

PALOMAR
POMERADO
HEALTH
SPECIALIZING IN YOU

**BOARD OF DIRECTORS
AGENDA PACKET**

March 12, 2007

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

A California Health Care District (Public Entity)

PALOMAR POMERADO HEALTH BOARD OF DIRECTORS

Marcelo R. Rivera, MD, Chairman
Bruce G. Krider, MA, Vice Chairman
Linda C. Greer, RN, Secretary
T. E. Kleiter, Treasurer
Nancy L. Bassett, RN, MBA
Alan W. Larson, MD
Gary L. Powers
Michael H. Covert, President and CEO

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

MISSION STATEMENT

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

VISION STATEMENT

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

CORE VALUES

Integrity

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

Innovation and Creativity

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

Teamwork

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

Excellence

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

Compassion

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

Stewardship

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

Affiliated Entities

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

**PALOMAR POMERADO HEALTH
BOARD OF DIRECTORS
REGULAR MEETING AGENDA**

Monday, March 12, 2007

Commences 6:30 p.m.

**Pomerado Hospital
Meeting Room E
15615 Pomerado Road
Poway, California**

Mission and Vision

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

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

	<u>Time</u>	<u>Page</u>
I. CALL TO ORDER		
II. OPENING CEREMONY	2 min	
A. Pledge of Allegiance		
III. PUBLIC COMMENTS	5	
<i>(5 mins allowed per speaker with cumulative total of 15 min per group – for further details & policy see Request for Public Comment notices available in meeting room).</i>		
IV. * MINUTES	2	1-8
Regular Board Meeting – February 12, 2007		
V. * APPROVAL OF AGENDA to accept the Consent Items as listed	5	9-74
A. Consolidated Financial Statements		
B. Revolving Fund Transfers/Disbursements – January 2007		
1. Accounts Payable Invoices	\$30,767,397.00	
2. Net Payroll	<u>9,667,423.00</u>	
Total	<u>\$40,434,820.00</u>	
C. Ratification of Paid Bills		
D. January 2007 & YTD FY2007 Financial Report		
E. GOVERNANCE COMMITTEE – REVIEW OF PPH POLICIES		
Approval requested to Policies: QLT-02; QLT-14; GOV-12		
Retirement recommended to Policy: QLT-15		

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

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

VI. PRESENTATIONS -

- A. FANS (Food & Nutritional Services) "Healthy Food" Presentation 10
 - Jana Markley, System Director FANS;
 - Tina Pickett, Regional Director, ARAMARK

VII. REPORTS

- A. Medical Staffs 15
 - * 1. Palomar Medical Center – *Robert D. Trifunovic, M.D.*
 - a. Credentialing/Reappointments 75-106
 - * 2. Escondido Surgery Center – *Marvin W. Levenson, M.D.*
 - a. Credentialing/Reappointments 107
 - * 3. Pomerado Hospital – *Benjamin Kanter, M.D.*
 - a. Credentialing/Reappointments 108-109
 - b. Pomerado Medical Staff Rules & Regulations Amendment 110-111

B. Administrative

- 1. President of Palomar Pomerado Health Foundation – *Al Stehly*
 - a. Update on PPHF Activities 5 Verbal Report
- 2. Chairman of the Board – *Marcelo R. Rivera, M.D.* 10 Verbal Report
 - a. AHA/COG Washington, DC
 - b. Upcoming CHA Legislative Day, March 14
- 3. President and CEO – *Michael H. Covert, FACHE* 10 Verbal Report
 - a. PPH – 2006 Finest Awards - Health Care Communicators of San Diego County (Marketing Awards--4 Gold; 3 Silver)
 - b. Quarterly Reports from Executive Staff
 - i. Lorie Shoemaker, Chief Nurse Executive
 - ii. Sheila Brown, Clinical Outreach
 - iii. Gerald Bracht, Palomar Medical Center
 - iv. Steve Gold, Pomerado Hospital

VIII. INFORMATION ITEMS (Discussion by exception only) 112-134

- A. FANS "Healthy Food" Human Resources
- B. Smoke Free Environment Update Human Resources
- C. Compensation Human Resources /CONTD...

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

D. 2007 Meeting Schedule	Community Relations
E. Overall Television Campaign	Community Relations
F. 2007 Marketing Communications & Legislative Strategies	Community Relations
G. Campus Updates	Community Relations
H. Monthly Reports December 2006 & January 2007	Community Relations
I. 2007 Finance Committee Meeting Dates	Finance
J. PMC West Design Update	Joint BOD/Strategic Planning
K. 2007 Meeting Schedule	Strategic Planning
L. Review of Committee Bylaws Section; and Committee Position Description	Strategic Planning
M. 2007 Meeting Schedule	Quality Review
N. Status of Internal Audit Committee	Internal Audit
O. 2007 Meeting Schedule	Governance
P. Annual Review of PPH Bylaws – Governance Committee	Governance
Q. Board Member Position Descriptions amendments & incorporation into future “Board Responsibilities” Policy	Governance
R. Proposed Board Policies	Governance
S. Proposed Board Goals	Governance
T. In-House Legal Counsel Update	Governance
U. Board Educational Schedule 2007	Governance
V. Kaiser Permanente Surgical Volumes	Finance

IX. COMMITTEE REPORTS -

A. Governance Committee – <i>Director Gary Powers, Chair</i>	5	<i>Verbal Report and 135-136</i>
* 1. Approval: Changes to HR Committee section of PPH Bylaws re: Section 6.2.3. (c) Duties (i) Additional Wording; and Addition of new paragraph (d) Meeting Requirements	5	
B. Finance Committee – <i>Director T. E. Kleiter, Chair</i>	5	<i>137-139</i>
* 1. Approval: Purchase of Land and Building at 975 South Andreasen, Escondido, California		

X. BOARD MEMBER COMMENTS/AGENDA ITEMS FOR NEXT MONTH

XI. ADJOURNMENT

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

Palomar Pomerado Health
BOARD OF DIRECTORS
REGULAR BOARD MEETING
Pomerado Hospital, Meeting Room E, Poway
Monday, February 12, 2006

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	6:33 pm Quorum comprised Directors Bassett, Greer, Kleiter, Krider, Larson, Powers and Rivera.		
OPENING CEREMONY	The Pledge of Allegiance was recited in unison, followed by an inspirational reading (<i>attached</i>) by Chaplain Hard per PMC, due to meeting relocation to Pomerado as Graybill undergoing renovation.		
MISSION AND VISION STATEMENTS	The PPH mission and vision statements are as follows: <i>The mission of Palomar Pomerado Health is to heal, comfort and promote health in the communities we serve.</i> <i>The vision of PPH is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services.</i>		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements		
PUBLIC COMMENTS	None		
Director T. E. Kleiter	At this point Director Kleiter commented that it was fifty-seven years ago today that Palomar Medical Center was dedicated and it opened four days later.	The Board thanked Director Kleiter for acknowledging this important date, noting that the district had come a long way since that time.	
APPROVAL OF MINUTES	<ul style="list-style-type: none"> • January 8, 2007 Regular Board Meeting 	MOTION: by Kleiter, 2 nd by Bassett and carried to approve the January 8, 2007 Regular Meeting minutes as submitted. All in favor. None opposed.	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
<p>APPROVAL OF AGENDA to accept the Consent Items as listed</p>		<p>MOTION: by Larson, 2nd by Bassett and carried to approve the Consent Items as submitted. All in favor. None opposed.</p>	
<p>PRESENTATION</p> <ul style="list-style-type: none"> Pharmacy Residency 	<p>Gerald Bracht introduced Michael Kruse, PharmD, BCPS, Clinical Pharmacy Specialist/Residency Program Director in the Department of Pharmacy, who presented a Pharmacy Residency program overview. Mr. Kruse noted that Dr. Lilley had been kind enough to accept one of the Residents and to act as a Preceptor. There will also be an accreditation process in April. Pharmacists can earn a significant salary once fully trained and we looked forward to retaining some within our system.</p>	<p>On behalf of the Board, the Chairman thanked Mr. Kruse for his important and informative presentation. All agreed.</p>	
<p>REPORTS</p>			
<p>Medical Staff</p>			
<p>Palomar Medical Center</p> <ul style="list-style-type: none"> Credentialing 	<p>Robert D. Trifunovic, MD., Chief of PMC Medical Staff, presented PMC's requests for approval of Credentialing Recommendations.</p>	<p>MOTION: by Kleiter, 2nd by Krider and carried to approve the PMC Medical Staff Executive Committee credentialing recommendations for the PMC Medical Staff, as presented. All in favor. None opposed.</p> <p>Directors Bassett, Greer and Larson abstained to avoid potential conflict of interest.</p>	
<ul style="list-style-type: none"> Investigational Review Committee Policies and Procedures 	<p>Robert D. Trifunovic, MD., Chief of PMC Medical Staff, presented PMC's Investigational Review Committee Policies and Procedures.</p>	<p>Director Krider inquired as to what had changed. Dr. Trifunovic responded that these were IRC procedural updates and presented for information.</p> <p>Jim Neal, Compliance Officer, in addressing the Board, stated that as we function as an IRB, this submittal made these procedures more in line with the relevant rules and</p>	<p>Informational.</p>

2

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
Escondido Surgery Center ▪ Credentialing	Dr. Trifunovic, on behalf of Marvin W. Levenson, MD, Administrator/ Medical Director of the Escondido Surgery Center, presented requests for approval of Credentialing Recommendations.	MOTION: by Kleiter, 2 nd by Krider and carried to approve the PMC Medical Staff Executive Committee credentialing recommendations for the Escondido Surgery Center, as presented. All in favor. None opposed. Directors Basset and Greer abstained to avoid potential conflict of interest.	Compliance Officer to contact PMC Medical Staff Office in this regard.
Pomerado Hospital ▪ Credentialing	Benjamin Kanter, MD., Chief of Pomerado Medical Staff, presented Pomerado Hospital's requests for approval of Credentialing Recommendations.	MOTION: by Loiter, 2 nd by Rider and carried to approve the PowerAde Hospital Medical Staff Executive Committee credentialing recommendations for the PowerAde Medical Staff, as presented. All in favor. None opposed. Directors Basset, Greer and Larson abstained to avoid potential conflict of interest.	
Administrative Chairperson - Palomar Pomerado Health Foundation	Mr. Al Steely Mr. Steely introduced Dr. Jaime Rivas who presented a check to the Board in the amount of \$50,000 as a pledge over five years on behalf of California Emergency Physicians (CEP) who had generously donated these funds for the hospital expansion. Dana Dawson of the Foundation also thanked Dr. Rivas for this generous gift. In addition, Mr. Steely relayed that Director	On behalf of the Board, Chairman Rivera stated that we were all very grateful for the generosity of the California Emergency Physicians and deeply appreciated this gesture. He was aware of all the hard work undertaken by all ED Physicians.	

3

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	<p>Kleiter had represented PPH with Dana Dawson at the San Marcos Rotary Club.</p> <p>The Foundation was moving forward with its campaign readiness and referred to an event at Carol Sternum's house.</p> <p>Mr. Steely extended an invitation to the Board for February 22 at 5 p.m. to join with the Foundation Board and guests to meet in the front lobby at PowerAde to view the new outpatient facility.</p> <p>He continued that \$4,625 was raised from the Poway Rodeo event, "Tough Enough to Wear Pink" for which they were extremely grateful. These funds would enable the purchase of prosthesis/wigs for cancer patients.</p> <p>Mr. Steely was duly thanked for his informative report.</p>		
<p>Chairman of the Board - Palomar Pomerado Health</p>	<p>Marcelo R. Rivera, MD</p>		
	<p>Chairman Rivera reminded of the upcoming Friday, March 16 Fourth Annual Leadership Awards Banquet at the Rancho Bernardo Inn.</p> <p>In addition, Thursday, February 15 was the date for the Board's Annual CEO Evaluation meeting for our outstanding CEO.</p> <p>Chairman Rivera also commented that Mr. Bill Hammer, who had been with PPH for fourteen years and had charge of the district's audio/visual needs, was leaving us to move back to his family in Tennessee. We would all miss his conscientiousness and his time spent, often arriving early in the day or staying in the evening and we wished him well.</p> <p>ICU Nurse Grand Rounds for PowerAde Hospital were scheduled for Friday, February</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	<p>16 at 7:30 a.m. and Board Members were invited to attend if they were able to do so.</p> <p>The Chairman then referred to his Council of Governance Region 9 membership, and the CHA Board of Directors which he also attends, noting that it was an exciting year to be in healthcare. He noted that the Deputy Director of OSHPD attending a meeting and that there could be great delays in submitting and receiving approvals, but we were instrumental in working with legislators early on so that OSHPD is providing us with concurrent review for our construction projects. In this regard we are a "pilot case". Their architects are also now part of the process and will be in the forefront of assisting with our approvals which will save us about \$1 million in costs and construction.</p> <p>It was noted that on Friday, February 1 and Expert Advisory Panel was at PPH to review our plans for the hospital of the future, with particular emphasis on me /T and ways to improve security. New ideas were generated. A dinner took place Thursday evening with one of the guests being Dr. Rick Carlson from the University of Washington who presented on how the environment effects DNA. Chairman Rivera noted that again, PPH was in the forefront of healthcare development.</p>		
<p>President and CEO</p>	<p>Michael H. Covert</p>		
	<p>Mr. Covert informed that City of Poway approval for Phase II of the Pomarado Expansion (Diagnostic, Treatment and Emergency Capabilities) was given to PPH. This in addition to Phase I having already been reviewed with them.</p> <p>It was anticipated that a CAPE Board Educational session possibly be held in March to review feedback.</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	<p>A meeting with our counterparts at UCSD for partnering purposes was planned soon, much as we had already done with Kaiser and Children's.</p> <p>Michael Covert wished again to recognize Lorie Shoemaker as California Nursing Leader of the Year – Top Leader in the State. He also wished to acknowledge Marcia Jackson for her work with the Expert Advisory Panel, Strategic Planning Retreat and other events.</p> <p>Regarding Pomerado, it was also relayed that as Mr. Flinn continued with his educational activities, we would be going forward with our equipment/technology aspects for Pomerado via Steve Tanaka and the I/T Department.</p> <p>In addition, Mike Shanahan would report to Michael Covert and there would be interim reporting leaderships involving Gerald Bracht working with Dan Farrow and our FANS and Environmental Services. We would officially seek an Administrator at Pomerado Hospital and the Medical Staff would be intimately involved with that selection process. This could take up to six months for finalization. Sheila Brown would be called upon to assume further responsibilities.</p> <p>It was noted that with this in motion, it was proof that our succession plan worked.</p>		
INFORMATION ITEMS	<i>Discussion by exception only</i>		
<ul style="list-style-type: none"> ▪ Human Resources ▪ Finance 			
COMMITTEE REPORTS	None		
BOARD MEMBER COMMENTS/AGENDA ITEMS FOR NEXT MONTH	Director Larson requested that due to his attending a Governance Institute Conference on Monday and Tuesday, March 12 and 13, he would like the Board's consideration to change the date of the Regular March 12 Board	Following discussion and there being no strong consensus to change the date, Chairman Rivera on behalf of the Board noted that the proposed Resolution would not be acted upon	

6

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
<ul style="list-style-type: none"> Resolution No. 02.12.07 (01) - 01 	<p>Meeting to another mutually convenient date in March.</p> <p>Proposed Board Resolution No. 02.12.07 (01) - 01 was presented for consideration.</p> <p>Director Bassett referred to her attendance at the January 17 "Insights to Excellence" which is held monthly, which allows us to meet our new employees. She felt this was a wonderful way in which to do so and encouraged all other Board Members to do the same as and when they can. She suggested setting up a calendar whereby this could be done throughout the year with possibly Board members alternating.</p> <p>Director Larson referred to Chairman Rivera's comments on the State Legislators, input from Director Kleiter on ACHD, and from Mr. Covert on CHA, he wondered if it would be prudent for us to move with general recommendations to our State Legislators regarding aspects of providing healthcare to our local residents - possibly by Resolution or letter from Chairman Rivera to all the Legislators in Sacramento to highlight areas within public health systems.</p> <p>Director Kleiter referred to ACHD and that there would be two Legislative Days March 5 and 6 at which there would also be opportunity to review proposed Legislation.</p> <p>Director Larson emphasized the need for us to be pro-active.</p> <p>Director Krider cautioned on the California proposal for universal coverage noting that we needed to be careful about this.</p> <p>Director Powers referred to the Rancho Bernardo Industrial Park having six months previously developed an Emergency Preparedness Pandemic Plan and that Jeffrey</p>	<p>and therefore was withdrawn. As a result the originally approved date of Monday, March 12 would remain.</p> <p>Chairman Rivera suggested that a rotation of Board Members be set up as convenient for attendance at the monthly "Insights to Excellence", and that this be established through the Human Resources Committee.</p> <p>Chairman Rivera felt it may be appropriate to review this within the Governance Committee and with Gustavo Friederichsen. Following further discussion, Mr. Covert relayed that everyone was still reviewing proposed Legislative measures, and that we would know more over the next several months as to what actual Legislative measures might be proposed. More to follow.</p>	<p>Human Resources Committee</p> <p>Future proposed Legislation, once known, for review in Governance Committee</p>

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	Cleck, Safety Officer represented PPH exceptionally well. He is working with Hewlett-Packard, Sony, Northrup-Grumman, Cymer etc so that all come together in a community emergency, and that PPH would be part of this plan in future.		
ADJOURNMENT to Closed Session	7:40 p.m.		
RE-ADJOURNMENT to Open Session	8:25 p.m.	No reportable action.	
FINAL ADJOURNMENT	8:26 p.m.		
SIGNATURES			
▪ Board Secretary	Linda C. Greer, R.N.		
▪ Board Assistant	Christine D. Meaney		

8

**PALOMAR POMERADO HEALTH
CONSOLIDATED DISBURSEMENTS
FOR THE MONTH OF
JANUARY 2007**

01/01/07	TO	01/31/07	ACCOUNTS PAYABLE INVOICES	\$30,767,397.00
01/12/07	TO	01/26/07	NET PAYROLL	<u>\$9,667,423.00</u>
				\$40,434,820.00

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, J. Flinn

January 2007 & YTD FY2007 Financial Report

TO: Board of Directors
FROM: Board Finance Committee
Tuesday, February 27, 2007
MEETING DATE: Monday, March 12, 2007
BY: Robert Hemker, CFO

Background: The attached Board Financial Reports (unaudited) for January 2007 and YTD FY2007 were submitted for the Committee's review and approval.

Budget Impact: N/A

Staff Recommendation: Staff recommended approval.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the Board Financial Reports (unaudited) for January 2007 and Fiscal YTD 2007.

Motion: X

Individual Action:

Information:

Required Time:

Financial Statements

February 2007

Tim Nguyen
Corporate Controller
February 27, 2007

PALOMAR POMERADO HEALTH

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Board Financial Report Table of Contents

B2

	PAGE
Financial Report Narrative	3-7
Balanced Scorecard Comparisons	8
Budget Comparison Graphs	9-21
Summary of Key Indicators	22-24
Budget Comparison Graphs -- Weighted Patient Days	25-30
Key Variances	31-33
Cash Collections	34
Consolidated Balance Sheet	35
Consolidated -- 12/31/2007 Actual vs. Budget Analysis	36
Consolidated -- January 2007 Actual vs. Budget Analysis	37
Consolidated Monthly Trend	38
Consolidated -- Cash Flow Statement	39
Bond Covenant Ratios -- January	40
Balanced Scorecard Graphs	41-46
Flash Report -- February 2007	47-48

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**PALOMAR POMERADO HEALTH
 JANUARY 2007 FINANCIAL RESULTS
 EXECUTIVE SUMMARY and HIGHLIGHTS**

Statistics:

	Dec-06	Jan-07	Dec vs Jan % Change	Jan-07 Budget	Act vs Bud % Variance	YTD Actual	YTD Budget	Act vs Bud % Variance
CONSOLIDATED								
Patient Days Acute	9,559	10,530	10.2%	9,922	6.1%	65,384	68,814	-5.0%
Patient Days SNF	6,503	6,526	0.4%	6,591	-1.0%	45,357	45,711	-0.8%
ADC Acute	308.35	339.67	10.2%	320.08	6.1%	304.11	320.05	-5.0%
ADC SNF	209.77	210.52	0.4%	212.61	-1.0%	210.96	212.61	-0.8%
Surgeries CVS Cases	12	10	-16.7%	11	-9.1%	74	75	-1.3%
Surgeries Total	916	974	6.3%	1,041	-6.4%	6,799	7,219	-5.8%
Number of Births	444	473	6.5%	499	-5.2%	3,306	3,461	-4.5%
NORTH								
Patient Days Acute	7,153	7,939	11.0%	7,396	7.3%	49,089	51,294	-4.3%
Patient Days SNF	2,665	2,760	3.6%	2,747	0.5%	18,844	19,051	-1.1%
ADC Acute	230.73	256.08	11.0%	238.59	7.3%	228.32	238.56	-4.3%
ADC SNF	85.97	89.03	3.6%	88.61	0.5%	87.65	88.61	-1.1%
SOUTH								
Patient Days Acute	2,406	2,591	7.7%	2,526	2.6%	16,295	17,520	-7.0%
Patient Days SNF	3,838	3,766	-1.9%	3,844	-2.0%	26,513	26,660	-0.6%
ADC Acute	77.62	83.58	7.7%	81.49	2.6%	75.79	81.48	-7.0%
ADC SNF	123.81	121.48	-1.9%	124.00	-2.0%	123.32	124.00	-0.5%

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**PALOMAR POMERADO HEALTH
JANUARY 2007 FINANCIAL RESULTS
EXECUTIVE SUMMARY and HIGHLIGHTS (cont'd)**

Balance Sheet:

Current Cash & Cash Equivalents increased \$448 thousands from \$103.3 million in December to \$103.7 million in January. Total Cash and Investments are \$102.0 million, compared to \$121.6 million at June 30, 2006. Days Cash on Hand went from 106 days in December to 97 days in January compared to 128 in June.

Net Accounts Receivable increased to \$91.1 million in January as compared to \$90.1 million in December. Gross A/R days increased from 54.1 days in December to 54.9 days in January. December patient account collections including capitation are \$31.1 million compared to budget of \$29.9 million. January YTD collections are \$194.8 million compared to budget of \$209.2 million.

Construction in Progress increased \$3.4 million from \$115.8 million in December to \$119.2 million in January. The increase is attributed to Pomarado parking structure construction costs \$1.5 million and Building Expansion A & E Services \$1.3 million.

Other Current Liabilities decreased \$213 thousand from \$17.5 million to \$17.3 million primarily due to the realization of Deferred Property Tax Revenue of \$1.1 million in January and an increase of \$1.0 million in capitation liability.

**PALOMAR POMERADO HEALTH
JANUARY 2007 YTD FINANCIAL RESULTS
EXECUTIVE SUMMARY and HIGHLIGHTS (cont'd)**

Income Statement:

Gross Patient Revenue for YTD January reflects an unfavorable budget variance of \$18.2 million. This unfavorable variance is composed of \$19.8 million unfavorable volume variance and \$1.6 million favorable rate variance. However, January recorded the highest monthly gross revenue amount this fiscal year.

Routine revenue (inpatient room and board) reflects an unfavorable \$7.5 million budget variance. North is responsible for \$6.2 million of this variance.

Inpatient Ancillary revenue represents a \$17.3 million unfavorable budget variance. North reflects an unfavorable variance of \$3.5 million and South reflects \$13.8 million unfavorable variance. The main contributors to North's unfavorable variance are Surgery and Patient Supply totaling \$5.0 million lower than budget. The main contributors to South's unfavorable variance is Surgery, Surgery Patient Supply and Pharmacy departments totaling \$15.9 million lower than budget.

Outpatient revenue reflects a favorable budget variance of \$6.6 million. North has a \$6.6 million favorable variance and South has a \$0.7 million favorable variance. These two amounts are decreased by Outreach's \$0.7 million unfavorable variance.

**PALOMAR POMERADO HEALTH
 JANUARY 2007 YTD FINANCIAL RESULTS
 EXECUTIVE SUMMARY and HIGHLIGHTS (cont'd)**

Income Statement (cont'd):

Deductions from Revenue reflect a YTD favorable variance of \$13.2 million. This is due to lower-than-budgeted volume and budgeted gross revenue. Total Deductions from Revenue is 69.28% of gross revenue compared to a budget of 69.35%. Deductions from Revenue (excluding Bad Debt/Charity/Undocumented expenses) is 64.29% of YTD Gross Revenue compared to budget of 64.78%.

The net capitation reflects a favorable budget variance of \$1.3 million. Cap Premium and Out of Network Claim Expense both show an unfavorable budget variance of \$1.9 million and \$2.4 million respectively. Cap Valuation shows a favorable variance of \$5.6 million to offset.

Other Operating Revenue reflects a YTD unfavorable budget variance of \$959 thousand. This is due primarily to the Foundation where actual PPH funding requests are \$340 thousand below budget, and PPNC Health Development where actual grants are \$372 thousand below budget.

Salaries, Wages & Contract Labor has a YTD favorable budget variance of \$3.0 million. This variance is mostly attributable to lower-than-budgeted volumes and staff flexing. The breakdown is as follows:

	YTD Actual	YTD Budget	Variance
Consolidated	107,475,457	110,550,830	3,075,373
North	62,379,293	63,179,181	799,888
South	26,070,745	27,366,611	1,295,866
Central	13,884,052	15,055,536	1,171,484
Outreach	5,141,367	4,949,502	(191,865)



**PALOMAR POMERADO HEALTH
JANUARY 2007 YTD FINANCIAL RESULTS
EXECUTIVE SUMMARY and HIGHLIGHTS (cont'd)**

Income Statement (cont'd):

Benefits Expense has a YTD unfavorable budget variance of \$818 thousand. This variance is primarily due to the employer's contribution towards deferred compensation which is unfavorable by \$419 thousand, Health and Dental which is unfavorable by \$130 thousand and Workers Compensation which is unfavorable by \$233 thousand.

Supplies Expense reflects a YTD favorable budget variance of \$3.1 million. This favorable variance is composed of a \$1.03 million favorable volume variance and \$2.1 million favorable rate variance. The favorable variance is pharmacy at \$1.6 million, prosthesis at \$508 thousand, other medical \$622 thousand and other general supplies at \$370 thousand.

Prof Fees & Purchased Services reflects a YTD unfavorable budget variance of \$2.3 million. The unfavorable variance of \$1.3 million in professional fees is due to higher legal fees, rehabilitation therapy fees and Pomerado ED calls. The unfavorable variance of \$1.0 million in purchased services is due to purchased contracted services.

Non-Operating Income reflects a favorable YTD variance of \$946 thousand in January. This is due to a favorable investment income variance. Investment income reflects a 4.74% investment rate-of-return through January compared to budget of 4.25%.

Ratios & Margins:

All required bond covenant ratios were achieved in January 2007.

Palomar Pomerado Health
Balanced Scorecard
Financial Indicators
January 31, 2007

YTD 2007

October	November	December	January	% Actual to Budget
---------	----------	----------	---------	-----------------------

Actual	Actual	Actual	Budget / PY	Variance	% Actual to Budget	Prior Year Actual
4.4%	4.6%	10.0%	11.0%	9.9%	1.1%	7.9%
\$ 2,697.64	\$ 2,643.70	\$ 2,576.57	\$ 2,309.02	\$ 2,483.52	\$ 174.50	2,396.51
\$ 1,622.50	\$ 1,561.40	\$ 1,556.33	\$ 1,359.76	\$ 1,478.51	\$ 118.75	1,401.49
6.38	6.15	6.24	5.29	6.12	0.83	6.05
12,431	12,042	12,813	14,443	13,278	\$ 1,165.00	87,933

PPH Indicators:

OEBITDA Margin w/Prop Tax	9.2%	9.9%	-0.7%	101.2%	7.9%
Expenses/Wtd Day	2,518.30	\$ 2,487.82	\$ (30.48)	101.2%	2,396.51
SWB/Wtd Day	1,495.64	\$ 1,479.86	\$ (15.78)	101.1%	1,401.49
Prod FTEs/Adj Occupied Bed	6.02	6.12	0.10		6.05
Weighted Patient Days	89,980	92,465	(2,485)		87,933

PPH North Indicators:

OEBITDA Margin w/Prop Tax	9.4%	9.6%	-0.2%	101.3%	8.1%
Expenses/Wtd Day	2,397.92	\$ 2,367.05	\$ (30.87)	101.3%	2,430.79
SWB/Wtd Day	1,247.38	\$ 1,225.59	\$ (21.79)	101.8%	1,247.38
Prod FTEs/Adj Occupied Bed	5.09	5.08	(0.01)	100.2%	5.09
Weighted Patient Days	62,335	63,828	(1,493)		62,229

PPH South Indicators:

OEBITDA Margin w/Prop Tax	6.5%	6.9%	-0.4%		4.9%
Expenses/Wtd Day	2,409.42	\$ 2,421.60	\$ 12.18		2,373.58
SWB/Wtd Day	1,251.05	\$ 1,284.52	\$ 33.47		1,235.38
Prod FTEs/Adj Occupied Bed	5.39	5.58	0.19		5.69
Weighted Patient Days	25,853	26,472	(619)		24,436

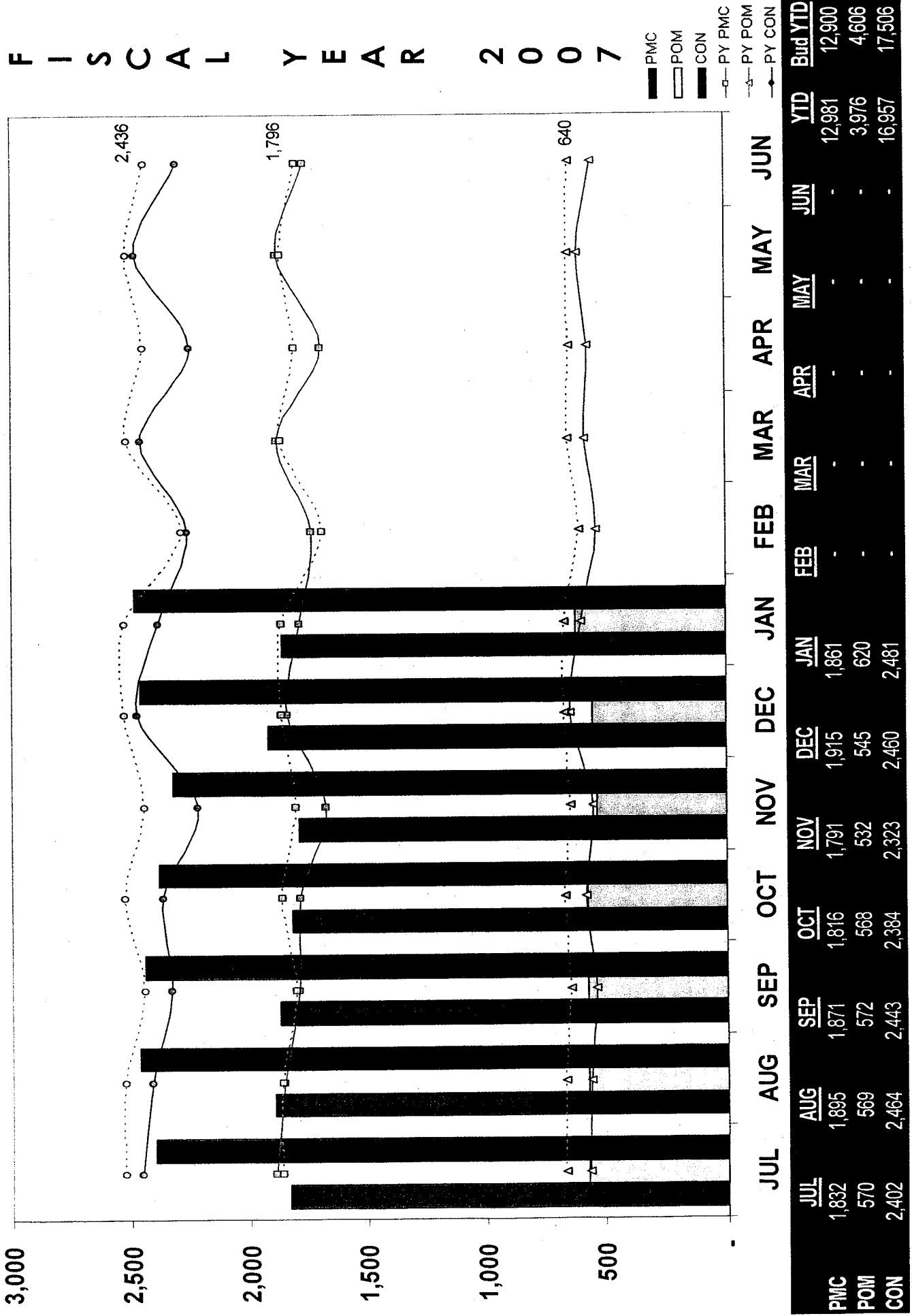
Weighted Patient Days is compared with Prior Year Actual

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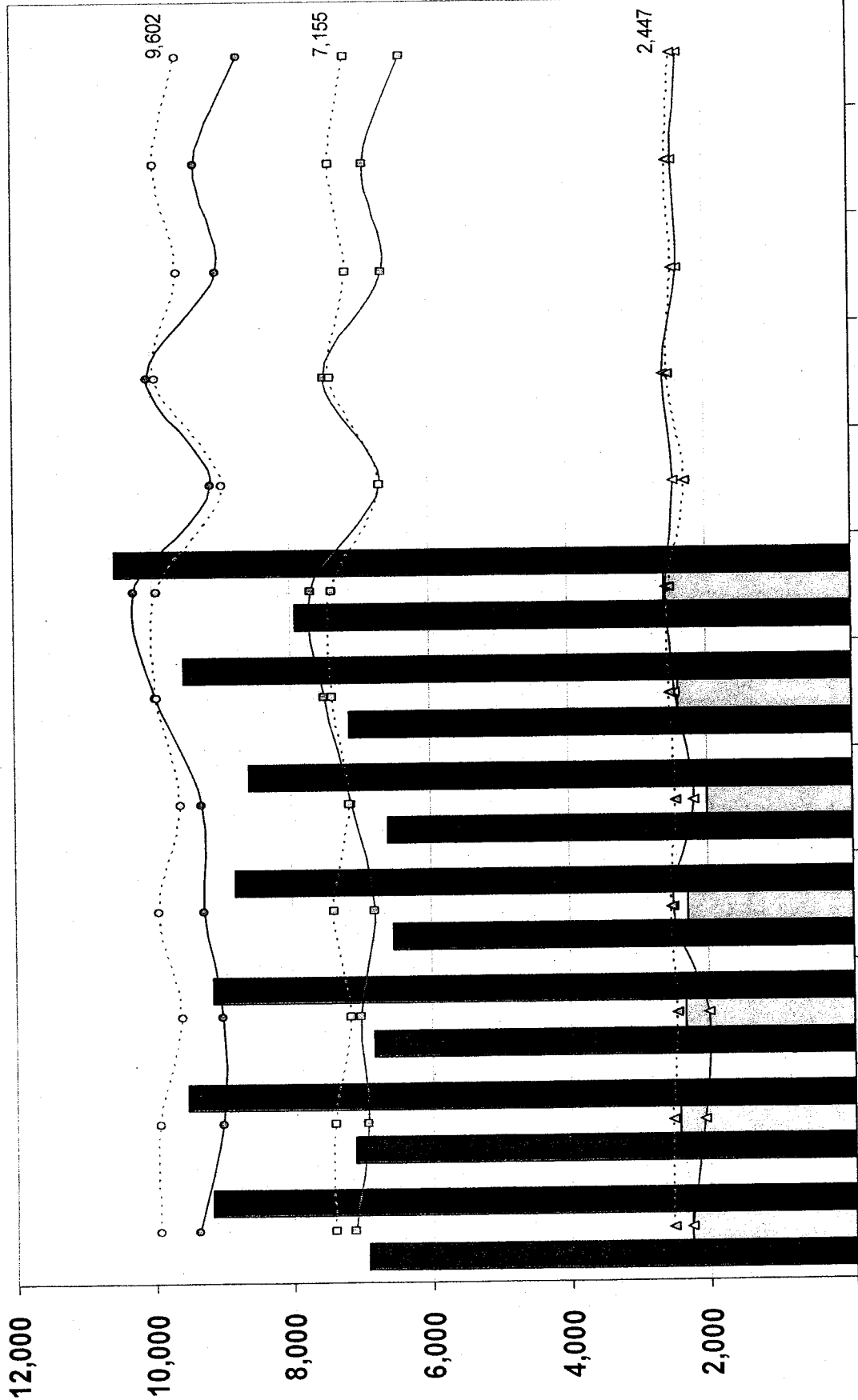
Admissions - Acute



Patient Days - Acute

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B10



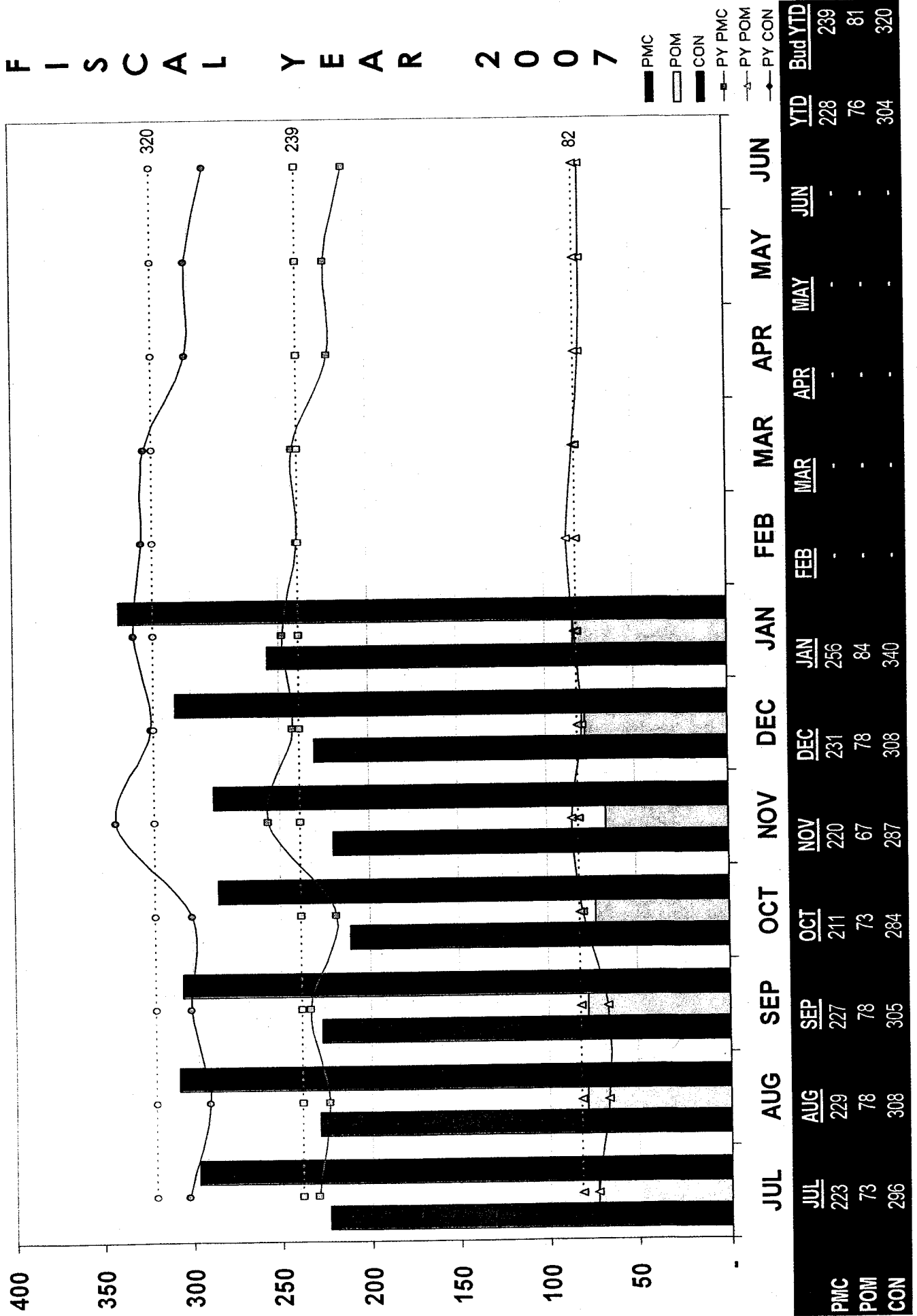
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■ PMC
 ○ POM
 □ CON
 ○ PY PMC
 △ PY POM
 ◆ PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	6,919	7,102	6,822	6,547	6,607	7,153	7,939	-	-	-	-	-	49,089	51,294
POM	2,261	2,433	2,329	2,272	2,003	2,406	2,591	-	-	-	-	-	16,295	17,520
CON	9,180	9,535	9,151	8,819	8,610	9,559	10,530	-	-	-	-	-	65,384	68,814

25

Average Daily Census - Acute



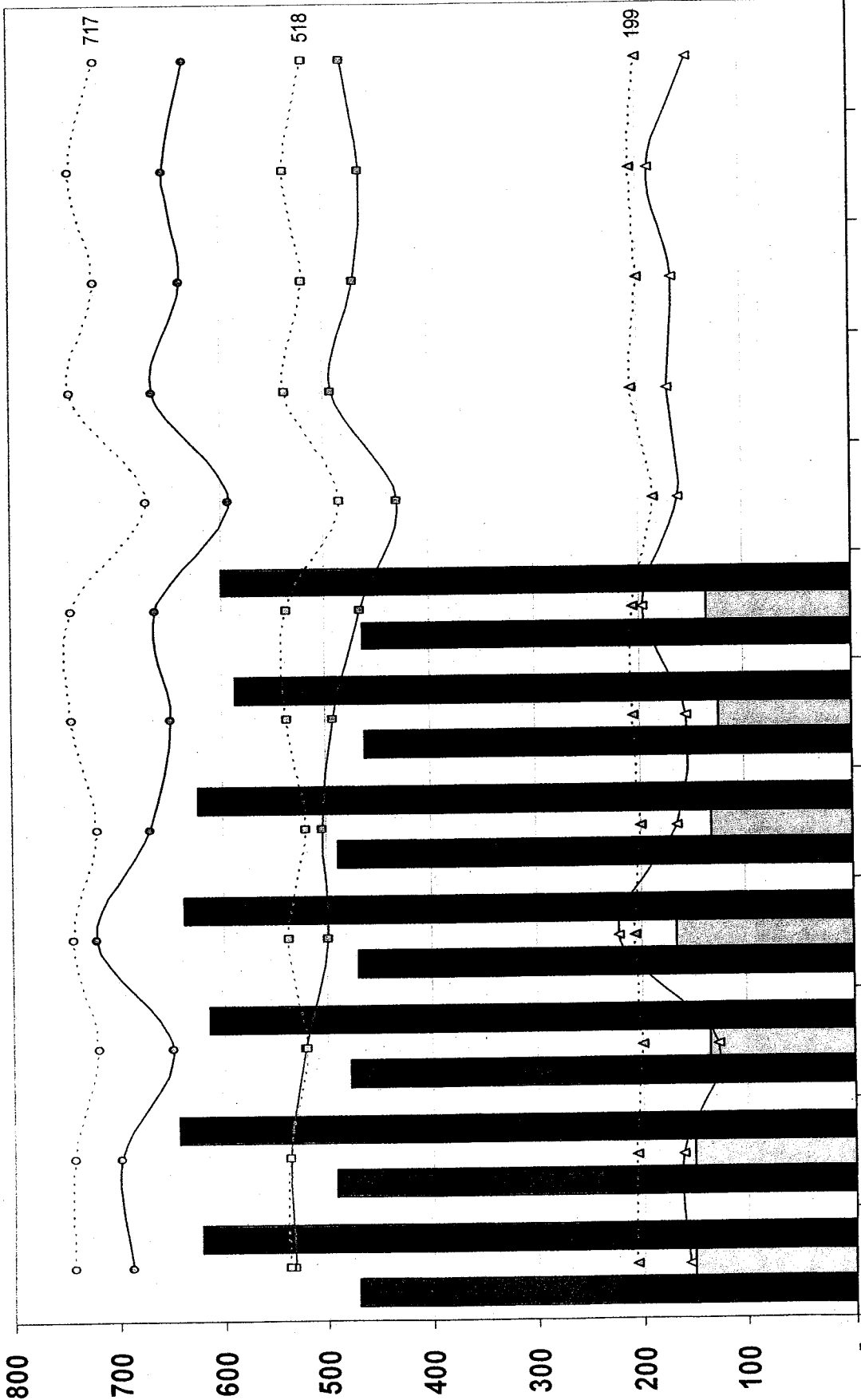
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PMC
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 PY PMC
 PY POM
 PY CON

B12

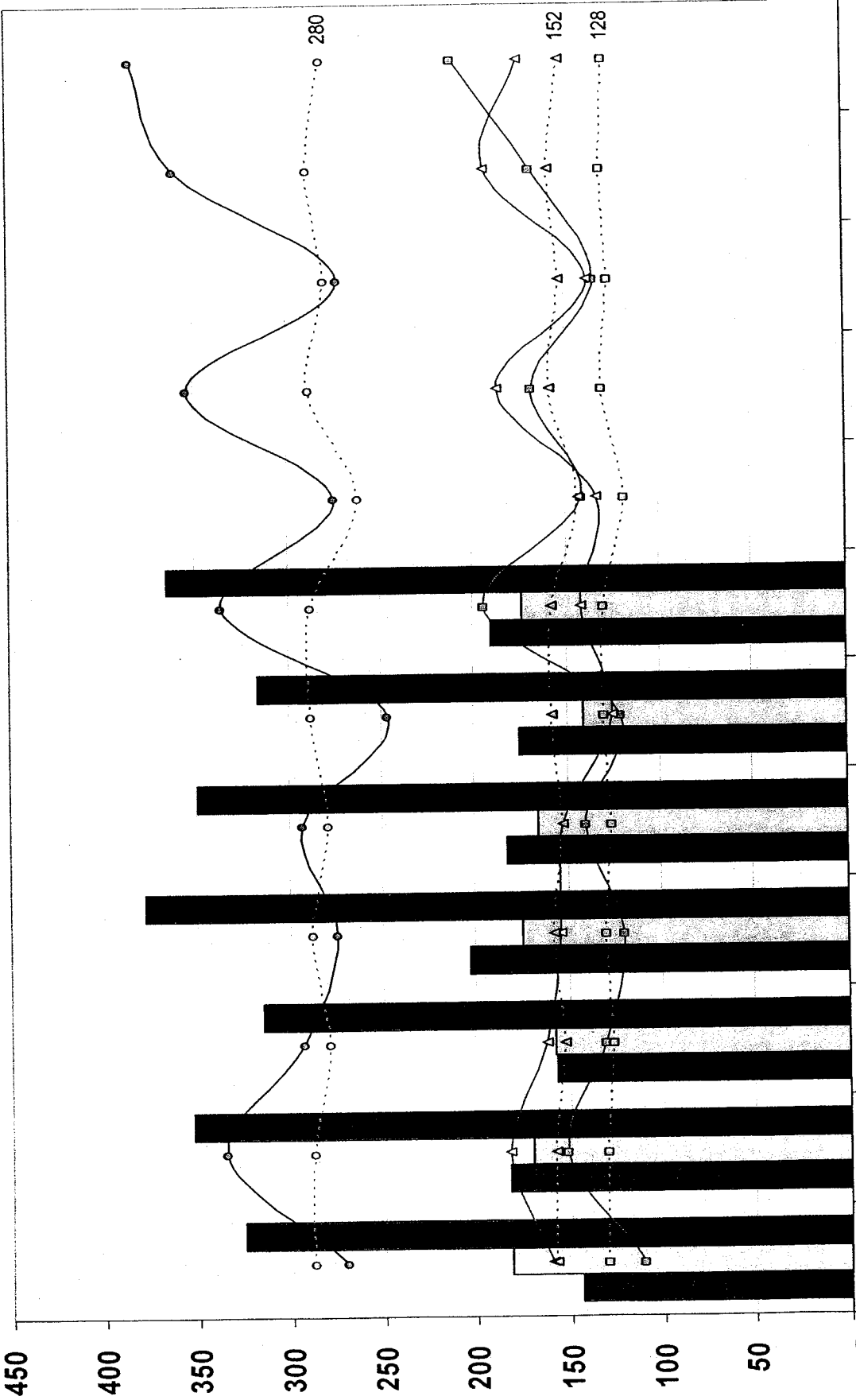
FISCAL YEAR 2007

■ PMC
 ▨ POM
 ■ CON
 □ PY PMC
 △ PY POM
 ● PY CON



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	471	492	478	471	490	463	464	-	-	-	-	-	3,329	3,723
POM	150	151	135	166	132	124	135	-	-	-	-	-	993	1,423
CON	621	643	613	637	622	587	599	-	-	-	-	-	4,322	5,146

Surgeries (Out-Patient)



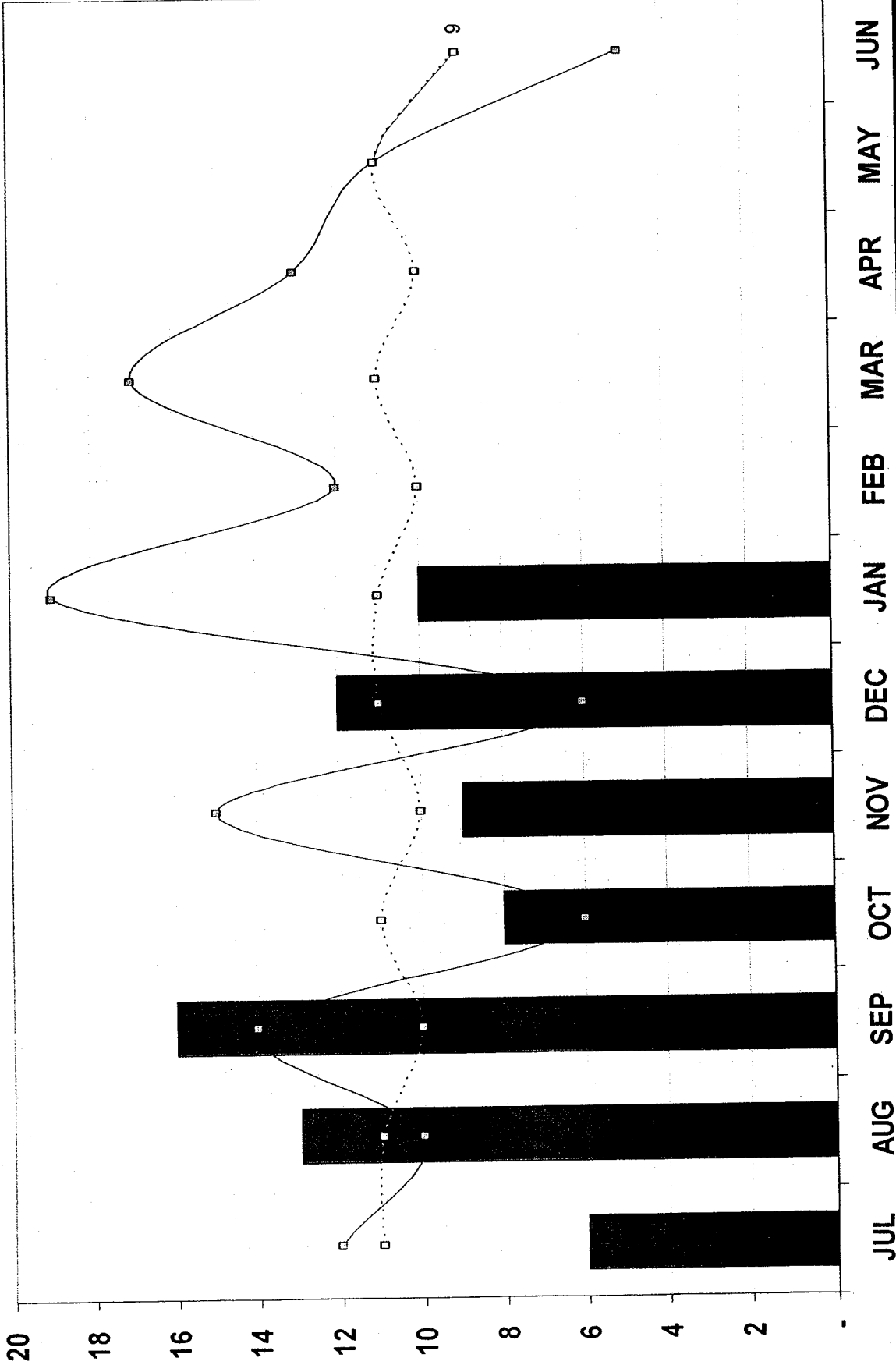
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PMC
 POM
 CON
 PY PMC
 PY POM
 PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bld YTD
PMC	144	183	157	203	183	176	191	-	-	-	-	-	1,237	902
POM	182	170	158	175	166	141	174	-	-	-	-	-	1,166	1,096
CON	326	353	315	378	349	317	365	-	-	-	-	-	2,403	1,998

B14

Surgeries - CVS (PMC)



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PMC
POM
CON
PY PMC
PY POM
PY CON

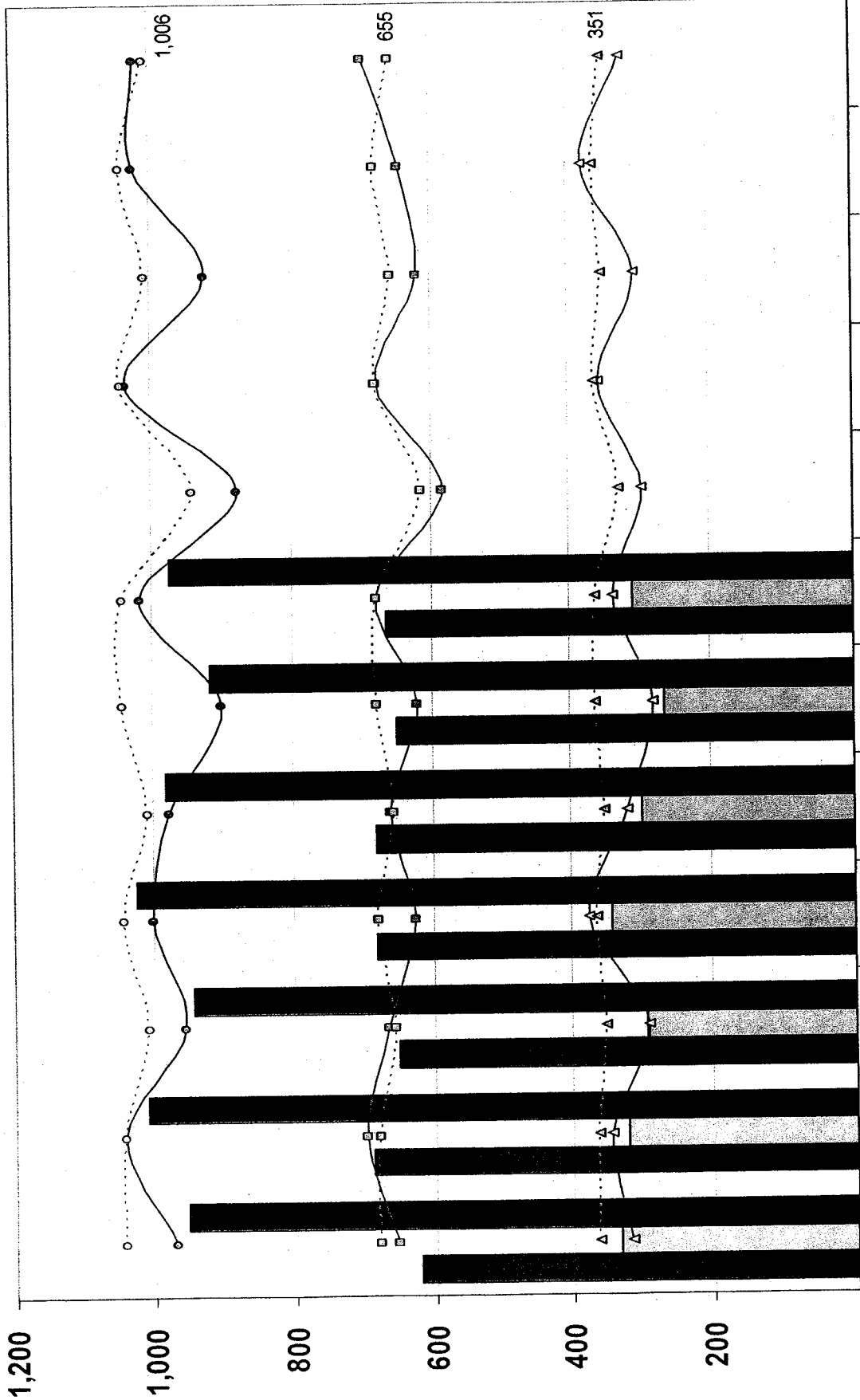
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUN	YTD	Bud YTD
PMC	6	13	16	8	9	12	10							74	75

26

B15

FISCAL YEAR 2007

Total Surgeries



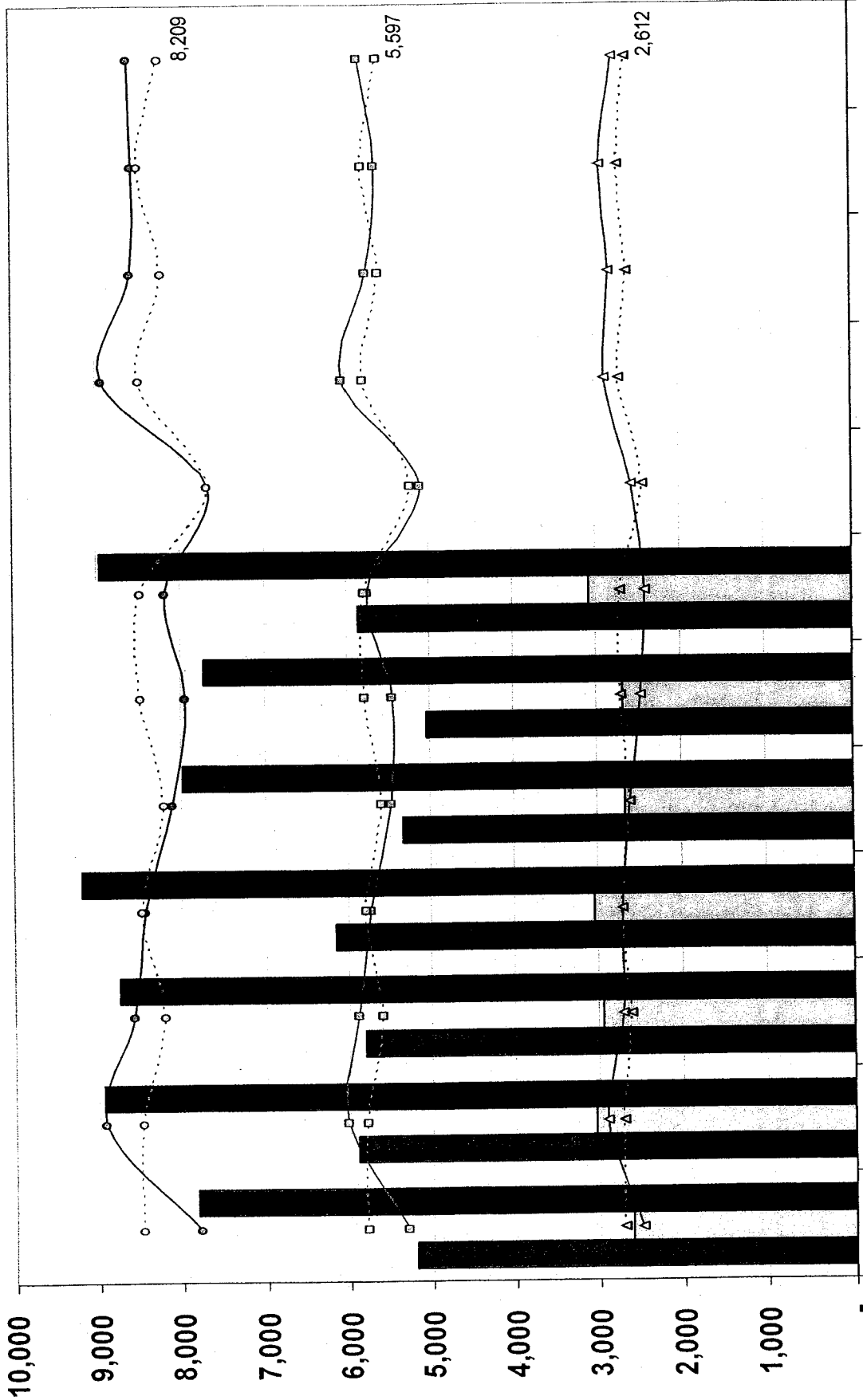
PMC
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 PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	621	688	651	682	682	651	665	-	-	-	-	-	4,640	4,700
POM	332	321	293	341	298	265	309	-	-	-	-	-	2,159	2,519
CON	953	1,009	944	1,023	980	916	974	-	-	-	-	-	6,799	7,219

2

B16

Outpatient Registration



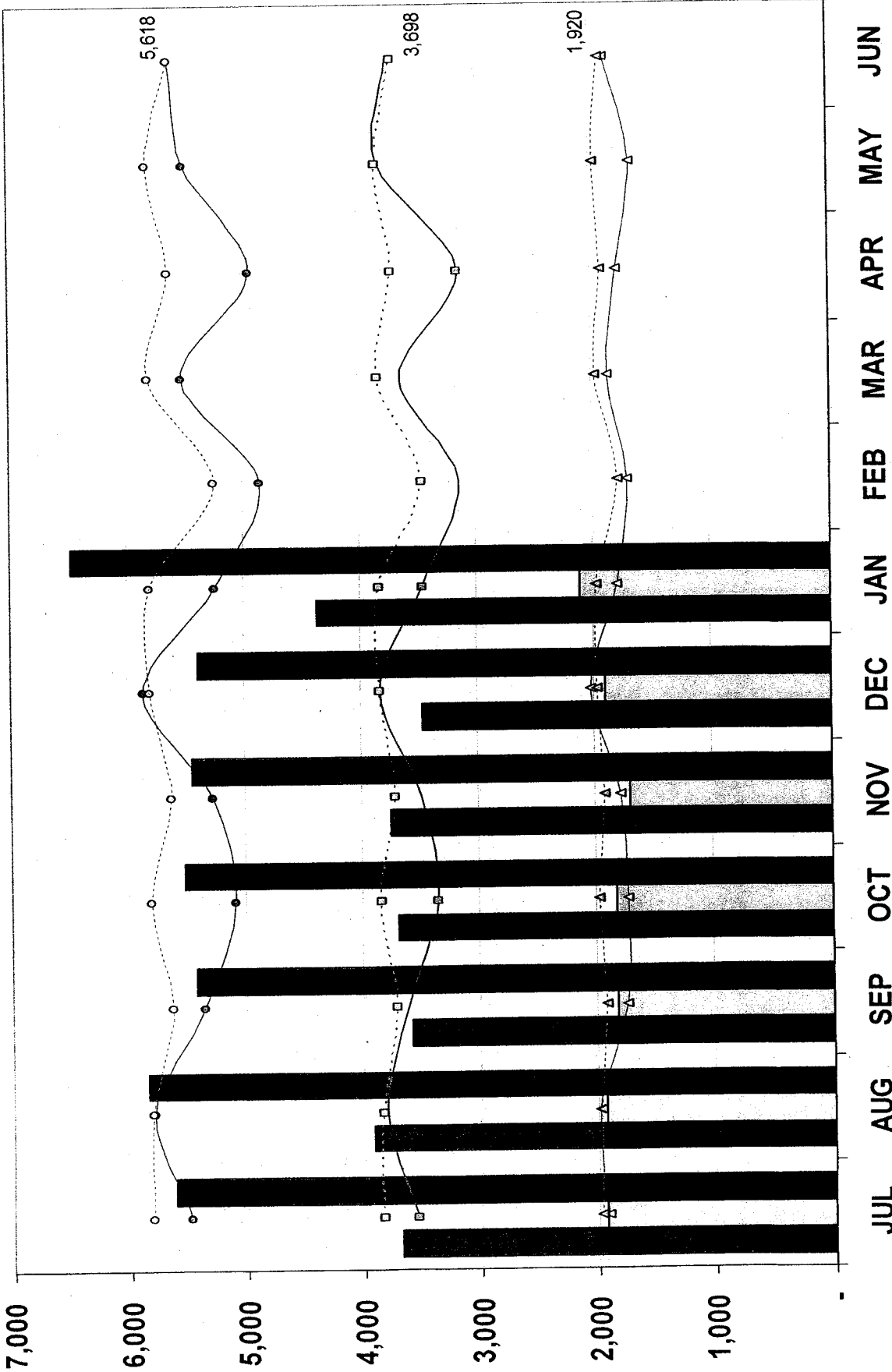
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JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN

PMC
POM
CON
PY PMC
PY POM
PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	5,204	5,900	5,800	6,158	5,326	5,030	5,872	-	-	-	-	-	39,290	40,088
POM	2,615	3,044	2,944	3,033	2,659	2,690	3,086	-	-	-	-	-	20,071	18,705
CON	7,819	8,944	8,744	9,191	7,985	7,720	8,958	-	-	-	-	-	59,361	58,793

ER Visits includes Trauma



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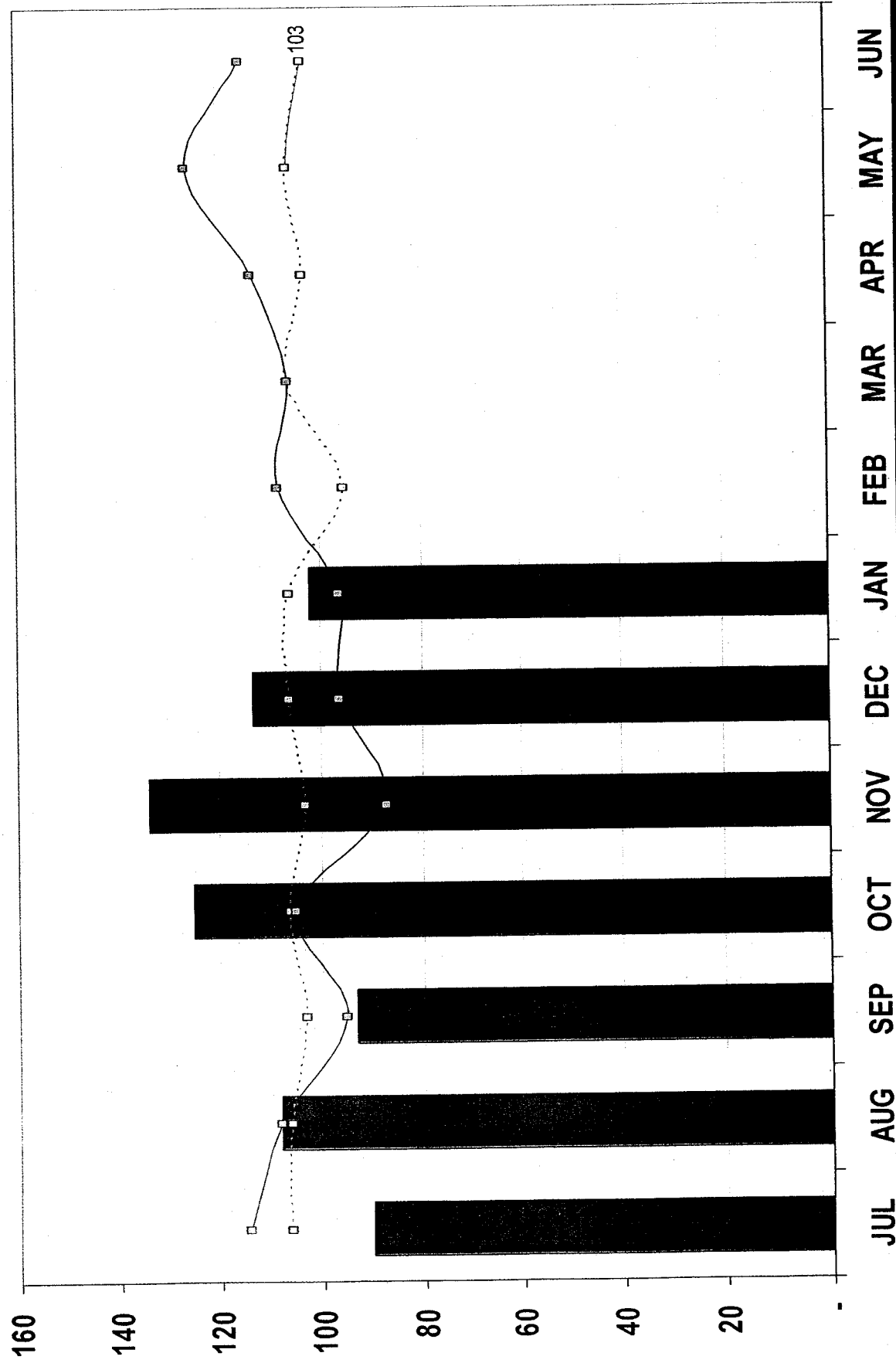
■ PMC
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 ● CON
 — PY PMC
 — PY POM
 — PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	3,685	3,916	3,589	3,686	3,751	3,478	4,359	-	-	-	-	-	26,464	26,529
POM	1,930	1,930	1,828	1,828	1,703	1,910	2,120	-	-	-	-	-	13,249	13,748
CON	5,615	5,846	5,417	5,514	5,454	5,388	6,479	-	-	-	-	-	39,713	40,277

B18

Trauma Cases (PMC)

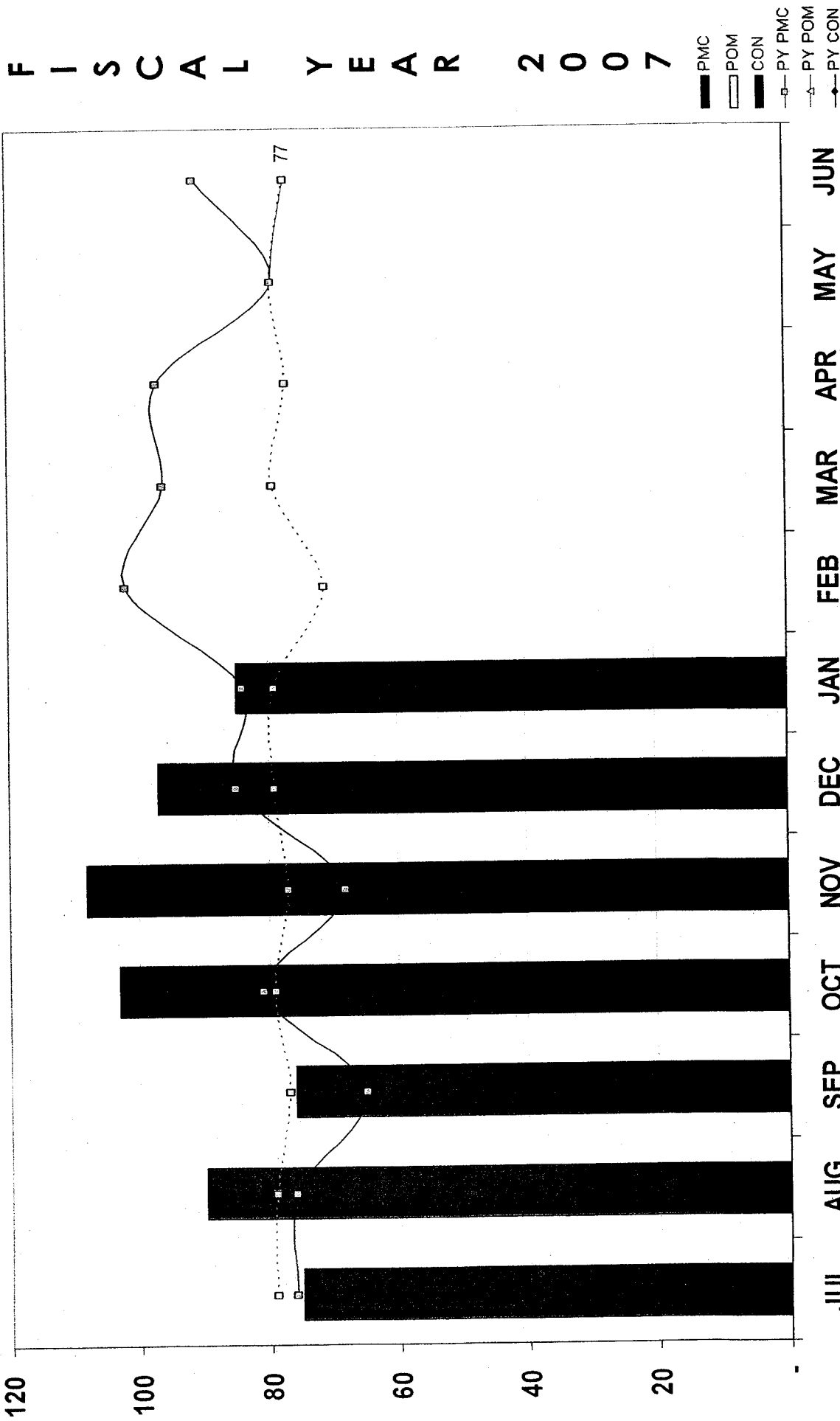
FISCAL YEAR 2007



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	90	108	93	125	134	113	102	-	-	-	-	-	765	736

B19

Trauma Admissions (PMC)



120

100

80

60

40

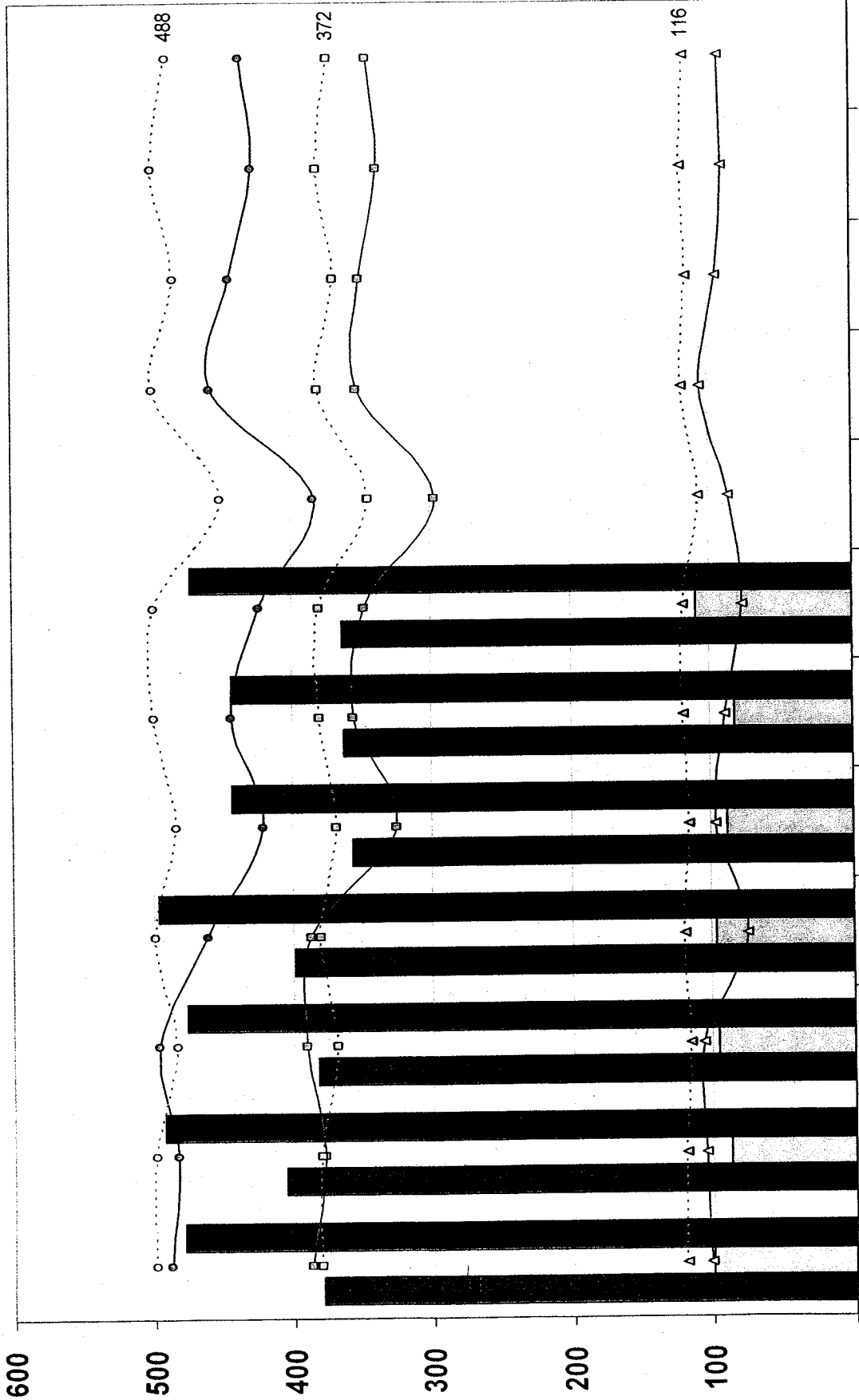
20

— PMC
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	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	75	90	76	103	108	97	85	-	-	-	-	-	634	549

FISCAL YEAR 2007

Deliveries

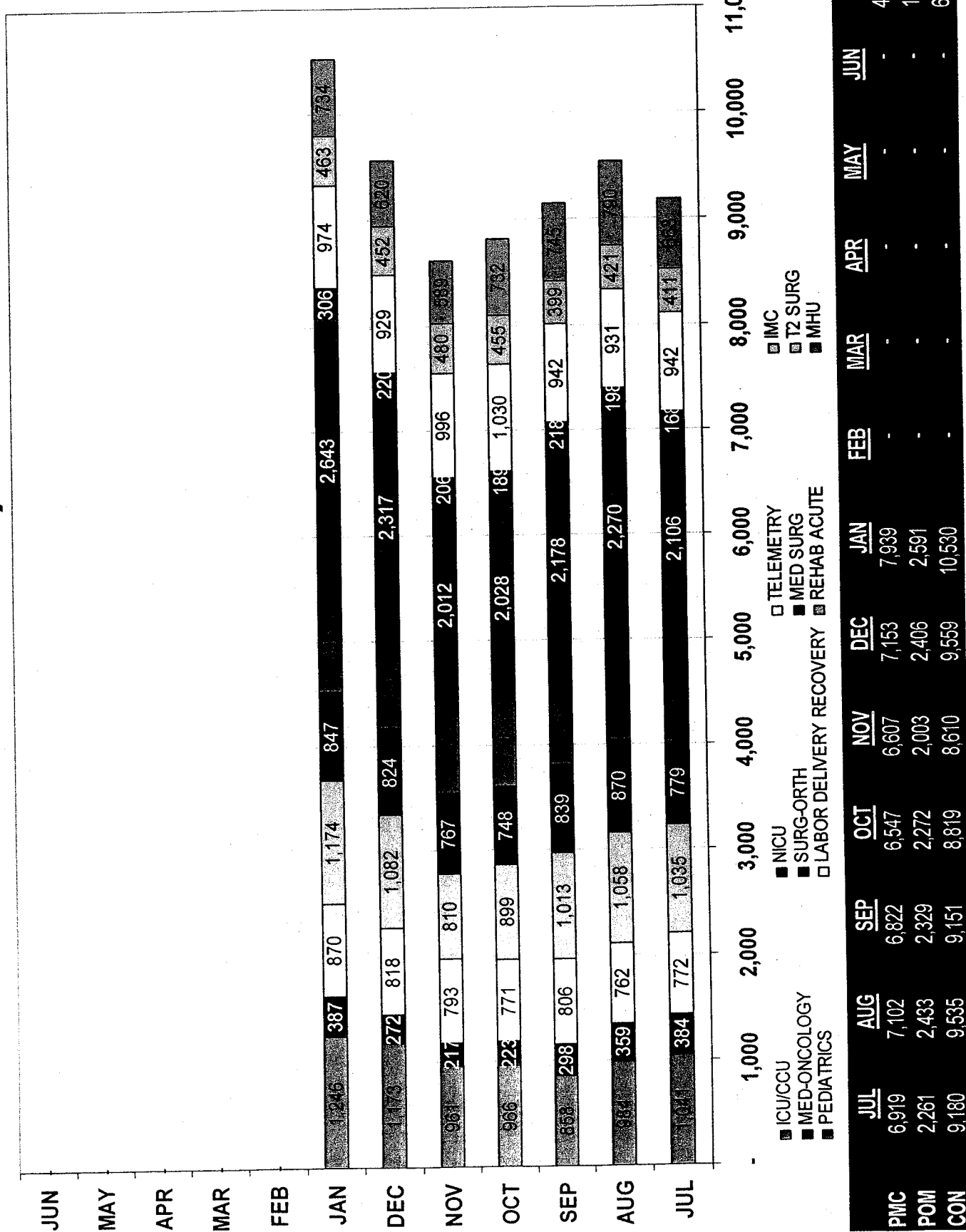


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 - - PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	379	406	382	399	356	362	363	-	-	-	-	-	2,647	2,636
POM	100	87	95	97	88	82	110	-	-	-	-	-	659	825
CON	479	493	477	496	444	444	473	-	-	-	-	-	3,306	3,461

Patient Days

FISCAL YEAR 2007



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMIC	6,919	7,102	6,822	6,547	6,607	7,153	7,939	-	-	-	-	-	49,089	51,294
POM	2,261	2,433	2,329	2,272	2,003	2,406	2,591	-	-	-	-	-	16,295	17,520
CON	9,180	9,535	9,151	8,819	8,610	9,559	10,530	-	-	-	-	-	65,384	68,814

**PALOMAR POMERDO HEALTH
SUMMARY OF KEY INDICATORS AND RESULTS
FYTD January 2007**

	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>FY 2006</u>
<u>ADMISSIONS - Acute:</u>				
Palomar Medical Center	12,981	12,900	81	12,603
Pomerado Hospital	3,976	4,606	(630)	4,023
Total:	<u>16,957</u>	<u>17,506</u>	<u>(549)</u>	<u>16,626</u>
<u>ADMISSIONS - SNF:</u>				
Palomar Medical Center	360	456	(96)	367
Pomerado Hospital	328	369	(41)	341
Total:	<u>688</u>	<u>825</u>	<u>(137)</u>	<u>708</u>
<u>PATIENT DAYS - Acute:</u>				
Palomar Medical Center	49,089	51,294	(2,205)	50,164
Pomerado Hospital	16,295	17,520	(1,225)	16,023
Total:	<u>65,384</u>	<u>68,814</u>	<u>(3,430)</u>	<u>66,187</u>
<u>PATIENT DAYS - SNF:</u>				
Palomar Medical Center	18,844	19,051	(207)	18,139
Pomerado Hospital	26,513	26,660	(147)	26,651
Total:	<u>45,357</u>	<u>45,711</u>	<u>(354)</u>	<u>44,790</u>

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PALOMAR POMERADO HEALTH
SUMMARY OF KEY INDICATORS AND RESULTS
FYTD January 2007

B23

	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>FY 2006</u>
<u>WEIGHTED PATIENT DAYS:</u>				
Palomar Medical Center	62,335	63,828	(1,493)	62,229
Pomerado Hospital	25,853	26,472	(619)	24,436
Other Activities	1,792	2,165	(373)	1,268
Total:	89,980	92,465	(2,485)	87,933
<u>AVERAGE LENGTH OF STAY - Acute:</u>				
Palomar Medical Center	3.74	4.02	(0.28)	4.05
Pomerado Hospital	4.10	3.96	0.14	3.96
Total:	3.82	4.00	(0.18)	4.03
<u>AVERAGE LENGTH OF STAY - SNF:</u>				
Palomar Medical Center	53.69	40.53	13.16	47.99
Pomerado Hospital	82.08	73.65	8.43	79.79
Total:	67.30	54.94	12.36	62.91

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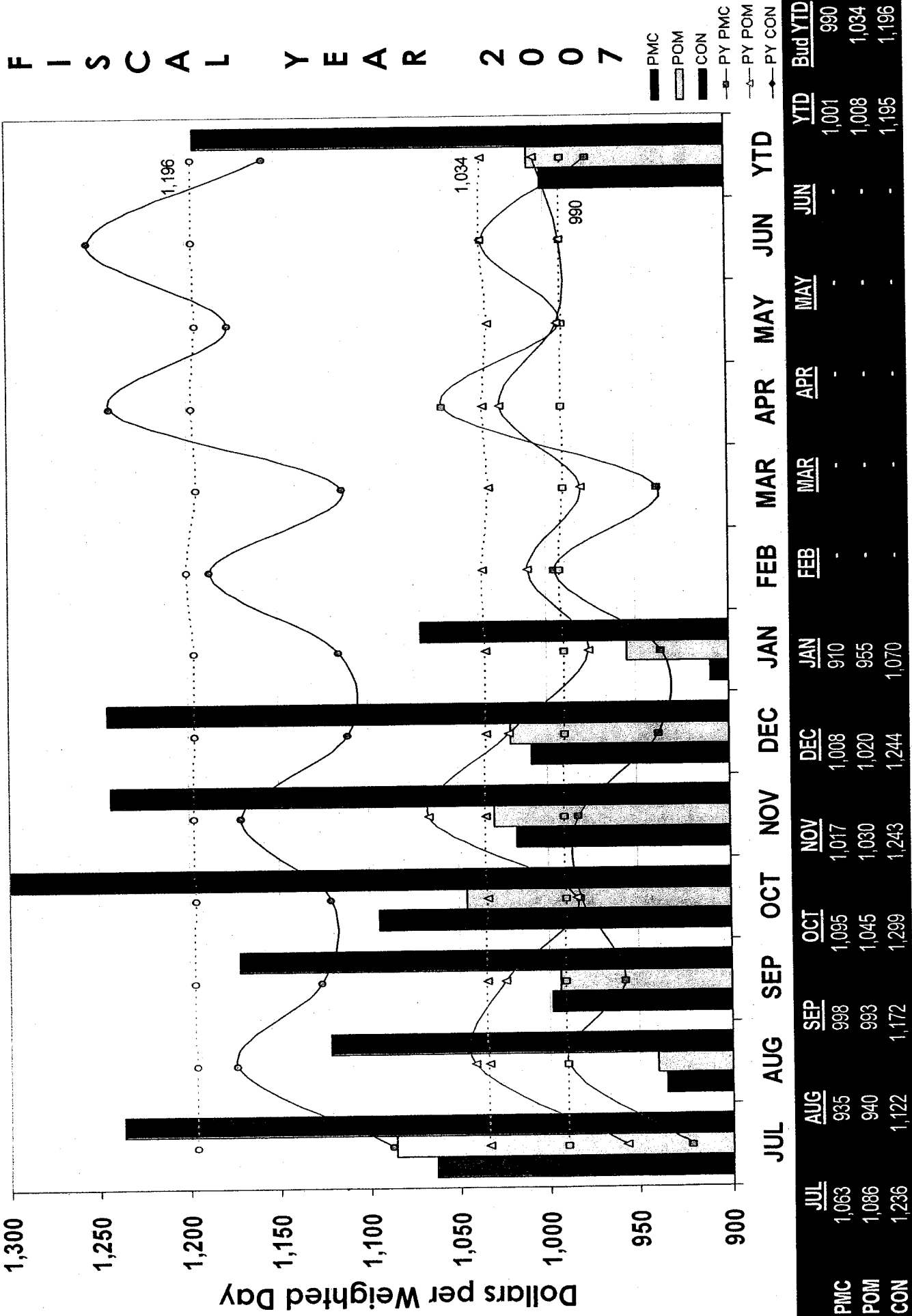
**PALOMAR POMERDO HEALTH
SUMMARY OF KEY INDICATORS AND RESULTS
FYTD January 2007**

	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>FY 2006</u>
<u>EMERGENCY ROOM VISITS & TRAUMA CASES:</u>				
Palomar Medical Center	26,464	26,529	(65)	25,074
Pomerado Hospital	13,249	13,748	(499)	12,998
Total:	39,713	40,277	(564)	38,072
<u>EMERGENCY & TRAUMA ADMISSIONS:</u>				
Palomar Medical Center	6,439	6,684	(245)	6,377
Pomerado Hospital	2,186	2,407	(221)	2,294
Total:	8,625	9,091	(466)	8,671
<u>SURGERIES:</u>				
Palomar Medical Center	4,640	4,700	(60)	4,600
Pomerado Hospital	2,159	2,519	(360)	2,261
Total:	6,799	7,219	(420)	6,861
<u>BIRTHS:</u>				
Palomar Medical Center	2,647	2,636	11	2,570
Pomerado Hospital	659	825	(166)	647
Total:	3,306	3,461	(155)	3,217

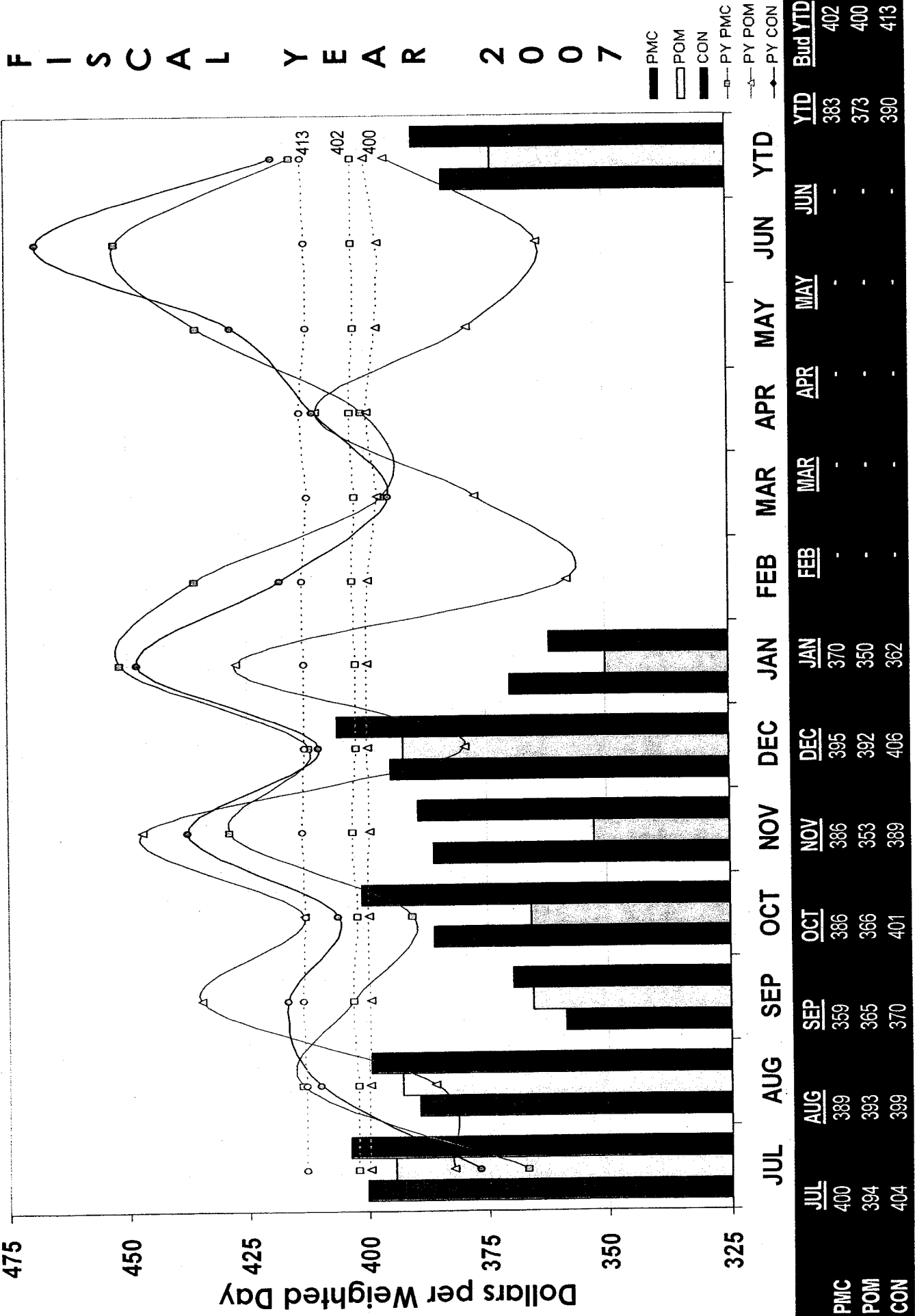
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Salaries per Weighted Patient Days

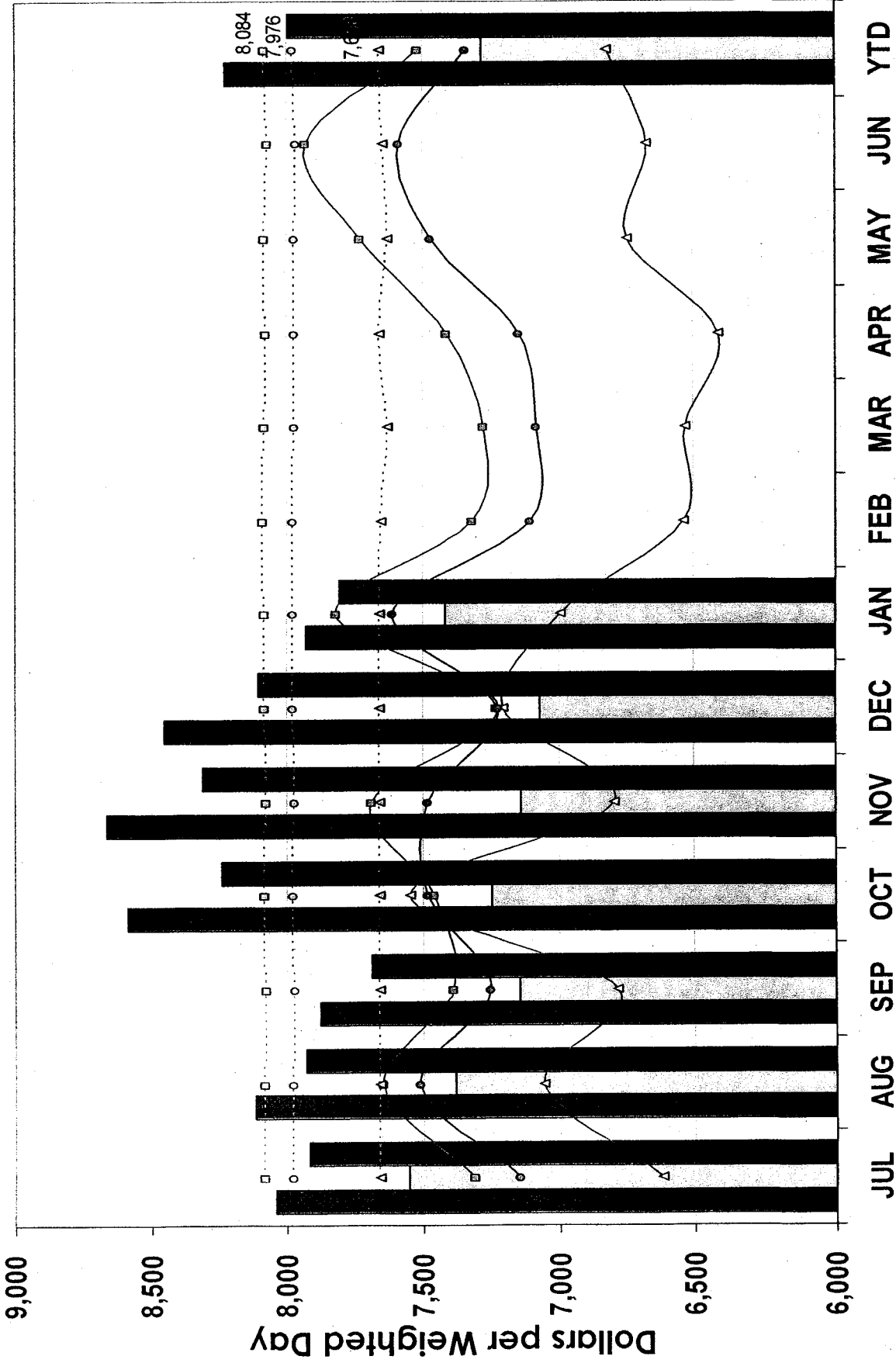


Supplies per Weighted Patient Days



Gross Patient Revenue per Weighted Patient Days B27

FISCAL YEAR 2007

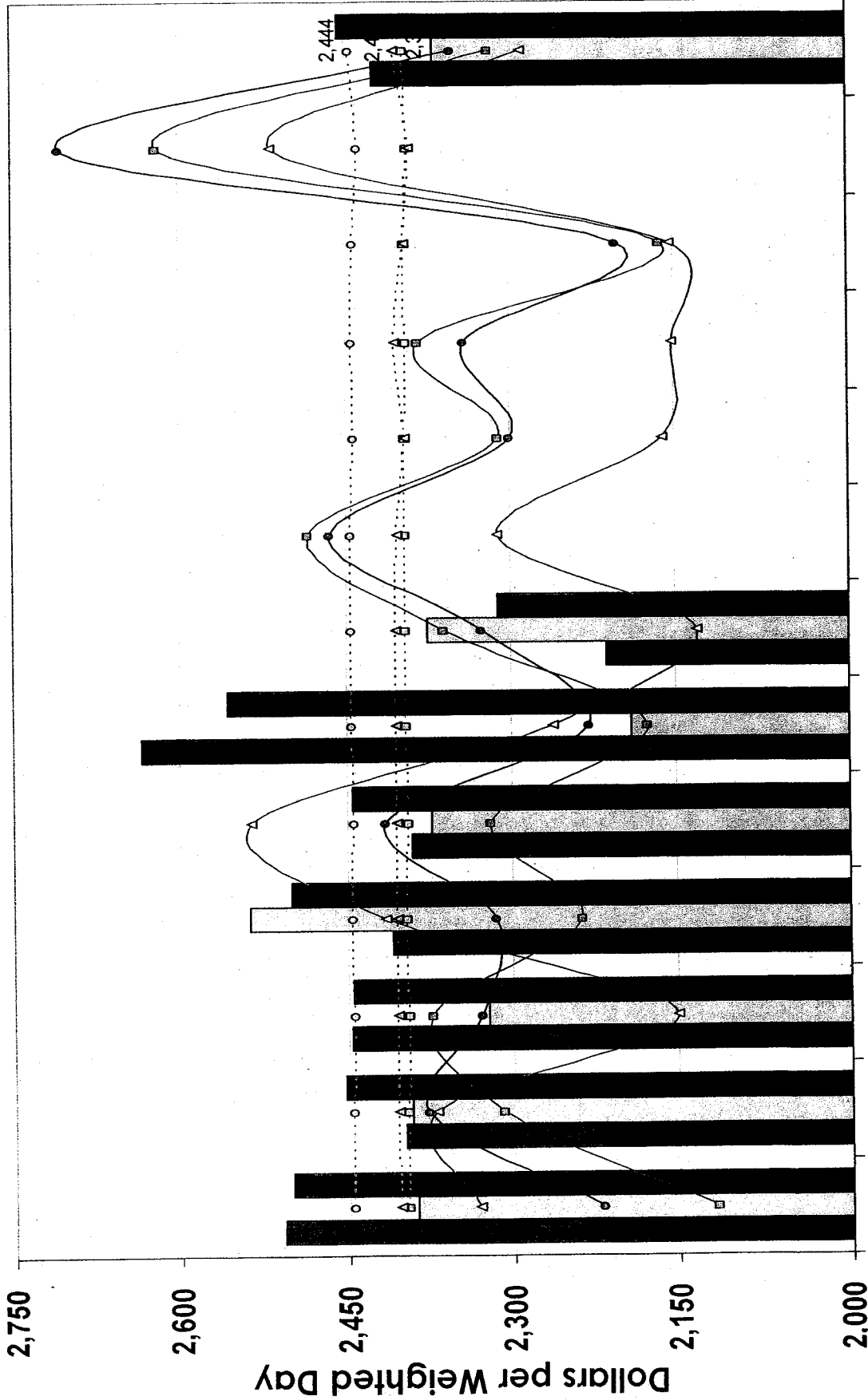


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 △ PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	8,041	8,120	7,875	8,587	8,665	8,455	7,929	-	-	-	-	-	8,229	8,084
POM	7,552	7,379	7,149	7,247	7,142	7,068	7,418	-	-	-	-	-	7,282	7,658
CON	7,921	7,932	7,690	8,242	8,311	8,106	7,803	-	-	-	-	-	7,992	7,976

Net Patient Revenue per Weighted Patient Days B28

FISCAL YEAR 2007



■ PMC
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 ■ CON
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 □ PY POM
 △ PY CON

JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN YTD

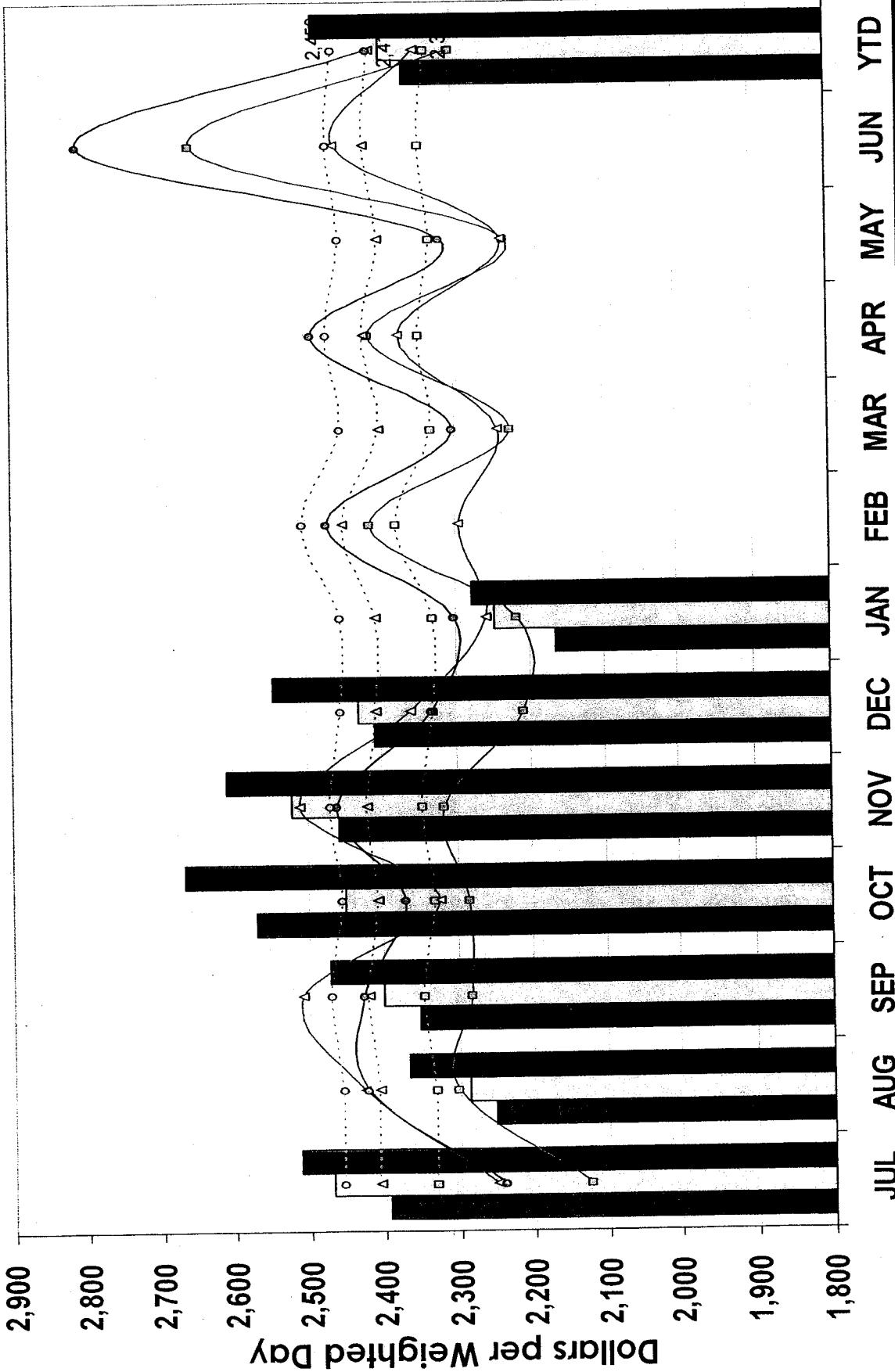
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	2,508	2,398	2,446	2,410	2,391	2,634	2,213	-	-	-	-	-	2,424	2,396
POM	2,389	2,393	2,323	2,537	2,373	2,191	2,376	-	-	-	-	-	2,369	2,404
CON	2,500	2,453	2,445	2,500	2,445	2,556	2,312	-	-	-	-	-	2,456	2,444

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Total Expenses per Weighted Patient Days

B29

FISCAL YEAR 2007

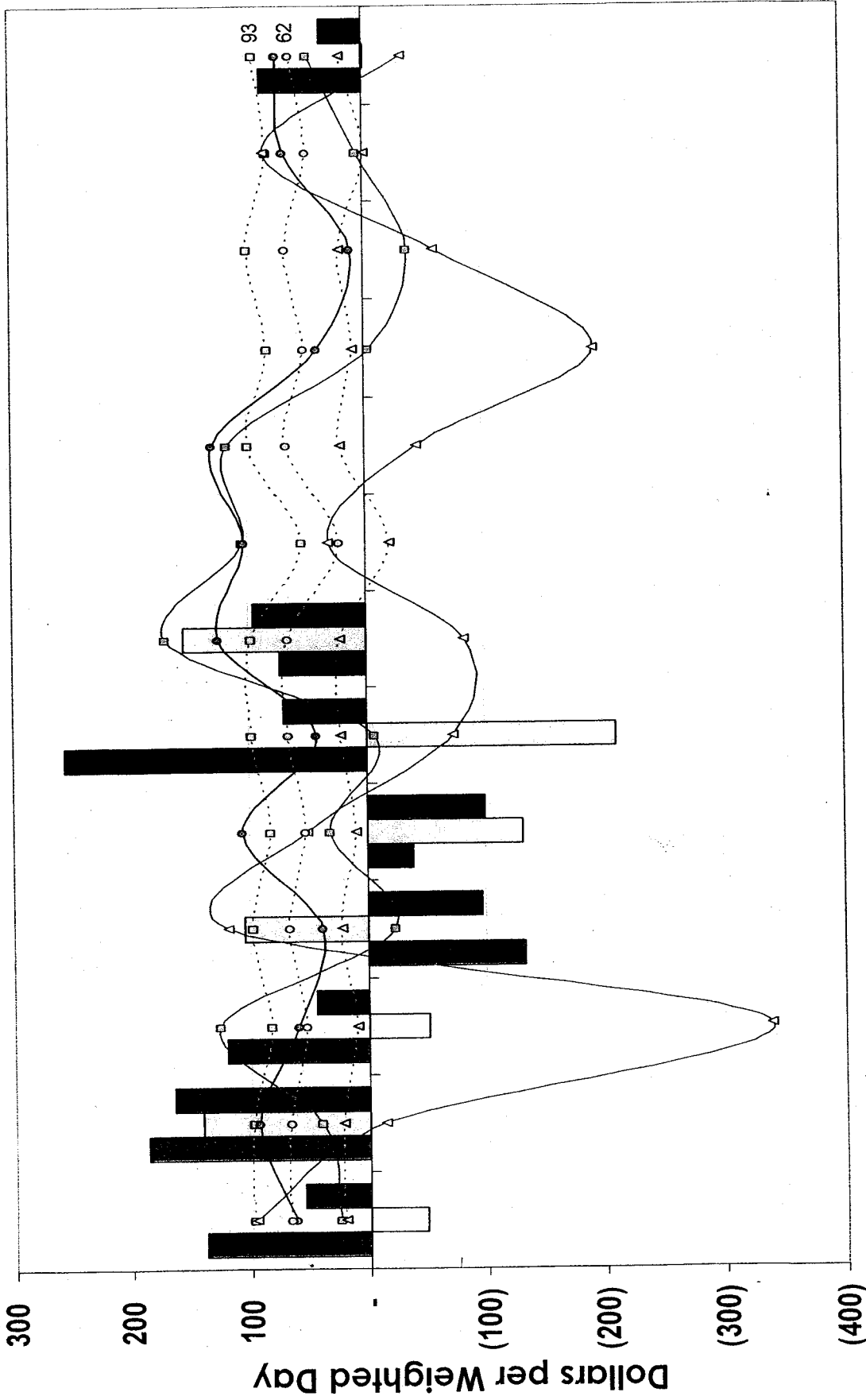


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 CON
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 PY POM
 PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	2,395	2,252	2,352	2,571	2,459	2,408	2,164	-	-	-	-	-	2,365	2,334
POM	2,469	2,287	2,400	2,451	2,522	2,430	2,247	-	-	-	-	-	2,397	2,410
CON	2,514	2,367	2,473	2,665	2,610	2,546	2,278	-	-	-	-	-	2,487	2,458

Net Operating Income per Weighted Patient Days^{B30}

F I S C A L Y E A R 2 0 0 7



■ PMC
 ▨ POM
 □ CON
 ○ PY PMC
 ● PY POM
 ▲ PY CON

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Bud YTD
PMC	137	186	120	(133)	(39)	255	73	-	-	-	-	-	88	93
POM	(48)	140	(52)	105	(132)	(211)	155	-	-	-	-	-	(2)	19
CON	56	164	45	(98)	(100)	71	95	-	-	-	-	-	36	62

PALOMAR POMERADO HEALTH
Key Variance Explanations for January 2007

B31

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Weighted Patient Days	14,443	13,331	1,112
Gross Patient Revenue:	112,702,867	106,338,260	6,364,607
Due to higher volumes			
Contractuals:	79,663,327	73,812,302	(5,851,025)
Due to higher-than-budgeted revenues			
Net Capitation:	357,500	63,927	293,573
Other Operating Revenue:	875,290	1,007,597	(132,307)
PPH Foundation			(36,021)
PMC Auxiliary			(15,000)
Welcome Home Baby			(30,353)
PPNC Health Development			(49,723)
VHA Rebate check			22,554
Corporate Health			(13,994)

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Key Variance Explanations for January 2007 (Cont'd)

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Salaries & Wages:			
Volume Variance	14,675,777	15,256,595	580,818
Severance			1,820,440
Holiday Pay			(212,250)
Overtime, callback, productivity due to volume			(326,599)
			(700,773)
Benefits:			
FICA	4,181,695	3,774,533	(407,162)
Health and Dental			(145,893)
Pension			(70,212)
Other (LTD and STD)			(81,111)
			(107,778)
Contract Labor:			
Due to higher volumes	781,512	678,883	(102,629)
Professional Fees:			
Legal Fees	2,263,969	1,815,681	(448,288)
Admin Consulting			(44,522)
Pomerado ED calls			(126,413)
Cerner Upgrade			(70,015)
IT Strategic Plan Engagement - 4 months invoices			(58,000)
Rehabcare Therapist fees			(75,000)
			(69,139)

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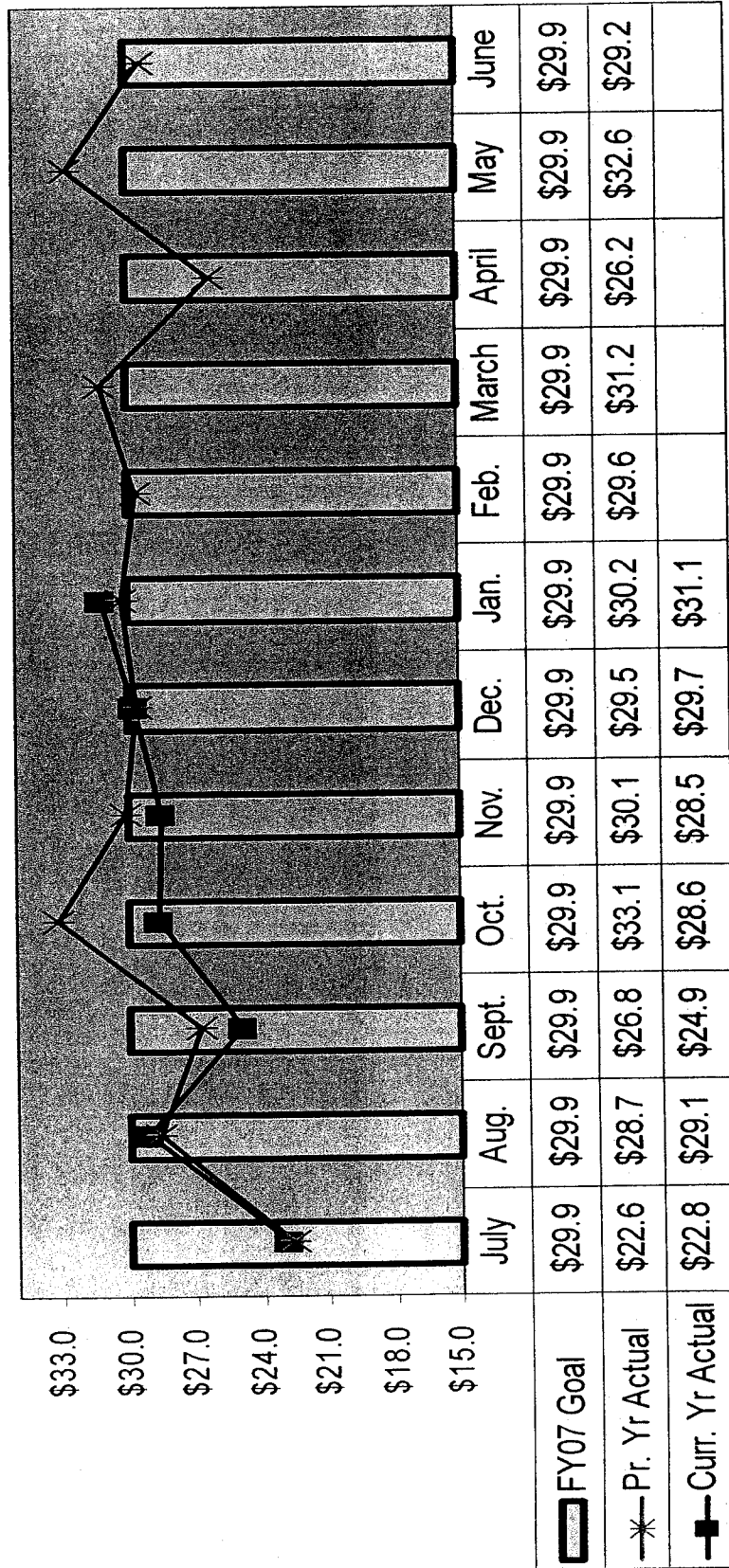
PALOMAR POMERADO HEALTH
Key Variance Explanations for January 2007 (Cont'd)

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Supplies:	5,226,986	5,503,090	276,104
Purchased Services:	2,339,242	2,164,495	(174,747)
IT Recovery Mgmt fees			(38,700)
Collection service fees			(49,000)
Environmental Services			(43,864)
Admitting Outstation fees			(18,702)
Depreciation:	1,555,220	1,573,192	17,972
Additional CIP's			(60,948)
Escondido Surgery Center			(34,868)
Fully depreciated assets			113,789
Other Direct Expenses:	1,873,169	1,949,210	76,041
Utilities			78,522
Net Income From Operations	\$1,374,760	\$881,803	\$492,957

PALOMAR POMERADO HEALTH

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PBS Monthly Collections in Millions



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Palomar Pomerado Health
Consolidated Balance Sheet
As of January 31, 2007

	Current Month	Prior Month	Prior Fiscal Year End
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	Current Month	Prior Month	Prior Fiscal Year End
Assets			
Current Assets			
Cash on Hand	\$9,323,415	\$9,466,896	\$2,001,279
Cash Marketable Securities	94,393,348	93,801,600	110,035,151
Total Cash & Cash Equivalents	103,716,763	103,268,496	112,036,430
Patient Accounts Receivable			
Allowance on Accounts	188,311,276	180,168,464	149,045,009
Net Accounts Receivable	-97,229,458	-90,047,561	-78,078,378
	91,081,818	90,120,903	70,966,631
Inventories	7,047,273	6,845,712	6,937,645
Prepaid Expenses	1,930,867	2,003,952	2,293,992
Other	8,624,406	11,047,582	3,868,903
Total Current Assets	212,401,127	213,286,645	196,103,601
Non-Current Assets			
Restricted Assets	203,610,330	43,771,163	66,734,609
Restricted by Donor	293,315	292,686	288,265
Board Designated	-2,050,389	908,525	9,267,526
Total Restricted Assets	201,853,256	44,972,374	76,290,400
Property Plant & Equipment	337,908,826	337,296,249	343,335,572
Accumulated Depreciation	-222,093,169	-221,875,604	-220,455,460
Construction in Process	119,217,880	115,795,783	85,858,842
Net Property Plant & Equipment	235,033,537	231,216,428	208,738,954
Investment in Related Companies	1,473,658	1,437,209	268,203
Deferred Financing Costs	5,560,540	4,074,620	3,354,469
Other Non-Current Assets	2,514,807	2,514,807	2,594,765
Total Non-Current Assets	446,435,798	284,215,438	291,246,791
Total Assets	\$658,836,925	\$497,502,083	\$487,350,392

	Current Month	Prior Month	Prior Fiscal Year End
--	---------------	-------------	-----------------------

	Current Month	Prior Month	Prior Fiscal Year End
Liabilities			
Current Liabilities			
Accounts Payable	\$17,326,326	\$20,061,931	\$23,154,953
Accrued Payroll	16,569,063	17,073,781	13,504,395
Accrued PTO	11,360,431	11,566,244	11,133,968
Accrued Interest Payable	2,865,061	2,045,907	2,265,274
Current Portion of Bonds	13,220,000	12,305,000	12,745,000
Est Third Party Settlements	-380,548	-1,310,255	-995,051
Other Current Liabilities	17,251,798	17,465,564	9,482,924
Total Current Liabilities	78,212,131	79,208,172	71,290,863
Long Term Liabilities			
Bonds & Contracts Payable	298,312,485	139,142,626	151,347,395
Fund Balance	284,069,382	277,950,073	255,156,342
Unrestricted	293,315	292,686	288,265
Restricted for Other Purpose	-2,050,389	908,525	9,267,526
Board Designated	282,312,308	279,151,284	264,712,133
Total Long Term Liabilities	\$658,836,925	\$497,502,083	\$487,350,392

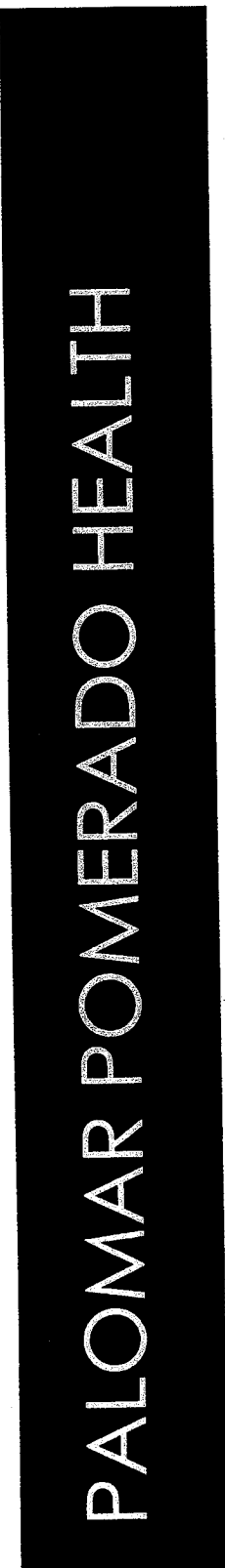
PALOMAR POMERADO HEALTH

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PALOMAR POMERADO HEALTH
 CONSOLIDATED
 Year-to-Date as of January FY 2007

	Month Activity		Variance			Variance		\$Wtg Pt Day		
	Actual	Budget				Volume	Rate/Eff	Actual	Budget	Variance
Statistics:										
Admissions - Acute	16,957	17,506	(549)							
Admissions - SNF	688	825	(137)							
Patient Days - Acute	65,384	68,814	(3,430)							
Patient Days - SNF	45,357	45,711	(354)							
ALOS - Acute	3.82	4.00	(0.18)							
ALOS - SNF	67.30	54.94	12.36							
Weighted Pt Days	89,980	92,465	(2,485)							
Revenue:										
Gross Revenue	\$ 719,196,488	\$ 737,453,276	\$ (18,256,788)	U	\$ (19,819,082)	\$ 1,562,294	\$ 7,992.85	\$ 7,975.49	\$	17.36
Deductions from Rev	(498,246,892)	(511,443,907)	13,197,015	F	(548,057)	(548,057)	(5,537.31)	(5,531.22)		(6.09)
Net Patient Revenue	220,949,595	226,009,369	(5,059,773)	U	(6,074,009)	1,014,236	2,455.54	2,444.27		11.27
Other Oper Revenue	6,094,062	7,053,179	(959,117)	U	(189,554)	(769,563)	67.73	76.28		(8.55)
Total Net Revenue	227,043,657	233,062,548	(6,018,890)	U	(6,263,564)	244,674	2,523.27	2,520.55		2.72
Expenses:										
Salaries, Wages & Contr Labor	107,475,457	110,550,830	3,075,373	F		104,316	1,194.44	1,195.60		1.16
Benefits	27,102,330	26,283,981	(818,349)	U		(1,524,732)	301.20	284.26		(16.95)
Supplies	35,056,585	38,184,032	3,127,447	F		2,101,250	389.60	412.96		23.35
Prof Fees & Purch Svc	29,988,719	27,706,220	(2,282,499)	U		(3,027,105)	333.28	299.64		(33.64)
Depreciation	11,547,296	10,981,696	(565,600)	U		(860,733)	128.33	118.77		(9.57)
Other	12,591,518	13,584,732	993,214	F		628,124	139.94	146.92		6.98
Total Expenses	223,761,905	227,281,491	3,529,586	F	6,108,467	(2,578,881)	2,486.80	2,458.14		(28.66)
Net Inc Before Non-Oper Income	3,281,752	5,771,057	(2,489,304)	U	(155,097)	(2,334,207)	36.47	62.41		(25.94)
Property Tax Revenue	7,379,162	7,379,162	-			(198,315)	82.01	79.80		2.20
Non-Operating Income	1,457,701	511,406	946,295	F	(13,744)	960,039	16.20	5.53		10.67
Net Income (Loss)	\$ 12,118,615	\$ 13,661,625	\$ (1,543,009)	U	\$ (367,157)	\$ (1,175,852)	\$ 134.68	\$ 147.75		\$ (13.07)
Net Income Margin	5.0%	5.6%	-0.6%							
OEBITDA Margin w/o Prop Tax	6.1%	6.8%	-0.7%							
OEBITDA Margin with Prop Tax	9.2%	9.9%	-0.7%							

F= Favorable variance
 U= Unfavorable variance



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26

PALOMAR POMERADO HEALTH
CONSOLIDATED
MONTHLY TREND - FY 2007

	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	YTD
Statistics:								
Admissions - Acute	2,402	2,464	2,443	2,384	2,323	2,460	2,481	16,957
Admissions - SNF	104	99	90	104	87	99	105	688
Patient Days - Acute	9,180	9,535	9,151	8,819	8,610	9,559	10,530	65,384
Patient Days - SNF	6,635	6,517	6,308	6,590	6,278	6,503	6,526	45,357
LOS - Acute	3.86	3.82	3.70	3.64	3.74	3.88	4.11	3.82
LOS - SNF	72.12	63.27	64.37	69.37	64.72	71.46	66.59	67.30
Weighted Pt Days	12,517	13,150	12,568	12,431	12,042	12,813	14,443	89,980
Revenue:								
Gross Revenue	\$ 99,141,914	\$ 104,303,733	\$ 96,648,451	\$ 102,455,908	\$ 100,077,561	\$ 103,866,051	\$ 112,702,867	\$ 719,196,488
Deductions from Rev	(67,846,129)	(72,046,060)	(65,925,304)	(71,374,464)	(70,833,148)	(71,115,954)	(79,305,827)	(498,246,892)
Net Patient Revenue	31,295,785	32,257,673	30,723,147	31,081,444	29,444,413	32,750,097	33,397,040	220,949,595
Other Oper Revenue	872,741	1,024,339	917,501	836,197	790,479	777,515	875,290	6,094,062
Total Net Revenue	32,168,526	33,282,012	31,640,648	31,917,641	30,234,892	33,527,612	34,272,330	227,043,657
Expenses:								
Salaries, Wages & Contr Labor	15,474,327	14,754,829	14,727,754	16,146,815	14,968,840	15,945,604	15,457,289	107,475,457
Benefits	3,710,570	3,719,161	3,639,220	4,022,437	3,833,574	3,995,671	4,181,695	27,102,330
Supplies	5,053,134	5,252,262	4,645,918	4,986,864	4,688,222	5,203,199	5,226,986	35,056,585
Prof Fees & Purch Svc	3,957,885	4,023,887	4,535,289	4,491,200	4,212,258	4,164,990	4,603,211	29,988,719
Depreciation	1,647,188	1,661,866	1,661,093	1,668,606	1,672,974	1,680,349	1,555,220	11,547,296
Other	1,626,284	1,709,799	1,872,046	1,818,374	2,059,500	1,632,347	1,873,169	12,591,518
Total Expenses	31,469,388	31,121,804	31,081,320	33,134,296	31,435,368	32,622,160	32,897,570	223,761,905
Net Inc Before Non-Oper Income	699,138	2,160,208	559,328	(1,216,655)	(1,200,476)	905,452	1,374,760	3,281,752
Property Tax Revenue	1,054,166	1,054,166	1,054,166	1,054,166	1,054,166	1,054,166	1,054,166	7,379,162
Non-Operating Income	427,875	505,503	338,114	190,429	298,286	(223,879)	(78,623)	1,457,701
Net Income (Loss)	\$ 2,181,179	\$ 3,719,874	\$ 1,951,605	\$ 27,940	\$ 151,976	\$ 1,735,739	\$ 2,350,303	\$ 12,118,615
Net Income Margin	6.5%	10.0%	6.1%	0.1%	0.5%	4.8%	6.5%	5.0%
OEBITDA Margin w/o Prop Tax	6.9%	10.3%	6.9%	1.3%	1.4%	7.1%	8.1%	6.1%
OEBITDA Margin with Prop Tax	10.1%	13.2%	10.2%	4.4%	4.6%	10.0%	11.0%	9.2%

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Palomar Pomerado Health
STATEMENTS OF CASH FLOWS
 Fiscal Year 2007

B39

	January	YTD
CASH FLOWS FROM OPERATING ACTIVITIES:		
Income (Loss from operations)	1,374,760	3,281,253
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation Expense	1,555,220	11,547,297
Provision for bad debts	2,860,686	21,555,891
Changes in operating assets and liabilities:		
Patient accounts receivable	(3,821,601)	(41,612,729)
Property Tax and other receivables	(775,638)	(3,780,477)
Inventories	(201,561)	(109,628)
Prepaid expenses and Other Non-Current assets	36,636	(794,416)
Accounts payable	(2,735,605)	(13,298,322)
Accrued comp	(710,531)	1,202,412
Estimated settlement amounts due third-party payors	929,707	684,549
Other current liabilities	840,400	5,050,450
Net cash provided by operating activities	<u>(647,527)</u>	<u>(16,273,720)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net (purchases) sales on investments	(157,472,630)	(109,921,053)
Interest (Loss) received on investments	365,848	4,350,965
Investment in affiliates	129,316	1,022,487
Net cash used in investing activities	<u>(156,977,466)</u>	<u>(104,547,601)</u>
CASH FLOWS FROM NON CAPITAL FINANCING ACTIVITIES:		
Receipt of G.O. Bond Taxes	1,432,059	6,106,737
Receipt of District Taxes	1,637,440	7,107,482
Net cash used in activities	<u>3,069,499</u>	<u>13,214,219</u>
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Acquisition of property plant and equipment	(4,614,880)	(35,166,263)
Proceeds from sale of asset	0	11,400
G.O. Bond Interest paid	0	(1,838,488)
Revenue Bond Interest paid	0	(2,068,283)
Proceeds from issuance of debt	159,026,893	159,026,893
Payments of LT Debt	0	(12,745,000)
Net cash used in activities	<u>154,412,013</u>	<u>107,220,259</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	<u>(143,481)</u>	<u>(386,843)</u>
CASH AND CASH EQUIVALENTS - Beginning of period	<u>9,466,896</u>	<u>9,710,258</u>
CASH AND CASH EQUIVALENTS - End of period	<u>9,323,415</u>	<u>9,323,415</u>

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**PALOMAR POMERADO HEALTH
BOND COVENANT RATIOS**

B40

CUSHION RATIO		Jun-06	Jun-06	Jan-07
Cash and Cash Equivalents		109,043,208	112,036,430	97,991,412
Board Designated Reserves		22,388,648	9,267,526	(2,050,389)
Trustee-held Funds		12,026,055	12,170,183	166,983,372
Total		143,457,911	133,474,139	262,924,395
Divided by:				
Max Annual Debt Service (Bond Year 2008)		10,697,594	10,697,594	16,972,692

CUSHION RATIO	13.4	12.5	15.5
REQUIREMENT	1.5	1.5	1.5
	Achieved	Achieved	Achieved

DAYS CASH ON HAND		Jun-05	Jun-06	Jan-07
Cash and Cash Equivalents		109,043,208	112,036,430	97,991,412
Board Designated Reserves		22,388,648	9,267,526	(2,050,389)
Total		131,431,856	121,303,956	95,941,023
Divide Total by Average Adjusted Expenses per Day				
Total Expenses		340,338,156	364,120,335	223,761,905
Less: Depreciation		16,394,985	18,737,467	11,547,296
Adjusted Expenses		323,943,171	345,382,868	212,214,609
Number of days in period		365	365	215
Average Adjusted Expenses per Day		887,516	946,254	987,045

DAYS CASH ON HAND	148	128	97
REQUIREMENT	90	90	90
	Achieved	Achieved	Achieved

Net Income Available for Debt Service		Jun-05	Jun-06	Jan-07
Excess of revenue over expenses Cur Mo.		1,490,930	1,315,950	2,350,304
Excess of revenues over expenses YTD (General Funds)		17,052,649	11,558,633	12,118,615
ADD:				
Depreciation and Amortization		16,394,985	18,737,467	11,547,296
Interest Expense		5,272,031	4,405,929	2,834,595
Net Income Available for Debt Service		38,719,665	34,702,029	26,500,506

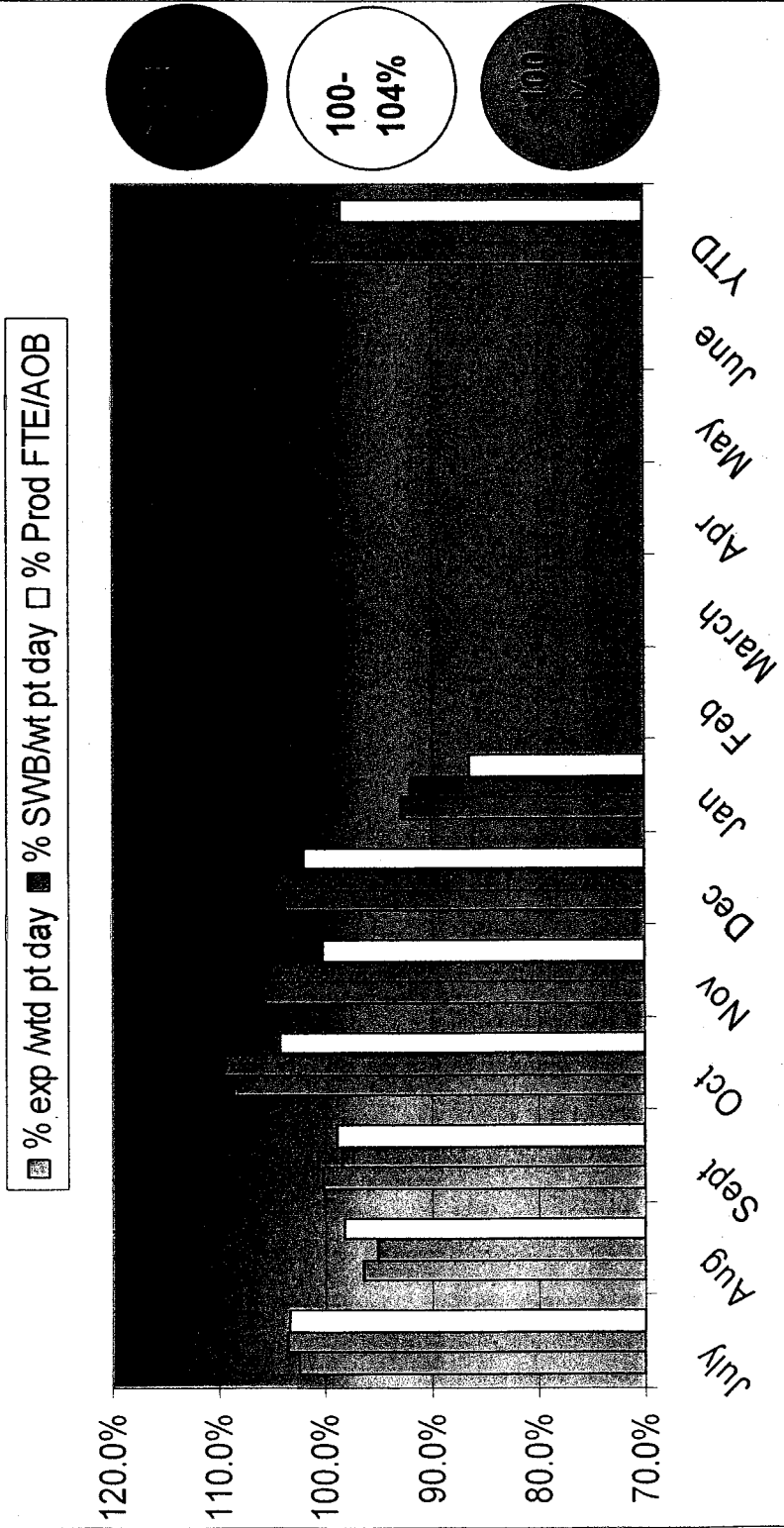
Aggregate Debt Service		Jun-05	Jun-06	Jan-07
1993 Insured Refunding Revenue Bonds		6,020,301	3,639,772	0
1999 Insured Refunding Revenue Bonds		4,356,844	6,950,508	4,812,047
2006 Certificates of Participation				1,249,526
Aggregate Debt Service		10,377,145	10,590,280	4,812,047

Net Income Available for Debt Service	3.73	3.28	5.51
Required Coverage	1.15	1.15	1.15

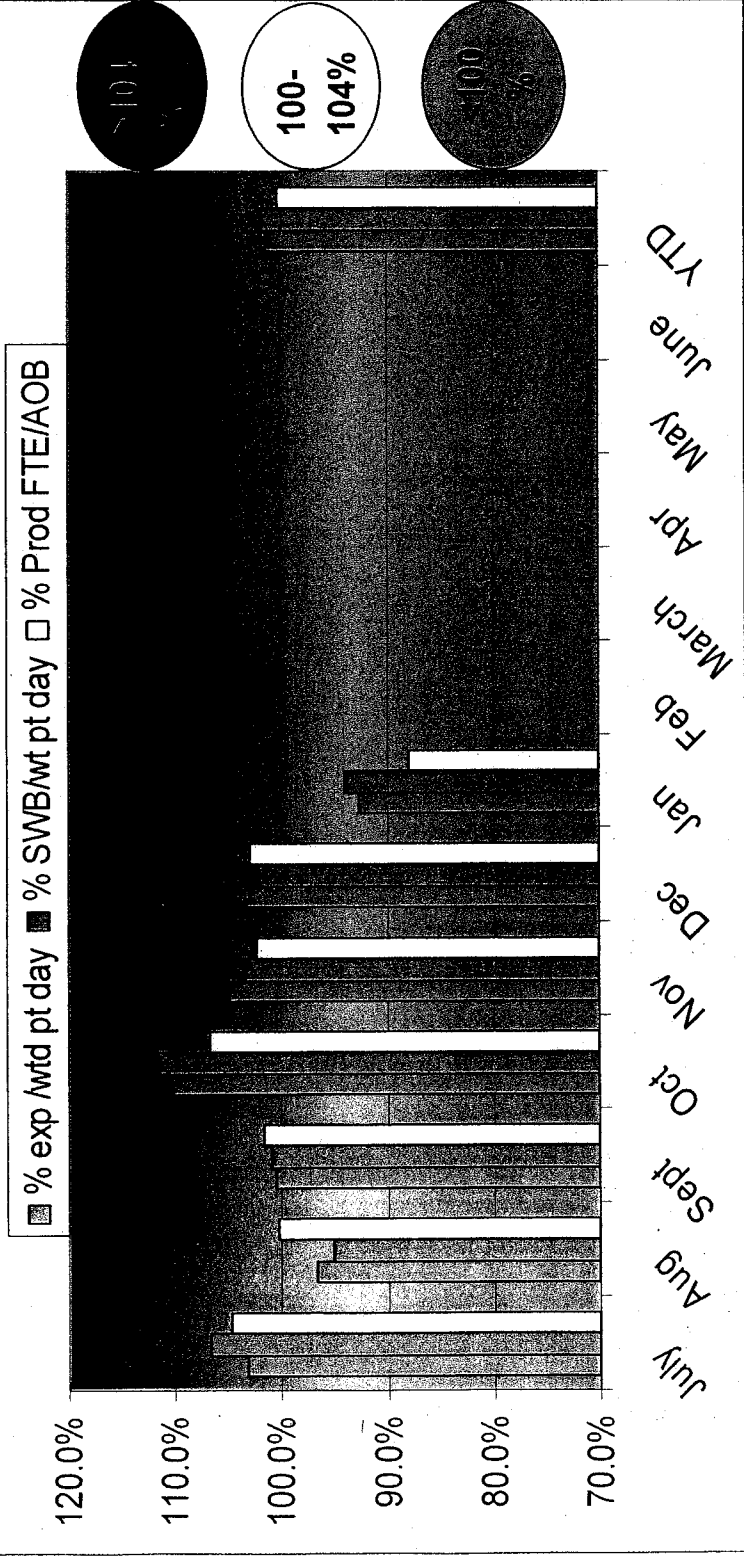
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PPH Total Consolidated Financial Indicators BSC-FY07



PPH North Consolidated Financial Indicators BSC-FY07



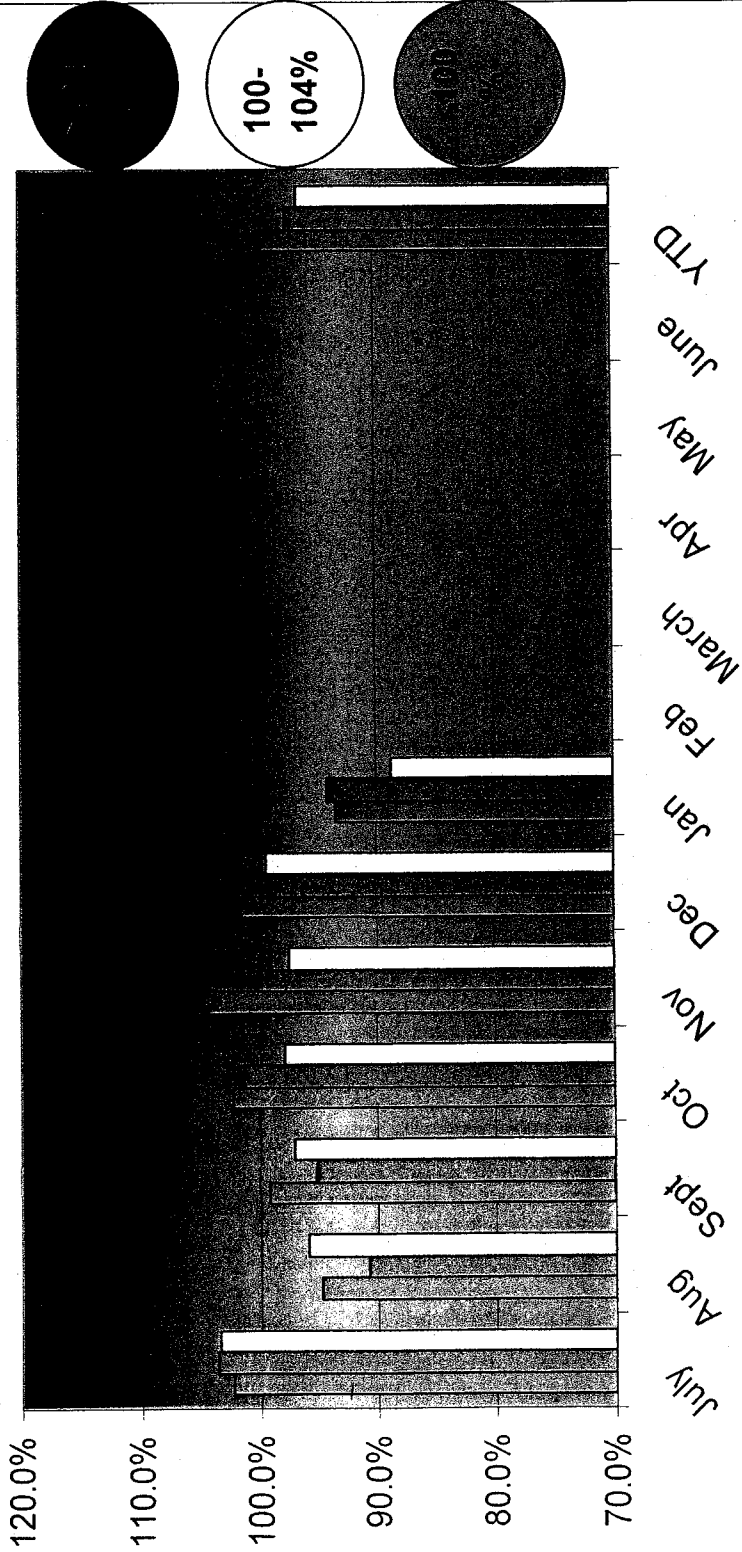
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50

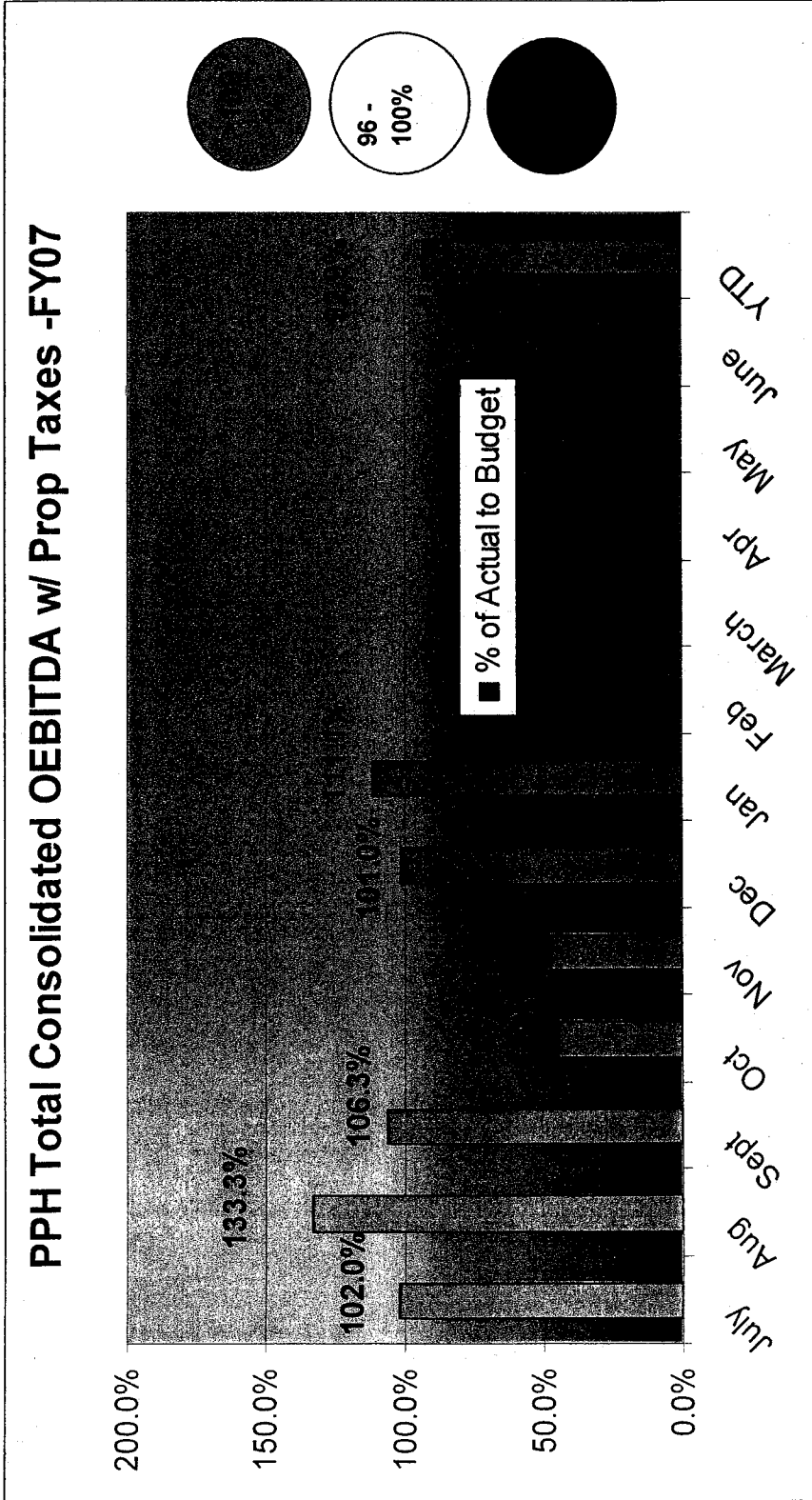
PPH South Consolidated Financial Indicators BSC-FY07

■ % exp /wtd pt day ■ % SWB/wt pt day □ % Prod FTE/AOB



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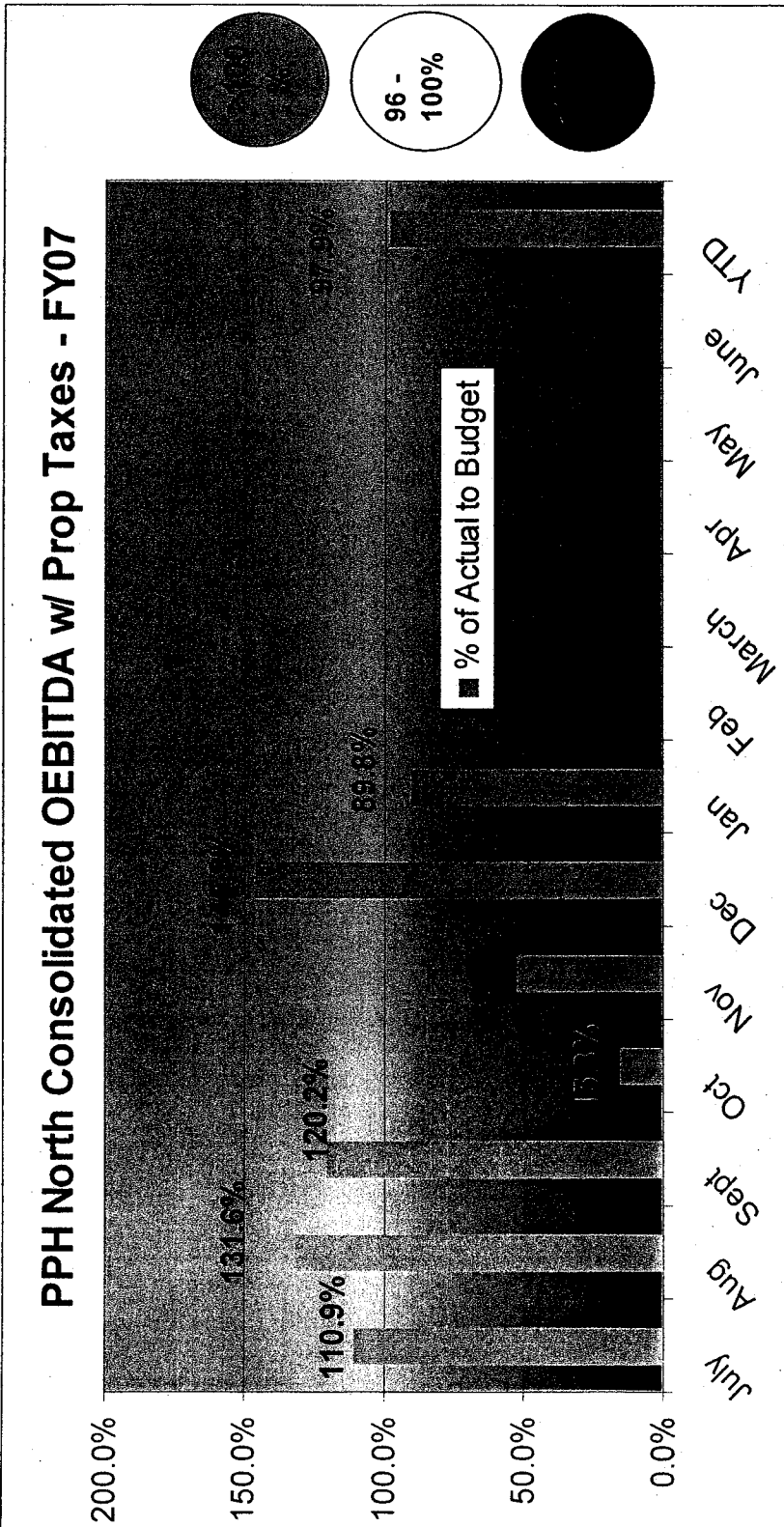
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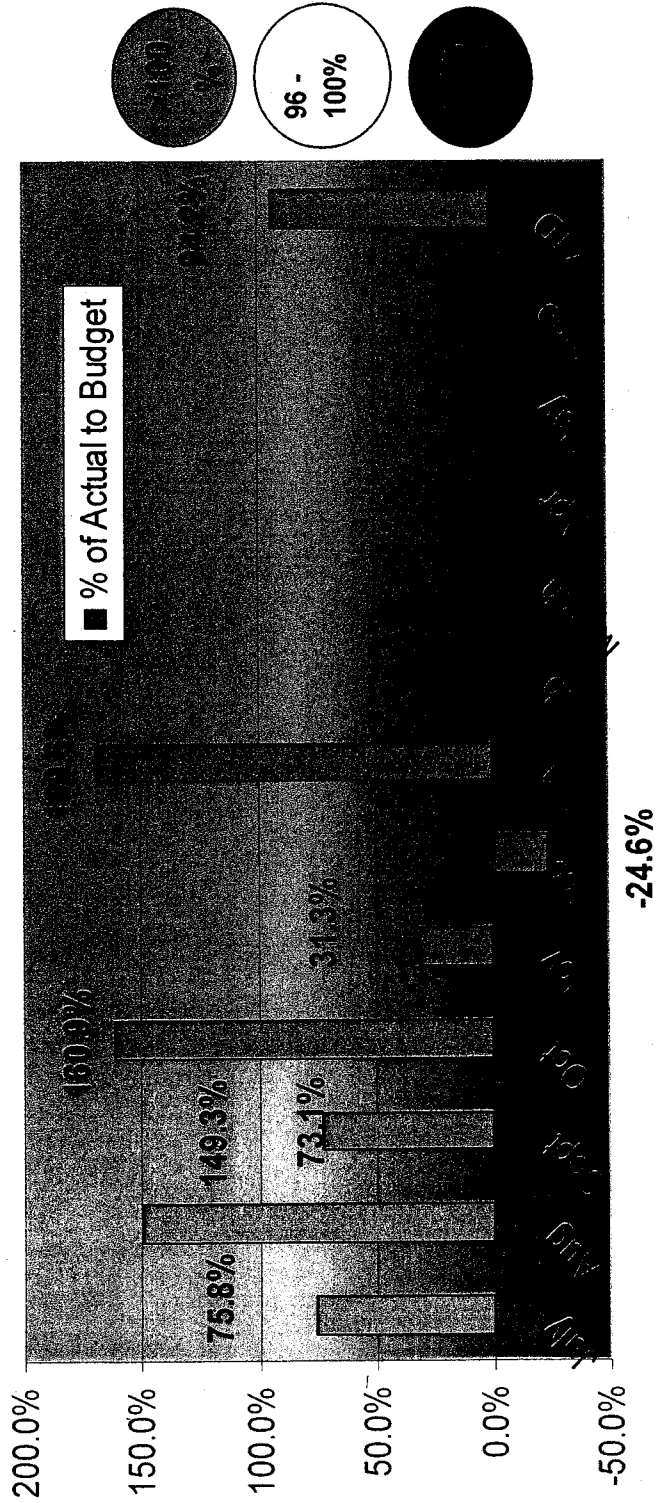
54



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PPH South Consolidated OEBITDA w/ Prop Taxes - FY07

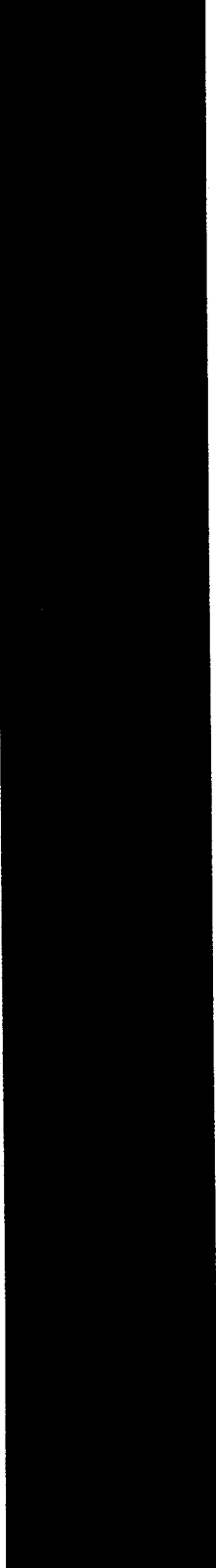


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PPH Weekly Flash Report

February 07	Feb 2-8	Feb 9-15	Feb 16-22	MTD Total	MTD Budget	% Variance
ADC (Acute)	322	309	312	314	320	(1.81)
PMC	239	234	238	237	239	(0.60)
POM	83	75	74	77	81	(5.36)
PCCC	93	87	88	89	89	0.98
VP	124	126	124	125	124	0.73
Patient Days (Acute)						
PMC	2253	2163	2183	6,599	6,721	(1.81)
POM	1675	1637	1668	4,980	5,010	(0.60)
PCCC	578	526	515	1,619	1,711	(5.36)
VP	649	612	618	1,879	1,861	0.98
	870	885	868	2,623	2,604	0.73
Discharges						
PMC	530	493	548	1,571	1,710	(8.13)
POM	391	386	422	1,199	1,260	(4.84)
	139	107	126	372	450	(17.33)
Number of Surgeries						
PMC	240	222	189	651	706	(7.76)
POM	163	145	143	451	460	(1.90)
	77	77	46	200	246	(18.70)
Number of Births						
PMC	89	79	107	275	338	(18.52)
POM	75	70	92	237	257	(7.87)
	14	9	15	38	80	(52.65)
Outpatient Visits (inc. Lab)						
PMC	2035	1966	1670	5,671	5,743	(1.25)
POM	1273	1247	1053	3,573	3,916	(8.75)
	762	719	617	2,098	1,827	14.83
ER Visits						
PMC	1815	1807	1735	5,357	4,821	11.12
POM	1265	1251	1182	3,698	3,243	14.03
	550	556	553	1,659	1,578	5.13
Trauma Visits						
IP	15	31	30	76	71	6.67
OP	10	25	24	59	53	10.80
	5	6	6	17	18	(5.56)



PPH Weekly Flash Report

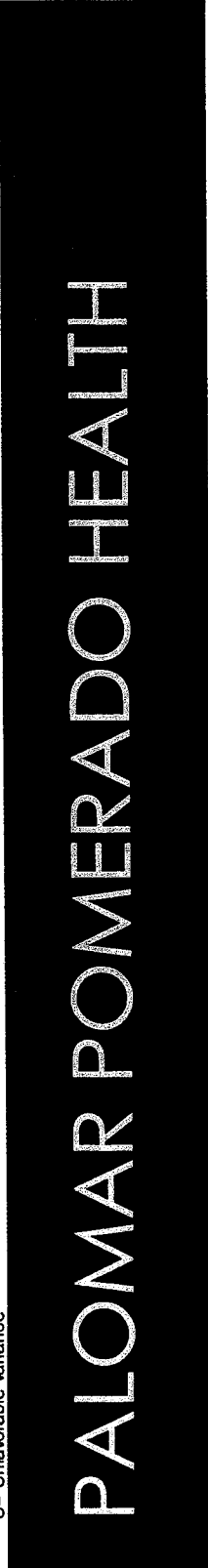
February 07	Feb 2-8	Feb 9-15	Feb 16-22	MTD Total	MTD Budget	% Variance
Gross IP Revenue	19,078,315	18,488,883	17,626,518	55,193,716	56,182,069	(1.76)
Gross OP Revenue	5,296,567	5,178,823	4,980,651	15,456,041	15,853,673	(2.51)
Cash Collection	7,186,610	8,449,143	9,144,326	24,780,079	26,734,833	(7.31)
Days cash on hand	104	106	104	106	80	
Productive Hrs (PP16 & 17)	212,088		212,098	424,186	438,191	3.20
PMC - North	122,429		123,111	245,540	255,932	4.06
POM - South	53,947		53,325	107,272	111,385	3.69
Others	35,712		35,662	71,374	70,874	(0.71)
Productive \$ (PP16 & 17)	6,505,750		6,387,446	12,893,196	13,252,074	2.71
PMC - North	3,772,787		3,690,803	7,463,590	7,732,072	3.47
POM - South	1,576,285		1,541,327	3,117,612	3,257,756	4.30
Others	1,156,678		1,155,316	2,311,994	2,262,246	(2.20)

58

**PALOMAR POMERADO HEALTH
CONSOLIDATED
Year-to-Date as of January FY 2007 vs January FY 2006**

	Month Activity		Change	Volume	Rate/Eff	FY07	FY06	Change
	FY 2007	FY 2006						
Statistics:								
Admissions - Acute	16,957	16,626	331					2.0%
Admissions - SNF	688	708	(20)					-2.8%
Patient Days - Acute	65,384	66,187	(803)					-1.2%
Patient Days - SNF	45,357	44,790	567					1.3%
ALOS - Acute	3.82	3.97	(0)					-3.8%
ALOS - SNF	67.30	40.28	27					67.1%
Weighted Pt Days	89,980	87,933	2,047					2.3%
Revenue:								
Gross Revenue	\$ 719,196,488	\$ 649,708,469	\$ 69,488,019	F	54,363,399	7,992.85	7,388.68	604.17
Deductions from Rev	(498,246,892)	(446,108,062)	(52,138,830)	U	(41,753,841)	(5,537.31)	(5,073.27)	(464.03)
Net Patient Revenue	220,949,595	203,600,407	17,349,188	F	12,609,556	2,455.54	2,315.40	140.14
Other Oper Revenue	6,094,062	5,119,811	974,251	F	855,066	67.73	58.22	9.50
Total Net Revenue	227,043,657	208,720,218	18,323,439	F	13,464,623	2,523.27	2,373.63	149.64
Expenses:								
Salaries, Wages & Contr Labor	107,475,457	99,292,045	8,183,412	U	5,871,984	1,194.44	1,129.18	65.26
Benefits	27,102,330	23,945,036	3,157,294	U	2,599,875	301.20	272.31	28.89
Supplies	35,056,585	36,514,707	(1,458,122)	F	(2,308,151)	389.60	415.26	(25.65)
Prof Fees & Purch Svc	29,988,719	26,094,224	3,894,495	U	3,287,045	333.28	296.75	36.53
Depreciation	11,547,296	10,241,295	1,306,001	U	1,067,593	128.33	116.47	11.86
Other	12,591,518	11,719,726	871,792	U	598,967	139.94	133.28	6.66
Total Expenses	223,761,905	207,807,036	15,954,869	U	11,117,311	2,486.80	2,363.24	123.55
Net Inc Before Non-Oper Income	3,281,752	913,182	2,368,570	F	2,347,312	36.47	10.38	26.09
Property Tax Revenue	7,379,162	6,358,331	1,020,831	F	872,815	82.01	72.31	9.70
Non-Operating Income	1,457,701	(630,360)	2,088,061	F	(14,674)	16.20	(7.17)	23.37
Net Income (Loss)	\$ 12,118,615	\$ 6,641,153	\$ 5,477,462	F	5,322,862	134.68	75.53	59.16
Net Income Margin	5.0%		3.0%					
OEBITDA Margin w/o Prop Tax	6.1%		5.0%					
OEBITDA Margin with Prop Tax	9.2%		7.9%					

F= Favorable variance
U= Unfavorable variance



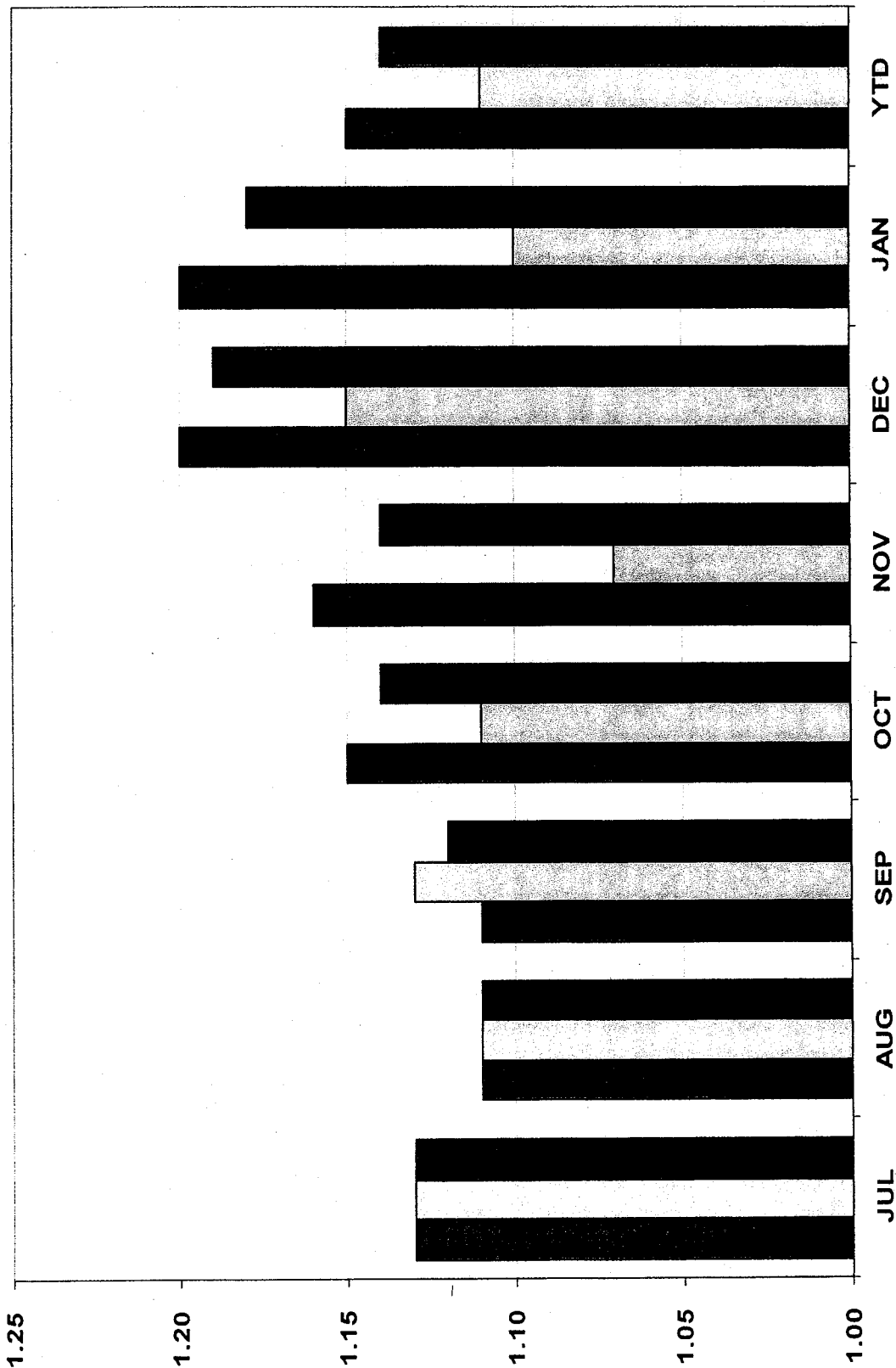
PALOMAR
POMERADO
HEALTH
SPECIALIZING IN YOU

Case Mix Index - Acute All Payers w/ Deliveries

B50

F I S C A L Y E A R 2 0 0 7

PMC
POM
CON



PALOMAR
POMERADO
HEALTH
SPECIALIZING IN YOU

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	YTD
PMC	1.13	1.11	1.11	1.15	1.16	1.20	1.20	1.20
POM	1.13	1.11	1.13	1.11	1.07	1.15	1.10	1.10
CON	1.13	1.11	1.12	1.14	1.14	1.19	1.18	1.18

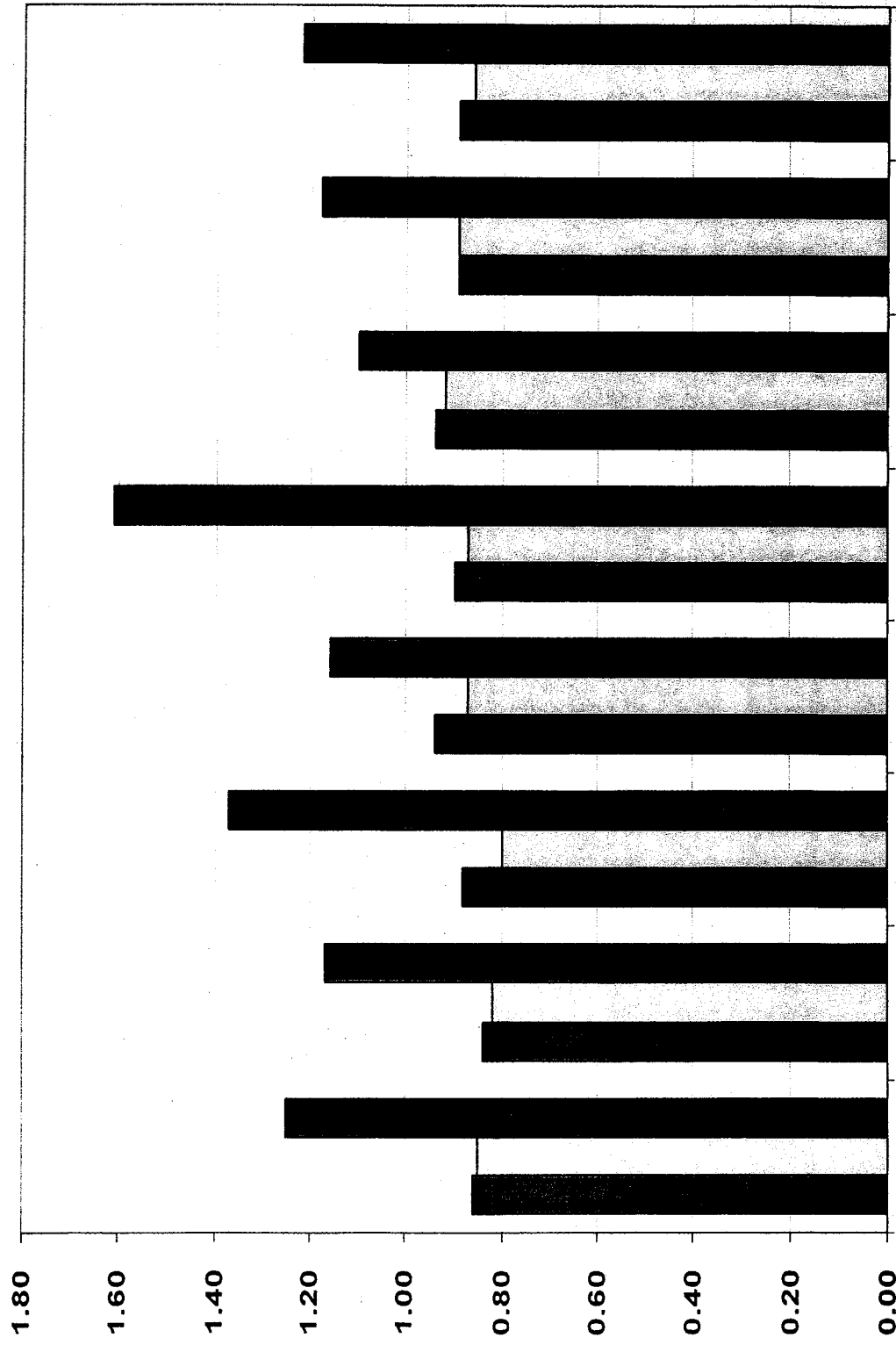
6a

Case Mix Index - Skilled Nursing

B51

F I S C A L Y E A R 2 0 0 7

■ PCCC
 □ Villa POM
 ■ Sub
 ■ Acute



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	YTD
PCCC	0.86	0.84	0.88	0.94	0.90	0.94	0.89	0.89
Villa POM	0.85	0.82	0.80	0.87	0.87	0.92	0.89	0.89
Sub Acute	1.25	1.17	1.37	1.16	1.61	1.10	1.18	1.18

PALOMAR
 POMERADO
 HEALTH
 SPECIALIZING IN YOU

Governance Committee Review of PPH Policies

TO: Board of Directors
MEETING DATE: March 12, 2007
FROM: Governance Committee Meeting February 20, 2007
BY: Jim Neal, Director Corporate Compliance & Integrity

BACKGROUND: Reviewed and approved revisions to and retirement of current Board Policies listed below. In attendance were: Directors Gary Powers (Chair), Linda Greer, Nancy Scofield, together with CEO, Michael Covert, and Jim Neal. Board approval is sought.

Policies for approval:

- QLT-02 Emergency Situations outside the Hospital
- QLT-14 Chief Nursing Executive
- GOV-12 Revision of Policies

Policies recommended for retirement:

- QLT-15 Assessment of Patients

BUDGET IMPACT: None

STAFF RECOMMENDATIONS: Staff Recommended approval

COMMITTEE RECOMMENDATION: Board approval requested for the above listed revised and retired policies.

Motion: X

Individual Action:

Information:

First-Quarter 2007 Review of Policies
Annual Review Cycle
March 12, 2007

Quarterly Review Chart of Reviewed and Approved Policies. As of this date PPH is current with the Policy Review Cycle. This report meets the reporting requirements of GOV-15

QLT-02 Emergency Situations outside the Hospital
Change Summary: No changes.

QLT-14 Chief Nursing Executive

Change Summary: Recommended change to add the following to § III.C.7. to read:

7. Ensures that standards of patient care and nursing practice are consistent with current nursing research findings, nationally recognized professional standards, and the California Scope of Nursing Practice Act, the Department of Health Services and the National Patient Safety Goals.

QLT-15 Assessment of Patients

Change Summary: Request that this policy be deleted as all information has been incorporated into QLT-09, "Provision of Care, Treatment and Services" policy which has been approved by the Board.

Review of Policy
Recommended by Staff

GOV-12 Revision of Policies

Change Summary:

1. Recommended change to add the following to § III.B.2. to read:
 1. 2. ~~In the interim, all policies will be reviewed when warranted based on changes in the law, state of the art, current knowledge or technology or other factors.~~ In the interim, any policy requiring changes warranted on safety issues, changes in the law, state of the art, current knowledge or technology or other factors. The PPH Director of Compliance and Ethics may approve interim changes to a policy after providing a redline copy of the revised policy reflecting those proposed interim changes to each member of the Governance Committee with an explanation as to why an interim change was required. The policy with the interim changes will be approved at the next scheduled meeting of the Governance Committee.
2. Recommended change to add the following to § III.B.4. to read:
 4. The Board Governance Committee will receive on an annual basis a an ongoing brief report from PPH's President and Chief Executive Officer or designee the PPH Director of Compliance and Ethics confirming compliance with this Policy.

**PALOMAR POMERADO HEALTH
BOARD POLICY**

QLT-02

EMTALA -Emergency Situations Outside the Hospital

March 12, 2007



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POMERADO
HEALTH

Palomar Pomerado Health

Emergency Situations Outside Hospital

EMTALA

QLT-02 formerly 1730

(Rev: 3) In preparation

Policy

Applicable to:

PMC - 20
POM - 30

Affected Departments:

All Departments

I. PURPOSE:

To ensure that individuals situated within 250 yards of the main hospital building or hospital property and who request, or on whose behalf a request is made, or a prudent layperson observer would believe, based on the individuals appearance or behavior, that the individual needs examination or treatment for emergency medical services shall receive a medical screening examination by qualified personnel. PPH will at all times be in compliance with current local, state and federal requirements.

II. DEFINITIONS:

- A. Outside the Hospital includes the parking lots adjacent to the buildings including the Fig Street site, as well as lab draw stations, partial hospitalization, off site radiology locations and Pomerado Hospital Outpatient Services.

III. TEXT / STANDARDS OF PRACTICE:

- A. Patients located in the Emergency Department, the immediate area outside the main entrances, or other areas immediately adjacent to the hospital building, may be aided by Emergency Department personnel.
- B. If hospital employee encounters a person who is on or near PPH property, who is in need of emergency assistance, he/ she should stay with them if possible but summon help.
1. Should a person be found outside the areas mentioned above, EMS may be utilized by calling 911. Individuals needing medical attention at any of our off-site provider based locations will be treated within the capabilities of that location which may include calling 911.
- C. A PPH employee will report preliminary findings back to the Emergency Department physician.
- D. At the discretion of the Emergency Department physician, a determination will be made as to the appropriate disposition of the patients. Individuals will be escorted by wheelchair to the Emergency Department for further treatment. If the person cannot travel by wheelchair, Security will notify the Emergency Department who will dispatch a licensed staff member to attend the patient with a gurney.
1. If transport of the patient is required back to the emergency department, to conduct the medical screening examination and provide stabilizing treatment, appropriate transport options shall be considered including but not limited to, calling 911 for assistance.
- E. At all times the safety of PPH employees and patients within the facility receive top priority. If, based upon the assessment of the Administrator/designee there exists the possibility of harm or injury to staff or patients, the decision to respond can be altered. Such circumstances could include but are not limited to civil unrest, internal disaster or other unusual events. When information is received in the Emergency Department that an individual is in need of medical treatment outside the facility, a Security Officer and/ or the Emergency Department staff will utilize the following steps in determining the response:
1. Time of day.
 2. Availability of outside support.
 3. Location of the individual.
 4. Availability of staff.
 5. Other circumstances that may increase the possibility of harm or injury to hospital staff personnel (civil unrest, etc.).
- F. If staff safety is not in jeopardy and leaving the Emergency Department would not constitute patient abandonment of existing patients in the Emergency Department, Emergency Department personnel may respond with a Security Officer to the individual's location.
- G. CPR and/or First Aid will be rendered within the capabilities of the responders.
- H. Should an individual refuse to consent to examination or stabilizing treatment:
1. PPH staff shall offer the individual further medical examination and stabilizing treatment
 2. The staff member shall contact the emergency department physician who, shall make a reasonable effort

LC

to inform the individual or individual's representative of the benefits of further evaluation or treatment and the reasonable foreseeable risks, if known, to the individual should such evaluation or treatment not be accepted and

3. The staff member shall take all reasonable steps to secure the written informed refusal (Against Medical Advice) of the individual. If the individual or his/her legal representative fails to refuse to sign the form, the attempts at counseling and efforts to seek the individual's legal representative's signature will be documented on a QRR.

I. This policy will be reviewed and updated as required or at least every two years.

IV. ADDENDUM:

V. DOCUMENT / PUBLICATION HISTORY: (template)

Revision Number	Effective Date	Document Owner at Publication	Description
(this version)3		Kim Colonnelli, RN, MA, Director of Emergency and Trauma Services	Routine BOD review.
(Changes)2	03/07/2005	Kim Colonnelli, RN, MA, Director of Emergency and Trauma Services	Regular review and revision
(Changes)1	12/17/2001	Jane Frincke	Original Version

Authorized Promulgating Officers: (03/07/2005) Dr. Marcelo R Rivera, Director, PPH Board

VI. CROSS-REFERENCE DOCUMENTS:(template)

Reference Type	Title	Notes
Source Documents	1	
JCAHO CAMH Standard	Patient Rights and Organization Ethics	
JCAHO CAMH Standard	Emergency Medicine Treatment Active Labor Act	

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

<http://www.lucidoc.com/cgi/doc-gw.pl/ref/pphealth:10553>

PALOMARPOMERADO HEALTH

BOARD POLICY

QLT-14

Nursing – Chief Nursing Executive

March 12, 2007



PALOMAR
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Palomar Pomerado Health

Nursing - Chief Nurse Executive (CNE)

Policies, BOD only

QLT-14 formerly NR-01

Policy

(Rev: 2)Official

Applicable to:

PMC - 20

POM - 30

Affected Departments:

All Departments

I. PURPOSE:

To provide directions to the Chief Nurse Executive (CNE) from the PPH Board of Directors relative to the organization's nursing service.

II. DEFINITIONS:

III. TEXT / STANDARDS OF PRACTICE:

- A. The Chief Nurse Executive directs the organization's nursing service and establishes procedures, nursing standards of patient care, treatment and services, and standards of nursing practice.
- B. The qualifications of the Chief Nursing Executive at PPH are to:
 - 1. Possess a current RN License in the state of California.
 - 2. Have a Master's Degree in Nursing or a related field with a minimum of 1 year experience in Administration.
- C. The Chief Nurse Executive at PPH is an identified leader at the executive level and coordinates the following functions:
 - 1. Development of system-wide patient care programs and procedures that describe how patient's nursing care needs, or the need of patient populations receiving nursing care, treatment and services are assessed, evaluated and met.
 - 2. Development and implementation of the organization's plan for providing nursing care, treatment and services to those patients requiring care, treatment or services.
 - 3. Collaboration with other leaders as appropriate in the development, implementation and provision of patient care, treatment and services.
 - 4. Oversight and approval of procedures involving nursing care, treatment and services.
 - 5. Participation with governing body, management, medical staff, and clinical leaders in the organization's decision-making structures and processes.
 - 6. Implementation of an effective, ongoing program to measure, assess and improve the quality of nursing care, treatment and services delivered to patients.
 - 7. Ensures that standards of patient care and nursing practice are consistent with current nursing research findings, nationally recognized professional standards, the California Scope of Nursing Practice Act, the Department of Health Services and the National Patient Safety Goals.
 - 8. Exercises final authority over those associated with providing nursing care, treatment and services.
 - 9. Development and management of operating budgets for the nursing departments.
- D. This policy will be reviewed and updated as required or at least every three years.

IV. ADDENDUM:

V. DOCUMENT / PUBLICATION HISTORY: (template)

Revision Number	Effective Date	Document Owner at Publication	Description
(this version) ²	03/15/2005	Michael H. Covert, F.A.C.H.E., President + CEO	2/1/05 lkr making extensive revisions. dxb3.
(Changes) ¹	12/17/2001	Michael H. Covert, F.A.C.H.E., President	Original Version

+ CEO

VI.

Authorized Promulgating Officers: (03/15/2005) Dr. Marcelo R Rivera, Director, PPH Board

VI. CROSS-REFERENCE DOCUMENTS:(template)

Reference Type	Title	Notes
Source Documents	Nursing - Chief Nurse Executive (CNE)	
JCAHO CAMH Standard	Nursing	
JCAHO CAMH Standard	Title 22 Section: 70213	

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

<http://www.lucidoc.com/cgi/doc-gw.pl/ref/pphealth:11058>

PALOMAR POMERADO HEALTH

BOARD POLICY

GOV-12

REVISION OF POLICIES

March 12, 2007

I. PURPOSE:

To ensure that current practice is consistent with written policies, and in recognition of the standards of the Joint Commission on Accreditation of Health Care Organizations, timely and appropriate review of all PPH policies shall be accomplished regularly, systematically and in accordance with the following guidelines.

II. DEFINITIONS:

For purposes of this policy, the term policy shall mean a Board approved statement that provides broad strategic direction and/or a governing mandate for PPH, instituting the development of procedures, as defined and provided for elsewhere.

III. TEXT / OF PRACTICE:

A. Governing Board

1. Each Board committee shall review, evaluate and revise as necessary the applicable policies.
2. A packet will be provided to the Assistant to the Board for Governance Committee review. This packet will include:
 - a. A written summary of all changes;
 - b. Copy of the old policy;
 - c. Copy showing redline changes;
 - d. Copy of new policy in LUCIDOC format.
3. To assure that policies are kept current, the Board Assistant shall, on a monthly basis, peruse all Board committee minutes, extracting information as appropriate either to formulate policy statements that may be directed by the committee or to provide the information to the appropriate personnel for completion of the policy statement. The completed policy statement is to be submitted to the full Board for approval and appropriately posted and communicated following approval.

B. Central Office, Hospitals, Related Entities, Volunteer Organizations

1. The policies of PPH shall be reviewed, evaluated and revised as necessary at least once in a three-year period beginning with the effective date of this policy and at least once in each subsequent three-year period. Evidence of that review is to be made a permanent part of the policy.
2. In the interim, any policy requiring changes warranted on safety issues, changes in the law, state of the art, current knowledge or technology or other factors. The PPH Director of Compliance and Ethics may approve interim changes to a policy after providing a redline copy of the revised policy reflecting those proposed interim changes to each member of the Governance Committee with an explanation as to why an interim change was required.

The policy with the interim changes will be approved at the next scheduled meeting of the Governance Committee.

3. For purposes of this policy, PPH shall include the central office, hospitals, convalescent facilitates, foundation, medical staffs, auxiliaries and all related entities
4. The Board Governance Committee will receive an ongoing brief report from the PPH Director of Compliance and Ethics confirming compliance with this Policy.
5. This policy will be reviewed and updated as required or at least every three years.

IV. DOCUMENT / PUBLICATION HISTORY:

Original Document Date: 1/93

Reviewed: 3/95; 1/99; 1/05; 2/07

Revision Number: 2 Dated: 3/12/07

Document Owner: Michael Covert

Authorized Promulgating Officers: Marcelo R. Rivera, Chairman

VI. CROSS REFERENCE DOCUMENTS:

Prior to 2005, this policy was Board Policy 10-207

PALOMARPOMERADO HEALTH

BOARD POLICY

QLT-15

Assessment of Patients

March 12, 2007



Palomar Pomerado Health

Assessment of Patients

Policy

Source Documents, BOD Policies

10157 GLT 15

(Rev: 1) Official

PALOMAR POMERADO

Applicable to:

Affected Departments:

I. PURPOSE:

To provide direction to the employees from the PPH Board of Directors relative to the provision of care to the patients of PPH and in conjunction with the standards, rules, and regulations of professional and accrediting organizations and regulatory agencies.

II. DEFINITIONS:

III. TEXT / STANDARDS OF PRACTICE:

Patient assessment and reassessment will be provided based on the individualized needs of the patient and according to the procedures and standards of Palomar Pomerado Health. Special assessment and reassessment processes are tailored to such factors as the age of the patient, special needs of the patients relating to emotional needs, victims of abuse, presence of dependencies, and pain status. To provide patients with the right care at the time, qualified individuals assess each patient's care needs throughout the patient's contact with the hospital and through the PPH continuum of care.

IV. ADDENDUM:

V. DOCUMENT / PUBLICATION HISTORY:

VI. CROSS-REFERENCE DOCUMENTS:

V. DOCUMENT / PUBLICATION HISTORY: (template)

Revision Number	Effective Date	Document Owner at Publication	Description
(this version)1	12/17/2001	Lorie Shoemaker, Chief Nurse Executive, PPH	Original Version Added at review: Combining text into former policy called Care of Patients, soon to be renamed Provision of Care, Treatment & Service, #10259. dxb3 [Reviewed on 2/1/2005 by Lorie Shoemaker: Archived]

Authorized Promulgating Officers: (12/17/2001) George G. Gigliotti, Chairman
(unsigned) Christine Greenstein
(unsigned) James Neal, Director of Corporate Integrity
(unsigned) Dr. Marcelo R Rivera, Director, PPH Board

VI. CROSS-REFERENCE DOCUMENTS:(template)

Reference Type	Title	Notes
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7x

MEDICAL STAFF SERVICES

February 28, 2007



TO: Board of Directors

BOARD MEETING DATE: March 12, 2007

FROM: Robert D. Trifunovic, M.D., Chief of Staff
PMC Medical Staff Executive Committee

SUBJECT: Medical Staff Credentialing Recommendations

PALOMAR MEDICAL CENTER

- I. Provisional Appointment (03/12/2007 – 02/28/2009)
Preeti Bansal, M.D., Pediatric Ophthalmology
Laarni E. Gonzales-Naval, M.D., Family Practice (Includes PCCC)
Yvette M. Jockin, M.D., Pediatric Ophthalmology
Teresa J. Jones, D.O., Internal Medicine
Gordon J. Montgomery, M.D., Ophthalmology (Includes PCCC)
Richard C. Ostrup, M.D., Neurosurgery
Jennifer I. Rosenthal, M.D., Pediatrics
Farris Sandhu, M.D., Internal Medicine
Erin R. Stucky, M.D., Pediatrics
- II. Advance from Provisional to Active Status
William S. Bornmann, D.O., Emergency Medicine (03/12/2007 – 04/30/2008)
- III. Advance from Provisional to Associate Status
Gary J. Birnbaum, M.D., Geriatric Medicine (03/12/2007 – 08/31/2007) (Includes PCCC)
- IV. Additional Privileges
Marvin M. Kripps, M.D., Otorhinolaryngology
▪ Epistaxis control and minor procedures in the ER
Maria G. Sebiane, M.D., Pediatrics
▪ Category III Pediatric Bundle
▪ Intubation
- V. Leave of Absence
Prakash K. Bhatia, M.D., Psychiatry (01/30/2007 – 03/31/2007)
- VI. Resignation
Rae D. Felthouse, M.D., Hematology/Oncology (effective 03/31/2007)
John S. Kennedy, M.D., OB/GYN (Effective 01/29/2007)
Michael D. Manley, M.D., OB/GYN (Effective 01/23/2007)
Stephen I. Moreland, III, M.D., Diagnostic Radiology (Effective 01/23/2007)
- VII. Allied Health Professional Appointment
Kimberly A. Kreifeldt, P.A.-C., Physician Assistant; Sponsors: Drs. J. Smith, Yoo

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 Second Avenue
Escondido, CA 92025
Tel 760.480.6606
Fax 760.480.1288

VIII. Allied Health Professional Additional Privileges

Patrick D. Buan, P.A.-C., Physician Assistant; Sponsors: CEP

- Order Medications – Schedule II-V

IX. Allied Health Professional Withdrawal

Jennifer L. Dwelle, N.N.P., Neonatal Nurse Practitioner (Effective 02/01/2007)

X. Reappointments Effective 04/01/2007 – 03/31/2009

Peter M. Berkman, M.D.	Emergency Medicine	Dept of Emergency Med	Active
James D. Foster, M.D.	Emergency Medicine	Dept of Emergency Med	Active
John C. Fredericks, M.D.	Emergency Medicine	Dept of Emergency Med	Active
Robert N. Gould, M.D.	Orthopaedic Surgery	Dept of Ortho/Rehab	Active
Frederick M. Howden, M.D.	Cardiothoracic Surgery	Dept of Surgery	Courtesy
Marvin M. Kripps, M.D.	Otorhinolaryngology	Dept of Surgery	Active
Catherine G. Pattengill, M.D.	OB/GYN	Dept of OB/GYN	Active
David R. Plotner, M.D.	Ophthalmology	Dept of Surgery	Associate
Lon S. Poliner, M.D.	Ophthalmology	Dept of Surgery	Associate
Marco S. Robin, D.O.	Anesthesiology	Dept of Anesthesia	Active
Ernest S. Rodier, M.D.	Dermatology	Dept of Medicine	Associate
Shannon M. Rose, M.D.	Medicine/Pediatrics	Dept of Medicine	Active
Max Savin, M.D.	General Surgery	Dept of Surgery	Active
Traci E. Socha, D.O.	Pediatrics	Dept of Pediatrics	Active
Robert D. Trifunovic, M.D.	OB/GYN	Dept of OB/GYN	Active
Fred E. Veretto, M.D.	Internal Medicine	Dept of Medicine	Active
Thomas G. Williams, M.D.	Anesthesiology	Dept of Anesthesia	Active

XI. Allied Health Professional Reappointment Effective 04/01/2007 – 03/31/2009

Kathleen S. Walsh, CNM, Certified Nurse Midwife; Sponsors: Drs. Buringrud, Ghosh, Leon, Cerrone, Trifunovic.

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
March, 2007**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Ophthalmology – Certified: 2005
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	University of Kentucky College of Medicine From: 09/01/1995 To: 05/23/1999 Doctor of Medicine Degree
<i>Internship Information</i>	Vanderbilt University Hospital Internal Medicine From: 07/01/1999 To: 06/30/2000
<i>Residency Information</i>	University of Kentucky Ophthalmology From: 07/01/2001 To: 06/30/2004 Chief Resident 07/01/2003-06/30/2004
<i>Fellowship Information</i>	Duke University Medical Center Pediatric Ophthalmology From: 07/12/2004 To: 07/08/2005
<i>Current Affiliation Information</i>	Sharp Mary Birch Hospital Rady Children's Hospital, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
March, 2007**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Laarni E. Gonzales-Naval, M.D.
<i>PPHS Facilities</i>	Escondido Surgery Center Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Family Practice – Not Board Certified
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ORGANIZATIONAL NAME

<i>Name</i>	Graybill Medical Group
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	University of the East, Philippines From: 09/01/1999 To: 04/22/2003 Ramon Magsaysay Memorial Med Center Doctor of Medicine Degree
<i>Internship Information</i>	University of Alabama – Birmingham Family Practice From: 11/01/2003 To: 10/31/2004
<i>Residency Information</i>	University of Alabama - Birmingham Family Practice From: 11/01/2004 To: 10/31/2006
<i>Fellowship Information</i>	N/A
<i>Current Affiliation Information</i>	None

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
March, 2007**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Ophthalmology – Certified: 1997
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	State University of New York at Buffalo From: 08/17/1987 To: 06/01/1991 Doctor of Medicine Degree
<i>Internship Information</i>	Maine Medical Center, Portland, ME Internal Medicine From: 07/01/1991 To: 06/30/1992
<i>Residency Information</i>	University Hospitals of Cleveland Ophthalmology From: 07/01/1992 To: 06/30/1995 Case Western Reserve
<i>Fellowship Information</i>	Children's Hospital of Philadelphia Pediatric Ophthalmology From: 07/01/1995 To: 06/30/1996
<i>Current Affiliation Information</i>	Sharp Memorial Hospital Sharp Mary Birch Hospital Scripps Mercy Hospital, Chula Vista Scripps Mercy Hospital, San Diego Rady Children's Hospital, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
March, 2007**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Teresa J. Jones, D.O.
<i>PPHS Facilities</i>	Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Internal Medicine – Certified: 1995/2005
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Des Moines University - Osteopathic Medical Center From: 09/01/1987 To: 05/24/1991 Doctor of Osteopathy Degree
<i>Internship Information</i>	Grandview Hospital and Medical Center, Dayton, OH Rotating From: 07/01/1991 To: 06/30/1992
<i>Residency Information</i>	Mercy Hospital of Pittsburgh, Pittsburgh, PA Internal Medicine From: 07/01/1992 To: 06/30/1995
<i>Fellowship Information</i>	N/A
<i>Current Affiliation Information</i>	Kaiser Permanente, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
March, 2007**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Gordon J. Montgomery, M.D.
<i>PPHS Facilities</i>	Pomerado Hospital Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Ophthalmology – Certified: 1977
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ORGANIZATIONAL NAME

<i>Name</i>	Precision Eye Care, A.M.C.
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	Howard University School of Medicine, Washington, D.C. From: 09/11/1968 To: 06/03/1972 Doctor of Medicine Degree
<i>Internship Information</i>	LAC-King-Drew Medical Center, Los Angeles, CA Medicine From: 07/01/1972 To: 06/30/1973
<i>Residency Information</i>	Homer G. Phillips Hospital, St. Louis, MO Ophthalmology From: 07/01/1973 To: 06/30/1976
<i>Fellowship Information</i>	Barnes-Jewish Hospital at Washington University Ophthalmology From: 07/01/1973 To: 06/30/1974 Barnes-Jewish Hospital at Washington University Ophthalmology From: 07/01/1976 To: 12/12/1977
<i>Current Affiliation Information</i>	Scripps Memorial Hospital, La Jolla Scripps Mercy Hospital, San Diego Paradise Valley Hospital

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
March, 2007**

PERSONAL INFORMATION

Provider Name & Title	Richard C. Ostrup, M.D.
PPHS Facilities	Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

Specialties	Surgery, Neurological – Certified: 1991
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ORGANIZATIONAL NAME

Name	Neurosurgical Medical Clinic
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EDUCATION/AFFILIATION INFORMATION

Medical Education Information	University of California, Davis FROM: 09/01/1975 TO: 06/15/1979 Doctor of Medicine Degree
Internship Information	N/A
Residency Information	University of Michigan Hospitals and Health Ctrs General Surgery From: 06/24/1979 To: 06/30/1981 University of California, San Diego Surgery, Neurological From: 07/01/1981 To: 09/30/1986
Fellowship Information	Toronto Western Hospital, Toronto, Ontario, Canada Surgery, Neurological From: 01/01/1987 To: 06/30/1987 Peripheral Nerve Surgery
Current Affiliation Information	Scripps Memorial Hospital, Encinitas Sharp Memorial Hospital, Chula Vista Sharp Memorial Hospital Scripps Memorial Hospital, La Jolla Scripps Mercy Hospital, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
March, 2007**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Jennifer I. Rosenthal, M.D.
<i>PPHS Facilities</i>	Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Pediatrics – Certified: 2006
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Medical College of Georgia, Augusta, GA From: 08/01/1999 To: 05/30/2003 Doctor of Medicine Degree
<i>Internship Information</i>	Inova Fairfax Hospital, Falls Church, VA Pediatrics From: 07/01/2003 To: 06/30/2004
<i>Residency Information</i>	Inova Fairfax Hospital, Falls Church, VA Pediatrics From: 07/01/2003 To: 07/23/2006
<i>Fellowship Information</i>	Rady Children's Hospital, San Diego Pediatric Hospital Medicine From: 09/01/2006 To: Present Expected date of completion: 08/30/2007
<i>Current Affiliation Information</i>	Rady Children's Hospital, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
March, 2007**

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Internal Medicine – Certified: 2001
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	Guru Govind Singh Medical College, Faridilot, India From: 09/01/1981 To: 01/28/1988 Doctor of Medicine Degree
<i>Internship Information</i>	N/A
<i>Residency Information</i>	Unity Health System, Rochester, NY Internal Medicine From: 07/01/1998 To: 06/30/2001 St. Mary's Hospital/Park Ridge Hospital
<i>Fellowship Information</i>	N/A
<i>Current Affiliation Information</i>	Kaiser Permanente, San Diego

**PALOMAR POMERADO HEALTH SYSTEM
PROVISIONAL APPOINTMENT
March, 2007**

PERSONAL INFORMATION

<i>Provider Name & Title</i>	Erin R. Stucky, M.D.
<i>PPHS Facilities</i>	Pomerado Hospital Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Pediatrics – Certified: 1991/2006
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ORGANIZATIONAL NAME

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

<i>Medical Education Information</i>	University of California, San Francisco From: 09/08/1983 To: 06/12/1988 Doctor of Medicine Degree
<i>Internship Information</i>	University of California, San Diego Pediatrics From: 06/24/1988 To: 06/27/1989
<i>Residency Information</i>	University of California, San Diego Pediatrics From: 07/01/1989 To: 07/01/1992 Chief Resident 91/92
<i>Fellowship Information</i>	N/A
<i>Current Affiliation Information</i>	Rady Children's Hospital, San Diego

**PALOMAR POMERADO HEALTH
ALLIED HEALTH PROFESSIONAL
APPOINTMENTS
FOR MARCH 2007**

NAME:	Kimberly A. Kreifeldt, P.A.-C	
SPECIALTY:	Physician Assistant	
SERVICES:	Physician Assistant	
TRAINING:	Arizona School of Health Sciences, Phoenix, AZ Master of Science Physician Assistant studies	09/01/97-08/21/99
PRACTICE:	Physician Assistant/Owner, Physician Assistant Surgical Services La Mesa, CA Physician Assistant, including one year residency, Lenihan, Selecky&Chadha Orthopaedics, Chula Vista, CA	01/01/03-Present 01/01/00-07/31/06
SPONSORS:	Jeffrey Smith, M.D. and Kevin Yoo, M.D.	
CERTIFICATION:	National Commission on Certification of Physician Assistants	1999
FACILITY:	Palomar Medical Center and Pomerado Hospital	

MEDICAL STAFF SERVICES



DATE: February 28, 2007

MEMO TO: Palomar Pomerado Health
Board of Directors

FROM: Marvin Levenson, M.D.
Medical Director, Escondido Surgery Center

RE: Medical Staff Recommendations

The Medical Staff of Palomar Medical Center approved the following credentialing recommendations for Escondido Surgery Center for submission to the Board of Directors:

Appointment:

03/12/2007 – 02/28/2009

- ◆ Laarni E. Gonzales-Naval, M.D., Family Practice

Reappointment:

04/01/2007 – 03/31/2009

- ◆ Robert N. Gould, M.D., Orthopaedic Surgery
- ◆ David R. Plotner, M.D., Ophthalmology
- ◆ Marco S. Robin, D.O., Anesthesiology
- ◆ Max Savin, M.D., General Surgery
- ◆ Robert D. Trifunovic, M.D., OB/GYN
- ◆ Thomas G. Williams, M.D., Anesthesiology

Certification by and Recommendation of Escondido Surgery Center Medical Director:

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

PALOMAR MEDICAL
CENTER
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 Second Avenue
Escondido, CA 92025
Tel 760.480.6606
Fax 760.480.1288



Pomerado Hospital Medical Staff Services

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

DATE: February 28, 2007
TO: Board of Directors - March 12, 2007
FROM: Benjamin Kanter, M.D., Chief of Staff, Pomerado Hospital Medical Staff
SUBJECT: Medical Staff Credentials Recommendations – February 2007:

Provisional Appointments: (03/12/2007 – 02/28/2009)

Pretti Bansal, M.D. - Surgery
Yvette M. Jockin, M.D. – Surgery
Gordon J. Montgomery - Surgery

Biennial Reappointments: (04/01/2007 – 03/31/2009)

Peter M. Berkman, M.D. – Emergency Medicine – Active
James D. Foster, M.D. – Emergency Medicine – Active
John C. Fredericks, M.D. – Emergency Medicine – Active
Marvin M. Kripps, M.D. – Surgery - Courtesy
David R. Plotner, M.D. – Surgery – Affiliate
Lon S. Poliner, M.D. – Surgery – Active
Marco S. Robin, D.O. – Anesthesia – Active
Ernest S. Rodier, M.D. – Medicine – Affiliate
Jose D. Romero, M.D. – Anesthesia – Courtesy
Shauna A. Schneider, M.D. – Medicine – Affiliate
Robert D. Trifunovic, M.D. – OB/GYN - Active

Advancements:

Gary J. Birnbaum, M.D. – Affiliate 3/12/07 – 8/31/2007
Mark E. Gold, M.D. – Affiliate – 03/12/07 – 09/30/2007
Abhay Gupta, M.D. – Active – 03/12/07 – 12/31/2007
Hyun Sil Kim, M.D. – Active - 03/12/07 – 08/31/07
Joseph M. Mann, III, M.D. – Affiliate - 03/12/2007 – 07/31/2008
William W. Winternitz, M.D. – Active – 03/12/2007 – 09/30/2007

Leave of Absence:

Prakash Bhatia, M.D., PhD – 01/30/2007 – 03/31/2007

Resignations/Withdrawal of Membership

Khuram Sial, M.D.
Justin T. Mao, M.D.
Stephen I. Moreland, III, M.D.

Allied Health Professionals Appointments: (03/12/2007 – 02/28/2009)

Kimberly A. Kreifeldt, P.A. – Sponsor Dr. Yoo

Allied Health Professionals Reappointment (04/01/2007 – 03/31/2009)

Laura J. Weber, FNP – Sponsor Dr. Otoshi

AHP Withdrawal of Membership

Jennifer Dwelle, NNP -- Neonatal Nurse Practitioner

Eve Allerton, P.A. **Sponsors -- Kaiser Physicians**

John Figueroa, P.A.

Julie Gill, P.A.

Jacob Kalscheur, P.A.

Steven Manes, OT

Chris Mayberry, P.A.

Gary Murphy, P.A.

Douglas Pickett, P.A.

Mary Sue Stone, P.A.

Kalani Thomson, P.A.

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



PALOMAR
POMERADO
HEALTH

Pomerado Hospital Medical Staff Services
15615 Pomerado Road
Poway, CA 92064
Phone – (858) 613-4664
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Rules and Regulations Amendment: Pomerado Hospital

3.5 If a complete history has been recorded and a physical examination performed prior to the patient's admission to the Hospital, either a dictated copy through the hospital or a reasonable durable, legible copy of these reports may be used in the patient's Hospital medical record, provided these reports may only be done by an M.D. or D.O. for cases other than oromaxillofacial surgery, and for oromaxillofacial surgery the special case permits oromaxillofacial surgeons to do the H&P provided that they have proper privileges, and that the history and physical examination have not been performed more than seven (7) days prior for the same medical condition.

New

3.5 If a complete history has been recorded and a physical examination performed prior to the patient's admission to the Hospital, either a dictated copy through the hospital or a reasonable durable, legible copy of these reports may be used in the patient's Hospital medical record, provided the history and physical examination have not been performed more than seven (7) days prior for the same medical condition. These reports may only be done (1) by an M.D or D.O for cases other than oromaxillofacial surgery, 2) for oromaxillofacial surgery the special case permits oromaxillofacial surgeons to do the H&P provided that they have proper privileges, and 3) *for podiatric surgery the special case permits podiatric surgeons to do the H&P provided that they have the proper privileges*



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Rationale for the proposed bylaw change.

Sec 14.3 “Mandated Amendments” of the Pomerado Hospital Medical Staff bylaws states: “In the event any amendment to the bylaws...is required based on any provision of state or federal statute or regulation...such an amendment may be approved by the Executive Committee and presented to the Board of Directors....such amendment shall become effective upon approval by the Board,...” Thus, in the face of a regulatory change, bylaws changes can occur quickly and efficiently.

In the current circumstance, prior to 10/05 Podiatrists were able to do H&Ps for podiatric surgery. Federal Medicare regulations then changed specifying that H&Ps could be completed ONLY by a doctor of medicine, osteopathy, or an oromaxillofacial surgeon.

Thus, due to a regulatory change our bylaws were amended to be in compliance. Now the Federal legislation has been reversed and again allows Podiatrists to perform H&Ps for patients admitted to a general acute care hospital for podiatric surgery.

In view of the above, the Medical Executive Committee at Pomerado hospital met and approved a change to the bylaws. According to legal council, as the intent of the prior change to the bylaws was to meet regulatory compliance, and given that that regulation has been changed, the bylaws may be immediately amended in compliance with sec. 14.3 referred to above. The details of what has transpired follows.

The Federal Register (11/27/06), in a response to Podiatry in general stated: “It is not our intent for this revised change to lead to a reduction in the pool of professionals who are qualified to perform the H&P. Instead, in an effort to reduce burden, we are increasing the pool of individuals who can perform the H&P by allowing other qualified individuals who have been granted privileges by the medical staff in accordance with State law to perform the H&P.”

“Effective Jan. 26, 2007, as a condition of participation in the Medicare program, the medical staff bylaws must require the H&P be complete by a physician (as defined by 42 U.S.C. | 1395x), an oromaxillofacial surgeon, or other qualified individual in accordance with state law and hospital policy.”

U.S.C. 1395x(r) defines “physician” as including a doctor of podiatric medicine for the purposes of certain specified functions, including the provision of services in a general acute care hospital. However, the definition of physician is limited to functions the podiatrist is legally authorized to perform according to the state. In other words, the state podiatric practice act must authorize podiatrists to perform H&Ps. In addition, the California Code of Regulations for general acute care hospitals provides that the H&P must be performed by “persons lawfully authorized to do so by their respective practice acts.” (22 C.C.R. | 70717(c).

The California podiatric medicine act limits a podiatrist from performing an admitting H&P in an acute care hospital **only** where doing so would violate Medicare regulations. Now that the Medicare regulation has changed (the revised federal regulation specifically defining a “physician” who may complete an H&P to include a doctor of podiatry), our bylaws can and should be revised.

Both Medicare regulations and the State practice act allow Podiatrists to complete an H&P for a podiatry patient admitted to an acute care general hospital.

Informational: FANS Healthy Food

TO: PPH Board of Directors
MEETING DATE: March 12, 2007
FROM: Nancy Bassett, RN
Chair Human Resources Committee

BACKGROUND: Jana Markley and Tina Pickett provided the HR Committee with information on menu changes at PMC and POM for employees and patients. The new menus will provide labels such as "low fat", "low carb", etc so that everyone will be able to select food that meets their nutritional goals.

BUDGET IMPACT: Not Applicable

STAFF RECOMMENDATION:
Presentation will be provided to the full PPH Board at their March 12 meeting.

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Update: Smoke Free Environment

TO: PPH Board of Directors
MEETING DATE: March 12, 2007
FROM: Nancy Bassett, RN
Chair Human Resources Committee

BACKGROUND: Board Member Greer requested HR Committee discuss the possible creation of a PPH Campus Non-Smoking Policy.

1. W. George announced that he met with an organization named, "Community Against Substance Abuse." This organization will provide free assistance to PPH when it is time to begin communications to employees.
2. M. Covert is developing a non-smoking policy / proposal for presentation at the March 20 HR Committee meeting.

BUDGET IMPACT: Not Applicable

STAFF RECOMMENDATION:

COMMITTEE QUESTIONS:

L. Greer asked if M. Covert was receiving much opposition to PPH becoming a smoke-free campus.

- M. Covert responded that employees are expressing more concerns about patients. However, he feels that there would be more opposition expressed if PPH becomes a smoke-free campus.

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Informational: Compensation

TO: PPH Board of Directors

MEETING DATE: March 12, 2007

FROM: Nancy Bassett, RN
Chair Human Resources Committee

BACKGROUND: An update on management compensation procedures was provided to the Committee. M. Covert shared that the recommendations from SullivanCotter were disappointing. The suggestions were basically the same as the current compensation structure. As a result, PPH staff developed a new incentive plan.

Discussion included:

1. B. Turner presented an overview of the incentive plan developed by PPH. The plan is divided into two parts: Directors and above; Front Line Staff through Manager.
2. Committee members were provided information relating to the new incentive plan as developed by PPH staff. It remains a document in progress.
3. Document to be presented at the March HR Committee meeting for recommendation at the April PPH Board meeting.

BUDGET IMPACT: Not Applicable

STAFF RECOMMENDATION:

COMMITTEE QUESTIONS:

- N. Bassett asked if the new incentive program would increase the cost to PPH.
- B. Turner replied that the restructuring would keep the cost within the current parameters. Bob Hemker was consulted prior to developing the program. Basically, the new incentive comp program was developed using the funds allocated.

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Approval of 2007 Schedule

TO: PPH Board of Directors

MEETING DATE: March 12, 2007

FROM: Community Relations Committee on February 16, 2007

BY: Gustavo Friederichsen

BACKGROUND: Gary Powers asked for approval to the proposed schedule for the 2007 Community Relations Board Committee Meetings. A brief discussion ensued stating that the meetings would continue to take place every other month and the new start time of 12:15p.m . was also addressed. The committee unanimously agreed to the schedule and Dr. Larson made a motion to approve with Ted Kleiter seconding.

BUDGET IMPACT: None

COMMITTEE RECOMMENDATION:

Information: X

Community Relations Committee

Meeting Schedule ~ 2007

Date

Location

February 16, 2007.....	INNOV, MEETING ROOM A
April 20, 2007.....	INNOV, MEETING ROOM A
June 15, 2007.....	INNOV, MEETING ROOM A
August 17, 2007.....	INNOV, MEETING ROOM A
October 19, 2007.....	INNOV, MEETING ROOM A
December 21, 2007.....	INNOV, MEETING ROOM A

Meeting begins promptly at 12:15 p.m.

Overall Television Campaign

TO: PPH Board of Directors

MEETING DATE: March 12, 2007

FROM: Community Relations Committee on February 16, 2007

BY: Gustavo Friederichsen

BACKGROUND: Gustavo Friederichsen reported on Palomar Pomerado Health's overall TV Campaign including The Cardiac Alert Public Service Awareness Campaign as well as PPH Broadcast Spots. Gustavo shared a draft of the new PSA spot that will air on television as well as on hospital TV monitors. This spot is part of a yearlong campaign to promote the importance of what to do to get the word out to people on how to handle a suspected heart attack. The PSA educates the public to "dial don't drive". The new PPH broadcast spots introduce the newly overhauled web site to the public. These spots aired during minutes leading up to the Super bowl Game and will air at other prime times.

BUDGET IMPACT: None

STAFF RECOMMENDATION: For information purposes only

COMMITTEE RECOMMENDATION:

Information: X

2007 Marketing Communications and Legislative Strategies

TO: PPH Board of Directors

MEETING DATE: March 12, 2007

FROM: Community Relations Committee on February 16, 2007

BY: Gustavo Friederichsen

BACKGROUND: Gustavo Friederichsen reported on the 2007 Marketing, Communications and Legislative Strategies. His report to the Committee included branding, cardiology, PMC, POM, consumer communications, media training, cable partnership, web redesign, system new movers campaign, service line marketing, legislative strategies, recognition strategies, Foundation communications and theatre strategy.

BUDGET IMPACT: None

STAFF RECOMMENDATION: For information purposes only

COMMITTEE RECOMMENDATION:

Information: X

Campus Updates

TO: PPH Board of Directors

MEETING DATE: March 12, 2007

FROM: Community Relations Committee on February 16, 2007

BY: Gustavo Friederichsen

BACKGROUND: Tami Weigold reported to the Committee on Campus updates for Pomerado Hospital and reported for Janet Gennoe on updates regarding Palomar Medical Center's image campaign. Tami reported that the 2007 Women's conference is half way sold out and has only been advertised in HealthSource/BabySource. She also shared that street flags are coming for both campuses. These flags highlight recognitions that our system has been awarded. Also reported was that our Mission and Vision Statement plaques being redone with a more elegant engraved look.

BUDGET IMPACT: None

STAFF RECOMMENDATION: For information purposes only

COMMITTEE RECOMMENDATION:

Information: X

Monthly Reports

TO: PPH Board of Directors

MEETING DATE: March 12, 2007

FROM: Community Relations Committee on February 16, 2007

BY: Gustavo Friederichsen

BACKGROUND: Monthly reports were respectively presented to the Community Relations Committee. Included were Marketing/Public Relations, HealthSource, Community Outreach and Media Relations for the months of December 2006 and January 2007.

BUDGET IMPACT: None

STAFF RECOMMENDATION: For information purposes only

COMMITTEE RECOMMENDATION:

Information: X

PMC West Design Update

TO: PPH Board of Directors
DATE: March 12, 2007
FROM: Joint BOD/Strategic Planning Committee on February 20, 2007
BY: Marcia Jackson, Chief Planning Officer
Mike Shanahan, Director Facilities Planning & Development

BACKGROUND: This agenda item consisted of a design update for PMC West. The update covered the exterior design as well as public spaces design, including lobbies.

The design update included an environment of care overview, as well as updates on progress on the main lobby design, the patient tower design, the environmental graphic design, lighting design, and exterior envelope design. Our goal is to start actual construction by January 2008. The overall design development is complete, with ongoing refinements in the interiors and detailing. The Building Information Model (BIM) was introduced, which is at the forefront of the design industry, and is more than the typical 3-D CAD model, and provides coordinated, consistent, and computable data about a Virtual Building. This model identifies potential conflicts before they're in the field, saving time and money.

The Committee reviewed presentations on signage and wayfinding, as well as lighting and new technologies involved with lighting. The conservatories were emphasized as a unique aspect of the hospital exterior.

The Board likes the presentation, and suggested a signature element to the facility, some type of identifying touch or design element.

The architects will continue to work on the refinement of the details.

COMMITTEE RECOMMENDATION:

Information: X

**Strategic Planning Committee
2007
Meeting Schedule**

TO: PPH Board of Directors
DATE: March 12, 2007
FROM: Strategic Planning Committee on February 20, 2007
BY: Marcia Jackson, Chief Planning Officer

BACKGROUND: The Strategic Planning Committee established a tentative 2007 meeting schedule. In 2006, the Committee met on the third Tuesday of each month at 6:00 p.m.

This schedule will be maintained, with Committee meeting on the third Tuesday of each month at 6:00 p.m., with the following exceptions/changes:

May Committee meeting to be held on **MAY 22 at PMC in Graybill Auditorium**

June Committee meeting to be held on **JUNE 12 at POM in Conference Room E**

July Committee meeting to be held on **JULY 24 at POM in Conference Room E**

August Committee meeting to be held on **AUGUST 14 at POM in Conference Room E**

The attached 2007 Strategic Planning Committee Meeting Schedule was formally adopted.

COMMITTEE RECOMMENDATION:

Information: X

Strategic Planning Committee

Meeting Schedule ~ 2007

Date	Location
JANUARY MEETING CANCELLED PER DECEMBER 2006 MEETING	
February 20, 2007.....	POM - E
March 20, 2007.....	PMC - GB
April 17, 2007.....	POM - E
May 22, 2007.....	PMC - GB
June 12, 2007.....	POM - E
July 24, 2007.....	POM - E
August 14, 2007.....	POM - E
September 18, 2007.....	PMC - GB
October 16, 2007.....	POM - E
November 20, 2007.....	PMC - GB
December 18, 2007.....	POM - E

Meeting begins at 6:00 p.m., and dinner will be provided at 5:30 p.m., via the cafeteria line at POM, and will be served in the meeting room at PMC. Please allow enough time prior to the 6:00 p.m. start time to get your food and be seated.

Revised 2-26-07

Review & Approve Committee Bylaw Section & Position Description

TO: PPH Board of Directors
DATE: March 12, 2007
FROM: Strategic Planning Committee on February 20, 2007
BY: Marcia Jackson, Chief Planning Officer

BACKGROUND: Annually, each Board Committee is to review and approve the sections of the Bylaws and Position Description pertaining to the Committee.

The Committee reviewed and discussed the Bylaws and Position Description. Dr. Rivera motioned to accept as presented, Bruce Krider seconded, and the motion to review and approve the existing sections of the Bylaws and Position Description pertaining to the Committee was carried unanimously.

COMMITTEE RECOMMENDATION:

Information: X

BOARD QUALITY REVIEW COMMITTEE

Meeting Dates, 2007

TO: Board of Directors
DATE: March 12, 2007
FROM: Quality Review Committee, February 13, 2007
BY: Opal Reinbold, Chief Quality Officer

BACKGROUND: The Board Quality Review Committee discussed the installation of meetings for 2007. As of February 13, 2007, the Committee agreed to change the standing meeting from the 2nd Tuesday of each month to the 3rd Tuesday of each month. Meetings will continue to take place from 12:00 Noon to 2:00 p.m.

Please see the following schedule for 2007:

DATE Tuesday	LOCATION Conference Room	DATE Monday	LOCATION Conference Room
January 9	PMC Administration CR 1	July 17	TBD
February 13	PMC Administration CR 1	August 21	TBD
March 20	PMC Graybill Back	September 18	TBD
April 17	TBD	October 16	TBD
May 15	TBD	November 20	TBD
June 19	TBD	December 18	TBD

BUDGET IMPACT: None
STAFF RECOMMENDATION: As agreed by Committee
COMMITTEE QUESTIONS: None

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Status of the Internal Audit Committee

TO: Board of Directors
DATE: March 12, 2007
FROM: Internal Audit Committee, February 22, 2007
BY: Thomas Boyle, Director Internal Audit Services
BACKGROUND: Informational.

1. Approved minutes of November 2, 2006 Internal Audit Committee meeting
2. Discussed Sarbanes Oxley recommendations vs. PPH practices
3. Annual Review and approval of:
 - Internal Audit Committee Charter
 - Internal Audit Committee Role and Responsibilities
4. Action to solicit RFP for external accounting firm
 - Discussed the use of local/regional accounting firms.
5. Presented for information Audit Planning Considerations for 2007
6. Reviewed quarterly Activity Report

Budget Impact: None
Staff Recommendation: None
Committee Questions: None
Next Meetings: To be determined

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Governance Committee
Meeting Schedule 2007**

TO: Board of Directors
DATE: March 12, 2007
FROM: Governance Committee
BY: Christine Meaney, Secretary to Committee

BACKGROUND: In order to establish Governance Committee Meetings for 2007, the Committee was requested to consider the most feasible times, bearing in mind frequency, ie., currently bi-monthly, or quarterly, including day/time.

Following discussion and review of calendars, the *3rd Friday of each alternate month (bi-monthly) from 8:30 a.m. – 10:30 a.m. at Palomar Medical Center, Escondido*, commencing Friday, April 20, 2007 was suggested and agreed as being workable for the board committee members.

Meetings are currently determined to be:

Friday, April 20;
Friday, June 15;
Friday, Aug 17;
Friday, Oct 19;
Friday, Dec 21
commencing 8:30 a.m. at Palomar Medical Center, Escondido, (with Administrative Conference Room #2 having since been scheduled for **all** of above meetings).

BUDGET IMPACT: None

STAFF RECOMMENDATION: Informational

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Governance Committee
Annual Review of PPH Bylaws**

TO: Board of Directors
DATE: March 12, 2007
FROM: Governance Committee, February 20, 2007
BY: Christine Meaney, Secretary to Committee

BACKGROUND: PPH Board Bylaws are reviewed annually. The Governance Committee was requested to review the Governance Committee section of those Bylaws. No amendments were foreseen for 2007.

During review, reference was made to Section 6.2.2 Governance Committee: (c) Duties: (iii) "Review any initiation of legislation". Discussion ensued on the potential for a possible lobbyist/lobbyist intern and/or mass mailings from the district regarding relevant future legislation. The Committee Chairman would follow up regarding lobbying aspects.

The Committee approved the current wording of the Governance Committee section of the Bylaws, without amendment.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Informational

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Governance Committee
Board Member Position Descriptions**

TO: Board of Directors

DATE: March 12, 2007

FROM: Governance Committee, February 20, 2007

BY: Michael Covert, CEO

BACKGROUND: Per the January 29, 2007 Annual Board Self-Evaluation Meeting, during which the PPH Board Member Position Descriptions were reviewed, it was agreed that these should indicate throughout that the Board provides “oversight” under each of the “Function” paragraphs at the beginning of each Position Description, and that the word “oversight” should be included in those paragraphs where it did not occur. In addition, the word “ensure” was occasionally misspelt “insure”, and should be corrected.

The Committee was in agreement with these amendments and that the PPH Board Member Position Descriptions as amended, would be incorporated into a “Board Responsibilities” Policy, whereby these generic Board responsibilities (Position Descriptions) would be reviewed annually by the Board at its Self-Evaluation Meeting.

In addition, reference was made to the development of a new Board Peer Review evaluation tool and comparisons with other similar instruments, to be brought to an upcoming Governance Committee meeting.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Informational

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Governance Committee
Proposed Board Policies**

TO: Board of Directors

DATE: March 12, 2007

FROM: Governance Committee, February 20, 2007

BY: Michael Covert, CEO

BACKGROUND: As a result of the January 29, 2007 Annual Board Self-Evaluation meeting, the CEO discussed proposed Board Policies as follows:

- (i) Monitoring new programs/services in conjunction with Finance and Strategic Planning Committees;
- (ii) Board role in Fund Development/Philanthropy

Following discussion, it was generally agreed to bring relevant draft Board policies to Governance Committee for review.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Information

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Governance Committee
Proposed Board Goals**

TO: Board of Directors

DATE: March 12, 2007

FROM: Governance Committee, February 20, 2007

BY: Michael Covert, CEO

BACKGROUND: Following the January 29, 2007 Annual Board Self-Evaluation meeting, the CEO presented four draft proposed Board Goals for discussion that included the Board overseeing a formal Strategic Planning Policy, a Physician Competition/Conflict of Interest Policy, a potential annual Community Benefits Workshop and, through Finance Committee, establishing a formal process of review of all new programs.

Following discussion, two additional goals were suggested, these being updating the Board peer review self-assessment instrument, and the annual CEO subjective survey; in addition to creation of and access to, a PPH website intranet portal for the Board.

It was generally agreed that these six draft Board Goals be finalized and brought back to the Committee for potential review/approval.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Information

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Governance Committee
In-House Legal Counsel Update**

TO: Board of Directors
DATE: March 12, 2007
FROM: Governance Committee
BY: Michael Covert, CEO

BACKGROUND: In follow-up to the need for PPH in-house legal counsel regarding certain legal matters, the CEO provided an update on recruitment noting that if some Board members wished to interview with the candidates, he would schedule them into the process.

BUDGET IMPACT: None

**STAFF
RECOMMENDATION:** Informational

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Governance Committee
Board Educational Schedule 2007**

TO: Board of Directors
DATE: March 12, 2007
FROM: Governance Committee
BY: Michael Covert, CEO

BACKGROUND: The proposed Board Educational Schedule for 2007 was provided to the Committee for information, including discussion on relevant upcoming conferences if any, and possible speakers, that may be of interest to the Board.

It was suggested that possible monthly Board educational sessions, including quarterly verbal presentations by Board members who had attended various recent conferences/off-site events that would keep the Board apprised of relevant information/feedback, might also be of interest.

On behalf of the Committee Chairman, the Board Office would send a note to the Board seeking input on areas of interest (for example, educational aspects of DaVinci, Gamma, etc. allowing the Board to be fully informed on such projects), as well as their preference for time of day for all educational sessions (either lunchtime or evening), and day of the week. A list of upcoming conferences of interest would also be included. This matter is in process and responses will be reviewed by the CEO and the Assistant to the Board.

BUDGET IMPACT: None

**STAFF
RECOMMENDATION:** Informational

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Kaiser Permanente Surgical Volumes

TO: Board of Directors

FROM: Board Finance Committee
Tuesday, February 27, 2007

MEETING DATE: Monday, March 12, 2007

BY: Lorie Shoemaker, RN, MSN, CNAA-BC, Chief Nurse Executive
Kimberly Dodson, RN, SLA Perioperative Services

Background: The Kaiser orthopedic surgeons began performing total joint replacements at Pomerado Hospital in October, 2005. The expected volume was 4 to 6 cases per week. From January 2006 to July 2006, Kaiser surgeons performed 113 cases. Kaiser's preference is to utilize Palomar Medical Center, where they already had attending physicians on staff, for the orthopedic cases. Gerald Bracht and Kim Dodson have been working with Kaiser Leadership to begin scheduling surgical cases at PMC beginning April 2007. Expected volume is 2-3 cases initially, gradually increasing to 6 cases by mid to late summer.

Budget Impact: Surgical volume at Pomerado Hospital this fiscal year is approximately 200 cases below anticipated. 4th quarter cases at Palomar Medical Center is anticipated to be between 35 and 40.

Staff Recommendation: Information only

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Governance Committee
Action: Annual Review of PPH Bylaws Relating to HR Committee

TO: Board of Directors
MEETING DATE: March 12, 2007
FROM: Governance Committee, February 20, 2007
BY: Christine Meaney, Secretary to Committee

BACKGROUND:

PPH Board Bylaws are reviewed annually. The Human Resources Committee met on January 16, 2007 to review section 6.2.3 that relates to the Human Resources Committee.

Subsequently, the Governance Committee at its meeting February 20, 2007 was requested to review the recommended changes to HR Committee's section of PPH Bylaws as follows:

Change to include the word "Human Resources":

(c) Duties. (i) Including initiating special Human Resources studies;

Additions to include a new section:

(d) Meeting requirements. HR Committee to meet a minimum of six (6) times per year: more often if needed.

BUDGET IMPACT: None

COMMITTEE RECOMMENDATION: Board approval requested

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

STANDING COMMITTEES

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; (per wording)
 - (ii) Maintain ultimate oversight of annual performance reviews 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) Perform such other duties as may be assigned by the Board.

ADD (d) Meeting Requirements. (per wording)

**Purchase of Land and Building at
975 South Andreasen, Escondido, CA**

TO: Board of Directors
FROM: Board Finance Committee
Tuesday, February 27, 2007
MEETING DATE: Monday, March 12, 2007
BY: Bob Hemker, CFO

Background: The property at 975 South Andreasen, Escondido, CA—which is adjacent to the new Warehousing & Supply Chain Services building at 2227 Enterprise in Escondido—recently came onto the market, presenting Management with an opportunity to group certain system-wide support services of the District into a “clustered” model at that location.

Utilizing the services of a Real Estate broker, the property was evaluated for suitability and appraisal of value. It was determined that the property—land & building (*See attached*)—would be an appropriate site onto which such services (including—but not limited to—Dietary Services, Security, EVS, Plant Ops and BioMed) could be relocated, as it is ideally located in proximity to both the ERTC campus site and the Warehousing building, and it will serve those and the other existing hospital and business locations of the District well. The property is currently zoned for the intended use.

After having the value of the property determined by Third Party appraisal, Management entered into negotiations via a Letter of Intent to Purchase, conditioned upon Board of Director approval and certain Due Diligence. To date, an agreement with the Seller with regard to a purchase price has not yet been reached. The asking price for the 19,215 square-foot building is \$3.17 million (\$1.6497 per sq ft).

Board of Director approval is requested, authorizing Management to proceed with negotiations for the purchase, subject to the satisfactory completion of due diligence and acceptable purchase price and terms.

Budget Impact: Not to exceed \$3.17 million of FMP Capital Funds for the purchase of the property known as 975 South Andreasen, Escondido, CA.

Staff Recommendation: Staff recommends approval of the acquisition, subject to satisfactory price, terms and requisite completion of due diligence.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends that Management be instructed to continue and complete negotiations for the purchase of the land and building known as 975 South Andreasen, Escondido, CA, subject to acceptable market conditions, terms, due diligence and final Board approval.

Motion: X

Individual Action:

Information:

Required Time:

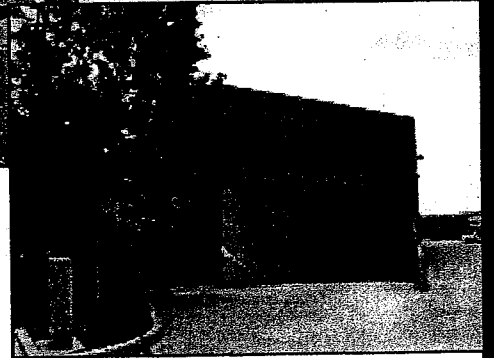
FOR SALE

19,215 Square Feet

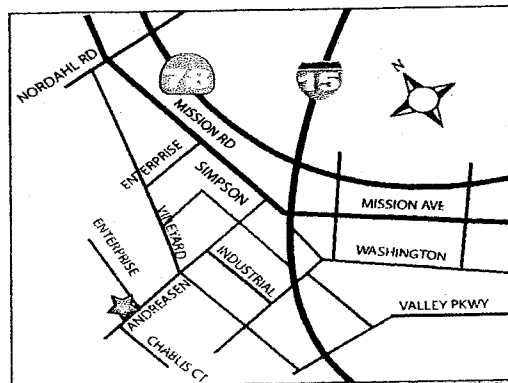
975 S. Andreasen Drive, Escondido, CA 92029



**FREESTANDING
INDUSTRIAL/R&D
BUILDING**



- New freestanding Industrial/R&D building with extensive glassline
- Approximately 6,000 square feet of two (2) story HVAC office area
- Approximately 3,000 square feet of bonus mezzanine area
- Truck Loading: 2 dock high doors & 2 grade level loading doors (12'x14')
- Power: 1200 amps, 277/480 V - 3 Phase
- Clear Height: 24'8"
- Sale Price: \$3,170,000



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Independently Owned and Operated

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