TRI-CITY HEALTHCARE DISTRICT AGENDA FOR A REGULAR MEETING

January 26, 2023 – 3:30 o'clock p.m. Assembly Rooms 2 & 3 – Eugene L. Geil Pavilion 4002 Vista Way, Oceanside, CA 92056

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

2 Roll Call / Pledge of Allegiance 3 Approval of Agenda 2 min Standa 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. 5 Reports – Information Only a) Auxiliary Scholarship Report – Scholarship Committee Chair b) Radiology Update – Dr. Gene Ma, Chief Medical Officer 6 December 2022 Financial Statement Results 7 New Business a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.		Agenda Item	Time Allotted	Requestor
Approval of Agenda Approval of Agenda 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. Reports – Information Only a) Auxiliary Scholarship Report – Scholarship Committee Chair b) Radiology Update – Dr. Gene Ma, Chief Medical Officer Beach Scholarship Report – Scholarship Committee Chair chair Scholarship Report – Scholarship Committee Chair b) Radiology Update – Dr. Gene Ma, Chief Medical Officer New Business a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Execution		Call to Order	3 min.	Standard
4 Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications. 5 Reports – Information Only a) Auxiliary Scholarship Report – Scholarship Committee Chair b) Radiology Update – Dr. Gene Ma, Chief Medical Officer 10 min. CMO 6 December 2022 Financial Statement Results 10 min. CFO 7 New Business a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.	2	Roll Call / Pledge of Allegiance		
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. 5 Reports – Information Only a) Auxiliary Scholarship Report – Scholarship Committee Chair b) Radiology Update – Dr. Gene Ma, Chief Medical Officer 15 min. CMO 6 December 2022 Financial Statement Results 7 New Business a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.	3	Approval of Agenda	2 min	Standard
a) Auxiliary Scholarship Report – Scholarship Committee Chair b) Radiology Update – Dr. Gene Ma, Chief Medical Officer 15 min. CMO December 2022 Financial Statement Results 10 min. CFO New Business a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.	4	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.	2 min.	Standard
b) Radiology Update – Dr. Gene Ma, Chief Medical Officer December 2022 Financial Statement Results 10 min. CFO New Business a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.	5	Reports – Information Only		
December 2022 Financial Statement Results New Business a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.		a) Auxiliary Scholarship Report – Scholarship Committee Chair	10 min.	B. McElliott
7 New Business a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.		b) Radiology Update – Dr. Gene Ma, Chief Medical Officer	15 min.	СМО
a) Consideration of nomination to serve on the San Diego Local Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.	6	December 2022 Financial Statement Results	10 min.	CFO
Agency Formation Commission (LAFCO) as a Regular and Alternate Special District Member b) Consideration of Resolution No. 822, a Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.	7	New Business	<u></u>	
Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain Actions in Connection Therewith.		Agency Formation Commission (LAFCO) as a Regular and Alternate	5 min.	Chair
B Old Business - None		Directors of Tri-City Healthcare District Authorizing Termination of the North San Diego County Health Facilities Financing Authority: Approving the Form of, and Authorizing the Execution and Delivery of a Termination Agreement and Authorizing the Taking of Certain	10 min.	Board Counsel/CFO
	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		Consideration of January 2023 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Practitioners as recommended by the Medical Executive Committee on January 23, 2023 1. Consideration of Clinical Privilege Request Form –	5 min.	cos
10		Orthopaedic Surgery		
10	Consei	Approval of the renewal of the Emergency Department On-Call Coverage Panel for Cardiology STEMI and general service to include Mihir M. Barvalia, M.D., Jesse J. Naghi, M.D., Dimitri A Sherev, M.D., for a term of 24 months, beginning February 1, 2023 and ending January 31, 2025, at a shared panel total term cost not to exceed \$950,300.	10 min.	Standard
	2)	Approval of the renewal of the Cesarean Section Assistant Call Panel with services provided by Coastal Surgical Physician Assistants, Inc. (Chris Crespo, PA-C), North County Physician Assistant Solutions Corporation (James Hamilton, PA-C) and Next Level Physician Assistant Services (Stephanie Wallace, PA-C), for a term of 12 months, beginning January 1, 2023 and ending December 31, 2023, with an annual and total term cost not to exceed \$172,800.		
	3)	Approval of the Office Lease Agreement with 3907 Waring Road MOB, LLC for a 25-month term beginning March 1, 2023, ending March 31, 2025, for a monthly expense of \$7,209.02 and a total expense for the 25-month term of \$232,841.56.		
	4)	Approval of a Physician Recruitment Agreement for Robert Shapiro, M.D. for a term of 24 months, beginning March 1, 2023 and ending February 23, 2025. This agreement is not to exceed a total amount for relocation assistance of \$5,000 and a sign-on bonus of \$30,000, for a total expenditure of \$35,000 in the form of a loan to be forgiven over a 24-month period.		
	5)	Approval of the renewal of an agreement with Dr. Richard Smith, as Medical Director of the Antimicrobial Stewardship Program for a term of 36 months, beginning January 1, 2023 and ending December 31, 2025, at an hourly rate of \$175, for an annual cost not to exceed \$52,500 and a total three-year term cost not to exceed \$157,500.		
	6)	Administrative Committees A. Policies 1. Patient Care Services Policies & Procedures a) Automatic External Defibrillator, Philips Policy 2. Administration 400 Human Resources a) Performance Evaluations – 426		

	Agenda Item	Time Allotted	Requestor
	b) 4066 Bioterrorism Response Plan Emergency Preparedness Management – RETIRED/Incorporated into existing policy		
	 4. Engineering a) Access to Secured Doors b) Documentation of Site Facility Utility Systems - RETIRED/Incorporated into existing policy c) Fire Smoke Management System - RETIRED/Incorporated into existing policy d) Handling and Use of Compressed Gas Cylinders e) Infection Control 6000 - RETIRED/Incorporated into existing policy f) Interim Life Safety Program 5011 g) Kitchen Hood Fire Extinguishing System - RETIRED/Incorporated into existing policy h) Management of Portable Fire Extinguishers - RETIRED/Incorporated into existing policy 		
	5. Food & Nutrition a) Food Service Restrictions for Infectious Disease Policy		
	6. Mammography a) Enhancing Quality using the Inspection Program (EQUIP) Policy b) Implants Policy c) Quality Control (QC) Policy d) Report Inclusions Policy e) Retake Repeat Analysis Policy f) Standardized Labeling of Mammograms Policy	; ;	
	7) Minutes a) Regular Meeting – December 15, 2022 b) Special Meeting – December 15, 2022 c) Special Meeting – December 28, 2022 d) Special Meeting – January 10, 2023		
	8) Meetings and Conferences – None		
	9) Dues and Memberships – None		
	 10) Reports – (Discussion by exception only) a) Lease Report – (December, 2022) b) Reimbursement Disclosure Report – (December, 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

	Agenda Item	Time Allotted	Requestor
16	Total Time Budgeted for Open Session	1.5 hours	
17	Adjournment		





CALL FOR NOMINATIONS

December 19, 2022

TO: Independent Special Districts in San Diego County

FROM: Tamaron Luckett, Commission Clerk

SUBJECT: Call for Nominations |

Regular and Alternate Special District Member Election on LAFCO

This notice serves as a call to nominations pursuant to Government Code Section 56332(1) to solicit (a) one regular and (b) one alternate special district member to serve on the San Diego Local Agency Formation Commission (LAFCO). The term is four years and commences on May 1, 2023. The incumbent holders - Barry Willis, regular with Alpine Fire Protection District and David Drake, alternate with Rincon del Diablo Municipal Water District are expected to seek nomination and run for a new term. Additional details follow.

Eligibility

Candidates eligible for election must be members of the legislative body of an independent special district who reside within San Diego County but may not be members of the legislative body of a city or county.

Authorized Nominations

State Law specifies only the presiding officer or their alternate as designated by the governing board must sign the nomination form. Attached are nomination forms for the LAFCO regular special district member (Attachment A) and LAFCO alternate special district member (Attachment B).

Submittal Process and Deadline

Signed nominations and a limited two-page resume indicating the candidate's District and LAFCO experience must be returned to San Diego LAFCO no later than Tuesday, February 21, 2023. Nominations received after this date will be invalid. Nominations

Administration Keene Simonds, Executive Officer County of San Diego 2550 Fifth Avenue, Suite 725 San Diego, California 92103-6624 T 619.321.3380 F 619.404.6508 www.sdlafco.org

Chair Ivo Dasmond Joul Anderson County of San Diego Nora Vargas, Alt County of San Diego City Representative City Representative Kristi Becker, Alt. City of Solona Beach

Marant City representative Marni von Wilpert, Alt City of San Diego

In MacKanzia Andy Vandy drain Vista Irrigation **General Public** Barry Willis Harry Mathis, Alt Alpine Fire Protection General Public David A Drake, Alt.

Rincon del Diablo

San Diego LAFCO

Call for Nominations | San Diego Local Agency Formation Commission - Regular and Alternate Special District Member December 19, 2022

and resumes may be mailed to San Diego LAFCO Office at 2550 Fifth Avenue, Suite 725, San Diego, CA 92103-6624 or email to tamaron.luckett@sdcounty.ca.gov, include "Special District Call for Nominations 2023" and your "District Name" in the subject title, if necessary to meet the submission deadline, but the original form must be submitted.

After nominations and resumes are received it is anticipated a candidate's forum will be held in conjunction with the California Special Districts Association Quarterly Dinner with confirmation being provided under separate/future cover. Election materials will be mailed out no later than Friday, February 24, 2023 unless otherwise communicated by the LAFCO Executive Officer. Should you have any questions, please contact me at 619-321-3380.

Attachments:

1) Nomination form – LAFCO regular and alternate special district member

ATTACHMENT B

NOMINATION OF THE SPECIAL DISTRICT REPRESENTATIVE FOR THE SAN DIEGO LOCAL AGENCY FORMATION COMMISSION ALTERNATE MEMBER

The =		is pleased to nominate	as a
	Name of Independent Special District)		of Candidate)
Cand mem	date for the San Diego Loc per with a term expiring 202	tal Agency Formation Commission as an a	lternate special district
As pr certif	esiding officer or his/her de y that:	elegated alternate as provided by the gov	erning board, I hereby
•	The nominee is a member resides in San Diego Coun	er of a legislative body of an independent ty.	special district whom
(Pre	siding Officer Signature)		
	(Print name)		
	Polar * A p		
<u> </u>	(Date)		

PLEASE ATTACH RESUME FOR NOMINEE

- Limit two pages
- Must be submitted with Nomination Form

ATTACHMENT A

NOMINATION OF THE SPECIAL DISTRICT REPRESENTATIVE FOR THE SAN DIEGO LOCAL AGENCY FORMATION COMMISSION REGULAR MEMBER

The ______ is pleased to nominate _____ as a

(Name of Independent Spec	ial District)	(Name of Candidate)	
Candidate for the San Dieg with a term expiring 2027.		on Commission as a re	gular special district me	ember
As presiding officer or his certify that:	s/her delegated alterna	te as provided by the	e governing board, I h	iereby
The nominee is a resides in San Dieg	member of a legislativ go County.	e body of an indepe	ndent special district v	whom
(Presiding Officer Signature)				
(Print name)				
(Fruit inter)				
(Date)				

PLEASE ATTACH RESUME FOR NOMINEE

- Limit two-pages
- Must be submitted with Nomination Form.

TRI-CITY HEALTHCARE DISTRICT

RESOLUTION NO. 822

RESOLUTION OF THE BOARD OF DIRECTORS OF TRI-CITY HEALTHCARE DISTRICT AUTHORIZING TERMINATION OF THE NORTH SAN DIEGO COUNTY HEALTH FACILITIES FINANCING AUTHORITY; APPROVING THE FORM OF, AND AUTHORIZING THE EXECUTION AND DELIVERY OF, A TERMINATION AGREEMENT; AND AUTHORIZING THE TAKING OF CERTAIN OTHER ACTIONS IN CONNECTION THEREWITH.

WHEREAS, pursuant to a Joint Exercise of Powers Agreement, dated May 27, 2005 (the "JPA Agreement"), Palomar Health ("PH") and Tri-City Healthcare District ("Tri-City") created and established a joint exercise of powers entity known as the "North San Diego County Health Facilities Financing Authority" (the "Authority") with each of PH and Tri-City as the initial members of the Authority; and

WHEREAS, the Authority was established to provide for the sale of general obligation bonds or other bonds issued by a member of the Authority and for the purpose of facilitating the acquisition, maintenance, construction, altering or equipping of health facilities or other public capital improvements by the members of the Authority and the financing or refinancing of such health facilities or other public capital improvements through the issuance of bonds of the Authority; and

WHEREAS, on May 11, 2007, Grossmont Healthcare District ("Grossmont") became an additional member of the Authority in accordance with the provisions of the JPA Agreement; and

WHEREAS, PH, Tri-City and Grossmont are the only members of the Authority, and each member has no further need for the Authority and desires to terminate the JPA Agreement as permitted pursuant to the provisions of the JPA Agreement; and

WHEREAS, there has been prepared and presented to the Board of Directors of Tri-City (the "Board of Directors") a proposed form of termination agreement (the "Termination Agreement");

NOW, THEREFORE, BE IT RESOLVED THAT:

Section 1. Recitals. The foregoing recitals are true and correct, and this Board of Directors so finds and determines.

Section 2. Termination Agreement. The proposed form of Termination Agreement presented to this meeting is hereby approved. The Chief Executive Officer of Tri-City or the Chief Financial Officer of Tri-City (each an "Authorized Tri-City Representative"), is hereby authorized and directed, for and in the name of and on behalf of Tri-City, to execute and deliver a Termination Agreement, in substantially said form, with such changes therein as the

Authorized Tri-City Representative executing the same, with the advice of counsel to Tri-City, may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 3. Further Authorization; Ratification of Actions. Each Authorized Tri-City Representative, or any designee of either thereof, is authorized and directed to do any and all things and to execute and deliver any and all certificates, which such Authorized Tri-City Representative may deem necessary or advisable in order to carry out, give effect to and comply with the terms and intent of this Resolution.

Section 4. Effective Date. This Resolution shall take effect from the date of adoption hereof.

PASSED AND ADOPTED by the Board of Directors of Tri-City Healthcare District on the 26th day of January, 2023, by the following vote:

AYES:	
NOES:	
ABSENT:	
ABSTAINING:	
Ву	
	Rocky J. Chavez Chair, Board of Directors
Attested:	
Gigi S. Gleason	
Secretary, Board of Directors	



TRI-CITY MEDICAL CENTER MEDICAL STAFF INITIAL CREDENTIALS REPORT January 11, 2023

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 1/27/2023 - 12/31/2024)

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 1/27/2023 through 12/31/2024:

- BATASIN, Ma Lovely DO/Emergency Medicine (TeamHealth)
- BURKY, Christopher MD/Telepsychiatry (Array)
- HIRASUNA, Richard MD/Anesthesiology (ECHO)
- LAMPEN, Rhonda MD/Telepsychiatry (Array)
- LUHAR, Riya DO/Neurology (The Neurology Center)
- MURTHY, Nikhil MD/Neurosurgery (UCSD)
- NALABOFF, Kenneth MD/Teleradiology (StatRad)
- OVERMON, Allison MD/Anesthesiology (ECHO)
- SANBORN, Michelle MD/Telemedicine (Sound)
- TAVAKOLI, Sirpa MD/Psychiatry (Tri-City)



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - Part 1 of 3 January 11, 2023

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 02/01/2023 -01/31/2025)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 02/01/2023 through 01/31/2025, 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:

- BERDIIS, Farhouch, MD/Pediatric Cardiology/Active Affiliate
- CARROLL, Sarah, MD/Otolaryngology/Provisional
- EPNER, Steven, MD/Radiology/Active
- KRAK, Michael, MD/Pediatrics/Active
- KUSHNARYOV, Anton, MD/Otolaryngology/Active
- MAZAREL Rahele, DO/Obstetrics & Gynecology/Active
- MILLER, Nathan, MD/Pain Medicine/Active Affiliate

CHANGE OF STATUS:

CHAYA, Nina, MD/Anesthesiology/Active

UPDATE TO PREVIOUS REAPPOINTMENT:

- SUBRAMANIAN, Rupa, MD/Oncology/Active
- YUNG, Aaron, MD/Interventional Cardiology/Active

<u>RESIGNATIONS:</u>

Voluntary:

<u>BURZYNSKI</u>, <u>Margaret</u>, <u>MD/Anesthesiology</u>
 Voluntary resignation as requested by the practitioner effective 01/05/2023.

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 January 11, 2023

Attachment B

• DAIRO, Brandon, MD/Pain Medicine

Voluntary resignation as requested by the practitioner effective 04/14/2022.

• HOSALKAR, Harish, MD/Orthopedic Surgery

Voluntary resignation as requested by the practitioner effective 01/14/2023.

• KURIYAMA. Steve. MD/Infectious Disease

Voluntary resignation as requested by the practitioner effective 12/29/2022.

LEE, Margaret, MD/Diagnostic Radiology

Voluntary resignation as requested by the practitioner effective 06/15/2022.

OTARODI, Karimdad, MD/Orthopedic Surgery

Voluntary resignation as requested by the practitioner effective 11/22/2022.

PANICKER, Harish, MD/Teleradiology

Voluntary resignation as requested by the practitioner effective 02/28/2023.

SOHAL, Ravinder, MD/Teleradiology

Voluntary resignation as requested by the practitioner effective 12/05/2022.

• WINE, David, MD/Internal Medicine

Voluntary resignation as requested by the practitioner effective 12/31/2022.



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3 January 11, 2023

AUTOMATIC RELINOUISHMENT OF PRIVILEGES

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and therefore the listed privileges will automatically expire as of January 27, 2023

• LANE, Richard, MD

Neurology

ADDITIONAL PRIVILEGE REQUEST (Effective 1/27/2023)

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

• MADHAV, Sandip, MD

Pain Medicine & Rehab



TRI-CITY MEDICAL CENTER CREDENTIALS COMMITTEE REPORT – Part 3 of 3 January 11, 2023

PROCTORING RECOMMENDATIONS

Any items of concern will be "red" flagged in this report.

• BANSAL, Preeti, MD	Pediatric Ophthalmology
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• HOANG, Ngoc, MD Emergency

LIN, Yuan, MD Cardiothoracic

• MacINTYRE, Elizabeth, MD Pediatric

• MORNEAU, Leonard, MD Radiology

• NAGHI, Jesse , MD Cardiology

• ROEDER, Zachary, MD Radiology

• RUTTENBERG, Todd, MD Emergency

• SUPAT, Benjamin, MD Emergency

• YOSHII-CONTRERAS, June, MD Neurology



TRI-CITY MEDICAL CENTER INTERDISCIPLINARY PRACTICE COMMITTEE REPORT January 16, 2023

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 1/27/2023 - 10/31/2024)

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 1/27/2023 through 10/31/2024.

- CHISLUM, Runa CRNA/Allied Health Professional (ECHO)
- REECE, Charla NP/Allied Health Professional (Vituity)
- REUSCH, Kevin PA/Allied Health Professional (OSNC)



INTERDISCIPLINARY PRACTICE REAPPOINTMENT CREDENTIALS REPORT - Part 1 of 1 January 16, 2023

Attachment B

BIENNIAL REAPPRAISALS: (Effective Dates 2/1/2023 - 1/31/2025)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 2/1/2023 through 1/31/2025, 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:

- BISHOP, Leslie, NP/Allied Health Professional
- FISHER-GAMEZ, Lori, NP, RNFA/Allied Health Professional
- FROST, Robert, PA/Allied Health Professional
- KING, John, AuD/Allied Health Professional
- LUU. lackie. PA/Allied Health Professional
- ROSS, Jessica, NP/Allied Health Professional

RESIGNATIONS: (Effective date 01/31/2023 unless otherwise noted)

Automatic:

HAMMONDS, Tommy, PAC/Allied Health Professional

Voluntary:

- IARAMILLO, Elizabeth, AuD/Allied Health Professional
- SIKICH. Michael. PAC/Allied Health Professional Health
 Voluntary resignation as requested by the practitioner effective 11/14/2022.



TRI-CITY MEDICAL CENTER INTERDISCIPLINARY PRACTICE COMMITTEE REPORT – Part 3 of 3 January 16, 2023

PROCTORING RECOMMENDATIONS

• GRAYDON, Cassie NP Allied Health Professional

MORAN, Bridget CNM
Allied Health Professional



Provider Name:

Clinical Privilege Request Form

Orthopaedic Surgery - (Revised 1/23)

lequest	Privilege
	CRITERIA FOR OBTAINING PRIVILEGES : Must be Board Certified within the first 36 months of Board Eligibility, actively pursuing certification by the American Board of Orthopedic Surgery, or able to demonstrate comparable ability, training and experience. Documentation of training must be provided for additional privileges requested and proctoring of the additional privileges will apply as stated under each privilege.
	SITES: All privileges may be performed at 4002 Vista Way, Oceanside, CA 92056. Privileges annotated with (F) may be performed at 3925 Waring Road, Suite C, Oceanside CA 92056. All practitioners who currently hold the privilege to "consult" and/or "perform a history and physical examination" may also perform these privileges via telemedicine.
	Admit Patients
_	Consultation, including via telemedicine (F)
_	Perform History & Physical Exam, including via telemedicine (F)
	BASIC ORTHOPEDIC PRIVILEGES Initial Criteria: See Basic Qualifications
	Repair Lacerations (F)
_	Foreign Body Removal (F)
_	Manipulation Joints
	Tendon Surgery
	Biopsy (Bone / Soft Tissue)
_	Soft Tissue Management (Debridement) (F)
	Carpal Tunnel Release
	Skin Grafts
_	Chymopapain
_	Amputations
	ADVANCED ORTHOPEDIC PRIVILEGES For Initial, Reappointment and Proctoring criteria see above privilege requested.

Initial: Prerequisite would include evidence of training in residency and/or fellowship of arthroscopic experience, documented by Director of Program and/or documented past case experience, including operative reports and/or

and 20 cases submitted from the last 12 months.

documentation of continuing education course in arthroscopic surgery including motor skill which is approved for CME Credit

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Orthopaedic Surgery - (Revised 1/23)

Provider Name:

Request	Privilege
	Proctoring: Two (2) cases Reappointment: Four (4) cases per two year reappointment cycle
_	Arthroscopy Surgery for Knee, Shoulder, Elbow, Hand, Ankle, Wrist & Hip Joints
	Initial: Criteria as stated above Proctoring: (2) cases must be proctored Reappointment: (4) cases are required per every two year reappointment cycle
_	Ligament Reconstruction
	Initial: Criteria as stated above Proctoring: (2) cases must be proctored Reappointment: (4) cases are required per every two year reappointment cycle
	Bone Grafting
	Arthrodesis of Extremities
	Initial: Criteria as stated above Proctoring: (2) cases must be proctored Reappointment: (4) cases are required per every two year reappointment cycle
 2	Peripheral Nerve Surgery (Ulnar/Sural Nerves Decompression) Initial: Criteria as stated above Proctoring: (2) cases must be proctored Reappointment: (4) cases are required per every two year reappointment cycle
_	Osteotomy
	EXTREMITY-FRACTURES: Initial: Criteria as stated above Reappointment: A total of (4) procedures from this category are required for recredentialing of the entire category of procedures.
	Internal Fracture Fixation (includes joint hemiarthroplasty for fracture repair)
-	External Fracture Fixation (includes joint hemiarthroplasty for fracture repair)
_	Fracture Treatment of hand
-	Pelvic Fracture Care (Open / Closed)
	EXTREMITY-DISLOCATION: Initial: Criteria as stated above
_	Internal Fixation, Dislocation



Orthopaedic Surgery - (Revised 1/23)

Request	Privilege
_	External Fixation, Dislocation
	TOTAL JOINT ARTHROPLASTY Initial: Initial criteria as stated above and (10) cases within the last 24 months or a list from Residency program. Proctoring: (2) cases from each type of arthroplasty need to be proctored. Separate proctoring requirements noted below for 'Shoulder, Arthroplasty'. Reappointment: A total of (4) procedures from this category are required for recredentialing of the entire category of procedures.
_	Ankle, Arthroplasty
_	Hip, Arthroplasty
_	Knee, Arthroplasty
	Shoulder, Arthroplasty Proctoring: Four (4) cases
_	Wrist, Arthroplasty
	BLUE BELT NAVIO PFS (BBN) GUIDED KNEE ARTHROPLASTY Criteria: BBN Primary Surgeon Initial: The surgeon must be currently privileged to perform underlying procedure without BBN guidance, AND have one of the following: a. Documentation of training in residency/fellowship and log of ten (10) cases; OR b. Certificate of completion of BBN or comparable hands-on training program and documentation of ten (10) cases beyond proctoring from another institution; OR c. Certificate of completion of BBN or comparable hands-on training program. Proctoring: a. & b. One (1) case concurrently proctored by a BBN credentialed/experienced/faculty physician c. Three (3) cases concurrently proctored by a BBN credentialed/experienced/faculty physician Reappointment: Four (4) cases per two-year reappointment cycle BBN Assistant Initial: One of the following: a. Currently privileged to perform BBN-guided knee arthroplasty; OR b. Currently privileged to assist in surgery AND documentation of completion of BBN or comparable hands-on training program. Proctoring: One (1) case concurrently proctored by a BBN credentialed/experienced/faculty physician.
	If the assistant is privileged to perform BBN-guided knee arthroplasty and has been released from proctoring in the surgeon role, no additional proctoring is required in the assistant role. Reappointment: Four (4) cases per two-year reappointment cycle
_	Assirt in Blue Bolt NavigRES (BBN) guided knee arthroplasty
_	Assist in Blue Belt NavioPFS (BBN) guided knee arthroplasty

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Orthopaedic Surgery - (Revised 1/23)

	er Name:
Request	Privilege
	MINOR TOTAL JOINT ARTHROPLASTY Initial: Criteria as stated above Proctoring: (2) cases from each type of arthroplasty need to be proctored Reappointment: A total of (4) procedures from this category are required for recredentialing of the entire category of procedures.
	Fingers, Arthroplasty
	Toes, Arthroplasty
	HAND SURGERY: Initial: Initial criteria as stated above and (10) cases within the last 12 months or a list from Residency program. Proctoring: (2) cases from this category need to be proctored Reappointment: A total of (4) procedures from this category are required for recredentialing of the entire category of procedures.
_	Microvascular Replantation (Hand)
	Microvascular / Tissue Transfer (Hand)
_	Nerve Repair of hand
_	Tendon Repair (flexor & extensor tendon repair hand)
_	Vascular lesion repair of extremities (Hand)
_	Vein graft to vascular lesion in extremities (Hand)
	SPINE: Initial: Initial criteria as stated above and (10) cases within the last 12 months or a list from Residency program. Proctoring: (2) cases from this category need to be proctored Reappointment: A total of (4) procedures from this category are required for recredentialing of the entire category of procedures.
	Cervical Discectomy
_	Implantables (i.e. spinal cord stimulator)
_	Laminectomy
	Pedicle Screw
_	Percutaneous and subcutaneous implantation of neurostimulator electrodes and pulse generator
	Plating
_	Spinal Fixation

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Orthopaedic Surgery - (Revised 1/23)

Request	er Name:
request	Privilege
	SPINAL ARTHRODESIS:
	Initial: Initial criteria as stated above Proctoring: (2) cases from this category need to be proctored
	Reappointment: A total of (4) procedures from this category are required for recredentialing of the entire category of
	procedures.
_	Cervical, Spinal Arthrodesis
-	Lumbar, Spinal Arthrodesis
	Thoracic, Spinal Arthrodesis
	FRACTURE TREATMENT OF THE SPINE:
	Initial: Initial criteria as stated above
_	Open Fracture Treatment of the Spine
_	Closed Fracture Treatment of the Spine
	CERVICAL FRACTURE TREATMENT:
	Initial: Initial criteria as stated above
_	Open Cervical Fracture Treatment
_	Closed Cervical Fracture Treatment
_	MAKO ROBOTIC-ARM ASSISTED SURGERY: Initial Criteria:
	Board Certified in Orthopaedic Surgery, or be actively pursuing the applicable certification
	2. Hands-on cadaveric training course certificate
	3. Evidence of ten (10) total joint replacement cases in the last 12-months
	Proctoring: Four (4) cases
	Reappointment: A total of six (6) cases
	MAZOR ROBOTIC SURGERY:
	Mazor robotic surgery - Refer to Credentialing Policy, Mazor Robotic Surgery #8710-566
_	Assist in Mazor robotic surgery - Refer to Credentialing Policy, Mazor Robotic Surgery #8710-566
	OTHER:
	Initial Criteria:
	1, MD or DO
	Complete ACGME/AOA accredited residency program and board certified/eligible in Orthopedic Surgery, Neurosurger Neuroradiology, or Radiology AND one of the following:
	a. Fellowship training in Spine Surgery or Interventional Radiology or;
	b. Current Competence in spine surgery or interventional spine procedures (10 cases in past two years without significant



Orthopaedic Surgery - (Revised 1/23)

est	Privilege
	complications) 3. Valid Fluoroscopy Supervisor and Operator permit. 4. Completed training in vertebral augmentation. Evidence of training may be provided via either a certificate of completion from the applicant's vertebral augmentation training program or letter of reference from the director/chief of spine surgery or interventional radiology where applicant currently or most recently has practiced.
	Proctoring: Five (5) cases performed during the first twelve (12) months after granting of the privilege by a member of the medical staff with unsupervised vertebral augmentation privileges.
	Reappointment: Ten (10) vertebral augmentation procedures performed during the reappointment cycle with acceptable success and complication rates.
	Vertebral Augmentation (Policy #534)
	Moderate Sedation - Refer to Medical Staff policy 8710-517
	Fluoroscopy in accordance with hospital policy (Refer to Medical Staff Policy #528 and 528A)
	Print Applicant Name
	Applicant Signature
	Date
	Division/Department Signature (By Signing this form I agree with the granting of these privileges indicated above.)
	Date



TCHD BOARD OF DIRECTORS DATE OF MEETING: January 26, 2023 ED ON-CALL COVERAGE FOR CARDIOLOGY, GENERAL & STEMI

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

Physician's Names: Mihir M. Barvalia, M.D., Jesse J. Naghi, M.D., Dimitri A. Sherev, M.D.

Area of Service: Emergency Department On-Call: Cardiology- General and STEMI

Term of Agreement: 24 months, Beginning February 1, 2023 – January 31, 2025

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

No change in rate; renewal of shared call panel

Service	Rate / Day	Maximum Annual Panel Cost	Maximum Total Term Cost
STEMI	\$1,000	\$365,000	\$731,000
General	\$300	\$109,500	\$219,300
		TOTAL:	\$950,300

Description of Services:

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

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

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

Motion:

I move that the TCHD Board of Directors authorize the renewal of the Emergency Department On-Call Coverage Panel for Cardiology STEMI and general services to include Mihir M. Barvalia, M.D., Jesse J. Naghi, M.D., Dimitri A. Sherev, M.D., for a term of 24 months, beginning February 1, 2023 and ending January 31, 2025, at a shared panel total term cost not to exceed \$950,300.



TCHD BOARD OF DIRECTORS DATE OF MEETING: January 26, 2023 CESAREAN SECTION ASSISTANT COVERAGE AGREEMENT

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

Vendors' Names:

Coastal Surgical Physician Assistants, Inc. (Chris Crespo-PA-C)

North County Physician Assistant Solutions Corporation (James Hamilton, PA-C)

Next Level Physician Assistant Services (Stephanie Wallace, PA-C)

Area of Service:

Cesarean Section Assistant

Term of Agreement:

12 months, Beginning, January 1, 2023 – Ending, December 31, 2023

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Rate/Day	Maximum Cost/Month	Annual / Term Cost (NTE		
\$360/12 hr. shift	\$14,400	\$172,800		

Description of Services/Supplies:

Shared call panel to provide support for Obstetricians for surgical assistants during Cesarean sections

Coverage includes nights, weekdays and both days and nights on Saturdays/Sundays

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

Person responsible for oversight of agreement: Melissa Terah, R.N, Director-Maternal/Child Services / Gene Ma, M.D., Chief Medical Officer

Motion:

I move that the TCHD Board of Directors authorize the renewal of the Cesarean Section Assistant Call Panel with services provided by Coastal Surgical Physician Assistants, Inc. (Chris Crespo, PA-C), North County Physician Assistant Solutions Corporation (James Hamilton, PA-C), and Next Level Physician Assistant Services (Stephanie Wallace, PA-C), for a term of 12 months, beginning January 1, 2023 and ending December 31, 2023, with an annual and total term cost not to exceed \$172,800.



TCHD BOARD OF DIRECTORS DATE OF MEETING: January 26, 2023

Office Lease Agreement Proposal - 3907 Waring Rd Ste. #2 (Oceanside MOB, LLC)

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

Landlord Name:

3907 Waring Rd MOB, LLC ("Landlord")

Premises:

3907 Waring Rd, Ste. #2, Oceanside, CA 92056 (3,262 sq. ft.)

Term of Agreement:

25 Months, Beginning, March 1, 2023 - Ending, March 31, 2025

Within Fair Market Value:

Yes (FMV was determined by Lease Comparables)

Rental Rate:	Monthly Expense
Rental Rate of \$2.21 per square foot, per month, (3,262 rentable sq. ft.) with a 3% rental increase after 12 months (-1 free month of rent, + 1-month security deposit)	\$7,209.02 YR 1 \$7,437.36 YR 2
Common Area Maintenance Fees – \$0.70 SF	\$2,283.40
Total 25 Month Term Expense Amount:	\$232,841.56

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

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

Motion:

I move that the TCHD Board of Directors authorize the Office Lease Agreement with 3907 Waring Rd MOB, LLC for a 25-month term beginning March 1, 2023, ending March 31, 2025. This proposal remains within the current fair market value rental rate of \$2.21 per square foot, plus monthly CAM fees of \$0.70 for a monthly expense of \$7,209.02, for a total expense for the 25-month term of \$232,841.56.



TCHD BOARD OF DIRECTORS DATE OF MEETING: January 26, 2023 PHYSICIAN RECRUITMENT AGREEMENT - UROLOGY

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

Physician's Name:

Robert H. Shapiro, M.D.

Area of Service:

Urology

Term of Agreement:

24 months, Beginning, March 1, 2023 - Ending, February, 28, 2025

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Term of	Relocation	Sign-On	Total (Term)
Loan	Assistance	Bonus	Cost
24 months	\$5,000	\$30,000	\$35,000

Position Responsibilities:

Physician will join the practice of North Coast Urology, Oceanside, CA, and will receive assistance under a
physician recruitment agreement in the form of a loan to be forgiven over a two-year (24 month) period, for
relocation assistance and sign-on bonus as long as physician remains practicing in the TCHD service area full
time.

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

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

Motion:

I move that the TCHD Board of Directors authorize through a Physician Recruitment Agreement for Robert Shapiro, M.D. for a term of 24 months beginning March 1, 2023 and ending February 28, 2025. This agreement is not to exceed a total amount for relocation assistance of \$5,000, and a sign-on bonus of \$30,000, for a total expenditure of \$35,000 in the form of a loan to be forgiven over a 24-month period.



TCHD BOARD OF DIRECTORS DATE OF MEETING: January 26, 2023

Medical Director for Antimicrobial Stewardship Program Agreement

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

Physician's Name:

Richard Smith, M.D.

Area of Service:

Antimicrobial Stewardship

Term of Agreement:

36 months, Beginning January 1, 2023 - Ending December 31, 2025

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Rate/Hour	Hours per Month	Hours per Year	Monthly Cost	Annual Cost	36 Month Term Cost
	Not to Exceed	Not to Exceed	Not to Exceed	Not to Exceed	Not to Exceed
\$175	25	300	\$4,375	\$52,500	\$157,500

Description of Services/Supplies:

- Provide medical direction for the Antimicrobial Stewardship Program
- Review inpatient antibiotic orders for appropriateness
- Provide guidance based on contemporary best practices for antimicrobial selection and substitutions
- Educate the hospital and medical staff on effective utilization of antimicrobial agents
- Attend and oversee the Antimicrobial Stewardship Committee meetings

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

Person responsible for oversight of agreement: Ellen Langenfeld, Director-Pharmacy / Gene Ma, M.D., Chief Medical Officer

Motion:

I move that the TCHD Board of Directors renew the agreement with Dr. Richard Smith as Medical Director of the Antimicrobial Stewardship Program for a term of 36 months, beginning January 1, 2023 and ending December 31, 2025, at an hourly rate of \$175, for an annual cost not to exceed \$52,500, and a total term cost not to exceed \$157,500.



ADMINISTRATION CONSENT AGENDA January 16th, 2023

CONTACT: Candice Parras, CPCS

Policies and Procedures	Reason	Recommendations
Patient Care Services Policies & Procedures		Recommendations
Automatic External Defibrillator, Philips Policy	NEW	Forward to BOD for Approval
Administrative 400 Human Resources		YEAR SHOWING SERVICE
1. Performance Evaluations - 426	3 year review, practice change	Forward to BOD for Approval
Emergency Operation Procedure (EOP) Manual	2 V 333 W 1 1 1 0	A SAME TO SAME
1. 4016 Community Planning Resources	3 year review, practice change	Forward to BOD for Approval
4066 Bioterrorism Response Plan Emergency Preparedness Management	RETIRE	Forward to BOD for Approval
Engineering		
Access to Secured Doors	3 year review, practice change	Forward to BOD for Approval
2. Documentation of Site Facility Utility Systems	RETIRE	Forward to BOD for Approval
3. Fire Smoke Management System	RETIRE	Forward to BOD for Approval
4. Handling and Use of Compressed Gas Cylinders	3 year review	Forward to BOD for Approval
5. Infection Control 6000	RETIRE	Forward to BOD for Approval
6. Interim Life Safety Program 5011	3 year review, practice change	Forward to BOD for Approval
7. Kitchen Hood Fire Extinguishing System	RETIRE	Forward to BOD for Approval
8. Management of Portable Fire Extinguishers	RETIRE	Forward to BOD for Approval
Food & Nutrition		
Food Service Restrictions for Infectious Disease Policy	3 year review	Forward to BOD for Approval
Mammography		
 Enhancing Quality using the Inspection Program (EQUIP) Policy 	3 year review	Forward to BOD for Approval
2. Implants Policy	3 year review	Forward to BOD for Approval
3. Quality Control (QC) Policy	3 year review	Forward to BOD for Approval
4. Report Inclusions Policy	3 year review	Forward to BOD for Approval
5. Retake Repeat Analysis Policy	3 year review	Forward to BOD for Approval
6. Standardized Labeling of Mammograms Policy	3 year review	Forward to BOD for Approval



PATIENT CARE SERVICES

Checks, Philips

ISSUE DATE: NEW SUBJECT: Automatic External Defibrillator

REVISION DATE:

Patient Care Services Content Expert Approval: 11/22 **Clinical Policies & Procedures Committee Approval:** 11/22 Nursing Leadership Approval: 01/23 Medical Staff Department/Division Approval: n/a Pharmacy & Therapeutics Committee: n/a **Medical Executive Committee Approval:** n/a Administration Approval: 01/23 **Professional Affairs Committee Approval:** n/a

Board of Directors Approval:

A. POLICY:

- The Automatic External Defibrillator (AED) shall be checked daily by a licensed healthcare
 provider or designee trained to perform visual checksidentified by the Tri-City Hospital District
 (TCHD) department during business hours.
- AEDs shall be stored in designatedsecured locations.
- Verification of the AED checks will be documented by date and signatures on the AED Checklist.
 - a. A licensed healthcare provider or designee will write "Department-Closed" on the checklist to identify the dates when the department is closed.
- 4. AED checks on a closed department do not require checking until the unit is re-opened.
- AED routine maintenance visual checks shall be completed daily.
- 6. Daily manual checks are not required as long as the Ready indicator light is green and blinking e.g., flashing.
 - a. The Ready Indicator Light is located above the On/Off button.
 - The color and presence of the Ready indicator light is defined as follows:
 - Green blinking light indicates the daily automatic self-test is completed
 - Solid green light (the light is not blinking) indicates the automatic self-test is in progress
 - Ready light off and emitting a series of single chirps and the i-button (information button) is flashing – a self-test error occurs. Press the ibutton for instructions.
 - 4) Ready light off and the AED is not chirping and the i-button is not flashing – check the battery. Contact Biomedical Engineering (Biomed) for a replacement battery.
 - Ready light off and there are a series of triple chirps, contact Biomedical Engineering (Biomed).
 - Ready light off and there are no chirps contact Biomed.
- 7. The AED automatic daily self-test checks the following:
 - a Battery
 - Connected SMART Pads
 - Internal circuitry
- 8. If the AED needs to be used during a self-test, turn the AED off by pressing the ON/OFF button to stop the test. Then press the ON/OFF button to turn the AED on to use.

B. PROCEDURE:

- Daily Visual Checks
 - a. Check the Ready Indicator Light
 - i. Ensure the light is green and blinking
 - ii. Check the expiration date on the SMART Pads. Discard expired SMART Pads replace the pads immediately.
 - iii. Ensure the SMART Pads case is closed
 - If the SMART Pads case is open, the AED assumes that it is being used and will not run the self-test
 - iv. Ensure a set of pads are connected to the defibrillator
 - The SMART Pads must be connected to the AED in order for the automatic self-test to be performed.
 - When the defibrillator pads are not connected to the defibrillator, the defibrillator will start chirping and the i-button located on the front of the defibrillator will start flashing
 - b. Ensure two (2) packs of SMART Pads (appropriate for department patient type) are in the AED carrying case (except for neonatal care units)
 - c. Check battery expiration date. Contact Biomed to replace expired battery.
 - e.d. Document the checks on the AED Checklist.
- 2. AED Battery Insertion Checks
 - a. Battery insertion self-test should only be performed when the AED:
 - i. Is first put into service
 - ii. Each time the defibrillator is used to treat a patient
 - iii. Battery is replaced
 - iv. AED may have been damaged
- 3. Manual AED checks may be performed any time by removing the battery for 5 seconds then reinstalling the battery. The test will take one minute

C. FORM(S):

1. Tri-City Medical Center Automatic External Defibrillator (AED) Checklist

D. RELATED DOCUMENT(S):

- Patient Care Services (PCS) Policy: Rapid Response Team
- 2. PCS Procedure: Malignant Hyperthermia Management

E. REFERENCE(S):

- 1. Philips Medical System. (2019). Heartstart FRx Defibrillator Owner's Manual. 861304, Edition 14.
- 1.2. Phillips Medical System (2021, Sept). Phillips HeartStart AED: HeartStart trx AED Demo.



Tri-City Medical Center Automatic External Defibrillator (AED) CHECKLIST

Instructions:

- Complete Visual Checks once a day to ensure the Automatic Daily Self-Test is completed.
- Check the following:
 - Ready Light is green and blinking e.g., flashing If Ready Light is not blinking, notify Bio Med immediately.
- Ensure one (1) extra pack of AED pads appropriate for department patient type are in the AED carrying case (except for neonatal cart)
- Ensure pads are not expired. Contact Supply Chain Management (Materials) to replace the pads.
- Ensure battery not expired. Contact Biomed to replace battery.

Department:	Month and Year:
•	

Day Daily Visual Check Completed Pads Checked Eattery Expiration Checked Checked					Signature
Completed	Day	Daily Visual Check	Dade Charles		
Yes / No	Day	Completed	rads Checked	1	
2 Yes / No Yes / No Yes / No 3 Yes / No Yes / No Yes / No 4 Yes / No Yes / No Yes / No 5 Yes / No Yes / No Yes / No 6 Yes / No Yes / No Yes / No 7 Yes / No Yes / No Yes / No 8 Yes / No Yes / No Yes / No 9 Yes / No Yes / No Yes / No 10 Yes / No Yes / No Yes / No 11 Yes / No Yes / No Yes / No 12 Yes / No Yes / No Yes / No 13 Yes / No Yes / No Yes / No 14 Yes / No Yes / No Yes / No 15 Yes / No Yes / No Yes / No 16 Yes / No Yes / No Yes / No 17 Yes / No Yes / No Yes / No 19 Yes / No Yes / No Yes / No 20 Yes / No					
3 Yes / No Yes / No Yes / No 4 Yes / No Yes / No Yes / No 5 Yes / No Yes / No Yes / No 6 Yes / No Yes / No Yes / No 7 Yes / No Yes / No Yes / No 8 Yes / No Yes / No Yes / No 9 Yes / No Yes / No Yes / No 10 Yes / No Yes / No Yes / No 11 Yes / No Yes / No Yes / No 12 Yes / No Yes / No Yes / No 13 Yes / No Yes / No Yes / No 14 Yes / No Yes / No Yes / No 15 Yes / No Yes / No Yes / No 16 Yes / No Yes / No Yes / No 17 Yes / No Yes / No Yes / No 19 Yes / No Yes / No Yes / No 20 Yes / No Yes / No Yes / No 21 Yes / No	-	<u> </u>	-	Yes / No	
4 Yes / No Yes / No Yes / No Yes / No S Yes / No Yes / No		Yes / No	Yes / No	Yes / No	
5 Yes / No Yes / No Yes / No 6 Yes / No Yes / No Yes / No 7 Yes / No Yes / No Yes / No 8 Yes / No Yes / No Yes / No 9 Yes / No Yes / No Yes / No 10 Yes / No Yes / No Yes / No 11 Yes / No Yes / No Yes / No 12 Yes / No Yes / No Yes / No 13 Yes / No Yes / No Yes / No 14 Yes / No Yes / No Yes / No 15 Yes / No Yes / No Yes / No 16 Yes / No Yes / No Yes / No 17 Yes / No Yes / No Yes / No 18 Yes / No Yes / No Yes / No 20 Yes / No Yes / No Yes / No 21 Yes / No Yes / No Yes / No 22 Yes / No Yes / No Yes / No 23 Yes / No	3	Yes / No	Yes / No	Yes / No	
6	4	Yes / No	Yes / No	Yes / No	
7	5	Yes / No	Yes / No	Yes / No	
8	6	Yes / No	Yes / No	Yes / No	
9	7	Yes / No	Yes / No	Yes / No	
10	8	Yes / No	Yes / No	Yes / No	
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	31	Yes / No			

Reference: Philips Automatic External Defibrillator Checks

HEARTSTART FRx AED Daily Visual Checks

Daily Visual Checks

Instructions: Check AED once a day. Document Visual Checks completed on the AED Checklist per policy.

- 1. Check the Ready Light Indicator light should be Green and blinking (flashing)
- 2. If the Green indicator light is not blinking, this indicates the daily automatic self-test is in progress.
 - a. Wait 1 -2 minutes to allow the AED to complete the daily check.
- 3. Check expiration date on SMART Pads
 - a. Discard and replace expired pads
- 4. Ensure the SMART Pads case is closed
- 5. Ensure a set of SMART Pads are connected to the defibrillator
- 6. Ensure one extra pack of SMART Pads are in the AED
 - a. Ensure package is seal. Replace damage or opened package.
- 7. Check battery expiration date. If batteries are expired contact Biomed.
 - a. Do not remove battery for daily visual checks.
- 8. Document the date and your signature on the AED checklist.

Troubleshooting points

- 1. Ready light is off and emitting a series of single chirps and the i-button (information button) is flashing a self-test error occurred. Press the i-button for instructions.
- 2. Contact Biomed for the following:
 - a. Ready Light is Off and the AED is not chirping and the i-button is not flashing check battery.
 - i. Contact Biomed to obtain a replacement battery.
 - b. Ready Light is ON and there are a series of triple chirps.
 - c. Ready Light is OFF and there are no chirps

References:

- Philips Automatic External Defibrillator Checks.
- Phillips Heartstart FRx Defibrillator Owners' Manual 861304 Edition 14

10/2022



HEARTSTART FRX DEFIBRILLATOR

Daily Visual Checks

Skills Checklist (Automatic External Defibrillator {AED})

Date:	Name: [Department / Unit:	t / Unit:		
	SKILL	PASS	RETEST		
HeartStart	FRx Defibrillator (AED) Overview	TARES - VIIII-T-			
• Loc	rates the Following				
	Ready Indicator Light				
	Information Button (i-button)				
	o Pads icons				
	o Caution Light				
	 Shock Button 				
	o Pads Connector Port				
	o Infant / Child Key Slot				
	o SMART Pads II Case				
	Extra SMART Pads Package		-		
	o Battery – Change batteries when the AED alerts you				
Daily Visua	al Checks				
• Che	eck the Ready Light Indicator				
	 Indicator Light Should be Green and Blinking 				
• Che	ck expiration date on SMART Pads				
• Ens	ure the SMART Pads case is closed				
• Ens	ure a set of SMART Pads are connected to the defibrillate	or			
	ure one extra pack of SMART Pads are in the AED				
	ck battery expiration date				
	spection Checks				
	tes when the battery insertion self-test should be perform	med			
	When AED is first put into service				
	Each time the AED is used to treat a patient	788			
	AED may have been damaged				
Manual AE		1111			
• Stai	tes when manual checks may be performed				
	tes how to perform manual battery checks		<u> </u>		
	 Remove the battery for five (5) seconds then reinstal 	Il hattery	1		
• Stat	tes how long the test will take	n sattery			
	Test will take one (1) minute				
Infant /Chi	ld Defibrillation Mode				
	tes how to change AED to infant / child mode				
	o Insert the infant child key (keys are available only in	denartments /			
	units with infant or children patient populations)	acpartificitis /			
·	 Press the green on/off button and follow the voice in 	estructions	1		
		IJG GCGOH3			
		/			

Validator Signature

Tri-City Medical Center 10.2022

Validator Name

Date



ADMINISTRATIVE POLICY MANUAL **HUMAN RESOURCES**

ISSUE DATE:

07/88

SUBJECT:

Performance Evaluations

REVISION DATE(S): 10/12, 12/15

POLICY NUMBER: 8610-426

Human Resources Department Approval-Date(s):

11/1509/22

Administrative Policies & Procedures Committee Approval:

09/22

Administration Approval:

01/23

Human Resources Committee Approval-Date(s):

11/15 n/a

Board of Directors Approval-Date(s):

12/15

A. **PURPOSE:**

To ensure that all Tri-City Healthcare District (TCHD) employees receive a periodic performance evaluation. and competency assessment-

B. POLICY:

- All managers must have ongoing communication with the employee to discuss performance relative to specific competencies responsibilities and manager's expectations.
- 1-2. The evaluation tool consists of pre-determined standards against which the employee's performance is measured.
- 2.3. Department Managers will complete an annual performance evaluation for all employees, any exceptions to be approved by CEO or designee.
- 4. Employee is responsible for acknowledging receipt of performance evaluation For individuals with clinical responsibility for the assessment, treatment, or care of patients, the job description and annual performance appraisals must address competencies appropriate to ages of the patients-served. Employees must also have evidence of satisfactorily completing the minimal annual competency assessment. Non-clinical employees must meet the annual competency assessment based upon the job
 - description-and performance appraisal.
- 5. Strict adherence to this policy is a management and employee performance expectation. Noncompliance will be addressed in accordance with Administrative Human Resources Policy: Coaching and Counseling for Work Performance - 424.
- To the extent that any applicable collective bargaining agreement that is consistent with 1-6. applicable law conflicts with certain provisions of this policy, the collective bargaining agreement for employees covered under that agreement prevails. Employees covered under a recognized bargaining unit will-be subject to the terms and conditions of their respective contract.

C. RELATED DOCUMENT(S):

Administrative Human Resources Policy: Coaching and Counseling for Work Performance 424



TRI-CITY MEDICAL-CENTER	Section: Emergency Preparedness Management
Emergency Preparedness Management	Subject: Community Planning Resources
Department: Hospital-Wide	Policy Move to Related Document to Emergency Operations
Additional Con	Procedure Manual Policy: Emergency Operation Plan

Additional Community Resources

In order to promote interoperability between TCMC and San Diego County Healthcare Facilities, this table is designed to assist the disaster command staff in understanding the potential availability of resources and assets that can be share in the time of an emergency.

Local Healthcare Facilities	Location	Resources or Assets
	555 E. Valley-Pkwy.	Decontamination
Palomar Hospital	Escendide, CA-92025 (760) 739-30002185 Citracado Parkway Escendide, CA 92029	Equipment Patient Care
25.00	354 Santa Fe Dr. Encinitas, CA	Patient Care
Scripps Encinitas	92024 (760) 633-6800	
Fallbrook Medical Center	593 E Elder St.	Patient Care
	Fallbrook, CA 92028 (760) 723-5900	
Local School Facilities	Location	Resources or Assets
Oceanside Schools	2111 Mission Ave Oceanside, CA 92058 (760)-966-4000	Logistics alt. care site for Mass Casualties
Carlsbad Unified School District	6625 El Camino Rd Carlsbad, CA 92058 (760) 966-4000	Logistics alt. care site for Mass Casualties
Vista Unified School District	1234 Arcadia Ave. Vista, CA 92084 (760) 726-2170	Logistics alt. care site for Mass Casualties
Community Resources	Location	Assets
SDC EMSA	Annex D	Emergency Medical Services
Emergency Manager, City of Vista	City of Vista, CA (760) 643-5354	City response
Fire Departments (all)	Vista Fire Department (Non- Emergency)	First responders
	(760) 643-2801	
	Oceanside Fire Department	
	(760)435-4100 Non- Emergency	
Sheriffs	SDSO-San Diego Sheriff	Security

Revised: 11/2022, 01/2023

Emergency Preparedness Management: Additional Community Resources

Tri-City Healthcare District Oceanside, California

	San Diego County Sheriff	
OPD	3855 Mission Ave	City response
	Oceanside, CA 92058	
	(760) 435-4900	
San Onofre Nuclear Generating	5000 Old Pacific Highway	Radiological assessment and
Station (SONGS)	Pendleton, CA 92058	treatment
	(800) 332-3612	
Vista Community Clinic (VCC)	134 Grapevine Road	Alt TX 'green' assigned patients
	Vista, CA 92083	
	(760) 631-5000	
North County Health Service	2210 Mesa Dr #12	Alt TX 'green' assigned patients
(NCHS)	Oceanside, CA 92054	
	(760) 966-3306	

TRI-CITY MEDICAL-CENTER

Emergency Preparedness-Management

Section: Emergency Preparedness

Management

Subject: Bioterrorism-Response-Plan

Emergency-Preparedness

Management Policy Number: 4066 Page 1 of

Department: Hospital-Wide

EFFECT REVISED

RETIRE – implement HICS for bioterrorism event and Follow **Emergency Operations Procedure Manual Policy: Emergency Operations Plan**

Tri-City Medical Cente

Oceanside, California

EMERGENCY OPERATIONS PROCEDUKE WANUAL

ISSUE DATE: 04/03

SUBJECT:Bioterrorism Response Plan Emergency Preparedness

Management

REVISION DATE:

POLICY NUMBER: 4066

Department Approval:

Environmental Health and Safety Committee Approval:11/22

Medical Executive Committee Approval:

n/a

Administration Approval: **Professional Affairs Committee Approval:** 01/23 n/a

Board of Directors Approval:

PURPOSE:

- To describe actions appropriate for response to suspected bioterrorism
- To establish a framework for identification, communication, and appropriate treatment.
- This plan is intended to provide an adjunct to the existing Emergency Preparedness Plan and NBC (Nuclear, Biological and Chemical) Manual.

AUDIENCE:

B. This document is directed to all staff at TCMC

DEFINITION:

Bioterrorism-is defined as intentional use of microorganism as a weapon against civilian populations for the purpose of creating disruption and civil disorder. Bioterrorism may occur as covert events in which persons are unknowingly-exposed, and an outbreak is suspected only upon recognition of unusual disease clusters or symptoms. Bioterrorism-may also occur-as announced events in which persons are warned that an exposure has occurred (see Telephone Threat policy).

POLICY:

Tri-City Medical Center takes action to provide care to people who might be affected by an act of bioterrorism, collaborating with public health, law enforcement, and other health-care providers.

GENERAL GUIDELINES:

-4.1 - Recognition: The most common syndromes are acute respiratory distress with fever, influenza-like illness, gastrointestionalgastrointestinal illnesses, skin-lesions-and/or acute onset

neuromuscular symptoms/signs. Bioterrorism is likely to be first recognized as an abnormal pattern of illness, i.e.:

- An unusual increase in numbers of patients presenting with a similar syndrome.
- A large number of fatal cases.
- Clusters of an illness from a single locale or temporally related
- Any patient with an infection due to a likely BT agent (e.g., smallpox, anthrax, plague, tularemia)
- e. Common infections occurring during unusual seasons (i.e. influenza in San Diego in summertime)
- Increase in sick or dead animals
- Intelligence-information
- Laboratory identification or confirmation of agents, unusual events or syndromes. (e.g. a cluster of respiratory cultures requests on young people being placed on ventilators at the same time.) Personnel are trained to retain cultures if there is a suspicion of a biologic attack, to preserve evidence
- 4. 4.2 Initial Response: ED staff, lab staff, EMTs or other member of the health care staff may first recognize the unusual pattern. The first person to suspect bioterrorism should confidentially and immediately discuss their concern with their manager, Infection Control Practitioner or the Administrative Supervisor and no one else.
- a. That person should immediately notify the individual with responsibility for the hospital at the time via a secure method of communication (no cell phones or radios).
- The Administrator on call should make immediate efforts to contact the Infection Control Practitioner or Chair of the Infection Control Committee (if not yet involved) without delay at whatever hour the concern may arise.
- c. The goal at this phase is to notify Public Health within two hours of initial suspicion, if possible. Notification should not be delayed beyond that time frame in the search for additional facts.
- 5. 4.3 Evaluation for Public Health Notification: The facts of the situation should be reviewed. The Administrator in charge of the hospital and the ICP, ED physician, or Chair of the Infection Control Committee will decide together if the situation warrants notification of Public Health. Only if the initial suspicion is clearly unwarranted will there be no further action.
- The ICP or Administrator in charge will notify San Diego County Division of Community Epidemiology: Monday Friday (619) 515-6620. Weekends and after hours (858) 565-5255.
- Do not discuss the details with anyone except the Public Health Officer or designee.
- c. Communication should include:
- Why BT is suspected
- Symptoms observed
- iii. How many people are involved
- Time frame of cases presenting
- v. Any commonalities observed (geographic area, age, occupation, attendance at an event, etc.)
- vi. Take notes on additional information requested by Public Health.
- vii. In no event will Public Health be notified without the approval of the Hospital Administrator in charge and this must be obtained without delay.
- 6: 4.4 Public Health Activation: If bioterrorism is considered to be likely, Public Health will activate the county BT plan, notify law enforcement, the California Department of Health Services, and other appropriate external bodies.
- The Hospital Emergency Incident Command System (HEICS) will be instituted for additional personnel and equipment.
- b. Facilities will immediately shut down the HVAC system for the entire hospital, if Smallpox is suspected.
- 4.5 Healthcare Worker Safety: Refer to The Infection Control Management of BT Agents Table (attached as Appendix A) detailing transmission-based precautions, patient placement and transportation, cleaning and disinfection of equipment, discharge management and post-mortem care.
- 4.6 Decontaminate: The incubation period of biological agents makes it unlikely that victims of a BT attack will present for medical care until days after exposure. At this point, the need for decontamination is minimal or non-existent. In those rare cases where decontamination is warranted (i.e. patient arrives with dusty or wet

clothes) soap, water and shampee are perfectly adequate for all biological agents. Staff wear gloves and mask until dust is contained. Clothes that are or could be contaminated are placed in a leak proof bag and securely tied closed. The chain of evidence is maintained per ED policy. These clothes can be laundered with soap, water and bleach at a later time. Do not use bleach on exposed people.

7. 4.7 Establish a Diagnosis and Treat: See the Diagnosis and Treatment Table attached as Appendix B for assistance with rapid differential diagnosis, possible disease, testing and immediate actions. The USAMRIID Medical Management Ofof Biological Casualties Handbook in the NBC (Nuclear, Biological and Chemical) Manual contains more detailed information. Copies of this manual are kept in Staffing, Administration, Emergency Department, ACCU and the offices of the Clinical Laboratory Director, Employee Health Nurse and Infection Control Practitioner.

C. <u>DOCUMENTATION:</u>

- 1. Begin documenting in one copy of the <u>B.T. Response Log</u> found in each NBC Manual as a bound notebook. This notebook will be a critical resource and needed for epidemiological investigation, as evidence, for evaluation of actions, as documentation of costs, and to support the writing of the end report. The entries in this notebook should include:
- Date and time of each incident, with initials of person making entry.
- People involved
- c. Facts known
- d Events
- Actions taken
- f. Communication who and what
- Actions needed and not yet taken
- Problems to be addressed
- Log all known and suspected cases on a line list, using the case definition. Maintaining an accurate count of cases is critical for planning. Use the <u>Line List</u> included in the <u>B. T. Response Log</u> in each NBC Manual.

COMMUNICATION:

- As per the Environment of Care (Safety) Manual HEICS plan.
- a. Hospital staff must have credible information without delay, including actions taken and actions needed to prevent the spread of infection and how to protect themselves.
- The San Diego County Public Health Officer is responsible for information released to the community.
 Contact Director of Marketing for assistance with initial statement.
- c. Information from the Public Health should be requested, on the magnitude of the problem. Are other facilities affected and what resources are available?
- d. Verify that the Department of Health Services Licensing and Certification Program has been notified of the outbreak as required by Title 22. (619) 688-6190
- e. Use the DHS education information as handouts for patients and staff. See the NBC Manual.

D. PHONE NUMBERS:

- Primary BT Response Team
- Administration: 3348
- b. Infection Control Practitioner: 7410
- Hospital Safety Officer: 7357
- d. Chair, Infection Control Committee: 806-9263
- External Resources
- San Diego County Division of Community Epidemiology:
- Monday Friday at (619) 515-6620 Weekends & after hours at (858) 565-5255
- Local Law Enforcement: at 911
- FBI Field Office at (619) 565 1255

Emergency Operations Procedure Manual Bioterrorism Preparedness Management Page 4 of 13

REFERENCE(S):

- Association for Professionals in Infection Control: Bioterrorism Task Force and the Centers for Disease Control and Prevention: Hospital Infections Program Bioterrorism Working Group. Bioterrorism Readiness Plan: a Template for Healthcare Facilities. 1999.
- California Hospital Bioterrorism Response Planning Guide. California Department of Health Services, Draft. 2001.
- Centers for Disease Control and Prevention. Recognition of illness Associated with the Intentional Release of a Biologic Agent. MMWR, 2001; 50(41), 893 7.
- Centers for Disease Control and Prevention. Biological and Chemical Terorism Terrorism: Strategic Plan for Preparedness and Response. MMWR, 2000; 49(RR04), 1-14.
- San Diego County Primer on Bioterrorism: Group to Eradicate Resistant Microorganisms Commission. 2001. www.sdcms.org.

INFECTION CONTROL MANAGEMENT OF BT AGENTS	B	4C	H	RIZ	1		ΔD	-	14	1	S	oad	₫æ/	栞	MA	2
Standard Precautions for all patients and all aspects of patients care. Prevent direct contact with all body fluids (including blood secretions, excretions, non-intact skin (including rashes) and mucous membranes. I land washing, gloves when contact with above. Mask/eye protection/face shield while performing procedures that cause splash/spray. Gowns to protect skin and clothing during procedures.	N-HRAX	BRUCELLOSIS	CHOLERA	GLANDERS	BLUBONIC PLAGUE	PNEUMONIC PLAGUE	TULAREMA	O-FE-VER	SMALLPOX	VENEZ EQUINEVIRAVIRAL	VIRAL ENCEPHAULTIS	VIRAL DHEMORRAGIC	BOTULISM	RICIN	T 2 MYCOOTOXINS	OTHER PROPERTY OF
Transmission-based Precautions						10		150	125					-		Ŧ
Contact Precautions		×							X							†
Airborne Precautions				X					X		\top		1	T	+	†
Jse of N95 mask by all individuals entering the room		\vdash		È					X	\vdash	\vdash	1	+	+	1	†
Droplet Precautions		\vdash				X		\vdash	_	X	_	\vdash	†		\vdash	t
Wash hands with antimicrobial soap		X	X						X		\vdash	X	\vdash	-	\vdash	t
Patient Placement	3 8	1	100	32	SW			22		9	50		000	750	100	+
No restrictions	X						X			Г			X	×	×	5
Cohort 'like' patients when private room unavailable		1	X		X	X	_	X			X		Ť		F	Ť
Private Room				X		X			X	X		X		\vdash	\vdash	t
Negative Pressure									X	-	\vdash	Ť	\vdash	\vdash	\vdash	+
Door-closed at-all times				X					X						_	t
Patient Transport						(à.,					111y		†
No restrictions	X						X	X			X		X	X	X	þ
Limit movement to essential medical purposes only		X	X	X	X	X			X	X		X				T
Place mask on patient to minimize dispersal of droplets				X		X			X	X						
Cleaning, Disinfection of Equipment		26		Ž					1	310				-	-	
After DC routine terminal cleaning with hospital-approved		_	X	X	_	_	X	X	X	X	X		X	X	X	Þ
Disinfect surfaces with bleach/water sol. 1:9 (10% sol.)	X	X			X.	X						X				
Dedicated equipment disinfected prior to leaving room		X							X			X				
Linen management as with all other patients	X	X	X	X	X.	X	X	X	X	X	X	X	X	×	X	X
Routine medical waste handled per internal policy	X	X	X	X	X.	X	X	X	X	X	X	X	X	X	X	X
Discharge Management							_				1117	100	1111	200	110	L
No special discharge instruction necessary	X		X	\rightarrow			X	X		X	-		X	X	X	X
Home care providers should be taught Standard Precautions	X	X			X.		4	\dashv	\Box		_	X			_	L
Patient discharged from hospital when no longer infectious	-			_		X			X			X				L
Patient discharged 72 hours after antibiotics completed	+-	_		-	_	X				\sqcup				Ш		L
Oroplet Precautions	+		\dashv	\dashv	-		\dashv	-		_				$\vdash\vdash$		╀
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Jse of N95 mask by all individuals entering the room	+-	\vdash	-	-	\dashv	-	-		X	\dashv	\vdash					-
Negative Pressure	+			-	\dashv	\dashv	-	\rightarrow	X	\dashv	\vdash	\vdash	\vdash	\dashv	_	-
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Routine terminal cleaning with hospital approved disinfectant	+		X .	<u>.</u>	\dashv	.		_	X X		_	X				L
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Diagnosis	and	Treatment	Table

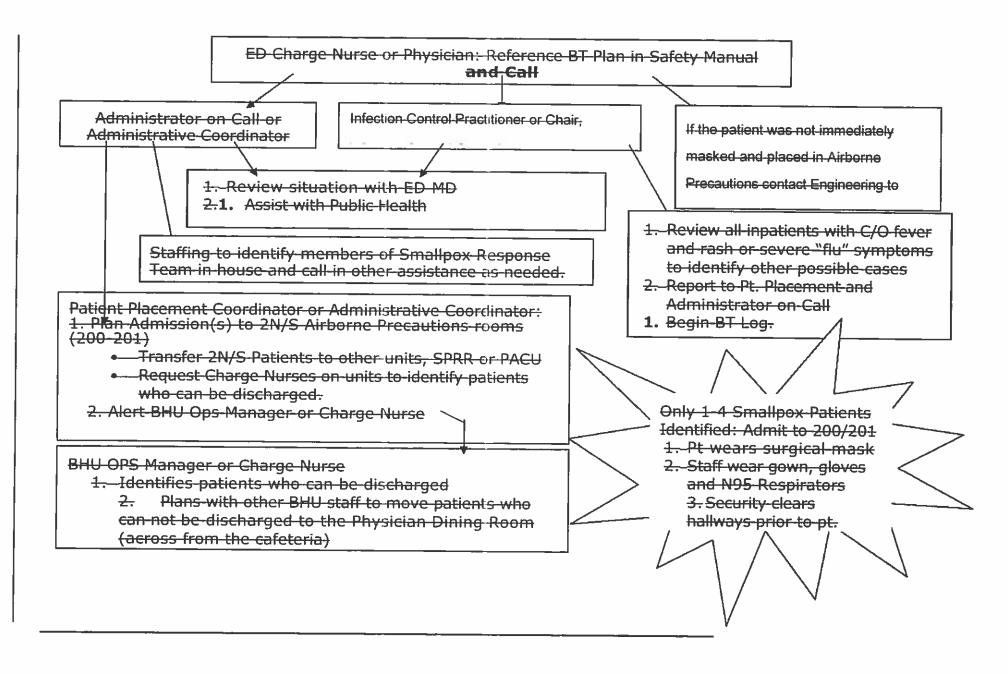
Syndrome	Differential Diagnosis	Bioterrorism Threat Disease Description	Initial laboratory & other	Immediate public health & infection control actions
Acute Respiratory Distress with Fever	Dissecting aortic aneurysm, inhalational anthrax, pulmonary embolism	Inhalational Anthrax: Abrupt onset of fever; chest pain; respiratory distress without radiographic findings of pneumonia; no history of trauma or chronic disease; in 24-36 hrs. progress ion to shock & death.	Chest x-ray with widened mediastinum; grampositive bacilli-in-blood; definitive testing-available through public health laboratory network.	Notify Department Manager to initiate BT Plan. Alert laboratory to possibility of anthrax. Standard Precautions
Acute Respiratory Distress with Fever	Community acquired pneumonia, Hantavirus Pulmonary Syndrome, meningococc emia, pneumonic plague, rickettsiosis	Pneumonic Plague: Apparent severe community acquired pneumonia but with hemoptysis, cyanosis, gastrointestinal symptoms, shock	Gram negative bacilli or coccobacilli in sputa, blood or lymph node; safety pin appearance with Wright or Giemsa stain; definitive testing available through public health laboratory network.	Dreplet Precautions (surgical mask for all). Notify Department Manager to initiate BT Plan. Ask family members/close contacts of patient to stay at the hospital (if already present) for public health interview & possible chemoprophylaxis; get detailed address & phone number information. Alert laboratory to possibility of plague.
Acute Respiratory Distress	Plague, Q fever, Staphylococc al enterotoxin B, phosgene, tularemia	chest pain and cough, progressing to	Chest x-ray with pulmonary edema. Consult with Local Health Department regarding specimen collection and diagnostic testing procedures.	Notify Department Manager to
	Influenza, adenovirus, mycoplasma	enterotoxin B: Acute onset of fever, chills, headache, non- productive cough &	Consult with Local Health	Notify Department Manager to initiate BT Plan. Standard Precautions.

	Varicella,	Smallpox: Papular	Clinical with laboratory	Call Infection Control and
	disseminated	rash-with fever-that	confirmation; vaccinated,	Department-Manager to initiate
	herpes	begins on the face and	gowned and gloved person	BT Plan. Contact and Airborne
	zoster,	extremities and	obtains specimens (scabs	Precautions required. Ask
	vaccinia,	uniformly progresses to	or swabs of vesicular or	family-members/close-contact
Acute Rash	menkeypox,	vesicles and pustules;	pustular fluid). Call public	of patient to stay at the hospit
	cowpox	headache, vomiting,	health immediately before	(if already-present) for public
		back pain, and delirium	obtaining specimen;	health-interview and
		common	definitive testing available	vaccination; get detailed
			Mbaassak asskiis kaasiiis	address-and-phone number
			llabacataa, sahuad.	information. Call Local Health
				Department immediately:

INFECTION Syndrome	Differential Diagnosis	Bioterrorism Threat Disease Description AC	Initial laboratory & other diagnostic test results	Immediate public health & infections
with-Fever	Meningosocc emia, malaria, typhus, leptospirosis, borreliosis, thrombotic thrombocytop enic purpura (TTP), Hemolytic Uremic Syndrome (HUS)	Viral-Hemorrhagic Fever (e.g., Ebola): Fever with mucous membrane bleeding, petechiae, throbocytopenia and hypotension in a patient without underlying malignancy	Definitive testing available through public health laboratory network—call public health immediately.	Department Manager to initiate BT Plan. Contact
Neurologic Syndromes	Guillain-Barre Syndrome; myasthenia gravis; mid- brain stroke; tick paralysis; Mg++ intoxic- ation; organo-	Botulism: Acute bilateral descending flaccid paralysis beginning with cranial nerve palsies	with repetitive nerve stimulation shows augmentation of muscle	Gall Infection Control and Department Manager to initiate BT Plan. Request betulinum antitoxin from local/state health department Standard Precautions.
	Herpes simplex, post- infectious	Encephalitis (Venezuelan, Eastern, Western): Encephalopathy with fever and seizures and/or focal neurologic deficits.	through public health laboratory network.	Call Infection Control and Department Manager to initiate BT Plan. Standard Precautions.

Influenza- like Illness Numerous diseases, including Q Fever	Tiny, slow-growing, faintly staining, gram-negative seccebacilli-in blood-or bone marrow culture. Leukocyte count-normal or low. Anemia, thrombocytopenia possible. CXR nonspecific: nml, bronchopneumonia, abscesses, single or miliary nodules, enlarged hilar nodes, effusions. Serologic testing and culture available through public health labs.
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Syndrome	Differential Diagnosis	Bioterrorism-Threat Disease-Description	Initial laboratory & other diagnostic test results	Immediate public health & infection-control actions
Influenza- like Illness	Numerous diseases, including Q Eaver	Tularemia-(Typhoidal, Pneumonic): Fever, chills, rigors, headache, throat initially; followed by weakness, anorexia, weight loss. Substance discomfort, dry cough if pneumonic disease.	Small, faintly staining, slow-growing, gram-negative coccobacillus in sputum, blood. CXR may show infiltrate, hilar adenonathy effusion. Definitive testing available through public health	Notify laboratory if tularemia suspected microbiological testing should be done in a biological safety cabinet to prevent lab acquired infection. Call Infection Control and Department Manager to initiate BT Plan. Standard Precautions.
Blistering Syndromes	Mustard agents, Staphylococc al enterotoxin B	T2 Mycotoxin: Abrupt enset of mucocutaneous & airway irritation including skin (pain &blistering), eye (pain &tearing). GI (bleeding, vomiting, and diarrhea), & airway (dyspnea &		Unlike other biological agents biotoxins, trichothecene mycotoxins are dermally active and nationts exposed to them should be decontaminated as soon as possible with soap and copious amounts of water. Notify Department Manager to initiate RT Plan



Emergency Department Presentation Suspected Smallpox: More than 4 Patients

Public Health approves the discharge/dismissal of all persons in the facility.

ED Charge Nurse or Physician: Reference BT Plan in Safety Manual and Call Administrator on Call or Infection Control Practitioner or Chair-If the patients were not immediately Administrative Coordinator masked and placed in Airborne Presautions contact Engineering to 3. Review situation with ED-MD 3. Assist with Public Health reporting. 4. Review all inpatients with C/O fever and rash or severe "flu" symptoms Staffing to identify members of Smallpox Response to identify other possible cases Team in house and call in from home to staff BHU as 5. Report to Pt. Placement and needed. Administrator on Call 6. Begin-BT Log. Patient Placement Coordinator or Administrative Coordinator: 1. Alert BHU Ops Manager or Charge Nurse 2. Transfer 2N/S Patients to other units, SPRR-or-PACU 3. Request Charge Nurses on units to identify patients who can be discharged. Over 4 Smallpox Patients Identified: Admit to BHU 4.--Pts-wear surgical masks BHU OPS-Manager or Charge Nurse 5. Staff wear gown, gloves and N95 Respirators 3. Identifies patients who can be discharged Plans with other BHU staff-to move patients who can not Security clears hallways be discharged to 2N/S/ prior to pt. transport.

ENGINEERING SAFETY AND SECURITY

ISSUE DATE:

11/87

SUBJECT: Access to Secured Doors

REVIEW DATE(S):

REVISION DATE(S): 09/94, 02/97, 05/00, 05/03, 06/06,

06/12

Department Approval-Date(s):

07/19

Environmental Health & Safety Committee Approval:

09/1911/22

Administration Approval:

11/1901/23

Professional Affairs Committee Approval-Date(s):

n/a

Board of Directors Approval-Date(s):

12/19

A. PURPOSE:

 To establish guidelines for Engineering Department Personnel to utilize when called upon to open locked doors within the Medical Center, outlying buildings or off campus facilities.

B. POLICY:

- 1. Engineering personnel are not to unlock any room, office or building that is not assigned to the Engineering Department unless there is Engineering Department work to be performed in that location.
- If Engineering Personnel are requested to unlock an unauthorized area, the requestor shall be referred to the Security Department or-Nursingthe Administrative GoordinatorSupervisor for proper access.



ENGINEERING OPERATIONS

RETIRE - follow Engineering: Utility Management Plan

SUBJECT: Documentation of Site Facility Utility Systems

ISSUE DATE:

09/91

REVIEW DATE(S):

REVISION DATE(S): 09/94, 01/97, 05/00, 05/03, 06/06, 05/09, 08/11, 06/12

Department Approval:

07/19

Environmental Health & Safety Committee Approval:

09/1911/22

Administration Approval:

11/1901/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

12/19

A. PURPOSE:

1. To describe and document the systems that are covered by the Utilities Management Program.

B. GENERAL INFORMATION:

 Utilities Systems include: electrical, heating ventilation and air conditioning (HVAC), plumbing, steam and boilers, medical gas and vacuum, communication and transport.

C. <u>ELECTRICAL SYSTEM:</u>

- Normal power distribution provides electricity to all electrically driven equipment and devices
 deemed necessary for normal routine and special operations of overall medical facility
 operation.
- Emergency power-provides electricity to selected emergency equipment and devices in the event of normal power loss.

D.—<u>HVAC:</u>

1. HVAC provides adequate temperature, air changes, air filtration and air pressure relationships to facilities.

E. PLUMBING:

1. The plumbing system transports liquids, gases and waste.

F. STEAM AND BOILERS:

 Boiler generated steam is utilized for demestic het water, temperature heating, cooking and sterilization.

G MEDICAL GAS AND VACUUM:

- Nitrous Oxide an anesthetic gas supplied to procedural areas.
- Oxygen is delivered to procedural areas and patient rooms.
- 3. Medical Air is delivered to procedural areas and patient rooms.
- 4. Vacuum is delivered to procedural areas and patient rooms.

-- COMMUNICATION:

- Fire alarm notifies building occupants and Fire Department of fire alarm.
- 2. Nurse Call provides a direct link from patient-room to nurse station in case of emergency or need for assistance.
- Telephone system allows for interdepartmental and external communication.
- 4. -- Paging System -- allows for immediate contact with all hospital occupants.

Engineering - Operations Document of Site Facility Utility Systems Page 2 of 2

VERTICAL AND HORIZONTAL TRANSPORT:

- 1. Pneumatic tube system provides immediate service between the Lab and Emergency Room.
- 2. Elevators provide vertical transport for patients, hospital staff, visitors and equipment.



ENGINEERINGOPERATIONS

RETIRE – follow Environment of Care Policies: Life Safety and Fire Plan (Code Red)

ISSUE DATE:

09/91

SUBJECT: Fire Smoke Management System

REVIEW DATE(S):

REVISION DATE(S): 01/97, 05/00, 05/03, 06/06, 05/09, 08/11, 06/12

Department Approval:

07/1911/22

Environmental Health & Safety Committee Approval:

09/1911/22

Administration Approval:

11/1901/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

11/4 12/19

A. PURPOSE:

To describe the process of managing-smoke from a fire throughout the hospital.

B. GENERAL INFORMATION:

- 1. Fire alarm can be activated by using manual pull stations or by automatic smoke detectors.
- The fire alarm-will sound throughout the hospital and send an alarm to the alarm monitoring service vendor who in turn will validate the alarm and notify the fire department if necessary.
- PBX-will announce the exact location of the fire using the overhead pager system so that
 appropriate departments can respond and initiate fire evacuation and smoke containment
 procedures.
- 4. During a fire the affected air handling unit will shut down and the outside dampers will close. The exhaust fans will continue to run to remove smoke and toxic fumes from affected spaces.
- 5.— Duct smoke detectors located in various parts of the ducting will not only sound the alarm and secure air-handlers but will also electronically cause the dampers to close preventing the spread of smoke.
- 6. Any-smoke compartment doors that are held open by electronic devices will be disabled by the fire alarm signal and the doors will close to contain the smoke away from other hospital compartments.



ENGINEERING SAFETY AND SECURITY

ISSUE DATE:

11/87

SUBJECT: Handling and Use of Compressed

Gas Cylinders

REVIEW DATE(S):

REVISION DATE(S): 09/94, 02/97, 05/00, 05/03, 06/06, 06/12

Department Approval:

07/19

Environmental Health & Safety Committee Approval:

09/1911/22

Administration Approval:

11/1901/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

12/19

A. PURPOSE:

To define safe procedures for the handling and use of compressed gas cylinders.

B. POLICY

- 1. Only personnel trained in proper handling of cylinders, cylinder trucks, cylinder supports and cylinder valve protection caps shall be permitted to use or transport such equipment.
- Cylinder valve protection caps shall be secured tightly in place unless the cylinder is connected for use.
- Cylinders shall be stored in accordance with all applicable National Fire Protection Association (NFPA) standards.
- 4 Portable liquid oxygen reservoirs shall not be stored in a tightly closed space such as a closet
- 5. All cylinders shall be transported on a proper cylinder truck or cart with appropriate mounting equipment to retain cylinders in place.
- 6. When small size (A, B, C, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to therapy apparatus of sufficient size to render the entire assembly stable.
- 7. Cylinders shall not be dropped, dragged, rolled or picked up by the valve cap.
- 8. Free standing cylinders shall be properly chained or supported in a proper cylinder stand or cart. They shall not be attached in any other way to equipment or building parts.
- Very cold cylinders shall be handled with care to avoid injury.
- Cylinders shall not be handled with hands, gloves or other materials contaminated with oil or grease.
- 11. Contents of cylinders shall be identified by reading the label prior to use. Labels shall not be defaced, altered or removed. Cylinders without labels shall not be used.
- 12. Cylinders shall be tagged to reflect their capacity: FULL, IN USE, EMPTY. Cylinders not appropriately tagged should be considered in use.
- 13. Empty cylinders shall be handled as if they were full.
- 14. Cylinder valves shall be opened and connected in accordance with approved procedure listed below.
- 15. Mixing or transferring of compressed gas from one cylinder to another is prohibited

C. PROCEDURE - OPENING AND CONNECTION OF CYLINDER VALVES:

- 1. Make certain that apparatus and cylinder valve connections and cylinder wrenches are free of foreign materials.
- 2. Turn the cylinder valve outlet away from personnel. Stand to the side, not in front and not in the back. Before connecting the apparatus to the cylinder valve, momentarily open the cylinder valve to eliminate dust.
- 3. Make connections of apparatus to cylinder valve. Tighten connection and nut securely with appropriate wrench.

Engineering – Safety and Security Handling and Use of Compressed Gas Cylinders Page 2 of 2

- Release the low pressure adjustment screw of the regulator completely. Slowly open the cylinder valve to full open position. 4.
- 5.
- Slowly turn in the low pressure adjustment screw and the regulator until the proper working 6. pressure is obtained.
- Open the valve to the utilization apparatus. 7.

ENGINEERING INFECTION CONTROL

RETIRE - follow infection Control policies

ISSUE DATE:

11/87

SUBJECT: Infection Control

REVISION DATE(S): 09/94, 02/97, 05/11, 05/03, 06/06.

05/09, 06/12, 02/19

Engineering Department Approval:

07/1810/21

Environmental Health & Safety Committee Approval:

11/1803/22

Infection Control Committee Approval:

01/1904/2211/22

Administration Approval:

01/1901/23

Professional Affairs Committee Approval: Board of Directors Approval:

n/a 02/19

PURPOSE:

To provide guidelines for the prevention of cross-contamination arising from operations of the Engineering-Department-

GENERAL INFORMATION:

- Basic infection control techniques are included as part of each employee's orientation to the Medical Center.
- Rodent and pest control is provided by an outside vendor in accordance with a contract made by the Engineering Department.

- Employees with obvious infectious conditions may be sent home by the Director of Engineering. Refer to the hospital's Employee Relations Manual for other policies regarding employee illness.
- Appropriate cover garments will be worn when an employee is required to work in or about contaminated waste, sewage, etc.
- Before entering the operating-suite, labor and delivery room, nursery or isolation rooms, employees will put on appropriate cover-garments as instructed by nursing personnel in those areas. Tools which must be taken into these areas shall be as clean as practicable.
- Each employee will be given in service education annually on the basic techniques of infection control and such in service education will be documented in the employees file by the Director of Engineering or-designee.

ENGINEERING SAFETY AND SECURITY

ISSUE DATE: 11/87

SUBJECT: Interim Life Safety Program

REVIEW DATE(S):

08/15

POLICY NUMBER: 5011

REVISION DATE(S): 03/97, 05/00, 05/03, 06/06, 06/12,

09/15, 08/21

Department Approval:

03/2009/22

Environmental Health and Safety Committee Approval: 03/2011/22

Administration Approval:

08/2101/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

08/21

A. PURPOSE:

- To ensure the ILSM is a written "plan that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of constructions as outlined in LS.01.02.01.
- 2. To identify the criteria for evaluation when and to what extent the hospital implements LS.01.01.01 Elements of Performance 2-15 to compensate for increased life safety risk.

B. **DEFINITION(S):**

- Interim Life Safety Measures (ILSM) are administrative actions taken to temporarily compensate for the hazards posed by construction activities and/or failures of life safety components of the building.
- Workforce Member: Employees, Medical Staff, Allied Health Professionals (AHP), A.2. volunteers, trainees, Business Visitors, Covered Contractors and other persons whose conduct, in the performance of work for Tri-City Healthcare District (TCHD), is under the direct control of TCHD whether or not they are paid by TCHD.
- Interim-Life Safety Measures (ILSM) are administrative actions taken to temporarily compensate for the hazards posed by construction activities and/or failures of life-safety components of the buildina-

Implementation of the ILSM is required in or adjacent to all impacted areas. ILSM apply to all personnel, including construction workers and must be implemented upon project development. and continuous enforced through-project compliance.

B.C. POLICY:

- It is the policy of Tri-City Healthcare District (TCHD) to assure the safety of all building occupants during periods of construction or when significant deficiencies compromise the level of life safety protection provided by the building.
- 2. Interim Life Safety Measures (ILSM)s apply to all workforce members and construction workers and must be implemented upon project development and consinous enforced through project compliance.
- 3. ILSM implementation is required in or adjacent to all impacted areas.
- General education on the ILSM will be provided annual to all workforce members. 4.

C.D. PROCEDURE:

Whenever ILSM is in place at TCHD, the Director of FacilitiesEngineering or designee, the Environment of Care/Safety MangerOfficer and Infection Control PreventionistPractitioner will conduct routine inspections of the affected area. A complete ILSM Assessment will be performed for each project with the Director of Engineering or designee, Safety Officer and Infection Control **Preventionist**Practitioner. The following items will be evaluated:

- 2.a. Ensure all exits remain clear. This includes areas directly affected as well as all other exits.
- 3.b. Ensure free access to emergency services (i.e., vehicles, materials, etc. are not blocking the access route or parking areas).-)
- 4.a. Check for the disabling of the fire protection systems. A small disaster could oscalate if the fire protection system is not functional. An alternate system must be provided any time the primary system is off-line for a period greater than 12 hours.
- c. Fire alarm, detection, and suppression systems must not be impaired. A temporary (but equivalent) system shall be used if the system is impaired.
 - i. Check for the disabling of the fire protection systems. A small disaster could escalate if the fire protection system is not functional. An alternate system must be provided any time the primary system is off-line for a period greater than 12 hours.
 - i.ii. If the fire alarm or fire-sprinkler-systems are disabled for 4four or more hours in a 24 hour period or the fire sprinkler is disabled for greater than 10 hours in a 24 hour period, a fire watch will be implemented and documented.
- Assure temporary construction partitions are smoke tight and constructed from noncombustible materials.
 - 5-i. Adequate signage shall discourage casual observers from opening or entering the partitions.
- 6-2. The Engineering Department will maintain all existing fire-fighting equipment in all areas of the present facilities. The <u>contractor</u> shall provide sufficient fire-fighting equipment to cover all areas of new construction and provide additional fire-fighting equipment in all areas being renovated
- 7.3. Smoking is prohibited on campus including parking lots and construction sites.
- 8.4. The construction site(s) will be kept clean and orderly. Materials will not be stored in the corridors. All waste and debris will be removed at the end of each work day by the construction crews. Construction offices and break areas will be kept clean by the construction crews.
- 9.5. Fire drills may be conducted in the construction zone, areas adjacent to the construction zones, and other areas affected by re-routing of exits. A report should be presented to the Environmental Health and Safety Committee (EHSC)OC Committee-confirming and evaluating the drills, including recommendations and/or follow-up.
- 6. Hazard surveillance by Engineering personnel of the construction site shall be increased and documented. Attention is to be given to evacuation routes, construction areas, storage, office/lunch areas, and fuel storage.
- 40-7. The Engineering Department will inspect and test temporary systems monthly. The completion date of the tests will be documented. Temporary systems include but are not limited to system or construction equipment.
- 11-8. Whenever the safety of adjacent areas is compromised because of construction, the appropriate staff shall be informed. Engineering will conduct training and alternate exit routes shall be identified, posted and the staff informed.
- 42.9. For areas where construction is occurring Engineering shall , department specific provide education programs to covering all the workforce members employees are to be conducted explaining interim life safety matters and current life safety deficiencies.
- **13.10.** The construction site must be restricted from all but authorized staff. Adequate signage shall be provided, including indications **such as of a** "hard hat" area.
- 14.11. Alternate access must be provided for public and emergency traffic whenever a disruption occurs.
- 15.12. Contractor must ensure that roads and pathways are clear of construction debris, materials, etc.
- 16.13. Proper notification must be made to local authorities (fire, police, other) whenever life safety is diminished.

- 17. The governing body of the Medical Center will be kept-informed of the status of life safety-during project, via reports from the EOC Committee and/or the surveillance reports.
- 48-14. Construction workers must be made aware of egress routes.
- 19-15. Construction workers' egress routes must be inspected daily to ensure no obstacles.
- 20-16. Effective storage, housekeeping, and debris removal must be in place to reduce collection of combustibles in construction areas by the Construction Superintendent.
- 21.17. Whenever fire zones are altered, appropriate staff (Security, Engineering, Private BranchBroadcast Exchange (PBX) Telephone-Coperators, and the department affected) are trained in regard to new or different life safety measures regarding their changed compartmentalization of the fire zones and any new fire safety measures.
- 18. All welding, brazing, and soldering shall take place only in designated areas where the risk of combustion due to sparks has been minimized. A "Hot Work Permit" must be obtained and approved by Plant Operations (where fire alarms are monitored) <u>prior</u> to the start of these activities' beginning.
- 19. The governing body of TCHD will be kept informed of the status of life safety during project, via reports from the EHSC and/or the surveillance reports.

D.E. FORM(S):

- 1. Infection Control Risk Assessment (IRCA)Template
- 1. Interim Life Safety Management (ILSM) Assessment Tool Form
- 2. Pre-Construction Risk Assessment-Form
- Permit For-Welding-Cutting-Hot Work Form

F. REFERENCE(S):

- Code of Federal Regulations Title 42 Public Health. Subsections 482.41(b)(1)(i), 482.41(b)(8)(i), and 482.41(b)(8)(ii).
- 2. The Joint Commission (TJC). (2022, July 1). TJC Standards Manual: Life Safety; LS.01.02.01, Elements of Performance 1-14.



ENGINEERING OPERATIONS

RETIRE - follow **Environment of Care** Policy: Life Safety

ISSUE DATE:

5/91

SUBJECT: Kitchen Hood Fire Extinguishing

System

REVIEW DATE(S):

REVISION DATE(S): 09/94, 01/97, 05/00, 05/03, 06/06, 05/09, 08/11, 06/12

Department Approval:

07/1911/22

Environmental Health & Safety Committee Approval): 09/1911/22

Administration Approval:

11/1901/23

Professional Affairs Committee Approval Date(s):

n/a

Board of Directors Approval Date(s):

12/19

A lisensed fire service contractor will test, service and recharge as necessary the kitchen hood system every six (6) months and tag-the equipment appropriately-

2. Any malfunctions or required-repairs will be addressed immediately-



ENGINEERING OPERATIONS

RETIRE – follow Environment of Care Policy: Life Safety

ISSUE DATE:

05/91

SUBJECT: Management of Portable Fire

Extinguishers

REVIEW DATE(S):

REVISION DATE(S): 09/94, 01/97, 05/00, 05/03, 06/06, 05/09, 08/11, 06/12

Department Approval:

07/1911/22

Environmental Health & Safety Committee Approval:

09/1911/22

Administration Approval:

11/1901/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

12/19

A. PURPOSE:

To describe the process by which the portable fire extinguishers are installed, identified, used, inspected and maintained.

B. PROCEDURE:

- 1. An inventory will be maintained by the Engineering Department listing fire extinguisher type and their locations...
- 2. Fire extinguishers will be visually inspected on monthly basis to ensure all operating parts are intact, that the fire extinguishers are full and that they are in the designated locations.
- 3- Maintenance shall be conducted on all the fire extinguishers by a contracted service or fire extinguishers shall be replaced with new ones on annual basis plus or minus (+/-) 30 days.



FOOD AND NUTRITION SERVICES

ISSUE DATE:

04/06

SUBJECT:

Food Service Employee Health-

Work Restriction for Personnel

with Infectious Diseases

REVISION DATE:

11/08, 10/10, 10/11, 02/12, 12/19

Food and Nutrition Services Content Expert Approval: 03/1805/22

Infection Control Committee Approval:

10/1911/22 n/a

Pharmacy & Therapeutics Committee Approval: Medical Executive Committee Approval:

n/a

Medical Executive Committee Appro
Administration Approval:

11/1901/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

12/19

A. PURPOSE:

- There are a wide range of communicable diseases and infections that can be transmitted by an infected food employee. Employees must be aware of the symptoms, illnesses, or conditions that must be reported to the supervisor and to Employee Health. In order to prevent the spread of infection to patients or other personnel, the department and District may require that food service employees with particular symptoms and/or illnesses be excluded from work or have work restrictions.
- 2. In addition to the restrictions for personnel with infectious diseases as outlined in Employee Health Policy. Work Restrictions for Personnel with Infectious Diseases, food service employees are also potentially subject to additional restrictions and/or exclusions as outlined in the following charts. Staff with symptoms, diagnoses, and/or exposures as outlined below is required to report information to the F&N supervisor who will refer the employee to the Employee Health nurse.

Food service employee shall report any listed symptoms to the F&N supervisor

Symptom	Exclusion/Restri	Duration/Criteria for Return to Work	Regulatory Approval (RA) Required to return to work?
Vomiting	Exclude from work	Asymptomatic for at least 24 hours or provides medical documentation. Exceptions: Diagnosis of Norovirus, Shigella spp., E. Coli 0157:h7 or other EHEC, HAV, or typhoid fever.	No if not diagnosed with exception.
Diarrhea (≥3 loose or watery stool in a 24 hours period)	Exclude from work	Asymptomatic for at least 24 hours or provides medical documentation. Exceptions: Diagnosis of Norovirus, Shigella spp., E. Coli 0157:h7 or other EHEC, HAV, or typhoid fever.	No if not diagnosed with exception.
Jaundice	Exclude from work if onset	When approval is obtained from regulatory approval and jaundice	Yes

	occurred within last 7 days.	has been for more than 7 calendar days <i>or</i> provides medical documentation.	
Sore throat with fever	Exclude from work	When medical documentation is provided stating on antibiotics for <i>Streptococcus pyogenes</i> for more than 24 hours <i>or</i> has at least one negative throat culture <i>or</i> is determined by a health practitioner to be free of a <i>Streptococcus pyogenes</i> infection.	No
Infected wound or pustular boil	Restrict by covering wound, cut or boil with an impermeable cover and single use glove (if hand, finger, or wrist) and/or a dry, durable, tight fitting bandage if wound is elsewhere on body.	When infected wound or boil is properly covered (See exception for Staphylococcus aureus lesions in policy IC14)	No

Summary of Requirements for Diagnosed, Symptomatic *or* Diagnosed but with resolved symptoms Food Service Employees

Diagnosis	Exclusion	Duration/Criteria for Return to Work	Regulatory Approval (RA) Required for Return to Work?
Hepatitis A virus	Exclude from work if within 14 days of any symptom or within 7 days of jaundice	Approval from RA and employee has been jaundiced for more than 7 days or an anicteric employee has had symptoms for more than 14 days or medical documentation is provided stating employee is free of Hepatitis A.	Yes
Typhoid Fever	Exclude from work	Approval from RA and medical documentation is provided stating employee is free of a S. Typhi infection.	Yes
E. coli 0157:H7 or other EHEC/STEC	Exclude from work based on vomiting or diarrhea symptoms	Approval from RA and medically cleared <i>or</i> more than 7 days have passed since employee became asymptomatic or was diagnosed.	Yes
Norovirus	Exclude from work based upon vomiting or diarrhea symptoms	Approval from RA and medically cleared <i>or</i> more than 48 hours have passed since employee became asymptomatic or was diagnosed.	Yes
Shigella spp.	Exclude from work based upon vomiting or	Approval from RA and medically cleared <i>or</i> more than 7 days have passed since employee became asymptomatic or was diagnosed.	Yes

10 4	_	 		
diarrhea				
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symptoms			1	
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Summary of Requirements for food service employees with History of Exposure and Absent Symptoms or Diagnosis

3. Reinforce and assure compliance with good hygienic practices, symptom reporting requirements and no bare hand contact with ready to eat foods with all food service employees who report a listed exposure.

Pathogen Diagnosis	Exclusion/Restri ction	Duration/Criteria for Return to Work	Regulatory Approval (RA) Required for Return to Work?	
Typhoid fever	Restrict	14 days since last exposure or >14 days since household contact became asymptomatic	No	
Shigella spp.	Restrict	> 3 days since last exposure or > 3 days since household contact became asymptomatic	No	
Norovirus	Restrict	>48 hours since last exposure or >48 hours since household contact became asymptomatic	No	
E. coli 0157:H7 or other EHEC/STEC	Restrict	> 3 days since last exposure or >3 days since household contact became asymptomatic	No	
Hepatitis A virus	Restrict	Employee is immune from HAV infection due to a prior HAV illness, vaccination against HAV, or IgG administration or >30 days have passed since last exposure or since household contact became jaundiced or employee uses no bare hand contact with ready to eat foods until > 30 days after potential exposure.	No	

B. RELATED DOCUMENT(S):

1. Employee Health Policy – Work Restrictions for Personnel with Infectious Diseases

C. REFERENCE(S) SUPPORT DATA:

1. US Dept. of Health & Human Services, Public Health Service, FDA: Food Code 2017.



MAMMOGRAPHY WOMEN'S CENTER

ISSUE DATE:

08/18

SUBJECT: Enhancing Quality using the

Inspection Program (EQUIP)

REVISION DATE:

09/18

Department Approval:

03/1804/21

Department of Radiology Approval:

06/1812/22

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval:

n/a

Administration Approval:

08/1801/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

09/18

A. PURPOSE:

To Enhance facilities to continue providing Quality mammography using the Inspection Process 1.0 Purpose:

To promote clinical image quality as a primary goal of the Mammography Quality Standards Act 2. (MQSA) required by FDA policy:

900.12(i)Clinical images produced by any certified facility must continue to comply with the standards for clinical image quality established by that facility's accreditation body.

900.12(d)(1)(ii)(A)All interpreting physicians shall follow the facility procedures corrective b.

action when the images they are asked to interpret are of poor quality.

C. 900.12(d)(2) Quality assurance records. The lead interpreting physician... shall ensure that records concerning mammography technique and procedures, quality control (including monitoring data, problems detected by analysis of that data, corrective actions, and the effectiveness of the corrective actions), safety, protection and employee qualifications to meet assigned quality assurance tasks are properly maintained and updated.

B. PROCEDURE:

Quality Assurance- Clinical Image Corrective Action:

To comply with MQSA requirements, mammography department has established a a. mechanism to continue providing quality images indicating that interpreting physicians (IPs) are required to follow department's procedures for corrective action when the

images they are reviewed by IPs, are of poor quality.

b. Mammography facility's interpreting physicians (IPs) randomly auditing mammography technologists' performances on positioning, quality of images, techniques and other necessary requirements for quality assurance (QA) purposes. Mammography department has displayed a review comment sheets for IPs to document their comments for each individual mammography technologist. IPs will document their comments on designated areas for positioning, compression, exposure level, contrast, sharpness, noise, artifacts, and exam identification. If an area of inefficiency is located, steps to correct the deficiency will be taken. In addition, recommendations on how to improve problem/problems will be discussed with technologists in order to enhance clinical image quality as well as increasing expertise of staff.

Additional Recommendations" and "Additional Comments" on the second page that is C. followed by technologist's signature indicating that corrective action will be followed by IP reviewer and technologist. Patient will be called back for repeating the exam if there

are any technical errors or poor quality. Please see the attachment.

- 2. Quality Assurance- Review of a sample of IP interpretation by other Interpreting MD reviewers:
 - a. To assess whether the IP accepted images which meet the image quality standards of the American Board of Radiology (ABR), our mammography facility has arranged a mechanism to audit IP peer reviews by other IPs in order to ensure of reliability, clarity, and accuracy of the interpretation of mammograms by each IP.
 - b. Women's Diagnostic Center's lead interpreting physician (LIP) randomly selects sample image dictated reports from other IPs who read mammograms in our facility. LIP will fill out a designated Peer IP Reviewers' form by reflecting patient's MRN and the Date that the mammogram has been performed and dictated. LIP will send the forms to other radiologists who read mammograms in our Women's Diagnostic Center in order to audit and review sample images and dictate reports from other IPs. IP reviewers will review and completing the form by marking as Concordant interpretation or Discordant Interpretation. Review results will be discussed with IP reviewer and IP performer; the form will be signed and dated by Primary interpreting MD performer and interpreting MD reviewer.
 - c. Women's Center supervisor will collect all forms in a designated EQUIO folder and all data will be reviewed quarterly by LIP. Please see the attachment.
- 3. Quality Control- Facility QC Review
 - a. To comply with MQSA, EQUIP standards, our mammography facility has stablished a procedure to assure facility's LIP is responsible for providing oversight of the QA/QC records, including a review of the frequency of performance of all required tests, and review of any corrective action. LIP will review and sign facility's QC charts for all of the mammography exam rooms as well as printer and radiologists' reading monitors. Quarterly, facility's supervisor and QC technologist presenting daily/monthly/quarterly/semi-annually/annually QC file to LIP for review. LIP correlates information with QC charts to assure that QC tests whether or not are comply with MOSA standards within accurate range. LIP signs and dates on the approved QC review sheet along with QC technologist's and Supervisor's signature. Please see the attached form.
 - Facilities will be cited for violations if they have not complied with MQSA/EQUIP standards. Facility's state inspector will review all the above requirement during annual MQSA inspections.

C. RELATED DOCUMENT(S):

- 1. Clinical Image Quality Assurance Program Regular Review of a Sample of Images
- Daily Operation of Quality Assurance Clinical Image Corrective Action by IPs to RTs in Women's Diagnostic Center
- 3. Equip Facility QC Review Quarterly
- 4. Facility QC Review
- 5. Quality Assurance Review by Interpreting Physician

A. REFERENCE(S):

- MQSA Clinical Image Quality-Related Regulations:
- 2. http://www.fda.gov/Radiation-EmittingProducts/mammoraphyQualityStandardActandprocedures
- 3. EQUIP: Enhancing Quality Using the Inspection Program
- 4. U.S Department of Health and Human Services
- Food and Drug Administration (FDA)

MAMMOGRAPHY WOMEN'S CENTER

ISSUE DATE: SUBJECT: Implants

REVISION DATE: 08/11, 08/18

Department Approval: 10/17/04/21 Department of Radiology Approval:

Pharmacy & Therapeutics Committee Approval:

Medical Executive Committee Approval:

Administration Approval:

Professional Affairs Committee Approval:

Board of Directors Approval:

06/1812/22

n/a

n/a 08/1801/23

n/a

08/18

A. **AUTHORIZED TO PERFORM:**

Licensed Radiologic Technologist possessing certification from the American Registry of Radiology Technologists (ARRT) and California Certified Radiologic Technologist (CRT) in Mammography. Must have performed 200 mammograms in a 24-month period as per Mammography Quality Standard Act (MQSA) regulations.

В. PURPOSE:

To provide consistent guidelines for imaging patients with implants.

C. POLICY:

Implant Mammography is categorized as a Diagnostic Mammogram in accordance with American College of Radiology (ACR) guidelines. Implant displacement views to be done in addition to implant views on all patients with implants unless encapsulated.

D. PROCEDURE:

- Consent signed by the patient
- 2. Views to be done are:
 - Craniocaudal views with displacement views (cc).
 - Mediolateral Oblique views with displacement views (mlo).
- If breast is encapsulated and unable to do displacement views, do the following views: 3.
 - a. Craniocaudal views (cc)
 - b. Mediolateral Oblique views (mlo)
 - C. Mediolateral views (ml)

Εū **EXTERNAL LINK(S):**

Mammography Quality Standards Act (MQSA) of 1998 https://www.fda.gov/downloads/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/Regulations/UCM110849.pdf

F. REFERENCE(S):

Mammography Quality Standards Reauthorization Act, Pub. L., Title XLII § 263b. (1998).

MAMMOGRAPHY WOMEN'S CENTER

ISSUE DATE:

08/07

SUBJECT: Quality Control (QC) Policy

REVISION DATE:

08/11, 08/18

Department Approval:

10/1704/21

Department of Radiology Approval:

06/1812/22

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval:

n/a

Administration Approval:

08/1801/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

08/18

A. AUTHORIZED TO PERFORM:

 Licensed Mammography technologists who are scheduled in mammographic room and have demonstrated competency in Quality Control (QC) procedures.

B. PURPOSE:

 To ensure compliance by consistent performance and documentation of QC procedures and adherence to Mammography Quality Standard Act (MQSA) and manufacturers guidelines.

C. POLICY:

1. TCMC will provide QC in compliance with state and federal standards. QC tech or, in their absence, licensed mammography tech who is competent in QC will be responsible for all daily/weekly QC on equipment. Any QC problem will be immediately addressed with supervisor and Operations Manager. Semi-annual meetings between the Mammography supervisor, Lead Interpretating Radiologist and Imaging Director will review and sustain quality program.

D PROCEDURE:

- Daily Secondary Eraser
 - a. To ensure that imaging plates are clean, clear and ready for exposure. Once completed, place the "completion" signage on cassettes.
- Daily monitor SEMPTE:
 - a. To ensure that the interpretation monitors are clear and calibrated prior to reading images.
- Weekly Phantom:
 - a. Phantom exposed per manufacturers (Fuji) guide- lines, results posted in QC manual.
- Weekly Contrast to Noise Ratio (CNR):
 - a. To confirm that CNR remains consistent over time at the same exposure settings. Document in QC manual.
- Weekly Printer Dry Pix 4000
 - a. Perform at beginning of workweek prior to processing any clinical images. Document in QC manual

E. <u>EXTERNAL LINK(S):</u>

1. The Mammography Quality Standards Act Final Regulations: Preparing for MQSA Inspections; Final Guidance for Industry and FDA (2001)

https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm094441.pdf

F. REFERENCE(S):

Mammography Women's Center Quality Control (QC) Policy Page 2 of 2

> U.S. Food & Drug Administration (2017, November 16) Mammography Quality Standards Act and Program. Retrieved from https://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/default.htm

MAMMOGRAPHY WOMEN'S CENTER

ISSUE DATE:

05/99

SUBJECT: Reject/Repeat Analysis

REVISION DATE:

08/11, 08/18

Department Approval:

10/1704/21

Department of Radiology Approval:

06/1812/22

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval:

n/a

Administration Approval:

08/1801/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

08/18

A. AUTHORIZED TO PERFORM:

1. Licensed Mammography Technologist.

B. PURPOSE:

To determine the number and cause of repeated mammograms and rejected films.

C. POLICY:

To be done monthly.

D. PROCEDURE:

- 1. Each technologist will enter any repeat film done and why repeated in the diagnostic radiology () EMR computer system when completing the exam.
- 2. Monthly, the supervisor will pull statistics from the EMR system and review the repeat rate percentage.
- 3. If the repeat or reject rate changes from the previously determined rate (3.0% or less) by more than 2.0%, the reason for the change shall be determined. Any additional teaching or education of technologists will be done. Any corrective actions will be documented by supervisor and placed in repeat analysis statistics binder.

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

 U.S. Food & Drug Administration (2017, November 16) Mammography Quality Standards Act and Program. Retrieved from https://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/default.htm

MAMMOGRAPHY WOMEN'S CENTER

ISSUE DATE:

11/99

SUBJECT: Report Inclusions

REVISION DATE:

08/11, 08/18, 09/19

Mammography Department Approval:

04/1905/22

Department of Radiology Approval:

08/1912/22

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval:

n/a

Administration Approval:

09/1901/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

09/19

A. **AUTHORIZED TO PERFORM:**

Physicians and Radiology Transcriptionists.

В.

To ensure all required information is included in dictated patient's reports.

C. POLICY:

- Mammography reports shall include all essential elements per Mammography Quality Standard Act (MQSA) standards:
 - Name and medical record number (MRN) of patient a.
 - b. Date of exam
 - Name of interpreting physician C.
 - Final assessment in one of the named categories: d
 - İ. Negative
 - ii. Benign
 - iii Probably benign
 - ίv. Suspicious
 - Highly suggestive of malignancy ٧.
 - vi. Known malignancy
- 2. NOTE:
 - If no final category is assigned due to incomplete work-up: a.
 - Incomplete: "Need further work-up" shall be assigned.

D. EXTERNAL LINK(S):

Mammography Quality Standards Act (MQSA) of 1998 https://www.fda.gov/downloads/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/Regulations/UCM110849.pdf

E. REFERENCE(S):

Mammography Quality Standards Reauthorization Act, Pub. L., Title XLII § 263b. (1998).

MAMMOGRAPHY WOMEN'S CENTER

ISSUE DATE:

11/99

SUBJECT: Standardized Labeling of

Mammograms

REVISION DATE:

08/18

Department Approval:

10/1704/21

Department of Radiology Approval:

06/1812/22

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval: Administration Approval:

n/a

08/1801/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

08/18

Α. **AUTHORIZED TO PERFORM:**

Licensed Mammography Technologist

B.

To ensure that films are not lost or misinterpreted.

C. POLICY:

- Each mammographic image shall have permanent and complete, legible information appropriately placed so as not to obscure anatomic structures.
 - a. Name of patient, DOB, and MRN number.
 - b. Date of exam.
 - View and laterality. This information should be placed on the image near the axilla. C.
 - d. Facility name and location.
 - Technologist identification (initials). e.
 - f. Cassette/screen identification.
 - Mammography unit identification. a,

TRI-CITY HEALTHCARE DISTRICT MINUTES FOR A REGULAR MEETING OF THE BOARD OF DIRECTORS December 15, 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 December 15, 2022.

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

Director Rocky J. Chavez Director George W. Coulter Director Gigi Gleason Director Marvin Mizell Director Adela Sanchez Director Tracy M. Younger

Absent was Director Nina Chaya, M.D.

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 Jeffrey Scott, Board Counsel Susan Bond, General Counsel Teri Donnellan, Executive Assistant

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

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

3. Pledge of Allegiance

Director Chavez led the Pledge of Allegiance.

4. Public Comments – Announcement

Chairperson Chavez read the Public Comments section listed on the December 15, 2022 Regular Board of Directors Meeting Agenda.

5. October, 2022 Financial Statements - Ray Rivas, Chief Financial Officer

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

- ➤ Net Operating Revenue \$81,767
- Operating Expense \$89,436
- EBITDA (\$1,877)
- ➤ EROE (\$5,435)

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

- Average Daily Census 112
- Adjusted Patient Days 28,303
- Surgery Cases 1,869
- ED Visits 18,054

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

- Net Operating Revenue \$27,740
- Operating Expense \$30,033
- EBITDA (\$175)
- EROE (\$1,358)

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

- Average Daily Census 108
- Adjusted Patient Days 6 963
- Surgery Cases 437
- ED Visits 4.791

Mr. Rivas presented two graphs which reflected trending of the Average Length of Stay (ALOS) and Average Daily Census (ADC).

New Business

 Consideration and possible action to elect Board of Director Officers for calendar year 2023;

Chairperson Chavez explained the nomination process which can be done by office individually or as a slate. He opened the floor for nominations.

Director Younger nominated Director Chavez to continue as the Chairperson for calendar year 2023. Director Sanchez seconded the nomination. Director Gleason modified the nomination to recommend the current slate of officers move forward to serve calendar year 2023. Director Coulter seconded the modification and was accepted by Directors Younger and Sanchez.

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

AYES: Directors: Chavez, Coulter, Gleason, Mizell, Sanchez and Younger

Chaya

NOES: Directors: None ABSTAIN: Directors: None

Directors:

ABSENT:

Board Officers for calendar year 2023 are as follows:

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

b) Consideration of proposed 2023 Board Meeting Schedule

It was moved by Director Younger and seconded by Director Coulter to approve the proposed Board meeting schedule for calendar year 2023:

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

AYES: Directors: Chavez, Coulter, Gleason,

Mizell, Sanchez and Younger NOES: Directors: None

ABSTAIN: Directors: None ABSENT: Directors: Chaya

c) Internal Communication

Per Director Sanchez's request, discussion was held regarding Internal Communication. Board members made comments and asked questions. Board Counsel Jeff Scott cautioned Board members against meeting with constituents in groups larger than three.

Chairperson Chavez commented that communication is critical to an organization the size of Tri-City. He encouraged Board members to contact Jeremy Raimo or Candice Parras to visit departments and staff.

- Old Business None
- 9. Chief of Staff -

In Dr. Showah's absence, Dr. Ma presented the November 2022 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Practitioners as recommended by the Medical Executive Committee on November 28, 2022.

It was moved by Director Gleason and seconded by Director Coulter to approve the November 2022 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Practitioners as

- 3-

recommended by the Medical Executive Committee on November 28, 2022.

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

AYES:

Directors:

Chavez, Couiter, Gleason,

Mizell, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

Chaya

10. Consideration of Consent Calendar

Director Gleason pulled the following:

(11) A. 13. c) Policy 13 c) Discharge Prescriptions.

(12) a) November 17, 2022 Regular Meeting minutes

9 (6) Approval of an agreement with Abbott Laboratories, Inc.

It was moved by Director Mizell to approve the Consent Agenda minus the items pulled. Director Gleason seconded the motion.

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

AYES:

Directors:

Chavez, Coulter, Gleason,

Mizell, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN:

Directors:

None Chaya

ABSENT: Directors:

-

Discussion of items pulled from Consent Calendar

Director Gleason who pulled the Discharge Prescriptions policy requested clarification as to whether the Pharmacy is able to discharge prescriptions to patients going home. Dr. Ma responded that Tri-City no longer has a discharge pharmacy due to low volume.

It was moved by Director Gleason to approve the Discharge Prescriptions policy as presented. Director Coulter seconded the motion.

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

AYES:

Directors:

Chavez, Coulter, Gleason.

Mizell, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

Chaya

Director Gleason who pulled the November 17, 2022 Regular Meeting minutes stated she would be abstaining due to her absence from the meeting.

It was moved by Director Younger to approve the November 17, 2022 Regular Meeting minutes. Director Mizell seconded the motion.

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

AYES:

Directors:

Chavez, Coulter, Mizell,

Sanchez and Younger

NOES:

Directors:

None Gleason

ABSTAIN:

Directors:

Chaya

ABSENT: Directors:

with Abbott Laboratorie

Director Mizell who pulled the agreement with Abbott Laboratories requested clarification on the Compliance Officer sign-off. Eva England clarified the agreement was approved by the Compliance Officer and the unchecked box was an oversight.

It was moved by Director Mizell to approve an agreement with Abbott Laboratories, Inc. for chemistry immunoassay and infectious disease testing equipment and consumables for a term of 60 months, beginning January 1, 2023 and ending December 31, 2027, for an annual cost of \$602,100 and a total cost for the term of \$3,010,500. Director Younger seconded the motion.

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

AYES:

Directors:

Chavez, Coulter, Gleason,

Mizell, Sanchez and Younger

NOES: ABSTAIN: Directors:

None

ABSENT:

Directors:

None Chaya

- 12. Comments by Members of the Public None
- Comments by Chief Executive Officer

Mr. Steve Dietlin, CEO reported as he approaches his 10-year anniversary here at Tri-City he reflects on the challenges we have faced over the last decade. Today's challenges are significant however in 2013 we faced significant financial challenges, followed by an unprecedented pandemic that began in 2020. Mr. Dietlin stated he appreciates the efforts of everyone working together to meet those challenges and turning each challenge into a success. We have been here to serve our community and have been doing so for over 60 years.

In closing, Mr. Dietlin wished everyone happy holidays.

14. Board Communications

Director Mizell stated he is very happy to have been sworn in and looks forward to serving the District for the next two years.

Director Mizell stated there have been suggestions in terms of how the Board improves our transparency to the public and he wholeheartedly agrees.

Director Coulter thanked the public for electing him to a new four-year term and stated he looks forward to serving the District.

Director Gleason thanked Chairperson Chavez for his leadership this past year and willingness to extend his role of Board Chairperson for an additional year.

In addition, Director Gleason stated she is looking forward to meeting in person in the near future and the Board being more present at the hospital and in the community.

Director Sanchez stated the Board continues to work together to face all new obstacles and challenges and is committed to our community and working on innovative ideas to face those challenges.

Director Younger stated she is pleased to be re-elected for an additional four years and looks forward to doing great things together.

Directors wished everyone a happy and healthy holiday season.

Report from Chairperson

Chairperson Chavez thanked the Board for their support in selecting him as Chairperson for an additional year.

Chairperson Chavez commented on a letter received by the Board and noted the importance of remaining open and transparent.

In closing, Chairperson Chavez encouraged everyone to take time for a season of love and family. $\label{eq:chair}$

17. Adjournment

There being no further business, Chairperson Chavez 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

December 15, 2022 - 2:30 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 2:00 p.m. on December 28, 2022.

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

Director Rocky J. Chavez Director George W. Coulter Director Gigi Gleason Director Marvin Mizell Director Adela Sanchez Director Tracy M. Younger

Absent was Director Nina Chaya, M.D.

Also present were:

Steve Dietlin, Chief Executive Officer
Candice Parras, Chief Nurse Executive
Dr. Gene Ma, Chief Medical Officer
Susan Bond, General Counsel
Eva England, Senior Director, Ancillary Services
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 Mizell to approve the agenda as presented. The motion passed (6-0-0-1) with Director Chaya absent.

Oral Announcement of Item to be discussed during Closed Session

Chairperson Chavez made an oral announcement of the items listed on the December 15, 2022 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Legal Counsel regarding one matter of Potential Litigation and Reports Involving Trade Secrets with a disclosure date to be determined.

Motion to go into Closed Session

It was moved by Director Coulter and seconded by Director Mizell to go into Closed Session at 2:35 p.m. The motion passed (6-0-0-1) with Director Chaya absent.

5. At 3:25 p.m. the Board returned to Open Session with attendance as previously noted.

6. Report from Chairperson on any action taken in Closed Session.

The Board in Closed Session was advised regarding a Potential Litigation matter and took no action.

The Board in Closed Session heard a Report Involving Trade Secrets and took no action.

7. Adjournment

Chairperson Chavez adjourned the meeting at 3:30 p.m.

Rocky J. Chavez
Chairperson

Gigi Gleason Secretary

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

December 28, 2022 - 2:00 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 2:00 p.m. on December 28, 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 Adela Sanchez Director Tracy M. Younger

Also present were:

Steve Dietlin, Chief Executive 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 unanimously (7-0).

Oral Announcement of Item to be discussed during Closed Session

Chairperson Chavez made an oral announcement of the item listed on the December 28, 2022 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Public Employee Evaluation: Chief Executive Officer.

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 unanimously (7-0).

- 5. At 3:10 p.m. the Board returned to Open Session with attendance as previously noted.
- 6. Report from Chairperson on any action taken in Closed Session.

The Board in Closed Session discussed the evaluation of the CEO and directed the Board Chair and the search committee to take appropriate action.

7	Consideration	of 2022	Amendment	to CEO Contrac
* *		01 2022	Alticitation	IO CEO COIIIMG

Following discussion, it was moved by Director Coulter to approve the 2022 Amendment to the Second Amended Chief Executive Officer Employment Contract Dated December 14, 2017. Director Younger seconded the motion.

The vote on the motion was as follows:

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

Mizell, Sanchez and Younger

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

8. Adjournment

Chairperson Chavez adjourned the meeting at 3:15 p.m.

ATTEST:	Rocky J. Chavez Chairperson
Gigi Gleason Secretary	

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

January 10, 2023 - 4:00 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 4:00 p.m. on January 10, 2023.

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 (via teleconference)
Director Marvin Mizell
Director Adela Sanchez
Director Tracy M. Younger

Also present were:

Steve Dietlin, Chief Executive Officer Ray Rivas, Chief Financial Officer Candice Parras, Chief Nurse Executive Dr. Gene Ma, Chief Medical Officer Susan Bond, General Counsel Jeff Scott, Board Counsel Teri Donnellan, Executive Assistant

- 1. The Board Chairperson, Director Chavez, called the meeting to order at 4:00 p.m. with attendance as listed above.
- 2. Approval of Agenda

It was moved by Director Coulter and seconded by Director Sanchez to approve the agenda as presented. The motion passed unanimously (7-0).

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

Chairperson Chavez made an oral announcement of the items listed on the January 10, 2023 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one matter of Existing Litigation, Report Involving Trade Secrets and Public Employee Appointment: CEO.

4. Motion to go into Closed Session

It was moved by Director Coulter and seconded by Director Gleason to go into Closed Session at 4:05 p.m. The motion passed unanimously (7-0).

5. At 5:20 p.m. the Board returned to Open Session with attendance as previously noted.

Report from Chairperson on any action taken in Closed Session.

The Board in closed session received a report related to the Brock Smith vs. Tri-City Medical Center Case No. 37-2020-00041140 and directed counsel to take appropriate action.

The Board also heard a report related to Trade Secrets related to new programs and services and took no action.

The Board also discussed the appointment of the CEO and directed the Chair to take appropriate action concerning the matter.

7. Consideration to place contracts with Imaging Healthcare Specialists (IHS) and San Diego Imaging (SDI) for Diagnostic and Interventional Radiology Services.

Mr. Dietlin clarified San Diego Imaging (SDI) provides interventional radiology services while Imaging Healthcare Specialists (IHS) will be providing diagnostic services.

It was moved by Director Coulter to place contracts with Imaging Healthcare Specialists (HIS) and San Diego Imaging (SDI) for Diagnostic and Interventional Radiology Services. Director Mizell seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Mizell, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN: ABSENT: Directors:

None

.......

Directors:

None

Adjournment

Chairperson Chavez adjourned the meeting at 5:22 p.m.

ATTEST:	Rocky J. Chavez Chairperson
Gigi Gleason Secretary	



ADVANCED HEALTH CARE YOU

Building Operating Leases

Month Ending December 31, 2022 Base Rate per Total Rent per LeaseTerm Lessor Sq. Ft. Sq. Ft. current month Beginning Ending Services & Location **Cost Center** 6121 Paseo Del Norte, LLC 6128 Paseo Del Norte, Suite 180 OSNC - Carlsbad Carlsbad, CA 92011 Арргох 6121 Paseo Del Norte, Suite 200 V#83024 9.552 \$3.59 37,347,54 06/30/27 Carlsbad, CA 92011 (a) 07/01/17 7095 Cardiff Investments LLC 2729 Ocean St OSNC - Oceanside Carlsbad, CA 92008 Approx 3905 Waring Road V#83204 10,218 \$2.58 (a) 29,121.00 07/01/17 07/31/24 Oceanside, CA 92056 7095 Creek View Medical Assoc 1926 Via Centre Dr. Suite A PCP Clinic Vista Vista, CA 92081 Approx 1926 Via Centre Drive, Ste A V#81981 6,200 \$2.70 15.887.50 (a) 07/01/20 06/30/25 Vista, CA 92081 7090 JDS FINCO LLC 499 N EL Camino Real La Costa Urology Encinitas, CA 92024 Approx 3907 Waring Road, Suite 4 V#83694 2.460 \$2.15 (a) 5,447.67 03/31/23 Oceanside, CA 92056 04/01/20 7082 Mission Camino LLC 4350 La Jolla Village Drive Seaside Medical Group San Diego, CA 92122 Appox 115 N EL Camino Real, Suit A V#83757 4.508 \$1.75 (a) 8,125.67 09/01/21 10/31/31 Oceanside, CA 92058 7094 500 W Vista Way, LLC & HFT Melrose P O Box 2522 **Outpatient Behavioral Health** La Jolla, CA 92038 Approx 510 West Vista Way V#81028 7.374 \$1.67 (a) 12,560.87 07/01/21 06/30/26 Vista, Ca 92083 7320 Nextmed III Owner LLC 6125 Paseo Del Norte, Suite 210 PCP Clinic Calrsbad Carlsbad, CA 92011 Approx 6185 Paseo Del Norte, Suite 100 V#83774 4.553 \$4.00 (a) 5,447.67 09/01/21 08/31/33 Carlsbad, CA 92011 7090 OPS Enterprises, LLC North County Oncology Medical 3617 Vista Way, Bldg. 5 Clinic Oceanside, Ca 92056 Approx 3617 Vista Way, Bldg 5 #V81250 \$4.12 (a) 7.000 30.907.00 10/01/12 12/31/22 Oceanside Ca 92056 708ō SCRIPPSVIEW MEDICAL ASSOCIATES P O Box 234296 OSNC Encinitas Medical Center Encinitas, CA 234296 Approx 351 Santa Fe Drive, Suite 351 V#83589 3.864 \$3.45 05/31/26 Encinitas, CA 92023 (a) 14,447.11 06/01/21 7095 SoCAL Heart Property LLC 1958 Via Centre Drive OSNC - Vista Vista, Ca 92081 Approx 1958 Via Centre Drive V#84195 4,995 \$2.50 28.952.88 07/01/17 06/30/27 Vista, Ca 92081 7095 TCMC, A Joint Venture 3231 Waring Court, Stift D. Pulmonary Specialists of NC Oceanside, CA 92056 Арргох 3231 Waring Court Suit D V#83685 1,444 \$2.59 (a) 3,754 00 02/01/20 12/31/22 Oceanside, CA 92056 7088 Total

191,998.91

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





Education & Travel Expense Month Ending December 2022

Cost

Centers	Description	Invoice #	Amount	Vendor#	Attendees
8740 CLINICAI	BOOT CAMP	120122EDU	200.00		MERVOSH, ROSEMARY
8740 FETAL M	ONOR	121522EDU	169.00		•
8740 PHARM	LISC	120822EDU	200.00	84197	SALGADO, KARMEN FRANCES
8740 ADV PRA	CTICE PHARMACIST	120122EDU	200.00	84201	DEA LAUREN TRAN CHRISTINE
				0.1202	CONTRACTOR STREET

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

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

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