

PALOMAR
POMERADO
HEALTH
SPECIALIZING IN YOU

**BOARD OF DIRECTORS
AGENDA PACKET**

September 14, 2009

*The mission of Palomar Pomerado Health
is to heal, comfort and promote health
in the communities we serve.*

A California Health Care District (Public Entity)

**PALOMAR POMERADO HEALTH
BOARD OF DIRECTORS**

Bruce G. Krider, MA, Chairman
Linda C. Greer, RN, Vice Chairman
Nancy L. Bassett, RN, MBA, Secretary
T. E. Kleiter, Treasurer
Marcelo R. Rivera, MD
Alan W. Larson, MD
Jerry Kaufman, MAPT

Michael H. Covert, FACHE, President and CEO

*Regular meetings of the Board of Directors are usually held on the second Monday
of each month at 6:30 p.m., unless indicated otherwise
For an agenda, locations or further information
call (858) 675-5106, or visit our website at www.pph.org*

MISSION STATEMENT

***The Mission of Palomar Pomerado Health is to:
Heal, Comfort, Promote Health in the Communities we Serve***

VISION STATEMENT

***Palomar Pomerado 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***

CORE VALUES

Integrity

To be honest and ethical in all we do, regardless of consequences

Innovation and Creativity

To courageously seek and accept new challenges, take risks, and envision new and endless possibilities

Teamwork

To work together toward a common goal, while valuing our difference

Excellence

To continuously strive to meet the highest standards and to surpass all customer expectations

Compassion

*To treat our patients and their families with dignity, respect and empathy at all times and
to be considerate and respectful to colleagues*

Stewardship

To inspire commitment, accountability and a sense of common ownership by all individuals

Affiliated Entities

Escondido Surgery Center * Palomar Medical Center * Palomar Medical Auxiliary & Gift Shop * Palomar Continuing Care Center *
Palomar Pomerado Health Foundation * Palomar Pomerado Home Care * Pomerado Hospital * Pomerado Hospital Auxiliary & Gift Shop *
San Marcos Ambulatory Care Center * Ramona Radiology Center * VRC Gateway & Parkway Radiology Center * Villa Pomerado
• Palomar Pomerado Health Concern* Palomar Pomerado Health Source*Palomar Pomerado North County Health Development, Inc.*
• North San Diego County Health Facilities Financing Authority*

PALOMAR POMERADO HEALTH
BOARD OF DIRECTORS
REGULAR MEETING AGENDA

Monday, September 14, 2009
Commences 6:30 p.m.

Pomerado Hospital
Meeting Room E
15615 Pomerado Road
Poway, CA 92064

Mission and Vision

“The mission of Palomar Pomerado Health is to heal, comfort and promote health in the communities we serve.”

“The vision of PPH is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services.”

	<u>Time</u>	<u>Page</u>
I. CALL TO ORDER		
II. OPENING CEREMONY	2	
A. Pledge of Allegiance		
III. PUBLIC COMMENTS	5	
<i>(5 mins allowed per speaker with cumulative total of 15 min per group – for further details & policy see Request for Public Comment notices available in meeting room).</i>		
IV. * MINUTES	5	5-19
Regular Board Meeting – August 10 th , 2009		
Special Joint PPH and PPHF Meeting – August 10 th , 2009		
Closed Board Meeting – August 10 th , 2009		
Special Annual Quality/Patient Safety Report – August 24 th , 2009		
Closed Board Meeting – August 25 th , 2009		
V. * APPROVAL OF AGENDA to accept the Consent Items as listed	5	20-23
A. July 2009 & YTD FY2009 Financial Report (<i>Addendum A</i>)		
B. Approval of Revolving, Patient Refund and Payroll Fund Disbursements–July, 2009		
1. Accounts Payable Invoices	\$42,120,368.00	
2. Net Payroll	<u>\$10,996,894.00</u>	
Total	<u>\$53,117,262.00</u>	
C. Ratification of Paid Bills		
D. June Pre-Audit Close (<i>Addendum B</i>)		

“In observance of the ADA (Americans with Disabilities Act), please notify us at 858-675-5106, 48 hours prior to the meeting so that we may provide reasonable accommodations”

*Asterisks indicate anticipated action;
Action is not limited to those designated items.*

VI. REPORTS

- | | | |
|---|---|--|
| <p>A. <u>Medical Staffs</u></p> <p>* 1. Palomar Medical Center – <i>John Lilley, M.D.</i></p> <p style="padding-left: 20px;">a. Credentialing/Reappointments</p> <p style="padding-left: 20px;">b. Policy for Limited Training by Current Medical Staff Members</p> <p style="padding-left: 20px;">c. Core Privileging</p> <p>* 2. Pomerado Hospital – <i>Frank Martin, M.D.</i></p> <p style="padding-left: 20px;">a. Credentialing/Reappointments</p> <p>B. <u>Administrative</u></p> <p>1. <u>Chairman of Palomar Pomerado Health Foundation</u> – <i>Bill Chaffin</i></p> <p style="padding-left: 20px;">a. Update on PPHF Activities</p> <p>2. <u>Chairman of the Board</u> – <i>Bruce Krider</i></p> <p>3. <u>President and CEO</u> – <i>Michael H. Covert, FACHE</i></p> | <p>15</p> <p>24-65</p> <p>5</p> <p>15</p> <p>10</p> | <p>24-65</p> <p><i>Verbal Report</i></p> <p><i>Verbal Report</i></p> <p><i>Verbal Report</i></p> |
|---|---|--|

VII. INFORMATION ITEMS (Discussion by exception only)

66-108

- A. Finance – Legal Services Update
- B. Finance – Pharmacy Stewardship
- C. Human Resources – Pension Committee

VIII. COMMITTEE REPORTS (Minutes available on the Leadership Drive)

15

109-115

- A. **Internal Audit and Compliance Committee**
- B. **Governance Committee** – *Did not meet in August*
- C. **Human Resources Committee** – *Did not meet in August*
- D. **Community Relations** – *Did not meet in August*
- E. **Facilities and Grounds**
- F. **Board Quality Review Committee**
- G. **Finance Committee**
- H. **Strategic Planning Committee**

- I. **Other Committee Chair Comments on Committee Highlights** (*standing item*)

IX. BOARD MEMBER COMMENTS/AGENDA ITEMS FOR NEXT MONTH

X. ADJOURNMENT

*Asterisks indicate anticipated action;
Action is not limited to those designated items.*

**Palomar Pomerado Health
BOARD OF DIRECTORS
REGULAR BOARD MEETING
Palomar Medical Center/Graybill Auditorium
Monday, August 10, 2009**

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	6:47 pm Quorum comprised Directors Bassett, Greer, Kaufman, Kleiter, Krider, Larson and Rivera.		
OPENING CEREMONY	The Pledge of Allegiance was recited in unison.		
MISSION AND VISION STATEMENTS	<p>The PPH mission and vision statements are as follows:</p> <p><i>The mission of Palomar Pomerado Health is to heal, comfort and promote health in the communities we serve.</i></p> <p><i>The vision of PPH is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services.</i></p>		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements		
PUBLIC COMMENTS	<p>James Otoshi, MD spoke about the closure of the pulmonary rehabilitation program. Dr. Otoshi asks that PPH restart the program.</p> <p>Greg Hirsch, MD spoke about the benefits of maintaining the pulmonary rehabilitation program. Dr. Hirsch asked that PPH reconsider maintaining the pulmonary rehabilitation program.</p> <p>Nahil Fatajery, MD spoke about ALS program coverage for Pomerado Hospital. Dr. Fatajery requested that PPH maintain the 24 hour call schedule as it is now.</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	<p>Sharron Barber spoke about maintaining the 24 call schedule for ALS at Pomerado Hospital.</p> <p>Michael Covert commented that the issue of ALS at Pomerado will be reviewed.</p>		
<p>APPROVAL OF MINUTES</p> <ul style="list-style-type: none"> • Regular Board Meeting July 13, 2009 		<p>MOTION: by Kaufman, 2nd by Kleiter and carried to approve the July 13, 2009 Regular Board minutes as submitted.</p> <p>All in favor. None opposed.</p>	
<p>APPROVAL OF AGENDA to accept the Consent Items as listed</p> <p>A. June 2009 & YTD FY2009 Financial Report</p> <p>B. Approval of Revolving, Patient Refund and Payroll Fund Disbursements–June, 2009 Accounts Payable Invoices \$51,637,561.00 Net Payroll \$10,831,591.00 Total \$62,469,152.00</p> <p>C. Ratification of Paid Bills</p> <p>D. Establishment of Appropriations Limit for Fiscal Year 2010</p> <p>E. General Obligation Bonds – Tax Levy 2009-2010</p> <p>F. Palomar Pomerado Imaging, LLC</p> <p>G. Board Policy Annual Adoption of Statement of Investment</p> <p>H. Physician Independent Contractor Agreement – Information Systems Services – Dr. Anvar</p> <p>I. Palomar Pomerado Health /Palomar Medical Center -</p>		<p>MOTION: by Kleiter, 2nd by Bassett and carried to approve the Consent Items A – J as submitted.</p> <p>All in favor. None opposed.</p>	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
Medical Director for Diagnostic Cardiology Services – Dr. Stein J. Physician Recruitment Agreement – Dr. Nafes			
PRESENTATIONS			
Journey Recruitment Campaign	<i>Janet Wortman</i>		
	Janet Wortman presented the Journey Recruitment Campaign that began in 2009. The inspiration behind the foundation of the campaign was discussed and the recruitment advertisement videos were shown.		
REPORTS			
Medical Staff			
Palomar Medical Center			
<ul style="list-style-type: none"> ▪ Credentialing 	John J. Lilley, MD., Chief of PMC Medical Staff, presented PMC’s requests for approval of Credentialing Recommendations.	<p>MOTION: by Bassett, 2nd by Kaufman and carried to approve the PMC Medical Staff Executive Committee credentialing recommendations for the PMC Medical Staff, as presented.</p> <p>Director Larson abstained. Six in favor. None opposed.</p>	
Pomerado Hospital			
<ul style="list-style-type: none"> ▪ Credentialing 	Frank Martin, MD., Chief of Pomerado Medical Staff, presented Pomerado Hospital’s requests for approval of Credentialing Recommendations.	<p>MOTION: by Bassett, 2nd by Kleiter and carried to approve the Pomerado Hospital Medical Staff Executive Committee credentialing recommendations for the Pomerado Medical Staff, as presented.</p> <p>Director Larson abstained Six in favor. None opposed.</p>	
Administrative			
Chairman - Palomar Pomerado Health Foundation	<i>Bill Chaffin</i>		
Palomar Pomerado Health Foundation Gift Opportunities	Bill Chaffin thanked the PPH Board for meeting with the PPHF Board and expressed his desire to see the Boards meet more frequently.	MOTION: by Bassett, 2 nd by Greer and carried to approve the Palomar Pomerado Health Foundation Gift Opportunities as presented.	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	<p>Mr. Chaffin thanked the Board for approving the gift and naming policies. Mr. Chaffin stated that Dir Greer has agreed to chair the Foundation's Audit Committee.</p> <p>Chairman Krider thanked the Foundation Board and staff for their accomplishments and agreed that more regular joint meetings between the two Boards would be beneficial.</p> <p>Dir Kleiter spoke about the donation of time and talent from the Foundation Board members and thanked them all.</p> <p>Chairman Krider spoke about the overall exceptional performance of the Foundation.</p>	All in favor. None opposed.	
Chairman of the Board - Palomar Pomerado Health	<i>Chairman Bruce Krider</i>		
	None.		
President and CEO	<i>Michael Covert, President and CEO</i>		
	<p>Michael Covert thanked David Tam, MD for acting as interim CEO and thanked the EMT for their discussions of the FY10 goals.</p> <p>Mr. Covert stated that discussions are continuing with Children's Hospital and hopes to come back soon with a resolution one way or another.</p> <p>Mr. Covert thanked Gerald Bracht and his team for their hard work on the stroke certification process.</p> <p>Mr. Covert concluded by announcing that PPH received notification from Health Grades that PPH was rated 5 stars in several areas.</p>		
INFORMATION ITEMS	<i>Discussion by exception only</i>		
<ul style="list-style-type: none"> ▪ Internal Audit 	<ul style="list-style-type: none"> ▪ Internal Audit and Compliance – Deloitte and Touche 2009 Audit Plan 		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
<ul style="list-style-type: none"> ▪ Governance 	<ul style="list-style-type: none"> ▪ Governance – Management Council Conflict of Interest Annual Reporting 		
<ul style="list-style-type: none"> ▪ Strategic Planning 	<ul style="list-style-type: none"> ▪ Strategic Planning – PPH Expresscare Update ▪ Strategic Planning – Joint Venture with North County Radiology 		
COMMITTEE CHAIR COMMENTS			
<ul style="list-style-type: none"> • Internal Audit 	Dir Greer stated that the committee is concentrating on the internal audit.		
<ul style="list-style-type: none"> • Governance 	Dir Kaufman stated that the committee reviewed the conflict of interest.		
<ul style="list-style-type: none"> • Human Resources 	Did not meet in July. Dir Bassett reminded all to return their dependent audit forms.		
<ul style="list-style-type: none"> • Community Relations 	Dir Kaufman stated that the Night of Nights Gala was reviewed and that everyone is looking forward to next year.		
<ul style="list-style-type: none"> • Board Facilities and Grounds 	<p>Dir Rivera stated that the bidding process was reviewed and continues to be a fair process. The complaints are increasing due to the economy. At the next meeting the skin for the glass will come up for approval.</p> <p>Mr. Covert stated that the RFQ's regarding the power plants will begin to be received in August. Mr. Covert asked Chairman Krider to establish an Ad Hoc committee to review the RFO's.</p> <p>Chairman Krider asked Dir Rivera and Dir Kleiter to join Ad Hoc Committee.</p>		
<ul style="list-style-type: none"> • Board Quality Review 	Dir Rivera stated that the joint BQCR and Finance Committee meeting discussed the challenges in coding.		
<ul style="list-style-type: none"> • Finance 	Dir Kleiter was not at the Finance Committee but the minutes are in the packet		
<ul style="list-style-type: none"> • Strategic Planning 	Dir Larson stated that the Strategic Planning Committee reviewed and approved the FY10 goals. Dir Larson thanked the staff for their continued hard work. Chairman Krider agreed that the format of the presentation was an improvement.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
BOARD MEMBER COMMENTS and AGENDA ITEMS FOR NEXT MONTH	Dir Greer asked that an availability matrix be sent out to the Board members for the joint Facilities and Grounds/ Strategic Planning meeting.		
ADJOURNMENT	7:33p.m.		
SIGNATURES <ul style="list-style-type: none"> <li data-bbox="275 440 510 467">▪ Board Secretary <li data-bbox="275 565 510 592">▪ Board Assistant 	<hr/> Nancy Bassett, RN, MBA <hr/> Nicole Dennis		

**Palomar Pomerado Health
BOARD OF DIRECTORS
JOINT PPH - PPHF BOARD MEETING
Palomar Medical Center/Graybill Auditorium
Monday, August 10, 2009**

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	5:30 pm Quorum comprised PPH Directors Bassett, Greer, Kaufman, Kleiter, Krider, Larson and Rivera. Quorum comprised PPHF Directors Bill Chaffin, Harold Dokmo, Terry McCune, John Forst, Craig Brown, Sue Herndon, Mike Stelman, Andy Pharies, and Jamie Rivas.		
OPENING CEREMONY	The Pledge of Allegiance was recited in unison.		
MISSION AND VISION STATEMENTS	The PPH mission and vision statements are as follows: <i>The mission of Palomar Pomerado Health is to heal, comfort and promote health in the communities we serve.</i> <i>The vision of PPH is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services.</i>		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements		
PUBLIC COMMENTS	None.		
CAPITAL NAMING POLICY AND GUIDELINES	<i>Terry Green</i>		
	Terry Green introduced the Foundation's gift acceptance policies and guidelines. Andy Farris spoke about the Foundation's responsibilities and highlighted the processes of analyzing the gifts and the conflicts of interest. Mr. Green spoke about transparency and creating a culture of giving at PPH. A planning committee has been created by the Foundation to analyze the gifts received and to decide whether or not a gift may be received. Mr. Green asked that the PPH Board of Directors consider	MOTION: By Rivera, 2 nd by Bassett and carried to approve the Gift Acceptance Policies and Guidelines as submitted. All in favor. None opposed. MOTION: By Rivera, 2 nd by Bassett and carried to approve the Naming	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	<p>approving the gift acceptance policies and guidelines. The Board discussed the document at this point.</p> <p>Marsha Bryan presented naming opportunities for Palomar West. An \$800k proposal for the green roof is in discussions as is a proposal for the chapel.</p> <p>The Foundation is working with leadership to identify the needs at Pomerado for naming opportunities.</p>	<p>Opportunities as submitted.</p> <p>All in favor. None opposed.</p>	
LUTH RESEARCH STUDY	<i>Gustavo Friederichsen</i>		
	<p>Gustavo Friederichsen introduced Lorenz Advertising's PPH Brand Intelligence Survey. Brian Lorenz defined what a Brand is and how it is tested. Becky Wu outlined the primary objectives for the survey and explained the methodology. Mr. Lorenz summarized the key findings of the survey and highlighted the feelings toward the PPH brand and facilities.</p> <p>Mr. Friederichsen spoke about the difference in survey results between the feelings towards the PPH Brand and the feelings toward the PPH facilities.</p> <p>Ms. Wu spoke about the patient/visitor responses compared to the community responses. The awareness level of services provided by PPH was reviewed and the effects of the marketing campaign on awareness were summarized.</p> <p>The use of LT in marketing campaigns and as a spokesperson was reviewed and the return on investment was analyzed.</p> <p>Ms. Wu concluded the presentation with an outline of the competitor analysis and the key drivers. A media plan will now be constructed based on the results of the PPH Brand Intelligence Survey.</p>		
UPDATE ON NIGHT OF NIGHTS GALA	<i>Terry Green</i>		
	<p>Terry Green presented a summary from the Night of Night's Gala. The purposes of the gala were outlined and the net proceeds were reviewed. An analysis of the Charger's and the Tomlinson's impact on the proceeds from the gala were reviewed.</p>		
ADJOURNMENT	6:32p.m.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
SIGNATURES <ul style="list-style-type: none"> ▪ Board Secretary ▪ Board Assistant 	<hr/> Nancy Bassett, RN, MBA <hr/> Nicole Dennis		

**Palomar Pomerado Health
BOARD OF DIRECTORS
SPECIAL FULL BOARD MEETING
ANNUAL QUALITY/PATIENT SAFETY REPORT**
Palomar Medical Center
Graybill Auditorium
August 24, 2009 Meeting Minutes

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
CALL TO ORDER	6:00 p.m. by Chairman Krider		
ESTABLISHMENT OF QUORUM	Present: Directors Bassett, Greer, Kaufman, Kleiter, Krider, Larson and Rivera		
ATTENDANCE	Also in attendance were: Michael Covert, Opal Reinbold, Janine Sarti, Brenda Fischer, Lorie Shoemaker, Sheila Brown, Brenda Turner, Gerald Bracht, Steve Gold, MD, Duane Buringrud, MD, Marty Knutson, Donita Phillips, Debbie Barns, Anna Ha, Sherry McClendon, Jeffery Rosenburg, MD, David Tam, MD, Shannon Banasco, Joyce Agorilla, Judy Hecker, and Jeanette Eballo-Gangoy		
NOTICE OF MEETING	The notice of meeting was mailed consistent with legal requirements.		
PUBLIC COMMENTS	No public comments were noted.		
CHA AND CHEU UNION CONTRACTS	Brenda Turner stated that both CHA and CHEU ratified their contracts last week. Ms. Turner asked that the Board review the summary of the union contract's financial implications contained in the information packet. Brenda Turner outlined the compensation adjustments, step adjustments, and US vs. Non-US experience distinctions. Shift differentials, per diems, pension contributions, and fidelity advisory services were also reviewed. Health insurance, contract re-openers and the four year term of agreement were outlined.	MOTION: by Kleiter; 2 nd by Kaufman and carried to approve the CHA and CHEU union contracts as presented. All in favor. None opposed.	
PENSION PLAN AMENDMENT	Brenda Turner presented the pension plan amendment. The amendment is included in the packet for review and upon approval will be sent to Fidelity.	MOTION: by Bassett; 2 nd by Rivera and carried to approve the pension plan amendment as presented. All in favor. None opposed.	
MEDICAL STAFF PEER REVIEW POLICY AND EXPECTATIONS OF ATTENDING PHYSICIANS	Jerry Kolins, MD presented the medical staff peer review policy and expectations of attending physicians and stated that the policy is included in the packet for review. Dr. Kolins asked that the Board move for approval.	MOTION: by Kleiter; 2 nd by Rivera and carried to approve the medical staff peer review policy and	

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
		<p>expectations of attending physicians as presented.</p> <p>All in favor. None opposed.</p>	
<p>REPORT ON THE STATE OF QUALITY/PATIENT SAFETY</p>	<p>Opal Reinbold spoke about the Board’s commitment to quality and thanked them for their continued support. Ms. Reinbold spoke about the previous five year’s Annual Quality/Patient Safety Report’s to the Board and the accomplishments of the quality team.</p> <p>Opal Reinbold outlined the key accomplishments of Magnet recognition, combined Quality/Finance Committee meetings, and the support infrastructure for the physician led peer review / data trends process. The growth of the best practice teams, the stroke certification for the health system, and the clinical documentation improvement projects were also highlighted. The complaint resolution process and the patient safety revision were both improved and completed by the quality division leaders. The peer review planning and implementation as well as the core privilege kick off were mentioned and will be discussed further by Dr. Kolins. The completed accreditation for the PPH Health System and the completed regulatory redesign completed the list of presented accomplishments.</p> <p>The areas of focus for 2009 – 2010 were presented. Continued best performance in evidenced based publicly reported data, review and revision of all quality indicators, and partnering in the implementation process for Adaptive Design were highlighted. Ms. Reinbold also outlined the engagement and support for all Quality Division leaders in the Transformation Process and the implementation of the Clinical Documentation Improvement Process. Completion of the re-model of the CRM department, the implementation plan for the Electronic QRR, and the completion of the prioritization process for the Patient Safety Strategic Plan were reviewed. Implementation of Patient Safety/Infection Control champions in all clinical/ancillary areas and completion of the Patient Safety Culture Assessment plan of action were highlighted. Other areas of focus for 2010 will be to create and implement the support structure for the “Just Culture” model, complete implementation of peer review/core privileging, and complete the planning process for the Medical Staff Leadership education process. Ms. Reinbold highlighted the focus on completing the integration of the process for addressing behavior issues into the peer review process, the Medical Director dashboard process and the plan of action for regulatory readiness based on the Mock Survey results. Ms. Reinbold concluded the presentation with the final area of focus which is to complete the Patient Safety Culture Assessment and plan of action.</p>		
<p>CLOSED SESSION</p>	<p>Director Rivera moved for adjournment to closed session pursuant to</p>		

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
	Section 32155 of the Health and Safety Code.		
RESUMPTION TO OPEN SESSION	Director Rivera moved to resume open session.		
COMMITTEE MEMBER COMMENTS (IF ANY)			
FINAL ADJOURNMENT	Chairman Krider adjourned this meeting at 8:00 p.m.		

SIGNATURES

- Secretary of the Board

Nancy Bassett, RN, MBA

- Assistant to The Board

Nicole Dennis

Palomar Pomerado Health
BOARD OF DIRECTORS
Closed Session
 Palomar Medical Center
 Graybill Auditorium
 Monday, August 10, 2009

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	7:39 p.m. Quorum comprised Directors Bassett, Greer, Kaufman, Kleiter, Krider, Larson and Rivera		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with Government Code Section 54957.6: Labor Negotiations. Designated Representative: Brenda Turner (CHRO)		
PUBLIC COMMENTS	None.		
ADJOURNMENT TO CLOSED SESSION		MOTION: by Chairman Krider to adjourn to closed session. All in favor. None opposed.	
CLOSED SESSION	Pursuant to Government Code Section 54957.6: Labor Negotiations.		
OPEN SESSION RESUMES		MOTION: by Chairman Krider to resume open session	
FINAL ADJOURNMENT		MOTION: by Chairman Krider for final adjournment at 8:00p.m.	
SIGNATURES <ul style="list-style-type: none"> ▪ Board Secretary ▪ Board Assistant 	<hr style="width: 200px; margin-left: 0;"/> Nancy Bassett, R.N., M.B.A. <hr style="width: 200px; margin-left: 0;"/> Nicole Dennis		

Palomar Pomerado Health
BOARD OF DIRECTORS
Closed Session
 456 Grand Avenue, Escondido CA
 1st Floor Conference Room
 Tuesday, August 25, 2009

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	5:32 p.m. Quorum comprised Directors Bassett, Kaufman, Kleiter, Krider, Larson and Rivera Absent: Director Greer Also present: Janine Sarti		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements. Pursuant to Government Code Section 54957: Public Employee Performance Evaluation: Chief Executive Officer.		
PUBLIC COMMENTS	None.		
ADJOURNMENT TO CLOSED SESSION		MOTION: by Chairman Krider to adjourn to closed session. All in favor. None opposed.	
CLOSED SESSION	Pursuant to Government Code Section 54957: Public Employee Performance Evaluation: Chief Executive Officer.		
OPEN SESSION RESUMES		MOTION: by Chairman Krider to resume open session MOTION: by Rivera, 2 nd by Kaufman and carried to approve the Executive Employee Agreement as submitted. All in favor. None opposed. MOTION: by Bassett, 2 nd by Kaufman and carried to approve the Long Term Incentive Plan as submitted.	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
		All in favor. None opposed.	
FINAL ADJOURNMENT		MOTION: by Chairman Krider for final adjournment at 5:43 p.m.	
SIGNATURES			
<ul style="list-style-type: none"> <li data-bbox="157 375 317 431">▪ Board Secretary 	<hr style="width: 200px; margin-left: 0;"/> Nancy Bassett, R.N., M.B.A.		
<ul style="list-style-type: none"> <li data-bbox="157 526 317 583">▪ Board Assistant 	<hr style="width: 200px; margin-left: 0;"/> Nicole Dennis		

**PALOMAR POMERADO HEALTH
CONSOLIDATED DISBURSEMENTS
FOR THE MONTH OF
JULY 2009**

07/01/09	TO	07/31/09	ACCOUNTS PAYABLE INVOICES	\$	42,120,368
07/10/09	TO	07/24/09	NET PAYROLL	\$	<u>10,996,894</u>
				\$	53,117,262

I hereby state that this is an accurate and total listing of all accounts payable, patient refund and payroll fund disbursements by date and type since the last approval.



CHIEF FINANCIAL OFFICER

APPROVAL OF REVOLVING, PATIENT REFUND AND PAYROLL FUND DISBURSEMENTS:

Treasurer, Board of Directors PPH _____

Secretary, Board of Directors PPH _____

This approved document is to be attached to the last revolving fund disbursement page of the applicable financial month for future audit review.

cc: M. Covert, G. Bracht, R. Hemker, D. Tam

July 2009 Disbursements

Date	TPA 8318	A/P 3593	P/R 3616	DailyTotal
1-Jul	2,622	1,887,177	37,201	1,927,000
2-Jul	1,112	1,042,716	12,137	1,055,965
3-Jul	-	2,377,396	20,313	2,397,709
4-Jul				
5-Jul				
6-Jul	73	1,098,701	6,870	1,105,644
7-Jul	124,457	1,189,684	6,421	1,320,562
8-Jul	7,176	2,043,843	5,597	2,056,616
9-Jul	34,991	3,728,375	7,448	3,770,814
10-Jul	3,477	1,860,191	5,285,601	7,149,269
11-Jul				
12-Jul				
13-Jul	77,862	3,410,150	136,804	3,624,816
14-Jul	13,439	2,099,365	40,532	2,153,335
15-Jul	101,591	891,542	36,230	1,029,362
16-Jul	99,562	470,986	9,188	579,736
17-Jul	12,360	661,737	10,086	684,183
18-Jul				
19-Jul				
20-Jul	36,580	1,214,394	9,465	1,260,438
21-Jul	28,266	562,583	15,462	606,311
22-Jul	145,976	2,458,984	4,143	2,609,103
23-Jul	40,060	336,910	3,082	380,052
24-Jul	25,811	428,742	5,323,553	5,778,106
25-Jul				
26-Jul				
27-Jul	100,000	4,445,581	5,109	4,550,690
28-Jul	39,389	1,918,458	9,132	1,966,979
29-Jul	38,108	2,243,298	5,995	2,287,400
30-Jul	35,330	5,043,325	2,824	5,081,479
31-Jul	185,358	706,228	3,702	895,287
7/1-7/31	1,153,596	42,120,368	10,996,894	54,270,857
6/1-6/30	1,012,758	51,637,561	10,831,591	63,481,910

July 2009 & YTD FY2010 Financial Report

TO: Board of Directors
MEETING DATE: Monday, September 14, 2009
FROM: Robert Hemker, CFO
BY: Board Finance Committee
Tuesday, August 25, 2009

Background: The Board Financial Reports (unaudited) for July 2009 and YTD FY2010 are submitted for the Board's approval.

Budget Impact: N/A

Staff Recommendation: Staff recommends approval.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the July 2009 and YTD FY2010

Motion: X

Individual Action:

Information:

Required Time:

June 2009 & YTD FY2009 Financial Report

TO: Board of Directors
MEETING DATE: Monday, September 14, 2009
FROM: Robert Hemker, CFO
BY: Board Finance Committee
Tuesday, August 25, 2009

Background: The pre-audit financial statements for the FY2009 financial close are submitted for the Board's review and approval.

Budget Impact: N/A

Staff Recommendation: Staff recommends approval.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the pre-audit financial statements for the FY2009 financial close.

Motion: X

Individual Action:

Information:

Required Time:

MEDICAL STAFF SERVICES

August 25, 2009

TO: Board of Directors

BOARD MEETING DATE: September 14, 2009

FROM: John J. Lilley, M.D., Chief of Staff
PMC Medical Staff Executive Committee

SUBJECT: Palomar Medical Center Medical Staff Credentialing Recommendations

- I. Provisional Appointment (09/14/2009 – 08/31/2011)
Jaime Chen, M.D., Gastroenterology
Michael J. Halls, M.D., Plastic Surgery
Roberto Lugo, M.D., Orthopaedic Surgery
Lan N. Nguyen, D.O., Orthopaedic Surgery
- II. Advance from Provisional to Active Category
Andrew J. Busby, M.D., Internal Medicine (09/14/2009 – 03/31/2010)
Ami P. Doshi, M.D., Pediatrics (09/14/2009 – 05/31/2010)
Anoosha Ghodsi-Shirazi, M.D., Obstetrics & Gynecology (09/14/2009 – 09/30/2010)
Bhuvana K. Ramanathan, M.D., Internal Medicine (09/14/2009 – 03/31/2011)
- III. Additional Privileges
Kris Ghosh, M.D., Gynecologic Oncology
▪ Transobturator Tape Vaginal Sling Procedure
Raluan G. Soltero, M.D., Plastic Surgery
▪ Microvascular Surgery
- IV. Voluntary Resignations/Withdrawals
David L. Greenwald, M.D., Neurosurgery (Effective 07/01/2009)
Dorothy E. Hairston, M.D., Internal Medicine (Effective 08/10/2009)
Richard J. Price, M.D., Diagnostic Radiology (Effective 08/11/2009)
Jodi Sheridan, M.D., Family Practice (Effective 08/18/2009)
- V. Allied Health Professional Appointment
Vicki L. Love, F.N.P., Nurse Practitioner (ExpressCare); Sponsor: Dr. Paz
Charles I. Medina, F.N.P., Family Nurse Practitioner; Sponsors: CEP
Safwat B. Rafla, P.A.-C., Physician Assistant; Sponsors: CEP
- VI. Allied Health Professional Withdrawal
Susan M. Yount, C.N.M., Certified Nurse Midwife (Effective 07/11/2009)
- VII. Reappointments Effective 10/01/2009 – 09/30/2011
- | | | | |
|--|--------------------------|-----------------------|----------|
| Richard A. Brower, M.D.
(Includes PCCC) | Gastroenterology | Dept of Medicine | Courtesy |
| Allen K. Chan, M.D. | General Vascular Surgery | Dept of Surgery | Active |
| Maribeth S. Chong, M.D. | Internal Medicine | Dept of Medicine | Active |
| Charles Deng, M.D. | Emergency Medicine | Dept of Emergency Med | Active |

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Reappointments - Continued

Aliya S. Ferouz-Colborn, M.D.	Otolaryngology	Dept of Surgery	Associate
Christopher R. Gilbert, M.D.	Cardiology	Dept of Medicine	Active
Mark S. Goldsworthy, M.D.	Anesthesiology	Dept of Anesthesia	Active
David C. Greb, M.D.	Family Practice	Dept of Family Practice	Active
Jeffrey D. Howell, D.O. (Includes PCCC)	Geriatric Medicine	Dept of Medicine	Associate
Roy R. Johnson, M.D. (Includes PCCC)	Family Practice	Dept of Family Practice	Active
Dipul M. Kansagara, M.D.	Internal Medicine	Dept of Medicine	Active
Fatima Kazem, M.D.	Diagnostic Radiology	Dept of Radiology	Active
Robert G. Lawson, D.P.M. (Includes PCCC)	Podiatry	Dept of Ortho/Rehab	Courtesy
Pierre R. Lotzof, M.D.	Anesthesiology	Dept of Anesthesia	Active
John J. Martin, M.D.	Urology	Dept of Surgery	Courtesy
Deborah M. Mitchell, M.D.	Anesthesiology	Dept of Anesthesia	Active
Tasneem Patel, D.O.	Family Practice	Dept of Family Practice	Active
Paul V. Polishuk, M.D. (Includes PCCC)	Urology	Dept of Surgery	Active
Alfredo Ratniewski, M.D. (No Clinical Privileges)	Family Practice	Dept of Family Practice	Associate
Keith A. Sato, M.D.	Internal Medicine	Dept of Medicine	Active
Joseph M. Schwarz, M.D.	Gastroenterology	Dept of Medicine	Active
Kenneth T. Shimizu, M.D.	Radiation Oncology	Dept of Radiology	Consulting
Raymond Y. Sung, M.D. (No Clinical Privileges)	Diagnostic Radiology	Dept of Radiology	Associate
Dan H. Tong, M.D.	Internal Medicine	Dept of Medicine	Active
Chandrasekhar P. Varma, M.D. (Includes PCCC)	Endocrinology	Dept of Medicine	Active
Kenneth B. Whitworth, DDS, M.D.	Oral & Maxillofacial Surgery	Dept of Surgery	Associate
Kamen N. Zakov, M.D. (Includes PCCC)	Cardiology	Dept of Medicine	Courtesy

VIII. Allied Health Reappointments Effective 10/01/2009 – 09/30/2011

Shawn E. Brooking, CNM, Certified Nurse Midwife; Sponsors: Drs. Buringrud, Cerrone, Cizmar, DiLauro, Ghosh, Kazanegra, Leon.
 Dawn M. Elders, N.P., Nurse Practitioner; Sponsors: Drs. Just, Eisenberg, Huynh.
 Harold T. Frank, P.A.-C., Physician Assistant; Sponsors: Drs. Yoo, Stern, T. Jones, Reichman.
 Marie A. Greene, N.P., Nurse Practitioner; Sponsors: Kaiser Orthopaedic Surgeons
 Diane G. Lewis, N.P., Nurse Practitioner; Sponsors: Kaiser Orthopaedic Surgeons

Certification by and Recommendation of Chief of Staff:

As Chief of Staff of Palomar Medical Center, 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 the Palomar Pomerado Health System'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 POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
September, 2009**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Jaime Chen, M.D.
<i>PPHS Facilities</i>	Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Gastroenterology – Certified 2005 Internal Medicine – Certified 2002
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ORGANIZATIONAL NAME

<i>Name</i>	Kaiser Permanente
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	University of Pennsylvania School of Medicine, Philadelphia, PA From: 06/01/1995 To: 05/17/1999 Doctor of Medicine Degree
<i>Internship Information</i>	University of California, Los Angeles Internal Medicine From: 06/24/1999 To: 06/30/2000
<i>Residency Information</i>	University of California, Los Angeles Internal Medicine From: 07/01/2000 To: 06/30/2002
<i>Fellowship Information</i>	University of California, San Diego Gastroenterology From: 07/01/2002 To: 06/30/2005
<i>Current Affiliation Information</i>	Kaiser Permanente, San Diego Kaiser Foundation Hospital - West Los Angeles

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
September, 2009**

PERSONAL INFORMATION

Provider Name & Title	Michael J. Halls, M.D.
PPHS Facilities	Pomerado Hospital Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

Specialties	Plastic Surgery – Certified 1986 Surgery, Hand – Certified 1992; Re-Certified 2002
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ORGANIZATIONAL NAME

Name	Michael J. Halls, M.D.
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EDUCATION/AFFILIATION INFORMATION

Medical Education Information	University of Western Ontario School of Medicine, London, Ontario, Canada From: 09/01/1973 To: 06/10/1977 Doctor of Medicine Degree
Internship Information	St. Michael's Hospital, Toronto, Ontario, Canada Mixed Surgical From: 06/13/1977 To: 06/12/1978
Residency Information	University of Western Ontario, London, Ontario, Canada Plastic Surgery From: 07/01/1978 To: 06/30/1982 Massachusetts General Hospital Plastic Surgery From: 01/01/1983 To: 12/31/1983
Fellowship Information	University of Western Ontario, London, Ontario, Canada Plastic Surgery From: 07/01/1982 To: 12/31/1982 Massachusetts General Hospital Hand & Microsurgery From: 07/01/1983 To: 06/30/1984
Current Affiliation Information	Outpatient Surgery of Del Mar, San Diego, CA Sharp Coronado Hospital, Coronado, CA Scripps Memorial Hospital, La Jolla, CA Sharp Grossmont Hospital, La Mesa, CA Alvarado Hospital and Medical Center, San Diego, CA

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
September, 2009**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Roberto Lugo, M.D.
<i>PPHS Facilities</i>	Pomerado Hospital Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Orthopaedic Surgery – Not Certified
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ORGANIZATIONAL NAME

<i>Name</i>	San Diego Arthroscopy & Sports Medicine
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Yale University School of Medicine From: 08/31/1999 To: 05/24/2004 Doctor of Medicine Degree
<i>Internship Information</i>	University of California, San Francisco General Surgery From: 06/21/2004 To: 06/30/2005
<i>Residency Information</i>	University of California, San Francisco Orthopaedic Surgery From: 07/01/2005 To: 06/30/2009
<i>Fellowship Information</i>	San Diego Arthroscopy & Sports Medicine Sports Medicine From: 08/01/2009 To: Present Expected Date of Completion: 07/31/2010
<i>Current Affiliation Information</i>	None

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
September, 2009**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Lan N. Nguyen, D.O.
<i>PPHS Facilities</i>	Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Orthopaedic Surgery – Not Certified
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ORGANIZATIONAL NAME

<i>Name</i>	Orthopaedic Trauma & Fracture Specialists
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Des Moines University - Osteopathic Medical Center, Des Moines, IA From: 09/01/1998 To: 05/25/2002 Doctor of Osteopathy Degree
<i>Internship Information</i>	Community Hospital, Harrisburg, PA Osteopathic Transitional From: 07/01/2002 To: 06/30/2003
<i>Residency Information</i>	University of Florida, Jacksonville, FL Orthopaedic Surgery From: 07/01/2004 To: 06/30/2009
<i>Fellowship Information</i>	Jeffrey M. Smith, M.D. Orthopaedic Trauma From: 08/01/2009 To: Present Expected Date of Completion: 07/31/2010
<i>Current Affiliation Information</i>	None

**PALOMAR POMERADO HEALTH
ALLIED HEALTH PROFESSIONAL
APPOINTMENT
SEPTEMBER 2009**

NAME: Vicki L. Love, FNP
SPECIALTY: Family Nurse Practitioner
SERVICES: Expresscare Nurse Practitioner for Palomar Pomerado Health
TRAINING: Washington State University, Pullman, WA
 Bachelor of Science in Nursing 8/24/87-05/05/89
 Gonzaga University, Spokane, WA
 Master of Science in Nursing 01/10/94-12/20/96
PRACTICE: ExpressCare Nurse Practitioner, Palomar Pomerado Health
 Retail Outpatient Clinics, Escondido&Rancho Penasquitos,CA 06/16/09-Present
 Nurse Consultant Program Review, CA Dept. of Correction and
 Rehab, Sacramento, CA 01/01/08-Present
 Family Nurse Practitioner, Santa Barbara County Public Health Dept.
 Santa Barbara, CA 05/01/08-9/12/08
 Family Nurse Practitioner(contract), Yakima County Juvenile
 Detention Facility, Yakima, WA 01/01/04-09/30/07
 Family Nurse Practitioner,(contract), Yakima County Corrections,
 Yakima, WA 01/01/03-12/30/04
 Family Nurse Practitioner/Owner, Selah Valley Family Clinic,
 Selah, WA 08/01/02-04/01/08
 Family Nurse Practitioner, Selah Medical Clinic(Paul Emmans, DO)
 Selah , WA 05/01/97-07/01/02
 Clinical Nurse Instructor, Yakima Community Clinic, Yakima, WA 09/23/96-04/05/01
SPONSORS: Alejandro Paz, M.D., Lawrence Koenig, M.D.
CERTIFICATION: American Nurses Credentialing Center 1997
FACILITIES: Palomar Medical Center and Pomerado Hospital

NAME: Charles I. Medina, FNP
SPECIALTY: Nurse Practitioner
SERVICES: Emergency Room Nurse Practitioner for California
 Emergency Physicians at Palomar Pomerado Health
TRAINING: University of San Diego, San Diego, CA
 Master of Science – Nursing/Family Nurse Practitioner 06/01/04-05/26/07
PRACTICE: Nurse Practitioner, California Emergency Physicians
 Palomar Medical Center, Escondido, CA 7/01/09-Present
 Nurse Practitioner, ER Dept, Grossmont Emergency Medical
 Group at Sharp Grossmont Hospital, La Mesa, CA 09/01/08-Present
 Nurse Practitioner, San Diego College District, Mesa College
 Student Health, San Diego, CA 05/01/08-Present
 Nurse Practitioner, Minute Clinic Diagnostic Medical Group,
 San Diego, CA 10/27/07-01/31/09
 Travel RN, American Mobile Network, San Diego, CA 07/30/07-10/27/07
 Healthcare Partner/Registered Nurse, Sharp Healthcare Grossmont,
 La Mesa, CA 06/30/03-06/06/07
SPONSORS: Jaime Rivas, M.D. & California Emergency Physicians
 at Palomar Medical Center and Pomerado Hospital
CERTIFICATION: American Nurses Credentialing Center 2008
 American Academy of Nurse Practitioners 2008
FACILITIES: Palomar Medical Center and Pomerado Hospital

**PALOMAR POMERADO HEALTH
ALLIED HEALTH PROFESSIONAL
APPOINTMENT
SEPTEMBER 2009 (continued)**

Page two

NAME:	Safwat B. Rafla, P.A.-C	
SPECIALTY:	Physician Assistant	
SERVICES:	Emergency Room Physician Assistant for California Emergency Physicians at Palomar Pomerado Health	
TRAINING:	College of Staten Island, City University of New York, NY Bachelor of Science – Physician Assistant studies	08/29/00-05/19/04
	St. Vincent Catholic Medical Center of NY, Fresh Meadows, NY Internship-Physician Assistant studies	09/01/03-06/18/04
PRACTICE:	Physician Assistant, California Emergency Physicians Palomar Medical Center, Escondido, CA	8/01/09-Present
	Physician Assistant, Graybill Medical Group, Escondido, CA	09/01/08-Present
	Physician Assistant, U.S. Healthworks, San Diego. CA	12/01/07-05/01/08
	Physician Assistant, Philip Rafiy, M.D.(ortho/spinal), Hicksville, NY	09/01/06-12/31/07
SPONSORS:	Physician Assistant, Beth Israel Kings Hwy Hospital, Brooklyn, NY Jaime Rivas, M.D. & California Emergency Physicians at Palomar Medical Center and Pomerado Hospital	12/20/04-01/28/06
CERTIFICATION:	National Commission on Certification of Physician Assistants	2004
FACILITIES:	Palomar Medical Center and Pomerado Hospital	

MEDICAL STAFF SERVICES

Date: August 26, 2009

To: Palomar Pomerado Health Board of Directors

From: John J. Lilley, M.D., Chief of Staff, Palomar Medical Center
Frank Martin, M.D., Chief of Staff, Pomerado Hospital

Subject: Policy for Limited Training by Current Medical Staff Members

The Executive Committee of Palomar Medical Center, in its meeting of August 24, 2009, and the Executive Committee of Pomerado Hospital, in its meeting of August 25, 2009, recommended that the attached Policy for Limited Training by Current Medical Staff Members be forwarded to the Board of Directors with a recommendation for approval.

This is a new policy and it has undergone review by PPH Legal Counsel.

Attachment

PALOMAR MEDICAL
CENTER
555 East Valley Parkway
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Tel 760.739.3140
Fax 760.739.2926

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15615 Pomerado Road
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Palomar Medical Center/Pomerado Hospital
Policy for Limited Training by Current Medical Staff Members

Although Palomar Medical Center and Pomerado Hospital are not designated as teaching facilities, there may be circumstances when it is determined to be appropriate to provide limited and specific training to current members of the Medical Staff or Allied Health Professional Staff.

The intent of this policy is to address scenarios where current medical staff members wish to perform (i.e., add to their current approved privileges) procedures or techniques that are truly new or different from procedures or techniques for which they already have privileges. Additionally, this policy could be applied where it is determined that current medical staff members have not met certain volume requirements that are specified for certain procedures. This policy is not intended to apply to scenarios where current medical staff members arrange for monitoring or assistance by other members of the medical staff in performing procedures or techniques that are similar or identical to procedures for which they are already privileged.

Such instances may include the training by a sponsoring physician of an Allied Health Professional in procedures or techniques specific to the sponsoring physician's practice, (e.g. performance of lumbar puncture in the Emergency Department by Emergency Department Physician Assistants or Nurse Practitioners.) Other such instances might be when a physician has previously been trained in a procedure but has not performed the procedure recently and needs a "refresher" with training and monitoring by a physician competent to perform the procedure in question, training in a procedure not previously performed by the physician or in the use of new equipment.

Any requests for such training will be handled as follows:

1. The request must be in writing addressed to the Chairman/Clinical Service Director of the applicable Department.
2. The request must include the procedure to be monitored and the plan for training. The plan must address whether there is a need for informed consent by the patient.
3. If the Department Chair/Clinical Service Director is in favor of the request for training, the request and plan will be forwarded to the Credentials Committee (Palomar Medical Center only as Pomerado does not have a Credentials Committee.) Approval may also be required from Administration and the Health System's insurance carrier.
4. If the Department Chair/Clinical Service Director, Credentials Committee (if applicable), PPH Administration and the Health System's insurance carrier approve of the request for training it will be forwarded to the Executive Committee(s) and the Board of Directors for approval.

MEDICAL STAFF SERVICES

August 26, 2009

TO: Palomar Pomerado Health Board of Directors

MEETING DATE: September 14, 2009

FROM: John J. Lilley, M.D., Chief of Staff
PMC Medical Staff Executive Committee
Frank Martin, M.D., Chief of Staff
Pomerado Medical Staff Executive Committee

SUBJECT: Core Privileging

- I. At the Executive Committee meetings held August 24, 2009 at Palomar Medical Center and August 25, 2009 at Pomerado Hospital, the attached memo outlining the Core Privileging Project and Transition Plan was approved along with the newly created privilege checklists for:
- Dentistry
 - Emergency Medicine
 - Pathology
 - Emergency Department Nurse Practitioner
 - Emergency Department Physician Assistant

The above noted items are now submitted to the Board of Directors for approval.

Attachments

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August 18, 2009

Memo To: Executive Committees
Palomar Medical Center and Pomerado Hospital

From: Richard Engel, M.D., Chairman
Core Privileges Steering Committee



Re: Core Privileging Project/Transition Plan

The following delineation of privilege forms have been created by the designated specialty/subspecialty representatives with input from members of their specialty/subspecialty and are ready for review and approval by the Executive Committees.

- Dentistry
- Emergency Medicine
- Pathology
- Emergency Department Nurse Practitioner
- Emergency Department Physician Assistant

Assumptions

- The change from the current privileges to the new core privilege forms is an administrative transfer of information and not a new request for privileges. License verification and NPDB query are not required.
- Medical Staff and Allied Health Professional Staff members who already hold clinical privileges are grandfathered in terms of education and training. However, all members will be required to meet the newly established maintenance criteria in order to be eligible for privileges at time of reappointment.
- As this is an administrative transfer, no new privilege requests will be considered while that practitioner’s specialty is undergoing the transition to the new checklists. New requests for privileges would need to be submitted after the entire transition of that specialty is complete.

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Transition Plan

Following approval of the new forms by the Executive Committee and the Board of Directors, the following transition plan will be implemented:

1. All members of the Medical Staffs and Allied Health Staffs who currently maintain privileges within the specialty area of the approved checklist will be sent a new form to complete. They will be provided with a copy of their current privileges along with instructions that this is not a “new” request for privileges, but an administrative change from one checklist to another. Privileges that are currently not held by the practitioner **may not** be requested at this time. New requests will be held until after the transition for that particular specialty has been completed.
2. The completed checklist will be reviewed by the applicable Subsection Representative/Division Director/Department Chair to ensure that the request is comparable with the currently held privileges.
3. Once the new checklists for all members of a particular specialty have been received, and reviewed by the Department Chairman, a summary report will be provided to the Executive Committee and the Board of Directors for information.
4. After notification has been submitted to the Board of Directors each practitioner will be provided with a copy of their new checklist.
5. Appropriate clinical areas will receive a copy of the new checklist(s).

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

- Palomar Medical Center
- Pomerado Hospital

- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: ___/___/___.

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair/Clinical Service Division Director: 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 DENTISTRY

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

Successful completion of an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation and a one-year hospital-based residency in general dentistry, a dental specialty residency training program, or has equivalent experience as a dentist member of a hospital medical staff.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 30 dental inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than three (3) cases representative of the scope of practice will be monitored retrospectively.

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

Current demonstrated competence and an adequate volume of experience (60 dental inpatient, outpatient, emergency service, or consultative 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.

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

CORE PRIVILEGES

DENTISTRY CORE PRIVILEGES

Requested Consult, evaluate, and diagnose total oral health care and needs to adolescent and adult patients, to correct or treat various routine conditions of the oral cavity and dentition.

Provide dental care for:

- Precardiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions
- Patients who due to extensive nature of dental problems or severe anxiety cannot be treated safely in the dental clinic setting
- Patients who because of mental or physical disability cannot cooperate with dental treatment in the dental clinic setting
- Adolescents and adults with high risk medical conditions that necessitate having their dental treatment under general anesthesia in the OR

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 Villa Pomerado
- Requested Palomar Continuing Care Center

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ___/___/___ To ___/___/___

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.

- Crown repair/Temporization
- Simple extractions (single or multiple uncomplicated extractions)
- Recementation of crown

DENTISTRY CLINICAL PRIVILEGES

Name: _____

Page 4

Effective From ___/___/___ To ___/___/___

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 Pomerado 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 _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

Effective From ____/____/____ To ____/____/____

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Subsection Representative _____ **Date** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair/Section Chief _____ **Date** _____

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

- Palomar Medical Center
- Pomerado Hospital

- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair/Clinical Service Division Director: 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 EMERGENCY MEDICINE [EC]

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in emergency medicine.

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, or another board with equivalent requirements.

¹ Palomar - allowance of up to 48 months in Medical Staff Bylaws

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From ____/____/____ To ____/____/____

Required Previous Experience: Applicants for initial appointment must be able to demonstrate an adequate volume of active practice in an ED, 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: Monitoring shall be performed for at least twenty-five (25) cases. Monitoring shall include an ongoing review of the physician's charting and concurrent review of procedures performed, when deemed necessary.

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

Current demonstrated competence and an adequate volume of experience 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

EMERGENCY MEDICINE CORE PRIVILEGES [EC]

- Requested** Assess, evaluate, diagnose and initially treat patients of all ages, who present in the ED with any symptom, illness, injury or condition and provide services necessary to treat minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an in-patient basis. No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. 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.

EMERGENCY ULTRASOUND FOR DIAGNOSIS OF EMERGENT CONDITION

Criteria: Successful completion of an accredited postgraduate training program in emergency medicine that included training in ultrasound interpretation, OR 16 hours of formal emergency ultrasound education that conforms to the ACEP guidelines, PLUS performance of 150 total exams with competence documented by CQI reviewer/ultrasound director. **Maintenance of Privilege:** Demonstrated current competence and evidence of the completion of at least 5 hours of CME specific to emergency ultrasound in the past 2 years.

- Requested**

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

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.

- Abscess incision and drainage, including Bartholin's cyst
- Airway management and intubation
- Administration of sedation and analgesia (per hospital policy) to include neuromuscular blockade
- Administration of thrombolytic therapy for myocardial infarction, stroke
- Anesthesia: intravenous, local and regional
- Anoscopy
- Arterial puncture and cannulation
- Arthrocentesis
- Bladder decompression and catheterization techniques
- Blood component transfusion therapy
- Burn management, including escharotomy
- Cannulation, artery and vein
- Cardiac pacing to include, but not limited to, external, transthoracic, transvenous
- Cardiac massage, open or closed
- Cardioversion (synchronized counter shock)
- Central venous access: femoral, jugular, peripheral, internal, subclavian and cutdowns
- Chemical restraint of agitated patient
- Cricothyrotomy
- Defibrillation
- Delivery of newborn, emergency
- Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
- Electrocardiography interpretation
- Emergency ultrasound as an adjunct to privileged procedure (i.e. line placement/heart motion)
- Endotracheal intubation techniques
- External transcutaneous pacemaker
- GI decontamination (emesis, lavage, charcoal)
- Hernia reduction
- Irrigation and management of caustic exposures
- Insertion of emergency transvenous pacemaker
- Intracardiac injection
- Intraosseous infusion
- Laryngoscopy, direct, indirect
- Lumbar puncture
- Management of epistaxis
- Nail trephine techniques
- Nasal cautery/packing
- Nasogastric/orogastric intubation
- Ocular tonometry
- Oxygen therapy
- Paracentesis

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 4

Effective From ____/____/____ To ____/____/____

CORE PROCEDURE LIST (CONTINUED)

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.

- Pericardiocentesis
- Perform history and physical exam
- Peripheral venous cutdown
- Peritoneal lavage
- Preliminary interpretation of imaging studies
- Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
- Removal of IUD
- Repair of lacerations
- Resuscitation
- Slit lamp used for ocular exam, removal of corneal foreign body
- Spine immobilization
- Thoracentesis
- Thoracostomy tube insertion
- Thoracotomy, open for patient in extremis
- Tracheostomy
- Variceal/nonvariceal hemostasis
- Wound debridement and repair

EMERGENCY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 5

Effective From ____/____/____ To ____/____/____

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 Pomerado 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 _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

Effective From ____/____/____ To ____/____/____

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Subsection Representative _____ ***Date*** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair/Section Chief _____ ***Date*** _____

PATHOLOGY CLINICAL PRIVILEGES

Name: _____

Page 1

Effective From ___/___/_____ To ___/___/_____

- Palomar Medical Center
- Pomerado Hospital

- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: ___/___/_____.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair/Clinical Service Division Director: 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 PATHOLOGY [EC]

To be eligible to apply for core privileges in pathology (anatomic, clinical), the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in clinical and anatomic pathology.

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ leading to certification in clinical and anatomic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate at least part-time pathology services, reflective of the scope of privileges requested, for 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.

¹ Palomar - allowance of up to 48 months in Medical Staff Bylaws

PATHOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring shall be performed for at least fifty (50) cases of varying complexity and representative of the scope of practice.

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

Current demonstrated competence and an adequate volume of experience 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.

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.

CORE PRIVILEGES

ANATOMIC PATHOLOGY CORE PRIVILEGES [EC]

- Requested** Diagnosis, exclusion and monitoring of disease by means of general anatomical pathology examination of tissue and cytology specimens from all organ systems and areas of the body or by the aspiration of a tumor mass or body organ with a fine needle including interpretation of Papanicolaou smears of cells from the female reproductive system. Includes performance of autopsies and frozen section. Adhere to medical staff policy regarding emergency and consultative call services.

CLINICAL PATHOLOGY CORE PRIVILEGES [EC]

- Requested** Microbiology, hematology, immunohematology, clinical chemistry and immunology. Privileges include but are not limited to; interpretation and evaluation of special laboratory tests. Adhere to medical staff policy regarding emergency and consultative call services.

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.

PERFORMANCE OF CYTOPATHOLOGY [EC] FINE NEEDLE ASPIRATION (FNA) BIOPSY

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program that included training in cytopathology and performance of FNA or completion of a hands on CME. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 1 FNA in the past 12 months. **Maintenance of Privileges:** Demonstrated current competence and evidence of the performance of 1 FNA in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

PATHOLOGY CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ___/___/___ To ___/___/___

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 Pomerado 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 _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

Effective From ____/____/____ To ____/____/____

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Subsection Representative _____ ***Date*** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair/Section Chief _____ ***Date*** _____

NURSE PRACTITIONER CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

Page 1

Effective From ___/___/___ To ___/___/___

- Palomar Medical Center
- Pomerado Hospital

- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair/Clinical Service Division Director: 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 NURSE PRACTITIONER — EMERGENCY MEDICINE (EC)

To be eligible to apply for clinical privileges as a Nurse Practitioner in emergency medicine, the applicant must meet the following criteria:

- Possession of a valid California license as a Registered Nurse
- Certification by the state of California, Board of Registered Nursing, as a Nurse Practitioner
- Possession of a valid Furnishing Number from the State of California
- Masters Degree in Nursing
- National certification as a Nurse Practitioner or active participation in the examination process, with achievement of certification within 9 months of appointment.
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body, (1 million / 3 million)
- Current ACLS

NURSE PRACTITIONER CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

Page 2

Effective From ___/___/___ To ___/___/___

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested for at least 50 patients in the past 12 months or completion of master's/post masters degree program in the past 12 months. For applicants who do not meet either of these qualifications, a defined period of direct supervision specific to their emergency medicine scope of privileges granted is required.

Focused Professional Practice Evaluation (FPPE) / Monitoring Guidelines: Monitoring shall be performed for at least twenty-five (25) cases. Monitoring shall include an ongoing review of the NP's charting and concurrent review of procedures performed, when deemed necessary.

Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner in emergency medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (100 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. Maintenance of ACLS is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with standardized procedures.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement i.e. written agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by the sponsoring physician in accordance with hospital policy.

NURSE PRACTITIONER CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

Page 3

Effective From ____/____/____ To ____/____/____

NURSE PRACTITIONER CORE PRIVILEGES — EMERGENCY MEDICINE (EC)

- Requested** Assess, evaluate, diagnose and initially treat patients of all ages, who present in the ED with any symptom, illness, injury or condition and provide services necessary to treat minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an in-patient basis. No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. 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.

PERFORM LUMBAR PUNCTURE

Criteria: Those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for at least the first 5 procedures. **Maintenance of Privilege:** Demonstrated current competence and the performance of at least 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A SPONSORING PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

- Requested** A Nurse Practitioner may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a sponsoring physician unless he/she has passed an approved controlled substance education course. (Counter-signed within 24 hours) Requires current DEA license and Nurse Practitioner Furnishing Number.

NURSE PRACTITIONER CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

Page 4

Effective From ____/____/____ To ____/____/____

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.

- Administer analgesia and sedation (defined on the Sedation/Conscious Sedation Clinical Privilege Checklist as Minimal Sedation)
- Administer medications and perform other emergency treatment
- Advanced Cardiac Life Support
- Anoscopy
- Apply, remove, and manage casts and splints
- Apply, remove and change dressings and bandages
- Arthrocentesis
- Counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare
- Debridement, suture, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- Immobilize (spine, long bone, soft tissue) and transport
- Initiate referral to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
- Insert and remove nasogastric tube, gastic lavage
- Insert Heimlich (small gauge) valve
- Manage epistaxis
- Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated
- Ocular tonometry, slit lamp exam and corneal burr
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform arterial puncture
- Perform ear, nose, rectum, soft tissue, throat, and vaginal exam
- Perform incision and drainage of superficial abscesses
- Perform medical screening exam
- Perform preliminary interpretation of EKGs with immediate second reading by supervising physician
- Perform preliminary interpretations of simple plain x-ray films with second reading by supervising physician (or radiologist)
- Perform routine immunizations
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes in accordance with hospital policy
- Reduce joint dislocations
- Remove foreign body
- Splint extremity fractures
- Trephination and removal of nail
- Write discharge summaries in accordance with hospital policy

NURSE PRACTITIONER CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

Page 5

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical 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 Pomerado Health, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, 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 policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)

Signed _____ **Date** _____

Signed _____ **Date** _____

ALLIED HEALTH CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

Effective From ____/____/____ To ____/____/____

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _____ Date _____
Signed _____ Date _____

ENDORSEMENT OF NURSE EXECUTIVE (IF APPLICABLE)

Signed _____ Date _____

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Subsection Representative _____ **Date** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair/Section Chief _____ **Date** _____

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

Page 1

Effective From ____/____/____ To ____/____/____

- Palomar Medical Center
- Pomerado Hospital

- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: ____/____/____.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair/Clinical Service Division Director: 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 PHYSICIAN ASSISTANT — EMERGENCY MEDICINE (EC)

To be eligible to apply for clinical privileges as a Physician Assistant in emergency medicine, the applicant must meet the following criteria:

- Current licensure to practice as a physician assistant issued by the Physician Assistant Committee of the Medical Board of California
- Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 – Commission on Accreditation of Allied Health Education Programs)
- Current certification by the National Commission on Certification of Physician Assistants (NCCPA)
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body, (1 million / 3 million)
- Current ACLS

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested for at least 50 patients in the past 12 months or completion of ARC-PA approved program in the past 12 months. For applicants who do not meet either of these qualifications, a defined period of direct supervision specific to their emergency medicine scope of privileges granted is required.

Focused Professional Practice Evaluation (FPPE) / Monitoring Guidelines: Monitoring shall be performed for at least twenty-five (25) cases. Monitoring shall include an ongoing review of the PA's charting and concurrent review of procedures performed, when deemed necessary.

Reappointment Requirements: To be eligible to renew core privileges as a physician assistant in emergency medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (100 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. Maintenance of ACLS is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols. A copy of the Delegation of Services Agreement (DSA) signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. DSA);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the PA must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by the sponsoring physician in accordance with hospital policy.

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

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Effective From ____/____/____ To ____/____/____

PHYSICIAN ASSISTANT CORE PRIVILEGES — EMERGENCY MEDICINE (EC)

- Requested** Assess, evaluate, diagnose and initially treat patients of all ages, who present in the ED with any symptom, illness, injury or condition and provide services necessary to treat minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an in-patient basis. No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. 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.

PERFORM LUMBAR PUNCTURE

Criteria: Those technical and management skills, which qualify the PA to administer highly specialized care by virtue of training and experience. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for at least the first 5 procedures. **Maintenance of Privilege:** Demonstrated current competence and the performance of at least 10 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A SPONSORING PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

- Requested** A physician assistant may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a sponsoring physician unless he/she has passed an approved controlled substance education course. (Counter-signed within 24 hours) Requires current DEA license.

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

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Effective From ____/____/____ To ____/____/____

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.

- Administer analgesia and sedation (defined on the Sedation/Conscious Sedation Clinical Privilege Checklist as Minimal Sedation)
- Administer medications and perform other emergency treatment
- Advanced Cardiac Life Support
- Anoscopy
- Apply, remove, and manage casts and splints
- Apply, remove and change dressings and bandages
- Arthrocentesis
- Counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare
- Debridement, suture, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- Immobilize (spine, long bone, soft tissue) and transport
- Initiate referral to appropriate physician or other health care professional of problems that exceed the PA's scope of practice
- Insert and remove nasogastric tube, gastric lavage
- Insert Heimlich (small gauge) valve
- Manage epistaxis
- Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated
- Ocular tonometry, slit lamp exam and corneal burr
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform arterial puncture
- Perform ear, nose, rectum, soft tissue, throat, and vaginal exam
- Perform incision and drainage of superficial abscesses
- Perform medical screening exam
- Perform preliminary interpretation of EKGs with immediate second reading by supervising physician
- Perform preliminary interpretations of simple plain x-ray films with second reading by supervising physician (or radiologist)
- Perform routine immunizations
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes in accordance with hospital policy
- Reduce joint dislocations
- Remove foreign body
- Splint extremity fractures
- Trephination and removal of nail
- Write discharge summaries in accordance with hospital policy

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — EMERGENCY MEDICINE

Name: _____

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Effective From ____/____/____ To ____/____/____

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical 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 Pomerado Health, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, 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 policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)

Signed _____ **Date** _____

Signed _____ **Date** _____

ALLIED HEALTH CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

Effective From ___/___/___ To ___/___/___

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _____ **Date** _____

Signed _____ **Date** _____

ENDORSEMENT OF NURSE EXECUTIVE (IF APPLICABLE)

Signed _____ **Date** _____

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Subsection Representative _____ **Date** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<i>Privilege</i>	<i>Condition/Modification/Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair/Section Chief _____ **Date** _____



Pomerado Hospital Medical Staff Services

15615 Pomerado Road
Poway, CA 92064
Phone – (858) 613-4664
FAX - (858) 613-4217

DATE: August 26, 2009
TO: Board of Directors - September 14, 2009
FROM: Franklin M. Martin, M.D., Chief of Staff, Pomerado Hospital Medical Staff
SUBJECT: Medical Staff Credentials Recommendations – August 2009

Provisional Appointments: (09/14/2009 – 08/31/2011)

Michael J. Halls, M.D. – Plastic Surgery
Roberto Lugo, M.D. - Orthopedic Surgery (Assisting only)

Biennial Reappointments: (10/01/2009 – 09/30/2011)

James M. Bried, M.D. – Active – Surgery
Jerome P. Brodtkin, M.D. – Active – Medicine (includes Villa)
Allen K. Chan, M.D. – Active - Surgery
Edmond L. Chan, M.D. – Active – Surgery (includes Villa)
Maribeth S. Chong, M.D. – Active – Medicine
Charles Deng, M.D.– Active– Emergency Medicine
Christopher R. Gilbert, M.D. – Courtesy – Medicine
Mark E. Gold, M.D. – Affiliate – Surgery
Mark S. Goldsworthy, M.D. – Active - Anesthesia
Jeffrey D. Howell, D.O. – Associate – Medicine (includes Villa)
Roy R. Johnson, M.D. – Courtesy – Medicine (includes Villa)
Fatima Kazem, M.D. – Active - Radiology
George Y. Kung, M.D. – Active – OB/GYN
Robert G. Lawson, D.P.M. – Active – Surgery (includes Villa)
Pierre R. Lotzof, M.D. – Active – Anesthesia
John J. Martin, M.D. – Active – Surgery
Deborah M. Mitchell, M.D. - Active – Anesthesia
Nicole J. Nguyen, M.D. – Active – OB/GYN
Paul V. Polishuk, M.D. – Active – Surgery (includes Villa)
Larry A. Presant, M.D. – Active – Medicine (includes Villa)
Raymond Y. Sung, M.D. – Affiliate - Radiology
Chandrasekhar P. Varma, M.D. – Courtesy – Medicine (includes Villa)
William W. Winternitz, Jr., M.D. – Active – Surgery (includes Villa)
Kamen N. Zakov, M.D. – Active – Medicine (includes Villa)

Advancements:

Shafi M. Khalid, M.D. – Affiliate 09/14/2009 – 12/31/2010
Jeffrey S. Schiffman, M.D. – Active 09/14/2009 – 12/31/2009 (includes Villa)
Veronique Tache, M.D. – Affiliate 09/14/2009 - 01/31/2010
Philip Wrotslavsky, D.P.M. – Active 09/14/2009 – 04/30/2010 (includes Villa)

Reinstatement and Reappointment:

Theodore W. Schafer, M.D. Active (09/14/2009- 08/31/2011)

Resignations:

Dorothy Hairston, M.D. – Internal Medicine
Gabriel Rodarte, M.D. – Psychiatry
Lynn A. Weston, M.D. – General Surgery (Kaiser)

Expiration of Membership:

Adil A. Abbasi, M.D. (expires 09/30/2009)

Allied Health Professional Appointment: 09/14/2009 – 08/31/2011

Vicki L. Love, F.N.P. – Sponsor Dr. L. Koenig (Expresscare)
Charles I. Medina, NP – Sponsors – Dr. Rivas & CEP Physicians
Safwat B. Rafla, P.A.-C – Sponsors – Dr. Rivas & CEP Physicians

Allied Health Professional Reappointments: (10/01/2009 – 09/30/2011)

Dawn M. Elders, N.P. Sponsors Dr. Just & Dr. Eisenberg
Harold T. Frank, P.A.-C – Sponsor Dr. Yoo
Kelly L. Neil, N.P. – Sponsor Dr. Callery

POMERADO HOSPITAL: Certification by and Recommendation of Chief of Staff: As Chief of Staff of Pomerado Hospital, 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 Pomerado Health System'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.

PALOMAR POMERADO HEALTH

Legal Services Update

TO: Board of Directors
MEETING DATE: Monday, September 14, 2009
FROM: Janine Sarti, Esq., General Counsel
BY: Board Finance Committee
Tuesday August 25, 2009

BACKGROUND: An update on the Legal Services Department’s Strategic Plan, which included a review of financial performance improvements since legal services were brought in-house, was provided at the Board Finance Committee meeting. A copy of the presentation utilized at that meeting is attached for the Board’s information.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Information only

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**PALOMAR
POMERADO
HEALTH**



Legal Services Update

**Janine Sarti, Esq.
General Counsel
August 25, 2009**

Legal Services Department Vision Statement

- To have an unwavering focus on quality, cost and access to legal services.

Revenues per Company Size*

- Small: less than \$100 million
- Medium: \$100 million to \$1 billion
- Large: greater than \$1 billion

*Serengeti Law 2008 Benchmarking report

OUTSIDE LEGAL CONSULTING FEES*

Shown as a Percentage of Revenues

- Small Companies: 1.54%
- Medium Companies: .30%
- Large Companies: .13%

*Seringe & Law 2008 Benchmarking report

OUTSIDE LEGAL CONSULT FEES*

- Small Companies: \$350,000
- Medium Companies: \$852,427
- Large Companies: \$4,817,105

*Serengeti Law 2008 Benchmarking report

OUTSIDE LEGAL CONSULTANT FEES

- Large Companies: \$4,817,105

PPH FY '09
LEGAL FEES

\$216,928

OUTSIDE LEGAL CONSULTANT FEES

Shown as a Percentage of Revenues

- Large Companies: .13%

**PPH FY '08
LEGAL FEES
.11%**

**PPH FY '09
LEGAL FEES
.02%**

TO TAL LEGAL FEES PAID*

Shown as a Percentage of Revenues

- Small Companies: 3.66%
- Medium Companies: .57%
- Large Companies: .23%

*Se re nge ti La w 2008 Be nc hm arking re po rt

TO TAL LEGAL C O UNSEL FEES*

Shown as a Percentage of Revenues

- Large Companies: .23%

PPH FY '08
LEGAL FEES
. 14%

PPH FY '09
LEGAL FEES
. 07%

*Sere nge ti La w 2008 Be nc hm arking re po rt

Number of Law Firms Used*

- Small Companies: 4
- Medium Companies: 8
- Large Companies: 20

*See **Engel Law 2008 Benchmarking report**

Number of Law Firms Used by PPH

Benchmark for Large Companies: 20

FY '07

12

FY '08

7

FY '09

2

Legal Fees Cost Breakdown

▪ Board Counsel	\$22,365
▪ Labor/Employment	\$31,516
▪ Medical Staff	\$71,435
▪ General Matters	\$62,105
▪ Construction	\$ 3,507
▪ Open Phone	\$24,000

SIGNIFICANT ACCOMPLISHMENTS

PROJECTS COMPLETED – FY '09

- Blalock Trust Dispute – approx 125 hours
- Grand Jury – Kaiser Contract - approx 100 hours
- Friendly PC - approx 100 hours
- Medical Staff Matters - approx 100 hours
- CA Privacy Law Training/Reporting - approx 150 hours
- Contract Review Training & Management - approx 2,000 hours
- G.O. Bonds - approx 770 hours

Total Hours: approximately 3275

Outside Counsel Expense @ \$500/hour: \$\$1,637,500

In House Counsel Expense @ \$70 /hour: \$\$ 229,250

\$\$\$ SAVINGS = \$1,408,250 \$\$\$

Fulbright Open-Phone Arrangement Matters Discussed

- Medical Staff
- Labor Law
- Public entity
- HIPAA disclosure
- Medical Foundation
- SNF fine
- Conflict of interest
- Will controversy
- Privacy breach
- Easement

Legal Services Department Team

- Janine Sarti – General Counsel
- Michele Gilmore – Executive Assistant
- Kate Philbin – Asst. General Counsel
- Roberta Brenton – Staff Counsel

Legal Services Department

- QUESTIONS?

Legal Services Department

- **THANK YOU!**

Pharmacy Stewardship

TO: Board of Directors

MEETING DATE: Monday, September 14, 2009

FROM: Michael Kruse, PharmD, BCPS

BY: Board Finance Committee
Tuesday, August 26, 2009

Background: The Pharmacy Department's Clinical Programs, which include formulary management as well as clinical services, have successfully managed growing drug costs. More importantly, this has been achieved while improving patient outcomes and developing the internal workforce. A program overview, with an emphasis on cost savings/cost-avoidance and the future of the program, was presented to the Board Finance Committee and is attached for the Board's information.

Budget Impact: In addition to revenue provided by medications, the clinical pharmacy program offsets the pharmacy department's entire \$6.4 million payroll.

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Pharmacy Clinical Programs

A report by insistence of physicians
on P&T Committee

Michael Kruse, PharmD, BCPS
Clinical Pharmacy Specialist
Pharmacy Residency Director

PALOMAR
POMERADO
HEALTH
SPECIALIZING IN YOU

Pharmacy Budget

- Productivity
 - Tightly managed
- Supplies
 - Tightly managed
- Technology
 - Used through lifespan
- Clinical Programs
 - Greatest known and unknown impact

Clinical Programs – Clinical Specialists

- Jeremy, Mike, Olga, John
 - Formulary management
 - Medication use evaluation
 - Create clinical programs/protocols for staff pharmacists to run
 - Antibiotic Stewardship Program
 - Patient rounding
 - Manage specific patients' drug therapy
 - Physician relationships
 - Patient safety and regulatory compliance
 - Problem solving
 - Committee Involvement (more than 20 committees)
 - Staff development
 - Newsletter
 - Residency management
- Fulfill all four areas of Balanced Scorecard

Clinical Programs – Staff Pharmacists

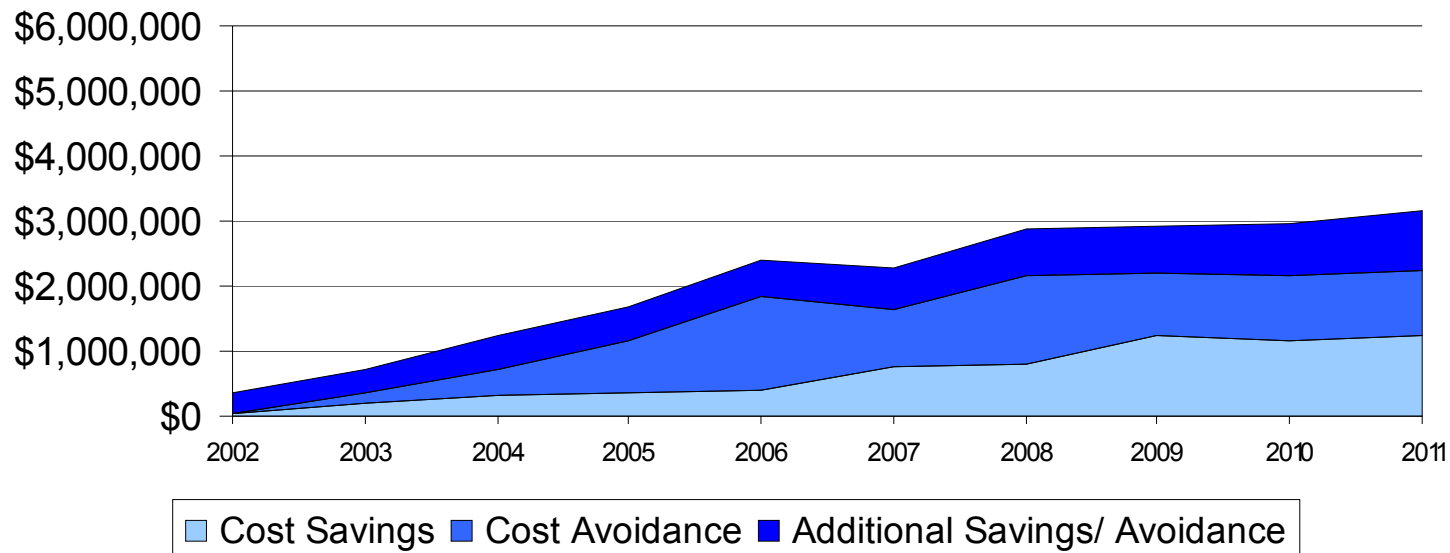
- Clinical Services in the “Trenches”
 - Drug Info (Physician) 2000 questions
 - Drug Info (Nursing) 10,000 questions
 - Enoxaparin Dosing 5000 patient days
 - Warfarin Dosing 7000 patient days
 - Vancomycin 7000 patient days
 - Aminoglycoside 3000 patient days
 - Renal Dosing 15,000 patient days
 - TPN 1500 patient days
 - Manage specific patients’ drug therapy
 - Much more....

Clinical Programs - Residency

- Inexpensive \$40,000/resident
 - Become extenders of both clinical specialists and staff
 - Learn most duties of both specialists and staff
 - Complete projects for pharmacy management
 - Complete at least 2 large projects per year
 - Would cost tens of thousands of dollars if another pharmacist completed the project
 - Cost containment efforts up to \$2 million
 - Contribute toward patient safety
 - Provide about 15 lectures to staff per year
 - Work weekend shifts to decrease “per diem” use
 - Medicare education funding reimburses most of costs
- Overall 100% of salary and benefits are covered in some way
- Fulfill all four areas of Balanced Scorecard

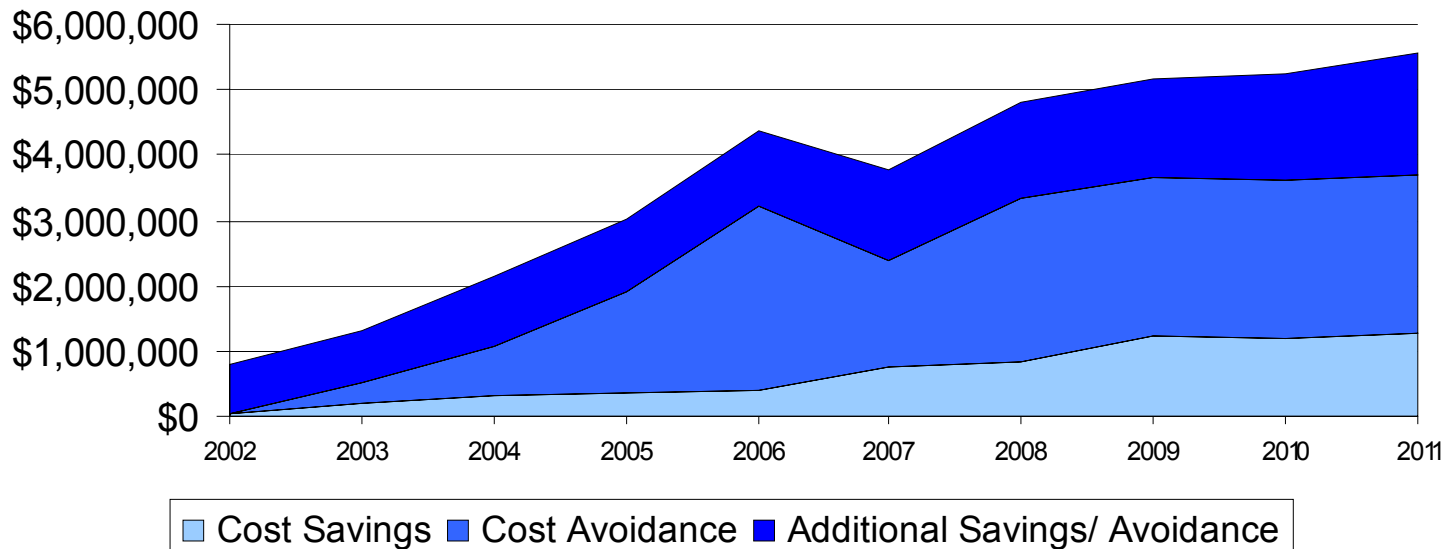
Clinical Programs Savings

Low Estimate



Clinical Programs Savings

High Estimate



Specifics

- See document
- Conservative estimates of savings or avoidance
- Savings divided
 - Hard
 - Intermediate
 - Soft
- Takes minimal or no credit for generics unless concerted effort was made to switch practices
- Takes minimal or no credit for 340B pricing unless concerted effort was made to switch practices or acquire pricing
- IVIG is one exception where manufacturer's claimed no 340B product was available = \$55,000 savings/year

More “soft” savings?

- Study of Medicare data for ICU patients admitted with some kind of clot (PE,DVT, MI, etc)
 - Over 141,000 patients
 - 158 hospitals with clinical pharmacy services in ICU
 - 134 hospitals without services in ICU
- ICUs without clinical pharmacy services
 - 49% higher bleeding rate
 - 37% higher mortality
 - 14.8% longer length of stay
 - \$215,397,354 extra total Medicare charges
 - \$26,363,674 extra drug charges
- PPH Provides Some ICU Coverage
 - Rounds at both facilities
 - Decentralized pharmacist at Palomar
- “Soft” savings aren’t all soft
- Olga’s febrile neutropenia improvements example of decrease mortality due to pharmacy’s efforts

Pharmacy Department Payroll

- \$6.4 million/year
- Clinical programs pay 100% of payroll
- Pharmacy is a steward of PPH resources
- “Soft” savings deserve more credit
 - Pharmacy is improving care and saving lives

Future Directions with Budget

- Generics
- Biologics
- Efficiencies
- Technology

Generics

- Generics not included in aforementioned savings, but their trends will affect future budget
- How generics work
 - First generic usually gets 6 months exclusivity and price drops 25%
 - After 6 months, many competitors = 75% price drop
- 8 of the 30 drugs from 2003 are now generic
- Just experienced GOLDEN years of generics
- Entering TWIGHLIGHT years

Biologics

- Biologics are complex proteins that are difficult to reproduce
- Bad news – “Biologics” are growing part of budget
- At \$100,000-\$700,000/year each - can have permanent long-term budget impact
- Trends at PPH
 - 10 of the 30 drugs from 2003 were “biologics”
 - 14 of 30 drugs in 2009 are “biologics”
- FDA has no rules for approving generic “biologics”
 - House proposal for health care reform includes 12 year exclusivity to first generics rather than 6 months like normal chemical drugs
 - May see prices drop only 25% rather than 75%
 - May see dual monopoly
- Expect more biologics to be approved and existing biologics to be expensive through year 2022

Clinical Efficiencies

- Need to work on efficiencies
- Have used outside programmer to make clinical reports in Cerner
 - Save more than 0.5 FTE per year
 - Clinical monitoring could not be accomplished without reports
 - Reports shared with Diabetes Nurses – doubled their efficiency!
- Need to consider either expansion of staff or more resources for efficiency
- More programming time dedicated to pharmacy is logical first step and does not increase FTEs

Clinical Efficiencies

- Premiere Safety Surveillance or comparable report-writer is needed
 - Might allow Olga to round more efficiently (esp. as system expands)
 - Need to prevent infection and resistance
 - Current drugs cost tens of dollars per day
 - Drugs for resistance cost hundreds of dollars per day
 - Create 30 new reports in 30 minutes without a programmer?
 - Steve Tanaka reports there is a program within Cerner that is comparable, but this needs to be user-friendly

Clinical Efficiencies

- Hire another clinical specialist dedicated to teaching
- Schools of pharmacy may share some expense
 - Can bring in 20 pharmacy students per year
 - Like residents, these become inexpensive clinical “extenders”
 - “Free projects”
 - Last year 3 UCSD students completed major patient safety projects that would have cost \$20,000 in pharmacist time to complete
 - Assisted resident in DVT prophylaxis study
 - Assisted resident in evaluating ALL drug black box warnings to determine compliance and plans

Operational Efficiency and Technology

- Adverse outcomes due to unsafe dispensing system could cancel all benefits of clinical programs
- Technology investment
 - Prevents adverse outcomes due to dispensing and administration errors
 - Frees up pharmacists for clinical services
- 1.5 FTE for CPOE and barcoding are already in budget – essential to health-system
- Urgent need for closed loop medication system

Conclusion

- PPH has been very supportive of pharmacy's efforts
- Pharmacy has been a steward of these resources
- Pharmacy pays for its entire payroll of \$6.4 million/year through cost-savings and cost containment (on top of revenues provided)
- In tight times -- need investment in departments that have demonstrated clinical outcomes AND financial success

Informational: Pension Committee

TO: PPH Board
MEETING DATE: September 14, 2009
FROM: Linda Greer, RN, Board Director

BACKGROUND: PPH custodians meet quarterly to review activity of the PPH pension plans. Ms Greer will provide a brief overview of the August Pension Committee meeting.

BUDGET IMPACT: Not Applicable

STAFF RECOMMENDATION:

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**PALOMAR POMERADO HEALTH
PARTICIPANT ROSTER**

Name of Meeting: Pension Committee

Location (check): Grand PMC POM Innovation

Date: August 20, 2009

Members: P = Present E = Excused A = Absent T = Conference call

PARTICIPANTS	Meeting Dates:											
	5 17 07	8 16	11 16	1 3 08	2 27	5 15	8 21	11 20	2 19 09	5 21	8 20	11 19
Bracht, Gerald	P	P		P		P	P	P	P	P	P	
Covert, Michael	P	P		P		E	E	P	P	E	E	
Frankovich, Tony (Fidelity)	-	P		P		P	P	E	P	P	P	
Greer, Linda	P	P		P		P	P	P	P	P	P	
Hemker, Bob	P	P		P		P	P	P	E	P	P	
Nguyen, Tim	E	E		P		E	E	E	P	P	P	
Roy, Kevin (Fidelity)	-	P		P		P	P	P	P	P	P	
Sarti, Janine	-	-		P		P	P	P	E	P	P	
Tam, David	-	-		-		-	-	-	-	-	P	
Turner, Brenda	P	P		P		P	P	P	P	P	P	

* = Management

Guests: Lorie Shoemaker

cc:

The meeting was called to order by David Tam.

MEETING AGENDA

Agenda Item	Presenter	Time Needed
1. Approval: Minutes May 21, 2009	David Tam for M. Covert	2 min.
2. Quarterly Fidelity Review	T. Frankovich	15 min.
3. Review of Frozen Funds: Hotchkis & Wiley Mid Cap Value Fidelity Dividend Growth Fidelity Blue Chip Growth	K. Roy	15 min.
4. Review of Watch List Funds: Fidelity Investment Grade Bond Fund Fidelity Equity Income Fund Fidelity Magellan Fund Fidelity Mid-Cap Stock Fund	K. Roy	15 min
5. Alternatives for Frozen/Watch List Funds	K. Roy	45
6. Portfolio Advisory Services	T. Frankovich	20 min.
7. Investment Policy	T. Frankovich	15 min.
8. Pension Plan Amendment	B. Turner	15 min.

AGENDA ITEM / PURPOSE	DISCUSSION / RECOMMENDATION	ACTION
Minutes: May 21, 2009	<ol style="list-style-type: none"> 1. D. Tam asked if there were any additions or corrections to the May 21, 2009, minutes. 	<p>B. Hemker motioned to accept the May 21, 2009, minutes as written</p> <p>B. Turner seconded the motion</p> <p>Minutes accepted as written</p>
Quarterly Fidelity Update	<ol style="list-style-type: none"> 1. Tony Frankovich provided an Executive Summary of the 2nd quarter. Both the Money Pension Plan and Deferred Compensation Plan assets have increased across the board. 2. The average participant balance has also increased. Stabilization is beginning to become noticeable. 3. Asset allocation has no significant change. 4. Total contributions and funds being used remain basically unchanged. People are reallocating their assets. 5. Successful events: Mark Gottschalk was here doing one-on-ones with employees, Retirement Summit. Participants are becoming more aware of how to organize their retirement funds. Proactive calls are being made to participants to answer questions about managing retirement services. 6. Looking towards next quarter; going green and using electronic statements will be an option. Option now exists for electronic statements to be set as a default. 38% of employees have shared their email address. Over 40% of employees participate in net benefits on line. Approximately 2300 participants have not responded to the use of on-line statements. <ol style="list-style-type: none"> a. Question posed as to the push to move to electronic and the “green” process. b. Gerald suggested raising awareness. Many PPH employees do not use electronic devices on a regular basis. 7. David asked if Fidelity participates in a “going green” program such as the one PPH utilizes. 8. Tony discussed the value Fidelity is offering PPH: <ol style="list-style-type: none"> a. Plan fees and what is communicated to participants. b. Information on where the plan fees are allocated. c. On a per participant basis Fidelity Investments receives \$74 in revenue to offset plan recordkeeping and administrative services d. Bob asked why the disparity in the fee structures of the Freedom funds. Answer: expenses are calculated on the expense ratios of the various funds. 9. Tony noted that there are federal bills coming that will require companies to openly share plan fees with their customers. 	<ol style="list-style-type: none"> 1. Tony will follow-up with Brenda to make employees aware of electronic options. 2. Watch / Freeze lists remain the same.
Investment Review: <i>Kevin Roy</i>	<p>Market returns from March 9 going forward are showing losses being retraced.</p> <ol style="list-style-type: none"> 1. Focus was on the 3 and 5 year performance. It may be indicative of various indicators and it may be best to give funds a longer leash to see how they will 	Frozen funds definitive action for the November meeting.

AGENDA ITEM / PURPOSE	DISCUSSION / RECOMMENDATION	ACTION
	<p>react. Review will be tempered on the contributing factors to market changes.</p> <ol style="list-style-type: none"> 2. Kevin recommends keeping the watch and freeze lists as they currently are. 3. Gerald asked if the improvement / trends of the frozen funds to the watch list do to their improved status. Bob noted that it is all about stability in time over the 3 and 5 year period. <ol style="list-style-type: none"> a. Magellan <ol style="list-style-type: none"> 1) Fund has not been performing in the top half of its peer group for the 3 and 5-year periods for six consecutive quarters. 2) Debate on whether or not to notify employees that this fund is closed and that their assets will be moved and then remove as an option. 3) Brenda suggested not eliminating the fund completely but let it remain as is until the employees have access to the Portfolio Advisory Services. 4) Kevin suggested making a blanket statement informing the participants on the actions going forward with regards to frozen and watch funds. b. Fidelity Dividend Growth is currently moving in the right direction. <ol style="list-style-type: none"> 1) Manager change has improved performance 2) Recommendation to keep frozen c. Fidelity Blue Chip Growth has steadily improved. <ol style="list-style-type: none"> 1) YTD fund is looking better. A new manager has been put in place and has had a positive impact on this fund. 2) Recommendation to keep frozen 4. Watch List Funds – The chart now indicates how long the funds have been on watch or frozen. Recommendation made to continue keeping the following funds on the watch list: <ol style="list-style-type: none"> a. Fidelity Investment Grade Bond Fund: <ol style="list-style-type: none"> 1) YTD has gained even though the 3-5 year trend has not been great 2) Bob recommends watch, Gerald seconded b. Fidelity Equity Income Fund <ol style="list-style-type: none"> 1) YTD performance shows and upturn 2) Should pull up the 3 and 5 year c. Fidelity Magellan Fund <ol style="list-style-type: none"> 1) YTD for '09 is moving in the right direction. This fund will be more volatile than most. 2) Recommendation to keep this fund on watch d. Fidelity Mid-Cap Stock Fund <ol style="list-style-type: none"> 1) YTD is improving 2) Recommendation to remain on watch 5. Freedom Funds: Performance is generally improving 6. Mid Cap growth options discussions were deferred to the November meeting: <ol style="list-style-type: none"> a. Barron Asset Fund b. Morgan Stanley Institutional Trust 	

PPH Board Subcommittee Activity Summary

August 18, 2009

Internal Audit Committee

ACTION ITEMS:

- Deloitte & Touche to revise the introductory paragraph for “Planned Scope of Audit” presentation booklet and resubmit to members of the Committee. **This was completed.**
- Ms. Sarti, Ms. Knutson, and Mr. Boyle to provide at the next Board Committee Meeting a presentation on their triage methods where Audit, Compliance, and Legal are involved together.

INFORMATION ITEMS:

- Welcome / Introductions: for Senior Compliance Auditor was postponed.
- Report on Creating Continuous Compliance Readiness at PPH was given.
- Report on Hotline Services via Global Compliance was given.

PPH Board Subcommittee Activity Summary

August 2009

Governance Committee – Did not meet in August

ACTION ITEMS:

- None

INFORMATION ITEMS:

- None

PPH Board Subcommittee Activity Summary

August 2009

Human Resources Committee – Did not meet in August

ACTION ITEMS:

- None

INFORMATION ITEMS:

- None

PPH Board Subcommittee Activity Summary

August 2009

Community Relations Committee – Did not meet in August

ACTION ITEMS:

- None

INFORMATION ITEMS:

- None

MEMORANDUM

To: Nicole Dennis, Executive Assistant to the Board
FROM: Tanya Howell, Assistant to the Board Finance Committee
DATE: 8/27/2009
RE: Board Finance Committee – AUGUST 25, 2009, MEETING SUMMARY

INFORMATION ITEMS:

- **Status of RAC Litigation:** In an update to a suit filed on behalf of PPH related to RAC audit findings, Janine Sarti reported that the Federal Government has responded to the complaint filed in Federal Court by the national consortium, on behalf of PPH. PPH will be filing a request for summary judgment, with decision anticipated by mid-November.
- **Upcoming Revenue Bond Issue:** Bob Hemker reported that the due diligence process has begun in anticipation of issuing a tranche of Revenue Bonds before the end of November. It is anticipated that a Special Board meeting to approve the transaction and related instruments will be required in late October to meet the tight calendar regarding this issue. Consideration is being given to the use of Build America Bonds (BABs) as part of the issuance instruments. The Board will be kept apprised of the status through the Board Finance Committee.
- **Re-Establishment of Board Program Reviews:** As requested, Management is compiling and prioritizing a list of Board-approved programs, initiatives and services for which status updates are appropriate to review at the Committee. Those status updates will be scheduled for review at Board Finance Committee meetings throughout this fiscal year, and a copy of the schedule will be provided to the Board when finalized, to facilitate attendance by other interested Board members.
- **Pharmacy Department Clinical Programs Update:** An overview of the Pharmacy Department's programs—which include the Pharmacy Residency Program, formulary management and clinical services—was presented by Pharmacist Michael Kruse. These programs have successfully managed growing drug costs while both improving patient outcomes and developing the internal workforce. This was the first of the FY2010 Program Reviews.
- **Legal Department Strategic Plan Update:** General Counsel Janine Sarti provided an update on the Legal Services Department's Strategic Plan, which included a review of financial performance improvements since legal services were brought in-house. Financial savings have been achieved.

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ACTION ITEMS:

June 2009 and YTD FY2009 Pre-Audit Close: Utilizing the standard Financial Reporting Packet, reviewed the June 2009 and YTD FY2009 pre-audit close, as provided to Deloitte & Touche for their year-end audit. Operating income was \$19 million higher than FY2008 performance of \$9.5 million. Recommended approval of the FY2009 pre-audit financial statements.

July 2009 and YTD FY2010 Financial Report: Utilizing the standard Financial Reporting Packet, reviewed and recommended approval of the July 2009 and YTD FY2010 financial performance, which reflected a \$2.4 million bottom line net income YTD, which is \$339 thousand greater than last year.

PPH Board Subcommittee Activity Summary

August 04, 2009

Strategic Planning Committee

ACTION ITEMS:

- The Board of Directors approved the FY09 Initiatives Final Report.
- The Board of Directors approved the FY10 Initiatives

INFORMATION ITEMS:

- None