

Posted
FRIDAY
SEPTEMBER 22, 2023

BOARD QUALITY REVIEW COMMITTEE MEETING AGENDA

Wednesday, September 27, 2023
4:00pm Meeting

PLEASE SEE PAGE 3 FOR MEETING LOCATION

PLEASE TURN OFF CELL PHONES OR SET THEM TO SILENT MODE UPON ENTERING THE MEETING ROOM		Time	Form A Page	Target
CALL TO ORDER				
1.	Establishment of Quorum	5	-	4:05
2.	Public Comments¹	30	-	4:35
3.	Action Item(s)			
	a. Minutes: Board Quality Review Committee Meeting – July 26, 2023 (ADD A – Pp 22-25)	5	7	4:40
	b. Approval of Contracted Services <i>Valerie Martinez, Senior Director, Quality, Patient Safety & Infection Prevention</i>			
	I. San Diego Urology (ADD B – Pp 26-27)		8	
	II. South Coast Perfusion (ADD C – Pp 28-29)		9	
	III. Specialty Care Intra Operative Monitoring (ADD D – Pp 30-31)		10	
	IV. UHS Surgical Services (ADD E – Pp 32-34)	10	11	4:50
	V. San Diego Blood Bank (ADD F – Pp 35-36)		12	
	VI. Becton Dickinson and Company (ADD G – Pp 37)		13	
	VII. Boston Scientific Labsystem Pro Recording Equipment (ADD H – Pp 38-39)		14	
	VIII. Boston Scientific Micropace Evercare (ADD I – Pp 40-41)		15	
4.	Standing Item(s)			
	a. Medical Executive Committee (MEC)/Quality Management Committee (QMC) Update <i>Andrew Nguyen, MD, PhD, Chair, Quality Management Committee, Palomar Medical Center Escondido</i> <i>Mark Goldsworthy, MD, Chair, Quality Management Committee, Palomar Medical Center Poway</i>	10	-	5:00
5.	New Business			
	a. Center of Excellence – Cardiovascular Services (ADD J – Pp 42-45) <i>Tom McGuire, District Director, Interventional Procedures & Cardiology</i> <i>Mikhail Malek, MD, Medical Director</i>	5	16	5:05
	b. Bariatric Surgical Services (ADD K – Pp 46-58) <i>Brian Cohen, Sr. Director Service Lines</i> <i>Karen Hanna, MD, Medical</i>	5	17	5:10
	c. Management of the Medical Record (ADD L – Pp 59-65) <i>Kim Jackson, Director, Health Information Services</i>	5	18	5:15
	d. Medical Staff: Utilization Review (ADD M – Pp 66-72) <i>Frank Martin, MD, Utilization Review Committee Chair</i>	5	19	5:20
	e. Medical Staff: Anesthesia Services (ADD N – Pp 73-83) <i>Graham Davis, MD, Chairman, Department of Anesthesia</i>	5	20	5:25
	f. Service Excellence (Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (ADD O – Pp 84-95) <i>Suz Fisher, RN, Patient Experience Director</i> <i>Mel Russell, MSN, Chief Nurse Executive</i>	5	21	5:30
6.	Adjournment to Closed Session	1	-	5:31
	<i>Pursuant to CA Gov't Code §54962 & CA Health & Safety Code §32155; HEARINGS – Subject Matter: Report of Quality Assurance Committee</i>	10	-	5:41
7.	Adjournment to Open Session	1	-	5:42
8.	Action Resulting from Executive Session	1	-	5:43

FINAL ADJOURNMENT	2	-	5:45
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VOTING MEMBERSHIP	NON-VOTING MEMBERSHIP
Linda Greer, RN – Chairperson, Board Member	Diane Hansen, CPA , President/Chief Executive Officer
Terry Corrales, RN , Board Member	Omar Khawaja, MD , Chief Medical Officer
Laura Barry , Board Member	Hugh King , Chief Financial Officer
Andrew Nguyen, MD, PhD – Chair of Medical Staff Quality Management Committee for Palomar Medical Center Escondido	Melvin Russell, RN, MSN , Chief Nursing Executive
Mark Goldsworthy, MD – Chair of Medical Staff Quality Management Committee for Palomar Medical Center Poway	Kevin DeBruin, Esq. , Chief Legal Officer
Laurie Edwards Tate, MS – Board Member 1 st Alternate	David Lee, MD , Medical Quality Officer
	Valerie Martinez, RN, BSN, MHA , CPHQ, CIC, Senior Director Quality and Patient Safety, Infection Prevention

NOTE: If you have a disability, please notify us by calling 44.281.2505, 72 hours prior to the event so that we may provide reasonable accommodations

**Asterisks indicate anticipated action. Action is not limited to those designated items.*

¹ 3 minutes allowed per speaker with a cumulative total of 9 minutes per group. For further details & policy, see page 5.

PLEASE JOIN THE MEETING FROM YOUR COMPUTER, TABLET OR SMARTPHONE

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PLEASE MUTE YOUR MICROPHONE UPON ENTERING THE VIRTUAL MEETING ROOM

Board Quality Review Committee Location Options

- Elected members of the Board of Directors will be attending the meeting virtually from the locations below:

Beacon Place, Escondido, CA 92025

Discovery Street, San Marcos CA 92078

Jasmine Avenue, Poway, CA 92064

- Members of the public may attend at the location below :

The Linda Greer Conference Room

2125 Citracado Parkway, Suite 300, Escondido, CA 92029

- PLEASE TURN OFF CELL PHONES OR SET THEM TO SILENT MODE UPON ENTERING THE MEETING ROOM.

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or

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[929-352-2216](tel:929-352-2216), [125530414](tel:125530414)# Phone Conference ID: 125 530 414#

- Non-Board member attendees and members of the public may attend the meeting virtually utilizing the above link.
- New to Teams? Get the app now and be ready when your first meeting starts @ <https://www.microsoft.com/en-us/microsoft-teams/download-app>

Board Quality Review Committee Meeting

Meeting will begin at 4:00 p.m.



Request for Public Comments

If you would like to make a public comment, please submit a request by doing the following:

- **Enter your name and “Public Comment” in the chat function once the meeting opens**

Those who submit a request will be called on during the Public Comments section and given 3 minutes to speak

Public Comments Process

Pursuant to the Brown Act, the Board of Directors and Board Committees can only take action on items listed on the posted agenda. To ensure comments from the public can be made, there is a 30-minute public comments period at the beginning of the meeting. Each speaker who has requested to make a comment is granted three (3) minutes to speak. The public comment period is an opportunity to address the Board of Directors or a specific Board Committee on agenda items or items of general interest within the subject matter jurisdiction of Palomar Health.

Policy : Public Comments and Attendance at Public Board Meetings

I. PURPOSE:

A. It is the intention of the Palomar Health Board of Directors to hear public comment about any topic that is under its jurisdiction. This policy is intended to provide guidelines in the interest of conducting orderly, open public meetings while ensuring that the public is afforded ample opportunity to attend and to address the board at any meetings of the whole board or board committees.

II. DEFINITIONS:

A. None defined.

III. TEXT / STANDARDS OF PRACTICE:

- A. There will be one time period allotted for public comment at the start of the public meeting. Should the chair determine that further public comment is required during a public meeting, the chair can call for such additional public comment immediately prior to the adjournment of the public meeting. Members of the public who wish to address the Board are asked to complete a [Request for Public Comment form](#) and submit to the Board Assistant prior to or during the meeting. The information requested shall be limited to name, address, phone number and subject, however, the requesting public member shall submit the requested information voluntarily. It will not be a condition of speaking.
- B. Should Board action be requested, it is encouraged that the public requestor include the request on the *Request for Public Comment* as well. Any member of the public who is speaking is encouraged to submit written copies of the presentation.
- C. The subject matter of any speaker must be germane to Palomar Health's jurisdiction.
- D. Based solely on the number of speaking requests, the Board will set the time allowed for each speaker prior to the public sections of the meeting, but usually will not exceed 3 minutes per speaker, with a cumulative total of thirty minutes.
- E. Questions or comments will be entertained during the "Public Comments" section on the agenda. All public comments will be limited to the designated times, including at all board meetings, committee meetings and board workshops.
- F. All voting and non-voting members of a Board committee will be seated at the table. Name placards will be created as placeholders for those seats for Board members, committee members, staff, and scribes. Any other attendees, staff or public, are welcome to sit at seats that do not have name placards, as well as on any other chairs in the room. For Palomar Health Board meetings, members of the public will sit in a seating area designated for the public.
- G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.
- H. The public shall be afforded those rights listed below (Government Code Section 54953 and 54954).
1. To receive appropriate notice of meetings;
 2. To attend with no pre-conditions to attendance;
 3. To testify within reasonable limits prior to ordering consideration of the subject in question;
 4. To know the result of any ballots cast;
 5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
 6. To review recordings of meetings within thirty days of recording; minutes to be Board approved before release,
 7. To publicly criticize Palomar Health or the Board; and
 8. To review without delay agendas of all public meetings and any other writings distributed at the meeting.
- I. This policy will be reviewed and updated as required or at least every three years.



**BOARD QUALITY REVIEW COMMITTEE MEETING
ATTENDANCE ROSTER -
CALENDAR YEAR 2023**

[P = PRESENT V = VIRTUAL E = EXCUSED A = ABSENT G = GUEST]

VOTING MEMBERS	2.22.2023	3.22.2023	5.24.2023	7.26.2023			
LINDA GREER, RN, Chairperson, Board Member	P	P	P	P			
TERRY CORALES, RN, Board Member	P	P	P	P			
LAURA BARRY, Board Member	E	P	P	P			
ANDREW NGUYEN, MD, PhD, Chair, Medical Staff Quality Management Committee, PMC Escondido	A	P	P	P			
MARK GOLDSWORTHY, MD, Chair, Medical Staff Quality Management Committee, PMC Poway	P	E	P	P			
LAURIE EDWARDS-TATE, MS- 1 ST Board Alternate		G	G				
STAFF ATTENDEES/NON-VOTING MEMBERS							
DIANE HANSEN, CPA, President & CEO	P			E			
OMAR KHAWAJA, MD, Chief Medical Officer	P	P	P	P			
MEL RUSSELL, RN, MSN, Chief Nursing Executive	P	P	P	P			
HUGH KING, Chief Financial Officer							
VALERIE MARTINEZ, RN, BSN, MHA, CPHQ, CIC, Senior Director, Quality and Patient Safety	P	P	P	P			
DAVID LEE, MD, Medical Quality Officer	P	P	P	P			
KEVIN DEBRUIN, Esq., Chief Legal Officer	V			V			
SALLY VALLE – Committee Assistant	P	E	P	E			
INVITED GUESTS	SEE TEXT OF MINUTES FOR NAMES OF INVITED GUESTS						

**Board Quality Review Committee Minutes
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Sally Valle, Committee Assistant

Background: Minutes from the Wednesday, July 26, 2023, Board Quality Review Committee meeting are respectfully submitted for approval.

Budget Impact: N/A

Staff Recommendation: Recommend to approve Wednesday, July 26, 2023, Board Quality Review Committee minutes

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – San Diego Urology
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Valerie Martinez, Senior Director,
Quality and Patient Safety

Background: The Contracted Services Evaluation report for San Diego Urology Mobile Lithotripsy Services is provided to the Board Quality Review Committee for review & approval.

Budget Impact: N/A

Staff Recommendation: To approve.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – South Coast Perfusion
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Valerie Martinez, Senior Director,
Quality and Patient Safety

Background: The Contracted Services Evaluation report for South Coast Perfusion is provided to the Board Quality Review Committee for review & approval.

Budget Impact: N/A

Staff Recommendation: To approve.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – Specialty Care Intraoperative
Monitoring Services
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Valerie Martinez, Senior Director,
Quality and Patient Safety

Background: The Contracted Services Evaluation report for Specialty Care Intraoperative Monitoring Services is provided to the Board Quality Review Committee for review & approval.

Budget Impact: N/A

Staff Recommendation: To approve.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – UHS Surgical Services, Inc.
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Valerie Martinez, Senior Director,
Quality and Patient Safety

Background: The Contracted Services Evaluation report for UHS Surgical Services, Inc. is provided to the Board Quality Review Committee for review & approval.

Budget Impact: N/A

Staff Recommendation: To approve.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – San Diego Blood Bank
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Valerie Martinez, Senior Director,
Quality and Patient Safety

Background: The Contracted Services Evaluation report for San Diego Blood Bank is provided to the Board Quality Review Committee for review & approval.

Budget Impact: N/A

Staff Recommendation: To approve.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – Becton Dickinson & Company
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Valerie Martinez, Senior Director,
Quality and Patient Safety

Background: The Contracted Services Evaluation report for Becton Dickinson & Company is provided to the Board Quality Review Committee for review & approval.

Budget Impact: N/A

Staff Recommendation: To approve.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – Boston Scientific Labsystem
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Valerie Martinez, Senior Director,
Quality and Patient Safety

Background: The Contracted Services Evaluation report for Boston Scientific Labsystem is provided to the Board Quality Review Committee for review & approval.

Budget Impact: N/A

Staff Recommendation: To approve.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – Boston Scientific Micropace
Wednesday, July 26, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Valerie Martinez, Senior Director,
Quality and Patient Safety

Background: The Contracted Services Evaluation report for Boston Scientific Micropace is provided to the Board Quality Review Committee for review & approval.

Budget Impact: N/A

Staff Recommendation: To approve.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Annual Report – Center of Excellence Cardiovascular
Services
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Tom McGuire, Director, Interventional Procedures & Cardiology
Mikhail Malek, MD, Medical Director

Background: The annual report for the Center of Excellence Cardiovascular Services is provided to the Board Quality Review Committee for information only.

Budget Impact: N/A

Staff Recommendation: For information only.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Board Quality Review Committee
Annual Report – Bariatric Surgical Services
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Karen J. Hanna, MD, Medical Director
Brian Cohen, MHA, Sr. Director of Service Lines

Background: The annual report for the Bariatric Surgical Services is provided to the Board Quality Review Committee for information only.

Budget Impact: N/A

Staff Recommendation: For information only.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Board Quality Review Committee
Annual Report – Management of the Medical Record
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Kim Jackson, Director
Health Information Services

Background: The annual report for the Management of the Medical Record is provided to the Board Quality Review Committee for information only.

Budget Impact: N/A

Staff Recommendation: For information only.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Board Quality Review Committee
Annual Report – Medical Staff Utilization Review
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Frank Martin, MD, Utilization Review Committee Chair

Background: The annual report for the Medical Staff Utilization Review is provided to the Board Quality Review Committee for information only.

Budget Impact: N/A

Staff Recommendation: For information only.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Board Quality Review Committee
Annual Report – Medical Staff Anesthesia Annual Report
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Graham Davis, MD, Chairman
Department of Anesthesia

Background: The annual report for the Anesthesia Annual Report is provided to the Board Quality Review Committee for information only.

Budget Impact: N/A

Staff Recommendation: For information only.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Board Quality Review Committee
Annual Report – Hospital Consumer Assessment of
Healthcare Providers and Systems (HCAHPS) & Emergency
Department Patient Experience Data
Wednesday, September 27, 2023**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, September 27, 2023

FROM: Suz Fisher, Patient Experience Director
Mel Russell, Chief Nurse Executive

Background: The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) & Emergency Department Patient Experience Data is provided to the Board Quality Review Committee for information only.

Budget Impact: N/A

Staff Recommendation: For information only.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

BOARD QUALITY REVIEW COMMITTEE MEETING MINUTES – WEDNESDAY, JULY 26, 2023			
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 website on Thursday, July 20, 2023, consistent with legal requirements.			
CALL TO ORDER			
The meeting, which was held in the Linda Greer Board Room at 2125 Citracado Parkway, Suite 300, Escondido, CA 92029, and virtually, was called to order at 4:00 p.m. by Director Linda Greer, RN.			
ESTABLISHMENT OF QUORUM			
Quorum comprised of Board Directors: Greer, Corrales, Barry, Goldsworthy, MD, and Nguyen, MD			
PUBLIC COMMENT			
<ul style="list-style-type: none"> There were no public comments. 			
ACTION ITEMS:			
a. Minutes: Board Quality Review Committee Meeting – May 24, 2023	<p>MOTION: by Director Barry, second by Goldsworthy, MD, carried to approve the meeting minutes of May 24, 2023, as submitted.</p> <p>Roll call voting was utilized.</p> <p>Director Barry – aye Director Corrales – aye Director Greer - aye Andrew Nguyen, MD - aye Mark Goldsworthy, MD - aye All in favor. None opposed. Motion approved</p>		

Discussion:			
<p>b. Approval of Annual Review of Quality Assessment Performance Improvement (QAPI) & Patient Safety Plan</p>	<p>MOTION: by Director Barry, second by Goldsworthy, MD, carried to approve the Annual Review of Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan with two grammatical changes.</p> <p>Roll call voting was utilized.</p> <p>Director Barry – aye Director Corrales – aye Director Greer - aye Andrew Nguyen, MD - aye Mark Goldsworthy, MD - aye All in favor. None opposed. Motion approved</p>		
<p>Discussion: Director Laura Barry noted two grammatical errors; 1) Under Definitions section II, A, 4, second sentence, the word “the” should be “that”, 2) Under Authority and Responsibility section III, A, 6, the word “are” should be “is”. With the changes notes, Director Barry motioned to approve.</p>			
<p>c. Approval of Contracted Services</p> <ul style="list-style-type: none"> I. Emerald Textiles II. Morrison III. DaVita Dialysis 	<p>MOTION: by Director Corrales, second by Goldsworthy, MD, carried to approve item C, I-III Contracted Services as presented.</p> <p>Roll call voting was utilized.</p> <p>Director Barry – aye Director Corrales – aye Director Greer - aye Andrew Nguyen, MD - aye Mark Goldsworthy, MD - aye All in favor. None opposed. Motion approved</p>		
<p>Discussion: Director Linda Greer asked if electrodes pads are still an issue with Emerald Textiles. Russ Riehl, Vice President, Operations Support Services, noted the issue has improved.</p> <p>Director Laura Barry asked about the downward trend of Emerald Textiles. Russ Riehl, Vice President, Operations Support Services, noted the trend is closely monitored and oversight of the contract service has been increased.</p>			
<p>STANDING ITEMS:</p>			

a. Medical Executive Committee (MEC)/Quality Management Committee (QMC) Update
<ul style="list-style-type: none"> • Andrew Nguyen, MD, PhD, shared an update of the Quality Management Committee, Palomar Medical Center, Escondido. • Mark Goldsworthy, MD, shared an update of the Quality Management Committee, Palomar Medical Center, Poway.
NEW BUSINESS:
a. Environment of Care & Emergency Management Program Annual Report
<ul style="list-style-type: none"> • Russ Riehl, Vice President, Operations Support Services, presented the Environment of Care and Emergency Management Program annual report. <ul style="list-style-type: none"> ○ Chair Linda Greer asked about badge access for employees and if there are restrictions. Russ Riehl noted access is dependent on job code. ○ Chair Linda Greer requested for a breakdown of code calls, plus statistics of items confiscated by security. Russ Riehl will follow up on the request.
b. Medication Management (Pharmacy)
<ul style="list-style-type: none"> • Donna Gelios, Director, Pharmacy Services, presented the Medication Management (Pharmacy) report. <ul style="list-style-type: none"> ○ Chair Linda Greer asked if recent medication shortages would affect the hospital. Donna Gelios confirmed there would be shortages, but they are working diligently to minimize any foreseen shortages.
c. Patient Throughput/Discharge Planning (Clinical Resource Management)
<ul style="list-style-type: none"> • Ryan Fearn-Gomez, Director, Clinical Operations Improvement, and Debora Bitzer, Interim Director, Clinical Resource Management, presented the Patient Throughput/Discharge Planning (Clinical Resource Management) report. <ul style="list-style-type: none"> ○ Chair Linda Greer inquired about the average number of patients that utilize the discharge lounge at Escondido and Poway. Ryan Fearn-Gomez shared the average statistics ○ Director Terry Corrales asked about the discharge process. Ryan Fearn-Gomez explained the process.
d. Rehabilitation Services
<ul style="list-style-type: none"> • Virginia Barragan, Vice President, Continuum Care, presented the Rehabilitation Services report. <ul style="list-style-type: none"> ○ Chair Linda Greer requested Sub-Acute be featured at a future Board of Directors meeting.
ADJOURNMENT TO CLOSED SESSION
<i>Pursuant to California Government Code § 54962 and California Health and Safety Code § 32155; HEARINGS – Subject Matter: Report of Quality Assurance Committee</i>
ADJOURNMENT TO OPEN SESSION
ACTION RESULTING FROM CLOSED SESSION
<ul style="list-style-type: none"> • There were no action items identified in the Closed Session of the meeting.
FINAL ADJOURNMENT - The meeting adjourned at 5:27 p.m.
SIGNATURES:
COMMITTEE CHAIR
<hr style="width: 200px; margin-left: auto; margin-right: 0;"/> Linda Greer, RN

DRAFT

ADDENDUM B

San Diego Urology Services – Mobile Lithotripsy Services

Review of Contract Service for FY22 (July 1, 2022 – June 30, 2023)

Name of Service: San Diego Urology Services – Mobile Lithotripsy Services

Date of Review: July 7, 2023

Name / Title of Reviewer: Bruce R. Grendell, MPH, BSN, RN
District Director, Perioperative Services
Palomar Health

Nature of Service (describe): The procedure performed by this mobile service is called Extracorporeal Shock Wave Lithotripsy (ESWL). This is a non-invasive treatment for kidney stones. The lithotripter attempts to break up the stone with minimal collateral damage by using an externally applied, focused, high-intensity acoustic pulse.

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	√	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	√	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	√	
4. Actively participates in the organization's quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	√	
5. Assures that care, treatment, and service is provided is safe, timely, effective, efficient, equitable and patient focused.	√	

Performance Metrics

METRIC	FY22 QTR 1	FY22 QTR 2	FY22 QTR 3	FY22 QTR 4	Cumulative Total
ESWL equipment is clean and in good working order.	100%	100%	100%	100%	100%
ESWL Technician is professional, arrives on time and is competent in his / her duties.	100%	100%	100%	100%	100%
No cancelled cases related to contracted service Key Performance Indicators (KPIs)	100%	100%	100%	100%	100%
Contractor submits invoices for payment in a timely manner after service provided.	100%	100%	100%	100%	100%

Comments:

Conclusion (check one)

- Contract service has met expectations for the review period**
 - Contract service has not met expectations for the review period. The following action(s) has or will be taken: (check all that apply):
 - Monitoring and oversight of the contract service has been increased
 - Training and consultation has been provided to the contract service
 - The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
 - Penalties or other remedies have been applied to the contract entity
 - The contractual agreement has been terminated without disruption in the continuity of patient care
 - Other:
-

ADDENDUM C

South Coast Perfusion LLC

Review of Contract Service for FY22 (July 1, 2022 – June 30, 2023)

Name of Service: South Coast Perfusion, LLC

Date of Review: July 7, 2023

Name / Title of Reviewer: Bruce R Grendell MPH, BSN, RN District Director, Perioperative Services, Palomar Health

Nature of Service (describe): Services provided by South Coast Perfusion, LLC include Cardiopulmonary Bypass (CPB), Autotransfusion services, Ventricular Assist Device (VAD) set-up and monitoring, Extracorporeal Membrane Oxygenation (ECMO) / Cardiopulmonary Support (CPS), provision of Platelet Rich Plasma (PRP), Platelet Poor Plasma (PPP), Platelet Gel, Growth Factors, Intra-aortic Balloon Pump (IABP) set-up and monitoring services.

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	√	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	√	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	√	
4. Actively participates in the organization's quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	√	
5. Assures that care, treatment, and service is provided is safe, timely, effective, efficient, equitable and patient focused.	√	

Performance Metrics

METRIC	FY22 QTR 1	FY22 QTR 2	FY22 QTR 3	FY22 QTR 4	Cumulative Total
Perfusionists in the group are current with BLS requirements	100%	100%	100%	100%	100%
Perfusionists in the group are current with annual PPD requirements	100%	100%	100%	100%	100%
Perfusionists in the group are certified through the American Board of Cardiovascular Perfusion	100%	100%	100%	100%	100%
Annual proof of current professional liability insurance coverage	100%	100%	100%	100%	100%

Comments:

Conclusion (check one)

- Contract service has met expectations for the review period**
 - Contract service has not met expectations for the review period. The following action(s) has or will be taken: (check all that apply):
 - Monitoring and oversight of the contract service has been increased
 - Training and consultation has been provided to the contract service
 - The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
 - Penalties or other remedies have been applied to the contract entity
 - The contractual agreement has been terminated without disruption in the continuity of patient care
 - Other:
-

Specialty Care IOM Services – Intraoperative Monitoring Services

Review of Contract Service for FY22 (July 1, 2022 – June 30, 2023)

Name of Service: Specialty Care IOM Services – Intraoperative Monitoring Services

Date of Review: July 7, 2023

Name / Title of Reviewer: Bruce R Grendell MPH, BSN, RN District Director,
Perioperative Services, Palomar Health

Nature of Service (describe): Specialty Care Intraoperative Monitoring (IOM) Services provides the following intraoperative monitoring services:

- Somatosensory evoked potential (SSEP) monitoring
- Transcranial Motor Evoked Potential (TcMEP) monitoring
- Electromyography (EMG)
- Electroencephalography (EEG)
- Facial Nerve Monitoring
- Brainstem Auditory Evoked Potential monitoring.

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	√	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	√	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	√	
4. Actively participates in the organization’s quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	√	
5. Assures that care, treatment, and service is provided is safe, timely, effective, efficient, equitable and patient focused.	√	

Performance Metrics

METRIC	FY22 QTR 1	FY22 QTR 2	FY22 QTR 3	FY22 QTR 4	Cumulative Total
IOM equipment is clean and in good working order.	100%	100%	100%	100%	100%
IOM Technician is professional, arrives on time and is competent in his / her duties.	100%	100%	100%	100%	100%
No cancelled cases related to contracted service Key Performance Indicators (KPIs)	100%	100%	100%	100%	100%
Contractor submits invoices for payment in a timely manner after service provided.	100%	100%	100%	100%	100%
Personnel employed by contractor are current in all screening requirements per terms of the contract.	100%	100%	100%	100%	100%

Comments: No unusual occurrences documented during the contract service evaluation period.

Conclusion (check one)

- Contract service has met expectations for the review period**
- Contract service has not met expectations for the review period. The following action(s) has or will be taken: (check all that apply):
 - Monitoring and oversight of the contract service has been increased
 - Training and consultation has been provided to the contract service
 - The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
 - Penalties or other remedies have been applied to the contract entity
 - The contractual agreement has been terminated without disruption in the continuity of patient care
 - Other:

UHS Surgical Services, Inc.

Review of Contract Service for FY22 (July 1, 2022 – June 30, 2023)

Name of Service: UHS Surgical Services, Inc.

Date of Review: July 7, 2023

Name / Title of Reviewer: Bruce R Grendell MPH, BSN, RN District Director,
Perioperative Services, Palomar Health

Nature of Service (describe): UHS Surgical Services, Inc. provides services,
equipment and supplies as stipulated by the contract. UHS also provides qualified,
certified and or licensed personnel to provide technical support to the physicians.

Equipment provided includes:

- Lasers for the treatment of Benign Prostatic Hypertrophy (BPH)
 - Greenlight XPS
 - Diode Ablation
 - Cyber TM
 - Morcellator
 - Holmium
 - Holmium Nd:YAG dual
 - KTP
 - KTP Aura
 - Revolix
 - CO2 Surgical
 - CO2 Omniguide
 - CO2 Clinicon
 - Argon Beam Coagulator
 - Cyberwand
 - Aloka Ultrasound
 - BK Ultrasound
 - ESWL
 - ESWL F2
 - Cryo Endocare for Prostate
 - Cryo Endocare for Renal
 - Cryo Endocare for IR
 - TMR Heart
 - SUSAs
 - CO2 Cosmetic
 - GentleLase
 - KTP Aura Cosmetic
 - Medlight C6
 - Vbeam

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	√	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	√	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	√	
4. Actively participates in the organization's quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	√	
5. Assures that care, treatment, and service is provided is safe, timely, effective, efficient, equitable and patient focused.	√	

Performance Metrics

METRIC	FY22 QTR 1	FY22 QTR 2	FY22 QTR 3	FY22 QTR 4	Cumulative Total
UHS equipment is clean and in good working order.	100%	100%	100%	100%	100%
UHS Technician is professional, arrives on time and is competent in his / her duties.	100%	100%	100%	100%	100%
No cancelled cases related to contracted service Key Performance Indicators (KPIs)	100%	100%	100%	100%	100%
Contractor submits invoices for payment in a timely manner after service provided.	100%	100%	100%	100%	100%
Personnel employed by contractor are current in all screening requirements per terms of the contract.	100%	100%	100%	100%	100%

Comments: No unusual occurrences documented during the contract service evaluation period.

Conclusion (check one)

- √ **Contract service has met expectations for the review period**
- Contract service has not met expectations for the review period. The following action(s) has or will be taken: (check all that apply):
 - Monitoring and oversight of the contract service has been increased
 - Training and consultation has been provided to the contract service
 - The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
 - Penalties or other remedies have been applied to the contract entity
 - The contractual agreement has been terminated without disruption in the continuity of patient care
 - Other:

**Palomar Health
Review of Contract Service**

Name of Service: San Diego Blood Bank

Date of Review: 8/15/2023

Name / Title of Reviewer: Tim Barlow, PH Laboratory Operations and Transfusion Services Manager

Nature of Service (describe): Blood Product Supplier and Immunohematology Reference Laboratory

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	X	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	X	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	X	
4. Actively participates in the organization’s quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	X	
5. Assures that care, treatment, and service is provided in a safe, effective, efficient, and timely manner emphasizing the need to – as applicable to the scope and nature of the contract service – improve health outcomes and the prevent and reduce medical errors.	X	

Performance Metrics Escondido

METRIC	2nd QTR 2022	3rd QTR 2022	4th QTR 2022	1st QTR 2023	Cumulative Total
Blood Product Inventory Fill Rate Metric > 98% per Quarter	99%	99%	100%	100%	= 99%

Performance Metrics Escondido

METRIC	2nd QTR 2022	3rd QTR 2022	4th QTR 2022	1st QTR 2023	Cumulative Total
Whole Blood availability Metric >95%	99%	98%	99%	100%	= 99%

Performance Metrics Escondido

METRIC	2nd QTR 2022	3rd QTR 2022	4th QTR 2022	1st QTR 2023	Cumulative Total
Immunohematology Reference Laboratory TAT Metric STAT < 24 hours 100% of the time	100%	100%	100%	100%	= 100%

Performance Metrics Escondido

METRIC	2nd QTR 2022	3rd QTR 2022	4th QTR 2022	1st QTR 2023	Cumulative Total
Compliance with HIPPA Standards of PH Patient information. Metric = 100% Compliance	100%	100%	100%	100%	= 100%

Comments

SDBB has maintained our inventory of blood products throughout the year with no cancellations of procedures or ED / Trauma bypass. Whole Blood O negative special units for trauma have been at minimal or zero levels at times, but a donor issue and SDBB has been very responsive to taking action when possible. SDBB performance for blood inventory fill, reference lab service and routine and STAT delivery service reviewed during our contract renewal this past year and acceptable. Contract renewed.

Conclusion (check one)

Contract service has met expectations for the review period

- Contract service has not met expectations for the review period. The following action(s) has or will be taken:
(check all that apply:
- Monitoring and oversight of the contract service has been increased
 - Training and consultation has been provided to the contract service
 - The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
 - Penalties or other remedies have been applied to the contract entity
 - The contractual agreement has been terminated without disruption in the continuity of patient care
 - Other: _____

ADDENDUM G

Palomar Health Review of Contract Service

Name of Service: Becton Dickinson and Company

Date of Review: August 15, 2023

Name / Title of Reviewer: Gloria Austria/Jessica D'Angelo

Nature of Service (describe): Micro lab equipment and reagent supplier

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	X	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	X	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	X	
4. Actively participates in the organization's quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	X	
5. Assures that care, treatment, and service is provided in a safe, effective, efficient, and timely manner emphasizing the need to – as applicable to the scope and nature of the contract service – improve health outcomes and the prevent and reduce medical errors.	X	

Performance Metrics

METRIC	1st QTR 2023	2nd QTR 2023	3rd QTR 2023	4th QTR 2023	Cumulative Total
Equipment reliability Target: => 90 % up and operational	100%	100%	100%	100%	100%
Fill rate of reagent/consumables order Target: => 90% order fulfillment	~95%	~95%	~95%	~95%	95%
Timely service request Target: Response time <= 48 hours	<24 hours	<24 hours	<24 hours	<24 hours	<24 hours

Comments

Beckton Dickinson (BD) is very responsive on any type of service or information request.

Conclusion (check one)

- Contract service has met expectations for the review period
- Contract service has not met expectations for the review period. The following action(s) has or will be taken: (check all that apply):
- Monitoring and oversight of the contract service has been increased
 - Training and consultation has been provided to the contract service
 - The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
 - Penalties or other remedies have been applied to the contract entity
 - The contractual agreement has been terminated without disruption in the continuity of patient care
 - Other: _____

ADDENDUM H

**Boston Scientific
Review of Contract Service**

Name of Service: Boston Scientific Labsystem Pro Recording Equipment EverCare Service Agreement

Date of Review: 8/23/2023

Name / Title of Reviewer: Tom McGuire/ Director of Interventional Services

Nature of Service (describe):

- Unlimited Service Repair
- One CPU and Amplifier upgrade including all software upgrades
- 100% Coverage on replacement parts for spend predictability
- 24x7x365 phone support to provide first line of help for reduced downtime
- Annual preventative maintenance visit to ensure optimum working condition of equipment
- Loaner unit for downtime
- 48 hour in-person response time
- Priority designation meaning our service prioritized ahead of others without agreement
- One system relocation
- 3 days of clinical training each year of agreement
- Service contract covers LSPRO CPU and clear channel amplifier system

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	√	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	√	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	√	
4. Actively participates in the organization's quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	√	
5. Assures that care, treatment, and service is provided in a safe, effective, efficient, and timely manner emphasizing the need to – as applicable to the scope and nature of the contract service – improve health outcomes and the prevent and reduce medical errors.	√	

Performance Metrics

METRIC	FY 23 QTR 1	FY 23 QTR 2	FY 23 QTR 3	FY 23 QTR 4	Cumulative Total
No cancelled cases related to contracted service Key Performance Indicators (KPIs)	100%	100%	100%	100%	100%
Boston Sci service technicians are professional, arrive on time and is competent in his / her duties.	100%	100%	100%	100%	100%
Personnel employed by contractor are current in all screening requirements per terms of the contract.	100%	100%	100%	100%	100%

Comments

Conclusion (check one)

√ **Contract service has met expectations for the review period**

- Contract service has not met expectations for the review period. The following action(s) has or will be taken:
(check all that apply:

- Monitoring and oversight of the contract service has been increased
- Training and consultation has been provided to the contract service
- The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
- Penalties or other remedies have been applied to the contract entity
- The contractual agreement has been terminated without disruption in the continuity of patient care
- Other: _____

ADDENDUM I

Boston Scientific Review of Contract Service

Name of Service: Boston Scientific Micropace Evercare Care Service Agreement

Date of Review: 8/23/2023

Name / Title of Reviewer: Tom McGuire/ Director of Interventional Services

Nature of Service (describe):

- Unlimited Service Repair
- Upgrade to Maestro 4000 system
- 100% Coverage on replacement parts for spend predictability
- 24x7x365 phone support to provide first line of help for reduced downtime
- Annual preventative maintenance visit to ensure optimum working condition of equipment
- 48 hour response time
- Service contract covers Micropace Stimulator used in the EP lab

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	√	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	√	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	√	
4. Actively participates in the organization's quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	√	
5. Assures that care, treatment, and service is provided in a safe, effective, efficient, and timely manner emphasizing the need to – as applicable to the scope and nature of the contract service – improve health outcomes and the prevent and reduce medical errors.	√	

Performance Metrics

METRIC	FY 23 QTR 1	FY 23 QTR 2	FY 23 QTR 3	FY 23 QTR 4	Cumulative Total
No cancelled cases related to contracted service Key Performance Indicators (KPIs)	100%	100%	100%	100%	100%
Boston Sci service technicians are professional, arrive on time and is competent in his / her duties.	100%	100%	100%	100%	100%
Personnel employed by contractor are current in all screening requirements per terms of the contract.	100%	100%	100%	100%	100%

Comments

Conclusion (check one)

√ **Contract service has met expectations for the review period**

Contract service has not met expectations for the review period. The following action(s) has or will be taken:

(check all that apply:

- Monitoring and oversight of the contract service has been increased
- Training and consultation has been provided to the contract service
- The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
- Penalties or other remedies have been applied to the contract entity
- The contractual agreement has been terminated without disruption in the continuity of patient care
- Other: _____

Cardiovascular Center of Excellence Annual Report

ADDENDUM J

Tom McGuire, Dist Director Interventional Proc &
Mikhail Malek, MD, Medical Director
September 27, 2023

Presented to Board Quality Review Cttee (BQRC)



Cardiovascular (CV) Services

SITUATION	CV Services is a comprehensive and coordinated offering of high quality programs spanning the continuum of care. Services are emergent, maintenance and preventative care including interventional, medical, non-interventional, diagnostic, emergency, surgical and rehabilitation services. CV Services have been nationally recognized by the American College of Cardiology (ACC) and US News World Report for high quality specialty cardiac care.
BACKGROUND	The CV Service line has an internal quality structure that includes a dyad relationship with nursing / administration and three program medical directors. Bimonthly and/or quarterly review of quality data and patient experience results occurs at the CV COE, quarterly at Cardiology Cttee and other quality meetings.
ASSESSMENT	<p>Ongoing quality reporting, tracking and responsiveness occurs through several mechanisms. CV care metrics are reported to national and local registries including Chest Pain/Myocardial Infarction (MI), Cardiac Catheterization / Percutaneous Coronary Intervention (CATH PCI), Transcatheter Valve Therapy (TVT), EP Device Implant, Left Atrial Appendage Occlusion (LAAO), Society of Thoracic Surgeons (STS), California CABG (Coronary Artery Bypass Graft) Outcomes Reporting Program (CCORP), Perfusion Services and San Diego County ST-Elevation Myocardial Infarction (STEMI).</p> <p>CV COE is will be adding a national quality registry this year for Extracorporeal Life Support Organization (ELSO) with start of Extracorporeal Membrane Oxygenation (ECMO) program.</p>
RECOMMENDATION	<ol style="list-style-type: none"> 1. Start ECMO program to provide advanced treatment options for patients that have life-threatening lung or heart conditions 2. Improve Overall STS Quality Star Rating to 2 Stars and Medication domain to 3 Stars 3. Continue to grow awareness and referrals for Cardiomechs to reduce CHF readmissions 4. Move towards Stroke Target Phase 3 Goals in 2023 with continued engagement and use of AI rapid detection of LVO and process improvement initiatives; achieve successful Thrombectomy-Capable Stroke Center Recertification at PMCE 5. Continue to design and start buildout of advanced EP/Structural heart room at PMCE and upgrade PMCP IR room to improve imaging capabilities for patients



Centers of Excellence (COE)

Cardiovascular (CV) Services

Palomar Health (PH) CV Services is a comprehensive and coordinated offering of high quality programs spanning the continuum of care. Services are emergent, maintenance and preventative care including interventional, medical, non-interventional, diagnostic, emergency, surgical and rehabilitation services. PH CV Services have been nationally recognized by the American College of Cardiology (ACC) and US News World Report for high quality specialty cardiac care.

Ongoing quality reporting, tracking and responsiveness occurs through several mechanisms. CV care metrics is reported to national and local registries including Chest Pain/Myocardial Infarction (MI), Cardiac Catheterization / Percutaneous Coronary Intervention (CATH PCI), Transcatheter Valve Therapy (TVT), EP Device Implant, Left Atrial Appendage Occlusion (LAAO), Society of Thoracic Surgeons (STS), California CABG (Coronary Artery Bypass Graft) Outcomes Reporting Program (CCORP), Perfusion Services and San Diego County ST-Elevation Myocardial Infarction (STEMI).

The CV Service line has an internal quality structure that includes a dyad relationship with nursing/administration and the three program medical directors. Bimonthly and/or quarterly review of quality data and patient experience results occurs at the CV COE, quarterly at Cardiology Committee and other quality meetings.

The CV COE is continuously pursuing new ways to improve, track and report quality. We will be adding a national quality registry this year for Extracorporeal Life Support Organization (ELSO) with start of ECMO program.

Accomplishments & Highlights:

STEMI (ST Elevated Myocardial Infarct) Door to Balloon (D2B) Time

- ➔ ACC National recommendation is <90 minutes. In 2022, Palomar's mean D2B time was 62 minutes.
- ➔ 98.7% of STEMI/NSTEMI patients met all 8 acute MI quality measures recommended by ACC
- ➔ National Cardiovascular Data Registry (NCDR) Chest Pain MI (CPMI) registry Platinum Award for the 7th year in a row

Open Heart Surgery – Coronary Artery Bypass Graft (CABG)

- ➔ Beta Blocker documentation has improved to 95.6% in 2022 from 68% in 2018
- ➔ Started CV Surgery Excellence Committee to review STS data and drive improvements

Percutaneous Coronary Intervention

- ➔ 527 PCIs in 2022, increase from 431 in 2021
- ➔ 4 advanced capability procedural suites

Advanced Capabilities

- Impella heart pump
- IABP (Intra-Aortic Balloon Pump)
- Leadless Pacemaker
- EP Suite with comprehensive services available
- Cardiomechs Live
- Went live with GetWell loop for CV patient population

Provider and Staff Educational Conferences

- Bi-Weekly Cath Conference
- Monthly Echo Conference

Recognitions & Awards 2022



Goals for 2023

- Start ECMO program to provide advanced treatment options for patients that have life-threatening lung or heart conditions
- Improve Overall STS Quality Star Rating to 2 Stars and Medication domain to 3 Stars
 - CV COE is a multidisciplinary Committee focused on quality outcomes
 - Review quality metrics at this committee meeting and develop action plans to improve outcomes
 - Continue to improve prolonged ventilation metric through RN/RT education, case reviews of fall outs, use of bedside timers and ICU/CT provider collaboration with goal of 7% or better
- Continue to grow awareness and referrals for Cardiomechs to reduce CHF readmissions
- Move towards Stroke Target Phase 3 Goals in 2023 with continued engagement and use of AI rapid detection of LVO and process improvement initiatives
 - Door to Puncture **Target Phase 3 Goal: ≤ 75 minutes**
 - Door to Device Activation **Target Phase 3 Goal: D2DA < 90 min 50% of the time**
 - Achieve successful Thrombectomy-Capable Stroke Center Recertification at PMCE
- Continue to design and start buildout of advanced EP/Structural heart room at PMCE and upgrade Poway IR room to improve imaging capabilities for patients

Bariatric Surgical Services

Presented to Board Quality Review Committee

September 27, 2023

Karen J. Hanna, MD, Medical Director
Brian Cohen, MHA, Senior Director of Service Lines

Bariatric Surgery | SBAR

<p>SITUATION</p>	<p>Palomar Medical Center Poway's Bariatrics program continues to be recognized for high quality care and patient outcomes.</p>
<p>BACKGROUND</p>	<p>Palomar Medical Center Poway was accredited by Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) since 2006. In addition, the facility was recognized as a Blue Distinction Center+ for Bariatric Surgery by Anthem BlueCross and Blue Shield of California. The "+" indicates a comprehensive program with multiple components of weight management services for patients, all performed at a low cost to the patient and payer.</p>
<p>ASSESSMENT</p>	<p>Our 3-year MBSAQIP accreditation survey was conducted in expected in January 2023. The program has achieved high quality outcomes in Mortality Rate, Sleeve Gastrectomy outcomes, Gastric Bypass outcomes, and other Quality Control measures outlined nationally by MBSAQIP. The surgical site infection (SSI) rate for Sleeve Gastrectomy is above threshold.</p> <p>Volumes continue to grow year over year, and recent investments in marketing and operational efficiencies are focused on optimizing the time from first office visit to</p>
<p>RECOMMENDATION</p>	<p>surgery. Palomar's COE Committees has identified opportunities to improve compliance with several pre-op measures, including nasal betadine, CHG bathing and patient preparedness for surgery.</p>

Bariatric Surgery | Recognitions

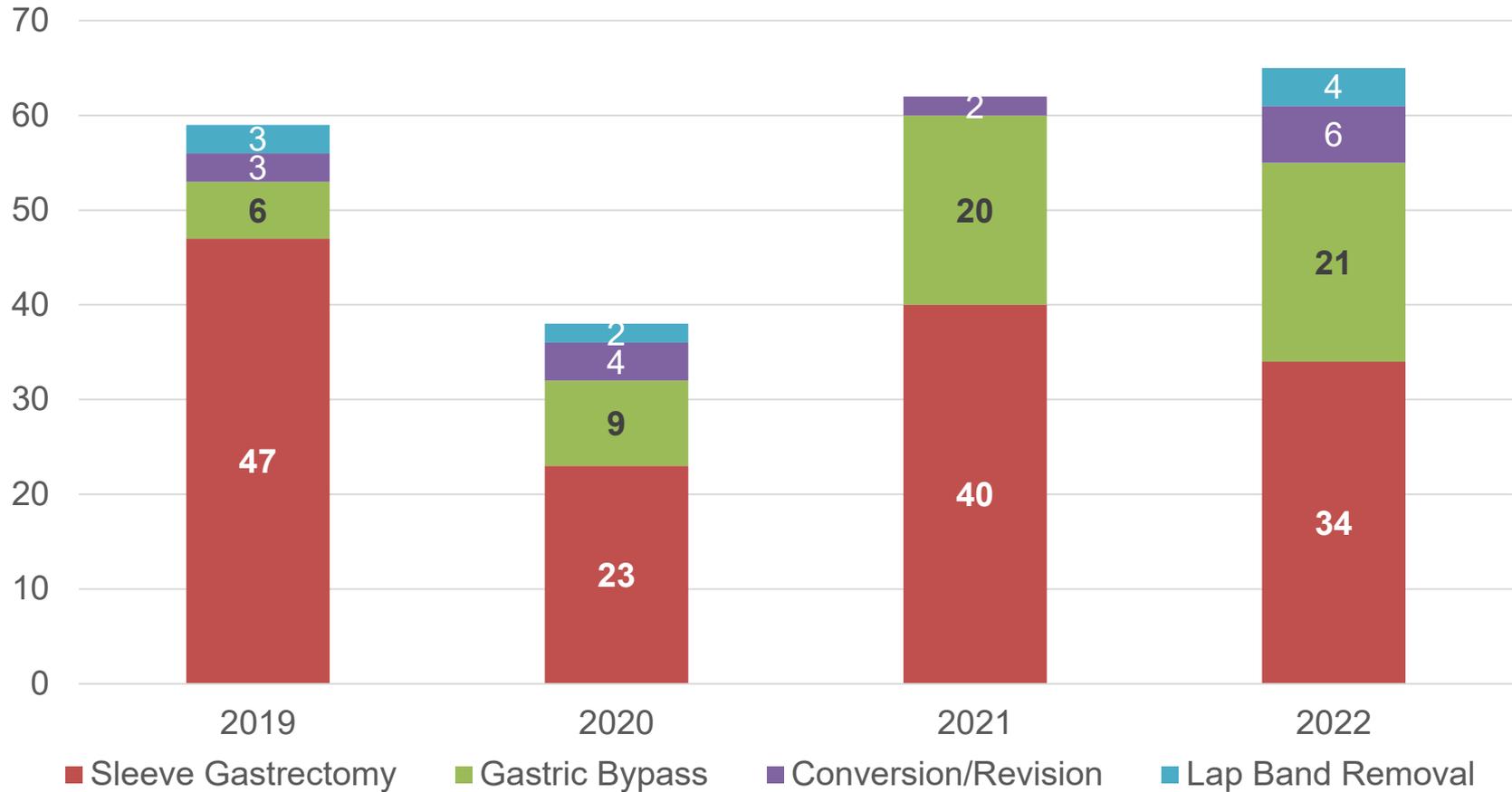


PMC Poway
2006 – present

- * Initial Accreditation by ASMBS (2006)
- * Last Re-Accreditation by MBSAQIP (January 2023)



Bariatric Surgery | Volume



Bariatric Surgery | Mortality Rate

30-day Mortality							
	Site	Number of Sites	Total Cases	Death Cases	Mortality Rate (%)	Mean Site Mortality Rate (%)	Standard Deviations From Mean Site Rate
2019	PMC-Poway	-	59	-	-	-	(0.3985)
	All Sites	863	206,085	240	0.1165	0.1286	-
2020	PMC-Poway	-	35	-	-	-	(0.2963)
	All Sites	885	165,568	130	0.0771	0.0714	-
2021	PMC-Poway	-	47	-	-	-	(0.2969)
	All Sites	892	204,416	154	0.0753	0.0830	-
2022	PMC-Poway	-	58	-	-	-	(0.2973)
	All Sites	924	230,576	186	0.0807	0.0933	-

**ZERO mortality
at PMC-P over 48 months**

Bariatric Surgery | Sleeve Gastrectomy

MBSAQIP Annual Report 2022

Laparoscopic Sleeve Gastrectomy

	Total Cases	Observed		Pred Obs Rate**	Expected Rate	Odds Ratio	95% C.I.		Outlier	Decile	Adjusted Percentile	Adjusted Quartile	Assessment*
		Events	Rate				Lower	Upper					
LSG Morbidity	34	1	2.94%	1.79%	1.55%	1.16	0.39	3.45	No	7	56	3	As Expected
LSG All Occurrences Morbidity	34	1	2.94%	2.81%	2.79%	1.01	0.48	2.10	No	6	50	2	As Expected
LSG Serious Event	34	0	0.00%	1.13%	1.25%	0.91	0.35	2.34	No	4	44	2	As Expected
LSG Leak	34	0	0.00%	0.13%	0.13%	0.97	0.19	4.97	No	7	48	2	As Expected
LSG Bleeding	34	0	0.00%	0.52%	0.55%	0.93	0.29	3.04	No	5	46	2	As Expected
LSG SSI	34	0	0.00%	0.33%	0.35%	0.92	0.18	4.66	No	6	46	2	As Expected
LSG All Cause Reoperation	34	0	0.00%	0.48%	0.51%	0.94	0.30	2.93	No	5	47	2	As Expected
LSG Related Reoperation	34	0	0.00%	0.28%	0.29%	0.96	0.26	3.52	No	6	48	2	As Expected
LSG All Cause Intervention	34	0	0.00%	0.28%	0.29%	0.95	0.23	3.99	No	6	47	2	As Expected
LSG Related Intervention	34	0	0.00%	0.18%	0.19%	0.97	0.23	4.13	No	7	48	2	As Expected
LSG All Cause Readmission	34	0	0.00%	1.67%	1.88%	0.89	0.38	2.06	No	4	42	2	As Expected
LSG Related Readmission	34	0	0.00%	1.25%	1.37%	0.91	0.38	2.20	No	4	44	2	As Expected

All metrics 'As Expected'

Bariatric Surgery | Gastric Bypass

MBSAQIP Annual Report 2022

Laparoscopic Roux-en-Y Gastric Bypass

	Total Cases	Observed		Pred Obs Rate**	Expected Rate	Odds Ratio	95% C.I.		Outlier	Decile	Adjusted Percentile	Adjusted Quartile	Assessment*
		Events	Rate				Lower	Upper					
LRYGB Morbidity	21	1	4.76%	3.89%	3.68%	1.06	0.39	2.85	No	7	52	3	As Expected
LRYGB All Occurrences Morbidity	21	2	9.52%	7.37%	6.80%	1.09	0.51	2.34	No	7	55	3	As Expected
LRYGB Serious Event	21	1	4.76%	3.60%	3.44%	1.05	0.47	2.33	No	7	53	3	As Expected
LRYGB Leak	21	0	0.00%	0.20%	0.20%	0.99	0.46	2.13	No	6	50	2	As Expected
LRYGB Bleeding	21	1	4.76%	1.83%	1.47%	1.25	0.41	3.82	No	9	60	3	As Expected
LRYGB SSI	21	0	0.00%	0.50%	0.57%	0.89	0.13	6.14	No	5	45	2	As Expected
LRYGB All Cause Reoperation	21	1	4.76%	1.40%	1.28%	1.09	0.55	2.17	No	9	57	3	As Expected
LRYGB Related Reoperation	21	1	4.76%	1.08%	0.95%	1.14	0.51	2.53	No	9	59	3	As Expected
LRYGB All Cause Intervention	21	0	0.00%	0.81%	0.91%	0.89	0.19	4.17	No	4	45	2	As Expected
LRYGB Related Intervention	21	0	0.00%	0.64%	0.71%	0.90	0.17	4.71	No	4	46	2	As Expected
LRYGB All Cause Readmission	21	1	4.76%	4.54%	4.50%	1.01	0.46	2.23	No	6	50	2	As Expected
LRYGB Related Readmission	21	1	4.76%	3.80%	3.63%	1.05	0.44	2.52	No	7	52	3	As Expected

All metrics 'As Expected'

MBSAQIP Quality Improvement Project for 2022

Decreasing 30-Day ER visits after Bariatric Surgery

Goal

- The occurrence rate on all 30-day ER visits after bariatric surgery in 2021 was 12.7%

Methods

- Educate patients at discharge to call surgeon for any suspected complications prior to visiting ER (*pocket cards and fridge magnets*)
- Follow up phone calls after discharge
- Refer to surgeons for concerns
- Send the call information to surgeon's office for documentation

Outcomes

- Bariatric related ED visits were down to 10% at the end of November 2022.

What to Expect After Bariatric Surgery

Things to Keep in Mind

- Sip, sip, sip throughout the day! Getting in enough fluids is your #1 priority.
- Symptoms of dehydration include:
 1. Nausea
 2. Fatigue
 3. Headache
 4. Dizziness
 5. Dry Lips
 6. Thirst
 7. Scant and Dark Urine
- Go slow and don't advance your diet too quickly. Follow the "Bariatric Surgery Guide" or recommendations from your surgeon or dietician.
- Remember, you may not feel hungry, but you still need to take in your protein drinks

Find out when and who to call if you are experiencing symptoms, on the back →

PALOMAR HEALTH
Reimagining Healthcare

MBSAQIP Quality Improvement Project for 2023

The Use of Carbohydrates Drink Pre-Operatively

Goal

- To reduce post-op dehydration, stabilize blood sugar, enhance comfort & satisfaction, and decrease length of stay

Methods

- Establishing Bariatric Hydration Protocols for pre-hospital, hospital and post-acute settings.
- Patient education focused on what drinks, how much, and when to drink
- Metrics – LOS, average blood sugar, average heart rate, use of opioids, use of anti-nausea medications.

Outcomes

- In process

Seminars, Support Groups and Education

Palomar is with you every step of the journey

1. **Bariatric Surgery Education Seminar**

- Hosted twice per month (Now available in Spanish!)
- Co-taught by surgeon and nurse
- 400+ patients attended in 2022

2. **Preparing for Bariatric Surgery Class**

- For patients already scheduled for surgery

3. **Bariatric Surgery Support Group**

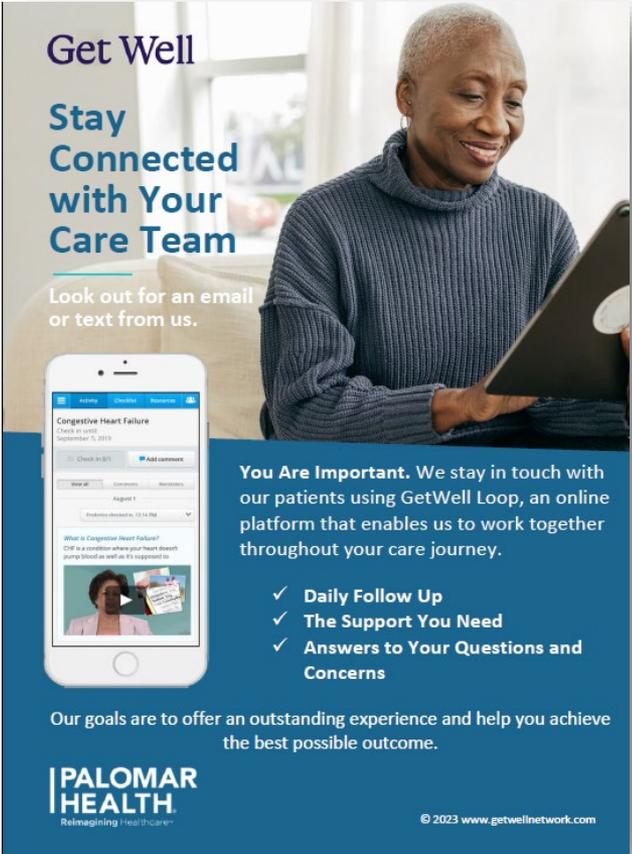
- For people considering weight-loss surgery or who have already undergone the surgery
- Hosted by a former patient

Bariatric Surgery | Surgical Appropriateness

- Surgical Appropriateness Criteria was updated and approved by the Palomar Metabolic & Bariatric Surgery (MBS) Committee.
 - All patients must meet criteria before they are scheduled for surgery.
- Retrospective reviews are performed at MBS. All sampled cases have met all the criteria.

2022 Accomplishments

- Digitized our patient engagement process by implementing the Go Further mobile app for Medical Weight Management.
- Educational content for patients preparing for Bariatric Surgery is now available in Spanish and English.
- MBSAQIP Quality Metrics Achieved - zero 30-day mortality and no “Outliers” or “Needs Improvement” outcomes
- Surgical volume growth of 5%
- Reduced cost of care by 16%



Get Well

Stay Connected with Your Care Team

Look out for an email or text from us.

You Are Important. We stay in touch with our patients using GetWell Loop, an online platform that enables us to work together throughout your care journey.

- ✓ Daily Follow Up
- ✓ The Support You Need
- ✓ Answers to Your Questions and Concerns

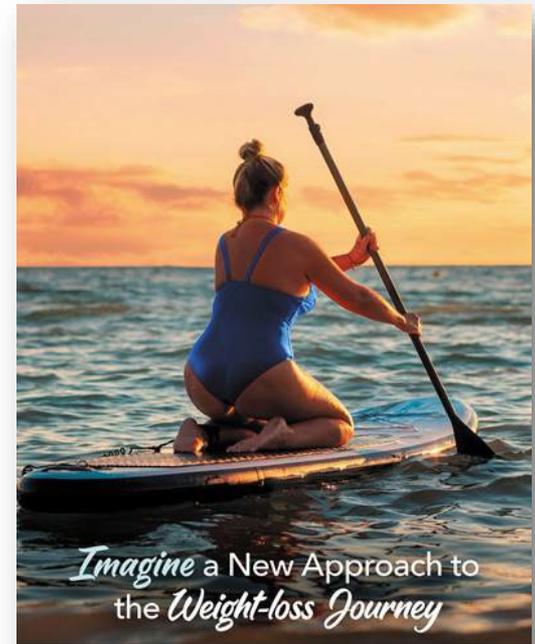
Our goals are to offer an outstanding experience and help you achieve the best possible outcome.

PALOMAR HEALTH
Reimagining Healthcare™

© 2023 www.getwellnetwork.com

2023 Goals

- ✓ Pass the tri-annual MBSAQIP accreditation to maintain Comprehensive Center status by the American College of Surgeons
- ✓ Implement Get Well digital patient engagement platform for Bariatric Surgery
- Continue growing surgical volume
- Expand Medical Weight Management access
- Maximize participation in narrow networks, and Centers of Excellence
- Tell our story to the community
- Pursue Obesity Medicine accreditation



At Palomar Health, We've Expanded Our Services to Provide You with Customized Weight Management Programs and Bariatric Surgeries.

Our patients are guided along their individualized care path by a world-class team of medical experts committed to improving the quality of their lives. Through one-on-one meetings with a dietician nutritionist, a virtual health navigation system, and access to an exercise physiologist and support groups, we will be with you every step of the way.

PALOMAR HEALTH
Reimagining Healthcare

PalomarHealth.org

Management of the Medical Record

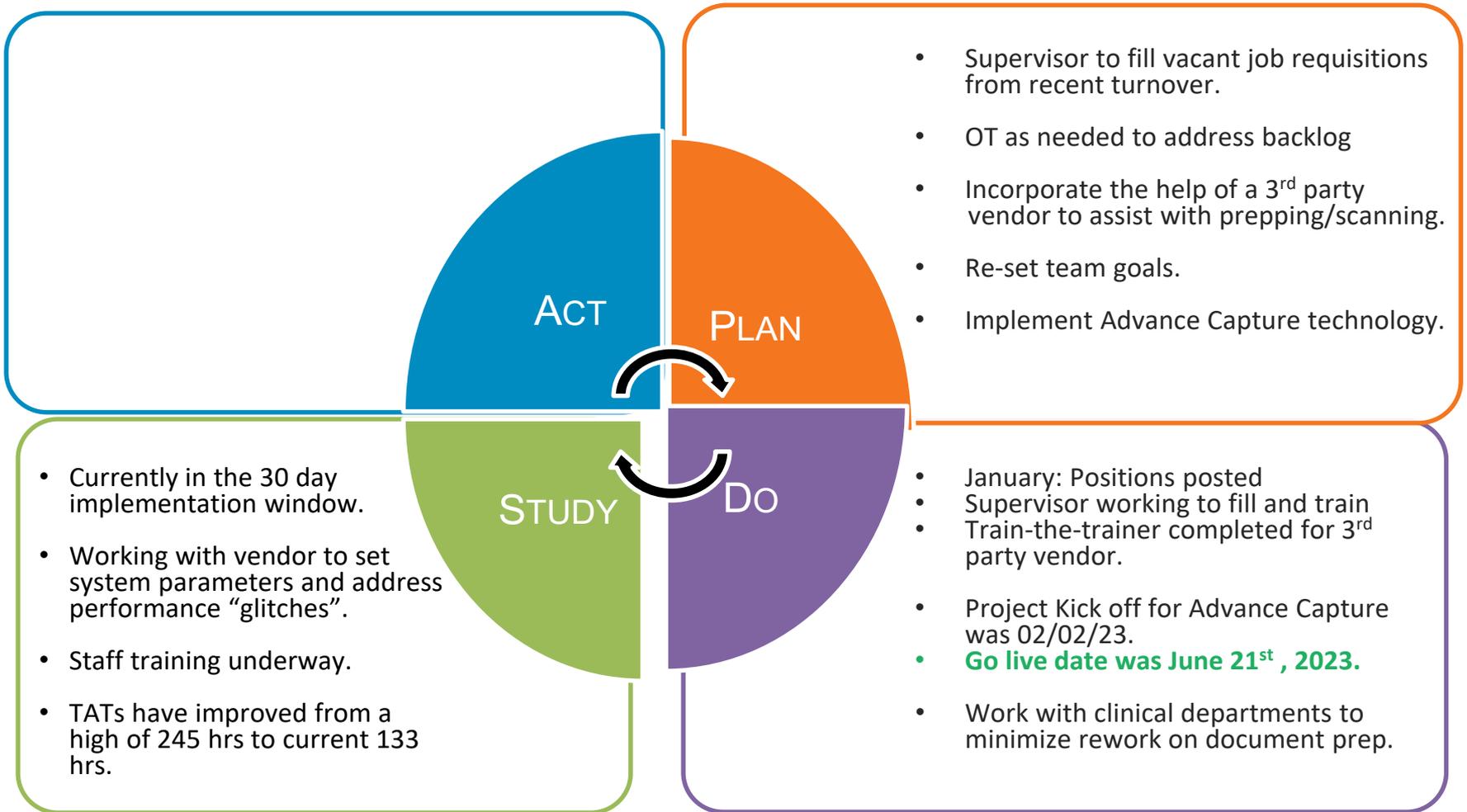
Annual Report to Board Quality Review Cttee

Kim Jackson, Director Health Information Services
September 27, 2023

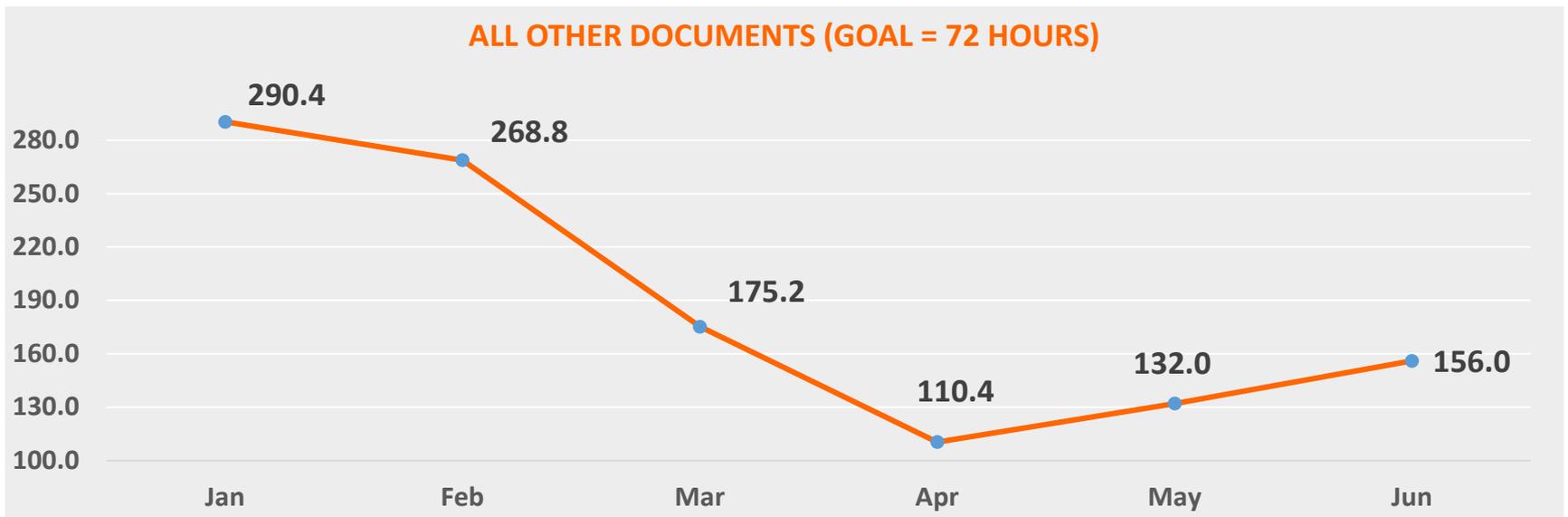
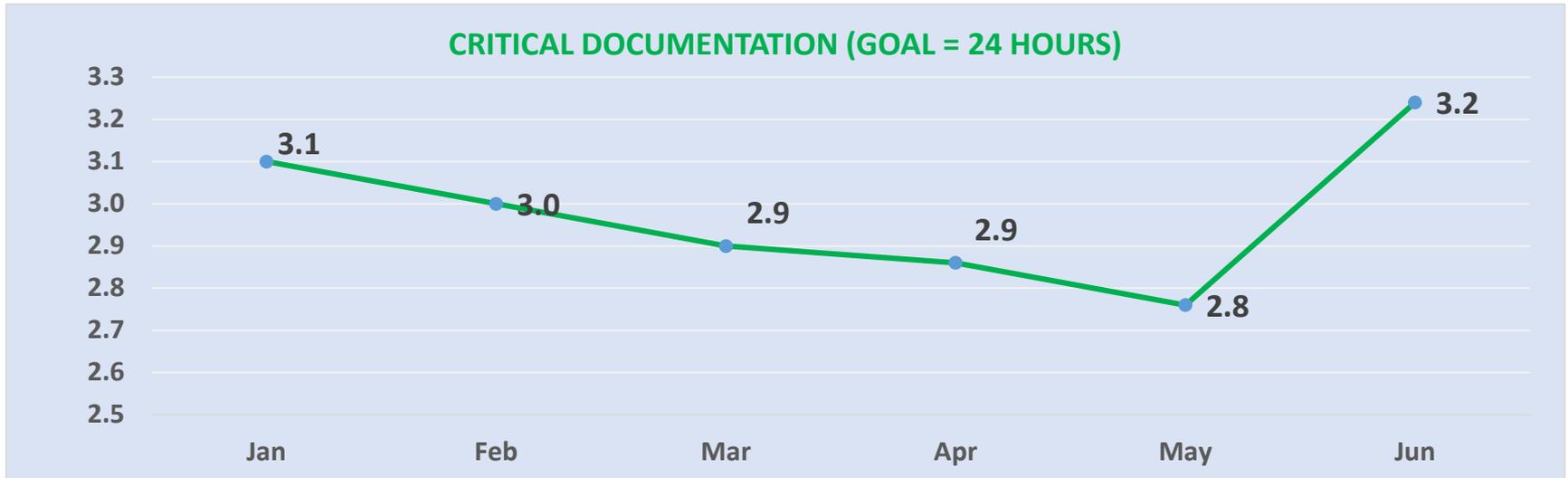
SITUATION	PMC Escondido and PMC Poway Bi-Annual Review
BACKGROUND	Medical Records continually monitors production and quality of primary Medical Records functions.
ASSESSMENT	<p>Overall, the Medical Records department is meeting or exceeding goals for production and quality. There is one significant area of focus for this review period which is below expected outcomes:</p> <ol style="list-style-type: none"> 1. Document imaging (scanning) turn around time, for <u>non-critical documents</u>. Medical Records turnaround times continue to be below expectation. The goal for non-critical document scanning average is 72 hrs from time of receipt. Although progress has been made since the last report, the average turnaround time still exceeds goal. 2. As presented in February 2023, in order to provide sustained improvement to this area, we have engaged Cerner to implement “Advance Capture” and “Cerner Mobile E-Sig Forms Suite” which will use Optical Character Recognition and electronic signature to speed the document recognition process, and eliminate various paper forms, thereby requiring less manual paper processing. The Go Live date for Advance Capture was June 21st. Current TAT for non-critical documents is 156 hours. Staff are experiencing a learning curve, and a variety of system “glitches” that are not unexpected during a go live. During the next 30 days we expect staff to regain production speed and realize efficiencies of the new system.
RECOMMENDATION	<ol style="list-style-type: none"> 1. Medical Records will continue to work diligently with the Cerner implementation team to hardwire the most efficient use of Advance Capture, 2. Begin project plan for Cerner e-Signature Suite project when dates are approved. 3. Report back to QMC February 2024.

Problem Statement: It is the goal of Medical Records to scan non-critical patient documentation into the electronic health record within 72 hours of receipt.

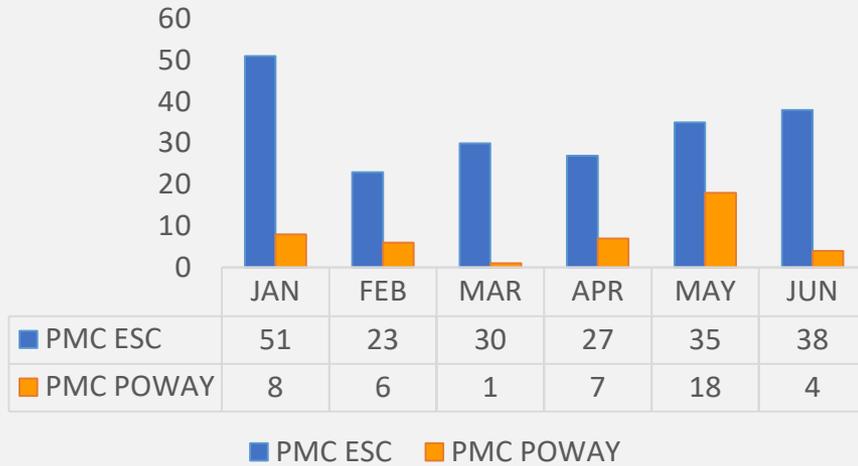
April – June 2023 Average TAT is 133 hrs.



Cerner Provision Document Imaging (CPDI) Turn-Around Time



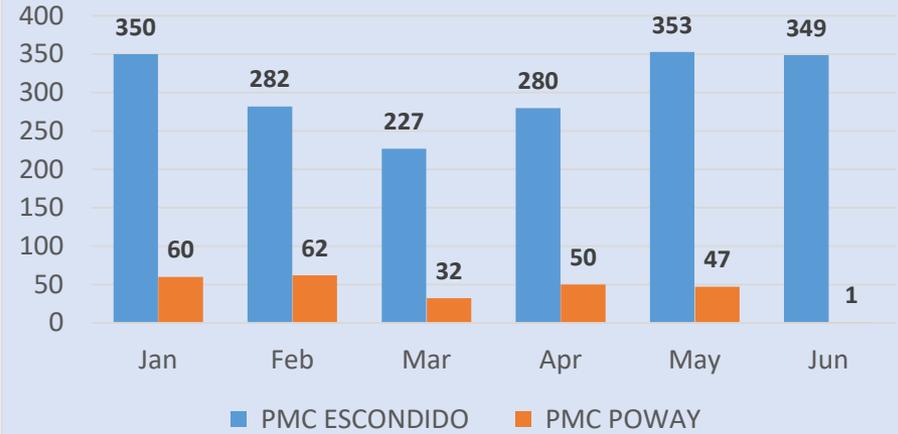
DELINQUENT CHARTS



* Snapshot of monthly delinquency

BIRTH CERTIFICATE COMPLETION

TOTAL BIRTH CERTIFICATE



PATIENT ACCESS

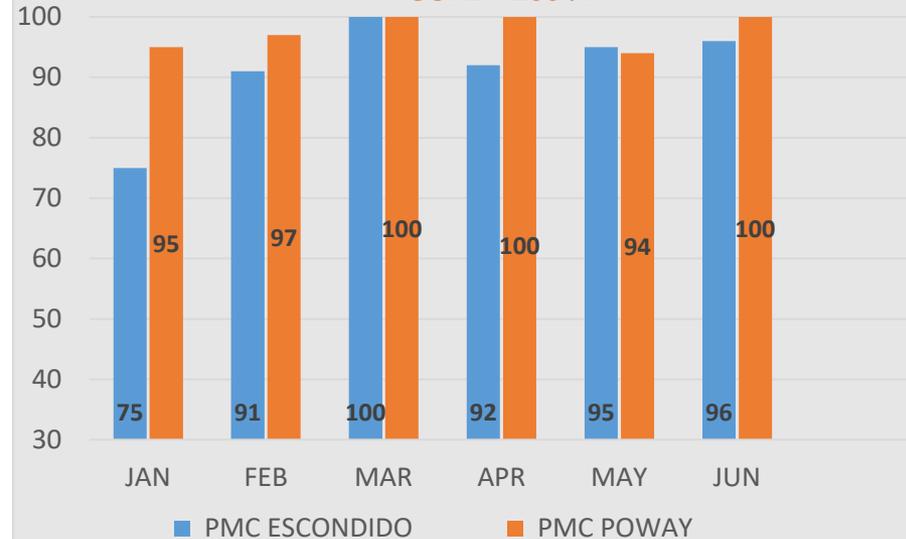
RELEASE OF INFORMATION TURN AROUND TIME GOAL = < 5 DAYS



* Changed vendors in May. Temporary dip in TAT, but still within regulatory requirements.

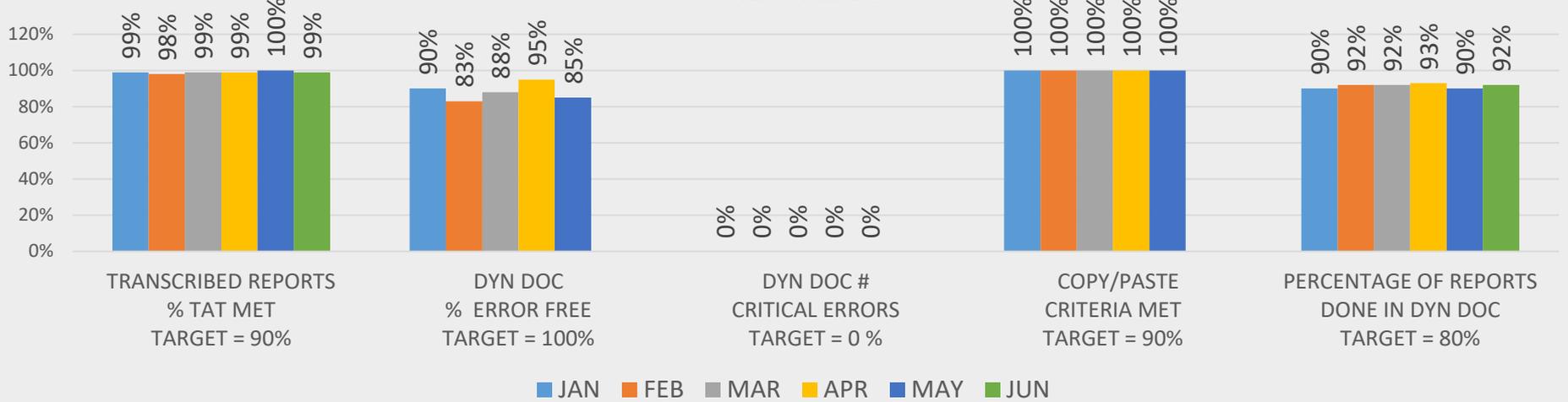
TIMELY BIRTH REGISTRATION

GOAL = 100 %

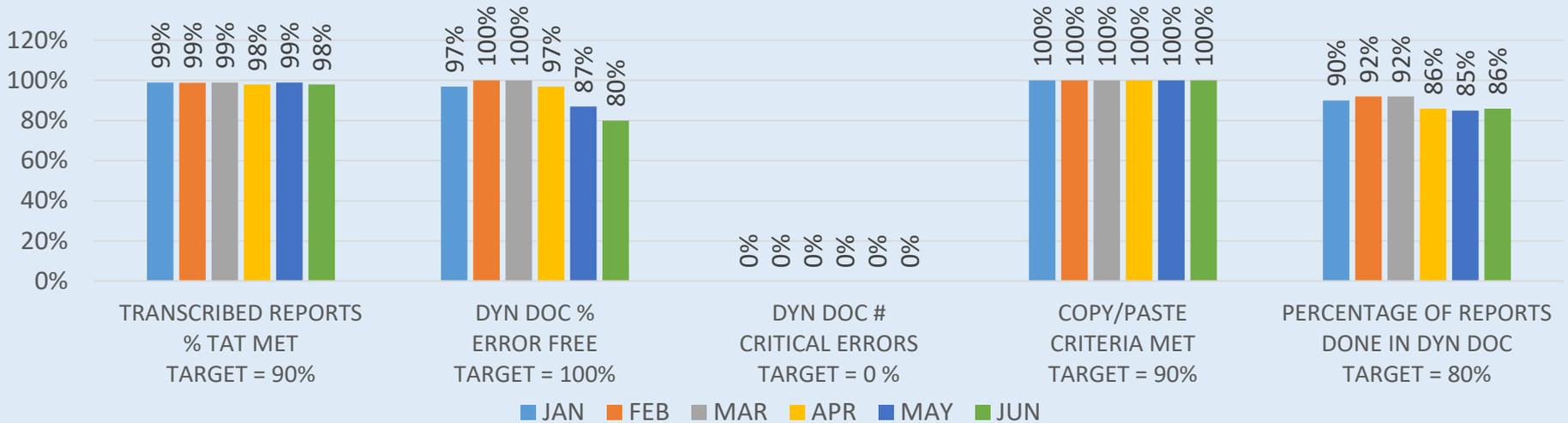


Transcribe Report / Dynamic Documentation Review

PMC ESCONDIDO

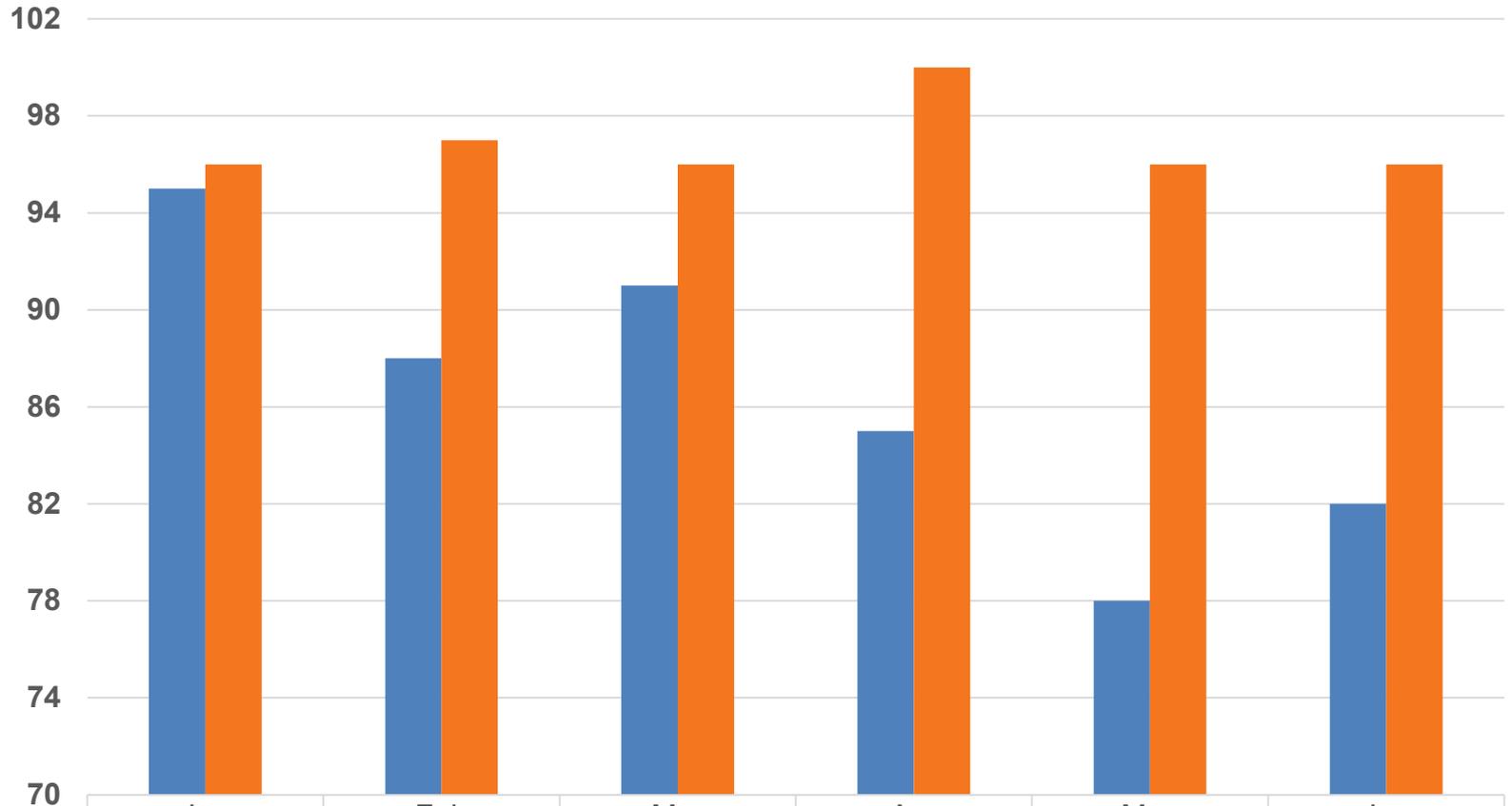


PMC POWAY



Post-Op Notes for Dictated OP Report

Goal = 100 %



Utilization Review Biannual Rpt

Frank Martin, MD, FACS Physician Advisor
Utilization Review Committee Chair | July, 2023

Presented to Board Quality Review Committee

UR Cttee Biannual Report

SITUATION	Medical Staff Committee charged with Utilization Review UR Committee is Required by CMS Conditions of Participation
BACKGROUND	Ongoing duties include compliance CMS inpatient vs. outpatient status requirements, appeals for private payer denials, higher level of care transfer requests, high dollar service medical necessity reviews, and clinical documentation improvement
ASSESSMENT	>130 level of care reviews/month >300 short stay reviews 50 Patient Status Order (PSO) corrections
RECOMMENDATION	Continue Committee function More Medical Staff members needed

UR Committee Functions

- Required by CMS Conditions of Participation
- Review admissions of Medicare patients for medical necessity, Status (Inpatient, Outpatient/Observation)
- Code 44s for Inpatient to Outpatient admission status
- Higher level of care transfer requests
- High dollar services medical necessity reviews
- Peer to peer appeals health plan denials

Summary of Major Activities

- Secondary reviews of admissions: > 130 month
- Short Stay Reviews: (350 DEC22-MAY23)
 - Medicare inpatient admissions 2MNs or less
 - Cases reviewed by chairman for meeting CMS inpatient criteria
 - Notice sent to admitting physician for input
 - “Fails” converted to outpatient after 14 days
 - Patient notified by mail

Additional Activity

- PSO (Patient Status Order) validation
- Examples: unsigned verbal order, Inpatient order entered by NP or PA, wrong patient, invalid Code 44 (Inpatient to outpatient)
- Adjustment order entered and labeled as “UR Committee Review”
- DEC22-MAY23: 49 adjustment orders placed

Example of Self Denial Cases

- 87F possible TIA. Admitted to inpatient. MRI brain, labs, telemetry, CTA. Discharged after 1MN. Medicare A/B coverage. Met outpatient with observation

Example Self Denial Cases

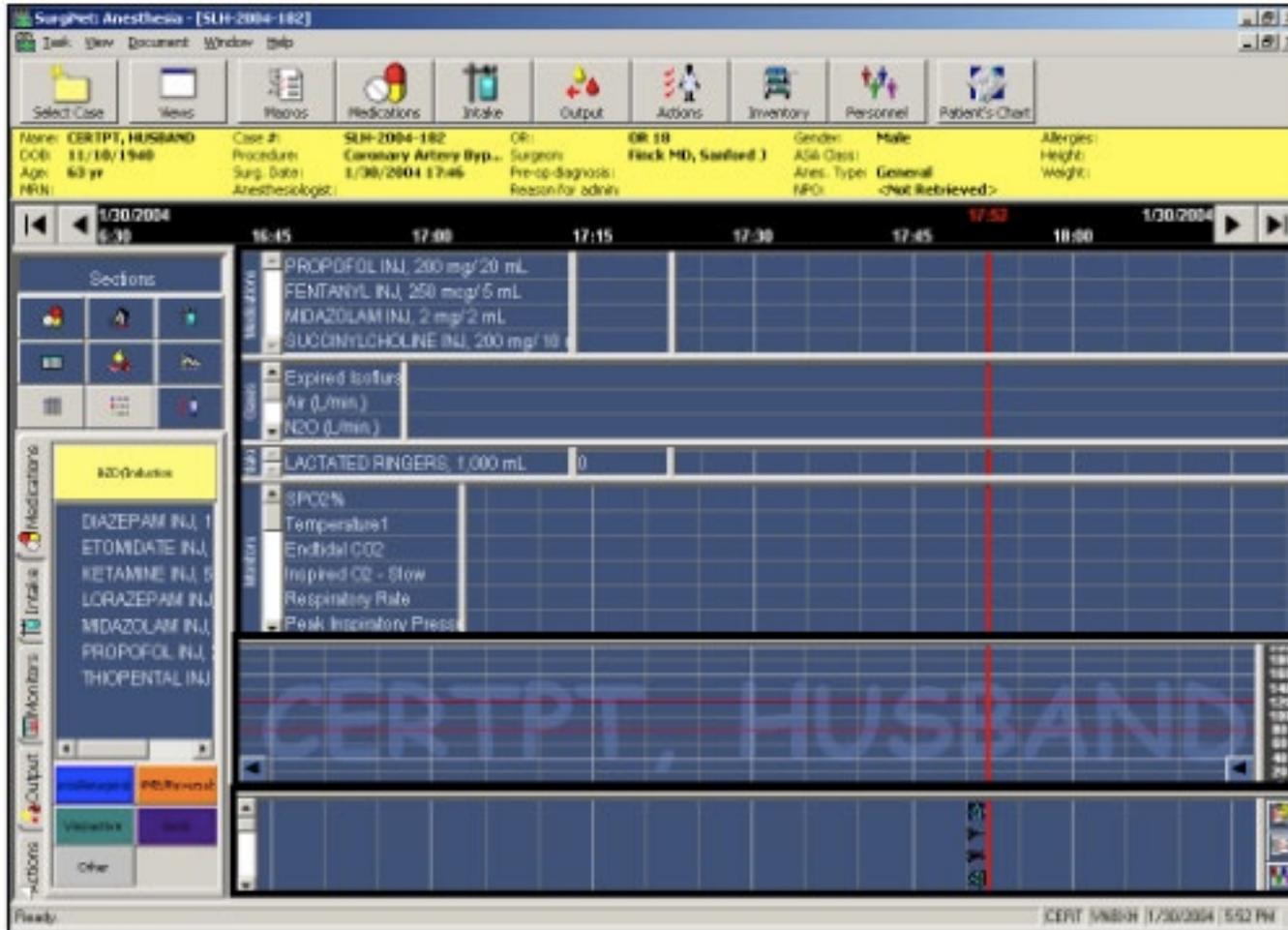
- 68M admitted as inpatient for TKA. Kept 1MNs.
- Insufficient physician documentation supporting need for in patient status, “uneventful recovery”
- Self-denial to outpatient status

Department of Anesthesiology

Annual Department Report Performance
Improvement Project Presented to
Board Quality Review Cttee

Dr. Graham W. Davis
Chairman
Palomar Medical Center Escondido
September 27, 2023

Cerner Anesthesia EMR Implementation



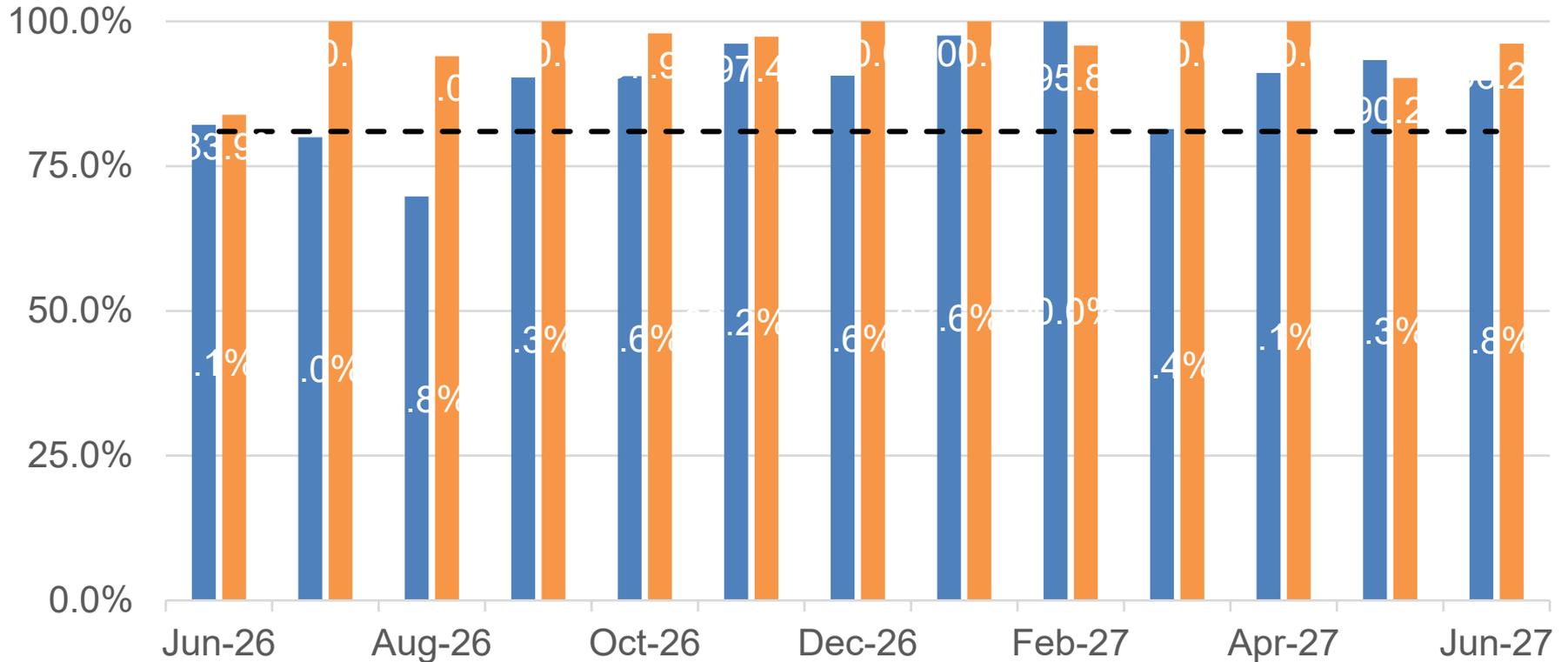
Total Joint Center of Excellence

- Certification started in 2022
- Various metrics evaluated
- Specific Anesthesia Metrics Evaluated include:
 1. Anesthetic Type: Spinal vs. General
 2. Post Op Day (POD) 0 PT evaluation
 3. POD 0 Ambulation

***** PMC-Poway is accredited as a Joint Commission COE, however we measure and report these metrics for both campuses.**

THKR 1 - % Regional Anesthesia

Anesthesia Type - Spinal (%)



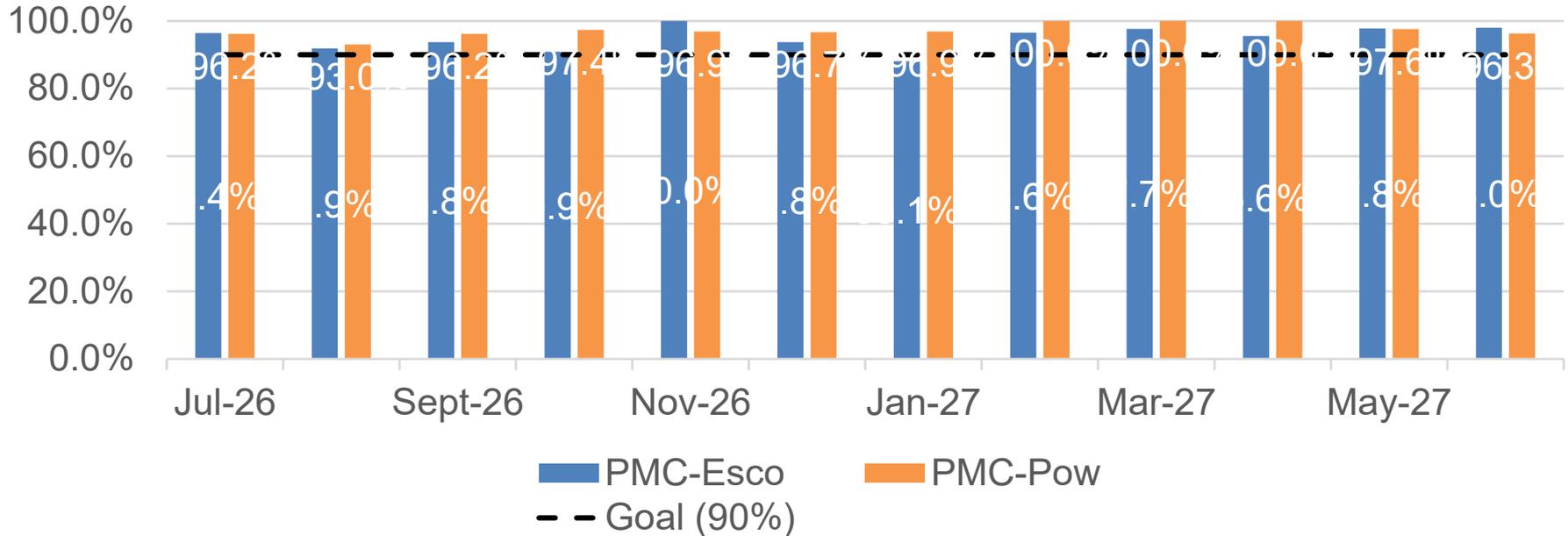
■ PMC-E ■ PMC-P
- - Goal (81%)

76

	<u>%</u>	<u>Success</u>	<u>Benchmark</u>
PMC-Esco	89.1%	89.1%	81%
PMC-Pow	96.4%	96.4%	81%

POD0 PT Evaluations (%)

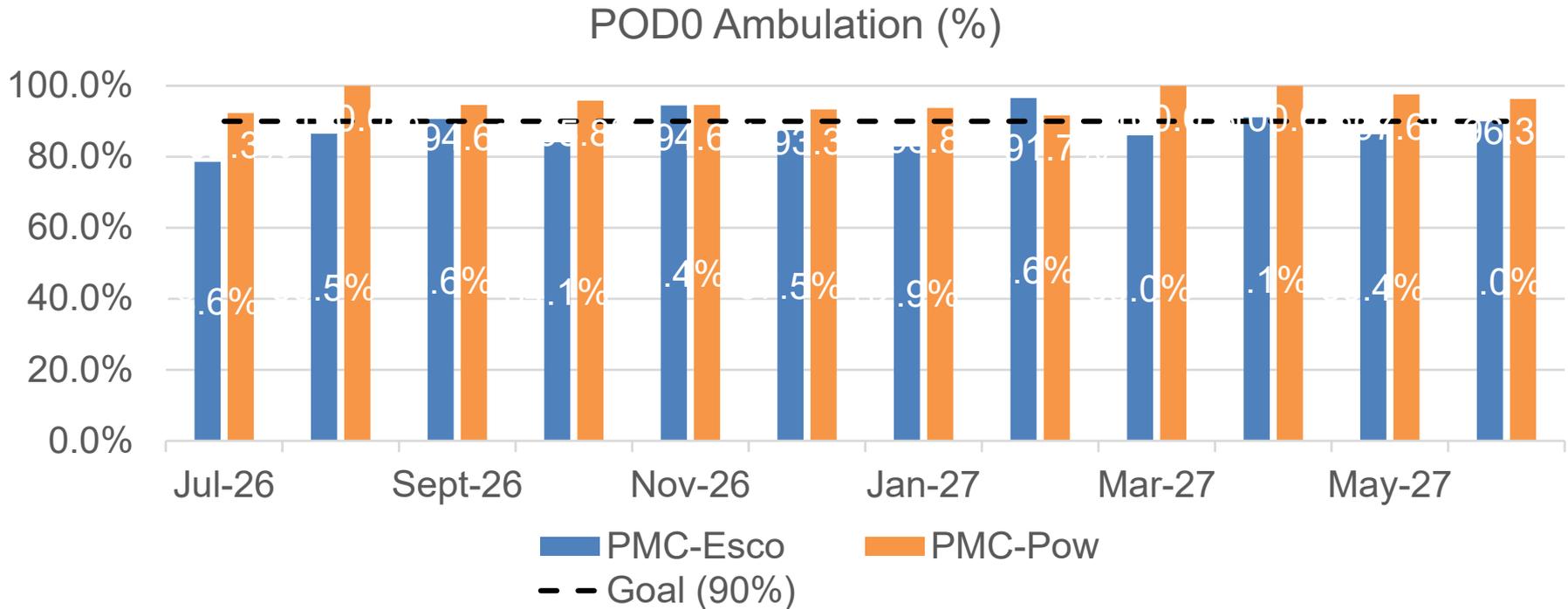
POD0 PT Evaluation (%)



March 2023 – June 2023

	<u>Num</u>	<u>Denom</u>	<u>% Success</u>	<u>Goal</u>	
PMC-Esco	188	193	97.4%	90%	achieved goal of 90%
PMC-Pow	150	152	98.7%	90%	achieved goal of 90%

THKR 2 - POD0 Ambulation (%)

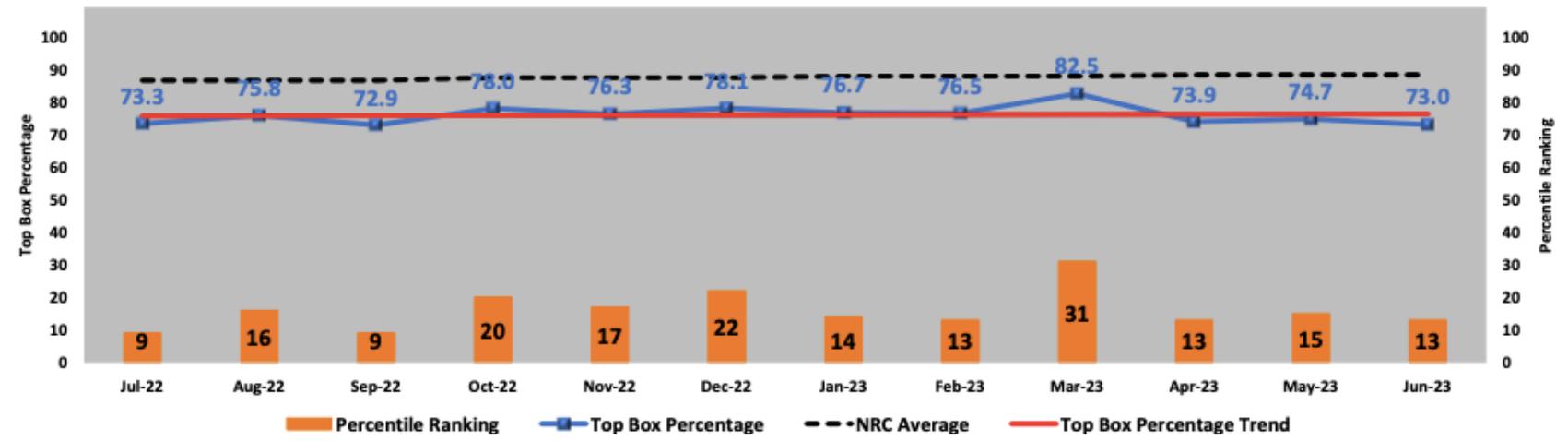


March 2023 – June 2023

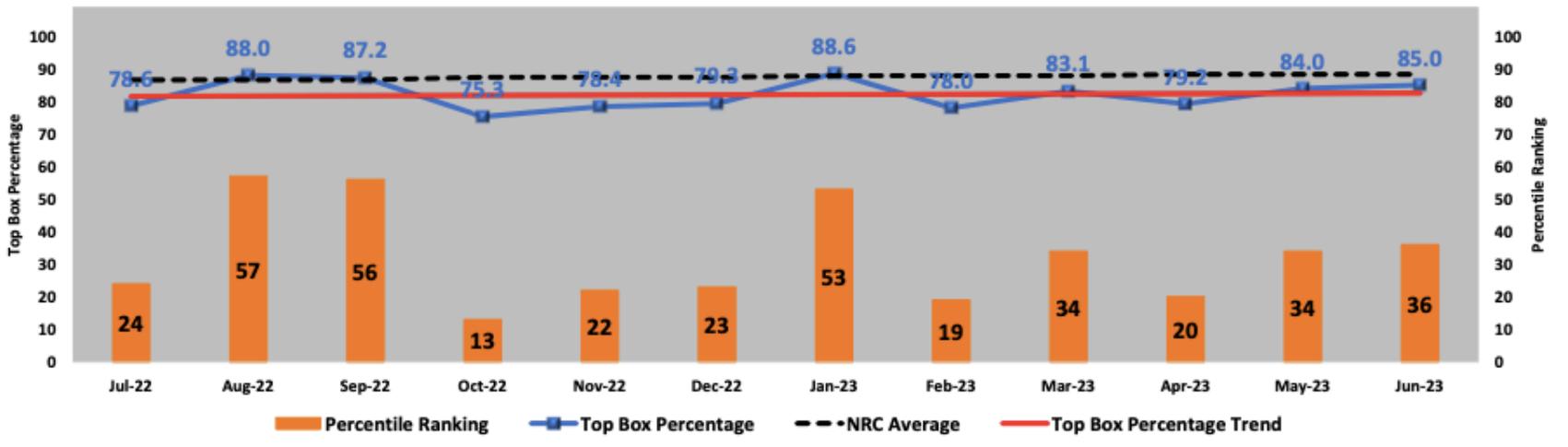
	<u>Num</u>	<u>Denom</u>	<u>% Success</u>	<u>Goal</u>	
PMC-Esco	168	177	94.9%	90%	achieved goal of 90%
PMC-Pow	150	152	98.7%	90%	achieved goal of 90%

NRC Patient Satisfaction Survey

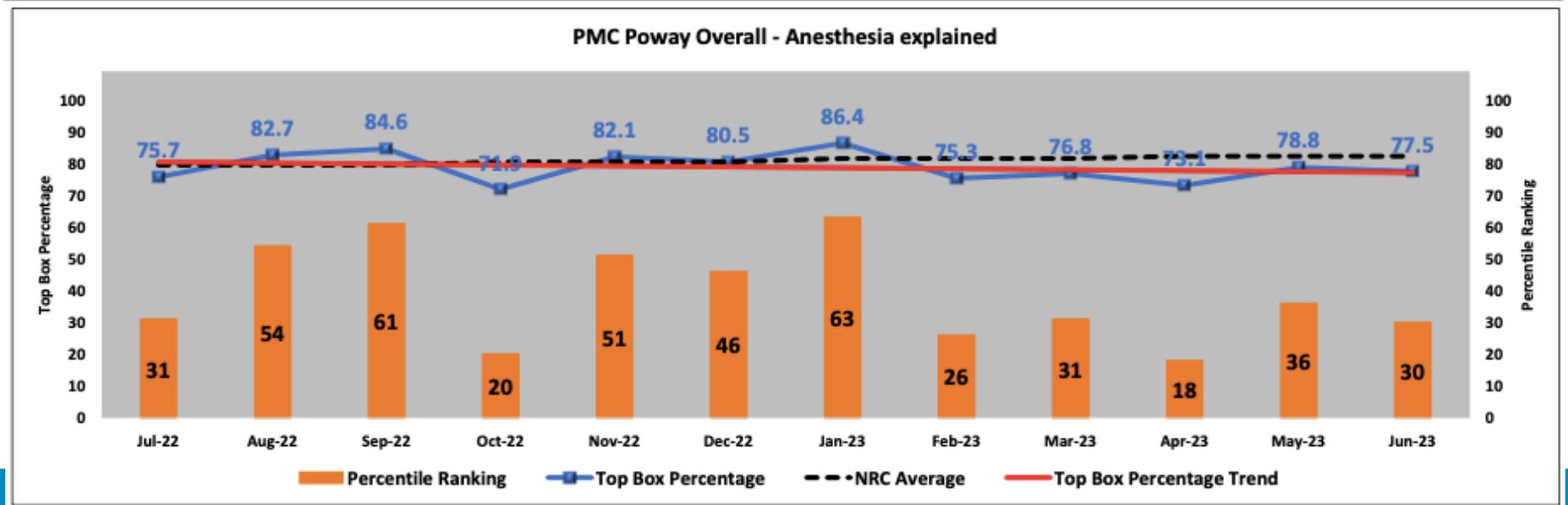
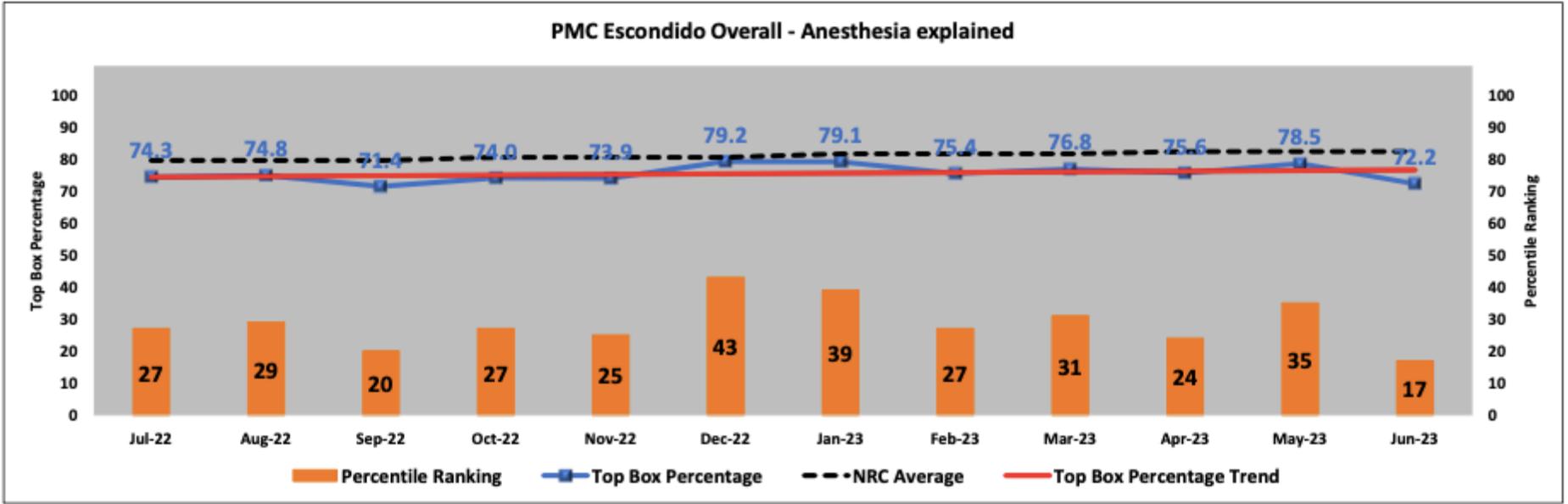
PMC Escondido Overall - Anesthesia courtesy/respect



PMC Poway Overall - Anesthesia courtesy/respect



NRC Patient Satisfaction Survey



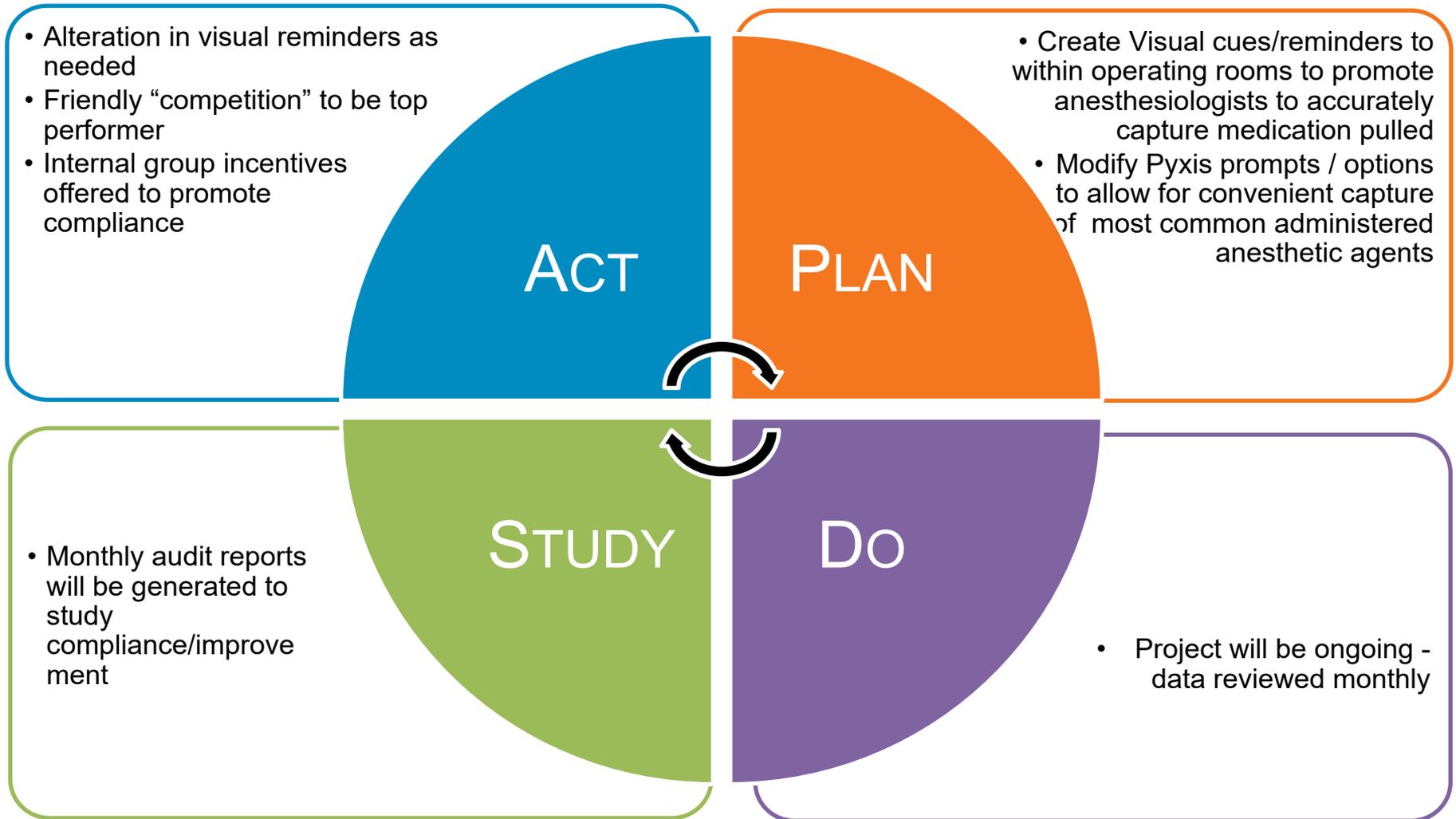
Dept of Anesthesia Biannual Report - Performance Improvement Project

ASSESSMENT	<p><i>The operating room is often a fast paced environment and patient safety and care is the primary focus. At times, manual selection of each medication withdrawn from the Pyxis is often missed or forgotten.</i></p>
RECOMMENDATION	<p><i>From a department level, our recommendation and plan of action is to create system processes to avoid lost charges. This plan includes action items such as; (1) conveniently place reminders near or on the Pyxis machines for providers to capture their charges and (2) to work with personnel in pharmacy and personnel within the Pyxis system to create “kits” which contain much of the most commonly used medications that can be conveniently selected. Additionally, monthly reports are being generated to reflect the missed charges. These reports will hopefully demonstrate improvement in medication charge captures. Group incentives are also being established to promote a healthy level of competition and promote compliance with our new project.</i></p>

Dept of Anesthesia Biannual Report - Performance Improvement Project

INTRODUCTION	<i>Non-controlled medications removed and administered by the anesthesiologist during surgical procedures is currently only captured and charged via manual selection of each medication via the Pyxis machine located in the operating rooms.</i>
SITUATION	<i>The Department of Anesthesiology has noted deficiencies when it comes to capturing all non-controlled medications withdrawn and administered during surgical procedures. These deficiencies lead to a significant cost to Palomar Health</i>
BACKGROUND	<i>On an average monthly basis, there is roughly 900 lost medication capture charges within the Operating Rooms. These missed captures financially impact Palomar Health.</i>

PLAN - DO - STUDY - ACT



Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) and ED Patient Experience Data

Presented to BQRC
September 27, 2023

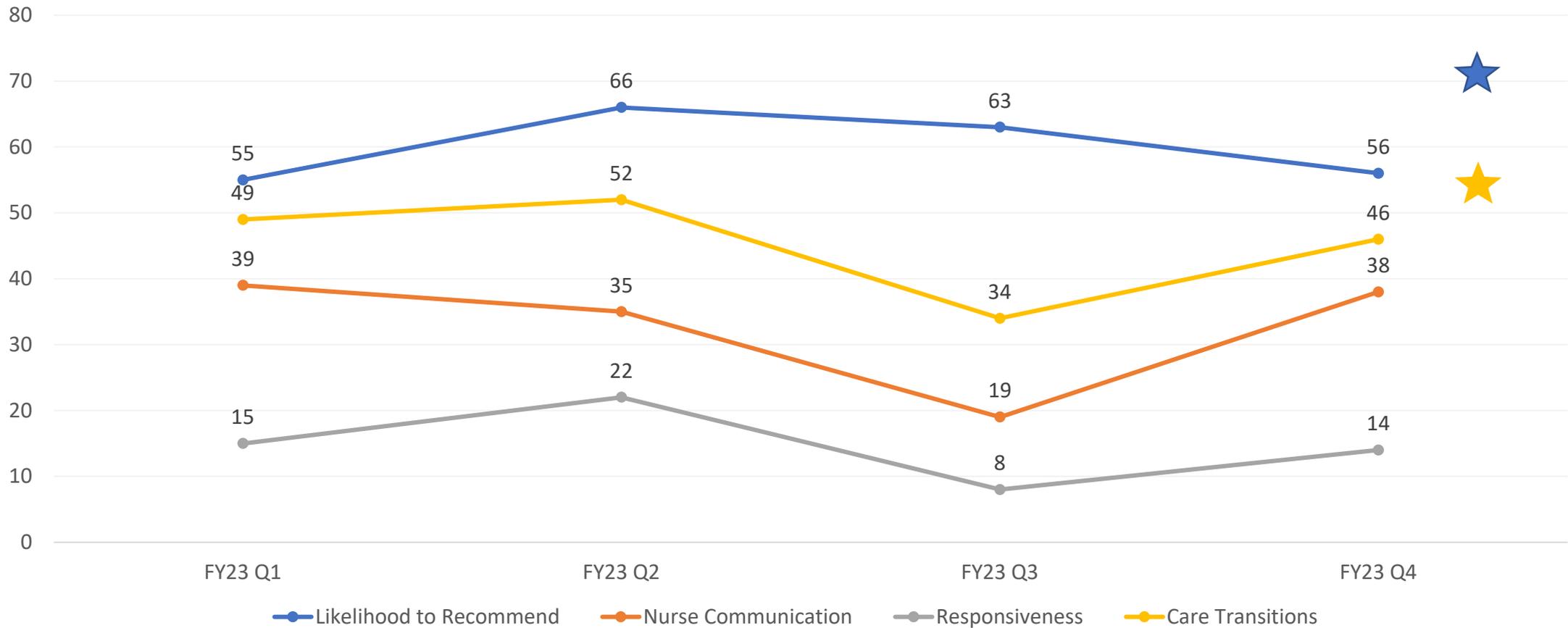
Suz Fisher, RN
District Director, Patient Experience

<p>Situation</p>	<p>HCAHPS Data: Timeframe July 2022-June 2023 (FY23) ED Data: Timeframe July 2022-June 2023 (FY23)</p>
<p>Background</p>	<p>The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey, also known as the CAHPS® Hospital Survey or Hospital CAHPS®, is a standardized survey instrument and data collection methodology that has been in use since 2006 to measure patients' perspectives of hospital care.</p> <p>In May of 2023, the executive team approved patient experience goals for leaders across the district for FY24, based on FY23 results and the national average rate of change for each area.</p>
<p>Assessment</p>	<p><u>PMC Escondido HCAHPS</u> – 2/9 metrics equal to or above CMS benchmark for FY23 Q4 (likelihood to recommend and discharge information); likelihood to recommend has been equal to or above benchmark for the last 12 consecutive quarters and discharge information has been equal to or above benchmark for the last six consecutive quarters.</p> <p><u>PMC Poway HCAHPS</u> – 1/9 metrics equal to or above CMS benchmark for FY23 Q4 (discharge information).</p> <p><u>PMC-E Emergency Department</u> – 0/13 metrics equal to or above National Research Corporation (NRC) benchmark for FY23 Q4.</p> <p><u>PMC-P Emergency Department</u> – 3/13 metrics equal to or above National Research Corporation (NRC) benchmark for FY23 Q4 (doctors explain understandably, doctors listen carefully, and imaging exceeded expectations); these two physician metrics have been equal to or above benchmark for the last ten consecutive quarters and the imaging metric has been equal to or above benchmark for the last 12 consecutive quarters.</p>
<p>Recommendation</p>	<ul style="list-style-type: none"> • Patient experience goals and results continue to be shared in a standardized manner at leadership meetings and every other week at safety huddle. • Templates have been shared with nursing leaders in order to communicate unit-specific patient experience results versus goals as well as current priority matrices in a consistent and easily understandable way. • Responsiveness pilots continue with measurable positive results, especially on 5E and 6E. • Continue to encourage GetWell utilization; leaders to participate in monthly steering team meetings. • Leaders to continue patient rounding daily, with focus on plan of care, responsiveness, and current priority matrix.

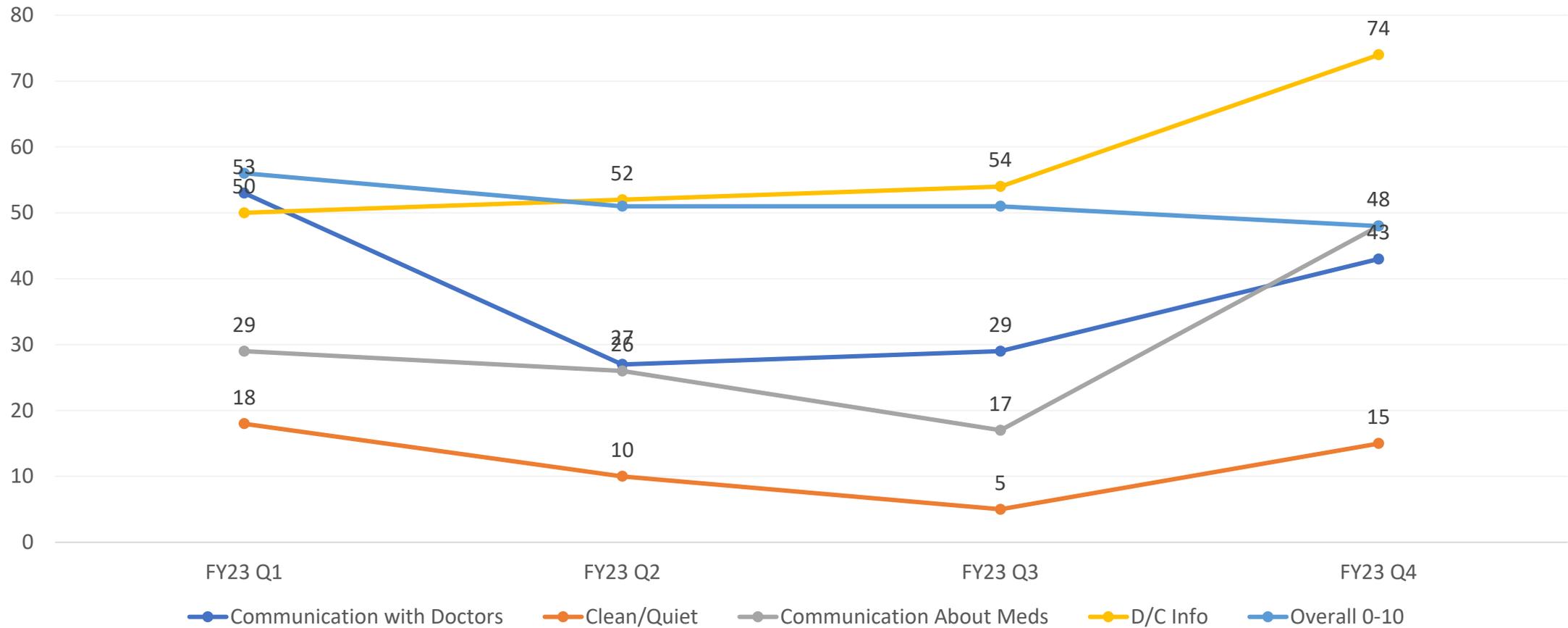
HCAHPS

Results current as of 8/16/23

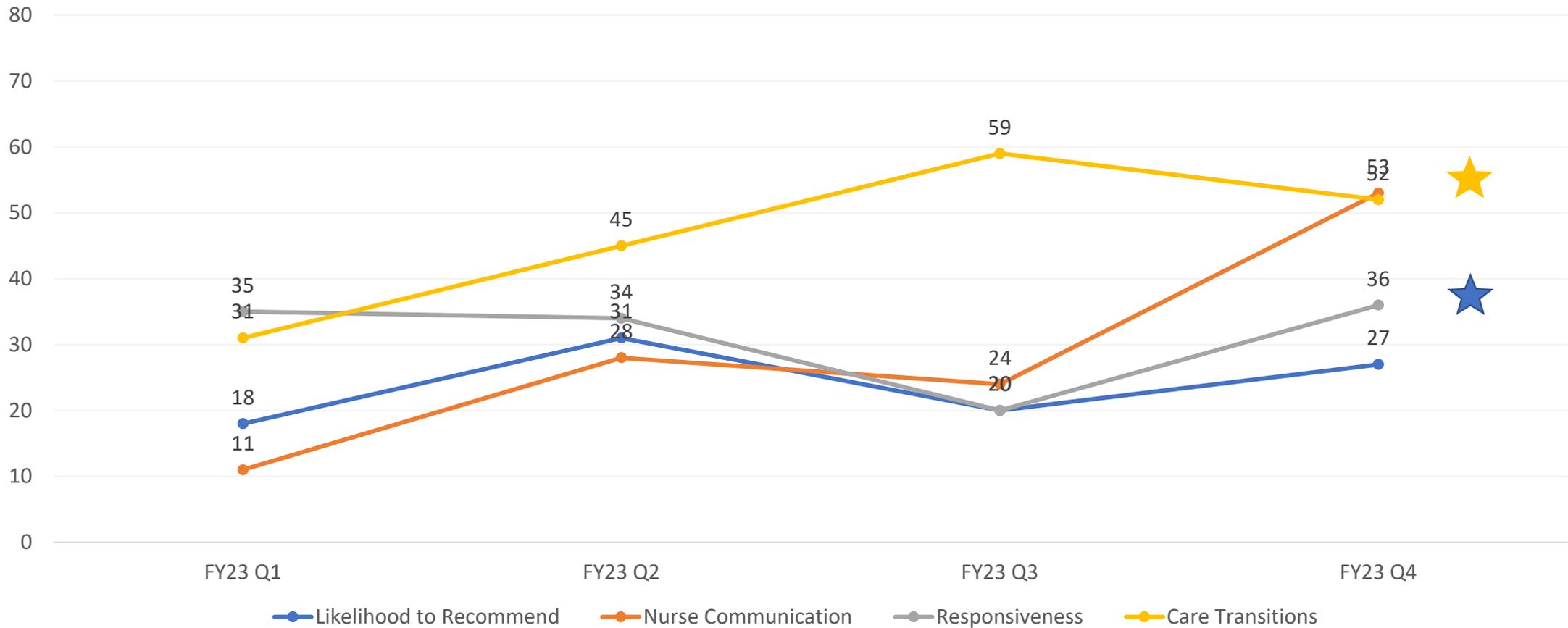
Escondido Domains with Goals, by Percentile



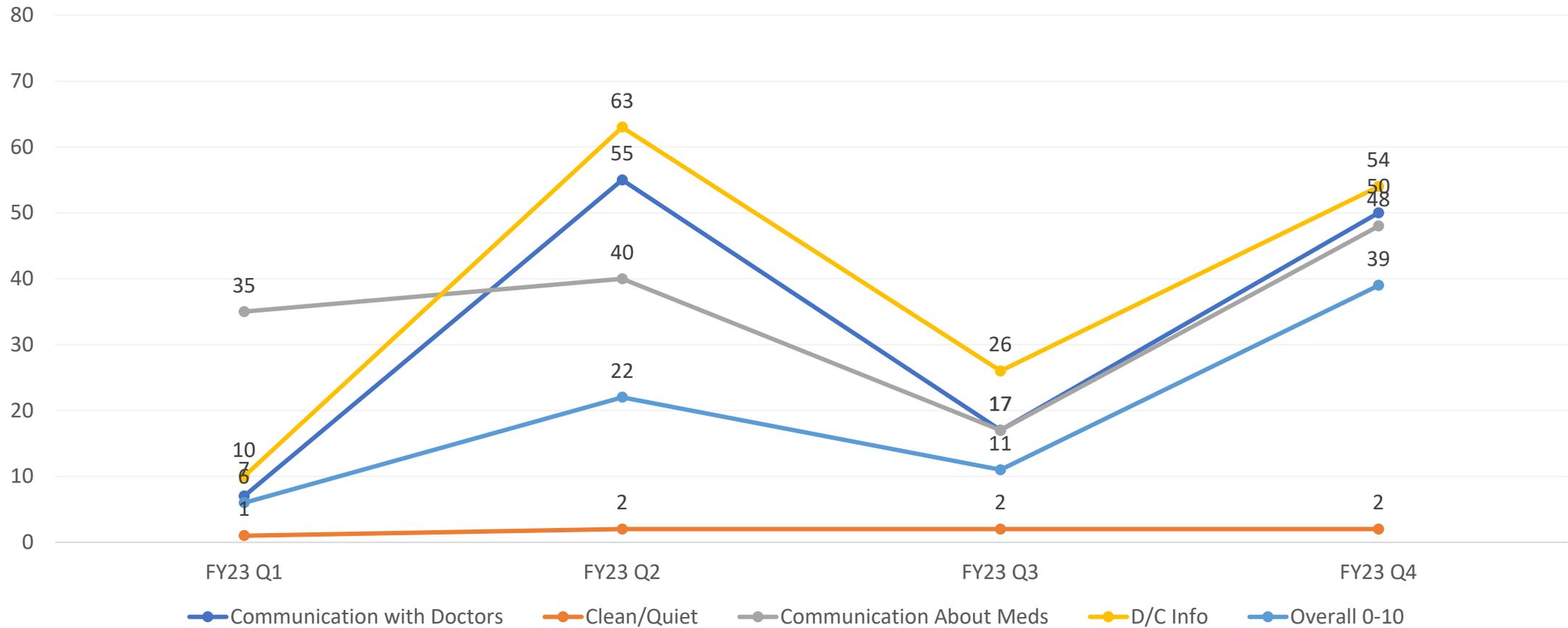
Other Escondido Domains, by Percentile



Poway Domains with Goals, by Percentile



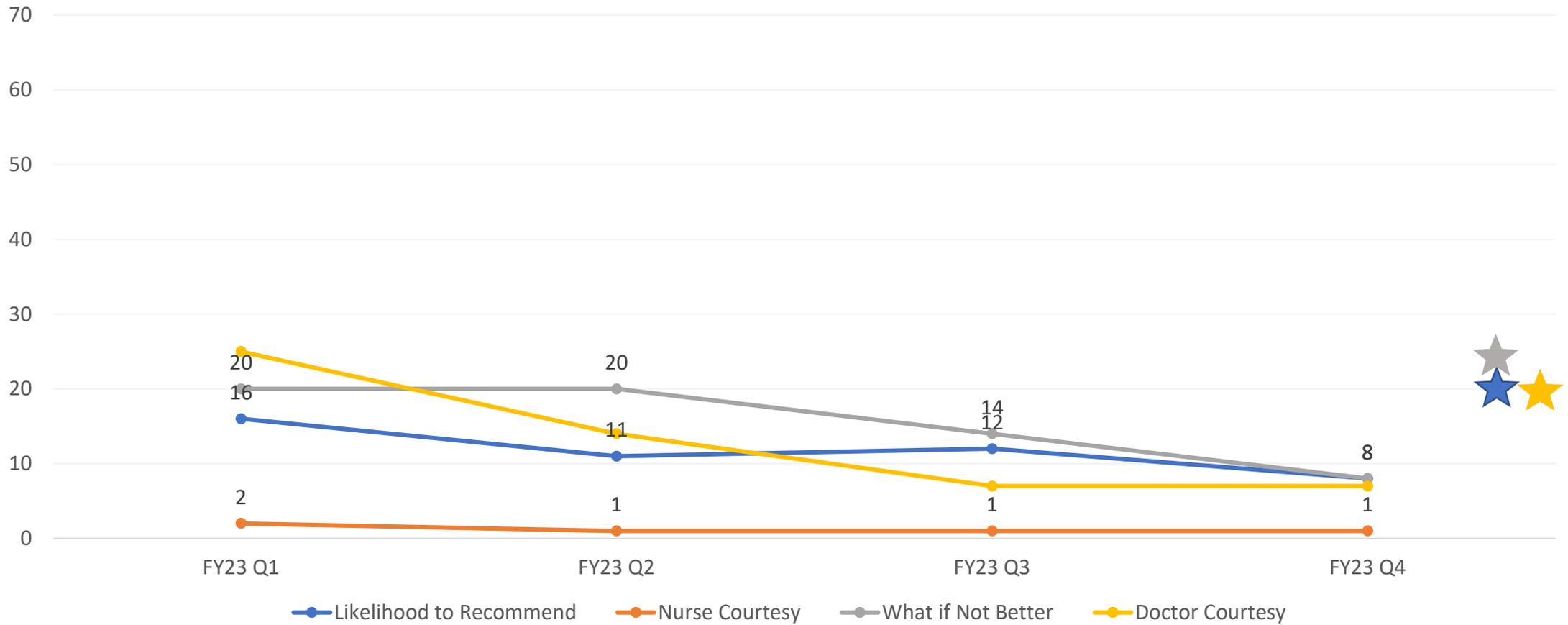
Other Poway Domains, by Percentile



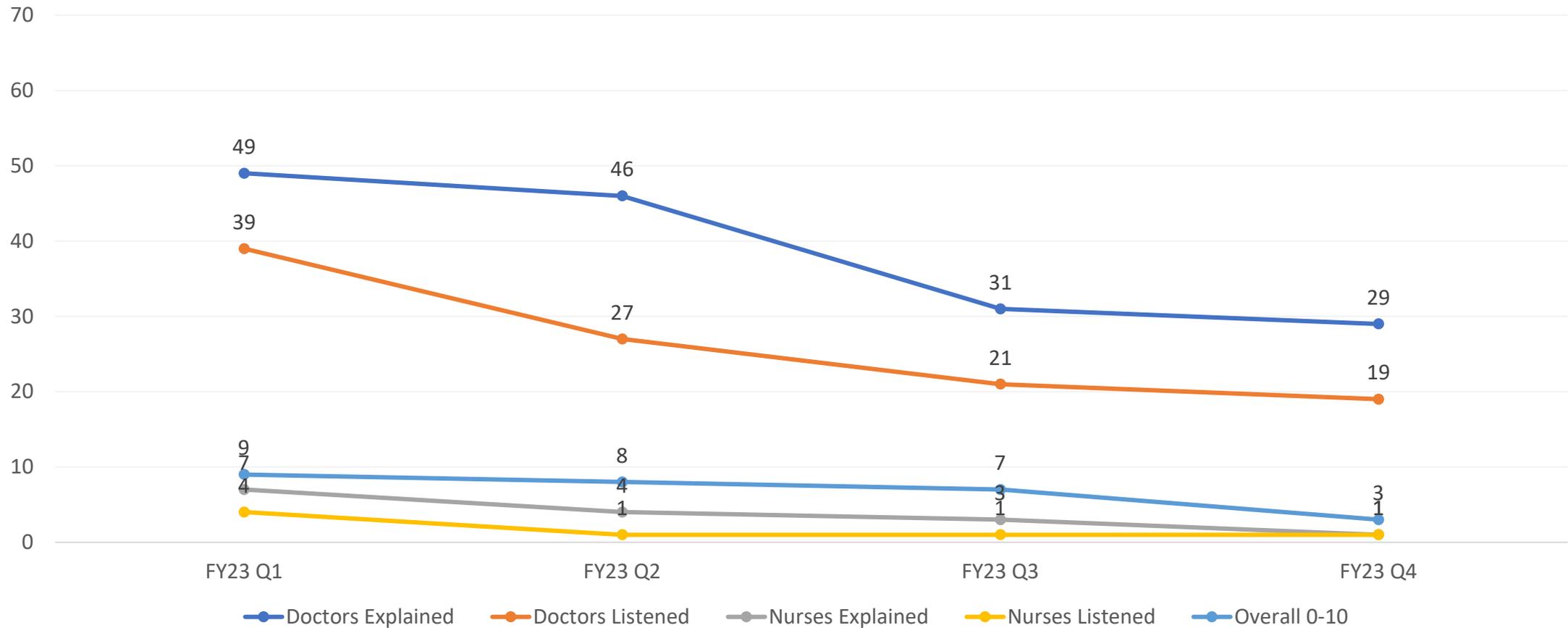
Emergency Department

Results current as of 8/16/23

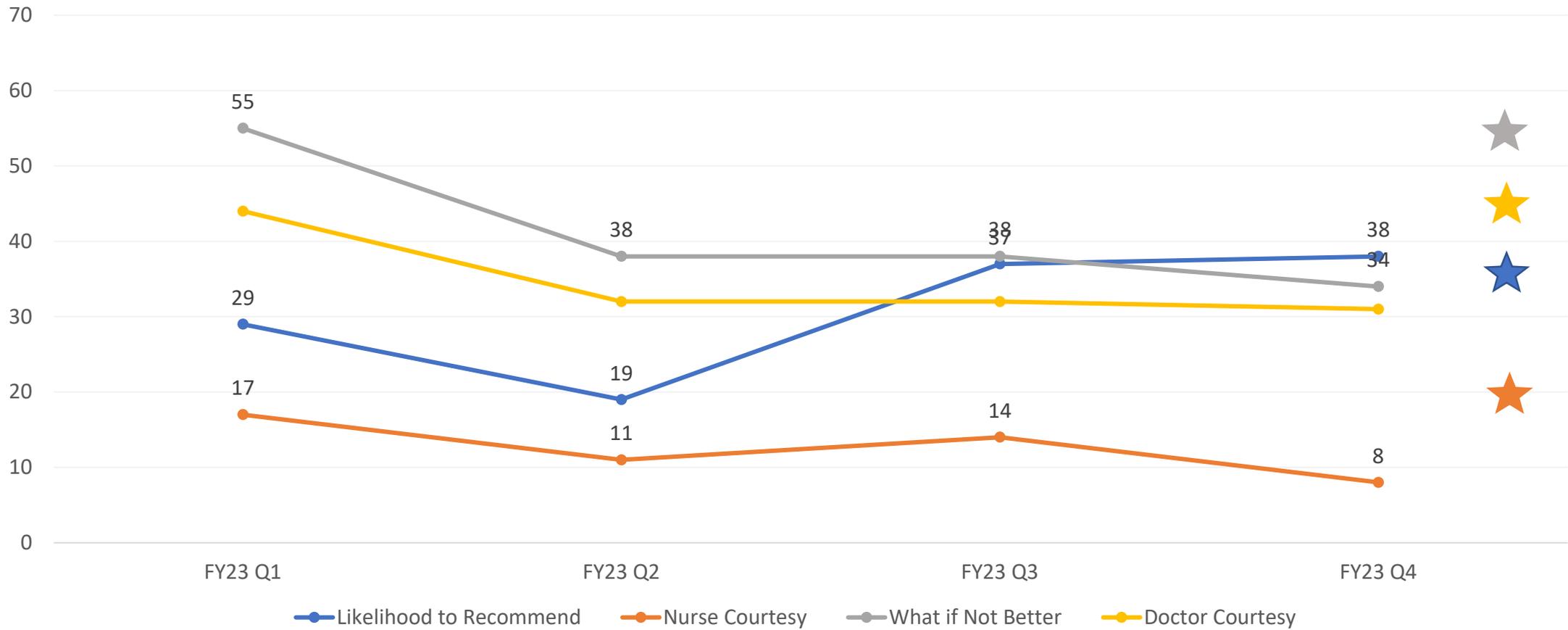
Escondido Domains with Goals, by Percentile



Other Escondido Domains, by Percentile



Poway Domains with Goals, by Percentile



Other Poway Domains, by Percentile

