**TRI-CITY HEALTHCARE DISTRICT** **REVISED**
**AGENDA FOR A REGULAR MEETING**
**December 12, 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 | Roll Call / Pledge of Allegiance | | |
| 3 | Approval of Agenda | 2 min | Standard |
| 4 | Public Comments – Announcement<br>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.<br><br>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. | Welcome & Introduction – Sheila Brown, Board Member | 5 min. | Chair |
| 6. | October 2024 Financial Statement Results | 10 min. | CFO |
| 7. | Foundation Report – Jennifer Paroly, Foundation President | 10 min. | Chair |
| 8. | New Business –<br><br>a) Consideration and possible action to elect Board of Director Officers for calendar year 2025:<br><br>1) Chairperson<br>2) Vice Chairperson<br>3) Secretary<br>4) Treasurer<br>5) Assistant Secretary<br>6) Assistant Treasurer<br>7) Board Member<br><br>b) Consideration of proposed 2025 Board Meeting Schedule<br><br>c) Consideration to award a Board Scholarship to the Tri-City Hospital Auxiliary in the amount of $10,000. | 10 min.<br><br>5 min.<br><br>5 min. | Board Counsel<br><br>Chair<br><br>B. McElliot, Aux. President |

*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 |
|---|---|---|---|
| | d) Consideration to approve the 2024 Amendment to the June 7, 2023 Chief Executive Officer Employment Contract | 5 min. | Chair |
| | e) Consideration of approval of the updated Operating, Sublease and Ground Lease terms between Tri-City Healthcare District, The County of San Diego and Exodus to execute the definitive agreements. | 10 min. | COO |
| 9 | Old Business – None | | |
| 10 | Chief of Staff – | | |
| | a) Consideration to approve the December 2024 Credentialing Actions and Reappointments Involving the Medical Staff pending recommendation by the Medical Executive Committee on December 11, 2024. | 5 min. | COS |
| | b) Consideration to approve the revisions to the Medical Staff Bylaws. | 5 min. | COS |
| 11 | Consent Calendar<br><br>(1) Board Committee<br><br>**(a) Finance, Operations & Planning Committee**<br>**Director Younger, Committee Chair**<br>***(Meeting cancelled due to time constraints)***<br><br>(2) Consideration to approve an agreement with G.E. Healthcare Service for repairs for a term of 60 months, beginning December 1, 2024 and ending November 30, 2029 for an annual cost of $763,030, and a total term cost of $3,815,150.<br><br>(3) Consideration to approve the Joint Marketing-Cardiology agreement between Tri-City Healthcare District and Heart Care Associates, Tri-City Cardiology and Arrhythmia Services and Sherev Heart & Vascular Clinic, for a term of 12 months, beginning January 1, 2025 and ending December 31, 2025, with a total term cost of $30,000.<br><br>(4) Consideration to approve the Professional Services Agreement with Valley Radiology Medical Group, Inc., for a total term of 12 months, beginning November 22, 2024 and ending November 21, 2025, for an annual and total term cost not to exceed $180,000 for radiology interpretations to support the clinics of Orthopedic Specialists of North County.<br><br>(5) Consideration to approve the renewal of an agreement with Cepheid, Inc. for laboratory testing supplies and consumables for a term of 48 months, beginning January 1, 2025 and ending December 31, 2028 for an annual cost of $300,000 and a total cost for the term of $1,200,000.<br><br>(6) Consideration to approve the renewal of the agreement with Coastal Surgeons, a California Medical Corporation, to provide a comprehensive general surgicalist program for a term of 24 months, beginning December 1, 2024, and ending November 30, 2026, at a daily rate of $2,900., for an annual cost of $1,058,500 and a total term cost of $2,117,000.<br><br>(7) Consideration to approve an addendum to the master agreement between TCHD and New Ultimate Billing for revenue cycle management for ambulatory clinics for a term of 36 months beginning April 1, 2025 and | 10 min. | Chair |

| | Agenda Item | Time Allotted | Requestor |
|---|---|---|---|
| | ending March 31, 2028, for an annual cost of $416,016 and a total cost for the term of $1,248,048.<br><br>(7) **Policies & Procedures**<br>**A. Patient Care Services**<br>1) Family Centered Care – Pediatrics/Adolescents<br>2) Intracranial Pressure ICP Monitoring External Ventricular Drain EVD Care of<br>3) Pre, Intra and Post-Operative Assessment of Fetal Heart Rate and Uterine Activity for Non-Obstetric Procedure Surgery<br>4) Vaginal Packing Removal for Gyn and/or Urological Surgery Patients Procedure<br><br>**B. Intensive Care Unit**<br>1) Epicardial Pacing Wires Procedure (RETIRE) | | |
| | (8) Minutes<br>a) Regular Meeting – November 14, 2024<br>b) Special Meeting – November 14, 2024<br><br>(9) Meetings and Conferences – None<br><br>(10) Dues and Memberships – None<br><br>(11) Reports – (Discussion by exception only)<br><br>a) Building Lease Report – (October, 2024)<br>b) Reimbursement Disclosure Report – (October, 2024) | | |
| 12 | Discussion of Items Pulled from Consent Agenda | 10 min. | Standard |
| 13 | Comments by Members of the Public<br>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 |
| 14 | Comments by Chief Executive Officer | 5 min. | Standard |
| 15 | Board Communications (three minutes per Board member) | 18 min. | Standard |
| 16 | Total Time Budgeted for Open Session | 1.5 hours | |
| 17 | Adjournment | | |

**TCHD BOARD OF DIRECTORS**
**MEETING SCHEDULE**
**CALENDAR YEAR 2025**

**Regular Board of Directors Meetings – Open Session to begin at 3:30 p.m. Closed Session (when necessary) to begin at approximately 2:00 p.m. (depending on agenda items).**

- January 30, 2025 (Last Thursday)
- February 27, 2025 (Last Thursday)
- March 27, 202.54 (Last Thursday)
- April 24, 2025 (Last Thursday)
- May 29, 2025 (Last Thursday)
- June 26, 2025 (Last Thursday)
- July 31, 2025 (DARK)
- August 28, 2025 (Last Thursday)
- September 25, 2025 (Last Thursday)
- October 30, 2025 (Last Thursday)
- December 11, 2025 (November & December combined)

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**Special Board Meetings** – Special Board Meetings will be scheduled periodically throughout the year for Strategic Planning, Budget Consideration, etc. We will provide as much notice as possible.

Proposed: 12/12/24
Approved:

# TCHD BOARD OF DIRECTORS
# 2025 MEETING SCHEDULE

| | JAN | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Regular Board Meeting | √ | √ | √ | √ | √ | √ | DARK | √ | √ | √ | DARK | √ |
| Special Meeting – Board Orientation (Open) | √ | | | | | | | | | | | |
| Special Meeting – Quality (Closed) | | √ | | | | | | | | √ | | |
| Special Meeting – Strategic Planning (Closed) | | | | | √ | | | | | | | |
| Regular Meeting – Budget (Closed/Open) | | | | | | √ | | | | | | |
| Regular Meeting – Audit Acceptance (Open) | | | | | | | | | √ | | | |
| Regular Meeting – Annual Review of Board Policies * | | | √ | | | | | | | | | |
| Regular Meeting – Annual Review of Bylaws* | | | | √ | | | | | | | | |
| Regular Meeting – CEO Evaluation (Closed/Open) | | | | | | √ | | | | | | |
| Special Meeting – Board Self Evaluation Workshop (Open) | | | | | | | | | √ | | | |
| Regular Meeting – Compliance Report (Closed) | | | √ | | | | | | √ | | | |
| Regular Meeting – Risk Report (Closed) | | | | | | √ | | | | | | √ |

*Board Ad Hoc Committees will be formed with recommendations going to the full Board for approval

Tri-City Hospital Auxiliary

*Care - Serve - Belong*

November 7, 2024

Dear Tri-City Medical Center Board of Directors,

The Tri-City Hospital Auxiliary is excited to announce that the Scholarship committee is looking forward to another stellar year of donations and the ability to award many scholarships. Our last Scholarship night was an enriching experience for all, donors, recipients, presenters, and Auxiliary volunteers! 63 scholarships were presented that evening!

The Auxiliary Scholarship Committee is gratified that we can offer scholarships again this spring for students enrolled for the 2025-26 academic year. I know the schools and students we serve are very thankful. It is our hope that this year's special event will be as fulfilling as last year's providing the opportunity for donors and recipients to meet in person and celebrate their achievement.

We appreciate your past support of the Scholarship Fund. Believe me, it is so rewarding for the recipient to connect a face and background of the person who is giving them the opportunity to pursue further education to fulfill a lifetime goal. I would guess it is equally rewarding for you to get a more detailed background of what these worthy recipients have experienced in their trek toward serving in their chosen field.

We hope that recognizing the benefit of scholarships to the recipients as well as the rewarding feeling of helping earnest students in their pursuit of further training, you will continue your support of the Scholarship Program this year. A tentative date is set for the Scholarship Awards Night Tuesday, April 15, 2025. As soon as the details are firm, I will contact you with more information in the hope you will be available to attend.
Enclosed in this packet is the donation form with a return envelope. We hope to hear back from you soon.

Thank you for your generosity in the past.

Most gratefully yours,

Nancy Russian

Nancy E. Russian
Chair, Donor Program Committee
Tri-City Hospital Auxiliary Scholarship Awards

"Together we can do great things." – Mother Teresa

**2024 AMENDMENT TO THE JUNE 7, 2023 CHIEF EXECUTIVE OFFICER EMPLOYMENT CONTRACT**

The Chief Executive Officer Employment Contract between Tri-City Healthcare District ("District") and Dr. Gene Ma ("Employee") dated June 7, 2023, is hereby amended as follows:

1. Section 2. Base Compensation; Annual Review is modified as follows:

   "In consideration of theses services as CEO, District agrees to pay a base salary of Six Hundred Thousand Dollars (600,000) retroactive to July 15, 2024 per annum. On June 15, 2025 Employee shall be eligible for an additional Twenty Five Thousand Dollars ($25,000) in base salary, provided that the Board in its sole discretion concludes, based upon its annual review of Employee's performance, that Employee has achieved seventy-five percent (75%) of Employee's goals, as such goals are approved by the Board. This annual review should occur not later than the regular meeting in June."

2. The terms and conditions of the June 7, 2023 Chief Executive Officer Employment Contract with Tri-City Healthcare District are hereby restated and shall remain in full force and effect.

3. The effective date of this Amendment shall be upon approval of the Board of Directors.

"Employee":

By_____
Gene Ma M.D.,
Chief Executive Officer

"District":

By_____
Tracy Younger, President
Board of Directors

By_____
Gigi Gleason, Secretary
Board of Directors

Tri-City Medical Center
MEDICAL STAFF

# TRI-CITY MEDICAL CENTER
# MEDICAL STAFF CREDENTIALS REPORT
# November 13, 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 |
|---|---|---|---|---|
| BHATEJA, Anjali DO | Internal Medicine | Provisional | 12/12/2024 - 12/12/2026 | |
| BO, Christopher MD | PM & R | Provisional | 12/12/2024 - 12/12/2026 | |
| BURKE, Hayden MD | Infectious Disease | Provisional | 12/12/2024 - 12/12/2026 | |
| CHUNG, David MD | Internal Medicine | Provisional | 12/12/2024 - 12/12/2026 | |
| FINDAKLY, Dawood MD | Oncology | Provisional | 12/12/2024 - 12/12/2026 | |
| KHAN, Gulam MD | Teleradiology | Provisional | 12/12/2024 - 12/12/2026 | Open case from 9/2019 - Reviewed by chairman, no care concerns found |
| KUBELDIS, Nathan DO | Internal Medicine | Provisional | 12/12/2024 - 12/12/2026 | |
| LENING, Christopher MD | Teleneurology | Provisional | 12/12/2024 - 12/12/2026 | |
| MURTHY, Nikhil MD | Neurosurgery | Provisional | 12/12/2024 - 12/12/2026 | |
| NGUYEN, Andrew MD | Neurosurgery | Provisional | 12/12/2024 - 12/12/2026 | Privileges Without Proctoring |
| SUMMA, James MD | Teleradiology | Provisional | 12/12/2024 - 12/12/2026 | |
| VINCENT, William MD | Family Medicine | Provisional | 12/12/2024 - 12/12/2026 | |

Tri-City Medical Center
MEDICAL STAFF

# TRI-CITY MEDICAL CENTER
# MEDICAL STAFF CREDENTIALS REPORT
# November 13, 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 |
|---|---|---|---|---|
| BHATEJA, Anjali DO | Internal Medicine | Provisional | 12/12/2024 - 12/12/2026 | |
| BO, Christopher MD | PM & R | Provisional | 12/12/2024 - 12/12/2026 | |
| BURKE, Hayden MD | Infectious Disease | Provisional | 12/12/2024 - 12/12/2026 | |
| CHUNG, David MD | Internal Medicine | Provisional | 12/12/2024 - 12/12/2026 | |
| FINDAKLY, Dawood MD | Oncology | Provisional | 12/12/2024 - 12/12/2026 | |
| KHAN, Gulam MD | Teleradiology | Provisional | 12/12/2024 - 12/12/2026 | Open case from 9/2019 - Reviewed by chairman, no care concerns found |
| KUBELDIS, Nathan DO | Internal Medicine | Provisional | 12/12/2024 - 12/12/2026 | |
| LENING, Christopher MD | Teleneurology | Provisional | 12/12/2024 - 12/12/2026 | |
| MURTHY, Nikhil MD | Neurosurgery | Provisional | 12/12/2024 - 12/12/2026 | |
| NGUYEN, Andrew MD | Neurosurgery | Provisional | 12/12/2024 - 12/12/2026 | Privileges Without Proctoring |
| SUMMA, James MD | Teleradiology | Provisional | 12/12/2024 - 12/12/2026 | |
| VINCENT, William MD | Family Medicine | Provisional | 12/12/2024 - 12/12/2026 | |

Tri-City Medical Center
MEDICAL STAFF

# TRI-CITY MEDICAL CENTER
# MEDICAL STAFF CREDENTIALS REPORT – 1 of 2
# November 13, 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 |
|---|---|---|---|---|
| **HIRASUNA, Richard MD** | Anesthesiology | Active | 12/12/2024-12/12/2026 | Change in staff status from Provisional to Active. |

Department of Emergency Medicine:

| Practitioner Name | Specialty | Staff Status: | Reappointment Term | Comments |
|---|---|---|---|---|
| **BATASIN, Ma Lovely DO** | Emergency Medicine | Active | 12/12/2024-12/12/2026 | Change in staff status from Provisional to Active. |

Department of Medicine:

| Practitioner Name | Specialty | Staff Status: | Reappointment Term | Comments |
|---|---|---|---|---|
| KYAW, Naing T, MD | Nephrology | Active | 12/12/2024-12/12/2026 | |
| LUHAR, Riya., DO | Neurology | Active | 12/12/2024-12/12/2026 | Change in staff status from Provisional to Active. |
| NGUYEN, Minh Q., MD | Internal Medicine | Active | 12/12/2024-12/12/2026 | |
| SANBORN, Michelle M., MD | Telemedicine | Active Affiliate | 12/12/2024-12/12/2026 | Change in staff status from Provisional to Active Affiliate. |
| SERRY, Rod D., MD | Interventional Cardiology | Refer and Follow | 12/12/2024-12/12/2026 | Change in staff status from Active Affiliate to Refer and Follow. |
| SHAD, Javaid A., MD | Gastroenterology | Active | 12/12/2024-12/12/2026 | |
| SHIH, Angela, DO | Internal Medicine | Active | 12/12/2024-12/12/2026 | |

*Attachment B*

| | | | | |
|---|---|---|---|---|
| POP, Simona C., MD | Family Medicine | Refer and Follow | 12/12/2024-12/12/2026 | |
| TAVAKOLI, Sirpa A, MD | Psychiatry | Active | 12/12/2024-12/12/2026 | Change in staff status from Provisional to Active. |

Department of Pediatrics:

| Practitioner Name | Specialty | Staff Status: | Reappointment Term | Comments |
|---|---|---|---|---|
| AMBO, Stanley MD | Pediatrics | Active | 12/12/2024-12/12/2026 | |

Department of Radiology:

| Practitioner Name | Specialty | Staff Status: | Reappointment Term | Comments |
|---|---|---|---|---|
| CHO, Aaron MD | Diagnostic Radiology | Active | 12/12/2024-12/12/2026 | |
| KATO, Kambrie MD | Teleradiology | Active Affiliate | 12/12/2024-12/12/2026 | |
| MAYBERRY, Jennifer MD | Diagnostic Radiology | Active | 12/12/2024-12/12/2026 | |
| NALABOFF, Kenneth MD | Teleradiology | Active Affiliate | 12/12/2024-12/12/2026 | Change in staff status from Provisional to Active Affiliate. |

Department of Surgery:

| Practitioner Name | Specialty | Staff Status: | Reappointment Term | Comments |
|---|---|---|---|---|
| CHEN, Heather MD | Ophthalmology | Refer and Follow | 12/12/2024-12/12/2026 | |
| JOHNSTON, Eric W., MD | Ophthalmology | Refer and Follow | 12/12/2024-12/12/2026 | |

Resignations *Medical Staff and AHP*:

| Practitioner Name | Department/Specialty | Reason for Resignation |
|---|---|---|
| NIEDZWIECKI, Matthew MD | Telepsychiatry | Voluntary resignation via email, effective 11/08/24. |

MBOC (Medical Board of California): No new information at this time

NPDB (National Practitioner Data Bank): No new information at this time

Tri-City Medical Center
MEDICAL STAFF

# TRI-CITY MEDICAL CENTER
# CREDENTIALS PRACTICE CREDENTIALS REPORT – Part 2 of 3
# November 13, 2024

## Modification of Staff Status

The following practitioners have requested privilege status change as noted below. Effective **December 12, 2024**.

| Practitioner Name | Department/Specialty | Change in Staff Status |
|---|---|---|
| William Johnson MD | Radiology/Diagnostic Radiology | Provisional to Active |
| Quin Vu, MD | Anesthesiology | Provisional to Active |

Tri-City Medical Center
MEDICAL STAFF

# TRI-CITY MEDICAL CENTER
# CREDENTIALS COMMITTEE REPORT – Part 3 of 3
# November 13, 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) |
|---|---|---|
| Robert Afra MD | Surgery/Orthopedics | Bone Graft and MAKO |
| Reza Amerinasab, MD | Radiology/Tele-Rad | Teleradiology: Ultrasound, Magnetic Resonance Imaging, General Radiology, Computed Tomography. |
| Suzanne Aquino, MD | Radiology/Tele-Rad | Teleradiology Bundle: Ultrasound, MRI, General Nuclear Medicine, General Radiology, Computed Tomography |
| Matthew Benedict, MD | Radiology/Tele-Rad | Teleradiology Bundle: Ultrasound, MRI, General Nuclear Medicine, General Radiology, Computed Tomography |
| Shannon Bownds, MD | Radiology/Tele-Rad | Teleradiology Bundle |
| Akshaar Brahmbhatt, MD | Radiology/Tele-Rad | Teleradiology: Ultrasound, Magnetic Resonance Imaging, General Radiology, Computed Tomography. |
| Ellijah Burton, MD | Radiology/Tele-Rad | Teleradiology Bundle: Ultrasound, MRI, General Nuclear Medicine, General Radiology, Computed Tomography |
| Andrew Liu, MD | Medicine/Nephrology | Admit patients, Nephrology, Consultation, Nephrology, including via telemedicine (F), History & physical, Nephrology, including via telemedicine (F) and Nephrology procedures. |
| Corry McDonald, MD | Emergency | General Patient Care |
| Tyler Miskin, MD | Radiology/Interventional Rad | Peripheral Vascular Interventional Procedure Bundle, Vertebral Augmentation, Endovascular (Catheter based) Therapy for Cerebrovascular Disorders |
| Myles Mitsunaga, MD | Radiology/Tele-Rad | Teleradiology Bundle: Ultrasound, Magnetic Resonance Imaging, General Radiology, Computed Tomography. |
| Jesse Naghi, MD | Medicine/Cardiology | Watchman |
| Paven Reddy, MD | Medicine/Cardiology | Cognitive Privilege, Allied Health practitioner Supervisor Privileges, Basic Invasive Procedures, Cardiac Catheterization Procedures and Interventional Cardiology-Percutaneous Coronary Interventions (PCI) and TEE. |
| Phillip Reich, MD | Radiology/Tele-Rad | Teleradiology Bundle: Ultrasound, MRI, General Nuclear Medicine, General Radiology, Computed Tomography |
| Shareef Riad, MD | Radiology/Tele-Rad | Teleradiology Bundle: Ultrasound, MRI, General Nuclear Medicine, General Radiology, Computed Tomography |

Tri-City Medical Center
MEDICAL STAFF

# TRI-CITY MEDICAL CENTER
# CREDENTIALS COMMITTEE REPORT – Part 3 of 3
# November 13, 2024

## CONTINUE 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) |
|---|---|---|
| Matthew Thompson, MD | Radiology/Tele-Rad | Teleradiology Bundle: Ultrasound, MRI, General Nuclear Medicine, General Radiology, Computed Tomography |
| Brian Trinh, MD | Radiology/Diagnostic Radiology | Consultation, including via telemedicine (F), Computed tomography, General diagnostic/Fluoroscopy, Magnetic Resonance Imaging/spectroscopy, Mammography, Nuclear Medicine, Ultrasonography/hysterosonography. |
| Juan Carlos Vera, MD | Radiology/Diagnostic Radiology | Consultation, including via telemedicine (F), Computed tomography, General diagnostic/Fluoroscopy, Magnetic Resonance Imaging/spectroscopy, Nuclear Medicine, Positron Emission Tomography (PET) Ultrasonography/hysterosonography |

Observation of provisional staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the provisional staff member including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained. The results of the observation shall be communicated by the department chairperson to the Medical Executive Committee.

3.5-4 TERM OF PROVISIONAL STAFF STATUS

A member shall be eligible to request advancement from provisional staff after a minimum period of six (6) months if the member's proctoring is fully completed and the provider requests to be advanced. Otherwise, a member remains in the provisional staff for a period of 24 months unless that status is extended by the Medical Executive Committee upon determination of good cause, which determination shall not be subject to review pursuant to Articles VI or VII.

3.5-5 ACTION AT CONCLUSION OF PROVISIONAL STAFF STATUS

(a) If the provisional staff member has satisfactorily demonstrated his or her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Medical Staff membership, the member shall be eligible for placement in the Active or Active Affiliate, staff, as appropriate, upon recommendation of the Medical Executive Committee.

(b) In all other cases, the appropriate department shall advise the Medical Executive Committee which, in turn, shall make its recommendation to the Governing Body regarding a modification or termination of clinical privileges

3.6 ADMINISTRATIVE STAFF

Administrative staff membership may be held by any physician who is not otherwise eligible for another staff category and who is retained by the Hospital or Medical Staff, either individually or by virtue of a contracted service, solely to serve in administrative capacities subject to review by and input from the Medical Executive Committee.

3.6-1 QUALIFICATIONS

The administrative staff consists of members who:

(a) Hold a current valid CA medical license
(b) Current physical and mental health status, so as to demonstrate to the satisfaction of the Medical Staff that they are professionally and ethically competent to exercise their duties.
(c) Adhere to the ethics of their respective professions and any applicable conflicts of interest policies.
(d) Able to work cooperatively with other so as not to adversely affect their judgement in carrying out the quality assessment and improvement functions.

3.6-2 PRIVILEGES

(a) Administrative staff members do not have privileges to admit or otherwise provide patient care
(b) Will be responsible to pay annual or reappointment fees
(c) Shall not nominate or vote on any matters presented at general or special meeting of the Medical Staff or any Committee or the Department of which they are members.

(d) May attend a General meeting of the Medical Staff and Department of which they are appointed and any Education program offerings.

(e) Shall not be eligible to hold office in the Medical Staff organization or to chair Medical Staff committees.

3.63.7 HONORARY STAFF

The honorary staff shall consist of physicians, dentists and podiatrists who do not actively practice at the Hospital but whom the Medical Executive Committee deems deserving of membership by virtue of their outstanding reputation, noteworthy contributions to the health and medical sciences, active participation in Committees or their previous long-standing service to the Hospital and who continue to exemplify high standards of professional and ethical conduct.

3.6-13.7-1 PRIVILEGES

Honorary staff members are not eligible to admit patients to the Hospital or to exercise clinical privileges in the Hospital, or to vote or hold office in this Medical Staff organization, but they may serve upon committees with or without vote at the discretion of the Medical Executive Committee. They may attend staff meetings and educational programs.

3.73.8 MODIFICATION OF MEMBERSHIP CATEGORY

On its own, or upon recommendation of a specific department, or pursuant to a request by a member under Section 4.6-1 (b), or upon direction of the Governing Body and the Medical Executive Committee may recommend a change in the Medical Staff category of a member consistent with the requirements of the Bylaws.

3.83.9 ALLIED HEALTH PROFESSIONALS

Refer to Rules and Regulations for Allied Health Professionals.

## ARTICLE IV: MEMBERSHIP AND MEMBERSHIP RENEWAL

### 4.1 GENERAL

Except as otherwise specified herein, no person (including persons engaged by the Hospital in administratively responsible positions) shall exercise clinical privileges in the Hospital or via telemedicine unless and until he or she applies for and obtains membership on the Medical Staff or is granted temporary privileges as set forth in these Bylaws. By applying to the Medical Staff for membership or membership renewal, the applicant acknowledges responsibility to first review these Bylaws and agrees that throughout any period of membership he or she will comply with the responsibilities of Medical Staff membership and with the Bylaws and Rules and Regulations of the Medical Staff as they exist and as they may be modified from time to time. Membership to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted in accordance with these Bylaws.

### 4.2 BURDEN OF PRODUCING INFORMATION

In connection with all applications for membership, membership renewal, advancement, or transfer, the applicant shall have the burden of producing information for an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. The applicant's failure to sustain this burden shall be grounds for denial of the application. To the

Tri-City Medical Center

**TCHD BOARD OF DIRCTORS**
**DATE OF MEETING: December 12, 2024**
**G.E. SERVICE AGREEMENT PROPOSAL**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Type of Agreement** | | Medical Director | | Panel | X | Other: Service Agreement |
| **Status of Agreement** | | New Agreement | X | Renewal – New Rates | | Renewal – Same Rates |

**Vendor's Name:** G.E. Healthcare Service

**Area of Service:** Cardiac Cath Lab, CT, MRI

**Term of Agreement:** 60 months, Beginning, December 1, 2024 – Ending, November 30, 2029

**Maximum Totals:**

| OLD Monthly Cost | OLD Annual Cost | OLD Total Term Cost |
|---|---|---|
| $62,365 | $748,376 | $3,741,879 |
| **NEW Monthly Cost NTE** | **NEW Annual Cost NTE** | **NEW Total Term Cost NTE** |
| $63,586 | $763,030 | $3,815,150 |

**Description of Services/Supplies:**

- Service Contract on 2 - CT scanners
- Service Contract on - UPS
- Service Contract on - 2 Cardiac Cath Lab
- Service Contract 3T MRI, 12 months - post installation
- Includes maintenance for 3T MRI, after installation - to be paid after installation

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

**Person responsible for oversight of agreement:** Eva England-Sr. Director - Ancillary Services

**Motion:**
I move that the TCHD Board of Directors authorize the agreement with G.E. Healthcare Service for service repairs for a term of 60 months, beginning, December 1, 2024 and ending November 30, 2029, for an annual cost of $763,030, and a total term cost of $3,815,150.

Tri-City Medical Center

**TCHD BOARD OF DIRCTORS**
**DATE OF MEETING: December 12, 2024**
**JOINT MARKETING AGREEMENT - CARDIOLOGY**

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

**Vendor's Name:** Heart Care Associates, Tri-City Cardiology and Arrhythmia Services and Sherev Heart & Vascular Clinic

**Area of Service:** Cardiology

**Term of Agreement:** 12 months, Beginning, January 1, 2025 – Ending, December 31, 2025

**Maximum Totals:** Within Hourly and/or Annualized Fair Market Value: YES
No increase in expense

| | **Total Term Cost** |
|---|---|
| Joint Marketing | $30,000 |

**Description of Services/Supplies:**

- The Parties desire to share the cost of the development of the Promotional Materials, in accordance with terms and condition of this agreement and pursuant to provisions allowed under Stark exceptions, Fed. Reg. Vol. 69 No. 59, Friday March 26, 2004, 16113; 42 CFR section 411.357 (i), and at Fair Market Value
- The Parties desire to jointly develop promotional materials
- This Agreement does not violate the federal health care program anti-kickback statute, 42 U.S.C. § 1320a-7b(b), or any federal or state law or regulation

| | | | | |
|---|---|---|---|---|
| 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:** Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

**Motion:**

I move that the TCHD Board of Directors approve the Joint Marketing-Cardiology agreement between Tri-City Healthcare District and Heart Care Associates, Tri-City Cardiology and Arrhythmia Services and Sherev Heart & Vascular Clinic for a term of 12 months, beginning January 1, 2025 and ending December 31, 2025, with a total term cost of $30,000.

Tri-City Medical Center

**TCHD BOARD OF DIRECTORS**
**DATE OF MEETING: December 12, 2024**
**Radiology Professional Services Agreement**

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

**Physician Group Name:** Valley Radiology Medical Group Inc. (VRC)

**Area of Service:** For Orthopedic Specialist of North County - OSNC – Radiology Imaging Interpretations

**Term of Agreement:** 12 months, Beginning November 22, 2024 – Ending November 21, 2025

**Maximum Totals:** Within Annualized Fair Market Value: YES

| Service | Total Term Cost |
|---|---|
| Comprehensive Radiology Imaging Reading Services/Interpretations | |
| MRI Reads - $70 - XRAY Reads - $15 (Per Body Part) | $15,000/month est. |
| **Totals** | $180,000 estimate |

**Description of Services/Supplies:**

- Comprehensive radiology imaging reads for MRI and X-Ray to support OSNC clinics
- Payment only made based on actual volume

| | | | | |
|---|---|---|---|---|
| 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:** Jeremy Raimo, Chief Operating Officer

**Motion:**

I move that the TCHD Board of Directors authorize the Professional Services Agreement with Valley Radiology Medical Group, Inc. for a term of 12 months, beginning November 22, 2024, and ending November 21, 2025, at an annual and total term cost not to exceed $180,000 for radiology interpretations to support the clinics of Orthopedic Specialists of North County.

Tri-City Medical Center

**TCHD BOARD OF DIRCTORS**
**DATE OF MEETING: December 12, 2024**
**LABOORATORY TESTING SUPPLIES & CONSUMABLES PRICING AGREEMENT**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Type of Agreement** | | Medical Director | | Panel | X | Other: Testing Supplies & Consumables |
| **Status of Agreement** | | New Agreement | X | Renewal – New Rates | | Renewal – Same Rates |

**Vendor's Name:** Cepheid, Inc.

**Area of Service:** Laboratory – Microbiology

**Term of Agreement:** 48 months, Beginning, January 1, 2025 – Ending, December 31, 2028

**Maximum Totals:**

| Monthly Cost | Annual Cost | Total Term Cost |
|---|---|---|
| $25,000 | $300,000 | $1,200,000 |

**Description of Services/Supplies:**

- This agreement is to purchase the test cartridges and related consumables for the tests performed.
- The Cepheid GeneXpert is an advanced molecular testing platform that automates sample extraction, PCR amplification, and detection.
- Efficiency: It requires minimal hands-on time, allowing lab staff to focus on other tasks. Its random-access testing capability significantly shortens turnaround times, delivering results faster than batch testing.
- Closed-Cartridge Technology: This feature reduces contamination risks between patient samples, ensuring accurate tests.
- The instrumentation is interfaced to Cerner to provide timely reporting of test results.
- The laboratory performs the following molecular test panels on the Cepheid GeneXpert Equipment:
  - MRSA Screen on Nasal Swabs
  - C. diff Testing
  - Chlamydia/Gonorrhea Testing
  - Respiratory Virus Quad Plex (COVID-19, Flu A, Flu B, & RSV)

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

**Person responsible for oversight of agreement:** Tara Eagle, Asst. Director-Lab Services / Eva England, Sr. Director-Ancillary Services

**Motion:**
I move that the TCHD Board of Directors authorize the agreement with Cepheid, Inc. for laboratory testing supplies & consumables for a term of 48 months, beginning January 1, 2025 and ending December 31, 2028, for an annual cost of $300,000 and a total cost for the term of $1,200,000.

Tri-City Medical Center

**TCHD BOARD OF DIRECTORS**
**DATE OF MEETING: December 12, 2024**
**PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE: SURGICAL HOSPITALIST PROGRAM**

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

**Physician's Names:** Coastal Surgeons

**Area of Service:** Surgical Hospitalist for all Acute Care Service Units

**Term of Agreement:** 24 months, Beginning, December 1, 2024 – Ending November 30, 2026

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

| Rate/Day | Annual Cost | Total Term Cost |
|---|---|---|
| $2,900 | $1,058,500 | $2,117,000 |

**Position Responsibilities:**

- Provide 24/7 patient coverage for a hospital-based, Surgical Hospitalist program otherwise referred to as a General Surgicalist to consult, manage, and treat all general surgical needs, including but not limited to primary management of soft tissue and deep space infections requiring surgical evaluation.
- Provide both inpatient and outpatient follow-up of all general surgical cases managed at Tri-City by the General Surgicalist Program.
- Coordinate surgical care across all specialties including emergency medicine, hospital medicine, and subspecialty care.
- Dedicate a medical director to oversee the success of the program, integration into hospital services, and to coordinate quality of care initiatives with the hospital quality department to achieve benchmarked quality outcomes.

| | | | | |
|---|---|---|---|---|
| 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:** Gene Ma, M.D., Chief Executive Officer / Jeremy Raimo, COO

**Motion:** I move that the TCHD Board of Directors approve the renewal of the agreement with Coastal Surgeons, a California Medical Corporation, to provide a comprehensive general surgicalist program for a term of 24 months, beginning December 1, 2024, and ending November 30, 2026, at a daily rate of $2,900, for an annual cost of $1,058,500 and a total term cost of $2,117,000.

Tri-City Medical Center

**TCHD BOARD OF DIRECTORS**
**DATE OF MEETING: December 12, 2024**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Type of Agreement** | | Medical Director | | Panel | X | Other: Addendum #4 |
| **Status of Agreement** | | New Agreement | | Renewal – New Rates | | Renewal – Same Rates |

**Vendor's Name:** New Ultimate Billing

**Area of Service:** Billing and Collections for Ambulatory Clinics (Primary Care, Urology, Pulmonology)

**Term of Agreement:** 36 months, Beginning, April 1, 2025 – March 31, 2028

**Maximum Totals:**

| Monthly Cost | Annual Cost | Total Term Cost |
|---|---|---|
| $34,668 | $416,016 | $1,248,048 |

**Description of Services/Supplies:**

- Revenue Cycle Management services to add Urology San Diego, Pulmonary Specialists of North County, and Tri-City Primary Care
- Coding and Billing for claims
- Client Service call center- to respond to patient account inquires

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

**Person responsible for oversight of agreement:** Jeremy Raimo, COO; Deanine Dolphin, Billing/Collections Manager Clinics

**Motion:**
I move that Tri-City Healthcare District Board (TCHD) of Directors authorize the addendum to the master agreement between TCHD and New Ultimate Billing for revenue cycle management for ambulatory clinics for a term of 36 months beginning April 1, 2025 and ending March 31, 2028 for an annual cost of $416,016 and a total cost for the term of $1,248,048.

Tri-City Medical Center

# ADMINISTRATION CONSENT AGENDA
## December 3rd, 2024

**CONTACT: Donald Dawkins, CNE**

| Policies and Procedures | Reason | Recommendations |
|---|---|---|
| **Patient Care Services** | | |
| 1. Family Centered Care - Pediatrics/ Adolescents | 3 year review | Forward to BOD for Approval |
| 2. Intracranial Pressure ICP Monitoring External Ventricular Drain EVD Care of | 3 year review | Forward to BOD for Approval |
| 3. Pre, Intra and Post Operative Assessment of Fetal Heart Rate and Uterine Activity for Non-Obstetric Procedure/Surgery | RETIRE | Forward to BOD for Approval |
| 4. Vaginal Packing Removal for Gyn and-or Urological Surgery Patients Procedure | 3 year review, practice change | Forward to BOD for Approval |
| **Intensive Care Unit** | | |
| 1. Epicardial Pacing Wires Procedure | RETIRE | Forward to BOD for Approval |
| | | |

Tri-City Medical Center
Oceanside, California

**PATIENT CARE SERVICES**

| | | | |
|---|---|---|---|
| **ISSUE DATE:** | **08/07** | **SUBJECT:** | **Family Centered Care – Pediatrics/Adolescents** |
| **REVISION DATE:** | **01/08, 04/09; 06/11; 08/14, 01/18, 08/21** | | |

| | |
|---|---|
| **Department Approval:** | **~~09/20~~06/24** |
| **Clinical Policies & Procedures Committee Approval:** | **~~10/20~~08/24** |
| **Nursing Leadership Approval:** | **~~12/20~~09/24** |
| **Department of Pediatrics Approval:** | **~~05/21~~ n/a** |
| **Medical Executive Committee Approval:** | **n/a** |
| **Administration Approval:** | **~~08/21~~12/24** |
| **Professional Affairs Committee Approval:** | **n/a** |
| **Board of Directors Approval:** | **08/21** |

**A. PURPOSE:**

1. Create a healing relationship with families at all levels of care that focuses on the developmental, physical, and social needs of the patient and family.

**B. DEFINITION(S):**

1. Family Centered Hospital: Families are involved in and empowered to care for their children's well-being. Family-centered care designates the family as the key decision-maker. To aid parents in making appropriate decisions, healthcare professionals collaborate and share information with families on an ongoing basis.
2. Adolescent population is defined as ages 14 through 20.

**C. POLICY:**

1. All members of the health care team are responsible for the promotion of family centered care.
2. To achieve family-centered care:
   a. Tri-City Healthcare District (TCHD) respects families and their pivotal role in promoting the well-being of their children.
   b. TCHD recognizes families as the constant factor in the life of the child and the family as an intrinsic part of the health care team.
   c. TCHD recognizes that service systems and personnel are episodic.
   d. Families may collaborate with staff to guide decisions regarding care patterns and day-to-day activities.
3. Relationships between families and healthcare providers are fostered by encouraging family members to participate in the direct care of the child and participate in decision-making regarding the child's care.
4. Healthcare team members make families feel comfortable both physically and emotionally throughout their Pediatric/Adolescent experience, and nurture their role as principal caregivers.
5. Hospital staff/personnel are educated on the benefits of enhanced family interaction to ensure optimal physical care and emotional outcomes for our hospitalized children and their families.

**D. FAMILY INVOLVEMENT:**

1. Collaboration and sharing information with families is ongoing. Families will be provided with accessible support services that may include educational, ethical, financial, and community resources.

## E. PROCEDURE:

1. Physical Accommodations and Family Resources:
   a. Provide maps with directions to hospital and information about alternative transportation options, parking provisions, and hospital entry access to facilitate visitation.
2. Provide hospital/unit orientation as appropriate to include:
   a. Printed information regarding family participation in care
   b. Visiting policy
   c. Telephone calls by parents if unable to be at the bedside
   d. Support services
   e. Food service
   f. Automated Teller Machine (ATM)
3. A private space shall be provided for families to meet with caregivers for consultation or family discussions.
4. Healthcare personnel are welcoming and reassuring to each family member that visits. Opportunities that reinforce the importance of the family's role in the care of their child/adolescent are encouraged and provided. Opportunities are provided for families to ask questions about their pediatric/adolescent experience and share concerns that may arise.

## F. FAMILY INVOLVEMENT/ATTACHMENT:

1. Encourage parents to participate in all aspects of the patient's care. Elicit their perception of goals and needs.
2. Parents are treated as full members of the health care team.
3. Continual, open and honest communication about medical, psychosocial and ethical issues relevant to the child and family are fostered.
4. Family members may stay with patients as appropriate.
5. Provide information on what parents may expect during procedures and encourage participation when possible.
6. Inform families of patient's/parent's rights and responsibilities.
7. Provide explanations and access to educational materials concerning the child's medical and nursing care.
8. The roles and activities of participating disciplines and the parents are incorporated into the plan of care.
9. Staff shall encourage families to read and educate themselves regarding their child's medical condition.
10. Families are encouraged to become actively involved in the preparation for discharge.
    a. Parents are encouraged and informed of the process available to provide feedback through hospital survey as well as the follow-up telephone survey.

## G. REFERENCE(S):

1. Byczkowski, Terri, et al. (2016). Family-Centered Pediatric Emergency Care. *Academic Pediatrics*, 16 (4) pp. 327-35.
2. ~~Lewandowski, L., Tesler, Mary D. (2003). Family-Centered Care: Putting It Into Action. The SPN/ANA Guide to Family -Centered Care.~~
3. 2. Smith, Joanna, et al. (2015). Involving Parents in Managing Their Child's Long-Term Condition – A Concept Synthesis of Family-Centered Care and Partnership-In-Care. *Journal of Pediatric Nursing*, 30 (1), pp. 143-59.
4. 3. Delbanco, T., & Aronson, M. (2020, March). A patient-centered view of the clinical-patient relationship. In *UpToDate*. Retrieved from https://www.uptodate.com/contents/a-patient-centered-view-of-the-clinician-patient-relationship/print?search=family%20centered%20care&source=search_result&selectedTitle=1~150&usage_type=default&displa

| Tri-City Medical Center | Patient Care Services |
|---|---|
| **PROCEDURE:** | **INTRACRANIAL PRESSURE (ICP) MONITORING: EXTERNAL VENTRICULAR DRAIN (EVD), CARE OF** |
| Purpose: | To assist staff in caring for the patient with intracranial pressure monitoring with an external ventricular drain. An external ventricular drain is a drain inserted into the ventricular space of the brain for measuring intracranial pressure and cerebrospinal fluid (CSF) drainage. |
| Supportive Data: | Intracranial pressure monitoring is a specific procedure, which differs from any other type of neurological drain used within the care system currently and requires specific knowledge. |
| Equipment: | Betadine swab sticks<br>Personal protective equipment (PPE): gloves, caps, masks, eye protection or face shields, sterile gloves, sterile gowns<br>Sterile gauze (10-pack 4x4s)<br>Intracranial access tray with drill<br>External drainage system, including tubing, drip chamber, and drainage bag<br>Ventricular catheter<br>Transducer (without manual flush device attached)<br>Preservative-free sterile normal saline in 10mL syringes<br>Blue microclave<br>Hair clippers (if hair clipping is required before EVD placement<br>Local anesthetic<br>Sedation agents (if needed)<br>Intravenous (IV) access device<br>Equipment pole<br>Leveling device<br>Monitoring cables<br>Sterile dressing<br>Sterile towels<br>Sterile drapes<br>Suction equipment<br>CSF specimen tubes (for collection of CSF)<br>Sterile 10mL luer lock syringe (for collection of CSF) |
| Issue Date: | 07/19 |

A. **DEFINITIONS:**

1. Glasgow Coma Scale: a neurologic scale used to reliably and objectively assess the conscious state of a person.
2. Cerebral Perfusion Pressure (CPP): the difference between the mean arterial pressure (MAP) and the ICP, representing the pressure gradient driving cerebral blood flow. CPP = MAP – ICP.
3. Ventricle: one of four connected fluid-filled cavities in the center of the brain.

B. **POLICY**

1. An external ventricular drain and a comprehensive neurological assessment shall be performed every one (1) hour, or per physician orders, including:
   a. Glasgow Coma Scale
   b. Insertion site, including redness, skin integrity, signs/symptoms of infection, signs of CSF leakage.

| Patient care Services Content Expert | Clinical Policies & Procedures Committee | Nursing Leadership | Division of Neurosurgery | Pharmacy & Therapeutics Committee | Medical Executive Committee | Administration | Professional Affairs Committee | Board of Directors |
|---|---|---|---|---|---|---|---|---|
| 02/18, 04/24 | 04/18, 04/24 | 04/18, 06/24 | 03/19, 09/24 | n/a | 06/19, 11/24 | 07/19, 12/24 | n/a | 08/19 |

c. Quality (color and clarity) and quantity of CSF drainage, and any changes from previous assessment.

2. Notify neurosurgeon for signs/symptoms of infection, meningeal irritation, absence of CSF fluid drainage, suspected drainage obstruction, damp dressing suggestive of CSF leakage, or change in baseline neurological status (i.e. cognition, motor, sensory, level of consciousness, or focal deficit).
3. Minimize noxious stimuli, such as loud noises, bright lights, and jarring movements.
4. Monitor the patient for changes in ICP and CPP. Monitor patients with an increased ICP more frequently.
5. Monitor and record ICP and CPP hourly.
   a. Notify neurosurgeon of gradual or sudden increase in ICP with or without neurologic changes.
6. Assess and document ICP waveform tracing once every shift and when changes in the waveform occur.
   a. Assess for presence of P1, P2 and P3 waves.
   b. Notify neurosurgeon of change or loss in ICP waveform.
7. Monitor the patient for signs of infection.
8. Measure and record all drainage as part of intake and output. If the CSF is being continuously drained, record and monitor the output every hour.
9. Transducer will be level to Foramen of Monro (external auditory canal).
   a. Affix transducer to EVD zero point on drainage system.
10. Zero the transducer using aseptic technique when connections between the transducer and the monitoring cable are interrupted, connections between the monitoring cable and the monitor are interrupted, or values do not fit the clinical picture.
11. Height of CSF drainage chamber on EVD will be according to $CMH_20$ marking or per neurosurgeon order.
12. When changing the patient's position, take steps to keep the rate of CSF drainage consistent and prevent changes in ICP.
    a. Maintain the reference level of the EVD at the foramen of Monro.
    b. Ensure that the CSF drainage tubing is clamped during repositioning, nursing interventions, patient transport, and patient coughing or vomiting.
    c. Ensure that the prescribed pressure levels are maintained.
    d. Ensure that others do not change the position of the patient or the bed.
13. Check the system and insertion site for cracks, breaks, or openings in the system or fluid leaks every 4 hours.
14. Maintain the drainage system in an upright position.
15. The EVD drainage device will be open or clamped per MD orders. ICP is measured with EVD closed to the drain.
16. The drainage system will be temporarily clamped closed when level of the patient changes in relationship to device. This includes during patient transport and when the patient is being moved from one surface to another.
17. Set the alarm parameters based on the ICP and CPP goals established by the neurosurgeon.
18. Change the dressing only as ordered by neurosurgeon.
19. Change the collection bag when it is 2/3 full, using aseptic technique and after performing hand hygiene and donning a mask and sterile gloves.
20. CSF sampling from the EVD will ONLY be done with physician order, and sample will be obtained from sampling port below drainage drip chamber.
21. Only the neurosurgeon may remove/discontinue the EVD.

C. **PROCEDURE:**

1. Assembling the EVD System
   a. Perform hand hygiene and don PPE (gloves, cap, and mask).
   b. After opening the outer packaging of the supplies, remove gloves, perform hand hygiene, and don sterile gloves.

c. Hang EVD system on equipment pole, secure EVD system to equipment pole by tightening securement clamp.
d. Ensure that all tubing connections remain sterile, and tighten all connections. Do not force connections.
e. Remove vented air cap from end of transducer and attach syringe filled with sterile, preservative-free normal saline. Slowly flush the transducer stopcock, tubing and drainage system using aseptic technique. Turn the stopcocks as needed to prime the entire system, including the chamber.
    i. Ensure that the fluid completely fills the tubing.
    ii. Observe whether droplets exit the tubing and whether bubbles are present.
    iii. Replace distal stopcock vented air cap with sterile blue non-vented cap.
    iv. Turn transducer stopcock to off position (perpendicular to direction of fluid flow).
    v. Remove the syringe and replace with a new sterile saline flush syringe (physician may request additional flushing of system prior to connection to ventricular catheter
    vi. Turn transducer stopcock to open position (parallel to fluid flow).
    vii. Stopcock (where transducer and drainage tubing meet) should remain off to drainage chamber until after connection to ventricular catheter (unless otherwise ordered).
f. Flush distal CSF sampling port with syringe filled with sterile, preservative-free normal saline
    i. Ensure distal stopcock is in neutral positon
    ii. Clamp white slide clamp above CSF sampling port
    iii. Cleanse CSF sampling port with alcohol swab
    iv. Attach syringe filled with sterile, preservative-free normal saline and flush distal segment of tubing.
    v. Remove syringe and place port protector on CSF sampling port.
    vi. Unclamp white slide clamp above CSF sampling port.
g. Connect the monitor cable to the EVD transducer.
h. Zero the transducer.
i. Ensure stopcocks to drain chamber and drain bag are turned from the neutral position to the off position.
j. After aseptic preparation of the tubing, ensure that the external flush and drainage system remains sterile while the practitioner inserts the EVD. Label the pressure tubing, indicating the date and time and initial it.

2. Zeroing transducer
    a. Perform hand hygiene.
    b. Place the patient in the supine position with his or her head and neck in the neutral position and the head of the bed elevated 30 degrees or as prescribed.
    c. Ensure that the transducer is placed at the level of the foramen of Monro (approximately at the level of the external auditory meatus, which represents a point of communication between the third and lateral ventricles).
        i. Mark the spot used to level the transducer with a surgical marker to ensure consistency in ICP measuring.
        ii. Ensure that the drip chamber is set to the prescribed pressure level above the foramen of Monro.
        iii. Height of CSF drainage chamber will be according to MD order per CM H20 marking.
        iv. Ensure that the drip chamber is set to the prescribed pressure level.
        v. When adjusting the height of the CSF drainage chamber, ensure that the drainage stopcock is off to the patient.
    d. Turn the transducer stopcock off to the patient.
    e. While maintaining aseptic technique, remove the syringe (if pre-insertion) or non-vented cap (post-insertion) from the distal end of the transducer to open the transducer to air.

f. Zero the monitor per the manufacturer's instructions. Observe the digital reading until it displays a value of zero.
g. Replace sterile, preservative-free normal saline syringe (pre-insertion) or a new, sterile, non-vented cap (post-insertion) on the transducer stopcock.
h. Turn the stopcocks so the system is open to the transducer.
i. Evaluate the waveform and ICP and compare them to previous findings.
j. Discard supplies and perform hand hygiene.
k. Document the procedure in the patient's record.

3. Assisting with EVD Insertion
   a. Perform hand hygiene and don gloves.
   b. Comply with Universal Protocol: Perform a time-out to verify correct patient, correct site, and correct procedure.
   c. Maintain aseptic technique when handling the transducer tubing and external drainage system during EVD insertion.
   d. Ensure that the patient is in position for ventricular catheter placement.
      i. Assist as needed to immobilize the patient's head during insertion to prevent movement.
   e. Assist the neurosurgeon as directed with antiseptic preparation of the insertion site, as needed.
      i. Area shall be prepped with betadine or betadine/alcohol solution.
      ii. Allow the solution to dry completely.
      iii. Chlorhexidine should not be used on the EVD insertion site.
   f. Ensure that all health care personnel near the patient perform hand hygiene and don PPE (sterile gloves, sterile gown, surgical cap, mask, and eye protection) to prevent cross contamination.
   g. Assist the neurosurgeon as directed with draping the insertion site with sterile drapes.
   h. Assist the neurosurgeon as directed with EVD insertion.
      i. If using Fiberoptic ventricular catheter, zero the catheter when ordered and record the three digit reference number.
         1) Fiberoptic catheters are zeroed only ONCE before insertion.
   i. After the EVD is inserted and CSF flow is ensured, assist the neurosurgeon with attaching the distal end of the drainage system to the catheter using aseptic technique.
      i. Record the ICP value and waveform after insertion.
   j. Assist the neurosurgeon with applying a sterile dressing. Label the dressing with date and time of application. Secure the catheter to minimize manipulation and the risk of inadvertent removal.
      i. Benzoin or skin prep may be used around the site to assist with dressing adherence.
   k. Label the tubing at the connection site closest to the patient and at the connection site closest to the source when there are different access sites or several bags. Labeling will reduce the chance of misconnection, especially in circumstances where multiple IV lines or devices are in use.
   l. Trace tubing or catheter from the patient to point of origin
      i. Before connecting or reconnecting any device or infusion,
      ii. At any transition (e.g., new setting), and
      iii. As part of the hand-off process.
   m. Do not force connections.
   n. Assess the patient's neurologic status during the insertion procedure.
   o. Check vital signs immediately after making any connection.
   p. Discard supplies, remove PPE, and perform hand hygiene.
   q. Document the procedure in the patient's record.

4. Monitoring/Documenting ICP
   a. Perform hand hygiene.

b. Place the patient in the supine position with his or her head and neck in the neutral position and the head of the bed elevated 30 degrees or as prescribed.
c. Ensure that the external transducer is level with the foramen of Monro before determining the ICP.
d. If continuous ventricular drainage is ordered, turn the distal stopcock off to the collection system to stop CSF drainage to view the ICP waveform on the monitor, and for greatest accuracy.
    i. Carefully monitor the patient for neurologic deterioration when CSF is not draining continuously.
    ii. Allow ICP reading to stabilize for thirty seconds to one minute before recording ICP.
    iii. If ICP continues to uptrend after being clamped to EVD drainage bag for over one minute, notify neurosurgeon immediately and perform a neurological assessment.
e. Monitor and record the ICP value and observe the waveform characteristics.
f. If continuous ventricular drainage is ordered, turn the distal stopcock to original position to resume ventricular drainage.
g. Calculate the CPP.
h. Assess ICP waveform trends.
i. Perform hand hygiene.
j. Document the procedure in the patient's record.

5. Draining CSF from the EVD
    a. Perform hand hygiene.
    b. Verify the correct patient using two identifiers.
    c. Explain the procedure to the patient and ensure that he or she agrees to treatment.
    d. Ensure that the height of the drip chamber is at the prescribed level.
        i. When adjusting the height of the pressure level, ensure that the drain stopcock is off to the patient.
    e. Ensure that the clamps between the drip chamber and the EVD collection bag are closed.
    f. Check the CSF drainage and ICP monitoring orders.
        i. If intermittent drainage is ordered, check the ICP value to determine if the ordered parameter is met. If it is met,
            1) Turn the distal stopcock of the transducer tubing off to the transducer.
            2) Alternately open and close the drainage stopcock between the ventricular catheter and the drip chamber, allowing a small amount of CSF to drain with each opening; observe the ICP.
        ii. If continuous drainage is ordered, open the drainage stopcock between the ventricular catheter and the drip chamber to both the transducer and the drip chamber, allowing CSF to drain. Monitor the patient for signs of increased ICP and overdrainage or underdrainage.
    g. When drainage is completed, turn the distal stopcock off to the EVD system; observe the amount drained and the ICP value and waveform characteristics.
        i. If the patient's CSF is being continuously drained, turn stopcock off to drain and record ICP value and the amount of drainage every hour.
    h. Observe the color and clarity of the CSF drainage.
    i. Perform hand hygiene.

6. Sampling CSF from the EVD
    a. Verify orders for CSF sampling.
    b. Perform hand hygiene and don sterile gloves, mask, and eye protection or face shield.
    c. Verify the correct patient using two identifiers.
    d. Explain the procedure to the patient
    e. Assess ICP and ICP waveform prior to collection procedure.

f. CSF testing may include glucose, cell count, protein, culture and sensitivity, and Gram stain. If a comparison of serum glucose and CSF glucose is prescribed, obtain the serum glucose sample and the CSF sample at the same time.
g. Trace tubing or catheter from the patient to point of origin (1) before connecting or reconnecting any device or infusion, (2) at any transition (e.g., new setting), and (3) as part of the hand-off process.
h. Drain contents of the EVD drainage chamber and allow for accumulation of CSF fluid.
    i. Ensure there is an adequate volume of CSF drainage in the drip chamber for sampling.
i. Turn the transducer/drainage stopcock off to the drain before drawing a sample (this prevents negative pressure being exerted on the brain while the sample is being retrieved). Monitor the patient for ICP changes while the tubing is clamped.
j. Cleanse the CSF sampling port (microclave) below the EVD drip chamber with Betadine swabs, scrubbing for 3 minutes. Do NOT use alcohol or CHG. Allow the solution to dry.
k. Turn the distal stopcock below the drip chamber off to the collection bag (down).
l. Attach the 10 mL sterile syringe to microclave sampling port and slowly withdraw the ordered sample volume.
m. Aseptically remove blue screw top from specimen tube(s) and transfer the CSF to the specimen tube(s). Replace blue cap on specimen tube(s).
n. Turn the stopcocks to resume monitoring or drainage as prescribed.
o. In the presence of the patient, label each specimen with patient label, your Cerner login, date, time, and source of specimen ("CSF").
p. Prepare each specimen for transport.
    i. Place the labeled specimen in a biohazard bag.
    ii. If the specimen requires ice for transport, place the specimen in a biohazard bag, and then place the bag with the specimen into a second biohazard bag filled with ice slurry.
q. Reassess patient, ICP and ICP waveform.
r. Notify Neurosurgeon of any changes from pre-sample baseline.
s. Discard supplies, remove PPE, and perform hand hygiene.
t. Immediately transport each specimen to the laboratory. Do NOT send specimen via tube transport system.
u. Document the procedure in the patient's record.

7. Removal of EVD
    a. Only MD may remove ventric catheter

D. **REFERENCES:**

1. American Association of Neuroscience Nurses (AANN). (2011). *AANN clinical practice guideline series: Care of the patient undergoing intracranial pressure monitoring/external ventricular drainage or lumbar drainage*. Glenview, IL: AANN.
2. Brain Trauma Foundation and others. (2016). Section 17: Cerebral perfusion pressure thresholds. In Guidelines for the management of severe traumatic brain injury (4th ed., pp. 181-190). Retrieved November 6, 2017, from https://braintrauma.org/uploads/13/06/Guidelines_for_Management_of_Severe_TBI_4th_Edition.pdf
3. Burke, D.M. (2016). Chapter 17: Neurologic clinical assessment and diagnostic procedures. In L.D. Urden, K.M. Stacy, M.E. Lough (Eds.), *Priorities in critical care nursing* (7th ed., pp. 331-349). St. Louis: Mosby.
4. Connolly, E.S. et. al.. (2012). Guidelines for the management of aneurysmal subarachnoid hemorrhage: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*, 43(6), 1711-1737. doi:10.1161/STR.0b013e3182587839
5. Hebl JR. (July-August 2006). The Importance and Implications of Aseptic Techniques During Regional Anesthesia. Regional Anesthesia and Pain Medicine. 31(4). 311-323

6. Joint Commission, The. (2014). Sentinel event alert 53: Managing risk during transition to new ISO tubing connector standards. Retrieved November 6, 2017, from http://www.jointcommission.org/assets/1/6/SEA_53_Connectors_8_19_14_final.pdf
7. Perez-Barcena, J., Llompart-Pou, J.A., O'Phelan, K.H. (2014). Intracranial pressure monitoring and management of intracranial hypertension. *Critical Care Clinics*, 30(4), 735-750. doi:10.1016/j.ccc.2014.06.005
8. Wiegand, D.L. (Ed.). (2017). *AACN procedure manual for high acuity, progressive, and critical care* (7th ed.). St. Louis: Elsevier.

| Tri-City Medical Center | Patient | RETIRE – WNS services suspended, ED pateints will be transferred to appropriate facility |
|---|---|---|

| | |
|---|---|
| **PROCEDURE:** | **PRE, INTRA AND POST OPERATIVE ASSESSMENT OF FETAL HEART RATE AND UTERINE ACTIVITY FOR NON-OBSTETRIC PROCEDURE/SURGERY** |
| ~~Purpose:~~ | ~~To outline the nursing management and assessment practices regarding fetal heart rate and uterine activity monitoring for gravid, non-obstetric surgical patient in the pre, intra and post-operative periods.~~ |
| ~~Supportive Data:~~ | ~~Improvements in surgical techniques and anesthesia permit surgical interventions during pregnancy. The ideal time for surgery in the antenatal period is the second trimester (14 to 26 weeks gestation). Teratogenicity for spontaneous abortion is a potential complication of surgery during the first trimester; preterm labor is a more common potential complication of the third trimester, secondary to increased uterine to endogenous uterotonic agents (e.g. oxytocin). At a minimum pregnant women who are 24 or more weeks of gestation shall have electronic fetal heart rate and contraction monitoring performed before and after the procedure to assess fetal well-being and the absence of contractions.~~ |
| ~~Equipment:~~ | ~~1. Portable external fetal monitor with external ultrasound and tocodynamometer.~~<br>~~2. Conductive gel~~<br>~~3. Labor and Delivery Charge Sheet~~<br>~~4.1. Initial Fetal Monitor Strip Label~~ |
| ~~Personnel:~~ | ~~1. A skilled obstetric nurse who can interpret the results shall perform all external fetal heart rate and uterine activity monitoring..~~<br>~~2.1. The Labor and Delivery Charge Nurse will work with the patient's physician, main Operating Room (OR) and Post Anesthesia Care Unit (PACU) to coordinate obstetrical monitoring.~~ |

## ~~A. PRE-OPERATIVE:~~

~~1. All pregnant patients undergoing a non-obstetric surgical procedure require an obstetric consult, including emergencies when possible~~

~~2. For patients who are between 14 and less than 24 weeks gestation, fetal heart tones (FHTs) shall be obtained and documented both pre- and post-operatively.~~

~~3. For patients 24 weeks and greater, obtaining a 20 – 30 minute electronic fetal heart rate (FHR) and uterine activity monitoring strip is recommended prior to the induction of anesthesia.~~
~~a. If the surgical procedure is an emergency,obtaining FHTs is acceptable.~~

~~4. It is the responsibility of the operating surgeon/clinic staff to inform the OR scheduling staff that the patient is pregnant and ensure an obstetrical consult is identified and available.~~
~~a. If the patient's obstetrician is not on staff or unavailable, the surgeon should consult with the obstetrician on "unassigned call."~~

~~5. Staff responsible for scheduling surgeries and preadmission testing should notify the Labor and Delivery (L&D) charge nurse of the patient's monitoring requirements, at the earliest possible convenience so a L&D nurse can be available.~~
~~a. Notification should occur at least 24 hours prior to elective surgeryand as soon as possible for urgent/emergency surgery.~~

~~6. L&D unit shall supply the monitoring equipment and qualified nursing staff to perform the external fetal monitoring.~~

~~7. The L&D nurse shall notify the obstetrician consulted of any FHR and/or uterine activity concerns.~~

~~8. The obstetrician consulted should notify the neonatologist of an impending surgery for a patient carrying a potentially viable fetus.~~

| Review / Revision Date | Clinical Policies & Procedures | Nursing Leadership | Department of OB/GYN | Operating Room Commitee | Medical Executive Committee | Administration | Professional Affairs Committee | Board of Directors Approval |
|---|---|---|---|---|---|---|---|---|
| 7/03, 2/06, 12/08, 4/09, 2/10, 04/15, 02/20, **04/24** | 04/10, 05/15, 03/20, **04/24** | 05/10, 05/15, 04/20, **06/24** | 12/15, 06/21 | 02/16, 02/22 | 05/10; 02/16, 03/22, **11/24** | 04/22, **12/24** | 06/10; 03/16, n/a | 06/10; 03/16, 04/22 |

9. If required by the obstetric consult physician, the OR should be prepared for an emergency cesarean delivery.
   a. Ensure , instrument tray, infant warmer and infant crash cart from L&D are available.
   b. Notify Neonatal Intensive Care Unit(NICU) shift supervisor/or designee of impending surgery and potentially viable fetus.
   c. Request NICU staff bring transport incubator if called to the OR for cesarean delivery.

**B. INTRAOPERATIVE:**

1. In select circumstances, continuous fetal monitoring may be considered, but is usually not possible.
   a. A provider with obstetrical priviledges must be available and willing to intervene during the surgical procedure for fetal indications.

**C. POSTOPERATIVE:**

1. For patients who are between 14 and less than 24 weeks gestation, fetal heart tones (FHTs) shall be obtained and documented post-operatively.
2. For patients 24 weeks and greater, continuous external FHR and uterine activity monitoring should begin in the Post-Anesthesia Care Unit (PACU) and continue until the patient has recovered from anesthesia or per provider order.
3. The L&D nurse shall observe the patient closely for contractions as increased uterine activity can occur after surgery.
   a. Notify attending obstetric physician for 3 or more contractions in 10 minutes or 6 or more contractions in 60 minutes.
   b. Notify the obstetrican for any FHR assessment concerns.
4. After discharge from PACU and admission to any unit, continuous or intermittent fetal monitoring may be ordered by the obstetrician.

**D. REFERENCES:**

1. American Academy of Pediatrics & American College of Obstetricians and Gynecologists. (2012). *Guidelines for perinatal care (7thh ed.)*.
2. Martin, E.J. (2009). *Intrapartum management modules* (3rd ed.). Lippincott, Williams, & Wilkins.
3. Tucker, S.M., Miller, L.A., & Miller, D.A. (2009). *Fetal monitoring and assessment* (5th ed.). Mosby Elsevier.
4. American Society of Anesthesiologists (2009). Statement on Non-Obstetric Surgery During Pregnancy.
5. Sviggium, H. (2020). Anesthesia for nonobstretric surgery during pregnancy. *UpToDate*. Wolters Kluwer. Retrieved from https://www-uptodate-com.ezproxy.liberty.edu/contents/anesthesia-for-nonobstetric-surgery-during-pregnancy?search=anesthesia%20for%20non%20obstetric%20surgery%20during%20pregnancy&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
6. Norwitz, E., Park, S. J. (2020). Nonobstetric surgery in pregnant patients: Patient counseling, surgical considerations, and obstetric management. *UpToDate*. WoltersKluwer. Retrieved from https://www-uptodate-com.ezproxy.liberty.edu/contents/nonobstetric-surgery-in-pregnant-patients-patient-counseling-surgical-considerations-and-obstetric-management?search=non%20obstetric%20surgery%20in%20pregnant%20patients&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
7. ACOG Committee Opinion No. 775. *Obstetrics & Gynecology*, vol. 133, no. 4, April 2019, pp. e285–e286. doi: 10.1097/AOG.0000000000003174.

| Tri-City Medical Center | Patient Care Services |
|---|---|
| **PROCEDURE:** | **VAGINAL PACKING REMOVAL FOR GYN AND/OR UROLOGICAL SURGERY PATIENTS** |
| Purpose: | To outline nursing responsibilities in the removal of vaginal packing, to completely remove vaginal packing while preventing unnecessary trauma and minimizing discomfort to the patient. |
| Supportive Data: | Packing may be used in fistulas or other abnormally created cavities to support and stent the vagina, absorb postoperative drainage, or aid in hemostasis. Packing removal promotes healing and adds to patient comfort. It is recommended that the vaginal packing be carefully removed 1-2 days post-operatively, per physician/Allied Health Provider (AHP) order. |
| Equipment: | Non-sterile gloves<br>Small red biohazard bag<br>Perineal pad (i.e., "peri pad")<br>0.9% sodium chloride for irrigation<br>60mL irrigating syringe<br>Non-sterile plastic backed incontinence pad (i.e., "Chux") |

A. **PROCEDURE:**

1. Confirm physician/AHP order for vaginal packing removal.
2. Confirm the number of vaginal packs left inside the patient with the OR Nursing Record or physician/AHP documentation.
3. Explain the procedure for removal of the vaginal packing to the patient and obtain verbal consent.
4. Consider analgesia before vaginal packing removal, per physician/AHP order.
5. Obtain a second nurse to assist with vaginal packing removal.
6. Ensure patient privacy.
7. Adjust patient's bed to an ergonomic height for the staff member who will remove the vaginal packing.
8. Perform hand hygiene and don non-sterile gloves.
9. Prepare a red bio-hazardous plastic bag for disposal.
10. Remove the patient's underwear to expose the perineum. Position the patient in a supine position with knees bent, feet flat on the bed and legs slightly apart. Place a linen protector (Chux) under patient's buttocks.
11. Remove the old perineal pad and discard. Note perineal pad contents for documentation. Remove dirty gloves.
12. Perform hand hygiene and don clean non-sterile gloves.
13. Separate the labia majora and labia minora to visualize the vaginal packing. Moisten the vaginal packing with a syringe filled with 0.9% sodium chloride.
14. Encourage the patient to relax and take a deep breath.
15. Firmly grasp the end of the vaginal packing and use slow and gentle motion to remove until entire packing is removed. If needed, continue to moisten the packing as it is removed. Note the patient's response. If met with resistance or not able to remove the entire vaginal packing, and/or frank bleeding is noted, place a peri pad over the area and notify the physician.
16. With the second nurse, confirm the integrity and entirety of the vaginal packing.
17. Discard the vaginal packing in the red biohazardous plastic bag. Remove dirty gloves.
18. Perform hand hygiene and don clean non-sterile gloves.
19. Perform perineal care and apply a new perineal pad.
20. Remove and discard Chux and gloves.
21. Perform hand hygiene and don clean non-sterile gloves.
22. Assist the patient to a comfortable position and lower the bed.

| Patient Care Services Content Expert | Clinical Policies & Procedures Committee | Nursing Leadership | Operating Room Committee | Pharmacy & Therapeutics Committee | Medical Executive Committee | Administration | Professional Affairs Committee | Board of Directors |
|---|---|---|---|---|---|---|---|---|
| 5/03; 5/09; 8/12; 04/18, 02/24 | 08/12; 05/18, 03/24 | 08/12; 05/18, 04/24 | 07/18, 09/24 | n/a | 09/12, 08/18, 11/24 | 10/18, 12/24 | 10/12, n/a | 11/12, 11/18 |

23. Advise the patient to rest in bed for at least 30 minutes before mobilizing to decrease the risk of fainting or hemorrhage.
24. Dispose of trash appropriately.
25. Monitor and assess for vaginal drainage every 4 hours x 2. Note number of peri pads saturated per hour. Keep vaginal area clean and dry.
26. Advise patient to notify nurse if any bleeding is noted, and to not discard the peri pads until they are seen by the nurse.
27. Notify physician/AHP for any purulent drainage, burning pain, or heavy bleeding (greater than or equal to one saturated pad per hour).

B. **DOCUMENTATION:**

1. Record the following in the patient's medical record:
   a. Removal of vaginal packing, including number of packing pieces removed.
   b. Patient's response to procedure.
   c. Any drainage and/or bleeding.
   d. Patient's tolerance of the procedure.

C. **REFERENCE(S):**

1. Rothrock, J. C. (2015). Alexander's Care of the Patient in Surgery (15th ed). St. Louis, MO: Elsevier.

| Tri-City Medical Center | Intensive Care Unit |
|---|---|
| **PROCEDURE:** | **EPICARDIAL PACING WIRES** |
| Purpose: | ~~To outline the nursing responsibilities for:~~<br>~~1. Dressing epicardial pacing wires sites~~<br>~~2. Attaching epicardial pacing wires to A-V sequential pulse generator~~<br>~~3. Assisting with removal of epicardical pacing wires~~<br>~~4.~~**1.** ~~Performing an atrial electrogram~~ |
| Supportive Data: | ~~Epicardial pacing wires are attached to the epicarduim during cardiac surgery. Two Teflon-coated, stainless steel wires may be implemented on the right atrium and brought out through the chest wall at the right subcostal area. Two wires are re-implanted on the right ventricle and brought out on the left sucostal area. Only trained staff are allowed to dress epicardial pacing wires and attach epicardial pacing wires to a pulse generator. Only physicians are allowed to remove epicardial wires. Licensed staff may assist with removal.~~ |
| Equipment: | ~~See sections below.~~ |

**RETIRE - merged PCS Procedure: Epicardial Pacing Wires**

~~A.~~ ~~**DRESSING EPICARDIAL PACING WIRES SITES:**~~

~~1. Equipment:~~
- ~~a. Disposable gloves~~
- ~~b. Two 2x2 gauze pads~~
- ~~c. Roll of plastic tape~~
- ~~d. Roll of silk or paper tape~~
- ~~e. 70% chlorhexidine gluconate and 30% alcohol or povidone iodine~~

~~2. Procedure:~~
- ~~a. Change epicardial pacing wire dressings every 72 hours, when soiled, or whenever the patient takes a shower.~~
- ~~b. Perform hand hygiene and don gloves~~
- ~~c. Cleanse each site with chlorhexidine/betadine.~~
- ~~d. Cover sites with 2x2 gauze pads.~~
- ~~e. Coil epicardial wires, place on top of dressing and secure to chest with silk or paper tape. Do not put tension on epicardial pacing wires when coiling them~~
- ~~f. Cover isolated epicardial wire ends with plastic tape folded with the end tabs.~~

~~B.~~ ~~**ATTACHING EPICARDIAL PACING WIRES TO A-V SEQUENTIAL PULSE GENERATOR AND SINGLE CHAMBER GENERATOR:**~~

~~1. Supportive Data:~~
- ~~a. Epicardial pacing wires are attached via a connecting cable to an A-V sequential or single chamber pulse generator. The pulse generator is activated and the ability of the wires to conduct electricity and initiate depolarization of atria and ventricles (capture) is assessed.~~

~~2. Equipment:~~
- ~~a. A-V sequential or single chamber pulse generator with battery. Allow time for self-test to review if battery is showing "low battery" and replace if necessary.~~
- ~~b. One or Two pacing connector cables~~
- ~~c. Disposable gloves~~
- ~~d. Two 2x2 gauze pads~~
- ~~e. Roll of tape~~

~~3. Procedure:~~
- ~~a. Follow procedure in Online Skills for Pacing: Temporary Transvenous and Epicardial.~~

| Intensive Care Unit Department | Division of Cardiothoracic | Pharmacy & Therapeutics Committee | Medical Executive Committee | Administration | Professional Affairs Committee | Board of Directors Approval |
|---|---|---|---|---|---|---|
| 06/93, 12/10, 04/11, 03/19, **03/20** | 09/19, 09/24 | n/a | 11/05, 04/08, 10/19, 11/24 | 11/19, **12/24** | 01/06, 06/08, n/a | 06/93, 07/03, 01/06, 06/08, 05/11, 12/19 |

C. **ASSISTING WITH REMOVAL OF EPICARDIAL PACING WIRES:**

1. Equipment:
   a. Disposable gloves
   b. Two 2x2 gauze pads
   c. Scalpel
2. Procedure:
   a. Explain the procedure to the patient.
   b. Ensure patient IV access.
   c. Place patient in supine position
   d. Have materials available for the physician.
   e. Leave exit sites open to air. If exit site is oozing redress with sterile 2x2 gauze pad.

D. **PERFORMING A TRIAL ELECTROGRAM**

1. Supportive Data:
   a. An atrial electrogram (AEG) is a method of recording electrical activity originating from the atrial myocardium by using temporary atrial epicardial pacing wires. Evaluate the atrial electrogram for the presence of atrial activity and its relationship to ventricular activity. Compare with surface ECG for interpretation. Atrial electrograms will enhance the atrial activity often masked on the surface ECG, allowing for clarification of the dysrhythmia origin.
2. Equipment:
   a. Nonsterile gloves
   b. Temporary atrial epicardial wires placed during cardiac surgery
   c. Bedside ECG monitor and recorder
   d. One or two alligator clips for continuous monitoring, OR ECG electrodes for quick view
   e. Materials to dress epicardial wires
3. Procedure:
   a. Follow procedure in Online Skills for Atrial Electrogram.

E. **DOCUMENTATION:**

1. Document procedure, including patient's tolerance and any difficulties during technique in the medical record.

F. **REFERENCE(S):**

1. Weingard, D. L. (2017). AACN procedure manual for high acuity, progressive, and critical care (7th ed.). St. Louis, MO: Elsevier
2. Perry, A.G. & Potter, P.A. (2013). (eds). *Clinical nursing skills and techniques, (8th ed.).* Urden, L.D., Stacy, K.M., and Loguh, M.E. (2013). (2006). *Thelan's critical care nursing: diagnosis and Management (7th ed.).* St. Louis, MO: Mosby

G. **EXTERNAL LINK(S):**

1. Online Skills: Pacing: Temporary Transvenous and Epicardial
2. Online Skills: Atrial Electrogram

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

**November 14, 2024 – 1:30 o'clock p.m.**

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 1:30 p.m. on November 14, 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
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 1:40 p.m. with attendance as listed above.

2. Approval of Agenda

   **It was moved by Director Sanchez and seconded by Director Chavez 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 November 14, 2024 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one matter of Potential Litigation, Conference with Labor Negotiators, Hearing on Reports of the Hospital Medical Audit or Quality Assurance Committees, Reports Involving Trade Secrets and Public Employee Evaluation: CEO.

6. Motion to go into Closed Session

   **It was moved by Director Chavez and seconded by Director Sanchez to go into Closed Session at 1:41 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 3:22 p.m.

_____
Tracy M. Younger
Chairperson

ATTEST:

_____
Gigi Gleason
Secretary

# TRI-CITY HEALTHCARE DISTRICT
# MINUTES FOR A REGULAR MEETING
# OF THE BOARD OF DIRECTORS
# November 14, 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 November 14, 2024.

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

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

   Absent: Director Gigi Gleason

   Also present were:

   Dr. Gene Ma, Chief Executive Officer
   Donald Dawkins, Chief Nurse Executive
   Jeremy Raimo, Chief Operating Officer
   Janice Gurley, Chief Financial Officer
   Roger Cortez, Chief Compliance Officer
   Dr. Henry Showah, Chief of Staff
   Susan Bond, General Counsel
   Jeff Scott, Board Counsel
   Teri Donnellan, Executive Assistant

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

3. Report from Closed Session

   Board Counsel Jeff Scott reported the Board met in Closed Session on the following matters:

   - The Board conferred with Legal Counsel to discuss a potential litigation matter and directed staff to take appropriate action.
   - The Board conferred with its Labor Negotiator related to the CNA and SEIU negotiations and took no action.
   - The Board heard a Report from the Quality Assurance Committee and took no action.
   - The Board heard a report involving Trade Secrets and took no action.
   - The Board conducted an evaluation of the Chief Executive Officer and directed Board Counsel to take appropriate action.

4. Pledge of Allegiance

   Director Chavez led the Pledge of Allegiance.

4. Approval of Agenda

**It was moved by Director Coulter and seconded by Director Sanchez 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 November 14, 2024 Regular Board of Directors Meeting Agenda.

6. Special Recognition:

a) Honoring Director Marvin Mizell for his service on the TCHD Board of Directors – February 2022 – November 2024

Chairperson Younger presented Director Marvin Mizell with a token of appreciation for his service on the Tri-City Healthcare Board of Directors and expressed the Board's sincere gratitude for Director Mizell's unwavering dedication during some of the most difficult times that this hospital has faced. On behalf of everyone here, Chairperson Younger thanked Director Mizell for his commitment, wisdom and collaborative spirit.

7. Foundation Report – Jennifer Paroly, President

Jennifer Paroly reported this fiscal year the Foundation has given over $830,000 to the hospital and continues to have $3 million in the Emergency Room remodel fund.

Jenifer also provided an update on the Winter Wonderland Gala which is coming up on December 7th. To date, the Foundation has sold approximately 40 tables which includes two $20,000 brand new sponsorships. Jennifer expressed her appreciation to the Board for their support, as well as the Executive team who have reached out to vendors and colleagues for potential sponsorships.

8. September, 2024 Financial Statements – Janice Gurley, Chief Financial Officer

Janice Gurley, CFO reported on the current and fiscal year to date financials as follows (Dollars in Thousands):

- Net Operating Revenue – $79,117
- Operating Expense – $82,374
- EBITDA – $4,657
- EROE –$105

Janice reported on the fiscal year to date Key Indicators as follows:

- Average Daily Census – 118
- Adjusted Patient Days – 19,690
- Surgery Cases – 1,319
- ED Visits – 11,915

Janice reported on the current month financials as follows (Dollars in Thousands):

- Net Operating Revenue – $26,822
- Operating Expense – $28,223
- EBITDA – $1,165
- EROE – ($347)

Janice reported on the current month Key Indicators as follows:

- Average Daily Census – 121
- Adjusted Patient Days – 6,580
- Surgery Cases – 428
- ED Visits – 3,816

Janice also presented graphs including Average Length of Stay, Paid Full Time Equivalents per Adjusted Occupied Bed and Emergency Department Visits, all of which are trending in the right direction.

9. New Business

a) Consideration to approve the terms of the contract with SEIU-UHW per the terms tentatively agreed to on September 30, 2024 and ratified by SEIU-UHW Bargaining Unit on October 21, 2024.

Harjit Randhawa, VP of Human Resources explained we proactively invited both unions (SEIU/CNA) to open up their contracts early because we wanted to address compensation. We negotiated with both SEIU and CNA and are happy to report that both contracts were ratified by the unions (SEIU October 21, 2024 and CNA November 7, 2024). The contracts are brought forward today for the Board's consideration.

**It was moved by Director Chavez to approve the terms of the contract with SEIU-UHW per the terms tentatively agreed to on September 30, 2024 and ratified by SEIU-UHW Bargaining Unit on October 21, 2024. 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** |

b) Consideration to approve the terms of the contract with the California Nurses Association (CNA) per the terms tentatively agreed to on October 29, 2024 and ratified by CNA on November 7, 2024.

**It was moved by Director Mizell to approve the terms of the contract with the California Nurses Association (CNA) per the terms tentatively agreed to on October 29, 2024 and ratified by CNA Bargaining Unit on November 7, 2024. Director Chavez 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** |

c) Consideration to approve the 2025 Employee Benefits as recommended by the Benefits Committee.

Harjit Randhawa, VP/Human Resources presented the 2025 Employee Benefits for consideration. Harjit explained this year the increases to our health plans was significant (13%). In order to absorb those costs and maintain our current level of benefits, it was necessary to create a higher deductible which is offset through an HRA (Health Reimbursement Account). All co-pays and medical expenses will be covered by the HRA card up to $2,500 per individual/$5,000 per family. As a result, 90-95% of employees will see no out of pocket expenses unless they experience a major medical issue. Harjit emphasized the fundamental plan itself did not change.

**It was moved by Director Chavez to approve the 2025 Employee Benefits as recommended by the Benefits Committee. Director Coulter 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** |

d) Consideration to approve retaining a Consulting Firm to provide Affiliation Advisory Services.

Dr. Ma explained this is a proposal by the subcommittee to engage a firm that specializes in mergers and acquisitions activity nationally to expand the footprint and open up affiliation opportunities both at the regional and national level.

**It was moved by Director Sanchez to approve retaining a Consulting Firm to provide Affiliation Advisory Services. Director Chavez 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. Chief of Staff – No Report

12. Consideration of Consent Calendar

**It was moved by Director Chavez to approve the Consent Agenda as presented. 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** |

13. Discussion of items pulled from Consent Calendar

There were no items pulled from the Consent Calendar.

14. Comments by Members of the Public

There were no comments from members of the public.

15. Comments by Chief Executive Officer

Dr. Ma commented on the number of attendees here at today's meeting to honor and thank Director Marvin Mizell. Dr. Ma stated Director Mizell's character and integrity with which he has conducted himself is admirable. Dr. Ma expressed his heartfelt appreciation from all of our staff for Director Mizell's years of service and his commitment to Tri-City.

Dr. Ma expressed his thanks to our bargaining teams as well as the SEIU and CNA leadership for their willingness to open their contracts early and ratify the new agreements. The decision to open the contracts early was driven by the Board who recognizes that we have two of the most committed groups of employees here who care about this community and the patients we serve.

Dr. Ma expressed his excitement about the direction we are heading with lots of new things on the horizon, including the opening of the Psychiatric Health Facility and the ED remodel which will give us an opportunity to revamp the way we deliver care in the ED. Dr. Ma will also share this information with our employees at our Town Hall on December 5th.

Lastly, Dr. Ma stated with respect to valuing our employees, we are looking forward to bringing back the holiday spirit with our holiday celebration for employees on December 14th and subsequent holiday activities.

16. Board Communications

Director Sanchez echoed other's sentiments around Director Mizell and expressed deep gratitude for Director Mizel's contributions to the board.

Director Mizell responded with appreciation for the recognition and expressed his happiness at being able to contribute, noting his wisest decision during his time of the

Board was supporting Dr. Ma in the role of CEO. He recognized everyone from the staff to nurses to physicians, as well as the Auxiliary and Foundation. Director Mizell congratulated Directors Chaya, Gleason and Sanchez on their reappointments and welcomed new Board member Sheila Brown. Director Mizell also acknowledged Board Counsel Jeff Scott for his expertise and guidance. In closing, Director Mizell expressed his hope for the hospital's survival and future success for the community.

Chairperson Younger reported the next Board meeting will be held on December 12, 2024. She wished everyone a Happy Thanksgiving!

17. Adjournment

There being no further business Chairperson Younger adjourned the meeting at 4:15 p.m.

_____
Tracy M. Younger
Chairperson

ATTEST:

_____
George Coulter
Assistant Secretary

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

Building Operating Leases
Month Ending October 31, 2024

| Lessor | Sq. Ft. | Base Rate per Sq. Ft. | | Total Rent per current month | Lease Term Beginning | Lease Term Ending | Services & Location | Cost Center |
|---|---|---|---|---|---|---|---|---|
| **6121 Paseo Del Norte, LLC**<br>6128 Paseo Del Norte, Suite 180<br>Carlsbad, CA 92011<br>V#83024 | Approx<br>9,552 | $3.59 | (a) | 54,257.00 | 07/01/17 | 06/30/27 | **OSNC - Carlsbad**<br>6121 Paseo Del Norte, Suite 200<br>Carlsbad, CA 92011 | 7095 |
| **Cardiff Investments LLC**<br>2729 Ocean St<br>Carlsbad, CA 92008<br>V#83204 | Approx<br>10,218 | $2.58 | (a) | 39,230.98 | 07/01/17 | 09/30/24 | **OSNC - Oceanside**<br>3905 Waring Road<br>Oceanside, CA 92056 | 7095 |
| **Creek View Medical Assoc**<br>1926 Via Centre Dr. Suite A<br>Vista, CA 92081<br>V#81981 | Approx<br>6,200 | $2.70 | (a) | 20,594.69 | 07/01/20 | 06/30/25 | **PCP Clinic Vista**<br>1926 Via Centre Drive, Ste A<br>Vista, CA 92081 | 7090 |
| **SoCAL Heart Property LLC**<br>1958 Via Centre Drive<br>Vista, Ca 92081<br>**V#84195** | Approx<br>4,995 | $2.50 | (a) | 20,947.21 | 10/01/22 | 06/30/27 | **OSNC - Vista**<br>1958 Via Centre Drive<br>Vista, Ca 92081 | 7095 |
| **BELLA TIERRA INVESTMENTS, LLC**<br>841 Prudential Dr, Suite 200<br>Jacksonville, FL 32207<br>V#84264 | Approx<br>2,460 | $2.21 | (a) | 7,945.96 | 04/01/23 | 03/31/25 | **La Costa Urology**<br>3907 Waring Road, Suite 4<br>Oceanside, CA 92056 | 7082 |
| **Mission Camino LLC**<br>4350 La Jolla Village Drive<br>San Diego, CA 92122<br>V#83757 | Appox<br>4,508 | $1.75 | (a) | 16,350.14 | 05/14/21 | 10/31/31 | **Seaside Medical Group**<br>115 N EL Camino Real, Suite A<br>Oceanside, CA 92058 | 7094 |
| **Nextmed III Owner LLC**<br>6125 Paseo Del Norte, Suite 210<br>Carlsbad, CA 92011<br>V#83774 | Approx<br>4,553 | $4.00 | (a) | 24,706.00 | 09/01/21 | 08/31/33 | **PCP Clinic Calrsbad**<br>6185 Paseo Del Norte, Suite 100<br>Carlsbad, CA 92011 | 7090 |
| **500 W Vista Way, LLC & HFT Melrose**<br>P O Box 2522<br>La Jolla, CA 92038<br>V#81028 | Approx<br>7,374 | $1.67 | (a) | 16,045.50 | 07/01/21 | 06/30/26 | **Outpatient Behavioral Health**<br>510 West Vista Way<br>Vista, Ca 92083 | 7320 |
| **OPS Enterprises, LLC**<br>3617 Vista Way, Bldg. 5<br>Oceanside, Ca 92056<br>#V81250 | Approx<br>7,000 | $4.12 | (a) | 39,601.00 | 10/01/22 | 09/30/25 | **North County Oncology Medical Clinic**<br>3617 Vista Way, Bldg.5<br>Oceanside, Ca 92056 | 7086 |
| **SCRIPPSVIEW MEDICAL ASSOCIATES**<br>P O Box 234296<br>Encinitas, CA 234296<br>V#83589 | Approx<br>3,864 | $3.45 | (a) | 14,880.52 | 06/01/21 | 05/31/26 | **OSNC Encinitas Medical Center**<br>351 Santa Fe Drive, Suite 351<br>Encinitas, CA 92023 | 7095 |
| **BELLA TIERRA INVESTMENTS, LLC**<br>841 Prudential Dr, Suite 200<br>Jacksonville, FL 32207<br>V#84264 | Approx<br>3,262 | $2.21 | (a) | 12,636.11 | 05/01/23 | 06/30/25 | **Pulmonary Specialists of NC**<br>3907 Waring Road, Suite 2<br>Oceanside, CA 92056 | 7088 |
| Total | | | | **267,195.11** | | | | |

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

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

**Education & Travel Expense**
**Month Ending October 2024**

| Cost Centers | Description | Invoice # | Amount | Vendor # | Attendees |
|---|---|---|---|---|---|
| 7320 | ABWM | 100124 EDU | 575.00 | 84492 | TOTH SUSAN |
| 7420 | 1 EA CineMed Online Video Prod (Summ trans) | Q-32874-2 | 4,200.00 | 9999 | AORN |
| 7420 | 1 EA Periop 101 Textbook Packa (Summ trans) | Q-32874-2 | 410.00 | 9999 | AORN |
| 7420 | 1 EA Periop 101 Student Seat (Summ trans) | Q-32874-2 | 1,070.00 | 9999 | AORN |
| 7890 | ONS/ONCC | 91024 EDU | 324.00 | 84494 | STEVENS KASSIDY |
| 7890 | ONS/ONCC | 91024 EDU | 325.00 | 84495 | PLOUNT NATHAN |
| 8740 | ENA CONFRENCE | 101824 EDU | 200.00 | 37219 | JAHAASKI, ABBI |
| 8740 | Goods | 92524 EDU | 140.00 | 83751 | ARIEL BALUBAR |
| 8740 | Charge | 100924 EDU | 200.00 | 84334 | JOHNSON RYAN |

**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.