

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
January 30, 2025 – 3:30 o'clock p.m.
Assembly Rooms 2 & 3 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056**

REVISED

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

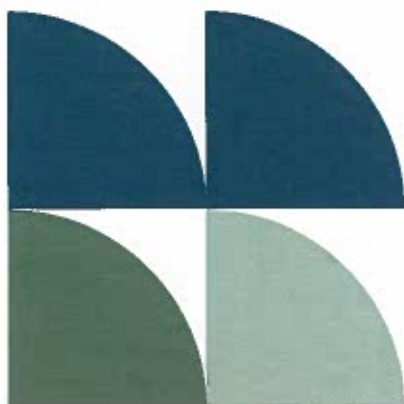
	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	2 min.	Board Counsel
3	Roll Call / Pledge of Allegiance		
4	Approval of Agenda	2 min	Standard
5	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
6	Special Presentation: a) Patient Experience	10 min.	CEO
7	December 2024 Financial Statement Results	10 min.	CFO
8	New Business – a) Affiliation Update – Juniper Advisory Services b) Consideration to approve the 2024-2025 Risk Management Plan c) Consideration to approve the Subscription Agreement with DISC Surgery Center of Carlsbad, LLC	15 min. 5 min. 5 min.	Chair General Counsel COO
9	Old Business – None		

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

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

	Agenda Item	Time Allotted	Requestor
10	Chief of Staff - a) Consideration of January 2025 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on January 27, 2025	5 min.	COS
11	Consent Calendar (1) Board Committee (a) Finance, Operations & Planning Committee Director Younger, Committee Chair 1) Approval of an agreement with Analytic Pathology Medical Group (APMG) Pacific Rim Pathology Medical Corporation as the exclusive Pathology group for a term of 36 months beginning March 1, 2025 and ending February 29, 2028, for an annual cost of \$600,000, and a total term cost of \$1,800,000. 2) Approval of the agreement with Sound Physicians, dba Hospitalist Medicine Physicians of California, Inc. to provide additional hospital medicine coverage for a term of 15-months beginning January 6, 2025 and ending March 31, 2026, at a monthly cost of \$52,511, for an annual cost increase of \$630,132 and a total amended additional cost for the remainder of the term of \$787,685. (2) Minutes a) Special Meeting – December 12, 2024 b) Regular Meeting – December 12, 2024 c) Special Meeting – January 23, 2025 (3) Reports – (Discussion by exception only) a) Building Lease Report – (December, 2024) b) Reimbursement Disclosure Report – (December, 2024)	10 min.	Chair
12	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
13	Comments by Members of the Public NOTE: Per Board Policy 19-018, members of the public may have three (3) minutes, individually and 15 minutes per subject, to address the Board on any item not on the agenda.	5-10 minutes	Standard
14	Comments by Chief Executive Officer	5 min.	Standard
15	Board Communications	18 min.	Standard
16	Total Time Budgeted for Open Session	1.5 hours	
17	Adjournment		

January 30, 2025



Tri-City Medical Center

REVIEW PROCEDURES



JUNIPER ADVISORY

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1

PROCESS OUTLINE *timeline & review*

3

2

PARTNERSHIP OBJECTIVES *summary*

7

3

PROCESS PARTICIPANTS

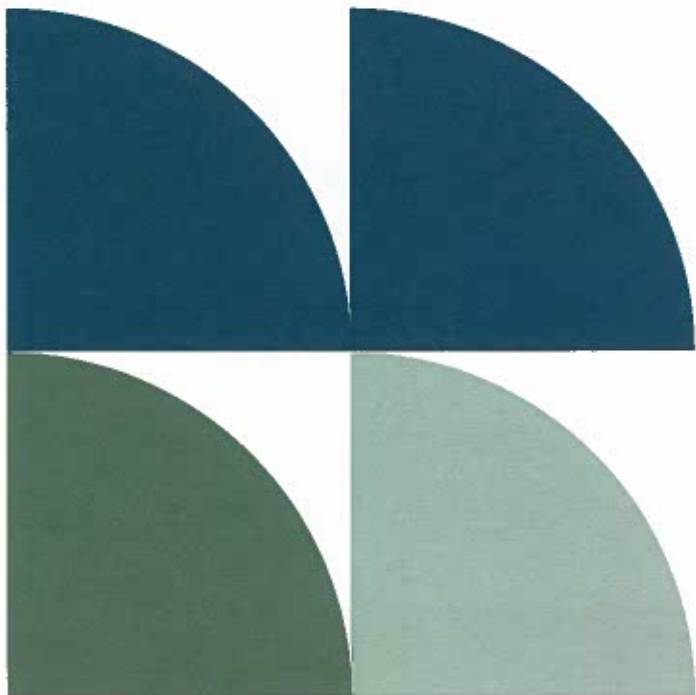
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4

NEXT STEPS

12

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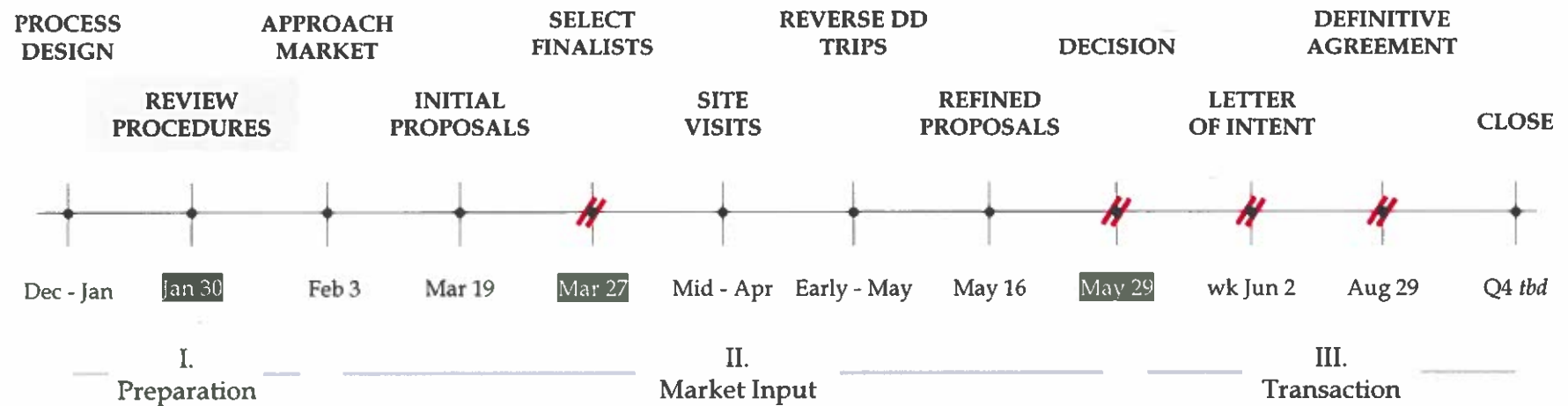


1. PROCESS OUTLINE

timeline & review



TIMELINE *overall approach*



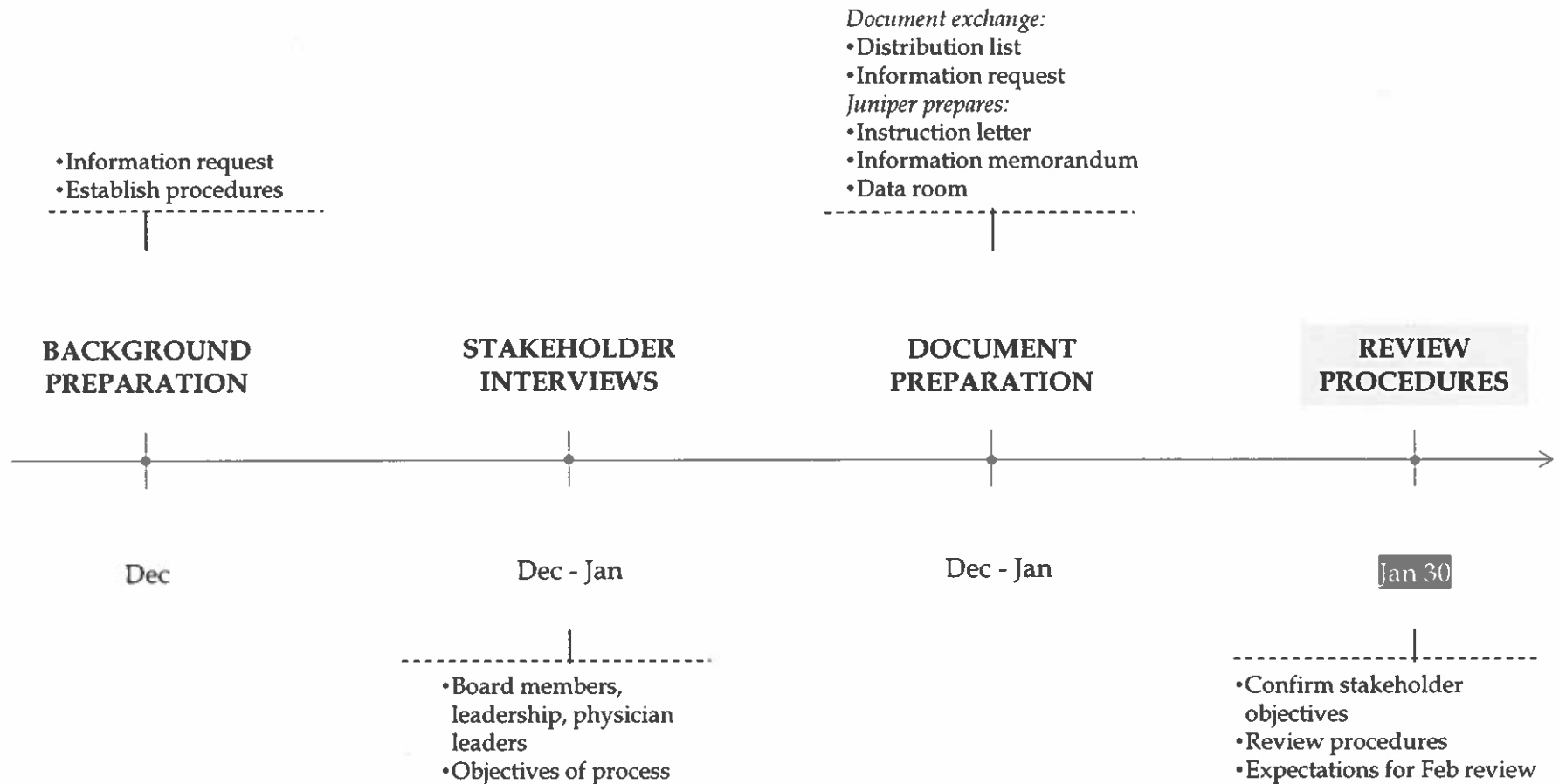
Key

// = Board decision to stop or continue

Board Meetings = Last Thursday, 3:30 pm

Jan 30, Feb 27, Mar 27, Apr 24, May 29, Jun 26, Aug 28, Sept 25, Oct 30, Dec 11

TIMELINE *preparation*



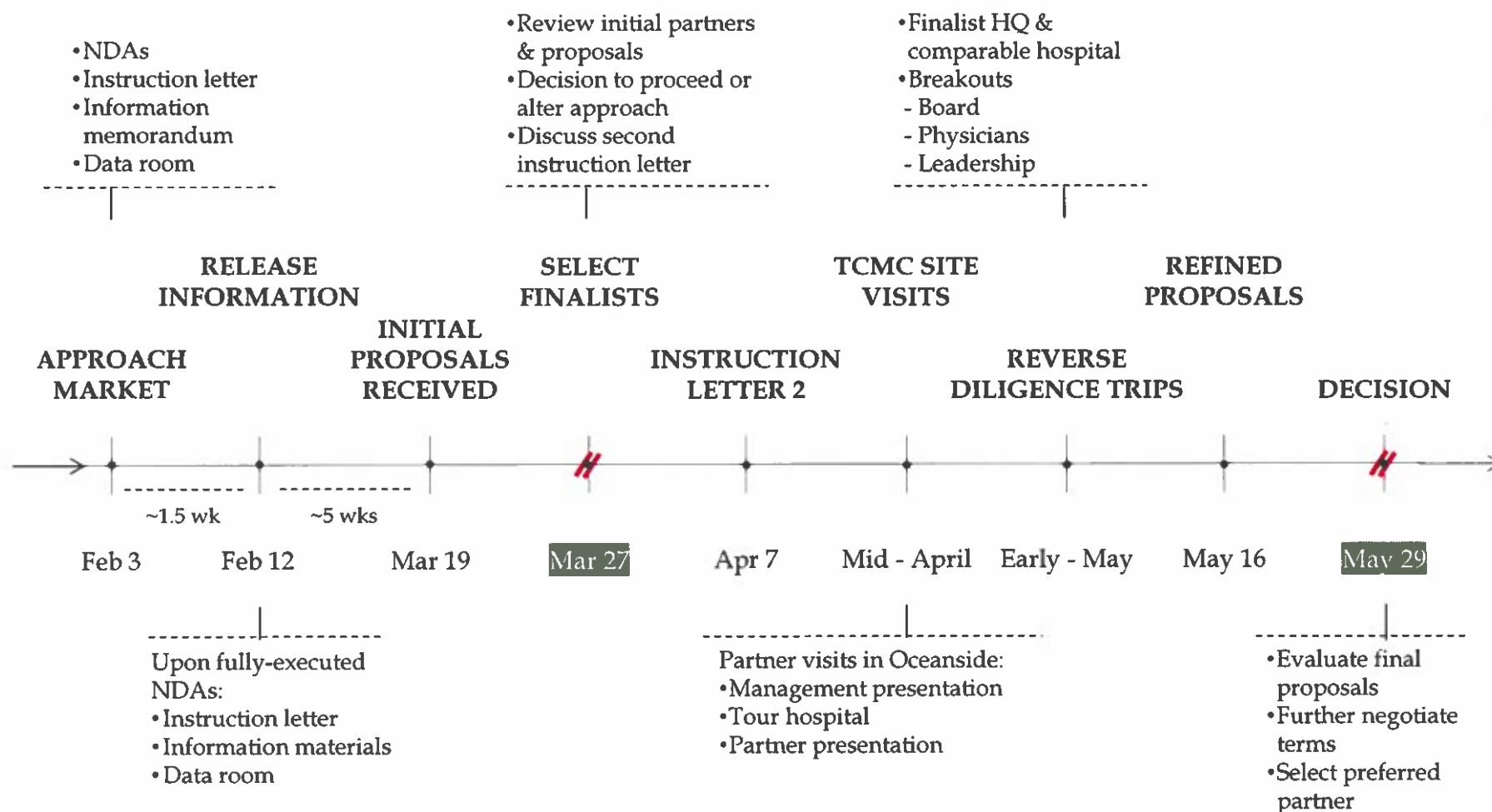
Key

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TIMELINE *market input*

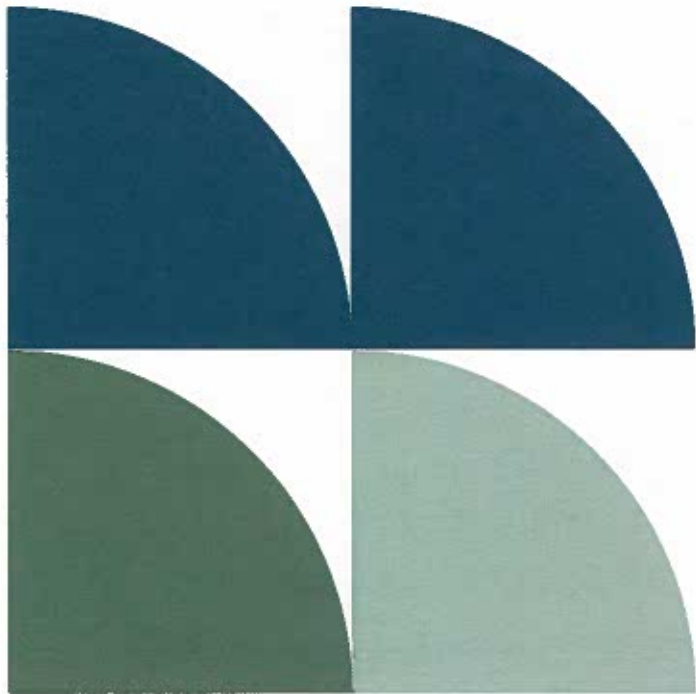


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2. PARTNERSHIP OBJECTIVES

summary



KEY STRENGTHS & OPPORTUNITIES FOR GROWTH

KEY STRENGTHS

1. Attractive location – ease of access, footprint
2. Favorable market conditions – employer growth, favorable housing trends, population growth, and market payer mix
3. Capacity for expansion – available land, medical office buildings with capacity
4. Clinical programs – cardiovascular, neuro/stroke, ortho/spine, acute rehab
5. Community care atmosphere

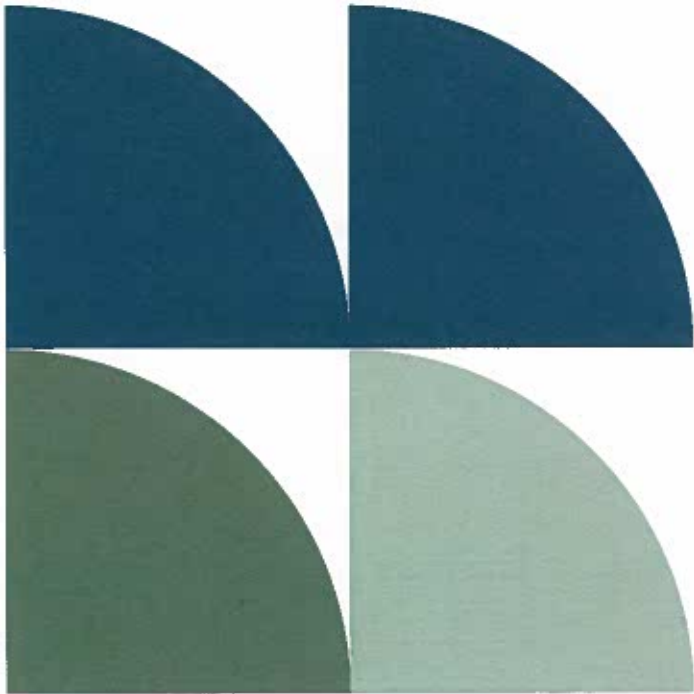
OPPORTUNITIES

1. Outmigration for key clinical services
2. Community reputation
3. Clinical programs – cancer services, neurosurgery, spine surgery, women's health, cardiology, emergency department
4. Ambulatory services platform
5. Perception of physical inpatient facilities
6. Care integration and physician alignment infrastructure
7. Continued performance improvement

PARTNERSHIP OBJECTIVES *translating feedback from key stakeholders*

Based on interviews with TCMC Board members, physicians, and leadership, Juniper compiled the below list of key objectives:

- Strengthen TCMC's longstanding commitment to excellence in clinical quality, safety, and patient experience
- Enhance TCMC's brand, market differentiation, and community perception
- Bring innovative resources to expand the clinical breadth, quality, and integration of TCMC's services and programs to reduce outmigration
- Ensure the long-term financial sustainability of TCMC
- Enhance TCMC's ability to recruit and retain high quality physicians, nurses, and staff
- Strengthen TCMC's capacity to make investments in facilities, technology, programs, and people
- Promote an organizational culture that embraces accountability, excellence, and a patient first focus



3. PROCESS PARTICIPANTS



PROCESS PARTICIPANTS *goals and approach*

GOALS	APPROACH
<ul style="list-style-type: none">▪ Solicit interest from a group of companies that will present a range of strategic options for the board members to consider<ul style="list-style-type: none">- Forming a sufficiently broad basis of comparison is crucial to making a sound, well-informed decision▪ Satisfy internal and external stakeholders<ul style="list-style-type: none">- Employees- Physicians- Community members- Competitors- Regulators▪ Comprehensive approach to the market typically obviates need for fairness opinion▪ Minimize any competitive disruption	<ul style="list-style-type: none">▪ Engage with a diverse mix of 20+ healthcare systems to ensure thorough outreach<ul style="list-style-type: none">- Not-for-profit- Academic medical centers- Integrated delivery networks- Tax-paying & investor-owned- Faith-based systems- Public organizations▪ Local, regional, and national opportunities<ul style="list-style-type: none">- Regional synergies and national expertise▪ Tailored to balance key attributes: financial stability, operational expertise, and mission alignment▪ Broad, credible range of options to meet the board's objectives and inform decision-making



Tri-City Medical Center

Risk Management Plan 2024/2025

A. PURPOSE

The Purpose of the Risk Management program is to protect patients, staff and visitors from inadvertent harm. The Risk Management Program is an overarching conceptual framework that is designed to protect the organization's financial assets and intangibles, such as reputation, in the community we serve.

The Risk Management Plan will be the primary tool for implementing the Tri-City Medical Center's (TCMC) overall Risk Management Program. The plan is designed to provide guidance and structure for the organization's clinical and business services that drive the quality patient care while fostering a safe environment.

The focus of the Risk Management Plan is to provide an ongoing, comprehensive and systematic approach to reducing risk exposures or errors. Risk Management activities include identifying, investigating, analyzing, and evaluating risks/errors followed by selecting and implementing the most appropriate methods for correcting, reducing, managing, transferring and/or eliminating the risk/errors.

B. **Authority and Role of the Risk Manager**

The Risk Manager is empowered by the governing body to implement the functions and activities of the Risk Management Program with the assistance of the patient care and administrative staffs. The governing body has overall responsibility for the effectiveness of the program and providing the necessary resources. The governing body's responsibilities are supported through regular written and verbal communications regarding Risk Management activities that may affect TCMC's finances.

The role of the Risk Manager is to maintain a proactive Risk Management Program in compliance with the provisions of federal, state, and local statutes, applicable scope of practice and regulations. TCMC may participate with voluntary accrediting organizations. The Risk Manager is responsible for creating, implementing, and evaluating the outcome of the Risk Management Plan. These activities should be coordinated with Quality/Performance Improvement, Infection Prevention, Patient Safety and Environment of Care Management. The specific description of the Risk Manager's role can be found in Purpose & Responsibility of Risk Management (8610-293).

The Risk Management Program is formally addressed through designated committees, such as the Patient Safety and Quality Assurance Performance Improvement (QAPI) committees.

C. **Scope**

Under the direction of the Risk Manager, the Risk Management Program provides for collaboration among all departments, services, and patient care professionals. The Risk Management Program, in collaboration with General Counsel, provides policies, procedures and protocols to address incidents which may create business-related liability, professional liability and general liability. The identification, investigation and management of incidents, harm and other potentially compensable events are a primary responsibility under the Risk Management Plan. This process is directed by the Risk Manager and others who are delegated to participate in the various components of managing adverse events occurring with patients, staff, visitors and organizational assets.

Risk Management will provide consultation, guidance and education to leaders within the following departments, but not limited to, in order to achieve quality care in a safe environment and protect the organization's resources:

- a. Administration
- b. Billing/Finances
- c. Business Development & Marketing
- d. Clinical Services
- e. General Counsel
- f. Health Information Management
- g. Human Resources
- h. Infection Control
- i. Information Technology
- j. Materials Management
- k. Medical Equipment Management
- l. Pharmaceuticals and Therapeutics
- m. Regulatory Compliance
- n. Safety Management/ Environment of Care
- o. Security Management

D. Objectives of the Risk Management Program

The objectives of the Risk Management Program include, but are not limited to identification, mitigation, and prevention of risk.

Identification

- a. Utilizing risk management strategies to identify and minimize the frequency and severity of near misses.
- b. Evaluating systems that can contribute to patient harm or incident.

Mitigation

- a. Practice risk avoidance with assessment, pro-active risk analysis, and strategic planning.

- b. Reduce the likelihood of risk once identified.
- c. Managing adverse events, errors or incidents to minimize financial loss.

Prevention

- a. Promoting quality patient care, in collaboration with QAPI.
- b. Minimizing the frequency and severity of adverse events, errors and/or incidents.
- c. Supporting a non-punitive culture that promotes awareness and empowers staff to identify risk-related issues.
- d. Enhancing environmental safety for patients, visitors and staff through participation in environment of care-related activities.
- e. Educating stakeholders on emerging and known risk exposures and risk reduction initiatives.

E. **GUIDING PRINCIPLES**

1. The Risk Management Plan is an overarching conceptual framework that guides the development of a program for risk management.
2. The plan supports TCMC's philosophy that patient safety and risk management are everyone's responsibilities. Teamwork and participation among management, providers and staff are essential for an efficient and effective risk management program.
3. TCMC supports the establishment of a just culture that emphasizes evidence-based, best practices, learning from error analysis, and providing constructive feedback, rather than blame and punishment. In a just culture, unsafe conditions and hazards are readily and proactively identified and reported.
 - a. Medical and/or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed.
 - b. Individuals are still held accountable for compliance with patient safety and risk management practices. As such, if evaluation and investigation of an error or event reveal reckless behavior or willful violation of policies, disciplinary actions will be recommended.
4. The Risk Management Plan stimulates the development, review, and revision of the TCMC's practices and protocols in light of identified risks and chosen loss prevention and reduction strategies. These principles provide the foundation for developing and updating key policies and procedures for day-to-day risk management activities, including the following:
 - a. Complaint resolution
 - b. Event investigation, root-cause analysis, and follow-up
 - c. Adverse event disclosure to patients
 - d. Trend analysis of events, near misses, and claims

- e. Staff education as it pertains to risk matters

F. Specific Components

The Risk Management Program will include the following components:

1. Incident Reporting

Incident reporting (through our RL Datix software) is intended to provide a systematic, organization-wide program of reporting errors/harm/risk exposures to identify potential future liability and then forward to managers of the incident report and thereafter the manager reports to Quality Department. The Risk Management Program includes an incident reporting system that is used to identify, report, track, and trend patterns of events with the potential for causing adverse patient outcomes or other harm to people, property or other assets of TCMC. It is designed to reduce or eliminate preventable harm and property damage, and minimize the financial severity of claims.

The Risk Manager tracks and trends incident data in order to report those findings to Quality Improvement and/or the appropriate department(s) for follow-up action.

The responsibility of determining the reportability of incidents to governmental agencies will be the responsibility of the Regulatory Compliance Manager.

2. Reporting Risk Management activities as part of QAPI

Recognizing that the effectiveness of risk management activities is contingent upon collaboration and integration with QAPI activities, the Risk Manager will work with Quality/Performance Improvement staff to coordinate activities between the two disciplines. This will enhance the identification and resolution of risk and quality issues.

3. Educational Activities

The Risk Department will educate as necessary on monitored risk events.

4. Management of patient/patient representative complaints & grievances

TCMC will have a formal written process for managing patient and family complaints/grievances. This process details response to and resolution of patient/patient representative complaints (Patient Complaints & Grievance Policy (8610-318).

5. Patient Satisfaction

TCMC will measure patient satisfaction and respond to issues identified in patient satisfaction surveys. The Risk Manager will monitor complaints and

report findings related to quality/performance improvement. Of equal importance is Risk Management's direct participation in resolution of complaints, as appropriate.

G. Protection of Risk Management Information Included in QAPI

Risk Management data and information collected should be maintained as a component of TCMC's quality/performance improvement program and reported to QAPI and/or designated subcommittees. This structure may result in findings being considered privileged and confidential and may not be distributed outside the quality/performance improvement process and may only be distributed at the direction and with the written consent of legal counsel.

H. Claims Management

The Risk Manager will assist and/or collaborate with General Counsel and Legal Department by, but not limited to:

- a. reporting potentially compensable events (PCE), unexpected outcomes or patient complaints to the involved department manager, the insurance carrier as appropriate
- b. performing initial and ongoing investigation and interviews
- c. documenting activities and correspondence related to the investigation of the incident
- d. protecting and preserving patient health information record and/or other documents and evidence for potential future litigation and work directly with the Compliance Department.
- e. maintaining confidentiality of protected documents
- f. reviewing, vetting and accepting legal service as appropriate

I. Governing Body Leadership

The Governing Board is committed to promoting the safety of all patients, staff and visitors. In doing so, the Governing Board authorizes the formal program and adoption of this plan through the Board meeting minutes.

The Governing Body empowers TCMC's Leadership and Management teams with the responsibility for implementing risk management strategies through their leadership, commitment and support.

J. Review of the Risk Management Plan

The Risk Management Plan will be reviewed, updated, and approved annually, or as needed. Dated signatures and titles from appropriate parties should be obtained at the time of the approval.

K. Annual Evaluation of the Risk Management Program

The Risk Management Program will be evaluated by the governing body annually. Recommendations for enhancements are incorporated into the program prior to final approval.

L. Confidentiality

Any and all documents and records that are part of the Risk Management Process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections may include attorney-client privilege, attorney work product, Quality Improvement, and Peer-Review protections.

TCMC, to the extent possible, shall avail itself of the protections afforded by the Patient Safety and Quality Improvement Act of 2005 as well as California Evidence Code section 1157. These protections apply to investigation and documentation of patient safety events, data, and reports—referred to in the law as “patient safety work product”—by creating a patient safety evaluation system, through which the organization produces patient safety work product with the intent of analyzing the data for the purpose of improving patient safety and overall care.

The signatures below represent an acceptance of the Risk Management.

_____ Date Approved: _____
Dr. Gene Ma, Chief Executive Officer
Tri-City Health Care District

_____ Date Approved: _____
Tracy M. Younger, Board Chairperson
Tri-City Healthcare District



**TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT
January 8, 2025**

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
ANDREATA, Roberta MD	Anesthesiology	Provisional	1/30/2025 - 1/30/2027	
DATE, Amit MD	Otolaryngology	Provisional	1/30/2025 - 1/30/2027	One NPDB report from 2019 - Reviewed by chairman, no concerns found
SILVA, Aline MD	Anesthesiology	Provisional	1/30/2025 - 1/30/2027	
WILSON, Bryan MD	Internal Medicine	Provisional	1/30/2025 - 1/30/2027	



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – 1 of 1
January 8, 2025

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
GHARIB, SayedMortez MD	Anesthesiology	Active	1/30/2025- 1/30/2027	Change in staff status from Provisional to Active

Department of Medicine:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
PORTER, Douglas R. MD	Tele neurology	Active Affiliate	1/30/2025-1/30/2027	Change staff status from Provisional to Active Affiliate.

Department of Obstetrics and Gynecology:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
MAZAREI, Rahele DO	Obstetrics & Gynecology	Active	1/30/2025-1/30/2027	

Department of Radiology:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
WALKER, Christopher MD	Radiology/ Teleradiology	Active	1/30/2025-1/30/2027	Change in staff status from provisional to Active

Department of Surgery:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
CARROLL, Sarah MD	Otolaryngology	Active	1/30/2025-1/30/2027	
KUSHNARYOV, Anton M, MD	Otolaryngology	Active	1/30/2025-1/30/2027	



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – 1 of 1
January 8, 2025

Attachment B

SHAPIRO, Robert MD	Urology	Active	1/30/2025-1/30/2027	Change staff status from Provisional to Active.
UDANI, Vikram M. MD	Neurosurgery	Active Affiliate	1/30/2025-1/30/2027	Change staff status from Provisional to Active Affiliate.

Resignations Medical Staff and AHP:

Practitioner Name	Department/Specialty	Reason for Resignation
ANSARI, Taha, MD	Medicine/Telepsychiatry	Voluntarily Resignation- Effective 12/31/2024
BABAKI, Arash MD	Medicine/Telemedicine	Voluntary Resignation- Effective 03/15/2024
BURKY, Christopher MD	Telepsychiatry/Medicine	Voluntary Resignation- Effective 12/31/2024
DAUGHERTY, David L, MD	Surgery/Orthopedic	Voluntarily Resignation- Effective 12/31/2024
EPNER, Steven MD	Radiology/Diagnostic Radiology	Voluntary Resignation – Effective 1/31/2025
GRANT, Colette MD	Pediatrics	Voluntary Resignation- Effective 1/3/2024
KRAK, Michael MD	Pediatrics	Voluntary Resignation: Effective 1/31/2025
LAMPEN, Rhonda R, MD	Telepsychiatry/Medicine	Voluntarily Resignation- Effective 12/31/2024
MACINTYRE, Elizabeth MD	Pediatrics	Voluntary Resignation – Effective 12/10/24
MILLER, Nathan MD	Anesthesiology/Pain Medicine	Voluntary Resignation – Effective 1/31/2025
O'BRIEN, Mark, DO	Internal Medicine/ Medicine	Voluntary Resignation- Effective 12/27/2024
ORDAS, Dennis M, MD	Psychiatry	Voluntarily Resignation- Effective 12/31/2024
PADILLA, Patrick MD	Surgery/Orthopedic Surgery	Voluntary Resignation – Effective 12/31/2024
PASHA, Sabiha, MD	Medicine	Voluntarily Resignation- Effective 12/05/2024.

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
CREDENTIALS COMMITTEE REPORT – Part 2 of 3
January 8, 2025

Modification of Staff Status

The following practitioners have requested privilege status change as noted below. Effective **January 30, 2025**.

Practitioner Name	Department/Specialty	Change in Staff Status
DAY, Richard B, MD	Internal Medicine	Provider changing from Active staff status to Honorary staff status, effective 12/31/2024. Due to retirement.
BEDROSIAN, Diane H, MD	Pediatrics	Provider changing status from Active to MLA effective 12/31/2024.
STERN, Mark S, MD	Neurological Surgery	Provider changing Active status to LOA effective 12/31/2024.

Addition/Deletion of Privilege(s)

The following practitioners have requested addition/deletion of privilege(s) as noted below. Effective **January 30, 2025**.

Practitioner Name	Department/Specialty	Change in Privilege/s
REDDY, Pavan MD	Medicine/Interventional Cardiology	Additional: TAVR, Watchman and Percutaneous device closure for PFO and ASD WITH proctoring.



TRI-CITY MEDICAL CENTER
CREDENTIALS COMMITTEE REPORT – Part 3 of 3
January 8, 2025

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)
James Cooper MD	Radiology/Diagnostic	General Diagnostic Radiology and Fluoroscopy: Computed Tomography, General Diagnostic/Fluoroscopy, Magnetic Resonance Imaging/Spectroscopy, Mammography, Ultrasonography/Hysterosonography, Vascular duplex ultrasound
Christopher Henry, MD	Emergency Medicine	Deep Sedation
James Layson, DO	Surgery/Orthopedic Surgery	Basic Orthopedic Privilege Bundle, Extremity-Fracture Bundle, Extremity-Dislocation Bundle and Hip Arthroplasty
Tyler Miskin, MD	Radiology/Interventional	General Diagnostic Radiology and Fluoroscopy Bundle and Pain Management Core Privilege Bundle.
Paven Reddy, MD	Medicine/Cardiology	Non-Invasive Procedure Bundle

Tri-City Medical Center
Finance, Operations and Planning Committee Minutes
January 22, 2025

Members Present	Director Tracy Younger, Director Adela Sanchez, Dr. Mohammad Jamshidi-Nezhad, Dr. Henry Showah
Non-Voting Members Present:	Dr. Gene Ma, CEO; Janice Gurley, CFO; Jeremy Raimo, COO; Donald Dawkins, CNE; Roger Cortez, CCO; Mark Albright, CIO; Susan Bond, General Counsel
Others Present:	Julie Abraham, Jane Dunmeyer, Miava Sullivan
Members Absent:	Director Nina Chaya

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to order	Director Younger called the meeting to order at 3:04 pm.		Chair
2. Approval of Agenda		<u>MOTION</u> It was moved by Director Sanchez, Dr. Mohammad Jamshidi-Nezhad seconded, and it was unanimously approved to accept the agenda of January 22, 2025.	Chair
3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	Director Younger read the paragraph regarding comments from members of the public.	No comments	Chair
4. Ratification of minutes of August 21, 2024	Minutes were ratified.	Minutes were ratified. <u>MOTION</u> It was moved by Director Sanchez, Dr. Mohammad Jamshidi-Nezhad seconded, that the minutes of August 21, 2024, are to be approved without any requested modifications.	Chair

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
5. Old Business	None		
6. New Business			
a. Finance, Operations & Planning Meeting Dates - 2025		<u>MOTION</u> It was moved by Director Sanchez, Dr. Showah seconded, and it was unanimously approved the Finance, Operations and Planning Committee meeting dates for 2025.	Chair
7. Consideration of Consent Calendar:		<u>MOTION</u> It was moved by Dr. Showah to approve the Consent Calendar and seconded by Director Sanchez. <u>Members:</u> AYES: Younger, Showah, Sanchez NOES: None ABSTAIN: None ABSENT: Director Nina Chaya	Chair
a) Physician Agreement - Anatomic and Clinical Pathology Services <ul style="list-style-type: none"> Analytic Pathology Medical Group, Inc. / Pacific Rim Pathology Medical Corporation 		<u>Approved via Consent Calendar</u>	Eva England/Dr. Gene Ma
b) Physician Agreement - Hospital Medicine Services (Hospitalists) <ul style="list-style-type: none"> Sound Physicians, dba Hospitalist Medicine Physicians of California, Inc. 		<u>Approved via Consent Calendar</u>	Donald Dawkins/Dr. Gene Ma

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible																																
8. Financials	<p>Janice Gurley presented the financials ending December 31, 2024 (dollars in thousands)</p> <p><u>TCHD – Financial Summary</u></p> <p><u>Fiscal Year to Date</u></p> <table><tr><td>Operating Revenue</td><td>\$ 162,752</td></tr><tr><td>Operating Expense</td><td>\$ 169,181</td></tr><tr><td>EBITDA</td><td>\$ 8,377</td></tr><tr><td>EROE</td><td>\$ (715)</td></tr></table> <p><u>TCMC – Key Indicators</u></p> <p><u>Fiscal Year to Date</u></p> <table><tr><td>Avg. Daily Census</td><td>123</td></tr><tr><td>Adjusted Patient Days</td><td>40,767</td></tr><tr><td>Surgery Cases</td><td>2,723</td></tr><tr><td>ED Visits</td><td>23,726</td></tr></table> <p><u>TCHD – Financial Summary</u></p> <p><u>Current Month</u></p> <table><tr><td>Operating Revenue</td><td>\$ 27,505</td></tr><tr><td>Operating Expense</td><td>\$ 28,103</td></tr><tr><td>EBITDA</td><td>\$ 1,546</td></tr><tr><td>EROE</td><td>\$ (3)</td></tr></table> <p><u>TCMC – Key Indicators</u></p> <p><u>Current Month</u></p> <table><tr><td>Avg. Daily Census</td><td>136</td></tr><tr><td>Adjusted Patient Days</td><td>7,341</td></tr><tr><td>Surgery Cases</td><td>443</td></tr><tr><td>ED Visits</td><td>4,251</td></tr></table> <p><u>Graphs:</u></p> <ul style="list-style-type: none">• TCHD-EBITDA and EROE• TCHD Financial Summary• TCMC-Average Daily Census, Total Hospital - Excluding Newborns• TCMC-Emergency Department Visits• TCMC-Acute Average Length	Operating Revenue	\$ 162,752	Operating Expense	\$ 169,181	EBITDA	\$ 8,377	EROE	\$ (715)	Avg. Daily Census	123	Adjusted Patient Days	40,767	Surgery Cases	2,723	ED Visits	23,726	Operating Revenue	\$ 27,505	Operating Expense	\$ 28,103	EBITDA	\$ 1,546	EROE	\$ (3)	Avg. Daily Census	136	Adjusted Patient Days	7,341	Surgery Cases	443	ED Visits	4,251		Janice Gurley
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Adjusted Patient Days	7,341																																		
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ED Visits	4,251																																		

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	of Stay <ul style="list-style-type: none"> • TCMC-Adjusted Patient Days • TCMC-Paid Full Time Equivalents-13 Month Trend 		
a. Dashboard	No discussion	Information Only	Janice Gurley
7. Comments by Committee Members	None	None	Chair
8. Date of next meeting	February 19, 2025		Chair
10. Adjournment	Meeting adjourned 3:35 pm		Chair



Tri-City Medical Center

FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: January 22, 2025

PHYSICIAN AGREEMENT - ANATOMIC AND CLINICAL PATHOLOGY SERVICES

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

Physician's Name: Analytic Pathology Medical Group (APMG) Pacific Rim Pathology Medical Corporation

Area of Service: Pathology

Term of Agreement: 36 months, Beginning, March 1, 2025 – Ending, February 29, 2028

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

Monthly Cost	Annual Cost	36 Month (Term) Cost
\$50,000	\$600,000	\$1,800,000

Position Responsibilities:

- APMG will exclusively provide all anatomic pathology and clinical pathology (laboratory medicine) professional services in the Department
- APMG will ensure sufficient staff pathologist physicians and on-call coverage for the Department 24 hours per day, seven days a week
- APMG will provide an exclusive full-time pathologist Laboratory Director for the Clinical laboratory and the Department of Pathology
- APMG will provide oversight of all professional services in the Department
- Assist TCHD in developing, implementing and evaluating a utilization review program, a quality assurance program and a risk management program for the Department
- Assist TCHD in establishing and evaluating policies, procedures, and protocols for patient care in Pathology and Laboratory medicine
- Assist TCHD in meeting accreditation and licensing requirements of the College of American Pathologists, the Joint Commission, the FDA and the CDPH
- Assist TCHD in negotiating contracts with providers of outside materials and reference services to the Clinical Laboratory

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: Eva England, Sr. Director-Ancillary Services / Gene Ma, M.D., Chief Executive Officer

Motion:

I move that Finance Operations and Planning Committee recommend that the TCHD Board of Directors authorize the agreement with Analytic Pathology Medical Group (APMG) Pacific Rim Pathology Medical Corporation as the exclusive Pathology group for a term of 36 months beginning March 1, 2025 and ending February 29, 2028, for an annual cost of \$600,000, and a total term cost of \$1,800,000.



Tri-City Medical Center

FINANCE, OPERATIONS & PLANNING COMMITTEE

DATE OF MEETING: January 22, 2025

PHYSICIAN AGREEMENT - HOSPITAL MEDICINE SERVICES (HOSPITALISTS)

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

Physician's Name: Sound Physicians, dba Hospitalist Medicine Physicians of California, Inc.

Area of Service: Hospital Medicine - Hospitalists

Term of Agreement: 15 months, Beginning, January 6, 2025 – Ending, March 31, 2026

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

	Monthly Cost	Annual Cost	36 Month (Term) Cost
AMENDED	\$277,498	\$3,329,976	\$8,887,185
CURRENT	\$224,987	\$2,699,844	\$8,099,520
NET CHANGE	\$52,511	\$630,132	\$787,665

Position Responsibilities:

- Amendment to previously approved 3-year agreement with Sound Physicians for 15 remaining months for hospitalist coverage
- Current inpatient volumes exceed capacity of Hospitalist staff resulting in providers exceeding volume capacity thresholds and delays in care
- Amendment provides two additional physician FTEs to create a new swing shift during busiest admission hours to expedite care and limit physician burnout and turnover
- Net increase in cost of \$52,511 per month expected to be offset by collections if volume assumptions per proforma are captured

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:		Yes	X	No

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

Motion:

Move that Finance Operations and Planning Committee recommend that the TCHD Board of Directors authorize the amendment with Sound Physicians, dba Hospitalist Medicine Physicians of California, Inc. to provide additional hospital medicine coverage for a term of 15-months beginning January 6, 2025, and ending March 31, 2026, at a monthly increase of \$52,511, for an annual cost increase of \$630,132, and a total amended additional cost for the remainder of the term of \$787,665.

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

December 12, 2024 – 3:00 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:00 p.m. on December 12, 2024.

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

Director Sheila D. Brown
Director Rocky J. Chavez
Director Nina Chaya
Director George W. Coulter
Director Gigi S. Gleason (*via teleconference under "just cause" exception*)
Director Adela Sanchez
Director Tracy M. Younger

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 3:00 p.m. with attendance as listed above.

2. Approval of Agenda

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

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

Chairperson Younger made an oral announcement of the item listed on the December 12, 2024 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one Report Involving Trade Secrets.

6. Motion to go into Closed Session

It was moved by Director Chaya and seconded by Director Sanchez to go into Closed Session at 3:00 p.m. The motion passed unanimously (7-0).

7. At 3:30 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.

10. Adjournment

There being no further business, Chairperson Younger adjourned the meeting at 3:30 p.m.

Tracy M. Younger
Chairperson

ATTEST:

Adela I. Sanchez
Secretary

**TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A REGULAR MEETING
OF THE BOARD OF DIRECTORS
December 12, 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 December 12, 2024.

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

Director Sheila D. Brown
Director Rocky Chavez
Director Nina Chaya, M.D.
Director George W. Coulter
Director Gigi Gleason (*via teleconference under "just cause" exception*)
Director Adela Sanchez
Director Tracy M. Younger

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

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

2. Report from Closed Session

Board Counsel Jeff Scott reported the Board in Closed Session discussed a matter regarding Trade Secrets and took no action.

3. Pledge of Allegiance

Director Chavez led the Pledge of Allegiance.

4. Approval of Agenda

It was moved by Director Sanchez and seconded by Director Chaya 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 December 12, 2024 Regular Board of Directors Meeting Agenda.

6. Welcome & Introduction – Sheila Brown, Board Member

Chairperson Younger welcomed new Board Member, Sheila Brown. Director Brown provided a summary of her background and experience.

7. October, 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 – \$107,116
- Operating Expense – \$112,143
- EBITDA – \$5,203
- EROE – (\$844)

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

- Average Daily Census – 118
- Adjusted Patient Days – 26,339
- Surgery Cases – 1,799
- ED Visits – 15,729

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

- Net Operating Revenue – \$27,999
- Operating Expense – \$29,769
- EBITDA – \$546
- EROE – (\$949)

Janice reported on the current month Key Indicators as follows:

- Average Daily Census – 117
- Adjusted Patient Days – 6,649
- Surgery Cases – 480
- ED Visits – 3,814

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.

8. Foundation Report – Jennifer Paroly, Foundation President

Jennifer Paroly, Foundation President recapped the Winter Wonderland Gala, expressing gratitude to attendees and supporters. She highlighted it as a significant development event, with many new guests and companies joining. The Gala provided an opportunity to share Tri-City's mission and vision, resulting in positive feedback and commitments to support, including strong backing from Watkins Wellness. Jennifer emphasized the importance of showcasing the Foundation's work and love for Tri-City, while looking ahead to 2025. Jennifer shared plans to create impactful videos telling their stories, honoring the tireless efforts of her Foundation colleagues. In closing, Jennifer welcomed new Board member Sheila Brown.

8. New Business

- a) Consideration and possible action to elect Board of Directors Officers for calendar year 2025

Board Counsel Scott explained the process for election of officers which could include nomination of a slate of officers to include Chairperson, Vice Chairperson, Secretary, Treasurer, Assistant Secretary, Assistant Treasurer and Board Member at Large or by individual officer.

Board Counsel Scott opened the floor for nomination of a slate.

Director Coulter recommended the Board continue with the current slate of officers. (slate One). Chairperson Younger questioned if any Board member was interested in any particular position before action was taken on a slate. Director Chavez stated he would be interested in a position other than "Board Member at Large". Director Sanchez indicated interest in the Secretary position and questioned if Director Chavez would have interest in the Treasurer position.

Director Chaya nominated the following slate of officers for 2025: (slate two)

- Chairperson – Director Younger
- Vice Chairperson – Director Chaya
- Secretary – Director Sanchez
- Treasurer – Director Chavez
- Assistant Secretary – Director Gleason
- Assistant Treasurer – Director Coulter
- Board Member at Large – Director Brown

Director Coulter withdrew the first slate.

Having heard no additional nominations, Board Counsel Scott closed the nominations and requested a roll call vote for slate two.

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

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

Director Gleason joined the meeting via teleconference at 4:00 p.m. under the "just cause" exception.

- b) Consideration of proposed 2025 Board Meeting Schedule

Chairperson Younger presented the 2025 Board Meeting Schedule for consideration, noting July is "dark" and the November/December meetings are combined. She also commented that Special Meetings will be held throughout the year as noted on the schedule.

It was moved by Director Chavez to approve the proposed 2025 Board Meeting Schedule. Director Coulter seconded the motion.

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

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

- c) Consideration to award a Board Scholarship to the Tri-City Hospital Auxiliary in the amount of \$10,000.

Ms. Bunny McElliot, representing the Auxiliary Scholarship Committee, shared the history of the Auxiliary Scholarship Program, established in 1973, which has awarded over \$1.3M in scholarships to students at Palomar, Mira Costa, and Cal State San Marcos, thanks to generous donors. Bunny highlighted two current staff members who began as Junior Volunteers and received \$1,000 scholarships. This year, Palomar College honored the Auxiliary by naming a room in its health service center after Tri-City Hospital Auxiliary.

Bunny emphasized the transformative impact of scholarships, fostering deep appreciation from recipients. She invited the Board and Executive Team to continue supporting the program, both through encouragement and financial contributions, and extended an invitation to the Annual Scholarship Awards event on April 15, 2025.

It was moved by Director Sanchez to award a Board Scholarship to the Tri-City Hospital Auxiliary in the amount of \$10,000. Director Chavez seconded the motion.

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

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

- d) Consideration to approve the 2024 Amendment to the June 7, 2023 Chief Executive Officer Employment Contract.

Board Counsel Scott directed the Board to the Amendment included in today's Board agenda packet.

It was moved by Director Sanchez to approve the 2024 Amendment to the June 7, 2023 Chief Executive Officer Employment Contract. Director Chaya seconded the motion.

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

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

- e) Consideration to approve 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

Jeremy Raimo, COO, provided an update on the Psychiatric Health Facility (PHF). In 2021, Tri-City and the County agreed to open a 16-bed PHF on Tri-City's campus, funded by the County, with the District contributing \$13.8M through an in-kind loan repayment over 30 years. The 13,000-square-foot building, valued at \$27.6M, includes a ground lease, sublease, and operating agreement.

Under updated terms, Tri-City can sublease the facility to Exodus, a specialized operator with extensive experience in psychiatric care. Exodus will handle operations, reducing Tri-City's staffing and risk challenges. Loan repayment will now include rent and ancillary services (food, linen, medical), with Tri-City reimbursed at cost for these services for the first five years. The facility is expected to open within six months.

It was moved by Director Chaya to approve 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. Director Sanchez seconded the motion.

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

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

9. Old Business - None

10. Chief of Staff

- a. Consideration to approve the December 2024 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on December 11, 2024.

It was moved by Director Chaya to approve the December 2024 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on December 11, 2024. Director Chavez seconded the motion.

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

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

- b. Consideration to approve the revisions to the Medical Staff Bylaws.

It was moved by Director Coulter to approve the revisions to the Medical Staff Bylaws. Director Chavez seconded the motion.

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

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

12. Consideration of Consent Calendar

Director Gleason pulled the minutes of the November 14, 2024 Regular and Special meetings.

It was moved by Director Chavez to approve the Consent Agenda minus the Regular and Special Meeting minutes of November 14, 2024. Director Sanchez seconded the motion.

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

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

13. Discussion of items pulled from Consent Calendar

Director Gleason pulled the minutes of both the Regular and Special meetings of November 14, 2024 and noted she would abstain as she was not in attendance at the meetings.

It was moved by Director Chavez to approve the minutes of November 14, 2024 Regular and Special Meetings. Director Chaya seconded the motion.

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

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

14. Comments by Members of the Public

Chairperson Younger recognized Rocio Lagutaris who commented on the remarkable changes and positive feedback from the community about Tri-City. Rocio expressed gratitude for being part of this transformation, noting an increase in patients sharing wonderful experiences, which has positively impacted her work. She thanked the Board members, Dr. Ma, and his team for restoring trust and their commitment to doing the right thing for the Tri-City family.

15. Comments by Chief Executive Officer

Dr. Ma thanked Rocio for her positive comments.

16. Board Communications

Director Sanchez commented that this is the second month in a row that we have had employees here for positive engagement.

17. Adjournment

There being no further business Chairperson Younger adjourned the meeting at 4:45 p.m.

Tracy M. Younger
Chairperson

ATTEST:

Adela I. Sanchez
Secretary

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

**January 23, 2025 – 2:00 o'clock p.m.
Assembly Room 1**

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:00 p.m. on January 25, 2023.

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

Director Sheila D. Brown
Director Nina Chaya, M.D.
Director George Coulter
Director Gigi Gleason (*via teleconference under "just cause" exception*)
Director Adela Sanchez
Director Tracy Younger

Absent was Director Chavez

Also present were:

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

1. The Board Chairperson, Director Younger, called the meeting to order at 3:00 p.m. with attendance as listed above.

2. Public Comments – Announcement

Chairperson Younger read the Public Comments section listed on the Board Agenda. There were no public comments.

3. Approval of Agenda.

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

4. New Business

Board of Director's Workshop for the purpose of Board Orientation

Board Counsel Jeff Scott provided an educational workshop for Board members. He presented PowerPoint presentations on the following:

A. History of Healthcare Districts and Healthcare District Law

1. History of California Healthcare Districts

B. Role as a Board Member and Relationship with Staff

1. The Prudent Judgment Rule
2. Role of Board Members with Management and Staff

C. Brown Act, Conflicts of Interest

1. Brown Act Essentials
2. Brown Act – A Trap for the Unwary
3. Conflicts of Interest & Code Adoption and when Board members need to step aside+

D. Ethics and Harassment Training and Rosenberg's Rules

1. Ethics and Harassment Training Options
2. Rosenberg's Rules of Order

Board members asked questions and engaged in discussion throughout the presentations.

4. Adjournment

There being no further business, Chairperson Younger adjourned the meeting at 4:40 p.m.

Tracy M. Younger
Chairperson

ATTEST:

Adela I. Sanchez
Secretary



Building Operating Leases
Month Ending December 31, 2024

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	LeaseTerm Beginning	Ending	Services & Location	Cost Center
6121 Paseo Del Norte, LLC 6128 Paseo Del Norte, Suite 180 Carlsbad, CA 92011 V#83024	Approx 9,552	\$3.59	(a)	55,226.36	07/01/17	06/30/27	OSNC - Carlsbad 6121 Paseo Del Norte, Suite 200 Carlsbad, CA 92011	7095
Cardiff Investments LLC 2729 Ocean St Carlsbad, CA 92008 V#83204	Approx 10,218	\$2.58	(a)	41,187.37	07/01/17	12/31/24	OSNC - Oceanside 3905 Waring Road Oceanside, CA 92056	7095
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.70	(a)	20,594.69	07/01/20	06/30/25	PCP Clinic Vista 1926 Via Centre Drive, Ste A Vista, CA 92081	7090
SoCAL Heart Property LLC 1958 Via Centre Drive Vista, Ca 92081 V#84195	Approx 4,995	\$2.50	(a)	22,565.63	10/01/22	08/30/27	OSNC - Vista 1958 Via Centre Drive Vista, Ca 92081	7095
BELLA TIERRA INVESTMENTS, LLC 841 Prudential Dr, Suite 200 Jacksonville, FL 32207 V#84264	Approx 2,460	\$2.21	(a)	7,945.96	04/01/23	03/31/25	La Costa Urology 3907 Waring Road, Suite 4 Oceanside, CA 92056	7082
Mission Camino LLC 4350 La Jolla Village Drive San Diego, CA 92122 V#83757	Approx 4,508	\$1.75	(a)	16,666.72	05/14/21	10/31/31	Seaside Medical Group 115 N EL Camino Real, Suite A Oceanside, CA 92058	7094
Nextmed III Owner LLC 6125 Paseo Del Norte, Suite 210 Carlsbad, CA 92011 V#83774	Approx 4,553	\$4.00	(a)	24,706.00	09/01/21	08/31/33	PCP Clinic Carlsbad 6185 Paseo Del Norte, Suite 100 Carlsbad, CA 92011	7090
500 W Vista Way, LLC & HFT Melrose P O Box 2522 La Jolla, CA 92038 V#81028	Approx 7,374	\$1.67	(a)	13,068.33	07/01/21	06/30/26	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083	7320
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	Approx 7,000	\$4.12	(a)	35,675.00	10/01/22	09/30/25	North County Oncology Medical Clinic 3617 Vista Way, Bldg.5 Oceanside, Ca 92056	7086
SCRIPPSVIEW MEDICAL ASSOCIATES P O Box 234296 Encinitas, CA 92026 V#83589	Approx 3,864	\$3.45	(a)	14,880.52	06/01/21	05/31/26	OSNC Encinitas Medical Center 351 Santa Fe Drive, Suite 351 Encinitas, CA 92023	7095
BELLA TIERRA INVESTMENTS, LLC 841 Prudential Dr, Suite 200 Jacksonville, FL 32207 V#84264	Approx 3,262	\$2.21	(a)	12,636.11	05/01/23	06/30/25	Pulmonary Specialists of NC 3907 Waring Road, Suite 2 Oceanside, CA 92056	7088
Total				265,152.89				

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



Education & Travel Expense
Month Ending December 2024

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
6185 ONS/ONC		112024 EDU	325.00	84213	PEREZ CANDELARIA
6185 ONS/ONC		112424 EDU	324.00	84515	SWANSON JANETTE
7893 Charge		111824 EDU	900.00	84514	DE LOS SANTOS ALDRICH
8650 2025 HR CONF		122324 EXP	266.09	83668	HOGAN TANIA
8740 SUPERVISION CLASS		120224 EDU	199.00	84122	SPRUEL CANDYCE
8740 SPINE		112724 EDU	100.00	79494	MONTIJO, DIANNE
8740 INTEGRITY		122424 EDU	200.00	81300	MERVOSH, ROSEMARY

**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.