

PALOMAR
POMERADO
HEALTH
SPECIALIZING IN YOU

**BOARD OF DIRECTORS
AGENDA PACKET**

October 12, 2009

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

A California Health Care District (Public Entity)

PALOMAR POMERADO HEALTH BOARD OF DIRECTORS

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

Michael H. Covert, FACHE, President and CEO

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

MISSION STATEMENT

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

VISION STATEMENT

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

CORE VALUES

Integrity

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

Innovation and Creativity

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

Teamwork

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

Excellence

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

Compassion

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

Stewardship

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

Affiliated Entities

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

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

**Monday, October 12, 2009
Commences 6:30 p.m.**

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

Mission and Vision

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

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

	<u>Time</u>	<u>Page</u>
I. CALL TO ORDER		
II. OPENING CEREMONY	2	
A. Pledge of Allegiance		
III. PUBLIC COMMENTS	5	
<i>(5 mins allowed per speaker with cumulative total of 15 min per group – for further details & policy see Request for Public Comment notices available in meeting room).</i>		
IV. * MINUTES	5	5-11
Regular Board Meeting – September 14 th , 2009		
Special Board Meeting – September 14 th , 2009		
Closed Board Meeting – September 14 th , 2009		
V. * APPROVAL OF AGENDA to accept the Consent Items as listed	5	12-25
A. August 2009 & YTD FY2009 Financial Report (<i>Addendum A</i>)		
B. Approval of Revolving, Patient Refund and Payroll Fund Disbursements– August, 2009		
1. Accounts Payable Invoices	\$41,688,240.00	
2. Net Payroll	<u>\$10,756,338.00</u>	
Total	<u>\$52,444,577.00</u>	
C. Ratification of Paid Bills		
D. Neurology Medical Director - Dr. Rafi		
E. Pomerado Hospital Emergency On-Call Agreement – Dr. Moein		
F. Palomar Medical Center Administrative Services Agreement – Med Staff MSPRC Chair		
G. Pomerado Hospital Emergency On-Call Agreement – Dr. Shah		

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

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

VI. REPORTS

- | | | |
|--|----|---------------|
| A. <u>Medical Staffs</u> | 15 | 26-97 |
| * 1. Palomar Medical Center – <i>John Lilley, M.D.</i> | | |
| a. Credentialing/Reappointments | | |
| * 2. Pomerado Hospital – <i>Frank Martin, M.D.</i> | | |
| a. Credentialing/Reappointments | | |
| b. Joint Conference Committee | | |
| B. <u>Administrative</u> | | |
| 1. <u>Chairman of Palomar Pomerado Health Foundation</u> – <i>Bill Chaffin</i> | | |
| a. Update on PPHF Activities | 5 | Verbal Report |
| 2. <u>Chairman of the Board</u> – <i>Bruce Krider</i> | 10 | Verbal Report |
| 3. <u>President and CEO</u> – <i>Michael H. Covert, FACHE</i> | 10 | Verbal Report |

VII. INFORMATION ITEMS *(Discussion by exception only)* 98-158

- A. Finance – Status Update on the 2009 Revenue Bond Issue and Plan of Finance
- B. Finance – Board Program Review Schedule
- C. Human Resources – Board Member Benefits
- D. Human Resources – Quarterly HR Report
- E. Human Resources – Retail Space Survey Results

VIII. COMMITTEE REPORTS *(Minutes available on the Leadership Drive)* 15 159-164

- A. **Internal Audit and Compliance Committee**
- B. **Governance Committee**
- C. **Human Resources Committee**
- D. **Community Relations**
- E. **Facilities and Grounds** – *Did not meet in September*
- F. **Board Quality Review Committee**
- G. **Finance Committee**
- H. **Strategic Planning Committee** – *Did not meet in September*
- I. Other Committee Chair Comments on Committee Highlights *(standing item)*

IX. BOARD MEMBER COMMENTS/AGENDA ITEMS FOR NEXT MONTH

X. ADJOURNMENT

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

Palomar Pomerado Health
BOARD OF DIRECTORS
REGULAR BOARD MEETING
Pomerado Hospital / Meeting Room E
Monday, September 14, 2009

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	6:30 pm Quorum comprised Directors Bassett, Greer, Kaufman, Kleiter, Krider, and Larson. Excused: Director Rivera		
OPENING CEREMONY	The Pledge of Allegiance was recited in unison.		
MISSION AND VISION STATEMENTS	The PPH mission and vision statements are as follows: <i>The mission of Palomar Pomerado Health is to heal, comfort and promote health in the communities we serve.</i> <i>The vision of PPH is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services.</i>		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements		
PUBLIC COMMENTS	None.		
APPROVAL OF MINUTES <ul style="list-style-type: none"> Regular Board Meeting August 10, 2009 Special Joint PPH and PPHF Meeting – August 10th, 2009 Closed Board Meeting – August 10th, 2009 Special Annual Quality/Patient Safety Report – August 24th, 2009 		MOTION: by Greer , 2nd by Kaufman and carried to approve the August 10, 2009 Regular Board minutes, Special Joint PPH and PPHF Meeting – August 10th, 2009, Closed Board Meeting – August 10th, 2009, Special Annual Quality/Patient Safety Report – August 24th, 2009, and Closed Board Meeting – August 25th, 2009 as submitted.	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
<ul style="list-style-type: none"> Closed Board Meeting – August 25th, 2009 		All in favor. None opposed.	
APPROVAL OF AGENDA to accept the Consent Items as listed A. July 2009 & YTD FY2009 Financial Report B. Approval of Revolving, Patient Refund and Payroll Fund Disbursements–June, 2009 Accounts Payable Invoices \$42,120,368.00 Net Payroll \$10,996,894.00 Total \$53,117,262.00 C. Ratification of Paid Bills D. June Pre-Audit Close		MOTION: by Kleiter, 2 nd by Kaufman and carried to approve the Consent Items A – D as submitted. All in favor. None opposed.	
REPORTS			
Medical Staff			
Palomar Medical Center			
<ul style="list-style-type: none"> Credentialing 	John J. Lilley, MD., Chief of PMC Medical Staff, presented PMC's requests for approval of Credentialing Recommendations.	MOTION: by Bassett, 2 nd by Kleiter and carried to approve the PMC Medical Staff Executive Committee credentialing recommendations for the PMC Medical Staff, as presented. Director Larson abstained. Five in favor. None opposed. MOTION: by Bassett, 2 nd by Kleiter and carried to approve the PMC Policy for Limited Training by Current Medical Staff Members, as presented. All in favor. None opposed. MOTION: by Bassett, 2 nd by Greer and carried to approve the PMC Core Privileging, as presented.	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
		All in favor. None opposed.	
Pomerado Hospital			
<ul style="list-style-type: none"> Credentialing 	Frank Martin, MD., Chief of Pomerado Medical Staff, presented Pomerado Hospital's requests for approval of Credentialing Recommendations.	<p>MOTION: by Bassett, 2nd by Kleiter and carried to approve the Pomerado Hospital Medical Staff Executive Committee credentialing recommendations for the Pomerado Medical Staff, as presented.</p> <p>Director Larson abstained Five in favor. None opposed.</p> <p>MOTION: by Bassett, 2nd by Greer and carried to approve the POM Policy for Limited Training by Current Medical Staff Members, as presented.</p> <p>All in favor. None opposed.</p>	
Administrative			
Chairman - Palomar Pomerado Health Foundation	<i>Terry Green standing in for Bill Chaffin</i>		
Palomar Pomerado Health Foundation Gift Opportunities	<p>Terry Green thanked those who had attended the Summer Social.</p> <p>Mr. Green outlined the scheduled events in September and October which included:</p> <p>09.28.09 former Foundation members will be shown the mock up rooms</p> <p>09.30.09 There will be an event for the Gala sponsors at Qualcomm Stadium</p> <p>10.07.09 The Retired Physicians Group will be touring the mock up rooms.</p> <p>10.17.09 The Physicians Awards celebration will be held at the PMC West site and the Physician Philanthropist Award will be awarded for the first time this year.</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	<p>10.22.09 The Foundation will host tours of the PMC West site for the San Marcos Chamber of Commerce</p> <p>10.28.09 The Foundation will host tours of the PMC West site for the community once a month on the fourth Thursday of the month.</p>		
Chairman of the Board - Palomar Pomerado Health	<i>Chairman Bruce Krider</i>		
	None.		
President and CEO	<i>Michael Covert, President and CEO</i>		
	<p>Michael Covert stated that the explanations of changes to the union contracts are proceeding to be distributed.</p> <p>Mr. Covert clarified that Tri – City Hospital has not responded to the letter that Chairman Bruce Krider sent to their Board.</p> <p>Flu shots will be available for staff beginning September 16th.</p> <p>The next Joint Conference Committee meeting will discuss the medical staff by laws.</p> <p>Mr. Covert stated that Janine Sarti was selected for a finalist as top Corporate Counsel.</p>		
INFORMATION ITEMS	<i>Discussion by exception only</i>		
▪ Finance	<ul style="list-style-type: none"> ▪ Finance – Legal Services Update ▪ Finance – Pharmacy Stewardship 		
▪ Human Resources	<ul style="list-style-type: none"> ▪ Human Resources – Pension Committee 		
COMMITTEE CHAIR COMMENTS			
• Internal Audit	Director Greer congratulated Janine Sarti on her nomination as a finalist for the top Corporate Counsel.		
• Governance	Did not meet in August		
• Human Resources	Did not meet in August		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
• Community Relations	Did not meet in August		
• Board Facilities and Grounds	Director Rivera was excused from the meeting.		
• Board Quality Review	Director Rivera was excused from the meeting.		
• Finance	Director Kleiter stated that the report of the Financial Committee meeting is available for review on pages 144 and 115.		
• Strategic Planning	The August meeting has been reported to the Board and Strategic Planning did not meet in September.		
BOARD MEMBER COMMENTS and AGENDA ITEMS FOR NEXT MONTH	<p>Director Greer thanked the Foundation for allowing her to chair the Foundation Audit Committee and stated that the internal audit has begun.</p> <p>Director Greer asked for the information from the Community Relations Committee regarding updates on the Healthcare Advisory Board.</p> <p>Nancy Bassett thanked Brenda Turner for her work on the union negotiations.</p>		
ADJOURNMENT	7:00p.m.		
SIGNATURES			
▪ Board Secretary	_____ Nancy Bassett, RN, MBA		
▪ Board Assistant	_____ Nicole Adelberg		

Palomar Pomerado Health
BOARD OF DIRECTORS
Special Session
Pomerado Hospital / Meeting Room E
Monday, September 14, 2009

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	<p>6:00 p.m. Quorum comprised Directors Bassett, Kaufman, Kleiter, Krider, and Larson</p> <p>Excused: Director Rivera</p> <p>Also present: Michael, Covert, Janine Sarti, Dan Farrow, David Tam, MD, Frank Martin, MD, Gerald Bracht, Nancy Wood, Anna Ha, Sheila Brown, Marty Knutson, Terry Green, and Mike Shanahan</p>		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements.		
PUBLIC COMMENTS	None.		
REPORTS	<i>Dan Farrow</i>		
	<p>Dan Farrow presented the Energy Conservation Project and discussed whether entering into a facility financing contract pursuant to California Government Code Section 4217.10-4217.18 was in the best interest of PPH. Mr. Farrow presented the facility financing contract and defined the process, FCC's and benefits. The process began with a request for qualifications and two responses were received requesting packets. Two companies were interviewed and the RFQ Ad hoc committee found Veolia Energy to be the best match for PPH. Dan Farrow asked that the Board consider entering into a facility financing contract with Veolia Energy. The Board discussed the presentation at this point.</p>	<p>MOTION: by Kaufman, 2nd by Bassett and carried to approve entering into a facility financing contract with Veolia Energy as presented.</p> <p>All in favor. None opposed.</p>	
FINAL ADJOURNMENT		MOTION: by Chairman Krider for final adjournment at 6:30 p.m.	
SIGNATURES			
<ul style="list-style-type: none"> ▪ Board Secretary 	<p>_____</p> <p>Nancy Bassett, R.N., M.B.A.</p>		
<ul style="list-style-type: none"> ▪ Board Assistant 	<p>_____</p> <p>Nicole Adelberg</p>		

Palomar Pomerado Health
BOARD OF DIRECTORS
Closed Session
Pomerado Hospital / Meeting Room E
Monday, September 14, 2009

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	7:08 p.m. Quorum comprised Directors Bassett, Kaufman, Kleiter, Krider, and Larson Excused: Director Rivera Also present: Janine Sarti		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements.		
PUBLIC COMMENTS	None.		
ADJOURNMENT TO CLOSED SESSION		MOTION: by Chairman Krider to adjourn to closed session. All in favor. None opposed.	
CLOSED SESSION	Pursuant to Government Code subdivision (b) of Section 54956.9 - Conference with Legal Counsel – Anticipated Litigation Significant exposure to litigation pursuant to subdivision (b) of Section 54956.9 of the California Government Code: One potential case.		
OPEN SESSION RESUMES			
FINAL ADJOURNMENT		MOTION: by Chairman Krider for final adjournment at 7:30 p.m.	
SIGNATURES			
<ul style="list-style-type: none"> ▪ Board Secretary 	<hr/> Nancy Bassett, R.N., M.B.A.		
<ul style="list-style-type: none"> ▪ Board Assistant 	<hr/> Nicole Adelberg		

August 2009 & YTD FY2010 Financial Report

TO: Board of Directors

MEETING DATE: Monday, October 12, 2009

FROM: Robert Hemker, CFO

BY: Board Finance Committee
Tuesday, September 29, 2009

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

Budget Impact: N/A

Staff Recommendation: Staff recommends approval.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the August 2009 and YTD FY2010 Board Financial reports (unaudited).

Motion: X

Individual Action:

Information:

Required Time:

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

08/01/09	TO	08/31/09	ACCOUNTS PAYABLE INVOICES	\$	41,688,240
08/07/09	TO	08/21/09	NET PAYROLL	\$	<u>10,756,338</u>
				\$	52,444,577

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



CHIEF FINANCIAL OFFICER

APPROVAL OF REVOLVING, PATIENT REFUND AND PAYROLL FUND DISBURSEMENTS:

Treasurer, Board of Directors PPH _____

Secretary, Board of Directors PPH _____

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

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

Neurology Medical Director

TO: Board of Directors

MEETING DATE: Monday, October 12, 2009

FROM: Kathleen Mendez, RN, MS, Director Cardiac Ortho Neuro Services

BY: Board Finance Committee
Tuesday, September 29, 2009

Background: The Neurology Medical Director position was developed in response to the JCAHO requirement for hospital Stroke Certification. Michael S. Raffi, MD, will be replacing the previous Stroke Medical Director for Palomar Medical Center, William Samuel, MD. The position now encompasses both Palomar and Pomerado campuses.

Budget Impact: Budgeted position

Staff Recommendation: This position was posted according to Medical Staff bylaws and the candidate selected by consensus of administrative and staff interview panel.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the one-year **[October 1, 2009 to September 30, 2010]** Agreement with Michael S. Raffi, MD, as Medical Director of Neurology at PMC.

Motion: X

Individual Action:

Information:

Required Time:

PALOMAR POMERADO HEALTH - AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	Neurology Medical Director
	AGREEMENT DATE	October 1, 2009 to October 1, 2010
	PARTIES	Mark Rafii, MD, and Palomar Pomerado Health
	PURPOSE	To provide Medical Staff direction for the Stroke program and expansion of services for the neurologic patient.
	SCOPE OF SERVICES	Palomar and Pomerado Hospitals
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	TERM	1 year
	RENEWAL	Automatic
	TERMINATION	At the discretion of either party at the end of each years term date.
	COMPENSATION METHODOLOGY	Billed monthly
	BUDGETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	EXCLUSIVITY	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES – EXPLAIN: Contractual
	JUSTIFICATION	Requirement of JCAHO for Stroke certification
	AGREEMENT NOTICED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Methodology & Response: Annual contract
	ALTERNATIVES/IMPACT	No alternatives available for JCAHO Stroke Certification other than to chose not to participate. Failure to participate will mean stroke patients will need to be directed to a certified Stroke facility.
	Duties	<input checked="" type="checkbox"/> Provision for Staff Education <input checked="" type="checkbox"/> Provision for Medical Staff Education <input checked="" type="checkbox"/> Provision for participation in Quality Improvement <input type="checkbox"/> Provision for participation in budget process development
	COMMENTS	
	APPROVALS REQUIRED	<input checked="" type="checkbox"/> VP <input checked="" type="checkbox"/> CFO <input checked="" type="checkbox"/> CEO <input checked="" type="checkbox"/> BOD Committee Finance <input checked="" type="checkbox"/> BOD

MEDICAL DIRECTORSHIP AGREEMENT

THIS MEDICAL DIRECTORSHIP AGREEMENT (this “**Agreement**”) is entered into as of October 1, 2009, by and between Palomar Pomerado Health, a local health care district organized under Division 23 of the California Health and Safety Code and doing business as Palomar Medical Center and Pomerado Hospital (“**Hospital**”), and Michael S. Rafii, M.D, an individual (“**Practitioner**”). Hospital and Practitioner are sometimes referred to in this Agreement individually as a “**Party**” or, collectively, as the “**Parties.**”

RECITALS

A. Hospital owns and operates an acute care hospital facility located in Escondido and in Poway, California, in which it operates a Stroke Program under its acute care license.

B. Practitioner is licensed to practice medicine in the State of California, board for the practice of medicine in the specialty of Neurology and a member in good standing of Hospital’s medical staff

C. Hospital desires to engage Practitioner as an independent contractor to provide medical and administrative oversight with respect to the Neurology Program, and believes that comprehensive neurology services can be achieved if Practitioner assumes such responsibility as set forth in this Agreement.

AGREEMENT

THE PARTIES AGREE AS FOLLOWS:

ARTICLE I. **PRACTITIONER’S OBLIGATIONS**

1.1 Director Services. Practitioner shall provide to Hospital those medical director services set forth on Exhibit 1.1 and Exhibit 1.1 (a) (“**Director Services**”), upon the terms and subject to the conditions set forth in this Agreement. Practitioner shall ensure that all Director Services are performed when and as needed, but shall also perform any Director Services when and as requested by Hospital from time to time.

1.2 Time Commitment. Practitioner shall devote whatever time is necessary to ensure the operation of a high-quality [Department/Program]; provided, however, that Practitioner shall perform Director Services a minimum of four (4) hours and a maximum of twenty(20) hours per month. Practitioner shall allocate time to Director Services as reasonably requested by Hospital from time to time.

1.3 Availability. On or before the first (1st) day of each month, Practitioner shall inform Hospital of Practitioner’s schedule and availability to perform Director Services during that month. Practitioner shall use his or her best efforts to adjust such schedule of availability if reasonably requested by Hospital in order to meet Hospital’s needs for Director Services.

**POMERADO HOSPITAL
EMERGENCY ON-CALL AGREEMENT**

TO: Board of Directors

MEETING DATE: Monday, October 12, 2009

FROM: David Tam, M.D., Chief Administrative Officer,
Pomerado Hospital

BY: Board Finance Committee
Tuesday, September 29, 2009

BACKGROUND: This is a request to approve the extension of the Emergency On-Call Agreement with Sudabeh Moein, MD. Physician shall continue to serve as a member of the On-Call Panel on a rotating basis and provide On-Call Coverage for the specialty of Obstetrics and Gynecology in accordance with the Hospital bylaws, rules and regulations, policies and procedures of PPH.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Approval

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the two-year extension [**November 1, 2009 to October 31, 2011**] of the Agreement with Sudabeh Moein, MD, for the provision of Emergency On-Call Coverage for the specialty of Obstetrics and Gynecology at Pomerado Hospital.

Motion: X

Individual Action:

Information:

Required Time:

PALOMAR POMERADO HEALTH - AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	Emergency On-Call Agreement
	AGREEMENT DATE	Original agreement of November 1, 2006 will be extended effective November 1, 2009.
	PARTIES	1) Pomerado Hospital 2) Sudabeh Moein, M.D.
Recitals E	PURPOSE	To serve on the On-Call Panel as required by the medical staff bylaws, and rules and regulations, of Pomerado Hospital.
Exhibit A	SCOPE OF SERVICES	To provide On-Call coverage pursuant to the On-Call Agreement for the specialty of Obstetrics and Gynecology at Pomerado Hospital.
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
5	TERM	The term of this extension shall commence effective as of November 1, 2009 through October 31, 2011.
N/A	RENEWAL	None
6	TERMINATION	1. Immediate for cause 2. Not less than 90 days of written notice without cause
2	COMPENSATION METHODOLOGY	Monthly payment on or before the 15 th of the month with supporting documentation.
	BUDGETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	EXCLUSIVITY	<input checked="" type="checkbox"/> No <input type="checkbox"/> YES – EXPLAIN:
	JUSTIFICATION	Replacement of retired physician leaving the call pool. Need for continued Obstetrics and Gynecology consultation call coverage for the Emergency Department.
	AGREEMENT NOTICED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
1	Duties	Physician shall provide On-Call Panel Coverage and professional services in accordance with the Hospital's bylaws, rules and regulations, policies and procedures.
	COMMENTS	
	APPROVALS REQUIRED	<input checked="" type="checkbox"/> Officers <input checked="" type="checkbox"/> CFO <input checked="" type="checkbox"/> CEO <input checked="" type="checkbox"/> BOD Committee <u>Finance</u> <input checked="" type="checkbox"/> BOD

**CONTRACT AMENDMENT #1
BETWEEN
PALOMAR POMERADO HEALTH
AND
SUDABEH MOEIN, M.D.**

This Amendment is made by and between **PALOMAR POMERADO HEALTH**, a local healthcare district organized under Division 23 of the California Health and Safety Code, and **Sudabeh Moein, M.D.**, on this the 1st day of November, 2009 ("Effective Date of Amendment").

In consideration of the mutual promises of the parties, the receipt and sufficiency of which are hereby acknowledged, the **Emergency On-Call Agreement** between the parties ("Agreement") that was entered into effective November 1, 2007, and that has a term date beginning on November 1, 2006, is hereby amended as follows:

5. Term of Agreement.

Notwithstanding its date(s) of execution by the parties, the term of this Agreement shall commence effective as of November 1, 2006 and shall continue through October 31, 2011, unless earlier terminated as hereinafter provided.

All other terms of the Agreement remain in full force and effect. In the event of a conflict, the provisions, terms and conditions of this Amendment shall prevail.

The parties have executed this Amendment on the date set forth below.

SUDABEH MOEIN, MD

By: _____
Sudabeh Moein, MD

Date: _____

PALOMAR POMERADO HEALTH

By: _____
Robert A. Hemker
Chief Financial Officer

Date: _____

**PALOMAR MEDICAL CENTER
ADMINISTRATIVE SERVICES AGREEMENTS
MEDICAL STAFF MSPRC CHAIR**

TO: Board of Directors

MEETING DATE: Monday, October 12, 2009

FROM: Gerald E. Bracht, Chief Administrative Officer – PMC

BY: Board Finance Committee
Tuesday, September 29, 2009

BACKGROUND: Palomar Medical Center Medical Staff Officers, Department Chairs, QMC Chair and MSPRC Chair are provided a stipend for services performed as required by the Medical Staff By-laws and Policies. These agreements serve to document the relationship of the medical staff officers, department chairs, QMC chair and MSPRC Chair to PPH, and the duties to be performed as consideration for the stipend to assure compliance with Federal regulations.

Presented is the Administrative Services Agreement for the MSPRC Chair for Palomar Medical Center.

Chairman, Medical Staff Peer Review Committee – Jeffrey Rosenberg, M.D.

BUDGET IMPACT: Unbudgeted for FY2010 – partial year, partial funding impact of \$5,000

STAFF RECOMMENDATION: Approval

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the 15-month [September 1, 2009 to December 31, 2010] Agreement with Jeffrey Rosenberg, M.D. as Chairman of the Medical Staff Peer Review Committee.

Motion: X

Individual Action:

Information:

Required Time:

PALOMAR POMERADO HEALTH - AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	MSPRC Chair Service Agreement
	AGREEMENT DATE	September 1, 2009
	PARTIES	Medical Staff Peer Review Committee Chair, Palomar Medical Center Medical Staff and PPH
	PURPOSE	To provide administrative services on behalf of Palomar Medical Center Medical Staff in accordance with Medical Staff Bylaws and policies
	SCOPE OF SERVICES	As per duties defined in Palomar Medical Center Medical Staff Peer Review Policy
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
	TERM	September 1, 2009 – December 31, 2010 – Chair, Medical Staff Peer Review Committee
	RENEWAL	None
	TERMINATION	As described under §3.3 - 5
	COMPENSATION METHODOLOGY	Monthly.
	BUDGETED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IMPACT: Partial year, partial funding impact of \$5,000 for FY 2010
	EXCLUSIVITY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	JUSTIFICATION	This position is appointed by the Medical Staff in accordance with Medical Staff Bylaws.
	POSITION POSTED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Methodology & Response: Elected/Appointed by the Palomar Medical Center Medical Staff
	ALTERNATIVES/IMPACT	N/A
	DUTIES	Defined in the Palomar Medical Center Medical Staff Peer Review Policy.
	COMMENTS	The agreement template was developed by legal counsel in 2008. The position is appointed by the Chief of Staff.
	APPROVALS REQUIRED	<input checked="" type="checkbox"/> VP <input checked="" type="checkbox"/> CFO <input checked="" type="checkbox"/> CEO <input checked="" type="checkbox"/> BOD Committee <u>FINANCE</u> <input checked="" type="checkbox"/> BOD

MEDICAL STAFF PEER REVIEW COMMITTEE CHAIR SERVICE AGREEMENT

THIS MEDICAL EXECUTIVE COMMITTEE SERVICE AGREEMENT ("Agreement") is entered into on September 1, 2009, by and between Palomar Pomerado Health ("PPH"), a California health district organized under Division 23 of the California Health and Safety Code and Jeffrey Rosenberg, M.D. ("Physician"), with respect to the following facts:

RECITALS:

A. PPH owns and operates Pomerado Hospital in Poway, CA and Palomar Medical Center in Escondido, CA.

B. The physicians and other independent practitioners practicing in PPH have organized themselves into a Medical Staff in conformity with the Medical Staff Bylaws of each hospital.

C. Physician is Chair of the Medical Staff Peer Review Committee ("MSPRC") which has been established pursuant to the Medical Staff Peer Review Policy ("Policy") of Palomar Medical Center. As Chair of the MSPRC, Physician is required to perform a number of duties (the "Duties") set forth in the Policy.

D. The purpose of this Agreement is to provide a means of compensating Physician at no more than fair market value for performing the Duties required of a committee chair. Additionally, this Agreement will delineate the expectations of the parties and assure effective performance by Physician.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by the parties, it is hereby agreed as follows:

1. Recitals. The recitals set forth above are hereby incorporated into this Agreement as a material and substantive part of this Agreement.

2. Duties. The Duties of Physician as a member of the MSPRC are as set forth in the Medical Staff Peer Review Policy of PPH, as it may be amended from time to time, and shall include, without limitation, the Duties set forth on Exhibit A attached hereto and incorporated herein by this reference.

3. Compensation.

3.1 Monthly Rate. PPH agrees to pay Physician [REDACTED] per month for the months of September 2009 through December 2010 for Physician's performance of the Duties as Chair of the Medical Staff Peer Review Committee. Payment shall be made monthly within 30 days of the end of the month for which payment is being made.

**POMERADO HOSPITAL
EMERGENCY ON-CALL AGREEMENT**

TO: Board of Directors

MEETING DATE: Monday, October 12, 2009

FROM: David Tam, M.D., CAO, Pomerado Hospital

BY: Board Finance Committee
Tuesday, September 29, 2009

BACKGROUND: This is a request to approve the Emergency On-Call Agreement with Paras Shah, M.D. Physician shall serve as a member of the On-Call Panel on a rotating basis and provide On-Call Coverage for the specialty of Ophthalmology in accordance with the Hospital bylaws, rules and regulations, policies and procedures of PPH

BUDGET IMPACT: None

STAFF RECOMMENDATION: Approval

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of the one-year [August 1, 2009 to July 31, 2010] Agreement with Paras Shah, M.D., for the provision of On-Call Coverage for the specialty of Ophthalmology at Pomerado Hospital.

Motion: X

Individual Action:

Information:

Required Time:

PALOMAR POMERADO HEALTH - AGREEMENT ABSTRACT

Section Reference	Term/Condition	Term/Condition Criteria
	TITLE	Emergency On-Call Agreement
	AGREEMENT DATE	August 1, 2009
	PARTIES	1) Pomerado Hospital 2) Paras Shah, M.D.
Recitals E	PURPOSE	To serve on the On-Call Panel as required by the medical staff bylaws, and rules and regulations, of Pomerado Hospital.
Exhibit A	SCOPE OF SERVICES	To provide On-Call coverage pursuant to the On-Call Agreement for the specialty of Ophthalmology at Pomerado Hospital.
	PROCUREMENT METHOD	<input type="checkbox"/> Request For Proposal <input checked="" type="checkbox"/> Discretionary
5	TERM	The term of this agreement shall commence effective as of August 1, 2009 through July 31, 2010.
N/A	RENEWAL	None
6	TERMINATION	1. Immediate for cause 2. Not less than 90 days of written notice without cause
2	COMPENSATION METHODOLOGY	Monthly payment on or before the 15 th of the month with supporting documentation.
	BUDGETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IMPACT:
	EXCLUSIVITY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN:
	JUSTIFICATION	Need for continued Ophthalmology consultation call coverage for the Emergency Department.
	AGREEMENT NOTICED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Methodology & Response:
	ALTERNATIVES/IMPACT	N/A
1	Duties	Physician shall provide On-Call Panel Coverage and professional services in accordance with the Hospital's bylaws, rules and regulations, policies and procedures.
	COMMENTS	
	APPROVALS REQUIRED	<input checked="" type="checkbox"/> Officers <input checked="" type="checkbox"/> CFO <input checked="" type="checkbox"/> CEO <input checked="" type="checkbox"/> BOD Committee <u>Finance</u> <input checked="" type="checkbox"/> BOD

EMERGENCY ON-CALL AGREEMENT

THIS EMERGENCY ON-CALL AGREEMENT (“Agreement”) is made and entered into effective as of the first day of August 1, 2009 by and between Palomar Pomerado Health, a California local health care district created under Division 23 of the California Health and Safety Code (“PPH”), and Paras Shah, M.D. (“Physician”).

RECITALS

A. PPH owns and operates two general acute care hospitals: Palomar Medical Center and Pomerado Hospital (collectively, the “Hospitals”), and provides emergency services to patients who present themselves for evaluation and treatment through the emergency and various other departments of the Hospitals, including, but not limited to, the intensive care unit and other inpatient departments of the Hospitals (collectively, the “Departments”).

B. Pursuant to state and federal law, the Hospitals have established “on-call” panels of physicians (“On-Call Panel”) in order to assure the availability of adequate physician coverage for the Departments.

C. Physician is licensed to practice medicine in the State of California, is Board certified or eligible for certification in his or her appropriate specialty, is a member of the medical staff of one or both Hospitals, and is approved by one or both of the Hospital medical staffs to serve on the On-Call Panel.

D. PPH and Physician each recognize that the On-Call Panel performs a necessary patient care function at PPH and Physician agrees to render coverage and services as a member of said On-Call Panel in assuring prompt and continuous availability of services to PPH’s patients.

E. Physician acknowledges his or her responsibility to serve on the On-Call Panel as required by the medical staff bylaws, and rules and regulations, of the applicable Hospital(s).

NOW, THEREFORE, in consideration of the recitals, covenants, conditions and promises herein contained, the parties hereby agree as follows:

1. Physician’s On-Call Panel Coverage Services.

1.1 Physician shall serve as a member of the On-Call Panel on a rotating basis, at such times as shall be determined by the appropriate PPH Department in accordance with Section 1.2 below, to provide On-Call Panel Coverage and professional services, regardless of payor class, to: (1) patients who are not currently assigned to any particular physician at the time coverage and services are provided, and (2) patients, including inpatients, who may be assigned to a particular physician, but who require consultation or other physician services from an On-Call Panel physician during the physician’s scheduled On-Call Panel period (collectively, “Coverage Patients”). Specifically, Physician shall provide those services set forth on Exhibit A, attached

MEDICAL STAFF SERVICES

September 29, 2009

TO: Board of Directors

BOARD MEETING DATE: October 12, 2009

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

SUBJECT: Palomar Medical Center Medical Staff Credentialing Recommendations

- I. Provisional Appointment (10/12/2009 – 09/30/2011)
Jessica M. Coullahan, M.D., Pediatrics
Brennan L. Lucas, M.D., Orthopaedic Surgery
Thomas T. Terramani, M.D., Vascular Surgery
- II. Advance from Provisional to Active Category
Vincent J. Flynn, Jr., M.D., Urology (10/12/2009 – 07/31/2010)
Jay R. Grove, M.D., General Surgery (10/12/2009 – 06/30/2010)
Jamieson E. Jones, M.D., Neonatal-Perinatal Medicine (10/12/2009 – 06/30/2011)
- III. Advance from Provisional to Associate Category
Alicia O. Cantu, M.D., Pediatrics (10/12/2009 – 03/31/2010)
Mary E. Meyers, M.D., OB/GYN (10/12/2009 – 11/30/2010)
Gabriel Rodarte, M.D., Psychiatry/Family Practice (10/12/2009 – 05/31/2010)
(Includes PCCC)
- IV. Additional Privileges
Brian W. Goelitz, M.D., Diagnostic Radiology
 - Spine Interventional Radiology BundleDennis R. Leahy, M.D., Cardiology
 - Intravascular Ultrasound (IVUS)Alison A. Learn, M.D., Otorhinolaryngology
Otorhinolaryngology
 - Nose and Maxilla – Nasal Endoscopy, Nasopharyngoscopy, Control of epistaxis with packing or cautery, Nasal foreign body removal, Closed nasal reduction.
 - Oral Cavity – Incision and Drainage of Abscess
 - Ear – Incision and Drainage Hematoma, Removal Ear Canal Foreign Body
 - General – Incision and Drainage of Peritonsillar Abscess
 - Plastic and Reconstructive – Facial Lacerations, Biopsy lesions of skin, lip, mouth nasopharynx, oropharynxMark S. Stern, M.D., Neurosurgery
 - Vertebroplasty; Kyphoplasty
- V. Voluntary Resignations/Withdrawals
Steven C. Plaxe, M.D., Reproductive Oncology (Effective 09/16/2009)
Jennifer I. Rosenthal, M.D., Pediatrics (Effective 09/14/2009)

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

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

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

- VI. Allied Health Professional Leave of Absence
Kenneth S. Shedarrowich, P.A.-C., Physician Assistant; Sponsors: CEP (Effective 10/12/2009 – 09/30/2011)
- VII. Allied Health Professional Withdrawal
Jeremy D. Blakespear, P.A.-C., Physician Assistant; Sponsors: CEP (Effective 10/01/2009)
- VIII. Reappointment Effective 11/01/2009 – 11/30/2010
Sohaib A. Kureshi, M.D. Neurosurgery Dept of Surgery Courtesy
- Reappointments Effective 11/01/2009 – 10/31/2011
- | | | | |
|---|---------------------------|-------------------------|------------|
| Nancy P. Chen, M.D. | Dermatology | Dept of Medicine | Associate |
| Irene L. Chennell, M.D. | Ophthalmology | Dept of Surgery | Associate |
| Kyoung E. Han, M.D. | Internal Medicine | Dept of Medicine | Associate |
| (Includes PCCC) | | | |
| Lorne D. Kapner, M.D. | Ophthalmology | Dept of Surgery | Active |
| (Changed from Associate to Active Category) | | | |
| Jon P. Kelly, M.D. | Orthopaedic Surgery, Hand | Dept of Ortho/Rehab | Active |
| Christopher P. Khoury, M.D. | Psychiatry | Dept of Medicine | Active |
| (Includes PCCC) | | | |
| Paul E. Kim, M.D. | Pain management | Dept of Anesthesia | Associate |
| (Includes PCCC) | | | |
| Lara L. Le, M.D. | Internal Medicine | Dept of Medicine | Active |
| (Includes PCCC) | | | |
| Leslie J. McCormick, M.D. | Pediatrics | Dept of Pediatrics | Active |
| John Murphy, M.D. | Orthopaedic Surgery | Dept of Ortho/Rehab | Courtesy |
| Afshin A. Nahavandi, M.D. | Internal Medicine | Dept of Medicine | Active |
| (Includes PCCC) | | | |
| Bing S. Pao, M.D. | Emergency Medicine | Dept of Emergency Med | Active |
| Kenneth R. Roth, M.D. | Orthopaedic Surgery | Dept of Ortho/Rehab | Associate |
| Farris Sandhu, M.D. | Internal Medicine | Dept of Medicine | Active |
| Ulrika B. Schumacher, M.D. | Gastroenterology | Dept of Medicine | Courtesy |
| Matthew E. Sitzler, M.D. | Gastroenterology | Dept of Medicine | Active |
| Damon E. Smith, M.D. | Radiation Oncology | Dept of Radiology | Consulting |
| (Includes PCCC) | | | |
| John W. Snider, M.D. | Obstetrics & Gynecology | Dept of OB/GYN | Active |
| Vanessa M. Weir, M.D. | Family Practice | Dept of Family Practice | Active |
| (Includes PCCC) | | | |
| Jonathan S. Wilensky, M.D. | Plastic Surgery | Dept of Surgery | Active |
| (Includes PCCC) | | | |
- IX. Allied Health Reappointment Effective 11/01/2009 – 10/31/2011
Eve S. Allerton, P.A.-C., Physician Assistant; Sponsors: Kaiser Orthopaedic Surgeons

Certification by and Recommendation of Chief of Staff:

As Chief of Staff of Palomar Medical Center, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment or alteration of staff membership or the granting of privileges and that the policy of the Palomar Pomerado Health System's Board of Directors regarding such practices have been properly followed. I recommend that the action requested in each case be taken by the Board of Directors.

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

PERSONAL INFORMATION

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

SPECIALTIES/BOARD CERTIFICATION

<i>Specialties</i>	Pediatrics – Certified: 2008
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ORGANIZATIONAL NAME

<i>Name</i>	Children's Primary Care Medical Group
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EDUCATION/AFFILIATION INFORMATION

<i>Medical Education Information</i>	University of Arizona, Tucson, AZ From: 05/01/2000 To 05/15/2004 Doctor of Medicine Degree
<i>Internship Information</i>	University of California, San Diego Pediatrics From: 06/23/2004 To: 06/27/2005
<i>Residency Information</i>	University of California, San Diego Pediatrics From: 07/01/2005 To: 06/01/2008 Chief Residency: From: 07/01/07 To: 06/30/08
<i>Fellowship Information</i>	N/A
<i>Current Affiliation Information</i>	None

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

PERSONAL INFORMATION

Provider Name & Title	Brennen L. Lucas, M.D.
PPHS Facilities	Pomerado Hospital Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

Specialties	Orthopaedic Surgery - Eligible
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ORGANIZATIONAL NAME

Name	San Diego Arthroscopy & Sports Medicine
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EDUCATION/AFFILIATION INFORMATION

Medical Education Information	University of Kansas, Kansas City, KS From: 08/01/2000 To: 05/23/2004 Doctor of Medicine Degree
Internship Information	N/A
Residency Information	University of Kansas, Wichita, KS Orthopaedic Surgery From: 07/01/2004 To: 06/30/2009 Shriners Hospitals For Children, St. Louis, MO Pediatric Orthopaedics From: 07/01/2007 To: 12/31/2007 Inclusive of training at University of Kansas
Fellowship Information	San Diego Arthroscopy & Sports Medicine Sports Medicine From: 08/01/2009 To: Present Expected Date of Completion: 07/31/2010
Current Affiliation Information	None

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

PERSONAL INFORMATION

Provider Name & Title	Thomas T. Terramani, M.D.
PPHS Facilities	Palomar Medical Center

SPECIALTIES/BOARD CERTIFICATION

Specialties	Vascular Surgery - Certified: 2004 Surgery, General - Certified: 2002
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ORGANIZATIONAL NAME

Name	Vascular Associates of San Diego
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EDUCATION/AFFILIATION INFORMATION

Medical Education Information	<p>Saint Louis University School of Medicine, St. Louis, MO From: 08/21/1989 To: 05/14/1990 Year I of Medical School</p> <p>University of Southern California, Los Angeles, CA From: 09/01/1990 To: 05/06/1994 Doctor of Medicine Degree</p>
Internship Information	N/A
Residency Information	<p>LAC/University of Southern Calif. Medical Center, Los Angeles, CA General Surgery From: 06/24/1994 To: 06/30/2001</p>
Fellowship Information	<p>Emory University Hospital, Atlanta, GA Endovascular Surgery From: 07/01/2001 To: 06/30/2002</p> <p>Emory University Hospital, Atlanta, GA Vascular Surgery From: 07/01/2002 To: 06/30/2003 General Vascular Surgery</p> <p>Macon Cardiovascular Institute Endovascular Surgery From: 07/01/2003 To: 09/30/2003 Cerebral & Peripheral Endovascular</p>
Current Affiliation Information	<p>Scripps Mercy Hospital, Chula Vista Sharp Memorial Hospital Scripps Memorial Hospital, La Jolla Sharp Memorial Hospital, Chula Vista Sharp Grossmont Hospital Alvarado Hospital and Medical Center</p>

MEDICAL STAFF SERVICES

PALOMAR
POMERADO
HEALTH

September 30, 2009

TO: Palomar Pomerado Health Board of Directors

MEETING DATE: October 12, 2009

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

SUBJECT: Core Privileging

- I. At the Executive Committee meetings held September 28, 2009 at Palomar Medical Center and September 29, 2009 at Pomerado Hospital, newly created privilege checklists were approved for the following specialties as part of the Core Privileging Project:
- Anesthesiology
 - Cardiothoracic Surgery (PMC Only)
 - Continuing Care
 - Neurosurgery
 - Occupational and Environmental Medicine
 - Oral and Maxillofacial Surgery
 - Orthopaedic Surgery
 - Plastic Surgery
 - Psychiatry
 - Rheumatology

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

Attachments

☒ PALOMAR MEDICAL
CENTER
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ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center
☐ Pomerado Hospital

- ☐ Initial Appointment
☐ Reappointment

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

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

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

Other Requirements

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

QUALIFICATIONS FOR ANESTHESIOLOGY

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

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

AND

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of 250 anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: All anesthesiologists who request privileges shall be monitored for five (5) major cases to include regional and general anesthesia.

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

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

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

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

Current demonstrated competence and an adequate volume of experience (100 anesthesiology cases) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES**ANESTHESIOLOGY CORE PRIVILEGES [EC]**

- ☐ **Requested** Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to pediatric, adolescent and adult patients consistent with departmental policy. Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stresses during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment, the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR ANESTHESIOLOGY - ADULT CARDIAC BYPASS SURGERY – NOT OFFERED AT POMERADO HOSPITAL

To be eligible to apply for anesthesiology core privileges for adult cardiac bypass surgery, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in anesthesiology that included training in cardiac bypass surgery or successful completion of an accredited fellowship in adult cardiothoracic anesthesiology.

AND

Current certification or active participation in the examination process with achievement of certification within 3 years of appointment² leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial adult cardiac surgery anesthesiology privileges must be able to demonstrate performance of 6 adult cardiac surgery anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months. If an applicant has not administered anesthesia for cardiac surgery with bypass within the preceding 18 months, that applicant will be assisted for at least 5 cases by department members with cardiac surgery bypass privileges until the applicant has satisfactorily demonstrated proficiency.

² Palomar - allowance of up to 48 months in Medical Staff Bylaws

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____

Page 3

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

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: All anesthesiologists who request adult cardiac surgery anesthesiology privileges shall be monitored for five (5) cases.

Reappointment Requirements: To be eligible to renew core privileges in adult cardiac bypass surgery anesthesiology, the applicant must meet the following maintenance of privilege criteria:

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

CORE PRIVILEGES**ADULT CARDIAC BYPASS SURGERY ANESTHESIOLOGY CORE PRIVILEGES – [EC] – NOT OFFERED AT POMERADO HOSPITAL**

- ☐ **Requested** Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adult patients. Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stresses during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment, the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

INTRAOPERATIVE/PERIOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) MONITORING

Be an appointee of the Department of Anesthesia (active, courtesy or provisional status)

AND

Have satisfactorily completed an accredited course in TEE (certificate of completion is required to verify completion of course).

OR

Have satisfactorily completed a residency program which includes hands-on TEE training; competency must be documented by the Residency Program Director.

CHECK HERE TO REQUEST PAIN MEDICINE PRIVILEGES FORM

- ☐ **Requested**

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____

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

CORE PROCEDURE LIST

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

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

Anesthesiology

- Assessment of, consultation for, and preparation of patients for anesthesia
- Clinical management and teaching of cardiac and pulmonary resuscitation
- Diagnosis and treatment of acute pain
- Evaluation of respiratory function and application of respiratory therapy
- Image guided procedures
- Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
- Management of critically ill patients
- Monitoring and maintenance of normal physiology during the perioperative period
- Non-invasive hemodynamic monitoring
- Perform history and physical exam
- Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
- Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care
- Treatment of patients for pain management (excluding chronic pain management)
- Placement of Transesophageal echocardiography (TEE)

Adult Cardiac Bypass Surgery - Anesthesiology

- Anesthetic management for patients undergoing surgical procedures on the heart and/or central major vascular structures that require, or have the reasonable potential to require, full or partial CPB and/or cardiac assist devices.
- Management of intra-aortic balloon counter pulsation.
- Management of post bypass surgical patients in a critical care (ICU) setting.

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____ **Date** _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes

Subsection Representative _____

Date _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes

Department Chair/Section Chief _____

Date _____

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 1

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

☐ Palomar Medical Center☐ Initial Appointment☐ Reappointment

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

Department Chair/Clinical Service Division Director. Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

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

QUALIFICATIONS FOR CARDIOTHORACIC SURGERY

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general thoracic and cardiothoracic surgery.

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ leading to certification in thoracic surgery by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery for Thoracic and Cardiovascular Surgery, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate that performance of a minimum of 25 cardiothoracic surgical procedures as the primary surgeon, reflective of the scope of privileges requested during the past 12 months; or submission of 100 cases done in the preceding 24 months, if the applicant was involved in a cardiovascular team. The applicant must have been the primary surgeon in at least 12 cases. Successful completion of an ACGME or AOA accredited residency within the past 12 months also meets this requirement.

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

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

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

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored concurrently. Six (6) of the eight (8) required cases must be open heart cases for those physicians performing primary open heart surgery.

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

Current demonstrated competence and an adequate volume of experience (25 cardiothoracic surgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING CARDIOTHORACIC SURGERY CORE PRIVILEGES)

Criteria: Successful completion of an ACGME or AOA accredited residency in general thoracic or cardiothoracic surgery which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for an adequate volume of surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

CORE PRIVILEGES

CARDIOTHORACIC SURGERY CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, consult, and provide pre-, intra, and post operative surgical care to adolescent and adult patients to correct or treat various conditions of the heart and related blood vessels within the chest including surgical care of coronary artery disease; abnormalities of the great vessels and heart valves; congenital anomalies of the heart. Admit, evaluate, diagnose, and provide consultation to adolescent and adult patients with illnesses, injuries and disorders within the thoracic abdominal cavity and related structures including the chest wall or the pleura. Included are operative, perioperative, and critical care of patients with pathologic conditions with the chest, surgical cancers of the lung, esophagus and chest wall, abnormalities of the trachea, congenital anomalies of the chest, tumors of the mediastinum, and diseases of the diaphragm, management of the airway, and the ordering of diagnostic studies and procedures related to thoracic problems. Provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles and a minimum of 6 hours observation and hands-on experience with lasers. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months.

Maintenance of Privilege: Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum five (5) procedures have been performed over the past 24 months in order to maintain active privileges for laser use.

☐ Requested**USE OF ROBOTIC ASSISTED SYSTEM FOR CARDIOTHORACIC PROCEDURES (STERNOTOMY AND THORACOTOMY, CORONARY BYPASS, MITRAL VALVE REPAIR, ATRIAL SEPTAL DEFECT REPAIR, PERICARDIECTOMY, LOBECTOMIES AND TUMOR ENUCLEATIONS)**

Criteria: Physician must be credentialed for major surgery in their area of specialty and for the surgical procedures to be performed with the DaVinci Surgical System, both open and laparoscopically. Physician must observe three (3) clinical cases (live surgeries) in which the DaVinci Surgical System is used and provide documentation of same. Physician must provide documentation of a hands-on training practicum of at least eight (8) hours and provide certification of successful completion of training from a recognized DaVinci training center. **Initial granting of privileges:** The first two (2) cases must be concurrently monitored by a physician who has privileges in the procedure to be performed with the DaVinci Surgical System. If no other members of the Palomar Medical Center Medical Staff have privileges, an outside monitor may be utilized, provided they meet the qualifications for obtaining temporary privileges under the Medical Staff Bylaws. The results of monitoring will be reviewed by the Department Chairman and a determination made regarding lifting of monitoring or the need for additional monitored cases.

Maintenance of privileges: Reappointment of privileges for utilization of the DaVinci Surgical System will be based on but not limited to demonstrated satisfactory outcomes data.

☐ Requested**ADMINISTRATION OF SEDATION AND ANALGESIA**☐ Requested See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists**USE OF FLUOROSCOPY**☐ Requested Requires maintenance of a valid x-ray supervisor and operator's license.

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 4

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

CORE PROCEDURE LIST

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

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

- Ablative surgery for Wolff-Parkinson-White syndrome
- All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms
- Bronchoscopy
- Carotid endarterectomy
- Cervical, thoracic or dorsal sympathectomy
- Correction of diaphragmatic hernias, both congenital or acquired, and anti reflux procedures
- Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava
- Decortication or pleurectomy procedures
- Diagnostic procedures to include cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy
- Endarterectomy of pulmonary artery
- Endomyocardial biopsy
- Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree
- Endovascular repair of thoracic (TAA) and abdominal (AAA) aortic aneurysms
- Insertion and management of central venous catheters, arterial catheters, pulmonary artery catheters
- Intravascular ultrasound
- Laparotomy or retroperitoneal approach for access
- Lymph node and superficial biopsy procedures
- Management of chest and neck trauma
- Management of congenital septal and valvular defects
- Maze procedure
- Minimally invasive direct coronary artery bypass (MIDCAB)
- Off pump coronary artery bypass (OPCAB)
- Operations for achalasia and for promotion of esophageal drainage
- Operations for myocardial revascularization
- Operations upon the esophagus to include surgery for diverticulum, as well as perforation
- Pacemaker and/or AICD implantation and management, transvenous and transthoracic
- Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease
- Perform history and physical exam
- Pericardiocentesis, pericardial drainage procedures, pericardiectomy
- Placement of appropriate intraoperative pain management devices (e.g. Q Pump)
- Procedures upon the chest wall, lungs including wedge resections, segmental resections, lobectomy, and pneumonectomy for benign or malignant disease
- Pulmonary embolectomy
- Resection, reconstruction, or repair of the trachea and bronchi
- Resection, reconstruction, repair, or biopsy of the lung and its parts
- Surgery of patent ductus arteriosus and coarctation of the aorta

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 5

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

CORE PROCEDURE LIST (CONTINUED)

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

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

- Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma
- Surgery of the thoracoabdominal aorta for aneurysm
- Surgery of tumors of the heart and pericardium
- Surgery on mediastinum for removal of benign or malignant tumors
- Surgery on the esophagus for benign or malignant disease
- Thoracentesis
- Thoracoscopy
- Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body
- Tracheostomy
- Transhiatal esophagectomy
- Transmyocardial revascularization
- Tube thoracostomy
- Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support; placement of temporary pacemakers - left ventricular, right ventricular, biventricular; cardiopulmonary bypass; intra aortic balloon pump
- Vascular operations exclusive of thorax, e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft or prosthesis; peripheral arterial revascularization

CARDIOTHORACIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 6

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes

Subsection Representative _____ **Date** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes

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

CONTINUING CARE CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Continuing Care Center
☐ Villa Pomerado

- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR CONTINUING CARE PRIVILEGES

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

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

AND

Current certification or active participation in the examination process, with achievement of certification in the applicant's specialty area within 3 years of appointment¹ leading to certification.

Required Previous Experience: Applicants must be able to demonstrate provision of care to at least 30 patients (may include acute care, skilled nursing facility, home care, hospice patients or office patients), reflective of scope of privileges requested, in the last 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring includes all phases of a patient's long term care hospitalization (admission, management, discharge, etc.) as applicable. At least six (6) admissions, consults or procedures performed in the long term care facility will be reviewed retrospectively.

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

CONTINUING CARE CLINICAL PRIVILEGES

Name: _____

Page 2

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

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

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Volumes acquired in other acute care or long term care facilities may count towards this requirement. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES**ADMITTING, ATTENDING CORE PRIVILEGES (RESPONSIBLE FOR THE TOTAL CARE OF THE PATIENT)**

- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CONSULTATIVE CORE PRIVILEGES

- ☐ **Requested** Provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. The consultative core privileges alone do not include any procedural privileges.

CONSULTATIVE CORE PRIVILEGES - PSYCHIATRY

- ☐ **Requested** Provide consultation to adolescent and adult patients, with common and complex psychiatric illnesses. The psychiatric consultative core privileges alone do not include any procedural privileges.

PODIATRIC CORE PRIVILEGES

- ☐ **Requested** Evaluate, diagnose, provide consultation, order diagnostic studies and treat the foot and related structures. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

WOUND CARE CORE PRIVILEGES

- ☐ **Requested** Wound care and enhancement of healing in selected problem wounds to include but not limited to: management of diabetic ulcers and complicated wound management according to established evidence based pathways. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques or skills.

Revised: 09/08/09

CONTINUING CARE CLINICAL PRIVILEGES

Name: _____

Page 3

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

DENTAL CORE PRIVILEGES

- ☐ **Requested** Consult, evaluate and diagnose total oral health care needs to adolescent and adult patients, to correct or treat various routine conditions of the oral cavity and dentition. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR SUBACUTE PRIVILEGES (NOT OFFERED AT PALOMAR CONTINUING CARE CENTER)

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine followed by fellowship training in pulmonary disease.

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years leading to certification in pulmonary medicine by the American Board of Internal Medicine or a certificate of special qualifications in pulmonary diseases by the American Osteopathic Board of Internal Medicine, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care to at least 50 acute care or subacute patients, reflective of scope of privileges requested, in the last 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring includes all phases of a patient's subacute hospitalization (admission, management, discharge, etc.) as applicable. At least six (6) admissions, consults or procedures performed in the subacute facility will be reviewed retrospectively.

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

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Volumes acquired in other acute care or subacute facilities may count towards this volume requirement. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES**SUBACUTE CORE PRIVILEGES (NOT OFFERED AT PALOMAR CONTINUING CARE CENTER)**

- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients presenting with conditions, disorders, and diseases of the organs of the thorax or chest; the lungs and airways, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, circulatory system. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Revised: 09/08/09

CONTINUING CARE CLINICAL PRIVILEGES

Name: _____

Page 4

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

CORE PROCEDURE LIST

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

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

Admitting, Attending

- Debridements
- Incision and Drainage
- Minor Podiatric Care
- Minor Suturing
- Nasal Packing
- Skin Biopsy
- Wound Care

Podiatric Core

- Debridements
- Incision and Drainage
- Minor Podiatric Care
- Minor Suturing
- Nasal Packing
- Skin Biopsy
- Wound Care

Wound Care Core

- Debridements
- Incision and Drainage
- Minor Podiatric Care
- Minor Suturing
- Nasal Packing
- Skin Biopsy
- Wound Care

Dental Core

- Minor Dental Work

Subacute Core

- Ventilator Management
- Therapeutic Bronchoscopy

CONTINUING CARE CLINICAL PRIVILEGES

Name: _____

Page 5

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

MEDICAL DIRECTOR'S RECOMMENDATION

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

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

Privilege***Condition/Modification/Explanation***

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Medical Director _____ ***Date*** _____

NEUROSURGERY CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center
- ☐ Pomerado Hospital

- ☐ Initial Appointment
- ☐ Reappointment

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

Department Chair/Clinical Service Division Director. Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

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

QUALIFICATIONS FOR NEUROSURGERY

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ leading to certification in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of at least 50 neurosurgical procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored.

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

NEUROSURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

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

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

Current demonstrated competence and an adequate volume of experience (75 neurosurgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING NEUROSURGERY CORE PRIVILEGES)

Criteria: Successful completion of an ACGME or AOA accredited residency in neurosurgery which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for an adequate volume of surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

CORE PRIVILEGES**NEUROSURGERY CORE PRIVILEGES**

- ☐ **Requested** Admit, evaluate, diagnose, consult and provide non-operative and pre-, intra-and post-operative care to adolescent and adult patients presenting with injuries or disorders of the central, peripheral and autonomic nervous system, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes which modify function or activity of the nervous system; and the operative and non-operative management of pain. These privileges include but are not limited to care of patients with disorders of the nervous system: the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, and disorders of the cranial and spinal nerves throughout their distribution. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

NEUROSURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

PERCUTANEOUS VERTEBROPLASTY AND BALLOON KYPHOPLASTY

Criteria: Successful completion of an ACGME or AOA-accredited residency program in neurosurgery that included hands on training in vertebroplasty and kyphoplasty or completion of a certified training program which includes "hands on" training. **Required Previous Experience:** Demonstrated current competence by completion of the above training within the past 12 months or evidence of the performance of at least 3 percutaneous vertebroplasty or balloon kyphoplasty procedures in the past 12 months. **FPPE:** Practitioners will be proctored by a physician holding privileges in percutaneous vertebroplasty and balloon kyphoplasty for each of the first 3 cases performed. **Maintenance of Privilege:** Applicant must be able to demonstrate maintenance of competence by evidence of the successful performance of at least 6 percutaneous vertebroplasty or balloon kyphoplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**STEREOTACTIC RADIOSURGERY IN CONCERT WITH RADIATION ONCOLOGIST (NOT OFFERED AT POMERADO HOSPITAL)**

Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurosurgery that included specific training in Stereotactic Radiosurgery (SRS) and radiotherapy OR successful completion of a formal stereotactic training course at a recognized center with an established radiosurgery program providing a minimum of three days of training. Applicant must demonstrate training and experience with the specific delivery system to be used. **Required Previous Experience:** Demonstrated current competence by completion of the above training within the past 12 months or evidence of the performance of at least 4 radiosurgery procedures in the past 12 months. **FPPE:** Proctoring by an experienced radiosurgery neurosurgeon is required for at least the first 4 cases. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 8 radiosurgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

NEUROSURGERY CLINICAL PRIVILEGES

Name: _____

Page 4

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

ARTIFICIAL DISC REPLACEMENT (ADR)

Criteria: Successful completion of an ACGME or AOA accredited residency training program in orthopedic surgery or neurosurgery that included training in ADR OR completion of an approved training program in the insertion of artificial discs. **Required Previous Experience:** Demonstrated current competence by completion of the above training within the past 12 months or evidence of the performance of at least 4 ADR surgery procedures in the past 12 months. **FPPE:** A minimum of two (2) procedures will be monitored for initial applicants at PPH. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 8 ADR surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**USE OF FLUOROSCOPY**☐ Requested Requires maintenance of a valid x-ray supervisor and operator's license.

NEUROSURGERY CLINICAL PRIVILEGES

Name: _____

Page 5

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

CORE PROCEDURE LIST

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

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

Neurosurgery

- Ablative surgery for epilepsy
- All types of craniotomies, craniectomies and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves and including surgery for cranial trauma and intracranial vascular lesions
- Cordotomy, rhizotomy and dorsal column stimulators for the relief of pain
- Endoscopic minimally invasive surgery
- Epidural steroid injections for pain
- Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal
- Laminectomies, laminotomies, discectomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
- Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
- Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
- Muscle biopsy
- Myelography
- Nerve biopsy
- Nerve blocks
- Ordering of diagnostic studies and procedures related to neurological problems or disorders
- Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
- Perform history and physical exam
- Posterior fossa-microvascular decompression procedures
- Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity)
- Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies (diastematomyelia)
- Stereotactic surgery (image guided)
- Surgery on the sympathetic nervous system
- Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture

NEUROSURGERY CLINICAL PRIVILEGES

Name: _____

Page 6

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

Privilege***Condition/Modification/Explanation***

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Subsection Representative _____ ***Date*** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

Privilege***Condition/Modification/Explanation***

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

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

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center
- ☐ Pomerado Hospital

- ☐ Initial Appointment
- ☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

To be eligible to apply for core privileges in Occupational and Environmental Medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in occupational medicine that includes post-graduate courses that award a master of public health degree or its equivalent.

OR

In lieu of formal occupational medicine training, physicians who completed residency training in other medical specialties prior to 1990 should have at least four (4) years of practice devoted to occupational medicine and successfully completed a master of public health degree.

AND

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

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

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 2

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate an adequate volume of practice (50 patients) in occupational and environmental medicine, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring includes at least six (6) outpatient consults performed in hospital or clinics reviewed retrospectively.

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

Current demonstrated competence and an adequate volume of experience (100 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES**OCCUPATIONAL AND ENVIRONMENTAL MEDICINE CORE PRIVILEGES**

- ☐ **Requested** Evaluate, diagnose, treat and provide consultation to adolescent and adult patients, on an outpatient basis presenting with work-related problems. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

MEDICAL REVIEW EXAMINATION (DRUG TESTING)

Criteria: Successful completion of an approved Medical Review Officer (MRO) course and examination. **Required previous experience:** Demonstrated current competence and evidence of at least 6 medical review examinations in the past 12 months. **Maintenance of privileges:** Demonstrated current competence and evidence of at least 12 medical review examinations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- ☐ **Requested**

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 3

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

QUALIFIED MEDICAL EXAMINATION (QME)

Criteria: Successful completion of a California approved QME course and examination. **Required previous experience:** Demonstrated current competence and evidence of at least 1 QME in the past 12 months. **Maintenance of privileges:** Demonstrated current competence and evidence of at least 2 QME in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 4

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

CORE PROCEDURE LIST

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

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

- Anesthesia, local, digital block
- Department of Transportation (DOT) examinations
- EKG interpretation
- Ergonomic evaluations
- Executive physicals
- Eye injuries, infections, superficial foreign body removal, exposures
- Fitness for duty evaluations
- Foreign body removal (subcutaneous), ear, skin/soft tissue
- Health promotion and wellness examinations
- Impairment evaluations
- Initial stabilization and treatment of fracture/dislocation
- Injection therapy: epicondyle, tendon sheath, trigger point, shoulder (subacromial)
- Interpretation of tests, e.g., spirometry, toxicologic, biological, radiographs, audiograms, industrial environmental hygiene sampling results
- Nail injury; removal, trephination
- Nasal hemorrhage control; cautery, anterior packing
- Perform history and physical exam
- Periodic medical evaluations (medical surveillance)
- Preplacement evaluations
- Pulmonary function test (baseline)
- Slit lamp usage
- Soft tissue debridement of burns, wounds
- Superficial burn treatment, heat or chemical, eye, skin
- Toxic exposure evaluations
- Travel medicine
- Treat infectious diseases including blood borne pathogen exposure, contact investigation and prophylaxis
- Treat work related stress disorders e.g. anxiety, depression
- Treat work related sprains, fractures
- Treat work related skin diagnoses such as: dermatitis (both allergic and irritant), occupational acne, etc.
- Worksite tours (health risk and exposure evaluations)
- Wound repair/suturing

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 5

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes

Subsection Representative _____

Date _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes

Department Chair/Section Chief _____

Date _____

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center
- ☐ Pomerado Hospital

- ☐ Initial Appointment
- ☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR ORAL AND MAXILLOFACIAL SURGERY

To be eligible to apply for core privileges in oral and maxillofacial Surgery, the initial applicant must meet the following criteria:

Successful completion of a Commission on Dental Accreditation accredited residency in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals.

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ leading to certification in oral and maxillofacial surgery by the American Board of Oral and Maxillofacial Surgery, or another board with equivalent requirements.

Required Previous Experience: The OMS, who is a recent graduate (within 2 years), of an oral and maxillofacial surgery residency must be able to demonstrate that he or she has successfully performed major oral and maxillofacial surgery on a minimum of 75 patients during the OMS residency, no more than five of whom required dentoalveolar surgery. The categories of major surgery include trauma, pathology, orthognathic, reconstructive, and esthetic. For a major surgical case to be counted toward meeting this requirement, the OMS must have been the operating surgeon or have been supervised by a credentialed OMS.

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

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

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

The OMS, who has completed oral and maxillofacial surgery training in excess of two years before application for initial privileges, must be able to document successful performance of at least 3 cases in the past 12 months in each of the major surgery categories for which privileges are requested. For procedures that overlap with other specialties, the minimum number of procedures required for privileges must be the same for all specialties.

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

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

Current demonstrated competence and an adequate volume of experience (3 cases in each of the major surgery categories - trauma, pathology, orthognathic, reconstructive, and esthetic) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING ORAL AND MAXILLOFACIAL SURGERY CORE PRIVILEGES)

Criteria: Successful completion of an ACGME or AOA accredited residency in oral and maxillofacial surgery which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for an adequate volume of surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

CORE PRIVILEGES

ORAL AND MAXILLOFACIAL SURGERY CORE PRIVILEGES

- ☐ Requested Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

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

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

- ☐ Requested Villa Pomerado
- ☐ Requested Palomar Continuing Care Center

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

USE OF FLUOROSCOPY

- ☐ Requested Requires maintenance of a valid x-ray supervisor and operator's license.

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 4

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

CORE PROCEDURE LIST

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

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

1. Dentoalveolar surgery: includes management of odontogenic infections; erupted, unerupted, and impacted teeth, including third molar extractions and defects and deformities of the dentoalveolar complex
2. Facial cosmetic surgery: includes, but is not limited to genioplasty; lipectomy; dermabrasion; scar revision; and correction of maxillofacial contour deformities.
3. Orthognathic surgery: includes the surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones. Surgical procedures include, but are not limited to ramus and body procedures; subapical segmental osteotomies; LeFort I, II procedures; and craniofacial operations
4. Pathology: diagnosis and management of pathological conditions, such as , cyst of bone, benign and malignant bone tumors; osteomyelitis; osteoradionecrosis; metabolic and dystrophic bone diseases; soft tissue cysts; benign and malignant soft tissue tumors; vascular malformations of soft tissue and bone; mucosal diseases; salivary gland diseases, infections, local or systemic. Surgical procedures include but are not limited to maxillary sinus procedures, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infections; and trigeminal nerve surgery
5. Perform admission history and physical exam
6. Reconstructive surgery: includes harvesting of bone and soft tissue grafts and the insertion of implants. Sites for harvesting may include, but are not limited to the calvaria, rib, ilium, fibula, tibia, mucosa, and skin. Reconstructive procedures include but are not limited to vestibuloplasties; augmentation procedures; TMJ reconstruction; management of continuity defects; insertion of implants; facial cleft repair; and other reconstructive surgery of the oral and maxillofacial region
7. Temporomandibular joint surgery: includes treatment of masticatory muscle disorders; internal derangements; degenerative joint disease; rheumatoid, infectious, and gouty arthritis; mandibular dislocation (recurrent or persistent); ankylosis and restricted jaw motion; and condylar hyperplasia or hypoplasia
8. Trauma surgery: includes fractured and luxated teeth; alveolar process injuries; mandibular angle, body, ramus, and symphysis injuries; mandibular condyle injuries and dislocation; maxillary, zygomatic, orbital, and nasal bone injuries; naso-orbital-ethmoid complex injuries; frontal bone and frontal sinus injuries; auricle and scalp injuries; oral/perioral, perinasal, and facial soft tissue injuries; airway obstruction; cricothyroidotomies; and tracheostomies

ORAL AND MAXILLOFACIAL SURGERY CLINICAL PRIVILEGES

Name: _____

Page 5

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Subsection Representative _____ ***Date*** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

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

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center
☐ Pomerado Hospital

- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR ORTHOPAEDIC SURGERY

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ leading to certification in orthopedic surgery by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or another board with equivalent requirements.

AND

Requires a valid fluoroscopy license

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

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 100 orthopaedic procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring Guidelines: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be concurrently monitored. Alternative methods or combination of methods for four of the eight cases may include but are not limited to the following: (1) waiver of half of the above monitoring requirement if the provisional member can demonstrate active staff membership at another local hospital and has the same privileges as those granted at Palomar; (2) review of recent operative reports from residency, other hospitals or surgery centers which shall involve the privileges which have been provisionally granted to the applicant to take the place of four of the concurrently monitored cases; and (3) performance of retrospective chart reviews of cases (a minimum of 20 cases of varying complexity and representative of scope of practice) performed at Palomar Medical Center, Pomerado Hospital or Escondido Surgery Center during the provisional period to take the place of four of the concurrently monitored cases.

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

Current demonstrated competence and an adequate volume of experience (100 orthopaedic procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING ORTHOPAEDIC SURGERY CORE PRIVILEGES)

Criteria: Successful completion of an ACGME or AOA accredited residency in orthopaedic surgery which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for an adequate volume of surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

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

CORE PRIVILEGES**ORTHOPAEDIC SURGERY CORE PRIVILEGES**

- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, to correct or treat various conditions, illnesses and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR SURGERY OF THE HAND

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in orthopaedic or plastic surgery and successful completion of an accredited fellowship in surgery of the hand.

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment² leading to certification in orthopedic surgery by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or another board with equivalent requirements.

OR

Current subspecialty certification in surgery of the hand or active participation in the examination process, leading to subspecialty certification in surgery of the hand by the American Board of Surgery, or Plastic Surgery; or Certificate of Added Qualifications in Surgery of the Hand by the American Board of Orthopaedic Surgery; or Certificate of Added Qualifications in Hand Surgery by the American Osteopathic Board of Orthopaedic Surgery.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of surgery on the internal structures of the hand and related structures, reflective of the scope of privileges requested, at least 20 times during the last 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring Guidelines (If Orthopaedic Surgery Core Privileges Not Requested): No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored either concurrently and/or retrospectively.

² Palomar - allowance of up to 48 months in Medical Staff Bylaws

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 4

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

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

Current demonstrated competence and an adequate volume of experience (40 surgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES**SURGERY OF THE HAND CORE PRIVILEGES**

- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with injuries and disorders (including congenital disorders) of all structures of the upper extremity directly affecting the form and function of the hand and wrist by medical, surgical and rehabilitative means (includes forearm and elbow). May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR SURGERY OF THE SPINE

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

As for Orthopaedic Surgery plus successful completion of an accredited and approved fellowship in surgery of the spine. Requires a valid fluoroscopy license.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of surgery of the spine procedures, reflective of the scope of privileges requested, at least 20 times during the last 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, or clinical fellowship within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring Guidelines (If Orthopaedic Surgery Core Privileges Not Requested): No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored either concurrently and/or retrospectively.

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

Current demonstrated competence and an adequate volume of experience (40 surgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 5

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

CORE PRIVILEGES

SURGERY OF THE SPINE CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with spinal column diseases, disorders, and injuries by medical, physical and surgical methods including the provision of consultation. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

- ☐ **Requested Villa Pomerado**
- ☐ **Requested Palomar Continuing Care Center**

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

ARTIFICIAL DISC REPLACEMENT (ADR)

Criteria: Successful completion of an ACGME or AOA accredited residency training program in orthopaedic surgery or neurological surgery that included training in ADR OR completion of an approved training program in the insertion of artificial discs. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 4 ADR surgery procedures in the past 12 months. **FPPE:** A minimum of two (2) procedures will be monitored for initial applicants at PPH. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 8 ADR surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested**BONE LENGTHENING PROCEDURES**

Criteria: Successful completion of an ACGME or AOA accredited residency training program in orthopedic surgery that included training in bone lengthening procedures or completion of a hands on CME. **Required Previous Experience:** Demonstrated current competence and evidence of having performed at least 1 case in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 2 bone lengthening procedures in the past 24 months or at least 20 CME units related to distraction osteogenesis and external fixation/internal fixation, or a combination of the above such as 1 case and 10 CME units in 24 months or, if no cases were performed, 20 CME units in 24 months.

☐ Requested**ADMINISTRATION OF SEDATION AND ANALGESIA**☐ Requested See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists**USE OF FLUOROSCOPY**☐ Requested Requires maintenance of a valid x-ray supervisor and operator's license.

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 7

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

CORE PROCEDURE LIST

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

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

Orthopaedic Surgery

- Amputation surgery including immediate prosthetic fitting in the operating room
- Arthrocentesis, diagnostic
- Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
- Arthrography
- Arthroscopic surgery
- Biopsy and excision of tumors involving bone and adjacent soft tissues
- Bone grafts and allografts
- Carpal tunnel decompression
- Closed reduction of fractures and dislocations of the skeleton
- Debridement of soft tissue
- Excision of soft tissue/bony masses
- Fasciotomy and fasciectomy
- Fracture fixation
- Management of growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, including epiphysiodesis, stapling, bone shortening procedures
- Ligament reconstruction
- Major arthroplasty, including total replacement of knee joint, hip joint, shoulder (includes minimally invasive technique)
- Management of infectious and inflammations of bones, joints and tendon sheaths
- Muscle and tendon repair
- Open and closed reduction of fractures
- Open reduction and internal/external fixation of fractures and dislocations of the skeleton excluding spine
- Orthotripsy
- Perform history and physical exam
- Reconstruction of nonspinal congenital musculoskeletal anomalies
- Removal of ganglion (palm or wrist; flexor sheath)
- Total joint replacement revision
- Total joint surgery
- Treatment of extensive trauma, excluding spine

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 8

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

Surgery of the Hand (includes wrist, forearm and elbow)

- Arthroplasty of large and small joints, including implants
- Arthrotomy of the elbow for infection, loose body, or synovectomy
- Bone graft pertaining to the hand
- Corrective osteotomies
- Decompression procedures (e.g. carpal tunnel, ulna nerve)
- Fasciotomy and fasciectomy
- Fracture fixation with compression plates or wires
- Microvascular procedures excluding replantation (Not Offered at Pomerado Hospital)
- Nerve graft
- Neurorrhaphy
- Open and closed reductions of fractures
- Perform history and physical exam
- Placement of electrical bone stimulator
- Release of elbow joint contractures
- Removal of bone mass or cyst, including palm or flexor sheath
- Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc
- Repair of lacerations
- Repair of rheumatoid arthritis deformity
- Repair of tendon ruptures
- Skin grafts and soft tissue rearrangement
- Tendon origin release at elbow
- Tendon reconstruction (free graft, staged)
- Tendon release, repair and fixation
- Tendon transfers
- Treatment of fractures of the upper forearm and distal upper arm
- Treatment of infections

Surgery of the Spine

- Assessment of the neurologic function of the spinal cord and nerve roots
- Cryosurgical facet neurolysis
- Discography
- Endoscopic minimally invasive spinal surgery
- Epidural steroid injection
- Intradiscal therapy
- Laminectomies, laminotomies, discectomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
- Management of intrathecal drug pump system
- Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine
- Percutaneous vertebroplasty and balloon kyphoplasty
- Perform history and physical exam
- Preliminary interpretation of imaging studies of the spine

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 9

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

Surgery of the Spine (continued):

- Scoliosis and kyphosis deformity correction with instrumentation
- Spinal cord stimulation
- Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies
- Treatment of extensive trauma (Not Offered at Pomerado Hospital)

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 10

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____ **Date** _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes

Subsection Representative _____

Date _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes

Department Chair/Section Chief _____

Date _____

PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center
☐ Pomerado Hospital

- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR PLASTIC SURGERY

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

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

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ leading to certification in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least 100 plastic surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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

PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 2

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

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored concurrently.

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

Current demonstrated competence and an adequate volume of experience (100 plastic and reconstructive surgery procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

SURGERY ASSIST ONLY PRIVILEGES (NOT APPLICABLE IF REQUESTING PLASTIC SURGERY CORE PRIVILEGES)

Criteria: Successful completion of an ACGME or AOA accredited residency in plastic surgery which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for an adequate volume of surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for an adequate volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

CORE PRIVILEGES**PLASTIC SURGERY CORE PRIVILEGES**

☐ **Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with congenital and/or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia and soft tissue including the aesthetic management. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ **Requested Villa Pomerado**

☐ **Requested Palomar Continuing Care Center**

PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 3

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

MICROVASCULAR SURGERY (EXCLUDING REPLANTATION) AGES 15 YEARS OF AGE AND ABOVE

Criteria: Successful completion of an ACGME or AOA accredited one-year Surgery of the Hand program OR an accredited one-year reconstructive microsurgery program OR ACGME or AOA residency in plastic surgery that included training in microvascular surgery. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 10 reconstructive microvascular surgery procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 2 microvascular surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If a reapplicant has not performed at least 2 microvascular surgery procedures in the past 24 months, then a microsurgery refresher course is required in order to maintain privileges.

☐ **Requested****REPLANTATION SURGERY (NOT OFFERED AT POMERADO HOSPITAL) AGES 15 YEARS OF AGE AND ABOVE**

Criteria: Successful completion of an ACGME or AOA accredited one-year Surgery of the Hand program OR an accredited one-year reconstructive microsurgery program OR ACGME or AOA residency in plastic surgery that included training in replantation surgery. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 20 reconstructive microsurgery procedures in the past 12 months. At least 5 of these procedures should involve replantation surgery. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 2 replantation surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If a reapplicant has not performed at least 2 replantation surgery procedures in the past 24 months, then a microsurgery refresher course is required in order to maintain privileges.

☐ **Requested****ADMINISTRATION OF SEDATION AND ANALGESIA**☐ **Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists**USE OF FLUOROSCOPY**☐ **Requested** Requires maintenance of a valid x-ray supervisor and operator's license.

PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 4

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

CORE PROCEDURE LIST

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

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

Plastic Surgery

- Amputation of digits
- Bone graft pertaining to the hand
- Carpal tunnel decompression
- Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids and lips
- Fasciotomy and fasciectomy
- Fracture fixation with compression plates or wires
- Free tissue transfer flap with microvascular anastomosis (Not offered at Pomerado Hospital)
- Liposuction or lipo-injection procedure for contour restoration, head and neck; trunk and extremities
- Major head and neck reconstruction.
- Management of all forms of facial or maxillofacial trauma including fractures
- Management of frontal sinus fractures
- Management of patients with burns, including plastic procedures on the extremities (Consistent with hospital policy for transfer criteria.)
- Nerve graft
- Neurorrhaphy
- Open and closed reductions of fractures excluding wrist bones
- Perform history and physical exam
- Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction
- Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, the use of pedicle flaps, or tissue fillers
- Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons
- Removal of benign and malignant tumors of the skin
- Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc
- Repair of lacerations
- Skin grafts
- Tendon reconstruction (free graft, staged)
- Tendon release, repair and fixation
- Tendon transfers
- Treatment of infections

PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Page 5

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Subsection Representative _____ **Date** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

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

PSYCHIATRY CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center
☐ Pomerado Hospital

- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR GENERAL PSYCHIATRY

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

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

AND

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 30 patients during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring includes all phases of a patient's hospitalization (admission, management, discharge, etc.) Six (6) inpatient admissions or consults performed in hospital or post discharge will be reviewed.

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

PSYCHIATRY CLINICAL PRIVILEGES

Name: _____

Page 2

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

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

Current demonstrated competence and an adequate volume of experience (60 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES**GENERAL PSYCHIATRY CORE PRIVILEGES**

- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with mental, behavioral, addictive or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral or emotional disorders, pharmacotherapy, psychotherapy, family therapy, and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, and prescribe medications. Includes the performance of a history and physical exam including mental status examination. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

- ☐ Requested Villa Pomerado
- ☐ Requested Palomar Continuing Care Center

PSYCHIATRY CLINICAL PRIVILEGES

Name: _____

Page 3

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

ELECTROCONVULSIVE THERAPY (ECT)

Criteria: Completed a residency in psychiatry from an accredited institution that included training in ECT. If the residency training did not include training in Electroconvulsive Therapy, evidence of successfully completing an academic course in the administration of Electroconvulsive Therapy or the completion of an accredited workshop by the American Psychiatric Association designed to adequately prepare the physician to administer Electroconvulsive Therapy. **Required Previous Experience:** Demonstrated current competence and performance of 12 treatment sessions in the past 12 months. **FPPE:** Each physician will be required to perform five (5) monitored treatment sessions if previously privileged for Electroconvulsive Therapy. If not privileged elsewhere, ten (10) treatment sessions will be monitored. **Maintenance of Privilege:** Demonstrated current competence and evidence of the provision of at least 24 ECT treatments during the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

PSYCHIATRY CLINICAL PRIVILEGES

Name: _____

Page 4

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____**Date** _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Subsection Representative _____ **Date** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

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

RHEUMATOLOGY CLINICAL PRIVILEGES

Name: _____

Page 1

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

- ☐ Palomar Medical Center
☐ Pomerado Hospital

- ☐ Initial Appointment
☐ Reappointment

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

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

Other Requirements

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

QUALIFICATIONS FOR RHEUMATOLOGY

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine followed by successful completion of an accredited fellowship in rheumatology.

AND

Current subspecialty certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ leading to subspecialty certification in rheumatology by the American Board of Internal Medicine or a Certificate of Added Qualifications in rheumatology by the American Osteopathic Board of Internal Medicine, or another board with equivalent requirements.

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

RHEUMATOLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of rheumatologic inpatient, outpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring includes all phases of a patient's hospitalization (admission, management, discharge, etc.). Three inpatient charts (admissions or consults performed in hospital or post discharge will be reviewed retrospectively). In addition, concurrent review of three joint aspirations will occur.

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

Current demonstrated competence and an adequate volume of experience (inpatient, outpatient, or consultative services for at least 48 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES**RHEUMATOLOGY CORE PRIVILEGES**

- ☐ **Requested** Admit, evaluate, diagnose and treat adolescent and adult patients and provide consultative services to physicians on behalf of patients with medical disorders of the musculoskeletal and joint systems, including but not limited to degenerative, inflammatory, autoimmune and immune-mediated, traumatic, mechanical, metabolic and infectious disorders of the musculoskeletal system, non-articular rheumatic diseases and the multi-system medical disorders related to these diseases and syndromes, both acute and chronic, congenital and acquired. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are reasonable extensions of the same techniques and skills.

CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM.

- ☐ **Requested**

RHEUMATOLOGY CLINICAL PRIVILEGES

Name: _____

Page 3

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

CORE PROCEDURE LIST

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

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

1. Diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid
2. Performance of biopsies of tissues relevant to the diagnosis of rheumatic diseases
3. Performance of history and physical exam
4. Performance of therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses; soft tissues

RHEUMATOLOGY CLINICAL PRIVILEGES

Name: _____

Page 4

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signed _____

Date _____

CLINICAL PRIVILEGES RECOMMENDATION AND SIGNATURE

Name: _____

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

SUBSECTION REPRESENTATIVE RECOMMENDATION (IF APPLICABLE AT PALOMAR)

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

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

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

Notes

Subsection Representative _____ ***Date*** _____

DEPARTMENT CHAIR/ SECTION CHIEF'S RECOMMENDATION

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

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

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

Notes

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



Pomerado Hospital Medical Staff Services

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

DATE: September 30, 2009
TO: Board of Directors - October 12, 2009
FROM: Franklin M. Martin, M.D., Chief of Staff, Pomerado Hospital Medical Staff
SUBJECT: Medical Staff Credentials Recommendations – September 2009

Provisional Appointments: (10/12/2009 – 09/30/2011)

Jessica M. Coullahan, M.D. – Pediatrics
Brennen L. Lucas, M.D. – Orthopedic Surgery – (Assisting only)

Biennial Reappointments: (11/01/2009 – 10/31/2011)

Munish K. Batra, M.D. – Surgery - Courtesy
Irene L. Chennell, M.D. – Surgery- Affiliate
Jill S. Cotel, M.D. – Medicine - Affiliate
Leslie J. Gullahorn, M.D. – Surgery - Active
Kyoung E. Han, M.D. – Medicine – Associate (includes Villa)
Lorne D. Kapner, M.D. - Surgery
Daniel Y. Lee, M.D. - Medicine - Active
Leslie J. McCormick, M.D. – Pediatrics - Active
Afshin A. Nahavandi, M.D. – Medicine - Active
Bing S. Pao, M.D. – Emergency Medicine - Active
Kenneth R. Roth, M.D. – Surgery – Active - Assisting only
Damon E. Smith, M.D. – Radiology - Consulting

Advancements:

Jay R. Grove, M.D. - Surgery - Active 10/12/2009 – 06/30/2010
Jamieson Jones, M.D. -. Pediatrics – Courtesy 10/12/2009 – 06/30/2011

Resignations:

Amarpal Arora, M.D. Surgery (assisting only)
Michael J. Barker, M.D. – Medicine (includes Villa)
John Brady, M.D. – Surgery (assisting only)
Bryan Leek, M.D. – Surgery (assisting only)
Patrick Noud, M.D. – Surgery (assisting only)

Expiration of Membership:

Gillian Galloway, M.D. Surgery
Richard J. Price, M.D. - Radiology

Allied Health Resignation:

Jeremy Blakespear, P.A. – Sponsors CEP Physicians

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.

Status Update on the 2009 Revenue Bond Issue And Plan of Finance

TO: Board of Directors
MEETING DATE: Monday, October 12, 2009
FROM: Bob Hemker, CFO
BY: Board Finance Committee
Tuesday, September 29, 2009

Background: At the Board Finance Committee meeting, the attached presentation was utilized to provide an update on the status of the Revenue Bonds to be issued later this year.

Budget Impact: N/A

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

PALOMAR POMERADO HEALTH

SPECIALIZING IN YOU

Market Update

Series 2009 Revenue Bond Update

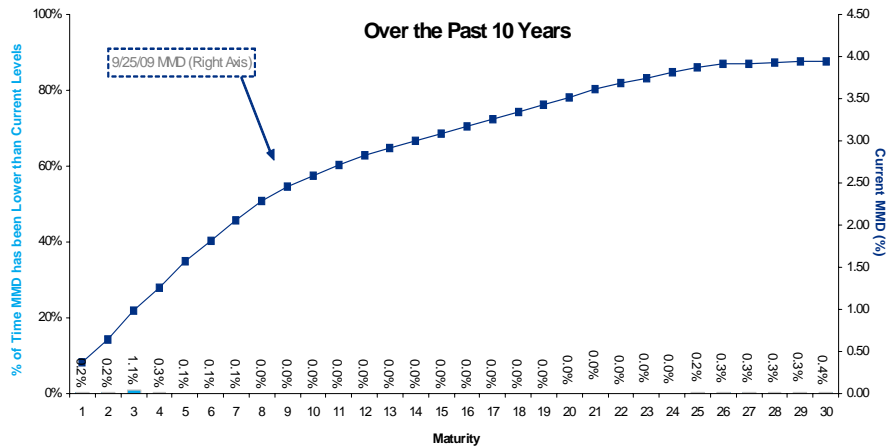
- PPH is currently targeting an issuance of revenue bonds to generate up to \$175 million in proceeds for the construction project consistent with the Master Facility Plan
 - Bonds will be sold at either a premium or a discount
 - A Debt Service Reserve Fund will need to be funded
 - Cost of Issuance expenses will be incurred
 - Bonds will be sold based on the rating of PPH (currently Baa1)
 - Additional ratings are being requested from Standard & Poor's and Fitch on the Revenue Bonds
- PPH is dual tracking possible enhancements to the Series 2009 plan of finance including:
 - The applicability of Build America Bonds to achieve a lower borrowing cost
 - Refunding/Restructuring of the Series 1999 bonds for cash flow savings

Timeline for The Execution of Series 2009 Bonds

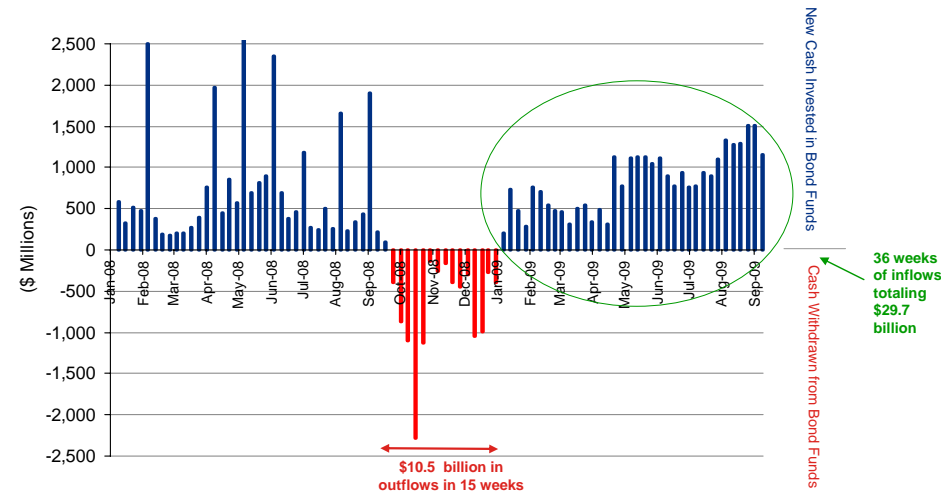
- October 5th & 6th – Rating agency update meetings
- October 20th – Audit committee approval meeting
- October 23rd – Joint Powers Authority approval meeting
- October 27th – PPH Board Meeting - approval
- October 28th – Print Preliminary Official Statement
- November 12th – Price Series 2009 Revenue Bonds (*possibly 1 week earlier*)
- November 19th – Close Series 2009 Revenue Bonds

Current Market Conditions Have Improved – Presents PPH with Low Cost Opportunity Relative to Last 18 Months

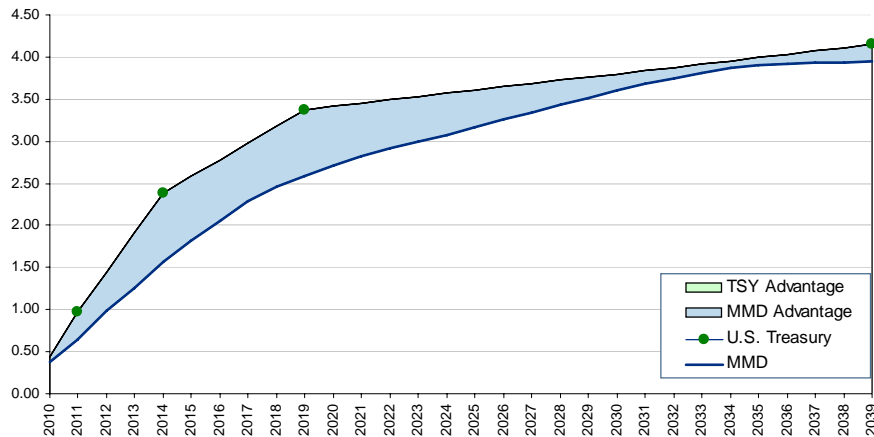
MMD Has Rarely Been Lower



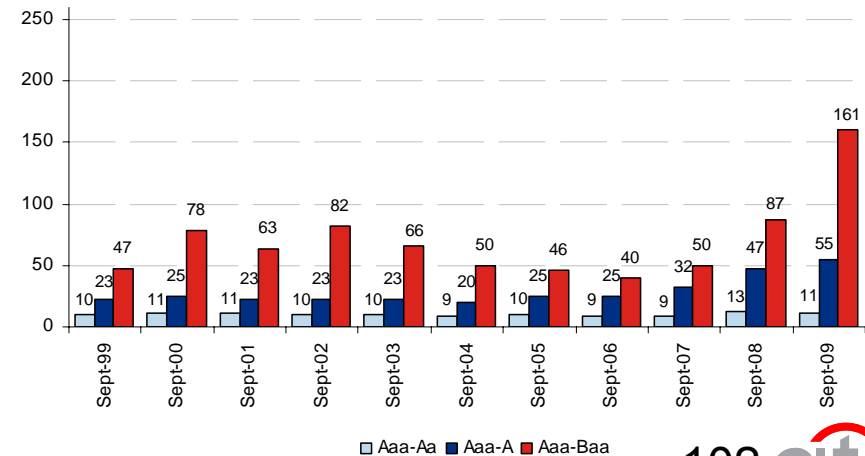
Municipal Bond Flows Remain Positive



MMD is Trending Towards More Traditional Ratios

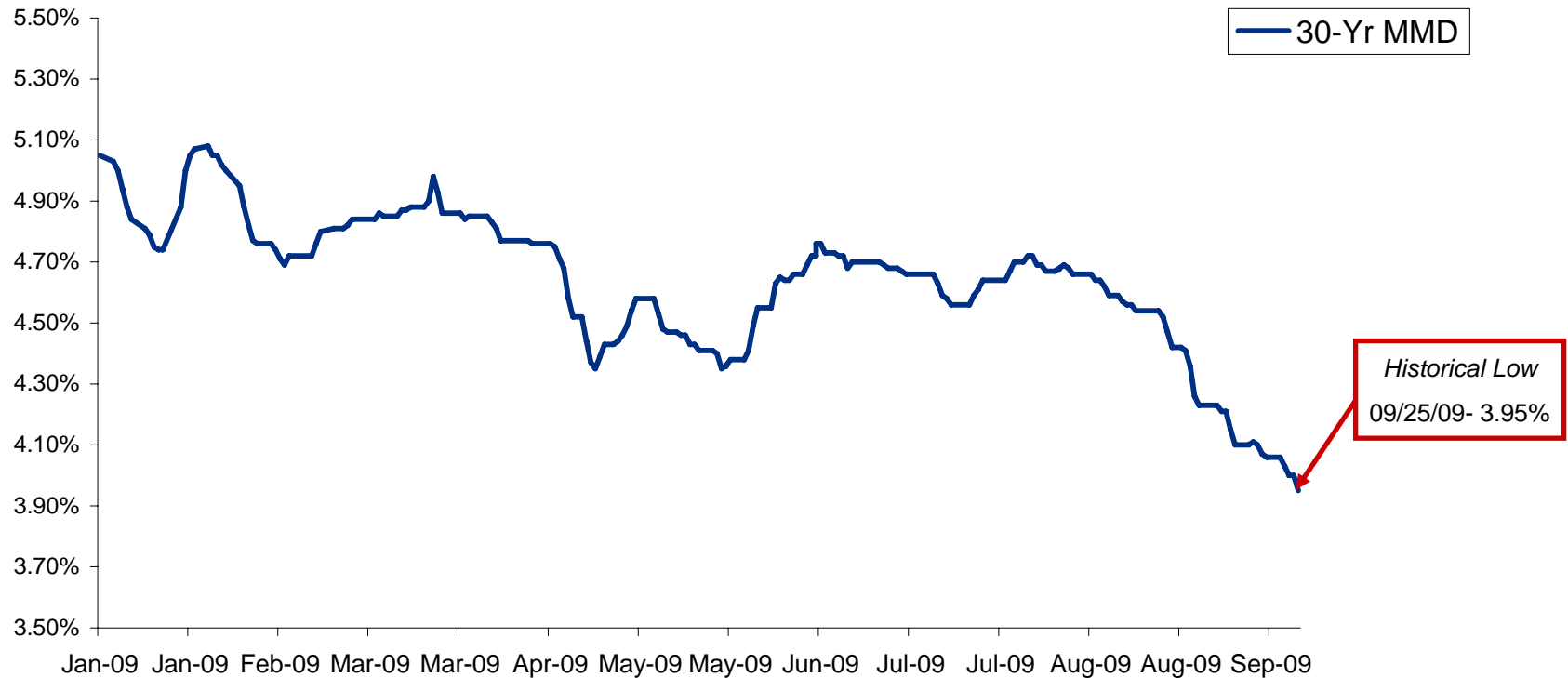


Credit Spreads Are Wide, But Starting to Improve



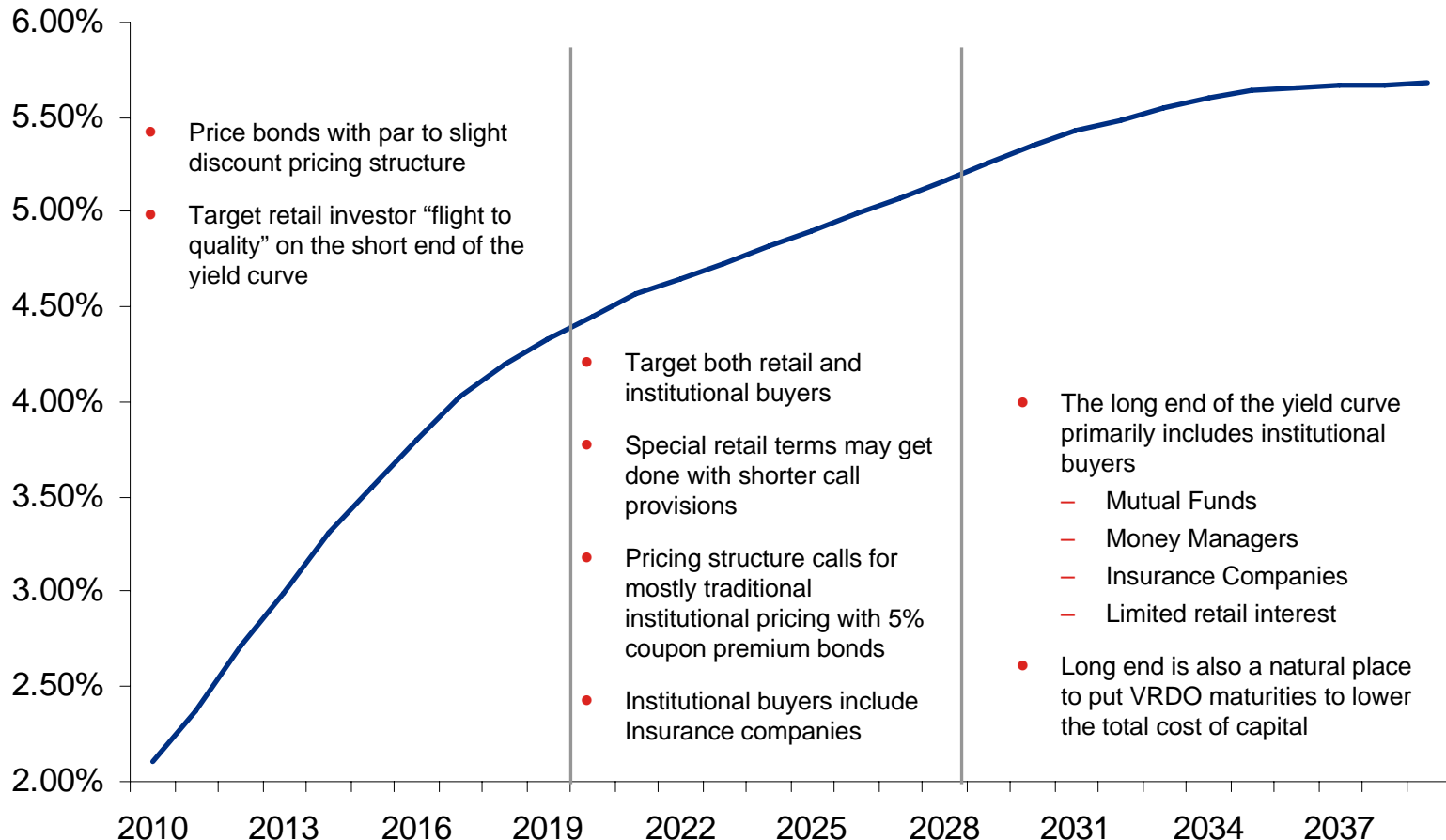
Low cost opportunity with the recent significant drop in MMD

30 Yr MMD Comparison - Jan 1, 2009 to Present



Marketing Strategy For Structuring Series 2009 Bonds

Targeting specific buyers along the yield curve, namely retail participants on short end and institutions for longer bonds, guarantees the lowest fixed rate funding cost.



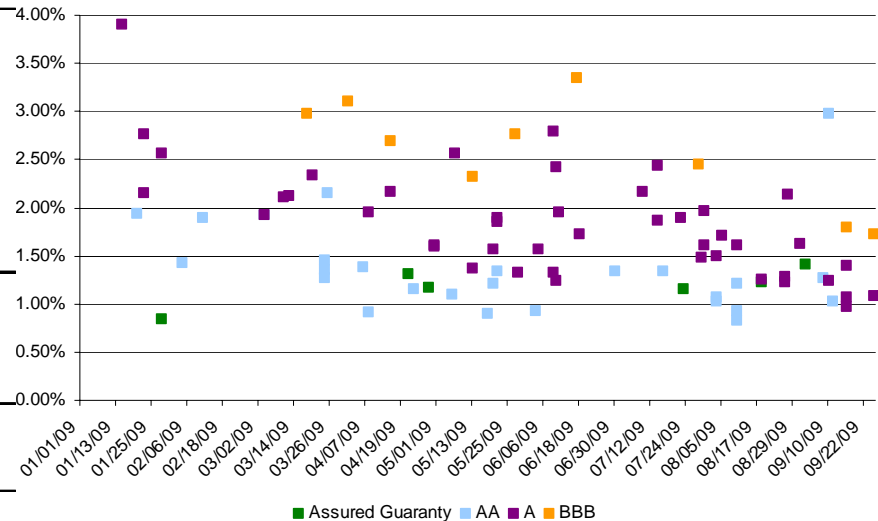
Rates as of 9/25/2009. Assuming a constant spread to MMD of +174bps

Selected Recent Tax-Exempt Fixed Rate Health Care Offerings

- The majority of healthcare financings since late 2008 have been in the “A” or higher rating category
- Activity in the “BBB” area started to increase in April and gained some momentum through July
- Spreads have varied dramatically by credit and by timing of issuance

System	State	Par (\$MM)	Pricing Date	Final Maturity	Final Maturity Yield	Spread to MMD
A- / A3 / A-						
Anne Arundel Health System	MD	120.00	1/22/2009	2039	7.15%	2.15%
Rush University Medical Center	IL	176.27	1/28/2009	2038	7.60%	2.56%
Evangelical Lutheran Good Samaritan Soci	CO	80.98	5/21/2009	2038	6.20%	1.85%
Albert Einstein Healthcare Network	PA	148.02	6/9/2009	2023	6.50%	2.79%
Health First, Inc.	FL	85.85	6/10/2009	2039	7.10%	2.42%
Rush University Medical Center	IL	200.00	7/9/2009	2039	6.72%	2.16%
Sharp Healthcare	CA	140.00	7/14/2009	2039	6.43%	1.87%
Memorial Healthcare (CO Springs)	CO	101.95	7/22/2009	2033	6.40%	1.90%
North Shore Long Island Jewish Obligated	NY	235.62	8/26/2009	2037	5.75%	1.23%
North Shore Long Island Jewish Obligated	NY	60.89	8/26/2009	2033	5.70%	1.28%
Aurora Healthcare System	WI	27.53	8/27/2009	2020	5.24%	2.14%
BBB+ / Baa1 / BBB+						
Mountain States Health	TN	115.96	3/18/2009	2038	7.95%	2.97%
Butler Health System	PA	75.99	4/15/2009	2039	7.40%	2.69%
University Medical Center Corporation	AZ	61.80	5/13/2009	2039	6.75%	2.32%
Provena Health	IL	200.00	6/17/2009	2034	8.00%	3.35%
Palmetto Health	SC	128.70	9/16/2009	2039	5.90%	1.79%
BBB- / Baa2 / BBB						
University of Medicine & Dentistry	NJ	258.08	4/1/2009	2032	7.80%	3.11%
Silver Cross Hospital and Medical Center	IL	260.00	5/27/2009	2044	7.25%	2.76%
Central Washington Health Services	WA	116.54	7/28/2009	2039	7.17%	2.45%
BBB- / Baa3 / BBB-						
Community Hospitals of Central California	CA	210.00	9/24/2009	2039	5.72%	1.72%

Recent Fixed Rate Spreads



Note: Transaction information not adjusted for state or specific issuer trading differentials.

Overview of Build America Bonds

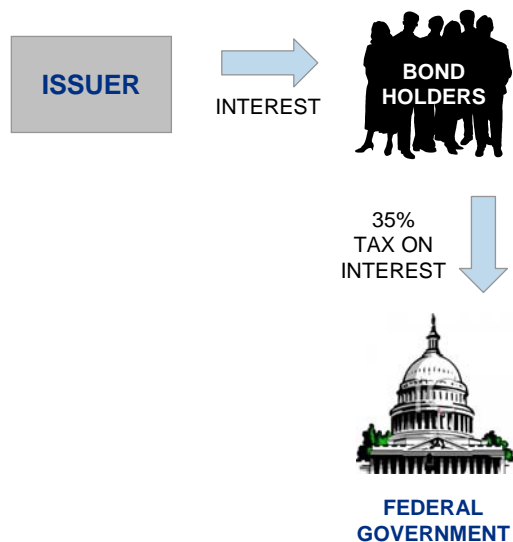
Overview of Build America Bonds

The American Recovery and Reinvestment Act of 2009 (the “Act”) provides issuers with a new financing alternative – Build America Bonds

- Build America Bonds provide issuers with a new cost-effective financing alternative
- Build America Bonds combine the issuance of taxable bonds with a 35% issuer interest subsidy or a 35% investor tax credit
- The taxable market is showing strong current fundamentals with attractive US Treasury benchmark rates and reduced credit spreads, and with investors looking to diversify portfolios
- By accessing the taxable bond market, issuers now have access to both the expansive global taxable investor base as well as to the traditional municipal investor base
 - Citi recommends “dual tracking” the tax-exempt and taxable markets to minimize overall borrowing costs
- Build America Bonds priced to date have provided issuers with savings of approximately 40-70 basis points for longer maturities when compared to tax-exempt borrowing rates

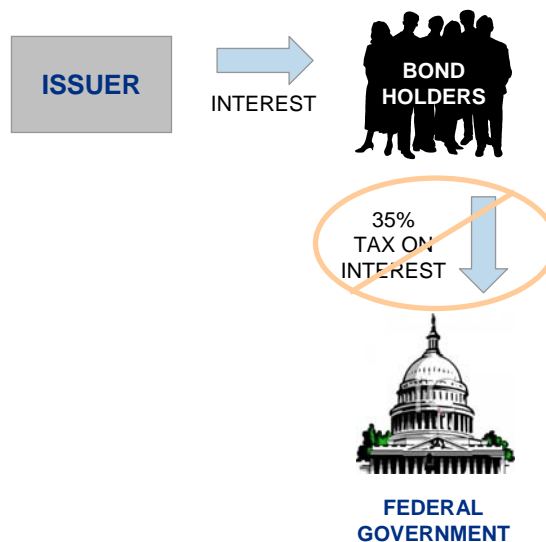
Municipal Finance Interest Payment Mechanics

Taxable Financing



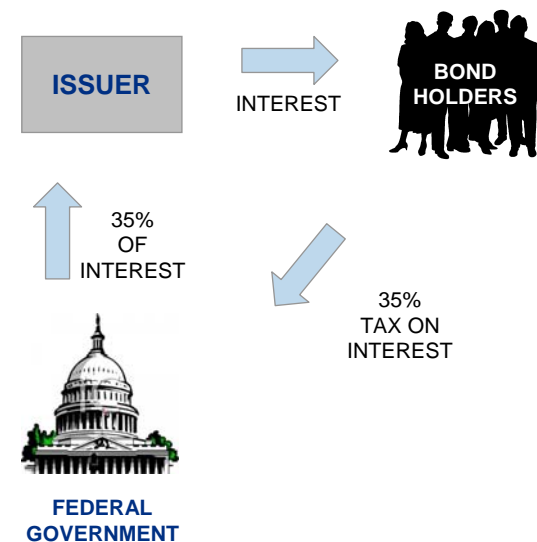
Investor pays taxes on interest income

Tax-Exempt Financing



Investors take risk that Federal Government maintains tax exemption on interest on municipal bonds

Taxable BAB Financing



Issuer takes risk that Federal Government maintains interest subsidy

Note: Tax rates shown on taxable and tax-exempt financings reflect current highest personal income tax rate for Federal taxes.

BABs Considerations

Based on current rates, a BAB financing could produce meaningful savings for the Issuer. However, the Issuer should address the following considerations before executing a BABs transaction.

Considerations:

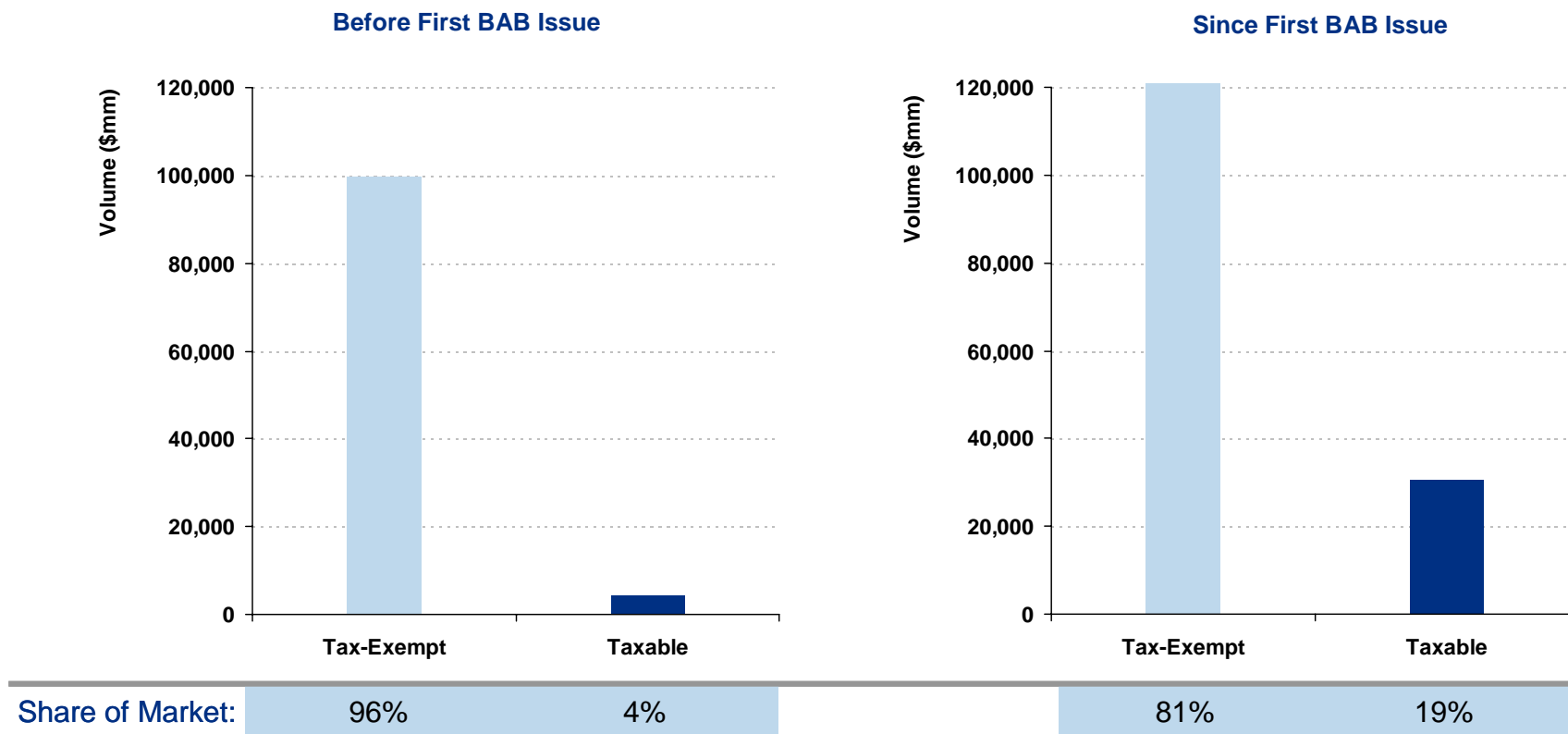
- Treatment of BAB rebate in the Legal Covenant
- Ongoing Risk of Federal Repayment
- Callability of BABs

Status:

- For purposes of the additional bonds test and the rate maintenance tests, the Issuer will only need to include the net interest on BABs
 - i.e., it will be able to take the "BAB Credit" into account for these purposes
- Under a fixed rate "BABs" issuance, the Issuer will maintain the Risk of Federal Repayment rather than passing it along to investors
- Taxable bonds are sold with a Make-Whole Call; currently a Par Call will cost an additional 50-75 bps
 - To date, less than 10% of the BABs issuances have been sold with a par call.
 - BABs with a par call may still produce substantial savings relative to tax-exempt bonds.

Market Context: Tax-Exempt vs. Taxable Financings in 2009

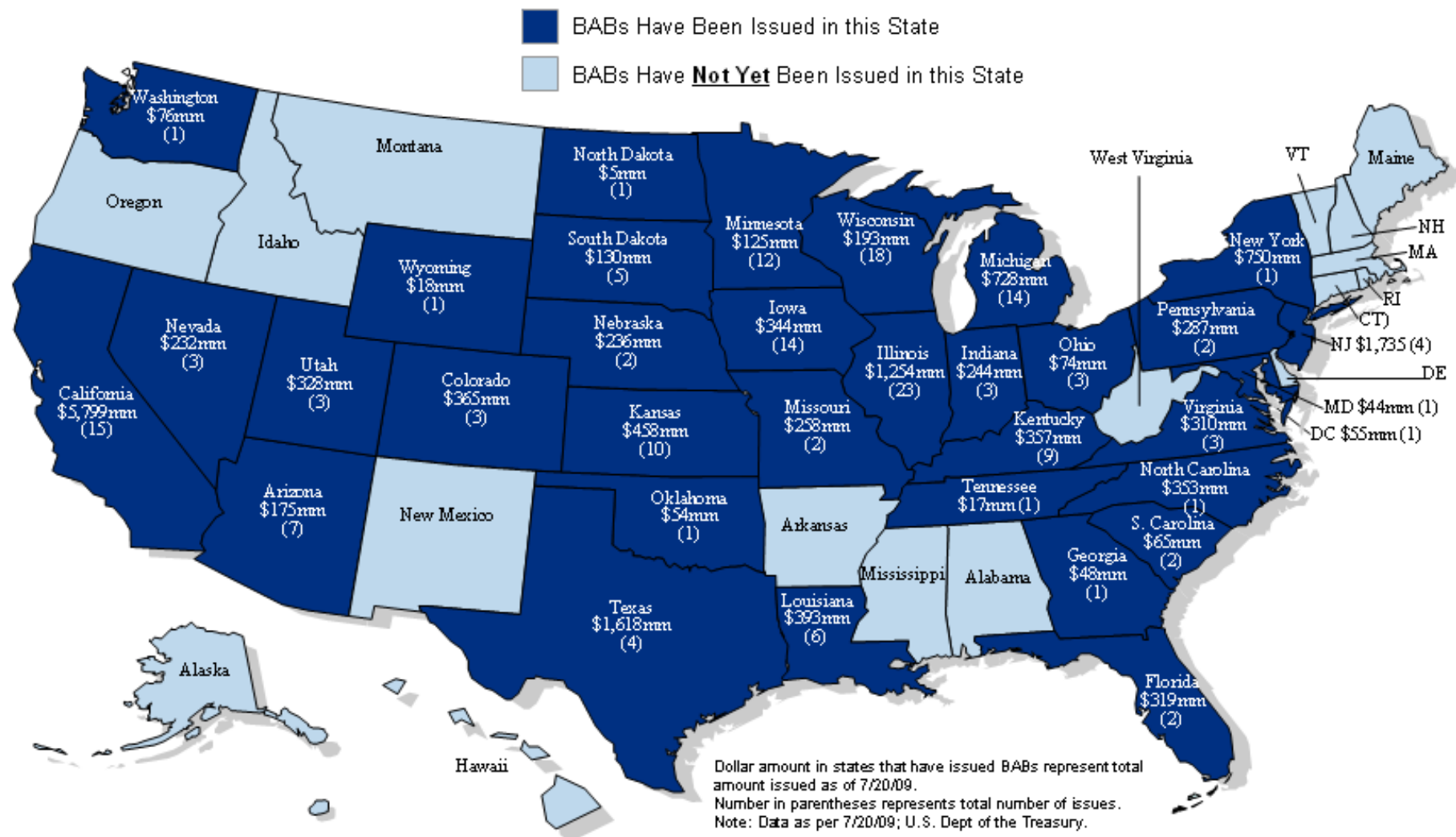
Since 4/15, approximately \$21 billion of BABs have been issued, buoying a taxable municipal market that offered few taxable issuances during the first 3 ½ months of 2009.



Source: Thomson Financial. Data as of August 2009.

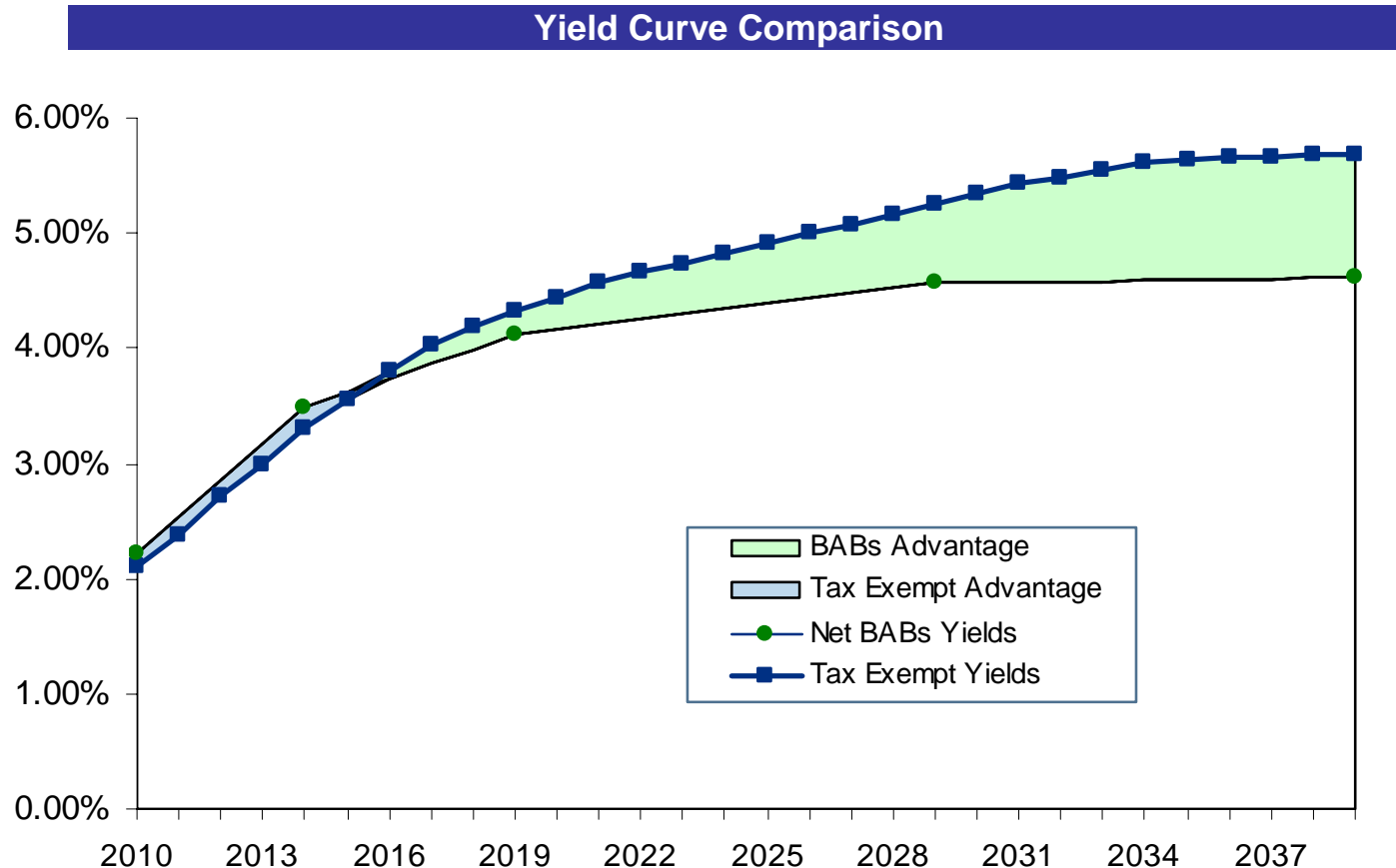
National BABs Issuance Since Inception

The Federal subsidy of interest of BABs is not subject to appropriation. Any change to the Federal subsidy would require Federal legislation. To date, BABs have been issued in 34 states.



Comparison of BABs vs. Revenue Bonds

Tax Exempt Advantage on the short-end of the yield curve but opposing story on the long-end.



Note: BAB structure does not provide a 10 year call option. Assumes a constant spread to MMD of +174bps for the Revenue Bonds.

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In January 2007, Citi released a Climate Change Position Statement, the first US financial institution to do so. As a sustainability leader in the financial sector, Citi has taken concrete steps to address this important issue of climate change by: (a) targeting \$50 billion over 10 years to address global climate change: includes significant increases in investment and financing of alternative energy, clean technology, and other carbon-emission reduction activities; (b) committing to reduce GHG emissions of all Citi owned and leased properties around the world by 10% by 2011; (c) purchasing more than 52,000 MWh of green (carbon neutral) power for our operations in 2006; (d) creating Sustainable Development Investments (SDI) that makes private equity investments in renewable energy and clean technologies; (e) providing lending and investing services to clients for renewable energy development and projects; (f) producing equity research related to climate issues that helps to inform investors on risks and opportunities associated with the issue; and (g) engaging with a broad range of stakeholders on the issue of climate change to help advance understanding and solutions.

Citi works with its clients in greenhouse gas intensive industries to evaluate emerging risks from climate change and, where appropriate, to mitigate those risks.

Board Program Review Schedule – Updated September 2009

TO: Board of Directors

MEETING DATE: Monday, October 12, 2009

FROM: Bob Hemker, CFO

BY: Board Finance Committee
Tuesday, September 29, 2009

Background: Pursuant to a request by the Board Finance Committee, the attached list of programs, initiatives and services approved by the Board over the past year—including the dates on which they would be due for review—was presented. It was noted that dates listed as “due for review” would not necessarily mean that updates would be available and/or appropriate on those dates. Management also recommended that any programs due for review at the October Board Finance Committee meeting be postponed at least until the December 8, 2009, meeting, due to the already full Special Board meeting agenda in October

Budget Impact: N/A

Staff Recommendation:

Committee Questions: The programs listed were approved by the Board Finance Committee.

COMMITTEE RECOMMENDATION: Chairman Kleiter further requested that the schedule be forwarded to the Board for review, along with a request for input from the Board regarding any programs that were not on the list that warranted financial review at Board Finance. Upon receipt of those additions, a final schedule is to be compiled and distributed to all Board members to afford an opportunity for those who do not sit on Board Finance to attend as guests any meetings at which programs in which they have an interest will be presented

Motion:

Individual Action:

Information: X

Required Time:

DRAFT PROGRAM REVIEW SCHEDULE
FY2010

Program/ Responsible Party	Date Presented to Board	Action at Board Meeting	Adjunct Dates	Date Due for Review	Date Reviewed	Review Committee(s)
Women's Programs at the POP/ Sheila Brown	7/9/2007	Approved 5-year <i>pro forma</i> and budget		10/27/2009	6/2/2009	Special Full BoD @ Strategic
Perinatology Program/ Sheila Brown	8/12/2008	Program Review	Implemented 7/2006	10/27/2009		BoD Finance
Friendly PC/ Robert Trifunovic	5/1/2009	Approved	Established 7/2009	10/27/2009		BoD Finance
San Diego Radiosurgery, LLC & Stereotactic Radiosurgery (SRS)/ Gerald Bracht & Bob Hemker	10/8/2007	Approved JV for implementation of SRS services		10/27/2009		BoD Finance & Strategic
SNF Beds to Sub-Acute/ Steve Gold	6/9/2008	Approved	Opened 10/1/08	12/8/2009		BoD Finance
Physician Recruitment/ Gerald Bracht (Lisa Hudson)				1/26/2010		BoD Finance
Da Vinci/ Gerald Bracht (Bruce Grendel)	8/12/2008	8-month Program Review		3rd quarter FY2010		BoD Finance
Wound Care/ Sheila Brown	8/12/2008	Program Review	2nd site added December 2006	8/1/2010		BoD Finance
NICU Expansion/ Gerald Bracht	7/14/2008	Approved				
	6/8/2009	Approved additional funding to finalize project				
PPH Retail Group, LLC/ Sheila Brown	11/10/2008	Retail entity created for licensing retail operations (expresscare & Weight Solutions at that time)				BoD Finance
VHA Purchasing Coalition/ David Tam & Bob Hemker?	2/8/2009	Approval for participation in formation of coalition				
Pomerado Imaging LLC/ Gerald Bracht & Bob Hemker	8/14/2009	Approved creation of structure for new entity				
Residency Programs (e.g., Family Practice, ED)/ Gerald Bracht & David Tam						

Informational: Board Member Benefits

TO: PPH Board of Directors

MEETING DATE: October 12, 2009

FROM: Human Resources Committee: September 16, 2009

BACKGROUND: At a prior Board meeting, the topic of Board benefits, including those extended to past Board members was discussed. The most recent Board Resolution (dated 11/12/01) is attached for review and further discussion. Additionally, Director Bassett has requested a discussion of Metlife Long Term Care policies as well as dental and vision coverage for Board Members.

BUDGET IMPACT: Not Applicable

STAFF RECOMMENDATION:

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Informational: Quarterly HR Report

TO: PPH Board of Directors

MEETING DATE: October 12, 2009

FROM: Human Resources Committee: September 16, 2009

BACKGROUND: The quarterly report has been modified to represent key measures in four categories. These four categories are reflective of the various components of workforce planning. Each for the categories (Get Them, Keep Them, Grow Them and Support Them) will have 3-4 key metrics to be used as benchmarks.

BUDGET IMPACT: Not Applicable

STAFF RECOMMENDATION:

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

HR METRICS

July 2009

KEY INITIATIVE FOCUS

- Get Them
- Keep Them
- Grow Them
- Support Them

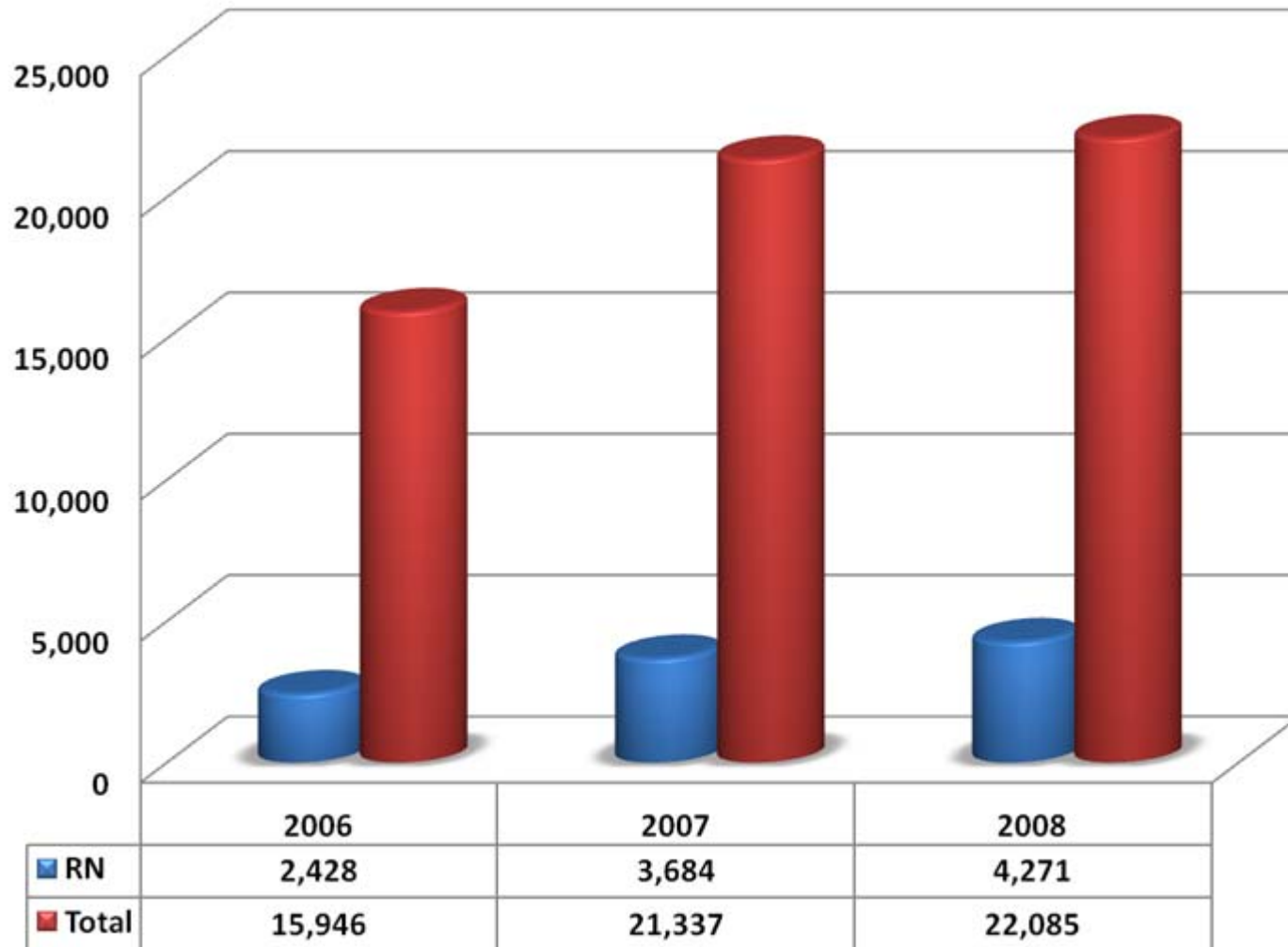
GET THEM

- Develop a strategy to increase flexibility in recruitment
- Hire 100 new RN graduates
- Streamline hiring and transfer processes

Number of Applications

Reported by Calendar Year Annually

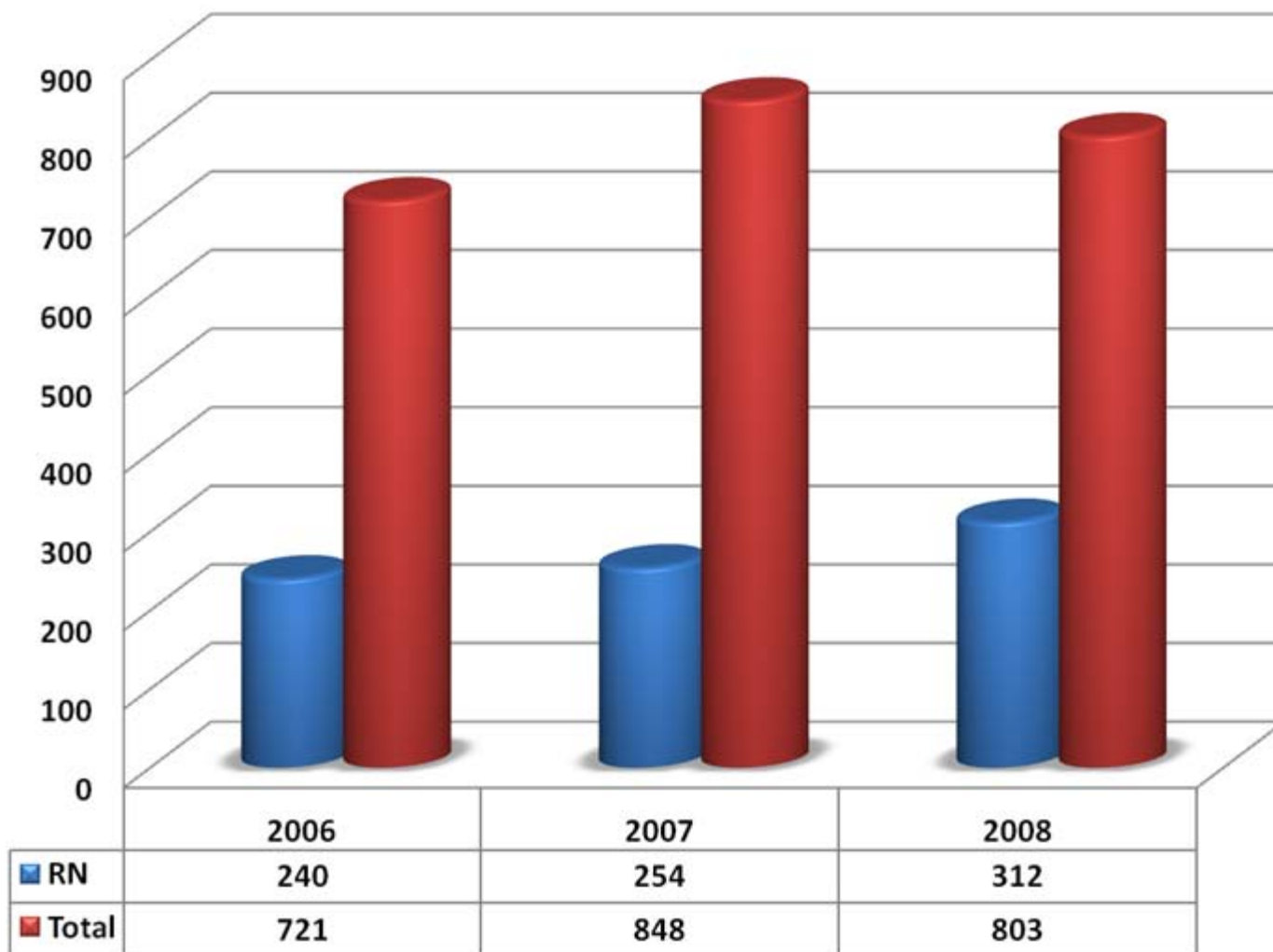
** Includes All Employee Status'*



Number of New Hires

Reported by Calendar Year Annually

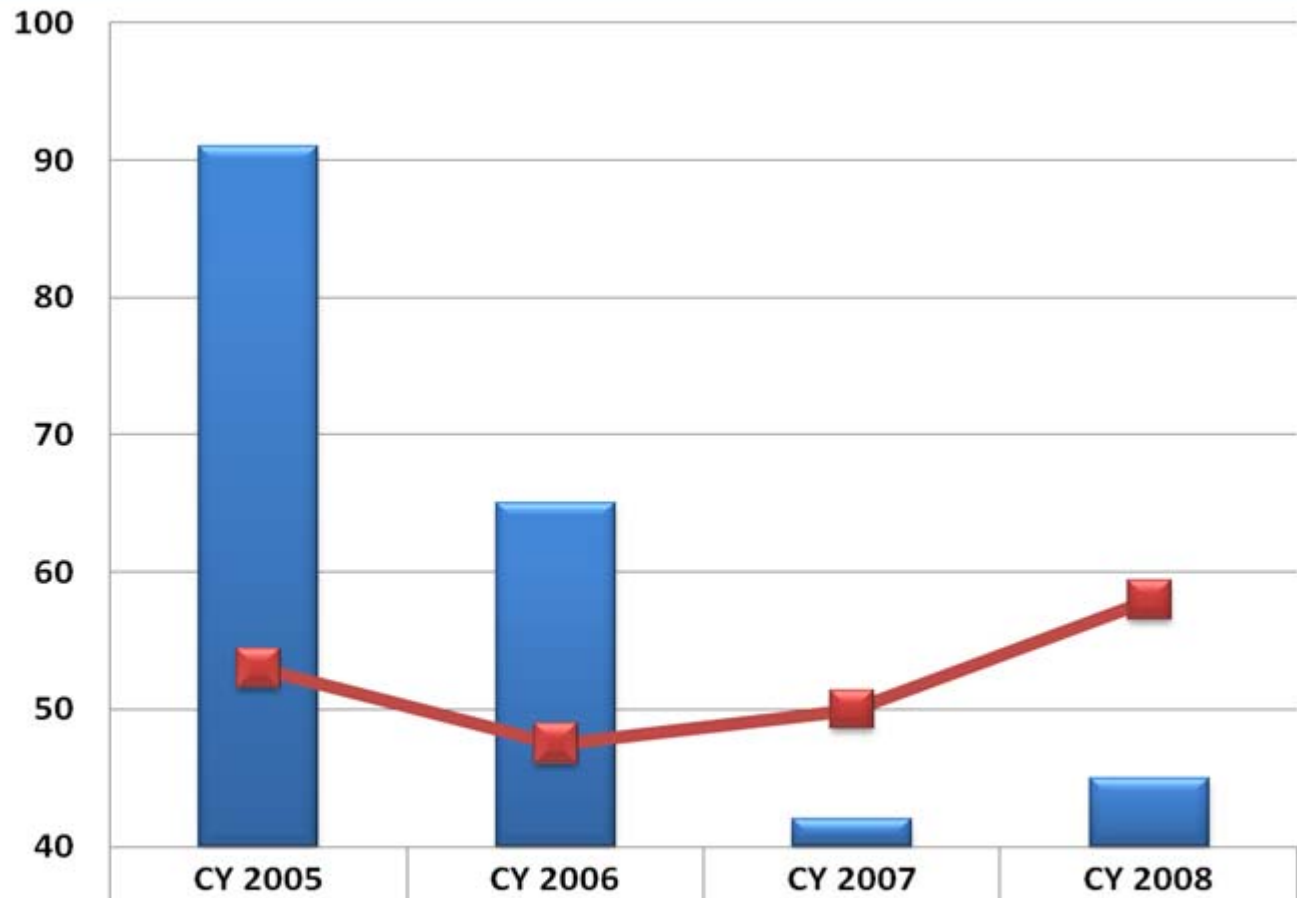
* Includes All Employee Status'



Days to Fill Open Positions

Reported by Calendar Year Annually

** Includes All Status Requisitions*



Avg Days to Fill	91	65	42	45
HR Metrics	53	47.5	50	58

123

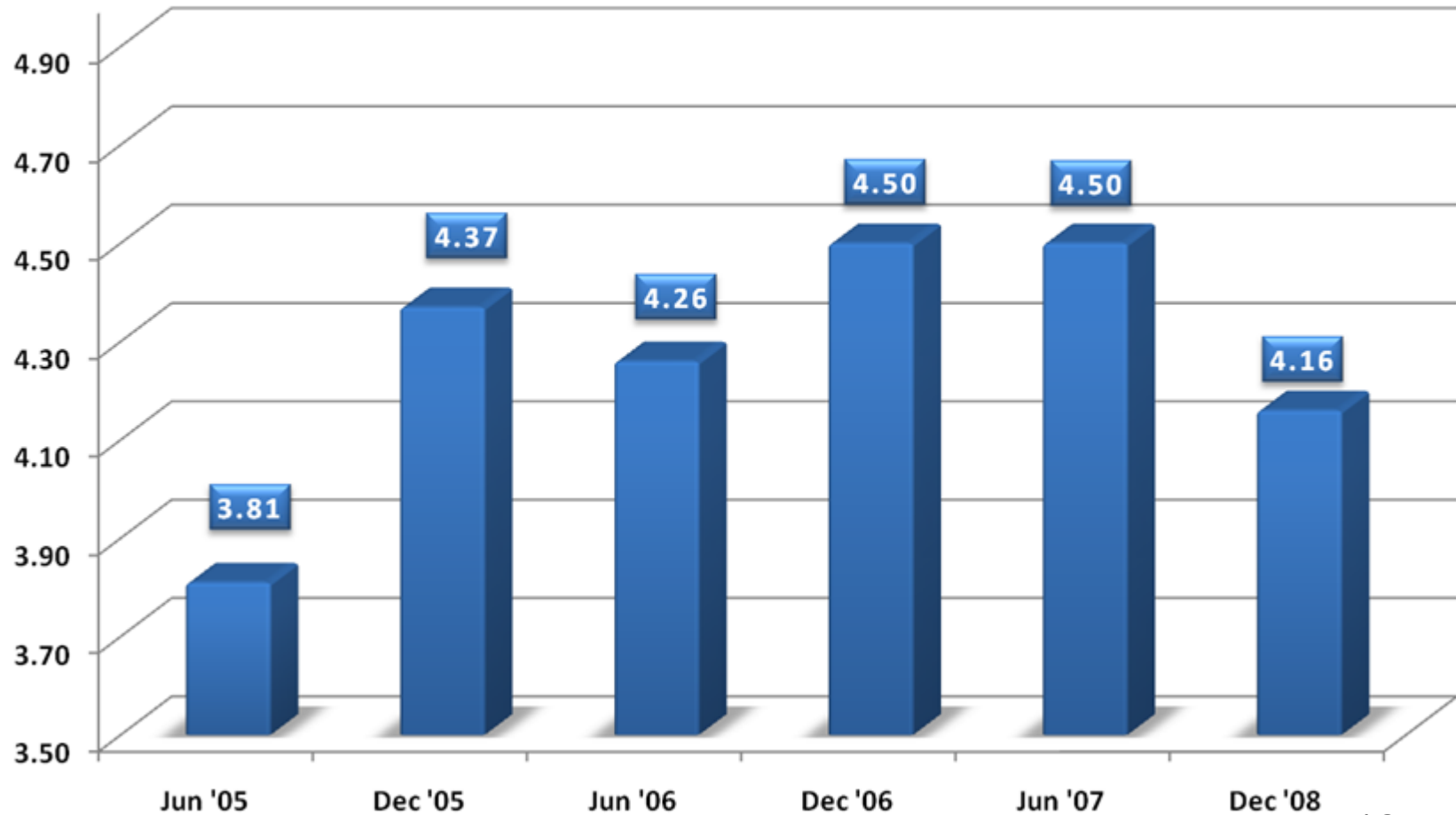
KEEP THEM

- Develop a benefit plan strategy to enhance benefits with little/no additional cost
- Implement Passport to Safety, Health and Wellness
- Develop and implement a transportation strategy
- On-line benefit enrollment for new hires and status changes
- Implement a re-designed management orientation

Employee Engagement Survey

- Includes All Employee Status'
- Next Survey will be conducted in Q3-2009

"Do I have the tools and equipment to do my job?"

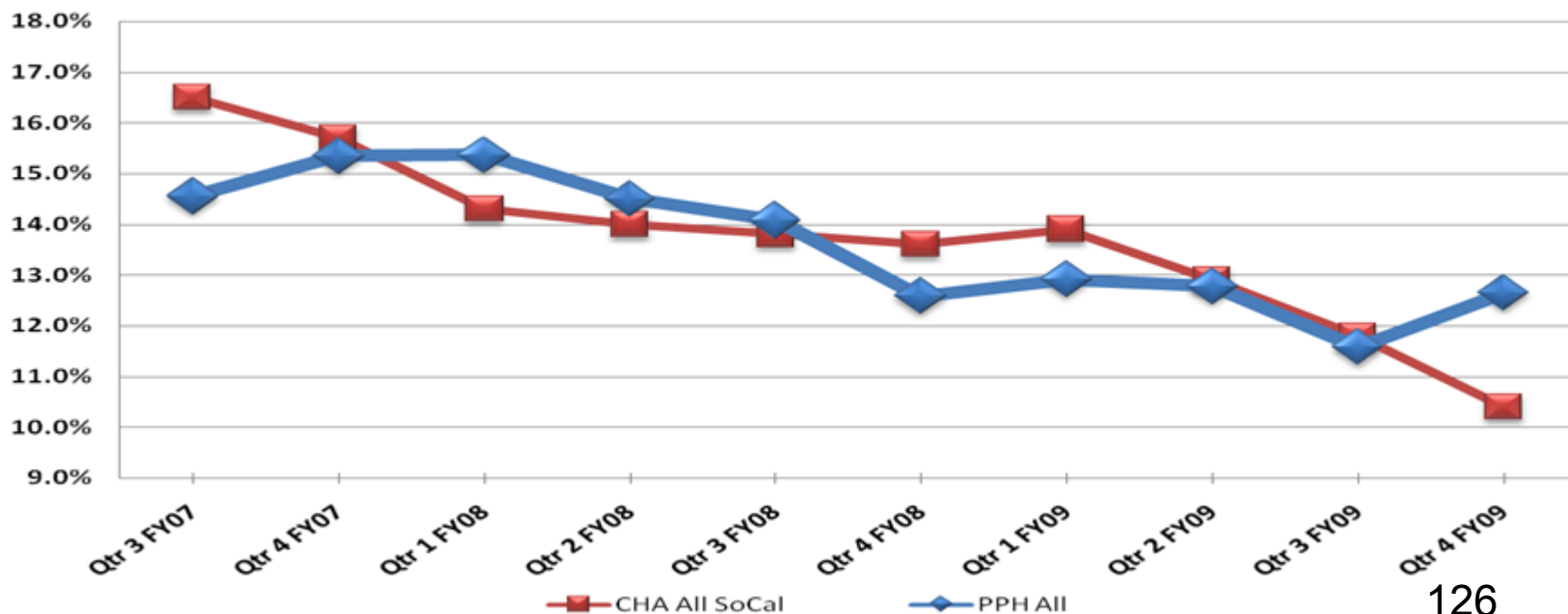


Turnover for PPH All vs. CHA SoCal

			<u>Annualized Turnover</u>	
Turnover	PPH All	CHA All SoCal	PPH All	CHA All SoCal
Qtr 3 FY07	3.8%	3.4%	14.6%	16.5%
Qtr 4 FY07	4.0%	3.8%	15.4%	15.7%
Qtr 1 FY08	3.9%	3.5%	15.4%	14.3%
Qtr 2 FY08	2.7%	3.3%	14.5%	14.0%
Qtr 3 FY08	3.4%	3.2%	14.1%	13.8%
Qtr 4 FY08	2.5%	3.6%	12.6%	13.6%
Qtr 1 FY09	4.3%	3.8%	12.9%	13.9%
Qtr 2 FY09	2.6%	2.3%	12.8%	12.9%
Qtr 3 FY09	2.2%	2.1%	11.6%	11.8%
Qtr 4 FY09	3.6%	2.2%	12.7%	10.4%

** Excludes Per Diem Status*
** Rolling 12 Months Reported Quarterly*
** Includes both Voluntary and Involuntary*

Annualized Turnover Rates PPH vs. CHA SoCal

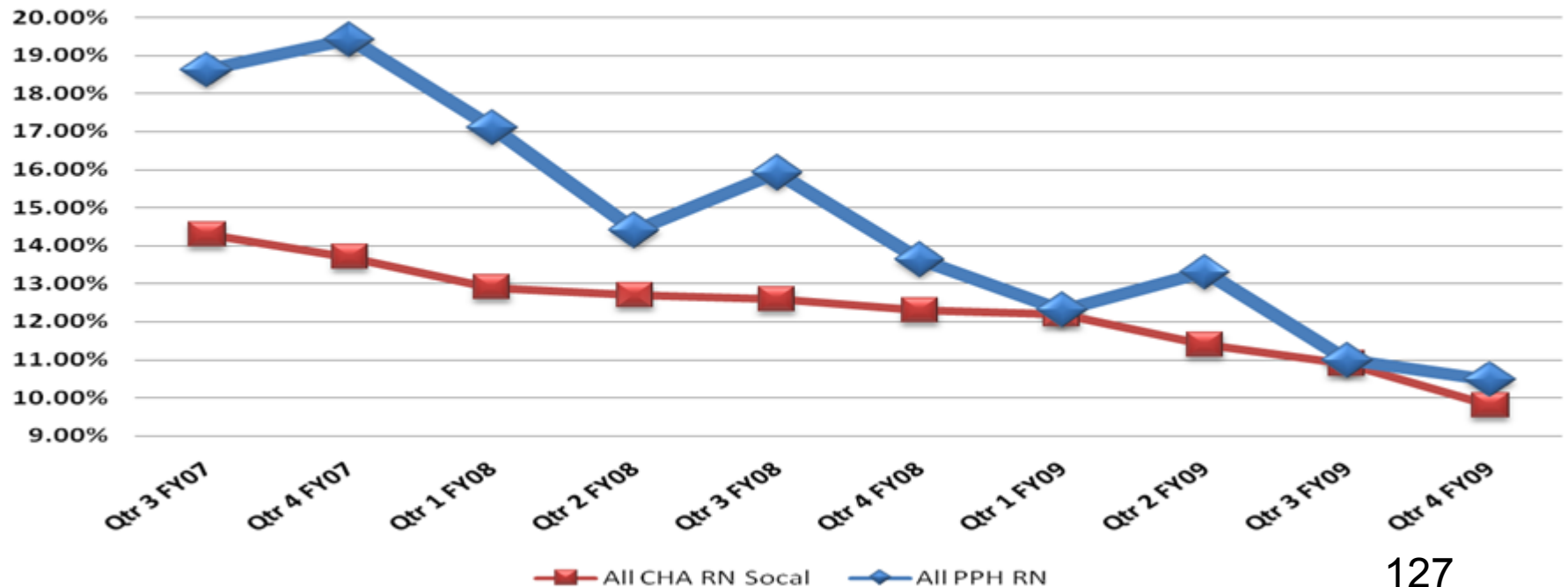


Turnover for PPH RN vs. CHA SoCal

			<u>Annualized Turnover</u>	
Turnover	PPH RN	CHA RN SoCal	All PPH RN	All CHA RN Social
Qtr 3 FY07	2.77%	2.80%	18.62%	14.30%
Qtr 4 FY07	5.00%	3.20%	19.42%	13.70%
Qtr 1 FY08	4.10%	3.40%	17.11%	12.90%
Qtr 2 FY08	2.53%	3.30%	14.40%	12.70%
Qtr 3 FY08	4.29%	2.70%	15.92%	12.60%
Qtr 4 FY08	2.71%	2.90%	13.63%	12.30%
Qtr 1 FY09	2.78%	3.30%	12.31%	12.20%
Qtr 2 FY09	3.52%	2.50%	13.30%	11.40%
Qtr 3 FY09	1.98%	2.20%	10.99%	10.90%
Qtr 4 FY09	2.19%	1.80%	10.47%	9.80%

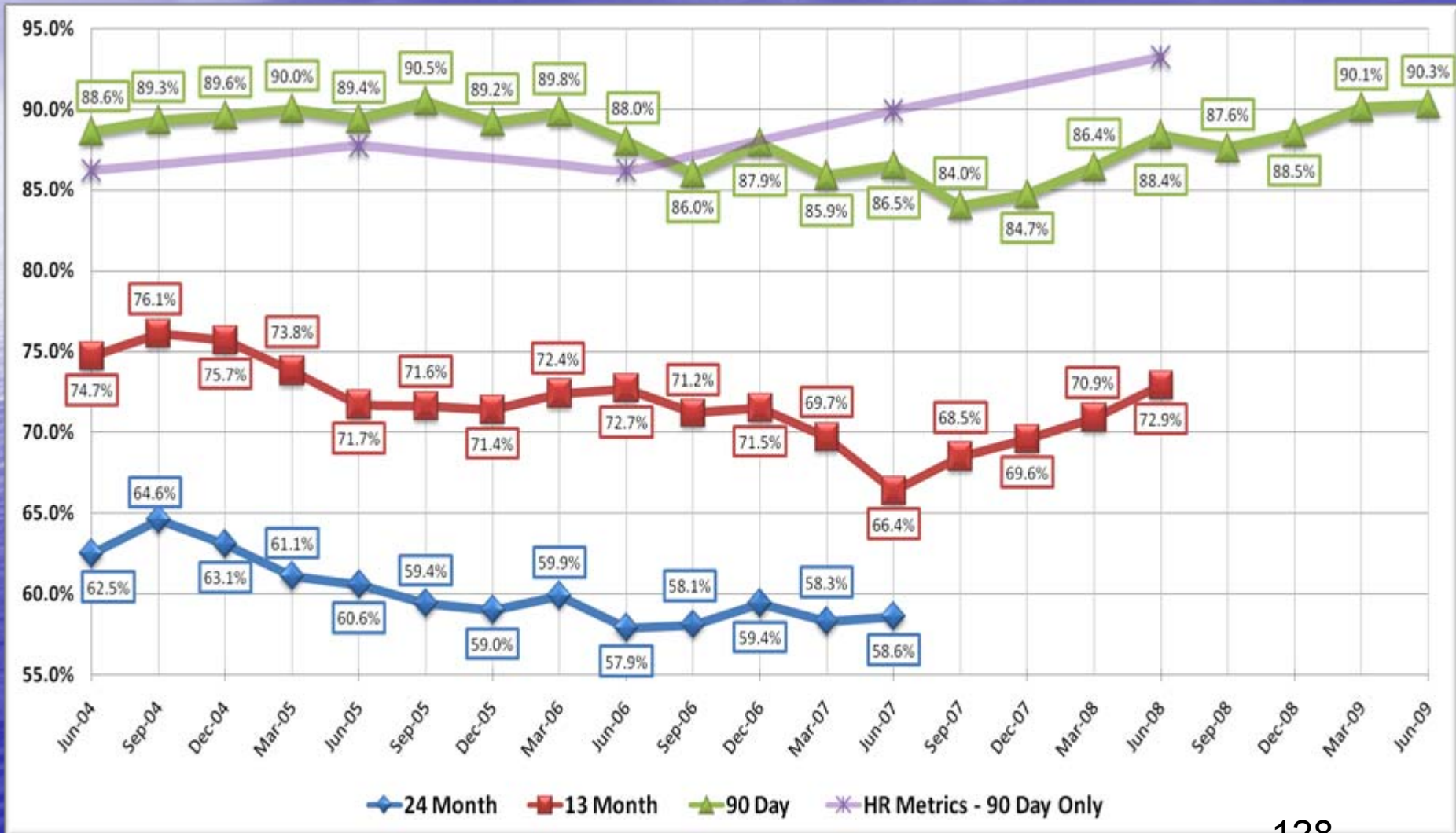
** Excludes Per Diem Status*
** Rolling 12 Months Reported Quarterly*
** Includes both Voluntary and Involuntary*

**Annualized Turnover Rates
PPH RN (Direct Patient Care) vs. CHA SoCal**



Retention

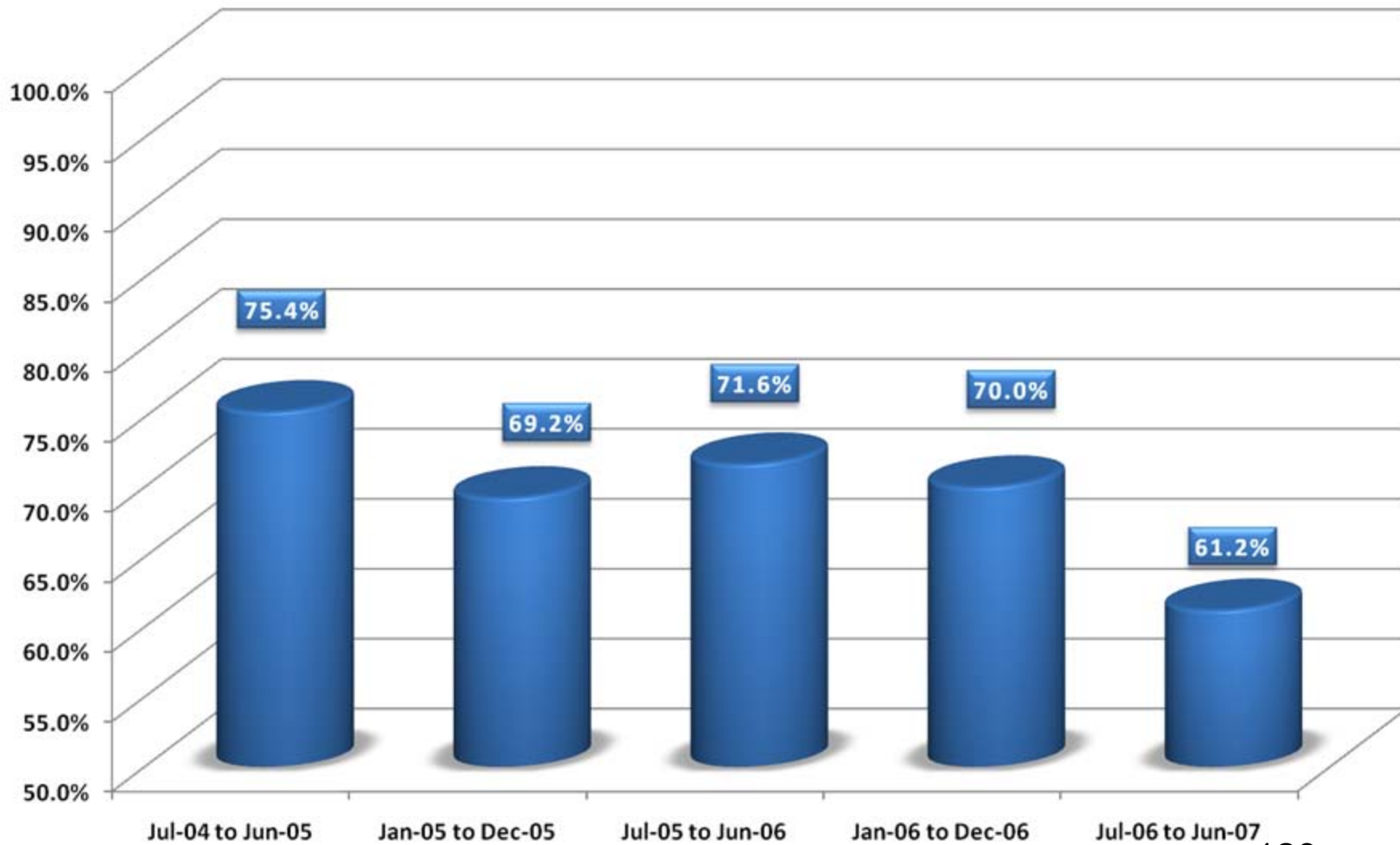
* Excludes Per Diem Status



Hires Retained for 24-months with a HIGH Performance Rating

Bi-Annual 12 Month Period

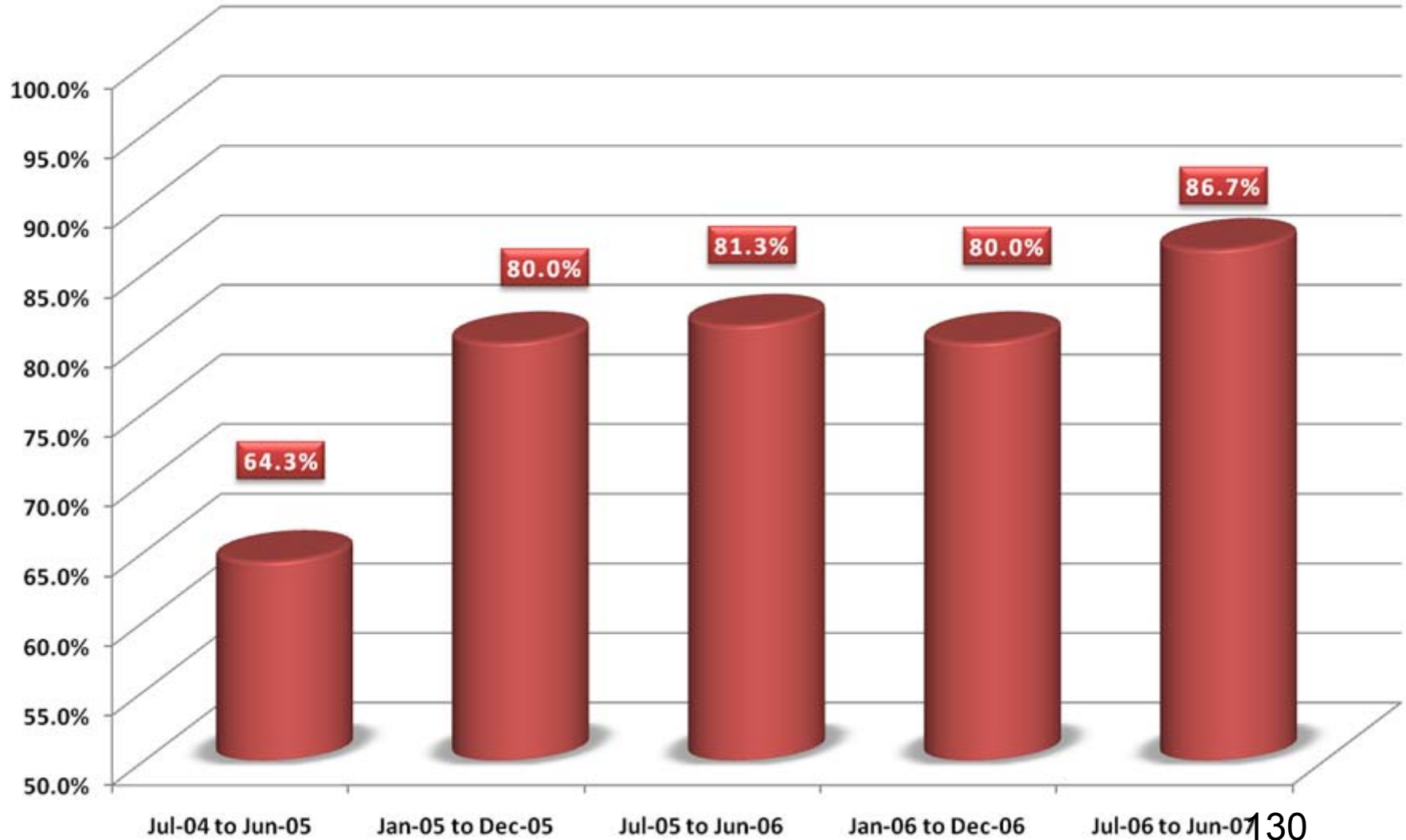
** Excludes Per Diem Status*



Hires Terminated within 24-months with a LOW Performance Rating

Bi-Annual 12 Month Period

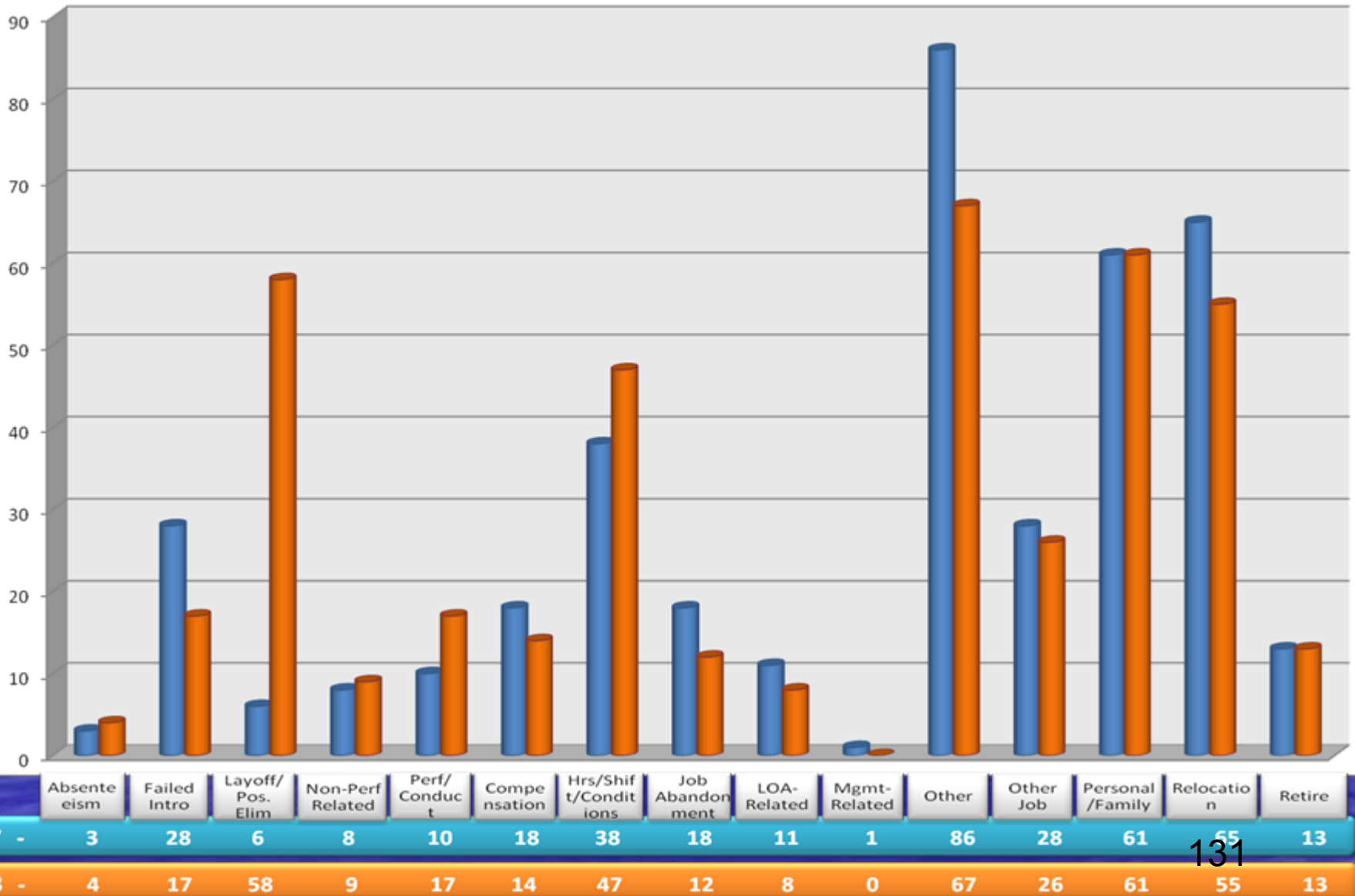
** Excludes Per Diem Status*



Terminated Employees by Reason

Calendar Year 2007 & 2008 Totals

* Excludes Per Diem Status



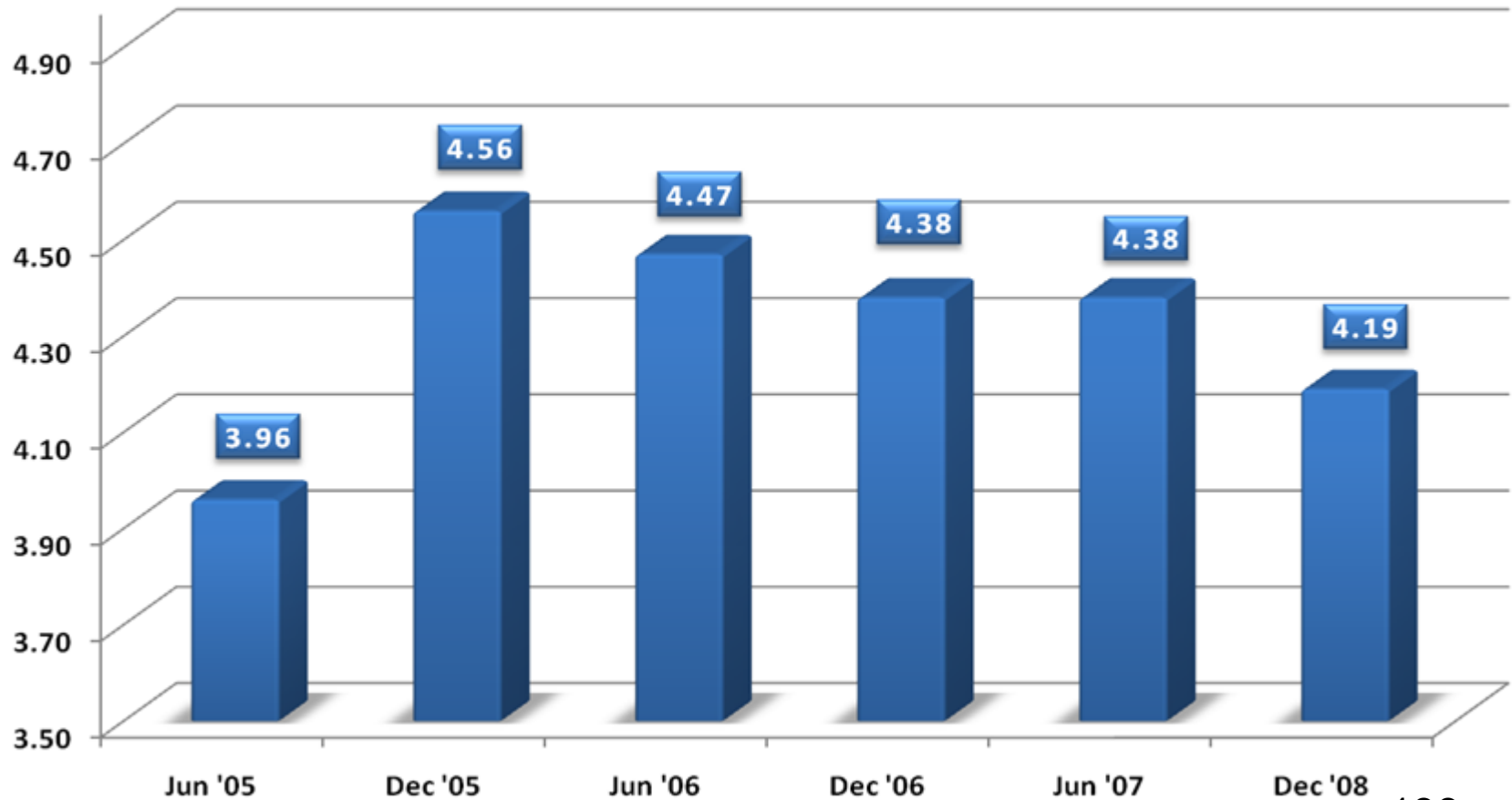
GROW THEM

- Improve education efforts (required training for educators, education council)
- Increase computer skills of staff
- Improve Medical Library
- Develop and implement a succession plan
- Re-design Management 101
- Implement new program of leadership development
- Develop management skills in employee relations

Employee Engagement Survey

- Includes All Employee Status'
- Next Survey will be conducted in Q3-2009

"Do I have an opportunity to learn and grow in my current position?"



Number of Internal Transfers

Reported by Calendar Year Annually

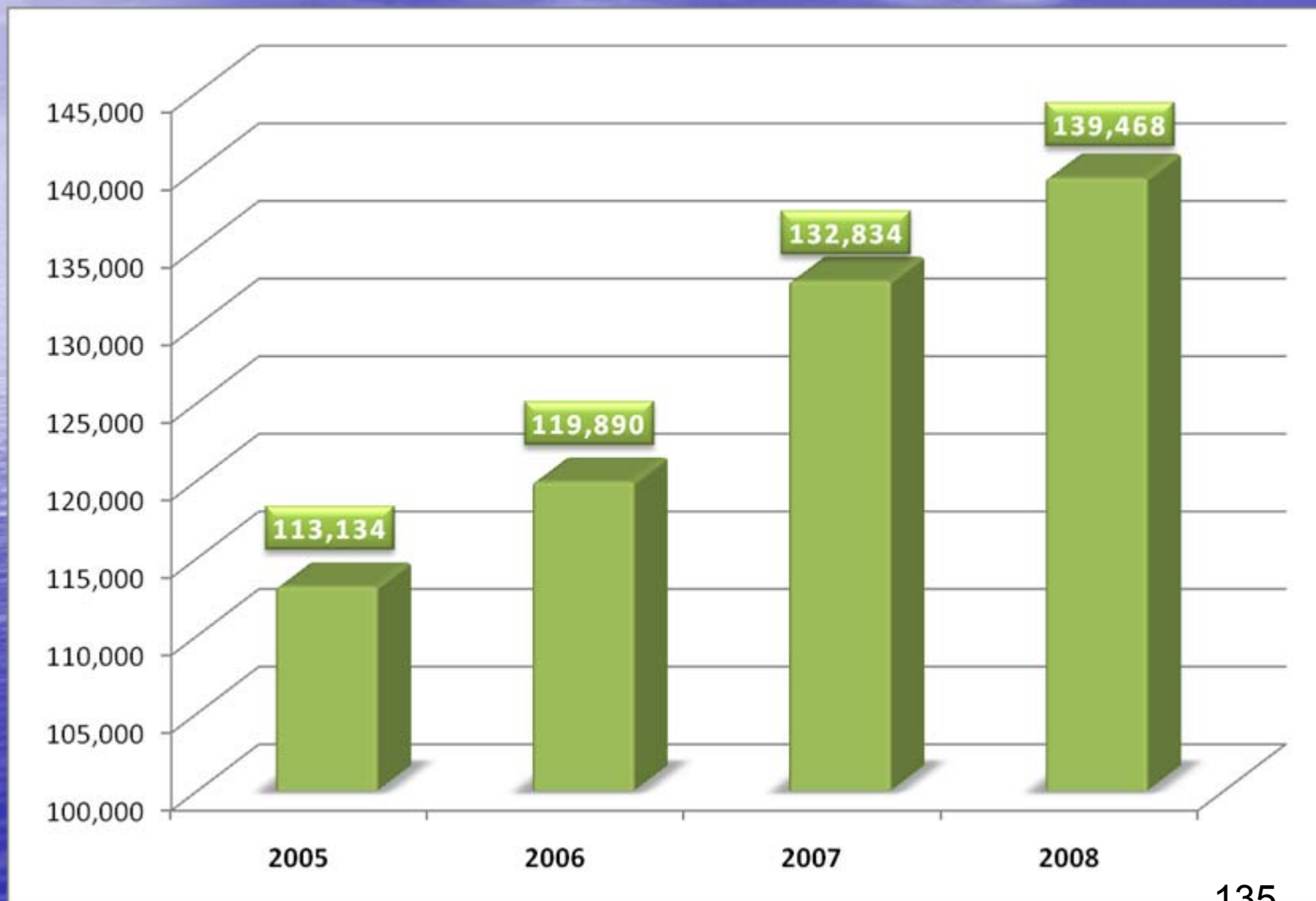
** Includes All Employee Status'*



Hours of Education

Reported by Calendar Year Annually

** Includes All Employee Status**



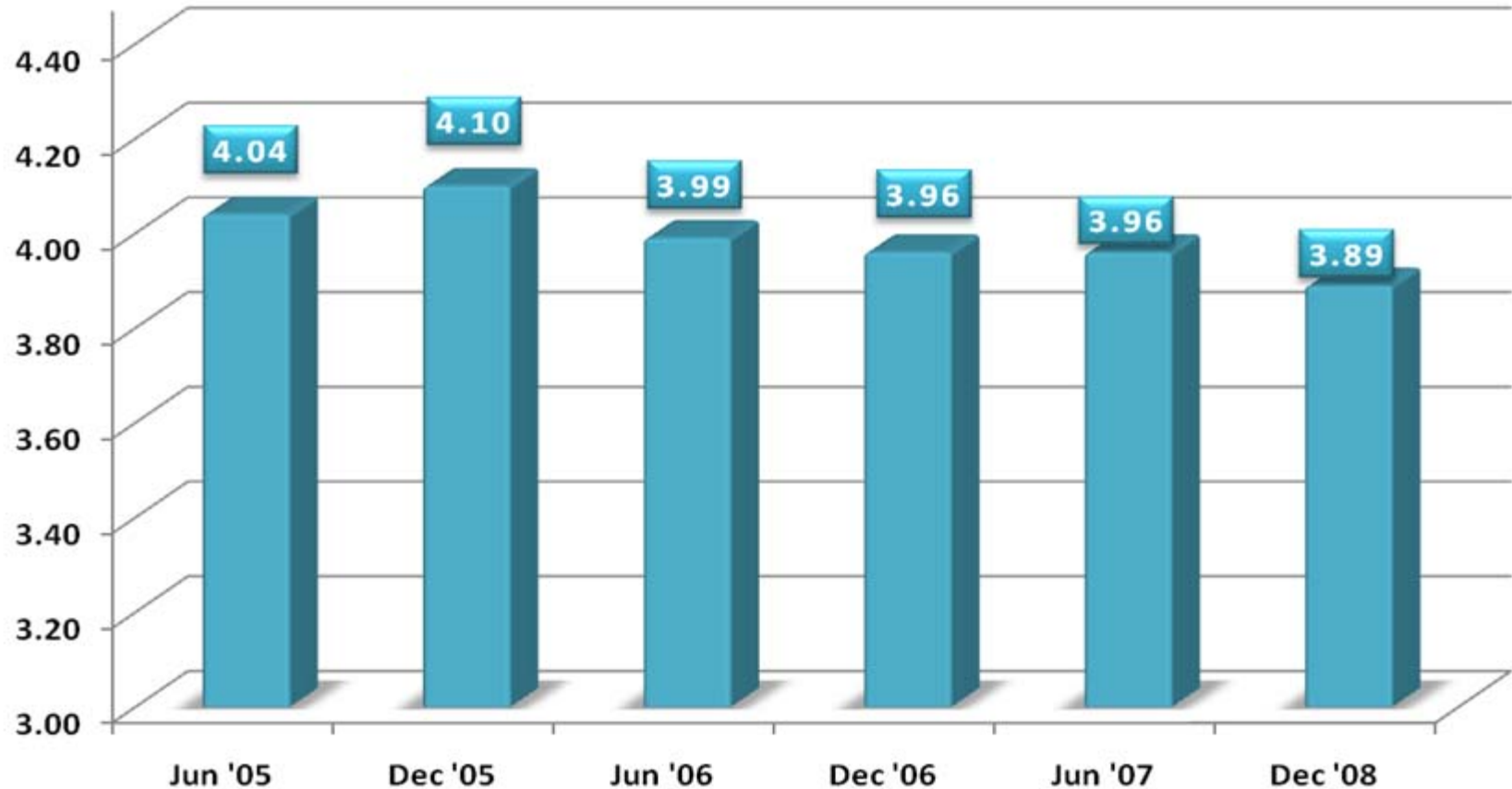
SUPPORT THEM

- Create/implement employee engagement survey in-house
- Increase staff satisfaction with goal of being “the best place to work”
- Implement operational tracers in HR
- Consolidate HR services
- Grow AHA center to include corporate clients and other sources of income

Employee Engagement Survey

- Includes All Employee Status'
- Next Survey will be conducted in Q3-2009

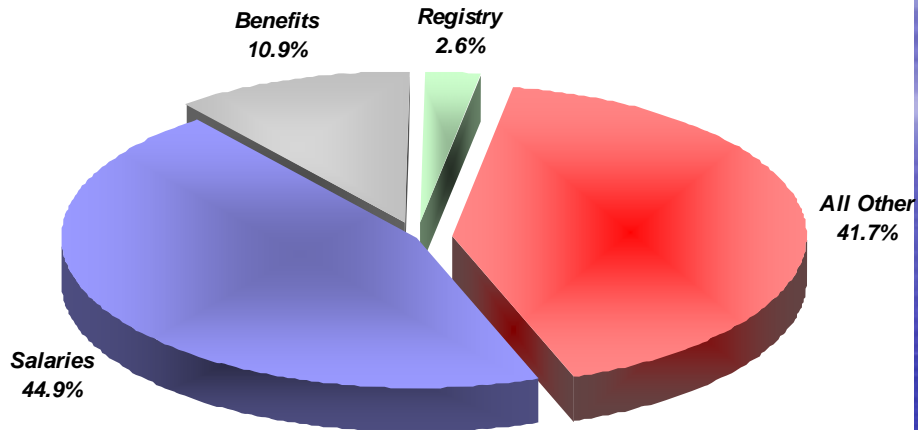
Overall Scores



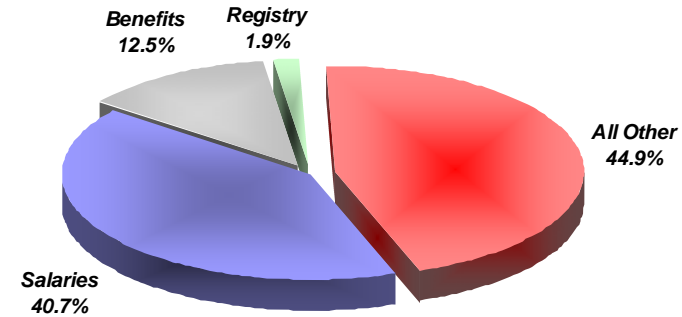
Benefits, Payroll and Registry Staff as a Percentage of Operating Costs

Fiscal Year 2008 thru Fiscal Year 2009

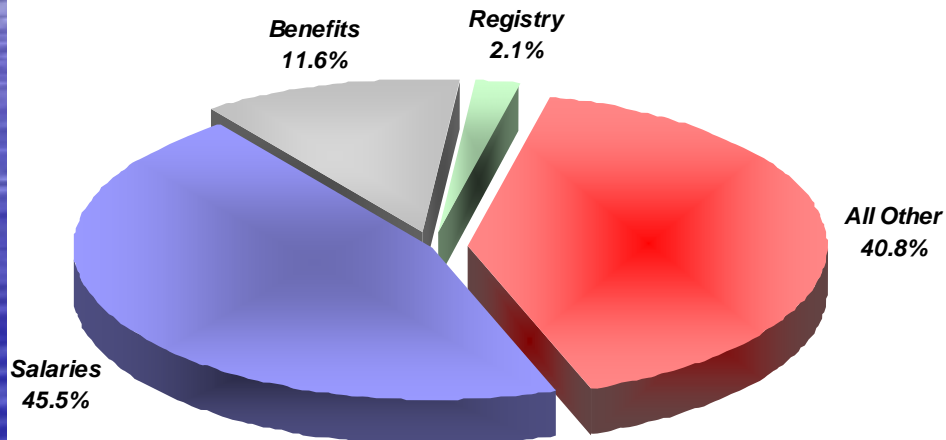
PPH FY08 (Jul'07-Jun'08)



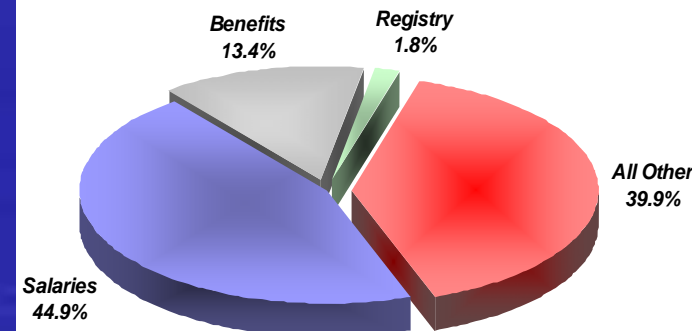
HR Metrics FY08 (2007 Report)



PPH FY 09 (Jul'08-Dec'08)



HR Metrics FY09 (2008 Report)



Informational: Retail Space Survey Results

TO: PPH Board of Directors

MEETING DATE: October 12, 2009

FROM: Human Resources Committee: September 16, 2009

BACKGROUND: PPH is exploring opportunities to partner with outside organizations that specialize in retail operations to design and complete the “Retail Space of the Future” at PMC West. The attached survey provides input from staff, physicians and other affiliated stakeholders regarding which retail and convenience services are most desired at PMC-West.

BUDGET IMPACT: Not Applicable

STAFF RECOMMENDATION: Information

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Retail Space Survey Results – September 2009

1. Please select your preferred retail coffee vendor from the choices provided below			
	<i>answered question</i>	391	
	<i>skipped question</i>	0	
		Response Percent	Response Count
Java City		27.1%	106
Seattle's Best		12.8%	50
Starbucks Coffee		60.1%	235

2. If provided with the option to rent videos (DVDs and/or Blue Ray Discs) by using only your debit/credit card, how often would you rent videos each week for a fee of only \$1.00 per evening?			
	<i>answered question</i>	391	
	<i>skipped question</i>	0	
		Response Percent	Response Count
0 times per week		40.7%	159
1-2 times per		49.4%	193

2. If provided with the option to rent videos (DVDs and/or Blue Ray Discs) by using only your debit/credit card, how often would you rent videos each week for a fee of only \$1.00 per evening?

week			
3-4 times per week		7.9%	31
5+ times per week		2.0%	8

3. Please rate your interest level in having groceries, health/beauty/personal care products, pet products and/or pharmacy items delivered to PMC-West for your convenience (at no charge and a price comparable to most major grocery retailers):

	answered question		391
	skipped question		0
		Response Percent	Response Count
Not Interested		23.8%	93
Somewhat Interested		14.6%	57
Neutral		16.1%	63
Interested		29.2%	114
Very Interested		16.4%	64

4. How likely would you or your family members be willing to purchase or use these respective services if available at PMC West?						
	<i>answered question</i>					391
	<i>skipped question</i>					0
	Not Very Likely	Not Likely	Neutral	Likely	Very Likely	Response Count
Audio Books (rentals)	37.9% (148)	14.3% (56)	17.9% (70)	22.5% (88)	7.4% (29)	391
Balloons	28.6% (112)	16.4% (64)	26.1% (102)	22.0% (86)	6.9% (27)	391
Books & Magazine	10.7% (42)	4.6% (18)	21.0% (82)	46.3% (181)	17.4% (68)	391
Candy	11.5% (45)	6.4% (25)	21.5% (84)	43.2% (169)	17.4% (68)	391
Coffee shop	4.3% (17)	2.6% (10)	13.0% (51)	44.8% (175)	35.3% (138)	391
Dry Cleaning Services (pick-up/delivery service)	28.4% (111)	15.6% (61)	26.3% (103)	21.7% (85)	7.9% (31)	391
Floral (flowers, bouquets)	10.5% (41)	9.5% (37)	26.9% (105)	38.1% (149)	15.1% (59)	391
Gift Cards (Albertsons/Best Buy/Home Depot)	12.5% (49)	7.4% (29)	26.6% (104)	36.6% (143)	16.9% (66)	391
Greeting Cards	5.6% (22)	2.3% (9)	18.2% (71)	46.3% (181)	27.6% (108)	391


4. How likely would you or your family members be willing to purchase or use these respective services if available at PMC West?						
Grocery Shopping Kiosks	16.6% (65)	11.5% (45)	26.6% (104)	32.5% (127)	12.8% (50)	391
Jewelry (silver rings, bracelets)	21.2% (83)	23.3% (91)	28.1% (110)	21.2% (83)	6.1% (24)	391
New Baby Merchandise	23.3% (91)	15.9% (62)	25.1% (98)	25.8% (101)	10.0% (39)	391
Night Gowns	33.0% (129)	21.5% (84)	26.6% (104)	14.3% (56)	4.6% (18)	391
Personal Care Items (lotion, deodorant)	14.8% (58)	11.8% (46)	24.0% (94)	36.1% (141)	13.3% (52)	391
Pharmacy Products (prescription/OTC meds/cough drops)	7.2% (28)	3.3% (13)	18.7% (73)	48.1% (188)	22.8% (89)	391
PPH Paraphernalia/Logo Items (shirts/hats/mugs/shot glasses/mouse pads)	18.4% (72)	15.9% (62)	29.9% (117)	26.1% (102)	9.7% (38)	391
Smoothie Shop	7.4% (29)	5.1% (20)	18.2% (71)	45.3% (177)	24.0% (94)	391
Toys & Games (Beanie Babies, balloons, stuffed animals, UNO)	19.4% (76)	16.1% (63)	28.9% (113)	26.1% (102)	9.5% (37)	391
U.S. Mail Service kiosk	5.9% (23)	2.0% (8)	12.5% (49)	43.7% (171)	35.8% (140)	391
Video Rental (DVD/Blue Ray)	21.0% (82)	11.0% (43)	21.0% (82)	33.0% (129)	14.1% (55)	391

4. How likely would you or your family members be willing to purchase or use these respective services if available at PMC West?						
Vitamin Center	24.3% (95)	13.6% (53)	29.4% (115)	22.5% (88)	10.2% (40)	391

5. Provided limited space allocated for retail development, please select your top ten (10) preferred services based on your likelihood to utilize these services.			
	<i>answered question</i>		381
	<i>skipped question</i>		10
		Response Percent	Response Count
Audio Books (rentals)		19.9%	76
Balloons		20.7%	79
Books & Magazine		64.8%	247
Candy		50.7%	193
Coffee shop		81.9%	312
Dry Cleaning Services (pick-up/delivery)		25.7%	98
Floral (flowers, bouquets)		48.6%	185
Gift Cards (Albertsons/Best Buy/Home Depot)		45.4%	173

5. Provided limited space allocated for retail development, please select your top ten (10) preferred services based on your likelihood to utilize these services.			
Greeting Cards		73.8%	281
Grocery Shopping Kiosks		39.4%	150
Jewelry (silver rings, bracelets)		16.8%	64
New Baby Merchandise		21.3%	81
Night Gowns		2.6%	10
Personal Care Items (lotion, deodorant)		52.8%	201
Pharmacy Products (prescription/OTC meds/cough drops)		77.7%	296
PPH Paraphernalia/Logo Items (shirts/hats/mugs/shot glasses/mouse pads)		28.1%	107
Smoothie Shop		64.3%	245
Toys & Games (Beanie Babies, balloons, stuffed animals, UNO)		21.3%	81
U.S. Postal Services Kiosk		80.6%	307

5. Provided limited space allocated for retail development, please select your top ten (10) preferred services based on your likelihood to utilize these services.			
Video Rental (DVD/Blue Ray)		40.7%	155
Vitamin Center		19.7%	75
 Show replies Other (please specify)			32

6. Are there any other services or products PPH should consider providing at the “Retail Space” of the Future? Other thoughts, comments or suggestions?		
	<i>answered question</i>	127
	<i>skipped question</i>	264
		Response Count
 Show replies		127

1.	I think it would greatly benefit and enhance all PPH employees if a 24 hr. type of fitness center were made available to them. Entry into the facility could be done by swiping their PPH badge. This would ensure cleanliness, as well as security of the facility. This could be offered as a free employee benefit, OR to stimulate the budget, an employee could pay a monthly or yearly due which could be set up thru pay deduction. Of course, it would have to be cheaper than the regular public centers, but overall, I believe it would be worth the time and money. It would boost health and morale. What employer wouldn't want a healthy, happy and cohesive team. Thank you.	Tue, Sep 1, 2009 10:55 AM
2.	scub shop :)	Fri, Aug 28, 2009 10:44 PM
3.	healthy food snack items when cafe closed, subway, panda express, soup/bread cart	Thu, Aug 27, 2009 11:53 AM
4.	It would be very helpful if these, at least most of them are available for the night shift staff to have access to them especially at the end of the shift.	Tue, Aug 25, 2009 11:51 PM
5.	uniform shop	Tue, Aug 25, 2009 8:39 AM
6.	Often we have patients/visitors with these needs. Currently, most of our services operate ONLY M-F biz hours. It would be nice to have weekend and night options ... pts don't just get sick during biz hours so visitors sometimes need services/supplies during off hours. Thinking of our new place as a "whole" pt care service team, what about a place for messages/other spa services? We want to care for the whole pt right!? Also, often visitors spend days on end here and it's hard to get them to take a break for themselves, if it wasn't that far, maybe they'd consider it!??	Sun, Aug 23, 2009 11:45 AM
7.	Please put in a gym ran by 24 hour fitness. The employees could use our	Fri, Aug 21,

	current membership there. This would be very helpful and would help promote a healthier work place.	2009 9:10 AM
8.	More food choices, hopefully OUTSIDE restaurants that would run small cafes on the campus. Or at least a MUCH bigger selection in our cafeteria. How about a copy center/fax center/Kinko's type shop where employees could do personal business during lunch?	Thu, Aug 20, 2009 3:57 PM
9.	Day Care.... Library.... Gym.... Fruit stand... Game Center... Ice Cream...	Wed, Aug 19, 2009 7:51 PM
10.	hair salon	Wed, Aug 19, 2009 7:45 PM
11.	I work night shift so I doubt that I WILL BE ABLE TO ACCESS MOST OF THESE.	Wed, Aug 19, 2009 7:17 AM
12.	gas station would be great!	Wed, Aug 19, 2009 4:20 AM
13.	Scrubs and uniform accessories	Tue, Aug 18, 2009 4:51 PM
14.	to have keys made?	Tue, Aug 18, 2009 11:32 AM
15.	If we offer gift cards, we should include Baby's R' Us or Target.	Tue, Aug 18, 2009 8:16 AM
16.	Car wash while you work	Mon, Aug 17, 2009 3:13 PM

17.	fast food resturant	Mon, Aug 17, 2009 5:39 AM
18.	NO...but it would be nice to have an area for PPH breast feeding mom's to pump breast milk while they are at work! This has been an issue finding a private spot!	Sun, Aug 16, 2009 5:57 PM
19.	Have a redbox for videos at each hospital.	Sun, Aug 16, 2009 2:37 PM
20.	fast food ie McDonalds	Sun, Aug 16, 2009 12:28 PM
21.	NONE	Sun, Aug 16, 2009 3:24 AM
22.	Have been to other hopitals where they have bakerys etc. such as Main floor @ Hopital in Danbury Ct. Great place.	Sat, Aug 15, 2009 5:24 PM
23.	no	Sat, Aug 15, 2009 7:23 AM
24.	Free Wi-Fi Internet Access for personal laptops	Fri, Aug 14, 2009 3:28 PM
25.	Lists of BBB and other service providers: plumbers, electricians, yard clean up, babysitters, etc.	Fri, Aug 14, 2009 12:13 PM
26.	Possible concierge services to assist with travel, local events, or attractions for families and ee's	Fri, Aug 14, 2009 10:47 AM

27.	hamburger stand	Fri, Aug 14, 2009 9:22 AM
28.	Don't have the coffee shop and gift shop we one unit. It makes the wait time unacceptable.	Fri, Aug 14, 2009 8:22 AM
29.	FITNESS CENTER	Fri, Aug 14, 2009 5:36 AM
30.	IHOP FOOD/ JACK-In the BOX or something like that for night shift especially.	Fri, Aug 14, 2009 3:22 AM
31.	shuttles to bus station and downtown for family members and patients.	Thu, Aug 13, 2009 8:03 PM
32.	how bout a child care center, to cut down on absences of employees	Thu, Aug 13, 2009 1:33 PM
33.	a service for child and pet care, while you are a work.	Thu, Aug 13, 2009 12:34 PM
34.	Disposable cameras if they don't already have them. The patients would like wi fi internet services so they can stay connected and send photos via email to family friends of their new baby.	Thu, Aug 13, 2009 11:15 AM
35.	Valet parking.	Thu, Aug 13, 2009 10:57 AM
36.	at least opoen 7 days a week. thank you	Thu, Aug 13, 2009 10:10 AM

37.	I would utilize many of these services if they did not have inflated prices. An example: a dozen long stem roses at vons is \$9.99. 3 carnations in a small container in our gift shop was \$7.99. I would love to have access to grocery facilities but won't pay double to do it.	Thu, Aug 13, 2009 9:54 AM
38.	A pastry shop, or a small baked good shop	Thu, Aug 13, 2009 8:12 AM
39.	healthy food and salad bar that is reasonable in cost. a salad bar like at sizzler.	Thu, Aug 13, 2009 6:50 AM
40.	I would love to have more options to have quick meals or meals you can order and have ready for lunch time ie., panera, mexican food, burger king, chiles, fillipis etc.	Thu, Aug 13, 2009 6:14 AM
41.	McDonalds or Burger King	Thu, Aug 13, 2009 5:53 AM
42.	The Health Care Facility of the future should have an employee gym public gym what better way to show the community we must take care of ourselves first before we can take care of others	Thu, Aug 13, 2009 12:59 AM
43.	subway or other food vendors	Thu, Aug 13, 2009 12:17 AM
44.	a large vending area and lounge for those who need to get off the unit, visitors that is. a cart of varioous items that could go tothe units for the patients.	Wed, Aug 12, 2009 11:00 PM
45.	I Answered #1 because I HAD to. I DO NOT drink coffee AT ALL !!!!!	Wed, Aug 12, 2009 9:27 PM
46.	better vending machines for night shift that have fresh food, fruit, etc	Wed, Aug 12, 2009 8:56

47.	Services available in community according to needs	PM Wed, Aug 12, 2009 1:18 PM
48.	none	Wed, Aug 12, 2009 1:05 PM
49.	Items that patients might need such as Medical equipment (smaller items.)	Wed, Aug 12, 2009 12:52 PM
50.	Cloth diapers...cost saving, environmentally superior	Wed, Aug 12, 2009 12:09 PM

51.	exercise/workout area	Wed, Aug 12, 2009 12:05 PM
52.	Baby sitting services	Wed, Aug 12, 2009 11:57 AM
53.	Healthy "fast food" ie Jamba juice, Panera Bread	Wed, Aug 12, 2009 10:02 AM
54.	My use of these items would differ if I were a patient or family member of a patient, vs. a general patron of these sorts of services	Wed, Aug 12, 2009 9:35 AM
55.	how about a gym!!!!!!!!!!!!	Wed, Aug 12, 2009 9:20 AM
56.	Spa services	Wed, Aug 12, 2009 4:43 AM

57.	no	Wed, Aug 12, 2009 4:08 AM
58.	organic juice bar	Tue, Aug 11, 2009 9:23 PM
59.	none	Tue, Aug 11, 2009 9:18 PM
60.	Child care should be provided for employees. Parents could stop off and see the children during lunch or break time.	Tue, Aug 11, 2009 9:02 PM
61.	newspaper stand for patients flavored creamers for coffee	Tue, Aug 11, 2009 5:15 PM
62.	restauant that is alittle better then cafiteria different food maybe	Tue, Aug 11, 2009 5:03 PM
63.	definitel would like to see some OTC pharmacy products and some grocery items (milk. oj, bread..)	Tue, Aug 11, 2009 4:47 PM
64.	Why are new baby items being considered when the Birth Center will remain at the old hospital?	Tue, Aug 11, 2009 4:16 PM
65.	Spa/Hair Saloon	Tue, Aug 11, 2009 4:13 PM
66.	any snack bar that operates after cafeteria closes @7pm, In my observation when I'm dining here in our cafeteria and closes it exactly @7pm, guest are irritated, annoyed, frustrated when they see it's closed. At least if there is another snack bar they can go to they will be happy. My suggestion is when cafeteria closes snack bar should open from 7pm-11pm.	Tue, Aug 11, 2009 3:59 PM
67.	I will be staying at the old hospital so I probably won't buy anything at the new hospital	Tue, Aug 11, 2009 3:43 PM
68.	Reconition plaques or signs	Tue, Aug 11, 2009 3:16 PM
69.	nice unique gift items	Tue, Aug 11, 2009 2:59 PM
70.	personell size hygeine, better selections, on call notary for advance directives. Fresh fruit, diet cokes not pepsi, sugar free snack alternatives, pillow cases make it personalized pillow cases, dry hair wash scented choices are important, for our patients, upgrade on flower vases.	Tue, Aug 11, 2009 2:44 PM

71.	fast food shop	Tue, Aug 11, 2009 2:21 PM
72.	Gift cards for restaurants in the area i.e. Olive Garden, Chiles, Filippi's	Tue, Aug 11, 2009 2:10 PM
73.	day care	Tue, Aug 11, 2009 1:38 PM
74.	Best ideas are coffee (Starbucks), food service restaurant/drink spot (Smoothie place, Subway/Panera bread, candy/chocolate spot (sees, sweetfactory-which could also have stuffed animals/balloons/cards). Maybe even a CVS pharmacy for greeting cards, personal care items, perscriptions)	Tue, Aug 11, 2009 1:02 PM
75.	All of the services offered are terrific if you work there. My answers would be much different if I were there more frequently.	Tue, Aug 11, 2009 12:38 PM
76.	Feminine products	Tue, Aug 11, 2009 12:26 PM
77.	ORGANIC Food, locally grown produce and flowers (SeaBreeze farm could provide), partnering with local organic farm like Stone Brewery's partnership with the CSA on Fridays	Tue, Aug 11, 2009 12:22 PM
78.	these suggested items are nice but what is the time frame, not very applicable to night shift I would imagine...and would there be some discount to employees, if not doubtful as can purchase on the outside altho this may be more accesible as to location. Needs to be in an area that could be frequented by staff as well as visitors: where both could pass by on way in/out of hospital/facility if have to go to another area and staff park in the rear of facility not very condusive to staff. This came out sort of late for mych input.	Tue, Aug 11, 2009 12:11 PM
79.	CHILDCARE for employees!!! Forget the retail space.. spend your efforts in creating a service that would benefit many employees. Employees don't come to work to shop.	Tue, Aug 11, 2009 11:56 AM
80.	How about a 24 hour fitness center	Tue, Aug 11, 2009 11:54 AM
81.	It would be nice to offer yoga, walking and exercise ball class for employees to take advantage of after work.	Tue, Aug 11, 2009 11:39 AM
82.	1) Hollistic and wellness retail items 2) Chair massage services and any services aimed at reducing stress and fatigue 3) Innovative vending machines (Apple currently has vending machines that sell IPODs) 4) Feature works of local artisans' (art/gifts for patients or visitors)	Tue, Aug 11, 2009 11:26 AM

83.	baked goods	Tue, Aug 11, 2009 11:11 AM
84.	Need ordering from website capabilities	Tue, Aug 11, 2009 11:11 AM
85.	Perhaps an inhouse "gourmet sandwich" shop - not fast food, but a place where staff could get a decent variety of gourmet sandwiches/food with a 'Mom and Pop' home/friendly atmosphere. Who would we contact about discussing this if we knew of some vendors that would be good candidates?	Tue, Aug 11, 2009 11:02 AM
86.	Food Court, and take out Gourmet Meals	Tue, Aug 11, 2009 11:01 AM
87.	frozen yogurt!!!!!! would sell like mad!	Tue, Aug 11, 2009 10:43 AM
88.	Child Care	Tue, Aug 11, 2009 10:28 AM
89.	On-line order kiosk....	Tue, Aug 11, 2009 10:11 AM
90.	UPS or other shipping service in addition to USPS Gifts suitable for employees, wrapping paper, etc. for birthdays, anniversaries.	Tue, Aug 11, 2009 10:03 AM
91.	Massage and Physical Therapy for employees @ a discount and to the public	Tue, Aug 11, 2009 9:44 AM
92.	Bank	Tue, Aug 11, 2009 9:43 AM
93.	Fast food Subway or Submarina	Tue, Aug 11, 2009 9:42 AM
94.	Perhaps a daycare (4 hour max) for families visiting patients.	Tue, Aug 11, 2009 9:35 AM
95.	CDs	Mon, Aug 10, 2009

		7:51 PM
96.	Banking	Mon, Aug 10, 2009 7:46 PM
97.	BREASTFEEDING SUPPLIES	Mon, Aug 10, 2009 7:22 PM
98.	submaria sandwich shop	Mon, Aug 10, 2009 7:15 PM
99.	Apple computer store	Mon, Aug 10, 2009 6:39 PM
100.	I do not work or live near PAL-west, this is the only reason I would not be likely to use many of the services. If I did my answers would be very different.	Mon, Aug 10, 2009 6:31 PM

101.	I strongly suggest a small grocery item selection. Common items like milk, bread, etc. are great things to have on hand for staff to "grab and go" when they are going home. This is a great convenience to those working a 12+ hour shift so that they don't have to make a secondary stop at a grocery store.	Mon, Aug 10, 2009 6:28 PM
102.	24 hr taco shop	Mon, Aug 10, 2009 6:01 PM
103.	Notary public service.	Mon, Aug 10, 2009 5:59 PM
104.	how about one of this: macdonald, hotdog express, subway, quiznos, or panda express.	Mon, Aug 10, 2009 5:45 PM
105.	What about a fitness center perhaps not run by PPH but that could be used by PPH employees and families at a reasonable charge/month open around hours so everyone could use it either before or after work with showers etc.	Mon, Aug 10, 2009 5:41 PM
106.	Rental of electronic devices to be used during loved one's hospitalization (computer, I-pod with docking station)	Mon, Aug 10, 2009 5:34 PM
107.	Round Table Pizza, In and Out Burger or Fat Burger, Jamba Juice, we need restaurants	Mon, Aug 10, 2009 5:33 PM
108.	A deli serving fresh food! i.e. Submarina!	Mon, Aug 10, 2009

		5:32 PM
109.	A subway or some sandwich place that sells "healthy" sandwiches with delivery service to the floor for nurses who are often too busy to leave.	Mon, Aug 10, 2009 5:30 PM
110.	no	Mon, Aug 10, 2009 5:20 PM
111.	"Redbox" DVD rentals	Mon, Aug 10, 2009 5:03 PM
112.	Healthy food options, sandwiches & etc	Mon, Aug 10, 2009 5:03 PM
113.	n/a	Mon, Aug 10, 2009 5:03 PM
114.	Perhaps consider things like batteries, accessories for Ipods, cell phones (chargers), and the kind of things someone may need associated with electronics of the future.	Mon, Aug 10, 2009 5:01 PM
115.	Childcare on site	Mon, Aug 10, 2009 4:58 PM
116.	None	Mon, Aug 10, 2009 4:57 PM
117.	a fast food restaurant, area for family members to view sports. a place for people to set and read.	Mon, Aug 10, 2009 4:54 PM
118.	breastfeeding supplies games for people stuck in bed - puzzles, cards music CD CD player	Mon, Aug 10, 2009 4:51 PM
119.	I like to stop by and pick up nice gifts. Maybe some nice lotions and soaps. Perhaps blanket throws-nice.	Mon, Aug 10, 2009 4:48 PM
120.	NONE	Mon, Aug 10, 2009 4:48 PM
121.	This is difficult to discuss since I only work in Poway and would be visiting sick friends or relatives at PMC west	Mon, Aug 10, 2009 4:46 PM
122.	Medical products for patients on discharge i.e. dressing changes, bandages, tape, gauze, etc	Mon, Aug 10, 2009 4:41 PM

123.	Upgrade the payroll system to allow employee's to use their badges at the point of sale. Purchases deducted from their payroll check.	Mon, Aug 10, 2009 4:40 PM
124.	Massage	Mon, Aug 10, 2009 4:40 PM
125.	I am a Pomerado employee	Mon, Aug 10, 2009 4:38 PM
126.	This would be great to have in place.	Mon, Aug 10, 2009 4:37 PM
127.	have photos printed	Mon, Aug 10, 2009 4:35 PM

PPH Board Subcommittee Activity Summary

September 15, 2009

Internal Audit Committee

ACTION ITEMS:

- Ms. Sarti, Ms. Knutson, and Mr. Boyle to provide at the next Board Committee Meeting a presentation on their triage methods where Audit, Compliance, and Legal are involved together. **This has been postponed to the October 20, 2009, meeting.**

INFORMATION ITEMS:

- **Welcome / Introductions:** for Senior Compliance Auditor, Tammy Boring, was given.
- **Report on the Overview of the Internal Audit Function** was given.
- **Report on the Red Flag Plan** was given with request for a motion to approve.

MOTIONED ITEMS:

- **Red Flag Plan** was approved.

PPH Board Subcommittee Activity Summary

September 15, 2009

Governance Committee

ACTION ITEMS:

INFORMATION ITEMS:

- **Conflict of Interest Code:** was reviewed
- **Inspection of Public Records:** was reviewed
- **Membership of Organizations and Board Representatives** was reviewed
- **Correspondence to or from Board Members** was reviewed
- **Recording of Governing Board Meetings** was reviewed
- **PPH Credit Cards** was reviewed
- **Political Activities on PPH Property** was reviewed
- **Opening Ceremony for Board Meetings** was reviewed
- **Media Relations** was reviewed
- **Health and Life Insurance for Board Members** was reviewed
- **Developing Guidelines for Joint Meetings** was reviewed

Synopsis of HR Committee Meeting 9-16-09

Informational: Retail Space Survey Results

Stonish Pierce, Manager Clinical Outreach Services

1. Stonish Pierce provided a brief overview of the survey included in the meeting packet. As a partner with Albertsons, some concierge services are readily available.
2. Survey results included in the HR Committee informational packet
3. N. Bassett would like to see a combined likely and very likely sequence report.
4. T. Kleiter noted that Palomar West and Pomerado are fairly well isolated and retail opportunities at these sites should not be an issue.
5. G. Bracht suggested surveying our visitors now that we have employee input. He suspects Internet access would be one of the top requests.
 - a. S. Pierce suggested including a survey in the health source, tents in patient rooms, etc.
 - b. S. Pierce to work with the PPH discharge people for their input on approaching visitors.
 - c. Also suggested is feedback to PPH employees for their survey responses.
6. N. Bassett suggested including a line for employees who might have other suggestions to respond.

Informational: Board Member Benefits –

Brenda Turner, Chief Human Resources Officer

1. B. Turner presented the Quarterly HR Report:
Initiatives 4 categories: get them, keep them, grow them, support them
2. A copy of the presentation is included in the HR Informational packet

Informational: Board Member Benefits –

Brenda Turner, Chief Human Resources Officer

1. Discussion at past meetings noted that benefits are covered at PPH cost for past Board Members (spouse and dependents) who served at least three terms.
2. The issue is when this benefit kicks in and if it continues for life.
3. N. Bassett wanted to be sure dental and vision is included.
4. N. Bassett asked for discussion of inclusion of long term care once the term ends. At the present time Board members are eligible for Long Term Care, Legal and one of the three AFLAC plans.
 - a. M. Covert suggested looking at figures for this.
 - b. Because the long term care policies are individually rated, Brenda will need to speak with the Board Members.
5. J. Kaufman noted that the Governance Committee is reviewing the Health Care Plan Policy. Policy will come to HR Committee once Governance has completed its review.

MEMORANDUM

TO: Nicole Dennis, Executive Assistant to the Board
FROM: Tanya Howell, Assistant to the Board Finance Committee
DATE: October 1, 2009
RE: Board Finance Committee – SEPTEMBER 29, 2009, MEETING SUMMARY

INFORMATION ITEMS:

- **Proposition 1A Securitization Program:** Bob Hemker reported that the State will borrow 8% of all unsecured property taxes from county and local agencies, to be repaid with 2% interest in the year 2013. Under Prop 1A, county and local agencies may opt to join a Joint Powers Authority (JPA), which would issue bonds in an amount that would provide the borrowed taxes to the agencies now, with the State to pay both issuance costs and interest on the bonds. Before finalizing a decision on whether to recommend that the District join the JPA, Management is awaiting the Governor's signature on a bill that would require that all transactions be completed before the end of 2009. If that bill is not signed into law, the use of the JPA would no longer be a viable solution. A further update on the status of the Prop 1A recommendation will be provided at the Special Board meeting in October.
- **Status Update on Revenue Bond Issue & Plan of Finance:** Bob Hemker made a presentation regarding the status of the Revenue Bonds to be issued later this year. Included were an update on current market conditions and the timeline for execution of the bonds. Consideration is still being given to the use of Build America Bonds (BABs) as part of the issuance instruments, so an overview of that new financing alternative was also provided. In order to meet the execution timeline, the October 27, 2009, meeting of the Board Finance Committee will begin as a Special Board Meeting and will adjourn to the regular Board Finance Committee meeting. Management's recommendations regarding issuance instruments will be presented at that time.

ACTION ITEMS:

Physician Agreements:

- **Jeffrey Rosenberg, MD – Chair – Medical Staff Peer Review Committee – PMC:** Recommended approval of the 15-month [September 1, 2009 to December 31, 2010] Agreement.
- **Paras Shah, MD – Emergency On-Call Agreement – Ophthalmology – POM:** Recommended approval of the one-year [August 1, 2009 to July 31, 2010] Agreement.

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- **Sudabeh Moein, MD – Emergency On-Call Agreement Extension – Obstetrics & Gynecology – POM:** Recommended approval of the two-year extension **[November 1, 2009 to October 31, 2011]** to the current Agreement.
 - **Michael S. Raffii, MD – Medical Director – Neurology – PMC:** Recommended approval of the one-year **[October 1, 2009 to September 30, 2010]** Medical Director Agreement.

Board Program Review Schedule: A list of programs, initiatives and services approved by the Board over the past year—including the dates on which they would be due for review—was presented. It was noted that dates listed as “due for review” would not necessarily mean that updates were available and/or appropriate. It was also suggested that any programs due for review at the October Board Finance Committee meeting would be postponed at least until the December 8, 2009, meeting, due to the already full Special Board meeting agenda in October. The programs listed were approved by the Board Finance Committee. Chairman Kleiter further requested that the schedule be forwarded to the Board for review, along with a request for input from the Board regarding any programs that were not on the list that warranted financial review at Board Finance. Upon receipt of those additions, a final schedule is to be compiled and distributed to all Board members to afford an opportunity for those who do not sit on Board Finance to attend as guests any meetings at which programs in which they have an interest will be presented.

August 2009 and YTD FY2010 Financial Report: Utilizing the standard Financial Reporting Packet, reviewed and recommended approval of the August 2009 and YTD FY2010 financial performance, which reflected a \$4.98 million bottom line net income YTD, which is \$617 thousand greater than last year.