



*Board of Directors  
Meeting Agenda Packet*

*August 12, 2024*



## *Board of Directors*

Jeffrey D. Griffith, EMT-P, Chair  
Michael Pacheco, Vice Chair  
Laura Barry, Treasurer  
Theresa Corrales, RN, Secretary  
John Clark, Director  
Laurie Edwards-Tate, MS, Director  
Linda Greer, RN, Director

Diane Hansen, President and CEO

Regular meetings of the Board of Directors are held on the second Monday of each month at 6:30 p.m., unless indicated otherwise.

For an agenda, locations or further information please call (760) 740-6375 or visit our website at [www.palomarhealth.org](http://www.palomarhealth.org)

## *Our Mission*

To heal, comfort, and promote health  
in the communities we serve

## *Our Vision*

Palomar Health will be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services

## *Our Values*

*Compassion* - Providing comfort and care

*Integrity* - Doing the right thing for the right reason

*Teamwork* - Working together toward shared goals

*Excellence* - Aspiring to be the best

*Service* - Serving others and our community

*Trust* - Delivering on promises

POSTED  
Friday,  
August 9, 2024

# BOARD OF DIRECTORS

## Meeting Agenda

Monday, August 12, 2024  
6:30 p.m.

PLEASE SEE PAGE 3 OF AGENDA FOR MEETING LOCATION

	The Board may take action on any of the items listed below, including items specifically labeled "Informational Only"	Time	Form A Page	Target
	<b>CALL TO ORDER</b>			6:30
1.	<b>ESTABLISHMENT OF QUORUM</b>	2		6:32
2.	<b>OPENING CEREMONY</b>	3		6:35
	a. Pledge of Allegiance to the Flag			
3.	<b>PUBLIC COMMENTS<sup>1</sup></b>	30		7:05
4.	<b>PRESENTATIONS – <i>Informational Only</i></b>	15		7:20
	a. Achievement Award Recognition			
	b. Presentation – Board Ad Hoc – Diverse Care			
5.	<b>APPROVAL OF MINUTES (ADD A)</b>	5		7:25
	a. Board of Directors Meeting – Monday, July 8, 2024 (Pp 10-16)			
6.	<b>APPROVAL OF AGENDA</b> to accept the Consent Items as listed (ADD B)	5		7:30
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 18-21)		2	
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 22-40)		3	
	c. Palomar Medical Center Escondido Department of Anesthesia Rules and Regulations (Redline Pp 41-49, Clean Pp 50-58)		4	
	d. Policy and Procedure Approval (Pp 59-106)			
	e. Executed, Budgeted, Routine Physician Agreement (Pp 107-112)		5	
7.	<b>REPORTS – <i>Informational Only</i></b>			
	<b>a. Medical Staff</b>			
	I. Palomar Medical Center Escondido – Kanchan Koirala, MD	5		7:35
	II. Palomar Medical Center Poway – Sam Filiciotto, MD	5		7:40
	<b>b. Administration</b>			
	I. President and CEO – Diane Hansen	5		7:45
	II. Chair of the Board – Jeff Griffith, E.M.T.-P.	5		7:50
8.	<b>APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS and OTHER ACTIONS (ADD C)</b>	5		7:55

	a. Resolution No. 08.12.24(01)-16 of the Board of Directors of Palomar Health Concerning the Levy & Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2024-2025 to Pay Principal & Interest on General Obligation Bonds & Authorizing the Taking of All Actions Necessary in Connection Therewith <i>(Pp 114-117)</i>		6	
	b. Resolution No. 08.12.24(02)-17 of the Board of Directors of Palomar Health Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2024 – June 30, 2025 Pursuant to Article XIII(B) of the California Constitution <i>(Pp 118-121)</i>		7	
	c. Resolution No. 08.12.24(03)-18 Designation of Applicant's Agent Resolution for Non-State Agencies <i>(Pp 122-125)</i>		8	
<b>9.</b>	<b>COMMITTEE REPORTS – <i>Informational Only</i></b>	5		8:00
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair <i>(No meeting in July)</i>			
	b. Community Relations Committee – Terry Corrales, Committee Chair <i>(No meeting in July)</i>			
	c. Finance Committee – Laura Barry, Committee Chair <i>(No meeting in July)</i>			
	d. Governance Committee – Jeff Griffith, Committee Chair <i>(No meeting in July)</i>			
	e. Human Resources Committee – Terry Corrales, Committee Chair <i>(No meeting in July)</i>			
	f. Quality Review Committee – Linda Greer, Committee Chair <i>(No meeting in July)</i>			
	g. Strategic & Facilities Planning Committee – Michael Pacheco, Committee Chair <i>(No meeting in July)</i>			
<b>FINAL ADJOURNMENT</b>				8:00

NOTE: If you have a disability, please notify us by calling 760.740.6375, 72 hours prior to the event so that we may provide reasonable accommodations

<sup>1</sup> 3 minutes allowed per speaker. For further details, see Request for Public Comment Process and Policy on page 4 of agenda.



# Board of Directors Meeting Location Options

Palomar Medical Center Escondido  
1<sup>st</sup> Floor Conference Room  
2185 Citracado Parkway, Escondido, CA 92029

- Elected Board Members of the Palomar Health Board of Directors will attend at this location, unless otherwise noticed below
- Non-Board member attendees, and members of the public may also attend at this location

<https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

Meeting ID: 277 524 122 999

Passcode: mKfVNs

or

Dial in using your phone at 929.352.2216; Access Code: 365 445 192#<sup>1</sup>

- Non-Board member attendees, and members of the public may also attend the meeting virtually utilizing the above link

<sup>1</sup> *New to Microsoft Teams? Get the app now and be ready when your first meeting starts: [Download Teams](#)*

DocID: 21790  
Revision: 9  
Status: Official

**Source:**  
Administrative  
Board of Directors

**Applies to Facilities:**  
All Palomar Health Facilities

**Applies to Departments:**  
Board of Directors

---

## Policy: Public Comments and Attendance at Public Board Meetings

---

### **I. PURPOSE:**

A. It is the intention of the Palomar Health Board of Directors to hear public comment about any topic that is under its jurisdiction. This policy is intended to provide guidelines in the interest of conducting orderly, open public meetings while ensuring that the public is afforded ample opportunity to attend and to address the board at any meetings of the whole board or board committees.

### **II. DEFINITIONS:**

A. None defined.

### **III. TEXT / STANDARDS OF PRACTICE:**

- A. There will be one-time period allotted for public comment at the start of the public meeting. Should the chair determine that further public comment is required during a public meeting, the chair can call for such additional public comment immediately prior to the adjournment of the public meeting. Members of the public who wish to address the Board are asked to complete a [Request for Public Comment form](#) and submit to the Board Assistant prior to or during the meeting. The information requested shall be limited to name, address, phone number and subject, however, the requesting public member shall submit the requested information voluntarily. It will not be a condition of speaking.
- B. Should Board action be requested, it is encouraged that the public requestor include the request on the *Request for Public Comment* as well. Any member of the public who is speaking is encouraged to submit written copies of the presentation.
- C. The subject matter of any speaker must be germane to Palomar Health's jurisdiction.
- D. Based solely on the number of speaking requests, the Board will set the time allowed for each speaker prior to the public sections of the meeting, but usually will not exceed 3 minutes per speaker, with a cumulative total of thirty minutes.
- E. Questions or comments will be entertained during the "Public Comments" section on the agenda. All public comments will be limited to the designated times, including at all board meetings, committee meetings and board workshops.
- F. All voting and non-voting members of a Board committee will be seated at the table. Name placards will be created as placeholders for those seats for Board members, committee members, staff, and scribes. Any other attendees, staff or public, are welcome to sit at seats that do not have name placards, as well as on any other chairs in the room. For Palomar Health Board meetings, members of the public will sit in a seating area designated for the public.
- G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.
- H. The public shall be afforded those rights listed below (Government Code Section 54953 and 54954).
1. To receive appropriate notice of meetings;
  2. To attend with no pre-conditions to attendance;
  3. To testify within reasonable limits prior to ordering consideration of the subject in question;
  4. To know the result of any ballots cast;
  5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
  6. To review recordings of meetings within thirty days of recording; minutes to be Board approved before release,
  7. To publicly criticize Palomar Health or the Board; and
  8. To review without delay agendas of all public meetings and any other writings distributed at the meeting. I. This policy will be reviewed and updated as required or at least every three years.

**(REFERENCED BY** [Public Comment Form](#)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790\\$9](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790$9).

# Palomar Health Board of Directors Meeting

Meeting will begin at 6:30 p.m.



## Request for Public Comments

If you would like to make a public comment, submit your request by doing the following:

- **In Person:** Submit a Public Comment Form, or verbally submit a request, to the Board Clerk
- **Virtual:** Enter your name and “Public Comment” in the chat function

Those who submit a request will be called on during the Public Comments section and given 3 minutes to speak.

### Public Comments Process

Pursuant to the Brown Act, the Board of Directors can only take action on items listed on the posted agenda. To ensure comments from the public can be made, there is a 30 minute public comments period at the beginning of the meeting. Each speaker who has requested to make a comment is granted three (3) minutes to speak. The public comment period is an opportunity to address the Board of Directors on agenda items or items of general interest within the subject matter jurisdiction of Palomar Health.

**Palomar Medical Center Escondido Medical Staff  
Credentialing Recommendations**

**TO:** Board of Directors

**MEETING DATE:** August 12, 2024

**FROM:** Kanchan Koirala, M.D., Chief of Staff, Palomar Medical Center Escondido

**Background:** Credentialing Recommendations from the Medical Executive Committee of Palomar Medical Center Escondido.

**Budget Impact:** None

**Staff Recommendation:** Recommend Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION: Approval**

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**



**Palomar Medical Center Poway  
Medical Staff Credentials Recommendations  
July 2024**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 12, 2024

**FROM:** Sam Filiciotto, M.D., Chief of Staff, Palomar Medical Center Poway

**Background:** Monthly credentials recommendations from the Palomar Medical Center Poway Medical Executive Committee for approval by the Board of Directors.

**Budget Impact:** None

**Staff Recommendation:**

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** Approval

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Palomar Medical Center Escondido  
Medical Staff Department Rules and Regulations  
Recommendation**

**TO:** Board of Directors

**MEETING DATE:** August 12, 2024

**FROM:** Kanchan Koirala, M.D., Chief of Staff, Palomar Medical Center Escondido

**Background:** The Palomar Medical Center Escondido 'Department of Anesthesia' Rules and Regulations were updated to current practices. Includes redlined and final versions.

**Budget Impact:** None

**Staff Recommendation:**

**Committee Questions:**

**COMMITTEE RECOMMENDATION: Approval**

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

## EXECUTED, BUDGETED, ROUTINE PHYSICIAN AGREEMENTS

**TO:** Board of Directors

**MEETING DATE:** Monday, August 12, 2024

**FROM:** Andrew Tokar, Chief Financial Officer

**Background:** The following Executed, Budgeted, Routine Physician Agreements became effective as noted below:

PHYSICIAN/GROUP	TYPE OF AGREEMENT
<b>December 2023</b>	
<ul style="list-style-type: none"> <li>• Rady Children’s Hospital San Diego dba Rady Children’s Specialists of San Diego</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> Amendment to Professional Services Agreement – Neonatal Coverage – PMC Escondido</li> </ul>
<b>March 2024</b>	
<ul style="list-style-type: none"> <li>• Rady Children’s Hospital San Diego dba Rady Children’s Specialists of San Diego</li> </ul>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> Amendment to Professional Services Agreement – Neonatal Coverage – PMC Escondido</li> </ul>
<b>July 2024</b>	
<ul style="list-style-type: none"> <li>• Senior Medical Associates, Inc.</li> </ul>	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> Amendment to Psychiatric Services &amp; Medical Director Services Agreement – District</li> </ul>

The standard Form A’s and Abstract Tables for each are included as Addendum B.

**Staff Recommendation:** Approval

**COMMITTEE RECOMMENDATION:** There was no Finance Committee meeting in the month of July.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Resolution No. 08.12.24(01)-16  
General Obligation Bonds – Tax Levy 2024-2025**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 12, 2024

**FROM:** Andrew Tokar, Chief Financial Officer

**Background:** On an annual basis, Palomar Health has requested that the County of San Diego levy and collect the taxes necessary to pay the debt service on the GO Bonds. Palomar Health calculates the tax amount to levy based upon the debt service amortization and the assessed value of the District. The assessed value is provided by the County. The County then puts the required tax onto the tax roll, collects the taxes, and remits the collected amounts to the Paying Agent, Computershare, on a monthly basis. The Paying Agent makes the required principal and interest payments on a semi-annual basis.

The resolution (*Addendum C*) will authorize the County of San Diego to levy and collect the required *ad valorem* taxes for the 2024-2025 tax roll.

**Budget Impact:** N/A

**Staff Recommendation:** Approval of Resolution No. 08.12.24(01)-16 Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2024-2025 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** There was no Finance Committee meeting in the month of July.

**Motion:**

**Individual Action:** X

**Information:**

**Required Time:**

**Resolution No. 08.12.24(02)-17  
Establishment of Appropriations Limit for Fiscal Year 2025**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 12, 2024

**FROM:** Andrew Tokar, Chief Financial Officer

**BACKGROUND:** The Board of Directors of Palomar Health annually adopts the Appropriations Limit for the district, pursuant to Article XIII B of the California Constitution. This action requests approval of the County’s Appropriations Limit for Fiscal Year 2025. This limit applies only to unrestricted appropriations and is not related to any appropriations that are restricted for the General Obligation Bonds.

The Appropriations Limit is calculated to be \$138,578,580 for Fiscal Year 2025 (*Addendum C*). The District is substantially under that limit and is expected to receive approximately \$25,500,000 in unrestricted property tax revenues in Fiscal Year 2025.

**BUDGET IMPACT:** None

**STAFF RECOMMENDATION:** Approval of Resolution No. 08.12.24(02)-17 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2024 – June 30, 2025, Pursuant to Article XIII(B) of the California Constitution.

**COMMITTEE QUESTIONS:**

**COMMITTEE RECOMMENDATION:** There was no Finance Committee meeting in the month of July.

**Motion:**

**Individual Action:** X

**Information:**

**Required Time:**

**Resolution No. 08.12.24(03)-18**  
**Designation of Applicant’s Agent Resolution for Non-State Agencies**

**TO:** Board of Directors

**MEETING DATE** Monday, August 12, 2024

**FROM:** Andrew Tokar, Chief Financial Officer

**Background:** The Finance Department submitted eight project applications to FEMA for reimbursement of COVID-19 Disaster-related costs, as well as an additional project for reimbursement of administrative costs to cover Moss Adams’ consulting fees.

FEMA “Obligates” the funding for each project, then passes it through the California Office of Emergency Services (Cal OES), which remits the payment(s) to Palomar Health. Of the projects submitted, five are Obligated, two will likely be Obligated shortly, and two are still pending eligibility review.

Even after the funds have been Obligated by FEMA, a “closeout” process must still be completed through Cal OES, and Moss Adams has played a pivotal role in managing that process. Part of the process is for the Board of Palomar Health to complete Cal OES Form 130, a document that specifies the titles of the District’s Authorized Agents. This document is similar to the requirements of the District’s banking partners, as Form 130 is specific to the project applications and is a more narrowly defined resolution than the District’s standard Designation of Subordinate Officers (“DSO”) resolution.

In the same manner as the DSO, the Authorized Agents on Form 130 have been entered by title (e.g., President & CEO; Chief Financial Officer; and Vice President of Finance), which will preclude the necessity of updating it with Cal OES should there be any future changes to specific personnel.

**Budget Impact:** N/A

**Staff Recommendation:** Staff recommends approval of Resolution No. 08.12.24(03)-18 Designation of Applicant’s Agent Resolution for Non-State Agencies (*Addendum C*).

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** There was no Finance Committee meeting in the month of July.

**Motion:**

**Individual Action:** X

**Information:**

# ADDENDUM A

<i>Board of Directors Meeting Minutes – Monday, July 8, 2024</i>	
<i>Agenda Item</i>	
<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<i>Conclusion / Action /Follow Up</i>
<b>NOTICE OF MEETING</b>	
Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA 92029, as well as on the Palomar Health website, on Friday, June 28, 2024, which is consistent with legal requirements.	
<b>CALL TO ORDER</b>	
The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and called to order at 6:31 p.m. by Board Chair Jeff Griffith.	
<b>1. ESTABLISHMENT OF QUORUM</b>	
Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Greer, Griffith, Pacheco Absences: None	
<b>2. OPENING CEREMONY – Pledge of Allegiance to the Flag</b>	
The Pledge of Allegiance to the Flag was recited in unison.	
<b>MISSION AND VISION STATEMENTS</b>	



*Agenda Item*

- *Discussion*

*Conclusion / Action /Follow Up*

*The Palomar Health mission and vision statements are as follows:*

- *The mission of Palomar Health is to heal, comfort and promote health in the communities we serve*
- *The vision of Palomar Health is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services*

**3. PUBLIC COMMENTS**

- Georgine Tomasi
- Joe Muga, MD
- Marcelle Voorhies Rossman
- Christina Bauer
- Beth Klopfenstein

**4. PRESENTATIONS**

a. Grateful Patient Video

- Omar Khawaja, M.D., introduced the grateful patient video.

b. Palomar Health Rehabilitation Institute Presentation

- Sheila Brown, Executive Strategic Priorities, and Cleve Haralson, Senior Vice President of Joint Ventures and Strategic Services, Lifepoint Health, shared a presentation with the Board

**5. APPROVAL OF MINUTES**

- a. Board of Directors Meeting - Monday, June 10, 2024
- b. Special Closed Session Board of Directors Meeting - Monday, June 10, 2024
- c. Special Session Board of Directors Meeting – Thursday, June 20, 2024

**MOTION:** By Director Pacheco, 2<sup>nd</sup> by Director Barry and carried to approve the Monday, June 10, 2024, Board of Directors Meeting minutes, as presented.

Roll call voting was utilized.

Director Barry – aye            Director Greer – aye  
Director Clark – aye           Director Griffith – aye  
Director Corrales – aye       Director Pacheco – aye  
Director Edwards-Tate – aye

Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent.

Motion approved.

**MOTION:** By Director Edwards-Tate, 2<sup>nd</sup> by Director Corrales and carried to approve the Monday, June 10, 2024, Special Closed Session Board of Directors Meeting minutes, as presented.

Roll call voting was utilized.

Director Barry – aye            Director Greer – aye  
Director Clark – aye           Director Griffith – aye  
Director Corrales – aye       Director Pacheco – aye  
Director Edwards-Tate – aye

Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent.

Motion approved.

**MOTION:** By Director Corrales, 2<sup>nd</sup> by Director Barry and carried to approve the Thursday, June 20, 2024, Special Session Board of Directors Meeting minutes, as presented.

Roll call voting was utilized.

Director Barry – aye            Director Greer – aye  
Director Clark – aye           Director Griffith – aye  
Director Corrales – aye       Director Pacheco – aye  
Director Edwards-Tate – aye

Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent.

Motion approved.

DRAFT

*Agenda Item*

<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<p><i>Conclusion / Action /Follow Up</i></p>
<ul style="list-style-type: none"> <li>No discussion</li> </ul>	
<p><b>6. APPROVAL OF AGENDA</b> to accept the Consent Items as listed</p>	
<ul style="list-style-type: none"> <li>a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments</li> <li>b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments</li> <li>c. Neurosurgery Privilege Checklist – Palomar Medical Center Escondido</li> <li>d. Vascular Checklist – Palomar Medical Center Escondido</li> </ul>	<p><b>MOTION:</b> By Director Pacheco, 2<sup>nd</sup> by Director Corrales and carried to approve Consent Agenda items a through d as presented.</p> <p>Roll call voting was utilized.                      Director Barry – aye            Director Greer – aye                      Director Clark – aye            Director Griffith – aye                      Director Corrales – aye        Director Pacheco – aye                      Director Edwards-Tate – aye                      Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent.                      Motion approved.</p>
<ul style="list-style-type: none"> <li>No discussion</li> </ul>	
<p><b>7. REPORTS</b></p>	
<p><b>a. Medical Staffs</b></p>	
<p>I. Palomar Medical Center Escondido</p>	
<p>Palomar Medical Center Escondido Chief of Staff, Dr. Kanchan Koirala, provided a verbal report to the Board of Directors.</p>	
<p>II. Palomar Medical Center Poway</p>	
<p>Palomar Medical Center Poway Chief of Staff, Dr. Sam Filiciotto, provided a verbal report to the Board of Directors.</p>	
<p><b>b. Administrative</b></p>	

*Board of Directors Meeting Minutes – Monday, July 8, 2024*

*Agenda Item*

• *Discussion*

*Conclusion / Action /Follow Up*

I. President and CEO

Palomar Health President & CEO Diane Hansen provided a verbal report to the Board of Directors.

II. Chair of the Board

Palomar Health Chair of the Board Jeff Griffith provided a verbal report to the Board of Directors.

**8. COMMITTEE REPORTS** (*information only unless otherwise noted*)

a. Audit and Compliance Committee

- Committee Chair Michael Pacheco reported the committee was dark in the month of June.

b. Community Relations Committee

- Committee Chair Terry Corrales reported the committee was dark in the month of June.

c. Finance Committee

- Committee Chair Laura Barry reported the committee was dark in the month of June.

d. Governance Committee

- Committee Chair Jeff Griffith gave a report to the Board, committee summary is included in the information packet.

e. Human Resources Committee

- Committee Chair Terry Corrales reported the committee was dark in the month of June.

f. Quality Review Committee

- Committee Chair Linda Greer reported the committee was dark in the month of June.

g. Strategic & Facilities Planning Committee

*Board of Directors Meeting Minutes – Monday, July 8, 2024*

*Agenda Item*

- Discussion*

*Conclusion / Action /Follow Up*

- Committee Chair Michael Pacheco reported the committee was dark in the month of June.

h. Community Health Initiatives Discussion

**MOTION:** By Director Pacheco, 2<sup>nd</sup> by Director Barry and carried to table the Community Health Initiatives Discussion

Roll call voting was utilized.

Director Barry – aye            Director Greer – aye

Director Clark – abstain    Director Griffith – aye

Director Corrales – aye    Director Pacheco – no

Director Edwards-Tate – abstain

Chair Griffith announced that four board members were in favor. One opposed. Two abstention. None absent.

Motion approved.

**FINAL ADJOURNMENT**

- There being no further business, Chair Jeff Griffith adjourned the meeting at 7:41 p.m.

**Signatures:**

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Terry Corrales, R.N.

*Agenda Item*

- Discussion*

*Conclusion / Action /Follow Up*

**Board Assistant**

\_\_\_\_\_  
Carla Albright

DRAFT

# ADDENDUM B

Palomar Medical Center Escondido  
2185 Citracado Parkway  
Escondido, CA 92029  
(442) 281-1005 (760) 233-7810 fax  
Medical Staff Services

August 1, 2024

To: Palomar Health Board of Directors

From: Kanchan Koirala, M.D., Chief of Staff  
Palomar Medical Center Escondido Medical Executive Committee

Board Meeting Date: August 12, 2024

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (08/12/2024 – 07/31/2026)

Aispuro, Ivan O., M.D. – Emergency Medicine  
Al-Ameri, Noor, M.D. – Internal Medicine  
Ettinger, Sarah J., M.D. – Infectious Disease  
Findakly, Dawood B., M.D. – Internal Medicine  
Hayyat, Umer, M.D. – Internal Medicine  
Jacobs, Karl M., M.D. – Psychiatry  
Lin, Kevin G., M.D. – Surgery, Otorhinolaryngology  
Mallett Jason A., M.D. – Emergency Medicine  
Miller, Heidi L., D.O. – OB/GYN  
Miskin, Tyler S., M.D. – Diagnostic Radiology  
Moll, Angela M., M.D. – Surgery, Ophthalmology  
Oudah, Bashar, M.D. – Internal Medicine

Advance from Provisional to Active Category

Hermann, Matthew D., M.D. – Diagnostic Radiology (09/01/2024 to 09/30/2025)  
Kane, Henry S., M.D. – Psychiatry (09/01/2024 to 02/28/2025)  
Madam, Narasa R., M.D. – Internal Medicine (09/01/2024 to 09/30/2025)  
Mo, Shawn, D.O. – Internal Medicine (09/01/2024 to 08/31/2025)  
Nguyen, Elizabeth A., M.D. – Emergency Medicine (09/01/2024 to 07/31/2025)  
Sasan, Manveen B., M.D. – Internal Medicine – Dept. of Medicine (09/01/2024 to 09/30/2025)

Voluntary Resignations

Adiarte, Eric G., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Agbunag, Rodolfo V., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Amin, Vishar H., M.D., Hospice and Palliative Care, effective 12/31/2023 (Kaiser)  
Bahmanpour, Kaveh, M.D., Geriatric Medicine, effective 12/31/2023 (Kaiser)  
Bercovitch, Robert S., M.D., Critical Care Medicine, effective 12/31/2023 (Kaiser)  
Bernstein, Alethea A., M.D., OB/GYN, effective 12/31/2023 (Kaiser)



Bertucci, William R., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Bowman, Vi Q., M.D., Infectious Disease, effective 12/31/2023 (Kaiser)  
Branch, Candice M., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Burke, Shabnam S., M.D., Critical Care Medicine, effective 12/31/2023 (Kaiser)  
Capatanos, Sara, M.D., Hem/Onc, effective 12/31/2023 (Kaiser)  
Capon, Stephen M., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Chandhoke, Ryan A., M.D., Urology, effective 12/31/2023 (Kaiser)  
Chin, Hans, M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Ching, Susanne L., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Conley, Natasha S., D.O., Rheumatology, effective 12/31/2023 (Kaiser)  
Cork, Kelly N., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Ditmars, Michael L., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Douzjian, Daniel J., M.D., Anesthesia, effective 09/01/2024 (expired LOA)  
Duwe, Beau V., M.D., Critical Care Medicine, effective 12/31/2023 (Kaiser)  
Elliott, Steven T., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Elswick, Maria H., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Felder, Robert R., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Ghodsi-Shirazi, Anoosha, M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Giacomazzi, Christina M., D.O., Physical Medicine & Rehab, effective 12/31/2023 (Kaiser)  
Greenway, Scott E., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Gutierrez, Andres B., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Haripotepornkul, Nora H., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Harrison, Terry A., M.D., Gynecologic Oncology, effective 12/31/2023 (Kaiser)  
Hawkins, Vidya P., D.O., Neurology, effective 12/31/2023 (Kaiser)  
Heisel, Andrew J., M.D., Internal Medicine, effective 09/01/2024 (expired LOA)  
Huang, Robert C., M.D., Infectious Disease, effective 12/31/2023 (Kaiser)  
Hulley, Stacy E., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Huynh, Dung V., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Kazanegra, Radmila, M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
Kharadjian, Talar, M.D., Nephrology, effective 09/01/2024  
Khoe, Jennifer L., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Kim, Hyunsoo, M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Klaristenfeld, Daniel D., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Koumjian, Michael P., M.D., Surgery Cardiothoracic, effective 09/01/2024  
Kudva, Archana K., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Lee, Andy Y., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Lehman, Aaron M., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Leong, Curtis W., M.D., Pediatrics, effective 12/31/2023 (Kaiser)  
Liebling, Peter D., M.D., Critical Care Medicine, effective 12/31/2023 (Kaiser)  
Lingenfelter, David J., M.D., OBGYN, effective 12/31/2023 (Kaiser)  
Lippmann, Quinn K., M.D., Female Pelvic Medicine, effective 12/31/2023 (Kaiser)  
Luo, Ran B., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
Luu, Cuong H., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
Martin, Joseph J., M.D., Rheumatology, effective 12/31/2023 (Kaiser)  
McFarland, Soyong I., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
McHugh, Shawn M., D.O., Internal Medicine, effective 12/31/2023 (Kaiser)

McTigue, Michael P., M.D., Gastroenterology, effective 12/31/2023 (Kaiser)  
 Menefee, Shawn A., M.D., Female Pelvic Medicine, effective 12/31/2023 (Kaiser)  
 Menon, Jhanvi, M.D., Neurology, effective 12/31/2023 (Kaiser)  
 Mojtahed, Amirkaveh, M.D., Gastroenterology, effective 12/31/2023 (Kaiser)  
 Moon, Nah Yong, M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
 Moon, Richard W., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
 Mullins, Jennifer S., D.O., Internal Medicine, effective 12/31/2023 (Kaiser)  
 Nakrani, Ravi, M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
 Nanavati, Rupa L., M.D., Neurology, effective 12/31/2023 (Kaiser)  
 Nardi, Sean L., D.O., Emergency Medicine, effective 09/01/2024  
 Parsons, Colin M., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
 Pattengill, Catherine G., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
 Pfeiffer, William F., M.D., Pediatrics, effective 12/31/2023 (Kaiser)  
 Racu-Keefer, Camellia, M.D., General Surgery, effective 12/31/2023 (Kaiser)  
 Ramanathan, Bhuvana K., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
 Ramos, Tryna M., M.D., Family Practice, effective 12/31/2023 (Kaiser)  
 Tan-Kim, Jasmine, M.D., Female Pelvic Medicine, effective 12/31/2023 (Kaiser)  
 Tao, Amy R., M.D., OB/GYN, effective 12/31/2023 (Kaiser)  
 Winn, David B., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
 Wu, Justin S., M.D., General Surgery, effective 12/31/2023 (Kaiser)  
 Yang, Chao-Hsiung E., M.D., Internal Medicine, effective 12/31/2023 (Kaiser)  
 Yang, Hong, M.D., Rheumatology, effective 12/31/2023 (Kaiser)

Request for 2 Year Leave of Absence

Carlo Niguidula, M.D., Family Practice, effective 01/01/2024 – 12/31/2025 (Kaiser)

Allied Health Professional Resignations

Morgan, John P., N.P. – Acute Care Nurse Practitioner- effective 08/31/2024 (no longer with trauma dept)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointment Effective 09/01/2024 – 02/28/2026

Wang, Chunyang T., M.D.	Neurology	Dept. of Medicine	Active
-------------------------	-----------	-------------------	--------

Reappointments (effective 09/01/2024 to 08/31/2026)

Afshar, Masoud, M.D.	Nephrology	Dept. of Medicine	Active
Anthony, Julian N., M.D.	Surgery, Urology	Dept. of Urology	Active
Asgari, Amir A., M.D.	Internal Medicine	Dept. of Medicine	Active
Atchikova, Elena Y., M.D.	Internal Medicine	Dept. of Medicine	Active
Burke, Hayden, M.D.	Int Med/ Infectious Disease	Dept. of Medicine	Active
Danque, Pamela O., M.D.	Pathology, Anatomic	Dept. of Pathology	Active
Dastagir, Tariq M., M.D.	Internal Medicine	Dept. of Medicine	Active
Fierer, Adam S., M.D.	Surgery, General	Dept. of Surgery	Active*

Category Change from Courtesy to Active

Fitzgerald, Patrick J., M.D.	Otolaryngology	Dept. of Surgery	Active*
------------------------------	----------------	------------------	---------

Category change from Courtesy to Active

Huang, Alex Z., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Klein, Michael V., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Leon, Josue D., M.D.	OB/GYN	Dept. of OB/GYN	Active
Li, Xian, M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Mostofian, Eimaneh, M.D.	OB/GYN	Dept. of OB/GYN	Active
Nemceff, Dennis, M.D.	Vascular Surgery	Dept. of Surgery	Active
Oh, Irene J., M.D.	Neurology	Dept. of Medicine	Courtesy *

\*Category change from Active to Courtesy

Phull, Hardeep S., M.D.	Hematology/Oncology	Dept. of Medicine	Active
Ramos, Gladys A., M.D.	Maternal-Fetal Med.	Dept. of OB/GYN	Active
Riad, Shareef M., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Sampath, Neha J., M.D.	Internal Medicine	Dept. of Medicine	Active
Santiago-Dieppa, David R., M.D.	Neurosurgery	Dept. of Surgery	Active
Tolentino, Arturo M., M.D.	Internal Medicine	Dept. Of Medicine	Active
Veal, Timothy M., M.D.	Psychiatry	Dept. of Psychiatry	Active
Vu, Lan H., D.O.	Anesthesiology	Dept. of Anesthesia	Active

Allied Health Professional Reappointments (effective 09/01/2024 to 08/31/2026)

Chorazy, Christina M., PA-C	Physician Assistant	(Sponsor: Paul Polishuk, M.D)
Du Bois, Kayla R., PA-C	Physician Assistant	(Sponsor: Nabil Fatayerji, M.D.)
Ebersohl, Tiffany A., PA-C	Physician Assistant	(Sponsor: Jay Grove, MD, Jared Brummel, DO,
Brad Cohen, MD, Branislav Cizmar, MD, Karen J. Hanna, MD, Kevin C. Owsley, MD, Natalia Babkina, MD, Paul		
W. Hinshaw, DO, Ramin Sorkhi, MD, Ayda Dashtaei, DO, Adam S. Fierer, MD, Arush A. Patel, MD,)		
Pewthers, Hallie A., PA-C	Physician Assistant	(Sponsor: Nabil Fatayerji, M.D.)

Certification by and Recommendation of Chief of Staff

As Chief of Staff of Palomar Medical Center Escondido, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment or alteration of staff membership or the granting of privileges and that the policy of Palomar Health’s Board of Directors regarding such practices have been properly followed. I recommend that the action requested in each case be taken by the Board of Directors.

Palomar Medical Center Poway  
Medical Staff Services  
15615 Pomerado Road  
Poway, CA 92064  
(858) 613-4538 (858) 613-4217 fax

Date: August 1, 2024  
To: Palomar Health Board of Directors – July 8, 2024 Meeting  
From: Sam Filiciotto, M.D., Chief of Staff, PMC Poway Medical Staff  
Subject: Medical Staff Credentials Recommendations – July, 2024

Provisional Appointments: (08/12/2024 – 07/31/2026)

Adedeji Adebayo, M.D., Psychiatry (Includes The Villas at Poway)  
Ivan Aispuro, M.D., Emergency Medicine  
Noor Al-Ameri, M.D., Internal Medicine  
Ravindra Chand, M.D., Psychiatry (Includes The Villas at Poway)  
Sarah Ettinger, M.D., Infectious Disease (Includes The Villas at Poway)  
Dawood Findakly, M.D., Hematology/Oncology  
Umer Hayyat, M.D., Internal Medicine  
Karl Jacobs, M.D., Psychiatry (Includes The Villas at Poway)  
Kevin Lin, M.D., Otolaryngology  
Jason Mallett, M.D., Emergency Medicine  
Tyler Miskin, M.D., Diagnostic Radiology  
Bashar Oudah, M.D., Internal Medicine

Biennial Reappointments: (9/01/2024 - 08/31/2026)

Masoud Afshar, M.D., Nephrology, Active  
Julian Anthony, M.D., Urology, Active  
Elena Atchikova, M.D., Internal Medicine, Active  
Hayden Burke, M.D., Infectious Disease, Active  
Pamela Danque, M.D., Pathology, Active  
Tariq Dastagir, M.D., Internal Medicine, Active  
Adam Fierer, M.D., General Surgery, Courtesy  
Patrick Fitzgerald, M.D., ENT, Active  
Alex Huang, M.D., Emergency Medicine, Active  
Michael Klein, M.D., Teleradiology, Active  
Xian Li, M.D., Emergency Medicine, Active  
Jeffrey Lozier, M.D., Ophthalmology, Courtesy  
Dennis Nemceff, M.D., Vascular Surgery, Active  
Irene Oh, M.D., Neurology, Courtesy  
Hardeep Phull, M.D., M.D., Hematology/Oncology, Active (Includes The Villas at Poway)  
Shareef Riad, M.D., Teleradiology, Active  
Arturo Tolentino, M.D., Internal Medicine, Active  
Timothy Veal, M.D., Psychiatry, Courtesy  
Lan Vu, D.O., Anesthesiology, Active

Advancements to Active Category:

Tony Chen, M.D., Urology, effective 09/01/2024 – 12/31/2024

Matthew Hermann, M.D., Teleradiology, effective 09/01/2024 – 09/30/2025

Henry Kane, M.D., Psychiatry, effective 09/01/2024 – 02/28/2025 (Includes The Villas at Poway)

Narasa Madam, M.D., Internal Medicine, effective 09/01/2024 – 09/30/2025

Shawn Mo, D.O., Internal Medicine, effective 09/01/2024 – 08/31/2025 (Includes The Villas at Poway)

Elizabeth Nguyen, M.D., Emergency Medicine, effective 09/01/2024 – 07/31/2025

Voluntary Resignations:

Sophia Ho, D.O., Internal Medicine, effective 07/11/2024

Akpene Gbegnon, M.D., General Surgery, effective 05/01/2024

Cory Nelkin, D.O., Internal Medicine, effective 07/24/2024 (expiration of LOA)

Nathan Rendler, M.D., Pediatrics, effective 07/31/2024

Christy Roberts, M.D., Pediatrics, effective 07/11/2024

Emily Sbiroli, M.D., Emergency Medicine, effective 07/31/2024

Jonathan Wilensky, M.D., Plastic Surgery, effective 07/25/2024 (expiration of LOA)

Christopher Yi, M.D., Vascular Surgery, effective 07/31/2024 (expiration of LOA)

Allied Health Professional Appointments: (08/12/2024 – 07/31/2026)

Amanda Ahmadi, FNP, Sponsor Dr. Emmet Lee (The Villas at Poway Only)

Allied Health Professional Reappointments: (09/01/2024 - 08/31/2026)

Christina Chorazy, PA, Sponsor Dr. Polishuk

Tiffany Ebersohl, PA, Sponsors Drs. Babkina, Fierer, Grove, Owsley, Palanca, A. Patel, Bried, Brummel, Sharp, B. Cohen, Sorkhi, Dashtaei, Hanna

PALOMAR MEDICAL CENTER POWAY: Certification by and Recommendation of Chief of Staff: As Chief of Staff of Palomar Medical Center Poway, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment, or alternation of staff membership or the granting of privileges and the policy of the Palomar Health's Board of Directors regarding such practices have been properly followed. I recommend that the Board of Directors take the action requested in each case.

**Provider Profile**  
Adebayo, Adedeji J., M.D.



**Primary Office Address**

CompHealth  
2185 Citracado Parkway  
Crisis Stabilization Unit  
Escondido, CA 92029  
Telephone: (760) 739-3012  
NPI:  
Tax ID:

Fax Number: (760) 739-3102  
Medicare:

Medicaid:

**Board Certification**

American Board of Psychiatry and Neurology (Psychiatry)

**Certified**

Certified

**Initial Cert.**

08/13/2019

Specialty 1: Psychiatry & Neurology

Specialty 2:

**Medical/Professional Education**

College of Medicine, University of Lagos, Araba,  
*Subject:*  
*Degree Earned: Medical Degree*

**From**

01/15/2001

**To**

07/27/2007

**Training**

Richmond University Medical Center – Residency – Psychiatry

**From**

07/01/2014

**To**

06/30/2018

**Employment**

CompHealth Locum Tenens, Midvale, UT

**From**

06/16/2018

**To**

Mercy Fitzgerald Hospital, Darby, PA

07/01/2018

Private Practice Observership, Desoto, TX

12/01/2007

05/15/2009

Private Practice Observership, Desoto, TX

09/17/2012

06/15/2014

Navy, Great Lakes, IL

05/29/2009

05/29/2017

**Hospital Affiliations**

Desert Valley Medical Center, Victorville, CA  
*Subject: Psych*

**From**

**To**

Present

Palomar Medical Center Escondido, Escondido, CA  
*Subject: Psych*

11/11/2019

Present

## Provider Profile

Ahmadi, Amanda J., FNP



**Primary Office Address**

PHMG  
 15611 Pomerado Road, Ste 400  
 Poway, CA 92064  
 Telephone: (858) 675-3293

Fax Number: (858) 673-5187

**Board Certification**

American Academy of Nurse Practitioners (Family Medicine)

**Certified**

yes

**Initial Cert.**

01/03/2023

Specialty 1: Nurse Practitioner  
 Specialty 3:

Specialty 2:  
 Specialty 4:

**Undergraduate Education**

**From To**

United States University, San Diego, CA <i>Subject:</i> <i>Degree Earned: Bachelor of Science/Nursing</i>	09/03/2019	08/24/2020			
---	------------	------------	--	--	--

**Medical/Professional Education**

**From To**

Northwest Iowa Community College , Sheldon , IA <i>Subject:</i> <i>Degree Earned: Certificate of Nursing</i>	07/19/2003	07/31/2006
United States University, San Diego, CA <i>Subject:</i> <i>Degree Earned: Master of Science/Nursing</i>	10/27/2020	10/24/2022

**Employment**

**From To**

PHMG - Arch Health Division, Escondido, CA	06/10/2024	
Sanford Health, Sioux, ND	08/01/2006	07/01/2011
Kindred at Home, Atlanta , GA	08/23/2011	06/12/2012
Veterans Administration Hospital , Sioux Falls, SD	03/01/2013	03/17/2015
Sharp Health Care, San Diego, CA	04/09/2015	10/12/2021
Evergreen Nephrology, San Diego, CA	04/03/2023	05/05/2023
Scripps Coastal Medical Group, San Diego, CA	06/01/2023	05/31/2024

## Provider Profile

Aispuro, Ivan O., MD



### Practice Information

---

Palomar Emergency Physicians (EMA)  
898 N Pacific Coast Highway, Ste 600  
El Segundo, CA 90245

### Board Certification

American Board of Emergency Medicine (Emergency Medicine)

### Certified

Eligible

### Initial Cert.

06/30/2024

Specialty 1: Emergency Medicine  
Specialty 3:

Specialty 2:  
Specialty 4:

### Medical/Professional Education

University of Arizona College of Medicine , Tucson, AZ

*Subject:*

*Degree Earned: Medical Degree*

### From

07/01/2016

### To

05/15/2020

### Training

Internship Los Angeles General Medical Center , Los Angeles, CA

### From

06/24/2020

### To

06/23/2021

Residency Los Angeles General Medical Center , Los Angeles, CA

06/24/2020

06/23/2024

### Employment

Palomar Emergency Physicians, El Segundo, CA

### From

08/01/2024

### To

### Hospital Affiliations

### From

### To



## Provider Profile

Al-Ameri, Noor, MD



### Practice Information

---

**Primary Office Address**  
898 N. Pacific Coast Highway, Suite 600  
El Segundo, CA 90245

### Board Certification

American Board of Internal Medicine (Internal Medicine)

### Certified

Yes

### Initial Cert.

04/21/2024

---

### Medical/Professional Education

Baghdad college of medicine , Baghdad,  
*Subject: Medical Education*

### From

07/01/2010

### To

07/01/2016

---

Baghdad Medical City , Baghdad,  
*Subject: Medical Education*

01/01/2017

08/30/2018

---

### Training

Internship Eisenhower Medical Center , Rancho Mirage, CA  
*Subject: Int Med*

### From

06/28/2021

### To

06/23/2022

---

Residency Eisenhower Medical Center , Rancho Mirage , CA  
*Subject: Int Med*

07/28/2021

06/30/2024

---

### Employment

Benchmark Hospitalist, El Segundo, CA

### From

08/01/2024

---

PMC Poway (already on staff at PMC Escondido)

## Provider Profile

Chand, Ravindra R., M.D.



### Primary Office Address

CompHealth  
2185 Citracado Parkway  
Crisis Stabilization Unit  
Escondido, CA 92029  
Telephone: (760) 739-3012  
NPI:  
Tax ID:

Fax Number: (949) 272-0356  
Medicare:

Medicaid:

### Board Certification

American Board of Psychiatry and Neurology (Psychiatry)  
American Board of Psychiatry and Neurology (Psychiatry)

### Certified

yes  
yes

### Initial Cert.

09/08/2006  
09/08/2006

Specialty 1: Psychiatry & Neurology  
Specialty 3:

Specialty 2: Sleep Medicine  
Specialty 4:

### Medical/Professional Education

University of Bombay,

Subject:

Degree Earned: Medical Degree

### From

06/01/1989

### To

12/20/1995

### Training

Internship Chicago Medical School, ,

Subject: Psych

Residency Chicago Medical School, ,

Subject: Psych

### From

07/01/1999

### To

06/30/2000

07/01/2000

06/30/2004

### Employment

Tulare County HHSA - Visalia Adult Integrated Clinic, Visalia, CA

08/01/2017

Interim Physicians - San Diego County Mental Health Services, San Diego, CA

01/15/2019

CompHealth, Midvale, UT

09/16/2019

CA Department of State Hospitals-Coalinga, Coalinga, CA

12/01/2015

### From

### To

### Hospital Affiliations

Palomar Medical Center Escondido, Escondido, CA

Subject: Psych

### From

11/11/2019

### To

Present

## Provider Profile

Ettinger, Sarah J., MD



**Primary Office Address**  
 Mission Infectious Diseases Consultants  
 15644 Pomerado Road, Ste 202  
 Poway, CA 92064

Board Certification	Certified	Initial Cert.
American Board of Internal Medicine-Infect. Dis. (Infectious Disease)	Eligible	05/17/2024
American Board of Internal Medicine (Internal Medicine)	Certified	08/18/2022
Specialty 1: Internal Medicine Specialty 3:	Specialty 2: Infectious Disease Specialty 4:	

Medical/Professional Education	From	To
St. George's University School of Medicine, , <i>Subject: Doctor of Medicine</i> <i>DegreeEarned: Medical Degree</i>	01/01/2015	04/30/2019

Training	From	To
Residency Santa Barbara Cottage Hospital, , <i>Subject: Internal Medicine Residency</i>	06/29/2019	06/25/2022
Fellowship University of California, Irvine School of Medicine, Orange , CA <i>Subject: Infectious Disease</i>	07/01/2022	06/30/2024

Employment	From	To
Mission Infectious Disease & Infusion Consultants, Poway, CA	07/16/2024	
Cottage Health , Santa Barbara, CA	06/18/2019	06/24/2022

Hospital Affiliations	From	To
No Hospital Affiliations , , <i>Subject: New Grad</i>		Present

**Provider Profile**  
Findakly, Dawood B., MD



**Primary Office Address**

cCARE  
16918 Dove Canyon Road, Ste 103  
San Diego, CA 92127

**Secondary Office Address**

cCARE  
25405 Hancock Ave, Ste 206  
Murrieta, CA 92562  
Telephone: (760) 733-9191

Fax Number: (760) 733-9192

**Board Certification**

American Board Of Internal Medicine (Internal Medicine)  
American Board Of Internal Medicine (Hematology)

**Certified**

Certified  
Certified

**Initial Cert.**

08/23/2021  
11/09/2023

Specialty 1: Hematology  
Specialty 3:

Specialty 2: Internal Medicine  
Specialty 4:

**Medical/Professional Education**

Al-Nahrain University College of Medicine, Baghdad,  
*Subject: Medical School*  
*DegreeEarned: Medical Degree*

**From**

09/01/2003

**To**

07/15/2009

**Training**

Residency Creighton University, , NE  
*Subject: Internal Medicine*

**From**

06/18/2018

**To**

06/30/2021

Fellowship Louisiana State University Medical Center, Shreveport , LA  
*Subject: Hematology And Medical Oncology*

07/01/2021

06/30/2024

**Employment**

CCare, San Marcos, CA

**From**

08/14/2024

**To**

District Medical Group, Phoenix, AZ

12/13/2019

07/31/2021

**Hospital Affiliations**

Scripps Memorial Hospital, La Jolla, La Jolla , CA  
*Subject: Applicant*

**From**

**To**

Present

**Verified**

06/18/2024

## Provider Profile

Hayyat, Umer, M.D.



### Primary Office Address

Palomar Hospitalists (Benchmark)  
2185 Citracado Parkway  
Escondido, CA 92029

### Board Certification

American Board of Internal Medicine (Internal Medicine)

Specialty 1: Internal Medicine

### Certified

Certified

Specialty 2:

### Initial Cert.

08/17/2020

### Medical/Professional Education

Lugansk State Medical University,

*Degree Earned: Medical Degree*

### From

10/01/2006

### To

06/01/2012

### Training

Residency Lewis Gale Medical Center, ,  
*Subject: Int Med*

### From

07/01/2017

### To

06/30/2020

### Employment

Signify Health , Dallas, TX

04/14/2020

National Hospitalist Services, Professional Corporation , Lafayette, LA

07/13/2020

Hayyat MD Corp. , Visalia , CA

07/01/2021

Benchmark Hospitalist, El Segundo, CA

08/01/2024

Wahid Medical Care, P.C., NY, United State, ,

06/01/2012

12/31/2012

Shaukat Khanim Cancer Hospital and Research Center, Pakistan, ,

01/01/2013

12/31/2013

Rizwan Medical Care, P.C, NY, United States, , NY

12/01/2013

01/31/2014

Medical Diagnostic Services, P.C., , NY

02/01/2016

06/30/2017

LewisGale Medical Center, Salem, VA

07/01/2017

06/30/2020

### Hospital Affiliations

Kona Community Hospital, Kealahou, HI

10/11/2023

Present

Kaweah Health, Visalia, CA

09/15/2020

Present

Sharp Memorial Hospital, San Diego, CA

09/15/2023

Present

Signify Health , Dallas, TX

03/26/2020

03/31/2023

**Provider Profile**  
Jacobs, Karl M., M.D.



**Practice Information**

**Mailing Address**

Senior Medical Associates  
2810 Camino Del Rio S, Ste 102  
San Diego, CA 92108  
Telephone: (619) 299-1419

Fax Number: (888) 882-4917

**Board Certification**

American Board of Preventive Medicine (Addiction Medicine)  
American Board of Psychiatry and Neurology (Psychiatry)

**Certified**

yes  
yes

**Initial Cert.**

01/01/2020  
01/12/2001

Specialty 1: Psychiatry

Specialty 2:

**Medical/Professional Education**

Emory University School of Medicine, ,  
*Subject:*  
*Degree Earned: Medical Degree*

**From**

08/01/1989

**To**

05/10/1993

**Training**

Internship Naval Medical Center, San Diego, ,  
*Subject: Transitional*  
Residency Naval Medical Center, San Diego, ,  
*Subject: Psychiatry*

**From**

07/01/1993

**To**

06/30/1994

07/01/1996

06/30/1999

**Employment**

Senior Medical Associates Inc, San Diego, CA  
Vituity (CEP America - California), Emeryville, CA  
Senior Medical Associates, San Diego, CA  
Private Practice, San Diego, CA  
Kaiser Foundation Hospital - San Diego, San Diego, CA  
United States Navy Medical Corp, San Diego, CA  
Saint Vencent De Paul Village, San Diego, CA  
California Clinical Trials, Glendale, CA  
Quintiles Inc., San Diego, CA  
San Diego County Psychiatric Hospital, San Diego, CA  
San Diego County Psychiatric Hospital, San Diego, CA

**From**

04/01/2024

08/01/2016

05/15/2009

12/01/1999

07/13/1999

12/11/2000

06/09/1993

07/01/2001

01/01/2003

12/31/2004

08/30/2004

08/26/2005

08/29/2005

10/31/2009

12/01/2006

08/31/2013

07/01/2014

06/30/2015

**Provider Profile**  
Jacobs, Karl M., M.D.

Veterans Health Administration, San Diego, CA	01/10/2016	04/29/2017
Vituity (CEP America - California), Emeryville, CA	08/01/2016	12/31/2017

<b>Hospital Affiliations</b>	<b>From</b>	<b>To</b>
PIH Health - Whittier Hospital, Whittier, CA <i>Subject:</i>	06/10/2021	Present
PIH Health Downey Hospital, Downey, <i>Subject: Psychiatry</i>	06/25/2021	Present
Good Samaritan Hospital, Los Angeles, Los Angeles, CA <i>Subject: Psychiatry</i>	02/25/2022	Present
Marian Regional/Arroyo Grande, Santa Maria, CA <i>Subject: Psychiatry</i>	04/14/2021	Present
Mercy San Juan Hospital, Camichael, CA <i>Subject: Psychiatry</i>	10/24/2019	Present
Adventist Health Rideout Memorial Hospital, Marysville , CA <i>Subject: Psychiatry</i>	04/01/2019	Present
Pomona Valley Hospital Medical Center, Pomona, CA <i>Subject: Tele-Psychiatry</i>	04/11/2019	Present
Natividad Medical Center, Salinas, CA <i>Subject: Psychiatry</i>	06/03/2021	Present
Saint Agnes Medical Center, Fresno, CA <i>Subject: Psychiatry</i>	01/14/2019	Present
Beverly Hospital (Montebello), Montebello, CA <i>Subject: Psychiatry</i>	03/01/2019	Present
Camp Pendleton Naval Hospital, , <i>Subject:</i>	07/01/1994	07/01/1996
Kaiser Foundation Hospital - San Diego, San Diego, CA <i>Subject: Psychiatry</i>	07/13/1999	12/11/2000
Sharp Coronado Hospital, Coronado , CA <i>Subject: Psychiatry</i>	01/22/2001	04/23/2001
Camp Pendleton Naval Hospital, , <i>Subject:</i>	07/01/1999	07/01/2001
San Diego County Psychiatric Hospital, San Diego, CA <i>Subject: Psychiatry</i>	07/01/1999	12/01/2001
Sharp Grossmont Hospital, La Mesa , CA <i>Subject: Psychiatry</i>	07/17/2001	04/19/2002
Sharp Memorial Hospital, San Diego, CA <i>Subject: Psychiatry</i>	01/09/2001	05/30/2003
Scripps Mercy Hospital, San Diego, San Diego, CA <i>Subject:</i>	01/01/2001	12/31/2003
Adventist Health Glendale, Glendale, CA <i>Subject: Psychiatry</i>	10/30/2004	09/15/2005
Glendale Memorial Hospital and Health Center, , <i>Subject: Psychiatry</i>	10/11/2005	02/15/2006
Aurora Behavioral Health Care/San Diego, San Diego, CA <i>Subject: Psychiatry</i>	12/23/2009	12/23/2011

**Provider Profile**

Jacobs, Karl M., M.D.

San Diego County Psychiatric Hospital, SAN DIEGO, CA <i>Subject: Psychiatry</i>	12/01/2006	08/01/2013
San Diego County Psychiatric Hospital, San Diego, CA <i>Subject: Psychiatry</i>	07/01/2014	06/30/2015
Sharp Mesa Vista Hospital, San Diego, CA <i>Subject: Psychiatry</i>	12/02/2014	03/05/2016
Veterans Administration, San Diego, San Diego, CA <i>Subject: Psychiatry</i>	11/18/2015	04/28/2017
Palomar Medical Center Escondido, Escondido, CA <i>Subject: Psychiatry</i>	09/12/2016	05/11/2018
Huntington Beach Hospital, Huntington Beach , CA <i>Subject: Psychiatry</i>	01/29/2019	04/30/2019
Riverside Community Hospital, Riverside, CA <i>Subject: Psychiatry</i>	11/28/2018	04/19/2021
West Hills Hospital and Medical Center, WEST HILLS, CA <i>Subject:</i>	11/29/2018	04/19/2021
Good Samaritan Hospital, San Jose, San Jose, CA <i>Subject: Psychiatry</i>	01/22/2020	04/19/2021
Regional Medical Center of San Jose, San Jose, CA <i>Subject: Psychiatry/Telemedicine</i>	11/27/2018	04/20/2021
St. Rose Hospital, Hayward, CA <i>Subject: Psychiatry</i>	10/02/2019	04/30/2021
Tri-City Medical Center, Oceanside, CA <i>Subject: Psychiatry</i>	03/31/2017	05/03/2021
Providence Little Company of Mary Medical Center - San Pedro , San Pedro , CA <i>Subject: Psychiatry</i>	04/18/2019	01/24/2023
Mercy Medical Center - Roseburg , Roseburg, OR <i>Subject: Psychiatry</i>	05/21/2020	04/20/2023
Menifee Global Medical Center, Sun City , CA <i>Subject:</i>	05/30/2019	09/28/2023
Hemet Global Medical Center/kpc Health, Hemet, CA <i>Subject:</i>	05/01/2019	09/28/2023



## Provider Profile

Lin, Kevin G., MD



### Primary Office Address

PHMG - ENT  
15611 Pomerado Road, 4th Floor  
Poway, CA 92064  
Telephone: (858) 485-7870

Fax Number: (858) 485-6473

### Board Certification

American Board of Otolaryngology (Otolaryngology)

### Certified

Eligible

### Initial Cert.

Specialty 1: Otolaryngology  
Specialty 3:

Specialty 2: Sleep Medicine  
Specialty 4:

### Medical/Professional Education

University of Texas Galveston, ,  
Subject:

Degree Earned: Medical Degree

### From

08/22/2014

### To

06/15/2018

### Training

Residency Baylor College of Medicine, Houston, TX

Subject: Otolaryngology - Health and Neck Surgery

Fellowship Stanford Medicine Health Care, Redwood City, CA

Subject: Sleep Medicine (Multidisciplinary)

### From

06/23/2018

### To

06/24/2023

07/01/2023

06/30/2024

### Employment

PHMG - ENT, Poway, CA

### From

08/19/2024

### To

### Hospital Affiliations

No Hospital Affiliations, ,

Subject: Recent Grad

### From

### To

Present

## Provider Profile

Mallett, Jason A., M.D.



**Primary Office Address**  
Palomar Emergency Physicians (EMA)  
2185 Citracado Parkway  
Escondido, CA 92029

<b>Board Certification</b>	<b>Certified</b>	<b>Initial Cert.</b>
American Board of Emergency Medicine (Emergency Medicine)	Eligible	04/18/2024
Specialty 1: Emergency Medicine Specialty 3:	Specialty 2: Specialty 4:	

<b>Medical/Professional Education</b>	<b>From</b>	<b>To</b>
Texas A & M Health Science Center,, , <i>Degree Earned: Medical Degree</i>	07/01/2016	05/16/2020

<b>Training</b>	<b>From</b>	<b>To</b>
Residency University of California SD, Medical Center Program, San Diego, CA <i>Subject:</i>	06/22/2020	06/30/2024

<b>Employment</b>	<b>From</b>	<b>To</b>
Emergent Medical Associates, El Segundo, CA	08/01/2024	

<b>Hospital Affiliations</b>	<b>From</b>	<b>To</b>
No Hospital Affiliations , , <i>Subject: New Grad</i>		Present

**Provider Profile**  
Miller, Heidi L., DO



**OBHG**  
2185 Citracado Parkway  
Escondido, CA 92029

<b>Board Certification</b>	<b>Certified</b>	<b>Initial Cert.</b>
American Board of Obstetrics and Gynecology (Obstetrics and Gynecology)	Certified	10/26/2013
Specialty 1: Obstetrics and Gynecology	Specialty 2:	

<b>Medical/Professional Education</b>	<b>From</b>	<b>To</b>
Edward Via Virginia College of Osteopathic Medicine , Blacksburg, VA <i>Subject:</i> <i>Degree Earned: Doctor of Osteopathy</i>		06/02/2007

<b>Training</b>	<b>From</b>	<b>To</b>
Residency Arrowhead Regional Medical Center, Colton, CA <i>Subject: Internship/Residency</i>	06/24/2007	06/30/2011

<b>Employment</b>	<b>From</b>	<b>To</b>
Magella Medical Group Inc. , Sunrise, FL	04/15/2022	
OB Hospitalist Group, Greenville, SC	12/16/2023	
Clinicas Del Camino Real , Oxnard, CA	08/01/2011	11/30/2012
Grossmont OB/GYN , La Mesa, CA	12/01/2012	06/30/2013
Clinicas Del Camino Real Inc., Ventura , CA	08/02/2013	05/31/2024

<b>Hospital Affiliations</b>	<b>From</b>	<b>To</b>
Huntington Health - An Affiliate of Cedars Sinai, Pasadena , CA <i>Subject: OB/GYB</i>	03/01/2024	Present
Providence Little Company of Mary - Torrance , Torrance, CA <i>Subject: OB/GYN</i>	04/30/2024	Present
Northridge Hospital Medical Center, Northridge, CA <i>Subject: OB/GYN</i>	04/09/2024	Present
Valley Presbyterian Hospital, Van Nuys, Van Nuys, CA <i>Subject: OB/GYN</i>	10/25/2023	Present
Sharp Grossmont Hospital, La Mesa , CA <i>Subject: OBGYN</i>	01/15/2013	05/31/2013
Sharp Community Medical Group, San Diego, CA <i>Subject: OBGYN</i>	12/01/2012	05/31/2013
Ventura County Medical Center, Ventura , CA <i>Subject: OB/GYN</i>	10/11/2013	01/18/2023
Community Memorial Health System, Ventura , CA <i>Subject: OB/GYN</i>	10/01/2013	05/31/2024
St John's Regional Med Center/St John's Hospital Camarillo, Oxnard, CA <i>Subject: OB/GYN</i>	08/07/2013	06/30/2024

## Provider Profile

Miskin, Tyler S., MD



### Primary Office Address

North County Radiology Associates  
1955 Citracado Parkway # 100  
Escondido, CA 92029  
Telephone: (760) 940-4055

Fax Number: (760) 940-4084

### Board Certification

American Board of Radiology (Interventional Radiology and Diagnostic Radiology)

### Certified

Eligible

### Initial Cert.

05/19/2024

Specialty 1: Radiology

Specialty 2:

### Medical/Professional Education

Loma Linda University, Loma Linda, CA

*Subject:*

*Degree Earned: MD*

### From

08/05/2013

### To

05/27/2018

### Training

Internship Loma Linda University Medical Center Department of Surgery, Loma Linda, CA

*Subject: General Surgery Internship*

Residency Loma Linda University Department of Radiology, Loma Linda, CA

*Subject: Interventional and Diagnostic Radiology*

### From

06/29/2018

### To

06/30/2019

07/01/2019

06/30/2024

### Employment

North County Radiology Associates, Escondido, CA

### From

08/01/2024

### To

### Hospital Affiliations

No Hospital Affiliations , ,

*Subject: New Grad*

### From

### To

Present

**Provider Profile**  
Moll, Angela M., M.D.



**Primary Office Address**  
Rady Children's Specialists  
7910 Frost St., Ste 200  
San Diego, CA 92123  
Telephone: (858) 309-7702

Fax Number: (858) 966-7403

<b>Board Certification</b>	<b>Certified</b>	<b>Initial Cert.</b>
American Board of Ophthalmology ()	yes	06/07/2009
Specialty 1: Ophthalmology, Pediatric Specialty 3:	Specialty 2: Ophthalmology Specialty 4:	

<b>Medical/Professional Education</b>	<b>From</b>	<b>To</b>
Wayne State University, , <i>Subject:</i> <i>Degree Earned: Medical Degree</i>	08/01/1999	06/01/2003

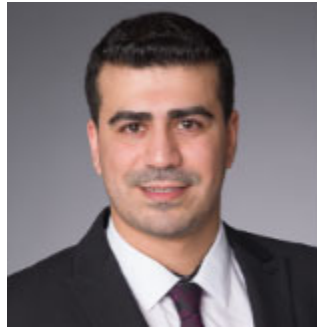
<b>Training</b>	<b>From</b>	<b>To</b>
St. John Hospital and Medical Center – Internship	07/01/2003	06/30/2004
Kresge Eye Institute/Wayne State University – Residency - Ophthalmology	07/01/2004	06/30/2007
Kresge Eye Institute/Wayne State University – Fellowship - (Pediatric Ophthalmology and Strabismus)	07/01/2007	06/30/2009

<b>Employment</b>	<b>From</b>	<b>To</b>
Rady Children's Hospital, San Diego, San Diego, CA	08/01/2008	

<b>Hospital Affiliations</b>	<b>From</b>	<b>To</b>
Sharp Memorial Hospital, San Diego, CA	04/07/2009	Present
Rady Children's Hospital, San Diego, San Diego , CA	10/06/2008	Present
Tri-City Medical Center, Oceanside, CA	12/14/2018	Present
Sharp Grossmont Hospital, La Mesa , CA	02/17/2009	Present
Scripps Mercy San Diego and Chula Vista, San Diego, CA	05/11/2009	Present
Scripps Mercy Hospital, San Diego, San Diego, CA	02/09/2009	08/31/2020
Sharp Chula Vista Medical Center, Chula Vista , CA	02/09/2009	08/31/2022

## Provider Profile

Oudah, Bashar, MD



### Primary Office Address

Palomar Hospitalists (Benchmark)  
2185 Citracado Parkway  
Escondido, CA 92029  
Telephone: (442) 281-4047

Fax Number: (760) 480-0194

### Board Certification

American Board Of Internal Medicine (Internal Medicine)

Specialty 1: Internal Medicine

:

### Certified

Eligible

Specialty 2:

### Medical/Professional Education

Baghdad college of medicine ,

*Subject:*

*Degree Earned: Medical Degree*

### From

09/01/2009

### To

07/31/2013

### Training

Internship Eisenhower Medical Center , Rancho Mirage, CA

*Subject: Int Med*

Internship Baghdad Medical City ,

*Subject: Int Med*

Residency Baghdad Medical City ,

*Subject: Int Med*

Residency Eisenhower Medical Center , Rancho Mirage , CA

*Subject: Int Med*

### From

07/01/2014

07/01/2015

07/01/2015

06/28/2021

### To

06/30/2015

07/31/2015

08/01/2018

06/30/2024

### Employment

Benchmark Hospitalist, El Segundo, CA

### From

08/01/2024

### To

### Hospital Affiliations

None

### From

### To

PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS

Adopted by the Active Members of the Department of Anesthesia on  
~~March 1, 2016~~ June 4, 2024

Adopted by the Executive Committee on  
~~March 28, 2016~~ June 24, 2024 July 29, 31, 2024

Adopted by the Board of Directors on  
~~April 11, 2016~~ August 12, 2024

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 1  
ARTICLE I  
PURPOSE

The purpose of the Department of Anesthesia shall be:

1. To ensure that all patients admitted to the Hospital or treated in the outpatient department receive the highest quality of anesthesia services.
2. To provide a Chairman who will be responsible for the problems of a medical/administrative nature involving the Medical Staff and the Hospital administration.
3. To initiate and maintain rules and regulations for proper and efficient functioning of the Department of Anesthesia.
4. To provide a representative to the Operating Room Committee who will be selected by the Chairman.
5. To provide a representative to the Medical Staff Peer Review Committee (MSPRC) who will be appointed by the Chief of Staff.

ARTICLE II  
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the department of Anesthesia shall include those requirements specified in the Medical Staff bylaws, rules and regulations.

2.2 Responsibilities

The responsibilities of membership shall constitute:

1. Participation in department business and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.
2. Attendance as a minimum of twenty-five percent (25%) of the Department meetings. In lieu of attendance at 25% of the Department meetings, members may attend one (1) meeting and review the minutes in the Medical Staff Services office of two (2) additional meetings each year.

Non-compliance with the twenty-five percent (25%) attendance requirement is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

3. Provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Anesthesia Emergency Department Consultation."
4. Compliance with the Expectations of Physicians Granted Privileges at Palomar Health.
5. Compliance with the Medical Staff bylaws, rules and regulations, Department of Anesthesia rules and regulations, Department of Anesthesia policies, the Operating Room Protocol, and applicable Hospital policies and procedures.
6. Participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the PH Performance Improvement Plan.



ARTICLE III  
ORGANIZATION

3.1 Officers

1. Officers of the department of Anesthesia will be the Chairman and the Chairman-elect who shall serve in their capacities for a three (3) year period. The Chairman and the Chairman-Elect shall be board certified or board admissible by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman's absence. The Chairman-Elect will serve as a member of the Medical Staff Quality Management Committee. The Chairman shall fulfill the duties as outlined in the Medical Staff Bylaws, rules and regulations. The Chairman may, at his/her discretion, designate individuals within the department to organize, direct and integrate anesthesia related activities with other services, committees or departments of the Hospital. The Chairman may call a special meeting of the department of Anesthesia to pursue urgent and relevant department business that requires action prior to the regular monthly meeting of the department.

3.2 Duties of the officers shall include but not be limited to:

1. Reviewing, investigating and making recommendations concerning the qualification of applicants for privileges in anesthesia based upon established guidelines of the Department of Anesthesia as defined on the Department of Anesthesia Clinical Privilege Checklist.
2. Establishing guidelines for the quality of anesthesia care rendered throughout Palomar Medical Center and for the conduct of a retrospective evaluation of the quality of anesthesia care rendered.
3. Recommending to the Medical Staff and administration the equipment necessary to provide safe and proper anesthesia care.
4. Establishing department regulations and policies for the safe conduct of local, regional, spinal, and general anesthesia as carried out anywhere in the hospital. When such anesthesia care is performed by practitioners in services or in departments other than the Department of Anesthesia, such practitioners are to be bound by safety standards and guidelines that are established by the Department of Anesthesia.
5. Providing relevant consultation and review services in the management of acute and chronic care patients for both diagnosis and therapy when requested by services or committees of other departments.
6. Overseeing and ensuring efficient and timely anesthesia coverage in the hospital. Overseeing the efficient operation of the recovery room.

3.3 Meetings

1. Department meetings will be open to all members of the Department of Anesthesia.
2. Recommendations, motions and amendments of rules and regulations of the department, or requests for action by the department can be made from the floor and will be accepted for consideration at any department meeting.
3. Committees  
The following committee functions will be handled by the Department as a whole unless it is determined by the Chairman that the function can best be accomplished by appointment of a separate committee comprised of one or more members of the Department:

PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF ANESTHESIA

RULES AND REGULATIONS – Page 3

- a. Update as needed, the checklist for anesthesia privileges.
- b. Develop the educational programs of the department utilizing information obtained in quality improvement activities.
- c. Consult regularly with the director of perioperative services regarding budget expenditure recommendations that would serve to enhance the safety of anesthesia care in the hospital.

The following committee functions will be handled by the Department Chairman or his/her designee:

- a. Perform biennial review of anesthesia privileges of members and non-members of the Department.
- b. Provide monitors for applicants for privileges and review their confidential reports.
- c. Make recommendations regarding evaluation of requests for privileges.

Ad hoc committees may be formed at the request of the chair of the department and charged with issuing reports and/or recommendations for action by the department on specific questions or issues that may arise relevant to anesthesia, which the chair feels will best be resolved or investigated in this manner.

ARTICLE IV  
AMENDMENTS

A motion for amendment of these rules and regulations or amendments to the policies may be introduced during Department of Anesthesia meetings.

Adoption of rules and regulations amendments shall require a two-thirds (2/3) vote of the Active Members present after distribution of the proposed changes 30 days prior to a scheduled department meeting. Amendments to the rules and regulations shall become effective after approval by the Executive Committee and Board of Directors.

Adoption of policy amendments to Department of Anesthesia policies shall require a simple majority of the Active members present at a Department meeting at which a quorum (as defined in the bylaws) is present. Amendments to Department of Anesthesia policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review any policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 4  
ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Anesthesia, ~~twenty five percent (25%) of the Department meetings must be attended during a Medical Staff Year (February through January). In lieu of attendance at 25% of the Department meetings, members may attend one (1) meeting and review the minutes in the Medical Staff Services office of two (2) additional meetings. three (3) department meetings must be attended either virtually or in-person during a calendar year (Jan-Dec.) In lieu of attendance at 3 of the department meetings, members may review the minutes in the Medical Staff Services office of all the department meeting for the that calendar year. This review of minutes must be accomplished prior to the date of the dues payment for the next calendar year to avoid being delinquent.~~

Members of the Department of Anesthesia may, at the discretion of the Department Chair, be designated as either a non-full-time member or a part-time or per-diem physician. These physicians shall be required to review the minutes in the Medical Staff Services office of 3 meetings for a given calendar year to meet the minimal meeting attendance criteria. To avoid delinquency, this review of minutes must be accomplished prior to the date the dues payment for the next calendar year.

The physician's status designation is solely determined by the Department Chair except that the Department Chair, at his/her discretion, may consult with the department members to determine physician status.

Department members who fail to meet these meeting attendance requirements may request of the Department a waiver from the requirement. The Department Chair, ~~in consultation with Department members at his/her discretion, will determine if the waiver will be granted. Such determination will not require MEC approval.~~ will refer their recommendations to the MEC for approval.

Department members who fail to meet these meeting attendance requirements and who are not granted a waiver by the Department Chair will be subject to all sanctions or penalties that may be imposed consistent with the Medical Staff Policies and Bylaws, including but not limited to – a doubling of the Medical Staff Dues for the next calendar year.

#### **Department of Anesthesia**

The Department of Anesthesia meetings are usually held monthly.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 5  
EMERGENCY DEPARTMENT CONSULTATION POLICY

**Provisional**

A Provisional (category) Member is required to provide emergency department consultation.

Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

**Active**

An Active (category) Member is required to provide emergency department consultation unless excused by the Department of Anesthesia. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

**Courtesy**

A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve. A Courtesy Member may volunteer to serve.

**Consulting**

A Consulting (category) Member is not required to provide emergency department consultation.

**Affiliate**

An Affiliate (category) Member is not required to provide emergency department consultation.

**Age 60**

Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

**Trauma**

Involvement in the provision of care for the trauma program is voluntary.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 6  
MONITORING POLICY

A period of focused professional practice evaluation is implemented for all initially requested privileges. The specific mechanism for this evaluation is defined on the applicable specialty-specific privilege checklist. A period of focused review may also be implemented based on the results of ongoing professional practice evaluation as defined in the Medical Staff Peer Review Policy.

**Provisional (Category) Member's Responsibility**

It is the responsibility of the Provisional Member and other members seeking additional privileges.

- a) To arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases. In the event a provisional member has made reasonable efforts to arrange for a qualified monitor, but has been unable to do so as a result of circumstances beyond his control, the Department Chairman may appoint a specific monitor.
- b) To notify the monitor within 48 hours of the proposed anesthetic. Exceptions may be made under emergency circumstances.

**Advancement to Active**

Monitoring requirements for anesthesiology core privileges must be satisfied prior to advancement from Provisional to Active category.

**Advancement to Courtesy**

Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement. However, advancement to a Courtesy category does not negate the need to complete monitoring.

**Responsibility of the Monitor**

- a) All anesthesiologists who are members of the Active Staff must act as monitors.
- b) The monitor should review with the applicant the patient's history, physical findings, laboratory results, and proposed anesthetic management prior to the onset of anesthesia. The monitor will not write in the patient's chart. If the monitor does not concur with the proposed anesthetic management, he may refuse the monitoring assignment and shall immediately notify the surgeon and chair of the department of Anesthesia or in his absence the chief of staff. The case shall either be postponed or canceled, or may proceed either with a new monitor or with another member of the department attending, as deemed appropriate by the department chairman or chief of staff.
- c) The monitor must be present in the operating room for the major portion of the anesthetic and should include an evaluation of the post anesthetic management. During the anesthetic, the monitor may take any action necessary to protect the patient's life and welfare.
- d) The monitor must file a confidential report with the Medical Staff Services Office upon completion of the monitoring form.
- e) An applicant may not be monitored more than twice by the same monitor.
- f) An applicant may not do emergency cases without a monitor present until monitoring has been lifted.

**Responsibility of the Scheduling Operating Room Personnel**

The scheduling operating room personnel have the authority to postpone scheduling of a case if the Provisional Member does not advise them of monitoring arrangements. (Exception: emergency cases which should be cleared with the Department Chair if possible.)

**Monitoring Form**

Monitoring forms may be obtained either from the Medical Staff Services office or within the operating room itself. Once the form is completed, it should be submitted to the Medical Staff Services office.

**Review of Monitoring Forms by the Department of Anesthesia**

Once the Provisional Member's file contains the required number of forms, the Medical Staff Services personnel will forward the monitoring forms to the Chair of the Department of Anesthesia for review.

**Additional Monitoring**

It is the prerogative of the Chair of the Department of Anesthesia to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the decision.

**Access to Monitoring Forms**

The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

**Emergency Department Consultation Rotation**

Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless the Department makes an exception. An exception requires that an Active Member remain available to supervise and/or assist the Provisional Member until monitoring is complete. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

**Temporary Privileges**

An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 8  
POLICY FOR ANESTHESIA PRIVILEGES

1. Privileges may be granted to anesthesiologists who meet the requirement specified in the Medical Staff Bylaws, are affiliated with the group holding an active service contract with Palomar Health, and who meet the criteria for specific privileges as defined on the Anesthesiology clinical privilege checklist. However, for chronic pain services, which are currently not part of the exclusive active service contract held by the anesthesia providing group, other anesthesiologists qualified to provide chronic pain services may obtain chronic pain privileges, provided that they meet specific additional criteria for privileges as defined on the Pain Management privilege checklist.
2. An anesthesiologist shall be available to provide anesthesia care for patients whenever and wherever it is required in the hospital. Except for specific emergency situations, the administration of anesthesia shall be limited to areas where it can be given safely, in accordance with the policies and procedures of the anesthesia, surgical, obstetrical, emergency, outpatient, and other concerned departments or services. The same competence of anesthesia personnel shall be available for all procedures requiring anesthesia services, whether elective or emergency.
3. Anesthesiologists must be able to perform all of the independent services usually required in the practice of anesthesiology, including the ability to:
  - a) perform accepted procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical and other pain-producing clinical maneuvers, and to relieve pain-associated medical syndromes;
  - b) support life functions during the period in which anesthesia is administered, including induction and intubation procedures;
  - c) provide appropriate preanesthesia and postanesthesia management of the patient; and
  - d) provide consultation relating to various other forms of patient care, such as respiratory therapy and emergency cardiopulmonary resuscitation, and special problems in pain relief.
4. Criteria for requesting and maintaining privileges in Anesthesiology or Pain Management is defined on the specialty-specific delineation of privileges.
5. A personal interview may be requested by the department of Anesthesia.

**Responsibilities of the Credentials Committee of the Medical Staff**

To determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar Medical Center.

**Responsibility of the Department of Anesthesia**

To determine documented and demonstrable skill, experience and education as noted above.

PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS

Adopted by the Active Members of the Department of Anesthesia on  
June 4, 2024

Adopted by the Executive Committee on  
July 29, 2024

Adopted by the Board of Directors on  
August 12, 2024



PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 1

ARTICLE I  
PURPOSE

The purpose of the Department of Anesthesia shall be:

1. To ensure that all patients admitted to the Hospital or treated in the outpatient department receive the highest quality of anesthesia services.
2. To provide a Chairman who will be responsible for the problems of a medical/administrative nature involving the Medical Staff and the Hospital administration.
3. To initiate and maintain rules and regulations for proper and efficient functioning of the Department of Anesthesia.
4. To provide a representative to the Operating Room Committee who will be selected by the Chairman.
5. To provide a representative to the Medical Staff Peer Review Committee (MSPRC) who will be appointed by the Chief of Staff.

ARTICLE II  
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the department of Anesthesia shall include those requirements specified in the Medical Staff bylaws, rules and regulations.

2.2 Responsibilities

The responsibilities of membership shall constitute:

1. Participation in department business and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.
2. Attendance as a minimum of twenty-five percent (25%) of the Department meetings. In lieu of attendance at 25% of the Department meetings, members may attend one (1) meeting and review the minutes in the Medical Staff Services office of two (2) additional meetings each year.

Non-compliance with the twenty-five percent (25%) attendance requirement is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

3. Provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Anesthesia Emergency Department Consultation."
4. Compliance with the Expectations of Physicians Granted Privileges at Palomar Health.
5. Compliance with the Medical Staff bylaws, rules and regulations, Department of Anesthesia rules and regulations, Department of Anesthesia policies, the Operating Room Protocol, and applicable Hospital policies and procedures.
6. Participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the PH Performance Improvement Plan.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 2

ARTICLE III  
ORGANIZATION

3.1 Officers

1. Officers of the department of Anesthesia will be the Chairman and the Chairman-elect who shall serve in their capacities for a three (3) year period. The Chairman and the Chairman-Elect shall be board certified or board admissible by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman's absence. The Chairman-Elect will serve as a member of the Medical Staff Quality Management Committee. The Chairman shall fulfill the duties as outlined in the Medical Staff Bylaws, rules and regulations. The Chairman may, at his/her discretion, designate individuals within the department to organize, direct and integrate anesthesia related activities with other services, committees or departments of the Hospital. The Chairman may call a special meeting of the department of Anesthesia to pursue urgent and relevant department business that requires action prior to the regular monthly meeting of the department.

3.2 Duties of the officers shall include but not be limited to:

1. Reviewing, investigating and making recommendations concerning the qualification of applicants for privileges in anesthesia based upon established guidelines of the Department of Anesthesia as defined on the Department of Anesthesia Clinical Privilege Checklist.
2. Establishing guidelines for the quality of anesthesia care rendered throughout Palomar Medical Center and for the conduct of a retrospective evaluation of the quality of anesthesia care rendered.
3. Recommending to the Medical Staff and administration the equipment necessary to provide safe and proper anesthesia care.
4. Establishing department regulations and policies for the safe conduct of local, regional, spinal, and general anesthesia as carried out anywhere in the hospital. When such anesthesia care is performed by practitioners in services or in departments other than the Department of Anesthesia, such practitioners are to be bound by safety standards and guidelines that are established by the Department of Anesthesia.
5. Providing relevant consultation and review services in the management of acute and chronic care patients for both diagnosis and therapy when requested by services or committees of other departments.
6. Overseeing and ensuring efficient and timely anesthesia coverage in the hospital. Overseeing the efficient operation of the recovery room.

3.3 Meetings

1. Department meetings will be open to all members of the Department of Anesthesia.
2. Recommendations, motions and amendments of rules and regulations of the department, or requests for action by the department can be made from the floor and will be accepted for consideration at any department meeting.
3. Committees  
The following committee functions will be handled by the Department as a whole unless it is determined by the Chairman that the function can best be accomplished by appointment of a separate committee comprised of one or more members of the Department:
  - a. Update as needed, the checklist for anesthesia privileges.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 3

- b. Develop the educational programs of the department utilizing information obtained in quality improvement activities.
- c. Consult regularly with the director of perioperative services regarding budget expenditure recommendations that would serve to enhance the safety of anesthesia care in the hospital.

The following committee functions will be handled by the Department Chairman or his/her designee:

- a. Perform biennial review of anesthesia privileges of members and non-members of the Department.
- b. Provide monitors for applicants for privileges and review their confidential reports.
- c. Make recommendations regarding evaluation of requests for privileges.

Ad hoc committees may be formed at the request of the chair of the department and charged with issuing reports and/or recommendations for action by the department on specific questions or issues that may arise relevant to anesthesia, which the chair feels will best be resolved or investigated in this manner.

ARTICLE IV  
AMENDMENTS

A motion for amendment of these rules and regulations or amendments to the policies may be introduced during Department of Anesthesia meetings.

Adoption of rules and regulations amendments shall require a two-thirds (2/3) vote of the Active Members present after distribution of the proposed changes 30 days prior to a scheduled department meeting. Amendments to the rules and regulations shall become effective after approval by the Executive Committee and Board of Directors.

Adoption of policy amendments to Department of Anesthesia policies shall require a simple majority of the Active members present at a Department meeting at which a quorum (as defined in the bylaws) is present. Amendments to Department of Anesthesia policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review any policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 4

ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Anesthesia, three (3) department meetings must be attended either virtually or in-person during a calendar year (Jan-Dec.) In lieu of attendance at 3 of the department meetings, members may review the minutes in the Medical Staff Services office of all the department meeting for the that calendar year. This review of minutes must be accomplished prior to the date of the dues payment for the next calendar year to avoid being delinquent. Members of the Department of Anesthesia may, at the discretion of the Department Chair, be designated as either a non-full-time member or a part-time or per-diem physician. These physicians shall be required to review the minutes in the Medical Staff Services office of 3 meetings for a given calendar year to meet the minimal meeting attendance criteria. To avoid delinquency, this review of minutes must be accomplished prior to the date the dues payment for the next calendar year.

The physician's status designation is solely determined by the Department Chair, except that the Department Chair, at his/her discretion, may consult with the department members to determine physician status.

Department members who fail to meet these meeting attendance requirements may request of the Department a waiver from the requirement. The Department Chair will refer their recommendations to the MEC for approval.

Department members who fail to meet these meeting attendance requirements and who are not granted a waiver by the Department Chair will be subject to all sanctions or penalties that may be imposed consistent with the Medical Staff Policies and Bylaws, including but not limited to – a doubling of the Medical Staff Dues for the next calendar year.

**Department of Anesthesia**

The Department of Anesthesia meetings are usually held monthly.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 5  
EMERGENCY DEPARTMENT CONSULTATION POLICY

**Provisional**

A Provisional (category) Member is required to provide emergency department consultation.

Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

**Active**

An Active (category) Member is required to provide emergency department consultation unless excused by the Department of Anesthesia. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia).

**Courtesy**

A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve. A Courtesy Member may volunteer to serve.

**Consulting**

A Consulting (category) Member is not required to provide emergency department consultation.

**Affiliate**

An Affiliate (category) Member is not required to provide emergency department consultation.

**Age 60**

Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

**Trauma**

Involvement in the provision of care for the trauma program is voluntary.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 6  
MONITORING POLICY

A period of focused professional practice evaluation is implemented for all initially requested privileges. The specific mechanism for this evaluation is defined on the applicable specialty-specific privilege checklist. A period of focused review may also be implemented based on the results of ongoing professional practice evaluation as defined in the Medical Staff Peer Review Policy.

**Provisional (Category) Member's Responsibility**

It is the responsibility of the Provisional Member and other members seeking additional privileges.

- a) To arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases. In the event a provisional member has made reasonable efforts to arrange for a qualified monitor, but has been unable to do so as a result of circumstances beyond his control, the Department Chairman may appoint a specific monitor.
- b) To notify the monitor within 48 hours of the proposed anesthetic. Exceptions may be made under emergency circumstances.

**Advancement to Active**

Monitoring requirements for anesthesiology core privileges must be satisfied prior to advancement from Provisional to Active category.

**Advancement to Courtesy**

Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement. However, advancement to a Courtesy category does not negate the need to complete monitoring.

**Responsibility of the Monitor**

- a) All anesthesiologists who are members of the Active Staff must act as monitors.
- b) The monitor should review with the applicant the patient's history, physical findings, laboratory results, and proposed anesthetic management prior to the onset of anesthesia. The monitor will not write in the patient's chart. If the monitor does not concur with the proposed anesthetic management, he may refuse the monitoring assignment and shall immediately notify the surgeon and chair of the department of Anesthesia or in his absence the chief of staff. The case shall either be postponed or canceled, or may proceed either with a new monitor or with another member of the department attending, as deemed appropriate by the department chairman or chief of staff.
- c) The monitor must be present in the operating room for the major portion of the anesthetic and should include an evaluation of the post anesthetic management. During the anesthetic, the monitor may take any action necessary to protect the patient's life and welfare.
- d) The monitor must file a confidential report with the Medical Staff Services Office upon completion of the monitoring form.
- e) An applicant may not be monitored more than twice by the same monitor.
- f) An applicant may not do emergency cases without a monitor present until monitoring has been lifted.

**Responsibility of the Scheduling Operating Room Personnel**

The scheduling operating room personnel have the authority to postpone scheduling of a case if the Provisional Member does not advise them of monitoring arrangements. (Exception: emergency cases which should be cleared with the Department Chair if possible.)

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 7

**Monitoring Form**

Monitoring forms may be obtained either from the Medical Staff Services office or within the operating room itself. Once the form is completed, it should be submitted to the Medical Staff Services office.

**Review of Monitoring Forms by the Department of Anesthesia**

Once the Provisional Member's file contains the required number of forms, the Medical Staff Services personnel will forward the monitoring forms to the Chair of the Department of Anesthesia for review.

**Additional Monitoring**

It is the prerogative of the Chair of the Department of Anesthesia to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the decision.

**Access to Monitoring Forms**

The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

**Emergency Department Consultation Rotation**

Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless the Department makes an exception. An exception requires that an Active Member remain available to supervise and/or assist the Provisional Member until monitoring is complete. (Requests for exceptions need to be documented and submitted to the Department of Anesthesia.)

**Temporary Privileges**

An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

PALOMAR MEDICAL CENTER ESCONDIDO  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS – Page 8  
POLICY FOR ANESTHESIA PRIVILEGES

1. Privileges may be granted to anesthesiologists who meet the requirement specified in the Medical Staff Bylaws, are affiliated with the group holding an active service contract with Palomar Health, and who meet the criteria for specific privileges as defined on the Anesthesiology clinical privilege checklist. However, for chronic pain services, which are currently not part of the exclusive active service contract held by the anesthesia providing group, other anesthesiologists qualified to provide chronic pain services may obtain chronic pain privileges, provided that they meet specific additional criteria for privileges as defined on the Pain Management privilege checklist.
2. An anesthesiologist shall be available to provide anesthesia care for patients whenever and wherever it is required in the hospital. Except for specific emergency situations, the administration of anesthesia shall be limited to areas where it can be given safely, in accordance with the policies and procedures of the anesthesia, surgical, obstetrical, emergency, outpatient, and other concerned departments or services. The same competence of anesthesia personnel shall be available for all procedures requiring anesthesia services, whether elective or emergency.
3. Anesthesiologists must be able to perform all of the independent services usually required in the practice of anesthesiology, including the ability to:
  - a) perform accepted procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical and other pain-producing clinical maneuvers, and to relieve pain-associated medical syndromes;
  - b) support life functions during the period in which anesthesia is administered, including induction and intubation procedures;
  - c) provide appropriate preanesthesia and postanesthesia management of the patient; and
  - d) provide consultation relating to various other forms of patient care, such as respiratory therapy and emergency cardiopulmonary resuscitation, and special problems in pain relief.
4. Criteria for requesting and maintaining privileges in Anesthesiology or Pain Management is defined on the specialty-specific delineation of privileges.
5. A personal interview may be requested by the department of Anesthesia.

**Responsibilities of the Credentials Committee of the Medical Staff**

To determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar Medical Center.

**Responsibility of the Department of Anesthesia**

To determine documented and demonstrable skill, experience and education as noted above.





**POLICIES & PROCEDURES  
FOR  
BOARD OF DIRECTORS REVIEW & APPROVAL**

---

**FOR  
BOARD REVIEW**

*Prepared by:*

Jami Pearson, BSN, MBA, MSN  
Regulatory Compliance Director

July, 2024

## **TABLE OF CONTENTS**

<b>TAB</b>	<b>CONTENTS</b>
<b>1</b>	Policies & Procedures Committee Chair Attestation
<b>2</b>	Board of Directors Form A
<b>3</b>	Policy and Procedures Approval Policy (Lucidoc #61492)
<b>4</b>	Consent Agenda – Policy & Procedure Committee January 2024
<b>5</b>	Consent Agenda – Policy & Procedure Committee February 2024
<b>6</b>	Consent Agenda – Policy & Procedure Committee March 2024
<b>7</b>	Consent Agenda – Policy & Procedure Committee April 2024
<b>8</b>	Consent Agenda – Policy & Procedure Committee May 2024
<b>9</b>	Consent Agenda – Policy & Procedure Committee June 2024
<b>10</b>	QMC Approved Policies & Procedures, Scopes, and Plans January – June 2024

**Date:** July 3, 2024  
**To:** The Board of Directors  
**From:** Jami Pearson, Regulatory Director


**Regarding:** Pursuant to Policy #61492, Policy and Procedure Approval Process § 3a, b, c, and d: Board of Directors Oversight:

I attest that Palomar Health complies with the following requirements for the appropriate delegation approval of their policies, procedures, protocols, and scope of service:

Process for Board of Directors' Approval:

- a. Responsibility
  - i. The Board of Directors is responsible for ensuring that the organization develops and periodically reviews policies necessary for the safe and effective provision of care, treatment, and service.
  - ii. By approval of this policy, the Board of Directors – except where reserved – officially delegates its responsibility as follows:
    - I. The Chief Executive Officer is delegated the responsibility to approve/revise all non-governance organizational policies, procedures, and guidelines.
    - II. The Medical Executive Committee is delegated responsibility to approve/revise medical staff related policies, procedures, and guidelines.
    - III. The CNOs are delegated the responsibility to approve/revise nursing and or patient care specific policies, procedures, guidelines, scopes of services and standardized procedures.
    - IV. Vice Presidents and Directors are delegated the responsibility to approve/revise unit specific policies, guidelines, and procedures, within their respective departments and services. This delegation includes but is not limited to Pharmacy, Dietary, Utilization, and other clinical departments
    - V. As required, those policies that require Board of Director approval will be sent to the Board as part of the agenda to receive final approval from the Board.

Signature:

  
\_\_\_\_\_

Date: 07/03/2024

**Regulatory Compliance**

120 Craven Road, Suite 106, San Marcos, CA 92078 | T 442.291.9145 F 442.281.3699 | [PalomarHealth.org](http://PalomarHealth.org)

Palomar Health is a California Public Health Care District.

**Board of Directors  
Consent Agenda for Policies, Procedures, Scopes of Service  
& Protocols**

**To:** Board of Directors

**Meeting Date:** August 12, 2024

**From:** Jami Pearson, Regulatory Compliance Director

**Background:** Pursuant to Policy 61492, Policy and Procedure Approval process, in order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of the Policies and Procedures Committee, that state all approvals/revisions have been done in accordance with the criteria established within this policy.

The policies, procedures, scopes of services, and protocols that have been approved from January 2024 through June of 2024, are being sent via consent agenda as required to the Board of Directors.

**Board Vice Chair Recommendation:**

I have reviewed the signed attestation from the Policy and Procedure Committee Chairperson. The Vice Chair has validated that all the documents have been approved following the delegated policy and procedure delegated approval process.

---

Michael Pacheco/Board Vice Chair

---

Date



DocID: 61492  
 Revision: 2  
 Status: Official

Source:  
 Administrative  
 Administrative

Applies to Facilities:  
 All Palomar Health Facilities

Applies to Departments:  
 All Departments

## Procedure : Policy and Procedure Approval Process

### I. SUMMARY:

To define Palomar Health District's process for the approval of policies and procedures.

### II. DEFINITIONS:

- A. **Policy:** A policy covers broad principles or complex standards requiring Board/Administrative approval and may have significant legal, regulatory, or financial implications.
- B. **Procedure:** A formal, approved, written description of how a governance, management, or clinical care process is defined, organized, or carried out.
- C. **Home Health Policies:** Policies shall be established, approved and implemented by the Home Health approval mechanism. The policies and procedures shall be reviewed and revised as necessary. The policies and procedures shall be made available upon request to patients or their representatives and to Department representatives.
- D. **The Villas at Poway:** Title 22 (72521 & 72523) dictates the Skilled Nursing Facility (SNF) procedures all be reviewed and approved in writing at the patient care committee and governing body for the SNF.

### III. PROCEDURE

#### A. Standards of Practice

1. Documents that may support the policy/procedure; including but not limited to practices, pre-printed orders, and chart forms; are not defined for the purposes of this policy.
2. The electronic policy management system will be the primary source utilized for policies and procedures. Any other third party references (e.g. Dynamic Health) may be utilized as an additional resource as applicable.
3. Palomar Health policies/procedures are: to be reviewed or revised per regulatory requirements, or organizational processes and submitted through the approval process ( See policies and procedure review grid J).
  - a. Developed in collaboration with the medical staff if relevant to medical staff activities and/or direct patient care.
  - b. Developed in collaboration with nursing leadership if relevant to direct patient care. Consistent with professional references, applicable regulations, legal requirements, accreditation standards, and the mission and philosophy of the organization.
4. Creating and revising documents:
  - a. The editable version will be stored in the electronic policy management system.
  - b. Revisions to the documents will be tracked as changes while going through the approval process.
  - c. Any changes to content, deletions, and/or combining of policies/procedures will require the full approval process.

#### B. Steps of Procedure

1. Nursing Service Policies and Procedures
  - a. Palomar Health written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.
    1. Policies and procedures which involve the medical staff shall be reviewed and approved by the medical staff prior to implementation.
    2. Policies and procedures of other departments which contain requirements for the nursing service shall be reviewed and approved by the nursing service prior to implementation.
    3. The nursing service shall review and revise policies and procedures every three years, or more often if necessary. (See policies and procedure Review grid in section J.).
    4. The hospital administration and the governing body shall review and approve all policies and procedures that relate to the nursing service every three years or more often, if necessary
      - i. Patient care policies and procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes: assessment, nursing diagnosis, planning, intervention,

evaluation, and, as circumstances require, patient advocacy.

## 2. Medical Service Approval Mechanism

- a. A committee of the medical staff shall be assigned responsibility for:
  1. Patient care policies and procedures will be routed to the appropriate medical staff committee including the Medical Executive Committee as required.
  2. Developing, maintaining and implementing written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

## 3. Process for Board of Directors' Approval:

- a. Responsibility
  - i. The Board of Directors is responsible for ensuring that the organization develops and periodically reviews policies necessary for the safe and effective provision of care, treatment, and service.
  - ii. By approval of this policy, the Board of Directors – except where reserved – officially delegates its responsibility as follows:
    - I. The Chief Executive Officer is delegated the responsibility to approve/revise all non-governance organizational policies, procedures, and guidelines.
    - II. The Medical Executive Committee is delegated responsibility to approve/revise medical staff related policies, procedures, and guidelines.
    - III. The CNOs are delegated the responsibility to approve/revise nursing and or patient care specific policies, procedures, guidelines, scopes of services and standardized procedures.
    - IV. Vice Presidents and Directors are delegated the responsibility to approve/revise unit specific policies, guidelines, and procedures, within their respective departments and services. This delegation includes but is not limited to Pharmacy, Dietary, Utilization, and other clinical departments
    - V. As required, those policies that require Board of Director approval will be sent to the Board as part of the agenda to receive final approval from the Board.

### b. Approval/Revision Criteria

- i. Policies, guidelines, scope of service, or procedures shall be approved / revised to ensure that they:
  - I. Are consistent with the Mission and Values of Palomar Health.
  - II. Meet applicable law, regulation, and related accreditation standards
  - III. Are consistent with prevailing standards of care
  - IV. Are consistent with evidence-based practice

### c. Frequency of Review

- i. Unless otherwise noted, policies, guidelines, scope of service, and procedures must be reviewed – and if necessary revised – at least once every three years or more frequently if required to meet regulatory requirements or any changes in current clinical practice.

### d. Board of Directors Oversight

- i. In order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of Policies and Procedures that state all approvals/revisions have been done in accordance with the criteria established within this policy.
- ii. The Board of Directors reserves the right to further review, approve or revise any policies developed by the organization or the medical staff.
- iii. The Board of Directors shall have electronic access to the latest policies, guidelines, scoping of services and procedures currently in place.

- e. All Palomar Health Policies promulgated prior to the effective date of this Policy are hereby ratified to the extent they are not inconsistent with this Policy or each other and notwithstanding the manner in which they were promulgated.

C. Issue date should be the final approval date by delegated authority.

D. Revision dates should reflect approval dates each time the policy/procedure is approved by the delegated authority.

E. Staff shall be notified of any new policies/procedures or significant revisions. Education shall be provided as appropriate.

F. A hard copy of all current policies/procedures must be available in the departments for downtime.

## G. PROCESS FOR ADMINISTRATIVE PROCEDURE APPROVAL

### 1. Approval Process

- a. Content Expert
- b. Policies and Procedures Committee
- c. Pharmacy and Therapeutics Committee (P&T), if contains medication, medication administration or if standardized procedure
- d. Medical Executive Committee (MEC), if relevant to medical staff activities and/or direct patient care
- e. Delegated authority final approval

**H. PROCESS FOR NURSING SERVICES APPROVAL:**

1. Approval Process
  - a. Content Expert
  - b. Medical Staff/Department , if relevant to medical staff activities or direct patient care
  - c. Nursing Leadership Committee(s) such as IGC and PMSC as applicable
  - d. Policies and Procedures Committee
  - e. P&T, if contains medication, medication administration or if standardized procedure
  - f. Interdisciplinary Practice Committee (IPC), if a standardized procedure
  - g. MEC, if relevant to medical staff activities and/or direct patient care
  - h. Delegated authority final approval

**I. PROCESS FOR DEPARTMENT SPECIFIC MANUAL APPROVAL:**

1. Approval Process
  - a. Content Expert
  - b. Department Manager and/or Director
  - c. Medical Director for clinical areas with a Medical Director when appropriate
  - d. Medical Staff/Department Division, if relevant to medical staff activities or direct patient care
  - e. MEC, if relevant to medical staff activities and/or direct patient care
  - f. Delegated authority final approval
2. Each Department is responsible for maintaining their own department specific manual.
  - a. Makes revisions in the electronic policy management system to policies/procedures using tracked changes.
  - b. Obtain Medical Director's approval if applicable for policies/procedures related to Medical Staff activities or direct patient care.
3. Expedited Process Approval:
  - a. If a procedure is required to be immediately revised on a patient care need with regulatory justification it can be approved by the CNO/COO and / or Medical Director and move forward to Policy and Procedure Committee and other approval mechanism as appropriate.
  - b. Education will be provided if indicated.
  - c. Policies and Procedures Review Grid

Category	Policy and Procedure Name	Review Period	Regulation Requirement
Nursing Policies	All	3 years	Title 22
Standardized Procedures	All	3 years; Annual Competency required for Nursing	California Board Of Registered Nursing
Neonatal Unit	All	2 years	California Children Services (CCS)
Laboratory	All	2 years	College of American Pathologists(CAP)
Interpretation and Discharging Planning for Homeless Population	Nursing Services	Annual	Joint Commission(JC) and CDPH
Utilization	Utilization Plan	Annual	Joint Commission(JC)
Environment of Care Plans	Engineering: Utility Management Plan Environment of Care: Hazardous material and Waste Management and	Annual	Joint Commission (JC)

	<p>Communication Plan</p> <p>Environment of Care: Life Safety Management Plan</p> <p>Environment of Care: Safety Plan</p> <p>Environment of Care: Security Management Plan</p>		
Disaster Plan	Emergency Operations Plan (Disaster Plan)	Annual	Joint Commission (JC)
Pharmacy	<p>Pharmacy: Automatic Therapeutic Interchange</p> <p>Pharmacy: Black Box Warnings, Drugs with Policy</p> <p>Pharmacy: Sterile Products Preparation</p>	Annual	United States Pharmacopeia (USP) < 797>,<800>
Infection Control	<p>Infection Control: Aerosol transmissible Diseases and Tuberculosis Control Plan</p> <p>Infection Control: Bloodborne Pathogen Exposure Control Plan</p> <p>Infection Control: Risk Assessment and Surveillance Plan</p>	Annual	Joint Commission (JC)
Administrative	HR, Compliance, Finance, Legal, Education & other administrative documents	3 years or with regulatory required updates	Joint Commission (JC), CMS or any other regulated body
Protocol	Clinical Protocols	Annual	CMS
Power Plans/Order Sets	<a href="#">Power Plan Approval Process for Medical Staff</a>	Every 3 years	CMS

**J. REFERENCE(S):**

1. California Department of Public Health, Title 22 California Code of Regulations
2. The Joint Commission Standards
3. California Children's Services Standards
4. College of American Pathologists
5. Board General Powers: The Board is the governing body of the District. All District powers may be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable the District to fulfill its mission and vision in an effective and ethical manner.
6. CFR 482.12 - CMS Condition of Participation: Governing Body
7. Joint Commission LD.04.01.07 - The hospital has policies and procedures that guide and support patient care, treatment, and services.

**Document Owner:** Pearson, Jami

**Approvals**

**- Committees:** ( 10/12/2022 ) Policies & Procedures

**- Signers:** *Jami Pearson*

Jami Pearson, Director Regulatory ( 10/17/2022 11:41AM PST )

**Original Effective Date:** 02/12/2020



**Revision Date:** [10/17/2022 Rev. 2]

**Attachments:**  
(REFERENCED BY THIS DOCUMENT)

*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at <https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:61492>.*

## Consent Agenda for Policy & Procedure Committee January 2024

Topic	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
Meeting Minute Approval	November email meeting minutes reviewed.	Approved	Jami Pearson
<b>Non- Clinical Document</b>			
Administrative Communication/Call Center	Procedure: Alarm – Medical Gas ID 14522 Rev 3	Approved with edits to remove ‘the’ under III.A.	Brian Willey
Administrative Emergency Management	Plan: Burn Surge Plan ID 51052 Rev 0	Tabled. Brian and Brent to review as not familiar with procedure and will bring back to P&P when the document is ready.	Brian Willey
Administrative Communication/Call Center	Procedure: Calls – Incoming ID 14594 Rev 6	Approved with edits to add content for the acute care units and remove section D. as the CCU is repetitive information for the ICU mentioned previously in document.	Brian Willey
Administrative Communication/Call Center	Procedure: Codes Activation ID 14662 Rev 6	Approved with edits to change ‘then’ to ‘should’ under I.4.e. and delete ‘cisco’ throughout document.	Brian Willey
Administrative Communication/Call Center	Procedure: Downtime Process ID 15119 Rev 7	Approved	Brian Willey
Administrative Communication/Call Center	Procedure: Overhead Paging Guidelines ID 14971 Rev 8	Approved with edits to change ‘CNO’ to ‘CNE’ throughout document.	Brian Willey
Administrative Scopes	Scope of Service: Cardiology Services ID 18550 Rev 5	Approved with edits to remove ‘DNV’ and ‘Critical Access Hospitals’ under References.	Thomas McGuire
Administrative Scopes	Scope of Service: Interventional and Cardiovascular Procedures ID	Approved with edits to remove ‘DNV’ and ‘Critical Access	Thomas McGuire

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	12363 Rev 9	Hospitals' under References.	
Administrative Information Systems	Procedure: Information Systems Formal Work Plan ID 20570 Rev 2	Approved	Robin Ford
Administrative Information Systems	Procedure: Mobile/Portable and Removable Storage Device Access and Appropriate Usage Standards ID 38212 Rev 12	Approved with edits to run spell check throughout the document.	Robin Ford
Administrative Environment of Care	Procedure: Code Pink – Infant Abduction/Code Purple – Child Abduction ID 10317 Rev 8	Approved with edits to run spell check.	Bill Kirby
Administrative Compliance	Procedure: Conflicts of Interest, Commitment, and Gifts ID 19091 Rev 9	Approved. Helen to send an email blast to all employees once the procedure is official. HR will have all new employees read and acknowledge procedure as well as have annual review for all employees.	Helen Waishkey
Administrative Privacy	Procedure: Privacy – De-identification for Case Presentation ID 23772 Rev	Approved. Send to QMC for approval.	Kim Jackson
Administrative FANS	Form: FANS Chemical Use Chart ID 51912 Rev 4	Approved. No changes were made to document.	Nicole Hite
Administrative FANS	Procedure: Patient Nourishment Rooms & Floorstock ID 71434 Rev 1	Approved with edits of confirmation of exterior cleaning process with EVS.	Nicole Hite
Administrative Imaging	Procedure: Outpatient Registration After Hours ID 20590 Rev 6	Approved	Sims Kendall
Administrative Imaging	Procedure: Pre-Scheduling of Outpatients ID 11305 Rev 6	Approved	Sims Kendall
Administrative Imaging	Procedure: Processing of Imaging Records ID 11417 Rev 12	Approved with edits to confirm process with Tommy.	Sims Kendall
Administrative Imaging	Procedure: Scheduling of Outpatients for CT ID 11513 Rev	Approved and send to P&T for approval.	Sims Kendall

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	9		
Administrative Imaging	Procedure: Scheduling of Outpatients for Nuclear Medicine ID 11514 Rev 6	Approved	Sims Kendall
<b>Clinical Document</b>			
Clinical Resource Management	Procedure: Discharge Planning – Homeless Population ID 61093 Rev 2	Approved	Jami Pearson
Clinical Rehabilitation	Procedure: Admission Criteria Inpatient, Subacute & SNF ID 10073 Rev 9	Approved	Tyler Powell
Clinical Rehabilitation	Procedure: Admission Criteria- NICU Rehab Services Referral ID 26272 Rev 6	Approved	Tyler Powell
Clinical Rehabilitation	Procedure: Therapist Roles and Qualifications for NICU ID 26294 Rev 6	Approved	Tyler Powell
Clinical Birth Center	Procedure: Late Preterm Infant Assessment and Care ID 45852 Rev 3	Approved	Amy Murray
Clinical Birth Center	Plan: Infant and Child Abduction Risk Prevention ID 10771 Rev 8	Approved. Education already provided to staff.	Amy Murray
Clinical Respiratory Services	Procedure: Rental and Patient Supplied Respiratory Equipment ID 40292 Rev 7	Approved	Kerwin Pipersburgh
Clinical Practice (Multidisciplinary)	Procedure: POCT Glucose Meter and Laboratory Values Correlation ID 13291 Rev 24	Approved but hold on approving until education can be provided to staff. Nada requesting education for the pharmacists and Tamrah will provide that to Nada.	Marilyn Paranis-Dela Cruz
Clinical Imaging	Procedure: Callback – Staffing Coverage ID 10236 Rev 11	Approved with edits to change all ‘PMC’ to ‘PH’.	Sims Kendall

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Imaging	Procedure: Diagnostic Imaging: Weight Limits ID 38432 Rev 7	Approved	Sims Kendall
Clinical Imaging	Procedure: Fluoroscopic Consistency Log ID 10667 Rev 6	Approved with edits to add IR and Cath Lab under listed departments that the procedure applies to.	Sims Kendall
Clinical Imaging	Procedure: Notification by OR for a Rad Technologist ID 11053 Rev 6	Approved	Sims Kendall
Clinical Imaging Ultrasound	Procedure: Observance of Procedures and Providing 2D Pictures in Ultrasound ID 11082 Rev 6	Approved	Sims Kendall
Clinical Imaging	Procedure: Quality Improvement for Imaging Services ID 11359 Rev 5	Approved	Sims Kendall
Clinical Infection Control	Procedure: FANS Environmental Sanitation ID 58232 Rev 2	Approved with edits to change 'monthly' to 'routine' under F.1.	Nicole Hite
Clinical Cardiology	Procedure: Transthoracic Echocardiogram ID 18464 Rev 4	Approved	Thomas McGuire
Clinical Practice (Multidisciplinary)	Form: Adult Inpatient Standards ID 46172 Rev 16	Approved but will hold document to approve until education can be provided to nursing regarding the changes. Ownership change from Holly to Meghan Jaremczuk.	Holly Kalisek
<b>Ownership Changes</b>			<b>Ownership To</b>
	Form: Nursing Peer Review Process ID 57132 changed from Victoria Veronese to Valerie Martinez	Approved	Valerie Martinez
	All CRM, Case Management, Social Work, Utilization Review documents owned by Mel Russell will now be owned by Stephanie	Approved	Stephanie Everett

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Everett		
	All documents owned by Carolyn Masengale (Wound Care, Cardiac Rehab & Pulmonary Rehab) will now be owned by Tyler Powell	Approved with the following changes: Holly Kalisek to own all Wound Care policies and procedures and Kathleen Mackesy to own all Cardiac Rehab and Pulmonary Rehab policies and procedures.	Tyler Powell
	Women’s Center documents owned by Lynne Deberry will now be owned by Sims Kendall	Approved	Sims Kendall
	Outpatient Perinatology documents owned by Lynne Deberry will now be owned by Amy Murray	Approved	Amy Murray
	Radiation Therapy documents owned by Lynne Deberry will now be owned by Sims Kendall	Approved	Sims Kendall
	IV Services documents owned by Lynne Deberry will now be owned by Mel Russell	Approved	Mel Russell
	Policy: Blood Administration All Products ID 14340 Rev 9 owned by Victoria Veronese will now be owned by Amy Murray	Approved	Amy Murray
	Standardized Procedure: Determination of Cardiopulmonary Death for Donation after Circulatory Death ID 33912 Rev 9	Approved	Thomas McGuire
	See attached spreadsheet with ownership changes from Victoria Veronese to Nursing Leadership	Approved	Nursing Leadership
<b>Archived Documents</b>			

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Form: 2020 Consensus Report on Self-Management Education and Support in Adults with Type 2 Diabetes ID 56532 Rev 4	Approved	Meghan Jaremczuk
	Procedure: Nutrition Intervention – Outpatient Areas ID 18473 Rev 14	Approved	Nicole Hite
	Procedure: Securing the FANS Department at the Close of the Day ID 11525 Rev 10	Approved	Nicole Hite
	Procedure: Saline Lock – Use and Maintenance ID 10721 Rev 9	Approved	Amy Murray
	Procedure: X-Ray of Neonates ID 12302 Rev 7	Approved	Amy Murray
	Procedure: Scheduled Computer Down Time Protocol ID 10340 Rev 5	Approved	Robin Ford
	Procedure: Floor Stock Distribution ID 10664 Rev 17	Approved	Nicole Hite
	Reference Materials: FANS Porter Retail and Lower Level PMC- Escondido ID 67472 Rev 0	Approved	Nicole Hite
	Reference Materials: FANS Porter Retail PMC- Poway ID 67492 Rev 0	Approved	Nicole Hite
<b>Documents for Awareness</b>			
	Policy: Blood Administration All Products ID 14340 Rev 9	Amy discussed new content regarding NICU blood products.	Amy Murray

**Next Meeting:** **Date:** February 14, 2024  
**Time:** 9:30am – 11:00am  
**Location:** Teams

## Consent Agenda for Policy & Procedure Committee February 2024

Topic	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
Meeting Minute Approval	January meeting minutes reviewed	Approved	Jami Pearson
<b>Non- Clinical Document</b>			
	Policy and Procedure Committee Charter 2024 ID 73952 Rev 0	Approved	Jami Pearson
	Policy and Procedure Committee Membership 2024	Approved	Jami Pearson
Administrative	Procedure: Interpreter, Language and Hearing Services ID 10815 Rev 24	Approved	Suzanne Fisher
Administrative FANS	Procedure: Cerner Downtime FANS ID 25592 Rev 10	Approved	Nicole Hite
Administrative FANS	Procedure: Late, Early, and New Admit Trays ID 10877 Rev 12	Approved with spell check edits but will HOLD document until education is provided to floor staff.	Nicole Hite
Administrative FANS	Policy: Patient Meal Service – Tray Delivery & Pick Up ID 10949 Rev 11	Approved but will HOLD document until education is provided to floor staff.	Nicole Hite
Administrative Compliance	Procedure: Federal Deficit Reduction Act of 2005 – Fraud and Retaliation ID 50832 Rev 4	Approved	Helen Waishkey
Administrative Compliance	Procedure: Government Investigations ID 19052 Rev 5	Approved	Helen Waishkey
Administrative Compliance	Policy: Non-Monetary Compensation and Medical Staff Incidental Courtesies and Exceptions ID 17619 Rev 9	Approved	Helen Waishkey
Administrative	Policy: Capacity Management – Full Plan ID 68712 Rev 3	Approved with edits of adding a definition for ‘alternative care assessment’ but will HOLD	Ryan Fearn-Gomez Tracy Page



Topic	Discussion (Key Points)	Follow-up Action	Responsible
		document until IT has built the Alternative Care Assessment Form and education has been provided.	
Administrative Privacy	Procedure: Privacy – Large Scale Breach Response ID 39032 Rev 6	Approved	Kim Jackson
Administrative Human Resources	Procedure: Reproductive Loss Leave ID 74092 Rev 0	Approved. Communication has already been sent to the leaders.	Julie Pursell/Kristi Olsen
Administrative Human Resources	Form: Personal Time Off (PTO) Donation Form ID 61352 Rev 1	Approved	Julie Pursell/ Krisi Olsen
Administrative Supply Chain Services	Procedure: Supply Chain Downtime Procedure – Distribution ID 74138 Rev 0	Approved	Heather Woodling
Administrative Supply Chain Services	Procedure: Supply Chain Downtime Procedure – Post Downtime ID 74136 Rev 0	Approved	Heather Woodling
Administrative Supply Chain Services	Procedure: Supply Chain Downtime Procedure – Purchasing ID 74135 Rev 0	Approved	Heather Woodling
Administrative Supply Chain Services	Procedure: Supply Chain Downtime Procedure – Receiving ID 74137 Rev 0	Approved	Heather Woodling
Administrative Supply Chain Services	Procedure: Supply Chain Downtime Procedure – Warehouse ID 74134 Rev 0	Approved	Heather Woodling
Administrative Supply Chain Services	Procedure: Supply Chain Procedure for Par Carts ID 74133 Rev 0	Approved	Heather Woodling
Administrative Supply Chain Services	Procedure: Supply Chain Procedure for Warehouse Orders ID 74132 Rev 0	Approved	Heather Woodling
Administrative Supply Chain Services	See attached grid for Supply Chain documents for approval	Approved	Heather Woodling
Administrative Finance	See attached grid for Finance documents for approval	Approved	Melissa Wallace
<b>Clinical Document</b>			

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Practice (Multidisciplinary)	Policy: Critical Values Reporting ID 12237 Rev 40	Approved	Tim Barlow
Clinical Practice (Multidisciplinary)	Standardized Procedure: Adult Hypoglycemia Management ID 21170 Rev 17	Approved	Holly Porter/Tamrah Jennings
Clinical Diabetes Health	Procedure: Management of Insulin Pump and Continuous Glucose Monitor (CGM) ID 26552 Rev 14	Approved	Holly Porter/Tamrah Jennings
Clinical Practice (Multidisciplinary)	Procedure: Adverse Drug Reactions and Medication Errors and Events ID 12835 Rev 12	Approved	Nada Ghobrial
Clinical Pharmacy	Policy: Antimicrobial Stewardship Program ID 49972 Rev 6	Approved	Nada Ghobrial
Clinical Practice (Multidisciplinary)	Procedure: Medication Reconciliation ID 24152 Rev 8	Approved	Nada Ghobrial
Clinical Pharmacy	Policy: Patient's Own Medication ID 12115 Rev 17	Approved with edits to remove the 's' from 'limits' under definitions A.	Nada Ghobrial
Clinical Respiratory Services	Procedure: Airway Secretion Clearance Therapy ID 11302 Rev 9	Approved	Kerwin Pipersburgh
Clinical Pulmonary	Procedure: Bronchoscopy Assistance ID 14584 Rev 12	Approved	Kerwin Pipersburgh
Clinical Respiratory Services	Procedure: High Level Disinfection for Respiratory Care ID 46912 Rev 5	Approved	Kerwin Pipersburgh
Clinical Respiratory Services	Procedure: Incentive Spirometry ID 10763 Rev 10	Approved. Carol to review the Adult Inpatient Standards to ensure they align.	Kerwin Pipersburgh
Clinical Respiratory Services	Procedure: Metered Dose Inhaler (MDI) Administration ID 10996 Rev 11	Approved. Carol to review the Adult Inpatient Standards to ensure they align.	Kerwin Pipersburgh
Clinical Respiratory Services	Procedure: Overnight Oximetry – Inpatient ID 14973 Rev 8	Approved	Kerwin Pipersburgh

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Emergency Department	Procedure: Birth Out of Asepsis (BOA) ID 10193 Rev 8	Approved. Confirm with Tracy that education has already been provided.	Tracy Page
Clinical Practice (Multidisciplinary)	Procedure: Stroke Code and Patient Care Guidelines ID 46972 Rev 5	Approved. Today Lourdes will launch an attestation for inpatient staff.	Tracy Page / Lourdes Januszewicz
Clinical Practice (Multidisciplinary)	Reference Materials: RCHSD CHET Trifold Resource ID 74052 Rev 0	Approved	Tracy Page
Clinical Practice (Multidisciplinary)	Reference Materials: RCHSD Pediatric Quick Card RSV vs Bronchiolitis ID 74072 Rev 0	Approved	Tracy Page
Clinical Practice (Multidisciplinary)	Reference Materials: RCHSD Pediatric Quick Card Status Asthmaticus ID 74073 Rev 0	Approved	Tracy Page
Clinical Practice (Multidisciplinary)	Reference Materials: UCSD Burn Clinical Care Appendix ID 74074 Rev 0	Approved	Tracy Page
Clinical Emergency Department	Procedure: Standards of Patient Care in ED ID 11605 Rev 18	Approved with edits of adding a definition of what 'alternative care assessment' is. Will HOLD document until IT has built the form and education has been provided.	Tracy Page
Clinical Birth Center	Procedure: Maternal Transfer to a Higher Level of Care ID 10942 Rev 6	Approved	Amy Murray
Clinical Birth Center	Procedure: Preterm Labor ID 73772 Rev 0	Approved	Amy Murray
Clinical Birth Center	Form: Birth Center Interdisciplinary Standards of Care ID 46852 Rev 12	Approved	Amy Murray
Clinical Surgery & Procedures	Procedure: Block Time Scheduling Management Parameters ID 62132 Rev 2	Approved	Bruce Grendell

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Surgery & Procedures	Procedure: SurgiNet Operating Room Scheduling Privileges Procedure ID 25812 Rev 5	Approved	Bruce Grendell
Clinical Imaging	Procedure: Consultation – Interpretation Included in Patient’s Medical Record ID 10359 Rev 5	Approved	Sims Kendall
Clinical Imaging	Procedure: Evaluation of Lead Protective Devices ID 10600 Rev 7	Approved	Sims Kendall
Clinical Imaging	Procedure: Preparation for Diagnostic Imaging Examination ID 11312 Rev 7	Approved	Sims Kendall
Clinical Imaging	Procedure: Preparation Required for Myelogram Examination ID 11314 Rev 6	Approved	Sims Kendall
Clinical Imaging Nuclear Medicine	Procedure: Radioactive Material – Injection ID 13724 Rev 5	Approved with edits to remove ‘their’ under H. and add ‘QRR’ under U.	Sims Kendall
Clinical Intensive Care Unit/Critical Care Unity	Standardized Procedure: Determination of Cardiopulmonary Death for Donation after Circulatory Death ID 33912 Rev 9	Approved	Thomas McGuire
Clinical Practice (Multidisciplinary)	Procedure: Latex Precautions Management ID 17583 Rev 5	Approved	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Procedure: Medication Administration Using an Implantable Pain/Chemotherapy Pump ID 18766 Rev 3	Approved but will HOLD document until education has been provided.	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Procedure: PCA Care of the Patient ID 23852 Rev 7	Approved	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Policy: Verbal/Telephone Provider Order Processing ID 11806 Rev 11	Approved	Meghan Jaremczuk

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Infection Control	Procedure: Point of Use Decontamination and Transport of Reusable Equipment ID 10804 Rev 9	Approved	Valerie Martinez
Clinical Infection Control	Procedure: Transmission – Based Precautions ID 15327 Rev 18	Approved	Valerie Martinez
Clinical FANS	Procedure: Patient Meal Service – Bedside Service ID 44933 Rev 18	Approved but will HOLD document until education has been provided.	Nicole Hite
Clinical FANS	Procedure: Discharge Planning – Acute ID 10461 Rev 12	Approved	Nicole Hite
<b>Ownership Changes</b>			<b>Ownership To</b>
	All documents owned by Stephanie Sambrano will now be owned by Donald Myers	Approved	Donald Myers
	All documents (6) owned by Hugh King will now be owned by Melissa Wallace	Approved	Melissa Wallace
	All documents owned by James Smith will now be owned by Melissa Wallace	Approved	Melissa Wallace
	All documents owned by Adam Taylor will now be owned by Melissa Wallace	Approved	Melissa Wallace
<b>Archived Documents</b>			
	Procedure: COVID-19 Exposure Control Plan ID 63453 Rev 8	Approved	Valerie Martinez
	Procedure: Inpatient Meal Service Nursing/FANS Bedside Service ID 18105	Approved	Nicole Hite
	Procedure: Leftover Food Usage ID 11491 Rev 11	Approved	Nicole Hite
	Standardized Procedure: Nurse Practitioner General Policy Component for SP ID: 71273 Rev	Approved	Amy Murray

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	0		
	Procedure: Closing Procedure for Warehouse and Purchasing Offices ID 10312 Rev 5	Approved	Heather Woodling
	Procedure: Supply Chain Receiving Procedure ID 69732 Rev 0	Approved	Heather Woodling
<b>Documents for Awareness</b>			
	None		

**Next Meeting:** **Date:** March 13, 2024  
**Time:** 9:30am – 11:00am  
**Location:** Teams

## Consent Agenda for Policy & Procedure Committee March 2024

Topic	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
Meeting Minute Approval	February meeting minutes reviewed	Approved	Jami Pearson
<b>Non- Clinical Document</b>			
Administrative Volunteer Services	Procedure: Disaster, Role of Volunteers ID 18439 Rev 8	Approved	Margaret Mertens
Administrative Scopes	Scope of Service: Crisis Stabilization Unit (CSU) ID 55792 Rev 5	Approved	Donald Myers
<b>Clinical Document</b>			
Clinical Administrative Nursing	Procedure: AMA, Patient Leaving Against Medical Advise ID 10039 Rev 7	Tabled. Will hold document until continuation of being a LPS designation site has been determined.	Lori Schmollinger
Clinical Birth Center	Reference Materials: Audiologist's Checklist ID 65613 Rev 1	Approved	Amy Murray
Clinical Birth Center NICU	Policy: Breastmilk: Collection, Storage, Handling and Administration for Hospitalized Patients ID 69472 Rev 2	Approved	Amy Murray
Clinical Birth Center	Procedure: Neonatal Pain Assessment, Using NIPS ID 11145 Rev 9	Approved	Amy Murray
Clinical Birth Center NICU	Procedure: Assessment for the Need and Initiation of Passive Cooling for Hypoxic Ischemic Encephalopathy ID 60672 Rev 2	Approved. Confirm with Amy that education has been provided to staff.	Amy Murray
Clinical Practice (Multidisciplinary)	Policy: Blood Administration; All Products ID 14340 Rev 10	Approved	Amy Murray

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Rehabilitation	Procedure: Discharge Criteria – NICU Rehab Services ID 26292 Rev 7	Approved	Tyler Powell
Clinical Practice (Multidisciplinary)	Reference Materials: Inpatient Stoke Code Process Algorithm ID 73872 Rev 0	Approved. Attach as link to the Inpatient Stroke Code Guidelines document. Lourdes to send to Nada to bring to P&T as FYI. Critical Care committee has approved the document.	Holly Porter Lourdes Januszewicz
Clinical Practice (Multidisciplinary)	Procedure: Standards of Patient Care for the Adult Inpatient ID 18244 Rev 11	Approved with edits: Under 5.IV. remove the ‘d’ from Provided. Under 5.d.i add ‘or change in patient condition’.	Holly Porter
Clinical Wound Care & HBOT	Procedure: Ankle Brachial Index ID 57195 Rev 5	Approved	Holly Porter Terese Trujillo
Clinical Wound Care & HBOT	Procedure: Nursing Assessments/ Reassessments ID 57243 Rev 4	Approved	Holly Porter Terese Trujillo
Clinical Wound Care & HBOT	Procedure: Waived Testing in the Wound Care Center ID 37552 Rev 5	Approved. Send to Gloria for review and signature in Lucidoc.	Holly Porter Terese Trujillo
<b>Ownership Changes</b>			<b>Ownership To</b>
	None		
<b>Archived Documents</b>			
	Policy: Code of Conduct- Recovery Center ID 68513 Rev 0	Approved	Donald Myers
	Policy: Recovery Center Mission and Vision ID 68872 Rev 0	Approved	Donald Myers
	Policy: Follow Up Communication Recovery Center ID 68892 Rev 0	Approved	Donald Myers
	Reference Materials: Recovery Center at Poway Staff Training Plan ID 68852 Rev 0	Approved	Donald Myers
	Plan: Staff Training Plan Recovery Center ID 68532 Rev 0	Approved	Donald Myers
	Policy: Use of Prescribed	Approved	Donald Myers



Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Medication by Participants ID 68592 Rev 0		
	Procedure: Phase II Orientation ID 11036 Rev 10	Approved	Kathleen Mackessy
	Reference Materials: Water Management Program Water Safety Plan Escondido ID 70852 Rev 0	Approved	Daniel Farrow
<b>Documents for Awareness</b>			
	None		

**Next Meeting:** **Date:** April 10, 2024  
**Time:** 9:30am – 11:00am  
**Location:** Email Approval

## Consent Agenda for Policy & Procedure Committee April 2024

Topic	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
Meeting Minute Approval	March meeting minutes reviewed	Approved	Jami Pearson
<b>Non- Clinical Document</b>			
Administrative Environment of Care	Procedure: Parking Regulations and Obstructions ID 12105 Rev 8	Approved with edits. III.H.6 changed "QRR" to Security will do a report in Report Exec for all vehicles that are towed."	Bill Kirby
Administrative	Procedure: Policy and Procedure Approval Process ID 61492 Rev 4	Approved	Jami Pearson
Administrative Corporate/Employee Health	Procedure: Work Comp – Employee Injury & Illness Reporting ID 10558 Rev 12	Approved	Brian Willey
Administrative Compliance	Form: Palomar Health Corporate Compliance Program ID 74492 Rev 0	Approved	Helen Washkey
Administrative Marketing	Procedure: Graphic Standards for PH, Use & Implementation ID 10695 Rev 2	Approved	Helen Washkey
Administrative Marketing	Procedure: Media Relations and Relaying of Palomar Health Information to the News ID 10959 Rev 4	Approved	Helen Washkey
<b>Clinical Document</b>			
Clinical Imaging MRI	Procedure: Afterhours Procedure for Pacemaker Cases ID 73073 Rev 1	Approved	Sims Kendall
Clinical Imaging MRI	Procedure: MRI Exams on Outpatients with Cardiac Implantable Electronic Devices (CIEDs) ID 58692 Rev 4	Approved	Sims Kendall

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Imaging MRI	Procedure: MRI Safety Guidelines ID 56955 Rev 5	Approved	Sims Kendall
Clinical Imaging	Procedure: Pregnancy Screening in Imaging ID 11310 Rev 9	Approved	Sims Kendall
Clinical Practice (Multidisciplinary)	Procedure: Ligature Risk Assessment and Management ID 61512 Rev 3	Approved	Holly Porter
Clinical FANS	Procedure: Nutrition Counseling – Acute ID 11068 Rev 12	Approved	Nicole Hite
Clinical Patient Safety & Risk	Policy: Patient Safety Event Response, Investigation, and Follow Up ID 28172 Rev 10	Approved	Jami Pearson
Clinical Practice (Multidisciplinary)	Procedure: Adult Crash Cart – Contents and Procedure for Checking Contents ID 16835 Rev 8	Approved	Thomas McGuire
Clinical Practice (Multidisciplinary)	Form: Vascular Access Devices Care and Maintenance Guidelines – Adults Only ID 36032 Rev 6	Approved	Thomas McGuire
Clinical Pharmacy	Form: Emergency Medication Kit Contents ID 48712 Rev 13	Approved	Nada Ghobrial
Clinical Rehabilitation Cardiac & Pulmonary	Procedure: Acute Dyspnea ID 51272 Rev 5	Approved	Kathleen Mackessy
Clinical Birth Center	Form: Algorithm for Recommended Regimens for Intrapartum Antibiotic Prophylaxis for Prevention of Early Onset GBS Disease ID 60392 Rev 0	Approved	Amy Murray
Clinical Birth Center	Procedure: External Cephalic Version (ECV) ID 10617 Rev 7	Approved	Amy Murray
Clinical Birth Center	Procedure: Fetal and Uterine Monitoring ID 16829 Rev 12	Approved	Amy Murray

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Birth Center	Form: OB Emergency Postpartum Hemorrhage Cart Contents ID 45812 Rev 15	Approved	Amy Murray
Clinical Practice (Multidisciplinary)	Form: Broselow Crash Cart Checklist ID 74472 Rev 0	Approved	Tracy Page
Clinical Practice (Multidisciplinary)	Procedure: Chemotherapy and Biotherapy Administration, Disposal, and Extravasation Care ID 18786 Rev 7	Approved	Meghan Jaremczuk
Clinical Behavioral Health	Procedure: Admission Procedure for Inpatient Behavioral Health Units ID 10079 Rev 12	Approved	Donald Myers
Clinical Behavioral Health	Policy: Firearms Reporting Laws – Behavioral Health ID 10655 Rev 9	Approved	Donald Myers
<b>Ownership Changes</b>			<b>Ownership To</b>
	Procedure: Lift Assist Device ID 14845 Rev 5 will be transferred from Tyler Powell to Jolene Crouse	Approved	Jolene Crouse
	All Marketing documents will be transferred from Diane Hansen to Helen Waishkey	Approved	Helen Waishkey
<b>Archived Documents</b>			
	Policy: Compliance and Ethics Plan ID 21781 Rev 11	Approved	Helen Waishkey
	Procedure: Distribution of Printed Materials ID 37992 Rev 0	Approved	Diane Hansen
	Policy: Media Relations ID 21789 Rev 6	Approved	Diane Hansen
	Procedure: Online Communications ID 38992 Rev 1	Approved	Diane Hansen
	Procedure: Posting of Information and Promotional Materials ID 41972 Rev 0	Approved	Diane Hansen
<b>Documents for</b>			

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Awareness			
	None		

**Next Meeting:** **Date:** May 8, 2024  
**Time:** 9:30am – 11:00am  
**Location:** TEAMS

## Consent Agenda for Policy & Procedure Committee May 2024

Topic	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
Meeting Minute Approval	April meeting minutes reviewed	Approved	Jami Pearson
<b>Non- Clinical Document</b>			
Administrative	Procedure: Advance Directives ID 10099 Rev 9	Approved	Amy Murray
Administrative Financial Services	Procedure: Financial Assistance Operational Procedure ID 34372 Rev 8	Approved	Nicole Crytser
Administrative Financial Services Revenue Cycle	Procedure: Financial Assistance Full and Discount Payment Charity Care ID 26252 Rev 7	Approved	Nicole Crytser
Administrative Patient Financial Services	Procedure: Qualify Account for Bad Debt ID 30376 Rev 7	Approved	Nicole Crytser
<b>Clinical Document</b>			
Clinical Infection Control	Procedures: Aerosol Transmissible Diseases (ATD) Exposure Control Plan ID 34772 Rev 16	Approved	Valerie Martinez
Clinical Infection Control	Procedure: Animal Management: Service Animals and Pet Visitation ID 15310 Rev 14	Approved	Valerie Martinez
Clinical Infection Control	Procedure: Influx of Suspected Infectious Patients ID 28152 Rev 11	Approved	Valerie Martinez
Clinical Infection Control	Procedure: Transmission-Based Precautions ID 15327 Rev 19	Approved	Valerie Martinez
Clinical Infection Control	Procedure: Multi-Drug Resistant Organism (MDRO) Prevention ID 15330 Rev 13	Approved. Confirm routed to P&T committee	Valerie Martinez

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Rehabilitation	Procedure: Discharge Criteria – Inpatient – SNF – Subacute ID 12067 Rev 7	Approved	Tyler Powell/ Keren Moore
Clinical Rehabilitation	Procedure: Therapy for Patients Undergoing Blood Transfusions ID 12153 Rev 9	Approved	Tyler Powell/ Keren Moore
Clinical Practice (Multidisciplinary)	Standardized Procedure: Inpatient Emergency Care ID 12421 Rev 23	Approved with edits to remove morphine and norepinephrine from procedure	Holly Porter
Clinical Practice (Multidisciplinary)	Procedure: Organ and Tissue Donation ID 11097 Rev 6	Approved with ownership change from Holly to Thomas McGuire	Holly Porter
Clinical Birth Center	Procedure: Sponge, Sharps and Instrument Count for Vaginal Delivery ID 46532 Rev 6	Approved	Amy Murray
Clinical Respiratory Services	Procedure: Medical (Compressed) Gases ID 10960 Rev 10	Approved with edits to add definitions of low temp and high temp. HOLD approval of document in Lucidoc until the new equipment has arrived. Krysti to communicate with Kelly and Jami when the equipment has arrived.	Krysti Johnson
Clinical Cardiology	Procedure: Transesophageal Echocardiogram ID 13938 Rev 5	Approved	Thomas McGuire
Clinical Surgery & Procedures	Procedure: Autologous Tissue Storage ID 74592 Rev 0	Approved	Bruce Grendell
Clinical Practice (Multidisciplinary)	Form: Faces Pain Rating Scales, Non-English ID 31292 Rev 4	Approved	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Form: Numerical Pain Rating Scales, Non-English ID 31293 Rev 4	Approved	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Policy: Verbal/Telephone Provider Order Processing ID 11806 Rev 12	Approved. Nada to send Meghan the education.	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Procedure: Decedent Affairs: Care of Patient and Family ID	Approved. Rebecca to create IXPand for nursing education.	Meghan Jaremczuk

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	13100 Rev 16		
Clinical Practice (Multidisciplinary)	Procedure: Rapid Response Team ID 20571 Rev 10	Approved and link to Inpatient Emergency Care SP.	Melinda Case
Clinical Pharmacy	Procedure: Chemotherapy Drug Guidelines for Pharmacy ID 12859 Rev 9	Approved	Nada Ghobrial
Clinical Pharmacy	Procedure: Chemotherapy Preparation and Monitoring by Pharmacy ID 35912 Rev 9	Approved	Nada Ghobrial
Clinical Emergency Department	Procedure: Rapid Sequence Induction (RSI) in ED ID 11385 Rev 12	Approved. Melinda to follow up to confirm nurses know the location of difficult intubation equipment.	Tracy Page
<b>Ownership Changes</b>			<b>Ownership To</b>
	All of Kerwin Pipersburgh's documents will now be owned by Valerie Martinez	Approved	Valerie Martinez
	Procedure: Inpatient Consultation for Wound Care Center Patients ID 12099 Rev 7 will be transferred from Kathleen Mackessy to Holly Porter	Approved	Holly Porter
<b>Archived Documents</b>			
	Procedure: Physical Games ID 18011 Rev 2	Approved	Tyler Powell
<b>Documents for Awareness</b>			
	Source: All Clinical Documents/NICU	While reviewing lucidocs, Amy noticed that the 'Applies to' on documents would have 'All Clinical Areas' selected when the document content does not apply to NICU. Amy requested a new option such as "All Clinical Areas (NICU excluded)" to be added. The	Amy Murray



Topic	Discussion (Key Points)	Follow-up Action	Responsible
		committee approved this request. Kim MacKay, from Lucidoc, is creating this new option in Lucidoc.	

**Next Meeting:** **Date:** June 12, 2024  
**Time:** 9:30am – 11:00am  
**Location:** TEAMS

## Consent Agenda for Policy & Procedure Committee June 2024

Topic	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
Meeting Minute Approval	May meeting minutes reviewed	Approved	Jami Pearson
<b>Non- Clinical Document</b>			
Administrative Medical Records	Procedure: Prep, Scanning, Quality Control and Validation of Patient Records ID 39372 Rev 8	Approved	Kimberly Jackson
Administrative Medical Records	Procedure: Mail Processing ID 48572 Rev 6	Approved	Kimberly Jackson
Administrative Privacy	Procedure: Privacy – De-identification for Case Presentation ID 23772 Rev 6	Approved	Kimberly Jackson
Administrative Plans	Plan: Provision of Patient Care Plan ID 11349 Rev 15	Approved	Meghan Jaremczuk
Administrative Scopes	Scope of Service: Tele, Med/Surg/Tele ID 57732 Rev 5	Approved	Meghan Jaremczuk
Administrative Scopes	Scope of Service: Medical Acute Care (Non-Monitored) Unit ID 57875 Rev 6	Approved	Meghan Jaremczuk
Administrative Corporate/Employee Health	Procedure: Tuberculosis Screening for Healthcare Personnel ID 10563 Rev 12	Approved	Brian Willey
Administrative Environment of Care	Procedure: Use of Force ID 14809 Rev 4	Approved with edits provided by Lori	Bill Kirby
Administrative Scopes	Scope of Service: Chaplaincy Services/Spiritual Care ID 12381 Rev 8	Approved	Margaret Mertens
<b>Clinical Document</b>			
Clinical Surgery & Procedures	Procedure: Care of Patients with Suspected/Known Transmissible Spongiform Encephalopathy ID 11613 Rev 9	Approved	Bruce Grendell

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Birth Center	Form: Critical Congenital Heart Defect (CCHD) Pass-Fail Grid ID 50572 Rev 2	Approved	Amy Murray
Clinical Birth Center	Procedure: Critical Congenital Heart Defect (CCHD) Screening ID 50252 Rev 4	Approved	Amy Murray
Clinical Birth Center	Form: Critical Congenital Heart Disease (CCHD) Screening Algorithm ID 50432 Rev 3	Approved	Amy Murray
Clinical Birth Center	Policy: Fetal Monitoring Outside of Obstetric Units ID 72272 Rev 1	Approved. Meghan will educate ED team	Amy Murray
Clinical Administrative Nursing	Procedure: Safe Surrender – Newborn Abandonment ID 11038 Rev 7	Approved	Amy Murray
Clinical Trauma	Procedure: Operating Room Coverage for Trauma ID 12257 Rev 7	Approved	Melinda Case
Clinical Trauma	Procedure: Activation of Trauma Team and Internal Triage Criteria ID 15172 Rev 13	Tabled. Zach requested more revisions are needed.	Melinda Case
Clinical Trauma	Procedure: Continuing Medical Education Requirements for Trauma Physicians ID 12221 Rev 8	Approved	Melinda Case
Clinical Practice (Multidisciplinary)	Form: Telemetry Monitoring Standardized Report Form ID 64533 Rev 1	Approved but will HOLD until education has been provided. Goal is be live by July 1, 2024.	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Procedure: Fall Prevention and Management ID 17662 Rev 19	Tabled. More discussion is needed	Meghan Jaremczuk
Clinical Practice (Multidisciplinary)	Procedure: Controlled Substances ID 13068 Rev 14	Approved	Nada Ghobrial
Clinical Rehabilitation	Procedure: Downtime Procedure – Outpatient Therapy ID 25657 Rev 12	Approved	Tyler Powell

Topic	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Practice (Multidisciplinary)	Reference Materials: HIP Replacement Pathway ID 69352 Rev 1	Approved	Najeebe Geagea
Clinical Practice (Multidisciplinary)	Reference Materials: KNEE Replacement Pathway ID 69353 Rev 1	Approved	Najeebe Geagea
Clinical Practice (Multidisciplinary)	Procedure: Automatic CPR Device Procedure ID 66552 Rev 1	Approved	Thomas McGuire
Clinical Practice (Multidisciplinary)	Policy: Virtual Patient Monitoring ID 72952 Rev 5	Approved	Brian Willey
	See attached spreadsheet for all Information System documents	Approved	Jami Pearson
Clinical FANS	Procedure: NICU Nutrition Screening and Assessment ID 52153 Rev 5	Approved with edits to change under New Tube Feeding, 'Preterm' to 'Late Preterm'. Nicole to send policy to Leslie in NICU to ensure education to nursing has been provided.	Nicole Hite
<b>Ownership Changes</b>			<b>Ownership To</b>
	All documents owned by David Contreras will now be owned by Jaime Alvarado	Approved	Jaime Alvarado
	All documents owned by Brian Cohen will now be owned by Valerie Martinez	Approved	Valerie Martinez
	All documents owned by Rebecca Ferry-Rutkoff and Robin Ford will now be owned by Pamela Peterson	Approved	Pamela Peterson
	All document owned by Kevin Smith will now be owned by Deborah Inouye	Approved	Deborah Inouye
	All Information System documents owned by Anis Trabelsi will now be owned by Dr.	Approved	Dr. Ginther

Topic	Discussion (Key Points)	Follow-up Action	Responsible
	Ginther		
	Procedure: Information Systems Server Upgrade/Maintenance Notification ID 20473 will now be owned by Dr. Ginther	Approved	Dr. Ginther
	Procedure: Television System ID 13910 will be transferred from Anis Trabelsi to Dr. Ginther	Approved	Dr. Ginther
	All CRM documents will now be owned by Susan Mitchell-Block	Approved	Susan Mitchell-Block
	Procedure: Police: Law Enforcement Representatives – Prisoners ID 11285 will be transferred from Anis Trabelsi to Bill Kirby	Approved	Bill Kirby
	Policy: Smoking Policy in Palomar Health Facilities ID 25912 will be transferred from Anis Trabelsi to Bill Kirby	Approved	Bill Kirby
<b>Archived Documents</b>			
	Procedure: Calorie Counts – Acute Care/ARU ID 10237 Rev 10	Approved	Nicole Hite
<b>Documents for Awareness</b>			
	Policy: Blood Administration; All Products ID 14340 Rev 10	Amy placed an IT request to add blood compatibility to Cerner under the blood administration section. Rebecca is adding blood compatibility to the current blood administration IXpand.	Amy Murray

**Next Meeting:** **Date:** July 10, 2024  
**Time:** 9:30am – 11:00am  
**Location:** TEAMS

## APPROVALS AT QMC - JANUARY 2024 - JUNE 30, 2024

ID	Title	Owner	Official Date	Status	Type	Source
49032	Neonatal Crash Cart Content List	Murray, Amy	1/31/2024	Official	Form	Birth Center
69152	Nurse Midwife Standardized Procedure	Murray, Amy	1/31/2024	Official	Standardized Pro	Birth Center
69412	Nurse Practitioner Procedures in the NICU	Murray, Amy	1/31/2024	Official	Standardized Pro	Neonatal Intensive Care Unit (NICU)
71275	Nurse Practitioner Management of NICU and Newborn Patients	Murray, Amy	1/31/2024	Official	Standardized Pro	Clinical Practice (Multidisciplinary)
10604	NPO Exams	Kendall, Sims	2/1/2024	Official	Procedure	Clerical - Imaging
11377	Dosimetry Badge Program	Kendall, Sims	2/1/2024	Official	Procedure	Imaging
12119	Pharmacist Review of Medication Orders	Ghobrial, Nada	2/1/2024	Official	Procedure	Pharmacy
12123	Pyxis MedStations	Ghobrial, Nada	2/1/2024	Official	Procedure	Clinical Practice (Multidisciplinary)

14662	Codes Activation	Willey, Brian	2/1/2024	Official	Procedure	Communication/Call Center
14678	Code Triage - Disaster/Unplanned Event	Willey, Brian	2/1/2024	Official	Procedure	Emergency Management (EM)
14732	Distribution of Medication to the Back Table	Grendell, Bruce	2/1/2024	Official	Procedure	Surgery & Procedures
16381	Self Administration of Meds by Inpatients/Non-staff members/ Bedside Medication	Ghobrial, Nada	2/1/2024	Official	Policy	Clinical Practice (Multidisciplinary)
17400	Pharmacy Code Boxes	Ghobrial, Nada	2/1/2024	Official	Procedure	Pharmacy
19076	TPN (Total Parenteral Nutrition) Guidelines, when Performed by a Pharmacist	Ghobrial, Nada	2/1/2024	Official	Procedure	Pharmacy
20512	Intrathecal & Intraventricular Medication Preparation, Delivery, and Administration	Ghobrial, Nada	2/1/2024	Official	Procedure	Pharmacy
29733	Opioids - Restrictions on Use	Ghobrial, Nada	2/1/2024	Official	Procedure	Pharmacy
45612	Obstetrical Emergency: Postpartum Hemorrhage	Murray, Amy	2/1/2024	Official	Procedure	Birth Center

51912	FANS Chemical Use Chart	Hite, Nicole	2/1/2024	Official	Form	Food Handling/Food Safety/Inf
58232	FANS Environmental Sanitation	Hite, Nicole	2/1/2024	Official (Archive: Pending Comn	Procedure	Infection Control
60412	Protocol for Methicillin Resistant Staph Aureus Screening in Patient Receiving Van	Ghobrial, Nada	2/1/2024	Official	Procedure	Pharmacy
63252	Influenza, Pneumococcal and COVID-19 Vaccine, Screening and Administration	Russell, Melvin	2/1/2024	Official	Standardized Pro	Clinical Practice (Multidisciplin
72872	Palomar Health Elective Colon Bundle	Martinez, Valerie A	2/1/2024	Official	Form	Infection Control
10804	Point of Use Decontamination and Transport of Reusable Equipment	Martinez, Valerie A	3/4/2024	Official	Procedure	Infection Control
11312	Preparation For Diagnostic Imaging Examination	Kendall, Sims	3/4/2024	Official	Procedure	Imaging



12115	Patient's Own Medication	Ghobrial, Nada	3/4/2024	Official	Policy	Pharmacy
12845	Aminoglycoside Dosing Service	Ghobrial, Nada	3/4/2024	Official	Procedure	Pharmacy
13164	Drug Recalls in Pharmacy	Ghobrial, Nada	3/4/2024	Official	Procedure	Pharmacy
23852	PCA Care of the Patient	Jaremczuk, Meghan	3/4/2024	Official	Procedure	Clinical Practice (Multidisciplinary)
26552	Management of Insulin Pump and Continuous Glucose Monitor (CGM)	Porter, Holly	3/4/2024	Official	Procedure	Diabetes Health
30674	CK Monitoring During Daptomycin Therapy	Ghobrial, Nada	3/4/2024	Official	Procedure	Pharmacy
32532	Pharmacy Controlled Substance Vault	Ghobrial, Nada	3/4/2024	Official	Procedure	Pharmacy
39312	Restricted Antimicrobials	Ghobrial, Nada	3/4/2024	Official	Procedure	Pharmacy
45032	Bioterrorism Employee Prophylaxis Antibiotic Cache Deployment	Ghobrial, Nada	3/4/2024	Official	Procedure	Pharmacy

46912	High Level Disinfection for Respiratory Care	Martinez, Valerie A	3/4/2024	Official	Procedure	Respiratory Services
46972	Stroke Code and Patient Care Guidelines	Page, Tracy	3/4/2024	Official	Procedure	Clinical Practice (Multidisciplin
49972	Antimicrobial Stewardship Program	Ghobrial, Nada	3/4/2024	Official	Policy	Pharmacy
62672	Adult Inpatient Anti-coagulation Protocol	Ghobrial, Nada	3/4/2024	Official	Procedure	Pharmacy
65416	INF Abatacept (ORENCIA) Orders	Renner, Todd	3/4/2024	Official	Form	Pharmacy
65417	INF Alpha-1 Proteinase Inhibitor (PROLASTIN-C LIQUID) orders	Renner, Todd	3/4/2024	Official	Form	Pharmacy
67172	Unsigned Orders	Pearson, Jami	3/4/2024	Official	Standardized Pro	Administrative

73592	Pharmacy Contact Media Cultures	D'Angelo, Jessica	3/4/2024	Official	Procedure	Microbiology
10103	Aerosol Administration and Sputum Induction	Martinez, Valerie A	3/6/2024	Official	Procedure	Respiratory Services
24152	Medication Reconciliation	Ghobrial, Nada	3/6/2024	Official	Procedure	Clinical Practice (Multidisciplinary)
37812	Antimicrobial Sub-Committee	Ghobrial, Nada	3/6/2024	Official	Procedure	Pharmacy
17583	Latex Precautions Management	Jaremczuk, Meghan	3/13/2024	Official	Procedure	Clinical Practice (Multidisciplinary)
49893	Diabetes Management of the Obstetric Patient	Murray, Amy	3/29/2024	Official	Procedure	Birth Center
11234	Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan	Martinez, Valerie A	4/2/2024	Official	Plan	Plans
14340	Blood Administration; All Products	Murray, Amy	4/2/2024	Official	Policy	Clinical Practice (Multidisciplinary)
51112	Bed Bugs Integrated Pest Management	Martinez, Valerie A	4/2/2024	Official	Procedure	Infection Control

10617	External Cephalic Version (ECV)	Murray, Amy	5/1/2024	Official	Procedure	Birth Center
11068	Nutrition Counseling-Acute	Hite, Nicole	5/1/2024	Official	Procedure	Clinical Nutrition Therapy/Patie
15412	Infection Prevention and Control Risk Assessment and Surveillance Plan	Martinez, Valerie A	5/1/2024	Official	Plan	Plans
18766	Medication Administration Using an Implantable Pain/Chemotherapy Pump	Jaremczuk, Meghan	5/1/2024	Official	Procedure	Clinical Practice (Multidisciplin
18786	Chemotherapy and Biotherapy Administration, Disposal, and Extravasation Care	Jaremczuk, Meghan	5/1/2024	Official	Procedure	Clinical Practice (Multidisciplin
24972	MRI Contrast Gadolinium Administration	Kendall, Sims	5/1/2024	Official	Procedure	MRI
36032	Vascular Access Devices Care and Maintenance Guidelines - Adults Only	McGuire, Thomas	5/1/2024	Official	Form	Clinical Practice (Multidisciplin
45812	OB Emergency Postpartum Hemorrhage Cart Contents	Murray, Amy	5/1/2024	Official	Form	Birth Center

46692	Diagnostic Imaging Matrix	Kendall, Sims	5/1/2024	Official	Form	Protocols - Imaging
48712	Emergency Medication Kit Contents	Ghobrial, Nada	5/1/2024	Official	Form	Pharmacy
51272	Acute Dyspnea	Mackessy, Kathleen	5/1/2024	Official	Procedure	Cardiac and Pulmonary Rehabi
52692	Outpatient Pharmacy CURES Reporting	Chang, Susan	5/1/2024	Official	Procedure	Pharmacy
58692	MRI Exams On Out-patients with Cardiac Implantable Electronic Devices (CIEDs)	Kendall, Sims	5/1/2024	Official	Procedure	MRI
61012	Infection Control and Prevention Program Annual Summary	Martinez, Valerie A	5/1/2024	Official	Reference Mater	Infection Control
63693	The Villas at Poway Surveillance Plan, 2024	Crouse, Jolene	5/1/2024	Official	Plan	Skilled Nursing, The Villas at Po
70056	ONC BLA050 Pembrolizumab Orders	Renner, Todd	5/1/2024	Official	Form	Pharmacy
71992	Water Management Program and Water Safety Plan, PMCE	Martinez, Valerie A	5/1/2024	Official	Form	Infection Control
71993	Water Management Program and Safety Plan, PMCP	Martinez, Valerie A	5/1/2024	Official	Form	Infection Control

74292	NICU Blood Product Administration - Transfusion Power Plan	Kolins, Jerry	5/1/2024	Official	Power Plan	Neonatal Intensive Care Unit (NICU)
74312	Euglycemic DKA Protocol	McGuire, Thomas	5/7/2024	Official	Power Plan	Clinical Practice (Multidisciplinary)
67892	ONC BLA028 Mitomycin/Fluorouracil Orders	Renner, Todd	5/20/2024	Official	Form	Pharmacy
70034	ONC ANA001 Mitomycin/Fluorouracil Orders	Renner, Todd	5/20/2024	Official	Form	Pharmacy
70055	ONC ANA008 Pembrolizumab Orders	Renner, Todd	5/20/2024	Official	Form	Pharmacy
15310	Animal Management: Service Animals and Pet Visitation	Martinez, Valerie A	6/10/2024	Official	Procedure	Infection Control
15327	Transmission-Based Precautions	Martinez, Valerie A	6/10/2024	Official	Procedure	Infection Control
28152	Influx of Suspected Infectious Patients	Martinez, Valerie A	6/10/2024	Official	Procedure	Infection Control
34772	Aerosol Transmissible Diseases (ATD) Exposure Control Plan	Martinez, Valerie A	6/10/2024	Official	Procedure	Infection Control

38812	Cleaning and Disinfection of Equipment	Martinez, Valerie A	6/10/2024	Official	Procedure	Infection Control
10563	Tuberculosis (TB) Screening for Healthcare Personnel	Willey, Brian	6/26/2024	Official	Procedure	Corporate/Employee Health
11613	Care of Patients with Suspected / Known Transmissible Spongiform Encephalopat	Grendell, Bruce	6/26/2024	Official	Procedure	Surgery
11806	Verbal/Telephone Provider Order Processing	Jaremczuk, Meghan	6/26/2024	Official	Policy	Clinical Practice (Multidisciplin
12126	Look-Alike Sound-Alike Medications- Reduction of Adverse Events	Ghobrial, Nada	6/26/2024	Official	Procedure	Pharmacy
12248	Morbidity and Mortality Committee	Case, Melinda	6/26/2024	Official	Procedure	Trauma
12421	Inpatient Emergency Care	Porter, Holly	6/26/2024	Official	Standardized Pro	Clinical Practice (Multidisciplin
12852	Anesthesia Mobile Medication Trays	Ghobrial, Nada	6/26/2024	Official	Procedure	Pharmacy
12859	Chemotherapy Drug Guidelines For Pharmacy	Ghobrial, Nada	6/26/2024	Official	Procedure	Pharmacy

13068	Controlled Substances	Ghobrial, Nada	6/26/2024	Official	Procedure	Clinical Practice (Multidisciplin
16829	Fetal & Uterine Monitoring	Murray, Amy	6/26/2024	Official	Procedure	Birth Center
23772	Privacy - De-identification for Case Presentation	Jackson, Kimberly A	6/26/2024	Official	Procedure	Privacy
35912	Chemotherapy Preparation and Monitoring by Pharmacy	Ghobrial, Nada	6/26/2024	Official	Procedure	Pharmacy
44392	CT Imaging Protocols Matrix	Kendall, Sims	6/26/2024	Official	Form	Protocols - Imaging
50492	Mobile Anesthesia Tray Contents List	Ghobrial, Nada	6/26/2024	Official	Form	Pharmacy
55132	Epidural Cart Medication Contents List	Ghobrial, Nada	6/26/2024	Official	Form	Pharmacy
62532	MRI Exam Protocol Matrix	Kendall, Sims	6/26/2024	Official	Reference Mater	Protocols - Imaging
65413	INF Golimumab (SIMPONI ARIA) Orders	Renner, Todd	6/26/2024	Official	Form	Pharmacy



**RADY CHILDREN’S HOSPITAL SAN DIEGO DBA  
RADY CHILDREN’S SPECIALISTS OF SAN DIEGO  
FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 12, 2024

**FROM:** Omar Khawaja, MD, MBA, Chief Medical Officer

**Background:** The original contract represented Palomar’s desire to engage the non-exclusive services of RCSSD physicians to render neonatal coverage and neonatal medical director services to the Neonatal Intensive Care Unit. This First Amendment extends the term of the Agreement for an additional ninety (90) days.

**Budget Impact:** Budgeted

**Staff Recommendation:** Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** There was no Finance Committee meeting in the month of July.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

## PALOMAR HEALTH – AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	<b>TITLE</b>	1) Professional Services Agreement 2) 1 <sup>st</sup> Amendment to Professional Services Agreement
	<b>AGREEMENT DATE</b>	1) September 23, 2022 2) December 20, 2023
	<b>EFFECTIVE DATE</b>	1) January 3, 2023 2) December 20, 2023
	<b>PARTIES</b>	Rady Children’s Hospital San Diego dba Rady Children’s Specialists of San Diego and Palomar Health
	<b>PURPOSE</b>	Provision of non-exclusive services of the RCSSD physicians to render neonatal coverage and neonatal medical director services to Palomar
	<b>SCOPE OF SERVICES</b>	RCSSD engages and provides the professional services of certain qualified physicians who are licensed to practice medicine in CA and are qualified to render services in the specialty fields of neonatology, and are willing and able to provide the services.
	<b>PROCUREMENT METHOD</b>	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	<b>TERM</b>	1) Initial term of agreement commenced on the date the Escondido NICU received licensure from CDPH and continued for a one (1) year period, unless sooner terminated in accordance with Section IX. 2) Extension of term for ninety (90) days
	<b>RENEWAL</b>	No
	<b>TERMINATION</b>	With/Without Cause – Either party may terminate this Agreement in the event of a material breach or default by the other party of any duty, obligation, or covenant contained in the agreement, if such material breach or default is not cured within fourteen (14) days after the provision of written notice of such a breach or default the non-breaching Party.
	<b>FAIR MARKET VALUATION</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Compensation is in the amount of the variance (if any) for the actual costs associated with the physician coverage, less the amount collected by RCCSD for the provision of the professional services. The medical director rate is commensurate with similar specialties
	<b>COMPENSATION METHODOLOGY</b>	The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of federal health care program or any other business generated by and among the Parties.
	<b>BUDGETED</b>	X YES <input type="checkbox"/> NO – IMPACT:
	<b>EXCLUSIVITY</b>	X NO    YES – EXPLAIN:
	<b>JUSTIFICATION</b>	Increase in NICU bed capacity
	<b>AGREEMENT NOTICED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO    Methodology & Response:
	<b>ALTERNATIVES/IMPACT</b>	
	<b>Duties</b>	<input type="checkbox"/> Provision for Staff Education <input type="checkbox"/> Provision for Medical Staff Education <input type="checkbox"/> Provision for participation in Quality Improvement <input type="checkbox"/> Provision for participation in budget process development
	<b>COMMENTS</b>	
	<b>APPROVALS REQUIRED</b>	<input type="checkbox"/> VP <input type="checkbox"/> CFO <input type="checkbox"/> CEO <input type="checkbox"/> BOD Committee _____ <input type="checkbox"/> BOD

**RADY CHILDREN'S HOSPITAL SAN DIEGO DBA  
RADY CHILDREN'S SPECIALISTS OF SAN DIEGO  
SECOND AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT**

**TO:** Board of Directors

**MEETING DATE:** Monday, August 12, 2024

**FROM:** Omar Khawaja, MD, MBA, Chief Medical Officer

**Background:** The original contract represented Palomar's desire to engage the non-exclusive services of RCSSD physicians to render neonatal coverage and neonatal medical director services to the Neonatal Intensive Care Unit. The First Amendment extended the term of the Agreement for an additional ninety (90) days. This Second Amendment extends the term of the Agreement through December 31, 2024.

**Budget Impact:** Budgeted

**Staff Recommendation:** Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** There was no Finance Committee meeting in the month of July.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

## PALOMAR HEALTH – AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	<b>TITLE</b>	<ol style="list-style-type: none"> <li>1) Professional Services Agreement</li> <li>2) 1<sup>st</sup> Amendment to Professional Services Agreement</li> <li>3) 2<sup>nd</sup> Amendment to Professional Services Agreement</li> </ol>
	<b>AGREEMENT DATE</b>	<ol style="list-style-type: none"> <li>1) September 23, 2022</li> <li>2) December 20, 2023</li> <li>3) March 20, 2024</li> </ol>
	<b>EFFECTIVE DATE</b>	<ol style="list-style-type: none"> <li>1) January 3, 2023</li> <li>2) December 20, 2023</li> <li>3) March 20, 2024</li> </ol>
	<b>PARTIES</b>	Rady Children’s Hospital San Diego dba Rady Children’s Specialists of San Diego and Palomar Health
	<b>PURPOSE</b>	Provision of non-exclusive services of the RCCSD physicians to render neonatal coverage and neonatal medical director services to Palomar
	<b>SCOPE OF SERVICES</b>	RCCSD engages and provides the professional services of certain qualified physicians who are licensed to practice medicine in CA and are qualified to render services in the specialty fields of neonatology, and are willing and able to provide the services.
	<b>PROCUREMENT METHOD</b>	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	<b>TERM</b>	<ol style="list-style-type: none"> <li>1) Initial term of agreement commenced on the date the Escondido NICU received licensure from CDPH and continued for a one (1) year period, unless sooner terminated in accordance with Section IX.</li> <li>2) Extension of term for ninety (90) days (March 19, 2024)</li> <li>3) Extension of term through December 31, 2024</li> </ol>
	<b>RENEWAL</b>	No
	<b>TERMINATION</b>	With/Without Cause – Either party may terminate this Agreement in the event of a material breach or default by the other party of any duty, obligation, or covenant contained in the agreement, if such material breach or default is not cured within fourteen (14) days after the provision of written notice of such a breach or default the non-breaching Party.
	<b>FAIR MARKET VALUATION</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Compensation is in the amount of the variance (if any) for the actual costs associated with the physician coverage, less the amount collected by RCCSD for the provision of the professional services. The medical director rate is commensurate with similar specialties
	<b>COMPENSATION METHODOLOGY</b>	The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of federal health care program or any other business generated by and among the Parties.
	<b>BUDGETED</b>	X YES <input type="checkbox"/> NO – IMPACT:
	<b>EXCLUSIVITY</b>	X NO    YES – EXPLAIN:
	<b>JUSTIFICATION</b>	Increase in NICU bed capacity
	<b>AGREEMENT NOTICED</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    Methodology & Response:
	<b>ALTERNATIVES/IMPACT</b>	
	<b>Duties</b>	<input type="checkbox"/> Provision for Staff Education <input type="checkbox"/> Provision for Medical Staff Education <input type="checkbox"/> Provision for participation in Quality Improvement <input type="checkbox"/> Provision for participation in budget process development
	<b>COMMENTS</b>	
	<b>APPROVALS REQUIRED</b>	<input type="checkbox"/> VP <input type="checkbox"/> CFO <input type="checkbox"/> CEO <input type="checkbox"/> BOD Committee _____ <input type="checkbox"/> BOD

### 3<sup>rd</sup> Amendment to Psychiatric Services & Medical Director Services Agreement

**TO:** Board of Directors  
**DATE:** Monday, August 12, 2024  
**FROM:** Don Myers, Director Behavioral Health

**Background:** Senior Medical Associates, Inc. provides psychiatric and Medical Director services for Palomar Health hospital. This is the 3<sup>rd</sup> Amendment to the original agreement.

**Budget Impact:** Budgeted

**Staff Recommendation:** Secure the services of Senior Medical Associates, Inc., to continue to provide psychiatric and Medical Director services for Palomar Health hospital

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** There was no Finance Committee meeting in the month of July.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

## PALOMAR HEALTH – AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	<b>TITLE</b>	Amendment 3 to Psychiatric Services & Medical Director Services Agreement
	<b>AGREEMENT DATE</b>	7/1/2024
	<b>PARTIES</b>	Senior Medical Associates, Inc. and Palomar Health
	<b>PURPOSE</b>	Psych Services and Medical Director Services for Hospital
	<b>SCOPE OF SERVICES</b>	Per contract terms
	<b>PROCUREMENT METHOD</b>	<input type="checkbox"/> Request For Proposal                      x <input type="checkbox"/> Discretionary
	<b>TERM</b>	12 months
	<b>RENEWAL</b>	Yes
	<b>TERMINATION</b>	6/30/2025
/	<b>FAIR MARKET VALUATION</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – DATE COMPLETED:
	<b>COMPENSATION METHODOLOGY</b>	Contractor to submit monthly invoice with supporting documents per description of services provided as defined in agreement
	<b>BUDGETED</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	<b>EXCLUSIVITY</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	<b>JUSTIFICATION</b>	Psych and MD services needed
	<b>AGREEMENT NOTICED</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>Methodology &amp; Response:</b>
	<b>ALTERNATIVES/IMPACT</b>	
	<b>Duties</b>	<input type="checkbox"/> Provision for Staff Education <input type="checkbox"/> Provision for Medical Staff Education <input type="checkbox"/> Provision for participation in Quality Improvement <input type="checkbox"/> Provision for participation in budget process development
	<b>COMMENTS</b>	
	<b>APPROVALS REQUIRED</b>	<input type="checkbox"/> VP <input type="checkbox"/> CFO <input type="checkbox"/> CEO <input type="checkbox"/> BOD Committee _____ <input type="checkbox"/> BOD

# ADDENDUM C

**RESOLUTION NO. 08.12.24(01)-16**

**Resolution of the Board of Directors of Palomar Health Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2024-2025 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith**

**WHEREAS**, as authorized by a ballot measure ("Measure BB"), approved by more than two-thirds of the votes cast on such ballot measure at an election held in Palomar Pomerado Health, now known as Palomar Health (the "District") on November 2, 2004, the Board of Directors of the District (the "Board of Directors") was authorized to issue \$496,000,000 aggregate principal amount of general obligation bonds for the purpose of financing a portion of the hospital and health care facilities projects as referenced and described in Measure BB;

**WHEREAS**, in accordance with the provisions of The Local Health Care District Law of the State of California (constituting Division 23 of the California Health and Safety Code) (the "Local Health Care District Law"), the District issued:

(i) \$80,000,000 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2005A" (the "Series 2005A Bonds") on July 7, 2005;

(ii) \$241,083,318.80 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2007A" (the "Series 2007A Bonds") on December 20, 2007;

(iii) \$110,000,000 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2009A" (the "Series 2009A Bonds") on March 18, 2009; and

(iv) \$64,916,678.80 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2010A" (the "Series 2010A Bonds") on November 18, 2010;

**WHEREAS**, on October 27, 2016, pursuant to Articles 9 and 11 of Chapter 3 of Part 1 of Division 2 of Title 5 of the California Government Code, the District issued:

(i) \$48,520,000 aggregate principal amount of general obligation refunding bonds designated as "Palomar Health General Obligation Refunding Bonds, Series 2016A (the "Series 2016A Bonds") to refund all outstanding Series 2005A Bonds; and

(ii) \$164,450,000 aggregate principal amount of general obligation refunding bonds designated as "Palomar Health General Obligation Refunding Bonds, Series 2016B (the "Series 2016B Bonds") to refund the current interest portion of the Series 2007A Bonds;



**WHEREAS**, as provided by the Local Health Care District Law, principal and interest on the outstanding Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds as the same become due are payable from the levy and collection of *ad valorem* taxes within the District;

**WHEREAS**, pursuant to Section 32312 of the Local Health Care District Law, the Board of Supervisors of the County of San Diego (the "Board of Supervisors of the County") is required to levy and collect annually each year until the Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds are paid a tax sufficient to pay the principal of and interest on such Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds (collectively, the "Bonds") as the same become due and payable;

**WHEREAS**, in order to facilitate the levy and collection of such *ad valorem* taxes by the Board of Supervisors of the County as provided in Section 32312 of the Local Health Care District Law, the Board of Directors hereby notifies the Board of Supervisors of the County that principal and interest on the Bonds in the amount of \$33,672,889 will become due and payable during the fiscal year commencing July 1, 2024, and ending June 30, 2025;

**WHEREAS**, the Board of Directors has been advised that the total net secured assessed valuation of the District is now estimated at \$112,029,474,475 full value; and,

**WHEREAS**, also in order to facilitate the levy and collection of such *ad valorem* taxes by the Board of Supervisors of the County as provided in Section 32312 of the Local Health Care District Law, a rate of taxation of \$32.00 for each one hundred thousand dollars' valuation of taxable property (full value) within the District for fiscal year commencing July 1, 2024, and ending June 30, 2025, is hereby established;

**NOW, THEREFORE, BE IT RESOLVED THAT:**

**Section 1. Recitals.** The foregoing recitals are true and correct, and this Board of Directors so finds and determines.

**Section 2. Further Authorization; Ratification of Actions.** The Chair of the Board of Directors, any member of the Board of Directors, the President and Chief Executive Officer of the District or any designee of the President and Chief Executive Officer of the District or the Chief Financial Officer of the District or any designee of the Chief Financial Officer of the District (each, an "Authorized District Representative") is hereby authorized and directed, for and in the name of and on behalf of the District, to do any and all things and to execute and deliver any and all documents, instruments and certificates, and to enter into any and all agreements, which such Authorized District Representative may deem necessary or advisable in order to carry out, give effect to and comply with the terms and intent of this Resolution. All such actions heretofore taken by any such Authorized District Representative are hereby ratified, confirmed and approved.

**Section 3. Effective Date.** This Resolution shall take effect from the date of adoption hereof.

**PASSED AND ADOPTED** by the Board of Directors of Palomar Health on the 14<sup>th</sup> day of August, 2023, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINING:

DATED: August 12, 2024

BY:

---

Jeff Griffith, EMT-P  
Chair, Board of Directors

ATTESTED:

---

Terry Corrales, RN  
Secretary, Board of Directors

STATE OF CALIFORNIA        )  
  ) ss  
COUNTY OF SAN DIEGO        )

I, Terry Corrales, RN, the Secretary of the Board of Directors of Palomar Health (the "District"), do hereby certify that the foregoing is a true copy of a resolution adopted by the District on August 12, 2024, at the time and by the vote stated above, which resolution is on file in the offices of the District.

DATED:            August 12, 2024

\_\_\_\_\_  
Terry Corrales, RN  
Secretary, Board of Directors

**NARRATIVE ON THE RECENT HISTORY OF TAXATION**

Palomar Health has two types of property taxes available as follows:

**SPECIAL ASSESSMENT FOR GENERAL OBLIGATION BONDS**

The taxes necessary to pay the interest and principal for the Election of 2004, Series 2007A, 2009A and 2010A Palomar Pomerado Health General Obligation Bonds, and the Series 2016A and 2016B Palomar Health General Obligation Refunding Bonds that were approved by a two-thirds majority of the voters in November 2004. These tax revenues are restricted for the specific purpose of the election campaign of 2004.

**OTHER PROPERTY TAXES**

A tax equal to 1% of the full cash value of property is levied each fiscal year by the county and distributed to governmental agencies within the county according to a formula mandated by the state legislature. (California Constitution Article XIII(A); Revenue and Taxation Code Section 97). The state legislature and the county place no restrictions on the tax monies granted to local government agencies, such as Palomar Health. (Part 0.5, Division 1 of the Revenue and Taxation Code.) Since these tax revenues are unrestricted, it is not necessary to inform the public regarding the intended use of the funds.

The following is a schedule reflecting our total tax revenues by fiscal year for the past forty-three years.

Fiscal Year	Total Received Cash Basis	Restricted for Bond Interest & Principal	Unrestricted	From Prior Year (Unrestricted)	
				Increase (Decrease) \$	%
1977/78	\$2,460,384	\$445,211	\$2,015,173	-----	-----
1978/79	1,513,554	518,736	994,818	(1,020,355)	-50.63%
1979/80	1,621,350	428,585	1,192,765	\$197,947	19.90%
1980/81	1,914,882	458,941	1,455,941	263,176	22.06%
1981/82	2,157,298	425,948	1,731,350	275,409	18.92%
1982/83	2,245,799	431,669	1,814,130	82,780	4.78%
1983/84	2,453,236	454,544	1,998,692	184,562	10.17%
1984/85	2,618,899	429,139	2,189,760	191,068	9.56%
1985/86	2,922,025	400,336	2,521,689	331,929	15.16%
1986/87	3,325,080	476,027	2,849,053	327,364	12.98%
1987/88	3,590,335	415,348	3,174,987	325,934	11.44%
1988/89	4,009,992	389,724	3,620,268	445,281	14.02%
1989/90	4,644,106	451,969	4,192,137	571,869	15.80%
1990/91	4,898,609	404,912	4,493,697	301,560	7.19%
1991/92	5,305,810	435,226	4,870,584	376,887	8.39%
1992/93	5,230,679	455,415	4,775,264	(95,320)	-1.96%
1993/94	5,405,901	429,917	4,975,984	200,720	4.20%
1994/95	5,589,446	422,427	5,167,019	191,035	3.84%
1995/96	5,604,306	452,813	5,151,493	(15,526)	-0.30%
1996/97	5,641,183	473,160	5,168,023	16,530	0.32%
1997/98	5,862,721	358,706	5,504,015	335,992	6.50%
1998/99	5,915,399	0	5,915,399	411,384	7.47%
1999/00	6,432,482	0	6,432,482	517,083	8.74%
2000/01	7,061,136	0	7,061,136	628,654	9.77%
2001/02	7,693,200	0	7,693,200	632,064	8.95%
2002/03	8,391,961	0	8,391,961	698,761	9.08%
2003/04	9,077,863	0	9,077,863	685,902	8.17%
2004/05	10,180,831	0	10,180,831	1,102,968	12.15%
2005/06	20,853,221	9,303,843	11,549,378	1,368,547	13.44%
2006/07	23,604,928	11,040,737	12,564,191	1,014,813	8.79%
2007/08	25,130,428	11,730,239	13,400,189	835,998	6.65%
2008/09	25,440,143	11,975,665	13,464,478	64,289	0.48%
2009/10	24,580,410	11,621,467	12,958,943	(505,535)	-3.75%
2010/11	27,616,427	14,995,884	12,620,543	(338,400)	-2.61%
2011/12	28,028,448	15,345,381	12,683,067	62,524	0.50%
2012/13	28,751,534	15,825,390	12,926,144	243,077	1.92%
2013/14	29,849,999	16,404,131	13,445,868	519,724	4.02%
2014/15	32,023,854	17,720,907	14,302,947	857,079	6.37%
2015/16	34,009,986	18,903,673	15,106,313	803,366	5.62%
2016/17	35,957,272	20,058,419	15,898,853	792,540	5.25%
2017/18	35,840,634	19,089,447	16,751,187	852,334	5.36%
2018/19	37,887,855	20,314,644	17,573,211	822,025	4.91%
2019/20	46,866,602	28,616,414	18,250,188	676,977	3.85%
2020/21	59,168,327	39,849,378	19,318,949	1,068,761	5.86%
2021/22	63,821,852	44,001,578	19,820,274	501,325	2.59%
2022/23	69,714,946	47,799,489	21,915,457	2,095,183	10.57%
2023/24	70,349,929	46,944,122	23,405,807	1,490,350	6.80%

RESOLUTION NO. 08.12.24(02)-17

Resolution of the Board of Directors of Palomar Health  
Establishing the Appropriations Limit of the District for  
the Fiscal Year July 1, 2024 – June 30, 2025

---

WHEREAS, Government Code Section 7910 requires that each year the Board of Directors of this District shall, by resolution, establish the District’s appropriations limit for the following fiscal year pursuant to Article XIII(B) of the California Constitution; and

WHEREAS, for not less than fifteen days prior to this meeting the documentation attached hereto as Exhibit “A” used in the determination of the appropriations limit has been available to the public in accordance with Government Code 7910.

NOW THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors as follows:

Section 1. The appropriations limit of Palomar Health for fiscal year July 1, 2024 – June 30, 2025, pursuant to Article XIII(B) of the California Constitution is hereby established at \$138,578,580.

Section 2. This resolution is effective immediately upon its adoption by the Board of Directors.

PASSED AND ADOPTED at the meeting of the Board of Directors of Palomar Health held August 12, 2024, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAINING:

ATTEST:

---

Jeff Griffith, EMT-P  
Chair

---

Terry Corrales, RN  
Secretary

EXHIBIT "A"  
 PALOMAR HEALTH  
 APPROPRIATIONS LIMIT  
 2024/2025

---

**2023/2024 APPROPRIATIONS LIMIT** **\$131,671,317**

PRICE FACTOR 3.62%

-- OR --

CHANGE IN LOCAL ASSESSMENT ROLL DUE  
 TO NON-RESIDENTIAL NEW CONSTRUCTION 4.80% = 1.0480

-- AND --

POPULATION FACTOR 0.43% = 1.0043

CALCULATION OF FACTOR FOR FY 2024/2025 1.0480 x 1.0043 = 1.0525

$\$131,671,317 \times 1.0525 = \underline{\underline{\$138,578,580}}$

**2024/2025 APPROPRIATIONS LIMIT** **\$138,578,580**

**POSTED**

**FRIDAY**

**JULY 19, 2024**

**PUBLIC NOTICE**

The Board of Directors of Palomar Health will establish its Appropriations Limit for the 2024/2025 fiscal year at its regularly scheduled meeting, to be held in the 1<sup>st</sup> Floor Conference Center at Palomar Medical Center Escondido, 2185 Citracado Parkway, Escondido, CA 92029, at 6:30 p.m. on Monday, August 12, 2024. This Appropriations Limit is for the unrestricted appropriations and is in no way related to the appropriations for the General Obligation Bonds issued in 2007, 2009 and 2010, or for the General Obligation Refunding Bonds issued in 2016. The documentation used in the determination of the Appropriations Limit is available to the public at the office of the President and Chief Executive Officer, 2125 Citracado Parkway, Suite 300, Escondido, CA 92029.

DATED: July 19, 2024

PALOMAR HEALTH  
A California Local Healthcare District

BY: \_\_\_\_\_



Diane L. Hansen  
President & CEO



Cal OES ID No: \_\_\_\_\_

**RESOLUTION NO. 08.12.24(03)-18**  
**DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR NON-STATE AGENCIES**

BE IT RESOLVED BY THE \_\_\_\_\_ OF \_\_\_\_\_  
 (Governing Body) (Name of Applicant)

THAT \_\_\_\_\_, OR  
 (Title of Authorized Agent)

\_\_\_\_\_, OR  
 (Title of Authorized Agent)

\_\_\_\_\_  
 (Title of Authorized Agent)

is hereby authorized to execute for and on behalf of \_\_\_\_\_,  
 (Name of Applicant)

a public entity established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining federal financial assistance for any existing or future grant program, including, but not limited to any of the following:

- **Federally declared Disaster (DR), Fire Mitigation Assistance Grant (FMAG), California State Only Disaster (CDAA), Immediate Services Program (ISP), Hazard Mitigation Grant Program (HMGP), Building Resilient Infrastructure and Communities (BRIC), Legislative Pre-Disaster Mitigation Program (LPDM)**, under
- Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.
- **Flood Mitigation Assistance Program (FMA)**, under Section 1366 of the National Flood Insurance Act of 1968.
- **National Earthquake Hazards Reduction Program (NEHRP)** 42 U.S. Code 7704 (b) ((2) (A) (ix) and 42 U.S. Code 7704 (b) (2) (B) National Earthquake Hazards Reduction Program, and also The Consolidated Appropriations Act, 2018, Div. F, Department of Homeland Security Appropriations Act, 2018, Pub. L. No. 115-141
- **California Early Earthquake Warning (CEEW)** under CA Gov Code – Gov, Title 2, Div. 1, Chapter 7, Article 5, Sections 8587.8, 8587.11, 8587.12

That \_\_\_\_\_, a public entity established under the  
 (Name of Applicant)

laws of the State of California, hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.





**Please check the appropriate box below**

- This is a universal resolution and is effective for all open and future disasters/grants declared up to three (3) years following the date of approval.
- This is a disaster/grant specific resolution and is effective for only disaster/grant number(s): \_\_\_\_\_

Passed and approved this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
 (Name and Title of Governing Body Representative)

\_\_\_\_\_  
 (Name and Title of Governing Body Representative)

\_\_\_\_\_  
 (Name and Title of Governing Body Representative)

**CERTIFICATION**

I, \_\_\_\_\_, duly appointed and \_\_\_\_\_ of  
 (Name) (Title)

\_\_\_\_\_, do hereby certify that the above is a true and  
 (Name of Applicant)

correct copy of a resolution passed and approved by the \_\_\_\_\_  
 (Governing Body)

of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
 (Name of Applicant)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Title)



### Cal OES Form 130 Instructions

**A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted resolution is older than three (3) years from the last date of approval, is invalid, or has not been submitted.**

When completing the Cal OES Form 130, Applicants should fill in the blanks on pages 1 and 2. The blanks are to be filled in as follows:

#### **Resolution Section:**

**Governing Body:** This is the group responsible for appointing and approving the Authorized Agents.

Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

**Name of Applicant:** The public entity established under the laws of the State of California.

Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

**Authorized Agent:** These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the California Governor's Office of Emergency Services regarding grants for which they have applied. There are two ways of completing this section:

1. **Titles Only:** The titles of the Authorized Agents should be entered here, not their names. This allows the document to remain valid if an Authorized Agent leaves the position and is replaced by another individual. If "Titles Only" is the chosen method, this document must be accompanied by either a cover letter naming the Authorized Agents by name and title, or the Cal OES AA Names document. The supporting document can be completed by any authorized person within the Agency (e.g., administrative assistant, the Authorized Agent, secretary to the Director). It does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document, or their title changes.



**Checking Universal or Disaster-Specific Box:** A Universal resolution is effective for all past disasters and for those declared up to three (3) years following the date of approval. Upon expiration it is no longer effective for new disasters, but it remains in effect for disasters declared prior to expiration. It remains effective until the disaster goes through closeout unless it is superseded by a newer resolution.

**Governing Body Representative:** These are the names and titles of the approving Board Members.

Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles **cannot** be one of the designated Authorized Agents. A minimum of three (3) approving board members must be listed. If less than three are present, meeting minutes must be attached in order to verify a quorum was met.

**Certification Section:**

**Name and Title:** This is the individual in attendance who recorded the creation and approval of this resolution.

Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person **cannot** be one of the designated Authorized Agents or Approving Board Member. If a person holds two positions (such as City Manager and Secretary to the Board) and the City Manager is to be listed as an Authorized Agent, then that person could sign the document as Secretary to the Board (not City Manager) to eliminate "Self-Certification."