

Posted
Friday,
March 21, 2025

QUALITY REVIEW COMMITTEE

MEETING AGENDA

Wednesday, March 26, 2025
3:00pm

Please see page 2 for meeting location

	The Board may take action on any of the items listed below, including items specifically labeled "Informational Only"	Time	Form A Page	Target
Call To Order				3:00
1.	Establishment of Quorum	1		3:01
2.	Public Comments¹	30		3:31
3.	Action Item(s) (ADD A)	15		3:46
	a. Board Quality Review Committee Meeting Minutes – November 27, 2024 (Pp 8-11)			
	b. 2025 Board Quality Review Committee Meeting Calendar (Pp 12)			
	c. Board Quality Review Committee Charter (Redline Pp 13-15, Clean Pp 16-18)			
	d. 2025 Board Quality Review Committee Reporting Calendar (Pp 19-21)			
	e. Approval of Contracted Services		5	
	i. ARUP Reference Laboratory (Pp 22)			
	ii. Agiliti (Pp 23)			
	iii. San Diego Blood Bank (Pp 24)			
	iv. San Diego Urology Mobile Services (Pp 25-26)			
4.	Annual Reports – Informational Only (ADD B)	15		4:01
	a. Emergency Medicine (Pp 28-33)		6	
	b. Trauma Program (Pp 34-47)			
	c. Rehabilitation and Wound Care Services (Pp 48-53)			
5.	Adjournment to Closed Session	1		4:02
	Pursuant to CA Gov't Code §54962 & CA Health & Safety Code §32155; HEARINGS – Subject Matter: Report of Quality Assurance Committee	10		4:12
6.	Adjournment to Open Session	1		4:13
7.	Action Resulting from Closed Session	1		4:14
Final Adjournment		1		4:15

Voting Membership	Non-Voting Membership
Linda Greer, RN, Chair	Diane Hansen, CPA, President/Chief Executive Officer
Terry Corrales, RN	Omar Khawaja, MD, Chief Medical Officer
Abbi Jahaaski, MSN, BSN, RN	Andrew Tokar, Chief Financial Officer
Andrew Nguyen, MD, PhD – Chief of Staff-Elect Palomar Medical Center Escondido	Melvin Russell, RN, MSN, Chief Nurse Executive/Chief Operating Officer
Paul Ritchie, MD – Chief of Staff-Elect Palomar Medical Center Poway	Kevin DeBruin, Esq., Chief Legal Officer
	Valerie Martinez, RN, BSN, MHA, CPHQ, CIC, Senior Director Quality and Patient Safety, Infection Prevention
Laurie Edwards Tate, MS –1 st Alternate	

Note: If you need special assistance to participate in the meeting,
please call 760.740.6375, 72 hours prior to the meeting so that we may provide reasonable accommodations.

¹ 3 minutes allowed per speaker. For further details, see Request for Public Comment Process and Policy on page 3 of the agenda.



Board Quality Review Committee Location Options

Linda Greer Board Room

2125 Citracado Parkway, Suite 300, Escondido, CA 92029

- Elected Members of the Palomar Health Board of Directors will attend at this location, unless otherwise noticed below
- Other non-Board member attendees, and members of the public may also attend at this location

<https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

Meeting ID: 299 782 088 938

Passcode: HK79TE9q

or

Dial in using your phone at 929.352.2216; Access Code: 346 460 848#¹

- Non-Board member attendees, and members of the public may also attend the meeting virtually utilizing the above link

¹ New to Microsoft Teams? Get the app now and be ready when your first meeting starts: [Download Teams](#)

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 will begin at 3:00 p.m.



[Request for Public Comments](#)

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

- *In Person: Submit a Public Comment Form, or verbally submit a request, to the Board Clerk*
- *Virtual: Enter your name and "Public Comment" in the chat function*

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 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 on agenda items or items of general interest within the subject matter jurisdiction of Palomar Health.

***Board Quality Review Committee
Contracted Services
Wednesday, March 26, 2025***

TO: *Board Quality Review Committee*

MEETING DATE: *Wednesday, March 26, 2025*

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

Background: *The Contracted Services Evaluation Reports,
agenda item 3, e, i-iv, are presented to the Board
Quality Review Committee for review & approval*

Budget Impact: *N/A*

Staff Recommendation: *Approval*

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: *Individual*

Action:

Information:

Required Time:

*Board Quality Review Committee
Annual and Biannual Reports
Wednesday, March 26, 2025*

TO: *Board Quality Review Committee*

MEETING DATE: *Wednesday, March 26, 2025*

FROM: *Omar Khawaja, MD, Chief Medical Officer
Valerie Martinez, Senior Director,
Quality and Patient Safety*

Background: *The annual and biannual reports, agenda item 4 a-c, are 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:

Required Time:

ADDENDUM A

Board Quality Review Committee Minutes – Wednesday, November 27, 2024

AGENDA ITEM

CONCLUSION/ACTION

FOLLOW UP/RESPONSIBLE PARTY **FINAL?**

DISCUSSION

NOTICE OF MEETING

Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA 92029, as well as on the Palomar Health website, on Friday, November 22, 2024, which is consistent with legal requirements.

CALL TO ORDER

The meeting, which was held in the Palomar Medical Center Escondido, First Floor Conference Center at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 3:00 p.m. by Committee Chair Linda Greer.

1. ESTABLISHMENT OF QUORUM

- Quorum comprised of: Director Barry, Director Corrales, Director Greer and Goldsworthy, MD
- Excused Absences: Nguyen, MD

2. PUBLIC COMMENTS

- None

3. ACTION ITEMS

a. Minutes: Board Quality Review Committee Meeting - May 22, 2024

MOTION by Director Corrales, 2nd by Director Barry to approve the May 22, 2024, Board Quality Review Committee meeting minutes as written.

Roll call voting utilized.

Director Barry - aye

Director Corrales – aye

Director Greer – aye

Goldsworthy, MD – aye

Nguyen, MD - absent

Four in favor. None opposed. One absent. None abstain

Motion approved

Discussion:

- No discussion

b. Approval of Contracted Services

- i. Advantage Ambulance Service
- ii. Alhiser-Comer Mortuary
- iii. Becton Dickinson and Company
- iv. Boston Scientific LabSystem Pro Recording Equipment Evercare
- v. Boston Scientific Micropace Evercare
- vi. California Transplant Services, Inc.
- vii. DaVita Dialysis
- viii. Linde Gas and Equipment Inc.
- ix. Morrison Management Specialists, Inc.
- x. Richard Bravo Intraoperative Monitoring Services
- xi. South Coast Perfusion, LLC
- xii. Specialty Care IOM Services – Intraoperative Monitoring Services
- xiii. UHS Surgical Services, Inc.
- xiv. Valley Pathology Medical Associates, Inc.

MOTION by Director Barry, 2nd by Director Corrales to approve agenda items 3b, i-xiv as presented.

Roll call voting utilized.

Director Barry - aye

Director Corrales – aye

Director Greer – aye

Goldsworthy, MD – aye

Nguyen, MD - absent

Four in favor. None opposed. One absent. None abstain

Motion approved

Discussion:

- All questions by Committee Members were satisfied.

4. Annual Reports – Informational Only

- Center of Excellence; Cardiovascular and Cardiothoracic Services Annual Report
- Dietary (Food and Nutrition Services) Annual Report
- Environment of Care and Emergency Management Biannual Report
- Hand Hygiene - ISBAR
- Management of the Medical Record Biannual Report
- Medication Management Biannual Report
- Utilization Review Biannual Report
- Anesthesia Biannual Report
- Nursing Annual Report
- Patient Discharge Planning and Throughput Biannual Report
- Perioperative Services Biannual Report
- Service Excellence (HCAHPS) Biannual Report

MOTION by Director Corrales, 2nd by Director Barry to acknowledge agenda items 4, a-l.

Roll call voting utilized.

Director Barry - aye

Director Corrales – aye

Director Greer – aye

Goldsworthy, MD – aye

Nguyen, MD - absent

Four in favor. None opposed. One absent. None abstain
Motion approved

Discussion:

- All questions by Committee Members were satisfied.

5. Adjournment to Closed Session

Pursuant to CA Gov't Code §54962 & CA Health & Safety Code §32155; HEARINGS – Subject Matter: Report of Quality Assurance Committee

6. Adjournment to Open Session**7. Action Resulting from Closed Session**

FINAL ADJOURNMENT

Meeting adjourned by Committee Chair Linda Greer at 3:25 p.m.

Signatures:

Committee Chair

Linda Greer, RN

Committee Assistant

Carla Albright

**Quality Review Committee Meeting Schedule
Calendar Year 2025**

TO: Quality Review Committee

MEETING DATE: Wednesday, March 26, 2025

FROM: Omar Khawaja, MD, Chief Medical Officer

Background: If adopted, Quality Review Committee meetings for calendar year 2025 will be held bi-monthly at 3:00 p.m. on the fourth Wednesday, including an off-cycle meeting held on October 22, 2025.

Meetings will be held in the Linda Greer Board 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.

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

2025 BOARD QUALITY REVIEW COMMITTEE MEETING SCHEDULE

Wednesday March 26, 2025	Wednesday May 28, 2025
Wednesday July 23, 2025	Wednesday September 24, 2025
Wednesday October 22, 2025	

Budget Impact: N/A

Staff Recommendation: Review and approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:

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/~~Chief Operating Officer~~ of Palomar Health
- Senior Director, Quality and Patient Safety of Palomar Health
- ~~Medical Quality Officer~~

- 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 Chief Medical Officer may serve as the Palomar Health Administration's liaison ("Administrative Liaison") to the Committee.
 - C. The Executive Assistant to the ~~Senior Director, Quality and Patient Safety, Infection Prevention~~ Chief Medical Officer 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 of specific items 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 team to achieve

resolution. If the Board Chair feels the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the full Board.

- B. Individual Committee Members may request to place items on a Committee Meeting Agenda. Board Members who are not Committee Members may request to have items placed on a Committee Meeting Agenda at regular meetings of the Full Board either through the Board Chair or the Committee Chairperson. 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 if specific items 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 team to achieve resolution. If the Board Chair feels determines the issue cannot be satisfactorily resolved, the Board Chair will take the issue to the full 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.

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	Green - Annually			Yellow-Biannual	
Review with BOD (Chair) - 12 days before mtg	14-Mar	16-May	11-Jul	12-Sep	10-Oct
Meeting Date	26-Mar	28-May	23-Jul	24-Sep	22-Oct
Annual BQRC Assessment					√
Annual Review of BQRC Charter	√				
Establishing BQRC Meeting Dates (Calendar Resolution)	√				
Annual Review of BQRC Reporting Calendar	√				
Behavioral Health Services Benjamin Hidy, MD, Chair Don Myers, Behavioral Health Services Dir					√
Center of Excellence Cardiovascular and Cardiothoracic Svcs Thomas McGuire, BSN, MBA, Dist Director, Interventional Procedures/Cardiology				√	
Center of Excellence Total Joint - Najeebee Gaegea, Service Line Clinical Coordinator Jim Bried, MD			√		
Center of Excellence Spine Surgery - Najeebe Geagea, Service Line Clinical Coordinator Andrew Nguyen, MD			√		
Outpatient Svcs (Infusion Svcs, Radiation Oncology) Todd Renner, Dir Oncology Services Russell Riehl, MHA, VP Operational Support Svcs			√		
Continuum Care (SNF - The Villas at Poway) Alicia Lockett, Administrator Ryan Fearn-Gomez, VP Operations					√
Contracted Services Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality / Patient Safety	√	√	√	√	√
Dietary Services [Food and Nutrition Services (FANS)] Nicole Hite, MS, RDN; Dir FANS Ryan Fearn-Gomez, VP Operations					√
Emergency Management Brian Willey, MS, Dir Employee Health and Emergency Management & Safety Russell Riehl, MHA, VP Operational Support Svcs			√		
Hand Hygiene Valerie Martinez, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality / Patient Safety		√			√
Infection Prevention and Control (includes Antibiotic Stewardship and Plans) Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir of Quality/Patient Safety Sandeep Soni, MD, Medical Director Infection Control Travis Lau, Infectious Disease Specialist (Antibiotic Stewardship)		√			
Laboratory Services (includes Blood Usage, Tissue Review) Tim Barlow, Mgr Jerry Kolins, MD, Medical Director Laboratories Bradley Harward, MD (Tissue Review)			√		
Management of the Environment of Care (EOC) Brian Willey, MS, Dir Employee Health and Emergency Management & Safety Russell Riehl, MHA, VP Operational Support Svcs			√		
Management of the Medical Record Carla Hacker, Mgr Health Information Svcs Andrew Tokar, CFO				√	

	Green - Annually			Yellow-Biannual	
Review with BOD (Chair) - 12 days before mtg	14-Mar	16-May	11-Jul	12-Sep	10-Oct
Meeting Date	26-Mar	28-May	23-Jul	24-Sep	22-Oct
MedStaff: Utilization Review Nasreen Jalil, MD Andrew Tokar, CFO			√		
MedStaff: Anesthesia Services Paul Ritchie, MD; Graham Davis, DO				√	
MedStaff Dept: Emergency Medicine Tracy Page, DNP, RN, PHN, Dir Nicholle Bromley, MD	√				
Trauma Program John Steele, MD, FACS Tracy Page, DNP, RN, PHN, Dir	√				
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) Harry Kalipolitis, Int Dir Mel Russell, MSN, Chief Nurse Executive				√	
Patient Throughput Donnie Miller, Mgr Clin Ops Ryan Fearn-Gomez, VP Operations				√	
Pay for Performance Programs Update / Leapfrog Grade (when available will present) Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety					
PeriOperative Services Bruce Grendell, Sr Dir PeriOp Svcs Julian Anthony, MD; Gregory Campbell, MD (Chairs) Richard Engel, MD, Medical Dir Perioperative Services				√	
Radiology & Nuclear Medicine MedStaff Report Charles McGraw, MD, Chair, Dept of Radiology, PMCE Arian Nasiri, M.D., Chair, Dept of Radiology PMCP		√			
Radiology & Nuclear Medicine (includes Women's Cntr) Sims Kendall, Sr. Director, Diagnostic Imaging Services Ryan Fearn-Gomez, VP Operations		√			
Rehabilitation and Wound Care 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)				√	

	Green - Annually			Yellow-Biannual	
Review with BOD (Chair) - 12 days before mtg	14-Mar	16-May	11-Jul	12-Sep	10-Oct
Meeting Date	26-Mar	28-May	23-Jul	24-Sep	22-Oct
Stroke Program <i>Lourdes Januszewicz, MSN APRN ACNS-BC SCRNP CCRN, Stroke Program Coordinator</i> <i>Remia Paduga, MD, Medical Director, Stroke Program</i>		√			

Number of Reports Due by Month
7
7
9
8
7

**Palomar Health
Review of Contract Service**

Name of Service: ARUP Reference Laboratory

Date of Review: 2/202/2025

Name / Title of Reviewer: Tim Barlow, CLS, MT (ASCP) Lab Manager

Nature of Service (describe): Primary Reference Laboratory for Palomar Health.

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	_1_ QTR	_2_ QTR	_3_ QTR	_4_ QTR	Cumulative Total
Amended report and Error Correction rate for posted test results and reports is 0.1% or less of the total testing volume.	0%	0%	0%	0.1%	< 0.1 %
Monthly ARUP QA Reports provided to PH every month and 100% complete.	100%	100%	100%	100%	100%
Testing TAT and resulting meets published goals >99% of the time.	YES	YES	YES	YES	YES

Comments

ARUP Representatives and Customer Service is very accessible, take appropriate corrective actions as needed and provide timely and high quality esoteric testing with a very comprehensive test menu.

Conclusion (check one)

xContract 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: Agiliti

Date of Review: March 17, 2025 **Name / Title of Reviewer:** Marcos Fierro - Dist Director Facility Operations

Nature of Service (describe): Imaging and other Equipment Management Agreement

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	_1 QTR '24	_2QTR '24	_3 QTR '24	_4 QTR '24	Cumulative Total
1. Preventive Maintenance of equipment	Met	Met	Met	Met	Met
2. Repair of equipment	Met	Met	Met	Met	Met
3. Uptime Performance Capability	Met	Met	Met	Met	Met
4. Cleaning of equipment	Met	Met	Met	Met	Met

Comments – Agiliti met the stated parameters for Q1, Q2, Q3 and Q4 2024 metrics, Q1 2025 did not meet #4 metric. It was noted that Agiliti did not follow the manufacturer's instructions for use (IFU) for cleaning 1 piece of equipment. Infection Control met with Agiliti to discuss the adherence to following the IFU.

Conclusion (check one)

- ☒ Contract service has met expectations for the review period, CY 2024.
- ☐ Contract service has not met expectations for the review period. The following action(s) has or will be taken: (check all that apply):

X Other: Agiliti did not follow the IFU for one piece of equipment Q1 2025.
Follow up action items.

- Equipment will be brought to SPD 24 hrs in advance of procedure.
- Agiliti will sign in when they arrive in OR.
- Agiliti will assure that Instructions for Use (IFU) are followed.
- Agiliti will ensure that appropriate disinfection is accomplished prior to use of any reusable equipment.
- Agiliti will meet with Infection Prevention when new devices, processes, or procedures are considered.

**Palomar Health
Review of Contract Service**

Name of Service: San Diego Blood Bank

Date of Review: 2/202/2025

Name / Title of Reviewer: Tim Barlow, CLS, MT (ASCP) Lab Manager

Nature of Service (describe): Primary Blood Product Supplier and Immunology Reference Laboratory for Palomar Health.

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	_1_ QTR	_2_ QTR	_3_ QTR	_4_ QTR	Cumulative Total
Blood Delivery Times % met and consistent including STAT requests for ESC and POW Blood Banks	100%	100%	100%	100%	100%
All Blood Product fill rate is >97% of request and inventory needs.	98%	99%	100%	99%	99%
Immunology Reference Lab Service and TAT acceptable?	YES	YES	YES	YES	YES

Comments

SDBB Leadership is very accessible, take appropriate corrective actions as needed and provides a safe and quality blood product.

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: _____

San Diego Urology Services – Mobile Lithotripsy Services

Review of Contract Service for FY24 (July 1, 2023 – June 30, 2024)

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

Date of Review: March 10, 2025

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: 44 procedures performed at PMCP in FY24 with this contracted vendor.

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 B

Emergency Department Biannual Report

Tracy Page, DNP, RN, PHN, LNC
Nicholle Bromley, MD
March 26, 2025

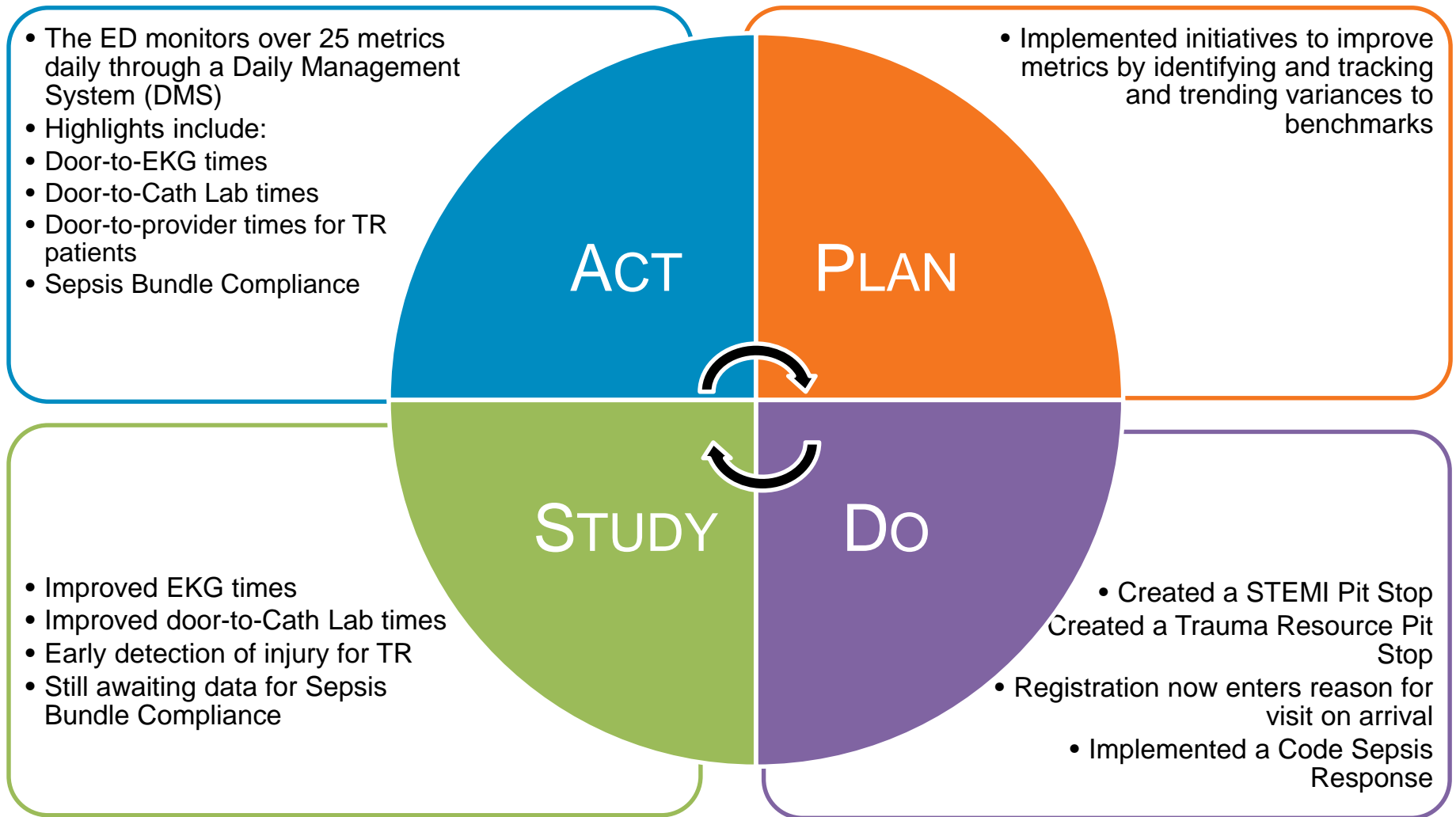
Presented to Board Quality Review Committee



PMCE and PMCP Emergency Services

SITUATION	Palomar Medical Center Escondido and Poway emergency departments have combined over 100,000 visits annually. Our ED volumes mixed with inpatient boarding continues to pose challenges to care delivery, ED overcrowding and patient satisfaction.
BACKGROUND	As we continue to navigate through this familiar scenario, our current focus is on optimizing care processes, enhancing resource utilization, and preventing unnecessary delays in patient flow, which would directly impact patient satisfaction and quality outcomes.
ASSESSMENT	<p>Our robust process improvement team in the ED made up of leadership, providers and staff continue to evaluate systems and processes that can be better optimized. This past year, we have focused efforts at improving quality of care for some of our sickest patients through initiatives such as:</p> <ul style="list-style-type: none"> Direct to Cath Lab Process for STEMI patients Trauma Resource Pit Stop Code Sepsis Activation with hospital wide response Timely EKGs for chest pain patients by registration including an initial reason for visit
RECOMMENDATION	Continue to engage in Continuous Process Improvement (CPI) Initiatives: Ensure that all stakeholders, including clinical staff, management, and support teams, are actively involved in PI activities aimed at improving ED performance and patient satisfaction.

PMCE and PMCP Emergency Departments



Data Slide

- Decreased EKG times for patients presenting with chest pain to 6 minutes

Daily DMS	Total
Number of EKGs for CP	166
Median TAT	6

February 2025 data

- Decreased Door-to-Provider times for Trauma Resource patients

Number of Trauma Resources	286
Door-to-provider	25
Mode of Transport - self	3
Door-to-provider	9
Mode of Transport - ambulance	9

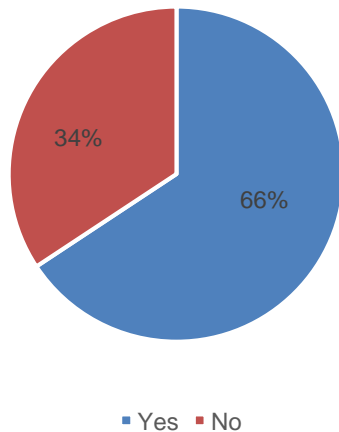
February 2025 data

Data Slide – Code Sepsis

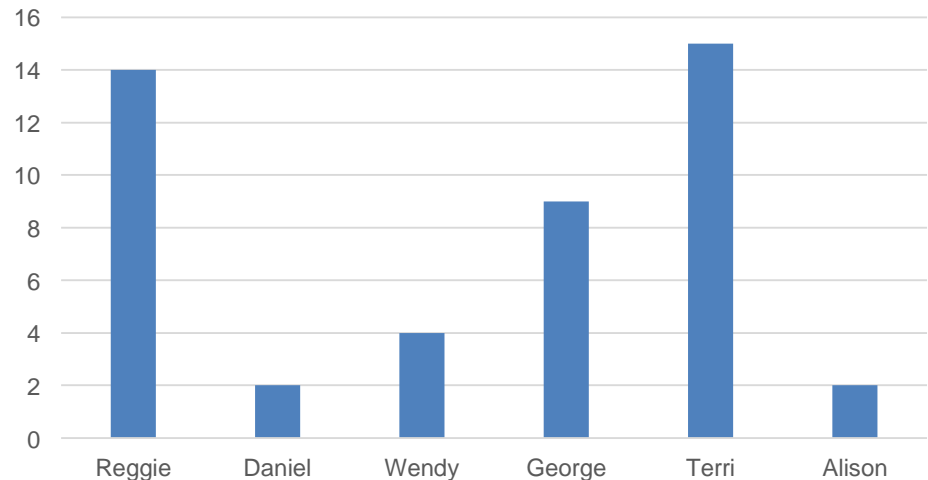
Code Sepsis

- Escondido – 70
- Poway - 21

Code Sepsis Response by RRN



Code Sepsis Response



Data Slide – STEMI Pit Stop

	0:16	0:13	0:28	1:18
Sum of ED Door to CCL	Sum of CCL Arrive to Access	Sum of Door arrival to Access	Sum of FMC2D	
0:11	0:12	0:23	1:02	
0:04	0:20	0:24	0:59	
0:02	0:20	0:22	1:03	
0:08	0:27	0:35	1:09	
0:05	0:10	0:15	1:51	
0:08	0:14	0:22	1:02	
0:07	0:14	0:21	0:56	
0:07	0:10	0:17	1:01	
0:03	0:10	0:13	1:27	
0:04	0:15	0:19	0:52	
0:06	0:14	0:21	1:02	

Trauma Services Biannual Report

Tracy Page DNP, RN, PHN, LNC
John Steele, MD, FACS

March 26, 2025

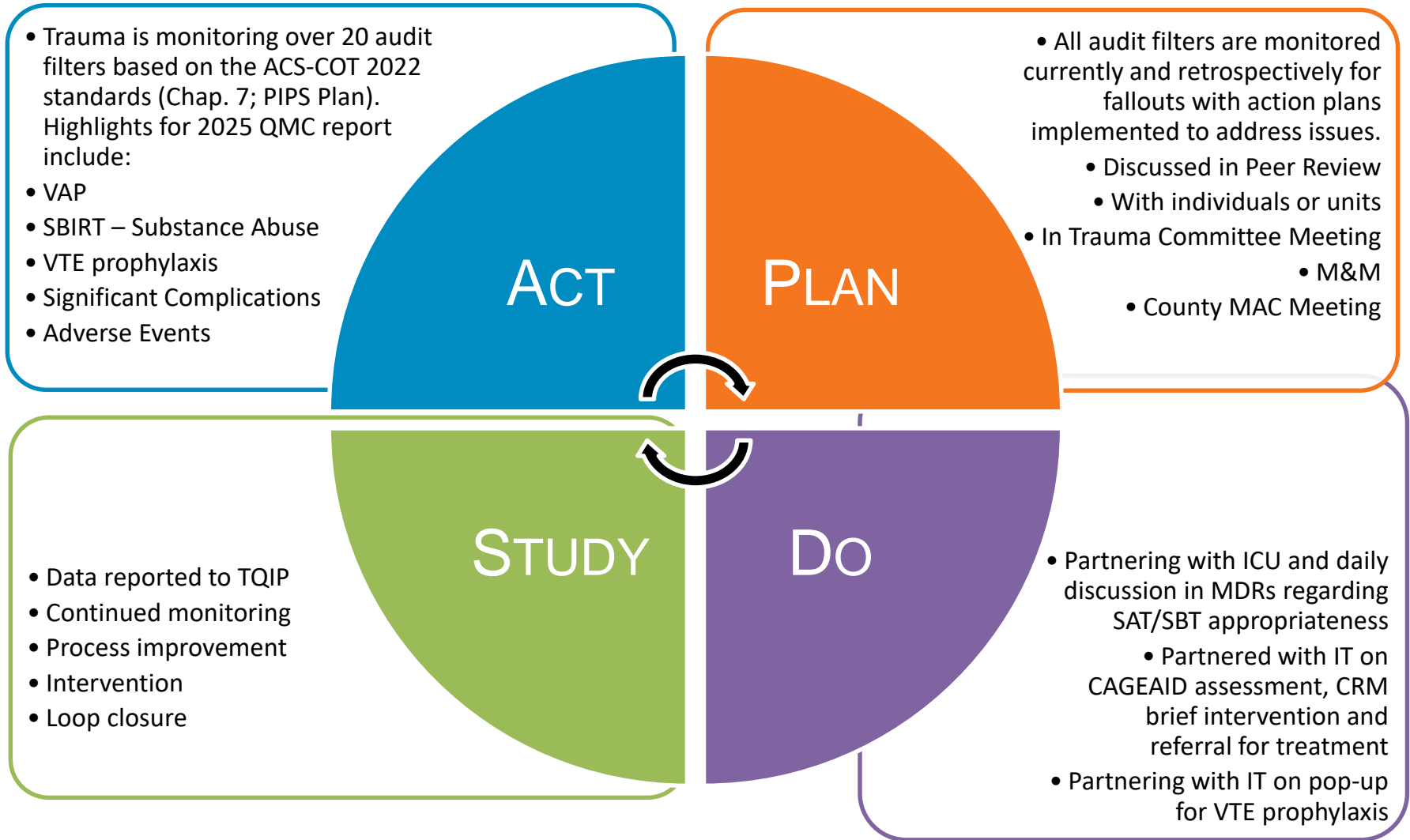
Presented to Board Quality Review Committee



PMCE Trauma Services

SITUATION	<p>Palomar Trauma Service is a Level II American College of Surgeons-Committee on Trauma verified Trauma Center; and is currently due for re-verification in May of 2025.</p> <p>Trauma Services is currently preparing for the 2025 American College of Surgeons-Committee on Trauma (ACS-COT) based on the newest standards, the 2022 Resources for Optimal Care of the Injured Patient.</p>
BACKGROUND	<p>PMCE is a verified Level II Trauma Center through the American College of Surgeons-Committee on Trauma (ACS-COT). San Diego County designates the trauma center annually based on criteria from both Title 22 and the ACS-COT Resources for the Care of the Injured Patient.</p> <p>The PMCE Trauma Program is subject to an annual review as reflected in the San Diego Emergency Medical Services (EMS) County Trauma agreement. Palomar Trauma re-verification survey is scheduled for May 1st and 2nd, 2025.</p>
ASSESSMENT	<p>PMCE Trauma Service continues to assess, monitor, and evaluate for any potential ACS Criteria Deficiencies. The Trauma Program monitors, collects data, and evaluates over 250 data points and audit filters mandated by the ACS-COT and the San Diego Trauma/EMS System. Annually, the Trauma Program reviews and strategizes to focus on the top 3-4 audits that currently demonstrate opportunities for improvement and meet the criterion for a Level II Trauma Center</p>
RECOMMENDATION	<p>Trauma continues to monitor audits that were considered opportunities in previous ACS Site Reviews, which includes monitoring new filters and criterion listed in the new Resources for Optimal Care of the Injured Patient by the Committee on Trauma-American College of Surgeons, released in March, 2022.</p> <p>The focus of our PI Program over the next 3 years will include weaknesses and recommendations found in our verification report.</p>

PMCE Trauma Services



ACS Standards for Dashboard

- Surgeon arrival time for the highest level of activation
- Delay in response for urgent assessment by the neurosurgery and orthopaedic specialists
- Delayed recognition of or missed injuries
- Compliance with prehospital triage criteria, as dictated by regional protocols
- Delays or adverse events associated with prehospital trauma care
- Compliance of trauma team activation, as dictated by program protocols
- Accuracy of trauma team activation protocols
- Delays in care due to the unavailability of emergency department physician (Level III)
- Unanticipated return to the OR
- Unanticipated transfer to the ICU or intermediate care
- Transfers out of the facility for appropriateness and safety
- All nonsurgical admissions (refer to Standard 7.8)
- Radiology interpretation errors or discrepancies between the preliminary and final reports
- Delays in access to time-sensitive diagnostic or therapeutic interventions
- Compliance with policies related to timely access to the OR for urgent surgical intervention
- Delays in response to the ICU for patients with critical needs
- Lack of availability of essential equipment for resuscitation or monitoring
- MTP activations
- Significant complications and adverse events
- Transfers to hospice
- All deaths: inpatient, died in emergency department (DIED), DOA
- Inadequate or delayed blood product availability
- Patient referral and organ procurement rates
- Screening of patients for psychological sequelae (LI/LII/PTCI/PTCII)
- Delays in providing rehab services
- Screening and intervention for alcohol misuse
- Pediatric admissions to nonpediatric trauma centers
- Neurotrauma care at Level III trauma centers
- Trauma and neurotrauma diversion
- Benchmarking reports

Current 2024 Trauma Dashboard

2024 Rolling Trauma Dashboard													
Trauma Volume & Utilization	Months and Totals												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Monthly Volume	176	132	195	186	193	207	198	180	193	197	204	198	2259
Full Activations	34	34	44	43	43	44	53	37	37	28	37	38	472
Partial Activations	77	50	80	69	96	90	87	78	92	107	99	89	1014
Consults	37	25	36	40	34	41	32	35	36	32	44	41	433
Deaths	6	5	7	11	8	8	9	7	8	8	4	5	86
Transfers to Hospice	2	0	0	1	5	1	0	0	1	1	0	1	12
ED Discharges	50	44	64	63	76	73	78	57	59	72	64	69	769
ED Discharges by %	28%	33%	33%	34%	39%	35%	39%	32%	31%	37%	31%	35%	34%
Transfers In	14	7	7	9	20	10	7	6	9	7	10	12	118
Transfers Out	9	7	8	8	7	10	10	7	5	10	4	5	90
ICU Admissions	24	27	31	28	24	27	27	32	35	27	37	30	349
IMC Admissions	42	39	44	29	48	47	35	45	48	48	44	37	506
Floor Admissions	39	11	35	42	31	43	31	33	37	35	40	35	412
Resus to OR	18	10	17	19	13	14	22	20	24	13	15	26	211
Resus to IR/Cath	3	1	3	4	0	3	5	2	0	2	2	1	26
Pediatric Admissions	0	0	1	1	1	1	0	1	0	0	2	0	7
Direct Admits	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Admissions	126	88	131	123	117	135	120	133	144	125	140	129	1511
Average ED LOS in HRs	5.8	5.5	6.9	5.2	5.9	5.6	5.7	7.8	6.6	5.9	5.1	6.4	6.0
Average ICU LOS in Days	6.8	4.5	6.7	4.5	3.8	4.4	6.5	3.7	2.9	3.1	4.8	5	4.7
Average Hospital LOS in Days	5.7	4.3	4.3	4.1	3.4	4	4.6	4.3	3.7	3.1	4.1	4.9	4.2

Current 2024 Trauma Dashboard, continued

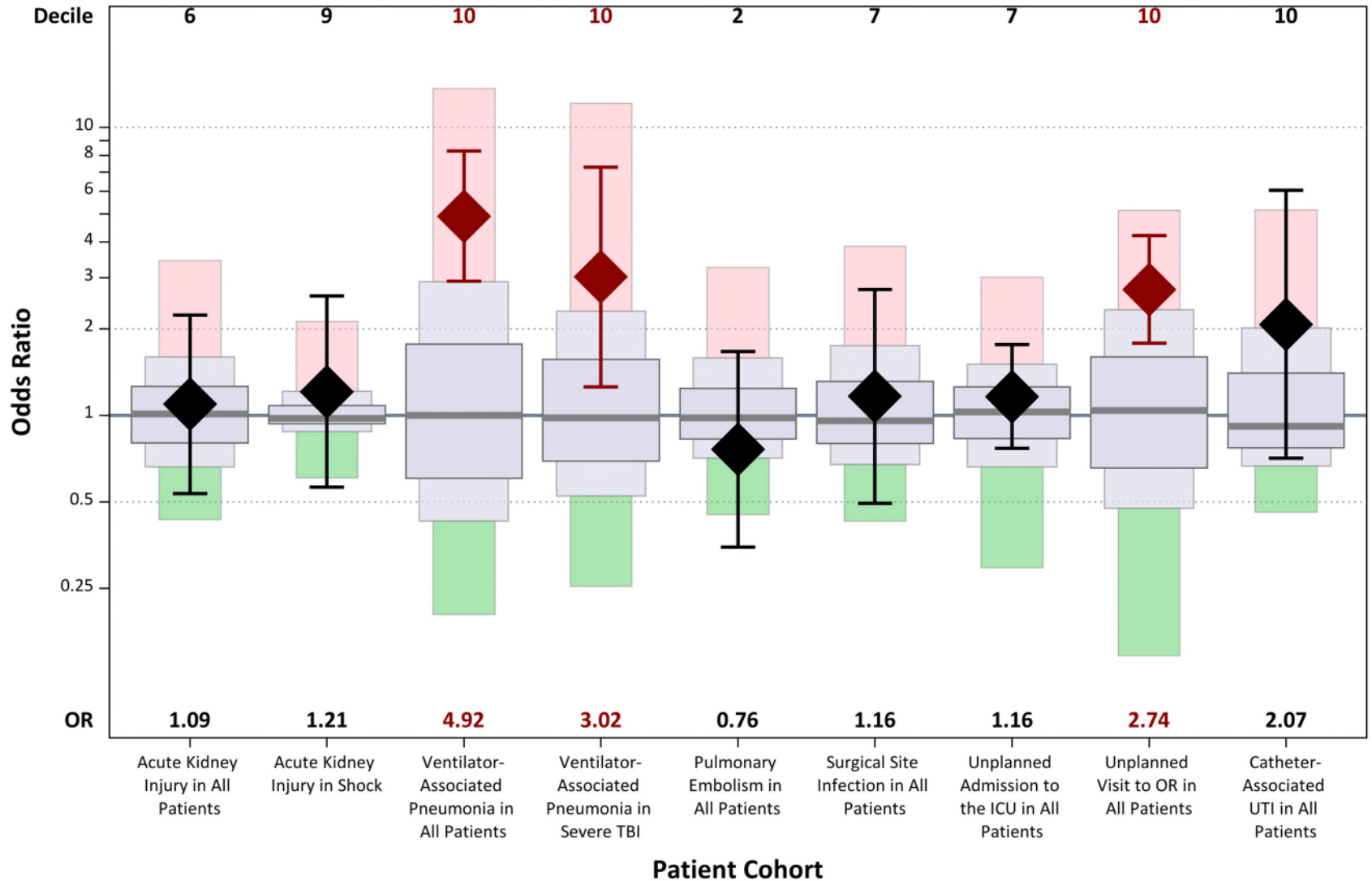
2024 Rolling Trauma Dashboard													
Trauma Volume & Utilization	Months and Totals												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Monthly Volume	176	132	195	186	193	207	198	180	193	197	204	198	2259
Missing EMS Documentation	21	30	41	17	29	23	10	13	17	12	12	40	265
Prehospital Delays	5	27	36	35	31	45	25	35	38	31	28	36	372
Trauma Team Activation Opportunities													
Delayed Trauma Team Activation	2	4	3	1	0	0	1	2	0	0	0	1	14
Missed Trauma Team Activation	0	1	3	0	0	1	0	1	2	5	4	3	20
Under Triage	17%	16%	12%	11%	11%	12%	12%	11%	15%	11%	12%	11%	13%
Over Triage	62%	81%	79%	77%	84%	78%	60%	73%	68%	79%	61%	62%	72%
Delay in Trauma Surgeon Arrival Times	0	0	0	1	0	1	1	0	0	0	0	0	3
Delay in Call Panel Consulting Physicians or	2	5	5	0	1	1	0	0	2	1	0	3	20
Resuscitation Opportunities													
Delays to Radiology	4	2	3	0	0	0	0	0	1	1	0	0	11
Delays to Interventional Radiology	1	0	1	2	0	4	1	0	2	0	0	0	11
Delays to Crani	0	1	0	0	0	0	0	0	0	0	0	0	1
Delays to Ex Lap	1	0	0	0	1	0	0	1	0	0	1	0	4
MTP Activations	2	1	3	6	4	3	3	6	4	4	5	4	45
Antibiotics Given > 1 HR for Open	2	2	3	6	2	2	4	3	1	4	2	5	36
Non-Trauma Service Admissions	32	25	40	37	29	41	34	37	32	25	34	40	406
Inpatient Opportunities													
Transfers to Higher Level of Care	0	0	1	1	1	5	1	5	0	2	3	0	19
Substance Use/Abuse Screening	11%	40%	40%	24%	24%	25%	16%	74%	92%	87%	92%	88%	51%
Brief Intervention and Referral for	100%	100%	100%	50%	50%	83%	60%	38%	56%	50%	100%	100%	74%
Unexpected readmission	1	0	2	2	0	3	2	4	2	3	3	3	25

Current 2024 Trauma Dashboard, continued

2024 Rolling Trauma Dashboard													
Trauma Volume & Utilization	Months and Totals												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Monthly Volume	176	132	195	186	193	207	198	180	193	197	204	198	2259
Acute Kidney Injury	1	0	2	2	0	1	4	1	0	2	1	0	14
Acute Resp. Distress Syndrome	2	4	4	4	0	0	3	0	0	1	1	0	19
Alcohol Withdrawal Syndrome	1	1	1	1	2	1	2	3	1	1	0	0	14
Cardiac Arrest with CPR	0	1	1	4	1	0	1	2	1	1	0	0	12
Catheter-Associated Urinary Tract Infection	0	0	0	0	1	0	2	1	0	0	0	0	4
Central Line-Associated Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	0	0	0
Deep Surgical Site Infection	0	1	0	1	0	0	1	0	0	0	0	1	4
Deep Vein Thrombosis	0	3	4	2	0	0	2	2	1	1	1	2	18
Delirium	0	0	0	1	1	0	0	0	2	0	3	2	9
Myocardial Infarction	0	0	0	0	0	0	0	0	0	0	1	0	1
Organ Space Surgical Site Infection	0	0	0	0	0	1	0	0	0	0	0	0	1
Osteomyelitis	0	0	0	0	0	0	1	1	0	0	0	0	2
Hospital Acquired Pressure Injuries	0	3	2	0	0	1	1	2	0	0	0	0	9
Pulmonary Embolism	0	0	0	1	0	0	0	0	1	0	0	0	2
Severe Sepsis	0	0	0	0	0	0	0	0	0	3	0	1	4
Stroke/CVA	1	0	0	1	0	0	3	4	0	0	0	2	11
Superficial Incisional Surgical Site Infection	0	0	0	0	0	0	1	1	0	0	0	0	2
Unplanned Admission to ICU	0	1	1	1	4	3	5	5	3	3	1	3	30
Unplanned Intubation	1	0	2	3	2	1	1	2	0	4	1	4	21
Unplanned Visit to Operating Room	1	1	1	1	0	1	4	2	0	0	3	1	15
Ventilator-Associated Pneumonia	1	3	4	2	0	2	4	1	1	1	1	2	22

Risk-Adjusted Specific Hospital Events by Cohort - Fall 2024

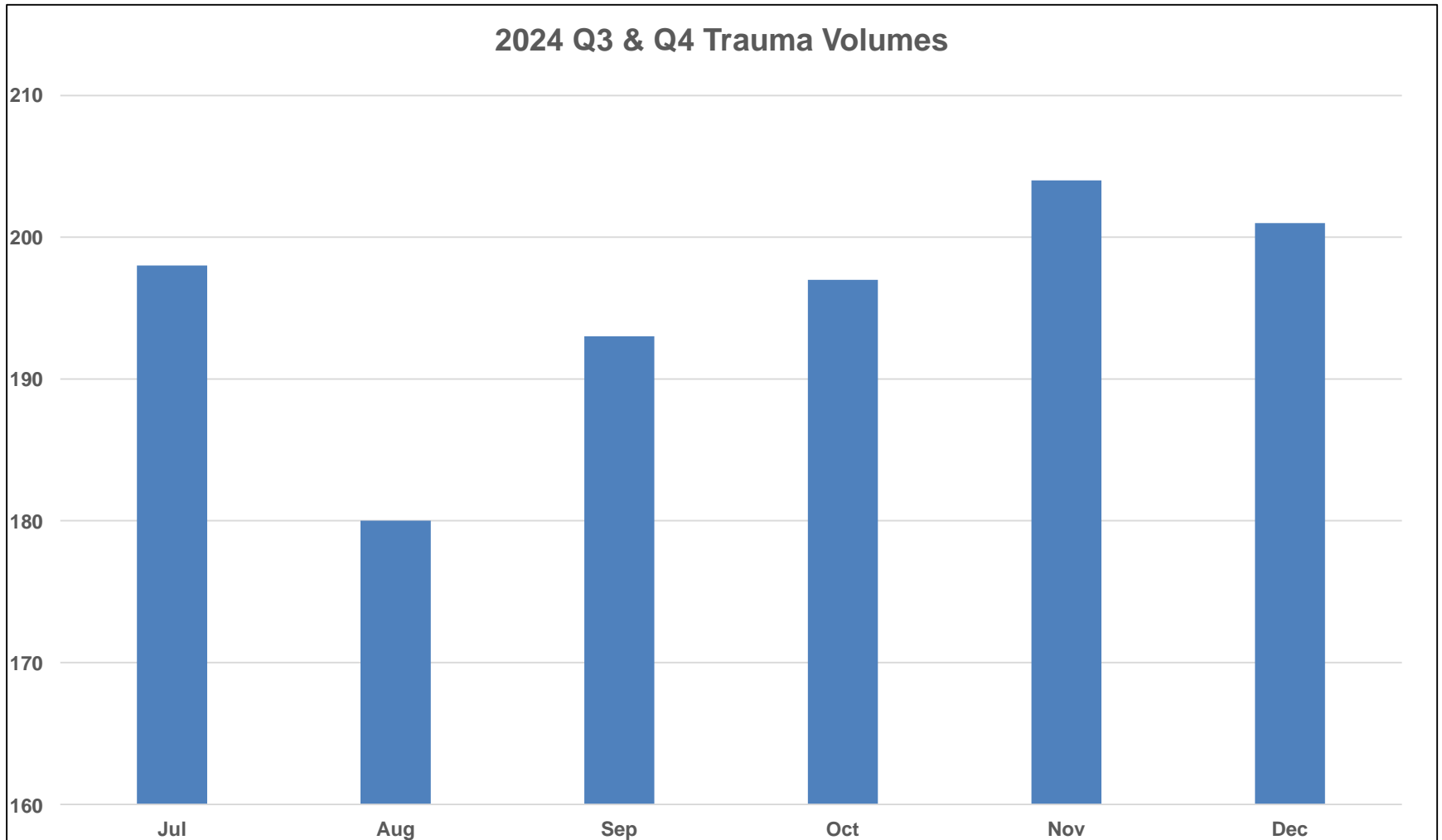
TQIP Report ID: 103



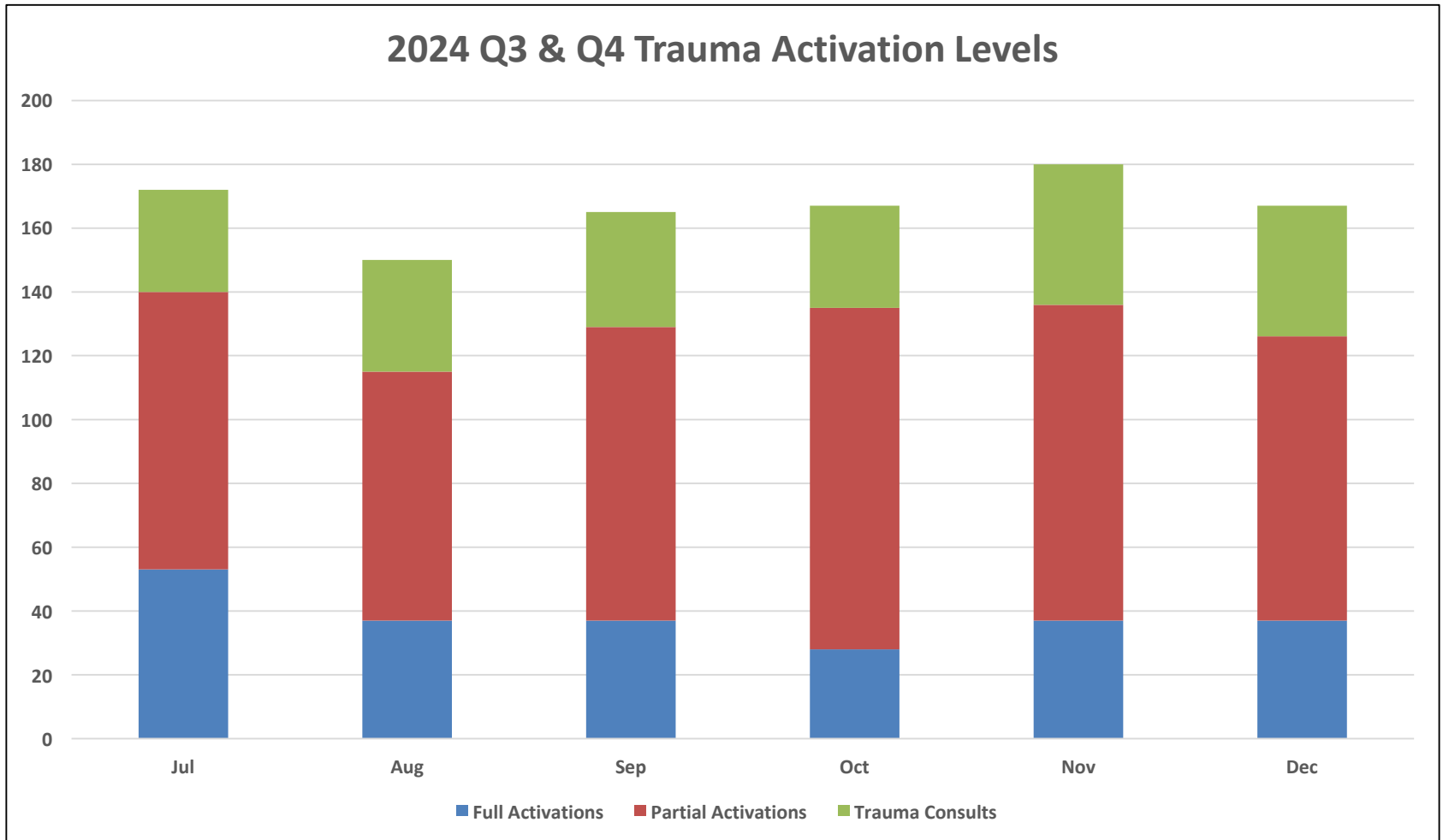
Trauma Resource Pit Stop – data for Jan 25

Number of Trauma Resources	321
Door-to-provider	29
Mode of Transport - self	2
Door-to-provider	11
Mode of Transport - ambulance	11
Number of CTs	10
CT TATs	50
Median Read	22
Number of XRs	7
DI TATs	44
Median Read	23

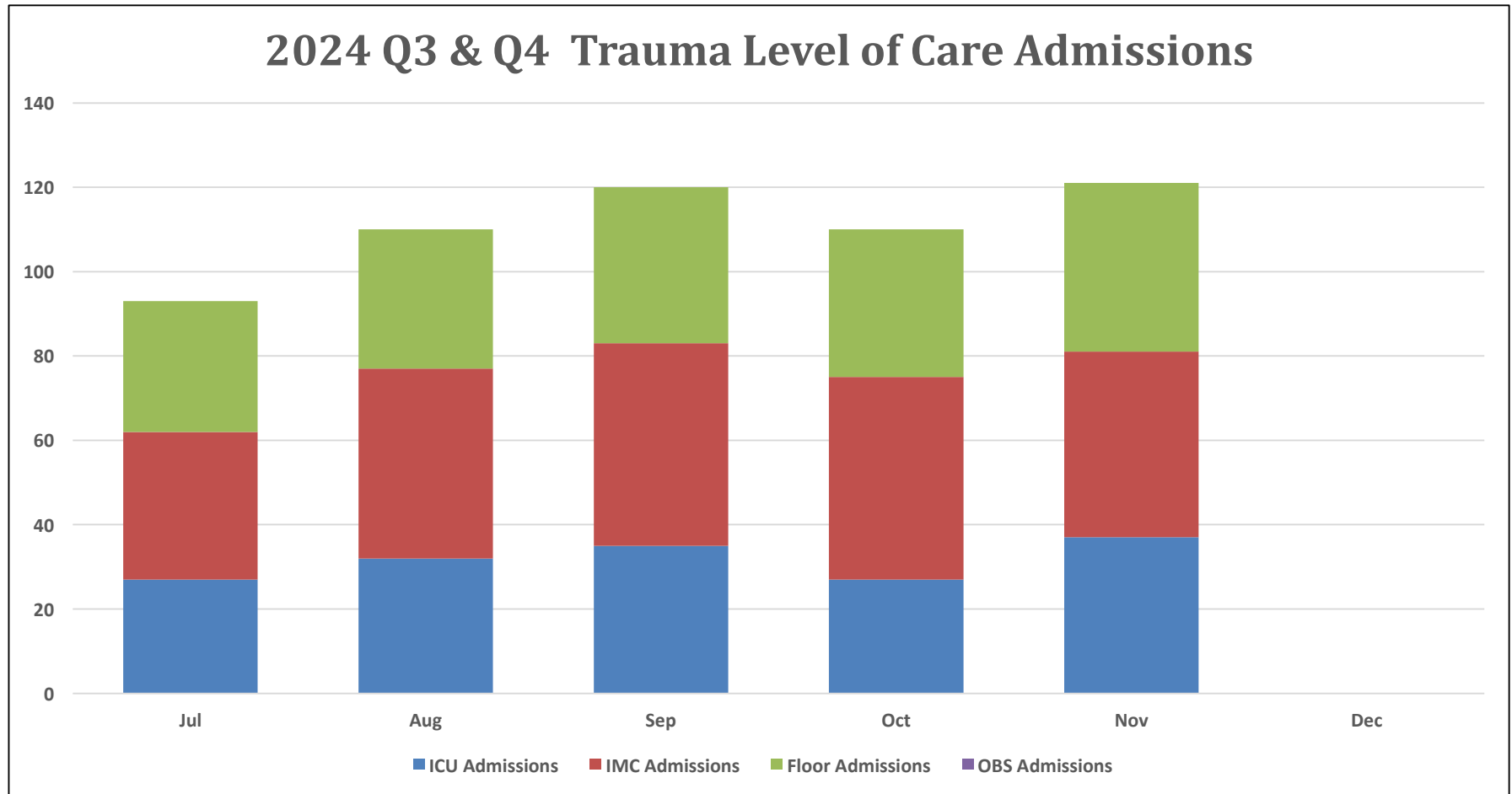
2024 Q3 and Q4 Trauma Volume



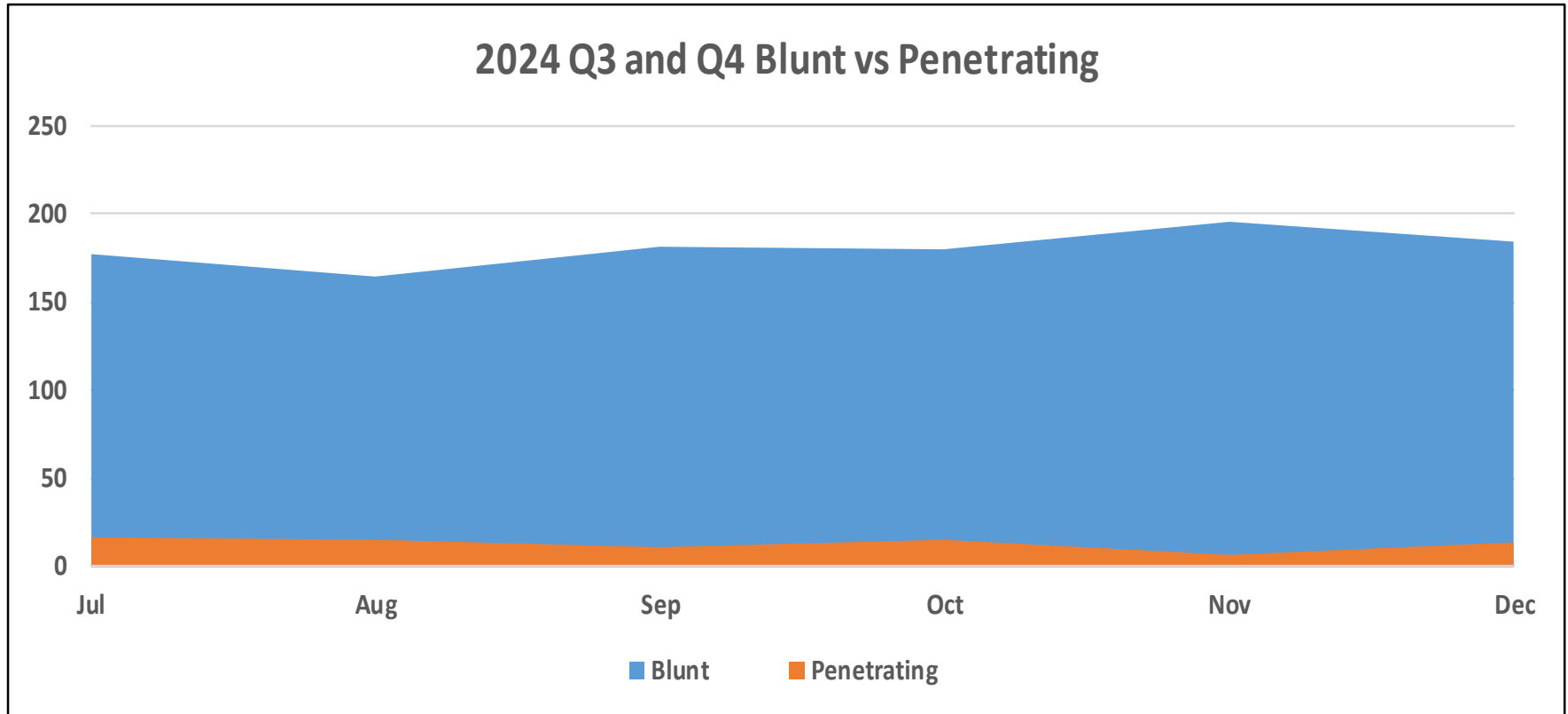
2024 Q3 & Q4 Trauma Activation Levels



2024 Q3 & Q4 Trauma Level of Care for Admissions



2024 Q3 & Q4 Blunt vs. Penetrating Trauma



Significant Complications and Adverse Events

- All complications and adverse events are reviewed under the Performance Improvement Plan levels of review.
- Events are escalated through the hospital chain of command process based on the impact to patient care, safety, and global consequences.
- Each case is subject to the appropriate level of impact per the trauma taxonomy and care; (care appropriate, care with opportunity, care unacceptable).
- Education for staff and physicians provided within a timely interval and evaluated for effectiveness.

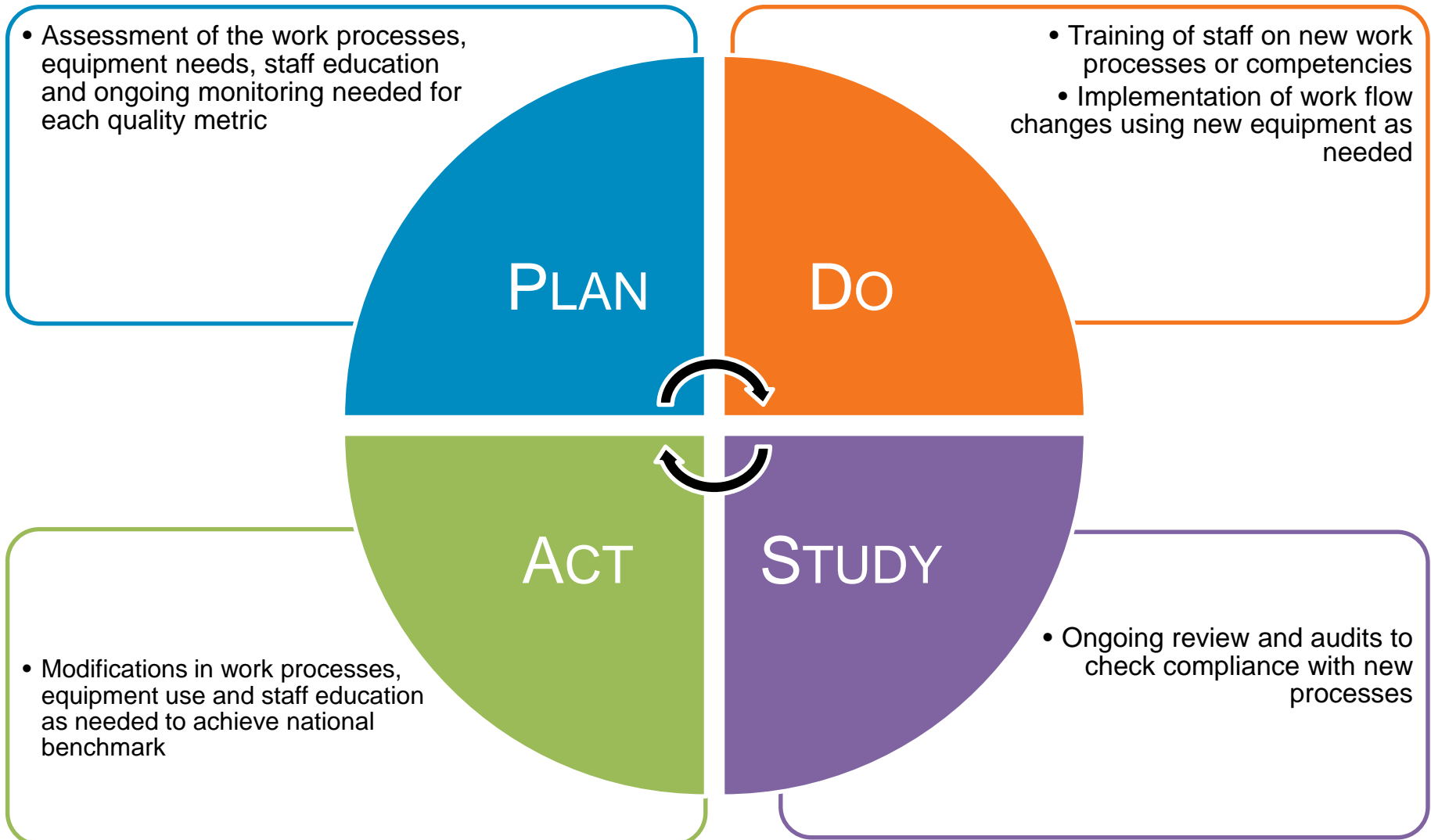
Rehabilitation Services

Board Quality Review Committee

Tyler Powell, DPT, MBA, CEAS
Director of Rehabilitation Services, Wound Care and Hyperbaric Center

March 26, 2025

Rehabilitation Services



Data- Outpatient Rehabilitation Services

Location	Indicators	Palomar Health	Benchmark
Outpatient Wound Care	Days to Heal	54	</= 66
Outpatient Cardiac Rehab Services	Max METs	Initial 2.3 DC 14.2 FU 9.3	Initial 3.3 DC 4.7 FU 5.6
Outpatient Rehab Services	Access to Care	7.1	<5 days
Outpatient Rehab Services	Cancellation/No Show Rate	9.72%	<15 %
Outpatient Rehab Services	Average Length of Stay	9.6	<12 days

Data- Inpatient/SNF Rehabilitation Services

Location	Indicators	Palomar Health	Benchmark
Acute Care Inpatient Rehab Services	Access to Acute Care (PT/OT/ST)	3.7	<2.6 patients triaged/day
Acute Care Inpatient Rehab Services	Post Op Day Zero ambulation and evaluation	95%/98%	>90%
The Villas Rehab Services	% Discharge Home	85%	>70%
The Villas Rehab Services	Average Length of Stay	16	16 days

Inpatient/Outpatient Rehabilitation Services – Access to Care

SITUATION	<p>Outpatient Rehab = 7.1 days (Benchmark < 5 days)</p> <p>Inpatient = 3.7 patients triaged/day (Benchmark <2.6 days)</p>
BACKGROUND	<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>
ASSESSMENT	<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 4% at Poway and 30% in Escondido for all of FY24 impacting the timing to get patients in for care 2. Inpatient referrals outweighing staff availability and creating impact to triage rate. Improved from last report out from 4.9 per day to 3.7 for the fiscal year.
RECOMMENDATION	<ol style="list-style-type: none"> 1) IT updates to allow direct referral from Cerner to rehab. Been built and ready to initiate with high referral sources 2) Regular meetings/communication with HR to review open positions 3) Updates for efficiency to order process to expedite any potential delays for both the inpatient and outpatient departments. 4) Cross training of staff between inpatient and outpatient to support needed care and timeliness. 5) Communication and process optimization with frequent referral sources to expedite any delays.

FY24 Action Plan - Rehabilitation Services

District Wide

- Support optimization of multidisciplinary rounds across all units with close engagement with nursing/MDs/Case Management to streamline throughput
- Progress niche services and advanced certifications to further advance quality of care.
- Improve workflows between inpatient/outpatient/SNF service lines to further optimize and improve care.
- Further program growth with orthopedic, vascular, cardiovascular, pulmonary, oncology, and stroke program partnerships within Inpatient, Skilled Nursing, and Outpatient services