



**BOARD OF DIRECTORS
AGENDA PACKET**

April 19, 2012

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



BOARD OF DIRECTORS

T.E. Kleiter, Chairman
Nancy L. Bassett, RN, MBA, Vice Chairman
Jerry Kaufman PTMA, Secretary
Linda C. Greer, RN, Treasurer
Bruce Krider, MA
Marcelo Rivera, MD
Stephen P. Yerxa

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 Health is to:
Heal, Comfort, Promote Health in the Communities we Serve*

VISION STATEMENT

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

CORE VALUES

Patient's Well-Being

We passionately give and support heartfelt care that encourages patient comfort and safety

Professionalism

Each of us takes pride in teamwork, self-discipline, our skills and trustworthiness

Highest Quality

We are each accountable for providing the safest, most effective and innovative care

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 * 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 HEALTH
BOARD OF DIRECTORS
REGULAR MEETING AGENDA**

**Monday, April 9, 2012
Commences 6:30 P.M.**

**Palomar Medical Center
Graybill Auditorium
555 E. Valley Parkway
Escondido, CA 92025**

Mission and Vision

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

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

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I. CALL TO ORDER	2	
II. OPENING CEREMONY	5	
A. Pledge of Allegiance		
III. PUBLIC COMMENTS	5	
<i>(5mins allowed per speaker with cumulative total of 15mins per group - for further details and policy see Request for Public Comment notices available in meeting room.)</i>		
IV. MINUTES *	5	5-14
A. Regular Board Meeting - March 12, 2012		
B. Closed Board Meeting - March 12, 2012		
C. Closed Board Meeting - March 12, 2012		
D. Closed Board Meeting - March 19, 2012		
V. APPROVAL OF AGENDA to accept the Consent Items as listed *	5	15-58
A. January 2012 & YTD FY2012 Financial Report		
B. Approval of Revolving, Patient Refund & Payroll Fund Disbursements– Jan 2012		
1. Accounts Payable Invoices	\$44,131,388.00	
2. Net Payroll	<u>\$12,406,910.00</u>	
Total	<u>\$56,538,298.00</u>	
C. Ratification of Paid Bills		
D. Palomar Health Bylaws		
E. Public Comments and Attendance at Public Board Meetings – GOV20		
F. Smoking Policy in Palomar Health Facilities – HR07		
G. Development/Review of New Business Plan – 26132		
H. Board Use of Outside Counsel Policy		
I. Budgeted Routine Physician Agreements Board Summary Report		
VI. REPORTS		
A. <u>Medical Staffs</u>		
*1. Palomar Medical Center - <i>Richard C. Engel, M.D.</i>	5	59-78
A. Credentialing and Reappointments		
B. Department of Surgery Physician Assistant Privileges		
C. Department of OBGYN Clinical Privilege Checklist		
*2. Pomerado Hospital - <i>Roger Acheatel, M.D.</i>	5	79-80
A. Credentialing and Reappointments		

“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.*

B.	<u>Administrative</u>		
	1 <u>Chairman of the Palomar Pomerado Health Foundation - John Forst</u>	5	Verbal Report
	A. Update on PPHF Activities		
	2 <u>Chairman of the Board - Ted Kleiter</u>	10	Verbal Report
	3 <u>President and CEO - Michael Covert, FACHE</u>	10	Verbal Report

VII.	COMMITTEE REPORTS	40	81-87
	A. Audit and Compliance Committee		
	B. Governance Committee		
	C. Human Resources Committee		
	D. Community Relations Committee		
	* Naming Strategy - Campuses, Service Lines and Buildings		
	E. Facilities and Grounds Committee		
	F. Quality Review Committee		
	G. Strategic Planning Committee - <i>Did not meet in March</i>		
	H. Finance Committee		
	I. Other Committee Chair Comments on Committee Highlights		

VIII.	BOARD MEMBER COMMENTS/AGENDA ITEMS FOR NEXT MONTH	10	
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IX.	ADJOURNMENT		
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"In observance of the ADA (Americans with Disabilities Act), please notify us at 358-675-5106, 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.*



**BOARD OF DIRECTORS
REGULAR BOARD MEETING
Pomerado Hospital / Meeting Room E
Monday, March 12, 2012**

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
CALL TO ORDER	6:30P.M. Quorum comprised Directors Bassett, Greer, Kaufman, Kleiter, Rivera and Yerxa Excused: Director Krider		
OPENING CEREMONY	The Pledge of Allegiance was recited in unison.		
MISSION AND VISION STATEMENTS	The Palomar Health mission and vision statements are as follows: <i>The mission of Palomar Health is to heal, comfort and promote health in the communities we serve.</i> <i>The vision of Palomar Health is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services.</i>		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements		
APPROVAL OF MINUTES <ul style="list-style-type: none"> • Regular Board Meeting February 13, 2012 • Closed Board Meeting February 13, 2012 • Closed Board Meeting February 13, 2012 		MOTION: by Yerxa, 2 nd by Bassett and carried to approve the regular and closed session Board meeting minutes of February 13, 2012 as submitted. All in favor. None opposed.	
APPROVAL OF AGENDA <i>(to accept the Consent Items as listed)</i>		MOTION: by Kaufman, 2 nd by	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
<p>A. January 2012 & YTD FY2012 Financial Report</p> <p>B. Approval of Revolving, Patient Refund & Payroll Fund Disbursements– Jan 2012</p> <p>Accounts Payable Invoices \$ 44,131,388.00</p> <p>Net Payroll \$12, 406,910.00</p> <p>Total \$ 56,538,298.00</p> <p>C. Ratification of Paid Bills</p> <p>D. Recording of Governing Board Meetings - GOV25</p> <p>E. Finance Committee Bylaws</p> <p>F. Finance Committee Board Member Position Description</p> <p>G. Nursing CNE Policy</p> <p>H. Board Responsibilities Policy – GOV07</p> <p>I. Compliance Plan Policy</p> <p>J. Arch Health Partners Request for Additional Capital Contribution to Thomas R. Knutson, Inc.</p> <p>K. Arch Health Partners Request for Additional Capital Contribution to Acquire Pacific Spine Clinic, Inc. and L. Mercer McKinley, MD, Inc.</p> <p>L. Budgeted Routine Physician Agreements Board Summary Report</p> <p>M. Pomerado Hospital/POP Bridge</p>		<p>Bassett and carried to approve the Consent Items A – M, as submitted.</p> <p>All in favor. None opposed.</p>	
REPORTS			
Medical Staff			
Palomar Medical Center			
<ul style="list-style-type: none"> ▪ Credentialing 	<p>Richard Engel, M.D., Chief of PMC Downtown Medical Staff, presented PMC’s requests for approval of Credentialing Recommendations.</p>	<p>MOTION: by Greer, 2nd by Kaufman and carried to approve the Palomar Medical Center Medical Staff Executive Committee credentialing recommendations for the Palomar Medical Staff as presented.</p>	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
		<p>Director Bassett abstained. All in favor. None opposed.</p> <p>MOTION: by Greer, 2nd by Rivera and carried to approve the Plastic Surgery Clinical Privilege Checklist as presented.</p> <p>Director Bassett abstained. All in favor. None opposed.</p>	
Pomerado Hospital			
<ul style="list-style-type: none"> ▪ Credentialing 	<p>Roger Acheatel, M.D., Chief of Pomerado Medical Staff, presented Pomerado Hospital's requests for approval of Credentialing Recommendations.</p>	<p>MOTION: by Greer, 2nd by Yerxa and carried to approve the Pomerado Hospital Medical Staff Executive Committee credentialing recommendations for the Pomerado Medical Staff as presented.</p> <p>Director Bassett abstained. All in favor. None opposed.</p>	
Administrative			
Chairman – Palomar Pomerado Health Foundation	<i>John Forst</i>		
	<p>Mr. Forst stated that the Executive Committee met February 9 and will meet again tomorrow night. The Finance Committee met February 22 and reviewed and approved the January Financials. The Gala Committee continues to meet monthly and review plans for the event.</p> <p>A new element will be added to the Silent Auction, BidPal, which is a handheld device that allows guests to bid on Silent Auction items from anywhere.</p> <p>The Gala kick-off wine tasting event is scheduled for March 23 from 4:30 – 6:30 p.m. at Lexus, Escondido, co-sponsored by the Cohn Restaurant Group.</p> <p>The Grand Opening Committee met on March 1. The Foundation Staff continues to support</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
	<p>Gustavo Friederichsen and the Marketing Department in planning the opening festivities.</p> <p>The Foundation will host the VIP event tentatively scheduled for late July.</p> <p>The Donor Wall Committee met February 20 to view presentations made by the top three prospective vendors. Norvision and Esser Design were unanimously chosen for the project.</p> <p>The Medical Staff Campaign has received about \$500,000 in pledges from medical group partners in the last month to bring their campaign contributions up to about \$3 million.</p> <p>The Employee Chapel Campaign Committee raised over \$30,000 in the first month towards their goal of \$500,000.</p> <p>VIP Tours are limited at this time. During the month of February there were five VIP tours and a final group from Pauma Valley of 15 potential donors.</p> <p>The Doctors' Day Appeal has gone out and a follow-up appeal is planned for this week.</p>		
Chairman of the Board	<i>Ted Kleiter</i>		
	<p>Chairman Kleiter stated that he and Director Kaufman will be in Sacramento later this month to attend the ACHD legislative days.</p>		
President and CEO	<i>Michael Covert</i>		
	<p>Mr. Covert stated that he, along with staff and Board members, will be participating in the VHA / IHI collaborative, April 16th -18th. Palomar Health is one of 20 Hospital systems involved in the collaborative. The focus will be on patient satisfaction.</p> <p>The 9th Annual Leadership Banquet will be held on Friday, April 27th at the Rancho</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
	<p>Bernardo Inn.</p> <p>Recruiting for the Director of Volunteers position has begun.</p> <p>Staff is putting together a draft of the FY13 goals. The goals will be more focused in this year than previous years. A special full Board meeting will be held at 5:30PM prior to the start of the regular Board meeting on April 9th.</p> <p>Mr. Covert stated that interviews for the Chief Development Officer continue. Mr. Covert thanked Nancy Wood for her work in organizing the interviews.</p> <p>Mr. Covert stated that recruitment for the Compliance Officer position continues. Candidates will be on site the week of March 26th for a two day period each for interviews.</p>		
COMMITTEE CHAIR COMMENTS			
<ul style="list-style-type: none"> • Audit and Compliance 	<p>Director Bassett stated that the Board Audit and Compliance committee summary was included in the packet for review.</p> <p>Director Bassett stated that the committee reviewed and approved the Compliance Plan.</p> <p>The committee received reports on the Compliance and Ethics Committee and the Compliance Hotline.</p>		
<ul style="list-style-type: none"> • Governance 	<p>Chairman Kleiter stated that the report was included in the packet for review.</p>		
<ul style="list-style-type: none"> • Human Resources 	<p>Director Yerxa stated that Board HR committee summary was included in the packet for review.</p> <p>Director Yerxa stated that the committee received a report on the efforts across the system for the transformation education plan.</p>		
<ul style="list-style-type: none"> • Community Relations 	<p>Director Kaufman stated that the Board Community Relations committee met in closed</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
	session on March 5 th .		
<ul style="list-style-type: none"> • Board Facilities and Grounds 	<p>Director Rivera provided an update on the PMC West spring activities, the Ramona site and Pomerado Hospital.</p> <p>The Ramona Water District accepted the plans. The Grading Plan was submitted to the County in February. The projected approval of the project is April-May 2012 with ground breaking in June. It is approximately 9 months of construction with projected occupancy in April 2013.</p> <p>The committee reviewed a presentation on the Pomerado Bridge Expansion. This will be an open bridge from the POP building to the Emergency Room. This will not be an OSHPD project, but permitted through the City of Poway. The committee recommended that the proposed plan and lease structure move forward to the Finance Committee for review and approval.</p> <p>April 21st is Pomerado Hospital's 35th anniversary.</p> <p>The monthly Board Facilities and Grounds committee meetings have been changed to the first Monday of the month. Time and location remain the same.</p>		
<ul style="list-style-type: none"> • Board Quality Review 	Director Bassett stated that BQRC did not meet in February.		
<ul style="list-style-type: none"> • Finance 	Director Greer stated that the Board Finance committee activity summary was included in the packet for review.		
<ul style="list-style-type: none"> • Strategic Planning 	<p>Chairman Kleiter stated that the Board Strategic Planning Committee reviewed the second quarter outcomes of the FY12 Initiatives.</p> <p>The March 20th Board Strategic Planning meeting has been cancelled.</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
	A special meeting will be held on Monday, April 9 th at 5:30PM prior to the regular Board meeting to review the draft FY13 goals.		
ADJOURNMENT	7:15P.M.		
SIGNATURES <ul style="list-style-type: none"> ▪ Board Secretary ▪ Board Assistant 	<hr/> Jerry Kaufman, P.T.M.A. <hr/> Nicole Adelberg		



BOARD OF DIRECTORS
Closed Session
 Pomerado Hospital / Meeting Room E
 Monday, March 12, 2012

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
CALL TO ORDER	5:30P.M. Quorum comprised Directors Bassett, Greer, Kaufman, Kleiter, Rivera and Yerxa Excused: Director Krider		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements. Pursuant to California Government Code §54954.5(h) Report Involving Trade Secret		
PUBLIC COMMENTS	None		
ADJOURNMENT TO CLOSED SESSION		MOTION: by Chairman Kleiter to adjourn to closed session.	
CLOSED SESSION	Pursuant to Government Code §54954.5(h): Report Involving Trade Secret.		
OPEN SESSION RESUMES		MOTION: by Chairman Kleiter to resume open session	
FINAL ADJOURNMENT		MOTION: by Chairman Kleiter for final adjournment at 6:00P.M.	
SIGNATURES	<ul style="list-style-type: none"> ▪ Board Secretary _____ Jerry Kaufman, PTMA ▪ Board Assistant _____ Nicole Adelberg 		



**BOARD OF DIRECTORS
Closed Session
Pomerado Hospital / Meeting Room E
Monday, March 12, 2012**

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	6:00P.M. Quorum comprised Directors Bassett, Greer, Kaufman, Kleiter, Rivera and Yerxa Excused: Director Krider		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements. Pursuant to Gov Code Subdivision (a) of Section 54956.9 – Conference with Legal Counsel – Existing Litigation – Quarterly Claims/Risk Management Report		
ADJOURNMENT TO CLOSED SESSION		MOTION: by Director Kleiter to adjourn to closed session. All in favor. None opposed.	
CLOSED SESSION	Pursuant to Government Code Subdivision (a) of Section 54956.9: Conference with Legal Counsel – Existing Litigation – Quarterly Claims/Risk Management Report		
OPEN SESSION RESUMES		MOTION: by Director Kleiter to resume open session	
FINAL ADJOURNMENT		MOTION: by Director Kleiter for final adjournment at 6:30P.M.	
SIGNATURES	<ul style="list-style-type: none"> <li data-bbox="157 1177 315 1234">▪ Board Secretary _____ Jerry Kaufman, P.T.M.A. <li data-bbox="157 1331 315 1388">▪ Board Assistant _____ Nicole Adelberg 		



**BOARD OF DIRECTORS
Closed Session**

456 East Grand Avenue, Escondido, CA 92025
Monday, March 12, 2012

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP RESPONSIBLE PARTY
CALL TO ORDER	5:30P.M. Quorum comprised Directors Bassett, Greer, Kaufman, Kleiter, Rivera and Yerxa Excused: Director Krider		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements. Pursuant to California Government Code §54954.5(h) Report Involving Trade Secret		
ADJOURNMENT TO CLOSED SESSION		MOTION: by Chairman Kleiter to adjourn to closed session.	
CLOSED SESSION	Pursuant to Government Code §54954.5(h): Report Involving Trade Secret.		
OPEN SESSION RESUMES		MOTION: by Chairman Kleiter to resume open session	
		MOTION: by Chairman Kleiter, 2 nd by Director Kaufman and carried to approve the Palomar Health logo color palette with the additional 5% black added to the secondary color. All in favor. None opposed.	
FINAL ADJOURNMENT		MOTION: by Chairman Kleiter for final adjournment at 5:55P.M.	
SIGNATURES			
<ul style="list-style-type: none"> ▪ Board Secretary 	<hr/> Jerry Kaufman, PTMA		
<ul style="list-style-type: none"> ▪ Board Assistant 	<hr/> Nicole Adelberg		

February 2012 & YTD FY2012 Financial Report

TO: Board of Directors
MEETING DATE: Monday, April 9, 2012
FROM: Bob Hemker, CFO
BY: Board Finance Committee
Monday, March 26, 2012

Background: The Board Financial Reports (unaudited) for February 2012 and YTD FY2012 are submitted for the Board's approval.

Budget Impact: N/A

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the Board Financial Reports (unaudited) for February 2012 and YTD FY2012.

Motion: X

Individual Action:

Information:

Required Time:

**PALOMAR POMERADO HEALTH
CONSOLIDATED DISBURSEMENTS
FOR THE MONTH OF
JANUARY 2012**

01/01/12	TO	01/31/12	ACCOUNTS PAYABLE INVOICES	\$	44,131,388
01/06/12	TO	01/20/12	NET PAYROLL	\$	<u>12,406,910</u>
				\$	56,538,298

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

**AMENDED AND RESTATED
BYLAWS
OF
PALOMAR ~~POMERADO~~ HEALTH**

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**BYLAWS
OF
PALOMAR ~~POMERADO~~ HEALTH**

**ARTICLE I.
DEFINITIONS**

- 1.1 “Hospital(s)” means Palomar ~~Medical Center~~ Women and Children’s Hospital, 555 East Valley Parkway, Escondido, California, ~~and/or~~ Pomerado Hospital, 15615 Pomerado Road, Poway, California, ~~and/or Palomar Medical Center.~~
- 1.2 “Board” means the Board of Directors of the District.
- 1.3 “District” means Palomar ~~Pomerado~~ Health.
- 1.4 “Medical Staff(s)” or “Staff(s)” means the organized medical staff of Palomar Medical Center, the organized medical staff of Pomerado Hospital, ~~and/or~~ the organized medical staff of ~~Palomar Women and Children’s Hospital and/or the organized medical staff of~~ other District facilities, as indicated.
- 1.5 “Facility” or “Facilities” means a Hospital or the Hospitals, Home Health, Skilled Nursing Facilities, or any other health care facility or facilities operated by the District.
- 1.6 “Practitioner” means a physician (*i.e.*, M.D. or D.O.), dentist (D.D.S. or D.M.D.) or podiatrist (D.P.M.) who is duly licensed in the State of California to practice within the scope of said license.

**ARTICLE II.
ORGANIZATION, POWERS AND PURPOSES**

- 2.1 ORGANIZATION. The District is a political subdivision of the State of California organized under the Division 23 of the Health and Safety Code (“Local Health Care District Law”).
- 2.2 PURPOSES AND POWERS. The District is organized for the purposes described in the Local Health Care District Law and shall have and may exercise such powers in the furtherance of its purposes as are now or may hereafter be set forth in the Local Health Care District Law and any other applicable statutes, rules or regulations of the State of California.
- 2.3 BYLAWS, POLICIES AND PROCEDURES
 - 2.3.1 The Board shall have the powers to adopt, amend, and promulgate District Bylaws, Policies, and Procedures as appropriate, and may delegate its power to promulgate Procedures in its discretion. For purposes of these Bylaws, “Policies” shall denote Board approved statements that provide broad

strategic directions and/or governing mandates for the District, enabling the development of Procedures. The term “Procedures” shall mean any specific instruction or mode of conduct for the purpose of implementing a policy that may be promulgated by those District officers designated by the Board. The Board shall review and approve the District Bylaws annually.

2.3.2 The Governance Committee will have the responsibility to oversee and ensure collaboration between the Board and District management for the purpose of developing, reviewing and revising the District Bylaws, Policies, Procedures, and other rules or regulations prior to being brought to the full Board for approval.

2.4 DISSOLUTION. Any proposal to dissolve the District shall be subject to confirmation by the voters of the District in accordance with the Government Code.

ARTICLE III.
OFFICES

3.1 PRINCIPAL OFFICE. The principal office of the District is hereby fixed and located at 15255 Innovation Drive, San Diego, California.

3.2 OTHER OFFICES. Branch or subordinate offices may be established at any time by the Board at any place or places.

ARTICLE IV.
BOARD

4.1 GENERAL POWERS. The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees.

4.2 OPERATION OF FACILITIES. The Board shall be responsible for the operation of the Facilities according to the best interests of the public health, and shall make and enforce all rules, regulations and bylaws necessary for the administration, government, protection and maintenance of the Facilities and all property belonging thereto, and may prescribe the terms upon which patients may be admitted to the Facilities. Such rules, regulations and bylaws applicable to the Facilities shall include but not be limited to the provisions specified in the Health and Safety Code, and shall be in accordance with and contain minimum standards no less than the rules and standards of private or voluntary hospitals. Unless specifically prohibited by law, the Board may adopt other rules which could be lawfully adopted by private or voluntary hospitals.

4.3 RATES. In setting the rates the Board shall, insofar as possible, establish such rates as will permit the Facilities to be operated upon a self-supporting basis. The Board may establish different rates for residents of the District than for persons who do not reside within the District.

4.4 NUMBER AND QUALIFICATION.

- 4.4.1 The Board shall consist of seven members, each of whom shall be a registered voter residing in the District.
- 4.4.2 Except as otherwise provided in applicable law, no Board member shall possess any ownership interest in any other hospital serving the same area as that served by the District or be a director, policymaking management employee, or medical staff officer of any hospital serving the same area as that served by the District, unless the boards of directors of the District and the hospital have determined that the situation will further joint planning, efficient delivery of health care services, and the best interests of the areas served by their respective hospitals, or unless the District and the hospital are affiliated under common ownership, lease, or any combination thereof. No Board member shall simultaneously hold any other position over which the Board exercises a supervisory, auditory, or removal power.
- 4.4.3 For purposes of this section, a hospital shall be considered to serve the same area as the District if more than five percent of the hospital's patient admissions are District residents.
- 4.4.4 For purposes of this section, the possession of an ownership interest, including stocks, bonds, or other securities by the spouse or minor children or any person shall be deemed to be the possession or interest of the person.
- 4.4.5 Any candidate who elects to run for the office of member of the Board, and who owns stock in or who works for any health care facility that does not serve the same area served by the District, shall disclose on the ballot his or her occupation and place of employment.
- 4.5 CONFLICTS OF INTERESTS. The Board shall endeavor to eliminate from its decision making processes financial or other interests possessed by its members that conflict with the District's interests. Board members and other persons who are "Designated Employees," as defined in the current Conflict of Interests Code of Palomar Pomerado Health as it may be amended from time to time, shall at all times comply with said Code any and all laws and regulations relating to conflicts of interests, including but not limited to the Government Code.
- 4.6 ELECTION AND TERM OF OFFICE. An election shall be held in the District on the first Tuesday after the first Monday in November in each even-numbered year, at which a successor shall be chosen to each Director whose term shall expire on the first Friday of December following such election. The election of Board members shall be an election at large within the District and shall be consolidated with the statewide general election. The candidates receiving the highest number of votes for the offices to be filled at the election shall be elected thereto. The term of office of each elected Board member shall be four years, or until the Board member's successor is elected and has qualified, except as otherwise provided by law in the event of a vacancy.

- 4.7 NEW MEMBER ORIENTATION. An orientation shall be provided which familiarizes each new Board member with his or her duties and responsibilities, including the Board's responsibilities for quality care and the Facilities' quality assurance programs. Continuing education opportunities shall be made available to Board members.
- 4.8 EVALUATION. The Board shall evaluate its own performance as well as those of its officers and employees on an annual or other periodic basis.
- 4.9 VACANCIES. Vacancies on the Board shall be filled in accordance with the applicable provisions of the Government Code.
- 4.10 RESIGNATION OR REMOVAL. Any Board member may resign effective upon giving written notice to the Chairperson or the Secretary of the Board, unless the notice specifies a later time for the effectiveness of such resignation. The term of any member of the Board shall expire if the member is absent from three consecutive regularly scheduled monthly Board meetings or from three of any five consecutive regular meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board. All or any of the members of the Board may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Election Code.
- 4.11 LIABILITY INSURANCE. The Board may purchase and maintain liability insurance on behalf of any person who is or was a director, officer, employee or agent of the District, or is or was serving at the request of the District as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise or as a member of any committee or similar body, against any liability asserted against such person and incurred by him or her in any such capacity, or arising out of his or her status as such, whether or not the District would have the power to indemnify him or her against such liability.
- 4.12 COMPENSATION. The Board shall serve without compensation unless the Board authorizes, by resolution adopted by majority vote, compensation of not to exceed \$100 per meeting for a maximum of five meetings per month for each member of the Board. For purposes of this section, "meeting" shall mean any regular or special Board meeting, whether open or closed, any standing or ad hoc committee meetings or any orientation sessions. For compensation purposes, successive open and closed meetings shall be considered as one meeting.
- 4.13 HEALTH AND WELFARE BENEFITS. Notwithstanding Section 4.12 above, the Board may provide health and welfare benefits, pursuant to Government Code Section 53200 *et seq.*, for the benefit of its elected and former members and their dependents, or permit its elected and former members and their dependents to participate in District programs for such benefits, in accordance with all applicable laws and regulations.
- 4.14 TRAVEL AND INCIDENTAL EXPENSES REIMBURSEMENT. Each member of the Board shall be reimbursed for his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by

the Board and in accordance with District Policy. Such reimbursement, if approved by the Board, shall not constitute “compensation” for purposes of Section 4.12 above.

ARTICLE V.
BOARD MEETINGS

- 5.1 MEETINGS OPEN TO THE PUBLIC. Meetings of the Board shall be open to the public, except as otherwise provided in applicable laws or regulations, including but not limited to the Brown Act and the Local Health Care District Law.
- 5.2 BOARD MEETING. A meeting of the Board is any congregation of a majority of the members of the Board at the same time and place to hear, discuss or deliberate upon any item that is within the subject matter jurisdiction of the Board. A meeting is also the use of direct communication, personal intermediaries or technological devices that is employed by a majority of the members of the Board to develop a collective concurrence as to action to be made on an item by the members of the Board. Board meetings may be held by teleconference subject to applicable laws and regulations including the Government Code.
- 5.3 REGULAR MEETINGS. Regular meetings of the Board shall be held as follows:
 - 5.3.1 The Board’s annual organizational meeting shall be held in December at the place and time designated by the Board in the Resolution discussed in Section 5.3.2 below.
 - 5.3.2 At the annual organizational meeting, the Board shall pass a resolution stating the dates, times and places of the Board’s regular monthly meetings for the following calendar year.
- 5.4 HOLIDAYS. Meetings of the Board may be held on any calendar day as determined by the Board.
- 5.5 NOTICE AND ACTION. The Board shall provide public notice of its meetings in accordance with the Brown Act. No “action,” as defined in the Brown Act, shall be taken on any item not appearing on the posted agenda unless permitted under applicable law.
- 5.6 MEMBERS OF THE PUBLIC. Members of the public shall be afforded an opportunity to participate in District decision making processes and Board meetings to the extent permitted under applicable laws, including but not limited to the Brown Act and the Local Health Care District Law.
- 5.7 ANNUAL ORGANIZATIONAL MEETING. At its annual organizational meeting, the Board shall organize by the election of officers. One member shall be elected as Chairperson, one as Vice Chairperson and one as Secretary. The Board may also appoint the Treasurer at the annual organizational meeting, who may also be the Chairperson of the Finance Committee.

5.8 SPECIAL MEETINGS.

- 5.8.1 A special meeting may be called at any time by the Chairperson, or by four or more Board members, by delivering personally or by mail written notice to each Board member and to each local newspaper of general circulation, radio or television station requesting notice in writing. Such notice must be delivered personally or by mail at least 24 hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted; no other business shall be considered at special meetings. Written notice may be dispensed with as to any Board member who at or prior to the time the meeting convenes files with the Secretary a written waiver of notice. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.
- 5.8.2 The call and notice shall also be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public. Notice shall be required pursuant to this Section regardless of whether any action is taken at the special meeting.
- 5.8.3 In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, the Board may hold an emergency meeting without complying with either or both the 24 hour notice or posting requirements. In the event the notice and/or posting requirements are dispensed with due to an emergency situation, each local newspaper of general circulation and radio or television station which has requested notice of special meetings shall be notified by the Chairperson, or his designee, one hour prior to the emergency meeting, by telephone. All telephone numbers provided in the most recent request of such newspaper or station for notification of special meetings shall be exhausted. In the event that telephone services are not functioning, the notice requirements of this paragraph shall be deemed waived, and the Board, or its designee, shall notify those newspapers, radio stations or television stations of the fact of the holding of the emergency meeting, the purpose of the meeting, and any action taken at the meeting as soon after the meeting as possible. Notwithstanding this Section, the Board shall not meet in closed session during a meeting called as an emergency meeting. With the exception of the 24 hours notice and posting requirements, all requirements contained in this Section shall be applicable to any meeting called due to an emergency situation.
- 5.8.4 The minutes of an emergency meeting, a list of persons who the Chairperson, or his designee, notified or attempted to notify, a copy of the roll call vote, and any actions taken at the meeting shall be publicly posted for a minimum of ten days as soon possible after the meeting.

- 5.9 QUORUM. A vote is to be determined by a simple “majority vote”. If there are abstentions on a vote, the non-abstaining members of the Board must constitute a quorum of the whole board (four members or more) for the transaction of business. Except as otherwise provided by law or these Bylaws, the act of the majority of the non-abstaining Board members voting will be the “majority vote”.
- 5.10 ADJOURNMENT AND CONTINUANCE. The Board may adjourn any of its meetings in accordance with applicable laws, including but not limited to the Brown Act.
- 5.11 DISRUPTED MEETINGS. In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who were willfully interrupting the meeting, the Board may order the meeting room closed and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. The Board may establish a procedure for readmitting an individual or individuals not responsible for willfully disrupting the orderly conduct of the meeting.
- 5.12 MEDICAL STAFF REPRESENTATION. The Medical Staff of each Facility shall have the right of representation at all meetings of the Board, except closed sessions at which such representation is not requested, by and through the Chief of Staff or President of each Medical Staff, who shall have the right of attendance, the right to participate in Board discussions and deliberations, but who shall not have the right to vote.

ARTICLE VI.
BOARD COMMITTEES

- 6.1 APPOINTMENT. Standing committees are established by the Board and shall be advisory in nature unless otherwise specifically authorized to act by the Board. Members of all committees, whether standing or special (ad hoc) shall be appointed by the Chairperson of the Board.
- 6.1.1 A standing committee of the Board is any commission, committee, board or other body, whether permanent or temporary, which is created by formal action of the Board and has continuing subject matter jurisdiction and/or a meeting schedule fixed by charter, ordinance, resolution, or formal action of the Board. Actions of committees shall be advisory in nature with recommendations being made to the full Board.
- 6.1.2 Special or ad hoc committees are appointed by the Chair of the Board and shall exist for a single, limited purpose with no continuing subject matter or jurisdiction. Special or advisory committees shall be advisory in nature and shall make recommendation to the full Board. The committee shall be considered disbanded upon conclusion of the purpose for which it was appointed.

6.1.3 The Audit Committee of the Board shall function pursuant to a charter approved by the Board and amended from time to time.

6.2 STANDING COMMITTEES. There shall be the following standing committees of the Board: Finance, Governance, Human Resources, Strategic Planning, Community Relations, Quality Review, Audit Committee, and Facilities and Grounds Committee. Standing committees will be treated as the Board with respect to Article V of these bylaws. All provisions in Article V that apply to Board members shall apply to members of any standing committee.

6.2.1 Finance Committee.

- (a) Voting Membership. The Finance Committee shall consist of six voting members, three members of the Board, the President and Chief Executive Officer and the Chief of Medical Staff from each hospital. One alternate Committee member shall also be appointed by the Chairperson who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Committee member. The Chairperson of the Board may appoint the Treasurer as the chairperson of the Finance Committee.
- (b) Non-Voting Membership. The Chief Financial Officer (CFO), the Chief Administrative Officers Palomar Medical Center and Pomerado Hospital and a nurse representative.
- (c) Duties. The duties of the Committee shall include but are not limited to:
 - (i) Review the preliminary, annual operating budgets for the District and Facilities and other entities;
 - (ii) Develop and recommend to the Board the final, annual, operating budgets;
 - (iii) Develop and recommend to the Board a three-year, capital expenditure plan that shall be updated at least annually. The capital expenditure plan shall include and identify anticipated sources of financing for and objectives of each proposed capital expenditure in excess of \$100,000;
 - (iv) Review and recommend approval of the monthly financial statements to the Board.
 - (v) Recommend to the Board cost containment measures and policies;

- (vi) Review annually those policies and procedures within its purview and report the results of such review to the Governance Committee. Such reports shall include recommendations regarding the modification of existing or creation of new policies and procedures; and
- (vii) Perform such other duties as may be assigned by the Board.

6.2.2 Governance Committee.

- (a) Voting Membership. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member.
- (b) Non-Voting Membership. The President and Chief Executive Officer, the General Counsel and the Chief marketing and Communication Officer.
- (c) Duties. The duties of the Committee shall include but are not limited to:
 - (i) Review periodically and make recommendations regarding pending and existing federal, state and local legislation which, in the committee's opinion, may impact the District;
 - (ii) Make an annual, comprehensive review of the District bylaws, policies and procedures and receive reports regarding same, and elicit recommendations on such issues from management;
 - (iii) Review any initiation of legislation;
 - (iv) Review such other issues associated with PPH and/or Board governance and its effectiveness, including but not limited to Board member orientation and continuing education;
 - (v) Make recommendations regarding the annual self-assessment of the Board; and
 - (vi) Perform such other duties as may be assigned by the Board.
 - (vii) The Committee will advise the Board on the appropriate structure and operations of all committees of the Board, including committee member qualifications;
 - (viii) The Committee will monitor developments, trends and best practices in corporate governance, and propose such actions to the full Board; and

- (ix) The Committee will oversee, as it deems appropriate, an evaluation process of the Board and each of the Board Committees as well as an annual self-performance evaluation, and present its findings to the Board.

6.2.3 Human Resources Committee.

- (a) Voting Membership. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend Committee meetings and enjoy voting rights only in the absence of a voting Committee member.
- (b) Non-Voting Membership. The President and Chief Executive Officer, Chief Human Resources Officer, the Chief Administrative Officers Palomar Medical Center and Pomerado Hospital and the Chief Nurse Executive.
- (c) Duties. The duties of the Committee shall include but are not limited to:
 - (i) Make recommendations to the President and Chief Executive Officer and the Board to improve communications among the Board, Medical Staffs, District employees and auxiliaries, including initiating special studies;
 - (ii) Maintain ultimate oversight of annual performance review process of all District officers and employees and, in the appropriate circumstances and upon request by the Board, make a report of such reviews to the Board; and
 - (iii) Review annually those policies and procedures within its purview and report the results of such review to the Governance Committee. Such reports shall include recommendations to the Board regarding modification of existing or creation of new policies and procedures; and
 - (iv) Review and make recommendations to the Board regarding compensation, incentive, and benefit plans offered to District Officers and other employees.
 - (v) Ensure that all special studies and recommendations/proposals are in alignment with the PPH mission, vision and strategic plan as well as government regulations.
 - (vi) Oversight of labor relations activities and decisions on behalf of PPH.
 - (vii) Perform such other duties as may be assigned by the Board.

- (d) Meeting Requirement. The human resources committee will meet a minimum of six (6) times per year or more often if needed.

6.2.4 Strategic Planning Committee.

- (a) Voting Membership. The Committee shall consist of six voting members, including three members of the Board and one alternate who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Committee member, the President and Chief Executive Officer and the Chiefs of Staff of the Hospitals or the designees of the Chiefs of staff, as approved by the Committee Chairperson.
- (b) Non-Voting Membership. The Chief Financial Officer, Chief Planning Officer, Chief Administrative Officers Palomar Medical Center and Pomerado Hospital, the Chief Nurse Executive, Chief Executive Officer of the Palomar Pomerado Health Foundation, a board member of the Palomar Pomerado Health Foundation recommended by the Foundation and approved by the Committee Chairperson and an additional physician from each hospital as recommended by each hospital's Chief of Staff and as approved by the Committee Chairperson.
- (c) Duties. The duties of the Committee shall include but are not limited to:
 - (i) Review and make recommendations to the Board regarding the District's short and long range strategic plans, master and Facility plans, physician development plans and strategic collaborative relationships; and
 - (ii) Review annually those policies within the Committee's purview and report the results of such review to the Governance Committee. Such reports shall include recommendations regarding the modification of existing, or creation of new policies; and
 - (iii) Undertake planning regarding physician recruitment and retention and program development of new and enhanced services and Facilities; and
 - (iv) Monitor new initiatives and programs; and
 - (v) Perform such other duties as may be assigned by the Board.

6.2.5 Quality Review Committee.

- (a) Voting Membership. The Committee shall consist of five voting members, including three members of the Board and the Chairs of Medical Staff Quality Management Committees of the Hospitals or Physician Chair, Quality Council (voting position will rotate between Chairs of Medical Staff Quality Management Committees and Physician Chair, Quality Council allowing only two votes total for these three positions) and an alternate, who shall attend and enjoy voting rights only in the absence of a voting Committee Member.
- (b) Non-Voting Membership. The President and Chief Executive Officer, the Chief Administrators of Pomerado Hospital and Palomar Medical Center, a nurse representative, the Chief Quality and Clinical Effectiveness Officer, Chair of the Patient Safety Committee, Chief Nurse Executive and Chief Clinical Outreach Officer.
- (c) Duties. The duties of the Committee shall include but are not limited to:
 - (i) Pursuant to the Palomar Pomerado Health Performance Improvement/Patient Safety Plan oversees the performance improvement, patient safety and risk management activities (including but not limited to claims and potential litigation's) of the hospitals and other facilities, if applicable, and shall periodically report this conclusion and recommendations to the Board; and
 - (ii) Yearly review of credentialing process;
 - (iii) Yearly review of physician satisfaction scores;
 - (iv) Nursing survey regarding physician behavior will be reviewed when appropriate; and
 - (v) Quarterly review of customer satisfaction scores.

6.2.6 Community Relations Committee.

- (a) Voting Membership. The Committee shall consist of five voting members, including three members of the Board and one alternate who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Committee member, the President and Chief Executive Officer and a Board member of the Palomar Pomerado Health Foundation recommended by the Foundation and approved by the Committee Chairperson.

- (b) Non-Voting Membership. The Chief Marketing and Communications Officer, the Community Outreach Director, the Chief Executive Officer of the Palomar Pomerado Health Foundation, the Director HealthSource, the Director Marketing and Public Relations, a nurse representative ~~and a representative of each District Auxiliary~~, as approved by the Committee Chairperson.
- (c) Duties. The duties of the Committee shall include but are not limited to:
 - (i) Review and make recommendations to the Board regarding the District's community relations and outreach activities, including marketing, community education and wellness activities;
 - (ii) Review marketing policies to ensure that they support the District's mission and goals. Such policies shall include market research, specific and marketing program planning and development, and internal and external communications. The Committee shall report its review of such policies to the Board on a regular basis;
 - (iii) Serve as Board liaison to the Foundation and annually review, recommend and prioritize capital projects and contemplated funding requests to the Foundation's Board of Directors, and review annual reports from the Foundation regarding donations and projects funded during the previous year;
 - (iv) Review annually those policies within the Committee's purview and report the results of such review to the Governance Committee. Such reports shall include recommendations regarding the modification of existing, or creation of new, policies;
 - (v) Advise the Board on issues relating to health care advisory councils and District grant procurements;
 - (vi) Undertake planning regarding the District's community relations and outreach activities, including marketing, community education and wellness activities; and
 - (vii) Perform such other duties as may be assigned by the Board.

6.2.7 Audit and Compliance Committee.

- (a) Voting Membership. The Audit Committee shall consist of no more than three members of the Board and one alternate. The alternate

shall attend Committee meetings and enjoy voting rights only in the absence of a voting Committee member.

- (b) Non-Voting Membership. The President and Chief Executive Officer, Director of Audit Services, Director Corporate Compliance and Integrity and a representative from each Hospital's Medical Staff. Any District Executive, representative or director will attend as an invited guest.
- (c) Duties. The duties of the Committee shall include but are not limited to:
 - (i) Approve the overall audit scope;
 - (ii) Ensuring that audits are conducted in an efficient and cost effective manner;
 - (iii) Overseeing the organizations financial statements and internal controls;
 - (iv) Recommending to the Board a qualified firm to conduct an annual, independent financial audit;
 - (v) Recommending to the Board the approval of the organizations annual audit reports;
 - (vi) Review annually those policies within its purview and report the results of such review to the Governance Committee. Such reports shall include recommendations regarding the modification of existing or creation of new policies; and
 - (vii) Assess and monitor the independent status of the outside independent auditors;
 - (viii) Direct special investigations for the Board;
 - (ix) Meet periodically in closed session with only committee members present.
 - (x) Perform such other duties as may be assigned by the Board.

6.2.8 Facilities and Grounds Committee.

- (a) Voting Membership. The Facilities and Grounds Committee shall consist of four voting members, including three members of the Board, and the President and Chief Executive Officer. One alternate Committee member shall also be appointed by the Chairperson who shall attend Committee meetings and enjoy voting rights on the

Committee only when serving as an alternate for a voting Committee member.

- (b) Non-Voting Membership. Chief Administrative Officer Pomerado Hospital, the Chief Financial Officer (CFO) or designee, nurse representative from PMC or POM and the Director of Facilities Planning and Development. As needed, other appropriate relevant staff in engineering, architectural, planning and Compliance and a Physician Advisory Committee member may be requested to attend along with PPH staff to facilitate the work of the committee.
- (c) Duties. The duties of the Committee shall include but are not limited to:
 - (i) Review construction estimates and expenses for accuracy and architectural plans completeness and effectiveness;
 - (ii) Approve construction project change orders in accordance with applicable district law and PPH policies;
 - (iii) Receive reports from the Construction Manager and the Director of Facilities Planning and Development and recommend action to the Board regarding facilities design and maintenance;
 - (iv) Review regulations and reports regarding facilities and grounds from external agencies, accrediting bodies and insurance carriers and make recommendations for appropriate action regarding the same to the Board;
 - (v) Approve the annual Facilities Development Plan and regularly review updates on implementation of plan;
 - (vi) Receive a biannual Environment of Care report;
 - (vii) Perform such other duties as may be assigned by the Board.

6.3 SPECIAL COMMITTEES. Special or ad hoc committees may be appointed by the Chairperson for special tasks as circumstances warrant and upon completion of the task for which appointed such special committee shall stand discharged. The Chairperson shall make assignments on special committees, and/or individual Board member assignments, to assure that each Board member shall have equal participation on special committees or individual Board assignments throughout the year. Some of the functions that may be the topic of special committees include the review of new projects, the review of special bylaw changes or the review of the Bylaws periodically, the meeting with other public agencies or health facilities on a specific topic and the evaluation of the Board.

- 6.4 ADVISORS. A committee chairperson may invite individuals with expertise in a pertinent area to voluntarily work with and assist the committee. Such advisors shall not vote or be counted in determining the existence of a quorum and may be excluded from any committee session in the discretion of the committee chairperson.
- 6.5 MEETINGS AND NOTICE. Meetings of a committee may be called by the Chairperson of the Board, the chairperson of the committee, or a majority of the committee's voting members. The chairperson of the committee shall be responsible for contacting alternate committee members in the event their participation is needed for any given committee meeting.
- 6.6 QUORUM. A majority of the voting members of a committee shall constitute a quorum for the transaction of business at any meeting of such committee. Each committee shall keep minutes of its proceedings and shall report periodically to the Board.
- 6.7 MANNER OF ACTING. The act of a majority of the members of a committee present at a meeting at which a quorum is present shall be the act of the committee so meeting. No act taken at a meeting at which less than a quorum was present shall be valid unless approved in writing by the absent members. Special committee action may be taken without a meeting by a writing setting forth the action so taken signed by each member of the committee entitled to vote.
- 6.8 TENURE. Each member of a committee described above shall serve a one year term, commencing on the first day of January after the annual organizational meeting at which he or she is elected or appointed. Each committee member shall hold office until a successor is elected, unless he or she sooner resigns or is removed from office by the Board.

ARTICLE VII.
OFFICERS

- 7.1 CHAIRPERSON. The Board shall elect one of its members as Chairperson at an organizational regular meeting. In the event of a vacancy in the office of Chairperson, the Board may elect a new Chairperson. The Chairperson shall be the principal officer of the District and the Board, and shall preside at all meetings of the Board. The Chairperson shall appoint all Board committee members and committee chairpersons, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board from time to time.
- 7.2 VICE CHAIRPERSON. The Board shall elect one of its members as Vice Chairperson at an organizational meeting. In the absence of the Chairperson, the Vice Chairperson shall perform the duties of the Chairperson.
- 7.3 SECRETARY. The Board shall elect one of its members Secretary at an organizational meeting. The Secretary shall provide for the keeping of minutes of all meetings of the Board. The Secretary shall give or cause to be given appropriate notices in accordance with these bylaws or as required by law and shall act as custodian of District records and reports and of the District's seal.

- 7.4 **TREASURER.** The Board shall appoint a Treasurer who shall serve at the pleasure of the Board. The Treasurer shall be charged with the safekeeping and disbursal of the funds in the treasury of the District. The Treasurer may be the chairperson of the Finance Committee.
- 7.5 **TENURE.** Each officer described above shall serve a one-year term, commencing on the first day of January after the organizational meeting at which he or she is elected to the position. Each officer shall hold office until the end of the one year term, or until a successor is elected, unless he or she shall sooner, resign or is removed from office.
- 7.6 **REMOVAL.** An officer described above may be removed from office by the affirmative vote of four members of the Board not counting the affected Board member. In addition, an officer described above will automatically be removed from office when his or her successor is elected and is sworn in as a Board member.
- 7.7 **PRESIDENT AND CHIEF EXECUTIVE OFFICER.** The Board shall select and employ a President and Chief Executive Officer who shall report to the Board. The President and Chief Executive Officer shall have sufficient education, training, and experience to fulfill his or her responsibilities, which shall include but not be limited to:
- 7.7.1 Reviewing, recommending changes to, and implementing District Policies and Procedures. By working with standing and special committees of the Board and joint committees of the Medical Staffs of the Facilities, the President and Chief Executive Officer is to participate in the elaboration of policies which provide the framework for patient care of high quality at reasonable cost.
 - 7.7.2 Maintaining District records and minutes of Board and committee meetings.
 - 7.7.3 Overall operation of the District, its Facilities and other health services, including out-of-hospital services sponsored by the District. This includes responsibility for coordination among Facilities and services to avoid unnecessary duplication of services, facilities and personnel, and control of costs. This also includes responsibility for sound personnel, financial, accounting and statistical information practices, such as preparation of District budgets and forecasts, maintenance of proper financial and patient statistical records, collection of data required by governmental and accrediting agencies, and special studies and reports required for efficient operation of the District.
 - 7.7.4 Implementing community relations activities, including, as indicated, public appearances, responsive communication with the media.
 - 7.7.5 Assisting the Board in planning services and facilities and informing the Board of Governmental legislation and regulations and requirements of official agencies and accrediting bodies, which affect the planning and operation of the facilities, services and programs sponsored by the District,

and maintenance appropriate liaison with government and accrediting agencies and implementing actions necessary for compliance.

- 7.7.6 Ensuring the prompt response by the Board and/or District personnel to any recommendations made by planning, regulatory or accrediting agencies.
 - 7.7.7 Hiring and termination of all employees of the District. To the extent the President and Chief Executive Officer deems appropriate, the President and Chief Executive Officer shall delegate to the District Officers the authority to hire and terminate personnel of their respective hospitals or other entities.
 - 7.7.8 Administering professional contracts between the District and Practitioners.
 - 7.7.9 Providing the Board and Board committee with adequate staff support.
 - 7.7.10 Sending periodic reports to the Board and to the Medical Staffs on the overall activities of the District and the Facilities, as well as pertinent federal, state and local developments that effect the operation of District Facilities.
 - 7.7.11 Providing liaison among the Board, the Medical Staffs, and the District's operating entities.
 - 7.7.12 The maintenance of insurance or self-insurance on all physical properties of the District.
 - 7.7.13 Designate other individuals by name and position who are, in the order or succession, authorized to act for the District Officers during any period of absence.
 - 7.7.14 Participating as a non-voting member in all meetings of standing committees of the Board unless authorized by the Board to be a voting member of a specific Committee.
 - 7.7.15 Such other duties as the Board may from time to time direct.
- 7.8 ADMINISTRATIVE OFFICERS. The President and Chief Executive Officer, with the approval of the Board, may select and employ an Administrative Officer or other responsible individual for each of the Facilities, who shall report to the President and Chief Executive Officer. The Administrative Officer or other responsible individual shall be responsible for the day-to-day administration of their respective Facilities. Specifically, each such individual shall:
- 7.8.1 Be responsible for implementing policies of the Board in the operation of the Facility.
 - 7.8.2 Provide the Facility's professional staff with the administrative support and personnel reasonably required to carry out their review and evaluation activities.

- 7.8.3 Organize the administrative functions of the Facility, delegate duties, and establish formal means of accountability on the part of subordinates.
 - 7.8.4 Be responsible for selecting, employing, controlling and discharging employees, in accordance with the authority delegated by the President and Chief Executive officer.
 - 7.8.5 Assist the President and Chief Executive Officer and the Finance Committee in annually reviewing and updating a capital budget and preparing an operating budget showing the expected receipts and expenditures for the Facilities, and supervise the business affairs of the Facilities to assure that the funds are expended in the best possible advantage.
 - 7.8.6 Perform any other duty within the express or implicit terms of his or her duties hereunder that may be necessary for the interest of the Facilities.
 - 7.8.7 Be responsible for the maintenance of the Facility's property.
 - 7.8.8 Perform such other duties as the Board or President and Chief Executive Officer may from time to time direct.
- 7.9 SUBORDINATE OFFICERS. The President and Chief Executive Officer, with the approval of the Board, may select and employ, such other officers as the District may require, each of who shall hold office for such period, have such authority, and perform such duties as the Board may from time to time determine.

ARTICLE VIII.
MEDICAL STAFFS

8.1 ORGANIZATION.

- 8.1.1 There shall be separate Medical Staff organizations for each of the District's Hospitals with appropriate officers and bylaws and with staff appointments on a biennial basis. The Medical Staff of each Hospital shall be self-governing with respect to the professional work performed in that Hospital. Membership in the respective Medical Staff organization shall be a prerequisite to the exercise of clinical privileges in each Hospital, except as otherwise specifically provided in the Hospital's Medical Staff bylaws.
- 8.1.2 District Facilities other than the Hospitals may also have professional personnel organized as a medical or professional staff, when deemed appropriate by the Board pursuant to applicable law and Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") and/or other appropriate accreditation standards. The Board shall establish the rules and regulations applicable to any such staff and shall delegate such responsibilities, and perform such functions, as may be required by applicable law and JCAHO and/or other appropriate accreditation standards. To the extent provided by such rules, regulations, laws and standards, the

medical or professional staffs of such Facilities shall perform those functions specified in this Article VIII.

8.2 MEDICAL STAFF BYLAWS. Each Medical Staff organization shall propose and adopt by vote bylaws, rules and regulations for its internal governance which shall be subject to, and effective upon, Board approval, which shall not be unreasonably withheld. The bylaws, rules and regulations shall be periodically reviewed for consistency with Hospital policy and applicable legal or other requirements. The bylaws shall create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staffs by the Board. The bylaws, rules and regulations shall state the purpose, functions and organization of the Medical Staffs and shall set forth the policies by which the Medical Staffs exercise and account for their delegated authority and responsibilities. The bylaws, rules and regulations shall also establish mechanisms for the selection by the Medical Staff of its officers, departmental chairpersons and committees.

8.3 MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES.

8.3.1 Membership on the Medical Staffs shall be restricted to Practitioners who are competent in their respective fields, worthy in character and in professional ethics, and who are currently licensed by the State of California. The bylaws of the Medical Staffs may provide for additional qualifications for membership and privileges, as appropriate.

8.3.2 While retaining its ultimate authority to independently investigate and/or evaluate Medical Staff matters, the Board hereby delegates to the Medical Staffs the responsibility and authority to carry out Medical Staff activities, including the investigation and evaluation of all matters relating to Medical Staff membership, clinical privileges and corrective action. The Medical Staffs shall forward to the Board specific written recommendations, with appropriate supporting documentation that will allow the Board to take informed action, related to at least the following:

- (a) Medical Staff structure and organization;
- (b) The process used to review credentials and to delineate individual clinical privileges;
- (c) Appointing and reappointing Medical Staff members, and restricting, reducing, suspending, terminating and revoking Medical Staff membership;
- (d) Granting, modifying, restricting, reducing, suspending, terminating and revoking clinical privileges;
- (e) All matters relating to professional competency;
- (f) The process by which Medical Staff membership may be terminated; and

(g) The process for fair hearing procedures.

8.3.3 Final action on all matters relating to Medical Staff membership, clinical privileges and corrective action shall be taken by the Board after considering the Medical Staff recommendations. The Board shall utilize the advice of the Medical Staff in granting and defining the scope of clinical privileges to individuals, commensurate with their qualifications, experience, and present capabilities. If the Board does not concur with the Medical Staff recommendation relative to Medical Staff appointment, reappointment or termination of appointment and granting or curtailment of clinical privileges, there shall be a review of the recommendation by a conference of two Board members and two members of the relevant Medical Staff, before the Board renders a final decision.

8.3.4 No applicant shall be denied Medical Staff membership and/or clinical privileges on the basis of sex, race, creed, color, or national origin, or on the basis of any other criterion lacking professional justification. The Hospitals shall not discriminate with respect to employment, staff privileges or the provision of professional services against a licensed clinical psychologist within the scope of his or her licensure, or against a physician, dentist or podiatrist on the basis of whether the physician or podiatrist holds an M.D., D.O, D.D.S., D.M.D. or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician responsible for the service be certified or eligible for certification by an appropriate American medical board, such position may be filled by an osteopathic physician who is certified or eligible for certification by the equivalent appropriate American Osteopathic Board.

8.4 PERFORMANCE IMPROVEMENT.

8.4.1 The Medical Staffs shall meet at regular intervals to review and analyze their clinical experience, in order to assess, preserve and improve the overall quality and efficiency of patient care in the Hospitals and other District Facilities, as applicable. The medical records of patients shall be the basis for such review and analysis. The Medical Staffs shall identify and implement an appropriate response to findings. The Board shall further require mechanisms to assure that patients with the same health problems are receiving a consistent level of care. Such performance improvement activities shall be regularly reported to the Board.

8.4.2 The Medical Staffs shall provide recommendations to the Board as necessary regarding the organization of the Medical Staffs' performance improvement activities as well as the processes designed for conducting, evaluating and revising such activities. The Board shall take appropriate action based on such recommendations.

8.4.3 The Board hereby delegates to the Medical Staffs the responsibility and authority to carry out these performance improvement activities. The Board,

through the President and Chief Executive Officer, shall provide whatever administrative assistance is reasonably necessary to support and facilitate such performance improvement activities.

- 8.5 MEDICAL RECORDS. A complete and accurate medical record shall be prepared and maintained for each patient.
- 8.6 TERMS AND CONDITIONS. The terms and conditions of Medical Staff membership, and of the exercise of clinical privileges, shall be as specified in the Hospitals' Medical Staff bylaws.
- 8.7 PROCEDURE. The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges, and corrective action, shall be specified in the applicable Medical Staff bylaws.
- 8.8 APPELLATE REVIEW. Any adverse action taken by the Board with respect to a Practitioner's Staff status or clinical privileges, shall, except under circumstances for which specific provision is made in the Medical Staff bylaws, be subject to the practitioner's right to an appellate review in accordance with procedures set forth in the bylaws of the Medical Staffs.

~~ARTICLE IX.~~
~~AUXILIARY ORGANIZATIONS~~

- ~~9.1 FORMATION. The Board may authorize the formation of auxiliary organizations to assist in the fulfillment of the purposes of the District. Each such organization shall establish its bylaws, rules and regulations, which shall be subject to Board approval and which shall not be inconsistent with these bylaws or the policies of the Board.~~
- ~~9.2 EXISTING ORGANIZATIONS. The Palomar Medical Center Auxiliary and the Pomerado Hospital Auxiliary are existing auxiliary organizations to assist in the fulfillment of the purposes of the District, both of which have been authorized, and their bylaws approved, by the Board.~~

ARTICLE IX.
CLAIMS AND JUDICIAL REMEDIES

- ~~109.1~~ CLAIMS. The District is subject to Division 3.6 of Title 1 of the California Government Code, pertaining to claims against public entities. The Chief Executive Officer or his designee is authorized to perform those functions of the Board specified in Part 3 of that Division, including the allowance, compromise or settlement of any claims if the amount to be paid from the District's treasury does not exceed \$50,000. Any allowance, compromise or settlement of any claim in which the amount to be paid from the District's treasury exceeds \$10,000 shall be approved personally by the Chief Executive Officer rather than his or her designee.

~~109.2~~ JUDICIAL REVIEW. The California Code of Civil Procedure shall govern the rights of any person aggrieved by any decision of the Board or the District, including but not limited to an action taken pursuant to Article VIII of these Bylaws.

~~109.3~~ CLAIMS PROCEDURE. Notwithstanding any exceptions contained in Section 905 of the Government Code, no action based on a claim shall be brought against the District unless presented to the District within the time limitations and in the manner prescribed by Government Code Section 910 *et seq.*, and shall be further subject to Section 945.4 of the Government Code.

ARTICLE XI.
AMENDMENT

These bylaws may be amended or repealed by vote of at least four members of the Board at any Board meeting. Such amendments or repeal shall be effective immediately, except as otherwise indicated by the Board.

SECRETARY'S CERTIFICATE

I, the undersigned, the duly appointed, qualified and acting Secretary of the Board of Directors for Palomar ~~Pomerado~~ Health, do hereby certify that attached hereto is a true, complete and correct copy of the current Bylaws of Palomar ~~Pomerado~~ Health.

Dated: _____, 201~~1~~2

Jerry Kaufman, P.T.M.A.
Secretary

Source:
Board of Directors

Applies to Facilities:

Applies to Departments:

I. PURPOSE:

A. To provide guidelines in the interest of conducting orderly, open public meetings while ensuring that the public is afforded opportunity to attend and to address the board.

II. DEFINITIONS:

III. TEXT / STANDARDS OF PRACTICE:

- A. Members of the public who wish to address the board are asked to complete a *Request for Public Comment* form and submit to the Board Assistant prior to the meeting. The information requested shall be limited to name, address, phone number and subject.
- B. Should Board action be requested, the request should be included on the form as well. Written copies of presentations are encouraged and may be attached to the form.
- C. The subject matter is to be confined to the topic requested and must be germane to Palomar Pomerado Health's jurisdiction.
- D. The maximum allowable time is five minutes per speaker with a cumulative total of fifteen minutes per group.
- E. The time and date of presentation are at the discretion of the Board Chair. Questions or comments will be entertained either during "Public Comments" section on the agenda or at the time the subject is discussed, provided that either time is prior to or during the time the item is being considered. Public comments at Board workshops will be limited to the "Public Comments" section.
- F. The public shall be accommodated by a designated seating area at all public meetings, unless room accommodations preclude it.
- G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.
- H. The public shall be afforded those rights listed below (Government Code Section 54953 and 54954).
 - 1. To receive appropriate notice of meetings;
 - 2. To attend with no pre-conditions to attendance;
 - 3. To testify within reasonable limits prior to ordering consideration of the subject in question;
 - 4. To know the result of any ballots cast;
 - 5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
 - 6. To review recordings of meetings within thirty days of recording; minutes to be Board approved before release,
 - 7. To publicly criticize Palomar Pomerado Health or the Board; and
 - 8. To review without delay agendas of all public meetings and any other writings distributed at the meeting.
- I. This policy will be reviewed and updated as required or at least every three years.

IV. ADDENDUM:

Original Document Date: 2/94
 Reviewed: 8/95; 1/99; 9/05
 Revision Number: 1 Dated: 9/20/05

V. PUBLICATION HISTORY:

Revision Number	Effective Date	Document Owner at Publication	Version Notes
2 (this	03/13/2009	Michele L. Gilmore, Executive Assistant	Correct typo. Del text in

version)

section V & VI. Change
signers. mlg

1 09/20/2005 James Neal, Director of Corporate
(Changes) Integrity

Original Document Date: 2/94
Reviewed: 8/95; 1/99; 9/05
Revision Number: 1 Dated:
9/20/05
Document Owner: Michael
Covert
Authorized Promulgating
Officers: Marcelo R. Revera,
Chairman

Authorized Signer(s): (03/05/2009) Janine Sarti, General Counsel
(03/13/2009) Bruce G Krider, Board Chairman, PPH Board

VI. REFERENCES:

Reference Type	Title	Notes
Source Documents	Prior to 2005, this policy was Board Policy 10-406	

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<https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790>

Source:
Board of Directors

Applies to Facilities:

Applies to Departments:

I. PURPOSE:

In recognition of the danger to the health, safety and welfare of employees, patients and visitors that is created by smoking, The Board of Directors prohibits smoking in District facilities and on District property with the possible exceptions listed in the guidelines below.

II. DEFINITIONS:

For purposes of this policy, the definition of "smoking" includes the carrying of a lighted pipe, cigar or cigarette.

III. TEXT / STANDARDS OF PRACTICE:

A. Smoking shall be prohibited by persons on all District property including all PPH facilities, patient rooms, lounges, offices, waiting rooms and enclosed buildings or areas owned or operated by PPH.

B. Employees and medical staff have the responsibility to inform any person including fellow staff members or fellow physicians, patients, and visitors who are not in compliance with this policy. Violators shall be asked to extinguish their cigarette, pipe or cigar. This policy will be reviewed and updated as required or at least every three years.

C. This policy will be reviewed and updated as required or at least every three years.

IV. ADDENDUM:

V. PUBLICATION HISTORY:

Revision Number	Effective Date	Document Owner at Publication	Version Notes
1 (this version)	11/10/2008	Michele L. Gilmore, Executive Assistant	changes approved at BOD meeting of 11/10/08. Removed dup text IV & V. Michele Gilmore 11/20/08
0 (Changes)	11/14/2007	James Neal, Director of Corporate Integrity	Sending to Jim Neal for review.

Authorized Signer(s): (03/05/2009) Janine Sarti, General Counsel
(03/13/2009) Bruce G Krider, Board Chairman, PPH Board

VI. REFERENCES:

Reference Type	Title	Notes
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<https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:25912>

Source:
Business
Financial Services

Applies to Facilities:

Applies to Departments:

I. PURPOSE:

- A. To ensure that District resources are allocated and utilized for the furtherance of Palomar Pomerado Health's Mission and Vision, a Strategic Plan has been adopted by the Board of Directors. The Plan provides direction for both long-and short-term decision making for the Board of Directors and EMT as well as a common framework for the organization to assess and prioritize alternatives and distribute resources. In concert with the identification and execution of strategies and initiatives, Business Plans will be developed, approved, and utilized to assure that business programs and service opportunities ("Opportunity") have been thoroughly evaluated, associated business risks identified, appropriate resources have been addressed, and post implementation measurement and review techniques have been identified prior to approval and/or implementation.

II. DEFINITIONS:

- A. Strategic Plan - As defined in the Strategic Planning Policy # GOV-37.
- B. Business Plan - A document that summarizes the operational and financial objectives of an Opportunity. At a minimum it contains the detailed plans and budgets showing how the objectives are to be realized. The business plan contains detailed financial projections, forecasts about business performance, and a marketing plan. It is utilized as a tool for planning, implementation and monitoring. In application to this policy it is:
1. A written document that describes the Opportunity, its objectives, strategies, market and financial forecast - course of action for a specified period, usually including a detailed listing and analysis of risks and uncertainties. In summary, it is a blueprint or road-map.
 2. A comprehensive planning document which clearly describes the business developmental objective of an existing or proposed business identifying markets, customers, expenditures and finances required to carry out the identified Opportunity based on projected revenues and costs over a specific period of time.
- C. Sponsor - A member of the Executive Management Team (EMT) ultimately responsible for the implementation, oversight and management of the Opportunity.

III. TEXT/STANDARDS OF PRACTICE:

- A. Business Plans are complimentary to the strategic planning process and the prioritization of short-term and long-term goals and initiatives. As such, Business Plans must be referenced to the strategic purpose of PPH and are not to be completed and/or approved in isolation.
1. Delegated authority to the Chief Executive Officer (CEO) to approve new Business Plans and commit District resources is reserved by the Board of Directors and will be granted and authorized on a periodic basis.
 2. In granting delegated authority, the Board of Directors will consider other authorities granted to the CEO through the annual operating and capital budget approval process and signature authority for certain ongoing budgeted, as well as unbudgeted, matters.
- B. Identification of new program and/or service Opportunity may and will originate from multiple sectors of the District including Board of Directors, Medical Staff, EMT, and Management. To facilitate and assure that an Opportunity is adequately and appropriately assessed by all stakeholders, the following review methodology will apply:
1. The Sponsor will present a strategic plan (summary/overview/detail as appropriate) of the Opportunity to either the EMT-Strategic Meeting (EMT-SM) or in the case of a Board of Director (BoD) identified Opportunity to the CEO for administrative processing through EMT-SM and BoD Strategic Planning Committee for discussion. EMT-SM will assess the opportunity for consistency and compatibility with the Strategic Plan.
 2. Upon EMT-SM approval, the Sponsor will prepare a comprehensive business plan, in accordance with the appended Business Plan Template, utilizing appropriate resources, and present to the EMT-Finance Meeting (EMT-FIN). EMT-FIN will assess the Opportunity for business purposes, impact on business operations, ability to execute the Opportunity, its financial benefits and impacts on capital and operational funds and resources.
 3. Upon administrative evaluation and approval, the Business Plan will be presented by the Sponsor to the appropriate BoD Committee(s). At a minimum, Committee review and recommendation will be first through the Strategic Planning Committee and then the Finance Committee. Other affected Committees of the Board may request or may be asked to review and recommend the Business Plan in advance of its presentation to the Finance Committee. Subject to Committee recommendation(s) for approval, including its own, the Finance Committee will forward the Business Plan to the Board of Directors for review and approval.

Development / Review of New Business Plan

- C. In execution of this process and in consideration for time-sensitive matters, special Committee/Board meetings will be coordinated with the Chairs of the Strategic Planning and Finance Committee(s).
- D. In reviewing the Opportunity, the EMT, as well as the BoD Committee(s), will take into account the operating and capital budget status of the Opportunity.
 - 1. The Business Plan will clearly state if the Opportunity is budgeted, if there is a request for substitution of other budgeted funds, or if there is a request for current year unbudgeted funds.
 - 2. Risks and benefits of funding in the current year versus delaying until a future budget period will be explained when applicable to result in an informed decision.
- E. To assure accountability and enhance the evaluative process for approving new opportunities, an approved Opportunity will be reviewed, on or about the first anniversary, after implementation by the Board of Directors through designated Committee(s). The review will include, at a minimum, the following:
 - 1. Measurement of proforma financial outcomes to actual outcomes
 - 2. Actual capital expenditures compared to the approved Business Plan
 - 3. Summary of accomplishments in achieving identified strategies and business impacts
 - 4. Comparison of Business Plan measurement tools to actual outcomes including performance and timelines
- F. The CEO will identify, develop, and implement procedures and processes necessary to assure compliance with this Policy.
- G. This policy will be reviewed and updated as required or at least every year.

IV. **Palomar Pomerado Health Business Plan Template**

At a minimum, the Business Plan will address the following sections and topics. Supplementary materials and information should be included as needed to clarify, support, or validate the minimum content.

1) **Executive Summary**

- i) Description of Service/Program
- ii) Strategic Implications/Relationship to Initiatives
- iii) Operational Considerations
- iv) Financial Summary
- v) Timeframe
- vi) Summary Recommendation

2) **Detailed Plan & Analysis**

- i) Service/Program/Structure
 - (a) Description of Service/Program
 - 1. Purpose
 - 2. Tie to Existing Business Units/Entity
 - (b) Proposed Legal Structure
 - 1. PPH, Jt. Venture, Outsourced, etc.
 - (c) Mission and Strategic Implications
 - 1. Tie to Mission, Vision, Goals, Initiatives

2. Tie to Innovation
3. Tie to Facility Master Plan
4. Assessment of Impact (SWOT) on Domains
 - i. Financial
 - ii. Quality
 - iii. Customer Service
 - iv. Workforce Development
 - v. Workplace Development
- ii) Market Share Opportunity
 - (a) Targeted Customer/Consumer
 - (b) Demand Forecast
 - (c) Projected Volumes
 - (d) Competitive Assessment
- iii) Operational Considerations
 - (a) Business location(s)
 - (b) Resource allocation – New/Existing
 1. Management
 2. Personnel Commitment
 3. Information Technology
 - (c) Medical Staff Considerations/Impacts
 1. Physician Support
 2. Resource Assessment
 3. Recruitment Considerations/Implications
 - (d) Impact on Current Operations
 - (e) Payer Contract Opportunities/Barriers
- iv) Marketing Plan
 - (a) Identity/Branding Strategy
 - (b) Marketing Medium/Media formats

- (c) Resources
- v) Measurement
 - (a) Implementation and Stabilization Timeframe/Milestones
 - (b) Benchmarking and Assessment Tools/Indicators

3) Financial Review & Analysis

- i) Financial Performance/Considerations
 - (a) Return on Investment (ROI) Analysis
 - (b) Break-even Analysis
 - (c) Alternatives – Make/Buy Analysis
 - (d) Opportunity Cost Considerations
 - (e) Intangibles
 - (f) Financial Analysis/Impact of not going forward
 - (g) Volume/Growth Assumptions
- ii) Operating (Income Statement) Proforma – 5 year
 - (a) Year 1 – by month
 - (b) Year 2 thru 5 – Annual
 - (c) Assumptions
- iii) Cash Flow Analysis
 - (a) Start Up Costs
 - (b) Capital Requirements
 - 1. Facilities
 - 2. Land
 - 3. Equipment
 - 4. Information Technology
- iv) Source(s) of Capital
 - (a) Working Capital
 - (b) Debt Financing
 - (c) Lease

(d) Venture/Partner Capital

v) Benchmarking and Assessment Tools/Indicators

4) Summary Conclusion

- i) Strategic Implications – relationship to approved strategies
- ii) Capital Requirements
- iii) Operating and Financial Performance
- iv) Measures of and measurement of Success

V. PUBLICATION HISTORY:

Revision Number	Effective Date	Document Owner at Publication	Version Notes
2 (this version)		Bob Hemker, Chief Financial Officer	Revision for Board Review - February/March 2012: Added at Review - No changes required to existing policy document.
1 (Changes)	03/15/2011	Bob Hemker, Chief Financial Officer	Revision for Board Review - February 2011; Added at review: Policy still applicable as originally drafted and approved, with minor typographical corrections. Added signature lines for authorized promulgating officers.
0 (Changes)	10/16/2007	Bob Hemker, Chief Financial Officer	This is the original version approved by the Board at the 09-17-2007 meeting. Added at review: Current version remains unchanged in intent and design - extend for 1 year [Reviewed on 9/24/2008 by Bob Hemker: Extended review to 9/24/2009] Added at review: No changes required to existing policy document [Reviewed on 9/1/2009 by Bob Hemker: Extended review to 9/1/2010] Added at review: Policy still applicable as originally drafted and approved. No changes at this time [Reviewed on 11/5/2010 by Bob Hemker: Extended review to 11/5/2011]

Authorized Signer(s):
 (unsigned) Bob Hemker, Chief Financial Officer
 (unsigned) Janine Sarti, General Counsel
 (unsigned) Ted Kleiter, Chairman, Board of Directors

VI. REFERENCES:

Reference Type

Title

Notes

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:26132\\$2](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:26132$2)

BOARD USE OF OUTSIDE COUNSEL

I. PURPOSE:

To establish a policy for Board usage of outside counsel.

II. DEFINITIONS:

None.

III. STANDARDS OF PRACTICE:

- A. In the event a Board member wishes to contact outside legal counsel, the Board member will first contact the General Counsel to discuss the matter.
- B. After that discussion, should the Board member still want to speak with outside legal counsel, the Board member will contact the Board chair.
- C. The Board chair will discuss with the Board member whether to contact outside legal counsel.
- D. Should the decision be made that outside legal counsel needs to be engaged, the Board chair, the Board member, and the General Counsel will contact outside counsel to discuss the situation.
- E. In compliance with the Brown Act, it will be the responsibility of the Board chair to inform the remaining Board members of the decision to contact outside legal counsel, and of the legal counsel's advice and direction.
- F. Should the Board chair decline the request to contact outside counsel, the Board may call a special Board meeting, as provided in the Bylaws, to discuss the underlying issue as well as the need to retain outside legal counsel.

Budgeted Routine Physician Agreements Board Summary Report

TO: Board of Directors

MEETING DATE: Monday, April 9, 2012

FROM: Bob Hemker, CFO

BY: Board Finance Committee
Monday, March 26, 2012

Background: The following Budgeted Routine Physician Agreements became effective during the month of February 2012. The standard Form As and Abstract Tables for each signed Agreement are attached.

PHYSICIAN AND/OR GROUP	TYPE OF AGREEMENT
• Jay Federhart, MD	Independent Contractor Agreement – IT
• Jeffrey Chen, MD	Physician Advisor Agreement - ActivCentre

Budget Impact: N/A

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the Budgeted Routine Physician Agreements that became effective during the month of February 2012 as presented.

Motion: X

Individual Action:

Information:

Required Time:

TO: Board Finance Committee

MEETING DATE: March 26, 2012

FROM: Natalie Bennett, Manager Program Development

Background: The physician advisor agreement was originally approved in FY11 and focuses on advising the development and management of the outpatient spine center in the Pomerado Outpatient Pavillion. One of the primary goals of the program is to keep patients from seeking spine services outside of our district by offering well-coordinated care from a multidisciplinary team focused on the non-surgical management of back pain. This role was built into the original business plan that was presented in FY2011 and is currently in the FY2012 budget.

Budget Impact: The dollars are already included in the FY2012 budget.

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:

PALOMAR POMERADO HEALTH - AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	Independent Contractor Agreement between Jay Federhart, MD and Palomar Pomerado Health
	AGREEMENT DATE	Last date of signature.
	PARTIES	Jay Federhart, MD
	PURPOSE	To assist PPH in improving the efficiency and effectiveness of the Clarity Electronic Health Record System particularly as it pertains to Physician Order Entry and documentation.
	SCOPE OF SERVICES	The physician will work as a subject matter expert providing information to Clarity development teams.
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input type="checkbox"/> Discretionary
	TERM	1 year
	RENEWAL	No automatic renewal
	TERMINATION	10 day notice by either party without cause
	COMPENSATION METHODOLOGY	Hourly
	BUDGETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT: None
	EXCLUSIVITY	<input checked="" type="checkbox"/> NO
	JUSTIFICATION	Medical and IT subject matter expert required to assist in the planning and design of the electronic record. Fee is standard for this process and is based upon analysis from similar projects across the U.S.
	AGREEMENT NOTICED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Methodology & Response:
	ALTERNATIVES/IMPACT	n/a
	Duties	<input type="checkbox"/> Provision for Staff Education <input type="checkbox"/> Provision for Medical Staff Education <input type="checkbox"/> Provision for participation in Quality Improvement <input type="checkbox"/> Provision for participation in budget process development
	COMMENTS	
	APPROVALS REQUIRED	<input type="checkbox"/> VP <input type="checkbox"/> CFO <input type="checkbox"/> CEO <input type="checkbox"/> BOD Committee _____ <input type="checkbox"/> BOD

TO: Board of Directors
MEETING DATE: Monday, March 26, 2012
FROM: Ben Kanter, MD, CMIO, Paul S. Peabody, CIO

Background: Palomar Pomerado Health (PPH) requires the active involvement of physicians in many aspects of Information Systems programs. A Physician Advisor Council was active during the development phase of the Clarity Electronic Health Record. Now that Clarity has been implemented the Physician Advisor Council will reconvene to assist PPH in improving the efficient and effective use of Clarity. The physicians indicated below will be reimbursed for their work effort according to standard and customary manners and rates.

This contract refers to all of these physicians:

- Federhart, Jay

Budget Impact: After discussion with many different sites across the U.S., a fair market value was established for the mean value hourly reimbursement for such work. All fees payable to medical staff members have been budgeted within the IT projects listed above.

Staff Recommendation: Approval.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:

PALOMAR POMERADO HEALTH - AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	Physician Advisor Agreement
	AGREEMENT DATE	February 15, 2012
	PARTIES	(1) Jeffrey Chen, MD Physical Medicine & Rehabilitation (2) Palomar Pomerado Health
	PURPOSE	To provide a comprehensive and integrated spine center program that encompasses the evaluation, management and treatment of patients with back pain. The program focuses on outpatient services and the coordination of care across the continuum.
	SCOPE OF SERVICES	Management of care pathways and ongoing establishment of the outpatient spine center Partner with PPH administration and medical staff regarding efficiency and service delivery Involvement in community education and marketing events promoting the benefits of the program- additional duties outlined in contract.
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal x Discretionary
	TERM	1 year- February 15, 2012 – February 14, 2013
	RENEWAL	After renegotiation of contract between parties
	TERMINATION	1) Either party may terminate without cause or penalty with a 90-day notice. 2) Either party may terminate with material breach with a 30-day notice.
	COMPENSATION METHODOLOGY	The hourly rate is based upon Fair Market Valuations for the delivery of this service by this specialty physician.
	BUDGETED	x YES <input type="checkbox"/> NO – IMPACT:
	EXCLUSIVITY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	JUSTIFICATION	
	AGREEMENT NOTICED	x YES <input type="checkbox"/> NO Methodology & Response: Original agreement was posted in the medical staff office.
	ALTERNATIVES/IMPACT	
	Duties	x Provision for Staff Education x Provision for Medical Staff Education <input type="checkbox"/> Provision for participation in Quality Improvement x Provision for participation in budget process development
	COMMENTS	
	APPROVALS REQUIRED	<input type="checkbox"/> VP <input type="checkbox"/> CFO <input type="checkbox"/> CEO x BOD Committee Finance <input type="checkbox"/> x BOD

MEDICAL STAFF SERVICES

March 27, 2012

TO: Board of Directors

BOARD MEETING DATE: April 9, 2012

FROM: Richard C. Engel, M.D., Chief of Staff
PMC Medical Staff Executive Committee

SUBJECT: Palomar Medical Center Medical Staff Credentialing Recommendations

- I. Provisional Appointment (04/09/2012 – 03/31/2014)
Yvonne M. Aube, M.D., Physical Medicine & Rehab
Heidi M. Gilchrist, M.D., Dermatology
Rajiv Jairam, M.D., Nephrology
Kamshad Raiszadeh, M.D., Orthopaedic Surgery
Ramin Raiszadeh, M.D., Orthopaedic Surgery
Yuri Reznik, M.D., Family Medicine
Waheeda Samady, M.D., Pediatrics
Sarah L. Schuler, M.D., Physical Medicine & Rehab
Ruby Singh, D.O., Geriatric Medicine (Includes PCCC)
Romana Uher, M.D., Neonatal-Perinatal Medicine
- II. Reappointment to Provisional Category
David D. Dowling, Jr., M.D., Maternal Fetal Medicine (04/09/2012 – 03/31/2013)
- III. Reappointment and Advance from Provisional to Courtesy Category
Anshuman Singh, M.D., Orthopaedic Surgery/Rehabilitation (04/09/2012 – 04/30/2013)
- IV. Advance from Provisional to Active Category
Malay Myaing, M.D., Internal Medicine (04/09/2012 – 09/30/2013)
Joshua J. Minuto, M.D., Internal Medicine/Infectious Disease (04/09/2012 – 12/31/2013)
- V. Advance from Provisional to Courtesy Category
Mohammad Jamshidi-Nezhad, D.O., General Vascular Surgery (04/09/2012 – 09/30/2013)
- VI. Additional Privileges
Russell W. Engevik, M.D., Emergency Medicine
 - Emergency Ultrasound for Diagnosis of Emergent Condition
- VII. Leave of Absence
Nick S. Huang, M.D., Internal Medicine (02/24/2012 – 08/31/2012)
Michael L. Segall, M.D., Neonatal-Perinatal Medicine (01/01/2012 – 06/30/2012)
Janos Taller, M.D., General Surgery (01/20/2012 – 12/31/2013)
- VIII. Resignations
Alfonso Camberos, M.D., Plastic Surgery (Effective 05/31/2012) (Includes PCCC)
Luis Esquenazi, M.D., Family Practice (Effective 03/06/2012)
Michael P. Guarena, M.D., Urology (Effective 03/12/2012)
Kenneth R. Roth, M.D., Orthopaedic Surgery (Effective 04/30/2012)
- IX. Allied Health Professional Appointments (04/09/2012 – 03/31/2014)
Michael A. Sikich, P.A.-C., Physician Assistant; Sponsor: Dr. Clapper for Kaiser Orthopaedics
Melissa A. Staricka, F.N.P., Family Nurse Practitioner; Sponsor: Dr. Conrad

- X. Allied Health Professional Resignations
 Kelly A. Pretorius, P.N.P., Pediatric Nurse Practitioner; Sponsor: Dr. Epstein for Children's Specialists of San Diego (Effective 03/12/2012)
- XI. Reappointment Effective 05/01/2012 – 04/30/2014
- | | | | |
|----------------------------------------------------------------------------------------------------|------------------------------|-------------------------|------------|
| John H. Detwiler, M.D. | Cardiology | Dept of Medicine | Active |
| Michele A. Grad, M.D. | Emergency Medicine | Dept of Emergency Med | Active |
| Yvette M. Jockin, M.D. | Pediatric Ophthalmology | Dept of Surgery | Consulting |
| Abraham Joseph, M.D.
(Includes PCCC) | Geriatric Medicine | Dept of Medicine | Affiliate |
| Karin C. Kordas, M.D.
(Includes PCCC) | Internal Medicine | Dept of Medicine | Active |
| Louise C. Laurent, M.D.
(Change from Associate to Courtesy Category) | OB/GYN | Dept of OB/GYN | Courtesy |
| Wayne I. Levin, M.D. | Internal Medicine | Dept of Medicine | Active |
| Ian S. McDonald, D.M.D., M.D.
(Changed from Associate to Affiliate with no clinical privileges) | Oral & Maxillofacial Surgery | Dept of Surgery | Affiliate |
| Angela M. Moll, M.D. | Pediatric Ophthalmology | Dept of Surgery | Consulting |
| Michael D. Morelock, M.D. | Otolaryngology | Dept of Surgery | Active |
| Michael A. Newhouse, M.D.
(Includes PCCC) | Psychiatry | Dept of Medicine | Active |
| Robert R. Oakley, M.D. | Gastroenterology | Dept of Medicine | Courtesy |
| Alejandro Paz, M.D.
(Includes PCCC) | Family Practice | Dept of Family Medicine | Active |
| Michael S. Raffi, M.D. | Neurology | Dept of Medicine | Active |
| Rhyl Ann F. Seruelo, M.D.
(Includes PCCC) | Family Practice | Dept of Family Medicine | Active |
| Adina G. Smarandache, M.D.
(Includes PCCC) | Internal Medicine | Dept of Medicine | Active |
| Djerrick C. Tan, M.D. | Diagnostic Radiology | Dept of Radiology | Active |
| Mohinderpal S. Thaper, M.D.
(Includes PCCC) | Internal Medicine | Dept of Medicine | Affiliate |
| Ving Yam, D.O.
(Includes PCCC) | Family Practice | Dept of Family Medicine | Active |
- XII. Allied Health Professional Reappointments Effective 05/01/2012 – 04/30/2014
- | | | | |
|-------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------|-----|
| Doris L. Asombrado, F.N.P.
(Sponsor: Dr. Conrad) | Nurse Practitioner | Dept of Medicine | AHP |
| Richard N. Brownsberger, P.A.-C.
(Sponsors: Dr. Ponc for North County Radiology) | Physician Assistant | Dept of Radiology | AHP |
| Naomi J. Cohen, N.P.
(Sponsors: Dr. Heikoff for Kaiser Continuing Care) (Includes PCCC) | Nurse Practitioner | Dept of Medicine | AHP |
| Shelly A. Peppe-Nani, P.A.-C.
(Sponsors: Dr. Rivas for CEP) | Physician Assistant | Dept of Emergency Med | AHP |
| Lisa M. Saxon, P.N.P.
(Sponsors: Dr. Epstein and Dr. Golembeski for Children's Specialists of San Diego) | Pediatric Nurse Practitioner | Dept of Pediatrics | AHP |
| Terri A. Schneider-Biehl, N.N.P.
(Sponsors: Dr. Golembeski for Children's Specialists of San Diego) | Neonatal Nurse Practitioner | Dept of Pediatrics | AHP |
| Monica Sprague, F.N.P.
(Sponsor: Dr. Conrad) | Nurse Practitioner | Dept of Medicine | AHP |

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
April, 2012**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Physical Medicine and Rehabilitation – Certified 1987
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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 Cincinnati, Cincinnati, OH From: 09/10/1979 To: 06/12/1983 Doctor of Medicine Degree
<i>Internship Information</i>	Baylor College of Medicine, Houston, TX Transitional From: 07/01/1983 To: 06/30/1984
<i>Residency Information</i>	Baylor College of Medicine, Houston, TX Physical Medicine and Rehabilitation From: 07/01/1984 To: 06/30/1986
<i>Fellowship Information</i>	N/A
<i>Current Affiliation Information</i>	Sharp Memorial Hospital, San Diego Kaiser Permanente, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Dermatology – Certified 2009 Dermatopathology – Certified 2010
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ORGANIZATIONAL NAME

<i>Name</i>	Dermatology Specialists, Inc.
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Louisiana State University School of Medicine, New Orleans, LA From: 09/01/2001 To: 05/14/2005 Doctor of Medicine Degree
<i>Internship Information</i>	Louisiana State University Health Sciences Center / Earl K. Long Medical Center, Baton Rouge, LA Internal Medicine From: 07/01/2005 To: 06/30/2006
<i>Residency Information</i>	Louisiana State University Health Sciences Center, New Orleans, LA Dermatology From: 07/01/2006 To: 06/30/2009
<i>Fellowship Information</i>	University of Virginia, Charlottesville, VA Dermatopathology From: 07/01/2009 To: 06/30/2010
<i>Current Affiliation Information</i>	PeaceHealth Southwest Medical Center, Vancouver, WA Kaiser Sunnyside Medical Center, Clackamas, OR

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Timothy D. Chong, M.D.
<i>PPHS Facilities</i>	Pomerado Hospital (Villa Pomerado)

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Physical Medicine and Rehabilitation – Certified 2011 Pain Medicine – Certified 2011
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ORGANIZATIONAL NAME

<i>Name</i>	CPMS Medical Group, Inc.
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	University of Hawaii John Burns School of Medicine, Honolulu, HI From: 08/01/2002 To: 05/14/2006 Doctor of Medicine Degree
<i>Internship Information</i>	University of Hawaii, Honolulu, HI General Surgery From: 07/01/2006 To: 06/30/2007
<i>Residency Information</i>	Stanford University Medical Center, Stanford, CA Physical Medicine and Rehabilitation From: 07/01/2007 To: 06/30/2010
<i>Fellowship Information</i>	University of Michigan Hospitals and Health Centers, Ann Arbor, MI Pain Management From: 07/01/2010 To: 06/30/2011
<i>Current Affiliation Information</i>	None

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Nephrology – Certified 2011 Internal Medicine – Certified 2009
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Rush Medical College, Chicago, IL From: 09/01/2002 To: 06/10/2006 Doctor of Medicine Degree
<i>Internship Information</i>	N/A
<i>Residency Information</i>	Scripps Mercy Hospital, San Diego Internal Medicine From: 07/01/2006 To: 06/30/2009
<i>Fellowship Information</i>	University of Illinois, Chicago, IL Nephrology From: 07/01/2009 To: 06/30/2011
<i>Current Affiliation Information</i>	Kaiser Permanente, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Orthopaedic Surgery – Certified 1998; Re-Certified 2009
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ORGANIZATIONAL NAME

<i>Name</i>	Spine Institute of San Diego
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	University of California, San Francisco, CA From: 09/01/1986 To: 06/17/1990 Doctor of Medicine Degree
<i>Internship Information</i>	University of California, Davis Orthopaedic Surgery From: 07/01/1990 To: 06/30/1991
<i>Residency Information</i>	University of California, Davis Orthopaedic Surgery From: 07/01/1991 To: 06/30/1995
<i>Fellowship Information</i>	New York University Hospital for Joint Diseases, New York, NY Spine Surgery From: 08/01/1995 To: 07/31/1996
<i>Current Affiliation Information</i>	Tri-City Medical Center, Oceanside, CA Physicians Surgery Center at Alvarado, San Diego, CA Carlsbad Surgery Center, Carlsbad, CA Alvarado Hospital and Medical Center, San Diego, CA La Jolla Orthopaedic Surgery Center, La Jolla, CA Scripps Memorial Hospital, La Jolla, CA Sharp Memorial Hospital, San Diego, CA

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Orthopaedic Surgery – Certified 2007
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ORGANIZATIONAL NAME

<i>Name</i>	Spine Institute of San Diego
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Baylor College of Medicine, Houston, TX From: 08/01/1994 To: 05/26/1998 Doctor of Medicine Degree
<i>Internship Information</i>	Baylor College of Medicine, Houston, TX General Surgery From: 07/01/1998 To: 06/30/1999
<i>Residency Information</i>	Baylor College of Medicine, Houston, TX Orthopaedic Surgery From: 07/01/1999 To: 06/30/2004
<i>Fellowship Information</i>	University of Texas Medical Center at Houston, TX Orthopaedic Surgery of the Spine From: 08/01/2004 To: 07/31/2005
<i>Current Affiliation Information</i>	Tri-City Medical Center, Oceanside, CA Physicians Surgery Center at Alvarado, San Diego, CA Carlsbad Surgery Center, Carlsbad, CA Alvarado Hospital and Medical Center, San Diego, CA La Jolla Orthopaedic Surgery Center, La Jolla, CA Scripps Memorial Hospital, La Jolla, CA Sharp Memorial Hospital, San Diego, CA

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Yuri Reznik, M.D.
<i>PPHS Facilities</i>	Palomar Medical Center (Palomar Continuing Care Center) Pomerado Hospital (Villa Pomerado)

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Family Medicine – Certified 2009
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ORGANIZATIONAL NAME

<i>Name</i>	Neighborhood Healthcare
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	La Universidad Autonoma de Baja California From: 01/12/1998 To: 01/10/2005 Doctor of Medicine Degree
<i>Internship Information</i>	University of Nevada School of Medicine, Las Vegas, NV Family Practice From: 07/01/2006 To: 06/30/2007
<i>Residency Information</i>	University of Nevada School of Medicine, Las Vegas, NV Family Practice From: 07/01/2007 To: 06/30/2009
<i>Fellowship Information</i>	Sutter General Hospital, Sacramento, CA Hospital Medicine From: 08/01/2009 To: 07/31/2010
<i>Current Affiliation Information</i>	Torrance Memorial Hospital, Torrance, CA Little Company of Mary Health Services, Torrance, CA

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Pediatrics – Certified 2010
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ORGANIZATIONAL NAME

<i>Name</i>	Rady Children’s Specialists of San Diego
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	University of California, San Diego, School of Medicine, La Jolla, CA From: 09/01/2003 To: 06/03/2007 Doctor of Medicine Degree
<i>Internship Information</i>	University of California, San Diego Pediatrics From: 06/24/2007 To: 06/27/2008
<i>Residency Information</i>	University of California, San Diego Pediatrics From: 07/01/2008 To: 06/30/2011 Chief Resident: 07/01/10-06/30/11
<i>Fellowship Information</i>	University of California, San Diego Pediatric Hospital Medicine From: 07/01/2011 To: Present Expected date of completion: 6/30/13
<i>Current Affiliation Information</i>	Rady Children’s Hospital, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Sarah L. Schuler, M.D.
<i>PPHS Facilities</i>	Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Physical Medicine and Rehabilitation – Certified 2006
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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 Medicine & Dentistry of New Jersey/New Jersey Medical School Program, Newark, NJ From: 08/01/1997 To: 05/23/2001 Doctor of Medicine Degree
<i>Internship Information</i>	University of Medicine & Dentistry of New Jersey/New Jersey Medical School Program, Newark, NJ Internal Medicine From: 07/01/2001 To: 06/30/2002
<i>Residency Information</i>	John F. Kennedy Medical Center, Edison, NJ Physical Medicine and Rehabilitation From: 07/01/2002 To: 06/30/2005
<i>Fellowship Information</i>	Cleveland Clinic Foundation, Cleveland, OH Medical Spine From: 07/01/2005 To: 06/15/2006
<i>Current Affiliation Information</i>	Kaiser Permanente, San Diego Sharp Memorial Hospital, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Ruby Singh, D.O.
<i>PPHS Facilities</i>	Palomar Medical Center (Palomar Continuing Care Center) Pomerado Hospital (Villa Pomerado)

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Geriatric Medicine – Certified 2008 Hospice & Palliative Medicine – Certified 2010 Family Medicine – Certified 2007
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Western University of Health Sciences, Pomona, CA From: 08/01/1999 To: 05/14/2004 Doctor of Osteopathic Medicine Degree
<i>Internship Information</i>	Kaiser Foundation Hospital, Fontana, CA Family Practice From: 06/21/2004 To: 06/25/2005
<i>Residency Information</i>	Kaiser Foundation Hospital, Fontana, CA Family Practice From: 06/27/2005 To: 06/30/2007
<i>Fellowship Information</i>	Kaiser Foundation Hospital, Fontana, CA Geriatrics From: 07/01/2007 To: 06/30/2008
<i>Current Affiliation Information</i>	Kaiser Permanente, San Diego, CA Kaiser Foundation Hospital, Fontana, CA

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
April, 2012**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Neonatal-Perinatal Medicine – Certified 2003; Re-Certified 2011
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ORGANIZATIONAL NAME

<i>Name</i>	Rady Children's Specialists of San Diego
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Charles University in Prague, Czech Republic From: 09/01/1984 To: 03/27/1991 Doctor of Medicine Degree
<i>Internship Information</i>	N/A
<i>Residency Information</i>	University of Missouri, Columbia, MO Pediatrics From: 07/01/1994 To: 08/30/1997
<i>Fellowship Information</i>	University of Missouri, Columbia, MO Neonatology From: 09/01/1997 To: 08/31/2000
<i>Current Affiliation Information</i>	Scripps Memorial Hospital, Encinitas Rady Children's Hospital, San Diego Tri-City Medical Center, Oceanside

**PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL
APPOINTMENT
APRIL, 2012**

NAME:	Sam Rabi, P.A.-C	
SPECIALTY:	Physician Assistant	
SERVICES	Cardiac Physician Assistant	
TRAINING:	Touro University of California	09/01/05-05/05/08
	Master of Science in Physician Assistant Studies	
PRACTICE:	Independent Physician Assistant Contractor, Surgical	
	First Assist Services, Montrose, CA	11/01/09-Present
	Physician Assistant, Scripps Memorial Hospital, La Jolla, CA	06/19/09-Present
	Physician Assistant Santa Cruz Family Practice, Paramount, CA	01/13/09-Present
SPONSOR:	Afshin Bahador, M.D.	
CERTIFICATION:	National Commission on Certification of Physician Assistants	12/04/08-Present
FACILITY:	Pomerado Hospital	

**PALOMAR POMERADO HEALTH
ALLIED HEALTH PROFESSIONAL
APPOINTMENT
April, 2012**

NAME:	Michael A. Sikich, P.A.-C.	
SPECIALTY:	Physician Assistant	
SERVICES:	Physician assistant services for Kaiser Orthopaedic Surgery	
TRAINING:	Cuyahoga Community College; Parma, OH Associate of Applied Science, Surgical Physician Assistant	08/01/96-05/31/01
	University of Nebraska; Lincoln, NE Master of Physician Assistant Studies	04/01/06-08/10/07
PRACTICE:	Physician Assistant; Orthopaedic Surgery; Kaiser Permanente; San Diego	08/10/11-Present
	Physician Assistant; Orthopaedic Surgery; Naval Medical Center; San Diego, CA	06/21/10-08/31/11
	Physician Assistant; Orthopaedic Surgery; Smith & Nephew Endoscopy; Andover, MA	11/19/07-06/18/10
	Physician Assistant; Orthopaedic Surgery; Cleveland Clinic; Cleveland, OH	03/22/04-11/16/07
	Physician Assistant; Ohio Permanente Medical Group; Cleveland, OH	07/23/01-03/21/04
SPONSORS:	Mark Clapper, M.D. for Kaiser Orthopaedic Surgeons	
CERTIFICATION:	National Commission on Certification of Physician Assistants	2001
FACILITIES:	Palomar Medical Center	

NAME:	Melissa A. Staricka, F.N.P.	
SPECIALTY:	Family Nurse Practitioner	
SERVICES:	Nurse Practitioner for Expresscare, Palomar Pomerado Health	
TRAINING:	Loma Linda University; Loma Linda, CA Bachelor of Science, Nursing	09/25/95-12/12/97
	University of Washington; Seattle, WA Master of Nursing Degree, Family Nurse Practitioner	09/01/98-06/08/01
PRACTICE:	Nurse Practitioner; Expresscare; Palomar Pomerado Health	01/03/12-Present
	Family Nurse Practitioner; Loma Linda University Family Medical Group; Loma Linda, CA	01/01/09-Present
	Family Nurse Practitioner; Big Bear Urgent Care; Big Bear Lake, CA	01/01/05-01/31/06
	Family Nurse Practitioner; Bear Valley Community Health District; Big Bear Lake, CA	09/01/10-Present
	Family Nurse Practitioner; Emergency Room; Bear Valley Community Hospital; Big Bear Lake, CA	01/01/01-01/31/03
	Family Nurse Practitioner; Bear Valley Community Hospital; Big Bear Lake, CA	08/01/03-11/21/08
	Family Nurse Practitioner; Urgent Care; Oso Family Medical Group; Mission Viejo, CA	08/01/01-07/31/02
	Registered Nurse; Evergreen Medical Center; Kirkland, WA	03/01/98-08-31/01
Registered Nurse; Redlands Community Hospital; Redlands, CA	01/01/94-02/28/98	
SPONSORS:	Alan J. Conrad, M.D. for Expresscare; Palomar Pomerado Health	
CERTIFICATION:	American Nurses Credentialing Center – Family Nurse Practitioner	2008
FACILITIES:	Palomar Medical Center Pomerado Hospital	

MEDICAL STAFF SERVICES

PALOMAR
POMERADO
HEALTH

March 27, 2012

TO: Palomar Health Board of Directors

MEETING DATE: April 9, 2012

FROM: Richard C. Engel, M.D., Chief of Staff
PMC Medical Staff Executive Committee

SUBJECT: Physician Assistant Privileges – Department of Surgery

- I. At the Executive Committee meeting held March 26, 2012 recommendations were made for modification of the Allied Health Professional privilege checklist for Department of Surgery Physician Assistants as attached. Additions are underlined and deletions are crossed out.

The modifications clarify the role of the Physician Assistant with regard to application and removal of traction.

Attachments

**PALOMAR MEDICAL CENTER
DELINEATION OF DUTIES FOR
DEPARTMENT OF SURGERY PHYSICIAN ASSISTANTS**

Name: _____ Sponsoring Staff Member: _____
 Facility: _____ Palomar Medical Center _____ Palomar Continuing Care Center

Procedure/Duties	Level of Physician Supervision*	Physician Cosignature Required	Requested	Approved
Access to Medical Records				
Make written entries in the progress notes of the medical record (countersigned within 24 hours)	2	Yes, as noted		
Perform History & Physical (countersigned within 24 hours). The H&P by the Physician Assistant does not eliminate the Medical Staff Bylaws requirement for an H&P by the admitting physician.	2	Yes, as noted		
Dictate Discharge Summaries (countersigned within 24 hours). The Discharge Summary by the Physician Assistant does not eliminate the Medical Staff Bylaws requirement for a Discharge Summary by the attending physician.	2	Yes, as noted		
Orders				
Transcribe verbal orders of sponsoring physician including prescription drug orders for the following schedules: II, III, IV and V (countersigned within 24 hours)	2	Yes, as noted		
Nursing Procedures				
General nursing functions	2	N/A		
Irrigation and packing of wounds	2	N/A		
Removal of sutures	2	N/A		
Routine dressings	2	N/A		
Care and removal of drains	2	N/A		
Care of chest drainage	2	N/A		
Application of casts	2	N/A		
Removal of casts	2	N/A		
Application of traction ((excluding cervical traction which can only be applied or removed by a physician) <u>under indirect supervision (sponsoring physician is in the hospital)</u>)	2	N/A		
Removal of traction ((excluding cervical traction which can only be applied or removed by a physician) <u>under indirect supervision (sponsoring physician is in the hospital)</u>)	2	N/A		
Surgery Assistance				
Assist in surgery in accordance with current guidelines, policies and procedures of the Department of Surgery	1	N/A		
Minor skin incision repair	1	N/A		
Assist with emergency procedures out of the operating room	1	N/A		

Other				
Independent Judgment - Delineate areas in which the use of independent judgment is desired.				

Signature - Applicant

Date

Signature - Medical Staff Sponsor

Date

Signature - Subsection Representative

Date

Signature - Department Chairman

Date

Signature - Medical Director, PCCC

Date

***Key to level of physician supervision:**

- 1-Direct: Physician must be physically present to observe when PA performs procedure/duty.
- 2-Indirect: Physician must be immediately available when PA performs this procedure/duty.

APPROVED:
Surgery Advisory Committee 03/06/12
Department of Surgery _____
Executive Committee _____

MEDICAL STAFF SERVICES

PALOMAR
POMERADO
HEALTH

March 8, 2012

TO: Palomar Pomerado Health Board of Directors

MEETING DATE: April 9, 2012

FROM: Richard C. Engel, M.D., Chief of Staff
PMC Medical Staff Executive Committee

SUBJECT: Department of OB/GYN Clinical Privilege Checklist

At the Executive Committee meeting held February 27, 2012 at Palomar Medical Center, modifications to the Department of OB/GYN privilege checklist were approved for forwarding to the Board of Directors as attached.

Rationale: The Department of OB/GYN Checklist was modified to clarify the criteria for obtaining privileges in the Use of Robotic Assisted System for Advanced Gynecologic Procedures.

Attachment

OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Page 6

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

BASIC - USE OF ROBOTIC ASSISTED SYSTEM FOR BASIC GYNECOLOGIC PROCEDURES (NOT OFFERED AT POMERADO HOSPITAL)

Criteria: Successful completion of an ACGME approved residency training program in the surgeon's surgical specialty. Full privileges to perform laparoscopic surgery; and evidence of training by attendance at a hands-on training practicum in the use of the da Vinci Surgical System or, accredited fellowship or residency program with documented clinical experience. Robotic training must be completed within twelve (12) months of when the first monitored case is performed. Otherwise training will need to be repeated; **OR Required previous experience:** Evidence of the performance of eight (8) robotics cases within the prior (12) twelve months if Robotics privileges are maintained at another Joint Commission accredited facility.

Procedures include: 1) Adnexal surgeries including ovarian cystectomies, salpingo-oophorectomies and adhesiolysis, 2) Supracervical hysterectomies with or without BSO, 3) Total hysterectomies with or without BSO, 4) Myomectomies, and 5) Tubal reanastomosis. Physicians can opt out of any of these specific activities by crossing out the activity.

FPPE: The first three (3) procedures must be monitored by a physician who has privileges in the procedure to be performed with the da Vinci Surgical System, one of which must be a hysterectomy (unless the physician opts out of hysterectomy procedures.) Physicians who provide evidence of robotic privileges at another Joint commission accredited facility and the performance of a minimum of eight (8) robotic cases in the prior twelve (12) months will be monitored for their first case by an approved monitor.

Maintenance of Privilege: The performance of at least eight (8) procedures per year, (sixteen (16) over two years) reflective of basic procedures and advanced procedures if requested. If a surgeon performs less than this, that surgeon will need to have one (1) monitored case before reestablishing full robotic privileges. The OB/GYN Department reserves the right to review, modify and recommend modifications of these requirements as needed and after review of each individual applicant.

Requested

ADVANCED - USE OF ROBOTIC ASSISTED SYSTEM FOR ADVANCED GYNECOLOGIC PROCEDURES (NOT OFFERED AT POMERADO HOSPITAL)

Additional Criteria: Evidence of performing a minimum of fifteen (15) Basic Robotic cases and successful completion of three (3) robotic cases monitored by a physician who has privileges in the procedures to be performed. Note: Gynecological Oncologists and Female Pelvic Medicine & Reconstructive Surgeons will be permitted to proceed to Advanced procedures based on the experience of the practitioner with laparoscopic robotics cases at the discretion of the Chairman under advisement from the Medical Director of Robotics. The physician will be monitored for the first 3 Advanced procedures and the following 20 cases will undergo retrospective review by the Robotics Committee

Procedures include: 1) Pelvic lymphadenectomy including para-aortic lymphadenectomy, 2) Retroperitoneal procedures including prosacral neurectomy, ureter dissection and biopsy of masses, 3) Sacrocolpopexy, Burch Procedures and other pelvic reconstruction operations, and 4) Bowel surgery including appendectomy. Physicians can opt out of any of these specific activities by crossing out the activity.

FPPE: The first procedure must be monitored by a physician who has privileges in the procedures to be performed. **Maintenance of Privilege:** The performance of at least eight (8) procedures per year, (sixteen (16) over two years) reflective of basic procedures and advanced procedures if requested. If a surgeon performs less than this, that surgeon will need to have one (1) monitored case before reestablishing full robotic privileges. The OB/GYN Department reserves the right to review, modify and recommend modifications of these requirements as needed and after review of each individual applicant.

Rev. MEC 02/27/2012

Approved:

Board of Directors

MEDICAL STAFF SERVICES

PALOMAR
POMERADO
HEALTH

DATE: March 30, 2012
TO: Board of Directors - April 9, 2012
FROM: Roger J. Acheatel, M.D., Chief of Staff, Pomerado Hospital Medical Staff
SUBJECT: Medical Staff Credentials Recommendations – March 2012

Provisional Appointments: (04/09/2012 – 03/31/2014)

Timothy Chong, M.D. – Physical Medicine/Rehab and Pain Management
Kamshad Raiszadeh, M.D. – Orthopedic Surgery
Ramin Raiszadeh, M.D. – Orthopedic Surgery
Yuri Reznik, M.D. – Family Practice (includes Villa)
Ruby Singh, D.O. - Geriatric Medicine (includes Villa)
Romana Uher, M.D. – Pediatrics/Neonatal-Perinatal

Biennial Reappointments: (05/01/2012 – 04/30/2014)

John H. Detwiler, M.D. – Courtesy -Cardiology
Michele A. Grad, M.D. – Active – Emergency Medicine
Yvette M. Jockin, M.D. – Consulting – Ophthalmology Pediatric
Abraham Joseph, M.D. – Affiliate – Geriatric Medicine (includes Villa)
Karin C. Kordas, M.D. – Active – Internal Medicine (includes Villa)
Louise C. Laurent, M.D. – Affiliate – OB/GYN
Timothy Maresh, M.D. – Active – OB/GYN
Angela M. Moll, M.D. – Consulting – Ophthalmology Pediatric
Patrick M. Moore, M.D. – Active – General Surgery
Michael D. Morelock, M.D. – Courtesy – Otolaryngology
Michael S. Rafii, M.D. – Active – Neurology (includes Villa)
Adina G. Smarandache, M.D. – Affiliate – Internal Medicine (includes Villa)
Richard J. Snyder, M.D. – Active - Gastroenterology
Djerrick C. Tan, M.D. – Active - Radiology
Mohinderpal S. Thaper, M.D. – Affiliate – Internal Medicine (includes Villa)
Elizabeth E. Vierra, M.D. – Dermatology - Affiliate

Biennial Reappointment: (05/01/2012-04/30/2013)

Philip Wrotslavsky, D.P.M. - Active - Podiatry (includes Villa)

Advancements:

Mohammad Jamshidi-Nezhad, D.O. - Courtesy – General/Vascular Surgery (04/09/2012 – 09/30/2013)
Joshua Minuto, M.D. – Active – Infectious Disease (04/09/2012 – 12/31/2013)
Robert M. Stein, M.D. – Courtesy – Cardiology (04/09/2012 – 06/30/2013)

Voluntary Resignations:

Douglas Bates, M.D. – Radiology
Tyler Crawford, M.D. – Radiology
Minh-Tri Dang, M.D. – Radiology
Ramesh Gopi, M.D. - Radiology
Howard Krausz, M.D. – Ophthalmology
Sherry Soefje, M.D. – Psychiatry

Expiration of Leave of Absence:

Kenneth Roth, M.D. – (04/30/2012)

PALOMAR MEDICAL
CENTER
555 East Valley Parkway
Escondido, CA 92025
Tel 760.739.3140
Fax 760.739.2926

POMERADO
HOSPITAL
15615 Pomerado Road
Poway, CA 92064
Tel 858.613.4664
Fax 858.613.4217

ESCONDIDO
SURGERY CENTER
343 East Grand Avenue
Escondido, CA 92025
Tel 760.480.6606
Fax 760.480.1288

Leave of Absences:

Nick Huang, M.D. – (02/24/2012-08/31/2012)

Janos Taller, M.D. – General Surgery (01/20/2012-12/31/2013)

Allied Health Professional Change in Privileges:

Kelly Neil, D.N.P. Department of Medicine/Family Practice Nurse Practitioner Privileges – Sponsor Dr. Pasha

Allied Health Appointment: (4/09/2012-3/31/2014)

Sam Rabi, P.A.-C – Sponsor Dr. Bahador

Melissa Staricka, F.N.P. – Sponsor – Dr. Conrad

Allied Health Reappointments: (05/01/2012-04/30/2014)

Doris L. Asombrado, F.N.P. – Sponsor Dr. Conrad

Richard N. Brownsberger, P.A.-C – Sponsors – Dr. Nicpon and North County Radiology Physicians

Naomi Cohen, N.P. – Sponsors – Dr. Heikoff for Kaiser Physicians (includes Villa)

Shelly Peppe-Nani, P.A.-C – Sponsors – Dr. Rivas for CEP Physicians

Terri Schneider-Biehl, N.N.P. – Sponsors – Dr. Golembeski for Children’s Specialists of San Diego

Monica Sprague, F.N.P. – Sponsor – Dr. Conrad

Allied Health Resignations:

Robert Mallory, P.A.-C

Ana D. Rios, P.A.-C

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.



Board Committee Activity Summary March 15, 2012

Board Audit and Compliance Committee

ACTION ITEMS:

- None

INFORMATION ITEMS:

- **Compliance and Ethics Committee Activity Summary**- Ms. Sarti reviewed the March activity summary of the Compliance and Ethics committee. Ms. Sarti discussed the Revenue Cycle Compliance Issues, False Claims Reporting Policy, and the Work Plan Initiatives.
- **Review of External Audit Engagement** - Mr. Boyle stated that Deloitte has not started this year's audit. Deloitte's contract has been extended another two years; expiring June 2013. Closer to the contract expiration date, the Audit Department will submit RFPs.
- **Review of Internal Audit Activities** – Mr. Boyle reviewed the status of the current Internal Audit projects.
- **Visiting of Patients Procedure** - Ms. Sarti presented the Visiting of Patients procedure. Ms. Sarti stated that the procedures are compliant with the new CMS requirements on the subject.
- **Visitors for Patients with Capacity and Lack of Capacity Procedure** - Ms. Sarti presented the Visitors for Patients with Capacity and Lack of Capacity procedure.



Board Committee Activity Summary March 20, 2012

Board Governance Committee

ACTION ITEMS:

- **Palomar Health Bylaws** – The Bylaws were updated to reflect the system name change.
- **Public Comments and Attendance at Public Board Meetings – GOV20** – was reviewed and approved.
- **Smoking Policy in Palomar Health Facilities – HR07** – was reviewed and approved.
- **Development/Review of New Business Plan – 26132** – was reviewed and approved.
- **Board usage of outside counsel** - Ms. Sarti presented a report of a 2008 Audit and Compliance Ad Hoc committee. The section pertaining to usage of outside counsel was used to draft the policy for Board usage of outside counsel.

INFORMATION ITEMS:

- **Board Self Evaluation**- Chairman Krider asked the committee for comments on past evaluation forms. Chairman Krider will review the Board self evaluation forms from Iowa Hospital Association.
- **Quality Safety Plan Update** - Ms. Reinbold presented the Quality Review Plan that was presented to BQRC in April 2011. The plan is being revised to better describe the information flow as it relates to nursing. The revised plan will be brought back through the BQRC committee and to the full Board in a special meeting or a Board education session.

Synopsis of Board HR Committee Meeting **March 21, 2012**

Informational: Monthly Update, PMC West Education/Orientation

James O'Malley, Learning & Development Officer

Leslie Solomon, Mgr., Learning & Development

Cathy Prante, Director of Emergency Services

"Readiness Testing" was discussed. The first and second "wave" of communication has been completed and a third wave will begin next week (3/26/12). Readiness testing is being implemented to ensure our systems work appropriately, prepare the staff for the new operations and facility, and validate the education process. This will allow us to discover any issues and resolve them early. Several mock "what if - scenarios" will take place in order to ensure readiness.

Informational: Employee Relations Report Update

Susan Gray, Director of Employee & Labor Relations

The Employee Relations Report provided by Susan showed comparisons of the total number of corrective actions taken between 2007 and 2011. Data shows involuntary terminations were down significantly between 2010 and 2011 from a total of 54 to 31 and total grievances were down from 47 in 2010 to 28 in 2011. We will begin recording corrective actions at the verbal level for tracking purposes.

We have one arbitration pending on floating. Susan anticipates this to be resolved during the meet and confer sessions occurring on the floating article for the new PMC. Richard Barrera has taken over for Sara Gurling as our new CNA Union rep.

Consent: 401a and 457 Plan Documents

Mike Shea, Director of Compensation & Benefits

The 401a Money Purchase Pension Plan and the 457 Deferred Compensation Plan were amended to allow an in-service distribution in any amount when they reach age 70 ½ and are still working. The law regarding minimum distributions changed. This amendment allows employees the maximum amount of flexibility allowed by the law.

In addition, the 457 plan was also modified to remove specific dollar amounts from the plan document and refer only the regulations. For example, instead of the plan indicating a deferral limit of \$16,500, the plan document now references to the maximum deferral limit allowed by the IRS guidelines. This allows the dollar amounts to change automatically with the regulation without amending the plan document each year to update specific dollar amounts. Both plan changes were approved by the Board HR Committee.

Consent: Retirement of Policies

Brenda Turner, CHRO

Brenda asked the Board for approval to retire two policies since the information duplicated in other policies or procedures. The "Continuous HR Standards Compliance" is duplicative of the "Board Responsibilities" policy and the "Employee Problem Resolution Process" policy is duplicative of the "Grievances" procedure. Both policy retirements were approved by the Board HR Committee and forwarded to Board Governance for approval.

Informational: Affirmative Action Plan

Brenda Turner, CHRO

The county requires us to implement an Affirmative Action Plan if we are and wish to remain a trauma facility. In researching this, we learned that we would need an Affirmative Action Plan for each physical facility that employs 50 or more staff, regardless of licensure. This resulted in our needing to implement six separate Affirmative Action Plans. These plans will need to be updated every year with an additional plan added in November 2012 for the new Palomar Medical Center.

**NAMING STRATEGY – PALOMAR HEALTH CAMPUSES, SERVICE
LINES AND BUILDINGS**

TO: Community Relations Committee

MEETING DATE: April 9, 2012

FROM: Jerry Kaufman, Chair, Community Relations Committee

BACKGROUND: The Palomar Health Board Community Relations Committee is recommending a naming strategy for all Palomar Health campuses, service lines and buildings.

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: Review and approve at April 9, 2012 General Board meeting.

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Approval: X



Board Quality Review Committee March 19, 2012

ACTION ITEMS:

- None.

INFORMATION ITEMS:

- **System Wide Falls Prevention Plan:** Brenda Fischer, Director Nursing Excellence and members of the ongoing Fall Prevention Team presented on the Fall Prevention Structure, Process and Outcomes.
- **Service Excellence:** Sheila Brown, Chief Clinical Outreach Officer presented the FY2012 Q2 Patient Satisfaction Scores along with the Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) Data. This is on key strategic initiative to increase patient loyalty includes Patient Centric Training, SMILE, and hourly rounding.
- **Medication Usage:** Cedric Terrell, Director Pharmacy Services presented the Medication Management Report for FY2012 Q2. An overview of the medication usage evaluation process, key indicators of performance and action plan for improvement were presented.
- **Operative and Other Invasive Procedures:** Paul Patchen, Director Interventional Services presented on key activities to include SCIP Measures, Facility specific debrief process and reduction of immediate use sterilization rates.
- **Quarterly Division Performance Improvement Update:** Mark Reyes, Lab and Radiologic Services Administrator presented on key accomplishments and areas of focus for the Lab to include: Lab employee partnership survey scores, excellent internal customer survey scores at PMC and Use of handheld device for specimen collection.

Mark also presented on key accomplishments and areas of focus for Imaging Services to include POM/PMC American College of Radiology Accreditation, successfully passed radiological state inspection and early receipt of pilot use of X-ray C-arm fluoroscopy unit and two wireless mobile x-ray units.

MEMORANDUM

To: Nicole Adelberg, Executive Assistant to the Board
FROM: Tanya Howell, Assistant to the Board Finance Committee
DATE: April 9, 2012
RE: Board Finance Committee – March 26, 2012, Meeting Summary



INFORMATION ITEMS:

- **Intergovernmental Transfer (IGT) Update:** The District will be funding our contribution to the California Department of Healthcare Services this week. Ongoing goal is for return of matching Federal funds before the end of the fiscal year.
- **Reminder of Date Change:** For calendaring purposes, the Committee was reminded that the April Board Finance Committee meeting was moved to **Monday, May 7, 2012, at 6:00 p.m. in the Grand Conference Room.**
- **Moody's:** The Committee was updated on the status of the outstanding Bond Rating update from Moody's. Information furnished in December was updated and discussed with Moody's this week. It is anticipated that a rating update will be issued in the next few weeks.

ACTION ITEMS:

- **Physician Agreements:** Reviewed and recommended approval of the budgeted routine Physician Agreements that had been approved and became effective during the month of February 2012 (*full list and background materials can be reviewed elsewhere in the agenda packet*).
- **February 2012 and YTD FY2012 Financial Report:** Utilizing the standard Financial Reporting Packet, reviewed and recommended approval of the February 2012 and YTD FY2012 financial performance, which reflected a \$21.1 million bottom line net income YTD, which is approximately \$1.0 million greater than budget.