

**POSTED  
THURSDAY  
MARCH 16, 2023**

## BOARD QUALITY REVIEW COMMITTEE MEETING AGENDA

Wednesday, March 22, 2023  
4:00pm Meeting

# PLEASE SEE PAGE 3 FOR MEETING LOCATION

| PLEASE TURN OFF CELL PHONES OR SET THEM TO SILENT MODE UPON ENTERING THE MEETING ROOM |   | Time | Form<br>A<br>Page | Target      |
|---|---|------|-------------------|-------------|
| <b>CALL TO ORDER</b>  |   |      |                   | <b>4:00</b> |
| <b>1.</b>   | Establishment of Quorum   | 5    | -                 | 4:05        |
| <b>2.</b>   | <b>Public Comments<sup>1</sup></b>  | 30   | -                 | 4:35        |
| <b>3.</b>   | <b>Action Item(s)</b>   |      |                   |             |
| a.  | *Minutes: Board Quality Review Committee Meeting – February 22, 2022 (ADD A – Pp 14-18 )  | 5    | 6                 | 4:40        |
| b.  | *Approval of Contracted Services<br><i>Tricia Kassab, VP Quality &amp; Patient Safety</i><br>-Premier Laser Services (ADD B – Pp 19-20)<br>-Stericycle (ADD C – Pp 21)<br>-Valley Pathology Medical Group, Inc. (ADD D – Pp 22)   | 5    | 7<br>8<br>9       | 4:45        |
| .   | <b>Standing Item(s)</b>   |      |                   |             |
| a.  | Medical Executive Committee (MEC)/Quality Management Committee (QMC) Update<br><i>Andrew Nguyen, MD, PhD, Chair, Quality Management Committee, Palomar Medical Center Escondido</i><br><i>Mark Goldsworthy, MD, Chair, Quality Management Committee, Palomar Medical Center Poway</i>         | 10   | -                 | 4:55        |
| <b>5.</b>   | <b>New Business</b>   |      |                   |             |
| a.  | Emergency Department Services Annual Report (ADD E – Pp 23-39)<br><i>Tracy Page, Emergency Department Manager, PMC Escondido</i><br><i>Bruce Friedberg, MD, Emergency Services Medical Director, PMC Escondido</i><br><i>Jordan Cohen, MD, Emergency Services Medical Director, PMC Poway</i> | 5    | 10                | 5:00        |
| b.  | Trauma Program Annual Report (ADD F – P 40-73)<br><i>Melinda Case, Trauma Program Director</i><br><i>John Steele, MD, Trauma Program Medical Director</i>   | 5    | 11                | 5:05        |
| c.  | Stroke Program Annual Report (ADD G – Pp 74-86)<br><i>Lourdes Januszewics, Stroke Program Coordinator</i><br><i>Valerie Martinez, Sr. Director Quality, Patient Safety, Inf Prevention &amp; Stroke</i><br><i>Remia Paduga, MD, Stroke Program Medical Director</i>                           | 5    | 12                | 5:10        |
| d.  | Regulatory Annual Update (ADD H – Pp 87-89)<br><i>Jami Pearson, Regulatory Compliance Director</i><br><i>Tricia Kassab, VP Quality &amp; Patient Safety</i>   | 5    | 13                | 5:15        |
| <b>6.</b>   | <b>Adjournment to Closed Session</b>  | 1    | -                 | 5:16        |
| a.  | Pursuant to CA Gov't Code §54962 & CA Hlth & Safety Code §32155; HEARINGS – Subject matter: rpt of quality assurance ctte.  | 10   | -                 | 5:26        |
| <b>7.</b>   | <b>Adjournment to Open Session</b>  | 1    | -                 | 5:27        |
| <b>8.</b>   | <b>Action Resulting from Executive Session</b>  | 1    | -                 | 5:28        |
| <b>FINAL ADJOURNMENT</b>  |   | 2    | -                 | 5:30        |

| <b>VOTING MEMBERSHIP</b>   | <b>NON-VOTING MEMBERSHIP</b>  |
|--|---|
| <b>Linda Greer, RN</b> – Chairperson, Board Member   | <b>Diane Hansen, CPA</b> , President/Chief Executive Officer  |
| <b>Terry Corrales, RN</b> , Board Member   | <b>Omar Khawaja, MD</b> , Chief Medical Officer   |
| <b>Laura Barry</b> , Board Member  | <b>Hugh King</b> , Chief Financial Officer  |
| <b>Andrew Nguyen, MD, PhD</b> – Chair of Medical Staff Quality Management Committee for Palomar Medical Center Escondido | <b>Melvin Russell, RN, MSN</b> , Chief Nursing Executive Palomar Medical Center                                     |
| <b>Mark Goldsworthy, MD</b> – Chair of Medical Staff Quality Management Committee for Palomar Medical Center Poway       | <b>Kevin DeBruin, Esq.</b> , Chief Legal Officer  |
| <b>Laurie Edwards Tate, MS</b> – Board Member 1 <sup>st</sup> Alternate  | <b>David Lee, MD</b> , Medical Quality Officer  |
|  | <b>Tricia Kassab, EdD, RN, FACHE</b> , Vice President Quality and Patient Safety                                    |
|  | <b>Valerie Martinez, RN, BSN, MHA</b> , CPHQ, CIC, Senior Director Quality and Patient Safety, Infection Prevention |

NOTE: If you have a disability, please notify us by calling 44.281.2505, 72 hours prior to the event so that we may provide reasonable accommodations

*\*Asterisks indicate anticipated action. Action is not limited to those designated items.*

<sup>1</sup> 3 minutes allowed per speaker with a cumulative total of 9 minutes per group. For further details & policy, see page 4.

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[Public Comments and Attendance at Public Board Meetings](#)

# Board Quality Review Committee Location Options

- The Linda Greer Conference Room, 2125 Citracado Parkway, Suite 300, Escondido, CA 92029
  - Committee members who are elected members of the Board of Directors will attend at this location, unless otherwise noticed below.
  - Elected members of the Board of Directors who are not members of the Committee and wish only to observe, non-Board member attendees, and members of the public may also attend at this location.
- <https://meet.goto.com/559657853> or Dial in using your phone at 877-309-2073; Access Code: 559657853#<sup>1</sup>
  - Elected members of the Board of Directors who are not members of the Committee and wish only to observe, non-Board member attendees and members of the public may attend the meeting virtually utilizing the above link.

<sup>1</sup> New to GoToMeeting? Get the app now and be ready when your first meeting starts: <https://global.gotomeeting.com/install/559657853>

# Board Quality Review Committee Meeting

Meeting will begin at 4:00 p.m.



## Request for Public Comments

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

- **Enter your name and “Public Comment” in the chat function once the meeting opens**

Those who submit a request will be called on during the Public Comments section and given 3 minutes to speak

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### Public Comments Process

Pursuant to the Brown Act, the Board of Directors and Board Committees can only take action on items listed on the posted agenda. To ensure comments from the public can be made, there is a 30-minute public comments period at the beginning of the meeting. Each speaker who has requested to make a comment is granted three (3) minutes to speak. The public comment period is an opportunity to address the Board of Directors or a specific Board Committee on agenda items or items of general interest within the subject matter jurisdiction of Palomar Health.



**BOARD QUALITY REVIEW COMMITTEE MEETING  
ATTENDANCE ROSTER -  
CALENDAR YEAR 2023**

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

| <b>VOTING MEMBERS</b>  | <b>2.22.2023</b>                                       | <b>3.22.2023</b> |  |  |  |  |  |
|--|--|------------------|--|--|--|--|--|
| LINDA GREER, RN, Chairperson, Board Member   | P  |                  |  |  |  |  |  |
| TERRY CORALES, RN, Board Member  | P  |                  |  |  |  |  |  |
| LAURA BARRY, Board Member  | E  |                  |  |  |  |  |  |
| ANDREW NGUYEN, MD, PhD, Chair, Medical Staff Quality Management Committee, PMC Escondido | A  |                  |  |  |  |  |  |
| MARK GOLDSWORTHY, MD, Chair, Medical Staff Quality Management Committee, PMC Poway       | P  |                  |  |  |  |  |  |
| Laurie Edwards-Tate, MS- <i>1<sup>ST</sup> Board Alternate</i>                           |  |                  |  |  |  |  |  |
| <b>STAFF ATTENDEES/NON-VOTING MEMBERS</b>  |  |                  |  |  |  |  |  |
| DIANE HANSEN, CPA, President & CEO   | P  |                  |  |  |  |  |  |
| OMAR KHAWAJA, MD, Chief Medical Officer  | P  |                  |  |  |  |  |  |
| MEL RUSSELL, RN, MSN, Chief Nursing Executive, PMC                                       | P  |                  |  |  |  |  |  |
| HUGH KING, Chief Financial Officer   |  |                  |  |  |  |  |  |
| TRICIA KASSAB, EdD., RN, FACHE, Vice President, Quality and Patient Safety               | P  |                  |  |  |  |  |  |
| VALERIE MARTINEZ, RN, BSN, MHA, CPHQ, CIC, Sr. Director, Quality and Patient Safety      | P  |                  |  |  |  |  |  |
| DAVID LEE, MD, Medical Quality Officer   | P  |                  |  |  |  |  |  |
| KEVIN DEBRUIN, Esq., Chief Legal Officer   | V  |                  |  |  |  |  |  |
| SALLY VALLE – Committee Assistant  | P  |                  |  |  |  |  |  |
| <b>INVITED GUESTS</b>  | <b>SEE TEXT OF MINUTES FOR NAMES OF INVITED GUESTS</b> |                  |  |  |  |  |  |

**Board Quality Review Committee Minutes  
Wednesday, March 22, 2023**

**TO:** Board Quality Review Committee

**MEETING DATE:** Wednesday, March 22, 2023

**FROM:** Sally Valle, Committee Assistant

**Background:** Minutes from the Wednesday, February 22, 2023, Board Quality Review Committee meeting are respectfully submitted for approval.

**Budget Impact:** N/A

**Staff Recommendation:** Recommend to approve the Wednesday, February 22, 2023, Board Quality Review Committee minutes

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Board Quality Review Committee  
Contracted Services – Premier Laser Services, Inc.  
Wednesday, March 22, 2023**

**TO:** Board Quality Review Committee

**MEETING DATE:** Wednesday, March 22, 2023

**FROM:** Tricia Kassab, VP Quality and Patient Safety

**Background:** The Contracted Services Evaluation report for Premier Laser Services, Inc. is provided to the Board Quality Review Committee for review & approval.

**Budget Impact:** N/A

**Staff Recommendation:** To approve.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Board Quality Review Committee  
Contracted Services – Stericycle  
Wednesday, March 22, 2023**

**TO:** Board Quality Review Committee  
**MEETING DATE:** Wednesday, March 22, 2023  
**FROM:** Tricia Kassab, VP Quality and Patient Safety

**Background:** The Contracted Services Evaluation report for Stericycle is provided to the Board Quality Review Committee for review & approval.

**Budget Impact:** N/A

**Staff Recommendation:** To approve.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**



**Board Quality Review Committee  
Contracted Services – Valley Pathology Medical Associates,  
Inc.  
Wednesday, March 22, 2023**

**TO:** Board Quality Review Committee

**MEETING DATE:** Wednesday, March 22, 2023

**FROM:** Tricia Kassab, VP Quality and Patient Safety

**Background:** The Contracted Services Evaluation report for Valley Pathology Medical Associates, Inc. is provided to the Board Quality Review Committee for review & approval.

**Budget Impact:** N/A

**Staff Recommendation:** To approve.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**

**Board Quality Review Committee  
Annual Report – Emergency Services  
Wednesday, March 22, 2023**

**TO:** Board Quality Review Committee

**MEETING DATE:** Wednesday, March 22, 2023

**FROM:** Tracy Page, Emergency Department Manager PMC E  
Tom Siminski, District Director, Emergency Department

**Background:** The annual report for Emergency Services is provided to the Board Quality Review Committee for information only.

**Budget Impact:** N/A

**Staff Recommendation:** For information only.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information: X**

**Required Time:**

**Board Quality Review Committee  
Annual Report – Trauma Services  
Wednesday, March 22, 2023**

**TO:** Board Quality Review Committee

**MEETING DATE:** Wednesday, March 22, 2023

**FROM:** Melinda Case, Trauma Program Director

**Background:** The annual report for the Trauma Program is provided to the Board Quality Review Committee for information only.

**Budget Impact:** N/A

**Staff Recommendation:** For information only.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:** X

**Required Time:**

**Board Quality Review Committee  
Annual Report - The Joint Commission Disease Specific  
Stroke Program  
Wednesday, March 22, 2023**

**TO:** Board Quality Review Committee

**MEETING DATE:** Wednesday, March 22, 2023

**FROM:** Lourdes Januszewicz, Stroke Program Coordinator  
Remia Paduga, MD, Stroke Program Medical Director  
Valerie Martinez, Sr. Director, Quality & Pt. Safety

**Background:** The annual report for the Joint Commission Disease Specific Stroke Program is provided to the Board Quality Review Committee for information only.

**Budget Impact:** N/A

**Staff Recommendation:** For information only.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:** X

**Required Time:**

**Board Quality Review Committee  
Annual Report – Regulatory Readiness  
Wednesday, March 22, 2023**

**TO:** Board Quality Review Committee

**MEETING DATE:** Wednesday, March 22, 2023

**FROM:** Jami Pearson, Regulatory Compliance Director

**Background:** The annual report for the Regulatory Readiness Program is provided to the Board Quality Review Committee for information only.

**Budget Impact:** N/A

**Staff Recommendation:** For information only.

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:** X

**Required Time:**

| <b>BOARD QUALITY REVIEW COMMITTEE MEETING MINUTES – WEDNESDAY, FEBRUARY 22, 2023</b>  |   |                                      |               |
|---|---|--------------------------------------|---------------|
| <b>AGENDA ITEM</b>  | <b>CONCLUSION/ACTION</b>  | <b>FOLLOW UP / RESPONSIBLE PARTY</b> | <b>FINAL?</b> |
| <b>NOTICE OF MEETING</b>  |   |                                      |               |
| The Notice of Meeting was posted at Palomar Health Administrative Office; also posted with full agenda packet on the Palomar Health (PH) website on Wednesday, February 15, 2023, consistent with legal requirements.       |   |                                      |               |
| <b>CALL TO ORDER</b>  |   |                                      |               |
| The meeting, which was held in the Linda Greer Board Room at 2125 Citricado Parkway, Suite 300, Escondido, CA 92029, and virtually, was called to order at 4:00 p.m. by Director Linda Greer, RN.                           |   |                                      |               |
| <b>ESTABLISHMENT OF QUORUM</b>  |   |                                      |               |
| Quorum comprised of Board Directors: Director Linda Greer, RN, Director Terry Corrales, RN; and Physician Chair, Mark Goldsworthy, MD, Chair of Medical Staff Quality Management Committee for Palomar Medical Center Poway |   |                                      |               |
| <b>PUBLIC COMMENT</b>   |   |                                      |               |
| <ul style="list-style-type: none"> <li>There were no public comments.</li> </ul>  |   |                                      |               |
| <b>ACTION ITEMS:</b>  |   |                                      |               |
| <b>A. * REVIEW / APPROVAL: OPEN/CLOSED SESSION MEETING MINUTES / ATTENDANCE ROSTER – OCTOBER 26, 2023</b>   |   |                                      |               |
| The BQRC meeting minutes from October 26, 2022, were presented for review and approval. Director Terry Corrales, motioned for approval, second by Mark Goldsworthy, MD.   | <p><b>MOTION:</b> by Director Terry Corrales, second by Director Mark Goldsworthy, MD, carried to approve the meeting minutes of October 26, 2023, as submitted. Roll call voting was utilized.</p> <p>Director Corrales - Aye<br/>Mark Goldsworthy, MD - Aye<br/>Director Greer – Aye</p> <p>All in favor. None opposed. The meeting minutes were approved as submitted.</p> | N/A                                  | Y             |

| <b>B. * REVIEW / APPROVAL: APPROVAL OF ANNUAL REVIEW OF BOARD QUALITY REVIEW COMMITTEE CHARTER</b>   |   |  |   |
|--|---|--|---|
| <p>Charter reviewed. Director Greer noted it was basically the same as for the other committees however, it includes quality information. Will follow the same process as with the other committee charters.</p> <p>Dr. Omar Khawaja pointed out that there is a statement in the Charter that stated this committee will review the medical staff process for credentialing and privileging. Chief Legal Officer, Kevin DeBruin, explained that this statement was taken from the previous version of the Bylaws under the BQRC section, and this committee reserves the right to remove it, upon recommendation by Dr. Khawaja, if so desired. He also pointed out that the committee has the ability to add duties as well, upon advice from the administration.</p> <p>All agreed that it should be kept, and it will be added to the Board Quality Review Committee reporting calendar.</p> | <p><b>MOTION:</b> by Director Corrales, second by Mark Goldsworthy, MD, to approve the Board Quality Review Committee Charter.</p> <p>Roll call voting was utilized.</p> <p>Director Greer, RN - Aye<br/>Director Corrales, RN- Aye<br/>Mark Goldsworthy, MD - Aye</p> <p>All in favor. None opposed.</p>   | N/A  | Y |
| <b>C. *REVIEW / APPROVAL: APPROVAL OF ANNUAL BOARD QUALITY REVIEW COMMITTEE REPORTING CALENDAR</b>   |   |  |   |
| <p>Reviewed and approved with the addition of annual review of the Board Quality Review Committee Charter, and review of the medical staff process for credentialing and privileging.</p> <p>Director Greer noted that she is impressed with the reporting calendar used for this Committee and that other Board Committees have adopted its use.</p> <p>Tricia Kassab credited Valerie Martinez and Julie Avila for its creation and maintenance.</p> <p>Director Corrales concurred that it is indeed a wonderful tool as you can see one year's worth of presentation/review requirements.</p>  | <p><b>MOTION:</b> by Director Corrales, second by Mark Goldsworthy, MD, to approve the Board Quality Review Committee Reporting Calendar with the addition of the annual review of the Board Quality Review Committee Charter and review of the medical staff process for credentialing and privileging.</p> <p>Roll call voting was utilized.</p> <p>Director Greer, RN - Aye<br/>Director Corrales, RN- Aye<br/>Mark Goldsworthy, MD - Aye</p> <p>All in favor. None opposed.</p> | Valerie Martinez, Sr. District Director, Quality, Patient Safety, and Infection Prevention | Y |
| <b>D. *REVIEW / APPROVAL: ADOPT BOARD QUALITY REVIEW COMMITTEE MEETING RESOLUTION FOR CALENDAR YEAR 2023</b>   |   |  |   |
| <p>Reviewed and approved with one edit/correction, on the second paragraph. The year, "2021" should be "2023".</p>   | <p><b>MOTION:</b> by Director Corrales, second by Mark Goldsworthy, MD, to approve the Board Quality Review Committee Meeting Resolution for Calendar Year 2023, with one edit/correction, on the second paragraph. The</p>   | Sally Valle, Committee Assistant   | Y |

|  |  |  |  |
|--|--|--|--|
|  | <p>year, "2021" should be "2023".</p> <p>Roll call voting was utilized.</p> <p>Director Greer, RN - Aye<br/>Director Corrales, RN- Aye<br/>Mark Goldsworthy, MD - Aye</p> <p>All in favor. None opposed.</p> |  |  |
|--|--|--|--|

**STANDING ITEM(S)**

**A. MEDICAL EXECUTIVE COMMITTEE (MEC)/QUALITY MANAGEMENT COMMITTEE (QMC) UPDATE**

|  |                    |  |   |
|--|--------------------|--|---|
| <p>Deferred until next meeting.</p> <p>It was explained to Dr. Goldsworthy, our newly elected, Quality Medical Committee Chair for the Poway campus, to develop a report, with key points, from Quality Medical Committee to report at this Committee.</p> | <b>MOTION:</b> N/A |  | Y |
|--|--------------------|--|---|

**NEW BUSINESS**

**A. CONTINUUM OF CARE/OUTPATIENT SERVICES REPORT**

|  |                    |     |   |
|--|--------------------|-----|---|
| <p>Carolyn Masengale, Wound Care Director, presented the Continuum of Care/Outpatient Services Report on behalf of Virginia Barragan, VP of Continuum of Care &amp; Oncology Service Line.</p> <ul style="list-style-type: none"> <li>The Quality data was provided.</li> <li>Metrics were presented. These are pre-set by governing agencies and benchmarks are nationally set. Performance is green in all areas.</li> <li>The Villas at Poway, our skilled nursing facility is working on on-going California Department of Public Health (CDPH) survey readiness. They are in the survey window. As well as ongoing COVID19 mitigations.</li> <li>On January 1<sup>st</sup> Home Health kicked off transition to Value-Based Purchasing, electronic visit verification and timely initiation of care. Continued focus on Joint Commission survey readiness.</li> <li>For Outpatient Services, metrics were reviewed. These are metrics that focus on wound care, oncology and perinatology. The only area requiring improvement is access to care within 14 business days, this area is higher than in the past. It is related to increased volume in our cancer care program. Recruitment for per diem positions are underway to support the volume increase in that area.</li> <li>Wound care program is focused on outpatient patient experience and the move to Medical Office Building 3 (MOB 3). Expected to move by end of current fiscal year.</li> <li>The Jean McLaughlin Outpatient Center is focused on patient experience as their volumes have increased post COVID. Radiation Therapy continues to do well.</li> <li>Infusion metrics focus on items that are relevant to oncology and chemotherapy.</li> <li>Perinatology is seeing increased volumes. With this they are working on patient experience</li> </ul> | <b>MOTION:</b> N/A | N/A | Y |
|--|--------------------|-----|---|



|  |  |  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>and equipment to assist with the increased volume.</li> <li>Dr. Omar Khawaja noted that we had an acceptance of a second Radiation Oncologist to start around July, and our second linear accelerator will be available at the end of the year. <ul style="list-style-type: none"> <li>We also have a breast surgeon coming on board sometime in March. She will be joining Dr. Grove's group.</li> </ul> </li> </ul> |  |  |  |
|--|--|--|--|

**B. RADIOLOGY AND NUCLEAR MEDICINE DEPARTMENT REPORT**

|  |                    |     |   |
|--|--------------------|-----|---|
| <p>Tim Stevens, District Director for Diagnostic Imaging and Biomed Engineering presented the Palomar Health Imaging Services – Radiology and Nuclear Medicine report.</p> <ul style="list-style-type: none"> <li>Reviewed the Radiation Safety and Imaging Performance Indicators.</li> <li>Performance Improvement goals for CT (Computerized Tomography), ultrasound and X-Ray were presented.</li> <li>Acquired one new ultrasound unit in July 2022, at the Poway campus to assist with volume.</li> <li>A third CT (Computerized Tomography) machine has been installed at the Escondido campus. Go live is pending final construction approval and licensing. Tim noted this was one of the best CT (Computerized Tomography) machines on the market at this time. It will provide increased capacity and the ability to provide a higher level quality care at the Escondido campus.</li> <li>Three new ultrasound units were also acquired at the Escondido campus in July, 2022.</li> <li>Director Greer inquired as to how many ultrasound units we have at the Escondido campus. Tim explained that we have three units, and recently put an older 4<sup>th</sup> unit into service dedicated to Pod D in the Emergency Department however, he is looking to replace this unit with a newer unit. At the Poway campus we have one.</li> <li>Director Geer also thanked Tim for the Poway campus ultrasound staff's ability to quickly schedule the Arch Health Urgent Care patients in a timely manner, and hopes that with the upcoming Emergency Department expansion, Palomar Health will be able to acquire additional ultrasound machines with the anticipated increase in volume. <ul style="list-style-type: none"> <li>Diane Hansen agreed, and noted that these discussions, for new equipment are already underway.</li> </ul> </li> <li>Director Corrales inquired whether x-rays in the Emergency Department were portable or not. Tim explained that since 80% of the x-rays ordered in the Emergency Department were chest x-rays, he recently trialed placing a portable x-ray unit near the front care area of the Emergency Department. This proved to be very successful as it has decreased turn-around-times for chest x-rays over the last couple of weeks.</li> <li>Director Greer also inquired regarding CT downtimes over the past year, and whether this was due to mechanical issues. Diane noted part of it was due to construction. Tim noted that down times were not outside the norm however he attributed part of the delays for CT were related to limitations with staff and patient transport. He is looking at these issues in his process improvement meetings. <ul style="list-style-type: none"> <li>Dr. Omar Khawaja reported that we have a brand new CT in the hospital and now have a second CT in the Outpatient Pavilion due to the increase in volume. Having these two machines will lessen the load on each machine and in turn we anticipate a decrease in down time.</li> </ul> </li> </ul> | <b>MOTION:</b> N/A | N/A | Y |
|--|--------------------|-----|---|

**ADJOURNMENT TO CLOSED SESSION**

|   |                    |  |   |
|---|--------------------|--|---|
| <ul style="list-style-type: none"> <li>➤ PURSUANT TO CA GOV'T CODE §54962 &amp; CA HLTH &amp; SAFETY CODE §32155; HEARINGS – SUBJECT MATTER: REPORT OF QUALITY ASSURANCE COMMITTEE</li> </ul> | <b>MOTION:</b> N/A |  | Y |
|---|--------------------|--|---|

**ADJOURNMENT TO OPEN SESSION**

|   |                    |
|---|--------------------|
| ➤ There were no action items identified in the Closed Session of the meeting.   |                    |
| <b>PUBLIC COMMENTS</b>  |                    |
| There were no public comments.  |                    |
| <b>FINAL ADJOURNMENT</b> - The meeting adjourned at 5:30 p.m.   | <b>MOTION:</b> N/A |
| <p><b>SIGNATURES:</b></p> <p style="text-align: center;"><b>COMMITTEE CHAIR</b></p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Linda Greer, RN</p> <hr/> <p style="text-align: center;"><b>COMMITTEE ASSISTANT</b></p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Sally Valle</p> |                    |

DRAFT

# ADDENDUM B

## **Premier Laser Services, Inc. Review of Contract Service**

**Name of Service:** Premier Laser Services, Inc.

**Date of Review:** January 27, 2023

**Name / Title of Reviewer:** Bruce R Grendell  
RN, Sr. Director, District Perioperative  
Services, Palomar Health

**Nature of Service (describe):** Surgical laser rental services used in the treatment of kidney stones and urological conditions to treat the prostate, Types of lasers and associated peripherals that can be rented include the Holmium laser. Thulium laser, Aloka Ultrasound, Shockpulse, Cyberwand, and KTP laser.

| 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 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. | √               |                          |

### **Performance Metrics Met and Not Met**

| METRIC  | CY22 Q1 | CY22 Q2 | CY22 Q3 | CY22 Q4 | Cumulative Total |
|---|---------|---------|---------|---------|------------------|
| Equipment is clean and in good working order  | Met     | Met     | Met     | Met     | Met              |
| Laser Technician is professional, arrives on time and is competent in his / her duties. | Met     | Met     | Met     | Met     | Met              |

|  |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|
| No cancelled cases related to contracted service Key Performance Indicators (KPIs) | Met | Met | Met | Met | Met |
| Contractor submits invoices for payment in a timely manner after service provided. | Met | Met | Met | Met | Met |

**Comments: No unusual occurrences documented during the contract service evaluation period.**

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**Conclusion** (check one)

- Met 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:

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**Stericycle**  
**Review of Contract Service**

**Name of Service:** Stericycle Hazardous Material Disposal

**Date of Review:** 1.26.2023 **Name / Title of Reviewer:** Russell Riehl, VP Support Services

**Nature of Service (describe):** Hazardous Material Disposal (Sharps, Pharmaceutical waste, biohazard waste, and chemicals)

| 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 |
|--|-------|-------|-------|-------|------------------|
| Performed disposals on time and as scheduled           | MET   | MET   | MET   | MET   | MET              |
| Provided contracted replacement equipment on schedule. | MET   | MET   | MET   | MET   | MET              |
|  |       |       |       |       |                  |

**Comments**

No current operational issues with this contractor or their services. We meet quarterly and will continue to monitor.

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

## Review of Contract Service

**Name of Service:** Valley Pathology Medical Associates, Inc. - Pathology Svcs - Professional & Administrative Services Agreement

**Date of Review:** 01/18/2023      **Name / Title of Reviewer:** Omar Khawaja, MD, MBA, Chief Medical Officer

**Nature of Service (describe):** Pathology Services

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

### Performance Metrics

| METRIC            | 1st QTR | 2nd QTR | 3rd QTR | 4th QTR | Cumulative Total |
|-------------------|---------|---------|---------|---------|------------------|
| Passed CAP survey | Y       | Y       | Y       | Y       | Y                |
|                   |         |         |         |         |                  |
|                   |         |         |         |         |                  |

### Comments

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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: \_\_\_\_\_

# Emergency Medicine Annual Rpt

Presented to Board Quality Review Committee

by

Tracy Page, DNP, RN, Manager, Emergency Dept., PMC Esc

*for*

Tom Siminski, RN, MSN, District Director, Emergency Services

March 22, 2023

# SBAR

|                |   |
|----------------|---|
| SITUATION      | Due to capacity issues and excessive boarding hours in the emergency department, a large number of patients per day are seen and treated in alternative care spaces.  |
| BACKGROUND     | <b>Palomar Health has the lowest number of inpatient beds compared to emergency department volume in California. We have the highest number of ambulance arrivals in San Diego County.</b>  |
| ASSESSMENT     | <b>On any given day, 75% - 85 % of our ED beds are filled with admission holds and psychiatric holds. We average between 280-300 patients per day which includes 70-90 ambulance arrivals a day. We admit on average 19% of ED arrivals. In the past 2 months we've averaged 36,800 admission boarding hours which equals 1,187 a day, which equals 50 blocked beds for 24 hours a day. In addition to this we have 8-12 psychiatric holds per day.</b> |
| RECOMMENDATION | <b>To implement standard work across all areas whether actual beds or alternative care spaces to ensure that quality care is provided to all patients who come to the ED.</b>   |



# Staffing

- 30 New Grads off of Orientation
- 9 more New Grads started in February
  - 3 New Grads at Poway
- 3 New Nurse Supervisors at Poway
  - 1 New Assistant Nurse Manager at Poway
- Travelers supplementing staffing
- **Working weekly with HR on recruiting strategies**

## 2022 ED Volumes

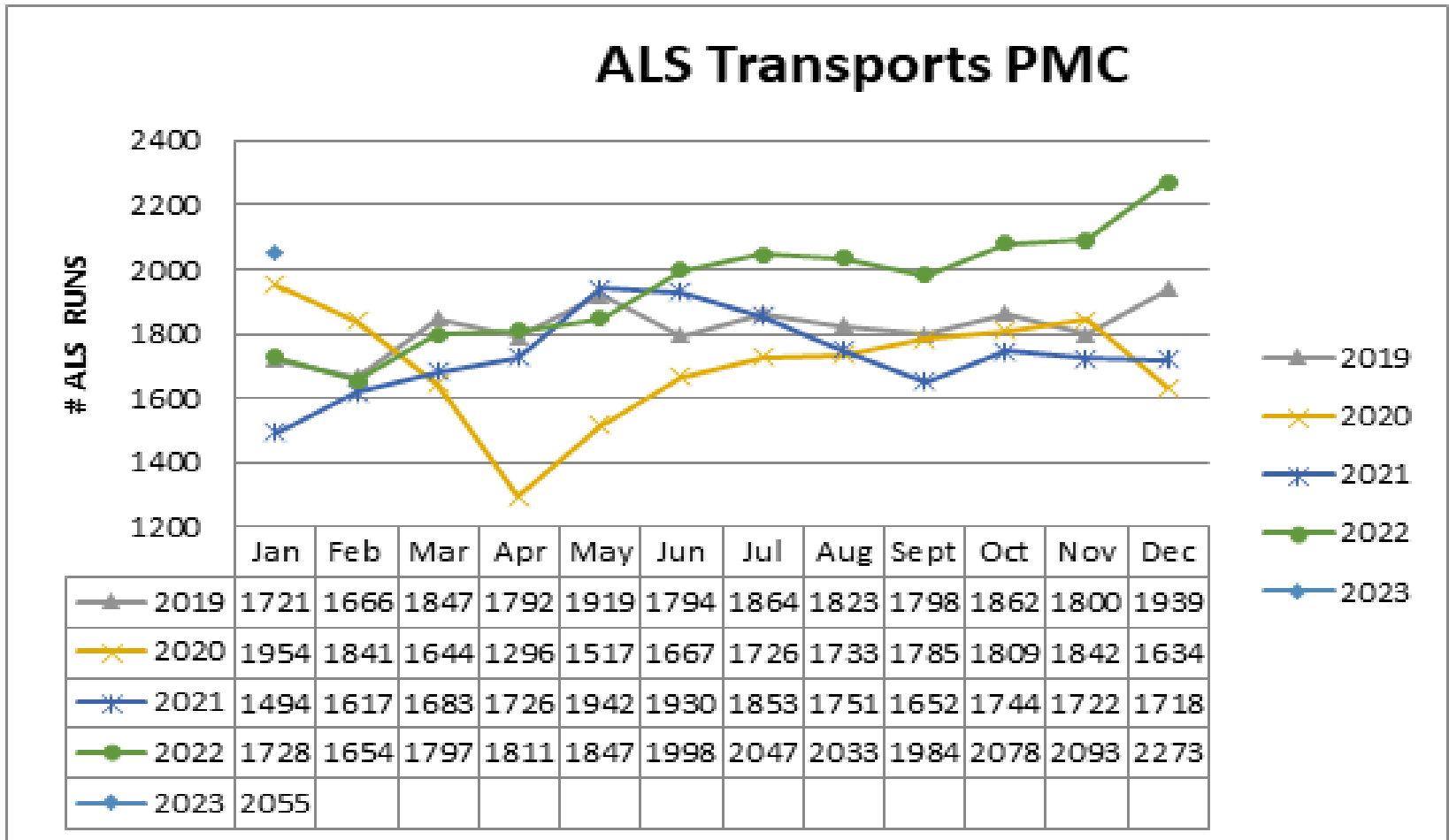
PMC Escondido saw 95,980 ED patients

- Increase in the average patients per day by 76 patients (219 in January to 295 in November)

Poway saw 32,901 ED Patients

- Increase in the average patients per day by 12 patients (89 in January to 101 in November)

# Escondido Ambulance Runs



- Highest ambulance traffic in San Diego County 8 out of 12 months in 2022
- Consistently one of the fastest median offload times (less than 15 minutes)

# New Offload Trial



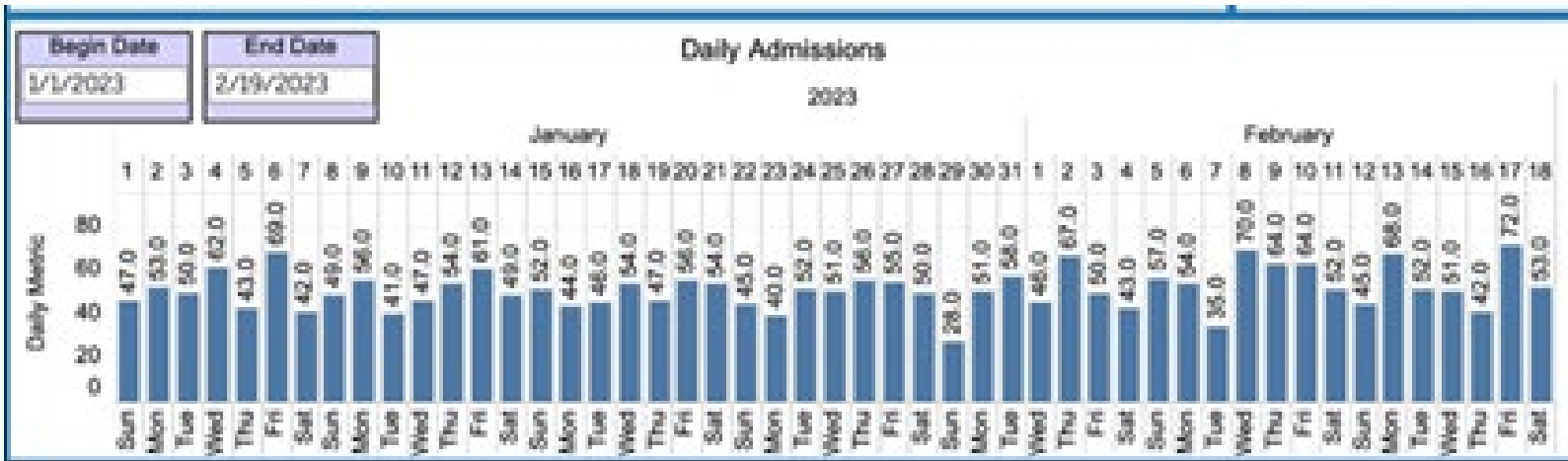
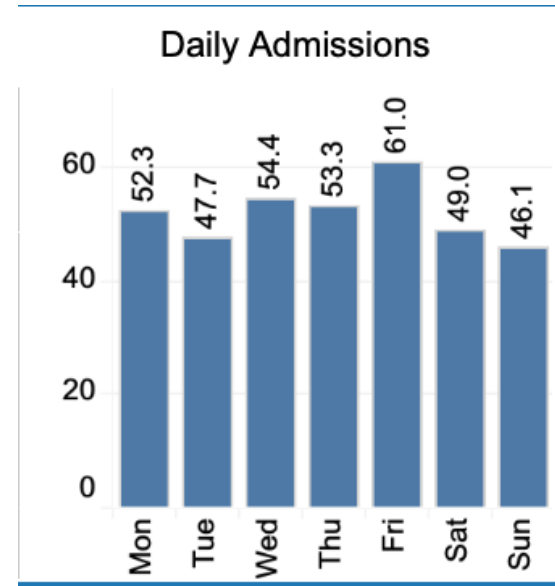
## Current Focus

- Standard Work
- Quality Care
- Sign-on to patients
- Mark-off spaces around gas/doors
- MD use of COWs to eliminate batching

- Standard Work based on roles (Trauma Lead (TL), RN, ED Tech, Provider, Charge Nurse)
- Care spaces divided by zones
- RN/ED Tech sign up for patients in their zone and complete orders to the best of their ability
- New Offload Treatment Room

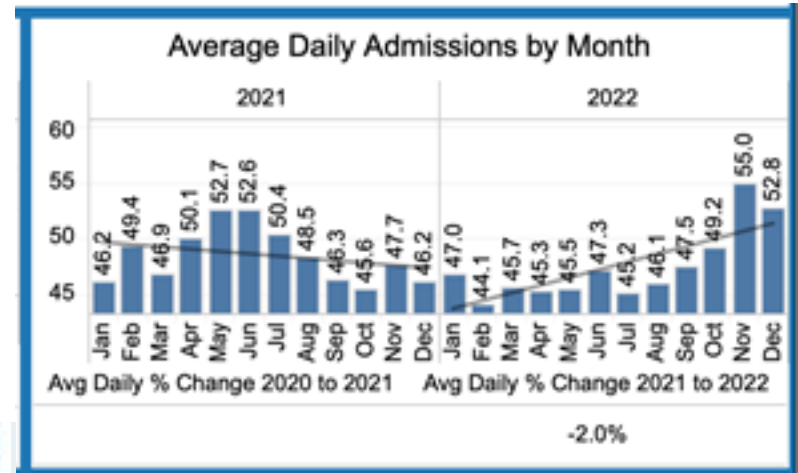
# Admissions - Escondido

- 1,562 admissions in January
  - 874 came by ambulance
- 19% overall admission rate
  - 39% admission rate for patients who came by ambulance



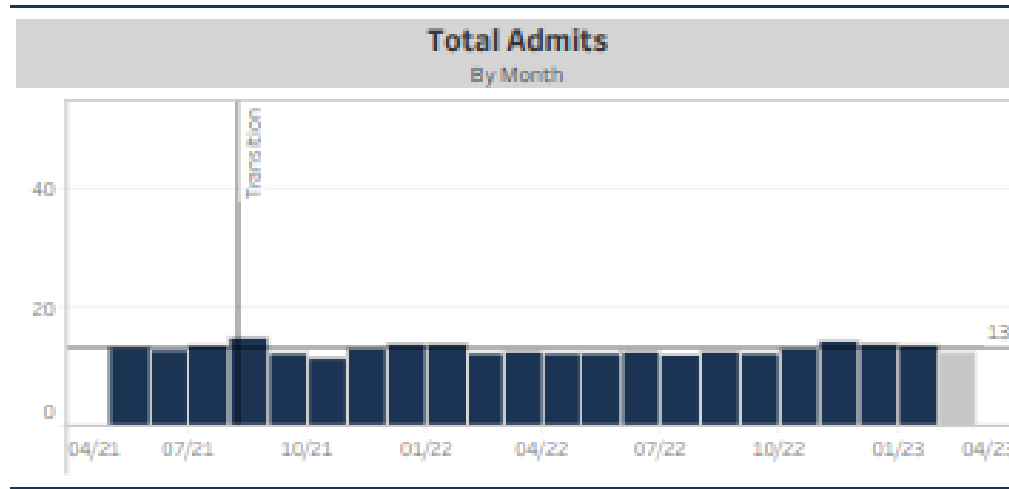
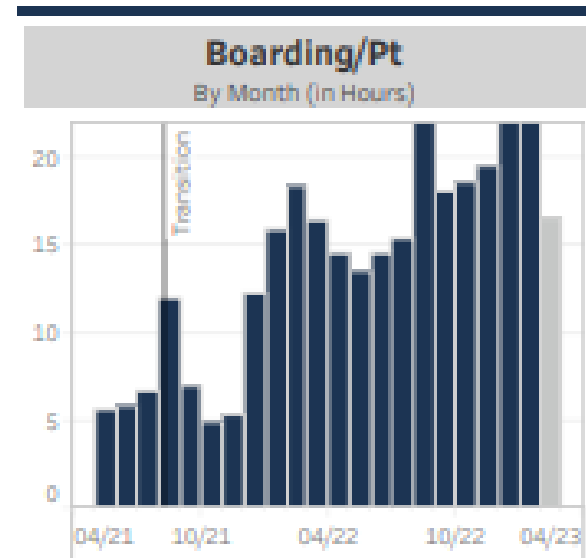
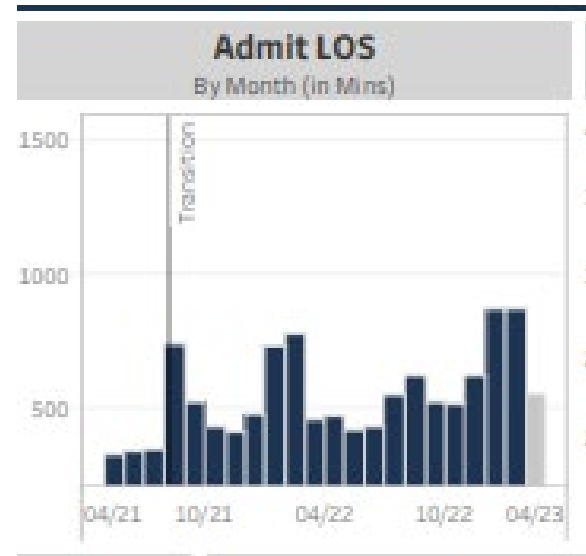
# Length of Stay for Admissions - Escondido

- 249 median door-to-decision to admit
- Median Admit LOS 1095 minutes
- Total boarding hours 33, 915 for January

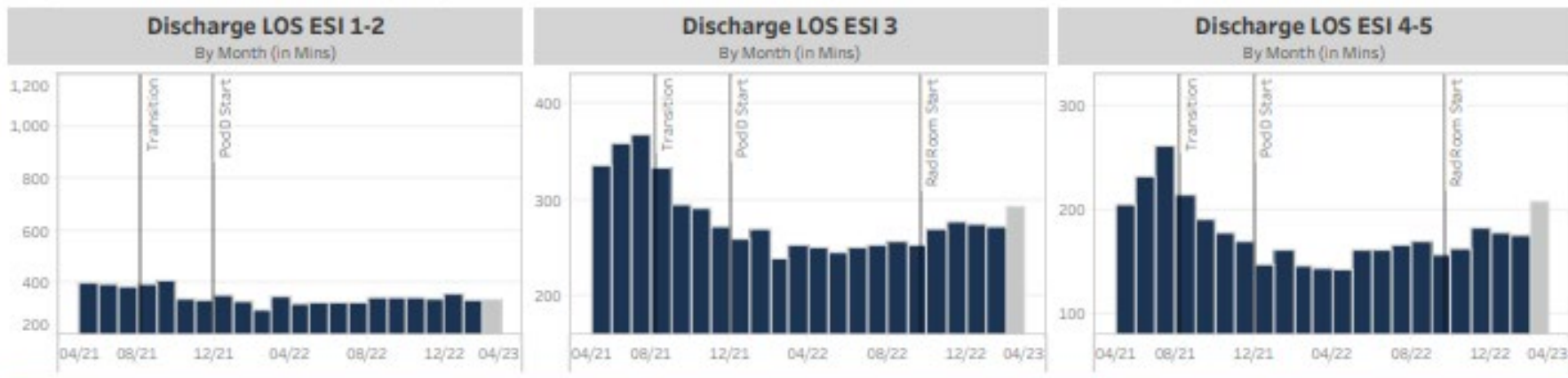


# Admissions - Poway

- Average of 13 admits per day - January
  - 15% admission rate
- Median Admit Length of Stay (LOS) 862 minutes
- Average Admit Boarding hours per patient: 9.97
- Total Boarding hours: 9180



# Length of Stay (LOS) - Escondido

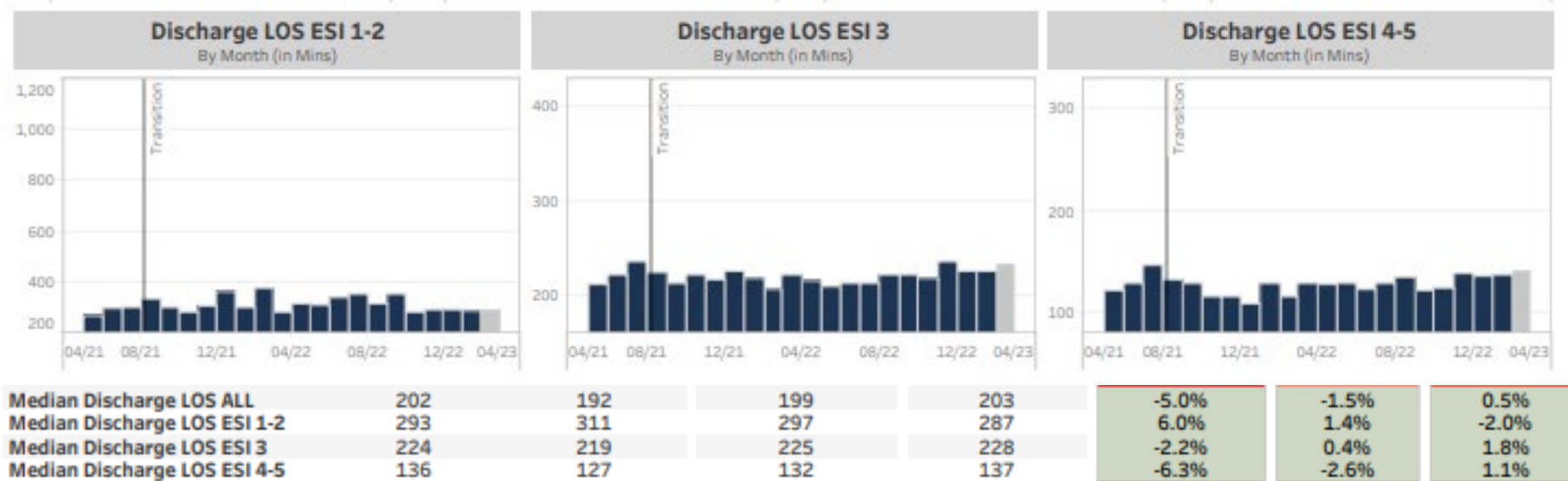


|                              |     |     |     |     |        |        |        |
|------------------------------|-----|-----|-----|-----|--------|--------|--------|
| Median Discharge LOS ALL     | 327 | 241 | 244 | 254 | -26.3% | -25.4% | -22.3% |
| Median Discharge LOS ESI 1-2 | 395 | 336 | 341 | 343 | -14.9% | -13.7% | -13.2% |
| Median Discharge LOS ESI 3   | 355 | 265 | 270 | 279 | -25.4% | -23.9% | -21.4% |
| Median Discharge LOS ESI 4-5 | 231 | 166 | 173 | 185 | -28.1% | -25.1% | -19.9% |

Median Discharge LOS – 254 minutes

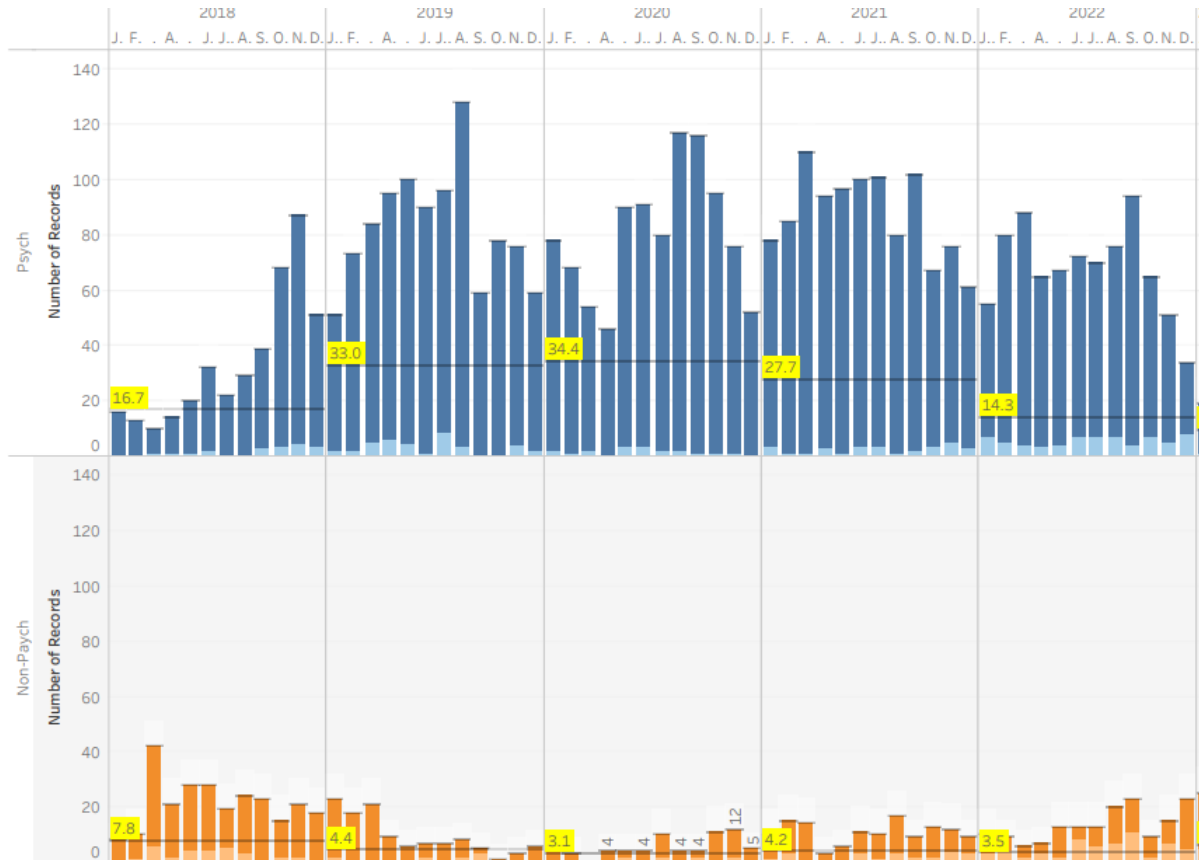


# Length of Stay - Poway



Median Discharge LOS 203 minutes

# Multi-Disciplinary Rounds (MDRs)



Significant decrease in the number of psych patients per day boarding over 24 hours since the implementation of MDRs in September

# Process Improvement Projects

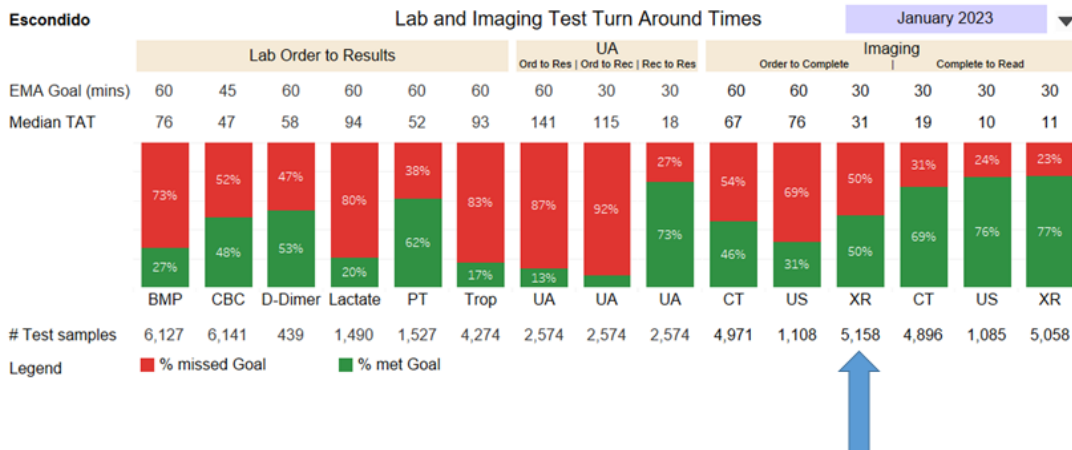


**Creating a  
Lean ED**

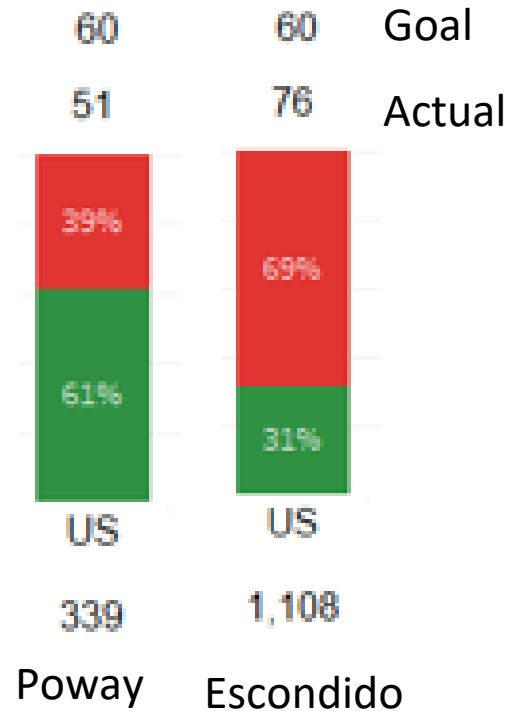
# Radiology Trial



- Goal to decrease XR TAT by elimination of waste
- No delays getting Trip Tics signed
- No transporter needed
- Less searching for patients
- January - 31 minutes



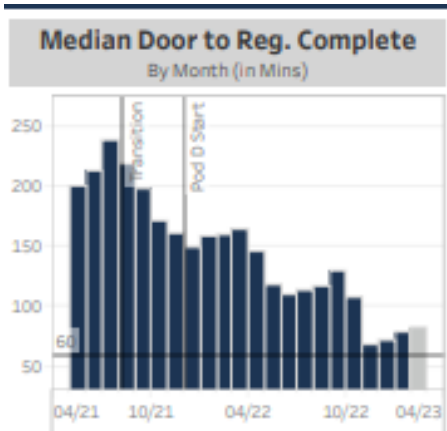
# Ultrasound Trial – Pod D 0800-0030



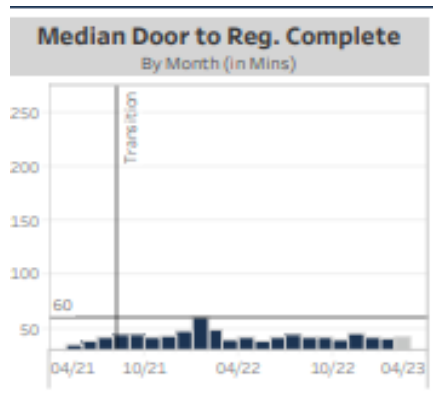
Average Transport times for Level 0 = 20 minutes pending to complete

Transport time (20) + Procedure Time (42) + Transport Time (20) = 82 minutes

# Registration



Escondido – 74 minutes



Poway – 41 minutes



# Upcoming Projects

- Poway emergency department lobby remodel is beginning
- MICN Class starting this week (5 RNs training)
- Lab TAT Work Group
- Code Sepsis

# Trauma Services Annual Report

Presented to  
Board Quality Review Committee  
March 22, 2023

by

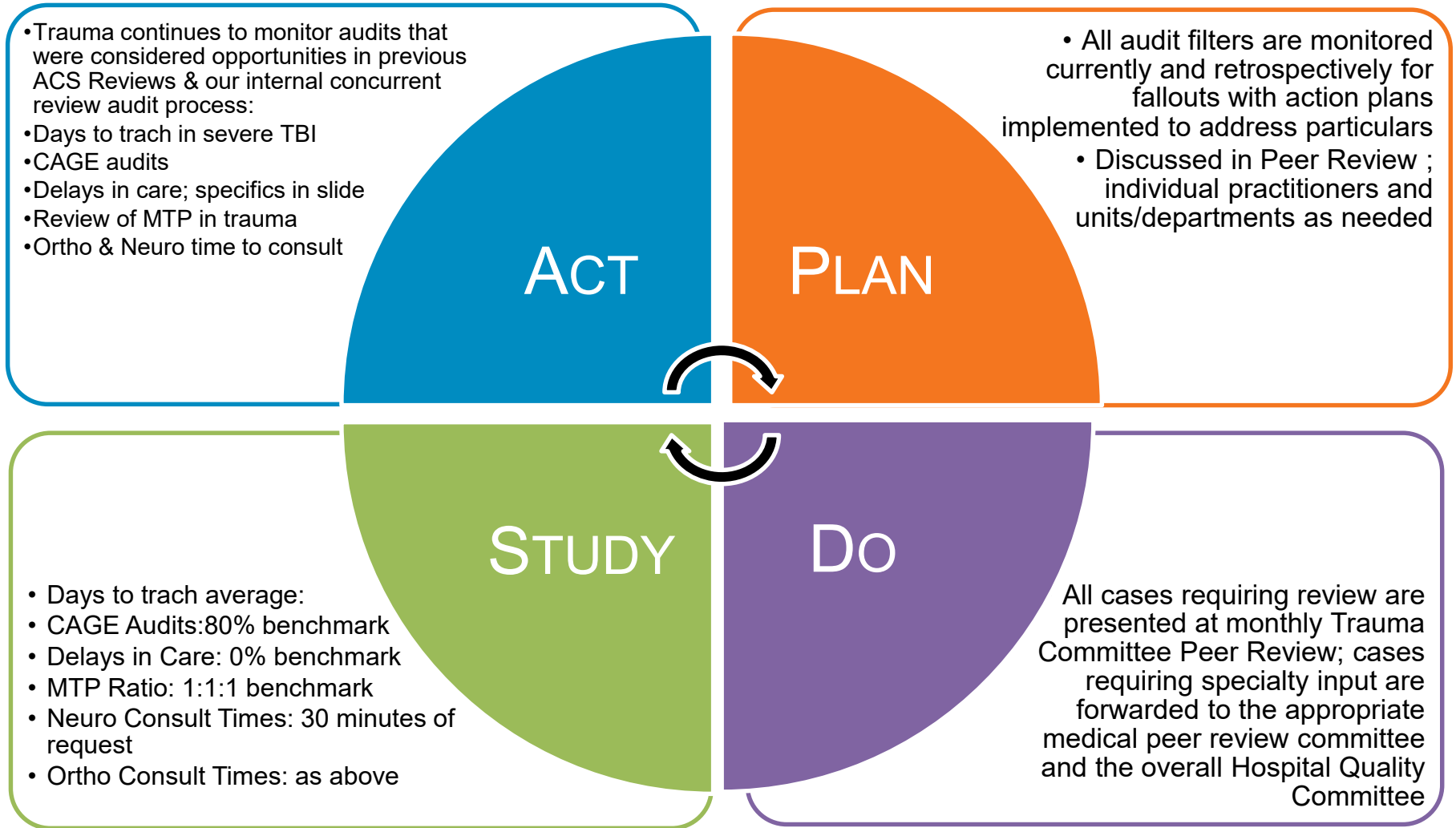
Melinda Case, RN, MSN, TCRN  
Trauma Program Director



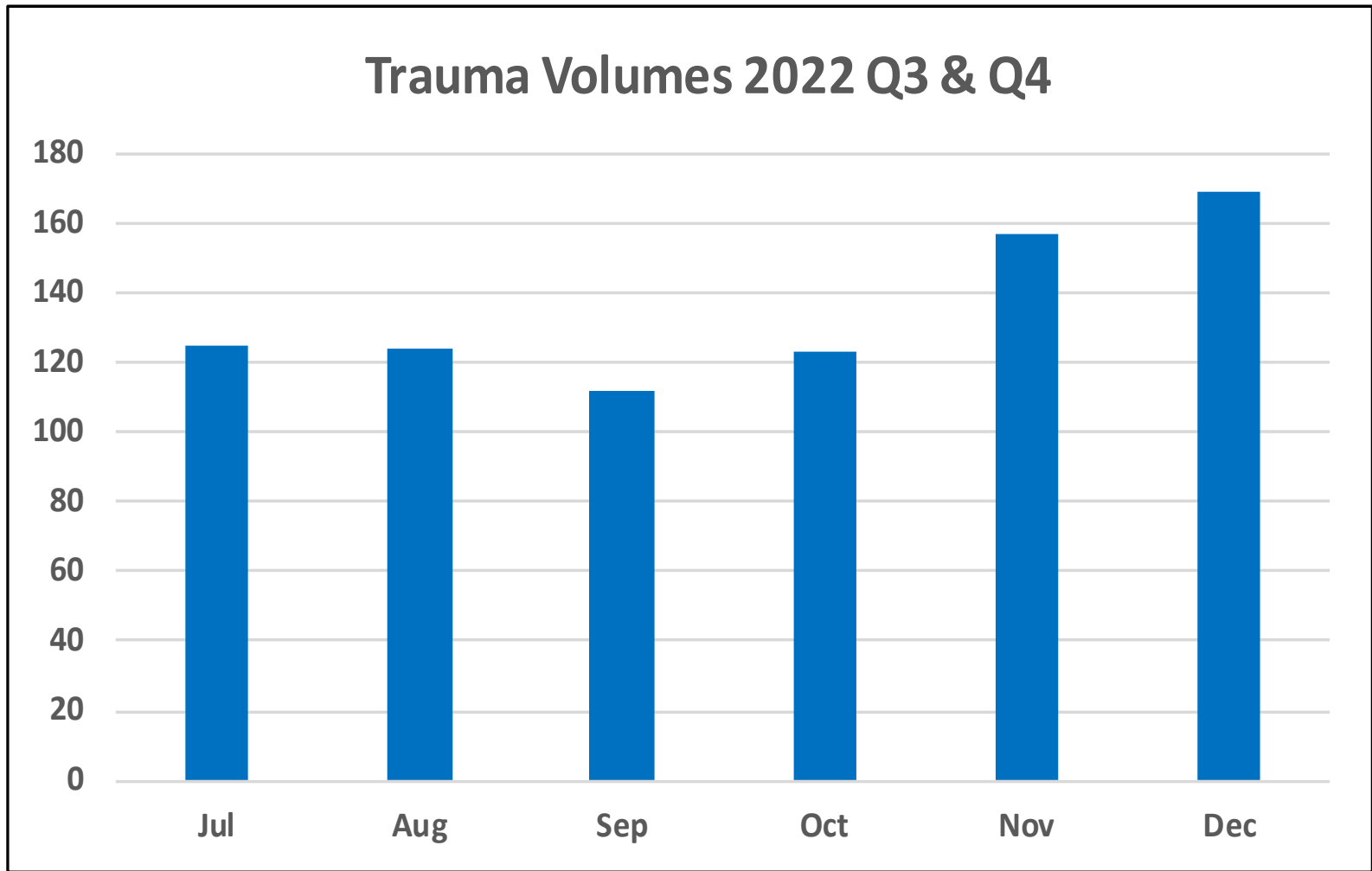
# PMCE Trauma Services

|                              |  |
|------------------------------|--|
| <p><b>SITUATION</b></p>      | <p>Trauma Services successfully passed the American College of Surgeons-Committee on Trauma, (ACS-COT) trauma center site survey on May 4<sup>th</sup>, 2022, as well as the San Diego Trauma EMS site survey on the same dates. The final report is not yet available; we received several strengths of the program and minimal weaknesses. No deficiencies. This was the first virtual site survey for the program; and our process was very well received by the site surveyors.</p>  |
| <p><b>BACKGROUND</b></p>     | <p>PMCE is a verified Level II Trauma Center through the American College of Surgeons-Committee on Trauma (ACS-COT). San Diego County designates the trauma center annually based on criteria from both Title 22 and the ACS-COT Resources for the Care of the Injured Patient. The PMCE Trauma Program is subject to an annual review as reflected in the San Diego Emergency Medical Services (EMS) County Trauma agreement; the ACS-COT has recently changed from an on-site 2-day review of the trauma program, to a virtual process; the new 3 year cycle resumed in May 2022, with an expected re-verification in May of 2025.</p> |
| <p><b>ASSESSMENT</b></p>     | <p>PMCE Trauma Service continues to assess, monitor, and evaluate for any ACS Criteria Deficiencies. The Trauma Program monitors, collects data, and evaluates over 250 data points and audit filters mandated by the ACS-COT and the San Diego Trauma/EMS System. Annually, the Trauma Program reviews and strategizes to focus on the top 3-4 audits that currently demonstrate opportunities for improvement and meet the criterion for a Level II Trauma Center.</p>   |
| <p><b>RECOMMENDATION</b></p> | <p>Trauma continues to monitor audits that were considered opportunities in previous ACS Site Reviews, which includes monitoring new filters and criterion listed in the new Resources for Optimal Care of the Injured Patient by the Committee on Trauma-American College of Surgeons, released in March, 2022. The focus of our PI Program over the next 3 years will include weaknesses and recommendations found in our verification report.</p>   |

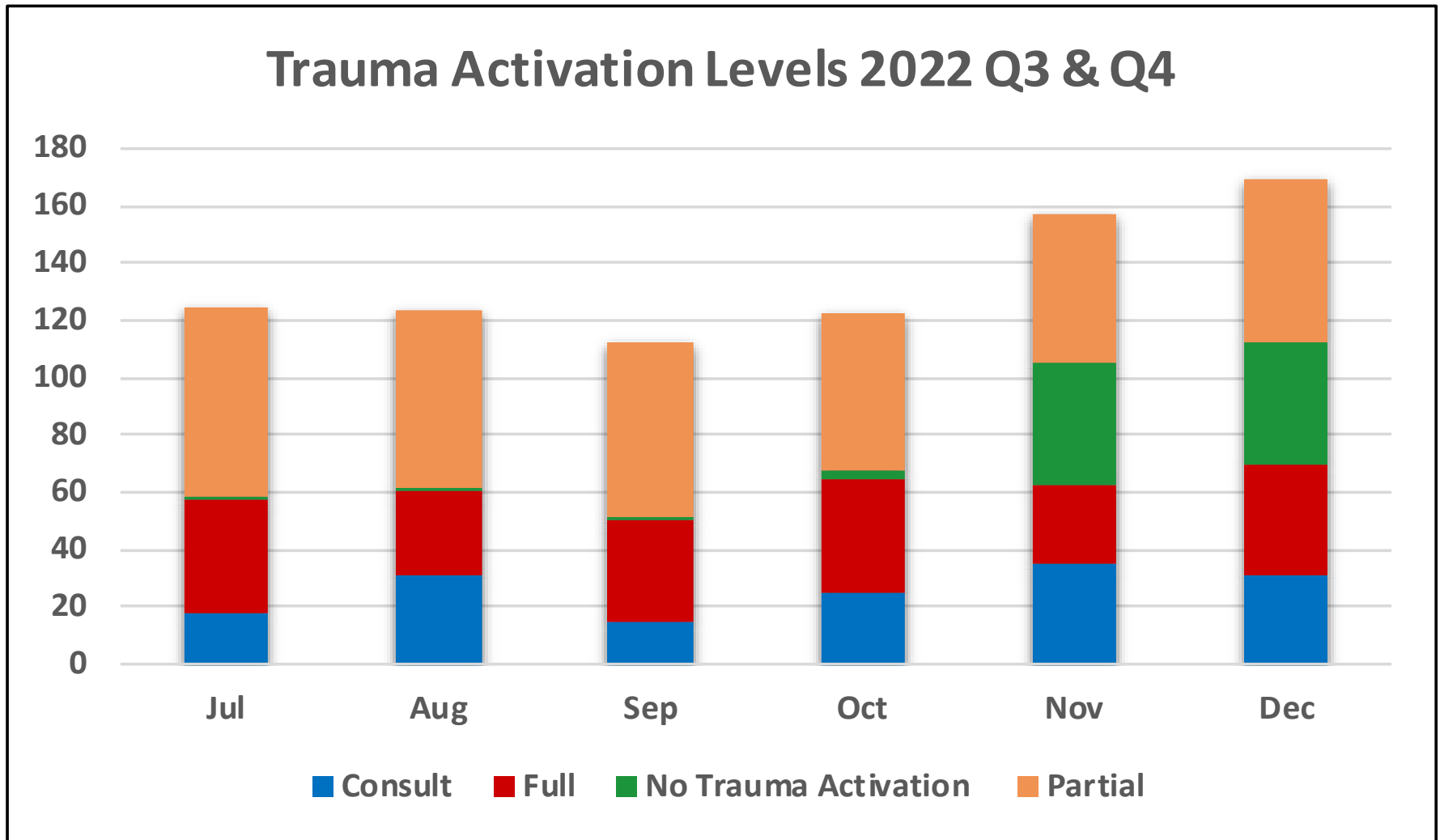
# PMCE Trauma Services



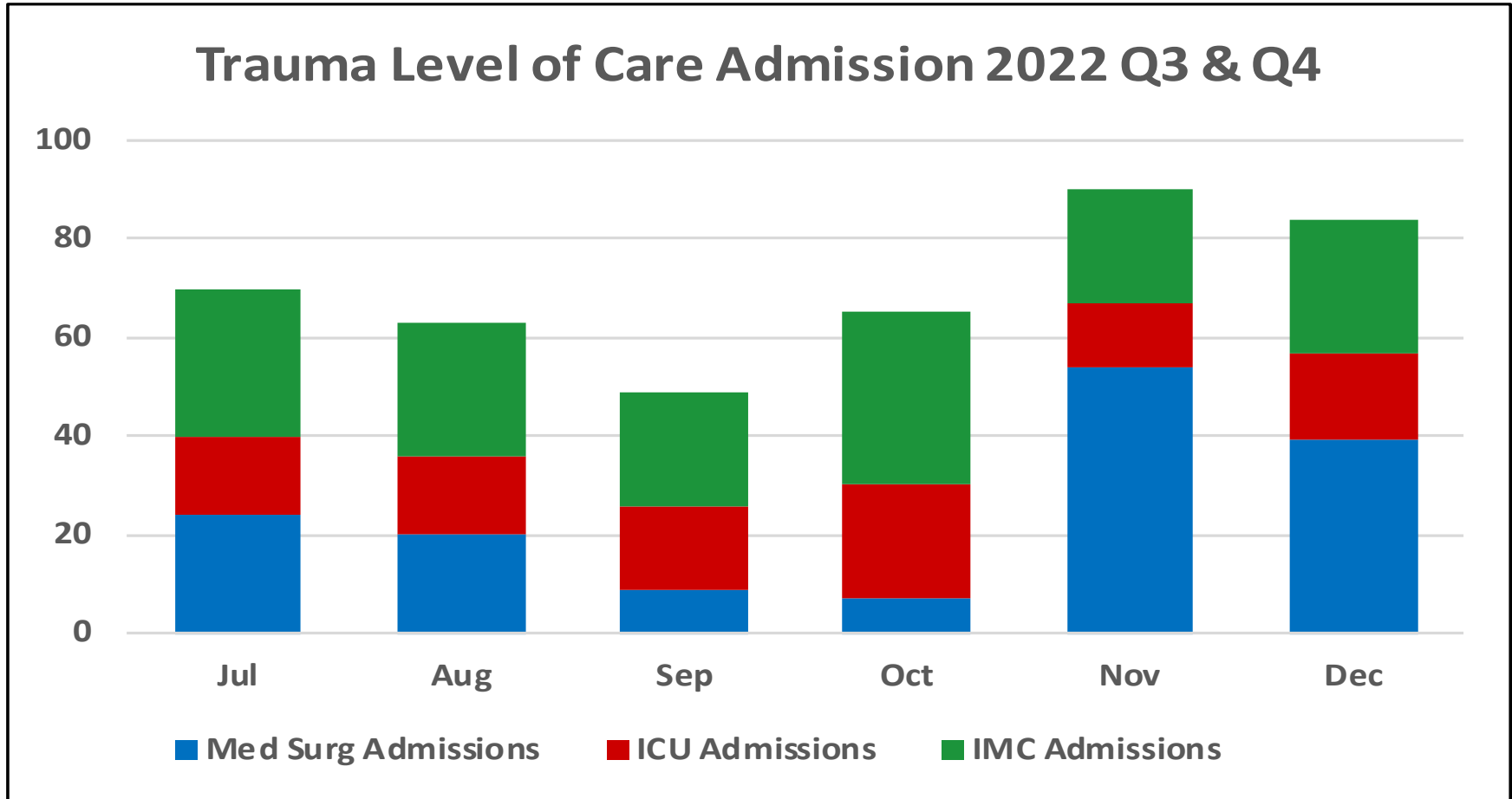
# Overall Trauma Volume Statistics



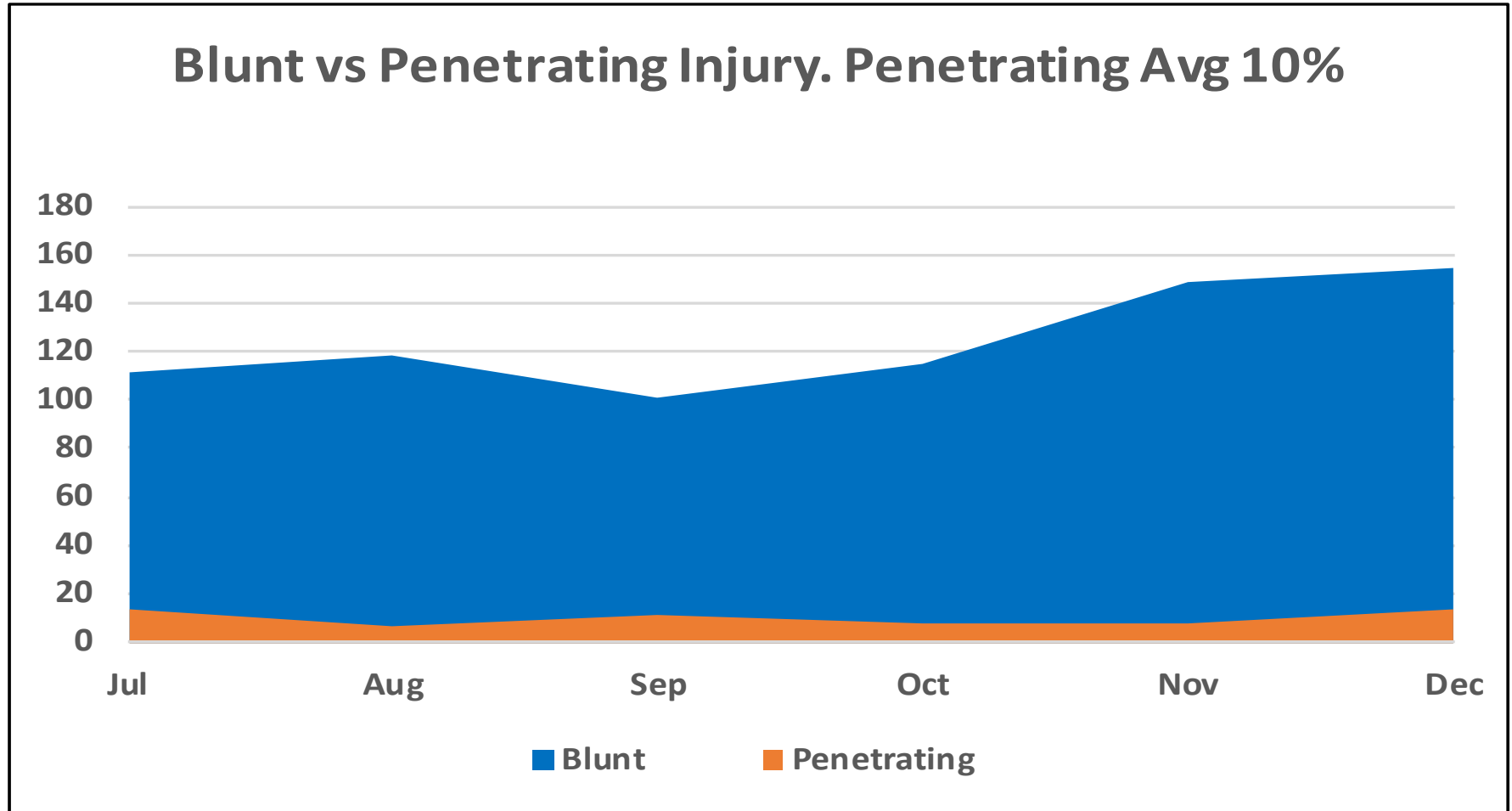
# Trauma Activations



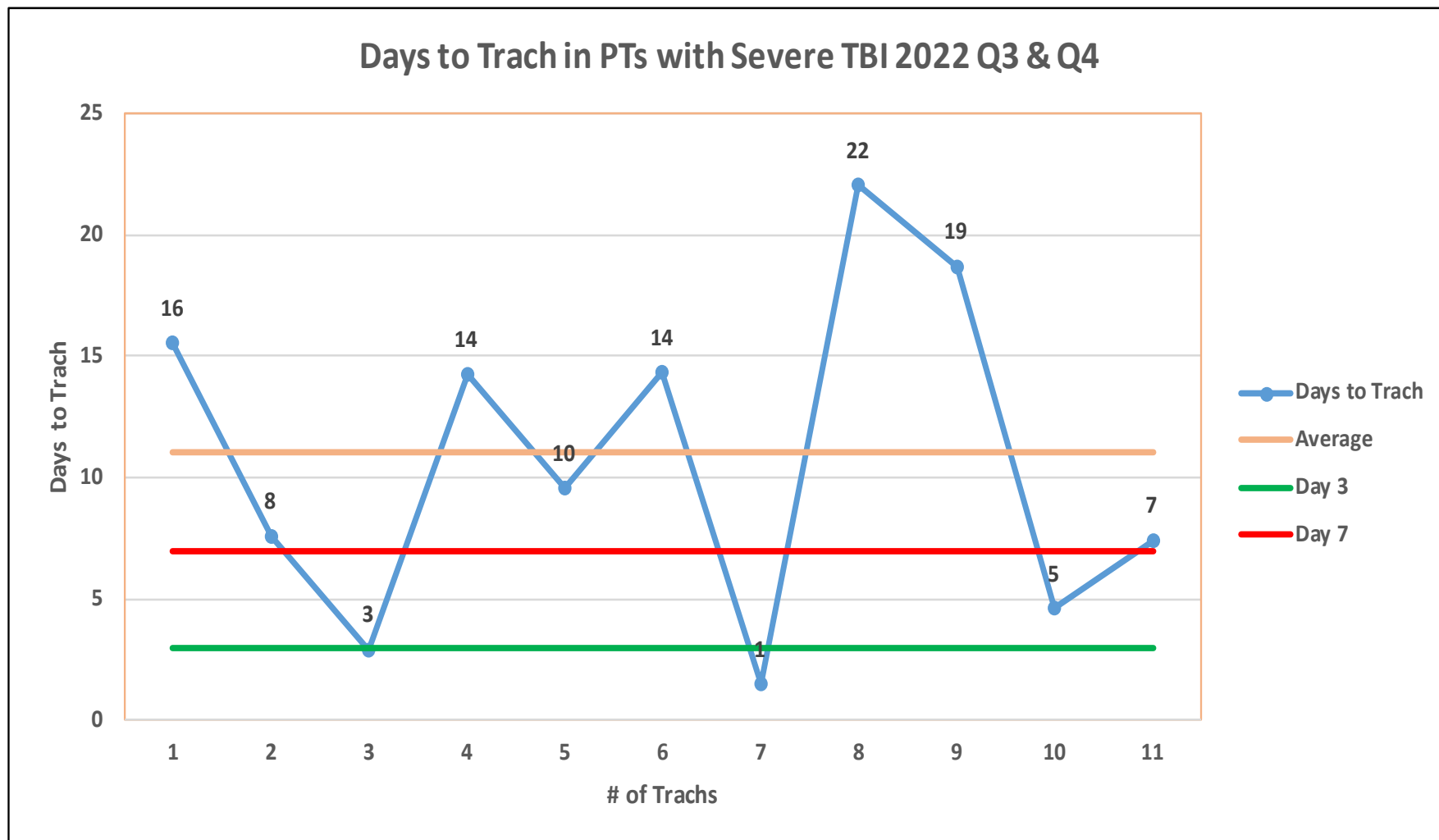
# Trauma Level of Care



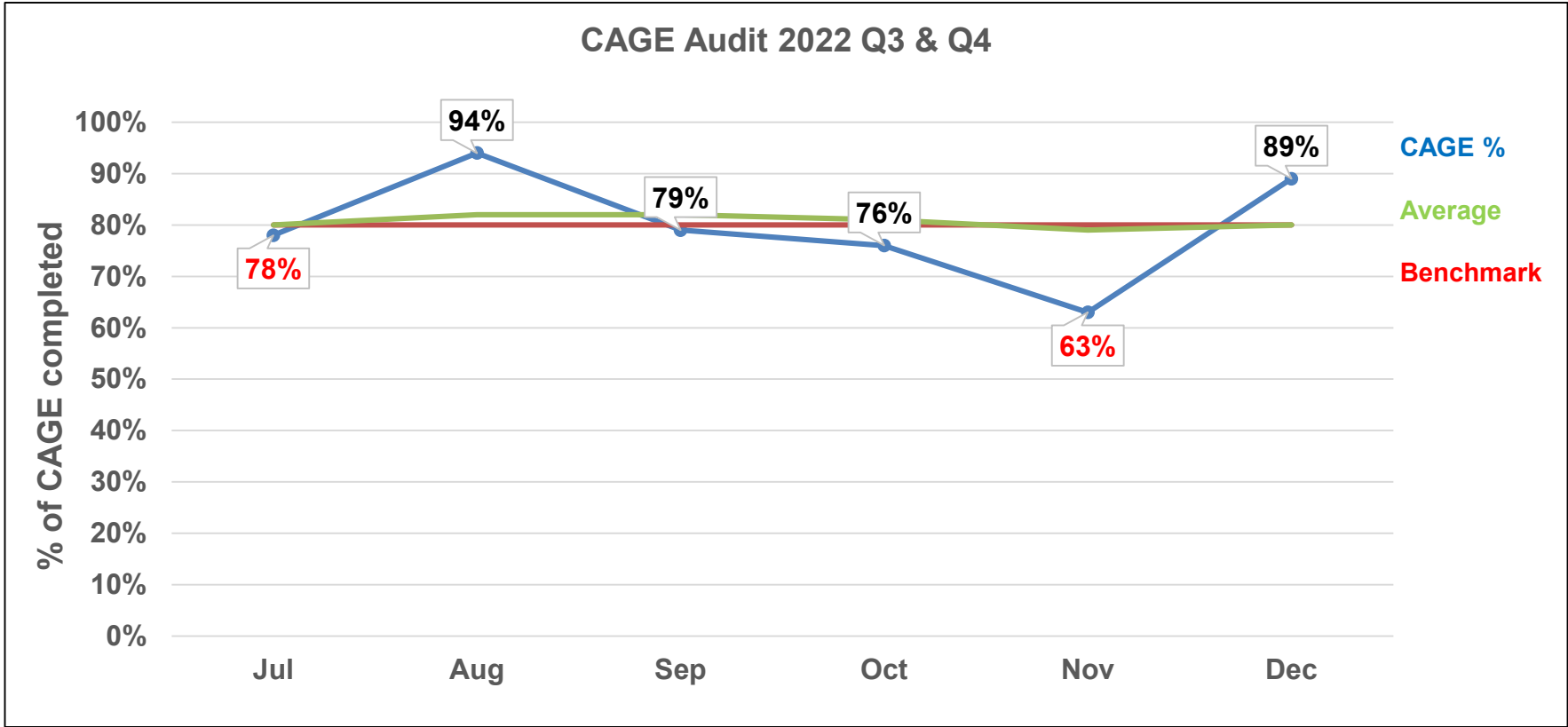
# Injury Statistics



# Days to Tracheostomy in Severe Traumatic Brain Injury (TBI)

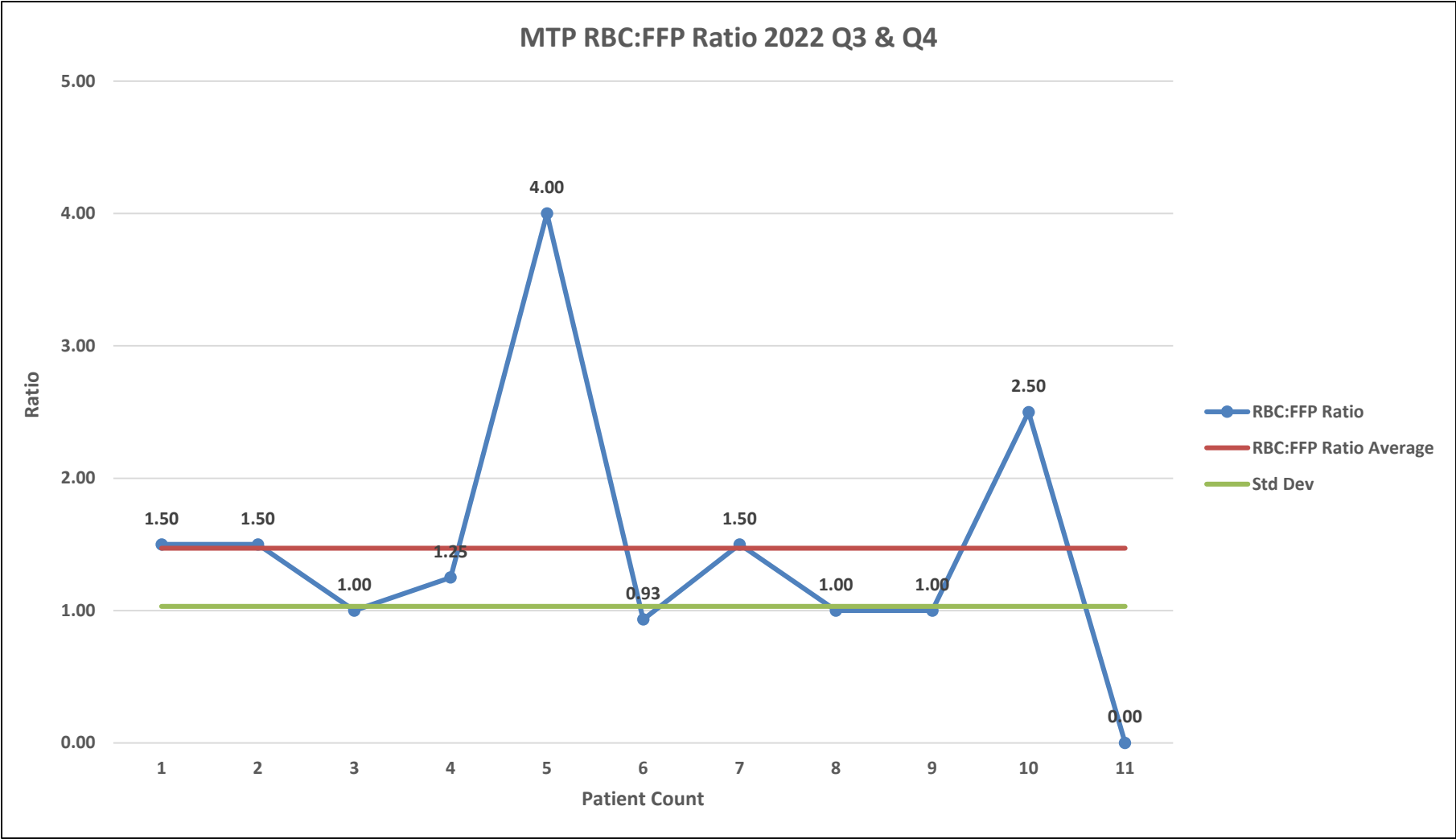


# Cut Down, Annoyed, Guilty and Eye Opener (CAGE) Audit



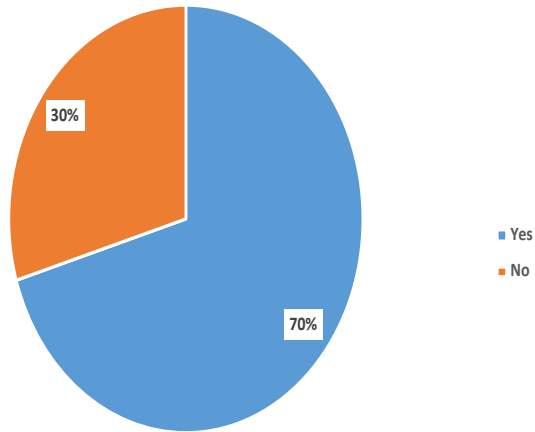


# Massive Transfusion Protocol

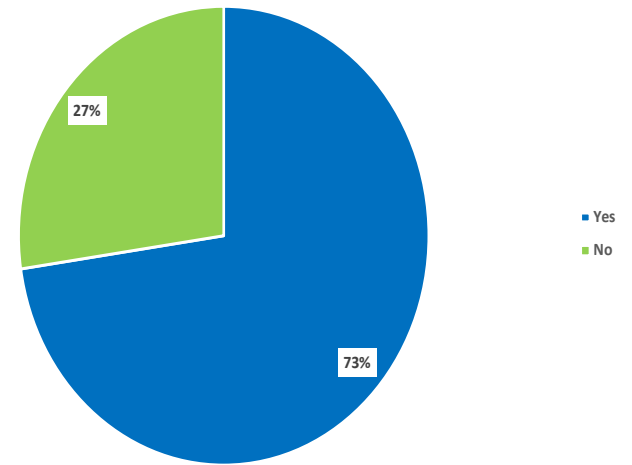


# Neurosurgical & Orthopedic Consult Times

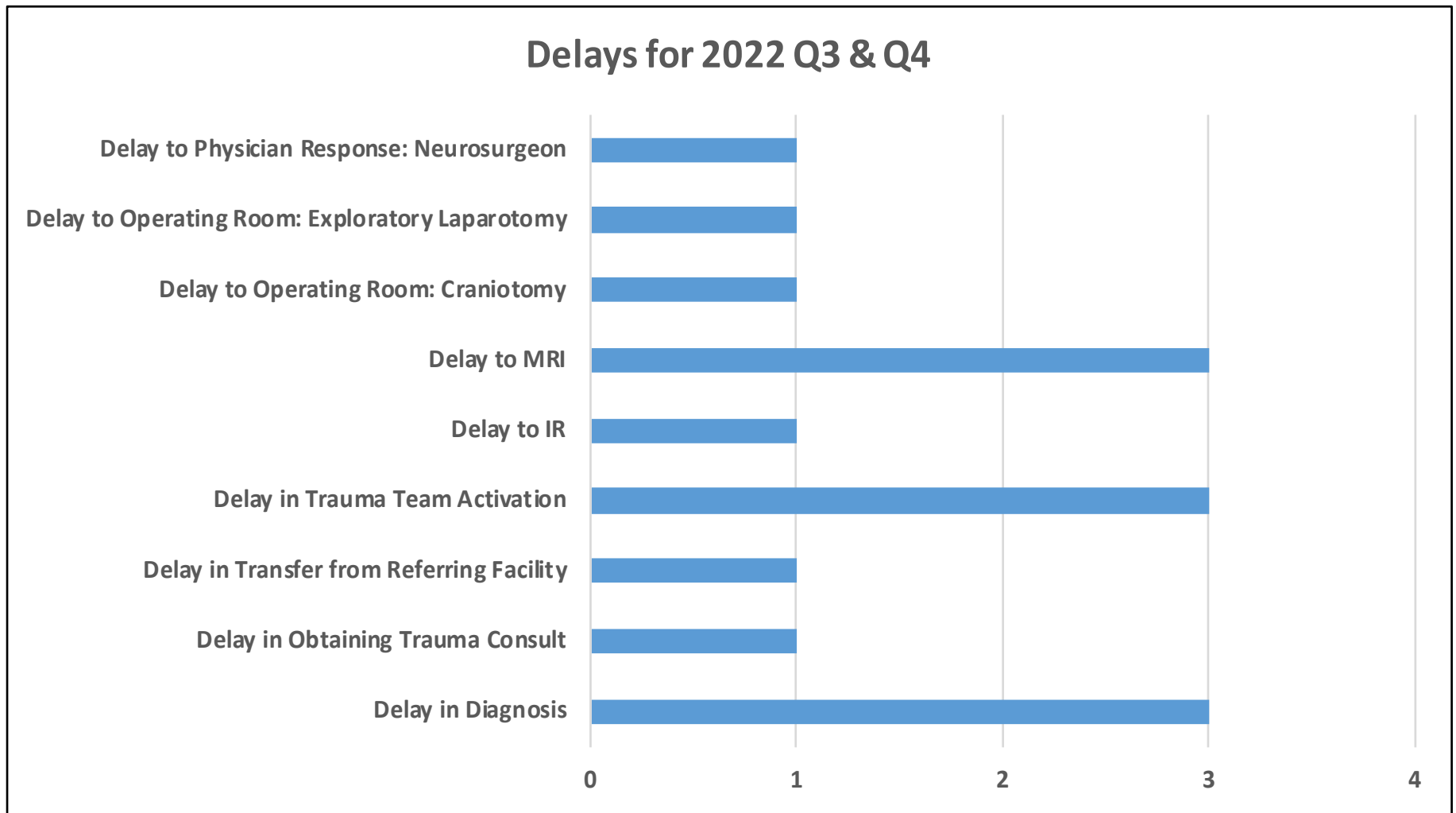
NS Arrival Times Documented 2022 Q3 & Q4



Ortho Arrival Times Documented 2022 Q3 & Q4



# Delay to Care/Procedure/Diagnostics

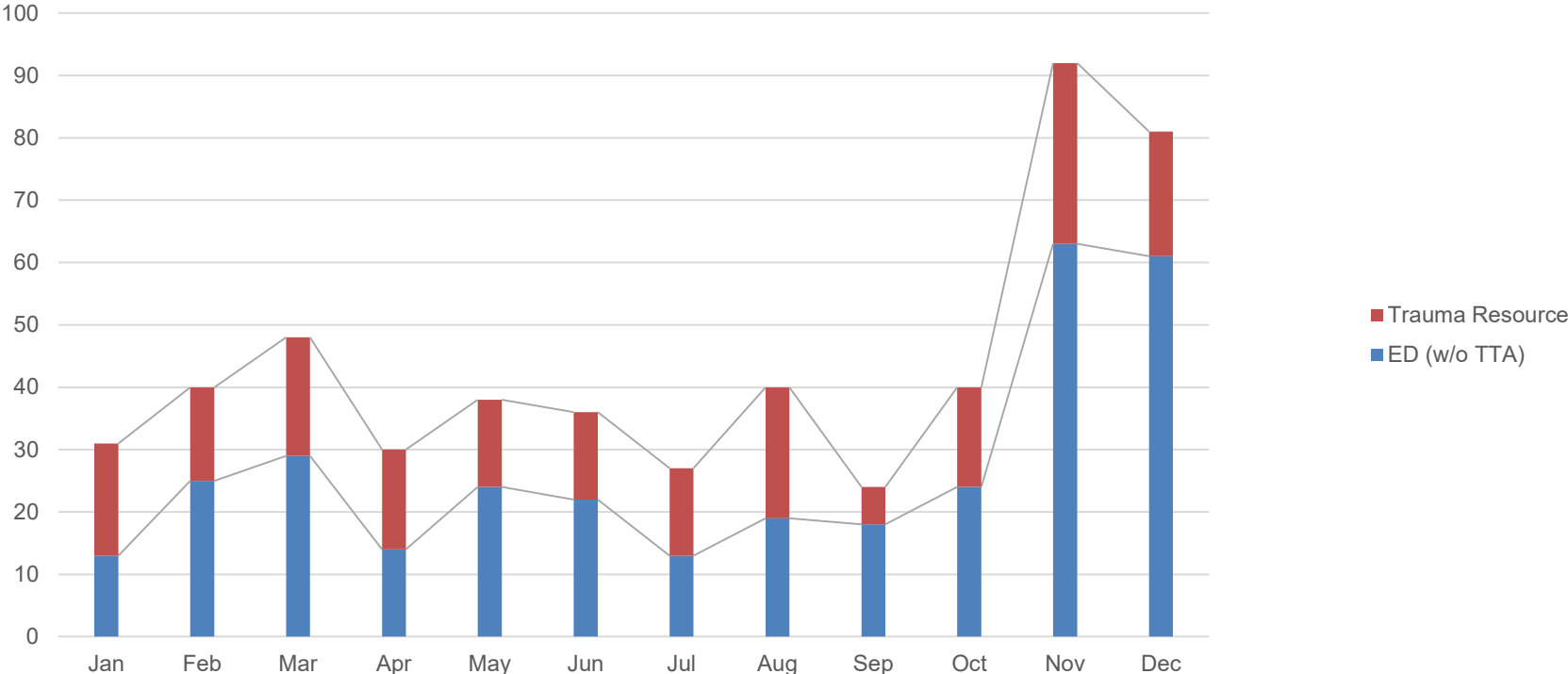


**Performance Improvement Project:  
Trauma Services January 2023**

# **Trauma-related Designation Buttons on Triage Documentation**

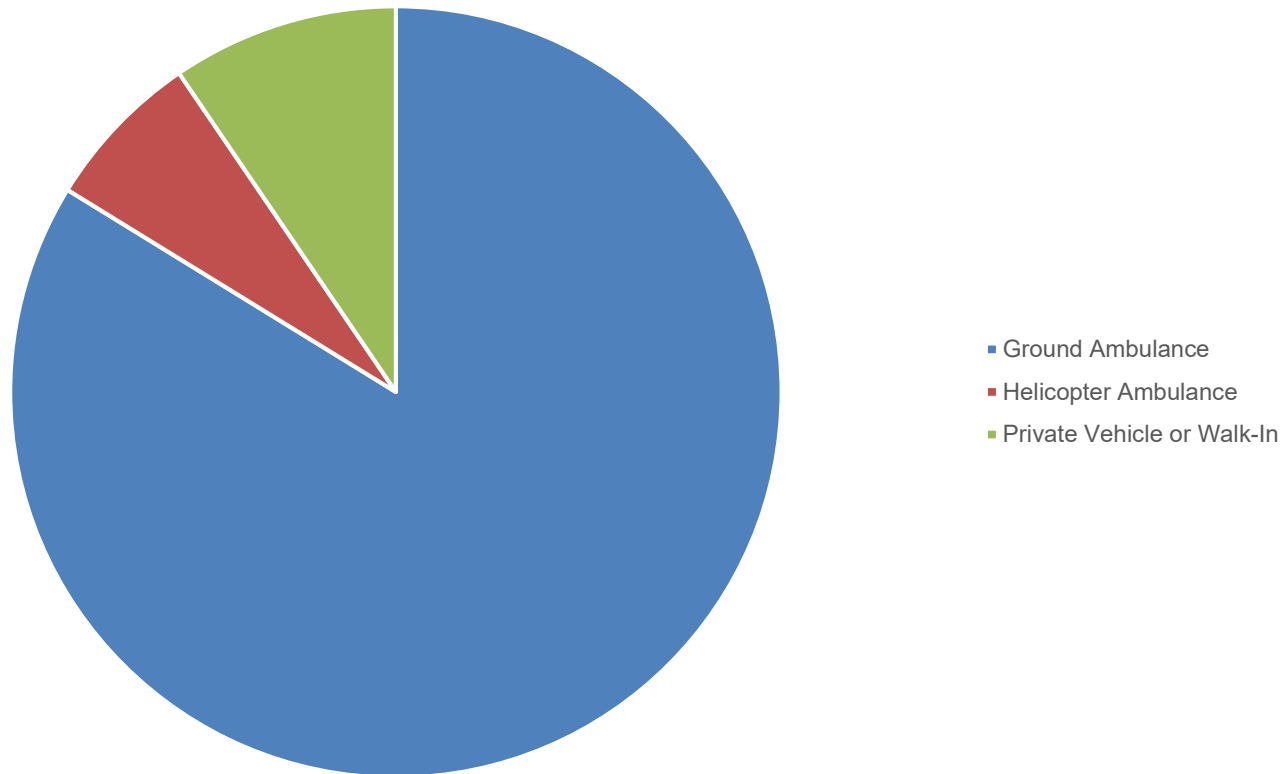
# Opportunities to Improve Capture of Patients with Potential for Significant Traumatic Injury

2022 Pt's Initial Access to Hospital w/o TTA



# Distribution of Method of Arrival for Trauma Patients in 2022

2022 Mode of Arrival



# Goal

- To identify patients needing trauma nurse expert evaluation on arrival for the purpose of referral for trauma services to expedite care.



- Case scenario: An 80 y/o female arrives by EMS who has sustained a ground-level fall and takes anticoagulants. There is no sign of external trauma. GCS = 14. VS stable. The patient remains in the offload hall d/t heavily impacted ED. 30 min later, the patient shows decreased LOC. The ED MD is summoned to bedside urgently. CT is obtained and shows SDH with midline shift. Trauma consult obtained 1 hour post-arrival.
- Case-in-point: If this patient had a trauma nurse expert evaluation on arrival, the delay to appropriate trauma diagnostics and referral would have been avoided.

# ISBAR: Introduction

- To inform ED and Trauma team members of revisions made to the ED Triage Form and Trauma Patient tab on ED Tracking Screen.



# ISBAR: Situation

- An opportunity has been identified to enhance the ability of Trauma Team members to quickly locate patients with actual or potential significant traumatic injuries in the ED.

# ISBAR: Background

The current ED patient tracking system does not provide a reliable method to capture all patients entering and residing in the ED who have actual or potential significant traumatic injury.

TNTLs have historically relied on calls from team members for notification of patients needing trauma resource assessment.

Therefore, some patients needing this specialty assessment go unidentified and untracked when they change locations in the ED.

# ISBAR: Assessment

The ED triage form has been modified with new radio buttons to include the following patient designations: trauma activation, trauma resource, trauma consult, special consideration & no / NA, N/A Poway.

A red clipboard icon will fire to the event section of the ED tracking screen when one of the trauma designations on the triage form has been selected.

The Trauma Patient filter on the ED tracking screen has been revised to identify all patients in the ED with designations listed above that will need assessment/ interface with trauma specialty staff.

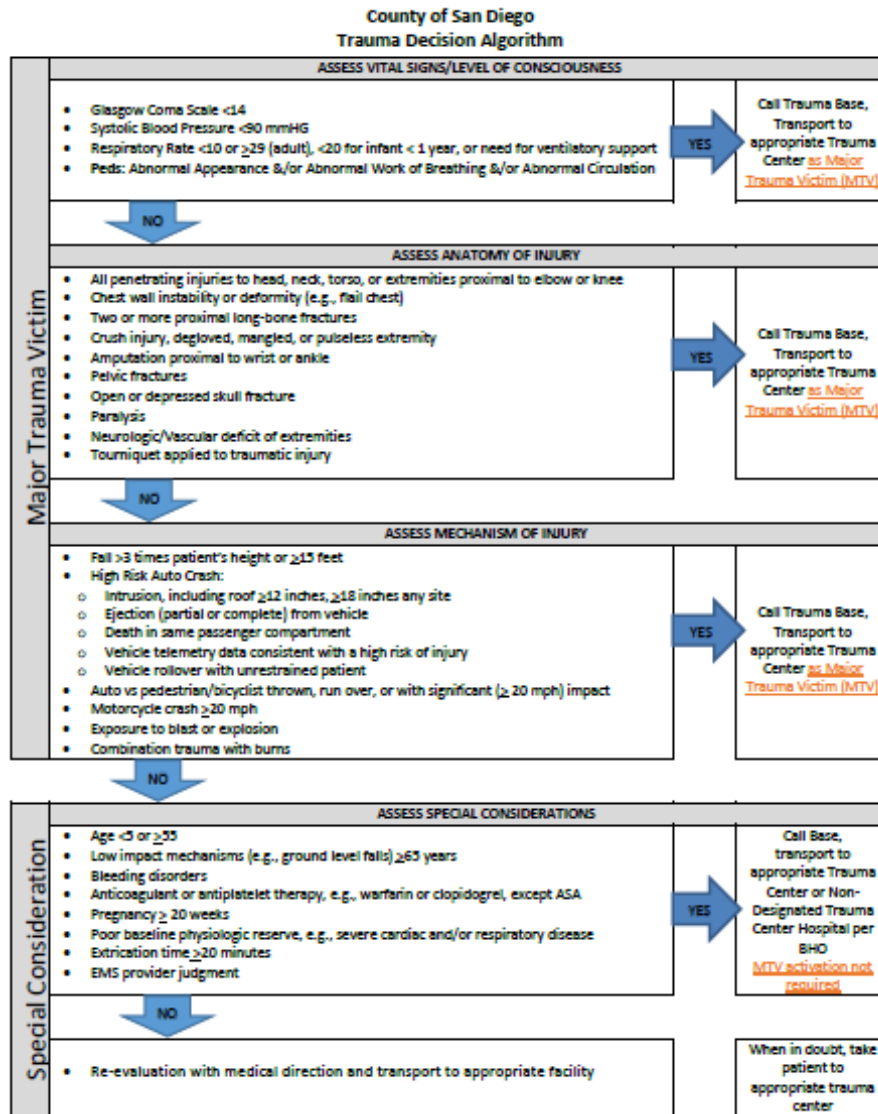
Furthermore, the patients will remain in this filter tab as a reference for the duration of their stay in the ED even after the red clipboard icon (indicating need for TNTL assessment) has been completed and removed.

## ISBAR: Recommendation

ED and Trauma Team members will review and follow the directions of the attached job aid describing these revised features.

Utilization of the trauma designations on the triage form, the red clipboard icon and the notations of these patients in the Trauma Patient filter tab on the ED Tracking Screen will enhance the ability to quickly locate and direct attention to all patients who have been identified as needing TNTL assessment and further evaluation/ monitoring by trauma personnel.

# San Diego Co. EMS Trauma Decision Algorithm



# Trauma Activation Checklist

Complete this sheet if Trauma MOI reported/suspected

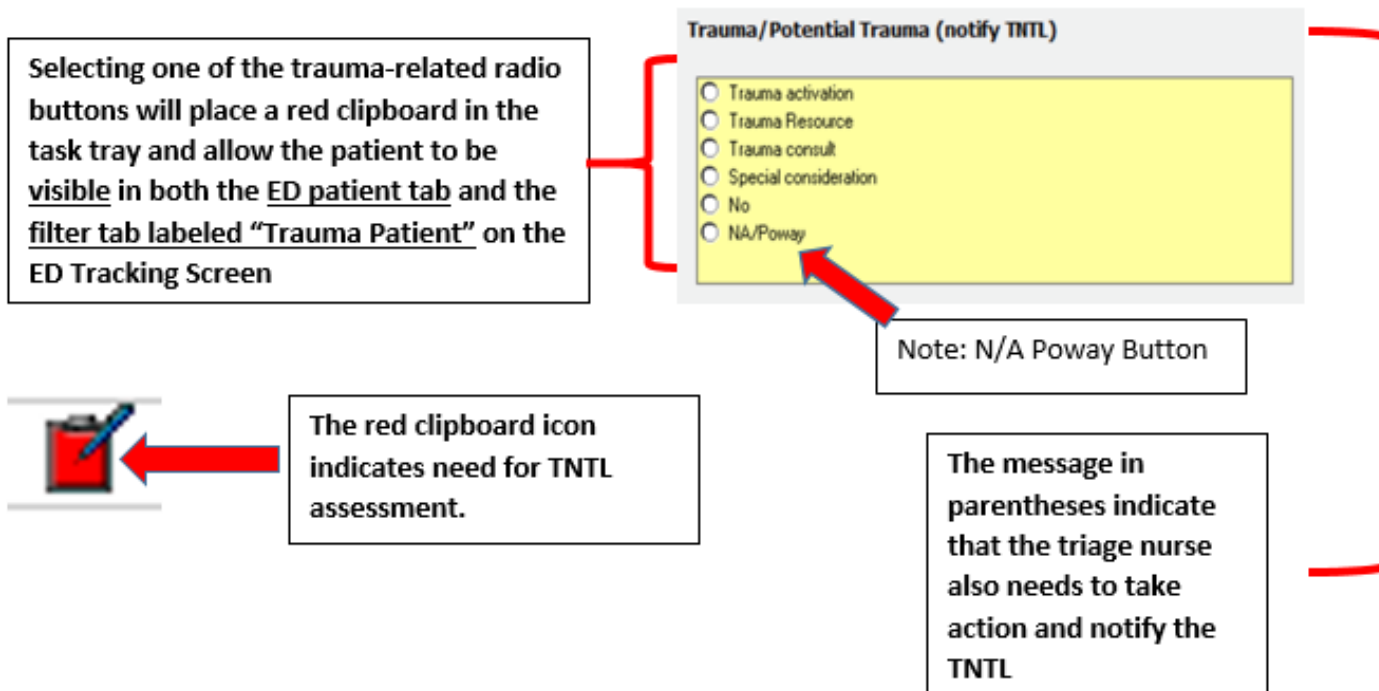
| Full Trauma   | Partial Trauma   | Trauma Resource   |
|---|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> GCS&lt;14</li> <li><input type="checkbox"/> SBP&lt;90</li> <li><input type="checkbox"/> RR&lt;10 or &gt;29</li> <li><input type="checkbox"/> Penetrating Trauma – Head, Neck, Torso, or Proximal to Elbow/Knee               <ul style="list-style-type: none"> <li><input type="checkbox"/> Flail Chest</li> <li><input type="checkbox"/> Trauma w/ Burns</li> <li><input type="checkbox"/> ≥ 2 long bone fxs</li> </ul> </li> <li><input type="checkbox"/> Child Abuse (known or suspected injuries)</li> <li><input type="checkbox"/> Crush Injury, Degloving or Mangled Extremity</li> <li><input type="checkbox"/> Amputation: Proximal to wrist/ankle               <ul style="list-style-type: none"> <li><input type="checkbox"/> Amputation/Crush injury: mid-foot/mid-hand</li> <li><input type="checkbox"/> Suspected Pelvic fracture</li> <li><input type="checkbox"/> Limb paralysis</li> </ul> </li> <li><input type="checkbox"/> Neuro/vascular deficit of extremities               <ul style="list-style-type: none"> <li><input type="checkbox"/> Transfer patients requiring Blood Transfusion</li> <li><input type="checkbox"/> Trauma patient intubated PTA</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Ejection from/off vehicle or horse               <ul style="list-style-type: none"> <li><input type="checkbox"/> Vehicle Rollover w/ unrestrained occupant</li> </ul> </li> <li><input type="checkbox"/> Death in same passenger compartment</li> <li><input type="checkbox"/> Auto vs Ped/Bicycle, run over, or w/ significant impact</li> <li><input type="checkbox"/> Fall &gt;3x patient’s height or &gt;15ft</li> <li><input type="checkbox"/> Blast or Explosion injury               <ul style="list-style-type: none"> <li><input type="checkbox"/> MCC &gt; 20mph</li> </ul> </li> <li><input type="checkbox"/> Uncontrolled hemorrhage or Tourniquet application               <ul style="list-style-type: none"> <li><input type="checkbox"/> Seatbelt signs to abdomen/chest/neck</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Age &gt;55 (+ 1 qualifier from below)</li> <li><input type="checkbox"/> Pregnancy w/ &gt;20wks gestation and trauma MOI               <ul style="list-style-type: none"> <li><input type="checkbox"/> Bleeding Disorders</li> </ul> </li> <li><input type="checkbox"/> Anticoagulants/Antiplatelets – exclude Aspirin               <ul style="list-style-type: none"> <li><input type="checkbox"/> LOC reported</li> </ul> </li> <li><input type="checkbox"/> Severe Cardiac or Respiratory Disease               <ul style="list-style-type: none"> <li><input type="checkbox"/> EMS provider judgment</li> </ul> </li> <li><input type="checkbox"/> End Stage Renal Disease requiring dialysis               <ul style="list-style-type: none"> <li><input type="checkbox"/> Extrication time ≥ 20 minutes</li> </ul> </li> <li><input type="checkbox"/> Intrusion into occupied space &gt;12 inches frontal</li> <li><input type="checkbox"/> Intrusion into occupied space &gt;8 inches side</li> </ul> <p style="text-align: center;"><b>*** Please use Age in conjunction with another qualifier.</b></p> <p style="text-align: center;">Example: Age 55+ s/p trauma w/ LOC = Resource</p> <p style="text-align: center;">Example: Age 55+ s/p trauma w/ Thinners = Resource</p> <p style="text-align: center;">Example: Age 55+ s/p trauma = regular ED patient</p> |
| <p>If a patient meets these Criteria, please contact the ED MD or TNTL for further guidance.</p> <p style="text-align: center;">Lucidoc ID: 15172 Activation of Trauma Team and Internal Triage Criteria</p>  |  |   |

# Job Aid for ED Triage Staff: Step by Step

Trauma-related buttons on Triage Form, Red Clipboard Icon & Patient List Filter on ED Tracking Screen

\*\*\*NEW\*\*\*

New trauma-related radio buttons have been placed on the quickview/triage form



# Job Aid for Triage Staff: Step by Step

\*Once a patient is identified as meeting one of these trauma criteria, they will appear on the list in the trauma filter tab and will remain there until dispositioned to another unit or home.

The screenshot shows a software interface with a grid of event type checkboxes and a table below. The table has columns for Time, Event, Type, Status, and User. A red arrow points to the 'Complete' status in the first row of the table.

| Time              | Event           | Type        | Status   | User              |
|-------------------|-----------------|-------------|----------|-------------------|
| 11/01/22 18:13:33 | Trauma Resource | Events      | Complete | Thomville, Nicole |
| 10/21/22 13:24:18 | Reg             | Events      | Complete | Thomville, Nicole |
| 10/21/22 13:24:18 | PSR Followup    | Virtual Bed | Request  | Thomville, Nicole |

Additionally, once the TNTL “completes” this red clipboard task, the patient will remain listed under the trauma tab filter. This will identify them as a trauma-related patient throughout their ED stay





# Job Aid for Triage Staff: Step by Step

## Trauma Patient Drop-Down Filter

This filter is useful to the ED Charge staff, physicians, surgeons and TNTLs who will now be able to quickly identify all trauma-related patients in the department.

The screenshot shows a medical tracking shell interface. At the top, there are navigation links for Clinical Resources, Diabetes Tools, Insulin Drip Calculator, MD Wired, PPH Intranet, Clarity Help, Job Aids, Physician Order Sets, and Quick. Below this is a toolbar with icons for Suspend, Charges, Exit, Calculator, AdHoc, Medication Administration, PM Conversation, Depart, Communicate, and Pat. The main area is titled "Tracking Shell" and contains a table of patient data. The table has columns for Bed, BeAcT, Name, Age, All LOS, Reason for Visit, and Events. The first row is highlighted in yellow and contains the name "ZZZTEST, FRISTNET T", age 65, and LOS 15153. The second row is highlighted in pink and contains the name "BASILAN, LELIS", age 85, and LOS 2802 with a reason for visit of "1:Fever". The third row is highlighted in red and contains the name "SEGURABAENA, MARIA", age 67, and LOS 2799 with a reason for visit of "1:Chest pain, 2:Co". To the right of the table is a dropdown menu for filtering patients. The menu is currently set to "<None>". A red arrow points to the dropdown arrow, and another red arrow points to the "Trauma Patient" option in the menu. A red circle highlights the "Trauma Patient" option.

| Bed     | BeAcT | Name                | Age  | All LOS | Reason for Visit   | Events |
|---------|-------|---------------------|------|---------|--------------------|--------|
| EDA01,0 |       | ZZZTEST, FRISTNET T | 65 y | 15153   |                    |        |
| EDA02,0 |       | BASILAN, LELIS      | 85 y | 2802    | 1:Fever            |        |
| EDA03,0 |       | SEGURABAENA, MARIA  | 67 y | 2799    | 1:Chest pain, 2:Co |        |

# Job Aid for Triage Staff: Step by Step

Quickview Triage

Mark as Reviewed

Diagnosis (Problem) being Addressed this Visit

+ Add Modify Convert Display: All

| Clinical Dx | Date | Dx Type | Code |
|-------------|------|---------|------|
|-------------|------|---------|------|

Problems

+ Add Modify Convert No Chronic Problems Display: All

| Classif. | Name of Problem    | Onset D. | Responsible Prov. | Recorder | Vocabul. | Code |
|----------|--------------------|----------|-------------------|----------|----------|------|
| Nursing  | At risk for falls  |          |                   | SYSTEM   | SNOM     | 2086 |
| Nursing  | At risk of zres... |          |                   | SYSTEM   | SNOM     | 4242 |

**Acuity**

Trackings Acuity: [dropdown]

Trackings Gender: [dropdown]

**Mode of**

[dropdown]

**Fall Risk**

- Patient Denies any of the below risks
- Patient has fallen previously
- Patient is here for a fall
- Patient has impaired gait
- Patient is cognitively impaired

**Trauma/Potential Trauma (notify TNTL)**

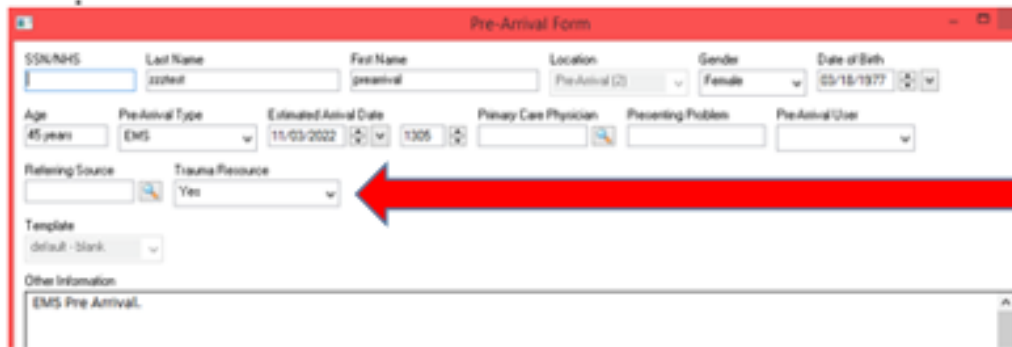
- Trauma activation
- Trauma Resource
- Trauma consult
- Special consideration

No/NA

Note the placement of the **new** trauma-related choices on the quickview/triage screen

# Job Aid for Triage Staff: Step by Step

Regarding Pre-arrival notices:



The screenshot shows a web-based form titled "Pre-Arrival Form". The form contains several fields: SSN/NHS, Last Name (zzzzzz), First Name (prearrival), Location (Pre-Arrival (2)), Gender (Female), Date of Birth (05/16/1977), Age (45 years), Pre-Arrival Type (EMS), Estimated Arrival Date (11/03/2022), Priority Care Physician (1305), Presenting Problem, Pre-Arrival User, Referring Source, and Trauma Resource (Yes). A red arrow points to the Trauma Resource dropdown menu. Below the main form is a section for "Other Information" containing the text "EMS Pre Arrival".

**Currently, the MICN designates an EMS inbound Trauma Resource patient via drop-down selection in the Pre-Arrival note**

# Job Aid for Triage Staff: Step by Step

Only one pre-arrival note can be saved for each patient record. So, if a second pre-arrival note is created, it will supercede (and delete) all previous pre-arrival notes.

Occasionally, a pre-arrival note exists for a patient (Telephone triage) when the MICN wants to enter an inbound (EMS) pre-arrival.

## Complete Pre-Arrival. Note entered.

Pre-Arrival Form

SSN/MRN: [ ] Last Name: Jester First Name: Jestral Location: Pre-Arrival 02 Gender: Female Date of Birth: 02/18/1977

Age: 45 years Pre-Arrival Type: EMS Estimated Arrival Date: 11/03/2022 Primary Care Physician: [ ] Presenting Problem: [ ] Pre-Arrival User: [ ]

Referring Source: [ ] Trauma Resource: Yes

Template: [ ]

Other Information: EMS Pre-Arrival

To prevent deletion, of either the EMS or Telephone Triage note can be **“modified”** without losing the original.

# Job Aid for Triage Staff: Step by Step

The screenshot shows a medical software interface with a menu bar at the top containing 'Task', 'Edit', 'View', 'Patient', 'Chart', 'Links', 'Patient Actions', and 'Provic'. Below the menu bar is a toolbar with icons for 'Tracking Shell', 'Patient List', 'Multi-Patient Task List', and 'Glycemicare'. A sub-menu is open under 'Patient List', showing options like 'Transfer of Care', 'Clinical Resources', 'Diabetes Tools', 'Insulin Drip Calculator', 'MD W', 'Suspend', 'Charges', 'Exit', 'Calculator', 'AdHoc', and 'Medication'. Below the menu is a 'Tracking Shell' section with tabs for 'POM RN', 'POM All Beds - RN', and 'POM Reg'. Underneath are tabs for 'NPMC All Beds - RN', 'NPMC RN', and 'NPMC EMS'. The main area shows a patient list for 'Patient: zztest, first' with 'Avg LOS: 251233' and 'Median LOS: 29'. The list has columns for 'Bed', 'Be Ac T', 'Name', 'Age', and 'All LOS'. A right-click context menu is open over the word 'Pre-Arrival' in the 'Be Ac T' column for a patient. The menu options are: 'Open Patient Chart', 'Assign Provider', 'Pre-arrive Patient', 'Modify Pre-Arrival', 'Cancel Pre-Arrival', 'Add Order', and 'Set Events'. The 'Modify Pre-Arrival' option is highlighted in blue. A red arrow points from a text box on the left to the 'Pre-Arrival' text, and another red arrow points from a text box on the right to the 'Modify Pre-Arrival' menu item.

| Bed         | Be Ac T | Name                  | Age  | All LOS |
|-------------|---------|-----------------------|------|---------|
| Offload,i   |         | PADILLALOZANO, ROSA   | 56 y | 2943    |
| Offload,i   |         | LAKE, NANCY F         | 81 y | 2943    |
| Offload,i   |         | DURBIN JRL, JAMES LAI | 82 y | 2943    |
| Offload,i   |         | WALLER, BARRY         | 73 y | 2943    |
| U/S         |         |                       |      |         |
| Pre-Arrival |         | LIAM                  | 54 y | 2944    |
| W           |         | LERMO                 | 59 y | 2944    |
| W           |         | TICIA                 | 22 y | 2943    |
| W           |         | STZ                   | 77 y | 1659    |
| W           |         | ITA                   | 57 y | 1615    |

Right click over the word "pre-arrival"

Select "Modify Pre-Arrival"

# Job Aid for Triage Staff: Step by Step

The screenshot shows a software window titled "Pre-Arrival Form". The form contains several fields and dropdown menus. The "Last Name" field contains "johnt". The "First Name" field contains "prearrival". The "Gender" dropdown is set to "Female". The "Date of Birth" field shows "03/18/1977". The "Age" field shows "45 years". The "Pre-Arrival Type" dropdown is set to "Telephone Triage". The "Estimated Arrival Date" field shows "11/03/2022". The "Primary Care Physician" field is empty. The "Presenting Problem" field is empty. The "Pre-Arrival User" dropdown is empty. The "Referring Source" field is empty. The "Trauma Resource" dropdown is set to "Yes". The "Template" dropdown is set to "default - Mark". The "Other Information" section contains the text "EMS Pre Arrival." and "Pre Arrival Consult (modified test)".

Enter/modify the information on the form

Click "Ok"



OK

Cancel

# Multi-disciplinary Involvement for P.I. Project



- **Melinda Case:** Trauma Program Director
- **Derrick Slagle:** Senior Lead Trauma Registrar
- **Zachary Heinemann:** Trauma PI Program Coordinator
- **Carrie Harlan:** Information Systems
- **Dawn Morrison:** Clinical Educator Emergency Dept
- **Amy Clark:** Assistant Base Hospital Coordinator
- **Tracy Page:** Nurse Manager Emergency Dept
- **Honda McFadden:** Trauma Nurse Team Lead/ Educator

# Evaluation of Effectiveness



\*This project was put into practice January 16, 2023.

Anticipated results: Capture of significantly more patients with traumatic injury.

\*\*Preliminary results indicate that we are identifying patients with trauma injury correctly and a trauma nurse expert is being engaged upon patient arrival.



# Action Plan with Timeline

- All cases with outliers without an identified rationale are reviewed at the monthly Trauma Peer Review Committee and discussed with both the multi-disciplined trauma team members and individual practitioner. Cases requiring further review are sent to the overall Medical Peer Review Committee for determination of care or next level review.
- The final report from our site survey consisted of the following recommendations, which will be incorporated into our 2022-2023 Action Plan.
  - Develop a Geriatric Trauma Activation Criteria-  
Status: under review for Trauma Committee March 2023
  - Develop institutional benchmarks for LOS for time of patient arrival, decision to transfer, and patient departure.  
Status: Under development
  - Provide a published-back up call schedule for Orthopedic Trauma  
Status: Executive Team Level
  - Increase formal trauma training for PACU staff  
Status: Ongoing funded TNCC course are offered to O.R. team; finalizing a PACU course with leaders
  - Decrease trauma bypass times due to O.R. staffing and capacity  
Status: the bypass times have decreased by 10 hours from last quarter 2022 to 1st quarter 2023

The Joint Commission Disease Specific Stroke Program  
Annual Report  
Presentation to Board Quality Review Committee

March 2023

**Lourdes Januszewicz MSN APRN ACNS-BC SCRN CCRN-K**

**Remia Paduga, MD, Stroke Program Medical Director**

**Valerie Martinez, Sr. Director Quality RN, BSN, MHA, CIC, CPHQ, NEA-BC**

# District Stroke Program

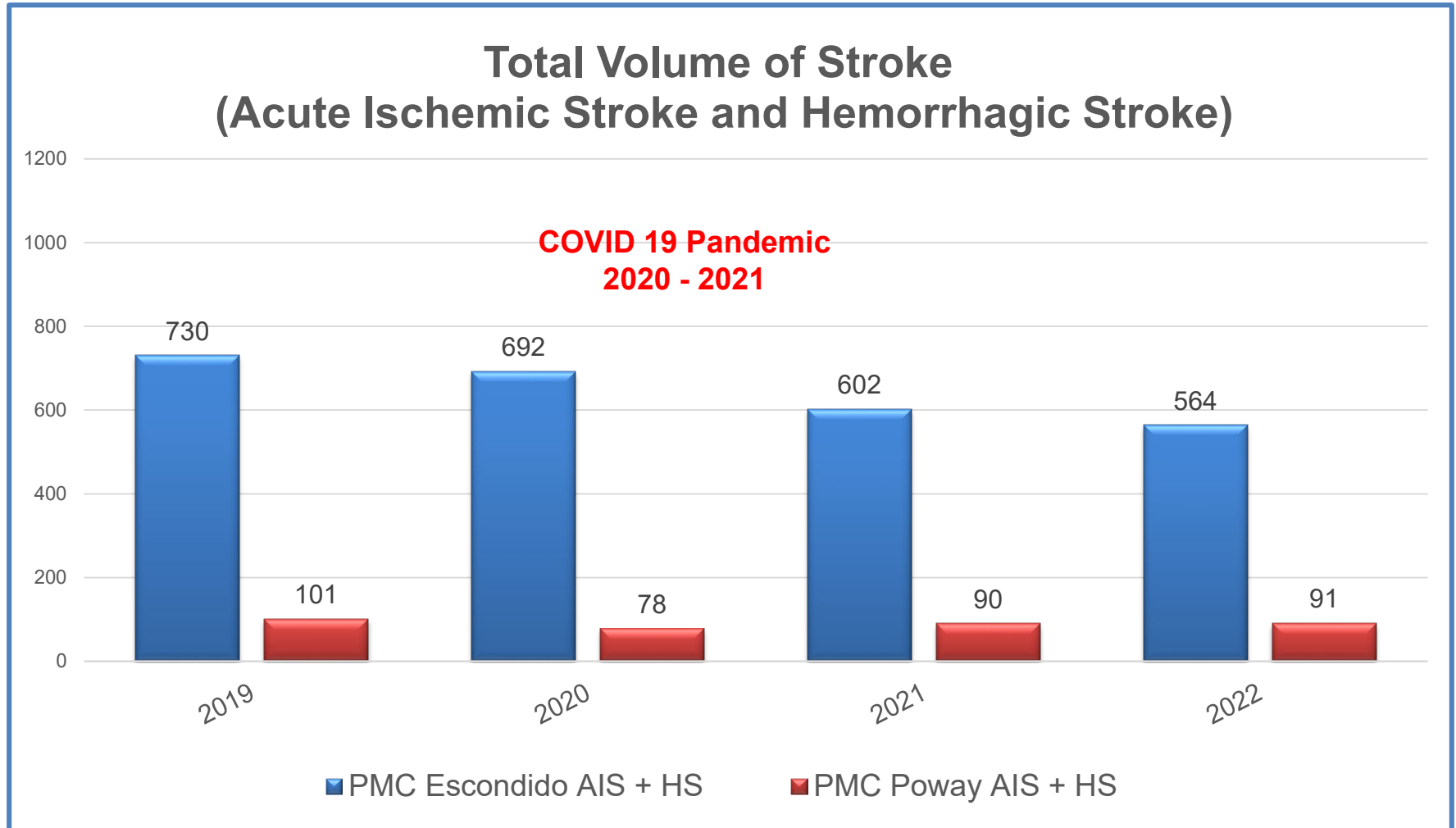
|                       |   |
|-----------------------|---|
| <p>SITUATION</p>      | <p><b>PMC Escondido and PMC Poway Annual Review</b></p>   |
| <p>BACKGROUND</p>     | <p>Annual Report provides an overview of the success and opportunities for the Stroke Program at Palomar Health. Continuous monitoring of the Stroke Metrics provides opportunities for process improvement. Through the continuous monitoring, we are able to maintain certification as Stroke Centers for the community.</p>  |
| <p>ASSESSMENT</p>     | <p>Overall, the Stroke Program continues to show improvement with the Joint Commission Metrics. Volumes of Stroke patients declined in 2020 through 2022 secondary to the COVID 19 Pandemic. However, we continue to provide the community with the interventions available to promote improved functional status for the Stroke patient. In addition, we have utilized the Social Media platform to increase knowledge and awareness of Stroke symptoms and promote early arrival to the hospital to increase opportunity for eligibility for interventions and improved outcomes.</p> |
| <p>RECOMMENDATION</p> | <ol style="list-style-type: none"> <li>1. Stroke Program Goals in alignment with the San Diego Stroke Consortium Goals for 2022-2024 for Door to Needle for Thrombolytic candidates and Door to First Device Activation for the Endovascular candidates.</li> <li>2. Prepare for Joint Commission recertification this summer-fall 2023.</li> <li>3. Implement an Evidenced-based Nurse Swallow Protocol for the Stroke Patients.</li> <li>4. Stroke Education via Virtual Platform at least 3 times per year.</li> </ol>   |

# Program Overview

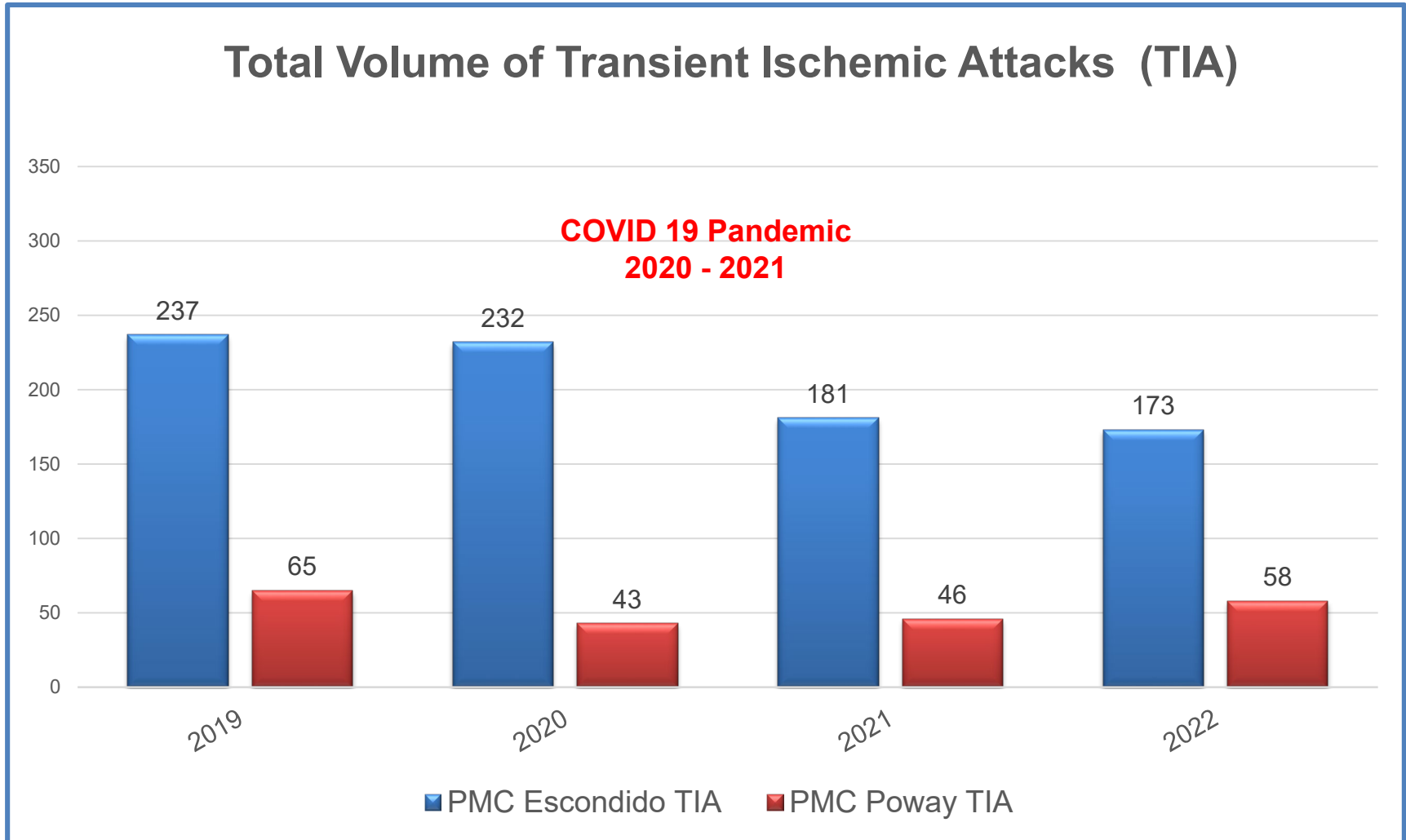


- Established the Stroke Program in 2008.
- PMC Poway
  - Due for 8<sup>th</sup> recertification as Advanced ***Primary Stroke Center*** in October 2023
- PMC Escondido
  - Due for 1<sup>st</sup> recertification as ***Thrombectomy-Capable Stroke Center***
  - Recertification window opens July 14<sup>th</sup> 2023 through October 12<sup>th</sup> 2023

# Palomar Health Program Status: Volume

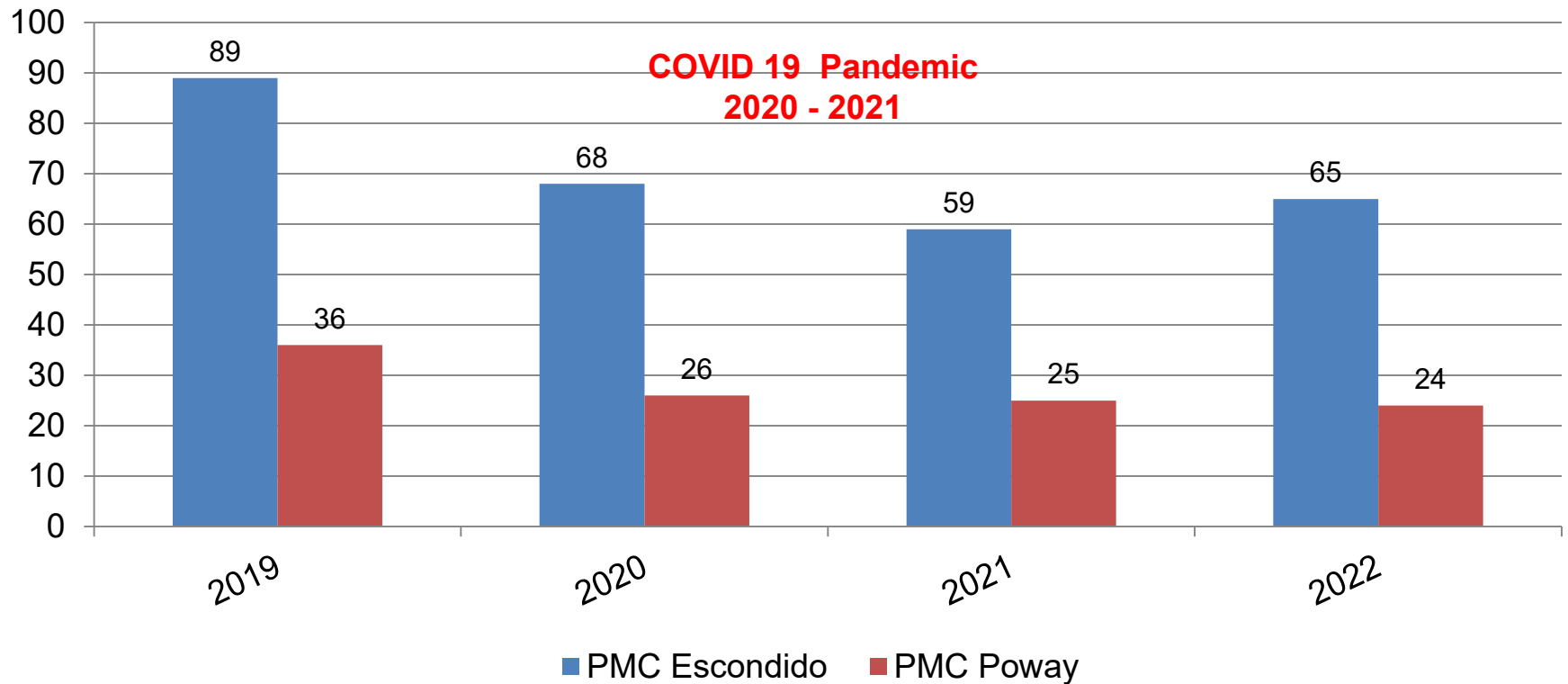


# Palomar Health Program Status: Volume

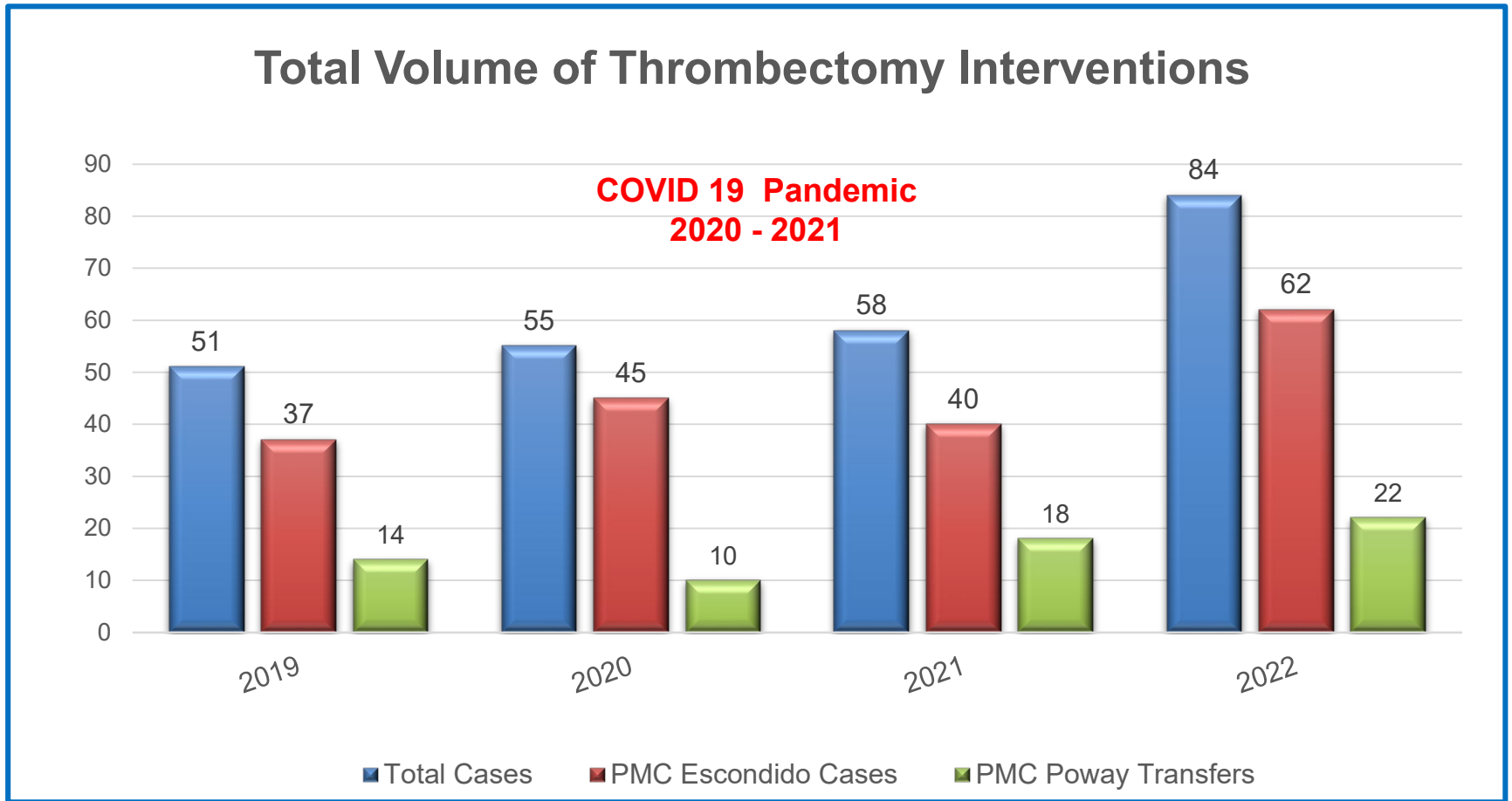


# Palomar Health Program Status: Thrombolytics

## Total Volume receiving Thrombolytics



# Palomar Health Program Status: Neuro Thrombectomy

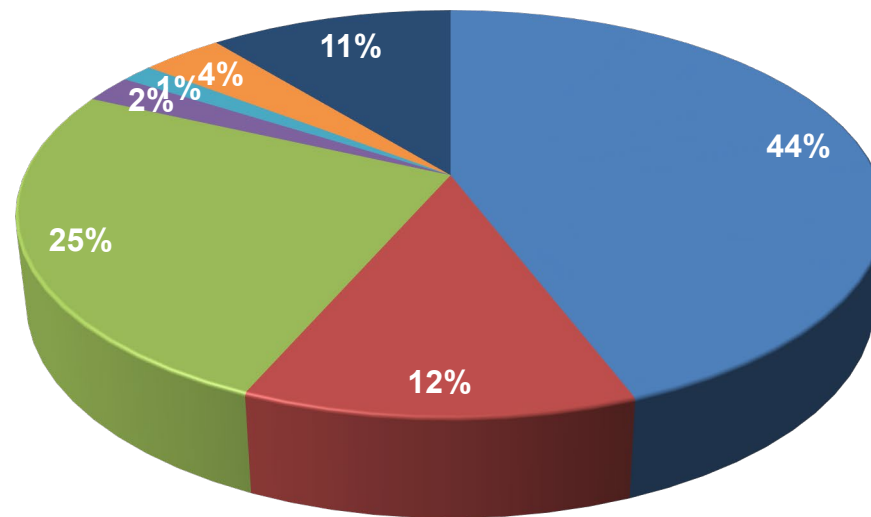




# Palomar Health: 2022 Outcomes

## Discharge Disposition

*Palomar Health 2022 Discharge Disposition  
Patients who Received Stroke Intervention  
n = 138*



■ Home/HH ■ Acute Rehab ■ SNF Rehab ■ LTAC ■ Tx Acute Care ■ Hospice ■ Expired

# Palomar Health Stroke Program 2022 Highlights

|   | PMC Escondido   | PMC Poway   |
|---|---|---|
| <b>Total Stroke Code (SC)</b><br><b>Activations: 2022</b><br><b>Total ED SC: 1075 Total IPSC: 68</b>  | <b>ED SC: 773 – 137 cancelled</b><br><b>Inpatient SC: 48</b>  | <b>ED SC: 302 – 45 cancelled</b><br><b>Inpatient SC: 20</b>   |
| <b>Final Diagnosis:</b> <ul style="list-style-type: none"> <li>• Acute Ischemic (AIS)</li> <li>• Hemorrhagic Stroke (HS)</li> <li>• TIA</li> </ul>                      | <b>TOTAL: 737</b> <ul style="list-style-type: none"> <li>• AIS: 358</li> <li>• HS: 206</li> <li>• TIAs: 173</li> </ul>          | <b>TOTAL: 149</b> <ul style="list-style-type: none"> <li>• AIS: 75</li> <li>• HS: 16</li> <li>• TIAs: 58</li> </ul>             |
| <b>Alteplase (tPA) Administrations:</b><br><b>Total 89</b>  | <b>65 tPA Administrations</b> <ul style="list-style-type: none"> <li>• ED: 65</li> <li>• ≤ 60 Minutes: 100%</li> </ul>          | <b>24 tPA Administrations</b> <ul style="list-style-type: none"> <li>• ED: 23 IPSC: 1</li> <li>• ≤ 60 minutes: 75%</li> </ul>   |
| <b>Neuro Endovascular Cases: Total 100</b><br><b>Candidates</b> <ul style="list-style-type: none"> <li>• 84 Thrombectomies</li> <li>• 16 Angio/Cancel/Venous</li> </ul> | <b>Total Cases: 75</b> <ul style="list-style-type: none"> <li>• 62 Thrombectomy candidates</li> <li>• ED: 66 IPSC: 9</li> </ul> | <b>Total Cases: 25</b> <ul style="list-style-type: none"> <li>• 22 Thrombectomy candidates</li> <li>• ED: 24 IPSC: 1</li> </ul> |
| <b>Treatment Rates: AIS Total 433</b><br><b>Overall Thrombolytic &amp; Thrombectomy</b><br><b>Treatment Rates: 38.5%</b>  | <b>Thrombolytic Treatment rate:</b><br><b>65/358 = 18%</b><br><b>MER Treatment Rate:</b><br><b>62/358 = 17%</b>                 | <b>Thrombolytic Treatment rate:</b><br><b>24/75 = 32%</b><br><b>MER Treatment Rate:</b><br><b>22/75 = 29%</b>                   |

# Palomar Health Stroke Program 2022 Highlights

| Door to Metrics 2021<br>MEDIAN Minutes          | PMC Escondido      | PMC Poway            | Benchmark  |
|---|--------------------|----------------------|--|
| Door to Provider                                | 6                  | 5                    | < 10   |
| Door to CT Start                                | 13                 | 13                   | < 15   |
| Door to CT Results                              | 31                 | 30                   | < 35   |
| Door to POCT Glucose                            | 8                  | 4                    | < 10   |
| Door to Needle –<br>Thrombolytic Administration | 39                 | 53                   | < 60   |
| Door In – Door Out Transfers                    | NA                 | 82                   | < 120  |
| Door to Groin Puncture                          | Direct Cases: 89.5 | Transfer Cases: 16.5 | Target 3 Direct: < 75<br>Target 3 Transfer: < 30 |
| Door to First Device Pass                       | Direct Cases: 115  | Transfer Cases: 44   | Target 3 Direct: < 90<br>Target 3 Transfer: < 60 |

# Palomar Health:

## 2022 Performance Improvement Project Summary

- VIZ AI Project: Successful Go-Live June 2022
- Achieved Target Phase 3 Thrombolytic Goals as follows:
  - PMCE: 60 min > 85% of the time; we achieved 100%!!!
  - PMCE: 45 min > 75% of the time; we achieved 79%!!!
- Achieved Door In-Door Out for Intervention Cases as follows:
  - PMCP: < 120 minutes; we achieved 82 minutes!!!
- Achieved Door to 1st Device for Transfer Cases:
  - PMCP: < 60 min 50% of the time; we achieved 78%!!!
- Active Participation with SD County Stroke Consortium
  - Co-Chair with UCSD Neurology Chair
  - Honorary 1st Pitch at SD Padre Game for Stroke Awareness
- IT Documentation Improvements for Nursing and Stroke Education

# Palomar Health:

## 2022-2024 Performance Improvement Initiatives

### *PI Initiatives 2023 :*

- Evidenced Based Swallow Screen Implementation
- Achieve Door to needle times within **45 minutes** of hospital arrival in **75%** or more of acute ischemic stroke patients treated with thrombolytics
- Achieve **door-to-device times** (arrival to first pass of thrombectomy device) in **50%** or more of eligible acute ischemic stroke patients treated with endovascular therapy
  - **Within 90 minutes for direct arrivals**
  - **Within 60 minutes for transfer patients**
- VIZ AI – all provider participation: ED, Neurology, Radiology, and IR Interventionalists
- Continue active participation with SD County Stroke Consortium
- Community Education
- Successful recertification with the Joint Commission



# Questions

Date: February 2023

Topic/Project: Regulatory Audit Summary

Submitted By: Jami Pearson, Regulatory Director

ADDENDUM H

| <i>Introduction</i>    | Data through February 2023   |              |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
|------------------------|--|--------------|---------|---------|--------|--------|--------|--------|--------|--------|--------------------|------|------|------|------|------|------|------|------|-----------------------|------|------|------|------|------|------|------|------|-------------------|------|------|------|------|------|------|------|------|--------------|------|------|------|------|------|------|------|------|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|------------------------|------|-----|-----|-----|-----|-----|-----|-----|----------|---------|---------|--------|--------|--------|--------|--------|--------|--------------------|------|------|------|------|------|------|------|------|-----------------------|------|------|------|------|------|------|------|------|-------------------|------|------|------|------|------|------|------|------|--------------|------|------|------|------|------|------|------|------|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|------------------------|-----|------|------|------|-----|-----|-----|------|
| <i>Situation</i>       | Palomar Health is in their window for Joint Commission surveys at Escondido and Poway  |              |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Background</i>      | <p>Palomar Health:</p> <p style="padding-left: 40px;">Audit for regulatory compliance</p>  |              |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Assessment</i>      | <p><b>Aggregated data. Required Compliance- 90%</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9e1f2;"> <th>Escondido ED</th> <th>June-22</th> <th>July-22</th> <th>Sep-22</th> <th>Oct-22</th> <th>Nov-22</th> <th>Dec-22</th> <th>Jan 23</th> <th>Feb 23</th> </tr> </thead> <tbody> <tr style="background-color: #d9ead3;"> <td><i>Vital Signs</i></td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>Pain Intensity</i></td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>Pain Scale</i></td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>CSSRS</i></td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>Discharge Doc</i></td> <td>91%</td> <td>90%</td> <td>89%</td> <td>90%</td> <td>92%</td> <td>94%</td> <td>95%</td> <td style="background-color: yellow;">89%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>Latex Screening</i></td> <td>100%</td> <td>98%</td> <td>99%</td> <td>99%</td> <td>96%</td> <td>98%</td> <td>98%</td> <td>98%</td> </tr> </tbody> </table> <p><b>Aggregated data. Required Compliance- 90%</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9e1f2;"> <th>Poway ED</th> <th>June-22</th> <th>July-22</th> <th>Sep-22</th> <th>Oct-22</th> <th>Nov-22</th> <th>Dec-22</th> <th>Jan 23</th> <th>Feb 23</th> </tr> </thead> <tbody> <tr style="background-color: #d9ead3;"> <td><i>Vital Signs</i></td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>Pain Intensity</i></td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>Pain Scale</i></td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>CSSRS</i></td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>Discharge Doc</i></td> <td>90%</td> <td style="background-color: yellow;">87%</td> <td style="background-color: yellow;">87%</td> <td style="background-color: yellow;">87%</td> <td style="background-color: yellow;">86%</td> <td style="background-color: yellow;">89%</td> <td style="background-color: yellow;">86%</td> <td style="background-color: yellow;">87%</td> </tr> <tr style="background-color: #d9ead3;"> <td><i>Latex Screening</i></td> <td>99%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>99%</td> <td>99%</td> <td>99%</td> <td>100%</td> </tr> </tbody> </table> | Escondido ED | June-22 | July-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan 23 | Feb 23 | <i>Vital Signs</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | <i>Pain Intensity</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | <i>Pain Scale</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | <i>CSSRS</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | <i>Discharge Doc</i> | 91% | 90% | 89% | 90% | 92% | 94% | 95% | 89% | <i>Latex Screening</i> | 100% | 98% | 99% | 99% | 96% | 98% | 98% | 98% | Poway ED | June-22 | July-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan 23 | Feb 23 | <i>Vital Signs</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | <i>Pain Intensity</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | <i>Pain Scale</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | <i>CSSRS</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | <i>Discharge Doc</i> | 90% | 87% | 87% | 87% | 86% | 89% | 86% | 87% | <i>Latex Screening</i> | 99% | 100% | 100% | 100% | 99% | 99% | 99% | 100% |
| Escondido ED           | June-22  | July-22      | Sep-22  | Oct-22  | Nov-22 | Dec-22 | Jan 23 | Feb 23 |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Vital Signs</i>     | 100%   | 100%         | 100%    | 100%    | 100%   | 100%   | 100%   | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Pain Intensity</i>  | 100%   | 100%         | 100%    | 100%    | 100%   | 100%   | 100%   | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Pain Scale</i>      | 100%   | 100%         | 100%    | 100%    | 100%   | 100%   | 100%   | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>CSSRS</i>           | 100%   | 100%         | 100%    | 100%    | 100%   | 100%   | 100%   | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Discharge Doc</i>   | 91%  | 90%          | 89%     | 90%     | 92%    | 94%    | 95%    | 89%    |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Latex Screening</i> | 100%   | 98%          | 99%     | 99%     | 96%    | 98%    | 98%    | 98%    |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| Poway ED               | June-22  | July-22      | Sep-22  | Oct-22  | Nov-22 | Dec-22 | Jan 23 | Feb 23 |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Vital Signs</i>     | 100%   | 100%         | 100%    | 100%    | 100%   | 100%   | 100%   | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Pain Intensity</i>  | 100%   | 100%         | 100%    | 100%    | 100%   | 100%   | 100%   | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Pain Scale</i>      | 100%   | 100%         | 100%    | 100%    | 100%   | 100%   | 100%   | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>CSSRS</i>           | 100%   | 100%         | 100%    | 100%    | 100%   | 100%   | 100%   | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Discharge Doc</i>   | 90%  | 87%          | 87%     | 87%     | 86%    | 89%    | 86%    | 87%    |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |
| <i>Latex Screening</i> | 99%  | 100%         | 100%    | 100%    | 99%    | 99%    | 99%    | 100%   |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |      |     |     |     |     |     |     |     |          |         |         |        |        |        |        |        |        |                    |      |      |      |      |      |      |      |      |                       |      |      |      |      |      |      |      |      |                   |      |      |      |      |      |      |      |      |              |      |      |      |      |      |      |      |      |                      |     |     |     |     |     |     |     |     |                        |     |      |      |      |     |     |     |      |

Assessment  
continued

**Aggregated data. Required Compliance- 90%**

| <u>Poway Acute</u> | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| ICU                | 82%    | 89%    | 90%    | 90%    | 100%   | 99%    | 79%    | 100%   |
| Med/Surg/Tele      | 88%    | 85%    | 89%    | 88%    | 84%    | 80%    | 81%    | 88%    |
| OB                 | 88%    | 87%    | 93%    | 89%    | 90%    | 92%    | 94%    | 63%    |
| IR/Cath Lab        | 90%    | 91%    | 92%    | 91%    | 92%    | n/a    | 90%    | 93%    |
| OR                 | n/a    | n/a    | n/a    | n/a    | n/a    | n/a    | n/a    | n/a    |
| PreOp              | 93%    | n/a    | 99%    | 98%    | 98%    | 99%    | 99%    | 100%   |
| PACU               | 95%    | 95%    | 98%    | 98%    | 97%    | 95%    | 97%    | 95%    |
| Endoscopy          | 96%    | n/a    | 98%    | 100%   | 95%    | 100%   | 97%    | 94%    |
| BHU Daily          | 100%   | 100%   | n/a    | 96%    | 97%    | 96%    | 100%   | 99%    |
| GPU                | 95%    | n/a    | n/a    | closed | closed | closed | Closed | Closed |

**Aggregated data. Required Compliance- 90%**

| <u>Escondido Acute</u> | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| 4E Prog Acute Care     | 90%    | 95%    | 100%   | 100%   | 97%    | 100%   | 94%    | 100%   |
| 4NW Surgical Acute     | 95%    | 89%    | 84%    | 94%    | 86%    | 88%    | 92%    | 82%    |
| 4SW Trauma ICU         | 100%   | closed | 100%   | closed | 100%   | 100%   | 98%    | 95%    |
| 5E Cardio Acute        | 100%   | 98%    | 100%   | 100%   | 100%   | n/a    | 74%    | 82%    |
| 5W Critical Care       | 97%    | 95%    | 99%    | 100%   | 100%   | 96%    | 95%    | 92%    |
| 6E Med/Surg/Tele       | 97%    | 100%   | 99%    | 95%    | 95%    | 95%    | 95%    | 90%    |
| 6W Med Acute           | 100%   | 96%    | 77%    | 71%    | 98%    | 97%    | 100%   | 100%   |
| 7E Ortho Acute         | n/a    | n/a    | 94%    | 67%    | 29%    | 69%    | 91%    | 89%    |
| 7W Neuro Acute         | 100%   | 98%    | 98%    | 93%    | 98%    | 97%    | 93%    | 86%    |
| 9E Med Oncology        | 92%    | 91%    | 100%   | 100%   | 100%   | 95%    | 98%    | 96%    |
| Endoscopy              | 93%    | 95%    | 99%    | 90%    | 100%   | 80%    | 96%    | 85%    |
| IR/Cath                | 93%    | n/a    | 97%    | 91%    | 91%    | n/a    | 90%    | 91%    |
| OB                     | 81%    | 84%    | 79%    | 95%    | 91%    | 90%    | 86%    | 93%    |
| OR                     | 100%   | 95%    | 96%    | 67%    | n/a    | n/a    | n/a    | n/a    |
| PreOp/PACU             | 90%    | 88%    | 88%    | 91%    | 88%    | 86%    | 87%    | 91%    |



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| <p><i>Recommendation</i></p> | <p><b><u>Tracer Teams:</u></b></p> <ul style="list-style-type: none"> <li>• High dust</li> <li>• Eye wash stations dusty</li> <li>• Blood noted on glucometers</li> <li>• Boxes on floor</li> <li>• Torn furniture (removed)</li> <li>• Clutter in halls</li> <li>• Crash cart issue identified (GAP). Memo to nursing. Replacement pieces ordered</li> <li>• AFL expired 02/28/23. All care and spaces returned to regulations, staff reminded to adhere to licensed space requirements</li> <li>• Noted some outdated policies (March 8<sup>th</sup> P&amp;P)</li> <li>• Reminders out to nursing regarding chart audits on new staff and to ensure competency and checklists are completed</li> <li>• Trial HR file reviews completed</li> </ul> <p><b><u>Opportunities:</u></b></p> <ul style="list-style-type: none"> <li>• AD documentation compliance. IT working daily with nursing leadership and providing concurrent data</li> <li>• Restraint IPOC compliance. ED anticipated hard stop solution in place. Acute care will be added to this process</li> <li>• Homeless checklist revision /DC completed. Compliance for completion requires reinforcement</li> </ul> <p><b><u>Improvements:</u></b></p> <ul style="list-style-type: none"> <li>• Restraint monitoring</li> <li>• Restraint interventions</li> <li>• Procedural checklist completion</li> <li>• GW removal documented</li> </ul> <p><b><u>Licensing:</u></b></p> <ul style="list-style-type: none"> <li>• CT Escondido pending</li> </ul> |
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