

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
March 26, 2026 – 3:30 o'clock p.m.
Assembly Rooms 2 & 3 – Eugene L. Geil Pavilion
4002 Vista Way, Oceanside, CA 92056**

**Director Younger will attend via Zoom pursuant to Government Code 54953(b) at The Courthouse Hotel
Shoreditch; 335-337 Old Street, London, EC1V 9LL**

The Board may take action on any of the items listed below, unless the item is specifically labeled “Informational Only”

<https://us02web.zoom.us/j/81944130595?pwd=b1NTidz1sMUaDWVaC7ARooBSGxR9VI.1>

OR

Dial-in: +1-(669) 900-6833

Meeting ID: 819 4413 0595

Passcode: 115688

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	2 min.	Board Counsel
3	Roll Call / Pledge of Allegiance		
4	Approval of Agenda	2 min	Standard
5	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
6	Service Lines Spotlight: a) Respiratory/Pulmonary Rehab – Margaret Strimple, Manager b) Sterile Processing Department (SPD) – Sheldon Jackson, Manager	5 min. 5 min.	CNE

Note: This certifies that a copy of this agenda was posted in the entrance to the Tri-City Medical Center at 4002 Vista Way, Oceanside, CA 92056 at least 72 hours in advance of the meeting. Any writings or documents provided to the Board members of Tri-City Healthcare District regarding any item on this Agenda is available for public inspection in the Administration Department located at the Tri-City Medical Center during normal business hours.

Note: If you have a disability, please notify us at 760-940-3348 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

	Agenda Item	Time Allotted	Requestor
7	Executive Reports	5 min.	COO/CNE/CIO/ Foundation President
8	February 2026 Financial Statement Results	10 min.	CFO
9	Old Business – None		
10	New Business		
	a) Consideration to approve the renewal of an agreement with Kaiser Foundation Hospitals and Southern California Permanente Medical Group for Emergency Medicine Resident(s) and Fellow’s trainees, for a term of 60 months, beginning July 1, 2026 and ending June 30, 2031, at no additional cost.	5 min.	CNE
	b) Consideration to approve Amendment #1 to the Professional Services Agreement between Tri-City Healthcare District and Pulmonary Specialists of North County, Inc. for a one-year term, beginning April 1, 2026 for a total anticipated cost for the term of \$600,000 (based on provider productivity).	5 min.	COO
	c) Consideration to approve the 2026 Amendment to the June 7, 2023 Chief Executive Officer Employment Contract.	5 min.	Chair
11	Chief of Staff -		
	a) Consideration of March 2026 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on March 23, 2026	5 min.	COS
12	Consent Calendar	5 min.	Standard
	(1) Board Committee		
	(a) Finance, Operations & Planning Committee Director Younger, Committee Chair <i>(Meeting cancelled)</i>		
	(2) Policies & Procedures		
	a) Patient Care Services		
	1. Cardioversion, Elective Procedure		
	b) Emergency Department		
	1. ED Saturation-Ambulance Diversion Policy		
	2. ED Scope of Practice Definition Policy		
	3. Elopement, Patient at Risk Policy		
	c) Employee Health & Wellness		
	1. Employee Health Infection Control Program		
	d) Infection Control		
	1. Epidemiologic Investigation of a Suspected Outbreak		
	e) Mammography Women’s Center		
	1. Scheduling of Self Referring Mammography Patients		

	Agenda Item	Time Allotted	Requestor
	<p>f) Pulmonary Rehab 1. Emergency Response System</p> <p>g) Staffing 1. Registry Contracts, Rate Addendums, Orientation Packet and Audits</p> <p>h) Surgical Services 1. Scheduling Surgical Procedures Policy</p> <p>(3) Minutes</p> <p>a) Special Meeting – February 26, 2026 b) Regular Meeting – February 26, 2026</p> <p>(4) Reports – (Discussion by exception only)</p> <p>a) Building Lease Report – (February, 2026)</p>		
13	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
14	Comments by Members of the Public NOTE: Per Board Policy 19-018, members of the public may have three (3) minutes, individually and 15 minutes per subject, to address the Board on any item not on the agenda.	5-10 minutes	Standard
15	Comments by Chief Executive Officer	5 min.	Standard
16	Board Communications	18 min.	Standard
17	Total Time Budgeted for Open Session	1 hour	
18	Adjournment		



Tri-City Medical Center

TCHD BOARD OF DIRECTORS

DATE OF MEETING: March 26, 2026

Kaiser Foundation Hospitals and Southern California Permanente Medical Group

Type of Agreement		Medical Director		Panel		Other: Clinical Training Program
Status of Agreement		New Agreement		Renewal – New Rates	X	Renewal – no cost / expense

Vendor's Name: Kaiser Foundation Hospitals and Southern California Permanente Medical Group

Area of Service: Emergency Department

Term of Agreement: 60 months, Beginning, July 1, 2026 – Ending, June 30, 2031

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
\$0	\$0	\$0

Description of Services/Supplies:

- Tri-City Healthcare District will provide clinical training to Resident(s) and Fellow's trainees per rotation, number and assignment to be mutually agreed upon between Kaiser Foundation Hospitals, Southern California Permanente Medical Group and Tri-City Healthcare District, Cary Mells, M.D., FACEP, Chairman, Department of Emergency Medicine, Facility Medical Director
- Resident(s) and Fellow's trainees will be supervised by Cary Mells, M.D., FACEP, Chairman, Department of Emergency Medicine, Facility Medical Director
- No cost / expense to Tri-City Healthcare District
- General Liability, Professional Liability and Hospital Liability Insurance to be covered by Kaiser Foundation Hospitals
- Ninety (90) day termination notice

Document Submitted to Legal for Review:	X	Yes		No
Approved by Chief Compliance Officer:	N/A	Yes		No
Is Agreement a Regulatory Requirement:		Yes	X	No
Budgeted Item:	X	Yes		No

Person responsible for oversight of agreement: Cary Mells, M.D., FACEP, Chairman, Department of Emergency Medicine, Facility Medical Director/ Donald Dawkins, RN, BSN, MBA, Chief Nursing Executive

Motion:

I move that the TCHD Board of Directors approve the renewal to the Inter-Institutional Agreement with Kaiser Foundation Hospitals and Southern California Permanente Medical Group for Emergency Medicine Resident(s) and Fellow's trainees, for a term of 60 months, beginning July 1, 2026 and ending June 30, 2031.



Tri-City Medical Center

TRI-CITY HEALTHCARE DISTRICT BOARD OF DIRECTORS

DATE OF MEETING: March 26, 2026

AMENDMENT ONE TO PROFESSIONAL SERVICES AGREEMENT - 1206(B) PULMONARY CLINIC

Type of Agreement	Medical Director	Panel	Other:
Status of Agreement	New Agreement	Renewal – New Rates	Renewal – Same wRVU Rates

Vendor's Name: Pulmonary Specialists of North County, Inc.
Area of Service: Ambulatory Pulmonary Clinic
Term of Agreement: 12 months starting April 1, 2026 through March 31, 2027

Maximum Totals:

Monthly Cost	Annual Cost	Total Term Cost
~\$50,000	\$600,000	\$600,000*

Description of Services/Supplies:

- Ambulatory clinic coverage for both outpatient and inpatient hospital pulmonary consultation coverage
- Includes EBUS and ION procedural codes for new program
- Monthly and Annual cost may vary based on provider wRVU productivity*

Document Submitted to Legal for Review:	X	Yes	No
Approved by Chief Compliance Officer:	X	Yes	No
Is Agreement a Regulatory Requirement:		Yes	X No
Budgeted Item:	X	Yes	No

Person responsible for oversight of agreement: Jeremy Raimo, Chief Operating Officer

Motion:

I move that the TCHD Board of Directors authorize Amendment #1 to the Professional Services Agreement between Tri-City Healthcare District and Pulmonary Specialists of North County, Inc for a one-year term, beginning April 1, 2026 for a total anticipated cost for the term \$600,000 (based on provider productivity).

2026 AMENDMENT TO THE JUNE 7, 2023 CHIEF EXECUTIVE OFFICER EMPLOYMENT CONTRACT

The Chief Executive Officer Employment Contract between Tri-City Healthcare District (“District”) and Dr. Gene Ma (“Employee”) dated June 7, 2023, is hereby amended as follows:

1. Section 2. Base Compensation. is modified as follows:

“In consideration of these services as CEO, District agrees to pay a base salary of Six Hundred Thousand Dollars (660,000) retroactive to July 15, 2025 per annum. Salary shall be payable in accordance with the payroll policies of the District. Employee shall also receive a Twenty-Five Thousand (\$25,000) monthly retention incentive from January 1, 2026 through June 30, 2026. Employee may also elect to defer such portion of Employee’s salary to the extent permitted by elect law in accordance with policies or plans established by District.”

2. Section 8. Termination By Board; Severance. is modified as follows:

- a. “At Will. The Board may, in its discretion, terminate this agreement and Employee’s duties hereunder. Such action shall require a majority vote of the entire Board then serving and become effective upon ninety (90) days’ written notice to Employee or at such time as may be specified in said notice. After such termination of employment, District shall continue to pay Employee’s then base salary for the month in which Employee’s duties were terminated and for at least eighteen (18) consecutive months thereafter as a severance payment. This amount shall be reduced if required by Government Code section 53260 et seq. (e.g., based upon the terms and conditions of the notice period). No severance payment is due unless Employee has executed a Severance Agreement in a form satisfactory to District. During the period in which severance is paid, Employee shall not be required to come to, or to perform any duties for, District. In the event that Employee accepts, and undertakes other employment during this eighteen (18) month period, severance payments shall be reduced and/or offset by the amount of total compensation received by Employee related to the other employment with the exception of compensation received for the provision of professional medical services or other activities that require Employee’s professional medical training and licensure. Also, for the period during which such payments are being made, District agrees to keep Employee’s health and major medical insurance coverage paid up and in effect, as permitted by law.”

3. Section 8. Change of Control. is modified as follows:

“If District is merged, consolidated, or dissolved, or more than fifty percent (50%) of District’s assets are transferred to any organization, or the Tri-City Medical Center is closed, then this Agreement will terminate on the date of closing and the ninety (90) day notice provision shall not apply. Employee shall be entitled to the eighteen (18) months severance arrangement as would be applicable under paragraph 6 if District had terminated Employee’s employment at the date of closing).”

4. Section 13. Term. is modified as follows:

“This agreement shall be effective for a term of twelve (12) months commencing July 15, 2025, provided that this contract may be renewed or extended at any time to the extent permitted by law.”

5. The terms and conditions of the June 7, 2023 Chief Executive Officer Employment Contract with Tri-City Healthcare District are hereby restated and shall remain in full force and effect.

6. The effective date of this Amendment shall be upon approval of the Board of Directors.

“Employee”:

By _____
Gene Ma M.D.,
Chief Executive Officer

“District”:

By _____
Tracy Younger, President
Board of Directors

By _____
Adela I. Sanchez, Secretary
Board of Directors



**TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT
March 11, 2026**

Attachment A

Initial Appointments

Any items of concern will be “red” flagged in this report. Verification of education, training, experience, current competence, health status, current licensure, liability coverage, claims history and the National Practitioner Data Bank, the following practitioners are recommended for a 2-year appointment with delineated clinical privileges, to the Provisional Staff or Allied Health Professional Staff with customary monitoring.

Medical Staff:

Practitioner Name	Specialty	Staff Status	Initial Appointment Term	Comments
AHMED, Mohammed MD	Psychiatry	Provisional	3/26/2026 - 3/26/2028	
CHUNG, Evan MD	PM & R	Refer and Follow	3/26/2026 - 3/26/2028	
HINSHAW, Paul DO	OB/GYN	Provisional	3/26/2026 - 3/26/2028	One (1) closed case w/settlement.
SORKHI, Ramin MD	Surgery	Provisional	3/26/2026 - 3/26/2028	



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT - 1 of 1
MARCH 11, 2026

Attachment B

Reappointments:

Any items of concern will be "red" flagged in this report. The following practitioners were presented to members of the Credentials Committee for consideration for reappointment to the Medical Staff or Allied Health Professional Staff, based upon practitioner specific and comparative data profiles and reports demonstrating ongoing monitoring and evaluation, activities reflecting level of professionalism, delivery of compassionate patient care, medical knowledge based upon outcomes, interpersonal and communications skills, use of system resources, participation in activities to improve care, blood utilization, medical records review, department specific monitoring activities, health status and relevant results of clinical performance. Reappointment is for 2-years unless otherwise noted below.

Medical Staff

Department of Medicine:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
BALBUENA-ROOT, Melissa R, MD	Tele neurology	Active Affiliate	03/26/2026-03/26/2028	
BUTLER, Ian, MD	Critical Care Medicine	Active	03/26/2026-03/26/2028	
CHIAO, Hellen, MD	Gastroenterology	Active	03/26/2026-03/26/2028	
CLANCY, John H, MD	Internal Medicine	Refer and follow	03/26/2026-03/26/2028	
DAWOOD, Farah, MD	Electrophysiology	Active	03/26/2026-03/26/2028	Provisional to Active
DELANEY, Michael, MD	Neurology	Active	03/26/2026-03/26/2028	
DILLARD, Kira L., MD	Tele neurology	Active Affiliate	03/26/2026-03/26/2028	
GARRISON, David J., MD	Critical Care Medicine	Active	03/26/2026-03/26/2028	
KAYAL, Anas, MD	Nephrology	Active Affiliate	03/26/2026-03/26/2028	
LE, Charles., MD	Nephrology	Active Affiliate	03/26/2026-03/26/2028	Refer and follow to Active affiliate.
LEE, Robert S., MD	Internal Medicine	Active	03/26/2026-03/26/2028	
RAJAMANICKAM, Anitha, MD	Interventional Cardiology	Active	03/26/2026-03/26/2028	
REEN, Sandeep, MD	Family Medicine	Active	03/26/2026-03/26/2028	
SHABANIAN, Leila., MD	Internal Medicine	Active	03/26/2026-03/26/2028	
SHIM, Michael., MD	Gastroenterology	Active	03/26/2026-03/26/2028	
TADROS, Emad G. MD	Psychiatric	Active	03/26/2026-03/26/2028	



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT - 1 of 1
MARCH 11, 2026

Attachment B

Department of Surgery:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
FIERER, Adam S., MD	General Surgery	Active	03/26/2026-03/26/2028	
JESWANI, Sunil P., MD	Neurological Surgery	Active	03/26/2026-03/26/2028	
PARK, Gregory C, MD	Plastic Surgery	Refer and follow	03/26/2026-03/26/2028	
SPRINGER, Dewain N.DPM	Podiatric Surgery	Active	03/26/2026-03/26/2028	
TERRAMANI, Thomas T., MD	Vascular Surgery	Active Affiliate	03/26/2026-03/26/2028	
YOO, Frank K., MD	Neurological Surgery	Active	03/26/2026-03/26/2028	

Department of Emergency Medicine:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
BALL, Lindsey L. MD	Emergency Medicine	Active	03/26/2026-03/26/2028	
DALLA BETTA, Michael B. DO	Emergency Medicine	Active	03/26/2026-03/26/2028	
RUTTENBERG, Todd DO	Emergency Medicine	Active	03/26/2026-03/26/2028	

Department of Radiology:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
SAXON, Richard R. MD	Interventional Radiology	Active	03/26/2026-03/26/2028	
SHABRANG, Cyrus MD	Interventional Radiology	Active	03/26/2026-03/26/2028	
FARRELL JR. Robert MD	Teleradiology	Active Affiliate	03/26/2026-03/26/2028	
JEAN-BAPTISTE, Ryan S. MD	Teleradiology	Active Affiliate	03/26/2026-03/26/2028	Provisional to Active Affiliate

Department of Pediatrics:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
PERTL, Ursula G. MD	Pediatrics	Refer & Follow	03/26/2026-03/26/2028	Active to Refer & Follow

Department of OB/GYN:

Practitioner Name	Specialty	Staff Status:	Reappointment Term	Comments
PURCOTT, Kari L. MD	OB/GYN	Active	03/26/2026-03/26/2028	



**TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT - 1 of 1
MARCH 11, 2026**

Attachment B

Resignations Medical Staff:

Practitioner Name	Department/Specialty	Reason for Resignation
ALSTEEN, Stephanie NP	Critical Care	Resignation documentation received - effective 02/17/2026
BASERI, Babak., MD	Oncology	Fail to return reappointment application. Resignation effective 03/31/2026.
BEDROSIAN, Diane H. MD	Pediatrics	Voluntary Resignation - opted not to reinstate after LOA expired in 01/31/2026
BEN-HAIM, Sharona MD	Neurosurgery	Resignation documentation received - effective 02/20/2026
BUCKLEY, David MD	Radiology	Resignation Documentation received - Will not move forward with reappointment
HATEFI, Dustin MD	Neurosurgery	Resignation documentation received - effective 02/20/2026
HURD, Melissa., MD	Family Medicine	Fail to return reappointment application. Resignation effective 03/31/2026.
MELLS, Anthony MD	Emergency Medicine	Resignation documentation received - effective 05/02/2025
MURTHY, Nikhil K. MD	Neurosurgery	Resignation documentation received - effective 02/20/2026
O'HAIR, Brian CRNA ORTEGA, Joseph CRNA	Anesthesiology	Was placed on suspension effective 12/10/25 for failure to provide current professional liability insurance. In compliance with MS Bylaws Section 6.4, accumulation of a total of 90-days automatic suspension in a 12-month period, will have membership & privileges automatically terminated.
PHAM, Martin H. MD	Neurosurgery	Resignation documentation received - effective 02/20/2026
POLLACK, Melanie A. DO	Emergency Medicine	Resignation documentation received - effective 12/31/2024
SABIR, Sharjeel MD	Radiology	Resignation documentation received - effective 02/20/2026
SANTIAGO-DIEPPA, David MD	Neurosurgery	Resignation documentation received - effective 02/20/2026
SEIF, Joseph M. MD	Anesthesiology	Resignation documentation received - effective 02/10/2026
SNYDER, Ole W., MD	Family Medicine	Fail to return reappointment application. Resignation effective 03/31/2026.
TUNG, Howard MD	Neurosurgery	Resignation documentation received - effective 02/20/2026

MBOC (Medical Board of California): No new information at this time

NPDB (National Practitioner Data Bank): No new information at this time



TRI-CITY MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REPORT - Part 2 of 3
March 11, 2026

Addition/Deletion of Privilege(s)

The following practitioners have requested addition/deletion of privilege(s) as noted below. Effective March 26, 2026.

Practitioner Name	Department/Specialty	Change in Privilege/s
ROSS, Elsie MD	Vascular Surgery	Addition: Chronic Non-Healing Wound Care
YOO, Frank K, MD	Neurological Surgery	Addition: Vagal Nerve Stimulator



TRI-CITY MEDICAL CENTER
CREDENTIALS COMMITTEE REPORT – Part 3 of 3
March 11, 2026

Proctoring Recommendations

The following providers have successfully completed their initial FPPE (Focused Professional Practice Evaluation) and are being recommended for release of their proctoring requirements for the privilege(s) as noted below.

Practitioner Name	Department/Specialty	Privilege(s)
ROSS, Elsie, MD	Vascular Surgery	<ul style="list-style-type: none">• Admit Patients, Consultation and Perform Medical History & Physical Examination• Advanced Peripheral Vascular Surgery




ADMINISTRATION CONSENT AGENDA

March 18, 2026

CONTACT: Donald Dawkins, CNE

Policies and Procedures	Reason	Recommendations
Patient Care Services		
1. Cardioversion, Elective Procedure	3-year review	Forward to BOD for Approval
Emergency Department		
1. ED Saturation-Ambulance Diversion-Policy	3-year review, practice change	Forward to BOD for Approval
2. ED Scope of Practice Definition Policy	Practice change	Forward to BOD for Approval
3. Elopement, Patient at Risk-Policy	3-year review, practice change	Forward to BOD for Approval
Employee Health & Wellness		
1. Employee Health Infection Control Program	3-year review, practice change	Forward to BOD for Approval
Infection Control		
1. Epidemiologic Investigation of a Suspected Outbreak	3-year review	Forward to BOD for Approval
Mammography Women's Center		
1. Scheduling of Self Referring Mammography Patients Policy	3-year review	Forward to BOD for Approval
Pulmonary Rehab		
1. Emergency Response System	3-year review	Forward to BOD for Approval
Staffing		
1. Registry Contracts, Rate Addendums, Orientation Packet and Audits	3-year review, practice change	Forward to BOD for Approval
Surgical Services		
1. Scheduling Surgical Procedures Policy	Practice change	Forward to BOD for Approval

 Tri-City Medical Center	Patient Care Services
PROCEDURE:	CARDIOVERSION, ELECTIVE (SYNCHRONIZED CARDIOVERSION)
Purpose:	To outline the nursing management of adult/adolescent patients undergoing an elective cardioversion
Supportive Data:	Elective cardioversion is performed by a physician only.
Equipment:	Defibrillator with functioning synchronizer Multifunction cable and pads Emergency cart Medications as ordered by physician Oral airway, manual resuscitation bag with mask, and suction equipment Automatic blood pressure cuff Infusion Pump Electrocardiogram (ECG) Electrodes End tidal carbon dioxide monitoring

A. POLICY:

1. Elective cardioversions will be performed in procedural areas, Intensive Care Unit (ICU), and Telemetry.
2. The Registered Nurses' (RNs) role during an elective cardioversion is to assist the physician as ordered.
3. Review the following procedures:
 - a. Online Skills: Synchronized Cardioversion for detailed nursing responsibilities for pre-intra and post-procedure monitoring and assessment.
 - b. Patient Care Services (PCS) Procedure: ~~Procedural Sedation/Analgesia Used During Therapeutic or Diagnostic Procedure.~~

B. PROCEDURE:

1. Complete Pre-Op/Pre-Procedure Checklist.
2. Notify and request attendance for respiratory therapist for procedure.
3. Keep patient NPO as ordered.
4. Position the patient in supine position or as ordered by physician.
5. Ensure suction equipment is readily available.
6. Place automatic blood pressure cuff on patient and set for desired time intervals.
7. Administer medications as ordered.
8. Place defibrillator in synchronization mode. Select energy level as ordered by Physician.
9. Assist physician with operating equipment as necessary.
 - a. Turn off oxygen flowmeter during cardioversion to decrease risk of combustion.
 - b. Ensure all personnel are clear of contact with patient, bed, and equipment during actual cardioversion to prevent from being shocked.
 - c. Post-cardioversion, restart oxygen after electrical discharge completed.

C. RELATED DOCUMENT(S):

1. PCS Procedure: ~~Sedation Procedural/Analgesia Used During Therapeutic or Diagnostic Procedure~~
2. Online Skills: Synchronized Cardioversion

D. REFERENCE(S):

PCS Content Expert	Clinical Policies & Procedures Committee	Nursing Leadership	Division of Cardiology	Pharmacy & Therapeutics Committee	Medical Executive Committee	Administration	Professional Affairs Committee	Board of Directors
08/00, 03/03, 07/03, 03/04, 03/06, 04/09, 05/19, 05/22, 10/25	07/11, 01/16, 06/19, 06/22, 10/25	08/11, 01/16, 06/19, 07/22	10/16, 08/19, 08/22, 12/25	n/a	10/11, 10/16, 09/19, 09/22, 02/26	10/19, 12/22, 03/26	11/11, 01/17, n/a	12/11, 01/17, 10/19, 12/22

1. American Heart Association (AHA). (2016). *Advance cardiovascular life support: Cardioversion* p. 136-138.
2. Urden, L., Stacy, K., and Lough, M. (2014). *Critical care nursing: Diagnosis and treatment*. Mosby's Inc, St. Louis: MO.

3. When TCMC ED goes on diversion the MICN will change the bypass screen in the County of San Diego Image Trend Bridge System.
4. The ED will reevaluate the need for diversion hourly and come off diversion as soon as possible.
5. In the case of anticipated prolonged periods of diversion, greater than three (3) hours, notification shall be made to the ED Clinical Manager/~~designee~~ and Base Hospital Nurse Coordinator.
6. Base Hospital will attempt to honor diversion requests by the patient or EMS provider if:
 - a. The involved ~~transporting agency MICU (Mobile Intensive Units or ambulances)~~ estimates that it can reach an "alternate" facility within a reasonable time. Reasonable considerations should be given to limit transport time to no more ~~thatt~~than twenty (20) minutes.
 - b. Patients are not perceived as exhibiting uncontrollable life threatening problems in the field (e.g. unmanageable airway, uncontrolled ~~non-traumatic~~ hemorrhage, or non-traumatic full arrest) or any other condition that warrants immediate physician intervention.
 - c. Patients meeting trauma criteria shall be transported according to **the County** Trauma Policies and Procedures.
7. When all the area receiving hospitals are requesting diversion due to ED saturation, diversion requests may not be honored and patients will be transported to the most accessible emergency medical facility within the area involved.
8. MICN's and Prehospital personnel will make the best effort to ensure ambulance patients are transported to their requested facility or to the facility the patient claims to be their medical home.

D. **REFERENCES:**

1. California Health and Safety Code, Division 2.5, Section 1797.222.
2. California Code of Regulations, Title 13, Section 1105c.
3. San Diego County Division of Emergency Medical Services Policy S-010

- 3)5) ~~Team Triage~~ **The Vertical treatment area (VTA) has ~~six (6)~~ four (4) minor treatment bays.** It is non-monitored, designed to accommodate lower acuity illnesses and injuries ~~than those seen in stations A-D.~~ The hours of service are variable and are subject to change in volume to **include peak census for timely treatment.** It is staffed with an RN, LVN, EMT and a Physician who is board-certified or board-eligible in emergency medicine. TeamHealth may alternatively designate a Physician Assistant (PA) experienced in emergency medicine in lieu of a Physician. **The VTA has an internal wait room**
 - ii. **Community Relationships:**
 - 1) Guidelines for the relationship between pre-hospital providers and Tri-City Medical Center (TCMC) may be found in the Base Station Administrative Committee Bylaws.
 - 2) Participating agreements for disaster drills and planning are referenced in the TCMC Disaster Manual Guidelines.
 - 3) Trauma transfer facilities are the following:
 - a) Sharp Memorial Hospital.
 - b) Scripps Memorial Hospital, La Jolla.
 - c) Scripps Mercy Hospital and Medical Center.
 - d) Palomar Medical Center.
 - e) Rady Children's Hospital, San Diego.
 - f) UCSD Medical Center, Hillcrest.
 - iii. **Staffing:**
 - 1) The ED is staffed with variable FTEs based on patient volume which includes a Clinical Nurse Educator/~~CNS, Case Manager, supervisor ANM~~ or Charge RN, ~~Registered Nurses (RN)~~, EMTs, LVNs, **Utilization Review staff, Psychiatric Liaison,** and Unit Secretaries (US).
 - iv. **Staffing Considerations** will take into account the following variables:
 - v. **Patients:** Patient characteristics and the number of patients for whom care is being provided.
 - vi. **Complexity of Care:** Individual patient complexity, across the department complexity, variability of care and volume.
 - vii. **Context:** Architecture and physical limitations of the facility; technology and variability of equipment; clustering of patients within geographic locations.
 - viii. **Expertise:** Learning curve for individuals and groups of nurses; staff consistency; continuity and cohesion; cross training;; control of practice; involvement in quality improvement activities; professional expectations, preparation and experience.
 - ix. **ANM/Charge RNs:** The Charge RN for the day is responsible for making assignments. The Charge RN is accountable for maintaining the appropriate skill mix required for comprehensive, holistic care. The Charge RN has the authority to increase staff levels when census and patient stability deem it necessary. They may make adjustments to the staffing plan as needed in order to provide the best staffing options for optimum patient outcomes while considering regulatory and budgetary issues. The authority to decrease staff will rest with the Charge RN.
- b. **Environment of Care:**
 - i. One (1) airborne precaution room (#C26) provides negative pressure ventilation for patients requiring airborne precautions.
 - c. **Methods Used to Assess Patient's Needs:**
 - i. Initial assessments are performed by the Registered Nurse upon arrival of the patient in the ED. Reassessments are performed as needed when a change in status occurs, when there is a change in the caregiver and at a minimum once every shift. RNs utilize a variety of sources to gather pertinent information like

physical assessment, data from the patient's chart, observation of team members, patient, families or significant others and other disciplines.

C. **QUALIFICATIONS OF STAFF:**

1. Registered Nurses in the ED are required to be certified in basic life support (BLS) and advanced care life support (ACLS) upon hiring, within six (6) months Pediatric Advanced Life Support (PALS) and/or ~~Emergency Nursing Pediatric Course (ENPC)~~. **Staff who do not possess PALS are not allowed to participate in the care of a high acuity pediatric patient,** and within three (3) months Non-Violence Crisis Intervention (NVCI) certified. Triage education is required and offered to staff after eighteen (18) months of ED experience. RNs are required to attend at least one (1) clinical education event per year, complete orientation materials, initial and annual competencies and complete all educational tools and activities given to them by the Clinical Nurse Educator/CNS.
 - a. A minimum of eighteen (18) months of ED experience is required to be an MICN, **PIVOT** or Triage RN. Additionally, in order to become an MICN or Triage RN, nurses must complete training, **orientation** and pass an examination specific to those roles.
 - b. In order to respond to Code Pinks, an ED RN must have a certificate in Pediatric Advanced Life Support (PALS) or ~~Emergency Nursing Pediatric Course (ENPC)~~.
2. EMTs are ~~unlicensed~~ personnel in the ED. They are required to be certified in basis life support (BLS) and perform patient care activities delegated to them by an RN, **LVN**, PA or Physician. All EMTs and are required to complete orientation materials, initial and annual competencies, educational tools and activities given to them by the Clinical Nurse Educator/CNS. Per the Board of Registered Nursing, EMTs in the ED are **NOT ALLOWED** to perform those functions that require a substantial amount of scientific knowledge and technical skills, including but not limited to the following:
 - a. Venipuncture or IV therapy.
 - b. Parental or tube feedings.
 - c. NG tube, catheter insertions and/or removal and tracheal suctioning.
 - d. Assessment of patient condition.
 - e. Patient and family education for care or post discharge care.
 - f. Moderate complex lab testing.
3. LVN's are licensed vocational nurses that work under the direct supervision of physicians, PAs and RNs to provide patient care. LVNs are required to complete orientation materials, initial and annual competencies, educational tools and activities given to them by the Clinical Nurse Educator/CNS.
 - a. LVN scope of practice
 - 1) Perform basic assessments e.g. data collection (shift, reassessment and focus assessments)
 - 2) Document the basic assessments in the medical record.
 - 3) Document significant changes in patient's behavior and health status in the medical record.
 - 4) Documents tasks completed in the medical record
 - 5) Participates in planning, executes interventions in accordance with the plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan.
 - a) LVN/s may not initiate interdisciplinary plans of care (IPOCs) or add new outcomes or interventions.
 - 6) Administer medications by any route except intravenous and intrathecal.
 - 7) Document patient response to medications (this includes medications administered by the RN).
 - 8) Apply restraints and remove restraints per physician order or as directed by an RN.
 - 9) May accept orders to apply and remove restraints
 - 10) Must inform RN prior to calling physicians for an order to apply restraints

- 11) Passage of nasogastric tubes and discontinue NG tubes
- 12) Administration of enteral feedings
- 13) Simple dressing changes.
- 14) Insert and discontinue urethral urinary catheters
- 15) Administer enemas.
- 16) Perform blood glucose testing using a glucometer
- 17) Reapply oxygen devices per order or as directed by an RN.
- 18) Post and analyze EKG strips after completing a basic EKG course.
- 19) Vital signs.
- 20) Ambulate patients.
- 21) Assist ACTs/PSTs to perform tasks for their patient assignments
- 22) Assist triage RN with monitoring patients.
- 23) Assist with transporting stable patients
- 24) Monitor intake and output.
- 25) Call physicians and accept physician orders for tasks within their scope of practice. May inform PA.
- 26) May sign off physician orders within LVN's scope of practice.
- 27) Perform orders (written or entered in the computer).
- 28) Perform orders (written or entered in the computer) by PA.
- 29) May not accept verbal orders
- 30) Report significant changes to both an RN and physician.
- 31) Discharge patients (RN must review the discharge documentation.
- 32) Review/reinforce education provided by RN.
- 33) Perform tasks for patients assigned to an RN that are within the LVN's scope of practice.
- 34) Contributes to the development and implementation of a teaching plan related to self-care for the patient.
- 35) Document teaching provided in the medical record.
- 36) LVN's that have completed an intravenous course approved by the Board as outlined in 16 CCR may perform the following:
 - a) Start and discontinue peripheral IV's
 - b) Flush peripheral IVs (no PICC, centrally inserted lines, midlines)
 - c) Hang IV solutions with vitamins, electrolytes, and 20 mEq or less of KCL.
 - d) Administer blood products
 - e) Document all of the actions for administering IV solutions and blood products in the medical record.

4. Individuals and multidisciplinary groups provide in-services. The Clinical Nurse Educator/CNS and Leadership arrange for vendor in-services, self-study modules, case study presentations, department-based competencies as well as peer mentoring with experienced ED team members. The education needs are identified through chart reviews, patient complaints, and direct communication relating to the educational needs of the ED, surveys, audits and peer review activities.
5. The nursing service abides by regulations by California Title XXII, JCAHO, Joint Commission, HCFA and the BRN.

D. COMMUNICATION, COLLABORATION AND FUNCTIONAL RELATIONSHIP:

1. Communication is shared through monthly department meetings, staff mailboxes, e-mails, mailing to staff members homes, communication books and communication/educational boards located throughout the ED. Practicing the TCMC Mission and Values is an expectation, as is teamwork, professionalism and a positive attitude.

E. DEPARTMENTS LEVEL OF CARE/SERVICE:

1. The level of care provided by the Emergency Department meets the needs of outpatients through availability of staff who are competent to provide service for the current patient population and the coordination of nursing services with services of other disciplines.

F. **PERFORMANCE IMPROVEMENT:**

1. In order to improve patient care, several indicators are monitored to measure care given and effect change. Data is reported quarterly to the Quality Council.

G. **MISSION OF THE EMERGENCY DEPARTMENT:**

1. The Mission of the Emergency Department is to deliver exceptional care and service to all patients and their families by providing timely service, individualized care and excellent customer service.

D. **DOCUMENTATION:**

1. Complete a clinical note in the patient's chart, which includes a summary of the events that led to the incident, actions for prevention instituted, the time the patient was determined missing, attempts to locate patient, who was notified of the patient's elopement, and actions taken for retrieval.

EMPLOYEE HEALTH AND WELLNESS

ISSUE DATE:	01/81	SUBJECT:	Employee Health Infection Control Program
REVISION DATE:	09/04; 10/07, 10/09, 10/12, 02/23		
Employee Health Department Approval:	10/22	11/25	
Infection Control Committee Approval:	12/22	12/25	
Environmental Health and Safety Committee Approval:	n/a		
Medical Executive Committee Approval:	01/23	02/26	
Administration Approval:	02/23	03/26	
Professional Affairs Committee Approval:	n/a		
Board of Directors Approval:	02/23		

A. PURPOSE:

1. Screening programs (tuberculosis [TB], latex, National Institute for Occupational Safety & Health [NIOSH] approved respirator medical evaluation and vaccine preventable diseases), pre-exposure prophylaxis, and post-exposure prophylaxis are offered through Employee Health Services (EHS) in an effort to control communicable diseases risks to both personnel and patients. However, EHS does not evaluate or treat health care personnel (HCP) for health problems or conditions that are not work-related. In conjunction with the Human Resource Department and Infection Prevention, the following specific program objective have been developed to include:
 - a. Pre-employment screening to ensure safe, appropriate placement of personnel to minimize their risk of contracting or spreading communicable disease.
 - b. Personnel health and safety education.
 - c. Manage bloodborne pathogen exposures, including identifying and communicating exposure risks and trends, promoting exposure prevention, and post-exposure case management.
 - d. Identify health, safety and infection risks related to employment and institute preventative measures to identify and prevent injury and illness.
 - e. Monitor and investigate communicable diseases, potentially harmful exposures, and outbreaks among personnel.
 - f. Maintenance of employee health records.
 - g. Report on the elements of the Employee Health Infection Control Program to the Infection Prevention Committee quarterly.

B. POLICY:

1. Immunization Program
 - a. Evidence of Immunity (See Employee Health Policy: Immunization Program)
 - i. All new personnel working at TCMC, including rehired personnel are required to complete an immunization screen before new employee orientation. Failure to provide proof of immunization and to complete EHS screening will prevent the HCP from working at TCMC until these requirements are met. All HCP must be immune (unless there is a medical contra-indication, as described by CDC/ACIP, or religious objection) to measles, mumps, rubella, varicella, and pertussis. All HCPs must receive influenza vaccine annually and ~~COVID-19 vaccines per~~ California Department of Public Health guidelines. Vaccine exemptions will be evaluated on an individual basis each year and must be resubmitted annually.
 - ii. The following immunizations are offered at the employer's expense: Pertussis (Tdap); tetanus (Td); measles, mumps, rubella (MMR); hepatitis B; influenza, and varicella, and ~~COVID-19~~. Hepatitis A vaccine will be offered to any

personnel who handles or assists in food preparation or who may be exposed to raw sewage, e.g., Engineering. Live-attenuated virus vaccines (varicella, MMR) will not be given to pregnant HCP or immune-compromised persons. Other vaccines (e.g., smallpox) may be offered at the discretion of the Medical Director.

2. Employment and Annual Health Screening
 - a. TCMC HCP, volunteers, and contract employees shall have initial infectious disease screening and/or immunization review. The screening will include tuberculosis screening as specified in the Infection Control Policy: Aerosol Transmissible Diseases and Tuberculosis Control Plan.
 - i. Screening will be directed by EHS and will include a review of symptoms for tuberculosis as per the TB Surveillance Policy and an immunization review.
 - b. All HCP will complete a respirator medical evaluation form and specific job classifications will be required to comply with respirator training and fit-testing (refer to Respiratory Protection Program Policy IC 14.1). Fit testing is not required for use of a powered air purifying respirator (PAPR) by HCP.
 - c. Contract HCP who provide patient care, whether in a clinical area or in an administration office, must comply with OSHA standards and this Infection Control and Screening Program. It is the responsibility of the hiring department to assure compliance with this policy.
 - d. HCP providing high-level disinfection (HLD) who may be color blind should be referred to EHS for further evaluation. In order to assess minimum effective concentrations (MEC) of HLD chemicals, HCP must be able to discern colors since chemical indicators demonstrate MEC via a color-changing strip or vial. HCP performing HLD may "color-blind", however, another HCP would be required to read the strips or vial.
3. Screening of Personnel with Infectious Diseases or Exposures to Communicable Diseases
 - a. See Post-Exposure Prophylaxis for Vaccine Preventable Diseases in the **Employee Health manual and Aerosol transmissible disease and TB control in the Infection Control manual** for specific protocols.
 - b. All HCP with a potentially communicable disease (e.g., shingles, conjunctivitis, norovirus) must notify EHS. The EHS provides free medical screening for health problems encountered by HCP for the purpose of infection prevention. If necessary, EHS may order work restrictions (refer to Work Restrictions for Personnel with Infectious Diseases).
 - c. Blood Exposure – Refer to Occupational Exposure to Blood/Body Fluid Secretions Policy and Bloodborne Pathogen Exposure Control Plan for management guidelines. For treatment guidelines see the Bloodborne Pathogen Exposure Protocols (HBV and HIV)

C. **RELATED DOCUMENT(S):**

1. Employee Health and Wellness Policy: Immunization
2. Employee Health and Wellness Policy: Respiratory Protection Program
3. Work Restrictions for Personnel with Infectious Diseases
4. Infection Control Policy: Aerosol Transmissible Diseases and Tuberculosis Control Plan
5. Post-Exposure Prophylaxis for Vaccine Preventable Diseases
6. Employee Health and Wellness Policy: Management of Bloodborne Pathogen Exposure
7. Bloodborne Pathogen Exposure Protocols

INFECTION CONTROL

ISSUE DATE: 09/00 **SUBJECT:** Epidemiologic Investigation of a Suspected Outbreak

REVISION DATE: 03/02, 03/05, 07/11, 08/14, 07/17
06/20

Infection Control Department Approval: 12/2211/25
Infection Control Committee Approval: 04/2312/25
Pharmacy and Therapeutics Committee Approval: n/a
Medical Executive Committee Approval: 04/2303/26
Administration Approval: 05/23
Professional Affairs Committee Approval: n/a
Board of Directors Approval: 05/23

A. PURPOSE:

1. To provide guidelines for uniform and complete investigation of suspected outbreaks of Healthcare Associated Infections (HAI) or community acquired infections seen in the hospital.

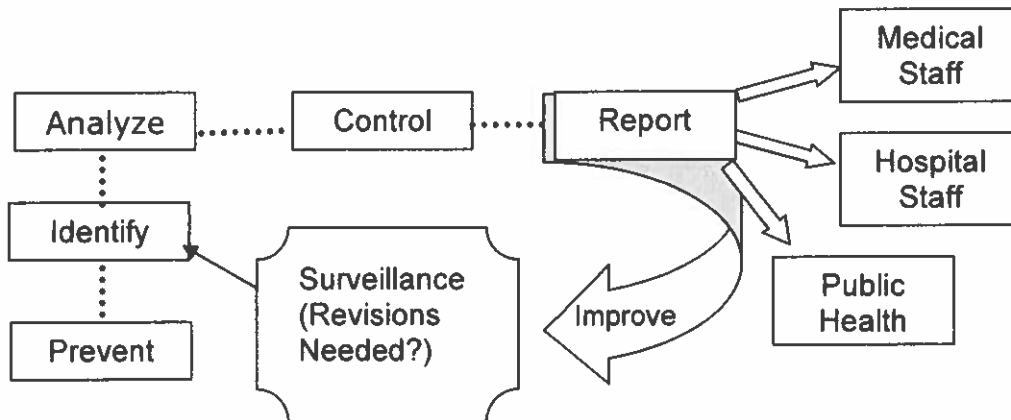
B. POLICY:

1. The Infection Control Committee shall have ultimate responsibility for investigating outbreaks and developing policies aimed at prevention and control of Healthcare Associated Infections (HAI). If an outbreak is suspected, the hospital epidemiologist or their designee will direct the investigation. The aim of the process is to identify the source of the organism and the mode of spread so that infection control measures can be instituted to halt an outbreak.
2. An outbreak is defined as an increase over the expected occurrence of an event.

C. PROCEDURE:

1. The Medical Director of Infection Control along with the Infection Preventionist(s) will determine whether a situation is a probable outbreak that poses a threat to the health of patients, employees or visitors and warrant further investigation. Early identification of a suspected outbreak is important. The Infection Control department will take the following investigative steps:
 - a. Confirm that an outbreak exists. Determine if the number of "cases" exceeds the background rate, ie: Any increase in infection incidence found during routine surveillance.
 - b. Identify all individuals who meet the case definition (patients and staff) and develop a line listing of cases. (See Data Collection Tool)
 - c. Confirm laboratory findings with Lab department.
 - d. Ask Lab to collect appropriate clinical specimens and save all outbreak specific isolates from potential cases.
 - e. Compare exposure of identified cases to understand the route of transmission and potential risk factors.
 - f. Appropriately isolate all individuals who meet the case definition.
 - g. Implement immediate control measures as needed.
 - h. Report suspected outbreak to local San Diego Public Health (SDPH) Epidemiology department and California Department of Public Health (CDPH) and follow guidance provided.
 - i. Local & state agencies will assist with case identification, development of investigative approach, prevention and control measures and assist with specimens.

- j. Communicate with department heads, microbiology director, administrators, and employee health as appropriate.
- k. Implement guidance from local and state agencies.
- l. Perform ongoing surveillance for any continued signs of the outbreak.
- m. Evaluate efficacy of control measures implemented.
- n. When the control measures have terminated transmission, declare outbreak is over.
- o. Change policies and procedures if necessary.
- p. Report findings to Infection Control Committee and other Committees as needed.



D. RELATED DOCUMENT(S):

1. Data Collection Tool - Sample

E. REFERENCE(S):

1. Campbell, E. (2021). Chapter 12 outbreak investigation. In APIC text of infection control and epidemiology (6th ed.). APIC. (Accessed 11/24/25)
~~Campbell, E. (2021). Chapter 12 Outbreak Investigation. APIC Text of Infection Control and Epidemiology. Washington DC: APIC, 6th Edition.~~
- Centers for Disease Control and Prevention. (n.d.). About outbreak investigations in healthcare settings. <https://www.cdc.gov/hai/outbreaks/> (Accessed 11/25/25)
~~CDC Principles of Epidemiology: Lesson 6 Investigating an Outbreak~~
1. — CDC: Outbreak Investigations in Healthcare Settings
~~<https://www.cdc.gov/hai/outbreaks/> (Reviewed 11/22)~~
2. — California Department of Public Health. (2017). AFL 23-08 CDPH: Outbreaks and unusual infection occurrences. (Accessed 11/24/25)
~~CDPH: Outbreaks and Unusual Infection Occurrences 2017~~
2. — California Code of Regulations. (n.d.). Title 17, sections 2500-2502.
~~<https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IA47A62205A2011EC8227000D3A7C4BC3&transitionType=Default&contextData=%28sc.Default%29#I01D4328129FA11EDA5B6DDCDF7AC13B6> (Accessed 11/24/25)~~

PULMONARY REHABILITATION

ISSUE DATE: 06/08

SUBJECT: Emergency Response System

REVISION DATE: 12/12

Department Approval:	09/2002/26
Division of Pulmonary Approval:	n/a
Pharmacy and Therapeutics Approval:	n/a
Medical Executive Committee Approval:	09/2202/26
Administration Approval:	11/2203/26
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	11/22

A. PURPOSE:

1. To ensure patient safety and ensure appropriate response in the event of a medical emergency.

B. POLICY:

1. In the event of a cardiopulmonary emergency, the participant shall be placed in a safe position. The TCMC emergency response system shall be activated by dialing 66 on the hospital phone. The remaining participants in the gym shall be instructed to cease exercising and asked to clear the immediate area. Basic Life Support (BLS) shall be initiated until the code team arrives.

C. GUIDELINES:

1. BLS shall be initiated by BLS certified staff until code team arrive.
2. Exercising participants shall be instructed by staff to discontinue exercising and clear the immediate area
3. A cellular phone shall be kept at nurses' station at all times to use as backup to contact the CODE team in case of power failure to main phone system.
4. As part of the annual review, employees shall be asked to demonstrate their understanding and ability to use the system and an annual "mock code blue" shall be conducted in collaboration with the education department a minimum of once a year.

 **Tri-City Medical Center**
Oceanside, California

**SURGICAL SERVICES
SURGERY**

ISSUE DATE: 04/94 **SUBJECT:** Scheduling Surgical Procedures

REVISION DATE: 09/99, 04/01, 01/02, 06/03, 02/05,
02/08, 06/09, 11/10, 10/12, 12/12,
01/13, 03/14, 02/17, 08/19, 05/20,
04/22

Surgical Services Department Approval:	02/2410/25
Department of Anesthesiology Approval:	n/a
Operating Room Committee Approval:	03/2412/25
Pharmacy & Therapeutics Committee Approval:	n/a
Medical Executive Committee Approval:	03/2402/26
Administration Approval:	04/2406/26
Professional Affairs Committee Approval:	n/a
Board of Directors Approval:	05/24

A. PURPOSE:

1. To provide scheduling guidelines for surgery, endoscopy and procedures requiring an anesthesia provider.

B. DEFINITIONS:

1. Add-On Cases: Additions to the surgery schedule after the "final schedule" has been published. The "final schedule" is published by 4:00pm for the next day.
2. Elective Case: Surgery can be scheduled ~~at the time~~ in advance at a mutually agreeable time for the surgeon and patient. Deferral poses no risk of immediate harm. ~~best suited for the surgeon and the patient.~~
3. Urgent Case: Surgical intervention is needed ~~within 4-6 hours of presentation~~ as soon as possible. A delay beyond 24 hours could cause significant risk to the patient's health, organ function, or prognosis. Urgent procedures are placed in an available time on the OR schedule.
4. Emergent Case: Surgical intervention is needed ~~within one hour of presentation and may require that another scheduled or add-on case is bumped.~~ required immediately or near-immediately to prevent serious harm, loss of life, or permanent organ damage. ~~Emergency: Surgical intervention is needed immediately upon presentation to preserve life or limb. Emergency procedures are performed in the first available operating room and may require that another scheduled or add-on case is bumped.~~

C. SCHEDULING ELECTIVE CASES:

1. All elective surgical and endoscopic procedures will be scheduled through the Surgery scheduling office.
2. There are 12 rooms in the Tri-City Medical Center (TCMC) OR suite which are utilized as follows:
 - a. Ten (10) operating rooms (OR 1-10) can accommodate any type of case.
 - b. OR 655 or 6 is reserved for cardiac cases.
 - c. OR 11 is the Cystoscopy Room and is considered a wound class II room. Only certain procedures may be performed in this room due to the open drain, such as:
 - i. Circumcision

- ii. Endourology procedures
 - iii. Percutaneous Suprapubic Cystotomy
 - iv. Vasectomy
 - v. Orchiectomy
 - d. **OR 8 is the GI Endoscopy/Colonoscopy Room and can be used for ION EBUS procedures.**
3. Expected available surgery rooms Monday-Thursday-Friday (may fluctuate based on staffing, surgical volume and surgical acuity):
- a. 0715-1500 hours: 5 rooms
 - b. 1500-1700 hours: 3 rooms
 - c. 1700-1900 hours: 2 rooms
 - d. 1900-2300 hours: 1 room
4. Elective cases shall be scheduled by the surgery scheduling office between the hours of 0800 and 1630, Monday through Friday, at 760-940-7382. After 1430, cases scheduled for the following day are scheduled by staff at the Surgery desk (760-940-5400).
- a. Elective cases are performed Monday through Friday from 0715 (~~0815 on Thursday~~) to 2300 hours. Elective cases should not extend beyond 2300.
5. Start Times:
- a. The Start time of a procedure (time on the OR schedule) is the time the patient is expected to be in the OR. Start time of first cases are tracked and reported to the OR committee monthly.
 - b. The start time of elective or add-on case requested for 1600 or later cannot be guaranteed. In those instances, the surgeon's preferred start time will be noted, and the surgeon will be given one hour's notice of expected start time. If the surgeon cannot start at the expected time, the next surgeon ~~to start listed~~ will be offered the time.
6. Delays:
- a. Surgeons who notify the OR they will be late for their scheduled start time must provide an expected time of arrival. Delays of more than 30 minutes, or delays that will impact another surgeon's schedule will cause the first surgeon to be bumped back to the next available start time.
 - b. Surgeons who are not in the hospital 30 minutes past the scheduled time of surgery will be bumped back to the next available start time once they arrive at the hospital.
7. Cases are scheduled on a consecutive, first-come first-served basis, or in a surgeon's block time.
8. Procedures may be scheduled by the surgeon, **PA or RNFA** or the surgeon's office staff only. ~~PA or RNFA.~~
9. The process for scheduling an elective case is as follows:
- a. The surgeon's office calls the TCMC Surgery Scheduling department to reserve a case time.
 - i. The TCMC Surgery Scheduler will schedule the case, obtain a financial account number (FIN#) and book a Pre-Operative Education appointment.
 - ii. The TCMC Surgery Scheduler will provide the FIN# and the date and time of the Pre-Operative Education appointment to the surgeon's office scheduler.
 - b. The surgeon must enter electronic orders at least one week prior to surgery date. Faxed or paper orders will not be accepted.
 - i. If the case is scheduled less than one week prior to the date of surgery, electronic orders are required by the next business day.
10. Patient Requirements:
- a. If a patient has a cardiac history, it is the **surgeon's office** ~~patient's~~ responsibility to get a cardiac clearance **scheduled for the patient from their primary care provider** and have it reviewed by their surgeon and faxed into the hospital prior to their Pre-Operative Education appointment. If there is not a cardiac clearance, the patient may be rescheduled until clearance is obtained.

- b. Surgery patients must be at least 18 years of age at the time of surgery, except in the case of an emergency.
 - i. Patients 14-17 years of age presenting with a surgical emergency ~~may~~ be surgically treated at TCMC. Patients shall be transferred to Rady Children's Hospital if they require post-operative hospital admission.
 - ii. Any ~~emergent requested~~ patient who is under 18 years of age must be reviewed/approved prior to scheduling by the Chief of Anesthesia or ~~on-call~~ designee.
- 11. The surgeon must have the appropriate privileges granted to be allowed to schedule a procedure.
 - a. Current privilege lists are maintained through the E-PRIV system, accessible through TCMC Intranet.
 - b. If the physician's privilege status is ~~still~~ not clear, the Medical Staff Office is contacted for clarification. The Administrative Supervisor may be contacted for assistance outside of Medical Staff Office hours.
 - c. It is the responsibility of the surgeon to acquire an assistant or proctor as necessary for designated procedures.

D. PRE-OPERATIVE EDUCATION APPOINTMENT SCHEDULING GUIDELINES:

- 1. Patients ~~will~~ ~~may~~ be scheduled for a telephone Pre-Operative Education appointment if ~~sedation or general anesthesia is required.~~
- 1-2. Patients requiring preop testing, supplies, etc. will be scheduled to come in to the hospital.

E. SCHEDULING ADD-ON URGENT OR ~~EMERGENT, OR EMERGENCY~~ PROCEDURES:

- 1. ~~Urgent, and Emergent, and Emergency~~ cases may be performed at any time.
- 2. ~~Urgent, and Emergent, and Emergency~~ cases shall be scheduled through the Main OR desk in person or via telephone (760-940-5400) or by contacting the Administrative Supervisor on duty. (~~760-940-7765~~).
- 3. Required information when scheduling an add-on case includes:
 - a. Patient name, date of birth, age, and medical record number
 - b. Patient phone number, Social Security number, and insurance information (excludes in-house patients)
 - c. Patient current location in the hospital
 - d. NPO status
 - e. Pre-Op diagnosis and Procedure to be performed
 - f. Physical needs/mobility limitations
 - g. Surgeon, ~~and assistant~~ (if applicable), and proctor (if applicable)
 - h. Instrumentation/Equipment/X-ray/Vendor needed
 - i. Relevant cardiac/medical history
 - j. Time of surgeon availability
- 4. Administrative Supervisor responsibilities for scheduling add-on urgent, ~~or emergent, or emergency~~ procedures:
 - a. Take required information for scheduling a case (as listed in E.3.).
 - b. ~~Required information when scheduling an add-on case includes:~~
 - i. ~~Patient name, date of birth, age, and medical record number~~
 - ii. ~~Patient phone number, Social Security number, and insurance information (excludes in-house patients)~~
 - iii. ~~Patient current location in the hospital~~
 - iv. ~~NPO status~~
 - v. ~~Pre-Op diagnosis and Procedure to be performed~~
 - 1) ~~Physical needs/mobility limitations~~
 - vi. ~~Surgeon and assistant (if applicable)~~
 - vii. ~~Instrumentation/Equipment/X-ray/Vendor needed~~

- ~~viii. Relevant cardiac/medical history~~
 - ~~ix. Time of surgeon availability~~
 - e-b. Call On--Call RN and scrub tech. Once the RN and scrub tech are in house, the RN will call the ~~on-call~~ Anesthesia and PACU RN at their appropriate perspective times they are needed.
 - c. The OR desk will email the ~~on-call~~ schedule to the Administrative Supervisor for each the day by 2pm.
- 5. **Physician requirement for booking urgent/emergent cases**
 - a. **Urgent Cases**
 - i. ~~a. For urgent cases, the physician~~ **The surgeon must personally review radiologic and/or other data to determine the necessity of the case before contacting the OR to book the case. This may be done remotely or in person.**
 - ii. ~~However, the physician~~ **The surgeon must have seen personally assessed the patient prior to the patient's transfer to the OR.**
 - d. **Emergent Cases**
 - b.
 - i. ~~b. For emergent cases, the physician~~ **The surgeon must personally review radiologic and/or other data to determine the necessity AND emergent nature of the procedure. This may be done remotely or in person. If the surgeon determines that any avoidable delay in starting the case could be detrimental to the patient, the surgeon may request the OR process be initiated. This may include, but is not limited to, opening the room, calling in additional OR staff, Anesthesia, and PACU personnel (if applicable).**
 - ii. ~~the surgeon may request the OR process be initiated which may include 1) opening the room 2) calling in additional OR staff, Anesthesia, and PACU (if applicable). In the event that the surgeon is unable to access the EHR (and this may be subject to medical staff review), but still feels~~ **determines that the surgery is appropriate and that any avoidable delay in starting the case could be detrimental to the patient, the surgeon may request the OR process be initiated. This may include, but is not limited to, -which may include, but is not exclusive of opening the room, calling in additional OR staff, Anesthesia, and PACU personnel (if applicable).**

~~5.~~

F. **WEEKEND/HOLIDAY CASES:**

1. For Saturday and Sunday 0730-1900, 1 room is available for Add-on cases and 1 room is available for a-heart ~~cases~~. **Availability of a second room for non-cardiac cases is subject to staffing and patient need.**
2. Memorial Day, Labor Day, July 4th, Thanksgiving, Christmas, and New Year's Day have one ~~urgent and one emergent~~ room for **Add-on cases only**. No elective surgeries are scheduled on these holidays.
3. President's Day will be treated like a regular weekend day.
4. Weekend and holiday cases are not to be scheduled more than 24 hours prior to the day of surgery.
5. Add-on cases are started in order of scheduling, providing the surgeon is available and the patient is ready for surgery.
6. If the first scheduled add-on case cannot be performed in the first available time, the next case's surgeon will be contacted and offered to start at the available time. Upon availability of the next time to start an add-on case, the surgeon for the first case will again be contact and offered the time.
 - a. The first available time is ~~0800~~**0730**. If a physician requests a specific time, e.g., -1000 to start a case, ~~then another~~ **and another** physician is available to start at ~~0800~~**0730**, the

physician requesting the start time of 1000 will be contacted to move up to 0800 or 0730, or will start after the preceding case is finished.

7. **Start times for weekend cases is 0730. For 0800 cases, the patient must be ready for transfer to the Operating Room by 0715, otherwise, the next scheduled case may replace the delayed case.**
8. **Robotic cases may be scheduled 24/7, including ~~and~~ on holidays and weekends per the scheduling practices outlined above.**
9. **There will be a scheduled lunch break for staff from 1100-1200 Saturdays and Sundays to ensure lunches are accommodated. No cases are to be ~~started~~ booked during this time.**
10. **If a case goes over 1100, the staff will be granted an hour break starting at the time the patient leaves the OR room. This will ensure they are able to clean up the case prior to going to lunch, take their lunch and set up the room for the next case.**

G. **ENDOSCOPY:**

1. Endoscopy services are available 24/7.
2. Endoscopy procedures are scheduled in the same manner as surgical procedures.
3. Endoscopy procedures requiring an anesthesia provider are scheduled in the appropriate block time or in an open time on the OR schedule.

**TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A SPECIAL MEETING
OF THE BOARD OF DIRECTORS**

February 26, 2026 – 2:30 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 2:30 p.m. on February 26, 2026.

The following Directors constituting a quorum of the Board of Directors were present:

Director Sheila Brown
Director Nina Chaya, M.D. (via teleconference)
Director Rocky J. Chavez
Director George W. Coulter
Director Gigi S. Gleason
Director Adela I. Sanchez
Director Tracy M. Younger

Director Chaya notified the Board that for "just cause" she would like to attend remotely due to illness. The Board unanimously approved the request.

Also present were:

Gene Ma, M.D., Chief Executive Officer
Anh Nguyen, Chief Financial Officer
Mohammad Jamshidi-Nezhad, D. O., Chief of Staff
Robert S. Lee, M.D., Chief of Staff Elect
Jeff Scott, Board Counsel
Teri Donnellan, Executive Assistant

1. Chairperson Younger called the meeting to order at 2:30 p.m. with attendance as listed above.
2. Approval of Agenda

It was moved by Director Chavez and seconded by Director Brown to approve the agenda as presented. The motion passed unanimously (7-0).

3. Oral Announcement of Items to be Discussed During Closed Session

Chairperson Younger made an oral announcement of the items listed on the February 26, 2026 Special Board of Director's Meeting Agenda to be discussed during Closed Session which included Reports Involving Trade Secrets, Conference with Labor Negotiators, and Hearings on Reports of the Hospital Medical Audit or Quality Assurance Committees.

4. Motion to go into Closed Session

It was moved by Director Chavez and seconded by Director Gleason to go into Closed Session at 2:35 p.m. The motion passed unanimously (7-0).

6. At 3:30 p.m. the Board returned to open session with all Board members present.

7. Report after Closed Session

Board Counsel Scott stated he would give a report regarding any action taken in Closed Session at the beginning of today's open session.

8. Adjournment

There being no further business, Chairperson Younger adjourned the meeting at 3:30 p.m.

Tracy M. Younger
Chairperson

ATTEST:

Adela I. Sanchez
Secretary

**TRI-CITY HEALTHCARE DISTRICT
MINUTES FOR A REGULAR MEETING
OF THE BOARD OF DIRECTORS
February 26, 2026 – 3:30 o'clock p.m.**

A Regular Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:30 p.m. on February 26, 2026.

The following Directors constituting a quorum of the Board of Directors were present:

Director Sheila D. Brown
Director Rocky Chavez
Director Nina Chaya, M.D. (via Zoom)
Director George W. Coulter
Director Gigi Gleason
Director Adela Sanchez
Director Tracy M. Younger

Director Chaya notified the Board that for “just cause” she would like to attend remotely due to illness. The Board unanimously approved the request.

Also present were:

Dr. Gene Ma, Chief Executive Officer
Donald Dawkins, Chief Nurse Executive
Jeremy Raimo, Chief Operating Officer
Anh Nguyen, Chief Financial Officer
Mark Albright, Chief Information Officer
Roger Cortez, Chief Compliance Officer
Jennifer Paroly, President, Foundation
Mohammad Jamshidi-Nazhad, D. O., Chief of Staff
Jeff Scott, Board Counsel
Teri Donnellan, Executive Assistant

Chairperson Younger called the meeting to order at 3:30 p.m. with attendance as listed above.

1. Report from Closed Session

Board Counsel Scott reported the Board in Closed Session discussed reports involving Trade Secrets pursuant to Health & Safety Code 32106 and took no action.

The Board also heard a report from the District's Labor Negotiator and took no action.

Lastly, the Board heard a report related to Quality Assurance matters pursuant to Health and Safety Code 32155 and took no action.

2. Pledge of Allegiance

Director Chavez led the Pledge of Allegiance.

3. Approval of Agenda

It was moved by Director Brown to pull item 11. (1) (a) 4) Agreement with Ensign Group, LLC. Director Chavez seconded the motion. The motion passed unanimously (7-0).

It was moved by Director Brown and seconded by Director Chavez to approve the agenda as amended. The motion passed unanimously (7-0).

4. Public Comments – Announcement

Chairperson Younger read the Public Comments section listed on the February 26, 2026 Regular Board of Directors Meeting Agenda.

5. Executive Reports

Jeremy Raimo, Chief Operations Officer reported on the following:

A highly successful community education event was held at Ocean Hills featuring Dr. JT Layson (joint reconstruction) and Dr. Bayan Aghdasi (spinal deformity and spine procedures). The quarterly event, coordinated by Marketing and the Foundation, drew over 200 attendees, making it the largest turnout to date.

The event was supported by Stryker, which showcased the robotic technology used in the operating room, allowing attendees to view the equipment firsthand. Overall, the event was exceptionally well executed and served as a strong opportunity to highlight Tri-City's advanced orthopedic and spine services, generating significant community engagement and positive visibility for the organization.

Donald Dawkins, Chief Nurse Executive reported the Emergency Department renovation ribbon-cutting ceremony on February 24 was a major success, drawing several hundred attendees, including community dignitaries, EMS partners, and hospital staff. The event featured informational stations throughout the renovated department and highlighted the strong collaboration among teams that made the project possible.

Special recognition was given to Joanne Barnett, Senior Director of Emergency Care Services for coordinating the event, along with her team for their meticulous planning and execution of the renovation project.

Operational improvements following the renovation have been significant. Emergency Department throughput times have improved by more than 40–50%, allowing patients to be admitted to inpatient units much more quickly and reducing time spent waiting in the ED. Recent activity illustrates this efficiency, with 35 admissions and 31 discharges occurring in a single day, reflecting a high level of patient movement and coordination among nursing staff.

The organization also welcomed five new graduate nurses, selected from 192 applicants, highlighting the competitiveness and strength of the recruitment process.

To further improve care coordination, the hospital launched its first Physician Advisory Group, bringing together leadership from Emergency Medicine, Hospital Medicine, and Intensive Care. The group has already generated 26 improvement ideas, with an initial focus on better management of telemetry patients, as the hospital is experiencing record volumes requiring expanded ICU capacity.

Additional operational highlights include exceptional robotic surgery utilization. According to Da Vinci representatives, the hospital ranks #2 in California for efficiency in using the Da Vinci robotic system, second only to Kaiser. This performance reflects strong leadership and coordination within the Operating Room team, led by Melissa, Kim, and Tyler, and supports the need to expand robotic surgery capacity.

Finally, leadership proposed introducing departmental spotlights for the Board, allowing members to learn more about the teams behind hospital operations. As an example, the Sterile Processing Department was highlighted, where even the most junior staff member has over 20 years of experience, underscoring the depth of expertise supporting surgical services at Tri-City.

7. January 2026 Financial Statements – Anh Nguyen, Chief Financial Officer

Anh Nguyen, CFO reported on the current and fiscal year to date financials as follows (Dollars in Thousands):

- Net Operating Revenue – \$31,121
- Operating Expense – \$31,802
- Total Non-operating Revenue (Expenses) \$1,107
- EBITDA – \$426
- EROE – \$1,851

Anh reported on the fiscal year to date financials as follows (Dollars in Thousands):

- Net Operating Revenue – \$203,346
- Operating Expense – \$212,434
- Total Non-Operating Revenue (Expenses) - \$13,723
- EBITDA – \$14,993
- EROE – \$4,635

Key Indicators – FYTD include:

- Average Daily Census – 137.6
- Average Acute Length of Stay (ALOS) – 4.98
- Adjusted Patient Days – 7,407
- Surgery Cases – 432
- ED Visits – 4,172

Anh also presented graphs comparing EBITDA and EROE from prior year. Other graphs included average LOS and Productive Full Time Equivalents

9. New Business

- a) Consideration to approve the exclusive Emergency Department On-Call coverage agreement for Neurosurgery between Tri-City Healthcare District and Sunil Jeswani, M.D., P.C., for a term of 12 months beginning March 1, 2026 and ending February 28, 2027, with an annual cost not to exceed \$785,000.

Jeremy Raimo, COO presented a one-year exclusive neurosurgery call coverage agreement with Dr. Sunil Jeswani, effective March 1, 2026. Under the proposed agreement, Dr. Jeswani will expand the call panel to improve coverage and flexibility

by adding additional neurosurgeons. The expanded call panel is expected to significantly enhance neurosurgical coverage and access for the community. Dr. Jeswani will continue to oversee and coordinate the call panel under the proposed one-year agreement.

It was moved by Director Chavez to approve the exclusive Emergency Department On-Call coverage agreement for Neurosurgery between Tri-City Healthcare District and Sunil Jeswani, M.D., P.C., for a term of 12 months, beginning March 1, 2026 and ending February 28, 2027, with an annual cost not to exceed \$785,000. Director Gleason seconded the motion.

The vote on the motion via a roll call vote was as follows:

AYES:	Directors:	Brown, Chaya, Chavez, Coulter, Gleason, Sanchez and Younger
NOES:	Directors:	None
ABSTAIN:	Directors:	None
ABSENT:	Directors:	None

9. Old Business - None

10. Chief of Staff

- a. Consideration to approve the February 2026 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on February 23, 2026.

It was moved by Director Brown to approve the February 2026 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee on February 23, 2026. Director Chavez seconded the motion.

The vote on the motion via a roll call vote was as follows:

AYES:	Directors:	Brown, Chaya, Chavez, Coulter, Gleason, Sanchez and Younger
NOES:	Directors:	None
ABSTAIN:	Directors:	None
ABSENT:	Directors:	None

11. Consideration of Consent Calendar

It was moved by Director Chavez to approve the Consent Agenda minus the agreement with Ensign Group, LLC. Director Coulter seconded the motion.

The vote on the motion via a roll call vote was as follows:

AYES:	Directors:	Brown, Chaya, Chavez, Coulter, Gleason, Sanchez and Younger
NOES:	Directors:	None
ABSTAIN:	Directors:	None

ABSENT: Directors: None

12. Discussion of items pulled from Consent Calendar

The agreement with Ensign Group, LLC was pulled pending additional information.

13. Comments by Members of the Public

There were no comments from members of the public.

14. Comments by Chief Executive Officer

Dr. Ma provided an update on several key organizational initiatives and activities during the current campaign window, noting that while there are restrictions on engagement due to election rules, significant operational work continues behind the scenes. The organization is actively collaborating with Sharp HealthCare through 16 core integration workflow teams, each with numerous subcommittees addressing complex areas such as aligning policies and procedures developed over more than six decades. Early feedback indicates strong collaboration and confidence among staff that the partnership with Sharp was the right decision.

The organization recently opened a new OB-GYN clinic with three physicians and plans to add three nurse practitioners, with additional growth expected in the near future. This expansion supports long-term plans for rebuilding labor and delivery services, and leadership noted encouragement from Sharp to begin planning construction for a future labor and delivery unit. The Mary Birch Women's Services brand has already expanded to Sharp's Grossmont and Chula Vista campuses, positioning Tri-City well for future alignment.

Recent physician engagement efforts included a well-attended medical staff social, designed to reconnect primary care and ambulatory physicians with the hospital campus. The event fostered strong engagement, networking, and collaboration among physicians and included participation from Sharp leadership, who reinforced their commitment to the partnership.

Looking ahead, the organization is preparing for "State of Tri-City" events on April 21 and April 24, co-hosted with local chambers of commerce and the North County Economic Development Council. These events will bring together business leaders, civic leaders, and elected officials to highlight Tri-City's story and strategic direction.

Additional upcoming activities include Doctor's Day on March 26, organized by the Foundation to recognize and thank physicians for their partnership and contributions to the organization.

Operationally, hospital volumes remain high. Telemetry admissions have reached 92 patients, more than double the levels seen just a few months ago. Recent investments supported by the Foundation, including new portable telemetry devices, have significantly expanded monitoring capacity and helped the hospital manage these increased volumes.

Leadership also acknowledged the intensive work behind operational and financial performance metrics, emphasizing the dedication of staff and management teams to maintaining strong stewardship of the organization. Despite extremely busy conditions—including a recent surge of ambulance arrivals—teams successfully

managed patient flow and cleared ambulance backlogs by early morning, reflecting strong coordination and responsiveness across departments.

15. Board Communications

Chairperson Younger wished all physicians a happy Doctor's Day.

16. Adjournment

There being no further business, Chairperson Younger adjourned the meeting at 4:00 p.m.

Tracy M. Younger
Chairperson

ATTEST:

Adela I. Sanchez
Secretary

Building Operating Leases
 Month Ending February 28, 2026

Lessor	Sq. Ft.	Base Rate per Sq. Ft.		Total Rent per current month	Lease Term		Services & Location	Cost Center
					Beginning	Ending		
6121 Paseo Del Norte, LLC 6128 Paseo Del Norte, Suite 180 Carlsbad, CA 92011 V#83024	Approx 9,552	\$3.59	(a)	57,639.34	07/01/17	06/30/27	OSNC - Carlsbad 6121 Paseo Del Norte, Suite 200 Carlsbad, CA 92011	7095
Cardiff Investments LLC 2729 Ocean St Carlsbad, CA 92008 V#83204	Approx 10,218	\$2.58	(a)	41,589.32	07/01/17	08/31/26	OSNC - Oceanside 3905 Waring Road Oceanside, CA 92056	7095
Creek View Medical Assoc 1926 Via Centre Dr. Suite A Vista, CA 92081 V#81981	Approx 6,200	\$2.70	(a)	20,594.69	07/01/20	06/30/30	PCP Clinic Vista 1926 Via Centre Drive, Ste A Vista, CA 92081	7090
SoCAL Heart Property LLC 1958 Via Centre Drive Vista, Ca 92081 V#84195	Approx 4,995	\$2.50	(a)	23,026.37	10/01/22	06/30/27	OSNC - Vista 1958 Via Centre Drive Vista, Ca 92081	7095
BELLA TIERRA INVESTMENTS, LLC 841 Prudential Dr, Suite 200 Jacksonville, FL 32207 V#84264	Approx 2,460	\$2.21	(a)	8,511.41	04/01/23	03/31/26	La Costa Urology 3907 Waring Road, Suite 4 Oceanside, CA 92056	7082
Mission Camino LLC 4350 La Jolla Village Drive San Diego, CA 92122 V#83757	Approx 4,508	\$1.75	(a)	16,914.69	05/14/21	10/31/31	Seaside Medical Group 115 N EL Camino Real, Suite A Oceanside, CA 92058	7094
Nextmed III Owner LLC 6125 Paseo Del Norte, Suite 210 Carlsbad, CA 92011 V#83774	Approx 4,553	\$4.00	(a)	28,407.61	09/01/21	08/31/33	PCP Clinic Carlsbad 6185 Paseo Del Norte, Suite 100 Carlsbad, CA 92011	7090
500 W Vista Way, LLC & HFT Melrose P O Box 2522 La Jolla, CA 92038 V#81028	Approx 7,374	\$1.67	(a)	14,055.70	07/01/21	06/30/26	Outpatient Behavioral Health 510 West Vista Way Vista, Ca 92083	7320
OPS Enterprises, LLC 3617 Vista Way, Bldg. 5 Oceanside, Ca 92056 #V81250	Approx 7,000	\$4.12	(a)	34,420.00	10/01/22	09/30/29	North County Oncology Medical Clinic 3617 Vista Way, Bldg.5 Oceanside, Ca 92056	7086
SCRIPPSVIEW MEDICAL ASSOCIATES P O Box 234296 Encinitas, CA 234296 V#83589	Approx 3,864	\$3.45	(a)	15,786.75	06/01/21	05/31/26	OSNC Encinitas Medical Center 351 Santa Fe Drive, Suite 351 Encinitas, CA 92023	7095
BELLA TIERRA INVESTMENTS, LLC 841 Prudential Dr, Suite 200 Jacksonville, FL 32207 V#84264	Approx 3,262	\$2.21	(a)	11,556.77	05/01/23	04/30/26	Pulmonary Specialists of NC 3907 Waring Road, Suite 2 Oceanside, CA 92056	7088
Sycamore Ave II LLC 3121 Michelson Drive, Suite 500 Irvine, CA 92612 V#84682	Approx 2,912	\$3.00	(a)	11,298.32	02/01/26	05/31/31	North County Women's Specialist 902 Sycamore Avenue, Suite 203 Vista, CA 92081	7075
Total				283,800.97				

(a) Total Rent Includes Base Rent plus property taxes, association fees, insurance, CAM expenses, etc.