

Meeting of the Joint Conference Committee

Thursday, August 6, 2020, 3 – 4:30PM
Arrowhead Regional Medical Center
“ZOOM” Conferencing Platform

Present	Rodney Borger, MD; William Gilbert; Josie Gonzales; Sam Hessami, MD; Kambiz Raoufi, MD; Webster Wong, MD
Excused	Gary McBride; Janice Rutherford
Guests	Sharon Brown; Dan Flores; Chekesha Gilliam; Arvind Oswal; Charles Phan; Stephanie Rose; Scott Runyan; Katrina Shelby; Matthew Swan; Wesley Toh; Ron Taber; Jordan Wright

Item	Discussion	Follow-up																
Call to Order	The meeting was called to order by Rodney Borger, MD, Joint Conference Committee Chair, at 3:05PM. Information was shared that the meeting was being recorded for minute transcription purposes and a role call will be conducted when members are required to vote on an item such as the minutes from the previous meeting. The meeting previously scheduled in March 2020 was cancelled due to COVID-19 planning and social distancing requirements.																	
1. Review Joint Conference Committee Meeting Minutes of December 19, 2019	<p>A motion to approve the minutes of the December 19, 2019 JCC meeting was put forth by Webster Wong, MD, and seconded by William Gilbert. The roll call results are:</p> <table><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>Absent (Delay in joining meeting.)</td></tr><tr><td>Sam Hessami, MD</td><td>Yes</td></tr><tr><td>Gary McBride</td><td>Absent</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	Absent (Delay in joining meeting.)	Sam Hessami, MD	Yes	Gary McBride	Absent	Kambiz Raoufi, MD	Yes	Janice Rutherford	Absent	Webster Wong, MD	Yes	
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Janice Rutherford	Absent																	
Webster Wong, MD	Yes																	
2. Election of New Chairman	<p>In accordance with Governing Body Bylaws, dated April 15, 2016, Section 9.2, <i>Chairman of the Joint Conference Committee</i>, Webster Wong, MD, made a motion to elect William (Bill) Gilbert, Hospital Director, as the next Chairman of the Joint Conference Committee. The roll call results are:</p> <table><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>Absent (Delay in joining meeting.)</td></tr><tr><td>Sam Hessami, MD</td><td>Yes</td></tr><tr><td>Gary McBride</td><td>Absent</td></tr><tr><td>Kambiz Raoufi, MD</td><td>Yes</td></tr></table>	Rodney Borger, MD	Yes	William Gilbert	Yes	Josie Gonzales	Absent (Delay in joining meeting.)	Sam Hessami, MD	Yes	Gary McBride	Absent	Kambiz Raoufi, MD	Yes					
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	<p>Janice Rutherford Absent Webster Wong, MD Yes</p> <p>Motion is approved and Bill Gilbert assumed the position of Chairman of the Joint Conference Committee (JCC).</p>	
3. Director Report	<p>Mr. Gilbert introduced Dr. Sam Hessami, ARMC's new Chief Medical Officer (CMO). Dr. Hessami was welcomed as not only ARMC's CMO, but also as a member of the JCC. Dr. Hessami relocated to California from New Jersey. He has 20 years of clinical leadership and is double-boarded. He is a Fellow of the American College of Obstetrics and Gynecology and a Fellow of the American College of Urogynecologic Society. He is also Board certified in Healthcare Quality Management.</p> <p>Mr. Gilbert introduced Kambiz Raoufi, MD. Dr. Raoufi is now President-Elect of the Medical Staff, which makes him a member of the JCC. He is Associate Chief Medical Officer of Medicine Services and Chairman of the Medicine Department at ARMC. He came to ARMC in 2006 from the University of Southern California – Keck School of Medicine. Mr. Gilbert thanked Dr. Raoufi for his 14 years of service at ARMC.</p> <p>Mr. Gilbert provided an update on COVID activities at ARMC. Since February/March, ARMC has been focused on managing the pandemic in the community and at ARMC. First and foremost, Mr. Gilbert thanked the first-line staff – nurses, physicians, ancillary and support staff - who are caring for COVID patients and producing high-quality outcomes, wherever possible. ARMC is a safety-net hospital and a tertiary center, which means it tends to get the sickest patients. ARMC staff heroes take very good care of these patients.</p> <p>Hospitals are currently trending positive, meaning the number of COVID inpatient days is starting to trend down, slightly. Currently, there are approximately 599 positive COVID patients in hospitals throughout the County. That is the lowest number since July 8, 2020. ARMC is now below 40 positive COVID patients in-house. Over the last 30 days, that number has been as high as 60. ARMC is hopeful this signals a downward trend for this disease. ARMC has considerable physical space available for patients and has also erected a field hospital on campus. With the field hospital and surge capacity within ARMC, there is enough capacity to treat COVID patients; however, the limiting factor is staff. ARMC is aggressively hiring staff and securing contract staff to manage the surge at ARMC. Currently, although there is a waiver of the staffing ratios for nursing at ARMC as granted by the California Department of Public Health (CDPH), ARMC has not had to use that waiver. ARMC's nursing staff has been maintained at standard State-mandated ratios. ARMC continues to facilitate County-wide communication with ALL hospitals to maintain a coordinated effort to manage any COVID situation throughout the County.</p>	

Item	Discussion	Follow-up
	<p>Lastly, an excellent program that ARMC has been leading is with the Skilled Nursing Facilities (SNF) throughout the County. In collaboration with Public Health, ICEMA, and the Department of Behavioral Health, the task force is supporting over 170 skilled nursing facilities in the County. In addition, there are also a few congregate living facilities being monitored. The team is out every day preventing morbidity and mortality due to COVID and alleviating the need to evacuate a SNF due to lack of staff. There is ongoing outreach to the SNFs. Yesterday, a call took place with all SNFs to maintain good communication, review the resources available to them, and how to access them. Dr. Borger commented the SNF Task Force has multiple times helped to avoid SNFs from closing or having to evacuate. They have responded to numerous calls and trained SNF staff on how to don/doff personal protection equipment (PPE) and assist in developing isolated COVID units within the SNFs. Dr. Borger thanked the County for allowing ARMC and the other County departments to take on this role.</p>	
4. Nursing Update	<p>On behalf of Nanette Buenavidez, Chief Nursing Officer, Sharon Brown, Associate Chief Nursing Officer, gave the JCC members an update on Nursing activities:</p> <ul style="list-style-type: none"> • Nursing is continuing its weekly calls with the labor unions regarding issues with the pandemic response. They are also in continuous communication with County Human Resources regarding not only hospital staffing needs, but also staffing for the surge units. ARMC is hoping to onboard 40 – 60 nurses within the next few weeks. ARMC Administration is continuing to plan and anticipate the needs of the patients and staff regarding the COVID response. 	
4. Reports	<p>Ms. Katrina Shelby presented the following reports, which were received by the JCC members:</p> <ol style="list-style-type: none"> a. Compliance, Regulatory, and Accreditation Report for October 1, 2019 through June 30, 2020. (Attachment A.) This report included information on the following: <ul style="list-style-type: none"> • Compliance Activity • Regulatory and Accreditation Update • Fraud, Waste and Abuse Activity • HIPAA Privacy and Security Report b. Medical Executive Committee Summary of Performance Improvement Activity for October 1, 2019 through June 30, 2020. (Attachment B) 	
5. Public Comment	No Public Comment	

Item	Discussion	Follow-up
6. Adjourn to Closed Session	<p>Adjourned to Closed Session at 3:40PM:</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. Peer Review Reports/Risk Update ii. Arrowhead Regional Medical Center Performance Improvement and Quality Management Report Administrative Summary for October 1, 2019 through June 30, 2020. iii. Medical Executive Committee Actions for October 1, 2019 through June 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

_____ Date



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Joint Conference Committee

Compliance Report

(period Oct 1, 2019 – June 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)

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Compliance Program/Activity

■ Review

- OIG monthly exclusion list for vendors and staff (Ongoing)
- Oversee the annual Form 700 filling for Physicians and Staff, filling deadline for this year is 6/2/20.
- 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

- Updated ARMC Incident Response Plan
- Implemented Varonis Data Loss Prevention on ARMC File Servers
- Implementation of CITRIX Sharefile for HIM ROI Fax replacement (phased approach)
- Implemented SOPHOS Endpoint protection software
- ECSOR live 1st Qtr 2020 to replace manual paper process for
▶ computer account requests
- The County-wide HIPAA Risk Assessment has been postponed to begin 1st Qtr 2021 for ARMC due to Covid-19 complications.



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HIPAA Reportable Breaches

- 2 reportable breaches occurred during the report period.
 - 1/2/20 - Patient information belonging to one patient was erroneously mailed to another by an ARMC ROI vendor employee.
 - 1/22/20 – Laboratory results for a patient were mixed in and faxed to the wrong provider's office by an ARMC laboratory employee.
- Both incidents were reported timely to the patients and CDPH. Corrective action was completed for the employees/vendor involved.



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Regulatory Compliance Update

(period October 1, 2019 – June 30, 2020)

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



Regulatory Update October 2019 – June 2020

- No Sentinel Events occurred in this reporting period.
- ARMC underwent two Surveys:
 - Joint Commission Tri-Annual Accreditation (October 2019)
 - DBH Patient Rights – BH (October 2019)
- CDPH received ten (10) complaints from patients, families, self-reports, employees and/or other anonymous sources that were investigated with none resulting in deficiencies to date.
- Effective March 15, 2020 - CDPH, CMS, TJC, HFAP have placed all accreditation surveys on hold due to COVID-19.



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**JOINT CONFERENCE COMMITTEE
ARROWHEAD REGIONAL MEDICAL CENTER
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE
October 1, 2019 – December 31, 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 Family Medicine
Department of Internal Medicine
Department of Medical Imaging
Department of Orthopedics
Department of Pediatrics

The following Medical Staff Committee reports were approved:

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

The following Administrative reports were reviewed as information:

Hospital Director's Report
Chief Information Management Report
Chief Nursing Officer's Report
Quality/Accreditation/Regulatory Report

The following Administrative Operations Manual policies and procedures were approved:

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Administrative Operations Manual

- Policy #690.40-Blood Glucose Monitoring and Management
- Policy #670.19-Guidelines for the Administration of Hypertonic Sodium Chloride 23.4% Solution
- Policy #590.00-Intravenous (IV) Injection on Contrast
- Policy #920.02-Patient Rights, Management of Complaints, Grievances
- Policy #670.25-Alcohol Withdrawal: Management of Patient in Behavioral Health, Telemetry, and Intensive Care Unit
- Policy #620.00-Screening and Managing Patients at Risk for Suicide
- Policy #610.05-Emergency Medical Treatment and Labor Act (EMTALA)

The following Departmental policies and procedures, were approved:

Behavioral Health

- Policy and Procedure Manual Summary

Nursing Services - Labor and Delivery

- Policy and Procedure Manual Summary
- Policy #239.00-Induction and Augmentation of Labor
- Policy #247.00-Fetal Heart Rate and Uterine Monitoring
- Policy #248.00-Second Stage of Labor, Nursing Care and Management Of

Nursing Services - Maternal Child Health

- Policy and Procedure Manual Summary
- Policy #5204.00-Blood Products, Refusal of: Pregnant Women
- Policy #5205.1-Bassinet Technique, Individual
- Policy #5208.1-Breastfeeding/Breastmilk Use: Mothers/Neonates with Positive Drug – Screens
- Policy #5216.00-Drug Withdrawal: Neonatal Opioid Exposure
- Policy #5232.00-Hypoglycemia, Management of the Neonate
- Policy #5245.00-Miscarriage, Stillbirth, or Live-born Peri-Viable Neonate, Care Of

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- Policy #5268.00-Surrogate Birth Plan
- Policy #5272.00-Topical Anesthetic Cream

Nursing Services - Neonatal Intensive Care Unit

- Policy and Procedure Manual Summary
- Policy #176.14-Infection Control
- Policy #424.00-Skin-to Skin Care
- Policy #432.00-Standards of Care, NICU
- Policy #440.00-Thermoregulation in Delivery Room

Nursing Services – Pediatrics

- Policy and Procedure Manual Summary
- Policy #225.01-Assessment and Reassessment of the Pediatric Patient

Nursing Services - Mother Baby

- Policy and Procedure Manual Summary
- Policy #201.01-Admission Criteria to the Mother Baby Unit
- Policy #201.04-Assessment and Reassessment of the Postpartum Patient
- Policy #201.05-Admission of the Transitioning Newborn

Primary Care Centers

- Policy #592.00-Administering Influenza and Pneumococcal Vaccines to Adults

Medical Imaging

- Policy #661.00-Trophon ® EPR (Environmental Probe Reprocessor)
- Policy #662.00-Endocavity and Transabdominal Probes, Cleaning and Preparing

Medical Staff

- Policy #2-New Privilege Focused Professional Practice Evaluation

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The Committee was informed that wound care collaboration has been reassigned from Nursing Services to Regulatory.

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

The October 2020 Medical Executive Committee meeting was held in conjunction with The Joint Commission survey.

The Committee reviewed the Medical Staff Bylaws Articles XV (Medical Staff Rules, Manuals, and Policies), and XVI (Adoption and Amendment of Bylaws).

The Committee reviewed and approved the following HealthStream education module:

- Respiratory Care Services Ventilator Management Protocol
- Physician Documentation
- LSA-ADA Findings for Standards HR 01.01.01, and RI 01.01.03

The Committee reviewed and approved modifications to the following order sets:

- Neuro-Diagnostic Referrals

The following Committee appointments were approved:

Peer Review Committee:

- Chairman – Steven Barr, MD
- Vice-Chairman – Joachim Brown, DO

The Medical Staff Officers for the 2020/2021 term of office are: President-Elect: Kambiz Raoufi, MD; Secretary/Treasurer: Joachim Brown, DO; Members-at-Large: Mufadda Hasan, MD, and Tommy Lee, MD.

The Annual Medical Staff Meeting was held.


Rodney Borger, MD, President

Date

11-3-2020

JOINT CONFERENCE COMMITTEE
ARROWHEAD REGIONAL MEDICAL CENTER
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE
January 1, 2020 – March 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.

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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

The following Medical Staff Committee reports were approved:

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

The following Administrative reports were reviewed as information:

Hospital Director's Report
Chief Information Management Officer's Report
Chief Nursing Officer's Report
Quality/Accreditation/Regulatory Report

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Patient Experience Report - Press Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) summaries for surveys returned October 2019 through January 2020, and Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) summaries for surveys returned July 2019 through January 2020.

The following Administrative Operations Manual policies and procedures were approved:

Administrative Operations Manual

- Policy #610.11-Unknown Patients, Management Of
- Policy #650.09-Postoperative Care of the ICU Patient

The following Departmental policies and procedures, were approved:

Nursing Services - Specialty Services

- Policy #820.00-Chemotherapy Administration, Patient Management, Preparation and Safe Handling

Nursing Services - Operative Services

- Policy #New-Late Arrival of Surgeon
- Policy #217.07-Safe Environment of Care (Patient Safety)

Nursing Services - Labor and Delivery

- Policy #223.00-Downtime Procedure, Electronic Medical Record
- Policy #224.00-Insulin Infusion, Care of the Patient Receiving An Insulin Infusion

Pharmacy

- Policy #6.3-Handling of Cytotoxic Agents
- Policy #6.7-Aseptic Technique
- Policy #6.8- Cleaning and Sanitizing the IV Room
- Policy #6.9- IV Room Attire
- Policy #6.10-IV Room Quality Assurance
- Consent/Order-Influenza/Pneumococcal Vaccine
- Policy #5.35-High Alert Medications

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- Policy #9.6-Pharmaceutical Samples

Infection Control

- Policy #308.00-Cleaning and Disinfection of Patient Care Items and Equipment
- Policy #324.00-Linen Handling, Annual Site Inspection of Linen Service
- Policy #325.00-Prevention of Healthcare Acquired Intravenous Central Line Bloodstream Infections (CLABSIs)
- Policy #328.00-Portable Fans, Cleaning and Use Restrictions
- Policy #329.00-Ultrasound Gels for Ultrasound-Safe Use
- Policy #402.00-Standard and Isolation Precautions
- Policy #800.00-Aerosol Transmissible Disease Exposure Control Plan
- 2020 Annual Assessment of the Infection Control Program

Quality Assurance and Performance Improvement

- 2020 Quality Assurance and Performance Improvement Plan

The Committee was informed that plans for wound care collaboration are being developed for staffing and structure of a wound care team. Plans are being developed for Nursing staff to interface with the Surgery Department to provide wound care on a uniform basis.

The Committee was informed responsibilities for medication history registration and medication reconciliation in the Emergency Department is handled by Nursing Staff. In the Outpatient Clinics the responsibility will transition from the Practitioner to Nursing Staff. It will be rolled out initially in the Redlands Clinic before implementing at additional clinics.

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

The Committee was updated on preparations in response to the novel coronavirus (COVID-19) outbreaks, and the possibility of it becoming a pandemic.

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January 1, 2020 – March 31, 2020

The Committee reviewed the Medical Staff Bylaws Articles IV (Medical Staff Categories).

The Committee approved the development of the following Medical Staff Committee:

- Point of Care

The Committee approved a request to designate Clinical Perfusion as a category eligible to apply for Advanced Practice Professional Staff membership and/or clinical privileges, in accordance with the Medical Staff Bylaws Section 6.14.

The Committee approved the addition of Section of Cardiothoracic Surgery to the Department of Surgery, in accordance of with the Medical Staff Bylaws Section 10.1.

The Committee reviewed and approved the following HealthStream education module:

- Patient Blood Management and Safety

The Committee approved recommended revisions to the Medical Staff Committee Manual in reference to the composition of the Peer Review Committee.

The following Committee appointments were approved:

Peer Review Committee:

- Dan Vo, DO
- Curtis Converse, DO
- Haaris Naji, DO
- Tommy Lee, MD


Webster Wong, MD, President

8/4/20

Date