Posted
Friday,
July 18, 2025

PALOMAR HEALTH
Reimagining Healthcare℠

QUALITY REVIEW COMMITTEE

MEETING AGENDA

Wednesday, July 23, 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 Comments**[1]	30		3:31
3.	**Action Item(s)** *(ADD A)*	15		3:46
	a. Board Quality Review Committee Meeting Minutes – May 28, 2025 *(Pp 6-9)*			
4.	**Annual Reports – *Informational Only*** *(ADD B)*	15		4:01
	a. Center of Excellence (Spine & Total Joint) *(Pp 11-31)* b. Outpatient Services (Infusion Services & Radiation Oncology) *(Pp 32-38)* c. Management of the Environment of Care (EOC) and Emergency Management *(Pp 39-50)* d. Laboratory Services *(Pp 51-52)* e. MedStaff : Utilization Review *(Pp 53-54)* f. Medication Management (Pharmaceutical Services) *(Pp 55-64)*			
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 –1st 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: 288 627 823 177
Passcode: De2hx353
or
Dial in using your phone at 929.352.2216; Access Code: 871 963 771#[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

PALOMAR HEALTH
Reimagining Healthcare®

DocID:	21790
Revision:	9
Status:	Official

Source:	Applies to Facilities:	Applies to Departments:
Administrative Board of Directors	All Palomar Health Facilities	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

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.

ADDENDUM A

PALOMAR HEALTH
Reimagining Healthcare

Board Quality Review Committee Minutes – Wednesday, May 28, 2025			
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, May 23, 2025, which is consistent with legal requirements. An amended agenda packet was posted on the Palomar Health website on Monday, May 27, 2025.			
CALL TO ORDER			
The meeting, which was held in the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, and virtually, was called to order at 3:01 p.m. by Committee Chair Linda Greer.			
1. ESTABLISHMENT OF QUORUM			
• Quorum comprised of: Director Greer, Director Jahaaski, Nguyen, MD* and Ritchie, MD • Excused Absence: Director Corrales *Nguyen, MD arrived in person at 3:14pm during the Annual Reports (Stroke Program) section of the agenda.			
2. PUBLIC COMMENTS			
• None			

3. ACTION ITEMS			
a. Minutes: Board Quality Review Committee Meeting – March 26, 2025	**MOTION** by Director Jahaaski, 2nd by Ritchie, MD to approve the March 26, 2025, Board Quality Review Committee meeting minutes as written. Roll call voting utilized. Director Corrales – absent Director Greer –aye Director Jahaaski - aye Nguyen, MD – absent Ritchie, MD - aye Three in favor. None opposed. None absent. None abstain Motion approved		
Discussion: • No discussion			
b. Approval of Contracted Services i. BD Carefusion IV Prep Workflow ii. Corticare Monitoring iii. Image First Linen iv. Pharmerica @ The Villas v. Linde Portable Medical Gas vi. Premier Laser Services	**MOTION** by Director Jahaaski, 2nd by Ritchie, MD to approve agenda item 3,b, i-vi. Roll call voting utilized. Director Corrales – absent Director Greer –aye Director Jahaaski - aye Nguyen, MD – absent Ritchie, MD - aye Three in favor. None opposed. None absent. None abstain Motion approved		

Discussion:

- All questions by Committee Members were satisfied.

4. Annual Reports – Informational Only

a. Antibiotic Stewardship Summary b. Infection Prevention and Control c. Radiology & Nuclear Medicine d. Respiratory Services e. Stroke Program	**Informational Only**		

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 3:23 p.m.	
Signatures:	
Committee Chair	Linda Greer, RN
Committee Assistant	Carla Albright

ADDENDUM B

PALOMAR HEALTH

Palomar Health's Spine and Total Joint Centers of Excellence (COEs)

Presented to Quality Management Committee (QMC) on
May 14, 2025

James Bried, MD, Orthopedic Medical Director, PMC-P
Andrew Nguyen, MD, PhD, Spine Medical Director

Spine and Total Joint Centers of Excellence

SITUATION	Palomar Medical Center Escondido and Poway's Total Joint Replacement and Spine Surgery COEs continue to be recognized for high quality care and patient outcomes.
BACKGROUND	Palomar Health performed over 2,000 Joint Replacement and Spine procedures in 2024. Preparing patients for elective surgery remains a primary goal. This includes ensuring patients are at their best health prior to surgery, and are educated about the care journey. Our Enhanced Recovery and Pain Control Protocols ensure early mobilization, better pain control and more rapid care transitions and discharges. Many patients are ready to go home same-day, and most patients experience a full return to function within the first year. Both COEs meet regularly to review quality metrics, including SSIs, Return-to-ED, Readmissions, plus metrics concerning patient preparedness, and operational efficiencies.
ASSESSMENT	Spine surgery volume grew 10% since 2023. We've performed 200+ robotically-assisted spine fusions, and are able to perform increasingly complex cases. The SIR for FUSN was worse than expected and the SIR for LAM was better than expected in Escondido. Most importantly, patients that had a fusion at Palomar went from Severe Disability to Minimal Disability within the first year after surgery. Total Joint Replacement patients are meeting there therapy goals quicker than ever, and have consistently been above threshold of 83% for being discharged home before the 2nd midnight. The SIR for HPRO was worse than expected in Escondido, but improved 52% from 2023 and better than expected in Poway. The SIR for KPRO was worse than expected in Escondido and worse than expected in Poway. These represent 1 infection for each facility. Most importantly, patients that had a total hip replacement at Palomar went from Moderate Disability to Limited to No Disability within 3-months of surgery. PMC-Poway passed its re-certification survey for the Joint Commission's Advanced Total Hip and Knee Replacement Accreditation (THKR).
RECOMMENDATION	Our Orthopedic and Spine Workgroups identified opportunities to improve by ensuring each patient has the chance to ambulate quickly after surgery, and we improve compliance with several pre-op measures, including nasal betadine, and CHG bathing.

Awards and Recognitions!

The only hospital in the San Diego metro area to be one of America's 100 Best Hospitals for Spine Surgery for 6 years in a row!

The only hospital in the San Diego metro area to achieve a 5-star for Hip Fracture Treatment for 11 years in a row!

Awards and Recognitions!

Palomar Medical Center Escondido Recipient of the Healthgrades Patient Safety Excellence Award™ for 3 Years in a Row (2023-2025)

Palomar Medical Center Poway Recipient of the Healthgrades Patient Safety Excellence Award™ for 2 Years in a Row (2024-2025)

Awards and Recognitions!

Best Specialty

One of Healthgrades America's 100 Best Hospitals for Spine Surgery™ for 6 Years in a Row (2020-2025)

Orthopedics

Recipient of the Healthgrades Spine Surgery Excellence Award™ for 6 Years in a Row (2020-2025)

Named Among the Top 10% in the Nation for Spine Surgery for 6 Years in a Row (2020-2025)

Five-Star Recipient for Hip Fracture Treatment for 11 Years in a Row (2015-2025)

Five-Star Recipient for Spinal Fusion Surgery for 6 Years in a Row (2020-2025)

Neurosciences

Five-Star Recipient for Cranial Neurosurgery in 2025

Patient Safety

Recipient of the Healthgrades Patient Safety Excellence Award™ for 3 Years in a Row (2023-2025)

Named Among the Top 5% in the Nation for Patient Safety in 2025

Orthopedics

Five-Star Recipient for Hip Fracture Treatment for 5 Years in a Row (2021-2025)

Patient Safety

Recipient of the Healthgrades Patient Safety Excellence Award™ for 2 Years in a Row (2024-2025)

Named Among the Top 10% in the Nation for Patient Safety for 2 Years in a Row (2024-2025)

What are our True Differentiators?

- Specialized physicians and staff members
- High quality patient outcomes leading to faster recovery and less pain
- Coordinated care across Palomar Health services
- Staff education
- Patient readiness
  - Pre-Op Education
  - On-line CarePath

Ortho/Spine | Engaging Ortho/Spine Patients

82%

Of enrolled patients **are actively using their CarePath**

5,334

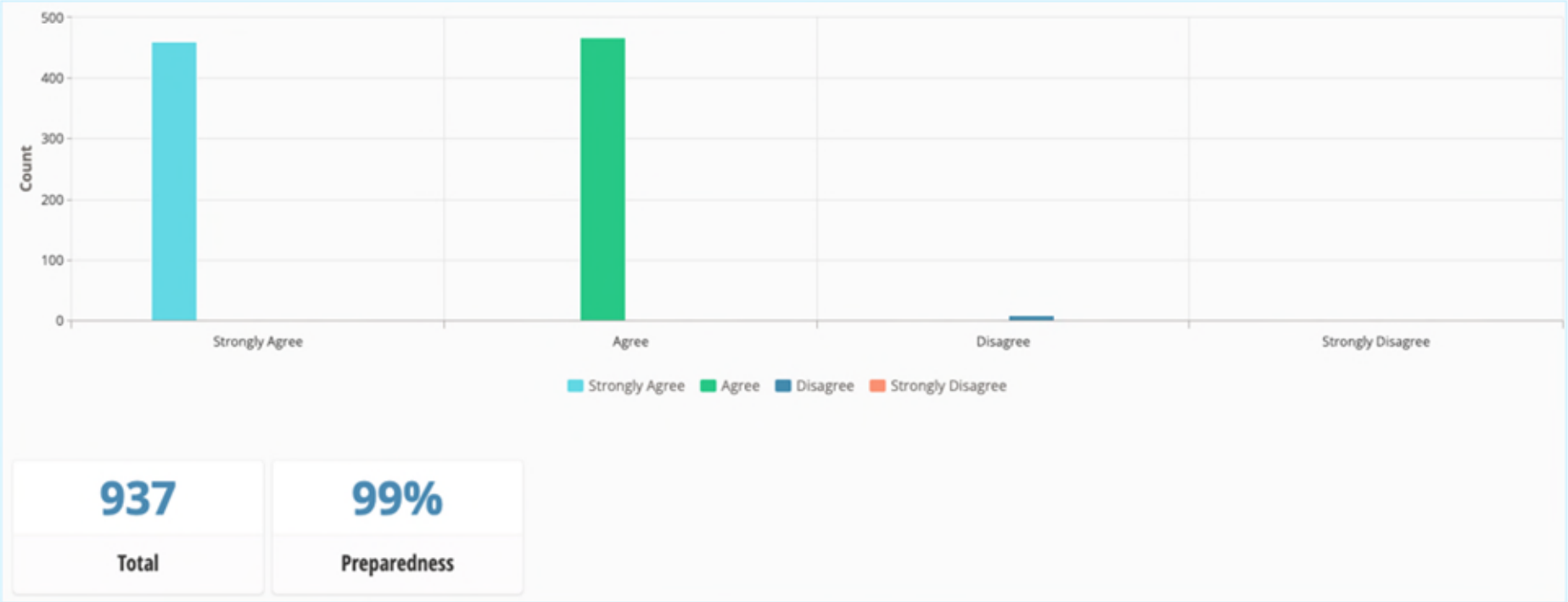
enrolled patients through 2024

75%

engagement rate for patients **older than 65 years**

Preparedness | Ortho/Spine

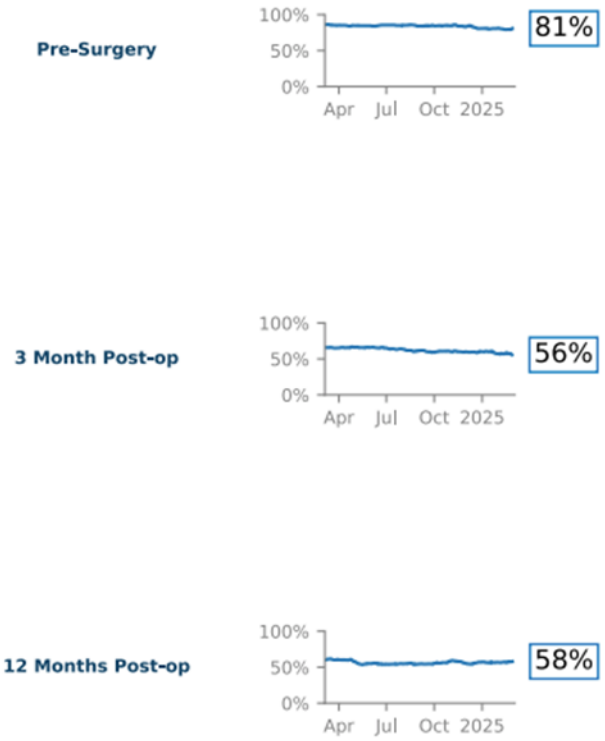
The guided CarePath made me feel more prepared for surgery?



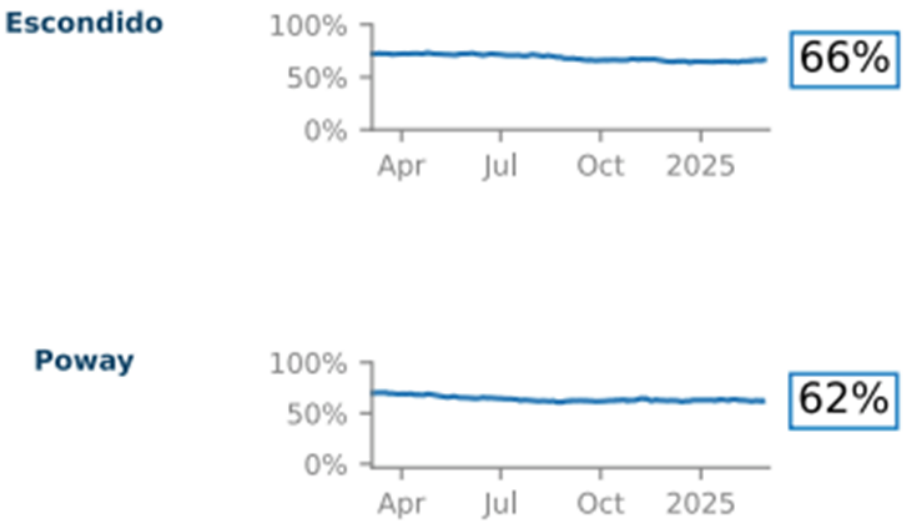
Completed by 34% of online patients

PRO Collection | Ortho Total Joint

Completion Rates: By Type



Completion Rates: By Site



Patient Satisfaction | Ortho/Spine

Reinforced what my Dr was telling me, but allowed the info to sink in.

I referred to the table of when I could do certain activities during my recovery. It's helpful to be able to refer back to instructions.

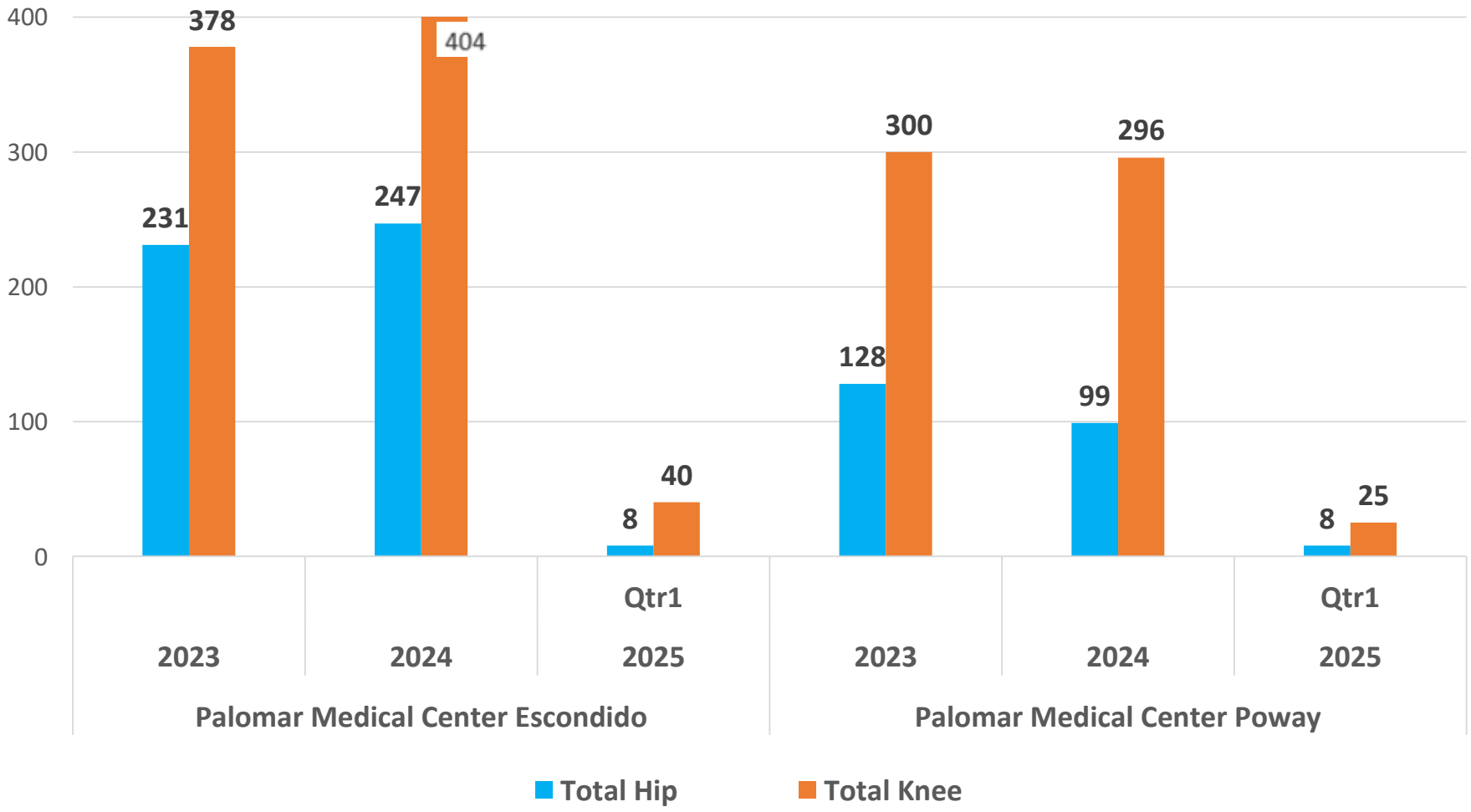
Gave me peace of mind vs a lot of guessing
Could see the beginning middle and end of journey give more faster

Most of my questions were answered before my appointments with Dr. Knutson!

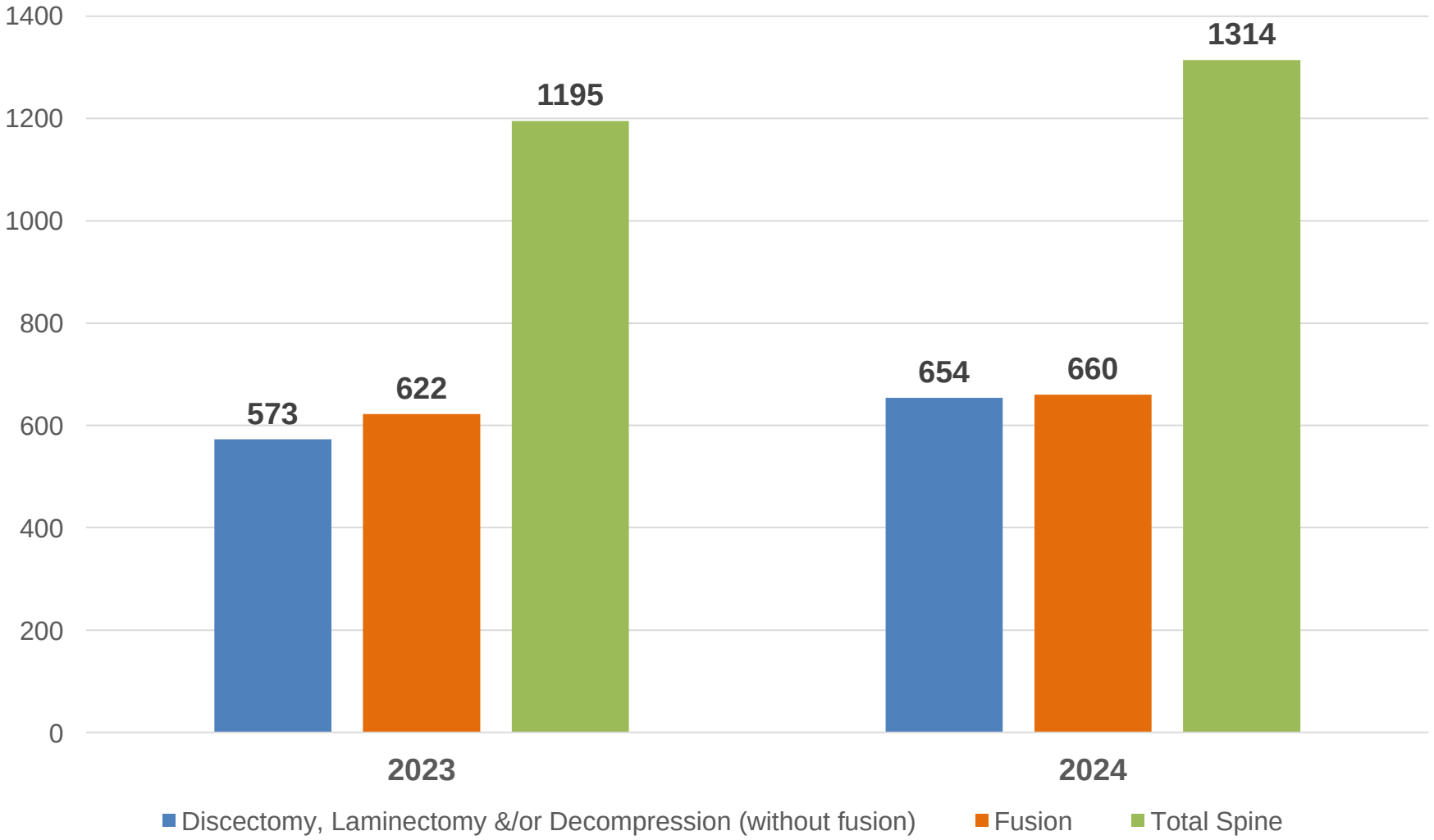
Wellbe kept me on track as to what to do, when to do it and why.

The information helped me mentally & physically before & after the surgery. It also served as a reference for me and also information that I could share or have my wife aware of also.

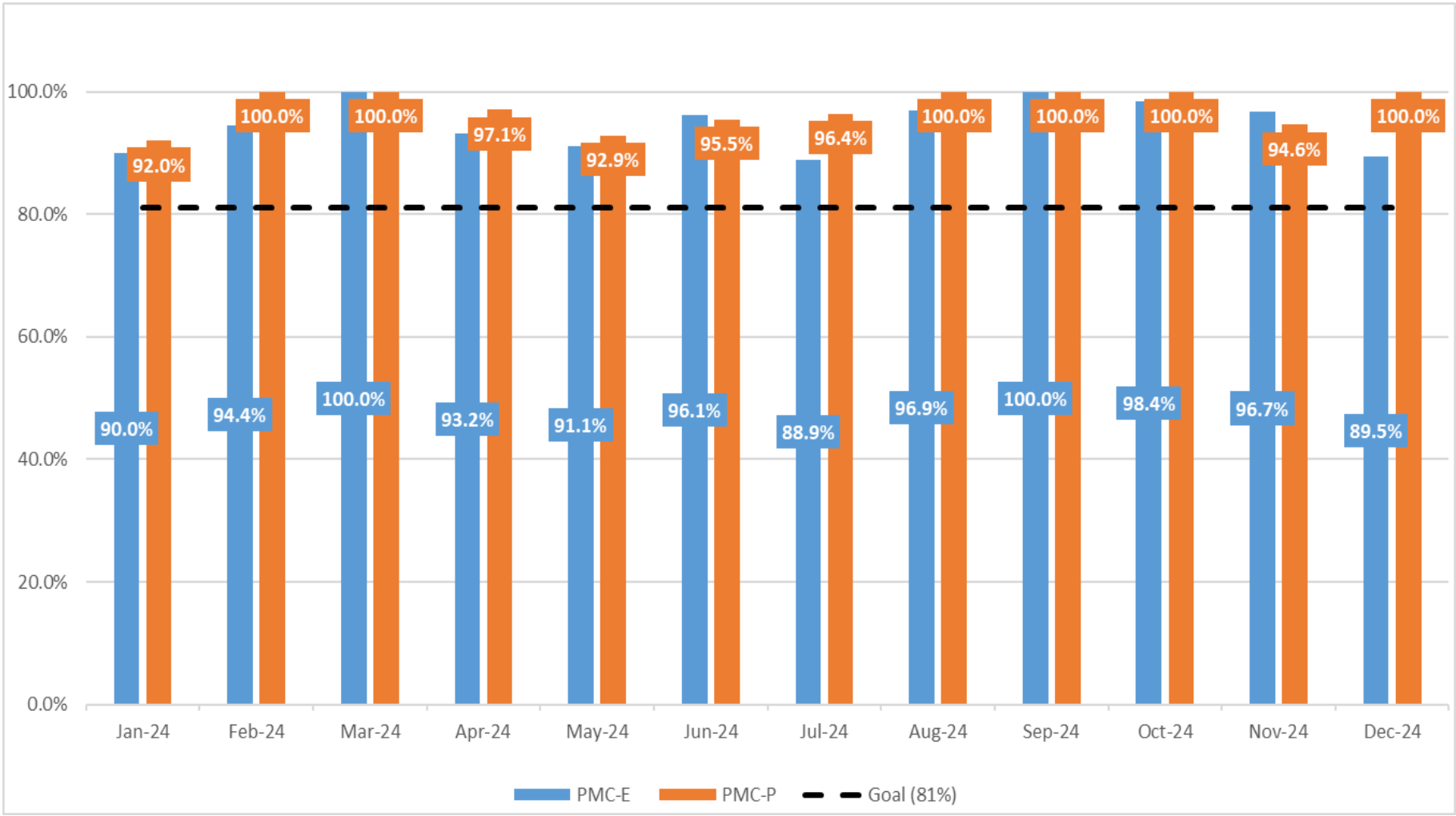
Procedure Volume | Elective THKR



Procedure Volume | Elective Spine Surgery

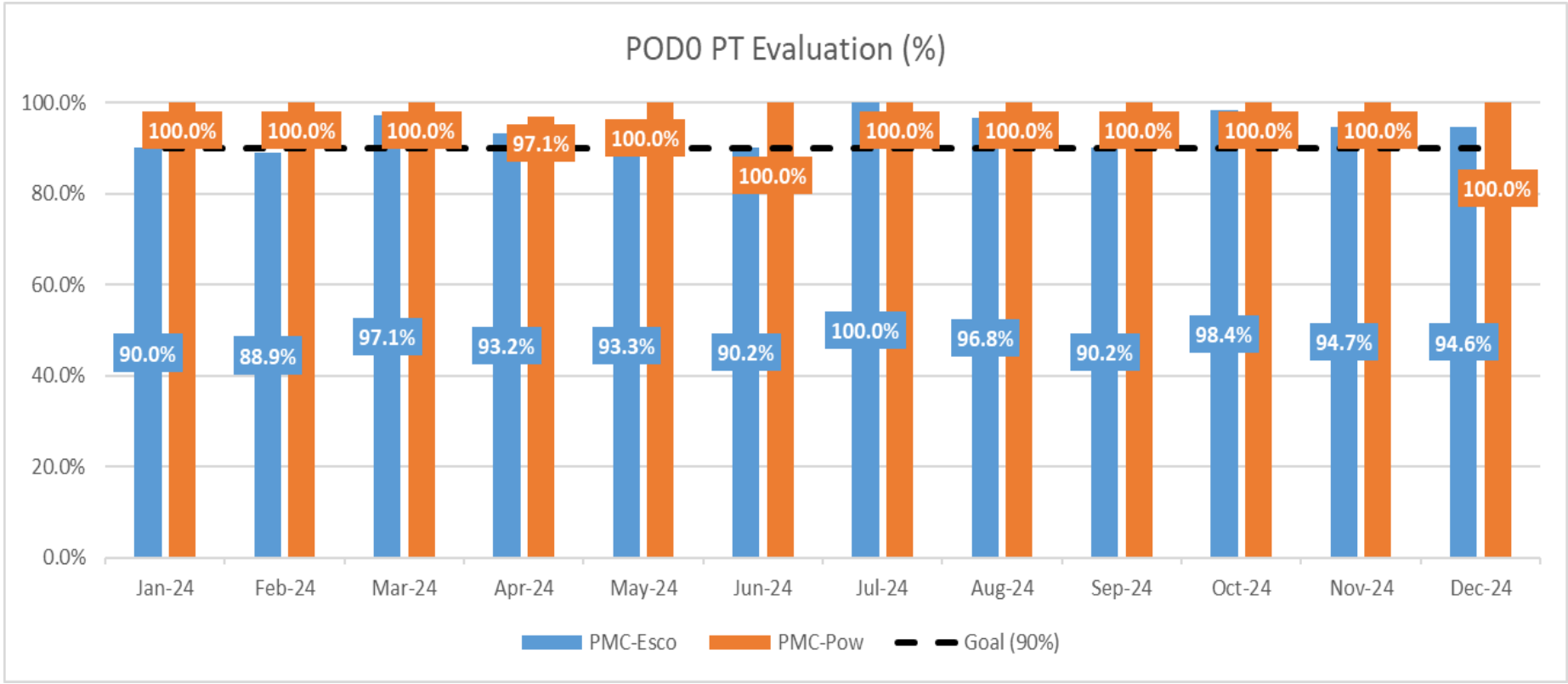


Metrics: Anesthesia Type – Spinal (%)



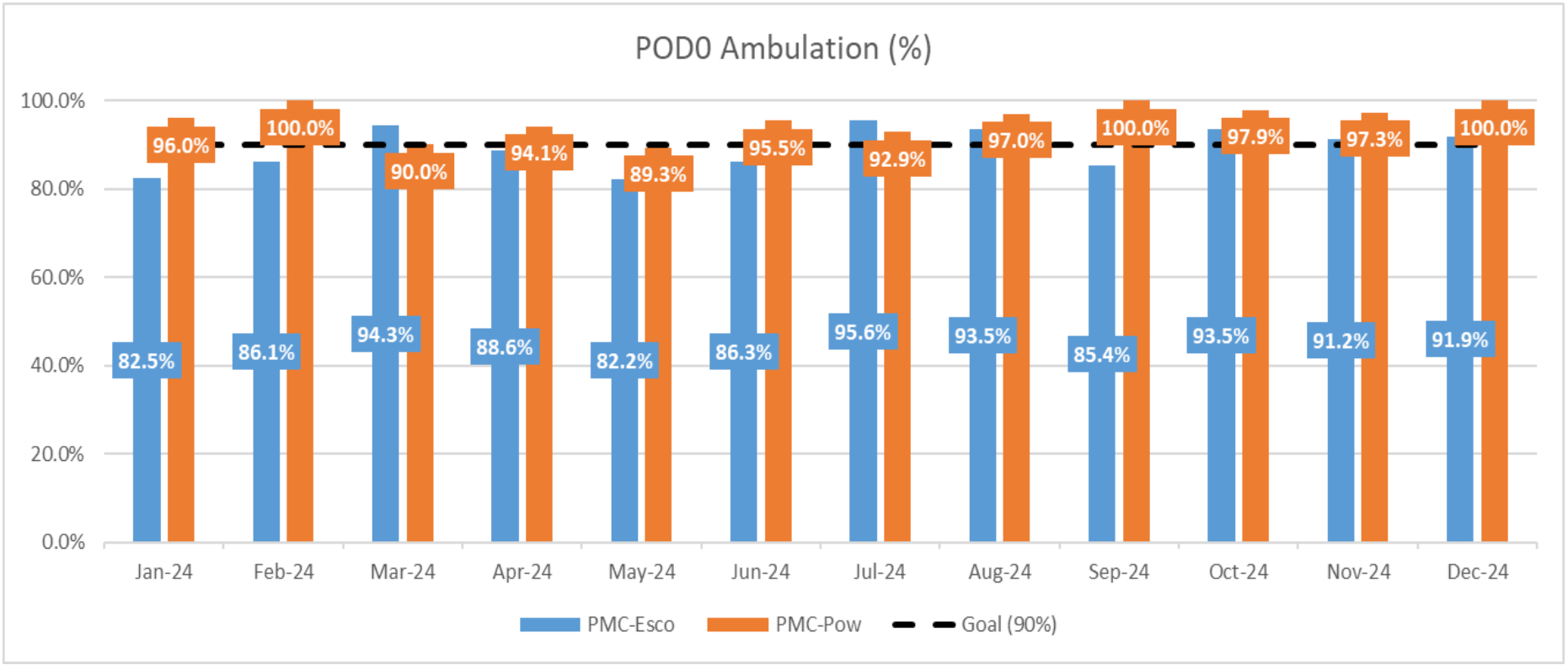
Spinal Anesthesia has been associated with improved outcomes and lower complication rates (higher is better)

POD0 PT Evaluation (%)



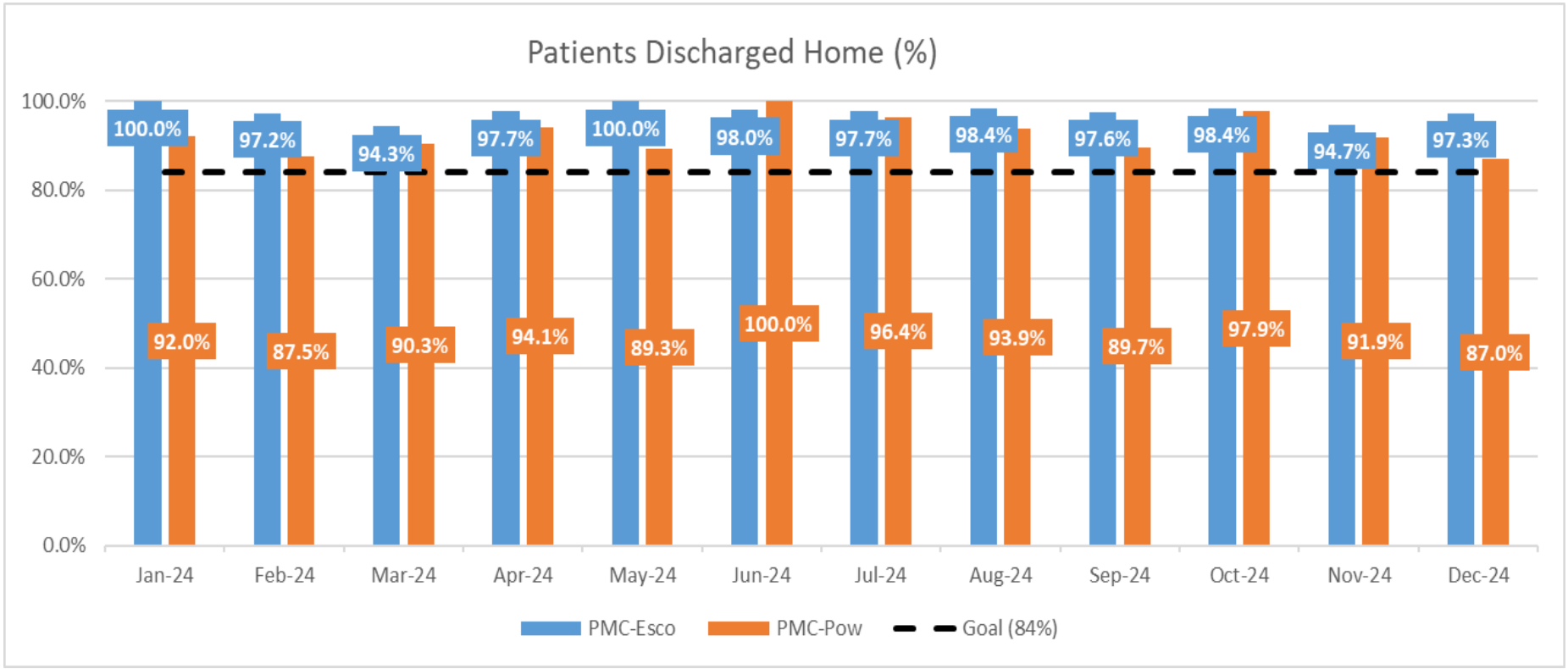
Allows the healthcare team to assess patient's current functional status and identify any potential limitations that could impact recovery (higher is better)

POD0 Ambulation (%)



Getting out of bed and moving on the day of surgery means our patients had good pain control and minimal negative effects of anesthesia (higher is better)

Patients Discharged Home (%)

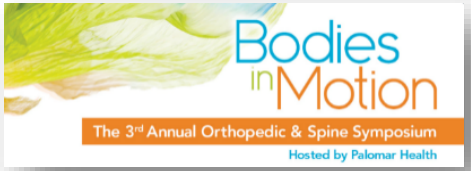


Program coordinates home visit, nurse check-ins along with our online surveys as these are all designed to keep patient's on track in the comfort of their home (higher is better)

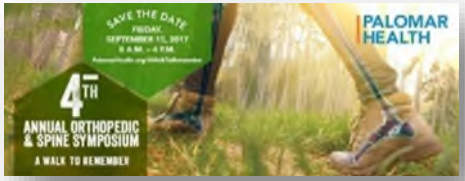
Telling Our Story

2015

2016



2017



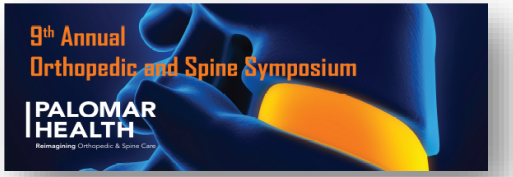
2018

2019

2020

2021

2022



2023

2024

2025

Accomplishments | Total Joint and Spine Surgery

- PMC-Escondido was one of only two hospitals in California to be America's 100 Best for Orthopedic and Spine surgery, 5 years in a row.
- Enrolled 1253 new patients in our Online CarePath mobile app for patient education, and Patient Reported Outcome Data Collections.
- 99% of patients reported feeling prepared the day prior to their elective surgery
- October 2025, we will host our 12th Annual Ortho and Spine Symposium, with over 100 clinical participants and 15 corporate sponsors
- Implemented various new protocols for the prevention of surgical site infections, including standardized order sets, universal nasal decolonization, and updated antibiotic guidelines

Accomplishments | Total Joint Replacement

- PMC-Poway successfully completed their on site re-certification review for the Joint Commission's Gold Seal of Approval® for Advanced Total Hip and Total Knee Replacement
- 97% of total hip and knee patients were evaluated and treated by physical therapy on POD0, exceeding the 90% benchmark set by the American Academy of Orthopedic Surgeons
- 93% of total hip and knee patients were up and ambulating on POD0, exceeding the 90% benchmark set by the American Academy of Orthopedic Surgeons
- 95% of total hip and knee patients were discharged home (and not SNF or ARU), exceeding the 84% benchmark set by the American Academy of Orthopedic Surgeons

Accomplishments | Spine Surgery

- Palomar Medical Center is the only hospital in San Diego County to earn America's 100-Best award for Spine Surgery, meaning our patients are 2.5 times less likely to experience a complication than other hospitals
- Palomar Medical Center ranks as one of the Top 5 hospitals in the state of California and among the Top 2% in the nation for spine surgery
- On average, patients who have a spinal fusion at Palomar go from 'Severe Disability' to 'Minimal Disability' within the first year after surgery based on Oswestry Disability Index responses

Goals for 2025 | Total Joint and Spine Surgery

- Focus on keeping surgical site infections to below threshold
- Ensure total joint surgeons are using and documenting Share Decision Making principles when discussing surgical options with the patient
- Ensure patient's education needs are being met at discharge, by utilizing the Med Action Pro Plan that includes last dose and next dose
- Ensure patient's PROMs surveys scores are obtained pre and post operatively
- Ensure patient's receive an all-inclusive digital pre op educational landing page which contains:
  - Patient Guidebook, Pre-op class recording, Rehab Movement Demonstration Videos

Infusion Services

Todd Renner, Director, Cancer Services | May 25

Presented to Quality Management Cttee (QMC)

PALOMAR HEALTH
Reimagining Healthcare

Infusion Referrals to Scheduled Appointments

SITUATION	Almost all of the infusion centers referrals are initiated by a HCP in the ambulatory setting vs inpatient discharge. Depending on the diagnosis and disease process, patients may experience acute complications and discomfort until OP treatment initiation.
BACKGROUND	The infusion center sees patients from a range of specialties including rheumatology, GI, Neurology, Dermatology, and pulmonology. (Note: Cancer volume was excluded from this reporting). Biologics make up the largest drug classification order in the infusion center.
ASSESSMENT	Timely access to treatment improves patient physiological wellbeing and patients can achieve quicker remission of their disease status.
RECOMMENDATION	The infusion service team aims to initiate treatment within 14 days of receiving a referral from the HCP.

of Days from Referral to Scheduled Treatment

- FY25 Q1: 11 Days
- FY25 Q2: 13 Days
- FY25 Q3: 11 Days

Radiation Oncology Services

Todd Renner, Director, Cancer Services | Nov 24

Presented to Quality Management Cttee (QMC)

PALOMAR HEALTH
Reimagining Healthcare

Radiation Oncology Tracking Times

SITUATION	Cancer patients have expectations regarding timeliness of care upon hearing they have a cancer diagnosis. Radiation treatment can be used in an adjuvant setting or neoadjuvant setting therefore timeliness of treatment start is imperative to receiving the next treatment modality.
BACKGROUND	The radiation oncology department has been in service to north country region for 15 years. As a mature program arm of the cancer institute's 3 main departments, it plays a critical referral source for growth and sustainability of the Health systems strategic objectives.
ASSESSMENT	Timely access to treatment improves patient physiological wellbeing and patients can achieve quicker remission of their disease status.
RECOMMENDATION	The radiation oncology team aims for the following goals: Referral to Consult - 10 business days Consult to Sims – Not tracked due to payer "influences" CT Sim to First Treatment – 10 days

Data

Timeframe	GOAL (Business Days)	March	3 Month Average
Referral to Consult	10 Days	13 Days	12 Days
CT Sim to Tx	10 Days	13 Days	12 Days

Action Plan with Timeline

- Root cause analysis May 2025
- Process map the process May 2025
- Education to the updated process June 2025

Environment of Care & Emergency Management

Biannual Report (July 2024 – December 2024)

Brian Willey, Director Emergency Management & Safety
Brent Ansell, Manger Emergency Management & Safety

June 11, 2025

Presented to Quality Management Cttee (QMC)

PALOMAR HEALTH
Reimagining Healthcare

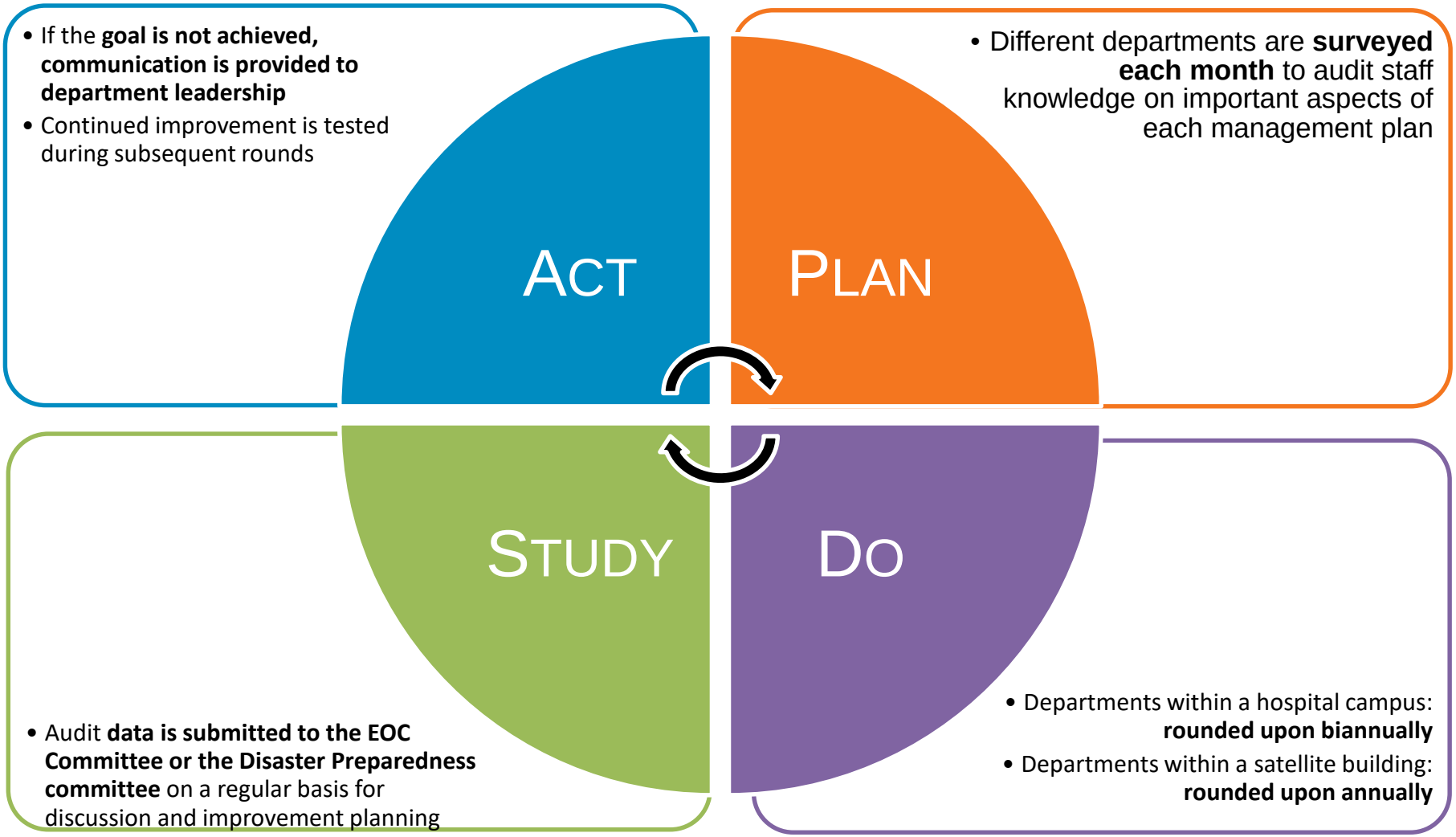
Environment of Care (July 2024 – December 2024)

SITUATION	The Environment of Care (EOC) is comprised of six management plans: safety, security, hazardous materials, fire/life safety, medical equipment, and utilities. Each plan has performance improvement goals.
BACKGROUND	During monthly multidisciplinary EOC rounds, staff knowledge is tested by asking questions related to each management plan. The EOC team reviews the environment by inspecting life safety issues and staff knowledge. Plan owners also monitor high impact and regulatory driven events throughout the year.
ASSESSMENT	Safety Management Plan: • O2 bottles continue to be found unsecured (0): • Staff knowledge of RACE and PASS (100%): Security Management Plan: • Code red drills scores (100%) MET (Goal 100%) • Staff properly displaying their name badge at (99.92%): NOT MET (Goal 100%) Hazardous Materials and Waste Management: • There were no spills requiring external assistance (0): MET (Goal: 0) Fire/Life Safety Management: • Hallway clutter management (80): Medical Equipment Management • Equipment that is unable to be located was within its goal (3.23%): MET (Goal <5%) • High risk medical equipment preventative maintenance completed timely (90.1%): NOT MET (Goal 100%)

Environment of Care (July 2024 – December 2024)

ASSESSMENT (CONTINUED)	Utilities Management • Elevator entrapments monitored to ensure preventative maintenance is effective (1): NOT MET (Goal: 0) • # of water intrusions for being proactive in preventing events(0): MET (Goal: 0) Emergency Management • Staff can articulate the location of the Hospital Command Center (HCC) (95.8%) MET (Goal 90%) • All evacuation devices are readily available (94.1%): MET (Goal 90%)
RECOMMENDATION	Safety Management • Safety, dept. leadership, educators to increase real time training and awareness related to unsecured 02 tanks. Hazardous Materials and Waste Management • Enhance education on the improved online Safety Data Sheet (SDS) retrieval process Medical Equipment Management • Documenting devices in use for extended periods of time, which cannot be accessed for PM's. Increase BioMed training on equipment repair typically outsourced Utilities Management • 2025 meeting with elevator vendor for strategies on how to avoid entrapments • Water safety plan developed and implemented to help ensure water system remain safe. Regulation due 2030

Plan - Do - Study - Act



2024 Performance Indicators

Safety Management:

- O2 bottles found unsecured
- Staff knowledge of RACE and PASS (90% goal)

Security Management:

- Code **Red** drills are completed with a passing grade and do not require a re-drill (100% goal)
- Code **Grays** properly called by staff to the call center emergency line (x111) vs. Security directly (100% goal)
- Code **Greens** properly called by staff to the call center emergency line (x111) vs. Security directly (100% goal)
- Staff observed wearing name badge according to Palomar Health procedure (Lucidoc #14753) (100% goal)
- Promote and track increased Code Grey response from departments other than Security (2+ more staff Goal)

Medical Equipment Management:

- Preventative maintenance (PM) completion rate for high-risk life support equipment (100% goal)
- Preventative maintenance (PM) completion rate for non-life support equipment (100% goal)
- <5% of unable to locate pieces of medical equipment
- ≥90% of equipment repairs completed within 30 days
- Tracking of high value mobile medical equipment (90% goal)
- Staff attending technical training classes

2024 Performance Indicators

Hazard Materials and Waste Management:

- Monitoring of hazardous material containers inspected / labeled incorrectly
- Monitoring of number of hazardous chemical incidents involving outside agency assistance for cleanup
- Monitoring of number of biohazard waste incidents involving outside agency assistance for cleanup
- Staff can articulate how to obtain SDS (Safety Data Sheet) information (90% goal)
- 3E SDS stickers have been removed from landline phones (90% goal)
    - Goal changed mid-year due to process change.
- Staff knowledge in articulating appropriate steps to take in response to a spill (90% goal)
- Eyewash/Facewash/Shower stations are signed off
- Eyewash/Facewash/Shower stations are compliant with ANSI/ISEA Z358.1-2014 standards

Life Safety / Fire Prevention Management:

- Monitoring of actual fires reported inside the facilities
- Monitoring of building and / or protection system monitoring – problems, significant incidents, unexpected repairs
- Number of high hazard departments trained

2024 Performance Indicators

Utility Management:

- Monitoring of flooding events, Utility failures, and elevator failures
- Emergency generator testing compliance per regulatory standards (100% threshold)

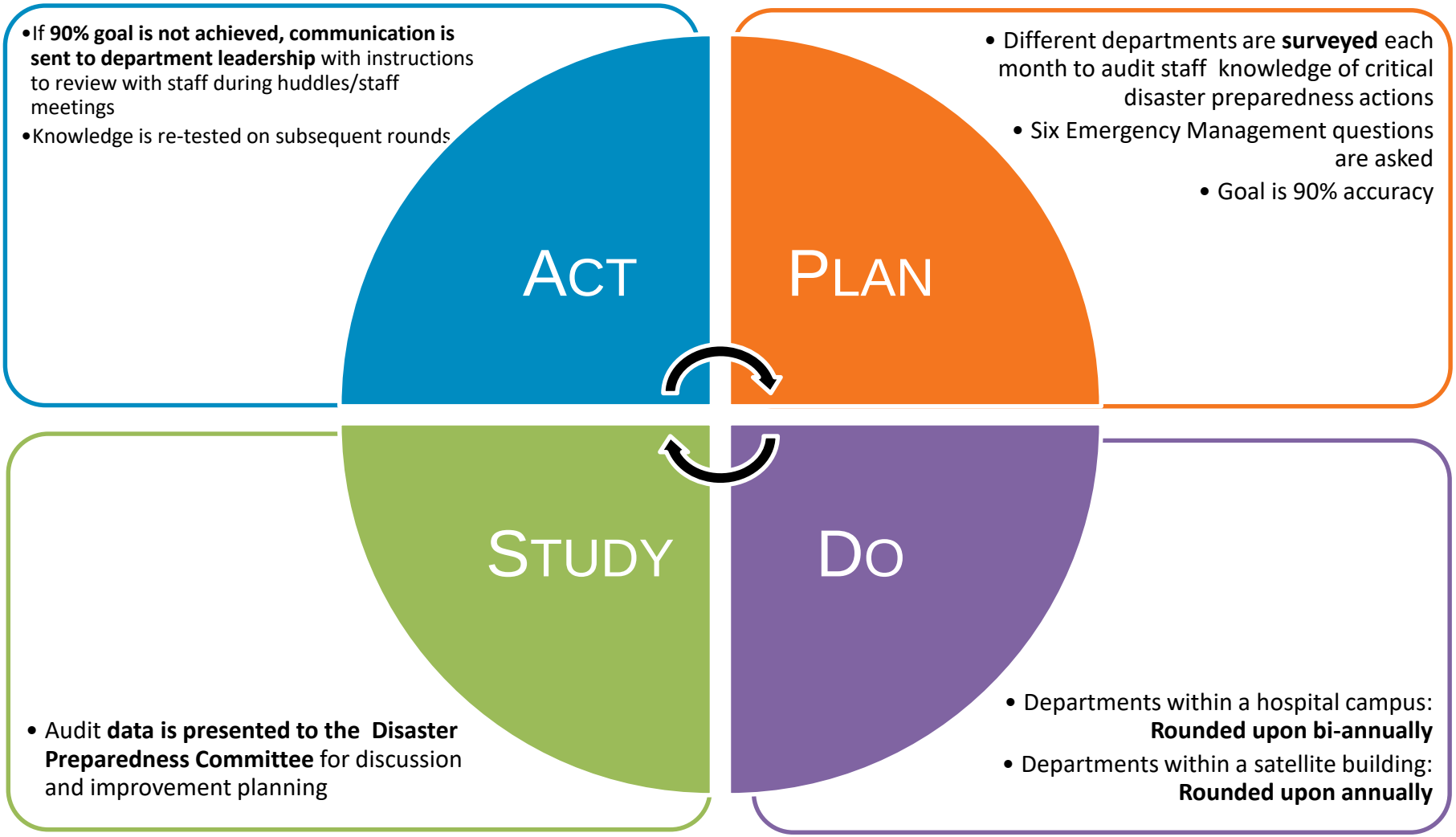
Emergency Management:

- Conduct TWO disaster drills or events annually per our HVA in accordance to Joint Commission standards.
- Staff can articulate where their unit disaster supplies are located (90% threshold)
- Staff can articulate where their unit emergency and safety response guide is located (90% threshold)
- Staff can articulate what actions to take during an earthquake (90% threshold)
- Staff can articulate the location of the Hospital Command Center (HCC) (90% threshold)
- Staff can articulate the location of the Labor Pool (90% threshold)
- All evacuation devices are readily available? (90% threshold)
- Based on Everbridge notifications sent, there are 0 unreachable contacts.
- Conduct at least ten emergency management / safety training sessions for staff per quarter

Emergency Management

SITUATION	Emergency Management is responsible for ensuring staff's knowledge of the actions to take in a disaster or emergency situation.
BACKGROUND	Emergency Management has historically achieved greater than 90% staff accuracy to departmental knowledge audits. Audits typically occur during regular business hours, but occasional audits are performed during the early mornings, late evenings, and weekends.
ASSESSMENT	Emergency Management staff perform scheduled departmental audits to test staff knowledge. The knowledge audits consist of 6 questions. Palomar Health staff were able to answer all 6 questions with greater than 90% accuracy.
RECOMMENDATION	All departments with knowledge gaps are sent a ServiceNow fix-it ticket and provided specific information and resources to communicate with and educate staff. Departments will be re-audited to assess for knowledge improvement.

Plan - Do - Study - Act



Monthly Rounding

Goal: > 90% staff accuracy to Emergency Management questions

100%	**Staff can articulate where their unit disaster supplies are located**
100%	**Staff can articulate where their unit Emergency and Safety Response Guide is located**
100%	**Staff can articulate what actions to take during an earthquake**
95.8%	**Staff can articulate the location of the Hospital Command Center (HCC)**
100%	**Staff can articulate the location of the Labor Pool**
94.1%	**All evacuation devices are readily available**
15/5614	**Based on Everbridge notifications sent, there are 5,614 total contacts (15 unreachable)**

Action Plan with Timeline

- Departments not achieving the 90% accuracy threshold are sent a Service Now fix-it ticket and provided specific information and training resources within one week of their audit

- Just in time training provided for any staff knowledge deficiencies

- Auditing is performed every 6 months for hospital based departments

Active Projects

- Training goal:
  - 91 Training Sessions held on a goal of 40
- Community Ham Radio Class/Certifications (Completed)
  - Partnered with SANDARC to provide a Ham radio certification class for 20+ community partners
- Ham Radio system install (PMCE)
  - Ham radio equipment has been purchased and is pending installation by Facilities
- MOU finalized with San Diego County Public Health Preparedness and Response (PHPR) to receive 15 new Serv-O ventilators for day to day use.
- Additional equipment procurement through the San Diego Healthcare Disaster Coalition (SDHDC)
  - Ham radios & power supplies (Received)
  - Bioseal system for Ebola response capabilities (Received)
  - Portable decontamination showers (Pending finalized MOU)
  - Evacuation devices for PHMG (Pending)
  - 30 new radios for use by Security at PMCE (Pending)
- HAZWOPER recertification for leadership in Facilities, EVS, Lab, Supply Chain, and Employee Safety (Completed)

PALOMAR HEALTH

Laboratory Biannual Presentation

Presented to Quality Management Committee

Jerry Kolins, M.D., Medical Director, Laboratory
Tim Barlow, CLS (ASCP) MT, Laboratory Manager, Laboratory Services
May 14,2025

Laboratory Biannual Report

SITUATION	The Laboratory Quality Committee meets monthly to review lab quality indicators, performance metrics for trends and opportunities to improve laboratory services.
BACKGROUND	The Laboratory Quality Committee identifies different quality indicators for all three phases of laboratory operations to monitor annually according to regulatory requirements, identify high risk processes, and multidisciplinary quality initiatives. The committee, with the approval of the medical director, sets the target base on national benchmarks or needed process improvement activities for patient care and safety.
ASSESSMENT	**Fiscal Year (FY) 25 performance trends and improvement opportunities:** • Critical value reporting, test order accuracy, proper specimen identification, specimen integrity, consistently met performance targets • **Improve STAT turn around time (TAT) for Lab results in the Emergency Department at PMC Escondido. PMC Poway consistently is meeting ED STAT turnaround time goals.** • **Blood Culture Contamination Rate is a process improvement project that started in FY 24 and carried over to FY 25. New goal of < 2% contamination rate has not yet been met.** • **Hand Hygiene compliance is identified as a process improvement opportunity for the phlebotomy team.** • **Improved turnaround times, efficiency, and cost savings were achieved for chemistry tests when successfully moved to the automated Chemistry testing line at PMC ESC.** * **Implement C. difficile testing algorithm in Clarity to eliminate improper repeat testing**
RECOMMENDATION	- PMC ESC phlebotomy ED staffing changes with new Phlebotomy Supervisor to decrease PMC ESC ED Lab specimen collection time as this was identified as a leading cause of increased TAT of Lab results. - Phlebotomy Leadership priority to focus on decreasing blood culture contamination rate for FY 25-26 and report back on progress to QMC in Nov 2025. - Work on the hand hygiene phlebotomy compliance as a process improvement project and report back to QMC in Nov 2025 - Eliminate duplicate testing of C. difficile to prevent reporting of false hospital-onset infection. - Added to lab menu HgBA1C, Procalcitonin, Prolactin and special coagulation testing (anti-Xa and Anti-thrombin for ECMO program) to improve TAT and decrease cost.

Quality Management Committee ISBARR Executive Summary

PALOMAR HEALTH

Topic/Project: **Utilization Review Biannual Report**

Submitted By: Nas Jalil, MD UR Chair 06/11/25

Introduction	Promotion of Utilization best practices via a multi-disciplinary approach: quality driven, compliant, efficient, budget friendly, and effective process improvement plans thereby ensuring patient advocacy and in turn, impacting ROI
Situation	Utilization Review Committee Chair
Background	• Performing high quality case reviews, data analytics, identifying areas of opportunity, review of high dollar accounts, proper use of cost-effective resources, mitigation of high dollar losses, and assurance of regulatory compliance • Ongoing education on UR based best practices to the medical staff and UM Team • Participation in the denial management space • Collaboration with the Case Management team to ensure accuracy, efficiency, best practices, and throughput
Assessment	1. Observation Rounds & Extended Length of Stay Meetings (LOS) 2. Multidisciplinary Rounds (MDRs) 3. Denial Management Optimization 4. CDI/HIM Queries with Escalation Protocol 5. HIM Documentation Medical Records with Escalation Protocol 6. Provider Education: Ongoing Education with Focus on Documentation Using High Yield Dot Phrases 7. UR Physician Committee: Edification of Best UR Practices, UR Reporting, Compliance with CODE 44 8. Short Stay Reviews, CDI /HIM, and Supplemental Audits 9. Pre-Op Elective Surgical PSO Protocol Implementation with Leadership Education 10. Utilization Management Team Optimization 11. Documentation Error Protocol 12. CERNER Integration Concepts

Recommendation	1. UR oversight enabling collaborative AM and PM rounds with seasoned UR/CM team reviewing all OBS cases for potential upgrade opportunities and real time outreaches to the providers to ensure accuracy and throughput; oversight on all primary/secondary reviews 2. MDRs fostering excellent real time communication and coordination of care to facilitate timely discharge planning, proper use of resources, and reduction in LOS 3. Denial audits with root cause analysis and trends ensuring prior P2P and appeals follow-through, areas for opportunity, mitigate loss; payer discussions for egregious denials on specific accounts for accountability and throughput 4. Timely completion of all CDI/HIM outstanding queries and HIM documentation deficiencies with escalation protocol to ensure accountability and release of funds 5. Provider documentation of education and compliance for optimal CDI capture with the proper use of robust dot phrases to support the accurate medical record thereby ensuring high quality, maximizing proper reimbursements, as well as ensuring patient advocacy 6. Short stays: consistent 60 percentile Inpatient conversion rate leading to substantial increase in ROI for funds otherwise uncaptured 7. Compliant process for documentation errors including customized CERNER documentation template (e.g. PSO on wrong FIN, wrong accommodation status) 8. Education on elective surgery protocols by payer to the surgical leadership/provider teams to mitigate improper PSO assignment and ensure compliance 9. Working collaboratively with CRM leadership on UR related projects to ensure results 10. Focused workflow for UR RNs within CM: turnkey CODE 44 process, OBS reviews, ongoing education and audits on proper use/compliance with guidelines

PALOMAR HEALTH

Pharmaceutical Services QAPI

- IV to PO Interchange
- Order Verification
- Controlled Medication Overrides
- Medication Error Reduction Plan (MERP)

Presented to Patient and Medication Safety Committee

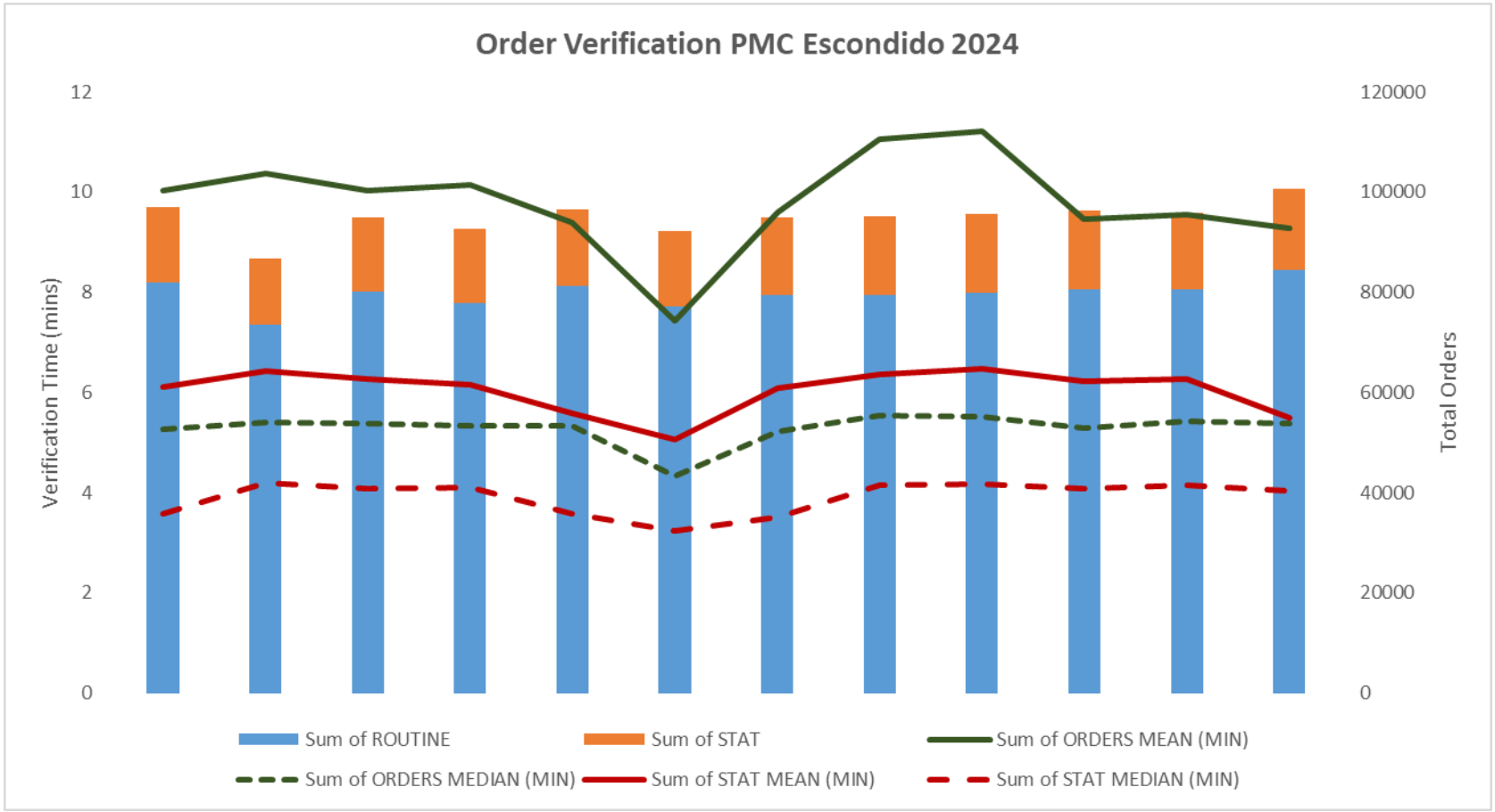
Dondreia Gelios, PharmD, BCPS District Director of Pharmacy – June 2025

IV to PO Therapeutic Interchange

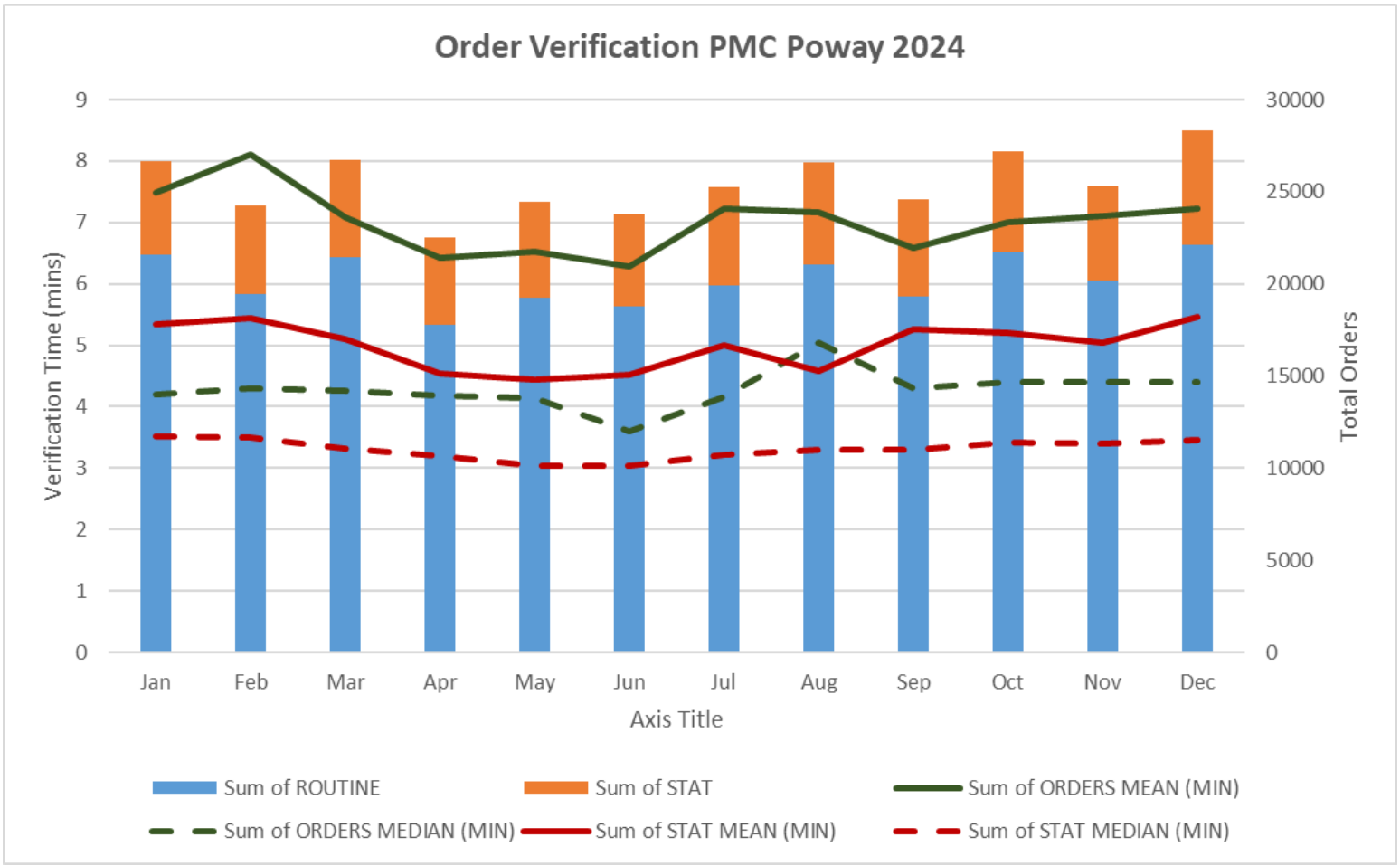
- Success
  - CY23 average interventions ***monthly***
    - 3 times greater than baseline
  - CY24 average interventions ***monthly***
    - ***32% greater than CY23***
  - 99.2% physician acceptance rate
- Moving Forward
  - Add additional medications to the interchange procedure pending medical approval
  - Proactive interventions

*Cost savings based on $148 cost avoidance per intervention: Cost Savings Associated With Pharmacy Student Interventions During APPEs, doi: 10.5688/ajpe78471

Order Verification



Order Verification

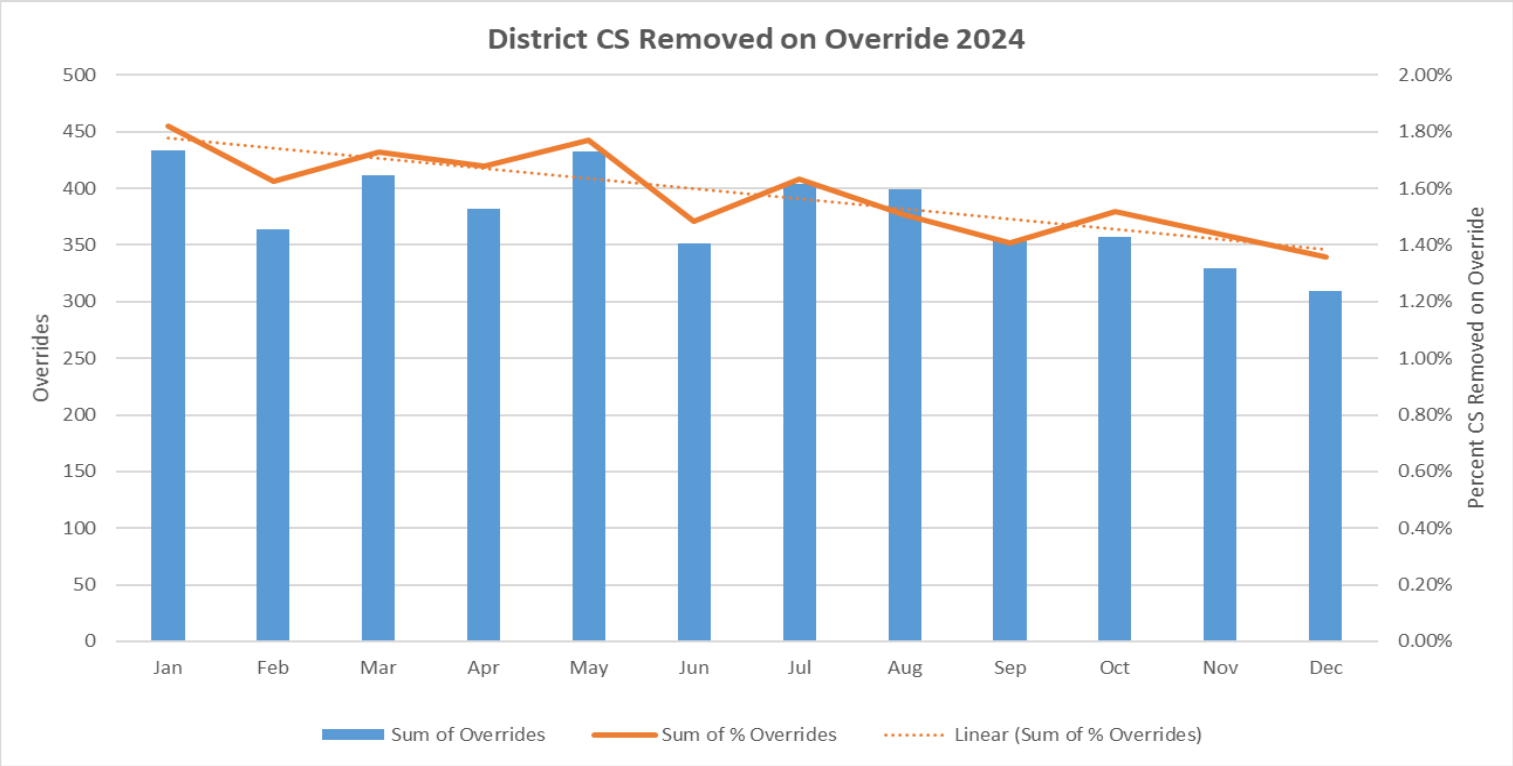


Order Verification – Monthly Averages

- PMC Escondido
  - 95,000 verified orders
    - Routine: 84%
    - STAT: 16%
  - Verification time
    - All orders
      - Mean: 10.01 mins
      - Median: 5.32 mins
    - STAT orders
      - Mean: 6.13 mins
      - Median: 4.03 mins

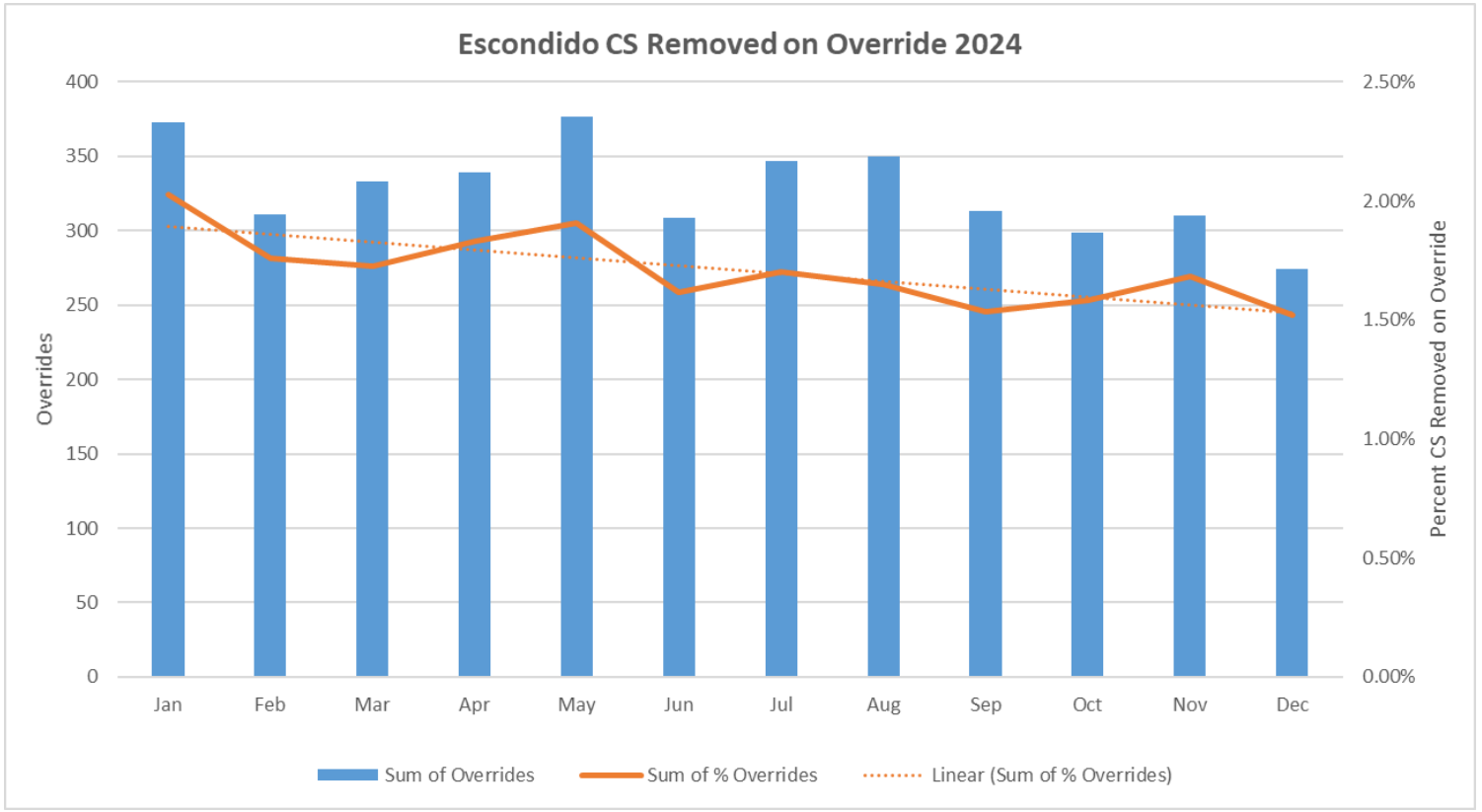
- PMC Poway
  - 25,500 verified orders
    - Routine: 79%
    - STAT: 21%
  - Verification time
    - All orders
      - Mean: 7.12 mins
      - Median: 4.27 mins
    - STAT orders
      - Mean: 5.13 mins
      - Median: 3.30 mins

Controlled Medications Removed on Override - District



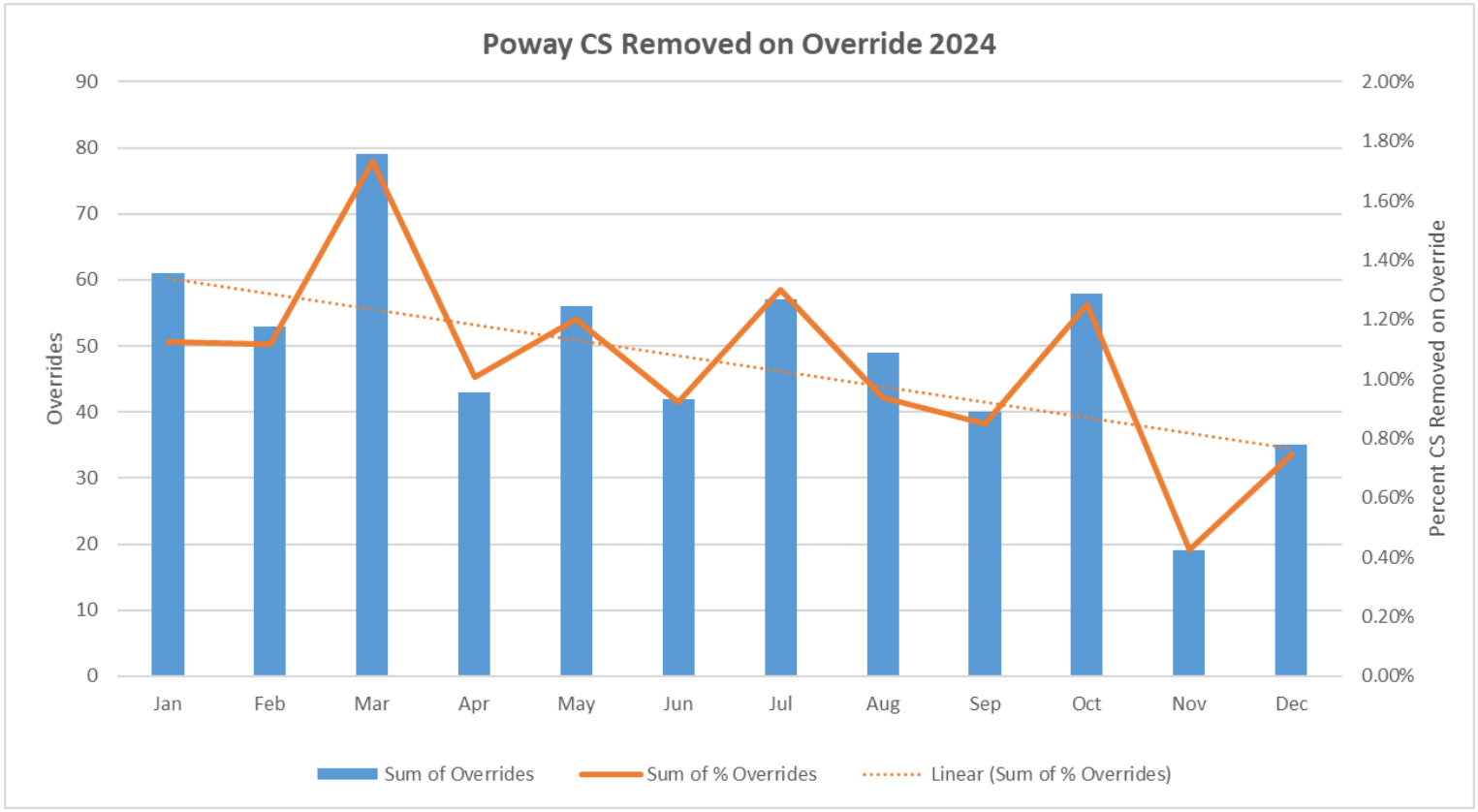
Month	CS Vends
Jan-24	23,840
Feb-24	22,411
Mar-24	23,850
Apr-24	22,773
May-24	24,446
Jun-24	23,675
Jul-24	24,752
Aug-24	26,474
Sep-24	25,075
Oct-24	23,515
Nov-24	22,882
Dec-24	22,733

Controlled Medications Removed on Override - PMCE



Month	CS Vends
Jan-24	18,420
Feb-24	17,663
Mar-24	19,290
Apr-24	18,497
May-24	19,788
Jun-24	19,115
Jul-24	20,365
Aug-24	21,246
Sep-24	20,372
Oct-24	18,876
Nov-24	18,435
Dec-24	18,043

Controlled Medications Removed on Override - PMCP



Month	CS Vends
Jan-24	5,420
Feb-24	4,748
Mar-24	4,560
Apr-24	4,276
May-24	4,658
Jun-24	4,560
Jul-24	4,387
Aug-24	5,228
Sep-24	4,703
Oct-24	4,639
Nov-24	4,447
Dec-24	4,690

Controlled Medications Removed on Override

- Purpose: Medications removed on override can be an indication of diversion.
- Success
  - Decrease in percent overrides
    - District - 1.82% to 1.36% (25% improvement)
    - PMCE - 2.02% to 1.52% (25% improvement)
    - PMCP - 1.13% to 0.75% (34% improvement)
- Moving Forward
  - Focus on areas of high override percentage
  - Education on importance of pharmacist verification prior to medication removal

MERP – Summary

- Multidisciplinary approach, lead by pharmacy, to improve medication safety throughout the organization. 11 elements evaluated annually (see MERP annual report).
- 27 process improvements were implemented or continued during 2024.
  - Administration: *three*. Focusing on time critical and high risk medications.
  - Compounding: *two.* Updating IV room workflow and standards.
  - Dispensing: *one*. Improving on barcode scanning.
  - Distribution: *four*. Expanding upon medication optimization.
  - Education: *seven*. Advancing knowledge in treatment, diversion and medication supply issues.
  - Monitoring: *three.* Focusing on diversion and pain medications.
  - Packaging and Nomenclature: *zero*.
  - Prescribing: *nine.* Creating and/or updating order sets to ensure best practice and minimize errors attributed to medications.
  - Prescription Order Communication: *one*. Expanding on obtaining accurate medication history on patient admission.
  - Product Labeling: *zero.*
  - Use: *two.* Evaluating appropriateness of medication use.