## BOARD QUALITY REVIEW COMMITTEE MEETING MINUTES – THURSDAY, JUNE 16, 2022

### AGENDA ITEM

<table>
<thead>
<tr>
<th>NOTICE OF MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Notice of Meeting was posted at Palomar Health Administrative Office; also posted with full agenda packet on the Palomar Health website on Thursday, June 2, 2022, consistent with legal requirements.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CALL TO ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pursuant to Board Resolution No. 01.10.22(03)-03 participation will be virtual and the meeting was called to order at 1:00 p.m. by Director Linda Greer, RN.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESTABLISHMENT OF QUORUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quorum comprised of Board Directors: Director Linda Greer, Director Terry Corrales, RN; Director Laura Barry; and Physician Chair of the Medical Staff Quality Management Committees, Kanchan Koirala, M.D. Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PUBLIC COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were no public comments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION ITEMS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. * REVIEW / APPROVAL: OPEN/CLOSED SESSION MEETING MINUTES / ATTENDANCE ROSTER – MARCH 23, 2022</td>
</tr>
</tbody>
</table>

The BQRC meeting minutes from March 23, 2022, were presented for review and approval. Director Laura Barry, motioned for approval, second by Kanchan Koirala, MD.  

**MOTION:** by Director Laura Barry, second by Kanchan Koirala, M.D., carried to approve the meeting minutes of March 23, 2022, as submitted. Roll call voting was utilized.  

Directory Linda Greer, RN- Aye  
Director Laura Barry – Aye  
Kanchan Koirala, MD – Aye  
All in favor. None opposed. The meeting minutes were approved as submitted.

| B. * REVIEW / APPROVAL: QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT PLAN |

<table>
<thead>
<tr>
<th>Final?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
</tr>
</tbody>
</table>
The committee reviewed Quality Assessment Performance Improvement Plan.

No further discussion.

<table>
<thead>
<tr>
<th>MOTION:</th>
<th>by Director Laura Barry, second by Kanchan Koirala, M.D., to approve the Quality Assessment Performance Improvement Plan as presented.</th>
<th>N/A</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll call voting was utilized.</td>
<td>Directory Linda Greer, RN- Aye Director Laura Barry – Aye Kanchan Koirala, MD – Aye All in favor. None opposed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. REVIEW / APPROVAL: CONTRACTED SERVICES

Tricia Kassab, VP of Quality and Patient Safety, presented the Contracted Services report to the committee. Emerald provides our linen and scrubs service and Morrison provides our food and nutritional services. Both have met all of their performance metrics.

Contracted Service Evaluations include:
- Emerald Textiles
- Morrison Management Specialists

Sheila Brown & Debbie Hollick took a moment to introduce the new BQRC secretary, Sally Valle.

<table>
<thead>
<tr>
<th>MOTION:</th>
<th>by Director Laura Barry, second by Kanchan Koirala, M.D., approved to accept contracted service reviews of Emerald Textiles and Morrison Management Specialists.</th>
<th>N/A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll call voting was utilized.</td>
<td>Directory Linda Greer, RN- Aye Director Laura Barry – Aye Kanchan Koirala, MD – Aye All in favor. None opposed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STANDING ITEM(S)

A. MEDICAL EXECUTIVE COMMITTEE (MEC)/QUALITY MANAGEMENT COMMITTEE (QMC) UPDATE
Dr. Kanchan Koirala provided the monthly report for the Medical Executive Committee (MEC) and Quality Management Committee (QMC) from PMC Escondido and PMC Poway.

Various quality updates and quality achievements throughout the district were highlighted:

- The hospital at home program policies & procedures were reviewed and approved. They included power plans and medication administration.
- In regards to safety and quality there were several policies reviewed from Pharmacy & Therapeutics and the Infection Control Committee. Policies included were the Look Alike – Sound Alike Drugs and the Medication Substitution policies.
- On-going audits were presented.
- Dr. Koirala explained how issues are reported, monitored and resolved in conjunction with hospital administration, by the Quality Medical Committee. Director Greer was glad to hear the function of the QMC, and reiterated how the function of the Board was that of oversight, and not to resolve operational issues.

NEW BUSINESS

A. SPINE & TOTAL JOINT CENTERS OF EXCELLENCE

Deferred until next meeting. MOTION: N/A N/A Y

B. INFECTION PREVENTION AND CONTROL (INCLUDES ANTIBIOTIC STEWARDSHIP)

Susan Trout, Infection Preventionist, Dr. Soni, and the Infectious Disease Pharmacist, Travis Lau presented the 2021 Infection Surveillance, Control and Prevention Program Assessment. MOTION: N/A

Highlights included:
- Increased hand hygiene compliance to 90%
- Surgical site infections, VRE blood stream, and C-diff had a notable downward trend over consecutive years.
- Some challenges that exist are preventing device associated infections. Much work is being done to reverse the upward trend.
- IRP Program received a gold status designation over the past two years by the California Department of Public Health. Palomar Health is only one of two hospital
systems, in San Diego County, to have received this designation.

- There has also been a lot of work done with the COVID19 therapeutics handling over the pandemic. Literature based guidelines were written for Palomar Health keeping in mind the very high drug costs.
- Challenges remain with keeping C-diff infection rates low. Historically had been in the top 90th percentile. Will continue to monitor antimicrobial use and scrutinize the use of high risk C-diff antibiotics.
- Director Greer noted how thankful and appreciative she was for this work which makes for a safer organization for both staff and patients.

C. LABORATORY SERVICES BIANNUAL REPORT

Dr. Jerry Kolins presented the Laboratory Services Biannual Report, which is a culmination of work by the Laboratory team.

Highlights included:

- Met benchmark with critical care resulting
- Lab was recognized by the San Diego County California Department of Public Health at their 21st annual Champion Awards for the work done with COVID19 and the Laboratory Task Force, which generated a small publication.
- Continue to work with the Emergency Department turn-around-time. Prior to COVID19 times were meeting benchmark however currently struggling with Troponin times due to staffing shortages, and the availability of supplies (tubes).
- On behalf of the ICU team, Dr. Koirala thanked Dr. Kolins and team for quick turn-around-times in the ICU. He also made a recommendation to look the possibility of doing blood draws with pediatric tubes for patients in the ICU in an effort to reduce the incidence of iatrogenic anemia.
- Director Corrales noted what a great meeting this was as there was a lot of communication and team work to determine the root cause of issues.

D. PULMONARY SERVICES BIANNUAL REPORT

Dr. Frank Bender, Medical Director for Pulmonary Services, presented the Biannual Pulmonary Services report to the committee.

Highlights included:

- Compliance of positive patient identification with scanning prior to this initiative was 30% with use of the scanner. With the initiative in place it is now at 90%. Focus on this compliance has also resulted in proper labeling of specimens collected.
- Compliance of positive patient identification with scanning prior to this initiative was 30% with use of the scanner. With the initiative in place it is now at 90%. Focus on this compliance has also resulted in proper labeling of specimens collected.
- Director Greer thanked Dr. Bender and team for all their hard work during the COVID19 pandemic.

MOTION: N/A

Director Greer requested to invite the Supply Chain team to a future meeting to report on the process of acquiring new equipment and equipment end of life. (Tim Stevens & Heather Woodling)

ADJOURNMENT TO CLOSED SESSION

6.16.2022 BORC Minutes - DRAFT
**ADJOURNMENT TO OPEN SESSION**
- There were no action items identified in the Closed Session of the meeting.

**PUBLIC COMMENTS**
There were no public comments.

**FINAL ADJOURNMENT** - The meeting adjourned at 2:00 p.m.

| MOTION: N/A |

**SIGNATURES:**

**COMMITTEE CHAIR**

Linda Greer, RN

**COMMITTEE ASSISTANT**

Sally Valle