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

February 26, 2015 - 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	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 (Authority: Government Code Section 54957.7)		
5 6	Motion to go into Closed Session Closed Session	0.11	
0	a. Conference with Legal Counsel – Potential Litigation (Authority Government Code Section 54956.9(d) (2 Matters)	2 Hours	
	b. Conference with Labor Negotiators (Authority: Government Code Section 54957.6) Agency Negotiator: Tim Moran Employee organization: SEIU		
	c. Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees (Authority: Health & Safety Code, Section 32155)		
	d. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: October 31, 2015		
	e. Public Employee Performance Evaluation Title: General Counsel (Authority: Government Code, Section 54957)		
	f. 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	Time Allotted	Requestor
	g. Conference with Legal Counsel – Existing Litigation (Authority Government Code Section 54956.9(d)1, (d)4		
	(1) Steven D. Stein vs. Tri-City Healthcare District Case No. 12-CV-02524BTM BGS		
	(2) Larry Anderson Employment Claims		
	(3) TCHD vs. Burlew Case No. 37-2014-00034015-CU-NP-NC		
	(4) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108		
	(5) TCHD vs. Medical Acquisitions Company Case No. 2014-00022523		
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	Community Update – American Hospital Association Award for Volunteer Excellence – Tails on the Trails Walk-A-Thon – Ms. Sandy Tucker, Auxiliary President	10 min.	Chair
13	Report from TCHD Foundation – Glen Newhart – Vice President	5 min.	Standard
14	Report from Chief Executive Officer	10 min.	Standard
15	Report from Chief Financial Officer	10 min.	Standard
16	New Business		
	 a. Approval of Resolution No. 770 – A Resolution of the Board of Directors of Tri-City Healthcare District Providing Workers' Compensation Coverage for Certain District Volunteers 	5 min.	Chair
17	Old Business - None	5 min.	Chair
18	Chief of Staff	5 min.	Standard

 Consideration of February 2015 Credentialing Actions Involving the Medical Staff – New Appointments Only

	Time	
Agenda Item	Allotted	Requestor

19	Consideration of Consent Calendar (1) Medical Staff Credentials for February, 2015	5 min.	Standard
	(2) 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 No meeting held in February, 2015		HR Comm.
	B. Employee Fiduciary Retirement Subcommittee Director Kellett, Subcommittee Chair Open Community Seats – 0 No meeting held in February, 2015		Emp. Fid. Subcomm.
	C. Community Healthcare Alliance Committee Director Nygaard, Committee Chair Open Community Seats - 2 (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.
	1. Administrative Policies & Procedures		54
	a. Prior Authorization for Non-Emergency Services for HMO/PPO Patients		
	b. Clinical Product Review/New Products		
	2. Approval of a renewal of an agreements for the Neuroscience Institute Medical Directorship with Drs. Jack Schim (Stroke) and Sahagian (Neurology) for a 15-month term, beginning March 1, 2015 through June 30, 2016 at an annual amount not to exceed \$76,800 with the option to review for an additional year by mutual consent of the District and the Institute subsequent to the Institute's Board of Manager approval.		
	3. Approval of a lease agreement for the Nuance PowerScribe Voice Recognition software for a term of 60 months beginning July, 2015 through June, 2020 at \$6,352 per month, and total term lease expense of \$381,120 plus hardware and interfaces expense of \$8,000 for a total term expense of \$433,971.		

Agenda Item	Time Allotted	Requestor
4. Approval of Resolution 771 A Resolution of the Board of Directors of Tri-City Healthcare District Authorizing Replacement of \$51 Million Notes Maturing February 28, 2015 with \$51 Million Notes Maturing May 28, 2016.		
E. Professional Affairs Committee Director Dagostino, Committee Chair (Committee minutes included in Board Agenda packets for informational purposes.)		PAC Comm.
Request for Formulary Status Evaluation a. Balsalazide Dosodium		
2. Patient Care Services Policies and Procedures: a. Autopsy, Authorization of- Policy b. Discharge of Patients- Discharge Against Medical Advice Policy c. Latex Sensitivity-Allergy Management d. Medical Examiner Notification- Policy e. Ordering Non-District Provided Services for Patients Policy f. Pet Therapy Policy g. Preventing Admissions and Procedures Beyond Medical Staff Privileges		
3. Administrative Policies & Procedures a. Authorized Access Medications b. Success Service Recovery Program (SSRP) 272 (Formerly Star Service Plan)		
4. <u>Unit Specific</u>		
Neonatal Intensive Care (NICU) a. Formula (Artificial Milk), Use of		
Pharmacy b. Antidote Stocking		
Rehabilitation Services c. 104 Scope of Services d. 900 Community Re-Integration: TR / BHS / REHAB		
F. Governance & Legislative Committee Director Schallock, Committee Chair Open Community Seats - 0 (No meeting held in February, 2015)		Gov. & Leg. Comm.
G. Audit & Compliance Committee Director Finnila, Committee Chair Open Community Seats – 0 (No meeting held in February, 2015)		Audit, Comp. & Ethics Comm.
(3) Minutes – Approval of a) January 29, 2014 – Regular Board of Directors Meeting b) January 29, 2015 – Special Board of Directors Meeting		Standard

	Agenda Item	Time Allotted	Requestor
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	 c) January 27, 2015 – Special Board of Directors Meeting d) February 5, 2015 – Special Board of Directors Meeting 		
	(4) Meetings and Conferences - None		Standard
	(5) Dues and Memberships - None		Standard
20	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
21	Reports (Discussion by exception only) (a) Dashboard - Included (b) Construction Report – None (c) Lease Report – (January, 2015) (d) Reimbursement Disclosure Report – (January, 2015) (e) Seminar/Conference Reports 1) ACHD Leadership Meeting – Directors Reno/Mitchell	0-5 min.	Standard
22	Legislative Update	5 min.	Standard
23	Comments by Members of the Public NOTE: Per Board Policy 14-018, members of the public may have three (3) minutes, individually, to address the Board.	5-10 minutes	Standard
24	Additional Comments by Chief Executive Officer	5 min.	Standard
25	Board Communications (three minutes per Board member)	18 min.	Standard
26	Report from Chairperson	3 min.	Standard
	Total Time Budgeted for Open Session (Includes 10 minutes for recess to accommodate KOCT tape change)	2 hours	
27	Oral Announcement of Items to be Discussed During Closed Session (If Needed)	6.	
28	Motion to Return to Closed Session (If Needed)		
29	Open Session		
30	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) – (If Needed)		
31	Adjournment		

RESOLUTION NO. 770

RESOLUTION OF THE BOARD OF DIRECTORS OF TRI-CITY HEALTHCARE DISTRICT PROVIDING WORKERS' COMPENSATION COVERAGE FOR CERTAIN DISTRICT VOLUNTEERS

WHEREAS, California Labor Code section 3363.5 provides that public agencies may choose to extend workers' compensation coverage to volunteers that perform services for the public agency without pay; and

WHEREAS, Tri-City Hospital Auxiliary Volunteers ("Volunteers") provide, without pay, valuable support services for Tri-City Healthcare District's (the "District") patients, families, visitors and staff and assist the District in its mission of promoting the health and wellbeing of the community; and

WHEREAS, the Board of Directors of the District desires to provide workers compensation for such Volunteers pursuant to California Labor Code section 3363.5;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District:

Section 1. That it is in the best interest of the District to provide workers' compensation coverage to Tri-City Hospital Auxiliary Volunteers.

Section 2. That the volunteers described above shall be deemed to be employees for the purposes of Division 4 of the California Labor Code while the person(s) actually performs volunteer services for the District, provided that the rights of volunteers shall be limited to those benefits set forth in the California Labor Code.

ADOPTED, PASSED AND APPROVED this 26th day of February, 2015, at a regular meeting of the Board of Directors, at which a quorum was present and acting throughout, at Oceanside, California, by the following vote:

AYES:	
NOES:	
ABSTAIN/ABSENT:	
	By:Chairperson, Board of Directors
ATTEST:	
By:Secretary, Board of Directors	



TO:	Larry Schallock, Chairperson	
FROM:	Scott Worman, M.D., Chief of Staff	
DATE:	February 26, 2015	
SUBJECT:	Medical Executive Committee Credentialing	Recommendations – New Appointments
Committee on	February 11, 2015. Their recommendations w	port was reviewed and approved at Credentials ere reviewed and approved by the Medical Executive the Board of Directors with recommendations for
SUBMITTED	BY:	
Scott Worman	n, M.D., Chief of Staff	Date
GOVERNING Approved: Denied:	BOARD DISPOSITION:	
Ramona Finni For and on be	ila, Secretary half of the TCHD Board of Directors	Date



TRI-CITY MEDICAL CENTER MEDICAL STAFF INITIAL CREDENTIALS REPORT February 11, 2015

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 02/26/2015 – 01/31/2017)

<u>Medical Staff</u> – Appoint to Provisional Staff and grant privileges as delineated:

Borgschulte, Gitte M., MD – Medicine/Internal Medicine

Dhillon-Ashley, Tina, MD - Ob/Gyn

Maeda, Andrew, MD - Anesthesiology

Melikyan, Arkady, MD – Medicine/Neurology

Scher, Colin A., MD -Surgery/ Ophthalmology

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

Buckley, Alicia N., OT – Surgery/Orthopedic Surgery

Son, Alicia G., PA-C - Neurology/Medicine

INITIAL APPLICATION WITHDRAWAL: (Voluntary unless otherwise specified)

Medical Staff:

None

Allied Health Professionals:

None

TEMPORARY PRIVILEGES:

Medical Staff/Allied Health Professionals:

- Melikyan, Arkady, MD Medicine/Neurology
 Privileges as delineated
- Scher, Colin A., MD Ophthalmology/Surgery Privileges as delineated
- Theisen, April, PA-C Emergency Medicine Thoracentesis
 Limited abdominal and cardiac ultrasonography
 Ultrasound guidance for approved procedures
 Limited obstetrical ultrasonography
- Yamanaka, Mark K., MD Pulmonary/Medicine: Percutaneous tracheostomy

TEMPORARY MEDICAL STAFF MEMBERSHIP:

Medical Staff:

None



TO:	Larry Schallock, Chairperson	
FROM:	Scott Worman, M.D., Chief of Staff	
DATE:	February 26, 2015	
SUBJECT:	Medical Executive Committee Credentialing R	ecommendations – Reappointments
Committee on		was reviewed and approved at Credentials re reviewed and approved by the Medical Executive he Board of Directors with recommendations for
SUBMITTED E	BY:	
Scott Worman	, M.D., Chief of Staff	Date
GOVERNING	BOARD DISPOSITION:	
Approved:		120
Denied:		
Ramona Finni For and on be	la, Secretary half of the TCHD Board of Directors	Date



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 February 11, 2015

Attachment B

REAPPOINTMENTS (Effective Dates: 03/01/2015 to 02/28/2017)

MEDICAL STAFF

Allmond, Leonard R., MD Anesthesiology

Reappoint from Provisional Staff status to Active Staff status and grant privileges as delineated

Asselin, Lynette M., DO Pediatrics

Reappoint to Active Staff status and grant privileges as delineated

Barager, Richard R., MD Medicine/Nephrology

Reappoint to Active Staff status and grant privileges as delineated

Barco, Eric P., MD Medicine/Internal Medicine

Reappoint to Active Staff status and grant privileges as delineated

Burzynski, Margaret M., MD Anesthesiology

Reappoint to Active Staff status and grant privileges as delineated Add:

Evaluate and treat patients with anesthesia related problems

Flores-Dahms, Kathleen M., MD Radiology

Reappoint to Active Staff status and grant privileges as delineated Add:

- Breast biopsy
- Nuclear medicine (all routine)
- Positron Emission Tomography (PET)

Ibrahim, Nagi S., MD Medicine/Internal Medicine

Reappoint to Affiliate Staff status

Kaloogian, Harold H., DPM Surgery/Podiatric Surgery

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

Fluoroscopy

Kuriyama, Steve M., MD Medicine/Infectious Disease

Reappoint to Consulting Staff status and grant privileges as delineated

Lean, Eva K., MD Medicine/Oncology

Reappoint to Active Staff status and grant privileges as delineated

Luschwitz, Brian S., MD Pediatrics

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

- Circumcision
- Intubation (infant)
- Intubation (pediatrics)
- Lumbar puncture
- Suprapubic puncture
- Laryngoscopy

Page 1 of 3

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 February 11, 2015

Attachment B

Magulac, Mark L., MD

Medicine/Psychiatry

Reappoint from Consulting staff status to Affiliate Staff Status

Relinquish: All clinical privileges; refer and follow only

Mells, Cary R., MD

Emergency Medicine

Reappoint to Active Staff status and grant privileges as delineated

Musinski, Scott E., MD

Ob/Gyn

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

Obstetrical privileges

Add:

Endometrial ablation

Treatment of ectopic pregnancy

Tubal occlusion

Nguyen, Christine K., MD

Medicine/Internal Medicine

Reappoint to Affliate Staff status

Vayser, Dean, DPM

Surgery/Podiatric Surgery

Reappointment from Provisional Staff status to Affiliate Staff status Relinquish:

- Chronic non-healing wound care (sites 1, 2, and 3)
- Consultation, including via telemedicine (F)
- Perform history and physical exam, including telemedicine (F)

ALLIED HEALTH PROFESSIONALS (Effective Dates: 03/01/2015 – 02/28/2017)

Hammonds, Tommy D., PA-C Surgery

Reappoint to Allied Health Professionals and grant privileges as requested.

Heany, Mary D., CNM

Ob/Gyn

Reappoint to Allied Health Professionals and grant privileges as requested.

Karver-Christenson, Elyse S., CNM

Ob/Gyn

Reappoint to Allied Health Professionals and grant privileges as requested.

Olson, Lindsey D., PAC Emergency Medicine

Reappoint to Allied Health Professionals and grant privileges as requested. Relinquish:

- Blood transfusion, assist
- Cardioversion/defibrillation, assist
- · Emergency childbirth, assist
- Emergency C-Section, assist
- Open thoracotomy, assist
- Pericardiocentesis, assist
- Performing CPR, assist
- Starting thrombolytic medication, assist
- Surgical airway placement, assist
- Transthoracic and transcutaneous pacing, assist

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 February 11, 2015

Attachment B

• Arterial line access (assist)

RESIGNATIONS (Effective February 28, 2015, unless otherwise specified)

Voluntary:

Carr, William, MD Chan, Chi-Bew, MD Anesthesiology (Effective 02/01/15)
Anesthesiology (Effective 02/01/15)
Medicine/Nephrology (Effective 02/01/15)

Faravardeh, Arman, MD Gordon, Zachary, MD Li, Robin, MD

Anesthesiology (Effective 02/01/15)
Anesthesiology (Effective 02/01/15)

Lindstedt, Sean, MD

Medicine/Internal Medicine (Effective 02/01/15)

Lukauskis, Kris, MD Valentine, Danny, MD Anesthesiology (Effective 02/01/15) Anesthesiology (Effective 02/01/15)

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3 February 11, 2015

Attachment B

NON-REAPPOINTMENT RELATED STATUS MODIFICATIONS (Effective Date: 02/26/2015, unless specified otherwise)

Theisen, April, PA-C - Emergency Medicine

Add: Thoracentesis

Limited abdominal and cardiac ultrasonography Ultrasound guidance for approved procedures

Limited obstetrical ultrasonography

Yamanaka, Mark K., MD Pulmonary/Medicine

Add: Percutaneous tracheostomy

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 3 of 3 February 11, 2015

Attachment B

PROCTORING RECOMMENDATIONS (Effective 02/27/2015, unless otherwise specified)

Ahn, Yvonne J., MD

Anesthesiology

Release from proctoring:

General anesthesia

Barboza, Richard M., MD

Anesthesiology (effective immediately 01/31/2015)

Release from proctoring

100% Complete

El-Sherief, Karim H., MD

Cardiology/Medicine (effective immediately 01/31/2015)

Release from proctoring

Hermann, Linda, PA-C

Emergency Medicine

Release from proctoring:

Lumbar puncture

Kollengode, Vijay S., MD

Release from proctoring:

Anesthesiology General anesthesia

Seif, David M., MD

Anesthesiology

Release form proctoring:

100% Complete

Theisen, April A., PA-C

Emergency Medicine

Release from proctoring:

Central IV access, including midline catheters

Reduction of major joints

Walters, Janet L., RNFA

General-Vascular Surgery/Surgery

Release from proctoring:

100% complete

Willett, Brie A., PA-C

Emergency Medicine

Release from proctoring:

Central IV access, including midline catheters

Human Resources Committee (No meeting held in February, 2015)

Employee Fiduciary Subcommittee (No meeting held in February, 2015)

February 12, 2015

Tri-City Healthcare District Community Healthcare Alliance Committee (CHAC) Meeting Minutes February 12, 2015 Assembly Room 1

Barbara Perez; Rosemary Eshelman; Gigi Gleason; Darryl Hebert; Carol Herrera; Marilou dela Rosa Hruby; Robin Iveson; Linda Board of Directors Chairman Larry Schallock; Director James Dagostino; Xiomara Arroyo; Mary Lou Clift; Dan Daris, attending for Ledesma; Gina McBride; Jack Nelson; Don Reedy and Bret Schanzenbach Members present:

Non-Voting Members: Tim Moran, CEO; David Bennett, Sr. VP & CMO; Jodie Wingo, Sr. Director Marketing; Roma Ferriter; Audrey Lopez; Dr. Victor

Souza

Vicki Ogilvie, CHAC Coordinator-outgoing, Nellie Brown, CHAC Coordinator-in coming, Susan McDowell, Marketing Others Present:

CHAC Chair Julie Nygaard; Linda Allington; Marilyn Anderson; Rev. Carol Brooks; Marge Coon; Barbara Perez; Members Absent:

Fernando Sanudo; and Laura Vines

Topic	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	The meeting was called to order at 12:35 p.m., in Assembly Room 1 at Tri-City Medical Center by Board of Directors Chairman Larry Schallock. Board of Directors Chairman Schallock shared that Chair Julie Nygaard was absent from today's meeting as she was attending the Association of Community Hospital District meeting in Los Angeles. Mr. Schallock took a moment to recognize CHAC member Jerry Salyer who had recently passed away. He wished to recognize Mr. Salyer for his commitment and service to our hospital over many years. Don Reedy further informed the committee that Jerry Salyer had dedicated much of his time working on hospital projects and that Mr. Salyer was a hero in his passing and he will be greatly missed.		
2. Approval of Agenda	Board of Directors Chairman Larry Schallock called for approval of the Agenda. Don Reedy motioned to approve and Gigi Gleason seconded it. Motion was approved unanimously.		
3. Public Comments - Announcement	No public comments were made.		

Board of Directors Chairman Larry Schallock asked to approve the January 9th, 2015 Meeting Minutes. Don Reedy moved to approve the motion. Ms. Gigl Gleason seconded it. Motion was approved motion. Ms. Gigl Gleason seconded it. Motion was approved. • Campus Development Plan: Mr. Moran reported that last week the Board of Directors and Senior Leadership had an all day working session where they reviewed all TCMC service lines, looking at how we are doing, how we are trending, and at the players and competitiveness in the market place in oracter loss lift course for going forward. • The Board of Directors authorized finding an Architect to assist in e-formating and establishing a Campus Development Plan. First priorities being: • Emergency Department • New will look at our "Run Rate" with thoughtful approach to what we need, not what we might like in planning the future campus. • As TCMC is financially stable, we will continue to go forward with diligence in our daily operations to maintain financially stability with resources going into the future. • As TCMC is finatic please of collateral which she passed around for the committee to see: • As TOWC is striest pleases of collateral which she passed around for the committee to see: • Tiny NiCU diapers • Tiny NiCU diapers • Tray NiCU babies. • Personally hand Knited capes made by our Auxiliary for our NiCU babies.
rovided the Tri-City Medical Center update: ment Plan: Mr. Moran reported that last for ing and senior Leadership had an session where they reviewed all TCMC ing at how we are doing, how we are te players and competitiveness in the der to set the course for going forward. citors authorized finding an Architect to fing and establishing a Campus Ters priorities being: Sy Department Tri-Cits authorized finding an interval and a campus Tri-City with resources going into the future. Sy Department Reting opened the presentation by sharing fiest pieces of collateral which she passed fiest pieces of collateral which she passed fiest bese: Belanket for baby, with mom's scent to while mom is away. At Knitcul away. At Knitcul away. At Knitcul in North San Diego Anal Tri-City Medical Center is home to the and Tri-City Medical Center is home to the and Tri-City Medical Center is home to the
keting opened the presentation by sharing iest pieces of collateral which she passed ee to see: a blanket for baby, with mom's scent to while mom is away. bers Id knitted caps made by our Auxiliary for es. and Tri-City Medical Center is home to the onsive Care Unit (NICU) in North San Diedo

	TO THE REAL PROPERTY AND ADDRESS OF THE PARTY
County The NICU is a 20 bed unit (overflow capacity to take up to 26)	
Privacy and Security which is a priority with a locked unit,	
welcome visitors gain entry.	
Special infection control measures that are taken to	
protect the babies and families staying in our nursery. • After Care: TCMC provides the only free High Risk Infant	
Follow-up Clinic in all of No. County. The clinic is free of	
charge to parents and former discharged NICU patients	
can be followed for up to three years.	
Patients enrolled in our Clinic are seen by a specialized	
NICU leam, consisting of a neonatologist, registered	
nurse, physical therapist nurses.	
INCVIEWV. THE INStallation of 20 INICVIEW Webcallis was	
made possible through a generous dorration from the fire City Hospital Foundation. The cameras allow working	
parents, deployed military personnel, under-age siblings	
and relatives who live outside the area to stay connected	
to infants via a computer or mobile device, in real time	-
24/7 through a secure online portal. The NICVIEW can	
be the next best thing to priysically being there allo adding peace of mind.	
Code Caleb AB1731, Dr. Movahhedian shared the story	
of Code Caleb and AB1731 a new law passed in	
California legislation with the help of the parents of Caleb	
Peltier, the TCMC Neonatalogy Team headed up by Dr.	
TCMC Neonatal Staff. – this bill. backed by	
Assemblyman Marty Block requires all newborns to be	
screened with a pulse oximetry test to screen for	
congenital heart defects before being discharged from the	
nospital. Da Marchhadian thankad the Doord of Directors and the	
Dr. Movannedian thanked the board of Directors and the dedicated team of experts for their commitment who have	
helped raise our standard and outcomes i.e. being	
recognized Nationally for not naving a central line infection in over 5 years.	

February 12, 2015

Person(s)	Responsible
Action	Follow-up
Discussion	
Topic	

	Ms. Gigi Gleason, Ms. Jodie Wingo and CHAC Chair Nygaard	
c. Ms. Gigi Gleason shared that we have received 2 grant applications to date. She explained that we are very early in the process as the application deadline is not until early March. Ms. Gleason reminded the CHAC that this year would be a larger process as we have additional monies to be given this year, instead of the normal \$300,000, normally given out annually, this year \$450,000 to be disseminated. Ms. Gleason asked those of the committee involved in Non Profits or know of Non Profits to encourage them to get their applications in on time.		Ms. Gleason said we need to be aware and believes that I CHD and the Community are doing the right thing in assisting our community with this growing and tragic mental health problem with our youth.
c. Grant Application Update:	6. Old Business a. Report on Behavioral Health Sub-Committee	

Person(s) Responsible								Jodie Wingo	Dino							
Action Follow-up								Jodie Wingo agree to get	videos to anyone who would like to share it.							
Discussion	March 12, 2015 in Assembly Room 1 from 12:30 to 2:00 pm	Chairman of the Board Schallock invited CHAC members to share news about their organizations and about events in their communities.	The following items were shared by Committee members: • Marilou de la Rosa Hruby said February 25 th at the Junior Seau Community Center, the Soroptomist will be having their 36th Year Celebration.	 Marilou de la Rosa Hruby shared that Casa de Amparo is having their annual Chef of Del Mar Gala this weekend. 	Don Reedy informed the CHAC about a group called Band of Veterans which will show on March 9 th a special featuring California Veterans since 041 Each will be featured in their	uniforms sharing the stories of their dedication and sacrifices they have made.	 Mr. Reedy invited the CHAC to attend a Celebration of Life for Jerry Salyer on February 28 at Heritage Park. 	 Ms. Linda Ledesma asked Dr. Movahhedian if we promoted these wonderful videos. Jodie Wingo answered that they are 	on our internet website and of the obstetricians have the video	from San Diego County Behavioral and Mental Health program at 10am to 12:00 noon.	 Jodie informed the CHAC that this would be last meeting that Vicki Ogilvie would be with the CHAC, as she is needed full 	time in the Risk Management Departpart. She introduce Susan McDowell and Nellie Brown would be transitioning to the	 Rosemary Eshelman said Thank you to the committee and their 50% off coupon took her husband for Valentines Day and their 50% off coupon took 	went through the program at the Cardio vascular institute. She said we should be very proud of TCMC as the experience was	amazing from the front door throughout every process there was someone saying, Please, thank you and can I help you, do	you need another service? Ms. Eshelman suggested that there
Topic	7. Confirm Date and Time of Next Meeting	8. Committee Communications														

MAC to Jodie Wingo xt year's nion					
Invitation to the CHAC to participation in next year's NICU Babies Reunion					
	Carol Herrera said when monies became more local and our districts could use monies more effectively, VUSD hired 10 Parent Liaisons, 8 Elementary Counselors, 3 Social Workers and 25 School Psychologists in order to create a bond between the home and school. This group of Behavioral and Mental	Health Specialist going in the homes of students and their families and providing psychologist to work with them. By this manner we are attempting in our community to create a better environment. Vista Unified collaborate with the United Way in a variety of venues to help these work with our youth.	Ms. Gina McBride and their Annual Awards outstanding business Carlsbad Chamber N Chairman of the Boar	meeting in the end of January that the Board did move forward to begin to look at: o Campus Development Plan. With the recent changes in health care reform, we will look at OutPatient Services vs InPatient Service and future needs for growth.	 Deal with Seismic Requirements for 2030 Strategic Planning meeting last Thursday, outcome going with the ED and Parking as priority focus Strategic Planning meeting outcome, upgrading OB and Women's Sevices. We have hired 3 new OB Physicians who have moved into the building on Vista
	•		•		

Topic	Discussion	Action	Darconfel
		Follow-up	Responsible
	Way and have begun bring their business to TCMC. Planning meeting outcome, NICU to upgraded services Open House today for our new Primary Care Physician Group located locally in Vista. Tim Moran stated that we are in possession of the Vista Way Office Building, and we are currently in the Court process of determining the value of the property. Colliers International is working with us looking at prospective tenants in anticipation of moving forward with leasing.		
9. Public Comments	No comments were made.		
10. Adjournment	Chairman of the Board Schallock adjourned the meeting at 1:52 pm		

Tri-City Medical Center Finance, Operations and Planning Committee Minutes February 17, 2015

	reblualy 17, 2013
Members Present	Dr. James Dagostino, Director Julie Nygaard, Dr. John Kroener, Dr. Marcus Contardo, Dr. Frank Corona Kathleen Mendez, William McGaughey, Steve Harrington, Wayne Lingenfelter
Non-Voting Members:	Tim Moran, CEO, Steve Dietlin, CFO, Wayne Knight, Sr. VP, Medical Services
Others Present:	Director Laura Mitchell, Director RoseMarie Reno, Tom Moore, David Bennett, Sharon Schultz, Glen Newhart, Charlene Carty, Jessica Ruh, Ray Rivas, Carol Smyth, Andrea Benton, Jane Dunmeyer, Jody Root, Procopio
Absent:	Director Cyril Kellett, M.D., Robert Knezek

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to order	Director Dagostino called the meeting to order at 12:33 pm.		
2. Approval of Agenda		MOTION It was moved by Director Nygaard, Dr. Corona seconded, and it was unanimously approved that the agenda of February 17, 2015 be approved.	
3. Comments by members of the public on any item of interest to the public before committee's consideration of the item.	Director Dagostino read the paragraph regarding comments from members of the public.		Director Dagostino
4. Ratification of minutes of January 20, 2015		Minutes ratified. MOTION It was moved by Nygaard, Dr. Corona seconded, and was approved with	

Person(s) Responsible			Chair	Ray Rivas / Jessica Ruh	10
Action Recommendations/ Conclusions	William McGaughey abstaining, that the minutes of January 20, 2015, be approved as written.	w		MOTION Director Nygaard moved, Kathy Mendez seconded, and it was unanimously approved to recommend the Board of Directors approve the policy Prior Authorization For Non-Emergency Services for HMO/PPO Patients, as presented.	February 17, 2015
Discussions, Conclusions Recommendations		None	Director Dagostino introduced Wayne Lingenfelter, as the new Community Member to the Finance, Operations and Planning	Prior Authorization For Non-Emergency Services for HMO/PPO Patients PPO Patients Purpose: To set forth guidelines to ensure Tri-City Healthcare District's (TCHD) control and compliance with the utilization policies of Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) payors and to reduce the number of denied services due to the lack of required authorization. It is the intention of this policy to ensure prior-authorization is received from all payors for all non-emergency services performed at Tri-City Medical Center. This policy was presented in redline version, by Ray Rivas and Jessica Ruh. Discussion ensued, however, there were no additional changes or modifications	Committee Meetings 2
Topic		5. Old Business	6. a. Introduction of Wayne Lingenfelter – New Community Member	6. b. Policy Review: • Prior Authorization For Non-Emergency Services for HMO/ PPO Patients	Finance, Operations and Planning Committee Meetings

					1
Person(s) Responsible	Tom Moore		Wayne Knight / Andrea Benton		
Action Recommendations/ Conclusions	MOTION Dr. Corona moved, Director Nygaard seconded, and it was unanimously approved to recommend the Board of Directors approve Clinical Product Review/New Products, as presented.		MOTION Director Dagostino conveyed that the committee would grant amended approval to this write-up, due to pending correction, and requested a motion. Dr. Corona moved, Kathleen Mendez seconded, and it was found in the best interest of the public health of the communities served by the District to	approve the amended an expenditure for the Neuroscience Institute Medical Directorship Agreements for a 16-month term, beginning March 1, 2015 and	February 17, 2015
Discussions, Conclusions Recommendations	clinical Product Review/New Products Purpose: Establishes the requirements and process for the assessment and procurement of all new products used for or in support of patient care activities. Process delineates oversight accountability, assessment and review procedures and plan for implementation of all products prior to purchase or use.	This policy was presented as a new policy, by Tom Moore. Discussion ensued, however, there were no changes or modifications recommended to the policy.	Andrea Benton presented the Neuroscience Institute Medical Directorship for Dr. Jack Schim, for Stroke, and Dr. Greg Sahagian for Neurology. Wayne Knight clarified that the terms are the same as previously approved in the Neuroscience Institute (NSI) (co-management agreement) and budget. Discussion ensued.	there was an correction required on the second page of the write up, which reads:	Committee Meetings 3
Topic	Clinical Product Review/New Products		c. Neuroscience Institute – Medical Directorship Agreements		Finance, Operations and Planning Committee Meetings

Person(s) Responsible				Steve Young	Mary Diamond / Sharon Schultz	Steve Dietlin
Action Recommendations/	Conclusions ending June 30, 2016, at an annual amount not to exceed \$76,800, with the option to renew for an additional year by mutual consent of the District and the Institute subsequent to the Institute's Board of Manager approval.	Wayne Knight recommended that this agreement be added to the Work Plan, with quarterly reporting for the first year, then semi-annually thereafter.	(Barbara Hainsworth will add this item to the Work Plan).	MOTION Dr. Corona moved, Kathleen Mendez seconded, and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize the lease agreement for the Nuance PowerScribe Voice Recognition software for a term of 60 months at \$6,352 per month, and total term lease expense of \$381,120, plus hardware and interfaces expense of \$8,000 for a total term expense of \$433.971.	PULLED	MOTION Director Nygaard moved, William McGaughey seconded and it was
Discussions, Conclusions Recommendations	Establishing and evaluating policies, procedures, and protocols for the Specialty Area for patient care and developments in "orthopedic and spine services".	Wayne Knight conveyed that the write-up to be amended to read: "neuroscience services" in place of orthopedic and spine, prior to the Board of Directors meeting planned for February 26, 2015.		Steve Young explained that this voice recognition software needed to support radiology dictation, with results to the electronic medical record. It has a 60-month lease with a \$1.00 buy-out at the lease end. This software will replace the current system installed over 7-years ago, and is no longer supported, as of June 2015. Discussion ensued.	This write-up was pulled at the outset of the meeting by Sharon Schultz, citing that it was not ready to move forward at this time.	Steve Dietlin explained that the current \$51 million Credit Agreement dated April 2, 2012,
Topic				d. Power Scribe Voice Recognition Software Proposal	e. Physician Agreement – Medical Director, Surgery	f. Replacement Notes-Term Loan (Bank of the West)

February 17, 2015

Finance, Operations and Planning Committee Meetings

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Recommendations Recommendations Recommendations Recommendations/ Recommendations/ Conclusions and November 24, 2014, included three maturity dates: • February 28, 2015 • December 31, 2016 May 28, 2016 Approval is sought to replace \$51 million notes maturing February 28, 2016. May 28, 2016 Million notes maturing February 28, 2016 May 28, 2016
zo, zo io, with so i milion notes maturing May 28, 2016.
financials ending January 31, 2015 (dollars in thousands) Fiscal Year to Date Operating Revenue \$195,291 Operating Expense \$195,417 EROE
11,470 YTD 194 66,347 3,873
1,612 41,242
\$ 28,076 \$ 28,324 \$ 198 \$ 1,499

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
	(in millions) \$ 42.4 Days in Net A/R 48.8		
	Graphs: TCMC-Net Days in Patient Accounts Receivable		
	 ICMC-Average Dally Census-Total Hospital- Excluding Newborns TCMC-Adjusted Patient 		
	Days TCMC-Emergency Department Visits TCHD-EROE and EBITDA		
h. Work Plan – Information Only	Director Dagostino reported that these agenda items were for review only, but Committee members were welcome to ask questions.		
 Wellness Center (Semi-annual) 	Wellness Center Dr. Kroener solicited the current Wellness Center membership volume.		
	David Bennett conveyed that current membership standing is 3400, with other marketing incentives being investigated. Discussion ensued.		
	Mr. Moran emphasized the goal is to reach a level of membership for the Wellness Center to be selfsustaining.		
 Tri-City Real Estate Holding and Management LLC 	Tri-City Real Estate Holding and Management LLC Brief discussion ensued.		
Finance, Operations and Planning Committee Meetings	g Committee Meetings 6	February 17, 2015	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
(Annual)			
 Accountable Care Organization-ACO (Annual) 	Accountable Care Organization-ACO Brief discussion ensued.		
Aionex Bed Board	Aionex Bed Board Sharon Schultz conveyed that the increase of admissions in January	Mr. Moran suggested changing the Aionex Bed Board report from quarterly to monthly.	
	affected the overall results for January. Brief discussion ensued.	(Barbara Hainsworth will modify this item on the Work Plan).	
Dashboard	Dashboard Brief discussion ensued.		
7. Comments by Committee Members		None	Chair
8. Date of next meeting	March 17, 2015		Chair
9. Community Openings	None		Chair
10. Oral Announcement of items to be discussed during closed session. (Government Code			Chair
Section 54957.7) 11. Motion to go in to Closed Session		MOTION Director Nygaard moved, Dr. Corona seconded and it was unanimously approved to go into Closed Session at	
15. Open Session		MOTION Dr. Corona moved, Director Nygaard seconded and it was unanimously	

February 17, 2015

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Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
		approved to go into Open Session at 1:43 p.m.	
16. Report from	No report made.		
Chairperson of any			
action taken in Closed			
Session (Authority:			
Government Code,			
Section 54957.1)			
17. Adjournment	Meeting adjourned 1:44 pm.		



Administrative Policy Manual

ISSUE DATE:

7/92

SUBJECT: PRIOR AUTHORIZATIONS FOR NON-

EMERGENCY SERVICES FOR

HMO/PPO PATIENTS

REVISION DATE: 7/94; 6/01, 10/05; 11/08; 09/10;6/14 POLICY NUMBER: 8610-213

Administrative Policies & Procedures Committee Approval: 10/10 06/14

Operations Team Committee Approval:11/10Finance & Operations Committee Approval:01/11Board of Directors Approval:01/11

A. **PURPOSE**:

- 1. To set forth guidelines to ensure Tri-City Healthcare District's (TCHD) control and compliance with the utilization policies of Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) payors and to reduce the number of denied services due to the lack of required authorization.
- 2. It is the intention of this policy to ensure prior-authorization is received from all payors for all services performed at Tri-City Medical Center.

PROCEDURE:

- 1. The Director or designee of each department that schedules non-emergency services which require prior authorization from either the HMO/PPO or physician groups will ensure that said services shall not be scheduled prior to receipt of an authorization number either by telephone, fax, or mail.
 - a. In the event that a physician, physician's office, patient, patient's family, HMO/PPO staff or any other party or agent requests to be scheduled for a service that requires prior authorization but can not provide the authorization number, he/she shall be referred to the referral specialist's office or to the patient's primary care physician.
 - i. If a patient who presents for a scheduled service and Tri-City Healthcare District does not have a record of the required authorization number, then the patient's service will be postponed until said authorization is obtained.
 - ii. <u>The Access Management Manager, Supervisor or designee Admitting manager</u> will phone physician's office to inform them of the information.

C. **CLARIFICATION:**

1. For clarification of this policy, contact the Tri-City Healthcare District's Department of Managed Care, ext. 3376.

Administrative Policy

ISSUE DATE:

New

SUBJECT: Clinical Product Review/

New Products

REVISION DATE:

Administrative Policies and Procedures Approval Date(s):

01/15

Professional Affairs Committee Approval Date(s):

Board of Directors Approval Date(s):

A. **PURPOSE:**

1. Establishes the requirements and process for the assessment and procurement of all new products used for or in support of patient care activities.

2. Process delineates oversight accountability, assessment and review procedures and plan for implementation of all products prior to purchase or use.

B. **SCOPE OF THE PROCEDURE:**

1. Proper adoption of new products for patient care services is considered a key principle in the support of safe patient care. The requirements established in this policy and associated procedures must be followed by all Tri-City Healthcare District (TCHD) personnel and physicians for the consideration of any new product or service, not currently in use at TCHD.

C. DEFINITIONS:

- 1. <u>CVAT</u>: Clinical Value Analysis Team. This multi-disciplinary team consists of managers, educators, and frontline staff from clinical departments and areas to provide oversight and expertise for best practice in the selection and acquisition of supplies and equipment. Utilizing a team approach along with physicians, subject matter experts, administrators and frontline users the committee functions to:
 - a. Conducts clinical, infection, financial, bio-med, educational, and patient safety review of new products and equipment.
 - b. Ensures supplies, equipment and new technologies meet/exceed TCHD standards as they relate to regulatory or biomedical engineering requirements.
 - c. Reviews existing supplies and equipment to identify potential opportunities for standardization and or cost savings.
- 2. <u>Suppliers</u>: A person who provides sales or sales support of products or services to TCHD. Examples of suppliers include but are not limited to representatives of equipment, supply, or medical materials.
- 3. <u>Vendors</u>: A person who provides contracted services to departments or patients at TCHD. Examples of vendors include but are not limited to registry and supplemental staff, equipment repair, or educational training staff.
- 4. Physicians: Medical Staff practicing at TCHD may be independent contractors/non-employees or under contract to provide services for the Health District. The group includes: Doctor of Medicine/Doctor of Osteopathic Medicine/Doctor of Dental Science/Doctor of Dental Medicine/Doctor of Optometry/Nurse Practitioner/Physician Assistant.

- 5. Patient Care Services: All departments that provide patient service or care, to include but not limited to: all patient care areas, physical therapy, dietary, environmental services, linen, security, facilities, clinical services, bio-med, sterile processing.
- 6. <u>Supply Chain Management</u>: Serves as the coordinator of the CVAT review process and will be the functional experts for defining and determining what is considered a new product here at TCHD.

D. **PROCEDURE:**

- 1. Product Adoption Process: All personnel requesting a product for use in patient care services are expected to follow the Product Adoption Process.
- 2. Department Director/Managers Responsibilities: Review and determine if the new product/equipment fits their department needs and the strategic plan or needs of the organization.
- 3. Departments requesting a new clinical product or device complete the Request for Clinical Product Review form found on the TCHD intranet.
- 4. The completed form will be sent to Supply Chain Management for analysis.
 - a. If this is a non-physician preference item, the process will continue to CVAT.
 - b. If this is a physician preference item, the request will be forwarded to the appropriate service line administrator.
- 5. Supply Chain Management will contact requestor with results of analysis and/or provide at the next CVAT meeting occurrence.
 - Requestor attending CVAT meeting will complete the Request for Clinical product Review Checklist prior to attending meeting and will bring that checklist to the meeting.
 - b. Requestor must attend the CVAT meeting for product consideration.
 - If unable to attend CVAT meeting, a knowledgeable substitute may attend or the request may be postponed until the following month.
- 6. Request will be presented at the CVAT meeting. CVAT may approve or deny the request.
 - a. If request is denied, additional information can be investigated by the requesting department and resubmitted at a later date.
 - b. If request is approved, the determination will be made at that time if a product trial is necessary or if the item may be put into immediate use.
- 7. If no trial is needed, Staff Education will determine if product training is required. Supply Chain Management will begin the product procurement process and implementation.
- 8. If a trial is needed, Staff Education will be contacted to initiate staff training and product use through interaction with Supply Chain Management, the vendor, and/or supplier.
 - a. Results of the trial will be presented at a subsequent CVAT meeting for approval or denial.
 - i. If denied, the requesting department can obtain additional information for resubmission at a later date.
 - ii. If approved, Supply Chain Management will begin the product procurement process and rollout. Education will work with the vendor and/or supplier for a complete education plan upon product implementation.
- 9. Adoption Process Exemption: Products and Services exempt from the new product adoption process must meet Biomedical Engineering, Supply Chain Management contractual agreements, and end-user educational requirements prior to use and must meet the criteria for exemption below:
 - a. The new item add request is for a bill only or a charge number request
 - b. Equipment replacements due to loss or repair issues

- c. Substitutions due to manufacturer backorder (department leaders responsible for final approval, education and use)
- d. Loaner units that are borrowed via an equipment manufacturer, supplier, or another hospital. This is usually introduced due to clinical needs because their unit is broken.
- 10. Urgent requests: In circumstances of an urgent situation, which is defined as a request needing to be reviewed within less than 72 hours before use or a physician has an urgent situation that requires the use of an unapproved product; the department must contact Supply Chain Management.

E. FORMS/RELATED DOCUMENTS:

1. New Product Request Process

FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: February 17, 2015 NEUROSCIENCE INSTITUTE - MEDICAL DIRECTORSHIP AGREEMENTS

Type of Agreement	XX	Medical Directors		Panel	Other:
Status of Agreement	XX	New Agreement	XX	Renewal	

Physician Names:

Jack Schim, M.D., Stroke

Greg Sahagian, M.D., Neurology

Areas of Service:

Neuroscience Institute (NSI)

Term of Agreement:

16 months, beginning March 1, 2015 and ending June 30, 2016

Maximum Totals:

Rate/ Hour	# of Medical Directorship Agreements	Hours per Month per Medical Directorship Agreement	Hours per Term per Medical Directorship Agreement	Monthly Cost per Medical Directorship Agreement	Cost per Term per Medical Directorship Agreement	16 month (Term) Cost Total
\$200	2	12	192	\$2,400	\$38,400	\$76,800

These terms are the same terms as previously approved in the NSI documents (co-management agreement) and budget.

Documents prepared by approved outside Counsel	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	Х	No

Person responsible for oversight of agreement: Wayne Knight, Sr. Vice President, Medical Services/Andrea Benton, Sr. Manager, Strategic Planning



Tri-City Medical Center

Position Responsibilities:

Physician shall serve as Medical Director and shall be responsible for the medical direction of the Specialty Area and the performance of the other medical administrative services which include but is not limited to:

- Providing clinical consultation for the Specialty Area as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Institute's Specialty Area;
- Developing, implementing, and evaluating a utilization review program, a quality assurance and performance improvement program, and a risk management program for the Specialty Area;
- Establishing and evaluating policies, procedures, and protocols for the Specialty Area for
 patient care and developments in neuroscience services, including new treatment
 modalities, drug information and other relevant developments;
- Recommending, developing and implementing new services to be provided by the Specialty Area;
- Identifying equipment needs and coordinating standardization of instrumentation, equipment and supplies for the Specialty Area;
- Facilitating effective communications with attending and referring physicians and the Specialty Area;
- Assisting in interviewing and training new personnel for the Specialty Area

Motion:

I move that the Finance, Operations and Planning Committee recommend the Board of Directors find it in the best interest of the public health of the communities served by the District to approve an expenditure for the Neuroscience Institute Medical Directorship Agreements for a 16-month term, beginning March 1, 2015 and ending June 30, 2016, at an annual amount not to exceed \$76,800, with the option to renew for an additional year by mutual consent of the District and the Institute subsequent to the Institute's Board of Manager approval.







POWER Scribe Voice Recognition Software Proposal

Type of Agreement	Medical Directors	Panel	Х	Other: Software
Status of Agreement	New Agreement	Renewal –		Renewal – Same
g. control		New Rates		Rates

Vendor Name:

Nuance

Area of Service:

Radiology

Term of Agreement:

60 month lease with 1 dollar buy-out at lease end.

Maximum Totals:

Description	Unit Cost (monthly)	One-Time Fee	Total Cost + Tax
Voice Recognition Software	\$6,352		\$381,120
VM Ware Server & Licenses		\$44,851	\$44,851
Cerner Interface Services		\$8,000	\$8,000
	Total 5-Year Cost		\$433,971

Implementation of Nuance Voice Recognition System SAVINGS / (COST)

	Year 1	Years 2 - 4	Total 5 Year Savings
Actual Labor Reduction	\$72,559	\$72,559	\$362,794
Forecasted Labor Reduction	54,419	72,559	344,654
Current Voice Recognition Fees	34,000	34,000	170,000
Remote Editing Services	(18,000)	(18,000)	(90,000)
Proposed One Time Set Up costs	(52,851)	0	(52,851)
Proposed Annual Fees	(76,224)	(76,224)	(381,120)
Total Savings	\$13,903	\$84,894	\$353,477

Description of Services/Supplies:

- Voice Recognition software supporting radiology dictation with results to EMR.
- Current system installed over 7 years and no longer supported in June 2015.
- Project build approximately 4 months with application launch in July 2015

Document Submitted to Legal:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	Х	No

Person responsible for oversight of agreement: Steve Young, Sr. Director Ancillary Services/ Sharon Schultz, CNE

Motion:

I move that Finance, Operations and Planning Committee recommend TCHD Board of Directors authorize the lease agreement for the Nuance PowerScribe Voice Recognition software for a term of 60 months beginning July 2015 through June 2020 at \$6,352 per month and total term lease expense of \$381,120, plus hardware and interfaces expense of \$8,000 for a total term expense of \$433,971.

FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: February 17, 2015 Replacement Notes - Term Loan

Type of Agreement	Medical Directors	Panel		Other:
Status of Agreement	New Agreement	Renewal	X	Term Loan Replacement

Vendor Name:

Bank of the West

Area of Service:

Finance

Background:

The current \$51 million Credit Agreement dated April 2, 2012, amended on September 30, 2013 and November 24, 2014 includes three maturity dates: February 28, 2015, May 28, 2016 and December 31, 2016.

Request:

Seeking approval to replace \$51 million notes maturing February 28, 2015 with \$51 million notes maturing May 28, 2016.

Agreement Submitted to Legal:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	Х	No

Person responsible for oversight of agreement: Steve Dietlin, Chief Financial Officer

Motion:

I move the Finance Operations and Planning Committee recommend the TCHD Board of Directors authorize replacement of \$51 million notes maturing February 28, 2015 with \$51 million notes maturing May 28, 2016.



RESOLUTION NO. 771

RESOLUTION OF THE BOARD OF DIRECTORS OF TRI-CITY HEALTHCARE DISTRICT AUTHORIZING ISSUANCE, EXECUTION AND DELIVERY OF REPLACEMENT TERM NOTES AND RELATED DOCUMENTS UNDER AMENDED CREDIT AGREEMENT, AND CERTAIN OTHER ACTIONS RELATED THERETO

WHEREAS, TRI-CITY HEALTHCARE DISTRICT (the "District") is a California health care district duly organized and existing under the laws of the State of California, particularly the Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California (the "Law"); and

WHEREAS, the District entered into that certain Revolving Credit, Term Loan and Security Agreement dated as of April 2, 2012 ("Credit Agreement") with a syndicate of lenders ("Lenders"), including Bank of the West who is also acting as arranger and administrative agent (in such capacity, "Agent"), pursuant to which, among other things, the District obtained a term loan, as authorized under Section 53850 et seq. of the California Government Code, in an original principal amount of \$51,000,000 for a term of less than 15 months maturing on or about June 28, 2013 ("Term Loan"), the proceeds of which were used by the District for working capital purposes; and

WHEREAS, not later than the Initial Maturity Date (as originally defined in the Credit Agreement) of the Term Loan, the District obtained a new term loan to replace and refund the Term Loan from the Lenders under the Credit Agreement, evidenced by one or more replacement term note or notes issued by the District ("Replacement Term Notes"), as authorized under Sections 53531 and 53850 et seq. of the California Government Code, in a principal amount of \$51,000,000 for a term of less than 15 months, on terms and conditions, as amended and/or restated, contemplated for the refunding of term loans under Section 2.02 of the Credit Agreement, the proceeds of which were used by the District to repay and refinance in full the Term Loan; and

WHEREAS, pursuant to a resolution adopted by the Board of Directors of the District (the "Board") on or about September 25, 2014, and prior to the maturity of the Replacement Term Notes, the District executed and delivered "Amendment No. 2 to Credit Agreement," by and between the District and the Agent, which in relevant part amended and restated the definition of "Maturity Date" to provide for the "Initial Maturity Date" of February 28, 2015, the "Second Maturity Date" of May 28, 2016, and the "Third Maturity Date" of December 31, 2016, with each such date, if not a Business Day (as defined in the Credit Agreement), to be the next preceding Business Day; and

WHEREAS, each such stated Maturity Date (February 28, 2015, May 28, 2016, and December 31, 2016) being a Saturday, with the next preceding Business Day (Friday, February 27, 2015, Friday, May 27, 2016, and Friday, December 30, 2016, respectively) therefore being the corresponding actual Maturity Date; and

WHEREAS, the Board of Directors of the District (the "Board") desires to obtain a new term loan to replace and refund the Term Loan maturing on or about the Initial Maturity Date (being, under the aforesaid provisions, Friday, February 27, 2015) from the Lenders under the Credit Agreement, to be evidenced by one or more replacement term note or notes issued by the District, "2015 Replacement Term Notes"), as authorized under Sections 53531 and 53850 et seq. of the California Government Code, in a principal amount of \$51,000,000 for a term of less than 15 months maturing on or about the Second Maturity Date (being, under the aforesaid provisions, Friday, May 27, 2016) ("2015 Replacement Term

<u>Loan</u>"), on terms and conditions, as amended and/or restated, contemplated for the refunding of term loans under Section 2.02 of the Credit Agreement, the proceeds of which will be used by the District to repay and refinance in full the Term Loan presently outstanding; and

WHEREAS, to secure the payment of the 2015 Replacement Term Loan, the District shall continue to grant the security interests in the Credit Agreement Collateral pursuant and as more particularly described in the Credit Agreement, as amended, and in accordance with Government Code Sections 5450, 5451 and 53850 *et seq.*, which will secure all of the District's obligations, including the 2015 Replacement Term Notes, under the Credit Agreement; and

WHEREAS, the Board hereby finds and determines that the maximum aggregate principal amount of all notes ("Notes") which have been or may be issued and outstanding under the Credit Agreement (including without limitation the 2015 Replacement Term Notes) will not, as of the date of issuance, exceed 85 percent of the estimated amount of the uncollected taxes, income, revenue, cash receipts and other moneys that are then due and payable, or are reasonably anticipated to be due and payable, in amounts and on dates adequate to service such financial obligations which will otherwise be unpledged and available for the payment of the Notes and interest thereon (except to the extent allowed by law);

NOW, THEREFORE, this Board of Directors of Tri-City Healthcare District does hereby find, resolve and order as follows:

Section 1. The foregoing recitals are true and correct.

Section 2. The Chief Executive Officer of the District is hereby authorized to execute and deliver the 2015 Replacement Term Notes and related credit documents, as contemplated under Section 2.02 of the Credit Agreement, as amended and/or restated, pursuant to which the District will be provided the 2015 Replacement Term Loan, as authorized under and in accordance with the Law and Government Code Sections 53850 et seq. and 53531, as evidenced by the 2015 Replacement Term Notes issued by the District and secured by the Credit Agreement Collateral. The Chairperson or Secretary of this Board, the Chief Executive Officer of the District or the duly delegated representatives of any of them (each, an "Authorized Officer"), and each of them, acting alone and in the name and on behalf of the District, are hereby authorized and directed to execute and deliver the 2015 Replacement Term Notes and any pledge and security agreements and related credit documents as required by the Credit Agreement or the Lenders.

Section 3. The Authorized Officers are each hereby authorized and directed to execute all certificates, other documents, instruments and agreements (including, without limitation, deposit account agreements, deposit account control agreements and lockbox agreements) supplemental to the foregoing (and any amendments, renewals or modifications thereto) (together with the Credit Agreement, the 2015 Replacement Term Notes and pledge and security agreements and related credit documents authorized by the preceding Section 2, collectively, the "Loan Documents") as may be necessary or advisable in order to effectuate the purposes of this Resolution, and to take all additional actions as may be necessary or advisable in order to enter into the 2015 Replacement Term Loan and any other Loan Documents in the manner and on the terms set forth in this Resolution.

Section 4. The District is authorized to borrow funds under the 2015 Replacement Term Loan and to perform its obligations and agreements under the Credit Agreement, as amended and/or restated, and the other Loan Documents.

Section 5. Except for the security interests granted in accordance with this Resolution and under the Credit Agreement, as amended and/or restated, this Board has not authorized or approved any loan or indebtedness pursuant to which or with respect to which any other security interest has been granted in such assets of the District.
Section 6. This Resolution shall take effect immediately upon its adoption.
ADOPTED, PASSED AND APPROVED thisth day of February, 2015, at a regular meeting of the Board of Directors, at which a quorum was present and acting throughout, at Oceanside, California, by the following vote:
AYES:
NOES:
ABSTAIN/ABSENT:
By: Chairperson, Board of Directors
ATTEST:

Secretary, Board of Directors





PROFESSIONAL AFFAIRS COMMITTEE February 19th, 2015

CONTACT: Sharon Schultz, CNE

E	Patient Care Services Policies &		NIACI: Sharon Schultz, CN
<u> </u>	Procedures		
1.	Autopsy, Authorization of	3 year review	Forward to BOD for approval with revisions
2.	Discharge of Patients-Discharge Against Medical Advice Policy	3 year review, practice change	Forward to BOD for approval with revisions
3.		3 year review, practice change	Pulled for further review
4.	Latex Sensitivity-Allergy Management Policy	3 year review, practice change	Forward to BOD for approval
5.	Medical Examiner Notification	3 year review, practice change	Forward to BOD for approval with revisions
6.	Ordering Non-District Provided Services for Patients Policy	3 year review	Forward to BOD for approval
7.	Pet Therapy Policy	3 year review, practice change	Forward to BOD for approval
8.	Preventing Admissions and Procedures Beyond Medical Staff Privileges	3 year review, practice change	Forward to BOD for approval
9.	Quality and Operations Committee Structure	3 year review, practice change	Pulled for further review
	Administrative Policies & Procedures		
1.	Authorized Access Medications	NEW	Forward to BOD for approval
2.	Success Service Recovery Program (SSRP) 272 (Formerly Star Service Plan)	3 year review, practice change	Forward to BOD for approval
	Unit Specific		
	Emergency Department		
1.	Leave Without Treatment (LWOT), Against Medical Advice (AMA), or Elopement	3 year review	Pulled for further review
2.	Minors Attempting to Leave Without a Parent, Domestic Partner or Legal Guardian-Policy	3 year review	Pulled for further review
	Neonatal Intensive Care (NICU)		
1.	Formula (Artificial Milk), Use of	Practice change	Forward to BOD for approva
	<u>Pharmacy</u>		
1.	Antidote Stocking	3 year review, practice change	Forward to BOD for approva
	Rehabilitation Services		
1.		Change in location	Forward to BOD for approva
	. 900 Community Re-Integration: TR / BHS / REHAB	Practice change	Forward to BOD for approva



Tri-City Medical Center Professional Affairs Committee Meeting Open Session Minutes Eebruary 19, 2015

Members Present: Chairman, Director Jim Dagostino, Director Ramona Finnila, Director Laura Mitchell, Dr. Frank Corona

Non-Voting Members Present: Tim Moran, CEO, Sharon Schultz, CNE/Sr. VP, Marcia Cavanaugh, Sr. Director of Quality & Risk Management.

Others present: Jody Root, General Counsel, Jami Piearson, Director of Quality and Regulatory, Patricia Guerra, Jami Fluellen, Rachel Garcia, Terri Vidals and Karren Hertz.

Members absent: Dr. Marcus Contardo, Dr. Scott Worman and Dr. Jamie Johnson.

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
1. Call To Order	Director Dagostino, called the meeting to order at 12:07 p.m. in Assembly Room 1.		Director Dagostino
2. Approval of Agenda	The group reviewed the agenda. The request for formulary status evaluation is a new addition to the PAC agenda for this month.	Motion to approve the agenda was made by Director Finnila and seconded by Dr. Corona.	Director Dagostino
3. Comments by members of the public on any item of interest to the public before committee's consideration of	Director Dagostino read the paragraph regarding comments from members of the public.		Director Dagostino

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
the item.			
 Ratification of minutes of January 2015. 	Director Dagostino called for a motion to approve the minutes of the November 20, 2014 meeting.	Minutes ratified. Director Finnila moved and Dr. Corona seconded the motion to approve the minutes for the January meeting of PAC.	Director Dagostino
5. New Business			
a. Quality Outcomes Dashboard	It was noted by Jami Piearson that the data in this dashboard will be changed for next month. Many of the core measures currently used in this dashboard are being retired by CMS and are no longer publicly reported.	ACTION: Jami and Marcia will be working with Administration on the new quality measures that will be presented at this Board committee meeting.	Administration
b. Request for Formulary Status Evaluation	Andrea Hanson from Pharmacy briefly reported on the indications and efficacy of the drug Balsalazide Disodium which is used to treat ulcerative colitis.	ACTION: The group made a recommendation to have this drug be added to the TCMC formulary for treatment of mild to moderate ulcerative colitis	Andrea Hanson
Consideration and Possible Approval of Policies and Procedures			
Patient Care Policies and Procedures: 1. Autopsy, Authorization of	There was a clarification made on the list of people who can request for an autopsy on expired patients.	*The Patient Care Services policies and procedures were all approved with the exception of the policy incident report and	Patricia Guerra
		quality and operations committee	

2

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Discharge of Patients- Discharge Against Medical Advice Policy	 Certain clarifications made to this policy: The term "legal authority" was defined as the person who signs the consent upon a patent's admission. Case Mgt./ Risk Mgt. help out in talking to patients refusing transfer. Social Services also help out in arranging transportation for those without means. Different set of requirements are needed for BHU patients. 	structure. Director Finnila moved and Director Mitchell seconded the motion to approve all the Patient Care policies and procedures with suggested additions and move forward for Board approval.	
Incident Report- Quality Review Report	This policy is being pulled out for further review.		
Latex Sensitivity- Allergy Management	No discussion on this policy.		
Medical Examiner Notification- Policy	There was typo in the Safety Code Number; it should have been Section 102850 instead of 10250. The stipulation that a person dying less than 24 hours after admission to TCMC (#1) does not meet the reporting criteria will be deleted.	ACTION: The policy will be revised to reflect the updated Safety Code number.	Patricia Guerra
Ordering Non-District Provided Services for Patient's Policy	There was a recommendation to add that TCMC can make a suggestion or give a provider list for patients requesting services. This clause is being added for the sake of liability purposes.	ACTION: The policy will be revised to reflect the added suggestion on provider list.	Patricia Guerra
AC Minutes 021915	3		

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
7. Pet Therapy Policy	No discussion on this policy.		
 Preventing Admissions and Procedures Beyond Medical Staff Privileges 	No discussion on this policy.		
 Quality and Operations Committee Structure 	This policy is being pulled out for further review.		
Administrative Policies and Procedures: 1. Authorized Access Medications	The committee had a brief discussion on the safety of having medications in the Pyxis unit on the floors.	*The Administrative policies will move forward for Board approval. Director Mitchell moved the motion and Dr. Corona seconded	Patricia Guerra
2. Success Service Recovery Program	The Board members clarified how much is being spent in this program every month. It was noted that a couple of hundred a month is worth it in alleviating some of the patient complaints right away and erasing negative	to move forward for Board approval.	
Unit Specific Policies and Procedures:	הפתמחמראי כון וויס שטכו.		
Emergency 1. Leave Without Treatment (LWOT) Against Medical Advice (AMA) or Elopement	Both of the ED policies were pulled out as they both need further review such as: Strict process for ED AMA needs to be reviewed thoroughly	ACTION: These two policies are being pulled out and will be revised to reflect the necessary changes.	Patricia Guerra
2. Minors Attempting to Leave Without a Parent, Domestic Partner or Legal Guardian-	CHA references need to be updatedClarifications on 14 year old consent capability		
	4		

44

Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
Policy	Specific definition of registered domestic partner will be added to this policy.		
NICU 1. Formulary (Artificial Milk), Use of	No discussion on this policy.	*The NICU policy was approved and is moving forward for Board approval.	Patricia Guerra
Pharmacy 1. Antidote Stocking	It was noted that the medications listed were put in a chart so that every time there are changes, the whole policy does not need to be revised.	ACTION: Terri Vidals will get back on the information if the medications outlined in this policy are consistent with the drugs recommended by the CA Poison Control Center.	Patricia Guerra
		*The Pharmacy policy was approved and is moving forward for Board approval after the changes are made.	
Rehabilitation Service 1. 104 Scope of Service 2. 900 Community Relintegration: TR/ BHS/	No discussion on these policies.	*The Rehabilitation policies were approved and are moving forward for Board approval as moved by Director Finnila and seconded by Dr. Corona.	Patricia Guerra
7. Closed Session	Director Dagostino asked for a motion to go into Closed Session.	Director Finnila moved, Director Mitchell seconded and it was	Director Dagostino

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Topic	Discussion	Follow-Up Action/ Recommendations	Person(s) Responsible
		unanimously approved to go into closed session at 12:55 PM.	
8. Return to Open Session	The Committee return to Open Session at 2:18 PM.		Director Dagostino
9. Reports of the Chairperson of Any Action Taken in Closed Session	There were no actions taken.		Director Dagostino
10. Comments from Members of the Committee	No Comments.		Director Dagostino
11. Adjournment	Meeting adjourned at 2:30 PM		Director Dagostino

ISSUE DATE:

2/03

SUBJECT: Autopsy, Authorization of

REVISION DATE: 1/04, 12/05, 05/11

POLICY NUMBER: IV.P.4

Clinical Policies & Procedures Committee Approval:

Nursing Executive Council Approval:

02/11 11/14 03/11 11/14

Medical Executive Committee Approval:

04/1101/15

Professional Affairs Committee Approval:

05/1102/15

Board of Directors Approval:

05/11

A. **PURPOSE:**

To outline the responsibilities for obtaining the legal signature of the next of kin or other to allow an autopsy to be performed.

B. POLICY:

- A family member, physician, or the Medical Examiner may request an autopsy.
 - If the agent and/or family requests an autopsy, ensure the family understands the financial obligation.

PROCEDURE:

- It is the responsibility of the Registered Nurse (RN) assigned to care for the patient, Administrative Supervisor or the Patient Representative to obtain signature for an autopsy.
- 2. The following individuals may authorize an autopsy:
 - Agent appointed in patient's power of attorney for health care a.
 - Spouse/Registered domestic partner b.
 - Children of patient over age 18 or parent C.
 - Patient's Ssibling d.
 - Any other kin or person who has acquired the right to control the disposition of the e. remains
 - f. A public administrator
 - A coroner or any other duly authorized public officer (i.e., the state Curator of the g. Unclaimed Dead)
 - Their signature shall authorize the performance of a postmortem examination upon the decedent.
- List any restrictions on the "Autopsy, Authorization of" form 3.
 - If there are no restrictions, please write, "No Restrictions" in the same area on the form.
- Place completed "Autopsy, Authorization of" form with completed "Release of Deceased" form 4. and deliver both to the Patient Representative or Administrative Supervisor.

ISSUE DATE:

8/01

SUBJECT: Discharge of Patients and

Discharge Against Medical

Advice (AMA)

REVISION DATE: 6/03, 1/04, 6/07, 7/07, 9/09, 2/10

6/10; 03/11

POLICY NUMBER: VI.C

Clinical Policies & Procedures Committee Approval:

Nursing Executive Council Approval: Medical Executive Committee Approval:

01/1112/14 02/1101/15

01/1112/14

Professional Affairs Committee Approval:

03/1102/15

Board of Directors Approval:

03/11

POLICY: Α.

Patients are discharged by order of the appropriate physician.

- In the event of an internal or external disaster, the established policies and procedures for patient discharge are followed as per the Emergency Preparedness Plan.
- Observation patients may be discharged after meeting predetermined discharge b. criteria on the order of a physician. (Refer to Discharge from Outpatient Post-Anesthesia Nursing Service Standardized Procedure).
- 2. The primary nurse is responsible for providing verbal and written discharge instructions to the patient, family, and/or caregiver.
- All patients discharged will have a receive discharge education form-completed by 1.3. nursing.
- 2.4. A Registered Nurse (RN) Nursing staff/ and/or Case Manager is responsible for explaining discharge plans to patients and their family members.
 - Discharge instructions including medication list, signs/symptoms of potential complications, educational information, and instructions for follow-up appointment will be sent with patient and/or family upon discharge.
 - Patients will be evaluated within one hour of discharge for any change in d-b. condition. This shall include documentation of vital signs. Any abnormality will be communicated to the primary care physician prior to discharge.
 - Patients and/or family members will be advised if it is necessary to stop at the C. business office before leaving the hospital.
 - All patients being transferred to a Skilled Nursing Facility or another d. hospital/facility (including Forenseic patients) will receive a transition of care document prior to transfer
 - e.i. Excluding Inpatient Behavioral Health patients
- All inpatients who are ambulatory are to be discharged from the front entrance via 5. wheelchair or stretcher, if appropriate, by a hospital employee or volunteer.
 - In the event the patient has a car in the TCMC parking lot, the patient may a. be escorted by an employee or volunteer.
 - If patient has no transportation to their residence after the discharge order b. is processed, contact Case Management/Social Services personnel or Administrative Supervisor for further assistance in obtaining transportation.
 - Staff members are not to transport patients to their place of residence C.

- 2.6. If being discharged via ambulance, patient will be discharged from the Emergency Department entrance. Hand-off communication shall be provided to the ambulance personnel before the patient leaves the unit.
 - a. In the event the patient has a car in the TCMC parking lot, the patient may be escorted by an employee or volunteer.
 - b.a. If patient has no transportation to their residence after the discharge order is processed, contact Case Management/Social Services personnel or Administrative Supervisor for further assistance in obtaining transportation. Staff members are not to transport patients to their place of residence.
- 3.7. A discharge transaction shall be entered into Cerner within one hour after the patient has left the unit.
- **8.** When a patient is discharged to Acute Rehabilitation or the Inpatient Behavioral Health Unit, the acute care chart is closed and a new encounter is created.
- 9. Provision of Transfer Summary to Patient Upon Transfer (HSC § 1262.5)
 - a. HSC § 1262.5 (d) requires that a transfer summary be signed by the physician and accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the distinct part-skilled nursing or intermediate care service unit of the hospital.
 - b. A copy of the transfer summary must also be given to the patient, patient's closest available relative or patient's legal representative, if any, prior to the transfer.
 - i. To ensure compliance with HIPAA and California Privacy Law, ensure "the patient's legal representative" is clearly identified by a document signed by the patient approving release of information to that person.
 - c. The transfer summary must include essential information relative to:
 - i. Patient's diagnosis
 - ii. Hospital course
 - iii. Pain treatment and management
 - iv. Medications
 - v. Treatments
 - vi. Dietary requirement
 - vii. Rehabilitation potential
 - viii. Known allergies
 - 4-ix. Treatment plan

B. **DISCHARGE AGAINST MEDICAL ADVICE (AMA):**

- 1. When a patient demands to leave the hospital and the patient's physician has not ordered his/her discharge and has specifically indicated that the discharge is against medical advice, the following steps shall be completed:
 - a. Verify the patient is an adult with the capacity to make healthcare decisions regarding medical treatment.
 - b. If the patient lacks the legal authority to make healthcare decisions (minor) or if the patient lacks the capacity to make healthcare decisions, the patient has the right to have legal representative make the decision to stay or leave against medical advice for him/her.
 - c. The RNegistered Nurse (RN) will notify attending physician immediately.
 - d. The attending physician will be asked to discuss the request with the patient, either by person or by telephone as appropriate.
 - e. If the patient attempts to leave the hospital before discussing the matter with his/her physician, the RN shall:
 - i. Inform the patient his/her physician has been contacted
 - ii. Explain the risks and consequences of leaving the hospital to the patient before he/she leaves.
 - iii. Notify the Assistant Nurse Manager (ANM)

- 1.1) The ANM shall notify the unit director/manager as soon as possible.
- f. The patient or a patient's legal representative shall complete the "Leaving Hospital Against Medical Advice (AMA)" form.
- g. The AMA form shall state the patient has been provided information regarding possible risks that may result from the decision to leave AMA, the benefits of continued hospitalization, and any alternatives, such as transfer to another hospital or outpatient treatment.
 - i. The AMA form must be witnessed by a responsible hospital employee and signed by the attending physician he/she has explained the risks and benefits of continued hospitalization, when possible.
 - 1.1) If the attending physician is not present to sign, the primary nurse shall document he/she called the physician.
- h. If the patient refuses to sign the AMA form, the responsible hospital employee and/or RN shall:
 - i. Document in the "Remarks" section (keep) "Physician Notified"
 - ii. Document on the patient's signature line, "patient refuses to sign"
 - iii. The hospital employee shall sign the form in the designated space, including the exact time and date.
 - iv. The primary nurse shall document a brief note concerning the circumstances of the refusal to sign and the actions taken to ensure the patient's safety.
- i. The AMA form shall be placed in the medical record.
- j. An RL Quality Review Report (QRR) shall be completed.
- 2. Transportation Arrangements
 - a. The following reasonable steps shall be documented in the medical record:
 - i. Attending physician was consulted regarding patient's intent to leave and any concerns regarding transportation
 - 1) If attending physician was unable to be reached, see Section B.1.e. Inform the patient his/her physician has been contacted
 - 4.2) Explain the risks and consequences of leaving the hospital to the patient before he/she leaves.
 - ii. Document disposition of patient off unit, i.e. ambulatory, wheelchair, with family member.
 - iii. Caution patient that driving is not advisable due to their medical condition and/or medications taken.
 - iv. If the patient appears helpless or in a condition which indicates he/she should not be allowed to leave the hospital alone, every attempt shall be made to arrange transportation that is appropriate for the patient's condition.
 - iv.v. If patient refuses the appropriate recommended transportation and is under the influence of any narcotic or medication that would impair their ability to operate a vehicle safely contact the hospital security and the local police.
 - **Y.vi.** Hospital personnel shall not accompany the patient once he/she leaves the hospital premises.
- 3. If there are concerns regarding the patient's psychiatric stability, the physician may consider a 72-hour hold.
 - a. In the Inpatient Units
 - i. A psychiatric consult shall be requested by the admitting or attending physician to determine if patient meets criteria for a 72-hour hold.
 - b. In the Behavioral Health Unit:
 - i. The Psychiatrist must be notified to determine if the patient meets the criteria for a 72-hour hold.
 - ii. The RN is responsible for documenting the psychiatrist's final decision in the progress note or clinical note.

iii. Any orders (i.e., to place the patient on an involuntary hold) shall be documented as a physician's order.

C. PATIENTS NO LONGER NEEDING ACUTE CARE WHO REFUSE TRANSFER OR DISCHARGE:

- If the patient has been discharged from the facility and the patient and/or patient's family is refusing, or even actively blocking, the patient's transfer or discharge, a case by case approach must be initiated.
- 2. Consider all available options. Try to identify the concerns and issues raised by the patient and/or family to see if resolution is possible.
- 3. Notify your immediate manager. If unable to resolve, the immediate manager must notify Administration and Risk Management of the situation. Social Services and/or Security shall also be involved as appropriate.
- 4. Inform the patient's physician of the refusal to leave.
- 5. Should all efforts fail, legal remedies may be available and legal counsel shall be consulted.
- 6. Some permissible actions may apply during this duration, such as:
 - a. The television is considered a luxury, not a necessity, and may be turned off.
 - b. Food is a necessity, and food trays must be nutritionally balanced. Depending on the patient's physical/medical condition, the diet may exclude such items as sodas, coffee, desserts, candies, and snacks, etc.
 - c. Clean linen changes are not required. If the patient needs extra linen, it may be delivered, but staff is not required to make the bed.
 - d. The issue of continuing nursing care shall be determined on a case by case basis, in consultation with the treating physician.
- 7. Follow all requirements of the applicable payer with respect to the patient's right to challenge a determination that they no longer need inpatient care. Medicare patients, for example, have the right to receive notice of their rights, including the right to appeal denials of benefits for continued services, as well as notice of any determination that they no longer require hospitalization.

D. DISCHARGE TO SKILLED NURSING FACILITY:

- To ensure all appropriate steps and actions are taken to promote Skilled Nursing Facility (SNF) placement expeditiously, case managers, in collaboration with the interdisciplinary team, will identify patients who are appropriate for SNF.
- 2. The Case Manager and RN may arrange for SNF placements. Refer to Patient Care Services (PCS) Discharge Planning policyPolicy, VI.E.
- 3. Prior to discharge to a Skilled Nursing Facility (SNF) or an intermediate care facility, primary nurse shall provide a copy of the following to the patient, family, and/or caregiver:
 - a. Physician Discharge/Transfer summary
 - b. Discharge (Medication Home List)
 - c. Discharge instructions
- 4. The primary nurse shall ensure the following information is copied by the unit secretary or designee and sent with the patient to the SNF:
 - a. Facesheet
 - b. H&P, Consultations
 - c. Physician transfer summary
 - d. Physician transfer orders
 - e. Physician progress notes
 - f. Printed MAR (14 days)
 - g. Medication reconciliation form (refer to PCS Medication Reconciliation Policy, IV.JJ)
 - h. Nursing transfer summary
 - i. Lab results
 - i. X-ray reports

k. Therapy notes

5. The transferring/discharging nurse shall provide a hand-off communication to the SNF prior to discharge of the patient.

1.E. DISCHARGE TO TCMC ACUTE REHABILITATION UNIT

- 1. When the primary physician requests a stroke/neuro rehab assessment and/or a rehab consultation.
 - a. The Unit Secretary enters into the computer a request for an acute rehab evaluation through Cerner.
 - b. The Rehab Admission Coordinator, in collaboration with the Acute Rehab Medical Director, will complete the pre-assessment form and document the outcome in the medical record.
 - c. When a patient is not accepted into the program or the patient is a potential rehab candidate and a bed will not be available for several days:
 - i. A request for an order for a case manager/discharge planner consult will be made by the rehab admission coordinator in Cerner.
 - ii. If the case manager/discharge planner is already involved, the rehab admission coordinator will notify the unit case manager of bed availability on the acute rehab unit.
 - d. When the patient is discharged the primary nurse shall send the patient's chart and Discharge (Medication Home List).
 - E.e. The primary nurse shall provide hand-off communication to the receiving nurse.

F. ARRANGING TRANSPORTATION FOR THOSE WITHOUT MEANS:

- 1. All patients shall be encouraged to arrange their own means of transportation whenever possible.
- Case managers and social workers shall assist with difficult transportation needs.
- 3. During off hours, bus passes/taxi vouchers may be obtained from either the Administrative Supervisors or designee.
- 4. Refer to Patient-Care-Services "Ambulance Transport for Patients" policy for patients requiring ambulance transport.
- 5. The Tri-City Medical Patient Transport Express is a free service providing transportation between Tri-City Medical Center facilities and the patient's home (within a 7 mile radius). This free service operates Monday-Friday 0630 1400. To schedule a ride, call 940-RIDE (7433) at least 24 hours in advance.

G. RELATED DOCUMENTS:

- 1. PCS Discharge Planning Policy, VI.E.
- 2. PCS Medication Reconciliation Policy, IV.JJ
- 5.3. PCS Ambulance Transport for Patients Policy, IV.R



ISSUE DATE:

11/02

SUBJECT: Latex Sensitivity/Allergy

Management

REVISION DATE: 12/02, 4/05, 6/08, 07/11

POLICY NUMBER: IV.X

Clinical Policies & Procedures Committee Approval:

06/1112/14 06/1112/14

Nursing Executive Council Approval:

01/15

Pharmacy and Therapeutics Committee:

07/1102/15

Professional Affairs Committee Approval:

07/11

Board of Directors Approval:

Α. **PURPOSE:**

Tri-City Medical Center seeks to create a latex-safe environment whenever possible and by doing SO:

Decrease risk of developing latex sensitivity/allergy a.

Decrease symptoms due to latex sensitivity/allergy in sensitized-allergic employees and b. patients

B. **POLICY:**

- The following are possible routes of exposure to latex allergens:
 - Skin via gloves, tapes, masks, tourniquets a.
 - Mucous membranes via products used in dentistry, anesthesia, rectal examinations, and b. eye droppers
 - Inhalation via aerosolization of glove powder C.
 - Internal tissue via latex products used in surgery d.
 - Intravascular via intravenous (IV) catheters, devices used to deliver IV fluids and e. injectables (syringes and IV administration sets) or rubber stoppers on medication vials.
- Patient care staff shall be educated about latex safe environment and patient care issues. 2. Contact Employee Health for any questions or concerns related to latex sensitivity/allergy.
- At the time of admission, all patients are asked if they are allergic to latex by the nursing staff. 3. The nursing staff shall provide patient education materials to patients known to have a latex sensitivity/allergy.
- 4. If a patient is known to have a latex sensitivity/allergy, latex precautions shall be used in their care.
 - Place Aa latex allergy sign shall be placed on the patient room door. a.
 - Prepare room according to the Latex-Safe Environment Preparation information on the back of the latex allergy sign (Attachment 1).
 - Place latex allergy band on patient. b.
 - Pharmacy and Food & Nutrition Services shall be notified of patient sensitivity/allergy to C.
 - The latex allergy shall be documented in the medical record, electronic medication €-d. administration record (eMAR) and entered into the pharmacy computer system.
 - The need for latex precautions shall be communicated before a latex sensitive/allergic d.e. patient is sent to another department. For all non-emergency procedures, the sensitive/allergic patient shall be scheduled as the first case of the day.
 - To the extent possible, latex-free products shall be used in the care of the patient. e.f.
 - The majority of single-use, disposable products used in our facility are latex-safe.

- ii. Supply Chain Management shall label all products know to contain latex with a sticker indicating product contains latexmaintain the most current list of general latex-safe products for patients who have a latex sensitivity or allergy.
- iii. Supply Chain Management shall ensure latex-safe supply needs related to specific patient populations or patient care procedures are available if needed.
- f.g. All health care workers who provide care to the patient or other patients within the room shall wear latex-free gloves.
- 5. All drugs to be used must be supplied in containers without a rubber stopper (i.e. glass ampules or screw top bottles). Where this is not possible, use a filter needle to draw up the medication and change the needle prior to administering the medication.
 - If contact with a latex product cannot be avoided, consult the patient's physician to determine need to medicate patient for prophylaxis.
 - b. Caregivers who observe allergic reactions such as skin rashes, hives, flushing, itching, nasal, eye or sinus symptoms, respiratory distress, and shock in patients following the use of latex-containing products shall report this reaction immediately to the patient's physician. Treat as clinically indicated for any allergic/anaphylactic reaction. Complete a QRR-incident report for all adverse drug reactions.
- 6. Placement in Airborne Precaution room shall be avoided for patients with latex allergens due to the negative pressure potentially drawing latex allergens into the room.
 - a. If the patient requires Airborne Precautions, the negative pressure room shall be used without modification.
- 7. The Hospital prohibits latex balloons on all units. The Hospital does not sell latex balloons in the gift shop and requires florists and other gift suppliers who deliver to the Hospital to use mylar, rather than latex balloons.

RELATED DOCUMENTSFORMS WHICH CAN BE LOCATED ON THE INTRANET:

- 1. Latex Allergy Patient Education
- 2. Latex Allergy Signs & Symptoms of an Allergic Reaction



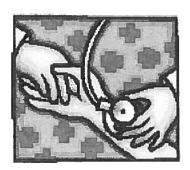
Attachment 1

Latex-Safe Environment Preparation

Any patient care item, such as a stethoscope, blood pressure cuff, ECG lead wires, call light or pulse eximeter probe, which is not metal, plastic or nylon can be made of natural rubber latex (NRL). The latex portion of such item shall not come into contact with the patient's skin.

- A. Follow these guidelines to prepare a latex-safe environment:
 - 1. Wrap latex portion of patient care items that may come into contact with the patient's skin with adhesive compression dressing as follows:
 - a. Identify portion of the item that may come into contact with the patient's skin, i.e. cords, coils, bulb, tubing or rubber ring around diaphragm of stethoscope.
 - Wrap latex portion of item with the adhesive compression bandage (an alternative to wrapping item is to apply cotton gauze or stockinette directly to patient's extremity).
 - Secure with clear transpore tape.
 - 3. Post "Latex Precautions" sign outside the patient's door/exam room.
 - 4. Ensure latex allergy band is applied.
 - 5. Ensure Pharmacy is aware of latex sensitivity/allergy.
 - 6. Ensure Food & Nutrition Services is aware of latex sensitivity/allergy.
 - 7. Use filter needle when puncturing rubber stopper and change needle prior to patient administration.

LATEX ALLERGY



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

Many items contain latex

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

Common items made with latex:

Band-AidsElastic in clothingPaintsRubber bandsBalloonsErasersBaby bottle nipplesCondomsHot water bottlesRubber toysPacifiersArt supplies

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

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

Protect yourself from exposure to latex

Remember to report the need for latex precaution in each and every medical visit and in community places. These places include hospitals, clinics, doctor and dentist's offices, pharmacies, nursing homes, day care, schools, and work settings. You have the right to question the latex content of any product used in each setting.

Wear some form of medical identification if you are allergic to latex and follow instructions given to you by your nurse or doctor at all times. This may include taking medication.

Signs and symptoms of an allergic reaction

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

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

Skin:

Rash, swelling, hives, itching, redness, and irritations. This reaction may be small or cover large areas of the body.

Eyes:

Itching, tearing, watering, redness

Nose/throat:
Runny nose, tightness and/or swelling of the throat, sneezing, itching

Lungs:
Shortness of breath, difficulty breathing, wheezing

Heart:
Chest pain, palpitations, lightheaded, fast heart beat, drop in blood pressure

Intestine:
Abdominal cramping, diarrhea, nausea, vomiting

Food and Latex Allergy



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

Cross-Reactive Foods

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

ISSUE DATE:

12/64

SUBJECT: Medical Examiner Notification

REVISION DATE: 6/64, 9/91, 7/97, 9/00, 4/02, 6/03,

POLICY NUMBER: IV.Z

8/05, 6/06, 8/08, 1/11,

Clinical Policies & Procedures Committee Approval:

04/1111/14

Nursing Executive Council Approval:

04/11/14

Medical Executive Committee Approval:

05/1101/15 06/1102/15

Professional Affairs Committee Approval:

Board of Directors Approval:

06/11

A. **PURPOSE**

To identify cases that must be reported to the Medical Examiner pursuant to California Health and Safety Code (Section 102850) as well as to Government Code, State of California (Section 27491).

B. **POLICY**

- A person dying less than 24 hours after admission to Tri-City Health-Care District Medical Center (TCHDMC) does not meet the reporting criteria established by the California Government Code.
- Only the mortuary needs to report the death to the Medical Examiner's Office in cases where it 2.1. has been more than 20 days since the doctor who is signing the death certificate has seen the decedent and which is otherwise not reportable to the Medical Examiner.
- In accordance with California State Law, TCMC must notify the Medical Examiner (858-694-3.2. 2895) regarding all patients whose death meets the following criteria:
 - Known or suspected homicide. (This would include any delayed (days to years) death resulting from any non-accidental trauma. Example: quadriplegic from a gunshot wound 10 years ago, remote head injury, or suspected elder abuse.)
 - Known or suspected suicide. (This would include any delayed (days to years) death b. resulting from any accidental injury. Example: person with organ failure due to an intentional medication overdose.)
 - A result of an accident, injury, trauma, or mishap either old or recent. (This would C. include any delayed (days to years) death resulting from any accidental injury. Example: person with a brain injury from a fall or motor vehicle accident, burns or drowning, pulmonary embolism or other complication following trauma, medication, or surgical error.)
 - Indications the death is the result of an acute alcohol and/or prescription or illegal d. drug overdose.
 - An infectious process, such as AIDS or hepatitis, which may pose a threat to public e.
 - A sudden unexpected infant/child death. f.
 - A death resulting from a complication during a recently performed surgical g. procedure.
 - Death of an inmate/prisoner or in-custody patient. h.
 - Fatal events occurring at decedent's place of employment. i.
 - Dead on arrival (DOA) to determine whether the cause of death is known, whether or j. not it is due to non-natural causes.
 - k. Emergency Room deaths before a diagnosis can be established.
 - Operating Room (OR) or Postoperative deaths where negligence or accident is 1.

Patient Care Services Policy Manual Medical Examiner Notification – IV.Z Page 2 of 2

suspected.

- m. **Anesthetic deaths** whether it occurs in the OR, recovery room or elsewhere.
- n. Unidentified persons regardless of circumstance of death
- o. Food poisoning / accidental poisoning
- p. Maternal deaths during childbirth
- q. Any death without an underlying etiologic specific underlying cause (sepsis, shock, cardiac arrest, multi-organ failure, etc.)
- r. **Coma** all deaths in which the patient is comatose
- s. All violent, sudden or unusual deaths
- 4.3. An investigator from the Medical Examiner's Office will review the decedent's demographic information, medical history, and circumstances surrounding the death to determine whether to accept the case for an investigation or issue a waive number.
 - a. Waive numbers have the following format: WV## ######.

NOTE: Death involving the above criteria MUST BE REPORTED even if a physician is willing to sign the death certificate. The State requires all death certificates to record both an actual and underlying cause of death.

5. Forensic patients: Refer to Patient Care Services policy "Forensic Patients."



ISSUE DATE:

12/73

SUBJECT: Ordering Non-District Provided

Services for Patients

REVISION DATE: 5/88, 9/91, 3/00, 6/03. 9/05

POLICY NUMBER: IV.C

8/08, 7/11

04/11/11/14

Clinical Policies & Procedures Committee Approval: Nursing Executive Council Approval:

05/1111/14

Medical Executive Committee Approval:

06/1101/15

Professional Affairs Committee Approval:

07/1102/15

Board of Directors Approval:

07/11

PURPOSE: A.

To provide a means for ordering outside services which are not provided by Tri-City Healthcare District (TCHD).

POLICY:

- Outside services such as beauticians, orthopedic appliance specialists, and any others not contracted will not be arranged by TCHD personnel.
 - If the physician orders outside services, the written order must include which service shall be contacted. TCHD personnel may then telephone the designated service.
- 2. TCHD personnel may not participate in any way in selecting an outside source except as defined by department specific policy.
- The patient may directly order outside service. 3.
 - The TCHD will not reimburse the provider for such services, nor will it enter into any collection activity as agent for the provider.
- TCHD does not accept liability for any outside vendor or medical equipment/device provider 4. contracted by the patient without a physician order.

ISSUE DATE:

05/06

SUBJECT: Pet Therapy

REVISION DATE: 07/06, 08/08, 07/11; 6/14

POLICY NUMBER: II.C

Clinical Policies & Procedures Committee Approval:

06/11 06/14

Nursing Executive Council Approval:

06/11 07/14

Infection Control Committee Approval:

01/15

Professional Affairs Committee Approval:

07/1102/15

Board of Directors Approval:

07/11

Α. **PURPOSE:**

Pet Therapy is utilized to make hospitalization a less threatening experience and promote therapeutic patient goals. It is used to augment healing and to provide incentives to patients who are debilitated and/or uncommunicative.

B. **POLICY:**

- Only pPatients of Tri-City Medical Center's may request specific visitation on Acute Rehabilitation Unit, Inpatient/Out Patient Behavioral Health, Tri-City Hospice, Cardiac Wellness, 4 Pavillon, 2 Pavillion, 1 North, Telemetry, Intensive Care Unit Intensive Care and Emergency Services. Stroke program and Oncology are eligible for participation in the Pet Therapy program, with permission of their physician.
- Personal pets are not permitted in the hospital unless they are a service animal or an approved 2. Pet Therapy dog:-
 - Exceptions shall be made through hospital administration with consultation from infection a.
 - Strict guidelines and criteria for approved Pet Therapy handlers and their dogs are b. outlined in the reference listed below.
- Pet Therapy dogs and their handlers must be wearing visible blue red vests and TCMC 3. identification name badges with their name and "Pet Therapy."
- The manager Manager / assistant Assistant nurse-Nurse manager Manager (ANM) or 4. designee can access a copy of the guidelines, policies, and procedures for Pet Therapy from Rehab Services on the intranet.
- 5. Any problems identified with Pet Therapy pets or their handlers shall be directed to the manager Manager /- assistant nurse manager-(ANM) or designee.
 - These concerns shall be directed to the Therapeutic Recreation Representative at extension 7387 for follow-up and resolution.
- Therapy dogs may not visit unauthorized areas units or patients with the following: 6.
 - **Tuberculosis**
 - a. Spleens removed or immuno compromised (neutropenic) if an immuno compromised patient would like a pet therapy visit this is determined at the discretion of the patients physician.
 - Patients in Isolation (Airborne, Droplet and Contact)
 - Active Methicillin-resistant Staphylococcus aureus (MRSA)
 - Vancomycin-resistant Enterococcus (VRE) (colonized or infected)
 - **Isolation Patients** d.
 - Food prep area or carts e.c.
 - Medication preparation or storage area or carts f.d.

Patient Care Services Policy Manual Pet Therapy Page 2 of 2

- g.e. High risk areas; Intensive Care Unit, Operating rooms and Neonatal Intensive Care Unit and patients on dialysis.
- 7. Infection Control shall be notified prior to dogs visiting patients with various immune deficiency states.
- 8. Patients shall be provided with hand hygiene product an alcohol towelette/gel to wash their hands after a visit.
- 9. Any handler who does not follow proper procedures or a dog that appears to be out of control may be asked to leave the hospital premises immediately with notification to the Pet Therapy Coordinator at extension 7387.

C. RELATED DOCUMENTSREFERENCES:

 Rehabilitation Services Policy Manual Standard Number V.N.4.c Pet Therapy – Tender Loving Canines



ISSUE DATE:

10/02

SUBJECT: Preventing Admissions and

Procedures Beyond Medical Staff

Privileges

REVISION DATE: 6/03, 8/05; 5/08; 05/11

POLICY NUMBER: IV.U

Clinical Policies & Procedures Committee Approval:

Nursing Executive Council Approval:

Medical Executive Committee Approval:

Professional Affairs Committee Approval:

Board of Directors Approval:

02/11/11/14

03/11/14 04/1101/15

05/1102/15

05/11

A. **PURPOSE:**

Consistent with the Hospital's and Medical Staff's obligation, this policy To ensure provides the mechanism physicians for personnel to ensure that practitioners seeking to admit, Itreat, or perform procedures on patients at Tri-City Medical Center (TCMC) have current Medical Staff membership and/or appropriate privileges. In addition, to ensure the current clinical privileges and proctoring requirements for all Medical Staff members are available to the nursing units and hospital departments.

POLICY:

- Personnel responsible for scheduling admissions are responsible for verifying the admitting physician has been appointed to the Medical Staff with admitting privileges or has been granted temporary admitting privileges.
- If a request for admission is made by a physician without Medical Staff privileges, admission of 2. the patient must be denied. If the physician still wishes to hospitalize the patient, he/shepersonnel should recommend that patient care be transferred to a physician who has Medical Staff admitting privileges.
- 3. Personnel responsible for scheduling surgery shall verify the surgeon, or anesthesiologist and/or surgical assistant(s) has privileges to perform the designated procedure(s), and whether proctoring is required. If the practitioner does not have privileges to perform the procedure(s), personnel shall not schedule the procedure and shall follow his/her department process for follow up. If proctoring is required, personnel shall obtain the name of the proctor from the practitioner.
- Personnel in charge of the labor & delivery, operating rooms, nursery, various treatment rooms 4. or any area where special procedures or treatment shall be carried out, are responsible for verifying the physician-practitioner performing-procedure(s) has the specific privilege(s) to perform the requested procedure(s), and whether proctoring is required. If the practitioner does not have privileges to perform the procedure(s), personnel shall not allow the procedure to be performed and shall follow his/her department process for follow up. If proctoring is required, personnel shall obtain the name of the proctor from the practitioner.
- 5. The Director of Medical Staff Office and Risk and Regulation shall be notified immediately of any incident involving a physician-practitioner performing a procedure for which he/she has no privileges including a description of the circumstances surrounding the incident.
- The Chief Executive Officer and the Medical Staff are obligated to the patient and must ensure that admissions are made only by physicians duly appointed to the Medical Staff and/or that procedures are performed only by physicians granted such privileges.

- 7.6. These privileges Privileges to admit or perform the procedure(s) shall be verified on the TCMC Intranet as follows by accessing the electronic privileges application described in Section B.8 below.
- 8. To ensure that a physician is appropriately credentialed to perform a procedure, the clinical staff shall:
 - a. Log onto http://etcmc/Tri-City Intranet
 - b. Click on Applications Essentials
 - b.c. Click on Applications
 - d. Click on E-PRIV
 - e. Enter User Name (mdpriv) and Password (priv2)
 - e.f. Click on Login
 - d.g. Select search criteria (either "Search by Name" or "Search by Specialty")
 - e.h. Click on appropriate clinician practitioner to view privileges
- 9.7. In the event the computer TCMC Intranet is not accessible, the unit/department requiring information regarding a practitioner's privileges shall contact the Medical Staff Office.
- 10.8. The Medical Staff Office maintains a current hardcopy of each practitioner's privileges, including proctoring status.



Administrative Policy Manual

ISSUE DATE:

NEW

SUBJECT: AUTHORIZED ACCESS -

MEDICATIONS

REVISION DATE:

POLICY NUMBER: 8610-NEW

Administrative Policies & Procedures Committee Approval:

11/14

Pharmacy and Therapeutics Committee Approval:

01/15

Professional Affairs Committee Approval:

02/15

Board of Directors Approval:

A. PURPOSE

1. To define categories of personnel who have authorized access to secure medication storage areas.

B. **DEFINITIONS**

Secure Area: a secure area means that drugs and biologicals are stored in a manner to prevent unmonitored access by unauthorized individuals. Drugs and biologicals must not be stored in areas that are readily accessible to unauthorized persons. Areas where patients and visitors are not allowed without the supervision or presence of a health care professional are considered secure. Areas restricted to authorized personnel only are generally considered "secure areas".

POLICY

- 1. Medications and biological are stored in a secure environment:
 - a. Controlled substances are locked.
 - b. Both controlled substances and non-controlled medications are locked when a patient care area is not staffed.
- 2. Only authorized personnel have access to secure areas where medications and biologicals are stored.
- Categories of personnel are authorized access to secure medication areas based on the organization's need for individuals to perform their assigned duties and in accordance with federal, state and local regulations.
- 4. Non-licensed authorized personnel are identified by job classification and job description with competencies related to their specific role.

D. **PROCESS:**

- The following personnel are authorized by licensure, certification, or policy to have responsibilities within the medication use system as defined by their regulating boards or agencies and hospital policy:
 - a. Registered Nurses (RN)
 - b. Licensed Practical Nurses (LPN)
 - c. Graduate Nurses (GN)
 - d. Physicians (MD, DO)
 - e. Pharmacists and Pharmacy Technicians
 - f. Respiratory Therapists (RT) (RT related medications only)
 - g. Radiology and Interventional Radiology Technologists (Radiology related medications only including contrast).
 - h. Cardiac Catherization Lab Technician.
 - i. Operating Room Technicians.
 - j. Anesthesia Technicians.
 - k. Physical Therapists (PT) (PT related medications only)

Administrative Policy Manual Authorized Access – Medications Page 2 of 2

- I. Speech Therapist (ST) (ST related medications only)
- m. Materials Management Staff (IV fluids, skin antiseptics, etc.)
- n. Transporters (transfer of medications from licensed professional to licensed professional- transfer only).
- o. Physician's Assistant (PA)
- p. Nurse Practitioner (NP)
- q. Doctor of Podiatric (DPM)
- r. Doctor of Dental Science (DDS)
- s. Doctor of Dental Medicine (DMD)
- t. Certified Nurse Midwife (CNM)
- u. Medical Assistants (MA)

E. REFERENCES

- CMS State Operations Manual- Appendix A Interpretive Guidelines for Hospitals §482.25(b)(2)(i)
- 1. The Joint Commission Standards MM 03.01.01 EP 6
- 2. CMS Conditions of Participation §482.25(b)(2)(iii)
- 3. Healthcare Facilities Accreditation Program (HFAP) 25.01.03
- 4. DNV National Integrated Accreditation for Healthcare Organizations MM.1 SR.4b



Administrative Policy Manual

ISSUE DATE:

7/02

SUBJECT: STAR-SERVICESUCCESS SERVICE

RECOVERY PROGRAM (SSRP)

REVISION DATE: 12/02; 04/09; 09/10; 10/13

POLICY NUMBER: 8610-272

Administrative Policies & Procedures Committee Approval:

09/10 06/14

Operations Team Committee Approval:

10/10

Professional Affairs Committee Approval:

11/1002/15

Board of Directors Approval:

12/10

PURPOSE:

The Purpose of the "STAR Success Service Recovery Program (SSRP)lan" is:

To promote quest satisfaction. a.

To provide a mechanism that empowers staff to implement immediate Service b. Resolution or Recovery measures.

To be used by employees to proactively intervene on behalf of guests to create a C. positive perception of Tri-City Medical Center (TCMC).

PHILOSOPHY:

- 1. TCMC staff is encouraged to practice TCMC's Service Standards.
- Positive management of expectations should be the first response to each guest's concerns. 2.
- The STARSSRP Service Plan may be utilized at any time if other interventions have been 3. unsuccessful.

DEFINITIONS: C.

- Guest: Inpatient, outpatient, or visitor. 1.
- Positive Intervention: Actions taken by an employee to promote guest satisfaction; not to be 2. used for employee recognition.
- Service Resolution: The process used to satisfy an unhappy guest in circumstances where 3. other measures e.g. initial service resolution steps, have been ineffective. Examples possibly requiring service resolution are: long wait times for procedures, cancelled procedure that inconvenienced the customer, inadequate explanations from staff, or dissatisfaction with TCMC's service from the guest's perspective.
- "LAST" Approach: An initial process service for resolution steps. Initial Service Resolution 4. steps include using the "LAST" approach as a first-line- using the method of customer complaint resolution defined below:
 - L is for listening: Do not argue with a guest. Do not feel it is necessary to defend yourself. Use good eye contact. Consider summarizing to clarify what the customer is concerned about.
 - A is for apologizing: Remember, an apology does not mean an admission of guilt. It is b. an expression that you are personally sorry your guest is unhappy with his/her service.
 - **S** is for solving: Tell your customer you are going to take care of his/her problem. Ask C. them "What can I do to make it better for you?" If you are unable to change the outcome consider a gift from the STAR ServiceSSRP Plan as an expression of an apology.
 - T is for thanking: Thank the guest for taking the time to tell you about his/her experience d. and giving you the opportunity to make a change.

- 5. STAR -Service Plan SSRP Voucher: A voucher is a three-part form to be used in the Service Resolution process.
 - a. Vouchers can be used at the following locations: Cafeteria, Gift Shop, and Coffee Cart.
 - b. Vouchers can also be used by Administrative Supervisors, Managers, and Assistant Nurse Managers and above for purchased items in the form of flowers or plants.
 - c. Vouchers will be maintained in each department and restocked by unit secretaries, with oversight provided by the **Quality Performance Improvement/Risk Management**(QPI/RM)Operational Improvement/Service Excellence (OISE) Department.
- 6. Petty Cash: Monies available to reimburse for personal expenses used in Service Resolution and not to exceed a maximum of \$50 (Administrative Policy # 208).

D. POLICY:

- 1. TCMC encourages all of its employees to identify opportunities to demonstrate Service Excellence "above and beyond the call of duty."
- 2. Employees are empowered to proactively intervene and create positive perceptions of TCMC, its services, and its employees.
- 3. Resources such as vouchers and managerial support will always be available to respond to guest issues and concerns.
- 4. TCMC encourages guests to express issues/concerns so they may be addressed promptly to prevent future dissatisfaction.
- 5. Guest dissatisfaction issues are dealt with at the point of contact and are referred to management staff only when unresolved or when deemed necessary.
- 6. Any employee who encounters a guest complaint uses the "LAST" approach as the first line of intervention.
- 7. If this approach is unsuccessful, and the complaint is not resolved, an employee may resolve the complaint independently using vouchers from the "STAR SSRP ServicePlan."
- 8. All Employee interventions requiring use of a voucher are to be recorded on -said voucher and brought to the attention of acting management at the time of service intervention/resolution. (This will be done to track trends and provide a means of resolving recurrent problems.)
- 9. Presentation of a complaint will not compromise a guest's access to care.
- 10. Each Unit/Department's "STARSSRP Service Plan" vouchers are to be kept in the STAR SSRP Service Plan-Logbook. Vouchers are to be readily available to all employees. The OISE QPI/RM department will maintain a backup supply of vouchers.
- 11. The employee selects the most appropriate intervention based on the nature of the circumstance.
- 12. To use the STAR SSRP Service Plan:
 - a. Employee provides selection from coffee cart, cafeteria, or gift shop.
 - i. Voucher completed and White copy of voucher given to guest.
 - ii. Guest or employee takes Voucher to provider of service.
 - iii. Yellow copy placed in STAR SSRP Service Plan Logbook
 - v. Pink copy forwarded to **SSRP** Service Excellence Coordinator
 - b. Employee purchases and presents gift less than \$50 to guest.
 - i. Voucher completed.
 - ii. Employee submits White copy of voucher and petty cash form to Business Office (Administrative Policy # 208).
 - iii. Yellow copy placed in STAR SSRP Service Plan Logbook
 - iv. Pink copy forwarded to QPI/RM OISE Department
 - c. Employee purchases and presents \$50 \$150 gift to guest.
 - i. Voucher completed (Manager/Director approval required)
 - ii. Employee submits White and Pink copy of voucher and receipt to OISE Department.

- iii. QPI/RM OISE Department submits a Non-Stock Purchase Requisition Form, receipt and White copy of voucher to Materials (Administrative Policy # 214).

 iv.—Yellow Copy of Voucher placed in STAR Service Plan Logbook.
- 13. If a guest complaint is not resolved, the employee will be should forward the concern to the Department Director, Patient Representative, QPI/RM-OISE department, and/or Administrative Supervisor (refer to Administrative Policy # 318).
- 14. Administrative Supervisors, Managers, Assistant Nurse Managers, unit secretaries and the QPI/RM OISE-Department will maintain a supply of STARSSRP-Service Plan vouchers. White and yellow copies are to be collected and sent to the OISE-QPI/RM Department by the 5th of each month.

E. REFERENCED-FORM WHICH CAN BE LOCATED ON THE INTRANET

1. StarSuccess Service Recovery Program Voucher





A sincere Thank You for choosing Tri-City Medical Center!

Date/Time
Name of Recipient (print)
Gift given
Amount of Gift
Name of employee giving gift (Print)
Department
Reason for Intervention/Service Resolution
Follow-Up Requested: Yes No
Reason

Cost Center: 8742

[3 Copies: Original (white copy) to Guest/Provider of Service; Second copy (yellow copy) to "SUCCESS Service Recovery Program" Logbook; Third copy (pink copy) to Service Excellence Coordinator.]



WOMEN'S & CHILDREN'S SERVICES POLICY MANUAL - NICU

FORMULA (ARTIFICIAL MILK), USE OF

ISSUE DATE: 8/12 REVISION DATE:

This policy was combined into the Formula: Preparation and Storage of policy

06/14 **Department Approval Date(s):** 06/14 **Division of Neonatology Approval Date(s):**

Pharmacy and Therapeutics Approval Date(s):

n/a **Medical Executive Committee Approval Date(s):** 01/15 **Professional Affairs Committee Approval Date(s):** 02/15

Board of Directors Approval Date(s):

PURPOSE:

-Formula (artificial milk) will be available for supplementary use for infant feedings. Breast milk is recognized as the feeding of choice for most infants, however, when breastmilk is not available for use, or its use is contraindicated due to infant and/or maternal condition, or mother chooses to use formula, formula (artificial-milk) will be available per physician order.

PROCEDURE:

- New bottles of formula will be used for each feeding. Needed amount of formula is to be poured into secondary feeding bottle. Any opened, unused formula needs to be discarded.
- Formulas that require mixing will be mixed under clean conditions according to the policy "PREPARATION OF SPECIALITY FORMULA, FORMULA FORTIFICATION AND **BREASTMILK FORTIFICATION."**
- Formula may be heated by placing sealed bottle in a container of warm water or capping syringe and placing in a glove before placing in warm water. Do not let the level of water in the cup from the tap touch the mouth or top-lid of the container.
- Microwave ovens or excessive heat should not be used to heat formula.

EXTERNAL LINKS:

REFERENCES:

- -California Code of Regulation, Title 22: Social Security, Volume 28, Revised, November 29, 1996. Barclays Law Publishers, South San Francisco, CA.
 - 2 Young, D. (2002). Guidelines for Perinatal Care.

POLICY PHARMACY MANUAL

ISSUE DATE:

05/94

SUBJECT: Antidote Stocking

REVISION DATE: 04/97, 08/00, 05/02, 07/06, 07/09

POLICY NUMBER: 8390-10002

TOMO OUDOTANOE

Pharmacy & Therapeutics Committee Approval:

Medical Executive Committee Approval:

02/03, 07/06, 07/09, 1/12, 11/14 02/03, 07/06, 07/09, 1/12, 01/15

Professional Affairs Committee Approval:

Board of Directors Approval:

02/15

02/03, 07/06, 07/09, 1/12

A. **DEFINITIONS:**

Antidote: a substance which can counteract a form of poisoning

PURPOSE: A.B.

To ensure supply of antidotes are consistently available, controlled, and secured

The Pharmacy Department will be the appropriate area for storage of antidote medications. A pharmacist is in the hospital 24/7.

To provide a listing of those specific antidotes stocked and approved for use at Tri-City Medical

The telephone number of the poison control center will be posed in the pharmacy emergency department and all other patient care areas.

POLICY:

Antidote medications will be primarily stocked in the Pharmacy Department

Antidote medications that require immediate administration upon patient arrival shall be 2. stored in the Emergency Department

3. Pharmacy will supply a minimum of an 8 hour supply of antidotes unless mechanisms for more rapid resupply or transfer is in place

Pharmacy will supply up to 24 hours for patients likely to be maintained for longer periods 4. or when definitive care is planned

A list of antidotes stocked and approved for use at Tri-City Medical Center shall be 5. reviewed and maintained at least annually; available via the Intranet (see attachment)

The telephone number of the Poison Control Center shall be posted in the Pharmacy, 6. **Emergency Department, and all other patient care areas**

ANTIDOTES STOCKED:

	AGENT	TOXIC SUBSTANCE
a.	Acetylcysteine	Acetaminophen
	(Mucomyst)	·
b	<u> Ànticholinesterases</u>	—— Anticholinergics
	i. Edrophonium (Tensilon) ——	Nueromuscular blockers
	ii. Neostigmine (Prostigmin)	
	iii. Pyridostigmine (Regonol)	
С.	Atropine	Cholinergic agents
d. —		Iron
	(Desferal)	
e. —	— Dimercaprol — — — — — — — — — — — — — — — — — — —	As, Au, Hg, Pb
	(BAL in oil)	
f	Edetate Calcium	Lead
	(Calcium Disodium Versenate)	
g.	- Glucagon	Insulin-induced Hypoglycemia
h. —	Methylene Blue	Cyanide
i.	Naloxone	—— Opiates
	(Narcan)	

Pharmacy Manual Antidote Stocking Page 2 of 5

i.	Physostigmine	Anticholinergics
	- (Antilirium)	G
k	Pralidoxime	Organophosphates
	—(Protopam)	Anticholinergics
	Protamine Sulfate	Heparin
m.	- Vitamin K	Oral Anticoagulants
	—(Aquamephyton, Synkayvite)	_
n.	Ascorbic Acid	"Antabuse Reactions"
	(Vitamin C)	
0	Antivenin	Antivenin for Pitvipers, rattlesnakes
	(CroFab, Polyvalent)	,
p.	Antivenin	Antivenin for Black Widow Spider
<u></u>	(Latrodectus Mactans)	
q.	Romazicon	Benzodiazepines
٩٠	(Flumazenil)	
r	Succimer	Lead poisoning
	(Chemet)	2000 poisoning
6	DigiFab	Digoxin Toxicity
0.	(Digoxin Immune Fab- Ovine)	Digonii Tonoity

C. ANTIDOTE KIT:

1. Cyanide Kit

a. 1 kit stored in Emergency Department
1 kit stored in Pharmacy

D. RELATED DOCUMENTS:

1. Antidote Information Chart

E. REFERENCES

- 1. Dart RC et al. Expert Consensus Guidelines for Stocking of Antidotes in Hospitals that Provide Emergency Care. Annals of Emergency Medicine. 2009; 54(3): 386-394
- 2. California Poison Control System. Antidote Chart. Last Updated October 14, 2014. Available from: http://www.calpoison.org/hcp/home.html. Date Assessed: October 31, 2014.

Generic/Brand	Toxin	Notes	Stocking Recommendation	Stocking Location
Acetylcysteine/Mucomyst (oral)	Acetaminophen poisoning	Use orally. Dilute at least by 3:1 ratio	8 hours: 28 g or 5 x 30ml (20%) vials 24 hours: 56g or 10 x30 ml (20%) vials	Pharmacy
Acetylcysteine/Acetadote (IV)	Acetaminophen poisoning	Loading dose should be incused over 45-60 minutes. Generic Nacetylcysteine can be used if Acetadote is unavailable (consult with poison control and administer via a micropore filter)	8 hours: 24g <u>or</u> 4 x 30ml (20%) vials 24 hours: 30g <u>or</u> 5 x 30ml (20%) vials	Pharmacy
Antivenom Crotalidae Polyvalent Immune-FAB (ovine)/ CroFab	Rattlesnake venom		8 hours: 18 vials 24 hours: 36 vials	Pharmacy
Antivenom Black Widow Spider/Antivenom (Latrodectus Mactans)	Black Widow Spider venom	Risk of allergic hypersensitivity (equine).	8 hours: 1 vial 24 hours: 1 vial	Drop ships from Merck only if case presents due to limited availability. Call 800-672- 6372
Atropine Sulfate	Organophosphate/carba mate insecticide and other cholinesterase inhibitors (i.e. warfare agents); bradycardia induced by a variety of toxin	May require large amounts in severe cholinesterase inhibitor poisoning. Also stocked in the Strategic National Stockpile but will need supplies for first 48 hours. Coordinate with local Homeland Security Office	8 hours: 100mg or 13 vials (0.4mg/ml, 20ml each) 24 hours: 200mg or 26 vials (0.4mg/ml, 20ml each) Use preservative free product	ED and Pharmacy
Calcium Chloride	Calcium channel blocker poisoning; hypocalcemia induced by various agents	Can cause severe tissue necrosis if extravasation occurs. Central administration recommended or give calcium gluconate	8 hours: 10 g <u>or</u> 10 vials (10%, 10ml) 24 hours: 10g <u>or</u> 10 vials (10%, 10ml)	ED and Pharmacy
Calcium Gluconate	Hydrofluoric acid skin exposure or poisoning; hypocalcemia induced by a variety of agents		8 hours: 30g <u>or</u> 30 vials (10%, 10ml) 24 hours: 30g <u>or</u> 30 vials (10%, 10ml)	ED and Pharmacy
Carnitine (L- Carnitine)/Carnitor	Hyper ammonemia from valproic acid toxicity	V-200	8 hours: 10g or 10 x 1g vials 24 hours: 10 x 25g tubes	Pharmacy
Cyanide Antidote Kit/Cyanokit	Cyanide; sodium nitroprusside toxicity	Newer, safer, and easier to use than conventional cyanide kit. Contains hydroxycobalamin. May cause red discoloration of urine and skin. May cause laboratory test interference	8 hours: 10g <u>or</u> 2 kits 24 hours: 10g <u>or</u> 2 kits	ED and Pharmacy
Deferoxamine/Desferal	iron poisoning	IV use only	8 hours: 12g <u>or</u> 6 x 2g vials 24 hours: 36g <u>or</u> 18 x 2g vials	ED and Pharmacy
Digoxin Immune FAB(ovine)/ DigiFab	digoxin poisoning; other cardiac glycosides (i.e. oleander, foxglove)	Consult with poison center regarding dosing, especially for cardiac glycosides than digoxin	8 hours: 15 vials 24 hours: 20 vials	Pharmacy
Dimercaprol/ BAL in oil 10%	Heavy metal poisoning	IM administration only	8 hours: 600mg or 2 amps (100mg/ml, 3ml each) 24 hours: 1800mg or 6 amps (100mg/ml, 3ml)	Pharmacy
DMSA (Succimer)/Chemet	Heavy metal poisoning		8 hours: 1g or 10 x 100mg capsules 24 hours: 3g or 30 100mg capsules	Pharmacy

Pharmacy Manual Antidote Stocking Page 4 of 5 8 hours: 1g <u>or</u> 1 x 1000mg/5ml Pharmacy EDTA-Calcium/Versenate Heavy metal poisoning 24 hours: 3g or 3 x 1000mg/5ml amp Stocking Generic/Brand **Toxin Notes** Stocking Location Recommendation 8 hours: 6mg <u>or </u>6 x 1mg/1ml ED, Pharmacy, Primarily used for iatrogenic over Benzodiazepine overdose Flumazenil/Romazicon sedation. Use in patients on 24 hours: Crash Carts 12mg or 12 x1mg/10ml vials chronic benzodiazepines may cause withdrawal seizures. Caution with seizure disorders and head injury. Use small doses initially to avoid abrupt awakening/delirium. Manufacturer will replace expired ethylene glycol toxicity 8 hours: 1.5g or 1 x 1.5ml Pharmacy Fomepizole/Antizol or methanol poisoning (1g/ml) vials stocks 24 hours: 12mg or 12 x 1mg/10ml vial 8 hours: 90mg or 90 x 1mg kit ED and beta blocker/calcium Anticipate nausea and vomiting Glucagon 24 hours: 250mg or 250 x 1mg Pharmacy channel blocker toxicity 8 hours: 400mg <u>or 4 x 10ml</u> ED and methemoglobinemia Methylene Blue (10mg/ml) amps Pharmacy 24 hours: 600mg or 6 x 10ml (10mg/ml) amps 8 hours: 20mg or 50 x ED, Pharmacy, opiate overdose Use small initial doses to avoid Naloxone/Narcan 0.4ml/2ml amps or 2 x Crash Carts abrupt awakening/withdrawal 10mg/10ml vials 24 hours: 40mg or 4 x 10mg/ml vials 8 hours: 200 mcg or 2 x 1ml oral sulfonylurea Do not use long-acting depot Pharmacy Octreotide poisoning products (0.1mg/ml) amps cetate/Sandostatin 24 hours: 1000mcg or 1 x 5ml (0.2mg/ml) multidose vial Administer at low dose (0.5mg) 8 hours: 4mg or 2 x 2ml ED and anticholinergic Physostigmine/Antilirium poisoning, especially and slowly, over 2-5 minutes to (1ml/ml) amps Pharmacy antimuscarinic delirium avoid severe adverse reactions 24 hours: 20mg or 10 x 2ml including bradycardia, asystole, (1mg/ml) amps and seizures. Contraindicated in TCA or similar poisoning with prolonged QRS intervals Also stocked in the Strategic cholinesterase inhibitor 8 hours: 7g or 7 x 1g (20ml) Pharmacy Pralidoxime (2poisoning National Stockpile but will need vials PAM)/Protopam (organophosphate or supplies for first 48 hours. 24 hours: 18g or 18 x 1g (20ml) "nerve gas") Coordinate with local Homeland vials Security Office ED and isoniazid (NIH) Large amounts needed for 8 hours: 9g or 3 vials Pyridoxine (Vitamin B6) (100mg/ml, 30ml each) or the Pharmacy poisoning: 5g is the minimal poisoning antidotal dose used in an ingestion equivalent of unknown amount. Note: the hours: 24g or 8 vials (100mg/ml, 30ml each) or 100mg in 1 ml vials contain the preservative chlorobutanol. A 5g equivalent. Use preservative dose requires 50 of these vials and free product will deliver a toxic dose of preservative. The 30ml vials may only be available from compounding pharmacies warfarin, warfarin-If patient has life threatening 8 hours: 50mg or 5 x 10mg/ml Pharmacy Phytonadione (Vitamin K) based rodenticide bleed, use in combination with 24 hours: 200mg or 20 x prothrombin complex concentrate poisoning (PCC) or fresh frozen plasma 10mg/ml amps Min: 5000 units or 5 x 1000 Pharmacy warfarin, alternative There have been no studies **Prothrombin Complex** unit/vials oral anticoagulants evaluating the effect of PCCs on Concentrate (Profilnine) (rivaroxaban/Xarelto, bleeding in humans receiving the new oral anticoagulants. Data is apixaban/Eliquis, dabigatran/Pradaxa) limited but can be considered. See

Pharmacy Anticoagulation Protocol for more information Pharmacy Manual Antidote Stocking Page 5 of 5 Sodium bicarbonate

sodium channel blocker toxicity & urinary alkalinization IV bolus dosing for reversal of sodium channel blocker toxicity; continuous infusion used for alkalinization of the urine (aspirin overdose). Monitor for alkalemia. 8 hours: 63g (750 mEq) <u>or</u> 750ml of 8.4% solution 24 hours: 84g (1000 mEq) <u>or</u> 1 liter of 8.4% solution ED and Pharmacy

* Suggested Stocking Recommendation is based on dose to treat a single 100kg patient for 8 hours and for 24 hours for antidote purposes only). Subject to availability. Twenty-four hour supply may not be sufficient for entire treatment course

TRI-CITY MEDICAL CENTER 4002 Vista Way, Oceanside, California

REHABILITATION SERVICES POLICY MANUAL

SUBJECT: SCOPE OF SERVICES POLICY NUMBER: 104

ISSUE DATE: 7/91

REVISION DATE(S): 1/94, 5/95, 4/97, 10/00, 5/01, 2/03, 1/06, 1/09, 3/12

Department Approval Date(s): 05/14
Department of Medicine Approval Date(s): n/a

Pharmacy and Therapeutics Approval Date(s): n/a
Medical Executive Committee Approval Date(s): 01/15

Professional Affairs Committee Approval Date(s):

Board of Directors Approval Date(s):

SUBJECT: SCOPE OF SERVICES

REVISION-DATE: 1/94, 5/95, 4/97, 10/00, 5/01, STANDARD-NUMBER: 104

2/03, 1/06, 1/09, 3/12

ISSUE DATE: 7/91

REVIEW DATE:

CROSS REFERENCE:

APPROVAL:

02/15

This Policy / Procedure applies to the following Rehabilitation Services' locations:

- ☑ 4002 Vista Way, Oceanside, CA
- ☑ 2124 El Camino Real, Suite 100, Oceanside, CA
- ☑ 6250 El Camino Real, Carlsbad CA
- ☑ 3861 Mission Avenue B25, Oceanside, CA

A. **STATEMENT OF SERVICES**

- The Department of Rehabilitation Services includes Physical, Occupational, and Speech Therapies, Audiology, and Therapeutic Recreation. Using a multidisciplinary collaborative team approach, services and programs are available to meet the needs of all patients with a wide variety of diagnoses, including physical and psychosocial disabilities. The overall objective of the Department is to foster a healing environment for patients to regain their functional independence in all areas of daily life as rapidly as possible. Assessment identifies the patient's physical, cognitive, behavioral, communicative, emotional and social status and identifies facilitating factors that may influence attainment of rehabilitation goals. Problems may include:
 - a. Emotional, behavioral or mental disorders
 - b. Cognitive disorders
 - c. Communicative disorders
 - d. Developmental disabilities
 - e. Vision or hearing impairments or disabilities
 - f. Physical impairments or disabilities
 - Pain interfering with optimal level of function or participation in rehabilitation
- 2. Each patient, inclusive of neonatal through geriatric ages, will be treated with dignity and respect. Optimal health care services will be delivered to each patient regardless of gender, size, disability, race, creed, or ethnic origin.

B. **DISCIPLINES**

Rehabilitation Services Manual Scope of Services Page 2 of 2

- 1. Physical Therapy The goals of Physical Therapy are to relieve pain, minimize disability, prevent deformities, develop, improve and restore functioning. Physical Therapy Services shall include, but are not limited to, evaluation/assessment, development of treatment plans and goals, instruction, education and consultation services.
- Occupational Therapy The role of Occupational Therapy is to provide assessment, therapy and education for patients who demonstrate deficits in skills required for daily living activities. Services include evaluation and treatment for impairments of physical, psychosocial, cognitive, developmental and sensory-integrative functioning. The goal of treatment is to improve or restore function, prevent or minimize dysfunction, and compensate for or cope with disabling conditions.
- 3. Speech Pathology Speech-Language Pathology Services include assessment, therapy and education for patients who demonstrate communication or oral-pharyngeal function disorders. These include, but are not limited to, impairments of articulation, language comprehension and expression, cognition, fluency, voice, reading, writing and swallowing. Education and counseling for families of patients exhibiting the aforementioned disorders are also provided.
- 4. Audiology Services Audiology Services include assessment of hearing acuity and status in patients who may be at risk for changes in hearing due to medical or treatment issues, including medication, age or diagnosis. Instruction and education of patients and family members is provided to increase the involved person's understanding of their deficits.
- Therapeutic Recreation Therapeutic Recreation Services provide goal-oriented programs that promote wellness and improve the patient's quality of life through leisure. Therapeutic Recreation treatment may be individual or done in groups. Services include, but are not limited to, leisure assessment and evaluation, skill development, social programs, special events, leisure education, leisure counseling and resource development. Family education and counseling are included to improve patient's attitude, skill level and socialization.

REHABILITATION SERVICES POLICY MANUAL

SUBJECT: COMMUNITY RE-INTEGRATION: TR / BHS / REHAB POLICY NUMBER: 900

ISSUE DATE: 9/91

REVISION DATE(S): 9/96, 3/00, 1/06, 1/09, 5/12

REVIEW DATE(S): 6/92 RSC; 6/92 MHU QA/UR Comm, 2/03

Department Approval Date(s):

05/14

Department of Medicine Approval Date(s):

n/a

Pharmacy and Therapeutics Approval Date(s):

n/a

Medical Executive Committee Approval Date(s):

01/15

Professional Affairs Committee Approval Date(s):

02/15

Board of Directors Approval Date(s):

ISSUE DATE: 9/91

SUBJECT: COMMUNITY RE-INTEGRATION: TR /

BHS / REHAB

REVISION DATE: 9/96, 3/00, 1/06, 1/09, 5/12

REVIEW DATE: 6/92 RSC; 6/92 MHU QA/UR Comm, 2/03

STANDARD NUMBER: 900

CROSS REFERENCE:

APPROVAL:

This Policy / Procedure applies to the following Rehabilitation Services' locations:

4002 Vista Way, Oceanside, CA

2124 El Camino Real, Suite 100, Oceanside, CA

6250 El Camino Real, Carlsbad CA

A. DESCRIPTION

- 1. Community outings are an integral part of the Therapeutic Recreation program designed to help patient transition back to the community.
- 2. Community outings provide the means to introduce new resources and reintroduce past areas of involvement for each patient.
- 3. Community reintegration enables patients to apply skills learned in Acute Rehabilitation.

B. GOALS

- 1. To increase awareness of community resources and functional independence.
- 2. Increase patient orientation, safety, attention span, sequencing, problem-solving, organization, and mobility.
- 3. Increase opportunities for socialization and patient peer interaction in a less structured/controlled environment.
- 4. Increase patient self-esteem and morale.

C. OBJECTIVE/PROCEDURE

- 1. Patient referrals received from ancillary departments (PT, OT and ST) and Therapeutic Recreation assessments.
- 2. Each patient participating must have a physician release for outing.
- 3. Therapeutic Recreation Specialist must arrange with Medical Center for transportation (must be done 1 week in advance).

Rehabilitation Services Policy Manual Community Re-Integration: TR / BHS / REHAB Page 2 Of 2

- 4. Each patient participating in an outing should be part of the planning process (where to go, what activities to do, what to take, etc.).
- 5. Therapeutic Recreation Specialist will discuss individual patient goals and objectives with client prior to departure.
- 6. Check with nursing personnel prior to departure for appropriate medications, releases, and other pertinent medical information.
- 7. Notify Dietary Department for restrictions, if patient lunch tray needs to be canceled, or if arrangements need to be made to take food on the outing (picnic, lunch trip, etc.).
- 8. Make any financial arrangements (necessary funds for outing).
- 9. Verify any last-minute details.

D. MATERIALS/EQUIPMENT NEEDED

- 1. Transportation will be required.
- 2. Equipment/materials may vary depending on location of outing.
- 3. Items needed may include but are not limited to sports equipment, money, food items, proper clothing, jackets or blankets, camera and radio.

E. CRITERIA

- 1. Patient must be free from all other scheduled programs.
- 2. Patient must be an active participant in the planning process.
- 3. Patient must be able to attend to program for a minimum of 1 to 1½ hours and be medically stable to participate.
- 4. Patient should be receptive to learning new skills and developing resource information.

ADAPTATIONS

1. Adaptations will be made on an individual basis. Patients of like interests should be grouped together. Accessibility should be checked prior to departure.

G. GROUP SIZE

1. Ratio of 1:1; co-treatment with other disciplines, small groups (2-10 patients).

H. EVALUATION

- 1. Patients will be evaluated for involvement (active or passive), achievement of goals, social skills, resource identification and skill development.
- 2. Patient response to program will be documented in weekly progress notes.

Governance & Legislative Committee (No meeting held in February, 2015)

Audit, Compliance & Ethics Committee (No meeting held in February, 2015)

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

January 29, 2015 – 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 1:40 p.m. on January 29, 2015.

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

Director James Dagostino, DPT, PT Director Ramona Finnila Director Cyril F. Kellett, M.D. Director Laura E. Mitchell Director Julie Nygaard Director RoseMarie Reno Director Larry Schallock

Also present were:

Greg Moser, General Legal Counsel
Tim Moran, Chief Executive Officer
Steven L. Dietlin, Chief Financial Officer
Dr. Scott Worman, Chief of Staff
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

- 1. The Board Chairman, Director Schallock, called the meeting to order at 1:40 p.m. in Classroom 6 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above.
- Approval of Agenda

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

3. Public Comments – Announcement

Chairman Schallock read the Public Comments section listed on the January 29, 2015 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. Moser made an oral announcement of items listed on the January 29,

2015 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included two matters of potential litigation, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees, Conference with Labor Negotiators; Conference with Real Property Negotiators related to APN#s 166-010 31, 213-110-01-00 and APN# 166-500 32, two reports involving Trade Secrets; Public Employee Performance Evaluation of General Counsel; Appointment of Public Employee: Chief Operating Office; Appointment of Public Employee: Chief Compliance Officer; approval of closed session minutes and five matters of existing litigation.

5. Motion to go into Closed Session

It was moved by Director Dagostino and seconded by Director Finnila to go into Closed Session. The motion passed unanimously (7-0).

- 6. The Board adjourned to Closed Session at 1:41 p.m.
- 8. At 3:40 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, M.D.
Laura E. Mitchell
Director Julie Nygaard
Director RoseMarie V. Reno
Director Larry Schallock

Also present were:

Greg Moser, General Legal Counsel
Tim Moran, Chief Executive Officer
Steven Dietlin, Chief Financial Officer
Sharon Schultz, RN, Chief Nurse Executive
Esther Beverly, VP, Human Resources
Dr. Scott Worman, Chief of Staff
Teri Donnellan, Executive Assistant
Richard Crooks, Executive Protection Agent

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

Chairman Schallock reported earlier this afternoon the Board voted unanimously to authorize the Chief Executive Officer to move forward with the concept of a Campus Development Plan.

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

10. Chairman Schallock noted all Board members were present. Director Nygaard 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. Community Update

Mr. David Bennett, Chief Marketing Officer briefly recapped the marketing events of this past year. Mr. Bennett stated we have embarked on an advertising and marketing campaign focused primarily on building the positive image of Tri-City and the various Service Lines we offer while reinforcing the quality at Tri-City Medical Center. Mr. Bennett stated we will spend the rest of this fiscal year and into 2016 focusing on the primary care area, creating our media and print that focuses on using our primary care physicians.

Mr. Bennett also showed a brief video from NBC related to our brand and visibility for the Medical Center. He showed three seven rotating commercials that we ran. He noted we had 3,498 spots aired as well as three billboards strategically placed throughout the county. Mr. Bennett stated that this marketing effort reached 97.3% of all San Diego households.

Ms. Jodie Wingo, Senior Director of Marketing reported this quarter Dr. James Italiano appeared on KPBS radio speaking on the danger of electronic devices. In addition, for the first time, Tri-City will be airing a free webinar with Dr. El- Sherief and Dr. Phillips in support of heart health month.

Ms. Wingo reported we kicked off the new year with the TCMC Carlsbad Marathon and Half Marathon on January 18th with over 10,000 people in attendance and runners from all over the United States. She stated we received live coverage and interviews on the event with KUSI and NBC. Ms. Wingo spoke about our "Lucky 13" runners and the fact that one of the participants had a heart replacement 14 months ago and was running the half marathon.

Ms. Wingo stated our primary marketing focus this year will be on primary care. She gave information on the Grand Openings currently scheduled in February including Radiance OB-GYN on February 4th with Dr. Penvose Yi, the Tri-City Primary Clinic on February 6th and Minimally Invasive Surgeons of North County on February 12th.

Ms. Wingo also presented a series of ads that will run each month showcasing our primary care physicians in an effort to drive patients to our primary care physicians.

With regard to social media, Ms. Wingo reported our Face Book page had over 3,200 new "likes" and these individuals are following the information that we put out on our Face Book page. She commented on one of the most successful campaigns thus far -- "I am a Tri-City Doc."

Mr. Bennett expressed his appreciation to the Board for supporting the Marketing efforts.

No action was taken

13. Introduction – Jan Penvose Yi, MD OB/GYN

Mr. Wayne Knight stated the Business Development department works very hard in recruiting and bringing high quality physicians to Tri-City.

Mr. Knight provided provided background information on Dr. Penvose Yi. Mr. Knight stated Dr. Penvose Yi is the foundation upon which we will build our new OBGYN program and a very good Women's Center. Mr. Knight noted that due in part to Dr. Penvose Yi's statute and credibility, we have two additional physicians who are interested in joining Dr. Penvose Yi's practice.

Mr. Knight introduced Dr. Jan Penvose Yi. Dr. Penvose Yi stated she is very excited to be given this opportunity and eagerly awaiting to be up and fully functioning.

Directors welcomed Dr. Penvose Yi to Tri-City.

No action was taken.

14. Report from TCHD Auxiliary - Sandy Tucker

Ms. Sandy Tucker, TCHD Auxiliary President reported 650 volunteers logged 78,000 hours of time in 2014. Ms. Tucker stated we are always looking for good retired citizens who wish to volunteer and there is always a need for more volunteers.

Ms. Tucker reported the annual Cookie Extravaganza was the most successful of all time raising \$1,798.00, all of which will go to our Scholarship program. Ms. Tucker noted the Auxiliary will be awarding about \$80,000 in scholarships this year.

Ms. Tucker also reported that the family of one of our volunteers donated \$5,000.00 to buy sound, projector and computer equipment and the Auxiliary is working on training the volunteers. Ms. Tucker noted this particular woman was a very faithful volunteer for 10 years, donating 1,800 hours.

Ms. Tucker spoke regarding a display case which has been donated for the lobby which will be used to advertise our "Tails on the Trails Walk-A-Thon" which is scheduled for Saturday, May 30, 2015 at Mance Buchano Municipal Park in Oceanside.

Directors expressed their appreciation to the Auxiliary for their faithful service. No action was taken.

15. Report from Chief Executive Officer

Mr. Tim Moran, Chief Executive Officer echoed Mr. David Bennett's remarks regarding the importance of primary care physicians. He stated our strategy is the beginning of what we hope will be a successful effort to strengthen our primary care base connected to Tri-City. Mr. Moran spoke regarding the new Primary Care Physicians clinic and the large number of patients they have begun to see. Mr. Moran stated he is very pleased to be connecting these physicians and their patients with Tri-City.

Mr. Moran stated he will be asking Mr. Bennett and his Marketing team to give a synopsis of our marketing efforts at future meetings to provide vision of our strategic initiatives going forward. Mr. Moran stated we are not only doing an ad campaign.

but also supporting the key strategic initiatives that make Tri-City the hospital of choice for our patients.

Mr. Moran reported a Mock Survey was held this week in preparation for our survey with the Joint Commission that we expect later this year. He stated that at today's summation conference, Surveyors had a number of suggestions, however, Mr. Moran's impression is that we will be well prepared for our Joint Commission survey.

With regard to Behavioral Health, Mr. Moran reported we are continuing our quest to address the increase in BHU activity in our Emergency Department. He stated three of our Board members will be meeting with the county in the next to week to address this serious problem.

Mr. Moran stated that he is extremely pleased that the Board has given him authority and support for the concept of a Campus Development Plan.

Lastly, Mr. Moran stated Employee Forums will be held the second week in February and staff will learn more about the Campus Development Plan at that time.

No action was taken.

16. Report from Chief Financial Officer

Mr. Dietlin reported on the December YTD financial results as follows (dollars in Thousands):

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Net Operating Revenue – $167,215➤ Operating Expense – $167,093➤ EROE - $1,888➤ EBITDA – $9,971
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Other Key Indicators for the current year included the following:

- Average Daily Census 192
- ➤ Adjusted Patient Days 56,415
- ➤ Surgery Cases –3,344
- ➤ Deliveries 1,413
- ➤ ED Visits 34,776
- ➤ Net Patient Accounts Receivable \$43.7
- Days in Net Account Receivable 48.9

From an operating performance perspective, Mr. Dietlin reported the following for the current month:

- ➤ Operating Revenue \$28,702
- ➤ Operating Expense \$28,329
- ➤ EBITDA \$1,983
- ➤ EROE \$632

Mr. Dietlin also presented graphs which reflected Net Days in Patient Accounts Receivable, Average Daily Census excluding Newborns, Adjusted Patient Days, Emergency Department Visits, EROE and EBITDA.

Mr. Dietlin noted Open enrollment ends on February 15, 2015.

No action was taken.

17. New Business

a. Consideration to appoint Mr. Wayne Lingenfelter to the Finance, Operations & Planning Committee

It was moved by Director Dagostino to appoint Mr. Wayne Lingenfelter to a two-year term on the Finance, Operations & Planning Committee. Director Finnila seconded the motion.

Chairman Schallock invited Mr. Lingenfelter to the podium. Mr. Lingenfelter provided a summary of his background and stated he believes his experience and knowledge will augment the committee and he is pleased to be considered.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Nygaard and

Schallock

NOES:

Directors:

Reno, Mitchell

ABSTAIN: ABSENT:

Directors:

None None

b. Approval of an Obstetrics and Gynecology physician recruitment agreement with Dr. Tina Dhillon-Ashley

It was moved by Director Dagostino that we find it is in the best interest of the public health of the communities served by the District to approve an independent Physician Recruitment Agreement (not to exceed two-year income guarantee) with Tina Dhillon-Ashley, M.D., FACOG, not to exceed \$620,000 over two years in order to facilitate this Obstetrics and Gynecology physician practicing medicine in the communities served by the District. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

Reno and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

None

c. Approval of an Obstetrics and Gynecology physician recruitment agreement with Dr. Tannaz Adib

It was moved by Director Dagostino that we find it is in the best interest of the public health of the communities served by the District to approve an independent Physician Recruitment Agreement (not to exceed two-year income guarantee) with Tannaz Adib, M.D., not to exceed \$620,000 over two years in order to facilitate this Obstetrics and Gynecology physician practicing medicine in the communities served by the District. Director Nygaard seconded the motion.

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

Reno and Schallock

NOES: ABSTAIN:

Directors: Directors:

None None

ABSENT:

Directors:

None

Approval of a Commercial Real Estate Listing Agreement with Colliers International, Inc. for leasing of TCHD property

It was moved by Director Dagostino that the TCHD Board of Directors approve a Commercial Real Estate Listing Agreement with Colliers International, Inc. for leasing of TCHD property for a term of six months with an option to extend an additional six months, beginning February 1, 2015 through July 31, 2015 for a total estimated cost of \$875,000 for the term.

It was moved by Director Dagostino to amend the motion that the TCHD Board of Directors approve a Commercial Real Estate Listing Agreement with Colliers International, Inc. for leasing of TCHD property for a term of 12 months beginning February 1, 2015 through January 31, 2016 for a total estimated cost of \$875,000 for the term. Director Kellett seconded the motion.

Director Kellett explained this is a lease wholly based on occupancy and there will be no fees paid without occupancy.

The vote on the amended motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

Reno and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT: Directors:

None

The vote on the main motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

Reno and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

None

18. Old Business - None

19. Chief of Staff

a. Consideration of January 2015 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on January 26, 2015.

Dr. Worman stated the Medical Staff New Appointments and Reappointment Credentials were reviewed and approved by the Credentials Committee and the Medical Executive Committee and is being brought forward to the Board of Directors for approval.

It was moved by Director Kellett to approve the January 2015 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on January 26, 2015. Director Nygaard seconded the motion.

The vote on the motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

Reno and Schallock

NOES: ABSTAIN: Directors:

None None

ABSENT:

Directors:

None

20. Consent Calendar

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

It was moved by Director Schallock to pull item 20 (4) a) Meetings and Conferences, the Governance's Institute's Leadership Conference. Director Kellett seconded the motion.

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

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

Reno and Schallock

NOES:

Directors:

None

ABSTAIN: ABSENT:

Directors:

None

Directors:

None

The vote on the main motion was as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard,

Reno and Schallock

NOES:

Directors:

None

ABSTAIN: ABSENT: Directors:

None

ABSEN1:

Directors:

None

21. Discussion of items pulled from Consent Agenda.

Director Schallock who pulled item 20(4) commented that as members of the Governance Institute, the District receives five free registrations per year. He encouraged Board members to take advantage of this benefit and noted per Board policy, lodging will not be reimbursed for destinations 30 miles or less from the hospital.

It was moved by Director Schallock to approve the Governance Institute's Leadership Conference. Director Finnila seconded the motion.

The vote on the motion is as follows:

AYES:

Directors:

Dagostino, Finnila, Kellett, Mitchell, Nygaard

Reno and Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT: Directors: None

- 22. Reports (Discussion by exception only)
- 23. Legislative Update

Chairman Schallock reported the Legislature has reconvened and bills should be in by the end of February.

24. Comments by members of the Public

There were no comments by members of the public.

25. Additional Comments by Chief Executive Officer

Mr. Moran did not have any further comments.

26. Board Communications

Director Dagostino commended Mr. Moran and his executive team for keeping the Board well informed and presenting an honest picture which assists the Board in making informed decisions.

Director Finnila commented that we are looking forward to a very active year and will be looking strongly at quality measures for our patients. She stated we will also be working on developing the Campus Development Plan and other initiatives and will report back to you on the progress we have made.

Director Kellett commented that Tri-City participated and was a sponsor of the Carlsbad Marathon. He expressed appreciation to the staff and volunteers who made the event a success.

Director Reno did not have any comments.

Director Mitchell expressed her appreciation to staff and fellow Board members for their support as she transitions into her new role as a Board member role and elected official.

Director Nygaard did not have any comments.

27. Report from Chairperson

Chairman Schallock echoed Director Kellett's comments related to the Carlsbad Marathon and expressed appreciation to the many staff who assisted and gave their time in the event. Chairman Schallock also commented on the "Lucky Thirteen" who were selected to train over the last 6-8 months to do the half Marathon.

Chairman Schallock stated we are moving forward with the Campus Development Plan and the Crisis Stabilization Unit and the Board will be meeting with the Executive Team on other strategic planning initiatives.

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.

Motion to return to Closed Session.

Chairman Schallock adjourned the meeting to closed session at 4:33 p.m.

30. Open Session

At 6:15 p.m. Chairman Schallock reported the Board was back in open session. All Board members were present.

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

Chairperson Schallock reported the Board authorized Mr. Moran to retain Howard and Howard to advise the District on labor negotiations on the terms outlined in the engagement agreement dated January 27, 2015, subject to final approval of General Counsel. Chairman Schallock also reported the Board approved the amended engagement agreement with Procopio Cory Hargreaves & Savitch as proposed in its letter dated January 28, 2015 by a unanimous vote.

33. There being no further business Chairman Schallock adjourned the meeting at 6:15 p.m.

ATTEST:	Larry Schallock, Chairman
Ramona Finnila, Secretary	

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

January 29, 2015 – 1:30 o'clock p.m. Classroom 6– 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 location noted above at 4002 Vista Way at 1:30 p.m. on January 29, 2015.

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

Director Jim Dagostino, DPT, PT
Director Ramona Finnila
Director Cyril F. Kellett, MD
Director Laura E. Mitchell
Director Julie Nygaard
Director RoseMarie Reno
Director Larry Schallock

Also present were:

Tim Moran, Chief Executive Officer Steve Dietlin, Chief Financial Officer Scott Worman, M.D., Chief of Staff Greg Moser, General Legal Counsel Teri Donnellan, Executive Assistant Rick Crooks, Executive Protection Agent

- 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. Director led the Pledge of Allegiance.
- Approval of Agenda

It was moved by Director Nygaard to approve the agenda as presented. Director Dagostino seconded the motion.

It was moved by Director Dagostino to amend the agenda to reflect that the Board is giving consideration to the Chief Executive Officer to move forward with the concept of a Campus Development Plan. Director Finnila seconded the motion.

The amended motion passed unanimously (7-0).

The vote on the main motion passed unanimously (7-0).

3. Public Comments – Announcement

Chairman Schallock read the Public Comments section listed on the Board Agenda. There were no public comments.

4. Open Session

5. a) Consideration of direction to Chief Executive Officer to move forward with the concept of a Campus Development Plan

It was moved by Director Kellett to authorize the Chief Executive Officer to move forward with the concept of a Campus Development Plan. Director Reno seconded the motion.

Directors expressed their support and concurred it is time to revisit the Campus Development Plan and refine and modify it as appropriate. It was suggested a Press Release be developed announcing the plans to move forward with a Campus Development Plan. Mr. Moran stated he will also keep the community apprised of developments through community breakfasts and forums

The vote on the motion was as follows:

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

Reno and Schallock

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

6. There being no further business, Chairman Schallock adjourned the meeting at 1:37 p.m.

ATTEST:	Larry W. Schallock Chairman
	s s
Ramona Finnila Secretary	

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

January 27, 2015 – 10:00 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 location noted above at 4002 Vista Way at 10:00 a.m. on January 27, 2015.

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

Director Jim Dagostino, DPT, PT Director Ramona Finnila Director Cyril F. Kellett, MD Director Laura E. Mitchell Director Julie Nygaard Director Larry Schallock

Director Reno was absent.

Also present were:

Tim Moran, Chief Executive Officer Scott Worman, M.D., Chief of Staff Marcus Contardo, M.D., Chairman, Physician Behavior Committee Howard Richmond, M.D., Chairman, Physician Well Being Committee Jody Root, General Legal Counsel Teri Donnellan, Executive Assistant Rick Crooks, Executive Protection Agent

- 1. The Board Chairman, Director Schallock, called the meeting to order at 10:05 a.m. in Assembly Rooms 2&3 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Director Nygaard led the Pledge of Allegiance.
- 2. Public Comments Announcement

Chairman Schallock read the Public Comments section listed on the Board 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 item listed on the January 27, 2015 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included one matter, Hearings on Reports of the Hospital Medical Audit or Quality Assurance.

5. Motion to go into Closed Session

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

- 6. Chairman Schallock adjourned the meeting to Closed Session at 10:05 a .m.
- 7. The Board returned to Open Session at 1:25 p.m. All Board members were present with the exception of Director Reno.
- 8. Report from Chairperson on any action taken in Closed Session.

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

9. There being no further business, Chairman Schallock adjourned the meeting at 1:25 p.m.

ATTEST:	Larry W. Schallock Chairman
*	
Ramona Finnila	

Secretary

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

February 5, 2015 – 10:00 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 location noted above at 4002 Vista Way at 10:00 a.m. on February 5, 2015.

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

Director Jim Dagostino, DPT, PT
Director Ramona Finnila
Director Cyril F. Kellett, MD
Director Laura E. Mitchell
Director Julie Nygaard
Director RoseMarie V.Reno
Director Larry Schallock

Also present were:

Tim Moran, Chief Executive Officer
Steve Dietlin, Chief Executive Officer
Sharon Schultz, Chief Nurse Executive
David Bennett, Chief Marketing Officer
Esther Beverly, Vice President/Human Resources
Wayne Knight, SVP, Medical Affairs
Glen Newhart, Vice President, Foundation
Scott Worman, M.D., Chief of Staff
Gene Ma, M.D., Chief of Staff Elect
Greg Moser, General Legal Counsel
Teri Donnellan, Executive Assistant
Rick Crooks, Executive Protection Agent

- 1. The Board Chairman, Director Schallock, called the meeting to order at 10:05 a.m. in Assembly Rooms 2&3 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above. Director Dagostino led the Pledge of Allegiance.
- 2. Approval of the Agenda

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

3. Public Comments – Announcement

Chairman Schallock read the Public Comments section listed on the Board 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. Moser made an oral announcement of items listed on the February 5, 2015

Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Real Property Negotiators regarding three properties 1) APN# 166-010 31; 2) APN# 213-110-01-00; and 3) APN# 166-500-32, Reports Involving Trade Secrets, Conference with Labor Negotiators, one matter of Potential Litigation and two matters of Existing Litigation.

5. Motion to go into Closed Session

It was moved by Director Finnila and seconded by Director Kellett to go into Closed Session. The motion passed unanimously (7-0).

- 6. Chairman Schallock adjourned the meeting to Closed Session at 10:05 a.m.
- 7. The Board returned to Open Session at 4:29 p.m. All Board members were present.
- 8. Report from Chairperson on any action taken in Closed Session.

It was moved by Director Dagostino to approve securing proposals for architectural designs for the development of the Emergency Department, OB/NICU renovation and parking. Director Finnila seconded the motion. The motion passed unanimously (7-0).

9. There being no further business, Chairman Schallock adjourned the meeting at 4:30 p.m.

ATTEST:		Larry W. Schallock Chairman
	2	
Ramona Finr Secretary	nila	





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/15	1.83%	2.36%	2.56%	2.38%	2.42%	2.74%							2.37%
Y14	2.68%	2.75%	2.58%	2.09%	2.44%	2.93%	2.61%	2.53%	2.15%	2.57%	2.16%	2.48%	2.49%

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Worse	
Same	
Better	
Performance compared to prior year	



Employee Satisfaction

(2) Tri-City Medical Center

BUNHACE

Engagement
What (DO / DWE)
Mean = 71.8 (-0.5)
Percentile = 31º (from 12h) Partnership ""
"Satisfaction + Engagement"
Mean = 66.1 (-1.0)
Percentile = 28** (from 13**) Satisfaction

What Oo I get?

Mean = 61.9 (-1.2)

Percentile = 27" (from 13")

National 90th Mean Scores 77.1 Engagement: Satisfaction Partnership

Voluntary Employee Turnover Rate (Annual Rate - Rolling Quarters)

	lnf	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Inn	PY15
FY15			86.6			3.8%							9.8%
FY14			12.1%			12.2%			11.7%			11.4%	11.4%

Johnson Francover Bate (Annual Rate - Rolling Quarters)

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FY15			1.9%			2.2%							2.2%
FY14			6.9%			8.0%			6.8%			3.2%	3.2%

Benchmark Source: Hospital Compare Benchmark Period: 1/1/2013-12/31/2013

> Hospital Consumer Assessment of Healthcare Providers & Systems HCAHIPS (Top Box Score)

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Financial Information

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	,171		\$214	(\$45)	(\$279)	(\$511)	\$788	(\$264)	\$257	\$4,385
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ization)	Jan	\$1,498	\$1,655			nel	101	5.34%	2.89%			Jan	5.89	5.75
on and Amort	Dec	\$1.983	\$1,717			Dane	150	6.91%	6.49%			Dec	6.28	5.93
rest. Taxes, Depreciation and Amortization)	NON	\$1.896	\$5,653			There	AGN	6.77%	22.08%	7	peq	Nov	6.39	6.22
Interest, Taxe	Ort	\$1,888	\$1.620			1	OCC	6.42%	5.95%		sted Occupied Bed	Oct	6.09	90.9
raines before	Sen Sen	¢1.456	\$2.278		Douglast Control	ig neverine	dec	5.37%	8.71%		lent) per Adju	Sep	5.01	6.05
roun corrol & in Thousands (Farnings before inter	Todasarius (Lar	¢088	\$1.081		City Crack	ICHD EBITUA % of Total Operating nevertice	Aug	3.75%	4.11%		TCMC Paid FTE (Full-Time Equivalent) per Adjusted	Aug	2 00	6.00
CDITON C in Ti	THE POLICE	¢1 751	\$1,701	111111111111111111111111111111111111111	FJ /O & CITICAL	EBILDA 76 OF	in	%88 9	4 40%		Paid FTE (Ful	THE REAL PROPERTY.	00.5	6.03
TOUD	OL O	LV1	EV1A		Č	E	The same of the sa	FV15	EV14		TCMC	The same	LV4F	FY14

Y1D Jul YTD Aug YTD Dec YTD Jul YTD Jul <t< th=""><th>CHDF</th><th>ixed Charge (</th><th>overage Cove</th><th>enant Calcula.</th><th>tion</th><th></th><th></th><th></th><th></th><th></th><th>The second second</th><th></th><th></th><th>Contraction of the last of</th><th></th></t<>	CHDF	ixed Charge (overage Cove	enant Calcula.	tion						The second second			Contraction of the last of	
1.49 1.20 1.24 1.32 1.94 1.78 1.50 1.50 1.69 2.50 2.37 2.08 1.94 1.78 1.78 1.50 1.50 1.69 2.50 2.37 2.08 1.94 1.78 1.78 1.50 1.50 1.60 1.78 1.78 1.50 1.50 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.50 1.50 1.94 1.78 1.78 1.78 1.78 1.78 1.78 1.78 1.78				The second second	ALC CITY	VED Alon		VTD lan	VTD Feb	YTD Mar	YTD Apr	YTD May	YTD Jun		ovenant
1.55 1.60 1.52 1.49 1.20 1.24 1.32 Liquidity \$ in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity \$ in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May \$27.7 \$21.4 \$19.9 \$18.8 \$12.2 \$19.9 \$22.0 \$27.1 \$27.3 \$22.0 \$21.9 \$22.6 \$23.6 \$24.5 \$30.7		TO JUL	AID AUG	dac nil	TIDOLL	AUNICIA					-				1.10
Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Liquidity 5 in Millions (Cash + Available Revolving Line, in Excess of Covenant Revolving Line, in Excess	74.5	1 55	1 60	1 52	1.49	1.20	1.24	1.32							7.10
Liquidity \$ in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) 2.37 2.08 1.94 1.76 1.50 1.50 Liquidity \$ in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Ini Aug Sep Oct Nov Dec Jan Feb Mar Apr May \$27.7 \$21.4 \$19.9 \$18.8 \$12.2 \$19.9 \$22.0 \$27.1 \$27.3 \$22.0 \$21.9 \$24.5 \$30.7	172	1.33	7.00	40.4						* 20	1 70	1 50	1 45		1 05
Liquidity \$ in Millions (Cash + Available Revolving Line, in Excess of Covenant Requirement) Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May \$27.7 \$21.4 \$19.9 \$18.8 \$18.9 \$22.2 \$19.9 \$23.6 \$24.5 \$30.7 \$17.7 \$21.6 \$20.2 \$19.3 \$27.1 \$27.3 \$22.0 \$21.9 \$24.5 \$30.7	11/	,	*	1.45	1.69	2.50	2.37	2.08	1.94	1.78	7.78	UC.1	7:40		2017
Ludoduty 2 in Many Sep Oct Nov Dec Jan Feb Mar Apr May 527.7 \$21.4 \$19.9 \$18.8 \$18.9 \$22.2 \$19.9 \$22.0 \$21.9 \$23.6 \$24.5 \$30.7 \$17.7 \$21.6 \$20.2 \$19.3 \$27.1 \$27.3 \$22.0 \$21.9 \$23.6 \$24.5 \$30.7	1000	Tourisdies C in R	Aillione (Cach -	+ Available R	evolving Line.	in Excess of Co	ovenant Regu	iirement)						-	
Jul Aug Sep Oct Nov Dec Jan Feb IMar Apr IMar \$27.7 \$21.4 \$19.9 \$18.8 \$18.9 \$22.2 \$19.9 \$23.6 \$24.5 \$30.7 \$17.7 \$21.6 \$20.2 \$19.3 \$27.1 \$27.3 \$22.0 \$21.9 \$24.5 \$30.7	CHUL	Iduluity 5 III IV	VIIIIOIIIS (Casii	T PARIIDAY .	0		The state of the last of the l	Contract of the last	The state of the s	100	Acres	Man	THE PERSON		
\$27.7 \$21.4 \$19.9 \$18.8 \$18.9 \$22.2 \$19.9 \$17.7 \$21.6 \$20.2 \$19.3 \$27.1 \$27.3 \$22.0 \$21.9 \$23.6 \$24.5 \$30.7	100	Thi	Aug	Sep	Oct	Nov	Dec	ner	FeD	Mar	Maria	Wildy	100		
\$27.7 \$21.6 \$20.2 \$19.3 \$27.1 \$27.3 \$22.0 \$21.9 \$23.6 \$24.5 \$30.7	747	7 2 2	¢21 A	\$10.0	\$18.8	\$18.9	\$22.2	\$19.9				1			
\$17.7 \$21.6 \$20.2 \$19.3 \$27.1 \$27.3 \$22.0 \$21.9 \$25.0 \$21.5	Y TO	2711	4.1.2¢	417.7					40.0	422 /	CAN E	¢207	¢37 6		
	717	¢17.7	\$21.6	\$20.2	\$19.3	\$27.1	\$27.3	\$22.0	\$71.9	\$23.D	574.3	4.000	2000		
		1111													

TCHD Fixed Charge Coverage Covenant Calculation YTD Aug YTD Sep YT

Foundation

176.052 \$ 350,845 \$ 129,040 \$ 12,697 \$ 50,627 \$ 45,735 \$ 120,625 \$ 52,731 \$ 855,124 243,582 \$ 199,040 \$ 141,909 \$ 20,016 \$ 12,697 \$ 50,627 \$ 45,735 \$ 120,625 \$ 52,731 \$ 934,357 Dct Nov Dec Jan Feb Mar Apr May Jun 787,203 \$ 796,231 \$ 782,045 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ 791,841 781,741 \$ 764,377 \$ 776,902 \$ 758,698 \$ 788,703 \$ 763,512 \$ 777,913 \$ 791,841	\$ 62,653 \$ 52,653 \$ 50,627 \$ 45,735 \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625 \$ 52,731 \$ \$ 120,625
\$ 12,697 \$ 50,627 \$ 45,735 \$ 120,625 \$ 52,731 \$ \$	909 \$ 20,016 \$ 12,697 \$ 50,627 \$ 45,735 \$ 120,625 \$ 52,731 \$ \$ 213 \$ 20,016 \$ 12,697 \$ 50,627 \$ 45,735 \$ 120,625 \$ 52,731 \$ \$ 213 \$ 213 \$ 782,045 \$ 2788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ 791,841
Feb Mar Apr May \$ 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ Performance compared to prior year:	Jan Feb Mar Apr May 513 \$ 782,045 802 \$ 758,698 \$ 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ Performance compared to prior year Better 5
Feb Mar Apr May 5 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ Performance compared to prior year:	213 \$ 782,045 902 \$ 758,698 \$ 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ Performance compared to prior year 8etter \$ \$
\$ 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ Performance compared to prior year:	213 \$ 782,045 502 \$ 758,698 \$ 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ Performance compared to prior year
776,902 \$ 758,698 \$ 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$	902 \$ 758,698 \$ 788,703 \$ 786,194 \$ 763,512 \$ 777,913 \$ Performance compared to prior year Better Better
Better	Performance compared to prior year:
Better	Performance compared to prior year:
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lar Apr May Jun	Jan Feb Mar Apr May Jun
Healitingare Ketrorin Jan Feb Mar Apr May Jun 224	Jan Feb Mar Apr May Jun 224

Sec. of	IMI.	Alip	Sen	Ort	Nov	Dec	lan	Feb	Mar		Apr	May	Jun	ATO
FV15 ¢	647 467	481.805 \$	573.227 \$	481,499 \$	50	\$ 544,955 \$	10mm						S	4,196,908
V14			N/A				\$ 77,204	\$ 233,923	\$ 155,944	14 \$	263,979 \$	313,054 \$	514,174 \$	1,558,278

\$ 14,653,865

FY15 \$ 2,232,644 \$ 1,661,397 \$ 1,976,644 \$ 1,660,343 \$ 2,276,174 \$ 1,898,797 \$ 2,947,866 \$ 852,155 \$ 1,442,508 \$ 1,397,561 \$ 2,295,174 \$ FY14

Mar

Feb

Covered California Patient Charges



Volume

	Inf	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	QT/
FY15	35	32	46	20	35	34	39			10 miles			271
-Y14	28	27	28	32	38	25	25	40	31	34	34	41	383

	lof	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY15	14	6	22	24	18	21	19						127
-Y14	14	7	13	17	16	16	12	18	19	19	16	14	181

	Inf	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	ATD
Y15	9	10	6	œ	12	11	თ				Contract of the contract of th		65
Y14	2	∞	∞	6	9	13	6	7	6	8	7	11	103

Outpatien	t DaVinci Rc	Outpatient DaVinci Robotic Surgery Cases	ry Cases										
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY15	10	7	10	12	13	7	11			30.0714.085			70
FY14	14	10	15	4	16	16	10	10	12	7	14	9	137
								Performance co	Performance compared to prior year	year:	Better	Same	Worse



It R	eplaceme	int Surgery	Cases (Low	Major Joint Replacement Surgery Cases (Lower Extremities)	(5)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
THE R. P. LEWIS CO., LANSING	45	51	32	43	49	27	33						280
1	20	41	27	35	44	32	20	33	29	38	35	35	419
e h	navioral He	ealth - Aver	rage Daily Co	Inpatient Behavioral Health - Average Daily Census (ADC)					St.				
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
15130	23.3	26.5	27.1	21.2	22.8	19.1	18.3						22.6
1	19.3	21.7	22.0	17.6	19.8	19.9	18.1	22.4	24.3	21.3	21.9	24.9	21.1
ı		The same and the same											

	Inf	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY15	5.2	3.5	4.3	5.0	4.3	7.2	7.0						5.5
FY14	4.7	4.8	4.0	3.5	4.6	3.8	3.7	6.1	5.7	4.0	4.2	5.0	4.5

Neonatal I	ntensive Car	Veonatal Intensive Care Unit (NICU) - Average Daily	- Average	_	Census (ADC)								
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	lun	YTD
FY15	13.2	18.2	19.7	18.1	15.6	16.4	18.3						17.0
FY14	12.4	13.5	16.7	19.3	16.0	16.8	17.2	18.6	10.1	11.0	12.1	14.0	14.8

Ang		Ort	Nov	Dec	Jan	Feb	Mar	Apr	Mav	unf	YTD
195.0	195.1	195.6	189.2	187.9	203.3						193.9
179.2		197.9	188.6	196.4	202.2	210.9	187.7	193.1	198.1	199.0	193.1
						Performance co	Performance compared to prior year.	r year:	Better	Same	Worse

	ATD	1612	2576			AIID	109	206		YTD	26	106	45	dir.	1/5	123		VID	1.59	1.59	Worse
The second second second	Jun		197		THE RESIDENCE IN	unr		16		Inn		2		Juli		16		unr		1.58	Same
	May		218			May		12		May		6		iviay		12		May		1.59	Better
	Apr		208			Apr		14		Apr		8		Apr		7		Apr		1.58	year:
	Mar		177			Mar		20		Mar		13		Mar		10		Mar		1.60	Performance compared to prior year.
	Feb		188			Feb		11		Feb		7	The Age of	Feb		15		Feb		1.49	Performance co
	Jan	199	229			Jan	15	7.7		Jan	1	12		Jan	12	10		Jan	1.58	1.58	
	Dec	233	220			Dec	11	18		Dec	00	2		Dec	12	9		Dec	1.58	1.56	
	Nov	194	224			Nov	17	15		Nov	4	13		Nov	12	6		Nov	1.56	1.57	
	Oct	233	229			Oct	19	18		Oct	Т	12		Oct	10	11	/enne/	Oct	1.58	1.53	
	Sep	244	237			Sep	12	18		Sep	2	8		Sep	10	12	enue/IP Rev	Sep	1.58	1.63	
	Aug	263	223		rventions	Aug	19	15	terventions	Aug	9	10	ases	Aug	ത	6	r (Total Rev	Aug	1.63	1.69	
	Jul	246	226	-	Inpatient Cardiac Interventions	Jul	16	22	Outpatient Cardiac Interventions	Inf	Þ	7	Open Heart Surgery Cases	Jul	10	9	TCMC Adjusted Factor (Total Revenue/IP Revenue)		1.64	1.65	
Deliveries		FY15	FY14		Inpatient		FY15	FY14	Outpatien		FY15	FY14	Open Hea		FY15	FY14	TCMC Adj		FY15	FY14	. 1



Building Operating Leases
Month Ending January 31, 2015

		Base	EXCEPT.						
		Rate	on in	-	atal Dant and				0.4
Lessor	Sq. Ft.	per Sq. Ft.		1	otal Rent per rent month (a)	Lease' Beginning	Ending	Services & Location	Cost Center
Gary A. Colner & Kathryn Ainsworth-				-	ione interior (a)	Dogillining	Ending	00.11000 0.20001011	Conto
Colner Family Trust									
4913 Colusa Dr.		1						Dr Dhruvil Gandhi	
Oceanside, Ca 92056			1					2095 West Vista Way, Ste. 106	1
V#79235	1,650	\$1.85	(a)	\$	4,149.39	8/1/12	7/31/15	Vista, Ca 92083	8460
Tri-City Wellness, LLC			1						
6250 El Camino Real	1	1						Wellness Center	
Carlsbad, CA 92009	Approx		1					6250 El Camino Real	ļ
V#80388	87000	\$4.08	(2)		\$232,282.00	7/1/13	6/20/20	Carlsbad, CA 92009	7760
GCO	107000	Ψ4.00	(a)	-	\$232,202.00	1/1/13	0/30/20	Carisbau, CA 92009	7760
3621 Vista Way		ĺ						Performance Improvement	
Oceanside, CA 92056		İ	1					, ,	
#V81473	1 502	61 50	(-)	6	2 200 45	4/4/40	40/04/45	3927 Waring Road, Ste.D	0750
Golden Eagle Mgmt	1,583	\$1.50	(a)	\$	3,398.15	1/1/13	12/31/15	Oceanside, Ca 92056	8756
2775 Via De La Valle, Ste 200								Nifty After Eifty	
Del Mar, CA 92014								Nifty After Fifty	
	4 207	ma 05		1	5 000 40	E14.40	4/00/40	3861 Mission Ave, Ste B25	
V#81553	4,307	\$0.95	 	\$	5,699.12	5/1/13	4/30/18	Oceanside, CA 92054	9551
Investors Property Mgmt. Group								00.01	
c/o Levitt Family Trust			1					OP Physical Therapy, OP OT & OP	
2181 El Camino Real, Ste. 206				1				Speech Therapy	7772 - 76%
Oceanside, Ca 92054				l .		5000	Dr 40	2124 E. El Camino Real, Ste.100	7792 - 12%
V#81028	5,214	\$1.65	(a)	\$	9,126.93	9/1/12	8/31/17	Oceanside, Ca 92054	7782 - 12%
Melrose Plaza Complex, LP		İ			A				
c/o Five K Management, Inc.		ł							1
P O Box 2522								Outpatient Behavioral Health	
La Jolla, CA 92038				1				510 West Vista Way	
V#43849	7,247	\$1.22	(a)	\$	9,811.17	7/1/11	7/1/16	Vista, Ca 92083	7320
Modical Acquisition Co., Inc.									
Gateway Rd.		1						Human Resources Office	
pad, Ca 92009								1211 West Vista Way	
V#80390	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								Office	
Oceanside, Ca 92056			1					3617 Vista Way, Bldg.5	
V#81250	4,760	\$3.55	(a)	\$	22,377.00	10/1/12	10/1/22	Oceanside, Ca 92056	7086
Didama (Davidson) OA LD		7	1	1		10/11/2			1,000
Ridgeway/Bradford CA LP			1						
DBA: Vista Town Center	7.5				1				
PO Box 19068								Nifty after Fifty	
rvine, CA 92663								510 Hacienda Drive Suite 108-A	
V#81503	3,307	\$1.10		\$	4,936.59	10/28/13	3/3/18	Vista, CA 92081	9550
Tri City Real Estate Holding &									
Management Company, LLC					1			Vacant Medical Office Building	8462
4002 Vista Way								4120 Waring Rd	Until
Oceanside, Ca 92056	6,123	\$1.37		\$	8,358.19	12/19/11	12/18/16	Oceanside, Ca 92056	operationa
Tri City Real Estate Holding &			1						
Management Company, LLC								Vacant Bank Building	8462
4002 Vista Way					, i	1		4000 Vista Wav	Until
Oceanside, Ca 92056	4,295	\$3.13		\$	13,223.95	1/1/12	12/31/16	Oceanside, Ca 92056	operationa
Total				_					- Poraciona
IOla	1	<u> </u>	<u> </u>	\$	320,416.49				

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



ADVANCED HEALTH CARE

Education & Travel Expense Month Ending January 31, 2015

Cost					
Centers	Description	Invoice#	Amount	Vendor#	Attendees
8740	ETHICAL ISSUES IN BEHAVORIAL HEALTH	10915	165.00	78031	SARAH JAYYOUSI
8740	CONTINUING EDUCATION	121914	175.00	79202	LAURA WIDMAYER
7010	WEBINAR:ADV DECISION FOR EMTAL	102214	185.00	14365	SUE KIRK
8740	GERIATRIC PHYSICAL THERAPY	10915	200.00	49111	ELLEN W. OCONNOR
8740	ORTHOPEDIC NURSING SYMPOSIUM	10915	200.00	79494	DIANNE MONTIJO
8740	PALS ACLS	10915	200.00	82315	COLIN HURLOW PAONESSA
7790	OTAC CONFERENCE	73014	259.00	61404	FARRELL SHEFFIELD
7400	HIGH RISK PERINATAL	110314	350.00	81041	SHARON DAVIES
8610	GOV FORUM	11315	460.21	78591	LARRY W. SCHALLOCK
6171	PROVIDING HEALTH FOR INCARCERATED PATIENTS	120214	489.14	80617	CARISSA DAMARA
7772	DIZZNESS, VERTIGO COURSE	102114	599.00		ANNA DANILENKO
8723	MEDICARE LEARNING	112614	970.41		JAY MOTOKAWA
7420	DAVINCI COURSE		1,000.00		MARY DIAMOND
8390	ASHP ANNUAL MEETING		1,017.76		TORI HONG
7420	DAVINCI COURSE		1,019.86		BONNIE KLOTZLY
7420	PEER REVIEW BOOT CAMP		1,795.00		SHARON SCHULTZ
7420	PROCTORING - INTUITIVE SURGICAL		3,000.00		DHRUVIL GANDHI
7420	PROCTORING - INTUITIVE SURGICAL		3,000.00		DHRUVIL GANDHI
7420	PROCTORING - INTUITIVE SURGICAL		3,000.00		DHRUVIL GANDHI
7420	PROCTORING - INTUITIVE SURGICAL		3,000.00		DHRUVIL GANDHI
8740	MSN NP PROGRAM - TUITION REIM		5,000.00		STEVEN ALDEN
8750	HCCA CONFERENCE		178.83		MATTHEW MUSHET
8750	HCCA CONFERENCE	121014	190.83	81420	ASHLEY FREEMAN

Report on Leadership Academy

January 22-23, 2015

RoseMarie V. Reno

Leadership - Our Vision

This year's Leadership Academy was held January 22-23, 2015 in Sacramento, CA.

Dave McGee's (CEO, ACHD) opening address stated" "this is the largest attendance in a very long time" (attendees 52+ not counting staff).

In attendance were many newly elected Board Members with their CEOs present as well. Dave spoke on the "necessity of succession planning, an important position to think about early on to train for transitioning, etc." In relation to this, Dave then introduced Ken Cohen, new Executive Director who will be replacing Tom Peterson who will be preparing to retire in the Spring of 2016. He then introduced Amber Wiley, Senior Legislative Advocate. "District Boards have a local accountability", Amber says, and "it is incumbent upon the Board to ensure your District Hospital's names and goals are heard legislatively". Some of her examples were the "mental health issues ongoing throughout California, integrating mental health into Primary Care, labor relations, quality of care and local government information (LAFCO) striving to represent all Districts." Dave emphasized that "ACHD must remain active for all District Hospitals and all must work together".

Ken Cohen spoke on "Quality of Care Metrics and Measurements and what tools are utilized for this data". "What does your hospital have in place?" He further stated "the Brown Act can be misconstrued". "Board Members have no individual authority." "Some Board Members drive their ships into the light house because they do not pay attention to governmental statutes."

Cohen says three things that make Trustees effective:

- 1. Understanding the Process
- 2. Power of Persuasion
- 3. Patience

Cohen went on to say "serializing is something the Brown Act looks upon with disdain, i.e., making decisions by a majority prior to a Board Meeting is a liability, also divides loyalties regarding a private issue, be guarded that the issue does not interfere with the organization's business". Further, he addressed the issue of "Mission Confusion", be sure hospital's finances are sustainable and viable.

He further addressed "Market Places", stating that "small rural hospitals have the most challenges". "Some of the key issues facing healthcare Districts currently says Cohen are:

- Key financial viability,
- · Declining re-imbursement,
- Being viewed by the community as a commodity,

- Balancing community needs,
- Organization (hospital) is viewed by the community on the level of quality of care they
 receive (quality of care best practices)."

Following Mr. Cohen was Karma Bass whom I have been acquainted with since the beginning of her career. She has matured immensely and spoke as a profound consultant with a great deal of knowledge and experience in hospital governance, health care policy, board effectiveness and strategic planning.

She stated "internal group dynamics, trust, self-reflection, effective decision making are some of the characteristics that make up effective Board dynamics and best practices." "Behaviors that impede good governance include how members dominate group discussion, scheduling meetings with little or "no notice" or lack of material regarding the issue or losing focus of the meeting." Karma discussed best practices and duties of a Board Member, Duty of Caring, Duty of Loyalty, Duty of Obedience, with oversight in finances and issues regarding financial expenditures. Further, she spoke on community involvement, stating "it's best to bring in the experts to sit on committees". She urged "avoid use of Advisory Committees". She also addressed the use of "Consent Calendars" and "items of significant importance with financial importance and best to agendaize these". Karma did emphasize "committees should vet all necessary materials related to issues and the minutes of the committees should reflect same". She addressed "use of community members on committees as a very strong sense of community service". Last but not least, Karma addressed the "relationship between the CEO and the Board and getting the job done effectively"!

Julianne Morath, another great speaker especially in disseminating information on how it is "important for new Board Members to be aware of Governance roles, Patient Safety and the Board's fiduciary role as oversight". Julianne was named by Beckers' Hospital Review as one of the top 50 experts leading patient safety this year. She is the author of "Do No Harm" and "The Quality Advantage".

Another area important to all Board Members was the Brown Act and Fair Political Practices Commission, "Rules of Engagement" presented by Martha Ann Knutson, JD. She expressed that "the central element of governing a public entity is transparency, simply deliberating the people's business in an open manner". Her presentation included how a Board goes about meeting transparency standards and the implications of violating those standards. "Utilizing the Brown Act and related governmental statutes will aid the Board Members in the conduct of the people's business", says Ms. Knutston. She discussed "the difference between profits and non-profits and addressed the necessity of posting agendas, i.e. teleconferencing". "During the teleconferencing at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction." Lastly, she addressed "there will be no secret balloting".

The last session was on Public Entity Accounting: "Understanding District Financial Statements" (income and balance sheets). This session was given by Mr. James Marth, CPA, ARPM. He stated that "the Balance Sheet is a snap shot of much of what the District owes and is owed to the District". "Board Members should know what their cash position is (the District's) related to cash needs, what are liquidity measures for the District, is there improvement, what is your environment, tracking healthcare costs, inflation, are costs out pricing inflation, i.e. medical care." "What is the measurement critical to your organization?" "Are you meeting goals, debts being paid on time, etc.?"

Again, a very good session, especially for newly elected Board Members and a very good review for all attendees.

SEMINAR EVALUATION FORM

SEMINAR TITLE: ACHD Leadership

LOCATION: Sacramento, CA **DATES:** January 22-23, 2015

Laura E. Mitchell, Board Member

1. Identify reason for attending seminar:

Newly elected Board Member

2. List the major/most important topics of the seminar. Provide a brief explanation of key information covered under each topic and include your comments on the quality of the speakers and/or content.

The program included what ACHD is, the role of Board Members, the Brown Act and understanding financial statements.

All the speakers were engaging, readily answered questions and made well organized presentations and had helpful supplemental materials.

3. Additional Comments

In addition to elected Board Members, this class would be very helpful to administrators new to California Hospital Districts.