

**Attachment "A"**

**Meeting of the Joint Conference Committee**

Thursday, December 19, 2019, 3 – 4:30PM  
Arrowhead Regional Medical Center  
Redwood Conference Room  
Medical Office Building, 3<sup>rd</sup> Floor  
400 North Pepper Avenue, Colton, California 92324

Present	Rodney Borger, MD; William Gilbert; Josie Gonzales; Gary McBride; Janice Rutherford; Webster Wong, MD
Excused	
Guests	Sharon Brown; Mark Comunale; Chekesha Gilliam; Arvind Oswal; Stephanie Rose; Mike Markel; Katrina Shelby; Wesley Toh; Jordan Wright

Item	Discussion	Follow-up
Call to Order	The meeting was called to order by Rod Borger, MD, Joint Conference Committee (JCC) Chair, at 3:08PM.	
1. Review Joint Conference Committee Meeting Minutes of October 31, 2019	Minutes are approved as submitted.	
2. Director Report	Mr. William Gilbert wished everyone a Happy Holiday and Merry Christmas. This year has been a very productive year for Arrowhead Regional Medical Center (ARMC) and there were many changes, with more to come in 2020. Mr. Gilbert thanked everyone for their hard work and especially the members of the Board of Supervisors who have supported ARMC and worked collaboratively with the ARMC team, not only this year, but in prior years.	
3. Nursing Update	On behalf of Nanette Buenavidez, Chief Nursing Officer, Sharon Brown, Associate Chief Nursing Officer, gave the JCC members on update on Nursing activities: <ul style="list-style-type: none"><li>• In October 2019, ARMC hired 53 newly graduated Registered Nurses (RN) as a part of ARMC's nurse residency program. In January 2020, ARMC will hold another hiring fair in the hopes of hiring another 50 newly graduated RNs, to start in March 2020.</li><li>• In 2020, Nursing is expanding the Stroke and Cardiovascular programs to allow for the growth at ARMC.</li></ul>	
4. Reports	Ms. Katrina Shelby presented the following reports, which were received by the JCC members: <ul style="list-style-type: none"><li>a. Compliance, Regulatory, and Accreditation Report for July 1, 2019 through September 30, 2019. (Attachment A.) This report included information on the following:<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></ul>	

Item	Discussion	Follow-up
	b. Medical Executive Committee Summary of Performance Improvement Activity for July 1, 2019 through September 30, 2019. (Attachment B)	
5. Public Comment	No Public Comment	
6. Adjourn to Closed Session	<p>Adjourned to Closed Session at 3:20PM:</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"> <li>i. Peer Review Reports/Risk Update</li> <li>ii. Arrowhead Regional Medical Center Performance Improvement and Quality Management Report Administrative Summary for July 1, 2019 through September 30, 2019.</li> <li>iii. Medical Executive Committee Actions for July 1, 2019 through September 30, 2019.</li> </ul>	
9. Next Meeting of the Joint Conference Committee	The next meeting will be scheduled for FY2019/20 3rd Quarter.	
10. Adjournment	The meeting was adjourned at 4:25PM	

Approved by: \_\_\_\_\_  
Rodney Borger, MD, Chair

\_\_\_\_\_  
Date



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# Joint Conference Committee

## Compliance Report (period July 1, 2019 – Sep 30, 2019)

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



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# Compliance Program/Activity

- Continue monthly review/audits for patients who are deaf or hard of hearing in response to the DOJ Settlement Agreement. Review Audit to determine if patients were provided appropriate aid(s) or interpreter(s) in a timely manner.
  - July - 22 VRI Sessions, 20 F2F Visits
  - August - 18 VRI Sessions, 19 F2F Visits
  - September - 25 VRI Sessions, 21 F2F Visits
- Annual Training and Education
  - LSA new hire training - 97% complete
  - LSA Annual Training - 99% complete



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# Compliance Program/Activity

## ■ Review

- OIG monthly exclusion list for vendors and staff (ongoing)
  - No issues reported
- Incidents of Fraud, Waste or Abuse
  - No issues reported



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

- Information security priorities from the HIPAA risk assessment are making progress:
  - System hardening is ongoing in order to start deploying images for computers and servers that are hardened against attacks
  - ARMC IT is reviewing the updated National Institute for Standards and Technology (NIST) Cyber Security Framework (CSF) v 1.1 to incorporate as a standardized security model for ARMC security.
- The County Compliance office and the County CAO's office have finalized two new HIPAA Privacy and Security-related positions at the county level to provide centralized county HIPAA compliance leadership in 2020.
- There were no reportable breaches during this reporting period.



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# Regulatory Compliance Update

(period July 1 – September 30, 2019)

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



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# Regulatory Update July- September 2019

- No Sentinel Events occurred in this reporting period.
- ARMC underwent two Surveys:
  - CAP Laboratory Survey (July 2019)
  - CMS Validation Re-Survey – Nursing Services (September 2019)
- CDPH received four (4) complaints from patients, families, employees and/or other anonymous sources that were investigated.



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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 Department reports were reviewed:

Department of Laboratory Medicine  
Department of Orthopedics

The following Medical Staff Committee reports were approved:

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

The following Administrative reports were reviewed as information:

Hospital Director's Report  
Chief Medical Officer's Report (July/August)  
Information Management Report  
Chief Nursing Officer's Report  
Quality/Accreditation/Regulatory Report  
Patient Experience Report - Press Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) summaries for surveys returned April 2019 through August 2019, and Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) summaries for surveys returned January 2019 through August 2019.

The following Administrative Operations Manual policies and procedures were approved:

Administrative Operations Manual

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- Policy #690.01-Restraints/Seclusion Guidelines for Non-Violent/Non-Self Destructive and Violent/Self Destructive Behavior Management
- Policy #690.36-Intravenous Admixture and Administration
- Policy #650.09-Post Operative Care of Intensive Care Unit Patients
- Policy #910.07-Determination of Death
- Policy #910.10-Compassionate Extubation (Adults)
- Policy #620.09-Screening and Managing Patients at Risk for Suicide
- Policy #592.00-Administering Influenza and Pneumococcal
- Policy #New-Ventilator-Associated Events (VAE) Prevention Bundle
- Policy #650.01-Moderate Sedation and Analgesia Performed by Non-Anesthesia Providers During Procedures on Adults and Children Older than 10 Years of Age
- Policy #690.40-Blood Glucose Monitoring and Management
- Policy #690.28-Patient's Home Medications
- Policy #610.25-Stroke Response
- Policy #610.31-Prevention of Stroke: Treatment of Acute and Chronic Atrial Fibrillation and Atrial Flutter
- Policy #610.37-Care for Patients with Stroke Symptoms Greater Than 24 Hours After Symptom Onset
- Policy (new)-Pre-Operative Skin Decolonization Using 2% Chlorhexidine Gluconate
- Policy (new)-Care of the Craniectomy Patient
- Policy #610.46-Walk of Honor
- Policy #910.08-Donation after Circulatory Death
- Policy #610.45-Therapeutic Hypothermia
- Policy #620.05-Pain Assessment and Management

The following Departmental policies and procedures, were approved:

Epidemiology

Epidemiology Policy and Procedure Manual Summary

- Policy #700.00-Tuberculosis Exposure Control Program

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- Policy #308.00-Cleaning and Disinfection of Patient Care Items and Equipment
- Policy #323.00-Medical Waste Management Program
- Annual Assessment of the Infection Control Program
- Infection Control 2019 Risk Assessment

Pharmacy

- Policy #3.9-Medication Administration
- Policy #5.33-Preparation, Distribution and Dispensing of Drugs and Chemicals
- Policy #5.25-Storage of Drugs and Biologicals
- Policy #21.2-Automated Cabinet Drug Dispensing System
- Policy #5.36-Anticoagulation Therapy
- Policy #5.35- High Alert Medications
- Policy #5.35 Attachment A-High Alert Medications Safety Practices
- Policy #5.35 Attachment B-Haldol IV Dosing
- Policy #5.35 Attachment C-Alteplase Dosing Administration
- 2019 High Alert Medications (powerpoint)

Nursing

- Policy #730.01-Behavioral Health Transport-Emergent/Non-Emergent
- Policy #553.00-Care of the Acute Stroke Patient
- Policy #584.01-Propofol Sedation Guidelines for Mechanically Ventilated Patients
- Policy #586.00-Sedation Agitation Management of the Critically Ill Adult

Nursing Services - Labor and Delivery

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

Pathology/Laboratory/Blood Bank

- Pathology Manual

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- Phlebotomy Manual
- Point of Care Manual
- Pre-Analytical Manual
- Urinalysis Manual
- Virology Manual
- Serology Manual
- Send Out Manual
- General Laboratory Manual
- Blood Bank Manual Vol. I, Vol. II & Vol. III
- Special Chemistry Manual
- Chemistry COBAS c501 Manual
- COBAS 6000 Manual
- COBAS e601 Manual
- COBAS e602 Manual
- Chemistry QA/QM/QC Manual
- Coagulation Manual
- Cytology Manual Vol. I, Vol. II & Vol. III
- Hematology Manual Vol. I & Vol. II
- Histology Manual
- Information System Manual
- Microbiology Policy Manual
- Microbiology Procedure Manual
- Microbiology QC Manual
- Mycobacterium Manual
- Mycology Manual
- Parasitology Manual
- Morgue Manual

Critical Care

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**Policy and Procedure Manual and Summary**

- Policy #319.00-Artificial Airway Management
- Policy #101.00-Scope of Service
- Policy #300.00-Admission and Transfer Criteria
- Policy #322.00-Intra-Abdominal Pressure Monitoring

**Emergency Department**

**Emergency Department Policy and Procedure Manual**

- Section 1
- Section 2
- Section 3
- Section 4
- Section 5 – Trauma Services
- Policy #504.30- Screening, Brief Intervention and Referral
- Policy #506.00-Hospital Emergency Response Team (H.E.R.T)
- Policy #508.00-Orthopaedic Guidelines for Trauma Room Fracture Washouts and Long Bone Fracture Stabilization in Polytrauma Patients
- Policy #509.10-Trauma Patients Admitted to Non-Surgical Service

**Rehabilitation**

**Rehabilitation Services Policy and Procedure Manual**

- Policy #104.00-Scope of Service
- Policy #402.00-Documentation Standards
- Policy #406.00-Patient Prioritization

**Infection Control**

Sterile Processing Policy #1100.10.1-Transportation and Receiving of Soiled Instruments, Equipment and Accessories  
Infection Control Policy #315.00-Shared Toys, Pediatric Areas



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Medical Staff

- Policy #21-Medical and Advanced Practice Professional Staff Orientation

The Committee was informed that wound care collaboration to design a wound care process that includes inpatient and outpatient is ongoing.

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 informed that Information Management added a query to physician documentation to validate that the CURES website had been checked. Information Management also updated the physician status board to allow importing of external data such as immunization records.

The following were introduced to the Committee:

Chief Information Management Officer - Reza Sadeghian, MD

Department of Behavioral Medicine Vice-Chair - David Seigler, MD

House Staff President – Vivian Ngo, MD

The Committee discussed a new process in Meditech that limits the ability to free text in orders.

The Committee discussed patient portal secure messaging, and disruption to the workflow patterns.

The Committee discussed management of the diabetic patient.

The Committee was informed the Centers for Medicare and Medicaid Services (CMS) conducted a revalidation survey pursuant to the Nursing Conditions of Participation (COPs). Other surveys included the College of American Pathologists survey of Laboratory Medicine, and re-designation of Baby Friendly.

The Committee was informed the Joint Commission survey would be a five day survey in order to incorporate the Family Health

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Centers.

The Committee discussed the responsibilities for medication reconciliation and medication registration as it pertains to the electronic health record.

The Committee was provided a brief overview of the All Access Transfer Center.

The Committee reviewed the Medical Staff Rules and Regulations regarding care for non-teaching patients by House Staff.

The Committee approved a request from Health Information Management (HIM) to accept the Do Not Use Abbreviation List, and discontinue use of the acceptable abbreviations list. The Joint Commission requires organizations to maintain a list of prohibited abbreviations, acronyms, symbols, and dose designations.

The Committee reviewed and approved the following HealthStream education module:

-TJC Standards – Pain Management 2019 Medical Staff

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

- Universal Insulin (Behavioral Health)
- Admission Order Sets to include HOUDINI Protocol

The Committee approved reconvening the Medication Reconciliation Taskforce.

The following Committee appointments were approved:

Credentials Committee:

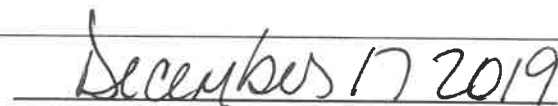
- David Seigler, MD-Behavioral Health

Quality Management:

- David Seigler, MD-Behavioral Health



Rodney Borger, MD, President



Date