



BOARD QUALITY REVIEW COMMITTEE MEETING MINUTES – WEDNESDAY, FEBRUARY 22, 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 (PH) website on Wednesday, February 15, 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; and Physician Chair, Mark Goldsworthy, MD, Chair of Medical Staff Quality Management Committee for Palomar Medical Center Poway			
PUBLIC COMMENT			
<ul style="list-style-type: none"> There were no public comments. 			
ACTION ITEMS:			
A. * REVIEW / APPROVAL: OPEN/CLOSED SESSION MEETING MINUTES / ATTENDANCE ROSTER – OCTOBER 26, 2023			
The BQRC meeting minutes from October 26, 2022, were presented for review and approval. Director Terry Corrales, motioned for approval, second by Mark Goldsworthy, MD.	MOTION: by Director Terry Corrales, second by Director Mark Goldsworthy, MD, carried to approve the meeting minutes of October 26, 2023, as submitted. Roll call voting was utilized. Director Corrales - Aye Mark Goldsworthy, MD - Aye Director Greer – Aye All in favor. None opposed. The meeting minutes were approved as submitted.	N/A	Y

B. * REVIEW / APPROVAL: APPROVAL OF ANNUAL REVIEW OF BOARD QUALITY REVIEW COMMITTEE CHARTER			
<p>Charter reviewed. Director Greer noted it was basically the same as for the other committees however, it includes quality information. Will follow the same process as with the other committee charters.</p> <p>Dr. Omar Khawaja pointed out that there is a statement in the Charter that stated this committee will review the medical staff process for credentialing and privileging. Chief Legal Officer, Kevin DeBruin, explained that this statement was taken from the previous version of the Bylaws under the BQRC section, and this committee reserves the right to remove it, upon recommendation by Dr. Khawaja, if so desired. He also pointed out that the committee has the ability to add duties as well, upon advice from the administration.</p> <p>All agreed that it should be kept, and it will be added to the Board Quality Review Committee reporting calendar.</p>	<p>MOTION: by Director Corrales, second by Mark Goldsworthy, MD, to approve the Board Quality Review Committee Charter.</p> <p>Roll call voting was utilized.</p> <p>Director Greer, RN - Aye Director Corrales, RN- Aye Mark Goldsworthy, MD - Aye</p> <p>All in favor. None opposed.</p>	N/A	Y
C. *REVIEW / APPROVAL: APPROVAL OF ANNUAL BOARD QUALITY REVIEW COMMITTEE REPORTING CALENDAR			
<p>Reviewed and approved with the addition of annual review of the Board Quality Review Committee Charter, and review of the medical staff process for credentialing and privileging.</p> <p>Director Greer noted that she is impressed with the reporting calendar used for this Committee and that other Board Committees have adopted its use.</p> <p>Tricia Kassab credited Valerie Martinez and Julie Avila for its creation and maintenance.</p> <p>Director Corrales concurred that it is indeed a wonderful tool as you can see one year's worth of presentation/review requirements.</p>	<p>MOTION: by Director Corrales, second by Mark Goldsworthy, MD, to approve the Board Quality Review Committee Reporting Calendar with the addition of the annual review of the Board Quality Review Committee Charter and review of the medical staff process for credentialing and privileging.</p> <p>Roll call voting was utilized.</p> <p>Director Greer, RN - Aye Director Corrales, RN- Aye Mark Goldsworthy, MD - Aye</p> <p>All in favor. None opposed.</p>	Valerie Martinez, Sr. District Director, Quality, Patient Safety, and Infection Prevention	Y
D. *REVIEW / APPROVAL: ADOPT BOARD QUALITY REVIEW COMMITTEE MEETING RESOLUTION FOR CALENDAR YEAR 2023			
<p>Reviewed and approved with one edit/correction, on the second paragraph. The year, "2021" should be "2023".</p>	<p>MOTION: by Director Corrales, second by Mark Goldsworthy, MD, to approve the Board Quality Review Committee Meeting Resolution for Calendar Year 2023, with one edit/correction, on the second paragraph. The</p>	Sally Valle, Committee Assistant	Y

	<p>year, "2021" should be "2023".</p> <p>Roll call voting was utilized.</p> <p>Director Greer, RN - Aye Director Corrales, RN- Aye Mark Goldsworthy, MD - Aye</p> <p>All in favor. None opposed.</p>		
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STANDING ITEM(S)

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

<p>Deferred until next meeting.</p> <p>It was explained to Dr. Goldsworthy, our newly elected, Quality Medical Committee Chair for the Poway campus, to develop a report, with key points, from Quality Medical Committee to report at this Committee.</p>	MOTION: N/A		Y
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NEW BUSINESS

A. CONTINUUM OF CARE/OUTPATIENT SERVICES REPORT

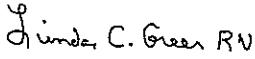

<p>Carolyn Masengale, Wound Care Director, presented the Continuum of Care/Outpatient Services Report on behalf of Virginia Barragan, VP of Continuum of Care & Oncology Service Line.</p> <ul style="list-style-type: none"> The Quality data was provided. Metrics were presented. These are pre-set by governing agencies and benchmarks are nationally set. Performance is green in all areas. The Villas at Poway, our skilled nursing facility is working on on-going California Department of Public Health (CDPH) survey readiness. They are in the survey window. As well as ongoing COVID19 mitigations. On January 1st Home Health kicked off transition to Value-Based Purchasing, electronic visit verification and timely initiation of care. Continued focus on Joint Commission survey readiness. For Outpatient Services, metrics were reviewed. These are metrics that focus on wound care, oncology and perinatology. The only area requiring improvement is access to care within 14 business days, this area is higher than in the past. It is related to increased volume in our cancer care program. Recruitment for per diem positions are underway to support the volume increase in that area. Wound care program is focused on outpatient patient experience and the move to Medical Office Building 3 (MOB 3). Expected to move by end of current fiscal year. The Jean McLaughlin Outpatient Center is focused on patient experience as their volumes have increased post COVID. Radiation Therapy continues to do well. Infusion metrics focus on items that are relevant to oncology and chemotherapy. Perinatology is seeing increased volumes. With this they are working on patient experience 	MOTION: N/A	N/A	Y
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<ul style="list-style-type: none"> and equipment to assist with the increased volume. Dr. Omar Khawaja noted that we had an acceptance of a second Radiation Oncologist to start around July, and our second linear accelerator will be available at the end of the year. <ul style="list-style-type: none"> We also have a breast surgeon coming on board sometime in March. She will be joining Dr. Grove's group. 			
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B. RADIOLOGY AND NUCLEAR MEDICINE DEPARTMENT REPORT

<p>Tim Stevens, District Director for Diagnostic Imaging and Biomed Engineering presented the Palomar Health Imaging Services – Radiology and Nuclear Medicine report.</p> <ul style="list-style-type: none"> Reviewed the Radiation Safety and Imaging Performance Indicators. Performance Improvement goals for CT (Computerized Tomography), ultrasound and X-Ray were presented. Acquired one new ultrasound unit in July 2022, at the Poway campus to assist with volume. A third CT (Computerized Tomography) machine has been installed at the Escondido campus. Go live is pending final construction approval and licensing. Tim noted this was one of the best CT (Computerized Tomography) machines on the market at this time. It will provide increased capacity and the ability to provide a higher level quality care at the Escondido campus. Three new ultrasound units were also acquired at the Escondido campus in July, 2022. Director Greer inquired as to how many ultrasound units we have at the Escondido campus. Tim explained that we have three units, and recently put an older 4th unit into service dedicated to Pod D in the Emergency Department however, he is looking to replace this unit with a newer unit. At the Poway campus we have one. Director Geer also thanked Tim for the Poway campus ultrasound staff's ability to quickly schedule the Arch Health Urgent Care patients in a timely manner, and hopes that with the upcoming Emergency Department expansion, Palomar Health will be able to acquire additional ultrasound machines with the anticipated increase in volume. <ul style="list-style-type: none"> Diane Hansen agreed, and noted that these discussions, for new equipment are already underway. Director Corrales inquired whether x-rays in the Emergency Department were portable or not. Tim explained that since 80% of the x-rays ordered in the Emergency Department were chest x-rays, he recently trialed placing a portable x-ray unit near the front care area of the Emergency Department. This proved to be very successful as it has decreased turn-around-times for chest x-rays over the last couple of weeks. Director Greer also inquired regarding CT downtimes over the past year, and whether this was due to mechanical issues. Diane noted part of it was due to construction. Tim noted that down times were not outside the norm however he attributed part of the delays for CT were related to limitations with staff and patient transport. He is looking at these issues in his process improvement meetings. <ul style="list-style-type: none"> Dr. Omar Khawaja reported that we have a brand new CT in the hospital and now have a second CT in the Outpatient Pavilion due to the increase in volume. Having these two machines will lessen the load on each machine and in turn we anticipate a decrease in down time. 	MOTION: N/A	N/A	Y
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ADJOURNMENT TO CLOSED SESSION			
<ul style="list-style-type: none"> ➤ 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			

<p>➤ There were no action items identified in the Closed Session of the meeting.</p>	
<p>PUBLIC COMMENTS</p>	
<p>There were no public comments.</p>	
<p>FINAL ADJOURNMENT - The meeting adjourned at 5:30 p.m.</p>	<p>MOTION: N/A</p>
<p>SIGNATURES:</p>	<p style="text-align: center;">  <hr style="width: 200px; margin: auto;"/> Linda Greer, RN </p>
<p style="text-align: center;">COMMITTEE CHAIR</p>	<p style="text-align: center;">  <hr style="width: 200px; margin: auto;"/> Sally Valle </p>
<p style="text-align: center;">COMMITTEE ASSISTANT</p>	