

# QUALITY REVIEW COMMITTEE

## MEETING AGENDA

Wednesday, January 28, 2026  
3:00pm

Please see page 2 for meeting location

	<i>The Board may take action on any of the items listed below, including items specifically labeled "Informational Only"</i>	Time	Form A Page	Target
<b>Call To Order</b>				<b>3:00</b>
1. <b>Establishment of Quorum</b>		1		3:01
2. <b>Public Comments<sup>1</sup></b>		30		3:31
3. <b>Action Item(s) (ADD A)</b>		15		3:46
a. Board Quality Review Committee Meeting Minutes – October 22, 2025 (Pp 6-9)				
b. Approval of Contracted Services <ul style="list-style-type: none"> <li>i. Vital Care (Pp 10)</li> <li>ii. PharMerica (Pp 11)</li> <li>iii. Linde Portable Medical Gas (Pp 12)</li> <li>iv. Agiliti (Pp 13)</li> </ul>				
4. <b>Annual Reports – Informational Only (ADD B)</b>		15		4:01
a. Annual Review of BQRC Charter and Reporting Calendar (Pp 15-19)				
5. <b>Adjournment to Closed Session</b>		1		4:02
<i>Pursuant to CA Gov't Code §54962 &amp; CA Health &amp; Safety Code §32155; HEARINGS – Subject Matter: Report of Quality Assurance Committee</i>		10		4:12
6. <b>Adjournment to Open Session</b>		1		4:13
7. <b>Action Resulting from Closed Session</b>		1		4:14
<b>Final Adjournment</b>		1		4:15

<b>Voting Membership</b>	<b>Non-Voting Membership</b>
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
James Puckett, MD – 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 <sup>st</sup> 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.

<sup>1</sup> 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: De2hx3s3

or

Dial in using your phone at 929.352.2216; Access Code: 871 963 771#<sup>1</sup>

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

<sup>1</sup> 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.

# Board Quality Review Committee Meeting

Meeting will begin at 3:00 p.m.

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## 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.

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### 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

*Board Quality Review Committee Minutes – Wednesday, October 22, 2025*

<i>AGENDA ITEM</i>	<i>CONCLUSION/ACTION</i>	<i>FOLLOW UP/RESPONSIBLE PARTY</i>	<i>FINAL?</i>
<i>DISCUSSION</i>			
<i>NOTICE OF MEETING</i>			
<p>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, October 17, 2025, which is consistent with legal requirements.</p>			
<i>CALL TO ORDER</i>			
<p>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 3:00 p.m. by Committee Chair Linda Greer.</p>			
<i>1. ESTABLISHMENT OF QUORUM</i>			
<ul style="list-style-type: none"> <li>Quorum comprised of: Directors Greer, Corrales, Jahaaski, Nguyen, MD and Ritchie, MD</li> </ul>			
<i>2. PUBLIC COMMENTS</i>			
<ul style="list-style-type: none"> <li>None</li> </ul>			

**3. ACTION ITEMS**

a. Minutes: Board Quality Review Committee Meeting – July 23, 2025

**MOTION** by Ritchie, MD, 2<sup>nd</sup> by Director Corrales to approve the July 23, 2025, Board Quality Review Committee meeting minutes as written.

Roll call voting utilized.  
Director Corrales – aye  
Director Greer – aye  
Director Jahaaski - aye  
Nguyen, MD – aye  
Ritchie, MD - aye

Five in favor. None opposed. None absent. None abstain  
Motion approved

**Discussion:**

- No discussion

b. Approval of Contracted Services

- i. Access Telecare
- ii. Advantage Ambulance
- iii. Alheiser Comer
- iv. Alians Neuromonitoring, Inc.
- v. Alliance For Wellness
- vi. Becton Dickinson and Co
- vii. Boston Sci Micropace Essential Care
- viii. Boston Sci Labsystem Pro Recording Equip
- ix. California Transplant Services
- x. Davita Dialysis
- xi. Equiti Health (FKA Voyce)
- xii. Morrison
- xiii. Richard Bravo Intraoperative Monitoring Services
- xiv. South Coast Perfusion
- xv. Specialty Care IOM
- xvi. UHS Surgical Services Inc.
- xvii. Valley Pathology

**MOTION** by Director Corrales, 2<sup>nd</sup> by Director Jahaaski to approve agenda item 3,b,i-xvii.

Roll call voting utilized.  
Director Corrales – aye  
Director Greer – aye  
Director Jahaaski - aye  
Nguyen, MD – aye  
Ritchie, MD - aye

Five in favor. None opposed. None absent. None abstain  
Motion approved

**Discussion:**

- All questions by Committee Members were satisfied.

**4. *Annual Reports – Informational Only***

- a. Stroke Program
- b. Behavioral Health Services
- c. Continuum Care
- d. Dietary Services [Food and Nutrition Services (FANS)]
- e. Hand Hygiene
- f. Management of the Medical Record
- g. MedStaff: Anesthesia Services
- h. Nursing Services
- i. Patient Discharge Planning (Clinical Resource Management) & Patient Throughput
- j. PeriOperative Services
- k. Service Excellence
- l. Safe Practices for Better Healthcare
- m. Annual BQRC Assessment

**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***

Director Greer announced the 2024 QAPI was reviewed and approved in closed session.  
Five in favor, none opposed, none absent, none abstain.  
Motion approved.

**FINAL ADJOURNMENT**

Meeting adjourned by Committee Chair Linda Greer at 4:57 p.m.

**Signatures:**

**Committee Chair**

Linda Greer, RN

**Committee Assistant**

Gen Dieu

**Palomar Health  
Review of Contract Service**

**Name of Service:** VitalCare

**Date of Review:** 1/16/2026 **Name /Title of Reviewer:** Alicia Lockett Administrator

**Nature of Service (describe):** Subacute RT Services & Subacute Management

<b>Evaluation</b>	<b>Met Expectation</b>	<b>Did Not Meet Expectation</b>
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**

<b>METRIC</b>	<b>1ST QTR</b>	<b>2ND QTR</b>	<b>3RD QTR</b>	<b>4TH QTR</b>	<b>Cumulative Total</b>
SUBACUTE UNIT STATISTICS	95%	100%	95%	100%	90.25%
PATIENT ACCOUNTS	100%	100%	100%	100%	100%
ONBOARDING SUPPORT STAFF	100%	100%	100%	100%	100%

**Comments**

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**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:** PharMerica

**Date of Review:** 1/16/26 **Name / Title of Reviewer:** Alicia Lockett,

Administrator

**Nature of Service (describe):** Pharmacy for Skilled Nursing

<b>Evaluation</b>	<b>Met Expectation</b>	<b>Did Not Meet Expectation</b>
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**

<b>METRIC</b>	<b>1st QTR</b>	<b>2nd QTR</b>	<b>3rd QTR</b>	<b>4th QTR</b>	<b>Cumulative Total</b>
Antipsychotic Medication Reduction	10%	8%	8.6%	5.1%	31.7%
Nursing Controlled Drug Compliance	100%	100%	100%	100%	100%
Antibiotic Stewardship	12%	12%	12%	22%	58%

**Comments**

By 4<sup>th</sup> quarter we reduced the antipsychotic rate above 50%

**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: \_\_\_\_\_

**Palomar Health**  
**Review of Contract Service**

**Name of Service:** Lindie Medical Gas Services

**Date of Review:** 1.15.2025      **Name / Title of Reviewer:** Krysti Johnson, RCP Respiratory Care Manager

**Nature of Service (describe):** Portable medical gas delivery

<b>Evaluation</b>	<b>Met Expectation</b>	<b>Did Not Meet Expectation</b>
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**

<b>METRIC</b>	<b>1<sup>st</sup> QTR 2025</b>	<b>2<sup>nd</sup> QTR 2025</b>	<b>3<sup>rd</sup> QTR 2025</b>	<b>4<sup>th</sup> QTR 2025</b>	<b>Cumulative Total</b>
Responsiveness to emergency request for additional O2	100%	100%	100%	100%	100%
Anticipates increase demand for O2	100%	100%	100%	100%	100%
Cleanliness in service units	100%	100%	100%	100%	100%

**Comments**

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**Conclusion (check one)**

**X** 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: \_\_\_\_\_

**Palomar Health  
Review of Contract Service**

**Name of Service:** Agiliti

**Date of Review:** January 28, 2026 **Name / Title of Reviewer:** Marcos Fierro - Sr.Director Facility Operations

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

<b>Evaluation</b>	<b>Met Expectation</b>	<b>Did Not Meet Expectation</b>
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**

<b>METRIC</b>	<u>1</u> QTR 2025	<u>2</u> QTR 2025	<u>3</u> QTR 2025	<u>4</u> QTR 2025	<b>Cumulative Total</b>
1. Preventive Maintenance of equipment	99%	100%	99%	98%	99%
2. Timely repair of equipment	99%	99%	100%	99%	99%
3. Uptime Performance Capability	100%	100%	99%	100%	99%
4. Cleaning of equipment	95%	100%	100%	100%	98%

**Comments** –Q1 2025, there was an issue noted with cleaning/disinfection. This was remedied immediately and no further issues identified.

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**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: Agiliti did not follow the IFU for one piece of equipment.

Follow up action items.

1. Equipment will be brought in to SPD 24 hrs in advance of procedure.
2. Agiliti will sign into

# ADDENDUM B

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

**I.** **Purpose.** The Quality Review Committee (“Committee”) of the Palomar Health Board of Directors (“Board”) aims to oversee performance improvement and patient safety of the Palomar Health Local Healthcare District (“District”).

**II. Membership.**

**A. Voting Membership.** The voting members (“Voting Members”) of the Committee may consist of those individuals appointed as Voting Members of the Committee by the Chair of the Board (“Board Chair”) in accordance with the Bylaws of Palomar Health (“Bylaws”) and other applicable policies of the Board.

**B. Alternate(s).** Any alternate voting members (“Alternates”) of the Committee may consist of those individuals appointed as Alternates of the Committee by the Board Chair in accordance with the Bylaws and other applicable policies of the Board. Alternates enjoy voting rights only in the absence of a Voting Member. Unless Alternates enjoy voting rights, they may attend the meetings of the Committee only as an observer.

**C. Non-Voting Membership.** The non-voting members (“Non-Voting Members”) may consist of the following individuals:

- President and CEO of Palomar Health
- Chief 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

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 date 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 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 the 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 the appropriateness of 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 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.

	Review with BOD (Chair) - 12 days before mtg	Green - Annually			Yellow-Biannual		
		16-Jan	13-Mar	15-May	10-Jul	11-Sep	16-Oct
	Meeting Date	28-Jan	25-Mar	27-May	22-Jul	23-Sep	28-Oct
Annual BQRC Assessment							✓
Annual Review of BQRC Charter		✓					
Establish BQRC Meeting Dates (Calendar Resolution)		✓					
Annual Review of BQRC Reporting Calendar		✓					
Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan, #11234 Annual Review (for approval) Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety			✓				
Quality Assurance & Performance Improvement (QAPI) Annual Review and Program Assessment Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety				✓			
Behavioral Health Services Benjamin Hidy, MD, Chair Darrell Oppermann, Behavioral Health Services Mgr							✓
Center of Excellence Cardiovascular and Cardiothoracic Svcs Thomas McGuire, BSN, MBA, Dist Director, Interventional Procedures/Cardiology						✓	
Center of Excellence Total Joint - TBD, Service Line Clinical Coordinator Jim Bried, MD					✓		
Center of Excellence Spine Surgery - TBD, Service Line Clinical Coordinator Andrew Nguyen, MD					✓		
Outpatient Svrs (Infusion Svrs, Radiation Oncology) Todd Renner, Dir Oncology Services Russell Riehl, MHA, VP Operational Support Svcs					✓		
Continuum Care (SNF - The Villas at Poway) Erica Cogswell, Dir 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)] Megan Melendrez, 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 Antimicrobial 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, Dir 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							✓

	Review with BOD (Chair) - 12 days before mtg	Green - Annually			Yellow-Biannual		
		Meeting Date	16-Jan	13-Mar	15-May	10-Jul	11-Sep
<b>MedStaff: Utilization Review</b> Nasreen Jalil, MD Andrew Tokar, CFO					✓		
<b>MedStaff: Anesthesia Services</b> Bremen Schultz, DO; Maseeha Khaleel, MD (Chairs)						✓	
<b>MedStaff Dept: Emergency Medicine</b> Tracy Page, DNP, RN, PHN, Dir Nicholle Bromley, MD (Chair)			✓				
<b>Trauma Program</b> John Steele, MD, FACS Tracy Page, DNP, RN, PHN, Dir			✓				
<b>Medication Management (Pharmacy)</b> Donna Gelios, PharmD, BCPS; Director of Pharmacy Omar Khawaja, MD, Chief Medical Officer (CMO)					✓		
<b>Nursing Services</b> Mel Russell, MSN, Chief Nurse Executive							✓
<b>Patient Discharge Planning (Clinical Resource Management)</b> Harry Kalipolitis, Int Dir Mel Russell, MSN, Chief Nurse Executive						✓	
<b>Patient Throughput</b> Donnie Miller, Dir Clin Ops Ryan Fearn-Gomez, VP Operations						✓	
<b>Pay for Performance Programs Update / Leapfrog Grade (when available will present)</b> Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety							
<b>PeriOperative Services</b> Bruce Grendell, Sr Dir PeriOp Svcs Karen Hanna, MD; Gregory Campbell, MD (Chairs)						✓	
<b>Radiology &amp; Nuclear Medicine MedStaff Report</b> Charles McGraw, MD; Arian Nasiri, MD (Chairs)				✓			
<b>Radiology &amp; Nuclear Medicine (includes Women's Cntr)</b> Sims Kendall, Sr. Director, Diagnostic Imaging Services Ryan Fearn-Gomez, VP Operations				✓			
<b>Rehabilitation and Wound Care Services</b> Tyler Powell, Director of Rehabilitation Services Russell Riehl, MHA, VP Operational Support Svcs			✓				
<b>Respiratory Services</b> Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality / Patient Safety Frank Bender, MD, Medical Director			✓				
<b>Service Excellence</b> [Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)] <i>TBD</i> ; Dir Patient Experience and Service Excellence Omar Khawaja, MD, Chief Medical Officer (CMO)						✓	
<b>Stroke Program</b> <i>TBD</i> , Stroke Program Coordinator Remia Paduga, MD, Medical Director, Stroke Program				✓			

Number of Reports Due by Month

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