



**BOARD QUALITY REVIEW COMMITTEE MEETING MINUTES – WEDNESDAY, MARCH 22, 2023**

<i>AGENDA ITEM</i>	<i>CONCLUSION/ACTION</i>	<i>FOLLOW UP / RESPONSIBLE PARTY</i>	<i>FINAL?</i>
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**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 Thursday, March 16, 2023, consistent with legal requirements.

**CALL TO ORDER**

The meeting, which was held in the Linda Greer Board Room at 2125 Citricado 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: Director Linda Greer, RN, Director Terry Corrales, RN, Director Laura Berry; and PMC Poway Chief of Staff, Sam Filiciotto, MD for Physician Chair Mark Goldsworthy, MD, Chair of Medical Staff Quality Management Committee for Palomar Medical Center Poway, Physician Chair, Andrew Nguyen, MD, Chair of Medical Staff Quality Management Committee for Palomar Medical Center Escondido

**PUBLIC COMMENT**

- There were no public comments.
- Board Quality Review Committee Alternate Laurie Edwards-Tate was present.

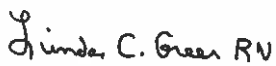

**ACTION ITEMS:**

**A. \* REVIEW / APPROVAL: OPEN/CLOSED SESSION MEETING MINUTES / ATTENDANCE ROSTER – FEBRUARY 22, 2023**

<p>The BQRC meeting minutes from February 22, 2023, were presented for review and approval. Director Laura Berry, motioned for approval, second by Director Terry Corrales.</p>	<p><b>MOTION:</b> by Director Laura Berry, second by Director Terry Corrales, carried to approve the meeting minutes of February 22, 2023, as submitted. Roll call voting was utilized.</p> <p>Director Corrales - Aye            Andrew Nguyen, MD - Aye            Director Greer – Aye            Director Barry - Aye</p>	<p>N/A</p>	<p>Y</p>
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	All in favor. None opposed. The meeting minutes were approved as submitted.		
<b>B. * REVIEW / APPROVAL: APPROVAL OF CONTRACTED SERVICES ANNUAL EVALUATIONS</b>			
<p>The Premier Laser Services, Stericycle and Valley Pathology Medical Group, Inc., service contracts were reviewed and approved.</p> <p>Valerie explained that all three service contracts met their requirements for the year.</p>	<p><b>MOTION:</b> by Director Laura Berry, second by Director Terry Corrales, to approve the service contracts for Premier Laser Services, Stericycle, and Valley Pathology Medical Group, Inc.</p> <p>Roll call voting was utilized.</p> <p>Director Greer, RN - Aye  Director Corrales, RN- Aye  Director Berry - Aye  Andrew Nguyen, MD - Aye</p> <p>All in favor. None opposed.</p>	N/A	Y
<b>STANDING ITEMS:</b>			
<b>A. MEDICAL EXECUTIVE COMMITTEE (MEC)/QUALITY MANAGEMENT COMMITTEE (QMC) UPDATE</b>			
<p>Dr. Nguyen provided a brief update on the quality measures being worked on at the hospital.</p> <p>Highlights were:</p> <ul style="list-style-type: none"> <li>• Posey bed compliance continues to be sustained for a 4<sup>th</sup> year in a row.</li> <li>• The acquisition of radio frequency enabled technology was recommended at the last meeting to support the Obstetrical Unit.</li> <li>• Work continues on improving HCAHPS scores overall, especially in the Emergency Departments, where our patient volumes continue to be one of the highest in our County. Dr. Nguyen went on to note that we have the highest volume of patients being transported via ambulance, in the County.</li> <li>• Various Information Technology project requests were recently approved at our last Interdisciplinary Governance Council.</li> <li>• In the Emergency Department Bi-annual report, over the last two months, there was a high number of boarding hours. We anticipate that the opening of two new floors will alleviate this issue.</li> <li>• The Trauma Department received their ACS accreditation as anticipated in 2022. Their next accreditation year will be in 2025</li> <li>• Our Stroke Program is due for their first re-certification of a Thrombectomy Capable Stroke Center at the Escondido campus.</li> </ul>	<p><b>MOTION:</b> N/A</p>		Y

<ul style="list-style-type: none"> <li>Discharge summary compliance doing well since October, 2022.</li> <li>Medication reconciliation moving in the right direction. Have recently hired additional Pharmacy Medication Technicians.</li> </ul> <p>Director Barry inquired as to whether the new Kaiser facility will have emergency services. Dr. Khawaja responded that they would however they will not have services like STEMI (ST Elevation Myocardial Infarction), stroke or Trauma services. He went on to note that Palomar Health has about 20-30 patients in our facility every day, and we anticipate those beds opening up to assist with our non-Kaiser patient volume.</p> <p>Director Corrales noted that we would still be a trauma center which was re-affirmed by Dr. Steele who noted that the trauma service involves a lot of moving parts, and is thankful for the hard work of the team that includes, Melinda Case, Zach, Honda and the Trauma Team Nurse Leads (TNTLs).</p> <p>He also noted that currently, there is a review of the catchment area being done at the County level. This review is required to be done every 10 years. He is interested to see what the results are however does not expect any changes.</p>			
<b>NEW BUSINESS:</b>			
<b>A. EMERGENCY DEPARTMENT SERVICES ANNUAL REPORT</b>			
The report was reviewed prior to the meeting. There were no questions posed at the meeting.	<b>MOTION: N/A</b>		Y
<b>B. TRAUMA PROGRAM ANNUAL REPORT</b>			
Director Barry requested further information on the "Cut Down, Annoyed, Guilty and Eye Opener (CAGE)" audit. Dr. Khawaja explained that this a screening that falls under the Trauma Program, to assess whether patients are at risk for alcohol abuse. We track to identify those patients who are at risk and intervention can be provided during their hospital stay. Melinda Case, added that this a requirement of the Trauma Program, to assess whether illicit drug use or alcohol played a part in the patient's injury. If so, education would be provided to the patient.	<b>MOTION: N/A</b>	N/A	Y
<b>C. STROKE PROGRAM ANNUAL REPORT</b>			
The report was reviewed prior to the meeting. There were no questions posed at the meeting.	<b>MOTION: N/A</b>	N/A	Y
<b>D. REGULATORY ANNUAL UPDATE</b>			
The report was reviewed prior to the meeting. There were no questions posed at the meeting.	<b>MOTION: N/A</b>	N/A	Y
<b>ADJOURNMENT TO CLOSED SESSION</b>			
➤ PURSUANT TO CA GOV'T CODE §54962 & CA HLTH & SAFETY CODE §32155; HEARINGS – SUBJECT MATTER: REPORT OF QUALITY ASSURANCE COMMITTEE	<b>MOTION: N/A</b>		Y
<b>ADJOURNMENT TO OPEN SESSION</b>			

> There were no action items identified in the Closed Session of the meeting.	
<b>PUBLIC COMMENTS</b>	
There were no public comments.	
<b>FINAL ADJOURNMENT</b> - The meeting adjourned at 5:30 p.m.	<b>MOTION:</b> N/A
<b>COMMITTEE CHAIR</b>	 <hr/> Linda Greer, RN
<b>SIGNATURES:</b>  <b>COMMITTEE ASSISTANT</b>	 <hr/> Sally Valle