



BOARD QUALITY REVIEW COMMITTEE MEETING MINUTES – WEDNESDAY, OCTOBER 26, 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, October 17, 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, Physician Chair, Kanchan Koirala, Chair of Medical Staff Quality Management Committee for Palomar Medical Center Escondido			
PUBLIC COMMENT			
<ul style="list-style-type: none"> • There were no public comments. • Director Greer commented that the information in the Annual Nursing Report reflected that there was a Discharge Lounge at PMC Poway, she requested confirmation. Chief Nurse Executive, Mel Russel and Dr. Filiciotto, confirmed there is one on the Lobby level of the facility. • Director Greer highlighted information provided in the Annual Nursing Report, the fact that ED complaints and grievances have declined by 50% in the past year. This is great news. 			
ACTION ITEMS:			
A. * REVIEW / APPROVAL: OPEN/CLOSED SESSION MEETING MINUTES / ATTENDANCE ROSTER – SEPTEMBER 28, 2022			
The BQRC meeting minutes from September 28, 2022, were presented for review and approval. Director Laura Barry, motioned for approval, second by Director Terry Corrales.	<p>MOTION: by Director Laura Barry, second by Director Terry Corrales, carried to approve the meeting minutes of September 28, 2022, as submitted. Roll call voting was utilized.</p> <p>Director Laura Barry – Aye Director Corrales - Aye Kanchan Koirala, MD - Aye Sam Filiciotto, MD - Aye Director Greer – Aye</p>		Y

	All in favor. None opposed. The meeting minutes were approved as submitted.		
R * REVIEW / APPROVAL - APPROVAL OF CONTRACTED SERVICES			
<ul style="list-style-type: none"> • California Transplant Services – Contract service provides human autologous tissue storage • Richard Bravo – Contract provides Intraoperative Neuromonitoring Services – IC Agreement • Alhiser Comer – Contract provides removal and overflow storage of deceased bodies. • ARUP – Contract provides clinical and isoteric testing – reference laboratory. • Pharmerica – Contract provides pharmacy services for The Villas at Poway. Stephanie Baker, Chief Operations Officer, explained that although we outsource Pharmacy services for this facility, the organization is looking to bring back in-house Pharmacy services within the next year. • PraxAir – Contract provides portable medical gases. • Vital Care – Contract provides Sub-Acute services metrics collections/compilation. • Advantage Ambulance – Contract provides patient transport services. <ul style="list-style-type: none"> ○ At the request of Director Barry, Stephanie Baker, Chief Operations Officer explained that this contract is managed by our Transitions Officer/Case Management Director, and they perform a quarterly business review to monitor number of transports, turn-around-times, and critical patient transports. ○ Dr. Filiciotto inquired as to whether it was known what the financial impact of these contracts were. Director Barry confirmed that contract financials are reported at Board Finance Committee. • Agility – Contract provides preventative maintenance and management of our mobile medical equipment. <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 California Transplant Services, Richard Bravo, Alhiser Comber, ARUP, Pharmerica, PraxAir, Vital Care, Advantage Ambulance and Agility.</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 Kanchan Koirala, MD - Aye</p> <p>All in favor. None opposed.</p>	N/A	Y
STANDING ITEM(S)			
A. MEDICAL EXECUTIVE COMMITTEE (MEC)/QUALITY MANAGEMENT COMMITTEE (QMC) UPDATE			

<p>Dr. Kanchan Koirala provided a brief update from the most recent QMC meeting:</p> <ul style="list-style-type: none"> • He began by thanking his fellow QMC members led by Tricia Kassab, Valerie Martinez, Julie Avila (secretary), Dr. Lee and Dr. Khawaja. • The hospital has rolled out a nurse advice line utilizing an outside agency. An added layer of information for nurses. • We are currently in our window for our triannual Joint Commission survey. Mock survey teams, composed of hospital leadership, are currently conducting survey rounding across both campuses to ensure regulatory readiness. <ul style="list-style-type: none"> ○ An area demonstrating need for improvement is hand hygiene. We are a bit below that national standard and are actively working toward improvement. • Hospital Re-Admission Reduction Report. Trending better than the national average. • Leapfrog Scores – Poway campus received an A. Escondido campus received a B. Some improvements and changes were made. We hope to see improvement in fall scores. • Unsigned Verbal and Telephone Orders decreased from 700 to 200 unsigned orders. A lot of work done by Mel Russel, CNE, Dr. Ginther, Chief Informatics Officer, and the Information Technology team, to correct barriers that led to the high number of unsigned orders. • Throughput times have improved tremendously. We have not seen any spikes due to usual fall and winter respiratory illnesses however the children’s hospitals in the northern part of the country and Canada are overwhelmed with RSV (Respiratory Syncytial Virus). We have not seen it here. <ul style="list-style-type: none"> ○ Director Greer commented on how she is seeing an uptick in RSV at her place of employment and is hearing anecdotally that wait times at our local children’s hospital are increasing. She noted how this is not specific to any one facility in our area and hence the reason why the Board continues to support the work on expanding the capacity for the PMC Poway Emergency Department. • Director Greer noted that she realizes and understands there are future plans in where the collaboration with the medical staff will be necessary. She pledges to come back and be have more collaboration with physicians than there has been in recent years. She looks forward with working closer with the medical staff. • Dr. Filiciotto thanked Director Greer for her comments. He noted that in regards to handwashing he hopes that with the Emergency Department expansion at PMC Poway, there are sinks in the patient rooms versus having to go wash your hands in the bathroom. He feels that due to this practice handwashing statistics maybe be off because observers may not always be able to see handwashing in the bathrooms. 	<p>MOTION: N/A</p>		<p>Y</p>
<p>NEW BUSINESS</p>			
<p>A. HOSPITAL READMISSIONS REDUCTION PROGRAM (HRRP)</p>			
<p>Dr. David Lee presented the 2023 HRRP. He explained what it is, how it works, how often it results in penalties, how we performed and other strategies we can implement to improve performance.</p> <p>Highlights were:</p> <ul style="list-style-type: none"> • This program is designed to reduce excess readmissions. • The CMS has a 3-step approach for six specific conditions or procedures to calculate the 	<p>MOTION: N/A</p>	<p>N/A</p>	<p>Y</p>

<p>excess readmission ratio.</p> <ul style="list-style-type: none"> • The payment reduction or penalty ranges from 0-3%. • Over the last ten years at Palomar Health we have had reporting periods with zero penalties at both campuses or negligible penalties while some reporting periods have been hit harder. • The 2023 performance demonstrates we had excess readmissions in 4 areas at the Escondido campus and in 2 areas at the Poway campus. <ul style="list-style-type: none"> ◦ Our total penalty at Escondido will be 0.34% and at Poway 0.29%. In 2022, the average hospital penalty was 0.64%. • Strategies to reduce hospital readmissions: <ul style="list-style-type: none"> ◦ Appropriately determine patient's readiness for discharge. ◦ Perform medication reconciliation and educate patients regarding the importance of medication adherence. ◦ Coach patients on discharge instructions and self-management. ◦ Involve family members. ◦ Schedule follow up appointments on behalf of patient/arrange transportation. ◦ Determine the optimal post discharge care setting for patients. ◦ Provide care coordination and care setting transition planning. ◦ Implement discharge follow up program. • Director Greer commented on how any of these specific high risk conditions/procedures can end up with post discharge complications with the best of care, and most patients end up seeking care in Urgent Cares and Emergency Departments. With this said, she inquired as to whether Emergency Department visits would constitute a readmission, and Dr. Lee said that they do not. • Director Corrales noted that it is unfortunate that a readmission constitutes being readmitted for a completely different non related diagnosis. • Director Corrales reiterated the need for Case Managers and implementing discharge planning upon admission. • Dr. Koirala inquired whether the Hospital at Home Program admission would impact this program. Dr. Lee explained that since the Hospital at Home Program constitutes an admission as it would to the hospital, then it would qualify as a regular hospital readmission. • Dr. Filiciotto noted we have a software program - Crimson where admissions and readmissions are tracked by provider. 			
<p>B. NURSING ANNUAL REPORT</p>			
<p>Mel Russel presented the annual nursing report.</p> <p>Highlights were:</p> <ul style="list-style-type: none"> • There was a CEO directive over a year ago to shift to a one system Chief Nurse Executive with the primary goal of systemness. • The presentation demonstrates how this has been accomplished over the past year. • Mel noted that the outcomes are heavily due to the leadership team & their staff. • At 4 years in a row of best spine and orthopedic programs by US News amongst other awards. Only facility in San Diego County to have this award 4 years in a row. • Palomar Health Zero Patient Harm rates demonstrated areas above benchmark for PMC Escondido. One department at PMC Escondido is close to 4 years without hospital acquired pressure injuries. This demonstrates the collaboration between unit staff, physician, the Quality and Infection Prevention Departments. • Fall trends decreased over the past year. • Mel gave kudos to the entire team that came together to reduce unsigned telephone and verbal orders. The collaboration to obtain such a great reduction was amazing. He noted 	<p>MOTION: N/A</p>		<p>Y</p>

<p>this was one of the best process improvement project he has been involved with.</p> <ul style="list-style-type: none"> • The report provided the great work being done in all nursing departments. • Mel highlighted the amazing work done by the nursing team, Behavioral Health team, Quality, IT to continue to ensure quality patient care for Behavioral Health patients. • Director Barry noted that she was delighted to see improvement in throughput in the ED as well as the reduction of complaints and grievances by 50% despite having an increase in patient census. • Director Corrales noted that all the work she has seen over the last two years is such an amazing improvement. She feels this demonstrates that the staff that is here, want to be here and want to do well for themselves and the community. She applauded all for their hard work. 			
<p>C. ANNUAL BOARD QUALITY REVIEW COMMITTEE ASSESSMENT</p>			
<p>Tricia Kassab requested to hear from the Board members, in this committee (BQRC), what has worked well over the past year, what areas can be improved and what can be accomplished over the next coming year.</p> <ul style="list-style-type: none"> • Director Greer felt that this committee has done an excellent job in educating the Board and keeping them informed regarding hospital quality and patient safety. She requested that next year, the Board would like to be made more aware regarding regulatory inspections of the facilities. • Director Corrales was comfortable with the meeting information. She appreciates the openness and collaboration of the members. She would like to be able to receive information with more advance to be able to understand and ask questions if necessary. She appreciates the member's collegial manner/relationship, openness and ability to communicate honestly. • Director Barry expressed appreciation for honoring her request from last year, to break up presented material to make it more manageable. She requested to continue to do this. She complimented the Administration for taking action on issues as they arose over the last year. 	<p>MOTION: N/A</p>	<p>N/A</p>	<p>Y</p>
<p>D. BEHAVIORAL HEALTH SERVICES REPORT</p>			
<ul style="list-style-type: none"> • Don Myers presented the semiannual report for Behavioral Health Services. This is reflective of the 12-bed adult unit as the Gero Psych Unit at PMC Poway closed over that last few months. Includes Psychiatric Core Measures referred to as HBIPS • The team is chaired by Case Management, it includes Nursing, Behavioral Health Clinical Services and a Medical Director who review charts to ensure compliance. • Doing quite well, outperforming in the top 10%, on many of the measures. Made significant improvements on substance use disorder and tobacco measures. Continue to work on areas requiring improvement. • Really proud of the work being done and the partnership with providers and nursing. • Director Greer commented on the Boards interest in Behavioral Health and pointed out that the organization's strategic plan includes planning for Behavioral Health Services. • Director Corrales noted that they have recently learned there is funding for Behavioral Health Services that is desperately needed in our area. • Don thanked the Board for their continued support and noted that they have recently received grant funding to implement the navigator program and work on getting the recovery center open is underway. 	<p>MOTION: N/A</p>	<p>N/A</p>	<p>Y</p>
<p>E. PATIENT SAFETY CULTURE SURVEY REPORT</p>			

<p>Dr. Lee provided a high level over view of the recent Patient Safety Culture Survey that was administered to staff and medical staff.</p> <p>Highlights were:</p> <ul style="list-style-type: none"> • Glint is our new vendor that provides more real time data. • He noted that this survey is not to measure patient safety outcomes. This is to measure our patient safety <i>culture</i>. • The survey included 16 short questions with the ability for staff to provide their comments. This allows us to be able to take a “pulse survey” more frequently, and not cause survey fatigue for staff. Two of the 16 questions will be posed in employee engagement surveys. <ul style="list-style-type: none"> ○ “I would recommend the facility...” ○ “I can speak up about patient safety.....” • Response rate was lower than we wanted however we discovered that with physicians it was perhaps due to sending the survey to their Palomar Health e mail. <ul style="list-style-type: none"> ○ Despite low response rate there were over 2,000 comments provided. ○ Director Greer reiterated the need to develop strategies to encourage physician participation so that the organization has the opportunity to hear them and work on issues important to physicians. ○ Dr. Khawaja noted that 30% of physicians interact with their hospital e mails which means we had a 50% response rate despite the low physician response. Dr. Khawaja went on to note that he is committed to working with Drs. Filiciotto and Koirala to encourage physician engagement. ○ Director Corrales reiterated that physicians need to know that we do act on the information received via surveys. • Top strengths and Opportunities were also reviewed. <ul style="list-style-type: none"> ○ Director Greer acknowledged there was room for improvement and the Board is committed to work with stakeholders to improve scores. 			
<p>F. DIETARY SERVICES (FOOD & NUTRITION SERVICES) REPORT</p>			
<p>Russ Riehl provided the Dietary Services bi-annual report.</p> <p>High lights were:</p> <ul style="list-style-type: none"> • Food and Nutrition Services are broken into two categories: <ul style="list-style-type: none"> ○ Production and food delivery to patients ○ Clinical Registered Dieticians who ensure that correct diet orders are in place to aid in patient healing and provide dietary education • Random test tray audits are used to monitor the temperature, freshness, and accuracy for the patient food items, portion size, and flavor. <ul style="list-style-type: none"> ○ PMC E overall score was 91%. Temperature demonstrated a downward trend at 94%. ○ PMC P overall score was 97%. Temperature demonstrated an upward trend at 89%. ○ Processes have been adjusted and monitoring will be performed to shift scores in the right direction. • Labeling and Dating compliance: <ul style="list-style-type: none"> ○ PMCE overall score was at 71%. PMC P trended downward at 87%. ○ Continued monitoring and education is being provided to improve compliance. • Leadership team is now complete. Which will assist in reaching and maintaining compliance. • Have done very well with Registered Dietitian documentation compliance and will now focus on malnutrition documentation and pressure injury documentation. Those results will be 			



brought back at the next bi-annual report. • Director Greer requested to also provide patient experience/satisfaction reports with the semi-annual report.			
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ADJOURNMENT TO CLOSED SESSION		
➤ PURSUANT TO CA GOV'T CODE §54962 & CA HLTH & SAFETY CODE §32155; HEARINGS – SUBJECT MATTER: REPORT OF QUALITY ASSURANCE COMMITTEE	MOTION: N/A	Y

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 6:00 p.m.	MOTION: N/A	
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SIGNATURES:	COMMITTEE CHAIR	 Linda Greer, RN
	COMMITTEE ASSISTANT	 Sally Valle