

Meeting of the Joint Conference Committee

Thursday, October 31, 2019, 2:30 – 4PM
Arrowhead Regional Medical Center
Oak Room

400 North Pepper Avenue, Colton, California 92324

Present	Rodney Borger, MD; William Gilbert; Josie Gonzales; Gary McBride; Janice Rutherford; Webster Wong, MD
Excused	
Guests	Nanette Buenavidez; Chekesha Gilliam; Arvind Oswal; Stephanie Rose; Scott Runyan; Katrina Shelby; Wesley Toh; Jordan Wright

Item	Discussion	Follow-up
Call to Order	The meeting was called to order by Rod Borger, MD, Joint Conference Committee (JCC) Chair, at 2:33PM.	
1. Review Joint Conference Committee Meeting Minutes of June 13, 2019	Minutes are approved as submitted.	
2. Director Report	<p>Mr. William Gilbert reported as follows:</p> <ul style="list-style-type: none"> • Mr. Gilbert introduced Dr. Reza Sadeghian, Chief Medical Information Officer. Dr. Sadeghian previously worked at a hospital in Seattle. Dr. Sadeghian is a pediatrician who, after medical school, enrolled in a biomedical informatics fellowship at University of Pittsburgh, and then enrolled in a clinical informatics fellowship at the University of Washington. • Mr. Gilbert also introduced Ron Taber. Mr. Taber was recently promoted to the Associate Hospital Administrator position, previously held by Ron Boatman. Mr. Taber worked in Arrowhead Regional Medical Center's (ARMC) Information Management department for the past 12 years. Mr. Taber's primary focus is Information Management, but he will have other ARMC departments assigned to him. • Nanette Buenavidez is ARMC's new Chief Nursing Officer. She was previously the Associate Chief Nursing Officer and has been with ARMC for 13 years. • ARMC successfully passed its Centers for Medicare and Medicaid Services (CMS) survey. • ARMC also underwent a successful survey by The Joint Commission (TJC). • The annual ARMC Foundation Gala was held on October 3 at the Double Tree Hilton in Ontario. It was an enjoyable event, which was coordinated by the new director of the ARMC Foundation, David Glick. The money collected at this event will be used toward the purchase of vascular equipment. 	

Item	Discussion	Follow-up
3. Financial Report	<p>Mr. Arvind Oswal, Chief Financial Officer, reported as follows: September Year-to-Date Financials (1st Quarter 2019/20) (Actual Vs. Budget):</p> <ul style="list-style-type: none"> • Volume increased 7.3% • Outpatient Clinic visits increased 14.6% • Emergency Room visits increased 1.9% • Net Patient Revenue (Medicare/Medi-Cal and Commercial Insurance) decreased \$7M. • Supplemental Revenue (Federal and State programs) increase \$12M. • Professional Expenses increased by \$7M. (The majority of this amount is due to registry fees.) • Supply costs increase \$1.6M due to an increase in volume. <p>Mr. Oswal reported that ARMC is operating efficiently within its FY2019-20 budget.</p>	
4. Epic Update	<p>Ron Taber, Associate Hospital Administrator, and Dr. Reza Sadeghian, Chief Medical Information Officer, gave a PowerPoint Presentation regarding the status of ARMC's Epic Implementation Project. (Attachment A.)</p> <ul style="list-style-type: none"> • In addition to the PowerPoint Presentation, Mr. Gilbert informed the JCC that ARMC is working with County Human Resources regarding the staffing needed to support this project. Staff must be Epic certified, which involves eight weeks of onsite training in Wisconsin. After staff complete this training, they become very valuable to other local hospitals that have implemented Epic. Human Resources is working to develop positions competitive with like positions in the Inland Empire. • The "hosting" portion of this project is not finalized. A request for proposals (RFP) was released that resulted in only one respondent. Another RFP will be released. <p>If not resolved, these two items could delay the project.</p>	
5. Reports	<p>The following reports were presented and received by the JCC members:</p> <p>a. Ms. Katrina Shelby presented the Compliance, Regulatory, and Accreditation Report for April 1, 2019 through June 30, 2019. (Attachment B.) This report included information on the following:</p> <ul style="list-style-type: none"> • Compliance Activity • Regulatory and Accreditation Update • Fraud, Waste and Abuse Activity • HIPAA Privacy and Security Report 	

Item	Discussion	Follow-up
b. Medical Executive Committee Summary of Performance Improvement Activity for April 1, 2019 through June 30, 2019. (Attachment C)		
6. Patient Safety Report	Deferred	
7. Public Comment	No Public Comment	
8. Adjourn to Closed Session	<p>Adjourned to Close Session at 3:05PM:</p> <p>A. The JCC received the following Quality Assurance Report(s) and recommended approval by the Board of Supervisors (Health and Safety Code Section 1461 and Evidence Code Section 1157 and 1157.7):</p> <ul style="list-style-type: none"> i. Arrowhead Regional Medical Center Performance Improvement and Quality Management Report Administrative Summary for April 1, 2019 through June 30, 2019. ii. Peer Review Reports/Risk Update iii. Medical Executive Committee Actions for April 1, 2019 through June 30, 2019. 	
9. Next Meeting of the Joint Conference Committee	The next meeting will be scheduled for FY2019/20 3 rd Quarter.	
10. Adjournment	The meeting was adjourned at 4:30PM	

Approved by:  _____ Date 12/19/19

Rodney Borger, MD, Chair



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Epic Implementation Project

San Bernardino County Board of Supervisors
Joint Conference Committee Meeting

Reza Sadeghian, MD, MBA, MSc, FAAP
Chief of Medical Information Officer

Ron Taber, BSc
Associate Hospital Administrator, Strategic planning and business development

Oct 30/2019

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Today's Agenda

- Project Goals
- Project Guiding Principles
- Epic Project Governance
- Epic Executive Steering Committee
- Timeline

Project Goals

- To improve the health of the community by being the provider of choice for health care delivery and education.
- Arrowhead Regional Medical Center (ARMC) will develop and expand a delivery system that continuously improves population health; grow market share through expansion and strategic partnerships; and continue to build upon our current expertise, while expanding to create competitive service lines.

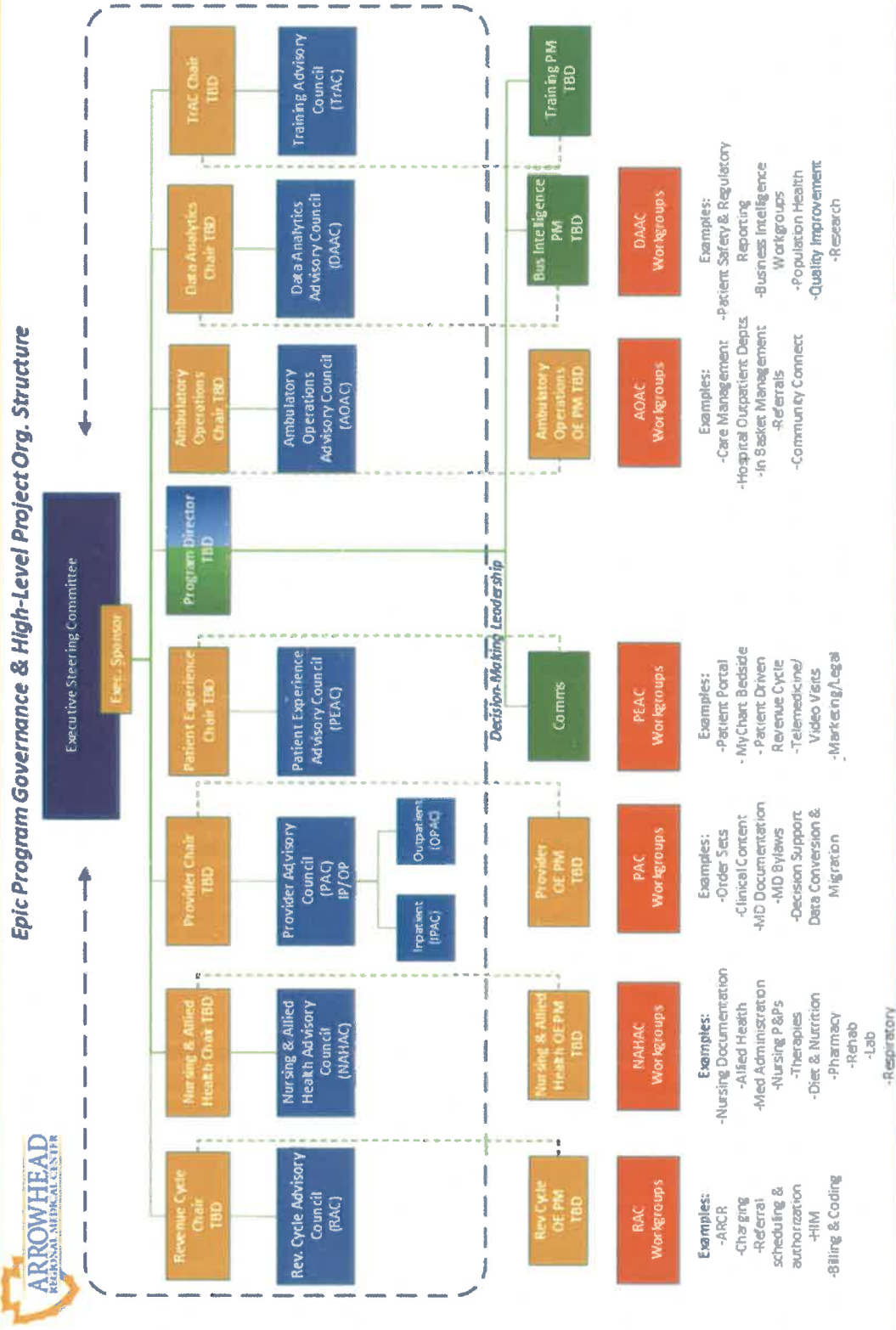
Project Goals

- Use a **single platform** that will enable clinicians to have all information needed to care for patients across the continuum of care and to increase County-wide EHR and regional **interoperability**
- Improve **population health** and the **overall quality of care** and **service delivery**
- Improve the ease of **Regulatory** compliance
- Improve **patient satisfaction**, “One Patient – One Record”, enable use of all MyChart Features
- Improve **provider satisfaction**, Enhance end user usability and efficiency – Prevent burnout due to technical burdens
- Enhance **medical education**

Project Guiding Principles

- **Support the Strategy**
 - Maintain an environment of trust, communication, and respect.
- **Focus on the EHR**
 - Develop sustainable solutions so the system can grow with ARMC.
- **Focus on the Patient**
 - Patient-centered approach for decision making.
- **Enough of the Right Resources**
 - Ensuring all appropriate hospital and County staff are engaged.
- **Positive User Experience**
 - Improve workflows so clinicians can spend more time with patients.
- **Best-Practice Implementation**
 - Perfect is the enemy of good enough. Get to a decision. Don't revisit it. Use lessons learned.
 - The future cannot be like the past.
- **Implement Where Possible**
 - Turn on as many features as possible and optimize the both during and after the project.
- **Continuous Improvement**
 - Measure success against established project goals and focus efforts.

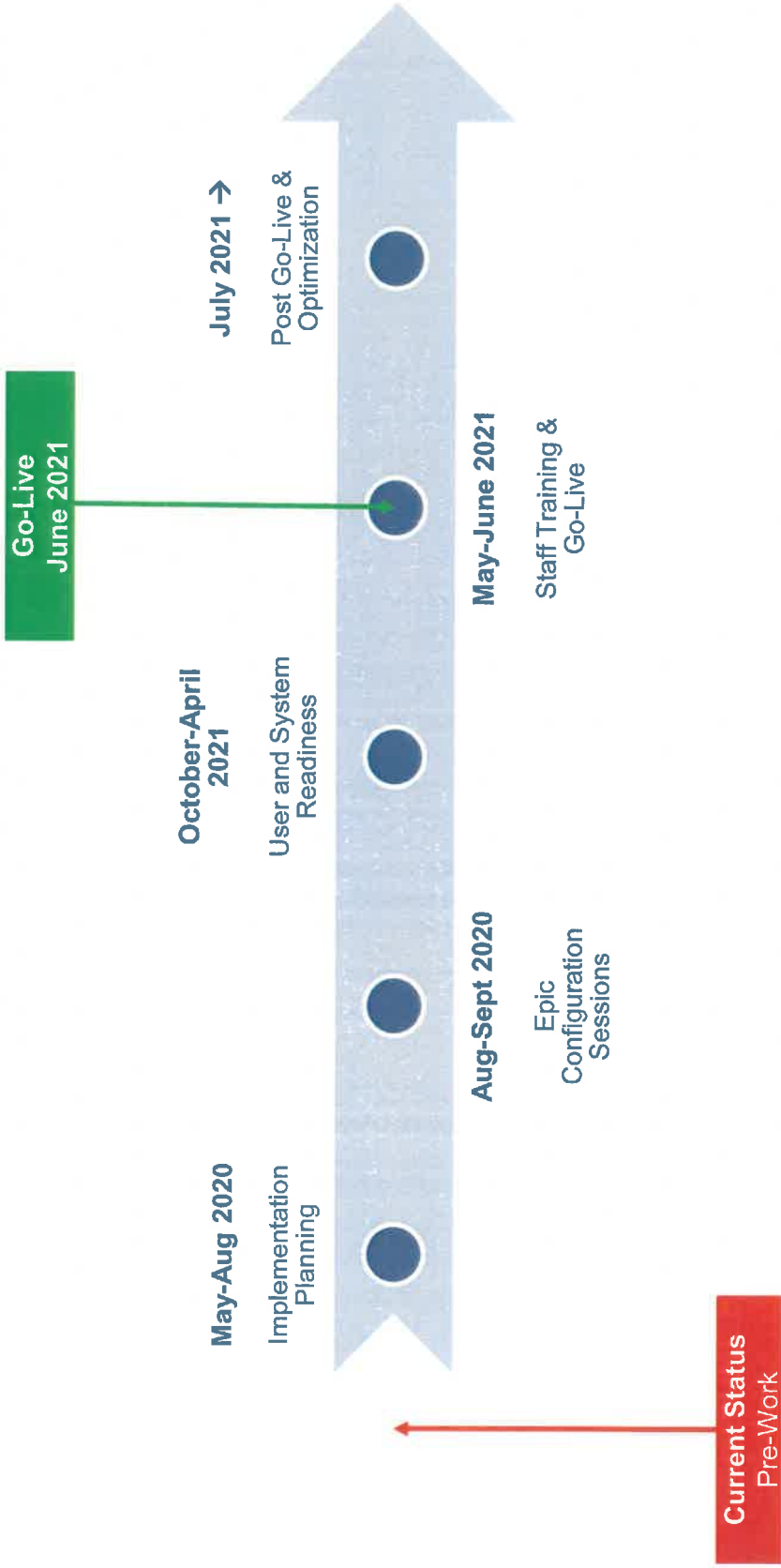
Epic Project Governance



Epic Executive Steering Committee

Role	Voting	Names
Chief Executive Officer	Chair	William Gilbert
Chief Medical Officer	Co-Chair	TBD
Chief Medical Information Officer	Co-Chair	Dr. Reza Sadeghian
Chief Operating Officer	Yes	TBD
Chief Financial Officer	Yes	Arvind Oswal
Assistant Chief Financial Officer	No	Jeff Emery, Asst. CFO
Human Resources	Yes	Susan Peterson
Chief of Staff	Yes	Dr. Webster Wong / Dr. Kambiz Raoufi
Chief Nurse Executive	Yes	Nanette Buenavidez
Ambulatory Associate Hospital Administrator	Yes	Staci McClane
Quality & Accreditation Associate Hospital Administrator	Yes	Katrina Shelby
Ancillary Associate Hospital Administrator	Yes	Wesley Toh
Information Technology Associate Hospital Administrator	Yes	Ron Taber
Revenue Cycle Assistant Hospital Administrator	Yes	Joy Davis

EPIC Project – Projected Timeline





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Joint Conference Committee

Compliance Report
(period April 1, 2019 – June 30, 2019)

Katrina S. Shelby, JD MBA
Associate Hospital Administrator
Quality & Accreditation



Compliance Program/Activity

- Continue monthly review/audit for patients who are deaf or hard of hearing in response to the DOJ Settlement Agreement. Review/audit to determine if patient was provided appropriate aid or interpreter in a timely manner. Compliance with DOJ Settlement agreement for Interpreter Services for deaf and hard of hearing patients/companions:
 - Apr - 18 VRI Sessions, 13 F2F Visits
 - May - 14 VRI Sessions, 15 F2F Visits
 - June - 11 VRI Sessions, 18 F2F Visits

Compliance Program/Activity

- Review
 - OIG monthly exclusion list for vendors and staff (ongoing)
 - No issues reported
 - Incidents of Fraud, Waste or Abuse
 - No issues reported

Health Insurance Portability and Accountability Act (HIPAA) Privacy & Security Report Highlights

- The Internal County Departmental MOU template for PHI data sharing was updated. The updated MOU will be used to ensure consistency of data sharing security and HIPAA requirements between County HIPAA-covered departments.
- ARMC Information Security implemented additional Internet security controls to begin monitoring internet usage to identify high risk behaviors and reduce threats to ARMC's information network and information assets.
- The ECSOR application is in process of finalization for implementation by EOY 2019 to streamline the computer account request and modification process across the ARMC campus.

HIPAA Reportable Breaches

- There was 1 reportable breach during this reporting period. Corrective actions were completed.



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Regulatory Compliance Update

(period April 1 – June 30, 2019)

Katrina S. Shelby, JD MBA
Associate Hospital Administrator
Quality & Accreditation



Regulatory Update April – June 2019

- No Sentinel Events occurred in this reporting period
- ARMC underwent two CMS Surveys:
 - Dialysis Recertification Survey (April 2019)
 - CMS Validation Re-Survey (May 2019)
- CDPH received two (2) complaints from patients, families, employees and/or other anonymous sources that were investigated
- ARMC reported one (1) hospital acquired pressure injury



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JOINT CONFERENCE COMMITTEE
ARROWHEAD REGIONAL MEDICAL CENTER
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE
April 1, 2019 – June 30, 2019

Hospital-wide Performance Improvement reports were reviewed by the Medical Staff Departments and Committees, and significant improvement was identified in multiple areas. The reports were presented to the Quality Management Committee, and detailed information will be provided in the Arrowhead Regional Medical Center Performance Improvement and Quality Management Administrative Summary.

Reviewed Hospital-wide Core Measure Reports and Hospital-wide Performance Improvement Reports related to CMS Corrective Actions, The Joint Commission, and Patient Safety reports.

The following Medical Staff Department reports were reviewed:

- Department of Anesthesia
- Department of Emergency Medicine
- Department of Family Medicine
- Department of Internal Medicine
- Department of Laboratory Medicine
- Department of Medical Imaging
- Department of Orthopedics
- Department of Pediatrics
- Department of Surgery
- Department of Women's Health Services

The following Medical Staff Committee reports were approved:

- Physician Assistant Post Graduate Training Committee
- Quality Management Committee

The following Administrative reports were reviewed as information:

- Hospital Director's Report
- Chief Medical Officer's Report
- Information Management Report
- Chief Nursing Officer's Report

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Quality/Accreditation/Regulatory Report

Patient Experience Report - Press Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) summaries for surveys returned January 2019 through May 2019, and Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) summaries for surveys returned October 2018 through May 2019.

The following Administrative Operations Manual policies and procedures were approved:

Administrative Operations Manual

- Policy #New-Therapeutic Hypothermia in Neurological Critical Care Patient
- Policy #New-Barbiturate Coma
- Policy #New-Emergent Life Threatening Reversal of Non-Vitamin K antagonist oral anticoagulants (NOACs)
- Policy #650.11-Perioperative Autologous Blood Collection and Administration (PABCA)
- Policy #670.20-Care of the Patient on Centralized Cardiac Telemetry Monitoring
- Policy #610.03-Inpatient Transfer to and From ARMC
- Policy #690.24-Homeless Discharge
- Policy #610.02-Palliative Care: Pain Management and Opioid Prescribing
- Policy #690.32-Administration and Storage of Patient's Own Medications
- Policy #610.29-Reconciliation of Medication Profiles
- Policy #690.36-Intravenous Admixture and Administration with 2 Revisions to Attachment

The following Departmental policies and procedures, were approved:

Behavioral Health

- Policy New-Consent-Psychotropic Medication and Treatment in the Child and Adolescent Population

Nursing

- Policy #553.00-Care of the Acute Stroke Patient
- Policy #585.00-Pain Management Utilizing Patient Controlled Analgesia (PCA)
- Policy #580.00-Intravenous (IV) Therapy
- Policy #585.01-Pain Management: Continuous Epidural Infusion or Patient Controlled Epidural Analgesia (PCEA) Infusion of Local Anesthetics and Opioid Agents

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- Policy #571.00-Medication Administration: General Guidelines and Safe Practice

Nursing-Maternal Child

- Policy #5214-Congenital Heart Disease Screening

Employee Health

- Policy Manual Summary
- Policy #502.01-Post Human Immunodeficiency Virus (HIV) Exposure Protocol

Epidemiology

- Policy Manual Summary
- Policy #401.01-Hand Hygiene
- Policy #801.00-Annual Employee Influenza Vaccination
- Policy #308.00-Cleaning and Disinfection of Patient Care Items and Equipment
- Policy #327.00-Prevention of Catheter Associated Urinary Tract Infection

Respiratory Care

Respiratory Care Policy Manual Summary
- Policy #1-Patient Directed Bronchodilator
Blood Gas Laboratory Policy and Procedure Manual
Breathmobile® Program Policy and Procedure Manual
Pulmonary Function Laboratory Policy and Procedure Manual
Neurodiagnostic Services Policy and Procedure Manual
Respiratory Care Services Policy and Procedure Manual

Sterile Processing

- Policy Manual Summary
- Policy #New-Environmental Surface Cleaning and Disinfection Procedures
- Policy #New-Automated Endoscope Reprocessor (AER)

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Pharmacy

- Policy #6.8-Cleaning and Sanitizing the IV Room
- Policy #5.36-Anticoagulation Therapy
- Policy #5.35- High Alert Medications

Trauma Services

- Policy #504.20-DVT and PE Prophylaxis

Dialysis

- Policy #211.00-Independent Verification of Dialysate Conductivity and pH
- Policy #705.00-Heparin Administration During Dialysis for Inpatient and Outpatient Dialysis Service
- Policy #100.00-Scope of Service

Medical Staff

- Policy #16-Screening and Immunization

The following plans were approved:
Stroke Annual Plan 2019

The Chief Medical Officer and the Chief Nursing Officer were working collaboratively to design a wound care process that includes inpatient and outpatient.

The Committee discussed compliance with AOM Policy #640.03 Consent-Antipsychotic Medications. Administration agreed to research the issue, and obtain legal advice from County Counsel due to the complex procedural and administrative issue.

The Committee discussed the availability of Ultrasound Technicians on nights and weekends.

The Committee discussed Meditech access for Residents ordering restraints.

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The Committee discussed the process regarding changing and approving order sets. The Health Information Management Committee and one of its sub-committees will be responsible for the process and structure of order set development, transitioning order sets to the new electronic health record, and standardizing order sets. The Committee will still have the duty of approving order sets.

The Committee discussed adding Dr. Subbiah to the Medical Director On-Call list.

The Committee discussed a new Joint Commission standard (EP Human Resources (HR) 01.05.03) that requires annual education on Fluoroscopy.

The Committee approved the following orders:

-Hospice Orders

The Committee discussed the differences between medication reconciliation and medication registration as it pertains to the electronic health record.

The Committee discussed physician autonomy in relation to discharges.

Reviewed recommended revisions to the Medical Staff Rules and Regulations.

The following appointments were approved:

- Associate Trauma Director – Brandon Woodward, DO

The following Committee appointments were approved:

Health Information Management:

- Kambiz Raoufi, MD – Chairman

- Anushree Gupta, MD-Family Medicine

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- Ellen Ko, MD-Laboratory Medicine
- Brandon Woodward, MD-Surgery
- Louis Tran, MD-Emergency Medicine

Utilization Review Committee:

- Fernando Sorto, DO – Chairman
- Rosa Cortes, MD-Family Medicine
- Anushree Gupta, MD-Family Medicine
- David Lanum, MD-Family Medicine

Committee on Interdisciplinary Practice:

- Guillermo Valenzuela, MD – Women’s Health Services



Rodney Borger, MD, President

10/30/2019

Date