



BOARD QUALITY REVIEW COMMITTEE MEETING MINUTES – WEDNESDAY, SEPT 28, 2022			
AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP / RESPONSIBLE PARTY	FINAL?
NOTICE OF MEETING			
The Notice of Meeting was posted at Palomar Health Administrative Office; also posted with full agenda packet on the Palomar Health (PH) website on Monday, September 19, 2022, consistent with legal requirements.			
CALL TO ORDER			
Pursuant to Board Resolution No. 01.10.22(03)-03 participation will be virtual and the meeting was called to order at 4:00 p.m. by Director Linda Greer, RN.			
ESTABLISHMENT OF QUORUM			
Quorum comprised of Board Directors: Director Linda Greer, Director Terry Corrales, RN; Director Laura Barry; and Physician Chair, Sam Filiciotto, MD, Chair of Medical Staff Quality Management Committee for Palomar Medical Center Poway			
PUBLIC COMMENT			
There were no public comments.			
ACTION ITEMS:			
A. * REVIEW / APPROVAL: OPEN/CLOSED SESSION MEETING MINUTES / ATTENDANCE ROSTER – JULY 27, 2022			
The BQRC meeting minutes from July 27, 2022, were presented for review and approval. Director Laura Barry, motioned for approval, second by Director Terry Corrales.	<p>MOTION: by Director Laura Berry, second by Director Terry Corrales, carried to approve the meeting minutes of July 27, 2022, as submitted. Roll call voting was utilized.</p> <p>Sam Filiciotto, MD - Aye Director Laura Barry – Aye Director Corrales - Aye Director Greer - Aye</p> <p>All in favor. None opposed. The meeting minutes were approved as submitted.</p>		Y
B. * REVIEW / APPROVAL: APPROVAL OF CONTRACTED SERVICES			

<p>-San Diego Blood Bank -Becton Dickinson and Company -Boston Scientific Lab system Pro Recording Equipment -Boston Scientific Micropace Essential Care -Gold Coast Surgical, Inc.</p> <p>The contracts were presented for annual review. All have met indicators and expectations for the quality indicators in their contracts.</p>	<p>MOTION: by Director Barry, second by Director Corrales, to approve the contracted service reviews for San Diego Blood Bank, Becton Dickinson & Company, Boston Scientific Lab system Pro Recording Equipment, Boston Scientific Micropace Essential Care & Gold Cost Surgical Inc.</p> <p>Roll call voting was utilized.</p> <p>Director Greer, RN - Aye Director Corrales, RN- Aye Director Laura Barry – Aye Sam Filiciotto, MD – Aye</p> <p>All in favor. None opposed.</p>	<p>N/A</p>	<p>Y</p>
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STANDING ITEM(S)

A. MEDICAL EXECUTIVE COMMITTEE (MEC)/QUALITY MANAGEMENT COMMITTEE (QMC) UPDATE

<p>Dr. Sam Filiciotto provided a brief update from the most recent QMC meeting:</p> <ul style="list-style-type: none"> • Good things being done in the Ortho and Stroke departments. • Discussion of increasing HCAHP scores ensued. Some changes in place. New Patient Experience Director in place to help increase scores while continuing to maintain quality of care. • Director Corrales requested from COO, Stephanie Baker, to explain in further detail, the activities thus far to increase our HCAHP scores. Stephanie reported that since her arrival to the organization an assessment of the program has been done. The Patient Experience Director has been hired, the Patient Experience Council meets every other month and develops a 60-day plan. Education has been provided to all inpatient leaders – will provide same education for OP leaders then move to PHMG. Executive team is fully committed to assist Patient Experience Director and team with rounding, tools and tactics, best practices, and competencies to move the scores in the right direction. Dashboards are provided every month and reviewed. Emergency Department discharge phone calls will be starting on 10/1. Performance measures have also been added to contracted physician group vendor contracts. Lastly, within the last year, the ED grievance and complaints have decreased by 50%. 	<p>MOTION: N/A</p>		<p>Y</p>
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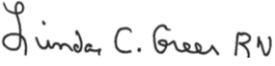
NEW BUSINESS

A. CENTER OF EXCELLENCE – CARDIOVASCULAR SERVICES

<p>Tom McGuire reported on the initiatives and performance of the PH Cardiovascular Services. Highlights included:</p> <ul style="list-style-type: none"> • The national recommendation for STEMI program door to balloon time is 90 minutes or less. In 2021, we were at around 61 minutes, and have been at approximately 60 minutes for the past 4-5 years. This demonstrates the collaboration and hard work done by the Cath Lab team, the Emergency Department, and the Cardiologists. Fall outs are reviewed, discussed and opportunities for improvement are discussed. • Cardiology Program performance has been doing well. • In 2022, the STEMI and Chest Pain MI registry achieved platinum status award for the sixth year in a row. We were one of nine hospitals to receive the award and the only hospital in San Diego County to receive the award. • Extracorporeal Membrane Oxygenation (ECMO) Program underway to start. This program will serve patients with life threatening heart and lung conditions. • In February, the Watchman Program went live. This is a structural heart program that helps reduce the risk of stroke. • Performance Improvement initiatives for the programs include the reduction of prolonged ventilation times in open heart surgical patients. Have seen an upward trend in the last two quarters. Goal is to extubate patients within 24-hours post-surgery. The development of a committee to monitor real time data is underway. • Rapid AI detection software was implemented and went live in June. This artificial intelligence software detects large vessel occlusions in patients who come in with a stroke. It sends out alerts via a cellular phone app which allows for real time communication amongst providers and clinical care team. This has allowed us to move into our target phase three target goal which is door to interventional procedure within 90 minutes 50% of the time. Since the implementation we are meeting goal 40% of the time. 	<p>MOTION: N/A</p>	<p>N/A</p>	<p>Y</p>
<p>B. MEDICAL STAFF – ANESTHESIA SERVICES REPORT</p>			
<p>Dr. Khawaja reported that we are in the midst of rolling out the Anesthesia electronic medical record (EHR). This allows the organization to have the ability to electronically collect in depth data metrics that will be tied into our future physician contracts. Estimated go live in about four months. This will only apply to the acute facilities and not yet to the up and coming surgery centers.</p> <p>Dr. Khawaja explained that most outpatient surgery centers continue to utilize paper records due to the types of patients served in the outpatient setting. This said, he would be happy to take this committee's desire to explore electronic medical record use in that setting.</p> <p>This will ensure the organization continues capturing the necessary data to maintain/increase quality care.</p> <p>Dr. Khawaja also noted that the software will increase physician engagement and that the physicians are excited about the fact that they will be able to monitor their own performance metrics so as to improve compliance with all metrics.</p> <p>Director Corrales applauded the acquisition of the new software.</p>	<p>MOTION: N/A</p>		<p>Y</p>
<p>C. OPERATIVE & INVASIVE PROCEDURE SERVICES REPORT</p>			

<p>Bruce Grendell reported on the initiatives and performance of the PH Perioperative Services Program. Highlights included:</p> <ul style="list-style-type: none"> • Immediate use steam sterilization rates are exceptionally low. Great work. • First Case On Time Starts – doing a better job at Poway than Escondido. However we continue to work on improving on time starts. Continue to collaborate with providers to ensure requirements are completed prior to taking patients into the operating room. • HCAHPs – prioritizing the focus on communication about medications. Working with Post Anesthesia Care Unit (PACU) discharge team to ensure that patients are aware of the medications they are taking and have all questions answered before they leave the facility. • Two new questions regarding anesthesia were added to the patient satisfaction questionnaire and have been getting good feedback from patients. • Surgical Site Rates (SSI) doing well. Standardized Infection Ration (SIR) is less than one. 	<p>MOTION: N/A</p>	<p>N/A</p>	<p>Y</p>
<p>D. MANAGEMENT OF THE MEDICAL RECORD REPORT</p>			
<p>Kim Jackson reported on the initiatives and performance of the PH Medical Records Department. Highlights included:</p> <ul style="list-style-type: none"> • Scanning of critical documents turn-around is currently two hours. Outstanding. • Have been working on making medical record information more available to patients via the patient portal to be able to meet the requirements in the newly effective Information Blocking regulation. Phase I of this work is complete. This the portal holds the majority of the patient's medical record. • Phase II will push more patient information into the portal. • Also working on launching self-registration to the portal. • Have a slower turn-around time for non-critical document scanning due to staffing challenges. However are addressing by launching two projects to decrease turn-around-time. Estimated time of completion is quarter 1 2023. 	<p>MOTION: N/A</p>	<p>N/A</p>	<p>Y</p>
<p>E. THROUGHPUT AND DISCHARGE PLANNING REPORT</p>			
<p>Joe Parker reported on the initiatives and performance of the PH Discharge Planning & Patient Throughput Program. Highlights included:</p> <ul style="list-style-type: none"> • Multidisciplinary rounds pilot was implemented last November at the Poway campus. Rounding on 100% of patients. Pilot has since been extended to all units/floors at both campuses every day. Barriers to move patients through our system are discussed/addressed. • Emergency Room rounds also being done 7 days per week. • Discharge lounge up and running at both campuses. Area(s) formalized with the help of Facilities. Staffed five days per week. • Clinical Resource Management Strategic Planning Team working on identifying process to improve throughput. Currently working on the ideal day of discharge process. • Looking on other innovative ways to ensure movement of patients throughout the system. Recently worked with Interfaith to acquire ten recuperative care beds. These beds were utilized for patients who were homeless but required continued outpatient medical care. Increased beds as we saw a need for the community. <ul style="list-style-type: none"> ○ Now evaluating the possibility of leasing skilled nursing beds for these types of patients that require a higher level of care upon discharge. • This work has reduced average length of stay (ALOS) from 5.15 days to 3.56 at the 			

<p>Escondido campus. At the Poway campus the average length of stay (ALOS) was reduced from 5.25 to 4.7. Overall system reduction from 5.17 days to 3.81 days.</p> <ul style="list-style-type: none"> • Director Corrales applauded the collaboration with Interfaith. • Dr. Filiciotto suggested inviting the local religious organizations to support Interfaith Community Services via the upcoming PH health fair event. 			
<p>F. SERVICE EXCELLENCE (HCAHPS) REPORT</p>			
<p>Stephanie Baker reported on the initiatives and performance of the HCAHPS Program. Highlights included:</p> <ul style="list-style-type: none"> • Refreshed Patient Experience Council (PEC) membership in May 2022 to include all inpatient, outpatient and Emergency Department Directors, Senior Leadership Team, and Executive Leader Team across the District. • 15+ inpatient, outpatient, and Emergency Department “boot” camp sessions held over last six weeks with Directors, Manager, and Supervisors to review data, priority matrix recommendations, and to develop a 90 day action plan for hardwiring foundational leader and staff behaviors – i.e., leader rounding on staff, leader rounding on patients, performance boards, huddles, AIDET/key words, bedside shift report, and hourly rounding. • Hired a new Director of Patient Experience – start date 9/12/2022. <p>Director Greer noted that the November BQRC meeting has been rescheduled to October 26th. There will not be a meeting in November and December.</p>			

<p>ADJOURNMENT TO CLOSED SESSION</p>			
<p>➤ PURSUANT TO CA GOV'T CODE §54962 & CA HLTH & SAFETY CODE §32155; HEARINGS – SUBJECT MATTER: REPORT OF QUALITY ASSURANCE COMMITTEE</p>	<p>MOTION: N/A</p>	<p>Y</p>	
<p>ADJOURNMENT TO OPEN SESSION</p>			
<p>➤ There were no action items identified in the Closed Session of the meeting.</p>			
<p>PUBLIC COMMENTS</p>			
<p>There were no public comments.</p>			
<p>FINAL ADJOURNMENT - The meeting adjourned at 5:30 p.m.</p>	<p>MOTION: N/A</p>		
<p>SIGNATURES:</p>	<p>COMMITTEE CHAIR</p> <p style="text-align: center;">  <hr style="width: 200px; margin: auto;"/> Linda Greer, RN </p>		

COMMITTEE ASSISTANT

A handwritten signature in blue ink, appearing to read 'Sally Valle', is positioned above a horizontal line.

Sally Valle