

## Meeting of the Joint Conference Committee

Thursday, March 25, 2021, 3 – 4:30PM

Arrowhead Regional Medical Center

“ZOOM” Conferencing Platform

Present	Joe Baca, Jr; Rodney Borger, MD; William Gilbert; Leonard Hernandez; Sam Hessami, MD; Kambiz Raoufi, MD; Webster Wong, MD
Excused	Janice Rutherford
Guests	Nanette Buenavidez; Mark Comunale, MD; Chekeshia Gilliam; Andrew Goldfrach; Staci McClane; Arvind Oswal; Charles Phan; Stephanie Rose; Katrina Shelby; Ron Taber

Item	Discussion	Follow-up																
Call to Order	The meeting was called to order at 3PM.																	
1. Review Joint Conference Committee Meeting Minutes of November 5, 2020,	<p>A motion to approve the minutes of the December 17, 2020, Joint Conference Committee (JCC) meeting was put forth by Webster Wong, MD, and seconded by Leonard Hernandez. The roll call results are:</p> <table style="margin-left: 40px;"> <tr> <td>Joe Baca, Jr</td> <td>Abstained (Unavailable to attend the 12/17/2020 meeting.)</td> </tr> <tr> <td>Rodney Borger, MD</td> <td>Approve</td> </tr> <tr> <td>William Gilbert</td> <td>Approve</td> </tr> <tr> <td>Sam Hessami, MD</td> <td>Approve</td> </tr> <tr> <td>Leonard Hernandez</td> <td>Approve</td> </tr> <tr> <td>Kambiz Raoufi, MD</td> <td>Approve</td> </tr> <tr> <td>Janice Rutherford</td> <td>Absent</td> </tr> <tr> <td>Webster Wong, MD</td> <td>Approve</td> </tr> </table> <p>Minutes are approved as submitted.</p>	Joe Baca, Jr	Abstained (Unavailable to attend the 12/17/2020 meeting.)	Rodney Borger, MD	Approve	William Gilbert	Approve	Sam Hessami, MD	Approve	Leonard Hernandez	Approve	Kambiz Raoufi, MD	Approve	Janice Rutherford	Absent	Webster Wong, MD	Approve	
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2. Election of a New Chair according to the Governing Body Bylaws dated April 15, 2016.	<p>Supervisor Joe Baca, Jr. nominated Supervisor Janice Rutherford to the position of Chair of the JCC. This nomination was seconded by Leonard Hernandez. The roll call results are:</p> <table style="margin-left: 40px;"> <tr> <td>Joe Baca, Jr</td> <td>Approve</td> </tr> <tr> <td>Rodney Borger, MD</td> <td>Approve</td> </tr> <tr> <td>William Gilbert</td> <td>Approve</td> </tr> <tr> <td>Sam Hessami, MD</td> <td>Approve</td> </tr> <tr> <td>Leonard Hernandez</td> <td>Approve</td> </tr> <tr> <td>Kambiz Raoufi, MD</td> <td>Approve</td> </tr> <tr> <td>Janice Rutherford</td> <td>Absent</td> </tr> <tr> <td>Webster Wong, MD</td> <td>Approve</td> </tr> </table>	Joe Baca, Jr	Approve	Rodney Borger, MD	Approve	William Gilbert	Approve	Sam Hessami, MD	Approve	Leonard Hernandez	Approve	Kambiz Raoufi, MD	Approve	Janice Rutherford	Absent	Webster Wong, MD	Approve	
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Item	Discussion	Follow-up
	Supervisor Janice Rutherford was absent on this date. She will assume the duties of Chair at the next meeting of the JCC. For this meeting date, Mr. William Gilbert will act as Chair on her behalf.	
3. Director Report	<p>Mr. Gilbert presented as follows:</p> <ul style="list-style-type: none"> <li>• Arrowhead Regional Medical Center's (ARMC) is reopened for elective surgeries, after having postponed them due to the COVID pandemic. Patients are still hesitant about utilizing hospital emergency rooms (ER) and clinics due to COVID concerns. ER visits are down approximately 20% as compared to March of prior years. The Public Relations team is working to educate the public regarding ARMC's safety. For their own health and safety, patients should not defer their healthcare, but many are, and ARMC is taking steps to make sure patients understand the hospital is a safe place.</li> <li>• ARMC is re-engaging its strategic and operational plans, which will be presented to the JCC members at today's meeting. The administrative team will present a high-level strategy for ARMC.</li> <li>• Andrew Goldfrach has been loaned to Public Health to act as Interim Director, until a new director can be recruited. Mr. Gilbert thanked Andrew for his hard work.</li> </ul> <p>Leonard Hernandez thanked Mr. Gilbert and Mr. Goldfrach for not only all the work they have done during the pandemic and getting the County to red tier and very close to the orange tier. "To have the flexibility and bench strength, and the willingness for folks to support other departments, speaks to the environment ARMC has developed and the partnership in leadership and the partnership in helping other departments." From the County Administrative Office, Mr. Hernandez wanted to recognize these strengths.</p>	
4. Strategic Plan Update	<p>Mr. Gilbert introduce the PowerPoint Presentation being presented to the JCC members, <i>Journey to World Class Health Care: ARMC Strategic Plan</i>. (Attachment A.)</p> <p>Specific highlights are as follows:</p> <ul style="list-style-type: none"> <li>• The pandemic impact was a crisis that led to innovation. County departments found ways to work together like never before, and a number of silos were eliminated.</li> <li>• It is likely the Affordable Care Act will continue as enacted.</li> <li>• ARMC staff are refocusing on CalAIM (California Advancing and Innovating Medi-Cal), which is going to shift the paradigm for how healthcare providers are reimbursed. ARMC is working with its county partners as well as Riverside University Health System (RUHS) to share information. A meeting is scheduled with Inland Empire Health Plan (IEHP) to discuss their vision for working under CalAIM, which is a big change to the process in</li> </ul>	

Item	Discussion	Follow-up
	<p>which medical care providers get reimbursed.</p> <p>Staci McClane, Associate Hospital Administrator, added that CalAIM was extended or displaced for a year because of COVID. ARMC is working with the State and managed care plans to determine what CalAIM will look like. It is a multi-year initiative with specific goals. The goal of CalAIM is to change the current reimbursement process for the care of patients. The focus will be on quality of care. The initial focus for ARMC will be individuals who are high utilizers that come to the ER and/or are inpatients more often than necessary. There are two main components to CalAIM. The first is Enhanced Care Management (ECM) ECM focuses on complex medical, behavioral and social care for patients. ARMC will combine the successes they've had over the past 5 years with Whole Person Care and Health Homes to provide outreach to the community and clinical care in the actual community utilizing physicians, nurses, social workers, etc.</p> <p>CalAIM also has an "in lieu of services" component. There are 14 covered services, with the Department of Behavioral Health having the largest responsibility because much of it is focused on housing. Payments the County receives for "in lieu of services" will help house constituents and provide individuals with respite care. There will also be a reentry program where individuals will get medical care approximately 30 days before they're released from jail so they can start working with a team to connect them to their primary care provider. It would be beneficial for Population Health to become a component of the county's homeless strategic plan.</p> <p>The multidisciplinary team, which includes Department of Behavioral Health, Public Health, and ARMC, has been meeting regularly. Physicians are engaged across the board. Recently, calls were had with RUHS in an effort to learn from each other, and ultimately work with managed care plans, most specifically IEHP, which is the largest managed care plan. It is more efficient for both counties to collaborate with IEHP in order to maximize the value created with limited resources. ARMC will work with IEHP to fund much of this work. In addition to IEHP, ARMC's managed care plans are Medicare Managed Care and Molina Health Care.</p> <ul style="list-style-type: none"> <li>• ARMC's structure for creating a culture of high quality, and a place where talented staff can be their best, is illustrated in the five pillars. The foundation is quality, the pillars resting on quality are Growth, Service, People, Finance, and Community. All these global pillars lead to creating a culture of high performance.</li> <li>• ARMC's strategic plan includes applying the tenets of Straight A Leadership throughout the medical center – aligning strategies; developing action plans with deliverables and dates; and holding the team accountable for performance.</li> </ul>	

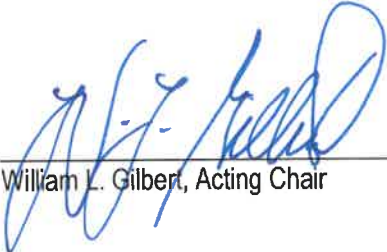
Item	Discussion	Follow-up
	<ul style="list-style-type: none"> <li>• ARMC is implementing a new Electronic Health Record (EHR) program, Epic. Epic will establish one record for County patients between all the different county resources available to them. To accomplish this, the EHR had to be capable of providing everything needed as well as grow for the future. Implementation of Epic was approved in August 2018. Since that time, ARMC staff have been working steadily towards implementation of Epic. However, the pandemic did delay the project and Epic had to figure how to provide implementation services and training during the pandemic. ARMC is currently in the 3<sup>rd</sup> month of its 13-month implementation window. The "go live" date is scheduled at the end of March or early April 2022. Among Epic's many positives is that it is also a medical education tool with modules built into different sections for residency students.</li> <li>• Last September, ARMC received certification to become a comprehensive stroke center, which means ARMC can provide more acute care to stroke patients. This designation requires ARMC have staff available 24/7, as well as imaging services, and it ties into ARMC's growth initiative. ARMC is happy to have partnerships, which allow for exploring other services with vascular, neurology, endovascular and other procedures to be very competitive in our area.  In addition, ARMC is expanding its Office of Research and Innovation to enhance education through study and research. ARMC has partnered with California University of Science and Medicine (CUSM) and other medical schools. ARMC is expanding in this area, which allows for teaching all staff, not just the medical staff, to run through mock codes and simulations in a very interactive center.  ARMC is continuing to pursue level one trauma certification. COVID delayed this project for an entire year. A certification visit was scheduled for July 2021 and is now scheduled for July 2022.</li> <li>• Patient safety is a core component of quality care. In this context, it is really about prevention of medical errors. Medical errors are the third leading cause of death in our country, after cardiovascular disease and cancer. (COVID is now the fourth leading cause of death in our country). About 440,000 people die as a result of medical errors. Clearly hospitals cannot provide quality care if they cannot give safe care. ARMC, like many other hospital systems, is working to become a high reliability organization (HRO). Like other complex industries, such as commercial aviation, in order for ARMC to become an HRO it requires trustworthiness, system thinking, learning from mistakes, and accountability at every level. To achieve this goal, ARMC has developed task forces, including the patient safety task force. This task force will focus on potential safety issues in the hospital, as well as safety issues that have occurred, and ways to remediate those.</li> </ul>	

Item	Discussion	Follow-up
	<ul style="list-style-type: none"> <li>• CalAIM is a new source of funding for ARMC. CalAIM requires managed care plans to develop and maintain a person-centered population health strategy for addressing member health and health related social needs across the continuum of care based on data driven population level assessment and risk stratification and segmentation. There are two components of care in CalAIM, one is enhanced care management and in lieu of service. ARMC is working with the California Association Public Hospitals (CAPH) to determine ARMC's reimbursement amount. For the first fiscal year 22, ARMC will receive six months of funding. ARMC is working on a five-year funding from 2021 to 2026. The first is the Global Payment Program, which is based on patient encounters. Currently, ARMC is working on fiscal year 20 and has submitted the information to Department of Health Services. ARMC qualifies for 99% of the reimbursement. There is a possible future reimbursement, if approved by the Centers for Medicare and Medicaid Services (CMS) of an additional \$9 million, and an additional sub-pool of \$9 million. ARMC also hopes to qualify for this. ARMC receives supplemental revenue through the enhanced payment program (EPB) based on encounter data, and the Quality Incentive Program, which is based on metrics set by CMS and the Department of Health Services. The last funding source is the rate range program. This funding comes from IEHP and Molina. These are the main reimbursement programs.</li> <li>• The difference between a teaching hospital, and a world class academic medical center is focused on quality research and innovation. ARMC's five-year educational strategic plan is based on the community pillar, and will address shortages, over the next 10 years, especially in our community. ARMC is expanding its residency programs, which increased from six residency programs to eight, as well as its fellowship programs, which increased from two to three fellowship programs. The learning pillar will address patient safety and quality through development of a simulation center. The scholarship pillar is top tier research, which will be accomplished by expanding the office of research and grants to take advantage of funding opportunities at the state and federal level, especially since ARMC received rural designation and can qualify for more grants and funding.</li> <li>• People are ARMC's most important asset. ARMC is in the process of reviewing the results of its employee engagement survey as well as those from the physician engagement survey to better understand what challenges staff are facing in their position and to allow staff to make recommendations in this regard. It's no surprise that individuals comment that salary could be better. However, staff may not really understand the County's benefit structure and the opportunities in that regard. Also, what are the key drivers that keep ARMC's physicians happy so they can be retained. There are process improvements happening with respect to County Human Resources (HR).</li> </ul>	

Item	Discussion	Follow-up
	<p>ARMC is working with its county HR partners to assist with process improvement around timecards. COVID was actually helpful with respect to learning processes to expedite hiring and onboarding processes. ARMC is leveraging lessons learned in that respect to utilize more virtual opportunities and how they can be streamlined into those various practices.</p> <ul style="list-style-type: none"> <li>• The service pillar really is rooted around how ARMC provides the best services to its community. At the center of this is patient experience. Patient experience is best summarized as everything we as an organization say and do that affects our patient's thoughts, feelings and well-being. At the center is a focus on areas that ARMC patients feel need improvement. Whenever a patient is discharged, they're given a survey to fill out and provide feedback. The feedback is tabulated and generates the scores for measurement, and it allows for growth opportunity to find gaps in the services rendered, and work within those areas to build action plans and execute them to provide a much better patient experience from beginning to end of the continuum of care. The Emergency Department (ED) expansion is a good example of where our service pillar really has focused on an opportunity to increase the quality of service we provide. ARMC's ED is one of the busiest in Southern California, and because of that, expanding ARMC's ED capacity from 70 to 90 rooms allows ARMC to increase its patient volume. Another focus is reducing wait times for clinic appointments.</li> <li>• ARMC's Foundation will continue its fundraising efforts for a new mobile medical clinic. The clinic will cost about \$500,000. So far, ARMC has raised \$150,000 to \$180,000 for this purchase. However, the current RV being used has quite a few miles on it and it definitely needs to be replaced, also.</li> </ul>	
5. Reports	<p>Ms. Katrina Shelby presented the following reports, which were received by the JCC members:</p> <ol style="list-style-type: none"> <li>a. Compliance, Regulatory, and Accreditation Report for October 31, 2020, through December 31, 2020. (Attachment B.) <ul style="list-style-type: none"> <li>• Compliance Activity</li> <li>• Regulatory and Accreditation Update</li> <li>• Fraud, Waste and Abuse Activity</li> <li>• HIPAA Privacy and Security Report</li> </ul> </li> <li>b. Medical Executive Committee Summary of Performance Improvement Activity for October 31, 2020, through December 31, 2020. (Attachment C.)</li> </ol>	

Item	Discussion	Follow-up
6. Public Comment	No public comment	
7. Adjourn to Closed Session	A. Receive the following Quality Assurance Report(s) and Recommend Approval by the Board of Supervisors (Health and Safety Code Section 1461 and Evidence Code Section 1157 and 1157.7): <ul style="list-style-type: none"> <li>i. Peer Review Reports/Risk Update for October 31, 2020, through December 31, 2020.</li> <li>ii. Arrowhead Regional Medical Center Performance Improvement and Quality Management Report Administrative Summary for October 31, 2020, through December 31, 2020.</li> <li>iii. Medical Executive Committee Actions for October 31, 2020, through December 31, 2020.</li> </ul>	
8. Next Meeting of the Joint Conference Committee	The next meeting will be scheduled based on availability of the JCC members, but no less than 4 times per year.	
9. Adjournment	The meeting was adjourned at 4:35PM	

Approved by:



William L. Gilbert, Acting Chair

7/16/21  
Date



Arrowhead Regional Medical Center

# Journey to World Class Health Care

## *ARMC Strategic Plan*

William Gilbert  
Hospital Director



[www.SBCounty.gov](http://www.SBCounty.gov)



Arrowhead Regional Medical Center

# Dynamic Healthcare Environment



# Dynamic Health Care Environment

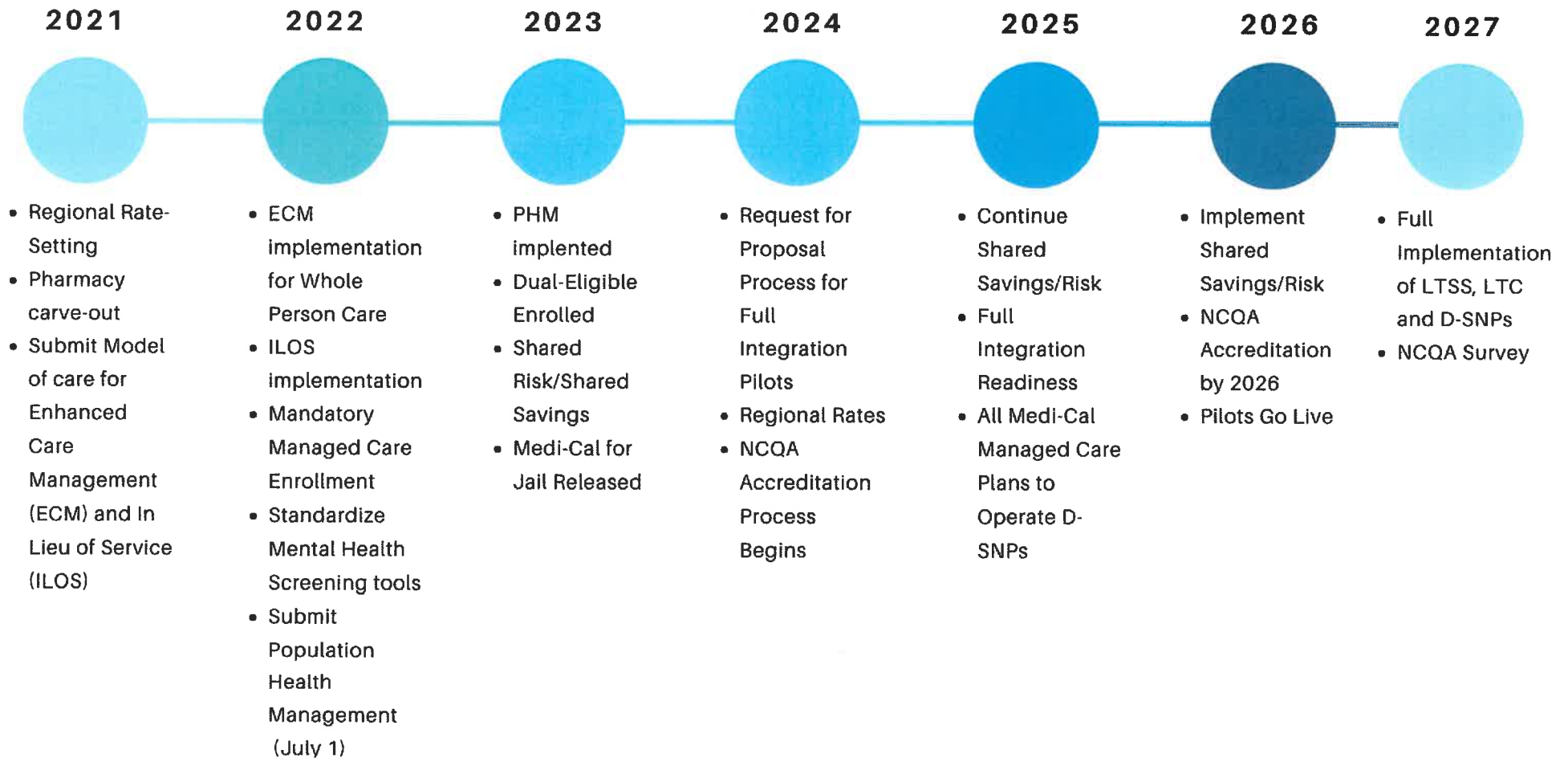
- 1. **Pandemic Impact** – “Crisis Leads to Innovation”
  - Revealed San Bernardino County Health Provider **Silos**
  - Brought County Health Departments Together
    - Arrowhead Regional Medical Center
    - Public Health Department
    - Behavioral Health Department
    - ICEMA
    - Fire Department



- 2. **National Impact** – Shift to Democratic Control in Washington D.C.
- 3. **California** puts CalAIM back on the table, with a population health focus

- Multi-year initiative by the Department of Health Care Services (DHCS) to improve quality of life and health outcomes by implementing broad system and program reform.
- **Goals:**
  - Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health;
  - Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
  - Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

# Proposed CalAIM Timeline



## Population Health – Positioning for Success

*The County's vision is to provide high quality, coordinated person-centered care and services to our diverse communities.*

- **Specifically, to:**
  - Improve health outcomes;
  - Optimize collaboration and coordination between ARMC, DBH, DPH, providers, and other key county and community stakeholders;
  - Leverage and align available resources; and
  - Build sustainable infrastructure and clinical models necessary to support value-based contracting and risk-sharing.
- **In May 2020**, the County convened a multidisciplinary Steering Committee to develop and implement a Population Health Management strategy in collaboration with consultant experts.

# Population Health Workgroups and Focus

## **Social Determinants of Health**

- Social risk factor screening and interventions

## **Program and Resources Alignment**

- Create an aligned approach to complex care with ECM/ILOS benefits
- Assess population needs and program resources

## **Behavioral Health + Primary Care Integration**

- Integration of primary care into specialty mental health/SUD sites and vice versa

## **Value Based Payments**

- Maximize supplemental funding and create opportunities for shared savings
- Align physicians with VBP

## **Data Analytics**

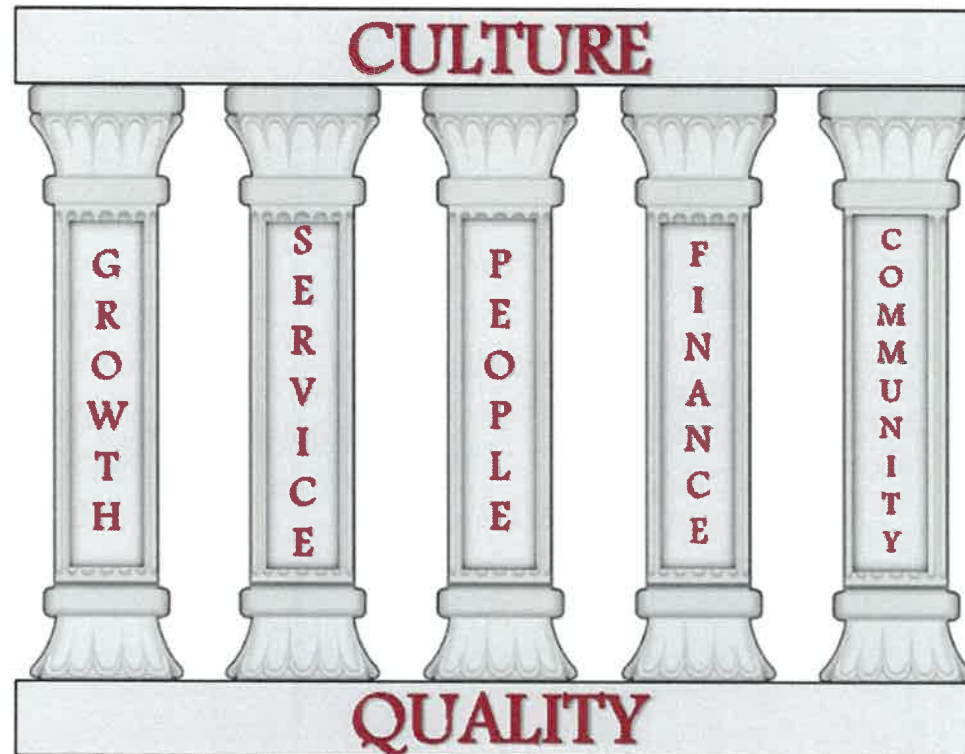
- Create sustainable solution to optimize data sharing between County entities to support a patient centered approach

## Collaboration with Riverside County

- Explore opportunities to collaborate with managed care payers (Inland Empire Health Plan and Molina) with joint efforts:
  - Data request (roll up of aggregated data, raw data)
  - Proposal to IEHP/Molina for ECM and ILOS
    - Staffing
    - Patient population
    - Payment models
  - Continued engagement to meet the needs of County constituents



# Utilize Pillars for Strategic Planning and Implementation

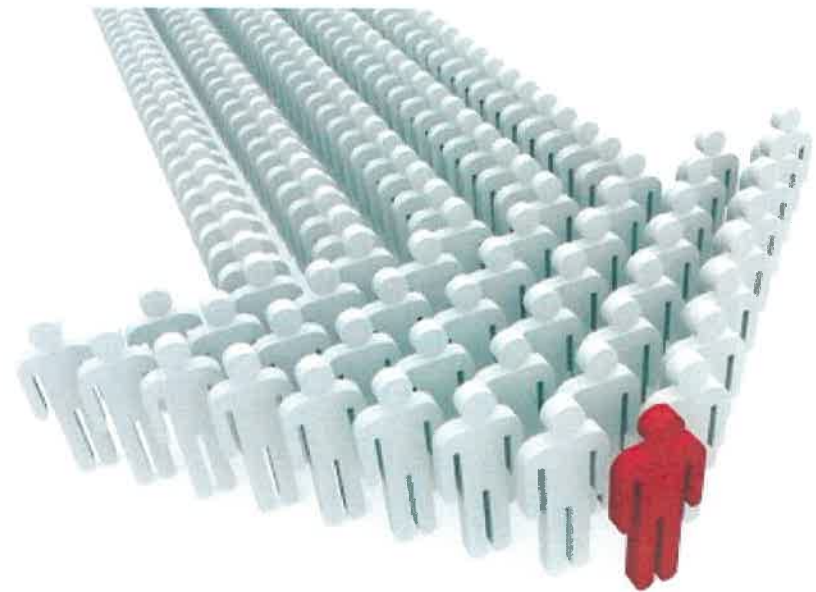


## Strategic Plan includes Applying the “Straight A’s of Leadership”

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- **ALIGN** Strategy.
- Develop an **ACTION** Plan with Dates and Deliverables.
- Create **ACCOUNTABILITY** for Performance.

**Align  
Action  
Accountability**





- Comprehensive Oncology Program
- Marketing of Service-Lines
- Medicine Clinic at CUSM
- Increase Primary Clinic Market Share
  - New Fontana Family Medicine Clinic
- Cardiovascular and Neurological Expansion
- BH Beds and Crisis Stabilization Unit
- Operating Room Process Improvement
- Space-Use Campus Master Plan for campus and project management
  - Improve Capital Acquisition/Implementation Process

The Epic logo is displayed in a large, bold, red font. The word "Epic" is written in a stylized, italicized sans-serif typeface. The logo is centered within a white rectangular box that has a thin red border. A small red triangle points downwards from the bottom center of this box.

**World Class Health Systems Have the EPIC electronic health record**

Johns Hopkins University – Columbia University – Stanford University – Duke – Yale – UCLA Health

# Quality Pillar

- Comprehensive Stroke Improvement
- Research – Office of Research and Innovation
- Trauma Level 1 Certification



# Nationally Recognized for Patient Safety



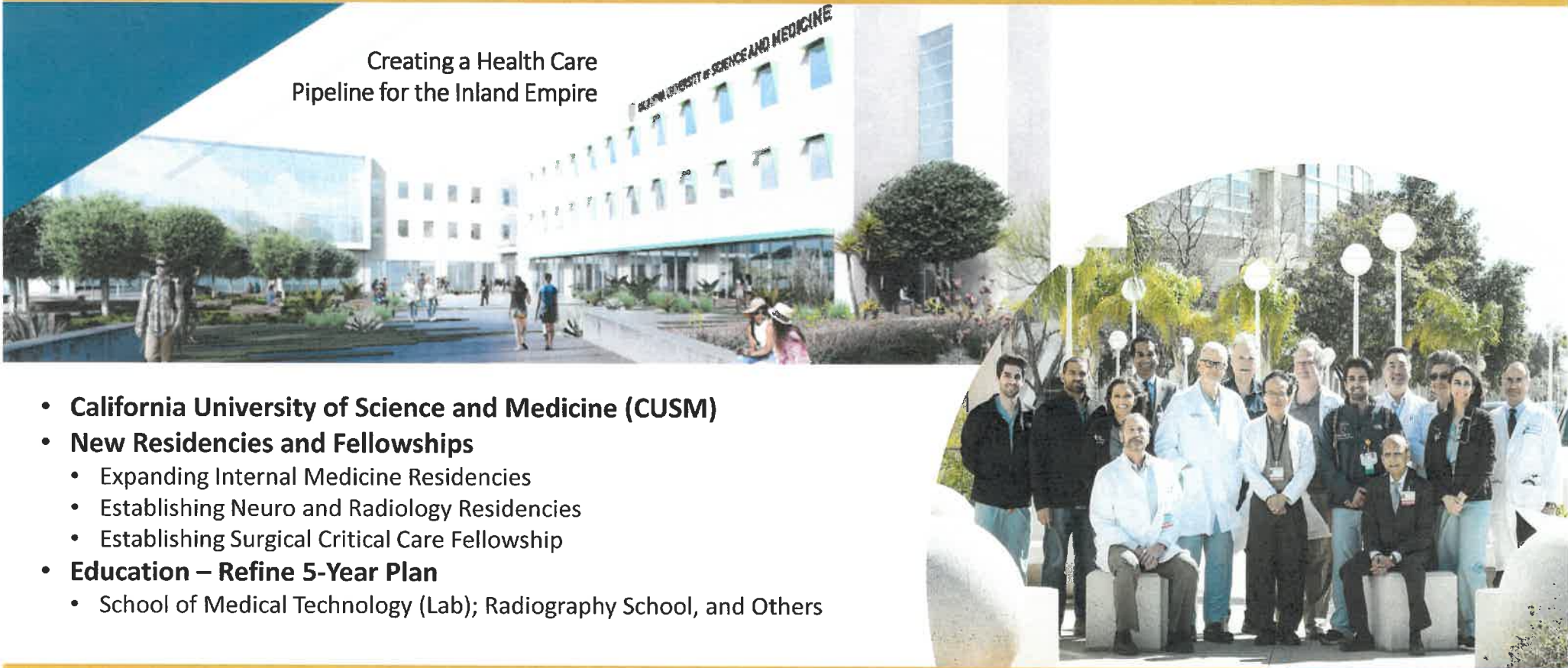
- Leapfrog Improvement Plan
- Patient Safety

- Population Health
  - CalAIM
  - Whole Person Care
- Waiver Funding
- Net Revenue Improvement
- Incremental Cost Reduction
  - Value Analysis – Lowest Cost; Highest Worth
- Reduce Average Length of Stay
- Productivity Management
- Clinical Documentation Initiatives



# People Pillar

Creating a Health Care  
Pipeline for the Inland Empire



- **California University of Science and Medicine (CUSM)**
- **New Residencies and Fellowships**
  - Expanding Internal Medicine Residencies
  - Establishing Neuro and Radiology Residencies
  - Establishing Surgical Critical Care Fellowship
- **Education – Refine 5-Year Plan**
  - School of Medical Technology (Lab); Radiography School, and Others

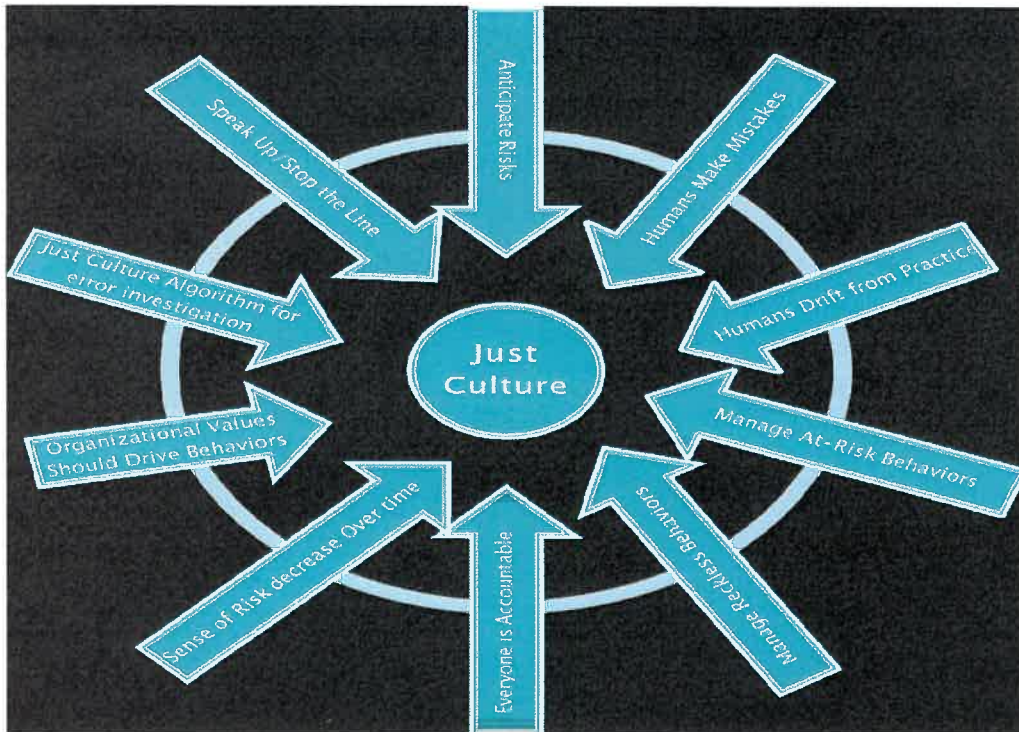


## PEOPLE PILLAR

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Physician  
Engagement

Employee  
Engagement



- Human Resources Process Improvement
  - Kronos – new timecard process
  - Expedited hiring process
  - Upcoming CNA contract
- Just Culture

A photograph showing a medical emergency scene. In the foreground, two medical staff members wearing full personal protective equipment (PPE), including blue gowns, masks, and hairnets, are pushing a gurney. The gurney is covered with a white sheet. In the background, a white and blue helicopter is landing on a helipad marked with yellow diagonal lines. The helipad is surrounded by a concrete wall and a line of trees under a clear sky.

## Service Pillar

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- **Patient Experience**
- **Emergency Department Expansion**
- **Reduce Wait Times for Clinic Appointments**



- Arrowhead Foundation Fundraising Campaign



- Expand Volunteer Program
- Community Engagement/Communication
- Community Educational Strategy
  - Mentoring/Apprenticeships



*The Heart of a  
Healthy Community*

# Joint Conference Committee

**Compliance Report**  
(period October 1, 2020 – Dec 31, 2020)

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



[www.arrowheadmedcenter.org](http://www.arrowheadmedcenter.org)

# Compliance Program/Activity

- **Compliance Program/Activity:**

Continue monthly review/audit for patients who are deaf or hard of hearing. Review/audit to determine if patient was provided appropriate aid or interpreter in a timely manner.

- LSA Annual Training (Due November 2021)



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# Compliance Program/Activity

## ■ Review

- OIG monthly exclusion list for vendors and staff (Ongoing).
- There were no other incidents of Fraud, Waste or Abuse reported.



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

- Began next phase of file scanning for unusual file access activity using the Varonis scanning software.
- Audited Active Directory User Groups and Scans Folders on the network (IT)
- Steering Committee Meetings held to prepare for the Plante Moran HIPAA Risk Assessment in February 2021
- Completed audit of Meditech access user accounts for County BH, Sheriff and Probation departments

# HIPAA Reportable Breaches

- No reportable breaches occurred during the report period.



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# Regulatory Compliance Update

(period October 1 – December 31, 2020)

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



# Regulatory Update October – December 2020

- No Sentinel Events occurred in this reporting period.
- ARMC had one (1) Survey:
  - Redlands Family Health Center – Certification Survey (November 2020)
- ARMC underwent eight (8) CDPH complaint/follow-up visits resulting from patients, families, self-reports, and/or from employees or other anonymous sources that were investigated with none resulting in deficiencies to date.



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JOINT CONFERENCE COMMITTEE  
ARROWHEAD REGIONAL MEDICAL CENTER  
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE  
October 31, 2020 – December 31, 2020

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 Family Medicine
- Department of Orthopedics
- Department of Surgery

The following Medical Staff Committee reports were approved:

- Quality Management Committee

The following Administrative reports were reviewed as information:

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

The following Administrative Operations Manual policies and procedures were approved:

Administrative Operations Manual

- Policy #690.34-Code Green-Missing/Eloped Patient
- Policy 670.26-Administration of Influenza and Pneumococcal Vaccines

JOINT CONFERENCE COMMITTEE  
ARROWHEAD REGIONAL MEDICAL CENTER  
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE  
October 31, 2020 – December 31, 2020

The following Departmental policies and procedures, were approved:

Nursing

- Policy and Procedure Manual Summary 2020
- Policy #571.02-Administering Influenza and Pneumococcal Vaccines to Adults by Registered Nurse and Licensed Vocational Nurse
- Policy #504.01-Telemetry, Centralized Monitoring: Staff Responsibilities
- Policy #533.00-Diet Orders
- Policy #571.00-Medication Administration: General Guidelines and Safe Practices

Nursing-Maternal Child Health

- Policy #5230-Hypertensive Crisis: Care of the Patient

Clinical Social Work

- Policy #172.00-Room and Board Placement

Environmental Services

- Policy #5008-Ultraviolet Adjunct to Cleaning

Infection Control

- Policy #802.00-Employee COVID-19 Vaccination

Medical Staff

- Policy #23-Critical Care Resource Allocation During Disaster Scenarios

The Committee was updated Wound Care Management. Planning meetings were being held to discuss staffing and budgeting for the program.

The Committee was provided clarification on the antipsychotic medications that are listed on ADM Policy #640.03 Consent-Antipsychotic Medications. The medications listed on the policy are for initiation of therapy (new onset of symptoms), not for continuation of therapy (chronic conditions). The Committee was informed that the Centers for Medicare and Medicaid Services (CMS) issued a new standard that requires patient with chronic psychiatric conditions receive their medications within four hours of

JOINT CONFERENCE COMMITTEE  
ARROWHEAD REGIONAL MEDICAL CENTER  
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE  
October 31, 2020 – December 31, 2020

arrival, and throughout their hospitalizations.

The Committee was informed the Universal Protocol Taskforce met to review ADM Policy #670.15-Site/Side Verification and Time-out Procedure.

The Committee was updated on ARMC's response to the novel coronavirus (COVID-19):

- Trends
- Testing priority
- Conservation of personal protective equipment (PPE)
- Infection control precautions including 100% masking, eye protection, and hand hygiene
- Visits via video
- Therapeutics including steroids, remdesiver, and antibody infusion
- The number of employees who contracted COVID-19
- Testing process for peri-operative patients scheduled for elective surgery.


The Committee electronically approved posting COVID-19 results immediately to the Patient Portal.

The Committee electronically approved Emergency Use Authorized (EUA) Monoclonal Antibodies (MBAs) for COVID-19 Treatment Outline and Procedures.

The Committee electronically approved Combined Emergency Use Authorization (EUA) Procedures for COVID-19 MABs (Casirivimab and Imdevimab for treatment of COVID-19, and Revised Bamlanivimab for the treatment of COVID-19).

The following Committee appointments were approved:  
MEC Member-At-Large-Shirley Wong, DO-Women's Health Services

The Annual Medical Staff Meeting was held via Zoom.

  
\_\_\_\_\_  
Webster Wong, MD, President

3/22/21  
\_\_\_\_\_  
Date