TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
October 26, 2023 – 3:30 o'clock p.m.
Assembly Rooms 1, 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"**

https://us02web.zoom.us/j/83613688969?pwd=N1picmMyc1FCTVpyTDBiODB3Nno5QT09
(669) 900-6833; Meeting ID: 836 1368 8969/Passcode: 768467

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Roll Call / Pledge of Allegiance		
3	Approval of Agenda	2 min	Standard
4	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
5	New Business -		
	a) Introduction by Steve Hollis, District Consultant	10 min	Steve Hollis
	b) Presentation of Affiliation Proposal from Sharp HealthCare	30 min	Chris Howard
	c) Presentation of Affiliation Proposal from UC San Diego Health	30 min	Patty Maysent
	d) Possible additional comments by Steve Hollis, District Consultant	TBD	
	e) Public Comment	10 min	Chairperson Younger
	f) Recommendation from Ad hoc Affiliation Committee	TBD	
	g) Board discussion and possible action		
5	*Break*	10 min.	All

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
6	Old Business – None		
7	Chief of Staff - a) Consideration of October 2023 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on October 22, 2023.	5 min.	COS
	b) Consideration of Clinical Privilege Request Form – Pulmonary	2 min.	COS
8.	Consent Calendar	10 min.	

(1) Board Committee

    (a) Finance, Operations & Planning Committee
    Director Younger, Committee Chair

        1) Approval of an agreement with Physician Assistant Specialist California, Inc. (PASCAL) for surgical scrub support for open heart patients for a term of 24 months, beginning November 1, 2023 and ending October 31, 2025, for an annual cost of $190,000 and a total term cost of $380,000.

        2) Approval of an agreement with Nandan Prasad, M.D. as the Chairperson of the QAPI Committee for a term of 12 months, beginning October 1, 2023 and ending September 30, 2024, not to exceed an annual and total term cost of $18,600.

        3) Approval of an agreement with Gehaan D'Souza, M.D. as the Medical Director for Plastic Surgery-Consultative and Procedural Services for a term of 12 months beginning October 1, 2023 and ending September 30, 2024, for a total cost for the term not to exceed $33,840.

        4) Approval of an agreement with Jamie Resnik, M.D. to provide OB/GYN specialty training for Emergency Department providers up to three (3) sessions for a term of one (1) year, beginning October 10, 2023 and ending October 9, 2024, for a total cost of $4,500.

(2) Administrative Committees
    a. Patient Care Services Policies & Procedures
    1) Communication with the Sensory Impaired (Blind/Deaf)
    2) Deceased Patient Care and Disposition Procedure
    3) Gastric Intubation Procedure
    4) Interpretation and Translation Services Policy
    5) Lumbar Drains, Care of Procedure
    6) Rapid Response Standardized Procedure
    7) Referrals to Social Services for Biopsychosocial Assessment Policy
    8) Service animals Policy

    b. Allied Health Professional Manual
    1) Neurosurgery Standardized Procedures

    c. Cardiac Rehab
    1) Exercise Protocol, Phase IV

	Agenda Item	Time Allotted	Requestor

	d. Emergency Department
	1) Boarders Policy
	
	e) Engineering
	1) Time Cards 3004
	
	f. Medical Staff
	1) Focused Professional Practice Evaluation – Proctoring 8710-542
	2) Liability Insurance Requirements 8710-558
	3) Management of Conflicts between Medical Staff and MEC 8710-55
	
	g) Rehabilitation Center
	1) Provision of Durable Medical Equipment (DME) by Tri-City Rehabilitation Center
	
	h) Rehabilitation
	   a) Staff Meetings Policy - 201
	
	h) Security
	1) Forensic Services 218
	2) Payroll Timecard 305
	3) Security Precautions – In Custody Patients #219
	
	i) Surgical Services
	1) Traffic Patterns Policy
	
	(3) Minutes
	   a) September 28, 2023 – Special Meeting
	   b) September 28, 2023 – Regular Meeting
	
	(4) Meetings and Conferences – None
	
	(5) Dues and Memberships –
	   1) Department of Health License Renewal - $367,858.00
	   2) California Special Districts Membership Renewal - $9,275.00
	
	(6) Reports – (Discussion by exception only)
	   a) Dashboard
	   b) Lease Report – (September, 2023)
	   c) Reimbursement Disclosure Report – (September, 2023)		

9	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
10	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
11	Comments by Chief Executive Officer	5 min.	Standard
12	Board Communications (three minutes per Board member)	18 min.	Standard
13	Report from Chairperson	3 min.	Standard
14	Total Time Budgeted for Open Session	3 hours	
15	Adjournment		

SHARP

October 19, 2023

Dr. Gene Ma
President and CEO
Tri-City Healthcare District
4002 Vista Way
Oceanside, CA 92056

Dear Dr. Ma,

It has been a pleasure meeting with you and members of your leadership team over the last several months to explore opportunities for Sharp HealthCare ("Sharp") and Tri-City Medical Center ("TCMC") to develop a strategic relationship focused on patient access, quality of care, and transforming the delivery of care within the San Diego community. We recognize TCMC is at a critical juncture in its evolution as an organization, and we are enthusiastic about the opportunity to partner with you in this journey. As a result of our initial evaluation to date, we are confident that an affiliation between TCMC and Sharp would enhance our collective ability to deliver superior clinical care, improve the patient experience, offer greater affordability and accessibility to health care services to those we serve, and provide long-term economic stability for our organizations. Attached to this letter are the following materials:

I.   A summary value proposition of an affiliation between TCMC and Sharp,
II. An overview of Sharp, and
III. A summary of select proposed elements of an affiliation between TCMC and Sharp.

We are confident this material will be helpful in our proposal for a potential affiliation.

In great health,

[signature]

Christopher D. Howard
President and Chief Executive Officer

SHARP   **Tri-City Medical Center**

PRELIMINARY VALUE PROPOSITION OF AN AFFILIATION BETWEEN
TCMC AND SHARP HEATHCARE

These statements describe the overarching benefits associated with pursing an affiliation between Sharp and TCMC. An affiliation between TCMC and Sharp would:

- Enhance our collective capability to deliver superior comprehensive clinical care, improve the patient experience, offer greater and enhanced affordability and accessibility to health care services to those we serve, and provide long-term economic stability for our organizations.

- Expand our capacity to serve our respective communities through a comprehensive network resulting in the provision of and access to services on a larger scale, while supporting a county-wide focus on community health and wellness.

- Advance population health, including access to care with a focus on total health, to improve the health of those we serve and reduce health inequities within our communities.

- Improve our ability to navigate current and future volatility of the healthcare market by operating at a scale that drives operating and capital efficiencies, enhances effectiveness, supports resilience in uncertain times, allows for continued investment in facilities, services, and technologies, and more positively responds to community needs and underserved populations.

- Capitalize on the strong compatibility and cultural alignment of our organizations to further enhance the transformation of care our industry and respective communities require.

- Create an efficient and effective infrastructure resulting in clinical integration, operational excellence, optimal patient experiences, and performance as a high reliability organization, which will ensure our organizations' ability to serve our patients and community members, pursue innovations in healthcare, and advance our missions and visions.

- Receive significant focus and attention from Sharp leadership. This proposal has been reviewed and approved by the Sharp HealthCare Board of Directors, following an endorsement by its executive leadership team. Should we be selected to advance, we will bring significant resources, including both internal and external personnel, to execute an affiliation with TCMC as expeditiously as possible and within the mutually agreed upon timing objectives. Further, we would envision a collaborative process to design the future state of TCMC in partnership with Sharp.

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SHARP

I. OVERVIEW OF SHARP HEALTHCARE

A California nonprofit public benefit corporation with its corporate offices in San Diego, California, Sharp, together with its affiliated entities, constitutes a regional integrated health care delivery system known as Sharp HealthCare. Sharp's mission is to improve the health of those we serve with a commitment to excellence in all that we do. Our goal is to offer quality care and services that set community standards, exceed patients' expectations, and are provided in a caring, convenient, cost-effective, and accessible manner.

Serving a population of approximately 3.3 million, Sharp operates 1,962 licensed beds, has approximately 3,000 physicians in affiliated medical groups, employs more than 19,000 employees, and has over 1,000 volunteers. Sharp's assets total $7.0 billion and its total revenue totals $4.5 billion for fiscal year 2022. Sharp's unique combination of high-quality care, innovation, population health experience, operational expertise, and financial strength differentiates Sharp from other organizations. Sharp is the demonstrated healthcare market leader in San Diego, with *21 of the last 22 years showing continuous market share growth*.

As San Diego's health care leader, Sharp has an unwavering commitment to excellence and a passion for caring. At the forefront of Sharp's commitment to excellence is *The Sharp Experience*, a sweeping performance improvement initiative launched in 2001. This initiative has resulted in numerous advances in clinical outcomes, patient safety enhancements, and organizational and service improvements. Sharp's passion for caring is shared by its team members, who are working together to attain Sharp's vision to transform the health care experience and be recognized as:

- *The best place to work,*
- *The best place to practice medicine, and*
- *The best place to receive care.*

Sharp's transformation has resulted in significant improvements in each of its seven pillars of excellence – *Quality, Safety, Service, People, Finance, Growth, and Community.* Sharp has realized continuous growth while continuing its substantial community support through its community benefit programs and services. Sharp is rated Aa3/AA by Moody's Investors Services and Standard & Poor's, respectively. A summary of Sharp's utilization and financial metrics is

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below as of and for the year ended September 30, 2020, 2021, and 2022 and as of and for the nine months ended June 30, 2023 ("YTD"):

	FY 2020	FY 2021	FY2022	FY 2023 YTD
Utilization				
Maintained Beds	2,007	2,047	1,962	1,944
Occupancy	64.1%	67.2%	69.2%	70.5%
Discharges	77,218	83,071	85,056	64,017
Patient Days	469,556	502,227	495,667	371,645
Acute Average Length of Stay	5.2	5.4	5.2	5.1
Outpatient to Total Revenue	37.7%	41.6%	42.6%	43.6%
Outpatient Visits at Hospitals	868,491	949,489	970,727	699,157
Profitability				
Operating Margin[1]	4.5%	3.7%	1.7%	(3.1%)
EBITDA Margin	15.0%	19.5%	(8.0%)	14.6%
Leverage				
Debt to Capitalization	15.1%	14.8%	15.8%	14.5%
Unrestricted Cash to Debt	473.0%	479.0%	412.5%	457.6%
Debt Service Coverage	8.0	11.0	7.0	8.6
Liquidity				
Days Cash on Hand	358	394	322	337
Days in Accounts Receivable	43.2	54.9	52.8	54.4
Average Payment Period	82.4	66.1	66.9	58.3

These results are based on the combined performance of the organizations that comprise Sharp HealthCare. Sharp (the parent organization) is the sole statutory member or controls through other means the following corporations:

- *Sharp Metropolitan Medical Campus* has 1,037 licensed beds, including the following hospitals:
  - *Sharp Memorial Hospital*, opened in 1955, has 656 licensed beds and is the largest non-university, quaternary care hospital campus in San Diego County (the "County"). It provides a comprehensive range of primary, secondary, and specialized quaternary medical and surgical care to a diverse geographic distribution of patients residing in the County. Sharp Memorial Hospital is a County designated trauma center;
  - *Sharp Mary Birch Hospital for Women & Newborns*, opened in 1992, has 206 licensed beds, including 85 NICU beds, and is San Diego's only women's hospital (delivering over 7,000 babies a year, more babies than any other hospital in California) and the largest provider of NICU services;

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[1] June 30, 2023 YTD excludes the calendar 2023 Medi-Cal Provider Fee Program, which is expected to provide net funding of $108 million through September 30, 2023.

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- *Sharp Mesa Vista Hospital*, a psychiatric hospital, affiliated in 1998, has 159 licensed beds, and is the largest free-standing psychiatric hospital in the County; and
- *Sharp McDonald Center*, a chemical dependency recovery hospital, affiliated in 1998 with 16 licensed beds.

The combined operations of Sharp Metropolitan Medical Campus are under the corporate governance of Sharp Memorial Hospital.

- *Sharp Chula Vista Medical Center* ("SCVMC"), formerly Community Hospital of Chula Vista, affiliated in 1989. SCVMC has 449 licensed beds, including 100 skilled nursing beds in the **Birch-Patrick Convalescent Center,** and is the largest provider of health care services in the rapidly expending South Bay region. SCVMC's new 138-bed Ocean View Tower opened in January 2020.

- *Grossmont Hospital Corporation* ("GHC"), doing business as *Sharp Grossmont Hospital*, was formed in 1991 through a lease arrangement with **Grossmont Healthcare District**. Sharp Grossmont Hospital has 542 licensed beds, including 30 skilled nursing beds and 24 NICU beds, and is the largest provider of health care services in San Diego's far-reaching East County with one of the busiest emergency rooms in the County. The **Sharp Grossmont Hospital Neuroscience Center of Excellence** for advanced neurosurgical, neurological, and orthopedic-spine care is under construction. The first center of its kind in the County, the center will be completed in 2026. The expansion will include a two-story facility with two inpatient progressive care units, an inpatient rehabilitation unit, a 16-bed neuro-intensive care unit, and physical and occupational therapy gymnasium areas.

- *Sharp Coronado Hospital and Healthcare Center* ("SCHHC"), formerly The Coronado Hospital, affiliated in 1994 through a lease arrangement with **Coronado Hospital Foundation** ("CHF"), a nonprofit public benefit corporation. SCHHC has 181 licensed beds, including 122 sub-acute and skilled nursing beds. SCHHC expansions anticipated to be completed in 2023 include an intensive care unit relocation, emergency department expansion (8 to 15 beds), and seismic SPC-4D compliance. CHF exists for the purpose of serving as landlord for the lease arrangement and raising funds for SCHHC.

- *Sharp Rees-Stealy Medical Centers* joined Sharp in 1985. As a foundation model, Sharp Rees-Stealy Medical Centers contract with *Sharp Rees-Stealy Medical Group, Inc.* to provide ambulatory health care services to over 185,000 capitated enrollees in addition to its significant fee-for-service business. Services are provided at 24 clinic facilities and five urgent care centers throughout the County. The medical group comprises over 157 primary care and family physicians, supported by 393 specialists and subspecialists representing virtually every medical specialty.

- *Sharp Community Medical Group* was formed in 1989. Sharp Community Medical Group is an Independent Physicians Association with physicians on the various Sharp medical staffs. Sharp Community Medical Group includes Palomar Health Medical Group and Graybill

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Medical Group ("Graybill"), the latter having physicians on TCMC's medical staffs. Sharp Community Medical Group consists of 294 primary care physicians and 721 specialists representing more than 30 specialties. The medical group has a Management Services Agreement with Sharp to provide various administrative and contracting services and serves over 128,000 capitated enrollees.

- *SharpCare Medical Offices* ("SharpCare") was formed in 2016 and contracts with *SharpCare Medical Group* to provide primary care services. Created as an additional option for physicians who want to practice within a foundation model, SharpCare is focused on expanding community-based primary care services throughout the County. SharpCare has six locations in the County and serves over 7,000 capitated members.

- *Sharp Health Plan* was formed in 1992 as a Knox-Keene licensed plan, offering managed care products through a nonprofit health maintenance organization ("HMO"). Sharp Health Plan enhances Sharp's ability to provide affordable health care coverage to its employees and the communities it serves. Sharp Health Plan has over 148,000 commercial members, including employees of Sharp and their dependents. Sharp Health Plan is the highest member-rated health plan in the state, has a 4.5 out of 5 quality rating by the National Committee for Quality Assurance ("NCQA"), placing it in the top decile of commercial health plans nationally. And, Sharp Health Plan has a 5 out of 5 overall Medicare quality star rating by the Centers for Medicare and Medicaid Services ("CMS").

- *Sharp Freestanding Surgery, LLC* was formed in 2019 to operate freestanding ambulatory surgery centers ("ASCs") located in the County. Sharp Freestanding Surgery, LLC owns two ASCs, located in San Diego and La Mesa.

- *Continuous Quality Insurance, SPC* is a wholly owned captive insurance company domiciled in Grand Cayman. It provides professional and commercial general liability insurance services to certain Sharp entities and stop-loss insurance to Sharp Health Plan. Continuous Quality Insurance was formed in 1992.

- *Sharp HealthCare Foundation*, formerly Sharp Hospitals Foundation, was formed in 1979 and exists solely for the purpose of raising funds for Sharp.

- *Grossmont Hospital Foundation* was formed in 1985 and exists solely for the purpose of raising funds for GHC.

Sharp provides centralized system support services to the Sharp entities, including centralized patient placement, clinical effectiveness, contracting, credentialing, corporate compliance, facilities development, finance, government relations, human resources, informatics, information technology, internal audit, legal, risk management and insurance, marketing, communications and consumer digital strategy, physician services, Sharp laboratory, Sharp

Ventures, strategic planning and business development, supply chain services, *The Sharp Experience,* and The Transformation Office.

SHARP

San Diego's
Health Care
Leader

(H) Acute Care Hospitals

(H) Specialty Hospitals

Doctors' Offices:

◆ SharpCare Medical Group

◆ Sharp Community Medical Group

◆ Sharp Rees-Stealy Medical Group

◆ Sharp Rees-Stealy Urgent Care

Other Sharp Facilities:

Bone Marrow/Liver Transplant Joint Venture

Sharp Cancer Centers

Sharp Freestanding Surgery Centers

(cc) Sharp Grossmont Hospital Care Clinic

(s̄) Sharp Health Plan

Sharp Hospice Homes

Sharp Hospital-Based Outpatient Surgery Centers

Sharp Imaging Centers

Sharp Rehabilitation Centers

Skilled Nursing

San Diego County

Fallbrook

Oceanside
Vista
San Marcos
Escondido
Carlsbad
La Costa
Leucadia
Rancho Santa Fe
Encinitas
Cardiff-by-the-Sea
Solana Beach
Rancho Bernardo
Del Mar
Poway
Mira Mesa
Scripps Ranch
La Jolla
University City
Pacific Beach
Clairemont
Tierrasanta
Santee
El Cajon
Linda Vista
Mission Beach
Ocean Beach
La Mesa
Point Loma
Downtown
Spring Valley
Lemon Grove
Coronado
National City
Bonita
Chula Vista
Imperial Beach
MEXICO

Sharp Metropolitan Medical Campus

Ramona
Alpine

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II. SUMMARY OF SELECT KEY AFFILIATION ELEMENTS

As we understand, TCMC's administrative team has identified key considerations that are material to the Tri-City Healthcare District (the "District") board's decision process. Based on our discussions to date and preliminary evaluation of the strategic opportunity, Sharp believes that it is an optimal partner to execute on each of the District's objectives, which are outlined below.

TCMC Affiliation Objectives:

1. Be prepared to assume financial and operating responsibility for the hospital in a transaction that complies with the relevant provisions of the Health and Safety Code.
2. Demonstrate a commitment to serve all members of our community, regardless of insurance status.
3. Maintain TCMC as a full-service community hospital.
4. Commit to ensure that the hospital remains in compliance with all regulations and laws, including seismic standards.
5. Be prepared to commit to integrate our electronic health record system ("EHR") with their own system.
6. Demonstrate an intent to minimize disruption to our employees.
7. Support the development of the primary care network associated with TCMC.
8. Support the development of TCMC's outpatient network.
9. Demonstrate a clear strategic intent for the future of TCMC.

Sharp has an extensive list of clinical and service innovations, and its integrated delivery system structure provides a great benefit to its affiliated entities and the communities it serves. Sharp has a track record of supporting district healthcare organizations, developing sound strategic and financial plans, executing on committed capital programs, effectively integrating and creating synergies, and successfully implementing strategies that enhance quality, services, and facilities. With a sound financial position, durable balance sheet, and history of sustained operating performance, Sharp is consistently recognized as a low-cost, high-quality provider. Solid physician relations, committed employees, and strong community support are hallmarks of Sharp's success. Following are some key areas where Sharp's success can be leveraged to provide unparalleled opportunities for TCMC, as well as its staff, physicians, and the communities it serves.

Each of the following sections is intended to be responsive to the respective TCMC Affiliation Objective provided.

1) Partner assumes financial and operating responsibility for the hospital in a transaction

Based on our discussions to date, Sharp understands TCMC's preference for a fully integrated lease structure. To that end, as a non-profit corporation seeking to support and enhance the operations and maintenance of TCMC, Sharp proposes to develop a (p)(2) lease consistent with the Health and Safety Code, as further outlined herein. Sharp has historical experience and

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success operating in this manner, most recently with Sharp Grossmont Hospital, which was formed in 1991 through a lease arrangement with the Grossmont Healthcare District. Today, Sharp Grossmont Hospital is the largest provider of health care services in San Diego's far-reaching East County with one of the busiest emergency rooms in the County.

This transaction structure enables TCMC to capitalize upon the Sharp brand and allows Sharp to support significant operational and financial investments into the community such as ambulatory and physician network infrastructure, the Epic EHR, and a broader integrated delivery system, as outlined herein. While Sharp will bear ultimate responsibility for execution of the financial and operational elements, it will do so within the context of designing the optimal healthcare ecosystem for the greater San Diego County community. This includes Sharp fully absorbing the financial risk of operations and executing on the strategic vision in which TCMC becomes a core part of the Sharp HealthCare integrated delivery system, gaining from a fully aligned corporate infrastructure, provider network development platform, connected health plan strategy, and various other elements of the Sharp system.

The fully integrated lease structure also enables Sharp to more readily extend its quality infrastructure to TCMC. As an integrated delivery system, Sharp approaches care quality different from a traditional fee-for-service based health system. That is, Sharp's economic value is created by advancing the health of individuals rather than patients reactively seeking care. This has enabled Sharp to position itself as the county-wide leader in healthcare, and TCMC would immediately receive access to the significant resources Sharp can bring to bear.
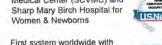
SAN DIEGO'S HEALTH CARE LEADER^{SM}

MAGNET Designation for Nursing Excellence: Sharp Grossmont Hospital (SGH), Sharp Memorial Hospital (SMH), Sharp Chula Vista Medical Center (SCVMC) and Sharp Mary Birch Hospital for Women & Newborns

Leapfrog Hospital Safety Grades of "A" – SMH, SCVMC, SGH, Sharp Coronado Hospital and Healthcare Center, 2022

Newsweek's 2023 Best Hospitals for Maternity Care (Uncomplicated Pregnancy), SGH and SCVMC

Elite Status, Sharp Rees-Stealy Medical Group (SRS) and Sharp Community Medical Group, 2010 – 2022

Sharp Health Plan (SHP) Highest Member-Rated Plan in the State, 2015 – 2022

First system worldwide with all acute care hospitals Planetree-designated

Union Tribune Best Hospital Group (Sharp HealthCare), Hospital (SMH), Medical Group (SRS) and Health Insurance (SHP), 2022

Hospitals & Health Networks "Most Wired," 2012 – 2021

Press Ganey Pinnacle of Excellence and Guardian of Excellence Awards; multiple entities, 2013 – 2022

LGBTQ+ Healthcare Equality Leader, All Sharp HealthCare Hospitals, 2022

100% Clean Power Champion Award, Sharp HealthCare, Bloom 2022

Sharp's integrated structure and physician alignment position it well for continued success as healthcare reimbursement increasingly shifts to pay-for-performance and value-based purchasing. With over *40 years of experience with medical group integration*, much of Sharp's success in managed care can be attributed to its care management and population health initiatives. Sharp Health Plan has over 148,000 members, is an approved CalPERS insurer and was selected to participate in *Covered California* in the County, the state's insurance exchange and health insurance marketplace for individual and small business coverage beginning in 2014. *Sharp Health Plan's integration with Sharp creates a better position to manage quality and cost*

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of care. Additionally, Sharp is the largest provider of Medi-Cal services in the County and has extensive contracting relationships with local, state, and national insurers.

To execute on this vision, Sharp will invest in the development of a Master Site Plan, which will be jointly developed with TCMC prior to closing. This Master Site Plan will articulate the facility and infrastructure required to most effectively meet the near-, medium-, and long-term needs of the community. This Master Site Plan will also form the basis for General Obligation Bonds ("GO Bonds") that would be issued by the Tri-City Healthcare District ("TCHD") to fully fund the plan (as appropriate). For avoidance of doubt, Sharp would not bear responsibility for servicing the principal and interest payments associated with the GO Bonds. Further, the TCHD will ensure the continuation of supplemental funding currently received by TCMC, including tax revenues and intergovernmental fund transfers. Development of a mutually agreeable Master Site Plan and the issuance of GO Bonds to fund the Plan are critical success factors to execute the affiliation outlined herein and, therefore, are requirements for closing.

Consistent with prior practices, the TCMC Foundation will remain a separate, supporting entity of TCMC, and all current and future funds would be utilized solely for the benefits intended. The TCMC Foundation would benefit from synergies other foundations within the Sharp system have realized such as a common set of infrastructure that supports greater coordination of fundraising efforts, and other similar matters.

2) Commitment to serve all members

As a mission-based, not-for-profit healthcare system, Sharp has a fundamental commitment to serving all members of the community. Sharp is a San Diego leader in the provision of hospital services to the County's Medi-Cal population. In calendar 2022, Sharp provided hospital care to 38% of the County's total hospitalized Medi-Cal population. In fiscal 2022, as a reflection of Sharp's charitable mission, it contributed more than $541 million in community benefit programs and services to the communities it serves.

Sharp has developed strong partnerships with community clinics and other providers to effectively serve the Medi-Cal population. Sharp is proud to work with and support a number of Federally Qualified Health Centers including Family Health Centers of San Diego, La Maestra Community Health Centers, San Ysidro Health Centers, and the Southern Indian Health Council. Additionally, on the campus of Sharp Grossmont Hospital, Sharp has an express care clinic to better serve Medi-Cal patients that have historically utilized Sharp Grossmont Hospital's emergency department to obtain non-emergent care.

An affiliation with Sharp provides TCMC the opportunity to build on Sharp's expertise, relationships, strategy development, and program funding to effectively meet the health care needs and expectations of the County's Medi-Cal population.

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3) – 4) Maintain TCMC as a full-service community hospital, compliance with all regulations and laws, including seismic standards

TCMC will be a focal point in Sharp's development of a robust North County network, serving as an acute care hub from which care is provided to the community. As detailed above, Sharp will invest in the pre-close development of a Master Site Plan that will articulate the envisioned near-, medium-, and long-term state of TCMC such that the ability to provide high-quality, accessible care to the community is maximized. Fundamental to any Master Site Development is compliance with all regulatory and legal requirements, of which Sharp will commit to uphold the standards of care that are representative of the system as a whole.

As the parties jointly advance the Master Site Plan, it is expected that the approach to addressing seismic requirements will be defined as well. Sharp has preliminarily reviewed the TCHD's plans to address seismic requirements and looks forward to jointly developing the details through the Master Site Plan process.

5) Commit to integrate EHR

An affiliation provides the opportunity for TCMC to participate in Sharp's current suite of information technology products to achieve synergies, accelerate consumer innovation strategies, enhance clinical technology and data management, and jointly develop information systems that support the evolving health care environment. Sharp would work with TCMC to integrate information technology systems into one platform. Sharp considers it a strength that it will be implementing Epic on October 1, 2023 to support the operations of Sharp Health Plan, and will implement Epic on March 1, 2024 to support the operations of its medical groups, hospitals, outpatient and ancillary services, revenue cycle and scheduling. Sharp is committed to implementing Epic's foundation system, with customizations limited to 2% and only by express approval from its executive team, to ensure Epic's effectiveness as a single platform in the months and years ahead. Sharp is on track for implementation of Epic across the enterprise and would integrate TCMC onto the platform post-closing. Sharp estimates this will require an investment of at least $30 million, and Sharp would bear the cost of doing so.

6) Minimize disruption to our employees

As the largest non-government employer in the County and the employer of choice for over 19,000 team members, Sharp's success in attracting and retaining organizational talent has been based upon our local, regional, and national reputation, relationships with academic and educational programs, competitive compensation and benefit packages, opportunities for professional development and advancement, and creation of an organizational culture grounded in the vision to be the best place to work, practice medicine, and receive care.

As part of the commitment to be the best place to work, our employees receive a holistic package of benefits designed to encourage their professional growth and personal wellbeing — from career mobility and fully funded educational programs to medical, dental, vision and pet

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insurance. Through our partnership with Guild, we are proud to offer educational benefits, including tuition-free education. Built-in career pathways allow employees to choose where they would like to take their career. Through Guild, Sharp provides access to hundreds of online classes and programs — many of which are eligible for full or partial tuition assistance by Sharp. These classes stem from a variety of programs within the extensive Guild catalog and provide online, self-paced learning. Employees can earn undergraduate and graduate degrees, certificates, or diplomas — all while working at Sharp. With this benefit, 100% of tuition is covered for our tuition free programs, or up to $5,250 for our tuition assistance eligible programs, at high-quality Learning Partners within the Guild catalog.

For even greater flexibility, students pursuing their college education outside of the Guild network can choose a college tuition reimbursement benefit of up to $5,000 per calendar year. All regular full-time Sharp team members are eligible for this benefit on their first day of employment. This program is offered in addition to our outside training education reimbursement program, which provides full-time and part-time employees the opportunity to enhance current job skills via reimbursement of a variety of training options such as seminars, professional learning modules and continuing education. Additionally, Sharp leaders (leads and above) participate in quarterly Leadership Development Sessions focused on developing key leadership qualities and behaviors that support Sharp's mission, vision, and values. Sessions are focused on three domains – Self, People and Organization – and six capabilities that fall within each domain. Sharp leaders commit to modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart — all practices of exemplary leaders (Kouzes & Posner, 2017).

As a result of these initiatives, benefits, and structures, Sharp's turnover rates are significantly below regional and state benchmarks, and employee satisfaction is in the top quartile nationally, as measured through an annual employee engagement survey, demonstrating that team members are committed to Sharp's mission, vision, and values.

As the healthcare industry undergoes a fundamental transition to the overarching business model, Sharp believes it is imperative to recruit and retain talent across all elements of the integrated delivery system. This is core to Sharp's objective of being the best place to work, which will enable the organization's ability to transform the healthcare experience. The breadth and strength of Sharp's employee programs allow the organization to recruit and retain well-qualified talent, which has been a hallmark of Sharp's success and is a considerable strength that can be extended to TCMC in partnering with Sharp.

Vision

Sharp will *transform the health care experience* and be recognized as:

* *The best place to work,*
* *The best place to practice medicine, and*
* *The best place to receive care.*

Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those we serve. *Sharp will become the best health system in the universe.*

To that end, Sharp will work with TCMC to design an integration and retention plan that supports the parties' mutual objective of minimizing

disruption to employees. At closing, Sharp will offer employment to all of TCMC's employees in good-standing, provided that TCMC has accomplished substantially all of the staffing and other targets and metrics defined in its turnaround plan. Following the closing, the "go forward" operating strategy included as a part of the integration plan will serve as the blueprint for TCMC to capture the value Sharp can bring to the organization and articulate in reasonable detail the possible impact on various stakeholders. To the extent certain stakeholders are ultimately impacted by the affiliation, Sharp will utilize its best efforts to identify opportunities within the broader Sharp system.

7) – 8) Support development of primary care and outpatient networks

As an integrated delivery system, a high functioning ecosystem of care is critical to Sharp's success, including a robust primary care and outpatient network. To effectuate this, Sharp maintains relationships with the highest-caliber physicians by creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, have access to state-of-the-art equipment and cutting-edge technology, and play an important role in Sharp's strategic planning process and board governance. Furthermore, Sharp engages affiliated physicians through Sharp's Physician Leadership Academy, with curriculum that aligns with Sharp's strategic plan and business objectives.

Sharp's affiliated physician network includes:

- Sharp Rees-Stealy Medical Group, San Diego's first and oldest multispecialty medical group;
- Sharp Community Medical Group, San Diego's largest Independent Practice Association; and
- SharpCare Medical Group, Sharp's newest primary care medical group.

Sharp works with these organizations, as well as Sharp-aligned independent physicians, to provide cost-effective, quality care to the communities it serves. Physicians can select a medical group model that aligns with how they practice, while gaining access to Sharp's third-party payor relationships and an integrated delivery system providing comprehensive and compassionate care to their patients.

Sharp's vision to provide the best place to practice medicine guides leadership's focus on providing a collaborative, patient-centered environment with the highest quality staff and technology to meet physician practice requirements and exceed physician expectations in each of our ambulatory and hospital locations. By offering a full-spectrum of physician affiliation models – from independent physicians to an Independent Practice Association to primary- and multi-specialty-care foundation models – Sharp is able to provide options to meet a physician's practice preferences.

By affiliating with Sharp, TCMC would have access to Sharp's physician network services and its expertise in working with medical groups to design the best provider experience for affiliated

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physicians. Sharp is committed to working with all practice models adopted by TCMC's physicians to ensure their success and the health and well-being of the communities it serves. Through joint planning with TCMC and its affiliated medical groups, as well as the Master Site Plan development, Sharp would work to further integrate TCMC's affiliated physicians into Sharp's network offerings and design the optimal network strategy that promotes the overarching vision of providing the highest-quality, accessible care to residents of North County. In doing so, Sharp's primary objective will be to minimize any disruption and enhance the opportunities for TCMC's provider base. For avoidance of doubt, Sharp applies a pluralistic model for its provider alignment. As a result, TCMC providers will have access to all of Sharp's models of care, including remaining in an independent practice with privileges at TCMC.

9) Strategic intent for the future of the hospital

As articulated above, TCMC will form the basis for Sharp to develop a hospital presence in TCMC's North County communities. At current, Sharp does not have an acute care presence in the geography, so TCMC will serve as an acute care solution for Sharp's regional network strategy. The North County region is a key strategic initiative for Sharp, so the system is highly incentivized to ensure TCMC remains a viable, high-quality hospital to serve the community.

As the Master Site Plan is codified, it will influence key matters such as the following:

- The compliment of services, which will factor in community need, economic viability, physician availability, patient access, and other similar factors,
- The number of inpatient beds, which will evaluate supply/demand dynamics over the near-, medium-, and long-term; Sharp's initial study indicates that TCMC's plans for a 96-bed seismically compliant facility may be more appropriate for community requirements than the existing chassis, and
- Ambulatory investments, which will identify key outpatient, physician, and other related investments to ensure TCMC thrives into the future.

TCMC is a critical component of a potential North County strategy for Sharp. The primary objective for Sharp is to jointly develop and reach alignment on the optimal future state vision so that the parties can execute the formation of a care network that meets the needs of the community. Sharp is committed to enabling TCMC to optimally provide care to the communities served by TCHD and believes an affiliation will best achieve our shared objectives.

SUMMARY OF SELECT KEY AFFILIATION ELEMENTS AND CLOSING

The following table is intended to summarize and augment key elements of a proposed affiliation.

Element	Description
Structure	• Sharp and TCHD will enter into a non-fair market value, (p)(2), triple-net, long-term lease (30 years), consistent with the Health and Safety Code, covering the assets and operations of TCMC (the "Lease").

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Element	Description
	• The Lease will include all buildings, appurtenances, improvements, equipment and fixtures located on the real property and used in the operation of TCMC.
	• To effectuate the Lease, Sharp will form and be the sole member of a new 501(c)(3) entity ("NewCo") that will lease TCMC from TCHD.
	• TCMC Foundation will remain a separate, supporting entity of TCMC, and all current and future funds would be utilized solely for the benefits intended.
	• To support and oversee the execution of TCMC's turnaround plan prior to closing, Sharp is willing to develop a management services agreement with TCMC for the period between signing of definitive affiliation agreements and closing of the affiliation. The objective of the management services agreement is to provide TCMC with tools, capabilities, resources, and infrastructure available to Sharp to advance and achieve a successful outcome for the operational turnaround plan. If TCHD is open to this type of arrangement, the specific terms and conditions of a management services agreement will be developed as a part of the discussions related to the definitive affiliation agreements.
Governance	• NewCo will be governed by a board of directors that will include representation from TCHD, directors elected by Sharp, and certain *ex officio* directors. TCHD's representation on the board is intended to assure that TCHD maintains a voice in the local governance of TCMC for the duration of the Lease.
	• Sharp will retain certain reserved rights and powers over Newco so that Sharp may financially consolidate the operations of TCMC, among other matters.
Master Site Plan	• Prior to closing, Sharp will work with TCMC and TCHD to develop a Master Site Plan related to TCMC. In addition to achieving seismic compliance, TCMC needs to be designed in a manner to enable affordable, modernized care across a health care campus capable of accommodating expected long-term growth, community needs, and future technology, modalities and service offerings. As described above, the Master Site Plan will seek to achieve this objective by identifying the facility and infrastructure required to most effectively meet TCMC's near-, medium-, and long-term needs. This Master Site Plan will, in effect, describe the vision of the affiliation between TCHD and Sharp for the Healthcare District's residents, who will ultimately determine the outcome of both the affiliation and the GO Bonds.
	• The Master Site Plan also will identify any "core services" that Sharp would commit to operate post-closing in order to assure ongoing access to care,

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Element	Description
	subject to community need, economic viability, physician availability, and other similar factors.
	• Development of the campus based on the Master Site Plan will be funded by GO Bonds to be issued by TCHD. Voter approval of the GO Bond funding will be a condition to closing of the affiliation.
	• Sharp has significant relevant experience in crafting and designing Master Site Plans, having recently completed multiple plans for its other facilities. While Sharp has expertise in this area, it is essential for the success of this process for it to be collaborative and bring together various key stakeholders to actively participate, including representative TCHD board members, TCMC's administrative executives, and key physician leaders.
Integration Plan	• Prior to closing, Sharp will develop an integration plan that describes Sharp's intent with respect to TCMC's post-closing operations, EHR implementation timing, and other similar matters.
	• Sharp will use best efforts to minimize potential disruption to staff and providers following the closing of a potential affiliation. Sharp's goal is to build and expand TCMC's operations and does not anticipate any substantial changes to staffing at the closing of the affiliation. In this regard, provided TCMC achieves substantially all of the staffing targets in its turnaround plan, Sharp will offer employment to all of TCMC's staff in good-standing at closing. The Master Site Plan and the integration plan will ultimately determine the appropriate long-term staffing levels necessary to deliver high-value and quality healthcare to the communities served by TCMC. Further, as an existing health care system with multiple opportunities within San Diego County, any staff members who may be impacted by the affiliation will be afforded opportunities for employment elsewhere within the Sharp system. By way of example, Sharp Grossmont Hospital's employee base has more than doubled since the start of our affiliation.
	• Subject to diligence, Sharp intends to maintain TCMC's existing provider relationships in place as of the closing. Sharp's pluralistic provider model is unique in the region and presents options for all providers through Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, and independent medical groups or practice. Sharp does not have any intentions to require TCMC providers to join a specific offering or physician model; rather, the options will be made available to TCMC's providers as they select or see fit to advance their individual practice objectives.
District Role	TCHD will remain an ongoing and important voice for the community served by TCMC. In addition to the NewCo governance representation described above, other roles and responsibilities for the TCHD include the following:

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Element	Description
	• Community Benefits Committee: TCHD, Sharp, and TCMC physicians (including independent physicians who practice at TCMC) would form a committee that informs the approach and manner in which Sharp deploys and funds community benefits programs that serve the North County. In 2022, Sharp HealthCare provided more than $541 million in community benefit programs and services. This amounts to more than $1 million per day, and to $1 of every $8 of Sharp's net revenue being spent in direct support of the community and its diverse healthcare needs. TCHD and its community will play an important role in how Sharp deploys funds and develops programs that serve the local community. • Community Initiative Funding: Following an initial integration and operations period focused on ensuring TCMC's transition to a long-term viable organization, Sharp is open to making certain funds available to TCHD for purposes of funding community healthcare initiatives. The mechanism and amounts of such funding will be included as a part of the discussions related to the definitive affiliation agreements. • Community Health Needs: Since 1995, Sharp participates in a countywide collaborative with the Hospital Association of San Diego and Imperial Counties to conduct a triennial Community Health Needs Assessment (CHNA) that identifies priority health and social needs for San Diego County. Sharp develops CHNAs for each of its individually licensed hospitals. Sharp expects TCHD and its constituents to be actively engaged in the CHNA related to TCMC and the communities it serves.

Capital Investment and EHR Plans	• While TCHD will support the Master Site Plan through issuance of GO Bonds, Sharp expects to commit significant capital and other resources towards optimizing TCMC and the overall care continuum, which will include the following:
	
	  o Developing a robust ambulatory and physician network to complement and support TCMC's hospital operations and extend the access to and delivery of care in the community.
	
	  o Deploying Epic EHR across both TCMC's inpatient and outpatient settings, at a current estimated cost of $30 million.
	
	  o Supporting the post-closing net working capital requirements of TCMC, especially during the turnaround and operational reinforcement phase of the integration plan.
	
	  o Investing in routine and strategic capital for the hospital prior to and after completion of the development/construction work to be described in the Master Site Plan.

Element	Description
	○ Expanding Sharp Health Plan and its product offerings to the local businesses and individuals in TCMC's community, including network development and expanded marketing. ○ Other similar investments to support and enable the provision of high-quality healthcare at TCMC for the North County community consistent with Sharp's systemwide standards. - Sharp has a long history of investing in facilities similar to TCMC. As an example, Sharp has invested or committed to invest $394 million at Sharp Grossmont Hospital since FY13. To achieve our shared vision, Sharp will deploy significant resources to provide the highest value of care to the community.
Other Key Elements	- Sharp commits to operate TCMC for the benefit of all patients in the communities served by TCHD, without regard to the ability to pay. - TCHD will assure the continuation of the supplemental funding currently received by TCMC, including tax revenues and intergovernmental fund transfers. - Prior to or concurrent with closing of an affiliation, TCHD will refinance any existing debt necessary to allow for the affiliation (e.g., TCMC's HUD financing). With respect to TCHD's Health Care Access and Information (HCAI) Loan, Sharp will work closely with TCHD to evaluate the alternatives for the appropriate treatment and satisfaction of this debt. Sharp expects discussions related to any debt to be refinanced and the HCAI debt will occur during the next phase of due diligence and the discussions related to definitive affiliation agreements. As further discussed below, Sharp's ultimate goal is to design a debt structure that best positions the various constituents to achieve the optimal economic outcome. - Any debt of TCMC will be held separately from Sharp's obligated group; however, Sharp's full faith and credit will support TCHD in meeting its debt obligations. Moreover, during the term of the Lease, Sharp commits to support TCHD in meeting the funding needs of any indebtedness incurred for the benefit of TCMC, such as the GO Bonds and any refinanced debt, to the extent not covered by tax revenues. Sharp's initial perspective is that setting periodic lease payments (supported by Sharp's full faith and credit) to equal the debt service requirements of all debt associated with TCMC may be the most efficient mechanism to achieve the parties' objectives; however, Sharp is open to exploring alternatives during next phase of the due diligence process. Under Sharp's proposed model, since the Lease will be treated as a capital transaction for financial accounting purposes, Sharp's obligation to fund the periodic lease payments to meet TCHD's debt service

Element	Description
	requirements will constitute a liability on Sharp's consolidated financial statement.
	• Similar to the experience with Sharp Grossmont Hospital, Sharp will evaluate market conditions for the opportunity to refinance the GO Bonds and add TCMC as a member of Sharp's Obligated Group.
	• In the event TCHD wishes to sell, assign, or transfer all or any portion of its assets subject to the lease to any third party, Sharp will have a right of first refusal to purchase the assets on equivalent terms.
	• Upon expiration of the lease, TCMC will revert back to TCHD and again will be subject to other applicable terms and provisions of the Health and Safety Code.

As described in the foregoing, an affiliation with Sharp can provide substantial strategic value to TCMC. Sharp has extensive experience and a successful track record in working with a hospital district, as demonstrated by Grossmont Healthcare District's General Obligation bond support and recent Sharp lease extension approval by San Diego's East County community. Sharp has the ability to provide significant value to TCMC's constituents, physicians, and employees, providing TCMC with the best prospect for long-term success and providing the growing San Diego community with the best opportunity for comprehensive, compassionate health care.

Sharp is very interested in advancing the dialog with TCMC leaders to further discuss how Sharp and TCMC can work towards an affiliation arrangement. We look forward to your feedback and to discussing next steps.

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UC SAN DIEGO HEALTH

Proposal to Tri-City Healthcare District
Board of Directors

ENVISIONING THE FUTURE

Outline

In partnership with the Tri-City Healthcare District, development of a Joint Powers Agreement (JPA) whereby UC San Diego Health assumes title to District-owned assets in order to provide administrative, clinical, and operational management for all healthcare services and collaborates with community physicians, the existing medical staff, and UCSD physicians where necessary to offer District residents affordable, accessible, and high-quality healthcare services across the full range of medical specialties.

An affiliation with UC San Diego Health will position Tri-City Medical Center as a regionally and nationally recognized destination for medical care.

October 2023

EXECUTIVE FRAMEWORK for Revitalizing Regional Healthcare

1

Enhanced Medical Care for District Residents

Deliver accessible, affordable, high quality care within the region

- **An alliance** that ensures the continued viability of a full-service medical center under a financially sustainable model for the District and its residents

- **A strategic vision** that establishes a new outlook for the medical campus and reinvigorates residents and local employers by providing a premier medical home for patients

- **A long-term commitment** as an essential partner of a regional public health care system that fulfills the District's goal of supporting the healthcare needs of its communities and ensuring access to world-class healthcare, technological innovation, and modern facilities

2

Medical Campus of the Future

Revitalize and redevelop the medical campus to meet current and future needs of the community

- **Outpatient Pavilion** development within shelled space of existing on-campus MOB to accommodate trends in ambulatory and outpatient services

- **New hospital tower** construction in partnership with the District and the community to accommodate advanced medical services, technological innovations, and modern amenities

Phase 1: Outpatient Pavilion	Phase 2: New Hospital Tower
• Women's health and reproductive medicine • Heart center • Cancer Center including infusion center, radiation oncology, cancer clinics, and clinical trials • Advanced imaging • Procedure suite • Ambulatory surgery center	• South Tower construction • Destination clinical services • Labor & delivery unit • Intensive care unit • IMU and Med/Surg beds • Surgical & procedure suites • Integrated technology capabilities

3

World-Class Medical Capabilities

Develop new sub-specialty services, innovative care models, and enhanced technologies

- **Expand on-campus destination programs** in collaboration with medical staff including cancer services, radiation oncology, cardiovascular care, neurosurgical services, behavioral health, and others as needed

- **Collaborate with existing medical staff** and regional providers to develop and/or supplement existing specialty programs and broaden primary and specialty care networks

- **Develop ongoing recruitment pathways** to ensure long-term sustainability of medical and surgical specialists throughout the region

- **Revitalize Women's Health Services** through investments in physician recruitment, program development, and facilities improvements to establish a regional center of excellence and destination

4 Modernized Technology Infrastructure

Upgrade information systems to advance patient care and innovation

Epic

- **Implement UCSD-Optimized Epic** electronic health record (EHR), including integrated artificial intelligence (AI) tools across all environments upon termination of Cerner agreement

- **Reinforce cybersecurity services** to guard against ransomware and other attacks on critical infrastructure

- **Incorporate advanced technology** in patient rooms, operating rooms, and ambulatory clinics to promote efficiency and convenience

- **Ensure connectivity with regional health systems** through integrated Epic communication tools

Implementation of Epic and other advanced information systems across all facilities:

- Hospital
- Ambulatory clinics
- Medical groups

Enhancing clinical operations, patient flow, and promoting information exchange with regional providers

- UC San Diego Health
- Kaiser
- Sharp (2024)
- Scripps
- Rady Children's
- Providence

5 Expansive Provider Network

Broaden the primary and specialty care physician base

Enhanced Access
Expansion of medical services and regional providers

- **Immediate placement of primary care** physicians in new and existing MOBs to accommodate anticipated demand and retain referral pathways for specialists

- **Integration of regional physician practices** under the clinically-integrated network model and shared information system allowing providers to retain autonomy while benefitting from UCSD support services

- **Expansion of UCSD specialty physicians** to develop new and supplemental medical services and clinical programs

> **OBJECTIVE:** Residents receive world-class medical care at local facilities with local providers under a nationally recognized brand

NORTH COUNTY PROVIDER NETWORK

6 New Payer Partnerships and Enhanced Revenue

Expand access to health plans and government funding opportunities

- **Health plan contracting under state-wide UC Health system** contracts for all major commercial insurers including PPO, HMO, and Medicare Advantage – with integrated population health services to manage risk-based contracts

- **Enhanced government funding opportunities** through Medi-Cal, inter-governmental transfers, and other state/federal sources

- **Exclusive arrangements with key employers** (e.g. local school districts, city governments, and large regional employers) to provide enhanced benefits when using network facilities and providers

- **Access to UCSD employee base** representing one of the largest employers in San Diego County

Blueprint for Transformation

Fundamental elements toward a long-term alliance with the Tri-City Healthcare District

VISION

In partnership with the Tri-City Healthcare District, UC San Diego Health aims to transform healthcare in North County by **delivering accessible, world-class medical services to residents** of the District and establishing a destination center for patients throughout the region. Through investments in modern facilities and technologies designed around the future of care delivery, we envision **a revitalized and re-energized medical campus** serving as the primary medical home for residents and a source of pride for the community.

> A new era of physician alignment, combining the regional expertise of existing medical groups with the advanced specialists of a nationally-recognized academic medical center will position the new campus as a **regional center of excellence** nationally distinguished for quality, safety, and patient experience.

Investment Strategies
Short and Long-Term Objectives Toward a New Vision in Partnership with the District

Campus Redevelopment	Technology Infrastructure	Physician Alignment	Labor & Delivery	Quality & Safety	People
• Facility enhancement • MOB build-out • New construction • Equipment upgrades	• UCSD Health Epic implementation • Cybersecurity • Network modernization • Access to evolving AI strategies	• Physician recruits • EHR integration • Network expansion	• Physician placement • Emphasis on Women's Health • Facility upgrades as required • NICU	• Interdisciplinary quality programs • Magnet designation • Improved outcomes	• Employee and patient engagement • Employees to be hired by UCSDH • Support of labor relationships • Health & benefits • Community engagement

STRATEGIC PRINCIPLES

- Deliver world-class medical care in North County
- Revitalize and modernize the medical campus
- Enhance access to services for District residents
- Create a financially sustainable model for the District
- Develop new capabilities and destination health centers
- Enhance behavioral health services to the community
- Retain and hire existing workforce under UCSD Health, recognize existing labor relationships, and enhance the patient and employee experience
- Leverage best-in-class technology to facilitate continuity of care for patients and clinicians
- Deliver care locally with regionally accessible facilities and providers
- Become the northern hub of a broad regional public academic healthcare system vital to payers and employers, and embracing all communities served including the large Medi-Cal population in the District

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STRUCTURE & GOVERNANCE

UC San Diego Health proposes a Joint Powers Agreement (JPA) with the Tri-City Healthcare District whereby UCSD shall assume all rights and title to District-owned assets related to the operation of healthcare services including hospitals, outpatient centers, medical office buildings, equipment, and administrative spaces. In exchange for the transfer of assets, UCSD shall assume all administrative, clinical, financial, and strategic operations of the medical center including assumption of the outstanding liability between the Tri-City Healthcare District and the Department of Housing and Urban Development (HUD) of approximately $80M. Pending due diligence, to the extent the District has other liabilities that are secured by the assets, including HCAI distressed hospital loan funds, UCSD will assume those liabilities as approved by the Regents of the University of California.

The terms of the JPA will obligate UC San Diego Health to use the property for operating and maintaining a public community hospital and for other uses consistent with healthcare operations or which are otherwise beneficial to the communities served by the District. UCSD will assume responsibility for all administrative and clinical functions along with the associated financial performance of healthcare delivery services and facility maintenance, including any losses incurred from operations.

Under this arrangement, UCSD agrees to the following:

- Operate and expand the health care facilities and services for the benefit of the communities served by the District
- Enhance clinical quality and patient experience and improve national public profile including CMS Star ranking, Leapfrog, US News & World Report, and Vizient rankings
- Retain and hire work force and recognize critical existing relationships and maintain an open medical staff
- Work in collaboration with the District board to ensure the health care needs of the communities are served
- Provide strategic, operational, and financial updates to the District as necessary and engage the District in key strategic decisions as outlined below

GOVERNANCE MODEL

The JPA would establish a nine (9) member Community Board comprised of two (2) appointees from the District board, and two (2) members of the Tri-City Medical Staff, (i.e., CMO, Chief of Staff) with all remaining members appointed by the UC San Diego Health Executive Governing Board. The Community Board would, through delegated authority from the Executive Governing Board, serve as the "governing body" of the hospital for state licensure and Medicare Conditions of Participation (CoP) and, as such, would have credentialing and other related responsibilities. UC San Diego Health would have responsibility and authority for day-to-day operations of the hospital and related operations. The Community Board would also provide advice and recommendations to UC San Diego Health on strategic, operational, and financial decisions relevant to its growth strategies in the District's communities. The Community Board would routinely provide updates to the District Board including information about capital planning and expenditures, financial operations, and quality/safety advancements.

The Tri-City Healthcare District will retain certain reserve powers expected to include mechanisms for the District to ensure the satisfactory maintenance of facilities, assurances that operations remain consistent with those of an acute care hospital, and guaranteed access to essential clinical services on the medical campus for defined periods.

The Tri-City Healthcare District Board will retain responsibility for the general operations of the District that are unrelated to the administration and operation of healthcare services including:

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- Facilitating community health partnerships
- Conducting elections
- Assessing and collecting property taxes
- Promoting community wellness and conducting health improvement initiatives
- Serving as a liaison to the delegated board overseeing healthcare operations
- Supporting measures for general obligation bond elections as may be requested to support future improvements to healthcare facilities in the District.

  Note: to the extent voters were to approve future general obligation bonds, the District may be afforded additional reserve powers consistent with those generally granted to a lender.

- Other statutorily required operations

A mutually agreed portion of the District tax revenues would initially go to the District annually to support its operations. Once the hospital achieves financial sustainability, or upon successful passage of a future general obligation bond measure, a greater portion of the District tax revenues would be retained by the District. The District would work cooperatively with UC San Diego Health in utilizing its revenues to provide and support health care related programs, services and facilities in the community and would agree to a non-compete provision which would be restricted to investments by the District in the delivery of acute care inpatient services unless consented to, by the UC San Diego Health.

COMMITMENT TO THE COMMUNITY

Consistent with the longstanding mission of UC San Diego Health to ensure comprehensive, equitable care for all members of the community, UCSD will remain committed to the District's responsibility to deliver high-quality healthcare to all residents regardless of insurance status, income, or demographics. Upon consummation of an agreement, UCSD will immediately engage with County, State, and Federal officials to identify additional resources to assist historically underserved populations, supplement state/federal funding, and re-establish relationships with regional Federally Qualified Health Centers (FQHCs) to reassure them of a renewed commitment to serve Medi-Cal patients throughout the District. UCSD has contributed over $600 million annually in support of community benefits, including uncompensated and government-sponsored care, charity care, and other health services and programs designed to enhance the lives of patients and residents in the communities it serves. This commitment will extend to all residents of the Tri-City Healthcare District and the residents of North County.

FACILITY AND CAMPUS REDEVELOPMENT

Preliminary diligence reveals a positive long-term outlook with potential for significant volume gains in both the inpatient and outpatient environment contingent upon interventions suggested herein as well as short- to mid-range capital development plans for the campus. The most recent seismic compliance studies reveal significant retrofitting would be required to achieve SPC-4D compliance by the current 2030 deadline.

Rather than upgrading the existing Central and South Towers, and subject to confirmatory due diligence, UCSD concurs with the District's plans to decommission both towers as acute care facilities and build a new, modern South Tower as the face of the medical center. Based on current UCSD projections for new programs, expanded service lines, and outpatient/ambulatory development, **the anticipated bed capacity under the current plan may be insufficient to meet estimated growth targets**. UCSD will work closely with the District to develop optimal sizing requirements and capital planning to meet future demands of the region in a financially sustainable manner.

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While the timing of the District and UCSD's ability to access the requisite capital funding to support the development of a new South Tower may impact the ability to replace the beds lost in the decommissioning of the existing Central and South Towers by 2030, UCSD understands that seismically compliant facilities exist to allow for the uninterrupted operation of an approximately 175-bed acute care community hospital in all instances, and UCSD is committed to maintaining those acute care operations beyond 2030 with further acute care expansion occurring as soon as financing for the expansion/redevelopment can be supported by operations.

INPATIENT CAPACITY DEVELOPMENT

Initial volume estimates suggest a substantial increase in admissions and average daily census (ADC) within the first 1-5 years of operation. Growth projections are subject to long-term capacity within existing and anticipated facilities as well as voter approval of funding for new development projects if required.

Sources of New Volume:

- **Local market retention** of substantial out-migration to neighboring health systems in the current environment
- **Increased demand** for new/expanded service lines (e.g. Labor & delivery, cancer services, cardiovascular care, neurosurgical services)
- **Employer-focused arrangements** offering enhanced medical benefits targeting regional school districts, local governments, and large regional employers

Current projections suggest the potential to exceed the bed capacity outlined in the most recent Tri-City redevelopment plan with the proposed shift from approximately 380 beds to 175 beds upon decommissioning the existing Central and South Towers and constructing a new, 96-bed single-occupancy South Tower.

Further due diligence will inform the optimal inpatient capacity and prompt discussions regarding additional financing and growth opportunities as discussed below.

OUTPATIENT AND AMBULATORY CARE DEVELOPMENT

Outpatient and ambulatory service development will begin immediately and consist of three primary objectives:

1. **Outpatient Pavilion** programming and design (on-campus, hospital-licensed MOB)

   Anticipated services include:

   - NCI-designated Cancer Center
   - Heart Center
   - Neurosurgery
   - Women's Health
   - Radiation Oncology
   - Advanced Imaging
   - Procedure Suites
   - Ambulatory Surgery

2. **Regional network development** and integration

   - Placement of physicians in new and existing medical office buildings throughout the region including UCSD physicians, new recruits, and affiliated providers.
   - Outreach to existing regional physicians and maintaining the open medical staff model while providing options for network integration
   - Continuation of 1206b structure for currently designated groups

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3. Women's Health Services
   - Immediate expansion of OB/Gyn and newborn care providers in the market
   - Development of convenient, modern ambulatory spaces focused on Women's Health
   - *See next section for more detail*

REDEVELOPMENT FUNDING

UC San Diego Health will partner with the District to identify the most optimal and feasible funding sources to align the objectives of both parties and create a capital development plan consistent with growth assumptions and market projections. UCSD is committed to partnering with the District to seek voter approval of general obligation bond (GO Bonds) to fund the development of a new South Tower. In the event a Bond measure is not approved by the voters, UCSD still expects to expand bed capacity of the facility, but the timing of that expansion will be dependent upon the success of other operational and clinical service strategies outlined herein as new debt and interest expense will need to be funded from ongoing operations. Stated clearly, UCSD's commitment to the project is not conditioned upon voter approval of GO Bonds.

Proposed redevelopment includes construction of a new South Tower as the face of the medical campus along with development of a state-of-the-art Outpatient Pavilion within the existing on-campus medical office building.

Medical Campus Development
Modernized and upgraded facilities to accommodate future trends in healthcare and anticipated capacity demands

LABOR & DELIVERY / WOMEN'S HEALTH

Leveraging the capabilities of UC San Diego Health's nationally recognized Obstetrics & Gynecology program, Women's Health will be an immediate focal point of the new partnership with the goal of revitalizing the service, enhancing the capabilities of the hospital, and ultimately establishing the campus as a destination center for pregnancy care in North County.

OBSTETRICS & GYNECOLOGY
TOP 20 IN THE NATION

BEST HOSPITALS
U.S.News
OBSTETRICS & GYNECOLOGY
2023-2024

UC San Diego Health

#15
in the Nation
Ob/Gyn

Regional promotion and marketing of the UC San Diego Health national ranking in Obstetrics & Gynecology and **extension of those capabilities to North County**

8

Labor & Delivery / Women's Health revitalization will encompass a multi-pronged campaign including the following tactics:

- Placement of UCSD and UCSD-affiliated OB/Gyn and newborn care providers in the market
- Facilities enhancements including upgraded delivery suites, birthing amenities, and state-of-the-art technologies in coordination with seismic and other planned upgrades
- Ambulatory buildings creating convenient and modern spaces focused on Women's Health
- Enhanced quality programs that consistently exceed national benchmarks for safety and outcomes [1]
- Emphasis on "whole-family" care including pediatrics, women's health, high-risk pregnancy, and behavioral health services
- Promotion and marketing of services throughout North County
- Interventions with large employer groups, regional FQHCs, and military personnel
- Community messaging promoting UC San Diego Health's national ranking in Obstetrics & Gynecology

UC San Diego Health will immediately begin the planning process to establish a **wide array of programs and services at the Tri-City campus** over the first 12-18 months while simultaneously seeding the region with new options for obstetrics providers and services. With the objective of re-opening the Labor & Delivery service in an expedited timeframe, the following support services will be enhanced and redeveloped onsite:

- Neonatal Intensive Care Unit (NICU)
- High-Risk Pregnancy Services
- Maternal-Fetal Medicine
- Prenatal Care
- Postpartum Services and Support
- Diabetes and Pregnancy Services
- Education and Classes
- Breastfeeding Support
- Fertility Care
- Family Planning
- Reproductive Behavior Health Services

With the introduction of UC San Diego Health services in North County – as well as UCSD self-funded insurance options for employees – aggressive internal promotional efforts directed at UCSD's 40,000+ employees will feature convenient options for employees of North County emphasizing the same quality and scope of services available at other locations. More information on UCSD pregnancy and delivery services is available online at https://health.ucsd.edu/care/pregnancy-birth/giving-birth/.

CANCER SERVICES

UC San Diego Health will establish a **comprehensive, multi-disciplinary cancer site** in North County, in collaboration with existing oncology providers, situated inside the newly-developed Outpatient Pavilion on the Tri-City campus to include the following services:

- Hospital-licensed infusion center
- Radiation oncology (linear accelerator)
- Oncology specialist clinics
- Genetic counseling and testing
- Patient counseling and therapy
- Clinical trials

Extending UCSD's capabilities as the **only NCI-Designated Comprehensive Cancer Center** in San Diego, residents will have access to the best possible care and support with experts in every medical subspecialty providing truly personalized care with the latest treatment options and access to the widest range of clinical trials in the region.

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[1] As measured by the Leapfrog Hospital Survey, Newsweek, and US New & World Report among others

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Studies repeatedly show that patients treated at NCI-Designated Comprehensive Cancer Centers have better survival and recovery rates, on average, due to the fullness of care, diverse oncology disciplines and subspecialty expertise to treat all types of cancer.

A premier cancer center in North County, supplementing and enhancing existing oncology services in the region, will allow District residents to receive world-class treatment closer to home in a more convenient, accessible, and reliable environment with access to the latest advancements in cancer care. More information on UCSD cancer services is available at https://health.ucsd.edu/care/cancer/.

PHYSICIAN ALIGNMENT

UCSD is conducting a comprehensive needs assessment within the market to immediately begin development of a cohesive, connected, and integrated physician network with a central focus of delivering health care services locally and reducing out-migration to other facilities and health systems. Initial efforts will concentrate on cultural alignment and joint development of a regional physician model in collaboration with existing medical groups and medical staff with the intent of promoting a **revitalized hub for healthcare services with the medical center campus as its core.**

Immediate objectives include supplementing and enhancing existing medical specialties where necessary and introducing new medical capabilities across the District to ensure residents have access to the full range of healthcare services.

The UCSD North County provider network will consist of the following components integrating primary and specialty care physicians:

UC San Diego Health Physician Group	UCSD employed physicians supplementing regional medical specialties with an expanded presence in District-owned facilities and new MOBs
UC San Diego Health Physician Network	UCSD's affiliated physician network comprising over 900 providers across 20+ specialties on an integrated EHR platform[2]
1206(b) Clinics	Medical groups under a management services agreement with Tri-City Medical Center for the provision of certain administrative functions
Regional Medical Groups & Existing Medical Staff	Ambulatory primary and specialty physician groups and hospital-based care teams currently providing services to Tri-City Medical Center

Along with its existing network of regional providers, UCSD will work with local physician groups to immediately assess and address any shortages of primary care physicians along with opportunities to strengthen its presence in strategically located medical office buildings. As the region's only academic medical center, a UCSD partnership provides enhanced access to an ongoing pipeline of new physicians with a desire to remain in the local communities as well as a shared commitment toward advancing care in the region.

MEDICAL STAFF

To ensure continuity of core medical services and medical staff, UC San Diego Health will maintain the open medical staff model supporting the facilities and specialty programs in the region subject to credentialing and privileging

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[2] Approximately 50% of all providers in the UC San Diego Physician Network are hosted on the UC San Diego Health Epic EHR platform

guidelines as set forth in its bylaws. UCSD has developed a separate category of medical staff privileges for providers practicing in a community hospital setting which allows the existing medical staff to function without teaching or other academic obligations.

UC SAN DIEGO HEALTH PHYSICIAN NETWORK

Regional medical groups not already participating in UC San Diego Health's affiliated network of 900+ providers may have the option of joining with the following benefits:

- Practice independence
- HMO and PPO contracting under UCSD
- Subsidized implementation of UCSD Epic EHR
- Integrated technologies to facilitate care
- UC San Diego Health branding / marketing

- Participation in grand rounds / collaboratives
- CME opportunities
- CMS-sponsored payment programs
- Enhanced access across the network

UCSD will immediately engage with the medical staff, key physician leaders, and core medical groups to develop a thoughtful and collaborative integration process. More information on the UC San Diego Health Physician Network is available at https://ucsdhn.org/

QUALITY, SAFETY, AND PATIENT EXPERIENCE

In collaboration with the medical staff and clinical teams, a **renewed focus on advancing quality and safety** with the goal of achieving a highly reliable health care delivery system for District residents will be implemented. The framework will include proven systems and performance measurement tools designed to achieve accreditation standards, reduce complications of care, and design processes to prevent mistakes and ensure strong lines of communication between hospital staff, patients and families.

Initial efforts will prioritize standardizing care delivery, improving patient outcomes, and enhancing quality public profile rankings to advance the most relevant components impacting the overall patient experience. This high reliability journey is transformational and requires a healthy culture, strong leadership, and a robust learning process to accelerate and sustain clinical improvements.

UC San Diego Health will deliver a framework for a daily engagement process with the ultimate goal of improving the patient experience and ensuring the following outcomes:

- Improved reputation
- Greater operational efficiency
- Enhanced ability to attract and retain nurses & staff
- Engaged medical staff
- Dedicated clinical workforce
- Better care and outcomes for patients

By-products of a partnership with UCSD include national recognition as a trusted medical home including:

- **Magnet designation** for nursing excellence
- **Vizient Top 10** (national quality rankings)
- **Five-Star CMS Rating** for Medicare Advantage
- **CHIME Most Wired** (information technology)

- **US News & World Report** recognition
  - National Honor Roll
  - #1 in San Diego
  - Nationally ranked in 10 specialties

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INFORMATION TECHNOLOGY & DIGITAL HEALTH

A modernized and inter-connected technology platform is a critical element in the current era of health care delivery enabling systems to harness innovations like artificial intelligence, advanced clinical analytics, and real-time integration of evidence-based protocols to improve patient outcomes. As a recognized national leader in advancing technology in healthcare, UCSD will extend its capabilities to the hospitals and physicians of the Tri-City region.

An initial phase of the new partnership will include the evaluation of existing technology platforms and investments to upgrade the framework as necessary to accommodate advanced clinical systems and enhanced cybersecurity protocols.

INNOVATION IN HEALTHCARE

The **Joan & Irwin Jacobs Center for Health Innovation** accelerates the evaluation and adoption of new technologies in the delivery of healthcare through partnerships with clinicians, engineers, researchers, and industry leaders. UCSD will integrate these new capabilities into all facets of care delivery and include:

- Artificial Intelligence and Machine Learning
- Digital Health Tools
- Remote Patient Monitoring
- Predictive Analytics
- EHR-Integrated Medical Devices
- Data-Driven Care Protocols

See more information about the Jacobs Center for Health Innovation at https://healthinnovation.ucsd.edu/
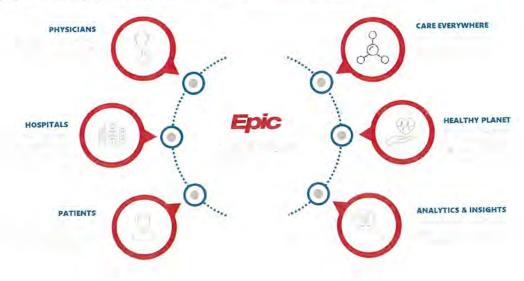
EPIC ELECTRONIC HEALTH RECORD

As the most prolific EHR in the nation, Epic contains over 250 million patient records, is consistently ranked the #1 EHR in the industry, and is used by the majority of health systems in the US News & World Report top hospitals.

As an early adopter of the platform – and one of the first in California – UC San Diego Health has long overcome the initial strains and setbacks of a new implementation that can cause financial and clinical disruption. Over the past few years, UCSD has seamlessly extended its Epic platform to new facilities (Jacobs Medical Center, UC Irvine, and UC Riverside) as well as numerous affiliated medical groups throughout the region (UCSD currently hosts over 500 affiliated providers on its license).

Epic EHR Implementation
Systemwide deployment of a single, integrated electronic health record across all facilities and ambulatory sites

UCSD will immediately begin the planning and assessment phase for extension of its Epic platform to the Tri-City facilities upon closing of the transaction with actual implementation to occur as legally and practically feasible as related to termination/expiration of the existing Cerner agreement. Once implemented, the new infrastructure will greatly enhance connectivity to all major health systems allowing physicians to seamlessly and instantly coordinate care by securely exchanging information from multiple organizations. Patients benefit from real-time insights into treatment plans, test results, medication orders, and expedited referral pathways among many other advantages.

UCSD will install the full suite of Epic modules including:

- **Epic Ambulatory**
  Clinical documentation for primary and specialty care, including clinical documentation, order entry, patient communication, and prescription management

- **Epic Cadence**
  Clinical documentation for primary and specialty care including clinical documentation, order entry, patient communication, and prescription management

- **Epic Clarity**
  Reporting database supporting advanced analytics and system-wide data sharing

- **Epic Care Everywhere**
  Integrated application allowing the exchange of health care information with external organizations to ensure seamless transition of patient care

- **Epic Haiku**
  Mobile app for physicians to access EHR records wherever and whenever necessary

- **Epic MyChart**
  Patient portal allowing patients to access their medical records and health data remotely, including test results, medications, physician orders, appointments and billing information

- **Epic Prelude**
  Tools for patient registration and insurance management information

- **Epic Resolute**
  Hospital and professional billing functions including charge capture, billing, and AR follow-up activities

PAYER RELATIONSHIPS, CONTRACTING, AND POPULATION HEALTH

HEALTH PLAN CONTRACTING

Under a UC San Diego Health operating structure, UCSD intends to transition all facilities to UCSD payer contracts, including agreements with all major insurers and most health plans in San Diego County through direct engagement and coordination with payers. Additionally, the 40,000+ UCSD employees and dependents – many of whom reside in North County – will gain access to Tri-City facilities under UC-sponsored health plans, including both HMO and PPO offerings.

As a component of the broader University of California system, UCSD participates in joint contracting initiatives with payers along with other national brands like UCLA, UC Davis, UC Irvine, and UC San Francisco to ensure that rates and other contractual elements align with the advanced care provided across each facility.

As a California Designated Public Hospital, UCSD participates in the Enhanced Payment Program offering funding for achieving identified goals established by the State. With the addition of District facilities, UCSD will explore opportunities to enhance state and federal funding for Medi-Cal and other undercompensated programs.

On the physician side, UCSD intends to extend existing risk-sharing arrangements to regional IPAs and explore new opportunities for both commercial and Medicare HMO plans. For independent medical groups seeking to affiliate with UCSD through its expanded physician network, a standard review process will begin to ensure all potential participants meet the criteria outlined in its affiliation agreements prior to joining. All participating members will have the option of transitioning to UCSD payer contracts (both HMO and PPO) upon execution of the required agreements.

POPULATION HEALTH MANAGEMENT

To facilitate management of full- and shared-risk arrangements (i.e. Commercial HMO, Medicare Advantage, CMS advanced payment initiatives), UCSD will extend its population health infrastructure, including the following functions:

- Care Management
- Utilization Review
- Medication Management
- Transitions of Care

- Claims Processing
- Enrollment & Capitation
- Customer Service
- Financial Management

PROMOTION AND MARKETING

UCSD will immediately initiate promotional and marketing campaigns throughout North County with a focus on large regional employers (including school districts, city governments, and the military community) along with insurance brokers and major payers to generate awareness and excitement for the new vision.

COLLABORATING WITH UC SAN DIEGO HEALTH

The collaboration of two public organizations may have several inherent advantages related to county/state/federal funding opportunities, labor union relationships, and contracting arrangements with city governments and state-funded institutions. UCSD has already begun to explore these opportunities and is optimistic about the potential advantages.

As the region's only academic medical center, a UCSD partnership assures a steady pipeline of physicians through its graduating residents as well as the ability to recruit top-level physician talent from around the country.

As a public entity, a partnership with UCSD has the potential to alter, and in certain instances minimize, the level of regulatory and anti-trust scrutiny and/or concerns associated with the proposed arrangement as both entities share a structurally aligned mission to support the needs of the District and the larger communities they serve.

Through the UCSD Center for Community Health and other programmatic initiatives, UCSD continues to lead the way in advancing health equity through community partnerships by developing dynamic community-driven programs and significantly expanding the reach of existing programs to support the right of low-income Californians to live healthy lifestyles.

The Chancellor of UC San Diego has delegated authority over healthcare operations to the Chief Executive Officer of UC San Diego Health, and each strongly support this transition. Together, these executives have a demonstrated track record of success in obtaining the consent of The Regents to close significant healthcare transactions. The Chancellor has expressed his support for this affiliation and would be pleased to meet with the District Board to share his expansive vision of UC San Diego and UC San Diego Health.

Finally, UCSD understands the District's desire to finalize key principles and terms of the proposed arrangement on an expedited timeline. UCSD leadership has already begun the process of advancing awareness to the Regents of the University of California as an informational item and is confident that the District's timeline can be achieved upon agreement of essential terms with a target of receiving Regents approval and closing on the transaction in the Spring of 2024.
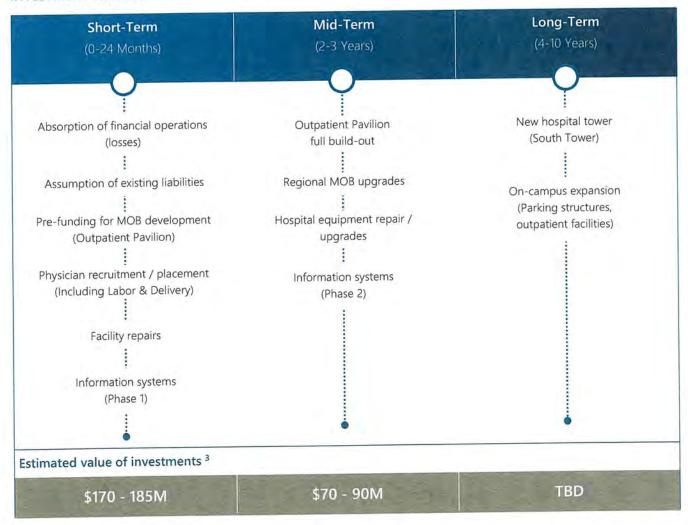
14

APPENDIX

INVESTMENTS

UC San Diego Health intends to make substantive investments throughout the District to deliver both short-term and long-term enhancements to healthcare delivery in North County. Immediate commitments include the assumption of financial operations to cover short-term losses while enhancing existing services and building new programs designed to accommodate the full range of clinical care for residents. A critical first step in securing those services is the placement and recruitment of physicians to supplement care in a convenient and accessible manner. If selected, UCSD has secured commitments from its Ob/Gyn physician leaders to seed the community with Women's Health providers to revitalize maternity care and labor & delivery services in the District.

> With investments in physicians, facilities, information systems, and administrative personnel, UC San Diego Health intends to transform and revitalize care throughout the District to ultimately serve as the premier destination for healthcare in North County.

INVESTMENT TIMELINE

Short-Term (0-24 Months)	Mid-Term (2-3 Years)	Long-Term (4-10 Years)
Absorption of financial operations (losses)	Outpatient Pavilion full build-out	New hospital tower (South Tower)
Assumption of existing liabilities	Regional MOB upgrades	On-campus expansion (Parking structures, outpatient facilities)
Pre-funding for MOB development (Outpatient Pavilion)	Hospital equipment repair / upgrades	
Physician recruitment / placement (Including Labor & Delivery)	Information systems (Phase 2)	
Facility repairs		
Information systems (Phase 1)		

Estimated value of investments [3]
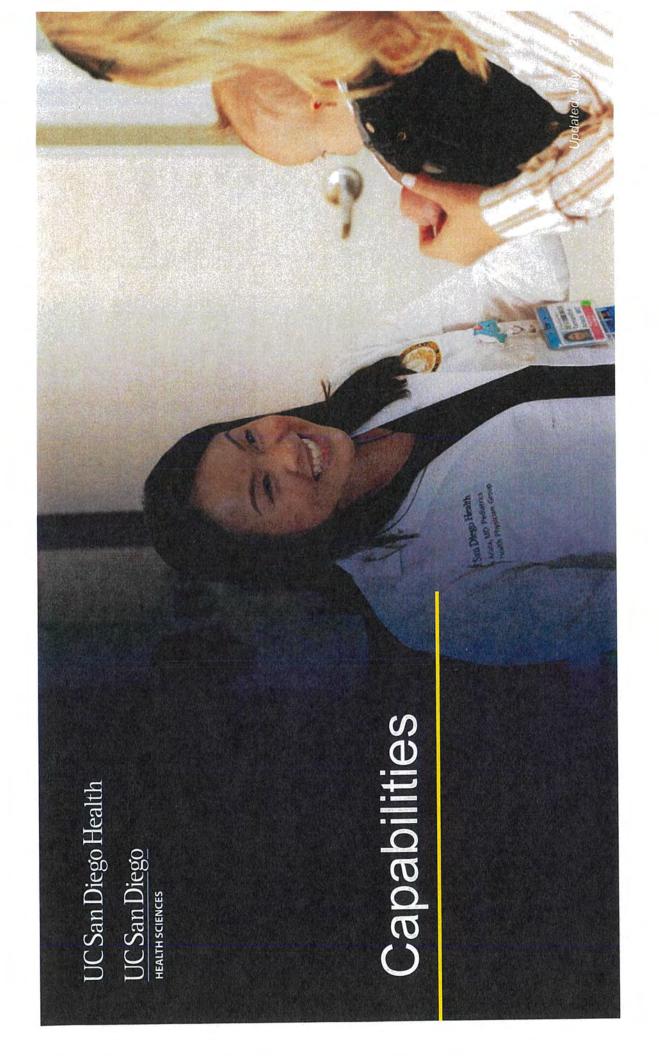
$170 - 185M	$70 - 90M	TBD

[3] Estimates are based on preliminary review and historical investments at UC San Diego Health and intended to provide perspective on the size and scope of prospective commitments in capital and operating components. Actual investments are subject to substantive analysis and due diligence upon execution of an exclusive letter of engagement.

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UC SAN DIEGO HEALTH PHYSICIAN NETWORK

In addition to the 1,000+ employed physicians in the UC San Diego Health Physician Group, UCSD also maintains an expansive affiliated network, **UC San Diego Health Physician Network**, covering most of San Diego and surrounding counties. Providers affiliated with UCSD retain their independence and gain access to UCSD payer contracts (both HMO and PPO) as well as many other benefits including a fully hosted Epic EHR platform, emerging technologies, branding and marketing, enhanced referral and care coordination pathways, and CME opportunities.

PHYSICIAN NETWORK OVERVIEW

969	68	506	150+
Providers	Medical Groups	Epic Users	Locations

UC San Diego Health
PHYSICIAN NETWORK

Primary Care

world-class
care
— *here for you*

More Doctors, More Locations

Find a primary care physician in our trusted network by visiting **health.ucsd.edu/providers**

Oceanside · Vista · Carlsbad · Escondido · Rancho Bernardo · Encinitas · Pacific Highlands Ranch · Poway · Del Mar · Sorrento Valley · Scripps Ranch · La Jolla · Clairemont/Kearny Mesa · El Cajon · La Mesa · Pacific Beach · Kensington · College Area · Hillcrest · Liberty Station · Downtown · Eastlake/Chula Vista

health.ucsd.edu/primarycare

UC San Diego Health

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UC San Diego Health

UC San Diego
HEALTH SCIENCES

Capabilities

UC San Diego Health & Health Sciences

One of six health centers within the University of California system

UNIVERSITY OF CALIFORNIA

UNIVERSITY OF CALIFORNIA HEALTH

UC San Diego

UC San Diego HEALTH SCIENCES

UC San Diego Health

10-Campus System	**6 Academic Medical Centers**	**8 UG Colleges 12 Schools**	**3 Schools Top Research**	**2 Medical Campuses World-Class Patient Care**
UC Berkeley		• Revelle College	• School of Medicine	• UC San Diego Medical Center
UC Irvine	UC Irvine	• John Muir College	• Skaggs School of	(Hillcrest)
UC Davis	UC Davis	• Thurgood Marshall	Pharmacy &	• Jacobs Medical Center (La Jolla)
UCLA	UCLA	College	Pharmaceutical	• Moores Cancer Center
UC Merced	**UC San Diego**	• Earl Warren College	Sciences	• Shiley Eye Institute
UC San Diego	UC San Francisco	• Eleanor Roosevelt	• Herbert Wertheim	• Sulpizio Cardiovascular Center
UC San Francisco	UC Riverside	College	School of Public	• Komen Family Outpatient Pavilion
UC Santa Barbara		• Sixth College	Health & Human	• Hillcrest Outpatient Pavilion (2025)
UC Santa Cruz		• Seventh College	Longevity Science	
UC Riverside		• Eighth College		

University of California

University Statistics
UC Health for Californians
University of California Structure
UC San Diego Health Sciences Structure

UC San Diego Health

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University of California (UC)

The world's best public university system

40% of all UC undergraduates are first-gen; **37%** are from low-income families

UC produces **33%** of all bachelor's degrees awarded in California

UC supports **500,000+** jobs in California

71 Nobel Prizes

$82B contributed to California economy annually

UC Health for Californians

EDUCATION & TRAINING

- Nation's largest health sciences educational system
- 20 professional schools at 7 campuses
- UC trains 60% of state's medical students
- 10 Student Health & Counseling Centers

HEALTH CARE
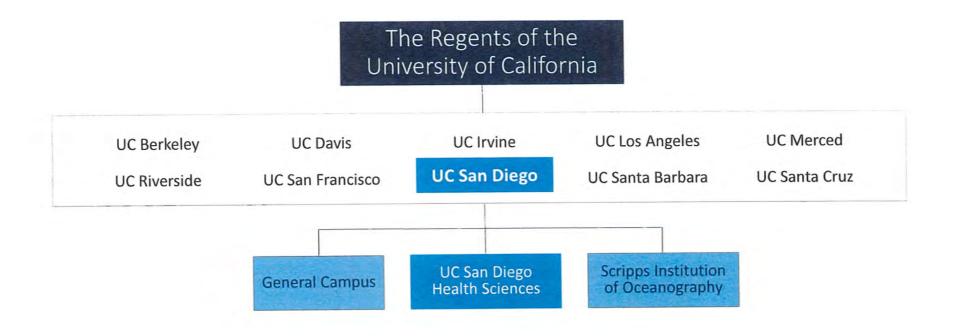
- California's third largest health system
- Performs 50% of all transplant surgeries in California
- 40% of patients uninsured or on Medi-Cal
- $1.4B in charity care and other benefits to the community annually

UC Davis Health
- ✓ Medicine
- ✓ Nursing
- ✓ Veterinary Medicine

UC Berkeley
- ✓ Optometry
- ✓ Public Health

UCSF Health
- ✓ Dentistry
- ✓ Medicine
- ✓ Nursing
- ✓ Pharmacy

UCR Health
- ✓ Medicine

UCLA Health
- ✓ Dentistry
- ✓ Medicine
- ✓ Nursing
- ✓ Public Health

UC San Diego Health
- ✓ Medicine
- ✓ Pharmacy
- ✓ Public Health

UCI Health
- ✓ Medicine
- ✓ Nursing
- ✓ Pharmacy
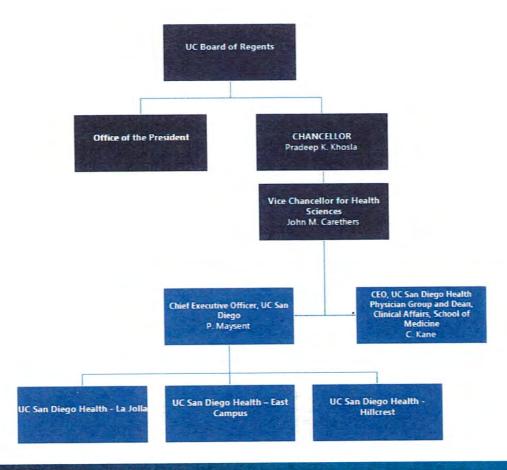
Organizational Structure – University of California System

The Regents of the University of California

| UC Berkeley | UC Davis | UC Irvine | UC Los Angeles | UC Merced |
| UC Riverside | UC San Francisco | **UC San Diego** | UC Santa Barbara | UC Santa Cruz |

General Campus

UC San Diego Health Sciences

Scripps Institution of Oceanography

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Organizational Structure

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                        │  UC Board of Regents │
                        └─────────────────────┘
                  ┌──────────────┴──────────────┐
        ┌───────────────────┐        ┌──────────────────────┐
        │ Office of the      │        │     CHANCELLOR       │
        │ President          │        │  Pradeep K. Khosla   │
        └───────────────────┘        └──────────────────────┘
                                               │
                                  ┌──────────────────────────┐
                                  │ Vice Chancellor for Health│
                                  │         Sciences          │
                                  │   John M. Carethers       │
                                  └──────────────────────────┘
                                               │
        ┌──────────────────────────┐      ┌──────────────────────────┐
        │ Chief Executive Officer,  │      │ CEO, UC San Diego Health │
        │ UC San Diego              │──────│ Physician Group and Dean,│
        │ P. Maysent                │      │ Clinical Affairs, School │
        └──────────────────────────┘      │ of Medicine              │
                     │                     │ C. Kane                  │
                     │                     └──────────────────────────┘
     ┌───────────────┼───────────────────┐
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│ UC San Diego │ │ UC San Diego │ │ UC San Diego │
│ Health - La  │ │ Health – East│ │ Health -     │
│ Jolla        │ │ Campus       │ │ Hillcrest    │
└──────────────┘ └──────────────┘ └──────────────┘
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Organizational Structure – UC San Diego Health Sciences

UC San Diego Health Sciences

ACADEMIC ENTERPRISE

CLINICAL ENTERPRISE

UC San Diego
School of Medicine

Skaggs School
of Pharmacy and
Pharmaceutical
Sciences

Herbert Wertheim School of Public
Health and Human Longevity
Science

UC San Diego Health

UC San Diego Medical Center (Hillcrest)

Jacobs Medical Center (La Jolla)

Sulpizio Cardiovascular Center (La Jolla)

Moores Cancer Center (La Jolla)

Shiley Eye Institute (La Jolla)

Koman Family Outpatient Pavilion (La Jolla)

Student Health (Campus)

UC San Diego Health Sciences
Academic Enterprise

Mission

Academic & Research Statistics

UC San Diego School of Medicine

Skaggs School of Pharmacy and Pharmaceutical Sciences

Herbert Wertheim School of Public Health and Human Longevity Science

UC San Diego Health

UC San Diego Health Sciences Mission

Clinical

Research

Teaching

Translational Medicine

Committed to achieving national excellence in each area

UC San Diego Health Sciences – Academic Enterprise

3
Schools: Medicine,
Pharmacy, Public Health

20+
Graduate Degree
Programs[1]
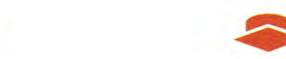
1,800+
Faculty
Members[2]

$954M
Health Sciences
Research Awards FY23[2]

5th
Among Public Schools
for NIH Funding FY22[3]

1) Includes master's and PhD programs, as well as joint programs with SDSU
2) Salaried faculty at UC San Diego Health Sciences
3) UC San Diego School of Medicine NIH awards
4) report.nih.gov/award

UC San Diego School of Medicine

- 6th best public research-intensive medical school[1]

- 4th nationally among public medical schools for NIH research funding FY22[2]

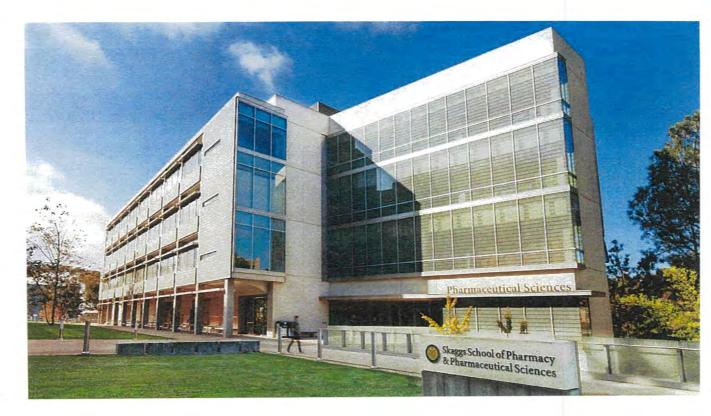- Youngest of the nation's best medical schools

1) U.S. News & World Report 2023-24 Best Graduate Schools
2) report.nih.gov

50

Skaggs School of Pharmacy & Pharmaceutical Sciences

- Founded in 2000

- # 1 in U.S. for three straight years (2017-19) for licensure exam first-time pass rate[1]

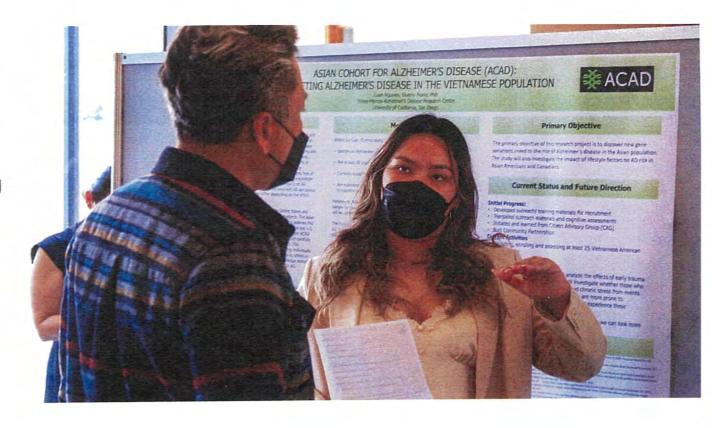- 2nd public school of pharmacy in CA

- #18 in U.S. pharmacy schools[2]

1) pharmacy.ucsd.edu
2) U.S. News & World Report 2023-24 Best Graduate Schools

Herbert Wertheim School of Public Health & Human Longevity Science

- Established in 2019 with gift from Dr. Herbert and Nicole Wertheim Family Foundation

- Emphasis on addressing disparities in disadvantaged communities

- 100 Faculty, 6 degree programs, 50+ research groups

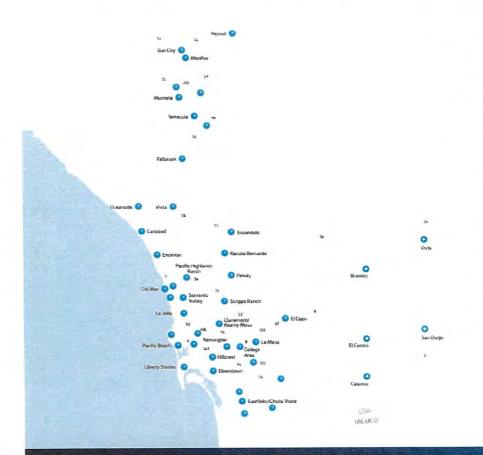1. U.S. News & World Report's 2020 Guidebook

UC San Diego Health

MISSION

Deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.

VISION

Create a healthier world – one life at a time – through new science, new medicine and new cures.

UC San Diego Health – World Class Care

12,382
Health Staff
Team Members
(does not include
physicians)

799
Licensed Beds
———
381 Hillcrest
418 La Jolla

34,311
Annual Hospital
Admissions[1]

1.12M
Annual
Outpatient
Visits &
Surgeries[1]

1) American Hospital Association Survey

UC San Diego Health – Nursing Excellence

4,076
Registered
Nurses

45%
RNs with
Specialty
Certification

1,100+
Nursing
Students
Per Year

492
Advanced
Practice
RNs and PAs

UC San Diego Health – Clinical Trials

~1,800
Clinical Trials
Per Year

~245
New Trials
Each Year

~1,200
Actively
Enrolling
Clinical Trials

~6,060
Patients in
Active
Treatment

UC San Diego Health – By the Numbers

$3.6 Billion+ Health System

12,000+ Health System Employees

1.12M+ Ambulatory Visits (record census)

649,929 Patient Meals Served

634,403 Imaging Exams

4,858 Births (97 sets of twins and 4 sets of triplets)

34,000+ Annual Hospital Admissions

2,207 Clinical Trials (Altman Clinical and Translational Research Institute)

2,145 Medical Interpretations Provided to Spanish Speaking Patients

10 Sponsored Red Cross Blood Drives (248 donors and 618 potential lives saved)
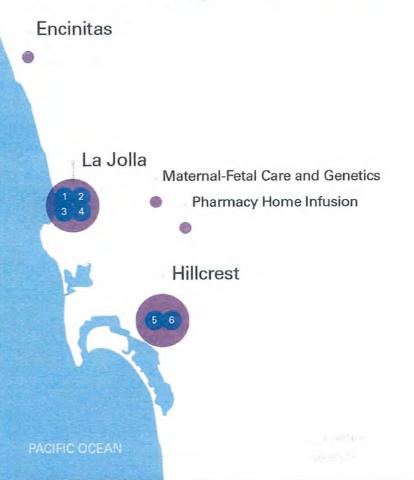
UC San Diego Health – Key Hospital Statistics

	FY21	FY22	Growth	% Growth
Average Daily Census	594	647	53	8.9
Annual Discharges	34,103	35,704	1,601	4.7
Average Length of Stay (Days)	6.4	6.6	(0.2)	(3.1)
Emergency Visits	77,962	85,295	7,333	9.4
Total Outpatient Visits	1.035M	1.193M	158,403	15.3

UC San Diego Health – Licensed Locations

Encinitas

La Jolla

Maternal-Fetal Care and Genetics

Pharmacy Home Infusion

1 2
3 4

Hillcrest

5 6

PACIFIC OCEAN

1 Jacobs Medical Center and Sulpizio Cardiovascular Center

2 Moores Cancer Center and Radiation Oncology PET-CT

3 Shiley Eye Institute Outpatient Surgery

4 Koman Family Outpatient Pavilion

5 UC San Diego Medical Center

6 Senior Behavioral Health Intensive Outpatient Program

● UC San Diego Health Clinic/Services Locations

UC San Diego Health

Awards & Achievements

UC San Diego Health

UC San Diego Health – Awards and Achievements

#1 IN SAN DIEGO
& BEST HOSPITALS NATIONAL HONOR ROLL

BEST HOSPITALS
U.S.News & WORLD REPORT
HONOR ROLL
2023-2024

UC San Diego Health

2023-24 HONOR ROLL

Mayo Clinic, Rochester, Minn.
UCLA Medical Center, Los Angeles
NYU Langone Hospitals, New York
Cedars-Sinai Medical Center, Los Angeles
New York-Presbyterian Hospital-Columbia and Cornell
Stanford Health Care-Stanford Hospital, Stanford
Cleveland Clinic, Cleveland OH
Massachusetts General Hospital, Boston
Mount Sinai Hospital, New York
Johns Hopkins Hospital, Baltimore
Hospitals of the University of Pennsylvania-Penn Presbyterian
UCSF Health-UCSF Medical Center, San Francisco
Northwestern Medicine-Northwestern Memorial Hospital, Chicago
Houston Methodist Hospital
Brigham and Women's Hospital, Boston
Rush University Medical Center, Chicago
Barnes-Jewish Hospital, Saint Louis
UC San Diego Health-La Jolla and Hillcrest Hospitals, San Diego
Vanderbilt University Medical Center, Nashville
North Shore University Hospital at Northwell Health, Manhasset, N.Y.
University of Michigan Health-Ann Arbor
UT Southwestern Medical Center, Dallas

Source: US News & World Report Hospital Data Insights Tool 2023

UC San Diego Health – U.S. News & World Report National Rankings

10 top ranked medical and surgical specialties

Top Ranked Adult Specialties

Rank	Specialty
9	Pulmonology & Lung Surgery
14	Ear, Nose & Throat
15	Obstetrics & Gynecology
17	Geriatrics
18	Gastroenterology & GI Surgery
20	Cancer
21	Neurology & Neurosurgery
23	Cardiology & Heart Surgery
32	Urology
39	Diabetes & Endocrinology

BEST HOSPITALS
U.S.News & WORLD REPORT
RANKED IN
10 SPECIALTIES
2023-2024

UC San Diego Health – U.S. News & World Report Metro Rankings

UC San Diego Health is ranked #1 in San Diego

Regional Rank	Hospital	# Top 50 Ranked Data-Driven Best Hospital Specialties	# High Performing Common Adult Procedures and Conditions
1	**UC San Diego Health**	10	18
2	Scripps La Jolla Hospitals	5	15
3	Sharp Memorial	-	13
4	Sharp Chula Vista	-	10
5	Kaiser Zion & SD	-	13
6	Sharp Grossmont	-	11
7	Scripps Mercy	-	8
8	Scripps Memorial-Encinitas	-	7

Source: US News & World Report Hospital Data Insights Tool 2023

UC San Diego Health – U.S. News & World Report State Ranking

UC San Diego Health is ranked #1 (tie) in California

State Rank	Hospital	# Top 50 Ranked Data-Driven Best Hospital Specialties	# High Performing Common Adult Procedures and Conditions
1 (tie)	UCLA	14	20
1 (tie)	Cedars-Sinai	11	20
1 (tie)	Stanford Health Care	11	19
1 (tie)	UCSF	14	19
1 (tie)	UC San Diego Health	10	18
6	Keck USC	10	15
7	UC Davis	8	16
8	Scripps La Jolla	5	15
9	Hoag Memorial	2	17
9	Torrance Memorial	1	16
9	John Muir Health – Walnut Creek	3	15

Source: US News & World Report Hospital Data Insights Tool 2023

UC San Diego Health – Clinical Excellence Awards

A's FOR HOSPITAL SAFETY 2023
The Leapfrog Group

- UC San Diego Health's hospitals in La Jolla and Hillcrest earned top marks for hospital safety in the spring of 2023
- 8th consecutive 'A' recognition
- Top grades recognize excellence in protecting patients from preventable harm

UC San Diego Health – Clinical Excellence Awards

TOP TEACHING HOSPITALS 2022
The Leapfrog Group

- UC San Diego Health's hospitals in La Jolla were named among the nation's Top Teaching Hospitals in 2022 for excellence in hospital safety and quality
- We meet the highest standards of patient care in key areas such as medication safety and infection prevention

UC San Diego Health – Clinical Excellence Awards

QUALITY LEADERSHIP 2023
Vizient, Inc.

- UC San Diego Health named a top performer in the Bernard A. Birnbaum, MD, Quality Leadership Ranking for 5th straight year
- Recognizes the superior quality of our patient care in 6 key measures: mortality, efficiency, effectiveness, patient centeredness, safety and equity

UC San Diego Health – Clinical Excellence Awards

5 STAR CMS RATING 2022
Centers for Medicare and Medicaid Services

- Highest rating from the Centers for Medicare & Medicaid Services for the quality of our hospital care to Medicare Advantage patients.

- Only 16 percent of hospitals earned five stars.

UC San Diego Health – Clinical Excellence Awards

MAGNET STATUS 2021-2025
American Nurses Credentialing Center

- Held the highest national honor for professional nursing practice continuously since 2011.
- Magnet Recognition means excellence in patient care, nursing, and innovations in nursing practice.

UC San Diego Health – Clinical Excellence Awards

100+ Top Docs 2022
San Diego Magazine

- More than 100 UC San Diego Health physicians in 46 specialties were named "Top Docs" in the annual San Diego Magazine "Physicians of Exceptional Excellence" survey.

- Top Docs are selected by physicians within the San Diego County medical community.

UC San Diego Health – Clinical Excellence Awards

LEADER IN LGBTQ+ 2022
Human Rights Campaign Foundation

- Scored perfect 100 on the Healthcare Equality Index from the nation's largest LGBTQ civil rights organization every year since 2012.

- Reflects our policies and practices related to the equity and inclusion of our LGBTQ+ patients, visitors and employees.

UC San Diego Health

Community Benefits

UC San Diego Health

COMMUNITY BENEFITS: Caring for San Diegans

$558M
Total annual community benefit programs and services provided by UC San Diego Health in 2022[1]

$501M
Government-sponsored care shortfalls and uncompensated charity care

Medicare, Medi-Cal, State Children's Health Insurance Programs, other safety net programs, uncompensated charity care, indigent care, in-kind contributions

$55M
Health Professionals Education

Teaching physicians, nurses, students, education scholarships

$2M
Insurance Plan Shortfalls

Emergency, trauma, outpatient, behavioral, palliative, hospice

1) health.ucsd.edu/about-us/benefits

FIRST IN NATION: Organ Transplants

Lung

#1
nationally for 3-yr
post-transplant survival

#1&2
among similar size programs
for 30-day & 1-year
post-transplant survival

Heart

#1&2 among similar size programs for 30-day, 1-year & 3-year post-transplant survival

Kidney

#3 for 3-year transplant outcomes

TOP 10 among similar sized programs for 30-day & 1-year post-transplant survival

Liver
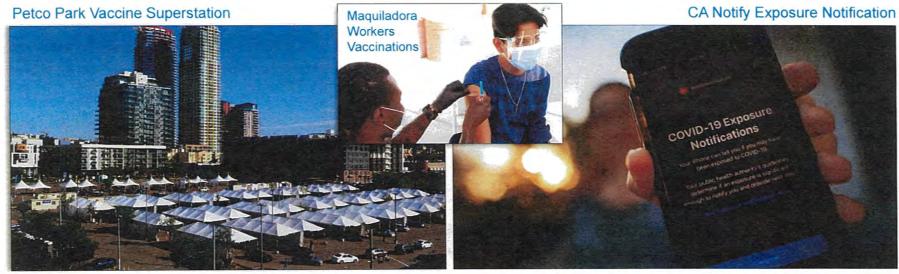
#7 for 30-day post-transplant survival

TOP 10 among similar size programs for 1-year & 3-year patient outcomes

COMMUNITY BENEFITS: COVID Response

Petco Park Vaccine Superstation

Maquiladora Workers Vaccinations

CA Notify Exposure Notification

COVID-19 Exposure Notifications

Vaccine Research

Mobile Vaccination

Community Engagement

Return to Learn: Test Kit Vending

COMMUNITY BENEFITS: COVID Response

COVID-19 FIRSTS

1st

Hospital in San Diego to **treat COVID patients**

Hospital in California to **set up vaccination Superstation**

Hospital to **offer COVID testing to employees**

COVID-19 TESTING

1 million+

Diagnostic tests conducted to date

Provided low-cost, rapid coronavirus tests to **local schools and organizations**

Teachers vaccinated through **Voluntary Employee Benefits Association** partnership

VACCINATIONS

550,000+

Vaccines given by **UC San Diego Health**

16%

Percentage of all first doses in San Diego County administered at **Petco Park Vaccine Superstation** (at time of close)

MOBILE VACCINE UNITS

43,047

Vaccines administered at

72 community events in underserved neighborhoods via **YMCA, Neighborhood House, City of National City, churches**

9,963

Maquiladora workers from **Baja California** vaccinated by San Ysidro mobile unit

UC San Diego Health
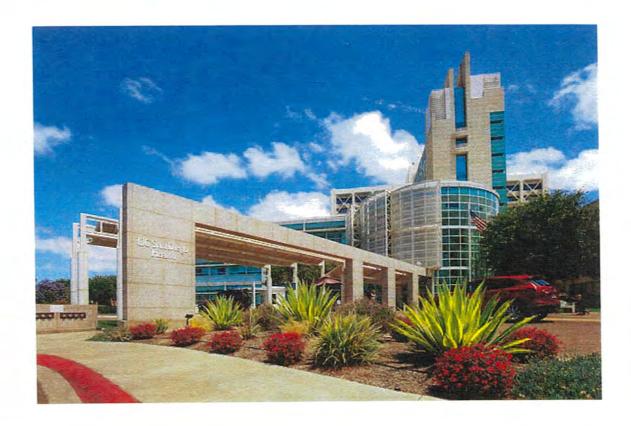
Facilities

UC San Diego Health

HILLCREST: UC San Diego Medical Center

- Began operating former County Hospital in 1966
- Purchased in 1981
- 60-acre campus in the heart of San Diego
- 381 inpatient beds
- Level I Trauma Center
- Regional Burn Center
- Comprehensive Stroke Center
- Inpatient Psychiatry
- Owen Clinic for HIV/AIDS
- Senior Behavioral Health

LA JOLLA: Jacob's Medical Center

- Opened in 2017
- Extension of Thornton Hospital
- 364 inpatient beds
- Advanced surgery with intraoperative imaging
- Region's only live donor heart, lung, liver, kidney transplants
- Level III NICU
- Comprehensive Stroke Center
- Cardio rehab

LA JOLLA: Specialty Facilities

Sulpizio Cardiovascular Center

- 54 inpatient beds
- Cardiac catheterization and electrophysiology labs
- Global leader in pulmonary thromboendarterectomy and balloon pulmonary angioplasty
- Heart and lung transplant
- Robotic percutaneous coronary intervention

Moores Cancer Center

- Region's only NCI-designated Comprehensive Cancer Center
- First and only San Diego-based NCCN Member Institution
- Approximately 400 actively enrolling clinical trials to advance cancer care

Shiley Eye Institute

- Outpatient surgeries
- Jacobs Retina Center
- Hamilton Glaucoma Center
- Ratner Children's Eye Center
- UCSD Eye Mobile, care for underserved
- Viterbi Family Vision Center (*opening 2025*)

Koman Family Outpatient Pavilion

- Outpatient surgeries
- Advanced imaging
- Breast Health Center
- Orthopedics and sports medicine
- Sanford Stem Cell Clinical Center
- Urology

LA JOLLA: Specialty Facilities

Altman Clinical and Translational Research Institute

- Supports nearly every clinical trial at UC San Diego Health Sciences
- 200+ new clinical protocols annually
- 1,600 members from UC San Diego and across the Mesa
- $55 million, 5-year award (2020-25) from National Center for Advancing Translational Science for innovation

Student Health and Well-being

- Our enterprise provides medical and mental health care to UC San Diego undergraduate and graduate students
- 1st UC campus to pursue innovative partnership model

UC San Diego Health

Planning Balanced Growth

UC San Diego Health
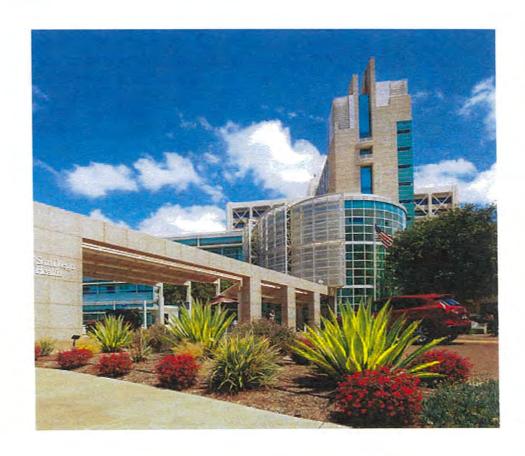
OUR FUTURE: Inpatient Infrastructure and Network

Near-Term (1-3 years)

- Create capacity by improving flow
- Increase capacity at La Jolla
- Other locations - exploring options

Long-Term (4-10 years)

- Increased capacity at new Hillcrest hospital (460 beds) (early 2030s)
- Define roadmap for future inpatient capabilities and capacities at La Jolla campus

OUR FUTURE: Health System Long-Term Growth

UC San Diego Health must expand and align its delivery network to continue to expand early access to innovative care

Long-Term Growth Must Be...

- Supportive of organizational mission

- Able to address inpatient capacity challenges and outpatient access priorities

- Financially sustainable via initiatives that can be self-supporting

- Geographically expansive and accessible to maintain significance with payers

Carlsbad *(future)*
Lives Served: +50,000

Rancho Bernardo
Planned Opening: FY26
Lives Served: +50,000

Planning for New Tower *(future)*
Scenarios under development

Hillcrest Outpatient Pavilion
Planned Opening: FY26

New Hillcrest Hospital
Planned Opening: early 2030s

Eastlake *(future)*
Lives Served: +30,000

● Major Ambulatory Centers

★ Incremental/New Inpatient Capacity

OUR FUTURE: New Inpatient Tower for La Jolla Campus

Initial Visioning & Program Development

Objectives

- Increase capacity for destination services:
  - *cancer, cardiovascular, transplant, others*
  - while maintaining flexibility to meet changes in clinical demand
- Help alleviate current patient flow challenges (e.g., EDIP's) by growing clinical & support service capacities
- Volume largely incremental – create positive margin to support overall system growth

Size & Timing

- Initial planning for ~200–250 beds
- In place prior to Hillcrest rebuild, if possible (FY31)

OUR FUTURE: Hillcrest Campus Redevelopment

Large Scale

- $3B+ investment
- 36 of 38 buildings replaced

Development Partnership

- Joint campus/health system funding model

$550M Phase 1 *(under construction)*

- Outpatient Pavilion
- Parking Garage
- Street & infrastructure improvements

Hospital Replacement

- Driven by seismic requirements

PHASE I: Hillcrest Outpatient Pavilion Opening 2025

- Increases specialty service capacity (focus on procedures & surgery)

- Expanded cancer capabilities to serve central and south San Diego

- Improves efficiency of care teams and patient/ caregiver experience

- Positive financial impact

Contact Information

UC San Diego
HEALTH SCIENCES

Website: vchs.ucsd.edu
News Center: vchs.ucsd.edu/news
Phone: (858) 534-1501
Social:
- Facebook:
- Instagram:
- Tumblr:
  ucsdhealthsciences.tumblr.com
- Twitter (X):
  twitter.com/UCSDHealthSci

UC San Diego Health

Website: health.ucsd.edu
News Center: health.ucsd.edu/news
Phone: (858) 657-7000
Social:
- Facebook:
  facebook.com/UCSDHealth/
- Instagram:
  instagram.com/ucsdhealth/
- Twitter (X):
  twitter.com/UCSDHealth
- LinkedIn:
  linkedin.com/company/ucsdhealth
- YouTube:
  youtube.com/UCSDMedicalCenter

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 10/27/2023 – 9/30/2025)

Any items of concern will be "red" flagged in this report. Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following physicians have met the basic requirements of staff and are therefore recommended for appointment effective 10/27/2023 through 9/30/2025:

- **ALKHADDO, Jamil MD/Endocrinology (Tri-City Primary Care)**

- **GIOIOSO, Valeria MD/Radiology (San Diego Imaging)**

- **STEIN, Alexander MD/Dermatology (Stein Dermatology)**

- **WANG, Siyuan DO/Emergency Medicine (TeamHealth)**

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 11/01/2023 – 10/31/2025)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 11/01/2023 through 10/31/2025, 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:

- AMUNDSON, Janet, MD/Teleradiology/Active Affiliate

- ATTREYA, Akash, DO/Telemedicine/Provisional

- BANSAL, Preeti, MD/Pediatric Ophthalmology/Active Affiliate

- BROOKS, Jeffrey, DPM/Podiatric Surgery/Active Affiliate

- BROWN, Dorothy, MD/Emergency Medicine/Active

- BUI, Hanh, MD/Cardiology/Active

- DANG, Paul, MD/Internal Medicine/Active

- FLORES, Edna, MD/Oncology/Active

- GUALBERTO, Gary, MD/Neurology/Active

- HALIM, Neil, MD/Family Medicine/Refer and Follow

- HALL, Andrew, MD/Internal Medicine/Refer and Follow

- HARDY, Tyrone, MD/Neurological Surgery/Active

- HOANG, Ngoc, MD/Emergency Medicine/Provisional

- HOTCHKISS IV, John, MD/Teleradiology/Active Affiliate

- KRAMER, Melissa, MD/Pediatrics/Active Affiliate

- LLOYD, Amanda, MD/Dermatology/Refer and Follow

- MacINTYRE, Elizabeth, MD/Pediatrics/Provisional

- MARTIN, Andrew, MD/Teleradiology/Active Affiliate

Attachment B

- MATAYOSHI, Amy, MD/Nephrology/Active

- PASHMFOROUSH, Mohammad, MD/Cardiology/Active

- PATEL, Mihir, MD/Telemedicine/Provisional

- PRASAD, Nandan, MD/Emergency Medicine/Active

- RAJA, Wasim, MD/Telemedicine/Provisional

- ROEDER, Zachary, MD/Teleradiology/Provisional

- ZAVERI, Maulik, MD/Ophthalmology/Active

- ZHANG, Clarice, DO/Emergency Medicine/Active

RESIGNATIONS: (Effective date 10/31/2023 unless otherwise noted)

Automatic:
- COLEY, Nicholas, MD/Pathology

Voluntary:
- BHALLA-REGEV, Sandhya, MD/Internal Medicine

- GHODSI-SHIRAZI, Anoosha, MD/Obstetrics & Gynecology

- HOKE, Eileen, MD/Neonatology

- LIU, Nina, MD/Oncology

- MCMULLEN, Meredith, MD/Obstetrics & Gynecology

- MURALI, Sujatha, MD/Oncology

- PARK, Ronald, MD/Pediatrics

- PATTENGILL, Catherine, MD/Obstetrics & Gynecology

- SAINI, Arvind, MD/Ophthalmology

AUTOMATIC RELINQUISHMENT OF PRIVILEGES

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and therefore the listed privileges will automatically expire as of **October 31, 2023**

- TAO, Amy, MD   OB/GYN

PROCTORING RECOMMENDATIONS

- **ATTREYA, Akash, DO**   **Tele-Med**

- **KADAKIA, Hemal, MD**   **Tele-Med**

- **MA, Ruhong, DO**   **Tele-Med**

- **NIKANJAM, Mina, MD**   **Oncology**

- **PURCOTT, Kari, MD**   **OB/GYN**

- **VU, Quin, MD**   **ANESTHESIOLOGY**

Tri-City Medical Center
MEDICAL STAFF

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

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 10/27/2023 – 7/31/2025)

Any items of concern will be "red" flagged in this report. Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following physicians have met the basic requirements of staff and are therefore recommended for appointment effective 10/27/2023 through 7/31/2025.

- ALDINOV, Kyra PA-C Allied Health Professional (TeamHealth)

- HUFFMAN, Gregory PA-C/Allied Health Professional (Vituity)

- JOHNSON, Ryan PA-C/Allied Health Professional (OSNC)

- LACROIX, Diane NP Allied Health Professional (TeamHealth)

Attachment B

BIENNIAL REAPPRAISALS: (Effective Dates 11/01/2023 – 10/31/2025)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 11/01/2023 through 10/31/2025, 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:

- HUNT, Cris, AuD/Allied Health Professional

- MORDEN, Jacqueline, PA/Allied Health Professional

- NICHOLS, Melanie, PAC/Allied Health Professional

RESIGNATIONS: (Effective date 10/31/2023 unless otherwise noted)

Automatic:
- ALLEN, Lindsay, PA-C/Allied Health Professional

Voluntary:
- BIERMAN, Andrew, NP/Allied Health Professional

- LEE, Jisoo, PA/Allied Health Professional

- ROSS, Jessica, NP/Allied Health Professional

ANNUAL EVALUATIONS:

Adam, Jory, PA
Alasantro, Lori H., PHD
Allen, Danielle M., AuD
Alsteen, Stephanie, NP
Amador, Lindsay B., CRNA
Benedicktus, Cynthia, NP
Bierman, Andrew J., NP
Bishop, Leslie A., NP
Brownsberger, Richard N., PAC
Bulger, Jeffrey, PAC
Canseco, Edilberto, PA
Carl, Emily T., CRNA
Carlton, Vivian W., PAC
Chislum, Runa, CRNA
Chua, Joshua W., PAC

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Attachment B

Cole, Jason, CRNA
Covington, Emily, CRNA
Cowan, John W., PAC
Crespo, Christopher N., PAC
DeMasco, Michael A., PA
Draper, Brad K., CRNA
Elamparo, Kaye L., NP
Fazzino, Dolores L., DNP, RNFA
Fisher-Gamez, Lori K., NP, RNFA
Forbes, Beth, RNFA
Frost, Robert, PAC
Gohl, Mark, CRNA
Graydon, Cassie L., FNP
Green, Kyle, PAC
Gryska, Jennifer, CNIM
Guthrie, Lesli A., AuD
Hamilton Jr., James N., PAC
Hammond, Hilary, PA
Hearn, Kevin, PAC
Hermanson, Kathleen H., PA
Huang, Stephanie K., PAC
Hunt, Cris T., AuD
Kaup, Allison R., PHD
Kaur, Manpreet, PAC
Keller, Mark, CRNA
Khoukaz, Kathlyn, PHD
King, John F., AuD
Knipper, Robert, CRNA
Kolt, Thomas L., PAC
Lau, Yufei, PAC
Lee, Jisoo, PA
Lewis, Kevin P., CRNA
Luu, Jackie, PA
Martinez, Melinda W., PAC
McNally, Paul D., NP
Megali, Nicole F., PA
Moran, Bridget M., CNM
Morden, Jacqueline, PA
Nichols, Melanie, PAC
Nizamov, Mikhail, CRNA
Orduno Jr, Ramon R., CRNA
Orduno, Annette, CRNA
Ortega, Joseph, CRNA
Pollington, Christopher, PAC
Rahim, Arianna S., PA
Reece, Charla C., NP

Attachment B

Reusch, Kevin S., PAC
Rice, William M., PAC
Ross, Jessica L., NP
Schillinger, Stephan B., PAC
Schmitt, Ryan J., PA
Serra, Natalie, CRNA
Sidlinger, Kelly M., CRNA
Szulakowski, Mary, CRNA
Tham, Janice, NP
Wallace, Stephanie, PAC
Weichert, Rachel A., AuD, CNIM

PROCTORING RECOMMENDATIONS

- **BENEDICKTUS, Cynthia, NP**   **Medicine**

- **CANSECO, Edilberto, PAC**   **Emergency**

- **MORDEN, Jaqueline, PAC**   **Emergency**

- **NICHOLS, Melanie, PAC**   **Emergency**

- **RAHIM, Arianna, PAC**   **Neurology**

Tri-City Medical Center
MEDICAL STAFF

Provider Name:

	Privilege

Criteria:

Initial:
1. Board certified or actively in the process of obtaining certification by the American Board of Internal Medicine.
2. If training was completed more than 24 months prior to application, documentation of twenty (20) cases within the previous 24 months reflective of the scope of privileges requested is required.

*Percutaneous Tracheostomy credentialing and proctoring requirements are listed separately below the privilege.

Proctoring:
Admit patients and Consultation - Six (6) inpatient cases (includes five (5) conventional care and one (1) telemetry or ICU case)
Perform history & physical examination - Eligible for release from proctoring once six (6) admits or consult cases have been released from proctoring.
General Pulmonary Privileges - Ten (10) cases from the category

Reappointment:
General Pulmonary Privileges - Twenty (20) representative blend of cases within the previous twenty-four (24) months

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.

___ Admit patients

___ Consultation, including via telemedicine (F) and sleep tests/polysomnography

___ Perform history & physical examination, including via telemedicine (F)

___ **GENERAL PULMONARY PRIVILEGES:** By selecting this privilege, you are requesting the General Pulmonary privileges listed immediately below. Strikethrough and initial any privilege(s) you do not want.

    Arthrocentesis

    Bronchoscopy with and without biopsy

    Chest tube insertion

    Insertion of pulmonary artery catheter

    Intubation

    Lumbar puncture

    Paracentesis

    Percutaneous arterial catheter insertion

    Percutaneous central venous catheter

Tri-City Medical Center
MEDICAL STAFF

Provider Name:

	Privilege

Thoracentesis - pleural biopsy

SPECIAL PRIVILEGES:

___ Percutaneous tracheostomy*

Percutaneous Tracheostomy Criteria:
Initial:
1. Concomitant bronchoscopy privileges
2. Documentation of hands-on training course required if residency or fellowship training did not include training for percutaneous tracheostomy. If training was completed more than 24 months prior to application, documentation of five (5) cases is required.
Proctoring: Three (3) cases
Reappointment: Five (5) cases within the previous twenty-four (24) months

___ Robotic-Assisted Bronchoscopy

Initial Criteria:

1. Documented evidence of the 2-day ION robotic system training course which includes didactic and hands-on lab.

2. Demonstrate proficiency in navigation bronchoscopy by way of performing a minimum of ten (10) procedures within the previous twenty-four (24) months.

3. Current fluoroscopy certificate

Reappointment Criteria:

1. Performance of at least five (5) cases within the previous twenty-four (24) months

2. Maintain current fluoroscopy certificate

___ EBUS (Endobronchial Ultrasound Guided Bronchoscopy)

Initial Criteria:

1. Minimum of five (5) procedures performed within the previous twenty-four (24) months; AND

2. Documentation of attendance of a continuing medical education (CME) accredited course on the Use of Endobronchial Ultrasound.

Reappointment Criteria:

1. Performance of at least five (5) cases within the previous twenty-four (24) months

___ Moderate sedation (Refer to Medical Staff policy #8710-517 for Initial, Proctoring, and Reappointment Criteria)

Provider Name:

	Privilege

_____

Print Applicant Name

_____

Applicant Signature

_____

Date

_____

Division/Department Signature (By Signing this form I agree with the granting of these privileges indicated above.)

_____

Date

Tri-City Medical Center
Finance, Operations and Planning Committee Minutes
October 18, 2023

Members Present	Director Tracy Younger, Director Nina Chaya, Director Adela Sanchez (*joined the meeting at 3:40 p.m.*), Dr. Mohammad Jamshidi-Nezhad,
Non-Voting Members Present:	Dr. Gene Ma, CEO; Ray Rivas, CFO; Donald Dawkins, CNE; Roger Cortez, CCO; Jeremy Raimo, COO, Mark Albright, CIO
Others:	Eva England, Gary Johnson, Ellen Langenfeld, Jane Dunmeyer, Miava Sullivan
Members Absent:	Dr. Henry Showah, Susan Bond, General Counsel

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order	Director Younger called the meeting to order at 3:20 p.m.		Chair
2. Approval of Agenda		**MOTION** **It was moved by Director Chaya, and Dr. Jamshidi-Nezhad seconded, and it was unanimously approved to accept the agenda of October 18, 2023.** **Members:** **AYES: Younger, Chaya, Jamshidi-Nezhad** **NOES: None** **ABSTAIN: None** **ABSENT: Showah**	Chair
3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	Director Younger read the paragraph regarding comments from members of the public.	No comments	Chair
4. Ratification of minutes of September 20, 2023		Minutes were ratified. **MOTION** **It was moved by Director Chaya, and Dr. Jamshidi-Nezhad seconded, and the minutes of**	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
		September 20, 2023 were unanimously approved, with Director Younger abstaining from the vote.	
5. Old Business	None		
6. New Business	None		
7. Consideration of Consent Calendar:	It has been requested that the following item be pulled. Director Younger requested: 7.e. Real Estate Sale: 2095 W Vista Way, Suite 217, Vista • Bradley Eli, D.M.D. Item was tabled for further clarification: -If located within 100 feet from hospital campus -Clarification if HUD authorization is needed	**MOTION** **It was moved by Director Chaya, and Dr. Jamshidi-Nezhad seconded, and it was unanimously approved to accept the Consent Calendar minus item 7.e. for October 18, 2023.** **Members:** **AYES: Younger, Chaya, Jamshidi-Nezhad** **NOES: None** **ABSTAIN: None** **ABSENT: Showah**	Chair
a) Physician's Assistant Service Agreement • Physician Assistant Specialist California, Inc. (PASCAL)		**Approved via Consent Calendar**	Eva England/Gary Johnson
b) Quality Leadership Agreement – Chairperson QAPI Committee • Nandan Prasad, M.D.		**Approved via Consent Calendar**	Dr. Gene Ma / Jonathan Gonzalez
c) Medical Directorship Agreement for Plastic Surgery – Consultative & Procedural Services • Geehan D'Souza, M.D.		**Approved via Consent Calendar**	Jeremy Raimo
d) Emergency Department Provider Training – OB/GYN • Jamie Resnik, M.D.		**Approved via Consent Calendar**	Dr. Gene Ma

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
e) Real Estate Sale: 2095 W Vista Way, Suite 217, Vista • Bradley Eli, D.M.D.		Pulled	Jeremy Raimo

8. Financials:	Ray Rivas presented the financials ending September 30, 2023 (dollars in thousands)
	TCHD – Financial Summary
	Fiscal Year to Date
	Operating Revenue $ 73,312
	Operating Expense $ 87,392
	EBITDA $ (8,396)
	EROE $ (11,874)
	TCMC – Key Indicators
	Fiscal Year to Date
	Avg. Daily Census 113
	Adjusted Patient Days 20,272
	Surgery Cases 1,227
	ED Visits 11,774
	TCHD – Financial Summary
	Current Month
	Operating Revenue $ 22,569
	Operating Expense $ 27,762
	EBITDA $ (3,246)
	EROE $ (4,443)
	TCMC – Key Indicators
	Current Month
	Avg. Daily Census 103
	Adjusted Patient Days 5,888
	Surgery Cases 383
	ED Visits 3,791
	Graphs:
	   • TCMC-Average Daily Census, Total Hospital - Excluding Newborns
	   • TCMC-Adjusted Patient Days
			Ray Rivas

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	• TCMC-Acute Average Length of Stay		
a. Dashboard	No discussion		Ray Rivas
10. Comments by committee Members	None		Chair
11. Date of next meeting	Wednesday, December 6, 2023		Chair
13. Adjournment	Meeting adjourned 3:58 p.m.		Chair

Tri-City Medical Center

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: October 18, 2023
PHYSICIAN'S ASSISTANT SERVICE AGREEMENT

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

Vendor's Name: Physician Assistant Specialist California, Inc. (PASCAL)

Area of Service: Surgery

Term of Agreement: 24 months, Beginning, November 1, 2023 – Ending, October 31, 2025

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost Not to Exceed
$15,833	$190,000	$380,000

Description of Services/Supplies:

- Physician Assistant surgical scrub support for open heart patients pursuant to Title 22

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

Person responsible for oversight of agreement: Gary Johnson, Director Surgery & Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:
I move that the Finance Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Physician Assistant Specialist California Inc. (PASCAL) for surgical scrub support for open heart patients for a term of 24 months, beginning, November 1, 2023 and ending, October 31, 2025, for an annual cost of $190,000 and a total term cost of $380,000.

Tri-City Medical Center

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: October 18, 2023
QUALITY LEADERSHIP AGREEMENT – CHAIRPERSON QAPI COMMITTEE

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

Physician's Name: Nandan Prasad, M.D.

Area of Service: Quality/Performance Improvement: Chairperson of Quality Improvement Performance Improvement (QAPI)

Term of Agreement: 12 months, Beginning, October 1, 2023 – Ending, September 30, 2024

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

Rate/Hour	Maximum Hours per Month	Hours per Year Not to Exceed	Monthly Cost Not to Exceed	Annual/Term Cost Not to Exceed
$155	10	120	$1,550	$18,600

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

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

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

Motion:
I move that the Finance Operations and Planning Committee recommend that the TCHD Board of Directors authorize Nandan Prasad, M.D., as the Chairperson of the QAPI Committee for a term of 12 months, beginning October 1, 2023 and ending September 30, 2024, not to exceed an annual and total term cost of $18,600.

Tri-City Medical Center

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

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

Area of Service: Hospital Inpatient, Observation & Outpatient Units

Term of Agreement: 12 months, Beginning, October 1, 2023 – Ending, September 30, 2024

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

Rate/Hour	Hours per Month	Hours per Year	Monthly Cost	12 month (Term) Cost
$235	12	144	$2,820	$33,840

Position Responsibilities:

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

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

Person responsible for oversight of agreement: Jeremy Raimo, Chief Operating Officer

Motion:

I move that the Finance Operations and Planning Committee recommend that the TCHD Board of Directors authorize the renewal of the agreement with Dr. Gehaan D'Souza as the Medical Director for Plastic Surgery Consultative and Procedural Services for a term of 12 months beginning October 1, 2023 and ending September 30, 2024, for a total cost for the term of $33,840.

Tri-City Medical Center

FINANCE, OPERATIONS & PLANNING COMMITTEE
DATE OF MEETING: October 18, 2023
EMERGENCY DEPARTMENT PROVIDER TRAINING – OB/GYN

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

Physician's Name: Jamie Resnik, M.D.

Area of Service: Obstetrics and Gynecology Training for Emergency Department Providers

Term of Agreement: 1 Year, Beginning, October 10, 2023 - Ending, October 9, 2024

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

Rate/Training	Term	Total Term Cost
$1,500	Up to 3 sessions	$4,500

Description of Services/Supplies:
- Training of Emergency Department providers for handling reproductive medicine and obstetric/gynecological emergencies in the absence of OB/GYN specialists
- Dr. Resnik is a clinical professor of Reproductive Sciences at UC San Diego Health, who has provided training at other facilities after the closure of their Labor & Delivery departments.

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

Person responsible for oversight of agreement: Gene Ma, M.D., Chief Executive Officer

Motion:

I move that the Finance, Operations & Planning Committee recommend that the TCHD Board of Directors authorize an agreement to provide OB/GYN specialty training for Emergency Department providers with Jamie Resnik, M.D., for a term of 1 Year, beginning, October 10, 2023 and ending, October 9, 2024, for a total cost of $4,500.

Tri-City Medical Center

ADMINISTRATION CONSENT AGENDA
October 16th, 2023

CONTACT: Donald Dawkins, CNE

Policies and Procedures	Reason	Recommendations
Patient Care Services		
1. Communication with the Sensory Impaired (Blind/Deaf)	3 year review, practice change	Forward to BOD for Approval
2. Deceased Patient Care and Disposition Procedure	3 year review, practice change	Forward to BOD for Approval
3. Gastric Intubation Procedure	3 year review, practice change	Forward to BOD for Approval
4. Interpretation and Translation Services Policy	3 year review, practice change	Forward to BOD for Approval
5. Lumbar Drains, Care of Procedure	3 year review, practice change	Forward to BOD for Approval
6. Rapid Response Standardized Procedure	3 year review, practice change	Forward to BOD for Approval
7. Referrals to Social Services for Biopsychosocial Assessment Policy	3 year review	Forward to BOD for Approval
8. Service Animals Policy	3 year review, practice change	Forward to BOD for Approval
Allied Health Professional Manual		
1. Neurosurgery Standardized Procedures	2 year review	Forward to BOD for Approval
Cardiac Rehab		
1. Exercise Protocol, Phase IV	3 year review, practice change	Forward to BOD for Approval
Emergency Department		
1. Boarders Policy	3 year review	Forward to BOD for Approval
Engineering		
1. Time Cards 3004	RETIRE	Forward to BOD for Approval
Medical Staff		
1. Focused Professional Practice Evaluation - Proctoring 8710-542	3 year review	Forward to BOD for Approval
2. Liability Insurance Requirements 8710-558	3 year review	Forward to BOD for Approval
3. Management of Conflicts between Medical Staff and MEC 8710-567	3 year review	Forward to BOD for Approval
Rehabilitation		
1. Staff Meetings Policy - 201	RETIRE	Forward to BOD for Approval
Rehabilitation Center		

Tri-City Medical Center

ADMINISTRATION CONSENT AGENDA
October 16th, 2023

CONTACT: Donald Dawkins, CNE

Policies and Procedures	Reason	Recommendations
1. Provision of Durable Medical Equipment (DME) by Tri-City Rehabilitation Center	3 year review	Forward to BOD for Approval
Security		
1. Forensic Services 218	RETIRE	Forward to BOD for Approval
2. Payroll Timecard 305	RETIRE	Forward to BOD for Approval
3. Security Precautions - In Custody Patients #219	RETIRE	Forward to BOD for Approval
Surgical Services		
1. Traffic Patterns Policy	3 year review	Forward to BOD for Approval

ISSUE DATE: 11/88	**SUBJECT:** Communication with the Sensory Impaired (Blind/Deaf)

| **REVISION DATE(S):** 09/91, 07/94, 10/99, 06/03, 06/05, 07/07, 08/08, 11/09, 11/11, 05/12 07/15, 08/19 |

Patient Care Services Content Expert Approval: 01/1906/23
Clinical Policies & Procedures Committee Approval: 02/1907/23
Nursinge LeadershipExecutive Council Approval: 03/1908/23
Medical Staff Department or Division Approval: n/a
Pharmacy & Therapeutics Approval: n/a
Medical Executive Committee Approval: 03/1909/23
Administration Approval: 07/1910/23
Professional Affairs Committee Approval: n/a
Board of Directors Approval: 08/19

A. **DEFINITIONS**:
1. Deaf or Hard **of** Hearing: Refers to an individual who has difficulty hearing and/or discriminating oral conversation either in a face-to-face situation or over the telephone. Individuals who are deaf and hard of hearing may have Limited English Proficiency (LEP) and may require interpreters, or other auxiliary aids and services to communicate effectively.
2. Visually Impaired (visual impairment, partial sight, low vision, legally blind or totally blind): A visually impaired individual has some difficulty seeing and reading information and may require special assistance and/or supportive tools including non-visual resources.
3. Companion: Means a family member, friend or associate of a patient or prospective patient, who along with the patient, is an appropriate person with whom the hospital may communicate with. The patient must give permission for the companion to receive information per the Patient Care Services (PCS) Policy: Privacy Code.
4. Auxiliary Aids and Services: This term includes qualified interpreters on-site or through video remote interpreting (VRI) services; written materials; telephone handset amplifiers; assistive listening devices; closed caption television; text telephones (TTYs), or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.

B. **POLICY:**
1. In accordance with regulatory standards, the following provisions have been established and will be implemented by staff caring for the patient with communication impairment. TCHD will give consideration to the requests of individuals with disabilities in determining what types of auxiliary aids and services are necessary.
2. Deaf or Hard of Hearing
    a. Determine if the patient needs translation services per the PCS Policy: Interpretation and Translation Services for guidance on when and how to provide interpretation services.
    b. As part of theits patient registration process, TCHD **staff** shall evaluate any deaf or hard of hearing patient-impairment to determine what auxiliary aid(s) or service(s) would be most appropriate for that patient. Any auxiliary aid(s) or service(s) will be communicated and explained to subsequent **healthcare** providers as care continues throughout the duration of the patient's stay.

        i.   The outcome of this evaluation should be documented in the electronic health record (EHR)

  c.   TCHD shall place a sign in the Patient's room indicating that the patient is deaf and requires auxiliary aids and services to communicate. This will facilitate communication between the patient and all staff who enter the room.

  d.   After being informed of the availability of interpreters who are qualified to interpret medical information at no charge, patients may refuse the TCHD's interpretation service and select an individual of their choice to assist with their communication needs. Any costs incurred in this situation will be the responsibility of the patient.

        i.   A patient's waiver of TCHD's interpretation service must be knowing and voluntary, and the person refusing services must sign a waiver form to that effect. An interpreter may be necessary to ensure that the refusal is knowing and voluntary.

          1)   See Waiver of Interpretation Services Form

        ii.   Refusal of TCHD's interpretation service must be documented in the electronic health record. In addition the name of the individual that the patient has selected to perform interpretation should be documented.

        iii.   Staff members may access a TCHD medical information interpreter if at any time they feel there is a communication barrier with the interpreter selected by the patient and may have a hospital-designated interpreter monitor the communication.

  e.   As part of the evaluation process, TCHD will re-assess the services being provided to the patient throughout the patient's stay to ensure that the services are providing effective communication to the patient.

  f.   A deaf individual who does request an American Sign Language interpreter on-site will be provided one as available.

  g.   The patient or the patient's companion will be allowed to utilize their own videophone (VP) in the same manner that a hearing person would utilize an audio phone unless it poses a risk to patient safety.

  h.   Visually Impaired

        i.   Visually impaired patients shall be provided with adaptive devices, such as squeeze balls for call lights.

          1)   Squeeze balls can be obtained from the Engineering Department.

        ii.   All documents that patients are asked to read or sign shall be read aloud to visually impaired patients, questions shall be addressed, and patient verbalization of understanding documented.

C.   **DOCUMENTATION**

1.   Nursing or departmental staff shall record the patient's **preferred** communication method in the medical record.

D.   **FORM(S):**

1.   Waiver of Interpretation Services 8610 ~~NEW~~ Sample

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

1.   Patient Care Services Policy: Interpretation and Translation Services

~~2.   Interpretation Resources and How to Access Them~~

~~3.~~2.   Servicing the Deaf and Hard of Hearing Helpful Hints

~~4.~~3.   Video Remote Interpretation (VRI) **Instructions for Use**~~Resources~~

    a.   VRI Device Deployment

    ~~b.   VRI Schedule~~

    ~~c.   VRI Language List~~

    ~~d.   VRI Super User Guide~~

    ~~e.~~b.   ~~VRI User Guide~~
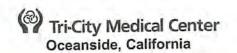
F.   **REFERENCES**

1. National American with Disabilities Act (ADA) www.usdoj.gov/crt/ada/adahom1.htm
2. Federal Interagency Working Group on Limited English Proficiency: www.justice.gov/crt/lep/
3. Joint Commission Hospital , Supporting Effective Communication, Cultural Competence, and Patient Centered Care 2011-2012
4. United States Department of Justice: ADA Requirements: Effective Communication, https://www.ada.gov/effective-comm.htm
5. Patient Protection and Affordable Care Act, § 1557

Waiver of Interpretation Services - SAMPLE

Patient Name: _____

I understand my right to receive interpreting services free of charge, and acknowledge that I was offered access to these services. Tri-City Healthcare District (TCHD) staff also explained that using minors, friends and/or a person that has not been trained as an interpreter is not advisable.

Please check an option below:

_____ I decline interpretations services.

_____ I will use a family member or friend to interpret.

_____ I decline TCHD offered interpretations services and will use an interpreter service of my choice at my own cost.

Please list special requests here:

_____
_____
_____
_____

		Date	/ /	Time	AM/PM
Name: Patient/Representative	Signature: Patient/Representative				

If signed by a person other than the patient, indicate relationship to patient: _____
Examples: Spouse, Partner, Legal Guardian

If patient is unable to sign, state reason: _____

		Date • Fecha	/ /	Time • Hora	: AM/PM
Witness – TCHD Representative (print name)	Signature • Firma				

INTERPRETATION (Complete if Interpretation provided)

❑ Telephonic ❑ VRI

Interpretation provided in preferred language: _____

❑ Face-to-face: ❑ I have accurately and completely reviewed this document in patient/patient's legal representative preferred language with: _____ ❑ Patient ❑ Patient's legal representative

		Date	/ /	Time	AM/PM
Interpreter ID number or Name	Interpreter Signature (if present)				

❑ Patient refuses TCHD's interpretation services and selects as interpreter: _____
Name and relationship to patient

Tri-City Medical Center
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Waiver of
Interpretation Services
Page 1 of 1

Servicing the Deaf and Hard of Hearing

Free language assistance services are available for individuals who are Deaf of hard of hearing.

"It is incumbent upon the hospital to anticipate and assess such experiences and communication needs and arrange to provide on-site interpreter services during the communication intensive periods. The hospital should discuss the reasonably foreseeable health care activities and manage the logistics of communication access with the deaf individual and his/her health care providers immediately upon admission." - The National association of the Deaf.

For Medical Interpretation:

- **Face-to-Face contracted services**
  Contracted in-person sign language interpretation and other forms of communicating with the Deaf and hard of hearing. Recommended for communication intensive periods, difficult situations (such as surgery), clinical sessions, when there are cognitive issues, etc.

  Unit staff may call and request service, which can be scheduled ahead of time. An interpreter then comes to TCMC and can usually be available within 30-45 minutes.

  When the interpreter comes in, have him/her check-in with at the Staffing office. A temporary ASL Interpreter badge will be given to the interpreter. At the end of the session, the interpreter returns badge to the Staffing and checks out.

- **Video Remote Interpreting (VRI)**
  Immediate, 24/7/365 contracted service useful for general, non-intensive communication periods. VRI devices are available at every nurse's station. A roaming device is located in PBX for any area without a designated device.

For General Interpretation - Relay Services:

Useful for setting appointments, coordinating with insurance, billing, answering general questions, especially when the person is outside of TCMC (regardless of who initiates the call, the Deaf/hard of hearing person or TCMC staff):

- TTD/Video relay in English: **1-800-735-2929**
  (Patient with machine)

- TTD/Video relay in English: **1-800-735-2922**
  (Patient without machine)

- TDD/Video relay in Spanish: **1-800-855-3000**
  (From any phone)

How to use AMN Language Services on an iPad

iPad Tips:

•The iPad is not fully turned off, it is only sleeping. To "wake up" the iPad, press the home button once. This will bring you to the lock screen. To unlock the iPad, place your finger on the screen and slide from left to right.

Launch and Login to App:

•Select the green icon with the AMN logo to launch AMN Language Services. Enter your unique login credentials and select "login". If "remember me" is toggled on, you will bypass this screen in the future.

View the Language Page & Connect with an Interpreter:

•Once you have logged in, you will be brought to the language page. Each language button is live and will connect you with an interpreter. Once you have selected the language you need, you will be brought to a hold screen. Your wait will be approx. 30 seconds.

Once the Call is Answered:

• There are two important things to note once the call is answered. The first is the self-view window. This shows you everything the interpreter sees. Make sure your patient can be seen here. The second is the interpreter ID number. This should be recorded, along with the date, time, and language of the call in your patient records.

How to use AMN Language Services on an iPad

Take two tylenol twice daily

Interpreter   #svit_3000

In Call Features:

•There are two important in-call features. First is the video privacy screen. Tap anywhere on screen to reveal the control panel across the bottom.

•Video privacy blocks the interpreter's video feed. They may still hear the conversation and interpret for the patient, but this way your patient may maintain modesty.

•The second important feature is the digital white board. This is for written clarification and is controlled by the interpreter. The interpreter has the ability to type in English and the native language. Please note, this is a clarification tool. The interpreter will not translate the entire session.

Ending the Session and Completing the Survey:

•When the session is finished, tap on screen to view the control panel, and select the red button to hang up. This will bring you to a post-call survey in which you can rate the video quality, the interpreter quality, and add any comments you may have. Once you submit you will be brought back to the language page and you will be ready to make another call as needed.

Tri-City Medical Center
Oceanside, CA

Video Remote Interpretation (VRI) Device Deployment

	Department	CartUsername	FriendlyName
1	Admissions	tricir0030	Admitting_Essential
2	Catheterization Laboratory	tricir0029	Cath Lab_Essential
3	Emergency Department	tricir0003	ED_Essential
4	Emergency Department	tricir0024	ER_ABC_Essential
5	~~Emergency Department~~	~~tricir0025~~	~~ER Station D_F_Essential~~
6	Emergency Department	tricir0026	ED Triage_Essential
7	Intensive Care Unit	tricir0013	ICU_Essential
8	Medical Surgery	tricir0006	4Pavillion_Essential
9	Medical Surgery	tricir0011	Med Surg 2P_Essential
10	Orthopedics	tricir0005	1NOrtho_Essential
11	Post Anesthesia Care Unit	tricir0028	PACU_Essential
12	Preoperative	tricir0016	Preop Hold_Essential
13	Preoperative	tricir0027	Pre-Op Tech_Essential
14	Progressive Care Unit	tricir0017	PCU_3NS_Essential
15	~~Radiology~~	~~tricir0019~~	~~Interventional Radiology_Essential~~
16	Radiology	tricir0022	Radiology_Essential
17	~~Roam~~	~~tricir0031~~	~~PBX_Essential~~
18	Surgery	tricir0023	Surgery_Essential
19	Telemetry	tricir0014	Tele 4Eand4W_Essential
20	Telemetry	tricir0015	Tele 2Eand2W_Essential
21	~~WNS Labor and Delivery~~	~~tricir0002~~	~~LD_Essential~~
22	~~WNS Mother Baby~~	~~tricir0012~~	~~Mother and Baby_essential~~
23	~~WNS NICU~~	~~tricir0004~~	~~NICU_Essential~~
24	Outpatient Specialty Clinic (off site)	tricir0018	Outpatient Progressive Care_Essential
25	Rehabilitation (off site)	tricir0021	El Camino Rehab_Essential
26	Rehabilitation (off site)	tricir0032	Wellness Center_Rehab_Essential
27	Wound Care (off site)	tricir0020	WoundCare_Essential

⟨logo⟩ **Tri-City Medical Center**	~~Distribution:~~Patient Care Services
PROCEDURE: **DECEASED PATIENT CARE AND DISPOSITION**	
Purpose:	To outline the nursing responsibilities for preparing the deceased for the morgue, transporting to the morgue, and placement into a cooler compartment.
Equipment:	Shrouding kit, morgue gurney, Chux~~for newborns~~, Maximal Barrier Protection (cap, mask, gown, gloves and large drape)

A. **PROCEDURE:**

1. If **it has been determined that the**~~there will be~~ Medical Examiner (ME) **will be transporting decedent, do not remove personal belongings, lines or equipment from body**~~involvement, prepare body for viewing per ME guidelines~~.

2. After ensuring that there will be no ME involvement, remove all lines/equipment, tubes, and valuables (give to family or put in safe) from the body. See Patient Care Services (PCS) Policy – Patient Valuables, Liability and Control.
   a. Tie a knot in lines you are unable to remove.
   b. Place non-sterile dressing over wounds and discontinued invasive line sites and tape firmly.

3. Close patient's eyes and place a pillow under their head for family viewing.

4. Ensure identification band is accurate and in place.

5. **Respect**~~Accommodate family~~ religious/culture preference**s/beliefs**~~ requests if legal and safe~~.
   ~~a. Specifically a~~**A**sk if any family member wishes to view the deceased before placing in post-mortem bag.
   ~~b.~~**a.** Deceased may stay in the room awaiting family member's arrival **up to four (4) hours**~~, but if room cannot be occupied for extended period other arrangements can be made~~.
   ~~c.~~**b.** Discuss with the ~~Manager~~ **Nurse Leader**/Administrative Supervisor/**Patient Liaison** if there are concerns or questions.

6. If **eye**~~corneal~~ donation is a consideration, initiate the following within two hours of pronouncement of death, **if not moved to morgue**:
   a. Close the eyes
   b. Elevate the head (a pillow roll is acceptable)
   c. Place a light ice pack over the closed eye lids immediately after death – crushed ice cubes (equivalent of two ice cubes) in an exam glove is placed over the bridge of the nose

7. After family viewing, obtain morgue packet.
   a. Do not use chin straps or strings to bind the deceased patient's chin, wrists or ankles.
   b. Affix Patient Identification labels to **all** three tags ensuring information is legible; ensure information matches patient identification band.

8. For adults,
   a. **P**~~p~~lace **first**~~one~~ tag around the great toe after verifying the name on the tag with the patient's hospital identification band.
      i. **In the case of bilateral lower leg amputee, place tag on the opposite wrist of the Identification band**
   b. Place **second**~~one~~ tag on the outside of ~~white~~post-mortem bag tied to the zipper. ~~Place one tag on a labeled hospital personal belongings bag with the room number and name clearly visible.~~
   ~~8.~~**c.** **Place third tag on patient's belongings**
   ~~a.~~**d.** If patient is contagious, attach a red biohazard tag to the zipper on the outside of the post-mortem bag.

9. **Gather all patient belongings and place in belongings bag.** ~~s~~**S**end **patient belongings** home with family. If **no** family, ~~refuses, i items~~**belongings** should be sent~~, with patient belongings,~~ to Security.

Patient Care Services Content Expert	Clinical Policies & Procedures	Nursing Leadership Executive Council	Medical Staff Department or Division	Pharmacy & Therapeutics	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
3/03, 5/07, 6/09, 3/12, 10/19, **12/22**	3/12, 8/15, 11/19, **06/23**	3/12, 09/15, 02/20, **08/23**	n/a	n/a	3/12, 09/15, 03/20, **09/23**	04/20, **10/23**	5/12, 10/15, n/a	5/12, 10/15, 04/20

      a. If theire are dentures, are put them in the mouth, **do not remove. Otherwise place dentures in denture container and label with patient name. Place labeled denture container in belongings bag.** If unable to do so, place in a labeled denture cup and.

      b. **Document disposition of belongings in electronic health record.**

10. Place unclothed body into the white-**post-mortem** bag with the head at the **top**bottom of the bag so after it is zipped, the zipper will be at the patient's **head**feet.

      a. If family requests patient **to** be clothed in **their**his garments, this is allowed **Patient Liaison (PL)/Administrative Supervisor (AS) to notify** mortuary to be notified).

      a.**b.** If there is drainage, contain with a chux.

11. Close the bag and zip up completely. The matching of the toe tag and tag on zipper will identify the patient. The deceased is now ready for transport to the morgue.

      a. Special covered gurney in morgue to be used for transport.

12. Obtain and sign for the morgue key from Private Branch Exchange (PBX) (office located on lower level). Retrieve the special covered morgue transport gurney. Transport the patient to the morgue on the covered gurney and place the deceased feet first into the cooler compartment.

      a. Leave special gurney in morgue when not in use. Use lower level of hospital for transport as much as possible.

13. **Complete morgue log.**

14. Return key back to PBX and sign the key back in.

15. Make one copy of the completed Release of Deceased to put in medical record. Take the **Authority for Release of Deceased (all three copies)** original report to the Administrative Supervisor or the Patient **Liaison**Representative.

16. If all cooler compartments are full, **the outside morgue will be utilized**

      a. nNotify the Administrative Supervisor **(AS)** by cell phone 760-644-6968 **or Patient Liaison (PL)**at 760-940-5959 during business hours.

            17.**i.** **The AS/PL will notify Engineering to lower temperature in main morgue**

      b. **If all spaces are occupied in the main and outside morgue, a maximum of two bodies may be stored in the main morgue not in compartments.**

            i. **Patient Mobility Technician (PMT) to coordinate rotation of bodies in main morgue.**

            ii. **The bodies must be rotated every four hours so that no body is left outside a compartment for longer than four hours.**

B. **FETAL DEATHS:**

   1. Refer to Patient Care Services (PCS) Procedure: Perinatal Death (Miscarriage, Stillborn and Neonatal Death Care and Disposition.

   FORMS

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

   1. PCS Procedure: Patient Valuables, Liability and Control

   2. PCS Procedure: Perinatal Death, Stillborn and Neonatal Death Care and Disposition

![Tri-City Medical Center logo] **Tri-City Medical Center**	Patient Care Services

PROCEDURE:	**GASTRIC TUBE MANAGEMENT**~~INTUBATION (GI)~~**, ADULT**
Purpose:	To define the nursing management of adult or adolescent patients experiencing GI intubation (Nasal, Visceral, and Oral).
Equipment:	Nasogastric (NG), Orogastric (OG), or small bore feeding tube, i.e., Keofeed tube Salem-Sump or suction device with tubing and suction container Irrigation set Sterile H$_2$O for irrigation Sterile Normal Saline Tap water Hydrogen peroxide Cotton swabs Fenestrated 4 x 4 Skin barrier Silk tape and/or tube holder 10 mL syringe Anti-reflux valve Water soluble lubricant

A. **POLICY:**

1. Ensure the tube are secured properly at every shift
2. Provide lip and oral care at least every 2 hours for patient with NG, OG or small bore feeding tubes
3. Maintain NPO status and oral care, unless otherwise ordered
4. If nasogastric/feeding tube is accidentally removed, contact physician for reinsertion orders.
5. Verify order for movement of tube in patients with gastric surgery
6. Assess skin per Patient Care Services (PCS) Policy: Skin and Wound Care
7. Obtain physician order prior to irrigating gastric tubes for patients with gastric surgery.
   a. For gastric surgical patients use 20 mL sterile normal saline or sterile water, unless otherwise ordered.
8. Sterile saline or water to be used in critically ill or immunocompromised patients
9. See Online Clinical Skills for the following comprehensive procedure:
   a. Nasogastric Tube: Insertion, Irrigation, and Removal
      i. Tri-City Medical Center (TCMC) does not use pH testing for verification of placement
   b. Feeding Tube: Small Bore Insertion and Care
      i. TCMC does not use pH testing for verification of placement
   c. Feeding Tube: Verification of Placement
      i. TCMC does not use pH testing for verification of placement
   d. Feeding Tube: Medication Administration.
   e. Feeding tube: Enteral Nutrition via Nasoenteric, Gastrostomy or Jejunostomy tube
10. It is recommended that endotracheally intubated patients requiring gastric lavage, decompression or enteral feeding have an orogastric (OG) tube placed.
11. Medication Administration:
   a. If tube is to suction and oral medications must be given, clamp the tube for 30 minutes before reattaching suction.
   b. If the patient is receiving enteral feeding:
      i. Stop feeding infusion
      ii. Line should be flushed with 15 – 30 mL of water before and after each drug is administered

Patient Care Services Content Expert	Clinical Policies & Procedures Committee	Nursinge Leadership Executive Council	Division of GVS Department of Surgery	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
06/00, 03/03, 04/06, 01/08, 04/11, 04/15, 08/16, 02/23	03/11, 04/15, 01/14, 11/16, 02/23	03/11, 04/15, 01/17, 05/23	06/15, 06/19, 07/23	n/a	11/15, 07/19, 09/23	08/19, 10/23	04/11, n/a	04/11, 08/19

      iii.   Resume feeding

          1)   Pharmacist will notify nurse if feeds must be held for a longer period of time before/after drug administration to avoid drug interactions (e.g., phenytoin, carbamazepine, and fluoroquinolone antibiotics)

B.   **SPECIAL CONSIDERATIONS FOR NASOGASTRIC INTUBATION:**

1. Ensure functionality of nasogastric tubes every 1 hour and/or PRN
2. Keep all clamped tubes elevated above insertion site if possible to prevent leakage of contents
3. Unclamp any clamped tubing should nausea/vomiting occur and note amount of drainage
4. Irrigate tubing every 4 hours and PRN to maintain patency
   a. For NG, OG, gastric or small bore feeding tubes use 20 - 30 mL tap water, sterile normal saline or sterile water appropriate to patient's diagnosis
   b. Account for amount of irrigant.
5. Ensure the vent (blue lumen) has a patent anti-reflux valve connected at the end of the lumen.
   a. Insert 20 mL of air into the anti-reflux filter (connector at the end of the blue lumen) every 2 hours and PRN (if gastric contents are in vent lumen) using a 10 mL syringe while patient is connected to suction.
   b. Replace anti-reflux valve if not patent or if saturated with GI contents
6. Connect all nasogastric drainage tubes to low constant suction unless ordered otherwise.
   a. Replace suction canisters when ¾ full. Add solidification gel to used canister and discard.
7. Elevate head of bed at least 30 degrees unless contraindicated.
8. Provide nares care every 4 hours with H$_2$O soluble lubricant.
   a. **If skin is irritated or red, reposition tube**Use anesthetic ointment should nares become tender with skin irritation.
9. Secure tubing to nose using tube holders (or silk tape/steri-strips if tube holder not available) to prevent unnecessary pressure on nares.

C.   **SPECIAL CONSIDERATIONS FOR GASTRIC (G-TUBE) AND JEJUNOSTOMY (J-TUBE):**

1. Irrigate clamped tubes with 30 mL sterile normal saline or tap water every 8 hours to ensure patency or as ordered
2. Clamp or plug proximal end of gastrostomy or jejunostomy tube at all times when not in use for feeding.
3. Perform site care daily and PRN
   a. Cleanse around the tube at the insertion site with a cotton swab and sterile normal saline
      i. For crusty drainage cleanse with a cotton swab and diluted hydrogen peroxide (50% hydrogen peroxide and 50% sterile saline) until site is clear of drainage, then rinse with a cotton swab and sterile normal saline
      ii. If redness or maceration is noted, order a referral to **the Wound Care team**Enterostomal Therapist if available.
   b. Apply skin barrier
   c. Apply dressing
      i. DO NOT use scissors to cut the dressing from around the tube.
      ii. Place pre-cut drain sponges around tube and secure with tape sparingly.
      iii. Coil the clamped tube over and lay it on top of dressing to reduce tension on suture line/insertion site
4. Administer feedings as ordered
   a. Maintain patient in a semi-Fowlers position during and for 30 minutes following any feeding/instillation.
   b. Observe for a sense of fullness and/or regurgitation after the feeding, or leakage around the tube at the insertion site.
   c. Cleanse all containers and tubing thoroughly with warm water to reduce possible bacterial growth.
   d. Avoid air bubbles in the system to reduce chance of abdominal distention.

5.   In case of tube dislodgement/accidental removal, cover opening with sterile 4x4 gauze dressing and notify physician.

D.   **REFERENCE(S):**

1.   Bard Medical Division (2004). Bard NG tubes: Complete system for comprehensive care. Retrieved November 2016 from http://www.bardmedical.com.

2.   Perry, A.G. Potter, P.A., and Ostendorf, W. R. (2014). Clinical nursing skills and techniques: Feeding tube: Medication administration. (8th ed.) St. Louis: Mosby. Retrieved November 2016 from TCMC Intranet.

3.   Perry, A.G. Potter, P.A., and Ostendorf, W. R. (2014). Clinical nursing skills and techniques: Feeding tube: Enteral nutrition via nasoenteric, gastrostomy, or jejunostomy tube. St. Louis: Mosby. Retrieved November 2016 from TCMC Intranet.

4.   Williams, N. (2008). Medication Administration Through Enteral Feeding Tubes. *American Journal of Health-System Pharmacy, 65*(24), 2347 – 2357.

ISSUE DATE: 11/11	SUBJECT: Interpretation and Translation Services

REVISION DATE~~(S)~~: 10/13; 01/14; 01/15, 03/16; 01/17, 06/18, 08/20

Patient Care Services Content Expert Approval:	~~11/19~~06/23
Clinical Policies & Procedures Committee Approval:	~~01/20~~07/23
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Medical Staff Department/Division Approval:	n/a
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Medical Executive Committee Approval:	~~03/20~~09/23
Administration Approval:	~~08/20~~10/23
Professional Affairs Committee Approval:	~~06/18~~ n/a
Board of Directors Approval:	08/20

A. PURPOSE:
1. To outline the policy and procedure for provision of interpretation services within Tri-City Healthcare District (TCHD) for the patients with limited English proficiency.

B. DEFINITIONS:
1. Communicatively Impaired: A communicatively impaired individual has expressive or receptive language deficits that may be present after an illness or injury. This may include individuals with: voice disorders, laryngectomy, glossectomy, cognitive disorder, or temporary disruption of the vocal cords due to intubation or medical treatment.
   a. See Patient Care Services Policy: Communication with the Sensory Impaired (Blind/Deaf)
2. Limited English Proficiency (LEP): A limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies.
3. Primary or Preferred Language: the language the patient wants to use to communicate with his/her provider(s).
4. Interpretation and Translation:
   a. Interpretation involves the immediate communication of meaning from one language (the source language) into another (the target language). An interpreter conveys meaning orally (or, in the case of sign language interpreters, both orally and visual-spatially), reflecting the style, register, and cultural context of the source message, without omissions, additions or embellishments.
   b. A translation conveys meaning from written text to written text.
   c. A sight translation is the oral rendition of text written in one language into another language and is usually done in the moment. Interpretation and translation require different skills.
5. Interpreters:
   a. Qualified interpreter: An interpreter who, via a video remote interpreting (VRI) service, telephone or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterations, and cued-language ~~transliterators~~transliterations.
      i. See Tri-City Medical Center Interpretation Resources and How to Access Them for information on contacting Certified In-house Spanish Interpreter.

        b.   Telephone Interpreters: Contracted provider, designated telephone interpreter focused on quality health care communication to be used when a qualified interpreter (facility identified) is not available.

        c.   Video Remote Interpreters: Contracted providers, designated video remote interpreter focused on quality health care communication to be used when a qualified interpreter (facility identified) is not available or in lieu of a telephone interpreter.

6.   Critical Medical Communications: Generally includes but not limited to:
   - a.   Consent and/or acknowledgement of information discussion (for example, obtaining consent for medical treatment, surgical treatment, administration of medication, or any other treatment or procedures)
   - b.   Advance directive discussion
   - c.   "Do Not Resuscitate" (DNR) and discussion
   - d.   Explaining any diagnosis and plan for medical treatment
   - e.   Explaining any medical procedures, tests or surgeries
   - f.   Discussing a patient's medical history
   - g.   Initial medication education
   - h.   Patient complaints
   - i.   Final discharge and follow-up instructions

7.   Critical Service Information: Generally includes but not limited to:
   - a.   Agreement for Services
   - b.   Notices pertaining to the denial, reduction, modification or termination of services and benefits, and their right to file a grievance or appeal
   - c.   Applications to participate in a program or activity or to receive hospital benefits or services.

C.   POLICY

1.   TCHD provides qualified interpreters at no cost to the patient whenever a language or communication barrier exists and must provide interpreter services for all Critical Medical Communications and Critical Service Communications.
   - a.   Individuals with disabilities may need -auxiliary aids and services in addition to translation or interpretation

2.   Interpretation services will be provided as soon as possible by telephone VRI or in person/on-site (as appropriate or necessary) 24 hours a day, seven (7) days a week. If interpretation services are not obtained on first attempt within 60 minutes **for Critical Medical Communication,** an alternate source of interpretation will be utilized.

3.   The telephone interpretation service or VRI shall be used in the absence of an on-site Certified In-house Spanish Interpreter whenever necessary for any language.

4.   After being informed of the availability of interpreters who are qualified to interpret medical information at no charge, patients may refuse the TCHD's interpretation service and select an individual of their choice to assist with their communication needs. Any costs incurred in this situation will be the responsibility of the patient.
   - a.   A patient's waiver of TCHD's interpretation service must be knowing and voluntary, and the person refusing services must sign a waiver form to that effect. An interpreter may be necessary to ensure that the refusal is knowing and voluntary.
   - b.   Refusal of TCHD's interpretation service -must be documented in the electronic health record. In addition the name of the individual that the patient has selected to perform interpretation should be **is** documented **in the medical record.**
   - c.   Staff members may access a TCHD medical information interpreter if at any time they feel there is a communication barrier with the interpreter selected by the patient and may have a hospital-designated interpreter monitor the communication **either by an in-house qualified interpreter or by a remote interpreting service.**

5.   Documents and forms shall be either provided in the preferred language **if available** of **for the** patient/family when available or explained verbally.

      a.   For deaf or hard of hearing patients who are also LEP and communicate primarily in sign language, documents and forms should be interpreted by sign language by a qualified interpreter.

6.   Notices advising patients and families of availability of interpretation services, procedures for obtaining assistance and lodging complaints are displayed in public areas on the Patient Rights posters and patient handbooks.

7.   Education on interpretation -services shall be provided in New Employee Orientation and as needed in department/committee meetings.

8.   Video Remote Interpreting:
      a.   TCHD will contract with a VRI provider to provide Video Remote Interpreting on a 24-hour basis.
      b.   TCHD staff who utilize VRI must recognize that an on-site interpreter may be the only effective means of interpretation in certain circumstances, particularly when the deaf or hard of hearing person's ability to use the VRI device is compromised.
      c.   TCHD will specify where the VRI devices are stored and how hospital staff can access the devices.

D.   PROCEDURE

1.   Registration
      a.   Upon first encounter (registration, check-in), Access personnel shall identify the patients preferred language for discussing health care. The designation shall be documented in the electronic -health record as appropriate.
           i.   An interpreter shall be utilized as needed to ensure effective communication throughout the this process
           ii.   For patients who are deaf or hard of hearing or who have vision impairments, see the Patient Care Services Policy: Communication with Sensory Disabilities.

2.   Inpatient or Outpatient Areas
      a.   Assess and document patient needs and preferred methods(s) for interpretation services in the electronic health record and incorporate into the plan of care/treatment plan.
      b.   Contact a qualified interpreter for critical medical communications or critical service information
      c.   If an on-site Certified In-house Spanish Interpreter is not available, contact either the facility designated telephone interpreting service (see telephone interpreting resources, or video remote interpreting services (see VRI resources).

E.   DOCUMENTATION

1.   Document the use of all interpretation/translation services, including patient selected individual for medical interpretation in the patient's electronic health record and include: date, interpreter's name or ID number, language, and reason for interpretation / call (i.e., "John Smith, patient's wife or "Mary Jones, Official Interpreter, or "telephone Interpreter ID # 123, Language: Korean, Reason: to discuss surgical procedure).

F.   FORM(S):

1.   Waiver of Interpretation Services 8610-NEW - Sample

G.   RELATED DOCUMENT(S):

1.   Patient Care Services Policy: Communication with Sensory Impaired Disabilities (Blind/Deaf) (Deleting packet and separating into individual documents.)
2.   Interpretation Resources and How to Access Them
3.   ~~Servicing the Deaf and Hard of Hearing Helpful Hints~~
4.   ~~Telephonic Interpretation Corded and Cordless Phones~~
~~5.~~3.   Translation Services
~~6.~~4.   Video Remote Interpretation (VRI) **Instructions for use**~~Resources~~
      a.   VRI Device Deployment
      b.   ~~VRI Language List~~

~~c.   VRI Schedule PST~~
~~d.   VRI Super User Guide~~
~~e.   VRI User Guide~~

H.   REFERENCES
1.   National American with Disabilities Act (ADA) www.usdoj.gov/crt/ada/adahom1.htm
2.   42 CRF 124.602(c)
3.   45 CFR 84.52 (c) and (d)
4.   Section 504 of Rehabilitation Act of 1973
5.   Title VI of Civil Rights Act of 1964
6.   Section 1259, California Health & Safety Code
7.   National Standards for Culturally and Linguistic Appropriate Services (CLAS)
8.   National Association for the Deaf: www.nad.org
9.   Federal Interagency Working Group on Limited English Proficiency: www.justice.gov/crt/lep/
10.   The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals
11.   Limited English Proficiency (LEP) A Federal Interagency Website (www.lep.gov).

Patient Name: _____

I understand my right to receive interpreting services free of charge, and acknowledge that I was offered access to these services. Tri-City Healthcare District (TCHD) staff also explained that using minors, friends and/or a person that has not been trained as an interpreter is not advisable.

Please check an option below:

_____ I decline interpretations services.

_____ I will use a family member or friend to interpret.

_____ I decline TCHD offered interpretations services and will use an interpreter service of my choice at my own cost.

Please list special requests here:

_____
_____
_____
_____

		/ / : AM/PM
Name: Patient/Representative	Signature: Patient/Representative	Date Time

If signed by a person other than the patient, indicate relationship to patient: _____
Examples: Spouse, Partner, Legal Guardian

If patient is unable to sign, state reason: _____

		/ / : AM/PM
Witness – TCHD Representative (print name)	Signature • Firma	Date • Fecha Time • Hora

INTERPRETATION (Complete if Interpretation provided)

Interpretation provided in preferred language: _____ ☐ Telephonic ☐ VRI _____

☐ Face-to-face: ☐ I have accurately and completely reviewed this document in patient/patient's legal representative preferred language with: _____ ☐ Patient ☐ Patient's legal representative

		/ / : AM/PM
Interpreter ID number or Name	Interpreter Signature (if present)	Date Time

☐ Patient refuses TCHD's interpretation services and selects as interpreter: _____
Name and relationship to patient

Tri-City Medical Center
4002 Vista Way • Oceanside • CA • 92056

8610-1003

(Rev. 03/2020)

Affix Patient Label

**Waiver of
Interpretation Services**
Page 1 of 1

Interpretation Resources and How to Access Them

Certified In-House Spanish Interpreter **760.802.2656**	Spanish/English interpretation and translation. Interpreters hired into the role who are available per schedule. Call the number to request service. **Current schedule: 6:00 AM – 6:30 PM, 7-days a week.**
Telephone Interpreters **760.769.1889**	Interpretation via telephone is available in over 200 languages. The current contracted service provider is InDemand Interpreting. Telephones are available throughout the hospital and should <u>ONLY</u> be used to provide interpretation services. You may also reach this service by dialing this number (unique to TCMC) from <u>any</u> telephone.
Video Remote Interpreters (VRI) **IMPORTANT:** Please return equipment to its station after each use and <u>plug it</u> into an electrical outlet so the computer remains charged and ready to use.	**InDemand Inpreting** VRI devices are available at every nurses' station. American Sign Language and Spanish are offered 24/7, 365 days. Other languages are available during hours that are specified on the language selection screen.
Face-to-face interpreters for American Sign Language (ASL)	Signs of Silence Interpreting Services: **760.580.3562** Deaf Community Services of San Diego: **619.398.2488** In emergency situations. Interpreters can generally be available within 30-45 minutes.

Translation Services

- There are two types of translation services: **document** translations and **sight** translations.

  A **document translation:** Written information in one language is written in another language.
  A **sight translation:** An interpreter reads a document on the spot in the foreign language.

- Please note that translations require very different and unique skills. A good interpreter may or may not be a good translator.

Document translations

- **In-house -- Spanish ONLY:** Send documents to be translated to Patricia Guerra via email: guerrapi@tcmc.com . Editable (MS Word) documents preferred, sent via email. This is both appreciated and expedites translations.

  Estimates will be provided within 24 hours (fees are per contract). Project delivery depends on language, size and complexity, 2 business day minimum unless rush option is applied. The Translation Department is staffed Monday – Friday, 9AM – 5PM, EST

Sight translations

- **In-house -- Spanish ONLY:** Call the in-house interpreter for services: 760.802.2656.

How to use AMN Language Services on an iPad

iPad Tips:

• The iPad is not fully turned off, it is only sleeping. To "wake up" the iPad, press the home button once. This will bring you to the lock screen. To unlock the iPad, place your finger on the screen and slide from left to right.

Launch and Login to App:

• Select the green icon with the AMN logo to launch AMN Language Services. Enter your unique login credentials and select "login". If "remember me" is toggled on, you will bypass this screen in the future.

View the Language Page & Connect with an Interpreter:

• Once you have logged in, you will be brought to the language page. Each language button is live and will connect you with an interpreter. Once you have selected the language you need, you will be brought to a hold screen. Your wait will be approx. 30 seconds.

Once the Call is Answered:

• There are two important things to note once the call is answered. The first is the self-view window. This shows you everything the interpreter sees. Make sure your patient can be seen here. The second is the interpreter ID number. This should be recorded, along with the date, time, and language of the call in your patient records.

How to use AMN Language Services on an iPad

Take two tylenol twice daily

Interpreter   #svit_3000

In Call Features:

•There are two important in-call features. First is the video privacy screen. Tap anywhere on screen to reveal the control panel across the bottom.

•Video privacy blocks the interpreter's video feed. They may still hear the conversation and interpret for the patient, but this way your patient may maintain modesty.

•The second important feature is the digital white board. This is for written clarification and is controlled by the interpreter. The interpreter has the ability to type in English and the native language. Please note, this is a clarification tool. The interpreter will not translate the entire session.

Ending the Session and Completing the Survey:

•When the session is finished, tap on screen to view the control panel, and select the red button to hang up. This will bring you to a post-call survey in which you can rate the video quality, the interpreter quality, and add any comments you may have. Once you submit you will be brought back to the language page and you will be ready to make another call as needed.

Tri-City Medical Center
Oceanside, CA

Video Remote Interpretation (VRI) Device Deployment

	Department	CartUsername	FriendlyName
1	Admissions	tricir0030	Admitting_Essential
2	Catheterization Laboratory	tricir0029	Cath Lab_Essential
3	Emergency Department	tricir0003	ED_Essential
4	Emergency Department	tricir0024	ER_ABC_Essential
5	~~Emergency Department~~	~~tricir0025~~	~~ER Station D_F_Essential~~
6	Emergency Department	tricir0026	ED Triage_Essential
7	Intensive Care Unit	tricir0013	ICU_Essential
8	Medical Surgery	tricir0006	4Pavillion_Essential
9	Medical Surgery	tricir0011	Med Surg 2P_Essential
10	Orthopedics	tricir0005	1NOrtho_Essential
11	Post Anesthesia Care Unit	tricir0028	PACU_Essential
12	Preoperative	tricir0016	Preop Hold_Essential
13	Preoperative	tricir0027	Pre-Op Tech_Essential
14	Progressive Care Unit	tricir0017	PCU_3NS_Essential
15	~~Radiology~~	~~tricir0019~~	~~Interventional Radiology_Essential~~
16	Radiology	tricir0022	Radiology_Essential
17	~~Roam~~	~~tricir0031~~	~~PBX_Essential~~
18	Surgery	tricir0023	Surgery_Essential
19	Telemetry	tricir0014	Tele 4Eand4W_Essential
20	Telemetry	tricir0015	Tele 2Eand2W_Essential
21	~~WNS Labor and Delivery~~	~~tricir0002~~	~~LD_Essential~~
22	~~WNS Mother Baby~~	~~tricir0012~~	~~Mother and Baby_essential~~
23	~~WNS NICU~~	~~tricir0004~~	~~NICU_Essential~~
24	Outpatient Specialty Clinic (off site)	tricir0018	Outpatient Progressive Care_Essential
25	Rehabilitation (off site)	tricir0021	El Camino Rehab_Essential
26	Rehabilitation (off site)	tricir0032	Wellness Center_Rehab_Essential
27	Wound Care (off site)	tricir0020	WoundCare_Essential

![logo] **Tri-City Medical Center**	Patient Care Services

PROCEDURE:	**LUMBAR DRAINS, CARE OF**
Purpose:	To assist staff in caring for the patient with a lumbar drain. The lumbar drain is a drain inserted into the subarachnoid space of the spinal column within the levels of T-12 to L-5. The lumbar drain is placed in order to drain cerebrospinal fluid (CSF) from the spinal column.
Supportive Data:	The lumbar drain is a specific procedure, which differs from any other type of neurological drain used within the care system currently and requires specific knowledge.
Equipment:	Personal Protective Equipment (PPE)

A. **POLICY:**

    1.   See Online Skill Lumbar Catheter Insertion, Care and Removal with the following exceptions:

         a.   Only the physician **or Intensive Care (ICU) nurse per order** may access the closed system drainage system including obtaining specimens.

         b.   Removal of drains is performed by the Physician/Interventional Radiologist

              i.   Cover drain exit site per Physician/Interventional Radiologist order

                  1)   If no orders, place sterile dressing over drain exit site and secure with tape

             ii.   Verify with Physician/Interventional Radiologist that the drain is intact. If the drain is not intact collect drain, tubing and any other product associated with the drain and contact Risk Management for instruction on where to send the product for further evaluation

             iii.   Document removal in medical record

B. **REFERENCES:**

    1.   Elsevier. (2020, 03 26). *Lumbar Catheter Insertion, Care and Removal.* Retrieved 03 26, 2020, from Elsevier Skills: https://point-of-care.elsevierperformancemanager.com/skills/101/extended-text?skillId=CC_091#scrollToTop

Revision Dates	Clinical Policies & Procedures	Nursing LeadershipExecutive Council	Medical Staff Department or Division	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
5/10, **02/23**	07/11, 10/15, 03/20, **07/23**	08/11. 10/15, 04/20, **08/23**	n/a	n/a	10/11, 11/15, 04/20, **09/23**	05/20, **10/23**	11/11, 01/16, n/a	12/11, 01/16, 05/20

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PATIENT CARE SERVICES

STANDARDIZED PROCEDURE: RAPID RESPONSE

I. **POLICY:**
   A. Function: A systematic method for the Rapid Response Team (RRT) to collaborate with the attending physician in the assessment, diagnosis, evaluation, and management or stabilization of the adult patient exhibiting signs and symptoms of impending respiratory and/or cardiovascular deterioration.
   B. Circumstances:
      1. Setting: Adult patients (age 14 years and older) admitted to or being treated at Tri-City Medical Center.
      2. Supervision: None Required
   C. The RRT or designated Intensive Care Unit (ICU) Registered Nurse (RN) is available for consultation 24 hours per day, seven days per week and may be activated for all situations where rapid patient evaluation is necessary.
      1. The RRT may be initiated in any location of the hospital.
   D. All overhead pages requesting the RRT shall initiate the following responders:
      1. Team Leader: An ICU RN
      2. Respiratory Care Practitioner (RCP)
      3. Administrative Supervisor (AS)
      4. Phlebotomist
      5. Electrocardiogram (EKG) Technician
   E. The RRT shall assess the patient and initiate life-saving interventions per Code Blue and Emergency Care Standardized Procedure and Rapid Response Standardized Procedure.
   F. The attending physician shall be notified of change in the patient's condition and interventions initiated by the RRT **or primary nurse**.
   G. In the event of a delay in the attending physician response, where the patient's condition warrants immediate physician consultation, the RRT shall contact the Chair of Critical Care Committee, Medical Director of ICU, or designee for orders.
   H. The ~~Assistant~~ Nurse **Leader**~~Manager (ANM)~~/designee shall provide support to the family/caregiver using social services or chaplain services and by providing regular updates and information.

II. **PROCEDURE:**
   A. Responsibilities of the RRT are as follows:
      1. The ICU RRT Team Leader:
         a. Conducts physical assessment of patient
         b. Places patient on an electrocardiogram (ECG) monitor
         c. Applies a pulse oximeter
         d. Ensures patent Intravenous (IV) access
         e. Reassesses vital signs every 5 to 15 minutes or as condition dictates
            i. If the RRT Leader determines a full team response is warranted, a Code Blue announcement shall be initiated.
         f. Collaborates with RCP if patient condition warrants.

Patient Care Services Content Expert	Clinical Policies & Procedures	Nursing Leadership Executive Council	Critical Care Committee	Pharmacy & Therapeutics Committee	Inter-disciplinary Committee	Medical Executive Committee	Admini-stration	Professional Affairs Committee	Board of Directors
01/08, 06/08 03/10, 08/10, 12/13, 07/16, 11/18, 07/22	03/10, 12/11, 01/14, 09/16, 12/18, **08/22**	08/10, 04/12, 01/14, 09/16, 12/18, **09/22**	08/14, 10/16, 02/19, 06/19, 02/23	08/10, 05/12, 03/14, 03/17, 07/19, **03/23**	08/10, 11/12, 09/14, 04/17, 10/19, **04/23**	08/10, 11/12, 11/14, 04/17, 11/19, 07/23	11/19, **10/23**	01/15, 05/17, n/a	06/08, 08/10, 12/12, 01/15, 05/17, 12/19

g. Implements initial lifesaving interventions per Standardized Procedure: Code Blue and Emergency Care if situation warrants.

h. Communicates with patient's attending physician/designee and reports assessment, initial interventions with patient responses, and discusses plan of care for any significant intervention using the Situation, Background, Assessment, and Recommendation (SBAR) technique.

B. Hypotension:

1. If hypotension is due to fluid volume deficit:

a. Administer Normal Saline IV bolus of 500 mL over 30 minutes. If responsive (MAP or SBP increase greater than 10%) but MAP remains less than 65 mm Hg may repeat one time.

b. Contact physician for further IV fluid orders.

2. If volume loss is due to acute bleeding draw blood for immediate (STAT) Complete Blood Count (CBC), prothrombin time and partial thromboplastin time (PT/PTT), type and screen, and contact physician to order blood products and IV fluids.

C. Sepsis:

1. Sepsis shall be considered in all patients with known or suspected infection who have 2 or more of the following Systemic Inflammatory Response Syndrome (SIRS) criteria:

a. Heart rate greater than 90 beats per minute

b. Temperature less than 36°Celcius (C) (96.8°Farenheit [F]) or greater than 38°C (100.4°F)

c. Respiratory rate greater than 20 breaths per minute or $PaCO_2$ less than 32 mmHg

d. White blood count (WBC) greater than 12,000/mm^3 or less than 4,000/mm^3

2. Severe sepsis: patients that meet sepsis criteria complicated by acute organ dysfunction.

3. Septic shock: patients that meet the above severe sepsis criteria complicated by hypotension that is refractory to fluid bolus and requires vasopressors.

4. Treatment of severe sepsis:

a. Administer Normal Saline 500 mL IV bolus. May repeat times one to maintain MAP greater than 65mmHg, Central Venous Pressure (CVP) of 8–12 mmHg, and urine output greater than 0.5 mL/kg/hr. Contact physician for further IV fluid bolus orders (goal is at least 30 mL/kg).

b. Draw blood for serum lactate level, Comprehensive Metabolic Panel (~~CHEM-12~~**CMPCMP**), and CBC with **reflex to** manual differential

c. Obtain arterial blood gas (ABG)

d. Obtain blood, sputum and urine cultures

e. Contact physician for orders regarding:

i. Severe Sepsis Power Plan

ii. Appropriate patient placement (transfer to ICU)

iii. Removal of potential infection source (i.e. invasive lines, tubes, drains, or abscess)

iv. Broad spectrum antibiotics

v. Blood glucose control

D. Acute Change in Mental Status:

1. Check blood glucose. If blood glucose is less than 70 mg/dL, follow the Patient Care Services (PCS) Standardized Procedure: Hypoglycemia Management in the Adult Patient.

2. If acute cerebrovascular accident (CVA) is suspected due to new onset of one-sided motor weakness, facial droop, slurred speech and/or aphasia, perform National Institutes of Health (NIH) Stroke Scale assessment.

a. If new deficits are confirmed, dial 66 to initiate an "In-House Stroke Code" and page the on-call Neurologist **per Patient Care Service Policy:** Stroke Code, In-House ~~policy~~.

3. If hypoxia is suspected, apply oxygen via nasal cannula, simple mask, or non-rebreather mask as needed to maintain oxygen saturation greater than 92%. Draw ABG.

4. If the patient is receiving sedation or analgesia:

 a. Stop Patient **Controlled**Care Analgesia (PCA) and sequester equipment if applicable.

 b. Administer naloxone (Narcan) 0.4 mg IV push for opiate reversal. If necessary, repeat every 2–3 minutes to a maximum dose of 2 mg.

 c. Consider flumazenil (Romazicon) 0.25 mg IV push for acute benzodiazepine reversal. If necessary, may repeat every 1 minute to a maximum dose of 1mg. Further doses may be required with a Physician Order.

 d. If a reversal agent has been used the patient shall be monitored for 90 minutes.

5. If the patient is agitated or delirious and may be going through alcohol withdrawal, administer lorazepam (Ativan) 2 mg IV push times one dose.

6. If the patient is agitated or delirious with no history of alcohol abuse and none of the above treatments apply (i.e. patient is not hypoxic or hypoglycemic), administer Haldol 2 mg IM or IV push times one dose (see PCS SP: Haloperidol IV Administration).

E. Chest Pain/In-House STEMI Activation:

1. Assess pain quantity, quality, location, radiation, time of onset and precipitating factors.

2. Order STAT ECG and review for ischemic changes.

 a. If ECG is positive for ***Acute Myocardial Infarction (MI)***, dial 66 to initiate an "In-House Code STEMI" (see PCS Policy: Code STEMI)

3. Apply oxygen at 4 L/min via nasal cannula.

4. Administer aspirin 162 mg PO if patient has not already taken it and has no contraindications (i.e. Aspirin allergy or active bleeding).

5. Administer nitroglycerin 0.4 mg sublingual every 5 minutes as needed (PRN) for chest pain up to 3 doses. Hold if SBP is less than 90 mmHg.

 a. If nitroglycerin is ineffective in relieving chest pain, administer morphine 2 mg IV push times one.

6. Obtain STAT portable Chest X-Ray (CXR).

7. Draw blood for CK, Mb Fraction, Cardiac Troponin (Troponin I), Basic Metabolic Panel (CHEM 7**BMP**), and PT/PTT.

F. Respiratory Distress:

1. Apply oxygen via nasal cannula, simple mask, or non-rebreather mask as needed to maintain oxygen saturation greater than 92%.

2. Oral or nasotracheal (NT) suction if the patient is unable to clear secretions.

3. If the respiratory rate is less than 8 breaths per minute, please refer to Acute Change in Mental Status section.

4. Obtain physician order for bi-level (biphasic) positive airway pressure (BIPAP) if the respiratory rate is greater than 25 breaths per minute and as patient condition warrants.

5. Administer nebulized medications for wheezing:

 a. Albuterol 2.5 mg and Ipratropium 0.5 mg (DuoNeb inhalation solution) times 1 dose

6. Administer furosemide (Lasix) 40 mg IV push times 1 and draw blood for CHEM 7**BMP** and BNP if respiratory distress occurs with signs and symptoms of fluid overload (e.g. intake greater than output, bibasilar crackles, jugular venous distension, edema).

7. Draw ABG.

8. Order a STAT portable CXR **Chest X-Ray,**

9. Order STAT ECG.

G. Hypertensive Crisis:

1. Assess patient for end organ dysfunction due to hypertensive emergency: change in mental status, respiratory distress, visual disturbances, or acute renal failure.

 a. If present, start nicardipine (Cardene) 5mg/hr to keep diastolic blood pressure (DBP) 100–110 mmHg. Avoid in patients with known or suspected Ejection

Fraction (EF) less than 25%. Lower starting doses of 2.5mg/hr can be considered in patients with renal failure or age greater than or equal to 65.

b. Decreasing blood pressure too rapidly could result in cerebral hypoperfusion or coronary insufficiency. May increase by 2.5-5 mg/hour every 5 to 15 minutes up to 15mg/hr. The initial goals of treatment should be to decrease the Mean Arterial Pressure (MAP) by 20-25% in the first 1-2 hours and reduce the Diastolic Blood Pressure (DBP) to 100-110 mmHg. Consider reduction to 3mg/hour after response is achieved.

2. Hypertensive Urgency: If no signs and symptoms of end organ dysfunction are present: (hypertensive urgency): administer Hydralazine 10 mg IV. May repeat in 20 minutes if MAP has not decreased by 20-25% or if DBP is greater than 110 mmHg (contraindicated in acute aortic dissection).

a. If the patient has a history of coronary artery disease (CAD) or a heart rate greater than 80 beats per minute, administer Labetalol (Trandate) 20 mg IV. May repeat in 5 minutes if MAP has not decreased by 20–25% or if DBP is greater than 110 mmHg.

3. If IV access cannot be obtained, administer Clonidine (Catapres) 0.2 mg PO one time.

H. Bradycardia:

1. If the patient is ~~having~~**experiencing heart rate less than 40 with** signs and symptoms of poor perfusion related to bradycardia (i.e. change in mental status, chest pain, hypotension or other signs of shock):

a. Prepare for transcutaneous pacing. Pace without delay for second degree type 2 or third degree block.

   i. Apply pacing pads in the anterior/posterior position.

   ii. Set initial external pacemaker settings to a rate of 80 and mA of 80.

   iii. Adjust mA as needed to maintain capture.

b. Consider Atropine **1.0**~~0.5~~ mg IV while awaiting pacer. May repeat every 5 minutes up to 3 mg.

c. Consider Dopamine 5 mcg/kg/min continuous IV infusion while awaiting pacer or if pacing is ineffective. May titrate in 2mcg/kg/min in 10 minutes as needed to achieve goal Heart Rate (HR).

d. Obtain a STAT 12-lead ECG.

e. Draw blood for ~~CHEM 7~~**BMP**, CK Mb Fraction, and Troponin I. Draw blood for drug levels (such as digoxin) if applicable.

f. Check blood glucose and if less than 70 mg/dL treat per Standardized Procedure: Hypoglycemia Management.

I. Tachycardia:

1. Order STAT ECG.

2. Draw blood for ~~CHEM 7~~**BMP**, CK Mb Fraction and Troponin I and ABG after treating the patient.

3. Stable Tachycardia:

a. Regular, Narrow QRS Complex:

   i. Attempt vagal maneuvers by having patient bear down or cough.

   ii. Administer Adenosine (Adenocard) 6 mg IV push over 1–3 seconds. If tachycardia persists, repeat in 1–2 minutes with 12 mg IV push.

      ~~1) Reduce dose by 50% (Adnenocard 3mg followed by Adenocard 6mg should tachycardia persist) for the following:~~

         ~~1. Administering through a central line~~

         ~~2. Patient has a history of heart transplant~~

         ~~3. On concurrent Cabamazepine or Dipyridamole~~

   iii. Administer normal saline 20 mL IV push after each dose of adenosine.

b. Irregular, Narrow QRS Complex:

   i. Administer diltiazem (Cardizem) 0.25 mg/kg IV push (recommended dose: 15 mg to 20 mg for initial bolus).

    ii.   If tachycardia persists after 15 minutes, administer second dose of diltiazem 0.35 mg/kg IV push (20 mg to 25 mg for second bolus).

    iii.   Consider calling physician for a Diltiazem continuous IV infusion after bolus doses. .

    iv.   Do not use diltiazem in patients receiving beta blockers or known/suspected EF less than 25%.

  c.   Wide QRS Complex:

    i.   Administer amiodarone 150 mg diluted in 100ml of D5W IV over 10 minutes. Infuse through a 0.22 micron filter.

    ii.   Consider calling physician for amiodarone infusion after initial bolus dose.

4. Unstable Tachycardia:

  a.   Heart rate is greater than 150 beats per minute and serious signs and symptoms such as chest pain, shortness of breath, decreased level of consciousness, or hypotension are present and believed to be related to rapid heart rate.

    i.   Prepare for immediate synchronized cardioversion.

    ii.   Consider sedation if the patient is conscious and a physician order can be obtained, but do not delay cardioversion.

    iii.   Ensure the defibrillator pads and monitor leads are attached to the patient and the defibrillator is in synchronization mode.

    iv.   Cardiovert with 50 joules and check the patient's rhythm.

       1)   If necessary, repeat cardioversion at 75, 100, 120, 150 and 200 joules. Be sure to reset the defibrillator to synchronization mode with each increase in joules.

J. Seizures:

1. Protect patient from injury. Do not place anything in the patient's mouth.

2. Administer Lorazepam (Ativan) 4 mg (if patient weighs less than 40kg, give 0.1 mg/kg) slow IV push over 2 minutes. May repeat one time in 5-10 minutes if seizures continue. Doses not to exceed 8 mg total.

3. Draw blood for ~~CHEM 7~~BMP, Calcium, capillary blood glucose and any applicable drug levels (i.e. Dilantin).

4. Obtain physician order for Electroencephalogram (EEG).

K. Anaphylaxis:

1. Anaphylaxis is a severe allergic reaction that may occur after exposure to certain foods, drugs, or contrast dye in susceptible patients. Signs and symptoms may include hypotension, rash, swelling of the lips, face, neck or throat, wheezing, and difficulty breathing.

2. If patient is experiencing stridor and is in danger of airway occlusion call Code Blue for emergent intubation.

3. Severe reaction:

  a.   Administer epinephrine 0.5 mg (using 1mg/ml solution) intramuscularly. May be repeated in 5-15 minutes in the absence of clinical improvement times one dose.

  b.   If patient weighs less than 50 kg, administer epinephrine 0.01 mg/kg intramuscularly (using 1mg/ml solution). May be repeated in 5-15 minutes in the absence of clinical improvement times one dose.

  c.   Obtain physician order to administer normal saline IV at a rate of 999ml/hr for up to 2 liters to restore adequate blood pressure.

  d.   Provide adjunctive therapies as listed below once patient is stable to prevent relapse of the reaction.

4. Mild reaction:

  a.   Administer normal saline 500 mL IV fluid bolus if the patient is hypotensive; may repeat one time.

  b.   Administer Albuterol 2.5 mg via nebulizer if the patient is wheezing

  c.   Famotidine (Pepcid) 20 mg IV once; obtain physician orders for additional dosing.

        d.   Administer diphenhydramine (Benadryl) 25 mg IV push once.
        e.   Administer hydrocortisone (Solu-CORTEF) 200 mg IV push if severe prolonged reaction is expected.

III.   **POST EVENT PROCEDURE:**
   A.   The RRT shall re-evaluate the patient's condition after providing interventions.
   B.   A phone call shall be placed to the attending physician to provide an update on patient status or any interventions performed.
   C.   Transfer patient to higher level of care if deemed appropriate by the RRT or attending physician.
   D.   The RRT shall remain with the patient until patient is stabilized on the unit or transferred to a higher level of care.
       1.   RRT leader shall provide hand-off communication to the receiving nurse.
   E.   If patient is maintained on the unit, the RRT Team RN shall place a follow-up call or visit the staff nurse 1 to 4 hours after the event for an update on the status of the patient.

IV.   **DOCUMENTATION:**
   A.   The RRT Leader shall document all events in the medical record to include the following:
       1.   Reason for call
       2.   Interventions performed, medications administered, and labs or diagnostic tests ordered per standardized procedure
       3.   Follow-up report
   B.   All new physician orders shall be placed in the electronic health record.

V.   **REQUIREMENTS FOR CLINICIANS INITIATING STANDARDIZED PROCEDURE:**
   A.   Current unencumbered California RN license.
   B.   Minimum of 2 years critical care experience
   C.   Education: Successful completion of ACLS course (with current course completion card).
   D.   Initial Evaluation: Successful completion of Rapid Response Orientation.
   E.   Ongoing Evaluation: Annuallyincluding RRT Standardized Procedure Computer-Based Learning module.

VI.   **DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE:**
   A.   Method: This Standardized Procedure was developed through collaboration with Nursing, Medicine, and Administration.
   B.   Review: Every two (2) years.

VII.   **CLINICIANS AUTHORIZED TO PERFORM THIS STANDARDIZED PROCEDURE:**
   A.   All Registered Nurses who have successfully completed requirements as outlined above are authorized to direct and perform Rapid Response Standardized Procedure.

VIII.   **RELATED DOCUMENT(S):**
   A.   Patient Care Services Standardize Procedure: Code Blue and Emergency Care
   B.   Patient Care Services Standardize Procedure: Haloperidol IV Administration
   C.   Patient Care Services Standardize Procedure: Hypoglycemia Management in the Adult Patient
   D.   Patient Care Services Policy: Rapid Response Team Activation and Condition Help (H)
   ~~D.~~E.   **Patient Care Service Policy: Stroke Code, In-House**

ISSUE DATE:	05/91	**SUBJECT:**	Referral to Social Services for Biopsychosocial Assessment

REVISION DATE: 04/09, 01/12, 07/17, 08/20

Patient Care Services Content Expert Approval:	~~04/2005~~/23
Clinical Policies & Procedures Committee Approval:	~~05/2006~~/23
Nursing Leadership Approval:	~~06/2008~~/23
Medical Staff Department/Division Approval:	n/a
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	~~06/2009~~/23
Administration Approval:	~~07/2010~~/23
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	08/20

A. **POLICY:**

1. Tri-City Healthcare District (TCHD) will employ only social workers that have a degree in social work from an accredited school or program. Upon referral from physicians, nurses, staff, family members, community agencies or self-referral by the patient or through high-risk screening criteria, a qualified social worker/social work case manager will conduct an assessment to determine the biopsychosocial needs of the patient/family and develop a treatment plan. The social worker/social work case manager will collaborate with and share information with the physician, nurse, and other disciplines as appropriate to the assessed needs of the patient.

2. A biopsychosocial assessment will include, but is not limited to the following:
   a. Mental status of the patient
   b. Coping status of the patient
   c. Emotional status of the patient
   d. Age-specific or culture-specific needs
   e. Relevant psychiatric or substance abuse history
   f. Social support system/family functioning
   g. Home situation
   h. Level of social functioning/rehabilitation potential
   i. Level of understanding of health status and ability to cope
   j. Relevant socioeconomic factors, financial status
   k. Need for discharge planning
   l. Need for referral and linkage to community resources for post hospital care

3. The biopsychosocial assessment is a dynamic process that continues through the course of the patient's hospital admission. The biopsychosocial approach systematically considers biological, psychological and social factors and their intricate interactions in understanding health, illness and the provision of health care. Planned social work intervention will be modified according to the assessed needs of the patient, in collaboration with the other staff involved in the care of the patient.

4. The plan for addressing the biopsychosocial needs of the patient may include, but is not limited to the following:
   a. Supportive counseling and emotional support
   b. Recommendation for psychiatric evaluation
   c. Crisis intervention
   d. Bereavement support, including anticipatory grief.

e.   Mandated reporting
f.   Referrals/transfer to other facilities for continuing care
g.   Referral and linkage to appropriate community based resources for post hospital care or social services

5. The assessment and plan are communicated to other appropriate staff in writing via the electronic health record (her EHR) discussion in Multidisciplinary Case Rounds, and timely interpersonal communication by phone or in person.

6. The Clinical Social Worker/Social Work Case Manager will prioritize patients/families that have been identified as having- high-risk needs.

7. The psychosocial assessment shall be included in the patient's chart via the EHR.

8. The Clinical Social Worker/Social Work Case Manager will continue to update progress notes as indicated until patient is discharged.

9. Psychoeducation and resource referrals made by Social Services will be documented in the EHR.

PATIENT CARE SERVICES
~~POLICY~~

ISSUE DATE: 10/98	SUBJECT: Service Animals

REVISION DATE: 03/00, 06/01, 06/03, 08/07, 05/10,
01/14, 12/20

Patient Care Services Content Expert Approval: ~~08/20~~08/23
Clinical Policies & Procedures Committee Approval: ~~09/20~~08/23
Nursing Leadership Approval: ~~10/20~~08/23
Medical Staff Department or Division Approval: n/a
Pharmacy & Therapeutics Committee Approval: n/a
Medical Executive Committee Approval: ~~10/20~~09/23
Administration Approval: ~~12/20~~10/23
Professional Affairs Committee Approval: n/a
Board of Directors Approval: 12/20

A. **PURPOSE:**
1. To define service and support animals per the Americans with Disabilities Act (ADA) and California laws and regulations.
2. To identify the type of service and support animals allowed to enter Tri-City Hospital District (TCHD).
3. To identify the responsibilities of patients, animal handlers and TCHD workforce members

B. **DEFINITIONS:**
1. Emotional support animal (ESA) is a type of assistance animal that alleviates symptoms of mental or emotional health conditions. ESAs do not need to be trained or certified.
   a. An ESA in California includes dogs, cats, birds, gerbils, fish, turtles, and other small household pets.
      i. Only dogs are permitted in hospitals.
2. Emotional support dog means a dog that provides emotional, cognitive, or other similar support to an individual with a disability.
3. Psychiatric service dog is a service dog used for mental health conditions.
4. A service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The dog may be any breed and any size.
   a. California laws and regulations allows individuals who train service dogs to bring their animal to any public place in order to train the dog and provide a disability-related service.
   b. Dogs may be trained by their handler and not professional trainer.
   c. No animal other than a dog is recognized as a Service Animal under ADA law.
5. Disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

~~A.~~C. **POLICY:**
1. Every individual with a disability has the right to be accompanied by a guide dog, signal, dog, or service dog especially trained. There are no ADA or California laws or regulations that prohibit dogs of certain breeds or sizes from being service dogs or prohibited from entering a hospital.

     a.   A service dog may not be excluded based on assumptions or stereotypes about the animal's breed or how the animal might behave.

2.   Tasks performed by the service dog must be directly related to the person's disability.

3.   A physician order is not required for a patient or an animal handler to bring a service dog to the hospital, clinic, etc.

4.   Service and support dogs:
     a.   Are not required to wear a vest, identification tag, or specific labeled or type of harness.
     b.   Must be under the control of its handler/patient at all times.
     c.   Must be in good health.

5.   Service and ESA dogs must be harnessed, leashed, or tethered, unless the individual's disability prevents using these devices or these devices interfere with the service animal's safe, effective performance of tasks. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

~~1.   The Americans with Disabilities Act (ADA) of 1990 gives civil rights protection to individuals with disabilities. A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual.~~

~~2.   The ADA guarantees equal opportunities and access in the areas of employment, state and local government services and programs, places of public accommodation and telecommunications. Tri-City Medical Center and its respective health entities are considered places of public accommodation.~~

~~3.   ADA law requires that a place of public accommodation modify its policies, practices, or procedures to permit the owner of a Service Dog to be accompanied by his dog unless making such accommodations would fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations of the entity.~~

6.   Service animals accompanied by a patient or a handler must be allowed in patient rooms and anywhere else in the hospital the public and patients are allowed to go. This includes but is not limited to when they are either admitted to, or visit hospitals, outpatient areas, or clinics.
     a.   Exceptions: areas that require a protected environment where infectious or potential infections risk are posed by the presence of the service dog. Services animals may not be allowed in the following areas:
          i.   Procedure or Surgical Services:
               1)   Operating Room (OR)
               2)   Post Anesthesia Care Unit (PACU)
               3)   Pre-Operative Hold
               4)   Interventional Radiology (IR)
               5)   Cardiac Catheterization Lab (CCL)
          ii.   Neonatal Intensive Care Unit (NICU)
          iii.   Computerized Tomography (CT)
          iv.   Magnetic Resonance Imaging (MRI)
          v.   Sterile Processing
          vi.   Kitchens on any unit or the central hospital kitchen
          vii.   Rooms where droplet or airborne isolation is in effect
          viii.   Intensive Care Unit (ICU) ~~(verify with ICU leadership team)~~

~~4.   As of 2008, patients and visitors with disabilities are entitled to be accompanied by their Service Dog when they are either admitted to, or visit hospitals, outpatient areas, or clinics. This includes areas where patients and visitors are normally allowed except areas that require a protected environment where the Service Dog directly threatens the health and safety of patients, visitors or staff or the animal would fundamentally alter the provision of essential services including but not limited to infectious or other risk posed by the animal.~~
~~a.   Service animals are not allowed in the following areas of the hospital:~~
~~i.   Operating Room (OR)~~
~~ii.   Post Anesthesia Care Unit (PACU)~~

~~iii. Pre-Operative Hold~~
~~iv. Intensive Care Unit (ICU)~~
~~v. Neonatal Intensive Care Unit (NICU)~~
~~vi. Interventional Radiology (IR)~~
~~vii. Computerized Tomography (CT)~~
~~viii. Magnetic Resonance Imaging (MRI)~~
~~ix. Sterile Processing~~
~~x. Kitchens on any unit or the central hospital kitchen~~
~~xi. Rooms where droplet or airborne isolation is in effect~~

7. **An emotional support animal or psychiatric dog are not considered service animals and may be permitted inside the hospital or clinical areas if the psychiatric disabilities substantially limits a major life activity.**

~~5. A service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability.~~

~~6. Tasks performed by the dog must be directly related to the person's disability.~~

~~7. No animal other than a dog is recognized as a Service Animal under ADA law.~~

~~8. A companion animal or emotional support animal typically assists persons with psychological disabilities. They are not considered a service animal under ADA law and will not be permitted inside the hospital or clinical areas.~~

~~a. Exceptions may be made by the Clinical Risk Manager with the agreement of the department Director and the Infection Preventionist.~~

~~b. No physician order for animal visitation is valid without agreement of the Clinical Risk Manager, the Infection Preventionist, and the department Director.~~

~~c. Pet Therapy dogs are thoroughly vetted by the volunteer department and are considered employees of the hospital. These dogs are permitted in areas of the hospital outlined in Patient Care Services Policy: Pet Therapy.~~

~~9.~~8. Staff may ask only two questions of a dog owner **or handler when it is unclear if the animal is** ~~claiming that their dog is~~ a service animal:

    a. "Is this a service animal required because of a disability?"
        i. Staff are not permitted to ask what that disability is.
    b. "What work or task has the dog been trained to perform?"
        i. Staff cannot require a demonstration of the dog's task(s)
        ii. If one or more of the dog's tasks is obvious i.e., pulling a person in a wheelchair or leading a blind person, this question should not be asked.
    c. Absolutely no other questions are permitted to be asked by hospital workforce members at any level of the organization. Additional inquiries may subject the organization to large fines.

~~10.~~9. A service animal **owner or handler** can be asked to leave or be denied entrance if any of the following apply, but not limited to:

    a. The dog is unruly or disruptive (e.g., barking, running around, sniffing persons nearby, unable to remain still, etc.).
    b. The dog's behavior poses a direct threat to the health or safety of others (e.g., displays aggressive behavior toward any person or other Service Dog).
    c. The dog appears overtly ill (e.g., bizarre behavior, vomiting, repeated indoor toileting "accidents", excessive drooling or foaming at the mouth etc....) .
    d. The dog is clearly unclean, smells bad, has apparent infestation, or is shedding excessively.
    e. **Dog is not housebroken / trained**

10. **If an animal is excluded for such reasons, staff must still offer their goods or services to the person without the animal present.**

~~d.~~11. **When there is a legitimate reason to ask that a service animal be removed, staff must offer the person with the disability the opportunity to obtain goods or services without the animal's presence**

11. ~~There is no special ID card or certification documentation for the dog. Wearing a vest or other indicator with the words "Service Dog" does not automatically qualify the animal as a service dog.~~

12. Service animals may enter all areas of the medical center that are generally accessible to the public such as lobbies, cafeterias, and nursing units.

   a. If the patient is in a double room and the second patient is either opposed or allergic to the dog, the patient without the dog must be moved to another room.

   b. The hospital is not required to supervise or care for any ~~S~~service ~~D~~dog while its owner receives medical care. All obligations to feed, groom, exercise, and toilet the dog must be arranged and paid for by the patient or patient's representative.

      ~~b.~~i. **In the event the patient cannot supervise or provide care for the animal, the hospital must give the patient the opportunity to make arrangements for the dog's care before taking the following steps to have the service dog removed from the hospital district.**

      ~~i.~~ii. In the event the owner cannot care for the dog and has no representative to do so, the workplace member shall contact the local Humane Society during regular business hours. After hours, Oceanside Animal Control should be contacted. Both entities can provide assistance in the form of temporary care/housing for the animal for a nominal fee.

      iii. **Service or support dogs cannot remain with the patient because of either a procedure, operation, or restricted unit location. The owner is responsible to have a representative care for the dog until such time the dog may again accompany them.**

   c. In the case of a bladder and/or bowel accident in the patient care area by the service animal, the owner or owner's representative is responsible for clean-up.

13. **Service and support dog owners and handlers are solely responsible for:**

   a. **The care and supervision of their service or support dog**

   b. **Must carry equipment sufficient to clean up the dog's excrement whenever the animal is in or on hospital's property.**

   c. **Taking the dog outdoors for toileting, removing (picking-up) and properly discarding the dog's waste in an outdoor trash receptacle.**

   d. **In the case of a bladder and/or bowel accident in the patient care area by the service or support dog, cleaning up the accident**

~~13.   Requirements of Service Dog owners include but are not limited to:~~
~~a.   The animal must be in good health.~~
~~b.   The animal must be on a leash at all times.~~
~~c.   The owner or their representative must be in full control of the animal at all times. The care and supervision of a service animal is the sole responsibility of its owner.~~
~~d.   The owner must carry equipment sufficient to clean up the dog's feces whenever the animal is in or on Hospital's property.~~
~~e.   The Service Dog will be taken outdoors for toileting by the owner's representative and all solid waste will be picked up and disposed of in an outdoor trash receptacle.~~

~~14.   If a Service Dog cannot remain with the patient because of either a procedure, operation, or restricted unit location, the owner is responsible to have a representative care for the dog until such time the dog may again accompany the patient.~~

~~15.~~14. Immediate hand hygiene will be required for all persons who make physical contact with a ~~S~~service ~~d~~Dog.

~~B.~~D. **REFERENCES:**

   1. **Americans with Disabilities Act (ADA) of 1990 (42 U.S.C.12181)**
   2. **California's Unruh Act (Civil Code, Sections 51-51.2) and Disabled Persons Act (Civil Code, Sections 54-55.32)**
   3. **Code of Federal Regulations 28 §36.302**
   4. **Patient Care Services Policy: Pet Therapy**

5.   **United States (U.S.) Department of Justice Civil Rights Division. American with Disabilities Act (ADA). (2020). Frequently Asked Questions About Service Animals and the ADA Service Animals.**

6.   **United States (U.S.) Department of Justice Civil Rights Division. American with Disabilities Act. (2020). Service Animals.**

1.   ~~The Americans with Disabilities Act (ADA) of 1990 (42 U.S.C.12181)~~

2.   ~~28 C.F.R. §36.302~~

3.   ~~Patient Care Services Policy: Pet Therapy~~

Tri-City Medical Center

Allied Health Professional

Nurse Practitioner - Neurosurgery
Standardized Procedures

(Signature): _____

Approvals

Subspecialty Surgery Division Date: ___10/13/2022___

Surgery Department (Signature): _10/13/2022_____

Interdisciplinary Practice Committee (Date): ~~04/20/2020~~07/17/2023

Medical Executive Committee (Date): ~~04/27/2020~~09/25/2023

Administration Approval (Date):   **10/16/2023**

Board of Directors (Date) : 04/30/2020

NURSE PRACTITIONER STANDARDIZED PROCEDURES

TABLE OF CONTENTS

I.   DEVELOPMENT, REVIEW AND APPROVAL OF NP STANDARDIZED PROCEDURES

1.   Standardized procedures for the NP are developed through collaboration among physicians, administration, and nursing, and in compliance with applicable sections of the California Code of Regulations and the California Business and Professions (B&P) Code.

2.   Standardized procedures are the legal mechanism for the NP to perform functions which otherwise would be considered the practice of medicine.

3.   Standardized procedures are maintained in the allied professional's file in the medical staff office.
   a) All standardized procedures will be reviewed every two years, or as needed, and revised as indicated.

   b) Changes made to the standardized procedures are reviewed by and approved by the Medical Director, the medical Department/Division and applicable Tri-City Medical Center (TCMC) Medical Staff committees and the Board of Directors.

II.   SETTING AND SCOPE OF NP PRACTICE (FUNCTIONS)

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

2.   SCOPE OF NP PRACTICE (FUNCTIONS)
The Neurosurgery NP will:
   a) Assume responsibility for the *Neurosurgery* care of patients, under written standardized procedures and under the supervision of the TCMC medical staff member (physician) as outlined in the TCMC Allied Health Professionals Rules and Regulations.

   b) Patients may be seen for the initial medication assessment by the NP with the agreement and under the supervision of the physician. The NP must consult the supervising physician if assessing a medication outside of the NP defined scope of practice as defined in the standardized procedure. The supervising physician may choose to perform the initial medication assessment and then assign the NP responsibility for implementation and follow through of the plan of care for the patient, subject to the supervision requirements of the TCMC medical staff. Admit and discharge patients only with physician order and consultation. Patients are admitted to, and discharged from, inpatient and outpatient

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services, with the order of the supervising physician. Telephone/verbal orders for admission and discharge can be obtained from the physician and entered by the NP. Telephone orders are systems directed for physician signature which is required within 48 hours.

c) Order medications as included in the Neurosurgery specialty Cerner Power Plans.

    i) The NP will provide an explanation of the nature of the illness and of the proposed treatment; a description of any reasonable foreseeable risks, side effects, interactions with other medications, or discomforts; a description of anticipated benefits; a disclosure of appropriate alternative procedures or courses of treatment, if any; and special instructions regarding food, drink, or lifestyles to the patient.

    ii) The NP orders the medication and documents the information into the chart and in the clinical notes.

    iii) If a medication needed is not listed on a Power Plan the NP must consult the supervising physician, document the consultation in the medical record, and place the order via telephone order communication type for supervising physician co- signature.

d) Administer medications (including an injectable) as necessary for patient needs. Medication administration by an NP does not require a standardized procedure.

e) Obtain psychiatric and medical histories and perform overall health assessment for any presenting problem.

f) Order and interpret specific laboratory studies for the patient as included in the Neurosurgery specialty Power Plans.

g) Provide or ensure case management and coordination of treatment.

h) Make referrals to outpatient primary care practitioners, and/or Mental Health Physicians for consultation or to specialized health resources for treatment, as well as any subsequent modifications to the patient's care as needed and appropriate. Inpatient consultations must be physician to physician as stipulated in the medical staff bylaws.

i) Document in the patient's medical record, goals, interventions clinical outcomes and the effectiveness of medication in sufficient detail so that any Practitioner can review and evaluate the effectiveness of the care being provided.

j) Identify aspects of NP care important for quality monitoring, such as symptom management and control, health behaviors and practices, safety, patient satisfaction and quality of life.

k) Utilize existing quality indicators or develop new indicators to monitor the effectiveness of the care provided to the patient.

l) Formulate recommendations to improve mental health care and patient outcomes.

m) Provide patient health education related to medications, psychiatric conditions and health issues.

3. **The Nurse Practitioners will have access to the following PowerPlans:**

    a) NEURO Craniotomy Multi Phase
    b) NEURO Post Operative Multi Phase
    c) NEURO Spine Post Operative Multi Phase Plan
    d) NEURO Ventriculostomy (ICP) Management

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III. MANAGEMENT OF CONTROLLED SUBSTANCES

1. The NP may furnish non-controlled substances and devises included in the Standardized Procedure under the supervision of a designated supervising physician.

2. Definition: controlled substances are defined as those scheduled drugs that have a high potential for dependency and abuse.
   a) Schedule II through V drugs require successful completion of an Advanced Pharmacology continuing education course that includes Schedule II controlled substances based on standards developed by the California Board of Registered Nursing.

      i) This course must be successfully completed prior to the application to the United States Drug Enforcement Administration (DEA) for a Schedule II registration number.

   b) When Schedule II through V drugs are furnished or ordered by a NP, the controlled substances shall be furnished or ordered in accordance with a patient-specific Power Plans approved by the treating or supervising physician and the division of orthopedic surgery.

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

1. Supervision for purposes of this standardized policy is defined as supervision by and MD or DO for the performance of standardized procedure functions and for the furnishing or ordering of drugs by a NP pursuant to California (CA) Business & Professions Code.

2. Each NP will at all times have a supervisory relationship with a specifically identified TCMC physician member.

3. No physician shall provide concurrent supervision for more than four NPs.

4. The Supervisor is not required to be present at the time of the patient assessment/examination, but must be available for collaboration/consultation by telephone.

5. Ongoing case specific Supervision occurs as needed, with frequency determined by the NP and/or the Supervisor. The consultation, including recommendations, is documented as considered necessary by the Supervisor in the clinical record.
   a) Additional Supervision occurs as described below under "Quality Improvement."

6. Supervisor notification and consultation is obtained under the following circumstances:
   a) Emergent conditions requiring prompt medical intervention after stabilizing care has been started.
   b) Acute exacerbation of a patient's situation;
   c) History, physical or lab findings that is inconsistent with the clinical formulation or diagnostic or treatment uncertainty.
   d) Patient refusal to undergo a medical examination or psychiatric evaluation and/or appropriate medical monitoring.
   e) Upon request of the patient, another clinician or Supervisor.
   f) Upon request of the NP.
   g) The supervising physician will examine the patient on the same day as care is provided by the NP for non-scheduled patient admissions.

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V. QUALIFICATIONS - EDUCATION AND LICENSING

1. Education and training:
   a) Master's degree in Nursing from an accredited college or university; AND

   b) Completion of an approved Adult, Child, or Family Nurse Practitioner program.

2. Licenses and Certification:
   a) Currently licensed by the State of California Board of Registered Nursing as a Registered Nurse;

   b) Currently certified by the State of California as a Nurse Practitioner;

   c) Possession of a California State-issued medication Furnishing Number;

   d) Possession of a DEA Number: Issued by the Drug Enforcement Administration the DEA number is required to prescribe controlled drugs. Drugs and/or devices furnished by the NP may include Schedule II through Schedule V controlled substances.

   e) BLS or ACLS in accordance with the specialty requirement.

   f) CNOR Certification if assisting in surgery.

VI. QUALITY IMPROVEMENT

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

   b) The NP will note errors or inconsistencies in patient records and intervene to correct and resolve these.

   c) NP cases referred for peer review shall be evaluated by the Supervisor in conjunction with the medical staff peer review processes.

   d) The Supervisor conducts an annual review of the NP's performance, and gives input into the Annual Performance Evaluation.

   e) The NP will be subject to existing methods of monitoring and quality improvement will be utilized where appropriate. These methods include, but are not limited to supervision, medication monitoring and the medical staff peer review process.

2. The NP will maintain and upgrade clinical skills as required to meet professional standards.
   a) Documentation of participation in relevant continuing education activities.

VII. Practice Prerogatives

As determined by the NP – Surgical First Assist - Neurosurgery.

NP-Neurosurgery – 03/20

Acknowledgement Statements:

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

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

_____   _____
Nurse Practitioner Signature   Date

_____   _____
Sponsoring Physician Signature   Date

_____   _____
Sponsoring Physician Signature   Date

_____   _____
Sponsoring Physician Signature   Date

_____   _____
Sponsoring Physician Signature   Date

_____   _____
Sponsoring Physician Signature   Date

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NP-Neurosurgery – 03/20

ISSUE DATE: 10/93	**SUBJECT:** ~~Exercise Protocol~~Maintenance Program, Phase IV

REVISION DATE: 6/97, 3/03, 01/08, 01/13, 08/20

Cardiac Rehabilitation Approval:	~~02/20~~07/23
Division of Cardiology Approval:	~~07/20~~10/23
Medical Executive Committee Approval:	~~07/20~~09/23
Administrative Approval:	~~08/20~~10/23
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	08/20

A. **PURPOSE:**
1. ~~To establish guidelines for exercise protocols that ensures patient safety and efficient equipment usage.~~ **To provide recent TCMC Cardiac Rehabilitation Phase II graduates the opportunity to continue their prescribed exercise regime and apply what they have learned, in an environment where they have access to support, supervision and continued education.**

B. **POLICY:**
1. ~~All patients in Phase IV of the Cardiac Rehabilitation Program shall follow this procedure for exercise.~~**Enrollees in Phase IV Cardiac Rehabilitation Maintenance Program shall follow the recommended general guidelines during designated Phase IV exercise sessions.**
1.

C. **GENERAL GUIDELINES:**
1. ~~Cardiac rehabilitation patients shall attend exercise sessions up to five days per week, their choice.~~**Phase IV, maintenance participants may attend exercise sessions during designated program times.**
   a. ~~Entry blood pressure and pulse rate is recorded on the patient's record.~~ **A pre-exercise heart rate and blood pressure will be recorded on each participant's individual exercise record.**
   b. ~~Telemetry monitoring systems are connected and recorded quarterly or more frequently if ordered (i.e., patient is returning to the Cardiac Rehabilitation Program after hospitalization, leave of absence of one month or greater), at participants request or staff's discretion~~ **Participants are responsible for documentation on their exercise record.~~.~~**
   c. Warm-up and stretching exercises ~~are performed~~ **are recommended** prior to exercise.
   ~~d.~~ ~~Aerobic~~ capacity and intensity ~~are monitored during peak exercise through measurements of heart rate and blood pressure.~~**should be monitored during peak exercise and recorded by the participant, on their exercise record.**
   ~~e.~~**d.** ~~The patient is responsible for learning pulse rate monitoring and documentation.~~
   ~~f.~~**e.** Cool-down and stretching exercises ~~are~~**should be** performed **post-exercise** for 5 to 10 minutes.
   ~~g.~~ ~~Exercise, pulse rate and perceived exertion scale are recorded on the patient's record.~~
   ~~h.~~**f.** ~~Patients~~**Participants** are responsible for informing the cardiac rehabilitation staff of any changes in their medical condition, medication schedule or any health-related information.
   ~~i.~~**g.** ~~Patients~~**Phase IV participants** are invited to attend any ~~of the~~group ~~strength training classes, yoga classes, or education lectures.~~ **classes or lectures available to Cardiac Rehabilitation participants.**

Tri-City Medical Center
Oceanside, California

EMERGENCY DEPARTMENT

ISSUE DATE:	SUBJECT: Boarders
REVISION DATE(S):01/06; 02/11, 08/20	POLICY NUMBER: 7010-004

Emergency Department Approval:	~~02/20~~01/23
Department of Emergency Medicine Approval:	~~03/20~~05/23
Pharmacy and Therapeutics Approval:	~~05/20~~07/23
Medical Executive Committee Approval:	~~06/20~~09/23
Administration Approval:	~~07/20~~10/23
Professional Affairs Committee Approval Date:	n/a
Board of Directors Approval Date:	08/20

A. **DEFINITIONS:**
   1.   To define a process for identifying those patients who experience a delayed admission to a Nursing Unit.

B. **POLICY:**
   1.   Patients who remain in the Emergency Department (ED) greater than two (2) hours after orders to admit are received are deemed a boarder patient.   Patients are to receive the same standard of care while awaiting an inpatient bed.

C. **PROCEDURE:**
   1.   Implement the documentation and communication criteria to signal the admission process.
      a.   ED Physician receives confirmation for admission from admitting Physician.
      b.   Admitting Physician places admission orders into electronic medical record.
      c.   Bed order is communicated to the Administrative Coordinator via AIONEX by the ED Unit Secretary.
      d.   Bed Requests: The Administrative Supervisor coordinates with units for all bed assignments.
      e.   If a bed is not available within two (2) hours of the orders, the patient is deemed a boarder.
      f.   Delays are reported to ED Management for intervention.
      g.   Continuously monitor opportunities for improvement.

D. **PHARMACIST REVIEW OF PHYSICIAN ORDERS FOR ED BOARDERS:**
   1.   All medication orders administered in the ED for a boarder patient will be reviewed by the Pharmacist for appropriateness.
   2.   The following review process will be followed:
      a.   When a patient is determined to be an ED boarder patient, the ED RN will initiate the admission orders if the admitting physician has not already done so. After initiating the admission orders, the ED RN will send an electronic medication request to the Pharmacy for each medication to be administered in the ED.
      b.   The Pharmacist will review the orders for appropriateness and verify the medications on the electronic medication administration reconciliation (EMAR) record.
      c.   The ED RN will perform a nurse review to verify the Pharmacist review of the medications order.
      d.   The ED RN will document the medication administration time on the EMAR.

e. Once the boarder patient is transferred to an inpatient bed, all ED orders are to be discontinued and all admission orders will be reviewed by the receiving nursing unit RN assigned to the patient.

RETIRE – follow
Administrative Policy Human
Resources: Timekeeping and
Break

TRI-CITY MEDICAL CENTER Engineering Policy & Procedure	Section: ENGINEERING DEPARTMENT Subject: Time Cards Policy Number: 3004 Page 1 of 2
Department: Hospital-Wide	EFFECTIVE: 11/1/87 REVISED: 9/94; 1/97; 5/00; 5/03, 6/06; 5/09; 6/12

SUBJECT: Time Cards

ISSUE DATE: 11/87
REVIEW DATE(S):
REVISION DATE(S): 9/94, 1/97, 5/00, 5/03, 6/06, 5/09, 6/12

Department Approval Date(s): 02/20
Environmental Health and Safety Committee Approval Date(s): 03/20
Administrative Approval: 10/23
Professional Affairs Committee Approval Date(s): n/a
Board of Directors Approval Date(s): 06/12

A. PURPOSE:
  1. To outline the procedure for distribution, completion, verification, and submission of time cards.

B. GENERAL INFORMATION:
  1. The work week begins with the shift beginning closest to midnight Saturday and ends with the shift ending seven days later. The pay period is bi-weekly and includes two work weeks.
      1. Time card control in this facility is a function of the Payroll Department.
  2. Time cards are distributed bi-weekly by Payroll to the departments by Friday 12:00 P.M.

C. POLICY:
  1. Employees are responsible for clocking in and out **daily** on their time card and **approving**signing their time card in Ink at the end of the pay period.
  2. Any employee who clocks another employee in or out, or permits another employee to clock in or out on their behalf, will be subject to disciplinary action.
  3. The Director of Engineering **Management** or designee is responsible for:
      Reviewing time cards to ensure that hours worked and to be paid are consistent with scheduled work hours and are in compliance with existing Federal and State regulations and Tri-city **City** Medical Center**Healthcare District**.
      Checking to be sure that the employee has approved their time card or, if the employee is on sick leave or other leave, for approving the card in their stead.
          B. PROCEDURE:
          1. Engineering places the time cards in the time card rack before the beginning of the pay period.
          2. The employee clocks in and out on the time card each day for a two week period and signs the time card in ink at the end of the pay period.

3. ~~The employee is responsible for calculating the hours worked each day and enters this figure at the bottom of that day's column.~~
4. ~~The Department Supervisor then reviews the time card to ensure that the hours the employee has worked are consistent with scheduled hours, etc. After being signed by the Engineering Supervisor or the Engineering Manager, time cards are sent to payroll for processing.~~

Tri-City Health Care District
Oceanside, California

MEDICAL STAFF

ISSUE DATE: 03/08	**SUBJECT:** Focused Professional Practice Evaluation / Proctoring
REVISION DATE(S): 06/08, 02/10, 04/10, 05/10 08/17, 08/20	**POLICY NUMBER:** 8710 – 542

Department Approval:	~~05/20~~06/23
Credentials Committee Approval:	~~06/20~~07/23
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	~~07/20~~09/23
Administration Approval:	~~08/20~~10/23
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	08/20

A. **PURPOSE:**
   1.   To ensure members of the Medical Staff can carry out the privileges they request in a competent, safe manner.

B. **DEFINITION(S):**
   1.   Proctoring: The observation of a physician's practice over a sufficient period of time to judge his or her competence to perform the procedures(s) in question, and then, if required, assists in developing an educational program to bring the practice up to acceptable standards. This may include a specialist with recognized expertise to work with a physician on-site. The expert may work interactively on designated procedures to assist, critique, and educate in identified areas of deficiency.
   2.   Prospective: Whereby the proctor previews the care to be administered to a patient.
   3.   Concurrent: Whereby the proctor observes clinical care being administered in real time.
   4.   Retrospective: Whereby the proctor reviews the care given to the patient after it has been administered.
   5.   Competence: Refers to a person's ability to perform a particular activity to a prescribed standard or a desirable outcome. There are particular qualities on which competency is based, including knowledge (education/training), traits, skills, and abilities.
   6.   Knowledge: Involves understanding certain facts and procedures. This is evidenced by completion of educational and training requirements. On-the-job experience – including feedback from peers, in-service training, and continuing education – enhances knowledge.
   7.   Traits: Characteristics that predispose a person to behave or respond in a certain way (e.g., self-control, self-confidence, the ability to take criticism, and the ability to get along with others).
   8.   Skill: The capacity to perform specific privileges/procedures. It is based on both knowledge and the ability to apply that knowledge. Skills can be gained by hands-on training using anatomic models or real patients or through role-play exercises. For instance, a surgeon learning to use a laser may use animal tissue in hands-on training rather than a human subject.
   9.   Abilities: The attributes that a person has acquired through previous experience. Because abilities are gained or developed over time, they are more easily retained than knowledge and skills. They also include the abilities with which a person is born.
   10. Focused Professional Practice Evaluation: As defined in Medical Staff Policy #509, Professional Practice Evaluation.

C. **GENERAL PROVISIONS:**

1. Except as otherwise determined by the Medical Executive Committee, all initial appointees to the Medical Staff and all members granted new clinical privileges shall be subject to a period of proctoring in accordance with the applicable departmental proctoring requirements. Such proctoring will generally include a period of Level I proctoring in accordance with the Bylaws and Rules and Regulations, unless additional circumstances appear to warrant a higher level of proctoring. Each appointee or a recipient of new clinical privileges shall be assigned a department where performance of an appropriate number of cases as established by the Medical Executive Committee, or the department as designee of the Medical Executive Committee, shall be observed by the chairman of the department, or the chairman's designee, during the period of proctoring specified in the department's Rules and Regulations, to determine suitability to continue to exercise the clinical privileges granted in that department. The exercise of clinical privileges in any other department shall also be subject to direct observation by that departments chairman or his designee. The member shall remain subject to such proctoring until the Medical Executive Committee has been furnished with:

   a. a report signed by the chairman of the department/division to which the member is assigned describing the type and number of cases observed and the evaluation of the applicant's performance, a statement that the applicant appears to meet all of the qualifications for unsupervised practice in that department/division, has discharged all of the responsibilities of staff membership, and has not exceeded or abused the prerogatives of the privilege to which the appointment was made; or

   b. a report signed by the chairman of the other department(s)/division(s) in which appointee may exercise clinical privileges, describing the types and number of cases observed and the evaluation of the applicant's performance and a statement that the member has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted in those departments.

   c. For practitioners who do not have sufficient activity at the hospital to meet proctoring requirements, as determined and under the direction by either the department/division Chairman, 50% of required cases from another Joint Commission accredited facility may be used to fulfill proctoring requirements in accordance with departmental/division proctoring policies.

2. A Focused Professional Practice Evaluation shall be used in at least the following situations:

   a. All initial appointees to the Medical Staff and all members granted new privileges shall be subject to a period of focused professional practice evaluation / proctoring in accordance with the Bylaws and the Rules and Regulations of the department/division in which the applicant or member will be exercising those privileges.

   b. In special instances, focused professional practice evaluation will be imposed as a condition of renewal of privileges (for example, when a member requests renewal of a privilege that has been performed so infrequently that it is difficult to assess the member's current competency in that area.

   c. When questions arise regarding a practitioner's competency in performing specific privilege(s) at the hospital as a result of specific concerns or circumstances, a focused professional practice evaluation may be imposed.

   d. As otherwise defined in the Bylaws or Medical Staff Policy #509.

   e. Nothing in the foregoing precludes the use of other proctoring tools, as deemed warranted by the circumstances.

D. **PROCTORING:**

1. Overview of Proctoring Levels:

   a. Level I: Proctoring shall be considered routine and is generally implemented as a means to review initially requested privileges or infrequently used existing privileges in accordance with the Bylaws and the Rules and Regulations.

   b. Level II: Proctoring is appropriate in situations where a practitioner's competency or performance is called into question, but where the circumstances do not involve a "medical disciplinary" cause or reason or where the proctoring does not constitute a

restriction on the practitioner's privilege(s) (i.e., the practitioner is required to participate in proctoring, and to notify either the proctor or other designated individual(s) prior to providing services, but is permitted to proceed without the proctor if one is not available). (Focused Professional Evaluation)

c. Level III: Proctoring is appropriate in situations where a practitioner's competency or performance is called into question due to a "medical disciplinary" cause or reason and where the form of proctoring is a restriction on the practitioner's privilege(s) (because the practitioner may not perform a procedure or provide care in the absence of the proctor). Upon imposition of Level III proctoring, that practitioner is afforded such procedural rights as provided in Bylaws, Article VII, Hearings and Appellate Reviews.

2. Overview of Proctoring Procedures:

a. Whenever proctoring is imposed, the number (or duration) and types of procedures to be proctored shall be delineated.

b. During the proctoring, the practitioners must demonstrate they are qualified to exercise the privileges that were granted and are carrying out the duties of their Medical Staff category.

c. In the event that the new applicant has privileges at a Joint Commission accredited hospital where members of Tri-City Medical Center's Medical Staff are familiar with the member to be proctored, and familiar with that Joint Commission accredited hospital's peer review standards, privileges and proctoring information from that Joint Commission accredited hospital may, at the discretion of the department or division chair, be acceptable to satisfy a portion of the focused professional practice evaluation / proctoring required.

3. Proctor: Scope of Responsibility:

a. All members who act as proctors of new appointees and/or members of the Medical Staff are acting at the direction of and as an agent for the department/division, the Medical Executive Committee and the Governing Board. Selection of appropriate proctor(s) is defined within each respective Department/Division Rules and Regulations.

b. When additional privileges are added after completion of initial proctoring, proctoring volumes shall be determined by the Department/Division Chairperson on a privilege-by-privilege basis.

c. The intervention of a proctor shall be governed by the following guidelines:

i. A medical staff member who is serving as a proctor does not act as a supervisor of the practitioner he or she is observing. His or her role is to observe and record the performance of the practitioner being proctored, and report his or her evaluation to the department/division chair.

ii. A proctor is not mandated to intervene when he or she observes what could be construed as deficient performance on the part of the practitioner being proctored.

iii. In an emergency situation, a proctor may intervene, even though he or she has no legal obligation to do so, and by intervening in such a circumstance, the proctor acting in good faith should be deemed a Good Samaritan within the "Good Samaritan" laws of the State of California.

4. Completion of Proctoring:

a. The practitioner shall remain subject to such proctoring until the Medical Executive Committee has been furnished with:

i. A report signed by the department/division chair describing the types and numbers of cases observed and the evaluation of the practitioner's performance, a statement that the practitioner appears to meet all of the qualifications for unsupervised practice in the hospital, has discharged all of the responsibilities of Medical Staff membership, and has not exceeded or abused the prerogatives of the medical staff category to which the appointment was made; and if applicable,

ii. A report signed by the Chair of such other department(s) in which the practitioner may exercise clinical privileges, describing the types and number of cases

observed and the evaluation of the practitioner's performance and a statement that the practitioner has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted in those departments/divisions.

    b.   For such situations where the practitioner has satisfactorily completed proctoring requirements after the Medical Executive Committee has convened, the Department/Division Chairperson has the discretion to release the practitioner from further proctoring and the file will be furnished to the next MEC meeting.

5.   Effect of Failure to Complete Proctoring:

    a.   Failure to Complete Necessary Volume

Any practitioner undergoing Level I proctoring who fails to complete the required number of proctored cases within the time frame established in the Bylaws and Rules and Regulations shall be deemed to have voluntary withdrawn his or her request for the relevant privileges, and he or she shall not be afforded the procedural rights provided in the Bylaws, Article VII, Hearings and Appellate Reviews. However, the department/division has the discretion to extend the time for completion of proctoring in appropriate cases subject to ratification by the Medical Executive Committee. The inability to obtain such an extension shall not give rise to procedural rights described in the Bylaws, Article VII, Hearings and Appellate Reviews.

Level II – Volumes for this level must be completed in accordance with the recommendations from the department/division Chair/Chief. (Initiation of a focused review as defined by Medical Staff policy #509)

    b.   Failure to Satisfactorily Complete Proctoring

If a practitioner completes the necessary volume of proctored cases but fails to perform satisfactorily during proctoring, at the discretion of the department/division Chair/Chief, proctoring may be extended until competency can be ascertained.

    c.   Effect on Advancement

The failure to complete proctoring for any specific privilege shall not, by itself, preclude advancement from provisional staff. If advancement is approved prior to completion of proctoring, the proctoring will continue for the specified privileges. The specific privileges may be voluntarily relinquished or terminated, pursuant to Bylaws, Article V, Section 5.3-2 or 5.3-3, if proctoring is not completed thereafter within a reasonable timeframe.

E.   **PROCEDURE:**

1.   Upon Board approval of a Medical Staff member's privileges, the following shall occur:

    a.   Record privileges in the credentialing database.

    b.   Create a proctoring file for all privileges requiring proctoring (as indicated by the departmental Rules and Regulations).

    c.   Mail proctoring letter explaining proctoring requirements, applicable proctoring forms, and current privileges to Medical Staff member.

    d.   Load practitioner's proctoring requirements into the credentialing database.

2.   Completed proctoring forms may be submitted to the Medical Staff Office via the locked Proctoring box located on the Surgery unit (must be checked at least weekly). The Medical Staff Office maintains the key to the locked box.

3.   Upon receipt of completed proctoring forms, the Credentialing Specialist shall

    a.   review the form for completeness and relevancy to the practitioner's privileges currently on a "Proctoring" status.

4.   Log proctored cases into the credentialing database.

5.   Print a proctoring report from the database to initiate proctoring release process for completed requirements of applicable privileges.

6.   To release a practitioner from proctoring status:

    a.   Ensure the correct number of completed proctoring forms are assembled in the appropriate practitioner's proctoring file.

    b.   Generate the following forms for review and approval by the Department/Division, Credentials Committee, Medical Executive Committee, and the Board of Directors:

        i.   Proctoring Evaluation Approval Form

        ii.   Proctoring Approval Flowsheet

7. Upon Board approval of releasing a practitioner from proctoring, the Credentialing Specialist shall:

    a. Update the practitioner's privileges in the credentialing database.

    b. Send a letter to the practitioner indicating the privileges that have been released from proctoring and a copy of their updated privileges.

    c. Upon releasing a practitioner 100% from proctoring, the contents of the proctoring file are placed in the practitioner's credential file under the proctoring section (behind the privilege section).

F. **REFERENCE(S):**

1. Joint Commission 2022~~16~~ Medical Staff Standards
2. Title XXII

ISSUE DATE:	12/19	**SUBJECT:**	Liability Insurance Requirements
REVISION DATE(S): 12/09, 03/11, 04/17, 04/20		**POLICY NUMBER:** 8710 – 558	

Medical Staff Department Approval:	02/2006/23
Credentials Committee Approval:	02/2007/23
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval Dte:	03/2009/23
Administration Approval:	04/2010/23
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	04/20

A. **PURPOSE:**
1. To require professional liability insurance or approved form of financial security.

B. **POLICY:**
1. Consistent with Article VIII of the Tri-City Healthcare District Bylaws and Sections 2.2-1(c) and 4.5-1(g) of the Tri-City Medical Center Medical Staff Bylaws, every Practitioner on the medical staff or with privileges to attend patients at Tri-City Medical Center must, as a condition of holding staff membership or privileges, either carry professional liability insurance with an insurance company admitted to transact business in California in limits of not less than one million dollars ($1,000,000.00) per occurrence or claim/three million dollars ($3,000,000.00) annual aggregate, or furnish an approved form of equivalent financial security as described below in subsection 3.
    a. The Medical Executive Committee may, without the need to obtain the approval of the staff, modify the foregoing limits from time to time as may be appropriate to meet the needs of the Hospital and the Medical Staff and to reflect developments in the insurance industry, with the approval of the Board of Directors.
2. Each insured Practitioner must cause a current certificate of insurance or other acceptable evidence of liability coverage to be furnished to the Hospital. The certificate or other evidence of liability coverage must specify the expiration date of the policy, the amount of insurance, and reflect coverage for the privileges sought/granted.
    a. If the insurance policy or other coverage is restricted in any manner, the Practitioner must furnish a copy of such restrictions to the Hospital.
    b. The Practitioner shall not perform at the Hospital any procedure excluded from the insurance policy or other coverage. The Practitioner shall immediately notify the Hospital if the Practitioner's insurance or equivalent coverage expires, is reduced below the limits then in effect at the Hospital, or is canceled or terminated.
3. For purposes of this policy, an "approved form of equivalent financial security" means either:
    a. Insurance coverage that is written by or issued in connection with the Practitioner's membership in a cooperative, as defined in Section 1280.7 of the California Insurance Code; or successor legislation with minimum coverage conforming to the then applicable requirements; or
    b. Insurance coverage from an irrevocable trust established by an incorporated professional group to insure its members against damages and defense costs arising out of malpractice claims or litigation, and which has been actuarially determined to meet minimum coverage requirements then applicable.
    c. Self insurance coverage established by an incorporated professional group or other entity to insure the Practitioner against damages and defense costs arising out of

malpractice claims or litigation and which has been actuarially determined to meet minimum coverage requirements then applicable.

4. The "approved" forms of equivalent security shall be subject to review and approval by the Medical Executive Committee and Board of Directors.

Tri-City Medical Center
Oceanside, California

MEDICAL STAFF

ISSUE DATE: 05/12	**SUBJECT:** Management of Conflict between Medical Staff and the Medical Executive Committee (MEC)

REVISION DATE(S): 05/12, 04/17, 04/20   **POLICY NUMBER:** 8710 – 567

Medical Staff Department Approval:	~~02/2006~~/23
Credentials Committee Approval:	~~02/2007~~/23
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	~~03/2009~~/23
Administration Approval:	~~04/2010~~/23
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	04/20

A. **PURPOSE:**
1. To define the process for resolution of conflicts that may arise between the organized Medical Staff and the Medical Executive Committee.
2. Nothing in this policy is intended to prevent Medical Staff members from communicating with the Board of Directors on a rule, regulation, or policy adopted by the organized Medical Staff or the Medical Executive Committee. The Board of Directors shall determine the method of communication, and shall provide timely notification to the Medical Executive Committee, through the Chief of Staff, of any such communications.

B. **POLICY:**
1. In the event that a member of the Medical Staff has an issue or concern regarding a proposed Medical Staff Bylaws addition/amendment, the provisions of Article XIV of the Medical Staff Bylaws shall apply.
2. In the event that a member of the Medical Staff has an issue or concern regarding a proposed Medical Staff Rules and Regulations addition/amendment, the provisions of Section 13.1 of the Medical Staff Bylaws shall apply.
3. In the event that a member of the Medical Staff has an issue or concern regarding a proposed or adopted Medical Staff Policy or other issues not encompassed within items 1 and 2 above, the following process shall apply:
   a. The Medical Staff member shall provide a written description of the specific issue/concern to the Chief of Staff. The Chief of Staff may request further information, and may attempt to resolve the issue/concern through informal discussion.
   b. If the Chief of Staff' is unable to resolve the issue/concern pursuant to informal discussion described above, the specific issue/concern will be placed on the Medical Executive Committee agenda for discussion at the next scheduled meeting.
   c. The Chief of Staff will discuss the outcome of the MEC meeting discussion with the referring Medical Staff member.
   d. If the referring Medical Staff member feels the issue/concern is not resolved, the member may have the issue/concern addressed at a meeting of the MEC at which up to three (3) representatives may attend, upon submission of a petition signed by at least ten percent (10%) of the Medical Staff members eligible to vote.
   e. If after such MEC meeting the issue/concern still has not been resolved to the members' satisfaction, the matter shall be referred to the Joint Conference Committee.

C. **REFERENCES:**
1. The Joint Commission, Hospital Accreditation Standards 2022~~17~~

RETIRE – do not need a policy for staff meetings

REHABILITATION SERVICES

ISSUE DATE: 07/91	**SUBJECT:** Staff Meetings

REVISION DATE(S): 01/94, 04/97, 10/99, 02/03, 01/06, 01/09, 03/12, 09/15, 11/18

Rehabilitation Department Approval:	~~05/18~~10/23
Department of Medicine Approval:	n/a
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	~~10/18~~10/23
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	11/18

A. ~~**POLICY:**~~
 1. ~~To ensure a regular forum for communication between management and staff which is discipline and area specific.~~
 2. ~~Team meetings will occur **on an as needed basis and** at routine intervals, no less than once per month and subject to change per department needs. The meeting will be directed by Rehabilitation Services Leadership Team or a designee.~~

B. ~~**PROCEDURE:**~~
 1. ~~The Rehabilitation Services Leadership Team chooses an appropriate time and place for their meetings, **and will provide advanced notice to the staff regarding the meeting time and place.** These meetings are standing when possible. It is each Leadership Team Member's responsibility to communicate meeting specifics to their area staff.~~
 2. ~~The Rehabilitation Services Leadership Team presents any information that should reach staff prior to the department meeting.~~
 3. ~~Meetings are informal to encourage two-way communication.~~
 4. ~~Meeting minutes will be documented and shared with discipline and/or area specific staff.~~

| ISSUE DATE: | 02/20 | SUBJECT: | Provision of Durable Medical Equipment (DME) by Tri-City Rehabilitation Center |

REVISION DATE(S):

Rehabilitation Department Approval:	~~11/18~~10/23
Department of Medicine Approval:	n/a
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	~~01/20~~10/23
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	02/20

A. **POLICY:**
1. DME provision is based on preparation for promoting patient safety at discharge destination. In doing so, DME requests will be based off of Physical Therapy (PT)/Occupational Therapy (OT) recommendations for the same and submitted by the Social Worker (SW) to the appropriate Insurance.
2. SW will keep Acute Rehabilitation Team Members duly informed via EMR as to the status of Insurance authorization request and approvals received if any.
3. It is recommended that Insurance authorization should be requested for DME at least three days prior to plan discharge date.
4. In the event that Insurance authorization is not received 24 hours prior to plan discharge, then Tri-City Rehabilitation Center may dispense through their supply closet, DME items that are deemed necessary to promote safe and timely discharge.
5. DME dispensing maybe restricted to the primary 1-2 items only so that it is not cost prohibitive to the organization.
6. Patients or Insurance will not be charged for such equipment and it will be dispensed free of cost.
7. Such DME will be dispensed responsibly following patient/ caregiver training in its use.

RETIRE – no longer required,
follow Patient Care Services
Policy: Justice Involved Patients

~~TRI-CITY MEDICAL CENTER~~	~~POLICIES AND PROCEDURES~~
~~Formulation: March 11, 2003~~ ~~Reviewed: 3/03, 11/06, 3/09, 6/11~~ ~~Revision: 3/03~~ ~~Approvals: Director of Security~~	~~Subject: Forensic Services~~ ~~(Forensic Training for Law Enforcement~~ ~~who have custody of a Prisoner)~~ ~~Page 1 of 3~~
~~Submitted By: Security Supervisor~~	~~Procedure Manual: Security Department~~ ~~SDPPM - # 218~~

SUBJECT: Forensic Services (Forensic Training for Law Enforcement who have custody of a Prisoner)

ISSUE DATE: March 11, 2003   **POLICY NUMBER:** 218
REVIEWED DATE(S): 3/03, 11/06, 3/09, 6/11
REVISION DATE(S):   3/03

Department Approval Date(s):   ~~07/15~~05/20
Environmental Health and Safety Committee Approval Date (s):   ~~08/15~~08/20
Administration Approval: ~~10/20~~10/23
Professional Affairs Committee Approval Date(s):   n/a
Board of Directors Approval Date(s):

A.   ~~**PURPOSE:**~~
  1. ~~To establish guidelines for the responsibility of patients who are in-custody prisoners receiving medical care and or admitted to Tri-City Medical Center. Law Enforcement personnel, in consultation with Tri-City Medical Center personnel, are responsible for considering issues related to: the use of seclusion and restraint for non-clinical purposes; imposition of disciplinary restrictions and the restriction or rights.~~

B.   ~~**POLICY:**~~
  1. ~~It is the policy of Tri-City Medical Center that any person who is in Law Enforcement custody while receiving medical care and or admitted to Tri-City Medical Center, that the agency to who the prisoner is in custody of, will be responsible for maintaining the security and the detention of the prisoner for the entire time they are receiving medical care or admission. The Tri-City Medical Center Security Department will be the contact liaison between the custody agency and the Medical Center. Tri-City Medical Center Security Department personnel will not assume any custodial duties as they relate to the prisoner.~~
  2. ~~The Admitting Physician caring for the patient is responsible for determining the prisoner's plan of care while in the Medical Center, including the length of stay for medical treatment, the discharge plan, and consulting with the custodial agency in the continuing care the prisoner may require after discharge.~~
  3. ~~Patient Care will be delivered to the prisoner as determined by the Clinical Staff, following the Admitting Physician's patient care plan, following the Patient Care Services Policy Manual.~~
  4. ~~Tri-City Medical Center recognizes and respects the rights of all patients. These rights are respected without regard to age, gender, race, ethnicity, sexual orientation, culture, economic,~~

education, religious background, or legal status. All patients are informed of their rights upon admission according to Administrative Policy # 300 regarding Patients Bill of Rights.

C. **DEFINITIONS:**
1. Custody Officer: Any Federal, State, or Local Peace Officer or Custody Officer or their contract agencies.
2. Prisoner: Any individual who is under lawful physical arrest and in the custody of a Custody Officer and brought to Tri-City Medical Center to receive medical care, evaluation, treatment, or admission.

D. **PROCEDURES:**
1. Admitting Department Responsibilities.
   a. The Admitting Department shall notify Security when an in-custody prisoner is admitted to the Emergency Department or the Medical Center with the following information:
      i. Patient Name
      ii. Location of Prisoner
      iii. Custodial Agency responsible for patient.
2. Security Department Personnel Responsibility:
   a. Security personnel will contact the Custodial Officer responsible for guarding the prisoner, establish communications orient them using the "Forensic Service Training" form, have them sign the "Forensic Services Training" form.
   b. Security will liaison with the Charge Nurse and the Administrative Coordinator **Supervisor** to verify that the proper measures are being used by the agency responsible for the prisoner as it relates to the Safety, Security, and Welfare of all Patients, Visitors, and Staff Members.
   c. Any situation that puts the Safety, Security, and Welfare of any Patient, Visitor, or Staff Member at risk will be reported to the Lead Security Officer on duty. The Lead Security Officer will inform the Security **Manager or** Supervisor.
3. Custodial Officer Responsibilities:
   a. All Custodial Officers will check in at the Nursing Station upon arrival to the Medical Center.
   b. Custodial Officers will use forensic restraints on the prisoner at all times, unless the medical condition or prescribed treatment indicates otherwise.
   c. Should restraints or seclusion of a custody patient for behavioral or medical issues become necessary, Tri-City Medical Center policies will be followed.
4. Security Supervisor Responsibilities:
   a. If the Lead Security Officer informs the Security Supervisor of a safety issue the Security Supervisor will contact the custodial agency involved in the incident to resolve the issue.
   b. The Security Supervisor will contact the custodial agency responsible for the Custodial Officer regarding any violation of this policy and will impose disciplinary restrictions regarding the Custodial Officer. A file will be maintained in the Security Supervisor's office regarding the Custodial Officer and incident.

E. **ATTACHMENTSFORMS:**
1. Forensic Services Training form.

Tri-City Medical Center

Forensic Services Training
"Custody Officer Orientation"

1. **Medical Evaluation and Treatment:**
   The primary concern for Tri-City Medical Center's Clinical Staff is the proper treatment and care of the prisoner and the Safety, Security, and Welfare of all Patients, Visitors, and Staff Members.

2. **Forensic Restraints:**
   Custody Officers are required to remain with the prisoner at all times while in the Medical Center unless relieved by Clinical Staff for prisoner treatment. The prisoner must remain in forensic restraints at all times and the Custody Officer must have a key in his/her possession. The treating Physician may request the restraints removed for treatment.

3. **Evacuation:**
   Medical Center personnel are familiar with the evacuation routes. In the event an evacuation becomes necessary, the Custody Officer must remain with the prisoner at all times. Medical Center personnel will direct you and the prisoner out of the Medical Center.

4. **Facility Orientation:**
   The Security Officer conducting this orientation will show you where the restrooms, phones, and exits are located. Smoking is not permitted inside the Medical Center and only permitted in designated areas on the campus.

5. **Security Codes:**
   Internal and external disasters or security codes are communicated to Medical Center personnel by overhead paging using the below listed codes. It is not necessary for the Custody Officer to respond in any way to a code unless directed by a Charge Nurse, Security, or the Administrative Coordinator.

Code Blue:	Adult **Cardiopulmonary** Arrest/Medical Emergency	Code Adam:	Infant Abduction
Code Pink:	Infant **Cardiopulmonary** Arrest/Medical Emergency	Code Gray:	Hostage Situation
Code Yellow:	Radiation Disaster	Code Orange:	Internal/External Disaster
Code Green:	Oxygen Emergency	Code Red:	Fire
Dr. Strong:	Violent Person	**Code Silver:**	**Active Shooter**

6. **Phones:**
   To contact the operator in case of an emergency dial "66". Dial "980" and then "911" to contact the Local Law Enforcement agency in case of an emergency. Dial "980" for an outside line for non-emergency calls. Personal calls are not allowed. The Custody Officer is required to call Security and notify them if the prisoner is moved within the Medical Center. To contact the operator, Administrative Coordinator, or Security, dial "0".

7. **Relief:**
   The Custody Officer's agency is responsible for providing relief for the on-duty Custody Officer. The on-duty Custody Officer must ensure that relief Custody Officers are scheduled to relieve them for normal breaks, meals, and at the end of their shift. Medical Center staff, including Medical Center Security Officers, may not take custody of the prisoner. The on-duty Custody Officer must call the Security Department and have an Officer dispatched to your location to orientate the relief Custody Officer. Each Custody Officer will be required to sign a copy of the Forensic Training form.

8. **Patient Confidentiality:**
   In the course of medical treatment for the prisoner, the Custody Officer may become aware of the prisoner's personal history, medical history, diagnosis, and treatment plan. This information is confidential and may not be shared with anyone including the Custody Officer's agency. Violations of the prisoner's confidential information could result in legal action.

I certify that I have read and understand the above requirements and that I have received a copy of this document for my records.

_____   _____   _____

Signature   Print Name   Date

_____

Agency Name

_____

Patient Name   Room Number

Tri-City Medical Center
Oceanside, California

SECURITY
PERSONNEL

RETIRE – follow
Administrative Policy Human
Resources: Timekeeping and
Break

ISSUE DATE:	06/94	**SUBJECT:** Payroll Timecard
REVIEW DATE~~(S)~~:	01/97, 07/03, 11/06, 03/09, 06/11, 07/15	**POLICY NUMBER:** 305

REVISION DATE~~(S)~~: 07/03, 02/11, 09/15

Department Approval ~~Date(s)~~:	~~07/15~~ 10/20
Environmental Health and Safety Committee Approval ~~Date(s)~~:	~~08/10~~ 09/22
Administration Approval:	10/23
Professional Affairs Committee Approval ~~Date(s)~~:	~~09/15~~ n/a
Board of Directors Approval ~~Date(s)~~:	09/15

A. ~~PURPOSE:~~
   1. ~~To set forth guidelines for all Security Department personnel to utilize for timecard processing.~~

B. ~~POLICY:~~
   1. ~~Pursuant to District guidelines, Security Department personnel will utilize the proper format (KRONOS) when processing their payroll timecard.~~

C. ~~PROCEDURE:~~
   1. ~~All Officers are to punch in accurately and no more than 6 minutes before the beginning or end of their shift. If an Officer punches in 1 or more minutes after the start of the shift, the Officer will be in violation of Administrative Policy 8610-408 Part B #3: Absences and Tardiness, and subject to Administrative Policy 424 Coaching and Counseling #2.3.1.2: Performing duties in an unsatisfactory or unacceptable manner.~~
      a. ~~All KRONOS timecards are to be "Approved" and printed by the last day of the pay period, with an explanation of any punches outside the scheduled shift written on the timecard. If an Officer fails to complete the timecard with corrections by the end of the pay period, the officer will be in violation of this policy, and subject to Administrative Policy 424 Coaching and Counseling #2.3.1.2: Performing duties in an unsatisfactory or unacceptable manner.~~

D. ~~RELATED DOCUMENT(S):~~
   1. ~~Administrative Policy: 408 Absences and Tardiness~~
   2. ~~Administrative Policy: 424 Coaching and Counseling~~

Tri-City Medical Center
Oceanside, California

RETIRE – no longer required,
follow Patient Care Services
Policy: Justice Involved Patients

SECURITY
SECURITY OPERATIONS

TRI-CITY MEDICAL CENTER	POLICIES AND PROCEDURES
Formulation:　September 01, 2000 Reviewed:　5/03, 11/06, 3/09, 6/11 Revision:　7/03 Approvals:　Director of Security	Subject:　Security Precautions Associated with Incoming In-Custody Patients Page 1 of 2
Submitted By:　Security Department	Procedure Manual: Security Department SDPPM - # 219

SUBJECT: Security Precautions Associated with Incoming In Custody Patients

ISSUE DATE:　　　　September 01, 2000
REVIEWED DATE(S):　5/03, 11/06, 3/09, 6/11
REVISION DATE(S):　7/03

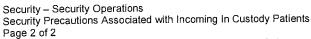|	
Department Approval Date(s):	05/20
Environmental Health and Safety Committee Approval Date (s):	08/20
Administration Approval Date(s):	10/23
Professional Affairs Committee Approval Date(s):	n/a
Board of Directors Approval Date(s):	06/11

A.　PURPOSE:
　　1.　To establish guidelines for the assuring that sufficient care, custody and control is maintained with all "in-custody" patients, coming into the Medical Center for medical treatment.

B.　POLICY:
　　1.　It is the responsibility of the Tri-City Medical Center Security Department for ensuring that the proper level of security is maintained with all "in-custody" patients coming into the Medical Center for medical treatment.

C.　PROCEDURE:
　　1.　The officer assigned to the 3-Post will be responsible for making a timely contact with any law enforcement officer and if necessary, conduct a forensic training in-service in the Emergency Department. **For all other areas of the hospital, the officer responsible for that area will conduct the forensic training.** The officer will also be responsible for evaluating the level of security restraints being utilized to control the "in-custody" patient.
　　　　a.　If it is determined, by the security officer, that the appropriate restraint level is not being utilize, he/she will immediate notify the Security Supervisor/designee.
　　2.　For the safety, security and welfare of all staff, visitors, patients, the ED Security Officer will monitor the "in-custody" patient and ensure that all security restraints are in place and effectively control the patient during their stay at the Medical Center. AT NO TIME WILL ANY "IN-CUSTODY" PATIENT BE ALLOWED TO REMAIN UNRESTRAINED WHILE RECEIVING MEDICAL TREATMENT.

a. ~~If, at the direction of the attending medical staff, it becomes necessary to remove the security restraints, the ED Security Officer will assist in relocating the device to an alternate location on the patient.~~

3. ~~It will be the responsibility of the ED Security Officer to direct and ensure that the appropriate level of security assistance is continually maintained.~~

a. ~~This officer will also assume the position of team leader for any restraining procedures and for assigning officers for any requested stand-by and/or transporting duties.~~

b. ~~In addition, this officer will notify all on-duty security officers, and if necessary, the Administrative Coordinator, of the location of any "in-custody" patient and ensure that any pertinent patient update information is disseminated.~~

4. ~~At no time will any security officer assume the care, custody and control of any unrestrained "in-custody" patient or transport this patient without the accompanying law enforcement officer being present.~~

5. ~~At the conclusion of the medical treatment or medical evaluation process, the ED Security Officer will ensure that the "in-custody" patient is transported to the ambulance bay and secured in the appropriate mode of transportation.~~

ISSUE DATE: 04/94	**SUBJECT: Traffic Patterns**

REVISION DATE(S): 02/05; 06/09; 10/12, 01/13, 03/20

Surgical Services Department Approval:	02/2008/23
Department of Anesthesiology Approval:	n/a
Operating Room Committee Approval:	n/a
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	03/2010/23
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	03/20

A. **PURPOSE:**
1. To define the traffic patterns and designated zones in Surgical Services based on the activities performed in each area, the access pathway, and required attire, in order to provide the cleanest environment in the restricted area.

B. **DEFINITION(S):**
1. Restricted areas: Areas which are accessible only from semi-restricted areas. Wearing of surgical attire is required and masks are required in the presence of open sterile supplies or scrubbed personnel. Restricted areas include the Operating Rooms (OR's) and sub-sterile rooms. The restricted area is separated from the semi-restricted area by a door.
2. Semi-restricted areas: Areas which are accessible from unrestricted, other semi-restricted, or restricted areas. Wearing of surgical attire is required. Semi-restricted areas include corridors leading to the Operating Rooms, sterile storage rooms, Anesthesia workroom, peripheral support areas and processing areas.
3. Unrestricted areas: Areas which are accessible from the exterior of the building, other unrestricted areas or semi-restricted areas. Wearing of surgical attire is not required. Unrestricted areas include Pre-Op Hold, PACU, OR desk, offices, and hallways leading to these areas.

C. **POLICY:**
1. Semi-restricted areas in Surgical Services and Sterile Processing Department (SPD) are identified by a red line on the floor.
2. Surgical attire is required in semi-restricted and restricted areas, per Patient Care Services (PCS) Policy: Surgical Attire. A mask is required in these areas in the presence of an open sterile field or scrubbed personnel.
3. Surgical Attire is not required in unrestricted areas; wearing of street clothes is permitted.
4. All external packing and shipping boxes/containers must be removed before they are transported into the semi-restricted or restricted zones of Surgical Services.
5. Contaminated instruments are transported to SPD in enclosed case carts marked Biohazard. All contaminated trash, soiled linen, contaminated instruments and equipment are transported to the decontamination area of SPD via the dirty elevator.
6. Clean case carts with sterile instruments and supplies are transported to Surgery via a clean elevator.

7. Equipment brought into the semi-restricted or restricted areas (i.e. x-ray machines, gas tanks) must be covered or cleaned with hospital approved disinfectant before being transported into these areas.

8. Heating, Ventilating, and Air Conditioning (HVAC) design parameters for all zones in Surgical Services are monitored by Building Engineering department.

D. **REFERENCES:**

1. AORN, Inc. (2020). *Guidelines for Perioperative Practice.* Denver.

2. Rothrock, J. C. & McEwen, D. R. (2019). *Alexander's Care of the Patient in Surgery, 16th Edition.* St. Louis, MO: Elsevier.

TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A SPECIAL MEETING
OF THE BOARD OF DIRECTORS
SEPTEMBER 28, 2023 – 2:30 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 2:30 p.m. on September 28, 2023.

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

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

Also present were:

Dr. Gene Ma, Chief Executive Officer
Jeremy Raimo, Chief Operations Officer
Donald Dawkins, Chief Nurse Executive
Ray Rivas, Chief Financial Officer
Susan Bond, General Counsel
Jeff Scott, Board Counsel
Teri Donnellan, Executive Assistant

1. Chairperson Younger called the meeting to order at 2:30 p.m. with attendance as listed above.

2. Approval of Agenda

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

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

    Board Counsel Jeff Scott made an oral announcement of the items listed on the September 28, 2023 Special Board Meeting Agenda to be discussed during Closed Session which Reports Involving Trade Secrets and Public Employee Appointment, Interim Chief Financial Officer.

4. Motion to go into Closed Session

    It was moved by Director Chaya and seconded by Director Gleason to go into Closed Session in accordance with the items listed on the September 28, 2023 agenda. The motion passed unanimously (7-0).

5. At 3:15 p.m. the Board returned to Open Session with attendance as previously noted.

6.   Report After Closed Session

Board Counsel Jeff Scott reported that the Board in Closed Session discussed Reports involving Trade Secrets and took no action.

The Board heard a report on the appointment of the interim CFO and took no action.

7.   Consideration of a consulting agreement with Alfred Joshua, M.D.

It was moved by Director Coulter to approve the consulting agreement with Alfred Joshua, M.D. Director Chaya 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

Hearing no further business Chairperson Younger adjourned the meeting at 3:20 p.m.

_____
Tracy M. Younger
Chairperson

ATTEST:

_____
Gigi Gleason
Secretary

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 2:30 p.m. on September 28, 2023.

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

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

Also present were:

Dr. Gene Ma, Chief Executive Officer
Jeremy Raimo, Chief Operations Officer
Donald Dawkins, Chief Nurse Executive
Ray Rivas, Chief Financial Officer
Susan Bond, General Counsel
Jeff Scott, Board Counsel
Teri Donnellan, Executive Assistant

1. Chairperson Younger called the meeting to order at 2:30 p.m. with attendance as listed above.

2. Approval of Agenda

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

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

   Board Counsel Jeff Scott made an oral announcement of the items listed on the September 28, 2023 Special Board Meeting Agenda to be discussed during Closed Session which Reports Involving Trade Secrets and Public Employee Appointment, Interim Chief Financial Officer.

4. Motion to go into Closed Session

   It was moved by Director Chaya and seconded by Director Gleason to go into Closed Session in accordance with the items listed on the September 28, 2023 agenda. The motion passed unanimously (7-0).

5. At 3:15 p.m. the Board returned to Open Session with attendance as previously noted.

6. Report After Closed Session

   Board Counsel Jeff Scott reported that the Board in Closed Session discussed Reports involving Trade Secrets and took no action.

   The Board heard a report on the appointment of the interim CFO and took no action.   .

7. Consideration of a consulting agreement with Alfred Joshua, M.D.

   It was moved by Director Coulter to approve the consulting agreement with Alfred Joshua, M.D. Director Chaya 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

   Hearing no further business Chairperson Younger adjourned the meeting at 3:20 p.m.

   _____
   Tracy M. Younger
   Chairperson

ATTEST:

_____
Gigi Gleason
Secretary

TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A REGULAR MEETING
OF THE BOARD OF DIRECTORS
September 28, 2023 – 3:30 o'clock p.m.

A Regular Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:30 p.m. on September 28, 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 Gigi Gleason
Director George W. Coulter
Director Marvin Mizell
Director Adela Sanchez
Director Tracy M. Younger

Also present were:

Gene Ma, M.D., Chief Executive Officer
Jeremy Raimo, Chief Operations Officer
Donald Dawkins, Chief Nurse Executive
Ray Rivas, Chief Financial Officer
Mark Albright, Chief Information Officer
Roger Cortez, Chief Compliance Officer
Dr. Henry Showah, Chief of Staff
Jeffrey Scott, Board Counsel
Susan Bond, General Counsel
Teri Donnellan, Executive Assistant

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

2.   Approval of Agenda

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

3.   Pledge of Allegiance

      Director Gleason led the Pledge of Allegiance.

4.   Public Comments – Announcement

      Chairperson Younger read the Public Comments section listed on the September 28, 2023 Regular Board of Directors Meeting Agenda. She asked that members of the public wishing to speak submit a speaker card at this time.

5.   Reports – Foundation Report

Jennifer Paroly, Foundation President reported the annual Gala will be held on November 11th which is Veterans Day. It will be a special time to honor our veterans as well as our healthcare heroes and community heroes. Ms. Paroly stated the event will be black tie with a campaign reception. There will also be an exciting auctioneer and DJ as well as casino night. Ms. Paroly stated the Foundation has garnered support from Dr. Showah, Chief of Staff as well as some corporate sponsorships.

Ms. Paroly also provided an update on Corporate Council which was launched in March and is being led by Steve and Tim Harrington. The Council has 18 members to date and is growing.

Ms. Paroly stated the Foundation is working alongside the Auxiliary and Bunny McElliot, Auxiliary President. The Foundation is going to do a campaign to garner support for more volunteers and help their efforts as what the Auxiliary does is so vital to the hospital.

Lastly, Ms. Paroly commented on the new early lung cancer detection program (ION) which was launched today, Jennifer explained the Foundation partnered with a wonderful community healthcare hero and raised approximately $198,000 for this program. In addition, this healthcare hero donated an additional $202,000 so we were able to fully fund the program.

Ms. Paroly stated the Foundation also wants to support essential services so that we have all the services, equipment and supplies we need and the Foundation wants to be there in a deeper, broader way.

6.   August, 2023 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 – $50,743
- ➤ Operating Expense – $59,630
- ➤ EBITDA – ($5,150)
- ➤ EROE – ($7,431)

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

- ➤ Average Daily Census – 118
- ➤ Adjusted Patient Days – 14,064
- ➤ Surgery Cases – 844
- ➤ ED Visits – 7,983

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

- ➤ Net Operating Revenue – $25,333
- ➤ Operating Expense – $29,929
- ➤ EBITDA – ($2,708)
- ➤ EROE – ($3,847)

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

- ➢ Average Daily Census – 114
- ➢ Adjusted Patient Days – 6,442
- ➢ Surgery Cases – 426
- ➢ ED Visits – 3,889

7. New Business –

Consideration to accept the Fiscal Year 2023 Financial Statement Audit – CFO/Moss Adams

Chairperson Younger reported the Fiscal Year 2023 Financial Statement Audit has been deferred to the next regular meeting.

8. Old Business – None

9. Chief of Staff –

a) Consideration of September 2023 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on September 25, 2023.

Dr. Henry Showah, Chief of Staff presented the September 2023 Credentialing Actions and Reappointments Involving the Medical Staff. No concerns or "red flags" were raised by the Credentials Committee.

It was moved by Director Chaya to approve the September 2023 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on September 25, 2023. Director Gleason 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**

10. Consideration of Consent Calendar

It was moved by Director Gleason to approve the Consent Calendar. Director Coulter 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**

11.   Discussion of items pulled from Consent Calendar

       There were no items pulled from the Consent Calendar.

12.   Comments by Members of the Public

       Director Younger recognized Vincent Loughney who commented on ideas of how to get the great things the hospital is doing out to the community.

13.   Comments by Chief Executive Officer

       Dr. Ma commented on Jennifer Paroly's report from the Foundation and stated he is excited about the Gala coming up on November 11, 2023. It is an opportunity to highlight all the good work that is done at this hospital.

       Dr. Ma also thanked the Foundation for supporting the endobronchial ultrasound. The first ION case was performed today and went off without a hitch. Dr. Ma stated that our teams that have been assembled are phenomenal and the ION staff commented that this is one of the most competent teams they have seen with ION. Dr. Ma stated we are bringing the technology here to North County that is truly going to be life changing for people.

       Dr. Ma reported the 16-bed Psychiatric Healthcare Facility is projected for a completion time of around May – June, 2024. The plan with the county is coming to fruition with a more sustainable long-term solution and is a true benefit for the community.

       Dr. Ma stated it is a tough time in healthcare for everyone. Our focus on operation performance metrics and our turnaround financially, are metrics that we see moving in the right direction. Dr. Ma stated we have a tough road ahead of us but we have a plan and he is excited to share that with the community. The third pillar the team will focus on is quality and patient satisfaction. We need to be outstanding and excel in every interaction and we have to set that expectation for all of us. Dr. Ma stated he is looking forward to closing out the year in a great way and continuing the progress that we have made. He expressed his appreciation to everyone who is helping us do that, particularly with the guidance and leadership of thisBboard.

14.   Board Communications

       Chairperson Younger thanked Jennifer Paroly for her Foundation report. She also recognized Mr. Loughney and thanked him for his comments.

15. Adjournment

   There being no further business, Chairperson Younger adjourned the meeting at 3:55 p.m.

   _____
   Tracy M. Younger, Chairperson

ATTEST:

_____
Gigi Gleason, Secretary

Financial Information

TCMC Days in Accounts Receivable (A/R)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD Avg	Goal Range
FY24	69.7	72.7	80.0										74.1	48-52
FY23	74.3	72.0	67.7	69.8	71.5	71.0	71.3	72.7	70.6	74.6	71.6		71.4	

TCMC Days in Accounts Payable (A/P)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD Avg	Goal Range
FY24	140.9	153.4	189.6										161.3	75-100
FY23	105.3	105.6	106.4	115.2	119.0	128.8	142.0	153.4	168.0	158.4	144.5		105.8	

TCHD EROE $ in Thousands (Excess Revenue over Expenses)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY24	($3,585)	($3,847)	($4,443)										($11,874)	($10,265)
FY23	($1,651)	($1,599)	($2,185)	($1,358)	($1,812)	($2,028)	($532)	($1,051)	($2,982)	($6,274)	($3,739)		($5,435)	

TCHD EROE % of Total Operating Revenue

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY24	-14.11%	-15.18%	-19.69%										-16.20%	-13.01%
FY23	-5.96%	5.83%	-8.19%	-4.89%	-6.83%	7.33%	-1.83%	3.94%	-10.69%	-25.56%	13.62%		-6.65%	

Financial Information

TCHD EBITDA $ in Thousands (Earnings before Interest, Taxes, Depreciation and Amortization)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY24	($2,442)	($2,708)	($3,246)										($8,396)	($6,538)
FY23	($686)	($205)	($987)	($175)	($594)	($781)	$605	$75	($1,648)	($5,086)	($2,549)		($1,877)	

TCHD EBITDA % of Total Operating Revenue

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY24	-9.61%	-10.69%	-14.38%										-11.45%	-8.29%
FY23	-2.48%	-0.75%	-3.70%	-0.63%	-2.24%	-2.82%	2.08%	0.28%	-5.90%	-20.72%	-9.28%		-2.30%	

TCMC Paid FTE (Full-Time Equivalent) per Adjusted Occupied Bed

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	C/M YTD	C/M YTD Budget
FY24	6.12	6.88	7.31										6.77	5.93
FY23	6.53	5.91	5.93	6.48	7.13	7.14	6.35	5.96	6.12	6.30	7.10		6.11	

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
FY24	$18.3	$11.6	$9.9										
FY23	$43.9	$38.1	$29.6	$25.3	$20.7	$22.5	$25.4	$11.4	$6.9	$27.7	$23.8		

Building Operating Leases
Month Ending September 30, 2023

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	LeaseTerm Beginning	LeaseTerm Ending	Services & Location	Cost Center
6121 Paseo Del Norte, LLC 6128 Paseo Del Norte, Suite 180 Carlsbad, CA 92011 V#83024	Approx 9,552	$3.59	(a)	53,103.84	07/01/17	06/30/27	OSNC - Carlsbad 6121 Paseo Del Norte, Suite 200 Carlsbad, CA 92011	7095
Cardiff Investments LLC 2729 Ocean St Carlsbad, CA 92008 V#83204	Approx 10,218	$2.58	(a)	37,353.94	07/01/17	08/31/24	OSNC - Oceanside 3905 Waring Road Oceanside, CA 92056	7095
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	$2.70	(a)	20,594.69	07/01/20	06/30/25	PCP Clinic Vista 1926 Via Centre Drive, Ste A Vista, CA 92081	7090
SoCAL Heart Property LLC 1958 Via Centre Drive Vista, Ca 92081 V#84195	Approx 4,995	$2.50	(a)	18,075.40	10/01/22	06/30/27	OSNC - Vista 1958 Via Centre Drive Vista, Ca 92081	7095
BELLA TIERRA INVESTMENTS, LLC 841 Prudential Dr, Suite 200 Jacksonville, FL 32207 V#84264	Approx 2,460	$2.21	(a)	7,158.60	04/01/23	03/31/25	La Costa Urology 3907 Waring Road, Suite 4 Oceanside, CA 92056	7082
Mission Camino LLC 4350 La Jolla Village Drive San Diego, CA 92122 V#83757	Appox 4,508	$1.75	(a)	15,620.89	05/14/21	10/31/31	Seaside Medical Group 115 N EL Camino Real, Suite A Oceanside, CA 92058	7094
Nextmed III Owner LLC 6125 Paseo Del Norte, Suite 210 Carlsbad, CA 92011 V#83774	Approx 4,553	$4.00	(a)	23,811.92	09/01/21	08/31/33	PCP Clinic Cairsbad 6185 Paseo Del Norte, Suite 100 Carlsbad, CA 92011	7090
500 W Vista Way, LLC & HFT Melrose P O Box 2522 La Jolla, CA 92038 V#81028	Approx 7,374	$1.67	(a)	12,812.09	07/01/21	06/30/26	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083	7320
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	Approx 7,000	$4.12	(a)	32,470.00	10/01/22	09/30/25	North County Oncology Medical Clinic 3617 Vista Way, Bldg.5 Oceanside, Ca 92056	7086
SCRIPPSVIEW MEDICAL ASSOCIATES P O Box 234296 Encinitas, CA 234296 V#83589	Approx 3,864	$3.45	(a)	14,880.52	06/01/21	05/31/26	OSNC Encinitas Medical Center 351 Santa Fe Drive, Suite 351 Encinitas, CA 92023	7095
BELLA TIERRA INVESTMENTS, LLC 841 Prudential Dr, Suite 200 Jacksonville, FL 32207 V#84264	Approx 3,262	$2.21	(a)	7,209.02	05/01/23	06/30/25	Pulmonary Specialists of NC 3907 Waring Road, Suite 2 Oceanside, CA 92056	7088
Total				243,090.91				

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

Education & Travel Expense
Month Ending September 2023

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
8740	FETAL MONT	92223 EDU	200.00	83316	TROESH, ROMINA
8740	PTCB CERT	81823 EDU	158.00	84309	CRIBARI STEPHANIE
8740	MAPS CONF	81823 EDU	200.00	84311	DATTA SAFFRON
8740	PTCE	90823 EDU	158.00	84312	CABRAL JESSICA

**This report shows reimbursements to employees and Board members in the Education
& Travel expense category in excess of $100.00.
**Detailed backup is available from the Finance department upon request.