### TRI-CITY HEALTHCARE DISTRICT AGENDA FOR A REGULAR MEETING OF THE BOARD OF DIRECTORS September 25, 2014 - 1:30 o'clock p.m. Classroom 6 - Eugene L. Geil Pavilion

Open Session – Assembly Rooms 1, 2, 3 4002 Vista Way, Oceanside, CA 92056

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

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Approval of agenda		
3	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Closed Session portion of the Agenda. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors.	3 min.	Standard
4	Oral Announcement of Items to be Discussed During Closed Session (Government Code Section 54957.7)		
5	Motion to go into Closed Session		
6	Closed Session	2 Hours	
	<ul> <li>a. Conference with Legal Counsel – Potential Litigation</li> <li>Gov. Code Section 54956.9(d) (2 Matters)</li> </ul>		
	<ul> <li>b. Conference with Legal Counsel – Existing Litigation Gov. Code Section 54956.9(d)1, (d)4</li> <li>(1) Medical Acquisitions Company vs. TCHD Case No: 2014-00009108</li> <li>(2) TCHD vs. Medical Acquisitions Company Case No. 2014-00022523</li> <li>(3) Hammes Co. Healthcare, LLC and HC Tri-City I, LLC vs. TCHD, et al U.S. District Court, Southern District of California Case No. 3:09-cv-02324-JLS-CAB</li> </ul>		
	c. Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees (Authority: Health & Safety Code, Section 32155)		
	d. Approval of prior Closed Session Minutes		
	e. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: January, 2015		

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
	f. Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: January, 2015		
7	Motion to go into Open Session		
8	Open Session  Open Session – Assembly Room 3 – Eugene L. Geil Pavilion (Lower Level) and Facilities Conference Room – 3:30 p.m.		
9	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)		
10	Roll Call / Pledge of Allegiance	3 min.	Standard
11	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
12	Special Presentation –		
	Efficiency and Effectiveness Initiative – Presentation by Daniel Martinez VP of IT, Greg Felix, (Airstrip), Kevin Harris (CureMatrix), David Lucas (Vivify), Dr. Scott Worman, Chief of Staff	45 min.	Chair/FOP Comm.
13	Report from TCHD Foundation – Glen Newhart, Executive Director	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. Consideration to approve the FY2014 Financial Audit – presentation by Devon Wiens, Moss Adams	15 min.	Chair/Audit, Comp. & Ethics Comm.
	b. Consideration to approve renewal of the 2015 Employee Benefits – presentation by Denise Hujing and Kandace McCrae, BB&T	15 min.	Chair/HRC Comm.
	c. Approval to appoint Ms. Xiomara Arroyo to a two-year term on the Community Healthcare & Alliance Committee – Multicultural Seat	3 min.	CHAC Comm.
	d. Approval to appoint Ms. Linda Ledesma to a two-year term on the Community Healthcare & Alliance Committee – Carlsbad Resident Seat	3 min.	CHAC Comm.
	e. Approval to reappoint Ms. Marilou dela Rosa Hruby to a second two year term on the Community Healthcare & Alliance Committee	3 min.	CHAC Comm.
	f. Consideration to cast ballot for Jo MacKenzie as a Regular Special District member and Ed Sprague, Special District Alternate Member on LAFCO's Board of Directors	3 min.	Chair
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	Agenda Item	Time Allotted	Requestor
17	Old Business - None	5 min.	Chair
18	Chief of Staff  a. Consideration of September 2014 Credentialing Actions Involving the Medical Staff – New Appointments Only	5 min.	Standard
19	Consideration of Consent Calendar (1) Medical Staff Credentials for September, 2014	5 min.	Standard
	(2) Medical Staff Recommendations  a. Department/Divisions Rules & Regulations:  1. Division of General & Vascular Surgery Rules & Regulations  2. Division of Subspecialty Surgery Rules & Regulations		Standard
	<ul> <li>b. Medical Staff Policies:</li> <li>1. Cultural Diversity &amp; Linguistics Competency – 8710-601</li> <li>2. Joint Providership/Co-Providership – 8710-602</li> <li>3. Continuing Medical Education Mission Statement</li> <li>4. Regularly Scheduled Series (RSS) Monitoring – 8710-606</li> </ul>		
	c. Pharmacy & Therapeutics Recommendations: 1. Formulary Addition: Indomethacin (Indocin)		
	(3) Medical Executive Committee Summary Report		Standard
	<ul> <li>(4) Board Committees</li> <li>(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.</li> <li>(2) All items listed were recommended by the Committee.</li> <li>(3) Requested items to be pulled require a second.</li> </ul>		
	A. Human Resources Committee     Director Kellett, Committee Chair     Open Community Seats – 0     (Committee minutes included in Board Agenda packets for informational purposes)		HR Comm.
	Approval of Administrative Policy & Procedure #8610-408 –     Absences and Tardiness		
	Approval of Administrative Policy & Procedure #8610-432 –     Employee Transfers		
	Approval of Administrative Policy & Procedure #8610-479 –     Social Media		
	B. Employee Fiduciary Retirement Subcommittee Director Kellett, Subcommittee Chair Open Community Seats - 0 No meeting held in September, 2014		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.

	Agenda Item	Allotted	Requestor
Dir Op (Co inf	cector Dagostino, Committee Chair ben Community Seats - 1 committee minutes included in Board Agenda packets for formational purposes.)  Approval of a renewal of a Medical Director Agreement with Dr. Gary M. Willard, Medical Director for Outpatient Wound Clinic, Hyperbaric Medicine and Inpatient Wound Care Program for a term of 22 months beginning September 21, 2014 through June 30, 2016, not to exceed an average of 30 hours per month or 360 hours annually, at an hourly rate of \$190.00 and a total for the term of \$125,400.		FO&P Comm.
<ul><li>3.</li><li>4.</li><li>5.</li><li>6.</li></ul>	Approval of an agreement with AirStrip for a term of 60 months, beginning October 1, 2014 through September 30, 2019 for an annual cost not to exceed \$464,631 and a total cost for the term of \$1,821,513.  Approval of an agreement with Vivify Health for a term of 33 months beginning October 1, 2014 through June 30, 2014 for a total expense for the term of \$178,780.  Approval of an agreement with CureMetrix, Inc. for Center for Clinical Excellence for a Phase One cost of \$315,549 and a Scope Expansion cost of \$231,323, and a total cost for the project of \$546,872.  Approval of an ED On Call Coverage Agreement with Dr. Henry Hudson, Ophthalmologist, for a term of 21 months beginning 10/1/14 and ending 6/30/16, not to exceed a daily rate of \$150 for an annual cost of \$54,900 and a total cost for the term of \$95,850.  Approval of an ED On-Call Coverage Agreement with Drs. Bilal Choudry and Chunyang Wang, Neurologists for a term of 21 months beginning 10/1/14 through 6/3/16, not to exceed a daily rate of \$500 for an annual cost of \$183,000 and a total cost for the term of \$319,500.  Approval of an ED On-Call Coverage Agreement with Drs. Abhay Gupta and Gregory Park, Plastic Surgeons, for a term of 21 months beginning 10/1/14 through 6/30/16, not to exceed a daily rate of \$500 for an annual cost of \$183,000		
	and a total cost for the term of \$319,500.  Approval of an ED On-Call Coverage Agreement with Dr. Jason Phillips, Urologist, for a term of 21 months beginning 10/1/14 through 6/30/16, not to exceed a daily rate of \$350 for an annual cost of \$128,100 and a total cost for the term of \$223,650.  Approval of an ED On-Call Coverage Agreement with Dr. Karim El-Sherief, Cardiologist for a term of 21 months		

	Agenda Item	Time Allotted	Requestor
Cardiology-Go Interventional	terventional for an annual cost of \$73,200 for eneral and \$219,600 for Cardiology- , and a total cost for the term of \$127,800 for eneral and \$383,400 for Cardiology-		
12 months, be	n agreement with Fidelis Partners for a term of eginning 10/1/14 through 9/30/15 for an annual 4,000 and a total expense for the term of		
with Dr. Karer August 1, 201 of an addition	Wellness MOB Timeshare Lease Agreement in Hanna for a term of two months, beginning 14 through September 30, 2014, with an option is all two months at the fair market rental rate as by the Arens Group in March 2014.		
Program for r months begin 2017 for an a	n agreement with Cardinal Health Optifreight reduced FEDEX freight fees for a term of 36 uning October 1, 2014 through September 30, nnual amount of \$215,000 (including all TCHD ping expenses) and a total expense for the term		
terms and co dated April 2, including exe debt of appro agreements a	uthorize executive management to negotiate nditions associated with the Credit Agreement 2012 and amended on September 30, 2013, cution of a replacement note for existing term ximately \$51 million, and to execute any and all and instruments, as approved by legal counsel, he District to provide for such amendments cations.		
party workers term of 36 mo December 31	n to approve agreement with CorVel for third- or compensation claims administration for a conths beginning January 1, 2015 through 1, 2017 for an annual cost of \$159,720 and a the term of \$479,160		
Director Reno, 0	ffairs Committee Committee Chair d in August,2014)		PAC Comm.
Director Schalloc Open Community	egislative Committee k, Committee Chair v Seats - 1 in September,2014)		Gov. & Leg. Comm.
G. Audit & Complia Director Finnila, ( Open Community (Committee minu informational pur	Committee Chair / Seats – 1 tes included in Board Agenda packets for		Audit, Comp. & Ethics Comm.
1. Consideration	on to approve Committee Operating Principles		

	Agenda Item	Time Allotted	Requestor
1	(5) Migutos Approval of		Chandond
	<ul><li>(5) Minutes – Approval of</li><li>a) August 28, 2014 – Regular Board of Directors Meeting</li></ul>		Standard
	(6) Meetings and Conferences		Standard
	(7) 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 – (August, 2014)  (d) Reimbursement Disclosure Report - (August, 2014)  (e) Seminar/Conference Reports  1. Governance Forum – Chairman Schallock	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)	3 hours/ 13 min.	
27	Oral Announcement of Items to be Discussed During Closed Session (If Needed)		
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		
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### FY2014 Financial Statement Audit to be distributed and available prior to Board Meeting

## BB&T Insurance Services

BB&T John Burnham Insurance

# 2015 Employee Benefits Renewal

Presented to the Tri-City Healthcare District Human Resources Committee



## Tri-City Medical Center

Administered by Tri-City Healthcare District (A California Hospital District)

September 9, 2014



## Introductions

**BB&T** Attendees:

Denise Hujing

Kandace McCrae



### Highlights

## 2015 marketing focus:

- Cost containment: minimize financial impact to employees and TCMC
- Maintain and/or improve provider network access for all lines of coverage
- Evaluate plan design options
- Enhance wellness offering

### Results:

\$1,112,009 in premium savings (over the initial renewals). In addition, Through negotiations and market leverage, BB&T was able to achieve UHC has committed \$75,000 towards TCMC's wellness program.

## **Benefits Overview**







Pharmacy (Self-Funded)

Dental (DHMO and ASO/Self-Funded PPO)

■ Vision (PPO)



Basic Life

Supplemental Life

Dependent Life

Survivor Income

Long Term Disability (LTD)



Employee Assistance Plan (EAP)



EXECTUGARE 

EXECUTIVE Reimbursement Benefit

**BB&T** Insurance Services

BB&T John Burnham insurance



## Marketing Overview

The carriers listed below were solicited but are not presented in this proposal for the following reasons:

### MEDICAL

Aetna

Declined – not competitive

Declined - not competitive

Declined – not competitive

Anthem – CarePlus

Blue Shield

Cigna

**Health Net** 

OneSource (Stop Loss)

SeeChange

Sharp

No response

No response

Declined – not competitive (+33% over current)

PPO only quote released on 8.21.14. Pulled out of the market.

Quoted – not competitive (+13% over current)

## Marketing Overview



The carriers listed below were solicited but are not presented in this proposal for the following reasons:

### ■ DENTAL

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+12.1%; only quoted fully-insured PPO

No DHMO; ASO PPO estimated -1.2% Ameritas

No Response Assurant

Declined – not competitive **Blue Shield** 

**DHMO +19.7%** 

ASO PPO estimated -4.8%

**DHMO +22.52** Guardian

ASO PPO estimated -0.8%

No Response

LFG

ASO PPO estimated -16% **DHMO (CDN) -2.65%** 

Principal

Declined – not competitive Standard

ASO PPO estimated -4.9% **DHMO -6.41%** 

### VISION

**Ameritas** 

ASO estimated -64.5% Blue Shield Declined - not

competitive

EyeMed

Fully-Insured +61.17% Fully-Insured -13.6% Guardian

MES

Fully-Insured +7.0%; ASO

estimated -72.4%

Fully-insured -17.2% Standard

CHC

ASO Estimated -72.7%

**BB&T** Insurance Services BB&T John Burnham Insurance



## Marketing Overview

The carriers listed below were solicited but are not presented in this proposal for the following reasons:

### ■ LIFE & DISABILITY

No Response Assurant

Declined - not competitive

LFG

Declined - not competitive Declined – not competitive Standard Principal

Intended to quote pending further

information:

Reliance Standard AIG

Guardian Cigna

Unum Met Life

Symetra

Sun Life

**VOYA Financial** Mutual of Omaha •

**Prudential** 

ComPsyche (Hartford) -24.2%

EAP

Health Advocate **Holman Group** 

-12.33%

-1.37%

MHN

No Response

**BB&I** Insurance Services

BB&T John Burnham Insurance



## Medical Plan Renewal





Dogwoon	Vecolimendation
Negotiated	Renewal (as is)
Initial	Renewal (as is)
Constitution	Current

Medical (and Rx)         Combined:         8.4%         5.2%         4.1%           - HMO         \$13,632,765         \$14,857,491         \$14,479,572         Renew as is         \$14,479,572           - PMO         \$2,780,172         \$2,934,055         \$2,780,172         \$elect PPO         \$2,602,065           - PPO         \$2,780,172         \$2,580,005         \$2,602,065         -6.4%						
\$13,632,765 \$14,857,491 \$14,479,572 Renew as is 9.0% 6.2% \$2,780,172 \$2,934,055 \$2,780,172 <b>Select PPO</b> 5.5% 0.0%	Medical (and Rx)	Combined:	8.4%	5.2%	4.1	%
9.0% 6.2% PPO \$2,780,172 \$2,934,055 \$2,780,172 <b>Select PPO</b> 5.5% 0.0%	- HMO	\$13,632,765	\$14,857,491	\$14,479,572	Renew as is	\$14,479,572
PPO \$2,780,172 \$2,934,055 \$2,780,172 <b>Select PPO</b> 5.5% 0.0%	25		%0.6	6.2%		6.2%
0.0%		\$2,780,172	\$2,934,055	\$2,780,172	Select PPO	\$2,602,065
			5.5%	%0.0		-6.4%

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Renewal Year	Initial Rate Action	Final Renewal Action	Experience Period LR
2012	0 m	7.64%c	83.3%
2013	12.6%	7.50%	86,5%
2014	14.5%	5.00% w/Jan, 14 premium reduction	87.5%
2015	9.2%	5.65%	79.3%

BB&I Insurance Services

BB&T John Burnham Insurance



## PPO Medical Plan Option



- The look and feel of the plan is identical to the current PPO Choice Plus network in place – no benefit changes.
- Provides the same flexibility and network access as the Choice Plus network does.
- referrals to see specialists. UHC will suppress the PCP Identifier Members can, but are not required to choose a PCP or obtain on the ID Cards
- The 6.83% reduction to current costs equates to approximately \$178,108 savings annually.

### BB&T Insurance Services 88&T John Burnham Insurance



## Dental Plan Renewal

A DELTA DENTAL	Recommendation	-15.4%
ncare	Negotiated Renewal (as is)	%0.0
UnitedHealthcare	Initial Renewal (as is)	0.5%
	Current	Combined:

		UnitedHealthcare	hcare	A DELTA	DELTA DENTAL
	Current	Initial Renewal (as is)	Negotiated Renewal (as is)	Recommendation	dation
Dental	Combined:	0.5%	0.0%	-15.4%	%
- DHMO	\$153,046	\$157,689	\$153,046	DeltaCare 13B	\$139,243
		3.0%	0.0%		%0.6-
- PPO	\$969,355	\$970,201	\$969,355	Delta Premier ASO	\$809,786
		0.1%	%0.0		-16.5%





VSO Nison care for life	Recommendation	-75.1%	\$44,668
	Recor		VSP ASO
ncare	Negotiated Renewal (as is)	%0.0	\$179,435
UnitedHealthcare	Initial Renewal (as is)	0.0%	\$179,435
	Current		\$179,435
		/ision	



## Life & Disability Renewal



Negotia	as is) Renewal (
Initia	Renewal (as is)
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Life & Disability	Combined:*	3.5%	-7.0%	-7.0%	
- Basic Life	\$84,545	\$84,540	\$79,667	Renew as is	\$79,667
- AD&D	\$24,388	\$24,384	\$24,388	Renew as is	\$24,388
- Long Term Disability	\$356,667	\$377,304	\$327,454	Renew as is	\$327,454
- Suvivor Income	\$124,186	\$124,186	\$116,736	Renew as is	\$116,736
- Supplemental Life (Employee Paid)	\$298,544	\$229,879	\$213,998	Renew as is	\$213,998

\*Combines percentages include only the employer-paid plans.

**BB&I** Insurance Services BB&T John Burnham Insurance

# Employee Assistance Plan (EAP) Renewal



UnitedHealthcare	Recommendation	-18.3%	UHC/Optum* \$46,633
S. 🔻	Negotiated Renewal (as is)	%0.0	\$57,054
Magellan HEALTH SERVICES	Initial Renewal (as is)	0.0%	\$57,054
2	Current	Employee Assistance Plan	\$57,054

\*Pending full contract and services review for comparable benefits.

## 2015 Renewal Summary



	Current	Initial Renewal (as is)	Negotiated Renewal (as is)	Recommendation
Medical (and Rx)*	Combined:	8.4%	5.2%	4.1%
Dental*	Combined:	0.5%	%0.0	-15.4%
Vision*		%0.0	%0.0	-75.1%
Life & Disability	Combined:*	3.5%	-7.0%	-7.0%
EAP		%0.0	%0.0	-18.3%
Total Annual Premium	\$18,660,157	\$19,996,218	\$19,380,878	\$18,884,210
7 %	\$ $\triangle$ Over Current % $\triangle$ Over Current	\$1,336,061	\$720,721	\$224,053
	\$ \triangle 0ve \\ \triangle 0ve	<ul><li>△ Over Initial Renewal</li><li>△ Over Initial Renewal</li></ul>	-\$615,340 -3.08%	-\$1,112,009 -5.56%

\*inclusive of ACA fees and mandated benefit enhancements

### 8

# **Executive Reimbursement Benefit**

### EXEC-U.CARE"

- Lincoln is discontinuing the Exec-u-care benefit program December 31, 2014.
- BB&T approached similar program administrators including:
- Armada Care Ultimate Health
- Reliance Standard AdvantEdge
- Reliance Standard AdvantEdge is the most similar in benefit design and cost.

### Recommendation:

Replace the Exec-u-care program with AdvantEdge effective January 1, 2015.





### COMMUNITY HEALTHCARE ALLIANCE COMMITTEE September 25, 2014

CONTACT: Director Julie Nygaard Committee Chair

<u>Consent Agenda Item:</u> Consideration to appoint Ms. Xiomara Arroyo to an initial two-year term as a member of the Community Healthcare Alliance Committee with Multicultural background.

**Background:** Ms. Xiomara Arroyo has not been previously appointed to the Community Healthcare Alliance Committee. Per Board Policy 10-031 "community members of Board Committees shall serve a term of two years, with an option to renew the appointment for one additional two-year term".

**Recommendation:** The Community Healthcare Alliance Committee has recommended the Board appoints Ms. Xiomara Arroyo to an initial two-year term. This recommendation is being brought to the Board for approval.





### COMMUNITY HEALTHCARE ALLIANCE COMMITTEE September 25, 2014

CONTACT: Director Julie Nygaard Committee Chair

<u>Consent Agenda Item:</u> Consideration to appoint Ms. Linda L. Ledesma to an initial two-year term as the District Resident City of Carlsbad member of the Community Healthcare Alliance Committee.

**Background:** Ms. Linda L. Ledesma has not been previously appointed to the Community Healthcare Alliance Committee. Per Board Policy 10-031 "community members of Board Committees shall serve a term of two years, with an option to renew the appointment for one additional two-year term".

**Recommendation:** The Community Healthcare Alliance Committee has recommended the Board appoints Ms. Linda L. Ledesma to an initial two-year term. This recommendation is being brought to the Board for approval.





### COMMUNITY HEALTHCARE ALLIANCE COMMITTEE September 25, 2014

CONTACT: Director Julie Nygaard Committee Chair

<u>Consent Agenda Item:</u> Consideration to appoint Ms. Marilou dela Rosa Hruby to an additional two-year term on the Community Healthcare Alliance Committee.

**Background:** Ms. Marilou dela Rosa Hruby was appointed to the Community Healthcare Alliance Committee on June 28, 2012. Per Board Policy 10-031 "community members of Board Committees shall serve a term of two years, with an option to renew the appointment for one additional two-year term".

**Recommendation:** The Community Healthcare Alliance Committee has recommended the Board appoints Ms. Marilou dela Rosa Hruby to an additional two-year term. This recommendation is being brought to the Board for approval.





1391 Engineer Street • Vista • California 92081-8840 Phone: (760) 597-3100 • Fax: (760) 598-8757 August 21, 2014 www.vid-h2o.org

Paul E. Dorey, President John B. Franklin Jo MacKenzie Marty Miller Richard L. Vásquez

### **Administrative Staff**

Roy A. Coox General Manager

Eldon L. Boone Assistant General Manager | Treasurer

> Lisa R Soto Board Secretary

Joel D. Kuperberg

4002 Vista Way Oceanside CA 92056

Tri-City Healthcare District

Dear Board Chair:

The Vista Irrigation District (VID) Board of Directors has nominated Jo MacKenzie for the one open Special District Regular Member seat on LAFCO's board of directors. I am writing to you to ask for your agency's support of Jo MacKenzie for this position.

Ms. MacKenzie has been an Alternate LAFCO member since 2009 and was appointed to LAFCO's Audit Committee in 2012. She served as a member of the LAFCO Special District Advisory Committee for 15 years, serving as Chair from 2005 to 2009, and Vice Chair from 2001 to 2004. In 2002, Ms. MacKenzie was appointed to LAFCO's first Municipal Service Review Committee. In addition to her work with LAFCO, Ms. MacKenzie chaired the state CSDA task force developing an information packet to equip special districts with the tools and procedures necessary to facilitate a potential reorganization.

Ms. MacKenzie was elected to the Vista Irrigation District Board of Directors in 1992 and has been elected to serve as President six times in those 22 years. She currently serves as First Vice President of the Board. Ms. MacKenzie was elected to the CSDA Board of Directors representing Region 6 in 2003, and she served as CSDA President in 2011. With the Association of California Water Agencies (ACWA), Ms. MacKenzie currently serves as Chair of the Local Government Committee and on the ACWA Boa d of Directors. Previous ACWA involvement included serving on the ACWA Region 10 Board for 13 years and on the ACWA Membership Committee.

Having known Ms. MacKenzie for more than 18 years and working with her at VID, 1 can personally attest to her very active involvement in special districts and her acquired comprehensive knowledge in statewide and local special districts issues. In 2010 Ms. MacKenzie was named CSDA Legislative Advocate of the Year, and in 2011 she was named Special District Official of the Year by Public CEO.com. Ms. MacKenzie is the principal owner of a land planning consulting firm in San Marcos. As a land planning consultant, Ms. MacKenzie has worked with various special districts and is familiar with their issues. Ms. MacKenzie's professional career and involvement with special districts has taken her throughout southern California where she has developed working relationships with many city officials, as well as with county, state and federal legislators. With her extensive professional and political background and working knowledge of LAFCO's enabling legislation, the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 and San Diego LAFCO Procedures Guide and policies. I am confident that Ms. MacKenzie has the qualifications to successfully perform the duties of a Regular LAFCO Special District Member with distinction.

I urge your Board to vote for Jo MacKenzie as a Regular Special District member on LAFCO's board of directors.

Very truly yours,

Roy A. Coox General Manager

### **Board of Directors**

Lawrence A. Watt, President Christy Guerin, Vice President Edmund K. Sprague, Treasurer Gerald E. Varty, Secretary hert F. Topolovac, Director



General Manager Kimberly A. Thorner, Esq. General Counsel Alfred Smith, Esq.

September 11, 2014

Tri-City Healthcare District 4002 Vista Way Oceanside, CA 92056

Dear Board President:

At its September 10, 2014 regular meeting, Olivenhain Municipal Water District's board unanimously nominated Mr. Edmund (Ed) K. Sprague for the Special District Alternate Member position on LAFCO. I am writing to request your support of Mr. Sprague's nomination for this seat.

Mr. Sprague joined OMWD's board in 2008 and served as President from 2009 to 2012. He presently serves as Treasurer on the board of directors and concurrently participates on various district committees, including the Ad Hoc Finance Committee, the Ad Hoc Facilities Committee, and the Ad Hoc Outreach Committee. His tenure with OMWD has provided Mr. Sprague with a great deal of experience managing water, wastewater, and parks and recreation services to over 80,000 customers. In addition, Mr. Sprague serves on CSDA's Education Committee since 2013. Previous accomplishments include earning his Recognition in Special District Governance certification from the Special District Leadership Foundation in 2010 and serving on the board of directors of the Special District Risk Management Authority in 2011.

As a lifetime resident of northern San Diego County, Mr. Sprague has dedicated his life to serving and protecting the community in fire protection and prevention roles. His career began in 1986 as a Cadet Firefighter with the City of Escondido Fire Department. Later that same year, he had the opportunity to join the City of Carlsbad Fire Department as a full-time Firefighter. Over the next twenty-six years, Mr. Sprague rose through the ranks from Firefighter, Fire Engineer, Fire Captain, Battalion Chief - Training Officer, to Shift Battalion Chief. During that period, he spent ten years as a Rescue Specialist on USAR TF 8, was the department's Public Education Officer, Liaison Officer with North County Dispatch JPA, in addition to participating in numerous other projects and programs. Since 2012, he serves as Deputy Fire Chief for the North County Fire Protection District. Mr. Sprague holds bachelor's and master's degrees in public administration from San Diego State University and an associate's degree in fire science from Palomar College.

Mr. Sprague's extensive experience in the fields of water, wastewater, parks and recreation, and fire protection and prevention will aid him in bringing a uniquely broad perspective to LAFCO. For this reason, I encourage you to vote for Ed Sprague as Special District Alternate Member on LAFCO.

Sincerely,

Lawrence A. Watt President of the Board

Olivenhain Municipal Water District







For and on behalf of the TCHD Board of Directors

TO: Larry Schallock, Chairperson FROM: Scott Worman, M.D., Chief of Staff DATE: September 25, 2014 SUBJECT: Medical Executive Committee Credentialing Recommendations - New Appointments The attached Medical Staff New Appointments Credentials report was reviewed and approved at Credentials Committee on September 10, 2014. Their recommendations were reviewed and approved by the Medical Executive Committee on September 22, 2014. This report is forwarded to the Board of Directors with recommendations for approval: SUBMITTED BY: Scott Worman, M.D., Chief of Staff Date **GOVERNING BOARD DISPOSITION:** Approved: Denied: Julie Nygaard, Secretary Date

### TRI-CITY MEDICAL CENTER MEDICAL STAFF INITIAL CREDENTIALS REPORT September 10, 2014

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 09/25/2014 - 08/31/2016)

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

Ahn, Yvonne, MD - Anesthesiology

Day, Luke T., MD - Emergency Medicine

Grove, Jay R., MD - Surgery/General & Vascular Surgery

Kollengode, Vijay S., MD - Anesthesiology

Krall, Peter J., MD - Surgery/Ophthalmology

Ku, Tina, MD - Surgery/Ophthalmology

Mundt, Arno, MD - Medicine/Radiation Oncology

Perkins, Rachel E., MD - Pediatrics

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

Huang, Stephanie K., PA-C - Medicine/Neurology

### INITIAL APPLICATION WITHDRAWAL: (Voluntary unless otherwise specified) Medical Staff:

Moheimani, Assad M., MD – Surgery/Orthopedics Sills, Eric S., MD – Obstetrics/Gynecology

### **Allied Health Professionals:**

None

### **TEMPORARY PRIVILEGES:**

### **Medical Staff/Allied Health Professionals:**

Day, Luke T., MD - Emergency Medicine

Deemer, Andrew MD - Surgery/General & Vascular Surgery

Grove, Jay R., MD - Surgery/General & Vascular Surgery

Krall, Peter J., MD – Surgery/Ophthalmology

### **TEMPORARY MEDICAL STAFF MEMBERSHIP:**

### Medical Staff:

None

### Medical Staff Office Tri-City Medical Center 4002 Vista Way, Oceanside, CA 92056-4506 • (760) 940-3001

For and on behalf of the TCHD Board of Directors

TO:	Larry Schallock, Chairperson	
FROM:	Scott Worman, M.D., Chief of Staff	
DATE:	September 25, 2014	
SUBJECT:	Medical Executive Committee Credential	ing Recommendations – Reappointments
Committee on Executive Com	September 10, 2014. Their recommendat	report was reviewed and approved at Credentials ons were reviewed and approved by the Medical rt is forwarded to the Board of Directors with
SUBMITTED E	3Y:	
Scott Worman	M.D., Chief of Staff	Date
GOVERNING	BOARD DISPOSITION:	
Approved:		
Denied:		
Julie Nygaard,	Secretary	- Date



### TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 September 10, 2014

Attachment B

REAPPOINTMENTS (Effective Dates: 10/01/2014 to 09/30/2016)

### **MEDICAL STAFF**

### Alleyne, Neville, MD, Surgery/Orthopedic Surgery

Reappoint to Active Staff and grant privileges as requested.

### Bedrosian, Diane., MD, Pediatrics

Reappoint to Active Staff and grant privileges as requested.

### Burzell, Linden J., DO, Family Medicine

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

- Incision and drainage
- Closure of simple lacerations
- Excision or biopsy of skin or subcutaneous tumor

### Cepero, Oscar A., MD, Anesthesiology

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

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

### Ellini, Ahmad R., MD, Pediatrics

Reappoint from Provisional to Courtesy Staff and grant privileges as delineated.

### Gosalia, Nupur K., MD, Family Medicine

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

- Adult Procedures
  - o Incision and drainage
  - Closure of simple lacerations
  - Excision or biopsy of skin or subcutaneous tumor
  - Removal of foreign body by speculum, forceps or superficial incision
  - Removal of corneal foreign body by superficial curettage
  - Evacuation of thrombosed hemorrhoids
  - o Thoracentesis
  - o Paracentesis
  - o Lumbar puncture
  - o Venous cut down
  - o Proctosiamoidoscopy
  - o Transcutaneous insertion CVP line
  - o Insertion arterial line
- Pediatric Procedures
  - o Lumbar puncture, pediatric
  - o IV Administration of Fluids and Electrolytes, pediatric
  - o Direct laryngoscopy, pediatric

Page 1 of 3

### TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 September 10, 2014

Attachment B

- o Newborn circumcision
- o Standby for pediatric assistance (Delivery and C-Section)
- o Endotracheal intubation, pediatric

### Gupta, Anshu K., MD, Surgery/Plastic Surgery

Reappoint to Active Staff and grant privileges as delineated.

### Add:

- Advanced Plastic and Reconstructive Surgery of Torso and Limbs
  - o Urogenital reconstruction
- Intermediate Hand Surgery
  - o Synovectomy

### Relinquish:

- Intermediate Aerodisgestive Tract
- Intermediate Neck
- Advanced Neck
- Basic Plastic and Reconstructive Surgery of Head and Neck Surgery (Crossover)
  - o Dermabrasion
- Intermediate Plastic and Reconstructive Surgery of Head and Neck (Crossover)
  - o Mentoplasty
  - o Facial liposuction
  - o Cleft palate repair
  - o Pharyngeal flap surgery
  - o Cleft lip repair
  - o Pedicle lip flap reconstruction
- Intermediate Hand Surgery
  - o Congenital defects

### Kan, Jack M., MD, Anesthesiology

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

### Evaluate and treat patients with anesthesia related problems

- Relinquish:

   Pain Management Core Privileges
  - Admit patients

### Perrizo, Nathan A., DO, Medicine/Pain Medicine

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

### Rosenberg, Jay H., MD, Medicine/Neurology

Reappoint to Active Staff and grant privileges as delineated.

### Add:

- Telemedicine
  - EEG Interpretation

### Rotunda, Sherry L., MD, Medicine/Dermatology

Reappoint to Affiliate Staff, Refer and Follow only.

### inio, Stephen P., MD, Family Medicine

Reappoint to Active Staff and grant privileges as delineated.

Page 2 of 3

### TRI-CITY MEDICAL CENTER **MEDICAL STAFF CREDENTIALS REPORT - Part 1 of 3** September 10, 2014

Attachment B

### Relinquish:

- **Adult Procedures** 
  - o Incision and drainage
  - Closure of simple lacerations
  - o Excision or biopsy of skin or subcutaneous tumor
  - o Removal of corneal foreign body by superficial curettage
  - o Evacuation of thrombosed hemorrhoids
- Pediatric Procedures
  - o Lumbar puncture, pediatric
  - Newborn circumcision

### Valdivia, Leopoldo E., DO, OB/GYN

Reappoint from Provisional to Consulting Staff and grant privileges as delineated. Relinguish:

- Chorionic Villus Sampling
- **Admit Patients**

### Whitney, Janet L., DO, Family Medicine/Wound Care

Reappoint to Active Staff and grant privileges as requested.

### Ziering, Robert W., MD, Medicine/Allergy and Immunology

Reappoint to Consulting Staff and grant privileges as requested.

### Zupancic, Michael J., MD, Medicine/Neurology

Reappoint from Provisional to Courtesy Staff and grant privileges as delineated.

### MEDICAL STAFF - Does Not Meet Qualifications

Rehm, Kenneth B., DPM, Surgery/Podiatric Surgery

### ALLIED HEALTH PROFESSIONALS (Effective Dates: 10/01/2014 to 09/30/2016)

### Rice, William M., PAC, Emergency Medicine/ Allied Health Professional

Reappoint to Allied Health Professionals and grant privileges as requested.

### RESIGNATIONS (Effective September 30, 2014, unless otherwise specified) Voluntary:

Ander, Aziz N., MD, Medicine/Neurology Edwards, Keith C., MD, Radiology/Interventional Radiology

### TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 September 10, 2014

REAPPOINTMENTS (Effective Dates: 11/01/2014 to 10/31/2016)

Attachment B

### **MEDICAL STAFF**

Bentley, Christian D., MD, Surgery/Orthopedic Surgery Reappoint to Active Staff and grant privileges as requested.

### Bharne, Anjali A., MD, Medicine/Oncology

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

- Admit patients
- Bone marrow
- Plasmapheresis

### Camberos, Alfonso, MD, Surgery/Plastic Surgery

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

- Advanced hand surgery
  - o Replantation

### Carr, Kenneth W., MD, Medicine/Cardiology

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

Rotational atherectomy

### Chaturvedi, Sanjana, MD, Medicine/Internal Medicine

Reappoint to Affiliate Staff, Refer and Follow only.

### Chiang, Pentga A., MD, Emergency Medicine

Reappoint to Active Staff and grant privileges as requested.

### Clarkson, Chunjai P., MD, OB/GYN

Reappoint to Active Staff and grant privileges as requested.

### Cooperman, Andrew M., MD, Surgery/Orthopedic Surgery

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

Moderate sedation

### <u>Unsupervised to Proctor Status – (due to low activity)</u>

Arthrodesis of extremities

### Daugherty, David L., MD, Surgery/Orthopedic Surgery

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

- Total joint arthroplasty
  - o Shoulder, arthroplasty

### 'nsupervised to Proctor Status - (due to low activity)

Wrist, arthroplasty

### TRI-CITY MEDICAL CENTER **MEDICAL STAFF CREDENTIALS REPORT - Part 1 of 3 September 10, 2014**

Attachment B

Davies, James A., MD, Surgery/Ophthalmology

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

Admit patients

### Evans, David G., MD, Radiology/Nuclear Medicine

Reappoint to Active Staff and grant privileges as requested.

### Evtimov, Stolmen S., MD, Medicine/Internal Medicine

Reappoint to Active Staff and grant privileges as delineated.

Relinquish:

- Arthrocentesis
- Cyst aspiration
- Excision of subcutaneous lesions not requiring skin grafts
- Incision and drainage

### Gandhi, Dhruvil P., MD, Surgery/Colon & Rectal Surgery

Reappoint from Provisional to Active Staff.

Privileges as listed on new GVS privilege form; privileges have been re-categorized.

### Garner, Darin S, MD, Emergency Medicine

Reappoint to Active Staff and grant privileges as requested.

### Ghosh, Sutapa, MD, OB/GYN

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

- Gynecology Privileges (Abdominal Surgery)
  - Abdominal sacrocolpopexy

### Glasser, Judd L., MD, Emergency Medicine

Reappoint to Active Staff and grant privileges as requested.

### Grauer, Nancy M., MD, OB/GYN

Reappoint to Active Staff and grant privileges as delineated.

<u>Unsupervised to Proctor Status – (due to low activity)</u>

Robotic Surgery (da Vince)

### Holmes, Russell C., MD, Family Medicine

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

- Lumbar puncture
- Removal of corneal foreign body

### Lopez, Sandra, MD, OB/GYN

Reappoint to Active Staff and grant privileges as requested.

### lehta, Ritvik P., MD, Surgery/Otolaryngology

eappoint from Active to Courtesy Staff and grant privileges as delineated.

<u>Unsupervised to Proctor Status – (due to low activity)</u>

Page 2 of 4

### TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 September 10, 2014

Attachment B

- Wound Care Center
  - o Chronic non-healing wound care

### Miller, Jeffrey S., MD, Radiology

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

I-131 Therapy for thyroid cancer or for hyperthyroidism

### Novak, Georganne K., MD, Family Medicine

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

- Removal of corneal foreign body by superficial curettage
- Admit gynecologic patients
- Gynecologic consultation, including via telemedicine (F)
- Gynecologic history & physical, including via telemedicine (F)

### Park, Christopher W., MD, Radiology/Teleradiology

Reappoint to Associate Staff and grant privileges as requested.

### Parker, Sherine B., MD, Pediatrics

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

Attendance at C-sections and vaginal deliveries, including newborn resuscitation

### Pendleton, Robert B., MD, Surgery/Ophthalmology

Reappoint to Active Staff and grant privileges as requested.

### Samady, Joseph A., MD, Medicine/Dermatology

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

### Shapiro, Mark, MD, Medicine/Nephrology

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

Admit patients

### Showah, Henry F., Emergency Medicine

Reappoint to Active Staff and grant privileges as requested.

### Speelman, Patricia N., MD, Medicine/Dermatology

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

Destruction, malignant less than 10 cm (F)

### Vogel, Curt A., MD, Medicine/Dermatology

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

### Yolff, James D., MD, Radiology/Teleradiology

eappoint to Associate Staff and grant privileges as requested.

Page 3 of 4

# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 3 September 10, 2014

Attachment B

Yoler, Katharine A., MD, Radiology/Teleradiology Reappoint to Associate Staff and grant privileges as requested.

Zimmermann, Andres, MD, Medicine/Internal Medicine Reappoint from Active to Affiliate Staff, Refer and Follow only.

TIME-LIMITED REAPPOINTMENTS (Effective Dates: 11/01/2014 to 01/31/2016)

Isacescu, Valentin, MD, Medicine/Psychiatry
Reappoint from Active to Affiliate Staff, Refer and Follow only.

ALLIED HEALTH PROFESSIONALS (Effective Dates: 11/01/2014 to 10/31/2016)

Elalmparo, Kaye L., NP, Surgery/ Allied Health Professional Reappoint to Allied Health Professionals and grant privileges as requested.

Forbes, Beth, RNFA, Surgery/ Allied Health Professional Reappoint to Allied Health Professionals and grant privileges as requested.

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

Aspiras, Julie, MD, Medicine/Internal Medicine
Aldana, Nancy V., MD, Pediatrics
Cueva, Mary C., MD, Family Medicine
Cullen, Jennifer, MD, Emergency Medicine
Grewal, Navrose S., MD, Surgery/Cardiothoracic Surgery
Ha, Chi O., MD, Surgery/Plastic Surgery
Lam, Jessica E., PAC, Surgery/Allied Health Professional
Panagiotides, George P., MD, Surgery/Cardiothoracic Surgery
Udani, Vikram M., MD, Surgery/Neurological Surgery
Verma, Jinnu A., MD, Medicine/Internal Medicine (6/20/2014)
Walters, Christopher C., MD, Anesthesiology

# TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3 September 10, 2014

Attachment B

### NON-REAPPOINTMENT RELATED STATUS MODIFICATIONS (Effective Date: 9/25/2014)

Deemer, Andrew, MD, Surgery/General & Vascular Surgery

Add: Privileges as listed on new GVS privilege form; privileges have been re-categorized Robotic surgery – single port (cholecystectomy only) da Vinci (Temporary privileges requested)

Kroener, John, MD, Surgery/General & Vascular Surgery

Add: Privileges as listed on new GVS privilege form; privileges have been re-categorized

### TRI-CITY MEDICAL CENTER **MEDICAL STAFF CREDENTIALS REPORT - Part 3 of 3 September 10, 2014**

Attachment B

### PROCTORING RECOMMENDATIONS (Effective 9/10/14, unless otherwise specified)

Amin, Arti, MD, Anesthesiology

Release from specific proctoring:

Regional anesthesia – 100% Complete

Hawkins, Melissa, MD, OB/GYN

Release from specific proctoring:

Cesarean section

Theisen, April, PAC, Allied Health Professional/Emergency Medicine

Release from specific proctoring: General Patient Care category

)		Medical Staff Office City Medical Center  y. Oceanside, CA 92056-4506 • (760) 940-3003		
	TO:	Larry Schallock, Chairperson		
	FROM:	Scott Worman, M.D., Chief of Staff		
	DATE:	September 25, 2014		
	SUBJECT:	Medical Executive Committee Recommendations		
		ocuments were reviewed and approved by the Medical Ex ocuments are forwarded to the Board of Directors with rec		
	1. Divisio	ivisions Rules & Regulations: n of General & Vascular Surgery Rules & Regulations n of Subspecialty Surgery Rules & Regulations		pp. 1-11 pp. 12-31
	<ol> <li>Joint P</li> <li>Conting</li> </ol>	Policies: al and Linguistic Proficiency, 8710-601 Providership/Co-Providership, 8710-602 uing Medical Education Mission Statement arly Scheduled Series (RSS), 8710-606		pp. 32-33 pp. 34-35 pg. 36 pp. 37-38
D		herapeutics Recommendations: lary Addition: Indomethacin (Indocin)		pp. 39-43
	The above rec	ommendations are presented to the Board of Directors for	final review and disposi	tion.
	Scott Worman	, M.D., Chief of Staff	Date	
	GOVERNING	BOARD DISPOSITION:		
	Approved:			
	Denied:			

Date

Julie Nygaard, Secretary
For and on behalf of the TCHD Board of Directors



Rules and Regulations

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 1 of 11

#### I. MEMBERSHIP

The Division of General and Vascular Surgery consists of physicians who are Board Certified or in the first thirty-six (36) months of Board Eligibility and actively pursuing certification by the American Board of Surgery, or able to demonstrate comparable ability, training and experience.

### II. FUNCTIONS OF THE DIVISION

The general functions of the Division of General and Vascular Surgery shall include:

A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients by members of the Division and develop criteria for use in the evaluation of patient care;

B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the hospital.

C. Conduct, participate in and make recommendations regarding continuing medical education programs pertinent to Division clinical practice.

D. Review and evaluate Division member adherence to:

Medical Staff policies and procedures

2. Sound principles of clinical practice

E. Submit written minutes to the QA/PI Committee and Medical Executive Committee concerning:

1. Division review and evaluation of activities, actions taken thereon, and the results of such actions; and

2. Recommendations for maintaining and improving the quality and safety of care provided in the hospital.

F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring.

G. Take appropriate action when important problems in patient care, patient safety, and clinical performance or opportunities to improve patient care are identified

H. Recommend/Request Focused Professional Practice Evaluation as indicated (pursuant to Medical Staff Policy 8710-509).

I. Approve On-Going Professional Practice Evaluation Indicators, and

J. Formulate recommendations for Division rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.

#### III. DIVISION MEETINGS

The Division of General and Vascular Surgery shall meet at the discretion of the Chief, but at least quarterly. The Division will consider the findings from the ongoing monitoring and evaluation of the quality, safety, and appropriateness of the care and treatment provided to patients. Minutes shall be transmitted to the QA/PI Committee, and then to the Medical Executive Committee.

Twenty-five percent (25%) of the Active Division members, but not less than two (2) members, shall constitute a quorum at any meeting.

### IV. <u>DIVISION OFFICERS</u>

The Division shall have a Chief who shall be a member of the Active Medical Staff and shall be qualified by training, experience, and demonstrated ability in at least one of the clinical areas covered by the Division.

The Division Chief shall be elected every year by the Active Staff members of the Division who are eligible to vote. If there is a vacancy for any reason, the Department Chairman shall designate a new Chief, or call a special election. The Chief shall be elected by a simple majority of members of the Division.

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 2 of 11

The Division Chief shall serve a one-year term, which coincides with the Medical Staff year unless he/she resigns, is removed from office, or loses his/her Medical Staff membership or clinical privileges in that Division. Division officers shall be eligible to succeed themselves.

### V. <u>DUTIES OF THE-DIVISION CHIEF</u>

The Division Chief shall assume the following responsibilities:

- A. Be accountable for all professional and administrative activities of the Division.
- B. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Division.
- C. Assure that practitioners practice only within the scope of their privileges as defined within their delineated privilege form.
- D. Recommend to the Department of Surgery and the Medical Executive Committee the criteria for clinical privileges in the Division.
- E. Recommend clinical privileges for each member of the Division.
- F. Assure that the quality, safety, and appropriateness of patient care provided by members of the Division are monitored and evaluated; and
- G. Other duties as recommended by the Department of Surgery or the Medical Executive Committee.

#### VI. PRIVILEGES

- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.
- B. By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.
- C. All practitioners applying for clinical privileges must demonstrate current competency for the scope of privileges requested. "Current competency" means documentation of activities within the twenty-four (24) months preceding application, unless otherwise specified.
- D. <u>Physician Assistants</u> In accordance with Department of Surgery rules and regulations.
- E. Registered Nurse First Assist (RNFA) In accordance with Department of Surgery rules and regulations.
- F. <u>Forensic Outpatient Site-Specific Privileges</u> Privileges annotated with an (F) indicates privileges that may be performed at either Tri-City Medical Center or the Forensic Outpatient Clinic.

Privileges  Admit Petient	Initial Appointment	Proctoring	Reappointment (every 2 years)
Admit Patients Consultation, including via telemedicine (F) Perform Medical History & Physical Examination, including via telemedicine (F)	Board certification, or in the first 36 months of Board eligibility and actively pursuing certification by the American Board of Surgery, or demonstrated comparable ability, training or experience.	Completion of General Surgery proctoring satisfies proctoring for these privileges	N/A
BASIC GENERAL SURGERY PRIVILEGES			
<ul> <li>Anal canal biopsy (F)</li> <li>Anoscopy (F)</li> <li>Arterial catheterization for monitoring</li> </ul>	<ul> <li>Board certification, or in the first 36 months of Board eligibility and</li> </ul>	Ten (10) cases	Sixty (60) cases from this category

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 3 of 11

<u> </u>					
-	rivileges	Initial Appointment	Proctoring	Reappointment (every 2 years)	
•	Basic advancement flaps: rotational and myocutaneous (excluding TRAM and micro- vascular)	actively pursuing certification by the American Board of Surgery, or		(every 2 years)	
0	Biopsy / excision skin & soft tissue lesions (F)	demonstrated comparable ability,			
0	Central venous catheter placement	training or experience.  One-hundred (100)			
	Chemical destruction of anal warts (F)	general surgery procedures, reflective of			
	Cricothyroidotomy	the scope of privileges			
	Debridement of wound, soft tissue infection	requested, during the previous twenty-four (24)			
	Excision of neuroma, neurofibroma, neurilemoma	months or demonstrate successful completion of			
0	Excision of skin, soft tissue neoplasm	an ACGME/AOA- accredited residency or			
0	I&D abscess (F)	clinical fellowship within			
•	Intraoperative Endoscopy, concomitant to surgical procedure	the previous (24) months.			
	Minor laceration repair				
•	Neurorrhaphy - Suture of Nerve Paracentesis				
•	Parathyroidectomy				
•	Radical neck dissection, modified				
•	Right heart catheterization for monitoring				
•	Rigid proctoscopy (F)				
•	Rubber band ligation of internal hemorrhoids (F)				
•	Sentinel lymph node biopsy				
•	Sigmoidoscopy, includes rigid				
	or flexible				
•	Thoracentesis				
•	Thyroidectomy				
0	Tracheostomy				
• 4 L	Tube thoracostomy				
AD	Abdominal paringel recention				
	Abdominal perineal resection Abdominal wall repair, inguinal or				
-	femoral hernia, laparoscopic				
•	Adrenalectomy, open				
0	Anal sphincterotomy				
0	Anti-reflux procedures, open  Dept/Div R&R - GVS Division - Revised: 5/04: 4				

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 4 of 11

		Page 4 of	1 
Privileges	Initial Appointment	Proctoring	Reappointment
<ul> <li>Appendectomy, open or</li> </ul>	il .		(every 2 years)
laparoscopic Cholecystectomy, open or			
laparoscopic			
<ul> <li>Choledochoenteric anastamosis</li> </ul>			
<ul> <li>Colostomy, closure</li> </ul>			
Colostomy, creation, open or			
laparoscopic Common bile duct exploration,			
transcystic, open or laparoscopic			<b>\</b>
Diagnostic laparoscopy with or			
without biopsy			-
<ul><li>Drainage of anorectal abscess</li><li>Drainage of intra-abdominal</li></ul>			
abscess			
Drainage of pseudocyst			
<ul> <li>Enterolysis</li> </ul>			
Esophageal diverticulectomy,			
open  Esophagogastrectomy			İ
Exploratory laparotomy	Ì		
Fasciotomy			
<ul> <li>Gastrectomy, partial or total</li> </ul>			
Hemorrhoidectomy			
Hernia, abdominal wall, to include: femoral, inguinal,			
incisional, lumbar, spigelian,			
ventral, open or laparoscopic			
Hernia, repair of diaphragmatic			
or hiatal, open			
<ul><li>Ileostomy creation or closure</li><li>Intestine resection (small or</li></ul>			
larger intestine), open <b>or</b>			
laparoscopic			
Liver biopsy, open or			
laparoscopic			
<ul><li>Lymphadenectomy</li><li>Lysis of adhesions, open or</li></ul>			
laparoscopic			
<ul> <li>Pilonidal cystectomy</li> </ul>			
Repair of anorectal fistula			
Repair of rectal prolapse     Splenectomy, open			
<ul><li>Splenectomy, open</li><li>Ulcer surgery, (Omental patch,</li></ul>			
V&A, V&O, V&GJ, HSV, etc),			
open			
<ul> <li>Vagus transection, for peptic</li> </ul>			
ulcer disease			

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 5 of 11

<u>Privileges</u>	Initial Appointment	Proctoring	Reappointmer (every 2 years
Breast Surgery:			(CVCIY 2 years
<ul> <li>Axillary dissection</li> </ul>			
<ul> <li>Biopsy, incisional or excisional</li> </ul>			
<ul> <li>Breast abscess, drainage of</li> </ul>			
<ul> <li>Intraoperative needle</li> </ul>			
localization			
<ul> <li>Intraoperative ultrasound</li> </ul>			
<ul> <li>Mastectomy, partial</li> </ul>			
<ul> <li>Mastectomy, total</li> </ul>			
<ul><li>Mastopexy</li></ul>			
Urogenital Surgery:			
Bladder repair, incidental			
Hydrocelectomy, incidental			
Hysterectomy, incidental			
Nephrectomy, incidental			
Orchiectomy, incidental			
Partial cystectomy, incidental			
<ul> <li>Salpingo-oophorectomy,</li> </ul>			
:			
abdominal emergency			
Ureteral repair, incidental			
Skin grafting			
BASIC PERIPHERAL VASCULAR SU	IDOEDY DDIW TOTAL		
Amputation, digital			
• Amputation, foot	Board certification by the	One (1) case	Five (5) cases
Amputation, knee, above	American Board of Surgery,		
Amputation knee helew	or in the first 36 months of		
Amputation, knee, below	Board eligibility, or can		
Ligation of perforating veins	demonstrate comparable		
(open or minimally invasive	ability, training and		
using laser or ablation using	experience. Ten (10) cases		
radiofrequency)	within the previous twenty-		
Operations for venous	four (24) months.		
ulceration/split thickness skin			
grafting (STSG)			
Sympathectomy - (Including			
vascular ischemia)			
Vein ligation or stripping of			
varicose veins/phlebectomy			}
Portal Decompression:			
Mesocaval shunt			
Portocaval shunt			
Splenorenal shunt			
ADVANCED GENERAL SURGERY P	RIVILEGES:		<u> </u>
Advanced Breast Surgery:	Basic General Surgery	Throa (2)	T- //6
ntraoperative needle localization		Three (3)	Ten (10) cases
ntraoperative ultrasound	privileges which	cases	
Aastopexy	effectively covers the		
Oncoplastic repair	need for board		
	certification.		

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

**Vascular Surgery** 

Page 6 of 11

Privileges				
<u>Privileges</u>	Initial Appointment	Proctoring	Reappointment	
Advanced Laparoscopic:General and Abdominal:  Adrenalectomy, laparoscopic  Antireflux/fundoplication procedures (e.g. laparoscopic Nissen/Toupet), laparoscopic  Cholecystenteric anastomosis, laparoscopic  Choledochoenteric anastomosis, laparoscopic  Colostomy closure, laparoscopic  Esophageal procedures, laparoscopic  Esophageal procedures, laparoscopic  Esophageatomy, including thoracoabdominal approach  Gastric resection, laparoscopic  Hepatic resection, laparoscopic  Hepatic lobectomy, open  Hepaticoenterostomy  Hernia repair, diaphragmatic or hiatal, laparoscopic  Intestine resection (small or large intestine), laparoscopic  Pancreatic procedures,	• Twenty (20) advanced breast procedures during the previous twenty four (24) months. • For Oncoplastic Repair privileges: Documentation of ten (10) CME credits relating to oncoplastic repair within the previous twenty-four (24) months, OR current oncoplastic repair privileges at another institution, OR completion of a Breast fellowship, OR ten (10) cases performed during residency training or within the previous twenty-four (24) months. • Basic General Surgery privileges which effectively covers the need for board certification. • Forty (40) advanced general and abdominal procedures during the previous twenty-four (24) months.	Three (3) cases from this category	Twenty-four (24) cases from this category	

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 7 of 11

Privileges	Initial Appointment	Proctoring	Reappointment
<ul> <li>Splenectomy, laparoscopic</li> <li>Ulcer surgery (Omental patch, V&amp;A, V&amp;O, V&amp;GJ, HSV, etc), laparoscopic</li> </ul>			(every 2 years)
Advanced Abdominal:			
<ul> <li>Esophagectomy, including thoracoabdominal approach</li> <li>Hepatic lobectomy, open</li> <li>Hepaticoenterostomy</li> <li>Pancreatic procedures, open or laparoscopic</li> </ul>	<ul> <li>Basic General Surgery privileges which effectively covers the need for board certification.</li> <li>Two (2) advanced abdominal procedures during the previous twenty-four (24) months.</li> </ul>	One (1) case from this category	Two (2) cases from this category
Advanced Head & Neck Surgery: Parotid gland Salivary glands & ducts Thymectomy	<ul> <li>Basic General Surgery privileges which effectively covers the need for board certification.</li> </ul>	Two (2) cases from this category	Ten (10) cases from this category
	<ul> <li>Twenty (20) advanced head and neck procedures during the previous twenty-four (24) months.</li> </ul>		
ADVANCED PERIPHERAL VASCULA	AR SURGERY:		
Aortic, aorto-iliac, aorto-femoral bypass Axillary-femoral bypass Bypass of upper extremity vessel Carotid – Subclavian bypass Celiac/superior mesenteric axis endarterectomy, repair or bypass Embolectomy or thrombectomy Endarterectomy, carotid Endarterectomy or bypass, vertebral Endarterectomy, repair or bypass, renal artery Exploration, repair, thrombectomy, or embolectomy of abdominal aorta, iliac, femoral or infrageniculate artery Femoral to femoral bypass Femoral to infrageniculate bypass Femoral to popliteal bypass Repair of aortic branches	<ul> <li>Basic General Peripheral Vascular Surgery privileges which effectively covers the need for board certification.</li> <li>Forty (40) vascular cases within the previous twenty-four (24) months (With application, submit list of major procedures done in two (2) years preceding application. Include indications, results, morbidity and mortality data and operative reports.)</li> <li>*If only Retroperitoneal exposure for spine vertebral body procedures privilege is</li> </ul>	<ul> <li>Five (5)         cases from         this         category</li> <li>* If only         Retroperit         oneal         exposure         for spine         vertebral         body         procedure         s privilege         is         requested,         two (2)         cases</li> </ul>	<ul> <li>Twenty (20)         vascular cases         from this         category</li> <li>*If only         Retroperitone         al exposure         for spine         vertebral body         procedures         granted, five         (5) cases and         documentatio         n of current         privileges in         vascular or         trauma         surgery at a         healthcare         facility. All         other</li> </ul>

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 8 of 11

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
<ul> <li>Repair of iliac, femoral, popliteal, or mesenteric aneurysm</li> <li>Repair of infra or suprarenal aortic aneurysm</li> <li>Repair of upper extremity vessel</li> <li>Retroperitoneal exposure for spine vertebral body procedures, includes incidental vascular procedures*</li> <li>Upper and lower extremity deep or superficial vein procedures</li> <li>Upper or lower extremity fistula, autogenous or artificial placement of central venous catheter placement</li> </ul>	requested, documentation of five (5) cases within the previous twenty-four (24) months and documentation of current privileges in vascular or trauma surgery at a healthcare facility. All other privileges in the category must be crossed out.		the category must be crossed out.
SPECIAL PRIVILEGES: Bariatric Surgery:  Roux en Y gastric bypass, open and laparoscopic  Sleeve gastrectomy, open and laparoscopic  Adjustable gastric banding, open and laparoscopic  Revisional metabolic and bariatric surgery, open and laparoscopic  Biliopancreatic diversion, with or without duodenal switch, open and laparoscopic	<ul> <li>Completion of General Surgery residency program.</li> <li>Privileges to perform Basic and Advanced Abdominal surgery and advanced laparoscopy.</li> <li>Completion of a Bariatric and Metabolic Surgery fellowship, or Minimally Invasive fellowship with documentation of rotation in Bariatrics and the performance of a minimum of five (5) cases within the previous twenty-four (24) months, or case logs documenting the performance of a minimum of fifteen (15) bariatric cases within the previous twenty-four (24) months.</li> <li>Commitment to participate in TCMC's Bariatric Committee</li> </ul>	Three (3) cases	<ul> <li>Fifteen (15)         cases within         the previous         twenty-four         (24) months</li> <li>Participatati         on in         TCMC's         Bariatric         Committee         as         evidenced         by         compliance         with Medical         Staff policy         8710-572.</li> </ul>

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 9 of 11

<u>Privileges</u>	Initial Appointment	Proctoring	Reappointment (every 2 years)
	Medical Staff policy 8710-572.		
	<ul> <li>Documentation to indicate malpractice</li> </ul>		
	coverage includes bariatric surgery.		
Colonoscopy	Completion of General Surgery residency or Colon and Rectal surgery residency or fellowship within the previous two (2) years. If training was completed greater than two years ago, documentation of fifty (50) cases within the previous twenty-four (24) months is required.	Two (2) cases	Ten (10) cases
Endovenous Ablative Therapy	Documentation of completion of product-sponsored training, which included the performance/interpretation of twenty (20) endovenous ablative therapy procedures	Three (3) cases	Five (5) cases
Endovascular Repair of Aortic Aneurysms	Per policy 8710-503	Per policy 8710-503	Per policy 8710- 503
Fluoroscopy	Per policies 8710-528 and 8710-528A	Per policies 8710-528 and 8710-528A	Per policies 8710-528 and 8710-528A
KTP Laser	Documentation of completion of training for specific energy source(s) to be used. Or, if training completed greater than two years prior to privilege request, submit case logs from previous 24 months identifying specific energy source used.	Two (2) cases	Two (2) cases
Moderate Sedation	Per policy 8710-517	Per policy 8710-517	Per policy 8710- 517
Retroperitoneal approach for Anterior Lumbar Interbody Fusion (ALIF)	Twenty (20) cases within the previous twenty-four (24) months	Two (2) cases	Twenty (20) cases
Robotic Surgery – (da Vinci)  Multiple Port  Single Port  Assist in robotic surgery	Per policy 8710-563	Per policy 8710-563	Per policy 8710- 563
Transoral Esophagogastric	Completion of ACGME	Three (3)	Six (6) cases

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 10 of 11

D : 11			
Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Fundoplication (TIF)	accredited residency program and possess board certification or board eligibility in	cases	
	Surgery; and 2. Documentation of completion of product-sponsored training course, or have performed at least five (5) TIF procedures in the previous twelve (12) months		
Placement of Vagal Nerve Stimulator	<ol> <li>Basic General Surgery privileges which effectively covers the need for board certification.</li> <li>Documentation of performing five (5) vagal nerve stimulator cases in the previous twenty-four (24) months.</li> </ol>	Two (2) cases	Five (5) cases

### VII. REQUIREMENTS FOR REAPPOINTMENT

- A. Active certification by the Division of General Vascular Surgery or demonstration of comparable ability, training and experience shall satisfy the requirements for receiving cognitive privileges for all categories as well as for admitting privileges to Tri-City Medical Center.
- B. Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may be accepted to fulfill the requirements. If the minimum number of cases is not performed, the physician will be required to undergo proctoring for all procedures that were not satisfied. The physician will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

### VIII. PROCTORING OF PRIVILEGES

- A. Each Medical Staff member granted initial privileges, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated, until his or her privilege status is established by a recommendation from the Division Chief to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors.
- B. All Active members of the Division will act as proctors. An associate may monitor 50% of the required proctoring. Additional cases may be proctored as recommended by the Division Chief. It is the responsibility of the Division Chief to inform the monitored member whose proctoring is being continued whether the deficiencies noted are in: a) preoperative b) operative, c) surgical technique and/or, d) postoperative care.

**Rules and Regulations** 

Section: Medical Staff

Subject: Division of General and

Vascular Surgery

Page 11 of 11

C. THE MONITOR MUST BE PRESENT IN THE OPERATING ROOM FOR A SUFFICIENT PERIOD OF TIME TO ASSURE HIMSELF/HERSELF OF THE APPLICANT MEMBER'S COMPETENCE, OR MAY REVIEW THE CASE DOCUMENTATION (I.E. H&P, OP NOTE, OR VIDEO) ENTIRELY TO ASSURE HIMSELF/HERSELF OF THE SURGEON'S COMPETENCE.

D. In elective cases, arrangements shall be made prior to scheduling (i.e., the proctor shall be designated at the time the case is scheduled).

E. The member shall have free choice of suitable consultants and assistants. The proctor may assist the surgeon.

F. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.

G. A form shall be completed by the proctor, and should include comments on preoperative workup, diagnosis, preoperative preparation, operative technique, surgical judgment, postoperative care, overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be available from the Operating Room Supervisor and/or the Medical Staff Office.

H. Forms will be made available to the member scheduling the case for surgery and immediately forwarded to the proctor for completion. It is the responsibility of the new member to notify the Operating Room Supervisor of the proctor for each case.

I. The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office.

### IX. EMERGENCY DEPARTMENT CALL:

- A. Division members shall participate in the Emergency Department Call Roster or consultation panel as determined by the Medical Staff. Refer to Medical Staff Policy and Procedure 8710-520.
- B. It is the policy of the Emergency Department that when a patient indicates that a staff member has previously treated him or her, that member will be given the opportunity to provide further care.
- C. The member of the Division will then determine whether to provide further care to an emergency room patient based upon the circumstances of the case. If a member declines, the on-call physician will provide any necessary emergency special care.
- D. The care provided by an on-call physician should be completed with regard to the particular problem that the physician was called to treat. The care provided by an on-call physician will not create an obligation to provide further care.
- E. Provisional or Courtesy staff may participate in the Emergency Call panel at the discretion of the Division Chief or Department Chair.

#### **APPROVALS:**

General & Vascular Surgery Division: 8/28/14

Surgery Department: 9/12/14 Medical Executive Committee:

Board of Directors:

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 1 of 20

Rules & Regulations

### I. MEMBERSHIP

The Division of Subspecialty Surgery consists of physicians who practice within the medical specialties of Otolaryngology Head and Neck Surgery, Oral Maxillofacial Surgery and Plastic and Reconstructive Surgery. Members may be board certified by the American Board of Otolaryngology Head and Neck Surgery and/or by the American Board of Plastic and Reconstructive Surgery, or by the American Board of Oral and Maxillofacial Surgery. The Division of Subspecialty Surgery also consists of, dental specialists and/or dentists who are either Board Certified or Board Eligible (i.e. successful completion of an ADA accredited residency program) or are able to demonstrate comparable ability, training and experience. Will accommodate general dentists and dental specialists who demonstrate comparable ability, training and experience as required for licensure in California.

### II. FUNCTIONS OF THE DIVISION

The general functions of the Division of Subspecialty Surgery shall include:

- A. Conduct patient care review for the purpose of analyzing and evaluating the quality, safety, and appropriateness of care and treatment provided to patients within the by members of the dDivision and develop criteria for use in the evaluation of patient care;
- B. Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the hospital;
- C. Conduct, participate in and make regarding recommendations regarding continuing medical education programs **pertinent to Division** clinical practice;
- D. Review and evaluate division **member** adherence to:
  - Medical Staff Ppolicies and procedures;
  - 2. Sound principles of clinical practice.
- E. Submit written minutes to the QA/PI/PS Committee and Medical Executive Committee concerning:
  - Division's review and evaluation of activities, actions taken thereon, and the results of such action; and
  - 2. Recommendations for maintaining and improving the quality and safety of care provided in the hospital.
- F. Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring.
- G. Take appropriate action when important problems in patient care, patient safety and clinical performance or opportunities to improve patient care are identified;
- H. Recommend / Request Focused Professional Practice Evaluation as indicated for Medical Staff members (pursuant Medical Staff Policy 8710-509).
- I. Approveal of On-Going Professional Practice Evaluation Indicators; and
- J. Formulate recommendations for Division rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to approval of the Medical Executive Committee.

#### III. DIVISION MEETINGS

The Division of Subspecialty Surgery shall meet at least annually or at the discretion of the Chiefehair, but at least annually. The Division will consider the findings from the ongoing monitoring and evaluation of the quality, safety, and appropriateness of the care and treatment provided to patients. Minutes shall be transmitted to the Department of Surgery, QA/PI/PS Committee, and then to the Medical Executive Committee.

Twenty-five percent (25%) of the Active Division members of the Department, but not less than two members, shall constitute a quorum at any meeting.

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 2 of 20

Rules & Regulations

### IV. <u>DIVISION OFFICERS</u>

The Division shall have a Chief who shall be a member of the Active Medical Staff and shall be qualified by training and experience, and demonstrate ability in at least one of the clinical areas covered by the Division.

The Division Chief shall be elected every year by the Active Staff members of the Division who are eligible to vote. If there is a vacancy by the officer for any reason, the Department Chairman shall designate a new eChief, or call a special election. The eChief shall be elected by a simple majority of the members of the eDivision.

The Division Chief shall serve a **one-**year term, which coincides with the **mM**edical **sS**taff year unless he**/she** resigns, is removed from the office, or loses his**/her mM**edical **sS**taff membership or clinical privileges in the **Division**department. Division officers shall be eligible to succeed themselves.

### V. <u>DUTIES OF THE DIVISION CHIEF</u>

The Division Chief shall assume the following responsibilities of the Division:

- A. Be accountable for all professional administrative activities of the Division;
- B. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Division;
- C. Assure that practitioner's practice only within the scope of their privileges as defined within their delineated privilege cardform;
- D. Recommend to the Department of Surgery and the Medical Executive Committee the criteria for clinical privileges in the Division;
- E. Recommend clinical privileges for each member of the Division;
- F. Assure that the quality, safety and appropriateness of patient care provided by members of within the Division are monitored and evaluated; and
- G. Other duties as recommended from the Department of Surgery or the Medical Executive Committee.

### VI. PRIVILEGES

- A. All privileges are accessible on the TCMC Intranet and a paper copy is maintained in the Medical Staff Office.
- B. By virtue of appointment to the Medical Staff, all physicians are authorized to order diagnostic and therapeutic tests, services, medications, treatments (including but not limited to respiratory therapy, physical therapy, occupational therapy) unless otherwise indicated.
- C. All practitioners applying for clinical privileges must demonstrate current competency for the scope of privileges requested. "Current competency" means documentation of activities within the twenty-four (24) months preceding application, unless otherwise specified.
- D. Proctoring shall be performed by a member of the Medical Staff at TCMC with the same privileges being proctored.

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Admit patients Consult, including via	Training	Six (6) cases	N/A

Rules & Regulations

Section:

**Medical Staff** 

Subject:

Division of Subspecialty Surgery

Page 3 of 20

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
telemedicine (F)  Perform history and physical examination, including via telemedicine (F)		N/A	(every 2 years)
Use of energy sources as an adjunct to privileged procedures: Argon, KTP, CO <sub>2</sub>	Documentation of completion of training for specific energy source(s) to be used; or      Two (2) cases per energy source requested.	Included in general procedural procedural	Included in general reappointment volume requirements
Moderate Sedation	See Policy 8710- 517	See Policy 8710-517	See Policy 8710- 517
Basic Otology Category:	1. Successful	- Head and Neck Privileges	
All forms of surgery on the auditory canal, the tympanic membrane (i.e. tympanoplasty, ossiculoplasty), and the contents of the middle ear Mastoidectomy Basic Rhinologic Category: Caldwell Luc procedure Excision of tumor ethmoid/cribriform Fracture repair – nose  Nasal polypectomy Septoplasty, and turbinate	completion of an ACGME or AOA-accredited residency in otolaryngology 2. Documentation of one-hundred (100) cases from the previous twenty-four (24) months representative of the privileges requested.	Two (2) cases from this category  One (1) case from this category	Fifty (50) cases reflective of the Basic Otolaryngology privileges requested
surgery Basic Head and Neck Category: Excision of lesions of skin, subcutaneous tissue, mucosa Extraction of teeth		Two (2) cases from this category	

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 4 of 20

Rules 8	Regu	lations
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Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
incidental to tumor resection or repair of traumatic injury			(Every 2 years)
Fracture repair – mandible, closed			8
Harvesting and grafting of alloplasts, bone, cartilage, fascia, fat, nerve, or skin			
Ligation of head and neck vessels			1
Local skin flap reconstruction, including harvest			
Parathyroidectomy Reduction of facial fractures, closed and			
Repair of branchial cysts, ducts, fistulas			
Repair of lacrimal system Repair soft tissue – lacerations, avulsions, abrasions			
Salivary gland and duct surgery			
Skin/Soft tissue flap, including harvest			
Skin grafting procedures, full thickness or split thickness			
Surgery of the lymphatic tissues of the head and neck			
Thyroidectomy			
Basic Orthognathic Surgery Category:		One (1) case from this category	
<ul> <li>Osteotomies</li> <li>Grafting</li> <li>Implantation of the upper and lower jaws</li> </ul>			
for treatment of dentofacial and			

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 5 of 20

Rules &	Regul	ations
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Privileges	Initial	Proctoring	Reappointment
congenital deformities, and obstructive sleep apnea	Appointment		(every 2 years)
Basic Aerodigestive Tract Category:		One (1) case from this category	
Bronchoscopy/Endoscopy of the airway (larynx, trachea, and bronchial tree) both diagnostic and therapeutic			
Endoscopy of the upper digestive tract (nasopharynx, hypopharynx, esophagus), both diagnostic and therapeutic, including endoscopic treatment of Zenker's			
Lip surgery including lip shave, partial or total resection with primary repair or by local or distant flaps, Cleft lip, and Pedicle lip flap reconstruction			
Surgery on the oral cavity, including soft palate, tongue, mandible, maxilla			
Surgery of the upper aerodigestive tract Tonsillectomy, adenoidectomy			
Tracheotomy ADVANCED OTOLARYNGOL	OGY PRIVILEGES		
Advanced Otology Category: Acoustic Neuroma Surgery Surgery of the inner ear	1. Successful completion of and ACGME or AOA-accredited residency in otolaryngolog	One (1) case from this category	Twenty (20) cases reflective of the Advanced Otolaryngology privileges requested

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 6 of 20

### Rules & Regulations

Privileges	Initial	Proctoring	Reappointment
and stapes	Appointment		(every 2 years)
Temporal bone resection	y 2. Documentatio		
Advanced Rhinologic	n of twenty		
Category:	(20) cases	One (1) case from this	
Hypophysectomy	from the	category	
Orbital exenteration	previous		
Sinus surgery, endoscopic	twenty-four		
and open	(24) months		
Advanced Head and Neck	representative	0.00 (4)	
Category:	of the privileges requested	One (1) case from this category	
Cleft/Craniofacial Surgery	requested		
<ul> <li>Correction of primary</li> </ul>			
cleft lip and palate			
<ul> <li>Correction of residual</li> </ul>			
deformities, fistulae			
<ul> <li>Correction of palatal</li> </ul>			
incompetence			
<ul> <li>Craniofacial</li> </ul>			
reconstruction			
Facial nerve repair,			
grafting, and facial			
reanimation			
Facial plastic surgery,			
including blepharoplasty,			
chemical peel,			
dermabrasion, liposuction,			
mentoplasty, otoplasty,			
rhinoplasty, rhytidectomy, and implantation of			
autogenous and			
nomologous grafts, and			
allografts, and repair of			
acerations			
racture repair – multiple.			
ppen, including LeFort			
nfratemporal fossa/deep			
parotid lobe tumor			
excision			
Myocutaneous flap,			
ncluding harvest			
Neck dissection			

Rules & Regulations

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 7 of 20

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Advanced Aerodigestive Tract Category: Composite resection Esophageal surgery including diverticulectomy and cervical esophagectomy Management of oral sinus cavity and pharyngeal malignancy	Appointment	One (1) case from this category	(every 2 years)
Surgery of the larynx, including biopsy, partial or total laryngectomy, fracture repair			
Tracheal resection			
Special Otolaryngology Priv			
Bone anchored hearing aid (BAHA) implant	1. Documentation of completion of training course in bone anchored hearing aid implantation; or comparable experience if training was completed greater than two years prior to privilege request, submit case logs from previous twenty-four (24) months identifying performance of BAHA procedure.  2. Concomitant	One (1) case	Concomitant mastoidectomy privileges and one (1) case

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 8 of 20

### Rules & Regulations

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
	mastoidectomy privileges		
Microvascular flaps and grafts/free tissue and bone	1. Successful completion of	Two (2) cases	Eight (8) cases
transfer, including harvest	a training program that included training in microvascular surgery  2. Eight (8) cases within the previous 24 months		
Pla	stic and Reconstruct	ive Surgery Privileges	
Reconstructive Surgery Category:	1. Successful completion of an ACGME- or AOA-	Five (5) representative blend of cases	(50) cases reflective of the privileges requested
Aesthetic (cosmetic) surgery of the head and neck, trunk and extremities:	accredited residency in plastic surgery 2. Documentation of one-hundred (100) cases from the previous twenty-four (24) months representative of the privileges requested		

Rules & Regulations

Section:

**Medical Staff** 

Subject:

Division of Subspecialty Surgery

Page 9 of 20

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
surgery			(every 2 years)
<ul> <li>Vein injection</li> </ul>			
sclerotherapy			
Breast Surgery:			
<ul> <li>Augmentation,</li> </ul>			
cosmetic and	1		
reconstructive and			
implantation			
• Biopsy			
Breast lift			
(mastopexy)			
<ul><li>Congenital anomalies</li></ul>	.		
Mastectomy	<b>'</b>		
(subcutaneous and			
simple)			
• Reduction			
	_		
Burn management, acute and reconstructive			
Debridement of wound	-		
	-		
Harvesting and grafting of alloplasts, bone, cartilage,			
fat, fascia, nerve, or skin			
(full or split thickness)			
Flaps, including harvest:			
- our outil hap			
reconstruction			
Myocutaneous flap			
Skin/Soft tissue flap	_		
Lymph node			
dissection/lymphadenecto			
my	_		
Repair soft tissue –			
lacerations, avulsions,			1
abrasions	_		
Management of Pathology			
Disease limited to			
oral cavity			
<ul> <li>Infections of the head</li> </ul>			
and neck region			
<ul> <li>Management of</li> </ul>			
disease of paranasal			
sinuses, endoscopic			
and open techniques			
<ul> <li>Management of</li> </ul>			
salivary gland			

Rules & Regulations

Section:

**Medical Staff** 

Subject:

Division of Subspecialty Surgery

Page 10 of 20

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
disease			(every 2 years)
<ul><li>Management of oral</li></ul>			
sinus cavity and			
pharyngeal			
malignancy			
Orthognathic			
Surgery, includes:			
<ul> <li>Osteotomies</li> </ul>			
<ul><li>Grafting</li></ul>			
<ul> <li>Implantation of the</li> </ul>			
upper and lower jaws			
for treatment of			
dentofacial and			
congenital			
deformities, and			
obstructive sleep			
apnea			
Treatment of skin			
neoplasms, diseases, and	1		
rauma:			
<ul> <li>Removal of benign</li> </ul>			
and malignant			
lesions of the skin			
and soft tissue			
<ul> <li>Reconstruction by</li> </ul>			
tissue transfer,			
including grafts and		1	
flaps, including			
harvest			
<ul> <li>Reconstruction of</li> </ul>			
soft tissue		}	
disfigurement/scar			
revisions			
Hand Surgery Category:		Two (2) cases from this	
Surgery of hand, extremity,		category	
and tendon injuries,			
cquired and			
developmental:			
<ul> <li>Congenital anomalies</li> </ul>			
<ul> <li>Dislocation repair</li> </ul>			
and fusion			
<ul><li>Dupuytren's</li></ul>			
contracture			
<ul> <li>Hand/wrist fractures</li> </ul>			
<ul> <li>Joint reconstruction</li> </ul>		1	

Section:

**Medical Staff** 

Rules & Regulations Subject:

**Division of Subspecialty Surgery** 

Page 11 of 20

Privileges	Initial Appointment	Proctoring	Reappointment
with spacers Nerve transplants Rheumatoid repair Synovectomy Tumors of the bones and soft tissues Tendon, nerve, ligament, and vessel repair to include Carpal Tunnel Syndrome Advanced Plastic and Record Breast reconstruction utilizing pedicled or microvascular free flaps  Cleft/Craniofacial Surgery Correction of primary cleft lip and palate Correction of residual deformities, fistulae Correction of palatal incompetence Craniofacial reconstruction Reconstruction Reconstruction of congenital and acquired defects of the trunk and genitalia		tegory: One (1) case	Five (5) Advanced Plastic and Reconstructive Surgery procedures
Reconstructive microsurgery:  Microvascular flaps and grafts/free tissue and bone transfer, including harvest  Replantation and revascularization of the upper and lower extremities and digits  Reconstruction of peripheral nerve injuries	1. Successful completion of a training program that included training in microvascular surgery 2. Eight (8) cases within the previous 24 months	Two (2) cases	Eight (8) cases

Section:

**Medical Staff** 

Rules & Regulations

Subject:

**Division of Subspecialty Surgery** 

Page 12 of 20

Privileges	Initial Appointment	Proctoring	Reappointment (every 2 years)
Dental implantation General restorative dentistry Simple exodontia Periodontal therapy Surgery of Alveolar structures and lower jaw	1. DDS or DMD 2. Twenty (20) cases within previous 24 months	One (1) case for this category, or proctoring considered complete when released from proctoring for Oral and Maxillofacial Surgery	Twenty (20) cases
Local and regional anesthesia	1. General Anesthesia Permit 1.2. Evidence of (10) cases of regional anesthesia administration within the previous 24 months	category.	
	Oral and Maxillo	facial Surgery	
Trauma Surgery limited to:  Midface and upper jaw  Multiple trauma to face, including nasoethmoid, orbital and zygoma fractures  Airway management, including cricothyroidotomy and tracheotomy	1. DDS or DMD 1.2. Successful completion of a training program in Oral and Maxillofacial Surgery 2.3. One-hundred (100) Oral and Maxillofacial Surgery cases reflective of the scope of privileges requested within the previous 24 months.	One (1) caseFive (5) cases	Fifty (50) cases reflective of the scope of privileges requested
<ul> <li>Management of Pathology</li> <li>Disease limited to oral cavity</li> <li>Infections of the head and neck region</li> <li>Management of disease of paranasal sinuses, endoscopic</li> </ul>		Two (2) cases	

Rules & Regulations

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 13 of 20

Privileges	Initial Appointment	Proctoring	Reappointmen
and open technique			(every 2 years)
<ul> <li>Management of</li> </ul>			
salivary gland disease			
<ul> <li>Management of hea</li> </ul>			
and neck malignan			
Reconstructive Surgery	Су	One (1) case	
<ul> <li>Dental implantolog</li> </ul>	v	Offe (1) case	
<ul> <li>Facial nerve repair,</li> </ul>			
grafting, and facial			
reanimation			
<ul> <li>Reconstructive</li> </ul>			
procedures limited	to		
oral cavity and			
oropharynx			
Reconstructive			
procedures of facia structures			
<ul> <li>Harvesting tissues from distant site, i.e</li> </ul>			
iliac crest, rib, soft	<b>5.</b>		
tissue flaps			
Orthognathic Surgery,		One (1) case	
includes:		One (1) case	
<ul> <li>Osteotomies</li> </ul>			
<ul> <li>Grafting</li> </ul>			
<ul> <li>Implantation of the</li> </ul>			
upper and lower jav	vs		
for treatment of			
dentofacial and			
congenital			
deformities, and obstructive sleep		1	
apnea			
TMJ Surgery		One (1) case	
• Endoscopy		One (1) case	
<ul> <li>Joint implantation</li> </ul>			
and replacement			
Cleft/Craniofacial Surger	v	One (1) case	
<ul> <li>Correction of prima</li> </ul>		3.10 (1) 0000	
cleft lip and palate		4:	
<ul> <li>Correction of residu</li> </ul>	ıal		
deformities, fistulae			
<ul> <li>Correction of palata</li> </ul>	1		
incompetence			

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 14 of 20

Rules & Regulations

Privileges	Initial	Proctoring	Reappointment
	Appointment		(every 2 years)
Craniofacial			(every 2 years)
reconstruction			
Facial plastic surgery, including blepharoplasty, chemical peel, dermabrasion, liposuction, mentoplasty, otoplasty, rhinoplasty, rhytidectomy, and implantation of autogenous and homologous grafts, and allografts, and repair of lacerations	<ol> <li>Permit to 'perform elective facial cosmetic surgery' from the Dental Board of California</li> <li>Ten (10) representative blend of cases within the previous 24 months</li> </ol>	Two (2) cases	Ten (10) cases within the previous 24 months
Mi		nsic Outpatient Clinic	
Anterior Nasal Packing (F)	As required for	Proctoring complete	N/A
Collection of Specimens: Nasopharyngeal, throat, and wound (F)	general specialty- specific privileges	when released from specialty-specific proctoring	IWA
Nasopharyngeal Endoscopic Procedures (F) Removal of Impacted Cerumen (F)	=	p. occorning	

### VI. SURGICAL PRIVILEGES

TO OBTAIN PRIVILEGES: To obtain initial surgical privileges within the Division of Subspecialty, the applicant must demonstrate the following:

- A. For Otolaryngology Head and Neck Surgery, Plastic Reconstructive Surgery, and Oral Maxillofacial Surgery:
  - 1. Board eligibility or be able to demonstrate comparable ability, training or experience
  - Specific documentation of experience of all advanced procedures
  - 3. Satisfactory completion of proctoring requirements
- B. For General Dental Surgery:
  - 1. DDS or DMD
  - Specific documentation for initial appointment that they have performed at least twelve (12) dental inpatient, outpatient, emergency service, or consultative procedures in the past 12 months and
  - Applicants for initial appointment will be requested to provide documentation on types of cases they have completed within the last 12 months.
  - A dentist cannot perform "elective cosmetic facial surgery" unless the Dentist is issued a
    permit by the Dental Board allowing him or her to perform "elective cosmetic facial
    surgery".

### VII. REAPPOINTMENT OF CLINICAL PRIVILEGES

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 15 of 20

Rules & Regulations

Procedural privileges will be renewed if the minimum number of cases is met over a two-year reappointment cycle. For practitioners who do not have sufficient activity/volume at TCMC to meet reappointment requirements, documentation of activity from other practice locations may be accepted to fulfill the requirements. If the minimum number of cases is not performed, the practitioner will be required to undergo proctoring for all procedures that were not satisfied. The practitioner will have an option to voluntarily relinquish his/her privileges for the unsatisfied procedure(s).

A. For Otolaryngology Head and Neck Surgery:

- Continued proficiency in all procedures as demonstrated by continuing experience with all privileged procedures. See aforementioned grid
- Requests for additional privileges (not previously granted) must be supported by documentation of training and experience as determined by the division.
- 3. Experience in other accredited facilities may count toward reappointment criteria.

B. For Plastic Reconstructive Surgery

- Continued proficiency in all procedures as demonstrated by continuing experience with all privileged procedures. See aforementioned grid.
- Requests for additional privileges (not previously granted) must be supported by documentation of training and experience as determined by the division.
- 3. Experience in other accredited facilities may count toward reappointment criteria.

G. For Oral Maxillofacial Surgery:

- Continued proficiency in all procedures as demonstrated by continuing experience with all privileged procedures. See aforementioned grid.
- Requests for additional privileges (not previously granted) must be supported by documentation of training and experience as determined by the division.
- 3. Experience in other accredited facilities may count toward reappointment criteria.

D. General Dental Surgery:

- 1. Current demonstrated competence and an adequate volume of experience twenty (20) per two (2) year inpatient, outpatient, emergency service, or consultative service cases. Must have acceptable results in the privileges requested over the past 24 months based on results of QA/PI/PS activities and outcomes. Evidence of current ability to perform privileges requested is required.
- VII. REAPPOINTMENT AND RENEWAL OF CLINICAL PRIVILEGES

All privileges are assessable on the Tri-City Medical center's Intra-net MD software and a paper copy is in the main operating room and the nursing administration office.

### VIII. CATEGORIZATION OF SURGICAL PRIVILEGES

All new candidates for staff privileges shall be placed into Provisional Staff Membership. Assignment of provisional surgical privileges applicable thereto shall become effective immediately upon the applicant's approval for staff membership by the Division, Credentials Committee, and Medical Executive Committee with final approval by the Board of Directors.

The procedures on the division privilege card are categorized as follows (See privilege card for delineation):

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Rules & Regulations

Page 16 of 20

#### \*BASIC

Procedures that by their routine nature, are usually mastered during specialty training. These privileges, once granted will not have reappointment criteria.

#### B. \*INTERMEDIATE

Intermediate procedures that are commonly performed within the specialty. These procedures are of a type that requires continuing evidence of proficiency.

### C. \*ADVANCED

Procedures that, by their nature, are advanced procedures within the specialty. These procedures may require Fellowship training or additional post-graduate training to qualify for privileges. Continuing evidence of proficiency will be required to qualify for reappointment (number of cases performed and their outcome).

### IX. OTOLARYNGOLOGY SURGICAL PROCEDURES:

For Intermediate procedures within the OTOLARYNGOLOGY bundle the Medical Staff will be required as aforementioned to demonstrate competency for initial as outlined above. The proctoring requirement for intermediate cases within the OTOLARYNGOLOGY bundle will be 4 cases & will require 10 cases every two years for reappointment. For Advanced—procedures within the OTOLARYNGOLOGY bundle the Medical Staff will be required as aforementioned to demonstrate competency for initial as outlined above. The proctoring requirement for advanced cases within the OTOLARYNGOLOGY bundle will be five (5) cases & will require twelve (12) cases every two years for reappointment.

Procedure	Initial Appointment	Basic	Intermediate	Advanced	Proctoring	Reappointment (every 2 years)
Otologic	*	Training	As Stated Above	As Stated Above	As Stated Above	As Stated Above
Rhinologic	*	Training			7.1507.0	710076
Aerodigestive Tract	*	Training				
Neck	*	Training			-	
Plastic and Reconstructive Surgery of the Head and Neck (Crossover)	*	Training				

### X. MINOR PROCEDURES FOR FORENSIC OUTPATIENT CLINIC

Minor Procedures Forensic Outpatient Clinic	Initial	Proctoring	Reappointment (every 2 years)
Nasopharyngeal Endoscopic Procedures	N/A	N/A	N/A
Removal of Impacted Cerumen	N/A	N/A	N/A
Collection of Specimens: Nasopharyngeal, threat, and wound	N/A	N/A	N/A
Anterior Nasal Packing	N/A	N/A	N/A

Rules & Regulations

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 17 of 20

### XI. PLASTIC AND RECONSTRUCTIVE SURGICAL PROCEDURES

For Intermediate procedures within the PLASTIC AND RECONSTRUCTIVE SURGICAL bundle the Medical Staff will be required as aforementioned to demonstrate competency for initial as outlined above. The proctoring requirement for intermediate cases within the PLASTIC AND RECONSTRUCTIVE SURGICAL bundle will be 4 cases & will require 10 cases every two years for reappointment. For Advanced—procedures within the bundle the Medical Staff will be required as aforementioned to demonstrate competency for initial as outlined above. The proctoring requirement for Advanced cases within the PLASTIC AND RECONSTRUCTIVE SURGICAL bundle will be 5 cases & will require 12 cases every two years for reappointment

Procedure	Initial Appointment	Basic	Intermediate	Advanced	Proctoring	Reappointment (every 2 years)
Plastic and Reconstructive Surgery of Head and Neck	*	Training	As Stated Above	As Stated Above	As Stated Above	As Stated Above
Plastic and Reconstructive Surgery of Torso and Limbs	*	Training				
Hand Surgery	*	Training				
Burn Treatment		Training				

### XII. ORAL MAXILLOFACIAL SURGERY PROCEDURES/General Dentistry Procedures

For Intermediate procedures within the ORAL MAXILLOFACIAL SURGICAL bundle the Medical Staff will be required as aforementioned to demonstrate competency for initial as outlined above. The proctoring requirement for intermediate cases within the ORAL MAXILLOFACIAL SURGICAL bundle will be 4 cases & will require 10 cases every two years for reappointment. For Advanced procedures within the bundle the Medical Staff will be required as aforementioned to demonstrate competency for initial as outlined above. The proctoring requirement for advanced cases within the ORAL MAXILLOFACIAL SURGICAL bundle will be five (5) cases and will require twelve (12) cases every two years for reappointment.

Procedure	Initial Appointment	Basic	Intermediate	Advanced	Proctoring	Reappointment (every 2 years)
General Dentistry	12	Training	N/A	N/A	7	20
Oral and Maxillofacial Surgery	*	Training	As Stated Above	As Stated Above	As Stated Above	As Stated Above
Salivary Gland Surgery	*	Training				
<del>Sinonasal</del> <del>Surgery</del>	*	Training				

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 18 of 20

Rules & Re	gulations
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Orthognathic	*	Training		
Surgery				
Reconstructive	*	Training	1	
Oral &				
Maxillofacial				
Surgery				

#### XIII. OTHER:

Privilege	Initial	Proctoring	Reappointment
H&P	Training	6	NA
Moderate Sedation	Per MS policy 517	Per MS policy 517	Per MS policy 517
Admit	Training	NA	NA
Consult	Training	NA	NA

#### XIV. LASER PRIVILEGES

Physicians applying for privileges to use the laser in surgery must submit demonstration of appropriate Residency training in the use of laser in surgery (competency to be verified by Program Director), or demonstrate other appropriate training or experience specific to the type of laser. A copy of the certificate of completion and of the course outline are required. The course should be eight to ten hours in length, with 40% of the course time allocated to practical sessions. Longer courses/additional practical sessions may be indicated for different wavelengths/different applications or delivery instruments. The physician must have interventional privileges in their specialty before (or in conjunction with) requesting laser privileges (per the American Society for Laser Medicine and Surgery).

Laser	Initial	Proctoring	Reappointment
Argon	As stated above	1	2
KTP	As stated above	4	2
CO <sub>2</sub>	As stated above	4	2

### XV. CROSSOVER PRIVILEGES

Any surgeon, who is member of another division, that requests a privilege which falls under the category of Plastic and Reconstructive Surgery or Otolaryngology Surgery Head and Neck Surgery (including facial plastic and hand privileges) or Oral Maxillofacial Surgery must be proctored (for that privilege) by at least two (2) proctors in the Division of Subspecialty Surgery. All crossover type cases performed independently, which are of crossover type procedures, will be reviewed. Requests for crossover type procedures will be referred to the Ad Hoc Cross-Over Committee for review (i.e., facelift/body liposuction).

### XVI.VII. PROCTORING OF PRIVILEGES

- A. Each Medical Staff member granted initial privileges, or Medical Staff member requesting additional privileges shall be evaluated by a proctor as indicated until his or her privilege status is established by a recommendation from the Division Chief to the Credential Committee and to the Medical Executive Committee, with final approval by the Board of Directors. This is to include extensive surgical cases treated in the Emergency Department.
- A.B. All Active members of the Division of Subspecialty will act as proctors to monitor quality of performance of medical care with assigned privileges. An associate may monitor 50% of the

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 19 of 20

Rules & Regulations

required proctoring. Additional cases may be proctored as recommended by the Division Chief. It is the responsibility of the Division Chief to inform the monitored member whose proctoring is being continued whether the deficiencies noted are in: a) preoperative, b) operative, c) surgical technique and/or, d) postoperative care.

- THE MONITOR MUST BE PRESENT IN THE OPERATING ROOM FOR A SUFFICIENT PERIOD OF TIME TO ASSURE HIMSELF/HERSELF OF THE MEMBER'S COMPETENCE, OR FOR BASIC PROCEDURES, MAY REVIEW THE CASE DOCUMENTATION (I.E., H&P, OP NOTE, OR VIDEO) ENTIRELY TO ASSURE HIMSELF/HERSELF OF THE SURGEON'S COMPETENCE.
- D. In elective cases, all such arrangements shall be made prior to scheduling (i.e., the proctor shall be designated at the time the case is scheduled for surgery or for admission in non-operative cases). In emergency cases, the monitor shall be contacted prior to, and designated at, the time of scheduling.
- E. The new medical staff member shall have free choice of suitable consultants and assistants. The proctor may assist the surgeon.
- F. The proctor as defined above for each surgical case shall observe the new medical staff member for an indefinite period. At the end of the required surgical cases, the division chief must approve or disapprove the release of surgical privileges or may extend the proctoring. When the required number of cases has been proctored, the Division Chief must approve or disapprove the release from proctoring or may extend the proctoring, based upon a review of the proctor reports.
- G. A form shall be prepared on which will be spaces for comment by the proctor on completed by the proctor, and should include comments on preoperative workup, diagnosis, preoperative preparation, operative technique, surgical judgment, postoperative care, overall impression and recommendation (i.e., qualified, needs further observation, not qualified). Blank forms will be available from the Operating Room Supervisor and/or the Medical Staff Office.
- C.H. Forms will be made available to the new medical staff-member scheduling the case for surgery and immediately forwarded to the proctor for completion. It is the responsibility of the new member to notify the Operating Room Supervisor of the proctor for each case.
- The proctor's report shall be confidential and shall be completed and returned to the Medical Staff Office for filing in the individual physician's confidential file.

Section:

**Medical Staff** 

Subject:

**Division of Subspecialty Surgery** 

Page 20 of 20

Rules & Regulations

E. PROCTORING REQUIREMENTS

OTOLARYNGOLOGY, PLASTIC AND RECONSTRUCTIVE SURGERY, ORAL

**MAXILLOFACIAL SURGERY and General Dentistry:** 

As stated in above grid.

 Additional proctoring will be decided based upon division chief or division review of proctor reports.

F. REPORTS OF PROCTORS

G. LENGTH OF PROBATIONARY PERIOD:

#### XVII.VIII.

### **EMERGENCY DEPARTMENT CALL**

Active Medical Staff Division members mayshall participate in the Emergency Department Call Roster subject to the mandatory Medical Staff Bylaws requirement (Section 3.2-2) as needed or consultation panel as determined by the Mmedical sStaff. Please refer to Medical Staff Policy and Procedure #8710-520.

Consulting and Provisional staff members may be assigned to-participate in the Emergency Department Call Roster at by the discretion of the Chief of the Division. The care provided by an oncall physician will not create an obligation to provide further care.

#### **APPROVALS:**

Division of Subspecialty Surgery:

Department of Surgery:

Medical Executive Committee:

Board of Directors:

8/18/14 9/4/14



### MEDICAL STAFF POLICY MANUAL **CONTINUING MEDICAL EDUCATION**

**ISSUE DATE:** 

03/06

SUBJECT: Cultural and Linguistic Proficiency

REVISION DATE: 05/08; 07/12; 07/14

POLICY NUMBER: 8710-601

**Continuing Medical Education Committee Approval:** 

**Medical Executive Committee Approval:** 

04/08; 07/12 05/08; 08/12

**Board of Directors Approval:** 

05/08; 08/12

#### A.

To ensure subjects of cultural and linguistic competency in the practice of medicine are included in Continuing Medical Education (CME) activities in accordance with California Bill AB 1195. The IMQ/CMA policy applies to non-exempt CME activities and addresses the essential elements for compliance with Assembly Bill 1195 and was updated by the Boards of CMA and IMQ in July and August 2013.

#### B. **DEFINITIONS:**

- Cultural Competency: A set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities.
- Linguistic Competency: The ability of a physician and surgeon to provide patients who do not 2. speak English, or who have limited ability to speak English, with direct communication in the patient's primary language.

#### C.

- Identification of CLC Disparity: Planners are responsible for proactively identifying one (or more) CLC disparities when planning an educational activity with clinical content. The CLC disparity must be relevant to the identified gaps or learning needs of the target audience or our patient population.
  - Faculty is not responsible for identifying CLC disparities. a.
  - The planner will document on the planning form if there is no clinical care b. component or no CLC disparity identified.
- Objectives: Tri-City Medical Center shall include cultural and linguistic objectives in CME activities that address cultural beliefs, which may include cause, severity, treatment, and acceptability of the patient's own illness, as well as, language barrier implications and the need for providing appropriate interpreters and appropriately interpreted material.
- Objectives shall include at least one, or a combination of, the following: 2.
  - Application of linguistic skills to communicate effectively with the target population.
  - Utilization of cultural information to establish therapeutic relationships. b.
  - Elicitation and incorporation of pertinent cultural data in diagnosis and treatment. C.
  - Understanding and application of cultural and ethnic data to the process of clinical
- Cultural Diversity Form: Each CME speaker shall complete and sign a Cultural Diversity form 3. which informs the speaker of the requirement that cultural and linguistic information/resources are required for each CME activity with clinical content.
- Cultural references shall be made available to attendees at CME activities.

Medical Staff Policy Manual Surgical Assistance – 8710-545 Page 2 of 2

### D. REFERENCE:

- 1. Institute for Medical Quality (IMQ)/California Medical Association (CMA) 201411 CME
  Accreditation Criteria and Policies for Continuing Medical Education (CME) \*with annual report glossary. Standards Manual/ Essential areas and their Elements/ 2006 Accreditation Criteria
- a. Element 3.21: The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006.

### E. APPENDIX: 1. Cultu

Cultural Diversity Form

2. Tri-City Medical Center "A Guideline for General Cultural Awareness"



### MEDICAL STAFF POLICY MANUAL CONTINUING MEDICAL EDUCATION

**ISSUE DATE:** 

10/05

SUBJECT: Joint Spensorship Providership/Co-

Sponsorship Providership

REVISION DATE: 05/08; 04/09; 07/12; 7/14

POLICY NUMBER: 8710-602

**Continuing Medical Education Committee Approval:** 

04/09: 07/12

**Medical Executive Committee Approval:** 

05/09; 08/12

**Board of Directors Approval:** 

05/09: 08/12

### **PURPOSE** A.

To outline criteria utilized for Joint Sponsership Providership or Co-SponsorshipProvidership of a CME activity.

### B. **DEFINITIONS:**

- Joint Sponsorship Providership A relationship between an accredited CME provider and a non-accredited provider in which the accredited provider works in partnership with the nonaccredited provider to plan and present CME activities in accordance with the mission of the accredited provider.
- 2. Co-Sponsorship Providership A relationship between two accredited CME providers to plan and present CME activities.

### POLICY:

- The non-accredited organization should have as its primary interest the dissemination of health care information or the findings of medical research.
- The non-accredited organization agrees to follow all procedures outlined by Tri-City Medical Staff 2. and contained in the CME Policy Manual.
- The Course Director should be a physician with an affiliation in the non-accredited organization. 3.
- The program planning request should be received at least six (6) months before the scheduled 4. date of the activity. Timing for the activity should not conflict with other CME activities sponsored by Tri-City Medical Center.
- Tri-City Medical Center CME planning forms are to be completed and submitted as part of the 5.
- All promotional material shall follow Tri-City Medical Center's CME policies and be submitted for 6. approval to the CME Coordinator before being distributed. Appropriate accreditation statements will be used and all materials must indicate joint sponsorship with Tri-City Medical Center CME as the accredited sponsor.
- A course coordinator should be designated by the non-accredited organization to manage the 7. administrative details.
- All potential joint/co-sponsorshipprovidership relationships will be examined on their individual 8. merits. Although all CME activities joint/co-sponsored providership with Tri-City Medical Center CME must comply with this policy, Tri-City Medical Center CME reserves the right to refuse to enter into a joint/co-spensorshipprovidership agreement for any reason whatsoever, regardless of that organization's willingness to comply with this policy.
- The responsibilities and role of the joint/co-sponserprovider will be clearly delineated in a letter of 9. agreement between the joint/co-spensorprovider and Tri-city Medical Center CME. Tri-City Medical Center CME has the right to withdraw from any activity if the joint/co-spensorprovider fails to meet its obligations as described in the letter of agreement or fails to comply with Tri-City Medical Center CME policies and procedures.
- Tri-City Medical Center CME will charge fees for its services. These fees and the terms for its 10. payment will be mutually agreed upon and delineated in the aforementioned letter of agreement between Tri-City Medical Center CME and the joint/co-sponserprovider.

Medical Staff Policy Manual Continuing Medical Education Joint Sponsorship 8710-602 Page 2 of 2

- 11. All commercial support for Joint/co-spensored provider activities shall be obtained as unrestricted grants, and all aspects of commercial support should be disclosed prior to approval of the activity. The CME Coordinator acting in behalf of the CME Committee will administer commercial support.
- 12. Jointly sponsored-provider activities shall be consistent with Tri-City Medical Center's CME Mission Statement.
- 13. Tri-City Medical Center, through its CME Committee, shall participate in the planning and implementation of these activities. A representative from the non-accredited entity should attend the CME Committee meeting to discuss progress.
- 14. All activity expenses are the responsibility of the organization seeking joint spensorshipprovidership. Evidence of a proposed neutral budget is to be completed before expenses are incurred. Tri-City Medical Center will withdraw from an activity if resources are inadequate for the development of a high quality educational product or activity.
- Attendance information should be submitted to the CME Coordinator within two (2) weeks of the activity in order to provide timely distribution of CME certificates.
- 16. The proposed CME activity CANNOT be advertised prior to CME Committee approval and the designation of CME credit.

### D. APPENDIX

1. Written Agreement for Joint Sponsorship Providership

2013-2014-2015

### **PURPOSE**

Tri-City Medical Center's purpose is to support, foster, and direct comprehensive, cost-effective, high quality patient care.

As an accredited provider of Continuing Medical Education, we provide quality educational opportunities that increase clinical awareness illness and disease among potentially high-risk populations and enhance the knowledge base and clinical competency of physicians affiliated with Tri-City Medical Center. At TCMC we enable our physicians to practice more effectively and efficiently in our community.

### **CONTENT AREAS**

The content areas of Tri-City Medical Center's CME Program will be designed so that it disseminates current, relevant, practical, evidence-based, cultural and linguistic competent, medical and scientific information. This information will be based on core competencies, practice gaps in the knowledge, competence or performance of our medical staff, or practice gaps in current systems used in the hospital. The information gained will facilitate the improvement of patient care.

### **TARGET AUDIENCE**

The target audience consists of members of our medical staff whose gaps in practice have been identified. Allied Health professionals, nursing staff, and administrative and clinical personnel are invited to participate as part of the healthcare team.

### **TYPES OF ACTIVITIES**

The types of activities we plan fall into these categories:

- Live, 1-hour to multi-hour courses
- Regularly Scheduled Series, mainly for specialties and sub-specialties
- Joint-sponsor CME (if the need arises)

### **EXPECTED RESULTS**

The expected results of Tri-City Medical Center's CME Program are improved physician performance and competence with the goal of producing better patient outcomes. A variety of outcomes assessments will be used to collect and analyze data. Assessment tools include a post-knowledge assessment through evaluation as well as follow up surveys as to specific changes in practice. In some activities, a pre-post assessment or patient outcome data may be utilized. The results of the findings from multiple methodologies will be used as an educational needs assessment for future CME activities and overall CME Program improvement.

The CME mission is congruent to the mission statement of Tri-City Medical Center in its commitment to promote an organization-wide commitment to quality of care, on-going performance improvement, education, and the evaluation of outcomes that enhance our patient care.

### CONTINUING MEDICAL EDUCATION POLICY MANUAL

**ISSUE DATE:** 

4/09

SUBJECT: Regularly Scheduled Series (RSS)

REVISION DATE: 10/09; 10/12; 7/14

POLICY NUMBER: 8710-606

CME Committee Approval: 10/09; 10/12

Medical Executive Committee Approval: 11/09; 11/12

Board of Directors Approval: 12/09; 11/12

- PURPOSE: To outline criteria and process for approving, and evaluating outcomes, and monitoring for A. Regularly Scheduled Series (RSS).
- **<u>DEFINITION</u>**: A regularly scheduled Series (RSS) is planned to have: B.

A series with multiple sessions 1.

- 2. The series occurs on an ongoing basis (offered weekly, monthly, or quarterly)
- The series is planned by and presented to the accredited organization's professional staff 3.
- The series are only offered as directly-sponsored activities to the accredited organization's 4 professional staff
- C. POLICY:
  - RSS conferences such as cancer conferences and cardiovascular conferences are approved on 1. the basis of common needs and goals for each session for a one-year period.
  - INITIAL RSS REQUEST: Required documentation to be provided to the CME Committee at 2. least 60 days before the first session is scheduled:
    - Request for AMA PRA Category 1 Credit(s)™
    - b. Planner and Faculty disclosure forms
  - CONTINUING RSS: For regularly scheduled series conferences currently taking place with 3. Category 1 credit, the planner shall submit on an annual basis to the CME Coordinator the Annual Evaluation and Outcomes form and a new Request for AMA PRA Category 1 Credit(s) ™ and Faculty Disclosure form(s). A 60-day time frame for CME Committee review is encouraged.
  - CONFERENCE PLANNER: The conference planner is responsible for providing the following documentation to the CME Coordinator within 30 days of the session date:
    - Session Case Selection & Outcomes form a.
    - Completed evaluation forms b.
    - C. Evaluation summary
    - d. Attendance roster
    - e. Faculty disclosure form(s)
    - f. Case summaries (if applicable)
    - Copy of promotion materials (flyer)
  - Regularly scheduled series conferences must be at least 50 minutes in length for one (1) 5. category 1 credit.
- **MONITORING** EVALUATION IMPROVEMENT D.

All sessions within a Regularly Scheduled Series are audited regularly for compliance with the ACCME Essentials and Elements and Policies, including the Standards for Commercial Support, and compliance with all California State laws regarding continuing medical education including Assembly Bill 1195.

Continuing Medical Education Policy Manual Regularly Scheduled Series (RSS) Page 2 of 2

- The CME Coordinator or designee reviews at least 10% of sessions to document compliance with IMQ/CMA Criteria 2-11 and applicable IMQ/CMA policies. The RSS Monitoring Criteria Compliance Analysis is provided to the CME Committee.
- 2.1. Learners will complete a *Mid-Year RSS Learner Evaluation* form. Results will be summarized and provided to the CME Committee.

### **REFERENCE:**

Institute for Medical Quality (IMQ)/California Medical Association (CMA) 201411 CME Accreditation Criteria and Policies for Continuing Medical Education (CME) \* with annual report. Standards Manual/Essential areas and their Elements/ 2006 Accreditation Criteria

- Element 2.4: The provider must evaluate the effectiveness of its CME activities in meeting indentified educational needs.
- Element 2.5: The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.
- Element 3.2.1: The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006.

### TRI-CITY MEDICAL CENTER PHARMACY AND THERAPEUTICS COMMITTEE

Request for Formulary Status Evaluation:

Admission { X }

Deletion { }

Date: May 25, 2014

Requestor: Javad Shad, MD

Trade Name: Indocin

Generic Name: Indomethacin

Dosage form(s): 50mg Rectal Suppository

Indication:

Indomethacin is a non-steroidal ant-inflammatory drug with a variety of approved indications. Addition of a rectal dosage form to the TCMC formulary is requested specifically for use immediately after ERCP with goal of preventing procedure related pancreatitis.

### Efficacv:

Effect of the rectal administration of indomethacin on amylase serum levels after endoscopic retrograde cholngiopancreatography, and its impact on the development of secondary pancreatitis episodes.<sup>2</sup>

In a controlled single-blind study by Montano Loza, A and colleagues 150 patients who underwent elective ERCP were enrolled. Seventy-five patients were randomly assigned to receive 100 mg of indomethacin rectally and 75 patients were assigned to receive 2 g of glycerin rectally. Amylase serum levels (drawn 2 hours after ERCP) below 150 IU/L were regarded as normal. After ERCP 13 (17.3%) patients in the study group and 28 (37.3%) patients in the control group developed hyperamylasemia (p<0.05). Hyperamylasemia of >600 IU/L was found in 3 patients in study group and in 10 in the control group (p=0.001). Mild pancreatitis was detected in 4 (5.3%) patients in the study group and in 12 (16%) patients in the control group (p=0.034). No adverse reactions were seen. Authors concluded that prevention of post-ERCP pancreatitis is of utmost importance and suggested the use of rectal indomethacin especially in those patients with risk factors for the development of pancreatitis (non-dilated bile duct, pancreatic duct opacification, young age etc.)

Indomethacin may reduce the incidence and severity of acute pancreatitis after ERCP.3

This is a double –blind, randomized, single-center trial of 490 patients undergoing ERCP. Notable exclusions were patients w/ renal failure, recent peptic ulcer diagnosis, hx of acute pancreatitis within 2 weeks of procedure and contraindication to receiving indomethacin. Study group received 100mg of indomethacin rectally, control group received placebo. Two hours after procedure amylase levels were measured. Post-ERCP pancreatitis was graded as mild (hospitalized for 2-3 days), moderate (hospitalized for 4-10 days) and severe (hospitalized > 10 days or hemorrhagic pancreatitis, phlegmon or pseudocyst or required surgery). Out of 490 patients enrolled in this study, 22 developed pancreatitis; seven cases in treatment group and 15 cases in placebo group (p=0.05). Pancreatic duct injection, pancreatic duct cannulation more than once and age less than 60 years were shown to be significant risk factors for developing post-ERCP pancreatitis. Moderate to severe pancreatitis was significantly higher in the placebo group (p=0.03). The risk of pancreatitis was found to be significantly lower in the study group (p=0.01, RRR=88%, ARR=0.16, NNT=6).

A randomized trial of rectal indomethacin to prevent post-ERCP pancreatitis.4

A multicenter, randomized, placebo-controlled, double-blind clinical trial of 602 patients. Majority (82%) of patients had a clinical suspicion of a sphincter of Oddi dysfunction. Notable exclusion criteria were renal failure, active peptic ulcer disease, patients already taking NSAIDs or aspirin (other than cardioprotective). Treatment group received two 50mg indomethacin suppositories immediately after the procedure. Control group received 2 placebo suppositories. Post –ERCP pancreatitis occurred in 79 of 602 patients (13.1%). Of these events, 27 of 295 (9.2%) occurred in the indomethacin group and 52 of 307 (16.9%) occurred in the placebo group (p=0.005), corresponding to an absolute risk reduction of 7.7 percentage points (NNT =13) and a relative risk reduction of 46%. The secondary outcome of moderate to severe pancreatitis occurred in 40 patients: 13 (4.4%) in the indomethacin group and 27(8.8%) in the placebo group (p=0.03). Rectal indomethacin significantly reduced the incidence and severity of post-ERCP pancreatitis in patients at elevated risk for this complication.

A systematic review and meta-analysis<sup>5</sup>

Nine RCTs enrolling 2133 patients were included<sup>5</sup>. The risk of pancreatitis was lower in the NSAID group than in the placebo group (RR 0.51; 95%CI 0.39–0.66). The number needed to treat was 14. The risk of moderate to severe pancreatitis was also lower in the NSAID group. (RR 0.46; 95%CI 0.28–0.76). No adverse events related to NSAID use were reported. NSAIDs were effective in both high-risk and unselected patients (RR 0.53; 95%CI 0.30–0.93 and RR 0.57; 95%CI 0.37–0.88). In the subanalyses, only rectal administration of either indomethacin (RR 0.54; 95%CI 0.38–0.75) or diclofenac (RR 0.42; 95%CI 0.21–0.84) was shown to be effective. There were not enough data to perform a meta-analysis in hospital stay reduction. No deaths occurred.

### Safety:

**Propensity for medication error:** low, potential sound-alike/look-alike issues: indomethacin may be confused with Imodium, Lincocin, Minocin, Vicodin

Abuse potential: low

Sentinel event potential: low

Black box warning: none

Cost comparison with similar Formulary products:

Drug

Cost

NSAID	Dosage Form	Dosing Frequency	Cost/Unit	Cost/Day
Indomethacin	50mg suppository	Insert two suppositories prior to or immediately after procedure	\$14.28	\$28.56

### Other considerations:

### Contraindications1:

- Indomethacin is contraindicated in patients with known hypersensitivity to indomethacin or the
  excipients.
- Indomethacin should not be given to patients who have experienced asthma, urticaria, or allergictype reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic like reactions to NSAIDs have been reported in such patients.
- Indomethacin is contraindicated for the treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery.
- Indomethacin suppositories are contraindicated in patients with a history of proctitis or recent rectal bleeding.

### Warnings and Precautions<sup>1</sup>:

Cardiovascular thrombotic events – with long term use. Patient with known cardiovascular disease are at increased risk

Hypertension - may develop with long term use.

Congestive Heart Failure and Edema – fluid retention have been observed in patients taking NSAIDs GI effects – increased risk for inflammation, bleeding, ulceration, and perforation of the stomach, small intestine, or large intestine with prolonged use.

Renal effects –long-term administration has resulted in renal papillary necrosis and other renal injury Skin reactions – exfoliative dermatitis, Stevens - Johnson syndrome (SJS), toxic epidermal necrolysis (TEN) have been associated with NSAID drug class.

### Recommendation:

Based on examination of published literature, recommendation from P&T is to add indomethacin suppository to TCMC formulary for post-ERCP pancreatitis prophylaxis.

Exclusion Criteria approved by GI (Consistent with clinical trials): Indomethacin PR shall not be used in patients with:

- Age less than 18 years
- Pregnancy or breast-feeding mothers
- Contraindication or hypersensitivity to indomethacin or NSAIDS
- Renal failure (SCr > 1.4)
- Active or recent GI bleed (within 4 weeks)
- Known chronic calcific pancreatitis
- Pancreatic head malignancy
- Any standard contraindications to ERCP
- Procedure performed on major papilla/ventral pancreatic duct in patient with pancreas divisum (no manipulation of minor papilla)
- ERCP for bilary stent removal or exchange without anticipated pancreatogram
- Patients with prior bilary sphincterotomy now scheduled for repeat bilary therapy without anticipated pancreatogram

### Process/Plan to monitor Patient Responses:

Indomethacin suppository for rectal administration shall be administered immediately post-ERCP pursuant to physician one-time order. No significant monitoring required for one-time dose versus long-term use

### References:

- 1. G and W Laboratory, Inc Indomethacin suppository. Package Insert.
- Montano A, Rodriguez J, Garcia C et al. Effect of the rectal administration of indomethacin on amylase serum levels after endoscopic retrograde cholngiopancreatography, and its impact on the development of secondary pancreatitis episodes. Rev Esp Enfrm Dig 2007; 99(6): 330-336
- 3. Sotoudehmanesh R, Khatibian M, Kolahdoozan S et al. Indomethacin may reduce the incidence and severity of acute pancreatitis after ERCP. Am J Gastroenterol 2007; 102: 978-983
- 4. Elmunzer B, Scheiman J, Lehman G et al. A randomized trial of rectal indomethacin to prevent post-ERCP pancreatitis. N Engl J Med 2012; 366:1414-22
- 5. Puig I, Calvet X, Baylina M, Isava A', Sort P, et al. (2014) How and When Should NSAIDs Be Used for Preventing Post-ERCP Pancreatitis? A Systematic Review and Meta-Analysis. PLoS ONE 9(3): e92922. doi:10.1371/journal.pone.0092922

### Conflict of Interest Disclosure Statement (Please check all that apply)

Serving the public interest shall remain the primary focus of all hospital committee activities. Any circumstances that might potentially be viewed as a conflict of interest in serving the public must be identified.

I am a consultant or have served on an advisory board for the company that makes/distributes this drug.

I have research funded by the company that makes/distributes this drug.

I own stock/stock options for the company that makes/distributes this drug.

I am a speaker for the company that makes/distributes this drug.

	Other:	
Submit	None of the above tted by (Signature)	Date: 7/11/2014
Print N	Tame: JAVAID SHAD	Phone: 760 - 519-3947 (Col)

JSHAD D NEGASTILO. COM



TO:

Larry Schallock, Chairperson

FROM:

Scott Worman, M.D., Chief of Staff

DATE:

September 25, 2014

SUBJECT:

Medical Executive Committee Open Session Report to Board of Directors

The following July 28, 2014 Medical Executive Committee Open Session Report to Board of Directors was reviewed and approved by the Medical Executive Committee on August 25, 2014. This document is forwarded to the Board of Directors for information.

SUBMITTED BY:

Scott Worman, M.D. Chief of Staff

Date

### TRI-CITY MEDICAL CENTER MEDICAL EXECUTIVE COMMITTEE OPEN SESSION – Report to Board of Directors Monday, July 28, 2014

	TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATIONS
<del>-</del>	1. Physician Satisfaction	Wayne Knight, Senior Vice-President of Medical Services presented the Physician Satisfaction results. This is an
	Survey Results	annual survey conducted by a third party vendor. Mr. Knight highlighted some of the areas of the survey for the
		Committee members. The goal is for the administrative team to work with the physicians to create a plan to
		improve the scores and the overall physician satisfaction.
2.	Administrative Reports	
	A. CEO Report	Tim Moran, CEO reported the following:
	•	▶ During his first month as CEO, Mr. Moran has met with physicians, administrative staff, employees, and Board
		members to determine how TCMC operates. In addition, he has attempted to meet with the community
		physicians to discuss the admissions process and to determine why some specialities are not receiving
		referrals. He noted once he has had a chance to process the information he has received he will be able to
		share his findings.
		➤ Mr. Moran is planning on putting together a small group of physicians to discuss, plan, and collaborate for
		various operating issues at TCMC.
		▶ He is planning on convening breakfast meetings with community members to discuss the true story of TCMC
		and to quash rumors and any misinformation.



4002 Vista Way, Oceanside, CA 92056-4506 • (760) 940-3001

TO:

Larry Schallock, Chairperson

FROM:

Scott Worman, M.D., Chief of Staff

DATE:

September 25, 2014

SUBJECT:

Medical Executive Committee Open Session Report to Board of Directors

The following June 23, 2014 Medical Executive Committee Open Session Report to Board of Directors was reviewed and approved by the Medical Executive Committee on July 28, 2014. This document is forwarded to the Board of Directors for information.

SUBMITTED BY:

Scott Worman, M.D. Chief of Staff

Date



## TRI-CITY MEDICAL CENTER MEDICAL EXECUTIVE COMMITTEE OPEN SESSION – Report to the Board of Directors Monday, June 23, 2014

	TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATIONS
<del>-</del>	Administrative Reports	
	A. CEO and COO Report	Casey Fatch, COO reported the following:  The financial reports for the final quarter of the fiscal year are being completed and a report will be provided in July if there are notable items to report.  A profit will be reported at the June Board of Directors meeting.  The final letter was received regarding the structural performance of south tower, it was concluded the south tower is earthquake compliant until 2030.  The Board of Directors recently approved 2 relocation packages in May for a Neurosurgeon and an
	B. Board Member Report	Ramona Finnila, Board Member reported the following changes with regard to Board meetings and Board relationships with Administration:  > The Board of Directors receive a briefing before every board meeting in an effort to ensure each member is aware of what is being presented and discussed.  > Data is provided to the Board members before each Closed Session of the Board of Directors.  > The Board of Directors has been involved in strategic planning with C-Suite  > The Board of Directors imposed an integrated approach to the hiring process for the CEO. This same approach will be used when hiring for the new Compliance Officer.  Additionally, she reported the bank building property has been leveled and additional parking is being added for the TCMC campus.
8	Committee/Department Report	<ul> <li>Emergency Medicine: Reported the following:</li> <li>The Emergency Department continues to have a high census; there is no clear reason for the volume increase; however, the ED administration and physicians continue to look for ways to improve throughput.</li> <li>Anesthesiology: Reported the following:</li> <li>ASMG recently received patient satisfaction results for 2013. The group reported an overall average score of 4.65 out of 5 for patient satisfaction.</li> <li>Radiology: Reported the following:</li> <li>San Diego Imaging sent MRI Technicians to a safety course; the technicians are in the process of revising the MRI Safety protocols. It was also noted the safety protocols are being revised due to placement of MR compatible pacers in patients.</li> </ul>

### HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS TRI-CITY MEDICAL CENTER September 9, 2014

Voting Members Present:

Chair Cyril Kellett, Director Rosemarie Reno, Director James Dagostino , Dr. Gene Ma, Dr. Hamid Movahedian, Dr. Martin Nielsen, Henry Holloway, Salvador Pilar, Virginia Carson

Non-Voting Members Present:

Tim Moran, CEO; Sharon Schultz, CNE/CCO; Esther Beverly, VP of HR; Daniel Kanter, Esq.

Others Present:

Frances Carbajal, Quinn Abler, Marilyn Hatch, Denise Hujing, BB&T; Kandace McCrae, BB&T

Members Absent:

Sydelle Gale

		Action	Person(s)
Topic	Discussion	Follow-up	Responsible
			tholloy richo
1. Call To Order	Chair Kellett called the meeting to order at 12:35 p.m.		
2. Approval of the agenda	Chair Kellett called for a motion to approve the amended agenda of September 9, 2014 meeting. Director Reno moved and Director Dagostino seconded the motion. The motion was carried unanimously.	6. b. was moved down to be last item under new business & changed from Informational Only to Discussion/Action.	Chair Kellett
3. Comments from members of the public	Chair Kellett read the paragraph regarding comments from members of the public.		Chair Kellett
4. Ratification of Minutes	Chair Kellett called for a motion to approve the minutes of the July 8, 2014 meeting. Director		Chair Kellett
doffinanco occasional accession		Sep	September 9 <sup>th</sup> , 2014

### Tri-City Health Care District Oceanside, California

### Administrative Policy Manual

ISSUE DATE:

6/87

SUBJECT: Absences and Tardiness

REVISION DATE: 5/88, 2/97, 12/99, 10/02, 2/03,

POLICY NUMBER: 8610-408

7/05, 1/08, 7/10

Administrative Policies & Procedures Committee Approval:

**Operations Team Committee Approval:** 

Human Resources Committee Approval:

07/10

Board of Directors Approval:

07/10

### Α. PURPOSE:

In order to ensure that TCHD provides the highest quality services, employees must report to work on a consistent and timely basis and must seek, except under extraordinary circumstances, to inform their supervisors reasonably in advance of unscheduled absences or tardiness.

### В. **DEFINITIONS**

Absence: An absence that is not authorized or previously scheduled under the District's Leave of Absence Policy #435 or Paid Time Off (PTO) Policy #433.

2. No-Call. No-Show: Any absence on a scheduled workday along with the failure to notify the employee's supervisor/department manager at least two (2) hours prior to the scheduled starting time or in accordance with specific departmental policy.

3. Tardiness or Tardy: Reporting and being ready to work after the beginning of a scheduled shift. or after an authorized rest or meal period. Each instance of tardiness is counted as a separate occurrence, thus an employee may have multiple tardies within a single shift.

4. Abandonment of Position: Any of the following will be deemed abandonment of an employee's positions: (a) no call, no show for three (3) consecutive scheduled work days, (b) failure to return to work following authorized leave or scheduled PTO, (c) absence during any period for which the employee has requested authorized leave or scheduled PTO when such request has been denied, or (d) leaving the work assignment without authorization.

### C. POLICY:

- Except where such notice is not reasonably feasible, each employee will notify, by telephone, his/her supervisor/department manager or designee of any absence at least two (2) hours prior to the employee's scheduled starting time (or in accordance with specific departmental policy). Except as provided in C.2 below, any employee who fails to provide the required advance notice shall be considered a "no call, no show."
- 2. A supervisor/department manager may, at his/her sole discretion, attempt to contact an employee who has not reported to work at the beginning of a scheduled shift to inquire whether the employee will report to work. In such event, the employee must inform the supervisor/department manager when the employee expects to report to work, and if the employee does report to work at the time specified, the employee shall not be considered a No call, No show but shall be considered tardy. This provision C.2 shall apply to the beginning of scheduled shifts only and not to failures to report following authorized rest or meal periods. The employee may not use PTO for the tardy arrival.
- In any instance where the employee is a no call, no show, the employee's supervisor/department 3. manager may replace the employee for the shift. In such case, the employee shall not be permitted to report to work and shall also be deemed absent for the entire shift. The employee may not use PTO for the "No call, No show."
- 4. When an employee's absence extends beyond one day, the employee must provide the required advance notice to his/her immediate supervisor/department manager or designee for each day of

Administrative Policy Manual – Human Resources Absences and Tardiness, 8610-408 Page 2 of 2

- the absence. In the case of absence due to the employee's own illness or injury, an employee may satisfy this requirement by providing a medical certification from the employee's health care provider showing the employee's anticipated date of return to work. If the employee complies with this Section C.4, the absence over multiple days shall be counted as a single occurrence.
- 5. Under some circumstances, an absence may be converted to authorized leave or PTO if the employee can demonstrate that he/she meets the requirements for such leave or PTO but only with the approval of the supervisor/department manager. Conversion of an absence on any day with respect to which the employee has requested and been denied PTO or other scheduled leave, or on any day immediately preceding or following a recognized holiday under Policy # [433] shall require the approval of the COO or CNE.
- 6. Supervisors/department managers are responsible for reporting absences, no call, no shows and tardiness to [payroll].
- 7. Employees who are absent from work for more than three (3) consecutive scheduled work days must call Employee Health Services to verify whether a physician's release is required before the employee may return to work. Any employee who fails to obtain a required release shall not be permitted to return to work and shall be treated as a "no call, no show" and as absent from work.
- 8. All employees must inform their supervisors/department managers if leaving the District grounds anytime during an assigned shift other than during an authorized rest or meal period or on District business approved in advance by the employee's supervisor/department manager.
- 9. If an employee is unable to complete his/her assigned shift, the supervisor/department manager will determine if this occurrence is an absence. Employees who fail to be present during his or her scheduled shift for unauthorized absences will be subject to appropriate disciplinary action up to and including termination.
  - a. An unscheduled absence after denial of a request for time off or an unscheduled absence following corrective action or any misrepresentation of facts relating to attendance may result in disciplinary action up to and including termination.
  - b. Any violation of this policy will result in disciplinary action, up to and including termination.

### D. **EXEMPT EMPLOYEES:**

1. Exempt employees are expected to be present and available to work during regular business hours for TCHD or their departments.



### **Administrative Policy Manual**

ISSUE DATE: 02/87

SUBJECT: EMPLOYEE TRANSFERS

REVISION DATE: 05/88; 02/98; 06/00, 05/03, 2/11

POLICY NUMBER: 8610-432

Administrative Policies & Procedures Committee Approval:

02/11

**Executive Council Approval:** 

02/11

Professional Affairs Committee Approval:

Board of Directors Approval:

05/11

### A. **PURPOSE:**

1. To outline the process of how employees transfer to another position or department or change status.

### B. **POLICY:**

1. The District strives to fill open positions with qualified candidates. All candidates must meet the qualifications of the position, and be able to perform the essential duties of the vacant position. It is also the intent of the District, however, to recognize employees for their continuous employment with the District. With these principles in mind, those supervisors responsible for making hiring decisions should follow the procedure.

### C. PROCEDURE:

- A position requisition must be completed and approved for all open positions.
- 2. All vacant positions should, wherever reasonable, be filled in accordance with the following procedure. Vacant positions should be posted for a minimum of three working days, or per the appropriate union contract, if applicable, either within the department and/or on the established posting methods through the TCHD Human Resource department and on TCHD's intranet. If the position is not filled through this intra-departmental posting, then the position should be posted District-wide on the appropriate bulletin boards. Positions may be posted and specifically designated for internal candidates only, if requested by the hiring supervisor.
- 3. Internal candidates must complete an Employee Transfer Request form and submit this form to Human Resources prior to consideration for any vacant positions. In addition, internal candidates must have demonstrated satisfactory performance, and have worked at least six (6) months in their current position to be eligible for transfer and have had no written counselings within the past six (6) months. An exception to the six month time in position requirement may be considered with consultation between the department head and Human Resources.
- 4. If multiple equally qualified internal applicants apply for a vacant position, the following criteria is used to choose among the various applicants:
  - a. Benefited and other regularly scheduled employees shall have priority over Per Diem and temporary employees. However, Per Diem employees working in a specific unit/department shall have priority over benefited staff from other units/departments.
  - b. The supervisor may give preference to candidates with higher performance evaluation scores.

Administrative Policy Manual – Human Resources Transfers (Internal), 8610-432 Page 2 of 2

- c. If each of the criteria listed above are equally met, the applicant with the longest District service since their last date of hire, will be given priority for selection.
- d. It is the candidate's responsibility to notify their supervisor of a request for transfer. Before a job offer is made to an internal candidate, the hiring supervisor must contact the candidate's current supervisor and review the candidate's personnel file.
- e. When the hiring supervisor makes a decision to hire the candidate, the supervisor must contact Human Resources. The Human Resources representative will determine the pay rate in accordance with established guidelines and make the final job offer, after consultation with the hiring supervisor.
- f. The current and new supervisors will determine a mutually acceptable transfer date for the internal candidate, which should begin with the start of a pay period whenever possible. The start date is generally fourteen (14) days from the date of job offer, and no later than thirty (30) days from the job offer date, unless otherwise agreed upon by both supervisors.
- g. The hiring supervisor must contact all internal candidates whose Transfer Requests they have received and any external candidates interviewed who were not selected, to inform them that the position has been filled.
- h. The hiring supervisor along with Human Resources is responsible for initiating all paperwork for transfer.

### Tri-City Health Care District Oceanside, California

### Administrative Policy Manual

ISSUE DATE:

06/10

SUBJECT: SOCIAL MEDIA

REVISION DATE: 05/11

POLICY NUMBER: 8610-479

Administrative Policies & Procedures Committee Approval:

01/11

**Executive Council Approval:** 

02/11

Human Resources Committee Approval:

05/11

**Board of Directors Approval:** 

05/11

### Α. PURPOSE:

The purpose of this policy is to provide Tri-City Healthcare District (TCHD) employees with guidelines for participation in social media, which includes texting, in which the employee's TCHD affiliation is known, identified, or presumed.

### В. POLICY:

- To ensure that patients' private and confidential medical information is protected from disclosure by employees whether inadvertent or otherwise.
- To ensure that TCHD's Proprietary and Confidential Information is protected from disclosure by 2. employees, whether inadvertent or otherwise.
- 3. To ensure that employees' private and confidential information is protected from disclosure by employees, whether inadvertent or otherwise.
- 4. To prevent the use of social media to discriminate, sexually harass or engage in other inappropriate conduct by and toward TCHD employees.

### **APPLICATIONS:** C.

- This policy applies to employees who use the following:
  - Social media websites, including but not limited to MySpace, Facebook, Yahoo!Groups, Twitter, Podcasts and YouTube;
  - Blogs (whether internal or external to TCHD); and b.
  - Wikis such as Wikipedia and another site where text can be posted. C.

### D. **RESTRICTIONS AND CAUTIONS:**

- TCHD has a legal obligation to protect patients' Protected Health Information from disclosure. TCHD's prohibition of disclosure of PHI extends to employees using Social Media. Employees may not disclose, under any circumstances, any patient information, including PHI, whether in Social Media accessed or utilized for TCHD business or in Social Media accessed or utilized by an employee for purely personal reasons. Disclosure of such information may violate not only the patient's privacy but also state and federal laws. Disclosure of PHI is subject to discipline up to and including termination of employment.
- TCHD has an interest in protecting its Proprietary and Confidential Information from disclosure to 2. third parties. Employees may not disclose any TCHD Proprietary and Confidential Information at any time, whether in Social Media accessed or utilized for TCHD business or in Social Media accessed or utilized by an employee for purely personal reasons. TCHD Proprietary and Confidential Information remains the property of TCHD and unauthorized disclosure is subject to discipline up to and including termination of employment.
- Employees have a privacy interest in their personnel files and any information contained therein. 3. This interest extends to any information collected, received, created, transmitted, or maintained by TCHD in connection with a person's status as an employee, including but not limited to, Social Security number; address; telephone number, driver's license number, information about an employee's physical or mental health; disciplinary actions against employees; and complaints

- filed by employees or against employees. Employees accessing or utilizing Social Media, whether for TCHD business or for purely personal reasons, may not disclose such Protected Employee Information. Disclosure of PEI is subject to discipline up to and including termination of employment.
- 4. When accessing or utilizing Social Media, employees must not inadvertently disclose TCHD Proprietary and Confidential Information, PHI or PEI. Although neither TCHD, nor the patient nor the employee may be identified by name, references to information about TCHD, the patient or the employee may allow the reader or viewer to the identify TCHD, the patient or the employee. Such inadvertent disclosure, although not intentional, is a violation of this policy and may be a violation of law, including the Health Insurance Portability and Accountability Act (HIPAA).
- 5. When accessing or utilizing Social Media for purely personal reasons, employees must not say or suggest that the views and opinions they express related to TCHD and/or issues related to health care, the medical field, the medical profession, or any other matter, represent the official views of TCHD.
- 6. As public employees, TCHD District employees enjoy certain rights and freedoms to comment on and to express their views about TCHD and its directors and management. Although employees enjoy such rights, employees may subject themselves to legal action if comments and opinions are defamatory. Caution should be used by employees when commenting on TCHD to ensure that statements are accurate and that opinions are clearly expressed as opinions and not as the view of TCHD, its directors, officers, members, employees, patients or affiliates.
- 7. The release of public information in situations relating to the general operations of the hospital is the responsibility of the Chief Executive Officer/President or designee of Tri-City Medical Center. As such, employees are not permitted to speak on behalf of the District or the Medical Center. Instead, they shall forward all media and other public requests for information regarding operations of the District or Medical Center, to the CEO or to the Public Affairs and Marketing Department (Public Information Officer).
- 8. When using Social Media on behalf of TCHD, always be polite and courteous. Think before you respond to criticisms, and do not let haste cause problems.
- 9. Be respectful of copyright and fair use laws. Attribute quotes, only quote short excerpts of other people's material, and try to link to others' work.
- 10. The use of Social Media is not a substitute for addressing legitimate workplace concerns with Human Resources or your supervisor. For instance, complaints of sexual harassment or other personnel matters should be reported to Human Resources and not hashed out on Social Media.
- 11. Employees should not use Social Media to communicate inappropriately with other employees, to discriminate against employees, or to sexually harass employees. Such inappropriate use of Social Media, even if carried out on personal Social Media sites, may subject employees to disciplinary action, up to and including termination of employment.

### E. **EMPLOYMENT CONDITIONS:**

- 1. This policy applies to employees using social media while at work. It also applies to employees' use of social media when away from work, when the employee's TCHD affiliation is identified, or is known, or presumed.
- 2. This policy is not intended to restrict employees' legitimate right to comment on TCHD or its policies.
- 3. During new Employee Orientation the hospital will require each employee to read and acknowledge that they understand TCHD's Hand-Out for "Social Media Best Practices."
- 4. Failure to adhere to this policy, whether or not the policy has been acknowledged by the employee, may subject employees to disciplinary action, up to and including termination of employment.

### F. **DEFINITIONS:**

- 1. **Blog** Short for "Web log," a site that allows an individual or group of individuals to share a running log of events and personal insights with online audiences.
- 2. **Electronic Media** Non-computing devices, i.e., floppy diskettes, flash memory drives, CDs DVDs, tapes, hard disks, internal memory, and any other interchangeable, reusable, and/or

Administrative Policy Manual – Human Resources Social Media, 8610-479 Page 3 of 3

portable electronic storage media (1) on which electronic information is stored, or (2) which are used to move data among computing systems/devices.

3. Tri-City Medical Center Information - Information in any form or media that is created by or on behalf of TCHD in the course and scope of its business, regardless of whether that information is maintained or stored by TCHD and others on TCHD's behalf. Examples of TCHD information include, but are not limited to, patient and member records, personnel records, financial information, company competitive information, TCHD-developed intellectual property, and business e-mail messages.

4. Patient Identifiable Information (PII) – Any individually identifiable information regarding a patient of TCHD collected, received, created, transmitted, or maintained in connection with his/her status as a patient. PII includes, but is not limited to, information about a patient's physical or mental health, rare diseases or medical conditions, the receipt of health care, or payment for that care; patient records, pictures, photographs, audiotapes or other images of the patient, name, address, Social Security Number, account number, security code, information from or about transactions, driver's license number, financial or credit account numbers, phone numbers, ISP and Internet domain addresses, and other personal identifiers.

5. **Podcast** – A collection of digital media files distributed over the Internet, often using syndication feeds, for playback on portable media players and personal computers.

6. **Protected Employee Information (PÉI)** – Information collected, received, created, transmitted, or maintained by TCHD in connection with a person's status as an employee, including but not limited to, Social Security number, address, telephone number, driver's license number, information about an employee's physical or mental health, emergency contact information, insurance information, disciplinary actions against employees, and complaints filed by employees or against employees.

7. **Protected Health Information (PHI)** - Individually identifiable information (oral, written or electronic) about a patient's physical or mental health, the receipt of health care, or payment for that care. PHI includes individually identifiable member/patient payment, insurance information, or demographic information as defined by HIPAA.

8. **RSS feeds or Syndication feeds** - A family of different formats used to publish updated content such as blog entries, news headlines or podcasts and "feed" this information to subscribers via email or by an RSS reader. This enables users to keep up with their favorite Web sites in an automated manner that's easier than checking them manually (known colloquially as "really simple syndication").

9. **Social media** - Includes but are not limited to text messaging, blogs, podcasts, discussion forums, on-line collaborative information and publishing systems that are accessible to internal and external audiences, such as Wikis, video sharing, such as YouTube, and social networks like MySpace, Facebook, Yahoo!Groups, and Twitter.

Tri-City Medical Center Proprietary and Confidential Information — Information and physical material not generally known or available outside TCHD and information and physical material entrusted to TCHD in confidence by third parties. Examples include, but are not limited to, patient and member records, personnel records, financial information, company competitive information, TCHD-developed intellectual property, business e-mail messages, and information about TCHD's affiliates, doctors, vendors or suppliers.

11. **Wiki** - allows users to create, edit, and link Web pages easily; often used to create collaborative Web sites and to power community Web sites, including Wikipedia.

### G. **REFERENCES:**

- CHA Consent Manual 2010
- 2. State and Federal Privacy of Health Information Laws (SB 541, SB 337)
- 3. HITECH Act 2009

### H. FORM REFERENCED WHICH CAN BE LOCATED ON THE INTRANET:

1. Social Media Best Practices

### Employee Fiduciary Subcommittee (No meeting held in September, 2014)

# Tri-City Healthcare District Community Healthcare Alliance Committee (CHAC) Meeting Minutes September 11, 2014 Assembly Room 1

Board of Directors Chairman Larry Schallock; CHAC Chair Julie Nygaard; Director Paul Campo; Marilyn Anderson; Rev. Carol Brooks; Marge Coon; Rosemary Eshelman; Gigi Gleason; Carol Herrera; Marilou dela Rosa Hruby; Robin Iveson; Gina McBride; Don Reedy; Bret Schanzenbach; Jose Luis Suarez Members present:

Non-Voting Members: Tim Moran, CEO; David Bennett, Sr. VP & CMO; Francisco Valle, Sr. Director Marketing, Communications, and Public Affairs; Roma Ferriter; Audrey Lopez; Fernando Sanudo; Dr. Victor Souza

Vicki Ogilvie, Coordinator; and Linda Ledesma, Xiomara Arroyo, and Carl Sycks candidates for the two CHAC open positions Others Present: Casey Fatch, COO; Linda Allington; Mary Lou Clift; Courtney Cook; Darryl Hebert; Jack Nelson; Jerry Salyer; Laura Vines; Hope Members Absent:

Topic	Discussion	Action Follow-up	Person(s) Responsible

1. Call To Order	The meeting was called to order at 12:33 p.m., in Assembly Room 1 at Tri-City Medical Center by Chair Julie Nygaard. Then, Chair Julie Nygaard asked the committee to observe a moment of silence to reflect and how important this incident is to our nation.
2. Approval of Agenda	Chair Julie Nygaard called for approval of the Agenda. Ms. Gigi Gleason moved to approve the motion. Chairman of the Board Schallock seconded it. Motion was approved unanimously.
3. Public Comments Announcement	
4. Ratification of Minutes	Chair Julie Nygaard asked to approve the July 10, 2014 Meeting Minutes. Chairman of the Board Schallock moved to approve the motion. Ms. Gigi Gleason seconded it. Motion was approved with the following members abstaining to vote for not being present at the prior meeting: Chair Julie Nygaard, Director Paul Campo, Reverend Carol Brooks, Ms. Marilou dela Rosa-Hruby, Ms. Robin Iveson, and Ms. Gina McBride.

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	Topic	Discussion	Action Follow-up		Person(s) Responsible
5.	5. New Business				
लं	. Nomination for Re- Appointment of Ms. Marilou dela Rosa Hruby	Chair Julie Nygaard called for the re-appointment of Ms. Marilou dela Rosa Hruby as a member of the CHAC committee. Mr. Fernando Sanudo moved to approve the motion. Ms. Gigi Gleason seconded it. Motion was approved unanimously.			·
ف		Chair Julie Nygaard invited each of the following candidates for the CHAC Open positions to present for five minutes individually while the other two candidates waited outside of the meeting room:  Ms. Xiomara Arroyo – Resident of Oceanside with Multicultural		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	to be filled by a resident of Carlsbad and by an individual with Multicultural	<ul> <li>Background</li> <li>Ms. Linda Ledesma – Resident of Carlsbad with Multicultural Background</li> <li>Mr. Carl K. Sycks – Resident of Carlsbad</li> </ul>			
61		After the three presentations, the candidates were asked to wait outside of the meeting room to allow CHAC members to openly discuss each candidate and their backgrounds.			
ပ်	Selection of Candidates to Recommend for Appointment to the Board of Directors	The members of the CHAC Committee discussed the candidates' expertise and backgrounds. Ms. Gigi Gleason made a motion to recommend to the Board of Directors the appointment of Ms. Xiomara Arroyo as a CHAC member with Multicultural Background, and Ms. Linda Ledesma as a CHAC member representing the City of Carlsbad. Ms. Robin Iveson seconded it. Motion was approved unanimously.			
<del>Ö</del>	Announcement of the CHAC Committee Candidates to recommend to the Board of Direct for appointment	Chair Julie Nygaard invited the three candidates back to the meeting room, and announced that the CHAC committee had decided unanimously to recommend to the Board of Directors for appointment:  Ms. Xiomara Arroyo for the Multicultural CHAC Open Position  Ms. Linda Ledesma for the Resident of Carlsbad CHAC Open Position	To complete and process the required paperwork to bring the nomination of the two candidates to the 09/25/2014 Board of Directors meeting.	s the ring o	Mr. Francisco Valle

Community Healthcare and Alliance Committee

Chair Julie Nygaard introduced Mr. Tim Moran, the new CEO of Tri-City

Tri-City Medical Center Update:

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opic	Discussion	Action	rerson(s
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<ul> <li>Mr. Moran reaffirmed that he had seven Board Members to work with that really care about what Tri-City Medical Center does for the community and that it has been a pleasure working with them.</li> <li>Mr. Moran mentioned that his presentation at CHAC was going to be the same presentation that he had been conducting as part of his Community Breakfast Meetings. Note: A copy of the slides presented by Mr. Moran was provided to each CHAC member in attendance.</li> <li>Mr. Moran mentioned that an Annual Report to the Community was going to be mailed to each household in the cities from which Tri-City Medical Center receives patients. He explained that the goal of this annual report is to keep the community informed. Note: A copy of the Annual Report was provided to each CHAC member in attendance.</li> <li>Mr. Moran mentioned that one of the main goals of Tri-City Medical Center is to fill the medical service gaps identified in the most recent Service Area Market Assessment. In particular, Mr. Moran emphasized that Tri-City Medical Center has an ongoing Physician Recruitment Plan in place specially for physicians with bilingual capabilities English-Spanish.</li> </ul>		Ms. Gigi Gleason reported that the first Tri-City Behavioral Health for You Workshop went over very well with approximately 30 people in attendance from a grand variety of organizations in our Community. Ms. Gleason mentioned that the workshop covered the strengths and gaps in the mental health system for our youth. Much information and homework was given in preparation for the 2 <sup>nd</sup> Behavior Health for You Workshop to take place on September 25 <sup>th</sup> at Tri-City Medical Center. The second workshop will focus on opportunities and the determination of the next steps. Ms. Gleason thanked the Board for providing the support required to turn this idea into a reality.	The next CHAC meeting will be held on October $9^{\rm u}$ , Assembly Room 1 from 12:30 p.m 2:00 p.m.	<ul> <li>Bret Schanzenbach shared copies of the Vista Fall Magazine         which features an article about the NiftyafterFifty facilities in         Vista and Oceanside and the benefits of this program. He also         shared that the Vista and the Oceanside Chambers will be</li> </ul>
	6. Old Business	a. Report on the Behavioral Health Sub- Committee	7. Confirm Date and Time of Next Meeting	8. Committee Communications (standard item)

September 11, 2014

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Person(s) Responsible	
Action Follow-up	
Discussion	conducting a Candidate Forum for the Tri-City Board of Trustees (who are up for Re-Election) on Sept 18th at 6:00 p.m. at Mira Costa College. This Forum will be televised by KOCT.  • Mr. Francisco Valle thanked CHAC members for their support and spreading the word about NitfyAfterFifty. He reported that we are breaking records with membership sign ups. Vista reported 170 members and Oceanside 150 members.  • Ms. Gina McBride shared the Carlsbad Business Journal which includes a wrap up to the Major's State of the City Luncheon and "A Guide to Giving" a directory of non-profit organizations, Arts and Cultural Organizations and Social Services.  • Ms. Rosemary Eschelman said that on Thursday the 18th Carlsbad Unified School District would be holding its monthly meeting "Community Youth Errichment" from 8:30 a.m. to 9:30 a.m. The presenter, John Mofift is a "Cyber" Educator who is very informative and will bring you up to date on what's going on in the Cyber world. She also mentioned that September 19th is Lancer Day for Carlsbad High School. A school spirit day will take place from 2:00 p.m. to 2:30 p.m. Ms. Eschelman also shared that Sunday, September 14th's Carlsbad's Multi-Cultural and Barrio Festival and that everybody is invited to attend this celebration. She finished by mentioning that the City of Carlsbad is also very thankful to collaborate with Tri-City Medical Center in sponsoring Carlsbad's Red Ribbons coming up in October, which is about making healthy choices and staying away from drugs, etc. Very age appropriate for all grades up to High School level in the CUSD.  • Ms. Carol Herrera said Vista Unified School has made huge improvements in providing healthy foods to students and past had a complete turnaround in terms of the quality of the food provided to them. Ms. Herrera mentioned that keek are adming better. She also shared that Vista Unified School has made huge almoy eat on the days they attend school cylindra bond in the Alph School level in the Collaborate and program, and suggested that the
Topic	

	•	The City of Vista will also hold a "Linda Rhodes Room Dedication" on September 19 <sup>th</sup> at 3:30 p.m.		
	•	The City of Vista recognized CHAC member Carol Herrera for		
		her years of dedication to our Schools and Education in Vista at the Vista Education Foundation and Moonlight Amphitheater		
		Dinner Event.		
	•	Mr. Valle shared that the Vista Unified School District won a		
		national grant for use of technology for \$685,000 and that this		
		grant was a clear sign of how much VUSD has advanced since		
		the new Superintended took over.		
	•	Marilyn Anderson shared that on Saturday, September 2/''' & 28th Vista will be besting Norwegian Viking Festival Incated on		
		Vista Wav.		
	•	Vista is also sponsoring "Alley Arts" a new Art Festival this		
		weekend including a Vista Village Birthday Party on celebration		
		of its 10" Year Anniversary.		
	•	In celebration of Fire Prevention Month, the Vista Fire		
		Department will be hosting an Open House at Fire Station #1		
		on Meirose on October 3 Troffi 1.00 p.m. to 4.00 p.m., and that		
		the use of fire extinguishers.		
	•	Ms. Giai Gleason announced that TCMC is sponsoring "Hero's		
		in Heels" on October 18th from 8:00 a.m. to 2:00 p.m. and this		
		Wellness.		
	•	The Boys & Girls Club Oceanside is having their Boys & Girls		
		Night Out Gala on October 25". For more information please		
		Visit. Dycodealiside.org		
	•	Don Reedy reported that Oceanside Harbor Day is coming up at the end of the month.		
	•	Chairman of the Board of Directors Larry Schallock informed		
	•	that there will be a "Prescription Take Back Day" on Saturday		
		the 27th from 10:00 a.m. to 2:00 p.m. at the Tri-City Medical		
		Center's parking lot, where you can turn in your old		
		prescriptions to be destroyed with no questions asked.		
9. Public Comments.	None made	nade		
10 Adjournment	Chair .l.	Chair Julie Nygaard adjourned the meeting at 2:10 p.m.		

### Tri-City Medical Center Finance, Operations and Planning Committee Minutes September 16, 2014

Members Present	Dr. James Dagostino, Director Kellett, M.D., Director Paul Campo Robert Knezek, Kathleen Mendez Dr. Frank Corona, Steve Harrington, Dr. Contardo
Non-Voting Members:	Tim Moran, CEO, Casey Fatch, COO, Steve Dietlin, CFO, Matt Mushet, Legal Affairs, Wayne Knight, Sr. VP, Medical Services

Others Present:
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William McGaughey	
Dr. Kroener, \	
Absent:	

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to order	Director Dagostino called the meeting to order at 12:31 pm.		
2. Approval of Agenda		MOTION It was moved by Director Campo, Director Kellett seconded and was unanimously approved, that the agenda of September 16, 2014 be approved.	
3. Comments by members of the public on any item of interest to the public before committee's	Director Dagostino read the paragraph regarding comments from members of the public.		Director Dagostino

Person(s) Responsible				Rudy Gastelum	Sharon Schultz
Action Recommendations/ Conclusions	Minutes ratified  MOTION It was moved by Director Kellett, Dr. Corona seconded and was approved with Dr. Contardo abstaining, that the minutes of August 19, 2014 be approved as written.			MOTION  Dr. Corona moved, Dr. Kellett seconded and it was unanimously approved that the Finance, Operations and Planning committee recommend that the TCHD Board of Directors authorize the agreement with CorVel for third-party workers' compensation claims administration for a term of 36 months (3 years), beginning 1/1/2015 and ending 12/31/2017 for an annual cost of \$159,720, and a total cost for the term of \$479,160.	MOTION  Director Campo moved, Dr. Corona seconded and it was unanimously approved that the Finance, Operations and Planning Committee recommend
Discussions, Conclusions Recommendations		None	None	Rudy Gastelum introduced Timothy Mooney from BB&T he explained the process that was followed in choosing a new Workers' Compensation vendor. RFP's were sent out in June, 2014, with responses due back middle of July. After additional review and comparison of bids, fee structure and services offered by each vendor it was decided that CorVel offered the best product for the money.  Discussion ensued and Committee questions were answered.	Sharon Schultz explained this amendment is to add an additional 10 hours per month for Outpatient Wound Care Clinic coverage by Dr. Willard.
Topic	4. Ratification of minutes of August 19, 2014	5. Old Business	6. For Information only	7. a. Workers' Compensation Claims Administration	b. Dr. Gary M. Willard- Renewal/Amendment Of Wound Care Medical Director Agreement

Person(s) Responsible	s the stand du for the september stan for the stand september stand stan	Dan Martinez/Scott	or Kellett Livingstone	sly	ons and did the	ealthcare	irStrip for	beginning nber 30,	xceed	e term of		r Kellett	sly	ons and	- + PO+ + PO	d tilat tile	la triat trie ealthcare ivify	ealthcare ivify beginning	ealthcare ivify beginning ine 30,	ealthcare ivify beginning ine 30,	ealthcare ivify beginning ine 30, term of	ealthcare ivify beginning ine 30, term of	ealthcare ivify beginning ine 30, term of
Action Recommendations/ Conclusions	that the TCHD Board of Director authorize Dr. Gary M. Willard as the Medical Director for Out Patient Wound Clinic, Hyperbaric Medicine and Inpatient Wound Care Program for a term of 22 months beginning September 1, 2014 and ending June 30, 2016. Not to exceed an average of 30 hours per month or 360 hours annually, at an hourly rate of \$190 and a total for the term of \$125,400.	MOTION- AIRSTRIP	Director Campo moved, Director Kellett	seconded and it was unanimously	approved that Finance, Operations and Planning Committee recommend that the	Board of Directors of Tri-City Healthcare	authorize the agreement with AirStrip for	a term of 60 months (5 years), beginning Oct 01. 2014 and ending September 30,	2019 for an annual cost not to exceed	\$464,631, and a total cost for the term of \$1,821,513.	MOTION- VIVIEY HEALTH	Director Campo moved, Director Kellett	seconded and it was unanimously	approved that Finance, Operations and	Diaming Committee recommend	Board of Directors of Tri-City Healthcare	Board of Directors of Tri-City Healthcare authorize the agreement with Vivify	Board of Directors of Tri-City Healthcare authorize the agreement with Vivify Health for a term of 33 months beginning	Board of Directors of Tri-City He authorize the agreement with Viv Health for a term of 33 months b October 01, 2014 and ending Jur	Board of Directors of Tri-City Healthca authorize the agreement with Vivify Health for a term of 33 months beginn October 01, 2014 and ending June 30,	Board of Directors of Tri-City He authorize the agreement with Viv Health for a term of 33 months b October 01, 2014 and ending Jur 2014 for a total expense for the t	Board of Directors of Tri-City He authorize the agreement with Viv Health for a term of 33 months b October 01, 2014 and ending Jur 2014 for a total expense for the t	Board of Directors of Tri-City Healthcar authorize the agreement with Vivify Health for a term of 33 months beginnin October 01, 2014 and ending June 30, 2014 for a total expense for the term of
Discussions, Conclusions Recommendations		Dan Martinez gave a brief	overview of the IT Roadmap to	improve the Districts outcome for	tile luture alla petter parieri care.	Each of the three presentations	given, will play and intricate	part in achieving a positive outcome.		Dan Martinez introduced the three gentlemen doing the presentation		Airstrip-Greg Felix Vivify Health-David Lucas	CareMetrix-Kevin Harris and	Dr. Homa Karimabadi				te a hospital-wide clinical solution. To allow a	te a hospital-wide clinical solution. To allow a	te a hospital-wide clinical solution. To allow a located telemetric	te a hospital-wide clinical solution. To allow a located telemetric	te a hospital-wide clinical solution. To allow a located telemetric	te a hospital-wide clinical solution. To allow a located telemetric ng system providing live-
Topic		c. Information Strategy	<ul> <li>AirStrip</li> </ul>	Vivify Health	CureMetrix	8																	

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Person(s) Responsible		
Action Recommendations/ Conclusions	Director Campo moved, Director Kellett Seconded and it was unanimously approved that the Finance, Operations and Planning Committee recommend that the Board of Directors of Tri-City Healthcare authorize the agreement with CureMetrix, Inc. for Center for Clinical Excellence for a Phase One cost of \$315,549 and a Scope Expansion cost of \$231,323 and a total cost for the project of \$546,872.	
Discussions, Conclusions Recommendations	time wave forms to physicians securely and remotely via mobile device (Smart phone, tablet, office PC) to enhance patient care, patient satisfaction & improve patient safety. Provide 24/7 support in accordance with AirStrip's support policies.  Vivify will provide after care, inhome remote monitoring, on-going best practice, evidenced-based disease specific educational information, and video communication solutions for TCMC patients at high risk for readmission. Monitoring to include blood glucose, pulse oximetry, blood pressure and weight. Vivify is able to support TCMC After-Care Management efforts through a clinical call center 24/7.	CureMatrix  TCMC is looking to create a culture of coordinated care and data-driven decision-making.  TCMC has vast amounts of date either stored in Cerner or other systems and wants to be able explore this data, mine it for answer and ultimately use it as an enterprise asset to help improve
Topic		

Person(s) Responsible	Ind Donna Dempster t t s ED rm of	Donna Dempster r. ge an	Donna Dempster d
Action Recommendations/ Conclusions	\$500 for an annual cost of \$183,000 and a total cost for the term of \$ 319,500.  MOTION  Director Campo moved, Dr. Corona seconded and it was unanimously approved that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Abhay Gupta and Dr. Gregory Park as ED On-Call Coverage Physicians for a term of 21 months beginning 10/1/14 and ending 6/30/16. Not to exceed a daily rate of \$500 for an annual cost of \$183,000 and a total cost for the term of \$319,500.	MOTION  Dr. Corona moved, Director Campo seconded and it was unanimously approved that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Jason Phillips as ED On-Call Coverage Physician for a term of 21 months beginning 10/1/14 and ending 6/30/16. Not to exceed a daily rate of \$350 for an annual cost of \$128,100 and a total cost for the term of \$223,650.	MOTION  Dr. Corona moved, Director Campo seconded and it was unanimously approved that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr.
Discussions, Conclusions Recommendations	Donna Dempster presented this stating this is simply adding two physicians to the Plastic Surgery ED Call Panel.  No change to existing rate  No financial change  It is a template agreement  It is Fair Market Value	Donna Dempster presented this stating this is simply adding a physician to the Urology ED Call Panel.  No change to existing rate  No financial change  It is a template agreement  It is Fair Market Value	Donna Dempster presented this stating this is simply adding a physician to the Cardiology ED Call Panel.  No change to existing rate  No financial change
Topic	<ul> <li>f. Plastic Surgery ED Call Panel -Additions</li> <li>D. Abhay Gupta</li> <li>Dr. Gregory Park</li> </ul>	g. Urology ED Call Panel-  • Dr. Jason Phillips	h. Cardiology/General ED Panel-Addition

Person(s) Responsible		Wayne Knight	Wayne Knight
Action Recommendations/ Conclusions	Karim El-Sherief as ED On-Call Coverage Physician for a term of 21 months beginning 10/1/14 and ending 6/30/16.  Not to exceed a daily rate of \$200 for Cardiology-General and \$600 for an annual cost of \$73,200 for Cardiology-General and \$219,600 for Cardiology-General and \$219,600 for Cardiology-General and \$219,600 for Cardiology-General and \$383,400 for Cardiology-General and \$383,400 for Cardiology-Interventional.	MOTION  Dr. Corona moved, Kathleen Mendez seconded and it was unanimously approved that Finance Operations and Planning Committee recommend that TCHD Board of Directors recommend that TCHD Board of Directors authorize the agreement with Fidelis Partners for a term of 12 months, beginning 10/1/2014 and ending 9/30/2015 for an annual amount of \$84,000, and a total expense for the term of \$84,000.	ORIGINAL MOTION  Director Campo moved, Robert Knezek seconded and it was unanimously approved that Finance, Operations and Planning Committee recommend that the Board of Directors of Tri-City Healthcare District authorize a Wellness MOB Timeshare Lease Agreement with Karen
Discussions, Conclusions Recommendations	<ul> <li>It is Fair Market Value</li> </ul>	Wayne Knight explained, this a one year renewal agreement for the recruitment of up to an additional 3 more OB/GYN physicians.  It was agreed that on the Physician Search agreement document that the "Multiple Search Offering" be removed as it is not applicable.	Wayne Knight explained that Dr. Karen Hanna is a General Surgeon that was recruited in March, 2014.  Dr. Hanna will be in with the Minimally Invasive Surgeons of North County. Their offices are
Topic		i. Fidelis Partners- OB/GYN	j. Wellness Complex MOB Timeshare Lease

Person(s) Responsible			Tom Moore	Steve Dietlin
Action Recommendations/ Conclusions	Hanna, MD, for a term of two months, beginning August 1, 2014 and concluding on September 30, 2014 at the fair market rental rate as determined by the Arens Group in March, 2014, with the option to extend for the months October, 2014 and November, 2014.		MOTION  Director Kellett moved, Dr. Corona seconded and it was unanimously approved that Finance, Operations and Planning Committee recommend that the Board of Directors of Tri-City Healthcare District authorize the agreement with Cardinal Health Optifreight Program for reduced FEDEX freight fees for a term of 36 months beginning Oct 1, 2014 and ending on Sept 30, 2017 for an annual amount of \$215,000 (including all TCHD FEDEX shipping expenses) and a total expense for the term of \$645,000.	MOTION  Dr. Corona moved, Director Campo seconded and it was unanimously approved that Finance, Operations and Planning Committee recommend that the Board of Directors of Tri-City Healthcare
Discussions, Conclusions Recommendations	currently undergoing construction. During this time Dr. Hanna is in a timeshare space at the Wellness Center MOB building. This is a request for an approval of a two month lease with Dr. Hanna which will conclude on September 30, 2014.	After discussion it was decided that in the event there is a delay in the construction, that we should amend the motion for an option to extend for 2 additional months, October and November, 2014	Tom Moore explained that the Optifreight Program is a part of Cardinal Health. This portion is used to save money on our Federal Express supplies and shipments by reduced rates. Participation in this program is free to TCHD as an added Cardinal Health value.	Steve Dietlin explained the current \$51 million Credit Agreement dated April 2, 2012 and amended on September 30, 2013 includes three maturity dates: June 20, 2013, September 26, 2014 and
Topic			k. Cardinal Health Optifreight Program	I. Bank of the West Term Loan Replacement Note

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	Discussions, Conclusions	Action	Person(s)
Topic	Recommendations	Recommendations/ Conclusions	Responsible
	February 28, 2015. A replacement note was approved by the BOD and issued in June 2013 with a September 26, 2014 maturity date.	District authorize executive management to negotiate terms and conditions associated with the Credit Agreement dated April 2012, including execution of a replacement note for existing term debt	
	We are seeking approval to replace the \$51 million note maturing September 26, 2014 at equal or more favorable terms to the District.	or approximately \$51 million, and to execute any and all agreements and instruments, as approved by legal counsel, on behalf of the District to provide for such amendments and or modifications.	
	Director Campo left at 2:00 p.m.		
Financials-August	Steve Dietlin gave the presentation on the financials ending August 31, 2014(dollars in thousands)		Steve Dietlin
	Year to Date \$ 23 ting Revenue \$ 5 ting Expense \$ 5		
	Month to Date Gross Revenue \$ 116,821 Operating Revenue \$ 26,365 Operating Expense \$ 27,056 EROE \$ (348)		
	<ul> <li>Other areas covered were:</li> <li>Avg. Daily Census</li> <li>Adjusted Patent Days</li> <li>Surgery Cases</li> <li>Deliveries</li> </ul>		
	ED VISITS		

• • • • • • • • • • • • • • • • • • •	Topic	Discussions, Conclusions Recommendations	Action Recommendations/	Person(s) Responsible
If there one of be broughthey will the first the secone yeworkplace one yework			Conclusions	
If there one of be broughthey will the first the first the secone yeworkplace.  Dashbotthere workplace one yeworkplace workplace one yeworkplace workplace one yeworkplace one		<ul><li>Accountable Care (Annual)</li><li>Construction Report (Quarterly)</li><li>Meaningful Use Semi-</li></ul>		
If there one of be broughthere they will the first the secone yeworkplace.  Dashbotthere workplace workplace workplace.		Infusion Center(quarterly)     Aionex Bed Board		
		Blue Belt Robotic Knee (not yet established will be quarterly for a year and		
		If there is a significant issue with one of the deleted items then it will		
		If there are new programs started they will go on the workplan for reporting on a quarterly basis for		
		the first year then, semi-annual for the second year, then annual for one year and then dropped off the workplan.		
		Dashboard Casey Fatch reviewed the Dashboard with the Committee, there were no specific items to		
	nents by			Chair
	if next meeting.	October 21, 2014		Chair

12

Topic	Discussions, Conclusions Recommendations	Action Recommendations/ Conclusions	Person(s) Responsible
10. Community Openings.	TCMC is running an advertisement but have had no		Chair
	candidates apply.		
11. Adjournment.	Meeting adjourned 2:40 pm.		





### FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 Renewal/Amendment of Wound Care Medical Director Agreement

Type of Agreement	X	Medical Director	Panel		Other:
Status of Agreement		New Agreement	Renewal – New Rates	X	Renewal – Same Rates/Add'l Duties

Name:

Dr. Gary M. Willard

Area of Service:

Medical Director Agreement (Renewal and Amendment)

For coverage of Out Patient Wound Clinic, Hyperbaric Medicine and Inpatient

Wound Care Program

Term of Agreement: Twenty two (22) month term beg. September 1, 2014 through June 30, 2016

Rates and Totals:

Hourly Rate of \$190.00; 30 hours per month/360 hours per year

Amendment to add Increase of 10 hours per month for the Outpatient Wound Care

Clinic:

Monthly Cost of \$5,700 and Total Contract amount not to exceed \$125,400

Rate/Hour	Hours per	Hours per	Monthly	Max.	22 month (Term)
	Month	Year	Cost	Annual Cost	Cost
\$190.00	30	360	\$5700	\$68,400	\$125,400

Position Responsibilities: SEE ATTACHED

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

Person responsible for oversight of agreement: Sharon Schultz, CNE/CCO

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Gary M. Willard as the Medical Director for Out Patient Wound Clinic, Hyperbaric Medicine and Inpatient Wound Care Program for a term of 22 months beginning September 1, 2014 and ending June 30, 2016. Not to exceed an average of 30 hours per month or 360 hours annually, at an hourly rate of \$190 and a total for the term of \$125,400.

Physician Name:

Dr. Gary M. Willard

Area of Service:

Medical Director Agreement (Renewal and Amendment)

For coverage of Out Patient Wound Clinic, Hyperbaric Medicine and

Inpatient Wound Care Program

#### **POSITION RESPONSIBILITIES:**

#### <u>Duties as the Inpatient Hospital Wound Care Medical Director include:</u>

- Training nurses and other staff members for consultation, treatment and prevention of wounds in the inpatient population
- Communicating effectively with attending and referring physicians for wound consultation and management
- Assisting physicians and Case Management in the appropriate discharge placement and follow-up care
- Assuring documentation meets regulatory requirements
- Assisting TCMC in establishing and reviewing policies, procedures and protocols for the delivery of patient care to patients in the Wound Care Program

### Duties as the Outpatient Hyperbaric Medicine Medical Director include:

- Facilitating effective communication with all panel physicians and Wound Care team members
- Educating providers and community members on availability and efficacy of Hyperbaric
   Medicine as an adjunctive therapy
- Assisting TCMC in establishing and reviewing policies, procedures and protocols for the provision of Hyperbaric Oxygen Therapy delivery, utilizing evidence-based practice guidelines
- o Identifying equipment & supply needs and standardizing care delivery within the clinic
- O Developing, implementing and evaluating a quality assurance, utilization review and risk management program related to the delivery of Hyperbaric Oxygen Therapy

#### Duties as the Outpatient Wound Care Medical Director include:

- Establishing guidelines, protocols, and standards for quality patient care the monitoring of quality outcomes
- Assuring accuracy of medical record compliance for all physician disciplines within the service
- Providing educational training for medical staff, nursing staff and ancillary staff on a continuous basis
- Assuring compliance with CMS requirements for care, documentation and correct coding initiatives
- o Conducting clinical data collection and research in wound care

## Directorship Compensation by Physician Classification

## Table 10: Total Annualized Compensation

Primary Care	Phys	Med Pracs	Mean	Std Day	25th Wille	Median	7541. 2141	
Surgical Specialist Surgical Subspecial st Nonstrigical Specialist Monstrigical Subspecialist	344 138 114 -110 225	110 68 65 95 63	\$51 265 \$43 972 \$62 451 \$60 394 \$45 423	\$60.547 \$49.322 \$49.752 \$100.659	\$12 000 \$13 060 \$25 463 \$15 556	\$25 000 \$30 000 \$30,741	75th %ths \$60,000 \$60,000 \$85,200 560,000	90th %file \$155 355 \$83 280 \$136 232 \$128 154
			343 423	243 809	517 281	\$30,000	\$56,103	5103.672

## Table 11: Hourly Rate Compensation

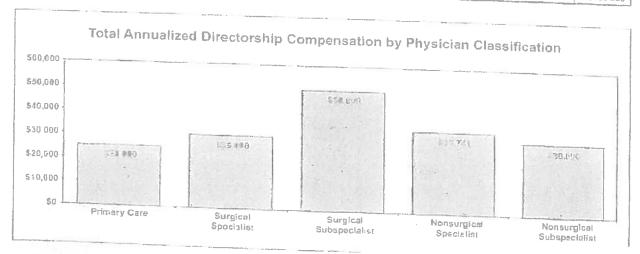
	Fr mary Care	Phys 162	Med Pracs	Moan	Stri Dev	25th %tile	Median	75th %tile	DOIN % Gle	
in.	Singical Specialist Sumical Substructalist Nonsumical Specialist	62 72	33 32 46	\$112 \$162 \$102	533 549 569	\$95 \$150 \$150	\$100 \$150	\$125 \$200	\$150 \$223	
	Nonsurgical Subspecialis:	105	46 / 31	\$153   \$156	SG4 550	\$125 \$130	\$155 \$160 \$150	\$250 \$165 \$200	\$280 \$216 \$247	

## **Table 12: Monthly Stipend Compensation**

Primary Caro	Phys 94	Med Prace	Mean	Std Dev	25th %tile	Median	75th %(i)a	90th Ville	
Surgical Specialist Surgical Subspecialist Nonsurgical Specialist	40 30 92	42 21 16 43	\$3 \$37 \$3 856 \$6 654 \$5 012	\$4 527 \$3 949 \$6 256 \$6.110	\$1 000 \$1 000 \$2,868	\$1.687 \$3,000 \$4.755	\$3,895 \$4,875 \$7,700	\$0 091 \$12 083 \$16 574	
Monsunfical Subspecialist	40	18	\$6 214	\$5 684	\$1,510 \$2,051	\$2,980 \$3,377	\$5,152 \$6,423	\$12,000	

## Table 13: Annual Stipend Compensation

	2							
Primary Care Surgical Special si Surgical Subspecialist Honsurgical Specialist Nonsurgical Subspecialist	Phys	Med Pracs	Moan	\$14 Dev	25th %tite	Medlan	75th %tho	90th %tile
	101	54	\$70,797	\$90,307	\$15,000 !	\$32,867	\$71.656	\$251 250
	40	24	\$37,853	\$53,074	\$8,800 !	\$20,500	\$53.000	\$82,380
	45	2	\$48,050	\$24 208	\$31,000	\$48,815	\$56.106	\$80 640
	97	33	\$44,400	\$42 777	\$15,001	\$25,000	\$54.251	\$101 068
	90	28	\$48,503	\$46,659	\$20,000	\$38,282	\$59,084	\$100 090



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# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 PROPOSAL FOR: Agreement with AirStrip

Type of Agreement		Medical Directors	Panel	X	Other: [IT Solution]
Status of Agreement	Х	New Agreement	Renewal – New Rates		Renewal – Same Rates

Vendor Name:

AirStrip

Area of Service:

Case Management, IT, Hospital -Wide

Term of Agreement:

60 months. Beginning: Oct 01, 2014 - Ending: Sep 30, 2019

Maximum Totals:

(For 60 monitored beds)

Anticipated Monthly Cost	Americal Contr	Tabaltana
ivionthly Cost	Annual Cost	Total Term Cost
	FY-15: \$464,631	
	FY-16: \$422,342	
	FY-17, 18 & 19: \$271,055	
\$29,525	FY-20: \$121,375	\$1,821,513

#### **Description of Services/Supplies:**

- Plan is to create a hospital-wide clinical mobility solution. To allow a centrally located telemetric
  monitoring system providing live-time wave forms to physicians securely & remotely via mobile
  device (smart phone, tablet, office PC) to enhance patient care, patient satisfaction, physician
  satisfaction & improve patient safety
- Provide software installation and testing for the AirStrip Product(s) and 24x7 support in accordance with AirStrip's support policies
- Provide training Documentation to physician users and Customer upon request.
- Provide physician users with a list of approved devices for use with the AirStrip Product(s) software
- Provide physician users and Customer with Updates and Upgrades for AirStrip Product(s) as they become available at no additional charge.
- If requested, AirStrip can source and provide a server or servers as required

Concept Submitted to Legal:	Χ	Yes		No
Is Agreement a Regulatory Requirement:		Yes	Χ	No

Person responsible for oversight of agreement: Scott Livingstone, Director Case Management / Casey Fatch, COO

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with AirStrip for a term of 60 months (5 years), beginning Oct 01, 2014 and ending September 30, 2019 for an annual cost not to exceed \$464,631, and a total cost for the term of \$1,821,513.





#### FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: Sep 16, 2014 PROPOSAL FOR: Vivify Health

Type of Agreement	Medical Directors	Panel	X	Other: IT Solution - Remote, after care monitoring
Status of Agreement	New Agreement	Renewal – New Rates		

Vendor Name:

Vivify Health

Area of Service:

Case Management, IT, Hospital - Wide

Term of Agreement

33 months - Begin: October 01, 2014 End: June 30, 2017

Maximum Totals:

Proposed 20 patient minimum, final cost dependent on total patients enrolled and

peripherals purchased:

Purchase of 20 kits @ \$1,250/kit \$25,000 One time integration fee 30,000 Monthly fees for 20 patients for 33 months 107,580 Annual maintenance fee for 3 years 16,200 Total expected cost for 33 month term \$178,780

#### Description of Services/Supplies

- Vivify will provide after care, in-home remote monitoring, on-going best practice, evidence-based disease specific educational information, and video communication solutions for TCMC patients at high risk for readmission. Monitoring to include blood glucose, pulse oximetry, blood pressure and weight. Vivify is able to support TCMC After-Care Management efforts through a clinical call center 24/7
- Patient kits featuring 10" wireless tablets and wireless health devices such as blood pressure monitors, weight scales and PulseOx devices will be purchased. A wireless blood glucose device has also been specified for use in diabetes cases. The proposal assumes TCMC purchases patient kits
- Vivify Health can also provide ancillary solutions for remote clinical services monitoring, including RN escalation plans as appropriate. Essentially, Vivify Health offers a "turnkey" clinical call center for our interested customers

Concept Submitted to Legal:	Χ	Yes	And the second s	No
Is Agreement a Regulatory Requirement:	A contrasting the first state of	Yes	Χ	No

Person responsible for oversight of agreement: Scott Livingstone, Director of Case Management/Casey Fatch, 000

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Vivify Health for a term of 33 months beginning October 01, 2014 and ending June 30, 2014 for a total expense for the term of \$178,780.





# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 PROPOSAL FOR: Agreement with CureMetrix, Inc.

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

Vendor Name:

CureMetrix

Area of Service:

Center for Clinical Excellence - Information Technology

Term of Project:

Ten months, Beginning October 1, 2014 and Ending July 31, 2015

#### Maximum Totals:

Phase One Cost	Scope Expansion Cost	Total Term Cost		
\$315,549	\$231,323	\$546,872	1	

#### Description of Services/Supplies:

Tri-City Medical Center (TCMC) is planning to improve their clinical and financial outcomes by creating a Center for Clinical Effectiveness. Within this Center, TCMC is looking to create a culture of coordinated care and data-driven decision making. TCMC has vast amounts of data either stored in Cerner or other systems and wants to be able to explore this data, mine it for answers, and ultimately use it as an enterprise asset to help improve outcomes at the hospital. TCMC has asked CureMetrix to help develop and provide the analytics tools within this Center for Clinical Effectiveness. The goals of this effort are:

- Ensure that the IT infrastructure is in place to support all research needs.
- Create intuitive, configurable, and dynamic dashboards that can be shared across the organization
- Deliver multiple levels of analysis from basic pivot tables (Descriptive Modeling) to complex protocol analysis (Predictive Modeling)
- Integrate clinical and financial data to understand the impact of decisions and protocols
- Create a culture of coordinated care and data-driven decision-making driven by a governance framework

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

**Person responsible for oversight of agreement:** Daniel Martinez, Sr. VP of Information Technology/Dr. Worman

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with CureMetrix, Inc. for Center for Clinical Excellence for a Phase One cost of \$315,549 and a Scope Expansion cost of \$231,323 and a total cost for the project of \$546,872.





# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE

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

Physician's Name:

Henry Hudson, MD

Area of Service:

ED On-Call: Ophthalmology

Term of Agreement:

Twenty-one (21) months Beginning 10/1/14 Ending 6/30/16

Maximum Totals:

For entire ED On-Call Area of Service coverage

Rate/Day	Days per Year	Annual Cost	21 month (Term) Cost
	FY2015: 273	\$40,950	
\$150	FY2016: 366	\$54,900	\$95,850

#### Position Responsibilities:

- Provide 24/7 patient coverage for all specialty services in accordance with Medical Staff Policy #8710 520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

Concept Submitted to Legal:	X	Yes	No
Is Agreement a Regulatory Requirement:	X	Yes	No

Person responsible for oversight of agreement: Donna Dempster, MSS Dir/Casey Fatch, EVP/COO Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Henry Hudson as ED On-Call Coverage Physician for a term of 21 months beginning 10/1/14 and ending 6/30/16. Not to exceed a daily rate of \$150 for an annual cost of \$54,900 and a total cost for the term of \$95,850.

MGMA Medical Directorship and On-Call Compensation Survey: 2014 Report Based on 2013 Data

Table 1: On-Call Physician Compensation — Daily Rate

	Providers !	Groups	Mean	Std Day	25th Stile	Median	75th %tile	90th Stile
Anesthesiology All	25 1	2.1	-	-	1.5			2081 /3018
Cardiology Electrophysiology	4	2		11				
Cardinlogy Invasive	13	7	\$628	5419	5200	Se33	\$1 (D)	
Cardiology, Invasive-Interventional	4.1	1 1	\$739	5290	S506	5775	598	
Tardiology Honinvasive	5	4	\$436	8214	\$219	5450	\$64	\$1 160
Orthical Care Intensivist	2	2			00,2	=4.10	393	
mergency Medicine	35	2			,			
anily Med cine (with 08)	8	2	* 1			Ο.		
amily Medicine (without 03)	3	2					,	
astroenterology	24	3 1	8335	5219	SZOE	\$ 00	5500	7.75
iospitalist	8	1	. 1	75	GRUE.	3-00	9,000	570
niectious Disease		h 10						
Harnal Medicine, General	9	3	\$450	\$428	5123	\$400	\$500	
laphrology	3	1		urit d	2153	3400	9350	
legrology	29	9	\$461	\$70	5438	5500	5500	
los/etrics/Gynecology	35		\$464	5280	5219	\$500	5500	\$50
prilha miday,	1,		E refres	5200	32 12		\$500 \$1,225	872
inhugedic Surgery Ali	167	40	\$1,016	S519	5800	51 000		Acres 10
Isothinelary igolegy	27	11	8325 (	5155	\$200		\$1,050	\$1.91
eularrica	29	5	5237	546	\$200	5300	\$775	Shi
SYCHIAITY	13	8	5578	3256	520F	\$250	\$250	525
ulmenary Medicine	31	6	5801	\$386	8590	9530	\$ .000	SLA
adiology All	90	3	\$1 224	S524	\$500	5690	5897	S1,58
urgary Ganeral	123	26	3854	5562		\$1,500	51,500	\$2,00
urgery. Card byasou ar	22	5	\$1,026		5450	\$755	\$1,000	S1 50
urgery Neurological	29	12	\$1,532	\$470	\$649	5725	\$1,600	S1 60
urgery frauma	24	8		\$583	s*,000	\$1,600	\$1,750	52 30
urgery Vascular (Primary)	19	12	\$1,249	\$501	\$660	\$1,375	\$1,400	\$2.40
urgany Al Other	41		5731	3567	\$500	\$625	\$750	51.40
rology	61	16	3757	\$476	\$163	5725	5925	\$1.40
urgical Oriner Subspenianty	9,	13	5411	3255	3228	5300	\$732	584
loneurgical Other Specially				*	1	4	E and an	
interrupear Office Spesially								

Table 2: On-Gall Physician Compensation — Holiday Rate

No. of Contracting and Contrac	Providers	Groups	Mean	Std Dev	25th %tile	Median	75th %tile	90th %tile
Anesthes alogy Al	16	1 :	*	4				DODE /LINE
Cardiology Electrophysiology	4 1	2		4				
Care ology Invasive	8	3	\$450	\$351	S200	\$300	3850	
Cardiology Inhasive-interventional	35	5	5813	5248	\$650	S800	S1 000	\$1.200
Emergency Medicine		9 99				OW C	31.466	\$1,200
Gastroenterology	00	4	\$1,255	8875	\$200	52,000	S2 000	\$2,050
Internal Medicine, General	6	3	5777	5380	\$615	\$700	\$900	22,000
Heurology	25	2				01.10	4500	
Obstetrios Gyr ecology	32	4	5245	5268	\$125	\$125	\$200	\$50E
<b>Ophlhalir olegy</b>	4	2					3000	300
Orthopes's Surgery Al	52	15	\$1.07	2648	\$525	\$1 000	31 200	\$2,355
Otochinola yagology	5	2	1	-			3111100	20,073
Pediatrics	15	3	\$413	5456	S 50	5250	\$250	Si loi
Psychiatry		ì			4		1	31 01
Pulmorary Medicine	1	4			n (5)			
Rad plogy All	85	2		2	,			
Surgery General	35	I(L)	SB22 d	\$820	\$450	\$100	59.5	92 EUD
Surgery Card oval rular	6	5	4					Q1 003
Surgery Maurological	9	3	31.765	5469	£1,366	\$1.750	\$2,300	,
Surgery Trauma	18	£ <sup>6</sup>	52 172	San9	\$2,000	52,000	51 600	S2 800
Surgery Yascurar (Primary)	2	2			, 1	1 602	5 17 17	TE INGS
Surgery AT Other	20	6	594	5721	\$510	\$725	S* A06	\$2.585
Uralegy	4	2		200	. 1		- 1700	95 7/55

## UNRESTRICTED EQUATED HOURLY RATES TABLES

### UNRESTRICTED EQUATED HOURLY RATES continued

	Obste	trics/Gynecology	- First Call		THE REAL PROPERTY.	STATE OF THE PARTY
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentile	90th Percentile
Overall	37	\$16 67	\$29.62	\$20.83	\$33 33	\$62.50
Traumia Center	19	\$12 50	\$29.76	\$20.83	\$41.67	\$69.79
Non-Trauma Center	18	\$20 83	\$29 48	\$20 83	\$30 21	\$60.00
Level I Trauma Center	4	isd	Isd	isd	isd	isd
Trauma Coverage	5	\$12 50	\$17.17	\$14.58	\$20.83	Isd
Non-Trauma Coverage	32	\$19 38	\$31.57	\$20,83	\$37.08	\$62 50
						an insufficient d

	Obstetr	ics/Gynecology -	- Second Call	STANLAND BY	THE PARTY OF THE P	Service Brook
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentile	90th Percentile
Overall	5	\$6.55	\$16.59	\$11.42	\$20.83	isd
Trauma Center	4	isd	isd	isd	isd	isd
Non-Trauma Center	1	isd	isd	isd	isd	isd
Level I Trauma Center	2	isd	isd	isd	isd	isd
Trauma Coverage	0	isd	isd	isd	isd	isd
Non-Trauma Coverage	5	\$6.55	\$16.59	\$11.42	\$20.83	isd
						rsd - raufficient d

		Ophthalmolo	у	CONTRACTOR OF THE PARTY OF THE	and the contract of the contra	No. of Concession, Name of Street, or other party of the last of t	1
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75lh Percentile	90th Percentile	754
Overall	29	\$8 75	\$17.76	\$12 50	\$20 83	\$41.67	Day
Trauma Cenier	20	\$10.83	\$18.60	\$14 06	\$20.83	\$41,67	-
Non-Trauma Cenier	9	\$5 98	\$15 88	\$10.42	<b>\$</b> 16 67	Isd	400
Level I Trauma Center	9	\$10.42	\$19.91	\$11 90	\$28 57	isd	1
Trauma Coverage	8	\$10,83	\$20.30	\$15 29	\$31 25	lsd	
Non-Trauma Coverage	21	\$8.33	\$16 79	\$12.50	\$18.75	\$28 57	450
						isd multi ent data	

	0	ral-Maxillofacial S	Surgery		M. THERESON	
Unrestricted Equated Hourly Rates	n Orgs	25lh Percentife	Mean	Median	75th Percentile	90th Percentile
Overall	22	\$15.63	\$25.81	\$20 83	\$35 42	\$39.58
Trauma Center	17	\$16.67	\$27.46	\$20.83	\$37.50	\$41.67
Non-Trauma Center	5	\$15.63	\$20 22	\$20.83	\$25 00	isd
Level I Trauma Center	4	isd	Isd	isd	Isd	Isdi
Trauma Coverage	12	\$17.71	\$28 31	\$27 08	\$35.45	\$39.58
Non-Trauma Coverage	10	\$15.63	\$22.82	\$20 83	\$31.33	\$39.58
						धर्व । गठवासि । स्टाह चंद

Physician On-Call Pay Survey Report 2014 Stift van Cotter and Associates Inc.

P 42 SECTION IV





# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE

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

Physician's Name:

Bilal Choudry, MD and Chunyang Wang, MD

Area of Service:

ED On-Call: Neurology

Term of Agreement:

Twenty-one (21) months Beginning 10/1/14 Ending 6/30/16

Maximum Totals:

For entire ED On-Call Area of Service coverage.

Rate/Day	Days per Year	Annual Cost	21 month (Term) Cost	
	FY2015: 273	\$136,500	48 distants of Philosophysical Associating groups agreement associations of the State of the Sta	
\$500	FY2016: 366	\$183,000	\$319,500	-

#### **Position Responsibilities:**

- Provide 24/7 patient coverage for all specialty services in accordance with Medical Staff Policy #8710 520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

Concept Submitted to Legal:	Χ	Yes	No
Is Agreement a Regulatory Requirement:	Χ	Yes	No

Person responsible for oversight of agreement: Donna Dempster, MSS Dir/Casey Fatch, EVP/COO Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Bilal Choudry and Dr. Chunyang Wang as ED On-Call Coverage Physicians for a term of 21 months beginning 10/1/14 and ending 6/30/16. Not to exceed a daily rate of \$500 for an annual cost of \$183,000 and a total cost for the term of \$319,500.

Table 1: On-Call Physician Compensation — Daily Rate

	Providers	Groups	Mean	Std Dev	25th %life	Median	75th Ville	90th %tile
SEE SHIELD TODY AN	25	et analin alman vaneren mannere anagoga.	4	. 1	, ;			- John Wille
Carolatogy Efection ysigling,	4	2		. 1			4	
Cardin ogv. Invasive	13	7	Street	S4 g	S200 l	S633	S1 006	M 1 71 1
Cardiology Invesive III iv in one!	44	1 (	\$735	9290	5500	\$775	31 605	\$134
Dardiology, Hen hyasive	5	4	5436	5214	5218	\$450	3647	\$1,100
Ortical Cale II lens vist	2	2		, ,	3412	24.10	394	
margescy Moderne	35	2				. 1		
amily Medicine (with OB)	3	2			. 1			
amily Medicine, without (N)	3 1	Ž.			, :	9		
lastroenterology	24	7	533	\$219	\$200	S290	\$100	
lospitalist	8			3613	3200	3414,	Minn	\$767
dections Disease		1.00	. 1	,				
Harnal, Madicine, General	9	3	\$45- 1	S428	5-23	\$450	0=0=	
ler hrelogy	3 1			3714	0 20	0490	\$507	
leurulouy			-1-	5.1	S438 :	S500	~~~	
bslattics/Gynecology	35	16	8464	\$280	5219	\$500 \$500	\$507	
)phthalinglogy	6	3	E583 H	\$621	5100	5300 S300	9566	\$72
inhopasia Surger; All	167 i	40	51016	5519	5800		\$1,275	
continulary ago ogy	27	11	5325	\$195	\$200	\$1,000	\$1,050	\$1,910
ediatrics	29	6 ±	52:37	\$45	\$200	5300	5375	SG1:
Sychaliv	13	8 [	5572	5336	5207	\$250	5250	525
elinchary Medicine	11	6	5801	5385	\$690	\$550	\$1,000	S100
adiotogy, All	90	3	\$1,224	5624	5500	\$690	58.97	51 531
urgery General	123	28	\$854	\$562	\$450 \$450	\$1,500	\$1,500	\$2,00
urgary Cardiovascula	22	10	31,026	5470	545U 5649	\$755	\$1,000	\$1.60
urgery Neurologica	29	12	\$1,532	5588		\$725	\$1,600	S1 60
urgery Trauma	24	9 1	51,249	3500 3601	\$1,000	\$1,600	\$1,750	25 30
urgery Vascular (Primar)	19	12	5731		5660	51 375	\$1,400	\$2,40
ulgery All Other	41	16 1	5787	\$567 \$476	\$500	\$625	\$750	\$1.40
rolany	61	13	S411		9463	\$725	\$925	\$1,49
urgical Other Subspec a ty			2411	5255	\$228	5300	\$732	584
lonsurg cal Other Specially				*	.	4		

Table 2: On-Call Physician Compensation — Holiday Rate

	Providers	Graups	Mean	Std Dev	25th %tile	Median	75U: %tile	90th While
Anestrasiology Al	16			ν		777001031	7041 74416	2011 30116
Cardiology: Electrophysiolog	4	2						
Card clogy Invasive	8	3	5450	\$351.	5200	5300	on en	
lardiology invasive interve floria	35	5	5813	\$245	\$650	5800	\$850 \$1.00	
mergency Mediu ne	1	1		4	9020	3000	31 00-	512
lastraentera ogy	36	4	\$1,255	\$875	\$200	\$2,000	\$2,000	50.0
iterna Medicino Gene a		3	\$777	5380	5613	5700	390	S2 0 =
leurology	22	2			30.13	9709	220,	
ostelrins/Gy ledd opy	52		\$245	\$259	\$125	\$ 23	\$20	51
prihálmo ug	4	2		*	2100	3 23	420	5
rthopedic Silger; Al	52	15	\$1.071	\$648	5525	5 09	51 20.	51
terhinolar yngology	5	2			-,017-4	31 03	31 201	
ed africs	15	3	\$413	\$456	5250	\$250	825	5
Sychiatry	1				44.00	# E G:3	26.1	0
ulmonary Medicine	1	1	4	4		4		
adioh gy. A	85	2			3	4	1	
urgery Genera	35	10	5922	\$820	\$450	\$500	59.15	Pa C
urgery Cardinivascurar	6 1	2		,	0.20	0.00	9023	\$2.6
urgery fleu elogi al	9	3	\$1,765	5469	91,366	5: 750	\$2,300	
urgery frauma	16	$\epsilon_{2}^{i}$	\$2,172	\$609	\$2,000	\$2,000	S2 6.03	20.00
urgery Yascular (Pilming)	2 1	2	4			4E 000	9£ 01/9	32 80
urger, Ai Other	10	6	59.11	\$721	5500	3725	\$ 000	20.20
trelogy	4				3030	9763	3 000	52.516

## UNRESTRICTED EQUATED HOURLY RATES TABLES

### UNRESTRICTED EQUATED HOURLY RATES continued

	N	ephrology/Hyper	tension		100000000000000000000000000000000000000	Sala Salas
Unrestricted Equated Hourly Rates	n Orgs	25lh Percentile	Mean	Median	75th Percentile	90th Percentile
Overall	9	\$10 42	\$15.17	\$11.90	\$14.58	Isd
Trauma Cenier	7	\$10.42	\$16.53	\$11.90	\$20.83	Isd
Non-Trauma Center	2	isd	isd	isd	Isd	isd
Level I Trauma Center	2	isd	isd	Isd	isd	isd
Trauma Coverage	2	isd	isd	isd	Isd	isd
Non-Trauma Coverage	7	\$8.33	\$11.85	\$11.67	\$14.58	isd
						isd=insuffic ent d

		Neurology				AND THE STATE OF	3
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75lh Percentile	90th Percentile	1,
Overall	37	\$15 63	\$22.71	\$20.83	· \$29 17	\$41.67	7.1
Trauma Center	20	\$17.44	\$25.79	\$20.83	\$29.75	\$43 23	0
Non-Trauma Cenler	17	<b>\$</b> 9 58	\$19.08	\$16 67	\$25 00	\$31.25	6
Level I Trauma Center	6	\$25,00	\$34.74	\$27.67	\$44 79	isd	1
Trauma Coverage	4	Isd	isd	Isd	isd	isd	
Non-Trauma Coverage	33	\$14.58	\$22,93	\$18.75	\$29.17	\$41.67	6
					1	of a second report of the	-

		Neurology Str	oke	A REAL PROPERTY.		
Unrestricted Equated Hourly Rates	n Orgs	25th Rercentile	Mean	Median	75lin Percentile	90th Percentile
Overall	22	\$16.67	\$32.10	\$24.02	\$41.67	\$60.00
Trauma Center	13	\$16.67	\$30.15	\$23.03	\$41.67	\$54.69
Non-Trauma Center	9	\$12.50	\$34.90	\$36.46	\$41.67	Isd
Level I Trauma Center	8	\$21.93	\$35.49	\$33.25	\$48.18	isd
Trauma Coverage	5	\$20.83	\$28.04	\$23.03	\$25.00	isd
Non-Trauma Coverage	17	\$15.07	\$33.29	\$36.46	\$41.67	\$60.50
						isdeinsefficient di

Neurosurgery – First Call						
Unrestricted Equaled Flourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentite	90th Percentile
Overall	66	\$51.04	\$81.42	\$75.00	\$104.17	\$145.83
Trauma Center	50	\$62.50	\$90.44	\$83.33	\$116.67	\$156.25
Non-Trauma Center	16	\$25.00	\$53.22	\$45.83	\$62.50	\$125.00
Level I Trauma Center	20	\$59.90	\$88.69	\$80.73	\$109.58	\$153 13
Trauma Coverage	35	<b>\$</b> 62 50	\$93.24	\$83.33	S116 67	\$166.67
Non-Trauma Coverage	31	\$33,33	\$68.07	\$61,64	\$100.00	\$125.00

Physician On-Call Pay Survey Report 2014 Sullivan Cotter and Associates in

P 41 SECT OH





# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE

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

Physician's Name:

Abhay Gupta, MD and Gregory Park, MD

Area of Service:

ED On-Call: Plastic Surgery

Term of Agreement:

Twenty-one (21) months Beginning 10/1/14 Ending 6/30/16

Maximum Totals:

For entire ED On-Call Area of Service coverage

		The state of the s	
Rate/Day	Days per Year	Annual Cost	21 month (Term) Cost
A continued and a continued an	FY2015: 273	\$136,500	
\$500	FY2016: 366	\$183,000	\$319,500

#### Position Responsibilities:

- Provide 24/7 patient coverage for all specialty services in accordance with Medical Staff Policy #8710 520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

Concept Submitted to Legal:	X	Yes	gy in a constructive of the control	No
Is Agreement a Regulatory Requirement:	X	Yes		No

Person responsible for oversight of agreement: Donna Dempster, MSS Dir/Casey Fatch, EVP/COO Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Abhay Gupta and Dr. Gregory Park as ED On-Call Coverage Physicians for a term of 21 months beginning 10/1/14 and ending 6/30/16. Not to exceed a daily rate of \$500 for an annual cost of \$183,000 and a total cost for the term of \$319,500.

Table 1: On-Call Physician Compensation — Daily Rate

	Providers	Groups	Mean	Sld Dev	25th %tite	Medlan	75th %tile	90th %tile
Anesthesiology: All	25	2				1		Jour Maile
Cardiology: Electrophysiology	4	2	74	92				
Cardiology: Invasive	3	7	\$628	3419	S200 I	3633	\$1,000	01040
Carriology Invasive- Interventional	44	11	\$739	\$296	5500	\$775	5981	\$1,340
Cardiology Mon rivesite	5	4	\$436	\$214	5219	8450	Se47	\$1,100
Critical Care Intensivist	2	2	. !			4 1	2041	
Emergency Medicine	35	2	4					
Family Medicine (with 08	8	2	0.			,		
Family Medicine (without 09)	3	2		9				8
Gastroenterology	24	7	\$335	\$219	\$200	\$200	\$500	2000
Hospitalist	8	1		•	4230	0200	2200	\$700
Infectious Disease		1	4	a l				
internal Medicine General	9	3	\$450	5428	\$123	\$400	ceno	
dephrology	3		*	0.177	4157	9400	S500	
leurology	29	9	3461	\$70	\$439	\$500	PEON	
Obstetrics/Gynecology	35	16	\$464	5280	S219	\$500	\$500	\$500
)pnthalmology	6	4	5583	\$621	\$100	\$300	\$500	\$726
Athogedic Surgery All	167	40	\$1,016	5519	5800		\$1,275	
Dorhinolaryngo ogy	27	11	\$325	\$155	\$200	\$1,000	S1 050	31,910
Padiatrics	29	6	\$237	\$46	\$200 \$207	\$300	\$375	8015
sychiatry	13	8	\$572	S335	5208	3250	\$250	\$250
fulmenary Medicine	11	6	8801	5386	5690	\$550	5 ,000	51,000
ladiology. All	90	3	\$1,224	S624	S500	\$69	\$897	\$1,582
lurgery: General	123	26	\$854	S562	\$450	S: 500 1	\$1,500	\$2,000
dirgery: Cardiovascular	22	5	\$1,026	\$470	5430 5649	8755	S1 000	\$1,500
jurgery Neurological	29	12	\$1,532	5588		5725	\$1 600	\$1,600
urgery: Trauma	24	8	\$1,249		\$1 000	S 600	\$1,750	\$2,300
jurgery: Vascular (Primary)	19	12	\$731	3601	\$660	\$1,375	\$1,400	52,400
urgery All Other		16.	3731	S567	\$500	5625	\$750	\$1,400
rology	61	13	5411	\$476	\$463	\$725	9925	51,450
Surgical Other Subspecially	1 1	13	3411	S255	3228	\$300	\$732	5840
Jonsurgical Other Specialty		1			*	4	•	

Table 2: On-Call Physician Compensation — Holiday Rate

	Providers	Groups	Mean	Std Dev	25th %tite	Median	75th %tile	nose aviet-
Anesthesiology: All	16	il	9	7		the digit	13013006	90th %tite
Cardiology: Electrophysiology	4	2	- 2					
Cardiology Invasive	8	3	3450	5351	5200	2000		
Cardiology: Invasive-Interventional	35	5	5813	\$248	\$650	5300	\$850	137.5
Emergency Medicine		1	4:	9 C-0 C	9000	\$800	\$1,000	S1 230
Gastroenterology	30	4	\$1,255	\$875	\$200	22.000	0.0 m///	
Internal Medicine General	8	3	\$777	5380	\$615	\$2,000	\$2,000	\$2,070
Heurology	22	2	9/1/	3240	3013	5700	\$900	
Obstetrics/Gynecology	32	4 1	\$245	\$268	5125	2100		
Opinthalmology	4	2	*	2200	20150	\$125	\$201	\$598
Orthopedic Surgery, Aff	52	15	\$1.071	2648	- \$525	C+ 000	na na	
Otorhinolaryngology	5	2		2070	0020	\$1,000	\$1.20	
Pediatrics	15	3	\$413	\$456	\$250	bara	0.00	
Psychiatry	-	1		2730	3230	3250	325	3, 14,
Pulmonary Medicine	1 1	1	4	9 10	100			
Radiology: All	85	2						
Surgery: General	35	10	\$822	\$820	\$450	CEAR	200	
Surgery: Cardiovascular	6	2	4	0200	1 1	\$500	3925	\$2,600
Surgery, Neurological	9	3	\$1,765	3469	\$1,365	the time	50.000	•
Surgery: Trauma	16	4	\$2,172	\$609	\$2,000	\$1,750	\$2,300	
Surgery: Vascular (Primary)	2	2	4	Anna	34 080	\$2,000	\$2,600	\$2,800
Surgery All Other	20	6	\$941	5721	5500	2202	24.00	,
Ure egy	4	2	037.	9721	2500	\$725	51000	\$2,585

## UNRESTRICTED EQUATED HOURLY RATES TABLES

### UNRESTRICTED EQUATED HOURLY RATES continued

Pediatric General Surgery							
Unrestricted Equaled Hourly Rates	ri Orgs	25th Percentile	Mean	Median	75th Percennie	90th Percentile	
Overall	13	\$30.90	\$53.76	\$41.67	\$83.33	\$83 33	
Trauma Cenier	9	\$31.25	\$59.60	\$67.96	\$83.33	isd	
Non-Trauma Center	4	isd	isd	isd	isd	isd	
Level I Trauma Center	5	\$39.58	\$61.51	\$67.96	\$70:00	Isd	
Trauma Coverage	5	\$31,25	\$62,51	\$67.96	\$83.33	isd	
Non-Trauma Coverage	8	\$25.87	\$48.29	\$40.63	\$76.67	isd	
						icd insufficient d	

Pediatric Ophthalmology							
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentile	90th Percentile	
Overall	7	\$7.50	\$13.34	\$11.90	\$17.12	Isd	
Trauma Center	6	\$7.50	\$12.84	\$11.66	\$17.12	isd	
Non-Trauma Center	1	isd	isd	isd	isd	isd	
Level I Trauma Center	3	isd	isd	isd	isd	Isd	
Trauma Coverage	1	isd	isd	bai	isd	isd	
Non-Trauma Coverage	6	\$11.42	\$14.32	\$14.13	\$17.12	isd	
						ind sincufficient de	

Plastic/Reconstructive Surgery									
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentils	90h Recentile	١.		
Overall	32	\$16.52	\$27.12	\$23 42	\$38.54	\$45.83	1		
Trauma Center	25	\$16 67	\$27,30	\$20.83	\$39 58	\$45.83	C		
Non-Trauma Center	7	\$15 63	\$26 48	\$26 00	<b>\$</b> 31 25	ısd	1		
Level I Trauma Center	10	\$16 67	\$35.14	\$38 54	\$45.83	\$54.17			
Trauma Coverage	16	\$17 19	\$29.18	\$32.08	\$39.58	\$50.00			
Non-Trauma Coverage	16	\$14.06	\$25.08	\$20 83	\$35,42	\$45.83	81		
						lsd । risufficiers data			

Plastic Surgery – Hand							
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75th Recentle	90th Percentile	
Overall	8	\$31 25	\$44.74	\$38.54	\$57.10	Isrl	
Trauma Cente	8	\$31.25	\$44.74	\$38.54	\$57.10	isd	
Non-Trauma Cente	0	îsd	isd	isd	isd	isd	
Level I Trauma Center	5	\$41.67	\$54.09	\$45.83	\$68.38	isd	
Trauma Coverage	6	\$31.25	\$50.28	\$43.75	\$68.38	isd	
Non-Trauma Coverage	2	isd	Isd	isd	bai	isd	
						stal insufficient of	

Physician On-Cal Pay Survey Report 2014 Suffivan Cotter and Associates

P 44 SECTION





# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE

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

Physician's Name:

Jason Phillips, MD

Area of Service:

ED On-Call: Urology

Term of Agreement:

Twenty-one (21) months Beginning 10/1/14 Ending 6/30/16

Maximum Totals:

For entire ED On-Call Area of Service coverage

Rate/Day	Days per Year	Annual Cost	21 month (Term) Cost
	FY2015: 273	\$95,550	
\$350	FY2016: 366	\$128,100	\$223,650

#### Position Responsibilities:

- Provide 24/7 patient coverage for all specialty services in accordance with Medical Staff Policy #8710 520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

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

Person responsible for oversight of agreement: Donna Dempster, MSS Dir/Casey Fatch, EVP/COO Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Jason Phillips as **ED** On-Call Coverage Physician for a term of 21 months beginning 10/1/14 and ending 6/30/16. Not to exceed a daily rate of \$350 for an annual cost of \$128,100 and a total cost for the term of \$223,650.

\$ 383,400





# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 PHYSICIAN AGREEMENT for ED ON-CALL COVERAGE

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

Physician's Name:

Karim El-Sherief, MD

FY2016: 366

Area of Service:

ED On-Call: Cardiology – General & Interventional (STEMI)

Term of Agreement:

Twenty-one (21) months Beginning 10/1/14 Ending 6/30/16

Maximum Totals:

For entire ED On-Call Area of Service coverage

1			
Rate/Day	Days per Year	Annual Cost	21 month (Term) Cost
General	FY2015: 273	\$54,600	
\$200	FY2016: 366	\$73,200	\$ 127,800
	and divide in it is device a visit of its device the distribution when when		7 227,000
Rate/Day	Days per Year	Annual Cost	21 month (Term) Cost

\$219,600

#### Position Responsibilities:

5600

- Provide 24/7 patient coverage for all specialty services in accordance with Medical Staff Policy #8710 520 (Emergency Room Call. Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements.

Concept Submitted to Legal:	X	Yes	No
Is Agreement a Regulatory Requirement:	X	Yes	No

# Person responsible for oversight of agreement: Donna Dempster, MSS Dir/Casey Fatch, EVP/COO Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize Dr. Karim El-Sherief as ED On-Call Coverage Physician for a term of 21 months beginning 10/1/14 and ending 6/30/16. Not to exceed a daily rate of \$200 for Cardiology-General and \$600 for Cardiology-Interventional for an annual cost of \$73,200 for Cardiology-General and \$219,600 for Cardiology-Interventional, and a total cost for the term of \$127,800 for Cardiology-General and \$383,400 for Cardiology-Interventional.

MGMA Medical Directorship and on Cali Compensation Survey. 2014 Report Based on 2013 D

Table 1: On Call Physician Compensation - Daily Rate

	Providers	Greups	Mean I	Sld Day	25th 56th i	Median	75th Stile	Part Style
Ane ill asiglogy. A	25	7				10101111111	1301-5005	Sarit Sarité
2 (3 dicay Elect ophysiology								
Cardiniogy Invasive	13 1		S628 I	5.115		SqJ 3		7
		-1-1					ST HOSE	S1 349
			14.11					
Ontica Cale ( tensivis:	2	2 1						
Smerge v y Medlone	15							
Family Medicine (with 08	8	5	4					
Fainty Marks ne (without 19								
Gastron terstugy	4	3	53.15	5219	\$ 0 i		\$00	
	a		7.4.7.2			98116	51.00	
Infections Disease		1						
Marnal Medicine, General	0	3	\$450	5428	8123	5400		
legi rology	3		0100	101124	3123	3400	5-66	-
teurniogy	29	a i	5161	\$70	\$438			
Duste Incs/Gynecology	35	10 :	\$464	\$280	5219	\$500 \$500	550u	
Duhlitra molegy	P	1	9583	5621	5100		\$500	57211
Influence Surgery All	167	31)	\$1,018	\$519		5300	\$1 275	
) or hindlary not only	28 (1		3325	\$195	520G	\$1,000	51 050	81.91
ed at 165	24		523	£40	52,00	5300	5375	
	13	5	5571	SULE.		\$256	\$216	5256
fulmonary Meditine	II	6	\$801	5386	\$208	35.50	51.0G/	
ladrotogy Al	90	3	\$1,224	\$524	5690	2090	5897	51,522
вигвету Селета	23	26	5854	5562	5500	31 500	\$1500	52,000
lemeny Caminyasen il	92	5	81.026	5470		8755	\$1000	51 588
jurgery Neuro ogrea!	29	17	S1 532 T	5588 :	\$649	\$725	\$1,600	\$1,600
proery frauma	24	3 1	\$1,248			\$1,600	\$1.750	\$2,000
Surgery Vescular (Prima vi		12	5/31	\$601 \$567	\$660	\$1,375	\$1,400	58,490
urgery Al Chier	1 11	15	5787		5500	5625	5/50	\$1,406
Irolawy		15	84.1	5476	\$463	\$725	\$925	\$1,400
lugical Other Sidispec alty	1	13	5411	5255	\$226	5306		S8/40
Mensurgical Other Specially		3						

Table 2: On-Call Physician Compensation — Holiday Rate

	Providers	Groups	Mean	Still Dev	25th %ule	Median	75th Stole	900n %tile
Anestnesiology Al	10.1				h !		431.14516	2001 701110
Cardiology Electronystrisgy	1	2						
Cardiology, invasive	55	7	5450	535.	5200			
Catchelogy levis te filterial rath only			3813	\$246	2650	2900	\$1.00	
Emerguncy Meditims	1					2,000	2.06	
Gast deliterategy	70	.1	\$1,255	\$875	\$200	52 (90	5.00	
Internal Medicine General		3 -	\$777	5380	3515	5700		192
Mounday	22					3.46		
Obstatring/Gynenling y	32		5245	5260	1:25 l	3125	520	š
Oprithaling ogs						2012	0,511	3
Orthopadic Sulgety A	52	15	51 07 1		5525	\$1.60.	21.50	
Maranista zagladz	5	2 1				3. 01.1		
Pedalnas	1 15 1	7	5313	9456 1	5.50	5.25.1		
Payernally	107	4						
Fulnishary Ateniuse	1	1						
Autolog; All	15	2 1						
Surgely General		10	Sare	\$820	3450	5,516	392	52 6 K
Eurgery and cast la	1 6	2					Jan	9£ 025
Surgery Thrombagica	3	3	81 765	5.159	\$1.366	31 / 50	a 30	1
onne, reums	-6		52 177	\$609	\$2.000	52,010	52 60	\$2.800
Blidely Yashitat Pirotaly	9	2				3		ac 601
Surgery 49 Office	125		2341	2721	Lilie	57.85	\$140	52 585
	4	0			0.00	20.00	21.400	36 303

# UNRESTRICTED EQUATED HOURLY RATES TABLES

### UNRESTRICTED EQUATED HOURLY RATES

		Anesthesiolo	gy	No Salvery Service		Acres 1
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentile	90th Percentile
Overall	14	\$27 08	\$43 96	\$33 36	\$52.08	\$91 50
Trauma Center	9	\$27 08	\$50 79	\$41 67	\$66 67	isd
Non-Trauma Center	5	\$27.74	\$31 68	\$29 17	\$37 56	isd
Level I Trauma Center	4	isd	isd	isd	Isd	isd
Trauma Coverage	5	\$27 79	\$49 69	\$41.67	\$66 67	sd
Non-Trauma Coverage	9	\$27.08	\$40.78	\$29 17	\$41.67	isd
The second secon						ed neuff erad

		Cardiology – Go	eneral		No. of the second		1
Unrestricted Equated Flourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentile	90th Percentile	1
Overall	25	\$20 83	\$43 93	\$27 50	\$48 54	\$62 50	1
Trauma Cenier	9	\$20 83	\$59 06	\$25 46	\$62.50	isd	4
Non-Trauma Center	16	S18 96	<b>\$3</b> 5 43	\$28 33	\$47 19	\$60.00	11
Level I Trauma Center	0	isd	isd	isd	Isd	Isd	
Trauma Coverage	2	isd	isd	isd	Isd	isd	
Non-Trauma Coverage	23	\$20 83	\$35 81	\$27.50	\$48.54	\$62.50	11
						ezd insofficient data	

	Cardio	logy – Invasive –	Interventional		Britania de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición del composición de	50 5 (CO) (CO)	
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentile	90th Percentile	7
Overall	26	\$20 83	\$42 48	\$45 83	\$60.00	566 67	D
Trauma Cenler	15	\$31 25	\$45 80	\$51.17	\$62 50	\$66 67	-
Non-Trauma Center	11	\$20 83	\$37 96	\$25 00	\$58 33	\$60.00	14
Level I Trauma Center	6	\$37 50	\$46 80	\$50 59	\$62 50	isd	
Trauma Coverage	3	isd	isd	isd	Isd	isd	ľ
Non-Trauma Coverage	23	\$20 83	\$40 33	\$37 50	\$60.00	\$62.50	14
						ist isufficient data	

Cardiology – Invasive – Noninterventional						
Unrestricted Equated Hourly Rates	n Orgs	25th Percentile	Mean	Median	75th Percentile	90th Percentile
Overall	5	\$20 83	\$35 18	\$35 71	\$36.00	isd
Trauma Center	3	Isd	isd	İsd	Isd	isd
Non-Trauma Center	2	isd	isd	isd	isd	Isd
Level I Trauma Center	O	isd	Isd	isd	Isd	isd
Trauma Coverage	1	lsd	isd	isd	ısd	isd
Non-Trauma Coverage	4	Isd	Isd	isd	lsd	isd

Physician On-Cal Pay Survey Report 2014 Sult van Cotter and Associates Inc.

P 37 SECT OF



ADVANCED HEALTH CARE

## FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: 9/16/2014

PROPOSAL FOR: Renewal of Fidelis Partners OB/GYN Recruitment Agreement

Type of Agreement		Medical Directors	Panel	X	Other: Search Firm Agreement
Status of Agreement	X	New Agreement	Renewal –		Renewal – Same
	I	The transfer of the transfer o	New Rates	3	Rates

Vendor Name:

Fidelis Partners

Area of Service:

**Business Development** 

Term of Agreement:

12 months Beginning: 10/1/2014 Ending: 9/30/2015

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
		temper velidities on side interested in spiles in a 1-trea contribution properties communication designed.
		\$84,000.00

#### Description of Services/Supplies:

- Physician search agreement for recruitment of three (3) OB/GYN physicians
- Fee of \$2,000 per month per search (maximum of 5 months)
- \$15,000 placement fee per physician
- \$3,000 additional fee if physician placed within first 120 days of agreement
- Travel expenses and additional marketing would be pre-approved and would be in addition to these fees

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

Person responsible for oversight of agreement: Wayne Knight, Senior VP

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Fidelis Partners for a term of 12 months, beginning 10/1/2014 and ending 9/30/2015 for an annual amount of \$84,000, and a total expense for the term of \$84,000.

# Fidelis Partners: (Physician Search Firm Agreement)

### TCMC agrees to:

- Pay firm a monthly fee of \$2,000 per search for a maximum of (5) months.
- Upon execution of a written contract by a Candidate, pays firm (\$15,000) placement fee.
- Upon early placement occurs within the first 120 days, pays firm an ECB (early completion bonus) of (\$3,000).
- Total Max payable to Search Firm (\$28,000) per search.



### PHYSICIAN SEARCH AGREEMENT

Fidelis Partners, LLC ("Firm") accepts the assignment to recruit physician healthcare professional(s) with specialty training listed below. **TRI-CITY HEALTHCARE DISTRICT**("Client") agrees to engage Fidelis Partners under the following guidelines:

#### Fidelis Partners agrees to:

- (1) Conduct an on-site evaluation with Client to determine strategies and guidelines for maximizing the opportunity for successful recruitment of Candidates. (Practice and Community Evaluation)
- (2) Design a mutually acceptable services contract to be signed by Client and Candidate.
- (3) Evaluate potential candidates telephonically to determine interest level and compatibility for the Client's practice opportunity.
- (4) Request and provide initial reference information on candidates prior to the on-site visit with Client.
- (5) Personally interview the candidate and spouse prior to interview with Client, at client's request.
- (6) Assist Client with travel accommodations and an itinerary for on-site interview, at client's request.
- (7) Inform Client of candidate's interest level after the interview.
- (8) Act as a liaison on behalf of Client in securing a signed service agreement with Candidate.

#### Client agrees to:

- (1) Pay to the firm a monthly fee of \$2,000 per search for a maximum of (5) five months.
- (2) Upon execution of a written service contract by the Candidate and Client, pay to the Firm a placement fee in the amount of Fifteen thousand dollars (\$15,000)("Placement Fee");
- (3) Promptly respond to inquiries by the Firm regarding proposed Candidates and cooperate with the Firm in their recruitment including and without limitation, delivery of a written notice to the Firm no later than forty-eight (48) hours after receipt by Client of written notice of proposed candidate or additional candidate (as defined herein) if such proposed candidate(s) have had previous contact or interviewed with the Client.
- (4) Either advance or promptly reimburse the Candidate for all interview expenses of the Candidate and spouse including travel, food and lodging.
- (5) Reimburse the Firm for all pre-approved out-of-pocket expenses incurred on Client's behalf, including consultant's travel expenses.
- (6) Provide a copy of the service agreement used by Client to secure a Candidate.
- (7) Participate in additional advertising, which is an out-of-pocket expense, when deemed necessary by Client and
- (8) Pay to the firm an early completion bonus (ECB) of \$3,000 if placement of physician occurs within the first 120 days of the community evaluation

#### Rollover Guarantee:

Client will notify the Firm if they successfully complete the contracted search assignment(s) through internal resources. The Firm agrees to rollover the paid monthly fees to initiate a new search assignment if there is an additional need within one year from the execution of this agreement.

#### Searches assignments contracted:

- 1) OBGYN
- 2)
- 3)
- 4)
- 5)

#### General Terms:

- (1) **Termination of Agreement**: Client has the option to terminate this agreement by providing thirty (30) days written notice and paying all outstanding invoices. The Firm reserves the right to terminate this agreement for non-payment of monies owed. Following termination the parties shall have no further rights, duties or obligations provided that such termination shall not have any effect on the obligations of the parties with respect to the fees and expenses incurred by the Firm prior to termination.
- (2) Replacement of Candidate: The Firm agrees to a onetime replacement of any candidate who does not report to work or leaves the community within (180) days of commencement of work. The Firm will replace the provider at no additional fees except for reasonable out-of-pocket expenses and reimbursement of candidate's interview expenses. Replacement clause is invalid if alterations to the original service agreement between the Client and Candidate have occurred or if all invoices have not been paid according to the terms of this agreement.
- (3) Additional Candidates: If the Firm furnishes to Client in writing the name of a candidate whose specialty or position is not covered by this Agreement and (the "Additional Candidate") is employed by, contracts or otherwise associates with, Client at any time prior to one (1) year following the termination of this Agreement, Client agrees to immediately pay to the Firm a placement fee in the amount of Twenty-Five Thousand Dollars (\$25,000.00). Such placement fee shall be in addition to all other amounts due and payable to the Firm pursuant to this Agreement.
- (4) Locums Assignment(s): If the Firm furnishes to Client in writing the name of a candidate and the Client temporarily employs, contracts, or otherwise associates with provider, at any time prior to the date which is one (1) year following the termination of this Agreement, Client agrees to pay to the Firm a per diem placement fee for the duration of employment agreement, contract or association (the "Locums Fee"). The Locums Fee shall be paid by Client to the Firm no later than the tenth (10<sup>th</sup>) day of the month following any month in which such provider performs temporary services for compensation. Payment shall be accompanied by a list of the days during which provider performed services. The Locums Fee shall be in addition to all other amounts due and payable to the Firm pursuant to this Agreement.
- (5) **Nondisclosure:** Candidate referrals, curriculum vitae and references are confidential. Client shall not disclose any information concerning any of the Candidates to a third party. If such a breach in candidate confidentiality does occur and results in employment of either a temporary or permanent basis then Client agrees to pay a placement fee of Twenty-Five Thousand dollars (\$25,000.00) to the Firm.
- (6) **Invoice Payment:** All invoices shall be due and payable in full within sixty (60) days after the invoice date. Failure to timely pay completion fee will invalidate Article 2 "Replacement of Candidate".
- (7) Entire Agreement: This Agreement constitutes the entire agreement between the parties and is the final and complete terms and conditions thereof. All prior negotiations whether oral, written or implied are hereby superseded and merged herein. No amendment or modification of, any provision contained in this Agreement shall be effective unless fully set forth in writing signed by all of the Parties hereto.
- (8) Assignment Acceptance: The Firm accepts this agreement and the assignment(s) set forth within. In the event of any proceeding arising out of or relating to this Agreement, the prevailing party shall be entitled to recover all of the costs and attorneys' fees.
- (9) Jurisdiction and venue shall only be proper in the state of California.

IN WITNESS WHEREOF, the parties hereto have duly executed and delivered this Physician Search Agreement as of the date first set forth below.

TRI-CITY HEALTHCARE DISTRICT Client Name	FIDELIS PARTNERS, LLC.
Signature	Signature
Print Name	Print Name
Title	Title
Date	Date



# FINANCE, OPERATIONS & PLANNING COMMITTEE September 16, 2014

PROPOSAL FOR: Wellness Complex MOB Timeshare Lease

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

Vendor Name:

Karen Hanna, MD

Area of Service:

Wellness Center Medical Office Building - Timeshare Suite

(6260 El Camino Real, Suite 1-100, Carlsbad, CA 92009)

Term of Lease:

Two Months - August 1, 2014 to September 30, 2014

Maximum Totals:

Monthly Rent August (2 days per week)	Monthly Rent September (3 days per week)	Total Rental Income
\$ 2,256.75	\$ 3,385.12	\$ 5,641.87

#### Additional Information:

- Karen Hanna, MD is a general surgeon recruited in March, 2014 to join Minimally Invasive Surgeons of North County (MISNC). MISNC's offices are undergoing construction which is anticipated to be complete by the end of September
- During the month of August, Dr. Hanna utilized half of the timeshare suite (1,504.5 sq. ft.) two full days per week at \$3.75 per sq. ft. (\$3.75 x 1,504.5 sq. ft. = \$5,641.87 x 40% occupancy = \$2,256.75 per month)
- Dr. Hanna would like to continue use of the space during the month of September, increasing usage to three full days per week at \$3.75 per sq. ft. (\$3.75 x 1,504.5 sq. ft. = \$5,641.87 x 60% occupancy = \$3,385.12 per month)
- A Fair Market Rent Study of the Wellness MOB Timeshare space was performed by Arens Group Inc., in March, 2014 (see pages 3 and 4).

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

Person responsible for oversight of agreement: Wayne Knight, Senior Vice President

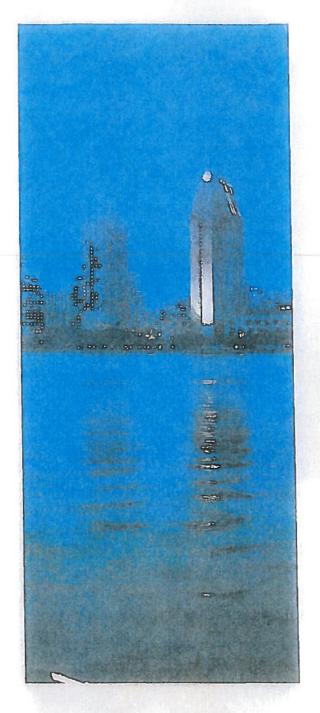
ion:

Wellness MOB Timeshare Lease Agreement with Karen Hanna, MD, for a term of two months, beginning August 1, 2014 and concluding on September 30, 2014 at the fair market rental rate as determined by the Arens Group in March, 2014, with the option to extend for the months October, 2014, and November, 2014.

### Timeshare - Rent Worksheet

		2014				STATE OF BELLEVILLE					
Days/ Week	Days/Mo	Base Rent/SF/Mo NNN	FFE	Pass Thru	Utilities	Janitorial	Repairs & Maint.	Total Rent/SF/Mo	Normal Lease Monthly	% of Time	Timeshare Monthly Rate
5	20	2,95	0.10	0.35	0.25	0.05	0.05	3.75	5641.875	1.00	5641.875
4	16	2.95	0.10	0.35	0.25	0.05	0.05	3.75	5641.875	0.80	4513.500
3	12	2.95	0.10	0.35	0.25	0.05	0.05	3.75	5641.875	0.60	3385,125
2	8	2.95	0.10	0.35	0.25	0.05	0.05	3.75	5641.875	0.40	2256.750
1	4	2.95	0.10	0.35	0.25	0.05	0.05	3.75	5641.875	0.20	1128.375
0.5	2	2,95	0.10	0.35	0.25	0.05	0.05	3.75	5641.875	0.10	564.188
Squa	re Feet	1,504.50 1	/2 Space								
		3,009.00 F	ull Space								

Pass Thru Fees
Property Taxes
Insurance
Management
Landscaping



Fair Market Rent Study of Medical Office Space at

6260 El Camino Real Carlsbad, CA 92009-1603 APN 213-110-01

Prepared For

Jeremy Raimo Sr. Director of Business Development & Rehab 4002 Vista Way Oceanside, CA 92056

Date of Report: April 8, 2014

Date of Value: March 19, 2014

1938 Kellogg Avenue Carlsbad, CA 92008 Phone: 760-444-6230 Fax: 760-444-6242 www.arensgroup.com



### Brokers' Opinions - Market Rent

Brokers familiar with the market area were surveyed regarding their opinions of market rents for the subject property. These opinions are summarized as follows:

Name Phone		Opinion
Company	Contact Date	Market Rent/SF/mo NNN
Chris Ross	858-410-6377	\$3.10 - \$3.15
Jones Lang LaSalle	4/3/2014	
Bob Cowan	760-431-3836	\$2.30
Cassidy Turley BRE Commercial	4/3/2014	
Greg Petree	858-792-0695	\$2.75 - \$3.00
AmeriCare Medical Properties	3/25/2014	

These brokers appear to believe that a reasonable rent for the subject is about \$2.30 - \$3.00/SF/mo, NNN.

#### Conclusion

Most weight is placed on the comparable sales; however, the broker opinions are considered supportive. Based on the above, the fair market rent for each of the subject spaces "as though TIs are complete," as of March 19, 2014, are as follows:

Floor	Suite	Rentable Size (SF)	Est. Rent/SF/mo, NNN	Discussion
First	1-100	3,009	\$2.95	This is a desirable space on the first floor; as such, it is estimated toward the top of the range.
First	1-150	2,616	\$2.95	This is a desirable space on the first floor; as such, it is estimated toward the top of the range.
Second	2-100	1,643	\$2.65	Second and third floor spaces are less desirable for medical office; as such, it is estimated toward the bottom of the range.
Second	2-200	1,595	\$2.65	Second and third floor spaces are less desirable for medical office; as such, it is estimated toward the bottom of the range.
Second	2-300	1,462	\$2.65	Second and third floor spaces are less desirable for medical office; as such, it is estimated toward the bottom of the range.
Second	2-400	2,069	\$2.65	Second and third floor spaces are less desirable for medical office; as such, it is estimated toward the bottom of the range.
Second	2-500	2,821	\$2.65	Second and third floor spaces are less desirable for medical office; as such, it is estimated toward the bottom of the range.

Arens Group, Inc.

14-078: 6260 El Camino Real, Carlsbad, CA 92009

# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: Sept 16, 2014 PROPOSAL FOR Conding! Health Optificials Proposes

PROPOSAL FOR: Cardinal Health Optifreight Program

Type of Agreement	Medical Directors		Panel	X	Other: Shipping
Status of Agreement	New Agreement	V	Renewal -		The second secon
	Mew Agreement	Λ	New Rates		

Vendor Name:

Cardinal Health for Optifreight Program

Area of Service:

Supply Chain Management

Term of Agreement:

36 months beginning: Oct. 1, 2014 ending: Sept 30, 2017

Maximum Annual Total:

\$645,000

Annual Amount 36 Month (Term) Cost \$215,000 \$645,000

#### Description of Services/Supplies

- The purpose of this agreement is to provide reduced rates on all of our FEDEX shipments
- The discount rates vary from 22% (Ground) to 63% (Priority) based on shipping method
- Average TCHD annual savings on FEDEX shipping through Optifreight over the last 12 months was 48% (approximately \$180,000 annually, \$540,000 for the entire term)
- Due to GPO change from Premier to VHA, this contract must be renewed with VHA terms
- New VHA rates are an additional 2-3% savings off previous Premier rates
- Participation in this program is free to TCHD as an added Cardinal Health value

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

Person responsible for oversight of agreement: Thomas Moore, Director of Materials/Steve Dietlin, Chief Financial Officer

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with Cardinal Health Optifreight Program for reduced FEDEX freight fees for a term of 36 months beginning Oct 1, 2014 and ending on Sept 30, 2017 for an annual amount of \$215,000 (including all TCHD FEDEX shipping expenses) and a total expense for the term of \$645,000.



# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: September 16, 2014 Proposal for: Replacement Note - Term Loan

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

Vendor Name:

Bank of the West

Area of Service:

Finance

#### Background:

The current \$51 million Credit Agreement dated April 2, 2012 and amended on September 30, 2013 includes three maturity dates: June 20, 2013, September 26, 2014 and February 28, 2015. A replacement note was approved by the BOD and issued in June 2013 with a September 26, 2014 maturity date.

#### Request:

Seeking approval to replace the \$51 million note maturing September 26, 2014 at equal or more favorable terms to the District.

Concept Submitted to Legal:	X	Yes		No	
Is Agreement a Regulatory Requirem	ent:	Yes	X	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 executive management to negotiate terms and conditions associated with the Credit Agreement dated April 2, 2012 and amended on September 30, 2013, including execution of a replacement note for existing term debt of approximately \$51 million, and to execute any and all agreements and instruments, as approved by legal counsel, on behalf of the District to provide for such amendments and/or modifications.







# FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: 9/16/2014

PROPOSAL FOR: Workers' Compensation Claims Administration

Type of Agreement		Medical Directors	Panel	×	Other: Operational
Status of Agreement	х	New Agreement	Renewal – New Rates		Renewal – Same Rates

Vendor Name:

CorVel

Area of Service:

Employee Health Services/Workers' Compensation

Term of Agreement:

36 months Beginning 1/1/2015 Ending 12/31/2017

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
\$13,310	\$159,720	\$470.400
213,310	\$135,720	\$479,160

Annual hard savings of \$25,850 with additional annual soft savings of \$98,713

#### **Description of Services/Supplies:**

- TPA claims services for workers' compensation claims
- CorVel will achieve fiscal savings over prior vendor via quality improvement
- Estimated fiscal savings in excess of \$350,000 over three year term
- Contract effective date 1/1/2015
- Exhibit attached for pricing comparison to expiring program

Concept Submitted to Legal:	×	Yes	No
Is Agreement a Regulatory Requirement:	Χ	Yes	No

Person responsible for oversight of agreement: Rudy Gastelum, Director, Employee Health Services/Esther Beverly, VP of Human Resources

#### Motion:

I move that Finance Operations and Planning Committee recommend that TCHD Board of Directors authorize the agreement with CorVel for third-party workers' compensation claims administration for a term of 36 months (3 years), beginning 1/1/2015 and ending 12/31/2017 for an annual cost of \$159,720, and a total cost for the term of \$479,160.

**Tri-City Healthcare District**TPA Quantative Pricing Comparison Summary

Pricing Comparison	Iri-Star 2014 Quote	Corvei Quote	HI-CITY FILIABLEID SAVINGS
Annual Administration Fee	Included	Included	
Data Conversion 1x Charge	papniou	Included	
OSHA Reports	Included	Included	
On-site Claim Reviews	Included	Included	
Expiring 2014 Annual Pricing	134,900		
2015 Pricing Quotes	175,000	155,000	20,000
2016 Pricing	179,375	159,650	
2017 Pricing	183,859	164,440	
Three Year Totals	538,234	479,090	59,144
Claim Counts Utilized			
New Indemnity	Flat Pricing	70/\$1,350	
New Medical Only	Included	135/\$195	
Tail Claims	Included	Included	
Medical Management Fees			
Bill Review	\$7.50 per bill	\$25 per bill	
PPO Access Savings	24% of savings	Included	
Inpatient Hospitalization	12% of savings (\$2,500 cap)	Included	
Specialty/Out of Network Savings	30% of savings	Included	
Nurse Case Management	\$95 per hour	\$135 per hour	
Utilization Review	\$95 per hour	\$120 per hour	
Physician Case Management	\$250 per hour	\$300 per hour	
Medication Review	\$95 per hour	\$200 per hour	
Pharmacy Review	\$7.50 handling	\$7.50 handling	
Actual to Expected Bill Review Fees	100,025	85,375	14,650
Total Annual Hard Costs	275,025	240,375	34,650
Estimated annual soft bill review savings		98,713	98,713
CorVel Advantage - First Year Total			133,363
Corllol Advantage Three Vear Total			400 089

### 19 (4) E.

### Professional Affairs Committee (No meeting held in September, 2014)

### 19 (4) F.

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

## Tri-City Medical Center Audit, Complian Ethics Committee September 18, 2014 Assembly Room 3 8:30am-10:30am

Director Ramona Finnila (Chair); Director Larry W. Schallock; Director Julie Nygaard, Carlo Marcuzzi. Community Member; Jack Cumming; Community Member Members Present:

Tim Moran (CEO); Casey Fatch (COO); Steve Dietlin (CFO) Non-Voting Members:

DeVon Wiens, Moss Adams; Mary Nguyen, Moss Adams; David Bennett, (CMO); Teri Donnellan, Executive Assistant; Charlene Carty, Director of Financial Planning; Ashley Freeman, Legal Assistant

Others Present:

Absent:

Robert Pearman, Community Member; Ruth Gossard, Legal & Compliance Manager; Dr. Frank Corona, Physician Member

	A see		7 (4)	G.	
Person(s) Responsible			Board Executive Asst		Board Executive Asst.
Action Recommendations/ Conclusions		Agenda approved	Interviews will be scheduled with applicants on October 16, 2014; item to appear on Committee agenda.	Minutes ratified	Recommendation to be sent to the Board of
Discussion	The meeting was called to order at 8:31 a.m. in Assembly Room 3 at Tri-City Medical Center by Director Finnila, Chairperson.	It was moved by Director Nygaard and seconded by Jack Cumming to approve the agenda as presented. The motion passed unanimously.	Director Finnila announced that the committee will be conducting interviews next month to fill the vacant position on the committee.	It was moved by Mr. Cumming and seconded by Director Schallock to approve the minutes of the July 17, 2014 meeting. The motion passed with Director Nygaard abstaining from the vote.	Mr. DeVon Wiens and Ms. Mary Nguyen, Auditors from Moss Adams presented a power point presentation
	1. Call to Order.	2. Approval of Agenda	3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item.	<ol> <li>Ratification of minutes- July 17, 2014.</li> </ol>	5. New Business A) Fiscal 2014 Financial

10

(4)

erson(s) Responsible			
Action Recommendations/ Conclusions	Directors to accept the Fiscal 2014 Financial Statement Audit in final form; item to appear on Board agenda.		
Discussion	"Communication with Those Charged with Governance 2014 Audit Results" with included information on the following:  Auditors' Report  Required Communications  Findings related to areas of audit emphasis  Internal control related matters  New accounting pronouncements  Questions	Mr. Wiens explained the auditor's responsibility is to form and express an opinion about whether the financial statements prepared by management with committee oversight are fairly presented in all material respects.	<ul> <li>Wiens and Ms. Nguyen reported the following findings: <ul> <li>No transactions recorded in the District's audited consolidated financial statements as of and for the year ended June 30, 2014 lack authoritative guidance or consensus.</li> <li>The disclosures in the financial statements are consistent, clear and understandable.</li> <li>There were no disagreements with management on financial accounting and reporting matters which were material to the financial statements.</li> <li>Moss Adams is not aware of any significant accounting or auditing matters for which management consulted with other accountants.</li> <li>No significant difficulties were encountered during the audit of the District's financial statements.</li> <li>Moss Adams is not aware of any fraud and illegal acts during the audit.</li> </ul> </li> <li>With regard to Patient Service Revenue and Accounts Receivable Allowances, Moss Adams' results reflect revenue recognition is considered appropriate and reserve for contractual allowances and allowances for bad debt is considered appropriate.</li> </ul>
)	Statement Audit Status		

September 18, 2014

Discussion	Action Recommendations/ Conclusions	erson(s) Responsible
With respect to Medical Claims Reserves, Moss Adams' results reflect expense is properly stated and IBNR reserves are properly stated.		
With regard to Cost Report Settlements, Moss Adams' results reflect revenue recognition is considered appropriate and amounts due from third parties is properly stated.		-
With respect to insurance reserves, Moss Adams' results reflect expense is properly stated and IBNR reserves are properly stated.		
Moss Adams' audit of Internal Controls indicate they are not aware of any material weaknesses.		
Committee members asked questions of both Moss Adams and Mr. Dietlin. Mr. Wiens was extremely complimentary, noting cash flow is headed in the right direction. He stated this is the first year in which there were no disagreements with management on financial accounting and reporting matters which were material to the financial statements.		
Management exited the meeting at 9:40 a.m. for an Executive Session with the Auditors.		
Management returned to the meeting at 10:00 a.m.		
Director Schallock expressed his appreciation to management for their role in the audit and noted the Executive Session reflected a good report card on management staff.		
It was moved by Director Nygaard and seconded by Director Schallock that the committee recommend the Board accept the FY 2014 Financial Statement Audit in final executed form at their Regular Board of Directors meeting on September 25, 2014. The motion passed unanimously.		

September 18, 2014

	Board Executive Asst.								Chair
None.	Recommendation to be sent to the Board of Directors to approve the final draft Operating	Principles as presented; item to appear on Board agenda.							Chair adjourned the meeting at 10:20 a.m.
Director Schallock reported the Board will hold a Special Meeting on September 23, 2014 to review applications of potential candidates.	The committee reviewed the final draft Operating Principles as presented in the agenda packet. There were no recommended changes.	It was moved by Director Nygaard and seconded by Director Schallock to recommend the Board approve the final draft Operating Principles as presented. The motion passed unanimously.	Director Finnila made an oral announcement of the items listed on the closed session.	It was moved by Director Schallock and seconded by Director Nygaard to go into Closed Session was approved at 10:15 a.m. The motion passed unanimously.		The committee returned to open session at 10:20 a.m. with attendance as noted above.	Chairperson Finnila reported no action was taken in closed session.	The date of the committee's next meeting is October 16, 2014	It was moved by Director Nygaard and seconded by Director Schallock to adjourn the meeting.
6. Old Business A) Compliance Officer Status	B) Final Draft: Operating Principles		7. Oral Announcement of items to be discussed during closed session (Government Code Section, 54957.7)	8. Motion to go into Closed Session.	9. Motion to go into open session	10. Open Session	11. Report from Chairperson on any action taken in closed session (Government Code, Section b54957.1)	12. Date of Next Meeting	13. Adjournment

### **Operating Principles**

The Committee shall fulfill its responsibilities with the following aims in mind:

- (i) The Committee should support and facilitate free and open communication among the Board, the Committee, the independent auditors, any individual performing significant internal audit functions, the Compliance Officer, Internal Compliance Committee, and the District's executives and management personnel;
- (ii) The Committee should protect the interests of the District and its stakeholders by providing independent oversight on the District's Ethics & Compliance Program, Internal Audit Program, and accounting functions and related party transactions;
- (iii) The Committee should keep its policies and procedures flexible to react to changing conditions and monitor the ethics and compliance program and accounting and reporting practices of the District are in accordance with all requirements and are of the highest quality.
- (iv) Duties and Responsibilities Financial Reporting and Internal Controls

The Committee is responsible for oversight and not for actual execution. The District's management is responsible for actual preparation of the District's financial statements and for their accuracy and the District's independent auditors are responsible for the actual audit of those financial statements. The Committee members may rely, without independent verification, on the information provided to them and on the representations made by the District's management and independent auditors provided, however, that in the event the Committee becomes aware of facts and circumstances that render such reliance questionable or unreasonable, the Committee should take appropriate actions to obtain reliable and accurate information from alternate or replacement sources.

The Committee may meet with the independent auditors as needed, the District's internal auditor and the District's Compliance Officer without other members of management present. Among the items to be discussed in these meetings are the independent auditors' and internal auditor's evaluation of the District's financial, accounting and auditing personnel, internal controls, and the cooperation that the independent auditors received during the course of their most recent review or audit of the District's financial statements and the Compliance Officer's evaluation of the District's implementation and support of the Ethics & Compliance Program.



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

August 28, 2014 – 1:30 o'clock p.m. Classroom 6 – Eugene L. Geil Pavilion 4002 Vista Way, Oceanside, CA 92056

A Regular Meeting of Board of Directors of Tri-City Healthcare District was held at the location noted above at Tri-City Medical Center, 4002 Vista Way, Oceanside, California at 1:30 p.m. on August 28, 2014.

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

Director Paul Campo
Director James Dagostino, DPT, PT
Director Ramona Finnila
Director Cyril F. Kellett, M.D.
Director RoseMarie Reno
Director Larry Schallock

Absent was Director Julie Nygaard

### Also present were:

Greg Moser, General Legal Counsel
Tim Moran, Chief Executive Officer
Casey Fatch, Chief Operating Officer
Steven L. Dietlin, Chief Financial Officer
Sharon Schultz, Chief Nursing Executive
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 1:30 p.m. in Classroom 6 of the Eugene L. Geil Pavilion at Tri-City Medical Center with attendance as listed above.
- 2. Approval of Agenda

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

It was moved by Director Reno to add an additional Trade Secret item to the agenda with a disclosure date of December 31, 2014. Chairman Schallock seconded the motion.

Mr. Casey Fatch requested agenda item 19 (4) D. k) Approval of an agreement with Vista Community Clinic for Emergency Room and Unfunded Patients for a term of 12 months beginning August 1, 2014 through July 30, 2015 for an annual amount of

\$100,000 and a total expense for the term of \$100,000 be pulled and sent back to the Finance, Operations & Planning Committee for additional information.

It was moved by Director Dagostino to approve the amended agenda as described. Director Finnila seconded the motion. The motion passed (6-0-1) with Director Nygaard absent.

3. Public Comments – Announcement

Chairman Schallock read the Public Comments section listed on the August 28, 2014 Regular Board of Directors Meeting Agenda.

There were no public comments.

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 August 28, 2014 Regular Board of Directors Meeting Agenda to be discussed during Closed Session which included two matters of potential litigation, four matters of existing litigation, Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees, approval of closed session minutes, three reports involving Trade Secrets and Consideration of Appointment of Public Employee: Chief Compliance Officer.

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 Nygaard absent.

- 6. The Board adjourned to Closed Session at 1:35 p.m.
- 8. At 3:37 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 Paul Campo
Director James Dagostino, DPT, PT
Director Ramona Finnila
Director Cyril F. Kellett, M.D.
Director RoseMarie Reno
Director Larry Schallock

Also present were:

Greg Moser, General Legal Counsel Tim Moran, Chief Executive Officer Casey Fatch, Chief Operating Officer Steven Dietlin, Chief Financial Officer Sharon Schultz, RN, Chief Nurse Executive Esther Beverly, VP, Human Resources

-2-

Dr. Scott Worman, Chief of Staff Teri Donnellan, Executive Assistant Richard Crooks, Executive Protection Agent

9. Chairman Schallock reported the Board took no action in closed session.

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

- 10. Chairman Schallock noted all Board members were present with the exception of Director Nygaard. Director Reno 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 22.
- 12. Community Activity Update

There was no Community Activity Update.

13. Report from TCHD Auxiliary – Sandy Tucker, Auxiliary President

Ms. Sandy Tucker, TCHD Auxiliary President gave a brief report on past and current activities as follows:

- The Auxiliary has completed 46,823 volunteer hours as of August 27, 2014 with 616 volunteers reporting to the hospital.
- The first annual *Tails* on the *Trails* fundraiser raised a total of \$6,400.00 and checks in the amount of \$1,000.00 were presented to the Medical Center's Pet Therapy Department, the Rehab Center and to the Angel Care Cancer Center for Companion Animals in Carlsbad, a group studying cancer and other life threatening diseases in animals. In addition, checks in the amount of \$100.00 were given to Dogs on Deployment, Love on a Leash, Bichon Furkids Rescue and Canine Companions. Ms. Tucker stated the Foundation will be partnering with the Auxiliary on the next *Tails* on the *Trails* fundraiser scheduled for May 30, 2015.
- The new website has brought in a tremendous amount of new volunteers. Currently there are 40 senior and student volunteers and 30 new JV volunteers awaiting placement.

Director Finnila commented on a recent photo in the UT in which the Auxiliary presented a check to the Medical Center for \$80,000.

No action was taken.

14. Report from Chief Executive Officer

Mr. Tim Moran gave a brief report. He stated he will be reviewing our current physician needs assessment and our recruitment plan with our Medical Staff to plan for the needs of our community. In an effort to enhance communication, Mr. Moran stated he has begun holding community breakfasts with hospital employees, volunteer and civic organizations. He is looking at our capital plan and is pleased to

see the Auxiliary and Foundation are interested in working with us and are philanthropically inclined to serve the community. Lastly, Mr. Moran stated he is working closely with Ms. Sharon Schultz, CNE to improve our HCAPS scores and patient satisfaction.

No action was taken.

### 15. Report from Chief Financial Officer

Mr. Dietlin reported with respect to our FY 2014 audit, detailed field work began the first week in August and wrapped up last Friday. He stated the goal is to bring a final draft of the audit to the Audit Committee and Board in September.

With regard to the first month of FY '15, Mr. Dietlin reported the following (in Thousands):

➤ Gross Revenue — \$118,027 ➤ Net Operating Revenue — \$27,600 ➤ Operating Expense — \$27.537 ➤ EROE - \$368 ➤ EBITDA — \$1,761

Other Key Indicators for the current year included the following:

Average Daily Census - 191
Adjusted Patient Days - 9,681
Surgery Cases - 555
Deliveries - 246
ED Visits - 6,052
Net Patient Accounts Receivable - \$39.9
Days in Net Account Receivable - 46.3

Mr. Dietlin presented graphs which reflected Net Days in Patient Accounts Receivable, Average Daily Census, Adjusted Patient Days, Paid Full Time Equivalents, Emergency Department Visits, EROE and EBITDA.

Director Reno questioned whether a paid full time equivalent refers only to employees who provide patient care. Mr. Dietlin explained paid full time equivalents takes into account all paid full time equivalents throughout the medical center. Mr. Dietlin further stated that the goal is to maintain a very high quality of care and to be productive at the same time and to produce a margin that can increase the mission of the District.

In response to a question by Chairman Schallock, Mr. Dietlin explained full time equivalents per occupied bed is a measurement that almost every facility would use and the metric would depend facility to facility and the type of care that is given at that facility. Mr. Dietlin assured the Board we are meeting our state mandated staffing ratios.

Director Kellett commented about on a recent article in the *Wall Street Journal* which stated that stand alone not for profit hospitals across the board have done poorly compared to the for profit. Director Kellett complimented TCHD on holding its own.

No action was taken.

### 16. New Business

a. Introduction of Dr. Karen Hanna – General Surgeon/Bariatric Surgeon

Mr. Wayne Knight presented Dr. Karen Hanna, a Board Certified Surgeon. Mr. Knight provided background information on Dr. Hanna noting she was in the Navy for 22 years and spent the past six years at Balboa. Mr. Knight stated Dr. Hanna is trained in advanced laparoscopic, robotic, bariatric and endoscopic surgery but also still does the "bread and butter.

Dr. Hanna introduced herself and expressed her appreciation for the opportunity to join Tri-City. She explained Dr. Fierer enticed her to North County and Tri-City and she has become increasingly excited to be working here. Dr. Hanna stated she is extremely impressed with the level of employee retention here at Tri-City.

Dr. Adam Fierer stated he is looking forward to having Dr. Hanna as his partner and believes they will be instrumental in seeing the EBITDA increase with the addition of bariatric surgeries. He stated he is also very interested in bariatric surgery and it has taken a number of years to recruit an accomplished physician such as Dr. Hanna in that area.

No action was taken.

b. Certificate of appreciation to Mr. Irwin Schenker for his two terms of service on the Finance, Operations & Planning Committee/

Chairman Schallock stated Mr. Schenker could not be here today to accept his Certificate of Appreciation, however the Board wished to recognize him for his two terms of service on the Finance, Operations & Planning Committee. Chairman Schallock stated Mr. Schenker provided healthcare insight from an outside perspective.

No action was taken.

c. Recommendation to remove Dr. Louis Montulli from the community seat on the Governance & Legislative Committee.

It was moved by Director Finnila that the TCHD Board of Directors approve the Chairman's removal of Dr. Louis Montulli from the community seat on the Governance & Legislative Committee, effective immediately. Director Campo seconded the motion.

Director Dagostino explained Dr. Montulli participated in a privacy leak and this leak may have been related to the unauthorized removal of records off site. He stated the reason for the removal of Dr. Montulli is Dr. Montulli served as a community member on a Board committee and agreed to a privacy clause in that agreement and he did not live up to that standard.

Director Campo further explained that Dr. Montulli signed a Confidentiality Acknowledgement and Agreement, part of which states that he will keep secure

confidential information he receives as a result of his affiliation with the District confidential and the local newspaper article indicated that not only did he not keep the information confidential, he contacted a reporter which indicates to him that Dr. Montulli did not follow the terms of the agreement.

Chairman Schallock recognized Dr. Montulli. Dr. Montulli stated he does not acknowledge that the Confidentiality Agreement had anything to do with what he did. He referred to the California Whistle Blower Protection Act which allows individuals to freely report waste, fraud and abuse of authority. He stated every great organization and deals with life and death must have a policy to allow and encourage people to report mistakes and policy decisions that occur within the organization. Dr. Montulli gave his account of events that led to the privacy breach. He concluded by stating he fully expects to be in a different seat on the Governance Committee in a few months.

Chairman Schallock recognized Mr. Michael Slavinski. Mr. Slavinski read a letter into the record and voiced his opinion on action taken by one of our volunteer Board committee members that involved removal of confidential patient records. Mr. Slavinski stated he strongly supports removing Dr. Montulli from the Governance Committee and not to do so would put the District at risk.

Ms. Sharon Schultz, CNE confirmed that the District does have an internal policy which provides that we self-report incidents and notify the Department of Health immediately.

Mr. Moser, General Counsel stated the Code of Conduct and Confidentiality Agreement is quite clear that if you wind up with confidential records you are to return them to the hospital.

Director Kellett called for the question.

Chairman Schallock called for the vote.

The vote on the motion was as follows:

AYES: Directors: Campo, Dagostino, Finnila, Kellett,

and Schallock

NOES: Directors: None ABSTAIN: Directors: Reno ABSENT: Directors: Nygaard

Director Reno noted for the record that she has no ties with Mr. Montulli.

### Old Business

a. Emergency Department On-Call Agreements – (Information Only)

### 1. General Surgery:

- 1. Andrew Deemer, MD
- 2. Adam Fierer, MD
- 3. Dhruvil Gandhi, MD
- 4. Karen Hanna, MD

- 5. Mohammad Jamshidi, DO
- 6. Eric Rypins, MD
- 7. Katayoun Toosie, MD

### 2. Gastro-General:

- 1. Andrew Cummins, MD
- 2. Christopher Devereaux, MD
- 3. Thomas Krol, MD
- 4. Javaid Shad, MD
- 5. Michael Shim, MD
- 6 Matthew Viernes, MD

### 3. Gastro-ERCP:

- 1. Christopher Devereaux, MD
- 2. Thomas Krol, MD
- 3. Javaid Shad, MD
- 4. Michael Shim, MD
- 5. Matthew Viernes, MD

Chairman Schallock stated the individual Emergency Department On Call Agreements are included in the agenda packet for information only as requested at the July Board of Directors meeting and going forward physicians will always be named.

No action taken.

### 18. Chief of Staff

 a. Consideration of August 2014 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on August 25 , 2014.

Dr. Worman expressed his appreciation to the Board for putting together a great executive team with Mr. Moran, Mr. Fatch, Ms. Schultz and Mr. Dietlin and stated the Medical Staff has a great deal of confidence in the team and looks forward to working with the Board and the executive team in expanding services to our patients working on patient safety and quality so we can really take care of the patients in our community.

It was moved by Director Campo to approve the August 2014 Credentialing Actions involving the Medical Staff as recommended by the Medical Executive Committee at their meeting on August 25, 2014. Director Dagostino seconded the motion.

The vote on the motion was as follows:

AYES:

**Directors:** 

Campo, Dagostino, Finnila, Kellett, Reno and

Schallock

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

Nygaard

### Consent Calendar

It was moved by Director Reno to approve the Consent Calendar. Director Dagostino seconded the motion.

Chairman Schallock stated agenda item 19 (4) D. k) Approval of an agreement with Vista Community Clinic for Emergency Room and Unfunded Patients for a term of 12 months beginning August 1, 2014 through July 30, 2015 for an annual amount of \$100,000 and a total expense for the term of \$100,000 was pulled at the opening of today's meeting and will be sent back to the Finance, Operations & Planning Committee for further review.

### The vote on the motion was as follows:

AYES: Directors: Campo, Dagostino, Finnila, Kellett, Reno and

Schallock

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

20. Discussion of items pulled from Consent Agenda.

There were no items pulled from the Consent Agenda.

21. Reports (Discussion by exception only)

Chairman Schallock noted the Dashboard is now included in the Reports section of the agenda packet.

22. Legislative Update

Chairman Schallock reported he attended the Governance Forum Quarterly Meeting for the California Hospital Association in Sacramento. He explained the Governance Forum is made up primarily of trustees. Chairman Schallock stated there was somber discussion regarding the passing of the Committee Chair and chair-elect three months later.

Chairman Schallock stated Mr. Duane Duaner discussed priority issues for CHA, one of particular interest was SB1094 which would allow the Attorney General to amend the sale or transfer of transactions of non-profit hospitals up to five years after the sale is completed. He stated the Legislature did pass this legislation and is awaiting the Governor's decision. Chairman Schallock will provide a written report on the meeting at the September meeting.

Mr. Fatch commented on SB1094, stating the Attorney General has a lot of experience with this type of transaction and wants to make sure commitments are kept in the not for profit transactions.

23. Comments by members of the Public

Chairman Schallock recognized Dr. Louis Montulli. Dr. Montulli discussed the concept of partnering and its meaning with respect to Tri-City Medical Center. He referred to

quotes by Chairman Schallock and senior management that may have been misinterpreted. Dr. Montulli continued to speak after time was called by Chairman Schallock.

Chairman Schallock recognized Ms. Jane Mitchell. Ms. Mitchell expressed concern that the Board has the ability to lease, sell or turn the power of running the hospital over to a for profit entity without putting it to a vote of the people.

Chairman Schallock recognized Mr. Bill Fowler. Mr. Fowler stated he is on the ballot as a Board candidate and wanted to take this opportunity to introduce himself. Mr. Fowler stated his mission is to provide a voice for seniors in the community and stewardship over financial decisions.

Chairman Schallock recognized Ms. Rena Marrocco. Ms. Marrocco stated she is also a candidate for the Board of Directors and wanted to take this opportunity to introduce herself. Mr. Marrocco provided background information and expressed concern with the hospital's reputation and the impact of social media. She expressed her desire to offer advice and input.

### 24. Board Communications

Director Kellett commended Administration for a profitable year in a difficult environment.

Director Kellett also acknowledged Dr. Paul Alberton, former Medical Director of Behavioral Health and member of the Medical Staff who recently passed away.

Director Reno commended Mr. Steven Dietlin, CFO, stating he is the best financial officer the District has had in over 20 years. In addition, she believes our CEO will lead the hospital and move us forward in the right direction and our Chief Nurse Executive will analyze and look at our nursing staff to ensure we are staffed with high quality nurses. Director Reno also spoke about the Cardiac Rehab Center and the nursing staff needed for these individuals who often have had major surgery more than once.

Director Finnila expressed her appreciation to the City of Oceanside for promptly responding to our needs and restriping the left turn lane into the Medical Center, making it safer for our employees and patients.

Director Finnila clarified for the public the items that can be discussed in closed session and noted it is the same for any public agency in the State of California.

Director Dagostino described the Board's role as a fiduciary and mentor and to provide guidance as needed.

Director Campo made it clear that a sale or a lease of a portion of this hospital will not happen without at least two public hearings. He stated it is a gross abuse of the public forum to scare people into believing the hospital could be leased or sold without a public discussion. Director Campo stated all Board members are fiduciaries for the District and he has complete confidence in our CEO and the members of our senior staff. He encouraged everyone to focus on the positive, rather than the negative.

### 25. Report from Chairperson

Chairperson Schallock spoke regarding a trial program wherein Kaiser patients, when transported by ambulance are taken to a Kaiser contracted facility, rather than the nearest hospital. He noted this practice may not be beneficial for the patient and sends the transporters out of their service area.

Chairman Schallock reported a long term TCMC pediatric nurse, Karen Talamantez passed away last month. Chairman Schallock stated Ms. Talamantez loved nursing and the community has lost a great nurse.

Lastly, Chairman Schallock stated September 27<sup>th</sup> is prescription take back day. He encouraged everyone to drop off their unwanted or outdated prescriptions at a designated drop off location including the parking lot at Tri-City Medical Center.

26. Additional Comments by Chief Executive Officer

Mr. Moran had no additional comments.

27. 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.

28. Motion to return to Closed Session.

Chairman Schallock adjourned the meeting to closed session at 4:45 p.m.

29. Open Session

At 7:41 p.m. Chairman Schallock reported the Board was back in open session. All Board members were present with the exception of Director Nygaard.

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

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

31. There being no further business Chairman Schallock adjourned the meeting at 7:42 p.m.

ATTEST:	Larry Schallock, Chairman
Julie Nygaard, Secretary	

# ( Tri-City Medical Center

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## ADVANCED HEALTH CARE

### Financial Information (Unaudited)

GOAL	Range	48-52	48-52	Goal	Range	75-100	75-100	YTD Budget	(\$533)			YTD Budget	%66.0-	
	YTD Avg	47.5	49.7		YTD Avg	77.6	84.2	YTD	\$20	\$4,385		YTD	0.04%	1.37%
	Jun		48.3		Jun		74.7	nnf		\$257		Jun		1.00%
	May		49.1		May		81.1	May		(\$264)		May		%96 U-
	Apr		48.1		Apr		83.3	Apr		\$788		Apr		7 87%
	Mar		48.2		Mar		87.4	Mar		(\$511)		Mar		-1 99%
	Feb		50.3		Feb		73.4	- d		(\$279)		Feb		1 05%
	Jan		53.2		Jan		87.8	LE		(\$45)		Jan		0 15%
	Dec		52.5		Dec		89.8	Dec		\$214		Dec		0 0 10/
	Nov		51.3		Nov		91.5	Nov		\$4,171		Nov		16 20%
	Oct		49.9		Oct		90.5	ver Expenses)	130	\$83		Oct		/0000
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dys III Accou	lor	46.3	49.0	avs in Accou	luf	78.1	78.0	30E \$ in Thou	4200	(\$467)	OE % of Tot	July 1	1.33%	
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# ( Tri-City Medical Center

## ADVANCED HEALTH CARE

### Financial Information

(Unaudited)

TCHDE	BITDA 5 in 1	Thousands (E	TCHD EBITDA \$ in Thousands (Earnings before Interest, Taxes, Depreciation and Amortization)	Interest, lax	es, Depreciati	on and Amoi	Tization)							
	lot.	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	YTD Budget
FY15	\$1,761	\$988											\$2,749	\$2,299
FY14	\$1,160	\$1,081	\$2,278	\$1,620	\$5,653	\$1,717	\$1,655	\$1,188	\$1,012	\$2,307	\$1,124	\$1,121	\$21,917	
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	lot	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	lun	VTD	YTD Budget
FY15	6.38%	3.75%											2.09%	4.27%
FY14	4.40%	4.11%	8.71%	5.95%	22.08%	6.49%	5.89%	4.45%	3.94%	8.25%	4.10%	4.34%	6.85%	
ICINICI	aru FIE (Fu	Ang	Sen Sen	TOWIC Fall FIE (Full-Fille Equivalent) per Adjusted Octobro Ded	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD AVE	YTD Budget
FV15	5 93	5 89											5.91	6.12
FY14	6.03	6.00	6.05	90.9	6.22	5.93	5.75	5.86	6.09	6.04	5.95	5.99	6.01	
TCHD F	ixed Charge	Coverage Co	TCHD Fixed Charge Coverage Covenant Calculation	ation										
	YTD Jul	YTD Aug	YTD Sep	YTD Oct	YTD Nov	YTD Dec	YTD Jan	YTD Feb	YTD Mar	YTD Apr	YTD May	YTD Jun		Covenant
FY15	1.55	1.60												1.10
FY14			1.45	1.69	2.50	2.37	2.08	1.94	1.78	1.78	1.50	1.45		1.05
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\$23.6

\$21.9

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\$27.3

\$27.1

\$19.3

\$20.2

\$21.4

\$27.7

FY15 FY14







(2) Tri-City Medical Center

BUNHUCE

79.9 Partnership, Satisfaction

Voluntary

FY14 FY13

	FY14	11.4%	12.2%
83.6	Inn	11.4%	12.2%
	May		
Engagement	Apr		
1244	Mar	11.7%	11.1%
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13th	Dec	12.2%	11.9%
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rrower Rate	Aug		
Satisfaction  What Co 1 get?  Mean = 61.9 (-1.2)  Percentile = 27th (from Frontlower Rate (Annial Rate - Rolling Quarters)	Inl		

Involuntary Employee Turnover Rate (Annual Rate - Rolling Quarters)

FY14 FY13

3.3% 3.7% Sep 3.2%

Jun FY14

3.2%

6.5%

3.2%

Source: Hospital Compare Benchmark Period: 10/1/2012-9/30/2013

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

Scripps La California National Jolla Ava 68% 26% 70% 3694 71% 64% %09 72% 트 9659 May 61% 64% Apr 64% 58% Mar 64% 66% 먑 61% 61% 75% Dec 65% 58% 711% 54% Sep 58% 54% Aug 63% 64% "Overall Rating of Hospital" Jul 60% 52%

71%

Scripps La California National

Ave

70%

80%

78%

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Same

Performance compared to prior year: Better

Encinitas Palomar UCSD

74% May 72% 68% 74% Apr Mar 65% 61% %02 20% Feb Jan 65% 64% Dec 77% 63% Nov 65% 65% 78% 56% Sep 67% 59% Aug 67% 69% "Recommend The Hospital" 63% 57% FY14

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79%

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FY14	63%	%59	%99	72%	%69	73%	64%	62%	61%	64%	%89	9698	65%						
FY13	54%	63%	29%	25%	%89	%89	63%	72%	26%	%09	63%	70%	62%	9889	63%	64%	859	62%	64%
"Hospital Environment"	vironment	見																	
	2	E 439	į	į	Nove	ě	<u> </u>	4	Mar	Anr	May	and	FY14	Scripps Focinitas P	Scripps Finding Paloman (UCSD)		Scripps La California Jolia Ave		National Ave
2014	E.402	Sint J	date Leave	2007	7005	2002	, F29K	26294	25%	26%	82%	64%							
F114	2478	7695	2000	200	78%	7665	26%	61%	51%	82%	49%	29%	26%	61%	%99	64%	62%	61%	%29
"Pain Management"	gement"													Scripps		Scr	Scripps La California	100	National
	lut	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY14	incinitas P	Encinitas Palomar UCSD		la Avg	3 Avg	20
FY14	75%	%09	73%	26%	71%	76%	75%	70%	63%	809 8	%99	64%	%89						
FY13	%95	%29	73%	63%	29%	72%	%29	73%	%29	73%	%59	77%	%89	71%	%89	70%	%92	%89	71%
"Communication about Medicines"	ation abour	t Medicines	E in				-	Performance co.	Performance compared to prior year.	ryear	Better	Same	Worse						
	1			The Control		なるでくない	1 Table 1							Scripps			Scripps La Cal	orna	National
K THE	Inf	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	lun	S	Encinitas P	Palomar UCSD	1	la Avg	3 Avg	ba
FY14	65%	64%	61%	62%	26%	%69	965%	53%	25%	25%	9629	62%	80%						
FY13	45%	53%	47%	53%	%95	%99	51%	26%	%89	20%	25%	63%	25%	62%	62%	62%	65%	61%	64%
"Discharge Information"	nformation																		
					F. (5) C. (5)	The Market	100 CO	10//07				2000		Scripps		Scr	ps La	California Na	National
	IUI	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	H	Encinitas P	Palomar UCSD	SD Jolla	la Avg	g Avg	<b>D</b> 2
FY14	85%	%0%	76%	84%	79%	88%	80%	77%	86%	80%	89%	86%	83%						
FY13	83%	%88	87%	79%	81%	%98	79%	86%	79%	84%	87%	84%	83%	84%	81%	%98	83%	83%	85%
						er.		arformance co	Performance compared to prior year:		Better	Same	Warse						





<b>Funds Raised</b>	pes																						
	10f	A	Aug		Sep	0	Oct	É	Nov	0	Dec	7	Jan	Feb		Mar		Apr	Σ	May	Jun		YTD
FY15 \$	7,507 \$ 41,024	S	41,024																			\$	48,531
FY14 \$	18,153 \$	45	8,490 \$	\$	20,751 \$	40	243,582 \$ 199,040 \$ 141,909 \$	45	\$ 040,661	Ĩ.	41,909 \$		20,016 \$	12,697	45	50,627 \$	₩.	45,735 \$		120,625 \$	52,731	\$	934,357
ndowmer	Endowment Portfolio Value*	Value	*		E 11																		
	Jul	Ø	Aug		Sep	0	Det	-	Nov	۵	Dec	25	Jan	Feb		Mar		Apr	Σ	May	Jun		YTD
FV15 c	c 775 459 \$ 795 002	4 7	95 002																			\$	795,002
14 \$	FY14 \$ 717,484 \$ 704,609 \$ 733,341 \$	5	04,609	v,	733,341 \$		751,741 \$ 764,377 \$ 776,902 \$ 758,698 \$	5	\$ 124,377 \$	7	76,902 \$	\$ 7.	\$ 869'85	788,703 \$	₹\$	786,194 \$	45	763,512 \$		\$ E16,777	791,841	₹\$	791,841
Illy restricte	fully restricted and subject to market fluctuations	marke	t fluctuation	ONS									Perf	Performance compared to prior year:	sared to	o prior year.		=1	80	Better	Same		Water
					U	@_M	इएडवी (		liffort	1		(C)	thcar	Covered Califfornia / Healthcare Reform									
umber of	Number of Covered California Patients Treated	aliforr	iia Patie	suts	Treated																		
	100	N. C.	-				1	4	N. C. C.	Par			lan.	Loh		Mar		Anr	Σ	Mav	The second		Ę

200	202	543		YTD	2 004 044	2,034,041	7,687,546
		171		Jun.	4	^	2,295,174 \$
		114		May			397,561 \$
		78 1		Anr			442,508 \$ 1,
		54 7		Mar A			852,155 \$ 1,
		99		Fob			421,882 \$ 1,278,266 \$ 852,155 \$ 1,442,508 \$ 1,397,561 \$ 2,295,174 \$
		09		The state of the s			421,882 \$
				Day			\$
				May	AGAI		
					100		
400		N/A			yep		N/A
Mug	209		1	letit Cilai ges	Aug	\$ 1661397	
Inc	173			Covered Camonna ranem Charges	inr	797 544 \$ 1661 397	1000000
	FY15	FY14		Covered	The state of		FY14

				The state of the s						The state of the s	The state of	
	Alip	Sen	Oct	Nov	Dec	Jan	reb	Mar	Apr	Widy		
	950		THE REAL PROPERTY.		The same of the same of							4 1 1 20 7 7 7
1 CA7 4 CA7 4	200 CAN 5 CAL											al market
104'/40 ¢ CT	7								1	* * * * * * * * * * * * * * * * * * * *	46447	-
C144.4		N/A				\$ 77,204 \$	233,923	\$ 155,944 \$	263,979 \$	313,054 \$	514,1/4	5 1,336,276
174		7/11	7		The second second							





### Core Measures

Center for Medicare & Medicald Services (CMS)

AMI-8a: Pr	AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival	sceived With	in 90 Minut	es of Hospi	tal Arrival				California (A	Apr. 2013 -	California (Apr. 2013 - Mar. 2014):	85%	
が一大海	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY14	88%	100%	100%	100%	100%	88%	%98	100%	100%	100%	100%	100%	826
FY13	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
						11111							
HF-1: Disch	HF-1: Discharge Instructions	tions							California (/	Apr. 2013 -	California (Apr. 2013 - Mar. 2014):	94%	
	luľ	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY14	100%	100%	100%	100%	100%	100%			N/A	'A			100%
FY13	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PN-3b: Blo	PN-3b: Blood Culture Performed in the ED Prior to l	erformed in	the ED Prio	r to Initial A	ntibiotic Re	Initial Antibiotic Received in Hospital	ospital		California (4	Apr. 2013 -	California (Apr. 2013 - Mar. 2014):	%86	
										TO SHOW THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY			ALL.

SCIP-Inf-1:	SCIP-Inf-1: Prophylactic Antibiotic Received Within	Antibiotic F	Received Wil	hin 1 Hour	Prior to Sur	າ 1 Hour Prior to Surgical Incision	_		California (Apr. 2013 - Mar. 2	\pr. 2013 -	Mar. 2014):	%66	
	Juli	Aug	Sep	Oct	Nov	Dec	100	Feb	Mar	Apr	May	Jun	ATD
EV14	100%	%96	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L114	1000/	1000/	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
LITTS	NO.T	TOO'S	TOOM	TOOL	2001	2004							

%96

100%

100%

100%

100%

92%

100%

87% 85%

Ö

Sep

Aug

100%

FY14 FY13

Nov 85% 73%

100%

100%

100%

N/A

May

Performance compared to prior year:

	YTD	%66	%66		YTD	98%	%66		YTD	93%	91%		YTD	95%	%26		YTD	%86	%66		YTD	100%	95%	Worse
%66	Jun	100%	100%	%86	unr	100%	%96	94%	Jun	100%	%88	%86	Jun	85%	100%	%16	Jun	100%	100%		Jun	100%	100%	Same
California (Apr. 2013 - Mar. 2014):	May	826	100%	California (Apr. 2013 - Mar. 2014):	May	%96	100%	California (Apr. 2013 - Mar. 2014):	May	88%	100%	California (Apr. 2013 - Mar. 2014):	May	82%	100%	California (Apr. 2013 - Mar. 2014):	May	100%	100%	California (Apr. 2013 - Mar. 2014):	May	100%	%96	Better
Apr. 2013 -	Apr	100%	100%	Apr. 2013 -	Apr	100%	100%	Apr. 2013 -	Apr	100%	100%	Apr. 2013 -	Apr	%96	%96	Apr. 2013 -	Apr	100%	%96	Apr. 2013 -	Apr	100%	%98	year:
California (A	Mar	100%	100%	California (A	Mar	100%	100%	California (/	Mar	83%	100%	California (/	Mar	100%	95%	California (A	Mar	100%	100%	California (/	Mar	100%	93%	Performance compared to prior year:
	Feb	100%	100%		Feb	94%	100%		Feb	100%	100%		Feb	93%	100%		Feb	82%	92%		Feb	100%	%96	Performance co
	Jan	100%	100%	Time	Jan	100%	100%	slucose	Jan	75%	83%		Jan	%88	94%		Jan	100%	100%	rgery	Jan	100%	92%	*
	Dec	100%	100%	urgery End	Dec	%96	100%	tive Blood G	Dec	86%	92%	0.2	Dec	92%	%96		Dec	100%	100%	xis after Su	Dec	100%	%96	
Patients	Nov	%96	%86	24 Hrs After Surgery End Time	Nov	100%	100%	M. Postoperative Blood Glucose	Nov	88%	92%	p Day) or POD 2	Nov	95%	100%	or to Arrival	Nov	%68	100%	VTE Prophylaxis after Surgery	Nov	100%	%26	
	Oct	100%	%96	ed Within 24	Oct	100%	82%	olled 6 A.M	Oct	92%	100%	1 (Post-Op	Oct	95%	94%	Therapy Pric	Oct	100%	100%			%96	%96	
election for	Sep	100%	100%	Discontinue	Sep	100%	100%	with Contr	Sep	100%	%08	ed on POD	Sep	95%	94%	eta Blocker	Sep	100%	100%	Received Ap	Sep	100%	92%	
Antibiotic S	Aug	100%	100%	Antibiotics	Aug	100%	95%	ery Patients	Aug	100%	33%	eter Remov	Aug	100%	100%	tients on Be	Aug	100%	100%	ents Who F	Aug	100%	100%	
SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical	Inf	%96	100%	SCIP-Inf-3: Prophylactic Antibiotics Discontinued Within	Inf	95%	826	SCIP-Inf-4: Cardiac Surgery Patients with Controlled 6 A.	Jul	100%	%06	SCIP-Inf-9: Urinary Catheter Removed on POD 1 (Post-O		100%	92%	SCIP-Card-2: Surgery Patients on Beta Blocker Therapy Prior to Arrival	. IIII	100%	100%	SCIP_VITE_2. Suirgery Patients Who Received Appropriate	Inl	100%	%96	
SCIP-Inf-2: I		FY14	FY13	SCIP-Inf-3: I	というでは、	FY14	FY13	SCIP-Inf-4: (		FY14	FY13	SCIP-Inf-9: t		FY14	FY13	SCIP-Card-2		FY14	FY13	SCIP_VTE_2.		EV14	FY13	

# Emergency Department (ED)

Left withou	Left without Treatment (LWOT)	(LWOT)											
	Inf	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	lun	YTD
FY14	2.6%	3.3%	3.3%	3.0%	2.7%	3.6%	4.8%	2.4%	4.0%	3.8%	5.8%	3.5%	3.6%
FY13	4.5%	5.7%	2.6%	3.2%	4.5%	3.2%	5.1%	4.6%	3.7%	2.0%	3.3%	3.0%	4.1%
Transfers o	Fransfers out of the ED												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
FY14	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%
FY13	2.65%	2.62%	2.19%	2.64%	2.96%	2.61%	2.72%	2.89%	2.50%	2.99%	2.32%	2.53%	2.63%
Door to Be	Door to Bed Assignment - Median Time in min.	:- Median T	ime in min.										
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	n n	YTD
FY14	16	17	21	18	18	20	31	24	26	26	36	22	22
FY13	42	48	50	31	33	33	38	26	19	18	19	19	30
							ů.	erformance co	Performance compared to prior year:	year:	Better	Same	Worse



### //olluma

Jul   Aug   Sep   Oct   Nov   Dec   Jun   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jun   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   Apr   Ang	Spine Sur	Spine Surgery Cases												10000
14   7   13   17   16   16   12   18   19   19   19   10   10   10   10   10		lor	Aug	Sep	öt	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	νΤο
Table   Surgery Cases   32   38   25   25   40   31   34   34   41   41   41   41   41	FY15	35	31											99
Flobotic Spine Surgery Cases   July   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Jul   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   Apr   Ang   An	FY14	28	27	28	32	38	25	25	40	31	34	34	41	383
Jul   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun     14   9	Mazor Ro	botic Spine	Surgery Case	S										
14   9   15   15   16   16   15   18   19   19   16   14   14   14   17   13   17   16   16   15   18   19   19   16   14   14   15   18   19   19   16   14   14   15   18   19   19   16   14   14   15   18   19   19   19   19   19   19   19		Jol	Aug	m	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
14   7   13   17   16   16   12   18   19   15   14	FY15	14	6											23
tient Davinci Robotic Surgery Cases  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  stient Davinci Robotic Surgery Cases  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Loint Replacement Surgery Cases (Lower Extremities)  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Reformance compared to prior year 1  Reformance compared to prior year 1  Reformance compared to prior year 1  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Reformance compared to prior year 1  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Reformance compared to prior year 1  Reformance compared to prior year 1  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Reformance Campared to prior year 1  Reformance Campared to prior year 1  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  Reformance Campared to prior year 1  Reformance Campared to prior Nov Dec Jan Reformance Campared to prior year 1  Reformance Campared to prior Nov Dec Jan 1  Reformance Campared to prior Nov Dec Jan 1  Reformance Campared to prior Nov Dec Jan 1  Reformance Campared to prior Nov Dec Jan 1  Reformance Campared to prior Nov Dec Jan 1  Reformance Campared to prior Nov Dec Jan 1  Reformance Campared to prior Nov Dec Jan 1  Reformance Campared to prior Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance Campared Total Nov Dec Jan 1  Reformance C	FY14	14	7	13	17	16	16	12	18	19	19	16	14	181
Steel to the control of the control	Inpatient	DaVinci Rob	ootic Surgen	/ Cases	ť	NON	Dac	<u>ue</u>	-	i i	Apr	∑av.	Jun	AT
Stient DaVinci Robotic Surgery Cases  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun 10 11 12 7 14 9 9  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun 10 12 51 14 9 9  Loint Replacement Surgery Cases (Lower Extremities)  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun 10 1 27 35 44 32 50 33 29 38 35 35 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	FY15	9	10	3										16
Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun   Aug   Sep   Oct   Aug	FY14	2	8	80	6	6	13	6	7	6	80	7	11	103
10   7   14   10   15   4   16   16   10   10   12   7   14   9	Corparie	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
14   10   15   4   16   16   10   10   12   7   14   9	EV15	10 Or	Aug 7	sep	200	NON	Dec	Mer		IMM	a de	wiery	and a	17
Jul   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   Jun	FY14	14	10	15	4	16	16	10	10	12	7	14	6	137
Juli         Aug         Sep         Oct         Nov         Dec         Jan         Feb         Mar         Apr         May         Jun           45         51         20         41         27         35         44         32         50         33         29         38         35         35           ent Behavioral Health - Average Daily Census (ADC)         Indiangle Aug         Sep         Oct         Nov         Dec         Jan         Feb         Mar         Apr         May         Jun           23:3         26:5         23:3         26:5         21:3         21:3         21:3         21:9         24:9	Major Joit	nt Replacem	ent Surgery	. Cases (Lowe	er Extremitie	es)								
45   51   27   35   44   32   50   33   29   38   35   35   35   35   35   35   35		Inf	Aug	Sep	904	Nov	Dec	Jan	Feb	Mar	Apr	May	lun	Δř
20         41         27         35         44         32         50         33         29         38         35         35         35           Performance compared to prior year           Performance compared to prior year         Better         Same           Jul         Average Daily Census (ADC)         Nov         Dec         Jan         Feb         Mar         Apr         May         Jun           23.3         26.5         20.5         20.6	FY15	45	51								13			96
ent Behavioral Health - Average Daily Census (ADC)  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  23.3 26.5	FY14	20	41	27	35	44	32	20	33	29	38	35	35	419
ent Behavioral Health - Average Daily Census (ADC)  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  23.3 26.5									Performance co	ompared to prior	year	Better	Same	Warse
23.3 26.5 20.5 20.5 20.5 20.5 20.5 20.5 20.5 20	Inpatient	Behavioral H	Health - Ave	rage Daily Co	ensus (ADC)		Dec	Jan	5	Mar	Apr	Mav	Jun	YTD
200 200 200 200 100 100 100 200 212 219 249	EV15	73.3	76.5											24.9
	CTIL	50.5	200	0.00	176	10.0	100	19.1	22.4	243	213	21.9	24.9	21.1

	9	1					_			6	1														150				00	1	
YTD	4.4	4.5		1	VIII	15.7	14.8		Q LA	192.9	193.1		ΔŢ	209	2576		Œ,	35	206		αLλ	30	106	Wors	γTD	19	123		VTD C	Tio	1.59
Jun		5.0			Jun		14.0		lun		199.0		Jun		197		lun		16		lun	8	2	Same	enj		16		Jun	, c	1.58
May		4.2			May		12.1		May		198.1		May		218		May		12		May		6	Better	May		12		May	6	1.59
Apr		4.0			Apr		11.0		Apr		193.1		Apr		208		Apr		14		Apr		00		Ann		7		Apr		1.58
Mar		5.7			Mar		10.1		Mar		187.7		Mar		177		Mar		20		Mar	:	13	Performance compared to prior year:	Mar		10		Mar		1.60
Feb		6.1			Feb		18.6		Feb		210.9		Feb		188		Feb		11		Feb		7	Performance co	dear		15		Feb		1.49
Jan		3.7			lan		17.2		Jan		202.2		Jan		229		Jan		27		Jan		12		-		10		Jan		1.58
Dec		3.8			Dec		16.8		Dec		196.4		Dec		220		Dec		18		Dec		2		2,000	ner	9		Dec		1.56
Nov		4.6		sus (ADC)	Nov		16.0		Nov		188.6		Nov		224		Nov		15		Nov		13		Topics .	MON	6		Nov		1.57
Oct		3.5	7	e Daily Cen	Oct		19.3		Oct		197.9		Oct		229		Oct		18		Oct		12		N. C.	30	11	enne)	Oct		1.53
Sep		4.0		U) - Averag	Sep		16.7	ADC)	Sep		184.2		Sep		237		Sep		18		Sep		80			dac	12	enue/IP Rev	Sep		1.63
Aug	3.5	4.8		re Unit (NIC	Aug	18.2	13.5	ily Census (	Aug	195.0	179.2		Aug	263	223	rventions	Aug	19	15	erventions	Aug		10	0	9563	Aug	ח ס	(Total Reve	Aug	1.63	1,69
Jul Aug Sep	5.2	4.7		Neonatal Intensive Care Unit (NICU) - Average Daily Census (ADC)	百	13.2	12.4	Hospital - Average Daily Census (ADC)	Jol	190.8	181.9		Jul	246	226	Inpatient Cardiac Interventions	Inf	16	22	Outpatient Cardiac Interventions	Jul	7	7	and month	rt suigery C	Inr	OT Y	TCMC Adiusted Factor (Total Revenue/IP Revenue)	Jul	1.64	1.65
	FY15	FY14		Neonatal		FY15	FY14	Hospital		FY15	FY14	Deliveries		FY15	FY14	Inpatient (		FY15	FY14	Outpatien	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FY15	FY14	Cool	Open nea		FYIS	TCMC Adju		FY15	FY14



YOU

Building Operating Leases

Month Ending August 31, 2014

Month Ending August 31, 2014	AU 1224	Base							
		Rate per Sq.			otal Rent per	LeaseT			Cost
Lessor Gary A. Colner & Kathryn Ainsworth-	Sq. Ft.	Ft.	1000	curr	ent month (a)	Beginning	Ending	Services & Location	Center
Gary A. Coiner & Rathryn Ainsworth- Coiner Family Trust 4913 Colusa Dr. Oceanside, Ca 92056 V#79235	1,650	\$1.85	(a)	\$	4,149.39	8/1/12	7/31/15	<b>Dr Dhruvil Gandhi</b> 2095 West Vista Way,Ste.106 Vista, Ca 92083	8460
Tri-City Wellness, LLC 6250 El Camino Real Carlsbad, CA 92009 V#80388	Approx 87000	\$4.08	(a)		\$232,282.00	7/1/13	6/30/28	<b>Weilness Center</b> 6250 El Camino Real Carlsbad, CA 92009	7760
GCO 3621 Vista Way Oceanside, CA 92056 #V81473	1,583	\$1.50	(a)	\$	3,398.15	1/1/13	12/31/14	Performance Improvement 3927 Waring Road, Ste.D Oceanside, Ca 92056	8756
Golden Eagle Mgmt 2775 Via De La Valle, Ste 200 Del Mar, CA 92014 V#81553	4,307			\$	5,690.14	5/1/13		Nifty After Fifty 3861 Mission Ave, Ste B25 Oceanside, CA 92054	9550
Investors Property Mgmt. Group c/o Levitt Family Trust 2181 El Camino Real, Ste. 206 Oceanside, Ca 92054 V#81028	5,214		(a)	\$	8,861.09	9/1/12		OP Physical Therapy, OP OT & OP Speech Therapy 2124 E. El Camino Real, Ste.100 Oceanside, Ca 92054	7772 - 76% 7792 - 12% 7782 - 12%
Melrose Plaza Complex, LP c/o Five K Management, Inc. P O Box 2522 La Jolla, CA 92038 V#43849	7,247	\$1.22	(a)	\$	9,811.17	7/1/11	7/1/16	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083	7320
Medical Acquisition Co., Inc. 2 Gateway Rd. sbad, Ca 92009 V#80390	3,527	\$2.00		\$	7,054.00	4/1/11		Human Resources Office 1211 West Vista Way Vista, Ca 92083	8650
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 V#81250	4,760	\$3.55	(a)	\$	22,377.00	10/1/12	10/1/22	Chemotherapy/Infusion Oncology Office 3617 Vista Way, Bldg.5 Oceanside, Ca 92056	7086
Ridgeway/Bradford CA LP DBA: Vista Town Center PO Box 19068 irvine, CA 92663 V#81503	3,307	\$1.10	(c)	\$	4,857.46	10/28/13	3/3/18	Nifty after Fifty 510 Hacienda Drive Suite 108-A 3 Vista, CA 92081	9550
Tri City Real Estate Holding & Management Company, LLC 4002 Vista Way Oceanside, Ca 92056	6 122	\$1.37	(b)	e	Q 425 70	12/19/11	12/18/4	Vacant Medical Office Building 4120 Waring Rd Oceanside, Ca 92056	8462 Until
Tri City Real Estate Holding & Management Company, LLC 4002 Vista Way	6,123			S	8,435.78			Vacant Bank Building 4000 Vista Way	8462 Until
Oceanside, Ca 92056  Tota	4,295	\$3.13	(b)	\$	13,391.05 <b>320,307.23</b>	1/1/12	12/31/10	Oceanside, Ca 92056	operationa

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

<sup>(</sup>b) Rate per Square Foot is computed based on the initial base rent at inception of lease. The current rent payment is based on the related outstanding debt, therefore the rent payment declines over time.

<sup>(</sup>c) The term of this Lease, and Tenant's obligation to pay rent, shall commence October 1, 2013, which is one hundred twenty days (120) after delivery of the of the premises to Tenant and approval by the city of Tenant's intended use.



ADVANCED HEALTH CARE

Education & Travel Expense Month Ending August 31, 2014

6185 7772 8740	Description  TUITION REIM  Lymphedema management TUITION REIM TUITION REIM	1nvoice # 62714 73114 71514 71514	Amount 279.00 750.00 154.00 200.00	80339 44920	Attendees GEORGIENA CABUANG TRACY PARK LYNN MISNER LYDIA SERRIN
8740	TUITION REIM	71514	2,500.00	79441	JUANITA SAVENA
8740	TUITION REIM	71514	139.00	81064	VANESSA MALOTT
8740	TUITION REIM	62614	150.00	81441	GENNY COUNTRYMAN
8740	TUITION REIM	62714	2,500.00	82125	MARIA AVILEZ
8740	TUITION REIM	62414	1,104.88	82127	LAUREN CASTONQUAY
8740	TUITION REIM	62714	175.00	82128	COLLEEN CHRISTENSEN
8740	TUITION REIM	62714	175.00	82129	KIM CRINKLAW
8740	TUITION REIM	62414	200.00	82131	CHRISTEEN FONTENOT-MILLE
8740	TUITION REIM	62714	175.00	82132	CHRISTINA PEREZ
8740	TUITION REIM	62614	2,500.00	82150	GENNY COUNTRYMAN
8750	O HCCA Compliance Class	71114	2,700.00	78762	ASHLEY FREEMAN
8740 8740 8740 8740 8740 8740 8740 8740	TUITION REIM TUITION REIM TUITION REIM TUITION REIM TUITION REIM TUITION REIM TUITION REIM TUITION REIM TUITION REIM TUITION REIM TUITION REIM	71514 62614 62714 62414 62714 62714 62414 62714 62614	139.00 150.00 2,500.00 1,104.88 175.00 175.00 200.00 175.00 2,500.00	81064 81441 82125 82127 82128 82129 82131 82132	VANESSA MALOTT GENNY COUNTRYMAN MARIA AVILEZ LAUREN CASTONQUAY COLLEEN CHRISTENSEN KIM CRINKLAW CHRISTEEN FONTENOT-MILLE CHRISTINA PEREZ GENNY COUNTRYMAN

<sup>\*\*</sup>This report shows reimbursements to employees and Board members in the Education

<sup>&</sup>amp; Travel expense category in excess of \$100.00.

<sup>\*\*</sup>Detailed backup is available from the Finance department upon request.

### **EVALUATION FORM**

SEMINAR: GOVERNANCE FORUM – QUARTERLY MEETING LOCATION: SACRAMENTO, CA DATE: AUGUST 27, 2014

REASON TO ATTEND: COMMITTEE MEMBER

### **IMPORTANT TOPICS:**

The first order of business was to address the untimely death of the Committee chair and then 3 months later of the chair-elect. The committee had asked the past chair to remain in the chair position for another year. At this meeting, the chair-elect was announced.

Duane Duaner discussed the priority issues for CHA. First is Proposition 46 which is the Medical Injury Compensation Reform Act (MICRA). There are 3 parts to the measure but the one of most concern is the portion to change the law to increase the mal-practice award limits from \$250,000 to \$1.1 million. CHA as well as most healthcare organizations oppose this measure. In addition the Legislature was considering action on SB1094, which would allow the Attorney General to amend sale or transfer of transactions of non-profit hospitals up to 5 years after the sale is completed. The Legislature did pass this legislation and is awaiting the Governor's decision.

CHA has been developing a manual "Transforming for Tomorrow" which would help hospitals identify/quantify their weaknesses. Towards the end of this year or beginning of next year modules will be available to discuss hospitals changing from providing care to managing health.

Finally the committee discussed possible changes in the Mission statement, role of the Trustee and other responsibilities. Staff indicated the Texas Association has been successful in having a broader scope of involvement in their committees and programs. The committee asked to have further information regarding their program at the next meeting.

Larry W. Schallock