

Meeting of the Joint Conference Committee

Thursday, November 5, 2020, 3 – 4:30PM

Arrowhead Regional Medical Center

"ZOOM" Conferencing Platform

Present	Rodney Borger, MD; William Gilbert; Josie Gonzales; Leonard Hernandez; Sam Hessami, MD; Kambiz Raoufi, MD; Janice Rutherford; Webster Wong, MD
Excused	
Guests	Nanette Buenavidez; Arvind Oswal; Charles Phan; Katrina Shelby; Matthew Swan; Wesley Toh; Ron Taber

Item	Discussion	Follow-up																
Call to Order	The meeting was called to order by William Gilbert, Joint Conference Committee Chair, at 3:02PM. Information was shared that the meeting was being recorded for minute transcription purposes and a roll call will be conducted when members are required to vote on an item.																	
1. Review Joint Conference Committee Meeting Minutes of December 19, 2019	<p>A motion to approve the minutes of the August 6, 2020 JCC meeting was put forth by Supervisor Janice Rutherford and seconded by Webster Wong, MD. The roll call results are:</p> <table style="margin-left: 40px; border: none;"> <tr><td>Rodney Borger, MD</td><td>Yes</td></tr> <tr><td>William Gilbert</td><td>Yes</td></tr> <tr><td>Josie Gonzales</td><td>Yes</td></tr> <tr><td>Sam Hessami, MD</td><td>Yes</td></tr> <tr><td>Leonard Hernandez</td><td>Yes</td></tr> <tr><td>Kambiz Raoufi, MD</td><td>Yes</td></tr> <tr><td>Janice Rutherford</td><td>Absent</td></tr> <tr><td>Webster Wong, MD</td><td>Yes</td></tr> </table> <p>Minutes are approved as submitted.</p>	Rodney Borger, MD	Yes	William Gilbert	Yes	Josie Gonzales	Yes	Sam Hessami, MD	Yes	Leonard Hernandez	Yes	Kambiz Raoufi, MD	Yes	Janice Rutherford	Absent	Webster Wong, MD	Yes	
Rodney Borger, MD	Yes																	
William Gilbert	Yes																	
Josie Gonzales	Yes																	
Sam Hessami, MD	Yes																	
Leonard Hernandez	Yes																	
Kambiz Raoufi, MD	Yes																	
Janice Rutherford	Absent																	
Webster Wong, MD	Yes																	
2. Director Report	<p>Mr. Gilbert introduced Leonard Hernandez, County Chief Executive Officer. Mr. Hernandez shared his appreciation of the team for their assistance during the COVID pandemic. Mr. Gilbert reminded everyone that this JCC meeting is the final meeting for Supervisor Gonzales. He thanked her for the many years of help and assistance she has provided to ARMC and ARMC's staff. Supervisor Gonzales indicated she was very proud to be a part of the success of ARMC.</p> <p>Mr. Gilbert reported on the COVID pandemic. Recently, there has been an increase in COVID patients. Currently, ARMC has more critically ill patients than in July of this year. ARMC is working collaboratively with other County departments and local hospitals to treat patients and control the spread of the virus, and develop a strategy to bring San Bernardino County into the Red Tier. The three-prong strategy is:</p> <ol style="list-style-type: none"> Increase the number of COVID tests performed from 25,000 to 100,000. 																	

Item	Discussion	Follow-up
	<p>Increasing the number of tests will result in increasing the ratio of negative tests to positive tests.</p> <ol style="list-style-type: none"> 2. Increasing the focus on contact tracing, and developing targeted intervention, which can be effective as proven by the efforts of the Skilled Nursing Facility (SNF) task force. Instead of being in the regulatory mindset, the team is actually out in a supporting role. This supporting mode will be used to support local businesses in controlling the spread of COVID while they are open for business, through education and infection prevention. 3. Developing a stronger public relations campaign to educate the population. Even though ARMC is open for testing, a number of people are not testing because they believe you only test if you're symptomatic. <p>ARMC is continuing its hospital communication with all the hospitals in the County regarding surge planning. As the holiday season and winter months approach, the surge planning will be ultra-important, not only for hospital surge, but also for Alternate Care Site (ACS) readiness.</p> <p>The Population Health workgroup's goal is to create a collaboration between County health departments, i.e., ARMC, Public Health and Behavioral Health, that will align these departments so the County will be prepared for the pay-for-performance era. The goal is to improve health in the County population as well as to lower the cost of care on an incremental per-person basis. Most of the work is being done in groups and it is a very collaborative effort.</p> <p>Mr. Hernandez commented on the value that has been seen with ARMC working with other County departments during COVID. It is a model of internal efficiency and collaboration. Mr. Hernandez commended the team on the high-level of leadership, collaboration, and team building.</p>	
3. Nursing Update	<p>Nanette Buenavidez, Chief Nursing Officer, gave the JCC members an update on Nursing activities, which highlighted ARMC's successful Comprehensive Stroke Program survey; improvements in patient flow; downward trend in surgical site infections; improvements in ambulance patient assessments within 25 minutes (which allows the ambulances to quickly return to service in the community); and other nursing updates. (Attachment A.)</p>	
4. Strategic Plan Update	<p>Andrew Goldfrach, Chief Operating Officer, updated the JCC members regarding ARMC's Strategic Plan. This plan includes top service line strategies, operational strategies, including the top operational strategies. (Attachment B.)</p>	

Item	Discussion	Follow-up
5. Reports	<p>Ms. Katrina Shelby presented the following reports, which were received by the JCC members:</p> <p>a. Compliance, Regulatory, and Accreditation Report for July 1, 2020 through October 30, 2020. (Attachment C.) 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 <p>b. Medical Executive Committee Summary of Performance Improvement Activity for July 1, 2020 through October 30, 2020. (Attachment D.)</p>	
6. Public Comment	No Public Comment	
6. Adjourn to Closed Session	<p>Adjourned to Closed Session at 3:38PM:</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> <ol style="list-style-type: none"> i. Peer Review Reports/Risk Update ii. Arrowhead Regional Medical Center Performance Improvement and Quality Management Report Administrative Summary for July 1, 2020 through October 30, 2020. iii. Medical Executive Committee Actions for July 1, 2020 through October 30, 2020. 	
9. 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.	
10. Adjournment	The meeting was adjourned at 4:15PM	

Approved by: 
 William L. Gilbert, Chair

5/3/2021
 Date



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Nursing Update 2020

November 5, 2020

Nanette R. Buenavidez, MSN/Ed, RN

Chief Nursing Officer



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Comprehensive Stroke Program



DEFICIENCY ASSESSMENT REPORT

for

Arrowhead Regional Medical Center

Colton, CA

Facility ID: 195495

Audit ID: 854

CLIA#:

Survey Dates: 09/29/2020 - 09/30/2020

Surveyor(s): Carol Roesch, Timothy Schoonover

Numbers refer to the specific standard in the AAHHS Healthcare Facilities Accreditation Program Accreditation Requirements for the Accreditation Requirements for Comprehensive Stroke Certification

STANDARD	SCORE	SURVEYOR COMMENTS
No Deficiencies Cited		

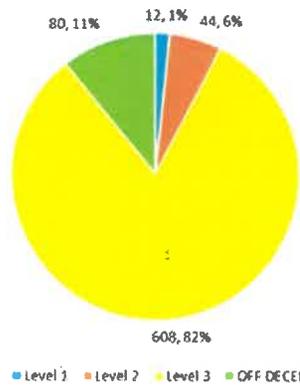


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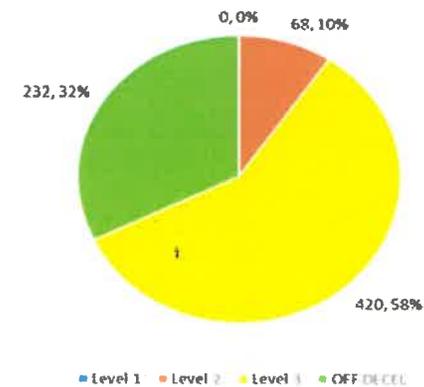
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Patient Flow – Deceleration

Month of August: Hours of Deceleration (% of Month)

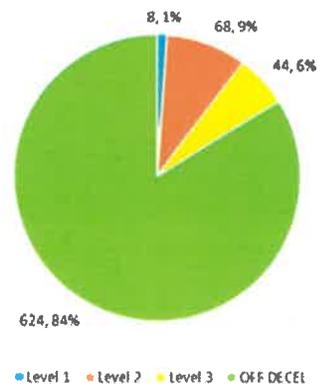


Month of September: Hours of Deceleration (% of Month)



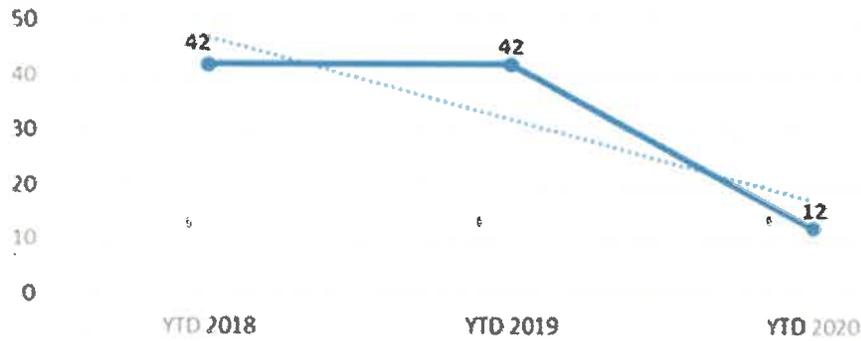
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Month of October: Hours of Deceleration (% of Month)



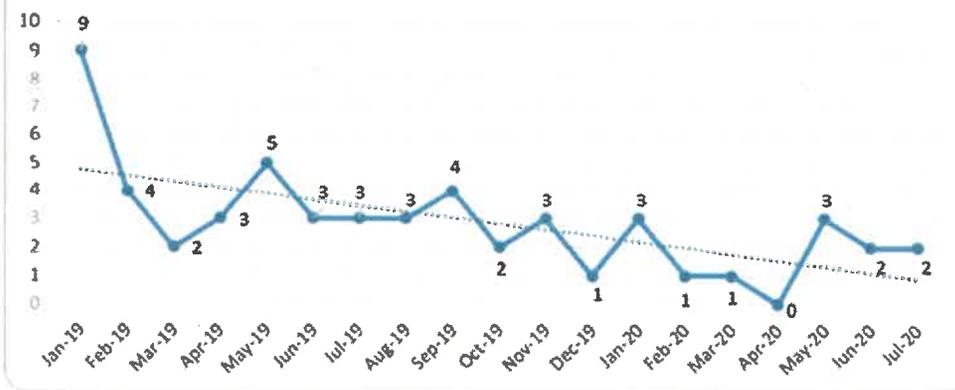
Operative Services – Surgical Site Infections (SSI)

SSI's: 2018--2020

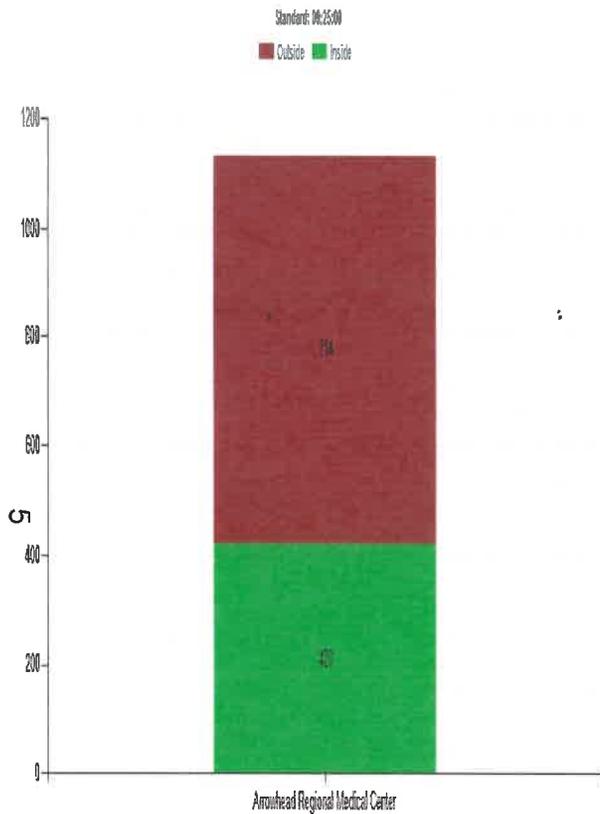


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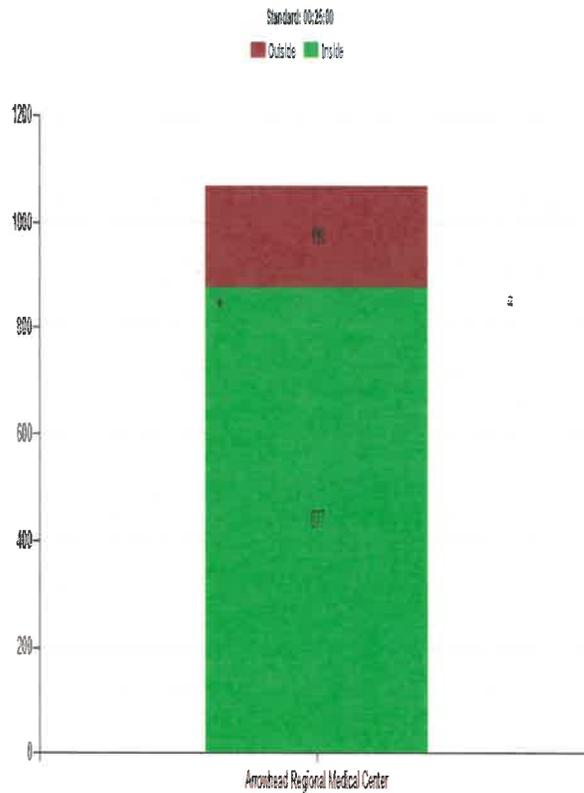
Surgical Site Infections
2019-2020



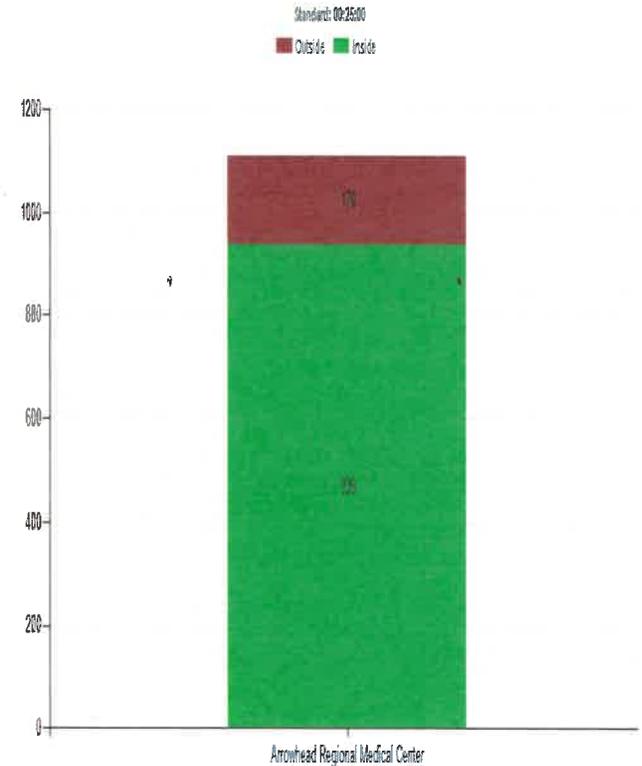
Emergency Room – A-POD



August 2020
 n = n 1134
 Inside Standard 37.04%



September 2020
 n = 1067
 Inside Standard 82.19%



October 2020
 N = 1109
 Inside Standard 84.67%



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- Grant to establish Adolescent Psychiatric Unit
- ACS Surge Planning
- ARMC-CNA Negotiations
- Nursing Peer Review Program

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Questions

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Thank you!



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Strategic Planning Update

ARMC Joint Conference Committee

Andrew Goldfrach, FACHE
ARMC Chief Operating Officer
November 5, 2020



Arrowheadregional.org

Top Service Line Growth Strategies

- Neuro-Sciences
- Cardiology
- Cancer

Operational Strategies

- Patient Thru-Put
- Peer Review
- IT Governance
- Patient Experience

Comprehensive Neuro-Sciences



Comprehensive Stroke Designation
(Previously Primary Stroke Designation)



Review & Implementation of new residency programs under rural designation



Neuro-Cardiovascular ICU

Comprehensive Cardiology Services at ARMC

Cardio-Thoracic Service Line Development in collaboration with
Loma Linda University Medical Center Faculty
Target: April 2021

ST-segment Evaluation Myocardial Infarction (STEMI) program
development

Electrophysiology (EP) program development

NEW State-Of-The-Art Infusion Center



Opening November³
2020

In Collaboration
with City of Hope
Faculty

Top Operational Strategies

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Patient Flow & Thru Put

Operating Suite Re-Design

Case Management Team Based Approach

Observation Unit Development

IT Governance

Telehealth

Collaboration with CAO & ISD

Patient Experience

Re-vamp of Patient Experience Office at ARMC



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Joint Conference Committee

Compliance Report (period July 1, 2020 – Sep 30, 2020)

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



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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 new hire training 92% complete
- LSA Annual Training (Due November 2020)

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

- Implemented MediGate medical device security software for medical device inventory and security improvements.
- In process of implementing MFA (Multi-Factor Authentication) for remote connections through CITRIX to mitigate threats of hacked user credentials.
- ▶
- The County-wide HIPAA Security Risk Assessment is scheduled for February 2021 for ARMC in coordination with County CAO and ISD.



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HIPAA Reportable Breaches

- 1 reportable breach occurred during the report period.
 - 8/24/20 – An employee posted a video on social media which briefly exposed a screenshot of a PC showing a partial patient list.
 - The incident was reported timely to the three (3) patients involved and CDPH. The video was taken down and corrective action is being taken.

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Regulatory Compliance Update

(period July 1 – September 30, 2020)

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



Regulatory Update July – September 2020

- No Sentinel Events occurred in this reporting period.
- ARMC underwent three (3) Surveys:
 - California State Board of Pharmacy – Sterile Compounding (August 2020)
 - CMS - Infection Control Focused COVID-19 survey (September 2020)
 - HFAP - Comprehensive Stroke Accreditation (September 2020)
- CDPH received eight (8) complaints from patients, families, and/or self-reports, and/or from employees or other anonymous sources that were investigated with none resulting in deficiencies to date.

JOINT CONFERENCE COMMITTEE
ARROWHEAD REGIONAL MEDICAL CENTER
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE
July 1, 2020 – October 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 were introduced to the Committee:

Chief Medical Officer-Sam Hessami, MD
Director of Marketing-Justine Rodriguez

The following Medical Staff Department reports were reviewed:

Department of Emergency Medicine
Department of Family Medicine
Department of Laboratory Medicine
Department of Medical Imaging
Department of Surgery
Department of Women's Health Services

The following Medical Staff Committee reports were approved:

Quality Management Committee
Graduate Medical Education
Physician Assistant Post Graduate Training Committee

The following Administrative reports were reviewed as information:

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

JOINT CONFERENCE COMMITTEE
ARROWHEAD REGIONAL MEDICAL CENTER
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July 1, 2020 – October 31, 2020

Chief Nursing Officer's Report

Quality/Accreditation/Regulatory Report

Patient Experience Report - Press Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) summaries, and Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) summaries.

The following Administrative Operations Manual policies and procedures were approved:

Administrative Operations Manual

- Policy 600.02-Plan of Care, Interdisciplinary
- Policy 110.29-Patient Financial Assistance
- Policy 110.48-Patient Chargeable Pharmaceutical and Supplies
- Policy 670.34-Protocol Guidelines for Traumatic Brain Injury (TBI)
- Policy 640.03-Consents-Antipsychotic Medications
- Policy #620.09-Screening and Managing Patients at Risk for Suicide
- Policy #690.36-Attachment B
- Policy #610.28-Infection/Sepsis of the Adult Patient
- Policy #610.43-Code Sepsis

The following Departmental policies and procedures, were approved:

Infection Control

- Policy 402.00-Standard and Isolation Precautions
- Policy #204.00-Reportable Disease and Condition Notification

Pharmacy

- Policy (new)-Adult Meropenem Extended Infusion Dosing Protocol

Pathology and Laboratory Medicine

- Policy 300.41-COVID-19 IgM IgG Antibody Test
- Policy 402.34-Anti-SARS-CoV-2

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July 1, 2020 – October 31, 2020

- Policy 810.67-BioFire Respiratory 2.1 (RP2.1) Panel (Eua) Testing
- Policy 810.66-BioFire Film Array COVID-19 Test
- Policy 810.65-Xpert Xpress SARS-CoV-2 Test
- Policy 810.64-BioFire Film Array Respiratory Panel 2 (RP2) Testing

Operative Services

- Policy #301.00-Cardiovascular Surgery Service Equipment and Supplies

Behavioral Health

- Policy 1032.00-Psychotropic Medications, Administration Of

Emergency Response Manual

- Policy #5040.01-Pandemic Disease Plan
- Policy #5040.02-Visitor Limitation Policy/Visitor Exemption Request

Medical Imaging

- Policy and Procedure Manual Summary

Primary Care Center

- Policy #592.00-Administering Influenza and Pneumococcal Vaccines to Adults
- Influenza/Pneumococcal Consent Order

The Committee was informed that Wound Care Management is now under the auspices of Education. A plan and assessment for Wound Care Management is being developed.

The Committee requested clarification on AOM Policy #640.03 Consent-Antipsychotic Medications. There was confusion regarding the policy's requirements for consents.

JOINT CONFERENCE COMMITTEE
ARROWHEAD REGIONAL MEDICAL CENTER
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July 1, 2020 – October 31, 2020

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

- Activation of a Skilled Nursing Facility (SNF) Strike Team in response to outbreaks at SNFs.
- Assessment of risk.
- Applications of work restrictions.
- Monitoring healthcare personnel (HCP) with potential exposure to patients, visitors, or other HCP with confirmed COVID-19.
- Guidance for return to work decisions for HCP with confirmed or suspected COVID-19 infections.
- Criteria and implementation of Employee and Staff screening and testing procedures.
- Testing site options, capacity, and capabilities.
- Implementation of testing for all admissions, and pre-operative g prior to a procedure.

The Committee approved recommended revisions to Medical Staff documents in reference to the addition of Cardiac Committee as a sub-committee of QMC.

The Committee was updated on plans to relocate Neurosurgery Residents from Desert Regional Medical Center to ARMC.

The Committee approved revisions to Medical Staff Rules and Regulations Section 1 Treatment of Patients.

The Committee discussed the formation of a Universal Protocol Task Force to address compliance with ADM Policy #670.15-Side/Site Verification and Time-Out Procedure.

The Committee reviewed and approved the following HealthStream education module assignments:

- Consent Psychotropic Medication
- ADM Policy #620.05-Pain Assessment and Management

The following Committee appointments were approved:

Medical Ethics Chairman—Debra Craig, MD-Internal Medicine
Credentials—Garrett Sevigny, MD-Pediatrics
Trauma Chairman (Director)—Brandon Woodward, MD
Peer Review Committee Vice-Chairman-Paul Nguyen, MD

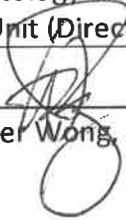
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Peer Review Committee-Michael Tomkins, DO-Family Medicine
Stroke Committee-Leala Lettice, DO-Family Medicine

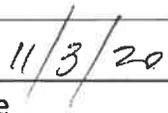
The following Section Director appointments were approved:

Neonatology Intensive Care Unit-Armea Botros, MD

Burn Unit (Director)-David Wong, MD



Webster Wong, MD, President



Date

11/3/20