Posted
Friday,
March 20, 2026

PALOMAR HEALTH
Reimagining Healthcare

QUALITY REVIEW COMMITTEE

MEETING AGENDA

Wednesday, March 25, 2026
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 – January 28, 2026 *(Pp 6-8)*			
	b. Approval of Contracted Services i. ARUP *(Pp 9)* ii. San Diego Blood Bank *(Pp 10)* iii. San Diego Urology Mobile Services *(Pp 11-12)* iv. Quality and Patient Safety Improvement Projects Focus 2026 *(Pp 13)*			
4.	**Annual Reports – *Informational Only*** *(ADD B)*	15		4:01
	a. Hand Hygiene *(Pp 15-16)* b. MedStaff Dept: Emergency Medicine Biannual Report *(Pp 17-19)* c. MedStaff Dept: Trauma Program Biannual Report *(Pp 20-25)* d. Rehabilitation and Wound Care Services *(Pp 26-31)* e. Respiratory Services *(Pp 32-38)*			
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
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 –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

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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

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, January 28, 2026			
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, January 23, 2026, which is consistent with legal requirements.			
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: Directors Greer, Corrales, Jahaaski* and Puckett, MD* and Ritchie, MD *Director Jahaaski arrived in person at 3:02pm, after the quorum was established. *Puckett, MD arrived in person at 3:05 pm during the Approval of Contracted Services section of the meeting, after motion was made.			
2. PUBLIC COMMENTS			
• None			

3. ACTION ITEMS			
a. Minutes: Board Quality Review Committee Meeting – October 22, 2025	MOTION by Director Corrales, 2nd by Director Jahaaski to approve the October 22, 2025, Board Quality Review Committee meeting minutes as written. Roll call voting utilized. Director Corrales – aye Director Greer – aye Director Jahaaski - aye Puckett, MD - absent Ritchie, MD - aye Four in favor. None opposed. One absent. None abstain Motion approved		
Discussion: • No discussion			
b. Approval of Contracted Services i. Vital Care ii. PharMerica iii. Linde Portable Medical Gas iv. Agili	**MOTION** by Director Corrales, 2nd by Director Jahaaski to approve agenda item 3,b,i-iv. Roll call voting utilized. Director Corrales – aye Director Greer – aye Director Jahaaski - aye Puckett, MD -absent Ritchie, MD - aye Four in favor. None opposed. One absent. None abstain Motion approved		
Discussion: • All questions by Committee Members were satisfied.			

4. Annual Reports – Informational Only			
a. Annual Review of BQRC Charter and Reporting Calendar	**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 3:22 p.m.

Signatures:

Committee Chair _____ Linda Greer, RN

Committee Assistant _____ Gen Dieu

Palomar Health
Review of Contract Service

Name of Service: ARUP Reference Laboratory

Date of Review: 2/26/2026 **Name / Title of Reviewer:** Tim Barlow, Laboratory Director-Palomar Health

Nature of Service (describe): Primary Reference Laboratory Service 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 Rate <0.5% - 100% of the Time	100%	100%	100%	100%	MET
Customer Service Response <24 hours- 100% of the Time. Including Account Rep . Barry Beck.	100%	100%	100%	100%	MET
Result Interface Connectivity to PH >98% of the time available.	100%	100%	100%	100%	MET

Comments
Excellent Organization, Laboratory Service and Customer Support.

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

Palomar Health
Review of Contract Service

Name of Service: San Diego Blood Bank……..

Date of Review: 2/26/2026 **Name / Title of Reviewer:** Tim Barlow, PH Lab Operations Manager

Nature of Service (describe): Provider of Blood Products for Transfusion and ImunoHema Reference Lab Service

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
Response to emails and inquiries < 24 hours 99% of the time—M-F	100%	100%	100%	100%	MET
Blood Product Inventory Minimum Fill Rate >98%	100%	99%	99%	100%	MET
Automated Online Inventory Management System Available >98% for real time monitoring and replenishment.	99%	100%	100%	99%	MET

Comments

Excellent, local and regional blood product supplier. Customer Service is excellent and Leadership engaged and available.

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: _____

San Diego Urology Services – Mobile Lithotripsy Services

Review of Contract Service for CY2025 (January 1, 2025 to December 31, 2025)

Name of Service: San Diego Urology Services – Mobile Lithotripsy Services
Date of Review: March 5, 2026
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 Extracoporeal Shock Wave Lithotripsy (ESWL). This is a non-invasive treatment for kidney stones. The lithotriptor 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	CY2025 QTR 1	CY2025 QTR 2	CY2025 QTR 3	CY2025 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:

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:
_____

Quality and Patient Safety Improvement Projects Focus for 2026

1. **Patient Experience (HCAHPS) –** Focus and prioritize domains and questions in the survey.

2. **Patient Falls** – Focus on preventable falls. A preventable fall definition is classified falls that are not "anticipated physiological" (those associated with known risks) as potential indicators of opportunities to enhance care.

3. **Healthcare Acquired Infections (HAI) –** Focus on all HAI process measures, outcomes and compliance to hand hygiene.

4. **Readmissions –** Focus on specific conditions within the CMS Readmission Reduction Program (RRP). Work will be integrated in the State HCAI readmission workgroup.

5. **Mortality -** Focus on specific conditions within the CMS Value Based Purchasing program.

ADDENDUM B

Board Quality Review Committee ISBARR Executive Summary

PALOMAR HEALTH

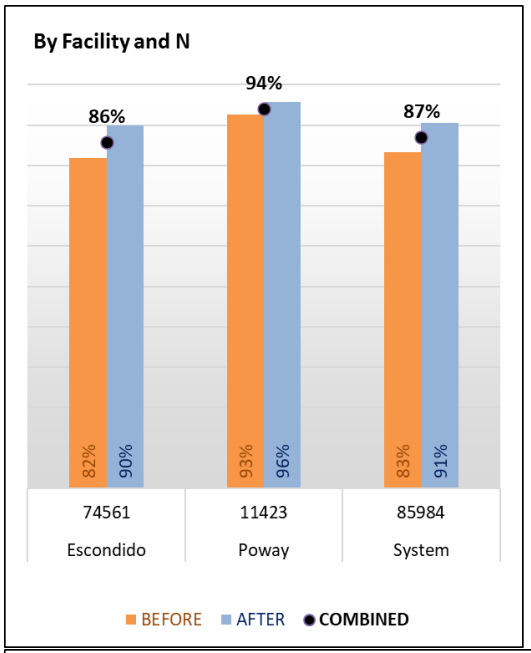
Topic/Project: Hand Hygiene Data Calendar Year January-December 2025

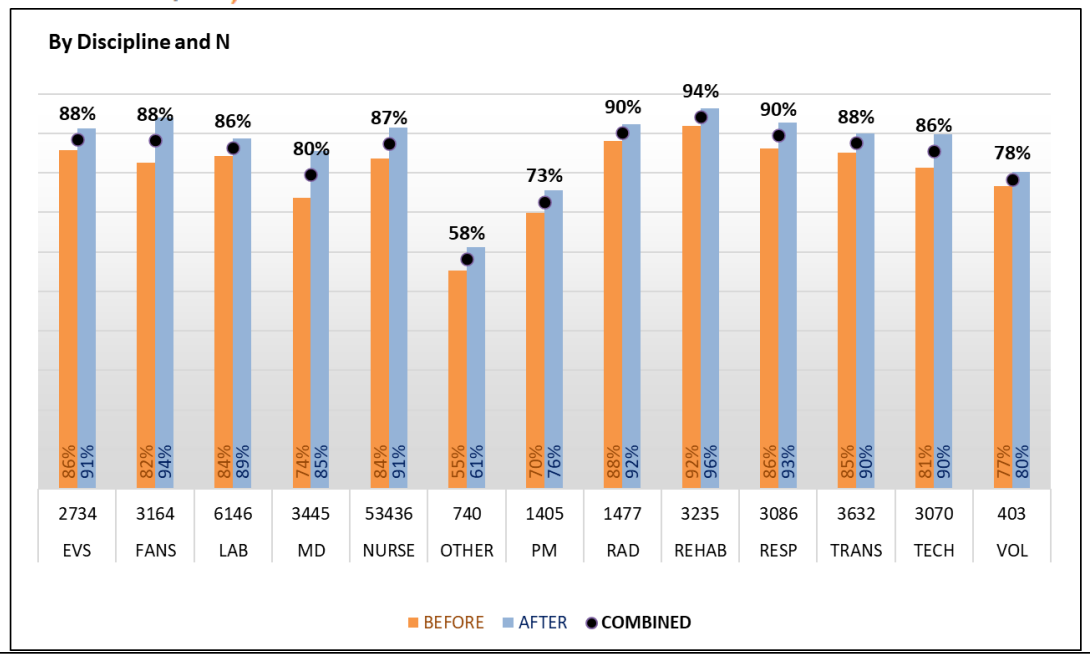
Submitted By: Valerie Martinez RN, BSN, MHA, CIC, CPHQ, CPPS

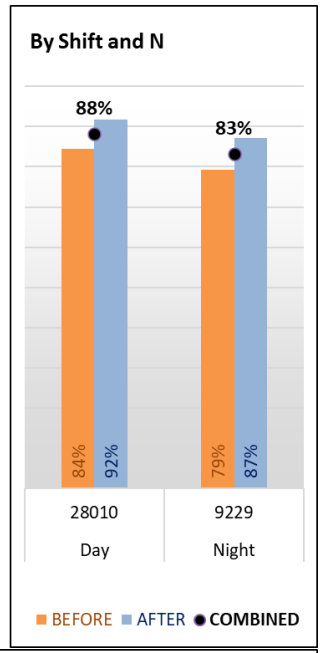
Introduction	Hand hygiene is the most effective way to prevent the spread of infection.
Situation	In alignment with The Joint Commission National Performance Goal (NPG) and standards, our mission in reducing risks for hospital-associated infections, and efforts to improve compliance at the unit level, a 2025 system goal is to improve the mean compliance of hand hygiene to 88% by the end of the year.
Background	The Joint Commission's National Performance Goal #5 is to reduce the risk of health care-associated infections (HAIs) which includes improving hand hygiene. This goal applies to organizations that provide physical care and requires compliance with the hand hygiene guidelines of either the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO). Hand hygiene compliance is measured through direct observation and supported by a robust training program of modified duty personnel.
Assessment	The year-to-date Palomar Health Hand Hygiene Compliance rate by facility, discipline, shift, and unit attached. Since the 2024 System compliance rate (84%), there has been a 4% increase in hand hygiene.
Recommendation	Continue to focus on improving low-performing units and disciplines, with large samples, through unit-based interventions and support from infection prevention and the organization (table).

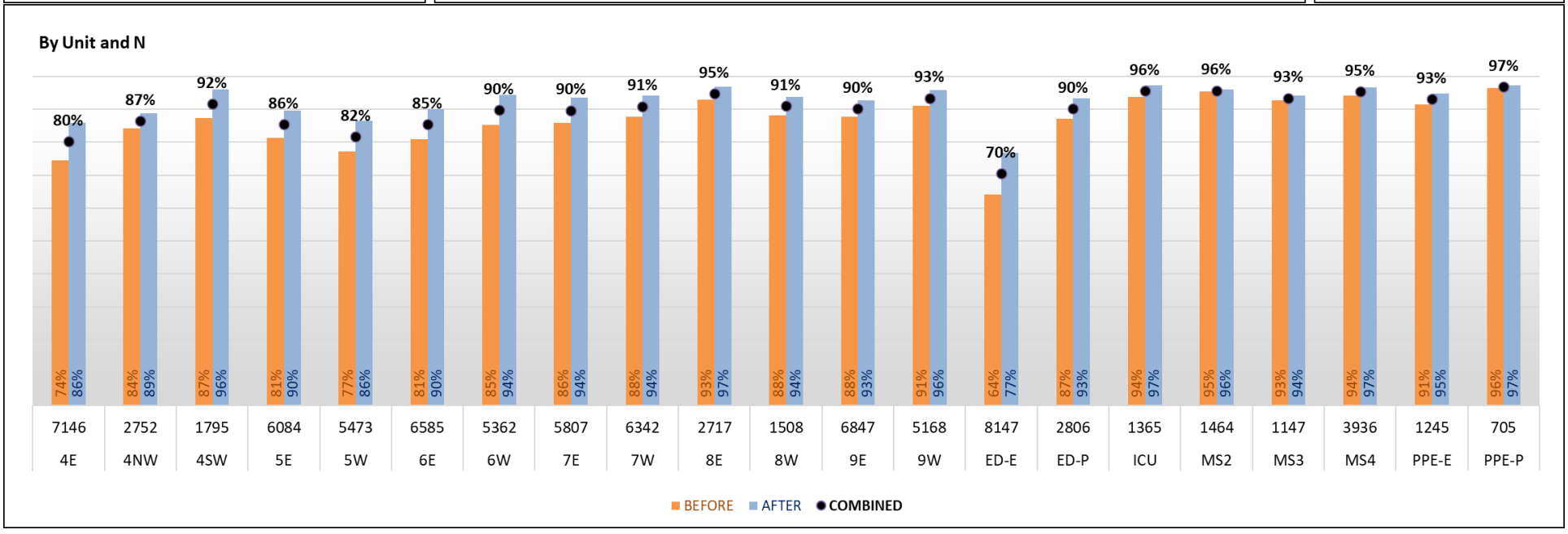
Hand Hygiene Compliance Rate | 2025

Total Observations (BEFORE and AFTER patient contact): 85,984









Emergency Department Report

Presented to Board Quality Review Committee

Nicholle Bromley, MD

Tracy Page DNP, RN, PHN, LNC, ED & Trauma Director

March 25, 2026

PALOMAR HEALTH
Reimagining Healthcare

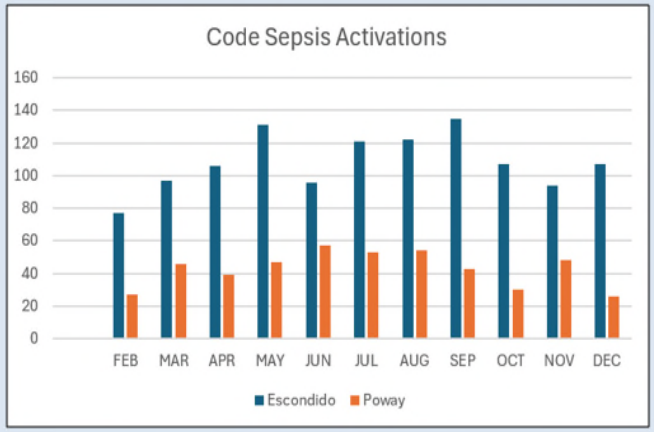
SBAR: Code Sepsis Process in the Emergency Department

SITUATION	Prior to implementation of the Code Sepsis process, our Emergency Department's SEP-1 compliance rate was 44%, well below state and national benchmarks. Following the pandemic, many ED nurses struggled with core concepts of SIRS, sepsis, severe sepsis, and septic shock, as clinical focus had shifted heavily toward COVID care and elements of the sepsis bundle were often contraindicated.
BACKGROUND	To address this gap, we launched a multidisciplinary Code Sepsis process designed to remove patients from the chaos of routine ED workflow and ensure rapid identification, evaluation, and timely bundle-driven treatment. The team included the ED physician, ED RN, laboratory, and the Rapid Response Team, which played a critical role in education, implementation of a sepsis checklist, and serving as a real-time resource until bundle principles became ingrained in practice.
ASSESSMENT	Since rollout, Escondido ED has activated Code Sepsis 1,193 times and is now exceeding state and national SEP-1 benchmarks. Poway ED has had 470 activations, is performing above the top 10% nationally, and achieved 100% SEP-1 compliance during three separate months in 2025.
RECOMMENDATION	This structured, team-based approach has resulted in sustained improvement, stronger clinical confidence, and high-reliability sepsis care delivery.

CODE SEPSIS

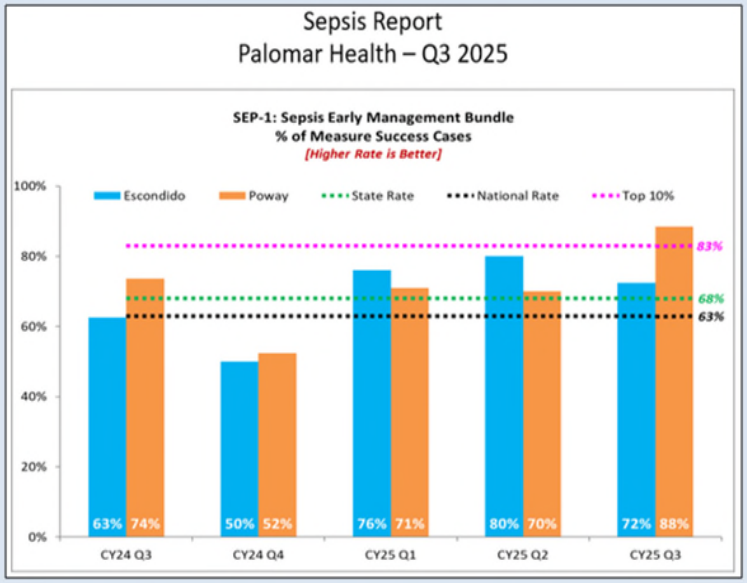
- Goal = improved patient care, decreased morbidity & mortality, and improved sep-1 compliance
- MDR approach with phlebotomy, rapid response nurses, lab, ED, RN, ED MD
- Code sepsis checklist + overhead page in hospital
- Daily ED report for audits
- Direct feedback & education

Code Sepsis Activations 2025



Escondido: 1193
Poway: 470

SEP-1: Sepsis Early Management Bundle



PALOMAR HEALTH

Trauma Services Report

Presented to Board Quality Review Committee

Dr. John Steele MD, Trauma Medical Director

Zachary Heinemann MSN, RN, CCRN, TCRN, Trauma Program Manager

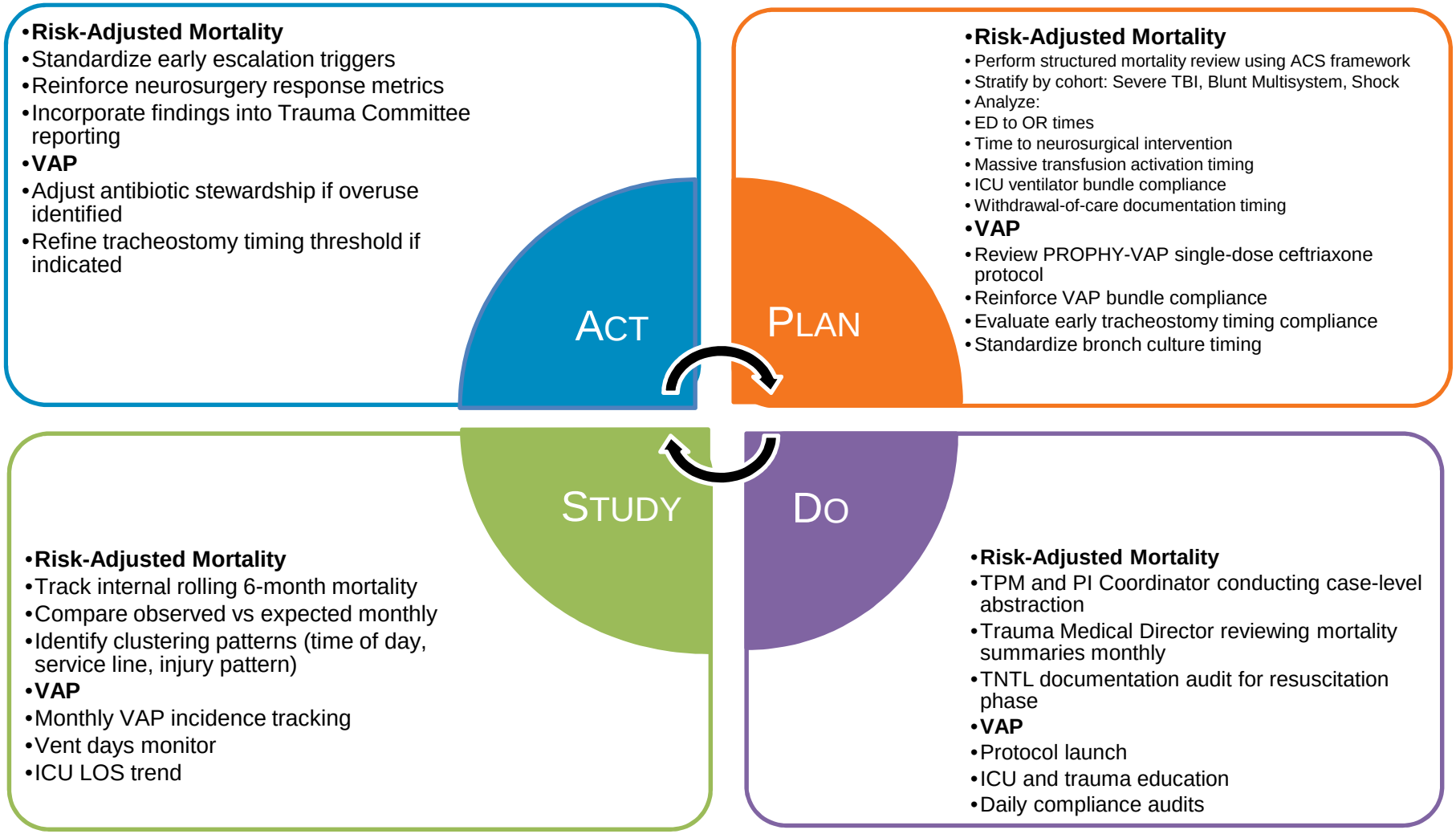
Tracy Page DNP, RN, PHN, LNC, ED & Trauma Director

March 25, 2026

PALOMAR HEALTH
Reimagining Healthcare

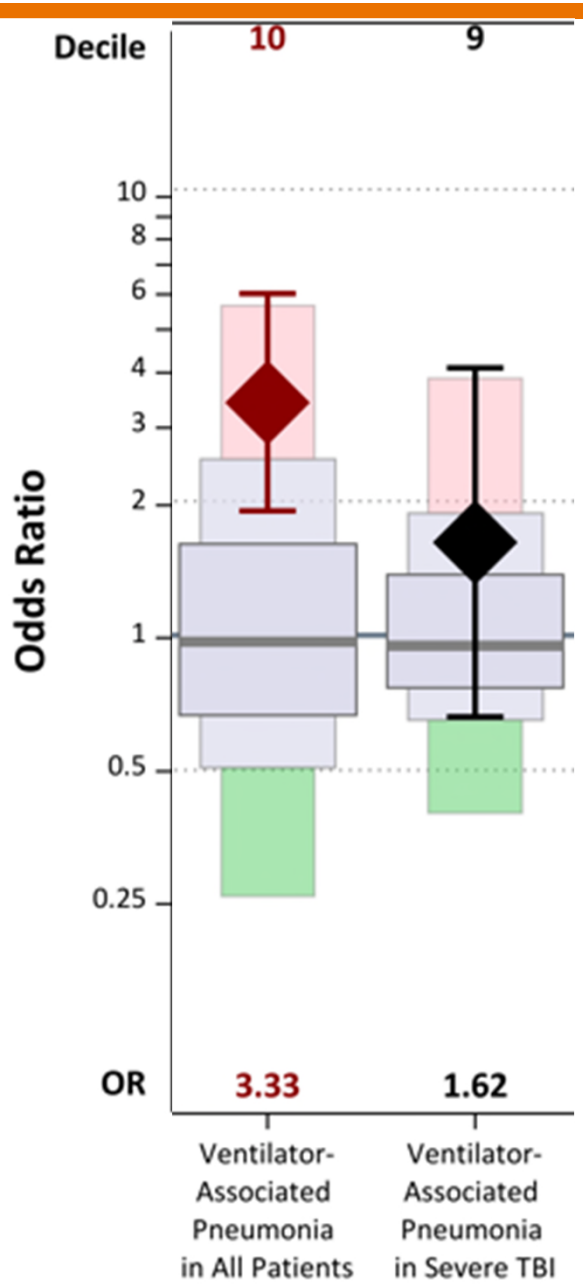
PMCE Trauma Services

SITUATION	**Risk-Adjusted Mortality (All Patients)**: • Fall 2025 TQIP shows an increase in risk-adjusted mortality compared to Spring 2025. **VAP:** • 2025 TQIP identified Ventilator-Associated Pneumonia (VAP) as a high outlier in trauma patients.
BACKGROUND	**Risk-Adjusted Mortality (All Patients)**: • Spring 2025 All Patient Mortality OR: 1.04 • Fall 2025 All Patient Mortality OR: 1.19 • Mortality remains statistically "Average" and is not a high outlier. • Fall 2025 modeling includes IHF patients differently than prior reports **VAP:** • Trauma patients requiring mechanical ventilation are high risk. • Severe TBI subgroup particularly affected. Prior bundle compliance in place
ASSESSMENT	**Risk-Adjusted Mortality (All Patients)**: • Upward shift in OR from 1.04 → 1.19 • No current outlier status • Severe TBI OR increased from 1.01 → 1.13 • Blunt Multisystem OR increased from 0.93 → 1.07 • This suggests case-mix complexity and possible reliability variation. **VAP**: • VAP Odds Ratio: 4.75 (High Outlier) • VAP in Severe TBI: OR 2.79 • Major Hospital Events OR 1.66 driven largely by VAP
RECOMMENDATION	**Risk-Adjusted Mortality (All Patients)**: • Maintain mortality as active PI focus • Drill into Severe TBI and Blunt Multisystem cohorts • Evaluate care timeliness, withdrawal-of-care patterns, and documentation integrity • Monitor next two TQIP cycles for trend confirmation **VAP:** Targeted VAP reduction initiative with protocol standardization, early tracheostomy optimization, and antibiotic stewardship.


•Risk-Adjusted Mortality
•Standardize early escalation triggers
•Reinforce neurosurgery response metrics
•Incorporate findings into Trauma Committee reporting
•VAP
•Adjust antibiotic stewardship if overuse identified
•Refine tracheostomy timing threshold if indicated
ACT
PLAN
•Risk-Adjusted Mortality
• Perform structured mortality review using ACS framework
• Stratify by cohort: Severe TBI, Blunt Multisystem, Shock
• Analyze:
• ED to OR times
• Time to neurosurgical intervention
• Massive transfusion activation timing
• ICU ventilator bundle compliance
• Withdrawal-of-care documentation timing
•VAP
• Review PROPHY-VAP single-dose ceftriaxone protocol
• Reinforce VAP bundle compliance
• Evaluate early tracheostomy timing compliance
• Standardize bronch culture timing
STUDY
DO
•Risk-Adjusted Mortality
•Track internal rolling 6-month mortality
•Compare observed vs expected monthly
•Identify clustering patterns (time of day, service line, injury pattern)
•VAP
•Monthly VAP incidence tracking
•Vent days monitor
•ICU LOS trend
•Risk-Adjusted Mortality
•TPM and PI Coordinator conducting case-level abstraction
•Trauma Medical Director reviewing mortality summaries monthly
•TNTL documentation audit for resuscitation phase
•VAP
•Protocol launch
•ICU and trauma education
•Daily compliance audits

Data Slide

- VAP



Data Slide

- Risk-Adjusted Mortality
  - Severe TBI OR: 1.13
  - Blunt Multisystem OR: 1.07
  - Shock OR: 0.94

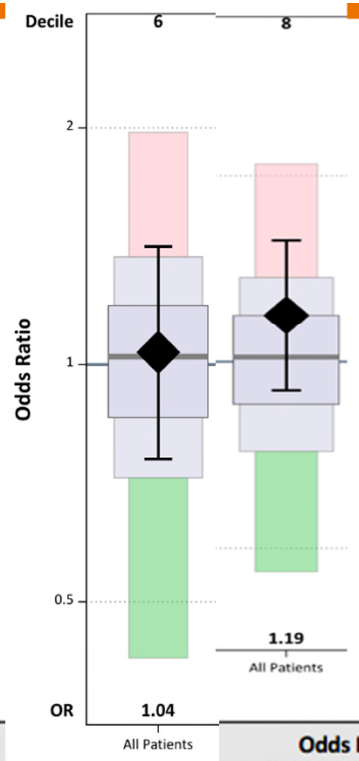


Table 2: Risk-Adjusted Mortality by Cohort

	Patients	Mortality				Odds Ratio and 95% Confidence Interval				
Cohort	N	Observed Events	Observed (%)	Expected (%)	TQIP Average (%)	Odds Ratio	Lower	Upper	Outlier	Decile
All Patients	848	76	9.0	8.0	6.8	1.19	0.90	1.57	Average	8
Blunt Multisystem	120	17	14.2	13.1	14.2	1.07	0.69	1.64	Average	7
Penetrating	22	2	9.1	13.5	10.1	0.88	0.44	1.79	Average	2
Shock	35	7	20.0	22.8	24.9	0.94	0.56	1.56	Average	3
Severe TBI	46	28	60.9	57.3	46.4	1.13	0.67	1.91	Average	8
Elderly	422	47	11.1	9.8	7.9	1.18	0.85	1.63	Average	8
Elderly Blunt Multisystem	32	7	21.9	13.8	19.8	1.16	0.72	1.87	Average	10
LIFT	80	10	12.5	7.2	6.0	1.32	0.81	2.15	Average	10
IHF	70	3	4.3	3.4	3.3	1.08	0.56	2.06	Average	7

Action Plan with Timeline

- **VAP**

Action	Owner	Timeline	Metric
Enforce ceftriaxone protocol	Trauma	Q3	% eligible patients treated
Early trach review	Trauma	Ongoing	% trach <7 days
Vent day reduction initiative	Trauma	Ongoing	Vent days per patient
Monthly QI audit	TMD/TPM	Ongoing	VAP rate trend

- **Risk-Adjusted Mortality**

Q1	Q2	Q3	Q4
Complete detailed mortality review of last 12 months	Implement targeted process adjustments if indicated	Reassess internal mortality trend	Monthly mortality dashboard
Present structured findings to Trauma PIPS	Reinforce escalation algorithms for Severe TBI	Compare with next TQIP cycle	Peer review classification per ACS standards
Identify any Opportunities for Improvement (OFIs)	Audit compliance with neurosurgical response standards	Report back to QMC on trajectory	Loop closure tracking for identified OFIs

Rehabilitation Services & Outpatient Wound Care

Presented to Board Quality Review Committee

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

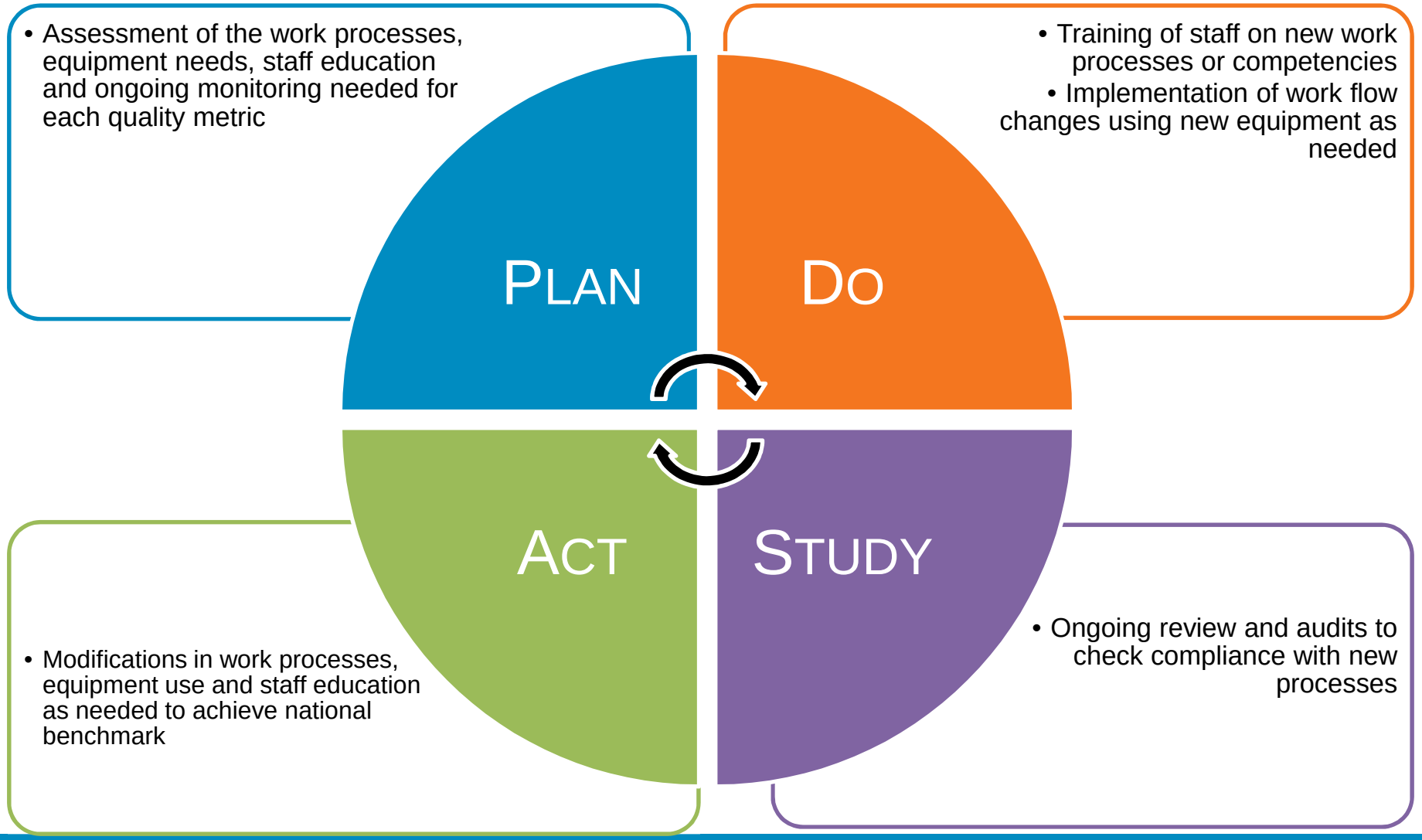
March 25, 2026

PALOMAR HEALTH
Reimagining Healthcare

Inpatient/Outpatient Rehabilitation Services – Access to Care

SITUATION	Outpatient Rehab = 11 days (Benchmark < 5 days) Inpatient = 9.1 patients triaged/day (Benchmark <7.1 days)
BACKGROUND	The established Access to Care benchmark is measured to ensure timely and full access to our services: Outpatient Rehab- Utilized to ensure our patients are being seen in a timely manner after receipt of a referral for care. Inpatient Rehab- 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.
ASSESSMENT	Factors impacting access to care are as follows: 1. Outpatient Rehabilitation Services continues to grow with its increased niche service offerings. This can result in increased wait times as compared to the general referral. There was also a temporary staffing shortage due to a few staff on LOA during this timeframe. 2. Inpatient referrals outweighing staff availability and creating impact to triage rate. When there is an increased hospital volume leads to increased need for therapy services.
RECOMMENDATION	1) Prioritize filling open clinical and assistant positions to meet patient volume demands effectively. 2) Increase internal training for niche services offerings. 3) Regular meetings/communication with HR to review open positions 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.

Rehabilitation Services



PALOMAR HEALTH

Data- Outpatient Rehabilitation Services

Location	Indicators	Palomar Health	Benchmark
Outpatient Wound Care	Days to Heal	54	</= 66
Outpatient Cardiac Rehab Services	Peak METs	Initial 2.4 DC 4.5 2.1 increase	Initial 3.3 DC 4.7 1.4 increase
Outpatient Rehab Services	Access to Care	11	<5 days
Outpatient Rehab Services	Cancellation/No Show Rate	10.96%	<15 %
Outpatient Rehab Services	Average Length of Stay	9.5	<12 days

Data- Inpatient/SNF Rehabilitation Services

Location	Indicators	Palomar Health	Benchmark
Acute Care Inpatient Rehab Services	Access to Acute Care (PT/OT/ST)	9.1	<7.1 patients triaged/day
Acute Care Inpatient Rehab Services	Total Joint Post Op Day Zero ambulation and evaluation	95%/99%	>90%
The Villas Rehab Services	% Return to Community	96%	>70%

Action Plan - Rehabilitation Services

- **Improve access times and scheduling processes**
  - Preschedule post ops for evaluation and treatments at time of receipt of referral
  - Collaborate with referral offices to reduce access delays and streamline insurance authorization processes
  - Further educate providers on inpatient referral appropriateness
  - Improve patient phone responsiveness
- **Advance Clinical Specialties**
  - Offer continuing education in strategic niche specialties
  - Promote staff development through advanced certifications
  - Expand niche service support to elevate quality of care
- **Program Excellence**
  - Deepen engagement with Nursing, Physicians, and Case Management to improve patient throughput
  - Expand partnerships across key service areas: Orthopedic, Vascular, Cardiovascular, Pulmonary, Oncology, and Stroke
  - Support growth across Inpatient, Skilled Nursing, and Outpatient settings

Respiratory Services Report

Presented to Board Quality Review Committee

Krysti Johnson, Respiratory Manager

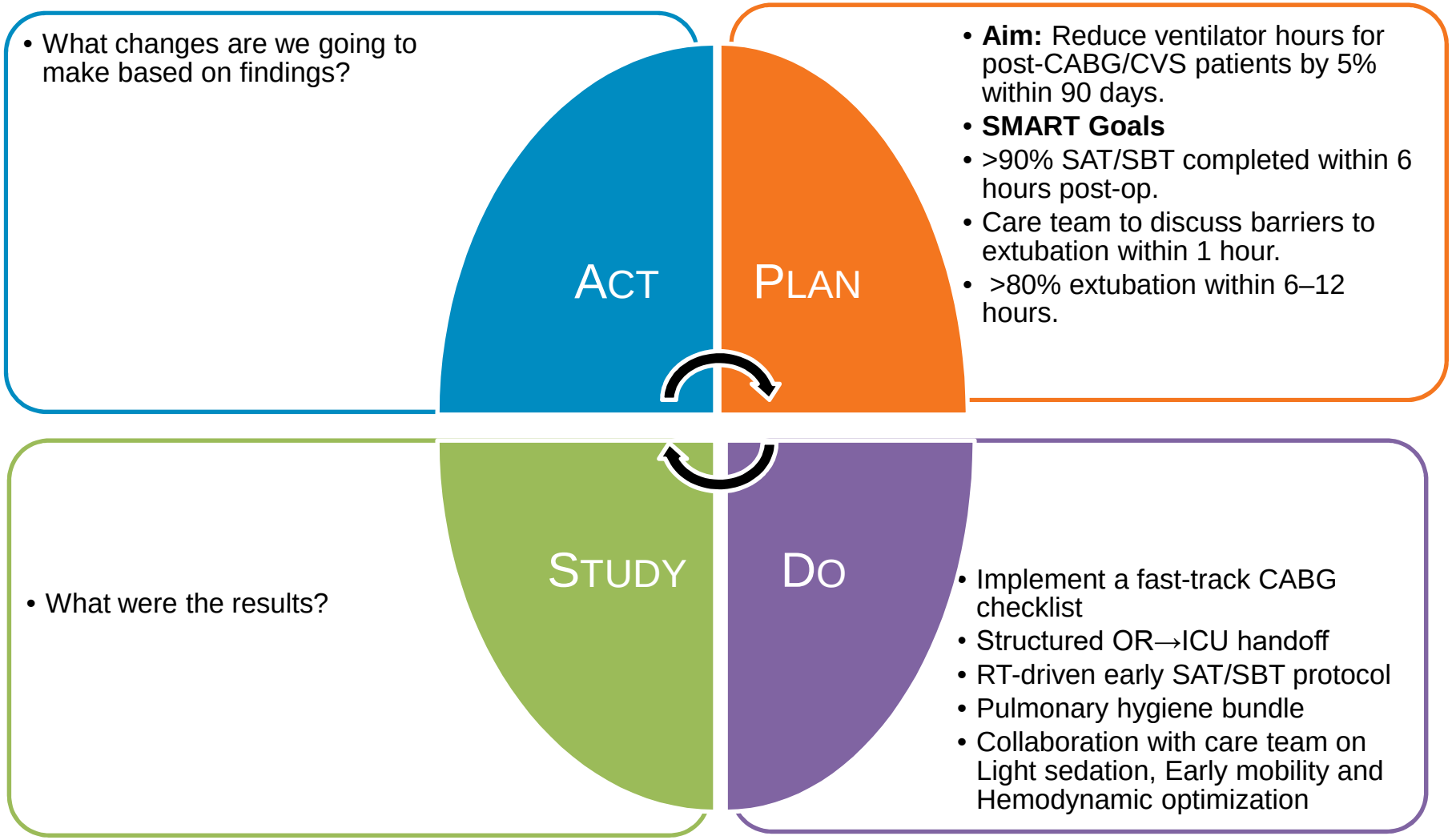
March 25, 2026

PALOMAR HEALTH
Reimagining Healthcare

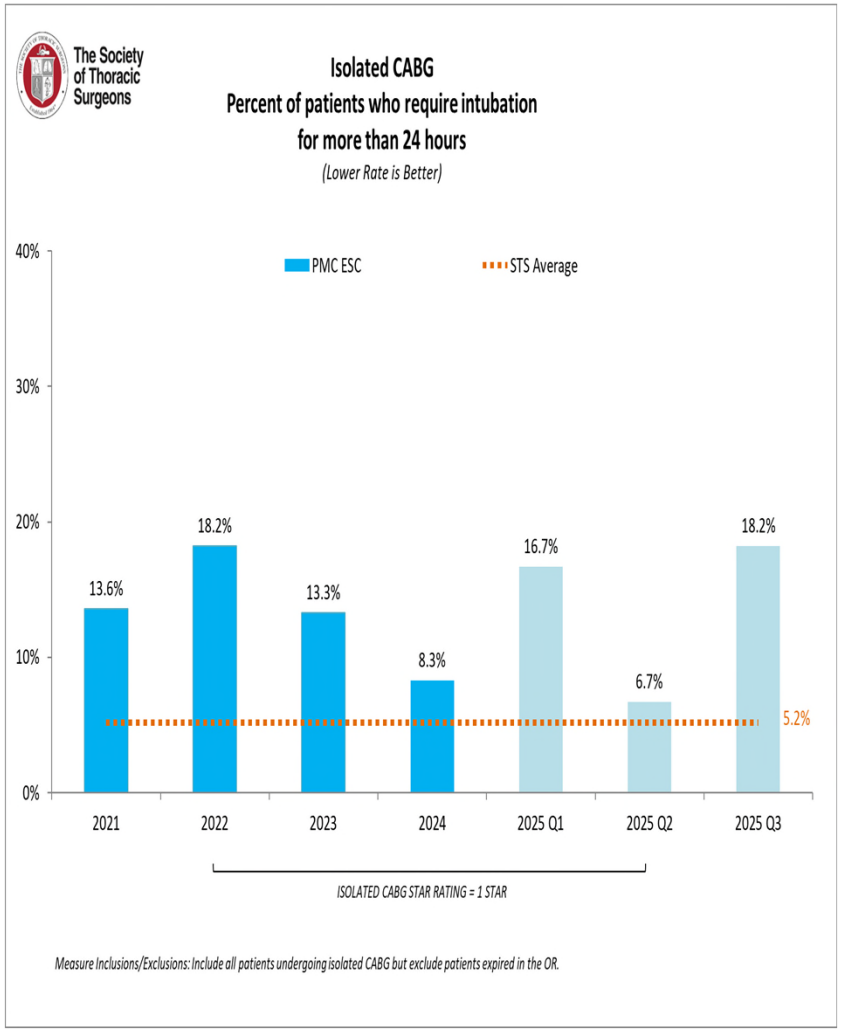
Reducing Ventilator Hours for Post Op Cardiac Patients

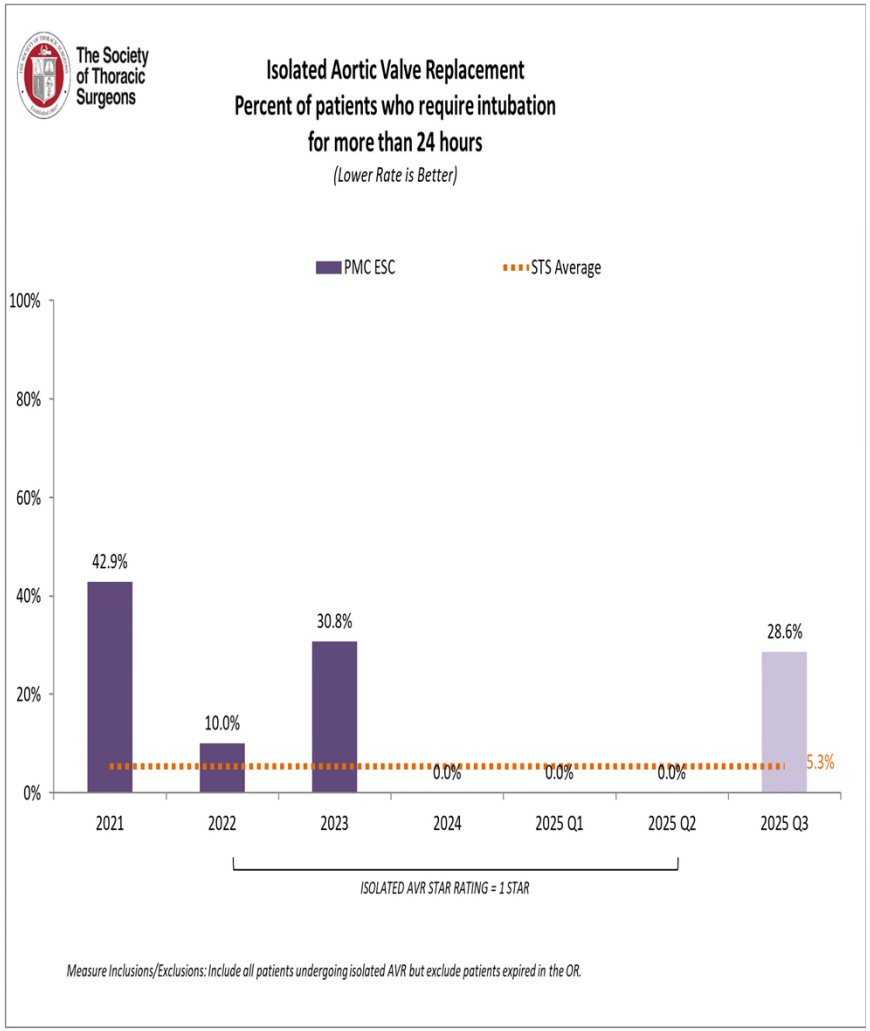
SITUATION	Post-operative cardiac surgery patients at times remain intubated longer than 24 hours. This increases the risk of VAP, delirium, hemodynamic fluctuations, and prolonged ICU LOS. We are implementing a structured early-extubation pathway to reduce ventilator hours and standardize care.
BACKGROUND	Fast-track extubation within 6–12 hours is the national standard for uncomplicated cardiac surgery patients. delays are most commonly related to: • Late or inconsistent SAT/SBT • Pulmonary atelectasis/fluid shifts • Variation in team communication • Excess sedation or • Hemodynamic instability Reducing ventilator hours improves outcomes and decreases ICU resource utilization.
ASSESSMENT	To meet internal and national benchmarks and improve our CBAG Star rating the number of pt. receiving mechanical ventilation greater than 24 hours intensive care unit needs to be decreased. Current barriers to timely extubation include: • Sedation not titrated • SBTs not initiated early (target within 4–6 hours post-op) • Variability in identifying extubation readiness • Inconsistent pulmonary hygiene and recruitment • Limited standardized expectations during OR→ICU handoff
RECOMMENDATION	Respiratory Interventions • Implement Standardized OR→ICU Handoff • Early SBT • Pulmonary Hygiene Bundle • Escalation: If patient is not extubated within target window, RT documents and escalates barriers to MD within 1 hour.

PDSA: Reducing Ventilator Hours for Post Op Cardiac Patients



Data Slide


The Society of Thoracic Surgeons
Isolated CABG
Percent of patients who require intubation for more than 24 hours
(Lower Rate is Better)
PMC ESC
STS Average
40%
30%
20%
10%
0%
13.6%
18.2%
13.3%
8.3%
16.7%
6.7%
18.2%
5.2%
2021
2022
2023
2024
2025 Q1
2025 Q2
2025 Q3
ISOLATED CABG STAR RATING = 1 STAR
Measure Inclusions/Exclusions: Include all patients undergoing isolated CABG but exclude patients expired in the OR.


The Society of Thoracic Surgeons
Isolated Aortic Valve Replacement
Percent of patients who require intubation for more than 24 hours
(Lower Rate is Better)
PMC ESC
STS Average
100%
80%
60%
40%
20%
0%
42.9%
10.0%
30.8%
0.0%
0.0%
0.0%
28.6%
5.3%
2021
2022
2023
2024
2025 Q1
2025 Q2
2025 Q3
ISOLATED AVR STAR RATING = 1 STAR
Measure Inclusions/Exclusions: Include all patients undergoing isolated AVR but exclude patients expired in the OR.

Action Plan with Timeline

Education: Respiratory Interventions (on-going)

- Implement Standardized OR→ICU Handoff
- Early SBT
- Pulmonary Hygiene Bundle
- Escalation: If patient is not extubated within target window, RT documents and escalates barriers to MD within 1 hour.

Pilot Implementation: - Apply to all CABG patients for 4 weeks. **(3/15/2026)**

- Begin SBT at 4 -6 hours when appropriate.
- RT to discuss extubation readiness Q4 hours with RN and MD.

Data Collection: (3/15/2026)

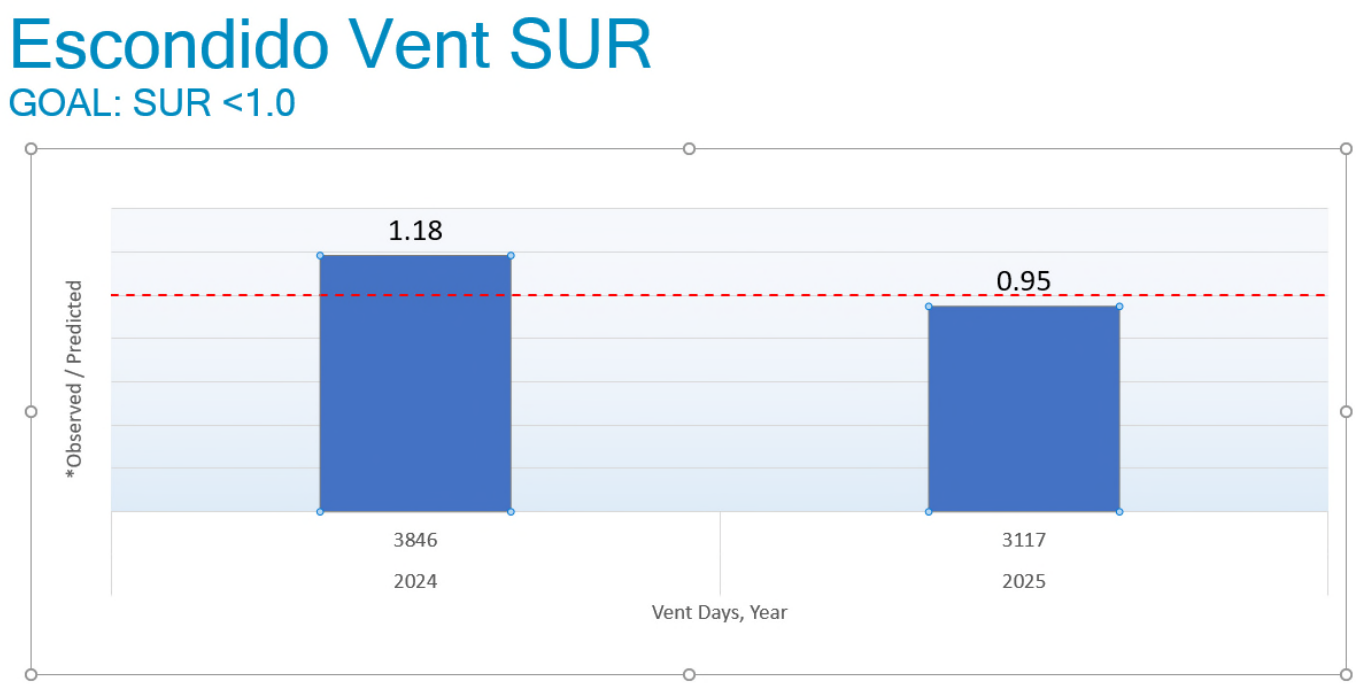
- Ventilator hours
- SAT/SBT timing
- Extubation timing
- Barriers to extubation
- VAP bundle adherence
- Reintubation rate

What are we working on?

Reducing Ventilator Days (on-going)

- Continue to focus on the use of non-invasive ventilation and High Flow Therapy to prevent intubation and immediately upon Extubation to prevent reintubation. Education will be provided on 9/26/2025.
- Continue daily SBT and discuss SBT results at rounds

Goal: Ventilator Standardized Utilization Ratio (SUR) < 1.0



What are we working on?

Pediatric Education & Competency Focus Escondido completed 12/2025 and Poway beginning March 2026

We identified 5 priority areas to improve pediatric care in the ED:

- Airway Supplies: Standardize and label location of pediatric airway supplies.
- High-Flow Therapy: Setup guides by age/weight. Intubation Assist: Simulation practice
- Mechanical Ventilation: Reference charts for initial settings.
- Annual skills validation.
  - Pediatric simulation & quick-reference cards.

Goal: Improve RCP confidence, supply access, and patient safety in pediatric emergencies.

Respiratory Staffing and upskilling

- Our department continues to strengthen coverage across all specialty areas.
- Five newly trained NICU respiratory care practitioners have successfully completed their specialty onboarding and are now supporting the NICU team. (completed)
- In addition, one dedicated Bronch RCP (on-going) and one PFT RCP (completed) have completed their training pathways.
- Overall, ten new RCPs have been fully onboarded, enhancing our ability to maintain safe staffing, support high-acuity areas, and ensure consistent respiratory care across both campuses. (completed)