

JOINT CONFERENCE COMMITTEE  
ARROWHEAD REGIONAL MEDICAL CENTER  
SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE REGULAR SESSION  
June 1, 2024 – August 31, 2024

Employee Health

- Policy #501.00-Pre-Employment and Annual Screenings
- Policy #503.00-Guidelines for Health Care Personnel with Confirmed or Exposure to Infectious and Communicable Diseases

Graduate Medical Education

- Policy and Procedure Summary Manual 2024
- Policy #1-01-Resident Supervision
- Policy #01-020-Resident Medical License

Infection Control

- Policy #401.00-Hand Hygiene
- Policy #403.00-Isolation Procedures-General Overview
- Policy #408.00-Lice, Scabies, and Crusted Scabies, and Bed Bugs: Prevention Of
- Policy #700.00-Tuberculosis Exposure Control Plan
- Policy #800.00-Aerosol Transmissible Disease Exposure Control Plan
- Infection Prevention and Control Annual Plan 2024

Pharmacy

- Policies #1.21 through #4.6
- Policy #5.xx-Free Drug Program

The following appointments were approved:

- Chairman, Department of Family Medicine-David Ahamba, MD
- Peer Review Committee-Joachim Brown, DO

The Committee was informed Nanette Buenavidez, RN, was appointed Chief Operations Officer, and Sharon Brown, RN was appointed Chief Nursing Officer.

The Committee discussed the passing of Vivian Joseph Davis, DO. Dr. Davis was a surgeon on staff for 24 years, and actively involved with the residency programs.

The Committee was informed that Deborah Small, MD was appointed Family Medicine Residency Program Director. Dr. Lisa Sovory resigned as

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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 Committee reports were reviewed:

- Quality Management Committee
- Graduate Medical Education

The following Administrative reports were received as information:

- Chief Executive Officer
- Chief Operating Officer
- Chief Nursing Officer
- Quality and Accreditation
- Chief Medical Officer
- Designated Institute Official

The following policies and procedures were reviewed and approved as follows:  
Policies and Procedures:

Administrative Operations Manual

- Policy #610.01-Surge Management Plan
- Policy #610.52-Code STEMI

Behavioral Health

- Policy and Procedure Manual Summary 2024

Breath Mobile

- Policy and Procedure Summary Manual 2024

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Neurology Residency Program Director.

The Committee was informed that Dr. Hyung-Suk (Tommy) Lee, Medical Staff President will be leaving ARMC at the end of November 2024.

The Committee reviewed a handout titled "Value-Based Program General Education". Medical and Advanced Practice Professionals are required to complete a HealthStream module regarding value-based care.


The Committee discussed the interpreter services used at ARMC. Opportunities for improvement were discussed.

The Committee reviewed the results from the 2023 Physician Engagement Survey which were previously presented in January 2024. Administration is committed to improving scores with a focus on physician wellness.

The Committee was updated on the official CMS Hospital 5 Star rating, and ARMC received a 1 Star. A Patient Safety Steering Committee was developed and will have oversight of the CMS Taskforces. The Patient Safety Steering Committee will report to Hospital Administration. and corrective opportunities are in place. Predictive analytics show within one year the 5 Star rating should improve.

The Committee was informed that Graduate Medical Education was surveyed by the Clinical Learning Environment Review (CLER) Program. Focus was on patient safety. The exit was positive, and results are pending.

The Committee was updated that certain self-reported events to the California Department of Public Health will be forwarded to the appropriate accrediting organization.

  
Tommy Lee, MD, President

Date 9/24/24