors does hereby adopt the proposed amended Conflict of Interest Code, a copy of which is attached hereto and shall be on file with the Board Relations Officer and available to the public for inspection and copying during regular business hours;

BE IT FURTHER RESOLVED that the said amended Code shall be submitted to the Board of Supervisors of the County of San Diego for approval and said Code shall become effective immediately after the Board of Supervisors approves the proposed amended Code as submitted.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the TRI-CITY HEALTHCARE DISTRICT at a regular meeting held on September 29, 2022, by the following vote:

AYES: Directors _____
NOES: Directors _____
ABSTAIN: Directors _____
ABSENT: Directors _____

ROCKY CHAVEZ, Chairperson,
Board of Directors

ATTEST:

GIGI GLEASON, Secretary
Board of Directors

STATE OF CALIFORNIA)
)ss.
COUNTY OF SAN DIEGO)

I, GIGI GLEASON, Secretary of the TRI-CITY HEALTHCARE DISTRICT, DO
HEREBY CERTIFY that the foregoing is a true copy of Resolution No. 819, adopted by
the Board of Directors of the TRI-CITY HEALTHCARE DISTRICT at a special meeting
of the Board of Directors held on September 29, 2022, which Resolution is a part of the
official records of the TRI-CITY HEALTHCARE DISTRICT.

Dated: _____

GIGI GLEASON, Secretary

APPENDIX
CONFLICT OF INTEREST CODE
OF THE
TRI-CITY HEALTHCARE DISTRICT

(September 2022)

EXHIBIT “A”

OFFICIALS WHO MANAGE PUBLIC INVESTMENTS

District Officials who manage public investments, as defined by California Code of Regulations, title 2, section 18700.3, subdivision (b), are not subject to the District’s Code, but are subject to the disclosure requirements of the Act. (Gov. Code § 87200 *et seq.*) These positions are listed here for informational purposes only, and are required to file a statement of economic interest with the Executive Secretary to the Board of the District. Upon receipt of Statements of Economic Interests from Members of the Board of Directors and the President/Chief Executive Officer, the Executive Secretary shall make and retain a copy and forward the original to the County of San Diego Clerk of the Board of Supervisors.

It has been determined that the positions listed below are officials who manage public investments¹:

Members of the Board of Directors
President/Chief Executive Officer

DESIGNATED POSITIONS
GOVERNED BY THE CONFLICT OF INTEREST CODE

Designated employees listed below and the Chief Financial Officer¹ shall file Statements of Economic Interests with the Executive Secretary who will retain the originals and make the statements available for public inspection and copying.

<u>DESIGNATED EMPLOYEES’</u> <u>TITLE OR FUNCTION</u>	<u>DISCLOSURE</u> <u>CATEGORIES ASSIGNED</u>
Chief Compliance Officer	All
Chief Government & External Affairs Officer	All
Director of Facilities	5

¹ Individuals holding one of the above-listed positions may contact the FPPC for assistance or written advice regarding their filing obligations if they believe that their position has been categorized incorrectly. The FPPC makes the final determination whether a position is covered by Government Code section 87200.

Vice President of Information Technology	1, 5
Director of Materials Management	5
Executive Vice President and Chief Operating Officer	All
Facilities Manager	6
General Counsel	All
Board Counsel	All
Purchasing Manager	5
Purchasing Clerk	5
Senior Director of Business Development	1, 2, 5
Vice President of Human Resources	6
Chief Nurse Executive	5
Chief Medical Officer	5
Chief of Patient Care Services	5
Director of Total Rewards and HRIS	5
Senior Director of Nursing	5, 6
Directors and Senior Directors (ALL others not specified)	6
President of Foundation	All
Consultant ²	

² Consultants shall be included in the list of Designated Employees and shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant, although a “designated position,” is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the disclosure requirements described in this Section. Such written determination shall include a description of the consultant’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer’s determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code.

EXHIBIT "B"

DISCLOSURE CATEGORIES

The disclosure categories listed below identify the types of investments, business entities, sources of income, including gifts, loans and travel payments, or real property which the Designated Employee must disclose for each disclosure category to which he or she is assigned.

Category 1: All investments and business positions in business entities, and sources of income that are located in, do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in, and sources of income from, business entities that are engaged in land development, construction or the acquisition or sale of real property within the jurisdiction of the District.

Category 4: All investments and business positions in, and sources of income from, business entities that are banking, savings and loan, or other financial institutions.

Category 5: All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the District.

Category 6: All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the Designated Employee's Department.

Category 7: All financial interests in investment advisors and managers; financial services providers, actuaries, and those providing fiduciary services (including record-keeping) to retirement plans.

ADMINISTRATION CONSENT AGENDA

September 20th, 2022

CONTACT: Candice Parras, CPCS

Policies and Procedures	Reason	Recommendations
Patient Care Services Policies & Procedures		
1. Alaris System Data Set Transfer Procedure	3 year review, practice change	Forward to BOD for Approval
2. Witnessing a Patient Signature on Patient's Personal Documents	3 year review	Forward to BOD for Approval
Administrative 200 District Operations		
1. Alerts Recalls Notifications 229	3 year review, practice change	Forward to BOD for Approval
2. Equipment Transfer, Storage Trade-in, and Disposal 200	3 year review	Forward to BOD for Approval
3. Fiscal Year End Physical Inventory 286	3 year review	Forward to BOD for Approval
4. Security Dept Incident Notification 234	3 year review	Forward to BOD for Approval
Outpatient Infusion Center		
1. Medical Equipment Maintenance	3 year review	Forward to BOD for Approval
2. Registration of Patients	3 year review	Forward to BOD for Approval
3. Scheduling and Receiving of Patients	3 year review	Forward to BOD for Approval
Rehabilitation		
1. Hydroworx Therapy Pool - General Operations	3 year review	Forward to BOD for Approval
2. Hydroworx Therapy Pool Contamination	3 year review	Forward to BOD for Approval
3. Productivity Reporting System	3 year review, practice change	Forward to BOD for Approval

**PROCEDURE: ALARIS SYSTEM DATA SET TRANSFER**

Purpose: To outline the process for transferring the Guardrails data set on the Alaris Server and distributing it to the Alaris PCs on the Alaris network.

A. PROCEDURE:

1. The Pharmacy Clinical Manager/designee shall:
 - 1-a. Import the data set file into the Alaris Systems Manager application using the import option.
 - 2-b. ~~The Pharmacy Clinical Manager/designee shall~~ Confirm the correct data set has been imported by visually comparing the data set name and data set identification (ID) number from the Guardrails Editor report and comparing them to the listing on the Alaris Systems Manager page.
 - a.i. Once imported, the data set is ready to be transferred to the Alaris PCs.
 - 3-c. ~~The Pharmacy Clinical Manager/designee shall~~ Notify Nurse Managers/Educators/Assistant Nurse Managers (ANMs)/Bio-Medical Engineering of new data sets and ID number.
- 4-2. Upon notification of new data set and ID number, the Nurse Manager/Educator/ANM shall:
 - a. Educate clinical staff of new data set ID number
 - b. Inform staff the new data set will become available after the Alaris PC has been powered off, then on, and "New Patient" is selected.
- 5-3. The Pharmacy Clinical Manager/designee shall set the imported data set file status to "active" in the Alaris Systems Manager application by clicking the "Transfer" button next to the data set name.
- 6-4. After waiting approximately 24 hours for the Alaris Systems Manager to complete the transfer of the data set to the Alaris PCs, the Pharmacy Clinical ~~Manager~~Coordinator/designee shall review the Data Set Transfer Status Report Results
 - a. This report contains a listing of the most recent communication sessions that resulted in the unsuccessful transfer of a data set file to the Alaris PC.
- 7-5. If the "Unsuccessful Upload" report contains a substantial number of entries, the Pharmacy Clinical Manager/designee shall wait 12 to 24 hours before running another report.
- 8-6. If the "Unsuccessful Upload" report contains entries after it has been requested a second time, the report shall be printed and passed to the Biomedical Engineering department and ~~Nurse Managers/Educators/Assistant Nurse Managers~~.
- 9-7. ~~Nurse Mangers/Educators/ANMs~~ shall be notified to inspect each Alaris device in their patient care area to ensure that new Data Set is active by powering each unit on and selecting the "New Patient" screen. If not, they will contact biomedical engineering to inspect the device. For any device flagged for inspection, the biomedical engineer shall:
 - a. Power off the Alaris PC.
 - b. Power on the Alaris PC.
 - c. Leave the power on until the flashing computer icon on the lower left side of the Alaris PC screen stops flashing (approximately 1-2 minutes) and stays illuminated.
 - d. Power the Alaris PC off and power on again, pressing "New Patient" to initiate the new data set.
 - e. Validate the data set by:
 - i. Checking the data set name at the upper left portion of the screen
 - ii. Selecting the desired profile and drug name in the drug library
 - iii. Scrolling down to the appropriate drug name

Patient Care Services Content Expert Review Revision Dates	Clinical Policies & Procedures	Nursing Leadership Executive Council	Pharmacy and Therapeutics Committee	Medical Executive Committee	Admini stration	Professional Affairs Committee	Board of Directors
10/05, 02/09, 04/17, 03/22	07/11, 05/17, 03/22	08/11, 05/17, 05/22	05/17, 07/22	n/a	09/22	09/11, 07/17, n/a	09/11, 07/17

- f. If an Alaris PC still contains the wrong version of the data set, move it closer to the network access point to ensure a stronger signal.
- g. Leave the Alaris PC in place for several minutes before re-checking the data set version.
- 40.8. All out-of-service Alaris PCs except those that are non-functioning and awaiting repair shall be relocated within range of a network access point.
 - a. Power on all relocated Alaris PCs for 30 minutes, and then check the data set version.
- 41.9. After steps 9 and 10 above have been performed, the biomedical engineer shall contact the Pharmacy Clinical Manager/designee to re-run the Data Set Transfer Status Report Results.
- 42.10. If Alaris PCs still appear on the report after several communication sessions, the biomedical engineer shall sequester and report these Alaris PCs according to manufacturer instructions.
- 43.11. All equipment successfully repaired shall be returned to **Sterile Processing Department (SPD)** for storage and/or distribution.

**ADMINISTRATIVE POLICY-MANUAL
DISTRICT OPERATIONS**

ISSUE DATE: 9/75

SUBJECT: Equipment Transfer, Storage,
Trade-In, and Disposal

REVISION DATE: 5/88; 5/03; 4/09; 12/12

POLICY NUMBER: 8610-200

Administrative Content Expert:	08/22
Administrative Policies & Procedures Committee Approval:	12/15/08/22
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	09/22
Professional Affairs Committee Approval:	03/16 n/a
Board of Directors Approval:	03/16

A. PURPOSE:

1. By adopting this Equipment Transfer, Storage, Trade-in and Disposal Policy, the Board of Directors of Tri-City Healthcare District (TCHD) hereby resolves to provide guidelines for the inter-department reassignment of capital Equipment within TCHD, storage of Equipment temporarily removed from service, and trade-in of Equipment toward the replacement of Equipment, and further approves methods of disposing of surplus Equipment.

B. DEFINITIONS:

1. Equipment: a capital asset acquired by TCHD, excluding real property.
2. Surplus Equipment: Equipment determined by the CEO, ~~his/her~~their designee, or the Engineering Department to be no longer necessary for TCHD's use, excluding Equipment held by TCHD for the purpose of exchange, for emergencies or as backup.
3. Equipment Transfer: the reassignment or physical relocation of Equipment within TCHD, including reassignment from one cost center to another.
4. Equipment Storage: the retention of Equipment for probable later use including a temporary removal from service and/or physical relocation.
5. Equipment Trade-in: the exchange-in-trade of Equipment toward the replacement or purchase of a new capital acquisition (see AP # 252, Purchase of Budgeted Capital Assets).
6. Equipment Disposal: the permanent removal of Equipment from TCHD.

C. GENERAL PROVISIONS:

1. Each department Director is responsible for Equipment assigned to ~~his/her~~their respective cost centers.
2. Equipment deposited in storage areas without the proper identification detailed in this policy may be considered abandoned. The Engineering Department will take responsibility for all abandoned Equipment and make every effort to recover and reconcile such Equipment. As appropriate, the Engineering Department may designate abandoned Equipment as surplus and proceed with disposition as provided by this policy.
3. Equipment will not be removed from TCHD without prior authorization.
4. No TCHD directors or employees or members of their immediate family shall be permitted to purchase Surplus Equipment from TCHD or any agent of the TCHD.
5. No Equipment that is subject to a lease or lien may be transferred, removed, traded-in disposed of or used for any other purpose until clearance for such transfer, removal, disposition or use has been provided in writing by TCHD.

PATIENT CARE SERVICES

ISSUE DATE: 02/89

SUBJECT: Witnessing a Patient Signature on
Patient's Personal Documents

REVISION DATE(S): 06/94, 07/99, 07/02, 03/06, 03/11
05/16

Patient Care Services Content Expert Approval:	05/1906/22
Clinical Policies & Procedures Committee Approval:	06/1907/22
Nursing Leadership Executive Committee Approval:	06/1908/22
Medical Staff Department or Division Approval:	n/a
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	08/1909/22
Professional Affairs Committee Approval:	n/a
Board of Directors Approval Date(s):	08/19

A. **POLICY:**

1. Witnessing of signatures on patients' personal documents by hospital personnel shall not be permitted. This policy is for the purpose of avoiding any conflict of interest and to avoid any inference of impropriety.

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

1. Witnessing of Personal Documents

C. **REFERENCE(S):**

1. California Hospital Association Consent Manual 2015
2. California Probate Code

WITNESSING OF PERSONAL DOCUMENTS

TYPE	REQUIREMENT
I. Advance Directives Advance Health Care Directive <ul style="list-style-type: none"> • By law, may not be healthcare providers or employees • Volunteers and Contracted Agencies are agents of hospital for purposes of this policy. 	No witnessing permitted by staff, except Notary Public.
II. Wills Typed Wills: <ul style="list-style-type: none"> • Witnessed by 2 persons who are not beneficiaries under the Will. • Should not be notarized. Holographic Wills: <ul style="list-style-type: none"> • Entirely in patient's own handwriting, dated. • No need to be witnessed. 	Patients or designee will secure their own witnesses. Hospital staff may not witness. No witness required.
III. Financial Documents Real Estate: <ul style="list-style-type: none"> • Notary required. Power of Attorney/Finance Bank Transactions <ul style="list-style-type: none"> • Notary required. 	Notary only. Patient or Designee will secure their own witnesses Hospital staff may not witness. Notary only.

NOTES:

- Witnessing of any patient personal documents by an employee is not permitted.
- Advising patients and visitors regarding legal documents is not permitted.



ADMINISTRATIVE POLICY MANUAL
DISTRICT OPERATIONS

ISSUE DATE: 01/90 SUBJECT: Alerts/Recalls/Notifications

REVISION DATE: 06/94; 12/95; 05/96; 07/97; 03/00; 5/03; 3/06, 2/07; 7/09; 8/10; 06/13; 12/15
POLICY NUMBER: 8610-229

Administrative Content Expert:	08/22
Administrative Policies & Procedures Committee Approval:	08/1508/22
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	09/22
Professional Affairs Committee Approval:	11/15 n/a
Board of Directors Approval:	12/15

A. **PURPOSE:**

1. To provide a plan of action to be taken on **product alerts, device and product recall notices** to protect the safety and well-being of all patients, staff and visitors whenever information regarding an **alert, device or product-related hazard** is brought to the attention of the Medical Center.
2. This policy applies to **devices**, equipment, systems **updates**, medical products, food products and pharmacy recalls, field corrections, safety notices and alerts that are presented to the organization via letter, facsimile, telegram, or email.

B. **POLICY:**

1. Any person notified of an **alert or recall** ~~recall/alert~~ by a manufacturer shall notify Risk Management to facilitate processing of this information. The recall procedure shall be implemented by Risk Management/~~Patient Safety Officer~~ who will distribute the notice to the appropriate individuals for follow up.
2. ~~The National Recall Alert Center~~ **Emergency Care Research Institute (ECRI/NRAC)** electronic Recall Alert notices will be automatically circulated via email to designated individuals assigned to their specialty areas:
 - a. Persons designated for follow-up will be contacted via email and provided recall alert notices. Status of the response to the recall shall be documented in the ~~NRAC documentation system~~ **ECRI Alerts Workflow** and/or reported back to Risk Management/~~Patient Safety Officer~~ after completion in the form of an email response.
 - i. ~~Definitions for NRAC Actions Taken:~~
 - 1) ~~Do Not Have Product:~~ When an assigned user finds that an alert does not affect his/her area(s) of responsibility, they will record a ~~Do Not Have Product~~ entry with any actions taken. ~~Action Notes~~ may be used to explain generally what the individual did to rule out the alert.
 - 2) ~~Have Product:~~ Assigned users will select ~~Have Product~~ ~~Open~~ entry as soon as they have determined that their area of responsibility is, or likely is affected by an alert. In such entries, they shall record what is known about quantities and location of affected and/or suspected product, and plan of action for addressing (e.g., removal of product, repair of product, and/or retraining of users). Additional entries shall be made to update progress and/or explain delays in resolution of the alert.

(e.g., back-ordered parts, user training scheduled in the future).

- 3) ~~Viewed Still Pending: Assigned users will select Viewed Still Pending entry each time an alert has been reviewed, but the investigation is still ongoing.~~

3. Risk Management and/or Biomedical Department (BioMed)/Patient Safety Officer will report the actual items recalled, along with other pertinent information supplied by management personnel, to the Environmental Health and Safety Committee (EHSC) for review.
- a. Urgent intervention shall be addressed with the department director/designee.

a.

C. Recall Classification **RECALL CLASSIFICATIONS**

- 4.1. The FDA categories all recalls in to one of three classes according to the level of hazard involved.

- a. CLASS I recalls are for dangerous or defective products that predictably could cause serious health problems or death. A response shall be made within 2 business day of receipt of such notice, unless the Risk Manager or Patient Safety Officer determines otherwise and sets an alternate time for response.
- b. CLASS II recalls are for products that might cause a temporary health problem or pose a slight threat of a serious nature. A response shall be made within 72 hours of receipt of such notice, unless the Risk Manager or Patient Safety Officer determines otherwise and sets an alternate time for response.
- c. CLASS III recalls are for products that are unlikely to cause any adverse health reaction, but that violate FDA regulations. A response shall be made within 10 business day of receipt of such notice, unless the Risk Manager or Patient Safety Officer determines otherwise and sets an alternate time for response.

G.D. OTHER TYPES OF ALERTS:

1. **Pharmacy/Pharmaceutical Alerts**
 - 1.a. ~~Will process all recall/alert notices related to drugs/pharmaceuticals. These notices are processed through the Pharmacy Department.~~ Reporting will be through Pharmacy and Therapeutics Committee. Documentation of actions will be maintained in pharmacy and the NRAC documentation System in ECRI.
2. **Device & Equipment Alerts**
 - 2.a. ~~Equipment: Will process equipment recall/alert notices through the Biomedical Department. These notices are processed through the BioMed Department.~~ Reporting will be through the Environmental Health and Safety Committee. Documentation of actions taken will be maintained in the Biomedical Department with BioMed and the NRAC documentation System in ECRI.
3. **Materials Management**
 - 3.a. ~~Products: Will~~ These notices are processed product recalls/alerts through Materials Management/Supply Chain and other Departments as appropriate. Reporting will be through the Environmental Health and Safety Committee. Documentation of actions taken will be maintained in NRAC documentation system ECRI.
4. **Lab/Clinical Laboratory**
 - a. ~~Blood and tissue notices will be processed through the Laboratory Department. The Clinical Lab will process all recall/alert notices related to blood and tissue.~~ Documentation of action taken will be maintained in the Laboratory and the NRAC documentation system in ECRI.
5. **Food & Nutrition**
 - 4.a. Food and dietary items notices are processed through Food & Nutritional services. Documentation will be maintained and documented in ECRI.
5. ~~The Marketing Department will receive distribution when Risk Management determines the recall is of such significance that the media will be informed.~~
6. **Exceptions:**
 - 6.a. Items that are outside the scope of the electronic database (NRAC/ECRI) are routed

through e-mail and tracked manually in Risk Management. These items may include, but are not limited to, ~~dietary items~~, maintenance supplies, car seats, EVS supplies, toys, vehicles and Gift Shops items.

E. ESCALATION NOTIFICATION

1. The Risk Manager will notify the Patient Safety Officer of any notices that directly affect or impact patient care.
- ~~D.2.~~ 2. The Risk Manager, in collaboration with the Patient Safety Officer and/or Chief Nursing Executive (CNE), will notify the Marketing Department of notices that carry ~~will receive distribution when Risk Management determines the recall is of such significant~~ impact that the media will be informed.

~~E.F.~~ REFERENCE:

1. Medical Device Safety Act
2. The Joint Commission EC.6.10.6; EC.6.10.7
3. The NRAC E-Class Documentation User's Manual
4. Clinical Laboratory Tissue Bank Procedure Manual, Recall of Tissue

**ADMINISTRATIVE POLICY-MANUAL
DISTRICT OPERATIONS**

ISSUE DATE: 9/75

SUBJECT: Equipment Transfer, Storage,
Trade-In, and Disposal

REVISION DATE: 5/88; 5/03; 4/09; 12/12

POLICY NUMBER: 8610-200

Administrative Content Expert:	08/22
Administrative Policies & Procedures Committee Approval:	12/15 08/22
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	09/22
Professional Affairs Committee Approval:	03/16 n/a
Board of Directors Approval:	03/16

A. PURPOSE:

1. By adopting this Equipment Transfer, Storage, Trade-in and Disposal Policy, the Board of Directors of Tri-City Healthcare District (TCHD) hereby resolves to provide guidelines for the inter-department reassignment of capital Equipment within TCHD, storage of Equipment temporarily removed from service, and trade-in of Equipment toward the replacement of Equipment, and further approves methods of disposing of surplus Equipment.

B. DEFINITIONS:

1. Equipment: a capital asset acquired by TCHD, excluding real property.
2. Surplus Equipment: Equipment determined by the CEO, his/her/their designee, or the Engineering Department to be no longer necessary for TCHD's use, excluding Equipment held by TCHD for the purpose of exchange, for emergencies or as backup.
3. Equipment Transfer: the reassignment or physical relocation of Equipment within TCHD, including reassignment from one cost center to another.
4. Equipment Storage: the retention of Equipment for probable later use including a temporary removal from service and/or physical relocation.
5. Equipment Trade-in: the exchange-in-trade of Equipment toward the replacement or purchase of a new capital acquisition (see AP # 252, Purchase of Budgeted Capital Assets).
6. Equipment Disposal: the permanent removal of Equipment from TCHD.

C. GENERAL PROVISIONS:

1. Each department Director is responsible for Equipment assigned to his/her/their respective cost centers.
2. Equipment deposited in storage areas without the proper identification detailed in this policy may be considered abandoned. The Engineering Department will take responsibility for all abandoned Equipment and make every effort to recover and reconcile such Equipment. As appropriate, the Engineering Department may designate abandoned Equipment as surplus and proceed with disposition as provided by this policy.
3. Equipment will not be removed from TCHD without prior authorization.
4. No TCHD directors or employees or members of their immediate family shall be permitted to purchase Surplus Equipment from TCHD or any agent of the TCHD.
5. No Equipment that is subject to a lease or lien may be transferred, removed, traded-in disposed of or used for any other purpose until clearance for such transfer, removal, disposition or use has been provided in writing by TCHD.

D. EQUIPMENT DISPOSITION REQUISITION PROCESS:

1. Responsible department Director shall identify Equipment to be transferred, stored, traded-in, or disposed using an Equipment Disposition Requisition form. An Equipment Disposition Requisition form will be completed as follows:
 - a. The responsible department Director will complete Section I, Originating Department for all Equipment transfers to storage, trade-in, or disposal and will approve the action by signing in the "Requested By" section.
 - b. For equipment Transfer to a different cost center, the receiving department Director will indicate the department name and cost center in Section III, Equipment Transfer and will acknowledge receipt of the transferred equipment by signing in the "Received By" section.
 - c. For Equipment Storage, the responsible department Director will indicate such in Section III, Equipment Transfer.
 - d. For equipment Trade-in, the responsible department Director will check the trade-in box in Section IV, Equipment Disposals and complete the boxes for vendor and trade-in allowance.
 - e. For equipment Disposal, the responsible department Director will check only the sold box in Section IV, Equipment Disposals.
 - f. The responsible department Director shall ensure that the "Yellow Copy" of the Equipment Disposition Requisition is attached to the Equipment being removed. No Equipment will be removed from a department without being appropriately tagged. The "Pink Copy" of the requisition is to be retained by the originating department.
2. For Equipment Trade-in, the remaining copies of the completed Equipment Disposition Requisition must be attached to the Capital Purchase Requisition. A Requisition for replacement or trade-in Equipment will not be processed unless and until disposal paperwork for the Equipment to be replaced has been provided.
3. For Equipment Transfer, Storage, or Disposal, all remaining copies of the completed Equipment Disposition Requisition must be forwarded to the Accounting Department.
4. The Accounting Department will review the Equipment Disposition Requisition to track Equipment movement, trade, or disposal. Incomplete forms shall be returned for completion to the department Director requesting the transfer, trade-in, or disposal.
 - a. The Accounting Department will record the transfer, trade-in, or disposal in the asset management system.
 - b. The Accounting Department will complete Section II, Accounting Department for Equipment Transfers, Trade-in, or Disposal. Equipment Storage requires no additional information.
 - c. The Accounting Department will retain the "Goldenrod Copy" of the Equipment Disposition Requisition and forward all remaining copies to the Supply Chain Management Department.
 - d. For Equipment Trade-in, the Equipment Disposition Requisition will be attached to the Capital Purchase Requisition and forwarded to Supply Chain Management once the replacement has been approved (see AP 252, Purchase of Budgeted Capital Assets).
5. The Supply Chain Management Department will review the Equipment Disposition Requisition for disposition. Incomplete forms shall be returned for completion to the Accounting Department. The Supply Chain Management Department will retain the "White" and "Green" copies of the Equipment Disposition Requisition.
 - a. For Equipment Transfer, Storage, or Disposal, Supply Chain Management will notify the Environmental Services Department of Equipment needing to be moved between departments, to storage, or to the disposal staging cage. Equipment will not be moved without the completed information and authorizations on the Equipment Disposition Requisition.
 - b. Equipment Trade-in, will be arranged with the seller at the time of purchase by the Purchasing Department. At the actual time of trade-in, the Shipping and Receiving

Department will remove any hospital identification tag and/or Bio-medical tag and attach such tags to the "Green" copy of the Equipment Disposition Requisition.

- c. For equipment Transfer, Storage, Trade-in, or Disposal, Supply Chain Management will notify Clinical Engineering of the disposition of Equipment.
 - d. Engineering will be responsible for maintaining the records of Equipment transferred or stored and will be responsible for controlling access to Equipment storage areas. To the extent possible, Engineering will work with the originating department to assess Equipment stored in excess of six (6) months to determine if storage should continue or if disposal is appropriate.
 - e. For equipment Disposal, the Supply Chain Management Department may conduct the sale or may contract with an approved to conduct the sale as provided for herein. Upon disposal, Engineering will forward the "Green" copy of the Equipment Disposition Requisition, with documentation of the sale, to the Accounting Department for their actions in removing the asset from the records.
6. Departments requesting return of Equipment from storage will contact the Environmental Services Department. The Environmental Services Department will transport Equipment from storage to the originating department, as appropriate. The "Yellow" copy of the Equipment Disposition Requisition will be returned by Environmental Services to the Supply Chain Management Department to complete its record. Upon notification from Environmental Services, Engineering will forward the "Green" copy of the Equipment Disposition Requisition to the Accounting Department.

E. SALE OF EQUIPMENT:

1. TCHD Equipment is considered "public property"
2. The sale of TCHD Equipment will be conducted by TCHD's Director of Supply Chain Management, or by a vendor and process approved by the TCHD Board of Directors.
3. For sales conducted by TCHD's Director of Supply Chain Management, a description of the Equipment for sale will be publically listed on the TCHD website with a minimum two (2) week auction bid time. A bid opening appointment will also be listed on the auction with an invitation for bidders to be present when the sealed bids are opened. A least one other TCHD Director shall be present during the bid opening. When the winner (highest bidder) is determined, that party will have 72 hours to provide payment and a release, and to complete any other conditions as may be required by TCHD. If the winning party fails to do so, then the item will be offered to the next highest bidder. This process will continue until a sale is completed.
4. As a condition of sale, all purchasers of Equipment must provide TCHD a release of liability relating to the Equipment prior to taking possession.
5. If Equipment does not sell after reasonable efforts, the Equipment will be considered to have no fair market value and may be disposed of by other means.

F. DISPOSITION OF SURPLUS EQUIPMENT

1. Any Surplus Equipment disposed of pursuant to this policy will be considered disposed of at fair market value within the meaning of Health & Safety Code § 32121.2, except that Surplus Equipment may be donated or sold at less than fair market value in any of the following circumstances:
 - a. To a nonprofit organization or public agency to use or maintain for the benefit of the communities served by TCHD.
 - b. To another local hospital district in California.
2. Surplus Equipment may be disposed of at fair market value by any method approved of by the TCHD Board of Directors pursuant to Health & Safety Code § 32121.2.
3. Any equipment containing a hard drive must be removed by the applicable department or vendor prior to disposition or destruction of the equipment.

G. FORMS/RELATED DOCUMENTS :

1. Equipment Disposition Requisition

2. Capital Purchase Requisition
3. Release of Liability Form

H. **REFERENCES:**

1. Administrative Policy #252 Purchase of Budgeted Capital



Tri-City Medical Center

1002 Vista Way • Oceanide • CA • 92056

EQUIPMENT DISPOSITION REQUISITION

SECTION I: ORIGINATING DEPARTMENT			
Department Name	Cost Center	Request Date	Requested By
Item Description	Manufacturer		Department Phone #
Model #	Serial #	Is a service contract in effect on this equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital Tag #	Elav/ed Tag #		
PN #	Previous Date	Vendor Name	PO #

SECTION II: BIOMEDICAL ENGINEERING	
Comments:	
Signature: _____	Date: _____

SECTION III: ACCOUNTING DEPARTMENT			
Asset #	Initial Purchase Price	Accounting Department	
Net Book Value	Gain/Loss on Disposal	Recorded By	Date

SECTION IV: EQUIPMENT TRANSFER			
<input type="checkbox"/> Transferred To	Department Name	Cost Center	Date
<input type="checkbox"/> Transferred To	Storage	Initial Price	Received By

SECTION V: EQUIPMENT DISPOSALS		
<input type="checkbox"/> SOLD	Buyer Address Selling Price	Director, Materials Management
<input type="checkbox"/> DONATED	Company Address	Director, Materials Management
<input type="checkbox"/> IDENTIFIED		Director, Materials Management
<input type="checkbox"/> TRADE IN		Director, Materials Management



8402-1014
(Rev. 7/11)

White - Materials Management Green - Accounting Pink - Originating Dept



Tri-City Medical Center

4007 Vista Way • Occidente • CA • 92055

CAPITAL PURCHASE REQUISITION

FUNDING SOURCE:				<input type="checkbox"/> CAPITAL BUDGET	<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> AUXILIARY	<input type="checkbox"/> OTHER
ITEM IS:		<input type="checkbox"/> A REPLACEMENT OF AN EXISTING ASSET		<input type="checkbox"/> A NEW ASSET		WAS A WRITTEN PRICE QUOTE OBTAINED? <input type="checkbox"/> YES (ATTACH COPY) <input type="checkbox"/> NO	
DEPARTMENT NAME			DEPARTMENT NO.		REQUESTED BY		PHONE NO.
DATE OF REQUEST		DATE RECEIVED		RECOMMENDED VERSION			PHONE NO.

[illegible]

SOURCE OF ADDITIONAL FUNDS:		<input type="checkbox"/> LEASE PURCHASE <input type="checkbox"/> CASH PURCHASE
TRANSFER FROM BUDGET NUMBER(S): _____		
DEPARTMENT MANAGER (FUNDING OFFICE) - (30)	CHIEF EXTENDING OFFICER	FOR MATERIAL SERVICES USE ONLY
AREA ADMINISTRATOR (FUNDING OFFICE) - (30)	INFORMATION SYSTEMS COMP. TOP. EQUIPMENT OR DATA MGMT. PROJECTS OR TASK FORCE APPROVAL	PURCHASE ORDER NUMBER
CHIEF FINANCIAL OFFICER (FUNDING OFFICE) - (30)	DIRECTOR, FACILITIES MANAGEMENT	PROCESSED BY
CHIEF OPERATING OFFICER (FUNDING OFFICE) - (30)		ORDER DATE

EQUIPMENT ACQUISITION REQUEST MUST ACCOMPANY THIS REQUESTION IF THIS ITEM IS REPLACING AN EXISTING ASSET

8402100175000001 IN THE FLECHAS INTERNATIONAL NIGHT COPY YELLOW - ACCOUNTING (P) - LEXA - IN THE FLECHAS NIGHT COPY - ORIGINAL THE DEPT

**ADMINISTRATIVE POLICY-MANUAL
DISTRICT OPERATIONS**

ISSUE DATE: 9/05

SUBJECT: Fiscal Year End Physical Inventory

REVISION DATE: 11/08; 01/09; 01/16

POLICY NUMBER: 8610-286

Administrative Content Expert:	Department Approval Date(s)	11/15/07/22
Administrative Policies & Procedures Committee Approval:		11/15/08/22
Pharmacy & Therapeutics Committee Approval:		n/a
Medical Executive Committee Approval:		n/a
Administration Approval:		09/22
Professional Affairs Committee Approval:		04/16 n/a
Board of Directors Approval:		01/16

A. PURPOSE:

1. To provide guidelines for the fiscal year-end reconciliation of periodic and perpetual inventories within Tri-City Healthcare District.

B. DEFINITIONS:

1. Periodic inventory is defined as on-hand, non-consignment medical products, and supplies required for regular use in a department for the specific use of patient care. Reconciliation of such actual inventory will be conducted at the end of each fiscal year through a physical counting of such supplies on-hand. Various inventory accounts may be established specific to the department or services provided.
2. Perpetual inventory is defined as the non-consignment products and supplies required for use by more than one department and for replenishment to supply stations. Such items will be "low velocity" items not economically justified for distribution through the hospital's just-in-time/stockless environment. Some supplies may be placed into perpetual inventory for non-supply station replenish as needed for specialty patient care. Reconciliation of perpetual inventory is conducted at the end of the fiscal year through the physical counting of such supplies on-hand.

C. POLICY:

1. The Director of Supply Chain Management will be responsible for administering a fiscal year-end physical inventory of the perpetual inventory location. Such physical inventory will be conducted prior to the end of the fiscal year while leaving time for proper analysis and research to ensure an accurate inventory.
2. Department Directors will be responsible for the tabulation of physical counts and the corresponding valuation of on-hand inventory if they do not have the contracted vendor perform the inventory. Department Directors may work in conjunction with Supply Chain Management to establish count sheets within the Materials Management Information System in order to produce count sheets corresponding to purchase information.
3. All count sheets and inventory tabulation is to be forwarded to Supply Chain Management for final tabulation and reporting of inventory to Finance by the day specified by the Director of Supply Chain Management.
4. The Director of Supply Chain Management will be responsible for reporting the outcome of all physical inventories to the Finance department including any inventory functions that have been contracted.

D. PROCEDURE:

1. **Fiscal Year-End Inventory Adjustments**
 - a. The Finance department will adjust fiscal year end periodic inventories with gains or losses from the following departments:
 - i. Pharmacy
 - ii. Central Supply
 - iii. Store Inventory
 - iv. Linen Room
 - v. Surgery
 - vi. Cardiac Catheterization Lab
 - vii. Radiology
 - viii. Laboratory
 - ix. Food & Nutrition
 - b. The Finance department will adjust fiscal year end perpetual inventory for “Stores” with gains or losses for departments having supply stations.

**ADMINISTRATIVE POLICY MANUAL
DISTRICT OPERATIONS**

ISSUE DATE: 10/91

SUBJECT: Security Department Incident
Notification

REVISION DATE: 08/92, 10/97, 0/02, 05/03, 12/05,
01/09, 02/11, 07/14

POLICY NUMBER: 8610-234

Administrative Content Expert Department Review:	05/1706/22
Administrative Policies & Procedures Committee Approval:	05/1708/22
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	09/22
Professional Affairs Committee Approval:	06/17 n/a
Board of Directors Approval:	06/17

A. PURPOSE:

1. To set forth a uniform Tri-City Healthcare District (TCHD) Security Department notification process in the event of a safety/security related incident involving TCHD personnel, visitors, and/or patients.

B. POLICY:

1. Upon receiving information of an alleged incident or crime, all Medical Center personnel will immediately notify the Security Department for a reporting and investigative follow-up.
2. It will be the responsibility of all TCHD personnel to immediately notify the Security Department of any alleged incident or crime involving staff, visitors or a patient.
3. All TCHD Staff will contact the Security Department when they learn of or witness any incident or crime that occurs on TCHD property (including 3925 Waring Rd., 3927 Waring Rd. and 2095 Vista Way) that would require the response of a Security Officer.
 - a. Examples of an incident that would require Security Department notification:
 - i. Disruptive Patient or Visitor.
 - ii. Theft or Damage of TCHD or Personal Property.
 - iii. Assault or Battery on any person.
4. The responding Security Officer will be responsible for evaluating the incident and taking necessary action as described in the Security Department Policy and Procedure Manual.
5. All such occurrences shall be reported to the Department Director/designee and Risk Management.
6. The Security Department will make all necessary non-emergency notifications to external law enforcement agencies. Any TCHD staff may contact 911 for emergency notification for law enforcement assistance.
7. Any visitor who is injured on hospital property will be offered service in the Emergency Department by a hospital staff member.
 - a. Any visitor who injures themselves on hospital property will be offered service in the Emergency Department by a hospital staff member, as appropriate. It is up to the visitor to decide whether or not to go to the Emergency Department, but billing for that service will be processed as any other visit. It is not implied by the offer to take the visitor to the Emergency Department that there will be "no charge". Injured visitors that do seek treatment in the Emergency Department will follow the same admitting process as all patients.
 - b. The Security Department must be notified for injury investigation. The Security Officer

will complete a Security Report and take photographs of the area where the accident took place. A copy of the Security Report will be sent to Risk Management. A Security Report will be completed whether the visitor is seen in the Emergency Department or not.

- c. Hospital staff should not engage in any conversations regarding billing issues and not make any promises/offers that the hospital will pay bills.
- d. Any employee who witnesses a visitor accident or has accompanied the individual to the Emergency Department will also **document the incident in the incident reporting systems**~~submit a RL Solutions Report (RL)~~. If a **incident RL** has not been submitted (i.e., in cases where the visitor goes directly to the Emergency Department unaccompanied by a staff member), the Emergency Department nurse will **document**~~submit~~ the **incident RL**.
- e. If the visitor declines treatment, it will be noted in the Security Report and the RL.
- f. The Emergency Department registrar will obtain insurance information following a medical screening and enter that information on the face sheet.
- g. The individual will be seen by the Emergency Department physician on duty and evaluated with definitive treatment provided, as appropriate.
- h. If the visitor seeks treatment but declines to submit insurance information or assume any billing responsibility, the individual will be offered treatment, regardless.
- i. The visitor will be advised that issues regarding the accident and billing charges will be referred to the appropriate department for review. If the visitor declines treatment, this refusal must be documented in the RL and Security Report.
- j. All visitor inquiries and accident reports will be forwarded to Risk Management. The decision on whether Emergency Department bills for visitor injuries will be paid or not is determined by the Risk Management Department.
- k.

OUTPATIENT INFUSION CENTER

ISSUE DATE: 03/13

SUBJECT: Department-Specific Orientation

REVISION DATE:

Department Approval:	06/16, 04/20
Division of Oncology Approval	n/a
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	09/22
Professional Affairs Committee Approval:	07/17 n/a
Board of Directors Approval:	07/17

A. PURPOSE:

1. Because of the complexity of the services offered, comprehensive orientation to the processes and protocols of the Outpatient Infusion Center (Center) is essential to adequately prepare associates to work in this environment. This document delineates the responsibilities of Tri-City Healthcare District (TCHD), the Center and the associate and defines the processes necessary for equipping each employee to safely/effectively perform his/her job duties.

B. RESPONSIBILITY:

1. TCHD assumes responsibility for the initial and annual orientation programs.
2. The department is responsible for department-specific orientation, the department-specific safety and environment of care training and for staff development programs throughout the year that meet the identified needs of the staff and the Center operations.
3. The Center manager assumes overall responsibility for the design, implementation and evaluation of the orientation process.
4. The associate, in partnership with the hospital assumes responsibility for:
 - a. Professional education/licensing and certifications.
 - b. Identifying their own learning needs.
 - c. Pursuing opportunities to meet their learning needs.

C. POLICY:

1. All employees joining the Center team will have a department-specific orientation and training.
2. The orientation/training content will be current, applicable, and systematic.
3. The orientation/training experience is individualized and designed to provide pertinent policy and procedural knowledge to be followed by the new associate.
4. Instruction will be clear, succinct, and administered at the level of the learner.
5. Competency assessments, where applicable, will be completed before the end of the department orientation and filed in the associate employment folder in the Human Resources department.
6. Orientation will be provided during the associate's assigned work shift.
7. Orientees will be acquainted with their new surroundings and receive sufficient orientation and training to become a member of the Center team.
8. Cross training of an associate may also occur when appropriate. The training will be sufficient in content and duration to prepare the associate for their new position.

D. PROCEDURE:

1. All associates will receive general TCHD orientation.

2. Department-specific orientation and training will occur in the initial period of the associate's employment and prior to taking full responsibility for their assigned duties.
3. A job description will be given to each orientee.
4. The duration of the orientation period will be sufficient to prepare the employee for full participation in Center activity.
5. Each new staff member will be assigned to a resource person(s) by the manager.
6. During the 90-day initial employment period, the new employee will be observed by the Center manager and/or designee for progress and adjustments to the training will be made accordingly.
7. Department-specific orientation schedule includes:
 - a. All Center staff members
 - a. Job descriptions
 - b. Safety
 - 1) MSDS
 - 2) Emergency plans (fire, disaster, etc.)
 - 3) Hazardous waste
 - c. Infection control
 - 1) Standard (Universal) precautions
 - 2) Personal protective equipment
 - 3) Biohazardous waste
 - 4) Hand washing
 - d. Review of abuse report policy
 - e. Performance improvement program
 - f. Risk management program
 - b. Clinic staff orientation
 - a. Department orientation
 - b. Center policies and procedures
 - c. Clinic flow
 - d. Equipment
 - 1) Infusion pumps
 - 2) Pyxis supply and medication station
 - e. Blood drawing/transporting/storage techniques
 - f. Medical records/documentation
 - g. Supplies/protective devices
 - h. Cerner documentation system
 - c. Support staff
 - a. Department orientation
 - b. Center flow
 - c. Medical records
 - d. Database
 - e. Bill/reimbursement/registration
 - f. Phone techniques/etiquette
 - g. Equipment
 - 1) Copier
 - 2) Fax
 - 3) Computer/printer
 - 4) Telephone system
 - h. Cerner documentation system

OUTPATIENT INFUSION CENTER

ISSUE DATE: 03/13

SUBJECT: Medical Equipment Maintenance

REVISION DATE:

Department Approval:	01/1704/20
Division of Oncology Approval:	n/a
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	09/22
Professional Affairs Committee Approval:	07/17 n/a
Board of Directors Approval:	07/17

A. PURPOSE:

1. Due to the potential for injury that medical equipment poses, an effective preventive maintenance and equipment management program must be in place and strictly observed. All patient care equipment used by the clinic will be maintained in good working order and inspected and repaired according to hospital policy.

B. POLICY:

1. The Biomedical Department will conduct routine inspection and preventive maintenance (PM) on the Outpatient Infusion Center's (Center's) medical equipment on a regularly scheduled basis, according to hospital policy.
2. Staff will be trained in the proper and safe use of all medical equipment.
3. Incidents involving medical equipment will be reported according to hospital policy.

C. All employees are responsible for reporting unsafe equipment and the Clinic Manager and/or Registered Nurse (RN) is responsible for the continued observance and monitoring of safe use of PROCEDURE:

1. Prior to use, all electrical devices will be inspected and approved by the Biomed Department.
2. Staff members will be trained in the proper use of electrical (or mechanical) devices prior to use.
3. Staff members are required to pull malfunctioning equipment out of use and to notify the appropriate person (biomedical engineer, clinic manager, etc.) for repair.
4. The manufacturer's operating instructions will be followed when operating medical equipment.
5. Annually, or more frequently as indicated, equipment will be inspected per hospital preventative maintenance schedule.

OUTPATIENT INFUSION CENTER

ISSUE DATE: 03/13

SUBJECT: Registration of Patients

REVISION DATE:

Department Approval:	04/1704/20
Division of Oncology Approval:	n/a
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	09/22
Professional Affairs Committee Approval:	07/17 n/a
Board of Directors Approval:	07/17

A. **PURPOSE:**

1. Tri-City Healthcare District (TCHD) or Outpatient Infusion Center (Center) registration ~~can~~ will be completed as a pre-admit and then completed upon patient's arrival. This document outlines the registration process at the Center.

B. **POLICY:**

1. The clerical staff will follow the hospital's procedures for data collection and electronic data entry.

C. **PROCEDURE:**

1. Upon arrival the pre-registration will be completed.
2. All patients will be admitted to the Center according to TCHD policy. TCHD's Conditions of Admission forms must be signed preceding any exam/treatment:

OUTPATIENT INFUSION CENTER

ISSUE DATE: 03/13

SUBJECT: Scheduling and Receiving of Patients

REVISION DATE:

Department Approval:	04/4704/20
Division of Oncology Approval:	n/a
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	09/22
Professional Affairs Committee Approval:	07/17 n/a
Board of Directors Approval:	07/17

A. PURPOSE:

1. Establishing Outpatient Infusion Center (Center) scheduling and receiving of patient:
 - a. Provides for orderly, efficient approach to patient visits
 - b. Minimizes patient waiting periods
 - c. Allows for adequate time for evaluation/treatment
 - d. Defines a uniform approach to scheduling for staff members
 - e. Assigns responsibilities to avoid duplication of effort

B. POLICY:

1. Patients will be scheduled appropriately; allowing adequate time between visits to prevent prolonged waiting time for all patients.
2. Scheduling of patients will be directed by the Center Office Manager and coordinated by the Clinical Referral Coordinator.

C. PROCEDURE:

1. Patient Arrival at the Center
2. Patients will check in at the Reception desk with the Tri City Medical Center (TCMC) front office staff.
 - a. Front office staff will obtain the necessary paperwork for the patients to complete.
 - b. Front office staff will verify patient orders for treatment, identity of patient, and scheduled infusion time.
 - c. Patient will be issued an identification band with name, date of birth, and medical record number.
 - d. Office staff will notify Infusion Registered Nurse (RN) and Pharmacist of patient arrival for treatment.
 - e. Office Staff will escort patient into Infusion room.

REHABILITATION SERVICES

ISSUE DATE:	01/09	SUBJECT:	Hydroworx Therapy Pool Contamination
REVISION DATE(S):	05/12, 01/16		
Department Approval:		44/1808/22	
Department of Medicine Approval:		n/a	
Pharmacy and Therapeutics Approval:		n/a	
Medical Executive Committee Approval:		n/a	
Administration Approval:		40/1909/22	
Professional Affairs Committee Approval:		n/a	
Board of Directors Approval:		10/19	

A. POLICY:

1. The pool will be maintained in a manner consistent with manufacturer and Department of Environmental Health regulations.
2. The following steps are taken should the Hydroworx Therapy Pool become contaminated.

B. PROCEDURE:

1. Upon observation or discovery of pool contamination, the treating therapist will discretely inform patrons to immediately evacuate pool.
2. Patrons will be instructed to take a shower using soap for a minimum of 5 minutes.
3. Tri-City Medical Center engineers will be contacted at 760-940-7148 for de-contamination.
 - a. Immediately drain pool.
 - b. Clean filter and pool shell.
 - c. Refill pool.
 - d. Backwash filter.
 - e. Start system.
 - f. Balance chemicals.
 - g. A water contamination response log will be maintained onsite to record a contamination episode that occurs. This log will be maintained in the common binder with other maintenance logs for the Hydroworx pool.

C. FORM(S):

1. Water Contamination Response Log

D. REFERENCES:

1. Department of Environmental Health Food and Housing Division. (2015). *Title 22 CCR Changes Effective January 1, 2015*. San Diego, CA: Department of Environmental Health.

Water Contamination Response Log

Person Conducting Contamination Response						
Supervisor on Duty						
Date (mm/dd/yyyy) of Incident Response						
Time of Incident Response						
Water Feature or Area Contaminated						
Number of People in Water						
Type/Form of Contamination in Water: Fecal Accident (Formed Stool or Diarrhea), Vomit, Blood						
Time that Water Feature was Closed						
Stabilizer Used in Water Feature (Yes/No)						
	Water Quality Measurements					
	Level at Closure	1	2	3	4	Level Prior to Reopening
Free Residual Chlorine (1-4 are measurements spread evenly thru the closure time)						
pH (1-4 are measurements spread evenly thru the closure time)						
Date (mm/dd/yyyy) that Water Feature was Reopened						
Time that Water Feature was Reopened						
Total Contact Time (Time from when disinfectant reached desired level to when disinfectant levels were reduced prior to opening)						
Remediation Procedure(s) Used and Comments/Notes						

REHABILITATION SERVICES

ISSUE DATE:

SUBJECT: Hydroworx Therapy Pool - General Operations

REVISION DATE(S): 05/12, 01/16

Department Approval-Date(s):	44/4808/22
Department of Medicine Approval-Date(s):	n/a
Pharmacy and Therapeutics Approval-Date(s):	n/a
Medical Executive Committee Approval-Date(s):	n/a
Administration Approval:	40/4909/22
Professional Affairs Committee Approval-Date(s):	n/a
Board of Directors Approval-Date(s):	10/19

A. POLICY:

1. The Wellness Center pool is operated under rules set forth in the County of San Diego Department of Environmental Health.

B. PROCEDURE:

1. Water Testing
 - a. It is important that daily testing is done with care and accuracy. The water is tested for pH and Chlorine.
 - b. The readings of hand testing shall be compared to the reading of the "CHEMTROL." The CHEMTROL is an automatic chemical feeder and monitors Chlorine and pH
 - c. A detailed log of hand testing and CHEMTROL readings are kept as a means of check and balances.
2. County of San Diego Department of Environmental Health
 - a. Daily pool testing and maintenance records are available for review.
3. Shutdowns
 - a. The pool is shut down approximately every 6 weeks.
 - i. The shutdowns take place at routine intervals in accordance with manufacturer guidelines for maintenance and cleaning.
 - ii. The shutdowns will allow appropriate cleaning and maintenance of the filter and chemical systems that ensure pH balance.
 - b. The pool is drained using the main drain valve. Maintenance and therapy staff that has received proper training on draining/refilling the pool may perform this task. This may also be performed by a Wellness Center contracted service provider that assists with pool drainage and routine water change.
 - c. Maintenance and repairs are done as needed when the pool is drained.
4. Pool Operators
 - a. All pool operators are CPR certified and are encouraged to become certified in water safety.

C. REFERENCE(S):

1. Department of Environmental Health Food and Housing Division. (2015). Title 22 CCR Changes Effective January 1, 2015. San Diego, CA: Department of Environmental Health.

REHABILITATION SERVICES

ISSUE DATE: 12/88

SUBJECT: Productivity Reporting System

REVISION DATE(S): 01/91, 01/94, 09/97, 10/00, 01/06, 03/12, 09/15

Department Approval-Date(s):	05/1808/22
Department of Medicine Approval-Date(s):	n/a
Pharmacy and Therapeutics Approval-Date(s):	n/a
Medical Executive Committee Approval-Date(s):	n/a
Administration Approval:	10/1909/22
Professional Affairs Committee Approval-Date(s):	n/a
Board of Directors Approval-Date(s):	10/19

A. **POLICY:**

1. Internal productivity will be monitored on a daily basis with reports generated at routine intervals.

B. **PROCEDURE:**

1. Each therapeutic area and/or discipline will have a productivity system.
2. Each system will vary based upon the specific needs of each area and/or discipline.
3. After each treatment and/or at the completion of the day, patient encounters are recorded through the **Cerner EMR**. ~~Compass billing submission. Charges are reviewed to ensure accuracy of data.~~
4. A productivity report for each area is generated ~~on a biweekly basis~~ and reviewed weekly.
5. The Rehabilitation Services Leadership Team will review the reports periodically and adjust staffing resources as is deemed appropriate.

**TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A REGULAR MEETING
OF THE BOARD OF DIRECTORS
August 25, 2022 – 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 25, 2022.

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

Director Nina Chaya, M.D.
Director George W. Coulter
Director Gigi Gleason
Director Marvin Mizell
Director Adela Sanchez
Director Tracy M. Younger

Absent was Director Rocky J. Chavez

Also present were:

Steven Dietlin, Chief Executive Officer
Candice Parras, Chief, Patient Care Services
Ray Rivas, Chief Financial Officer
Dr. Gene Ma, Chief Medical Officer
Dr. Henry Showah, Chief of Staff
Jeffrey Scott, Board Counsel
Susan Bond, General Counsel
Teri Donnellan, Executive Assistant

1. In Chairperson Chavez's absence, the Board Vice Chairperson, Tracy M. Younger, called the meeting to order at 3:30 p.m. with attendance as listed above.
2. Approval of Agenda

Director Younger stated the Geriatric Accreditation Report has been deferred to the next regular meeting.

It was moved by Director Gleason and seconded by Director Coulter to approve the agenda as amended. The motion passed by a roll call vote (6-0-0-1) with Director Chavez absent.

3. Pledge of Allegiance

Director Younger led the Pledge of Allegiance.

4. Public Comments – Announcement

Director Younger read the Public Comments section listed on the August 25, 2022 Regular Board of Directors Meeting Agenda.

5. Introduction, Henry Showah, M.D., Chief of Staff

Director Younger introduced Dr Henry Showah. Chief of Staff.

Dr. Showah provided a brief summary of his background and experience in Emergency Medicine and Wound Care. He also provided his philosophy on the role of the Chief of Staff. Dr. Showah stated he looks forward to working with the Board and Administration in a collaborative and positive manner.

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

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

- Net Operating Revenue – \$27,683
- Operating Expense – \$30,147
- EBITDA – (\$686)
- EROE (\$1,651)

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

- Average Daily Census – 117
- Adjusted Patient Days – 7,275
- Surgery Cases – 503
- ED Visits – 4,404

Mr. Rivas presented two graphs which reflected trending of the Average Length of Stay (ALOS) and Average Daily Census (ADC). ALOS is down to 5.4 with the goal being under 5. ADC was at its peak during the surge and has gone down significantly. Mr. Rivas answered questions posed by Director Mizell related to the unusually low census.

7. Reports – Information Only

a) Geriatric Emergency Department Accreditation – Cary Mells, M.D.

The Geriatric Emergency Department Accreditation report was deferred to the September meeting.

b) Foundation Report – Rita Geldert, Foundation Board President

Foundation Board Chairperson Rita Geldert provided a brief Foundation Report. She reported the annual Foundation Gala (Jazzy Jubilee) is scheduled for November 12, 2022. Many tables and sponsorships have been purchased and will likely sell out. Rita acknowledged Foundation Board President, Jennifer Paroly in securing a Grammy Winner for the event.

A Foundation Workshop was held this past week with Bill Littlejohn on developing and empowering the Foundation Board.

Ms. Geldert stated collectively we are close to meeting the Foundation's matched Copley funds for the ER remodel.

Ms. Geldert invited Foundation President, Jennifer Paroly to comment as well. Ms. Paroly stated both the Prebys and Copley Foundations are supporting us again this year and she was recently advised that Prebys is giving an additional \$100,000 towards the ER remodel. Jennifer reiterated that the Jazzy Jubilee will definitely sell out this year.

In closing, Ms. Geldert stated the Foundation looks forward to assisting the Board and the hospital staff in their plans for the future to continue to have Tri-City provide the best services possible.

c) External Affairs Update - Aaron Byzak, Chief External Affairs Officer

Mr. Byzak presented a report on External Affairs activity, reviewing the following:

- Overview of Marketing, Communications, Government Affairs and Community Engagement
- Coastal Commitment – Community Outreach and Support through Active Leadership; includes 87 community partners with \$250,000 in annual financial support through 90 programs addressing priority health needs and social determinants of health.
- SOCAL – Student Opportunities for Career Awareness and Learning. Tri-City teamed up with the County Board of Supervisor Jim Desmond and have received our first grant from the County Board of Supervisors for \$128,000.
- Awards – Tri-City has received numerous awards including Large Business of the Year with the Carlsbad Chamber of Commerce. Tri-City is currently up for two awards with the San Diego Business Journal for non-profit and corporate citizenship awards. Many communication awards have been received as well.
- The Big Reveal 2.0 - includes our NICU Hall of Hope; second round of Heroes Posters that feature some of our Auxiliaries, images of ER Patio Remodel; updated Medical Staff Leadership Board, a board highlighting the hospital's Mission, Vision and Values, wayfinding signage as well as ADA signage.
- Other Initiatives include:
 - Consider creating a TCHD public policy guide that prioritizes healthcare and organizational interests; community and public health and CHNA alignment opportunities for funding for strategic initiatives.
 - Elected Official Relations – elevating connections with our representatives on a local and state level.
 - National Best Practice - elevate COASTAL Commitment to National Best Practice with the goal to win the Foster McGaw Prize (AHA)

Directors were impressed with Mr. Byzak's report and asked questions and made comments.

Director Mizell commended the work the External Affairs Department is doing. He also commented on the great billboards on the 78 E and 78W. Mr. Byzak stated there is also a third billboard near the Carlsbad mall announcing our new MAKO Robotic Surgery.

d) Chief Medical Affairs Officer Update – Gene Ma, M.D.

Dr. Ma extended a special welcome to Dr. Showah who he has worked with side by side for many years.

Dr. Ma provided information on the following:

- COVID numbers and variants as well as the status of the first allotment of the new bivalent COVID boosters.
- Monkey Pox power minute testing. and screening. TCMC now carries the vaccine and staff do a great job in the management and treatment of Monkey Pox.
- Registry of Cardiac Survival rates. Compared to the State of California Tri-City ranked higher than the national and state average at 56%. Data metric for TTM is 31% nationally compared to Tri-City at 56%.
- Snapshot of the new OR lights which is an investment into the future.
- Roll-out and training of the Zoll house-wide defibrillators.

In closing Dr. Ma commented on the hospital's infrastructure which has a new look and feel thanks to Aaron Byzak's team.

Dr. Ma also extended his appreciation to the Board and Foundation for their support in the many projects that are underway which will benefit our patients and community.

Directors thanked Dr. Ma for his informative report and in particular the information on the heart attack and stroke statistics and the importance of getting this information out to the public through marketing, advertising, social media and word of mouth.

8. New Business - None
9. Old Business - None
10. Chief of Staff – No Report
11. Consideration of Consent Calendar

Director Mizell requested clarification on policies in which Tri-City is referred to as Tri-City Medical Center vs. Tri-City Healthcare District. Ms. Candice Parras explained policies which are applicable to our off-site clinics fall under Tri-City Healthcare District versus those policies that apply solely in-house.

It was moved by Director Mizell and seconded by Director Sanchez to approve the Consent Calendar as presented.

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

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

12. Discussion of items pulled from Consent Calendar

There were no items pulled from the Consent Calendar

13. Comments by Members of the Public

There were no comments by members of the public.

14. Comments by Chief Executive Officer

Mr. Steve Dietlin, CEO thanked Director Younger for chairing today's meeting in Chairperson Chavez's absence. Mr. Dietlin concurred it is important, and everyone's responsibility, to get information out to the public on the many designations and awards Tri-City receives for excellent clinical care as well as our Heart and Stroke Center designation. He emphasized that time matters for cardiac and stroke.

Mr. Dietlin gave a special welcome to Dr. Henry Showah, TCMC's Chief of Staff who has been in leadership roles at the hospital for a long time and has always been a collaborative team member.

Mr. Dietlin commented on the great reports and speakers today. He stated it takes everyone working together in a collaborative manner including the Medical Staff, clinical and non-clinical employees, the Foundation, Auxiliaries, Community Leaders and public Board to advance the health and wellness of the community we serve.

With regard to our stand-alone Psychiatric Health Facility (PHF) we are currently awaiting a grading permit and continue to work collaboratively with the county on this project.

Lastly, Mr. Dietlin reported bids will be coming forward to the Board shortly for our ED renovation which should allow us to get the project in the construction phase in partnership with the Foundation.

15. Board Communications

Director Gleason welcomed Dr. Showah into his new role as Chief of Staff. She stated Dr. Showah is an exceptional physician and will do a great job as Chief of Staff.

Director Gleason thanked Rita Geldert for the Foundation report and also expressed her appreciation to the Foundation for their fundraising efforts on the ED remodel and MRI project, both of which are vital to this hospital and community. Director Gleason thanked Aaron Byzak for his fabulous report which truly reflects the transformation of the hospital and all the great things Tri-City is doing. Director Gleason acknowledged Cassie Klapp, Marketing & Communications Manager and the newest addition to Mr. Byzak's staff. Lastly Director Gleason thanked Dr. Ma for his very informative report.

Director Mizell commented on the excellent reports given today. He stated he sees great improvements and is also appreciative of the hard work that goes into updating the hospital and outpatient policies and procedures.

Director Chaya reiterated comments made by Director Gleason. She stated she had the pleasure of meeting the Marketing team at the recent Carlsbad Business Awards Event and the team does a tremendous job in marketing and making us a trusted leader in the community.

Director Sanchez thanked everyone for their informative updates. She encouraged the sharing of this type of information with staff as well as internal and external affairs so that everyone is aware of the wonderful care and services performed at Tri-City Medical Center.

Director Coulter shared two positive patient experiences from individuals he knows personally.

16. Report from Vice Chairperson

Director Younger thanked everyone for their informative reports. She is pleased and appreciative that Aaron Byzak's team continues to spread news of the good work Tri-City is doing for our patients and community. Lastly, Director Younger stated she looks forward to working with Dr. Showah in his new role as Chief of Staff.

17. Adjournment

There being no further business Director Younger adjourned the meeting at 5:30 p.m.

Rocky J. Chavez, Chairperson

ATTEST:

Gigi Gleason, Secretary

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

**September 1, 2022 –2:00 o'clock p.m.
Via Teleconference**

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held via teleconference at 2:00 p.m. on September 1, 2022.

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 Marvin Mizell
Director Tracy M. Younger

Absent was Director Adela Sanchez

Also present via teleconference were:

Steve Dietlin, Chief Executive Officer
Ray Rivas, Chief Financial Officer
Jeff Scott, Board Counsel
Teri Donnellan, Executive Assistant

1. The Board Chairperson, Director Chavez, called the meeting to order at 2:00 p.m. with attendance as listed above.
2. Approval of agenda

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

3. Oral Announcement of Items to be discussed during Closed Session

Chairperson Chavez made an oral announcement of the items listed on the September 1, 2022 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included five (5) matters of Existing Litigation, Hearing on Reports of the Hospital Medical Audit or Quality Assurance Committees and Reports Involving Trade Secrets with dates of disclosure to be determined.

4. Motion to go into Closed Session

It was moved by Director Coulter and seconded by Director Gleason to go into Closed Session at 2:05 p.m. The motion passed (6-0-0-1) with Director Sanchez absent.

5. At 3:43 p.m. the Board returned to Open Session with attendance as previously noted.
6. Report from Chairperson on any action taken in Closed Session.
 - a) The Board in Closed Session directed counsel to take appropriate action to effectuate settlement of the Brianna Davis vs. Tri-City Medical Center, San Diego County Case No. 37-2020-00389996;
 - b) The Board in Closed Session directed counsel to take appropriate action regarding the Racquel Oceana vs. Tri-City Medical Center, San Diego County Case No. 37-2019-00065323;
 - c) Counsel provided the Board with an update on the Medical Acquisitions Company vs. Tri-City Medical Center, San Diego County Case No. 2014-00009108 and the Tri-City Healthcare District vs. Medical Acquisitions Company Case No. 2014000225;
 - d) Counsel and Management also provided the Board with an update on the Tri-City Healthcare District vs. Palomar Health San Diego County Case No. 37-2022-00003950; and
 - e) The Board also heard Reports relating to Quality Assurance and Trade Secret matters and took no action.

7. Adjournment

Chairperson Chavez adjourned the meeting at 3:35 p.m.

Rocky J. Chavez
Chairperson

ATTEST:

Gigi Gleason
Secretary

Building Operating Leases
Month Ending August 31, 2022

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	Lease Term		Services & Location	Cost Center
					Beginning	Ending		
6121 Paseo Del Norte, LLC 6128 Paseo Del Norte, Suite 180 Carlsbad, CA 92011 V#83024	Approx 9,552	\$3.59	(a)	65,295.66	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)	5,446.75	07/01/17	07/31/24	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)	20,197.50	07/01/20	06/30/25	PCP Clinic Vista 1926 Via Centre Drive, Ste A Vista, CA 92081	7090
CreekView Orthopaedic Bldg, LLC 1958 Via Centre Drive Vista, CA 92081 V#83025	Approx 4,995	\$2.50	(a)	17,473.44	07/01/17	06/30/27	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)	7,169.67	04/01/20	03/31/23	La Costa Urology 3907 Waring Road, Suite 4 Oceanside, CA 92056	7082
Mission Camino LLC 4350 La Jolla Village Drive San Diego, CA 92122 V#83757	Approx 4,508	\$1.75	(a)	15,268.06	09/01/21	08/31/31	Seaside Medical Group 115 N EL Camino Real, Suit A Oceanside, CA 92058	7094
500 W Vista Way, LLC & HFT Melrose P O Box 2522 La Jolla, CA 92038 V#81028	Approx 7,374	\$1.67	(a)	12,948.48	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)	39,237.00	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 92023 V#83589	Approx 3,864	\$3.45	(a)	14,867.90	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	08/31/22	Pulmonary Specialists of NC 3231 Waring Court Suit D Oceanside, CA 92056	7088
Total				225,006.78				

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

**Education & Travel Expense**
Month Ending August 2022

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
8740	STRIMPLE, MARGARET	81122 EDU	110.00	65658	STRIMPLE, MARGARET
8740	OZBUN, CINDI	81822 EDU	1,332.25	78644	OZBUN, CINDI
8740	LEMIEUX, MICHELLE	82522 EDU	150.00	81808	LEMIEUX, MICHELLE
8740	O'GRADY, MAUREEN	81822 EDU	125.00	82014	O'GRADY, MAUREEN
8740	CATACUTAN, MARY JENNIFER	22822EDU	150.00	82051	CATACUTAN, MARY JENNIFER
8740	ORENCIA, RIZALINA	81122EDU	150.00	82702	ORENCIA, RIZALINA
8740	STAVROULA STELLA ALATZAS	80322EDU	105.00	83900	STAVROULA STELLA ALATZAS
8740	JOSHUA SMILEY	80322EDU	2,500.00	84098	JOSHUA SMILEY
8740	KING CHELSEY	80322EDU	186.20	84144	KING CHELSEY
8740	GEORGE, CONNIE J.	81822 EDU	115.00	29219	GEORGE, CONNIE J.

**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.