

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
September 26, 2024 – 3:30 o'clock p.m.
Assembly Rooms 2 & 3 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056**

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	2 min.	Chair
3	Roll Call / Pledge of Allegiance		
4	Approval of Agenda	2 min	Standard
5	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
6	August 2024 Financial Statement Results	10 min.	CFO
7	Consideration to accept the Fiscal Year 2024 Financial Statement Audit - Moss Adams and Janice Gurley, CFO	15 min.	CFO
8.	Special Presentations: a) Legislative Update – Dr. Robert Hertzka, Governmental Affairs Consultant b) Psychiatric Health Facility Update – Benito Oporto, Director/Facilities and Jeremy Raimo, COO	10 min. 10 min.	CEO CEO
9	New Business – None	--	--
10	Old Business – None	--	--

Note: This certifies that a copy of this agenda was posted in the entrance to the Tri-City Medical Center at 4002 Vista Way, Oceanside, CA 92056 at least 72 hours in advance of the meeting. Any writings or documents provided to the Board members of Tri-City Healthcare District regarding any item on this Agenda is available for public inspection in the Administration Department located at the Tri-City Medical Center during normal business hours.

Note: If you have a disability, please notify us at 760-940-3348 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

	Agenda Item	Time Allotted	Requestor
11	<p>Chief of Staff -</p> <p>a) Consideration of September 2024 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on September 23, 2024.</p>	5 min.	COS
12	<p>Consent Calendar</p> <p>(1) Board Committee</p> <p>(a) Finance, Operations & Planning Committee Director Younger, Committee Chair <i>(No Finance, Operations & Planning Committee)</i></p> <p>(2) Administrative Policies & Procedures</p> <p>A. Patient Care Services</p> <p>1. Passy-Muir Speaking Valve (PMV) Procedure</p> <p>B. Laboratory General</p> <p>1. Laboratory Policy and Procedure Document Control</p> <p>C. Outpatient Behavioral Health Services</p> <p>1. Exchange and Replacement of Medication</p> <p>(3) Minutes</p> <p>a) Special Meeting – August 29, 2024</p> <p>b) Regular Meeting – August 29, 2024</p> <p>(4) Department of Health License Renewal - \$307,256.00</p> <p>(5) Reports – (Discussion by exception only)</p> <p>a) Building Lease Report – (August, 2024)</p> <p>b) Reimbursement Disclosure Report – (August, 2024)</p>	10 min.	Chair
13	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
14	<p>Comments by Members of the Public</p> <p>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.</p>	5-10 minutes	Standard
15	Comments by Chief Executive Officer	5 min.	Standard
16	Board Communications	18 min.	Standard
17	Total Time Budgeted for Open Session	1 hour	
18	Adjournment		



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT
September 11, 2024

Attachment A

Initial Appointments

Any items of concern will be "**red**" flagged in this report. Verification of education, training, experience, current competence, health status, current licensure, liability coverage, claims history and the National Practitioner Data Bank, the following practitioners are recommended for a 2-year appointment with delineated clinical privileges, to the Provisional Staff or Allied Health Professional Staff with customary monitoring.

Medical Staff:

Practitioner Name	Specialty	Staff Status	Initial Appointment Term	Comments
AMERINASAB, Reza MD	Radiology / Teleradiology	Provisional	9/26/2024 - 9/26/2026	
BESSER, Eli DO	Emergency Medicine	Provisional	9/26/2024 - 9/26/2026	
BRAHMBHATT, Akshaar MD	Radiology / Teleradiology	Provisional	9/26/2024 - 9/26/2026	
FAHY, John MD	Anesthesiology	Provisional	9/26/2024 - 9/26/2026	
GRANT, Michael MD	Radiology / Teleradiology	Provisional	9/26/2024 - 9/26/2026	
HAMILTON, Ross MD	Medicine / Neurology	Provisional	9/26/2024 - 9/26/2026	
LUCCHESI, Archana MD	Radiology / Teleradiology	Provisional	9/26/2024 - 9/26/2026	
MACHALA, Sasa MD	Medicine - Critical Care	Provisional	9/26/2024 - 9/26/2026	Privileges Without Proctoring
PEYMAN, Helya DO	Medicine / Internal Medicine	Provisional	9/26/2024 - 9/26/2026	



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT - 1 of 1
September 11, 2024

Attachment B

Reappointments:

Any items of concern will be “red” flagged in this report. The following practitioners were presented to members of the Credentials Committee for consideration for reappointment to the Medical Staff or Allied Health Professional Staff, 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. Reappointment is for 2-years unless otherwise noted below.

Medical Staff

Department of Anesthesiology:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
BUONO, John MD	Anesthesiology	Active	09/26/2024-09/26/2026	
YI, Jung S MD	Anesthesiology	Active	09/26/2024-09/26/2026	

Department of Medicine:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
BEJKO, Etleva. MD	Rheumatology	Active	09/26/2024-09/26/2026	
CURRY, Jason, MD	Physical Medicine & Rehab	Refer and Follow	09/26/2024-09/26/2026	
FERBER, Jeffrey M, MD	Family Medicine	Refer and Follow	09/26/2024-09/26/2026	
PERRIZO, Nathan A. DO	Pain Medicine	Active	09/26/2024-09/26/2026	
QUESNELL, Tara A. DO	Neurology	Active	09/26/2024-09/26/2026	
SHOWAH, Henry F. MD	Wound Care	Active	09/26/2024-09/26/2026	
SLATER, Madeline L, MD	Infectious Disease	Active	09/26/2024-09/26/2026	
TINIO, Stephen P. MD	Family Medicine	Refer and Follow	09/26/2024-09/26/2026	

Department of Pediatrics:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
BEDROSIAN, Diane MD	Pediatrics	Active	09/26/2024-09/26/2026	



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT - 1 of 1
September 11, 2024

Attachment B

Department of Radiology:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
LOTAN, Roi M. MD	Radiology	Active Affiliate	09/26/2024-09/26/2026	

Department of Surgery:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
COOPERMAN, Andrew M. MD	Orthopedic Surgery	Active	09/26/2024-09/26/2026	
DAUGHTERY, David L., MD	Orthopedic Surgery	Active	09/26/2024-09/26/2026	
GUPTA, Anshu K. MD	Plastic Surgery	Active	09/26/2024-09/26/2026	
KHALESSI, Alexander A.MD	Neurological Surgery	Active Affiliate	09/26/2024-09/26/2026	
SEIDEN, Grant G, MD	Orthopedic Surgery	Active	09/26/2024-09/26/2026	

Resignations Medical Staff and AHP:

Practitioner Name	Department/Specialty	Reason for Resignation
ALLEYNE, Neville, MD	Orthopedic Surgery	Voluntarily Resignation effective 9/30/2024, fail to submit Reappointment application.
BANSAL, Preeti H MD	Surgery/Pediatric Ophthalmology	Voluntarily Resignation via email, effective 1/31/2024
BENEDICTUS, Cynthia NP	Medicine	Voluntarily Resignation via email, effective 9/3/2024
CARDOZA-FAVARATO, Gabriella MD	Pathology	Voluntary Resignation on 8/19/2024
CASTRO, Jorge MD	Pediatrics	Voluntary Resignation on 9/1/2024
CHAVEZ, MARK MD	Emergency Medicine	Resignation on 08/19/2024
COVINGTON, Emily CRNA	Anesthesiology	Voluntary Resignation on 2/19/2024
COYLE, Dustin MD	Anesthesiology	Voluntary Resignation on 2/19/2024
DAVIS, Demetrice MD	Radiology	Voluntary Resignation effective 7/31/2024
GEHRZ, Joseph MD	Emergency Medicine	Voluntary Resignation on 08/01/2024
HARDI, Umar, MD	Medicine/Telemedicine	Voluntarily Resignation effective 3/5/2024 via email.
HOBART, Edward MD	Anesthesiology	Voluntary Resignation on 8/28/2024
IYENGAR, Srinivas MD	Surgery/Ophthalmology	Voluntary Resignation on 08/24/2024. Will not move forward with Reappointment.
KARP, Michael MD	Pediatrics	Retired, as of 08/15/2024



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Attachment B

KNIPPER, Robert CRNA	Anesthesiology	Voluntary Resignation on 2/19/2024
KRUGER, Van. MD	Surgery/Orthopedic Surgery	Voluntarily Resignation via email, effective 8/7/2024
KYASTY, Christina. DO	Surgery/Ophthalmology	Voluntarily Resignation via email, effective 8/7/2024
MOLL, Angela M, MD	Surgery/Pediatric Ophthalmology	Voluntarily Resignation effective 1/31/2024 via email.
MOSTOFIAN, Eimaneh MD	Obstetrics/Gynecology	Voluntary Resignation 8/21/2024
MOVAGHAR, Mansoor. MD	Pediatric Ophthalmology	Voluntarily Resignation effective 1/31/2024 via email.
NIZAMOV, Mikhail CRNA	Anesthesiology	Voluntary Resignation on 6/21/2024
OANA, Iulia MD	Medicine/Telemedicine	Voluntarily Resignation via email, effective 9/3/2024
ORDUNO, Annette CRNA	Anesthesiology	Voluntary Resignation effective 10/31/2024
OVERMON, Allison MD	Anesthesiology	Voluntary Resignation on 6/1/2024
PLOCH, Stefan MD	Radiology	Voluntary Resignation effective 05/24/2024
RICKS, Kynan MD	Anesthesiology	Voluntary Resignation effective 9/30/2024
VADAKARA, Tom MD	Medicine/Telepsychiatry	Voluntarily Resignation effective 8/30/2024.
WARD, Daniel MD	Pathology	Voluntary Resignation on 8/19/2024
WONG, Richard MD	Pathology	Voluntary Resignation on 8/19/2024
YUH, Theresa MD	Radiology	Voluntary Resignation on 7/31/2024
ZIERING, Robert W, MD	Allergy & Immunology	Voluntarily Resignation effective 9/30/2024, fail to submit Reappointment application.
ZIMMERMANN, Andres, MD	Internal Medicine	Voluntarily Resignation effective 9/30/2024, will not move forward with Reappointment per Maria office manager.

MBOC (Medical Board of California):

- **Mark Chavez, MD (Emergency Medicine)** Effective August 26, 2024, Full Interim Suspension Order Issued – No Practice.

NPDB (National Practitioner Data Bank):

- **Mark Chavez, MD (Emergency Medicine)** February 02, 2024 – Voluntary Surrender of DEA License.



TRI-CITY MEDICAL CENTER
CREDENTIALS PRACTICE CREDENTIALS REPORT – Part 2 of 3
September 11, 2024

Modification of Staff Status

The following practitioners have requested privilege status change as noted below. Effective **September 26, 2024**.

Practitioner Name	Department/Specialty	Change in Staff Status
Charles, LE, MD	Medicine/Nephrology	Change of status from Active Affiliate to Refer and Follow.
David SANTIAGO-DIEPPA, MD	Surgery/Neurological Surgery	Change of status from Active Affiliate to Refer and Follow.

Addition/Deletion of Privilege(s)

The following practitioners have requested addition/deletion of privilege(s) as noted below. Effective **September 26, 2024**.

Practitioner Name	Department/Specialty	Change in Privilege/s
Bruno FLORES, MD	Surgery/Neurosurgery	Relinquish: Spine Category
Charles LE, MD	Medicine/Nephrology	Auto Relinquish: Consultation nephrology, including via Telemedicine (F), History & Physical exam, Nephrology, including via Telemedicine (F), Hemodialysis, Peritoneal dialysis, Plasmapheresis.
Tyler MISKIN, MD	Radiology/Interventional	Additional: Vertebral Augmentation WITH proctoring.
David SANTIAGO-DIEPPA, MD	Surgery/Neurosurgery	Auto Relinquish: Admit patients, Consultations, including via telemedicine (F), General Neurosurgery Procedures, Cranial/Skull Base Category, Spine Category, Nervous System Category, Mazor Robotic Surgery, Assist in Mazor robotic surgery and Moderate Sedation



TRI-CITY MEDICAL CENTER
CREDENTIALS COMMITTEE REPORT – Part 3 of 3
September 11, 2024

Proctoring Recommendations

The following providers have successfully completed their initial FPPE (Focused Professional Practice Evaluation) and are being recommended for release of their proctoring requirements for the privilege(s) as noted below.


Practitioner Name	Department/Specialty	Privilege(s)
David Baker, DO	Medicine/Neurology	Admit Patients, Consultation, including via telemedicine (F), History and Physical, including via telemedicine (F), EEG Interpretation
Mario Giudici, MD	Radiology/TeleRad	Teleradiology: Ultrasound, Magnetic resonance imaging, General nuclear medicine, General Radiology, Computed tomography
Jacob LeBeau, DO	Family Medicine	Adult Privileges: Admit adult patients, Adult Consultation, including via telemedicine (F), Adult history and physical examination, including via telemedicine (F)
Tyler Miskin, MD	Radiology/Interventional	Admit Patients, Consultation, including via telemedicine (F), History and physical examination, including via telemedicine (F), Biopsy/Drainage Intervention and Moderate Sedation
Aron Munson, MD	Emergency Medicine	General Patient Care
Anthony Nasr, MD	Pathology	Surgical Pathology, Cytopathology, Hematopathology, Serology, Immunopathology, Hematology, Venipuncture, Clinical Chemistry, Clinical Microbiology, Immunohematology
Afsaneh Sharsan, MD	Medicine/Internal Medicine	Admit patients, Internal Medicine, Consultation, Internal Medicine, including via telemedicine (F), History and physical examination, Internal Medicine, including via telemedicine (F), Treatment of patients in an intensive care environment.
Saiyid-Naufal Zaidi, MD	Medicine/Family Medicine	Admit adult patients, Adult consultation, including via telemedicine (F), Adult history and physical examination, including via telemedicine (F).

ADMINISTRATION CONSENT AGENDA

September 18th, 2024

CONTACT: Donald Dawkins, CNE

Policies and Procedures	Reason	Recommendations
Patient Care Services		
1. Passy-Muir Speaking Valve (PMV) Procedure	3 year review, practice change	Forward to BOD for Approval
Laboratory General		
1. Laboratory Policy and Procedure Document Control	2 year review, practice change	Forward to BOD for Approval
Outpatient Behavioral Health Services		
1. Exchange and Replacement of Medication	3 year review	Forward to BOD for Approval

 Tri-City Medical Center		Patient Care Services
PROCEDURE: PASSY-MUIR SPEAKING VALVE (PMV)		
Purpose:	Establish a standard for setting up and use of a PMV. To evaluate/assist the tracheostomized patient in possible vocalization, or as part of decannulation.	
Supportive Data:	<p>A. Passy-Muir Inc. Instructional Booklet</p> <p>B. Benefits:</p> <ol style="list-style-type: none"> 1. Allows patients to use own voice to speak 2. Technique is more sterile than finger occlusion 3. Secretion reduction 4. Increased sense of well being 5. Assists in restoration of sense of smell 6. Improves potential to swallow 7. Demonstrated to expedite weaning from the ventilator and tracheostomy tube 	
Equipment:	PMV, suction set-up and device, pulse oximeter, Personal Protective Equipment (PPE). (PMVs are stored in Sterile Processing Department [SPD].)	

A. POLICY:

1. Only licensed Tri-City Healthcare District (TCDH) Respiratory Care Practitioners (RCP), Registered Nurses (RNs), and Speech Language Pathologists (SLP) are authorized to perform the following procedure. RCP must be present for initial use with ventilator-dependent patients, and must be available for follow-up treatments.
2. Patient selection criteria:
 - a. Tracheostomy
 - i. Tracheostomy tube can be:
 - 1) Cuffed – cuff must be deflated for use
 - 2) Cuffless
 - 3) Fenestrated
 - ii. Do not use PMV with Bivona cuffed tracheostomy tubes.
 - iii. Tracheostomy must be in place at least 48 hours before evaluation can be completed, **unless otherwise ordered by physician for earlier assessment**
 - b. Awake and responsive patients or as ordered by physician.
 - c. Stable cardiopulmonary status
3. Indications may include the following:
 - a. Ventilator dependency
 - b. Neuromuscular disease
 - c. Quadriplegia
 - d. Tracheomalacia
 - e. Bilateral or unilateral vocal cord paralysis
4. Contraindications may include the following:
 - a. Unresponsive, unconscious, and/or comatose patients
 - b. Patients who are unable to tolerate cuff deflation
 - c. Inflated tracheostomy tube cuff
 - d. Foam filled cuffed tracheostomy tube
 - e. Severe airway obstruction which may prevent sufficient exhalation
 - f. Thick and copious secretions
 - g. Severely reduced lung elasticity that may cause air trapping
 - h. Patients with endotracheal tubes
 - i. Severe tracheal and/or laryngeal stenosis
 - j. Laryngectomized patients
5. Physician orders must contain an order for PMV and Speech Pathology consult

Department Review	Clinical Policies & Procedures	Nursing Leadership	Division of Pulmonary	Pharmacy & Therapeutics	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
05/97, 04/08, 01/11; 09/14, 04/15, 02/20, 01/24	02/11; 09/14, 06/15, 05/20, 01/24	03/11; 10/14, 07/15, 06/20, 04/24	04/17, 09/20, 06/24	n/a	04/11, 05/17, 10/20	12/20	05/11, 06/17, n/a	05/97, 07/03, 03/04; 02/06, 08/08, 05/11, 06/17, 12/20

B. PROCEDURE:

1. **NOTE: For patients with tracheostomy cuff inflated,**~~The first time the PMV is used on the patient~~ **initial PMV trials should be conducted in the presence of both an RCP and Speech pathologist is required.**
2. Verify order and assess patient for indicators or contraindications in the use of PMV.
3. Assess communicative potential and possible benefit of PMV by Speech Therapy.
4. Verify patient using two identifiers.
5. Perform hand hygiene, don gloves, identify patient, and explain procedure to the patient, family and RN, as indicated.
6. Suction patient's oral cavity and trachea to remove accumulated secretions.
7. Reposition patient for optimal breathing mechanics.
8. Ensure the inner cannula is in place and adaptable to the PMV.
9. Place patient on pulse oximeter, as indicated. Apply supplemental O₂ to maintain adequate saturation.
10. Deflate the cuff slowly, if patient is using a cuffed tracheostomy tube. Additional suctioning may be required once cuff is fully deflated. For patients with increased secretions, consider suctioning while deflating the cuff.
11. Place PMV on tracheostomy tube with a ¼ turn twist. If forced on too hard, it may occlude the valve.
12. Evaluate the patient for at least 15 minutes (if tolerated), once the valve is in place, for the following:
 - a. Respirations, heart rate
 - b. Respiratory distress/adequate airflow/obstructed airway
 - c. Vocal quality, quantity, volume
 - d. Oxygen saturation
 - e. Breath sounds
 - f. Overall comfort. May need to coach and re-educate patients to breathe through their upper airway.

C. SPECIAL CONSIDERATIONS:

1. Valve can be used in some patients up to 18 – 20 hours. Do not use valve when the patient is sleeping.
2. Humidification and oxygen can be supplied through a mask or trach collar.
3. Take valve off before aerosolization of medication.
4. With proper training, patients and family members can apply and remove the valve independently.
5. Cleaning:
 - a. The PMV is designed for single patient use. It is recommended that the valve be replaced after two months.
 - b. The valve should be cleaned daily after the last usage.
 - i. Swish PMV in soapy, warm water (not hot water)
 - ii. Rinse thoroughly with warm water (do not use hot water)
 - iii. Place on clean paper towel and air dry overnight. Place in storage container.
 - c. Do not clean with the following:
 - i. Hot water
 - ii. Peroxide
 - iii. Bleach
 - iv. Alcohol
 - v. Ethylene oxide/gas sterilization
 - vi. Autoclave
 - vii. Radiation sterilization


D. REQUIRED DOCUMENTATION AND OBSERVATIONS:

1. Date and time

2. PMV use, patient's tolerance, and communicative performance including duration
3. Vital signs (i.e., respiratory rate, heart rate)
4. SpO₂ levels
5. Adverse reactions
6. RCP shall record observations in the medical record
7. Speech pathologist shall document the PMV evaluation or Speech Therapy daily note in the medical record

E. REFERENCES:

1. Passy-Muir Inc. (2019). Policies and procedures for passy-muir use. Retrieved from <http://www.passy-muir.com/policiesandprocedures>

 Tri-City Medical Center	Laboratory General Quality Assurance
PROCEDURE: LABORATORY POLICY AND PROCEDURE DOCUMENT CONTROL	
Purpose: To provide a general overview of the secure document control system used by the Laboratory at Tri-City Medical Center.	

A. **DEFINITIONS:** N/A

B. **POLICY:**

1. Document Control
 - a. Tri-City Medical Center Laboratory has a document control system that manage policies, procedures, forms, and related documents that are subject to CAP accreditation. (GEN.20375).

C. **PROCEDURE:**

1. Review all laboratory policies and procedures on a biennial basis. (COM.10100).
 - a. The review cycle is tracked via MCN, the hospital-wide document control system.
 - b. Designated Content Experts are responsible for updating documents according to their review cycle, integrating updated material from all applicable accrediting bodies.
 - i. **Changes to policies and procedures must be tracked; the changes must be carried through the approval cycle. The tracked changes are accepted by the Education Department before the documents are posted.**
 - ii. **The Laboratory Track Changes Quick Guide provides an overview of how to use this feature in Microsoft Word. The Laboratory Accreditation Support Specialist is also available for assistance with this requirement.**
 - c. MCN indefinitely retains all uploaded versions of documents. All versions of these documents are accessible upon request from the Laboratory Accreditation Support Specialist, including retired documents. (COM.10500).
 - d. New and substantially revised procedures are reviewed by the Laboratory Director prior to implementation, then biennially after approval. (COM.10200).
2. Maintain required binders at each bench for quick access to policies and procedures.
 - a. The Laboratory Accreditation Support Specialist is responsible for maintaining the binders, ensuring that the current version of each policy or procedure is available in the binder.
 - b. All laboratory personnel have access to the digital versions of hospital policies, procedures, forms, job aids, manuals, etc., via the online document control system described above.
 - i. See MCN Guide for the Laboratory for information on accessing and searching MCN.
3. Maintain Document Control log:
 - a. The Laboratory Accreditation Support Specialist maintains a secure document control log to track review dates of policies and procedures. The document control log is updated on an ongoing basis and provides an overview of **the status of** all laboratory documents.
4. Assign documents to personnel via MCN competencies to ensure adequate knowledge of hospital policies and procedures:
 - a. Competency assignments are requested through the Laboratory Accreditation Support Specialist.

Effective Date	Department Review	Department Revision	Laboratory Medical Director	Medical Executive Committee	Administration	Board of Directors
08/90	08/06, 08/07, 08/08, 08/09, 08/10, 08/11, 08/12, 08/13, 08/14, 08/16, 08/18, 08/20, 09/23	08/90, 09/94, 08/96, 10/98, 11/00, 10/04, 11/06, 02/08, 08/08, 09/10, 06/12, 12/12, 08/17, 10/21, 06/24	08/18, 10/21, 08/24	n/a	02/22	02/22

- b. The Laboratory Accreditation Support Specialist sends out bimonthly notifications as needed to all personnel with pending competencies.
 - i. See the ~~MCN Competency Assignment Job Aid~~ **Assigning Competencies Mini Module (in the Laboratory Accreditation Support Specialist folder on Lab Shared)**.
 - c. Records of completed competencies maintained in MCN.
- 5. Develop new policies, procedures, forms, related documents, job aids, etc., according to approved templates and guidelines.
 - a. Templates and guidelines are maintained by the Laboratory Accreditation Support Specialist in cooperation with the Education Department.
 - b. Note: templates may not be altered. Do not add or remove header titles from templates.
 - c. See the **Policy and Procedure Update Job Aid for a checklist that designates document update responsibilities to the Laboratory Accreditation Support Specialist or the Content Expert as required.**
 - d. See the **Laboratory Document Development and Maintenance Job Aid for an in-depth description of the steps to create a new document and to maintain an existing document at the biennial review.**

D. **FORMS:** NA

E. **RELATED DOCUMENTS**

- 1. **Assigning Competencies Mini Module (maintained on Lab Shared Drive)**
- 2. **Document Control (maintained on Lab Shared Drive)**
- 3. **Laboratory Document Development and Maintenance Job Aid**
- 4. **Laboratory Track Changes Quick Guide**
- 5. **MCN Guide for the Laboratory**
- 6. **Policy and Procedure Review Documentation**
- 7. **Policy and Procedure Update Job Aid**
- 8. **Standard for Citing CAP Checklists**

F. **EXTERNAL LINKS:** N/A

G. **REFERENCES:**

- 1. **College of American Pathologists. (2022). *All Common Checklist*. Northfield, IL.**
- 2. **College of American Pathologists. (2022). *General Laboratory Checklist*. Northfield, IL.**



Tri-City Medical Center
Oceanside, California

Outpatient Behavioral Health Services

SUBJECT: Exchange and Replacement of Medication

ISSUE DATE: 08/96

REVISION DATE: 05/98, 08/00, 10/01, 02/02, 02/03, 01/05,
06/07, 06/10, 04/13, 07/17, 10/21

Department Approval:	11/21
Division of Psychiatry Approval:	n/a
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	n/a
Administration Approval:	11/21
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	12/21

A. **PURPOSE:**

1. To provide an effective method for the exchange and replacement of expired or dispensed medications.

B. **POLICY:**

1. The Pharmacist and Registered Nurse (RN) are responsible for inspecting the medication storage cabinet monthly to determine completeness of stock and expired medications.

C. **PROCEDURE:**

1. Who may perform/responsible: Pharmacist and RN.
2. The pharmacist and RN inspects the contents of the medication storage cabinet monthly, for completeness of stock and expired medications.
3. The Pharmacist is responsible for returning expired medications to the pharmacy for proper disposal. The medication is then replaced and locked in the medication storage cabinet.
4. The results of the pharmacist inspection are documented by hospital Pharmacist.
5. There's a psychiatric emergency box that contains medications, for emergencies only. This box is stored in the nurses' office with two secure locks. Any medications given by the RN from the emergency box must be done with a physician's order.

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

August 29, 2024 – 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 August 29, 2024.

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

Director Rocky J. Chavez
Director Nina Chaya
Director George W. Coulter
Director Marvin Mizell
Director Adela Sanchez
Director Tracy M. Younger

Absent was Director Gleason

Also present were:

Dr. Gene Ma, Chief Executive Officer
Jeremy Raimo, Chief Operations Officer
Donald A. Dawkins, Chief Nurse Executive
Mark Albright, Chief Information Officer
Henry Showah, M.D., Chief of Staff
Jeff Scott, Board Counsel
Susan Bond, General Counsel
Teri Donnellan, Executive Assistant

1. The Chairperson, Director Tracy M. 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 Sanchez and seconded by Director Coulter to approve the agenda as presented. The motion passed (6-0-0-1) with Director Gleason absent.

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

Chairperson Younger made an oral announcement of the items listed on the August 29, 2024 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Labor Negotiators and Reports Involving Trade Secrets.

6. Motion to go into Closed Session

It was moved by Director Chaya and seconded by Director Coulter to go into Closed Session at 2:02 p.m. The motion passed (6-0-0-1) with Director Gleason absent.

7. At 3:20 p.m. the Board returned to Open Session with attendance as previously noted.
8. Report from Board Counsel on any action taken in Closed Session.

Board Counsel Scott stated the report out from closed session will be given at the beginning of today's Regular Board meeting at 3:30 p.m.

9. Adjournment

There being no further business, Chairperson Younger adjourned the meeting at 3:25 p.m.

Tracy M. Younger
Chairperson

ATTEST:

George W. Coulter
Assistant Secretary

**TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A REGULAR MEETING
OF THE BOARD OF DIRECTORS
August 29, 2024 – 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 August 29, 2024.

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

Director Rocky J. Chavez
Director Nina Chaya, M.D.
Director George W. Coulter
Director Marvin Mizell
Director Adela Sanchez
Director Tracy M. Younger

Absent: Director Gigi S. Gleason

Also present were:

Dr. Gene Ma, Chief Executive Officer
Donald Dawkins, Chief Nurse Executive
Jeremy Raimo, Chief Operating Officer
Roger Cortez, Chief Compliance Officer
Mark Albright, Chief Information Officer
Dr. Henry Showah, Chief of Staff
Susan Bond, General Counsel
Teri Donnellan, Executive Assistant

1. Chairperson Younger called the meeting to order at 3:30 p.m. with attendance as listed above.
2. Report from Closed Session

Board Counsel Jeff Scott reported the Board in Closed Session had a conference related to Labor Negotiations and took no action. The Board also discussed a report involving Trade Secrets and took no action.
3. Pledge of Allegiance

Director Younger led the Pledge of Allegiance.
4. Approval of Agenda

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

5. Public Comments – Announcement

Chairperson Younger read the Public Comments section listed on the August 29, 2024 Regular Board of Directors Meeting Agenda.

6. July, 2024 Financial Statements – Dr. Gene Ma, Chief Executive Officer

In Janice Gurley's absence, Dr. Ma reported on the current month/year to date financials as follows (Dollars in Thousands):

- Net Operating Revenue – \$25,700
- Operating Expense – \$26,789
- EBITDA – \$1,519
- EROE – (\$18)

Dr. Ma reported on the current month/year to date Key Performance Indicators as follows:

- Average Daily Census – 117
- Adjusted Patient Days – 6,552
- Surgery Cases – 399
- ED Visits – 4,002

Dr. Ma also presented graphs that reflects trending of EBITDA and EROE, Average Daily Census, Paid Full Time Equivalents per Adjusted Occupied Bed, Acute Average Length of Stay and Emergency Department visits.

Dr. Ma stated he is excited about the trajectory and the financials continue to speak to our seven months of positive results.

Dr. Ma further explained that we are in the process of developing a proposal to fundamentally transform the delivery of care in the Emergency Department, with a financial commitment to support this initiative.

Director Chavez inquired if there has been a recent spike with COVID. Dr. Ma responded that we have seen an upward trend in not only our Emergency Department visits but also with our staff, however we are not seeing an increase on the inpatient side.

7. New Business –

Consideration of Amended Conflict of Interest Code.

Board Counsel Scott explained the state and FPPC regulations require that every even numbered year, the District has to review our Conflict of Interest Code and update it as necessary. The District adheres to what is called the State Model Code and this year's code has been reviewed. Mr. Scott stated there are very few changes and they are very minor. There is a change in the designated employees due to a reorganization of the C-Suite and the gift limitation has been raised from \$520 to \$590.

There were no additional comments or questions.

It was moved by Director Chavez to approve the Amended Conflict of Interest Code. Director Chaya seconded the motion.

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

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

8. Old Business - None

9. Chief of Staff –

Dr. Henry Showah, Chief of Staff explained the August Credentialing Actions and Reappointments Involving the Medical Staff are presented for the Board's information only and were approved by Chairperson Younger on behalf of the Board due to time constraints.

10. Consideration of Consent Calendar

Director Chavez pulled item 10(1) (a)(4) Approval of the renewal of a consulting agreement with Robert E. Hertzka, M.D. for Governmental Affairs for a term of 12 months, beginning September 1, 2024, and ending August 31, 2025 for an annual and total term cost not to exceed \$118,800.

It was moved by Director Chavez to approve the Consent Agenda as amended. Director Mizell seconded the motion.

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

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

11. Discussion of items pulled from Consent Calendar

Director Chavez inquired about the specific services Dr. Hertzka would render under his agreement. In response, Dr. Ma elaborated on Dr. Hertzka's role, emphasizing his contributions to the hospital's governmental affairs efforts. Dr. Hertzka leverages his relationships with public officials statewide, as well as other governmental connections, to advocate on behalf of the hospital. His efforts provide the hospital with opportunities to present its case to elected officials, thereby enhancing the understanding of Tri-City's value. Additionally, Dr. Hertzka played a key role in guiding the district through the distressed hospital loan process. Dr. Ma expressed his belief that Dr. Hertzka's extensive knowledge and network of relationships are invaluable assets to the organization.

Director Chavez thanked Dr. Ma for his comments and suggested the District utilize Dr. Hertzka to his full potential in areas such as the Psychiatric Health Facility.

Dr. Ma also stated Dr. Hertzka would be happy to do a presentation around Governmental Affairs at next month's meeting, if the Board so desired. Board members indicated an interest.

It was moved by Director Chavez to approve the renewal of the consulting agreement with Robert E. Hertzka, M.D. for Governmental Affairs for a term of 12 months, beginning September 1, 2024, and ending August 31, 2025 for an annual and total term cost not to exceed \$118,800. Director Coulter seconded the motion.

The vote on the motion was as follows:

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

12. Comments by Members of the Public

There were no comments from members of the public.

13. Comments by Chief Executive Officer

Dr. Ma expressed his appreciation to Jane Dunmeyer, who is present at every monthly board meeting without fail. Dr. Ma stated we are so appreciative of Jane's support of this community hospital and the fact that she is able to share the information with the League of Women Voters.

Lastly, Dr. Ma gave a "shout out" to Melissa Terah for her hard work in creating a lot of data related reports for us.

14. Board Communications

There were no comments from the Board.

15. Adjournment

There being no further business Chairperson Younger adjourned the meeting at 3:55 p.m.

Tracy M. Younger
Chairperson

ATTEST:

George W. Coulter
Assistant Secretary



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

License Renewal Notice

FACILITY LICENSE RENEWAL FEE INVOICE

Licensee:

TRI-CITY HOSPITAL DISTRICT
4002 VISTA WAY
OCEANSIDE, CA 92056

Facility:

TRI-CITY MEDICAL CENTER (GACH)
4002 VISTA WAY
OCEANSIDE, CA 92056-4506

LICENSE NUMBER: 080000099
EXPIRATION DATE: 10/31/2024
INVOICE #: 0000249598
INVOICE DATE: 07/09/2024
PERIOD OF: 11/01/2024 to 10/31/2025

LATE PAYMENT PENALTY

POSTMARKED:

PAY:

After 10/31/2024 through 11/30/2024	\$337,981.60
After 11/30/2024 through 12/30/2024	\$368,707.20
After 12/30/2024 through 01/29/2025	\$491,609.60

CURRENT FISCAL YEAR FEES: \$307,256.00
PRIOR FISCAL YEAR(S) FEES: \$0.00
TOTAL FEES DUE: \$307,256.00*

After 2/28/2025 the Department will intercept Medi-Cal funds if available and/or take legal action against facilities operating without a current license.

*See Health and Safety Code Section 1266.5

DUE BY: 10/31/2024

* See page two for breakdown of total fees due.

NOTE: All outstanding fees/penalties must be paid and renewal application received by the department before a current license can be issued. To ensure new license is received prior to expiration please send payment 30 days prior to expiration date. Make payment payable to the "Department of Public Health". DO NOT SEND CASH.

If you have any questions about fees, please email RCollection@cdph.ca.gov or call at (800) 236-9747. If you have any questions about the renewal application please email CABlicensing@cdph.ca.gov or call at (916) 552-8632.

*****DETACH HERE AND RETURN WITH PAYMENT*****

Facility: Tri-City Medical Center (GACH)

License Number: 080000099

Period of: 11/01/2024 to 10/31/2025

Invoice Number: 0000249598

Expiration Date: 10/31/2024

Total Due: **\$307,256.00**

SEND PAYMENT, INVOICE SLIP, AND RENEWAL APPLICATION TO ONE OF THE FOLLOWING:

Normal Mailing Address:	Overnight Mailing Address:
California Department of Public Health Center for Health Care Quality Licensing and Certification Program Revenue Collection Unit P.O. Box 997434, MS 3202 Sacramento, CA 95899-7434	California Department of Public Health Center for Health Care Quality Licensing and Certification Program Revenue Collection Unit MS 3202 1615 Capitol Avenue Sacramento, CA 95814

State of California-Department of Public Health
San Diego District Office
Facility Type: GACH
Period of 11/01/2024 to 10/31/2025

License Number	080000099
Expiration Date	10/31/2024
Invoice Date	07/09/2024
Invoice Number	0000249598
Date of Notice	07/09/2024

Current Fiscal Year Fees Based On:

\$292,928.00 368 GACH beds at \$796.00 per bed
\$14,328.00 18 APH beds at \$796.00 per bed



Building Operating Leases
Month Ending August 31, 2024

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	LeaseTerm Beginning	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)	54,257.88	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)	38,347.79	07/01/17	09/30/24	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)	20,499.89	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)	15,459.16	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	Approx 4,508	\$1.75	(a)	16,350.14	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)	24,706.00	09/01/21	08/31/33	PCP Clinic Carlsbad 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)	13,068.33	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)	31,749.00	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 92023 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)	25,272.22	05/01/23	06/30/25	Pulmonary Specialists of NC 3907 Waring Road, Suite 2 Oceanside, CA 92056	7088
Total				275,185.62				

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



Education & Travel Expense
Month Ending August 2024

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
8740	FISCAL YEAR 25	80124 EDU	1,710.00	84098	JOSHUA SMILEY
8740	Charge	70124 EDU	158.00	84453	SANTAROSA MARIA
8740	Charge	70124 EDU	200.00	84454	MCROBERTS RICHARDS
8740	Charge	70124 EDU	200.00	84455	DICKERSON LAURA
8740	ONS CHEMO	81524 EDU	200.00	84460	PELEPAKO AVE

**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.