



*Board of Directors  
Meeting Agenda Packet*

*February 10, 2025*



## *Board of Directors*

*Jeffrey D. Griffith, EMT-P, Chair  
Michael Pacheco, Vice Chair  
Linda Greer, RN, Treasurer  
Theresa Corrales, RN, Secretary  
John Clark, Director  
Laurie Edwards-Tate, MS, Director  
Abbi Jahaaski, MSN, BSN, 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  
visit our website at [www.palomarhealth.org](http://www.palomarhealth.org), or call (760) 740-6375*

## *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  
Thursday,  
February 6, 2025

# BOARD OF DIRECTORS

## Meeting Agenda

Monday, February 10, 2025  
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>	1		6:31
2.	<b>Opening Ceremony</b>	4		6:35
	a. Pledge of Allegiance to the Flag			
3.	<b>Public Comments<sup>1</sup></b>	30		7:05
4.	<b>PRESENTATIONS – Informational Only</b>	10		7:15
	a. Trauma Survivors Series – Episode 1			
5.	<b>Approval of Minutes (ADD A)</b>	5		7:20
	a. Special Closed Session Board of Directors Meeting – Tuesday, January 7, 2025 (Pp 11-13)			
	b. Regular Session Board of Directors Meeting – Monday, January 13, 2025 (Pp 14-19)			
	c. Special Session Board of Directors Meeting – Friday, January 17, 2025 (Pp 20-22)			
	d. Special Session Board of Directors Meeting – Monday, January 27, 2025 (Pp 23-25)			
6.	<b>Approval of Agenda</b> to accept the Consent Items as listed (ADD B)	5		7:25
	a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 27-29)		6	
	b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 30-33)		7	
	c. Obstetrics and Gynecology Clinical Privileges (Redline Pp 34-47, Clean Pp 48-59)		8	
	d. Palomar Medical Center Escondido/Poway Department of Anesthesia Rules and Regulations (Redline Pp 60-71, Clean Pp 72-81)		9	
	e. Policy and Procedure Approval (July 2024 – December 2024) (Pp 82-141)			

<b>7.</b>	<b>Reports – Informational Only</b>			
	<b>a. Medical Staff</b>			
	I. Palomar Medical Center Escondido – Kanchan Koirala, MD	5		7:30
	II. Palomar Medical Center Poway – Mark Goldsworthy, MD	5		7:35
	<b>b. Administration</b>			
	I. President and CEO – Diane Hansen	5		7:40
	II. Chair of the Board – Jeff Griffith, E.M.T.-P.	5		7:45
<b>8.</b>	<b>Approval of Bylaws, Charters, Resolutions and Other Actions (ADD C)</b>	5		7:50
	Agenda Item	Committee/ Department	Action	
	a. Resolution No. 02.10.25(01)-02 of the Board of Directors of Palomar Health Re-Verification of a Level II Trauma Center (Pp 143-144)	Emergency Department	Review/ Approve	
	b. Resolution No. 02.10.25(02)-03 of the Board of Directors of Palomar Health Sanctioning the Pledge of Assets in a Deposit Account, Pursuant to a Security Agreement with Bank of America, N.A. (Pp 145)	Finance	Review/ Approve	
<b>9.</b>	<b>Board Committees – Informational Only</b>	5		7:55
	a. Audit & Compliance Committee – Michael Pacheco, Committee Chair			
	b. Community Relations Committee – Terry Corrales, Committee Chair			
	c. Finance Committee – Linda Greer, Committee Chair			
	d. Governance Committee – Jeff Griffith, Committee Chair			
	e. Human Resources Committee – Terry Corrales, Committee Chair			
	f. Quality Review Committee – Linda Greer, Committee Chair			
	g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair			
	<b>Final Adjournment</b>			7:55

NOTE: If you need special assistance to participate in the meeting, please call 760.740.6375 with requests 72 hours prior to the event, so 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: 277 533 693 824**

**Passcode: TT2Yh7oC**

**or**

**Dial in using your phone at 929.352.2216; Access Code: 444 027 050#<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

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

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**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:** February 10, 2025

**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  
January, 2025**

**TO:** Board of Directors

**MEETING DATE:** Monday, February 10, 2025

**FROM:** Mark Goldsworthy, 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:** Recommend Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** Approval

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Palomar Medical Centers Escondido and Poway  
Medical Staff Privilege Checklist**

**TO:** Board of Directors

**MEETING DATE:** February 10, 2025

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

and

Mark Goldsworthy, M.D., Chief of Staff  
Palomar Medical Center Poway

**Background:** Revised OB/GYN Core Privilege Checklist: Redlined and final versions attached. See revision on page 5. Has been to all applicable committees.

**Budget Impact:** None.

**Staff Recommendation:** Recommend Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** Approval

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Palomar Medical Centers Escondido and Poway  
Medical Staff Department Rules and Regulations  
Recommendation**

**TO:** Board of Directors

**MEETING DATE:** February 10, 2025

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

And

Mark Goldsworthy, M.D., Chief of Staff, Palomar Medical Center Poway

**Background:** The Palomar Medical Centers Escondido and Poway “Department of Anesthesia” Rules and Regulations were updated to current practices. Includes redlined and final versions.

**Budget Impact:** None

**Staff Recommendation:** Recommend Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** Approval

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

# ADDENDUM A

<i>SPECIAL CLOSED SESSION BOARD OF DIRECTORS MINUTES – TUESDAY, JANUARY 7, 2025</i>	
<i>AGENDA ITEM</i>	<i>CONCLUSION / ACTION</i>
<ul style="list-style-type: none"> <li><i>DISCUSSION</i></li> </ul>	
<b>NOTICE OF MEETING</b>	
<p>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 Monday, January 6, 2025, which is consistent with legal requirements.</p>	
<b>I. CALL TO ORDER</b>	
<p>The meeting, which was held in the Linda Greer Board Room, Suite 300, 2125 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 4:00 p.m. by Board Chair Jeff Griffith.</p>	
<b>II. ESTABLISHMENT OF QUORUM</b>	
<p>Quorum comprised of Directors Corrales, Greer, Jahaaski, Griffith, Pacheco Absences: Clark, Edwards-Tate</p>	
<b>III. PUBLIC COMMENTS</b>	
<p>No public comments</p>	

**IV. ADJOURNMENT TO CLOSED SESSION**

- a. Pursuant to California Government Code § 54962 and California Health & Safety Code § 32106—REPORT INVOLVING TRADE SECRET—Discussion will concern: proposed new service or program. Estimated date of public disclosure: July 1, 2025

**V. RE-ADJOURNMENT TO OPEN SESSION**

**VI. ACTION RESULTING FROM CLOSED SESSION – IF ANY**

**VII. APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS AND OTHER ACTIONS**

- a. Reaffirmation of Resolution No. 11.26.24(01)

**MOTION:** By Director Greer, 2<sup>nd</sup> by Director Pacheco and carried to Reaffirm Resolution No. 11.26.24(01).

Roll call voting was utilized.

Director Clark – absent

Director Corrales – aye

Director Edwards-Tate – absent

Director Greer – aye

Director Griffith – aye

Director Jahaaski – aye

Director Pacheco – aye

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

Motion approved.

No discussion

**VIII. FINAL ADJOURNMENT**

*There being no further business, Chair Jeff Griffith adjourned the meeting at 4:42 p.m.*

**SIGNATURES:**

**BOARD SECRETARY**

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

**BOARD ASSISTANT**

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

DRAFT

<b>Board of Directors Meeting Minutes – Monday, January 13, 2025</b>	
<b>Agenda Item</b>	
<ul style="list-style-type: none"> <li><i>Discussion</i></li> </ul>	<i>Conclusion/Action/Follow Up</i>
<b>Notice of Meeting</b>	
<p>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, January 10, 2025, which is consistent with legal requirements.</p>	
<b>Call To Order</b>	
<p>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 6:32 p.m. by Board Chair Jeff Griffith.</p>	
<b>1. Establishment of Quorum</b>	
<p>Quorum comprised of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences: None</p>	
<b>2. Opening Ceremony</b>	
<p>The Pledge of Allegiance was recited in unison led by Director Michael Pacheco.</p>	



Agenda Item

- Discussion

Conclusion/Action/Follow Up

3. Public Comments

- Kyle Hermann
- Gonzalo Rocha
- Adam Wilson
- Paul Mendoza
- David Drake

4. Approval of Minutes

- a. Board of Directors Meeting - Monday, December 9, 2024

**MOTION:** By Director Pacheco, 2<sup>nd</sup> by Director Jahaaski and carried to approve the Monday, December 9, 2024, Board of Directors Meeting minutes as written.

Roll call voting was utilized.

Director Clark – aye

Director Corrales – aye

Director Edwards-Tate – aye

Director Greer – aye

Director Griffith – aye

Director Jahaaski – aye

Director Pacheco – aye

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

Motion approved.

-

Agenda Item

- Discussion

Conclusion/Action/Follow Up

5. Approval of Agenda to accept the Consent Items as listed

- a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments
- b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments

**MOTION:** By Director Edwards-Tate, 2<sup>nd</sup> by Director Clark and carried to approve Consent Agenda items a through b as presented.

Roll call voting was utilized.

Director Clark – aye

Director Corrales – aye

Director Edwards-Tate – aye

Director Greer – aye

Director Griffith – aye

Director Jahaaski – aye

Director Pacheco – aye

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

Motion approved.

- 

6. Reports – Informational Only

a. Medical Staffs

I. Palomar Medical Center Escondido

Palomar Medical Center Escondido Chief of Staff, Dr. Kanchan Koirala, provided a verbal report to the Board of Directors.

II. Palomar Medical Center Poway

Palomar Medical Center Poway Chief of Staff, Dr. Sam Filiciotto, provided a verbal report to the Board of Directors.

b. Administrative

Board of Directors Meeting Minutes – Monday, January 13, 2025

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.

7. Approval of Bylaws, Charters, Resolutions and Other Actions

a. Bylaws of Palomar Health (59212)

**MOTION:** By Director Corrales, 2<sup>nd</sup> by Director Pacheco and carried to table changes of the Bylaws of Palomar Health (59212)

Roll call voting was utilized.

Director Clark – aye

Director Corrales – aye

Director Edwards-Tate – abstain

Director Greer – aye

Director Griffith – aye

Director Jahaaski – aye

Director Pacheco – aye

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

Motion approved.

- Kevin DeBruin, Chief Legal Officer, recommended tabling changes to the Bylaws of Palomar Health (59212).
- Directors Laurie Edwards-Tate and John Clark read written statements.

*Board of Directors Meeting Minutes – Monday, January 13, 2025*

*Agenda Item*

- *Discussion*

*Conclusion/Action/Follow Up*

**8. Board Committees – Informational Only**

*a. Audit & Compliance Committee – Michael Pacheco, Committee Chair*

- *Director Michael Pacheco provided a verbal update*

*b. Community Relations Committee – Terry Corrales, Committee Chair*

- *Director Terry Corrales provided a verbal update*

*c. Finance Committee – Linda Greer, Committee Chair*

- *Director Linda Greer provided a verbal update*

*d. Governance Committee – Jeff Griffith, Committee Chair*

- *Chair Jeff Griffith provided a verbal update*

*e. Human Resources Committee – Terry Corrales, Committee Chair*

- *Director Terry Corrales provided a verbal update*

*f. Quality Review Committee – Linda Greer, Committee Chair*

- *Director Linda Greer provided a verbal update*

*g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair*

- *Director Michael Pacheco provided a verbal update*

**Final Adjournment**

- *There being no further business, Chair Jeff Griffith adjourned the meeting at 7:26 p.m.*

*Board of Directors Meeting Minutes – Monday, January 13, 2025*

*Agenda Item*

- Discussion*

*Conclusion/Action/Follow Up*

<b>Signatures:</b>	<b>Board Secretary</b>	_____ Terry Corrales, R.N.
	<b>Board Clerk</b>	_____ Carla Albright

<b>Special Session Board of Directors Minutes – Friday, January 17, 2025</b>	
<b>Agenda Item</b>	<b>Conclusion / Action</b>
<b>Discussion</b>	
Notice of Meeting	
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 Thursday, January 16, 2025, which is consistent with legal requirements.	
Call To Order	
The meeting, which was held in the First Floor Conference Room, 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 10:00 a.m. by Board Chair Jeff Griffith.	
I. Establishment Of Quorum	
Quorum comprised of Directors: Clark, Corrales, Edwards-Tate, Greer, Jahaaski, Griffith, Pacheco Absences: None	
II. Public Comments	
No public comments	

III. *Administrative Reports*

- a. *Strategic and Facilities Planning Report*
- b. *Quality Review Report*
- c. *Human Resources Report*
- d. *PHMG Update*
- e. *Finance Report*

- a. Marcos Fierro, District Director, Facilities Operations, shared a Facilities and Construction Update presentation with the Board of Directors.
- b. Valerie Martinez, RN, BSN, MHA, CIC, CPHQ, CPPS, Senior Director, Quality, Patient Safety and Infection Control shared a Quality and Patient Safety presentation with the Board of Directors.
- c. Julie Pursell, Chief Human Resources Officer, shared a Human Resources update and review with the Board of Directors.
- d. Russ Riehl, Interim President, Palomar Health Medical Group, shared an PHMG update with the Board of Directors.
- e. Andrew Tokar, Chief Financial Officer, shared the financial performance presentation with the Board of Directors.

IV. *Adjournment To Closed Session*

- a. *Pursuant to California Government Code § 54956.9(d)(2)—CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION—Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: One (1) potential case*

V. *Re-Adjournment To Open Session*

VI. *Action Resulting From Closed Session – If Any*

VII. *Final Adjournment*

*There being no further business, Chair Jeff Griffith adjourned the meeting at 2:53 p.m.*

Signatures:

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

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

	<p><i>Board Assistant</i></p>	<hr/> <p><i>Carla Albright</i></p>
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<b>Special Session Board of Directors Minutes – Monday, January 27, 2025</b>	
<b>Agenda Item</b>	<b>Conclusion / Action</b>
<b>Discussion</b>	
Notice of Meeting	
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, January 24, 2025, which is consistent with legal requirements.	
Call To Order	
The meeting, which was held in the Linda Greer Board Room, Suite 300, 2125 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 9:05 a.m. by Board Chair Jeff Griffith.	
I. Establishment Of Quorum	
Quorum comprised of Directors: Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco Absences:	
II. Public Comments	
No public comments	

<p>III. Approval of Bylaws, Charters, Resolutions and Other Actions</p>	
<p>a. Resolution No. 01.27.25(01)-01 of the Board of Directors of Palomar Health Providing for the Temporary Stay and Abeyance of the Management Services Agreement with Mesa Rock</p>	<p><b>MOTION:</b> By Director Greer, 2nd by Director Corrales and carried to approve Resolution No. 01.27.25(01)-01 of the Board of Directors of Palomar Health Providing for the Temporary Stay and Abeyance of the Management Services Agreement with Mesa Rock</p> <p>Roll call voting was utilized.  Director Clark – abstain  Director Corrales – aye  Director Edwards-Tate – no  Director Greer – aye  Director Griffith – aye  Director Jahaaski – abstain  Director Pacheco – aye  Chair Griffith announced that four board members were in favor. One opposed. Two abstention.  None absent.  Motion approved.</p>
<p>Board discussion ensued.  Director Laurie Edwards-Tate read a written statement.</p>	
<p>VI. Final Adjournment</p>	
<p>There being no further business, Chair Jeff Griffith adjourned the meeting at 9:23 p.m.</p>	

Signatures:

*Board Secretary*

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

*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

February 4, 2025

To: Palomar Health Board of Directors

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

Board Meeting Date: February 10, 2025

Subject: Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointments (02/10/2025 to 01/31/2027)

Burson, Kelsey J., D.O. – Emergency Medicine  
Dalal, Aparna R., M.D. – Anesthesiology  
Dautremont, Brittney A., D.O. – Ophthalmology  
Ellis, Lisa H., M.D. – Internal Medicine  
Loeffler, Allison M., M.D. – Obstetrics & Gynecology  
Paley, Matthew R., D.O. – Psychiatry  
Ravi, Dave P., M.D. – Psychiatry  
Ruggle, Adam F., M.D. – Psychiatry  
Yeager-Smith, Lora D., D.P.M – Podiatry

Advance from Provisional to Courtesy

Shah, Chirag M, M.D. – Ophthalmology - Dept. of Surgery (03/01/2025 to 03/31/2025)

Advance from Provisional to Active Category

Hidy, Benjamin J., M.D- Psychiatry- Dept. of Psychiatry (02/10/2025 to 11/30/2025)  
Pertl, Ursula G., M.D- Pediatrics – Dept. of Pediatrics (03/01/2025 to 10/31/2026)  
Pruitt, Crystal N., M.D.- Obstetrics and Gynecology- Dept. of OB/GYN (03/01/2025 to 11/30/2025)  
Song Joyce Y., D.O. – Pediatrics – Dept. of Pediatrics (03/01/2025 to 02/28/2026)

Request Category Change to Affiliate (02/10/2025 to 08/31/2026)

Sampath, Neha J., M.D. Internal Medicine Dept. of Medicine Affiliate

Request for 2 Year Leave of Absence

Pires-Menard, Alexandra P., M.D. – Internal Medicine, 2 years (01/02/2025 to 01/01/2027)

Allied Health Professional Appointment (effective 02/10/2025 to 01/31/2027)

Maimes, David A., PA-C – Surgery (Sponsor: John T. Steele, M.D.)

Allied Health Professional Leave of Absence

Butler, Cindy L., PNP – Psychiatry Nurse Practitioner, 2 years (eff 01/06/2025 to 01/05/2027)

Physician Voluntary Resignation

Barnes, Clayton A., M.D. – Psychiatry, eff. 02/01/2025

Gopal, Arun, M.D. – Internal Medicine, eff. 03/01/2025

Gujrathi, Sunil, M.D. – Radiology, eff. 01/03/2025

Kane, Henry S. M.D. – Psychiatry, eff. 03/01/2025

Kissling, Chase A., M.D. – Anesthesia, eff. 01/24/2025

Madhav, Sandip J., M.D. – Orthopaedic Surgery/Rehabilitation, eff. 01/07/2025

Prasad, Rupa S., M.D. – Anesthesia, eff. 12/31/2024

Watson, Nathan T., M.D. – Emergency Medicine, eff. 09/27/2024

Young, Jason M.D. – Emergency Medicine, eff. 07/03/2024

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointment Effective 03/01/2025 to 03/31/2025

Arrieta, Iris R., M.D.	Rheumatology	Dept. of Medicine	Active
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Reappointment Effective 03/01/2025 to 12/31/2026

Lane, Richard A., M.D.	Neurology	Dept. Of Medicine	Active
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Reappointments Effective 03/01/2025 to 2/28/2027

Al Nahlawi, Basma, M.D.	Rheumatology	Dept. of Medicine	Active
Bear, Jonathan R., M.D.	Radiation Oncology	Dept. of Radiology	Active
Duncan, Vicki L., M.D.	Obstetrics & Gyn.	Dept. of OB/GYN	Active
Engel, Richard C., M.D.	Anesthesiology	Dept. of Anesthesia	Active
Fadul, Pamela E., M.D.	Anesthesiology	Dept. of Anesthesiology	Active
Fatayerji, Nabil I., M.D.	Neonatal-Perin. Med.	Dept. of Pediatrics	Active
Jabri, Zain T., M.D.	Internal Medicine	Dept. of Medicine	Active
Mansour, David H., D.O.	Internal Medicine	Dept. of Medicine	Active
Markov, Marko G., M.D.	Internal Medicine	Dept. of Medicine	Active
Moreno Martinez, Enrique J., M.D.	Vascular Surg.	Dept. of Surgery	Active
Radwan, Rabab M., M.D.	Family Medicine	Dept. of Family Practice	Active
Rosenfeld, Gina, M.D.	Pediatrics	Dept. of Pediatrics	Active
Scoulos-Hanson, Maritsa, D.O.	Internal Medicine	Dept. of Medicine	Active
Sebiane, Maria G., M.D.	Pediatrics	Dept. of Pediatrics	Affiliate

Allied Health Professional Reappointment Effective 03/01/2025 to 03/31/2025

Adam, Jory PA-C	Physician Assistant	Dept. of Surgery (Sponsor: Darrell Wu, M.D.)
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Allied Health Professional Reappointments (effective 03/01/2025 to 2/28/2027)

Haua, Stephanie L., PA-C	Phys. Asst.	Dept. of Ortho Surg/Rehab (Sponsor: Dr. Ramin Raiszadeh)
Konyn, Catherine L., N.P.	Nurse Practitioner	Dept. of Medicine (Sponsor: Dr. Fadhil)
McConnin, Commerina T., NNP	Nurse Practitioner	Dept. of Pediatrics (Sponsor: Dr. Fatayerji)
Miyagawa, Tammie S., NNP	Nurse Practitioner	Dept. of Pediatrics (Sponsor: Dr. Suttner)
Waldrup, La'Rhonda M., NNP	Nurse Practitioner	Dept. of Pediatrics (Sponsor: Dr. Fatayerji)

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: February 4, 2025  
To: Palomar Health Board of Directors – February 10, 2025 Meeting  
From: Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff  
Subject: Medical Staff Credentials Recommendations – January, 2025

Provisional Appointments: (02/10/2025 – 01/31/2027)

Kelsey Burson, D.O., Emergency Medicine  
Aparna Dalal, M.D., Anesthesiology  
Brittney Dautremont, D.O., Ophthalmology  
Lisa Ellis, M.D., Internal Medicine  
Matthew Paley, D.O., Psychiatry  
Dave Ravi, M.D., Psychiatry  
Adam Ruggle, M.D., Psychiatry  
Lora Yeager-Smith, DPM, Podiatry

Biennial Reappointments: (03/01/2025 - 02/28/2027)

Richard Engel, M.D., Anesthesiology, Active  
Eva Fadul, M.D., Anesthesiology, Active  
Zain Jabri, M.D., Internal Medicine, Active  
David Mansour, D.O., Internal Medicine, Courtesy  
Marko Markov, M.D., Internal Medicine, Active (Includes The Villas at Poway)  
Enrique Moreno Martinez, M.D., Vascular Surgery, Active  
Rabab Radwan, M.D., Family Practice, Active (Includes The Villas at Poway)  
Maritsa Scoulos-Hanson, D.O., Internal Medicine, Active

Reappointment Effective 03/01/2025 – 12/31/2026:

Richard Lane, M.D., Neurology, Active

Advancements to Active Category:

Benjamin Hidy, M.D., Psychiatry, effective 02/10/2025 – 11/30/2025 (Includes The Villas at Poway)  
Robert Keenan, M.D., General Surgery, effective 03/01/2025 – 06/30/2026  
Chirag Shah, M.D., Ophthalmology, effective 03/01/2025 – 03/31/2025



Requests for 2 Year Leave of Absence:

Kyoung-Min Han, DPM, Podiatry, effective 01/21/2025-01/20/2027

Alexandra Pires-Menard, M.D., Internal Medicine, effective 01/02/2025 – 01/01/2027

Voluntary Resignations:

Clayton Barnes, M.D., Psychiatry, effective 02/01/2025

Nabil Fatayerji, M.D., Neonatology, effective 12/05/2024

Sunil Gujrathi, M.D., Teleradiology, effective 01/03/2025

Henry Kane, M.D., Psychiatry, effective 02/28/2025

Sandip Madhav, M.D., Physical Medicine/Rehab, effective 01/07/2025

Rupa Prasad, M.D., Pain Management, effective 12/31/2024

John Steele, M.D. General Surgery, effective 02/06/2025

Nathan Watson, M.D., Emergency Medicine, effective 09/27/2024

Allied Health Professional Biennial Reappointments: (03/01/2025 - 02/28/2027)

Catherine Konyon, NP, Sponsor Dr. Fadhil

Allied Health Professional Request for 2 Year Leave of Absence:

Cindy Butler, NP, effective 01/06/2025 – 01/05/2027

Allied Health Professional Voluntary Resignations:

Jory Adam, PA, effective 01/22/2025

Commerina McConnin, NNP, effective 12/11/2024

Tammie Miyagawa, NNP, effective 01/15/2025

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.

## New Provider Profiles



**Burson, Kelsey J., DO**  
PMC Escondido and Poway

Status: Temporary Privileges  
Specialty: Emergency Medicine



**Dalal, Aparna R., MD**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Anesthesiology  
:



**Dautremont, Brittney A., DO**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Ophthalmology



**Ellis, Lisa H., MD**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Internal Medicine



**Loeffler, Allison M., MD**  
PMC Escondido

Status: Temporary Privileges  
Specialty: Obstetrics and  
Specialty2: Gynecology



**Maimes, David A., PA-C**  
PMC Escondido

Status: Temporary Privileges  
Specialty: Physician  
Assistant/Surgery



**Paley, Matthew R., DO**  
PMC Escondido and Poway

Status: Temporary Privileges  
Specialty: Psychiatry & Neurology

## New Provider Profiles



**Ravi, Dave P., MD**  
PMC Escondido and Poway

Status: Temporary Privileges  
Specialty: Psychiatry & Neurology



**Ruggle, Adam F., MD**  
PMC Escondido and Poway

Status: Temporary Privileges  
Specialty: Psychiatry



**Yeager-Smith, Lora D., DPM**  
PMC Escondido and Poway

Status: Applicant  
Specialty: Podiatry

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From: \_\_\_\_\_ To: \_\_\_\_\_

- Palomar Medical Center Escondido  
 Palomar Medical Center Poway

- Initial Appointment  
 Reappointment

***Applicant:***

- Check off the “Requested” box for each privilege requested.
- Applicants have the burden of producing information deemed adequate by the Medical Staff for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.
- The OB/GYN Department reserves the right to review, modify and recommend modifications of these requirements as needed and after review of each individual applicant.
- Individuals requesting privileges for a new procedure must be deemed competent to perform the procedure by an individual currently credentialed for that procedure in the department. If this is the first time these privileges have been requested within the department, arrangements should be made to ensure that the applicant is adequately evaluated before granting full, unrestricted privileges. In general, a minimum number of cases with preceptorship or observation, as defined by the institution, are required before full, unrestricted privileges can be granted for a new procedure.
- If Reappointment Requirements are not met, applicant may request a Reintroduction Plan as per the Department of OB/GYN Rules and Regulations “Procedure for Reintroduction to the Gynecology Surgical Setting.”

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

***Other Requirements***

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR OBSTETRICS**

***To be eligible to apply for core privileges in obstetrics, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited residency in obstetrics and gynecology.

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in obstetrics and gynecology by the American Board

PMCE Dept of OB/GYN: 12/17/2024

PMCP Dept of Surg: 01/10/2025

PMCE MEC: 01/27/2025

PMCP MEC: 01/28/2025

Approved by Board of Directors: 07/13/2020

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements.

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate at least 24 deliveries (to include at least 2 C-Sections) in the past 12 months, reflective of the scope of privileges requested or demonstrate successful completion of an ACGME or AACOM accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months and Completion of an AWHONN/ACOG approved fetal monitoring course that includes National Institute of Child Health and Human Development (NICHD) nomenclature on the interpretation of fetal monitoring.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** Monitoring will include at least two (2) vaginal deliveries and one (1) C-Section as applicable to privileges granted.

**Reappointment Requirements:** To be eligible to renew core privileges in obstetrics, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience of twelve (12) deliveries ( to include at least two (2) C-Sections) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**OBSTETRICS SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING OBSTETRICS CORE PRIVILEGES)**

**Criteria:** Successful completion of an ACOG accredited residency in Obstetrics and Gynecology which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for 6 cases of obstetrical surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for 3 cases of obstetrical surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**CORE PRIVILEGES - OBSTETRICS**

**OBSTETRICS CORE PRIVILEGES**

Requested Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult female patients, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**QUALIFICATIONS FOR MATERNAL-FETAL MEDICINE (AKA PERINATOLOGY)**

***To be eligible to apply for core privileges in maternal-fetal medicine, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited fellowship in maternal and fetal medicine.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements within 4 years of appointment.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate provision of care to at least 24 patients, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME or AACOM accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months and Completion of an AWHONN/ACOG approved fetal monitoring course that includes National Institute of Child Health and Human Development (NICHD) nomenclature on the interpretation of fetal monitoring.

***Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:*** No less than three (3) cases, representative of the scope of practice, will be reviewed retrospectively (inpatient, outpatient or consultations).

***Reappointment Requirements:*** To be eligible to renew core privileges in maternal-fetal medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES – MATERNAL-FETAL MEDICINE (AKA PERINATOLOGY)**

**MATERNAL-FETAL MEDICINE CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**QUALIFICATIONS FOR GYNECOLOGY**

**To be eligible to apply for core privileges in gynecology, the initial applicant must meet the following criteria:**

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited residency in obstetrics and gynecology.

**AND**

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate at least 24 gynecological surgical procedures (to include at least 4 major cases), reflective of the scope of privileges requested in the past 24 months or demonstrate successful completion of an ACGME or AACOM accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** Monitoring will include at least three (3) gynecologic cases of varying complexity, including as least one (1) major case. (Note: A major case is defined as any case entering the intra-abdominal cavity with the exception of diagnostic laparoscopy and/or sterilization procedures.)

**Reappointment Requirements:** To be eligible to renew core privileges in gynecology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 gynecological surgical procedures, 2 of which must be major) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**GYNECOLOGY SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING GYNECOLOGY CORE PRIVILEGES)**

**Criteria:** Successful completion of an ACOG accredited residency in Obstetrics and Gynecology which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for 6 cases of gynecological surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for 3 cases of gynecological surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Requested**



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**GYNECOLOGY CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary to correct or treat adolescent and adult female patients presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.**

- Requested The Villas at Poway**

**QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY**

***To be eligible to apply for core privileges in gynecologic oncology, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited fellowship in gynecologic oncology

AND

Current subspecialty certification or active participation in the examination process with achievement of certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements within 4 years of appointment.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate performance of at least 12 gynecologic oncology procedures, reflective of the scope of privileges requested in the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:*** No less than three (3) cases of varying complexity that are representative of the scope of practice.

***Reappointment Requirements:*** To be eligible to renew core privileges in gynecologic oncology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 gynecologic oncology procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**CORE PRIVILEGES – GYNECOLOGIC ONCOLOGY**

**GYNECOLOGIC ONCOLOGY CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to adolescent and adult female patients, with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**QUALIFICATIONS FOR UROGYNECOLOGY/FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY**

***To be eligible to apply for core privileges in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited fellowship in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery (FPMRS.)

AND

Current subspecialty board certification or active participation in the examination process with achievement of certification in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery (FPMRS) by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements within 4 years of appointment.

OR

Current subspecialty board certification in Female Pelvic Medicine and Reconstructive Surgery.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate performance of at least 12 Urogynecology/Female Pelvic Medicine and Reconstructive Surgery procedures, reflective of the scope of privileges requested in the past 12 months, or demonstrate successful completion of an ACGME or AACOM accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:*** No less than three (3) cases of varying complexity that are representative of the scope of practice.

***Reappointment Requirements:*** To be eligible to renew core privileges in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 Urogynecology/Female Pelvic Medicine and Reconstructive Surgery procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

PMCE Dept of OB/GYN: 12/17/2024

PMCP Dept of Surg: 01/10/2025

PMCE MEC: 01/27/2025

PMCP MEC: 01/28/2025

Approved by Board of Directors: 07/13/2020

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**CORE PRIVILEGES – UROGYNECOLOGY/FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY**

**UROGYNECOLOGY/FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY CORE PRIVILEGES**

**Requested** Admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to adolescent and adult female patients, with pelvic floor conditions and complications resulting there from, including but not limited to urinary incontinence/retention, fecal incontinence/retention, uterovaginal prolapse, bladder disorders, bowel disorders, fistulas and the performance of procedures on the urethra, bladder, and pelvic region as indicated. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

**USE OF LASER**

**Criteria:** Successful completion of an ACGME/AACOM accredited post-graduate training program in a specialty or subspecialty which included training in laser principles WITH attestation to completion of at least eight (8) hours observation and hands-on involvement.

OR

Completion of an approved 8 -10 hour minimum Laser training CME course including laser physics, safety, indications and complications, and hands-on experience. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** No less than two (2) cases of varying complexity that are representative of the scope of practice.

**Maintenance of Privilege:** Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum six (6) procedures have been performed over the past 24 months in order to main active privileges for laser use.

**Requested**

**ADMINISTRATION OF SEDATION AND ANALGESIA**

**Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**BASIC - USE OF ROBOTIC ASSISTED SYSTEM FOR BASIC GYNECOLOGIC PROCEDURES**

**Criteria:** Successful completion of an ACGME/AACOM accredited post-graduate training program in OB/GYN that included training in use of Robotic Assisted System for basic gynecologic procedures AND full privileges to perform laparoscopic surgery.

OR

Evidence of training by attendance at a hands-on training practicum in the use of the da Vinci Surgical System for basic gynecologic procedures. Robotic training must be completed within twelve (12) months of when the first monitored case is performed- Otherwise training will need to be repeated.

OR

**Required previous experience:** Evidence of the performance of eight (8) basic robotics cases within the prior (12) twelve months if Basic Robotics privileges are maintained at another Joint Commission accredited facility.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** The first three (3) procedures must be monitored by a physician who has privileges in the procedure to be performed with the da Vinci Surgical System, one of which must be a hysterectomy (unless the physician opts out of hysterectomy procedures.)

**Maintenance of Privilege:** The performance of at least eight (8) basic robotic assisted procedures over 24 months reflective of the scope of privileges requested.

Requested

**ADVANCED - USE OF ROBOTIC ASSISTED SYSTEM FOR ADVANCED GYNECOLOGIC PROCEDURES**

**Criteria:** Successful completion of an ACGME/AACOM accredited post-graduate training program in OB/GYN, UROGYN or GYNONC that included training in use of Robotic Assisted System for advanced gynecologic procedures AND full privileges to perform laparoscopic surgery.

OR

Evidence of training by attendance at a hands-on training practicum in the use of the da Vinci Surgical System for advanced gynecologic procedures. Robotic training must be completed within twelve (12) months of when the first monitored case is performed – otherwise training will need to be repeated.

OR

**Required previous experience:** Evidence of the performance of eight (8) advanced robotics cases within the prior twelve (12) months if Advanced Robotics privileges are maintained at another Joint Commission accredited facility.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** The first three (3) advanced procedures must be monitored by a physician who has privileges in the procedure to be performed.

**Maintenance of Privilege:** The performance of at least eight (8) advanced robotic assisted procedures over 24 months reflective of the scope of privileges requested.

Requested

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**CORE PROCEDURE LIST**

*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

**Obstetrics**

- Amnioinfusion
- Amniocentesis
- Amniotomy
- Application of internal fetal and uterine monitors
- Augmentation and induction of labor
- Cesarean delivery
- Cesarean hysterectomy
- Cerclage
- Cervical biopsy or conization of cervix in pregnancy
- Circumcision of newborn
- External version of breech presentation
- Fetal monitoring
- Hypogastric artery ligation
- Management of high risk pregnancy (Antepartum, intrapartum, and postpartum)
- Management of normal and abnormal labor (i.e. preterm labor, breech presentation, etc.)
- Management of patients with/without medical surgical or obstetrical complications of labor. Manual removal of placenta
- Medication to induce fetal lung maturity
- Obstetrical ultrasound
- Obstetrical laceration repairs (i.e. 4<sup>th</sup> degree perineal lacerations, cervical lacerations, etc.)
- Operative vaginal delivery (vacuum extraction, breech extraction, forceps)
- Perform history and physical exam
- Postpartum uterine curettage
- Pregnancy termination
- Pudendal and paracervical blocks
- Trial of Labor after Cesarean delivery (TOLAC)
- Vaginal birth after Cesarean delivery (VBAC)
- Vaginal delivery

**Maternal-Fetal Medicine**

- Amniocentesis
- Cerclage
- Chorionic villus sampling (CVS)
- Dilation and curettage
- Intrauterine fetal transfusion
- Intrauterine fetal surgery
- Intraoperative support to obstetrician as requested including operative first assist
- Management of high risk pregnancy (antepartum, intrapartum, postpartum)

PMCE Dept of OB/GYN: 12/17/2024

PMCP Dept of Surg: 01/10/2025

PMCE MEC: 01/27/2025

PMCP MEC: 01/28/2025

Approved by Board of Directors: 07/13/2020

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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- Obstetrical ultrasound including Doppler studies
- Percutaneous umbilical blood sampling (PUBS)
- Perform history and physical exam
- Treatment of medical complications of pregnancy
- Targeted fetal ultrasound

**Gynecology**

- Adnexal surgery(i.e. cystectomy, oophorectomy, salpingectomy, etc.)
- Aspiration of breast cysts/masses
- Bartholin duct cyst/abscess drainage (including marsupialization)
- Cervical biopsy, polypectomy
- Cervical conization
- Colpoplasty (i.e. labioplasty, vulvoplasty)
- Colporrhaphy (Repair of rectocele, enterocele, cystocele, or pelvic prolapse)
- Colposcopy
- Cystoscopy, drainage
- Dilation and curettage, diagnostic and therapeutic
- Ectopic pregnancy management (to include surgical and medical)
- Endometrial ablation
- Endometrial sampling/biopsy
- Gynecologic sonography
- Hysterectomy (excluding robotic assisted)
- Hysterosalpingography
- Hysteroscopy, diagnostic and operative
- Incision and Drainage pelvic abscess
- Incidental appendectomy
- Laparoscopy, diagnostic and operative
- Laparotomy, for diagnosis and treatment of gynecologic issues (i.e. pelvic pain, pelvic mass, hemoperitoneum, endometriosis, adhesions, etc.)
- Microscopic diagnosis of vaginal and cervical cytology
- Myomectomy
- Operation for treatment of early stage carcinoma of the vulva, vagina, cervix, uterus, or ovary
- Operation for treatment of urinary stress incontinence(i.e. vaginal approach, retropubic urethral suspension, midurethral sling, etc.)
- Perform history and physical exam
- Pregnancy termination
- Sterilization procedures (including abdominal, laparoscopic, transcervical, hysteroscopic approaches)
- Tuboplasty (fimbrioplasty)
- Vulvar biopsy
- Vulvectomy, simple

**Gynecologic Oncology**

- Chemotherapy (includes intraperitoneal porta-cath placement for abdominal chemotherapy access)
- Microsurgery
- Myocutaneous flaps, skin grafting
- Para aortic and pelvic lymph node dissection

PMCE Dept of OB/GYN: 12/17/2024

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- Pelvic exenteration
- Perform history and physical exam
- Radical hysterectomy, vulvectomy and staging by lymphadenectomy
  
- Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm, and abdominal and pelvic wall as indicated
- Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery
- Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection
- Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease
- Uterine/vaginal isotope implants

**Use of Laser**

- Laser therapy for cervix, vagina, vulva and perineum (colposcopically directed)
- Conization of cervix
- Lysis of adhesions and photocoagulation (intraabdominal “free hand use” and microscopically directed)
- Oncological debulking procedures (intraabdominal “free hand use”)

**Urogynecology/Female Pelvic Medicine and Reconstructive Surgery**

- Anoscopy and endoanal ultrasonography
- Botulinum Toxin injection (genito-urinary and pelvic floor)
- Colporrhaphy augmented with biologic graft or synthetic mesh
- Colpopexy (aka Vaginal vault fixation) (abdominal, vaginal, laparoscopic) (i.e. uterosacral, sacrospinous, etc.)
- Fistula repair (vesicovaginal, urethrovaginal, rectovaginal)
- Graft and mesh use for pelvic reconstructive procedures
- Intra-operative ureteral stent placement
- Paravaginal repair (transabdominal, laparoscopic, vaginal)
- Retropubic urethral suspension (abdominal, laparoscopic)
- Sacrocolpopexy (abdominal, laparoscopic)
- Sacroneuromodulation (Implantation of bladder electronic stimulator)
- Transvaginal prolapse repair with prosthetic graft or mesh
- Urethral bulking injections (Transurethral, Periurethral)
- Urethral Diverticulectomy
- Urethral slings procedures
- Vaginal vault obliteration (colpectomy, colpocleisis)

**Basic – Use of Robotic Assisted System for Basic Gynecologic Procedures**

- Adnexal surgeries including ovarian cystectomies, salpingo-oophorectomies and adhesiolysis
- Endometriosis (minimal or moderate)
- Laparoscopic supracervical hysterectomy ≤ 250g uterus with or without BSO
- Myomectomies ≤ 4 with no myoma > 6 cm in greatest diameter
- Total laparoscopic hysterectomy ≤ 250g uterus at ultrasound with or without BSO
- Tubal reanastomosis

**Advanced – Use of Robotic Assisted System for Advanced Gynecologic Procedures**

- Bowel surgery including appendectomy
- Pelvic lymphadenectomy including para-aortic lymphadenectomy (requires separate GYNONC privileges)
- Retroperitoneal procedures including presacral neurectomy, ureterolysis, and biopsy or excision of masses

PMCE Dept of OB/GYN: 12/17/2024

PMCP Dept of Surg: 01/10/2025

PMCE MEC: 01/27/2025

PMCP MEC: 01/28/2025

Approved by Board of Directors: 07/13/2020

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- Sacrocolpopexy, burch procedures and other pelvic reconstruction operations (requires separate UROGYN/FPMRS privileges)



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**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From: \_\_\_\_\_ To: \_\_\_\_\_

- Palomar Medical Center Escondido
- Palomar Medical Center Poway

- Initial Appointment
- Reappointment

***Applicant:***

- Check off the “Requested” box for each privilege requested.
- Applicants have the burden of producing information deemed adequate by the Medical Staff for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.
- The OB/GYN Department reserves the right to review, modify and recommend modifications of these requirements as needed and after review of each individual applicant.
- Individuals requesting privileges for a new procedure must be deemed competent to perform the procedure by an individual currently credentialed for that procedure in the department. If this is the first time these privileges have been requested within the department, arrangements should be made to ensure that the applicant is adequately evaluated before granting full, unrestricted privileges. In general, a minimum number of cases with preceptorship or observation, as defined by the institution, are required before full, unrestricted privileges can be granted for a new procedure.
- If Reappointment Requirements are not met, applicant may request a Reintroduction Plan as per the Department of OB/GYN Rules and Regulations “Procedure for Reintroduction to the Gynecology Surgical Setting.”

***Department Chair:*** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

***Other Requirements***

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR OBSTETRICS**

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***To be eligible to apply for core privileges in obstetrics, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited residency in obstetrics and gynecology.

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements.

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate at least 24 deliveries (to include at least 2 C-Sections) in the past 12 months, reflective of the scope of privileges requested or demonstrate successful completion of an ACGME or AACOM accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months and Completion of an AWHONN/ACOG approved fetal monitoring course that includes National Institute of Child Health and Human Development (NICHD) nomenclature on the interpretation of fetal monitoring.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** Monitoring will include at least two (2) vaginal deliveries and one (1) C-Section as applicable to privileges granted.

**Reappointment Requirements:** To be eligible to renew core privileges in obstetrics, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience of twelve (12) deliveries ( to include at least two (2) C-Sections) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**OBSTETRICS SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING OBSTETRICS CORE PRIVILEGES)**

**Criteria:** Successful completion of an ACOG accredited residency in Obstetrics and Gynecology which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for 6 cases of obstetrical surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for 3 cases of obstetrical surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**CORE PRIVILEGES - OBSTETRICS**

**OBSTETRICS CORE PRIVILEGES**

Requested Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult female patients, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**QUALIFICATIONS FOR MATERNAL-FETAL MEDICINE (AKA PERINATOLOGY)**

***To be eligible to apply for core privileges in maternal-fetal medicine, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited fellowship in maternal and fetal medicine.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements within 4 years of appointment.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate provision of care to at least 24 patients, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME or AACOM accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months and Completion of an AWHONN/ACOG approved fetal monitoring course that includes National Institute of Child Health and Human Development (NICHD) nomenclature on the interpretation of fetal monitoring.

***Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:*** No less than three (3) cases, representative of the scope of practice, will be reviewed retrospectively (inpatient, outpatient or consultations).

***Reappointment Requirements:*** To be eligible to renew core privileges in maternal-fetal medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES – MATERNAL-FETAL MEDICINE (AKA PERINATOLOGY)**

**MATERNAL-FETAL MEDICINE CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**QUALIFICATIONS FOR GYNECOLOGY**

**To be eligible to apply for core privileges in gynecology, the initial applicant must meet the following criteria:**

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited residency in obstetrics and gynecology.

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate at least 24 gynecological surgical procedures (to include at least 4 major cases), reflective of the scope of privileges requested in the past 24 months or demonstrate successful completion of an ACGME or AACOM accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** Monitoring will include at least three (3) gynecologic cases of varying complexity, including as least one (1) major case. (Note: A major case is defined as any case entering the intra-abdominal cavity with the exception of diagnostic laparoscopy and/or sterilization procedures.)

**Reappointment Requirements:** To be eligible to renew core privileges in gynecology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 gynecological surgical procedures, 2 of which must be major) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**GYNECOLOGY SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING GYNECOLOGY CORE PRIVILEGES)**

**Criteria:** Successful completion of an ACOG accredited residency in Obstetrics and Gynecology which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for 6 cases of gynecological surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for 3 cases of gynecological surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Requested**

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**GYNECOLOGY CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary to correct or treat adolescent and adult female patients presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.**

- Requested The Villas at Poway**

**QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY**

***To be eligible to apply for core privileges in gynecologic oncology, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited fellowship in gynecologic oncology

AND

Current subspecialty certification or active participation in the examination process with achievement of certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements within 4 years of appointment.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate performance of at least 12 gynecologic oncology procedures, reflective of the scope of privileges requested in the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:*** No less than three (3) cases of varying complexity that are representative of the scope of practice.

***Reappointment Requirements:*** To be eligible to renew core privileges in gynecologic oncology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 gynecologic oncology procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**CORE PRIVILEGES – GYNECOLOGIC ONCOLOGY**

**GYNECOLOGIC ONCOLOGY CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to adolescent and adult female patients, with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**QUALIFICATIONS FOR UROGYNECOLOGY/FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY**

***To be eligible to apply for core privileges in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Association of Colleges of Osteopathic Medicine (AACOM) accredited fellowship in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery (FPMRS.)

AND

Current subspecialty board certification or active participation in the examination process with achievement of certification in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery (FPMRS) by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology, or another board with equivalent requirements within 4 years of appointment.

OR

Current subspecialty board certification in Female Pelvic Medicine and Reconstructive Surgery.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate performance of at least 12 Urogynecology/Female Pelvic Medicine and Reconstructive Surgery procedures, reflective of the scope of privileges requested in the past 12 months, or demonstrate successful completion of an ACGME or AACOM accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:*** No less than three (3) cases of varying complexity that are representative of the scope of practice.

***Reappointment Requirements:*** To be eligible to renew core privileges in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 Urogynecology/Female Pelvic Medicine and Reconstructive Surgery procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**CORE PRIVILEGES – UROGYNECOLOGY/FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY**

**UROGYNECOLOGY/FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY CORE PRIVILEGES**

- Requested** Admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to adolescent and adult female patients, with pelvic floor conditions and complications resulting there from, including but not limited to urinary incontinence/retention, fecal incontinence/retention, uterovaginal prolapse, bladder disorders, bowel disorders, fistulas and the performance of procedures on the urethra, bladder, and pelvic region as indicated. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

**USE OF LASER**

**Criteria:** Successful completion of an ACGME/AACOM accredited post-graduate training program in a specialty or subspecialty which included training in laser principles WITH attestation to completion of at least eight (8) hours observation and hands-on involvement.

OR

Completion of an approved 8 -10 hour minimum Laser training CME course including laser physics, safety, indications and complications, and hands-on experience. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** No less than two (2) cases of varying complexity that are representative of the scope of practice.

**Maintenance of Privilege:** Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum six (6) procedures have been performed over the past 24 months in order to main active privileges for laser use.

- Requested**

**ADMINISTRATION OF SEDATION AND ANALGESIA**

- Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**BASIC - USE OF ROBOTIC ASSISTED SYSTEM FOR BASIC GYNECOLOGIC PROCEDURES**

**Criteria:** Successful completion of an ACGME/AACOM accredited post-graduate training program in OB/GYN that included training in use of Robotic Assisted System for basic gynecologic procedures AND full privileges to perform laparoscopic surgery.

OR

Evidence of training by attendance at a hands-on training practicum in the use of the da Vinci Surgical System for basic gynecologic procedures. Robotic training must be completed within twelve (12) months of when the first monitored case is performed- Otherwise training will need to be repeated.

OR

**Required previous experience:** Evidence of the performance of eight (8) basic robotics cases within the prior (12) twelve months if Basic Robotics privileges are maintained at another Joint Commission accredited facility.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** The first three (3) procedures must be monitored by a physician who has privileges in the procedure to be performed with the da Vinci Surgical System, one of which must be a hysterectomy (unless the physician opts out of hysterectomy procedures.)

**Maintenance of Privilege:** The performance of at least eight (8) basic robotic assisted procedures over 24 months reflective of the scope of privileges requested.

Requested

**ADVANCED - USE OF ROBOTIC ASSISTED SYSTEM FOR ADVANCED GYNECOLOGIC PROCEDURES**

**Criteria:** Successful completion of an ACGME/AACOM accredited post-graduate training program in OB/GYN, UROGYN or GYNONC that included training in use of Robotic Assisted System for advanced gynecologic procedures AND full privileges to perform laparoscopic surgery.

OR

Evidence of training by attendance at a hands-on training practicum in the use of the da Vinci Surgical System for advanced gynecologic procedures. Robotic training must be completed within twelve (12) months of when the first monitored case is performed – otherwise training will need to be repeated.

OR

**Required previous experience:** Evidence of the performance of eight (8) advanced robotics cases within the prior twelve (12) months if Advanced Robotics privileges are maintained at another Joint Commission accredited facility.

**Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines:** The first three (3) advanced procedures must be monitored by a physician who has privileges in the procedure to be performed.

**Maintenance of Privilege:** The performance of at least eight (8) advanced robotic assisted procedures over 24 months reflective of the scope of privileges requested.

Requested

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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**CORE PROCEDURE LIST**

*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

**Obstetrics**

- Amnioinfusion
- Amniocentesis
- Amniotomy
- Application of internal fetal and uterine monitors
- Augmentation and induction of labor
- Cesarean delivery
- Cesarean hysterectomy
- Cerclage
- Cervical biopsy or conization of cervix in pregnancy
- Circumcision of newborn
- External version of breech presentation
- Fetal monitoring
- Hypogastric artery ligation
- Management of high risk pregnancy (Antepartum, intrapartum, and postpartum)
- Management of normal and abnormal labor (i.e. preterm labor, breech presentation, etc.)
- Management of patients with/without medical surgical or obstetrical complications of labor. Manual removal of placenta
- Medication to induce fetal lung maturity
- Obstetrical ultrasound
- Obstetrical laceration repairs (i.e. 4<sup>th</sup> degree perineal lacerations, cervical lacerations, etc.)
- Operative vaginal delivery (vacuum extraction, breech extraction, forceps)
- Perform history and physical exam
- Postpartum uterine curettage
- Pregnancy termination
- Pudendal and paracervical blocks
- Trial of Labor after Cesarean delivery (TOLAC)
- Vaginal birth after Cesarean delivery (VBAC)
- Vaginal delivery

**Maternal-Fetal Medicine**

- Amniocentesis
- Cerclage
- Chorionic villus sampling (CVS)
- Dilation and curettage
- Intrauterine fetal transfusion
- Intrauterine fetal surgery
- Intraoperative support to obstetrician as requested including operative first assist
- Management of high risk pregnancy (antepartum, intrapartum, postpartum)
- Obstetrical ultrasound including Doppler studies

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 10

Effective From: \_\_\_\_\_ To: \_\_\_\_\_

- Percutaneous umbilical blood sampling (PUBS)
- Perform history and physical exam
- Treatment of medical complications of pregnancy
- Targeted fetal ultrasound

**Gynecology**

- Adnexal surgery(i.e. cystectomy, oophorectomy, salpingectomy, etc.)
- Aspiration of breast cysts/masses
- Bartholin duct cyst/abscess drainage (including marsupialization)
- Cervical biopsy, polypectomy
- Cervical conization
- Colpoplasty (i.e. labioplasty, vulvoplasty)
- Colporrhaphy (Repair of rectocele, enterocele, cystocele, or pelvic prolapse)
- Colposcopy
- Cystoscopy, drainage
- Dilatation and curettage, diagnostic and therapeutic
- Ectopic pregnancy management (to include surgical and medical)
- Endometrial ablation
- Endometrial sampling/biopsy
- Gynecologic sonography
- Hysterectomy (excluding robotic assisted)
- Hysterosalpingography
- Hysteroscopy, diagnostic and operative
- Incision and Drainage pelvic abscess
- Incidental appendectomy
- Laparoscopy, diagnostic and operative
- Laparotomy, for diagnosis and treatment of gynecologic issues (i.e. pelvic pain, pelvic mass, hemoperitoneum, endometriosis, adhesions, etc.)
- Microscopic diagnosis of vaginal and cervical cytology
- Myomectomy
- Operation for treatment of early stage carcinoma of the vulva, vagina, cervix, uterus, or ovary
- Operation for treatment of urinary stress incontinence(i.e. vaginal approach, retropubic urethral suspension, midurethral sling, etc.)
- Perform history and physical exam
- Pregnancy termination
- Sterilization procedures (including abdominal, laparoscopic, transcervical, hysteroscopic approaches)
- Tuboplasty (fimbrioplasty)
- Vulvar biopsy
- Vulvectomy, simple

**Gynecologic Oncology**

- Chemotherapy (includes intraperitoneal porta-cath placement for abdominal chemotherapy access)
- Microsurgery
- Myocutaneous flaps, skin grafting
- Para aortic and pelvic lymph node dissection
- Pelvic exenteration
- Perform history and physical exam

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Page 11

Effective From: \_\_\_\_\_ To: \_\_\_\_\_

- Radical hysterectomy, vulvectomy and staging by lymphadenectomy
- Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm, and abdominal and pelvic wall as indicated
- Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery
- Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection
- Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease
- Uterine/vaginal isotope implants

**Use of Laser**

- Laser therapy for cervix, vagina, vulva and perineum (colposcopically directed)
- Conization of cervix
- Lysis of adhesions and photocoagulation (intraabdominal “free hand use” and microscopically directed)
- Oncological debulking procedures (intraabdominal “free hand use”)

**Urogynecology/Female Pelvic Medicine and Reconstructive Surgery**

- Anoscopy and endoanal ultrasonography
- Botulinum Toxin injection (genito-urinary and pelvic floor)
- Colporrhaphy augmented with biologic graft or synthetic mesh
- Colpopexy (aka Vaginal vault fixation) (abdominal, vaginal, laparoscopic) (i.e. uterosacral, sacrospinous, etc.)
- Fistula repair (vesicovaginal, urethrovaginal, rectovaginal)
- Graft and mesh use for pelvic reconstructive procedures
- Intra-operative ureteral stent placement
- Paravaginal repair (transabdominal, laparoscopic, vaginal)
- Retropubic urethral suspension (abdominal, laparoscopic)
- Sacrocolpopexy (abdominal, laparoscopic)
- Sacroneuromodulation (Implantation of bladder electronic stimulator)
- Transvaginal prolapse repair with prosthetic graft or mesh
- Urethral bulking injections (Transurethral, Periurethral)
- Urethral Diverticulectomy
- Urethral slings procedures
- Vaginal vault obliteration (colpectomy, colpocleisis)

**Basic – Use of Robotic Assisted System for Basic Gynecologic Procedures**

- Adnexal surgeries including ovarian cystectomies, salpingo-oophorectomies and adhesiolysis
- Endometriosis (minimal or moderate)
- Laparoscopic supracervical hysterectomy ≤ 250g uterus with or without BSO
- Myomectomies ≤ 4 with no myoma > 6 cm in greatest diameter
- Total laparoscopic hysterectomy ≤ 250g uterus at ultrasound with or without BSO
- Tubal reanastomosis

**Advanced – Use of Robotic Assisted System for Advanced Gynecologic Procedures**

- Bowel surgery including appendectomy
- Pelvic lymphadenectomy including para-aortic lymphadenectomy (requires separate GYNONC privileges)
- Retroperitoneal procedures including presacral neurectomy, ureterolysis, and biopsy or excision of masses
- Sacrocolpopexy, burch procedures and other pelvic reconstruction operations (requires separate UROGYN/FPMRS privileges)

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From: \_\_\_\_\_ To: \_\_\_\_\_

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**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

PALOMAR MEDICAL CENTER ESCONDIDO/POWAY  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS

Adopted by the Active Members of the Department of Anesthesia on

December 3, 2024

Adopted by the Executive Committees on

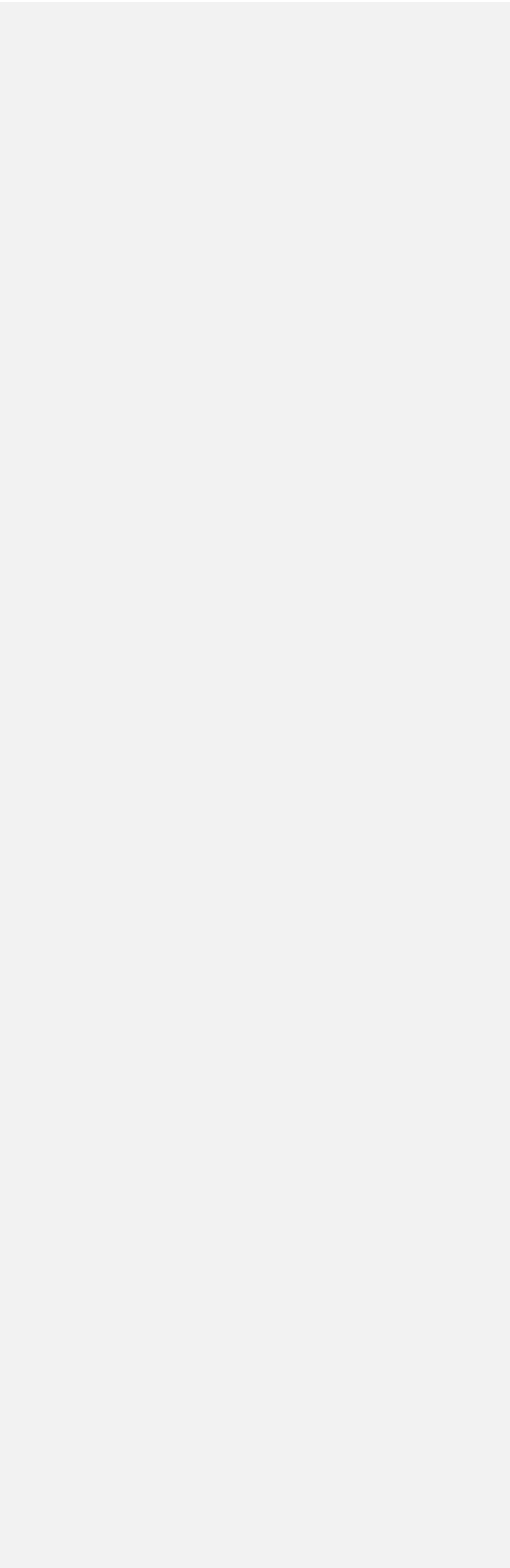
PMC Escondido 01/27/2025

PMC Poway 01/28/2025

Adopted by the Board of Directors on

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PALOMAR MEDICAL CENTER ESCONDIDO/POWAY  
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 ~~System~~ Department Chairman who will be responsible for the problems of a medical/administrative nature involving the Medical Staffs 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~~ representatives to the Palomar Medical Center Escondido Operating Room Committee and the Palomar Medical Center Poway Operating Room Committee. These representative will be selected by the ~~System~~ Department Chair.
- 5.
6. To provide a representatives to the Palomar Medical Center Escondido Medical Staff Peer Review Committee (MSPRC) and the Palomar Medical Center ~~Esecondido~~ Poway Medical Staff Peer Review Committee.
7. To provide representatives to Palomar Medical Center Escondido Medical Staff Quality Management Committee (QMC)
8. To provide representatives to Palomar Medical Center Escondido Medical Executive Committee (MEC) and the Palomar Medical Center Poway Medical Executive Committee (MEC)

ARTICLE II  
MEMBERSHIP

1. Qualifications

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

- a. Anesthesiology care shall be provided by physicians who have completed an approved residency program in Anesthesiology accredited by the Accreditation Council for Graduate Medical Education, or equivalent accreditation as determined by the Department of Anesthesiology, and who are Board Certified in Anesthesiology.
- b. If not Board certified ~~in Anesthesiology~~ in Anesthesiology, the applicant shall sign an affidavit as described in the Medical Staff Bylaws, attesting to their ability to achieve Board certification within a period not to exceed four (4) years from the date of the application to the Department

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. Fulfill Department meeting attendance requirements as outlined by the Attendance Policy. Non-compliance with



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

7. Policy and the PH Performance Improvement Plan.

PALOMAR MEDICAL CENTER ESCONDIDO/POWAY  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS

ARTICLE III  
ORGANIZATION

1. Officers

- I. Officers of the Department of Anesthesia will be the Department Chair (who serves in the role of Department Chair of Palomar Medical Center Escondido), the Department Chair Elect (who serves in the role of Department Chair of Palomar Medical Center Poway), and the ~~System~~ Department Vice Chair. The Department Vice Chair serves to fill the role of Department Chair or Department Chair Elect in their absence and/or at the discretion of the Department Chair. The Department Vice Chair also serves to fill any other department role as directed and authorized by the Department Chair.
- II. The Department Chair, the Department Chair Elect and the Department Vice Chair shall be elected by the voting members of the Department at least thirty (30) days prior to the end of the year. Terms of office shall be for three (3) years. All Department Officers may be re-elected.
- III. All officers of the Department shall be board certified or board admissible by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.-
- IV. The Department Chair shall fulfill the duties of Department Chair of Palomar Medical Center Escondido as outlined in the Medical Staff Bylaws, Rules and Regulations of Palomar Medical Center Escondido. The Department Chair, or his/her designee shall serve on the Palomar Medical Center Escondido Medical Staff Peer Review Committee (MSPRC). The Department Chair, at his/her discretion, may designate individuals within the department to organize, direct and integrate anesthesia related activities with other services, committees or departments of the Hospitals. The Department Chair 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.
- V. The Department Chair Elect shall fulfill the duties of Department Chair of Palomar Medical Center Poway as outlined in the Medical Staff Bylaws, Rules and Regulations of Palomar Medical Center Poway. The Department Chair Elect, or his/her designee shall serve on the Palomar Medical Center Poway Medical Staff Peer Review Committee (MSPRC). The Department Chair Elect will assume the role and have the authority of the Department Chair in his/her absence. The Department Chair Elect, will assume the role of Department Chair at the end of their three (3) year term, subject specifically to the same qualifications as are required of the Department Chair and generally to the same qualifications as are required of all Medical Staff Officers.
- VI. The Department Vice Chair shall be included in all Departmental matters, including but not limited to Medical Staff meetings and communications involving the Medical Staff and the Hospital administration, department credentialing issues and adjudication of physician clinical or behavior issues. The Department Vice Chair will assume the role of Department Chair and/or the Department Chair Elect in the event that either are absent or otherwise unable to meet their obligations.~~ees of both Chairman and Vice Chairman.~~
- VII. The Department will provide two (2) Officers to attend the Medical Staff's Quality Management Committee (QMC) at each QMC Meeting, one of which will always be the Department Vice Chair.

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

I. 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.

II. 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.

III. Recommending to the Medical Staff and administration the equipment necessary to provide safe

IV. and proper anesthesia care.

IV. 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.

V. 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.

VI. Overseeing and ensuring efficient and timely anesthesia coverage in the hospital. Overseeing the efficient operation of the recovery room.

### 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.

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/POWAY  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATION

DEPARTMENT MEETING 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.

The Department of Anesthesia meetings are usually held monthly.

PALOMAR MEDICAL CENTER ESCONDIDO/POWAY  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS

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.

### 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.

- a. As specified by the specialty specific checklist, the minimum number of anesthetics an applicant is required to be monitored for is a total of five (5) cases. Cases to include a combination of general, sedation, regional, and obstetrical anesthesia. If requesting cardiac anesthesia privileges an additional five (5) cases specific to cardiac anesthesia are to be monitored to fulfill requirement.
- b. The Department of Anesthesia reserves the right to extend monitoring beyond the minimum monitoring requirements at the discretion of the Department Chairperson, Vice Chairpersons .
- c. Monitored cases can be accepted from either Palomar Medical Center Escondido or Palomar Medical Center Poway
- d. Monitors must have active privileges and hold good standing within the Medical Staff at same site as physician being monitored

**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/POWAY  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS –

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;



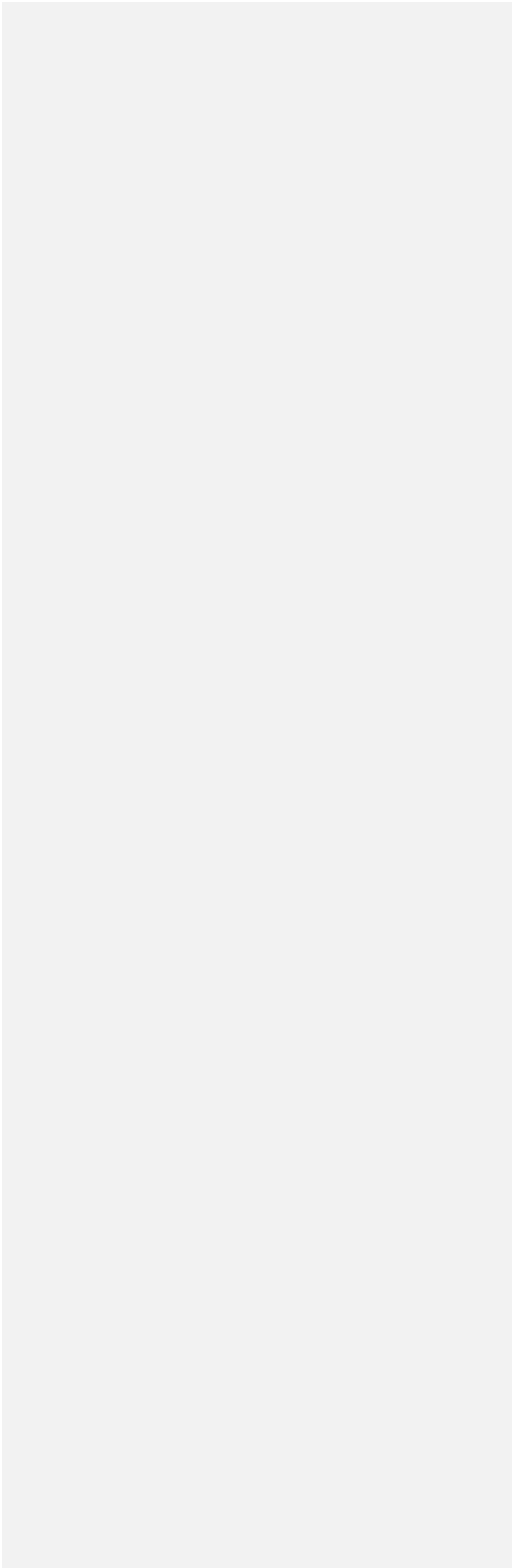
- b) support life functions during the period in which anesthesia is administered, including induction and intubation procedures;
  - c) provide appropriate preanesthesia and postanesthesia management of the patient; and
  - d) provide consultation relating to various other forms of patient care, such 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/POWAY  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS

Adopted by the Active Members of the Department of Anesthesia on

December 3, 2024

Adopted by the Executive Committees on

PMC Escondido 01/27/2025

PMC Poway 01/28/2025

Adopted by the Board of Directors on

February 10, 2025

PALOMAR MEDICAL CENTER ESCONDIDO/POWAY  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS

**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 Department Chair who will be responsible for the problems of a medical/administrative nature involving the Medical Staffs 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 representatives to the Palomar Medical Center Escondido Operating Room Committee and the Palomar Medical Center Poway Operating Room Committee. These representatives will be selected by the Department Chair.
5. To provide representatives to the Palomar Medical Center Escondido Medical Staff Peer Review Committee (MSPRC) and the Palomar Medical Center Poway Medical Staff Peer Review Committee.
6. To provide representatives to Palomar Medical Center Escondido Medical Staff Quality Management Committee (QMC)
7. To provide representatives to Palomar Medical Center Escondido Medical Executive Committee (MEC) and the Palomar Medical Center Poway Medical Executive Committee (MEC)

**ARTICLE II  
MEMBERSHIP**

1. **Qualifications**  
Qualifications for membership within the department of Anesthesia shall include those requirements specified in the Medical Staff bylaws, rules and regulations.
  - a) Anesthesiology care shall be provided by physicians who have completed an approved residency program in Anesthesiology accredited by the Accreditation Council for Graduate Medical Education, or equivalent accreditation as determined by the Department of Anesthesiology, and who are Board Certified in Anesthesiology.
  - b) If not Board certified in Anesthesiology, the applicant shall sign an affidavit as described in the Medical Staff Bylaws, attesting to their ability to achieve Board certification within a period not to exceed four (4) years from the date of the application to the Department
2. **Responsibilities**  
The responsibilities of membership shall constitute:
  - a) 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.

PALOMAR MEDICAL CENTER ESCONDIDO/POWAY  
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- b) Fulfill Department meeting attendance requirements as outlined by the Attendance Policy. Non-compliance with attendance requirement is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.
- c) 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.”
- d) Compliance with the Expectations of Physicians Granted Privileges at Palomar Health.
- e) 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.
- f) Participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the PH Performance Improvement Plan.

**ARTICLE III  
ORGANIZATION**

1. Officers

- a) Officers of the Department of Anesthesia will be the Department Chair (who serves in the role of Department Chair of Palomar Medical Center Escondido), the Department Chair Elect (who serves in the role of Department Chair of Palomar Medical Center Poway), and the Department Vice Chair. The Department Vice Chair serves to fill the role of Department Chair or Department Chair Elect in their absence and/or at the discretion of the Department Chair. The Department Vice Chair also serves to fill any other department role as directed and authorized by the Department Chair.
- b) The Department Chair, the Department Chair Elect and the Department Vice Chair shall be elected by the voting members of the Department at least thirty (30) days prior to the end of the year. Terms of office shall be for three (3) years. All Department Officers may be re-elected.
- c) All officers of the Department shall be board certified or board admissible by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.
- d) The Department Chair shall fulfill the duties of Department Chair of Palomar Medical Center Escondido as outlined in the Medical Staff Bylaws, Rules and Regulations of Palomar Medical Center Escondido. The Department Chair, or his/her designee shall serve on the Palomar Medical Center Escondido Medical Staff Peer Review Committee (MSPRC). The Department Chair, at his/her discretion, may designate individuals within the department to organize, direct and integrate anesthesia related activities with other services, committees or departments of the Hospitals. The Department Chair 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.
- e) The Department Chair Elect shall fulfill the duties of Department Chair of Palomar Medical Center Poway as outlined in the Medical Staff Bylaws, Rules and Regulations

PALOMAR MEDICAL CENTER ESCONDIDO/POWAY  
DEPARTMENT OF ANESTHESIA  
RULES AND REGULATIONS

of Palomar Medical Center Poway. The Department Chair Elect, or his/her designee shall serve on the Palomar Medical Center Poway Medical Staff Peer Review Committee (MSPRC). The Department Chair Elect will assume the role and have the authority of the Department Chair in his/her absence. The Department Chair Elect, will assume the role of Department Chair at the end of their three (3) year term, subject specifically to the same qualifications as are required of the Department Chair and generally to the same qualifications as are required of all Medical Staff Officers.

- f) The Department Vice Chair shall be included in all Departmental matters, including but not limited to Medical Staff meetings and communications involving the Medical Staff and the Hospital administration, department credentialing issues and adjudication of physician clinical or behavior issues. The Department Vice Chair will assume the role of Department Chair and/or the Department Chair Elect in the event that either are absent or otherwise unable to meet their obligations.
- g) The Department will provide two (2) Officers to attend the Medical Staffs Quality Management Committee (QMC) at each QMC Meeting, one of which will always be the Department Vice Chair.

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

- a) 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.
- b) 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.
- c) Recommending to the Medical Staff and administration the equipment necessary to provide safe and proper anesthesia care.
- d) 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.
- e) 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.
- f) Overseeing and ensuring efficient and timely anesthesia coverage in the hospital. Overseeing the efficient operation of the recovery room.

3. Meetings

- a) Department meetings will be open to all members of the Department of Anesthesia.
- b) 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.

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c) 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:

- i. Update as needed, the checklist for anesthesia privileges.
- ii. Develop the educational programs of the department utilizing information obtained in quality improvement activities.
- iii. 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:

- i. Perform biennial review of anesthesia privileges of members and non-members of the Department.
- ii. Provide monitors for applicants for privileges and review their confidential reports.
- iii. 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.

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**DEPARTMENT MEETING 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.

The Department of Anesthesia meetings are usually held monthly.

**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**

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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.

**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.

- a. As specified by the specialty specific checklist, the minimum number of anesthetics an applicant is required to be monitored for is a total of five (5) cases. Cases to include a combination of general, sedation, regional, and obstetrical anesthesia. If requesting cardiac anesthesia privileges an additional five (5) cases specific to cardiac anesthesia are to be monitored to fulfill requirement.
- b. The Department of Anesthesia reserves the right to extend monitoring beyond the minimum monitoring requirements at the discretion of the Department Chairperson, Vice Chairpersons .
- c. Monitored cases can be accepted from either Palomar Medical Center Escondido or Palomar Medical Center Poway
- d. Monitors must have active privileges and hold good standing within the Medical Staff at same site as physician being monitored

**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**



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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**

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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.

**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.

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**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**

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**FOR  
BOARD REVIEW**

*Prepared by:*

Jami Pearson, BSN, MBA, MSN  
Regulatory Compliance Director

January, 2025

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**Date:** January 15, 2025  
**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: \_\_\_\_\_

  
Jami Pearson, BSN, MBA, MSN

Date: \_\_\_\_\_

**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 Chair

**MEETING DATE:** February 10, 2025

**FROM:** Jami Pierson, 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 July, 2024 through December of 2024, are being sent via a consent agenda as required to the Board of Directors President.

**Board Chair Recommendation:**

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

---

Jeff Griffith, EMT-P, Board Chair

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Date



DocID: 61492  
 Revision: 4  
 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.
- E. **IGC:** Interdisciplinary Governance Council
- F. **PMSC:** Patient and Medication Safety Council
- G. **P&T:** Pharmacy and Therapeutics

### III. PROCEDURE: COMPLIANCE - KEY STEPS

#### 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.
    - i. Policies and procedures which involve the medical staff shall be reviewed and approved by the medical staff prior to implementation.
    - ii. 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.
    - iii. 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.).



- iv. 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:
    - i. Patient care policies and procedures will be routed to the appropriate medical staff committee including the Medical Executive Committee as required.
    - ii. 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 CNE/COO is 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 the 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, scopes 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.
    1. Policies and Procedures Review Grid

Category	Policy and Procedure Name	Review Period	Regulation Requirement
Nursing Policies	All	3 years	Title 22
Standardized Procedures	All	Annual; 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	Nursing Services	Annual	Joint Commission(JC) and CDPH

Homeless Population			
Utilization	Utilization Plan	Annual	Joint Commission(JC)
Environment of Care Plans	Engineering: Utility Management Plan Environment of Care: Hazardous material and Waste Management and Communication Plan Environment of Care: Life Safety Management Plan Environment of Care: Safety Plan Environment of Care: Security Management Plan	Annual	Joint Commission (JC)
Disaster Plan	Emergency Operations Plan (Disaster Plan)	Annual	Joint Commission (JC)
Pharmacy	Pharmacy: Automatic Therapeutic Interchange Pharmacy: Black Box Warnings, Drugs with Policy Pharmacy: Sterile Products Preparation	Annual	United States Pharmacopeia (USP) < 797>,<800>
Infection Control	Infection Control: Aerosol transmissible Diseases and Tuberculosis Control Plan Infection Control: Bloodborne Pathogen Exposure Control Plan Infection Control: Risk Assessment and Surveillance Plan	Annual	Joint Commission (JC)
Administrative	HR, Compliance, 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
Finance Documents	Finance documents	Every 3 years	Title 22
Emergency Department	Capacity Management - Full Plan	Annual	California AB40
Emergency Department	Patient Transfer Request Processing from Other Facilities	Annual	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.

<b>Document Owner:</b>	Pearson, Jami
<b>Approvals</b>	
- Committees:	( 04/10/2024 ) Policies & Procedures
- Signers:	<i>Jami Pearson</i> _____ Jami Pearson, Director Regulatory ( 04/29/2024 11:28AM PST )
<b>Original Effective Date:</b>	02/12/2020
<b>Revision Date:</b>	[04/29/2024 Rev. 4]
<b>Attachments:</b>	
(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/api/auth/login?org=10343&returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dpphealth%3A61492>.*

## Consent Agenda for Policy & Procedure Committee July 2024

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
Meeting Minute Approval	June meeting minutes reviewed	Approved	Jami Pearson
<b>Non- Clinical Document</b>			
Infant and Child Abduction 10771 Rev 9	PBX added as area where Hugs is monitored.	Approved with edits. Add additional verbiage that PBX cannot clear code per CNE/COO recommendation.	Amy Murray
Animal Management: Service Animals and Pet Visitation 15310 Rev 15	Added OB unit as approved area for visits.	Approved	Valerie Martinez
Discharge Records 15272 Rev 13		Approved	Kim Jackson
Psychiatric Advanced Directives (form) 65832	Outdated version of form provided to Committee for presentation.	Denied approval. New version form to be provided to Sally Valle for uploading.	Donald Myers
<b>Clinical Document</b>			
PH: Standard of Care of Behavioral Health Patient in a Non-LPS Designated Facility 74832 Rev 2	Removed verbiage referencing 5250s and 5150s for inpatient areas.	Approved	Donald Myers
Restraint Use: Violent, Self-Destructive, and Non-Violent 11445 Rev 19	Edited to accommodate closure of BHD and added language regarding elbow immobilizers.	Approved	Donald Myers
Psychiatric Patient, Guidelines for Care and Safety of 11352 Rev 11		Approved with edits. Need to remove all references to LPS designation.	Donald Myers
Violent Behavior Risk Screening Guidelines 66952 Rev 1		Approved with edits to removed references to BHU. Hold publication until education is	Brian Willey

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
		done.	
<b>Ownership Changes</b>			Ownership To
Reference Materials: ICU Mindray Alarm Parameters/Limits/Default Settings ID 70473	Rev 0 will have ownership transferred from Meghan Jaremczuk to Thomas McGuire	Approved	Thomas McGuire
<b>Archived Documents</b>			
Circumcision 10291		Approved	Amy Murray
Drug-Endangered Children - Specimen Collection 10502		Approved	Michelle Shores
Activity Levels for Activity Therapy [Behavioral Health] 10061		Approved	Donald Myers
Activity Therapy-Behavioral Health 10059		Approved	Donald Myers
Admission Criteria for the Behavioral Health Unit (BHU) 10076		Approved	Donald Myers
Admission Procedure for Inpatient Behavioral Health Units 10079		Approved	Donald Myers
Against Medical Advice (AMA) Discharge [Behavioral Health] 10107		Approved	Donald Myers
Assessment and Reassessment of Psychiatric Inpatients 10154		Approved	Donald Myers
Bedrail Use [Behavioral		Approved	Donald Myers

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Health] 10182			
Scope of Service : Behavioral Health Unit 12375		Approved	Donald Myers
Change in the Patient's Mental or Physical Status- Behavioral Health 10276		Approved	Donald Myers
Charting by Nursing Assistants and Mental Health Workers 10279		Approved	Donald Myers
Confidentiality [Behavioral Health] 10346		Approved	Donald Myers
Contact Precautions for Behavioral Health Units 45295		Approved	Donald Myers
County of San Diego MediCal Contract Operations 35652		Approved	Donald Myers
Detoxification - Behavioral Health 10430		Approved	Donald Myers
Discharge Instructions and Aftercare Plan - Behavioral Health 10454		Approved	Donald Myers
Discharge Planning [Behavioral Health] 10458		Approved	Donald Myers
Discharge of Patients- Behavioral Health 10466		Approved	Donald Myers
Dress Code for Patients - Behavioral Health		Approved	Donald Myers

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
10495			
Elopement [Behavioral Health] 10537		Approved	Donald Myers
Emergency and Standard Medical Treatment for Behavioral Health Patients 10550		Approved	Donald Myers
Firearms Reporting Laws- Behavioral Health 10655		Approved	Donald Myers
Guidelines for Care & Safety of the Psychiatric Patient (Behavioral Health Unit and Gero-Psychiatric Unit) 11501		Approved	Donald Myers
Inpatient Unit Guidelines 11191		Approved	Donald Myers
Inquiry Calls [Behavioral Health] 10798		Approved	Donald Myers
Key Control on the Inpatient Unit [Behavioral Health] 10866		Approved	Donald Myers
LPS Designation 10870		Approved	Donald Myers
Laundering of Patient Clothing 10884		Approved	Donald Myers
Levels of Patient Observation-Inpatient Behavioral Health 10902		Approved	Donald Myers
Locked Behavioral Health Unit 11338		Approved	Donald Myers
Medications and Off-Site Passes 10987		Approved	Donald Myers



Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Medications: High-Dose and Unusual Purposes 10988		Approved	Donald Myers
Medications: The Prevention, Identification, and Management of Tardive Dyskinesia 19570		Approved	Donald Myers
Medications: The Use of Multiple Psychopharmacologic Drugs 19550		Approved	Donald Myers
Multidisciplinary Treatment Team Meeting 60912		Approved	Donald Myers
Outdoor Therapeutic Recreational Space 11110		Approved	Donald Myers
PRN Medications 11137		Approved	Donald Myers
Pastoral Visitation 11149		Approved	Donald Myers
Patient Education 11168		Approved	Donald Myers
Patient Identification on the Inpatient Behavioral Health Unit 15360		Approved	Donald Myers
Patient Rights and Responsibilities [Behavioral Health]		Approved	Donald Myers
Patient Safety Checks 11466		Approved	Donald Myers
Patient Satisfaction Survey 11195		Approved	Donald Myers
Patient and Visitor Egression from Secured		Approved	Donald Myers

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Unit 11169			
Patient's Right to Privacy 11205		Approved	Donald Myers
Post-Discharge Visits to the Inpatient Unit 11296		Approved	Donald Myers
Program Philosophy Statement 11339		Approved	Donald Myers
Prohibited Items-Behavioral Health 10370		Approved	Donald Myers
Psychiatric Consultation for Admission 11350		Approved	Donald Myers
Psychotropic Medications 11353		Approved	Donald Myers
RN Staffing Guidelines for BHU and GPU 46652		Approved	Donald Myers
Safety Plan - Behavioral Health Inpatient 11496		Approved	Donald Myers
Safety and Security/Personal Property Search/Seizure/Transfer of Belongings 11499		Approved	Donald Myers
Staff/Patient Relationships 11593		Approved	Donald Myers
Standards of Care and Standards of Practice [Behavioral Health] 11602		Approved	Donald Myers
Suicide Risk Assessment and Prevention - Behavioral Health 11631		Approved	Donald Myers
Team Process, Child		Approved	Donald Myers

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Abuse Program 12150			
Therapeutic Passes 11670		Approved	Donald Myers
Time-Out to Regain Personal Control 11679		Approved	Donald Myers
Utility Failure Plan 11779		Approved	Donald Myers
Utilization Review and Denial Process 11786		Approved	Donald Myers
Visitors to Behavioral Health Inpatient Unit 11823		Approved	Donald Myers
Vital Signs 11825		Approved	Donald Myers
<b>Documents for Awareness</b>			
None			

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

## Consent Agenda for Policy & Procedure Committee August 2024

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
1. Meeting Minute Approval	July meeting minutes reviewed.	Approved	Jami Pearson
2. Annual Reviews	Jami reminded everyone to be sure to get their policies reviewed as per the review period table in our Policies and Procedures policy (ID 61492).		
<b>Non- Clinical Document</b>			
3. Cafe Use by Patients and Residents ID 11772 Rev 10	Reviewed.	Approved.	
4. Cutting Boards ID 10392 Rev 7	Reviewed.	Approved	
5. Nutrition Care Manual ID 10938 Rev 17	Reviewed.	Approved	
6. Menu Selections & Food Preferences ID 11177 Rev 10	Reviewed.	Approved	
7. Use and Storage of Food Brought in to Residents from the Outside ID 73692 Rev 0	Reviewed.	Approved	
8. Cancer Registry – Casefinding ID 17983 Rev 6	Reviewed.	Approved	
9. Cancer Registry – Follow up ID 18006 Rev 11	Reviewed.	Approved	

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
10. Department Orientation Reference - Medical Records ID 15280 Rev 10	Reviewed.	Approved	
11. Legacy Paper Record Location by Year and Accessibility ID 15251 Rev 16	Reviewed.	Approved	
12. Medical Record - Entries, Content and Completeness ID 15287 Rev 14	Reviewed.	Approved	
13. Scope of Service Medical Records ID 12369 Rev 18	Reviewed.	Approved	
14. Privacy - Disposing of Confidential Information ID 29272 Rev 8	Reviewed.	Approved	
15. Chart Processing - Emergency Department ID 15253 Rev 10	Reviewed.	Approved	
16. Dress Code (Standards of Professional Appearance) ID 10494 Rev 12	Tabled review/approval.		
17. Code Yellow - Bomb Threat ID 16934 Rev 5	Reviewed.	Approved	
18. Consent or Informed Consent for Surgery or	Reviewed.	Approved however held for publication until education is provided.	Lorie Schmollinger will notify Sally/Jami when

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Special Procedures ID 17201 Rev 10			to release for publication
19. Informed Consent Algorithm ID 60952 Rev 3	Reviewed.	Approved however held for publication until education is provided.	Lorie Schmollinger will notify Sally/Jami when to release for publication
20. Construction and Renovation Activities ID 15268 Rev 14	Reviewed.	Approved	
21. Infection Control Risk Assessment and Safety - Construction Permit ID 45452 Rev 9	Reviewed.	Approved	
22. Searches for Weapons and Prohibited Items ID 15203 Rev 7	Reviewed.	Approved	
23. Identification Badges ID 14753 Rev 6	Reviewed.	Approved. Will reach out to Rebecca Miller to develop iXpand refresher/attestation.	Jami Pearson.
24. Patient Responsibility Agreement ID 12111 Rev 9	Reviewed.	Approved	
25. Quality Programming ID 12124 Rev 12	Reviewed.	Approved	
26. RN/LVN PEP Criteria ID 35880 Rev 26	Reviewed.	Approved however held for publication until education is provided.	Meghan Jaremczuk will notify Sally/Jami to release for publication.
27. RN/LVN PEP Preceptor Documentation	Reviewed.	Approved however held for publication until education is provided.	Meghan Jaremczuk will notify Sally/Jami to release for publication.

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Form ID 35879 Rev 10			
28. Trauma Registration Process ID 31812 Rev 6	Reviewed.	Approved	
<b>Clinical Document</b>			
29. Trauma Bypass ID 12293 Rev 10	Reviewed.	Approved	
30. Pharmacy Sterile Compounding Service #13349 (approved by Chair 7/29)	Reviewed.	Approved	
31. Consultations in the Emergency Department ID 10361 Re 11	Reviewed.	Approved	
32. Patient Safety Plan for the Behavioral Health Patient ID 70212 Rev 1	Reviewed.	Approved	
33. Consultation/Liaison System ID 10360 Rev 11	Reviewed.	Approved	
34. Patient Identification: ID (arm) Band Placement ID 17826	Reviewed.	Approved	
35. Newborn Hearing Screening Program ID 11043 Rev 17	Reviewed.	Approved	
36. Blood Administration; All Products ID 14340 Rev 11	Added verbiage regarding providing required literature to critical patients.	Approved	

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
37. Capacity Management- Full Plan ID 68712 Rev 4	Added APOT plan to meet AB40 requirements.	Approved	
38. Continuous Analgesia Infusion for End-of-Life Care ID 36812 Rev 7		Approved	
39. Diabetes Survival Skills Education ID 19116 Rev 14	Reviewed.	Approved	
40. Donning and Removing Personal Protective Equipment ID 50752 Rev 6	Reviewed.	Approved	
41. Tuberculosis (TB) Exposure Control Plan ID 15329 Rev 17	Reviewed.	Approved	
42. Multi-Drug Resistant Organism (MDRO) Prevention ID 15330 Rev 13	Reviewed.	Approved	
43. Equipment Maintenance ID 12074 Rev 8	Reviewed.	Approved	
44. Fall Prevention and Management ID 17662 Rev 19	Reviewed.	Approved	
45. Hyperglycemia / Hypoglycemia Procedure ID 50672 Rev 4	Reviewed.	Approved	
46. No Code Patient: Confirmation of Signs of Death ID	Reviewed.	Approved	



Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
11048 Rev 4			
47. Organ and Tissue Donation ID 11097 Rev 8	Reviewed.	Approved	
48. Sedation Outside of the Operating Room ID 11528 Rev 12	Removed use of Ketamine for depression section.	Approved	
49. Targeted Temperature Management after Cardiac Arrest ID 26832 Rev 5	Reviewed.	Approved	
50. Topical Medication Procedure - Rehab Services ID 29692 Rev 10	Reviewed.	Approved.	
<b>Ownership Changes</b>			<b>Ownership To</b>
51. Procedure: Patient Responsibility Agreement 12111 (Wound Care & HOBOT) – ownership from Holly Porter > Tyler Powell		Approved.	
52. Procedure: Security of Cameras 57242 (Wound Care & HBOT) – ownership from Holly Porter > Tyler Powell		Approved.	
53. Procedure: Admission & Insurance Verification 12044		Approved.	

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
(Wound Care & HBOT) - ownership from Holly Porter > Tyler Powell			
54. Procedure: Severe Weather Wound Care Center 19217 - (Wound Care & HBOT) - ownership from Holly Porter > Tyler Powell		Approved.	
55. Procedure: Personal Time Off (PTO) Request 12118 - (Wound Care & HBOT) - ownership from Holly Porter > Tyler Powell		Approved.	
56. Procedure: Prohibited – Approved Materials HBOT 20273 - (Wound Care & HBOT) - ownership from Holly Porter > Tyler Powell		Approved.	
57. Procedure: Patient Responsibility Agreement 12111 - (Wound Care & HBOT) - ownership from Holly Porter > Tyler Powell		Approved.	
58. Policy: Debt Policy 58892 Rev 1 –		Approved.	

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Change ownership from Melissa Wallace to Andrew Trokar, CFO			
<b>Archived Documents</b>			
59. AACE Clinical Practice Guideline: Developing a Comprehensive Diabetes Care Plan 2022 ID 56352 Rev 6		Approved.	
60. Capacity Alert at Palomar Health ID 10510 Rev 9		Approved.	
61. Dietician Coverage ID 11841 Rev 12		Approved.	
62. FANS Guidelines to Order Corrections ID 66792 Rev 0		Approved.	
63. Transfer of Patient to & from Behavior Health Inpatient Unit ID 11700 Rev 8	No longer have inpatient Behavioral Health Services.	Approved.	
<b>Documents for Awareness</b>			
64. Lab Policies	Included on agenda for committee awareness only and reporting of, up to the Board of Directors.		
65. Competency Testing for Clinical Microbiology ID 13048 Rev 21			
66. MALDI-TOF			

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Matching Hint Table ID 60152 Rev 6			
67. Result Notification and Surveillance ID 13779 Rev 28			
68. Carba-R Xpert PCR ID 61152 Rev 6			
69. Carbapenem MIC Intermediate or Resistant for Enterobacterales, P.aerug or A.baumannii ID 7712			
70. Catheter Tip Cultures ID 16241 Rev 18			
71. Culture workup guidelines: Cerebrospinal Fluid (CSF) ID 12987 Rev 28			
72. ETest ID 13177 Rev 32			
73. Shigella Serotyping by Wellcolex Colour ID 59272 Rev 4			
74. Safety Program ID 13799 Rev 16			
75. Capillary Blood Collection ID 12976 Rev 15			
76. Autopsy Assistant, How to Obtain ID 12877 Rev 13			

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
77. Charge Data Entering ID 12992 Rev 16			
78. Add on Test and Phone Requests for Lab Orders (Oral Orders) ID 12831 Rev 19			
79. Consent and Release for Material sent for Research Protocols ID 39493 Rev 6			
80. Cryostat Maintenance, Record of ID 13501 Rev 15			
81. Record Retention ID 13745 Rev 19			
82. Stain Quality Control Documentation ID 13851 Rev 12			
83. Authorization and Waiver of Liability for the Release of Human Tissue ID 39495 Rev 6			
84. Authorization to Release Pathology Material ID 39494 Rev 6			
85. Autopsy, Transcribing and Reporting of ID 12881 Rev 17			

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
86. Transcription, Miscellaneous Duties ID 13937 Rev 13			
87. Mercury Spill Kit-PH Poway ID 1341 Rev 17			
88. Centrifuge Calibration ID 10264 Rev 15			
89. Chemical Agent Exposure- LAB ID 23113 Rev 14			
90. Renal Core Biopsy ID 13190 Rev 13			
91. Sentinel Lymph Node Biopsy- Breast, Skin and Pelvic Nodes ID 13816 Rev 19			
92. SMMHC ID 74992 Rev 0			
93. Lab Patient Specimens, Safety in Transportation and Handling ID 12920 Rev 18			
94. Equipment Maintenance, Preventative and Routine ID 13223 Re 17			

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

## Consent Agenda for Policy & Procedure Committee September 2024

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
1. Meeting Minute Approval	August meeting minutes distributed to all Committee members and reviewed electronically. Motion to approve by Donald Myers. Second by Brian Willey.	Approved	Jami Pearson
2. September Meeting	The September meeting was conducted via electronic mail.		
<b>Non- Clinical Document</b>			
3. Procedure : Ad-Hoc User Access Requests #38532 Rev 6		Approved	Pamela Peterson
4. Procedure : Clarity (Cerner) User Access Provisioning 29232 Rev 11		Approved	Pamela Peterson
5. Procedure : Computer Systems Usage at Palomar Health 10341 Rev 19		Approved	Pamela Peterson
6. Procedure : Data Integrity and Encryption 20730 Rev 12		Approved	Pamela Peterson
7. Procedure : External and Legal Compliance Auditor Access 39772 Rev 4		Approved	Pamela Peterson
8. Procedure : Help Desk - Incident Management Response Time Standards 35732 Rev 0		Approved	Pamela Peterson
9. Procedure : Help Desk - Initial Point of Contact 35752 Rev 1		Approved	Pamela Peterson

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
10. Procedure : Incident Management and Disaster Recovery Plan 28872 Rev 4		Approved	Pamela Peterson
11. Procedure : Information CyberSecurity & Privacy Awareness and Training 31692 Rev 4		Approved	Pamela Peterson
12. Procedure : Information CyberSecurity Data Scan Process 31712 Rev 8		Approved	Pamela Peterson
13. Procedure : Information Cyber-Security Incident Response 22072 Rev 3		Approved	Pamela Peterson
14. Procedure : Information Security Investigations and Activity Review 28753 Rev 6		Approved	Pamela Peterson
15. Procedure : Information Systems Account Creation Standards 20475 Rev 6		Approved	Pamela Peterson
16. Procedure : Information Systems Acquisition Procedure 20694 Rev 3		Approved	Bret Ginther, MD
17. Procedure : Information Systems Application Documentation Procedure 20851 Rev 1		Approved	Bret Ginther, MD
18. Procedure : Information Systems Cerner/Clarity and other Application Refresh Standards 21031 Rev 2		Approved	Pamela Peterson
19. Procedure : Information Systems Project Requests 20711 Rev 2		Approved	Bret Ginther, MD



Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
20. Procedure : Information Systems Password/Pass Phrase Standards 20450 Rev 13		Approved	Pamela Peterson
21. Procedure: Information Technology (IT) Data Centers, IDF Closets and Other IT Areas Access Control 22192 Rev 3		Approved	Pamela Peterson
22. Information Technology Theft Reporting 32632 Rev 8		Approved	Pamela Peterson
23. Procedure : Information Technology Role-Based Access Control 38574 Rev 2		Approved	Pamela Peterson
24. Procedure : Information Technology Unique User Identification 20451 Rev 4		Approved	Pamela Peterson
25. Procedure : Internet Access and Appropriate Usage Standards 20276		Approved	Pamela Peterson
26. Procedure : Malicious Software Protection 20530 Rev 6		Approved	Pamela Peterson
27. Mobile/Portable and Removable Storage Device Access and Appropriate Usage Standards 38212		Approved	Pamela Peterson
28. Palomar Health LAN Connection of PCs/Laptops Not Supplied by Palomar Health IS Division 20490 Rev 2		Approved	Pamela Peterson
29. Palomar Health Affiliate User Agreement 39652		Approved	Pamela Peterson

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Rev 12			
30. Procedure : Palomar Health Domain User Access 20551 Rev 5		Approved	Pamela Peterson
31. Form : Palomar Health Non-Credentialed Physician User Agreement 51972 Rev 4		Approved	Pamela Peterson
32. Procedure : Password Reset and Account Lockout Procedures 20452 Rev 7		Approved	Pamela Peterson
33. Physician and Affiliate Access to Palomar Health Network 38512 Rev 4		Approved	Pamela Peterson
34. Procedure : QuickChart Patient Data Inquiry User Access 38573 Rev 3		Approved	Pamela Peterson
35. Rapid Assessment and Escalation Procedure 20372 Rev 3		Approved	Pamela Peterson
36. Procedure : Desktop Shadowing Procedure 28532 Rev 3		Approved	Pamela Peterson
37. Procedure : Resolving User Account Issues 21631 Rev 3		Approved	Robin Ford
38. Procedure : Wireless Cell Phone Devices: Palomar Health Provided 36173 Rev 6		Approved	Bret Ginther, MD
39. Procedure : Compliance Monitoring and Investigations 17770 Rev 9		Approved	Helen Waiskey
40. Procedure : Attendance		Approved	Julie Pursell

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Guidelines 10161 Rev 19			
41. Procedure : Building Management System (BMS) 13960 Rev 3		Approved	Marcos Fierro
42. Procedure : Control Air System 13065 Rev 2		Approved	Marcos Fierro
43. Procedure : Domestic Hot Water System 13119 Rev 3		Approved	Marcos Fierro
44. Procedure : Dress Code (Standards of Professional Appearance) 10494 Rev 12		Approved	Julie Pursell (changing to Diane Hansen)
45. Procedure : IT Enterprise Change Management		Approved	Pamela Peterson
46. Procedure : IT Knowledge Management 35772 Rev 0		Approved	Pamela Peterson
47. Procedure : Medical Air System 13475 Rev 2		Approved	Marcos Fierro
48. Procedure : Medical Vacuum System 13480 Rev 3		Approved	Marcos Fierro
49. Procedure : Natural Gas System 13523 Rev 3		Approved	Marcos Fierro
50. Procedure : Nitrous Oxide System 13542 Rev 3		Approved	Marcos Fierro
51. Access to Electronic Protected Health Information Agreement 45712 Rev 8		Approved	Pamela Peterson
52. Procedure : Newborn Screening Program (PKU Processing) 15299 Rev 11		Approved	Kim Jackson
52a. On Boarding Rady Staff to Palomar NICU 74692 Rev 0		Approved	Amy Murray

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
<b>Clinical Document</b>			
53. Procedure : Activation of Trauma Team and Internal Triage Criteria 15172 Rev 12		Approved	Melinda Case
54. Procedure : Echo Study Alert 61172 Rev 2		Approved	Thomas McGuire
55. Procedure : Endotracheal Tube Clamping 66112 Rev 1		Approved	Valerie Martinez
56. Procedure : Positive Pressure Breathing Therapy 10812 Rev 8		Approved	Valerie Martinez
57. Procedure : Roles and Responsibilities for Trauma Team Members 56712 Rev 4		Approved	Melinda Case
58. Procedure : Transfer of Trauma Patients 45512 Rev 3		Approved	Melinda Case
59. Procedure : Screening, Brief Intervention, and Referral (SBIR) for ETOH 59332 Rev 2		Approved	Melinda Case
59a. Forensic Evidence Foreign Body Collection in ED 10677 Rev 5		Approved	Tracy Page
<b>Ownership Changes</b>			
60. Procedure: Orientation Plan WC & HBOT From Holly Porter > Tyler Powell		Approved	Tyler Powell
61. Procedure: Patient Privacy WCC From Holly Porter > Tyler Powell		Approved	Tyler Powell
62. Expired Supplies, Handling		Approved	Tyler Powell

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
of in the WCC From Holly Porter > Tyler Powell			
63. Scope of Service: Infusion Services ID 60932 From Mel Russell > Todd Renner		Approved	Todd Renner
64. Policies & Procedures: All owned by Julie Purcell HR CHRO > Diane Hansen President & CEO		Approved	Diane Hansen
<b>Archived Documents</b>			
65. San Diego Public Health Test Requisition Form 60232		Approved	Jessica D'Angelo
<b>Documents for Awareness</b>			
66. Procedure: Current Tests and Method Performance Specifications ID 13090 Approved by P&P Chair 8/21/2024		Approved	Jami/Gloria Austria
67. Policy : Communication of Patient Rights and Responsibilities 16320 Approved by P&P Chair on 9/9/2024		Approved	Jami Pearson
68. Procedure : BinaxNOW™ Legionella Urinary Antigen 73493 Rev 1		Approved	Jessica D'Angelo
69. Procedure : Blood Culture Workup 12908 Rev 34		Approved	Jessica D'Angelo
70. Procedure : CAPD- Continuous Ambulatory Peritoneal Dialysis - PD Culture 13062 Rev 19		Approved	Jessica D'Angelo
71. Procedure : CDX-2 (EPR2764Y) 75092 Rev 0		Approved	Debra Free

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
72. Procedure : Centrifuge Cleaning & Maintenance 20471 Rev 17		Approved	Sandra Lajeunesse
73. Procedure : Detection of Vancomycin resistant Staphylococcus spp. 14004 Rev 18		Approved	Jessica D'Angelo
74. Procedure : Kirby-Bauer Susceptibility Test 13416 Rev 28		Approved	Jessica D'Angelo
75. Reference Document (Form): Form : Micro Individualized Quality Control Plan (IQCP) Commercially Prepared Media Exempt 54532 Rev 7		Approved	Jessica D'Angelo
76. Reference Document (Form): Form : Micro Individualized Quality Control Plan (IQCP) GenMark ePlex Fungal Pathogen Blood Culture (BCID-FP) Nucleic Acid Test 71354 Rev 0		Approved	Jessica D'Angelo
77. Procedure : Patient Numbering System - Unique Medical Record Number 13611 Rev10		Approved	Gloria Austria
78. Procedure : Sputum Culture Workup Guidelines 13848 Rev 27		Approved	Jessica D'Angelo
79. Procedure : Stool Culture Reflex 13869		Approved	Jessica D'Angelo
80. Procedure : Susceptibility Select Antibiotic Reporting		Approved	Jessica D'Angelo

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
13811 Rev 27			
81. Procedure : Testing for Elective or Scheduled Surgery 13916 Rev 11		Approved	Gloria Austria
82. Procedure : Throat and Nasopharyngeal Cultures 13921		Approved	Jessica D'Angelo
83. Procedure : Trauma Standards 13946 Rev 16		Approved	Tim Barlow
84. Procedure : Urine Culture Workup Guidelines 13981 Rev 27		Approved	Jessica D'Angelo
85. Procedure : Vista Amphetamines, Urine 42572 Rev 8		Approved	Joane Barriteau
86. Procedure : Processing an Ammonia Specimen 22952 Rev 16		Approved	Sandra Lajeunesse

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

## Consent Agenda for Policy & Procedure Committee October 2024

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
1. Meeting Minute Approval	September meeting minutes distributed to all Committee members and reviewed electronically. Motion to approve by Susan Mitchell-Block. Second by Mel Russell.	Approved	Jami Pearson
2. None			
<b>Non- Clinical Document</b>			
3. Admission and Insurance Verification 12044 Rev 8		Approved	Tyler Powell for Holly Porter
4. Emergency Services 12071 Rev 11		Approved	Tyler Powell for Holly Porter
5. Monthly Rehab Operations Meeting 12095 Rev 10		Approved	Tyler Powell for Holly Porter
6. Radio Usage 41772 Rev 2		Approved	Bill Kirby
7. MRI Safety Level 2 Training 57053 Rev 2		Approved	Sims Kendall
8. HBOC Legacy Data Access 35932 Rev 3		Approved	Robin Ford
9. Nurse Practitioner Standardized Procedure 25173 Rev 7		Approved	Mel Russell
10. Privacy - Patient's Right to Restrict Uses or Disclosures 11330 Rev 10		Approved	Kim Jackson
<b>Clinical Document</b>			
11. Acuity - Level of Care Assessment 34052 Rev 9		Approved	Tyler Powell for Holly Porter
12. Speech and Language		Approved	Tyler Powell



Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Assessments 11580 Rev 9			
13. Assessment & Treatment of Hyperbaric Oxygen Patients 57258 Rev 6		Approved	Tyler Powell for Holly Porter
14. Complex and Palliative Wound Management 57173 Rev 5		Approved	Tyler Powell for Holly Porter
15. Discharge Process for Wound Care 66612 Rev 1		Approved	Tyler Powell for Holly Porter
16. Fall Risk Assessment WCC 28472 Rev 8		Approved	Tyler Powell for Holly Porter
17. Neuropathic Foot Assessment 19270 Rev 9		Approved	Tyler Powell for Holly Porter
18. Outdated, Unusable Medications 35272 Rev 5		Approved	Tyler Powell for Holly Porter
19. Wound and Patient Imaging 57235 Rev 4		Approved	Tyler Powell for Holly Porter
20. Patient Handling- Wound Care 66633 Rev 1		Approved	Tyler Powell for Holly Porter
21. Pre and Post Care of Cellular or Tissue Based Products 57254 Rev 6		Approved	Tyler Powell for Holly Porter
22. Pre and Post Care of Debridements 57253 Rev 4		Approved	Tyler Powell for Holly Porter
23. Progress Reports 10810 Rev 10		Approved	Tyler Powell for Holly Porter
24. Standard Precautions 15117 Rev 14		Approved	Valerie Martinez
25. Symptomatic Tachycardia/Bradycardia Procedure 51232 Rev 6		Approved	Kathleen Mackessy
26. Violent Behavior Risk Screening Guidelines 66952 Rev 2		Approved	Brian Willey

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
27. Avoiding Adverse Events in FANS 65752 Rev 1		Approved	Nicole Hite
28. Standardized Wound/Skin Care Intervention Guidelines 73372 Rev 1		Approved	Holly Porter
29. Perinatal Loss 11239 Rev 6		Approved	Holly Porter/Susan M-B.
30. Procedure : Patient Hand Off Communication 24372 Rev 8		Approved	Meghan Jaremczuk
<b>Ownership Changes</b>			<b>Ownership To</b>
31. Decedent Affairs: Care of Patient and Family 13100 Change ownership from Meghan Jaremczuk to Susan Mitchell-Block		Approved	Meghan Jaremczuk
32. Procedure : Condition Change-Physician Contact 14692 Change ownership from Alicia Locket to Jolene Crouse		Approved	Alicia Locket
33. Procedure : AMA, Patient Leaving Against Medical Advice 10039 Change ownership from Jami Pearson to Lori Schmollinger		Approved	Jami Pearson
34. Procedure : Biomedical Ethics Consultations 10597 Change ownership from Jami Pearson to Lori Schmollinger		Approved	Jami Pearson
35. Policy : Capacity to Make Health Care Decisions 66472 Change ownership		Approved	Jami Pearson

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
from Jami Pearson to Lori Schmollinger			
36. Policy : Communication of Patient Rights and Responsibilities 16320 Change ownership from Jami Pearson to Lori Schmollinger		Approved	Jami Pearson
37. Policy : Conditions of Admission 16621 Change ownership from Jami Pearson to Lori Schmollinger		Approved	Jami Pearson
38. Procedure : End of Life Option Act - Acute Care Facilities 55732 Change ownership from Jami Pearson to Lori Schmollinger		Approved	Jami Pearson
39. Procedure : Health Care Decisions for Unrepresented Patients 28812 Change ownership from Jami Pearson to Lori Schmollinger		Approved	Jami Pearson
40. Procedure : Physician Orders for Life-Sustaining Treatment (POLST) 33652 Change ownership from Jami Pearson to Lori Schmollinger		Approved	Jami Pearson
41. Procedure : Release of PHI to Law Enforcement 14240 Change ownership from Kevin DeBruin to Lori Schmollinger		Approved	Kevin DeBruin

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
42. Procedure : Witnessing of Wills and Other Personal Documents 11844 Change ownership from Kevin DeBruin to Lori Schmollinger		Approved	Kevin DeBruin
43. Procedure : Consent for Treatment for Minors 10354 Change ownership from Jami Pearson to Bruce Grendell		Approved	Jami Pearson
44. Procedure : Consent or Informed Consent for Surgery or Special Procedures 17201 Change ownership from Jami Pearson to Bruce Grendell		Approved	Jami Pearson
45. Form : Informed Consent Algorithm 60952 Change ownership from Jami Pearson to Bruce Grendell		Approved	Jami Pearson
46. Procedure : Patient Informed Refusal of Care 66692 Change ownership from Jami Pearson to Tom McGuire		Approved	Jami Pearson
47. Women's Services Policies, Procedures, SPs Change ownership from Amy Murray to Holly Porter		Approved	Holly Porter
48. Crisis Stabilization Unit Policies, Procedures, SPs Change ownership from		Approved	Donald Myers

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Donald Meyers to Darrell Oppermann			
<b>Archived Documents</b>			
49. Procedure : Team Process, Child Abuse Program 12150 Rev 5 archived in Lucidoc on 9/17/2024		Approved	Michelle Shores
50. Behavioral Health Patient De-Escalation Preference 72052 Rev 0		Approved	Brian Willey
51. FANS Environmental Sanitation 58232 Rev 2		Approved	Nicole Hite
<b>Documents for Awareness</b>			
52. Decedent Affairs: Care of Patient and Family 13100 Rev 16 Approved by P&P Chair 9/20/2024		Approved	Susan Mitchell-Block
53. Procedure: MRI Examination Pre-Process 20791 Rev 12 Approved by P&P Chair 9/20/2024		Approved	Sims Kendall
54. Procedure : Catheter Tip Cultures 16241 Rev 17 Publication approved by P&P Chair 9/17/24		Approved	Jessica D'Angelo
55. Procedure : Competency Testing for Clinical Microbiology 13048 Rev 20 Publication Publication approved by P&P Chair 9/17/24		Approved	Jessica D'Angelo
56. Procedure : Culture workup guidelines: Cerebrospinal Fluid (CSF) 12987 Rev 27 Publication		Approved	Jessica D'Angelo

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
approved by P&P Chair 9/17/24			
57. Procedure : Culture workup guidelines: Ear and Eye Cultures 13180 Rev 19 Publication approved by P&P Chair 9/17/24		Approved	Jessica D'Angelo
58. Procedure : Shigella Serotyping by Wellcolex Colour 59272 Rev 3 Publication approved by P&P Chair 9/17/24		Approved	Jessica D'Angelo
59. Scope of Service Forensic Health Services 12330 Rev 9 Approved by P&P Chair 9/17/2024		Approved	Michelle Shores
60. Procedure : Medication Administration 18246 Rev 19 Approved by P&P Chair 10/03/2024		Approved	Nada Ghobrial
61. Procedure : Pain Management and Respiratory Risk Assessment 15540 Rev 11 Approved by P&P Chair 10/03/2024		Approved	Meghan Jaremczuk
62. Procedure : Accessioning and Maintaining Identification of Specimens 12819 Rev 15		Approved	Brian Bakerink
63. Procedure : Neogenomics SCOPE IA Quantitative Image Analysis 32893 Rev 14		Approved	Brian Bakerink

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
64. Procedure : Quality Plan, Chemistry 13701 Rev 26		Approved	Joane Barriteau
65. Procedure : CellaVision Specimen Review 61752 Rev 4		Approved	Joane Barriteau
66. Procedure : Eosinophils, Urine Sediment 13219 Rev 21		Approved	Joane Barriteau
67. Procedure : Quality Control Guidelines, Chemistry 13697 Rev 23		Approved	Joane Barriteau
68. Chemistry Calculated Values Summary 52252 Rev 6		Approved	Joane Barriteau
69. Procedure : SARS-CoV-2 / Flu / RSV Xpert PCR 64932 Rev 5		Approved	Jessica D'Angelo
70. Atellica CH Blood Urea Nitrogen, BUN UN_c 71865 Rev 1		Approved	Jessica D'Angelo
71. Form : Atellica CH Lipase (Lip) 71884 Rev 1		Approved	Jessica D'Angelo
72. Form : Atellica CH Triglycerides (Trig) 71901 Rev 1		Approved	Jessica D'Angelo
73. Procedure : Autoverification Build and Validation 30015 Rev 7		Approved	Joane Barriteau
74. Procedure : Autoverification Policy 30232 Rev 6		Approved	Joane Barriteau
75. Form : Carbapenem MIC Intermediate or Resistant for Enterobacterales, P.aerug or A.baumannii		Approved	Jessica D'Angelo

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
72212 Rev 4			
76. Procedure : BD MAX, SARS COV 2 66972 Rev 5		Approved	Jessica D'Angelo
77. Form : Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert SARS-CoV-2/Flu/RSV (PCR) Poway 69593 Rev 2		Approved	Jessica D'Angelo
78. Procedure : Biochemical: Catalase Test 12981 Rev 18		Approved	Jessica D'Angelo
79. Procedure : KOH (Potassium Hydroxide) Prep 13660 Rev 19		Approved	Jessica D'Angelo
80. Procedure : Culture workup guidelines: Ear and Eye Cultures 13180 Rev 20		Approved	Jessica D'Angelo
81. Form : Micro Individualized Quality Control Plan (IQCP) Cepheid Xpert SARS-CoV-2/Flu/RSV (PCR) Escondido 67832 Rev 5		Approved	Jessica D'Angelo
82. Procedure : Group B Streptococcus Xpert Xpress PCR 41953 Rev 16		Approved	Jessica D'Angelo
83. Procedure : Carba-R Xpert PCR 61152 Rev 7		Approved	Jessica D'Angelo
84. Procedure : Group B Streptococcus Cultures 13299 Rev 19		Approved	Jessica D'Angelo
85. Form : Medical Director Designee—FORM 23632		Approved	Tim Barlow



Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
86. Procedure : Compatibility Testing before Blood Transfusion 10334 Rev 17		Approved	Tim Barlow
87. Procedure : Calibration Process 12954 Rev 20		Approved	Tim Barlow
88. Procedure : Fluorescent Microscope Maintenance 16583 Rev 17		Approved	Tim Barlow
89. Procedure : Laboratory Medical Director Designee 23373 Rev 15		Approved	Tim Barlow
90. Procedure : Receipt and Disposition of Critical Equipment (Including Used Non-Analytical Equipment Transfers Between PH Facilities) and Supplies 13741 Rev 16		Approved	Tim Barlow
91. Procedure : Solvent Spill Kit-PH Poway 13831 Rev 18		Approved	Tim Barlow
92. Procedure : Spill Kart - PH Poway 12983 Rev 19		Approved	Tim Barlow
93. Procedure : Standard Operating Procedures 13854 Rev 18		Approved	Tim Barlow
94. Procedure : Record Storage 11395 Rev 17		Approved	Tim Barlow
95. Adult Inpatient Standards 46172 Rev 17 Approved by P&P Chair 10/09/2024		Approved	Meghan Jaremczuk
96. MRI Screening Form English 75132 Rev 1 Approved by P&P Chair 10/09/2024		Approved	Sims Kendall

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
97. MRI Screening Form Spanish 75212 Rev 0 Approved by P&P Chair 10/09/2024		Approved	Sims Kendall

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

## Consent Agenda for Policies & Procedures Committee November 2024

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
<b>Review Plan</b>			
1. Meeting Minute Approval	October meeting minutes reviewed. Motion to approve by Tracy Page. Second by Krysti Johnson.	Approved	Jami Pearson
2. None			
<b>Non- Clinical Document</b>			
3. Form : Access to Electronic Protected Health Information Agreement 45712 Rev 9		Approved	Pamela Peterson
4. Policy : Conflict of Interest Code 21800 Rev 14		Approved	Kevin DeBruin
5. Policy : Annual Adoption of Statement of Investment 27092 Rev 14		Approved	Kevin DeBruin
6. Policy : Gifts and Donations 21776 Rev 6		Approved	Kevin DeBruin
7. Policy : Extraordinary Event Management 58873 Rev 4		Approved	Kevin DeBruin
8. Policy : Provider Recruitment 21825 Rev 6		Approved	Kevin DeBruin
9. Policy : Oath of Office		Approved	Kevin DeBruin
10. Procedure : Security of Cameras 57242 Rev 4		Approved	Tyler Powell for Holly Porter
11. Procedure : Notification of DMV 11760 Rev 8		Approved	Tracy Page
12. Procedure : Patient & Chart Flow at Palomar Medical Center 11151 Rev 9		Approved	Tracy Page

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Clinical Document			
13. Policy : Pediatric Readiness Survey in the Emergency Department 75412 Rev 0	Link to Risk Assessment as a reference. Jami will send to Sally to upload with Tracy as owner.	Approved	Tracy Page
14. Form : Safety Tray Photos 62152 Rev 3	Link to psychiatric grid (Sally).	Approved	Tracy Page
15. Procedure : Emergency Room Physician Radio Orientation 16063 Rev 4		Approved	Tracy Page
16. Scope of Service : Trauma Services 12390 Rev 12		Approved	Tracy Page
17. Scope of Service : Emergency Department 12366 Rev 13		Approved	Tracy Page
18. Procedure : Equipment Log 16003 Rev 6		Approved	Tracy Page
19. Procedure : MICN Obstetric Triage Guidelines 47112 Rev 4		Approved	Tracy Page
20. Procedure : Emergency Medical Treatment and Active Labor Act (EMTALA) Reporting Violations 11425 Rev 6		Approved	Tracy Page
21. Procedure : Telephone Advice to Patients 11655 Rev 7		Approved	Tracy Page
22. Procedure : Sexual Assault Victim Management for ED 11542 Rev 6		Approved	Tracy Page
23. Procedure : External Jugular Insertion 32512 Rev 5		Approved	Tracy Page
24. Procedure : Patient	Approve with revision to	Approved with edits.	Tracy Page

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Transfer Request Processing from Other Facilities 11200 Rev 7	education.		
25. Standardized Procedure : Emergency Department Triage 19851 Rev 13	Ensure routing includes P&T	Approved	Tracy Page
26. Procedure : Disaster Plan for PMC Poway Emergency Department 18671 Rev 6		Approved	Tracy Page
27. Procedure : Activation of Trauma Team and Internal Triage Criteria 15172 Rev 13		Approved	Tracy Page
28. Procedure : Disaster Plan for Emergency & Trauma at PMC Escondido 10445 Rev 6		Approved	Tracy Page
29. Procedure : Ambulance Diversion 16798 Rev 6		Approved	Tracy Page
30. Procedure : Suture and Staple Removal by Registered Nurse 11646 Rev 6		Approved	Tracy Page
31. Procedure : Assessment of the Pediatric Patient in the Emergency Department 75432 Rev 0		Approved	Tracy Page
32. Procedure : Base Station Radio and Emergency Communications 15988 Rev 6		Approved	Tracy Page
33. Procedure : Electrocardiograms Processing 18712 Rev 3		Approved	Thomas McGuire

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
34. Procedure : CPR: Code Blue Responders 16818 Rev 15	Education has already been done.	Approved	Thomas McGuire
35. Procedure : Exercise Myoview Stress Test 17942 Rev 6	Ensure routing included P&T	Approved	Thomas McGuire
36. Standardized Procedure : Determination of Cardiopulmonary Death for Donation after Circulatory Death 33912 Rev 9		Approved	Thomas McGuire
37. Procedure : Stress Echocardiogram 18403 Rev 6		Approved	Thomas McGuire
38. Reference Materials : Emergency Dive Termination- Hyperbaric Oxygen Therapy 67512 Rev 1	Ensure linked to hyperbarics	Approved	Tyler Powell for Holly Porter
39. Procedure : Competencies Wound Care Center 25372 Rev 5		Approved	Tyler Powell for Holly Porter
40. Reference Materials : Emergency Guidelines- Hyperbaric Oxygen Therapy 67532 Rev 1		Approved	Tyler Powell for Holly Porter
41. Procedure : Home Care Referrals by the WCC 12079 Rev 7		Approved	Tyler Powell for Holly Porter
42. Reference Materials : Material Analysis Form- Wound Care Center 66272 Rev 1		Approved	Tyler Powell for Holly Porter
43. Policy : Nurse Visit in the Wound Care Center 12098		Approved	Tyler Powell for Holly Porter

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Rev 8			
44. Procedure : Physician Prescription 11273 Rev 14		Approved	Tyler Powell for Holly Porter
45. Standardized Procedure : Psychiatric Nurse Practitioners 46192 Rev 4		Approved	Donald Myers
46. Standardized Procedure : Skin Care Products 74252 Rev 0	Add Holly Porter as collaborator if not already one. Nadelle working on education.	Approved	Mel Russell
<b>Ownership Changes</b>			<b>Ownership To</b>
47. Annual Adoption of Statement Investment 27092 Rev 14 Changing ownership from Melissa Wallace, VP Finance to Kevin DeBruin, Chief Legal Officer		Approved	Kevin DeBruin
48. Procedure : Outpatient Anaphylaxis/Hypersensitivity 68152 Rev 0 Change ownership from Melvin Russell to Todd Renner	Per Nada, we no longer need this policy. Motion to archive.	Approved	Mel Russell
<b>Archived Documents</b>			
49. Procedure : Research Institute: Administrative Review and Approval Processes 28972 Rev 2		Approved	Melissa Wallace
50. Procedure : Equipment, Medications, & Supply Location 10593 Rev 8		Approved	Tracy Page
51. Procedure : Observational Clinical Experience for EMT-1 Training Agencies 16006 Rev 3		Approved	Tracy Page
52. Policy : Disposition of		Approved	

Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
Surplus Property 21804 Rev 7			Heather Woodling
53. Procedure : Disposal of Leftover Food Items From Patient Trays 10471 Rev 7		Approved	Nicole Hite
54. Procedure : Influenza A + B Panel Xpert PCR 40212 Rev 20		Approved	Jessica D'Angelo
55. Procedure : POCT Pyloritek Test 13684 Rev 18		Approved	Marilyn Paranis-Dela Cruz
56. Procedure : POCT Thrombelastograph (TEG) 24652 Rev 19		Approved	Marilyn Paranis-Dela Cruz
<b>Radiology Protocols – Annual Review</b>			
57. Form : CT Imaging Protocols Matrix 44392 Rev 20 Reviewed/Approved in June, 2024		Approved June, 2024	Sims Kendall
58. Reference Materials : Diagnostic Imaging Matrix 46692 Rev 10 Reviewed/Approved 12/9/2024		Approved 12/9/2024	Sims Kendall
59. Reference Materials : MRI Exam Protocol Matrix 62532 Rev 5 Reviewed/Approved in June, 2024		Approved in June, 2024	Sims Kendall
60. Reference Materials : Nuclear Medicine Protocol Matrix 60073 Rev 6 Approved by P&P Chair 12/20/2024		Approved by P&P Chair 12/20/2024	Sims Kendall



Policy Name/Lucidoc #	Discussion (Key Points)	Follow-up Action	Responsible
61. Form : Ultrasound Protocol Matrix 60074 Rev 7 Approved by P&P Chair 12/20/2024		Approved by P&P Chair 12/20/2024	Sims Kendall
<b>Documents for Awareness</b>			
62. Standardized Procedure : Inpatient Emergency Care 12421 Rev 23		Approved by P&P Chair 11/08/2024	Holly Porter
63. Form : Atellica CH Hemoglobin A1c 75372 Rev 0		Approved by P&P Chair 11/08/2024	Joane Barriteau
64. See attached spreadsheet for Laboratory policies			

**Next Meeting:** **Date:** January 8, 2025  
**Time:** 9:30am – 11:00am  
**Location:** TEAMS

## Policies Procedures Committee 11.13.2024

## Laboratory Documents for Awareness

Title	DocId	Revision	DocType	Type	Department
Airfuge, Use Of	12839	17	Procedure	officialize	Chemistry
Anaerobic Wound Tissue and Body Fluid Workup	43512	13	Procedure	officialize	Microbiology
Anatomic Material, Sending-Out of	12848	11	Procedure	review	Anatomic Pathology
Atellica IM Carcinogenicembryonic Antigen (CEA)	71909	1	Form	officialize	Chemistry
Atellica IM Rubella IGG (Rub_G)	71905	2	Form	officialize	Chemistry
Autopsy Assistant Responsibilities	12876	12	Procedure	review	Anatomic Pathology
Autopsy Safety, Cleaning and Maintenance	12879	11	Procedure	review	Safety in Laboratory
BD MAX Instrument	67072	0	Procedure	review	Microbiology
Blood Culture Nucleic Acid Test ePlex by GenMark	70432	3	Procedure	officialize	Microbiology
Bone Lesions	12930	11	Procedure	review	Anatomic Pathology
Bone Marrow Processing	12931	16	Procedure	review	Anatomic Pathology
Brain Biopsy for (TSE) Transmissible Spongiform Encephalopathies ANP.24300	12940	14	Procedure	review	Anatomic Pathology
Breast Tissue Handling for Primary Evaluation for Cancer	24992	17	Procedure	review	Anatomic Pathology
Bronch Brush-Wash Quantitative Culture	12944	20	Procedure	officialize	Microbiology
Calling the Helpdesk	12957	20	Procedure	review	Information System in Lab
Carba-R Xpert PCR	61152	8	Procedure	officialize	Microbiology
Cell Block Preparation	12984	10	Procedure	review	Cytology
Cerner Downtime Operations	23012	10	Procedure	review	Anatomic Pathology
Chandler's Reticulum stain	13294	13	Procedure	review	Histology
Coagulation Quality Control Program	13028	22	Procedure	officialize	Coagulation
Commercial Controls Target Values and Historical Limits	13044	20	Procedure	officialize	Hematology
Control	13064	12	Procedure	review	Histology
Correlation of Results of Special Studies in NonGyn Cases	38492	5	Procedure	review	Cytology
Critical Error Review / Management Reports	21752	18	Procedure	officialize	Microbiology
Downtime Laboratory Information System in Microbiology	50172	10	Procedure	officialize	Microbiology
Eosinophil, Nasal Smear	13218	21	Procedure	officialize	Hematology
Equipment Maintenance	13222	12	Procedure	review	Cytology
Errors in Laboratory Testing, Controlling of	13229	19	Procedure	officialize	Hematology
Evaluation of New Antibody Lots and Detection Kits- CAP ANP.22760	19870	13	Procedure	review	Histology
Extremities-Amputation for Gangrene	13235	11	Procedure	review	Anatomic Pathology
Extremities-Amputation for Soft Tissue Tumor	13237	11	Procedure	review	Anatomic Pathology
Fetus Examination by Pathology Department	13248	12	Procedure	review	Anatomic Pathology
Fetus-Abortion	13249	12	Procedure	review	Anatomic Pathology

## Policies Procedures Committee 11.13.2024

## Laboratory Documents for Awareness

Fibronectin	13250	21	Procedure	officialize	Chemistry
Glucose Tolerance Testing	13292	18	Procedure	officialize	Chemistry
Gram Stain	13295	30	Procedure	officialize	Microbiology
Handling of Gross Only Specimens in Surgical Pathology(ANP.10032)	26035	6	Procedure	review	Anatomic Pathology
Handling/Disposition of Pathology Specimens After Hours	25152	9	Procedure	review	Anatomic Pathology
iChem Velocity Urine Chemistry Analyzer Maintenance	54392	6	Procedure	officialize	Urinalysis
Ictotest - Confirmatory Procedure for Urine Bilirubin	13375	20	Procedure	officialize	Urinalysis
Immunohistochemistry Laboratory	13377	28	Procedure	officialize	Histology
Influenza A + B Panel Xpert PCR	40212	20	Procedure	archive	Microbiology
In-House/Inter-Lab Proficiency Testing	13392	22	Procedure	officialize	Hematology
iQ200 Urine Microscopy Analyzer Preventive Maintenance	19991	18	Procedure	officialize	Urinalysis, PH Escondido
Labeling of Reagents and Solutions	16520	9	Procedure	review	Anatomic Pathology
Large Bowel-Colectomy for Nontumoral Condition	13426	12	Procedure	review	Anatomic Pathology
Large Bowel-Polypectomy	13428	13	Procedure	review	Anatomic Pathology
Lymph Node Dissection-Retroperitoneal	13452	12	Procedure	review	Anatomic Pathology
Lymph Node-Biopsy	13453	13	Procedure	review	Anatomic Pathology
Lymph Nodes	13454	11	Procedure	review	Anatomic Pathology
MISC Reflex Test	13455	15	Procedure	officialize	General Laboratory
O&P for Transporting Liquid Stools	13559	17	Procedure	review	Microbiology
P.A.S. Diastase	13585	12	Procedure	review	Histology
Package Insert Review	41372	12	Procedure	officialize	General Laboratory
PAP	13589	17	Procedure	review	Histology
Pathologist Assistant Responsibilities and Scope of Duties	31612	6	Procedure	review	Anatomic Pathology
Pathology Photography Procedure	13602	12	Procedure	review	Anatomic Pathology
Phoenix M50 and AP(BD) Instrument Instructions	64952	5	Procedure	officialize	Microbiology
Placenta Examination and Handling	13647	18	Procedure	review	Anatomic Pathology
Platelet Check for Coagulation Centrifuge Form	24227	16	Form	officialize	Coagulation
POCT Pyloritek Test	13684	18	Procedure	archive	Point-of-Care Testing
POCT Thrombelastrograph (TEG)	24652	19	Procedure	archive	Point-of-Care Testing
PrepStain Processing- Manual Method (Offline)	22892	9	Procedure	review	Cytology
Quality Control	13694	28	Procedure	officialize	Microbiology
Quality Control Compliance	24552	16	Procedure	officialize	General Laboratory
Radical Neck Dissection	13722	12	Procedure	review	Anatomic Pathology
Reagents, Supplies & Chemicals - Dating	13740	11	Procedure	review	General Laboratory

## Policies Procedures Committee 11.13.2024

## Laboratory Documents for Awareness

Recycling of Alcohol	29332	9	Procedure	review	Anatomic Pathology
Research Protocol, Send Out of Material Requested for	13769	12	Procedure	review	Anatomic Pathology
Rumke Article	61272	3	Reference Mat	officialize	General Laboratory
Salmonella Serotyping by Wellcolex Colour	59292	2	Procedure	review	Microbiology
Semen Count Worksheet	19930	18	Form	officialize	Hematology
Shipper's Declaration for Dangerous Goods	21252	19	Form	officialize	Microbiology
Small Bowel-Biopsy	13827	12	Procedure	review	Anatomic Pathology
Specimen Processing and Culture Set-Up for Microbiology	75232	0	Form	officialize	Microbiology
Specimen Processing Workflow for Microbiology	45672	0	Procedure	officialize	Microbiology
Storage and Tracking of Chemistry Specimens	69933	1	Procedure	officialize	Chemistry
Verification of Testing Personnel Meeting CLIA Requirements	14018	14	Procedure	review	General Laboratory
Vista Assay Ranges and Dilutions	52039	17	Form	officialize	Chemistry
Vista Total Protein	44092	9	Procedure	officialize	Chemistry

There was no December 2024 meeting

**QMC/MEC APPROVALS JULY 2024 - DECEMBER 2024**

15310	Animal Management: Service Animals and Pet Visitation	Martinez, Valerie A	7/31/2024	Official	Procedure	Infection Control
69352	HIP Replacement Pathway	Martinez, Valerie A	7/31/2024	Official	Reference Materials	Clinical Practice (Multidisciplinary)
69353	KNEE Replacement Pathway	Martinez, Valerie A	7/31/2024	Official	Reference Materials	Clinical Practice (Multidisciplinary)
50672	Hyperglycemia / Hypoglycemia Procedure	Mackessy, Kathleen	8/27/2024	Official	Procedure	Cardiac and Pulmonary Rehabilitation
52732	Outpatient Pharmacy Security	Chang, Susan	8/27/2024	Official	Procedure	Pharmacy
10938	Nutrition Care Manual	Hite, Nicole	8/29/2024	Official	Procedure	Clinical Management
13670	Outpatient Pharmacy Prescription Requirements and Processing	Chang, Susan	8/29/2024	Official	Procedure	Pharmacy
15268	Construction and Renovation Activities	Martinez, Valerie A	8/29/2024	Official	Procedure	Infection Control
15329	Tuberculosis (TB) Exposure Control Plan	Martinez, Valerie A	8/29/2024	Official	Procedure	Infection Control
15412	Infection Prevention and Control Risk Assessment and Surveillance Plan	Martinez, Valerie A	8/29/2024	Official	Plan	Plans
26832	Targeted Temperature Management after Cardiac Arrest	McGuire, Thomas	8/29/2024	Official	Procedure	Critical Care Unit
29692	Topical Medication Procedure - Rehab Services	Powell, Tyler	8/29/2024	Official	Procedure	Rehabilitation
45452	Infection Control Risk Assessment and Safety - Construction Permit	Martinez, Valerie A	8/29/2024	Official	Form	Infection Control
50752	Donning and Removing Personal Protective Equipment	Martinez, Valerie A	8/29/2024	Official	Form	Infection Control
60412	Protocol for MRSA Screening in Patients Receiving Anti-MRSA Antibiotics	Ghobrial, Nada	8/29/2024	Official	Procedure	Pharmacy
74432	Palliative Care/End of Life Care Orders	Jaremczuk, Meghan	8/29/2024	Official	Form	Clinical Practice (Multidisciplinary)
74792	ED Hyperosmolar Hyperglycemic Syndrome	Porter, Holly	8/29/2024	Official	Power Plan	Clinical Practice (Multidisciplinary)
74794	ED Diabetic Ketoacidosis (DKA)	Porter, Holly	8/29/2024	Official	Power Plan	Clinical Practice (Multidisciplinary)
17201	Consent or Informed Consent for Surgery or Special Procedures	Grendell, Bruce	10/1/2024	Official	Procedure	Patient Safety & Risk
60952	Informed Consent Algorithm	Grendell, Bruce	10/1/2024	Official	Form	Patient Safety & Risk
74712	Hip Surgery PostOp	Martinez, Valerie A	10/1/2024	Official	Power Plan	Surgery
74732	Hip-Knee Postop Pain WITH Ketorolac	Martinez, Valerie A	10/1/2024	Official	Power Plan	Surgery
74733	Hip-Knee Postop Pain withOUT Ketorolac	Martinez, Valerie A	10/1/2024	Official	Power Plan	Surgery
74734	Hip-Knee Surgery PreOp	Martinez, Valerie A	10/1/2024	Official	Power Plan	Surgery
74735	Knee Surgery Postop	Martinez, Valerie A	10/1/2024	Official	Power Plan	Surgery
10729	High-Level Disinfection with OPA	Martinez, Valerie A	11/1/2024	Official	Procedure	Infection Control
15117	Standard Precautions	Martinez, Valerie A	11/1/2024	Official	Procedure	Infection Control
44712	Device Equipment Location and Accountability	Martinez, Valerie A	11/1/2024	Official	Form	Infection Control
52112	High Level Disinfecting Log OPA (ortho-Phthalaldehyde) Solution	Martinez, Valerie A	11/1/2024	Official	Form	Infection Control
56912	High-Level Disinfection with trophon2	Martinez, Valerie A	11/1/2024	Official	Procedure	Infection Control
10592	FANS Department & Equipment Cleaning	Hite, Nicole	11/6/2024	Official	Policy	Equipment Sanitation
10747	Neonatal Hypoglycemia: Identification, Management & Treatment	Porter, Holly	11/25/2024	Official	Procedure	Birth Center
11039	Newborn Admission and Care in the Birth Center	Porter, Holly	11/25/2024	Official	Procedure	Birth Center
10148	Assessing Nutritional Requirements in Acute Care	Hite, Nicole	11/26/2024	Official	Procedure	Clinical Nutrition Therapy/Patient Care
13263	Floor Stock Medications in Pharmacy	Ghobrial, Nada	11/26/2024	Official	Policy	Pharmacy
13812	Security in Pharmacy	Ghobrial, Nada	11/26/2024	Official	Policy	Pharmacy
15330	Multi-Drug Resistant Organism (MDRO) Prevention	Martinez, Valerie A	11/26/2024	Official	Procedure	Infection Control
15620	IV Meds: Extravasation Rx of Non-antineoplastic	Ghobrial, Nada	11/26/2024	Official	Procedure	Clinical Practice (Multidisciplinary)
16818	CPR: Code Blue Responders	McGuire, Thomas	11/26/2024	Official	Procedure	Clinical Practice (Multidisciplinary)
17405	High Alert Medications	Ghobrial, Nada	11/26/2024	Official	Policy	Clinical Practice (Multidisciplinary)
17942	Exercise Myoview Stress Test	McGuire, Thomas	11/26/2024	Official	Procedure	Cardiology
18403	Stress Echocardiogram	McGuire, Thomas	11/26/2024	Official	Procedure	Cardiology
21774	Intravenous Drip Standards (Drip Chart)	Ghobrial, Nada	11/26/2024	Official	Form	Pharmacy

22932	Hazardous Medications	Ghobrial, Nada	11/26/2024	Official	Policy	Clinical Practice (Multidisciplinary)
25173	Nurse Practitioner	Russell, Melvin	11/26/2024	Official	Standardized Procedure	Clinical Practice (Multidisciplinary)
27872	Clozapine Medication Use Process	Ghobrial, Nada	11/26/2024	Official	Procedure	Pharmacy
31532	Epoetin (Epogen, Retacrit, Procrit), Pharmacist monitoring of	Ghobrial, Nada	11/26/2024	Official	Policy	Pharmacy
33332	Methadone (Dolophine) - Restrictions on Use	Ghobrial, Nada	11/26/2024	Official	Procedure	Pharmacy
35272	Outdated, Unusable Medications	Porter, Holly	11/26/2024	Official	Procedure	Wound Care and HBOT
36332	Preoperative Medication Guidelines	Ghobrial, Nada	11/26/2024	Official	Form	Pharmacy
37492	Methotrexate Administration in ED	Page, Tracy	11/26/2024	Official	Procedure	Emergency Department
45832	U-500 Regular Insulin	Ghobrial, Nada	11/26/2024	Official	Procedure	Clinical Practice (Multidisciplinary)
49912	Intranasal Midazolam	Ghobrial, Nada	11/26/2024	Official	Procedure	Clinical Practice (Multidisciplinary)
74793	DKA Admit	Porter, Holly	11/26/2024	Official	Power Plan	Clinical Practice (Multidisciplinary)
75012	Hypertriglyceridemia Power Plan	Porter, Holly	11/26/2024	Official	Procedure	Clinical Practice (Multidisciplinary)

# ADDENDUM C



**RESOLUTION NO. 02.10.25(01)-02**

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH  
RE-VERIFICATION OF A LEVEL II TRAUMA CENTER**

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**WHEREAS**, Palomar Health (the "District") is a local health care district duly organized and existing under The Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California (the "District Act"); and;

**WHEREAS**, the Board of Directors has the authority to apply for re-verification of a Level II Trauma Center and maintains a commitment to adherence to the standards required for a Level II Trauma Center and maintains the high standards needed to provide optimal care of all trauma patients; and

**WHEREAS**, the Board of Directors commits to ensuring the necessary personnel, facilities, and equipment are made available to support adherence to the standards;

**WHEREAS**, for purpose of conducting District business and to meet certain operational requirements, the Board desires to authorize Administration to apply for re-verification of a Level II Trauma Center and to commit to and maintain the high standards needed to provide optimal care of all trauma patients;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Palomar Health.

**PASSED AND ADOPTED** at a regular meeting of the Board of Directors of Palomar Health, held on February 10, 2025, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: February 10, 2025

<b>APPROVED:</b>	<b>ATTESTED:</b>
<hr/> <i>Jeff Griffith, Chair Board of Directors Palomar Health</i>	<hr/> <i>Terry Corrales, RN, Secretary Board of Directors Palomar Health</i>

**RESOLUTION NO. 02.10.25(02)-03**

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH  
SANCTIONING THE PLEDGE OF ASSETS IN A DEPOSIT ACCOUNT, PURSUANT TO A  
SECURITY AGREEMENT WITH BANK OF AMERICA, N.A.**

**WHEREAS**, Palomar Health (the "District") is a local healthcare district duly organized and existing under The Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California (the "District Act"); and,

**WHEREAS**, the District desires to formalize actions taken during the normal course of business for purposes of conducting District business and to meet certain operational requirements, specifically that the designated subordinate officer of the District entered into a Security Agreement with Bank of America, N.A., that included a Resolution to Pledge Assets, whereby certain assets of the District would be pledged as a security interest in a Deposit Account.

**NOW, THEREFORE, BE IT RESOLVED**, that the District sanctions the actions taken to enter into the Security Agreement and Resolution to Pledge Assets with Bank of America, N.A., whereby certain assets of the District would be pledged as a security interest in a Deposit Account.

**PASSED AND ADOPTED** at a meeting of the Board of Directors of Palomar Health held on February 10, 2025, by the following vote:

AYES:

NOES:

ABSTAINING:

ABSENT:

**Dated:** February 10, 2025

ATTESTED:

BY: \_\_\_\_\_  
Jeff Griffith, EMT-P  
Chair, Board of Directors

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