TRI-CITY HEALTHCARE DISTRICT AGENDA FOR A REGULAR MEETING OF THE BOARD OF DIRECTORS July 31, 2014 - 1:30 o'clock p.m. Classroom 6 - Eugene L. Geil Pavilion Open Session – Assembly Rooms 1, 2, 3 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	Approval of agenda	3 min.	Standard
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Closed Session portion of the Agenda. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors.	3 min.	Standard
4	Oral Announcement of Items to be Discussed During Closed Session (Government Code Section 54957.7)		
5	Motion to go into Closed Session		
6	Closed Session	2 Hours	
	a. Conference with Legal Counsel – Potential Litigation Gov. Code Section 54956.9(d) (1 Matter)		
	b. Conference with Legal Counsel – Existing Litigation (Gov. Code Section 54956.9(d)1, (d)4		
	(1) Larry Anderson Employment Claims		
	(2) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108		
	TCHD vs. Medical Acquisitions Company Case No. 2014-00022523		
	c. Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees (Authority: Health & Safety Code, Section 32155)		
	d. Approval of prior Closed Session Minutes		

Note: Any writings or documents provided to a majority of the members of Tri-City Healthcare District regarding any item on this Agenda will be made available for public inspection in the Administration Department located at 4002 Vista Way, Oceanside, CA 92056 during normal business hours.

Note: If you have a disability, please notify us at 760-940-3347 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

	Agenda Item		Requestor	
	e. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: January, 2015 f. Public Employee Appointment of Public Employee:			
	Chief Compliance Officer (Authority: Government Code, Section 54957)			
7	Motion to go into Open Session			
8	Open Session			
	Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.			
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)			
10	Roll Call / Pledge of Allegiance	3 min.	Standard	
11	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 14-018, 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	
12	Special Presentation			
	Clinical Research – Ingrid Stuiver, Director, Clinical Research	15 min.	S. Schultz	
13	Report from Chief Executive Officer	10 min.	Standard	
14	Report from Chief Financial Officer	10 min.	Standard	
15	New Business			
	a. Introduction of Dr. Erman Wei, M.D., Internal Medicine Physician into North County Internal Medicine Group	5 min.	W. Knight	
	b. Introduction of Dr. Karim El-Sherief, M.D., Invasive Cardiologist	5 min.	W. Knight	
	 c. Approval of use of legal counsel for the Institutes and ACO – Jones Day/Scott Edelstein 	5 min.	M. Mushet	
	 d. Approval of Fee Agreement with Saucedo Chavez, P.C. for matters associated with providing federal, state and regulatory healthcare advice and drafting and reviewing documents 	5 min.	M. Mushet	
6	Old Business - None			

	Time	
Agenda Item	Allotted	Requestor

17	Chief of Staff a. Consideration of July 2014 Credentialing Actions Involving the Medical Staff – New Appointments Only	5 min.	Standard
18	Consideration of Consent Calendar (1) Medical Staff Credentials for July, 2014	5 min.	Standard
	(2) Medical Staff Recommendations		Standard
	A. Department/Divisions Rules & Regulations: Division of Urology Rules & Regulations Modification		
}	B. Medical Staff Policies:1. Credentialing Criteria, Hyperbaric Medicine Oxygen Therapy, 8710-523		
	C. Pharmacy & Therapeutics:1. Formulary Addition: Reminfentanil (Ultiva ™)		
	(3) Medical Executive Committee Summary Report		Standard
	 (4) Board Committees (1) All Committee Chairs will make an oral report to the Board regarding items being recommended if listed as New Business or pulled from Consent Calendar. (2) All items listed were recommended by the Committee. (3) Requested items to be pulled require a second. 		
	A. Human Resources Committee Director Kellett, Committee Chair Open Community Seats - 0 (Committee minutes included in Board Agenda packets for informational purposes)		HR Comm.
	B. Employee Fiduciary Retirement Subcommittee Director Kellett, Subcommittee Chair Open Community Seats - 0 (No meeting held in July, 2014)		Emp. Fid. Subcomm.
	C. Community Healthcare Alliance Committee Director Nygaard, Committee Chair Open Community Seats - 1 (Committee minutes included in Board Agenda packets for informational purposes)		CHAC Comm.
	D. Finance, Operations & Planning Committee Director Dagostino, Committee Chair Open Community Seats - 0 (Committee minutes included in Board Agenda packets for informational purposes.)		FO&P Comm.
	a. Approval of the renewal of the Gastroenterology ED On Call Agreement for a term of 23 months commencing August 1, 2014 through June 30, 2016 with an increase to Gastro-General from \$500 to \$700 per 24-hour shift and the addition of separate Gastro-ERCP call at the rate of \$500 per 24 hour shift, together not to exceed \$400,800 for the eleven (11)		



	Agenda Item	Time Allotted	Requestor
	months of 9/4/14 through 6/20/15 and not to accord 6/400 000		
	months of 8/1/14 through 6/30/15 and not to exceed \$438,000. b. Approval of the renewal of the General Surgery Ed On Call Agreement for a term of 23 months beginning August 1, 2014 through June 30, 2016 at the increased rate from \$1,000 to \$1,400 per 24 hour shift and reimbursement at Medicare rates for unfunded cholecystectomy cases at \$725.00, for a total not to exceed an amount of \$1,030,016.		
	c. Approval of the renewal of an agreement with Dr. Richard Smith, Infection Control Practitioner, to provide medical direction or for the Antibiotic Stewardship Program and review of inpatient Antibiotic use for a term of 26 months commencing April 25, 2014 through June 30, 2016, not to exceed a contract fee of \$136,500.		
	d. Approval of the renewal of an agreements with Drs. Martin Nielsen, Frank Corona, Safouh Malhis and Mark Yamanaka to conduct Multidisciplinary and Ethics Rounds for patients in the ICU for a term of 23 months, commencing August 1, 2014 through June 30, 2016, not to exceed a contract fee of \$87,208.		
E	E. Professional Affairs Committee Director Reno, Committee Chair (Committee minutes included in Board Agenda packets for informational purposes.)		PAC Comm.
1	. Approval of Policies and Procedures:		
	A. Patient Care Services Policies & Procedures 1. Universal Protocol – Procedure 2. Venipuncture for Specimen Collection – Procedure 3. Visiting Guidelines – Policy		
	 B. Administrative Policies & Procedures 4. Faxing Protected Health Information - #522 5. Hospital Records Retention - #237 6. Security Department Incident Notification - #234 		
	 C. <u>Unit Specific</u> Women's & Children's Services: 7. Shoulder Dystocia – Policy 1C. 10 8. Umbilical Cord Blood Banking Private Collection 9. Umbilical Cord Blood Banking Consent Form 		
F	Director Schallock, Committee Chair Open Community Seats - 0 (No meeting held in July, 2014)		Gov. & Leg. Comm.

-		Time		
l	Agenda Item	Allotted	Requestor	
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	0. 4		
	G. Audit & Compliance Committee Director Finnila, Committee Chair		Audit, Comp. & Ethics
	Open Community Seats – 1 (Committee minutes included in Board Agenda packets for	:	Comm.
	informational purposes.)		
	(5) Minutes – Approval ofa) June 26, 2014 – Regular Board of Directors Meeting		Standard
	b) July 15, 2014 – Special Board of Directors Meeting		
	6) Meetings and Conferences - None		Standard
	(7) Dues and Memberships		
	 a) Healthcare Compliance Association Subscription – Director Nygaard - \$295.00 		Standard
19	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
20	Reports (Discussion by exception only) (a) Construction Report – None	0-5 min.	Standard
	(b) Lease Report – (June, 2014)		
	(c) Reimbursement Disclosure Report - (June, 2014)		
	(d) Seminar/Conference Reports - None		i
21	Legislative Update	5 min.	Standard
22	Comments by Members of the Public	5-10	Standard
	NOTE: Per Board Policy 14-018, members of the public may have three (3) minutes, individually, to address the Board.	minutes	
23	Board Communications (three minutes per Board member)	18 min.	Standard
24	Report from Chairperson	3 min.	Standard
25	Additional Comments by Chief Executive Officer	3 min.	Standard
	Total Time Budgeted for Open Session	2 hours/	
	(Includes 10 minutes for recess to accommodate KOCT tape change)	10 min.	
26	Oral Announcement of Items to be Discussed During Closed Session (If Needed)		
27	Motion to Return to Closed Session (If Needed)		
28	Open Session		
29	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) – (If Needed)		
	, (,	1	

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CLINICAL RESEARCH

Tri-City Medical Center (TCMC) established a Clinical Research department in 2011 because of the strong interest by investigators to make novel drugs, devices and biological being trialed for safety and efficacy available to our patients. Ingrid Stuiver, Ph.D. is currently the Director of this department. Her responsibilities include oversight of all clinical trials ongoing at TCMC, which are managed by pharmaceutical, biotechnology and device companies in conjunction with the local clinical research site at which the privileged physician, also know as principle investigator, has his place of business. Currently we have 29 studies that are active or in the process of being activated. No drug-related safety issues have occurred in the past 2 years.

Additional research responsibilities have expanded into TCMC in the format of Evidence-Based Practice (EBP) research, Exempted research (i.e. retrospective data analysis) and the Comprehensive Unit Based Safety Program (CUSP) that is facilitated by Kevin McQueen, the Patient Safety Officer and Ingrid Stuiver.

The presentation will include a brief description of the disease areas being studied, types of clinical trials TCMC is currently engaged in and a complete listing of the active trials (inpatient and outpatient). Also to be discussed will be human studies that are considered Exempted research (exempt from federal oversight) and examples of this type of work provided. With respect to ongoing research belonging to TCMC staff, EBP and CUSP will be described followed by an EBP/CUSP success story.



Tri-City Healthcare District



Approval of use of legal counsel for the Institutes and ACO – Jones Day/Scott Edelstein

Tri-City Healthcare District uses the outside counsel legal services of Scott Edelstein to advise on healthcare and transactional issues related to its Accountable Care Organization as well as its various physician institutes. Mr. Edelstein was previously with the law firm of Squire Sanders and has recently joined the law firm of Jones Day. The District would like to continue using his specialty services and expertise.

Motion: I move that the Board of Directors approve the representation agreement with Jones Day at a rate of \$655/hr for Scott Edelstein and \$350-\$450/hr for associates.







Approval of Fee Agreement with Saucedo Chavez, P.C. for matters associated with providing federal, state and regulatory healthcare advice and drafting and reviewing documents

Tri-City Healthcare District previously used the outside counsel legal services of Ryan Harrigan to advise on regulatory healthcare advice, including researching CMS regulations and Federal Register rulings. Mr. Harrigan has recently joined the law firm of Saucedo Chavez. The District would like to continue using his services and expertise.

Motion: I move that the Board of Directors approve the representation agreement with Saucedo Chavez at a rate of \$300/hr for partners and \$200/hr for associates.





TO:	Larry Schallock, Chairperson			
FROM:	Scott Worman, M.D., Chief of Staff			
DATE: July 31, 2014				
SUBJECT: Medical Executive Committee Credentialing Recommendations – New Appointments				
Committee on	July 9, 2014. Their recommendations were	s report was reviewed and approved at Credentials reviewed and approved by the Medical Executive ne Board of Directors with recommendations for		
SUBMITTED E	BY:			
Scott Worman,	M.D., Chief of Staff	Date		
GOVERNING I	BOARD DISPOSITION:			
Approved:				
Denied:				
Julie Nygaard, For and on beh	Secretary alf of the TCHD Board of Directors	Date		



TRI-CITY MEDICAL CENTER MEDICAL STAFF INITIAL CREDENTIALS REPORT July 9, 2014

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 07/31/2014 - 06/30/2016)

Medical Staff - Appoint to Provisional Staff and grant privileges as delineated:

Amin, Arti J., MD - Anesthesiology

El-Sherief, Karim H., MD - Cardiology/Medicine

Fowler, Blake C., MD - Anesthesiology

Gold, Evan S., DMD - Oral Maxillofacial/Surgery

Gray, Jonathan J., MD - Anesthesiology

Hudson, Henry L., MD – Ophthalmology/Surgery

Jeswani, Sunil P., MD - Neurosurgery/Surgery

Kayal, Anas, MD - Nephrology/Medicine

Lee, Anna, MD - Pediatrics

Lindstedt, Sean T., MD - Internal Medicine/Medicine

Novikoff, Thays S., MD - Family Medicine

Paz, Pedro, MD - Neonatology/Pediatrics

Seif, David M., MD - Anesthesiology

Shah, Abhishek S., MD - Internal Medicine/Medicine

Viets, Ryan, MD - Radiology

INITIAL APPOINTMENTS (Effective Dates: 07/31/2014 – 06/30/2016)

Medical Staff – Appoint to Affiliate Staff Status/Refer & Follow Only

Wei, Erman, MD – Internal Medicine/Medicine

<u>Allied Health Professionals</u> – Appoint to Allied Health Professional Staff and grant privileges as delineated:

Goldberg, Ruth, CNM - Ob/Gyn

Goodwin, Rachel K., CNM - Ob/Gyn

INITIAL APPLICATION WITHDRAWAL: (Voluntary unless otherwise specified)

Medical Staff:

Amini, Amir, MD - Anesthesiology

Allied Health Professionals:

None

TEMPORARY PRIVILEGES:

Medical Staff/Allied Health Professionals:

Colangelo, Caroline, MD - Urology/Surgery

Goodwin, Rachel K., CNM - Ob/Gyn

Gray, Jonathan J., MD - Anesthesiology

Hudson, Henry L., MD - Ophthalmology/Surgery

Lee, Anna, MD - Pediatrics

Paz, Pedro, MD - Neonatology/Pediatrics

TEMPORARY MEDICAL STAFF MEMBERSHIP:

Medical Staff:

None



TO:	Larry Schallock, Chairperson				
FROM:	Scott Worman, M.D., Chief of Staff				
DATE:	July 31, 2014				
SUBJECT:	Medical Executive Committee Credentialing Recommendations – Reappointments				
Committee on .	Medical Staff Reappointments Credentials report July 9, 2014. Their recommendations were revieuly 28, 2014. This report is forwarded to the Bo	wed and approved by the Medical Evecutive			
SUBMITTED B	Y:				
Scott Worman,	M.D., Chief of Staff	Date			
GOVERNING E	BOARD DISPOSITION:				
Approved:					
Denied:					
Julie Nygaard, For and on beh	Secretary alf of the TCHD Board of Directors	Date			



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 July 9, 2014

REAPPOINTMENTS (Effective Dates: 08/01/2014 to 7/31/2016)

Attachment B

MEDICAL STAFF

Blaskiewicz, Donald, MD, Surgery/Neurological Surgery

Reappoint to Consulting Staff and grant privileges as delineated. Relinquish:

- Complex Spine procedures requiring instrumentation
- Peripheral Nerve Surgery Primary Repairs
- Peripheral Nerve Surgery Delayed and Immediate Nerve Grafts
- Peripheral Nerve Blocks Temporary and Permanent
- Ventriculography

Dertina, Damon M., MD, Anesthesiology/Anesthesiology

Reappoint from Active to Consulting Staff and grant privileges as delineated. Add:

- Evaluate and treat patients with anesthesia related procedures Relinquish:
 - Pediatric Anesthesia

Gonzales, Michelle, MD, Family Medicine/Family Medicine

Reappoint to Affiliate Staff, Refer and Follow only.

Jackson, Michelle L., MD, Medicine/Dermatology

Reappoint from Provisional to Affiliate Staff, Refer and Follow only.

Kobayashi, Gary L., MD, Medicine/Neurology

Reappoint to Affiliate Staff, Refer and Follow only.

Krol, Thomas C., MD, Medicine/Gastroenterology

Reappoint to Active Staff and grant privileges as requested.

Le, Yung T., MD, Medicine/Internal Medicine

Reappoint to Active Staff and grant privileges as requested.

Leach, Jeffrey O., MD, Medicine/Internal Medicine

Reappoint to Affiliate Staff, Refer and Follow only.

Lee, Dandy, MD, Anesthesiology/Anesthesiology

Reappoint to Active Staff and grant privileges as delineated. Relinquish:

- Pain Management Core Privileges
 - o Admit Patients

LeLevier, Jon A., MD, Medicine/Internal Medicine

Reappoint to Affiliate Staff, Refer and Follow only.

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 July 9, 2014

Attachment B

Li, Robin T., MD, Anesthesiology/Anesthesiology

Reappoint from Provisional to Active Staff and grant privileges as delineated. Add:

- Evaluate and treat patients with anesthesia related problems
 Relinquish:
 - Pediatric Anesthesia
 - Pain Management Core Privileges
 - o Admit Patients

Li, Zhe, MD, Anesthesiology/Anesthesiology

Reappoint from Provisional to Active Staff and grant privileges as delineated. Add:

- Evaluate and treat patients with anesthesia related problems
 Relinquish:
 - Pediatric Anesthesia
 - Pain Management Core Privileges
 - o Admit Patients

McClay, Edward F., MD, Medicine/Oncology

Reappoint to Active Staff and grant privileges as requested.

Meade Jr., William A., MD, Emergency Medicine/Emergency Medicine

Reappoint to Active Staff and grant privileges as requested.

Melden, Mark, DO, Medicine/Psychiatry

Reappoint to Active Staff and grant privileges as requested.

Naudin, Veronica L., MD, Pediatrics/Pediatrics

Reappoint to Active Staff and grant privileges as delineated. Relinquish:

Lumbar puncture

Sheth, Manish V., MD, Medicine/Psychiatry

Reappoint to Active Staff and grant privileges as requested.

Velesrubio, Felisa U., MD, Medicine/Infectious Disease

Reappoint to Consulting Staff and grant privileges as requested.

AMEND TIME-LIMITED REAPPOINTMENTS (Effective Dates: 07/01/2014 to 10/31/2014)

Aspiras, Julie R., MD, Medicine/Internal Medicine

Reappoint to Active Staff and grant privileges as requested.

ALLIED HEALTH PROFESSIONALS

Mirpourian, Nabat, NP, Medicine/Allied Health Professional

Reappoint to Allied Health Professionals and grant privileges as delineated.

Add:

Emergency cardiac treatment

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 July 9, 2014

Attachment B

- Furnish medications following the Drugs and Devices protocol as described in the standardized procedures
- Order or transmit an order for x-ray, other studies, ECG's, cardiac stress testing, echocardiography, therapeutic diets, physical/rehab therapy, occupational/speech therapy, respiratory therapy, and nursing services
- Perform history and physical examination

Spencer, Matthew J., PAC, Medicine/Allied Health Professional

Reappoint to Allied Health Professionals and grant privileges as requested.

<u>RESIGNATIONS</u> (Effective July 31, 2014, unless otherwise specified) Voluntary:

Bruner, Heather C., MD, Emergency Medicine/Emergency Medicine (effective 6/30/2014)

Carden, Dennis M., DO, OB-GYN/OB-GYN

Korabathina, Kalyani, MD, Medicine/Neurology

Kuhl, Regina, PAC, Surgery/General/Vascular Surgery (effective 6/30/2014)

Lee, Katherine H., MD, Anesthesiology/Anesthesiology

McHale, Michael T., MD, OB-GYN/OB-GYN (effective 6/30/2014)

Merchant, Jason C., MD, Teleradiology/Radiology (effective 6/26/2014)

Plaxe, Steven C., MD, OB-GYN/OB-GYN

Regan, John, MD, Surgery/Orthopedics (6/30/2014)

Verma, Jinnu A., MD, Medicine/Internal Medicine, (effective 6/20/2014)

Weiss, Gabriel S., MD, Medicine/Internal Medicine (effective 7/1/2014)

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3 July 09, 2014

Attachment B

NON-REAPPOINTMENT RELATED STATUS MODIFICATIONS (Effective Date: 7/31/2014)

Colangelo, Caroline, MD, Surgery/Urology

Add: Greenlight (Diode) laser privileges

Calhoun, Chanelle, MD, Pediatrics

Add: Consultation, including via telemedicine (F)

Guerena, Michael, MD, Surgery/Urology

Add: Greenlight (Diode) laser privileges (temporary privileges granted on 6/16/14)

Gunta, Sujana, MD, Pediatrics

Add: Consultation, including via telemedicine (F)

Heiser, Joel, MD, Surgery/Orthopedic Surgery

Staff status change from Active to Honorary

lyengar, Radha, MD, Pediatrics

Add: Consultation, including via telemedicine (F)

Lebovits, Marc, MD, Surgery/Otolaryngology

Pedicle lip flap reconstruction - Unsupervised to Proctor Required status due to low activity

Li, Yaohui, MD, Anesthesiology

General Anesthesia - Proctor Required to Unsupervised status as supported by case documentation, reappointment was 3/1/14

Miller, Donald, MD, Pediatrics

Add: Consultation, including via telemedicine (F)

Murphy, Carmel, MD, Pediatrics

Add: Consultation, including via telemedicine (F)

Tabibzadeh, Sepehr, MD, Anesthesiology

Invasive monitoring - Proctor Required to Unsupervised status as supported by case documentation, reappointment was 6/30/14

Wosk, Bernard, MD, Pediatrics

Add: Consultation, including via telemedicine (F)

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 3 of 3 July 09, 2014

Attachment B

PROCTORING RECOMMENDATIONS (Effective 7/31/14, unless otherwise specified)

Anthony, Julian, MD, Surgery/Urology

Release from specific proctoring: Lithotripsy

Hosalkar, Harish, MD, Surgery/Provisional

Release from specific proctoring: Arthrodesis of extremities

Olson, Lindsey, PAC, Allied Health Professional/Emergency Medicine

Release from specific proctoring: Endotracheal intubations

Thoracentesis & Paracentesis

Pountney Levesque, Marlene, MD, OB/GYN

Release from specific proctoring: Total abdominal hysterectomy



TO:	Larry Schallock, Chairperson		
FROM:	Scott Worman, M.D., Chief of Staff		
DATE:	July 31, 2014		
SUBJECT:	Medical Executive Committee Recommendations		
The following d	ocuments were reviewed and approved by the Medical E nts are forwarded to the Board of Directors with recomme	xecutive Committee on J endations for approval.	uly 28, 2014
Department/D 1. Divisio	ivisions Rules & Regulations: n of Urology Rules & Regulations Modification		pg. 1
Medical Staff I 1. Creder	Policies: ntialing Criteria, Hyperbaric Medicine Oxygen Therapy, 87	10-523	pp. 2-3
Pharmacy & T 1. Formul	herapeutics: ary Addition: Reminfentanil (Ultiva ™)		pp. 4-8
The above reco	ommendations are presented to the Board of Directors for	final review and disposit	ion.
SUBMITTED B	Y:		
Scott Worman,	M.D., Chief of Staff	Date	
GOVERNING E	BOARD DISPOSITION:		
Approved:			
Denied:			
Julie Nygaard, For and on beh	Secretary alf of the TCHD Board of Directors	Date	





MEMO

TO:

Medical Executive Committee

FROM:

Department of Surgery

DATE:

June 28, 2014

SUBJECT:

Urology Rules and Regulations Modification –Diode (Greenlight)

Laser

The Division of Urology recommends approval of the following modifications to the Urology Rules and Regulations.

1. Add "Diode (Greenlight) Laser" to available laser privileges as shown below in the excerpt from the Urology Division Rules and Regulations:

Privileges			Reappointment (every 2 years)	
 Laser Privileges: Holmium Laser CO₂ Laser Diode (Greenlight) Laser 	 Documentation of completion of training for specific energy source(s) to be used; or If training completed greater than two years prior to privilege request, submit case logs from previous twenty-four (24) months identifying specific energy source used. 	One (1) case for each energy source	One (1) case for each energy source	

Approved:

Division of Urology: 6/26/14 Department of Surgery: 6/26/14 Medical Executive Committee:

Board of Directors:



MEDICAL STAFF POLICY MANUAL

ISSUE DATE:

2/07

SUBJECT: Credentialing Criteria, Hyperbaric

Medicine Oxygen Therapy

REVISION DATE: 1/12, 7/12, 12/13; 7/14

POLICY NUMBER: 8710 - 523A

Credentials Committee Approval:

Medical Executive Committee Approval:

Board of Directors Approval:

7/9/14

03/07; 03/11; 01/12; 07/12; 12/13

A. PURPOSE:

The following sites have been designated as outpatient chronic non-healing wound care centers ("WCCs") with adequate resources to allow the performance of the designated privileges:

161 Thunder Drive, Suite 112, Vista, California

6260 El Camino Real, Carlsbad, California b.

The following criteria shall be used in credentialing physicians who request privileges for 2. Hyperbaric Medicine Oxygen Therapy in the WCCs.

CREDENTIALING CRITERIA: B.

- Initial Criteria:
 - M.D., D.O., or DPM a.
 - The applicant must have completed an ACGME accredited residency program in one of b. the following areas: Anesthesiology, Family Practice, Internal Medicine, Infectious Disease, Emergency Medicine, Physical Medicine and Rehabilitation, Orthopedic Surgery, Interventional Cardiology, Interventional Radiology, General Surgery, Vascular Surgery, Plastic Surgery, or hold a license to practice Podiatric Medicine.
 - The applicant must have malpractice insurance that includes coverage for hyperbaric C. medicine.
 - In addition to the above, the applicant must have one of the following: d.
 - Completion of a Residency or Fellowship Training in hyperbaric medicine. i.
 - Completion of a hyperbaric medicine Training course approved by the American ii. College of Hyperbaric Medicine (ACHM) or the Undersea and Hyperbaric Medical Society (UHMS)
 - Certified Certification by the American Board of Preventive Medicine or the iii. American Board of Emergency Medicine, in the subspecialty of Undersea and Hyperbaric Medicine.
 - If more than two years has elapsed since completion of training, documentation of a e. minimum of sixteen (16) hours of CME related to hyperbaric medicine and twelve (12) documented hyperbaric medicine oxygen therapy cases within two (2) years must be submitted.
- 2. Proctoring Criteria:
 - A TCMC physician with unsupervised privileges in hyperbaric medicine, or a physician who holds hyperbaric medicine privileges at another Joint Commission-approved facility will proctor the first five (5) hyperbaric medicine therapy consults for practitioners with newly approved hyperbaric medicine privileges.
- 3. Reappointment Requirements:
 - A minimum of sixteen (16) hours of CME related to hyperbaric medicine must be documented per two-year reappointment cycle. Half of this requirement can be met by reading hyperbaric literature, with the rest being fulfilled through attending meetings and making presentations on hyperbarics.
 - b. Hyperbaric Medicine Oxygen Therapy: twelve (12) documented access nor

P. 2

Medical Staff Policy Credentialing Criteria, Hyperbaric Medicine Oxygen Therapy – 8710-523A Page 2 of 2

reappointment cycle.

c. Physician specific quality outcome data will be evaluated on an on-going basis as defined in Medical Staff Policy #8710-509.

TRI-CITY MEDICAL CENTER PHARMACY AND THERAPEUTICS COMMITTEE

*Addendum to Request for Formulary Status Evaluation 3/14

Admission { X }

Deletion { }

Date: 7/14

Requestor: Dr. Erin Heinle

Trade Name: Ultiva

Generic Name: remifentanil

Dosage form(s): 1, 2 and 5 mg vials of lyophilized powder for IV administration

Indication:

1. For IV administration as an analgesic agent for use during the induction and maintenance of general anesthesia for inpatient and outpatient procedures.

2. For continuation as an analgesic into the immediate postoperative period in adult patients under the direct supervision of an anesthesia practitioner in a postoperative anesthesia care unit or intensive care setting.

3. As an analgesic component of monitored anesthesia care in adult patients.

Efficacy:

Induction of Anesthesia/Intubation

Remifentanil without muscle relaxants for intubation in microlaryngoscopy: a double blind randomized clinical trial 4

A single center randomized double blind parallel group clinical trial compared level of consciousness, activity, respiration, circulation and SpO2 in 80 patients randomly assigned to receive remifentanil 4 mcg/kg intravenously(n=40) or remifentanil 1 mcg/kg intravenously with succinylcholine 1 mg/kg(n=40) during intubation. Anesthesia was induced with 2 mg/kg of propofol in both groups. Remifentanil infusion was initiated at 0.025 mcg/kg/min in both groups. Notable exclusions were patients younger than 18 and older than 65 years of age, those with severe cardiovascular or neuromuscular disease.

Mean Arterial Pressures post induction (1 min) were significantly lower in succinylcholine group (p=0.001); no difference was seen in MAP was seen between both groups during all monitoring periods (1 min, 10 min, 30 min post extubation). Requirement for ephedrine was found to be significantly lower in remifentanil group (p=0.023). Time to spontaneous respiration was significantly shorter in remifentanil group. Rates of adverse effects such as sore throat, laryngospasm and hoarseness were similar between groups

Remifentanil plus propofol without a muscle relaxant for tracheal intubation⁵

A randomized, double-blind study compared the intubating conditions and the hemodynamic responses to induction and tracheal intubation in 80 patients, who were randomly assigned to receive remifentanil 1. 2. 3, or 4 mcg/kg (Groups I-IV, respectively; n= 20 /group) with propofol 2 mg/kg. Remifentanil was

infused intravenously over 90 seconds. Sixty seconds after beginning the remifentanil infusion, propofol was administered over 5 seconds. Laryngoscopy and tracheal intubation were attempted and graded (excellent, good or poor) ninety seconds after the administration of propofol. Time from the onset of apnea until the return of spontaneous ventilation, heart rate and mean arterial pressure at pre-induction, post-induction and post-intubation were recorded and analyzed.

Clinically acceptable intubating conditions (e.g. jaw relaxed, vocal cords open, and fewer than two coughs in response to intubation) were significantly less likely to occur in Group I compared with all other groups (p < 0.05). Overall intubation conditions (excellent, good or poor) were significantly better in Groups III and IV compared with Groups I and II (p < 0.05). The criteria for an excellent intubation condition include easy mask ventilation, mobile jaw, open vocal cords, no movement in response to laryngoscopy and intubation. The mean time to resumption of spontaneous ventilation after induction was <5 minutes in Group I to IV. The mean arterial pressure decreased significantly after the induction of anesthesia in all groups compared to baseline value (p < 0.05). No clinically significant muscle rigidity, bradycardia or hypotension was reported.

Maintenance of Anesthesia

Remifentanil in cardiac surgery: a meta-analysis of randomized controlled trials⁶

A meta-analysis of 16 randomized trials to evaluate advantages in clinically relevant outcomes in patients undergoing cardiac surgery with remifentanil. A total of 1,473 patients were studied. Trials selected compared remifentanil with fentanyl or sufentanil in cardiac anesthesia.

Analysis showed that use of remifentanil was associated with significant reduction in post-operative mechanical ventilation (p=0.01), length of hospital stay (p<0.0001) and cardiac troponin release (p=0.03). No difference was noted in mortality. All analysis were adjusted for heterogeneity.

Effectiveness of remifentanil versus traditional fentanyl based anesthetic in high-risk outpatient surgery 7

Mackey et al. conducted a randomized, single-blind study to determine if remifentanil would offer a superior hemodynamic and recovery profile compared to a fentanyl-based anesthesia regimen. A total of 75 outpatients undergoing microsuspension laryngoscopy were randomized to receive either a remifentanil induction (0.5 mcg/kg/min) and maintenance (0.25 mcg/kg/min) or fentanyl (maximum of 250 mcg). All patients received propofol as part of the induction and maintenance with or without the use of nitrous oxide. Heart rate (HR), blood pressure (BP), presence of perioperative myocardial ischemia on ambulatory electrocardiographic monitoring, and time to discharge were measured.

There were no differences between the two groups with respect to gender, age, preoperative medical history, or weight. Significantly fewer patients in the remifentanil group demonstrated episodes of tachycardia (HR> 100 beats per min) compared to the fentanyl group (14% vs 40%, p<0.05). There was no difference in the percentage of patients with hypotension (systolic BP <30 percent of their mean preoperative systolic BP) between the two groups, however, the remifentanil group showed a significantly higher number of hypotensive episodes per patient than the fentanyl group (3.46 \pm 0.61 vs. 1.75 \pm 0.57, respectively). The total number of bradycardic episodes (HR<60 beats per minute) was significantly higher in the remifentanil group compared to the fentanyl group (80% vs 33%, respectively) and the number of bradycardic episodes per patient was also significantly higher in the remifentanil group (4.54 \pm 0.62 vs, 1.2 \pm 0.58). There was no significant difference seen between the two groups in terms of recovery profiles and postoperative side effects (such as pain, nausea, emesis or grogginess).

Safety:

Propensity for medication error: Low. Careful consideration is warranted when dispensing remifentanil as potential sound-a-like and look-a-like medications exist (e.g. fentanyl, alfentanil, sulfentanil).

Abuse potential: Schedule II can produce dependence

Sentinel event potential: Low

Black box warning: None

Cost comparison with similar Formulary products:

Drug Cost

Drug name/Formulation	GPO pricing	Usual dosing regimen	Cost/case
Remifentanil 1mg	\$42.29	0.025-1 mcg/kg/min	1-2 mg/case \$42.29-\$84.60
Remifentanil 2mg	\$84.60		
Remifentanil 5mg	<u>\$179.99</u>		
Fentanyl 100mcg/2ml	<u>\$1.29</u>	2-50 mcg/kg	100-400 mcg/case \$1.29-\$2.58
svringe			25-1500 mcg/case \$5.47
Fentanyl 250mcg/5ml vial	\$1.04		
Fentanyl 1000mcg/20ml vial	\$3.39		
Sufentanil 100mcg/2ml	<u>\$7.96</u>	1 mcg/kg/hr	50-150 mcg/case \$7.96-\$15.92

Other considerations:

Contraindications:

Remifentanil is contraindicated in patients with known hypersensitivity to remifentanil, fentanyl, or fentanyl analogs. Since the glycine in the remifentanil formulation may cause neurotoxicity, remifentanil is contraindicated for epidural or intrathecal administration.

Warnings and Precautions:

Skeletal muscle rigidity can be caused by remifentanil, and is related to the dose and speed of administration. Bolus doses should be administered over at least 30 seconds. Remifentanil induced skeletal muscle rigidity should be managed in the context of the patient's clinical condition. Excessive muscle rigidity occurring during the induction of anesthesia should be treated by the administration of a neuromuscular blocking agent. Stopping or decreasing the rate of administration of remifentanil may decrease the severity or incidence of muscle rigidity. Resolution of muscle rigidity occurs within minutes following discontinuation of remifentanil infusions.

Respiratory depression induced by remifentanil is generally managed by temporarily discontinuing the infusion or by decreasing the rate by 50%. ¹

Bradycardia and hypotension have been reported with remifentanil. These conditions respond to decreases in the administration of remifentanil, use of IV fluids, catecholamines or anticholinergic drugs. $^{\rm 1}$

Remifentanil should not be administered into the same IV tubing with blood due to the potential for inactivation by nonspecific esterases in blood products. Upon discontinuation of remifentanil, the IV tubing should be cleared to prevent the inadvertent administration of remifentanil, which may cause respiratory depression, apnea and/or muscle rigidity.¹

Due to the very rapid offset of action of remifentanil, no residual analgesic activity will be present 5 to 10 minutes following the discontinuation of remifentanil. For patients undergoing surgical procedures where postoperative pain is anticipated, other analgesics should be administered prior to the discontinuation of remifentanil. ²

Remifentanil is not recommended for use as a sole agent for induction of anesthesia because loss of consciousness cannot be assured and it is associated with a high incidence of apnea, muscle rigidity, and tachycardia.

Recommendation:

- 1. Add to formulary and restrict to operative room use only
- 2. For use in short procedures only
- 3. Anesthesia to develop Criteria for Use*

Inclusion Criteria:

- 1. Craniotomies
- 2. Spinal surgery with neuromonitoring
- 3. Select MAC cases
 - a. GI cases (when GA is contraindicated)
 - b. Bronchoscopy
 - c. Superficial surgery such as breast biopsy or hernia

Exclusion Criteria:

- 1. Neuraxial use. Epidural or intrathecal administration is contraindicated
- 2. Known hypersensitivity to remifertanil, fentanyl, or fentanyl analogs
- 3. Orthopedics (not including spine)
- 4. General surgery
- 5. Cardiothoracic surgery
- 6. Patients on high doses of opioids preoperatively
- 7. Hemodynamic instability (hypotension, bradycardia)

It is recognized that all patients should be treated as individuals. Therefore, for exclusions, remifentanil may be used if approved by department chair, if indicated for optimal patient care.

Process/Plan to monitor Patient Responses:

Remifentanil should be administered only in a monitored setting with resuscitative and intubation equipment, oxygen and opioid antagonist. Persons, who have been specially trained in the use of anesthetic drugs and the management of the respiratory effects of potent opioids including respiratory and cardiac resuscitation, may administer remifentanil. Such training must include the establishment and maintenance of a patient airway and assisted ventilation.

Patient's respiratory and cardiovascular status, blood pressure and heart rate shall be closely monitored by anesthesia peri-operatively.

References:

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- 3. Stroumpos G, Manolaraki M, Paspatis G. Remifentanil, a different opioid: potential clinical applications and safety aspects. Expert Opin. Drug Saf. 2010; 9(2): 355-364
- 4. Gulhas N, Topal S, Erdogan Kayhan G et al. Remifentanil without muscle relaxants for intubation in microlaryngoscopy: a double blind randomized clinical trial. Eur.Rev.Med.Pharmacol. Sci. 2013; 17:1967-1973
- 5. Stevens JB, Wheatley L. Tracheal intubation in ambulatory surgery patients: using remifentanil and propofol without muscle relaxants. Anes. Analg. 1998;86:45-49
- 6. Greco M, Landoni G, Biondi-Zoccai G et al. Remifentanil in cardiac surgery: a meta-analysis of randomized controlled trials J Cardio Vasc Anes 2012; 26(1): 110-116
- 7. Mackey JJ, Parker SD, Nass CM et al. Effectiveness of remifentanil versus traditional fentanyl-based anesthetic in high-risk outpatient surgery. Journal of Clin Anes 2000;12:427-432
- 8. Lacy, Armstrong, Goldman, Lance. Drug Information Handbook. 11th ed. Lexi-Comp's, 2003



TO:

Larry Schallock, Chairperson

FROM:

Scott Worman, M.D., Chief of Staff

DATE:

July 31, 2014

SUBJECT:

Medical Executive Committee Open Session Report to Board of Directors

The following May 19, 2014 Medical Executive Committee Open Session Report to Board of Directors was reviewed and approved by the Medical Executive Committee on June 23, 2014. This document is forwarded to the Board of Directors for information.

SUBMITTED BY:

Scott Worman, M.D. Chief of Staff

7/8/14



TRI-CITY MEDICAL CENTER MEDICAL EXECUTIVE COMMITTEE OPEN SESSION – Report to the Board of Directors Monday, May 19, 2014

TRI-CITY MEDICAL CENTER HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS July 8, 2014

Chair Cyril Kellett, Director Rosemarie Reno, Director James Dagostino, Henry Holloway, Salvador Pilar, Tim Moran, CEO; Sharon Schultz, CNE/CCO; Esther Beverly, VP of HR; Daniel Kanter, Esq. Sydelle Gale, Virginia Carson, Dr. Hamid Movahedian, Dr. Gene Ma Non-Voting Members Present: Voting Members Present:

Rudy Gastelum, Charles Carlson, Frances Carbajal Dr. Martin Nielsen Members Absent: Others Present:

Chair Kelleti	Chair Kellett	Chair Kellett	Chair Kellett
Chair Kellett called the meeting to order at 12:35 p.m.	Chair Kellett called for a motion to approve the agenda of July 8, 2014 meeting. Director Dagostino moved and Director Reno seconded the motion. The motion was carried unanimously.	Chair Kellett read the paragraph regarding comments from members of the public.	Chair Kellett called for a motion to approve the minutes of the April 8, 2014 meeting. Director Reno moved and Henry Holloway seconded the motion. The motion was carried unanimously with Director
1. Call To Order	2. Approval of the agenda	3. Comments from members of the public	4. Ratification of Minutes

Human Resources Committee

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Human Resources Committee

5. Old Business a. Update on Draft Termination Policy & 8610-408- Absences and Tardiness Policy We have yet tregarding the b. Review HR Metrics b. Review HR Metrics characteristics b. Charles Carls headcount charactering	Dagostino abstaining since he was absent during the April meeting. Esther Beverly, HR VP explained the delay in the process to meet with both unions on both policies. CNA's has shared their feedback for both policies; We have yet to receive feedback from SEIU regarding the policies. Charles Carlson, HR Analyst presented the headcount change from June 2013-June 2014	Include full ETERM definition.	Esther Beverly
Old Business Update on Draft Termination Policy & 8610-408- Absences and Tardiness Policy New Business Review HR Metrics	everly, HR VP explained the delay in the or meet with both unions on both policies. Its shared their feedback for both policies; yet to receive feedback from SEIU the policies. The policies. Carlson, HR Analyst presented the or change from June 2013-June 2014	Include full ETERM definition.	Esther Beverly
Update on Draft Termination Policy & 8610-408- Absences and Tardiness Policy New Business Review HR Metrics	o meet with both unions on both policies. Its shared their feedback for both policies; yet to receive feedback from SEIU I the policies. Carlson, HR Analyst presented the other of the contract of the contr	Include full ETERM definition.	Esther Beverly
New Business Review HR Metrics	Carlson, HR Analyst presented the nt change from June 2013-June 2014		
Review HR Metrics	Sarlson, HR Analyst presented the at change from June 2013-June 2014		
broken dow Charles als involuntary	broken down by CNA, SEIO & total neadcount. Charles also explained the turnover rates- voluntary, involuntary & overall total.	Separate Involuntary by unsatisfied employee & RIF-reduction in force.	Esther Beverly
Esther expl involuntary	Esther explained the definition of voluntary & involuntary turnover rates.		
committee (Committee (Rudy Gastelum, EHS Director updated the committee on the status of the employee wellness program. Rudy explained the program as an incentive based program. Rudy presented the department & BiolQ participation, Healthx enrollment, demographics by gender & age groups, biometric data & body mass index percentages. The committee discussed successes, challenges as well as 2014 & 2015 goals & program developments.		Esther Beverly
Rudy presented to including the ider Clark. Rudy explorations and initiatives.	Rudy presented the Employee Clinic updates including the identified medical director- Dr. Belen Clark. Rudy explained the opportunities, plans & current initiatives.		
d. B.O.D Dashboard- Stakeholder The Stakeh Experience	The Stakeholder Experience pillar- Employee Satisfaction rates were reviewed & discussed.	Nationally accredited numbers and	Chair Kellett

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Responsible

Action Follow-up

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s to be dded to Ir e to other	Policy 8610-479 to be Daniel Kanter reviewed and approved by the 2 unions then sent to Board of Directors for approval.	Chair Kellett	Chair Kellett	Chair Kellett	Chair Kellett
benchmarks to be included/added to compare our performance to other hospitals.	Policy 8610-479 to be reviewed and approve by the 2 unions then sent to Board of Directors for approval.				
	The Committee reviewed Policy 8610-479 and agreed to the proposed revisions. Chair Kellett called for a motion to send Policy 8610-479 with suggested amendments to the Board of Directors for approval. Director Dagostino moved and Director Reno seconded the motion. The motion was carried unanimously.	The work plan was reviewed.	None	August 12, 2014	Chair Kellett adjourned the meeting at 2:00 p.m.
	e. Policy Discussion/Action Policy 8610-479 Social Media	7. Work Plan	8. Committee Communications	9. Date of next meeting	10. Adjournment

18 (4) B.

Employee Fiduciary Subcommittee (No meeting held in July, 2014)

Tri-City Healthcare District Community Healthcare Alliance Committee (CHAC) Meeting Minutes July 10, 2014 Assembly Room 1

nt: Board of Directors Chairman Larry Schallock; Marilyn Anderson; Mary Lou Clift; Marge Coon; Gigi Gleason; Marilou dela Rosa Hruby;	Robin Iveson; Jack Nelson; Don Reedy; Bret Schanzenbach; Jose Luis Suarez, Laura Vines and Hope Wrisley
mbers present: Boa	Rok

Non-Voting Members: Francisco Valle, Sr. Director Marketing, Community Relations and Projects; Roma Ferriter and Fernando Sanudo

Others Present: Vicki Ogilvie, Coordinator; Doreen Quinn; Donald Stump

Director Julie Nygaard, Director Paul Campo; Casey Fatch, COO; David Bennett, Sr. VP & CMO; Linda Allington; Carol Brooks; Courtney Cook; Rosemary Eshelman; Darryl Hebert; Audrey Lopez; Gina McBride; and Jerry Salyer; Carol Herrera Members Absent:

Responsible Person(s) Follow-up Action Discussion Topic

1. Call To Order	The meeting was called to order at 12:30 p.m., in Assembly Room 1 at Tri-City Medical Center by Chairman of the Board Larry Schallock	-
2. Approval of Agenda	Chairman of the Board Schallock called for approval of the Agenda. Motion was approved. Ms. Marilou dela Rosa-Hruby and Ms. Hope Wrisley abstained.	
3. Public Comments - Announcement	No public comments were made.	18
4. Ratification of Minutes	Chairman of the Board Schallock asked to approve the June 12, 2014 Meeting Minutes. Motion was approved unanimously.	5 (4
5. New Business		1)
Tri-City Medical Center Update	Mr. Wayne Knight, Senior VP - Administration, provided the following update:	C
	 Three Strategic Initiatives recently approved by the Board of Directors include: 	
	1. Psychiatric Crisis Stabilization Unit. This is a program that will allow TCMC to redirect Behavioral Health	
	patients from the Emergency Department to a Crisis	

Community Healthcare Alliance Committee

July 10, 2014

Person(s) Responsible		
Action Follow-up		
Discussion	Stabilization Unit for monitoring and management for up to 24 hours. This will avoid Inpatient stays and overcrowding in the E.D. This program will be the first of its kind in the County of San Diego. 2. Diabetes Institute. This institute will: • Provide increased quality patient outcomes. This is much needed because 1 in 3 of TCHD's inpatients has diabetes. • Provide increased quality patient outcomes. This is much needed because 1 in 3 of TCHD's inpatients has diabetes. • Provide integrated healthcare delivery models by service line and population, a component of healthcare reform. • Be governed by a Co-Management LLC structure consistent with the Institute's guiding principles of hospital physician collaboration and integrated leadership. This governance model has been successfully applied at both the Cardiovascular and the Orthopedic & Spine Institutes. 3. Medical Office Building - Wellness Center. This initiative will fund the building up of the second floor of the Medical Office Building that we owned in Carlsbad for the purpose of placing Primary Care Physicians. II. Physician Recruitment: TCHD's annual Needs Assessment Report indicates the need for having more physicians in the community we serve including: • The need for an additional 9 Adult Family Practitioners, 17 Adult Internal Medicine Phractitioners, and 4 Neurosurgeons. In addition, TCMC needs to increase physicians in Orthopedic Surgery including Spine and Robotic Surgeries, Urology and Vascular Surgery.	Ms. Doreen Quinn, CEO of New Haven Youth and Family Services and North County Trade Tech High School, presented an overview of the District's Mental Health Service Gaps in the Community. Ms. Quinn's presentation tried to answer: How do we prevent another Columbine,
Topic		b. Mental Health Service Gaps in the Tri-City Community

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)	Person(s) Responsible		
	Action Follow-up		
)	Discussion	Santana High School, Santa Barbara, Virginia Tech event from happening again?, and What is different now than in 1950? Ms. Quinn mentioned that research does not support that the mentally ill are necessarily more violent, although what the media reports paint a different picture. Ms. Quinn explained the "Gaps in Mental Health" including that: • Half a century ago, we eliminated public psychiatric hospitals and transitioned to providing community based services and group homes. • We have an enormous increase in homelessness. • We have seen an enormous increase of psychiatric patients in Emergency Rooms which impact significantly our hospitals, our schools and our prisons. Research indicates that 30% to 40% of prisoners are mentally ill. • Half of all lifetime cases of mental illness begin at the age of 14 with an average delay for treatment of 8-10 years. • Research also shows that 10% of all adolescents in the U.S. suffer from mental illness and that only 20-30% of them are getting the services they need to have.	Ms. Quinn said that she and Mr. Donald Stump of Lifeline were at the meeting to try to answer also the question: How do we address the needs of our community's severely mentally ill children with a limited budget available? In addition, Ms. Quinn mentioned that Mr. Stump and she had concluded that there is a need for a full Gap S.W.O.T. Analysis of the Tri-City area to determine: 1) The existing constraints of Mental Health Services in Vista, Oceanside and Carlsbad; and 2) The strengths, weaknesses, opportunities, and threats regarding mental health in the Tri-City area. To complete this assessment, Ms. Quinn expressed that Mr. Stump and she would like to have all the different community based organizations and the representatives of the different government agencies in the same room. Ms. Quinn stated that Mr. Stump and she certainly view the hospital as the lead organization or the central hub for addressing those needs.
	Topic		

Ms. Quinn concluded by saying that, "It took Mental Health 30 years to catch up and it seems that now a great deal of the responsibility of dealing with mental health issues resides on the School Districts".

July 10, 2014

Topic	Discussion	Action Follow-up	Person(s) Responsible
	Mr. Don Reedy asked about what causes mental illness in 10% of our kids? Ms. Quinn responded they are working on identifying causes and that research has identified Schizophrenia, Bi-Polar and Major Depression as three of the major mental illnesses.		
	Ms. Quinn introduced Mr. Donald Stump, Executive Director of Lifeline, and the Chairman of Alliance for Regional Solutions, a community based collaborative of service providers, citizens of our communities and the County who are interested in the betterment of social issues. Mr. Stump said he had just attended a mental health meeting with the County which focused on how as a community, the problems of public		
	 mental health issues can be addressed. He explained Mental Illness is broken down into two Categories: Organic/Genetic Mental Illness (unknown causes of Schizophrenia, Bi-Polar and Major Depression). The Walking Wounded (life is hard, bad things happen to good people, anxiety and depression and mental illness). 		
	 Mr. Stump explained what is currently offered as a Mental Health "Safety Net" in San Diego County: EPSDT – Early Periodic Screening, Diagnosis and Treatment - Low Income Schools, 5 Funded in North County, Medical qualified and Psychiatrist required. 		
	 ERMHS – Educationally Related Mental Health Services – Special Education funding to help kids stay in school. TBS – Therapeutic Behavioral Services – Enhanced, intensive services, multisystem related, i.e. child welfare, probation, mental health issues. These are the most expensive users in public systems 111 hasis 		
	 Katie A, or Pathways to Mental Health, coming soon new legislature guiding Child Welfare Services and County Mental Health and Law Enforcement systems to the correct level of treatment. 		
	 IHOT or Laura's Law, implementation of new legislature, for mental health services where mental services are refused as they are not mandated. Soon to roll out countywide. 		
	Mr. Stump wanted the committee to know that California does not have		

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July 10, 2014

CHAC Members. Mr. Francisco Valle to serve as a liaison and to send a reminder to all CHAC Committee members prior to next meeting.								
	To establish a subcommittee to complete a S.W.O.T. and Gap Analysis of Mental Illness in the Tri-City Area,							
locked or containment facilities in the State.	 Mr. Stump and Ms. Quinn suggested the following: To establish an ad-hoc CHAC subcommittee focused on youth, young adults and children's mental health in the Tri-City region. To identify and to invite all key players in youth service and behavioral/mental health to a meeting. To complete an S.W.O.T. and Gap Analysis for the Tri-City 	area.To make recommendations to the Committee	Chairman of the Board Schallock mentioned that an Ad-Hoc Subcommittee should be established for the completion of the S.W.O.T. and Gap Analysis, and that this committee should include CHAC members and other participants with the knowledge and expertise	 about: Community Based Organizations Governmental Agencies that service kids School Districts Sheriff's Department Probation Officers 	It was also mentioned at the meeting that two 3-hour intensive S.W.O.T. sessions will be required.	At the meeting, Ms. Robin Iveson, Ms. Gigi Gleason, Ms. Marilou dela Rosa Hruby, and Ms. Laura Vines volunteered to be part of this subcommittee. In addition, it was determined that a CHAC Director should also be part of this subcommittee.	Chairman of the Board Schallock appointed Mr. Francisco Valle as the facilitator to organize dates, times and a committee of 10 or so persons to meet and report back to the CHAC in September or October. It was also suggested to have a group facilitation process to enlist knowledgeable participants and stakeholders while determining focus and process. Ms. Laura Vines suggested leverage this as an opportunity to change the mindset and the attitude of the community towards people suffering from a mental illness.	
	c. Interest on establishing a Tri-City Behavioral Health Subcommittee							

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6. Old Business	None made.		
a. Report on the			
distribution of			
checks to CHAC			
Grant Award			
Recipients			
7. Confirm Date and Time of	7. Confirm Date and Time of The next CHAC meeting will be held on September 11, 2014 in		1
Next Meeting	Assembly Room 1 from 12:30 p.m 2:00 p.m.		
8. Committee	The Committee had none to report		
Communications			
(standard item)			
9. Public Comments.	None made		
10. Adjournment	The CHAC Committee members were reminded that there will not be a		
	meeting in August.		
	Chairman of the Board Schallock adjourned the meeting at 2:10 p.m.		

Person(s) Responsible

Action Follow-up

Discussion

Topic

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Tri-City Medical Center Finance, Operations and Planning Committee Minutes July 22, 2014

Members Present	Director Kellett, M.D., Director Paul Campo Robert Knezek, Irwin Schenker, Dr. Contardo, Kathleen
	Mendez Dr. Frank Corona, William McGaughey, Steve Harrington
Non-Voting Members:	Tim Moran, CEO, Casey Fatch, COO, Steve Dietlin, CFO, Matt Mushet, Legal Affairs,
	wayne niigiii, oi. vr, iwedical delvices
Others Present:	Linda Cline, Carol Smyth, Sharon Schultz, Charlene Carty. Jane Dunmeyer David Bennett Mr. Gould Lane Dunmeyer Bay Rivas Louis Montulli Tory Hong Glen Newhart
	David Delinett, Mil. Godia, Jane Dallingter, Tay Tays, Edgis Montain, 1019 (1019), Olen Newtight

Dr. James Dagostino, Dr. Kroener

Absent:

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Person(s) Responsible			Director Kellett	
Action Recommendations/ Conclusions		MOTION It was moved by Director Campo, Dr. Contardo seconded and was unanimously approved, that the agenda of July 22, 2014 be approved as written.		Minutes ratified MOTION It was moved by Dr. Contardo, Robert Knezek seconded and was approved,
Discussions, Conclusions Recommendations	Director Cyril Kellett called the meeting to order 12:35 pm.		Director Kellett read the paragraph regarding comments from members of the public.	
Topic	1. Call to order	2. Approval of Agenda	3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	4. Ratification of minutes of June 17, 2014

Person(s) Responsible				Casey Fatch	
Action Recommendations/ Conclusions	with Director Campo, Bill McGaughey and Steve Harrington abstaining that the minutes of June 17, 2014 be approved as written			Director Campo moved, Bill McGaughey seconded and it was unanimously approved that the Finance, Operations and Planning committee recommend to the TCHD Board of Directors approve the renewal of the Gastroenterology ED On-Call Agreement for a term of twenty-three (23) months starting August 1, 2014, ending on June 30, 2016 with an increase of Gastro-General from \$500 to \$700 per 24-hr shift and the addition of separate Gastro-ERCP call at the rate of \$500 per 24-hour shift, together not to exceed \$400,800 for the eleven (11) months of 8/01/14-6/30/15 and not to exceed \$439,200 for the period 07/01/2015-06/30/2016.	4102, 25 VIIII.
Discussions, Conclusions Recommendations		None	None	Casey Fatch explained that a letter was attached to the write up from the physicians requesting an increase which is unbudgeted. We have no choice at this time as the physicians are willing to relinquish their ED privileges if the increase is not approved. This agreement is above fair market value. The physicians stated they receive \$1,500 from Scripps for the same services as they provide to TCHD at a lower price. This contract can be terminated after a year if the physicians and TCHD come to better terms. The physicians will provide 24/7 patient coverage for all Gastroenterlogy/ERCP services in accordance with Medical Staff Policy #8710-520. The physicians will also complete related Medical	Committee Meetings
Topic		5. Old Business	6. For Information only	7 a. ED On-Call Gastroenterology	inance Operations and Planning Committee Meetings

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Action Person(s) Recommendations/ Responsible Conclusions		MOTION Director Campo moved, Robert Knezek seconded and it was unanimously approved that the Finance, Operations and Planning Committee recommend to the TCHD Board of Directors approve the renewal of the General Surgery ED Oncall Agreement for a term of (23) months starting August 1, 2014, ending on June 30, 2016 at the increased rate of \$1,400 from \$1,000 per 24-hour shift and reimbursement at Medicare rates for unfunded cholecystectomy cases at \$725.00, for a total not to exceed an amount of \$1,030,016.
		of ta
Discussions, Conclusions Recommendations	Records in accordance with all Medical Staff, accreditation and regulatory requirements.	Casey Fatch explained the reason for the word "Various" in the Physicians Name of this document is that we have several Surgery groups and the physicians affiliated with these groups have individual on-call contracts. This is a Title 22 requirement, therefore, even though the rates are high and there is no MGA data to compare it to, TCHD needs to have ED On-Call for General Surgery. Dr. Corona gave an explanation of what a physician has to do in order to cover On-Call. The Physicians have to black out his calendar, therefore, losing revenue from their practices. These physicians will provide 24/7 coverage for all General Surgery services in accordance with Medical Staff Policy #8710-520. Complete related Medical Records in accordance with all Medical Staff, accreditation and regulatory requirements. Primary admitter for gallbladder related cases.
Topic		b. ED On-Call for General Surgery

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
Dr. Richard Smith- Hospital Oversight of the Antibiotic Stewardship Program	Sharon Schultz stated this is a 26 month renewal; both parties had intent to enter into this agreement in April, 2014. This program oversees the appropriate use and ordering of antibiotics and it is very valuable service to the Hospital and the inpatients. The sooner the patients are on the correct antibiotic for their condition the faster the recovery and the sooner the release of the patients.	Director Campo moved, Dr. Contardo seconded and it was unanimously approved that Finance, Operations and Planning Committee recommend that the Board of Directors of Tri-City Healthcare District authorize Dr. Richard Smith, Infection Control practitioner, to provide medical direction for the Antibiotic Stewardship Program and review of inpatient antibiotic use for a term of 26 months starting April 25, 2014, ending on June 30, 2016. Not to exceed a contract fee of \$136,500.	Sharon Schultz
d. Panel Agreement for ICU Multidisciplinary and Ethics Rounds	Sharon Schultz explained this panel has been in place for the last 4 years and the physicains provide daily rounds. The panel is available for any discussion or questions 24/7. This panel is very beneficial in the oversight of the ICU patients.	MOTION Dr Contardo moved, Director Campo seconded and it was approved with Dr. Corona abstaining that Finance, Operations and Planning Committee recommend that the Board of Directors of Tri-City Healthcare District authorize Drs. Martin M. Nielson, Frank Corona, Safouh Malhis and Mark Yamanaka, to conduct Multidisciplinary and Ethics Rounds for patients in the ICU for a term of 23 months starting August 1, 2014, ending on June 30, 2016. Not to exceed a contract fee of \$87,208.	Sharon Schultz
Comments by Committee Members.		Director Kellett introduced Tim Moran the new CEO for Tri-City Hospital District.	Chair
Date of next meeting.	August 19, 2014		Chair

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Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
10. Community Openings.	None		Chair
11. Adjournment.	Meeting adjourned 1:00 pm.		



ADVANCE

FINANCE, OPERATIONS & PLANNING COMMITTEE PHYSICIAN AGREEMENT for E.D. COVERAGE

Type of Agreement	Medical Directors		Panel	X	Other: E.D. Coverage
Status of Agreement	New Agreement	X	Renewal – New Rates		8

Physicians Name:

Various

Area of Service:

Gastroenterology-General Gastroenterology-ERCP

Term of Agreement:

Twenty-three (23) months (August 1, 2014 end: June 30, 2016)

Maximum Annual Total:

Discipline	FY 15	\$'s/	day	Ann	ual Cost
GI	334	\$	700	\$	233,800
ERCP	334	\$	500	\$	167,000
Total			· · · · · · · · · · · · · · · · · · ·	\$	400,800
Discipline	FY 16	\$'s/	day	Ann	ual Cost
GI	366	\$	700	\$	256,200
ERCP	366	\$	500	\$	183,000
Total				\$	439,200

Position Responsibilities:

- Provide 24/7 patient coverage for all Gastroenterology/ERCP services in accordance with Medical Staff Policy #8710-520.
- Complete related medical records in accordance with all Medical Staff, accreditation and regulatory requirements.

Agreement Reviewed by Legal:	X	Yes		No
Is Agreement a Regulatory Requirement:		Yes	X	No

Person responsible for oversight of agreement: EVP/COO – Casey Fatch **Motion:**

I move that Finance Operations and Planning Committee Recommend that TCHD Board of Directors approve the renewal of the Gastroenterology ED On-Call Agreement for a term of twenty-three (23) months starting August 1, 2014, ending on June 30, 2016 with an increase of Gastro-General from \$500 to \$700 per 24-hr shift and the addition of separate Gastro-ERCP call at the rate of \$500 per 24-hour shift, together not to exceed \$400,800 for the eleven (11)months of 8/01/14- 6/30/15 and not to exceed \$439,200 for the period 07/01/2015-06/30/2016.

North County Gastroenterology Medical Group, Inc. Tri-City Gastroenterology Medical Group, Inc.

3923 Waring Road, Suite A * Oceanside, CA 92056 * (760) 724-8782 * www.ncgastro.com

Thomas C. Krol, M.D. M. Eric Viernes, M.D. Michael Shim, M.D.

Christopher E. Devereaux, M.D. Javaid A. Shad, M.D. Andrew B. Cummins, M.D. Eva J. Skulsky, P.A.-C.

June 19, 2014

Tri City Medical Center 4002 W. Vista Way Oceanside, CA 92056

Dear Dr. Worman,

We have not signed the On Call Agreement due to concerns about the current arrangement with the proposed ER call at TCMC. The \$700.00 stipend offered is not adequate considering it encompasses patients from TCMC, Fallbrook Hospital, Camp Pendleton's ER and 24-hour ERCP coverage. In comparison, Scripps Hospital Encinitas pays a stipend of \$1,500.00 for a 24-hour period of GI coverage which does not even include ERCP-related procedures. Scripps Memorial Hospital pays a separate stipend for ERCP call.

As such we are requesting two separate stipends: 1. General GI call (\$700.00) and 2. Second for ERCP call (\$500.00). Otherwise, effective July 1, we will no longer be providing any ERCP services.

Sincerely

Christopher E. Devereaux, M.D.

Javaid A. Shad, M.D.

M. Eric Viernes, M.D.

Thomas C. Krol, M.D.

Michael Skim.

Andrew B. Cummins, M.D.

cc: Casey Fatch, Interim CEO, Executive VP, COO Marianne Dassow, Medical Staff Specialist Donna Dempster, Director Medical Staff Services Carey Mells, M.D. Gene Ma, M.D.

FINANCE, OPERATIONS & PLANNING COMMITTEE PHYSICIAN AGREEMENT for E.D. COVERAGE

Type of Agreement	Medical Directors		Panel	X	Other: E.D. Coverage
Status of Agreement	New Agreement	X	Renewal – New Rates		

Physicians Name:

Various

Area of Service:

General Surgery

Term of Agreement:

Twenty Three (23) months (Aug 1, 2014 end: June 30, 2016)

Maximum Annual Total:

Discipline	FY 15	\$'s/day	А	nnual Cost
Gen Surg	334	\$	1,400	\$	467,600
GB Surgeries UF.	33	\$	725	\$	23,921
Total				\$	491,521
Discipline	FY 16	\$'s/day	A	nnual Cost
Gen Surg	366	\$	1,400	\$	512,400
GB Surgeries UF	36	\$	725	\$	26,095
Total				\$	538,495
	Contract Total	1		\$	1,030,016

Position Responsibilities:

- Provide24/7 patient coverage for all General Surgery services in accordance with Medical Staff Policy #8710-520.
- Complete related medical records in accordance with all Medical Staff, accreditation and regulatory requirements.
- · Primary admitter for gallbladder related cases.

Agreement Reviewed by Legal:	X	Yes	No
Is Agreement a Regulatory Requirement:	Х	Yes	No

Person responsible for oversight of agreement: VP/COO - Casey Fatch **Motion:**

I move that Finance Operations and Planning Committee Recommend that TCHD Board of Directors approve the renewal of the General Surgery ED On-Call Agreement for a term of (23) months starting August 1, 2014, ending on June 30, 2016 at the increased rate of \$1,400 from \$1,000 per 24-hour shift and reimbursement at Medicare rates for unfunded cholecystectomy cases at \$725.00, for a total not to exceed the amount of \$1,030,016.

RESOURCE CONSUMPTON REPORT ENCOUNTERS ADMITTED THROUGH THE EMERGENCY ROOM WITH A PRINCIPAL DIAGNOSIS OF GALLBLADDER DISEASE

SELECTION CRITERIA: ALL INPATIENT ENCOUNTERS DISCHARGED
BETWEEN 5/1/2014 AND 6/30/2014, WITH ED E&M CHARGES ON DAY
OF STAY = 0 OR 1 WITH PRINCIPAL DIAGNOSES IN THE RANGE 574. THROUGH 575.99

COMPARING MAY DISCHARGES TO JUNE DISCHARGES

			Totals			-	Average pe	er Discha	arge		
				Direct	Indirect			Direct	Indirect		
	Cases	LOS	Charges	Cost	Cost	LOS	Charges	Cost	Cost		
									-		
May	23	74	1,408,205	191,132	78,160	3.2	61,226	8,310	3,398		
Jun	15	33	762,094	111,714	45,267	2.2	50,806	7,448	3,018		
Varia	ince					1.0	10,420	863	380	1,243	18644.79

- The request was to compare Gallbladder discharges of May 2014 to those of June 2014
- 2 May had 23 qualifying encounters. June had 15.
- 3 The June discharges had an ALOS 1 day lower than May discharges
- 4 June encounters average charges were \$10,420 dollars less than and lower direct cost and indirect cost
- 5 Comparing nursing charges, June average nursing charges were \$2,839 less than May, largely due to the reduced length of stay
- 6 Comparing ancillary charges, June average ancillary charges were \$7,581 less than May.
 The centers responsible to the greatest charge and cost reduction are listed in worksheet
 "May vs Jun Ctr Lvl Comparison". The variance formula is June average values less May average values.
 Variances in red indicate a reduction in cost in June versus May.

If you have questions, please contact me.

Dave

FINANCE, OPERATIONS & PLANNING COMMITTEE Physician Antibiotic Stewardship

Type of Agreement	X	Medical Directors	X	Panel	Other: Recruitment
Status of Agreement		New Agreement	х	Renewal	

Consultant Name:

Dr. Richard Smith

Area of Service:

Hospital oversight of the Antibiotic Stewardship Program

Term of Agreement:

26 months (begin: April 25, 2014 end: June 30, 2016.)

Maximum Annual Total: \$175.00 per hour for review and medical direction of patients receiving antibiotics. Duties performed up to a maximum of 30 hours per month. Not to exceed a maximum expenditure of \$63,000 annually.

Rate	Hours per	Hours	Monthly	Annual	26 month
	Month	per Year	Cost	Cost	(Term) Cost
\$175/hour	30	360	\$5,250	\$63,000	\$136,500

Position Responsibilities:

- 1). Review inpatient antibiotic orders for appropriateness.
- 2). Provide medical direction for the Antibiotic Stewardship Program.

Concept reviewed by Legal:	х	Yes	No
Is Agreement a Regulatory Requirement:	Х	Yes	No

Person responsible for oversight of agreement: Tori Hong Director of Pharmacy and Sharon Schultz Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee Recommend that TCHD Board of Directors authorize Dr. Richard Smith, Infection Control practitioner, to provide medical direction for the Antibiotic Stewardship Program and review of inpatient antibiotic use for a term of 26 months starting April 25, 2014, ending on June 30, 2016. Not to exceed a contract fee of \$136,500.

FINANCE, OPERATIONS & PLANNING COMMITTEE

Panel Agreement for ICU Multidisciplinary and Ethics Rounds

Type of Agreement	X	Medical Directors	X	Panel	Other: Recruitment
Status of Agreement		New Agreement	x	Renewal	

Consultant Name:

Drs. Martin M. Nielson, Frank Corona, Safouh Malhis and Mark

Yamanaka

Area of Service:

ICU Multidisciplinary Rounds (MDR) and Ethics Rounds

Term of Agreement:

23 months (begin: August 1, 2014 end: June 30, 2016.)

Maximum Totals: \$175.00 per hour for each Round performed up to a maximum of five hours per week and 260 hours annually, in total for the Panel. Not to exceed a maximum expenditure of \$45,500 annually.

Rate	Hours per	Hours per	Annual	Monthly	23 month
	Week	Year	Cost	Cost	(Term) Cost
\$175/hour	5	260	\$45,500	\$3,792	\$87,208

Position Responsibilities:

- 1). Lead multidisciplinary rounds on ICU patients.
- 2). Lead and provide direction for Ethics Rounds.

Concept Reviewed by Legal:	Х	Yes	No	
Is Agreement a Regulatory Requirement:	x	Yes	No	

Person responsible for oversight of agreement: Merebeth Richens and Chief Nurse Executive

Motion:

I move that Finance Operations and Planning Committee Recommend that TCHD Board of Directors authorize Drs. Martin M. Nielson, Frank Corona, Safouh Malhis and Mark Yamanaka, to conduct Multidisciplinary and Ethics Rounds for patients in the ICU for a term of 23 months starting August 1, 2014, ending on June 30, 2016. Not to exceed a contract fee of \$87,208.

Tri-City Medical Center Professional Affairs Committee Meeting Open Session Minutes July 17, 2014

Members Present: Chairman, Director RoseMarie V. Reno, Director Ramona Finnila, Dr. Scott Worman, Dr. Frank Corona and Dr. Jamie Johnson. Non-Voting Members Present: Tim Moran, CEO, Casey Fatch, Exe. VP & COO, Sharon Schultz, CNE/Sr. VP, Marcia Cavanaugh, Sr. Director of Quality & Risk Management, Jami Piearson, Director for Quality and Regulatory.

Others present: Jody Root, General Counsel, Donna Dempster, Director of Medical Staff, Colleen Thompson, Sharon Davies, Kim Posten, Rick Sanchez, Patricia Guerra, Monica Marshall and Karren Hertz.

Members absent: Director Dagostino and Dr. Marcus Contardo.

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
1. Call To Order	Director RoseMarie Reno called the meeting to order at 12:05 p.m. in Assembly Room 1.		
2. Approval of Agenda	The group reviewed the agenda. There were no additions or modifications made.	Motion to approve the agenda was made by Director Finnila and seconded by Dr. Johnson.	Director Reno
 Comments by members of the public on any item of interest to the public before committee's consideration of 	Director Reno read the paragraph regarding comments from members of the public.	Announcement by Director Reno.	Director Reno

18 (4) E.

Person(s) Responsible					Casey Fatch			Monica Marshall
Follow-Up Action/ Recommendations		Minutes ratified. Director Finnila moved and Dr. Worman seconded the motion to approve the minutes for the June meeting of PAC.			ACTION: The Chair made a recommendation that this report will be a part of the committee's agenda moving forward.			This policy was approved with changes and moving forward for Board approval.
Discussion		Director Reno called for a motion to approve the minutes of the June 19, 2014 meeting.	None.		Casey reviewed the dashboard of the Core Measures indicators. These risk indicators are publicly reported and is beneficial for the committee to know without having to wait for the bi-annual quality meetings.			Director Finnila made a recommendation to add the clause "at least one of the following" in the person who is responsible in documenting the discrepancy in the medical record.
Topic	the item.	4. Ratification of minutes of June 19, 2014.	5. Old Business	6. New Business	Quality Outcomes Dashboard	Consideration and Possible Approval of Policies and Procedures	Patient Care Policies and Procedures:	1. Universal Protocol- Procedure

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Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
2. Venipuncture for Specimen Collection- Procedure	There was a discussion on the processes involved in the vacuum method in performing venipuncture specimen collection.	This policy was approved with changes and moving forward for Board approval.	Monica
3. Visiting Guidelines- Policy	Director Finnila made a suggestion to add that hand sanitizing is highly encouraged especially for flu season to maintain patient safety at all times.	This policy was approved with changes and moving forward for Board approval.	Monica
Administrative Policies and Procedures:			
Faxing Protected health Information	There were no changes made to the policy.	This policy was approved and moving forward for Board approval.	Monica
2. Hospital Records Retention	Colleen Thompson, Director of Medical Records, reported that the hospital follow the records and retention schedule as set forth by CHA which basically say 10 years for adults and 25 years for kids. However, each department has its own retention schedule depending on the services that they are offering in the hospital.	This policy was approved and moving forward for Board approval.	Monica Marshall
3. Security Department and Incident Notification	It was reported that if an incident happens in hospital property, EMTALA applies for that particular situation. TCMC has to treat the person first and then billing will be processed just like any other visit. The Security Department, and not the Public Safety Department, as stated in the policy	This policy was approved with changes and moving forward for Board approval.	Marshall
PAC Minutes 071714			

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Person(s) Responsible	Monica	Monica Marshall	Monica Marshall	Chair	Chair	Chair
Follow-Up Action/ Recommendations	This policy was approved with changes and moving forward for Board approval.	This policy was approved with changes and moving forward for Board approval.	This policy was approved with changes and moving forward for Board approval.	Director Finnila moved, Dr. Worman seconded and it was unanimously approved to go into closed session at 12:30 PM.		
Discussion	be informed right away. Davies presented this policy which idered an evidence-based practice. was a brief discussion on doulas; a allowed in the hospital for as long are here as a support person for ent and not as medical reference	person. There were no changes made to the policy.	This policy was brought back with the consent form attached and no changes were made.	Director Reno made a motion to go into Closed Session.	The Committee return to Open Session at 1:55 PM.	There were no actions taken.
Topic	Unit Specific Policies and Procedures: Women's and Children's Services: 1. Shoulder Dystocia	2. Umbilical Cord Blood Banking Private Collection	3. Umbilical Cord Blood Banking Consent Form	8. Closed Session	10. Return to Open Session	11. Reports of the Chairperson of Any Action Taken in Closed

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Session			
12. Comments from Members of the Committee	No Comments.		Chair
13. Adjournment	Meeting adjourned at 1:35 PM.		Chair

PROFESSIONAL AFFAIRS COMMITTEE July 17th, 2014

CONTACT: Sharon Schultz, CNE

	00111	ACT: Sharon Schultz, C
Patient Care Services Policies &		
<u>Procedures</u>		
Universal Protocol – Procedure	Practice Change	Forward to BOD for approval
Venipuncture for Specimen Collection Procedure	3 Year Review	Forward to BOD for approval
Visiting Guidelines – Policy	3 Year Review	Forward to BOD for approval
Administrative Policies & Procedures		
Faxing Protected Health Information - #522	3 Year Review	Forward to BOD for approval
2. Hospital Records Retention- #237	3 Year Review	Forward to BOD for approval
3. Security Dept. Incident Notification - #234	3 Year Review	Forward to BOD for approval
Women and Children's Services		
Shoulder Dystocia – Policy	New	Forward to BOD for approval
Umbilical Cord Blood Banking Private Collection - Policy	New	Forward to BOD for approval
Umbilical Cord Blood Banking Consent Form	New	Forward to BOD for approval

Tri-City	Vledical Center	Distribution:	Patient Care Services
PROCEDURE:	UNIVERSAL PROTOCOL		
Purpose:	procedures. This procedure is des	signed to enhar at the correct in ect site. Proce	Universal Protocol for surgical and invasive nce patient safety by ensuring proper nvasive or surgical procedure is performed edures that place the patient at the most a or deep sedation.

DEFINITIONS:

Invasive Procedure: The puncture or the incision of the skin, insertion of an instrument or insertion of foreign material into the body for diagnostic or treatment-related purposes. For purposes of this policy, excluded as invasive procedures are: venipuncture, NG-nasogastric tube and uretheral catheter placement, peripheral IV.

Patient Safety: In all cases the goal of the Universal Protocol is patient safety. To that end, the 2. site marking or time out may be deferred if the risk outweighs the benefit to the patient in a life-

threatening situation.

Pre-Procedural Verification: The process of assuring that all relevant and needed documents 3. (i.eeg., history and physical, signed procedure consent form, informed consent documented by physician, physicians orders, surgery/procedure schedule, nursing assessment, preanesthesia assessment, labeled diagnostic and radiology test results, scans, and/or pathology and biopsy reports, and any required blood products, implants, devices, and/or special equipment for procedure), information and equipment are available prior to the start of the procedure, correctly identified, labeled and matched to the patient's identifiers and are reviewed and consistent with the patient's expectations and team's understanding of the intended patient, procedure, and-site and side.

Site Marking: For purposes of this procedure, site marking is when the Licensed Independent 4. Practitioner (LIP) who has been granted privileges to perform the procedure and will be directly involved in the procedure places his/her initials at the intended site of the procedure. Marking the site may also be done by use of a special purpose armband when it is not possible/feasible to

mark the actual site.

Time Out: For purposes of this procedure, the Time Out means that after the induction of 5. anesthesia or administration of any pre-procedure medication (as applicable) and completion of prepping and draping, just prior to the start of the procedure (injection of local anesthesia, insertion of instrument or device, incision), the staff involved with the procedure cease all other noise and activities (to the extent possible without compromising patient safety) and conduct the final assessment that the correct patient, site and procedure are identified. and confirm the:

- Patient's identity (using two patient identifiers) per Patient Care Services Policy IV.A Identification of Patients, and comparing two sources of identification
- Procedure to be done:
- Correct site/side is marked/identified.
- Time allowed for alcohol based preps to dry and vapors to dissipate (if used).
- Prophylactic antibiotics administered or routine antibiotics given, if scheduled dose.

POLICY: B.

- The pre- operative/pre-procedure Vverification process of correct person, procedure, site and side occurs with the patient awake and aware if possible (as applicable):
 - At the time the **surgery**/procedure is scheduled
 - At the time of preadmission testing/assessment. b.
 - At the time of admission C.
 - Before the patient leaves the unit/floor d.
 - In prePre-eOperative Hold area or enters/pre-procedure area e.

Department Review	Clinical Policies & Procedures	Nursing Executive Council	Medical Executive Committee	Professional Affairs Committee	Board of Directors
10/08; 1/09; 9/09, 6/10, 7/12; 3/13	08/12; 7/13; 4/14	08/12; 4/14	10/12; 6/14	11/12/7/14	12/12

Patient Care Services Procedure Manual Universal Protocol Page 2 of 6

- d.f. Prior to transporting the patient to the operating/procedural room
- e.g. Anytime the responsibility for care of the patient is transferred to another member of the surgical/procedural care team (including anesthesia providers) at the time of and during the surgery/procedure
- f. In ALL clinical settings where invasive procedures are performed.
- A Time Out is performed for every surgery and invasive procedure, regardless of laterality, levels, structure, location, or setting within the hospital including bedside procedures. Any discrepancy discovered during the time out MUST be resolved before the invasive procedure/surgery to proceed.
- Any discrepancies identified during the pre-procedure verification process shall require a "hard stop" and a "huddle" to be called at the patient's bedside to resolve the discrepancy.
 - a. -Discrepancies include any difference between the patient's verbal confirmation of the surgery/procedure to be performed, the medical recordH&P, order for consent and surgery/procedural schedule, consent and imaging studies. shall be clarified with the physician.
 - b. Members of the huddle may include but are not limited to:
 - i. LIP performing the procedure
 - ii. Anesthesiologist
 - iii. Radiologist/Radiology Physicians Assistant
 - iv. Circulating registered nurse (RN)
 - v. Scrub RN or operating room (OR) technician
 - vi. RN caring for the patient in the pre-procedural area
 - vii. Primary RN
 - viii. Patient/patient representative
 - ix. OR/Pre-procedural area charge nurse
 - x. Imaging technologist
 - xi. Or other healthcare provider (HCP) involved the procedure
 - c. The following documents are reviewed in the huddle
 - i. H&P
 - ii. Order for consent
 - iii. Surgery/procedural schedule (if add on for the same day, no printed schedule is required)
 - iv. Consent form
 - v. Radiologic studies (if applicable)
 - g.d. The procedure shall not progress until all discrepancies are resolved.
 - e. The discussion resolving the discrepancy and the final result of the decision shall be documented in the medical record by one of the following:
 - i. LIP performing the procedure
 - ii. RN/Healthcare Provider
 - iii. Anesthesiologist (as applicable)

C. **SITE MARKING**

- Process
 - a. Prior to leaving **Pre-Op Hold or** the pre-procedure area, the intended surgical site is marked by the LIP performing the procedure. Site marking must be legible, unambiguous and used consistently throughout hospital, and be visible once the patient is prepped and draped.
 - a.i. Outpatient areas without pre-procedure areas will perform site marking in the procedure room.
 - b. Site marking is required for all surgeries and invasive procedures EXCEPT:
 - Emergency situations where any delay in initiating the surgery or invasive procedure would compromise the safety of the patient of outcome of the procedure.
 - ii. Single organ procedures without intended laterality

Patient Care Services Procedure Manual Universal Protocol Page 3 of 6

- iii. Procedures that are intended to be bilateral and no laterality-based choice is involved.
- iv. There is no pre-determined site of insertion (i.e., cardiac catheterization, Interventional Radiology procedures).

v. The site is so clearly evident (i.e., open fracture, laceration, **cast**) that it cannot be confused.

vi. The LIP performing the procedure is in continuous attendance of the patient from the point of decision to perform the procedure through the completion of the procedure.

vii. Endoscopic procedures and Bronchoscopies.

- viii. Dental procedures: The operative tooth name(s) and number(s) are indicated on documentation or the operative tooth (teeth) is marked on the dental radiographs or dental diagram. These documents, images or diagrams are available in the procedure room before the start of the procedure.
- ix. Nerve blocks: Anesthesia shall confirm the surgical/procedure site, through a comparison of the patient's verbal response and a review of the medical record and Procedural Consent form, prior to the administration of sedation and/or initiation of a nerve block. The Anesthesiologist may place a pre-surgical nerve block only after the surgical site has been marked by the surgeonLIP.

c. Site marking takes into consideration laterality, surface (i.e., flexor/extensor), level (spine) or specific lesion/digit to be treated.

d. The mark is made using a marker that is sufficiently permanent to remain visible after skin prep and the mark is to be placed such that it is visible after the patient is prepped and draped.

e. The mark is made using the LIP's initials.

i. First and last initials are used. If the first and last initials are "N.O." a third initial is used.

. The LIP may choose to also draw a line at the proposed incision site

f. In the event of multiple primary procedures by different LIP's, each site must be marked prior to admission to the OR/Procedural area.

g. The site marking should be done with the patient/family awake and involved, to the extent possible.

h. For minimal access procedures intended to treat a lateralized internal organ, the intended side is indicated by a mark at or near the insertion site.

i. Marking for procedures performed at the patient's bedside will occur prior to prepping/draping or starting the procedure.

- For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative radiographic techniques may be used for marking the exact vertebral level.
 Special Use Armband.
 - Special Use Armband.

 a. A special use armband is used when the surgical site is required to be marked, but cannot be marked because of one of the following situations:
 - i. The patient refuses.
 - ii. The patient is a neonate.
 - iii. The proposed site is technically or anatomically difficult to mark (i.e.eg, perineum)
 - iv. Movement of the patient to mark could compromise the safety of the patient or outcome of the procedure (i.e.e.g., patient with unstable spine fracture).
 - b. The first and last name of the patient, a second patient identifier, and the planned procedure, including site and side, are written on the armband. In the event of laterality, the armband is applied on the side of the intended procedure.
 - c. The LIP must initial the armband.
 - d. The armband is removed at the conclusion of the procedure or immediately prior to prepping if necessary to perform the surgical/procedural prep on the banded limb.

D. **PROCEDURESCHEDULING:**

1. Scheduling

Patient Care Services Procedure Manual Universal Protocol Page 4 of 6

- a.1. Scheduling for the procedure must include the following information:
 - i-a. Patient name and second patient identifier (DOB, MRN, or FIN). Cases cannot be scheduled unless this information is available (with the exception of an emergency, when a delay procuring information could adversely affect the patient).
 - b. Entire procedure, exact site, level, digit and side/ laterality. No abbreviations may be used.
 - #.c. See department specific scheduling procedures for additional scheduling requirements.
 - iii. Specific information about any implant/implant system or special equipment.
 - iv. Specific information if a device or implant is to be removed.
 - v. Information about harvest or donor sites as appropriate.
 - B. Routine cases must be scheduled by written means (i.e. completion of the Surgery Scheduling Patient Information booking sheet).
 - e. Add-on cases may be scheduled verbally (i.e., phone call, face to face request). Verbal schedule requests must be verified via "read back" after the case information is recorded and the "read back" shall be documented.
- 2. If surgery/procedural booking information from the physician's office is unclear or incomplete, the surgery scheduling office will call the physician's office for clarification, and updates will be made to the surgery schedule as appropriate.

E. PRE-PROCEDURE VERIFICATION PROCESS

- 1. Upon admission, the patient's identity is verified by the person admitting the patient. An appropriate identification band is affixed to the patient's arm (or leg). See Patient Care Services Policy Identification, Patient. The Pre-Operative or Pre-Procedural/Pre-Procedure Checklist is initiated and used to confirm correct procedure, site and side (if applicable).
- 2. Before the patient leaves the unit/floor the Registered Nurse (RN):
 - a. Reviews the medical record to verify the following items are available, accurately matched to the patient and are all in agreement for the procedure/site/side to be performed:
 - i. H&P plan for surgery
 - ii. Orders for consent
 - iii. Consent form
 - iv. Surgery/procedural schedule
 - v. Radiologic studies report (as applicable)
 - b. Completes the pre-operative/pre-procedure checklist (as applicable)
 - a.c. Ensures site marking is completed if patient is going directly to the operating room
 - b.d. Any discrepancies identified during the pre-procedure verification process shall require a "hard stop" and a "huddle" to be called at the patient's bedside to resolve the discrepancy.
- 3. In Prior to leaving the Ppre-Op Hold/pre-procedure area the RN/HCP:, the Pre-Operative/Pre-Procedure Checklist is reviewed to verify that the following items are available and accurately matched to the patient:
 - a. Reviews the medical record to verify the following items are available, accurately matched to the patient and are all in agreement for the procedure/site/side to be performed:
 - i. H&P plan for surgery
 - ii. Orders for consent
 - iii. Consent form
 - iv. Surgery/procedural schedule
 - v. Radiologic studies (as applicable)
 - b. Reviews the Pre-Operative Checklist to ensure accuracy and completeness.
 - c. Ensures necessary implants or special equipment is available.
 - e.d. Ensures site marking is completed
 - d.e. Any discrepancies identified during the pre-procedure verification process shall require a "hard stop" and a "huddle" to be called at the patient's bedside to resolve the discrepancy

Patient Care Services Procedure Manual Universal Protocol Page 5 of 6

- i. Consent for procedure, accurately completed, signed and witnessed.
- ii. History and Physical (H&P) dated within 30 days.
- iii. Physician Pre-Procedure Documentation from (H&P update) completed and signed.
- iv. Results of diagnostic tests ordered.
- v. Results of Radiologic tests ordered.
- vi. Blood and blood products are available as ordered.
- vii. Necessary implants or special equipment is available.
- 2.4. Prior to transferring the patient to the operating room/procedural area the OR/Procedural RN:
 - a. Reviews the medical record to verify the following items are available, accurately matched to the patient and are all in agreement for the procedure/site/side to be performed:
 - i. H&P plan for surgery
 - ii. Orders for consent
 - iii. Consent form
 - iv. Surgery/procedural schedule
 - v. Radiologic studies (as applicable)
 - b. Reviews the Pre-Operative Checklist to ensure accuracy and completeness.
 - c. Ensures necessary implants or special equipment is available.
 - d. Ensures site marking is completed
 - e. Any discrepancies identified during the pre-procedure verification process shall require a "hard stop" and a "huddle" to be called at the patient's bedside to resolve the discrepancy

F. TIME-OUT

- 1. The Time Out is conducted immediately before starting the procedure.
- 2. During the time Time outOut, all other noise and activities in the room are suspended (to the extent possible, without compromising patient safety)., and the patient's medical record and Procedural Consent form are used to confirm the following elements:
- 2.3. Use the medical record and patient armband to verify:
 - a. Patients identity verified using two patient identifiers per Patient Care Services Policy IV.A-Identification of Patients and comparing two sources of identification (patient's armband, if visible, and medical record). If the armband is not visible during the Time Out, one of the following alternatives must be used:
 - i. A patient identification band is placed on an exposed extremity (alterative wrist, ankle) and this band is used to confirm two patient identifiers during the Time Out.
 - ii. Two team members confirm the patient identity (two identifiers) upon arrival to the surgical/procedural area. One of the team members must remain with the patient during the entire pre-procedural phase and confirm the patient identity during the Time Out.
 - Two team members confirm patient identity (two identifiers) upon arrival to the surgical/procedural area. The two patient identifiers are written on the white board in the procedure room and confirmed by the two team members. During the final Time Out, the team confirms patient identity against the information on the white board.
 - 1) This patient identification process shall be used in surgical services.
 - b. Surgeon/LIP calls for the Time out after the patient is prepped and draped.
 - c. The circulating RN/assistive HCP (such as Emergency Medical Technician, Respiratory Care Practitioner, Radiology Technician, Anesthesia Technician) uses the consent form to read the patients name, approved second identifier, and procedure. The circulating RN/HCP verifies that the alcohol-based prep was allowed at least 3 minutes to dry and fumes to dissipate before draping.
 - d. The anesthesiologist (if applicable, or circulating RN if no anesthesiologist present) states, antibiotic administered, dose and time.

The surgeon/LIP states the intended procedure verifies the site is marked and asks if all agree intended procedure.

Patient Care Services Procedure Manual Universal Protocol Page 6 of 6

- The scrub person/assistive personnel states the procedure set-up for and verifies laterality and site marking (as applicable).
- e. The surgeon/LIP states the intended procedure, verifies the site is marked and asks if all agree.
- f. The scrubbed person states agreement and readiness for consented procedure.
- iii.g. All Staff members in the OR at the time of the time out must state "I Agree" or state their concern/discrepancy.
- b. Procedure to be done.
- c. Correct site/side is marked/identified.
- d. Time allowed for alcohol based preps to dry and vapors to dissipate (if used)
- e. Prophylactic antibiotics administered or routine antibiotics given, if scheduled dose.
- 4. Initiation of the Time Out is the responsibility of the surgeon/LIP performing the procedure.÷
 - RN assigned to the procedure
 - a. For procedures which do not require an RN in attendance, the TCMC employed HCP assigned to the procedure (Emergency Medical Technician, Respiratory Care Practitioner, Radiology Technician, Anesthesia Technician) shall initiate the Time OutThe Time Out is initiated by the circulating RN or a member of the healthcare team involved in with the procedure.
- 4.5. The Time Out is conducted in a fail-safe mode:
 - a. The surgery/invasive procedure is not started until all questions are resolved.
 - 5.6. The time out includes **ALL** members of the procedural team who will be participating in the procedure at its inception.
 - All immediate members of the team verbally acknowledge a reading of the elements of the Time Out and their agreement/disagreement by stating: "I agree" or "I disagree".
 - 6.7. The circulating RN or healthcare provider assisting the physician-LIP is responsible for documentation of the Time Out in the patient's medical record.
 - **7.8.** If two or more procedures are being performed on the same patient, a Time Out is performed to confirm each subsequent procedure before it is initiated.

Tri-City Me	dical Center	Distribution:	Patient Care Services	
PROCEDURE:	VENIPUNCTURE FOR SPECIMEN COLLECTION			
Purpose:	To establish a standard of care for collection.			
Supportive Data:	RN/Phlebotomist must choose the patient and themselves, to facilitate is of the utmost importance to assu	best site for the e a successful l are quality labo		
Equipment:	 Safety needles: Syringe, Multid Device Plastic Holder used for Vacutain Syringes – Sterile and non-steril Vacuum Tubes Blood Cultures Blue Stopper (sodium citrate Red Stopper (no additive) Green Stopper (lithium hepa Lavender Stopper (EDTA) Gray Stopper (sodium fluorio Tourniquets: Pre-cut tourniquet, a soft plis inches long Blood pressure cuff Antiseptics 70% isopropanol (alcohol) Prepackaged gauze pads Puncture resistant disposal con Adhesive bandages or Co-Flex Non-latex gloves 	ner needles le arin) de) able non-latex	bandage that is 1 inch wide and 15	

A. PROCEDURE:

Perform hand hygiene and don gloves.

- 2. Identify the patient using two identifiers depending on inpatient or outpatient status (for more information on patient identification, please refer to Patient Care Services Policy IV.1.A, Identification, Patient). Verify that tube labels match patient's armband.
 - a. Labeling Policy:
 - i. Each sample must be accurately labeled at the bedside.
 - 1) Samples labeled with the wrong patient name or those without labels cannot be used. These samples must be re-collected.
 - ii. Each tube of blood must be labeled with the patient's full name, medical record number, time and date the specimen was collected, and the Cerner code.
 - iii. Each tube must be labeled with a Laboratory Information System (LIS) label, patient label, or hand-written label with the following information:
 - 1) Patient's full name
 - 2) Medical record number
 - 3) Time and date of specimen collection
 - 4) Name or initials of nurse collecting specimen
- 3. Cleanse the venipuncture site with an alcohol pad using a circular motion from the center to the periphery. Allow area to dry.
- 4. Apply the tourniquet:
- 5. Inspect the Needle and Syringe.

Department Review	Clinical Policies & Procedures	Operations CommitteeNurse Executive Committee	Medical Executive Committee	Professional Affairs Committee	Board of Directors
9/06; 10/10; 5/14	10/10/; 5/14	11/10; 514	11/10; 6/14	01/11;7/14	01/11

Patient Care Services Procedure Manual Venipuncture for Blood Specimens Page 2 of 3

- 6. Perform the Venipuncture.
 - a. If RN/Phlebotomist is unsuccessful after 2 attempts, it is suggested that he or she shall contact another person to attempt venipuncture.
- 7. Vacuum Method:
 - a. Thread the appropriate needle into the vacutainer holder until it is secure.
 - b. Tap all the tubes that contain additives to ensure that the entire additive is dislodged from the stopper and the wall of the tube.
 - c. Tube order for multiple collection draws:
 - i. Blood Culture Tube
 - ii. Blue stopper (sodium citrate)
 - iii. Red stopper (non additive)
 - iv. Green stopper (lithium heparin)
 - v. Lavender stopper (EDTA)
 - vi. Gray stopper (oxalate/sodium fluoride)
 - d. Insert the blood collection tube into the holder and onto the needle up to the recessed guideline on the needle holder. Do not push the tube beyond the guideline.
 - e. With the bevel up, line up the needle with the vein. The needle should be held in one hand at a 15 to 30° angle to the arm. Penetrating the vein at the proper angle will prevent penetrating both blood vessel walls. The skin and vein should be entered in one smooth motion until then needle is in the center of the vein. Push the tube forward until the end of the needle punctures the stopper. Blood should flow immediately into the tube.
 - f. Fill the tube until the vacuum is exhausted and blood flow ceases. This will ensure that there is a correct ratio of anticoagulant to blood.
 - g. When the blood flow ceases, remove the tube from the holder. The shut-off valve recovers the point, stopping blood flow until the next tube is inserted.
 - h. Mix immediately after drawing each tube that contains an additive by gently inverting the tube 5 to 10 times. To avoid hemolysis, **do not mix vigorously**.
 - i. To obtain additional specimens, insert next tube into holder.
 - j. When the proper amount of blood has been obtained, the tourniquet should be released and patients hand opened.
 - k. Open patient's hand.
 - H.j. Before removing the needle from the vein, pull back slightly on the tube to release any remaining vacuum left in the tube.
 - m.k. The needle may then be withdrawn from the vein while gauze is placed over the puncture site.
 - n.l. Engage the safety mechanism on the needle. Dispose directly into sharps container..
- 8. Syringe and needle method:
 - a. Insert the appropriate safety needle onto the syringe.
 - b. Place the patient's arm in a downward position if possible.
 - c. Line up the needle and syringe with the vein from which the blood will be drawn.
 - d. Turn the needle so that the bevel is in an upward position.
 - e. Push the needle into the vein.
 - f. Pull back on the syringe plunger until the desired amount of blood has been obtained.
 - g. Release the tourniquet and open the patient's hand.
 - h. The needle may now be withdrawn from the vein while gauze is placed over the venipuncture site.
 - Lock the safety mechanism of the needle into place. Remove the needle from the syringe by using a hemostat and dispose of the needle into the sharps container.
 NOTE: Never transfer blood by inserting the needle directly into the vacuum
 - j. Attach a blood transfer device to the tip of the syringe and insert the vacuum tubes in order of blood draw to transfer the blood into the tubes.
 - k. Gently mix tubes by inversion after transferring the blood into the tubes.

Patient Care Services Procedure Manual Venipuncture for Blood Specimens Page 3 of 3

- 1. Dispose of the syringe and transfer device into the sharps container.
- 9. Venipuncture using a butterfly needle:
 - a. Attach appropriate syringe or vacutainer holder to tubing.
 - b. Follow standard venipuncture technique until needed amount of blood is obtained.
 - c. Follow proper process for needle withdrawal.
 - d. Remove butterfly, engage safety mechanism on the needle, and dispose in a sharps container.
 - i. If syringe method is used, attach a blood transfer device to the syringe and fill the appropriate tubes with blood as outlined above.
- 10. Bandage the site:
 - a. Patients **not** on anticoagulants:
 - i. Apply tape or an adhesive over the venipuncture site after checking to be sure that all bleeding has stopped. Ask the patient to leave the pressure dressing on for at least 30 minutes.
 - ii. If the patient continues to bleed, apply pressure to the site with a gauze pad until the bleeding stops. Then apply clean folded gauze as a pressure dressing to the site. Ask the patient to leave on the bandage for at least one hour.
 - b. Patients on anticoagulants:
 - i. Apply pressure for 2 minutes and then check for bleeding.
 - ii. Watch the venipuncture site for an additional 30-second interval until bleeding has stopped.
 - iii. Place clean gauze pad on the site and tape to create a pressure bandage.
 - NOTE: Patients on tPA will require additional pressure up to 20 minutes.
- 11. Disposal of Needle: Never clip, bend, recap, unscrew, or otherwise manipulate a needle by hand
 - a. Disposal of needles promptly to prevent their reuse or accidental injury. The vacutainer needle and vacutainer holder assembly are disposed of in the sharps container. The syringe and needle should all be discarded in the sharps container. **NOTE: The vacutainer needle and holder will never be reused.**
- 12. Specimen Handling:
 - Follow any special specimen handling requirements for the specimens drawn such as protecting from light, placing on ice, or keeping at body temperature.
- 13. Specimen Transport:
 - When transporting from patient location to the Lab, place the specimens in a secondary container.
 - b. When using the pneumatic tube system, place the specimens in a zip lock, leak proof bag with the requisition or labels in the side pocket or clipped to the outside of the bag.

B. **REFERENCES**:

- 1. OSHA Regulations 229CFR Blood Borne Pathogens 1910.1030
- 2. NCCLS Document H3-A5, (5th ed.) (2003). Procedure for the collection of diagnostic blood specimen by venipuncture: Approved Standard.



Administrative-Patient Care Services Policy Manual

ISSUE DATE:

6/08

SUBJECT: Visiting Guidelines

REVISION DATE: 5/92, 9/94, 10/96, 1/99, 5/02, 5/03,

POLICY NUMBER: 8610 - 301

12/03, 12/05, 7/07; 02/09; 03/11; 6/14

Administrative Policies & Procedures Clinical Policy & Procedures Committee Approval: 01/11 06/14

Nurse Executive Council Approval:

02/11 06/14

Professional Affairs Committee Approval:

03/11 07/14

Board of Directors Approval:

03/11

A. **PURPOSE:**

To promote patient and family focused care in a healing environment while maintaining patient and staff safety, privacy and infection control measures.

B. **POLICY:**

- Visiting is determined by the healthcare needs of the patient.
 - Family members/significant others are encouraged to participate in care planning through regular interaction with the patient and the health care team.
 - Parents/legal guardians of pediatric patients are encouraged to stay twenty-four hours
 - It is preferable for the parents/legal guardians to alternate between days and nights to i.b. decrease parent fatique.
 - Limitations may need to be made due to the clinical condition of the patient or at the C. patient's request.
- Recognizing the positive contribution made by patients' family/significant others; the Medical 2. Center is open for visiting 24 hours a day.
- 3. Special Considerations: Visiting hours may be restricted for medical or emergency situations. All exceptions or restrictions are at the discretion of the Chief Nurse Executive or designee.
 - Adult supervision is required for children in all areas of the facility. Visitors under the age of 14 must be accompanied at all times by an adult other than the patient when visiting a patient unit.
 - To provide privacy and confidentiality, visitors may be requested to wait in designated b. waiting areas during physician examinations, nursing care, and the performance of tests or procedures.
 - In order to allow opportunity for medical care to be provided and to ensure adequate rest C. and privacy for patients.
 - In rooms with adjoining beds (semi-private), 2 visitors per patient at a time are
 - To ensure patient safety and infection control, family members/significant others and d. visitors are not allowed in the bed with a patient; nor allowed in an unoccupied patient
- The following areas have special visiting policies. Visitors must check in at the nursing station in 4. the following departments:
 - Intensive Care UniteAdult Critical Care a.
 - Women's & Children's Services b.
 - Neonatal Intensive Care Unit C.
 - **Emergency Department** d.
 - Behavioral Health Unit e.
 - Surgical ServicesPediatrics f.

Administrative Patient Care Services Policy Manual – Provisions of Care Visiting Guidelines, 8610-301 Page 2 of 2

- 5. Visitor responsibilities include but are not limited to:
 - a. Observing the visiting hours for the area that they are visiting and leaving the patient room or care area when asked by hospital staff.
 - b. Refraining from behavior that may cause annoyance, inconvenience and/or lack of consideration and assisting with the control of noise and the number of visitors.
 - c. Consideration of the rights of patients and hospital staff by treating them with courtesy and respect.
 - d. Maintenance of patient confidentiality and privacy.
 - e. Refrain from damaging or removing any article or property belonging to TCMC.
 - f. Refrain from bringing any food, alcohol or medications to the patient without prior approval from the physician.
 - g. Reporting any concerns or complaints to the Assistant Nurse Manager, manager Manager or designee.
 - g.h. Use hand sanitizer or soap and water to wash hands.
- 6. Violent or **a**Aggressive **b**Behavior by **v**∀isitors:
 - a. The hospital will not tolerate violence or aggression by visitors towards staff, patients or other visitors.
 - b. The following items and behaviors are prohibited at TCMC:
 - i. Alcoholic beverages (unless ordered by physician)
 - ii. Disruptive or violent behavior
 - iii. Smoking
 - iv. Street drugs
 - v. Weapons (see Administrative Policy # 284)
 - c. For the safety of our patients, visitors and staff visitors who do not comply with safe conduct regulations may be asked to leave or will be escorted off hospital grounds.



Administrative Policy Manual

ISSUE DATE:

03/03

SUBJECT: FAXING OF PROTECTED HEALTH

INFORMATION (Medical Records)

REVISION DATE: 05/09; 09/13

POLICY NUMBER: 8610-522

Administrative Policies & Procedures Committee Approval:

05/09 06/14

Operations Team Committee Approval:

05/09

Professional Affairs Committee Approval:

06/09 07/14

Board of Directors Approval:

06/09

PURPOSE: A.

To ensure confidentiality of patient protected health information transmitted via fax machine.

POLICY: B.

- It is the policy of Tri-City Healthcare District to limit the faxing of patient information and outline standard procedures to ensure that patient confidentiality is maintained.
- Faxing of patient information is to be limited to emergency situations (patients currently being 2. seen in a physician's office or another health care facility) and those situations dealing with direct patient care (i.e., discharge planning, medical consultation, patient transfer, etc.)
- The faxing of information for a patient who is not currently an inpatient is to be handled by the 3. Medical Records/Health Information Department.
- Care is to be taken to limit information being faxed is the minimum necessary to meet the needs 4. of the recipient.
- Departments which utilize the Cerner system to fax results/reports to physician offices are to 5. ensure that test documents (non-patient related) have been transmitted and received without error prior to initiation of automated transmission of patient documents.
 - Annual review of the automated system fax number database is to be completed by the IT Department and documented.
 - The IT Department to maintain signed agreement from MD's office reflecting steps to be b. taken when a fax number changes or is no longer valid.
- Departments which have fax machines preprogrammed to transmit information to a designated 6. office/unit are to ensure that test documents (non-patient related) have been transmitted and received without error prior to implementation of faxing documents without an accompanying transmittal sheet. (i.e., ABG results to staff MD offices, Surgery Scheduling to Pre-Op teaching, etc.)
 - Annual review of the automated system fax number database is to be documented. a.
 - Department to maintain signed agreement from MD's office reflecting steps to be taken h. when a fax number changes or is no longer valid.
- A transmittal form is to be completed on all manual fax transmittals. The transmittal form must 7. include at minimum the following:
 - Patient Name
 - Medical Record number of the patient b.
 - Date of Service C.
 - Name of Person to whom information is being faxed d.
 - Date and time of fax transmission e.
 - Specification of record component being faxed f.
 - Name of person faxing the information g.
 - The protection clauses relating to further disclosure. Departments may create transmittal h. forms pertinent to their unit, which cover these required elements.
- Departments/nursing units which do not have automated fax capabilities are to complete a fax 8.

Administrative Policy Manual Faxing Protected Health Information – 8610-522 Page 2 of 2

transmittal sheet for each fax transmission.

- a. The fax machine is to be set to generate a confirmation sheet upon completion of the transmission. This confirmation sheet is to be filed and maintained as part of the patient's permanent medical record under the face sheet. In cases where the confirmation sheet does not reflect the transmittal sheet information, confirmation of the transmission is to be recorded on the transmittal form.
- b. If a confirmation sheet is not generated by the fax machine the person initiating the fax transmission is to contact the receiving party when possible to confirm receipt of the patient's information. Verbal confirmation of receipt of the information is to be recorded on the transmittal sheet, which is then to be filed on and maintained as part of the patient's permanent medical record.
- c. If a transmittal and/or confirmation sheet is not utilized when faxing it is required that the following information be documented in the Progress Notes.
 - i. To whom the information was faxed.
 - ii. Identification of the specific information that was faxed.
 - iii. Written statement, which reflects receipt of the fax by the party to whom it was sent.
- 9. Every effort is to be taken to assure that information reaches its destination and is kept confidential in accordance with Administrative Policy # 455 Confidentiality.
 - a. Should an employee/physician be informed that the intended party did not receive the faxed information, it is required that this be documented on the "transmittal" form and a Quality Review Report (QRR) is to be submitted to the Privacy Officer.
- C. REFERENCED FORM WHICH CAN BE LOCATED ON THE INTRANET:
 - 1. Medical Record/Health Information Department Fax Transmittal Sheet



Administrative Policy Manual

ISSUE DATE:

04/93

SUBJECT: HOSPITAL RECORDS RETENTION

REVISION DATE: 6/02; 4/03; 6/06; 05/09; 08/12

POLICY NUMBER: 8610-237

Administrative Policies & Procedures Committee Approval: -08/12 06/14 09/12 07/14 **Professional Affairs Committee Approval:**

Board of Directors Approval:

09/12

A. **PURPOSE:**

To identify a hospital records retention schedule, which meets Tri-City Medical Center's needs and the requirements for regulatory standards.

POLICY: B.

Tri-City Medical Center may at its discretion, pursuant to this policy and applicable law, follow the California Hospital Association "Hospital Records Guide" recommended guidelines. The guide is not designed to serve as a substitute for legal counsel. If there are differences of opinion or where law is unclear, legal counseloil should be consulted.

Each hospital department is required to establish its own internal hospital records retention policy, 2.

which should be appended to the Department's Policy Manual.

C. REFERENCE:

A CHA "Record Retention schedule" is available on the intranet.



Administrative Policy Manual

ISSUE DATE:

10/91

SUBJECT: SECURITY DEPARTMENT INCIDENT

NOTIFICATION

REVISION DATE: 8/92; 10/97; 4/02; 5/03; 12/05;

POLICY NUMBER: 8610-234

01/09; 02/11; 1/14

Administrative Policies & Procedures Committee Approval:

12/10 01/14 01/11

Executive Council Approval: Professional Affairs Committee Approval:

02/11 07/14

Board of Directors Approval:

02/11

A. **PURPOSE:**

To set forth a uniform Tri-City Medical Center (TCMC) Security Department notification process in the event of a safety/security related incident involving Medical Center personnel, visitors, and/or patients.

POLICY: B.

- Upon receiving information of an alleged incident or crime, all Medical Center personnel will immediately notify the **TCMC** Security Department for a reporting and investigative follow-up.
- It will be the responsibility of all Medical Center personnel to immediately notify the Security 2. Department of any alleged incident or crime involving staff, visitors or a patient.
- All Medical Center Staff will contact the Security Department when they learn of or witness any 3. incident or crime that occurs on the Medical Center Campus (including 161 Thunder Drive and 2095 Vista Way) that would require the response of a Security Officer.
 - Examples of an incident that would require Security Department notification:
 - Disruptive Patient or Visitor. i.
 - Theft or Damage of Medical Center or Personal Property. ii.
 - Assault or Battery on any person.
- The responding Security Officer will be responsible for evaluating the incident and taking 4. necessary action as described in the Security Department Policy and Procedure Manual.
- All such occurrences shall be reported to the Department Director/designee and Risk 5. Management.
- The Security Department will make all necessary non-emergency notifications to external 5.6. law enforcement agencies. Any Tri City Medical Center (TCMC) staff may contact 911 for emergency notification for law enforcement assistance.
- Any visitor who is injured on hospital property will be offered service in the Emergency Department 6.7. by a hospital staff member.
 - Any visitor who injures themselves on hospital property will be offered service in the Emergency Department by a hospital staff member, as appropriate. It is up to the visitor to decide whether or not to go to the Emergency Department, but billing for that service will be processed as any other visit. It is not implied by the offer to take the visitor to the Emergency Department that there will be "no charge". Injured visitors that do seek treatment in the Emergency Department will follow the same admitting process as all patients.
 - The **TCMC Security** Public Safety Department must be notified for injury investigation. b. The TCMC Security Public Safety Officer will complete a-Security Report and take photographs of the area where the accident took place. A copy of the Security Report will be sent to Risk Management. A Security Report will be completed whether the visitor is seen in the Emergency Department or not.
 - Hospital staff should not engage in any conversations regarding billing issues and not C.

Administrative Policy Manual – District Operations Security Department Incident Notification, 8610-234 Page 2 of 2

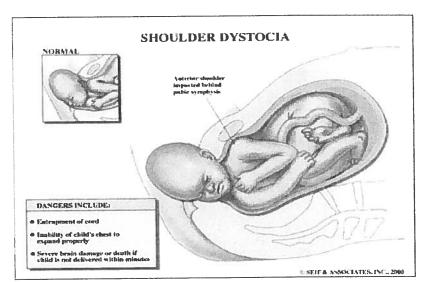
make any promises/offers that the hospital will pay bills.

- d. Any employee who witnesses a visitor accident or has accompanied the individual to the Emergency Department will also submit a **RL Solutions** Quality Review Report (QRRRL). If a QRRL has not been submitted (i.e., in cases where the visitor goes directly to the Emergency Department unaccompanied by a staff member), the Emergency Department nurse will submit the QRRRL.
- e. If the visitor declines treatment, it will be noted in the Security Report and the QRRRL.
- f. The Emergency Department registrar will obtain insurance information following a medical screening and enter that information on the face sheet.
- g. The individual will be seen by the Emergency Department physician on duty and evaluated with definitive treatment provided, as appropriate.
- h. If the visitor seeks treatment but declines to submit insurance information or assume any billing responsibility, the individual will be offered treatment, regardless.
- i. The visitor will be advised that issues regarding the accident and billing charges will be referred to the appropriate department for review. If the visitor declines treatment, this refusal must be documented in the QRRRL-and Security Report.
- j. All visitor inquiries and accident reports will be forwarded to Risk Management. The decision on whether Emergency Department bills for visitor injuries will be paid or not is determined by the Risk Management Department.

Tri-City Med	dical Center	Distribution:	Women's and Children's Services		
PROCEDURE:	SHOULDER DYSTOCIA				
Purpose:	Shoulder Dystocia is defined as the impaction of the anterior shoulder against the maternal symphis pubis after the baby's head has been delivered. The breadth of the shoulders exceeds the diameter of the pelvic inlet. Over 50% of shoulder dystocia's occur in the normal birth weight baby, making this an unpredictable obstetrical emergency. Nursing knowledge of prenatal risk factors, intrapartum warning signs, and specific interventions using the HELPERR pneumonic, is essential to ensure the best possible outcomes for the laboring woman and her baby.				
Supportive Data:					
Equipment:	Foot stool				

A. RISK FACTORS

- 1. Maternal risk factors associated with shoulder dystocia include
 - a. Abnormal pelvic anatomy
 - b. Gestational diabetes
 - c. Post-dates pregnancy
 - d. Previous shoulder dystocia
 - e. Short stature
- 2. Fetal risk factors associated with shoulder dystocia include:
 - a. Suspected macrosomia
 - b. Labor related
 - c. Assisted vaginal delivery (forceps or vacuum)
 - d. Protracted active phase of first-stage labor
 - e. Protracted second-stage labor with "head bobbing" or "turtling" (head emerges and then retracts up against perineum)



Revision Date	Department of OB/GYN	Medical Executive Committee	Professional Affairs Committee	Board of Directors Approval
NEW	06/13	6/14	7/14	

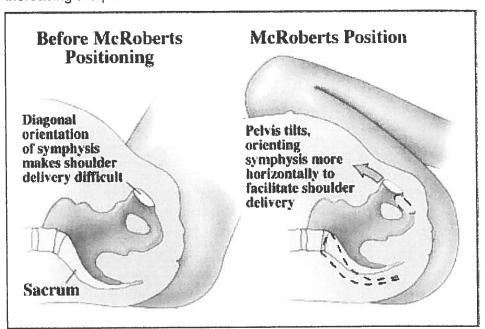
Women's and Children's Services Policy Manual Shoulder Dystocia Page 2 of 4

B. PROCEDURE:

- 1. Nursing staff should be aware of Antepartum and Intrapartum risk factors/warning signs that could indicate a potential shoulder dystocia, so it can be anticipated and interventions provided quickly, if necessary.
- 2. Educate patient and family on the possibility of a potentially difficult delivery and show them what they may be asked to do in that event.
- 3. Review the role and responsibilities with all key personnel to ensure someone is assigned to record the events and others to provide the intervention
- 4. Ensure the delivery room is free of clutter and step stools are available at the patient's bedside.
- 5. Assure the patient's bladder is empty prior to delivery.
- 6. Anticipate that the provider may "deliver through" the anterior shoulder and not use bulb suction in a patient with a known risk factor.
- 7. If shoulder dystocia occurs, the delivering provider announces he/she has a "shoulder dystocia" and needs HELP!
- 8. Staff should immediately initiate **HELPERR**
 - a. H- CALL FOR HELP
 - i. Provider should notify delivery room personnel of shoulder dystocia and need for immediate assistance
 - ii. E- EVALUATE FOR EPISIOTOMY (Provider Intervention
 - iii. This may be considered by provider, but may also be performed after the next two steps since most shoulder dystocia's are resolved with McRoberts Maneuver and/or suprapubic pressure

b. LEGS (MCROBERTS MANUEVER)

i. Enlisting the help of a staff member, flex the maternal hips to position the maternal thighs up onto the maternal abdomen to stimulate a squatting position and increasing the pelvic inlet diameter.



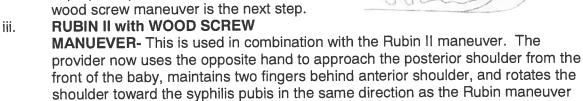
c. P- EXTERNAL SUPRAPUBIC PRESSURE

- i. Use step stool to reach height of mother in bed or kneel next to the patient in the bed. The hand should be placed over the fetus' anterior shoulder, or slightly above the maternal syphilis pubis, and apply pressure with palm of hand from the side of the mother that will allow the hand to move in a downward and lateral motion to adduct the fetal shoulder.
- ii. Initially the pressure may be continuous, but depending on effectiveness, a rocking motion may be recommended to dislodge the shoulder.

iii. The delivering provider should inform the assistant of the correct direction to apply the pressure base on baby's position.

d. E- ENTER-INTERNAL MANUEVERS_(Provider Interventions)

- i. These maneuvers are intended to manipulate the fetus to rotate the anterior shoulder into an oblique plane under the symphysis pubis
- ii. **RUBIN II MANUEVER-** Insert the fingers of one hand vaginally behind the anterior shoulder and push the shoulder towards the baby's chest, while maintaining suprapubic pressure. If unsuccessful, the wood screw maneuver is the next step.



iv. **REVERSE WOOD SCREW MANUEVER-** If the above is unsuccessful; the provider may attempt to rotate the baby the opposite direction, with fingers on the posterior shoulder from behind.

e. R- REMOVE POSTERIOR ARM (Provider Intervention)

The posterior arm is removed by the provider in which he locates the arm, flexes the elbow in that the forearm sweeps across the chest, and is then removed from the birth canal creating room for the anterior shoulder to collapse.

f. R- ROLL THE PATEINT (Provider Initiated)

- The "all fours" or "Gaskin" maneuver is a safe, rapid and effective technique for shoulder reduction. The baby's shoulder often dislodges during the act of turning. The precise mechanism by which this works is unknown, but is thought that the pelvic diameter increases with this movement.
- 9. If the above is <u>unsuccessful</u>, the methods of last resort are considered by the provider:
 - a. Deliberate clavicle fracture.
 - b. Zavanelli maneuver: (This is the cephalic replacement followed by an EMERGENCY C-SECTION. Continuous upward pressure on fetal head once replaced should be maintained and tocolysis anticipated) A clamped and cut cord is contraindicated for this maneuver.
 - c. Muscle or uterine relaxation, induced with general anesthetic.
 - d. Abdominal surgery and Hysterotomy.
 - e. Symphysiotomy,performed within 5-6 minutes of delivery of the head when all other efforts have failed, and cesarean delivery is not available
 - f. Post-delivery, complications for mother and baby are listed below and should be considered when performing ongoing assessments.

10. MATERNAL:

- a. Postpartum hemorrhage
- b. Third- or fourth-degree episiotomy or tear
- c. Uterine rupture
- d. Recto-vaginal fistula
- e. Symphyseal separation or diathesis, with or without transient femoral neuropathy

11. FETAL:

- a. Brachial plexus palsy
- b. Clavicle fracture
- c. Fetal hypoxia, with or without permanent neurological damage
- d. Fracture of the humerus

Women's and Children's Services Policy Manual Shoulder Dystocia Page 4 of 4

e. Fetal death

C. **DOCUMENTATION:**

- 1. Document events and maneuvers performed in a logical step-by-step sequence with clear and precise terms, noting the duration of the interventions, when performed and result/s of the interventions.
- 2. Document fetal heart rate assessment.
- 3. Document any instructions given to patient/family.
- 4. Avoid late entries, and document as soon as possible after delivery secondary to patient care.

D. **REFERENCES:**

- 1. Simpson, K. R. & Creehan, P.A. (2008). Perinatal Nursing. (3rd ed.). Philadelphia: Lippincott.
- 2. Gobbo, B. & Baxley, E. Advanced Life Support in Obstetrics: Shoulder Dystocia.
- 3. Tucker, S.M., Miller, D.A. (2009). Fetal Monitoring and Assessment (5th Ed), Mosby: Elsevier.
- 4. Sokol, R. & Blackwell, S. (2002) ACOG Practice Bulletin #40, Shoulder Dystocia.



WOMEN'S AND CHILDRENS SERVICES POLICY MANUAL

ISSUE DATE: NEW SUBJECT: UMBILICAL CORD BLOOD BANKING:

PRIVATE COLLECTION

REVISION DATE:

Department of OB/GYN Approval: 06/13
Medical Executive Committee Approval: 05/14

Professional Affairs Committee Approval: 07/14

Board of Directors Approval:

A. PURPOSE:

- 1. Once considered a waste product that was discarded with the placenta, umbilical cord blood is now known to contain potentially life-saving hematopoietic stem cells. When used in hematropoietic stem cell transplantation (HSCT), umbilical cord blood (UCB) offers several distinct advantages over bone marrow or peripheral stem cells, which may be the reason the use of UBC for HSCT has grown exponentially.
- 2. According to the American Society for Blood and Marrow Transplantation's Position Statement in 2008, expectant parents are encouraged to donate their newborn's UBC for public banking, when that option is available. Donation makes the cord blood, which is rich in hematropoietic stem cells, available for life-saving treatments for others in need, when there is a suitable match.
- 3. According to the American College of Obstetricians and Gynecologists Committee Opinion in February 2008, if a patient requests information on UCB banking, balanced and accurate information regarding the advantages and disadvantages of public verses private UCB banking should be provided.
- 4. In lieu of these considerations, patients who report to Labor and Delivery with the intent to have UCB collected for private banking (have brought a collection kit), shall be supported by the hospital staff, when possible. The collection process shall not impede routine practice for the timing of umbilical cord clamping and specimen may be uncollectable if unexpected medical conditions arise.

B. **PROCEDURE:**

- Upon admission to the unit and <u>before the birth of her baby</u>, the patient is required to have a cord blood collection kit from a resource organization that is Food and Drug Administration (FDA) registered, which is given to a staff member to review.
- 2. Once received, the staff member shall notify the patient's provider and give the patient the hospital's checklist and consent form to sign (enclosure 1).
- 3. The nurse and/or provider shall open the cord blood collection kit before delivery to review the collection requirements and obtain the required sample collection, per collection kit instruction, when indicated.
 - a. Since the collection of UBC for HSCT is an elective request, the hospital staff will do what it can to facilitate this collection process, but will NOT compromise the safety of the patient or newborn.
 - b. There may also be instances where the unit census, acuity level, and staffing availability prohibits accommodating the request to obtain a specimen.
- 4. Once the samples are obtained and labeled, these will be returned to the patient who then becomes responsible for the specimens transport to an appropriate agency.
- 5. Staff members can assist the patient with these arrangements by allowing her to utilize the phone to make any necessary transport arrangements.

Women's and Children's Services Manual Umbilical Cord Blood Banking: Private Collection Page 2 of 2

C. FORM(S)

1. Umbilical Cord Blood Sample Collection Consent

D. **REFERENCES**:

- 1. American Society for Blood and Marrow Transplantation (ASBMT) Board of Directors, Position Statement 2008, Collection and Preservation of Cord Blood for Personal Use, Biology of Blood and Marrow Transplantation 14:364.
- 2. American College of Obstetricians and Gynecologists (ACOG) Committee Opinion #399 (02/2008), Umbilical Cord Blood Banking.

	Women and Children's Services Department
1.	I request the assistance of Tri City Medical Center's
	(Patient Name) staff to obtain an umbilical cord blood (UCB) sample after the birth of my child for private storage with
	(Name of Company)
2.	I have discussed and researched the advantages and disadvantages of UCB banking during my prenatal period with my provider and have brought a Cord Blood Collection Kit, with a Company that is registered with the Food and Drug Administration (FDA), with me for the staff to utilize.
3.	I understand that although I have brought the collection kit for use, the staff may not be able to obtain the sample due to other medical priorities. The hospital staff, as a courtesy, will do what it can to support this request, when possible.
4.	I understand that blood samples should be handled as if potentially infectious and I will not tamper with the samples in the kit once the staff returns them to me.
5.	I agree to send the collected samples directly to the private UCB banking company for proper processing and storage. These samples will not be sold or distributed to third parties.
6.	To the extent allowed by law, I further agree to indemnify and hold harmless Tri City Medical Center from any claims, costs, damages or expenses resulting from any collection complications, damages or loss that may arise during the specimen collection or transport processes.
	By my signature below, lagree to the statements set above:
	Signature Date / Time CHECKLIST
	☐ Unopened, FDA registered, Umbilical Cord Collection Kit brought by patient ☐ A signed UCB Sample Collection Consent Form (current form) ☐ Samples are obtained, labeled, and returned to the patient for inclusion in the Kit ☐ Pick up arrangements for the Kit is made by the patient/family. Plan includes:
	Expected Date / Time By what Company / Service
10	Affix Patient Label



Tri-City Medical Center

4002 Vista Way • Oceanside • CA • 92056



UMBILICAL CORD BLOOD SAMPLE COLLECTION CONSENT

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18 (4) F.

Governance & Legislative Committee (No meeting held in July, 2014)

July 17, 2014

Tri-City I Jical Center Audit, Compliance & Ethics Committee July 17, 2014 Assembly Room 3 8:30am-10:30am

Director Ramona Finnila (Chair), Director Larry Schallock, Carlo Marcuzzi, Jack Cumming, Robert Pearman, Members Present:

Dr. Frank Corona Tim Moran (CEO) , Casey Fatch(COO), Steve Dietlin (CFO), Ruth Gossard, Legal & Compliance Manager, Non-Voting Members:

Ashley Freeman, Legal Assistant

PeggiAnn Amstutz, Moss Adams, DeVon Wiens, Moss Adams, May Nguyen, Moss Adams, Colleen

Thompson, Director of Medical Records

Others Present:

Director Julie Nygaard Absent:

<u>o</u>			18	3 (4)	G.
Person(s) Responsible	Chair	Chair			
Action Recommendations/ Conclusions		Jack Cumming moved and Director Schallock seconded the motion to switch new business first. Motion approved.	Agenda Approved.		Minutes ratified.
Discussion	Director Finnila called the meeting to order at 8:37 a.m.	Director Finnila suggested that new business should be discussed before old business.		None.	It was moved by Director Schallock and Jack Cumming seconded to approve the minutes of the June 19, 2014 meeting. Robert Pearman abstained.
78	1. Call to Order.	2. Approval of Agenda		 Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item. 	4. Ratification of minutes- June 19, 2014.

	Discussion	Action Recommendations/	Person(s)
		Conclusions	
5. New Business	A) Fiscal 2014 Financial Statement Audit Commencement-	Per Director Finnila Moss Adams will provide a report	DeVon Wiens,
	Mr. Wiens and Mary Nguyen presented a power point presentation about the 2014 Audit Entrance Meeting. Below are some of the highlights:	regarding the area of emphasis to the committee.	Mary Nguyen, Moss Adams
	 Assist management with drafting the consolidated financial statements as of and for the year ended June 30, 2014; 		
	 In-City will provide auditor requested information in CAP schedule no later than August 4, 2014 and designate a qualified, responsible official to oversee the audit and financial statements: 		
	 Moss Adams will communicate proposed adjustments, control deficiencies, and discuss any additional fees over estimate in engagement letter with management. 		
Business	A) Discussion of Principles: Committee reviewed the operating principles and made changes. The final draft of the principles will be provided to the committee at the next meeting.	Dr. Corona moved and Director Schallock seconded the motion to accept the changes made to the committee's operating principles.	Chair
Oral Announcement of items to be discussed during closed session (Government Code Section 54957.7)	Director Finnila made oral announcement to go into Closed Session.		Chair
Motion to go into Closed Session.	The motion to go into Closed Session was approved at 9:55 a.m.		
Motion to go into open session	Robert Pearman moved and Carlo Marcuzzi seconded to go into open session at 10:53 a.m.		
10. Open Session			
11. Report from Chairperson on any action taken in closed	None.		
(Government Code, Section b54957.1)			
Compliance & Ethics Committee	2	inf	July 17, 2014

)	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
12. Date of Next Meeting	August 21, 2014.		Chair
13. Adjournment	Chair adjourned the meeting at 10:53 a.m.		Chair

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

June 26, 2014 – 1:30 o'clock p.m. Classroom 6 – Eugene L. Geil Pavilion 4002 Vista Way, Oceanside, CA 92056

A Regular Meeting of Board of Directors of Tri-City Healthcare District was held at the location noted above at Tri-City Medical Center, 4002 Vista Way, Oceanside, California at 1:30 p.m. on June 26, 2014.

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

Director James Dagostino, DPT, PT Director Ramona Finnila Director Cyril Kellett, MD Director Julie Nygaard Director RoseMarie Reno Director Larry Schallock

Absent was Director Paul V. L. Campo

Also present were:

Jody Root, General Legal Counsel
Tim Moran, Chief Executive Officer
Casey Fatch, Chief Operating Officer
Steven L. Dietlin, Chief Financial Officer
Sharon Schultz, Chief Nursing Executive
Matthew Soskins, Compliance Officer
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

Absent was Dr. Scott Worman, Chief of Staff

- 1. The Board Chairman, Director Schallock, called the meeting to order at 1:30 p.m. in Classroom 6 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above.
- 2. Approval of Agenda

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

3. Public Comments – Announcement

Chairman Schallock read the Public Comments section listed on the June 26, 2014 Regular Board of Directors Meeting Agenda.

There were no public comments.

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

Chairman Schallock deferred this item to the Board's General Counsel. General Counsel, Mr. Root, made an oral announcement of items listed on the June 26, 2014 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included four matters of existing litigation, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees, approval of closed session minutes, one report involving Trade Secret, two matters of potential litigation, Consideration of Appointment of Public Employee: Chief Compliance Officer and Public Employee Appointment of Public Employee: Vice President of Legal Affairs.

5. Motion to go into Closed Session

It was moved by Director Finnila and seconded by Director Nygaard to go into Closed Session. The motion passed (6-0-1) with Director Campo absent.

- 6. The Board adjourned to Closed Session at 1:35 p.m.
- 8. At 3:30 p.m. in Assembly Rooms 1, 2 and 3, Chairman Schallock announced that the Board was back in Open Session.

The following Board members were present:

Director James Dagostino, DPT, PT Director Ramona Finnila Director Cyril F. Kellett, MD Director Julie Nygaard Director RoseMarie Reno Director Larry Schallock

Also present were:

Jody Root, General Legal Counsel
Tim Moran, Chief Executive Officer
Casey Fatch, Chief Operating Officer
Steven Dietlin, Chief Financial Officer
Sharon Schultz, RN, Chief Nurse Executive
Esther Beverly, VP, Human Resources
David Bennett, Chief Marketing Officer
Matthew Soskins, Compliance Officer
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

9. Chairman Schallock reported the Board took no action in closed session however the request was made to add an additional item to today's agenda.

It was moved by Director Dagostino to add an additional item to today's agenda under New Business: Consideration to submit through Administration an intent to submit a Request for Proposal to Fallbrook Hospital District. Director Kellett seconded the motion. The vote on the motion was (6-0-1) with Director Campo absent.

General Counsel explained this item requires immediate attention and came to the attention of the District after the agenda was posted.

(The numbering sequence below follows that of the Board Agenda)

- 10. Chairman Schallock noted all Board members were present with the exception of Director Campo. Director Dagostino led the Pledge of Allegiance.
- 11. Chairman Schallock read the Public Comments section of the Agenda, noting members of the public may speak immediately following Agenda Item Number 23.
- 12. Introduction and Welcome

Chairman Schallock introduced and welcomed Mr. Tim Moran, Chief Executive Officer who has come to Tri-City Medical Center from Spokane, Washington. Chairman Schallock stated Mr. Moran has 35 years of healthcare experience and a Master's degree from Syracuse University.

Mr. Moran stated he is privileged and honored to be Tri-City Medical Center's new CEO.

13. Special Presentations

(1) Presentation and potential Board action to accept and authorize acquisition of capital items funded by the TCHD Foundation.

Mr. Glen Newhart, Vice President of the Foundation introduced Foundation Board members, Ms. Julie Wright, Mr. Mehdi Chitgari and Mr. John Todd, along with Corporate Council Representative, Mr. Joseph Sfeir. The above individuals presented checks to the following Departments:

- ➤ ICU Merebeth Richins, Clinical Manager– funded total request of \$12,163.70 Video Intubation System.
- ➤ Emergency Department Sue Kirk, Director of Emergency Department and Dr. Cary Mells funded total request of \$79,843.20 for the following three items: Adam Infant Warmer used for our Code Caleb protocols, bedside ultrasound and an eye pressure monitor.
- Surgery Department Mary Diamond, Senior Director of Nursing funded total amount of \$88,000.00 for a Spine Surgery Table.
- ➤ BHU Joy Melhado, Clinical Nurse Educator Foundation Corporate Counsel awarded \$110,000 towards the Psychiatric Stabilization Unit and the Foundation awarded an additional \$51,500.00 for a total of \$161,500.00.
- Anesthesia Mary Diamond, Senior Director of Nursing funded \$116,000.00 for two NAD Apollo Anesthesia Systems with the commitment to fund the remaining two by December 31, 2014.

Imaging – Steve Young – funded total amount of \$425,512.00 for Cardiac Ablation Equipment

Mr. Newhart reported total contributions for FY2014 total \$1,061,065.60.

It was moved by Director Finnila, and seconded by Director Dagostino that the TCHD Board of Directors accept TCHD Foundation grants as described above for a total amount of \$773,018.90 and authorize the expenditures for the equipment and construction associated with the grants.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

(2) Ceremonial Presentation and Awarding of Community Healthcare Grant Awards

Chairman Schallock and Director Nygaard presented the grant award checks and certificates to the Community Healthcare Grant award recipients for a total amount of \$125,000 as follows:

Alzheimer's Association for San Diego/Imperial Chapter - This program supports the 24 hour helpline, education programs, and support groups serving patients with Alzheimer's and families in the TCHD area. Ms. Jessica Empeno, Director of Programs accepted the award.

Boys and Girls Club of Carlsbad - This program offers services to children between the ages of six and eighteen with developmental disabilities including autism, Down syndrome, Spina Bifida and ADHD. Mr. Jeff Myers, Director of Operations accepted the award.

Boys and Girls Club of Oceanside - This 9-month program is designed to educate youth about nutrition, to teach healthy eating habits, and to provide 60 minutes of recommended daily exercise. Ms. Jodi Diamond, CEO and Rhonda Guaderrama, Director of Operations accepted the award.

Boys and Girls Club of Vista - This program provides quality, affordable sports programs for the community and represents the starting point for healthy life choices. Mr. Raul Castillo, Director of Programs accepted the award.

Community Resource Center - This therapeutic children's program focuses on preventing child abuse among Tri-City residents by facilitating the emotional and psychological stability of child domestic violence victims. Mr. Paul Thompson, CEO and Mr. Paul Redfern, Board Chair accepted the award.

New Haven Youth and Family Services - This program provides life skills education to foster youth and other teenage youth in residential care diagnosed with severe mental illness. Ms. Doreen Quinn, CEO accepted the award.

North County Health Services - This program educates the newly insured population on how to utilize their new health insurance and on appropriate preventative care. Ms. Roma Ferriter, Community Engagement Manager accepted the award.

Pacific Cancer Fitness - This program improves health conditions related to lifestyle of those with cancer, specifically focused on serving people newly diagnosed with cancer, undergoing cancer treatment, or completing treatment. Mr. Paul Webster, Executive Director and Ms. Susan Webster, Tanya Watanabe and Kim Collings, Staff members accepted the award.

Solutions for Change - This program empowers homeless persons with histories of domestic violence, substance dependency and other underlying traumas to pursue a plan and a path that helps them escape a multi-generational cycle of homelessness. Ms. Linda Moynan, Development Manager accepted the award.

Chairman Schallock invited Grant Review Panel Committee Chair, Ms. Gigi Gleason, to introduce the Grant Review Panel participants and present them with a certificate of appreciation. Certificates were presented to Robin Iveson, Don Reedy, and Penny Velazquez. Ms. Gleason also recognized the members of the Grant Panel who were unable to attend today's meeting including Dr. Denise Boren, Joyce Kistler, Linda Ledesma and Sharon Omahen.

Chairman Schallock expressed his appreciation to Ms. Gleason and the entire Grant Review Panel for their time and effort in reviewing the grants and ensuring the process was completed in a fair manner consistent with the guidelines.

(3) Certificate of Appreciation to Ms. Doreen Gounaris for her two terms of service on the Governance & Legislative Committee

Chairman Schallock presented a Certificate of Appreciate to Ms. Doreen Gounaris in recognition of her four years of service on the Governance & Legislative Committee. He thanked Ms. Gounaris for the time, effort and expertise she brought to the committee.

13 b. Consideration to submit a Request for Proposal to Fallbrook Hospital District (new agenda item)

It was moved by Director Dagostino that we submit through Administration an intent to submit a Request for Proposal to Fallbrook Hospital District. Director Kellett seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

14. Report from TCHD Auxiliary – Connie Jones, President

Ms. Connie Jones, TCHD Auxiliary President reported last fall the Auxiliary Board established two main goals which included recruitment and communications. Ms. Jones stated she is pleased to report both goals have been met.

Ms. Jones reported the Auxiliary's brochure was finalized this past week and will be distributed to organizations and events to promote our Auxiliary. Secondly, Ms. Jones reported the Auxiliary website (www.tricityvolunteers.org) went live this week. She expressed her appreciation to Mr. Matt Page for his help in developing the website and getting it up and running. Ms. Jones stated there is a direct link from the hospital website.

Ms. Jones reported the number of volunteers and volunteer hours have increased slightly with approximately 600 at May month-end. She noted an average of 450 volunteers coming into work every month for a total of 33,602 hours since January 1st.

Ms. Jones reported the Auxiliary awarded \$38,000.00 in Scholarships on May 1st.

Lastly, Ms. Jones reported the Auxiliary presented a check to Tri-City Medical Center last Saturday in the amount of \$80,000.00 due to the great success of our Gift Shop which is run and managed by volunteers. Ms. Jones stated that the funds will be directed towards two different patient provider communication tools at the request of the nursing staff. Ms. Jones explained the two white boards in the patient's rooms, one of which is at the foot of the bed on the wall will be replaced with an upscale reversible (English/Spanish) Board that provides physician and nursing staff names, pain management, etc. and the second board will be on the wall at the head of the bed and will be used as a communication tool for the caregivers.

Director Reno expressed her appreciation to Ms. Jones who represents a great group of volunteers and for stepping in at a crucial time.

Director Finnila thanked Ms. Jones for her unwavering leadership.

Ms. Jones stated it has been an honor to serve as the President of the Auxiliary and she appreciated the kind comments. Ms. Jones introduced the incoming Auxiliary President, Ms. Sandy Tucker. Ms. Tucker stated she looks forward to serving the Auxiliary in the coming year.

Chairman Schallock also extended his appreciation to Ms. Jones for her leadership.

No action was taken.

15. Report from Chief Operating Officer

Mr. Casey Fatch, Chief Operating Officer provided a report to the Board, which included information on the progress and status of the offsite provider based Infusion Center as well as the South Tower Stairwell with regard to seismic retrofitting.

Mr. Fatch provided a historical perspective with regard to the Infusion Center, noting the transaction took place on September 30, 2012. He explained there was a period in which the program was licensed and ran under our provider designation status which required a \$814,000 capital tenant improvement. Operation began in April of

2013 with Child Site Registration in October 2013 and 340B status was granted in January 2014. Mr. Fatch reviewed the volume statistics and revenue and expenses. He stated the Outpatient Infusion Center has been a very good venture for us from a financial performance perspective with a \$5 million dollar positive contribution margin and an average of \$400,000 per month in contribution margin for the 11 months ending May, 2014. Mr. Fatch explained pharmaceutical costs have been significantly lower due to 340B pricing that took effect January 1st.

Director Finnila questioned if there is an adequate supply of pharmaceuticals. Mr. Fatch stated that although we do run into shortages of certain drugs, we should not have an issue with the chemotherapy agents and hydration fluids.

With regard to the Campus Redevelopment Plan and current seismic retrofit activities, Mr. Fatch stated the OSHPD report indicates the south tower stairwell now meets the SPC classification which will allow it to be operating up until and after 2030. He noted that the software analysis indicates a 1.2% or less chance of a significant collapse after a ground moving event (earthquake).

No action taken.

16. Report from Chief Financial Officer

Mr. Steve Dietlin, Chief Financial Officer gave a brief report on the financial summary year to date compared to budget and prior year results. He reported the following for year to date (in Thousands):

```
➤ Gross Revenue – $1,289,701

➤ Net Operating Revenue – $293,916

➤ Operating Expense – $297,907

➤ EROE - $2,660

➤ EBITDA – $19,328
```

With respect to the current month, Mr. Dietlin reported the following (in Thousands):

```
➤ Gross Revenue –$119,318

➤ Operating Revenue – $27,439

➤ Operating Expense – $27,941

➤ EROE - ($451)

➤ EBITDA – $937
```

Other Key Indicators for the current year included the following:

Average Daily Census - 193
Adjusted Patient Days - 102,410
Surgery IP Cases - 3,448
Surgery OP Cases - 2,533
Deliveries - 2,379
ED Visits - 63,557
Net days in Account Receivable - 49.1.

Mr. Dietlin also presented graphs which reflected Adjusted Patient Days, Paid Full Time Equivalents, Inpatient Surgeries, Emergency Department Visits, EROE and EBITDA.

Mr. Dietlin stated he expects Accounts Receivable (A/R) will be going up for the month of June as well as days in A/R due to the fact that Medi-Cal is deferring final weekly payments in June to July. Mr. Dietlin stated this is not unexpected.

Mr. Dietlin stated we have seen a remarkable improvement in liquidity for the District and a remarkable improvement in the bottom line performance.

No action was taken.

17. New Business

a. Consideration to approve Resolution No. 767, A Resolution of the Board of Directors of Tri-City Healthcare District Establishing the Appropriations Limit for TCHD for the Fiscal Year Commencing July 1, 2014 and ending June 30, 2015, in Accordance with Article XIIB of the Constitution of the State of California, Code of the State of California.

It was moved by Director Nygaard that the TCHD Board of Directors approve Resolution No. 767, A Resolution of the Board of Directors of Tri-City Healthcare District Establishing the Appropriations Limit for TCHD for the Fiscal Year Commencing July 1, 2014 and ending June 30, 2015, in accordance with Article XIIB of the Constitution of the State of California, Code of the State of California. Director Finnila seconded the motion.

Mr. Dietlin stated this is a statutory requirement that sets an appropriation limit for the District. He stated the calculation is based on population statistics, etc. and today's resolution sets the appropriation limit at \$11,978,046. Mr. Dietlin explained it is important to set where the limit is because it could impact the District in the future depending on population growth and real estate values.

Directors asked questions that were answered by Mr. Dietlin.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

b. Consideration to approve revised 2014 BB&T Insurance Premium Proposal

It was moved by Director Finnila that the TCHD Board of Directors approve the revised 2014 BB&T Insurance Premium Proposal. Director Dagostino seconded the motion.

Mr. Fatch stated at a previous meeting, BB&T was selected by the Board as the insurance broker of record for the District for all of the products listed in the table in today's agenda packet. Mr. Fatch stated the table presented for consideration includes insurance products that are effective for July 1st and a recommendation as

to whether or not to stay with the current carrier as well as the 2014 spend and the proposed 2015 spend.

Mr. Fatch introduced Mr. Wes Justyn, SVP of BBT Insurance Services. Mr. Justyn stated BB&T went out to the insurance marketplace and tried to match what Tri-City needs to go forward with our bond requirements and debt service and looked for stable long-term relationships with carriers. Mr. Justyn stated BB&T did make some recommendations for change; however most of the carriers came back with some very good proposals. He stated Directors & Officers Liability was a difficult placement and premiums increased due to the past turmoil. However, Mr. Justyn stated financial performance has a lot to do with Directors & Officers Liability coverage and the District's financial performance has turned around substantially which was a positive comment for a number of carriers. Director Reno requested a copy of the Directors & Officers Liability policy by made available for review in the Board's office.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

c. Request to reconsider Administrative Policy #8610-232 Signature Authority and Matrix

Chairman Schallock stated he had concern with the fact that as currently written, Community Sponsorships in any denomination require Board approval. He did not believe that was the intent of the policy and matrix and suggested setting a dollar amount. Director Dagostino agreed the Finance, Operations & Planning Committee did not intend to micromanage and intended for large philanthropic donations get Board approval.

It was moved by Director Kellett that community sponsorships and philanthropic donations \$25,000 and above require Board approval. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

d. Consideration to cast ballot for California Special Districts (CSDA) Board of Directors in our Region for Seat C.

Director Schallock stated the Board was given a series of resumes on the various individuals running for Seat C on the CSDA Board of Directors. He stated he forwarded a fax from one of the current Board members supporting one of the candidates.

It was moved by Director Nygaard that the TCHD Board of Directors support Ms. Arlene Schafer for California Special Districts (CSDA) Board of Directors in our Region for Seat C. Director Schallock seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None Campo

e. Consideration to appoint Mr. Al Memmolo to a two year term on the Governance & Legislative Committee.

It was moved by Director Finnila to appoint Mr. Al Memmolo to a two-year term on the Governance & Legislative Committee as recommended by the Committee at their May meeting. Director Dagostino seconded the motion.

Mr. Memmolo introduced himself and provided background information stating he works in the area of medical devices and is looking forward to utilizing his expertise on the Governance & Legislative committee.

Director Reno questioned if there are any further openings on the Governance & Legislative Committee. Chairman Schallock stated Mr. Memmolo is filling the seat vacated by Ms. Gounaris and there are no other vacancies on the committee.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

- 18. Old Business None
- 19. Chief of Staff
 - a. Consideration of June 2014 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on June 23, 2014.

It was moved by Director Dagostino to approve the June 2014 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on June 23, 2014. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

20. Consent Calendar

It was moved by Director Nygaard to approve the Consent Calendar. Director Kellett seconded the motion.

It was moved by Director Reno to pull item 20 (4) D. 14 b. Principal Investment Policy, 20 (4) D. 15. d. 8610-285 – Charity Care, Uncompensated Care, and 20(4) E. Pharmacy c. Drug Samples. Director Dagostino requested item 20(4) D. 13. Approval of a one-year renewal for physicians listed on the MediTract Expiration Grid be pulled as well. Director Kellett seconded the motions.

The vote on the main motion minus the items pulled was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

The vote on the main motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None
ABSTAIN: Directors: None
ABSENT: Directors: Campo

21. Discussion of items pulled from Consent Agenda.

Director Dagostino who pulled item 20(4) D. 13. Approval of a one-year renewal for physicians listed on the MediTract Expiration Grid explained the MediTract System is a compilation of all physician contracts. He stated the electronic monitoring system was implemented to track expiration and renewal dates of our physician contracts.

It was moved by Director Dagostino to approve item 20(4) D. 13. Approval of a one-year renewal for physicians listed on the MediTract Expiration Grid. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None
ABSTAIN: Directors: None
ABSENT: Directors: Campo

Director Reno who pulled item 20 (4) D. 14 b. Principal Investment Policy requested that the CFO provide a brief explanation of the policy. Mr. Dietlin explained the Investment Policy is a Board policy which was reviewed by Board's counsel. He stated it defines the role of the Board and designates what should be invested in and the appropriate reporting requirements so that the Board can provide oversight.

It was moved by Director Dagostino to approve item 20 (4) D. 14 b. Principal Investment Policy. Director Kellett seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

Director Reno who pulled item 20(4) E. Pharmacy c. Drug Samples stated she wants to be clear that there are no free drug samples given out to patients at Tri-City Medical Center. Chairman Schallock stated giving out free drug samples is absolutely forbidden.

It was moved by Director Dagostino to approve item 20 (4) E. Pharmacy c. Drug Samples. Director Kellett seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

Director Reno who pulled item 20 (4) D. 15. d. 8610-285 – Charity Care, Uncompensated Care suggested the public be apprised of the charity care the hospital provides. Mr. Steve Dietlin stated the District does provide charity care based on certain criteria. He stated the financial statement for the 11 months ended May 31, 2014 reflects charity care at approximately \$8 million. Mr. Dietlin said there is a robust debate regarding what effect covered California will have on the amount of charity care provided.

It was moved by Director Dagostino to approve item 20 (4) D. 15. d. 8610-285 – Charity Care, Uncompensated Care. Director Kellett seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Dagostino, Finnila, Kellett, Nygaard, Reno

and Schallock

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: Campo

22. Reports (Discussion by exception only)

23. Legislative Update

There was no legislative update.

24. Comments by members of the Public

There were no comments by members of the public.

25. Board Communications

Director Dagostino personally welcomed Mr. Moran and stated he looks forward to a smooth relationship with our new CEO. He also expressed his appreciation to Mr. Casey Fatch for filling in admirably and taking us through this crucial time.

Director Finnila also welcomed Mr. Moran and stated she looks forward to a positive relationship.

Director Finnila stated she has asked staff to consider making a safety change on Vista Way at the light, noting the turn lane is very short and is hazardous.

Director Reno welcomed Mr. Moran and stated she is very glad to have him here at Tri-City. She stated the volunteers do a phenomenal job and have donated over 2,168,000 hours. Director Reno also acknowledged the Auxiliary's award and installation ceremony held last Saturday.

Director Nygaard also welcomed Mr. Moran and stated she is looking forward to a good working relationship. She also expressed her appreciation to Mr. Casey Fatch for a job well done.

Directly Nygaard stated she had the privilege of attending the Men's Health Symposium with her husband at the Wellness Center and it was an excellent event.

Director Kellett welcomed Mr. Moran to Tri-City and thanked him for accepting the challenge.

Director Kellett also commented on a recent article in the *Wall Street Journal* with regard to the Accountable Care Act which reflected that although premiums are sure to increase, 27% of those individuals who signed up for the Accountable Care Act have significant health and had no hope of insurance and the seriously ill are getting the treatment that they need.

26. Report from Chairperson

Chairman Schallock personally welcomed Mr. Moran to Tri-City and knows he can provide the leadership we need over the coming months and years. Chairman Shallock echoed fellow Board member comments and expressed appreciation to the Foundation and Auxiliary for their generous donations. Lastly, Chairman Schallock stated he and Mr. Moron will be participating in the Oceanside 4th of July parade and invited everyone out to enjoy the parade.

27. Additional Comments by Chief Executive Officer

Mr. Moran had no additional comments.

28. Oral Announcement of Items to be Discussion in Closed Session

Chairman Schallock reported the Board would be returning to Closed Session to complete unfinished closed session business.

29. Motion to return to Closed Session.

Chairman Schallock adjourned the meeting to closed session at 4:51 p.m.

30. Open Session

At 5:32 p.m. Chairman Schallock reported the Board was back in open session. All Board members were present with the exception of Director Campo.

31. Report from Chairperson on any action taken in Closed Session.

Chairperson Schallock reported no action had been taken in closed session.

32. There being no further business Chairman Shallock adjourned the meeting at 5:33 p.m.

ATTEST:	Larry Schallock, Chairman
Julie Nygaard Secretary	

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

July 15, 2014 – 11:00 o'clock a.m.
Assembly Rooms 2&3 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at the locations noted above at 4002 Vista Way, Oceanside, CA. with Director Nygaard participating by telephone from 15 Rue de la Liberte, Arles, France at 11:00 a.m. Pacific Daylight Time on July 15, 2014.

The roll was called. The following Directors constituting a quorum of the Board of Directors were present:

Director Paul Campo
Director Jim Dagostino, DPT, PT
Director Ramona Finnila
Director Cyril F. Kellett, MD
Director RoseMarie Reno
Director Larry Schallock

(Director Julie Nygaard participated via telephone and not counted towards the quorum.)

Also present were:

Greg Moser, General Legal Counsel
Charles Berwanger, Legal Counsel
Tim Moran, President and CEO
Casey Fatch, Chief Operating Officer
Steven Dietlin, Chief Financial Officer
Sharon Schultz, Chief Nurse Executive
Esther Beverly, Vice President of Human Resources
Dr. Scott Worman, Chief of Staff
Teri Donnellan, Executive Assistant
Rick Crooks, Executive Protection Agent

The Board Chairman, Director Schallock, called the meeting to order at 11:00 a.m. PDT in Assembly Rooms 2&3 of the Eugene L. Geil Pavilion at Tri-City Medical Center. Director Schallock led the Pledge of Allegiance.

3. Public Comments – Announcement

Chairman Schallock read the Public Comments section listed on the Board Agenda. He noted public comments will be taken during the public hearing.

Chairman Schallock explained this meeting is a public hearing and each side will have approximately fifteen (15) minutes to present their case to the Board, the public will have an opportunity to comment at that point in time, the public comment period will close, Board members can ask questions, followed by consideration of the Resolution

2. Approval of agenda

It was moved by Director Finnila to approve the agenda. Director Dagostino seconded the motion.

Director Reno questioned if the meeting that is being teleconferenced is in a public place, has been property noticed and have we received a receipt of notice from the meeting location. Mr. Moser stated Director Nygaard cannot count towards the quorum under the Brown Act, however she can participate and vote. Therefore, it does not matter if Director Nygaard is in a public place. Director Reno requested clarification with regard to the Brown Act rules. Mr. Moser explained the Brown Act rules on teleconference locations apply if you want the Director to count towards a quorum. Director Reno questioned a second time if the agenda has been posted at the teleconference location. Mr. Moser reiterated that it doesn't matter whether that has happened or not because Director Nygaard does not count towards the quorum. He stated the Brown Act does not preclude members from participating from nonteleconference locations and it is not designed to restrict participation as long as you have a quorum within the District. Mr. Moser stated that requirement has been met. Director Reno requested the statements by Mr. Moser be included as part of the minutes.

Chairman Schallock requested a roll call vote on the motion. The vote on the motion was as follows:

AYES: Directors:

Campo, Dagostino, Finnila, Kellett,

Nygaard, Reno and Schallock

NOES: ABSTAIN: Directors:

None None

Directors: ABSENT: Directors:

None

4. Open Session

1) Public hearing on consideration of adoption of Resolution No. 768, A Resolution of Necessity of the Board of Directors of Tri-City Healthcare District Approving Acquisition of all Right, Title and Interest of Medical Acquisition Company, Inc. in that Certain Ground Lease Between it as Lessee and the Tri-City Healthcare District as Lessor dated as of December 29, 2010 Relating to a Portion of APN 106-010-31-00 Located at 4002 Vista Way, Oceanside, California for the Medical Office Building Project

Mr. Charles Bewanger, counsel for the District stated he would be identifying the following four factors that must be established to adopt a Resolution of Necessity as follows as well as review some of the relative points.

- 1. The public interest and necessity requires the adoption of the Resolution of Necessity and the condemnation that follows;
- 2. The proposed project is planned or situated in a place that best services a public interest and minimizes any private injury;
- 3. The property described in the Resolution is necessary for the proposed Project; and
- 4. Be satisfied that an appropriate offer pursuant to Government Code 7267.2 was made.
- Mr. Berwanger reviewed the information contained in the Resolution as follows:
- 1) There is a ground lease which consists of the ground lease of December 29, 2010 and two amendments. The ground lease provides for the construction of a Medical

Office Building consisting of a 60,000 square foot building. The building is a well constructed and designed Class A building that awaits physician occupants who are associated with the hospital.

- 2) The District is authorized to acquire that ground lease interest.
- 3) The District desires to acquire the ground lease rights and take possession of the Medical Office Building for the purpose of leasing space to specialists that will be associated with the District.
- 4) The District has given notice of this public hearing and notice to the ground lessee and they are present in the audience today.
- 5) The Hearing has been held, evidence and testimony have been presented and the District has determined to adopt a Resolution of Necessity.
- 6) There is a lawsuit pending by the District against MAC to void the Ground Lease based upon the conflicts discussed over the past several months.
- 7) The Resolution of Necessity has been adopted and they are not waiving or relinquishing the District's rights to claim that the ground lease is void.
- 8) The CEQA recites that the City of Oceanside adopted a Mitigated Negative Declaration when it approved the construction for the Medical Office Building and determined that the Medical Office Building would have no environmental effect if the mitigation measures were adopted.
- 9) The Medical Office Building is a brand new Class A building that awaits occupancy by doctors who will serve our constituents.

Mr. Berwanger explained the Resolution contains the operative elements that the District has to approve which are reflected as follows:

- > CEQA Compliance
- > Notice and Hearing Compliance
- Public Use
- Description of Property
- > Findings
- > More Necessary Public Use
- Counsel

Mr. Berwanger stated eminent domain requires that MAC will be justly compensated. He explained each party will hire an appraiser and a jury will determine what compensation is just.

Mr. Berwanger discussed the pending litigation and issues that have led to today's hearing. Mr. Berwanger stated MAC's interest is to generate rent, while the District is interested in filling the building with physicians who meet our criteria and will serve our constituents.

Mr. Berwanger stated MAC was not the best candidate to build the Medical Office Building due to lack of experience and capitalization. He noted there was no bid process.

Mr. Berwanger reviewed the DaVita letter of intent that has been proposed to occupy 11,000 square feet of space on the first floor. Mr. Berwanger identified the reasons why DaVita would not be an appropriate tenant including the fact that the purpose of the building was to provide

space for physicians; a dialysis clinic in a Medical Office Building is unattractive to physicians and does not attract high-end doctors and surgeons; and section 4.2 of the ground lease prohibits use of the building for certain services.

Lastly, Mr. Berwanger noted the District offered to buy the property based on an appraisal by Integra which was provided to Mr. Horning for \$4.7 million.

At 11:25 a.m. Mr. Berwanger concluded his presentation.

Mr. Duane Horning, counsel for Medical Acquisitions Company and Mr. Charles Perez addressed the Board. He recited references to a two page letter which was distributed to all Board members and incorporated as evidence by reference.

Mr. Horning made the following comments:

- Medical Acquisitions Company (MAC) is willing to sell the building.
- > MAC wants to be fairly compensated.
- Mr. Horning acknowledged that Mr. Berwanger sent the District's appraisal report which was not required and that is a step in the right direction.
- > The offer of \$4.7 million or \$82/square foot is markedly different than the value of the building and reflects an enormous gap that cannot be reconciled.
- > MAC has attempted to reach out to the District through mediation however no Board members were present at the mediation.
- MAC and the District have many interests in common. MAC wants to attract outstanding physicians and see Tri-City grow and prosper.
- > The MOB was constructed to increase physicians and physician referrals.
- > MAC believes DaVita as a tenant of the MOB would serve the community well and is not a prohibited use.
- > MAC desires to work cooperatively to achieve the parties' objective.
- Litigation is expensive, time consuming and is not always the best tool to resolve disputes.
- > MAC wants what is best for the hospital but wants to be fairly compensated.

Mr. Horning requested that the record reflect that MAC takes issue with the fact and strongly disputes that the ground lease is void, both factually and legally, and while the hospital has done a great many things without waiving its contention that the ground lease is void including the potential Resolution of Necessity, MAC does not believe that is effective and believes those relationships are mutually exclusive.

Mr. Horning extended Board members an offer to tour the building.

Chairman Schallock recognized Ms. Jane Mitchell. Ms. Mitchell recited a letter in part as follows:

"I find it interesting that the Special Meeting called today for the purpose of claiming eminent domain is simultaneously being held at 11 a.m. in France and Oceanside according to the agenda and it is likely this meeting is invalid and questionably motivated because in the past the Board has refused to use eminent domain." "Why is it now an option for a building the Board refused to buy last year because of unsubstantiated allegations that have been declared invalid by a San Diego judge?" "I believe the owner of the building is willing to sell." "The price of the building was determined by the contract." "The contract was approved by the legal staff." "You should be asking yourself, who is benefiting from this long drawn out process?" "It is not the hospital and it is not the owner of the building.""This meeting today is possibly illegal and certainly questionable." "Your duty to the community calls for you to

operate in a transparent fashion for the benefit of all and this meeting does not accomplish that goal."

Chairman Schallock stated the public hearing is now closed and Board members may ask questions.

Director Campo stated individual Board members are not decision-makers and therefore it did not make sense for a Board member to attend the mediation. Mr. Campo explained the District expects and receives excellent advice from their attorney in these matters. Mr. Campo suggested it would be a good faith gesture on the part of MAC to provide their appraisal to Mr. Berwanger.

Director Dagostino echoed Director Campo's comments.

Director Finnila questioned who the shareholders (i.e. decision-makers) are in the Medical Acquisition Company. Director Finnila questioned the type of appraisal being done and encouraged a narrative appraisal.

Director Finnila requested a tour of the Medical Office Building.

Mr. Moser suggested the pertinent parts of the letter referred to by Mr. Horning during the public hearing and distributed to the Board during that hearing be read into the record for Director Nygaard's benefit. Mr. Moser noted Director Nygaard has received the Board agenda packet for today's hearing, however she does not have the benefit of the letter distributed today by Mr. Horning.

Chairman Schallock called a five minute recess at 11:55 a.m. to re-establish telephone contact with Director Nygaard.

At 12:00 p.m. Mr. Moser requested that Director Nygaard confirm that she was on the phone and heard the public hearing. Director Nygaard confirmed that she has heard all public hearing testimony.

Mr. Moser read into the record the following portions of the letter distributed to Board members today at the hearing from Mr. Duane Horning as follows:

"MAC objects to the taking of the Property and the adoption of a resolution of necessity on the following grounds."

- 1. "The matters stated in the letter dated June 27, 2014, from me to Charles Berwanger, Esq. attached", (which Director Nygaard has in her possession) "which is hereby incorporated by reference, and has previously been submitted to TCHD."
- 2. "TCHD's precondemnation offer of \$4.7 million (\$82/sf) does not satisfy the requirements of California Government Code §7267.2(a) (1) Deering 2014). The reasons for this include without limitation that TCHD previously offered three times more, \$13.8 million, for the same Property, but when the building was then unfinished. The \$13.8 million figure was net of all then remaining offsite improvements (much of which MAC has since completed) and all tenant improvements. TCHD's precondemnation offer and the appraisal on which it is based grossly understates the fair market value of the property."
- 3. "TCHD's precondemnation offer stated that the proceeds may be retained by TCHD, resulting in the offer being ineffective and not really any offer at all."

- 4. "There have not been good faith negotiations. The precondemnation offer was ineffective for the reasons stated above. MAC submitted a counter offer and the basis for it, and requested a meeting, in the attached letter dated June 27, 2014. TCHD responded staying with its original offer of \$4.7 million, did not withdraw its position that TCHD could keep all proceeds, and did not respond to a request for a meeting."
- 5. "TCHD is attempting to use its claim that the Ground Lease is void as leverage to gain an advantage in negotiating the purchase price, something California Government Code §7267.5 expressly forbids.
- 6. "TCHD offered \$5,000 to MAC for MAC's own appraisal work as TCHD was required to do, which MAC accepted and twice requested, but TCHD has failed to pay it."
- 7. "The public interest and necessity do not require the proposed project. The Medical Office Building on the Property is already built and available for leasing and use. The project would merely convert existing, nearly completed private real estate development efforts to public ones. Nothing about the project's use requires or is enhanced by the use being carried out by a governmental agency rather than the existing private owner."
- 8. "The proposed project is not planned or located in the manner that will be most compatible with the greatest public good and the least private injury. The proposed project does not achieve any greater public good that is being achieved with the project being held in private hands. The proposed project creates private injury by needlessly displacing a private interest."
- 9. "The Property is not necessary for the proposed project. TCHD has other surplus land on which it could build medical office space."

Director Nygaard stated she does not have any questions of either party.

Mr. Moser clarified this letter is incorporated into the record and is in addition to Mr. Horning's presentation.

Board members continued to ask questions. Director Campo also encouraged MAC to provide a narrative appraisal to convince fact finders that the amount reflected in their appraisal is a fair amount. Mr. Campo also suggested transferring title of the property to the District might be a way to move forward and allow the question of just compensation to be determined.

Mr. Horning responded to Director Campo, stating he is wondering if there might be a way to arrange for the immediate transfer of the title to the building under certain terms and conditions. He went on to state that in an eminent domain proceeding, there is actually a formal way for that to happen and whether we can fashion that outside of the formal proceedings is something we might consider. Mr. Horning explained a narrative appraisal cannot be presented to a jury and therefore is not typically prepared in these matters. Director Campo interjected that the purpose of a narrative appraisal is to help the Board determine if they will settle with MAC or if they are going to a jury. Mr. Horning stated MAC may consider getting a narrative appraisal for that purpose.

Director Finnila stated that during the short break Mr. Horning advised her that Mr. Perez is the sole shareholder in MAC. Therefore Mr. Perez will be making the decision as to whether he will be accepting any negotiated settlement or not. Mr. Perez nodded in the affirmative that is correct.

Chairman Schallock commented that he does not believe it is appropriate for a Board member to attend mediation as it is the attorney's responsibility to bring back a recommendation and he

was somewhat disappointed that MAC did not present a figure at the mediation for the Board to consider.

Mr. Moser invited those Board members who have conflicts in entering into deliberations on the Resolution of Necessity to make their disclosures at this time. Mr. Moser stated Director Kellett has a piece of property adjacent to the campus and has historically recused himself and this would be the opportunity for him to do so. Mr. Moser also stated that Director Reno may or may not want to recuse herself based on the Political Reform Act given the allegations in the various lawsuits, however it is her decision. Director Kellett stated he would be leaving the closed session and did so at 12:16 p.m.

Director Reno stated as a point of order she has been advised by a memo that came to her from the Clerk of the Board that she needed to recuse herself from voting and asked that this be entered in the minutes. Director Reno stated "because I am named in the complaint a rebuttal to the contract, I feel due to the allegations it is in my bests to you to offer a no comment at this time and if you are asking me to leave I would like that stated for the minutes." Mr. Moser stated he is not asking Director Reno to leave. Mr. Moser stated "in his opinion this would not be a violation of Government Code section 1090 because this is not the entry into a contract. The question is whether it is reasonably foreseeable that the decision to approve the Resolution of Necessity could have a financial impact on you under the Political Reform Act, so that is really your decision and I'm not going to direct you either way. "

Director Reno stated: "You are our attorney and I would like your advice. Would it be harmful for me to stay?"

Mr. Moser stated: "My advice is I would be cautious in your situation. I don't know if it is foreseeable but it is possible that this decision could have a personal financial impact on you, again because of the allegations and whether that is a direct or indirect consequence so I would advise caution here, but I am not doing a full analysis at this point of whether the Political Reform Act requires you to recuse yourself."

Director Reno: "I would like all of what Mr. Moser said recorded and entered into the minutes with no redactions." Thank you.

Director Reno stated she would step out which she did at 12:21 p.m.

Director Finnila questioned when MAC's appraisal would be complete. Mr. Horning stated he anticipated another 30 days.

Chairman Schallock suggested it was time to move on to the second item on today's agenda.

2) Consideration of adoption of Resolution No. No. 768, Resolution of Necessity of the Board of Directors of Tri-City Healthcare District Approving Acquisition of all Right, Title and Interest of Medical Acquisition Company, Inc. in that Certain Ground Lease Between it as Lessee and the Tri-City Healthcare District as Lessor dated as of December 29, 2010 Relating to a Portion of APN 106-010-31-00 Located at 4002 Vista Way, Oceanside, California for the Medical Office Building Project

Mr. Moser clarified the Government Code on page 2 of the Resolution should be revised to read 7267.2.

It was moved by Director Campo to approve adoption of Resolution No. No. 768, incorporated by reference its full heading as amended for a typographical error. Director Finnila seconded the motion.

Director Finnila suggested the Board consider the proposal brought forward by Director Campo and Mr. Horning of providing a narrative appraisal with full analysis to Mr. Berwanger and proceeding from there as appropriate. Director Campo suggested this matter be discussed further at the next closed session meeting due to litigation.

Director Finnila conveyed that the Board is open to negotiation, cares about the value of the property and did initiate the first offer.

Director Dagostino stated he agreed with Director Finnila and believes a "yes" vote on the Resolution is a wise thing to do today as this action will move both parties closer to their goal of a fair price for the building.

The Clerk of the Board reconnected Director Nygaard and requested that she convey the last conversion heard. Director Nygaard stated Director Campo was speaking when the line disconnected.

Director Campo provided a summary of the proceedings stating the public hearing has been closed and he has made a motion to approve Resolution 768, a Resolution for Necessity. Mr. Campo stated he did not read the entire title of the Resolution however it was incorporated by reference. Director Finnila seconded the motion and there is a suggestion that negotiation might be possible if we were able to receive a narrative or an explanation of value from Mr. Horning on behalf of Mr. Perez. Director Campo reiterated that the Board is open to negotiation and we were discussing the importance of moving forward with approving the Resolution as that appears to be the correct path. Director Nygaard stated she is in agreement.

Director Dagostino echoed a "yes" vote would bring us closer to what we both want and is advocating for a "yes" vote on the Resolution today.

Chairman Schallock requested that Mr. Berwanger explain the next steps should the Board approve the Resolution. Mr. Berwanger suggested the Board adopt the Resolution and explained by getting a lawsuit on file the date of evaluation is locked in. He further explained the motion will not be heard for at least 60 days, however by filing the lawsuit it keeps the pressure on for negotiations. Mr. Berwanger stated once the appraisal is available, counsel for both parties will discuss the figures and perhaps get the mediator back in place. Mr. Berwanger confirmed the lawsuit would be a matter of public record.

Director Nygaard called for the question.

Chairman Schallock called for a roll call vote on the motion.

The vote on the motion was as follows:

AYES: Directors: Campo, Dagostino, Finnila, Nygaard and

Schallock

NOES: Directors: None ABSTAIN: Directors: None

ABSENT: Directors: Kellett, Reno

There being no further business, Chairman Schallock adjourned the meeting at 12:30 p.m.

ATTEST:	Larry W. Schallock Chairman
Julie Nygaard Secretary	

18 (7) a)

Wednesday, July 09, 2014 Invoice # 541131

HealthCare Compliance Association 6500 Barrie Rd Suite 250 Minneapolis, MN 55435 888-580-8373 * 952-988-0141 * Fax 952-988-0146

Membership # 00136402 Expiration Date: 09/01/2014

DUES RENEWAL INVOICE

Julie Nygaard Assistant Secretary Tri-City Medical Center 4002 Vista Way Oceanside, CA 92056

Dear Julie:							
HCCA values you as a member. Your membership is due for renewal. By renewing now, you will be assured of participation in the ever increasing benefits of being a member of HCCA. We continually strive to make your membership in HCCA the best compliance investment you can make.							
I look forward to your continued par suggestions, comments and question	ticipation in HCC s.	CA. And, as always, v	we welcome your				
Sincerely, John Falcetano, HCCA President							
Amount Due:	: \$295.00	Payment Due: I	Jpon Receipt				
Please remit this portion with you	Please remit this portion with your payment						
Please take a moment to update your c	ontact information	n:					
Julie Nygaard Assistant Secretary Tri-City Medical Center 4002 Vista Way Oceanside, CA 92056	Phone: (760	•	: DOnnellantl@tcmc.com				
Membership #: 00136402 Invoice #: 541131		Amount Due: \$295.0	0				
[] Check enclosed payable to HCCA [] Charge my VISA, MasterCard, Am	erican Express (Fa	ax today for faster serv	rice)				
Card#		Exp. Date:					
Signature:							
Online: www.hcca-info.org	By Fax: 95	2-988-0146	Over the phone: (952)988-0141				

20 (b)

Building Operating Leases Month Ending June 30, 2014

		Base							
		Rate per Sq.		To	tal Rent per	Lease	Torm .		04
Lessor	Sq. Ft.	Ft.			ent month (a)	Beginning	Ending	Services & Location	Cost Center
Gary A. Colner & Kathryn Ainsworth-	oq. i t.	The second		Curre	mit month (a)	Degiiiiiig	Enaing	Services & Location	Center
Colner Family Trust									
4913 Colusa Dr.								Dr Dhruvil Gandhi	
Oceanside, Ca 92056								2095 West Vista Way,Ste.106	
V#79235	1,650	\$1.85	(a)	\$	4,052.95	8/1/12	7/31/15	Vista, Ca 92083	8460
Tri-City Wellness, LLC	1,000	Ψ1.00	(4)	۳	4,002.30	0/1/12	7/31/13	VISIA, Ca 32003	0400
6250 El Camino Real			1					W-11 6	
Carlsbad, CA 92009	^							Wellness Center	
•	Approx	6400	(-)		COOF 547 00	7/4/40	0/00/00	6250 El Camino Real	
/#80388 3CO	87000	\$4.08	(a)	-	\$225,517.00	7/1/13	6/30/28	Carlsbad, CA 92009	7760
3621 Vista Way								Darfa-man Lunium .	
•						1		Performance Improvement	
Oceanside, CA 92056	4 500	£4.50	1-11-11			411140		3927 Waring Road, Ste.D	1
#V81473 Golden Eagle Mgmt	1,583	\$1.50	(a)(d)	\$	3,398.15	1/1/13	12/31/14	Oceanside, Ca 92056	8756
2775 Via De La Valle, Ste 200			l					NIEL A FALL FIELD	
•								Nifty After Fifty	
Del Mar, CA 92014	4 207	#0.0F		_	5 500 44		4/00/40	3861 Mission Ave, Ste B25	
V#81553	4,307	\$0.95		\$	5,566.11	5/1/13	4/30/18	Oceanside, CA 92054	9550
nvestors Property Mgmt. Group								0000	
c/o Levitt Family Trust								OP Physical Therapy, OP OT & OP	
2181 El Camino Real, Ste. 206					1			Speech Therapy	7772 - 76
Oceanside, Ca 92054		04.05	l	_				2124 E. El Camino Real, Ste.100	7792 - 12
V#81028	5,214	\$1.65	(a)	\$	8,861.09	9/1/12	8/31/17	Oceanside, Ca 92054	7782 - 129
Melrose Plaza Complex, LP]						
c/o Five K Management, Inc.									
P O Box 2522								Outpatient Behavioral Health	
La Jolla, CA 92038	7.047		1					510 West Vista Way	
V#43849	7,247	\$1.22	(a)	\$	9,379.78	7/1/11	7/1/16	Vista, Ca 92083	7320
Medical Acquisition Co., Inc.						9		l.,	
2772 Gateway Rd.								Human Resources Office	
rlsbad, Ca 92009	0.505		١, ,					1211 West Vista Way	
0390	3,527	\$2.00	(a)	\$	7,054.00	4/1/11	3/30/15	Vista, Ca 92083	8650
OPS Enterprises, LLC								Chemotherapy/Infusion Oncology	
3617 Vista Way, Bldg. 5				1				Office	1
Oceanside, Ca 92056	4 700							3617 Vista Way, Bldg.5	
/#81250	4,760	\$3.55	(a)	\$	22,377.00	10/1/12	10/1/22	Oceanside, Ca 92056	7086
Ridgeway/Bradford CA LP	1								
DBA: Vista Town Center							ļ		
PO Box 19068						i i		Nifty after Fifty	
rvine, CA 92663				1	2	0		510 Hacienda Drive Suite 108-A	
V#81503	3,307	\$1.10	(c)	\$	5,151.83	10/28/13	3/3/18	Vista, CA 92081	9550
Fri City Real Estate Holding &				1				,	-
Management Company, LLC								Vacant Medical Office Building	8462
1002 Vista Way								4120 Waring Rd	Until
Oceanside, Ca 92056	6,123	\$1.37	(b)	\$	7,973.10	12/19/11	12/18/16	Oceanside, Ca 92056	operationa
Tri City Real Estate Holding &	-,,,	Ţ	1,-,	1	.,570.10	.2/10/11	, .0, 10		operation:
Management Company, LLC								Vacant Bank Building	8462
1002 Vista Way					4			4000 Vista Way	Until
Oceanside, Ca 92056	4,295	\$3.13	(b)	\$	12,997.10	1/1/12	12/31/16	Oceanside, Ca 92056	operation
		Ψ0.10	(~)	_		1/1/12	12/31/10	Occuriside, Oa 32000	operations
Total	L			\$	312,328.11				

- (a) Total Rent includes Base Rent plus property taxes, association fees, insurance, CAM expenses, etc.
- (b) Rate per Square Foot is computed based on the initial base rent at inception of lease. The current rent payment is based on the related outstanding debt, therefore the rent payment declines over time.
- (c) The term of this Lease, and Tenant's obligation to pay rent, shall commence October 1, 2013, which is one hundred twenty days (120) after delivery of the of the premises to Tenant and approval by the city of Tenant's intended use.
- (d) Contract is waiting to be approved no payments have been made
- Vista Rent of Suites 111 & 112 ended March 31, 2014. OP and PT moved to 2124 El Camino Real



Tri-City Medical Center Education & Travel Expense

Month Ending June 30, 2014

Cost Centers	Description	Invoice #	Amount	Vendor#	Attendees
	CCRN REVIEW COURSE	53014	225.00		MEREBETH RICHINS
6440	REHAB CONFERENCE	51314	853.28	81689	ERIKA COLLIER
7010	CHA WEBINAR	50214	185.00	14365	SUE KIRK
7290	HOMECARE CONFERNCE	52814	708.00	42091	GERRI MCDONALD
7420	IAHCSMM CONFERENCE	62614	867.00	78238	MARY DIAMOND
8402	VHA NOVATION CONFERENCE	50714	1,017.93	81290	CHARLES SAWYERS
8610	CRITICAL GUIDELINES	22814	199.00	81163	MATT MUSHET
8610	CHPSO'S WEBINAR	33114	555.99	81163	SHARON SCHULTZ
8620	CHA CONFERNCE	51814	327.73	78591	LARRY W. SCHALLOCK
8620	ACHD CONFERENCE	33114	812.00	81163	J. DAGOSTINO
8620	AHA MEETING	60614	2,213.74	80104	CYRIL F. KELLETT
8631	PSI PHILANTHRIP CONFERENCE	61014	618.00	27266	GLEN NEWHART
8631	AFP CONFERENCE	13114	3,000.00	81163	D. PORTER, R. SAUCIER,
					G. NEWHART, N. CHANG
8650	LABOR REVIEW SEMINAR	22814	150.00	81163	ESTER BEVERLY
8700	HCCA CONFERENCE	60614	3,000.00	31894	COLLEEN THOMPSON
8723	ACDIS CONFERENCE	51214	1,495.82	30938	JOHN A LA FATA, M.D. AMC
8723	ACDIS CONFERENCE	51214	822.72	21981	RICHARD BARTON DAY JR.,
8740	TUITION REIM	60314	109.20	81649	BENILDA MILAN-AGLUGUB
8740	TUITION REIM	41514	110.00	37379	RITA CHILTON
8740	TUITION REIM	60914	125.00	46514	VALERIE NAEGELE
8740	TUITION REIM	52714	125.00	79608	XANDRA TAYAG
8740	TUITION REIM	60314	140.00	78614	MARINNEE CHOMPA
8740	TUITION REIM	60914	150.00	80548	NATALIE DEROSIERS
8740	TUITION REIM	60914	175.00	77715	JESSICA MARTIN
8740	TUITION REIM	52714	175.00	79441	JUANITA SAVENA
8740	TUITION REIM	52714	175.00	79445	MELISSA GUYNN
8740	TUITION REIM	60914	175.00	81401	VALERIE FRANE
8740	TUITION REIM	51614	200.00	12307	STEVE BERNER
8740	TUITION REIM	60314	200.00	12379	MELANIE BRUCE
8740	TUITION REIM	60314	200.00	29229	MARGOT J. GERSON
8740	TUITION REIM	51614	200.00	30756	JANET GRANT
8740	TUITION REIM	51614	200.00	78008	CHRISTINA TRUCHON
8740	TUITION REIM	51614	200.00	79450	SVJETLANA BASUROVIC
8740	TUITION REIM	51614	200.00	80023	MARTA BILL
8740	TUITION REIM	61714	200.00	80050	JANET MCFERRAN
8740	TUITION REIM	60914	200.00	81644	SUE GARDINER
8740	TUITION REIM	51614	200.00	82087	DIVINA SCHWARZEL
8740	TUITION REIM	60314	2,000.00	81290	CHARLES SAWYERS
8740	TUITION REIM	61014	2,283.00	81135	KRISTEN BAUMBACH
8740	TUITION REIM	60914	2,500.00	77785	MONICA MILLER
8740	TUITION REIM	61714	2,500.00	81807	EVA FROYD
	TUITION REIM	52714	2,500.00	82082	CHRISTINA DINNALL
8750	RL PALOZA CONFERENCE	10714	202.36	79749	RUTH GOSSARD
8750	AHSHRM CONFERENCE	52514	844.00	79978	RUTH GOSSARD

8758 AFTER APIC CONFERENCE	313142	359.76	79612 KERRY MORIARTY HORNSY
8758 AFTER APIC CONFERENCE	228142	640.92	42078 LISA F. MATTIA

^{**}This report shows reimbursements to employees and Board members in the Education

[&]amp; Travel expense category in excess of \$100.00.

^{**}Detailed backup is available from the Finance department upon request.