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

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	2 min.	Chair
3	Roll Call / Pledge of Allegiance		
4	Approval of Agenda	2 min	Standard
5	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
6	September 2025 Financial Statement Results	5 min.	CFO
7	New Business – a) Consideration to approve the Design Bid Proposal from CPM Project Management, LLC in collaboration with the District for the Underground Storage Tank (UST) Replacement Project in an amount not to exceed $2,198,167, and further approve additional costs (regulatory directives and necessary field changes) of $644,000 for a total project cost of $2,842,167. b) Consideration to approve an agreement with Renew Medical Group for Comprehensive Anesthesia Services for a term of 24 months, beginning December 9, 2025 and ending December 8, 2027, for an annual cost of $3,224,688 and a total term cost of $6,449,476. c) Consideration to approve the 2026 Employee Benefits.	5 min.	 COO CEO VP/Human Resources

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
8	Old Business – None	--	--
9	Chief of Staff - a) Consideration of October 2025 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals, as recommended by the Medical Executive Committee on October 27, 2025.	5 min.	COS
10	Consent Calendar (1) Board Committee **a. Finance, Operations & Planning Committee** **Director Younger, Committee Chair** ***(Meeting cancelled)*** (2) **Administrative Policies & Procedures** **A) Patient Care Services** 1) Alaris System Data Set Approval and CQI Activities 2) Clinical Alarm Management 3) Family Presence During Resuscitation Policy 4) Hand Off Communication Policy 5) Interdisciplinary Plan of Care IPOC 6) Latex Sensitivity – Allergy Management Policy 7) Release of Deceased Procedure 8) Release of Deceased to a Family Member Policy 9) Swallow Screening in the Adult Patient Procedure 10) Transferring and Receiving Patients from Outside Tri-City Medical Center Policy 11) Vaccine, Reporting Adverse Events Policy **B.) Administrative District Operations 200s Finance** 1) Charity Care, Uncompensated Care, Community Service #285 2) Self-Pay Billing Collections Policy (3) Minutes a) Special Meeting – 2:00 p.m. - October 2, 2025 b) Special Meeting – 3:30 p.m. - October 2, 2025 (4) Reports – (Discussion by exception only) a) Building Lease Report – (September, 2025) b) Reimbursement Disclosure Report - (September, 2025)	5 min.	Chair
11	Discussion of Items Pulled from Consent Agenda	5 min.	Standard
12	Comments by Members of the Public NOTE: Per Board Policy 19-018, members of the public may have three (3) minutes, individually and 15 minutes per subject, to address the Board on any item not on the agenda.	5 min.	Standard
13	Total Time Budgeted for Open Session	30 min.	
14	Adjournment		

Tri-City Medical Center

TCHD BOARD OF DIRECTORS
DATE OF MEETING: October 30, 2025
UNDERGROUND STORAGE TANK REPLACEMENT

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

General Contractor: CPM Project Management, LLC

Area of Service: Central Plant and Physician's Parking Lot

Term of Agreement: Bid proposal for construction project

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

Item Description	Cost
CPM Project Management, LLC Bid	$2,198,167
HCAi fees	$44,000
IOR (Inspector of Record)	$50,000
Contingency	$550,000
Total Project Cost	**$2,842,167**

Description of Services/Supplies:

- Design Build Construction project for regulatory mandate
- Removal of (2) underground single-walled generator fuel storage tanks
- Replace with regulatory compliant above-ground generator fuel storage tanks

Document Submitted to Legal for Review:	X	Yes		No
Approved by Chief Compliance Officer: N/A		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, Chief Operating Officer, Benito Oporto, Director of Facilities and Engineering

Motion: Move that the Finance, Operations & Planning Committee recommend the Board of Directors of Tri-City Healthcare District ("District") approve the Design Bid Proposal from CPM Project Management, LLC in collaboration with the District for the Underground Storage Tank (UST) Replacement Project in an amount not to exceed $2,198,167, and further approve additional costs (regulatory directives and necessary field changes) of $644,000 for a total project cost of $2,842,167.

Tri-City Medical Center

TCHD Board of Directors
DATE OF MEETING: October 30, 2025
Comprehensive Anesthesia Services PROPOSAL

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

Vendor's Name: Renew Medical Group

Area of Service: Anesthesia

Term of Agreement: 24 months, Beginning December 9, 2025 – Ending December 8, 2027

Totals:

Monthly Cost	Annual Cost	Total Term Cost
$268,724	$3,224,688	$6,449,376

Description of Services/Supplies:

- Exclusive agreement for comprehensive, house-wide anesthesia services including on-call and designated on-site coverage
- Anesthesia services for Unassigned Emergency Room patients
- Provide Anesthesia response for Stroke code/thrombectomy
- Provide cardiac anesthesia services in addition to supporting anesthesia in interventional cardiology, electrophysiology and structural heart cases
- House wide pain/nerve block service including ED
- Costs are estimates with the agreement structured as a cost plus model with a fixed management fee, 6% billing fee, and quality incentives offset by collections for professional services which are collected by Renew on behalf of the District
- Compared to prior agreement, estimated costs are neutral

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., CEO

Motion:
I move that the TCHD Board of Directors authorize the agreement with Renew Medical Group for Comprehensive Anesthesia Services for a term of 24 months, beginning December 9, 2025 and ending December 8, 2027, for an annual cost of $3,224,688 and a total term cost of $6,449,376.

Summary of Benefits

TCMC HMO NG 3 L

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. PLEASE CONTACT YOUR EMPLOYER FOR SPECIFIC INFORMATION ON YOUR COVERAGE OR VISIT **SHARPHEALTHPLAN.COM** TO VIEW THE MEMBER HANDBOOK.

Covered Benefits	Cost Share
Annual Deductible for Specific Services[1]	
Calendar year medical deductible (per individual/per family) - applies only to those covered benefits indicated	$2,500 / $5,000
Annual Out of Pocket Maximum[1,2]	
Annual out of pocket maximum (per individual/per family)	$5,000 / $10,000
Lifetime Maximum	
There are no lifetime maximums for this plan	Unlimited
Preventive Care[3]	
Well-baby and well-child (to age 18) physical exams, immunizations and related laboratory services	$0
Routine adult physical exams, immunizations and related laboratory services	$0
Laboratory, radiology and other services for the early detection of disease when ordered by a Physician	$0
Routine gynecological exams, immunizations and related laboratory services	$0
Mammography	$0
Prostate cancer screening	$0
Colorectal cancer screenings including sigmoidoscopy and colonoscopy	$0
Best Health[3,4] **Wellness Services**	
On-line health education and wellness workshops and other wellness tools	$0
Telephonic health coaching (weight management, tobacco cessation, stress management, physical activity, nutrition)	$0
Professional Services	
Primary Care Physician office visit for consultation, treatment, diagnostic testing, etc.	$25 / visit
Specialist Physician office visit for consultation, treatment, diagnostic testing, etc.	$50 / visit
Laboratory tests and services	$15 / visit
Radiology services (x-rays and diagnostic imaging)	$15 / visit
Advanced radiology (including but not limited to CT/PET scan, MRI, MRA, MRS, MUGA, SPECT)	$150 / visit
Allergy testing	$50 / visit
Allergy injections	$25 / visit
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)	
Outpatient facility fee	30% coinsurance[4,7]
Outpatient Physician/Surgeon fee	30% coinsurance[4,7]
Infusion therapy (including but not limited to chemotherapy)	variable[5]
Dialysis	$0
Rehabilitation services: physical, occupational and speech therapy	$25 / visit
Habilitation services	$25 / visit
Radiation therapy	variable[5]
Hospitalization (including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)	
Facility fee	30% coinsurance[4,7]
Physician/surgeon fee	30% coinsurance[4,7]
Emergency and Urgent Care Services	
Emergency room services (waived if admitted to the hospital)	$150 / visit[7]
Emergency room physician fee (waived if admitted to the hospital)	$0[7]
Urgent care services	$25 / visit
Medical Transportation	
Emergency medical transportation	$150[7]
Non-emergency medical transportation	$150[7]

Summary of Benefits

TCMC HMO NG 3 L

Covered Benefits	Cost Share
Maternity Care	
Prenatal and postpartum office visits	$0
Delivery and all inpatient services - Hospital	30% coinsurance[4,7]
Delivery and all inpatient services - Professional	30% coinsurance[4,7]
Breastfeeding support, supplies and counseling	$0
Doula Services[9]	
Prenatal and postpartum visits	$0
Family Planning Services	
Contraceptives (including but not limited to all FDA-approved drugs, supplies, devices, implants, injections, and other products)	$0
Voluntary sterilization - women	$0
Voluntary sterilization - men	$0
Interruption of pregnancy (including but not limited to office visits, outpatient surgery, and inpatient services)	$0
Infertility services (diagnosis and treatment of underlying condition) and Fertility Services	
Primary Care Physician office visit for consultation, treatment, diagnostic testing, etc.	$25 / visit
Specialist Physician office visit for consultation, treatment, diagnostic testing, etc.	$50 / visit
Laboratory tests and services	$15 / visit
Radiology services (x-rays and diagnostic imaging)	$15 / visit
Outpatient Physician/Surgeon fee	30% coinsurance[4,7]
Artificial Insemination and Assisted Reproductive Technologies (ART)[8]	variable[5]
Durable Medical Equipment and Other Supplies	
Durable medical equipment	$70
Diabetic supplies	20% coinsurance[4]
Prosthetics and orthotics	$50 / visit
Mental Health Services[6]	
Office visits	$25 / visit
Group therapy	$25 / visit
Other outpatient items and services	30% coinsurance[4]
Inpatient facility fee	30% coinsurance[4,7]
Inpatient physician fee	30% coinsurance[4,7]
Emergency services facility fee (waived if admitted)	$150 / visit[7]
Emergency services physician fee (waived if admitted)	$0[7]
Emergency psychiatric transportation	$150[7]
Non-emergency psychiatric transportation	$150[7]
Urgent care services	$25 / visit
Substance Use Disorder Services[6]	
Office visits	$25 / visit
Group therapy	$7 / visit
Other outpatient items and services	30% coinsurance[4]
Inpatient facility fee	30% coinsurance[4,7]
Inpatient physician fee	30% coinsurance[4,7]
Emergency services facility fee for alcohol or drug detoxification (waived if admitted)	$150 / visit[7]
Emergency services physician fee for alcohol or drug detoxification (waived if admitted)	$0[7]
Emergency substance use disorder transportation	$150[7]
Non-emergency substance use disorder transportation	$150[7]
Urgent care services	$25 / visit
Skilled Nursing, Home Health and Hospice Services	
Skilled nursing facility services (maximum of 100 days per calendar year)	40% coinsurance[4,7]
Home health services (cost share per visit - maximum of 100 visits per calendar year)	$25 / visit[7]
Hospice care - inpatient	40% coinsurance[4,7]
Hospice care - outpatient	$25 / visit[7]
Prescription Drug Coverage (Administered by OptumRx 1-800-334-8134)	
Preferred Generic/Preferred Brand/Non-preferred medications up to 30 day supply	Not covered by Sharp Health Plan
Preferred Generic/Preferred Brand/Non-preferred medications for a 90 day supply by mail order (for maintenance medications only)	Not covered by Sharp Health Plan
Preventive prescription drugs including Preferred Generic and over-the-counter contraceptives	Not covered by Sharp Health Plan

Summary of Benefits

TCMC HMO NG 3 L

Notes

[1] In a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out-of-pocket maximum amount. Cost sharing payments (deductibles, copayments and coinsurance, but not premiums) made by each individual in a family contribute to the family deductible and out-of-pocket maximums. The family deductible may be satisfied by any combination of individual deductible payments, after which member copays or coinsurance apply until the family out of pocket maximum is reached. Once the family out-of-pocket maximum is reached, the plan pays all costs for covered services for all family members. Cost sharing payments for all covered benefits accumulate toward the deductible, if deductible applies to that service, and the out-of-pocket maximum.

[2] Copayments for supplemental benefits (Chiropractic Services, Adult Vision, etc.) do not apply to the annual out of pocket maximum.

[3] Includes preventive services with a rating of A or B from the US Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers of Disease Control; and preventive care and screenings supported by the Health Resources and Services Administration for infants, children, adolescents and women. If preventive care is received at the time of other services, the applicable copayment for such services other than preventive care may apply.

[4] Of contracted rates

[5] Out of pocket cost is based on type and location of services (e.g. outpatient surgery cost-share for outpatient surgery or specialist office visit cost-share for a service received during a specialist office visit).

[6] All medically necessary treatment of mental health and substance use disorders is covered under this plan.

[7] Deductible applies

[8] For treatment of diagnosed Infertility. Including but not limited to Assisted Hatching, In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Intracytoplasmic Sperm Injections (ICSI), and Zygote Intrafallopian Transfer (ZIFT). Up to a maximum of three completed oocyte retrievals (egg retrievals) with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.

[9] Doula Services are covered at no charge up to the allowable visit limits for members in the Plan's Maternal Mental Health Case Management Program. This program is designed to assist mothers (prenatal, postpartum, and interpregnancy) with needs, such as understanding health care benefits, making appointments, and providing health plan and community resources. The Plan offers case management services to members who qualify, which includes members with a maternal mental health condition. Referrals are accepted from any source, including, but not limited to, treating providers (OB/GYN, PCP), members, and/or a facility utilization reviewer/case manager.

Note: Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount (the maximum amount on which payment is based for covered health care services).

Note: For "Mental Health Services", "Office Visits" cost-share applies to outpatient office visits, psychological testing, and outpatient monitoring of drug therapy. "Group Therapy" cost-share applies to group mental health evaluation and treatment and group therapy sessions. "Other Outpatient Items and Services" cost-share applies to multidisciplinary treatment in an intensive outpatient psychiatric treatment program, partial hospitalization, and home-based behavioral health treatment for autism spectrum disorder. "Inpatient" cost-share applies to inpatient facility and physician services, mental health psychiatric observation and mental health crisis residential treatment.

Note: For "Substance Use Disorder Services", "Office Visits" cost-share applies to outpatient office visits, medication treatment for withdrawal, and individual evaluation. "Group Therapy" cost-share applies to substance use disorder group evaluation and group therapy sessions. "Other Outpatient Items and Services" cost-share applies to day treatment programs, intensive outpatient programs, and partial hospitalization. "Inpatient" cost-share applies to the inpatient facility and physician services and substance use disorder transitional residential recovery services in a non-medical residential setting.

Note: The cost of developing an evaluation and the provisions of all health care services required or recommended pursuant to a Community Assistance, Recovery and Empowerment (CARE) Agreement or CARE Plan are covered whether the service is provided by a Plan provider or non-Plan provider. All services are covered without prior authorization and Cost Sharing, except prescription drugs.

Note: Medically Necessary treatment of a Mental Health or Substance Use Disorder including but not limited to, Behavioral Health Crisis Services provided by a 988 center, or mobile crisis team or other provider of Behavioral Health Crisis Services can be provided by Plan providers or non-Plan providers. You will only pay the in-network cost sharing amount for any out-of-network Medically Necessary treatment of a Mental Health or Substance Use Disorder, provided by a 988 center, mobile crisis team or other provider of Behavioral Health Crisis Services.

Summary of Benefits

Sharp Health Plan
TCMC PPO NG 1 L

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Covered Benefits	Plan Providers Tier 1 Sharp Health Plan Options Plus PPO Network	Non-Plan Providers Tier 2 First Health Network[1]	Non-Plan Providers Tier 3 All other Out-of-Network providers[1]
Annual Deductible and Out of Pocket Maximum			
Calendar year medical deductible (per individual/per family)[3]	$3,000/$6,000[2]	$3,000/$6,000[2]	$6,000/$12,000[2]
Annual out of pocket maximum - including medical and prescription drugs (per individual/per family)[3]	$6,000/$12,000[2]	$6,000/$12,000[2]	$10,000/$20,000[2]
Lifetime Maximum			
There are no lifetime maximums for this plan	Unlimited	Unlimited	Unlimited
Preventive Care[4]			
Well-baby and well-child (to age 18) physical exams, immunizations and related laboratory services	$0	$0	Not covered
Routine adult physical exams, immunizations and related laboratory services	$0	$0	Not covered
Laboratory, radiology, and other services for the early detection of disease when ordered by a Physician	$0	$0	Not covered
Routine gynecological exams, immunizations and related laboratory services	$0	$0	Not covered
Mammography	$0	$0	Not covered
Prostate cancer screening	$0	$0	Not covered
Colorectal cancer screenings including sigmoidoscopy and colonoscopy	$0	$0	Not covered
Best Health Wellness Services			
On-line health education and wellness workshops and other wellness tools	$0	Not covered[9]	Not covered[9]
Telephonic health coaching (weight management, tobacco cessation, stress management, physical activity, nutrition)	$0	Not covered[9]	Not covered[9]
Professional Services			
Primary Care Physician office visit for consultation, treatments, diagnostic testing, etc.	$35/visit	$35/visit	50% coinsurance[8]
Specialist Physician office visit for consultation, treatments, diagnostic testing, etc.	$70/visit	$70/visit	50% coinsurance[8]
Laboratory services	$20/visit[7,10]	$20/visit[7,10]	50% coinsurance[7,8,10]
Radiology services (x-rays)	$35/visit	$35/visit	50% coinsurance[8]
Advanced radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT)	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Allergy testing	$70/visit	$70/visit	50% coinsurance[8]
Allergy injections	$70/visit	$70/visit	50% coinsurance[8]
Injectable and specialty medications	$35/visit[7]	$35/visit[7]	50% coinsurance[7,8]
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)			
Outpatient facility fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Outpatient Physician/Surgeon fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Infusion therapy (including but not limited to chemotherapy)	$70/physician office visit[5,7]	$70/physician office visit[5,7]	50% coinsurance[7,8]
Dialysis	$0	$0	50% coinsurance[8]
Rehabilitation services: physical, occupational and speech therapy	$40/visit[7,12]	$40/visit[7,12]	50% coinsurance[7,8,12]
Habilitation services	$40/visit[7]	$40/visit[7]	50% coinsurance[7,8]
Radiation therapy	$0 if received in an outpatient hospital setting[5,7]	$0 if received in an outpatient hospital setting[5,7]	50% coinsurance[7,8]
Maternity Care			
Prenatal and postpartum office visits	$0/visit	$0/visit	50% coinsurance[8]
Delivery and all inpatient services - Hospital	20% coinsurance[8]	20% coinsurance[8]	50% coinsurance[8]
Delivery and all inpatient services - Professional	20% coinsurance[8]	20% coinsurance[8]	50% coinsurance[8]
Breastfeeding support, supplies and counseling	$0	$0	Not covered
Doula Services[15]			
Prenatal and postpartum visits	$0	Not covered	Not covered
Family Planning Services			
Contraceptives (including but not limited to all FDA-approved drugs, supplies, devices, implants, injections, and other products)	$0	$0	50% coinsurance[8]
Voluntary sterilization - women	$0	$0	50% coinsurance[8]
Voluntary sterilization - men	$0	$0	0% coinsurance
Interruption of pregnancy (including but not limited to office visits, outpatient surgery, and inpatient services)	$0	$0	0% coinsurance
Infertility services (diagnosis and treatment of underlying condition) and Fertility Services			
Primary Care Physician office visit for consultation, treatments, diagnostic testing, etc.	$35/visit	$35/visit	50% coinsurance[8]
Specialist Physician office visit for consultation, treatments, diagnostic testing, etc.	$70/visit	$70/visit	50% coinsurance[8]
Laboratory services	$20/visit[7,10]	$20/visit[7,10]	50% coinsurance[7,8,10]
Radiology services (x-rays)	$35/visit	$35/visit	50% coinsurance[8]
Outpatient facility fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Outpatient Physician/Surgeon fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Artificial Insemination and Assisted Reproductive Technologies (ART)[14]	variable[7,13]	variable[7,13]	variable[7,13]
Hospitalization (including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)			
Inpatient facility fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Physician/surgeon fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]

Summary of Benefits

Sharp Health Plan
TCMC PPO NG 1 L

Covered Benefits	Plan Providers Tier 1 Sharp Health Plan Options Plus PPO Network	Non-Plan Providers Tier 2 First Health Network[1]	Non-Plan Providers Tier 3 All other Out-of-Network providers[1]
Emergency and Urgent Care Services			
Emergency room services facility fee (waived if admitted to the hospital)	$100 + 20% coinsurance[6]	$100 + 20% coinsurance[6]	$100 + 20% coinsurance[6]
Emergency room services physician fee (waived if admitted to the hospital)	20% coinsurance[6]	20% coinsurance[6]	20% coinsurance[6]
Urgent care services	$40/visit	$40/visit	50% coinsurance[6]
Medical Transportation			
Emergency medical transportation	20% coinsurance[6]	20% coinsurance[6]	20% coinsurance[6]
Non-emergency medical transportation	20% coinsurance[7,8]	20% coinsurance[7,8]	20% coinsurance[7,8]
Durable Medical Equipment and Other Supplies			
Durable medical equipment	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Diabetic supplies	20% coinsurance[9]	20% coinsurance[9]	20% coinsurance[9]
Prosthetics and orthotics	$40/visit[7]	$40/visit[7]	50% coinsurance[7,8]
Mental Health Services[5]	Tier 1 Optum Behavioral Health California Network	Tier 2 Optum Behavioral Health National Network	Tier 3 Out-of-Network
Office visits	$35/visit	$35/visit	50% coinsurance[6]
Group therapy	$35/visit	$35/visit	50% coinsurance[6]
Other outpatient items and services	20% coinsurance up to $35/visit[7,8]	20% coinsurance up to $35/visit[7,8]	50% coinsurance[7,8]
Inpatient facility fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Inpatient physician fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Emergency services facility fee (waived if admitted)	$100 + 20% coinsurance[6]	$100 + 20% coinsurance[6]	$100 + 20% coinsurance[6]
Emergency services physician fee (waived if admitted)	20% coinsurance[6]	20% coinsurance[6]	20% coinsurance[6]
Emergency psychiatric transportation	20% coinsurance[6]	20% coinsurance[6]	20% coinsurance[6]
Non-emergency psychiatric transportation	20% coinsurance[7,8]	20% coinsurance[7,8]	20% coinsurance[7,8]
Urgent care services	$40/visit	$40/visit	50% coinsurance[6]
Substance Use Disorder Services[5]	Tier 1 Optum Behavioral Health California Network	Tier 2 Optum Behavioral Health National Network	Tier 3 Out-of-Network
Office visits	$35/visit	$35/visit	50% coinsurance[6]
Group therapy	$7/visit	$7/visit	50% coinsurance[6]
Other outpatient items and services	20% coinsurance up to $35/visit[7,8]	20% coinsurance up to $35/visit[7,8]	50% coinsurance[7,8]
Inpatient facility fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Inpatient physician fee	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Emergency services facility fee for alcohol or drug detoxification (waived if admitted)	$100 + 20% coinsurance[6]	$100 + 20% coinsurance[6]	$100 + 20% coinsurance[6]
Emergency services physician fee for alcohol or drug detoxification (waived if admitted)	20% coinsurance[6]	20% coinsurance[6]	20% coinsurance[6]
Emergency substance use disorder transportation	20% coinsurance[6]	20% coinsurance[6]	20% coinsurance[6]
Non-emergency substance use disorder transportation	20% coinsurance[7,8]	20% coinsurance[7,8]	20% coinsurance[7,8]
Urgent care services	$40/visit	$40/visit	50% coinsurance[6]
Skilled Nursing, Home Health and Hospice Services			
Skilled nursing facility services (combined maximum of 100 days per calendar year across all tiers)	20% coinsurance[7,8]	20% coinsurance[7,8]	50% coinsurance[7,8]
Home health services (combined maximum of 100 visits per calendar year across all tiers)	$40/visit[7,8]	$40/visit[7,8]	50% coinsurance[7,8]
Hospice care - Inpatient	$40/visit[7,8]	$40/visit[7,8]	50% coinsurance[7,8]
Hospice care - Outpatient	$40/visit[7,8]	$40/visit[7,8]	50% coinsurance[7,8]
Prescription Drug Coverage (Administered by OptumRx 1-800-334-8134)			
Preferred Generic/Preferred Brand/Non-preferred medications up to 30 day supply	Not covered by Sharp Health Plan		
Preferred Generic/Preferred Brand/Non-preferred medications for a 90 day supply by mail order (for maintenance medications only)			
Specialty medications (available for up to a 30 day supply)			
Preventive prescription drugs including Preferred Generic and over-the-counter contraceptives			

Notes

[1] Emergency Services are subject to Tier 1 Cost-Sharing.

[2] Individuals enrolled in a family plan will reach the annual deductible or Out of Pocket Maximum amount if the member meets the individual deductible or Out of Pocket Maximum amount or any combination of enrolled family members meets the family Deductible or Out of Pocket Maximum amount, whichever comes first. Once an individual in a family reaches the individual out of pocket maximum, the individual is not required to pay any further cost-sharing. Amounts paid toward the Deductible apply toward the Out of Pocket Maximum.

[3] Out of Pocket Maximums and Deductibles do not cross apply between the medical costs in Tier 1, Tier 2 and Tier 3. Copayments for supplemental benefits (Acupuncture, Chiropractic Services, Hearing Aids, and Vision) do not apply to the annual Out of Pocket Maximum.

[4] Includes preventive services with a rating of A or B from the US Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers of Disease Control; and preventive care and screenings supported by the Health Resources and Services Administration for infants, children, adolescents and women. If preventive care is received at the time of other services, the applicable copayment for such services other than preventive care may apply. If an out-of-network provider is used for contraceptive services because there is no in-network provider available to provide this service, no cost- sharing will be charged.

Summary of Benefits

Notes

[5] The listed copayment only applies if the service is received in the listed setting. If the service is received in a different setting, the copayment and any applicable deductibles for services in that setting will apply instead. For example, if the listed copayment is for a Specialist Physician Office visit, but the service is received in the Emergency Room, the Emergency Room copayment, and any applicable deductibles, will apply instead of the Specialist Physician Office copayment.

[6] All medically necessary treatment of mental health and substance use disorders is covered under this plan. Tier 1 and Tier 2 services are provided through Optum Behavioral Health Solutions of California (Optum Behavioral Health). Tier 3 services are considered out-of-network, providers on this Tier are not contracted with Optum Behavioral Health's California or National networks.

[7] Service requires Precertification as outlined in your Member Handbook. If you fail to obtain Precertification for a service you will be required to pay a penalty of 50% of the amount Sharp Health Plan pays the provider for that service rather than the applicable Tier 1, Tier 2 or Tier 3 cost-share coinsurance, deductible, and copayment amount listed for that service. In addition, these payments will not apply toward your Deductible or annual Out of Pocket Maximum, unless the services are for Essential Health Benefits. The amount Sharp Health Plan pays the Tier 1, Tier 2 or Tier 3 provider is based on a discounted rate of the provider's billed charges as negotiated between the Plan and the provider.

[8] Deductible applies

[9] Services may only be obtained at Tier 1 and will not be covered if obtained at Tier 2 or Tier 3.

[10] Precertification required only for genetic testing.

[12] Precertification required after the first 12 visits.

[13] Out of pocket cost is based on type and location of services (e.g. outpatient surgery cost-share for outpatient surgery or specialist office visit cost-share for a service received during a specialist office visit).

[14] For treatment of diagnosed infertility. Including but not limited to Assisted Hatching, In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Intracytoplasmic Sperm Injections (ICSI), and Zygote Intrafallopian Transfer (ZIFT). Up to a maximum of three completed oocyte retrievals (egg retrievals) with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.

[15] Doula Services are covered at no charge up to the allowable visit limits for members in the Plan's Maternal Mental Health Case Management Program. This program is designed to assist mothers (prenatal, postpartum, and interpregnancy) with needs, such as understanding health care benefits, making appointments, and providing health plan and community resources. The Plan offers case management services to members who qualify, which includes members with a maternal mental health condition. Referrals are accepted from any source, including, but not limited to, treating providers (OB/GYN, PCP), members, and/or a facility utilization reviewer/case manager.

Note: Coinsurance values are based on contracted rates.
Note: For "Mental Health Services", "Office Visits" cost-share applies to outpatient office visits, psychological testing, and outpatient monitoring of drug therapy. "Group Therapy" cost-share applies to group mental health evaluation and treatment and group therapy sessions. "Other Outpatient Items and Services" cost-share applies to multidisciplinary treatment in an intensive outpatient psychiatric treatment program, partial hospitalization, and home-based behavioral health treatment for autism spectrum disorder. "Inpatient" cost-share applies to inpatient facility and physician services, mental health psychiatric observation and mental health crisis residential treatment.

Note: For "Substance Use Disorder Services", "Office Visits" cost-share applies to outpatient office visits, medication treatment for withdrawal, and individual evaluation. "Group Therapy" cost-share applies to substance use disorder group evaluation and group therapy sessions. "Other Outpatient Items and Services" cost-share applies to day treatment programs, intensive outpatient programs, and partial hospitalization. "Inpatient" cost-share applies to the inpatient facility and physician services and substance use disorder transitional residential recovery services in a non-medical residential setting.

Note: The cost of developing an evaluation and the provisions of all health care services required or recommended pursuant to a Community Assistance, Recovery and Empowerment (CARE) Agreement or CARE Plan are covered whether the service is provided by a Tier 1, Tier 2 or Tier 3 provider. All services are covered without prior authorization and Cost Sharing, except prescription drugs.

Note: Medically Necessary treatment of a Mental Health or Substance Use Disorder including but not limited to, Behavioral Health Crisis Services provided by a 988 center, or mobile crisis team or other provider of Behavioral Health Crisis Services can be provided by a Tier 1, Tier 2 or Tier 3 provider. You will only pay the Tier 1 cost sharing amount for any Tier 2 or Tier 3 Medically Necessary treatment of a Mental Health or Substance Use Disorder for Behavioral Health Crisis Services, provided by a 988 center, mobile crisis team or other provider of Behavioral Health Crisis Services.

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
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OCTOBER 08, 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 Medicine:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
BUI, Hanh M, MD	Cardiology	Active	10/30/25-10/30/27	
FLORES, Edna I, MD	Oncology	Refer and Follow	10/30/25-10/30/27	
GUALBERTO, Gary C, MD	Neurology	Active	10/30/25-10/30/27	
HALIM, Neil L, MD	Family Medicine	Refer and Follow	10/30/25-10/30/27	
LLOYD, Amanda A, MD	Dermatology	Refer and Follow	10/30/25-10/30/27	
MATAYOSI, Amy H, MD	Nephrology	Active	10/30/25-10/30/27	
PASHMFOROUSH, Mohammad, MD, PHD	Cardiology	Active	10/30/25-10/30/27	
QUINN, Catherine, MD	Oncology	Active	10/30/25-10/3027	Change of status from Provisional to Active.
TOWNE, Brooke MD	Pain Medicine	Active Affiliate	10/30/25-10/30/27	*Change of status from Provisional to Active affiliate. Recommend 1-year extension to allow for increased activities for Implantable.

Department of Surgery:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
HARDY, Tyrone L, MD	Neurological Surgery	Active	10/30/25-10/30/27	

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – 1 of 1
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McKNIGHT, Braden, MD	Orthopedic Surgery	Active	10/30/25-10/30/27	Change of status from Provisional to Active.
ZAVERI, Maulik S, MD	Ophthalmology	Active Affiliate	10/30/25-10/30/27	Change of status from Active to Active Affiliate.

Department of Radiology:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
AMUNDSON, Janet L. MD	Teleradiology	Active Affiliate	10/30/25-10/30/27	
HOTCHKISS IV, John H.	Teleradiology	Active Affiliate	10/30/25-10/30/27	
MARTIN, Andrew J. MD	Teleradiology	Active Affiliate	10/30/25-10/30/27	
ROEDER, Zachary S. MD	Teleradiology	Active Affiliate	10/30/25-10/30/27	

Department of Emergency Medicine:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
PRASAD, Nandan MD	Emergency Medicine	Active	10/30/25-10/30/27	
BROWN, Dorothy W. MD	Emergency Medicine	Active	10/30/25-10/30/27	
ZHANG, Clarice DO	Emergency Medicine	Active	10/30/25-10/30/27	

Department of Anesthesiology:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
FOOLADIAN, Siyavash MD	Anesthesiology	Active	10/30/25-10/30/27	Change of status from Provisional to Active.

Tri-City Medical Center
MEDICAL STAFF

TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT – 1 of 1
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Attachment B

Resignations *Medical Staff*:

Practitioner Name	Department/Specialty	Reason for Resignation
CABATU, Clarence DO	Surgery	Resignation letter received. Effective 7/31/2025.
COOPER, James MD	Radiology	Resignation documentation received. Effective 10/31/2025.
DANG, Paul T, MD	Internal Medicine	Resignation documentation received: Effective 10/31/2025.
DEEMER, Andrew R., MD	General/Vascular Surgery	E-mail received from physician, voluntary. Effective 10/02/2025.
GRUHONJIC, Imran DO	Surgery	Resignation letter received. Effective 7/31/2025.
HALL, Andrew J, MD	Internal Medicine	Fail to complete Reappointment app. Effective 10/31/2025.
VALK, Josiah DO	Surgery	Resignation letter received. Effective 7/31/2025.
BROOKS, Jeffrey, DPM	Podiatric Surgery	Fail to complete Reappointment app. Effective 10/31/2025.

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 COMMITTEE REPORT – Part 2 of 3
OCTOBER 8, 2025

Modification of Staff Status

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

Practitioner Name	Department/Specialty	Change in Staff Status
BAKHTAR, Omid R. MD	Pathology	Provider changing status from Provisional to Active

Addition/Deletion of Privilege(s)

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

Practitioner Name	Department/Specialty	Change in Privilege/s
TOWNE, Brooke MD	Medicine/Pain Medicine	Relinquishing the following privileges. - Pain Management Core Privileges - Radiofrequency Thermocoagulation Lesion Ablation - Cranial Nerve Blocks – All Types

Tri-City Medical Center

ADMINISTRATION CONSENT AGENDA
October 22, 2025

CONTACT: Donald Dawkins, CNE

Policies and Procedures	Reason	Recommendations
Patient Care Services		
1. Alaris System Data Set Approval and CQI Activities Procedure	3 year review, practice change	
2. Clinical Alarm Management	3 year review, practice change	
3. Family Presence During Resuscitation Policy	3 year review	
4. Hand Off Communication Policy	3 year review, practice change	
5. Interdisciplinary Plan of Care IPOC	3 year review, practice change	
6. Latex Sensitivity-Allergy Management Policy	3 year review	
7. Release of Deceased Procedure	3 year review, practice change	
8. Release of Deceased to a Family Member Policy	3 year review, practice change	
9. Swallow Screening in the Adult Patient Procedure	3 year review, practice change	
10. Transferring and Receiving Patients from Outside Tri-City Medical Center (TCMC) Policy	3 year review, practice change	
11. Vaccine, Reporting Adverse Events Policy	3 year review	
Administrative District Operations 200s Finance		
1. Charity Care, Uncompensated Care, Community Service 285	3 year review, practice change	
2. Self-Pay Billing Collections Policy	3 year review, practice change	

Tri-City Medical Center	Patient Care Services
PROCEDURE:	**ALARIS SYSTEM DATA SET APPROVAL AND CQI ACTIVITIES**
Purpose:	To outline the process for modification/approval of the Guardrails data set on infusion pumps and evaluation of **Continuous Quality Improvement** (CQI) reports and data.

A. **PROCEDURE**

1. **Modification of existing Data Set**
   a. Requests for data set revision by Registered Nurses (RNs):
      i. Requests for data set revision may be submitted by any RN to ~~athe~~ Nursing Leader~~/Clinical Educator~~ for their unit.
      ii. The Nursing Leader~~/Clinical Educator~~ shall determine if the change has merit and if a consensus from the staff utilizing that data set profile approve of the change.
      iii. If the change is still recommended, then the Nursing Leader~~/Clinical Educator~~ shall forward the request to **Pharmacy Department leadership for review**~~the Alaris CQI Task Force~~.
      iv. Changes shall be submitted to the Pharmacy & Therapeutics (P&T) Committee and forwarded to Medical Executive Committee (MEC) for Medical Staff approval.
      v. Upon Medical Staff approval, changes shall be submitted to the Board of Directors (BOD) for final approval.
   b. Requests for data set revision by the Medical Staff: Requests for data set revision may be submitted by any medical staff member to ~~the~~ Pharmacy ~~Clinical Manager~~**Department leadership**. These requests shall be submitted to P&T Committee, MEC, and BOD for approval.
2. **Fast-track Approval of Data Sets**
   a. Fast-track approval of data set changes/edits may be granted by the Pharmacy **Department** ~~L~~leadership if deemed necessary and in the best interest of patient safety.
   ~~a.~~**b.** These changes may be put into effect without delay~~,~~ but must be submitted through the standard approval process after fast-track approval.
3. **CQI Data Review**
   a. CQI Data and Reports – Medical Staff: CQI data and reports shall be submitted to the P&T Committee on a quarterly basis. Pertinent information, trends identified, and recommended CQI initiatives shall be summarized and reported to MEC.
   b. CQI Data and Reports – Hospital Staff: A multi-disciplinary task force (Nursing, Pharmacy, Process Improvement) shall have access to the CQI data and reports via the Alaris CQI data software. Profile specific CQI initiatives shall be identified and improvement tracked and trended. Reports to Clinical Educators shall occur on an ongoing basis (at least quarterly).
   c. Practitioners for Each Profile shall be identified as CQI Champions to facilitate the dissemination of progress made to the unit staff and the communication between the **Nursing Leadership Team**~~NPPC~~ and the end-users of the Alaris pump system.

Revision Dates	Clinical Policies & Procedures	Nursing Leadership	Medical Staff Department or Division	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
10/05, 12/00, 06/08, 11/16, 12/20, **10/24**	04/11, 12/16, 10/21, **05/25**	04/11, 01/17, 11/21, **08/25**	n/a	02/17, 11/21, **09/25**	05/11, n/a	01/22, **10/25**	06/11, 03/17, n/a	06/11, 03/17, 01/22

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE:	**12/15**	**SUBJECT:**	**Clinical Alarm Management**
REVISION DATE:	**12/15, 08/18, 04/22**		

Patient Care Services Content Expert Approval:	**~~06/21~~04/25**
Clinical Policies & Procedures Committee Approval:	**~~02/22~~05/25**
Nursing Leadership Approval:	**~~03/22~~08/25**
Medical Staff Department/Division Approval:	**n/a**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Medical Executive Committee Approval:	**~~03/22~~09/25**
Administration Approval:	**~~04/22~~10/25**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**04/22**

A. **DEFINITION(S):**
1. Clinical alarms: Alarms on equipment or devices used for physical or physiological monitoring to protect the patient.
2. Alarm fatigue: Desensitization of clinicians due to exposure to excessive alarms.
3. Nuisance Alarms: –Non-actionable alarms which do not require medical intervention.

B. **POLICY:**
1. This policy ensures the effectiveness of clinical alarm systems by providing regular preventative maintenance and testing of alarm systems; assuring that alarms are activated with appropriate settings and are sufficiently audible with respect to the distances and competing noise within the unit; and defines the roles and responsibilities for alarm management.
2. Patients requiring medical equipment with clinical alarms will be placed in the appropriate patient care settings. Refer to Patient Care Services Policy: Admission Criteria.
3. Alarm signals and parameter management: Failure to hear or respond to critical alarms may lead to unintended patient harm.
    a. Alarms on clinical monitoring and intervention systems will be maintained in the "on" position and sufficiently audible to staff.
        i. Alarms will be turned on by the clinician initiating the clinical monitoring.
        ii. Alarms may not be turned off. Alarms will be "on" as long as the equipment is being used for the patient.
            1) Alarms may be suspended during direct patient care (e.g., bathing).
            2) All alarms must be resumed prior to the caregiver leaving the room.
            3) Alarms will not be set to such extremes that they fail to detect significant changes in a patient's condition.
    b. Alarm parameters:
        i. Alarm parameters should be initially set at the manufacturers default settings or to area/unit specific criteria.
        ii. Parameters may be adjusted by a licensed clinician (within their scope of practice) based on the patient's clinical condition to reduce nuisance alarms and alarm fatigue.
            1) The licensed clinician may set alarms within closer parameters, but never any less than the documented standard unless ordered by ~~a~~the physician **or Allied Health Professional**.

iii. Staff at the beginning of each shift or when care is initiated will ensure alarms are on and review the patient's alarm parameters, including alarm volume.
iv. Patient and/or family education regarding clinical alarms and parameters will be done by the ~~RN/~~**licensed** clinician as needed throughout the shift to decrease alarm induced anxiety and increase patient involvement in their care.

4. Responsible personnel:
   a. The Patient Safety Committee and Medical Executive Committee (MEC) are responsible for establishing alarm management guidelines based on manufacturer's recommendations and published best practices.
   b. Directors and managers, or designee, are responsible for assessing staff competency and for providing training in the operation of medical and monitoring equipment to include the use of alarm systems.
   c. Registered nurses (RN) are responsible for setting and validating clinical alarms.
   d. A Monitor Technician (MT) will notify an RN or Advanced Care Technician (ACT) immediately when a patient's cardiac rhythm is not visible on the central monitor station.
      i. The MT shall not change default cardiac settings or make parameter adjustments unless directed by the RN.
   e. Respiratory therapists are responsible for setting and validating ventilator equipment, alarm limits, function, and audibility.
   f. Licensed ancillary staff members (i.e.~~,~~ ~~r~~**R**adiology **T**~~t~~echnologists, MRI/CT specialists, Nuclear Medicine technologists) may within their scope of practice be responsible for setting and validating alarm limits, function~~,~~ and audibility.
   g. Clinical engineering (biomedical) is responsible for preventative maintenance.
   h. All clinical staff shall respond promptly to any alarm intended to protect the patient receiving care.
   i. **All staff** ~~Other personnel are~~ **share the** ~~responsibl~~**responsibilitye** ~~offer~~ alerting the appropriate **licensed** clinician of a clinical alarm, but not adjusting unless within the scope of their training.
   ~~j. All employees are responsible for identifying the source of an alarm and notifying the appropriate clinical staff for evaluation and intervention.~~

5. Alarm audibility:
   a. The volume level of clinical alarms must be sufficiently audible with respect to distances and competing noise to be heard by the responsible clinicians in the immediate patient care area. The layout of the unit may impact the ability to hear certain alarms and require one or more of the following actions:
      i. Alarm volume to be adjusted upward at certain times of the day based upon the noise level and activity in the patient care area.
      ii. Patient's room/physical location may be moved to ensure audibility of the alarms.
      iii. An area for charting may be set up closer to patients' rooms to ensure audibility of alarms (zone charting).
      iv. Doors to patients' rooms kept open, or partially open with the exception of select patient situations (i.e. isolation precautions, fire alarms, or specific patient/family requests).
      v. In the event that the door to the patient room is closed, alarm audibility will be validated by the RN outside the closed door.
   b. Critically ill patients should have cardiac monitors and/or ventilators visible from outside the patient room.
      i. If the door to the patient's room is required to be closed, the curtain in the room will be kept partially open to allow for adequate visibility of the patient and the monitoring device.

6. Maintenance and testing of alarm systems
   a. Engineering is responsible for the preventative maintenance of all medical equipment and alarm devices.
   b. Clinical Engineering will maintain a current inventory of all medical equipment.

c. Alarm malfunctions and apparent malfunctions must be reported to Biomedical Engineering via TCMC's online work order system.
   i. Equipment with malfunctioning or apparent malfunctioning alarms must be taken out of service and evaluated by Biomedical Engineering personnel. Refer to Administrative Policy: Event Report 396.

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

1. Administrative Policy: Event Report 396
2. ~~NICU Procedure: Pulse Oximetry~~
3. ~~NICU Policy: Standards of Care~~
4. **2.** Patient Care Services Policy: Admission Criteria
5. ~~Patient Care Services Policy: Pulse Oximetry~~
6. **3.** Patient Care Services Standardized Procedure: Standards of Care, Adult
7. ~~Pulmonary Procedure: Mechanical Ventilation (Initial Set Up Protocol, Management and Troubleshooting)~~
8. **4.** Telemetry Unit Specific Policy: Management of Telemetry Patient 6150-108
9. ~~Telemetry Unit Specific Procedure: Monitoring Telemetry Patients Using the DASH 3000~~
10. ~~Women & Newborn Services Standardized Procedure: Standards of Care, Intrapartum~~
11. ~~Women & Newborn Services Policy: Standards of Care, Newborn~~
12. ~~Women & Newborn Services Policy: Standards of Care, Postpartum~~

D. **REFERENCE(S):**

1. **The Joint Commission (TJC). 2025. National Patient Safety Goal (NPSG). NPSG.06.01.01 Improve the safety of clinical alarm systems.**
2. ~~1.~~ Bach, T.A., L. & Turk, E. (2018, July). Managing Alarm Systems for Quality and Safety in the Hospital Setting. MJ Open Quality 2018; 7(3): doi:10.1136/bmjog-2017-000202. Retrieved from the https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6069923/
3. ~~2.~~ The Joint Commission **(TJC).** Perspectives: Special Report: Suicide Prevention in Health Care Settings. November 2017, Vol.37, Issue 11.
4. ECRI Institute: Strategies to Improve Alarm Safety, 2014
5. ~~3.~~ **ECRI Update: 4 Key Steps for Reducing Alarm Fatigue and Improving How Telemetry Alarms are Managed. (2024, September). Retrieved from ECRI Update: 4 Key Steps for Reducing Alarm Fatigue and Improving How Telemetry Alarms are Managed - TechNation**

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE:	**03/09**	**SUBJECT:**	**Family Presence During Resuscitation**

REVISION DATE: 01/12, 07/16, 06/19, 02/22

Patient Care Services Content Expert Approval:	**~~11/21~~11/24**
Clinical Policies & Procedures Committee Approval:	**~~11/21~~05/25**
Nursing Leadership Approval:	**~~11/21~~08/25**
Medical Staff Department or Division Approval:	**n/a**
Medical Executive Committee Approval:	**~~01/22~~09/25**
Administration Approval:	**~~02/22~~10/25**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**02/22**

A. **DEFINITIONS:**

1. Family Presence During Resuscitation (FPDR): The presence of family in the patient care area/room during resuscitation efforts.
2. Resuscitation: A sequence of events, which are initiated to sustain life or prevent further deterioration of the patient's condition.
3. Family: A relative of the patient or any significant other with whom the patient shares an established relationship.
4. Family Support Person: Tri-City Healthcare District (TCHD) employees including:
   a. Nurse Leader
   b. Staff Registered Nurse (RN), Supervisor, Charge Nurse
   c. Chaplain
   d. Social Worker
   e. Administrative Supervisor or other designee who is assigned to the family of a patient during a resuscitation event and assumes no direct care responsibilities for the patient. During day shift hours the family support person role will be fulfilled by a chaplain or social worker, or if unavailable, the Nurse Leader or his/her designee. During night shift hours the family support person role will be fulfilled by the Administrative Supervisor, Nurse Leader or his/her designee.
5. Trauma Intervention Program (TIP): Specially trained community volunteer that provides emotional and practical support to survivors immediately following a traumatic emergency situation in the Emergency Department (ED).

B. **PURPOSE:**

1. To assure patient and families are provided care consistent with the philosophy of patient/family-centered care and established emergency care standards.
   a. Supportive data:
      i. The family is a constant in the patient's life. Family participation and involvement in the patient's health care promotes collaborative relationships among the patient, family and health care professionals. The strengths and coping strategies of the family are supported and incorporated into the care of the patient.

C. **POLICY:**

1. Patient and Family Assessment

a. Family members shall be assessed by the primary RN or designee for the appropriate levels of coping, desires and needs.
    i. In addition, family members should demonstrate the absence of combative or threatening behavior, extreme emotional volatility, and behaviors consistent with an altered mental status related to drugs or alcohol.
        1) Family members demonstrating such behavior are not candidates for FPDR.
    ii. Children must have an adult caregiver present to be allowed at the bedside.
b. Cultural customs shall be considered and assessed. Healthcare providers shall maintain an awareness of cultural variations and be sensitive to these factors and family needs.
c. Decision to initiate FPDR is dependent upon criteria consisting of three components:
    i. Patient's pre-determined desire to have family present
    ii. Family's desire to be present
    iii. Agreement of the direct care providers
d. Family members who do not wish to participate shall be supported in their decision without judgment and the family support person shall remain with them.
e. When a resuscitation event is announced a family support person shall be determined based on available staff.
f. The family support person shall identify the primary RN and ask if the family can be present.

2. Preparation/Participation of FPDR
    a. The family support person shall explain the patient's appearance, treatments and equipment used in layman's language and shall prepare the family for entering the patient's room by:
        i. Explaining how many family members may enter the room safely, where they may stand initially, when they shall be able to move to the bedside and what not to touch to prevent injury.
        ii. Explaining and adhering to appropriate infection control measures if the patient is on isolation.
        iii. Preparing family members for the sights and sounds of resuscitation.
        iv. Clearly informing the family of the status of their loved one at all times.
        v. Explaining why the family may be asked to step out of the room and when they may leave the room.
        vi. Informing health care providers of the presence of the family.
        vii. Remaining with the family at all times during the resuscitation.
        viii. Escorting the family from the bedside and/or out of the room if deemed necessary by the health care providers.
3. TIP Volunteers
    a. May perform the following with family members:
        i. Sit quietly
        ii. Listen
        iii. Ask open ended questions
        iv. Escort family to see patients with prior approval by the primary RN
    b. May not perform or assist with the following:
        i. Patient care
        ii. Turn off cardiac monitors
        iii. Remove equipment attached to patients
        iv. Remove clothing or jewelry, or personal belongings from the patient
        v. Provide health information to family members
4. Post-Code Follow-Up
    a. Immediately following the resuscitation event, the family support person shall meet with and debrief the family regarding the circumstances of the resuscitation event and the outcome.
    b. If the patient survives resuscitation efforts with good prognosis:

i. Provide patient/family orientation to the Intensive Care Unit (ICU).
ii. Explain procedures/test fully and update all parties per Primary Care RN/Primary Physician on an on-going basis.
iii. Transfer to ICU.

c. If the patient survives with poor prognosis:
i. Discussion shall be initiated with family regarding comfort measures, hospice, etc.
ii. Hospitality cart ordered for family
iii. Chaplain Services as appropriate
iv. Open Visitation
v. Life sharing referral initiated

d. If the patient expires:
i. Explain end of life process to family per primary care RN/ancillary staff (i.e., Chaplain, Social Worker, and Administrative Supervisor). See Patient Care Services Policy: End of Life (Comfort Care).
ii. Notify Life-Sharing per Patient Care Services Policy: Organ Donation, Including Tissue and ~~Eyes.~~**Eyes.**
iii. Allow family private time in room.
iv. Complete required documentation.
v. Offer dealing with grief information to family.

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

1. Patient Care Services Policy: End of Life (Comfort Care)
2. Patient Care Services Policy: Organ Donation, Including Tissue and Eyes

E. **REFERENCE(S):**

1. American Association of Critical Care Nurses (AACN). (2016). Practice alert: Family Presence During Resuscitation and Invasive Procedures. Retrieved May 9,2016, from http://www.aacn.org/wd/practice/docs/practicealerts/family-presence-during-resusitation-and-invasive-procedures-pa-2015.pdf.
2. Beesley, S.J., Hopkins, R. O., Francis, L., Chapman, D., Johnson, N., & Brown, S. M. (April 2016). Let Them In: Family Presence During Intensive Care Unit Procedures. American Thoracic Society.
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Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE:	**10/05**	**SUBJECT:**	**Hand-Off, Communication**
REVISION DATE:	**02/06, 01/08, 07/08, 04/09, 08/12 03/21**		

Patient Care Services Content Expert Approval:	**~~07/20~~04/25**
Clinical Policies & Procedures Committee Approval:	**~~10/20~~05/25**
Nursing Leadership Approval:	**~~12/20~~08/25**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Medical Executive Committee Approval:	**~~01/21~~09/25**
Administration Approval:	**~~03/21~~10/25**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**03/21**

A. **PURPOSE:**

1. To improve the effectiveness of communication among caregivers.
2. To provide a consistent, standardized, interactive approach to hand-off communication between patient caregivers.
3. To ensure healthcare providers communicate new, changes or updates in patient information throughout a shift using a standardized communication process.
4. To ensure **appropriate patient information is given to the care team when a patient is sent to another department for tests and or treatments.**

B. **DEFINITION(S):**

1. **Change of Shift Team Update: A brief verbal communication between licensed staff (RN) and ACTs to provide pertinent information regarding individual patient assignments.**
2. **Face-to-fFace Hand-off: Registered Nurses (RN)/Respiratory Care Practitioner (RCP) simultaneously review orders utilizing one computer during hand-off.**
3. **Hand-off: The transfer of information between one nurse to another" to ensure continuity and the safe transfer of patient care. Hand-off should be provided using a standardized systematic process and tool e.g., SBAR paper.**
4. **Hand-Off Rounds: Patient rounds after completing verbal shift-to-shift hand-off by the on-coming and off-going nurse.**
- ~~1.~~**5.** Health Care Providers: A ~~Registered Nurse (~~RN~~)~~, **RCP**~~or~~ Certified Nursing Assistant (CNA)/Advanced Care Technician (ACT) **or other clinical staff** assigned to a nursing unit **to care for patients.**~~.~~
- ~~2.~~**6.** Safety Hand-Off: Providing safety information including, but not limited to:
  - a. Patient name
  - b. Diagnosis
  - c. Orientation (for example alert, confused, forgetful)
  - d. Code status, if applicable
  - e. Isolation status, if applicable
  - f. Communication barriers (hard of hearing, legally blind, non-English speaking), if applicable
  - g. Patient safety concerns, for example fall risk, conditions affecting ability to transfer safely
- ~~3.~~**7.** SBAR (Situation-Background-Assessment-Recommendation): a technique that provides a framework for communication between members of the health care team about a patient's condition.

a. Situation: concise statement(s) identifying the problem
b. Background: Pertinent and brief details (information) that relates to the situation
c. Assessment: patient assessment findings, lab results, diagnostic results, vital signs
~~c.~~**d. Recommendation: suggested treatments, medications, plan of care etc., which will decrease or resolve the situation**

8. Transfer Hand-off - Sending and receiving RNs will simultaneously review orders utilizing computers in their departments during hand-off.

~~4. Recommendation: suggested treatments, medications, plan of care etc., which will decrease or resolve the situation.~~

~~5. Change of Shift Team Update: A brief verbal communication between licensed staff (RN) and ACTs to provide pertinent information regarding individual patient assignments.~~

C. **POLICY:**

1. During hand-offs licensed ~~personel~~personnel~~nurses~~ will review physician orders in real time electronically using a computer during shift and transfer hand-off and contact the physician/AHP for any clarification of orders.

2. Healthcare providers shall use the SBAR process when providing hand-off communication.
a. See Patient Care Services Policy: Advanced Care Technicians (ACT) Assignments and Shift Routines.
~~1.~~**b. See Patient Care Services Policy: Patient Mobility Technician Services.**

~~2.~~**3.** Hand-off communication shall:
a. Be accurate, clear ~~, complete,~~ and include information about the patient's care, treatments and ~~required services.~~ **pertinent orders.**
b. Include an opportunity for verbal communication and allow for face-to-face or telephone interaction, so questions or concerns about a patient's care can be asked and answered.
i. Clarification and validation techniques shall be utilized to make sure there is a common understanding about expectations.
c. Include information about a patient's current condition and recent or anticipated changes.
~~d. Hand Off Rounds: shift to shift hand off communication will include rounding by the on-coming and off-going nurses.~~

~~3.~~**4. Hand- off communication ~~is a A consistent method for the exchange of patient information for patient hand off communication and~~** shall be conducted throughout the organization during the following:
a. Change of shift
b. Break relief
c. Prior to the transfer of care to another nursing unit
~~d.~~ Prior to and after transfer of care to another department for a procedure/test, i.e. radiology, surgery, cardiac catherization~~, inpatient dialysis unit~~
e. Prior to transferring/discharging a patient to another facility

~~4.~~**5.** Shift team updates shall be initiated by the on-coming **RN/**-healthcare team after shift-to-shift hand-off communication.

~~5.~~**6.** ~~Shift Team Updates~~ **The nursing care team** shall continue throughout the shift as needed, to ~~improve~~ **communicate any change in patient care or condition** ~~communication~~ between all members of the health care team.

~~6.~~**7.** If **a** patient is transported **off the unit without the RN,** ~~and unaccompanied by a licensed nurse~~, **the** nurse shall provide a safety hand-off to the transporter.

D. **HAND-OFF COMMUNICATION REFERENCES:**

1. The following references may be used to provide hand-off communications, including but not limited to:
a. History and Physical

b. Electronic Health Record (EHR) patient care applications ~~i.e. orders, labs, vital signs, clinical notes~~
c. Medication Administration Record (MAR)
d. Physician's/Allied Health Professional (AHP) Orders
e. Physician's Progress Notes
~~f. Chart Summary Screen~~
~~g. SBAR Shift to Shift Hand-off Communication form~~

E. **NURSING SHIFT-TO-SHIFT HAND-OFF / TRANSFER OF CARE TO ANOTHER NURSING UNIT:**
~~Nurses will review the physician orders in real time electronically during shift and transfer hand-off and contact the physician/AHP for any clarification of orders.~~
1. Face-to-face hand-off will be performed by the oncoming and off-going licensed nurses.
2. Transfer hand-off will be performed by the transfer and receiving licensed nurses.
~~1.~~3. Topics discussed during hand-off will include, ~~May include~~ but are~~is~~ not limited to:
a. Patient Information (name, age, physician, diagnosis)
b. Code status
c. Isolation status
d. Allergies
e. Abnormal assessment findings (labs, vital signs, physical assessment)
f. Pertinent Physician Orders
~~f.~~g. Plan of Care e.g., Interdisciplinary Plan of Care (IPOC)
~~g.~~h. Any patient safety concerns (i.e., falls, medications that may contribute to falls, seizure precautions, and/or equipment)
~~h.~~i. Case management/social service **documentation** ~~concerns~~ related to the plan of care
~~i.~~j. Medications/key interventions requiring follow-up by the receiving unit or oncoming shift
i. Pain level and time pain medication was last given, if applicable
~~2.~~4. Surgical Services hand-off shall include nursing shift-to-shift hand-off information as well as:
a. All pertinent pre/post-surgical/procedural information
b. Whereabouts of family and belongings

F. **NURSING BREAK RELIEF:**
1. Pertinent physician orders will be reviewed in real time during break hand-off.
2. Face-to-face hand-off will be performed by the primary and the break relief RN.
~~1.~~3. A verbal handoff should include the following information:
a. Patient information (name, age, physician, diagnosis)
b. Current condition and status (level of consciousness, vital signs)
c. Code status
d. Isolation status
e. Patient safety **concerns: for ~~example~~example, fall risk and conditions affecting ability to transfer safely**
f. Medications or tasks due or in progress
g. Calls placed to physicians

G. **RESPIRATORY CARE PRACTITIONER (RCP) TO RCP:**
1. A verbal report, face-to-face, or telephone hand-off shall be conducted.
~~1.~~2. RCPs will review the physician orders in real time electronically during shift and transfer hand-off and contact the physician/AHP for any clarification of orders.
~~a. When verbal report, face to face, or telephone hand-off is not possible, a written report shall be completed by the off-going RCP.~~
~~i. The off-going RCP written report shall include the hand-off information listed below.~~
~~2.~~3. Hand-off may include, but not limited to, the following information:
a. Patient identifiers
b. Code status

c. Isolation status
d. Pulmonary Diagnoses
e. Time last treatment was conducted
f. Breath sounds
g. Vital signs including last pulse oximeter reading
h. Cough and/or sputum
i. Mental status including vision or hearing impairments
j. Abnormal or unusual respiratory conditions (i.e., hemoptysis)
k. Pertinent lab results
l. ~~Ventilator~~ **Equipment** settings as applicable
m. Patient safety concerns: ~~,~~for example fall risk and conditions affecting ability to transfer safely
n. Medications/key interventions requiring follow-up by given by the oncoming shift

H. DOCUMENTATION:

1. Hand-off documentation will be ~~is~~ documented in the Electronic Health Record.

~~n. A clinical note will be used for hand off documentation on a patient transfer from unit to unit with the name of the RN who received hand-off~~

~~H.~~I. RELATED DOCUMENT(S):

1. Patient Care Services Policy: Discharge of Patients
2. Patient Care Services ~~Policy: Transfer~~**Policy: Transfer** of Patients Within the Facility

~~I.~~J. REFERENCES:

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~~5.~~**7. The Joint Commission (TJC). (2017). 8 Tips for high-quality hand-offs. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_8_steps_hand_off_infographic_2018pdf.pdf?db=web&hash=F4BCE57E34ED03DF76411EB9E302038E.**

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE: 08/01

SUBJECT: Interdisciplinary Plan of Care (IPOC)

REVISION DATE~~(S)~~: 06/03, 06/05, 01/08, 05/11, 05/12, 05/15, 07/18, 12/21

Patient Care Services Content Expert Approval:	**~~10/21~~04/25**
Clinical Policies & Procedures Committee Approval:	**~~10/21~~05/25**
Nursing Leadership Approval:	**~~11/21~~08/25**
Medical Staff Department/Division Approval:	**n/a**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Medical Executive Committee Approval:	**~~11/21~~09/25**
Administration Approval:	**~~11/21~~10/25**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**12/21**

A. **PURPOSE:**
1. To ensure an interdisciplinary plan of care (IPOC) i.e., plan of care:
   a. Is developed upon admission by a Registered Nurse (RN)
   b. Is maintained and updated
   c. Reflects the patient's goals and nursing care required to meet the patient's needs

B. **DEFINITIONS:**
1. IPOC – "a roadmap used to guide patient care so that all health care providers are moving toward the same patient goals".
2. Goals – "Broad statements of purpose that describe the overall aim of care. Goals may be short or long term".
3. Outcome – "a measurable behavior demonstrated by the patient responsive to nursing interventions with an identified timeframe to for the outcome to be reached by the patient". Outcomes are identified before nursing interventions are planned. After nursing interventions are implemented, nursing must evaluate if the outcomes were met in the time frame indicated for the patient. Outcomes are realistic, relevant, reevaluated and revised for attainability as needed.
4. Interventions – actions or activities undertaken to address a specific patient problem and to improve, maintain, or restore health or to prevent illness.

C. **POLICY:**
1. An Interdisciplinary Plan of Care (IPOC) shall be initiated within eight (8) hours of a patient's arrival to an inpatient care area.
2. The IPOC includes planning the patient's nursing care to meet the patient's needs and interventions toward meeting patient treatment goals.
3. The initial (admission) IPOC is based on assessing the patient's nursing care needs and not solely those needs related to the admitting diagnosis.
4. The IPOC shall have measurable outcomes with specific interventions that assist to reach the identified outcomes.
5. All outcomes will have an expected (target) completion date.
   a. The following factors shall be considered when developing and/or updating IPOCs:
      i. Assessment findings:
         1) Biophysical
         2) Psychosocial

3) Knowledge deficits
4) **Nutritional Needs**
~~3)~~5) **Pain (actual and potential)**
~~4)~~6) Safety
~~5)~~7) Spiritual and cultural
~~6)~~8) Discharge Needs
a) Referrals to Interdisciplinary Departments
b) Assistance from family support persons
~~b)~~**c) Ability to provide self-care post discharge**

ii. Treatment goals
~~ii.~~**1) Pre-operative, post-operative or post procedure, ~~treatment of~~ care needs related to status secondary to new diagnosis**

6. The primary RNs shall discuss a summary of the IPOC with the patient and their caregiver/ family support once a ~~shift, with~~**shift, with changes in status,** and as needed (PRN).
7. IPOCs shall be kept current by ongoing assessment of the patient's needs and of the patient's response to interventions, assessment of patient treatment goals, and updating or revising the patient's IPOC in response to assessments.
8. When a patient is transferred to another nursing unit, the receiving RN shall review the existing IPOCs for appropriateness and update or discontinue plans, interventions and/or outcomes that are reached as needed. The receiving RN shall initiate additional plans as needed based on the patient's transferring assessment **and physician transfer treatment orders and goals.**~~.~~

D. **REFERENCE(S):**

1. California Code of Regulations (CCR). Title 22. Social Security, Division 5, Chapter 1, Article 3, §70215 Planning and Implementing Patient Care.
~~1.~~**2.** Centers for Medicare and Medicaid Services (CMS). (202~~4~~**0**~~20, February 21~~). **Code Federal Regulations, Title 42 Public Health; Part 482. Conditions of Participation for Hospitals.** ~~State Operations Manual Appendix A Survey Protocol, Regulations and Interpretive Guidelines for Hospitals.~~ §482.23(b)(4).
~~2.~~**3.** The Joint Commission **(TJC). (2025, January).** ~~Handbook (2017)~~, Provision of Care **(PC)**, Treatment and Services Standard, **Evidence of Performance (EP): PC.01.03.01 EP 1, 5, 22,and 23.**
~~3. Wisconsin Technical College System, (n.d.). Nursing fundamentals: 4.5 outcome identification. Retrieved from https://wtcs.pressbooks.pub/nursingfundamentals/chapter/4-5-outcome-identification~~

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE:	**11/02**	**SUBJECT:**	**Latex Sensitivity/Allergy Management**
REVISION DATE~~(S)~~:	**12/02, 4/05, 6/08, 07/11, 02/15 08/18, 03/22**		

Department Approval:	**~~06/21~~02/25**
Clinical Policies & Procedures Committee Approval:	**~~11/21~~05/25**
Nursing Leadership Approval:	**~~12/21~~08/25**
Medical Staff Department/Division Approval:	**n/a**
Pharmacy & Therapeutics Committee Approval:	**~~02/22~~09/25**
Medical Executive Committee Approval:	**n/a**
Administration Approval:	**~~03/22~~10/25**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**03/22**

A. **PURPOSE:**

1. Tri-City Medical Center seeks to create a latex-safe environment whenever possible and by doing so:
   a. Decrease risk of developing latex sensitivity/allergy.
   b. Decrease symptoms due to latex sensitivity/allergy in sensitized-allergic employees and patients.

B. **POLICY:**

1. The following are possible routes of exposure to latex allergens:
   a. Skin – via gloves, tapes, masks, tourniquets.
   b. Mucous membranes – via products used in dentistry, anesthesia, rectal examinations, and eye droppers.
   c. Inhalation – via aerosolization of glove powder.
   d. Internal tissue – via latex products used in surgery.
   e. Intravascular – via intravenous (IV) catheters, devices used to deliver IV fluids and injectables (syringes and IV administration sets) or rubber stoppers on medication vials.
2. Patient care staff shall be educated about latex safe environment and patient care issues.
3. At the time of admission, all patients are asked if they are allergic to latex by the nursing staff. The nursing staff shall provide patient education materials to patients known to have a latex sensitivity/allergy.
4. If a patient is known to have a latex sensitivity/allergy, latex precautions shall be used in their care.
   a. Place a latex allergy sign on the patient room door.
   b. Place latex allergy band on patient.
   c. Pharmacy and Food & Nutrition Services shall be notified of patient sensitivity/allergy to latex.
   d. The latex allergy shall be documented in the medical record, electronic medication administration record (eMAR) and entered into the pharmacy computer system.
   e. The need for latex precautions shall be communicated before a latex sensitive/allergic patient is sent to another department.
   f. To the extent possible, latex-free products shall be used in the care of the patient.
      i. The majority of single-use, disposable products used in our facility are latex-safe.
      ii. Supply Chain Management shall label all products known to contain latex with a sticker indicating product contains latex.

g. All health care workers who provide care to the patient or other patients within the room shall wear latex-free gloves.

5. All drugs to be used must be supplied in containers without a rubber stopper (i.e. glass ampules or screw top bottles). Where this is not possible, use a filter needle to draw up the medication and change the needle prior to administering the medication.
   a. If contact with a latex product cannot be avoided, consult the patient's physician to determine need to medicate patient for prophylaxis.
   b. Caregivers who observe allergic reactions such as skin rashes, hives, flushing, itching, nasal, eye or sinus symptoms, respiratory distress, and shock in patients following the use of latex-containing products shall report this reaction immediately to the patient's physician. Treat as clinically indicated for any allergic/anaphylactic reaction. Complete an incident report for all adverse drug reactions.
6. Placement in Airborne Precaution room shall be avoided for patients with latex allergens due to the negative pressure potentially drawing latex allergens into the room.
   a. If the patient requires Airborne Precautions, the negative pressure room shall be used without modification.
7. The Hospital prohibits latex balloons on all units. The Hospital does not sell latex balloons in the gift shop and requires florists and other gift suppliers who deliver to the Hospital to use mylar, rather than latex balloons.

C. **RELATED DOCUMENT(S):**
1. Latex Allergy Patient Education
2. Latex Allergy Signs & Symptoms of an Allergic Reaction

LATEX ALLERGY

A latex allergy occurs any time a reaction is caused by bodily contact (via touching or breathing) with latex. Most problems can be prevented by protection from contact. Repeated contact with latex increases the chance of acquiring a latex allergy and may worsen the reaction.

Many items contain latex

There are many places, including medical settings, where one may come into contact with hundreds of products made with latex. Only products used as medical supplies are required by law to be labeled as "latex-free" or "containing latex." The following is only a partial list.

Common items made with latex:

Band-Aids	Elastic in clothing	Paints	Rubber bands
Balloons	Erasers	Baby bottle nipples	Condoms
Hot water bottles	Rubber toys	Pacifiers	Art supplies

More detailed lists and latex allergy information may be found at various website addresses, including the following:

www.sbaa.org
www.latexallergyresources.org
www.osha-slc.gov/SLTC/latexallergy/index.html
www.latex-allergy.org

Protect yourself from exposure to latex

Remember to report the need for latex precaution in each and every medical visit and in community places. These places include hospitals, clinics, doctor and dentist's offices, pharmacies, nursing homes, day care, schools, and work settings. You have the right to question the latex content of any product used in each setting.
Wear some form of medical identification if you are allergic to latex and follow instructions given to you by your nurse or doctor at all times. This may include taking medication.

Signs and symptoms of an allergic reaction

A response to latex may occur right away or not happen for hours after contact with an object. Sometimes it is hard to know which object caused it. The following may be symptoms of a latex allergy. It is very important to respond to these symptoms.

Seek medical help immediately if the person has difficulty breathing, complains of chest pains, or seems in general distress.

Skin:	☐ Rash, swelling, hives, itching, redness, and irritations. This reaction may be small or cover large areas of the body.
Eyes:	☐ Itching, tearing, watering, redness
Nose/throat:	☐ Runny nose, tightness and/or swelling of the throat, sneezing, itching
Lungs:	☐ Shortness of breath, difficulty breathing, wheezing
Heart:	☐ Chest pain, palpitations, lightheaded, fast heart beat, drop in blood pressure
Intestine:	☐ Abdominal cramping, diarrhea, nausea, vomiting

Food and Latex Allergy

There is a strong cross-reaction between some food allergies and latex allergy. Food sensitivity or allergy may exist before the onset of latex allergy. It may develop at the same time or after the latex allergy.

Cross-Reactive Foods
Certain foods are more likely than others to cause this reaction. These are called cross-reactive foods. Persons allergic or sensitive to latex may react to all, some, or none of the cross-reactive foods. Foods include bananas, avocados, kiwi and chestnuts. Other foods with a lower association include apples, carrots, celery, tomatoes, papaya, melons and potatoes.

Tri-City Medical Center	Patient Care Services
PROCEDURE:	**RELEASE OF DECEASED**
Purpose:	To care for and release remains of deceased to Medical Examiner's Office, appropriate mortuary/crematory or Lifesharing

A. **AFTER A PATIENT'S DEATH, THE STAFF NURSE WILL:**

1. **Notify the patient's attending physician and consulting Physicians (i.e., surgeon) of patient's death.**

~~1.~~**2.** Notify physician/Allied Health Professional (AHP) to pronounce the patient or to obtain physician's order for the Administrative Supervisor (AS) or authorized Registered Nurse (RN) to pronounce patient dead.

   a. **It is the responsibility of the attending physician or designee to notify** ~~Notification of~~ the ~~family of the~~ patient's **next of kin.** ~~death is the responsibility of the physician/AHP.~~ **(Refer to Patient Care Services Procedure: Pronouncement of Death).**

      i. **In cases where the patient death was anticipated, such as a patient with Comfort Care or Do Not Resuscitate (DNR) or Allow Natural Death orders, the primary RN, RN Clinical Leader or AS may notify the patient's next of kin.**

   b. Provide next of kin's name and phone number to physician/AHP.

   c. Ask the physician/AHP who will be responsible for signing the death certificate and complete the Expiration Record in electronic health record (EHR) with this information.

      ~~i. Provide next of kin's name and phone number to physician/AHP.~~

      ~~ii. Ask the physician/AHP who will be responsible for signing the death certificate and complete the Expiration Record in electronic health record (EHR) with this information.~~

   ~~b.~~**d.** For neonatal deaths see Patient Care Services Procedure: Miscarriage and Stillbirth Identification and Disposition Process and Patient Care Services Procedure: Miscarriages and Stillbirth Identification and Disposition Procedure.

   ~~c.~~**e.** For **Justice Involved patient** ~~in-custody~~ deaths see Progressive Care Unit Procedure: Release of a Deceased Justice Involved Patient.

~~2.~~**3.** Notify the Medical Examiner of reportable deaths within one (1) hour of death and do not remove any lines unless this is waived by the Medical Examiner~~.~~ (Refer to Patient Care Services Policy: Medical Examiner Notification for criteria for reportable deaths and process for reporting). Explain procedures involved to family.

~~3.~~**4.** Indicate in the Expiration Record in EHR if the Medical Examiner is notified or not.

   a. If the Medical Examiner is notified and waives the case make sure to enter the waive number in the Expiration record.

   b. If the Medical Examiner accepts the case, document in EHR the Medical Examiner accepts case.

   c. The Medical Examiner's office will pick up decedent.

~~4.~~**5.** Notify the donor referral line (Lifesharing) as soon as possible and within one (1) hour of the death at 1-888-423-6667 (refer to Patient Care Services Policy: Organ Donation, Including Tissues and Eyes – Donation Option – Brain Death). Note the date and time of this call and name of the referral line staff on the Expiration Record in EHR.

   a. If LifeSharing identifies the patient as a candidate for eye, bone or tissue procurement, a Lifesharing Representative shall contact the family regarding donation options (refer to Patient Care Services Policy: Organ Donation, Including Tissues and Eyes – Donation Option – Brain Death) for referral, obtaining consent~~,~~ and recovery process. If the

representative calls back with donation information for consent purposes, the additional information on donation in the Expiration Record in EHR needs to be completed.

b. Only a Lifesharing Procurement Coordinator shall approach the family regarding donation option for organs.
   i. Verify that the family consent or refusal for donation option is documented in the Expiration Record in EHR along with time of death.
   ii. Provide eye care for corneal / eye donation patients (close eyes, place light ice bags over the eyes). Corneas can be utilized up to twelve (12) hours.
   iii. Document consent for donation in the "Expiration Record" in EHR and place signed consent form in the front of the medical record. Leave the chart in the Nursing area at the main nursing desk on the floor in which the patient expired for the Procurement Coordinator to review. Document recovery procedure completion if done at bedside in the expiration record in the "other" comment box of "Organ Donation Approval" section.

~~5.~~**6.** Solicit assistance from Chaplain, Social Services and/or patient's Hospice Nurse as needed for family support.
   a. If hospice is involved, they do not notify the mortuary to pick up the deceased, only the AS makes this call.
   b. In the Emergency Room, Social Services and Trauma Interventional Program (TIP) is available for family support.

~~6.~~**7.** Verify that the time of death is recorded in the Expiration Record in EHR by the AS or by the physician/AHP who pronounced the death. If the AS or specially trained RN pronounces, the time will be entered into the note of pronouncement and expiration record, otherwise the time will be noted in the Physician's Progress Note or Discharge Summary.

~~7.~~**8.** Provide family information regarding funeral arrangements and support services.

~~8.~~**9.** Release patient belongings and valuables after recording inventory of all valuables and patient belongings in the Expiration Report in EHR and then **complete**~~print~~ **the** Authority for Release of Deceased **form** ~~Report~~ and place a patient label where indicated. Release belongings to family and obtain their signature on Authority for Release of Deceased **form**~~Report~~.
   a. Any unclaimed valuables will be secured in valuables envelope and then the RN notifies Security to pick up the valuables. All unclaimed valuables will be placed in the hospital safe per Patient Care Services Policy: Patient Valuables Liability and Control and the receipt forwarded to the AS. Security is to be contacted to provide patient valuables to family members when requested after a patient's death.
   b. If family is not present to take patient belongings, then the RN notifies Security to pick up the belongings and place them in a secure designated location. Security is to be contacted to provide patient belongings to family members when requested after a patient's death.

~~9. Print EHR report Authority for Release of Deceased Report for signatures.~~

   ~~a.~~**c.** If Authority for Release of Deceased **form**~~Report~~ is signed by a legal representative, attach a copy of the documentation of legal representation, e.g. Power of Attorney.

10. Forward the following to the AS :
   a. ~~A c~~**C**ompleted ~~electronic~~ Authority for Release of Deceased **form**~~Report~~.
   b. Facesheet – 1 copy.
   c. 1 copy of documentation of legal representation of patient, i.e. Power of Attorney; Conservator, if applicable.
   d. Valuables receipt.
   e. Authorization for Autopsy (if requested by family or physician and financial arrangements have been confirmed with Department of Pathology).
   f. Consent for Anatomical Donation, for Tissue and/or Eye Donation (when procurement is complete).
   g. Body donation program acceptance letter/forms.

11. After patient is properly identified and placed in body bag, notify **Patient Mobility Technician (PMT)**~~Lift Team~~ to transport the body from the patient care area to the morgue for temporary storage.
    a. Do not send belongings to the morgue with the patient.
12. May also release patients to Medical Examiner's office following the above process and sign off appropriately on the Authority for Release of Deceased **form**~~Report~~.

B. **THE ADMINISTRATIVE SUPERVISOR WILL**:

1. Call the mortuary when the body is ready for release from Tri-City Healthcare District (TCHD) and provide them with the information requested from the completed Authority for Release of Deceased **form**~~Report~~. Refuse release of body to any agency or transport service before hearing from next of kin and having authorization signed. Exceptions to this are as follows:
    a. The Medical Examiner will pick up the deceased on their authority.
    b. If the patient has made prior arrangements (pre needs), a copy of this document from the mortuary is acceptable.
2. Send the Authority for Release of Deceased **form**~~Report~~ and additional paperwork to the AS office.
3. Notify Engineering and lift team when morgue bay is full to adjust temperature and rotate the bodies. Use overflow morgue as needed.
4. Respond to call from Private Branch Exchange (PBX) when a security officer is unavailable to release deceased from TCHD.
5. Notify Public Administrator if:
    a. Next of Kin of patient is unidentified and there is no identified court appointed Power of Attorney or Conservator/Guardian.
        i. Holding ~~A~~ Body Pending Disposition: The body of any person whose death occurs in this State, or whose body is found in the State, or which is brought in from outside the State, shall not be temporarily held pending disposition more than eight (8) calendar days after death, unless a permit for disposition is issued by the local registrar of the registration district in which the death occurred or the body was found.
    b. Parents or family of fetal demise have made no mortuary arrangements after eight (8) days.
        i. If parents or families are unable to financially obtain mortuary services, they may contact the Public Administrator for assistance. This is done by the family placing the call to the San Diego County Public Administrator (858) 694-3500.
        ii. TCHD staff is prohibited from making mortuary referrals or financial arrangements for families.
6. Serve as a resource to the staff nurse regarding consent for tissue, organs, and eye donation, (refer to Patient Care Services Policy: Organ Donation, Including Tissues and Eyes – Donation Option – Brain Death). The determination of donor suitability will be done by Lifesharing.
7. Contact Anatomical Gift Program to verify donation when patient has applied or been accepted into the anatomical gift program for body donation.
    a. If available, attach a copy of the acceptance forms and letter, from the University Medical Center or school to the Authority for Release of Deceased **form**~~Report~~. If not available from the family, call the Program Office at the School or University for a copy to be faxed to TCHD and attached to the Authority for Release of Deceased **form**~~Report~~.
8. Once the body is released from the TCHD morgue it is no longer the responsibility of TCHD to accept the body back to our morgue. Fetal demises will be released from Pathology to the mortuary of choice.

C. **THE SECURITY OFFICER WILL**:

1. Upon notice by AS of mortuary service or Medical Examiner's arrival, pick up Authority for Release of Deceased ~~Report~~ forms from the AS office. If no forms found, call the AS (760) 644-6968.

2. Go to the morgue or patient's room with above paper work, identify Medical Examiner's agent, appropriate mortuary service/procurement agency, and verify the deceased with all identification as below:
   a. Medical Examiner's agent: Request identification and verify the name of the decedent.
   b. Mortuary: Request identification and verify the name of decedent.
   c. Decedent: Check the Authority for Release of Deceased **form**~~Report~~ and Patient Identification Label/name against the hospital armband and bag/toe tags.
   d. Verify that no personal belongings or valuables remain on the deceased. Any remaining belongings or values will be logged into Lost and Found by Security.
3. Legibly sign the Authority for Release of Deceased **form**~~Report~~ along with driver.
4. Provide driver with unsigned copy of Authority for Release of Deceased **form.**~~Report~~
5. Complete Morgue Disposition Log, logging patient out of morgue (or back into morgue, if patient is returning from Medical Examiners/procurement agency).
6. Deliver signed copy of the Authority for Release of Deceased **form**~~Report~~ to the AS office and make a second copy of signed **form**~~report~~.
   a. Place original copy on clipboard labeled Medical Records and place in Returns box, this will be picked up daily by Medical Records.
   b. Update Deceased Tracking Report with morgue status daily.
7. Notify AS when a deceased is returned to the morgue from an outside agency.
8. Notify AS if any problems with morgue, or if any deceased is not in a morgue bay with their name.
9. Update morgue log with any deceased patient movement, either entering the Morgue or being removed from the morgue.
10. At no time will any Security Officer be required to:
    a. Lift or attempt to lift any remains as assistance to the Mortuary Driver.
    b. Transport a deceased patient's remains to or from the Morgue.
    c. Participate in any other functions of a Morgue Release than stated in this policy.
11. Ensure there is a family consent before allowing San Diego Eye Bank to take the body from the morgue and start the case. Security should first check with the AS to ensure that consent exists.

D. **~~THE~~ PMT/HEALTHCARE TEAM MEMBER~~LIFT TEAM~~ WILL:**
1. Obtain a morgue key, retrieve the covered morgue transport gurney from the morgue ~~,~~ and transport it to the requesting unit of a deceased patient.
   a. The patient should be in a body bag **per Patient Care Services Procedure: Deceased Patient Care and Disposition**.
   ~~b. Lift Team will assist with placing patient in body bag if patient is large.~~
2. Record requested information on Morgue Disposition Log, logging patient into or out of morgue.
3. Notify the AS if morgue bays are full, body is not in a morgue bay, or morgue equipment is not functioning properly.
   a. AS to notify Engineering for temperature adjustment.
4. Rotate bodies as directed when there are more bodies than morgue bays available, under the direction of the AS.

E. **PROCESSING OF COMPLETED PAPERWORK BY ALL STAFF**:
a. Original copies of all paperwork (All Consents, authorizations, and the electronic Authority for Release of Deceased **form**~~Report~~) will be forwarded to the AS for processing.

F. **MANAGEMENT OF CALLS RELATED TO RELEASE OF DECEASED ISSUES:**
1. Addressed by the patient's nurse and AS.

G. **DECEDENT'S PROPERTY**:
1. Except when there is reason to know of a dispute over a deceased patient's personal property, California law permits a decedent's personal property to be turned over to the decedent's residence, the patient's spouse or relative, or to the conservator of the decedent/guardian of the

decedent's estate. If the estate is being administered, however, the property must be delivered to the personal representative (i.e., executor or administrator of the will/estate) upon request of the personal representative. If no member of the family or legal representative appears within a reasonable time, or fails to respond to hospital correspondence, the hospital can deliver the property to the public administrator and obtain a receipt to be kept in the decedent's medical record.

2. The hospital may release the property promptly after the patient's death; however the recipient must provide reasonable proof of their status and identity. The hospital may rely on their driver's license, a passport, or photo identification card issued by the U.S. Government. The hospital must record the property released, and to whom the property was delivered, for a period of at least 3 years. The hospital must also obtain a signed receipt. Hospital will maintain a copy of the photo identification provided by the recipient, as well as the signed receipt, for the requisite time period.

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

1. Emergency Procedure: Deaths of Pediatric Patients
2. Patient Care Services Policy: Medical Examiner Notification
3. Patient Care Services Policy: Organ Donation, Including Tissue and Eyes – Donation Option – Brain Death
4. Patient Care Services Policy: Patient Valuables Liability and Control
5. Patient Care Services Procedure Deceased Patient Care and Disposition
6. Patient Care Services Procedure: Miscarriages and Stillbirth Identification and Disposition Procedure
7. Patient Care Services Procedure: Perinatal Death (Miscarriage, Stillbirth and Neonatal Death Care and Disposition)
8. Patient Care Services Procedure: Wasting Narcotics, Documentation in the Pyxis Machine
9. Progressive Care Unit Procedure: Release of a Deceased Justice Involved Patient
10. Security Policy: Morgue Release 224

I. **FORM(S):**

~~1. Authority for Release of Deceased Report - Sample~~
~~2.~~**1.** Deceased Tracking Report - Sample
~~3.~~**2.** Morgue Log – Sample

Authority for Release of Deceased Report – Sample

Test, Fred MRN 00000547 FIN# 6002100724

2 SSN 487-66-5555 Room # 516

Oceanside

Next of kin:

Patient a d

Attending P

Pronounced

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Date (F

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author

To (Al)

Mortua

(Numb

Date

(Fecha)

Physician t

Mortuary N

Received fr

Date/Time

Returned B

Received fr

Date/Time

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Auth

No longer print report from electronic health record.

PLEASE MAKE COPY OF ORIGINAL WITH FAMILY SIGNATURES FOR MORTUARY PICK UP SERVICE

Deceased Tracking Log – Sample

Patients Name:	Medical Record #	Room #	Expiration Date	Expiration Time	Coroners Case (Y or N)	Organ Donation (Y or N)	Autopsy (Y or N)	Paperwork Location	Mortuary: Physician and Mortician	Date Notified	Time Notified	Released Date	Released Time	Initials

Morgue Log Sheet - Sample

PT LOCATION IN MORGUE	PATIENT NAME	ROOM # PICKED UP FROM	MR #	DATE/TIME IN	PRINT LIFT TEAM NAME & UNIT FROM	DATE/TIME OUT	PRINT NAME

LABORATORY (Neonates/fetus)

PT LOCATION	PATIENT NAME	ROOM # PICKED UP FROM	MR #	DATE/TIME IN	PRINT NAME & UNIT FROM	DATE/TIME OUT	PRINT NAME

The Mortuary requests the following information from families:

Birth record information:

- Patient's full legal name
- Social Security Number
- Parents' full name including maiden name and parents' birthplaces
- Patient's place of birth (city and state) and date

Occupation/Employment:

- Kind of business
- Years in that occupation
- If retired, last employment

Military history, if applicable

The above information is required for the California State ***Death*** *eCertificate.*

Personal Notes:

4002 Vista Way
Oceanside, CA 92056
760-724-8411

RETIRE – no longer use, see End of Life Care Guide

We Care About You

We all feel great sadness and grief at losing someone special to us. Making the right decisions and taking care of all the arrangements during such a difficult time can seem overwhelming. With the information enclosed here, Tri-City Medical Center hopes to make it a little easier for you in the hours and days ahead.

What are the first steps in making arrangements?

Before you leave the hospital, the legal next of kin will be asked to provide two signatures on a release form:

1. Verifying receipt of any and all personal items belonging to your loved one.
2. Providing authority to Tri-City Medical Center to release your loved one into the care of the mortuary designated by the next of kin.

The legal next of kin is considered, in the following order:

1. Spouse
2. If no spouse, any children
3. If no children, parent, then siblings
4. If no siblings, an aunt or uncle
5. Conservator/legal guardian with legal documents

If the next of kin is unable to sign the form in person, special arrangements can be made with the Administrative Supervisor.

If you are unable to designate a mortuary before you leave the hospital you may take a couple of days to interview funeral homes and call your choice to our Administrative Supervisor.

Funeral Planning Resource website:
https://everloved.com

Administrative Supervisor

Available 24 hours including Saturday, Sunday and Holidays

Phone: 760-940-7765

Fax: 760-940-3106

The Mortuary Funeral Director will be able to assist you and your family in the following ways:

- Memorial services local, out of state or country. *(This can take up to one week for local services and more than one week for services out of the country.)*
- Make arrangements for flowers, obituaries and the service of a clergy person if requested.
- Help family contact the Veterans Administration *(Copy of DD214 is needed).*
- Provide the necessary copies of the death certificate *(7-10 days required).*

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE:	**07/93**	**SUBJECT:**	**Release of Deceased to a Family Member**
REVISION DATE:	**06/03, 08/07, 08/13, 03/18, 04/22**		

Patient Care Services Content Expert Approval:	**~~11/21~~04/25**
Clinical Policies & Procedures Committee Approval:	**~~12/21~~05/25**
Nursing Leadership Approval:	**~~03/22~~08/25**
Medical Staff Department or Division Approval:	**n/a**
Pharmacy and Therapeutics Approval:	**n/a**
Medical Executive Committee Approval:	**~~03/22~~09/25**
Administration Approval:	**~~04/22~~10/25**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**04/22**

A. **POLICY:**

1. A decedent may be released for transportation by a family member only after the family has provided the following:
   a. Death certificate
   b. Burial permit before disposing of human remains
   c. Valid transportation
2. Death Certificate: A death certificate must be obtained (blank form from a mortuary or other facility), properly completed by the attending physician, filed with Department of Health by the family member and presented to Tri-City Healthcare District (TCHD).
3. Burial Permit: The family member must obtain and present to TCHD a burial permit from the mortuary or cemetery at the point of destination, stating that said mortuary or cemetery will accept delivery of the decedent by the family member.
4. Valid Transportation: The family member must provide proof to the Department of Health that the decedent was properly embalmed and/or placed in a hermetically sealed coffin. The decedent cannot be transported in an airplane or across state lines without proof of a hermetically sealed coffin.
5. The family member shall sign the Authority for Release of Deceased Report in place of mortuary at time of pick-up.
6. Exclusions: Justice Involved Patients.

B. **FORM(S):**

1. 8720-1015 Release of Deceased - Sample
2. ~~2.~~

C. **REFERENCE(S):**

1. California Health & Safety Code § 103050 (2018).

Authority for Release of Deceased – Sample

Name of Deceased _____ (Last Name) _____ (First Name)

Call Lifesharing at 1-888-423-6667
Lifesharing notified: Date_____ Time_____
Donor Referral Number:_____
IS PATIENT A DONOR Yes_____ No_____
Exclusion by Lifesharing Yes_____ No_____

Unit / Room _____

Expiration (Patient Pronounced) Date:_____ Time:_____

Nurse's Name _____ Signature _____

Reportable Death Criteria (to be reported to Medical Examiner [Coroner]):

Please review the following list and identify any reportable death criteria. Criteria #_____ If none apply, record N/A

1. Known or suspected homicide. (This would include any delayed (days to years) death resulting from any non-accidental trauma; example: A quadriplegic from a gunshot wound 10 years ago, remote head injury, suspected elder abuse.)
2. Known or suspected suicide. (This would include any delayed (days to years) death resulting from any accidental injury; example: A person with organ failure due to an intentional medication overdose.)
3. A result of an accident, injury, trauma, or mishap either old or recent. (This would include any delayed (days to years) death resulting from any accidental injury; example: A person with a brain injury from a fall or motor vehicle accident: burns or drowning, pulmonary embolism or other complication following trauma, medication, or surgical error.)
4. Indications that the death is the result of an acute alcohol and/or prescription or illegal drug overdose.
5. An infectious process, such as AIDS or hepatitis, which may pose a threat to public health.
6. A sudden unexpected adult / child / infant death.
7. A death resulting from a complication during a recently performed surgical procedure.
8. Death of an inmate/prisoner or in-custody patient.
9. Fatal events occurring at decedent's place of employment

Medical Examiner (ME) Notified: Yes_____ No_____ (858) 694-2895

Name of ME Investigator notified:_____ Date_____ Time_____ Waiver No: (_____) - (_____)
In the event that one of the nine criteria listed above are fulfilled, it is the physician's responsibility to inform the family of the benefits/risk of Autopsy.

Family offered autopsy Yes_____ No_____ Autopsy to be performed: Yes_____ No_____

Physician who will complete/sign Death Certificate: Name _____ Phone No: (_____)_____
(When notifying Physician, verify that both the cause of death and etiology have been determined or case meets criteria 1-9 above.)

I acknowledge receipt of personal effects: (Please list or, if none, record "None" and obtain signature)
Acuso recibo de los efectos personales: (Favor de enumerarlos o, si no hay nada, indique "nada" y obtenga la firma)

_____

_____ X _____ _____
Date (Fecha) Signature of Next of Kin (Firma del Pariente más cercano) Relationship (Parentesco)

I hereby authorize Tri-City Medical Center to release the remains of:
Por medio del presente documento autorizo a Tri-City Medical Center liberar los restos de:

_____ To (Al) _____ (_____) _____
Patient (Paciente) Mortuary/Procurement Agency (Nombre del Mortuario) Area Code/Phone Number (Código de Area o # de Teléfono)

_____ X _____ _____ (_____) _____
Date (Fecha) Signature of Next of Kin (Firma del Pariente más cercano) Relationship to Deceased (Parentesco con el Difunto) Area Code/Phone Number (Código de Area o # de Teléfono)

Mortuary Notified: Date_____ Time_____ Initials _____

Mortician's/Medical Examiner's Receipt:

Received from TRI-CITY MEDICAL CENTER the remains of (Name) _____

_____ _____ _____ _____
(Date) (Time) (Signature of Medical Examiner/Lifesharing) (Released by)

Released By: _____ Date: _____ Time: _____

Public Administrator Notified: _____ Date: _____ Time: _____ Initials _____

Affix Patient Label

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

8720-1015
(Rev. 2/10)

AUTHORITY FOR RELEASE OF DECEASED
(AUTORIZACION PARA LIBERAR LOS RESTOS DEL DIFUNTO)

White: Medical Record Yellow: Admin Coordinator Pink: Mortuary

Tri-City Medical Center	Patient Care Services
PROCEDURE:	**SWALLOW SCREENING IN THE ADULT PATIENT**
Purpose:	To screen for appropriateness of oral intake.
Supportive Data:	The swallow screen is performed on patients who are at risk for aspiration secondary to the inability to swallow safely. This includes the nursing assessment of ~~patient alertness, respiratory status, secretion management, voice quality and an effective cough~~ **exclusion criteria and performance on 3 oz water swallow challenge**. Oral intake is contraindicated if any of the above are compromised. This would constitute failure of the swallow screen. A physician order is not required prior to performing a swallow screen.

A. **PROCEDURE:**

1. ~~1.~~ **Screen for exclusion criteria: Any YES answer to the following risk factors will defer administration of protocol:**
   - a. **Unable to remain alert for testing.**
   - b. **Eating a modified diet (thickened liquids) due to pre-existing dysphagia.**
   - c. **Existing enteral tube feeding via stomach or nose.**
   - d. **Head of bed restrictions <30 degrees.**
   - e. **Tracheostomy tube or mechanical ventilation present.**

~~1.~~**2.** Prior to three (3) Ounce Water Protocol check patient's ability to swallow by **sitting the patient upright and** giving the patient a teaspoon of water and assess for the following:
   - ~~a. Laryngeal movement~~
   - ~~b. Clear vocal quality~~
   - ~~c.~~**a.** Coughing.
   - ~~d.~~**b.** Choking.
   - **c.** ~~Throat clearing during swallowing up to one minute;~~ If able to swallow without ~~difficulty~~ **coughing or choking,** proceed to 3 Ounce Water Protocol.

~~2.~~**3.** 3 Ounce Water Protocol:
   - ~~a. Observe patient.~~
     - ~~i. If patient is not alert, make patient nothing by mouth (NPO) until alert and then screen the patient.~~
     - ~~ii. If patient is alert, face is symmetrical, and tolerating their own secretions, proceed with swallow screen.~~
   - ~~b.~~**a.** Sit patient upright.
   - ~~c.~~**b.** Ask patient to drink entire 3 ounces (90 mL) of water from a cup or through a straw in sequential swallows without stopping.
   - ~~d.~~**c.** Assess patient for **interrupted drinking and** coughing **or**~~,~~ choking~~, or throat clearing during swallowing and up to one minute after drinking~~ **during or immediately after completion of drinking.**~~.~~
   - ~~e.~~**d.** Results:
     - i. Pass: Able to drink 3-ounces of water sequentially without overt signs or symptoms of aspiration.
     - ii. Fail: Inability to drink the entire amount sequentially or demonstration of coughing or choking during trial.

~~3.~~**4.** If patient passes protocol, diet per physician/Allied Health Professional order.

~~4.~~**5.** If patient fails protocol:
   - a. Keep NPO, notify the physician ~~as needed~~.
   - b. Obtain order for Swallow Evaluation by Speech Pathologist ~~as needed~~.

6. Document results in electronic health record under Swallow Screen.

~~5.~~**7.** **Screen should be repeated over the course of the admission as needed or if swallowing or neurological status changes.**

Patient Care Services Content Expert	Clinical Policies & Procedures	Nursing Leadership	Medical Staff Department or Division	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
06/06, 07/09, 01/12, 10/16, 10/19, 01/23, **02/25**	09/11, 04/15, 11/16, 11/19, 01/23, **05/25**	10/11; 04/15, 01/17, 02/20, 02/23, **08/25**	n/a	n/a	11/11; 05/15, 01/17, 03/20, 03/23, **09/25**	04/20, 04/23, **10/25**	01/12; 06/15, n/a	06/15, 02/17 04/20, 04/23

B. **REFERENCE(S):**

1. Suiter D,M., Leder SB, Karas DE. The 3 ounce (90 mL) water swallow challenge: A screening test for children with suspected oropharyngeal dysphagia. Otolarygology Head & Neck Surgery 2009;140:187-190.
2. Suiter D.**M,**~~B~~, Leder SB. Clinical utility of the 3 ounce water swallow test. Dysphagia 2008; 23:244-250.
3. Suiteer, D. **M**~~S~~., Sloggy, J., & Leder, S.B. (2014). Validation of the Yale Swallow Protocol: A Prospective Double-Blinded Videofluoroscopic Study. *Dysphagia*, 199-203.
~~3.~~**4. Green, T. L., McNair, N. D., Hinkle, J. L., Middleton, S., Miller, E. T., Perrin, S., Power, M., Southerland, A. M., & Summers, D. V. (2021). Care of the patient with acute ischemic stroke (posthyperacute and prehospital discharge): Update to 2009 comprehensive nursing care scientific statement: A scientific statement from the American Heart Association. *Stroke, 52*(5), e179–e197. https://doi.org/10.1161/STR.0000000000000357**

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE: 06/14

SUBJECT: Transferring and Receiving Patients from Outside Tri-City Medical Center (TCMC)

REVISION DATE~~(S)~~: 06/14, 01/18, 02/22

Patient Care Services Content Expert Approval:	**~~09/21~~11/24**
Clinical Policies & Procedures Committee Approval:	**~~11/21~~05/25**
Nursing Leadership Approval:	**~~01/22~~08/25**
Medical Staff Department/Division Approval:	**n/a**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Medical Executive Committee Approval:	**~~01/22~~09/25**
Administration Approval:	**~~02/22~~10/25**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**02/22**

A. **PURPOSE:**
1. To ensure safe and appropriate inter-facility patient transfers.

B. **POLICY:**
1. Patient safety, infection control, and requests shall be considered in all transfer decisions.
2. Inter-facility transfers are indicated when continuing medical care provided by other medical facilities or alternate acute care facilities are required.
3. An inter-facility transfer requires a physician order and an accepting physician at the receiving facility.
   a. Skilled Nursing Facilities (SNF) may designate a staff physician.
      i. The Case Manager or Administrative Supervisor shall coordinate Inter-facility transfers to acute care hospitals, or intermediate care facilities.
      ii. The Social Worker or Case Manager shall coordinate transfers to assisted living or board and care facilities~~,~~ and SNF.

C. **PROCEDURE FOR TRANSFERRING PATIENTS OUTSIDE TCMC:**
1. The attending physician communicates with a physician at the receiving acute care facility and documents the acceptance of the patient by that physician.
2. The attending physician completes discharge orders and appropriate orders for medications and treatments for transfer to any facility.
3. The attending physician dictates a transfer summary with all appropriate information about the patient's course in the hospital, including but not limited to diagnosis, medications, treatments, dietary requirement, rehabilitation potential, known allergies and treatment plan, and the summary shall be signed by the physician.
   a. A copy of the summary shall be sent with the patient.
      i. If the summary is not available at time of discharge, copies of physician orders must accompany the patient.
4. The **Registered Nurse** (RN) shall contact the receiving facility and provide hand-off communication.
5. The Inter-Facility Transfer Form shall be completed by the primary nurse.

6. Copies of orders, medical summary, progress notes, **medication administration record** (MAR), therapy notes, lab and radiology reports may accompany the patient as requested by the receiving facility.
7. The **Case Manager/~~u~~Unit ~~s~~Secretary/designee** shall arrange transportation.
8. The patient agrees to transfer.
9. Patients' families may transfer a child from the **Emergency Department** (ED) to a children's hospital via personal vehicle under these conditions:
   a. Parents/legal guardian agree
   b. Risks and benefits are explained and documented
   c. ED physician determines the patient is stable for transfer by privately owned vehicle (POV).
      i. Patient may be transported with Physician order by POV with intravenous (IV) access in place and appropriate dressing, with instructions to go directly to children's hospital.
      ii. Patient cannot be transported by POV if they have received IV pain medication with the last -20 minutes.
   d. Directions have been provided and the parents/responsible party reiterates understanding.
   e. Children's hospital is in agreement.
10. The healthcare provider shall attempt to notify the patient's spouse/family/significant other of transfer arrangements and scheduled departure time.
    a. Document notification/attempt in the electronic health record.
11. The primary nurse shall ensure all patients personal belongings are either transported with the patient or given to spouse/family/significant other see Patient Care Services Policy: Patient Valuables Liability and Control.
12. The transferring physician shall verify that the **attending**~~primary~~ physician has been notified of the transfer.

D. **PROCEDURE FOR RECEIVING PATIENTS FROM OUTSIDE FACILITIES**:

1. All incoming transfer requests must be processed through the Administrative Supervisor (at phone number 760-644-6968).
   a. Requests for ST-segment elevation myocardial infarction (STEMI) admissions will be received by the Mobile Intensive Care Nurse (MICN) via the dedicated phone line in the radio room.
   ~~a.~~**b. For Progressive Care Unit (PCU), admission requests are processed through the department.**
   ~~b. For Women's and Newborn Services (WNS), admission requests are processed through the WNS charge nurse.~~
   ~~c. For NICU see NICU Transfer of Neonates and Infants Policy.~~
2. Upon receipt of transfer request, the Administrative Supervisor (AS) shall:
   a. Enter request into the bed tracking system under Transfer Services.
      i. Once physician accepts the transfer, a bed request is sent to bed board for placement.
      ii. Once bed is assigned a communication notice to registration is to be sent by the AS or Unit Secretary of unit.
   b. Assess bed and resource capabilities.
      i. Transfers may not be accepted if TCHD does not have the capability or capacity to accept patients.
         ~~1) Document reason TCHD is unable to accept transfer in the bed board tracking system.~~
      ii. Verify insurance information by sending face sheet from sending facility to Registration to verify insurance. All transfer must meet TCHD's insurance eligibility criteria.

c. Inform transferring facility/physician they must:
   i. Contact the accepting physician regarding patient's transfer to TCHD.
   ii. Provide face sheet including insurance information, and history and physical if available.

d. Contact appropriate accepting physician to confirm acceptance of incoming patient transfer including:
   i. Name of facility/physician requesting transfer.
   ii. Direct phone number of requesting facility/physician.
   iii. Description of patient.
   iv. Reason for transfer.
   v. If unable to determine which physician to contact, contact AS for guidance.

e. The AS/ shall obtain an admit level of care/service from the accepting physician.
   i. If accepting physician denies transfer, request reason for transfer denial and document in the bed board tracking system.

3. TCHD ED physicians are available as a resource to help with the incoming transfer request process.

E. SPECIAL CONSIDERATIONS FOR CCS ELIGIBLE PATIENTS:

1. Definitions
   a. Pediatric Intensive Care Unit (PICU): A PICU is a unit within a California Children's Services (CCS) approved Tertiary or Pediatric Community Hospital that has the capability of providing definitive care for a wide range of complex, progressive, rapidly changing, medical, surgical and traumatic disorders, requiring a multidisciplinary approach to care for patients between 37 weeks gestation and/or two (2) kilograms (kg) and those under 21 years of age who meet CCS medical eligibility criteria.
   b. Tertiary Hospital: For the purpose of CCS, a tertiary hospital is a referral hospital providing comprehensive, multidisciplinary, regionalized pediatric care to children from birth up to 21 years of age which includes the provision of a full range of medical and surgical care for severely ill children, pediatric residency training with 24-hour CCS-paneled pediatrician coverage, an organized pediatric research program, and community outreach.
2. Criteria for transfer of persons up to the age of 21 or younger include, but are not limited to:
   a. Depressed or deteriorating neurologic status
   b. Severe respiratory distress responding inadequately to treatment and accompanied by cyanosis, retractions, apnea, stridor, grunting/ grasping respirations, status asthmaticus, and/or respiratory failure
   c. Children requiring endotracheal intubation and/or ventilatory support
   d. Serious cardiac rhythm disturbances
   e. Heart Failure
   f. Status post cardiopulmonary arrest
   g. Shock
   h. Severe hypothermia or hyperthermia
   i. Hepatic failure
   j. Near drowning
   k. Severe dehydration
   l. Severe metabolic disturbances
   m. Severe electrolyte imbalances
   n. Exposure or ingestion to a toxic substance
   o. Status epilepticus
   p. Services not provided at Tri-City Healthcare District (TCHD)
   q. Acute Trauma
   r. Any condition likely to require pediatric specialty intervention/assistance during hospitalization.

3. CCS-eligible clients who should be transferred to a CCS-approved tertiary hospital or CCS-approved PICU if the CCS-eligible client has:
   a. Acute hepatic failure OR
   b. Immediate dialysis requirements because of renal failure.
   ~~c. See NICU Policy: Transfer of Neonates And Infants.~~
4. For CCS eligible inpatients, the medical care of patients between 14 and 21 years of age, shall be under the direction of a CCS-paneled physician appropriate for the medical condition. Adolescents 14 up to 21 years of age with the following conditions will be transferred to facilities meeting CCS Standards for Special Care Centers for further diagnostic work-up, treatment services and/or follow-up care as indicated. The conditions include:
   a. Complex congenital heart disease
   b. Inherited metabolic disorders
   c. Chronic renal disease
   d. Chronic lung disease
   e. Malignant neoplasm
   f. Hemophilia
   g. Hemoglobinopathies
   h. Craniofacial anomalies
   i. Myelomeningocele
   j. Endocrine disorders
   k. Immunologic and infectious disorders including HIV infection
5. Upon receipt of a physician order to facilitate a patient transfer to tertiary care facility, the Case Manager or Administrative Supervisor (after hours) will contact that facility's "Transfer Center" to initiate the transfer request.

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

~~1. NICU Policy: Transfer of Neonates and Infants~~

~~2.~~**1.** Patient Care Services Policy: Patient Valuables Liability and Control

Tri-City Medical Center
Oceanside, California

PATIENT CARE SERVICES

ISSUE DATE:	**04/03**	**SUBJECT:**	**Vaccine, Reporting Adverse Events**
REVISION DATE:	**11/05, 06/08, 05/11, 12/14, 07/17 01/22**		

Patient Care Services Content Expert Approval:	**~~03/21~~09/24**
Clinical Policies and Procedures Approval:	**~~10/21~~05/25**
Nursing Leadership Approval:	**~~11/21~~08/25**
Medical Staff Department or Division Approval:	**n/a**
Pharmacy and Therapeutics Approval:	**~~11/21~~09/25**
Medical Executive Committee Approval:	**n/a**
Administration Approval:	**~~01/22~~10/25**
Professional Affairs Committee Approval:	**n/a**
Board of Directors Approval:	**01/22**

A. **PURPOSE:**

1. The National Childhood Vaccine Injury Act requires health-care providers to report selected events occurring after vaccination to the Vaccine Adverse Event Reporting System (VAERS).
   a. Persons other than health-care providers also can report adverse events to VAERS.

B. **POLICY:**

1. All adverse events that occur after administration of vaccines, including events that are serious or unusual, shall be reported to VAERS.
2. Any adverse occurrence from administration of a vaccination must be reported. Refer to Administrative: 236 Mandatory Reporting Policy.
3. VAERS forms and instructions are available in the **Food and Drug Administration** (FDA) Drug Bulletin, by calling the 24-hour VAERS Hotline at 800-822-7967, or from the VAERS website at http://www.vaers.hhs.gov/

C. **REFERENCES:**

1. Department of Human and Health Services. "VAERS." *Vaccine Adverse Event Reporting System*. Web. Accessed 16 Sept. 2024. <https://vaers.hhs.gov/index>.
2. National Vaccine Injury Compensation Program, Health Resources and Services Administration, Parklawn Building, Room 16C-17, 5600 Fishers Lane, Rockville, MD 20857 Telephone: 800-338-2382 (24-hour recording).

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

1. Administrative: Mandatory Reporting Requirements 236

Tri-City Healthcare District
Oceanside, California

ADMINISTRATIVE POLICY MANUAL
DISTRICT OPERATIONS

ISSUE DATE: 09/96

SUBJECT: Charity Care, Uncompensated Care, Community Service

REVISION DATE: 08/97, 05/99, 08/04, 04/06, 02/07, 01/10, 10/10, 09/13, 06/14, 08/15, 06/17, 02/22, 03/22, 7/25

POLICY NUMBER: 8610-285

Department Approval:	~~05/22~~08/25
Administrative Policies and Procedures Committee Approval:	~~08/22~~09/2510/25
Finance, Operations and Planning Committee Approval:	08/22
Board of Directors Approval:	08/22

A. **PURPOSE:**

~~1. The Hospital desires to have a clear, well-communicated and documented financial assistance policy consistent with its mission and values, and in compliance with government accounting standards, Federal and State regulations.~~

~~2. California acute care Hospitals must comply with Health & Safety Code Section 127400 et. seq. hereinafter referred to as the California Fair Pricing Law, including requirements for written policies providing discounts and charity care to financially qualified patients. This policy is intended to exceed the legal requirements detailed in the California Fair Pricing Law.~~

~~B. POLICY:~~

~~1. As a benefit to the community, it is the policy of the Hospital to provide free, or partially free, health care services to community members who have demonstrated that they are either financially or medically indigent. The Hospital gives consideration to eligible patients residing within its community and to patients, whether or not they have insurance and regardless of income level, if there are exceptional circumstances.~~

1. ~~Patients~~**The purpose of this policy is to explain who can get help with their hospital bill and how to apply for help. This is for people who do not have health insurance or whose insurance does not cover all of their medical needs. ~~at Tri-City Health Care District (TCHD)~~. Tri-City Medical Center (TCMC) has set rules and guidelines for how patients may apply to get help paying their bills. This help may be full Charity Care or Discounted Payment Program.**
2. **California's Fair Pricing Law requires hospitals to follow rules for giving discounts to patients and charity care to eligible patients. Hospitals must also have written policies explaining how they offer these discounts. This policy goes beyond what the law requires.**

B. **POLICY:**

1. **TCMC is committed to providing quality healthcare to everyone in the community. We offer Financial Assistance (Charity Care) for eligible patients who cannot pay for services that are medically needed. This help may be free or discounted if you can show financial hardship (you don't have enough money) or if your medical bills are very high.**
2. **All patients** will be treated fairly and respectfully, **no matter how much money they have,** regardless of ~~their ability to pay. The Hospital does not discriminate against any person on the grounds of~~ race, creed, color, ~~national origin,~~ sexual~~,~~ orientation ~~or on the basis of~~**, gender identity, immigrant status, where they come from religious affiliation,** disability or age.
3. **TCMC's** Business Office staff ~~will provide interested patients with financial counseling including assistance applying~~**can help you understand your options and help ~~y~~you apply** for ~~local~~**health programs at the city**, state and federal ~~health programs. Uninsured and underinsured patients will be informed of and assisted in applying for~~**level. If you do not have insurance or have limited coverage, we will inform you about our** charity~~/discounted~~ care **and discount payment programs**.
4. ~~Any patient, or~~ **If you want financial help, you or your** legal representative ~~of the patient, seeking financial assistance, shall provide~~**must give us** information ~~concerning~~**about your** health benefit coverage **that is insurance**, financial status and ~~other pertinent~~**important** documentation ~~that~~**which** is necessary to ~~make a determination regarding the patient's~~**determine your** status relative to ~~the hospital's charity care~~**Tri-City Medical Center's Charity Care** policy, discounted payment policy, or eligibility for local, state or federal programs. All information provided ~~by or for the patient~~**to us**, will be confidential and ~~the~~**your** dignity ~~of the patient~~ will be maintained during this process.
5. ~~The Hospital and/or outside agents working on behalf of the Hospital, shall not use wage garnishments or a lien on the patient's primary residence if the patient or the patient's legal representative are communicating and cooperating with the Hospital and it has been determined~~**Emergency room physicians** that ~~the patient is eligible for charity care or discounted care.~~
6. ~~An~~**provide** emergency ~~physician, as defined in Section 127450 of California Health & Safety code Chapter 2.5 of Division 107, who provides emergency medical services~~ **care** in a hospital ~~that provides emergency care, is~~**must** also ~~required by law to provide~~ **give** discounts to uninsured patients or patients with high medical ~~costs who are~~**bills** at or below 400 percent of the federal poverty level. This statement shall not be ~~construed~~**taken** to ~~impose~~**enforce** any additional responsibilities upon ~~the hospital~~**Tri-City Medical Center**.
7. All collection agencies working on behalf of ~~the Hospital~~**Tri-City Medical Center** shall comply with the California Fair Pricing Law.
8. Without the completion of an application for financial assistance, ~~the Hospital~~**Tri-City Medical Center**, at its discretion, may approve financial assistance outside the scope of this policy. Discretionary full or ~~partial charity write-offs~~**discounted payment adjustments** include, but are not limited to, a history of non-payment on the patient account balance, where referral to an outside collection agency would not result in a payment on the patient account, the social situation of the patient, and patients/guarantors who cannot be located.

C. **KEY DEFINITIONS AND ELIGIBILITY: (WHO CAN GET HELP):**

~~1. Charity – Financial assistance to qualifying insured and uninsured patients, in whole~~

~~or in part, to relieve them of their financial obligation for health care services. For individuals who meet the Hospital's charity criteria, charity care results from the Hospital's mission to provide free health care services. Charity care is measured based on revenue forgone, at full established rates. Charity care does not include contractual write-offs, courtesy discounts, prompt pay discounts, employee discounts, or friends and family discounts.~~

~~2. Charity care does not include bad debt resulting from a patient's unwillingness to pay or from a failure to meet the definitions in this financial assistance policy.~~

~~3. Definitions of Charity include:~~

~~a. Catastrophic Charity Care - 100% write-off of the patient's liability for a patient with High Medical Cost. All charges are eligible for consideration under the Hospital's definition of High Medical Cost.~~

1. ~~Full~~ **Charity Care - means 100% free medical care for medically necessary services provided at Tri-City Medical Center.**
2. **Discounted Payment Program – means any charge for care that is reduced but not free.**
   a. **Special Circumstance Charity Care – If you do not fit other rules but have a tough situation, such as bankruptcy and not having a home, you may still get help.**
   b. **The following may qualify for special circumstance Charity Care:**
      i. **Bankruptcy: Patients who are in bankruptcy or have recently finished bankruptcy.**
      ii. **Homeless / Unhoused: Patients with no home address or place to live, or when they hospital cannot reach them even after trying.**
      iii. **Deceased Without Estate: Patients who have died and do not have an estate (money or property left behind) or third-party coverage.**
      iv. **MediCal / Medicaid Denials: Patients who should be covered by MediCal or Medicaid usually assumed to qualify for full Charity Care, especially if:**
         1) **Their coverage is limited or restricted**
         2) **The hospital gets a denial for Treatment Authorization Request (AR), medical necessity, or bills (including if the bills were filed too late e.g., untimely filing).**
      v. **Exceeding Length-of-Stay Limits: When patients on MediCal / Medicaid or other state or county programs are charged for days in the hospital that are over the allowed limit.**
      vi. **Non-Covered Services for MediCal / Medicaid Eligible: Services that are not paid for under Medical or Medicaid, for patients who are otherwise eligible.**
      vii. **Non-Contracted Insurance: Patients whose insurance is not accepted at the hospital such as:**
         1) **Medicaid from another state**

~~b. Charity Care – 100% write-off of the patient's undiscounted responsibility.~~ **~~free medical care for medically necessary services.~~**

~~c. Partial Charity Care – Partial write-off of the patient's undiscounted responsibility.~~

~~**Discounted Payment Program – means any charge for care that is reduced but not free.**~~

~~d. Special Circumstance Charity Care – Patients who~~**~~If you~~** ~~do not meet~~**~~fit~~** ~~other charity criteria or who are unable to follow specified hospital procedures to receive a full or partial charity care write-off of~~

charges.**rules but have a tough situation, such as bankruptcy and not having a home, you may still get help.**

e. The following is a non-exhaustive list of some situations that may qualify for special circumstance charity care**Charity Care**:

i. Bankruptcy,

ii. Patient without a residential address (homeless), or reasonable efforts are made to locate and contact the patient, and such attempts have been unsuccessful,

Bankruptcy: Patients who are in bankruptcy or have recently finished bankruptcy.

Homeless / Unhoused: Patients with no home address or place to live, or when they hospital cannot reach them even after trying.

iii. Deceased patients without**Without Estate: Patients who have died and do not have** an estate, **(money or property left behind) or third-party coverage.**

MediCal/ / Medicaid denials – patients who are eligible for**Denials: Patients who should be covered by** MediCal/ **or** Medicaid are also presumed**usually assumed** to qualify for full charity care. This definition includes patient's whose MediCal/Medicaid**Charity Care, especially if:**

Their coverage is limited or restricted, TAR denials,

iv. **The hospital gets a denial for Treatment Authorization Request (AR),** medical necessity denials, billing denials **(i., or bills (including if the bills were filed too late e.g.,** untimely filing)

v. Charges for days exceeding a length**Exceeding Length** of-stay limit for**Stay Limits: When** patients enrolled in**on** MediCal/ / Medicaid or other state or county indigent care programs,

vi. Non-covered services for MediCal/Medicaid eligible patients,

vii. The patient has coverage from an entity **are charged for days in the hospital** that does not have a contractual relationship with the provider; this would include Medicaid out of state patients, or situations where the insurance carrier is not under contract with the Hospital and denies the claim**are over the allowed limit**.

f. Patient Obligations for deductible and coinsurance amounts, non-covered services, or services provided to a patient where the patient's benefits are exhausted, where the insured patient qualifies for full or partial charity care are included in the definition of charity care.

4. Federal Poverty Level (FPL) – Poverty guidelines, updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

High Medical Cost –**Non-Covered Services for MediCal / Medicaid Eligible: Services that are not paid for under Medical or Medicaid, for patients who are otherwise eligible.**

Non-Contracted Insurance: Patients whose insurance is not accepted at the hospital such as:

Medicaid from another state.

3. **Insurance companies not partnered with the hospital who then deny the patient's claim. These categories are common in California hospitals, but they don't cover every possible situation. Other cases may also qualify, depending on the hospital's own rules and decisions.**
4. **Federal Poverty Level (FPL) – The amount the government sets as a measure of low income.**
5. **High Medical Cost Patient – If your out-of-pocket medical bills are more than 10% (ten percent) of your family income, or if your family earns 400% (four hundred percent) or less of the FPL.** An insured patient with high medical costs (coinsurance, deductible, and/or reached a lifetime limit, non-covered relating to services not medically necessary). ~~High medical costs means:~~
   a. **High Medical Cost Indicator:**
      ~~a.~~i. Annual out-of-pocket costs incurred by the patient, at ~~the Hospital~~**Tri-City Medical Center**, that ~~exceeds~~**is more than** 10~~percent~~% of the patient's family income in the prior 12 months.
      ~~b.~~ii. Annual out-of-pocket medical expenses by the patient that ~~exceeds~~**more than** 10~~percent~~% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.
      ~~c.~~iii. Annual family income that ~~does~~**is** not ~~exceed~~**more than** 400-% of the annual poverty level.
6. **Medically Necessary – Healthcare service that is reasonable and necessary to either:**
   a. **Protect life**
   b. **Prevent significant illness or significant disability,**
   c. **To alleviate severe pain**
   d. **To prevent diagnose or treat an illness, injury, condition or disease, the symptoms of an illness, injury, condition or disease**
   e. **Meets accepted standards of medicine**
7. Patient's Family and Determination of Family Income ~~– For persons~~
   a. **Adults Patients: Patients over** 18 years of age ~~and older: Spouse,~~**. The patient family includes their spouse or** domestic partner~~,~~ and dependent children under 21 years of age~~,~~ **(**whether living at home or not~~. For persons under 18 years of age: parent, caretaker relatives and other~~**) as well as dependent** children ~~under 21~~**of any age if disabled.**
   b. **For Patients:**
      i. **Under 18 years of age or 18-20** years of age **or**
      ii. **Who are 18 to 20 years** of **age and are a dependent child,** the ~~parent~~**patient's parents** or caretaker ~~relative.~~ **relatives, if those children are disabled.**

~~6.~~**8.** Documentation of family income shall be limited to **6** recent pay stubs ~~and tax returns.~~**or Tax Return Form 1040 for the current year.** The patient's assets or the assets of the patient's family may not be considered.

~~7.~~**9.** Reasonable ~~payment formula~~**Payment Formula** - monthly payments that are not more than 10~~percent~~% of a patient's family income for a month, ~~excluding deductions for essential living expenses.~~**after subtracting costs for basic needs.**

a. "Essential living expenses" means ~~expenses for all~~**the costs** of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments,

insurance, school or child care, child or spousal support, transportation and auto expenses including insurance, gas and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

8. ~~Self-pay discount discounts are provided to uninsured patients or to insured patients where the payer does not cover the services provided, or where the insured patient has exhausted their benefits. The discount provided to uninsured is 40% of total charges. This excludes self-pay discounts for OB services, which are based upon the type of delivery and the length of stay~~

~~D.~~ **~~PROCEDURES:~~**

10. **Self-Pay / Uninsured Patient: Someone with no insurance for their bill. Self-Pay patient is a patient who does not have third-party coverage from a health insurer, health care service plan, Federal healthcare program, workers' compensation, medical savings account, or other coverage for all or any part of the bill, including claims against third parties covered by insurance, automobile insurance or other insurance as determined and documented by TCMC.**
11. **Third Party Coverage – Any insurance or program that help pay your bill, like policy of insurance or other prepaid coverage purchased for protection against certain events, such as health, automobile and general liability insurance.**
12. **High Medical Cost Charity Care. ~~Charity Care -~~ refers to a write-off of a High Medical Cost Patient's remaining financial responsibility after payment is made by a third-party source of payment for Medically Necessary Services (e.g., not a Self-Pay Patient), that relieves them of their financial obligation for Medically Necessary Services.**

~~A.~~ **D. DISCOUNT TABLE FOR MEDICALLY NECESSARY SERVICES:**

Income Level Based on Federal Poverty Level	**Discount Amount Medically Necessary Services**

1. ~~Additionally, at the discretion of the Hospital, any insured patient who indicates an inability to pay their liability, after their insurance has paid, will be screened for charity care. Charity care will be granted based upon the following suggested income levels:~~

~~Income Level~~	~~Discount Amount~~
Up to 400% of FPL	100% Discount
401% to 500% FPL	75% Discount
Over 500% of FPL	Case by Case Discounts
High Medical Cost	100% Discount
Special Circumstance	Case by Case Discounts

a. ~~All patients who are registering~~ **Everyone registered** without insurance will be registered as a self-pay or MediCal~~/~~ / Medicaid-pending patient, and a MediCal~~/~~ / Medicaid application should be taken.

~~a.~~**b.** Elective patients who have a large deductible and/or coinsurance obligation will meet with a financial counselor and complete the ~~Patient Financial Assessment Form (PFAF). If the patient does not qualify for charity or MediCal/Medicaid,~~

~~payment will be required in advance of the service. If a charity determination is made and partial payment is required, payment is due in advance of the service unless other arrangements are pre- arranged with the Hospital financial counselor. Charity determinations over $25,000 require the approval of the Chief Financial Officer or his/her designee.~~**Financial Assistance Application Form (FAAF).**

c. **If the patient does not qualify for charity or MediCal / Medicaid, payment will be required in advance of the service.**

d. **If a charity determination is made and partial payment is required, payment is due in advance of service.**

e. **Charity determinations over $25,000 require the approval of the Chief Financial Officer or their designee.**

2. Application - Except in those instances where ~~the Hospital~~**Tri-City Medical Center** has determined that minimal application and documentation requirements apply, in order to qualify for ~~charity care~~**Charity Care**, a ~~PFAF~~**FAAF** should be completed.

a. Family Members – Patient will be required to provide the number of family members in their household~~.~~ **as defined in this policy.**

b. Income Calculation: ~~– Patient will be required to provide their household's yearly~~

~~b.~~ **For adult patients, this includes the combined** gross income~~. Adult patient's yearly income on the PFAF means the sum of the total yearly~~

i. ~~gross income~~ of the patient and ~~the patient's~~ **their** spouse or domestic partner~~. Minor patient's yearly income on the PFAF means~~

ii. **For minor patients, this includes** income from the patient~~, the patient's mother~~ **(if any),** and~~/or father and/~~ **from their parent(s), legal guardian,** or domestic partner ~~and/~~**of a parent** or ~~legal~~ guardian.

c. Income verification – Patients will be required to verify the income set forth in the ~~PFAF~~**FAAF**. Income documentation will include ~~IRS~~**Tax Return** Form ~~W-2, wage and earnings statement,~~**1040, 6 recent** paycheck ~~stub, tax returns, bank statements~~**stubs**, or other appropriate indicators of income. Current participation in a Public Benefit Program including Supplemental Security Income (SSI), Social Security Disability, Unemployment Insurance Benefits, **MediCal /** Medicaid, County Indigent, Food Stamps, WIC or other similar indigence related programs can be used to verify indigence.

d. Documentation Unavailable – Where the patient is unable to provide documentation verifying income, the following procedures shall be followed:

i. Expired patients: Expired patients may be deemed to have no income.

ii. Written Attestation: Patient can sign the ~~PFAF~~**FAAF** attesting to the accuracy of the income information provided.

iii. Verbal Attestation: ~~The Hospital~~**Tri-City Medical Center** financial counselor may provide written attestation that the patient verbally verified the income calculation. Some attempt should be made to document the patient's yearly income before taking a verbal attestation.

3. Patients ~~unwilling~~**who choose not** to ~~disclose any~~**provide the** financial information ~~as~~ requested by ~~the Hospital~~**a Tri-City Medical Center** financial counselor~~. The patients~~ will be ~~advised~~**informed** that ~~unless they comply and provide the~~**their application for Charity Care cannot proceed without this** information. **If they do not comply**, no further consideration ~~for charity care processing~~ will be ~~made~~**given to their Charity Care request,** and standard Accounts Receivable follow-up will ~~ensue~~**continue**.

4. Extended Payment Plans, without interest charges, will be made available and negotiated between ~~the Hospital~~**Tri-City Medical Center** and the patient to allow the patient who is eligible for ~~partial charity~~**Discount Payment Program** to pay over an extended period of time. If ~~the Hospital~~**Tri-City Medical Center** and the patient cannot agree to a payment plan, ~~the hospital~~**Tri-City Medical Center** will use the "reasonable payment plan" formula to determine the payment plan.
5. California Health Benefit Exchange – ~~The Hospital~~**Tri-City Medical Center** will obtain information as to whether the patient may be eligible for the California Health Benefit Exchange. Information will be provided to a patient that has not shown proof of third--party coverage, a statement that the patient may be eligible for coverage through the California Health Benefit Exchange or other State- or County-funded health coverage program.
6. If the patient applies, or has a pending application, for another health coverage program concurrent with an application for ~~charity care~~**Charity Care** or a discounted payment program, neither the ~~charity care~~**Charity Care**, discounted payment program, ~~or~~**nor** health care coverage program applications preclude eligibility for the other program.
7. All internal and external collection activity will be based on the written procedures contained herein. ~~The Hospital~~**Tri-City Medical Center** will maintain a written agreement from any external agency that collects debt that the external agency will adhere to ~~the Hospital's~~**Tri-City Medical Center's** standards and practices. Specifically, the external collection agency will comply with the definition and application of ~~the Hospital's~~**Tri-City Medical Center's** reasonable payment plan, defined herein.

~~E. NOTICE:~~

E. **ELIGIBILITY PERIOD (HOW LONG THE HELP LASTS):**

1. **The financial help (Financial Assistance adjustment) will be used for all medical bills that qualify, including bills received before the application approval dates.**
2. **The financial assistance approval is good for 180 days, after the approval is granted**
3. **For bills received after 180 days from when the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient is seeking financial assistance to pay those bills.**

F. **NOTIFICATION**

1. Timeframe - There is no ~~rigid limit on the time when the~~**fixed deadline for making** charity **care decisions** (determination ~~will be made.~~**). Sometimes, financial help is given after a bill goes to collections.**
   a. In some cases, a patient eligible for ~~charity care~~**Charity Care** may not be identified prior to the initiation of ~~external~~ collection action. ~~The Hospital's~~
   ~~1.~~**b.** **TCMCs** collection agencies shall be made aware of this procedure so that the agencies know to refer back to ~~the Hospital~~**Tri-City Medical Center** patient accounts ~~that~~**which** may be eligible for ~~charity care~~**Charity Care**.
2. Once a full or ~~partial charity~~**Discount Payment Program** determination has been made, a written notification will be sent to the ~~applicant~~**patient that is** advising them of ~~the Hospital's~~**Tri-City Medical Center's** decision.

~~F.~~**G.** **COMMUNICATION:**

1. ~~Information provided to patient – During registration~~**Patient:**

~~1.~~ **When you register at the hospital**, or ~~as~~ soon ~~thereafter as practicable and before discharge, the Hospital shall provide:~~

~~a.~~ ~~All uninsured patients with~~**after, you will get** written information ~~regarding the Hospital's charity care policies and the appropriate~~ **about Charity Care programs and** contact **details if you need more** information ~~for the patient to obtain further~~. **This** information ~~about these policies. The Hospital will provide the patient with a referral to a local consumer assistance center.~~

~~b.~~a. ~~At the~~**is also on Tri-City Medical Center's website and at your** request ~~of the patient, the Charity application will be provided.~~.

~~c. Patient statements to patients who have not provided proof of third-party coverage will include information about charity care, the California Health Benefit Exchange and other State- or County- funded health coverage, as well as Medicare, Medi-Cal, Healthy Families and California Children's Services. The patient statement will indicate how the patient may obtain applications for coverage through the California Health Benefit Exchange and other State- or county funded health coverage programs, and the Hospital will provide these applications. Further, this information will have standard language informing patients that they may request financial screening to determine eligibility for charity care. Finally, to the extent possible, these communications will be in the primary language of the patient.~~

~~d. The patient statement will include information on the availability of charity care and discounted payments from the emergency room physicians. The statement will include contact information for the emergency room physician who treated the patient.~~

b. **All patient statements to people without insurance will include information about how to get help and other insurance options. This information will be provided in your main language.**

c. **Notices about charity care are posted clearly where patients register.**

2. Postings and Other Notices – Information about ~~charity care~~**Charity Care** shall also be provided by posting notices in a visible manner in the admitting and registration locations.

~~G.~~H. FORMS/RELATED DOCUMENTS:

1. Patient Financial Ass**istance Application** ~~essment~~ Form - Sample

~~H.~~I. REFERENCE:

1. California Health and Safety Code, Section 127400, et. Seq
2. ~~ACA~~**Affordable Care Act** provisions, IRC §501~~(r)~~

~~Financial Assessment Form - Sample~~

Tri-City Medical Center

FINANCIAL ASSISTANCE APPLICATION FORM

Provided in Accordance with Cal. Health & Safety Code §127425(e)(5)

Application Date:	Date of Service:
Patient Name:	
Street Address:	
City, State, ZIP:	

1) Was the patient a resident
2) Did the patient have medi
3) Was the patient an active
**If you answered *yes* to ques

INCOME:

- **All adult family memb** compensation, social se
- "Family" is defined as t children under 21 year caretakers, relatives, a is defined as the patient patient's home.

~~Remove page – see updated application~~

ment

ent
nts.
e "family"
ve in the

Family Member's Name	Age	

months
f service

**Please attach additional fam
- **Proof of income mu return (IRS Form 1**
- If you report $0 inco including who prov

MONTHLY	
Monthly rent/mortgage	
Utilities	
Car payment	
Medical expenses	
Insurance premiums (life, hom	
Clothing, groceries, household g	
Other debt/expenses (e.g., child	

eral Poverty
ounted care.

My signature below certifies tha understand that if the informatio to pay for services provided.

Applicant's Signature

Please return completed applic

Tri-City Medical Center

Financial Assistance Application Form

Financial Assistance (Charity Care) is available to you if you don't have the resources to pay your hospital expenses and don't qualify for any government programs. Additionally, at the discretion of the Hospital, any insured patient who indicates an inability to pay their liability after their insurance has paid will be screened for charity care. If you need assistance in completing the form please
(760) 940-5912.

Instructions for Completing the Application for Financial Assistance:

Financial Assistance Qualifications: All application funding sources must be complied with and determined prior such as Medi-Cal and other state or county programs. Your financial assistance application may be pended if you have applied for another health coverage program at the same time until the outcome for that application has been determined.

Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level.

Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; and (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.

Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

Proof of Income Required:

Along with your application, please attach the following information or an explanation as to why this information is not available. Missing documentation may delay the process of your application and could result in a denial for financial assistance.

Current employer's six (6) months of recent pay stubs or other statements of income for all family members

Tax Return Form (1040) for current year.

Once completed, the application and supporting documents can be submitted to any registration team member, cashier, or patient financial services team.

Financial Assistance Notification Process:

Once the eligibility process is complete you will receive a financial assistance notification letter in the mail. The form will indicate if you are eligible for full or Discounted Payment Program. You may receive a notification that you are ineligible for financial assistance or that more information is needed to decide e.g., determination.

Sincerely,
Tri-City Medical Center - Financial Assistance Team

Tri-City Medical Center

Financial Assistance Application Form

Application Date: _____

Patient Information

Patient Name (Last, First)	Date of Birth:
Street Address	Phone Number:
City, State, Zip Code	Medical Record or Account Number

Spouse or Parent/Guardian (If patient is less than 18 years old) Information

Name (Last, First)	Date of Birth:
Street Address (if not same as patient)	Phone Number:
City, State, Zip Code	Relationship to Patient:

Parent Information (If patient is less than 18 years old)

Name (Last, First)	Date of Birth:
Street Address (If not same as patient)	Phone Number:
City, State, Zip Code	Relationship to Patient:

Additional Questions (Please circle Yes or No)

1. Was the patient a resident of California at the time of service?	Yes	No
2. Did the patient have medical insurance at the time of service?	Yes	No
3. Was the patient an active Medicaid recipient at the time of service?	Yes	No
4. Were your injuries caused by a third party (such as during a car accident or slip and fall?)	Yes	No
5. Do you have other insurance that may apply (such as an auto policy)?	Yes	No
*If you answered Yes to questions 2 or 5, please attach a copy of your insurance or Medicaid card to this application.		

Family Household/Dependents (List the number of family members who live in your home)

Name	Relationship to Patient	Age

Tri-City Medical Center

Monthly Gross Income (List ALL adult income from family members in the household)

Monthly Gross (Before Taxes) Income Sources	Patient	Family Members
Employment/Self Employment	$	$
Social Security	$	$
Disability	$	$
Unemployment	$	$
Pension, Retirement, Annuity	$	$
Alimony/Child Support	$	$
Other	$	$
Total Combined Monthly Income: $		

If you do not have monthly income, please attach a written statement explaining how you or the patient are taking care of your monthly expenses including who provides food, shelter, transportation, etc., and how long you have been without income.

SIGNATURE

My signature below certified that everything I have stated on this application is correct and subject to review under audit. I understand that if the information I provide is determined to be false, financial assistance may be denied and I may be responsible to pay for services provided.

Applicant Name (Printed Name)	Applicant Signature	Date

Please send your completed application and required documents to:

Tri-City Medical Center
Patient Accounting
~~4002 VISTA WAY~~ 4002 Vista | Oceanside,
CA 92056.
~~OCEANSIDEVista Way | Oceanside, CA 92056 |~~
760-940-7329

Tri-City Medical Center

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty Guidelines (100%)	Poverty Guidelines (400%)
1	$0 - $15,650	$62,600
2	$0 - $21,150	$84,600
3	$0 - $26,650	$106,600
4	$0 - $32,150	$128,600
5	$0 - $37,650	$150,600
6	$0 - $43,150	$172,600
7	$0 - $48,650	$194,600
8	$0 - $54,150	$216,600
For families/households with more than 8 persons, add $6,880 for each additional person.		

Tri-City Healthcare District
Oceanside, California

ADMINISTRATIVE
DISTRICT OPERATIONS

ISSUE DATE: 11/22 **SUBJECT: Self-Pay & Collections Policy**

REVISION DATE:

Administrative Content Expert Approval:	~~**11/22**~~**09/25**
Administrative Policies & Procedures Committee Approval:	~~**11/22**~~**09/25**
Pharmacy & Therapeutics Committee Approval:	**n/a**
Administration Approval:	~~**11/22**~~**10/25**
Professional Affairs Approval:	**n/a**
Board of Directors Approval:	**11/22**

A. **PURPOSE:**

1. To ~~provide an overview of the process in which~~**explain how** Tri-City Medical Center ~~follows for assigning~~**(TCMC) handles** self-pay and **remaining** balance after insurance ~~accounts~~**(this means unpaid bills) when your bill is sent** to a third-party collection agency.

B. **DEFINITION(S):**

1. Charity Care – ~~The portion of the hospital stay in which a third-party payer~~**100% free medical care for medically necessary services that** is ~~not responsible~~**services you need, based on state** and ~~the patient does not have means to pay~~**federal law** and ~~for which the hospital does not have payment expectation~~**Tri-City Medical Center' policies that follow laws.**

~~1.~~**2. Discounted Payment Program– Paying less than the full price for needed or required medical services, as allowed by law and provided at Tri-City Medical Center.**

~~2.~~**3.** Self-Pay Patient – A patient who **does not have health insurance covering all or any part of their bill. This includes but limited to one or all of the following:** ~~meets the following criteria:~~

~~a. No Medi-Cal eligibility~~
~~b. No third-party insurance~~
~~c. No compensable injury (i.e.: Workers Compensation, auto insurance)~~
~~d. A patient who chooses to pay for their treatment directly rather than using private health insurance~~
~~3. Uninsured Patient - Patient whois not currently eligible for a federal, state, other government program or who is not currently an eligible subscriber/dependent under an insurance plan~~

a. Federal healthcare program
b. Workers' compensation
c. Medical savings account, or
d. Other coverage for all or any part of your bill, including:
  i. Claims against other parties covered by insurance.
  ii. Automobile insurance or other insurance as determined and documented by the hospital.

4. **Uninsured Patient - A patients who does not have any insurance to pay their medical services.**

C. **SELF--PAY PROCESS: (HOW BILLS ARE HANDLED):**

1. ~~Patient balance~~**If you owe money** after insurance:
   a. ~~The encounter~~**Your bill** is sent to a **company (called a** first party self-pay outsourcing vendor ~~which is an extension of~~**) that works with** the ~~hospitals business office~~**hospital** to ~~pursue the balance due by the patient~~**collect money owed**.
   b. ~~The first party self-pay outsourcing vendor contacts the patient through~~**You will get** a series of letters and ~~phone~~**phones** calls ~~spanning~~**over** 120 days. **(about 4 months) from the first party self-pay outsourcing vendor:**
      i. Day 2 – ~~Notice 1~~ **First letter is** mailed. ~~to the patient~~
      ii. Day ~~35 – Notice 2~~ **42 – Second letter is** mailed. ~~to the patient~~
      iii. Day ~~92 – Notice 3 Final~~**82 – Third letter, known as the** "Goodbye" Letter and Financial Assistance Application mailed. ~~to the patient~~
   c. After 120 days the balance is then assigned to a collection agency for additional collection measures. Exceptions include:
      ~~i. Patient has a payment arrangement in good standing~~
      i. ~~Patient has provided documentation the balance was included in a~~ **You are making payments as arranged.**
      ii. **You are in** bankruptcy **or have shared documents to show this.**
      iii. ~~Patient has a charity~~ **You have an** application ~~under review~~~~Patient has applied~~ for **charity care or** financial ~~assistance and a determination not yet made~~~~The account balance is below a threshold set by the hospital~~ **help** that ~~balances must reach/exceed~~**is still being reviewed.**
      ~~iii.~~**iv. Your bill is too low** to be ~~assigned~~**sent** to collections **(below a certain amount).**
      ~~iv.~~**v.** ~~Med~~**Medi**-Cal Managed ~~Care~~, Medicare, or Medi-Cal is responsible for ~~any portion of the balance outstanding~~**the charges.**
      ~~v. Statute of Limitations exceeded (based on the guarantor's state of residence)~~
   ~~d. Interest free extended payment plans will be made available to patients that qualify. Payment terms are agreed upon between the hospital and the patient based on the patient's ability to pay the agreed upon amount monthly.~~
      vi. **The legal time to collect the bill has expired.**
   d. **If you qualify, you can get a payment plan with no interest. We will work with you to find a monthly payment amount you can afford.**

~~e.~~**2. If you** Self-Pay ~~(Uninsured) Patients: Financial counseling services are provided to~~ ; uninsured ~~and/~~ underinsured ~~patients which include but are not limited to:~~**(that is you don't have enough insurance):**
   a. ~~Applying~~**Financial counselors will help you:**
      i. **Apply** for state and Federal Health Care Programs **(like Medi-Cal).**
      ii. ~~Identify~~**See** if ~~coverage is available under~~**you can get insurance through** the ~~ACA (~~Affordable Care Act~~)~~ **ACA.**
      iii. ~~Inform the patient~~ **A hospital staff will inform you or provide you information** of Financial Assistance Programs **that may be** available **to you** at the ~~facility~~**hospital** and assist ~~in~~**you with** completing the application.
   ~~f. If the patient remains uninsured/under insured~~ **If you still owe a balance** after ~~this~~**getting help, your bill goes through the same** process **as above, that is** ~~the encounter is sent to first party self-pay outsourcing vendor which is an extension of~~

~~the hospitals business office to pursue the balance due by the patient. The first party self pay outsourcing vendor contacts the patient through a series of~~ letters ~~and~~, phone calls, ~~spanning 120 days.~~

~~i. Day 2 – Notice 1 mailed to the patient~~
~~ii. Day 35 – Notice 2 mailed to the patient~~
~~iii. Day 92 – Notice 3 Final "Goodbye" Letter and Financial Assistance Application mailed to the patient~~

~~g. After 120 days the balance is then assigned to a collection agency for additional collection measures. Exceptions include:~~
~~i. Patient has a payment arrangement in good standing~~
~~ii. Patient has provided documentation the balance was included in a bankruptcy~~
~~iii. Patient has a charity application under review~~
~~iv. Patient has applied for financial assistance and a determination not yet made~~
~~v. The account balance is below a threshold set by the client that balances must reach/exceed to be assigned to,~~ **and possible** collections. **All uninsured patients get an automatic 40% discount off the total bill.**
~~vi. Medi Cal Managed Care, Medicare or Medicaid is responsible for any portion of the balance outstanding~~
~~vii. Statute of Limitations exceeded (based on the guarantor's state of residence)~~

~~h. Interest free extended payment plans will be made available to patients that qualify. Payment terms are agreed upon between the facility and the patient based on the patient's ability to pay the agreed upon amount monthly.~~

D. **PROGRAMS ~~AVAILABLE TO UNINSURED, UNDER-INSURED OR THOSE CHOOSING NOT TO USE THEIR~~FOR PATIENTS WITHOUT ENOUGH INSURANCE~~:~~ OR NOT USING INSURANCE:**

1. Tri-City Medical Center offers ~~a variety of~~**these** programs to ~~patients for meeting their financial obligations, included are~~**help you pay your bill**:
   a. Self-Pay Discount Program ~~(uninsured or~~ – **for** those **with no insurance or** not using ~~their~~ insurance. ~~ONLY)~~
   b. Financial Assistance.
   c. **Payment Plan Program.**
   d. Charity ~~to~~ **Care – Free care for** those ~~eligible~~**who quality,** based on income.

E. **COLLECTIONS PROCESS~~:~~ (HOW ACCOUNTS GO TO COLLECTIONS):**

~~1. Eligibility:~~

1. ~~Account has completed~~**Who is eligible for collections?**
   a. **If you have finished** the ~~patient~~ billing ~~cycle without resolution~~**process and still owe money.**
   ~~b. Final~~**You got a final** "Goodbye" letter ~~was sent to the patient informing them~~ that a ~~payment remains due~~
   ~~c.~~**b.** ~~Account exceeds the~~**states you owe over $25.00 (Twenty-five Dollars) or whatever** amount ~~set forth in the facilities policy outlining collection threshold eligibility (=/> $25)~~**the hospital decides.**
2. **How it works:** (Balance after Insurance / Self-pay (Uninsured) Patients:
   ~~a. Accounts are assigned weekly to collections through a systematic process performed by first party self pay outsourcing vendor~~
   ~~i.~~**a.** ~~This information is transmitted~~ **sent** electronically ~~in accordance with both client and regulatory requirements~~**to collections, following laws and hospital rules.**
   b. ~~Accounts are split between 2~~**Two different** collection agencies **may be used,** based ~~upon a predefined alpha split~~**on last name.**

~~i. California Business Bureau, Inc. (CBB)~~
~~ii. CMRE Financial Inc.~~

c. The collection agency will have ~~access~~**documents** to **prove what you owe.**

~~c.~~ **All collections follow laws like** the ~~supporting documentation to validate the debt owed by the guarantor or the estate thereof should the guarantor be deceased~~

d. ~~Collections are pursued in a consistent manner based upon hospital procedure and applicable law including~~ Federal Fair Debt Collection Practices Act, Rosenthal Fair Debt Collection Practices Act, and other state and federal financial assistance laws.

e. ~~Accounts assigned to~~**Sometimes accounts can be brought back from** collections ~~may be recalled and returned~~ to Tri-City Medical Center at the discretion of the hospital and/ / or state or federal laws and regulations.

~~f. Accounts that have "Returned Mail" on file are eligible for collections assignment only after reasonable efforts have been made and are exhausted. Reasonable efforts include:~~
~~i. Skip tracing~~
~~ii. Contacting the Guarantor via telephone~~

f. **If your mail is returned as undeliverable, we will try to find you through skip tracing and phone calls before sending to collection.**

F. **COMPLIANCE WITH STATE LAW:**

1. **This policy follows California law, including all requirements for letting patients know about financial help. You will always be told about financial help on your billing statements, in writing, and before any collections process begins. If you have a financial assistance application waiting for review, or if you qualify but have not been notified, the bill will NOT be sent to collections.**
   a. **California laws include:**
      i. **California Health & Safety Code Sections 127400–127446 https://california.public.law/codes/health_and_safety_code_section_127400**
      ii. **Assembly Bill (AB) 1020 Hospital Fair Billing Program Laws & Regulations - HCAI**
      iii. **Senate Bill (SB) 1276**

~~F.~~**G. REFERENCE(S):**

1. Affordable Care Act (ACA) **in California- Affordable Care Act in California | Health for California**
2. **California Department of Health Care Access and Information Frequently Asked Questions - HCAI**
3. **Charity Care and Discounted Payment Program**
~~2.~~**4.** Federal Fair Debt Collection Practices Act
5. Rosenthal Fair Debt Collection Practices Act

~~3.~~

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

October 2, 2025 – 2:00 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 2:00 p.m. on October 2, 2025.

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

Director Sheila Brown
Director Nina Chaya, M.D.
Director George W. Coulter
Director Rocky J. Chavez
Director Gigi S. Gleason
Director Tracy M. Younger

Absent: Director Adela I Sanchez

Also present were:

Gene Ma, M.D., Chief Executive Officer
Anh Nguyen, Chief Financial Officer
Mohamad Jamshidi-Nezhad, D.O., Chief of Staff
Robert Lee, M.D., Chief of Staff Elect
Susan Bond, General Counsel
Jeff Scott, Board Counsel
Teri Donnellan, Executive Assistant

1. Chairperson Younger called the meeting to order at 2:05 p.m. with attendance as listed above.

2. Approval of Agenda

   It was moved by Director Chavez and seconded by Director Brown to approve the agenda as presented. The motion passed (7-0-0-1) with Director Sanchez absent.

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

   Chairperson Younger made an oral announcement of the items listed on the October 2, 2025 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Reports Involving Trade Secrets, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees and Public Employee Evaluation: Executive Management.

4. Motion to go into Closed Session

   It was moved by Director Coulter and seconded by Director Chavez to go into Closed Session at 2:07 p.m. The motion passed unanimously (6-0-0-1) with Director Sanchez absent.

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

6. Report from Board Counsel on any action taken in Closed Session.

Board Counsel Scott reported he would give a report regarding any action taken in Closed Session at the beginning to today's open session.

7. Adjournment

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

October 2, 2025 – 3:30 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:30 p.m. on October 2, 2025.

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

Director Sheila Brown
Director Rocky J. Chavez
Director Nina Chaya, M.D.
Director George W. Coulter
Director Gigi Gleason
Director Tracy M. Younger

Absent: Director Adela Sanchez

Also present were:

Dr. Gene Ma, Chief Executive Officer
Jeremy Raimo, Chief Operating Officer
Anh Nguyen, Chief Financial Officer
Mark Albright, Chief Information Officer
Roger Cortez, Chief Compliance Officer
Jennifer Paroly, Foundation President
Mohamad Jamshidi-Nezhad, DO, Chief of Staff
Susan Bond, General Counsel
Jeff Scott, Board Counsel
Teri Donnellan, Executive Assistant

1. Board 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 heard reports involving Trade Secrets pursuant to Government Code 54956.87 and took no action.

   The Board also heard reports related to Quality Assurance matters and took no action.

   Finally, the Board also heard a report concerning Employee Evaluation of Executive Management pursuant to Government Code 54957(b) (a) and took no action.

3. Pledge of Allegiance

   Director Chavez led the Pledge of Allegiance.

4. Approval of Agenda

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

5. Public Comments – Announcement

Chairperson Younger read the Public Comments section listed on the October 2, 2025 Special Board of Directors Meeting Agenda.

6. Special Presentation

Julie Abraham, Director of Pharmacy, and Cecilia Kailivas, Substance Use Navigator, announced that Tri-City Medical Center has received recognition from Cal Hospital Compare. The California Opioid Care Honor Roll Program, established in 2019, was created to help hospitals improve systems for treating patients with opioid use disorders and to enhance training in opioid safety practices.

In 2025, the program expanded to include all substance use disorders, with the goal of increasing access to addiction treatment and reducing community deaths—a goal that has shown significant success, as one in six individuals aged 12 or older is affected by substance use.

This year, 133 hospitals submitted data to Cal Hospital Compare; 91 earned a place on the honor roll, and 33 achieved the highest level of performance for two consecutive years. Tri-City Medical Center was among those recognized for the highest level of performance for two consecutive years and also received the ***Most Improved*** award.

7. Executive Management Reports

Jeremy Raimo, Chief Operations Officer, provided updates on the following:

- **Psychiatric Health Facility (PHF) Project:** The ribbon cutting and open house are scheduled for November 14. Exodus is actively hiring staff, including a Medical Director and nurses. The goal is to obtain final licensing in time for the event and begin operations shortly thereafter, pending approval.
- **Emergency Department Project:** This project remains critical to the hospital's long-term viability and community support. Construction is expected to be completed by the end of next week, with CDPH review to follow soon after.

Jeremy also introduced Dr. Brian Aghdasi, a new Orthopedic Surgeon joining Tri-City from Northern California. Dr. Aghdasi will work with Dr. Payam Moazzaz on complex spinal surgeries here at Tri-City and also at DISC. Dr. Aghdasi briefly shared his background and expressed his enthusiasm for joining the organization.

Eva England, VP/Ancillary Services shared the following:

The hospital achieved a major milestone, completing 300 Watchman procedures to date, while the TAVR program remains strong with 180 cases completed. The facility has begun accepting STEMI patients from Kaiser, with approximately eight patients received

so far. Kaiser recognizes the hospital as a "gold star" partner. For FY 2025, over 100 CABG cases have been performed.

The ION EBUS program continues to grow, supported by the Foundation's generous donation of a 3 C-Arm, enabling the team to double its procedural volume, a significant achievement.

In Imaging, a new "Dose Watch" program has been implemented to monitor radiation exposure in real time during CT scans, enhancing patient safety and supporting Leapfrog compliance. Additionally, Imaging has introduced high-resolution CT scans with 1-millimeter slices (versus the standard 2 millimeters), improving diagnostic accuracy for lung evaluations and complementing Dr. Viceroy's ION EBUS program.

In the Laboratory, a strong pipeline of CLS students is secured through 2028. Tara Eagle, Assistant Director of Laboratory Services has successfully established affiliations with Saddleback for both CLS and MLT training programs.

8. August, 2025 Financial Statements – Anh Nguyen, Chief Financial Officer

Anh Nguyen, Chief Financial Officer reported on the FYTD financials as follows (Dollars in Thousands):

Current month financials as follows (Dollars in Thousands):

- Net Operating Revenue – $56,310
- Operating Expense – $58,471
- EBITDA – $3,075
- EROE – $214

Anh presented the FYTD Key Indicators as follows:

- Average Daily Census – 117
- Average Acute Length of Stay (ALOS) – 4.90
- Adjusted Patient Days – 13,299
- Surgery Cases – 863
- ED Visits – 7,951

Anh also presented graphs including EBITDA and EROE, Average Daily Census, Average Length of Stay and Paid Full Time Equivalents per Adjusted Occupied Bed (13 Month Trend).

9. New Business –

a) Consideration to accept the Fiscal Year 2025 Financial Statement Audit –Stelian Damu, Principle, Kyle Rogers, (Baker Tilly Advisory Group, LP) and Anh Nguyen, CFO

Anh Nguyen, CFO introduced Stelian Damu, Principle Partner and Kyle Rogers, Senior Manager with Baker Tilly Advisory Group, LP.

Stelian Damu presented the results of the FY 2025 Financial Statement Audit. The audit covered the Tri-City Hospital District's financial statements and included a single audit related to the HUD loan. While the main financial audit is complete and ready for issuance, the single audit report remains pending due to awaiting federal guidance; however, no findings have been identified to date.

Mr. Damu stated the auditors plan to issue an unmodified (clean) opinion, with no findings. Notably, the "going concern" paragraph included in prior years has been removed due to the District's improved financial position. Damu commended management for the significant progress achieved, enabling a clean, unqualified opinion.

Kyle Rogers reviewed the key audit risk areas, including revenue recognition and valuation of patient receivables, third-party settlements, self-insured liabilities, and management override of controls. No issues, misstatements, or unusual transactions were identified, and there were no difficulties encountered during the audit. Mr. Rogers also noted the firm's name change following the merger of Baker Tilly and Moss Adams.

In closing, Damu emphasized that the clean audit, with no adjustments required, reflects the strong performance and diligence of the management team.

It was moved by Director Chavez to approve the Fiscal Year 2025 Financial Statement Audit. Director Gleason seconded the motion.

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

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

b) Consideration to approve an agreement with BD/Carefusion for a term of 84 months for Pyxis Med Station and Pyxis Server beginning October 1, 2025 and ending September 30, 2032, and a term of 60 months for Carousel beginning October 1, 2025 and ending September 30, 2030, for a total term aggregate cost of $5,381,376.

Julie Abraham, Director of Pharmacy, presented a request for agreements related to Pyxis and the replacement of the pharmacy's obsolete carousel system. The request also includes an upgrade to the server and continued use of the Pharmacy Keeper Compliance Program with an added training module. Julie noted that she successfully negotiated price reductions and that, instead of purchasing the new carousel, the plan is to lease it. This leasing approach ensures maintenance and replacement coverage similar to the existing Pyxis equipment.

It was moved by Director Chaya to approve the agreement with BD/CareFusion for a term of 84 months for Pyxis Med Station and Pyxis Server beginning October 1, 2025 and ending September 30, 2032 and a term of 60 months for Carousel beginning October 1, 2025 and ending September 30, 2030, for a total term aggregate cost of $5,615,688. Director Brown seconded.

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

AYES:	**Directors:**	**Brown Chavez, Chaya, Coulter, Gleason and Younger**

NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**Sanchez**

c) Consideration to approve the execution of a Service Agreement between Tri-City Healthcare District d/b/a Tri-City Medical Center and Physicians Radiology Medical Group, Inc. for the provision of diagnostic radiology interpretive services for MRI studies, for an initial term of 12 months, beginning September 26, 2025 and ending September 25, 2026, at an annual cost not to exceed $225,000.

Jeremy Raimo, Chief Operating Officer, explained that Tri-City engaged Physician's Radiology Medical Group, Inc. to provide diagnostic radiology interpretive services for the Orthopedic group after the previous provider experienced network difficulties that required an urgent transition. He commended Physician's Radiology for stepping in seamlessly and delivering exceptional service.

It was moved by Director Gleason to approve the execution of a Service Agreement between Tri-City Healthcare District d/b/a Tri-City Medical Center and Physicians Radiology Medical Group, Inc. for the provision of diagnostic radiology interpretive services for MRI studies, for an initial term of 12 months, beginning September 26, 2025 and ending September 25, 2026, not to exceed $225,000. 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 and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**Sanchez**

d) Consideration of Board sponsorship for the 2025 Gala.

It was moved by Director Chavez to award a Board sponsorship for the 2025 Gala in the amount of $50,000. Director Gleason seconded the motion.

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

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

10. Old Business – None

11. Chief of Staff –

Consideration of September 2025 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on September 22, 2025.

Dr. Mohamad Jamshidi-Nezhad, Chief of Staff presented the September 2025 Credentialing Actions and Reappointments involving the Medical Staff and Allied Health Professionals.

It was moved by Director Brown to approve the September 2025 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on September 22, 2025. 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 and Younger**
NOES:	**Directors:**	**None**
ABSTAIN:	**Directors:**	**None**
ABSENT:	**Directors:**	**Sanchez**

12. Consideration of Consent Calendar

It was moved by Director Chavez to approve the Consent Agenda as presented. Director Gleason seconded the motion.

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

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

13. Discussion of items pulled from Consent Calendar

There were no items pulled from the Consent Calendar.

14. Comments by Members of the Public

Chairperson Younger recognized Bunny McElliot, President of the Auxiliary, who highlighted the Auxiliary's ongoing commitment to supporting Tri-City. She outlined two key goals: increasing membership and enhancing the Auxiliary's presence across departments. Membership has grown to 250 volunteers, contributing over 24,000 service hours, including 48 returning high school students now assisting in 18 departments. Auxiliary members continue to provide vital services such as patient rounding, gift shop operations, and advocacy, and awarded 86 scholarships this year, 19 of which were funded by local donors.

Bunny introduced Liz Brayton, Auxiliary Vice President, who presented a proclamation reaffirming the Auxiliary's unwavering support for the Board, CEO, Dr. Gene Ma, the Executive Team, and Tri-City Medical Center staff as the organization advances its partnership with Sharp HealthCare

15. Comments by Chief Executive Officer

Dr. Ma expressed his appreciation to the Auxiliary for their continued dedication and the meaningful impact they make each day in supporting staff and patients. He also extended thanks to the Baker Tilly team for their collaboration, recognizing Anh and the Finance team for their outstanding work. Dr. Ma commended Eva for her strong leadership and the continued growth of the programs she oversees.

He emphasized the importance of transparency and community engagement as a public institution, noting the value of sharing updates with staff during the recent quarterly Town Hall. Dr. Ma reported that the organization is making significant progress and remains on track with its planned timetable, highlighting the collective commitment to advancing the hospital's mission and improving care for the community.

16. Board Communications

Director Chavez expressed his enthusiasm for the progress of the PHF project, acknowledging that current successes are built on the efforts of those who came before. He suggested extending a written invitation to former CEO, Steve Dietlin, to attend the November 14th ribbon cutting in recognition of his key role in collaborating with the county and state to bring the project to fruition.

17. Adjournment

There being no further business, Chairperson Younger adjourned the meeting at 4:30 p.m.

_____
Tracy M. Younger
Chairperson

ATTEST:

_____
Adela Sanchez
Secretary

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

Education & Travel Expense
Month Ending September 2025

Cost Centers	Description	Invoice #	Amount	Vendor #	Attendees
6186	2025 CONF	92025 EXP	585.00	77804	ENGELHART, DEBBIE
8620	ACHD ANNUAL MEETING	82725	850.00	5212	ACHD
8740	ANCL MEMBERSHIP	91425 EDU	225.00	21964	DAWKINS, DONALD
8740	MSN	82725EDU	2,450.00	84421	SHOEMAKER SHANNON
8740	CCRN	92925 EDU	150.00	81426	DACOME OLIVIA
8740	TRAUMA LUAU	82525EDU	150.00	40750	MCCANN, BARBARA

**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.

Tri-City Medical Center

ADVANCED HEALTH CARE FOR YOU

Building Operating Leases
Month Ending September 30, 2025

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	LeaseTerm Beginning	LeaseTerm Ending	Services & Location	Cost Center
6121 Paseo Del Norte, LLC 6128 Paseo Del Norte, Suite 180 Carlsbad, CA 92011 V#83024	Approx 9,552	$3.59	(a)	56,415.02	07/01/17	06/30/27	**OSNC - Carlsbad** 6121 Paseo Del Norte, Suite 200 Carlsbad, CA 92011	7095
Cardiff Investments LLC 2729 Ocean St Carlsbad, CA 92008 V#83204	Approx 10,218	$2.58	(a)	38,602.07	07/01/17	08/31/26	**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	06/30/30	**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)	23,026.37	10/01/22	06/30/27	**OSNC - Vista** 1958 Via Centre Drive Vista, Ca 92081	7095
BELLA TIERRA INVESTMENTS, LLC 841 Prudential Dr, Suite 200 Jacksonville, FL 32207 V#84264	Approx 2,460	$2.21	(a)	8,511.41	04/01/23	03/31/26	**La Costa Urology** 3907 Waring Road, Suite 4 Oceanside, CA 92056	7082
Mission Camino LLC 4350 La Jolla Village Drive San Diego, CA 92122 V#83757	Appox 4,508	$1.75	(a)	16,914.69	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)	25,808.13	09/01/21	08/31/33	**PCP Clinic Calrsbad** 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)	14,055.70	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)	34,420.00	10/01/22	09/30/29	**North County Oncology Medical Clinic** 3617 Vista Way, Bldg.5 Oceanside, Ca 92056	7086
SCRIPPSVIEW MEDICAL ASSOCIATES P O Box 234296 Encinitas, CA 234296 V#83589	Approx 3,864	$3.45	(a)	22,522.02	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)	11,556.77	05/01/23	04/30/26	**Pulmonary Specialists of NC** 3907 Waring Road, Suite 2 Oceanside, CA 92056	7088
Total				**272,426.87**				

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