

PALOMAR

| UC San Diego Health

Palomar UCSD Health Authority Board of Directors Meeting

Agenda Packet

October 1, 2026

PALOMAR

| UC San Diego Health

Palomar UCSD Health Authority Board of Directors

Pauline Gourdie
Board Chair

Margarita Baggett, RN, MSN
Board Vice Chair

John M. Carethers, MD, MACP, FAACR
Board Director

Z. Jeff Daskalakis, MD, PhD, FRCP(C)
Board Director

John Whitham
Board Director

Charlene Zettel
Board Director

Posted
Monday,
September, 28, 2026

AMENDED
Wednesday,
September, 30, 2026

PALOMAR

UC San Diego Health

**PALOMAR UCSD HEALTH AUTHORITY
BOARD OF DIRECTORS MEETING
Agenda**

**Thursday, October 1, 2026
3:00 p.m.**

Please see page 3 of agenda for meeting location

	<i>The Board may take action on any of the items listed below, including items specifically labeled “Informational Only”</i>			Time	Target
Call To Order					3:00
I.	Establishment of Quorum			1	3:01
II.	Public Comments ¹			30	3:31
III.	Presentation – Palomar Time Capsule Item(s)			10	3:41
IV	2026 Safety Culture Survey			10	3:51
V.	Approval of Minutes (ADD A)			4	3:55
	Agenda Item	Committee/ Department	Action		
	A. Board of Directors Meeting Minutes: Tuesday, August 4, 2026 (Pp 6-17)	Board of Directors	Review/ Approve		
	B. Board of Directors Special Session Meeting Minutes: Tuesday, September 8, 2026 (Pp 18-23)				
VI.	Adjourn to Closed Session				
	A. Pursuant to California Government Code § 54956.9(d)(2)—CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION—Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: One (1) potential case			10	4:05
	B. Pursuant to California Government Code § 54956.9 — CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION—Case name(s) unspecified because disclosure would jeopardize existing settlement negotiations or result in other prejudice to the position			5	
VII.	Re-Adjourn to Open Session			1	4:06
VIII.	Action Resulting from Closed Session – if any			1	4:07

IX.	Approval of Agenda to accept the Consent Items as listed (ADD B)			13	4:20
	A. Palomar UC San Diego Health Medical Center Escondido Medical Staff Credentialing and Reappointments (Pp 25-27)				
	B. Palomar UC San Diego Health Medical Center Poway Medical Staff Credentialing and Reappointments (Pp 28-32)				
	C. Palomar UC San Diego Health Medical Center Poway Revised Department of Medicine Rules and Regulations (Redline Pp 33-44; Clean Pp 45-56)				
X.	Administration Reports – Informational Only				
	A. Chief Executive Officer, Palomar UCSD Health Authority – Diane Hansen			5	4:25
	B. Chief Executive Officer, UC San Diego Health – Patty Maysent			5	4:30
	C. Board Chair – Pauline Gourdie			5	4:35
XI.	Approval of Bylaws, Charters, Resolutions and Other Actions (ADD C)			74	4:49
	Agenda Item	Committee/ Department	Action		
	A. Policy: Disruption of Telephonic or Internet Service Occurring During Open and Public Meetings of the Palomar UCSD Health Authority Board of Directors (Pp 58)	Board of Directors	Review/ Approve		
	B. Resolution: Acknowledging and Approving the Appointment of the Chief Financial Officer (Pp 59-60)	Board of Directors	Review/ Approve		
	C. Resolution: Adopting the Certificate of Incumbency (Pp 61-63)	Board of Directors	Review/ Approve		
	D. YTD FY2027 and July 2026 Financials (Pp 64-76)	Board of Directors	Review/ Approve		
XII.	Medical Staff Reports – Informational Only				
	A. Chief of Staff, Palomar UC San Diego Medical Center Poway Mark Goldsworthy, MD			5	4:54
	B. Chief of Staff, Palomar UC San Diego Medical Center Escondido Andrew Nguyen, MD			5	4:59
Final Adjournment					5:00

NOTE: If you need special assistance to participate in the meeting, please call 760.740.6375 with requests 48 hours prior to the event, so we may provide reasonable accommodations.

¹ 3 minutes allowed per speaker.

Palomar UCSD Health Authority Board of Directors Meeting Location Options

**2185 Citracado Parkway, 1st Floor Conference Room
Escondido, CA 92029**

- **Board Members of the Palomar UCSD Health Authority Board of Directors will attend at this location, unless otherwise noticed below**
- **Non-Board member attendees, and members of the public may also attend at this location**

8080 North Central Expressway, Ste 1700, Dallas, TX 75206

550 Alumni Ln, Davis, CA 95616

<https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

Meeting ID: 235 040 649 978 606

Passcode: FQ9T7Cs3

or

Dial in using your phone at 929.352.2216; Access Code: 151 995 795#¹

- **Non-Board member attendees, and members of the public may also attend the meeting virtually utilizing the above link**

New to Microsoft Teams? Get the app now and be ready when your first meeting starts: [Download Teams](#)

PALOMAR

UC San Diego Health

Palomar UCSD Health Authority Board of Directors Meeting

Meeting will begin at 3:00 p.m.



Request for Public Comments

If you would like to make a public comment, submit your request by doing the following:

- **In Person: Submit a Public Comment Form, or verbally submit a request, to the Board Clerk**
- **Virtual: Enter your name and “Public Comment” in the chat function**

Those who submit a request will be called on during the Public Comments section and given 3 minutes to speak.

Public Comments Process

Pursuant to the Brown Act, the Board of Directors can only take action on items listed on the posted agenda. To ensure comments from the public can be made, there is a 30 minute public comments period at the beginning of the meeting. Each speaker who has requested to make a comment is granted three (3) minutes to speak. The public comment period is an opportunity to address the Board of Directors on agenda items or items of general interest within the subject matter jurisdiction of Palomar UCSD Health Authority.

ADDENDUM A

PALOMAR UCSD HEALTH

AUTHORITY

BOARD OF DIRECTORS MEETING

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
• <i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
Notice of Meeting	
Notice of Meeting was physically posted at the Palomar UC San Diego Health Administrative Office at 2125 Citracado Parkway, Escondido, CA 92029 and UC San Diego Health – La Jolla Emergency Department, 9432 Medical Center Drive, La Jolla, CA 92037 as well as on the Palomar UC San Diego Health website on Friday, July 31, 2026 and Amended on Tuesday, August 4, 2026, which is consistent with legal requirements.	
Call to Order	
The meeting, which was held at the Palomar UC San Diego Health Medical Center Escondido, 1 st Floor Conference Room, 2185 Citracado Parkway, Escondido, CA 92029, and virtually was called to order at 4:01 p.m. by Director Gourdie.	
I. Establishment of Quorum	
Quorum was established via roll call comprising of Directors Carethers; Daskalakis; Gourdie; Whitham; Zettel	
Absences: Director Baggett	
Ex Officio members present: Diane Hansen, Patty Maysent, and Omar Khawaja, MD	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>• Discussion</i>	<i>Conclusion/Action/Follow Up</i>
II. Public Comments	
A. Jan France B. Christine Bauer C. Debra Browne D. Gildardo Ariza Millan E. Additional public comments were shared from the California Nurses Union F. Georgine Tomasi	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
III. Approval of Minutes	
A. Board of Directors Meeting Minutes – June 29, 2026 B. Board of Directors Special Session Meeting Minutes – June 29, 2029 C. Board of Directors Special Session Meeting Minutes – July 29, 2029	MOTION: By Director Whitham, 2nd by Director Carethers to approved as a slate including the June 29, 2026 Board of Directors meeting minutes, the June 29, 2026 Special Session Board of Directors meeting minutes, and the July 29, 2026 Special Session Board of Directors meeting minutes as written. Roll call voting was utilized: Director Baggett - absent Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that five (5) board members were in favor with none (0) opposed. No (0) abstention(s). One (1) absent. Motion approved.
No Discussion	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
IV. Approval of Agenda to accept the Consent Items as listed	
A. Palomar UC San Diego Health Escondido Medical Staff Credentialing and Reappointments B. Palomar UC San Diego Health Poway Medical Staff Credentialing and Reappointments C. Revised Anesthesia Core Privilege Checklist D. Revised Pharmacist Core Privilege Checklist	MOTION: By Director Gourdie, 2nd by Director Daskalakis to approve the Palomar UC San Diego Health Escondido Medical Staff Credentialing and Reappointments; Palomar UC San Diego Health Poway Medical Staff Credentialing and Reappointments; Revised Anesthesia Core Privilege Checklist; Revised Pharmacist Core Privilege Checklist as presented. AMENDED MOTION: By Director Gourdie, 2nd by Director Daskalakis to approve the Palomar UC San Diego Health Escondido Medical Staff Credentialing and Reappointments; Palomar UC San Diego Health Poway Medical Staff Credentialing and Reappointments; Revised Anesthesia Core Privilege Checklist; Revised Pharmacist Core Privilege Checklist with the removal of Dawood Findakly, M.D. as shared by Dr. Khawaja Roll call voting was utilized: Director Baggett - absent Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that five (5) board members were in favor with none (0) opposed. No (0) abstention(s). One (1) absent. Motion approved.
Discussed ensued	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
V. Reports – Informational Only	
A. Chief Executive Officer – Diane Hansen	
Verbal report was provided	
B. Chief Executive Officer, UC San Diego Health – Patty Maysent	
Verbal report was provided	
C. Board Chair – Pauline Gourdie	
Verbal report was provided	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
VI. Approval of Bylaws, Charters, Resolutions and Other Actions	
A. Resolution to Appoint Infection Control Leadership	MOTION: By Director Zettel, 2nd by Director Carethers to approve Resolution 08.04.2026(01)-19 of the Board of Directors of Palomar UCSD Health Authority to Appoint Infection Control Leadership for Palomar UCSD Health Authority Roll call voting was utilized: Director Baggett - absent Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Director Gourdie announced that five (5) board members were in favor with none (0) opposed. No (0) abstention(s). One (1) absent. Motion approved.
Kevin DeBruin reviewed the resolution. Dr. Khawaja shared more information and answered questions.	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
B. Resolution to Appoint Healthcare Equity Leadership	MOTION: By Director Carethers, 2nd by Director Daskalakis to approve Resolution 08.04.26(02)-20 of the Board of Directors of Palomar UCSD Health Authority to Appoint Healthcare Equity Leadership for Palomar UCSD Health Authority Roll call voting was utilized: Director Baggett - absent Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that five (5) board members were in favor with none (0) opposed. No (0) abstention(s). One (1) absent. Motion approved.
Kevin DeBruin reviewed the resolution and shared that it is a Joint Commission requirement. Dr. Khawaja and Mel Russel answered questions from the Board Directors.	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
C. Resolution to Delegate Authority to Resolve Patient Grievances for Palomar UCSD Health Authority	MOTION: By Director Daskalakis, 2nd by Director Carethers to approve Resolution 08.04.26(03)-21 of the Board of Directors of Palomar UCSD Health Authority to Delegate Authority to Resolve Patient Grievances for Palomar UCSD Health Authority Roll call voting was utilized: Director Baggett - absent Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that five (5) board members were in favor with none (0) opposed. No (0) abstention(s). One (1) absent. Motion approved.
Kevin DeBruin reviewed the resolution and shared that this is a CMS requirement. Dr. Khawaja explained how grievances are handled. Questions were answered for the Board Directors including the board reporting cadence.	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
D. Resolution Authorizing and Approving the Name “Palomar UC San Diego Rehabilitation Institute” to be used by Palomar Health Rehabilitation Institute, LLC	MOTION: By Director Carethers, 2nd by Director Gourdie to approve Resolution 08.04.26(04)-22 of the Board of Directors of Palomar Health Authority Authorizing and Approving the Name "Palomar UC San Diego Health Rehabilitation Institute" to be Used by Palomar Health Rehabilitation Institute, LLC Roll call voting was utilized: Director Baggett - absent Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that five (5) board members were in favor with none (0) opposed. No (0) abstention(s). One (1) absent. Motion approved.
- Kevin DeBruin reviewed the resolution. - Director Carethers requested the name include “Health” to read “Palomar UC San Diego Health Rehabilitation Institute”	

<i>Board of Directors Meeting Minutes – Tuesday, August 4, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
E. Resolution Acknowledging and Approving the Appointment of the Executive Management Team	MOTION: By Director Carethers, 2nd by Director Gourdie to approve Resolution 08.04.26(05)-23 of the Board of Palomar UCSD Health Authority Acknowledging and Approving the Appointment of the Executive Management Team Roll call voting was utilized: Director Baggett - absent Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that five (5) board members were in favor with none (0) opposed. No (0) abstention(s). One (1) absent. Motion approved.
Kevin DeBruin reviewed the resolution and its correlation with the Bylaws and designations.	

Board of Directors Meeting Minutes – Tuesday, August 4, 2026	
Agenda Item	
Discussion	Conclusion/Action/Follow Up
F. Resolution Authorizing and Approving the Adoption of the Delegation of Authority Policy	MOTION: By Director Zettel, 2nd by Director Daskalakis to approve Resolution 08.04.26(06)-24 of the Board of Directors of Palomar UCSD Health Authority Authorizing and Approving the Adoption of the Delegation of Authority Policy Roll call voting was utilized: Director Baggett - absent Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that five (5) board members were in favor with none (0) opposed. No (0) abstention(s). One (1) absent. Motion approved.
- Kevin DeBruin reviewed the resolution and answered questions from Board Directors. - Diane Hansen answered questions relating to the threshold amount that will go to the board for approval.	
VII. Reports – Informational Only	
A. Chief of Staff, Palomar UC San Diego Health Escondido, Andrew Nguyen, MD	
Verbal report was provided	
B. Chief of Staff, Palomar UC San Diego Health Poway, Mark Goldsworthy, MD	
Verbal report was provided	

Board of Directors Meeting Minutes – Tuesday, August 4, 2026	
Agenda Item	
Discussion	Conclusion/Action/Follow Up
Final Adjournment	
There being no further business, Director Gourdie adjourned the meeting at 5:15 p.m.	

Board of Directors Meeting Minutes – Tuesday, August 4, 2026		
Signatures:	Board Chair	Pauline Gourdie
	Board Assistant	Janet Kren

PALOMAR UCSD HEALTH

AUTHORITY

SPECIAL SESSION BOARD OF DIRECTORS MEETING

<i>Board of Directors Meeting Minutes – Tuesday, September 8, 2026</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
Notice of Meeting	
Notice of Meeting was physically posted at the Palomar UC San Diego Health Administrative Office at 2125 Citracado Parkway, Escondido, CA 92029 and at UC San Diego Health – La Jolla Emergency Department, 9432 Medical Center Drive, La Jolla, CA 92037 as well as on the Palomar UC San Diego Health website on Friday, September 4, 2026 which is consistent with legal requirements.	
Call to Order	
The meeting, which was held at the Palomar UC San Diego Health Medical Center Escondido, 1 st Floor Conference Room, 2185 Citracado Parkway, Escondido, CA 92029, and virtually was called to order at 4:02 p.m. by Director Gourdie.	
I. Establishment of Quorum	
Quorum was established via roll call comprising of Directors Baggett; Carethers; Daskalakis; Gourdie; Whitham; Zettel	
Absences: None	
Ex Officio members present: Patty Maysent and Omar Khawaja, MD	
Ex Officio members absent: Diane Hansen	

Board of Directors Meeting Minutes – Tuesday, September 8, 2029	
Agenda Item	
Discussion	Conclusion/Action/Follow Up
II. Public Comments	
No public comments	
III. Financial Report	
Andrew Tokar shared a July 2026 financial review and answered questions.	
IV. Legislative Update: AB 173	
- Patty Maysent provided a legislative update regarding AB 173, a trailer bill that would allow Palomar Health to transfer its remaining assets to the JPA. - Two public hearings will be scheduled.	
V. Administration Update: Executive Support from UCSD Health	
- Patty Maysent shared information regarding UCSD Health administrative services for the JPA and updates on the Management Services Agreement. - Board Director questions were answered.	

<i>Board of Directors Meeting Minutes – Tuesday, September 8, 2029</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
VI. Approval of Agenda to accept the Consent Item(s) as Listed	
A. Palomar UC San Diego Health Escondido Medical Staff Credentialing and Reappointments B. Palomar UC San Diego Health Poway Medical Staff Credentialing and Reappointments	MOTION: By Director Gourdie, 2nd by Director Whitham to approve all items on the Consent Agenda including the Palomar UC San Diego Health Escondido Medical Staff Credentialing and Reappointments and the Palomar UC San Diego Health Poway Medical Staff Credentialing and Reappointments Director Baggett - aye Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that six (6) board members were in favor with none (0) opposed. No (0) abstention(s). No (0) absent. Motion approved.
No discussion	

<i>Board of Directors Meeting Minutes – Tuesday, September 8, 2029</i>	
<i>Agenda Item</i>	
<i>Discussion</i>	<i>Conclusion/Action/Follow Up</i>
VII. Adjourn to Closed Session	
A. Pursuant to California Government Code § 54962 and California Health & Safety Code § 32106—REPORT INVOLVING TRADE SECRET—Discussion will concern: proposed new service or program. Estimated date of public disclosure: March 31, 2027 B. Pursuant to California Government Code § 54956.9(d)(2)—CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION—Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: One (2) potential case	
VIII. Re-Adjourn to Open Session	
IX. Action Resulting from Closed Session – if any	
Kevin DeBruin announced that no reportable action was taken in Closed Session.	

Board of Directors Meeting Minutes – Tuesday, September 8, 2029	
Agenda Item	
Discussion	Conclusion/Action/Follow Up
X. Approval of Bylaws, Charters, Resolutions and Other Actions	
A. Resolution Ratifying and Approving the Cancer Center Co-Management and Administrative Services Agreement with UCSD Health	MOTION: By Director Zettel, 2nd by Director Gourdie to approve Resolution No. 09.08.26(01)-25 Ratifying and Approving the Cancer Center Co-Management and Administrative Services Agreement with UCSD Health Director Baggett - aye Director Carethers, MD - aye Director Daskalakis, MD - aye Director Gourdie - aye Director Whitham - aye Director Zettel - aye Kevin DeBruin announced that six (6) board members were in favor with none (0) opposed. No (0) abstention(s). No (0) absent. Motion approved.
- Kevin DeBruin reviewed the resolution and Exhibit A. - Patty Maysent and Veronica Marsich expanded the overview including more detail around Exhibit A.	
Final Adjournment	
There being no further business, Director Gourdie adjourned the meeting at 5:14 p.m.	

<i>Board of Directors Meeting Minutes – Tuesday, September 8, 2029</i>		
Signatures:	Board Chair	_____ Pauline Gourdie
	Board Assistant	_____ Janet Kren

ADDENDUM B

Palomar UCSD Medical Center Escondido
2185 Citracado Parkway
Escondido, CA 92029
(442) 281-1005 (760) 233-7810 fax
Medical Staff Services

September 23, 2026

To: Palomar UCSD Health Authority Board of Directors

From: Andrew Nguyen, M.D., Ph.D., Chief of Staff
Palomar UCSD Medical Center Escondido Medical Executive Committee

Board Meeting Date: October 1, 2026

Subject: Palomar UCSD Medical Center Escondido Credentialing Recommendations

Provisional Appointment (10/01/2026 to 09/30/2028)

Brooks, Joshua C., M.D. – Critical Care
Chang, Diana J., M.D. – Otolaryngology
Chua, Charleston M., M.D. – Plastic Surgery
DeCesare, Laura A., M.D. – General Surgery
Ghorishi, Zahra M.D. – Neonatal Perinatal Medicine
Head, Kathy, L., M.D. – Occupational and Environmental Medicine
Hess, Jason R., M.D., - Plastic Surgery
James, Luke T., M.D. – Internal Medicine
Kitch, Antoinette D.O. – Obstetrics & Gynecology
Nguyen, Henry K., M.D. – Anesthesiology

Advance from Provisional to Active Category

Atam, Sarin M.D. – Internal Medicine – Dept. of Medicine (11/01/2026 to 04/30/2028)
Kortman, Francisco C., D.O. – Dept. of OB/GYN (11/01/2026 to 05/31/2028)

Physician Voluntary Resignation

Arthur, Rebecca A., M.D. – Obstetrics & Gynecology (eff. 08/27/2026)
Chandra, Vinodh, M.D. – Emergency Medicine (eff. 10/01/2026)
Farrelly, Erin E., M.D. – Orthopaedic Surgery/Rehabilitation (eff. 10/22/2026)
Kadden, Mark L., M.D. – Gastroenterology (eff. 10/25/2026)
Patel, Keval A., M.D. – Internal Medicine (eff. 09/02/2026)

Request for 2-year Leave of Absence

Wong Miller, Celina B., M.D. – Emergency Medicine, 2 years (09/11/2026 – 09/10/2028)

Allied Health Professional Appointment (effective 10/01/2026 to 09/30/2028)

Bux, Michael Y., PA-C – Physician Assistant Dept. of Orthopaedic Surgery/Rehab
(Sponsors: Jared Brummel, DO, Matthew Weber, DO)
Richards, Toby D., N.N.P. – Neonatal Nurse Practitioner Dept. of Pediatrics
(Sponsor: Charles Sauer, D.O.)
Scheepers, Riana, RPh – Clinical Pharmacist Dept. of Medicine
(Sponsor: Teja Singh Jr., M.D.)
Way, Alia E., PA-C – Physician Assistant Dept. of Surgery
(Sponsors: Yuan Lin, M.D., Darrell Wu, M.D.)
Witholt, Laura D., F.N.P. – Nurse Practitioner Dept. of Emerg. Medicine
(Sponsor: Bruce Friedberg, M.D.)

Allied Health Professional Request for 2-year Leave of Absence

Castronovo, Lauren M. PNP – Nurse Practitioner, 2 years (eff 09/01/2026 – 08/31/2028)

PALOMAR UCSD MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Reappointments Effective 11/01/2026 to 10/31/2028

Benedict, Matthew D., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Birdjandi, Farschad, M.D.	Internal Medicine	Dept. of Medicine	Affiliate
*Category change from Courtesy to Affiliate			
Chang, Irene S., M.D.	Pediatrics	Dept. of Pediatrics	Active
Chelimilla, Haritha R., M.D.	Gastroenterology	Dept. of Medicine	Active
D'Auria, Andrea A., D.O.	Pathology	Dept. of Pathology	Active
Hanna, Karen J., M.D.	Surgery, General	Dept. of Surgery	Active
Hawkins, Melissa A., M.D.	Obstetrics and Gynecology	Dept. of OB/GYN	Active
Hwang, Janice J., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Iyengar, Srinivas S. M.D.	Ophthalmology	Dept. of Surgery	Affiliate

*Category change from Courtesy to Affiliate

Jean-Baptiste, Ryan S., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Kato, Kambrie Y., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Le, Crystal N., M.D.	Neonatal-Perinatal Medicine	Dept. of Pediatrics	Courtesy
Morris, Jason B., D.P.M.	Podiatry	Dept. of Orthopaedic/Rehab	Active
Mumtaz, Seemal M.D.	Surgery, Cardiothoracic	Dept. of Surgery	Courtesy
Neyaz, Mohammed D., D.O.	Nephrology	Dept. of Medicine	Active
O'Halloran, Henry S., M.D.	Ophthalmology, Pediatric	Dept. of Surgery	Consulting
Palanca, Ariel A., M.D.	Orthopaedic Surgery/Rehab	Dept. of Orthopaedic/Rehab	Active
Puckett, James L., M.D.	Emergency Medicine	Dept. of Emergency Medicine	Active
Roeder, Zachary S., M.D.	Diagnostic Radiology	Dept. of Radiology	Active
Singh, Teja Jr., M.D.	Internal Medicine	Dept. of Medicine	Administrative

Reappointment Effective 11/01/2026 – 01/31/2027

Bailey, Timothy S., M.D.	Endocrinology	Dept. of Medicine	Consulting
--------------------------	---------------	-------------------	------------

Allied Health Professional Reappointments (effective 11/01/2026 to 10/31/2028)

Amador, Jodi N., NNP – Neo. Nurse Practitioner	Dept. of Pediatrics	(Sponsor: Shiyu Bai-Tong, M.D.)
Belanger, Tanya M., CNM – Nurse Midwife	Dept. of OB/GYN	(Sponsor: Stephanie Leblang, M.D.)
Chatfield, Alexandra J., PA-C – Physician Asst.	Dept. of Orthopaedic/Rehab	
	(Sponsors: Lorra Sharp M., M.D., Alvin K. Shieh, M.D.)	
Harris, Monika FNP – Nurse Practitioner	Dept. of Medicine	(Sponsor: Hamad Bayat, M.D.)
Kelly, Katherine M., CNM – Nurse Midwife	Dept. of OB/GYN	(Sponsor: Stephanie Leblang, M.D.)
McQueen, Paula S., CNM – Nurse Midwife	Dept. of OB/GYN	
	(Sponsors: Stephanie Leblang, M.D., Rahele Mazarei, D.O.)	

Certification by and Recommendation of Chief of Staff

As Chief of Staff of Palomar UCSD Medical Center Escondido, 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 Palomar UCSD Health Authority 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 UCSD Medical Center Poway
Medical Staff Services
15615 Pomerado Road
Poway, CA 92064
(858) 613-4538 (858) 613-4217 fax

Date: September 23, 2026
To: Palomar UCSD Health Authority Board of Directors – October 1, 2026 Meeting
From: Mark Goldsworthy, M.D., Chief of Staff, Palomar UCSD Medical Center Poway Medical Staff
Subject: Medical Staff Credentials Recommendations – October, 2026

Provisional Appointments: (10/01/2026 – 09/30/2028)

Joshua Brooks, M.D., Critical Care Medicine (Includes The Villas at Poway)
Diana Chang, M.D., Otolaryngology
Charleston Chua, M.D., Plastic Surgery
Jason Hess, M.D., Plastic Surgery
Antoinette Kitch, D.O., OB/GYN
Henry Nguyen, M.D., Anesthesiology

Biennial Reappointments: (11/01/2026 - 10/31/2028)

Matthew Benedict, M.D., Teleradiology, Active
Farschad Birdjandi, M.D., Internal Medicine, Affiliate (Refer and Follow only) (Includes The Villas at Poway)
Haritha Chelimilla, M.D., Gastroenterology, Active
Andra D'Auria, D.O. Pathology, Active
Karen Hanna, M.D., General Surgery, Active
Janice Hwang, M.D., Teleradiology, Active
Srinivas Iyengar, M.D., Ophthalmology, Courtesy
Ryan Jean-Baptiste, M.D., Teleradiology, Active
Kambrie Kato, M.D., Teleradiology, Active
Louis Maletz, M.D., Family Practice, Affiliate (no clinical privileges)
Jason Morris, DPM, Podiatry, Active (Transfer from Courtesy) (Includes The Villas at Poway)
Mohammed Neyaz, D.O., Nephrology, Active
Arial Palanca, M.D., Orthopedic Surgery, Active
Stjepan Podstreleny, DDS, Oral & Maxillofacial Surgery, Affiliate (no clinical privileges)
James Puckett, M.D., Emergency Medicine, Active
Zachary Roeder, M.D., Teleradiology, Courtesy (Transfer from Active)
Teja Singh, Jr., M.D., Internal Medicine, Administrative (no clinical privileges)

Advancements to Active Category:

Sarin Atam, M.D., Internal Medicine, effective 11/01/2026 – 04/30/2028
Laura DeCesare, M.D., General Surgery, effective 11/01/2026 – 07/31/2028

Voluntary Resignations:

Vinodh Chandra, M.D., Emergency Medicine, effective 10/01/2026
Joon Choi, M.D., Anesthesiology, effective 09/04/2026
Brett Cronin, M.D., Anesthesiology, effective 09/17/2026
Timothy Maus, M.D., Anesthesiology, effective 09/17/2026
Keval Patel, M.D., Internal Medicine, effective 07/29/2026
Dave Ravi, M.D., Psychiatry, effective 07/29/2026

Requests for 2 Year Leave of Absence:

Celina Wong-Miller, M.D., Emergency Medicine, effective 09/11/2026 – 09/10/2028
June Yoshii-Contreras, M.D., Neurology, effective 09/01/2026 – 08/31/2028

Allied Health Professional Appointment: (10/01/2026 – 09/30/2028)

Michael Bux, PA, Orthopedic Surgery, Sponsors Drs. Brummel and Weber
Laura Witholt, FNP, Emergency Medicine, Sponsor Dr. Friedberg

Allied Health Professional Reappointments: (11/01/2026 – 10/31/2028)

Alexandra Chatfield, PA, Orthopedic Surgery, Sponsors Drs. Sharp and Shieh
Monika Harris, FNP, Acute Care, Sponsor Dr. Bayat

Allied Health Professional Voluntary Resignation:

Shawn Laird, NP, effective 05/01/2026

PALOMAR UCSD MEDICAL CENTER POWAY: Certification by and Recommendation of Chief of Staff: As Chief of Staff of Palomar UCSD Medical Center Poway, 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 UCSD Health Authority Board of Directors regarding such practices have been properly followed. I recommend that the Board of Directors take the action requested in each case.

Provider Profiles



Brooks, Joshua C., MD
Escondido and Poway

Status: Temporary
Privileges
Specialty: Internal Medicine

Department: Medicine
NPI: 1790245363



Bux, Michael Y., PA-C
Escondido and Poway

Status: Applicant
Specialty: Physician Assistant

Department: Orthopaedic
Surgery/Rehabilitation
NPI: 1962977561



Chang, Diana J., MD
Escondido and Poway

Status: Temporary
Privileges
Specialty: Otolaryngology

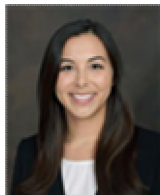
Department: Surgery
NPI: 1578143491



Chua, Charleston M., MD
Escondido and Poway

Status: Applicant
Specialty: Plastic Surgery

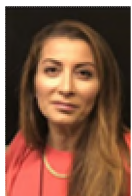
Department: Surgery
NPI: 1881937449



DeCesare, Laura A., MD
Escondido, already on staff at Poway

Status: Applicant
Specialty: Surgery, General

Department: Surgery
NPI: 1700327921



Ghorishi, Zahra, MD
Escondido

Status: Applicant
Specialty: Neonatal-Perinatal
Medicine

Department: Pediatrics
NPI: 1386715134

Provider Profiles



Head, Kathy L., MD
Escondido

Status: Applicant
Specialty: Occupational
Medicine

Department: Medicine
NPI: 1528171600



Hess, Jason R., MD
Escondido and Poway

Status: Applicant
Specialty: Plastic Surgery

Department: Surgery
NPI: 1396786406



James, Luke T., MD
Escondido

Status: Applicant
Specialty: Internal Medicine

Department: Medicine
NPI: 1245969104



Kitch, Antoinette, DO
Escondido and Poway

Status: Temporary
Specialty: Privileges
Obstetrics and
Gynecology

Department: OB/GYN
NPI: 1033678800



Nguyen, Henry K., MD
Escondido and Poway

Status: Temporary
Privileges
Specialty: Anesthesiology

Department: Anesthesia
NPI: 1194256594



Richards, Toby D., NNP
Escondido

Status: Applicant
Specialty: Neonatal Nurse
Practitioner

Department: Pediatrics
NPI: 1144308743

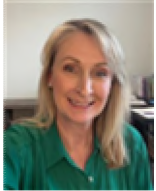
Provider Profiles



Scheepers, Riana, RPh
Escondido

Status: Applicant
Specialty: Clinical Pharmacist

Department: Medicine
NPI: 1104290220



Way, Alia E., PA-C
Escondido

Status: Applicant
Specialty: Physician Assistant

Department: Surgery
NPI: 1336587534



Witholt, Laura D., FNP
Escondido and Poway

Status: Applicant
Specialty: Emergency Nurse
Practitioner
Specialty2: Family Nurse
Practitioner

Department: Emergency
Medicine
NPI: 1336992890



PALOMAR UCSD HEALTH
AUTHORITY

PALOMAR UCSD MEDICAL CENTER ESCONDIDO

**DEPARTMENT OF MEDICINE
RULES AND REGULATIONS**

Adopted by the Active members of the Department of Medicine on
~~February 3, 2026~~ August 4, 2026

Adopted by the Executive Committee on
~~April 27, 2026~~ August 31, 2026

Adopted by the Palomar UCSD Health Authority Board of Directors on
~~May 11, 2026~~ October 1, 2026

ARTICLE I
PURPOSE

The purpose of the Department of Medicine shall be to oversee the professional, medical and administrative activities within those specialties and subspecialties outlined in the policy entitled “Department of Medicine Components”.

ARTICLE II
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the Department of Medicine shall include those requirements specified in the Medical Staff bylaws, rules and regulations. All practitioners who apply for membership shall be board certified or admissible by the American Board of Internal Medicine, the American Osteopathic Board of Internal Medicine or at least one of the components of internal medicine the American Board of Preventive Medicine, The American Board of Psychiatry and Neurology, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

2.2 Responsibilities

The responsibilities of membership shall constitute:

- 2.2.1 participation in department business, committees and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.
- 2.2.2 attendance at a minimum of twenty-five percent (25%) of the Department meetings as specified in Medical Staff Bylaws Section 15.7.1. Failure to comply with these requirements shall subject the member to the sanctions specified therein.
- 2.2.3 performance of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled “Department of Medicine Emergency Department Consultation”.
- 2.2.4 compliance with the ethical code specified in the Medical Staff bylaws, rules and regulations.
- 2.2.5 compliance with the Medical Staff bylaws, rules and regulations, Department of Medicine rules and regulations, Department of Medicine policies, and applicable Hospital policies and procedures.

ARTICLE III
PRIVILEGES

3.1 **Application**

- 3.1.1 Each applicant, member or non-member, must complete forms designating the medical conditions he desires to treat and the medical procedures he desires to perform. Upon receipt of the forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department Chairman will review same and may meet with the applicant.

A non-member with privileges must abide by the Department rules and regulations and policies. He shall have no vote in Department proceedings and no obligation to participate in Department affairs, except that the Chairman may require attendance at a specific meeting if a non-member's privileges or cases are under review, or for the purpose of continuing medical education.

- 3.1.2 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws.
- 3.1.3 Additional privileges may be requested at any time by submitting a written request accompanied by qualification documentation. Any additional privileges recommended for approval may be subject to monitoring.

3.2 **Criteria**

The principles governing all medical privileges will be documented and demonstrable skill, experience and education relative to the evaluation and care inherent in the privileges requested.

3.3 **Monitoring**

Each applicant shall undergo a uniform monitoring process conducted by active members holding privileges equal to or greater than those required within the Department of Medicine. The Department's monitoring requirements are set forth in a policy entitled "Department of Medicine Monitoring Requirements".

ARTICLE IV OFFICERS

4.1 **Officers**

Officers of the Department of Medicine will be the Chairman and Chairman-Elect who shall serve in their capacities for a two (2) year period. The Chairman and Chairman-Elect shall be a board certified or board eligible internist (as in accordance with the State of California Code of Regulations Title 22). The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman's absence. The Chairman-elect will serve as a member of the Quality Management Committee of the Medical Staff. Both the Chairman and the Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

ARTICLE V ORGANIZATION

5.1 **Medical Advisory Committee**

- 5.1.1 Members of the Medical Advisory Committee shall include the Department Chairman, Chairman-Elect and representatives from the medical subspecialties to include Pulmonary, Cardiology, Gastroenterology, Infectious Disease, Neurology, Nephrology, Oncology, Intensivist and Hospitalist to include one from each of the large groups represented at Palomar UCSD Medical Center Escondido. The Chairman shall chair the Medical Advisory Committee.

- 5.1.2 The duties of the Medical Advisory Committee may include
- a) assisting the Chairman in fulfilling his duties in accordance with the Medical Staff bylaws, rules and regulations.
 - b) receiving reports from the Department's committees in order to evaluate, recommend and/or take action as needed.
 - c) receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with medical privileges.
 - d) formulating operational concepts for presentation to members of the department and dissemination of same to Members with medical privileges.
 - e) making nominations for the Chairman-Elect.
 - f) proposing rules and regulations and policy amendments to the Department.
- 5.1.3 The Medical Advisory Committee shall meet every other month in the odd numbered months. It shall maintain a record of its proceedings and shall report its activity and recommendations either to the Department of Medicine or to the Executive Committee, whichever is applicable.

5.2 Subspecialties (Components)

- 5.2.1 The members of each subspecialty (component) of internal medicine (see Department of Medicine Internal Medicine Components) may meet in a committee structure to be composed of all the Active and Provisional Members of the subspecialty. The Committee may also include two (2) other Department members appointed by the Chairman if it is so desired by the Chairman. Non-voting administrative representatives may be invited to attend.
- 5.2.2 The duties of any subspecialty (component) committee are to provide input regarding quality assessment and other matters related to administration of the Department and may include:
- a) overseeing professional interpretation, on a rotation basis, of procedures performed in service areas.
 - b) advising or developing policies and procedures for service areas.
 - c) assisting or participating in the peer review and quality assessment mechanism.
 - d) assisting and advising the Medical Director of the service area, if applicable.
- 5.3.3 A subspecialty (component) committee may meet as often as deemed appropriate. They shall maintain a record of proceedings and shall report activity and recommendations to the Medical Advisory Committee.

ARTICLE VI AMENDMENTS

A motion for amendment of these rules and regulations or amendment to policies may be introduced during Department of Medicine meetings.

Adoption of rules and regulations and policy amendments to Department of Medicine policies or rules and regulations shall require a simple majority of Active Members present at a Department meeting. Amendments to Department of Medicine rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors. Amendments to departmental policies shall become effective after approval by the Department and Executive Committee. The Board may review any such policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.

MONITORING POLICY

Provisional (Category) Member's Responsibility

It is the responsibility of the Provisional Member

- a. to not admit a patient, provide consultation or perform a procedure without a monitor until satisfactory completion of monitoring.
- b. to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) or a Provisional (category) Member (with privileges equal to or greater than the privileges held by the physician needing to be monitored and who has completed his/her monitoring) to monitor his cases, be they admissions, consultations or procedures.

The monitors must be members of the Department of Medicine except in the case of procedures where monitoring may be performed by a member of another department, who has privileges in his department or in the Department of Medicine to do the procedure in question.

- c. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.

Time of Monitoring

Monitoring is to start within twenty-four (24) hours of admission and be conducted daily.

Scope of Monitoring

Monitoring is to include concurrent monitoring of all phases of a patient's hospitalization (admission, management, discharge, etc.).

Restrictions

Not more than one-half of the cases done by the Provisional Member shall be monitored by any one individual, and the remainder shall be monitored by at least two other individuals. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department of Medicine may permit an exception. In those cases where a monitor is not available, the physician should contact the Chairman of the Department for assistance. If the Chairman permits the case to proceed without a monitor, the case will be monitored retrospectively. Only half of the required monitoring will be permitted to be completed in a retrospective manner. Monitoring may be accepted from another facility where the applicant is an active member.

Number of Cases to be Monitored

At least the first six admissions. Procedural monitoring guidelines are attached.

Location of Monitoring

Cases may be monitored at either Palomar UCSD Medical Center Escondido or Palomar UCSD Medical Center Poway as long as the monitor holds privileges and is in good standing on the Medical Staff at Palomar UCSD Medical Center Escondido.

Advancement

Admission monitoring must be submitted and reviewed by the Department Chairman on at least the first six (6) admissions during the minimum of a one (1) year period or maximum two (2) year period prior to advancement from Provisional to either Active or Courtesy. ~~Monitoring performed at Palomar Medical Center Poway or Escondido Surgery Center shall be considered.~~

Responsibility of the Monitor

It is the responsibility of the monitor

- a. to review the indications for admission, the content of the history, physical and orders, assessment of problems, use of laboratory, x-ray, etc, use of consultants, rapport with patient and rapport with staff.
- b. to be physically present when a procedure is performed as well as reviewing the indication for the procedure, outcome, pre-procedural preparation, handling of specimens, technique, and the appropriateness of the procedure note, progress note, handling of complications, general patient care and suitability of orders.
- c. to have the power to interdict procedures or therapy which they deem dangerous or contraindicated pending evaluation by the Chairman or the Chief of Staff.
- d. except as indicated in (c) above, to refrain from interacting with the patient or writing in the patient's chart.
- e. to share conclusions, recommendations or suggestions with the Provisional Member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

Monitoring Forms

Monitoring forms may be obtained from the Medical Staff Services office. Once it is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Form by the Department Chairman

Once the Provisional Member's file contains the appropriate number of admission or procedural forms, the Medical Staff Services personnel will forward the Provisional Member's file to the Department Chairman for review.

Additional Monitoring

It is the prerogative of the Department Chairman to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the Department Chairman's decision.

Access to Monitoring Forms

The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

Additional Privileges

Requests for additional privileges may result in a monitoring requirement following procedural steps of this policy.

Emergency Department Consultation Rotation

Completion of admission and/or monitoring is not required to participate on the Primary Care emergency consultation rotation.

Temporary Privileges (after successful completion of the application process)

An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

EMERGENCY DEPARTMENT CONSULTATION POLICY

Requirement

The Department of Medicine is required to provide an Emergency Department Consultation Panel for Primary Care in conjunction with the Department of Family Practice. The Department of Medicine members will abide by the evaluation and clinical assessment of the Emergency medicine physician with regard to requesting evaluation and management assistance for an Emergency Department patient requiring hospitalization or medical treatment. The Emergency Medicine physician shall select a physician from the Primary Care call panel. When the Emergency Medicine physician determines that a patient requires evaluation and/or treatment by a particular subspecialist, the Emergency Medicine physician may select a physician from the appropriate subspecialist call panel without having to first involve the on call Primary Care Physician.

Primary Care

Palomar [UCSD Health Authority](#) may provide primary care call by utilizing a particular physician group pursuant to the terms of a contract, subject to review and comment by the Executive Committee and approval by the Board of Directors. To the extent that the contracted panel assumes the responsibility for primary care call, and so long as it is able to fully cover the call schedule, physicians will not be required to serve a separate general internal medicine rotational call. Otherwise, all members of the Department of Medicine (except Dermatologists) will be subject to serving rotationally on the Primary Care Emergency Department Call Panel, along with members of the Department of Family Practice. Internal Medicine subspecialists may be assigned to the Primary Care panel if the appropriate subspecialty call panel does not exist.

Cardiology

Members of this panel are to be board certified in cardiology (or have equivalent training). (Cardiologists may serve on both the Primary Care panel and Cardiology panel at their discretion.

Subspecialty Consultation

The Department of Medicine will create subspecialty call panels including but not necessarily limited to Cardiology, Pulmonology, and Neurology. The physicians on these panels will respond to the Emergency Medicine physician's request to assume evaluation and management services for a patient, to include hospitalization, if indicated.

Provisional

A Provisional (category) Member is required to provide emergency department consultation. Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed.

Active

An Active (category) Member is required to provide emergency department consultation.

Courtesy

A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve if the Courtesy member has met the monitoring requirements outlined above. A Courtesy Member may volunteer to serve.

Consulting

A Consulting (category) Member is not required to provide emergency department consultation.

Affiliate

An Affiliate (category) Member is not required to provide emergency department consultation.

Age 60

Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

Trauma

Involvement in the provision of care for the trauma program is voluntary.

Coverage

It is permissible for a person on the emergency department consultation rotation to give his call to another member of the panel on a voluntary basis. The person giving up call will be responsible for making arrangements and for notifying the Emergency Department and the Medical Staff Services office of this arrangement. If a physician is unable to provide coverage on the day designated, it is his responsibility to arrange coverage via another physician and so notify the Emergency Department and the Medical Staff Services office.

Rotation

Those physicians who are simultaneously on call for primary medicine at another hospital will not be scheduled for primary medicine call on the same day at Palomar [UCSD Health Authority](#).

Sanctions/Exemptions

At the discretion of the Department Chairman, or upon a request by the Department as a whole, a Sanction/Exemptions Committee may be formed. The Sanctions/Exemptions Committee will review and recommend action (on requests from those Members who wish to be excused from providing emergency department consultation) to the Medical Advisory Committee. The Sanctions/Exemptions Committee will also review and recommend action if a Member of the Department of Medicine refuses to serve on the call panel. The refusal could result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Refusal to Provide Emergency Department Consultation

Refusal to provide emergency department consultation may result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Response Time

Response to the Emergency Department for on-call physicians shall be in accordance with the Medical Staff bylaws, rules and regulations.

GUIDELINES FOR PRIVILEGES

Responsibility of the Credentials Committee of the Medical Staff

To interview the applicant and to determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar [UCSD](#) Medical Center [Escondido](#).

Responsibility of the Department

To determine documented and demonstrable skill, experience and education relative to the diagnostic and treatment procedures and pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested. The Department Chairman is to review all privileging criteria prior to submission of same to the Medical Advisory Committee.

Acute Care at Home

Acute care at home care, like inpatient care is a team based patient care process. The providers will on a day-to-day basis use telehealth communication and the designated power plans to provide this continuity of care for patients in this setting.

Resources

- a. Education/Training
Application process includes submission of a questionnaire to the director of the internship and residency. This questionnaire includes the question, “did the applicant’s training include those procedures being requested”. A copy of the applicant’s checklist is included.
- b. Reference Letters
- c. Malpractice Coverage Limitations
- d. Criteria

(as developed for specific procedures: e.g. pacemakers in cath lab; electrophysiology; cardiac cath; PTCAs)
- e. Department of Medicine policy entitled “Department of Medicine Monitoring Policy”.
- f. Department of Medicine policy entitled “Department of Medicine Attendance Policy”.

ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Medicine, 25% of the Department meetings must be attended during a Medical Staff Year (January through December) which equals one meeting. Attendance at subspecialty committees is strongly encouraged but is not subject to sanctions with the exception of the Cardiac Cath Conference which has a fifty-percent (50%) meeting attendance requirement. In lieu of attendance at 25% of the Department meetings, physicians that are scheduled less than five shifts per month, which is verified by the Department Medical Directors, may review two of the meetings minutes for that calendar year in the Medical Staff Services Office.

Sanctions

Non-compliance with the 25% attendance requirement of the Department of Medicine and the 50% attendance requirement of the Cardiac Cath Conference is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

Department of Medicine

Department of Medicine meetings are typically held on the first Tuesday of the even numbered months.

Medical Advisory Committee

The Medical Advisory Committee meetings are typically held on the third Monday of every other month (in the odd numbered months).

Subspecialty Committee meetings may be held:

Cardiology Committee

Gastroenterology Committee

Pulmonary Committee

Neurology Committee

Other subspecialty (components) may meet in a committee format as necessary

Advancement to Active

Compliance with the attendance requirement is necessary for advancement of a Provisional (category) Member to an Active (category) Member.

Advancement to Courtesy

Compliance with the attendance requirement is not necessary for advancement of a Provisional (category) Member to a Courtesy (category) Member. Non-attendance during the provisional period may, however, affect a later request from a Courtesy Member to become an Active Member.

DEPARTMENT OF MEDICINE COMPONENTS

The components of the Department of Medicine as referenced in the Department rules and regulations under membership are:

Allergy
Cardiology
Dermatology
Endocrinology
Gastroenterology
Hematology/Oncology
Infectious Disease
Nephrology
Neurology
Palliative Care
Pulmonology
Rheumatology

Meetings

Components (or subspecialties) may meet in a committee structure as outlined in the Department of Medicine rules and regulations.

ALLIED HEALTH PROFESSIONALS

The role of Allied Health Professionals in the Department of Medicine is outlined in the Medical Staff Allied Health Professional Authorization Procedure and the specialty specific privilege checklists.

PERFORMANCE IMPROVEMENT REVIEW POLICY

Performance Improvement review will be performed primarily by the Department of Medicine in conjunction with the Medical Staff Peer Review Committee as defined in the Palomar [UCSD](#) Health [Authority](#) Peer Review Policy.

PALOMAR UCSD HEALTH

AUTHORITY

PALOMAR UCSD MEDICAL CENTER ESCONDIDO

DEPARTMENT OF MEDICINE RULES AND REGULATIONS

Adopted by the Active members of the Department of Medicine on
August 4, 2026

Adopted by the Executive Committee on
August 31, 2026

Adopted by the Palomar UCSD Health Authority Board of Directors on
October 1, 2026

ARTICLE I
PURPOSE

- 1.1** The purpose of the Department of Medicine shall be to oversee the professional, medical and administrative activities within those specialties and subspecialties outlined in the policy entitled “Department of Medicine Components”.

ARTICLE II
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the Department of Medicine shall include those requirements specified in the Medical Staff bylaws, rules and regulations. All practitioners who apply for membership shall be board certified or admissible by the American Board of Internal Medicine, the American Osteopathic Board of Internal Medicine or at least one of the components of internal medicine the American Board of Preventive Medicine, The American Board of Psychiatry and Neurology, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

2.2 Responsibilities

The responsibilities of membership shall constitute:

- 2.2.1 participation in department business, committees and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.
- 2.2.2 attendance at a minimum of twenty-five percent (25%) of the Department meetings as specified in Medical Staff Bylaws Section 15.7.1. Failure to comply with these requirements shall subject the member to the sanctions specified therein.
- 2.2.3 performance of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled “Department of Medicine Emergency Department Consultation”.
- 2.2.4 compliance with the ethical code specified in the Medical Staff bylaws, rules and regulations.
- 2.2.5 compliance with the Medical Staff bylaws, rules and regulations, Department of Medicine rules and regulations, Department of Medicine policies, and applicable Hospital policies and procedures.

ARTICLE III
PRIVILEGES

3.1 Application

- 3.1.1 Each applicant, member or non-member, must complete forms designating the medical conditions he desires to treat and the medical procedures he desires to perform. Upon receipt of the forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department Chairman will review same and may meet with the applicant.

A non-member with privileges must abide by the Department rules and regulations and policies. He shall have no vote in Department proceedings and no obligation to participate in Department affairs, except that the Chairman may require attendance at a specific meeting if a non-member's privileges or cases are under review, or for the purpose of continuing medical education.

3.1.2 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws.

3.1.3 Additional privileges may be requested at any time by submitting a written request accompanied by qualification documentation. Any additional privileges recommended for approval may be subject to monitoring.

3.2 Criteria

The principles governing all medical privileges will be documented and demonstrable skill, experience and education relative to the evaluation and care inherent in the privileges requested.

3.3 Monitoring

Each applicant shall undergo a uniform monitoring process conducted by active members holding privileges equal to or greater than those required within the Department of Medicine. The Department's monitoring requirements are set forth in a policy entitled "Department of Medicine Monitoring Requirements".

ARTICLE IV
OFFICERS

4.1 Officers

Officers of the Department of Medicine will be the Chairman and Chairman-Elect who shall serve in their capacities for a two (2) year period. The Chairman and Chairman-Elect shall be a board certified or board eligible internist (as in accordance with the State of California Code of Regulations Title 22). The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman's absence. The Chairman-elect will serve as a member of the Quality Management Committee of the Medical Staff. Both the Chairman and the Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

ARTICLE V
ORGANIZATION

5.1 Medical Advisory Committee

5.1.1 Members of the Medical Advisory Committee shall include the Department Chairman, Chairman-Elect and representatives from the medical subspecialties to include Pulmonary, Cardiology, Gastroenterology, Infectious Disease, Neurology, Nephrology, Oncology, Intensivist and Hospitalist to include one from each of the large groups represented at Palomar UCSD Medical Center Escondido. The Chairman shall chair the Medical Advisory Committee.

5.1.2 The duties of the Medical Advisory Committee may include

- a) assisting the Chairman in fulfilling his duties in accordance with the Medical Staff bylaws, rules and regulations.
- b) receiving reports from the Department's committees in order to evaluate, recommend and/or take action as needed.

- c) receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with medical privileges.
 - d) formulating operational concepts for presentation to members of the department and dissemination of same to Members with medical privileges.
 - e) making nominations for the Chairman-Elect.
 - f) proposing rules and regulations and policy amendments to the Department.
- 5.1.3 The Medical Advisory Committee shall meet every other month in the odd numbered months. It shall maintain a record of its proceedings and shall report its activity and recommendations either to the Department of Medicine or to the Executive Committee, whichever is applicable.

5.2 Subspecialties (Components)

- 5.2.1 The members of each subspecialty (component) of internal medicine (see Department of Medicine Internal Medicine Components) may meet in a committee structure to be composed of all the Active and Provisional Members of the subspecialty. The Committee may also include two (2) other Department members appointed by the Chairman if it is so desired by the Chairman. Non-voting administrative representatives may be invited to attend.
- 5.2.2 The duties of any subspecialty (component) committee are to provide input regarding quality assessment and other matters related to administration of the Department and may include:
- a) overseeing professional interpretation, on a rotation basis, of procedures performed in service areas.
 - b) advising or developing policies and procedures for service areas.
 - c) assisting or participating in the peer review and quality assessment mechanism.
 - d) assisting and advising the Medical Director of the service area, if applicable.
- 5.3.3 A subspecialty (component) committee may meet as often as deemed appropriate. They shall maintain a record of proceedings and shall report activity and recommendations to the Medical Advisory Committee.

ARTICLE VI AMENDMENTS

A motion for amendment of these rules and regulations or amendment to policies may be introduced during Department of Medicine meetings.

Adoption of rules and regulations and policy amendments to Department of Medicine policies or rules and regulations shall require a simple majority of Active Members present at a Department meeting. Amendments to Department of Medicine rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors. Amendments to departmental policies shall become effective after approval by the Department and Executive Committee. The Board may review any such policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.

MONITORING POLICY

Provisional (Category) Member's Responsibility

It is the responsibility of the Provisional Member

- a. to not admit a patient, provide consultation or perform a procedure without a monitor until satisfactory completion of monitoring.
- b. to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) or a Provisional (category) Member (with privileges equal to or greater than the privileges held by the physician needing to be monitored and who has completed his/her monitoring) to monitor his cases, be they admissions, consultations or procedures.

The monitors must be members of the Department of Medicine except in the case of procedures where monitoring may be performed by a member of another department, who has privileges in his department or in the Department of Medicine to do the procedure in question.

- c. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.

Time of Monitoring

Monitoring is to start within twenty-four (24) hours of admission and be conducted daily.

Scope of Monitoring

Monitoring is to include concurrent monitoring of all phases of a patient's hospitalization (admission, management, discharge, etc.).

Restrictions

Not more than one-half of the cases done by the Provisional Member shall be monitored by any one individual, and the remainder shall be monitored by at least two other individuals. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department of Medicine may permit an exception. In those cases where a monitor is not available, the physician should contact the Chairman of the Department for assistance. If the Chairman permits the case to proceed without a monitor, the case will be monitored retrospectively. Only half of the required monitoring will be permitted to be completed in a retrospective manner. Monitoring may be accepted from another facility where the applicant is an active member.

Number of Cases to be Monitored

At least the first six admissions. Procedural monitoring guidelines are attached.

Location of Monitoring

Cases may be monitored at either Palomar UCSD Medical Center Escondido or Palomar UCSD Medical Center Poway as long as the monitor holds privileges and is in good standing on the Medical Staff at Palomar UCSD Medical Center Escondido.

Advancement

Admission monitoring must be submitted and reviewed by the Department Chairman on at least the first six (6) admissions during the minimum of a one (1) year period or maximum two (2) year period prior to advancement from Provisional to either Active or Courtesy.

Responsibility of the Monitor

It is the responsibility of the monitor

- a. to review the indications for admission, the content of the history, physical and orders, assessment of problems, use of laboratory, x-ray, etc, use of consultants, rapport with patient and rapport with staff.
- b. to be physically present when a procedure is performed as well as reviewing the indication for the procedure, outcome, pre-procedural preparation, handling of specimens, technique, and the appropriateness of the procedure note, progress note, handling of complications, general patient care and suitability of orders.
- c. to have the power to interdict procedures or therapy which they deem dangerous or contraindicated pending evaluation by the Chairman or the Chief of Staff.
- d. except as indicated in (c) above, to refrain from interacting with the patient or writing in the patient's chart.
- e. to share conclusions, recommendations or suggestions with the Provisional Member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

Monitoring Forms

Monitoring forms may be obtained from the Medical Staff Services office. Once it is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Form by the Department Chairman

Once the Provisional Member's file contains the appropriate number of admission or procedural forms, the Medical Staff Services personnel will forward the Provisional Member's file to the Department Chairman for review.

Additional Monitoring

It is the prerogative of the Department Chairman to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the Department Chairman's decision.

Access to Monitoring Forms

The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

Additional Privileges

Requests for additional privileges may result in a monitoring requirement following procedural steps of this policy.

Emergency Department Consultation Rotation

Completion of admission and/or monitoring is not required to participate on the Primary Care emergency consultation rotation.

Temporary Privileges (after successful completion of the application process)

An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

EMERGENCY DEPARTMENT CONSULTATION POLICY

Requirement

The Department of Medicine is required to provide an Emergency Department Consultation Panel for Primary Care in conjunction with the Department of Family Practice. The Department of Medicine members will abide by the evaluation and clinical assessment of the Emergency medicine physician with regard to requesting evaluation and management assistance for an Emergency Department patient requiring hospitalization or medical treatment. The Emergency Medicine physician shall select a physician from the Primary Care call panel. When the Emergency Medicine physician determines that a patient requires evaluation and/or treatment by a particular subspecialist, the Emergency Medicine physician may select a physician from the appropriate subspecialist call panel without having to first involve the on call Primary Care Physician.

Primary Care

Palomar UCSD Health Authority may provide primary care call by utilizing a particular physician group pursuant to the terms of a contract, subject to review and comment by the Executive Committee and approval by the Board of Directors. To the extent that the contracted panel assumes the responsibility for primary care call, and so long as it is able to fully cover the call schedule, physicians will not be required to serve a separate general internal medicine rotational call. Otherwise, all members of the Department of Medicine (except Dermatologists) will be subject to serving rotationally on the Primary Care Emergency Department Call Panel, along with members of the Department of Family Practice. Internal Medicine subspecialists may be assigned to the Primary Care panel if the appropriate subspecialty call panel does not exist.

Cardiology

Members of this panel are to be board certified in cardiology (or have equivalent training). (Cardiologists may serve on both the Primary Care panel and Cardiology panel at their discretion.

Subspecialty Consultation

The Department of Medicine will create subspecialty call panels including but not necessarily limited to Cardiology, Pulmonology, and Neurology. The physicians on these panels will respond to the Emergency Medicine physician's request to assume evaluation and management services for a patient, to include hospitalization, if indicated.

Provisional

A Provisional (category) Member is required to provide emergency department consultation. Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed.

Active

An Active (category) Member is required to provide emergency department consultation.

Courtesy

A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve if the Courtesy member has met the monitoring requirements outlined above. A Courtesy Member may volunteer to serve.

Consulting

A Consulting (category) Member is not required to provide emergency department consultation.

Affiliate

An Affiliate (category) Member is not required to provide emergency department consultation.

Age 60

Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

Trauma

Involvement in the provision of care for the trauma program is voluntary.

Coverage

It is permissible for a person on the emergency department consultation rotation to give his call to another member of the panel on a voluntary basis. The person giving up call will be responsible for making arrangements and for notifying the Emergency Department and the Medical Staff Services office of this arrangement. If a physician is unable to provide coverage on the day designated, it is his responsibility to arrange coverage via another physician and so notify the Emergency Department and the Medical Staff Services office.

Rotation

Those physicians who are simultaneously on call for primary medicine at another hospital will not be scheduled for primary medicine call on the same day at Palomar UCSD Health Authority.

Sanctions/Exemptions

At the discretion of the Department Chairman, or upon a request by the Department as a whole, a Sanction/Exemptions Committee may be formed. The Sanctions/Exemptions Committee will review and recommend action (on requests from those Members who wish to be excused from providing emergency department consultation) to the Medical Advisory Committee. The Sanctions/Exemptions Committee will also review and recommend action if a Member of the Department of Medicine refuses to serve on the call panel. The refusal could result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Refusal to Provide Emergency Department Consultation

Refusal to provide emergency department consultation may result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Response Time

Response to the Emergency Department for on-call physicians shall be in accordance with the Medical Staff bylaws, rules and regulations.

GUIDELINES FOR PRIVILEGES

Responsibility of the Credentials Committee of the Medical Staff

To interview the applicant and to determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar UCSD Medical Center Escondido.

Responsibility of the Department

To determine documented and demonstrable skill, experience and education relative to the diagnostic and treatment procedures and pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested. The Department Chairman is to review all privileging criteria prior to submission of same to the Medical Advisory Committee.

Acute Care at Home

Acute care at home care, like inpatient care is a team based patient care process. The providers will on a day-to-day basis use telehealth communication and the designated power plans to provide this continuity of care for patients in this setting.

Resources

- a. Education/Training
Application process includes submission of a questionnaire to the director of the internship and residency. This questionnaire includes the question, “did the applicant’s training include those procedures being requested”. A copy of the applicant’s checklist is included.
- b. Reference Letters
- c. Malpractice Coverage Limitations
- d. Criteria
(as developed for specific procedures: e.g. pacemakers in cath lab; electrophysiology; cardiac cath; PTCAs)
- e. Department of Medicine policy entitled “Department of Medicine Monitoring Policy”.
- f. Department of Medicine policy entitled “Department of Medicine Attendance Policy”.

ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Medicine, 25% of the Department meetings must be attended during a Medical Staff Year (January through December) which equals one meeting. Attendance at subspecialty committees is strongly encouraged but is not subject to sanctions with the exception of the Cardiac Cath Conference which has a fifty-percent (50%) meeting attendance requirement. In lieu of attendance at 25% of the Department meetings, physicians that are scheduled less than five shifts per month, which is verified by the Department Medical Directors, may review two of the meeting's minutes for that calendar year in the Medical Staff Services Office.

Sanctions

Non-compliance with the 25% attendance requirement of the Department of Medicine and the 50% attendance requirement of the Cardiac Cath Conference is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

Department of Medicine

Department of Medicine meetings are typically held on the first Tuesday of the even numbered months.

Medical Advisory Committee

The Medical Advisory Committee meetings are typically held on the third Monday of every other month (in the odd numbered months).

Subspecialty Committee meetings may be held:

Cardiology Committee

Gastroenterology Committee

Pulmonary Committee

Neurology Committee

Other subspecialty (components) may meet in a committee format as necessary

Advancement to Active

Compliance with the attendance requirement is necessary for advancement of a Provisional (category) Member to an Active (category) Member.

Advancement to Courtesy

Compliance with the attendance requirement is not necessary for advancement of a Provisional (category) Member to a Courtesy (category) Member. Non-attendance during the provisional period may, however, affect a later request from a Courtesy Member to become an Active Member.

DEPARTMENT OF MEDICINE COMPONENTS

The components of the Department of Medicine as referenced in the Department rules and regulations under membership are:

Allergy
Cardiology
Dermatology
Endocrinology
Gastroenterology
Hematology/Oncology
Infectious Disease
Nephrology
Neurology
Palliative Care
Pulmonology
Rheumatology

Meetings

Components (or subspecialties) may meet in a committee structure as outlined in the Department of Medicine rules and regulations.

ALLIED HEALTH PROFESSIONALS

The role of Allied Health Professionals in the Department of Medicine is outlined in the Medical Staff Allied Health Professional Authorization Procedure and the specialty specific privilege checklists.

PERFORMANCE IMPROVEMENT REVIEW POLICY

Performance Improvement review will be performed primarily by the Department of Medicine in conjunction with the Medical Staff Peer Review Committee as defined in the Palomar UCSD Health Authority Peer Review Policy.

ADDENDUM C

Source:
Board of
Directors

Applies to Facilities:
All Palomar UCSDHealth
Facilities

Applies to
Departments:
Board of Directors

**Policy: Disruption of Telephonic or Internet Service Occurring During
Open and Public Meetings of the Palomar UCSD Health Authority Board
of Directors**

I. PURPOSE:

A. It is the intention of the Palomar UCSD Health Authority Board of Directors to comply with the requirements of the Brown Act regarding disruption of telephonic or internet service during open and public meetings of the Palomar UCSD Health Authority Board of Directors. This policy is intended to provide procedures for recessing and reconvening an open and public meeting in the event of disruption of telephonic or internet service and the efforts that the Palomar UCSD Health Authority Board of Directors shall make to restore the service.

II. DEFINITIONS:

- A. "Two-way audiovisual platform" means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic service.
- B. "Two-way telephonic service" means a telephone service that does not require internet access and allows participants to dial a telephone number to listen and verbally participate.

III. TEXT / STANDARDS OF PRACTICE:

- A. If a disruption of telephonic or internet service that prevents members of the public from attending or observing the meeting via the two-way telephonic service or two-way audiovisual platform occurs during the meeting, the Palomar UCSD Health Authority Board of Directors shall recess the open session of the meeting for at least one (1) hour and make a good faith attempt to restore the service. Good faith attempts may include requesting that information technology personnel try to remedy the disruption. The Palomar UCSD Health Authority Board of Directors may meet in closed session during this period. The Palomar UCSD Health Authority Board of Directors shall not reconvene the open session of the meeting until at least one (1) hour following the disruption, or until telephonic or internet service is restored, whichever is earlier.
- B. Upon reconvening the open session, if telephonic or internet service has not been restored, the Palomar UCSD Health Authority Board of Directors shall adopt a finding by rollcall vote that good faith efforts to restore the telephonic or internet service have been made in accordance with this Policy and that the public interest in continuing the meeting outweighs the public interest in remote public access.
- C. This policy will be reviewed and updated as required or at least every three years.

IV. ADDENDUM:

Original Document Date: _____
Reviewed: _____
Revision Number: 1 Dated: _____

RESOLUTION NO. 10.01.26(01)-26

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR UCSD HEALTH
AUTHORITY ACKNOWLEDGING AND APPROVING THE APPOINTMENT
OF THE CHIEF FINANCIAL OFFICER**

WHEREAS, on October 31, 2025, pursuant to the Joint Exercise of Powers Act, California Government Code § 6500 *et seq.* (the “**JPA Act**”), Palomar Health, a California local healthcare district and political subdivision of California organized pursuant to Division 23 of the California Health and Safety Code, and The Regents of the University of California, a California constitutional corporation organized and existing under Article IX, Section 9 of the Constitution of California, on behalf of the University of California, San Diego Health, entered into that certain Joint Exercise of Powers Agreement (the “**JPA Agreement**”) and created the Palomar UCSD Health Authority, a California joint powers authority established pursuant to the JPA Act (the “**Authority**”);

WHEREAS, pursuant to the Bylaws of the Authority (the “**Bylaws**”), the Chief Executive Officer of UCSD Health and the Chief Executive Officer of the Authority have appointed Andrew Ferguson to serve as the Chief Financial Officer of the Authority (the “**Chief Financial Officer**”); and

WHEREAS, the Board of the Authority (the “**Board**”) desires to acknowledge and approve the appointment of the Chief Financial Officer and authorize the Chief Financial Officer as an authorized signatory of the Authority.

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board hereby acknowledges and approves the appointment of Andrew Ferguson to serve as the Chief Financial Officer, having such duties and authority as are set forth in the JPA Agreement and the Bylaws and such additional duties as may be assigned by the Chief Executive Officer of the Authority;

FURTHER RESOLVED, that the Chief Financial Officer is hereby deemed to be an authorized signatory of the Authority and may negotiate, execute and deliver agreements and instruments in the name and on behalf of the Authority, subject to any limitations set forth in the JPA Agreement, the Bylaws, the Delegation of Authority Policy, or by the Chief Executive Officer of the Authority.

PASSED AND ADOPTED by the Board of Directors of the Palomar UCSD Health Authority held on October 1, 2026, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

PALOMAR UCSD HEALTH
AUTHORITY

DATED: October 1, 2026

APPROVED:	ATTESTED:
Pauline Gourdie, Chair Board of Directors Palomar UCSD Health Authority	Margarita Baggett, Vice-Chair Board of Directors Palomar UCSD Health Authority

DRAFT

RESOLUTION NO. 10.01.26(02)-27

**RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR UCSD HEALTH
AUTHORITY ADOPTING THE CERTIFICATE OF INCUMBENCY**

WHEREAS, on October 31, 2025, pursuant to the Joint Exercise of Powers Act, California Government Code § 6500 *et seq.* (the “**JPA Act**”), Palomar Health, a California local healthcare district and political subdivision of California organized pursuant to Division 23 of the California Health and Safety Code (“**Palomar**”), and The Regents of the University of California, a California constitutional corporation organized and existing under Article IX, Section 9 of the Constitution of California, on behalf of the University of California, San Diego Health (“**UCSD Health**”), entered into that certain Joint Exercise of Powers Agreement (the “**JPA Agreement**”) and created the Palomar UCSD Health Authority, a California joint powers authority established pursuant to the JPA Act (the “**Authority**”);

WHEREAS, in accordance with the JPA Agreement and the Bylaws of the Authority (the “**Bylaws**”), the Board of the Authority (the “**Board**”) desires to take all actions necessary and appropriate to organize and operationalize the Authority;

WHEREAS, pursuant to Resolution No. 08.04.26(05)-23 and in accordance with the JPA Agreement and the Bylaws, the Board acknowledged and approved the appointment of the Executive Management Team of the Authority;

WHEREAS, pursuant to Resolution No. 10.01.26(01)-26 and in accordance with the JPA Agreement and the Bylaws, the Board acknowledged and approved the appointment of the Chief Financial Officer of the Authority;

WHEREAS, the Board desires to designate the Chief Executive Officer and certain other subordinate officers as authorized signatories on its Certificate of Incumbency of the Authority for the purposes of conducting business and to meet certain operational requirements.

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby authorizes and approves the designation of the Chief Executive Officer and the following certain other subordinate officers as authorized signatories on its Certificate of Incumbency of the Authority for the purposes of conducting business and to meet certain operational requirements:

Chief Executive Officer
Chief Financial Officer
Chief Medical Officer
Chief Human Resources Officer
Vice President of Finance

FURTHER RESOLVED, that Chief Executive Officer and the certain other designated subordinate officers listed above shall be included on the Certificate of Incumbency of the Authority for the purposes of conducting business and to meet certain operational requirements

PASSED AND ADOPTED at a meeting of the Board of Directors of Palomar UCSD Health Authority held on October 1, 2026, by the following vote:

AYES:

NOES:

ABSTAINING:

ABSENT:

Dated: October 1, 2026

APPROVED:	ATTESTED:
Pauline Gourdie, Chair Board of Directors Palomar UCSD Health Authority	Margarita Baggett, RN, MSN, Vice Chair Board of Directors Palomar UCSD Health Authority

**CERTIFICATE OF INCUMBENCY
PURSUANT TO RESOLUTION NO. 10.01.26(02)-27**

I, Janet Kren, Assistant to the Board of Directors of Palomar UCSD Health Authority, a joint exercise of powers authority duly formed and validly existing under the laws of the State of California, do hereby certify that the following individuals hold the offices indicated below. I further certify that the signature opposite the name and title of such individual is his or her genuine signature.

<u>Name</u>	<u>Title and Phone Number</u>	<u>Signature</u>
Diane L. Hansen	Chief Executive Officer (760) 740-6395	_____
Andrew Ferguson	Chief Financial Officer (760) 740-6385	_____
Omar Khawaja, M.D.	Chief Medical Officer (760) 740-6363	_____
Russell Riehl	Chief Human Resources Officer (760) 740-6361	_____
Melissa Wallace	Vice President of Finance (442) 281-3737	_____

IN WITNESS WHEREOF, I do hereby attest to the above individuals, positions, and signatures.

Janet Kren
Assistant to the Board of Directors

Dated: October 1, 2026

PALOMAR | UC San Diego Health

July 2026

Financial Performance

Volume

Metric	Month					2027 Fiscal Year to Date				
	Actual Jul-26	Budget Jul-26	Var % Jul-26	Prior Yr Jul-25	PY Var % Jul-25	Actual Jul-26	Budget Jul-26	Var % Jul-26	Prior Yr Jul-25	PY Var % Jul-25
Inpatient Volumes										
Discharges - Total	2,449	2,359	3.8%	2,324	5.4%	2,449	2,359	3.8%	2,324	5.4%
Acute	2,420	2,316	4.5%	2,292	5.6%	2,420	2,316	4.5%	2,292	5.6%
The Villas at Poway	29	43	(33.3%)	32	(9.4%)	29	43	(33.3%)	32	(9.4%)
Patient Days - Total	13,099	11,917	9.9%	12,083	8.4%	13,099	11,917	9.9%	12,083	8.4%
Acute	10,449	9,175	13.9%	9,388	11.3%	10,449	9,175	13.9%	9,388	11.3%
The Villas at Poway	2,650	2,742	(3.4%)	2,695	(1.7%)	2,650	2,742	(3.4%)	2,695	(1.7%)
Acute Adjusted Discharges	3,831	3,825	0.2%	3,700	3.5%	3,831	3,825	0.2%	3,700	3.5%
Total Adjusted Discharges*	3,862	3,774	2.3%	3,734	3.4%	3,862	3,774	2.3%	3,734	3.4%
Acute Adjusted Patient Days	16,543	14,686	12.6%	15,156	9.2%	16,543	14,686	12.6%	15,156	9.2%
Total Adjusted Patient Days*	19,193	17,453	10.0%	17,851	7.5%	19,193	17,453	10.0%	17,851	7.5%
Acute Average Daily Census	337	296	13.9%	303	11.3%	337	296	13.9%	303	11.3%
Total Average Daily Census*	423	384	9.9%	390	8.4%	423	384	9.9%	390	8.4%
Acute Average LOS - Days	4.32	3.96	(8.3%)	4.10	(5.1%)	4.32	3.96	(8.3%)	4.10	(5.1%)
Surgery & Delivery										
Surgeries - Total	985	944	4.37%	950	3.7%	985	944	4.4%	950	3.7%
Inpatient	547	524	4.4%	531	3.0%	547	524	4.4%	531	3.0%
Outpatient	438	420	4.3%	419	4.5%	438	420	4.3%	419	4.5%
Deliveries	248	247	0.3%	250	(0.8%)	248	247	0.3%	250	(0.8%)

*Includes The Villas at Poway

Volume (Continued)

Metric	Month					2027 Fiscal Year to Date				
	Actual	Budget	Var %	Prior Yr	PY Var %	Actual	Budget	Var %	Prior Yr	PY Var %
	Jul-26	Jul-26	Jul-26	Jul-25	Jul-25	Jul-26	Jul-26	Jul-26	Jul-25	Jul-25
Emergency Department										
ER Visits (Includes Trauma) - Total	10,574	10,657	-0.78%	10,407	1.6%	10,574	10,657	(0.8%)	10,407	1.6%
Inpatient	1,999	1,953	2.33%	1,904	5.0%	1,999	1,953	2.3%	1,904	5.0%
Outpatient	8,575	8,703	-1.48%	8,503	0.9%	8,575	8,703	(1.5%)	8,503	0.9%
Specialty Services										
Cardiac Cath RVUs	1,218	1,266	-3.81%	1,225	(0.6%)	1,218	1,266	(3.8%)	1,225	(0.6%)
Escondido Interv. Radiology RVUs	1,114	842	32.29%	839	32.8%	1,114	842	32.3%	839	32.8%
Poway Interv. Radiology RVUs	286	330	-13.36%	319	(10.2%)	286	330	(13.4%)	319	(10.2%)
Radiation Oncology RVUs	3,626	3,348	8.30%	3,620	0.2%	3,626	3,348	8.3%	3,620	0.2%
Infusion Therapy Hours	1,035	1,053	-1.76%	1,038	(0.3%)	1,035	1,053	(1.8%)	1,038	(0.3%)
Imaging										
Escondido CAT Procedures	10,717	10,293	4.11%	9,849	8.8%	10,717	10,293	4.1%	9,849	8.8%
Poway CAT Procedures	3,081	3,036	1.48%	2,901	6.2%	3,081	3,036	1.5%	2,901	6.2%
Escondido MRI Procedures	623	578	7.83%	533	16.9%	623	578	7.8%	533	16.9%
Poway MRI Procedures	164	178	-7.63%	156	5.1%	164	178	(7.6%)	156	5.1%
Escondido Diagnostic Rad. Procedures	6,995	7,156	-2.24%	7,123	(1.8%)	6,995	7,156	(2.2%)	7,123	(1.8%)
Poway Diagnostic Rad. Procedures	2,191	2,265	-3.28%	2,173	0.8%	2,191	2,265	(3.3%)	2,173	0.8%

Condensed Combining Statement of Net Position – July 2026

Assets	JPA	PHMG	Eliminations	Consolidated
Current assets	415,965,121	21,980,003	-	437,945,124
Capital assets - net	216,240,187	3,070,746	-	219,310,933
Right of use assets - net	327,627,224	28,929,981	(14,999,533)	341,557,672
Non-current assets	190,123,245	1,507,983	-	191,631,228
Total assets	1,149,955,777	55,488,713	(14,999,533)	1,190,444,957
Deferred outflow of resources	-	-	-	-
Total assets & deferred outflow of resources	1,149,955,777	55,488,713	(14,999,533)	1,190,444,957
Liabilities and Net Position	JPA	PHMG	Eliminations	Consolidated
Current liabilities	216,562,701	30,014,136	-	246,576,837
Long-term liabilities	771,083,648	-	-	771,083,648
Right of use lease liabilities	328,713,574	30,802,461	(16,763,683)	342,752,353
Total liabilities	1,316,359,923	60,816,597	(16,763,683)	1,360,412,838
Deferred inflow of resources - deferred revenue	72,572,586	-	-	72,572,586
Total liabilities and deferred inflow of resources	1,388,932,509	60,816,597	(16,763,683)	1,432,985,424
Net Position				
Net investment in capital assets	(364,861,649)	567,109	-	(364,294,540)
Restricted		-	-	-
Unrestricted	125,884,918	(5,894,994)	1,185,017	121,174,942
Total net position	(238,976,732)	(5,327,884)	1,185,017	(243,119,599)
Total liabilities, deferred inflow of resources and net position	1,149,955,777	55,488,713	(15,578,665)	1,189,865,825

Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position – July 2026

Operating Revenue	JPA	PHMG	Eliminations	Consolidated
Net patient service revenue	72,569,345	5,644,314		78,213,659
Shared risk revenue	6,033,501	1,296,522		7,330,023
Other revenue	883,166	849,089		1,732,255
PH Program revenue	-	461,260	(461,260)	-
Total operating revenue	79,486,012	8,251,185	(461,260)	87,275,937
Operating Expenses				
Operating expenses	70,774,747	14,552,805	(512,312)	84,815,241
Depreciation and amortization	2,526,112	165,705	-	2,691,817
Total operating expenses	73,300,859	14,718,510	(512,312)	87,507,058
Income (loss) from operations	6,185,153	(6,467,326)	51,052	(231,121)
Non-Operating Income (Expense)				
Investment income	892,179	-	-	892,179
Interest expense	(4,717,744)	-	-	(4,717,744)
Intergovernmental revenue (expense)	2,158,334	-	-	2,158,334
Other - net	(1,204,432)	(16,371)	(630,184)	(1,850,987)
Total non-operating income (expense)	(2,871,662)	(16,371)	(630,184)	(3,518,217)
Eliminations Change in Net Position			1,185,017	1,185,017
Interfund - PHMG	(5,812,487)	4,123,328		(1,689,159)
Special item - Transfer of Ops from District	(236,477,736)			(236,477,736)
Change in net position	(238,976,732)	(2,360,369)	1,185,017	(240,152,084)
Net Position - Beginning of year	-	(2,967,515)	-	(2,967,515)
Net Position - Year to date	(238,976,732)	(5,327,884)	1,185,017	(243,119,599)

Note: The special item reflects the net liabilities assumed by the Authority upon the transfer of operations from the District effective July 1, 2026

JPA Hospital Income Statement – July 2026

Revenue	Actual	Budget	Fav / (Unfav)	Var %
Gross Revenue	591,680,002	568,767,294	22,912,709	4.0%
Deductions from Revenue	(513,077,156)	(492,081,027)	(20,996,129)	-4.3%
Net Patient Revenue	78,602,846	76,686,267	1,916,579	2.5%
Other Operating Revenue	883,166	1,083,717	(200,551)	-18.5%
Total Net Revenue	79,486,012	77,769,984	1,716,029	2.2%
Operating Expenses	Actual	Budget	Fav / (Unfav)	Var %
Salaries, Wages & Contract Labor	43,797,371	40,294,607	(3,502,764)	-8.7%
Supplies	10,290,148	11,465,005	1,174,857	10.2%
Pro Fees & Purchased Services	13,365,728	14,142,892	777,164	5.5%
Depreciation & Amortization	2,526,112	3,209,322	683,210	21.3%
Other	3,321,500	3,787,964	466,464	12.3%
Total Expenses	73,300,859	72,899,790	(401,069)	-0.6%
Income from Operations	6,185,153	4,870,194	1,314,960	27.0%
Non-Operating Revenue (Expense)	Actual	Budget	Fav / (Unfav)	Var %
Intergovernmental Revenue (Exp)	2,158,334	2,158,333	1	0.0%
Investment Income	892,179	1,031,737	(139,558)	-13.5%
Interest Expense	(3,369,833)	(3,254,998)	(114,836)	-3.5%
Interest ROU	(1,347,910)	(1,243,744)	(104,167)	-8.4%
Other	(1,204,432)	(1,405,992)	201,560	14.3%
Total Non-Operating Income	(2,871,662)	(2,714,663)	(156,999)	-5.8%
Net Income (Loss)	3,313,491	2,155,531	1,157,960	53.7%
EBITA	10,557,347	9,863,594	693,753	
EBITA Margin	13.3%	12.7%	0.6%	

JPA Hospital Statement of Net Position – July 2026

Assets	Jul-26	Liabilities	Jul-26
Current Assets		Current Liabilities	
Cash and cash equivalents	5,862,706	Accounts payable	86,196,876
Investments	-	Other payroll liabilities	9,952
Board designated	-	Accrued interest payable	11,412,802
Total cash, cash equivalents & investments	5,862,706	Accrued interest payable - ROU	1,347,910
		Current portion of bonds	9,365,000
Patient Accounts Receivable	583,087,179	Current portion of lease liabilities	23,292,985
Allowance on Accounts	(467,642,485)	Est third party settlements	5,500,816
Net accounts receivable	115,444,694	Other current liabilities	104,077,255
		Total Current Liabilities	241,203,596
Inventories	13,494,182		
Prepaid Expenses	6,136,482	Long-Term Liabilities	
Third Party Receivable	181,313,584	Other long-term liabilities	70,142,857
Other	93,713,473	Bonds & contracts payable	700,940,791
Total current assets	415,965,121	Lease Liabilities	304,072,679
		Total long-term liabilities	1,075,156,327
Non-Current Assets		Total liabilities	1,316,359,923
Restricted Assets	88,145,141		
Restricted Other	-	Deferred Inflow of Resources	
Total restricted assets	88,145,141	Unearned revenue	72,572,586
		Total liabilities & deferred inflow	1,388,932,509
Property Plant & Equipment	212,423,472		
Accumulated depreciation	(1,016,225)	Net Position	
Construction in process	4,832,940	Unrestricted	(238,976,732)
Net property, plant & equipment	216,240,187	Restricted for other purpose	-
		Board designated	
Right of Use Assets		Total net position	(238,976,732)
Building leases	294,222,125		
Subleases	166,553	Total liabilities, deferred inflow of resources and net position	1,149,955,777
Equipment leases	18,988,831		
SBITA	14,249,715		
Net right of use assets	327,627,224		
Investment in related companies	5,967,245		
Deferred financing costs	6,648,952		
Other non-current assets	89,361,907		
Total non-current assets	733,990,656		
Total assets	1,149,955,777		

PHMG Income Statement - July 2026

Operating Revenue	Actuals	Budget	Fav / (Unfav)	Var %
FFS Revenue	5,506,589	5,951,272	(444,683)	-7.5%
Managed Care Premiums	2,972,100	2,654,763	317,337	12.0%
Risk Share and Incentives	42,463	52,711	(10,248)	-19.4%
Other Revenue	1,267,885	1,312,610	(44,725)	-3.4%
Total Revenue	9,789,038	9,971,356	(182,318)	-1.8%

Operating Expenses	Actuals	Budget	Fav / (Unfav)	Var %
Outside Medical Claims	1,537,853	1,426,757	(111,096)	-7.8%
Physician Cost	7,715,020	7,553,166	(161,854)	-2.1%
APP Cost	396,616	394,560	(2,056)	-0.5%
Staffing and Temp Help	2,992,823	2,536,705	(456,118)	-18.0%
Occupancy Costs	930,826	943,657	12,831	1.4%
Leases & Rentals	54,492	40,665	(13,827)	-34.0%
Repairs and Maintenance	24,569	38,177	13,608	35.6%
Medical Supplies	324,875	493,728	168,854	34.2%
Depreciation and Amort	165,705	174,227	8,521	4.9%
Purchased Services	1,162,307	1,119,338	(42,969)	-3.8%
Other G&A	951,278	1,004,069	52,792	5.3%
Total Operating Expenses	16,256,363	15,725,050	(531,314)	-3.4%

Net Income from Operations	(6,467,326)	(5,753,694)	(713,632)	-12.4%
-----------------------------------	--------------------	--------------------	------------------	---------------

Non-Operating Income (Expense)	Actuals	Budget	Fav / (Unfav)	Var %
Non-Operating Inc/Exp	(16,371)	(27,213)	10,842	39.8%
Total Non Operating Income (Expense)	(16,371)	(27,213)	10,842	39.8%

Net Income	(6,483,697)	(5,780,907)	(702,790)	-12.2%
-------------------	--------------------	--------------------	------------------	---------------

PHMG Statement of Net Position - July 2026

Assets	Jul-26	Jun-26
Cash	5,022,174	4,432,763
Patient Accounts Receivable	88,967,126	85,239,995
Allowance on Accounts	(75,973,105)	(71,732,745)
Patient Accounts Receivable - Net	12,994,021	13,507,250
Accounts Receivable - Other	1,975,130	4,329,576
Accounts Receivable - PAC	-	-
Inventories	-	-
Prepaid Expenses	1,988,678	1,893,242
Total Current Assets	21,980,003	24,162,831
Operating Lease - Net	28,929,981	29,398,009
Fixed Assets - Net	3,070,746	3,225,726
Intangible Assets - Net	1,239,288	1,254,630
Investment in Other Companies	232,081	241,851
Deposits	36,615	36,721
PH Restricted Assets	-	-
Total Assets	55,488,713	58,319,769

Liabilities	Jul-26	Jun-26
Accounts Payable - Trade	212,791	756,779
Accounts Payable - Medical Group	9,788,705	9,050,531
Accounts Payable - Other	3,320,691	243,260
Payroll and Related Costs	1,913,836	2,833,202
IBNR	-	-
Accrued Interest	-	-
Operating Lease Liability - Current	5,402,440	5,406,340
Notes Payable - Current	32,291	32,291
Credit Balance Accts & Patient Refunds	1,967,034	2,004,662
Accrued Expenses - PH	-	-
Deferred Rent Placeholder	-	-
Other Accrued Expenses	12,778,788	15,103,931
Total Current Liabilities	35,416,576	35,430,995
Note Payable LT	-	-
Operating Lease Liability - LT	25,400,022	25,856,289
Bonds/Contracts Payable	-	-
Total Long-Term Liabilities	25,400,022	25,856,289
Total Liabilities	60,816,597	61,287,284

Net Position	Jul-26	Jun-26
Beginning Net Surplus(Deficit)	(161,928,454)	(201,951,063)
Contributions	163,084,266	202,571,380
Current Surplus(Deficit)	(6,483,697)	(3,587,832)
Net Position	(5,327,884)	(2,967,515)

PHMG Statement of Cash Flows

Cash flows from Operating Activities

Deficiency of unrestricted revenue over expense	(6,483,697)
Adjustments to reconcile change in deficit to net cash used by operating activities:	

Depreciation and Amortization	165,705
Provision for bad debts	(340,067)
Contributions from PH	4,123,328

Loss on sale of property and equipment

Changes in operating assets and liabilities:

Patient Accounts Receivable Net	815,669
Other receivables	2,354,552
PAC receivable	-
Prepaid expenses and other assets	(95,436)
Operating Lease - Net	468,029
Accounts Payable	3,271,618
Accrued payroll expenses	(919,366)
Accrued interest	-
IBNR	-
Operating Lease Liability	(460,168)
Notes Payable - Current	-
Accrued expenses - PH	-
Other accrued expenses	(2,325,143)
Deferred rent	-

Net cash used by operating activities	575,024
--	----------------

Cash flows from Investing Activities:

Purchases of property and equipment	4,616
Investment in Other Companies	9,771

Net cash used by investing activities	14,387
--	---------------

Cash flows from Financing Activities:

Principal payments on notes payable	-
Contributions (PH and others)	-

Net cash provided by financing activities	-
--	----------

Net increase (decrease) in cash	589,411
--	----------------

Cash, beginning	4,432,763
------------------------	------------------

Cash, ending	5,022,174
---------------------	------------------

District Income Statement – July 2026

Revenue	Actual	Budget	Fav / (Unfav)	Var %
Other Operating Revenue	42,209,869	39,210,207	2,999,662	7.7%
Total Net Revenue	42,209,869	39,210,207	2,999,662	7.7%
Operating Expenses	Actual	Budget	Fav / (Unfav)	Var %
Salaries, Wages & Contract Labor	33,268,642	31,310,610	(1,958,032)	-6.3%
Benefits	8,345,562	7,932,926	(412,636)	-5.2%
Supplies	85,992	956	(85,036)	-8898.3%
Pro Fees & Purchased Services	21,676	25,050	3,375	13.5%
Depreciation & Amortization	2,396,640	2,320,742	(75,898)	-3.3%
Other	-	24,596	24,596	100.0%
Total Expenses	44,118,511	41,614,880	(2,503,631)	-6.0%
Income from Operations	(1,908,642)	(2,404,673)	496,031	20.6%
Non-Operating Revenue (Expense)	Actual	Budget	Fav / (Unfav)	Var %
Property Tax Revenue	6,466,667	6,466,667	-	0.0%
Intergovernmental Revenue (Exp)	(2,158,334)	(2,158,333)	(1)	0.0%
Investment Income	228,932	169,333	59,599	35.2%
Interest Expense	(2,906,976)	(2,897,950)	(9,026)	-0.3%
Other	70,445	(1,190)	71,634	6021.8%
Total Non-Operating Income	1,700,734	1,578,527	122,206	7.7%
Net Income (Loss)	(207,908)	(826,146)	618,238	74.8%
EBITA	5,095,708	4,392,546	703,161	
EBITA Margin	12.1%	11.2%	0.9%	

District Statement of Net Position – July 2026

Assets	Jul-26	Liabilities	Jul-26
Current Assets		Current Liabilities	
Cash and cash equivalents	10,395,874	Accounts payable	23,766,785
Investments	(100,744)	Accrued payroll	12,795,300
Board designated	-	Accrued PTO	26,486,462
Total cash, cash equivalents & investments	10,295,130	Accrued payroll taxes	2,133,788
		Other payroll liabilities	20,966,776
Inventories	21,726	Accrued interest payable	27,641,066
Prepaid Expenses	3,239,990	Accrued interest payable - ROU	17,069
Third Party Receivable	-	Current portion of bonds	10,806,216
Other	49,011,953	Current portion of lease liabilities	-
Total current assets	62,568,799	Est third party settlements	-
		Other current liabilities	92,982,372
Non-Current Assets		Total Current Liabilities	217,595,834
Restricted Assets	81,387,229		
Restricted Other	358,718	Long-Term Liabilities	
Total restricted assets	81,745,947	Other long-term liabilities	(11,905)
		Bonds & contracts payable	611,776,085
Property Plant & Equipment	1,350,269,580	Lease liabilities	
Accumulated depreciation	(694,644,726)	Total long-term liabilities	611,764,180
Construction in process	43,051,060		
Net property, plant & equipment	698,675,914	Total liabilities	829,360,014
Right of Use Assets		Net Position	
Building leases	-	Unrestricted	16,539,345
Subleases	-	Restricted for other purpose	358,718
Equipment leases	-	Board designated	-
SBITA	-	Total net position	16,898,063
Net right of use assets	-		
		Total liabilities, deferred inflow of resources and net position	846,258,077
Investment in related companies	5,000		
Deferred financing costs	997,939		
Other non-current assets	2,264,480		
Total non-current assets	783,689,280		
Total assets	846,258,079		

Bond Covenants

Days Cash on Hand Covenant		FY27 YTD July, 31, 2026 Consolidated
Cash and Cash Equivalents*		21,180,010
Divide Total by Average Adjusted Expenses per Day		
Total Expenses		87,507,058
Less: Depreciation and Amortization		2,691,817
Adjusted Expenses		86,865,405
Number of days in period		31
Average Adjusted Expenses per Day		2,802,110
Days Cash on Hand		7.6
REQUIREMENT		15
		Not Achieved

Debt Service Coverage Ratio		FY27 YTD July, 31, 2026 Consolidated
Excess of revenues over expenses		(3,749,338)
REVERSE:		
Depreciation and Amortization		2,691,817
Depreciation and Amortization-NonOp		1,541,996
Interest Expense		4,717,744
Income Available for Debt Service		5,202,219
Divided by:		
Debt Service Adjusted by Number of Days in Period		4,780,825
Maximum Annual Debt Service (excludes GO Bonds)		56,290,359
Debt Service Coverage Ratio		1.09
REQUIREMENT		1.15
		Not Achieved

*Note: Cash and Cash Equivalents includes JPA, PHMG and District cash