QUALITY MANAGEMENT COMMITTEE
ADMINISTRATIVE SUMMARY TO THE
JOINT CONFERENCE COMMITTEE
December 2022, January and February 2023

Summary of Action

Medical Staff Departments

- Internal Medicine-2nd and 3rd Qtr. 2022
- Surgery-3rd Qtr. 2022

Medical Staff Committees

The following Performance Improvement Summaries were approved.

- Behavioral Health-Annual 2022
- Critical Care-4th Qtr. 2022
- Operative and Other Invasive Procedures-4th Qtr. 2022 and 1st Qtr. 2023
- Palliative Care 1st and 2nd Qtr. 2022
- Pharmacy and Therapeutics-October 2022 and January 2023
- Sepsis-2nd and 3rd Qtr. 2022

Hospital Committees

The following Performance Improvement Summaries were approved.

- Palliative Care-4th Qtr. 2022
- Trauma-4th Qtr. 2022
- Patient Safety Quality-September and November 2022

Regulatory

No corrective action plans were submitted to the CDPH in October or November 2022. The CDPH conducted a combined Mammography Quality Standards Act certification and state inspection of the Mammography program. One item of non-compliance was noted; x-ray mammography machine indicated a CNR value which varied from the baseline by greater than 15%. No documentation addressing the variance. Corrective action includes 100% of mammography physicist reports will be reviewed verbally with the physicist for accuracy and data will be reported monthly to the Patient Safety Quality Committee.

Risk

Nursing remains the highest reporting of staff members. The Top 5 incidences are provision of care, medication/fluid falls, employee issues and safety/security. The location with the most reporting is the ED.

QUALITY MANAGEMENT COMMITTEE
ADMINISTRATIVE SUMMARY TO THE
JOINT CONFERENCE COMMITTEE
December 2022, January and February 2023

Summary of Action

Policies and Procedures-Listed are the policies and procedure approved in December 2022, January and February 2023.

		Risk Assessment-Sterile Equipment
670.35	ADM	Trophon
		Summaries of Policy and Procedure Revisions
		Administrative
		Behavioral Health
		Maternal Child Health
		Operative Services
		Nutrition and Food Services
		Post Anesthesia Care Unit
		Rehabilitation Services
		Specialty Care
		Sterile Processing
		Health Information Management
		Infection Control
ADM	690.36	Intravenous Admixture and Administration
Pharmacy	5.4	Titration of Medication, Orders
Specialty Care	592	Medication Administration
		Triennial Review
ADM	220.04	Annual Competency Education
ADM	600.01	Plan, Provision of Care
ADM	620.01	Abuse, Children-Reporting Of
ADM	620.02	Abuse, Elder, Dependent Adult
ADM	620.04	ADM Policy 620.04-Abuse, Domestic Violence, Reporting Of
ADM	620.1	Fall Program
ADM	660.03	Massive Blood Transfusion
ADM	670.01	Restraint and Seclusion Guidelines for Non-Violent/Non-Self Destructive and Violent Self-Destructive Behavior Management
ADM	690.07	Autopsies

QUALITY MANAGEMENT COMMITTEE
ADMINISTRATIVE SUMMARY TO THE
JOINT CONFERENCE COMMITTEE
December 2022, January and February 2023

Summary of Action		
ADM	690.21	Abuse: Staff to Patient
CM	69	Utilization Management Program
CM	70	Utilization Review Process
Clinical Lab	103.01	Quality Control in the Clinical Laboratory
CSW	151	Suspected Adult Abuse
CSW	152	Suspected Child Abuse
Pharmacy	3.9	Medication Administration
Pharmacy	3.11	Antimicrobial Stewardship
Pharmacy	5.4	Titrate and Taper Medication Order
		Triennial of Policy Manuals
		Call Referral Center
		Environmental Services
		Information Management
		Patient Accounts
		Patient Reception
		Security
Specialty Care	153.00	Outpatient Cervical Ripening with Transcervical Foley
ADM		Administrative Policy and Procedures Summary of Revisions
ADM	110.07	Health Sciences Library Access
ADM	110.18	Visitors-Injuries To
ADM	110.19	Event Reporting
ADM	110.35	Employee Participation in Defense of Claims
ADM	110.47	Patient Notification of Adverse Event/Medical Error
ADM	610.42	Wound Dressings, Ordering Using Wound Algorithm
ADM	690.30	Wound Care Referral Process (Retire Policy)
		Cardiac Services Policy and Procedures Summary of Revisions
		Blood Gas Laboratory Policy and Procedures Summary of Revisions
		Hyperbaric Oxygen Therapy Policy and Procedures Summary of Revisions
		Neurodiagnostic Policy and Procedures Summary of Revisions

QUALITY MANAGEMENT COMMITTEE
ADMINISTRATIVE SUMMARY TO THE
JOINT CONFERENCE COMMITTEE
December 2022, January and February 2023

Summary of Action		
		Pulmonary Function Laboratory Policy and Procedures Summary of Revisions
		Respiratory Care Policy and Procedures Summary of Revisions
Dialysis	604.00	Water Quality Monitoring Log, Stationary Water Treatment System
Dialysis	619.00	Cleaning/Descaling of Stationary Reverse Osmosis Membranes
Dialysis	648.00	Hardness Testing
		Health Sciences Library Policy and Procedures Summary of Revisions
		Volunteer Services Policy and Procedures Summary of Revisions
		Emergency Department Policy and Procedure Summary of Revisions with Focus on Trauma Section 500
Trauma	513.00	Orthopedic Admissions and Transfers
Nursing	504.01	Telemetry, Centralized Monitoring: Staff Responsibilities

March 15, 2023

Tommy Lee, MD, Chairman of Quality Management Committee — Date

JOINT CONFERENCE COMMITTEE
ARROWHEAD REGIONAL MEDICAL CENTER
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE
December 1, 2022 – February 28, 2023

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 Internal Medicine-2nd Qtr. 2022
- Department of Internal Medicine-3rd Qtr. 2022
- Department of Medical Imaging-2nd Qtr. 2022
- Department of Medical Imaging-3rd Qtr. 2022
- Department of Medical Imaging-1st Qtr. 2023

The following Medical Staff Committee reports were reviewed:
- Quality Management Committee
- Physician Assistant Post Graduate Training Committee-1st Qtr. 2023

The following Administrative reports were received as information:
- Hospital Director
- Chief Operating Officer
- Chief Nursing Officer
- Quality and Accreditation
- Clinical Informatics
- Graduate Medical Education

The following policies and procedures were reviewed and approved as follows:
Nursing

Attachment C

- Policy #510.00-Active Surveillance Cultures for MRSA
- Policy# 504.01-Telemetry, Centralized Monitoring: Staff Responsibilities

Administrative Operations Manual

- Policy and Procedure Manual Summary 2019-2022
- Policy #670.35-Trophon
- Policy #690.36-Intravenous Admixture and Administration
- Policy and Procedure Manual Summary of Policy Revisions
- Policy# 110.07-Health Sciences Library Access
- Policy# 110.18-Visitors-Injuries To
- Policy# 110.19-Event Reporting
- Policy# 110.35-Employee Participation in Defense of Claims
- Policy# 110.47-Patient Notification of Adverse Event/Medical Error
- Policy# 610.42-Wound Dressings, Ordering Using Wound Algorithm
- Policy# 690.30-Wound Care Referral Process (Retire Policy)

Behavioral Health

- Policy and Procedure Manual Summary 2019-2022

Maternal Child Health

- Policy and Procedure Manual Summary 2019-2022

Operative Services

- Policy and Procedure Manual Summary 2022

Nutrition and Food Services

- Policy and Procedure Manual Summary 2022

Post Anesthesia Care Unit

- Policy and Procedure Manual Summary2022

Rehabilitation Services

- Policy and Procedure Manual Summary 2022

Ambulatory Services-Specialty Care

- Policy and Procedure Manual Summary 2022
- Policy #592.00-Medication Administration: General Guidelines and Safe Practices

- Policy #153.00-Outpatient Cervical Ripening with Transcervical Foley

Sterile Processing
- Policy and Procedure Manual Summary 2022

Health Information Management
- Policy and Procedure Manual Summary 2022

Infection Control
- Policy and Procedure Manual Summary 2022

Pharmacy
- Policy #5.40-Titration of Medication, Orders
- Formulary

Cardiac Services
- Policy and Procedure Manual Summary 2021

Blood Gas Laboratory
- Policy and Procedure Manual Summary 2022

Hyperbaric Oxygen Therapy
- Policy and Procedure Manual Summary 2022

Neuro-Diagnostics
- Policy and Procedure Manual Summary 2022

Pulmonary Function Laboratory
- Policy and Procedure Manual Summary2022

Respiratory Care Services
- Policy and Procedure Manual Summary 2022

Dialysis
- Policy# 604.00-Water Quality Monitoring Log, Stationary Water Treatment System
- Policy# 619.00-Cleaning/Descaling of Stationary Reverse Osmosis Membranes
- Policy# 648.00-Hardness Testing

Health Sciences Library
- Policy and Procedure Manual Summary 2019-2022
- Policy# 690.03-Journal Selection Collection

- Policy# 690.07-Journal Check-In
- Policy# 690.08-Weeding and Disposal of Library Materials
- Policy# 690.10-Library Facility
- Policy# 1000.07-Library Use and Protection of Patient Identifiable Information

Volunteer Services
- Policy and Procedure Manual Summary 2022

Emergency Department
- Policy and Procedure Manual Summary 2022
- Policy# 513.00-Trauma Services-Orthopedic Admissions and Transfers

Medical Staff
- Policy and Procedure Manual Summary 2023
- Policy #11-Medical Record Delinquency and Suspension of Medical Staff Members and Advanced Practice Professional Staff

The Committee reviewed a recommendations from the Centers for Disease Control and Preventions to halt the crisis capacity strategies of N95 respirators in healthcare facilities, and to resume conventional practice where N95 respirators are to be used for one patient encounter in an airborne isolation room, then discarded.

The Committee discussed discontinuing COVID-19 testing for asymptomatic patients being admitted to the hospital. Two societies have changed their COVID-19 screening guidelines; American Society of Anesthesiology (ASA) and the Society for Healthcare Epidemiology (SHEA). The ASA no longer recommends pre-op screening for asymptomatic patients, and SHEA no longer recommends testing asymptomatic patients before admission to the hospital. The Committee was informed that the hospital will remove all COVID-19 accommodations at the end of February 2023.

The following Department of Surgery Sections were approved:
- Section of Vascular Surgery
- Section of Surgical Critical Care
- Section of Surgical Oncology
- Section of Trauma

JOINT CONFERENCE COMMITTEE
ARROWHEAD REGIONAL MEDICAL CENTER
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE
December 1, 2022 – February 28, 2023

The following appointments were approved:
- Section of Cardiology-Section Director-Shammah Williams, MD
- Cardiology Committee Chairman-Shammah Williams, MD
- Committee on Interdisciplinary Practice-Daniel Hioe, CRNA
- Section of Vascular Surgery -Section Director-Samuel Schwartz, MD
- Section of Surgical Critical Care-Section Director-David Wong, MD
- Section of Surgical Oncology- Section Director Amir Ali Rahnemai Azar, MD
- Section of Trauma-Section Director-Brandon Woodward, MD
- Section of Cardiothoracic Surgery-Section Director-Joshua Chung, MD

Kambiz Raoui, MD, President

3/23/2023
Date