

BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE



Passion. People. Purpose.™

Meeting Minutes

CALENDAR YEAR 2020

ATTENDANCE ROSTER											
MEMBERS	MEETING DATES:										
	1/28/20	2/25/20	3/24/20	4/28/20	5/26/20	6/23/20	7/28/20	8/25/20	9/22/20	10/27/20	11/24/20
DIRECTOR DOUG MOIR, MD – CHAIR	P	P	COVID-19 CANCELLATION	COVID-19 CANCELLATION	COVID-19 CANCELLATION	COVID-19 CANCELLATION	V	V	V		
DIRECTOR RICHARD ENGEL, MD	P	P					E	V	V		
DIRECTOR TOM KUMURA, FHFMA	P	P					V	V	V		
DIANE HANSEN, PRESIDENT & CEO	P	P					V	V	V		
SABIHA PASHA, MD, CoS, PMC ESCONDIDO	P	P					V	E	E		
EDWARD GURROLA, MD, CoS, PMC POWAY	E	P					E	E	E		
DIRECTOR JOHN CLARK – 1 ST ALTERNATE											
DIRECTOR JEFF GRIFFITH, EMT-P – 2 ND ALTERNATE											
KANCHAN KOIRALA, MD – ALTERNATE CoS PMC ESCONDIDO											
SAM FILICIOTTO, MD – ALTERNATE CoS PMC POWAY											
STAFF ATTENDEES											
HUGH KING, INTERIM CHIEF FINANCIAL OFFICER							V	V			
SHEILA BROWN, CHIEF OPERATIONS OFFICER	P	P					V	V	V		
OMAR KHAWAJA, MD, CHIEF MEDICAL OFFICER	P	P					V	V	V		
MEL RUSSELL, RN, CNO PMC ESCONDIDO	P	E					V	V	V		
JOYCE VOLSCH, PHD, CNO PMC POWAY							V	V	V		
PAUL SAS, VP SUPPLY CHAIN, PURCHASING & CONSTRUCTION MANAGEMENT							V	V	V		
LEGAL COUNSEL (KEVIN DEBRUIN)	P	P					V	E	V		
WAYNE HERRON, VP PHILANTHROPY	P	P					V	V	V		
KIRK EFFINGER, FOUNDATION BOARD								V	V		
TANYA HOWELL – COMMITTEE ASSISTANT	P	P					V	V	V		
CARLOS BOHORQUEZ, CHIEF FINANCIAL OFFICER	P	P					V				
JOY GORZEMAN, RN, INTERIM CNO PMC POWAY	E	E									
HARVEY HERSHKOWITZ, FOUNDATION BOARD	P	P					E				
INVITED GUESTS	SEE TEXT OF MINUTES FOR NAMES OF INVITED GUESTS										

BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE – MEETING MINUTES – TUESDAY, SEPTEMBER 22, 2020

• AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/RESPONSIBLE PARTY	FINAL?
---------------	-------------------	-----------------------------	--------

• DISCUSSION

NOTICE OF MEETING

- The full agenda packet (as Notice of Meeting) was posted on Wednesday, September 16, 2020, at Palomar Health’s Administrative Office, which is consistent with legal requirements. The full agenda packet was also posted that date on the Palomar Health website; and notice of that posting was made via email to the Board and staff.

ESTABLISHMENT OF QUORUM

- Quorum was established – see attendance roster for details

CALL TO ORDER

- The meeting – held virtually – was called to order at 3:03 p.m. by Chair Doug Moir, M.D.

PUBLIC COMMENTS

- None filed

INFORMATION ITEMS

- Hugh King, Interim CFO, stated that he had been meeting with several individuals about the status of the parking structure, permitting with City and the financing options for the parking structure; and when the details had become more finalized, that information would be brought back to this Committee

1. BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE FOLLOW-UPS		N
--	--	----------

- AUGUST 25, 2020**
 - The correction of the term “new layoff” to “new layout” will be made to the minutes before they are posted – **Done**
 - A discussion regarding what our vision as a District should be for Telehealth in the short and longer haul, as well as how its use within the District will be planned and implemented, will be a topic of discussion at a future meeting – **on today’s agenda**

2. MINUTES, BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE MEETING, TUESDAY, AUGUST 25, 2020	<p>MOTION: By Director Kumura, seconded by Director Engel, and carried to approve the Minutes of the Board Strategic & Facilities Planning Committee Meeting, Tuesday, August 25, 2020, as presented. Vote taken by Roll Call:</p> <p>Director Kumura – aye; Chair Moir – aye; Director Engel – aye; Ms. Hansen – aye; Absent: Drs. Gurrola and Pasha</p>	Reported to the October 12, 2020, Board of Directors meeting as information	Y
--	--	---	----------

- No discussion

BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE – MEETING MINUTES – TUESDAY, SEPTEMBER 22, 2020

• AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/RESPONSIBLE PARTY	FINAL?
• DISCUSSION			
<p>3. TELEHEALTH</p>	<p><i>Information only</i></p>	<p>Forwarded to the September 14, 2020, Board of Directors meeting as information</p> <ul style="list-style-type: none"> • Mr. Pape was requested to bring the following back either at the next meeting or the following one—after consultation with Mr. Black, Mr. King and Dr. Ginther—a proposal laying the foundation of a Telehealth policy, to include the 4 pillars discussed below, as well as the probable addition of a 5th pillar called “Infrastructure”, providing an overview of the beginnings of a strategic focus on Telehealth for an initial 1-2 years, then a long-term plan to include building software budgets (with a 3-year capital budget as part of the process, with this process fed into that budget to meet all the needs for the system) and timetables 	<p>N</p>
<ul style="list-style-type: none"> • Chair Moir stated that after the interesting IT presentation at the last meeting, the Committee set a goal of working with David Pape, VP of Information Technology, and IT to develop a vision of Telehealth for the District, defining what the District wants/needs, implementation suggestions, goals, etc., and he thanked Mr. Pape for returning with that initial information to today’s meeting • Mr. Pape thanked the Committee for having him at the meeting, and he introduced of Dr. Bret Ginther, Chief Informatics Officer, and Mr. Pape’s cohort in all things IT as they relate to the physician, which makes him a key participant in this process • Utilizing the materials included as Addendum B in the packet, Mr. Pape led the discussion • DEFINITION OF TELEHEALTH (SLIDE 2) <ul style="list-style-type: none"> ○ Mr. Pape stated that Telehealth can be grouped under several names, including Telecare and Telemedicine, all of which provide a platform for education, consultation, mentoring and monitoring, with the goal of bringing physicians and patients together using telecommunication technologies, as well as to provide the ability for physician-to-physician discussions with a focus on care and care management • TELEHEALTH SOFTWARE GROUPINGS (SLIDE 3) <ul style="list-style-type: none"> ○ HIM Access is how medical records can be accessed to review MRIs, CTs, etc. ○ Communications can be between the physician and the hospital; the physician and another physician; or the physician and the patient ○ Diagnostics provide physician to patient and physician support • TELEHEALTH PLATFORMS (SLIDE 4) <ul style="list-style-type: none"> ○ There are 4 basic platforms: <ul style="list-style-type: none"> – Video conferencing, which provides 1:1’s interactively in real time – Asynchronous video, which is also called a store and forward, a super technical terminology that is used in all the literature <ul style="list-style-type: none"> ▪ This is useful in rural healthcare settings, where someone is getting a specialist to consult on their condition based on the health information that is generated in a remote area then sent for viewing/monitoring – Remote patient monitoring, which Palomar is doing today with pacemaker management <ul style="list-style-type: none"> ▪ The patient gets their pacemaker hooked up to the vendor, then the vendor can manage and service it remotely 			

BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE – MEETING MINUTES – TUESDAY, SEPTEMBER 22, 2020

• AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/RESPONSIBLE PARTY	FINAL?
---------------	-------------------	-----------------------------	--------

• DISCUSSION

- Mobile health tools include wearable monitoring
 - A smart phone is indigenously a pedometer, so the person carrying the phone can know how many steps they’ve taken each day without having to purchase a separate pedometer
- TELEHEALTH EXISTING (SLIDE 5)
 - Remote viewing of a PACS image can be done in Radiology using StatRad for StatPACS and Nucleus image viewer
 - TelePsych was implemented in the District not too long ago for use in the CSU
 - TeleStroke through TeleMed, and Dr. Ginther can speak to the usage of that as it is used widely in the ED, where he works
 - Electronic Monitoring Unit (EMU) is used for remote stroke care and uses system called Natus
 - We also have inpatient pacemaker monitoring via Wi-Fi
 - Wellbe is a tool that has been used with Ortho patients, and was most recently rolled out to all surgical patients
 - It is a front end to the EMR that also has an educational component to it, so when the patient has been scheduled for a knee replacement, they would get linked in and could say, “I’m registering for hip replacement, here’s my insurance info”, and Wellbe would provide the patient with educational information on what to expect during the process
 - Cerner HealthLife patient portal is being investigated
 - Airstrip is used for remote fetal monitoring
 - The Mayo Clinic Network provides support via physician to physician consults
 - Dr. Khawaja commented that when Palomar Health implemented both TeleStroke and Wellbe, no one else in the county was using those platforms, and that opportunity to be a first mover was part of a strategy to differentiate the District from other providers in the county
 - In response to an inquiry regarding TeleStroke, Dr. Khawaja clarified that Palomar was the only provider using the platform that the District implemented about 9 months ago, although UCSD was using a similar platform that wasn’t as functional, and Scripps was fairly close with their implementation, but he didn’t know whether they had actually started using the platform or not
 - Dr. Engel commented about the mobile robot device that Dr. Kanter had implemented several years, but that was no longer in use
- TELEHEALTH IMMEDIATE EFFORTS (SLIDE 6)
 - With the onslaught of COVID-19, one of the priorities was having the ability to get patients connected with their families, as well as to their physicians
 - The district is currently using GoToMeeting and Google Duo for virtual conversations, and Doxy.me is another physician-driven tool currently being implemented
 - Earlier today, Mr. Pape requested a security assessment of another platform called WhatsApp, and that option will be added to the list if it passes muster as an encrypted system
 - All of these tools are being implemented and being used by the patients
 - Apple iPads were initially being used for patient-to-family communication, but there just weren’t that many available

BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE – MEETING MINUTES – TUESDAY, SEPTEMBER 22, 2020

• AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/RESPONSIBLE PARTY	FINAL?
• DISCUSSION			
<ul style="list-style-type: none"> – The IT team came up with the idea to reconfigure the Cyracom translation devices to use other tools, which provided an additional 65 units on the floor that patients can use to connect to their families – Dr. Ginther is also working with the team to deploy 15 units to both Emergency Departments • TELEHEALTH TOMORROW (SLIDE 7) <ul style="list-style-type: none"> ○ IT has been reviewing the district’s patient portal capabilities and will be looking at future capabilities, including what can be done with the Cerner HealtheLife portal and how it will tie into our goals and objectives in the things we need to see and do for Telehealth ○ They have also been working with the education team to review eEducation systems, and both Bobette Brown, Director of Marketing, Communications & Public Relations, and Brad Krietzberg, Director of Learning & Development, are very interested in getting those systems into the hands of the patients ○ There are also capabilities with NextGen coming from Arch and Graybill, and need to determine how we can connect the user interface/user experience (“UI/UX”) and tie it into an app that links NextGen and Cerner and helps them work together for the next step in the future • Dr. Ginther stated that he was very pleased that we’re trying to move forward in the short term on getting the patient to physician piece locked down <ul style="list-style-type: none"> ○ Getting the patients connected to their families was a really big deal and it was really well-received by the patients ○ The physicians also now have a means of communicating with the patients’ families that respects all of the security and privacy requirements, and Dr. Ginther was very pleased to see those solutions moving forward • Dr. Ginther also noted that the Psychiatry and Neurology Telehealth solutions had been well-received clinically, with the stroke solution helping with patient care; and the dire need for help with the behavioral health roadblocks in the emergency departments have been resolved thanks to the ability to bring the psychiatrist to the bedside • Overall, Dr. Ginther was very pleased to work with Mr. Pape to utilize these tools in new and novel ways that anticipated the needs of the hospital and the patients • Mr. Pape stated that Telehealth has a broad definition, with lots of pieces and parts, and the Board and Management need to determine what it needs to be and look like at Palomar • Mr. King stated that he and Mr. Pape had discussed Telehealth at length, and one of the thoughts they had was to go with the definition that Mr. Pape had researched about using technology to provide healthcare, and since there is already a pillar foundational structure used in other areas, perhaps that model could be used in this instance <ul style="list-style-type: none"> ○ Referencing the groupings listed on Slide 3, Mr. King suggested that there be one pillar to address Access, one for Communications, one for Diagnostics, one for Education, with the idea to then sort the different software capabilities within those groupings, and develop a 3-5 year strategy about where the District wanted to go with a focus on the patient and physician experience ○ Mr. King asked if that concept made sense to the committee members and the physicians • Director Kumura stated that it was a great start with those four pillars, and suggested that a fourth bullet point be added under Communications for Hospital to Hospital 			

BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE – MEETING MINUTES – TUESDAY, SEPTEMBER 22, 2020

• AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/RESPONSIBLE PARTY	FINAL?
• DISCUSSION			
<ul style="list-style-type: none"> • Director Kumura further stated that this was a great overview and an important first step, suggesting that there could be a SWOT developed for each of the four pillars, maybe in the following three months, which should help to lead the team toward a strategic direction for the Board • Director Kumura also wanted to know if Telehealth would include the use of AI within Palomar, and Mr. Pape said that it could, by definition, but it would depend on how AI was supporting patient care • Chair Moir noted that some of the areas used now were for reading x-rays, mammograms, and chest x-rays for interpretation, and he wondered if there were similar things being done where AI would kick out abnormal lab findings and highlight them to the physician <ul style="list-style-type: none"> ○ Dr. Ginther stated that on a very basic level, abnormal labs based could be kicked out based on what lab the tolerances were, but there wasn't anything proactive other than a visual indicator at this point • Chair Moir wondered where communication between the hospital database and the Arch/Graybill systems would fall, and Mr. Pape stated that the information could be tied with the use of an app to assist in the transfer movements of patients, setting up consultations, etc. <ul style="list-style-type: none"> ○ Chair Moir also wondered about the ability to access that information, and CEO Diane Hansen stated that there were opportunities, and the District had already purchased the ambulatory component of Cerner, and were contemplating how it could be used, pending a more thorough review, as well as whether or not it made more sense to just move both entities to the same platform <ul style="list-style-type: none"> – Ms. Hansen further noted that Mr. Pape had worked with the Cerner system in another state, and there had been some challenges for other systems using it; however, it would provide complete access from Palomar's EHR and the physician component on the outpatient side • Chair Moir asked about the ability to link the information flow and ease of scheduling with the community clinics, and Ms. Hansen responded that it went back to what Mr. Pape was talking about, looking at the opportunity to tie it all together into one app, so the patient could not only view/pay their bill online, they could access wait times in the ED, or schedule an appointment with their PCP, and the team is trying to take a complete look to tie all of those things together and make access easier for the patients <ul style="list-style-type: none"> ○ She further noted that if a patient could handle everything they needed to at Palomar using one app, they would be more likely to continue to receive services within the District • Director Engel commented that a large part of this whole telehealth introduction of technology into healthcare and our system depended on the basic infrastructure and IT capabilities, with such simple things as whether the workstations that the physicians have in the hospital were working or if the wireless networks or connectivity with the outside world were available <ul style="list-style-type: none"> ○ He noted that had been a chronic challenge at Palomar, for instance, the whole ability to communicate at PMC Poway with cell phones, which he was thankful was being set up, but in conjunction with the vision of rolling out Telehealth concepts, ideas, or visions, he would like to see a robust consolidation of our current state with respect to issues within the infrastructure, as he still experiences some interruptive challenges to connecting to the outside world while in the hospital buildings ○ He thought that this was a great vehicle to take us forward, but he would like a sense of the current state and what our needs might be to roll it out appropriately and effectively; as, to him, Telehealth was everything mentioned, but a key part was the connection between the physicians in the community and the physicians at the hospital, and the Arch to Graybill connection for medical records, data, and the patient/physician connection 			

BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE – MEETING MINUTES – TUESDAY, SEPTEMBER 22, 2020

AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/RESPONSIBLE PARTY	FINAL?
--------------------	--------------------------	------------------------------------	---------------

DISCUSSION

- He would also like to see the opportunities for the ability to connect physicians in the hospital with the patients’ families outside the hospital, which could cause difficulties when a physician was attempting to obtain the family’s consent on behalf of a patient with poor cell service within the hospital
- He also noted that one way we’ve pulled real-time data together was with the sepsis and a real-time collection of information that had been made available
- He believed the foundation for the vision was: 1) What is the current state of the infrastructure; 2) What do we need to make these things happen going forward; and, 3) How do we connect the Arch/Graybill physicians with internal physicians and the data systems within the hospitals
- Director Kumura stated that he was glad that Mr. Pape, Dr. Ginther, Mr. King and Cacey Black, Strategy Program Director, were involved, as it was a moving target, with 5G just around the corner, constant change, and Mr. Pape dealing with security threats every day, and he was truly amazed at how we’re able to move ahead and protect the data
 - Technology is improving on itself, and we’re going to be looking at faster internet speeds, which will create more opportunities
- Mr. Pape said that the next step—after consultation with Mr. Black, Mr. King and Dr. Ginther—would be a proposal laying the foundation of a Telehealth policy, to include the 4 pillars discussed above, as well as the probable addition of a 5th pillar called “Infrastructure”, providing an overview of the beginnings of a strategic focus on Telehealth for an initial 1-2 years, then a long-term plan to include building software budgets (with a 3-year capital budget as part of the process, with this process fed into that budget to meet all the needs for the system) and timetables, with that proposal to be presented either at the October or November meeting
- Directors Kumura and Engel said that sounded like a good plan, and both thanked Chair Moir for starting this discussion through his Committee
- Chair Moir commented that one of the few good things about COVID-19 was its stress to providers and the federal government that this area of healthcare wouldn’t be going away and was one of the major channels of moving forward, so he felt the government would put some money into it
- Chair Moir then inquired of Foundation Board member Kirk Effinger whether there had been any discussion about how the Foundation could put some dollars into this, possible through contacts with software and hardware companies throughout the industry to gain insights from those people, or perhaps having the District become a BETA site
 - Mr. Effinger stated that the topic had been discussed, and there’s a company with which Palomar Health Technology had been involved, but that has been a little less than cooperative in providing the Foundation with information on their financial status for some time
 - He wondered if the district could be of assistance on that front, and Ms. Hansen and Vice President of Philanthropy Wayne Herron stated that they would see what could be done
- Chair Moir thanked Mr. Pape for a good start and a challenging presentation today, to be picked up in the next couple of months and moved forward

BOARD MEMBER COMMENTS

- Director Kumura congratulated Ms. Hansen and the whole team on the sepsis 5-star rating

PUBLIC COMMENTS

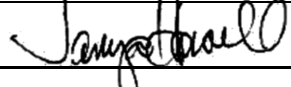
- None filed

BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE – MEETING MINUTES – TUESDAY, SEPTEMBER 22, 2020

• AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/RESPONSIBLE PARTY	FINAL?
---------------	-------------------	-----------------------------	--------

• DISCUSSION			
--------------	--	--	--

ADJOURNMENT **The meeting was adjourned by Chair Moir at 3:38 p.m.**

SIGNATURES:	COMMITTEE CHAIR	_____ /s/ Doug Moir, MD DOUG MOIR, MD
	COMMITTEE ASSISTANT	_____  TANYA HOWELL