

Posted
 FRIDAY
 JANUARY 19, 2024

BOARD QUALITY REVIEW COMMITTEE MEETING AGENDA

Wednesday, January 24, 2024
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 | | | | 4:00 |
| 1. | Establishment of Quorum | 5 | - | 4:05 |
| 2. | Public Comments¹ | 30 | - | 4:35 |
| 3. | Action Item(s) | | | |
| a. | *Minutes: Board Quality Review Committee Meeting – October 25, 2023 (ADD A – Pp 17) | 5 | 7 | 4:40 |
| b. | *Approval of Annual Review of Board Quality Review Committee (BQRC) Charter (ADD B – Pp 20) <i>Omar Khawaja, MD, Chief Medical Officer</i> | 10 | 8 | 4:50 |
| c. | *Approval of Annual Review of Board Quality Review Committee (BQRC) Reporting Calendar (ADD C – Pp 24) <i>Valerie Martinez, Sr. Director, Quality, Patient Safety & Infection Prevention</i> | 10 | 9 | 5:00 |
| d. | *Adopt Board Quality Review Committee Meeting Resolution for Calendar Year 2024 (ADD D – Pp 26) <i>Omar Khawaja, MD, Chief Medical Officer</i> | 5 | 10 | 5:05 |
| e. | *Approval of Contracted Services <i>Valerie Martinez, Sr. Director, Quality, Patient Safety & Infection Prevention</i> | | | |
| | a) PraxAir (ADD E – Pp 27) | 5 | 11 | 5:10 |
| | b) Vital Care (ADD F – Pp 29) | | 12 | |
| | c) Pharmerica (ADD G – Pp 30) | | 13 | |
| | d) Agility Health Asset Management of Infusion Pumps (ADD H – 31) | | 14 | |
| 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 | - | 5:20 |
| 5. | New Business | | | |
| a. | Continuum of Care (Radiation Oncology, SNF, Women’s Center, Wound Care) (ADD I – Pp 32) <i>Russell Riehl, MHA, VP Operational Support Services</i> | 5 | 15 | 5:25 |
| b. | Rehabilitation Services (ADD J – Pp 40) <i>Tyler Powell, Director of Rehabilitation Services</i> <i>Russell Riehl, MHA, VP Operational Support Services</i> | 5 | 16 | 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 |

| 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 | Open , 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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Board Quality Review Committee Location Options

- Elected members of the Board of Directors will be attending the meeting virtually from the locations below. Members of the public may also 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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- 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.

DocID: 21790
Revision: 9
Status: Official

Source:
Administrative
Board of Directors

Applies to Facilities:
All Palomar Health Facilities

Applies to Departments:
Board of Directors

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.

(REFERENCED BY [Public Comment Form](#))

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790\\$9](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21790$9).



**BOARD QUALITY REVIEW COMMITTEE MEETING
ATTENDANCE ROSTER -
CALENDAR YEAR 2024**

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

| VOTING MEMBERS | 1/24/2024 | | | | | | |
|--|---|--|--|--|--|--|--|
| LINDA GREER, RN, Chairperson, Board Member | | | | | | | |
| TERRY CORALES, RN, Board Member | | | | | | | |
| LAURA BARRY, Board Member | | | | | | | |
| ANDREW NGUYEN, MD, PhD, Chair, Medical Staff Quality Management Committee, PMC Escondido | | | | | | | |
| MARK GOLDSWORTHY, MD, Chair, Medical Staff Quality Management Committee, PMC Poway | | | | | | | |
| LAURIE EDWARDS-TATE, MS- 1 ST Board Alternate | | | | | | | |
| STAFF ATTENDEES/NON-VOTING MEMBERS | | | | | | | |
| DIANE HANSEN, CPA, President & CEO | | | | | | | |
| OMAR KHAWAJA, MD, Chief Medical Officer | | | | | | | |
| MEL RUSSELL, RN, MSN, Chief Nursing Executive | | | | | | | |
| VALERIE MARTINEZ, RN, BSN, MHA, CPHQ, CIC, Senior Director, Quality and Patient Safety | | | | | | | |
| DAVID LEE, MD, Medical Quality Officer | | | | | | | |
| KEVIN DEBRUIN, Esq., Chief Legal Officer | | | | | | | |
| SALLY VALLE – Committee Assistant | | | | | | | |
| INVITED GUESTS | SEE TEXT OF MINUTES FOR NAMES OF INVITED GUESTS | | | | | | |

**Board Quality Review Committee Minutes
Wednesday, January 24, 2024**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, January 24, 2024

FROM: Sally Valle, Committee Assistant

Background: Minutes from the Wednesday, October 25, 2023, Board Quality Review Committee meeting are respectfully submitted for approval.

Budget Impact: N/A

Staff Recommendation: Recommend to approve the Wednesday, October 25, 2023, Board Quality Review Committee minutes

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – Quality Committee Charter
Wednesday, January 24, 2024**

TO: Board Quality Review Committee
MEETING DATE: Wednesday, January 24, 2024
FROM: Omar Khawaja, MD, Chief Medical Officer

Background: The Quality Committee Charter 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 – 2024 Board Quality Review Committee
Reporting Calendar
Wednesday, January 24, 2024**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, January 24, 2024

FROM: Valerie Martinez, Sr. Director
Quality/Patient Safety & Infection Prevention

Background: The 2024 Board Quality Review Committee Reporting Calendar 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 Meeting Schedule
Calendar Year 2024 and January 2025**

TO: Board Quality Review Committee
MEETING DATE: Wednesday, January 24, 2024
FROM: Sally Valle, Assistant
BY: Omar Khawaja, MD, Chief Medical Officer

Background: Board Quality Review Committee meetings for the 2023 calendar year were held at 4:00 p.m. on the fourth Wednesday of odd months. It is recommended that the schedule for the regular meetings for calendar year 2024 be held on the same schedule.

It is further recommended that meetings be held in the Linda Greer Conference Room at Palomar Health’s Administrative Offices, located at 2125 Citracado Parkway, Suite 300, Escondido, CA. Members of the Committee who are elected members of the Board of Directors shall attend at that location. Although elected members of the Board who are not members of the Committee and wish only to observe, non-Board member attendees and members of the public may attend in person or virtually, it is further recommended that a virtual option be provided for that subset of attendees.

As a procedural matter, the first meeting of the following calendar year has historically been held following the same schedule as the prior calendar year. Therefore, it is further recommended that the first meeting in calendar year 2025 be formally scheduled for ***Wednesday, January 22, 2025, at 4:00 p.m.***

Please see below for the dates on which the meetings would be held:

2024 & JANUARY 2025 BOARD QUALITY REVIEW COMMITTEE MEETING SCHEDULE

| | | |
|---------------------------------|--------------------------------|-------------------------------|
| Wednesday March 27, 2024 | Wednesday May 22, 2024 | Wednesday July 24, 2024 |
| Wednesday September 25, 2024 | Wednesday November 27, 2024 | Wednesday January 22, 2025 |

Budget Impact: N/A

Staff Recommendation: Meeting schedule as per discussion at meeting and resulting Board Quality Review Committee approval.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:

**Board Quality Review Committee
Contracted Services – PraxAir
Wednesday, January 24, 2024**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, January 24, 2024

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

Background: The Contracted Services Evaluation report for PraxAir 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 – Vital Care
Wednesday, January 24, 2024**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, January 24, 2024

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

Background: The Contracted Services Evaluation report for Vital Care 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 – Pharmerica
Wednesday, January 24, 2024**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, January 24, 2024

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

Background: The Contracted Services Evaluation report for Pharmerica 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 – Agility Health
Wednesday, January 24, 2024**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, January 24, 2024

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

Background: The Contracted Services Evaluation report for Agility Health 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 – Continuum of Care
Wednesday, January 24, 2024**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, January 24, 2024

FROM: Russell Riehl, VP Operations Support Services

Background: The annual report for Continuum of Care 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 – Rehabilitation Services
Wednesday, January 24, 2024**

TO: Board Quality Review Committee

MEETING DATE: Wednesday, January 24, 2024

FROM: Russell Riehl, VP Operations Support Services

Background: The annual report for Rehabilitation 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:

| <i>BOARD QUALITY REVIEW COMMITTEE MEETING MINUTES – WEDNESDAY, OCTOBER 25, 2023</i> | | | |
|--|---|--------------------------------------|---------------|
| <i>AGENDA ITEM</i> | <i>CONCLUSION/ACTION</i> | <i>FOLLOW UP / RESPONSIBLE PARTY</i> | <i>FINAL?</i> |
| 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 Friday, October 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, Nguyen, MD | | | |
| PUBLIC COMMENT | | | |
| <ul style="list-style-type: none"> • There were no public comments. | | | |
| ACTION ITEMS: | | | |
| a. Minutes: Board Quality Review Committee Meeting – September 27, 2023 | MOTION: by Director Barry, second by Dr. Goldsworthy, carried to approve the meeting minutes of September 27, 2023, as submitted. Roll call voting was utilized. Director Barry – aye Director Greer - aye Mark Goldsworthy, MD - aye All in favor. None opposed. Motion approved | | |
| Discussion: | | | |

| | | | |
|--|---|--|--|
| <p>b. Approval of Contracted Services</p> <ul style="list-style-type: none"> I. Advantage Ambulance II. Alhiser Comer III. Associated Regional & University Pathologists (ARUP) Lab IV. California Transplant Service V. R. Bravo Intraoperative Monitoring Services | <p>MOTION: by Director Barry, second by Dr. Goldsworthy, carried to approve item B, I-V Contracted Services as presented.</p> <p>Roll call voting was utilized.</p> <p>Director Barry – aye Director Greer - aye Mark Goldsworthy, MD - aye All in favor. None opposed. Motion approved</p> | | |
| <p>c. Approval of Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan</p> | <p>MOTION: by Director Barry, second by Dr. Goldsworthy carried to approve item C Quality Assessment Performance Improvement & Patient Safety Plan as presented.</p> <p>Roll call voting was utilized.</p> <p>Director Barry – aye Director Corrales – aye Director Greer - aye Mark Goldsworthy, MD - aye All in favor. None opposed. Motion approved</p> | | |
| <p>Discussion:</p> | | | |
| <p>STANDING ITEMS:</p> | | | |
| <p>a. Medical Executive Committee (MEC)/Quality Management Committee (QMC) Update</p> | | | |
| <ul style="list-style-type: none"> • Mark Goldsworthy, MD, and Andrew Nguyen, MD, shared an update of the Medical Executive Committee & the Quality Management Committee, Palomar Medical Center, Poway and Palomar Medical Center, Escondido. | | | |
| <p>NEW BUSINESS:</p> | | | |
| <p>a. Radiology & Nuclear Medicine Medical Staff Annual Report</p> | | | |
| <ul style="list-style-type: none"> • Dr. Charles McGraw, Medical Director, presented the Radiology & Nuclear Medicine Medical Staff Annual Report. | | | |
| <p>b. Behavioral Health Services Annual Report</p> | | | |
| <ul style="list-style-type: none"> • Don Myers, Behavioral Health Services Director presented the Behavioral Health Services Annual Report <ul style="list-style-type: none"> ○ Directory Barry inquired regarding the work around the social drivers of health. An explanation was provided by Don Myers and Valerie Martinez. | | | |
| <p>c. Perioperative Services (includes Endoscopy) Annual Report</p> | | | |

| |
|--|
| <ul style="list-style-type: none"> • Bruce Grendell, Sr. Director of Perioperative Services presented the Perioperative Services (includes Endoscopy) Annual Report. <ul style="list-style-type: none"> ◦ Director Greer inquired whether use of the recently opened ambulatory surgery center in the Outpatient Pavilion includes orthopedics and its affects on the surgery volume. An explanation was provided by Diane Hansen and Bruce Grendell. |
| d. Dietary Services (Food & Nutrition Services) Annual Report |
| <ul style="list-style-type: none"> • Russell Riehl, Vice President of Operational Support Services, presented the Dietary Services (Food & Nutrition Services) Annual Report . |
| e. Nursing Services Annual Report |
| <ul style="list-style-type: none"> • Mel Russell, Chief Nurse Executive presented the Nursing Services Annual Report. |
| f. Infection Prevention & Control Update (Hand Hygiene) |
| <ul style="list-style-type: none"> • Valerie Martinez, Sr. Director of Patient Safety/Quality & Infection Prevention presented the bi-annual Infection Prevention & Control Update (Hand Hygiene). |
| g. Annual Board Quality Review Committee (BQRC) Assessment |
| <ul style="list-style-type: none"> • Director Greer thanked the committee for all their work, and information provided throughout the year. She noted that the Board is aware of all improvements made and where opportunity remains. <ul style="list-style-type: none"> ◦ There will not be any meetings in the months of November and December. The Committee will reconvene in January, 2024. |
| 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 5:00 p.m. |
| <p>SIGNATURES:</p> <p style="text-align: center;">COMMITTEE CHAIR</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Linda Greer, RN</p> <p style="text-align: center;">COMMITTEE ASSISTANT</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Sally Valle</p> |

ADDENDUM B

CHARTER
of the
QUALITY REVIEW COMMITTEE
of the
PALOMAR HEALTH BOARD OF DIRECTORS

- I. **Purpose.** The Quality Review Committee (“Committee”) of the Palomar Health Board of Directors (“Board”) aims to oversee performance improvement and patient safety of the Palomar Health Local Healthcare District (“District”).
- II. **Membership.**
- A. Voting Membership. The voting members (“Voting Members”) of the Committee may consist of those individuals appointed as Voting Members of the Committee by the Chair of the Board (“Board Chair”) in accordance with the Bylaws of Palomar Health (“Bylaws”) and other applicable policies of the Board.
- B. Alternate(s). Any alternate voting members (“Alternates”) of the Committee may consist of those individuals appointed as Alternates of the Committee by the Board Chair in accordance with the Bylaws and other applicable policies of the Board. Alternates enjoy voting rights only in the absence of a Voting Member. Unless Alternates enjoy voting rights, they may attend the meetings of the Committee only as an observer.
- C. Non-Voting Membership. The non-voting members (“Non-Voting Members”) may consist of the following individuals:
- President and CEO of Palomar Health
 - Chief Operations Officer of Palomar Health
 - Chief Financial Officer of Palomar Health
 - Chief Legal Officer of Palomar Health
 - Chief Medical Officer of Palomar Health
 - Chief Nurse Executive of Palomar Health
 - ~~Vice President, Quality and Patient Safety of Palomar Health~~
 - Senior Director, Quality and Patient Safety of Palomar Health

- III. **Authority.** The Committee has no expressed or implied power or authority except to make recommendations to the Board related to the Committee’s purpose and duties as described in this Charter.
- IV. **Duties.** The duties of the Committee may include:
- A. Annual review of credentialing and privileging process of the medical staff.
 - B. Periodic review of caregiver performance using objective data to recognize success and identify opportunities for improvement.
- V. **Committee Chairperson, Liaison, and Assistant.**
- A. The Chairperson of the Committee (“Committee Chairperson”) may be the individual appointed as Committee Chairperson by the Board Chair in accordance with the Bylaws and other applicable policies of the Board.
 - B. The ~~Vice President, Quality and Patient Safety~~ Chief Medical Officer may serve as the Palomar Health Administration’s liaison (“Administrative Liaison”) to the Committee.
 - C. The Executive Assistant to the ~~Vice President~~ Senior Director, Quality and Patient Safety, Infection Protection ~~Prevention~~ may serve the assistant to the Committee (“Committee Assistant”).
- VI. **Meetings.** The Committee will meet at least quarterly and more often as needed. A majority of the Voting Members will constitute a quorum. The Committee Assistant will record the meeting minutes and forward a copy to the Board Secretary upon approval of the meeting minutes by the Committee. The Committee Chairperson may coordinate with the Administrative Liaison to invite any officer, staff member, expert or other advisor who is not a member of the Committee to attend a meeting of the Committee to discuss topics germane to the purpose and duties of the Committee.
- VII. **Committee Agendas.**
- A. The Committee Chairperson holds the primary responsibility for creating Committee Meeting Agendas. The Committee Chairperson will routinely work with the Administrative Liaison and the Committee Assistant in creating agendas. The Committee Chairperson will carefully consider all input regarding agenda items from the Administrative Liaison. The authority for approval of final agendas for Committee Meetings will reside with the Committee Chairperson. Any disagreement, dispute, or confusion over specific agenda items and/or their appropriateness on the agenda between the Committee Chairperson and the Administrative Liaison that cannot be resolved will be referred to the Board Chair for resolution. The Board Chair, if indicated, may consult with Board or Corporate Counsel, the CEO, and/or other members of the Administration to achieve resolution. If the Board Chair feels the issue cannot be satisfactorily resolved, the

Board Chair will take the issue to the Board.

B. Members may request to place items on a Committee Meeting Agenda. The Committee Chairperson will consider each item so requested and determine whether or not it is an appropriate Committee Agenda item. The Committee Chairperson will make every effort to accommodate all reasonable individual Member requests including refining the requested agenda item as indicated. The Committee Chairperson may decline to put the item on a Committee Agenda based upon his or her judgment. Any disagreement, dispute or confusion over specific agenda items and/or their appropriateness on the agenda between the Committee Chairperson and Member that cannot be resolved will be referred to the Board Chair for resolution. The Board Chair may consult with the Board or Corporate Counsel, the CEO and/or other members of the Administration to achieve resolution. If the Board Chair determines the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the Board.

VIII. **Review and Revision.** The Committee may review this Charter annually. Any revisions proposed by the Committee to this Charter must be approved by the Board in accordance with the Bylaws.

| | Green - Annually | | | Yellow-Biannual | | |
|---|------------------|--------|--------|-----------------|--------|--------|
| Review with BOD (Jeff Griffith; Michael Pacheco) | 12-Jan | 15-Mar | 10-May | 12-Jul | 13-Sep | 11-Oct |
| Meeting Date | 24-Jan | 27-Mar | 22-May | 24-Jul | 25-Sep | 23-Oct |
| Annual BQRC Assessment | | | | | | √ |
| Annual Review of BQRC Charter | √ | | | | | |
| Establishing BQRC Meeting Dates (Calendar Resolution) | √ | | | | | |
| Annual Review of BQRC Reporting Calendar | √ | | | | | |
| Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan, #11234 Annual Review <i>Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety</i> | | | √ | | | |
| Quality Assurance & Performance Improvement (QAPI) Annual Review and Program Assessment <i>Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety</i> | | | √ | | | |
| Behavioral Health Services <i>Jason Keri, MD, Department Chair</i> <i>Louisa Steiger, MD, Medical Dir, PMCP</i> <i>Don Myers, Behavioral Health Services Dir</i> | | | | | | √ |
| Center of Excellence <i>Metabolic and Bariatric Surgery [Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) Accredited]</i> <i>Brian Cohen, MHA, Sr. Dir</i> <i>Karen Hanna, MD, Medical Director</i> | | | | √ | | |
| Center of Excellence <i>Cardiovascular and Cardiothoracic Svcs</i> <i>Thomas McGuire, BSN, MBA, Dist Director, Interventional Procedures/Cardiology</i> | | | | | √ | |
| Center of Excellence <i>Total Joint - Brian Cohen, MHA, Sr. Dir; Jim Bried, MD</i> | | | √ | | | |
| Center of Excellence <i>Spine Surgery - Brian Cohen, MHA, Sr. Dir; Andrew Nguyen, MD</i> | | | √ | | | |
| Continuum Care (Radiation Oncology, SNF, Women's Cntr, Wound Care) <i>Russell Riehl, MHA, VP Operational Support Svcs</i> | √ | | | | | |
| Contracted Services <i>Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality / Patient Safety</i> | √ | √ | √ | √ | √ | √ |
| Culture of Safety Survey <i>Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality / Patient Safety</i> | | | | | | √ |
| Dietary Services [Food and Nutrition Services (FANS)] <i>Russell Riehl, MHA, VP Operational Support Svcs</i> | | | | | | √ |
| Emergency Management <i>Russell Riehl, MHA, VP Operational Support Svcs</i> | | | | √ | | |
| Hand Hygiene <i>Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality / Patient Safety</i> | | | √ | | | √ |
| Infection Prevention and Control (includes Antibiotic Stewardship and Plans) <i>Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir of Quality/Patient Safety</i> <i>Sandeep Soni, MD, Medical Director Infection Control</i> <i>Travis Lau, Infectious Disease Specialist (Antibiotic Stewardship)</i> | | | √ | | | |
| Laboratory Services (includes Blood Usage, Tissue Review) <i>Gloria Austria, Director of Laboratories</i> <i>Jerry Kolins, MD, Medical Director Laboratories</i> <i>Bradley Harward, MD (Tissue Review)</i> | | | √ | | | |
| Management of the Environment of Care (EOC) <i>Russell Riehl, MHA, VP Operational Support Svcs</i> | | | | √ | | |
| Management of the Medical Record <i>Kim Jackson, Director, Health Information Services</i> | | | | | √ | |
| MedStaff: Utilization Review <i>Nasreen Jalil, MD</i> | | | | √ | | |

ADDENDUM C

| Review with BOD (Jeff Griffith; Michael Pacheco) | Green - Annually | | | | Yellow-Biannual | |
|--|------------------|--------|--------|--------|-----------------|--------|
| | 12-Jan | 15-Mar | 10-May | 12-Jul | 13-Sep | 11-Oct |
| Meeting Date | 24-Jan | 27-Mar | 22-May | 24-Jul | 25-Sep | 23-Oct |
| MedStaff: Anesthesia Services Paul Ritchie, MD Graham Davis, DO | | | | | √ | |
| MedStaff Dept: Emergency Medicine Tracy Page, DNP, RN, PHN, Dir Nicholle Bromley, MD | | √ | | | | |
| Trauma Program Melinda Case, MSN, TCRN, Director John Steele, MD, FACS | | √ | | | | |
| Medication Management (Pharmacy) Donna Gelios, PharmD, BCPS; Director of Pharmacy Omar Khawaja, MD, Chief Medical Officer (CMO) | | | | √ | | |
| Nursing Services Mel Russell, MSN, Chief Nurse Executive | | | | | | √ |
| Patient Discharge Planning (Clinical Resource Management) Mel Russell, MSN, Chief Nurse Executive | | | | | √ | |
| Patient Throughput Ryan Fearn-Gomez, Dir, Clinical Operations Mel Russell, RN, CNE | | | | | √ | |
| Pay for Performance Programs Update / Leapfrog Grade (when available will present) David Lee, MD, Medical Quality Officer Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety | | | | | | |
| PeriOperative Services Bruce Grendell, Sr Dir PeriOp Svcs Julian Anthony, MD; Matthew Kozloff, MD (Chairs) Richard Engel, MD, Medical Dir Perioperative Services | | | | | √ | |
| Radiology & Nuclear Medicine MedStaff and Dept Report Russell Riehl, MHA, VP Operational Support Svcs Charles McGraw, MD, Chair, Dept of Radiology, PMCE Arian Nasiri, M.D., Chair, Dept of Radiology PMCP | | | √ | | | |
| Rehabilitation Services Tyler Powell, Director of Rehabilitation Services Russell Riehl, MHA, VP Operational Support Svcs | √ | | | | | |
| Respiratory Services Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality / Patient Safety Frank Bender, MD, Medical Director | | √ | | | | |
| Service Excellence [Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)] Suz Fisher, RN, CDP; Dir Patient Experience and Service Excellence Omar Khawaja, MD, Chief Medical Officer (CMO) | | | | | √ | |
| Stroke Program Lourdes Januszewicz, MSN APRN ACNS-BC SCRN CCRN, Stroke Program Coordinator Remia Paduga, MD, Medical Director, Stroke Program | | √ | | | | |

Number of Reports Due by Month 6 5 9 6 8 7

RESOLUTION NO.

**RESOLUTION OF THE BOARD OF DIRECTORS
OF PALOMAR HEALTH
ESTABLISHING BOARD QUALITY REVIEW COMMITTEE MEETINGS
FOR CALENDAR YEAR 2024**

WHEREAS, Palomar Health is required, pursuant to Section 54954 of the California Government Code, Section 5.2.2 of the Palomar Health Bylaws, and Palomar Health Policy 21790 Establishing Board Meeting Dates, to pass a resolution adopting the time, place and location of the Board Quality Review Committee meetings:

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Palomar Health that the following schedule of Board Quality Review Committee meetings will apply for calendar year 2024:

2024 BOARD QUALITY REVIEW COMMITTEE MEETING SCHEDULE

- January 24th**
- March 27th**
- May 22th**
- July 24th**
- September 25th**
- November 27th**

Each meeting will be held at **4:00 p.m.** in the Linda Greer Conference Room at Palomar Health's Administrative Offices, located at 2125 Citracado Parkway, Suite 300, Escondido, CA. Members of the Committee who are elected members of the Board of Directors shall attend at that location. Although elected members of the Board who are not members of the Committee and wish only to observe, non-Board member attendees and members of the public may attend in person or virtually, it is further recommended that a virtual option be provided for that subset of attendees.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Palomar Health held on January 24, 2024, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINING:

DATED:

BY:

Linda Greer, RN
Chair, Board Quality Review Committee

Terry Corrales, RN
Director, Board Quality Review Committee

**Palomar Health
Review of Contract Service**

Name of Service: Lindie/PraxAir Medical Gas Services

Date of Review: 1.2.2024 **Name / Title of Reviewer:** Kerwin Pipersburgh RCP Sr Mgr.

Nature of Service (describe): Portable medical gas delivery

| 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. | Yes | |
| 2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to. | Yes | |
| 3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself. | Yes | |
| 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. | Yes | |
| 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. | Yes | |

July 1 2022 to June 30, 2023

Performance Metrics Escondido

| METRIC | 1 st QTR 2023 | 2 nd QTR 2023 | 3 rd QTR 2023 | 4 th QTR 2023 | Cumulative Total |
|---|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| Responsiveness to emergency request for additional O2 | 100% | 100% | 100% | 100% | 100% |

Performance Metrics Escondido

| METRIC | 1 st QTR 2023 | 2 nd QTR 2023 | 3 rd QTR 2023 | 4 th QTR 2023 | Cumulative Total |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| Anticipates increase demand for O2 | 100% | 100% | 100% | 100% | 100% |

Performance Metrics Escondido

| METRIC | 1 st QTR 2023 | 2 nd QTR 2023 | 3 rd QTR 2023 | 4 th QTR 2023 | Cumulative Total |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| Cleanliness in service units | 100% | 100% | 100% | 100% | 100% |

Comments

Linde continues be valuable partner in providing Palomar Health with a consistent source/supply of portable O2 cylinders.

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 F

**Palomar Health
Review of Contract Service**

Name of Service: _____ VitalCare America _____

Date of Review: __1/24/2024_____ **Name / Title of Reviewer:** __Alicia Lockett, Administrator;
Karen Sobeck, Director of Operations_____

Nature of Service (describe): _ Sub-Acute Service Operations _____

| 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. | Met | |
| 2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to. | Met | |
| 3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself. | Met | |
| 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. | Met | |
| 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. | Met | |
| | | |
| | | |
| | | |

Performance Metrics

| METRIC | 1st QTR | 2nd QTR | 3rd QTR | 4th QTR | Cumulative Total |
|--------------------------|---------|---------|---------|---------|------------------|
| Patient Accounts | 100% | 100% | 100% | 100% | 100% |
| Onboarding Support Staff | 100% | 100% | 100% | 100% | 100% |
| Sub-Acute Census | 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 G

Palomar Health Review of Contract Service

Name of Service: PharMerica- Pharmacy Services Agreement for The Villas at Poway

Date of Review: 1/24/2024

Name / Title of Reviewer: Alicia Lockett, Administrator and Dondreia Gelios, District Director of Pharmacy Services

Nature of Service (describe): Pharmacy Services for The Villas at Poway –Skilled Nursing Facility

| 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. | Met | |
| 2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to. | Met | |
| 3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself. | Met | |
| 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. | Met | |
| 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. | Met | |

Performance Metrics

| METRIC | _1st_ QTR | _2nd_ QTR | 3rd_ QTR | _4th_ QTR | Cumulative Total |
|---|-----------|-----------|----------|-----------|------------------|
| % Antipsychotic medication | 10% | 12% | 12% | 7% | 10.25% |
| | Met | Met | Met | Met | Met |
| Nursing followed once a year for med pass audit | 100% | 100% | 100% | 100% | 100% |
| | Met | Met | Met | Met | Met |
| Antibiotic stewardship oversight | 100% | 100% | 100% | 100% | 100% |
| | Met | Met | Met | Met | Met |

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 H

**Palomar Health
Review of Contract Service**

Name of Service: Agiliti Health Asset Management of Infusion Pumps

Date of Review: 1/11/2024 **Name / Title of Reviewer:** Tim Stevens, Director, Biomed and Radiology

Nature of Service (describe): Provide preventative maintenance and management of mobile medical equipment

| 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 | _2nd_QTR | _3rd_QTR | _4th_QTR | Cumulative Total |
|--|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|
| PM Service Completion/Due (100% is the goal) | 762/762 Met | 770/771 Met | 767/768 Met | 771/771 Met | 3068/3070 Met |
| Percentage of Assets Under Management Used (goal is 70% or less. When more than 70% of assets are in use, rental costs increase by 400%) | 39% 75660/194000 Met | 54% 104760/194000 Met | 52% 100880/194000 Met | 43% 83420/194000 Met | 47% 364720/776000 Met |

Comments

Agiliti Health met the expectations of the service contract during FY2023

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: _____

Continuum of Care | 2023

Skilled Nursing & Outpatient Services Annual Report

Board Quality Review Committee

Russell Riehl, MHA
VP | Operational Support Services

January 24, 2024

Skilled Nursing - QAPI

2023 (01.01.2023 – 12.31.2023)

| | |
|-----------------------|--|
| SITUATION | Skilled Nursing metrics are designated by state and federal government regulatory bodies. These metrics directly influence publically reported star ratings. |
| BACKGROUND | <p>Skilled Nursing is a key component of Palomar Health's post acute continuum, supporting patient throughput from acute care to home.</p> <p>Data for their quality metrics is extracted from their specific patient assessment tools.</p> |
| ASSESSMENT | The post acute arena provides the patient and their family with a variety of care levels after their discharge from the hospital. The quality metrics reflect their importance in that transition. Industry quality metrics are transitioning to value based purchasing connections. |
| RECOMMENDATION | Palomar Health's Skilled Nursing services continually evolve practices to meet and exceed national benchmarks while supporting patient care transitions within our communities. |

Skilled Nursing - Quality Metrics

2023 (01.01.2023 – 12.31.2023)

| | | Palomar Health | National Benchmark |
|--|------------------------------|----------------|--------------------|
| Skilled Nursing (The Villa's at Poway) | Hospital Readmission | 15% | <22.2% |
| | Antipsychotic Medication Use | 13% | <14.8% |
| | Star Rating | 5 star | >/=3 star |
| | Falls With Major Injury | 1.4 % | <3.5% |

Skilled Nursing – QAPI Action Plan

- **Monthly Quality Improvement Meeting**
 - Antipsychotic medication utilization
 - Employee Engagement/Patient Experience
 - Fall Prevention
 - Infection prevention
- **Regulatory Compliance**
 - Continue our day to day operational compliance with CMS, CDPH, and local regulatory agencies
 - March 2023, CMS survey with only 7 deficiencies
 - Corrective action plans created, submitted, accepted, and auditing well.

Outpatient Services - QAPI

2023 (01.01.2023 – 12.31.2023)

| | |
|-----------------------|---|
| SITUATION | <p>Outpatient Services are co-located with each of our acute care campuses to meet the needs of our communities.</p> <ul style="list-style-type: none">• Palomar Health Outpatient Center 1: Radiation Therapy & Infusion Center• Palomar Health Outpatient Center 3: Wound Healing Centers• Pomerado Outpatient Pavilion: Jean McLaughlin Women’s Center |
| BACKGROUND | <p>Outpatient Services incorporate state of the art practices, locations and equipment to meet the needs of our communities.</p> |
| ASSESSMENT | <p>Over the course of FY23, Palomar Health Outpatient Services has focused on identifying opportunities to advance the quality of their services through clinical partnerships with Palomar Health Medical Group, UCSD and SDRI specialty physicians, improvements in organizational structure, and advancements in clinical processes as well as equipment.</p> |
| RECOMMENDATION | <p>Palomar Health Outpatient Services will continue to meet and exceed state and national quality metrics as their locations, structure and equipment are updated.</p> |

Outpatient Services - Quality Metrics

2023 (01.01.2023 – 12.31.2023)

| | | Palomar Health | Benchmark |
|----------------------|---|----------------|-------------|
| Wound Healing Center | Days to Heal – Escondido | 46 | </= 66 |
| Women's Center | Days between Screen & Diagnostic Mammography | 6.8 days | < 9.9 days |
| | Days between Diagnostic Mammography & Core Needle Biopsy | 5.1 days | < 6.7 days |
| Radiation Therapy | CT Simulation within 16 days of authorization | 11.0 days | </= 16 days |
| | Access to care within 14 business days | 9.0 days | </= 14 days |
| Infusion | Time from Patient Arrival to Drug Administration (<i>Medical Infusion only</i>) | 28.2 min | < 54 min |

Outpatient Services – QAPI Action Plan

Wound Healing Center | Infusion Center

- **Wound Healing and Hyperbaric Centers**
 - Patient progress review at monthly Quality Case Management meeting with Medical Director to monitor healing rates
 - Increase intradepartmental collaboration with consolidation of single sight in proximity to Escondido Campus.
 - Implement technology to improve referral process, and streamline access for hyperbaric utilization.
- **Oncology | Medical Infusion Therapy**
 - Improve start of intravenous chemotherapy to <60 minutes of arrival
 - Improve time for philanthropic assistance from “prescription to drug access” to <15 business days
 - Open Outpatient Pharmacy to ensure improved pt experience and care times

Outpatient Services – QAPI Action Plan

Women's Center | Radiation Therapy

- **Jean McLaughlin Women's Center**
 - Focus on NRC Top box score for “Informed of Delays”
 - Monitor for newly diagnosed breast cancer patients to surgical intervention if appropriate less than 30 days.
Goal: 100% Compliance on Universal Protocol
- **Radiation Therapy**
 - Concentrate on improving scores “Would recommend”
 - Monitor access to care from “Consult to Space OAR placement” for appropriate prostate cancer patients
Goal: < 15 business days

Rehabilitation Services

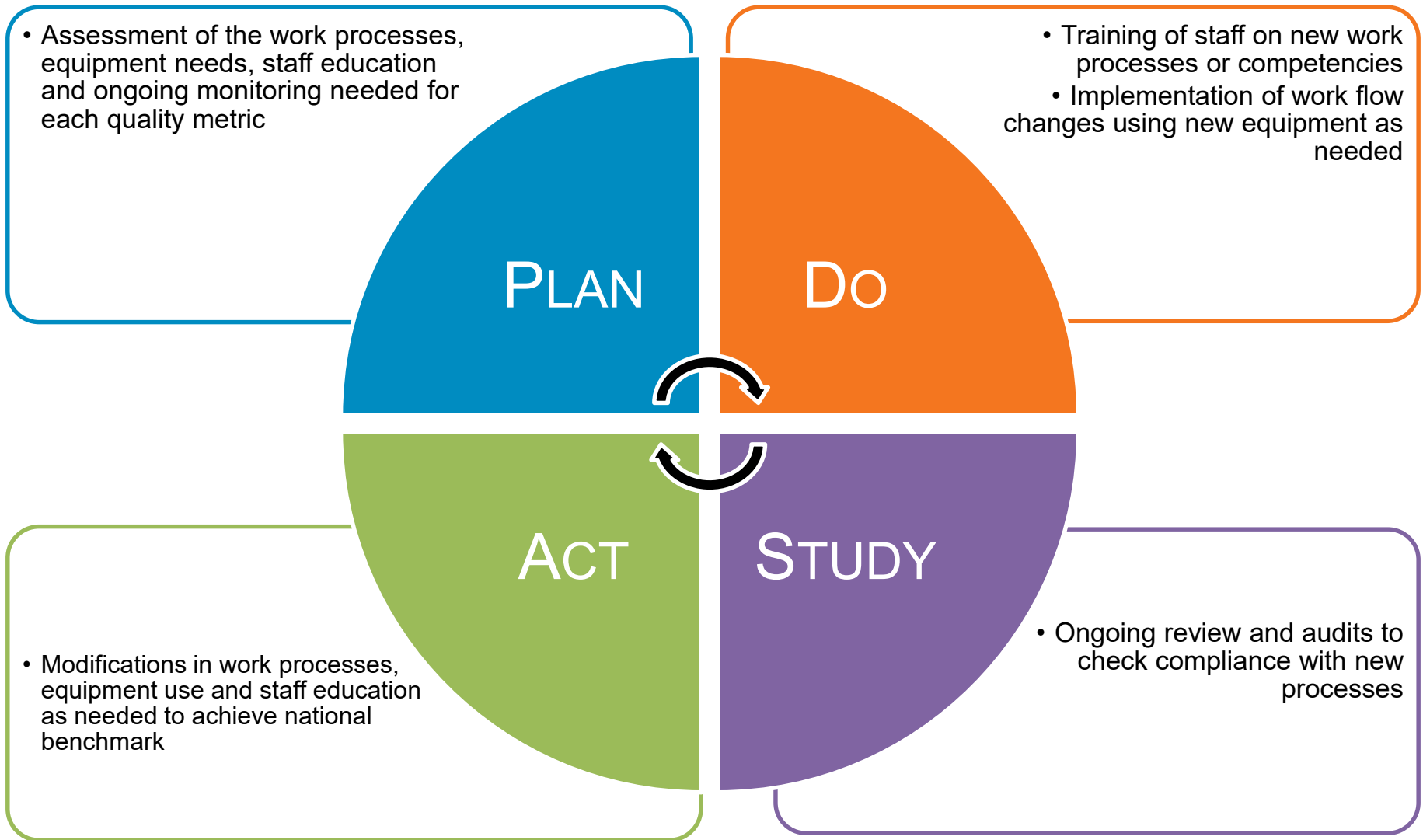
Board Quality Review Committee

**Tyler Powell, DPT, MBA, CEAS
Director of Rehabilitation Services**

Russell Riehl, MHA, VP Operational Support Services

January, 2024

Rehabilitation Services



Data - Rehabilitation Services

| | INDICATORS | PALOMAR HEALTH | BENCHMARK |
|--|---------------------------------|--|--|
| Acute Care Inpatient Rehab Services | Access to Acute Care (PT/OT/ST) | 10.2 patients triaged/day 6.3 patients triage/day | <2.6 patients triaged/day |
| Outpatient Rehab Services | Access to Care | 8.6 days 9.4 days | <5 days |
| | Cancellation/No Show Rate | 8.2 % | <15 % |
| | Average Length of Stay | 9.43 days | <12 days |
| The Villas Rehab Services | % Discharge to Home | 79 % | =>70% |
| | Average Length of Stay | 2023 15.36 days | (based on previous year) 15.73 days |

Inpatient/Outpatient Rehabilitation Services – Access to Care

| | |
|------------------------------|---|
| <p>SITUATION</p> | <p>Outpatient Rehab = 9.4 days (Benchmark < 5 days) Inpatient = 6.3 patients triaged/day (Benchmark <2.6 days)</p> |
| <p>BACKGROUND</p> | <p>The established Access to Care benchmark in our outpatient setting is utilized to ensure our patients are being seen in a timely manner after receipt of a referral for care. The triage rate in inpatient is utilized to assist in showing our full hospital coverage for PT/OT/ST. This data allows management the opportunity to address trends negatively affecting access to care for both inpatient and outpatient rehabilitation.</p> |
| <p>ASSESSMENT</p> | <p>Factors impacting access to care are as follows:</p> <ol style="list-style-type: none"> 1. Outpatient Rehabilitation Services has seen a growth of 8% at Poway and 22% in Escondido this fiscal year impacting the timing to get patients in for care 2. Increased inpatient referrals outweighing staff availability and creating temporary impact to wait time/triage rate. Improved from last report out from 10 per day to 6, continue to improve. 3. Outpatient referral sources with less staff leading to delays in response 4. Implementation of unit rounds and safe patient handling program require additional inpatient rehabilitation staffing. |
| <p>RECOMMENDATION</p> | <ol style="list-style-type: none"> 1) Regular meetings/communication with HR to review open positions 2) Updates for efficiency to order process to expedite any potential delays 3) Cross training of staff to take advantage of new location. 4) Communication and process optimization with frequent referral sources to expedite any delays. |

FY24 Action Plan - Rehabilitation Services

Palomar Medical Center Escondido & Poway – Acute Care

- Initiate early mobility with appropriate patients to assist in recovery and increase recovery time.
- Continued support multidisciplinary rounds across all units with close engagement with nursing/MDs/Case Management to streamline throughput
- Continued support for hospital safe patient handling needs to increase safety of patients and decrease employee injuries.
- Ensure consistent staffing to minimize triage rate to provide high quality of care and to increase throughput.

Skilled Nursing Rehab

- Onboard clinical staff to continue to ensure full rehabilitation services available daily.
- Assess opportunities for specialty programs for subacute
- Partner with outpatient CHT for increase quality of splinting.
- Progress activities options for patients through activities department

FY24 Action Plan - Rehabilitation Services

Outpatient Rehabilitation Escondido & Poway

- Further collaborate and grow with the full continuum of care as outpatient rehabilitation services are now both strategically located in a shared building with high referring physicians and across the way from PHRI and Cancer Institute.
- Increase growth in niche services for neurologic, oncology, hand therapy, lymphedema, and pelvic floor for greater diversification.
- Resumption of extensive community based education/marketing offerings partnering with other service lines.
- Further integrate IT for ease of referrals across the continuum.

FY24 Action Plan - Rehabilitation Services

District Wide

- Hire and support staff to obtain advanced certification completion to provide internal growth, increase quality of care, and further advance our niche services.
- Reassess and further optimize Safe Patient Handling courses to ensure initial/annual training are provided to all clinical staff across the hospital.
- Partnership with Employee Health for ergonomic injury prevention programs across our hospital system and Palomar Health Medical Group.
- Optimize process flow through Cerner updates to streamline services and increase timeliness in workflow.
- Support MDR rounds to assist with timely throughput.
- Optimize staffing across the rehabilitation department and minimize time open positions are posted.
- Further program growth with orthopedic partnership within Inpatient, Skilled Nursing, and Outpatient services in Poway for Joint Commission Advanced Orthopedic Certification.