

Palomar Pomerado Health
BOARD OF DIRECTORS
REGULAR BOARD MEETING
Palomar Medical Center, Graybill Auditorium, Escondido
Monday, February 7, 2005

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CLOSED SESSION	5:30 p.m.		
ADJOURNMENT TO OPEN SESSION	6:30 p.m.	No reportable action.	
CALL TO ORDER	6:40 pm Quorum comprised Directors Bassett, Greer, Kleiter, Krider, Larson, Rivera and Scofield.		
OPENING CEREMONY	The Pledge of Allegiance was recited in unison, followed by an inspirational reading by Chaplain Hard (<i>attached</i>).		
MISSION AND VISION STATEMENTS	The PPH mission and vision statements were read by Director Kleiter, as follows: <i>The mission of Palomar Pomerado Health is to heal, comfort and promote health in the communities we serve.</i> <i>The vision of PPH is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services.</i>		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements		
PUBLIC COMMENTS	Chairman Rivera noted that he had received a number of public comments, all of which would be heard this evening and that he would coordinate speakers.		
• Mr. Kris Hartnett	Mr. Hartnett of Escondido representing the San Diego County Building & Construction Trades, requested that one member from that organization be represented on the Citizens' Oversight Committee.	Chairman Rivera thanked Mr. Hartnett for his interest and encouraged him to stay until the end of the meeting.	
• Jerome Sinsky, MD	Dr. Sinsky who practices at PMC and a	Dr. Sinsky was thanked for	

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	resident of Escondido for 22 years asked that PMC be kept in a downtown location and that PPH should work with the City of Escondido to do so. He was particularly concerned about ease of access to the ERTC site.	presenting his comments to the Board.	
<ul style="list-style-type: none"> • Mr. Larry Michel 	Mr. Michel, Orthodontist of Escondido, spoke on the move from the current PMC location to a site elsewhere in Escondido and asked why PPH continues to insist on the ERTC site, and how this would impact Deer Springs, Ramona, and other areas of the hospital district, noting that the proposed new hospital site should work for everyone.	Chairman Rivera thanked Mr. Michel for bringing his comments to the Board.	
<ul style="list-style-type: none"> • Paul Milling, MD 	<p>Dr. Milling, Orthopedic Surgeon, introduced himself as having been a former PPH Board member, and that three years ago he had addressed the Board regarding the Trauma strike.</p> <p>At this point he requested that his letter of January 12, 2005 be made a formal inclusion in these minutes. He also submitted a petition containing over 150 signatures from Surgeons/Physicians as well as Operating Room and Recovery Room staff, particularly in regard to the C section issue.</p> <p>Dr. Milling stated that County guidelines call for in-house staff to be ready. The OR crews have a 30 minute response time. He indicated that surgeons at PMC cannot get their surgeries scheduled at a reasonable time due to emergencies and OBs/C Sections and that there should be dedicated 24/7 OB anesthesia and an OB area in the OB unit resulting in improved OB care. Dr. Milling then compared facets of PMC to those at Pomerado, the latter of which he felt was perceived to have more conducive services and amenities, and also indicating that PMC had generally supported Pomerado financially. Charts were produced by Dr. Milling to illustrate his comments, noting that things have to change.</p>	Chairman Rivera thanked Dr. Milling for his comments stating that Mr. Covert would fully review those matters that were of concern.	

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	<p>Timing of surgeries and "bumping" were a continuing problem, with many surgeries being undertaken at night.</p> <p>Dr. Milling noted that he had been to the OR Committee and contacted the Chief of Surgery.</p>		
<ul style="list-style-type: none"> • Kevin Schwartz, MD 	<p>Dr. Schwartz, representing Anesthesiology, also spoke in support of Dr. Milling's public comments.</p>		
<ul style="list-style-type: none"> • Joseph Mann, MD 	<p>Dr. Mann, Orthopedic Hand Surgeon, supported Dr. Milling in his request for additional OR and OB staffing at PMC.</p>		
<ul style="list-style-type: none"> • Laurence McKinley, MD 	<p>Dr. McKinley, Orthopedic Surgeon of Escondido, also supported the request for additional OR and OB staffing at PMC.</p>		
<ul style="list-style-type: none"> • Kim Fournier 	<p>Kim Fournier, SPD Technician at PMC supported Dr. Milling's discussion on OR/OB Staffing.</p>		
<ul style="list-style-type: none"> • Rachel Moffitt 	<p>Rachel Moffitt of Oceanside also supported Dr. Milling.</p>		
<ul style="list-style-type: none"> • Steve Pfeffer 	<p>Steve Pfeffer, Radiology Technician at PMC supported Dr. Milling's request for more staffing in the OR to assure best care.</p>	<p>All were thanked for the public comments made to the Board this evening.</p>	

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<p>APPROVAL OF MINUTES</p> <ul style="list-style-type: none"> • January 17, 2005 • December 15, 2004/Special • May 24, 2004/Special • January 6, 2004/Special 		<p>MOTION: by Bassett, 2nd by Scofield and agreed to approve the minutes of the Regular January 17, 2005 Board Meeting as submitted.</p> <p>MOTION: by Scofield, 2nd by Bassett and agreed to approve the minutes of the Special December 15, 2004 Board Meeting as submitted.</p> <p>MOTION: by Scofield, 2nd by Kleiter and agreed to approve the minutes of the Special May 24, 2004 Board Meeting as submitted.</p> <p>MOTION: by Scofield, 2nd by Kleiter and agreed to approve the minutes of the Special January 6, 2004 Board meeting as submitted.</p>	
<p>CONSENT ITEMS including Physician Recruitment Agreement with Eric Malcolm Gross, MD (ENT); Annual Review of Finance Cttee Bylaws & Position Description; & Finance Cttee Meeting Dates 2005</p>		<p>MOTION: by Larson, 2nd by Scofield and carried to approve the Consent Items as submitted.</p> <p>Director Greer declined.</p>	
<p>PRESENTATION</p>			
<ul style="list-style-type: none"> ▪ Environment of Care Annual Report 2004 PMC and Pomerado 	<p>Kevin Matsukado, Director of Safety & Security presented the Environment of Care Annual Report 2004 for both PMC and Pomerado together with an Executive Summary, noting that the EOC (Environment of Care) focuses on providing a safe, functional and effective environment for patients, staff, and visitors. Areas covered included PMC, Pomerado, Escondido Surgery Center, PCCC, Home Health/Psychiatric Outpatient Center and Villa Pomerado. Our leaders will continue to plan and design the EOC in a manner consistent with the PPH</p>	<p>The Board acknowledged and thanked Mr. Matsukado for his informative report.</p>	<p>Following input from Director Kleiter, it was generally agreed that an EOC Report be made on a regular basis through the Facilities & Grounds Committee.</p>

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	mission and values and the design will consider the needs of our patients and individuals served, including our staff members and others.		
REPORTS			
Medical Staff			
Palomar Medical Center			
<ul style="list-style-type: none"> ▪ Credentialing 	Robert D. Trifunovic, MD, Chief of PMC Medical Staff elect on behalf of James S. Otoshi, MD., Chief of PMC Medical Staff, presented PMC's requests for approval of Credentialing Recommendations.	<p>MOTION: by Scofield, 2nd by Kleiter and carried to approve the PMC Medical Staff Executive Committee credentialing recommendations for the PMC Medical Staff, as presented. None opposed.</p> <p>Directors Larson and Rivera abstained to avoid potential conflict of interest. Director Greer declined.</p>	
<ul style="list-style-type: none"> ▪ Medical Staff Bylaws, Rules and Regulations 	Robert D. Trifunovic, MD, Chief of PMC Medical Staff elect on behalf of James S. Otoshi, MD., Chief of PMC Medical Staff, presented amendments to PMC's Medical Staff Bylaws, Rules and Regulations.	<p>MOTION: by Scofield, 2nd by Bassett and carried to approve the amendments to PMC's Medical Staff Bylaws, Rules and Regulations, as presented. None opposed.</p> <p>Directors Larson and Rivera abstained to avoid potential conflict of interest. Director Greer declined.</p>	
<ul style="list-style-type: none"> ▪ Performance Improvement (PI) Plan from PMC and Pomerado Medical Staff Executive Committees 	Robert D. Trifunovic, MD, Chief of PMC Medical Staff elect on behalf of James S. Otoshi, MD., Chief of PMC Medical Staff, explained that a Performance Improvement (PI) Plan had been jointly submitted from PMC and Pomerado Medical Staff Executive Committees held January 24 and 25, 2005. The Plan was modified to include the Patient Safety Committee and its functions as well as reflecting current committee composition and correct organizational titles.	<p>MOTION: by Larson, 2nd by Bassett and carried to approve the Performance Improvement Plan as jointly submitted from PMC and Pomerado Medical Staff Executive Committees held January 24 and 25, 2005. None opposed.</p> <p>Directors Larson and Rivera abstained to avoid potential conflict of interest. Director Greer declined.</p>	

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Escondido Surgery Center			
<ul style="list-style-type: none"> ▪ Credentialing 	<p>Robert D. Trifunovic, MD, Chief of PMC Medical Staff elect on behalf of L. Richard Greenstein, MD., Medical Director of the Escondido Surgery Center, presented requests for approval of Credentialing Recommendations.</p>	<p>MOTION: by Kleiter, 2nd by Scofield and carried to approve the PMC Medical Staff Executive Committee credentialing recommendations for the Escondido Surgery Center, as presented. None opposed.</p> <p>Directors Larson and Rivera abstained to avoid potential conflict of interest. Director Greer declined.</p>	
Pomerado Hospital			
<ul style="list-style-type: none"> ▪ Credentialing 	<p>Paul E. Tornambe, MD., Chief of Pomerado Medical Staff, presented Pomerado Hospital's requests for approval of Credentialing Recommendations.</p>	<p>MOTION: by Scofield, 2nd by Krider and carried to approve the Pomerado Hospital Medical Staff Executive Committee credentialing recommendations for the Pomerado Medical Staff, as presented. None opposed.</p> <p>Directors Larson and Rivera abstained to avoid potential conflict of interest. Director Greer declined.</p>	
Administrative			
Chairperson - Palomar Pomerado Health Foundation	G. Douglas Moir, MD		
	<p>Dr. Moir, on behalf of the Foundation, presented a verbal report to the Board noting that the resignation of their Executive Director had been received and that a search for replacement was underway. Director Scofield wished to acknowledge the work that had been undertaken by Ms Annamaria Repetti in that position..</p>		

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	<p>Ms Marilyn Johnson, Senior Director of Giving will assume the position of interim CEO of the Foundation. Ms Tina Pope will work with the Chairman's Council adding one key person in the next few weeks.</p> <p>It was announced that the First Annual Golf Tournament at Pauma Valley Country Club will be held in June.</p>		

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Chairman of the Board - Palomar Pomerado Health	Marcelo R. Rivera, MD		
<ul style="list-style-type: none"> Resolution No. 02.07.05(01)-02 – Director Alan W. Larson, MD 	<p>A resolution expressing sincere appreciation for the dedication to PPH of former Board Chairman Alan W. Larson, MD (currently Director), for his six years of service to date, was read out by current Board Chairman Marcelo R. Rivera, MD, noting that Director Larson had held the position of Board Chairman for two consecutive calendar years in 2003 and 2004.</p>	<p>MOTION: by Scofield, 2nd by Bassett and carried to approve Resolution No. 02.07.05(01)-02 in appreciation of Alan W. Larson, MD. All in favor. None opposed.</p> <p>Director Larson profusely thanked the Board for such a resolution noting that the period of his Chairmanship had covered a very exciting period including the passage of Proposition BB and appreciated the Board's cohesiveness and cordiality. He looked forward to continuing his work as a member of the Board.</p>	
<ul style="list-style-type: none"> Resolution No. 02.07.05(02)-03 – former Director Michael D. Berger, MD 	<p>A resolution expressing sincere appreciation to former Director Michael D. Berger, MD was read out by Board Chairman Marcelo R. Rivera, MD, noting that during Dr. Berger's four years of elected office he had served as Chairman of the Board Quality Review Committee, and ED Call Task Force, and was a member of the Finance, Governance, and Community Relations Committees. His support of PPH and keen interest in quality and patient well-being, telemedicine and medical technology was acknowledged.</p>	<p>MOTION: by Krider, 2nd by Bassett and carried to approve Resolution No. 02.07.05(02)-03 in appreciation of Michael D. Berger, MD. All in favor. None opposed.</p>	
<ul style="list-style-type: none"> Premier Governance Conference Jan 24-26, 2005 <p>-- re: Public Comments</p>	<p>Chairman Rivera reported on his attendance at the recent January 24-26, 2005 Premier Governance Conference, noting that it would appear that we are doing what we should be doing. He then distributed copies of his report. --Regarding public comments made this evening, he said that he respected the community for addressing the Board and the manner in which the speakers handled these matters. He emphasized that both PMC and Pomerado Hospital are important; the issues are important; and that the Medical Staffs and Administration have heard these comments.</p>		

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President and CEO	Michael H. Covert		
<ul style="list-style-type: none"> • 1ST Qtr Leadership in Action Award – January 2005 	Ms Kate Stacy from IMC was honored as the 1 st Qtr 2005 Leadership in Action awardee. Michael Covert read from her commendation letter. Ms Stacy was not present but her attendance was anticipated in February.		
<ul style="list-style-type: none"> • Values in Action Award – January 2005 	Ms Laura Williams of PPH Managed Care was presented with a letter of commendation and accompanied by her supervisor, Ms Margie Drobatschewsky, the latter noting that it was a pleasure working with Ms Williams. Ms Williams responded that it was an honor for her to be chosen for this award but emphasized that everything depended on the team work involved.		
<ul style="list-style-type: none"> • “The PPH Way” Board Educational Meeting with Dr. David Nash – January 22, 2005 	Michael Covert reported on a visit made by Dr. David Nash who spoke on the topic of Faces of Quality as the “PPH Way” Board Educational full-day Session that was held on Saturday, January 22, 2005. Gustavo Friederichsen would be able to provide this on disk or CD. Director Scofield felt the Board would enjoy this as a supplement to the presentation.		
<ul style="list-style-type: none"> • Baldrige Gap Analysis Board Educational Meeting – February 3, 2005 	Mr. Covert reported on working toward the Baldrige Silver Award level, noting that as a result of the Gap Analysis it was noted that PPH came out strongly on governance. It was a valuable session with consensus being that a report be compiled to submit to the California Baldrige Award Scheme.		
<ul style="list-style-type: none"> • AHA/Washington Meeting 	Michael Covert reported upon a recent meeting he attended noting that there was discussion from around the country regarding the advocacy agenda for AHA, with emphasis on reduction of taxes, issues of Social Security as well as the war in Iraq. Healthcare emphasis in Congress will be on tax exempt status, future guidelines on discounting from charges for those who cannot pay, including MediCal and Medicare matters. Pay for Performance, as well as development of specialty hospitals.		

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<ul style="list-style-type: none"> • Board of the Governance Health Forum for CHA 	<p>Mr. Covert announced that Chairman Marcelo Rivera, MD had been accepted on to the Board of the Governance Health Forum for CHA regarding advocacy.</p> <p>It was noted that Director T. E. Kleiter is the PPH Board representative on ACHD, and that these appointments provide excellent advocacy coverage for PPH.</p>		
<ul style="list-style-type: none"> • 2nd Annual PPH Leadership Gala – February 11, 2005 	<p>Michael Covert reminded of the 2nd Annual PPH Leadership Gala event to be held February 11, 2005 at the Center for the Arts, Escondido, honoring our leadership including physicians, auxiliaries, HCACs, Foundation members, etc.</p>		
<ul style="list-style-type: none"> • Administrative recruitment 	<p>Mr. Covert noted that recruitment for Dr. Tesoro's position as Chief Quality Management Officer is underway with a number of candidates undergoing an interview process.</p>		
<ul style="list-style-type: none"> • Public Comments – Paul Milling, MD 	<p>Michael Covert relayed that he was disturbed that the issues Dr. Milling raised under Public Comments warranted a petition from Dr. Milling signed also by others, but respected their right to do this. He would have been available to meet if the matter had been raised directly with him.</p> <p>There were many issues at play in this matter – OB however was the issue that had been raised. We wished to ensure through our quality management that we really do have the safest place in which to practice. Mr. Covert continued that relevant parties will meet on 22 February so as to bring everyone together to discuss the whole issue. He was interested not in the rhetoric but in what was behind it. He then asked Lorie Shoemaker, Chief Nurse Executive, to also respond.</p>		
	<p>Ms Shoemaker said she acknowledged Dr. Milling's comments and that Staff had been working on several issues during the last</p>		

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	<p>couple of years since Premier conducted a survey in the OR and had noted several things which we had done extremely well – of world-class standard - and others which were not an issue but could be improved. It was acknowledged that 22% of our operating cases are undertaken “after hours” with insufficient OR suites. There is need for a trauma suite, an OB suite and an Ortho suite, etc. It was noted that if a C section occurs in our OB Department, we only have one surgical suite and then have to return to the Operating room. Ms Shoemaker heard Dr. Milling’s concerns, noting that we do have staff coverage 24/7 in our Trauma area up to 2-call deep, with a 3rd crew that could be called in. She also stated that there is a meeting scheduled with Dr. McKinley, Orthopedic Surgeon, to review the issues.</p> <p>Michael Covert thanked Ms Shoemaker for her report and stated that we cannot compare PMC with Pomerado Hospital as each has a different kind of volume and activity. Also, physicians have their own office hours during the day for patients, so that often operations are added on to the end of the day to accommodate such schedules.</p>		

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	<p>Mr. Covert posed the question as to whether patients are being put in jeopardy. He answered that there could be waiting times, but emphasized that patients are not put in jeopardy. It may be that in a particular instance another team could have been called in earlier, but there had been a certain amount of rhetoric this evening and Mr. Covert wished to be clear on the issues at hand. He reiterated that Pomerado Hospital is different from PMC in terms of volume and activity at the two locations. PPH's commitment is that we will continue to follow this matter through the Quality Review Committee of the Board and would encourage Dr. Paul Milling to also follow through with that committee, the O.R. Committee and the Chief of Staff. The Board would ensure we are doing this as we try to do the right thing. Ms. Shoemaker's report will go back through the Quality Review Committee to effect potential changes as quickly as possible.</p>		
	<p>Chairman Rivera commented that we have dedicated physicians who volunteer a great deal of their time in many ways. He appreciated the presentation and the newspaper articles, emphasizing that we are very open and, being a public health system, we encourage openness from Finance, to Strategic Planning, to Quality, to airing differences of opinion in public.</p> <p>Mr. Covert confirmed that Dr. Milling's matter would be directed back through the Quality Review Committee of the Board as well as through the Medical Staff OR Committee, and that patients should be reassured that they receive excellent service at PPH.</p>		

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INFORMATION ITEMS	<i>Discussion by exception only</i>	Informational	
<ul style="list-style-type: none"> ▪ Human Resources 	Director Bassett noted that on p. 147 of the Board Packet (Info: Annual Review of Bylaws/HR Committee) item (v) should read "Ensure that all special studies and recommendations/proposals..."		
<ul style="list-style-type: none"> ▪ Community Relations 			
<ul style="list-style-type: none"> ▪ Strategic Planning 			
<ul style="list-style-type: none"> ▪ Governance 			
<ul style="list-style-type: none"> ▪ Quality Review 			
<ul style="list-style-type: none"> ▪ Internal Audit 			

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COMMITTEE REPORTS			
Human Resources	Nancy L. Bassett, RN, MBA, Chairperson		
<ul style="list-style-type: none"> Approval: Pension Plan 	<p>Following discussion and reaffirmation by the Human Resources Committee regarding the current PPH Pension Plan and noting that a Board Educational presentation had been held on December 14, 2004 regarding the Calpers Pension Plan, it was felt that the PPH Pension Plan remained the best economic proposal which is a self-funding benefit plan. On behalf of the HR Committee, Director Bassett requested reaffirmation of the current PPH Pension Plan. No discussion ensued.</p> <p>Following the vote, Chairman Rivera summed up the assessment of the HR Committee by stating that we are remaining with a defined contribution plan rather than a defined compensation plan.</p> <p>Director Bassett noted that we are also looking at an additional benefit.</p>	<p>MOTION: by Kleiter, 2nd by Krider and carried to reaffirm the PPH Pension Plan currently in place. All in favor. None opposed.</p> <p>Director Greer declined.</p>	
Governance Committee	Linda C. Greer, RN, Chairperson		
<ul style="list-style-type: none"> Approval: Revision to Governance Committee Non-Voting Membership - Chief Marketing Officer replacing Chief Planning Officer 	<p>Director Greer stated that following annual review by the various committees of their respective sections of the Bylaws, the Governance Committee requested Board approval to a revision of the Non-Voting Membership on Governance Committee deleting the Chief Planning Officer and replacing with the Chief Marketing Officer, including such amendment in the Bylaws.</p>	<p>MOTION: by Bassett, 2nd by Scofield and carried to approve the revision of the Non-Voting Membership on Governance Committee, deleting the Chief Planning Officer and replacing with the Chief Marketing Officer, including this amendment in the Bylaws.</p> <p>All in favor. None opposed.</p> <p>Director Greer declined.</p>	

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<ul style="list-style-type: none"> • Approval: Revision to Facilities & Grounds Committee Non-Voting Membership to include appointed physician 	<p>Director Greer requested an addition to the Non-Voting Membership of the Facilities & Grounds Committee regarding an Executive Committee recommendation for an appointed physician, and for inclusion in the Bylaws.</p>	<p>MOTION: by Bassett, 2nd by Scofield and carried to approve the addition to the Non-Voting Membership of the Facilities & Grounds Committee regarding an Executive Committee recommendation for an appointed physician, and for inclusion in the Bylaws. All in favor. None opposed.</p> <p>Director Greer declined.</p>	
<ul style="list-style-type: none"> • Approval: Determination of Consensus for 2005 monthly Board Education schedule regarding day of week and time period 	<p>Director Greer requested Board consensus on a day of the week and time period in connection with the monthly Board Education schedule for 2005.</p>	<p>MOTION: by Rivera, 2nd by Scofield and carried to approve the 2nd Friday of every month as being the day selected for the purpose of Board Education for 2005. All in favor. None opposed.</p> <p>Director Greer declined.</p>	<p>Time period during those days to be determined based upon Mr. Covert compiling the speakers' program.</p> <p>Dates for the year to be calendared in the board calendar and notified. (This has since been done).</p>
<p>Finance</p>	<p>T. E. Kleiter, Chairman</p>		
<ul style="list-style-type: none"> • Outpatient Services Pavilion Development Agreement with Pacific Medical Buildings 	<p><i>Director Kleiter requested that this item be deferred.</i></p>	<p><i>Deferred</i></p>	
<ul style="list-style-type: none"> • Approval: Policy, Procedures & Guidelines for Formation of the Citizens' Oversight Committee 	<p>Director Kleiter requested approval to the Policy, Procedures and Guidelines for the Formation of the Citizens' Oversight Committee, accompanying membership application, and seating deadline of June 30, 2005. <i>Deadline for submission of application to be determined by the Board.</i> There would be no less than a nine-member committee with four seats having specific requirements. Director Kleiter requested approval, explaining that the purpose of the</p>	<p>MOTION: by Kleiter, 2nd by Bassett and carried to approve the Policy, Procedures and Guidelines as submitted for the Palomar Pomerado Health Hospital, Emergency Care, Trauma Center Improvement and Repair Measure Bonds Independent Citizens' Oversight Committee, as submitted. All in favor. None opposed.</p>	

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	committee is to review how expenses were made and that it is not a committee that would be involved in any decision as to how money is spent. It is basically a citizens' review committee to ensure the money is spent properly.	Director Greer declined.	
BOARD MEMBER COMMENTS/AGENDA ITEMS FOR NEXT MONTH	<p>Director Kleiter referred to his anticipated attendance at ACHD Legislative Days March 7 and 8.</p> <p>Director Bassett and Chairman Rivera noted that they will be attending CHA Legislative Day Mar 2/3.</p> <p>It was noted that JCAHO accreditation survey will commence at PPH the week of March 7.</p> <p>Chairman Rivera thanked all for coming to the meeting and for their input.</p>		
ADJOURNMENT	8:15 p.m.		
SIGNATURES	<ul style="list-style-type: none"> <li data-bbox="262 896 493 928">▪ Board Secretary <p style="text-align: center;"><i>Nancy H. Scofield</i> Nancy H. Scofield</p> <ul style="list-style-type: none"> <li data-bbox="262 1026 493 1058">▪ Board Assistant <p style="text-align: center;"><i>Christine D. Meaney</i> Christine D. Meaney</p>		

To: PPH Board of Trustees
From: Chaplain Bill Hard
Subject: Recitation
Date: 02-07-04

SOMETHING MORE

God has given us all this---and more!

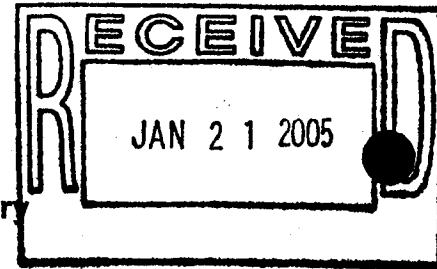
Do we, sometimes, feel as if there is something better than what we are now experiencing, waiting for us just around the corner?

Or, maybe we feel an urgency to discover something more that is just beyond our grasp. The feeling is right; there is more! Even with all that we now have and hope to have, God has something more for us!

It is God's good pleasure to give us the kingdom, which includes health, inner peace, and unlimited abundance! So whether we feel that there is more waiting for us in a certain career or in a more fulfilling relationship, we know that God is always ready to give us more love, joy, and peace, for;

"Is not life more than food, and the body more than clothing? Look at the birds of the air; they neither sow nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not of more value than they?" Mt 6:25-26

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January 12, 2005

Michael Covert, CEO
Palomar/Pomerado Hospital District
15255 Innovation Drive
San Diego, CA 92128-3410

Dear Mr. Covert:

This letter is to document some of the problems that we have with the Palomar Operating Room Department, to illustrate the problems, and to request that they be solved in a timely manner. You and the Board of Directors are the ones who can break through the bureaucratic inertia that exists at Palomar.

Example 1:

On December 1, 2004, a trauma case presented in the Emergency Room at approximately 7pm. The 55-year-old Escondido City employee had a motor vehicle accident and sustained an open femur fracture, fractured patella, fracture of the acetabulum and facial lacerations. I put the case on the add-on schedule at 8pm. The two evening OR crews were busy in surgery. I requested the designated "trauma crew" be called in from home for this trauma case. By County guidelines, we are supposed to have a crew readily available within 30 minutes for trauma cases. When the crew arrived, they were told to do a recently added on "emergency c-section". At that point, there was no crew for trauma cases. The open femur fracture trauma had to wait. In the meantime, two more c-sections were put on the add-on schedule. I was told that these were not "emergencies" nor were they elective. They would, however, bump any other case on the schedule and, if needed, the trauma crew would do these also until one of the other rooms finished. I was finally able to get started at 11:30pm and finished at 2am. I also had scheduled another femur fracture from the ER in a 16-year-old girl. The parents elected to transfer their daughter to Scripps Memorial.

This is a routine practice at Palomar, in that the "trauma crew" is not truly dedicated and available within 30 minutes for trauma cases as required by the County. They are also used for c-sections. It is also impractical and impossible for many crew

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members to be called, drop what they are doing, get dressed, cleaned up, drive to the hospital, have to scrub, change clothes and be available within 30 minutes. It is hard enough to be able to do that if you live on the other side of Escondido and most of these people live outside of Escondido.

Example 2:

Last month, I had three patients with fractures from the Emergency Room who presented before 2p.m. I was told I could start them around 5pm. In actuality, I finally got started after after 8p.m. and finished around 3a.m. The schedule for the next day was full so that if I delayed the cases, they would not be scheduled until the next evening. Doctors and staff should not have to unnecessarily work at those late hours just so Palomar can be "efficient". Patients should not have to suffer prolonged pain waiting for surgery and then be operated on by tired doctors and staff. "Efficient" is a word used by the administration when they deny understaffing exists.

This also illustrates the shortage of staff that exists in the OR at Palomar. We are understaffed for the large volume of work that is done, especially in the evenings with the large add-on schedule.

The Premier OR study done about two years ago showed Palomar has twice as many add-on cases as other hospitals our size. No wonder cases are done into the early morning hours routinely.

We don't have a 24 hour, 7 day a week dedicated OB crew and anesthesiologist like Pomerado, our competitor hospitals and every other major hospital in San Diego. The American College of Obstetrics and Gynecology has a 30 minute guideline for emergency c-sections from the time a c-section is called. Several recovery room nurses have said to me that they fear there will be a major fetal catastrophic event some day because it happens on occasion in the evenings that every available crew and anesthesiologist is working on a case and the "true emergency" c-section has to wait. In addition, when c-sections bump surgical cases that are on the add-on schedule, it delays those patients and surgeons. This causes the on-call crews who have to work the next day to get home later at night and causes increased dissatisfaction and decreased morale among staff and surgeons.

What about Pomerado?

From my perspective, that is the good news. Ask any nurse, surgeon or anesthesiologist that knows each OR whether Pomerado OR is better staffed than Palomar. They will say that it is. Ask the administration and they will say each one

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is staffed equally but Palomar is "more efficient". This efficiency decreases quality patient care and decreases staff and doctor morale. It decreases patient safety also.

This is not a new problem. The present administration has taken some steps to improve the situation but not nearly enough. This administration talks a good game about becoming a magnet hospital. At Palomar, in contrast to Pomerado, we are not run like a magnet hospital. There is a definite discrimination in how the administration staffs each of the two public hospitals, operating rooms, obstetrical OR crew and obstetrical anesthesiologist coverage. The patients (*customers*) at Palomar from the Escondido/San Marcos area deserve the same expeditious care in the operating room for surgeries, c-sections and obstetrical anesthesia as the Poway/Rancho Bernardo patients (*customers*) at Pomerado Hospital. It is no wonder that the Gallup poll results show increased customer satisfaction at Pomerado compared to Palomar when their surgical and OB experience is different. This disconnect amazed me even more when I was told by a top administrator that Palomar made a profit last quarter and Pomerado did not make a profit. The same administrator could not tell me if one or both hospitals made a profit last year.

All cost centers are not created equal. The public expects the operating room department to be of the very highest quality. They expect safety in the operating room. Forcing doctors and staff to do surgery late at night when they are tired because the administration chooses "efficient" over adequate staffing is not conducive to a safe surgical environment. Doctors can't get their patients into an operating room during reasonable hours. This increases the chances for problems to occur which leads to lawsuits. We are so accustomed to working under these conditions, hearing the same excuses from the administration as to why it can't be better, that we forget that our patients and the public expect the doctors and staff to be their advocates for ensuring they get the highest quality and safest care possible, especially in the operating room. The faceless, unaccountable finance types in the administration who control the allocation of resources are certainly not patient advocates. They look at the operating room as another cost center just like any other cost center. Their main concern is efficiency, not high quality patient care and safety. The finance types, in contrast to surgeons, staff, patients and the public, don't think the surgical OR should have an extra margin of staffing to ensure high quality patient care, safety and protection from mal-practice litigation.

The finance types don't understand that Palomar OR can't be measured by the same staffing requirements as Pomerado or other similarly sized community hospitals. The fact is we are North County's only trauma center. We don't have 24/7 totally dedicated obstetrics OR crew and obstetrics anesthesia coverage like Pomerado and other major hospitals around the county and country. Our traveling OR nurses have mentioned they can't believe we don't have 24/7 dedicated coverage because the

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other major hospitals where they have worked have constant coverage. Palomar has a higher percentage of very sick patients who require more staffing. Pomerado ER does not have a neurosurgical, plastics, neurology or hand call panel. Pomerado doesn't always have a vascular call panel. As a result, emergencies in these specialties are transferred to Palomar routinely, often in the evening. Many of these surgeries utilize three to five or more hours of an OR crew's time. This impacts our add on schedule because the other rooms are always fully utilized with elective cases using block time. Since the weekday schedule is so heavy in cases going to the late evening and early morning, surgeons can't get their semi-emergent cases on the schedule at a reasonable working hour. This causes them to schedule their cases on a Saturday or Sunday add-on schedule. The ORs are again full during the day and emergencies from the ER on the weekends have to wait in line to get into surgery, usually not until late afternoon or early evening. In addition, they are often bumped by c-sections because we have no dedicated OB crews and anesthesiologist on weekends.

Pomerado has a 24/7 OB dedicated coverage. Palomar, for the first time this year, has 12/5 dedicated coverage, that is 7am to 7pm Monday through Friday. Palomar, therefore, has dedicated coverage, similar to Pomerado and other major hospitals 35.7% of the week. This is a "patchwork" type program. It is not a marketable idea that customers would think acceptable. This is not how magnet hospitals operate. This makes even less sense when one takes into consideration Palomar does far more deliveries, epidurals and c-sections than Pomerado. Palomar averages around 378 deliveries per month. Pomerado averages 90 to 100 per month. Why are Palomar mothers and babies not treated equally and as safely as Pomerado mothers and babies?

Our anesthesiologists have recently discovered that the anesthesia department at Pomerado is supplied with medications from the Pomerado Pharmacy that the Palomar Pharmacy has said there was a national shortage of and was unable to supply the medications to the Palomar anesthesiologists. This type of inequality is pervasive throughout the system.

It is not uncommon to hear ER doctors, surgeons, nurses and technicians from the OR, ER and radiology comment that they will work at Pomerado but don't want to work at Palomar because of the chronic understaffing for the amount of work needed to be done, especially in the evenings and weekends. This leads to increased stress levels, too much call and overtime. This results in a lifestyle which is undesirable and leads to burn out, with increased staff turnover.

It is only a matter of time when one of these avoidable late night and early morning cases will turn into another nationally known tragic surgical embarrassment for PPH such as "The Retractor Left in the Abdomen". Other professions responsible for the

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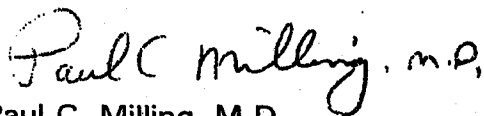
lives of the public such as airline pilots don't have to work in an environment which is unnecessarily structured in such a way that it increases the chances of a major problem.

I acknowledge there is extreme financial pressure on the healthcare delivery system. The finance types have an extremely difficult job to do with limited resources. The argument may be made there is no more money to go around for increased staffing. If that is their position, then there needs to be a reallocation of resources between the two institutions to reflect the higher amount and intensity of work that is done at Palomar compared to Pomerado. Pomerado, is referred to as the "Country Club Hospital" by the hospital and medical staff. There is a reason for this comment. It appears Pomerado has historically been given a higher priority. Why?

Employee and physician morale, patient quality care and safety and customer satisfaction Gallup poll numbers will all increase when this situation is rectified.

In summary, please assist Palomar patients, staff and doctors with these OR and OB staffing problems. We have waited for years for changes in the OR at Palomar to make it as customer friendly as Pomerado. Palomar is promoted as being North County's only trauma center. Palomar promotes their obstetrical unit. The Proposition BB Committee promised better trauma and ER care in their campaign for their half a billion dollar bond issue. We should have the staffing to back up these promotions. New expensive buildings don't provide care.

Sincerely,



Paul C. Milling, M.D.

PCM/sem

cc: Nancy L. Bassett, R.N.
cc: Linda C. Greer, R.N.
cc: T.E. Kleiter
cc: Bruce G. Krider
cc: Alan W. Larson, M.D.
cc: Marcelo R. Rivera, M.D.
cc: Nancy Scofield
cc: Chairman, Department Orthopaedic Surgery
cc: Chairman, Department of Surgery.
cc: Chairman, Department of Anesthesiology
cc: Chairman, Department of Obstetrics/Gynecology

We believe Palomar OR needs increased staffing to provide better patient care, safety, increased staff retention and improvement of hospital and medical staff morale.

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Book

Mark Shu

Bohni

Alger

V (stuck) no

AA Shipke no

Gene Key

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J. Hunter

Donald G. Hunter M.D.

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Paul M. Hunter

Putnam

~~Lucas~~

~~Alger~~

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PE Fadel M.D.

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Ken

John M. Kolesky

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We believe Palomar OR needs increased staffing to provide better patient care, safety, increased staff retention and improvement of hospital and medical staff morale.

Mary Beth Jones (SURGERY SCHEDULING)
E.C. ROBINSON (CST) - "NO C-SECTIONS"
Kathleen Kennedy RN
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